



System Requirements Specification
Hospital Compare Downloadable Database
Data Dictionary

Centers for Medicare & Medicaid Services

<https://data.medicare.gov/data/hospital-compare>

Table of Contents

Introduction	3
Document Purpose.....	3
Acronym Index	5
Measure Descriptions and Reporting Cycles	6
Measure Dates and Collection Periods.....	11
File Summary	12
Downloadable Database Content Summary	14
General Information	14
Survey of Patients' Experiences	15
Timely and Effective Care.....	16
Complications.....	17
Healthcare-associated Infections (HAI)	19
Readmissions and Deaths	20
Use of Medical Imaging	21
Payment and Value of Care.....	22
Payment and Value of Care.....	22
Medicare Spending per Beneficiary (MSPB).....	24
Number of Medicare Patients.....	25
Outpatient Procedures Volume.....	25
Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program	26
PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program	34
Ambulatory Surgical Center Quality Reporting (ASCQR) Program	35
Linking Quality to Payment	36
Hospital-Acquired Conditions Reduction Program (HACRP).....	36
Hospital Readmission Reduction Program (HRRP).....	37
Hospital Value-Based Purchasing (HVBP) Program	37
HVBP Program Incentive Payment Adjustments.....	42
Appendix A – Hospital Compare Measures	44
Appendix B – HCAHPS Survey Questions Listing	51
Appendix C – Footnote Crosswalk.....	52

Introduction

Hospital Compare is a consumer-oriented website that provides information on the quality of care hospitals are providing to their patients. 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 heart attack, heart failure, pneumonia, surgery, and other conditions. The Centers for Medicare & Medicaid Services (CMS) created the Hospital Compare website to better inform health care consumers about a hospital's quality of care. Hospital Compare provides data on over 4,000 Medicare-certified hospitals, including acute care hospitals, critical access hospitals (CAHs), children's hospitals, VA Medical Centers, and hospital outpatient departments. Hospital Compare is part of an Administration-wide effort to increase the availability and accessibility of information on quality, utilization and costs for effective, informed decision-making. More information about Hospital Compare can be found by visiting the [CMS.gov](http://www.cms.gov) website and performing a search for Hospital Compare. To access the Hospital Compare website, please visit www.medicare.gov/hospitalcompare.

Hospital Compare is typically updated, or refreshed, each quarter in April, July, October, and December, however, the refresh schedule is subject to change and not all measures will update during each quarterly release. See the [Measure Descriptions and Reporting Cycles section](#) of this Data Dictionary for additional information. Hospital Compare data are reported in median time only, however, the median time is often referred to as the "average time" to allow for ease of understanding across a wider audience.

Links to download the data from the Downloadable Databases in Microsoft Access and zipped comma-separated value (CSV) flat file formats can be found toward the top of the [Official Hospital Compare Data](#) website. A catalogue of datasets is also available toward the bottom of the website where files can be viewed and exported within a web browser. Datasets can be exported in a variety of formats and a [Data.Medicare.gov: Get Started!](#) video tutorial is available to assist with exporting the data. Embedded datasets for certain measures can also be found within the Hospital Compare website. Archived data from 2005 - 2015 is available in the [Official Hospital Compare Data Archive](#).

All Hospital Compare websites are publically accessible. As works of the U.S. government, Hospital Compare data are in the public domain and permission is not required to reuse them. An attribution to the agency as the source is appreciated. Your materials, however, should not give the false impression of government endorsement of your commercial products or services.

Document Purpose

The purpose of this document is to provide a directory of material for use in the navigation of information contained within the Hospital Compare downloadable databases. [Appendix A](#) this data dictionary provides a full list of Hospital Compare measures contained in the downloadable databases and the [Measure Dates and Collection Periods](#) section of this data dictionary provides additional information about measure dates and quarters. This information can also be found on the Hospital Compare website under [Measures Displayed on Hospital Compare](#) and is organized as follows:

- General information (structural measures and health information technology [IT])
- Survey of patients' experiences (HCAHPS Survey)
- Timely and effective care (Acute myocardial infarction [AMI], Heart failure [HF], Pneumonia [PN], Surgical Care Improvement Project [SCIP], Emergency Department [ED] throughput, Preventive care, Children's asthma care [CSC], Stroke care, Blood clot prevention & treatment, and Pregnancy & delivery care)
- Complications (Surgical complications, Agency for Healthcare Research and Quality [AHRQ] Patient Safety Indicators [PSIs], and Healthcare-associated infections [HAIs])
- Readmissions and deaths (30-day rates of readmission and 30-day death [mortality] rates)
- Use of medical imaging (outpatient imaging efficiency)
- Payment and value of care (Medicare spending per beneficiary [MSPB], payment for heart attack, heart failure, and pneumonia patients, and value of care for heart attack, heart failure, and pneumonia patients)

The [Spotlight](#) section of Hospital Compare provides links to data for the following quality reporting programs:

- PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program
- Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
- American College of Surgeons (ACS) National Surgical Quality Improvement Program (NSQIP®)
- Ambulatory Surgical Center Quality Reporting (ASCQR) Program

The [Additional Information](#) section of Hospital Compare provides links to data for the following payment programs:

- Hospital Value-Based Purchasing Program(HVBP)
 - HVBP Program Data and Scoring (Efficiency)
 - HVBP Program Incentive Payment Adjustments
- Hospital-Acquired Conditions Reduction Program (HACRP)
- Hospital Readmissions Reduction Program (HRRP)

Acronym Index

The following acronyms are used within this data dictionary and in the corresponding downloadable databases (Access and CSV flat files – Revised):

Acronym	Meaning
ASC	Ambulatory Surgical Center
ASCQR	Ambulatory Surgical Center Quality Reporting
AMI	Acute Myocardial Infarction
AVG	Average
CABG	Coronary Artery Bypass Graft
CAC	Children’s Asthma Care
CAUTI	Catheter-associated urinary tract infections
CLABSI	Central line-associated bloodstream infections
COMP	Complications
COPD	Chronic Obstructive Pulmonary Disease
ED	Emergency Department
FTNT	Footnote
HACRP	Hospital-Acquired Conditions Reduction Program
HAI	Healthcare-Associated Infections
HBIPS	Hospital-Based Inpatient Psychiatric Services
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
HF	Heart Failure
HIP-KNEE	Total Hip/Knee Arthroplasty
HIT	Health Information Technology
HRRP	Hospital Readmissions Reduction Program
HVBP	Hospital Value-Based Purchasing
IMG	Imaging
IMM	Immunization
IPFQR	Inpatient Psychiatric Facility Quality Reporting
IQR	Inpatient Quality Reporting
MORT	Mortality
MSPB	Medicare Spending per Beneficiary (also referred to as SPP for Spending Per Patient)
MSR	Measure
MPV	Medicare Payment and Volume
NQF	National Quality Forum
OIE	Outpatient Imaging Efficiency
OP	Outpatient
OQR	Outpatient Quality Reporting
PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
PN	Pneumonia
PSI	Patient Safety Indicators
READM	Readmissions
SCIP	Surgical Care Improvement Project
SM	Structural Measures
SPP	Spending per Patient (also referred to as MSPB for Medicare Spending per Beneficiary)
STK	Stroke
TPS	Total Performance Score
VTE	Venous Thromboembolism

Measure Descriptions and Reporting Cycles

Data for each measure set is collected in differing timeframes from various quality measurement contractors. Additional information about the data collection periods can be found in the [Current Data Collection Periods](#) section of the Hospital Compare website and the update frequency/refresh schedule is provided in [Measures Displayed on Hospital Compare](#). Below is a brief description of the collection process and reporting cycles for each measure set included on Hospital Compare:

Name	General Information: Structural Measures
Description/ Background	As part of the general information available through CMS, structural measures reflect the environment in which providers care for patients. Examples of structural measures can be inpatient (participation in general surgery registry) or outpatient (tracking clinical results between visits). Hospitals submit structural measure data using an online data entry tool made available to hospitals and their vendors. Structural measures include information provided by the American College of Surgeons (ACS), the Society of Thoracic Surgeons (STS), the Joint Commission (TJC), and CMS.
Reporting Cycle	Collection period: 12 months. Refreshed annually, except the ACS Registry which is refreshed quarterly.

Name	General Information: Health Information Technology (HIT) Measures
Description/ Background	As part of the general information available through CMS, hospitals submit HIT measure data which is part of the Electronic Health Record (EHR) Incentive Program. The HIT measures include hospitals' ability to receive lab results electronically and track patients' health information, including lab results, tests, and referrals electronically between visits.
Reporting Cycle	Collection period: 12 months. Refreshed annually.

Name	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Patient Survey
Description/ Background	The HCAHPS Patient Survey, also known as the CAHPS [®] Hospital Survey or Hospital CAHPS, is a survey instrument and data collection methodology for measuring patients' perceptions of their hospital experience. The survey is administered to a random sample of adult inpatients after discharge. The HCAHPS survey contains patient perspectives on care and patient rating items that encompass key topics: communication with hospital staff, responsiveness of hospital staff, pain management, communication about medicines, discharge information, cleanliness of hospital environment, quietness of hospital environment, and transition of care. The survey also includes screening questions and demographic items, which are used for adjusting the mix of patients across hospitals and for analytic purposes. See Appendix B for a full list of current HCAHPS Survey items included in the Hospital Compare downloadable databases. More information about the HCAHPS Survey, including a complete list of survey questions, can be found on the official HCAHPS website .
Reporting Cycle	Collection period: 12 months. Refreshed quarterly.

Name	Timely and Effective Care: Process of Care Measures
Description/ Background	The measures of timely and effective care (also known as "process of care" measures) show the percentage of hospital patients who got treatments known to get the best results for certain common, serious medical conditions or surgical procedures; how quickly hospitals treat patients who come to the hospital with certain medical emergencies; and how well hospitals provide preventive services. These 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), as well as 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. Timely and effective care measures are also referred to as process of care measures and include acute myocardial infarction, heart failure, pneumonia, Surgical Care Improvement Project (SCIP), emergency department, preventive care, children's asthma care, stroke care, blood clot prevention and treatment, and pregnancy and delivery care measures. IMM-3 and OP-27 are combined and reported as one measure rather than listing the measures separately. The Measure ID IMM-3_OP-27 includes data from both the inpatient measure IMM-3, and the outpatient measure OP-27.
Reporting Cycle	Collection period: Approximately 12 months. Refreshed quarterly, except EDV-1, OP-22, IMM-2, and IMM-3 which are refreshed annually.

Name	Complications: Surgical Complications – Hip/Knee Measure
Description/ Background	The hip/knee complication rate is an estimate of complications within an applicable time period, for patients electively admitted for primary total hip and/or knee replacement. CMS measures the likelihood that at least 1 of 8 complications occurs within a specified time period: heart attack, (acute myocardial infarction [AMI]), pneumonia, or sepsis/septicemia/shock during the index admission or within 7 days of admission, surgical site bleeding, pulmonary embolism, or death during the index admission or within 30 days of admission, or mechanical complications or periprosthetic joint infection/wound infection during the index admission or within 90 days of admission. Hospitals' rates of hip/knee complications are compared to the national rate to determine if hospitals' performance on this measure is better than the national rate (lower), no different than the national rate, or worse than the national rate (higher). Rates are provided in the downloadable databases as decimals and typically indicate information that is presented on the Hospital Compare website as percentages. Lower rates for surgical complications are better. CMS chose to measure these complications within the specified times because complications over a longer period may be impacted by factors outside the hospitals' control like other complicating illnesses, patients' own behavior, or care provided to patients after discharge. This measure is separate from the serious complications measure (also reported on Hospital Compare).
Reporting Cycle	Collection period: 36 months. Refreshed annually.

Name	Complications: Surgical Complications – AHRQ Patient Safety Indicators (PSIs)
Description/ Background	Measures of serious complications are drawn from the Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators (PSIs). The overall score for serious complications is based on how often adult patients had certain serious, but potentially preventable, complications related to medical or surgical inpatient hospital care. The AHRQ PSIs reflect quality of care for hospitalized adults and focus on potentially avoidable complications and iatrogenic events. AHRQ PSIs only apply to Medicare beneficiaries who were discharged from a hospital paid through the IPPS. These indicators are risk adjusted to account for differences in hospital patients' characteristics. CMS calculates rates for AHRQ PSIs using Medicare claims data and a statistical model that determines the interval estimates for the PSIs. CMS publicly reports data on two PSIs—PSI-4 (death rate among surgical patients with serious treatable complications) and the composite measure PSI-90. PSI-90 is composed of 11 NQF-endorsed measures, including PSI-3 (pressure ulcer rate), PSI-6 (iatrogenic pneumothorax rate), PSI-7 (central venous catheter-related blood stream infection rate), PSI-8 (postoperative hip fracture rate), PSI-9 (postoperative hemorrhage or hematoma rate), PSI-10 (postoperative physiologic and metabolic derangement rate), PSI-11 (postoperative respiratory failure rate), PSI-12 (postoperative pulmonary embolism or deep vein thrombosis rate), PSI-13 (postoperative sepsis rate), PSI-14 (postoperative wound dehiscence rate), and PSI-15 (accidental puncture or laceration rate). PSI-90's composite rate is the weighted average of its component indicators. Hospitals' PSI rates are compared to the national rate to determine if hospitals' performance on PSIs is better than the national rate (lower), no different than the national rate, or worse than the national rate (higher).
Reporting Cycle	Collection period: 24 months. Refreshed annually.

Name	Complications: Healthcare-Associated Infections (HAI) Measures
Description/ Background	To receive payment from CMS, hospitals are required to report data about some infections to the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN). The HAI measures show how often patients in a particular hospital contract certain infections during the course of their medical treatment, when compared to like hospitals. HAI measures provide information on infections that occur while the patient is in the hospital and include: central line-associated bloodstream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), surgical site infection (SSI) from colon surgery or abdominal hysterectomy, methicillin-resistant <i>Staphylococcus Aureus</i> (MRSA) blood laboratory-identified events (bloodstream infections), and <i>Clostridium difficile</i> (<i>C.diff.</i>) laboratory-identified events (intestinal infections). The HAI measures show how often patients in a particular hospital contract certain infections during the course of their medical treatment, when compared to like hospitals. The CDC calculates a Standardized Infection Ratio (SIR) which may take into account the type of patient care location, number of patients with an existing infection, laboratory methods, hospital affiliation with a medical school, bed size of the hospital, patient age, and classification of patient health. SIRs are calculated for the hospital, the state, and the nation. Hospitals' SIRs are compared to the national benchmark to determine if hospitals' performance on these measures is better than the national benchmark (lower), no different than the national benchmark, or worse than the national benchmark (higher). The HAI measures apply to all patients treated in acute care hospitals, including adult, pediatric, neonatal, Medicare, and non-Medicare patients.

	<p>The new HAI-1 measure tracks central-line associated bloodstream infections (CLABSI) in ICUs and select wards. The HAI-1a measure tracks central-line associated bloodstream infections (CLABSI) in ICUs. The HAI-1 measure will be phased in over the next year to replace the HAI-1a measure.</p> <p>The new HAI-2 measure tracks catheter-associated urinary tract infections (CAUTI) in ICUs and select wards. The HAI-1a measure only tracks catheter-associated urinary tract infections (CAUTI) in ICUs. The HAI-2 measure will be phased in over the next year to replace the HAI-2a measure.</p>
Reporting Cycle	Collection period: 12 months. Refreshed quarterly.

Name	
Readmissions and Deaths: 30-Day Readmission and Death Measures	
Description/ Background	<p>The 30-day unplanned readmission measures are estimates of unplanned readmission to any acute care hospital within 30 days of discharge from a hospitalization for any cause related to medical conditions, including heart attack (AMI), heart failure (HF), pneumonia, chronic obstructive pulmonary disease (COPD), and stroke; and surgical procedures, including hip/knee replacement and coronary artery bypass graft (CABG). The 30-day unplanned hospital-wide readmission measure focuses on whether patients who were discharged from a hospitalization were hospitalized again within 30 days. The hospital-wide readmission measure includes all medical, surgical and gynecological, neurological, cardiovascular, and cardiorespiratory patients. The 30-day death measures are estimates of deaths within 30-days of a hospital admission from any cause related to medical conditions, including heart attack, heart failure, pneumonia, COPD, and stroke; and surgical procedures, including CABG. Hospitals' rates are compared to the national rate to determine if hospitals' performance on these measures is better than the national rate (lower), no different than the national rate, or worse than the national rate (higher). For some hospitals, the number of cases is too small to reliably compare their results to the national average rate. CMS chose to measure death within 30 days instead of inpatient deaths to use a more consistent measurement time window because length of hospital stay varies across patients and hospitals. Rates are provided in the downloadable databases as decimals and typically indicate information that is presented on the Hospital Compare website as percentages. Lower percentages for readmission and mortality are better.</p>
Reporting Cycle	Collection period: 36 months for all measures, except 12 months for READM-30-HOSP-WIDE. Refreshed annually.

Name	
Use of Medical Imaging: Outpatient Imaging Efficiency (OIE)	
Description/ Background	<p>CMS has adopted six measures which capture the quality of 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. Hospitals do not submit additional data for these measures. The measures on the use of medical imaging show how often a hospital provides specific imaging tests for Medicare beneficiaries under circumstances where they may not be medically appropriate. Lower percentages suggest more efficient use of medical imaging. The purpose of reporting these measures is to reduce unnecessary exposure to contrast materials and/or radiation, to ensure adherence to evidence-based medicine and practice guidelines, and to prevent wasteful use of Medicare resources. The measures only apply to Medicare patients treated in hospital outpatient departments.</p>
Reporting Cycle	Collection period: 12 months. Refreshed annually.

Name	Payment and Value of Care Measures
Description/ Background	<p>The Medicare Spending Per Beneficiary (MSPB-1) Measure assesses Medicare Part A and Part B payments for services provided to a Medicare beneficiary during a spending-per-beneficiary episode that spans from three days prior to an inpatient hospital admission through 30 days after discharge. The payments included in this measure are price-standardized and risk-adjusted.</p> <p>The payment measures for heart attack, heart failure, and pneumonia include the payments made for Medicare beneficiaries who are 65 years and older. The measures add up payments made for care and supplies starting the day the patient enters the hospital and for the next 30 days. The measures are meant to reflect differences in the services and supplies provided to patients.</p> <p>Hospital results are provided in the downloadable databases for the heart attack, heart failure, and pneumonia payment measures. You can see whether the payments made for patients treated at a particular hospital is less than, no different than, or greater than the national average payment. For some hospitals, the number of cases is too small to reliably compare their results to the national average payment.</p>
Reporting Cycle	Collection Period: 12 months for MSPB-1 and 36 months for the payment for heart attack (PAYM-30-AMI), heart failure (PAYM-30-HF), and pneumonia (PAYM-30-PN) measures. All measures refreshed annually.

Name	Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Description/ Background	The IPFQR Program is a pay-for-reporting program intended to provide consumers with quality of care information to make more informed decisions about health care options. To meet the IPFQR Program requirements, Inpatient Psychiatric Facilities (IPFs) are required to submit all quality measures to CMS. The IPFQR Program measures allow consumers to find and compare the quality of care given at psychiatric facilities where patients are admitted as inpatients. Inpatient psychiatric facilities are required to report data on these measures. Facilities that are eligible for this program may have their Medicare payments reduced if they do not report.
Reporting Cycle	Collection period: 9 months. Refreshed annually.

