System Requirements Specification

Hospital Compare Downloadable Database Data Dictionary

Centers for Medicare & Medicaid Services

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

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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 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: Getting Started Training 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 - 2014 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 of 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 and health information technology [IT])
- Survey of patients' experiences (HCAHPS Survey)
- Timely and effective care (process of care)
- Readmissions, complications, and deaths (30-day mortality and readmission, surgical complications, Agency for Healthcare Research and Quality [AHRQ] Patient Safety Indicators[PSIs], and healthcare-associated infections [HAIs])
- Use of medical imaging (outpatient imaging efficiency)
- Payment and value of care (Medicare spending per beneficiary [MSPB] and payment for heart attack patients)
- Number of Medicare patients (number of Medicare patients treated for selected procedures)

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®)

The Additional Information section of Hospital Compare provides links to data for the following payment programs:
- Hospital-Acquired Conditions Reduction Program (HACRP)
- Hospital Readmissions Reduction Program (HRRP)

- Hospital Value-Based Purchasing Program(HVBP)
    - HVBP Program Data and Scoring (Efficiency)
    - HVBP Program Incentive Payment Adjustments

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
AMI	Acute Myocardial Infarction
AVG	Average
CAC	Children's Asthma Care
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 Arthoplasty
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
MV	Medicare 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 semi-anually.

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, including the care transitions composite measure. 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)
Description/ Background	The measures of timely and effective care report the percentage of hospital patients who receive the treatments that are known to get the best results for certain common, serious medical conditions or surgical procedures, and how quickly hospitals treat patients who come to the hospital with certain medical emergencies. 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 (AMI), heart failure (HF), pneumonia (PN), Surgical Care Improvement Project (SCIP), emergency department (ED), preventive care, children's asthma care (CAC), stroke care, blood clot prevention and treatment, and pregnancy and delivery care measures.
Reporting Cycle	Collection period: Approximately 12 months. Refreshed quarterly, except OP-22, and IMM-3 which are refreshed anually.

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

Name	Readmissions, Complications, and Deaths: AHRQ Patient Safety Indicators (PSI)
Description/ Background	The Agency for Healthcare Research and Quality (AHRQ) PSIs reflect quality of care for hospitalized adults and focus on potentially avoidable complications and iatrogenic events. CMS currently publicly reports data on two PSI measures—PSI-4 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).
Reporting Cycle	Collection period: 24 months. Refreshed annually.

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

Name	Use of Medical Imaging: Outpatient Imaging Efficiency (OIE)
Description/ Background	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.
Reporting Cycle	Collection period: 12 months. Refreshed annually.

Name	Payment and Value of Care
Description/ Background	The payment and volume information reflects inpatient services hospitals provide to Medicare beneficiaries. CMS has posted this information for the public to view the cost to the Medicare program of treating beneficiaries with certain illnesses in their community and the number of Medicare patients treated. Medicare payment is also known as Medicare Spending Per Beneficiary (MSPB). The Acute Myocardial Infarction (AMI) Payment Measure is a claims-based payment measure added to the Hospital IQR Program in December 2014. The Payment for Heart Attack Patients Measure summarizes payments made by Medicare patients, or on behalf of Medicare patients, for healthcare services starting on the first day of hospitalization for heart attack through the next 30 days. The AMI Payment Measure results are intended to reflect differences in payment for AMI patients over a 30-day period that are influenced by hospital care decisions. CMS aligned the 30-day payment and mortality measures, making it possible to use these measures together to assess the value of care provided to heart attack patients. The AMI Payment Measure results are more meaningful when presented in the context of another outcome measure (MSPB-1) that is aligned with the AMI Payment Measure in order to facilitate profiling hospital value (payments and quality).
Reporting Cycle	Collection Period: 12 months for MSPB-1 and 36 months for PAYM-30-AMI. Refreshed annually.

Name	Number of Medicare Patients (MV)
Description/ Background	Medicare volume information can provide users with a general overview of hospitals' experience with Medicare Severity Diagnosis Related Groups (MS-DRGs). MS-DRGs are payment groups of patients who have similar clinical characteristics and similar costs. The median payment refers to the midpoint of all payments to the hospital for a particular MS-DRG, that is, half the payments were lower and half the payments were higher than the median payment.
Reporting Cycle	Collection period: 12 months. 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) and Combination Chemotherapy Breast Cancer (PCH-2) measures.
Reporting Cycle	Collection period: 12 months. Refreshed quarterly.

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, and the CDC NHSN catheter-associated urinary tract infection (CAUTI) measure as part of HACRP. The overall score for serious complication is based on how adult patients had certain serious, but potentially preventable, complications related to medical or surgical inpatient hospital care.
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, and PN by the number that would be "expected," based on an average hospital with similar patients. A ratio greater than one indicates excess readmissions. The calculations include only acute care hospitals paid under IPPS and Maryland hospitals.
Reporting 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 2015 HVBP 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 20% of the TPS), the Patient Experience of Care domain score (weighted as 30% of the TPS), the Outcome domain score (weighted as 30% of the TPS), and the Efficiency domain score (weighted as 20% of the TPS).
Reporting Cycle	Collection period: Approximately 12 months. 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 April 2015 Measure Dates file is shown below:

Measure_ID	Measure_Start_	Measure_Start_	Measure_End_	Measure_End_
ACS_REGISTRY	3Q2012	01-Jul-12	2Q2013	30-Jun-13
AMI_10	3Q2013	01-Jul-13	2Q2014	30-Jun-14
AMI_2	3Q2013	01-Jul-13	2Q2014	30-Jun-14
AMI_7a	3Q2013	01-Jul-13	2Q2014	30-Jun-14
AMI_8a	3Q2013	01-Jul-13	2Q2014	30-Jun-14
CAC_1	3Q2013	01-Jul-13	2Q2014	30-Jun-14
CAC_2	3Q2013	01-Jul-13	2Q2014	30-Jun-14
CAC_3	3Q2013	01-Jul-13	2Q2014	30-Jun-14
COMP_HIP_KNEE	2Q2010	01-Apr-10	1Q2013	31-Mar-13
ED_1b	3Q2013	01-Jul-13	2Q2014	30-Jun-14
ED_2b	3Q2013	01-Jul-13	2Q2014	30-Jun-14
EDV	3Q2013	01-Jul-13	2Q2014	30-Jun-14
HAI_1	3Q2013	01-Jul-13	2Q2014	30-Jun-14
HAI_2	3Q2013	01-Jul-13	2Q2014	30-Jun-14
HAI_3	3Q2013	01-Jul-13	2Q2014	30-Jun-14
HAI_4	3Q2013	01-Jul-13	2Q2014	30-Jun-14
HAI_5	3Q2013	01-Jul-13	2Q2014	30-Jun-14
HAI_6	3Q2013	01-Jul-13	2Q2014	30-Jun-14

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_ReadmCompDeath	Readmissions Complications and Deaths – Hospital
HQI_NATIONAL_ReadmCompDeath	Readmissions Complications and Deaths – National
HQI_STATE_ReadmCompDeath	Readmissions Complications 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_AMI_Payment	Heart Attack Payment - Hospital
HQI_NATIONAL_AMI_Payment	Heart Attack Payment - National
HQI_STATE_AMI_Payment	Heart Attack 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
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

MS Access Downloadable Database: **Hospital.zip**	CSV Revised Downloadable Database: **Hospital_revised_flatfiles.zip**
MS Access tables	**CSV Revised (.csv) file names**
HQI_HOSP_MV	Medicare Volume – Hospital
HQI_NATIONAL_MV	Medicare Volume – National
HQI_STATE_MV	Medicare Volume – State
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_02_18_2015	hvbp_ami_02_18_2015
Hvbp_hai_02_18_2015	hvbp_hai_02_18_2015
Hvbp_hcahps_02_18_2015	hvbp_hcahps_02_18_2015
Hvbp_hf_02_18_2015	hvbp_hf_02_18_2015
Hvbp_outcome_02_18_2015	hvbp_outcome_02_18_2015
Hvbp_pn_02_18_2015	hvbp_pn_02_18_2015
Hvbp_quarters	hvbp_quarters
Hvbp_scip_02_18_2015	hvbp_scip_02_18_2015
Hvbp_tps_02_18_2015	hvbp_tps_02_18_2015
Hvbp_Efficiency_02_18_2015	hvbp_Efficiency_02_18_2015
FY2013_Distribution_of_Net_Change_in_Base_Op_DRG_Payment_Amt	FY2013_Distribution_of_Net_Change_in_Base_Op_DRG_Payment_Amt
FY2013_Value_Based_Incentive_Payment_Amount	FY2013_Value_Based_Incentive_Payment_Amount
FY2013_Net_Change_in_Base_Op_DRG_Payment_Amt	FY2013_Net_Change_in_Base_Op_DRG_Payment_Amt
FY2013_Percent_Change_in_Base_Operating_DRG_Payment_Amount	FY2013_Percent_Change_in_Medicare_Payments

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 "Text" require the corresponding length provided.

CSV Flat Files Note: Opening CSV files in Excel will remove leading zeros from data fields. Since some data, such as provider numbers, contain leading zeros, 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 "Text" 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 measures included in the downloadable database		
File Name	MEASURE_DATES	**File Name**	MEASURE DATES.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Memo	Measure_Name	Text(159)	Measure Name
Text(50)	Measure_ID	Text(20)	Measure ID
Text(255)	Measure_Start_Quarter	Text(8)	Measure Start Quarter
Date/Time	Measure_Start_Date	Text(21)	Measure Start Date
Text(50)	Measure_End_Quarter	Text(8)	Measure End Quarter
Date/Time	Measure_End_Date	Text(21)	Measure End Date

Table (*Back to File Summary*)	Footnote Crosswalk		
Description	Look up table for footnote text in various data files		
File Name	HQI_FTNT	**File Name**	FOOTNOTE CROSSWALK.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(255)	Footnote	Text(4)	Footnote
Memo	Footnote Text	Text(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**
Text(6)	Provider ID	Text(8)	Provider ID
Memo	Hospital Name	Text(52)	Hospital Name
Memo	Address	Text(52)	Address

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
Memo	City	Text(22)	City
Text(2)	State	Text(4)	State
Text(5)	ZIP Code	Text(7)	ZIP Code
Text(25)	County Name	Text(22)	County Name
Text(10)	Phone Number	Text(12)	Phone Number
Text(50)	Hospital Type	Text(38)	Hospital Type
Text(100)	Hospital Ownership	Text(45)	Hospital Ownership
Text(50)	Emergency Services	Text(5)	Emergency Services

Table (*Back to File Summary*)	Structural Measures (Hospital)		
Description	Structural measures: Hospital-level results		
File Name	HQI_HOSP_STRUCTURAL	File Name	STRUCTURAL MEASURES - HOSPITAL.CSV
Data Type	Column Name — Access	Data Type	Column Name — CSV
Text(50)	Provider ID	Text(8)	Provider ID
Memo	Hospital Name	Text(52)	Hospital Name
		Text(45)	Address
		Text(21)	City
Text(2)	State	Text(4)	State
		Text(7)	ZIP Code
		Text(22)	County Name
		Text(12)	Phone Number
Memo	Measure Name	Text(89)	Measure Name
Text(50)	Measure ID	Text(18)	Measure ID
Memo	Measure Response	Text(41)	Measure Response
Memo	Footnote	Text(2)	Footnote
Text(10)	Measure Start Date	Text(12)	Measure Start Date
Text(10)	Measure End Date	Text(12)	Measure End Date

Survey of Patients' Experiences

Table (*Back to File Summary*)	HCAHPS (Hospital)		
Description	HCAHPS measures: Hospital-level results		
File Name	HQI_HOSP_HCAHPS	**File Name**	HCAHPS - HOSPITAL.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(6)	Provider ID	Text(8)	Provider ID
Memo	Hospital Name	Text(52)	Hospital Name
		Text(45)	Address
		Text(22)	City
Text(2)	State	Text(4)	State
		Text(7)	ZIP Code
		Text(22)	County Name
		Text(12)	Phone Number
Text(50)	HCAHPS Measure ID	Text(26)	HCAHPS Measure ID
Memo	HCAHPS Question	Text(112)	HCAHPS Question
Memo	HCAHPS Answer Description	Text(114)	HCAHPS Answer Description
Memo	Patient Survey Star Rating	Text(16)	Patient Survey Star Rating
Memo	HCAHPS Answer Percent	Text(16)	HCAHPS Answer Percent
Memo	Number of Completed Surveys	Text(21)	Number of Completed Surveys
Memo	Survey Response Rate Percent	Text(15)	Survey Response Rate Percent
Memo	Footnote	Text(8)	Footnote
Text(10)	Measure Start Date	Text(12)	Measure Start Date
Text(10)	Measure End Date	Text(12)	Measure End Date

