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 how well hospitals provide recommended care 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. Hospital Compare was created as a result of the Hopsital Quality Initiative (HQI) through the efforts of the Centers for Medicare and Medicaid Services (CMS) and CMS currently maintains the Hospital Compare Website. 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 are 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 can be found 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 the Measures Displayed on Hospital Compare and is organized as follows:

- General Information (Structural and HIT)
- Survey of Patients' Experiences (HCAHPS)
- Timely and Effective Care (Process of Care)
- Readmissions, Complications, and Deaths (30-day Mortality and Readmission, PSI, HAI)
- Use of Medical Imaging (OIE)
- Medicare Payment (MSPB or SPP)
- Number of Medicare Patients (MV)
- Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
- Linking Quality to Payment
  - Hospital Readmissions Reduction Program (HRRP)
  - Hospital Value-Based Purchasing (HVBP) Program
  - HVBP Program Payment Adjustments

Measure Descriptions and Reporting Cycles

Data 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 can be found in the 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.
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. The new Care Transitions composite will be publicly reported in 2015. 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 which is 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 and Harvard universities, 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 that are known to increase the patient's risk of dying or readmission. 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 data being better
Reporting Cycle	Collection period: 36 months. Refreshed annually.

Name	Readmissions, Complications, and Deaths: AHRQ Patient Safety Indicators (PSI)
Description/ Background	The Agency for Healthcare Research and Quality (AHRQ) PSI measures reflect quality of care for hospitalized adults and focus on potentially avoidable complications and iatrogenic events. CMS currently publicly reports six PSI measures, including the composite measure PSI-90. PSI-90 includes 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' IQR Program HAI requirements.
Reporting Cycle	Collection period: Approximately 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 and no additional data submission is required by hospitals.
Reporting Cycle	Collection period: 12 months. Refreshed annually.

Name	Medicare Payment and Number of Medicare Patients
Description/ Background	The payment and volume information reflects inpatient hospital services provided by hospitals 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. Payment and volume information can provide users with a general overview of hospitals' experience with Medicare Severity Diagnosis Related Groups (MS-DRGs). MS-DRGs are payment groups of patients who have similar clinical characteristics and similar costs. The median payment refers to the midpoint of all payments to the hospital for a particular MS-DRG, that is, half the payments were lower and half the payments were higher than the median payment. Medicare payment is also known as Medicare Spending per Beneficiary (MSPB) or Medicare hospital spending per patient (SPP).
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: 6 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. For the first FY of the HVBP Program, two domains will be used to assess hospital performance: 1) Patient Experience of Care and 2) Clinical Process of Care. The Patient Experience of Care domain is comprised of the HCAHPS Survey measures. The Clinical Process of Care domain is comprised of selected IQR Program's Process of Care measures from the AMI, HAI, HF, PN, and Surgical Care Improvement Project (SCIP) measure sets. A performance score and an improvement score are calculated for each measure, a domain score is then calculated for each of the two domains. The Total Performance Score (TPS) is calculated using the weighted domain scores. For FY 2013 the Clinical Process of Care domain score is weighted as 70 percent of the TPS, and the Patient Experience of Care domain is weighted as 30 percent of the TPS.
Reporting Cycle	Collection period: Approximately 12 months. Refreshed annually.

Name	Linking Quality to Payment: HVBP Payment Adjustments
Description/ Background	The Inpatient Hospital Value-Based Purchasing (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 October 2014 Measure Dates file is shown below:

Measure ID	Measure Start Quarter	Measure Start Date	Measure End Quarter	Measure End Date
AMI-10	4Q2012	10/1/2012	3Q2013	9/30/2013
AMI-2	4Q2012	10/1/2012	3Q2013	9/30/2013
AMI-7a	4Q2012	10/1/2012	3Q2013	9/30/2013
AMI-8a	4Q2012	10/1/2012	3Q2013	9/30/2013
CAC-1	4Q2012	10/1/2012	3Q2013	9/30/2013
CAC-2	4Q2012	10/1/2012	3Q2013	9/30/2013
CAC-3	4Q2012	10/1/2012	3Q2013	9/30/2013
COMP-HIP-KNEE	3Q2009	7/1/2009	1Q2012	3/31/2012
ED-1b	4Q2012	10/1/2012	3Q2013	9/30/2013
ED-2b	4Q2012	10/1/2012	3Q2013	9/30/2013
HAI-1	4Q2012	10/1/2012	3Q2013	9/30/2013
HAI-2	4Q2012	10/1/2012	3Q2013	9/30/2013
HAI-3	4Q2012	10/1/2012	3Q2013	9/30/2013
HAI-4	4Q2012	10/1/2012	3Q2013	9/30/2013
HAI-5	1Q2013	1/1/2013	3Q2013	9/30/2013
HAI-6	1Q2013	1/1/2013	3Q2013	9/30/2013
HBIPS-2	4Q2012	10/1/2012	1Q2013	3/31/2013
HBIPS-3	4Q2012	10/1/2012	1Q2013	3/31/2013
HBIPS-4	4Q2012	10/1/2012	1Q2013	3/31/2013
HBIPS-5	4Q2012	10/1/2012	1Q2013	3/31/2013
HBIPS-6	4Q2012	10/1/2012	1Q2013	3/31/2013
HBIPS-7	4Q2012	10/1/2012	1Q2013	3/31/2013
HCAHPS	4Q2012	10/1/2012	3Q2013	9/30/2013
HF-1	4Q2012	10/1/2012	3Q2013	9/30/2013
HF-2	4Q2012	10/1/2012	3Q2013	9/30/2013
HF-3	4Q2012	10/1/2012	3Q2013	9/30/2013
IMM-1a	4Q2012	10/1/2012	3Q2013	9/30/2013
IMM-2	4Q2012	10/1/2012	1Q2013	3/31/2013
MORT-30-AMI	3Q2009	7/1/2009	2Q2012	6/30/2012
MORT-30-HF	3Q2009	7/1/2009	2Q2012	6/30/2012
MORT-30-PN	3Q2009	7/1/2009	2Q2012	6/30/2012
MSPB-1	1Q2012	1/1/2012	4Q2012	12/31/2012
MV	4Q2012	10/1/2012	3Q2013	9/30/2013
OP-1	4Q2012	10/1/2012	3Q2013	9/30/2013
OP-10	3Q2012	7/1/2012	2Q2013	6/30/2013
OP-11	3Q2012	7/1/2012	2Q2013	6/30/2013
OP-12	1Q2012	1/1/2012	4Q2012	12/31/2012
OP-13	3Q2012	7/1/2012	2Q2013	6/30/2013
OP-14	3Q2012	7/1/2012	2Q2013	6/30/2013
OP-17	1Q2012	1/1/2012	4Q2012	12/31/2012
OP-18b	4Q2012	10/1/2012	3Q2013	9/30/2013
OP-2	4Q2012	10/1/2012	3Q2013	9/30/2013

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-HIP-KNEE	Total Hip/Knee Arthoroplasty 30-Day Complication Rate
ED	Emergency Department
FTNT	Footnote
HAI	Healthcare Associated Infections
HBIPS	Hospital-Based Inpatient Psychiatric Services
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
HF	Heart Failure
HVBP	Hospital Value-Based Purchasing
IMG	Imaging
IMM	Immunization
IPFQR	Inpatient Psychiatric Facility Quality Reporting
MORT	Mortality
MSPB	Medicare Spending per Beneficiary (also referred to as SPP for Spending Per Patient)
MSR	Measure
MPV	Medicare Payments and Volume
MV	Medicare Volume
NQF	National Quality Forum
OIE	Outpatient Imaging Efficiency
OP	Outpatient
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

File Summary

The table below shows the titles of all Access tables and CSV Revised file names included in the Downloadable Database.

MSAccess file name: **Hospital.zip**	CSV Revised file name: **Hospital_revised_flatfiles.zip**
Hospital.pdf	Hospital.pdf
readme.txt	readme.txt
Access Table Names	**CSV Revised Data File Names (.csv)**
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_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
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
IPFQR_HOSPITAL	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_HOSPITAL
IPFQR_NATIONAL	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_NATIONAL
IPFQR_STATE	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_STATE
vwHQI_READM_REDUCTION	READMISSION REDUCTION
Hvbp_ami_02_25_2014	hvbp_ami_02_25_2014
Hvbp_hai_02_25_2014	hvbp_hai_02_25_2014
Hvbp_hcahps_02_25_2014	hvbp_hcahps_02_25_2014
Hvbp_hf_02_25_2014	hvbp_hf_02_25_2014
Hvbp_outcome_02_25_2014	hvbp_outcome_02_25_2014
Hvbp_pn_02_25_2014	hvbp_pn_02_25_2014
Hvbp_quarters	hvbp_quarters
Hvbp_scip_02_25_2014	hvbp_scip_02_25_2014
Hvbp_tps_02_25_2014	hvbp_tps_02_25_2014
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_Amounts	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 Name *(Back to Table Listing)*	Access	CSV
	Measure_Dates	Measure Dates.csv
Description	Current collection dates for measures included in the Downloadable Database	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Memo	Measures_Name	Measure Name
Text(50)	Measure_ID	Measure ID
Text(255)	Measure_Start_Quarter	Measure Start Quarter
Date/Time	Measure_Start_Date	Measure Start Date
Text(50)	Measure_End_Quarter	Measure End Quarter
Date/Time	Measure_End_Date	Measure End Date

Table Name *(Back to Table Listing)*	Access	CSV
	HQI_FTNT	Footnote Crosswalk.csv
Description	Look up table for footnote text in various data files	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(255)	Footnote	Footnote
Memo	Footnote Text	Footnote Text

Table Name *(Back to Table Listing)*	Access	CSV
	HQI_HOSP	Hospital General Information.csv
Description	General information on hospitals within the dataset	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(6)	Provider ID	Provider ID
Memo	Hospital Name	Hospital Name
Memo	Address	Address
Memo	City	City
Text(2)	State	State
Text(5)	ZIP Code	ZIP Code
Text(25)	County Name	County Name
Text(10)	Phone Number	Phone Number
Text(50)	Hospital Type	Hospital Type
Text(100)	Hospital Ownership	Hospital Ownership
Text(50)	Emergency Services	Emergency Services

Table Name	Access	CSV
(Back to Table Listing)	HQI_HOSP_STRUCTURAL	Structural Measures – Hospital.csv
Description	Structural measures hospital-level results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(50)	Provider ID	Provider ID
Memo	Hospital Name	Hospital Name
Memo		Address
Memo		City
Text(2)	State	State
Text(5)		ZIP Code
Text(25)		County Name
Text(10)		Phone Number
Memo	Measure Name	Measure Name
Text(50)	Measure ID	Measure ID
Memo	Measure Response	Measure Response
Memo	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