Name	Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR) Program
Description/ Background	The PPS-Exempt Cancer Hospital Quality Reporting Program measures allow consumers to find and compare the quality of care provided at the eleven PPS-exempt cancer hospitals participating in the program. Under the PCHQR Program, cancer hospitals submit data to CMS regarding the Adjuvant Chemotherapy Colon Cancer (PCH-1), Combination Chemotherapy Breast Cancer (PCH-2), and Adjuvant Hormone Therapy Breast Cancer (PCH-3) measures.
Reporting Cycle	Collection period: 12 months. Refreshed quarterly.

Name	Ambulatory Surgical Center Quality Reporting (ASCQR) Program
Description/ Background	The Ambulatory Surgical Center Quality Reporting (ASCQR) Program is a quality measure data reporting program implemented by the Centers for Medicare & Medicaid Services for care provided in the ambulatory surgical center (ASC) setting. ASCs are health care facilities that perform surgeries and procedures outside the hospital setting. The ASCQR Program exists to promote higher quality, more efficient health care for Medicare beneficiaries through data reporting, quality improvement, and measure alignment with other clinical care settings. To participate in the program, an ASC must submit quality measure data. Once an ASC submits quality measure data under the ASCQR Program for any of the ASCQR measures, the ASC is considered to be participating in the program. ASCs that participate in the program and meet program requirements are rewarded based on the quality of care that they provide to patients. The program operates by (1) awarding ASCs that meet program requirements with an annual payment, and (2) reducing the annual payment by two percent for ASCs that do not participate in the program, or fail to meet program requirements for the seven ASC measures.
Reporting Cycle	Collection period: 12 months. Refreshed annually.

Name	Linking Quality to Payment: Hospital-Acquired Conditions Reduction Program (HACRP)
Description/ Background	The Hospital-Acquired Condition Reduction Program (HACRP) was established in 2010 to provide an incentive for hospitals to reduce HACs. CMS adopted the AHRQ PSI-90 composite measure, the CDC NHSN central line-associated blood stream infection (CLABSI) measure, the CDC NHSN catheter-associated urinary tract infection (CAUTI) measure, and the Surgical Site Infection (SSI) (colon and hysterectomy) measure as part of HACRP. The overall score for serious complication is based on how adult patients who had certain serious, but potentially preventable, complications related to medical or surgical inpatient hospital care scored on the individual measures.
Reporting Cycle	Collection Period: 24 months. Refreshed Annually.

Name	Linking Quality to Payment: Hospital Readmissions Reduction Program (HRRP)
Description/ Background	In October 2012, CMS began reducing Medicare payments for IPPS hospitals with excess readmissions. Excess readmissions are measured using a ratio, by dividing a hospital's number of "predicted" 30-day readmissions for AMI, HF, PN, hip/knee replacement, and COPD 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 Cycle	Collection period: 36 months. Refreshed annually.

Name	Linking Quality to Payment: Hospital Value-Based Purchasing (HVBP) Program
Description/ Background	The HVBP program is part of CMS' long-standing effort to link Medicare's payment system to quality. 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. The Fiscal Year 2016 HVBP program adjusts hospitals' payments based on their performance on four domains that reflect hospital quality: the Clinical Process of Care domain, the Patient Experience of Care domain, the Outcome domain, and the Efficiency domain. The Total Performance Score (TPS) is comprised of the Clinical Process of Care domain score (weighted as 10% of the TPS), the Patient Experience of Care domain score (weighted as 25% of the TPS), the Outcome domain score (weighted as 40% of the TPS), and the Efficiency domain score (weighted as 25% of the TPS).
Reporting Cycle	Collection period: 12 months for Clinical Process of Care, Patient Experience of Care, Efficiency, and Outcome (HAI) domain measures and 21 months for Outcome (Mortality and AHRQ) domain measures. Refreshed annually.

Name	Linking Quality to Payment: HVBP Payment Adjustments
Description/ Background	The Inpatient HVBP Program adjusts Medicare's payments to reward hospitals based on the quality of care that they provide to patients. The program operates by 1) reducing participating hospitals' Medicare payments by a specified percentage, then 2) using the estimated total amount of those payment reductions to fund value-based incentive payments to hospitals based on their performance under the program.
Reporting Cycle	Collection period: Approximately 12 months. Refreshed annually.

Measure Dates and Collection Periods

The downloadable databases are refreshed within 24 hours of the Hospital Compare data update and this update will be indicated in the [Additional Information](#) section of the Hospital Compare home page. The Measure Dates file located within the downloadable databases contains a comprehensive listing of all measures displayed on Hospital Compare, their start quarters and dates, and their end quarters and dates. A sample of the collection periods from the December 2015 Measure Dates file is shown below:

Measure_ID	Measure_Start_Quarter	Measure_Start_Date	Measure_End_Quarter	Measure_End_Date
ACS_REGISTRY	1Q2014	1/1/2014	4Q2014	12/31/2014
AMI_7a	2Q2014	4/1/2014	1Q2015	3/31/2015
AMI_7a_HVBP_Baseline	1Q2012	1/1/2012	4Q2012	12/31/2012
AMI_7a_HVBP_Performance	1Q2014	1/1/2014	4Q2014	12/31/2014
AMI_8a	2Q2014	4/1/2014	1Q2015	3/31/2015
CAC_3	2Q2014	4/1/2014	1Q2015	3/31/2015
Combined_SSI_Measure_Score	1Q2012	1/1/2012	4Q2012	12/31/2014
Combined_SSI_Measure_Score_HVBP_Performance	1Q2014	1/1/2014	4Q2014	12/31/2014
COMP_HIP_KNEE	2Q2011	4/1/2011	1Q2014	3/31/2014
ED_1b	2Q2014	4/1/2014	1Q2015	3/31/2015
ED_2b	2Q2014	4/1/2014	1Q2015	3/31/2015
EDV	1Q2013	1/1/2013	4Q2013	12/31/2013
HAI_1	1Q2015	10/1/2015	1Q2015	3/31/2015
HAI_1_HVBP_Baseline	1Q2012	1/1/2012	4Q2012	12/31/2012
HAI_1_HVBP_Performance	1Q2014	1/1/2014	4Q2014	12/31/2014
HAI_1a	2Q2014	4/1/2014	1Q2015	3/31/2015
HAI_2	1Q2015	10/1/2014	1Q2015	3/31/2015
HAI_2_HVBP_Baseline	1Q2012	1/1/2014	4Q2012	12/31/2014
HAI_2_HVBP_Performance	1Q2014	1/1/2014	4Q2014	12/31/2014
HAI_2a	2Q2014	4/1/2014	1Q2015	3/31/2015
HAI_3	2Q2014	4/1/2014	1Q2015	3/31/2015
HAI_3_HVBP_Baseline	1Q2012	1/1/2012	4Q2012	12/31/2014
HAI_3_HVBP_Performance	1Q2014	1/1/2014	4Q2014	12/31/2014
HAI_4	2Q2014	4/1/2014	1Q2015	3/31/2015
HAI_4_HVBP_Baseline	1Q2012	1/1/2012	4Q2012	12/31/2012
HAI_4_HVBP_Performance	1Q2014	1/1/2014	4Q2014	12/31/2014
HAI_5	2Q2014	4/1/2014	1Q2015	3/31/2015
HAI_6	2Q2014	4/1/2014	1Q2015	3/31/2015

File Summary

The table below shows the titles of all MS Access tables and CSV Revised file names included in the downloadable database. A Hospital.pdf (data dictionary) file and corresponding readme.txt file are included in both downloadable databases formats.

MS Access Downloadable Database: Hospital.zip	CSV Revised Downloadable Database: Hospital_revised_flatfiles.zip
MS Access tables	CSV Revised (.csv) file names
Measure_Dates	Measure Dates
HQI_FTNT	Footnote Crosswalk
HQI_HOSP	Hospital General Information
HQI_HOSP_STRUCTURAL	Structural Measures – Hospital
HQI_HOSP_HCAHPS	HCAHPS – Hospital
HQI_NATIONAL_HCAHPS	HCAHPS – National
HQI_STATE_HCAHPS	HCAHPS – State
HQI_HOSP_TimelyEffectiveCare	Timely and Effective Care – Hospital
HQI_NATIONAL_TimelyEffectiveCare	Timely and Effective Care – National
HQI_STATE_TimelyEffectiveCare	Timely and Effective Care – State
HQI_HOSP_Comp	Complications – Hospital
HQI_NATIONAL_Comp	Complications – National
HQI_STATE_Comp	Complications – State
HQI_HOSP_ReadmDeath	Readmissions and Deaths – Hospital
HQI_NATIONAL_ReadmDeath	Readmissions and Deaths – National
HQI_STATE_ReadmDeath	Readmissions and Deaths – State
HQI_HOSP_HAI	Healthcare Associated Infections – Hospital
HQI_NATIONAL_HAI	Healthcare Associated Infections – National
HQI_STATE_HAI	Healthcare Associated Infections – State
HQI_HOSP_PaymentAndValueofCare	Payment and Value of Care – Hospital
HQI_NATIONAL_Payment	Payment – National
HQI_STATE_Payment	Payment – State
HQI_HOSP_IMG	Outpatient Imaging Efficiency – Hospital
HQI_NATIONAL_IMG_AVG	Outpatient Imaging Efficiency – National
HQI_STATE_IMG_AVG	Outpatient Imaging Efficiency – State
HQI_HOSP_MSPB	Medicare Hospital Spending per Patient – Hospital

MS Access Downloadable Database: Hospital.zip	CSV Revised Downloadable Database: Hospital_revised_flatfiles.zip
MS Access tables	CSV Revised (.csv) file names
HQI_NATIONAL_MSPB	Medicare Hospital Spending per Patient – National
HQI_STATE_MSPB	Medicare Hospital Spending per Patient – State
Medicare Hospital Spending by Claim	Medicare Hospital Spending by Claim
HQI_OP_Procedure_Volume	Outpatient Procedures – Volume
HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_HOSPITAL	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_HOSPITAL
HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_NATIONAL	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_NATIONAL
HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_STATE	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_STATE
PCH_CANCERSPECIFICMEASURES_HOSPITAL	HOSPITAL_QUARTERLY_QUALITYMEASURE_PCH_HOSPITAL
HOSPITAL_QUARTERLY_HAC_DOMAIN_HOSPITAL	HOSPITAL_QUARTERLY_HAC_DOMAIN_HOSPITAL
vwHQI_READM_REDUCTION	READMISSION REDUCTION
Hvbp_ami_10_28_2015	hvpb_ami_10_28_2015
Hvbp_Efficiency_10_28_2015	hvpb_Efficiency_10_28_2015
Hvbp_hai_10_28_2015	hvpb_hai_10_28_2015
Hvbp_hcahps_10_28_2015	hvpb_hcahps_10_28_2015
Hvbp_outcome_10_28_2015	hvpb_outcome_10_28_2015
Hvbp_pn_10_28_2015	hvpb_pn_10_28_2015
Hvbp_imm2_10_28_2015	hvpb_imm2_10_28_2015
Hvbp_scip_10_28_2015	hvpb_scip_10_28_2015
Hvbp_tps_10_28_2015	hvpb_tps_10_28_2015
FY2014_Distribution_of_Net_Change_in_Base_Op_DRG_Payment_Amt	FY2014_Distribution_of_Net_Change_in_Base_Op_DRG_Payment_Amt
FY2014_Value_Based_Incentive_Payment_Amount	FY2014_Value_Based_Incentive_Payment_Amount
FY2014_Net_Change_in_Base_Op_DRG_Payment_Amt	FY2014_Net_Change_in_Base_Op_DRG_Payment_Amt
FY2014_Percent_Change_in_Base_Operating_DRG_Payment_Amount	FY2014_Percent_Change_in_Medicare_Payments
HQI_NATIONAL_Value of Care	Value of Care - National
ASC_Quality_Facility	ASC_Quality_Facility
ASC_Quality_National	ASC_Quality_National
ASC_Quality_State	ASC_Quality_State

Downloadable Database Content Summary

Access 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 “Char” require the corresponding length provided.

CSV Flat Files Note: Opening CSV files in Excel will remove leading zeroes from data fields. Since some data, such as provider numbers, contain leading zeroes, it is recommended that you open CSV files using text editor programs such as Notepad to copy or view CSV file content. 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 “Char” require the corresponding length provided. The CSV column names and file names should mirror the datasets found on Data.Medicare.gov.

General Information

Table (Back to File Summary)	Measure Dates		
Description	Current collection dates for all measures on Hospital Compare		
File Name	MEASURE_DATES	File Name	MEASURE_DATES.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Memo	Measure_Name	Char(159)	Measure Name
Char(50)	Measure_ID	Char(45)	Measure ID
Char(255)	Measure_Start_Quarter	Char(8)	Measure Start Quarter
Date	Measure_Start_Date	Char(21)	Measure Start Date
Char(50)	Measure_End_Quarter	Char(8)	Measure End Quarter
Date	Measure_End_Date	Char(21)	Measure End Date

Table (Back to File Summary)	Footnote Crosswalk		
Description	Look up table for footnote summary text		
File Name	HQI_FTNT	File Name	FOOTNOTE_CROSSWALK.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(255)	Footnote	Char(4)	Footnote
Memo	Footnote Text	Char(226)	Footnote Text

Table (Back to File Summary)	Hospital General Information		
Description	General information on hospitals within the dataset		
File Name	HQI_HOSP	File Name	HOSPITAL_GENERAL_INFORMATION.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(6)	Provider ID	Char(8)	Provider ID
Memo	Hospital Name	Char(52)	Hospital Name
Memo	Address	Char(52)	Address
Memo	City	Char(22)	City
Char(2)	State	Char(4)	State
Char(5)	ZIP Code	Char(7)	ZIP Code
Char(25)	County Name	Char(22)	County Name
Char(10)	Phone Number	Char(12)	Phone Number
Char(50)	Hospital Type	Char(38)	Hospital Type
Char(100)	Hospital Ownership	Char(45)	Hospital Ownership
Char(50)	Emergency Services	Char(5)	Emergency Services

Table (Back to File Summary)	Structural Measures (Hospital)		
Description	Hospital-level results for structural measures		
File Name	HQI_HOSP_STRUCTURAL	File Name	STRUCTURAL MEASURES - HOSPITAL.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(50)	Provider ID	Char(8)	Provider ID
Memo	Hospital Name	Char(52)	Hospital Name
		Char(44)	Address
		Char(21)	City
Char(2)	State	Char(4)	State
		Char(7)	ZIP Code
		Char(22)	County Name
		Char(12)	Phone Number
Memo	Measure Name	Char(89)	Measure Name
Char(50)	Measure ID	Char(18)	Measure ID
Memo	Measure Response	Char(41)	Measure Response
Memo	Footnote	Char(58)	Footnote
Char(10)	Measure Start Date	Char(12)	Measure Start Date
Char(10)	Measure End Date	Char(12)	Measure End Date

Survey of Patients' Experiences

Table (Back to File Summary)	HCAHPS (Hospital)		
Description	Hospital-level results for the Hospital Consumer Assessment of Healthcare Providers and Systems		
File Name	HQI_HOSP_HCAHPS	File Name	HCAHPS - HOSPITAL.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(6)	Provider ID	Char(8)	Provider ID
Memo	Hospital Name	Char(52)	Hospital Name
		Char(44)	Address
		Char(21)	City
Char(2)	State	Char(4)	State
		Char(7)	ZIP Code
		Char(22)	County Name
		Char(12)	Phone Number
Char(50)	HCAHPS Measure ID	Char(27)	HCAHPS Measure ID
Memo	HCAHPS Question	Char(112)	HCAHPS Question
Memo	HCAHPS Answer Description	Char(114)	HCAHPS Answer Description
Memo	Patient Survey Star Rating	Char(16)	Patient Survey Star Rating
Memo	Patient Survey Star Rating Footnote	Char(71)	Patient Survey Star Rating Footnote
Memo	HCAHPS Answer Percent	Char(16)	HCAHPS Answer Percent
Memo	HCAHPS Answer Percent Footnote	Char(294)	HCAHPS Answer Percent Footnote
Memo	HCAHPS Linear Mean Value	Char(16)	HCAHPS Linear Mean Value
Memo	Number of Completed Surveys	Char(15)	Number of Completed Surveys
Memo	Number of Completed Surveys Footnote	Char(58)	Number of Completed Surveys Footnote
Memo	Survey Response Rate Percent	Char(15)	Survey Response Rate Percent
Memo	Survey Response Rate Percent Footnote	Char(294)	Survey Response Rate Percent Footnote
Char(10)	Measure Start Date	Char(12)	Measure Start Date
Char(10)	Measure End Date	Char(12)	Measure End Date

Table (Back to File Summary)	HCAHPS (National)		
Description	National-level results for the Hospital Consumer Assessment of Healthcare Providers and Systems		
File Name	HQI_NATIONAL_HCAHPS	File Name	HCAHPS - NATIONAL.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(50)	HCAHPS Measure ID	Char(19)	HCAHPS Measure ID
Memo	HCAHPS Question	Char(112)	HCAHPS Question
Memo	HCAHPS Answer Description	Char(114)	HCAHPS Answer Description
Memo	HCAHPS Answer Percent	Char(4)	HCAHPS Answer Percent
Memo	Footnote	Char(2)	Footnote
Char(10)	Measure Start Date	Char(12)	Measure Start Date
Char(10)	Measure End Date	Char(12)	Measure End Date

Table (Back to File Summary)	HCAHPS (State)		
Description	State-level results for the Hospital Consumer Assessment of Healthcare Providers and Systems		
File Name	HQI_STATE_HCAHPS	File Name	HCAHPS - STATE.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(50)	State	Char(4)	State
Memo	HCAHPS Question	Char(112)	HCAHPS Question
Char(50)	HCAHPS Measure ID	Char(19)	HCAHPS Measure ID
Memo	HCAHPS Answer Description	Char(114)	HCAHPS Answer Description
Memo	HCAHPS Answer Percent	Char(15)	HCAHPS Answer Percent
Memo	Footnote	Char(58)	Footnote
Char(10)	Measure Start Date	Char(12)	Measure Start Date
Char(10)	Measure End Date	Char(12)	Measure End Date

Timely and Effective Care

Table (Back to File Summary)	Timely and Effective Care (Hospital)		
Description	Hospital-level results for Process of Care measures		
File Name	HQI_HOSP_TIMELYEFFECTIVECARE	File Name	TIMELY AND EFFECTIVE CARE - HOSPITAL.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(6)	Provider ID	Char(8)	Provider ID
Memo	Hospital Name	Char(52)	Hospital Name
		Char(46)	Address
		Char(22)	City
		Char(4)	State
		Char(7)	ZIP Code
		Char(22)	County Name
		Char(12)	Phone Number
Char(35)	Condition	Char(37)	Condition
Char(50)	Measure ID	Char(24)	Measure ID
Memo	Measure Name	Char(137)	Measure Name
Memo	Score	Char(44)	Score
Char(50)	Sample	Char(15)	Sample
Char(50)	Footnote	Char(181)	Footnote
Char(10)	Measure Start Date	Char(12)	Measure Start Date
Char(10)	Measure End Date	Char(12)	Measure End Date