Table (*Back to File Summary*)	HCAHPS (National)		
Description	HCAHPS measures: National-level results		
File Name	HQI_NATIONAL_HCAHPS	**File Name**	HCAHPS - NATIONAL.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(50)	HCAHPS Measure ID	Text(19)	HCAHPS Measure ID
Memo	HCAHPS Question	Text(112)	HCAHPS Question
Memo	HCAHPS Answer Description	Text(114)	HCAHPS Answer Description
Memo	HCAHPS Answer Percent	Text(4)	HCAHPS Answer Percent
Memo	Footnote	Text(2)	Footnote
Text(10)	Measure Start Date	Text(12)	Measure Start Date
Text(10)	Measure End Date	Text(12)	Measure End Date

Table (*Back to File Summary*)	HCAHPS (State)		
Description	HCAHPS measures: State-level results		
File Name	HQI_STATE_HCAHPS	**File Name**	HCAHPS - STATE.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(50)	State	Text(4)	State
Memo	HCAHPS Question	Text(112)	HCAHPS Question
Text(50)	HCAHPS Measure ID	Text(19)	HCAHPS Measure ID
Memo	HCAHPS Answer Description	Text(114)	HCAHPS Answer Description
Memo	HCAHPS Answer Percent	Text(15)	HCAHPS Answer Percent
Memo	Footnote	Text(2)	Footnote
Text(10)	Measure Start Date	Text(12)	Measure Start Date
Text(10)	Measure End Date	Text(12)	Measure End Date

Timely and Effective Care

Table (*Back to File Summary*)	Timely and Effective Care (Hospital)		
Description	Process of care measures: Hospital-level results		
File Name	HQI_HOSP_TIMELYEFFECTIVECARE	**File Name**	TIMELY AND EFFECTIVE CARE - HOSPITAL.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(6)	Provider ID	Text(8)	Provider ID
Memo	Hospital Name	Text(52)	Hospital Name
		Text(45)	Address
		Text(22)	City
		Text(4)	State
		Text(7)	ZIP Code
		Text(22)	County Name
		Text(12)	Phone Number
Text(35)	Condition	Text(37)	Condition
Text(50)	Measure ID	Text(18)	Measure ID
Memo	Measure Name	Text(137)	Measure Name
Memo	Score	Text(44)	Score
Text(50)	Sample	Text(15)	Sample
Text(50)	Footnote	Text(181)	Footnote

Table (*Back to File Summary*)	Timely and Effective Care (Hospital)		
Description	Process of care measures: Hospital-level results		
File Name	HQI_HOSP_TIMELYEFFECTIVECARE	**File Name**	TIMELY AND EFFECTIVE CARE - HOSPITAL.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(10)	Measure Start Date	Text(12)	Measure Start Date
Text(10)	Measure End Date	Text(12)	Measure End Date

Table (*Back to File Summary*)	Timely and Effective Care (National)		
Description	Process of care measures: National-level results		
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	Text(225)	Measure Name
Text(50)	Measure ID	Text(22)	Measure ID
Text(35)	Condition	Text(37)	Condition
Memo	Category	Text(137)	Category
Memo	Score	Text(15)	Score
Text(50)	Footnote	Text(62)	Footnote
Text(10)	Measure Start Date	Text(12)	Measure Start Date
Text(10)	Measure End Date	Text(12)	Measure End Date

Table (*Back to File Summary*)	Timely and Effective Care (State)		
Description	Process of care measures: State-level results		
File Name	HQI_STATE_TIMELYEFFECTIVECARE	**File Name**	TIMELY AND EFFECTIVE CARE - STATE.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(50)	State	Text(4)	State
Text(35)	Condition	Text(37)	Condition
Memo	Measure Name	Text(137)	Measure Name
Text(50)	Measure ID	Text(22)	Measure ID
Memo	Score	Text(15)	Score
Text(50)	Footnote	Text(63)	Footnote
Text(10)	Measure Start Date	Text(12)	Measure Start Date
Text(10)	Measure End Date	Text(12)	Measure End Date

Readmissions, Complications, and Deaths

Table (*Back to File Summary*)	Readmissions, Complications, and Deaths (Hospital)		
Description	30-day mortality and readmission measures, and AHRQ patient safety indicators: Hospital-level results		
File Name	HQI_HOSP_READMCOMPDEATH	**File Name**	READMISSIONS COMPLICATIONS AND DEATHS - HOSPITAL.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(6)	Provider ID	Text(8)	Provider ID
Memo	Hospital Name	Text(52)	Hospital Name
		Text(52)	Address
		Text(22)	City
		Text(4)	State
		Text(7)	ZIP Code
		Text(22)	County Name
		Text(12)	Phone Number
Memo	Measure Name	Text(89)	Measure Name
Text(50)	Measure ID	Text(27)	Measure ID
Memo	Compared to National	Text(37)	Compared to National
Memo	Denominator	Text(16)	Denominator
Memo	Score	Text(16)	Score
Memo	Lower Estimate	Text(16)	Lower Estimate
Memo	Higher Estimate	Text(16)	Higher Estimate
Text(50)	Footnote	Text(78)	Footnote
Text(10)	Measure Start Date	Text(12)	Measure Start Date
Text(10)	Measure End Date	Text(12)	Measure End Date

Table (*Back to File Summary*)	Readmissions, Complications, and Deaths (National)		
Description	30-day mortality and readmission measures, and AHRQ patient safety indicators: National-level results		
File Name	HQI_NATIONAL_READMCOMPDEATH	**File Name**	READMISSIONS COMPLICATIONS AND DEATHS - NATIONAL.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Memo	Measure Name	Text(89)	Measure Name
Text(50)	Measure ID	Text(27)	Measure ID
Memo	National Rate	Text(11)	National Rate
Memo	Number of Hospitals Worse	Text(5)	Number of Hospitals Worse
Memo	Number of Hospitals Same	Text(6)	Number of Hospitals Same

Table (*Back to File Summary*)	Readmissions, Complications, and Deaths (National)		
Description	30-day mortality and readmission measures, and AHRQ patient safety indicators: National-level results		
File Name	HQI_NATIONAL_READMCOMPDEATH	**File Name**	READMISSIONS COMPLICATIONS AND DEATHS - NATIONAL.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Memo	Number of Hospitals Better	Text(5)	Number of Hospitals Better
Memo	Number of Hospitals Too Few	Text(15)	Number of Hospitals Too Few
Text(50)	Footnote	Text(2)	Footnote
Text(10)	Measure Start Date	Text(12)	Measure Start Date
Text(10)	Measure End Date	Text(12)	Measure End Date

Table (*Back to File Summary*)	Readmissions, Complications, and Deaths (State)		
Description	30-day mortality and readmission measures, and AHRQ patient safety indicators: State-level results		
File Name	HQI_STATE_READMCOMPDEATH	**File Name**	READMISSIONS COMPLICATIONS AND DEATHS - STATE.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(50)	State	Text(4)	State
Memo	Measure Name	Text(89)	Measure Name
Text(25)	Measure ID	Text(27)	Measure ID
Memo	Number of Hospitals Worse	Text(15)	Number of Hospitals Worse
Memo	Number of Hospitals Same	Text(15)	Number of Hospitals Same
Memo	Number of Hospitals Better	Text(15)	Number of Hospitals Better
Memo	Number of Hospitals Too Few	Text(15)	Number of Hospitals Too Few
Text(50)	Footnote	Text(2)	Footnote
Text(10)	Measure Start Date	Text(12)	Measure Start Date
Text(10)	Measure End Date	Text(12)	Measure End Date

Healthcare Associated Infections (HAI)

Table *(Back to File Summary)*	Healthcare-Associated Infections (Hospital)		
Description	HAI measures: Hospital-level results		
File Name	HQI_HOSP_HAI	**File Name**	HEALTHCARE ASSOCIATED INFECTIONS - HOSPITAL.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(6)	Provider ID	Text(8)	Provider ID
		Text(51)	Hospital Name
		Text(45)	Address
		Text(19)	City
		Text(4)	State
		Text(7)	ZIP Code
		Text(22)	County Name
		Text(12)	Phone Number
Memo	Measure Name	Text(112)	Measure Name
Text(50)	Measure ID	Text(17)	Measure ID
Memo	Compared to National	Text(43)	Compared to National
Memo	Score	Text(15)	Score
Text(50)	Footnote	Text(125)	Footnote
Text(10)	Measure Start Date	Text(12)	Measure Start Date
Text(10)	Measure End Date	Text(12)	Measure End Date

Table *(Back to File Summary)*	Healthcare-Associated Infections (National)		
Description	HAI measures: National-level results		
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	Text(112)	Measure Name
Text(50)	Measure ID	Text(11)	Measure ID
Memo	Score	Text(3)	Score
Text(50)	Footnote	Text(2)	Footnote
Text(10)	Measure Start Date	Text(12)	Measure Start Date
Text(10)	Measure End Date	Text(12)	Measure End Date

Table *(Back to File Summary)*	Healthcare-Associated Infections (State)		
Description	HAI measures: State-level results		
File Name	HQI_STATE_HAI	**File Name**	HEALTHCARE ASSOCIATED INFECTIONS - STATE.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(50)	State	Text(4)	State
Memo	Measure Name	Text(112)	Measure Name
Text(50)	Measure ID	Text(16)	Measure ID
Memo	Score	Text(15)	Score
Text(50)	Footnote	Text(78)	Footnote
Text (10)	Measure Start Date	Text(12)	Measure Start Date
Text(10)	Measure End Date	Text(12)	Measure End Date

Use of Medical Imaging

Table *(Back to File Summary)*	Outpatient Imaging Efficiency (Hospital)		
Description	OIE measures: Hospital-level results		
File Name	HQI_HOSP_IMG	**File Name**	OUTPATIENT IMAGING EFFICIENCY - HOSPITAL.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(6)	Provider ID	Text(8)	Provider ID
Memo	Hospital Name	Text(52)	Hospital Name
		Text(45)	Address
		Text(20)	City
Text(2)	State	Text(4)	State
		Text(7)	ZIP Code
		Text(22)	County Name
		Text(12)	Phone Number
Text(50)	Measure ID	Text(7)	Measure ID
Memo	Measure Name	Text(85)	Measure Name
Memo	Score	Text(15)	Score
Memo	Footnote	Text(58)	Footnote
Text(10)	Measure Start Date	Text(12)	Measure Start Date
Text(10)	Measure End Date	Text(12)	Measure End Date

Table (*Back to File Summary*)	Outpatient Imaging Efficiency (National)		
Description	OIE measures: National-level results		
File Name	HQI_NATIONAL_IMG_AVG	**File Name**	OUTPATIENT IMAGING EFFICIENCY - NATIONAL.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(50)	Measure ID	Text(7)	Measure ID
Memo	Measure Name	Text(85)	Measure Name
Memo	Score	Text(6)	Score
Memo	Footnote	Text(2)	Footnote
Text(10)	Measure Start Date	Text(12)	Measure Start Date
Text(10)	Measure End Date	Text(12)	Measure End Date

Table (*Back to File Summary*)	Outpatient Imaging Efficiency (State)		
Description	OIE measures: State-level results		
File Name	HQI_STATE_IMG_AVG	**File Name**	OUTPATIENT IMAGING EFFICIENCY - STATE.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(50)	State	Text(2)	State
Text(50)	Measure ID	Text(5)	Measure ID
Memo	Measure Name	Text(83)	Measure Name
Memo	Score	Text(13)	Score
Memo	Footnote	Text(1)	Footnote
Text(10)	Measure Start Date	Text(8)	Measure Start Date
Text(10)	Measure End Date	Text(8)	Measure End Date

Payment and Value of Care

Medicare Spending per Benificiary (MSPB)

Table (*Back to File Summary*)	Medicare Spending per Beneficiary (Hospital)		
Description	Medicare Spending per Beneficiary measure: Hospital-level results		
File Name	HQI_HOSP_MSPB	**File Name**	MEDICARE HOSPITAL SPENDING PER PATIENT - HOSPITAL.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(6)	Provider ID	Text(8)	Provider ID
		Text(52)	Hospital Name
		Text(48)	Address
		Text(22)	City
		Text(4)	State
		Text(7)	ZIP Code
		Text(22)	County Name
		Text(12)	Phone Number
		Text(76)	Measure Name
Text(50)	Measure ID	Text(8)	Measure ID
Memo	Score	Text(15)	Score
Memo	Footnote	Text(56)	Footnote
Text(10)	Measure Start Date	Text(12)	Measure Start Date
Text(10)	Measure End Date	Text(12)	Measure End Date

Table (*Back to File Summary*)	Medicare Spending per Beneficiary (National)		
Description	Medicare Spending per Beneficiary measure: National-level results		
File Name	HQI_NATIONAL_MSPB	**File Name**	MEDICARE HOSPITAL SPENDING PER PATIENT - NATIONAL.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
		Text(76)	Measure Name
Text(50)	Measure ID	Text(8)	Measure ID
Memo	Score	Text(6)	Score
Memo	National Median	Text(12)	National Median
Memo	Footnote	Text(1)	Footnote
Text(10)	Measure Start Date	Text(10)	Measure Start Date
Text(10)	Measure End Date	Text(12)	Measure End Date