Survey of Patients' Experiences

Table Name	Access	CSV
(Back to Table Listing)	HQI_HOSP_HCAHPS	HCAHPS - Hospital.csv
Description	HCAHPS measures hospital-level results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(6)	Provider ID	Provider ID
Memo	Hospital Name	Hospital Name
Memo		Address
Memo		City
Text(2)	State	State
Text(5)		ZIP Code
Text(25)		County Name
Text(10)		Phone Number
Text(50)	HCAHPS Measure ID	HCAHPS Measure ID
Memo	HCAHPS Question	HCAHPS Question
Memo	HCAHPS Answer Description	HCAHPS Answer Description
Memo	HCAHPS Answer Percent	HCAHPS Answer Percent
Memo	Number of Completed Surveys	Number of Completed Surveys
Memo	Survey Response Rate Percent	Survey Response Rate Percent
Memo	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

Table Name	Access	CSV
(Back to Table Listing)	HQI_NATIONAL_HCAHPS	HCAHPS – National.csv
Description	HCAHPS measures national-level results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(50)	HCAHPS Measure ID	HCAHPS Measure ID
Memo	HCAHPS Question	HCAHPS Question
Memo	HCAHPS Answer Description	HCAHPS Answer Description

Memo	HCAHPS Answer Percent	HCAHPS Answer Percent
Memo	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

Table Name *(Back to Table Listing)*	Access	CSV
	HQI_STATE_HCAHPS	HCAHPS – State.csv
Description	HCAHPS measures state-level results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(50)	State	State
Memo	HCAHPS Question	HCAHPS Question
Text(50)	HCAHPS Measure ID	HCAHPS Measure ID
Memo	HCAHPS Answer Description	HCAHPS Answer Description
Memo	HCAHPS Answer Percent	HCAHPS Answer Percent
Memo	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

Timely and Effective Care

Table Name *(Back to Table Listing)*	Access	CSV
	HQI_HOSP_TimelyEffectiveCare	Timely and Effective Care – Hospital.csv
Description	Process of care measures hospital-level results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(6)	Provider ID	Provider ID
Memo	Hospital Name	Hospital Name
Memo		Address
Memo		City
Text(50)		State
Text(5)		ZIP Code
Text(25)		County Name
Text(10)		Phone Number
Text(35)	Condition	Condition
Text(50)	Measure ID	Measure ID
Memo	Measure Name	Measure Name
Memo	Score	Score
Text(50)	Sample	Sample
Text(50)	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

Table Name *(Back to Table Listing)*	Access	CSV
	HQI_NATIONAL_TimelyEffectiveCare	Timely and Effective Care – National.csv
Description	Process of care measures national-level results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Memo	Measure Name	Measure Name
Text(50)	Measure ID	Measure ID
Text(35)	Condition	Condition
Memo	Category	Category
Memo	Score	Score

Text(50)	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

Table Name *(Back to Table Listing)*	Access	CSV
	HQI_STATE_TimelyEffectiveCare	Timely and Effective Care – State.csv
Description	Process of care measures state-level results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(50)	State	State
Text(35)	Condition	Condition
Memo	Measure Name	Measure Name
Text(50)	Measure ID	Measure ID
Memo	Score	Score
Text(50)	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

Readmissions, Complications, and Deaths

Table Name *(Back to Table Listing)*	Access	CSV
	HQI_HOSP_ReadmCompDeath	Readmissions Complications and Deaths – Hospital.csv
Description	30-Day Mortality and Readmission measures hospital-level results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(6)	Provider ID	Provider ID
Memo	Hospital Name	Hospital Name
Memo		Address
Memo		City
Text(2)		State
Text(5)		ZIP Code
Text(25)		County Name
Text(10)		Phone Number
Memo	Measure Name	Measure Name
Text(50)	Measure ID	Measure ID
Memo	Compared to National	Compared to National
Memo	Denominator	Denominator
Memo	Score	Score
Memo	Lower Estimate	Lower Estimate
Memo	Higher Estimate	Higher Estimate
Text(50)	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

Table Name *(Back to Table Listing)*	Access	CSV
	HQI_NATIONAL_ReadmCompDeath	Readmissions Complications and Deaths – National.csv
Description	30-Day Mortality and Readmission measures national-level results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Memo	Measure Name	Measure Name
Text(50)	Measure ID	Measure ID

Memo	National Rate	National Rate
Memo	Number of Hospitals Worse	Number of Hospitals Worse
Memo	Number of Hospitals Same	Number of Hospitals Same
Memo	Number of Hospitals Better	Number of Hospitals Better
Memo	Number of Hospitals Too Few	Number of Hospitals Too Few
Text(50)	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

Table Name *(Back to Table Listing)*	**Access** HQI_STATE_ReadmCompDeath	**CSV** Readmissions Complications and Deaths – State.csv
Description	30-Day Mortality and Readmission measures state-level results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(50)	State	State
Memo	Measure Name	Measure Name
Text(50)	Measure ID	Measure ID
Memo	Number of Hospitals Worse	Number of Hospitals Worse
Memo	Number of Hospitals Same	Number of Hospitals Same
Memo	Number of Hospitals Better	Number of Hospitals Better
Memo	Number of Hospitals Too Few	Number of Hospitals Too Few
Text(50)	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

Healthcare Associated Infections (HAI)

Table Name *(Back to Table Listing)*	**Access** HQI_HOSP_HAI	**CSV** Healthcare Associated Infections – Hospital.csv
Description	Healthcare-Associated Infections measures hospital-level results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(6)	Provider ID	Provider ID
Memo		Hospital Name
Memo		Address
Memo		City
Text(50)		State
Text(5)		ZIP Code
Text(25)		County Name
Text(10)		Phone Number
Memo	Measure Name	Measure Name
Text(50)	Measure ID	Measure ID
Memo	Compared to National	Compared to National
Memo	Score	Score
Text(50)	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

Table Name	Access	CSV
(Back to Table Listing)	HQI_NATIONAL_HAI	Healthcare Associated Infections – National.csv
Description	Healthcare-Associated Infections measures national-level results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Memo	Measure Name	Measure Name
Text(50)	Measure ID	Measure ID
Memo	Score	Score
Text(50)	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

Table Name	Access	CSV
(Back to Table Listing)	HQI_STATE_HAI	Healthcare Associated Infections – State.csv
Description	Healthcare-Associated Infections measures state-level results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(50)	State	State
Memo	Measure Name	Measure Name
Text(50)	Measure ID	Measure ID
Memo	Score	Score
Text(50)	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

Use of Medical Imaging

Table Name	Access	CSV
(Back to Table Listing)	HQI_HOSP_IMG	Outpatient Imaging Efficiency - Hospital.csv
Description	Outpatient Imaging Efficiency measures hospital-level results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(6)	Provider ID	Provider ID
Memo	Hospital Name	Hospital Name
Memo		Address
Memo		City
Text(2)	State	State
Text(5)		ZIP Code
Text(25)		County Name
Text(10)		Phone Number
Text(50)	Measure ID	Measure ID
Memo	Measure Name	Measure Name
Memo	Score	Score
Memo	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

Table Name	Access	CSV
(Back to Table Listing)	HQI_NATIONAL_IMG_AVG	Outpatient Imaging Efficiency – National.csv
Description	Outpatient Imaging Efficiency measures national-level results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(50)	Measure ID	Measure ID

Memo	Measure Name	Measure Name
Memo	Score	Score
Memo	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

Table Name *(Back to Table Listing)*	Access	CSV
	HQI_STATE_IMG_AVG	Outpatient Imaging Efficiency – State.csv
Description	Outpatient Imaging Efficiency measures state-level results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(50)	State	State
Text(50)	Measure ID	Measure ID
Memo	Measure Name	Measure Name
Memo	Score	Score
Memo	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

Medicare Payment

Table Name *(Back to Table Listing)*	Access	CSV
	HQI_HOSP_MSPB	Medicare Hospital Spending per Patient – Hospital.csv
Description	Medicare Spending Per Beneficiary measure hospital-level results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(6)	Provider ID	Provider ID
Memo		Hospital Name
Memo		Address
Memo		City
Text(50)		State
Text(5)		ZIP Code
Text(25)		County Name
Text(10)		Phone Number
Memo		Measure Name
Text(50)	Measure ID	Measure ID
Memo	Score	Score
Memo	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

Table Name *(Back to Table Listing)*	Access	CSV
	HQI_NATIONAL_MSPB	Medicare Hospital Spending per Patient – National.csv
Description	Medicare Spending Per Beneficiary measure national-level results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Memo		Measure Name
Text(50)	Measure ID	Measure ID
Memo	Score	Score

Memo	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

Table Name *(Back to Table Listing)*	Access	CSV
	HQI_STATE_MSPB	Medicare Hospital Spending per Patient – State.csv
Description	Medicare Spending Per Patient measure state-level results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(50)	State	State
Memo		Measure Name
Text	Measure ID	Measure ID
Memo	Score	Score
Memo	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

Table Name *(Back to Table Listing)*	Access	CSV
	Medicare Hospital Spending by Claim	Medicare Hospital Spending by Claim
Description	MSPB Spending Breakdowns by Claim Type	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(255)	Hospital Name	Hospital Name
Text(255)	Provider Number	Provider Number
Text(255)	Period	Period
Text(255)	State	State
Text(255)	Claim Type	Claim Type
Text(255)	Avg Spending Per Episode (Hospital)	Avg Spending Per Episode (Hospital)
Text(255)	Avg Spending Per Episode (State)	Avg Spending Per Episode (State)
Text(255)	Avg Spending Per Episode (Nation)	Avg Spending Per Episode (Nation)
Text(255)	Percent of Spending (Hospital)	Percent of Spending (Hospital)
Text(255)	Percent of Spending (State)	Percent of Spending (State)
Text(255)	Percent of Spending (Nation)	Percent of Spending (Nation)
Text(255)	Measure Start Date	Measure Start Date
Text(255)	Measure End Date	Measure End Date

Number of Medicare Patients

Table Name *(Back to Table Listing)*	Access	CSV
	HQI_HOSP_MV	Medicare Volume – Hospital.csv
Description	Medicare Volume measures hospital-level results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(6)	Provider ID	Provider ID
Memo	Hospital Name	Hospital Name
Memo		Address
Memo		City
Text(2)	State	State
Text(5)		ZIP Code
Text(25)		County Name
Text(10)		Phone Number
Text(50)		Diagnosis Related Group
Text(50)	Diagnosis Related Group ID	

