System Requirements Specification

Hospital Compare Downloadable Database Data Dictionary

Centers for Medicare & Medicaid Services

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

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Introduction

Hospital Compare is a consumer-oriented website that provides information on the quality of care hospitals are providing to their patients. This information can help consumers make informed decisions about health care. Hospital Compare allows consumers to select multiple hospitals and directly compare performance measure information related to heart attack, emergency department care, preventive care, stroke care, and other conditions. The Centers for Medicare & Medicaid Services (CMS) created the Hospital Compare website to better inform health care consumers about a hospital's quality of care. Hospital Compare provides data on over 4,000 Medicare-certified hospitals, including acute care hospitals, critical access hospitals (CAHs), children's hospitals, Veterans Health Administration (VHA) Medical Centers, and hospital outpatient departments. Hospital Compare is part of an Administration-wide effort to increase the availability and accessibility of information on quality, utilization, and costs for effective, informed decision-making. More information about Hospital Compare can be found by visiting the CMS.gov website and performing a search for Hospital Compare. To access the Hospital Compare website, please visit www.medicare.gov/hospitalcompare.

Hospital Compare is typically updated, or refreshed, each quarter in January, April, July, and October, 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 zipped comma-separated value (CSV) flat file format can be found toward the top of the Official Hospital Compare Data website. A catalogue of datasets is also available toward the bottom of the website where files can be viewed and exported within a web browser. Datasets can be exported in a CSV format. A Get Started video tutorial is available on data.medicare.gov to assist with exporting the data. Embedded datasets for certain measures can also be found within the Hospital Compare website. Archived data in Microsoft Access and zipped comma-separated value (CSV) flat file formats from 2005 - 2018 are available in the Official Hospital Compare Data Archive.

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

Document Purpose

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

- General information (Overall Hospital Rating, demonstrating meaningful use, structural measures, and health information technology [HIT])
- Survey of patients' experiences – (Hospital Consumer Assessment of Healthcare Providers and Systems survey [HCAHPS])
- Timely and effective care (Cataract care, Colonscopy follow-up, Heart attack care, Emergency Department [ED] care, Preventive care, Cancer care, Blood clot prevention, Pregnancy & delivery care, and Outpatient imaging effeciency)
- Complications & deaths (Surgical complications, CMS Patient Safety Indicators [PSIs], Healthcare-associated infections [HAIs], and 30-day death [mortality] rates)
- Unplanned hospital visits (30-day rates of readmission and Excess Days in Acute Care [EDAC])
- Psychiatric Unit Services
- Payment & value of care (Medicare spending per beneficiary [MSPB], payment for heart attack, heart failure, hip/knee replacement, and pneumonia patients, and value of care for heart attack, heart failure, hip/knee replacement, and pneumonia patients)

In the Spotlight Section, there is a link to the Veterans Administration (VA) hospital embedded datasets displayed on Hospital Compare. Data is grouped in measure sets for display on the following pages:

- The Veterans Health Administration Hospital Performance Data
    - Timely and effective care

- Behavioral health
- Readmissions and deaths
- Patient Safety Indicators
- Experience of care

The Spotlight section of Hospital Compare provides links to data for the following quality reporting programs:

- Compare hospitals based on their overall star rating, which summarizes a variety of quality measures shown on Hospital Compare. Learn more
- Get information on inpatient psychiatric hospital and inpatient psychiatric unit services.
- Get hospital payment measures for 6 common types of clinical episodes in the downloadable databases.
- Veterans Administration hospitals data (VA) Updated January 2020
- PPS-exempt cancer hospitals Updated January 2020
- Ambulatory Surgical Centers Updated January 2020
- American College of Surgeons National Surgical Quality Improvement Program outcome measures® Updated January 2020
- Patient survey data for ambulatory surgical centers and hospital outpatient departments Updated January 2020
- View hospital survey (inspection) reports