Table (Back to File Summary)	Timely and Effective Care (National)		
Description	National-level results for Process of Care measures		
File Name	HQI_NATIONAL_TIMELYEFFECTIVE CARE	File Name	TIMELY AND EFFECTIVE CARE - NATIONAL.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Memo	Measure Name	Char(225)	Measure Name
Char(50)	Measure ID	Char(24)	Measure ID
Char(35)	Condition	Char(37)	Condition
Memo	Category	Char(133)	Category
Memo	Score	Char(5)	Score
Char(50)	Footnote	Char(2)	Footnote
Char(10)	Measure Start Date	Char(12)	Measure Start Date
Char(10)	Measure End Date	Char(12)	Measure End Date

Table (Back to File Summary)	Timely and Effective Care (State)		
Description	State-level results for Process of Care measures		
File Name	HQI_STATE_TIMELYEFFECTIVECARE	File Name	TIMELY AND EFFECTIVE CARE - STATE.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(50)	State	Char(4)	State
Char(35)	Condition	Char(37)	Condition
Memo	Measure Name	Char(133)	Measure Name
Char(50)	Measure ID	Char(24)	Measure ID
Memo	Score	Char(15)	Score
Char(50)	Footnote	Char(62)	Footnote
Char(10)	Measure Start Date	Char(12)	Measure Start Date
Char(10)	Measure End Date	Char(12)	Measure End Date

Complications

Table (Back to File Summary)	Complications (Hospital)		
Description	Hospital-level results for surgical complications measures		
File Name	HQI_HOSP_COMP	File Name	COMPLICATIONS - HOSPITAL.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(6)	Provider ID	Char(8)	Provider ID
Memo	Hospital Name	Char(52)	Hospital Name
		Char(44)	Address
		Char(21)	City
		Char(4)	State
		Char(7)	ZIP Code
		Char(22)	County Name
		Char(12)	Phone Number
Memo	Measure Name	Char(74)	Measure Name
Char(50)	Measure ID	Char(27)	Measure ID
Memo	Compared to National	Char(37)	Compared to National
Memo	Denominator	Char(16)	Denominator
Memo	Score	Char(16)	Score
Memo	Lower Estimate	Char(16)	Lower Estimate
Memo	Higher Estimate	Char(16)	Higher Estimate
Char(50)	Footnote	Char(62)	Footnote
Char(10)	Measure Start Date	Char(12)	Measure Start Date
Char(10)	Measure End Date	Char(12)	Measure End Date

Table (Back to File Summary)	Complications (National)		
Description	National-level results for surgical complications measures		
File Name	HQI_NATIONAL_COMP	File Name	COMPLICATIONS - NATIONAL.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Memo	Measure Name	Char(74)	Measure Name
Char(50)	Measure ID	Char(27)	Measure ID
Memo	National Rate	Char(8)	National Rate
Memo	Number of Hospitals Worse	Char(5)	Number of Hospitals Worse
Memo	Number of Hospitals Same	Char(6)	Number of Hospitals Same
Memo	Number of Hospitals Better	Char(5)	Number of Hospitals Better
Memo	Number of Hospitals Too Few	Char(15)	Number of Hospitals Too Few
Char(50)	Footnote	Char(2)	Footnote
Char(10)	Measure Start Date	Char(12)	Measure Start Date
Char(10)	Measure End Date	Char(12)	Measure End Date

Table (Back to File Summary)	Complications (State)		
Description	State-level results for surgical complications measures		
File Name	HQI_STATE_COMP	File Name	COMPLICATIONS - STATE.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(50)	State	Char(4)	State
Memo	Measure Name	Char(74)	Measure Name
Char(25)	Measure ID	Char(27)	Measure ID
Memo	Number of Hospitals Worse	Char(15)	Number of Hospitals Worse
Memo	Number of Hospitals Same	Char(15)	Number of Hospitals Same
Memo	Number of Hospitals Better	Char(15)	Number of Hospitals Better
Memo	Number of Hospitals Too Few	Char(15)	Number of Hospitals Too Few
Char(50)	Footnote	Char(58)	Footnote
Char(10)	Measure Start Date	Char(12)	Measure Start Date
Char(10)	Measure End Date	Char(12)	Measure End Date

Healthcare-associated Infections (HAI)

Table (Back to File Summary)			
HAI (Hospital)			
Description			
Hospital-level results for healthcare-associated infections measures			
File Name	HQI_HOSP_HAI	File Name	HEALTHCARE ASSOCIATED INFECTIONS - HOSPITAL.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(6)	Provider ID	Char(8)	Provider ID
		Char(51)	Hospital Name
		Char(41)	Address
		Char(19)	City
		Char(4)	State
		Char(7)	ZIP Code
		Char(22)	County Name
		Char(12)	Phone Number
Memo	Measure Name	Char(112)	Measure Name
Char(50)	Measure ID	Char(18)	Measure ID
Memo	Compared to National	Char(38)	Compared to National
Memo	Score	Char(15)	Score
Char(50)	Footnote	Char(182)	Footnote
Char(10)	Measure Start Date	Char(12)	Measure Start Date
Char(10)	Measure End Date	Char(12)	Measure End Date

Table (Back to File Summary)			
HAI (National)			
Description			
National-level results for healthcare-associated infections measures			
File Name	HQI_NATIONAL_HAI	File Name	HEALTHCARE ASSOCIATED INFECTIONS - NATIONAL.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Memo	Measure Name	Char(112)	Measure Name
Char(50)	Measure ID	Char(12)	Measure ID
Memo	Score	Char(3)	Score
Char(50)	Footnote	Char(2)	Footnote
Char(10)	Measure Start Date	Char(12)	Measure Start Date
Char(10)	Measure End Date	Char(12)	Measure End Date

Table (Back to File Summary)			
HAI (State)			
Description			
State-level results for healthcare-associated infections measures			
File Name	HQI_STATE_HAI	File Name	HEALTHCARE ASSOCIATED INFECTIONS - STATE.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(50)	State	Char(4)	State
Memo	Measure Name	Char(112)	Measure Name
Char(50)	Measure ID	Char(17)	Measure ID
Memo	Score	Char(15)	Score
Char(50)	Footnote	Char(78)	Footnote
Char(10)	Measure Start Date	Char(12)	Measure Start Date
Char(10)	Measure End Date	Char(12)	Measure End Date

Readmissions and Deaths

Table (Back to File Summary)			
Readmissions and Deaths (Hospital)			
Description			
Hospital-level results for 30-day mortality and readmissions measures			
File Name	HQI_HOSP_READMDEATH	File Name	READMISSIONS AND DEATHS - HOSPITAL.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(6)	Provider ID	Char(8)	Provider ID
Memo	Hospital Name	Char(52)	Hospital Name
		Char(41)	Address
		Char(21)	City
		Char(4)	State
		Char(7)	ZIP Code
		Char(22)	County Name
		Char(12)	Phone Number
Memo	Measure Name	Char(89)	Measure Name
Char(50)	Measure ID	Char(20)	Measure ID
Memo	Compared to National	Char(37)	Compared to National
Memo	Denominator	Char(15)	Denominator
Memo	Score	Char(15)	Score
Memo	Lower Estimate	Char(15)	Lower Estimate
Memo	Higher Estimate	Char(15)	Higher Estimate
Char(50)	Footnote	Char(58)	Footnote
Char(10)	Measure Start Date	Char(12)	Measure Start Date
Char(10)	Measure End Date	Char(12)	Measure End Date

Table (Back to File Summary)			
Readmissions and Deaths (National)			
Description			
National-level results for 30-day mortality and readmissions measures			
File Name	HQI_NATIONAL_READMDEATH	File Name	READMISSIONS AND DEATHS - NATIONAL.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Memo	Measure Name	Char(89)	Measure Name
Char(50)	Measure ID	Char(20)	Measure ID
Memo	National Rate	Char(6)	National Rate
Memo	Number of Hospitals Worse	Char(5)	Number of Hospitals Worse
Memo	Number of Hospitals Same	Char(6)	Number of Hospitals Same
Memo	Number of Hospitals Better	Char(5)	Number of Hospitals Better
Memo	Number of Hospitals Too Few	Char(6)	Number of Hospitals Too Few
Char(50)	Footnote	Char(2)	Footnote
Char(10)	Measure Start Date	Char(12)	Measure Start Date
Char(10)	Measure End Date	Char(12)	Measure End Date

Table (Back to File Summary)			
Readmissions and Deaths (State)			
Description			
State-level results for 30-day mortality and readmissions measures			
File Name	HQI_STATE_READMDEATH	File Name	READMISSIONS AND DEATHS - STATE.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(50)	State	Char(4)	State
Memo	Measure Name	Char(89)	Measure Name
Char(25)	Measure ID	Char(20)	Measure ID
Memo	Number of Hospitals Worse	Char(4)	Number of Hospitals Worse
Memo	Number of Hospitals Same	Char(5)	Number of Hospitals Same

Table (Back to File Summary)	Readmissions and Deaths (State)		
Description	State-level results for 30-day mortality and readmissions measures		
File Name	HQI_STATE_READMDEATH	File Name	READMISSIONS AND DEATHS - STATE.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Memo	Number of Hospitals Better	Char(4)	Number of Hospitals Better
Memo	Number of Hospitals Too Few	Char(5)	Number of Hospitals Too Few
Char(50)	Footnote	Char(2)	Footnote
Char(10)	Measure Start Date	Char(12)	Measure Start Date
Char(10)	Measure End Date	Char(12)	Measure End Date

Use of Medical Imaging

Table (Back to File Summary)	Outpatient Imaging Efficiency (Hospital)		
Description	Hospital-level results for measures of the use of medical imaging		
File Name	HQI_HOSP_IMG	File Name	OUTPATIENT IMAGING EFFICIENCY - HOSPITAL.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(6)	Provider ID	Char(8)	Provider ID
Memo	Hospital Name	Char(52)	Hospital Name
		Char(44)	Address
		Char(20)	City
Char(2)	State	Char(4)	State
		Char(7)	ZIP Code
		Char(22)	County Name
		Char(12)	Phone Number
Char(50)	Measure ID	Char(7)	Measure ID
Memo	Measure Name	Char(85)	Measure Name
Memo	Score	Char(15)	Score
Memo	Footnote	Char(58)	Footnote
Char(10)	Measure Start Date	Char(12)	Measure Start Date
Char(10)	Measure End Date	Char(12)	Measure End Date

Table (Back to File Summary)	Outpatient Imaging Efficiency (National)		
Description	National-level results for measures of the use of medical imaging		
File Name	HQI_NATIONAL_IMG_AVG	File Name	OUTPATIENT IMAGING EFFICIENCY - NATIONAL.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(50)	Measure ID	Char(7)	Measure ID
Memo	Measure Name	Char(85)	Measure Name
Memo	Score	Char(15)	Score
Memo	Footnote	Char(54)	Footnote
Char(10)	Measure Start Date	Char(12)	Measure Start Date
Char(10)	Measure End Date	Char(12)	Measure End Date

Table (Back to File Summary)	Outpatient Imaging Efficiency (State)		
Description	State-level results for measures of the use of medical imaging		
File Name	HQI_STATE_IMG_AVG	File Name	OUTPATIENT IMAGING EFFICIENCY - STATE.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(50)	State	Char(2)	State
Char(50)	Measure ID	Char(5)	Measure ID
Memo	Measure Name	Char(83)	Measure Name
Memo	Score	Char(13)	Score
Memo	Footnote	Char(56)	Footnote
Char(10)	Measure Start Date	Date	Measure Start Date
Char(10)	Measure End Date	Date	Measure End Date

Payment and Value of Care

Payment and Value of Care

Table (Back to File Summary)	Payment and Value of Care (Hospital)		
Description	Hospital-level results for payment measures and value of care displays associated with 30-day mortality measures		
File Name	HQI_HOSP_PaymentAndValueofCare	File Name	PAYMENT AND VALUE OF CARE - HOSPITAL.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(6)	Provider ID	Char(8)	Provider ID
Memo	Hospital name	Char(52)	Hospital name
		Char(46)	Address
		Char(22)	City
		Char(4)	State
		Char(7)	ZIP Code
		Char(22)	County name
		Char(12)	Phone number
Memo	Payment measure name	Char(36)	Payment measure name
Char(50)	Payment measure ID	Char(13)	Payment measure ID
Memo	Payment category	Char(48)	Payment category
Memo	Denominator	Char(15)	Denominator
Memo	Payment	Char(15)	Payment
Memo	Lower estimate	Char(15)	Lower estimate
Memo	Higher estimate	Char(15)	Higher estimate
Char(50)	Payment footnote	Char(58)	Payment footnote
Memo	Value of care display name	Char(37)	Value of care display name
Char(50)	Value of care display ID	Char(18)	Value of care display ID
Memo	Value of care category	Char(39)	Value of care category
Char(50)	Value of care footnote	Char(62)	Value of care footnote
Char(10)	Measure start date	Char(12)	Measure start date
Char(10)	Measure end date	Char(12)	Measure end date

Table (Back to File Summary)	Payment (National)		
Description	National-level results for payment measures		
File Name	HQI_NATIONAL_Payment	File Name	PAYMENT - NATIONAL.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Memo	Measure name	Char(36)	Measure Name
Char(50)	Measure ID	Char(13)	Measure ID
Memo	National payment	Char(9)	National payment
Memo	Number less than national payment	Char(5)	Number less than national payment
Memo	Number same as national payment	Char(6)	Number same as national payment
Memo	Number greater than national payment	Char(5)	Number greater than national payment
Memo	Number of hospitals too few	Char(6)	Number of hospitals too few
Char(50)	Footnote	Char(2)	Footnote
Char(10)	Measure start date	Char(12)	Measure start date
Char(10)	Measure end date	Char(12)	Measure end date

Table (Back to File Summary)	Value of Care (National)		
Description	National-level results for value of care displays associated with 30-day mortality measures		
File Name	HQI_NATIONAL_VALUE OF CARE	File Name	VALUE OF CARE - NATIONAL.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Memo	Value of care measure name	Char(80)	Value of care measure name
Char(50)	Value of care measure ID	Char(45)	Value of care measure ID
Memo	Number of hospitals	Char(6)	Number of hospitals
Date	Measure start date	Char(21)	Measure start date
Date	Measure end date	Char(21)	Measure end date

Table (Back to File Summary)	Payment (State)		
Description	State-level results for payment measures		
File Name	HQI_STATE_PAYMENT	File Name	PAYMENT - STATE.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(50)	State	Char(4)	State
Memo	Measure name	Char(36)	Measure Name
Char(25)	Measure ID	Char(13)	Measure ID
Memo	Number less than national payment	Char(4)	Number less than national payment
Memo	Number same as national payment	Char(5)	Number same as national payment
Memo	Number greater than national payment	Char(4)	Number greater than national payment
Memo	Number of hospitals too few	Char(5)	Number of hospitals too few
Char(50)	Footnote	Char(2)	Footnote
Char(10)	Measure start date	Char(12)	Measure start date
Char(10)	Measure end date	Char(12)	Measure end date

Medicare Spending per Beneficiary (MSPB)

Table (Back to File Summary)			
MSPB (Hospital)			
Description			
Hospital-level Medicare Spending per Beneficiary			
File Name	HQI_HOSP_MSPB	File Name	MEDICARE HOSPITAL SPENDING PER PATIENT - HOSPITAL.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(6)	Provider ID	Char(8)	Provider ID
		Char(52)	Hospital Name
		Char(46)	Address
		Char(22)	City
		Char(4)	State
		Char(7)	ZIP Code
		Char(22)	County Name
		Char(12)	Phone Number
		Char(76)	Measure Name
Char(50)	Measure ID	Char(8)	Measure ID
Memo	Score	Char(15)	Score
Memo	Footnote	Char(56)	Footnote
Char(10)	Measure Start Date	Char(12)	Measure Start Date
Char(10)	Measure End Date	Char(12)	Measure End Date

Table (Back to File Summary)			
MSPB (National)			
Description			
National-level Medicare Spending per Beneficiary			
File Name	HQI_NATIONAL_MSPB	File Name	MEDICARE HOSPITAL SPENDING PER PATIENT - NATIONAL.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
		Char(76)	Measure Name
Char(50)	Measure ID	Char(8)	Measure ID
Memo	Score	Char(6)	Score
Char(255)	Footnote - Score	Char(2)	Footnote - Score
Memo	National Median	Char(12)	National Median
Memo	Footnote - National Median	Char(2)	Footnote - National Median
Char(10)	Measure Start Date	Char(12)	Measure Start Date
Char(10)	Measure End Date	Char(12)	Measure End Date

Table (Back to File Summary)			
MSPB (State)			
Description			
State-level Medicare Spending per Beneficiary			
File Name	HQI_STATE_MSPB	File Name	MEDICARE HOSPITAL SPENDING PER PATIENT - STATE.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(50)	State	Char(4)	State
		Char(76)	Measure Name
Char(50)	Measure ID	Char(8)	Measure ID
Memo	Score	Char(15)	Score
Memo	Footnote	Char(93)	Footnote
Char(10)	Measure Start Date	Char(12)	Measure Start Date
Char(10)	Measure End Date	Char(12)	Measure End Date

Table (Back to File Summary)	MSPB Spending by Claim		
Description	Medicare Spending per Beneficiary breakdowns by claim type		
File Name	MEDICARE HOSPITAL SPENDING BY CLAIM	File Name	MEDICARE HOSPITAL SPENDING BY CLAIM.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(255)	Hospital Name	Char(193)	Hospital Name
Char(255)	Provider Number	Num(8)	Provider Number
Char(255)	State	Char(2)	State
Char(255)	Period	Char(63)	Period
Char(255)	Claim Type	Char(25)	Claim Type
Char(255)	Avg Spending Per Episode (Hospital)	Char(3)	Avg Spending Per Episode (Hospital)
Char(255)	Avg Spending Per Episode (State)	Char(3)	Avg Spending Per Episode (State)
Char(255)	Avg Spending Per Episode (Nation)	Char(3)	Avg Spending Per Episode (Nation)
Char(255)	Percent of Spending (Hospital)	Char(3)	Percent of Spending (Hospital)
Char(255)	Percent of Spending (State)	Char(3)	Percent of Spending (State)
Char(255)	Percent of Spending (Nation)	Char(3)	Percent of Spending (Nation)
Char(255)	Measure Start Date	Date	Measure Start Date
Char(255)	Measure End Date	Date	Measure End Date