Memo	Diagnosis Related Group Name	
Memo	Denominator	Denominator
Memo	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

Table Name *(Back to Table Listing)*	Access	CSV
	HQI_NATIONAL_MV	Medicare Volume – National.csv
Description	Medicare Volume measures national-level results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(50)	Diagnosis Related Group ID	
Memo		Diagnosis Related Group
Memo	Diagnosis Related Group Name	
Memo	Denominator	Denominator
Text(50)	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

Table Name *(Back to Table Listing)*	Access	CSV
	HQI_STATE_MV	Medicare Volume – State.csv
Description	Medicare Volume measures state-level results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(50)	State	State
Memo		Diagnosis Related Group
Text(50)	Diagnosis Related Group ID	
Memo	Diagnosis Related Group Name	
Memo	Denominator	Denominator
Memo	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

Table Name *(Back to Table Listing)*	Access	CSV
	HQI_OP_Procedure_Volume	Outpatient Procedures – Volume.csv
Description	Hospital Outpatient Surgical Procedures Volume measure	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(255)	Provider ID	Provider ID
Text(255)	Hospital Name	Hospital Name
Text(255)	Measure ID	Measure ID
Text(255)	Gastrointestinal	Gastrointestinal
Text(255)	Eye	Eye
Text(255)	Nervous System	Nervous System
Text(255)	Musculoskeletal	Musculoskeletal
Text(255)	Skin	Skin
Text(255)	Genitourinary	Genitourinary
Text(255)	Cardiovascular	Cardiovascular
Text(255)	Measure Start Date	Measure Start Date
Text(255)	Measure End Date	Measure End Date

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Table Name	Access	CSV
(Back to Table Listing)	IPFQR_HOSPITAL	HOSPITAL_QUARTERLY_ QUALITYMEASURE_IPFQR_HOSPITAL.csv
Description	Inpatient Psychiatric Facility Quality Reporting Program measures hospital-level results	

DDB Data Type	Column Name – Access	Column Name - CSV
Text(255)	Provider_Number	Provider_Number
Text(255)	Hospital_Name	Hospital_Name
Text(255)	Address	Address
Text(255)	City	City
Text(255)	State	State
Text(255)	ZIP_Code	ZIP_Code
Text(255)	County_Name	County_Name
Text(255)	HBIPS-2_Measure_Description	HBIPS-2_Measure_Description
Text(255)	HBIPS-2_Overall_Rate_Per_1000	HBIPS-2_Overall_Rate_Per_1000
Text(255)	HBIPS-2_Overall_Num	HBIPS-2_Overall_Num
Text(255)	HBIPS-2_Overall_Den	HBIPS-2_Overall_Den
Text(255)	HBIPS-2_Overall_Footnote	HBIPS-2_Overall_Footnote
Text(255)	HBIPS-2_1-12_Rate_Per_1000	HBIPS-2_1-12_Rate_Per_1000
Text(255)	HBIPS-2_1-12_Num	HBIPS-2_1-12_Num
Text(255)	HBIPS-2_1-12_Den	HBIPS-2_1-12_Den
Text(255)	HBIPS-2_1-12_Footnote	HBIPS-2_1-12_Footnote
Text(255)	HBIPS-2_13-17_Rate_Per_1000	HBIPS-2_13-17_Rate_Per_1000
Text(255)	HBIPS-2_13-17_Num	HBIPS-2_13-17_Num
Text(255)	HBIPS-2_13-17_Den	HBIPS-2_13-17_Den
Text(255)	HBIPS-2_13-17_Footnote	HBIPS-2_13-17_Footnote
Text(255)	HBIPS-2_18-64_Rate_Per_1000	HBIPS-2_18-64_Rate_Per_1000
Text(255)	HBIPS-2_18-64_Num	HBIPS-2_18-64_Num
Text(255)	HBIPS-2_18-64_Den	HBIPS-2_18-64_Den
Text(255)	HBIPS-2_18-64_Footnote	HBIPS-2_18-64_Footnote
Text(255)	HBIPS-2_65_Over_Rate_Per_1000	HBIPS-2_65_Over_Rate_Per_1000
Text(255)	HBIPS-2_65_Over_Num	HBIPS-2_65_Over_Num
Text(255)	HBIPS-2_65_Over_Den	HBIPS-2_65_Over_Den
Text(255)	HBIPS-2_65_Over_Footnote	HBIPS-2_65_Over_Footnote
Text(255)	HBIPS-3_Measure_Description	HBIPS-3_Measure_Description
Text(255)	HBIPS-3_Overall_Rate_Per_1000	HBIPS-3_Overall_Rate_Per_1000
Text(255)	HBIPS-3_Overall_Num	HBIPS-3_Overall_Num
Text(255)	HBIPS-3_Overall_Den	HBIPS-3_Overall_Den
Text(255)	HBIPS-3_Overall_Footnote	HBIPS-3_Overall_Footnote
Text(255)	HBIPS-3_1-12_Rate_Per_1000	HBIPS-3_1-12_Rate_Per_1000
Text(255)	HBIPS-3_1-12_Num	HBIPS-3_1-12_Num
Text(255)	HBIPS-3_1-12_Den	HBIPS-3_1-12_Den
Text(255)	HBIPS-3_1-12_Footnote	HBIPS-3_1-12_Footnote
Text(255)	HBIPS-3_13-17_Rate_Per_1000	HBIPS-3_13-17_Rate_Per_1000
Text(255)	HBIPS-3_13-17_Num	HBIPS-3_13-17_Num
Text(255)	HBIPS-3_13-17_Den	HBIPS-3_13-17_Den
Text(255)	HBIPS-3_13-17_Footnote	HBIPS-3_13-17_Footnote
Text(255)	HBIPS-3_18-64_Rate_Per_1000	HBIPS-3_18-64_Rate_Per_1000
Text(255)	HBIPS-3_18-64_Num	HBIPS-3_18-64_Num
Text(255)	HBIPS-3_18-64_Den	HBIPS-3_18-64_Den
Text(255)	HBIPS-3_18-64_Footnote	HBIPS-3_18-64_Footnote

Table Name _(Back to Table Listing)_	Access	CSV
	IPFQR_HOSPITAL	HOSPITAL_QUARTERLY_ QUALITYMEASURE_IPFQR_HOSPITAL.csv
Description	Inpatient Psychiatric Facility Quality Reporting Program measures hospital-level results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(255)	HBIPS-3_65_Over_Rate_Per_1000	HBIPS-3_65_Over_Rate_Per_1000
Text(255)	HBIPS-3_65_Over_Num	HBIPS-3_65_Over_Num
Text(255)	HBIPS-3_65_Over_Den	HBIPS-3_65_Over_Den
Text(255)	HBIPS-3_65_Over_Footnote	HBIPS-3_65_Over_Footnote
Text(255)	HBIPS-4_Measure_Description	HBIPS-4_Measure_Description
Text(255)	HBIPS-4_Overall_%_of_Total	HBIPS-4_Overall_%_of_Total
Text(255)	HBIPS-4_Overall_Num	HBIPS-4_Overall_Num
Text(255)	HBIPS-4_Overall_Den	HBIPS-4_Overall_Den
Text(255)	HBIPS-4_Overall_Footnote	HBIPS-4_Overall_Footnote
Text(255)	HBIPS-4_1-12_%_of_Total	HBIPS-4_1-12_%_of_Total
Text(255)	HBIPS-4_1-12_Num	HBIPS-4_1-12_Num
Text(255)	HBIPS-4_1-12_Den	HBIPS-4_1-12_Den
Text(255)	HBIPS-4_1-12_Footnote	HBIPS-4_1-12_Footnote
Text(255)	HBIPS-4_13-17_%_of_Total	HBIPS-4_13-17_%_of_Total
Text(255)	HBIPS-4_13-17_Num	HBIPS-4_13-17_Num
Text(255)	HBIPS-4_13-17_Den	HBIPS-4_13-17_Den
Text(255)	HBIPS-4_13-17_Footnote	HBIPS-4_13-17_Footnote
Text(255)	HBIPS-4_18-64_%_of_Total	HBIPS-4_18-64_%_of_Total
Text(255)	HBIPS-4_18-64_Num	HBIPS-4_18-64_Num
Text(255)	HBIPS-4_18-64_Den	HBIPS-4_18-64_Den
Text(255)	HBIPS-4_18-64_Footnote	HBIPS-4_18-64_Footnote
Text(255)	HBIPS-4_65_Over_%_of_Total	HBIPS-4_65_Over_%_of_Total
Text(255)	HBIPS-4_65_Over_Num	HBIPS-4_65_Over_Num
Text(255)	HBIPS-4_65_Over_Den	HBIPS-4_65_Over_Den
Text(255)	HBIPS-4_65_Over_Footnote	HBIPS-4_65_Over_Footnote
Text(255)	HBIPS-5_Measure_Description	HBIPS-5_Measure_Description
Text(255)	HBIPS-5_Overall_%_of_Total	HBIPS-5_Overall_%_of_Total
Text(255)	HBIPS-5_Overall_Num	HBIPS-5_Overall_Num
Text(255)	HBIPS-5_Overall_Den	HBIPS-5_Overall_Den
Text(255)	HBIPS-5_Overall_Footnote	HBIPS-5_Overall_Footnote
Text(255)	HBIPS-5_1-12_%_of_Total	HBIPS-5_1-12_%_of_Total
Text(255)	HBIPS-5_1-12_Num	HBIPS-5_1-12_Num
Text(255)	HBIPS-5_1-12_Den	HBIPS-5_1-12_Den
Text(255)	HBIPS-5_1-12_Footnote	HBIPS-5_1-12_Footnote
Text(255)	HBIPS-5_13-17_%_of_Total	HBIPS-5_13-17_%_of_Total
Text(255)	HBIPS-5_13-17_Num	HBIPS-5_13-17_Num
Text(255)	HBIPS-5_13-17_Den	HBIPS-5_13-17_Den
Text(255)	HBIPS-5_13-17_Footnote	HBIPS-5_13-17_Footnote
Text(255)	HBIPS-5_18-64_%_of_Total	HBIPS-5_18-64_%_of_Total
Text(255)	HBIPS-5_18-64_Num	HBIPS-5_18-64_Num
Text(255)	HBIPS-5_18-64_Den	HBIPS-5_18-64_Den
Text(255)	HBIPS-5_18-64_Footnote	HBIPS-5_18-64_Footnote
Text(255)	HBIPS-5_65_Over_%_of_Total	HBIPS-5_65_Over_%_of_Total
Text(255)	HBIPS-5_65_Over_Num	HBIPS-5_65_Over_Num
Text(255)	HBIPS-5_65_Over_Den	HBIPS-5_65_Over_Den
Text(255)	HBIPS-5_65_Over_Footnote	HBIPS-5_65_Over_Footnote
Text(255)	HBIPS-6_Measure_Description	HBIPS-6_Measure_Description
Text(255)	HBIPS-6_Overall_%_of_Total	HBIPS-6_Overall_%_of_Total