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

Table (*Back to File Summary*)	Medicare 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**
Text(255)	Hospital Name	Text(220)	Hospital Name
Text(255)	Provider Number	Text(8)	Provider Number
Text(255)	State	Text(2)	State
Text(255)	Period	Text(63)	Period
Text(255)	Claim Type	Text(25)	Claim Type
Text(255)	Avg Spending Per Episode (Hospital)	Text(10)	Avg Spending Per Episode (Hospital)
Text(255)	Avg Spending Per Episode (State)	Text(10)	Avg Spending Per Episode (State)
Text(255)	Avg Spending Per Episode (Nation)	Text(10)	Avg Spending Per Episode (Nation)
Text(255)	Percent of Spending (Hospital)	Text(7)	Percent of Spending (Hospital)
Text(255)	Percent of Spending (State)	Text(7)	Percent of Spending (State)
Text(255)	Percent of Spending (Nation)	Text(7)	Percent of Spending (Nation)
Text(255)	Measure Start Date	Text(8)	Measure Start Date
Text(255)	Measure End Date	Text(8)	Measure End Date

Payment for Heart Attack Patients

Table (Back to File Summary)	Acute Myocardial Infarction Payment (Hospital)		
Description	Acute Myocardial Infarction payment measure: Hospital-level results		
File Name	HQI_HOSP_AMI_PAYMENT	**File Name**	HEART ATTACK PAYMENT - HOSPITAL.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(6)	Provider ID	Text(8)	Provider ID
Memo	Hospital Name	Text(52)	Hospital Name
		Text(52)	Address
		Text(22)	City
		Text(4)	State
		Text(7)	ZIP Code
		Text(22)	County Name
		Text(12)	Phone Number
Memo	Measure Name	Text(35)	Measure Name
Text(50)	Measure ID	Text(13)	Measure ID
Memo	Compared to National	Text(48)	Compared to National
Memo	Denominator	Text(15)	Denominator
Memo	Payment	Text(15)	Payment
Memo	Lower Estimate	Text(15)	Lower Estimate
Memo	Higher Estimate	Text(15)	Higher Estimate
Text(50)	Footnote	Text(58)	Footnote
Text(10)	Measure Start Date	Text(12)	Measure Start Date
Text(10)	Measure End Date	Text(12)	Measure End Date

Table (Back to File Summary)	Acute Myocardial Infarction Payment (National)		
Description	Acute Myocardial Infarction payment measure: National-level results		
File Name	HQI_NATIONAL_AMI_PAYMENT	**File Name**	HEART ATTACK PAYMENT - NATIONAL.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Memo	Measure Name	Text(35)	Measure Name
Text(50)	Measure ID	Text(13)	Measure ID
Memo	National Payment	Text(7)	National Payment
Memo	Number of Hospitals Less than	Text(5)	Number of Hospitals Less than
Memo	Number of Hospitals Same	Text(6)	Number of Hospitals Same

Table *(Back to File Summary)*	Acute Myocardial Infarction Payment (National)		
Description	Acute Myocardial Infarction payment measure: National-level results		
File Name	HQI_NATIONAL_AMI_PAYMENT	**File Name**	HEART ATTACK PAYMENT - NATIONAL.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Memo	Number of Hospitals Greater than	Text(5)	Number of Hospitals Greater than
Memo	Number of Hospitals Too Few	Text(6)	Number of Hospitals Too Few
Text(50)	Footnote	Text(2)	Footnote
Text(10)	Measure Start Date	Text(12)	Measure Start Date
Text(10)	Measure End Date	Text(12)	Measure End Date

Table *(Back to File Summary)*	Acute Myocardial Infarction Payment (State)		
Description	Acute Myocardial Infarction payment measure: State-level results		
File Name	HQI_STATE_AMI_PAYMENT	**File Name**	HEART ATTACK PAYMENT - STATE.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(50)	State	Text(4)	State
Memo	Measure Name	Text(35)	Measure Name
Text(25)	Measure ID	Text(13)	Measure ID
Memo	Number of Hospitals Less than	Text(4)	Number of Hospitals Less than
Memo	Number of Hospitals Same	Text(5)	Number of Hospitals Same
Memo	Number of Hospitals Greater than	Text(4)	Number of Hospitals Greater than
Memo	Number of Hospitals Too Few	Text(5)	Number of Hospitals Too Few
Text(50)	Footnote	Text(2)	Footnote
Text(10)	Measure Start Date	Text(12)	Measure Start Date
Text(10)	Measure End Date	Text(12)	Measure End Date

Number of Medicare Patients

Table *(Back to File Summary)*	Medicare Volume (Hospital)		
Description	Medicare Volume measures: Hospital-level results		
File Name	HQI_HOSP_MV	**File Name**	MEDICARE VOLUME - HOSPITAL.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(6)	Provider ID	Text(8)	Provider ID
Memo	Hospital Name	Text(52)	Hospital Name
		Text(52)	Address
		Text(22)	City
Text(2)	State	Text(4)	State
		Text(7)	ZIP Code
		Text(22)	County Name
		Text(12)	Phone Number
Text(50)	Diagnosis Related Group ID		
Memo	Diagnosis Related Group Name		
		Text(72)	Diagnosis Related Group
Memo	Denominator	Text(15)	Denominator
Memo	Footnote	Text(56)	Footnote
Text(10)	Measure Start Date	Text(12)	Measure Start Date
Text(10)	Measure End Date	Text(12)	Measure End Date

Table *(Back to File Summary)*	Medicare Volume (National)		
Description	Medicare Volume measures: National-level results		
File Name	HQI_NATIONAL_MV	**File Name**	MEDICARE VOLUME - NATIONAL.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(50)	Diagnosis Related Group ID		
Memo	Diagnosis Related Group Name		
		Text(72)	Diagnosis Related Group
Memo	Denominator	Text(8)	Denominator
Text(50)	Footnote	Text(2)	Footnote
Text(10)	Measure Start Date	Text(12)	Measure Start Date
Text(10)	Measure End Date	Text(12)	Measure End Date

Table (*Back to File Summary*)	Medicare Volume (State)		
Description	Medicare Volume measures: State-level results		
File Name	HQI_STATE_MV	File Name	MEDICARE VOLUME - STATE.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(50)	State	Text(4)	State
Text(50)	Diagnosis Related Group ID		
Memo	Diagnosis Related Group Name		
		Text(72)	Diagnosis Related Group
Memo	Denominator	Text(15)	Denominator
Memo	Footnote	Text(56)	Footnote
Text(10)	Measure Start Date	Text(12)	Measure Start Date
Text(10)	Measure End Date	Text(12)	Measure End Date

Table (*Back to File Summary*)	Outpatient Procedures Volume		
Description	Hospital outpatient surgical procedures volume measure results		
File Name	HQI_OP_PROCEDURE_VOLUME	File Name	OUTPATIENT PROCEDURES - VOLUME.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(255)	Provider_ID	Text(8)	Provider_ID
Text(255)	Hospital_Name	Text(67)	Hospital_Name
Text(255)	Measure_ID	Text(7)	Measure_ID
Text(255)	Gastrointestinal	Text(15)	Gastrointestinal
Text(255)	Eye	Text(15)	Eye
Text(255)	Nervous System	Text(15)	Nervous System
Text(255)	Musculoskeletal	Text(15)	Musculoskeletal
Text(255)	Skin	Text(15)	Skin
Text(255)	Genitourinary	Text(15)	Genitourinary
Text(255)	Cardiovascular	Text(15)	Cardiovascular
Text(255)	Start_Date	Text(12)	Start_Date
Text(255)	End_Date	Text(12)	End_Date

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

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

Table (*Back to File Summary*)	IPFQR Program (Hospital)		
Description	IPFQR Program measures: Hospital-level results		
File Name	HOSPITAL_QUARTERLY_QUALITY MEASURE_IPFQR_HOSPITAL	**File Name**	HOSPITAL_QUARTERLY_QUALITYM EASURE_IPFQR_HOSPITAL.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(255)	HBIPS-3_Overall_Rate_Per_1000	Text(15)	HBIPS-3_Overall_Rate_Per_1000
Text(255)	HBIPS-3_Overall_Num	Text(9)	HBIPS-3_Overall_Num
Text(255)	HBIPS-3_Overall_Den	Text(9)	HBIPS-3_Overall_Den
Text(255)	HBIPS-3_Overall_Footnote	Text(3)	HBIPS-3_Overall_Footnote
Text(255)	HBIPS-3_1-12_Rate_Per_1000	Text(15)	HBIPS-3_1-12_Rate_Per_1000
Text(255)	HBIPS-3_1-12_Num	Text(9)	HBIPS-3_1-12_Num
Text(255)	HBIPS-3_1-12_Den	Text(8)	HBIPS-3_1-12_Den
Text(255)	HBIPS-3_1-12_Footnote	Text(3)	HBIPS-3_1-12_Footnote
Text(255)	HBIPS-3_13-17_Rate_Per_1000	Text(15)	HBIPS-3_13-17_Rate_Per_1000
Text(255)	HBIPS-3_13-17_Num	Text(9)	HBIPS-3_13-17_Num
Text(255)	HBIPS-3_13-17_Den	Text(8)	HBIPS-3_13-17_Den
Text(255)	HBIPS-3_13-17_Footnote	Text(3)	HBIPS-3_13-17_Footnote
Text(255)	HBIPS-3_18-64_Rate_Per_1000	Text(15)	HBIPS-3_18-64_Rate_Per_1000
Text(255)	HBIPS-3_18-64_Num	Text(9)	HBIPS-3_18-64_Num
Text(255)	HBIPS-3_18-64_Den	Text(9)	HBIPS-3_18-64_Den
Text(255)	HBIPS-3_18-64_Footnote	Text(3)	HBIPS-3_18-64_Footnote
Text(255)	HBIPS-3_65_Over_Rate_Per_1000	Text(15)	HBIPS-3_65_Over_Rate_Per_1000
Text(255)	HBIPS-3_65_Over_Num	Text(8)	HBIPS-3_65_Over_Num
Text(255)	HBIPS-3_65_Over_Den	Text(8)	HBIPS-3_65_Over_Den
Text(255)	HBIPS-3_65_Over_Footnote	Text(3)	HBIPS-3_65_Over_Footnote
Text(255)	HBIPS-4_Measure_Description	Text(59)	HBIPS-4_Measure_Description
Text(255)	HBIPS-4_Overall_%_of_Total	Text(15)	HBIPS-4_Overall_%_of_Total
Text(255)	HBIPS-4_Overall_Num	Text(15)	HBIPS-4_Overall_Num
Text(255)	HBIPS-4_Overall_Den	Text(15)	HBIPS-4_Overall_Den
Text(255)	HBIPS-4_Overall_Footnote	Text(3)	HBIPS-4_Overall_Footnote
Text(255)	HBIPS-4_1-12_%_of_Total	Text(15)	HBIPS-4_1-12_%_of_Total
Text(255)	HBIPS-4_1-12_Num	Text(15)	HBIPS-4_1-12_Num
Text(255)	HBIPS-4_1-12_Den	Text(15)	HBIPS-4_1-12_Den
Text(255)	HBIPS-4_1-12_Footnote	Text(3)	HBIPS-4_1-12_Footnote
Text(255)	HBIPS-4_13-17_%_of_Total	Text(15)	HBIPS-4_13-17_%_of_Total
Text(255)	HBIPS-4_13-17_Num	Text(15)	HBIPS-4_13-17_Num

Table (*Back to File Summary*)	IPFQR Program (Hospital)		
Description	IPFQR Program measures: Hospital-level results		
File Name	HOSPITAL_QUARTERLY_QUALITY MEASURE_IPFQR_HOSPITAL	File Name	HOSPITAL_QUARTERLY_QUALITYM EASURE_IPFQR_HOSPITAL.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(255)	HBIPS-4_13-17_Den	Text(15)	HBIPS-4_13-17_Den
Text(255)	HBIPS-4_13-17_Footnote	Text(3)	HBIPS-4_13-17_Footnote
Text(255)	HBIPS-4_18-64_%_of_Total	Text(15)	HBIPS-4_18-64_%_of_Total
Text(255)	HBIPS-4_18-64_Num	Text(15)	HBIPS-4_18-64_Num
Text(255)	HBIPS-4_18-64_Den	Text(15)	HBIPS-4_18-64_Den
Text(255)	HBIPS-4_18-64_Footnote	Text(3)	HBIPS-4_18-64_Footnote
Text(255)	HBIPS-4_65_Over_%_of_Total	Text(15)	HBIPS-4_65_Over_%_of_Total
Text(255)	HBIPS-4_65_Over_Num	Text(15)	HBIPS-4_65_Over_Num
Text(255)	HBIPS-4_65_Over_Den	Text(15)	HBIPS-4_65_Over_Den
Text(255)	HBIPS-4_65_Over_Footnote	Text(3)	HBIPS-4_65_Over_Footnote
Text(255)	HBIPS-5_Measure_Description	Text(90)	HBIPS-5_Measure_Description
Text(255)	HBIPS-5_Overall_%_of_Total	Text(15)	HBIPS-5_Overall_%_of_Total
Text(255)	HBIPS-5_Overall_Num	Text(15)	HBIPS-5_Overall_Num
Text(255)	HBIPS-5_Overall_Den	Text(15)	HBIPS-5_Overall_Den
Text(255)	HBIPS-5_Overall_Footnote	Text(3)	HBIPS-5_Overall_Footnote
Text(255)	HBIPS-5_1-12_%_of_Total	Text(15)	HBIPS-5_1-12_%_of_Total
Text(255)	HBIPS-5_1-12_Num	Text(15)	HBIPS-5_1-12_Num
Text(255)	HBIPS-5_1-12_Den	Text(15)	HBIPS-5_1-12_Den
Text(255)	HBIPS-5_1-12_Footnote	Text(3)	HBIPS-5_1-12_Footnote
Text(255)	HBIPS-5_13-17_%_of_Total	Text(15)	HBIPS-5_13-17_%_of_Total
Text(255)	HBIPS-5_13-17_Num	Text(15)	HBIPS-5_13-17_Num
Text(255)	HBIPS-5_13-17_Den	Text(15)	HBIPS-5_13-17_Den
Text(255)	HBIPS-5_13-17_Footnote	Text(3)	HBIPS-5_13-17_Footnote
Text(255)	HBIPS-5_18-64_%_of_Total	Text(15)	HBIPS-5_18-64_%_of_Total
Text(255)	HBIPS-5_18-64_Num	Text(15)	HBIPS-5_18-64_Num
Text(255)	HBIPS-5_18-64_Den	Text(15)	HBIPS-5_18-64_Den
Text(255)	HBIPS-5_18-64_Footnote	Text(3)	HBIPS-5_18-64_Footnote
Text(255)	HBIPS-5_65_Over_%_of_Total	Text(15)	HBIPS-5_65_Over_%_of_Total
Text(255)	HBIPS-5_65_Over_Num	Text(15)	HBIPS-5_65_Over_Num
Text(255)	HBIPS-5_65_Over_Den	Text(15)	HBIPS-5_65_Over_Den
Text(255)	HBIPS-5_65_Over_Footnote	Text(3)	HBIPS-5_65_Over_Footnote