Number of Medicare Patients

Outpatient Procedures Volume

Table (Back to File Summary)	Outpatient Volume		
Description	Volume of hospital outpatient surgical procedures		
File Name	HQI_OP_PROCEDURE_VOLUME	File Name	OUTPATIENT PROCEDURES - VOLUME.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(255)	Provider_ID	Char(8)	Provider_ID
Char(255)	Hospital_Name	Char(67)	Hospital_Name
Char(255)	Measure_ID	Char(7)	Measure_ID
Char(255)	Gastrointestinal	Char(15)	Gastrointestinal
Char(255)	Eye	Char(15)	Eye
Char(255)	Nervous_System	Char(15)	Nervous_System
Char(255)	Musculoskeletal	Char(15)	Musculoskeletal
Char(255)	Skin	Char(15)	Skin
Char(255)	Genitourinary	Char(15)	Genitourinary
Char(255)	Cardiovascular	Char(15)	Cardiovascular
Char(255)	Respiratory	Char(15)	Respiratory
Char(255)	Other	Char(15)	Other
Char(255)	Footnote	Char(3)	Footnote
Char(255)	Start_Date	Char(12)	Start_Date
Char(255)	End_Date	Char(12)	End_Date

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Table (Back to File Summary)	IPFQR (Hospital)		
Description	Hospital-level results for Inpatient Psychiatric Facility Quality Reporting Program measures		
File Name	HOSPITAL_QUARTERLY_QUALITYM EASURE_IPFQR_HOSPITAL	File Name	HOSPITAL_QUARTERLY_QUALITYM EASURE_IPFQR_HOSPITAL.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(255)	Provider_Number	Char(8)	Provider_Number
Char(255)	Hospital_Name	Char(52)	Hospital_Name
Char(255)	Address	Char(52)	Address
Char(255)	City	Char(21)	City
Char(255)	State	Char(4)	State
Char(255)	ZIP_Code	Char(7)	ZIP_Code
Char(255)	County_Name	Char(22)	County_Name
Char(255)	HBIPS-2_Measure_Description	Char(33)	HBIPS-2_Measure_Description
Char(255)	HBIPS-2_Overall_Rate_Per_1000	Char(15)	HBIPS-2_Overall_Rate_Per_1000
Char(255)	HBIPS-2_Overall_Num	Char(10)	HBIPS-2_Overall_Num
Char(255)	HBIPS-2_Overall_Den	Char(9)	HBIPS-2_Overall_Den
Char(255)	HBIPS-2_Overall_Footnote	Char(3)	HBIPS-2_Overall_Footnote
Char(255)	HBIPS-2_1-12_Rate_Per_1000	Char(15)	HBIPS-2_1-12_Rate_Per_1000
Char(255)	HBIPS-2_1-12_Num	Char(8)	HBIPS-2_1-12_Num
Char(255)	HBIPS-2_1-12_Den	Char(8)	HBIPS-2_1-12_Den
Char(255)	HBIPS-2_1-12_Footnote	Char(3)	HBIPS-2_1-12_Footnote
Char(255)	HBIPS-2_13-17_Rate_Per_1000	Char(15)	HBIPS-2_13-17_Rate_Per_1000
Char(255)	HBIPS-2_13-17_Num	Char(8)	HBIPS-2_13-17_Num
Char(255)	HBIPS-2_13-17_Den	Char(8)	HBIPS-2_13-17_Den
Char(255)	HBIPS-2_13-17_Footnote	Char(3)	HBIPS-2_13-17_Footnote
Char(255)	HBIPS-2_18-64_Rate_Per_1000	Char(15)	HBIPS-2_18-64_Rate_Per_1000
Char(255)	HBIPS-2_18-64_Num	Char(10)	HBIPS-2_18-64_Num
Char(255)	HBIPS-2_18-64_Den	Char(9)	HBIPS-2_18-64_Den
Char(255)	HBIPS-2_18-64_Footnote	Char(3)	HBIPS-2_18-64_Footnote
Char(255)	HBIPS-2_65_Over_Rate_Per_1000	Char(15)	HBIPS-2_65_Over_Rate_Per_1000
Char(255)	HBIPS-2_65_Over_Num	Char(10)	HBIPS-2_65_Over_Num
Char(255)	HBIPS-2_65_Over_Den	Char(8)	HBIPS-2_65_Over_Den
Char(255)	HBIPS-2_65_Over_Footnote	Char(3)	HBIPS-2_65_Over_Footnote
Char(255)	HBIPS-3_Measure_Description	Char(20)	HBIPS-3_Measure_Description
Char(255)	HBIPS-3_Overall_Rate_Per_1000	Char(15)	HBIPS-3_Overall_Rate_Per_1000
Char(255)	HBIPS-3_Overall_Num	Char(9)	HBIPS-3_Overall_Num
Char(255)	HBIPS-3_Overall_Den	Char(9)	HBIPS-3_Overall_Den
Char(255)	HBIPS-3_Overall_Footnote	Char(3)	HBIPS-3_Overall_Footnote
Char(255)	HBIPS-3_1-12_Rate_Per_1000	Char(15)	HBIPS-3_1-12_Rate_Per_1000
Char(255)	HBIPS-3_1-12_Num	Char(9)	HBIPS-3_1-12_Num
Char(255)	HBIPS-3_1-12_Den	Char(8)	HBIPS-3_1-12_Den
Char(255)	HBIPS-3_1-12_Footnote	Char(3)	HBIPS-3_1-12_Footnote
Char(255)	HBIPS-3_13-17_Rate_Per_1000	Char(15)	HBIPS-3_13-17_Rate_Per_1000
Char(255)	HBIPS-3_13-17_Num	Char(9)	HBIPS-3_13-17_Num
Char(255)	HBIPS-3_13-17_Den	Char(8)	HBIPS-3_13-17_Den

Table (Back to File Summary)	IPFQR (Hospital)		
Description	Hospital-level results for Inpatient Psychiatric Facility Quality Reporting Program measures		
File Name	HOSPITAL_QUARTERLY_QUALITYM EASURE_IPFQR_HOSPITAL	File Name	HOSPITAL_QUARTERLY_QUALITYM EASURE_IPFQR_HOSPITAL.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(255)	HBIPS-3_13-17_Footnote	Char(3)	HBIPS-3_13-17_Footnote
Char(255)	HBIPS-3_18-64_Rate_Per_1000	Char(15)	HBIPS-3_18-64_Rate_Per_1000
Char(255)	HBIPS-3_18-64_Num	Char(9)	HBIPS-3_18-64_Num
Char(255)	HBIPS-3_18-64_Den	Char(9)	HBIPS-3_18-64_Den
Char(255)	HBIPS-3_18-64_Footnote	Char(3)	HBIPS-3_18-64_Footnote
Char(255)	HBIPS-3_65_Over_Rate_Per_1000	Char(15)	HBIPS-3_65_Over_Rate_Per_1000
Char(255)	HBIPS-3_65_Over_Num	Char(8)	HBIPS-3_65_Over_Num
Char(255)	HBIPS-3_65_Over_Den	Char(8)	HBIPS-3_65_Over_Den
Char(255)	HBIPS-3_65_Over_Footnote	Char(3)	HBIPS-3_65_Over_Footnote
Char(255)	HBIPS-4_Measure_Description	Char(59)	HBIPS-4_Measure_Description
Char(255)	HBIPS-4_Overall_%_of_Total	Char(15)	HBIPS-4_Overall_%_of_Total
Char(255)	HBIPS-4_Overall_Num	Char(15)	HBIPS-4_Overall_Num
Char(255)	HBIPS-4_Overall_Den	Char(15)	HBIPS-4_Overall_Den
Char(255)	HBIPS-4_Overall_Footnote	Char(3)	HBIPS-4_Overall_Footnote
Char(255)	HBIPS-4_1-12_%_of_Total	Char(15)	HBIPS-4_1-12_%_of_Total
Char(255)	HBIPS-4_1-12_Num	Char(15)	HBIPS-4_1-12_Num
Char(255)	HBIPS-4_1-12_Den	Char(15)	HBIPS-4_1-12_Den
Char(255)	HBIPS-4_1-12_Footnote	Char(3)	HBIPS-4_1-12_Footnote
Char(255)	HBIPS-4_13-17_%_of_Total	Char(15)	HBIPS-4_13-17_%_of_Total
Char(255)	HBIPS-4_13-17_Num	Char(15)	HBIPS-4_13-17_Num
Char(255)	HBIPS-4_13-17_Den	Char(15)	HBIPS-4_13-17_Den
Char(255)	HBIPS-4_13-17_Footnote	Char(3)	HBIPS-4_13-17_Footnote
Char(255)	HBIPS-4_18-64_%_of_Total	Char(15)	HBIPS-4_18-64_%_of_Total
Char(255)	HBIPS-4_18-64_Num	Char(15)	HBIPS-4_18-64_Num
Char(255)	HBIPS-4_18-64_Den	Char(15)	HBIPS-4_18-64_Den
Char(255)	HBIPS-4_18-64_Footnote	Char(3)	HBIPS-4_18-64_Footnote
Char(255)	HBIPS-4_65_Over_%_of_Total	Char(15)	HBIPS-4_65_Over_%_of_Total
Char(255)	HBIPS-4_65_Over_Num	Char(15)	HBIPS-4_65_Over_Num
Char(255)	HBIPS-4_65_Over_Den	Char(15)	HBIPS-4_65_Over_Den
Char(255)	HBIPS-4_65_Over_Footnote	Char(3)	HBIPS-4_65_Over_Footnote
Char(255)	HBIPS-5_Measure_Description	Char(90)	HBIPS-5_Measure_Description
Char(255)	HBIPS-5_Overall_%_of_Total	Char(15)	HBIPS-5_Overall_%_of_Total
Char(255)	HBIPS-5_Overall_Num	Char(15)	HBIPS-5_Overall_Num
Char(255)	HBIPS-5_Overall_Den	Char(15)	HBIPS-5_Overall_Den
Char(255)	HBIPS-5_Overall_Footnote	Char(3)	HBIPS-5_Overall_Footnote
Char(255)	HBIPS-5_1-12_%_of_Total	Char(15)	HBIPS-5_1-12_%_of_Total
Char(255)	HBIPS-5_1-12_Num	Char(15)	HBIPS-5_1-12_Num
Char(255)	HBIPS-5_1-12_Den	Char(15)	HBIPS-5_1-12_Den
Char(255)	HBIPS-5_1-12_Footnote	Char(3)	HBIPS-5_1-12_Footnote
Char(255)	HBIPS-5_13-17_%_of_Total	Char(15)	HBIPS-5_13-17_%_of_Total
Char(255)	HBIPS-5_13-17_Num	Char(15)	HBIPS-5_13-17_Num
Char(255)	HBIPS-5_13-17_Den	Char(15)	HBIPS-5_13-17_Den

Table (Back to File Summary)	IPFQR (Hospital)		
Description	Hospital-level results for Inpatient Psychiatric Facility Quality Reporting Program measures		
File Name	HOSPITAL_QUARTERLY_QUALITYM EASURE_IPFQR_HOSPITAL	File Name	HOSPITAL_QUARTERLY_QUALITYM EASURE_IPFQR_HOSPITAL.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(255)	HBIPS-5_13-17_Footnote	Char(3)	HBIPS-5_13-17_Footnote
Char(255)	HBIPS-5_18-64_%_of_Total	Char(15)	HBIPS-5_18-64_%_of_Total
Char(255)	HBIPS-5_18-64_Num	Char(15)	HBIPS-5_18-64_Num
Char(255)	HBIPS-5_18-64_Den	Char(15)	HBIPS-5_18-64_Den
Char(255)	HBIPS-5_18-64_Footnote	Char(3)	HBIPS-5_18-64_Footnote
Char(255)	HBIPS-5_65_Over_%_of_Total	Char(15)	HBIPS-5_65_Over_%_of_Total
Char(255)	HBIPS-5_65_Over_Num	Char(15)	HBIPS-5_65_Over_Num
Char(255)	HBIPS-5_65_Over_Den	Char(15)	HBIPS-5_65_Over_Den
Char(255)	HBIPS-5_65_Over_Footnote	Char(3)	HBIPS-5_65_Over_Footnote
Char(255)	HBIPS-6_Measure_Description	Char(45)	HBIPS-6_Measure_Description
Char(255)	HBIPS-6_Overall_%_of_Total	Char(15)	HBIPS-6_Overall_%_of_Total
Char(255)	HBIPS-6_Overall_Num	Char(15)	HBIPS-6_Overall_Num
Char(255)	HBIPS-6_Overall_Den	Char(15)	HBIPS-6_Overall_Den
Char(255)	HBIPS-6_Overall_Footnote	Char(3)	HBIPS-6_Overall_Footnote
Char(255)	HBIPS-6_1-12_%_of_Total	Char(15)	HBIPS-6_1-12_%_of_Total
Char(255)	HBIPS-6_1-12_Num	Char(15)	HBIPS-6_1-12_Num
Char(255)	HBIPS-6_1-12_Den	Char(15)	HBIPS-6_1-12_Den
Char(255)	HBIPS-6_1-12_Footnote	Char(3)	HBIPS-6_1-12_Footnote
Char(255)	HBIPS-6_13-17_%_of_Total	Char(15)	HBIPS-6_13-17_%_of_Total
Char(255)	HBIPS-6_13-17_Num	Char(15)	HBIPS-6_13-17_Num
Char(255)	HBIPS-6_13-17_Den	Char(15)	HBIPS-6_13-17_Den
Char(255)	HBIPS-6_13-17_Footnote	Char(3)	HBIPS-6_13-17_Footnote
Char(255)	HBIPS-6_18-64_%_of_Total	Char(15)	HBIPS-6_18-64_%_of_Total
Char(255)	HBIPS-6_18-64_Num	Char(15)	HBIPS-6_18-64_Num
Char(255)	HBIPS-6_18-64_Den	Char(15)	HBIPS-6_18-64_Den
Char(255)	HBIPS-6_18-64_Footnote	Char(3)	HBIPS-6_18-64_Footnote
Char(255)	HBIPS-6_65_Over_%_of_Total	Char(15)	HBIPS-6_65_Over_%_of_Total
Char(255)	HBIPS-6_65_Over_Num	Char(15)	HBIPS-6_65_Over_Num
Char(255)	HBIPS-6_65_Over_Den	Char(15)	HBIPS-6_65_Over_Den
Char(255)	HBIPS-6_65_Over_Footnote	Char(3)	HBIPS-6_65_Over_Footnote
Char(255)	HBIPS-7_Measure_Description	Char(99)	HBIPS-7_Measure_Description
Char(255)	HBIPS-7_Overall_%_of_Total	Char(15)	HBIPS-7_Overall_%_of_Total
Char(255)	HBIPS-7_Overall_Num	Char(15)	HBIPS-7_Overall_Num
Char(255)	HBIPS-7_Overall_Den	Char(15)	HBIPS-7_Overall_Den
Char(255)	HBIPS-7_Overall_Footnote	Char(3)	HBIPS-7_Overall_Footnote
Char(255)	HBIPS-7_1-12_%_of_Total	Char(15)	HBIPS-7_1-12_%_of_Total
Char(255)	HBIPS-7_1-12_Num	Char(15)	HBIPS-7_1-12_Num
Char(255)	HBIPS-7_1-12_Den	Char(15)	HBIPS-7_1-12_Den
Char(255)	HBIPS-7_1-12_Footnote	Char(3)	HBIPS-7_1-12_Footnote
Char(255)	HBIPS-7_13-17_%_of_Total	Char(15)	HBIPS-7_13-17_%_of_Total
Char(255)	HBIPS-7_13-17_Num	Char(15)	HBIPS-7_13-17_Num
Char(255)	HBIPS-7_13-17_Den	Char(15)	HBIPS-7_13-17_Den

Table (Back to File Summary)	IPFQR (Hospital)		
Description	Hospital-level results for Inpatient Psychiatric Facility Quality Reporting Program measures		
File Name	HOSPITAL_QUARTERLY_QUALITYM EASURE_IPFQR_HOSPITAL	File Name	HOSPITAL_QUARTERLY_QUALITYM EASURE_IPFQR_HOSPITAL.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(255)	HBIPS-7_13-17_Footnote	Char(3)	HBIPS-7_13-17_Footnote
Char(255)	HBIPS-7_18-64_%_of_Total	Char(15)	HBIPS-7_18-64_%_of_Total
Char(255)	HBIPS-7_18-64_Num	Char(15)	HBIPS-7_18-64_Num
Char(255)	HBIPS-7_18-64_Den	Char(15)	HBIPS-7_18-64_Den
Char(255)	HBIPS-7_18-64_Footnote	Char(3)	HBIPS-7_18-64_Footnote
Char(255)	HBIPS-7_65_Over_%_of_Total	Char(15)	HBIPS-7_65_Over_%_of_Total
Char(255)	HBIPS-7_65_Over_Num	Char(15)	HBIPS-7_65_Over_Num
Char(255)	HBIPS-7_65_Over_Den	Char(15)	HBIPS-7_65_Over_Den
Char(255)	HBIPS-7_65_Over_Footnote	Char(3)	HBIPS-7_65_Over_Footnote
Char(255)	Start_Date	Char(12)	Start_Date
Char(255)	End_Date	Char(12)	End_Date

Table (Back to File Summary)	IPFQR (National)		
Description	National-level results for Inpatient Psychiatric Facility Quality Reporting Program measures		
File Name	HOSPITAL_QUARTERLY_QUALITYM EASURE_IPFQR_NATIONAL	File Name	HOSPITAL_QUARTERLY_QUALITYM EASURE_IPFQR_NATIONAL.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(255)	N_HBIPS-2_Measure_Description	Char(33)	N_HBIPS-2_Measure_Description
Char(255)	N_HBIPS-2_Overall_Rate_Per_1000	Char(6)	N_HBIPS-2_Overall_Rate_Per_1000
Char(255)	N_HBIPS-2_Overall_Num	Char(11)	N_HBIPS-2_Overall_Num
Char(255)	N_HBIPS-2_Overall_Den	Char(10)	N_HBIPS-2_Overall_Den
Char(255)	N_HBIPS-2_1-12_Rate_Per_1000	Char(6)	N_HBIPS-2_1-12_Rate_Per_1000
Char(255)	N_HBIPS-2_1-12_Num	Char(9)	N_HBIPS-2_1-12_Num
Char(255)	N_HBIPS-2_1-12_Den	Char(8)	N_HBIPS-2_1-12_Den
Char(255)	N_HBIPS-2_13-17_Rate_Per_1000	Char(6)	N_HBIPS-2_13-17_Rate_Per_1000
Char(255)	N_HBIPS-2_13-17_Num	Char(10)	N_HBIPS-2_13-17_Num
Char(255)	N_HBIPS-2_13-17_Den	Char(9)	N_HBIPS-2_13-17_Den
Char(255)	N_HBIPS-2_18-64_Rate_Per_1000	Char(6)	N_HBIPS-2_18-64_Rate_Per_1000
Char(255)	N_HBIPS-2_18-64_Num	Char(11)	N_HBIPS-2_18-64_Num
Char(255)	N_HBIPS-2_18-64_Den	Char(10)	N_HBIPS-2_18-64_Den
Char(255)	N_HBIPS-2_65_Over_Rate_Per_1000	Char(6)	N_HBIPS-2_65_Over_Rate_Per_1000
Char(255)	N_HBIPS-2_65_Over_Num	Char(11)	N_HBIPS-2_65_Over_Num
Char(255)	N_HBIPS-2_65_Over_Den	Char(9)	N_HBIPS-2_65_Over_Den
Char(255)	N_HBIPS-3_Measure_Description	Char(24)	N_HBIPS-3_Measure_Description
Char(255)	N_HBIPS-3_Overall_Rate_Per_1000	Char(6)	N_HBIPS-3_Overall_Rate_Per_1000
Char(255)	N_HBIPS-3_Overall_Num	Char(11)	N_HBIPS-3_Overall_Num
Char(255)	N_HBIPS-3_Overall_Den	Char(10)	N_HBIPS-3_Overall_Den
Char(255)	N_HBIPS-3_1-12_Rate_Per_1000	Char(6)	N_HBIPS-3_1-12_Rate_Per_1000
Char(255)	N_HBIPS-3_1-12_Num	Char(9)	N_HBIPS-3_1-12_Num
Char(255)	N_HBIPS-3_1-12_Den	Char(8)	N_HBIPS-3_1-12_Den
Char(255)	N_HBIPS-3_13-17_Rate_Per_1000	Char(6)	N_HBIPS-3_13-17_Rate_Per_1000