The Additional Information section of Hospital Compare provides links to Hospital Compare data and data for the following payment programs:

- Hospital Compare data last updated January 29, 2020
- Explore and download Hospital Compare data. Updated January 29, 2020.
- Get data from Medicare programs that link quality to payment.
  - Hospital Readmissions Reduction Program (HRRP) Updated January 2020
  - Hospital Value-Based Purchasing Program (HVBP) Updated January 2020
  - Hospital-Acquired Condition (HAC) Reduction Program Updated January 2020
  - Comprehensive Care for Joint Replacement Model Updated July 2019

The following **Specification Manuals** are available on QualityNet.org:

- Specifications Manual for Hospital Inpatient Quality (IQR) Measures
- Hospital Outpatient Quality Reporting (OQR) Specifications Manual
- Ambulatory Surgical Center Quality Reporting Specifications Manual
- Specification Resources for IPFQR Program Measures

Acronym Index

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

Acronym	Meaning
ASC	Ambulatory Surgical Center
ASCQR	Ambulatory Surgical Center Quality Reporting
AMI	Acute Myocardial Infarction
AVG	Average
CABG	Coronary Artery Bypass Graft
CAUTI	Catheter-associated urinary tract infections
CDI	*Clostridium difficile* Infection
CEBP	Clinical Episode Based Purchasing
CJR	Comprehensive Care Joint Replacement
CLABSI	Central line-associated bloodstream infections
COMP	Complications
COPD	Chronic Obstructive Pulmonary Disease
DoD	Department of Defense
ED	Emergency Department
EDAC	Excess days in acute care
FTNT	Footnote
HACRP	Hospital-Acquired Conditions Reduction Program
HAI	Healthcare-Associated Infections
HBIPS	Hospital-Based Inpatient Psychiatric Services
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
HF	Heart Failure
HIP-KNEE	Total Hip/Knee Arthoplasty
HIT	Health Information Technology
HRRP	Hospital Readmissions Reduction Program
HVBP	Hospital Value-Based Purchasing
IMG	Imaging
IMM	Immunization
IPFQR	Inpatient Psychiatric Facility Quality Reporting
IQR	Inpatient Quality Reporting
MORT	Mortality
MRSA	Methicillin-Resistant *Staphylococcus aureus*
MSPB	Medicare Spending per Beneficiary (also referred to as SPP for Spending Per Patient)
MSA	Metropolitan Statistical Area
MSR	Measure
MPV	Medicare Payment and Volume
NQF	National Quality Forum
OAS CAHPS	Outpatient and Ambulatory Surigical Center Consumer Assessment of Healthcare Providers and Systems
OCM	Oncology Care Measures
OIE	Outpatient Imaging Efficiency
OP	Outpatient
OQR	Outpatient Quality Reporting
PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
PN	Pneumonia
PRO	Patient reported outcomes
PSI	Patient Safety Indicators
READM	Readmissions
SEP	Sepsis
SM	Structural Measures

SMD	Screening for Metabolic Disorder
SPP	Spending per Patient (also referred to as MSPB for Medicare Spending per Beneficiary)
STK	Stroke
THA	Total Hip Arthroplasty
TKA	Total Knee Arthroplasty
TR	Transition Record
TPS	Total Performance Score
TRISS	TRICARE Inpatient Satisfaction Surveys
VA	Veterans Administration
VHA	Veterans Health Administration
VOC	Value of care
VTE	Venous Thromboembolism

Measure Descriptions and Reporting Cycles

Data for each measure set are collected in differing time frames from various quality measurement contractors. Additional information about the measure update frequency/refresh schedule and data collection periods can be found in the Measures and Current Data Collection Periods section of the Hospital Compare website. Below is a brief description of the collection processes and reporting cycles for each measure set included on Hospital Compare:

Name	General Information: Overall Rating
Description/ Background	The Overall Hospital Ratings are designed to assist patients, consumers, and others in comparing hospitals side-by-side. The Overall Hospital Ratings show the quality of care a hospital may provide compared to other hospitals based on the quality measures reported on Hospital Compare. The Overall Hospital Rating summarizes more than 60 measures reported on Hospital Compare into a single rating. The measures come from the IQR, OQR, and other programs and encompass measures in seven measure groups: mortality, safety of care, readmission, patient experience, effectiveness of care, timeliness of care, and efficient use of medical imaging. The hospitals can receive between one and five stars, with five stars being the highest rating, and the more stars, the better the hospital performs on the quality measures. Most hospitals will display a three star rating. For more information, go to the Hospital Compare overall hospital ratings section. For more information regarding the methodology, go to the QualityNet.org Overall Hospital Ratings Methodology section.
Reporting Cycle	Data collection period will vary by measure, and will be updated annually.

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

Name	General Information: Health Information Technology (HIT) Measures
Description/ Background	As part of the general information available through CMS, hospitals submit HIT measure data which is part of the Electronic Health Record (EHR) Incentive Program. The HIT measures include hospitals' ability to receive lab results electronically and track patients' health information, including lab results, tests, and referrals electronically between visits. The data for hospitals who are using certified electonic health record technology to meet the requirements of meaningful use is available in the downloadable database files.
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 C – HCAHPS Survey Questions Listing section for a full list of current HCAHPS Survey items included in the Hospital Compare downloadable databases. More information about the HCAHPS Survey, including a complete list of survey questions, can be found on the official HCAHPS website.
Reporting Cycle	Collection period: 12 months. Refreshed quarterly.

Name	Timely and Effective Care: Process of Care Measures
Description/ Background	The measures of timely and effective care (also known as "process of care" measures) show the percentage of hospital patients who got treatments known to get the best results for certain common, serious medical conditions or surgical procedures; how quickly hospitals treat patients who come to the hospital with certain medical emergencies; and how well hospitals provide preventive services. These measures only apply to patients for whom the recommended treatment would be appropriate. The measures of timely and effective care apply to adults and children treated at hospitals paid under the Inpatient Prospective Payment System (IPPS) or the Outpatient Prospective Payment System (OPPS), as well as those that voluntarily report data on measures for whom the recommended treatments would be appropriate including: Medicare patients, Medicare managed care patients, and non-Medicare patients. Timely and effective care measures include severe sepsis and septic shock, cataract care follow-up, colonoscopy follow-up, heart attack care, preventive care, cancer care, and pregnancy and delivery care measures.
Reporting Cycle	Collection period: Approximately 12 months. Refreshed quarterly, except EDV-1, OP-22, OP-29, OP-30, OP-31, OP-33, IMM-3 which are refreshed annually.

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

Name	Complications: Surgical Complications – CMS Patient Safety Indicators (PSIs)
Description/ Background	Measures of serious complications are drawn from the Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators (PSIs). The overall score for serious complications is based on how often adult patients had certain serious, but potentially preventable, complications related to medical or surgical inpatient hospital care. The CMS PSIs reflect quality of care for hospitalized adults and focus on potentially avoidable complications and iatrogenic events. CMS PSIs only apply to Medicare beneficiaries who were discharged from a hospital paid through the IPPS. These indicators are risk adjusted to account for differences in hospital patients' characteristics. CMS calculates rates for CMS PSIs using Medicare claims data and a statitistical model that determines the interval estimates for the PSIs. CMS publicly reports data on two PSIs—PSI-4 (death rate among surgical patients with serious treatable complications) and the composite measure PSI-90. PSI-90 is composed of 11 NQF-endorsed measures, including PSI-3 (pressure ulcer rate), PSI-6 (iatrogenic pneumothorax rate), PSI-8 (postoperative hip fracture rate), PSI-9 (postoperative hemorrhage or hematoma rate), PSI-10 (postoperative physiologic and metabolic derangement rate), PSI-11 (postoperative respiratory failure rate), PSI-12 (postoperative pulmonary embolism or deep vein thrombosis rate), PSI-13 (postoperative sepsis rate), PSI-14 (postoperative wound dehiscence rate), and PSI-15 (accidental puncture or laceration rate). PSI-90's composite rate is the weighted average of its component indicators. Hospitals' PSI rates are