Table Name *(Back to Table Listing)*	Access	CSV
	IPFQR_HOSPITAL	HOSPITAL_QUARTERLY_ QUALITYMEASURE_IPFQR_HOSPITAL.csv
Description	Inpatient Psychiatric Facility Quality Reporting Program measures hospital-level results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(255)	HBIPS-6_Overall_Num	HBIPS-6_Overall_Num
Text(255)	HBIPS-6_Overall_Den	HBIPS-6_Overall_Den
Text(255)	HBIPS-6_Overall_Footnote	HBIPS-6_Overall_Footnote
Text(255)	HBIPS-6_1-12_%_of_Total	HBIPS-6_1-12_%_of_Total
Text(255)	HBIPS-6_1-12_Num	HBIPS-6_1-12_Num
Text(255)	HBIPS-6_1-12_Den	HBIPS-6_1-12_Den
Text(255)	HBIPS-6_1-12_Footnote	HBIPS-6_1-12_Footnote
Text(255)	HBIPS-6_13-17_%_of_Total	HBIPS-6_13-17_%_of_Total
Text(255)	HBIPS-6_13-17_Num	HBIPS-6_13-17_Num
Text(255)	HBIPS-6_13-17_Den	HBIPS-6_13-17_Den
Text(255)	HBIPS-6_13-17_Footnote	HBIPS-6_13-17_Footnote
Text(255)	HBIPS-6_18-64_%_of_Total	HBIPS-6_18-64_%_of_Total
Text(255)	HBIPS-6_18-64_Num	HBIPS-6_18-64_Num
Text(255)	HBIPS-6_18-64_Den	HBIPS-6_18-64_Den
Text(255)	HBIPS-6_18-64_Footnote	HBIPS-6_18-64_Footnote
Text(255)	HBIPS-6_65_Over_%_of_Total	HBIPS-6_65_Over_%_of_Total
Text(255)	HBIPS-6_65_Over_Num	HBIPS-6_65_Over_Num
Text(255)	HBIPS-6_65_Over_Den	HBIPS-6_65_Over_Den
Text(255)	HBIPS-6_65_Over_Footnote	HBIPS-6_65_Over_Footnote
Text(255)	HBIPS-7_Measure_Description	HBIPS-7_Measure_Description
Text(255)	HBIPS-7_Overall_%_of_Total	HBIPS-7_Overall_%_of_Total
Text(255)	HBIPS-7_Overall_Num	HBIPS-7_Overall_Num
Text(255)	HBIPS-7_Overall_Den	HBIPS-7_Overall_Den
Text(255)	HBIPS-7_Overall_Footnote	HBIPS-7_Overall_Footnote
Text(255)	HBIPS-7_1-12_%_of_Total	HBIPS-7_1-12_%_of_Total
Text(255)	HBIPS-7_1-12_Num	HBIPS-7_1-12_Num
Text(255)	HBIPS-7_1-12_Den	HBIPS-7_1-12_Den
Text(255)	HBIPS-7_1-12_Footnote	HBIPS-7_1-12_Footnote
Text(255)	HBIPS-7_13-17_%_of_Total	HBIPS-7_13-17_%_of_Total
Text(255)	HBIPS-7_13-17_Num	HBIPS-7_13-17_Num
Text(255)	HBIPS-7_13-17_Den	HBIPS-7_13-17_Den
Text(255)	HBIPS-7_13-17_Footnote	HBIPS-7_13-17_Footnote
Text(255)	HBIPS-7_18-64_%_of_Total	HBIPS-7_18-64_%_of_Total
Text(255)	HBIPS-7_18-64_Num	HBIPS-7_18-64_Num
Text(255)	HBIPS-7_18-64_Den	HBIPS-7_18-64_Den
Text(255)	HBIPS-7_18-64_Footnote	HBIPS-7_18-64_Footnote
Text(255)	HBIPS-7_65_Over_%_of_Total	HBIPS-7_65_Over_%_of_Total
Text(255)	HBIPS-7_65_Over_Num	HBIPS-7_65_Over_Num
Text(255)	HBIPS-7_65_Over_Den	HBIPS-7_65_Over_Den
Text(255)	HBIPS-7_65_Over_Footnote	HBIPS-7_65_Over_Footnote
Text(255)	Start_Date	Start_Date
Text(255)	End_Date	End_Date

Table Name (_Back to Table Listing_)	Access	CSV
	IPFQR_NATIONAL	HOSPITAL_QUARTERLY_ QUALITYMEASURE_IPFQR_NATIONALcsv
Description	Inpatient Psychiatric Facility Quality Reporting Program measures national-level results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(255)	N_HBIPS-2_Measure_Description	N_HBIPS-2_Measure_Description
Text(255)	N_HBIPS-2_Overall_Rate_Per_1000	N_HBIPS-2_Overall_Rate_Per_1000
Text(255)	N_HBIPS-2_Overall_Num	N_HBIPS-2_Overall_Num
Text(255)	N_HBIPS-2_Overall_Den	N_HBIPS-2_Overall_Den
Text(255)	N_HBIPS-2_1-12_Rate_Per_1000	N_HBIPS-2_1-12_Rate_Per_1000
Text(255)	N_HBIPS-2_1-12_Num	N_HBIPS-2_1-12_Num
Text(255)	N_HBIPS-2_1-12_Den	N_HBIPS-2_1-12_Den
Text(255)	N_HBIPS-2_13-17_Rate_Per_1000	N_HBIPS-2_13-17_Rate_Per_1000
Text(255)	N_HBIPS-2_13-17_Num	N_HBIPS-2_13-17_Num
Text(255)	N_HBIPS-2_13-17_Den	N_HBIPS-2_13-17_Den
Text(255)	N_HBIPS-2_18-64_Rate_Per_1000	N_HBIPS-2_18-64_Rate_Per_1000
Text(255)	N_HBIPS-2_18-64_Num	N_HBIPS-2_18-64_Num
Text(255)	N_HBIPS-2_18-64_Den	N_HBIPS-2_18-64_Den
Text(255)	N_HBIPS-2_65_Over_Rate_Per_1000	N_HBIPS-2_65_Over_Rate_Per_1000
Text(255)	N_HBIPS-2_65_Over_Num	N_HBIPS-2_65_Over_Num
Text(255)	N_HBIPS-2_65_Over_Den	N_HBIPS-2_65_Over_Den
Text(255)	N_HBIPS-3_Measure_Description	N_HBIPS-3_Measure_Description
Text(255)	N_HBIPS-3_Overall_Rate_Per_1000	N_HBIPS-3_Overall_Rate_Per_1000
Text(255)	N_HBIPS-3_Overall_Num	N_HBIPS-3_Overall_Num
Text(255)	N_HBIPS-3_Overall_Den	N_HBIPS-3_Overall_Den
Text(255)	N_HBIPS-3_1-12_Rate_Per_1000	N_HBIPS-3_1-12_Rate_Per_1000
Text(255)	N_HBIPS-3_1-12_Num	N_HBIPS-3_1-12_Num
Text(255)	N_HBIPS-3_1-12_Den	N_HBIPS-3_1-12_Den
Text(255)	N_HBIPS-3_13-17_Rate_Per_1000	N_HBIPS-3_13-17_Rate_Per_1000
Text(255)	N_HBIPS-3_13-17_Num	N_HBIPS-3_13-17_Num
Text(255)	N_HBIPS-3_13-17_Den	N_HBIPS-3_13-17_Den
Text(255)	N_HBIPS-3_18-64_Rate_Per_1000	N_HBIPS-3_18-64_Rate_Per_1000
Text(255)	N_HBIPS-3_18-64_Num	N_HBIPS-3_18-64_Num
Text(255)	N_HBIPS-3_18-64_Den	N_HBIPS-3_18-64_Den
Text(255)	N_HBIPS-3_65_Over_Rate_Per_1000	N_HBIPS-3_65_Over_Rate_Per_1000
Text(255)	N_HBIPS-3_65_Over_Num	N_HBIPS-3_65_Over_Num
Text(255)	N_HBIPS-3_65_Over_Den	N_HBIPS-3_65_Over_Den
Text(255)	N_HBIPS-4_Measure_Description	N_HBIPS-4_Measure_Description
Text(255)	N_HBIPS-4_Overall_%_of_Total	N_HBIPS-4_Overall_%_of_Total
Text(255)	N_HBIPS-4_Overall_Num	N_HBIPS-4_Overall_Num
Text(255)	N_HBIPS-4_Overall_Den	N_HBIPS-4_Overall_Den
Text(255)	N_HBIPS-4_1-12_%_of_Total	N_HBIPS-4_1-12_%_of_Total
Text(255)	N_HBIPS-4_1-12_Num	N_HBIPS-4_1-12_Num
Text(255)	N_HBIPS-4_1-12_Den	N_HBIPS-4_1-12_Den
Text(255)	N_HBIPS-4_13-17_%_of_Total	N_HBIPS-4_13-17_%_of_Total
Text(255)	N_HBIPS-4_13-17_Num	N_HBIPS-4_13-17_Num
Text(255)	N_HBIPS-4_13-17_Den	N_HBIPS-4_13-17_Den
Text(255)	N_HBIPS-4_18-64_%_of_Total	N_HBIPS-4_18-64_%_of_Total
Text(255)	N_HBIPS-4_18-64_Num	N_HBIPS-4_18-64_Num
Text(255)	N_HBIPS-4_18-64_Den	N_HBIPS-4_18-64_Den
Text(255)	N_HBIPS-4_65_Over_%_of_Total	N_HBIPS-4_65_Over_%_of_Total
Text(255)	N_HBIPS-4_65_Over_Num	N_HBIPS-4_65_Over_Num
Text(255)	N_HBIPS-4_65_Over_Den	N_HBIPS-4_65_Over_Den