Table (Back to File Summary)	IPFQR (National)		
Description	National-level results for Inpatient Psychiatric Facility Quality Reporting Program measures		
File Name	HOSPITAL_QUARTERLY_QUALITYM EASURE_IPFQR_NATIONAL	File Name	HOSPITAL_QUARTERLY_QUALITYM EASURE_IPFQR_NATIONAL.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(255)	N_HBIPS-3_13-17_Num	Char(9)	N_HBIPS-3_13-17_Num
Char(255)	N_HBIPS-3_13-17_Den	Char(9)	N_HBIPS-3_13-17_Den
Char(255)	N_HBIPS-3_18-64_Rate_Per_1000	Char(6)	N_HBIPS-3_18-64_Rate_Per_1000
Char(255)	N_HBIPS-3_18-64_Num	Char(11)	N_HBIPS-3_18-64_Num
Char(255)	N_HBIPS-3_18-64_Den	Char(10)	N_HBIPS-3_18-64_Den
Char(255)	N_HBIPS-3_65_Over_Rate_Per_1000	Char(6)	N_HBIPS-3_65_Over_Rate_Per_1000
Char(255)	N_HBIPS-3_65_Over_Num	Char(10)	N_HBIPS-3_65_Over_Num
Char(255)	N_HBIPS-3_65_Over_Den	Char(9)	N_HBIPS-3_65_Over_Den
Char(255)	N_HBIPS-4_Measure_Description	Char(59)	N_HBIPS-4_Measure_Description
Char(255)	N_HBIPS-4_Overall_%_of_Total	Char(6)	N_HBIPS-4_Overall_%_of_Total
Char(255)	N_HBIPS-4_Overall_Num	Char(7)	N_HBIPS-4_Overall_Num
Char(255)	N_HBIPS-4_Overall_Den	Char(8)	N_HBIPS-4_Overall_Den
Char(255)	N_HBIPS-4_1-12_%_of_Total	Char(6)	N_HBIPS-4_1-12_%_of_Total
Char(255)	N_HBIPS-4_1-12_Num	Char(5)	N_HBIPS-4_1-12_Num
Char(255)	N_HBIPS-4_1-12_Den	Char(7)	N_HBIPS-4_1-12_Den
Char(255)	N_HBIPS-4_13-17_%_of_Total	Char(6)	N_HBIPS-4_13-17_%_of_Total
Char(255)	N_HBIPS-4_13-17_Num	Char(6)	N_HBIPS-4_13-17_Num
Char(255)	N_HBIPS-4_13-17_Den	Char(7)	N_HBIPS-4_13-17_Den
Char(255)	N_HBIPS-4_18-64_%_of_Total	Char(7)	N_HBIPS-4_18-64_%_of_Total
Char(255)	N_HBIPS-4_18-64_Num	Char(7)	N_HBIPS-4_18-64_Num
Char(255)	N_HBIPS-4_18-64_Den	Char(8)	N_HBIPS-4_18-64_Den
Char(255)	N_HBIPS-4_65_Over_%_of_Total	Char(6)	N_HBIPS-4_65_Over_%_of_Total
Char(255)	N_HBIPS-4_65_Over_Num	Char(6)	N_HBIPS-4_65_Over_Num
Char(255)	N_HBIPS-4_65_Over_Den	Char(8)	N_HBIPS-4_65_Over_Den
Char(255)	N_HBIPS-5_Measure_Description	Char(90)	N_HBIPS-5_Measure_Description
Char(255)	N_HBIPS-5_Overall_%_of_Total	Char(7)	N_HBIPS-5_Overall_%_of_Total
Char(255)	N_HBIPS-5_Overall_Num	Char(7)	N_HBIPS-5_Overall_Num
Char(255)	N_HBIPS-5_Overall_Den	Char(7)	N_HBIPS-5_Overall_Den
Char(255)	N_HBIPS-5_1-12_%_of_Total	Char(7)	N_HBIPS-5_1-12_%_of_Total
Char(255)	N_HBIPS-5_1-12_Num	Char(5)	N_HBIPS-5_1-12_Num
Char(255)	N_HBIPS-5_1-12_Den	Char(5)	N_HBIPS-5_1-12_Den
Char(255)	N_HBIPS-5_13-17_%_of_Total	Char(7)	N_HBIPS-5_13-17_%_of_Total
Char(255)	N_HBIPS-5_13-17_Num	Char(5)	N_HBIPS-5_13-17_Num
Char(255)	N_HBIPS-5_13-17_Den	Char(6)	N_HBIPS-5_13-17_Den
Char(255)	N_HBIPS-5_18-64_%_of_Total	Char(7)	N_HBIPS-5_18-64_%_of_Total
Char(255)	N_HBIPS-5_18-64_Num	Char(7)	N_HBIPS-5_18-64_Num
Char(255)	N_HBIPS-5_18-64_Den	Char(7)	N_HBIPS-5_18-64_Den
Char(255)	N_HBIPS-5_65_Over_%_of_Total	Char(7)	N_HBIPS-5_65_Over_%_of_Total
Char(255)	N_HBIPS-5_65_Over_Num	Char(6)	N_HBIPS-5_65_Over_Num
Char(255)	N_HBIPS-5_65_Over_Den	Char(7)	N_HBIPS-5_65_Over_Den
Char(255)	N_HBIPS-6_Measure_Description	Char(109)	N_HBIPS-6_Measure_Description
Char(255)	N_HBIPS-6_Overall_%_of_Total	Char(7)	N_HBIPS-6_Overall_%_of_Total

Table (Back to File Summary)	IPFQR (National)		
Description	National-level results for Inpatient Psychiatric Facility Quality Reporting Program measures		
File Name	HOSPITAL_QUARTERLY_QUALITYM EASURE_IPFQR_NATIONAL	File Name	HOSPITAL_QUARTERLY_QUALITYM EASURE_IPFQR_NATIONAL.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(255)	N_HBIPS-6_Overall_Num	Char(10)	N_HBIPS-6_Overall_Num
Char(255)	N_HBIPS-6_Overall_Den	Char(8)	N_HBIPS-6_Overall_Den
Char(255)	N_HBIPS-6_1-12_%_of_Total	Char(7)	N_HBIPS-6_1-12_%_of_Total
Char(255)	N_HBIPS-6_1-12_Num	Char(9)	N_HBIPS-6_1-12_Num
Char(255)	N_HBIPS-6_1-12_Den	Char(7)	N_HBIPS-6_1-12_Den
Char(255)	N_HBIPS-6_13-17_%_of_Total	Char(7)	N_HBIPS-6_13-17_%_of_Total
Char(255)	N_HBIPS-6_13-17_Num	Char(9)	N_HBIPS-6_13-17_Num
Char(255)	N_HBIPS-6_13-17_Den	Char(7)	N_HBIPS-6_13-17_Den
Char(255)	N_HBIPS-6_18-64_%_of_Total	Char(7)	N_HBIPS-6_18-64_%_of_Total
Char(255)	N_HBIPS-6_18-64_Num	Char(10)	N_HBIPS-6_18-64_Num
Char(255)	N_HBIPS-6_18-64_Den	Char(8)	N_HBIPS-6_18-64_Den
Char(255)	N_HBIPS-6_65_Over_%_of_Total	Char(7)	N_HBIPS-6_65_Over_%_of_Total
Char(255)	N_HBIPS-6_65_Over_Num	Char(7)	N_HBIPS-6_65_Over_Num
Char(255)	N_HBIPS-6_65_Over_Den	Char(8)	N_HBIPS-6_65_Over_Den
Char(255)	N_HBIPS-7_Measure_Description	Char(95)	N_HBIPS-7_Measure_Description
Char(255)	N_HBIPS-7_Overall_%_of_Total	Char(7)	N_HBIPS-7_Overall_%_of_Total
Char(255)	N_HBIPS-7_Overall_Num	Char(8)	N_HBIPS-7_Overall_Num
Char(255)	N_HBIPS-7_Overall_Den	Char(8)	N_HBIPS-7_Overall_Den
Char(255)	N_HBIPS-7_1-12_%_of_Total	Char(7)	N_HBIPS-7_1-12_%_of_Total
Char(255)	N_HBIPS-7_1-12_Num	Char(7)	N_HBIPS-7_1-12_Num
Char(255)	N_HBIPS-7_1-12_Den	Char(7)	N_HBIPS-7_1-12_Den
Char(255)	N_HBIPS-7_13-17_%_of_Total	Char(7)	N_HBIPS-7_13-17_%_of_Total
Char(255)	N_HBIPS-7_13-17_Num	Char(7)	N_HBIPS-7_13-17_Num
Char(255)	N_HBIPS-7_13-17_Den	Char(7)	N_HBIPS-7_13-17_Den
Char(255)	N_HBIPS-7_18-64_%_of_Total	Char(7)	N_HBIPS-7_18-64_%_of_Total
Char(255)	N_HBIPS-7_18-64_Num	Char(8)	N_HBIPS-7_18-64_Num
Char(255)	N_HBIPS-7_18-64_Den	Char(8)	N_HBIPS-7_18-64_Den
Char(255)	N_HBIPS-7_65_Over_%_of_Total	Char(7)	N_HBIPS-7_65_Over_%_of_Total
Char(255)	N_HBIPS-7_65_Over_Num	Char(7)	N_HBIPS-7_65_Over_Num
Char(255)	N_HBIPS-7_65_Over_Den	Char(8)	N_HBIPS-7_65_Over_Den
Char(255)	Start_Date	Char(12)	Start_Date
Char(255)	End_Date	Char(12)	End_Date

Table (Back to File Summary)	IPFQR (State)		
Description	State-level results for Inpatient Psychiatric Facility Quality Reporting Program measures		
File Name	HOSPITAL_QUARTERLY_QUALITYM EASURE_IPFQR_STATE	File Name	HOSPITAL_QUARTERLY_QUALITYM EASURE_IPFQR_STATE.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(255)	State	Char(4)	State
Char(255)	S_HBIPS-2_Measure_Description	Char(33)	S_HBIPS-2_Measure_Description
Char(255)	S_HBIPS-2_Overall_Rate_Per_1000	Char(6)	S_HBIPS-2_Overall_Rate_Per_1000

Table (Back to File Summary)	IPFQR (State)		
Description	State-level results for Inpatient Psychiatric Facility Quality Reporting Program measures		
File Name	HOSPITAL_QUARTERLY_QUALITYM EASURE_IPFQR_STATE	File Name	HOSPITAL_QUARTERLY_QUALITYM EASURE_IPFQR_STATE.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(255)	S_HBIPS-2_Overall_Num	Char(10)	S_HBIPS-2_Overall_Num
Char(255)	S_HBIPS-2_Overall_Den	Char(9)	S_HBIPS-2_Overall_Den
Char(255)	S_HBIPS-2_1-12_Rate_Per_1000	Char(6)	S_HBIPS-2_1-12_Rate_Per_1000
Char(255)	S_HBIPS-2_1-12_Num	Char(9)	S_HBIPS-2_1-12_Num
Char(255)	S_HBIPS-2_1-12_Den	Char(8)	S_HBIPS-2_1-12_Den
Char(255)	S_HBIPS-2_13-17_Rate_Per_1000	Char(6)	S_HBIPS-2_13-17_Rate_Per_1000
Char(255)	S_HBIPS-2_13-17_Num	Char(9)	S_HBIPS-2_13-17_Num
Char(255)	S_HBIPS-2_13-17_Den	Char(8)	S_HBIPS-2_13-17_Den
Char(255)	S_HBIPS-2_18-64_Rate_Per_1000	Char(6)	S_HBIPS-2_18-64_Rate_Per_1000
Char(255)	S_HBIPS-2_18-64_Num	Char(10)	S_HBIPS-2_18-64_Num
Char(255)	S_HBIPS-2_18-64_Den	Char(9)	S_HBIPS-2_18-64_Den
Char(255)	S_HBIPS-2_65_Over_Rate_Per_1000	Char(7)	S_HBIPS-2_65_Over_Rate_Per_1000
Char(255)	S_HBIPS-2_65_Over_Num	Char(10)	S_HBIPS-2_65_Over_Num
Char(255)	S_HBIPS-2_65_Over_Den	Char(8)	S_HBIPS-2_65_Over_Den
Char(255)	S_HBIPS-3_Measure_Description	Char(24)	S_HBIPS-3_Measure_Description
Char(255)	S_HBIPS-3_Overall_Rate_Per_1000	Char(6)	S_HBIPS-3_Overall_Rate_Per_1000
Char(255)	S_HBIPS-3_Overall_Num	Char(10)	S_HBIPS-3_Overall_Num
Char(255)	S_HBIPS-3_Overall_Den	Char(9)	S_HBIPS-3_Overall_Den
Char(255)	S_HBIPS-3_1-12_Rate_Per_1000	Char(6)	S_HBIPS-3_1-12_Rate_Per_1000
Char(255)	S_HBIPS-3_1-12_Num	Char(9)	S_HBIPS-3_1-12_Num
Char(255)	S_HBIPS-3_1-12_Den	Char(8)	S_HBIPS-3_1-12_Den
Char(255)	S_HBIPS-3_13-17_Rate_Per_1000	Char(7)	S_HBIPS-3_13-17_Rate_Per_1000
Char(255)	S_HBIPS-3_13-17_Num	Char(9)	S_HBIPS-3_13-17_Num
Char(255)	S_HBIPS-3_13-17_Den	Char(8)	S_HBIPS-3_13-17_Den
Char(255)	S_HBIPS-3_18-64_Rate_Per_1000	Char(6)	S_HBIPS-3_18-64_Rate_Per_1000
Char(255)	S_HBIPS-3_18-64_Num	Char(10)	S_HBIPS-3_18-64_Num
Char(255)	S_HBIPS-3_18-64_Den	Char(9)	S_HBIPS-3_18-64_Den
Char(255)	S_HBIPS-3_65_Over_Rate_Per_1000	Char(6)	S_HBIPS-3_65_Over_Rate_Per_1000
Char(255)	S_HBIPS-3_65_Over_Num	Char(10)	S_HBIPS-3_65_Over_Num
Char(255)	S_HBIPS-3_65_Over_Den	Char(8)	S_HBIPS-3_65_Over_Den
Char(255)	S_HBIPS-4_Measure_Description	Char(59)	S_HBIPS-4_Measure_Description
Char(255)	S_HBIPS-4_Overall_%_of_Total	Char(7)	S_HBIPS-4_Overall_%_of_Total
Char(255)	S_HBIPS-4_Overall_Num	Char(6)	S_HBIPS-4_Overall_Num
Char(255)	S_HBIPS-4_Overall_Den	Char(7)	S_HBIPS-4_Overall_Den
Char(255)	S_HBIPS-4_1-12_%_of_Total	Char(7)	S_HBIPS-4_1-12_%_of_Total
Char(255)	S_HBIPS-4_1-12_Num	Char(4)	S_HBIPS-4_1-12_Num
Char(255)	S_HBIPS-4_1-12_Den	Char(6)	S_HBIPS-4_1-12_Den
Char(255)	S_HBIPS-4_13-17_%_of_Total	Char(7)	S_HBIPS-4_13-17_%_of_Total
Char(255)	S_HBIPS-4_13-17_Num	Char(5)	S_HBIPS-4_13-17_Num
Char(255)	S_HBIPS-4_13-17_Den	Char(6)	S_HBIPS-4_13-17_Den
Char(255)	S_HBIPS-4_18-64_%_of_Total	Char(7)	S_HBIPS-4_18-64_%_of_Total
Char(255)	S_HBIPS-4_18-64_Num	Char(6)	S_HBIPS-4_18-64_Num