Table (*Back to File Summary*)	IPFQR Program (Hospital)		
Description	IPFQR Program measures: Hospital-level results		
File Name	HOSPITAL_QUARTERLY_QUALITY MEASURE_IPFQR_HOSPITAL	**File Name**	HOSPITAL_QUARTERLY_QUALITYM EASURE_IPFQR_HOSPITAL.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(255)	HBIPS-6_Measure_Description	Text(45)	HBIPS-6_Measure_Description
Text(255)	HBIPS-6_Overall_%_of_Total	Text(15)	HBIPS-6_Overall_%_of_Total
Text(255)	HBIPS-6_Overall_Num	Text(15)	HBIPS-6_Overall_Num
Text(255)	HBIPS-6_Overall_Den	Text(15)	HBIPS-6_Overall_Den
Text(255)	HBIPS-6_Overall_Footnote	Text(3)	HBIPS-6_Overall_Footnote
Text(255)	HBIPS-6_1-12_%_of_Total	Text(15)	HBIPS-6_1-12_%_of_Total
Text(255)	HBIPS-6_1-12_Num	Text(15)	HBIPS-6_1-12_Num
Text(255)	HBIPS-6_1-12_Den	Text(15)	HBIPS-6_1-12_Den
Text(255)	HBIPS-6_1-12_Footnote	Text(3)	HBIPS-6_1-12_Footnote
Text(255)	HBIPS-6_13-17_%_of_Total	Text(15)	HBIPS-6_13-17_%_of_Total
Text(255)	HBIPS-6_13-17_Num	Text(15)	HBIPS-6_13-17_Num
Text(255)	HBIPS-6_13-17_Den	Text(15)	HBIPS-6_13-17_Den
Text(255)	HBIPS-6_13-17_Footnote	Text(3)	HBIPS-6_13-17_Footnote
Text(255)	HBIPS-6_18-64_%_of_Total	Text(15)	HBIPS-6_18-64_%_of_Total
Text(255)	HBIPS-6_18-64_Num	Text(15)	HBIPS-6_18-64_Num
Text(255)	HBIPS-6_18-64_Den	Text(15)	HBIPS-6_18-64_Den
Text(255)	HBIPS-6_18-64_Footnote	Text(3)	HBIPS-6_18-64_Footnote
Text(255)	HBIPS-6_65_Over_%_of_Total	Text(15)	HBIPS-6_65_Over_%_of_Total
Text(255)	HBIPS-6_65_Over_Num	Text(15)	HBIPS-6_65_Over_Num
Text(255)	HBIPS-6_65_Over_Den	Text(15)	HBIPS-6_65_Over_Den
Text(255)	HBIPS-6_65_Over_Footnote	Text(3)	HBIPS-6_65_Over_Footnote
Text(255)	HBIPS-7_Measure_Description	Text(99)	HBIPS-7_Measure_Description
Text(255)	HBIPS-7_Overall_%_of_Total	Text(15)	HBIPS-7_Overall_%_of_Total
Text(255)	HBIPS-7_Overall_Num	Text(15)	HBIPS-7_Overall_Num
Text(255)	HBIPS-7_Overall_Den	Text(15)	HBIPS-7_Overall_Den
Text(255)	HBIPS-7_Overall_Footnote	Text(3)	HBIPS-7_Overall_Footnote
Text(255)	HBIPS-7_1-12_%_of_Total	Text(15)	HBIPS-7_1-12_%_of_Total
Text(255)	HBIPS-7_1-12_Num	Text(15)	HBIPS-7_1-12_Num
Text(255)	HBIPS-7_1-12_Den	Text(15)	HBIPS-7_1-12_Den
Text(255)	HBIPS-7_1-12_Footnote	Text(3)	HBIPS-7_1-12_Footnote
Text(255)	HBIPS-7_13-17_%_of_Total	Text(15)	HBIPS-7_13-17_%_of_Total

Table (Back to File Summary)	IPFQR Program (Hospital)		
Description	IPFQR Program measures: Hospital-level results		
File Name	HOSPITAL_QUARTERLY_QUALITY MEASURE_IPFQR_HOSPITAL	**File Name**	HOSPITAL_QUARTERLY_QUALITYM EASURE_IPFQR_HOSPITAL.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(255)	HBIPS-7_13-17_Num	Text(15)	HBIPS-7_13-17_Num
Text(255)	HBIPS-7_13-17_Den	Text(15)	HBIPS-7_13-17_Den
Text(255)	HBIPS-7_13-17_Footnote	Text(3)	HBIPS-7_13-17_Footnote
Text(255)	HBIPS-7_18-64_%_of_Total	Text(15)	HBIPS-7_18-64_%_of_Total
Text(255)	HBIPS-7_18-64_Num	Text(15)	HBIPS-7_18-64_Num
Text(255)	HBIPS-7_18-64_Den	Text(15)	HBIPS-7_18-64_Den
Text(255)	HBIPS-7_18-64_Footnote	Text(3)	HBIPS-7_18-64_Footnote
Text(255)	HBIPS-7_65_Over_%_of_Total	Text(15)	HBIPS-7_65_Over_%_of_Total
Text(255)	HBIPS-7_65_Over_Num	Text(15)	HBIPS-7_65_Over_Num
Text(255)	HBIPS-7_65_Over_Den	Text(15)	HBIPS-7_65_Over_Den
Text(255)	HBIPS-7_65_Over_Footnote	Text(3)	HBIPS-7_65_Over_Footnote
Text(255)	Start_Date	Text(12)	Start_Date
Text(255)	End_Date	Text(12)	End_Date

Table (Back to File Summary)	IPFQR Program (National)		
Description	IPFQR Program measures: National-level results		
File Name	HOSPITAL_QUARTERLY_QUALITY MEASURE_IPFQR_NATIONAL	**File Name**	HOSPITAL_QUARTERLY_QUALITYM EASURE_IPFQR_NATIONAL.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(255)	N_HBIPS-2_Measure_Description	Text(33)	N_HBIPS-2_Measure_Description
Text(255)	N_HBIPS-2_Overall_Rate_Per_1000	Text(6)	N_HBIPS-2_Overall_Rate_Per_1000
Text(255)	N_HBIPS-2_Overall_Num	Text(11)	N_HBIPS-2_Overall_Num
Text(255)	N_HBIPS-2_Overall_Den	Text(10)	N_HBIPS-2_Overall_Den
Text(255)	N_HBIPS-2_1-12_Rate_Per_1000	Text(6)	N_HBIPS-2_1-12_Rate_Per_1000
Text(255)	N_HBIPS-2_1-12_Num	Text(9)	N_HBIPS-2_1-12_Num
Text(255)	N_HBIPS-2_1-12_Den	Text(8)	N_HBIPS-2_1-12_Den
Text(255)	N_HBIPS-2_13-17_Rate_Per_1000	Text(6)	N_HBIPS-2_13-17_Rate_Per_1000
Text(255)	N_HBIPS-2_13-17_Num	Text(10)	N_HBIPS-2_13-17_Num
Text(255)	N_HBIPS-2_13-17_Den	Text(9)	N_HBIPS-2_13-17_Den
Text(255)	N_HBIPS-2_18-64_Rate_Per_1000	Text(6)	N_HBIPS-2_18-64_Rate_Per_1000
Text(255)	N_HBIPS-2_18-64_Num	Text(11)	N_HBIPS-2_18-64_Num

Table (*Back to File Summary*)	IPFQR Program (National)		
Description	IPFQR Program measures: National-level results		
File Name	HOSPITAL_QUARTERLY_QUALITY MEASURE_IPFQR_NATIONAL	**File Name**	HOSPITAL_QUARTERLY_QUALITYM EASURE_IPFQR_NATIONAL.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(255)	N_HBIPS-2_18-64_Den	Text(10)	N_HBIPS-2_18-64_Den
Text(255)	N_HBIPS-2_65_Over_Rate_Per_1000	Text(6)	N_HBIPS-2_65_Over_Rate_Per_1000
Text(255)	N_HBIPS-2_65_Over_Num	Text(11)	N_HBIPS-2_65_Over_Num
Text(255)	N_HBIPS-2_65_Over_Den	Text(9)	N_HBIPS-2_65_Over_Den
Text(255)	N_HBIPS-3_Measure_Description	Text(24)	N_HBIPS-3_Measure_Description
Text(255)	N_HBIPS-3_Overall_Rate_Per_1000	Text(6)	N_HBIPS-3_Overall_Rate_Per_1000
Text(255)	N_HBIPS-3_Overall_Num	Text(11)	N_HBIPS-3_Overall_Num
Text(255)	N_HBIPS-3_Overall_Den	Text(10)	N_HBIPS-3_Overall_Den
Text(255)	N_HBIPS-3_1-12_Rate_Per_1000	Text(6)	N_HBIPS-3_1-12_Rate_Per_1000
Text(255)	N_HBIPS-3_1-12_Num	Text(9)	N_HBIPS-3_1-12_Num
Text(255)	N_HBIPS-3_1-12_Den	Text(8)	N_HBIPS-3_1-12_Den
Text(255)	N_HBIPS-3_13-17_Rate_Per_1000	Text(6)	N_HBIPS-3_13-17_Rate_Per_1000
Text(255)	N_HBIPS-3_13-17_Num	Text(9)	N_HBIPS-3_13-17_Num
Text(255)	N_HBIPS-3_13-17_Den	Text(9)	N_HBIPS-3_13-17_Den
Text(255)	N_HBIPS-3_18-64_Rate_Per_1000	Text(6)	N_HBIPS-3_18-64_Rate_Per_1000
Text(255)	N_HBIPS-3_18-64_Num	Text(11)	N_HBIPS-3_18-64_Num
Text(255)	N_HBIPS-3_18-64_Den	Text(10)	N_HBIPS-3_18-64_Den
Text(255)	N_HBIPS-3_65_Over_Rate_Per_1000	Text(6)	N_HBIPS-3_65_Over_Rate_Per_1000
Text(255)	N_HBIPS-3_65_Over_Num	Text(10)	N_HBIPS-3_65_Over_Num
Text(255)	N_HBIPS-3_65_Over_Den	Text(9)	N_HBIPS-3_65_Over_Den
Text(255)	N_HBIPS-4_Measure_Description	Text(59)	N_HBIPS-4_Measure_Description
Text(255)	N_HBIPS-4_Overall_%_of_Total	Text(6)	N_HBIPS-4_Overall_%_of_Total
Text(255)	N_HBIPS-4_Overall_Num	Text(7)	N_HBIPS-4_Overall_Num
Text(255)	N_HBIPS-4_Overall_Den	Text(8)	N_HBIPS-4_Overall_Den
Text(255)	N_HBIPS-4_1-12_%_of_Total	Text(6)	N_HBIPS-4_1-12_%_of_Total
Text(255)	N_HBIPS-4_1-12_Num	Text(5)	N_HBIPS-4_1-12_Num
Text(255)	N_HBIPS-4_1-12_Den	Text(7)	N_HBIPS-4_1-12_Den
Text(255)	N_HBIPS-4_13-17_%_of_Total	Text(6)	N_HBIPS-4_13-17_%_of_Total
Text(255)	N_HBIPS-4_13-17_Num	Text(6)	N_HBIPS-4_13-17_Num
Text(255)	N_HBIPS-4_13-17_Den	Text(7)	N_HBIPS-4_13-17_Den
Text(255)	N_HBIPS-4_18-64_%_of_Total	Text(7)	N_HBIPS-4_18-64_%_of_Total