Table Name (Back to Table Listing)	Access	CSV
	IPFQR_NATIONAL	HOSPITAL_QUARTERLY_ QUALITYMEASURE_IPFQR_NATIONALcsv
Description	Inpatient Psychiatric Facility Quality Reporting Program measures national-level results	
DDB Data Type	Column Name – Access	Column Name - CSV
Text(255)	N_HBIPS-5_Measure_Description	N_HBIPS-5_Measure_Description
Text(255)	N_HBIPS-5_Overall_%_of_Total	N_HBIPS-5_Overall_%_of_Total
Text(255)	N_HBIPS-5_Overall_Num	N_HBIPS-5_Overall_Num
Text(255)	N_HBIPS-5_Overall_Den	N_HBIPS-5_Overall_Den
Text(255)	N_HBIPS-5_1-12_%_of_Total	N_HBIPS-5_1-12_%_of_Total
Text(255)	N_HBIPS-5_1-12_Num	N_HBIPS-5_1-12_Num
Text(255)	N_HBIPS-5_1-12_Den	N_HBIPS-5_1-12_Den
Text(255)	N_HBIPS-5_13-17_%_of_Total	N_HBIPS-5_13-17_%_of_Total
Text(255)	N_HBIPS-5_13-17_Num	N_HBIPS-5_13-17_Num
Text(255)	N_HBIPS-5_13-17_Den	N_HBIPS-5_13-17_Den
Text(255)	N_HBIPS-5_18-64_%_of_Total	N_HBIPS-5_18-64_%_of_Total
Text(255)	N_HBIPS-5_18-64_Num	N_HBIPS-5_18-64_Num
Text(255)	N_HBIPS-5_18-64_Den	N_HBIPS-5_18-64_Den
Text(255)	N_HBIPS-5_65_Over_%_of_Total	N_HBIPS-5_65_Over_%_of_Total
Text(255)	N_HBIPS-5_65_Over_Num	N_HBIPS-5_65_Over_Num
Text(255)	N_HBIPS-5_65_Over_Den	N_HBIPS-5_65_Over_Den
Text(255)	N_HBIPS-6_Measure_Description	N_HBIPS-6_Measure_Description
Text(255)	N_HBIPS-6_Overall_%_of_Total	N_HBIPS-6_Overall_%_of_Total
Text(255)	N_HBIPS-6_Overall_Num	N_HBIPS-6_Overall_Num
Text(255)	N_HBIPS-6_Overall_Den	N_HBIPS-6_Overall_Den
Text(255)	N_HBIPS-6_1-12_%_of_Total	N_HBIPS-6_1-12_%_of_Total
Text(255)	N_HBIPS-6_1-12_Num	N_HBIPS-6_1-12_Num
Text(255)	N_HBIPS-6_1-12_Den	N_HBIPS-6_1-12_Den
Text(255)	N_HBIPS-6_13-17_%_of_Total	N_HBIPS-6_13-17_%_of_Total
Text(255)	N_HBIPS-6_13-17_Num	N_HBIPS-6_13-17_Num
Text(255)	N_HBIPS-6_13-17_Den	N_HBIPS-6_13-17_Den
Text(255)	N_HBIPS-6_18-64_%_of_Total	N_HBIPS-6_18-64_%_of_Total
Text(255)	N_HBIPS-6_18-64_Num	N_HBIPS-6_18-64_Num
Text(255)	N_HBIPS-6_18-64_Den	N_HBIPS-6_18-64_Den
Text(255)	N_HBIPS-6_65_Over_%_of_Total	N_HBIPS-6_65_Over_%_of_Total
Text(255)	N_HBIPS-6_65_Over_Num	N_HBIPS-6_65_Over_Num
Text(255)	N_HBIPS-6_65_Over_Den	N_HBIPS-6_65_Over_Den
Text(255)	N_HBIPS-7_Measure_Description	N_HBIPS-7_Measure_Description
Text(255)	N_HBIPS-7_Overall_%_of_Total	N_HBIPS-7_Overall_%_of_Total
Text(255)	N_HBIPS-7_Overall_Num	N_HBIPS-7_Overall_Num
Text(255)	N_HBIPS-7_Overall_Den	N_HBIPS-7_Overall_Den
Text(255)	N_HBIPS-7_1-12_%_of_Total	N_HBIPS-7_1-12_%_of_Total
Text(255)	N_HBIPS-7_1-12_Num	N_HBIPS-7_1-12_Num
Text(255)	N_HBIPS-7_1-12_Den	N_HBIPS-7_1-12_Den
Text(255)	N_HBIPS-7_13-17_%_of_Total	N_HBIPS-7_13-17_%_of_Total
Text(255)	N_HBIPS-7_13-17_Num	N_HBIPS-7_13-17_Num
Text(255)	N_HBIPS-7_13-17_Den	N_HBIPS-7_13-17_Den
Text(255)	N_HBIPS-7_18-64_%_of_Total	N_HBIPS-7_18-64_%_of_Total
Text(255)	N_HBIPS-7_18-64_Num	N_HBIPS-7_18-64_Num
Text(255)	N_HBIPS-7_18-64_Den	N_HBIPS-7_18-64_Den
Text(255)	N_HBIPS-7_65_Over_%_of_Total	N_HBIPS-7_65_Over_%_of_Total
Text(255)	N_HBIPS-7_65_Over_Num	N_HBIPS-7_65_Over_Num
Text(255)	N_HBIPS-7_65_Over_Den	N_HBIPS-7_65_Over_Den

Table Name *(Back to Table Listing)*	Access	CSV
	IPFQR_NATIONAL	HOSPITAL_QUARTERLY_ QUALITYMEASURE_IPFQR_NATIONALcsv
Description	Inpatient Psychiatric Facility Quality Reporting Program measures national-level results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(255)	Start_Date	Start_Date
Text(255)	End_Date	End_Date

Table Name *(Back to Table Listing)*	Access	CSV
	IPFQR_STATE	HOSPITAL_QUARTERLY_ QUALITYMEASURE_IPFQR_STATE.csv
Description	Inpatient Psychiatric Facility Quality Reporting Program measures state-level results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(255)	State	State
Text(255)	S_HBIPS-2_Measure_Description	S_HBIPS-2_Measure_Description
Text(255)	S_HBIPS-2_Overall_Rate_Per_1000	S_HBIPS-2_Overall_Rate_Per_1000
Text(255)	S_HBIPS-2_Overall_Num	S_HBIPS-2_Overall_Num
Text(255)	S_HBIPS-2_Overall_Den	S_HBIPS-2_Overall_Den
Text(255)	S_HBIPS-2_1-12_Rate_Per_1000	S_HBIPS-2_1-12_Rate_Per_1000
Text(255)	S_HBIPS-2_1-12_Num	S_HBIPS-2_1-12_Num
Text(255)	S_HBIPS-2_1-12_Den	S_HBIPS-2_1-12_Den
Text(255)	S_HBIPS-2_13-17_Rate_Per_1000	S_HBIPS-2_13-17_Rate_Per_1000
Text(255)	S_HBIPS-2_13-17_Num	S_HBIPS-2_13-17_Num
Text(255)	S_HBIPS-2_13-17_Den	S_HBIPS-2_13-17_Den
Text(255)	S_HBIPS-2_18-64_Rate_Per_1000	S_HBIPS-2_18-64_Rate_Per_1000
Text(255)	S_HBIPS-2_18-64_Num	S_HBIPS-2_18-64_Num
Text(255)	S_HBIPS-2_18-64_Den	S_HBIPS-2_18-64_Den
Text(255)	S_HBIPS-2_65_Over_Rate_Per_1000	S_HBIPS-2_65_Over_Rate_Per_1000
Text(255)	S_HBIPS-2_65_Over_Num	S_HBIPS-2_65_Over_Num
Text(255)	S_HBIPS-2_65_Over_Den	S_HBIPS-2_65_Over_Den
Text(255)	S_HBIPS-3_Measure_Description	S_HBIPS-3_Measure_Description
Text(255)	S_HBIPS-3_Overall_Rate_Per_1000	S_HBIPS-3_Overall_Rate_Per_1000
Text(255)	S_HBIPS-3_Overall_Num	S_HBIPS-3_Overall_Num
Text(255)	S_HBIPS-3_Overall_Den	S_HBIPS-3_Overall_Den
Text(255)	S_HBIPS-3_1-12_Rate_Per_1000	S_HBIPS-3_1-12_Rate_Per_1000
Text(255)	S_HBIPS-3_1-12_Num	S_HBIPS-3_1-12_Num
Text(255)	S_HBIPS-3_1-12_Den	S_HBIPS-3_1-12_Den
Text(255)	S_HBIPS-3_13-17_Rate_Per_1000	S_HBIPS-3_13-17_Rate_Per_1000
Text(255)	S_HBIPS-3_13-17_Num	S_HBIPS-3_13-17_Num
Text(255)	S_HBIPS-3_13-17_Den	S_HBIPS-3_13-17_Den
Text(255)	S_HBIPS-3_18-64_Rate_Per_1000	S_HBIPS-3_18-64_Rate_Per_1000
Text(255)	S_HBIPS-3_18-64_Num	S_HBIPS-3_18-64_Num
Text(255)	S_HBIPS-3_18-64_Den	S_HBIPS-3_18-64_Den
Text(255)	S_HBIPS-3_65_Over_Rate_Per_1000	S_HBIPS-3_65_Over_Rate_Per_1000
Text(255)	S_HBIPS-3_65_Over_Num	S_HBIPS-3_65_Over_Num
Text(255)	S_HBIPS-3_65_Over_Den	S_HBIPS-3_65_Over_Den
Text(255)	S_HBIPS-4_Measure_Description	S_HBIPS-4_Measure_Description
Text(255)	S_HBIPS-4_Overall_%_of_Total	S_HBIPS-4_Overall_%_of_Total
Text(255)	S_HBIPS-4_Overall_Num	S_HBIPS-4_Overall_Num
Text(255)	S_HBIPS-4_Overall_Den	S_HBIPS-4_Overall_Den
Text(255)	S_HBIPS-4_1-12_%_of_Total	S_HBIPS-4_1-12_%_of_Total
Text(255)	S_HBIPS-4_1-12_Num	S_HBIPS-4_1-12_Num