Table (Back to File Summary)	IPFQR (State)		
Description	State-level results for Inpatient Psychiatric Facility Quality Reporting Program measures		
File Name	HOSPITAL_QUARTERLY_QUALITYM EASURE_IPFQR_STATE	File Name	HOSPITAL_QUARTERLY_QUALITYM EASURE_IPFQR_STATE.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(255)	S_HBIPS-4_18-64_Den	Char(7)	S_HBIPS-4_18-64_Den
Char(255)	S_HBIPS-4_65_Over_%_of_Total	Char(7)	S_HBIPS-4_65_Over_%_of_Total
Char(255)	S_HBIPS-4_65_Over_Num	Char(5)	S_HBIPS-4_65_Over_Num
Char(255)	S_HBIPS-4_65_Over_Den	Char(6)	S_HBIPS-4_65_Over_Den
Char(255)	S_HBIPS-5_Measure_Description	Char(90)	S_HBIPS-5_Measure_Description
Char(255)	S_HBIPS-5_%_of_Total	Char(7)	S_HBIPS-5_%_of_Total
Char(255)	S_HBIPS-5_Overall_Num	Char(6)	S_HBIPS-5_Overall_Num
Char(255)	S_HBIPS-5_Overall_Den	Char(6)	S_HBIPS-5_Overall_Den
Char(255)	S_HBIPS-5_1-12_%_of_Total	Char(8)	S_HBIPS-5_1-12_%_of_Total
Char(255)	S_HBIPS-5_1-12_Num	Char(4)	S_HBIPS-5_1-12_Num
Char(255)	S_HBIPS-5_1-12_Den	Char(5)	S_HBIPS-5_1-12_Den
Char(255)	S_HBIPS-5_13-17_%_of_Total	Char(8)	S_HBIPS-5_13-17_%_of_Total
Char(255)	S_HBIPS-5_13-17_Num	Char(4)	S_HBIPS-5_13-17_Num
Char(255)	S_HBIPS-5_13-17_Den	Char(5)	S_HBIPS-5_13-17_Den
Char(255)	S_HBIPS-5_18-64_%_of_Total	Char(7)	S_HBIPS-5_18-64_%_of_Total
Char(255)	S_HBIPS-5_18-64_Num	Char(6)	S_HBIPS-5_18-64_Num
Char(255)	S_HBIPS-5_18-64_Den	Char(6)	S_HBIPS-5_18-64_Den
Char(255)	S_HBIPS-5_65_%_of_Total	Char(8)	S_HBIPS-5_65_%_of_Total
Char(255)	S_HBIPS-5_65_Over_Num	Char(5)	S_HBIPS-5_65_Over_Num
Char(255)	S_HBIPS-5_65_Over_Den	Char(6)	S_HBIPS-5_65_Over_Den
Char(255)	S_HBIPS-6_Measure_Description	Char(109)	S_HBIPS-6_Measure_Description
Char(255)	S_HBIPS-6_%_of_Total	Char(7)	S_HBIPS-6_%_of_Total
Char(255)	S_HBIPS-6_Overall_Num	Char(8)	S_HBIPS-6_Overall_Num
Char(255)	S_HBIPS-6_Overall_Den	Char(7)	S_HBIPS-6_Overall_Den
Char(255)	S_HBIPS-6_1-12_%_of_Total	Char(8)	S_HBIPS-6_1-12_%_of_Total
Char(255)	S_HBIPS-6_1-12_Num	Char(7)	S_HBIPS-6_1-12_Num
Char(255)	S_HBIPS-6_1-12_Den	Char(6)	S_HBIPS-6_1-12_Den
Char(255)	S_HBIPS-6_13-17_%_of_Total	Char(8)	S_HBIPS-6_13-17_%_of_Total
Char(255)	S_HBIPS-6_13-17_Num	Char(7)	S_HBIPS-6_13-17_Num
Char(255)	S_HBIPS-6_13-17_Den	Char(6)	S_HBIPS-6_13-17_Den
Char(255)	S_HBIPS-6_18-64_%_of_Total	Char(7)	S_HBIPS-6_18-64_%_of_Total
Char(255)	S_HBIPS-6_18-64_Num	Char(8)	S_HBIPS-6_18-64_Num
Char(255)	S_HBIPS-6_18-64_Den	Char(7)	S_HBIPS-6_18-64_Den
Char(255)	S_HBIPS-6_65_%_of_Total	Char(7)	S_HBIPS-6_65_%_of_Total
Char(255)	S_HBIPS-6_65_Over_Num	Char(6)	S_HBIPS-6_65_Over_Num
Char(255)	S_HBIPS-6_65_Over_Den	Char(6)	S_HBIPS-6_65_Over_Den
Char(255)	S_HBIPS-7_Measure_Description	Char(95)	S_HBIPS-7_Measure_Description
Char(255)	S_HBIPS-7_Overall_%_of_Total	Char(7)	S_HBIPS-7_Overall_%_of_Total
Char(255)	S_HBIPS-7_Overall_Num	Char(7)	S_HBIPS-7_Overall_Num
Char(255)	S_HBIPS-7_Overall_Den	Char(7)	S_HBIPS-7_Overall_Den
Char(255)	S_HBIPS-7_1-12_%_of_Total	Char(8)	S_HBIPS-7_1-12_%_of_Total
Char(255)	S_HBIPS-7_1-12_Num	Char(6)	S_HBIPS-7_1-12_Num

Table (Back to File Summary)			
IPFQR (State)			
Description			
State-level results for Inpatient Psychiatric Facility Quality Reporting Program measures			
File Name	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_STATE	File Name	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_STATE.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(255)	S_HBIPS-7_1-12_Den	Char(6)	S_HBIPS-7_1-12_Den
Char(255)	S_HBIPS-7_13-17_%_of_Total	Char(8)	S_HBIPS-7_13-17_%_of_Total
Char(255)	S_HBIPS-7_13-17_Num	Char(6)	S_HBIPS-7_13-17_Num
Char(255)	S_HBIPS-7_13-17_Den	Char(6)	S_HBIPS-7_13-17_Den
Char(255)	S_HBIPS-7_18-64_%_of_Total	Char(7)	S_HBIPS-7_18-64_%_of_Total
Char(255)	S_HBIPS-7_18-64_Num	Char(7)	S_HBIPS-7_18-64_Num
Char(255)	S_HBIPS-7_18-64_Den	Char(7)	S_HBIPS-7_18-64_Den
Char(255)	S_HBIPS-7_65_%_of_Total	Char(7)	S_HBIPS-7_65_%_of_Total
Char(255)	S_HBIPS-7_65_Over_Num	Char(6)	S_HBIPS-7_65_Over_Num
Char(255)	S_HBIPS-7_65_Over_Den	Char(6)	S_HBIPS-7_65_Over_Den
Char(255)	Start_Date	Char(12)	Start_Date
Char(255)	End_Date	Char(12)	End_Date

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Table (Back to File Summary)			
PCHQR			
Description			
Hospital-level results for PPS-Exempt Cancer Hospital Quality Reporting Program measures			
File Name	PCH_CANCERSPECIFICMEASURES_HOSPITAL	File Name	HOSPITAL_QUARTERLY_QUALITYMEASURE_PCH_HOSPITAL.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(255)	PROVIDER_ID	Char(8)	PROVIDER_ID
Char(255)	Hospital_Name	Char(52)	Hospital_Name
Char(255)	Hospital_Type	Char(12)	Hospital_Type
Char(255)	Address	Char(26)	Address
Char(255)	City	Char(14)	City
Char(255)	State	Char(5)	State
Char(255)	ZIP_Code	Char(7)	ZIP_Code
Char(255)	County_Name	Char(14)	County_Name
Char(255)	MEASURE_ID	Char(7)	MEASURE_ID
Char(255)	MEASURE_DESCRIPTION	Char(98)	MEASURE_DESCRIPTION
Char(255)	NUMERATOR	Char(15)	NUMERATOR
Char(255)	DENOMINATOR	Char(15)	DENOMINATOR
Char(255)	FOOTNOTE	Char(3)	FOOTNOTE
Char(255)	RPTG_PRD_START_DT	Char(12)	RPTG_PRD_START_DT
Char(255)	RPTG_PRD_END_DT	Char(12)	RPTG_PRD_END_DT

Ambulatory Surgical Center Quality Reporting (ASCQR) Program

Table (Back to File Summary)			
ASCQR (Facility)			
Description			
Health care facility-level results for Ambulatory Surgical Center Quality Reporting Program measures			
File Name	ASC_QUALITY_FACILITY	File Name	ASC_QUALITY_FACILITY.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(255)	ASC_Name	Char(154)	ASC_Name
Char(255)	Provider_ID	Char(10)	Provider_ID
Char(255)	NPI	Num(8)	NPI
Char(255)	City	Char(12)	City
Char(255)	State	Char(2)	State
Num(8)	ZIP_Code	Num(8)	ZIP_Code
Char(255)	ASC6_SSChecklist	Char(3)	ASC6_SSChecklist
Num(8)	ASC_7_Volume	Num(8)	ASC_7_Volume
Num(8)	ASC_7_Gastrointestinal	Num(8)	ASC_7_Gastrointestinal
Num(8)	ASC_7_Eye	Num(8)	ASC_7_Eye
Num(8)	ASC_7_Nervous_System	Num(8)	ASC_7_Nervous_System
Num(8)	ASC_7_Musculoskeletal	Num(8)	ASC_7_Musculoskeletal
Num(8)	ASC_7_Skin	Num(8)	ASC_7_Skin
Num(8)	ASC_7_Genitourinary	Num(8)	ASC_7_Genitourinary
Char(255)	ASC7_Footnote	Num(8)	ASC7_Footnote
Date	ASC_6_7_Encounter_Start_Date	Date	ASC_6_7_Encounter_Start_Date
Date	ASC_6_7_Encounter_End_Date	Date	ASC_6_7_Encounter_End_Date

Table (Back to File Summary)			
ASCQR (National)			
Description			
National-level results for Ambulatory Surgical Center Quality Reporting Program measures			
File Name	ASC_QUALITY_NATIONAL	File Name	ASC_QUALITY_NATIONAL.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Num(8)	ASC6_Measure_Nat	Num(8)	ASC6_Measure_Nat
Num(8)	Avg_ASC7_Gastrointestinal_nat	Num(8)	Avg_ASC7_Gastrointestinal_nat
Num(8)	Avg_ASC7_Eye_nat	Num(8)	Avg_ASC7_Eye_nat
Num(8)	Avg_ASC7_Nervous_System_nat	Num(8)	Avg_ASC7_Nervous_System_nat
Num(8)	Avg_ASC7_Musculoskeletal_nat	Num(8)	Avg_ASC7_Musculoskeletal_nat
Num(8)	Avg_ASC7_Skin_nat	Num(8)	Avg_ASC7_Skin_nat
Num(8)	Avg_ASC7_Genitourinary_nat	Num(8)	Avg_ASC7_Genitourinary_nat
Num(8)	Avg_ASC_7_Volume_nat	Num(8)	Avg_ASC_7_Volume_nat
Num(8)	median_ASC7_Gastrointestinal_nat	Num(8)	median_ASC7_Gastrointestinal_nat
Num(8)	median_ASC7_Eye_nat	Num(8)	median_ASC7_Eye_nat
Num(8)	median_ASC7_Nervous_System_nat	Num(8)	median_ASC7_Nervous_System_nat
Num(8)	median_ASC7_Musculoskeletal_nat	Num(8)	median_ASC7_Musculoskeletal_nat
Num(8)	median_ASC7_Skin_nat	Num(8)	median_ASC7_Skin_nat
Num(8)	median_ASC7_Genitourinary_nat	Num(8)	median_ASC7_Genitourinary_nat
Num(8)	median_ASC_7_Volume_nat	Num(8)	median_ASC_7_Volume_nat

Table (Back to File Summary)			
ASCQR (State)			
Description			
State-level results for Ambulatory Surgical Center Quality Reporting Program measures			
File Name		File Name	
ASC_QUALITY_STATE		ASC_QUALITY_STATE.CSV	
Data Type		Data Type	
Column Name - Access		Column Name - CSV	
Char(255)	State	Char(2)	State
Num(8)	ASC6_Measure_State	Num(8)	ASC6_Measure_State
Num(8)	Avg_ASC7_Gastrointestinal_state	Num(8)	Avg_ASC7_Gastrointestinal_state
Char(255)	Avg_ASC7_Eye_state	Num(8)	Avg_ASC7_Eye_state
Char(255)	Avg_ASC7_Nervous_System_state	Num(8)	Avg_ASC7_Nervous_System_state
Char(255)	Avg_ASC7_Musculoskeletal_state	Num(8)	Avg_ASC7_Musculoskeletal_state
Char(255)	Avg_ASC7_Skin_state	Num(8)	Avg_ASC7_Skin_state
Char(255)	Avg_ASC7_Genitourinary_state	Num(8)	Avg_ASC7_Genitourinary_state
Num(8)	Avg_ASC_7_Volume_state	Num(8)	Avg_ASC_7_Volume_state
Num(8)	median_ASC7_Gastrointestinal_state	Num(8)	median_ASC7_Gastrointestinal_state
Char(255)	median_ASC7_Eye_state	Num(8)	median_ASC7_Eye_state
Char(255)	median_ASC7_Nervous_System_state	Num(8)	median_ASC7_Nervous_System_state
Char(255)	median_ASC7_Musculoskeletal_state	Num(8)	median_ASC7_Musculoskeletal_state
Char(255)	median_ASC7_Skin_state	Num(8)	median_ASC7_Skin_state
Char(255)	median_ASC7_Genitourinary_state	Num(8)	median_ASC7_Genitourinary_state
Num(8)	median_ASC_7_Volume_state	Num(8)	median_ASC_7_Volume_state

Linking Quality to Payment

Hospital-Acquired Conditions Reduction Program (HACRP)

Table (Back to File Summary)			
HACRP			
Description			
Hospital-level results for Hospital-Acquired Condition Reduction Program measures			
File Name		File Name	
HOSPITAL_QUARTERLY_HAC_DOM AIN_HOSPITAL		HOSPITAL_QUARTERLY_HAC_DOM AIN_HOSPITAL.CSV	
Data Type		Data Type	
Column Name - Access		Column Name - CSV	
Char(255)	Hospital_Name	Char(199)	Hospital_Name
Char(255)	Provider ID	Num(8)	Provider ID
Char(255)	State	Char(2)	State
Num(8)	Fiscal Year	Num(8)	Fiscal Year
Char(255)	Domain_1_Score	Char(14)	Domain_1_Score
Char(255)	AHRQ_PSI_90_Score	Char(14)	AHRQ_PSI_90_Score
Char(255)	Domain_1_Start_Date	Date	Domain_1_Start_Date
Char(255)	Domain_1_End_Date	Date	Domain_1_End_Date
Char(255)	Domain_2_Score	Char(13)	Domain_2_Score
Char(255)	CLABSI_Score	Char(13)	CLABSI_Score
Char(255)	CAUTI_Score	Char(13)	CAUTI_Score
Char(255)	SSI_Score	Char(13)	SSI_Score
Char(255)	Domain_2_Start_Date	Date	Domain_2_Start_Date
Char(255)	Domain_2_End_Date	Date	Domain_2_End_Date
Char(255)	Total_HAC_Score	Char(14)	Total_HAC_Score
Char(255)	Footnotes	Num(8)	Footnotes

Hospital Readmission Reduction Program (HRRP)

Table (Back to File Summary)	HRRP		
Description	Hospital-level results for Hospital Readmissions Reduction Program measures		
File Name	vwHQI_READM_REDUCTION	File Name	READMISSION_REDUCTION.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(255)	Hospital_Name	Char(52)	Hospital_Name
Char(255)	Provider_Number	Char(8)	Provider_Number
Char(255)	State	Char(4)	State
Char(255)	Measure_Name	Char(24)	Measure_Name
Char(255)	Number_of_Discharges	Char(15)	Number_of_Discharges
Char(255)	Footnote	Char(3)	Footnote
Char(255)	Excess_Readmission_Ratio	Char(15)	Excess_Readmission_Ratio
Char(255)	Predicted_Readmission_Rate	Char(15)	Predicted_Readmission_Rate
Char(255)	Expected_Readmission_Rate	Char(15)	Expected_Readmission_Rate
Char(255)	Number_of_Readmissions	Char(19)	Number_of_Readmissions
Char(255)	Start_Date	Char(12)	Start_Date
Char(255)	End_Date	Char(12)	End_Date

Hospital Value-Based Purchasing (HVBP) Program

Table (Back to File Summary)	HVBP - AMI		
Description	Hospital-level results on heart attack measures for Hospital Value-Based Purchasing		
File Name	HVBP_AMI_10_28_2015	File Name	HVBP_AMI_10_28_2015.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(255)	Provider Number	Char(8)	Provider Number
Char(255)	Hospital Name	Char(52)	Hospital Name
Char(255)	Address	Char(46)	Address
Char(255)	City	Char(22)	City
Char(255)	State	Char(4)	State
Char(255)	ZIP Code	Char(12)	ZIP Code
Char(255)	County Name	Char(22)	County Name
Char(255)	AMI-7a Performance Rate	Char(15)	AMI-7a Performance Rate
Char(255)	AMI-7a Achievement Points	Char(15)	AMI-7a Achievement Points
Char(255)	AMI-7a Improvement Points	Char(15)	AMI-7a Improvement Points
Char(255)	AMI-7a Measure Score	Char(15)	AMI-7a Measure Score
Char(255)	AMI Condition/Procedure Score	Char(15)	AMI Condition/Procedure Score

Table (Back to File Summary)	HVBP - Efficiency		
Description	Hospital-level results on efficiency domain measures for Hospital Value-Based Purchasing		
File Name	HVBP_EFFICIENCY_10_28_2015	File Name	HVBP_EFFICIENCY_10_28_2015.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(255)	Provider_Number	Char(8)	Provider_Number
Char(255)	Hospital_Name	Char(52)	Hospital_Name
Char(255)	Address	Char(46)	Address
Char(255)	City	Char(22)	City
Char(255)	State	Char(4)	State
Char(255)	ZIP_Code	Char(12)	ZIP_Code
Char(255)	County_Name	Char(22)	County_Name
Char(255)	MSPB-1 Performance Rate	Char(10)	MSPB-1 Performance Rate
Char(255)	MSPB-1 Achievement Points	Char(15)	MSPB-1 Achievement Points

Table (Back to File Summary)			
HVBP - Efficiency			
Description Hospital-level results on efficiency domain measures for Hospital Value-Based Purchasing			
File Name HVBP_EFFICIENCY_10_28_2015		File Name HVBP_EFFICIENCY_10_28_2015.CSV	
Data Type Column Name - Access		Data Type Column Name - CSV	
Char(255)	MSPB-1 Improvement Points	Char(15)	MSPB-1 Improvement Points
Char(255)	MSPB-1 Measure Score	Char(15)	MSPB-1 Measure Score

Table (Back to File Summary)			
HVBP - HAI			
Description Hospital-level results on healthcare-associated infections measures for Hospital Value-Based Purchasing			
File Name HVBP_HAI_10_28_2015		File Name HVBP_HAI_10_28_2015.CSV	
Data Type Column Name - Access		Data Type Column Name - CSV	
Char(255)	Provider Number	Char(8)	Provider Number
Char(255)	Hospital Name	Char(52)	Hospital Name
Char(255)	Address	Char(46)	Address
Char(255)	City	Char(22)	City
Char(255)	State	Char(4)	State
Char(255)	Zip Code	Char(12)	Zip Code
Char(255)	County Name	Char(22)	County Name
Char(255)	SCIP-Inf-2 Performance Rate	Char(15)	SCIP-Inf-2 Performance Rate
Char(255)	SCIP-Inf-2 Achievement Points	Char(15)	SCIP-Inf-2 Achievement Points
Char(255)	SCIP-Inf-2 Improvement Points	Char(15)	SCIP-Inf-2 Improvement Points
Char(255)	SCIP-Inf-2 Measure Score	Char(15)	SCIP-Inf-2 Measure Score
Char(255)	SCIP-Inf-3 Performance Rate	Char(15)	SCIP-Inf-3 Performance Rate
Char(255)	SCIP-Inf-3 Achievement Points	Char(15)	SCIP-Inf-3 Achievement Points
Char(255)	SCIP-Inf-3 Improvement Points	Char(15)	SCIP-Inf-3 Improvement Points
Char(255)	SCIP-Inf-3 Measure Score	Char(15)	SCIP-Inf-3 Measure Score
Char(255)	SCIP-Inf-9 Performance Rate	Char(15)	SCIP-Inf-9 Performance Rate
Char(255)	SCIP-Inf-9 Achievement Points	Char(15)	SCIP-Inf-9 Achievement Points
Char(255)	SCIP-Inf-9 Improvement Points	Char(15)	SCIP-Inf-9 Improvement Points
Char(255)	SCIP-Inf-9 Measure Score	Char(15)	SCIP-Inf-9 Measure Score
Char(255)	HAI Condition/Procedure Score	Char(15)	HAI Condition/Procedure Score

Table (Back to File Summary)			
HVBP - HCAHPS			
Description Hospital-level results on patient experience domain measures for Hospital Value-Based Purchasing			
File Name HVBP_HCAHPS_10_28_2015		File Name HVBP_HCAHPS_10_28_2015.CSV	
Data Type Column Name - Access		Data Type Column Name - CSV	
Char(255)	Provider Number	Char(8)	Provider Number
Char(255)	Hospital Name	Char(52)	Hospital Name
Char(255)	Address	Char(46)	Address
Char(255)	City	Char(22)	City
Char(255)	State	Char(4)	State
Char(255)	ZIP Code	Char(12)	ZIP Code
Char(255)	County Name	Char(22)	County Name
Char(255)	Communication with Nurses Achievement Points	Char(15)	Communication with Nurses Achievement Points
Char(255)	Communication with Nurses Improvement Points	Char(15)	Communication with Nurses Improvement Points
Char(255)	Communication with Nurses Dimension Score	Char(15)	Communication with Nurses Dimension Score
Char(255)	Communication with Doctors Achievement Points	Char(15)	Communication with Doctors Achievement Points