	compared to the national rate to determine if hospitals' performance on PSIs is better than the national rate (lower), no different than the national rate, or worse than the national rate (higher). Please note that the Patient Safety Indicator (PSI)-90 data were not refreshed in July 2017. The data were updated as part of the October 2017 release. Diagnosis coding switched from ICD-9 to ICD-10 in 2015. Data for the FY 2018 recalibrated PSI measures only represent the 15-month performance period of ICD-9 claims (7/1/14 to 9/30/15).
Reporting Cycle	Collection period: 24 months. Refreshed annually.

Name	**Complications: Healthcare-Associated Infections (HAI) Measures**
Description/ Background	To receive payment from CMS, hospitals are required to report data about some infections to the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN). The HAI measures show how often patients in a particular hospital contract certain infections during the course of their medical treatment, when compared to like hospitals. HAI measures provide information on infections that occur while the patient is in the hospital and include: central line-associated bloodstream infections (CLABSI), **c**atheter-associated urinary tract infections (CAUTI), surgical site infection (SSI) from colon surgery or abdominal hysterectomy, methicillin-resistant *Staphylococcus Aureus* (MRSA) blood laboratory-identified events (bloodstream infections), and *Clostridium difficile* (*C.diff*.) laboratory-identified events (intestinal infections). The HAI measures show how often patients in a particular hospital contract certain infections during the course of their medical treatment, when compared to like hospitals. The CDC calculates a Standardized Infection Ratio (SIR) which may take into account the type of patient care location, number of patients with an existing infection, laboratory methods, hospital affiliation with a medical school, bed size of the hospital, patient age, and classification of patient health. SIRs are calculated for the hospital, the state, and the nation. Hospitals' SIRs are compared to the national benchmark to determine if hospitals' performance on these measures is better than the national benchmark (lower), no different than the national benchmark, or worse than the national benchmark (higher). The HAI measures apply to all patients treated in acute care hospitals, including adult, pediatric, neonatal, Medicare, and non-Medicare patients.
Reporting Cycle	Collection period: 12 months. Refreshed quarterly.

Name	**Complications: 30-Day Mortality Measures**
Description/ Background	The 30-day death measures are estimates of deaths within 30-days of a hospital admission from any cause related to medical conditions, including heart attack (AMI), heart failure (HF), pneumonia (PN), chronic obstructive pulmonary disease (COPD), and stroke; as well as surgical procedures, including cornary artery bypass graft (CABG). Hospitals' rates are compared to the national rate to determine if hospitals' performance on these measures is better than the national rate (lower), no different than the national rate, or worse than the national rate (higher). For some hospitals, the number of cases is too small to reliably compare their results to the national average rate. CMS chose to measure death within 30 days instead of inpatient deaths to use a more consistent measurement time window because length of hospital stay varies across patients and hospitals. Rates are provided in the downloadable databases as decimals and typically indicate information that is presented on the Hospital Compare website as percentages. Lower percentages for readmission and mortality are better. The Mortality Measure Methodology Reports are available on QualityNet.org.
Reporting Cycle	Collection period: 36 months for all measures.