Table *(Back to File Summary)*	IPFQR Program (National)		
Description	IPFQR Program measures: National-level results		
File Name	HOSPITAL_QUARTERLY_QUALITY MEASURE_IPFQR_NATIONAL	**File Name**	HOSPITAL_QUARTERLY_QUALITYM EASURE_IPFQR_NATIONAL.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(255)	N_HBIPS-4_18-64_Num	Text(7)	N_HBIPS-4_18-64_Num
Text(255)	N_HBIPS-4_18-64_Den	Text(8)	N_HBIPS-4_18-64_Den
Text(255)	N_HBIPS-4_65_Over_%_of_Total	Text(6)	N_HBIPS-4_65_Over_%_of_Total
Text(255)	N_HBIPS-4_65_Over_Num	Text(6)	N_HBIPS-4_65_Over_Num
Text(255)	N_HBIPS-4_65_Over_Den	Text(8)	N_HBIPS-4_65_Over_Den
Text(255)	N_HBIPS-5_Measure_Description	Text(90)	N_HBIPS-5_Measure_Description
Text(255)	N_HBIPS-5_Overall_%_of_Total	Text(7)	N_HBIPS-5_Overall_%_of_Total
Text(255)	N_HBIPS-5_Overall_Num	Text(7)	N_HBIPS-5_Overall_Num
Text(255)	N_HBIPS-5_Overall_Den	Text(7)	N_HBIPS-5_Overall_Den
Text(255)	N_HBIPS-5_1-12_%_of_Total	Text(7)	N_HBIPS-5_1-12_%_of_Total
Text(255)	N_HBIPS-5_1-12_Num	Text(5)	N_HBIPS-5_1-12_Num
Text(255)	N_HBIPS-5_1-12_Den	Text(5)	N_HBIPS-5_1-12_Den
Text(255)	N_HBIPS-5_13-17_%_of_Total	Text(7)	N_HBIPS-5_13-17_%_of_Total
Text(255)	N_HBIPS-5_13-17_Num	Text(5)	N_HBIPS-5_13-17_Num
Text(255)	N_HBIPS-5_13-17_Den	Text(6)	N_HBIPS-5_13-17_Den
Text(255)	N_HBIPS-5_18-64_%_of_Total	Text(7)	N_HBIPS-5_18-64_%_of_Total
Text(255)	N_HBIPS-5_18-64_Num	Text(7)	N_HBIPS-5_18-64_Num
Text(255)	N_HBIPS-5_18-64_Den	Text(7)	N_HBIPS-5_18-64_Den
Text(255)	N_HBIPS-5_65_Over_%_of_Total	Text(7)	N_HBIPS-5_65_Over_%_of_Total
Text(255)	N_HBIPS-5_65_Over_Num	Text(6)	N_HBIPS-5_65_Over_Num
Text(255)	N_HBIPS-5_65_Over_Den	Text(7)	N_HBIPS-5_65_Over_Den
Text(255)	N_HBIPS-6_Measure_Description	Text(109)	N_HBIPS-6_Measure_Description
Text(255)	N_HBIPS-6_Overall_%_of_Total	Text(7)	N_HBIPS-6_Overall_%_of_Total
Text(255)	N_HBIPS-6_Overall_Num	Text(10)	N_HBIPS-6_Overall_Num
Text(255)	N_HBIPS-6_Overall_Den	Text(8)	N_HBIPS-6_Overall_Den
Text(255)	N_HBIPS-6_1-12_%_of_Total	Text(7)	N_HBIPS-6_1-12_%_of_Total
Text(255)	N_HBIPS-6_1-12_Num	Text(9)	N_HBIPS-6_1-12_Num
Text(255)	N_HBIPS-6_1-12_Den	Text(7)	N_HBIPS-6_1-12_Den
Text(255)	N_HBIPS-6_13-17_%_of_Total	Text(7)	N_HBIPS-6_13-17_%_of_Total
Text(255)	N_HBIPS-6_13-17_Num	Text(9)	N_HBIPS-6_13-17_Num
Text(255)	N_HBIPS-6_13-17_Den	Text(7)	N_HBIPS-6_13-17_Den

Table (*Back to File Summary*)	IPFQR Program (National)		
Description	IPFQR Program measures: National-level results		
File Name	HOSPITAL_QUARTERLY_QUALITY MEASURE_IPFQR_NATIONAL	**File Name**	HOSPITAL_QUARTERLY_QUALITYM EASURE_IPFQR_NATIONAL.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(255)	N_HBIPS-6_18-64_%_of_Total	Text(7)	N_HBIPS-6_18-64_%_of_Total
Text(255)	N_HBIPS-6_18-64_Num	Text(10)	N_HBIPS-6_18-64_Num
Text(255)	N_HBIPS-6_18-64_Den	Text(8)	N_HBIPS-6_18-64_Den
Text(255)	N_HBIPS-6_65_Over_%_of_Total	Text(7)	N_HBIPS-6_65_Over_%_of_Total
Text(255)	N_HBIPS-6_65_Over_Num	Text(7)	N_HBIPS-6_65_Over_Num
Text(255)	N_HBIPS-6_65_Over_Den	Text(8)	N_HBIPS-6_65_Over_Den
Text(255)	N_HBIPS-7_Measure_Description	Text(95)	N_HBIPS-7_Measure_Description
Text(255)	N_HBIPS-7_Overall_%_of_Total	Text(7)	N_HBIPS-7_Overall_%_of_Total
Text(255)	N_HBIPS-7_Overall_Num	Text(8)	N_HBIPS-7_Overall_Num
Text(255)	N_HBIPS-7_Overall_Den	Text(8)	N_HBIPS-7_Overall_Den
Text(255)	N_HBIPS-7_1-12_%_of_Total	Text(7)	N_HBIPS-7_1-12_%_of_Total
Text(255)	N_HBIPS-7_1-12_Num	Text(7)	N_HBIPS-7_1-12_Num
Text(255)	N_HBIPS-7_1-12_Den	Text(7)	N_HBIPS-7_1-12_Den
Text(255)	N_HBIPS-7_13-17_%_of_Total	Text(7)	N_HBIPS-7_13-17_%_of_Total
Text(255)	N_HBIPS-7_13-17_Num	Text(7)	N_HBIPS-7_13-17_Num
Text(255)	N_HBIPS-7_13-17_Den	Text(7)	N_HBIPS-7_13-17_Den
Text(255)	N_HBIPS-7_18-64_%_of_Total	Text(7)	N_HBIPS-7_18-64_%_of_Total
Text(255)	N_HBIPS-7_18-64_Num	Text(8)	N_HBIPS-7_18-64_Num
Text(255)	N_HBIPS-7_18-64_Den	Text(8)	N_HBIPS-7_18-64_Den
Text(255)	N_HBIPS-7_65_Over_%_of_Total	Text(7)	N_HBIPS-7_65_Over_%_of_Total
Text(255)	N_HBIPS-7_65_Over_Num	Text(7)	N_HBIPS-7_65_Over_Num
Text(255)	N_HBIPS-7_65_Over_Den	Text(8)	N_HBIPS-7_65_Over_Den
Text(255)	Start_Date	Text(12)	Start_Date
Text(255)	End_Date	Text(12)	End_Date

Table (*Back to File Summary*)	IPFQR Program (State)		
Description	IPFQR Program measures: State-level results		
File Name	HOSPITAL_QUARTERLY_QUALITY MEASURE_IPFQR_STATE	File Name	HOSPITAL_QUARTERLY_QUALITYM EASURE_IPFQR_STATE.CSV
Data Type	Column Name — Access	Data Type	Column Name — CSV
Text(255)	State	Text(4)	State
Text(255)	S_HBIPS-2_Measure_Description	Text(33)	S_HBIPS-2_Measure_Description
Text(255)	S_HBIPS-2_Overall_Rate_Per_1000	Text(6)	S_HBIPS-2_Overall_Rate_Per_1000
Text(255)	S_HBIPS-2_Overall_Num	Text(10)	S_HBIPS-2_Overall_Num
Text(255)	S_HBIPS-2_Overall_Den	Text(9)	S_HBIPS-2_Overall_Den
Text(255)	S_HBIPS-2_1-12_Rate_Per_1000	Text(6)	S_HBIPS-2_1-12_Rate_Per_1000
Text(255)	S_HBIPS-2_1-12_Num	Text(9)	S_HBIPS-2_1-12_Num
Text(255)	S_HBIPS-2_1-12_Den	Text(8)	S_HBIPS-2_1-12_Den
Text(255)	S_HBIPS-2_13-17_Rate_Per_1000	Text(6)	S_HBIPS-2_13-17_Rate_Per_1000
Text(255)	S_HBIPS-2_13-17_Num	Text(9)	S_HBIPS-2_13-17_Num
Text(255)	S_HBIPS-2_13-17_Den	Text(8)	S_HBIPS-2_13-17_Den
Text(255)	S_HBIPS-2_18-64_Rate_Per_1000	Text(6)	S_HBIPS-2_18-64_Rate_Per_1000
Text(255)	S_HBIPS-2_18-64_Num	Text(10)	S_HBIPS-2_18-64_Num
Text(255)	S_HBIPS-2_18-64_Den	Text(9)	S_HBIPS-2_18-64_Den
Text(255)	S_HBIPS-2_65_Over_Rate_Per_1000	Text(7)	S_HBIPS-2_65_Over_Rate_Per_1000
Text(255)	S_HBIPS-2_65_Over_Num	Text(10)	S_HBIPS-2_65_Over_Num
Text(255)	S_HBIPS-2_65_Over_Den	Text(8)	S_HBIPS-2_65_Over_Den
Text(255)	S_HBIPS-3_Measure_Description	Text(24)	S_HBIPS-3_Measure_Description
Text(255)	S_HBIPS-3_Overall_Rate_Per_1000	Text(6)	S_HBIPS-3_Overall_Rate_Per_1000
Text(255)	S_HBIPS-3_Overall_Num	Text(10)	S_HBIPS-3_Overall_Num
Text(255)	S_HBIPS-3_Overall_Den	Text(9)	S_HBIPS-3_Overall_Den
Text(255)	S_HBIPS-3_1-12_Rate_Per_1000	Text(6)	S_HBIPS-3_1-12_Rate_Per_1000
Text(255)	S_HBIPS-3_1-12_Num	Text(9)	S_HBIPS-3_1-12_Num
Text(255)	S_HBIPS-3_1-12_Den	Text(8)	S_HBIPS-3_1-12_Den
Text(255)	S_HBIPS-3_13-17_Rate_Per_1000	Text(7)	S_HBIPS-3_13-17_Rate_Per_1000
Text(255)	S_HBIPS-3_13-17_Num	Text(9)	S_HBIPS-3_13-17_Num
Text(255)	S_HBIPS-3_13-17_Den	Text(8)	S_HBIPS-3_13-17_Den
Text(255)	S_HBIPS-3_18-64_Rate_Per_1000	Text(6)	S_HBIPS-3_18-64_Rate_Per_1000
Text(255)	S_HBIPS-3_18-64_Num	Text(10)	S_HBIPS-3_18-64_Num
Text(255)	S_HBIPS-3_18-64_Den	Text(9)	S_HBIPS-3_18-64_Den
Text(255)	S_HBIPS-3_65_Over_Rate_Per_1000	Text(6)	S_HBIPS-3_65_Over_Rate_Per_1000