Table <i>(Back to File Summary)</i>	HVBP - HCAHPS		
Description	Hospital-level results on patient experience domain measures for Hospital Value-Based Purchasing		
File Name	HVBP_HCAHPS_10_28_2015	File Name	HVBP_HCAHPS_10_28_2015.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(255)	Communication with Doctors Improvement Points	Char(15)	Communication with Doctors Improvement Points
Char(255)	Communication with Doctors Dimension Score	Char(15)	Communication with Doctors Dimension Score
Char(255)	Responsiveness of Hospital Staff Achievement Points	Char(15)	Responsiveness of Hospital Staff Achievement Points
Char(255)	Responsiveness of Hospital Staff Improvement Points	Char(15)	Responsiveness of Hospital Staff Improvement Points
Char(255)	Responsiveness of Hospital Staff Dimension Score	Char(15)	Responsiveness of Hospital Staff Dimension Score
Char(255)	Pain Management Achievement Points	Char(15)	Pain Management Achievement Points
Char(255)	Pain Management Improvement Points	Char(15)	Pain Management Improvement Points
Char(255)	Pain Management Dimension Score	Char(15)	Pain Management Dimension Score
Char(255)	Communication about Medicines Achievement Points	Char(15)	Communication about Medicines Achievement Points
Char(255)	Communication about Medicines Improvement Points	Char(15)	Communication about Medicines Improvement Points
Char(255)	Communication about Medicines Dimension Score	Char(15)	Communication about Medicines Dimension Score
Char(255)	Cleanliness and Quietness of Hospital Environment Achievement Po	Char(15)	Cleanliness and Quietness of Hospital Environment Achievement Points
Char(255)	Cleanliness and Quietness of Hospital Environment Improvement Po	Char(15)	Cleanliness and Quietness of Hospital Environment Improvement Points
Char(255)	Cleanliness and Quietness of Hospital Environment Dimension Scor	Char(15)	Cleanliness and Quietness of Hospital Environment Dimension Score
Char(255)	Discharge Information Achievement Points	Char(15)	Discharge Information Achievement Points
Char(255)	Discharge Information Improvement Points	Char(15)	Discharge Information Improvement Points
Char(255)	Discharge Information Dimension Score	Char(15)	Discharge Information Dimension Score
Char(255)	Overall Rating of Hospital Achievement Points	Char(15)	Overall Rating of Hospital Achievement Points
Char(255)	Overall Rating of Hospital Improvement Points	Char(15)	Overall Rating of Hospital Improvement Points
Char(255)	Overall Rating of Hospital Dimension Score	Char(15)	Overall Rating of Hospital Dimension Score
Char(255)	HCAHPS Base Score	Char(15)	HCAHPS Base Score
Char(255)	HCAHPS Consistency Score	Char(15)	HCAHPS Consistency Score

Table (Back to File Summary)	HVBP - IMM2		
Description	Hospital-level results on patients assessed and given influenza vaccination for Hospital Value-Based Purchasing		
File Name	HVBP_IMM2_10_28_2015	File Name	HVBP_IMM2_10_28_2015.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(255)	Provider_Number	Char(8)	Provider_Number
Char(255)	Hospital_Name	Char(52)	Hospital_Name
Char(255)	Address	Char(46)	Address
Char(255)	City	Char(22)	City
Char(255)	State	Char(4)	State
Char(255)	ZIP_Code	Char(12)	ZIP_Code
Char(255)	County_Name	Char(22)	County_Name
Char(255)	IMM-2 Performance Rate	Char(9)	IMM-2 Performance Rate
Char(255)	IMM-2 Achievement Points	Char(14)	IMM-2 Achievement Points
Char(255)	IMM-2 Improvement Points	Char(15)	IMM-2 Improvement Points
Char(255)	IMM-2 Measure Score	Char(14)	IMM-2 Measure Score
Char(255)	Preventive Condition/Procedure Score	Char(4)	Preventive Condition/Procedure Score

Table (Back to File Summary)	HVBP - Outcome		
Description	Hospital-level results on outcome domain measures for Hospital Value-Based Purchasing		
File Name	HVBP_OUTCOME_10_28_2015	File Name	HVBP_OUTCOME_10_28_2015.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(255)	Provider Number	Char(8)	Provider Number
Char(255)	Hospital Name	Char(52)	Hospital Name
Char(255)	Address	Char(46)	Address
Char(255)	City	Char(22)	City
Char(255)	State	Char(4)	State
Char(255)	ZIP Code	Char(12)	ZIP Code
Char(255)	County Name	Char(22)	County Name
Char(255)	MORT-30-AMI Performance Rate	Char(15)	MORT-30-AMI Performance Rate
Char(255)	MORT-30-AMI Achievement Points	Char(15)	MORT-30-AMI Achievement Points
Char(255)	MORT-30-AMI Improvement Points	Char(15)	MORT-30-AMI Improvement Points
Char(255)	MORT-30-AMI Measure Score	Char(15)	MORT-30-AMI Measure Score
Char(255)	MORT-30-HF Performance Rate	Char(15)	MORT-30-HF Performance Rate
Char(255)	MORT-30-HF Achievement Points	Char(15)	MORT-30-HF Achievement Points
Char(255)	MORT-30-HF Improvement Points	Char(15)	MORT-30-HF Improvement Points
Char(255)	MORT-30-HF Measure Score	Char(15)	MORT-30-HF Measure Score
Char(255)	MORT-30-PN Performance Rate	Char(15)	MORT-30-PN Performance Rate
Char(255)	MORT-30-PN Achievement Points	Char(15)	MORT-30-PN Achievement Points
Char(255)	MORT-30-PN Improvement Points	Char(15)	MORT-30-PN Improvement Points
Char(255)	MORT-30-PN Measure Score	Char(15)	MORT-30-PN Measure Score
Char(255)	PSI-90 Performance Rate	Char(15)	PSI-90 Performance Rate
Char(255)	PSI-90 Achievement Points	Char(15)	PSI-90 Achievement Points
Char(255)	PSI-90 Improvement Points	Char(15)	PSI-90 Improvement Points
Char(255)	PSI-90 Measure Score	Char(15)	PSI-90 Measure Score
Char(255)	HAI-1_Performance_Rate	Char(15)	HAI-1_Performance_Rate
Char(255)	HAI-1 Achievement Points	Char(15)	HAI-1 Achievement Points
Char(255)	HAI-1 Improvement Points	Char(15)	HAI-1 Improvement Points
Char(255)	HAI-1 Measure Score	Char(15)	HAI-1 Measure Score
Char(255)	HAI-2 Performance Rate	Char(15)	HAI-2 Performance Rate
Char(255)	HAI-2 Achievement Points	Char(15)	HAI-2 Achievement Points
Char(255)	HAI-2 Improvement Points	Char(15)	HAI-2 Improvement Points
Char(255)	HAI-2 Measure Score	Char(15)	HAI-2 Measure Score

Table (Back to File Summary)	HVBP - Outcome		
Description	Hospital-level results on outcome domain measures for Hospital Value-Based Purchasing		
File Name	HVBP_OUTCOME_10_28_2015	File Name	HVBP_OUTCOME_10_28_2015.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(255)	Combined SSI Measure Score	Char(15)	Combined SSI Measure Score
Char(255)	HAI-3 Performance Rate	Char(15)	HAI-3 Performance Rate
Char(255)	HAI-3 Achievement Points	Char(15)	HAI-3 Achievement Points
Char(255)	HAI-3 Improvement Points	Char(15)	HAI-3 Improvement Points
Char(255)	HAI-3 Measure Score	Char(15)	HAI-3 Measure Score
Char(255)	HAI-4 Performance Rate	Char(15)	HAI-4 Performance Rate
Char(255)	HAI-4 Achievement Points	Char(15)	HAI-4 Achievement Points
Char(255)	HAI-4 Improvement Points	Char(15)	HAI-4 Improvement Points
Char(255)	HAI-4 Measure Score	Char(15)	HAI-4 Measure Score

Table (Back to File Summary)	HVBP - PN		
Description	Hospital-level results on pneumonia measures for Hospital Value-Based Purchasing		
File Name	HVBP_PN_10_28_2015	File Name	HVBP_PN_10_28_2015.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(255)	Provider Number	Char(8)	Provider Number
Char(255)	Hospital Name	Char(52)	Hospital Name
Char(255)	Address	Char(46)	Address
Char(255)	City	Char(22)	City
Char(255)	State	Char(4)	State
Char(255)	ZIP Code	Char(12)	ZIP Code
Char(255)	County Name	Char(22)	County Name
Char(255)	PN-6 Performance Rate	Char(15)	PN-6 Performance Rate
Char(255)	PN-6 Achievement Points	Char(15)	PN-6 Achievement Points
Char(255)	PN-6 Improvement Points	Char(15)	PN-6 Improvement Points
Char(255)	PN-6 Measure Score	Char(15)	PN-6 Measure Score
Char(255)	PN Condition/Procedure Score	Char(15)	PN Condition/Procedure Score

Table (Back to File Summary)	HVBP - SCIP		
Description	Hospital-level results on Surgical Care Improvement Project measures for Hospital Value-Based Purchasing		
File Name	HVBP_SCIP_10_28_2015	File Name	HVBP_SCIP_10_28_2015.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Char(255)	Provider Number	Char(8)	Provider Number
Char(255)	Hospital Name	Char(52)	Hospital Name
Char(255)	Address	Char(46)	Address
Char(255)	City	Char(22)	City
Char(255)	State	Char(4)	State
Char(255)	ZIP Code	Char(12)	ZIP Code
Char(255)	County Name	Char(22)	County Name
Char(255)	SCIP-Card-2 Performance Rate	Char(15)	SCIP-Card-2 Performance Rate
Char(255)	SCIP-Card-2 Achievement Points	Char(15)	SCIP-Card-2 Achievement Points
Char(255)	SCIP-Card-2 Improvement Points	Char(15)	SCIP-Card-2 Improvement Points
Char(255)	SCIP-Card-2 Measure Score	Char(15)	SCIP-Card-2 Measure Score
Char(255)	SCIP-VTE-2 Performance Rate	Char(15)	SCIP-VTE-2 Performance Rate
Char(255)	SCIP-VTE-2 Achievement Points	Char(15)	SCIP-VTE-2 Achievement Points
Char(255)	SCIP-VTE-2 Improvement Points	Char(15)	SCIP-VTE-2 Improvement Points
Char(255)	SCIP-VTE-2 Measure Score	Char(15)	SCIP-VTE-2 Measure Score
Char(255)	SCIP Condition/Procedure Score	Char(15)	SCIP Condition/Procedure Score

Table (Back to File Summary)			
HVBP - TPS			
Description			
Hospital-level total performance score for Hospital Value-Based Purchasing			
File Name		File Name	
HVBP_TPS_10_28_2015		HVBP_TPS_10_28_2015.CSV	
Data Type		Data Type	
Column Name - Access		Column Name - CSV	
Char(255)	Provider Number	Char(8)	Provider Number
Char(255)	Hospital Name	Char(52)	Hospital Name
Char(255)	Address	Char(46)	Address
Char(255)	City	Char(22)	City
Char(255)	State	Char(4)	State
Char(255)	Zip Code	Char(12)	Zip Code
Char(255)	County Name	Char(22)	County Name
Char(255)	Unweighted Normalized Clinical Process of Care Domain Score	Char(18)	Unweighted Normalized Clinical Process of Care Domain Score
Char(255)	Weighted Clinical Process of Care Domain Score	Char(17)	Weighted Clinical Process of Care Domain Score
Char(255)	Unweighted Patient Experience of Care Domain Score	Char(18)	Unweighted Patient Experience of Care Domain Score
Char(255)	Weighted Patient Experience of Care Domain Score	Char(17)	Weighted Patient Experience of Care Domain Score
Char(255)	Unweighted Normalized Outcome Domain Score	Char(18)	Unweighted Normalized Outcome Domain Score
Char(255)	Weighted Outcome Domain Score	Char(17)	Weighted Outcome Domain Score
Char(255)	Unweighted Normalized Efficiency Domain Score	Char(18)	Unweighted Normalized Efficiency Domain Score
Char(255)	Weighted Efficiency Domain Score	Char(17)	Weighted Efficiency Domain Score
Char(255)	Total Performance Score	Char(17)	Total Performance Score

HVBP Program Incentive Payment Adjustments

Table (Back to File Summary)			
HVBP FY 2014 Distribution of Net Change			
Description			
Distribution of net change in base operating diagnosis-related group payment amount			
File Name		File Name	
FY2014_DISTRIBUTION_OF_NET_CHANGE_IN_BASE_OP_DRG_PAYMENT_AMT		FY2014_DISTRIBUTION_OF_NET_CHANGE_IN_BASE_OP_DRG_PAYMENT_AMT.CSV	
Data Type		Data Type	
Column Name - Access		Column Name - CSV	
Num(8)	ID		
Char(255)	Percentile	Char(4)	Percentile
Char(255)	Net Change in Base Operating DRG Payment Amount	Char(13)	Net Change in Base Operating DRG Payment Amount

Table (Back to File Summary)			
HVBP FY 2014 Incentive Payment			
Description			
Value-based incentive payment amount			
File Name		File Name	
FY2014_VALUE_BASED_INCENTIVE_PAYMENT_AMOUNT		FY2014_VALUE_BASED_INCENTIVE_PAYMENT_AMOUNT.CSV	
Data Type		Data Type	
Column Name - Access		Column Name - CSV	
Num(8)	ID		
Char(255)	Incentive Payment Range	Char(85)	Incentive Payment Range
Char(255)	Number of Hospitals Receiving this Range	Num(8)	Number of Hospitals Receiving this Range

Table (Back to File Summary)	HVBP FY 2014 Net Change		
Description	Net change in base operating diagnosis-related group payment amount		
File Name	FY2014_NET_CHANGE_IN_BASE_OP_DRG_PAYMENT_AMT	File Name	FY2014_NET_CHANGE_IN_BASE_OP_DRG_PAYMENT_AMT.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Num(8)	ID		
Char(255)	Net Change in Base Operating DRG Payment Amount	Char(24)	Net Change in Base Operating DRG Payment Amount
Num(8)	Number of Hospitals Receiving this Range	Num(8)	Number of Hospitals Receiving this Range

Table (Back to File Summary)	HVBP FY 2014 Percent Change		
Description	Percent change in base operating diagnosis-related group payment amount		
File Name	FY2014_PERCENT_CHANGE_IN_BASE_OPERATING_DRG_PAYMENT_AMOUNT	File Name	FY2014_PERCENT_CHANGE_IN_MEDICARE_PAYMENTS.CSV
Data Type	Column Name - Access	Data Type	Column Name - CSV
Num(8)	ID		
Char(255)	% Change in Base Operating DRG Payment Amount	Char(21)	% Change in Base Operating DRG Payment Amount
Num(8)	Number of Hospitals Receiving this %Change	Num(8)	Number of Hospitals Receiving this %Change

Appendix A – Hospital Compare Measures

The following crosswalk contains a listing of all measures located at the hospital-level files of the Downloadable Databases (Access and CSV Flat Files – Revised). The tables below display the locations of each measure within the corresponding Access tables and CSV files, including an HVBP file directory:

Access	HQI_HOSP_STRUCTURAL
CSV	Structural Measures – Hospital.csv
Measure ID	Measure Name
SM_PART_CARD	Cardiac surgery registry (alternate Measure ID: SM-1)
SM_PART_NURSE	Nursing care registry (alternate Measure ID: SM-3)
SM_PART_GEN_SURG	General Surgery Registry (alternate Measure ID: SM-4)
SM-SS-CHECK	Uses Inpatient Safe Surgery Checklist (alternate Measure ID SM-5)
ACS_REGISTRY	Multispecialty Surgical Registry
OP-12	Able to receive lab results electronically (HIT measure)
OP-17	Able to track patients' lab results, tests, and referrals electronically between visits (HIT measure)
OP-25	Uses outpatient safe surgery checklist

Access	HQI_HOSP_HCAHPS
CSV	HCAHPS –Hospital.csv
Measure ID	Measure Name
H-CLEAN-HSP-A-P	Patients who reported that their room and bathroom were "Always" clean
H-CLEAN-HSP-SN-P	Patients who reported that their room and bathroom were "Sometimes" or "Never" clean
H-CLEAN-HSP-U-P	Patients who reported that their room and bathroom were "Usually" clean
H-CLEAN-HSP-STAR-RATING	Cleanliness - star rating
H_CLEAN_LINEAR_SCORE	Cleanliness - linear mean score
H-COMP-1-A-P	Patients who reported that their nurses "Always" communicated well
H-COMP-1-SN-P	Patients who reported that their nurses "Sometimes" or "Never" communicated well
H-COMP-1-U-P	Patients who reported that their nurses "Usually" communicated well
H-COMP-1-STAR-RATING	Nurse communication - star rating
H_COMP_1_LINEAR_SCORE	Nurse communication - linear mean score
H-COMP-2-A-P	Patients who reported that their doctors "Always" communicated well
H-COMP-2-SN-P	Patients who reported that their doctors "Sometimes" or "Never" communicated well
H-COMP-2-U-P	Patients who reported that their doctors "Usually" communicated well
H-COMP-2-STAR-RATING	Doctor communication - star rating
H_COMP_2_LINEAR_SCORE	Doctor communication - linear mean score
H-COMP-3-A-P	Patients who reported that they "Always" received help as soon as they wanted
H-COMP-3-SN-P	Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted
H-COMP-3-U-P	Patients who reported that they "Usually" received help as soon as they wanted
H-COMP-3-STAR-RATING	Staff responsiveness - star rating
H_COMP_3_LINEAR_SCORE	Staff responsiveness - linear mean score
H-COMP-4-A-P	Patients who reported that their pain was "Always" well controlled
H-COMP-4-SN-P	Patients who reported that their pain was "Sometimes" or "Never" well controlled
H-COMP-4-U-P	Patients who reported that their pain was "Usually" well controlled