Table Name	Access	CSV
(Back to Table Listing)	IPFQR_NATIONAL	HOSPITAL_QUARTERLY_ QUALITYMEASURE_IPFQR_NATIONALcsv
Description	Inpatient Psychiatric Facility Quality Reporting Program measures national-level results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(255)	S_HBIPS-4_1-12_Den	S_HBIPS-4_1-12_Den
Text(255)	S_HBIPS-4_13-17_%_of_Total	S_HBIPS-4_13-17_%_of_Total
Text(255)	S_HBIPS-4_13-17_Num	S_HBIPS-4_13-17_Num
Text(255)	S_HBIPS-4_13-17_Den	S_HBIPS-4_13-17_Den
Text(255)	S_HBIPS-4_18-64_%_of_Total	S_HBIPS-4_18-64_%_of_Total
Text(255)	S_HBIPS-4_18-64_Num	S_HBIPS-4_18-64_Num
Text(255)	S_HBIPS-4_18-64_Den	S_HBIPS-4_18-64_Den
Text(255)	S_HBIPS-4_65_Over_%_of_Total	S_HBIPS-4_65_Over_%_of_Total
Text(255)	S_HBIPS-4_65_Over_Num	S_HBIPS-4_65_Over_Num
Text(255)	S_HBIPS-4_65_Over_Den	S_HBIPS-4_65_Over_Den
Text(255)	S_HBIPS-5_Measure_Description	S_HBIPS-5_Measure_Description
Text(255)	S_HBIPS-5_%_of_Total	S_HBIPS-5_%_of_Total
Text(255)	S_HBIPS-5_Overall_Num	S_HBIPS-5_Overall_Num
Text(255)	S_HBIPS-5_Overall_Den	S_HBIPS-5_Overall_Den
Text(255)	S_HBIPS-5_1-12_%_of_Total	S_HBIPS-5_1-12_%_of_Total
Text(255)	S_HBIPS-5_1-12_Num	S_HBIPS-5_1-12_Num
Text(255)	S_HBIPS-5_1-12_Den	S_HBIPS-5_1-12_Den
Text(255)	S_HBIPS-5_13-17_%_of_Total	S_HBIPS-5_13-17_%_of_Total
Text(255)	S_HBIPS-5_13-17_Num	S_HBIPS-5_13-17_Num
Text(255)	S_HBIPS-5_13-17_Den	S_HBIPS-5_13-17_Den
Text(255)	S_HBIPS-5_18-64_%_of_Total	S_HBIPS-5_18-64_%_of_Total
Text(255)	S_HBIPS-5_18-64_Num	S_HBIPS-5_18-64_Num
Text(255)	S_HBIPS-5_18-64_Den	S_HBIPS-5_18-64_Den
Text(255)	S_HBIPS-5_65_%_of_Total	S_HBIPS-5_65_%_of_Total
Text(255)	S_HBIPS-5_65_Over_Num	S_HBIPS-5_65_Over_Num
Text(255)	S_HBIPS-5_65_Over_Den	S_HBIPS-5_65_Over_Den
Text(255)	S_HBIPS-6_Measure_Description	S_HBIPS-6_Measure_Description
Text(255)	S_HBIPS-6_%_of_Total	S_HBIPS-6_%_of_Total
Text(255)	S_HBIPS-6_Overall_Num	S_HBIPS-6_Overall_Num
Text(255)	S_HBIPS-6_Overall_Den	S_HBIPS-6_Overall_Den
Text(255)	S_HBIPS-6_1-12_%_of_Total	S_HBIPS-6_1-12_%_of_Total
Text(255)	S_HBIPS-6_1-12_Num	S_HBIPS-6_1-12_Num
Text(255)	S_HBIPS-6_1-12_Den	S_HBIPS-6_1-12_Den
Text(255)	S_HBIPS-6_13-17_%_of_Total	S_HBIPS-6_13-17_%_of_Total
Text(255)	S_HBIPS-6_13-17_Num	S_HBIPS-6_13-17_Num
Text(255)	S_HBIPS-6_13-17_Den	S_HBIPS-6_13-17_Den
Text(255)	S_HBIPS-6_18-64_%_of_Total	S_HBIPS-6_18-64_%_of_Total
Text(255)	S_HBIPS-6_18-64_Num	S_HBIPS-6_18-64_Num
Text(255)	S_HBIPS-6_18-64_Den	S_HBIPS-6_18-64_Den
Text(255)	S_HBIPS-6_65_%_of_Total	S_HBIPS-6_65_%_of_Total
Text(255)	S_HBIPS-6_65_Over_Num	S_HBIPS-6_65_Over_Num
Text(255)	S_HBIPS-6_65_Over_Den	S_HBIPS-6_65_Over_Den
Text(255)	S_HBIPS-7_Measure_Description	S_HBIPS-7_Measure_Description
Text(255)	S_HBIPS-7_Overall_%_of_Total	S_HBIPS-7_Overall_%_of_Total
Text(255)	S_HBIPS-7_Overall_Num	S_HBIPS-7_Overall_Num
Text(255)	S_HBIPS-7_Overall_Den	S_HBIPS-7_Overall_Den
Text(255)	S_HBIPS-7_1-12_%_of_Total	S_HBIPS-7_1-12_%_of_Total
Text(255)	S_HBIPS-7_1-12_Num	S_HBIPS-7_1-12_Num

Table Name *(Back to Table Listing)*	Access	CSV
	IPFQR_NATIONAL	HOSPITAL_QUARTERLY_ QUALITYMEASURE_IPFQR_NATIONALcsv
Description	Inpatient Psychiatric Facility Quality Reporting Program measures national-level results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(255)	S_HBIPS-7_1-12_Den	S_HBIPS-7_1-12_Den
Text(255)	S_HBIPS-7_13-17_%_of_Total	S_HBIPS-7_13-17_%_of_Total
Text(255)	S_HBIPS-7_13-17_Num	S_HBIPS-7_13-17_Num
Text(255)	S_HBIPS-7_13-17_Den	S_HBIPS-7_13-17_Den
Text(255)	S_HBIPS-7_18-64_%_of_Total	S_HBIPS-7_18-64_%_of_Total
Text(255)	S_HBIPS-7_18-64_Num	S_HBIPS-7_18-64_Num
Text(255)	S_HBIPS-7_18-64_Den	S_HBIPS-7_18-64_Den
Text(255)	S_HBIPS-7_65_%_of_Total	S_HBIPS-7_65_%_of_Total
Text(255)	S_HBIPS-7_65_Over_Num	S_HBIPS-7_65_Over_Num
Text(255)	S_HBIPS-7_65_Over_Den	S_HBIPS-7_65_Over_Den
Text(255)	Start_Date	Start_Date
Text(255)	End_Date	End_Date

Linking Quality to Payment

Hospital Readmission Reduction Program (HRRP)

Table Name *(Back to Table Listing)*	Access	CSV
	vwHQI_READM_REDUCTION	READMISSION REDUCTION
Description	Readmission Reduction measures results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(255)	Hospital Name	Hospital Name
Text(255)	Provider Number	Provider Number
Text(255)	State	State
Text(255)	Measure Name	Measure Name
Text(255)	Number of Discharges	Number of Discharges
Text(255)	Footnote	Footnote
Text(255)	Excess Readmission Ratio	Excess Readmission Ratio
Text(255)	Predicted Readmission Rate	Predicted Readmission Rate
Text(255)	Expected Readmission Rate	Expected Readmission Rate
Text(255)	Number of Readmissions	Number of Readmissions
Text(255)	Start Date	Start Date
Text(255)	End Date	End Date

Hospital Value-Based Purchasing (HVBP) Program

Table Name *(Back to Table Listing)*	Access	CSV
	Hvbp_ami_02_25_2014	Hvbp_ami_02_25_2014.csv
Description	Hospital Value-Based Purchasing Acute Myocardial Infarction measures results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(255)	Provider Number	Provider Number
Text(255)	Hospital Name	Hospital Name
Text(255)	Address	Address
Text(255)	City	City
Text(255)	State	State

Table Name _(Back to Table Listing)_	Access	CSV
	Hvbp_ami_02_25_2014	Hvbp_ami_02_25_2014.csv
Description	Hospital Value-Based Purchasing Acute Myocardial Infarction measures results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(255)	ZIP Code	ZIP Code
Text(255)	County Name	County Name
Text(255)	AMI-7a Performance Rate	AMI-7a Performance Rate
Text(255)	AMI-7a Achievement Points	AMI-7a Achievement Points
Text(255)	AMI-7a Improvement Points	AMI-7a Improvement Points
Text(255)	AMI-7a Measure Score	AMI-7a Measure Score
Text(255)	AMI-8a Performance Rate	AMI-8a Performance Rate
Text(255)	AMI-8a Achievement Points	AMI-8a Achievement Points
Text(255)	AMI-8a Improvement Points	AMI-8a Improvement Points
Text(255)	AMI-8a Measure Score	AMI-8a Measure Score
Text(255)	AMI Condition/Procedure Score	AMI Condition/Procedure Score

Table Name _(Back to Table Listing)_	Access	CSV
	Hvbp_hai_02_25_2014	Hvbp_hai_02_25_2014.csv
Description	Hospital Value-Based Purchasing Healthcare-Associated Infections measures results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(255)	Provider Number	Provider Number
Text(255)	Hospital Name	Hospital Name
Text(255)	Address	Address
Text(255)	City	City
Text(255)	State	State
Text(255)	ZIP Code	ZIP Code
Text(255)	County Name	County Name
Text(255)	SCIP-Inf-1 Performance Rate	SCIP-Inf-1 Performance Rate
Text(255)	SCIP-Inf-1 Achievement Points	SCIP-Inf-1 Achievement Points
Text(255)	SCIP-Inf-1 Improvement Points	SCIP-Inf-1 Improvement Points
Text(255)	SCIP-Inf-1 Measure Score	SCIP-Inf-1 Measure Score
Text(255)	SCIP-Inf-2 Performance Rate	SCIP-Inf-2 Performance Rate
Text(255)	SCIP-Inf-2 Achievement Points	SCIP-Inf-2 Achievement Points
Text(255)	SCIP-Inf-2 Improvement Points	SCIP-Inf-2 Improvement Points
Text(255)	SCIP-Inf-2 Measure Score	SCIP-Inf-2 Measure Score
Text(255)	SCIP-Inf-3 Performance Rate	SCIP-Inf-3 Performance Rate
Text(255)	SCIP-Inf-3 Achievement Points	SCIP-Inf-3 Achievement Points
Text(255)	SCIP-Inf-3 Improvement Points	SCIP-Inf-3 Improvement Points
Text(255)	SCIP-Inf-3 Measure Score	SCIP-Inf-3 Measure Score
Text(255)	SCIP-Inf-4 Performance Rate	SCIP-Inf-4 Performance Rate
Text(255)	SCIP-Inf-4 Achievement Points	SCIP-Inf-4 Achievement Points
Text(255)	SCIP-Inf-4 Improvement Points	SCIP-Inf-4 Improvement Points
Text(255)	SCIP-Inf-4 Measure Score	SCIP-Inf-4 Measure Score
Text(255)	SCIP-Inf-9 Performance Rate	SCIP-Inf-9 Performance Rate
Text(255)	SCIP-Inf-9 Achievement Points	SCIP-Inf-9 Achievement Points
Text(255)	SCIP-Inf-9 Improvement Points	SCIP-Inf-9 Improvement Points
Text(255)	SCIP-Inf-9 Measure Score	SCIP-Inf-9 Measure Score
Text(255)	HAI Condition/Procedure Score	HAI Condition/Procedure Score