Table (*Back to File Summary*)	IPFQR Program (State)		
Description	IPFQR Program measures: State-level results		
File Name	HOSPITAL_QUARTERLY_QUALITY MEASURE_IPFQR_STATE	**File Name**	HOSPITAL_QUARTERLY_QUALITYM EASURE_IPFQR_STATE.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(255)	S_HBIPS-3_65_Over_Num	Text(10)	S_HBIPS-3_65_Over_Num
Text(255)	S_HBIPS-3_65_Over_Den	Text(8)	S_HBIPS-3_65_Over_Den
Text(255)	S_HBIPS-4_Measure_Description	Text(59)	S_HBIPS-4_Measure_Description
Text(255)	S_HBIPS-4_Overall_%_of_Total	Text(7)	S_HBIPS-4_Overall_%_of_Total
Text(255)	S_HBIPS-4_Overall_Num	Text(6)	S_HBIPS-4_Overall_Num
Text(255)	S_HBIPS-4_Overall_Den	Text(7)	S_HBIPS-4_Overall_Den
Text(255)	S_HBIPS-4_1-12_%_of_Total	Text(7)	S_HBIPS-4_1-12_%_of_Total
Text(255)	S_HBIPS-4_1-12_Num	Text(4)	S_HBIPS-4_1-12_Num
Text(255)	S_HBIPS-4_1-12_Den	Text(6)	S_HBIPS-4_1-12_Den
Text(255)	S_HBIPS-4_13-17_%_of_Total	Text(7)	S_HBIPS-4_13-17_%_of_Total
Text(255)	S_HBIPS-4_13-17_Num	Text(5)	S_HBIPS-4_13-17_Num
Text(255)	S_HBIPS-4_13-17_Den	Text(6)	S_HBIPS-4_13-17_Den
Text(255)	S_HBIPS-4_18-64_%_of_Total	Text(7)	S_HBIPS-4_18-64_%_of_Total
Text(255)	S_HBIPS-4_18-64_Num	Text(6)	S_HBIPS-4_18-64_Num
Text(255)	S_HBIPS-4_18-64_Den	Text(7)	S_HBIPS-4_18-64_Den
Text(255)	S_HBIPS-4_65_Over_%_of_Total	Text(7)	S_HBIPS-4_65_Over_%_of_Total
Text(255)	S_HBIPS-4_65_Over_Num	Text(5)	S_HBIPS-4_65_Over_Num
Text(255)	S_HBIPS-4_65_Over_Den	Text(6)	S_HBIPS-4_65_Over_Den
Text(255)	S_HBIPS-5_Measure_Description	Text(90)	S_HBIPS-5_Measure_Description
Text(255)	S_HBIPS-5_%_of_Total	Text(7)	S_HBIPS-5_%_of_Total
Text(255)	S_HBIPS-5_Overall_Num	Text(6)	S_HBIPS-5_Overall_Num
Text(255)	S_HBIPS-5_Overall_Den	Text(6)	S_HBIPS-5_Overall_Den
Text(255)	S_HBIPS-5_1-12_%_of_Total	Text(8)	S_HBIPS-5_1-12_%_of_Total
Text(255)	S_HBIPS-5_1-12_Num	Text(4)	S_HBIPS-5_1-12_Num
Text(255)	S_HBIPS-5_1-12_Den	Text(5)	S_HBIPS-5_1-12_Den
Text(255)	S_HBIPS-5_13-17_%_of_Total	Text(8)	S_HBIPS-5_13-17_%_of_Total
Text(255)	S_HBIPS-5_13-17_Num	Text(4)	S_HBIPS-5_13-17_Num
Text(255)	S_HBIPS-5_13-17_Den	Text(5)	S_HBIPS-5_13-17_Den
Text(255)	S_HBIPS-5_18-64_%_of_Total	Text(7)	S_HBIPS-5_18-64_%_of_Total
Text(255)	S_HBIPS-5_18-64_Num	Text(6)	S_HBIPS-5_18-64_Num
Text(255)	S_HBIPS-5_18-64_Den	Text(6)	S_HBIPS-5_18-64_Den

	Table (_Back to File Summary_)	IPFQR Program (State)		
	Description	IPFQR Program measures: State-level results		
	File Name	HOSPITAL_QUARTERLY_QUALITY MEASURE_IPFQR_STATE	**File Name**	HOSPITAL_QUARTERLY_QUALITYM EASURE_IPFQR_STATE.CSV
Data Type	**Column Name — Access**		**Data Type**	**Column Name — CSV**
Text(255)	S_HBIPS-5_65_%_of_Total		Text(8)	S_HBIPS-5_65_%_of_Total
Text(255)	S_HBIPS-5_65_Over_Num		Text(5)	S_HBIPS-5_65_Over_Num
Text(255)	S_HBIPS-5_65_Over_Den		Text(6)	S_HBIPS-5_65_Over_Den
Text(255)	S_HBIPS-6_Measure_Description		Text(109)	S_HBIPS-6_Measure_Description
Text(255)	S_HBIPS-6_%_of_Total		Text(7)	S_HBIPS-6_%_of_Total
Text(255)	S_HBIPS-6_Overall_Num		Text(8)	S_HBIPS-6_Overall_Num
Text(255)	S_HBIPS-6_Overall_Den		Text(7)	S_HBIPS-6_Overall_Den
Text(255)	S_HBIPS-6_1-12_%_of_Total		Text(8)	S_HBIPS-6_1-12_%_of_Total
Text(255)	S_HBIPS-6_1-12_Num		Text(7)	S_HBIPS-6_1-12_Num
Text(255)	S_HBIPS-6_1-12_Den		Text(6)	S_HBIPS-6_1-12_Den
Text(255)	S_HBIPS-6_13-17_%_of_Total		Text(8)	S_HBIPS-6_13-17_%_of_Total
Text(255)	S_HBIPS-6_13-17_Num		Text(7)	S_HBIPS-6_13-17_Num
Text(255)	S_HBIPS-6_13-17_Den		Text(6)	S_HBIPS-6_13-17_Den
Text(255)	S_HBIPS-6_18-64_%_of_Total		Text(7)	S_HBIPS-6_18-64_%_of_Total
Text(255)	S_HBIPS-6_18-64_Num		Text(8)	S_HBIPS-6_18-64_Num
Text(255)	S_HBIPS-6_18-64_Den		Text(7)	S_HBIPS-6_18-64_Den
Text(255)	S_HBIPS-6_65_%_of_Total		Text(7)	S_HBIPS-6_65_%_of_Total
Text(255)	S_HBIPS-6_65_Over_Num		Text(6)	S_HBIPS-6_65_Over_Num
Text(255)	S_HBIPS-6_65_Over_Den		Text(6)	S_HBIPS-6_65_Over_Den
Text(255)	S_HBIPS-7_Measure_Description		Text(95)	S_HBIPS-7_Measure_Description
Text(255)	S_HBIPS-7_Overall_%_of_Total		Text(7)	S_HBIPS-7_Overall_%_of_Total
Text(255)	S_HBIPS-7_Overall_Num		Text(7)	S_HBIPS-7_Overall_Num
Text(255)	S_HBIPS-7_Overall_Den		Text(7)	S_HBIPS-7_Overall_Den
Text(255)	S_HBIPS-7_1-12_%_of_Total		Text(8)	S_HBIPS-7_1-12_%_of_Total
Text(255)	S_HBIPS-7_1-12_Num		Text(6)	S_HBIPS-7_1-12_Num
Text(255)	S_HBIPS-7_1-12_Den		Text(6)	S_HBIPS-7_1-12_Den
Text(255)	S_HBIPS-7_13-17_%_of_Total		Text(8)	S_HBIPS-7_13-17_%_of_Total
Text(255)	S_HBIPS-7_13-17_Num		Text(6)	S_HBIPS-7_13-17_Num
Text(255)	S_HBIPS-7_13-17_Den		Text(6)	S_HBIPS-7_13-17_Den
Text(255)	S_HBIPS-7_18-64_%_of_Total		Text(7)	S_HBIPS-7_18-64_%_of_Total
Text(255)	S_HBIPS-7_18-64_Num		Text(7)	S_HBIPS-7_18-64_Num

Table (*Back to File Summary*)	IPFQR Program (State)		
Description	IPFQR Program measures: State-level results		
File Name	HOSPITAL_QUARTERLY_QUALITY MEASURE_IPFQR_STATE	**File Name**	HOSPITAL_QUARTERLY_QUALITYM EASURE_IPFQR_STATE.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(255)	S_HBIPS-7_18-64_Den	Text(7)	S_HBIPS-7_18-64_Den
Text(255)	S_HBIPS-7_65_%_of_Total	Text(7)	S_HBIPS-7_65_%_of_Total
Text(255)	S_HBIPS-7_65_Over_Num	Text(6)	S_HBIPS-7_65_Over_Num
Text(255)	S_HBIPS-7_65_Over_Den	Text(6)	S_HBIPS-7_65_Over_Den
Text(255)	Start_Date	Text(12)	Start_Date
Text(255)	End_Date	Text(12)	End_Date

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Table (*Back to File Summary*)	PCHQR Program		
Description	PCHQR Program measures results		
File Name	PCH_CANCERSPECIFICMEASURES_ HOSPITAL	**File Name**	HOSPITAL_QUARTERLY_QUALITYM EASURE_PCH_HOSPITAL.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(255)	PROVIDER_ID	Text(8)	PROVIDER_ID
Text(255)	Hospital_Name	Text(52)	Hospital_Name
Text(255)	Hospital_Type	Text(12)	Hospital_Type
Text(255)	Address	Text(26)	Address
Text(255)	City	Text(14)	City
Text(255)	State	Text(5)	State
Text(255)	ZIP_Code	Text(7)	ZIP_Code
Text(255)	County_Name	Text(14)	County_Name
Text(255)	MEASURE_ID	Text(7)	MEASURE_ID
Text(255)	MEASURE_DESCRIPTION	Text(98)	MEASURE_DESCRIPTION
Text(255)	NUMERATOR	Text(15)	NUMERATOR
Text(255)	DENOMINATOR	Text(15)	DENOMINATOR
Text(255)	FOOTNOTE	Text(3)	FOOTNOTE
Text(255)	RPTG_PRD_START_DT	Text(12)	RPTG_PRD_START_DT
Text(255)	RPTG_PRD_END_DT	Text(12)	RPTG_PRD_END_DT

Linking Quality to Payment

Hospital-Acquired Conditions Reduction Program (HACRP)

Table (*Back to File Summary*)	HACRP		
Description	HACRP measures results		
File Name	HOSPITAL_QUARTERLY_HAC_DOMAIN_HOSPITAL	**File Name**	HOSPITAL_QUARTERLY_HAC_DOMAIN_HOSPITAL.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(255)	Hospital_Name	Text(52)	Hospital_Name
Text(255)	Provider ID	Text(8)	Provider ID
Text(255)	State	Text(4)	State
Text(255)	Fiscal Year	Text(6)	Fiscal Year
Text(255)	Domain_1_Score	Text(9)	Domain_1_Score
Text(255)	AHRQ_PSI_90_Score	Text(6)	AHRQ_PSI_90_Score
Text(255)	Domain_1_Start_Date	Text(12)	Domain_1_Start_Date
Text(255)	Domain_1_End_Date	Text(12)	Domain_1_End_Date
Text(255)	Domain_2_Score	Text(9)	Domain_2_Score
Text(255)	CLABSI_Score	Text(5)	CLABSI_Score
Text(255)	CAUTI_Score	Text(5)	CAUTI_Score
Text(255)	Domain_2_Start_Date	Text(12)	Domain_2_Start_Date
Text(255)	Domain_2_End_Date	Text(12)	Domain_2_End_Date
Text(255)	Total_HAC_Score	Text(9)	Total_HAC_Score
Text(255)	Footnotes	Text(2)	Footnotes

Hospital Readmission Reduction Program (HRRP)

Table (*Back to File Summary*)	HRRP		
Description	HRRP measures results		
File Name	vwHQI_READM_REDUCTION	**File Name**	READMISSION REDUCTION.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(255)	Hospital Name	Text(136)	Hospital Name
Text(255)	Provider Number	Text(8)	Provider Number
Text(255)	State	Text(2)	State
Text(255)	Measure Name	Text(22)	Measure Name
Text(255)	Number of Discharges	Text(13)	Number of Discharges
Text(255)	Footnote	Text(8)	Footnote

Table (*Back to File Summary*)	HRRP		
Description	HRRP measures results		
File Name	vwHQI_READM_REDUCTION	File Name	READMISSION REDUCTION.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(255)	Excess Readmission Ratio	Text(8)	Excess Readmission Ratio
Text(255)	Predicted Readmission Rate	Text(8)	Predicted Readmission Rate
Text(255)	Expected Readmission Rate	Text(8)	Expected Readmission Rate
Text(255)	Number of Readmissions	Text(8)	Number of Readmissions
Date/Time	Start Date	Text(8)	Start Date
Date/Time	End Date	Text(8)	End Date

Hospital Value-Based Purchasing (HVBP) Program

Table (*Back to File Summary*)	HVBP – Acute Myocardial Infarction		
Description	HVBP – AMI measures results		
File Name	HVBP_AMI_02_18_2015	File Name	HVBP_AMI_02_18_2015.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(255)	Provider Number	Text(8)	Provider Number
Text(255)	Hospital Name	Text(52)	Hospital Name
Text(255)	Address	Text(46)	Address
Text(255)	City	Text(22)	City
Text(255)	State	Text(4)	State
Text(255)	ZIP Code	Text(12)	ZIP Code
Text(255)	County Name	Text(22)	County Name
Text(255)	AMI-7a Performance Rate	Text(15)	AMI-7a Performance Rate
Text(255)	AMI-7a Achievement Points	Text(15)	AMI-7a Achievement Points
Text(255)	AMI-7a Improvement Points	Text(15)	AMI-7a Improvement Points
Text(255)	AMI-7a Measure Score	Text(15)	AMI-7a Measure Score
Text(255)	AMI-8a Performance Rate	Text(15)	AMI-8a Performance Rate
Text(255)	AMI-8a Achievement Points	Text(15)	AMI-8a Achievement Points
Text(255)	AMI-8a Improvement Points	Text(15)	AMI-8a Improvement Points
Text(255)	AMI-8a Measure Score	Text(15)	AMI-8a Measure Score
Text(255)	AMI Condition/Procedure Score	Text(15)	AMI Condition/Procedure Score