H-COMP-4-STAR-RATING	Pain management - star rating
H_COMP_4_LINEAR_SCORE	Pain management - linear mean score
H-COMP-5-A-P	Patients who reported that staff "Always" explained about medicines before giving it to them
H-COMP-5-SN-P	Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them
H-COMP-5-U-P	Patients who reported that staff "Usually" explained about medicines before giving it to them
H-COMP-5-STAR-RATING	Communication about medicine - star rating
H_COMP_5_LINEAR_SCORE	Communication about medicines - linear mean score
H-COMP-6-N-P	Patients who reported that NO, they were not given information about what to do during their recovery at home
H-COMP-6-Y-P	Patients who reported that YES, they were given information about what to do during their recovery at home
H-COMP-6-STAR-RATING	Discharge information - star rating
H_COMP_6_LINEAR_SCORE	Discharge information - linear mean score
H-COMP-7-A	Patients who "Agree" they understood their care when they left the hospital
H-COMP-7-D-SD	Patients who "Disagree" or "Strongly Disagree" that they understood their care when they left the hospital
H-COMP-7-SA	Patients who "Strongly Agree" that they understood their care when they left the hospital
H-COMP-7-STAR-RATING	Care transition - star rating
H_COMP_7_LINEAR_SCORE	Care transition - linear mean score
H-HSP-RATING-0-6	Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)
H-HSP-RATING-7-8	Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)
H-HSP-RATING-9-10	Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)
H-HSP-RATING-STAR-RATING	Overall rating of hospital - star rating
H_HSP_RATING_LINEAR_SCORE	Overall hospital rating - linear mean score
H-QUIET-HSP-A-P	Patients who reported that the area around their room was "Always" quiet at night
H-QUIET-HSP-SN-P	Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night
H-QUIET-HSP-U-P	Patients who reported that the area around their room was "Usually" quiet at night
H-QUIET-HSP-STAR-RATING	Quietness - star rating
H_QUIET_LINEAR_SCORE	Quietness - linear mean score
H-RECMND-DN	Patients who reported NO, they would probably not or definitely not recommend the hospital
H-RECMND-DY	Patients who reported YES, they would definitely recommend the hospital
H-RECMND-PY	Patients who reported YES, they would probably recommend the hospital
H-RECMND-STAR-RATING	Recommend hospital - star rating
H_RECMND_LINEAR_SCORE	Recommend hospital - linear mean score
H-STAR-RATING	Summary star rating

Access	HQI_HOSP_TimelyEffectiveCare
CSV	Timely and Effective Care – Hospital.csv
Measure ID	Measure Name
AMI-7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival *This measure is displayed on Hospital Compare as “Heart attack patients given drugs to break up blood clots within 30 minutes of arrival”
AMI-8a	Heart attack patients given a procedure to open blocked blood vessels within 90 minutes of arrival
CAC-3	Children and their caregivers who received a home management plan of care document while hospitalized for asthma
ED-1b	Average (median) time patients spent in the emergency department, before they were admitted to the hospital as an inpatient (alternate Measure ID: ED-1)
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 (alternate Measure ID: ED-2)
EDV	Emergency department volume
HF-2	Heart failure patients given an evaluation of Left Ventricular Systolic (LVS) function
IMM-2	Patients assessed and given influenza vaccination
IMM-3	Healthcare workers given influenza vaccination (alternate Measure ID: IMM-3_OP_27_FAC_ADHPCT)
OP-1	Median time to fibrinolysis. *This measure is only found in the downloadable database, it is not displayed on Hospital Compare
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 received aspirin within 24 hours of arrival or before transferring from the emergency department
OP-5	Average number of minutes before outpatients with chest pain or possible heart attack got an ECG
OP-18b	Average time patients spent in the emergency department before being leaving from the visit (alternate Measure ID: OP-18)
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 left the emergency department before being seen
OP-23	Percentage of patients who came to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival
PC-01	Percent of mothers whose deliveries were scheduled too early (1-2 weeks early), when a scheduled delivery was not medically necessary
PN-6	Pneumonia patients given the most appropriate initial antibiotic(s)
SCIP-CARD-2	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
SCIP-Inf-1	Surgery patients who were given an antibiotic at the right time (within one hour before surgery) to help prevent infection
SCIP-Inf-2	Surgery patients who were given the right kind of antibiotic to help prevent infection
SCIP-Inf-3	Surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery)
SCIP-Inf-9	Surgery patients whose urinary catheters were removed on the first or second day after surgery
SCIP-VTE-2	Patients who got treatment at the right time (within 24 hours before or after their surgery) to help prevent blood clots after certain types of surgery
STK-1	Ischemic or hemorrhagic stroke patients who received treatment to keep blood clots from forming anywhere in the body within 2 days of hospital admission
STK-2	Ischemic stroke patients who received a prescription for medicine known to prevent complications caused by blood clots at discharge
STK-3	Ischemic stroke patients with a type of irregular heartbeat who were given a prescription for a blood thinner at discharge

Access	HQI_HOSP_TimelyEffectiveCare
CSV	Timely and Effective Care – Hospital.csv
Measure ID	Measure Name
STK-4	Ischemic stroke patients who got medicine to break up a blood clot within 3 hours after symptoms started
STK-5	Ischemic stroke patients who received medicine known to prevent complications caused by blood clots within 2 days of arriving at the hospital
STK-6	Ischemic stroke patients needing medicine to lower bad cholesterol, who were given a prescription for this medicine at discharge
STK-8	Ischemic or hemorrhagic stroke patients or caregivers who received written educational materials about stroke care and prevention during the hospital stay
STK-10	Ischemic or hemorrhagic stroke patients who were evaluated for rehabilitation services
VTE-1	Patients who got treatment to prevent blood clots on the day of or day after hospital admission or surgery
VTE-2	Patients who got treatment to prevent blood clots on the day of or day after being admitted to the intensive care unit (ICU)
VTE-3	Patients with blood clots who got the recommended treatment, which includes using two different blood thinner medicines at the same time
VTE-4	Patients with blood clots who were treated with an intravenous blood thinner, and then were checked to determine if the blood thinner caused unplanned complications
VTE-5	Patients with blood clots who were discharged on a blood thinner medicine and received written instructions about that medicine
VTE-6	Patients who developed a blood clot while in the hospital who did not get treatment that could have prevented it

Access	HQI_HOSP_Comp
CSV	Complications – Hospital.csv
Measure ID	Measure Name
COMP-HIP-KNEE	Rate of complications for hip/knee replacement patients
PSI-90	Serious complications (this is a composite or summary measure; alternate Measure ID: PSI-90-SAFETY)
PSI-4	Deaths among patients with serious treatable complications after surgery (alternate Measure ID: PSI-4-SURG-COMP)
PSI-6	Collapsed lung due to medical treatment (alternate Measure ID: PSI-6-IAT-PTX)
PSI-12	Serious blood clots after surgery (alternate Measure ID: PSI-12-POSTOP-PULMEMB-DVT)
PSI-14	A wound that splits open after surgery on the abdomen or pelvis (alternate Measure ID: PSI-14-POSTOP-DEHIS)
PSI-15	Accidental cuts and tears from medical treatment (alternate Measure ID: PSI-15-ACC-LAC)

Access	HQI_HOSP_HAI
CSV	Healthcare Associated Infections – Hospital.csv
Measure ID	Measure Name
HAI-1	Central line-associated bloodstream infections (CLABSI) in ICUs and select wards
HAI-1a	Central line-associated bloodstream infections (CLABSI) in ICUs only
HAI-2	Catheter-associated urinary tract infections (CAUTI) in ICUs and select wards
HAI-2a	Catheter-associated urinary tract infections (CAUTI) in ICUs only
HAI-3	Surgical Site Infection from colon surgery (SSI: Colon)
HAI-4	Surgical Site Infection from abdominal hysterectomy (SSI: Hysterectomy)
HAI-5	Methicillin-resistant staphylococcus aureus (or MRSA) blood laboratory-identified events (bloodstream infections)
HAI-6	Clostridium difficile (C.diff.) laboratory identified events (intestinal infections)

Access	HQI_HOSP_ReadmDeath
CSV	Readmissions and Deaths – Hospital.csv
Measure ID	Measure Name
MORT-30-AMI	Death rate for heart attack patients
MORT-30-CABG	Death rate for Coronary Artery Bypass Graft (CABG) surgery patients
MORT-30-COPD	Death rate for chronic obstructive pulmonary disease (COPD) patients

Access	HQI_HOSP_ReadmDeath
CSV	Readmissions and Deaths – Hospital.csv
Measure ID	Measure Name
MORT-30-AMI	Death rate for heart attack patients
MORT-30-CABG	Death rate for Coronary Artery Bypass Graft (CABG) surgery patients
MORT-30-HF	Death rate for heart failure patients
MORT-30-PN	Death rate for pneumonia patients
MORT-30-STK	Death rate for stroke patients
READM-30-AMI	Rate of unplanned readmission for heart attack patients
READM-30-CABG	Rate of unplanned readmission for Coronary Artery Bypass Graft (CABG) surgery patients
READM-30-COPD	Rate of unplanned readmission for chronic obstructive pulmonary disease (COPD) patients
READM-30-HF	Rate of unplanned readmission for heart failure patients
READM-30-HIP-KNEE	Rate of unplanned readmission after hip/knee surgery
READM-30-HOSP-WIDE	Rate of readmission after discharge from hospital (hospital-wide)
READM-30-PN	Rate of unplanned readmission for pneumonia patients
READM-30-STK	Rate of unplanned readmission for stroke patients

Access	HQI_HOSP_IMG
CSV	Outpatient Imaging Efficiency – Hospital.csv
Measure ID	Measure Name
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, ultrasound, or MRI of the breast within 45 days after a screening mammogram (A follow-up rate near zero may indicate missed cancer; a rate higher than 14% may mean there is unnecessary follow up)
OP-10	Outpatient CT scans of the abdomen that were “combination” (double) scans (If a number is high, it 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 (If a number is high, it 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 (If a number is high, it may mean that too many cardiac scans were done prior to low-risk surgeries)
OP-14	Outpatients with brain CT scans who got a sinus CT scan at the same time (If a number is high, it may mean that too many patients are being given both a brain scan and sinus scan, when a single scan is all they need)

Access	HQI_HOSP_MSPB
CSV	Medicare Hospital Spending per Patient – Hospital.csv
Measure ID	Measure Name
MSPB-1	Spending per Hospital Patient with Medicare (Medicare Spending per Beneficiary)

Access	HQI_OP_Procedure_Volume
CSV	Outpatient Procedures –Volume.csv
Measure ID	Measure Name
OP-26	Hospital Outpatient Volume Data on Selected Outpatient Surgical Procedures *This measure is only found in the downloadable database, it is not displayed on Hospital Compare

Access	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_HOSPITAL
CSV	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_HOSPITAL.csv
Measure ID	Measure Name
HBIPS-2	Hours of physical restraint use *This measure is only found in the downloadable database, it is not displayed on Hospital Compare
HBIPS-3	Hours of seclusion *This measure is only found in the downloadable database, it is not displayed on Hospital Compare
HBIPS-4	Patients discharged on multiple antipsychotic medications *This measure is only found in the downloadable database, it is not displayed on Hospital Compare
HBIPS-5	Patients discharged on multiple antipsychotic medications with appropriate justification *This measure is only found in the downloadable database, it is not displayed on Hospital Compare
HBIPS-6	Post discharge continuing care plan created *This measure is only found in the downloadable database, it is not displayed on Hospital Compare
HBIPS-7	Post discharge continuing care plan transmitted to next level of care provider upon discharge *This measure is only found in the downloadable database, it is not displayed on Hospital Compare

Access	HOSPITAL_QUARTERLY_HAC_DOMAIN_HOSPITAL
CSV	HOSPITAL_QUARTERLY_HAC_DOMAIN_HOSPITAL.csv
Measure	
Domain 1 Score	
AHRQ PSI-90 Score (see Appendix C – Footnote Crosswalk for * definition)	
Domain 2 Score	
CLABSI Score (see Appendix C – Footnote Crosswalk for ** definition)	
CAUTI Score	
SSI Score	
Total HAC Score (see Appendix C – Footnote Crosswalk for *definition)	

Access	vwHQI_READM_REDUCTION
CSV	READMISSION REDUCTION.csv
Measure ID	Measure Name
READM-30-AMI-HRRP	Excess readmission ratio for heart attack patients
READM-30-COPD-HRRP	Excess readmission ratio for chronic obstructive pulmonary disease (COPD) patients
READM-30-HF-HRRP	Excess readmission ratio for heart failure patients
READM-30-HIP-KNEE-HRRP	Excess readmission ratio for hip/knee replacement patients
READM-30-PN-HRRP	Excess readmission ratio for pneumonia patients

Access	PCH_CANCERSPECIFICMEASURES_HOSPITAL
CSV	HOSPITAL_QUARTERLY_QUALITYMEASURE_PCH_HOSPITAL.csv
Measure ID	Measure Name
PCH-1	Adjuvant Chemotherapy for Stage III Colon Cancer
PCH-2	Combination Chemotherapy for AJCC T1c or Stage II or III Hormone Receptor-Negative Breast Cancer
PCH-3	Hormone Therapy for AJCC T1c or Stage II or III Hormone Receptor-Positive Breast Cancer

Access	ASC_Quality_Facility
CSV	ASC_Quality_Facility.csv
Measure ID	Measure Name
ASC-6	Safe Surgery Checklist Use
ASC-7	ASC Facility Volume Data on Selected ASC Surgical Procedures

Access	HQI_HOSP_PaymentAndValueOfCare
CSV	Payment and Value of Care – Hospital.csv
Measure ID	Measure Name
PAYM-30-AMI	Payment for heart attack patients
PAYM-30-HF	Payment for heart failure patients
PAYM-30-PN	Payment for pneumonia patients

Access / CSV	HVBP Measures Directory
File Name	Measure (Performance Rate, Achievement Points, Improvement Points, and Measure Score)
Hvbp_ami_10_28_2015	AMI-7a
Hvbp_Efficiency_10_28_2015	MSPB-1
Hvbp_hai_10_28_2015	SCIP-Inf-2; SCIP-Inf-3; SCIP-Inf-9
Hvbp_hcahps_10_28_2015	H-COMP-1-A-P; H-COMP-2-A-P; H-COMP-3-A-P; H-COMP-4-A-P; H-COMP-5-A-P; H-COMP-6-Y-P; H-HSP-RATING-9-10: H-CLEAN-QUIET-HSP-A-P;
Hvbp_imm2_10_28_2015	IMM-2
Hvbp_outcome_10_28_2015	MORT-30-AMI; MORT-30-HF; MORT-30-PN; PSI-90; HAI-1; HAI-2; HAI-3; HAI-4
Hvbp_pn_10_28_2015	PN-6
Hvbp_scip_10_28_2015	SCIP-Card-2; SCIP-VTE-2
Hvbp_tps_10_28_2015	TPS Scores (Weighted and Unweighted) for Clinical Process of Care, Patient Experience of Care, Outcome, and Efficiency Domains

Appendix B – HCAHPS Survey Questions Listing

The HCAHPS survey is 32 questions in length and contains 21 substantive items that encompass critical aspects of the hospital experience, 4 screening items to skip patients to appropriate questions, and 7 demographic items that are used for adjusting the mix of patients across hospitals for analytical purposes. An overview of HCAHPS topics (7 composite topics, 2 individual topics, and 2 global topics) can be found on the [Survey of Patients' Experiences](#) webpage in the About the Data section of Hospital Compare.

#	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?
Q11	How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
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?
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?
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?
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.

HCAHPS Star Ratings provide a quick summary of each HCAHPS measure in a format that allows consumers to more easily compare hospitals. The HCAHPS Summary Star Rating is a roll-up of all the HCAHPS Star Ratings.

HCAHPS linear mean scores are used in the construction of HCAHPS star ratings. The linear mean scores employ all survey response categories for the items in each HCAHPS measure and are converted and combined into a 0-100 linear-scaled measure score.

Additional information about [HCAHPS Star Ratings](#), including technical notes and frequently asked questions, can be found on the HCAHPS website (www.HCAHPSonline.org).

Appendix C – Footnote Crosswalk

The footnote numbers below are associated with the Hospital Compare quality measures:

Hospital Compare Footnote Values		
#	Text	Definition
1	The number of cases/patients is too few to report.	This footnote is applied: <ul style="list-style-type: none"> • When the number of cases/patients does not meet the required minimum amount for public reporting; • When the number of cases/patients is too small to reliably tell how well a hospital is performing; and/or • To protect personal health information.
2	Data submitted were based on a sample of cases/patients.	This footnote indicates that a hospital chose to submit data for a random sample of its cases/patients while following specific rules for how to select the patients.
3	Results are based on a shorter time period than required.	This footnote indicates that the hospital's results were based on data from less than the maximum possible time period generally used to collect data for a measure. View the Hospital Compare Data Collection Periods for more information. This footnote is applied: <ul style="list-style-type: none"> • When a hospital elected not to submit data for a measure for one or more, but not all possible quarters; • When there was no data to submit for a measure for one or more, but not all possible quarters; and/or • When a hospital did not successfully submit data for a measure for one or more, but not all possible quarters.
4	Data suppressed by CMS for one or more quarters.	The results for these measures were excluded for various reasons, such as data inaccuracies.
5	Results are not available for this reporting period.	This footnote is applied: <ul style="list-style-type: none"> • When a hospital elected not to submit data for the entire reporting period; or • When a hospital had no claims data for a particular measure; or • When a hospital elected to suppress a measure from being publicly reported.
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.	This footnote is applied when the number of completed surveys the hospital or its vendor provided to CMS is less than 100.
7	No cases met the criteria for this measure.	This footnote is applied when a hospital did not have any cases meet the inclusion criteria for a measure.
8	The lower limit of the confidence interval cannot be calculated if the number of observed infections equals zero.	None
9	No data are available from the state/territory for this reporting period.	This footnote is applied when: <ul style="list-style-type: none"> • Too few hospitals in a state/territory had data available or • No data was reported for this state/territory.

Hospital Compare Footnote Values		
#	Text	Definition
10	Very few patients were eligible for the HCAHPS survey. The scores shown reflect fewer than 50 completed 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.
11	There were discrepancies in the data collection process.	This footnote is applied when there have been deviations from data collection protocols. CMS is working to correct this situation.
12	This measure does not apply to this hospital for this reporting period.	This footnote is applied when: <ul style="list-style-type: none"> • There were zero device days or procedures for the entire reporting period, • The hospital does not have ICU locations. • The hospital is a new member of the registry or reporting program and didn't have an opportunity to submit any cases; or • The hospital doesn't report this voluntary measure
13	Results cannot be calculated for this reporting period.	This footnote is applied when: <ul style="list-style-type: none"> • The number of predicted infections is less than 1. • The number of observed MRSA or Clostridium difficile infections present on admission (community-onset prevalence) was above a pre-determined cut-point.
14	The results for this state are combined with nearby states to protect confidentiality.	This footnote is applied when a state has fewer than 10 hospitals in order to protect confidentiality. Results are combined as follows: (1) the District of Columbia and Delaware are combined; (2) Alaska and Washington are combined; (3) North Dakota and South Dakota are combined; and (4) New Hampshire and Vermont are combined. Hospitals located in Maryland and U.S. territories are excluded from the measure calculation.
15	The number of cases/patients is too few to report a star rating.	This footnote is applied when the number of completed surveys the hospital or its vendor provided to CMS is less than 100. In order to receive HCAHPS Star Ratings, hospitals must have at least 100 completed HCAHPS Surveys over a four quarter period.
*	For Maryland hospitals, no data are available to calculate a PSI 90 measure result; therefore, no performance decile or points are assigned for Domain 1 and the Total HAC score is dependent on the Domain 2 score.	None
**	This value was calculated using data reported by the hospital in compliance with the requirements outlined for this program and does not take into account information that became available at a later date.	None