Table Name *(Back to Table Listing)*	Access	CSV
	Hvbp_hcahps_02_25_2014	Hvbp_hcahps_02_25_2014.csv
Description	Hospital Value-Based Purchasing HCAHPS measures results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(255)	Provider Number	Provider Number
Text(255)	Hospital Name	Hospital Name
Text(255)	Address	Address
Text(255)	City	City
Text(255)	State	State
Text(255)	ZIP Code	ZIP Code
Text(255)	County Name	County Name
Text(255)	Communication with Nurses Achievement Points	Communication with Nurses Achievement Points
Text(255)	Communication with Nurses Improvement Points	Communication with Nurses Improvement Points
Text(255)	Communication with Nurses Dimension Score	Communication with Nurses Dimension Score
Text(255)	Communication with Doctors Achievement Points	Communication with Doctors Achievement Points
Text(255)	Communication with Doctors Improvement Points	Communication with Doctors Improvement Points
Text(255)	Communication with Doctors Dimension Score	Communication with Doctors Dimension Score
Text(255)	Responsiveness of Hospital Staff Achievement Points	Responsiveness of Hospital Staff Achievement Points
Text(255)	Responsiveness of Hospital Staff Improvement Points	Responsiveness of Hospital Staff Improvement Points
Text(255)	Responsiveness of Hospital Staff Dimension Score	Responsiveness of Hospital Staff Dimension Score
Text(255)	Pain Management Achievement Points	Pain Management Achievement Points
Text(255)	Pain Management Improvement Points	Pain Management Improvement Points
Text(255)	Pain Management Dimension Score	Pain Management Dimension Score
Text(255)	Communication about Medicines Achievement Points	Communication about Medicines Achievement Points
Text(255)	Communication about Medicines Improvement Points	Communication about Medicines Improvement Points
Text(255)	Communication about Medicines Dimension Score	Communication about Medicines Dimension Score
Text(255)	Cleanliness and Quietness of Hospital Environment Achievement Points	Cleanliness and Quietness of Hospital Environment Achievement Points
Text(255)	Cleanliness and Quietness of Hospital Environment Improvement Poinst	Cleanliness and Quietness of Hospital Environment Improvement Points
Text(255)	Cleanliness and Quietness of Hospital Environment Dimension Score	Cleanliness and Quietness of Hospital Environment Dimension Score
Text(255)	Discharge Information Achievement Points	Discharge Information Achievement Points
Text(255)	Discharge Information Improvement Points	Discharge Information Improvement Points
Text(255)	Discharge Information Dimension Score	Discharge Information Dimension Score
Text(255)	Overall Rating of Hospital Achievement Points	Overall Rating of Hospital Achievement Points
Text(255)	Overall Rating of Hospital Improvement Points	Overall Rating of Hospital Improvement Points
Text(255)	Overall Rating of Hospital Dimension Score	Overall Rating of Hospital Dimension Score
Text(255)	HCAHPS Base Score	HCAHPS Base Score
Text(255)	HCAHPS Consistency Score	HCAHPS Consistency Score

Table Name *(Back to Table Listing)*	Access	CSV
	Hvbp_hf_02_25_2014	Hvbp_hf_02_25_2014.csv
Description	Hospital Value-Based Purchasing Process of Care—Heart Failure measures results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(255)	Provider Number	Provider Number
Text(255)	Hospital Name	Hospital Name

Text(255)	Address	Address
Text(255)	City	City
Text(255)	State	State
Text(255)	ZIP Code	ZIP Code
Text(255)	County Name	County Name
Text(255)	HF-1 Performance Rate	HF-1 Performance Rate
Text(255)	HF-1 Achievement Points	HF-1 Achievement Points
Text(255)	HF-1 Improvement Points	HF-1 Improvement Points
Text(255)	HF-1 Measure Score	HF-1 Measure Score
Text(255)	HF Condition/Procedure Score	HF Condition/Procedure Score

Table Name *(Back to Table Listing)*	Access	CSV
	Hvbp_outcome_02_25_2014	Hvbp_outcome_02_25_2014.csv
Description	Hospital Value-Based Purchasing Process of Care—Outcome measures results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(255)	Provider Number	Provider Number
Text(255)	Hospital Name	Hospital Name
Text(255)	Address	Address
Text(255)	City	City
Text(255)	State	State
Text(255)	ZIP Code	ZIP Code
Text(255)	County Name	County Name
Text(255)	MORT-30-AMI Performance Rate	MORT-30-AMI Performance Rate
Text(255)	MORT-30-AMI Achievement Points	MORT-30-AMI Achievement Points
Text(255)	MORT-30-AMI Improvement Points	MORT-30-AMI Improvement Points
Text(255)	MORT-30-AMI Measure Score	MORT-30-AMI Measure Score
Text(255)	MORT-30-HF Performance Rate	MORT-30-HF Performance Rate
Text(255)	MORT-30-HF Achievement Points	MORT-30-HF Achievement Points
Text(255)	MORT-30-HF Improvement Points	MORT-30-HF Improvement Points
Text(255)	MORT-30-HF Measure Score	MORT-30-HF Measure Score
Text(255)	MORT-30-PN Performance Rate	MORT-30-PN Performance Rate
Text(255)	MORT-30-PN Achievement Points	MORT-30-PN Achievement Points
Text(255)	MORT-30-PN Improvement Points	MORT-30-PN Improvement Points
Text(255)	MORT-30-PN Measure Score	MORT-30-PN Measure Score

Table Name *(Back to Table Listing)*	Access	CSV
	Hvbp_pn_02_25_2014	Hvbp_pn_02_25_2014.csv
Description	Hospital Value-Based Purchasing Process of Care—Pneumonia measures results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(255)	Provider Number	Provider Number
Text(255)	Hospital Name	Hospital Name
Text(255)	Address	Address
Text(255)	City	City
Text(255)	State	State
Text(255)	ZIP Code	ZIP Code
Text(255)	County Name	County Name
Text(255)	PN-3b Performance Rate	PN-3b Performance Rate
Text(255)	PN-3b Achievement Points	PN-3b Achievement Points
Text(255)	PN-3b Improvement Points	PN-3b Improvement Points
Text(255)	PN-3b Measure Score	PN-3b Measure Score
Text(255)	PN-6 Performance Rate	PN-6 Performance Rate

Table Name	Access	CSV
(*Back to Table Listing*)	Hvbp_pn_02_25_2014	Hvbp_pn_02_25_2014.csv
Description	Hospital Value-Based Purchasing Process of Care—Pneumonia measures results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(255)	PN-6 Achievement Points	PN-6 Achievement Points
Text(255)	PN-6 Improvement Points	PN-6 Improvement Points
Text(255)	PN-6 Measure Score	PN-6 Measure Score
Text(255)	PN Condition/Procedure Score	PN Condition/Procedure Score

Table Name	Access	CSV
(*Back to Table Listing*)	Hvbp_quarters	Hvbp_quarters
Description	The performance period and baseline period for Hospital Value-Based Purchasing	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(255)	Measure ID	Measure ID
Text(255)	Measure Description	Measure Description
Text(255)	Baseline Period	Baseline Period
Text(255)	Performance Period	Performance Period

Table Name	Access	CSV
(*Back to Table Listing*)	Hvbp_scip_02_25_2014	Hvbp_scip_02_25_2014.csv
Description	Hospital Value-Based Purchasing Process of Care—Surgical Care Improvement Project measures results	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(255)	Provider Number	Provider Number
Text(255)	Hospital Name	Hospital Name
Text(255)	Address	Address
Text(255)	City	City
Text(255)	State	State
Text(255)	ZIP Code	ZIP Code
Text(255)	County Name	County Name
Text(255)	SCIP-Card-2 Performance Rate	SCIP-Card-2 Performance Rate
Text(255)	SCIP-Card-2 Achievement Points	SCIP-Card-2 Achievement Points
Text(255)	SCIP-Card-2 Improvement Points	SCIP-Card-2 Improvement Points
Text(255)	SCIP-Card-2 Measure Score	SCIP-Card-2 Measure Score
Text(255)	SCIP-VTE-1 Performance Rate	SCIP-VTE-1 Performance Rate
Text(255)	SCIP-VTE-1 Achievement Points	SCIP-VTE-1 Achievement Points
Text(255)	SCIP-VTE-1 Improvement Points	SCIP-VTE-1 Improvement Points
Text(255)	SCIP-VTE-1 Measure Score	SCIP-VTE-1 Measure Score
Text(255)	SCIP-VTE-2 Performance Rate	SCIP-VTE-2 Performance Rate
Text(255)	SCIP-VTE-2 Achievement Points	SCIP-VTE-2 Achievement Points
Text(255)	SCIP-VTE-2 Improvement Points	SCIP-VTE-2 Improvement Points
Text(255)	SCIP-VTE-2 Measure Score	SCIP-VTE-2 Measure Score
Text(255)	SCIP Condition/Procedure Score	SCIP Condition/Procedure Score

Table Name	Access	CSV
(*Back to Table Listing*)	Hvbp_tps_02_25_2014	Hvbp_tps_02_25_2014.csv
Description	Overall performance score for Hospital Value-Based Purchasing	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(255)	Provider Number	Provider Number
Text(255)	Hospital Name	Hospital Name

DDB Data Type	Column Name – Access	Column Name - CSV
Table Name *(Back to Table Listing)*	**Access** Hvbp_tps_02_25_2014	**CSV** Hvbp_tps_02_25_2014.csv
Description	Overall performance score for Hospital Value-Based Purchasing	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text(255)	Address	Address
Text(255)	City	City
Text(255)	State	State
Text(255)	ZIP Code	ZIP Code
Text(255)	County Name	County Name
Text(255)	Unweighted Normalized Clinical Process of Care Domain Score	Unweighted Normalized Clinical Process of Care Domain Score
Text(255)	Weighted Clinical Process of Care Domain Score	Weighted Clinical Process of Care Domain Score
Text(255)	Unweighted Patient Experience of Care Domain Score	Unweighted Patient Experience of Care Domain Score
Text(255)	Weighted Patient Experience of Care Domain Score	Weighted Patient Experience of Care Domain Score
Text(255)	Unweighted Normalized Outcome Domain Score	Unweighted Normalized Outcome Domain Score
Text(255)	Weighted Outcome Domain Score	Weighted Outcome Domain Score
Text(255)	Total Performance Score	Total Performance Score