Table (*Back to File Summary*)	HVBP – Healthcare-Associated Infections		
Description	HVBP – HAI measures results		
File Name	HVBP_HAI_02_18_2015	**File Name**	HVBP_HAI_02_18_2015.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(255)	Provider Number	Text(8)	Provider Number
Text(255)	Hospital Name	Text(52)	Hospital Name
Text(255)	Address	Text(46)	Address
Text(255)	City	Text(22)	City
Text(255)	State	Text(4)	State
Text(255)	Zip Code	Text(12)	Zip Code
Text(255)	County Name	Text(22)	County Name
Text(255)	SCIP-Inf-1 Performance Rate	Text(15)	SCIP-Inf-1 Performance Rate
Text(255)	SCIP-Inf-1 Achievement Points	Text(15)	SCIP-Inf-1 Achievement Points
Text(255)	SCIP-Inf-1 Improvement Points	Text(15)	SCIP-Inf-1 Improvement Points
Text(255)	SCIP-Inf-1 Measure Score	Text(15)	SCIP-Inf-1 Measure Score
Text(255)	SCIP-Inf-2 Performance Rate	Text(15)	SCIP-Inf-2 Performance Rate
Text(255)	SCIP-Inf-2 Achievement Points	Text(15)	SCIP-Inf-2 Achievement Points
Text(255)	SCIP-Inf-2 Improvement Points	Text(15)	SCIP-Inf-2 Improvement Points
Text(255)	SCIP-Inf-2 Measure Score	Text(15)	SCIP-Inf-2 Measure Score
Text(255)	SCIP-Inf-3 Performance Rate	Text(15)	SCIP-Inf-3 Performance Rate
Text(255)	SCIP-Inf-3 Achievement Points	Text(15)	SCIP-Inf-3 Achievement Points
Text(255)	SCIP-Inf-3 Improvement Points	Text(15)	SCIP-Inf-3 Improvement Points
Text(255)	SCIP-Inf-3 Measure Score	Text(15)	SCIP-Inf-3 Measure Score
Text(255)	SCIP-Inf-4 Performance Rate	Text(15)	SCIP-Inf-4 Performance Rate
Text(255)	SCIP-Inf-4 Achievement Points	Text(15)	SCIP-Inf-4 Achievement Points
Text(255)	SCIP-Inf-4 Improvement Points	Text(15)	SCIP-Inf-4 Improvement Points
Text(255)	SCIP-Inf-4 Measure Score	Text(15)	SCIP-Inf-4 Measure Score
Text(255)	SCIP-Inf-9 Performance Rate	Text(15)	SCIP-Inf-9 Performance Rate
Text(255)	SCIP-Inf-9 Achievement Points	Text(15)	SCIP-Inf-9 Achievement Points
Text(255)	SCIP-Inf-9 Improvement Points	Text(15)	SCIP-Inf-9 Improvement Points
Text(255)	SCIP-Inf-9 Measure Score	Text(15)	SCIP-Inf-9 Measure Score
Text(255)	HAI Condition/Procedure Score	Text(15)	HAI Condition/Procedure Score

Data Type	Column Name — Access	Data Type	Column Name — CSV

Table (*Back to File Summary*): HVBP – HCAHPS

Table (*Back to File Summary*)	HVBP – HCAHPS
Description	HVBP – HCAHPS measures results

File Name	HVBP_HCAHPS_02_18_2015	**File Name**	HVBP_HCAHPS_02_18_2015.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(255)	Provider Number	Text(8)	Provider Number
Text(255)	Hospital Name	Text(52)	Hospital Name
Text(255)	Address	Text(46)	Address
Text(255)	City	Text(22)	City
Text(255)	State	Text(4)	State
Text(255)	ZIP Code	Text(12)	ZIP Code
Text(255)	County Name	Text(22)	County Name
Text(255)	Communication with Nurses Achievement Points	Text(15)	Communication with Nurses Achievement Points
Text(255)	Communication with Nurses Improvement Points	Text(15)	Communication with Nurses Improvement Points
Text(255)	Communication with Nurses Dimension Score	Text(15)	Communication with Nurses Dimension Score
Text(255)	Communication with Doctors Achievement Points	Text(15)	Communication with Doctors Achievement Points
Text(255)	Communication with Doctors Improvement Points	Text(15)	Communication with Doctors Improvement Points
Text(255)	Communication with Doctors Dimension Score	Text(15)	Communication with Doctors Dimension Score
Text(255)	Responsiveness of Hospital Staff Achievement Points	Text(15)	Responsiveness of Hospital Staff Achievement Points
Text(255)	Responsiveness of Hospital Staff Improvement Points	Text(15)	Responsiveness of Hospital Staff Improvement Points
Text(255)	Responsiveness of Hospital Staff Dimension Score	Text(15)	Responsiveness of Hospital Staff Dimension Score
Text(255)	Pain Management Achievement Points	Text(15)	Pain Management Achievement Points
Text(255)	Pain Management Improvement Points	Text(15)	Pain Management Improvement Points
Text(255)	Pain Management Dimension Score	Text(15)	Pain Management Dimension Score
Text(255)	Communication about Medicines Achievement Points	Text(15)	Communication about Medicines Achievement Points
Text(255)	Communication about Medicines Improvement Points	Text(15)	Communication about Medicines Improvement Points
Text(255)	Communication about Medicines Dimension Score	Text(15)	Communication about Medicines Dimension Score
Text(255)	Cleanliness and Quietness of Hospital Environment Achievement Points	Text(15)	Cleanliness and Quietness of Hospital Environment Achievement Points

Table (*Back to File Summary*)	HVBP – HCAHPS		
Description	HVBP – HCAHPS measures results		
File Name	HVBP_HCAHPS_02_18_2015	**File Name**	HVBP_HCAHPS_02_18_2015.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(255)	Cleanliness and Quietness of Hospital Environment Improvement Points	Text(15)	Cleanliness and Quietness of Hospital Environment Improvement Points
Text(255)	Cleanliness and Quietness of Hospital Environment Dimension Score	Text(15)	Cleanliness and Quietness of Hospital Environment Dimension Score
Text(255)	Discharge Information Achievement Points	Text(15)	Discharge Information Achievement Points
Text(255)	Discharge Information Improvement Points	Text(15)	Discharge Information Improvement Points
Text(255)	Discharge Information Dimension Score	Text(15)	Discharge Information Dimension Score
Text(255)	Overall Rating of Hospital Achievement Points	Text(15)	Overall Rating of Hospital Achievement Points
Text(255)	Overall Rating of Hospital Improvement Points	Text(15)	Overall Rating of Hospital Improvement Points
Text(255)	Overall Rating of Hospital Dimension Score	Text(15)	Overall Rating of Hospital Dimension Score
Text(255)	HCAHPS Base Score	Text(15)	HCAHPS Base Score
Text(255)	HCAHPS Consistency Score	Text(15)	HCAHPS Consistency Score

Table (*Back to File Summary*)	HVBP – Heart Failure		
Description	HVBP – Heart Failure measures results		
File Name	HVBP_HF_02_18_2015	**File Name**	HVBP_HF_02_18_2015.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(255)	Provider Number	Text(8)	Provider Number
Text(255)	Hospital Name	Text(52)	Hospital Name
Text(255)	Address	Text(46)	Address
Text(255)	City	Text(22)	City
Text(255)	State	Text(4)	State
Text(255)	ZIP Code	Text(12)	ZIP Code
Text(255)	County Name	Text(22)	County Name
Text(255)	HF-1 Performance Rate	Text(15)	HF-1 Performance Rate
Text(255)	HF-1 Achievement Points	Text(15)	HF-1 Achievement Points
Text(255)	HF-1 Improvement Points	Text(15)	HF-1 Improvement Points
Text(255)	HF-1 Measure Score	Text(15)	HF-1 Measure Score
Text(255)	HF Condition/Procedure Score	Text(15)	HF Condition/Procedure Score

Table (*Back to File Summary*)	HVBP – Outcome		
Description	HVBP – Outcome of care measures results		
File Name	HVBP_OUTCOME_02_18_2015	**File Name**	HVBP_OUTCOME_02_18_2015.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(255)	Provider Number	Text(8)	Provider Number
Text(255)	Hospital Name	Text(52)	Hospital Name
Text(255)	Address	Text(46)	Address
Text(255)	City	Text(22)	City
Text(255)	State	Text(4)	State
Text(255)	ZIP Code	Text(12)	ZIP Code
Text(255)	County Name	Text(22)	County Name
Text(255)	MORT-30-AMI Performance Rate	Text(15)	MORT-30-AMI Performance Rate
Text(255)	MORT-30-AMI Achievement Points	Text(15)	MORT-30-AMI Achievement Points
Text(255)	MORT-30-AMI Improvement Points	Text(15)	MORT-30-AMI Improvement Points
Text(255)	MORT-30-AMI Measure Score	Text(15)	MORT-30-AMI Measure Score
Text(255)	MORT-30-HF Performance Rate	Text(15)	MORT-30-HF Performance Rate
Text(255)	MORT-30-HF Achievement Points	Text(15)	MORT-30-HF Achievement Points
Text(255)	MORT-30-HF Improvement Points	Text(15)	MORT-30-HF Improvement Points
Text(255)	MORT-30-HF Measure Score	Text(15)	MORT-30-HF Measure Score
Text(255)	MORT-30-PN Performance Rate	Text(15)	MORT-30-PN Performance Rate
Text(255)	MORT-30-PN Achievement Points	Text(15)	MORT-30-PN Achievement Points
Text(255)	MORT-30-PN Improvement Points	Text(15)	MORT-30-PN Improvement Points
Text(255)	MORT-30-PN Measure Score	Text(15)	MORT-30-PN Measure Score
Text(255)	PSI-90 Performance Rate	Text(15)	PSI-90 Performance Rate
Text(255)	PSI-90 Achievement Points	Text(15)	PSI-90 Achievement Points
Text(255)	PSI-90 Improvement Points	Text(15)	PSI-90 Improvement Points
Text(255)	PSI-90 Measure Score	Text(15)	PSI-90 Measure Score
Text(255)	HAI-1_Performance_Rate	Text(15)	HAI-1_Performance_Rate
Text(255)	HAI-1 Achievement Points	Text(15)	HAI-1 Achievement Points
Text(255)	HAI-1 Improvement Points	Text(15)	HAI-1 Improvement Points
Text(255)	HAI-1 Measure Score	Text(15)	HAI-1 Measure Score

Table (Back to File Summary)	HVBP – Pneumonia		
Description	HVBP – Pneumonia measures results		
File Name	HVBP_PN_02_18_2015	**File Name**	HVBP_PN_02_18_2015.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(255)	Provider Number	Text(8)	Provider Number
Text(255)	Hospital Name	Text(52)	Hospital Name
Text(255)	Address	Text(46)	Address
Text(255)	City	Text(22)	City
Text(255)	State	Text(4)	State
Text(255)	ZIP Code	Text(12)	ZIP Code
Text(255)	County Name	Text(22)	County Name
Text(255)	PN-3b Performance Rate	Text(15)	PN-3b Performance Rate
Text(255)	PN-3b Achievement Points	Text(15)	PN-3b Achievement Points
Text(255)	PN-3b Improvement Points	Text(15)	PN-3b Improvement Points
Text(255)	PN-3b Measure Score	Text(15)	PN-3b Measure Score
Text(255)	PN-6 Performance Rate	Text(15)	PN-6 Performance Rate
Text(255)	PN-6 Achievement Points	Text(15)	PN-6 Achievement Points
Text(255)	PN-6 Improvement Points	Text(15)	PN-6 Improvement Points
Text(255)	PN-6 Measure Score	Text(15)	PN-6 Measure Score
Text(255)	PN Condition/Procedure Score	Text(15)	PN Condition/Procedure Score

Table (Back to File Summary)	HVBP – Quarters		
Description	HVBP – Performance and baseline periods		
File Name	HVBP_QUARTERS	**File Name**	HVBP_QUARTERS.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(255)	Measure ID	Text(13)	Measure ID
Text(255)	Measure Description	Text(137)	Measure Description
Text(255)	Performance Period	Text(38)	Performance Period
Text(255)	Baseline Period	Text(37)	Baseline Period

Table (_Back to File Summary_)	HVBP – Surgical Care Improvement Project		
Description	HVBP – Surgical Care Improvement Project measures results		
File Name	HVBP_SCIP_02_18_2015	**File Name**	HVBP_SCIP_02_18_2015.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(255)	Provider Number	Text(8)	Provider Number
Text(255)	Hospital Name	Text(52)	Hospital Name
Text(255)	Address	Text(46)	Address
Text(255)	City	Text(22)	City
Text(255)	State	Text(4)	State
Text(255)	ZIP Code	Text(12)	ZIP Code
Text(255)	County Name	Text(22)	County Name
Text(255)	SCIP-Card-2 Performance Rate	Text(15)	SCIP-Card-2 Performance Rate
Text(255)	SCIP-Card-2 Achievement Points	Text(15)	SCIP-Card-2 Achievement Points
Text(255)	SCIP-Card-2 Improvement Points	Text(15)	SCIP-Card-2 Improvement Points
Text(255)	SCIP-Card-2 Measure Score	Text(15)	SCIP-Card-2 Measure Score
Text(255)	SCIP-VTE-2 Performance Rate	Text(15)	SCIP-VTE-2 Performance Rate
Text(255)	SCIP-VTE-2 Achievement Points	Text(15)	SCIP-VTE-2 Achievement Points
Text(255)	SCIP-VTE-2 Improvement Points	Text(15)	SCIP-VTE-2 Improvement Points
Text(255)	SCIP-VTE-2 Measure Score	Text(15)	SCIP-VTE-2 Measure Score
Text(255)	SCIP Condition/Procedure Score	Text(15)	SCIP Condition/Procedure Score