HVBP Program Payment Adjustments

Table Name *(Back to Table Listing)*	Access	CSV
	FY2013_Distribution_of_Net_Change_in_Base_Op_DRG_Payment_Amt	FY2013_Distribution_of_Net_Change_in_Base_Op_DRG_Payment_Amt.csv
Description	HVBP Distribution of Net Change in Base Operating DRG Payment Amount	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text (255)	Percentile	Percentile
Text (255)	Net Change in Base Operating DRG Payment Amount	Net Change in Base Operating DRG Payment Amount

Table Name *(Back to Table Listing)*	Access	CSV
	FY2013_Value_Based_Incentive_Payment_Amount	FY2013_Value_Based_Incentive_Payment_Amount
Description	HVBP Incentive Payment Amount	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text (255)	Incentive Payment Range	Incentive Payment Range
Text (255)	Number of Hospitals Receiving this Range	Number of Hospitals Receiving this Range

Table Name *(Back to Table Listing)*	Access	CSV
	FY2013_Net_Change_in_Base_Op_DRG_Payment_Amt	FY2013_Net_Change_in_Base_Op_DRG_Payment_Amt
Description	HVBP Net Change in Base Operating DRG Payment Amount	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text (255)	Net Change in Base Operating DRG Payment Amount	Net Change in Base Operating DRG Payment Amount
Number	Number of Hospitals Receiving this Range	Number of Hospitals Receiving this Range

Table Name *(Back to Table Listing)*	Access	CSV
	FY2013_Percent_Change_in_Base_Operating_DRG_Payment_Amounts	FY2013_Percent_Change_in_Medicare_Payments
Description	HVBP Percent Change in Base Operating DRG Payment Amount	
DDB Data Type	**Column Name – Access**	**Column Name - CSV**
Text (255)	% Change in Base Operating DRG Payment Amount	% Change in Base Operating DRG Payment Amount
Number	Number of Hospitals Receiving this % Change	Number of Hospitals Receiving this % Change

Appendix A – Hospital Compare Measures

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

Access	HQI_HOSP_HCAHPS
CSV	**HCAHPS –Hospital.csv**
Measure ID	**Measure Name**
H-COMP-1-A-P	Patients who reported that their nurses "Always" communicated well
H-COMP-1-U-P	Patients who reported that their nurses "Usually" communicated well
H-COMP-1-SN-P	Patients who reported that their nurses "Sometimes" or "Never" communicated well
H-COMP-2-A-P	Patients who reported that their doctors "Always" communicated well
H-COMP-2-U-P	Patients who reported that their doctors "Usually" communicated well
H-COMP-2-SN-P	Patients who reported that their doctors "Sometimes" or "Never" communicated well
H-COMP-3-A-P	Patients who reported that they "Always" 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-SN-P	Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted
H-COMP-4-A-P	Patients who reported that their pain was "Always" well controlled
H-COMP-4-U-P	Patients who reported that their pain was "Usually" well controlled
H-COMP-4-SN-P	Patients who reported that their pain was "Sometimes" or "Never" well controlled
H-COMP-5-A-P	Patients who reported that staff "Always" 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-SN-P	Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them
H-CLEAN-HSP-A-P	Patients who reported that their room and bathroom were "Always" clean
H-CLEAN-HSP-U-P	Patients who reported that their room and bathroom were "Usually" clean
H-CLEAN-HSP-SN-P	Patients who reported that their room and bathroom were "Sometimes" or "Never" clean
H-QUIET-A-P	Patients who reported that the area around their room was "Always" quiet at night
H-QUIET-U-P	Patients who reported that the area around their room was "Usually" quiet at night
H-QUIET-SN-P	Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night
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-N-P	Patients who reported that NO, they were not given information about what to do during their recovery at home
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-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-0-6	Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)
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-DN	Patients who reported NO, they would probably not or definitely not recommend the hospital

Access	HQI_HOSP_MSR_TimelyEffectiveCare
CSV	Timely and Effective Care – Hospital.csv
Measure ID	**Measure Name**
AMI-2	Heart Attack Patients Given Aspirin at Discharge
AMI-7a	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
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
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-1a	Patients assessed and given pneumonia vaccination
IMM-2	Patients assessed and given influenza vaccination
OP-1	Median Time to Fibrinolysis. *This measure is only found in the downloadable database, it is not displayed on Hospital Compare
OP-2	Outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival
OP-3b	Average number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital
OP-4	Outpatients with chest pain or possible heart attack who 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
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-3b	Pneumonia patients whose initial emergency room blood culture was performed prior to the administration of the first hospital dose of antibiotics
PN-6	Pneumonia patients given the most appropriate initial antibiotic(s)
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-1a	Surgery patients who were given an antibiotic at the right time (within one hour before surgery) to help prevent infection
SCIP-Inf-2a	Surgery patients who were given the right kind of antibiotic to help prevent infection
SCIP-Inf-3a	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 in the days right 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

Access	HQI_HOSP_HCAHPS
CSV	HCAHPS –Hospital.csv
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
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-HF	Rate of unplanned readmission for heart failure patients
MORT-30-PN	Death rate for pneumonia 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
PSI-14	A wound that splits open after surgery on the abdomen or pelvis
PSI-15	Accidental cuts and tears from medical treatment
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

Access	HQI_HOSP_ReadmCompDeath
CSV	**Readmissions Complications and Deaths – Hospital.csv**
Measure ID	**Measure Name**
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-HOSPWIDE	Rate of readmission after discharge from hospital (hospital-wide)

Access	HQI_HOSP_IMG
CSV	**Outpatient Imaging Efficiency – Hospital.csv**
Measure ID	**Measure Name**
OP-8	Outpatients with low back pain who had an MRI without trying recommended treatments first, such as physical therapy (If a number is high, it may mean the facility is doing too many unnecessary MRIs for low back pain)
OP-9	Outpatients who had a follow-up mammogram, ultrasound, or MRI of the breast within 45 days after a screening mammogram (A follow-up rate near zero may indicate missed cancer; a rate higher than 14% may mean there is unnecessary follow up)
OP-10	Outpatient CT scans of the abdomen that were "combination" (double) scans (If a number is high, it may mean that too many patients are being given a double scan when a single scan is all they need)
OP-11	Outpatient CT scans of the chest that were "combination" (double) scans (If a number is high, it may mean that too many patients are being given a double scan when a single scan is all they need)
OP-13	Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery (If a number is high, it may mean that too many cardiac scans were done prior to low-risk surgeries)
OP-14	Outpatients with brain CT scans who got a sinus CT scan at the same time (If a number is high, it may mean that too many patients are being given both a brain scan and sinus scan, when a single scan is all they need)

Access	HQI_HOSP_MSPB
CSV	**Medicare Hospital Spending per Patient – Hospital**
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
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	vwHQI_READM_REDUCTION
CSV	READMISSION REDUCTION
Measure ID	**Measure Name**
READ-30-AMI-HRRP	Excess readmission ratio for heart attack patients
READ-30-HF-HRRP	Excess readmission ratio for heart failure patients
READ-30-PN-HRRP	Excess readmission ratio for pneumonia patients

Access / CSV	HVBP Measures Directory
File Name	**Measure IDs**
Hvbp_ami_02_25_2014	AMI-7; AMI-8
Hvbp_hai_02_25_2014	SCIP-Inf-1; SCIP-Inf-2; SCIP-Inf-3; SCIP-Inf-4; SCIP-Inf-9
Hvbp_hcahps_02_25_2014	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_25_2014	HF-1
Hvbp_outcome_02_25_2014	MORT-30-AMI; MORT-30-HF; MORT-30-PN
Hvbp_pn_02_25_2014	PN-3b; PN-6
Hvbp_quarters	AMI-7a; AMI-8a; HCAHPS; HF-1; MORT-30-AMI; MORT-30-HF; MORT-30-PN; PN-3b; PN-6; SCIPT-Card-2; SCIP-Inf-1; SCIP-Inf-2; SCIP-Inf-3; SCIP-Inf-4; SCIP-Inf-9; SCIP-VTE-1; SCIP-VTE-2
Hvbp_scip_02_25_2014	SCIPT-Card-2; SCIP-VTE-1; SCIP-VTE-2
Hvbp_tps_02_25_2014	Clinical Process of Care, Patient Experience of Care, and Outcome Domain measures (weighted and unweighted scores)

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, four 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. These items address the following topics: Your Care From Nurses (Questions 1 - 4), Your Care From Doctors (Questions 5 - 7), The Hospital Environment (Questions 8 and 9), Your Experiences In This Hospital (Questions 10 - 17), When You Left The Hospital (Questions 18 - 20), Overall Rating Of Hospital (Questions 21 and 22), Understanding Your Care When You Left The Hospital (Questions 23 - 25), and About You (Questions 26 - 32).

Hospital Compare currently reports results for 6 composite topics, 2 individual topics and 2 global topics, as follows:
- Composite topics
  o Nurse communication (questions 1, 2, 3)
  o Doctor communication (questions 5, 6, 7)
  o Responsiveness of hospital staff (questions 4, 11)
  o Pain management (questions 13, 14)
  o Communication about medicines (questions 16, 17)
  o Discharge information (questions 19, 20)
- Individual topics
  o Cleanliness of hospital environment (question 8)
  o Quietness of hospital environment (question 9)
- Global topics
  o Overall rating of hospital (question 21)
  o Willingness to recommend hospital (question 22)

#	Question
Q1	During this hospital stay how often did nurses treat you with courtesy and respect?
Q2	During this hospital stay how often did nurses listen carefully to you?
Q3	During this hospital stay how often did nurses explain things in a way you could understand?
Q4	During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
Q5	During this hospital stay, how often did doctors treat you with courtesy and respect?
Q6	During this hospital stay, how often did doctors listen carefully to you?
Q7	During this hospital stay, how often did doctors explain things in a way you could understand?
Q8	During this hospital stay, how often were your room and bathroom kept clean?
Q9	During this hospital stay, how often was the area around your room quiet at night?
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?

Appendix C – Footnote Crosswalk

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

Hospital Compare Footnote Values
#	Text	Definition
1	The number of cases/patients is too few to report.	This footnote is applied: • 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.