Table (_Back to File Summary_)	HVBP – TPS		
Description	HVBP – Overall performance score		
File Name	HVBP_TPS_02_18_2015	**File Name**	HVBP_TPS_02_18_2015.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(255)	Provider Number	Text(8)	Provider Number
Text(255)	Hospital Name	Text(52)	Hospital Name
Text(255)	Address	Text(46)	Address
Text(255)	City	Text(22)	City
Text(255)	State	Text(4)	State
Text(255)	Zip Code	Text(12)	Zip Code
Text(255)	County Name	Text(22)	County Name
Text(255)	Unweighted Normalized Clinical Process of Care Domain Score	Text(18)	Unweighted Normalized Clinical Process of Care Domain Score
Text(255)	Weighted Clinical Process of Care Domain Score	Text(17)	Weighted Clinical Process of Care Domain Score

Table *(Back to File Summary)*	HVBP – TPS		
Description	HVBP – Overall performance score		
File Name	HVBP_TPS_02_18_2015	**File Name**	HVBP_TPS_02_18_2015.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(255)	Unweighted Patient Experience of Care Domain Score	Text(18)	Unweighted Patient Experience of Care Domain Score
Text(255)	Weighted Patient Experience of Care Domain Score	Text(17)	Weighted Patient Experience of Care Domain Score
Text(255)	Unweighted Normalized Outcome Domain Score	Text(18)	Unweighted Normalized Outcome Domain Score
Text(255)	Weighted Outcome Domain Score	Text(17)	Weighted Outcome Domain Score
Text(255)	Unweighted Normalized Efficiency Domain Score	Text(18)	Unweighted Normalized Efficiency Domain Score
Text(255)	Weighted Efficiency Domain Score	Text(17)	Weighted Efficiency Domain Score
Text(255)	Total Performance Score	Text(17)	Total Performance Score

HVBP Program Data and Scoring

Table *(Back to File Summary)*	HVBP – Efficiency		
Description	HVBP – FY 2015 data and scoring		
File Name	HVBP_EFFICIENCY_02_18_2015	**File Name**	HVBP_EFFICIENCY_02_18_2015.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
Text(255)	Provider_Number	Text(8)	Provider_Number
Text(255)	Hospital_Name	Text(52)	Hospital_Name
Text(255)	Address	Text(46)	Address
Text(255)	City	Text(22)	City
Text(255)	State	Text(4)	State
Text(255)	ZIP_Code	Text(12)	ZIP_Code
Text(255)	County_Name	Text(22)	County_Name
Text(255)	MSPB-1 Performance Rate	Text(15)	MSPB-1 Performance Rate
Text(255)	MSPB-1 Achievement Points	Text(15)	MSPB-1 Achievement Points
Text(255)	MSPB-1 Improvement Points	Text(15)	MSPB-1 Improvement Points
Text(255)	MSPB-1 Measure Score	Text(15)	MSPB-1 Measure Score

HVBP Program Incentive Payment Adjustments

Table (*Back to File Summary*)	HVBP FY 2013 Distribution of Net Change		
Description	HVBP Distribution of net change in base operating DRG payment amount		
File Name	FY2013_DISTRIBUTION_OF_NET_CHANGE_IN_BASE_OP_DRG_PAYMENT_AMT	**File Name**	FY2013_DISTRIBUTION_OF_NET_CHANGE_IN_BASE_OP_DRG_PAYMENT_AMT.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
AutoNumber (Long Integer)	ID		
Text(255)	Percentile	Text(4)	Percentile
Text(255)	Net Change in Base Operating DRG Payment Amount	Text(11)	Net Change in Base Operating DRG Payment Amount

Table (*Back to File Summary*)	HVBP FY 2013 Incentive Payment		
Description	HVBP Incentive payment amount		
File Name	FY2013_VALUE_BASED_INCENTIVE_PAYMENT_AMOUNT	**File Name**	FY2013_VALUE_BASED_INCENTIVE_PAYMENT_AMOUNT.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
AutoNumber (Long Integer)	ID		
Text(255)	Incentive Payment Range	Text(85)	Incentive Payment Range
Text(255)	Number of Hospitals Receiving this Range	Text(8)	Number of Hospitals Receiving this Range

Table (*Back to File Summary*)	HVBP FY 2013 Net Change		
Description	HVBP Net change in base operating DRG payment amount		
File Name	FY2013_NET_CHANGE_IN_BASE_OP_DRG_PAYMENT_AMT	**File Name**	FY2013_NET_CHANGE_IN_BASE_OP_DRG_PAYMENT_AMT.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
AutoNumber (Long Integer)	ID		
Text(255)	Net Change in Base Operating DRG Payment Amount	Text(24)	Net Change in Base Operating DRG Payment Amount
Number	Number of Hospitals Receiving this Range	Text(8)	Number of Hospitals Receiving this Range

Table *(Back to File Summary)*	HVBP FY 2013 Percent Change		
Description	HVBP Percent change in base operating DRG payment amount		
File Name	FY2013_PERCENT_CHANGE_IN_BASE_OPERATING_DRG_PAYMENT_AMOUNT	**File Name**	FY2013_PERCENT_CHANGE_IN_MEDICARE_PAYMENTS.CSV
Data Type	**Column Name — Access**	**Data Type**	**Column Name — CSV**
AutoNumber (Long Integer)	ID		
Text(255)	% Change in Base Operating DRG Payment Amount	Text(17)	% Change in Base Operating DRG Payment Amount
Number	Number of Hospitals Receiving this %Change	Text(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 corressponding 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_STROKE	Stroke care registry (alternate Measure ID: SM-2)
SM_PART_NURSE	Nursing care registry (alternate Measure ID: SM-3)
SM_PART_GEN_SURG	General Surgery Registry (alternate Measure ID: SM-4)
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	Safe Surgery Checklist Use

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-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-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-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-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-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-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-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-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-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-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-STAR-RATING	Summary star rating

Access	HQI_HOSP_TimelyEffectiveCare
CSV	Timely and Effective Care – Hospital.csv
Measure ID	Measure Name
AMI-2	Heart attack patients given aspirin at discharge
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 PCI within 90 minutes of arrival
AMI-10	Heart attack patients given a prescription for a statin at discharge
CAC-1	Children who received reliever medication while hospitalized for asthma
CAC-2	Children who received systemic corticosteroid medication (oral and IV medication that reduces inflammation and controls symptoms) while hospitalized for asthma
CAC-3	Children and their caregivers who received a home management plan of care document while hospitalized for asthma
ED-1b	Average 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 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-1	Heart failure patients given discharge instructions
HF-2	Heart failure patients given an evaluation of Left Ventricular Systolic (LVS) function
HF-3	Heart failure patients given ACE inhibitor or ARB for left ventricular systolic dysfunction (LVSD)
IMM-2	Patients assessed and given influenza vaccination
IMM-3	Healthcare workers given influenza vaccination (alternate Measure ID: IMM-3-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

Access	HQI_HOSP_TimelyEffectiveCare
CSV	Timely and Effective Care – Hospital.csv
OP-3b	Average number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital
OP-4	Outpatients with chest pain or possible heart attack who got aspirin within 24 hours of arrival
OP-5	Average number of minutes before outpatients with chest pain or possible heart attack got an ECG
OP-6	Outpatients having surgery who got an antibiotic at the right time - within one hour before surgery
OP-7	Outpatients having surgery who got the right kind of antibiotic
OP-18b	Average time patients spent in the emergency department before being sent home (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 newborns whose deliveries were scheduled too early (1-3 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-4	Heart surgery patients whose blood sugar (blood glucose) is kept under good control 18-24 hours after surgery
SCIP-Inf-9	Surgery patients whose urinary catheters were removed on the first or second day after surgery
SCIP-Inf-10	Patients having surgery who were actively warmed in the operating room or whose body temperature was near normal by the end of surgery
SCIP-VTE-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 arriving at the hospital
STK-2	Ischemic stroke patients who received a prescription for medicine known to prevent complications caused by blood clots before discharge
STK-3	Ischemic stroke patients with a type of irregular heartbeat who were given a prescription for a blood thinner at discharge
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 cholesterol, who were given a prescription for this medicine before 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 was putting the patient at an increased risk of bleeding

Access	HQI_HOSP_TimelyEffectiveCare
CSV	Timely and Effective Care – Hospital.csv
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_ReadmCompDeath	
CSV	Readmissions Complications and Deaths – Hospital.csv	
Measure ID	Measure Name	
COMP-HIP-KNEE	Rate of complications for hip/knee replacement patients	
HAI-1	Central line-associated Bloodstream Infection (CLABSI)	
HAI-2	Catheter-associated urinary tract infections (CAUTI)	
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)	
MORT-30-AMI	Death rate for heart attack patients	
MORT-30-COPD	Death rate for chronic obstructive pulmonary disease (COPD) 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	
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)	
PSI-90	Serious complications (this is a composite or summary measure; alternate Measure ID: PSI-90-SAFETY)	
READM-30-AMI	Rate of unplanned readmission for heart attack 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-PN	Rate of unplanned readmission for pneumonia 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-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)	

Access	HQI_HOSP_IMG
CSV	**Outpatient Imaging Efficiency – Hospital.csv**
Measure ID	**Measure Name**
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_HOSP_MV
CSV	**Medicare Volume – Hospital.csv**
Measure ID	**Measure Name**
MV	Number of Medicare patients treated for selected procedures *This measure is only found in the downloadable database, it is not displayed on Hospital Compare

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 Use *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	
PSI-90 Score (see Appendix C – Footnote Crosswalk for * definition)	
Domain 2 Score	
CLABSI Score (see Appendix C – Footnote Crosswalk for ** definition)	
CAUTI 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-HF-HRRP	Excess readmission ratio for heart failure patients	
READM-30-PN-HRRP	Excess readmission ratio for pneumonia patients	
READM-30-COPD-HRRP	Excess readmission ratio for chronic obstructive pulmonary disease (COPD) patients	
READM-30-HIP-KNEE-HRRP	Excess readmission ratio for hip/knee replacement patients	

Access	PCH_CANCERSPECIFICMEASURES_HOSPITAL
CSV	HOSPITAL_QUARTERLY_QUALITYMEASURE_PCH_HOSPITAL.csv
Measure ID	**Measure Name**
PCH-1	Adjuvant Chemotherapy Colon Cancer
PCH-2	Combination Chemotherapy Breast Cancer

Access	HQI_HOSP_AMI_Payment
CSV	Heart Attack Payment – Hospital.csv
Measure ID	**Measure Name**
PAYM-30-AMI	Payment for heart attack patients

Access / CSV	HVBP Measures Directory
File Name	**Measure** (Performance Rate, Achievement Points, Improvement Points, and Measure Score)
Hvbp_ami_02_18_2015	AMI-7a; AMI-8a
Hvbp_hai_02_18_2015	SCIP-Inf-1; SCIP-Inf-2; SCIP-Inf-3; SCIP-Inf-4; SCIP-Inf-9
Hvbp_hcahps_02_18_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-CLEAN-HSP-A-P; H-QUIET-A-P; H-COMP-6-Y-P
Hvbp_hf_02_18_2015	HF-1
Hvbp_outcome_02_18_2015	MORT-30-AMI; MORT-30-HF; MORT-30-PN; PSI-90; HAI-1
Hvbp_pn_02_18_2015	PN-3b; PN-6
Hvbp_quarters	AMI-7a; AMI-8a; HF-1; PN-3b; PN-6; SCIP-Inf-1; SCIP-Inf-2; SCIP-Inf-3; SCIP-Inf-4; SCIP-Inf-9; SCIP-VTE-2; SCIP-CARD-2; HCAHPS; MORT-30-AMI; MORT-30-HF; MORT-30-PN; PSI-90; MSPB-1; CLABSI
Hvbp_scip_02_18_2015	SCIP-Card-2; SCIP-VTE-2
Hvbp_tps_02_18_2015	TPS Scores (Weighted and Unweighted) for Clinical Process of Care, Patient Experience of Care, Outcome, and Efficiency Domains
Hvbp_Efficiency_02_18_2015	MSPB-1

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.

Additional information about HCAHPS Star Ratings, includiong 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:

#	Text	Definition
1	The number of cases/patients is too few to report.	This footnote is applied: • 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.
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 when the hospital does not have data to report or has chosen not to submit data.
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: • Too few hospitals in a state/territory had data available or • No data was reported for this state/territory.
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: • There were zero device days or procedures, • The hospital does not have ICU locations, • The hospital is a new member of the registry and didn't have an opportunity to submit any cases or • The hospital does not report this voluntary measure

Hospital Compare Footnote Values		
#	Text	Definition
13	Results cannot be calculated for this reporting period.	This footnote is applied when: • 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