Name	**Unplanned hospital visits: 30-Day Readmissions**
Description/ Background	The 30-day unplanned readmission measures are estimates of unplanned readmission to any acute care hospital within 30 days of discharge from a hospitalization for any cause related to medical conditions, including heart attack (AMI), heart failure (HF), pneumonia (PN), and chronic obstructive pulmonary disease (COPD); and surgical procedures, including hip/knee replacement and cornary artery bypass graft (CABG), and colonoscopy procedures. The 30-day unplanned hospital-wide readmission measure focuses on whether patients who were discharged from a hospitalization were hospitalized again within 30 days. The hospital-wide readmission measure includes all medical, surgical and gynecological, neurological, cardiovascular, and cardiorespiratory patients. The outpatient colonoscopy measure is the facility 7-day risk standardized hospital visit rate after outpatient colonoscopy. Hospitals' rates are compared to the national rate to determine if

	hospitals' performance on these measures are better than the national rate (lower), no different than the national rate (the same), or worse than the national rate (higher). For some hospitals, the number of cases is too small to reliably compare their results to the national average rate. Rates are provided in the downloadable databases as decimals and typically indicate information that is presented on the Hospital Compare website as percentages. Lower percentages for readmission are better. The Readmissions Measure Methodology Reports are available QualityNet.org.
Reporting Cycle	Collection period: 36 months for all measures, except 12 months for READM-30-HOSP-WIDE. Refreshed annually. Collection period for OP-32 is 12 months. Refreshed annually.

Name	**Unplanned hospital visits: EDAC Measures**
Description/ Background	The readmission measures are estimates of the rate of unplanned readmission to an acute care hospital in the 30 days after discharge from a hospitalization. The hospital return days measures add up the number of days patients spent back in the hospital (in the emergency department, under observation, or in an inpatient unit) within 30 days after they were first treated and released for AMI and HF. The measures compare each hospital's return days to results from an average hospital with similar patients to determine if this hospital has more, similar, or fewer days than average The EDAC Measure Methodology Reports are available on QualityNet.org
Reporting Cycle	Collection period: 36 months for all measures, and are refreshed annually.

Name	**Use of Medical Imaging: Outpatient Imaging Efficiency (OIE)**
Description/ Background	CMS has adopted six measures which capture the quality of outpatient care in the area of imaging. CMS notes that the purpose of these measures is to promote high-quality efficient care. Each of the measures currently utilize both the Hospital OPPS claims and Physician Part B claims in the calculations. These calculations are based on the administrative claims of the Medicare fee-for-service population. Hospitals do not submit additional data for these measures. The measures on the use of medical imaging show how often a hospital provides specific imaging tests for Medicare beneficiaries under circumstances where they may not be medically appropriate. Lower percentages suggest more efficient use of medical imaging. The purpose of reporting these measures is to reduce unnecessary exposure to contrast materials and/or radiation, to ensure adherence to evidence-based medicine and practice guidelines, and to prevent wasteful use of Medicare resources. The measures only apply to Medicare patients treated in hospital outpatient departments.
Reporting Cycle	Collection period: 12 months. Refreshed annually.

Name	**Payment and Value of Care Measures**
Description/ Background	The Medicare Spending Per Beneficiary (MSPB-1) Measure assesses Medicare Part A and Part B payments for services provided to a Medicare beneficiary during a spending-per-beneficiary episode that spans from three days prior to an inpatient hospital admission through 30 days after discharge. The payments included in this measure are price-standardized and risk-adjusted. The payment measures for heart attack, heart failure, pneumonia, and hip/knee replacement include the payments made for Medicare beneficiaries who are 65 years and older. The measures add up payments made for care and supplies starting the day the patient enters the hospital and for the next 30 days or 90 days for hip/knee replacement. The measures are meant to reflect differences in the services and supplies provided to patients. Hospital results are provided in the downloadable databases for the heart attack, heart failure, pneumonia, and hip/knee replacement payment measures. You can see whether the payments made for patients treated at a particular hospital is less than, no different than, or greater than the national average payment. For some hospitals, the number of cases is too small to reliably compare their results to the national average payment. The Payment Measure Methodology Reports and MSBP Measure Methodology Reports are available on QualityNet.org.

Reporting Cycle	Collection Period: 12 months for MSPB-1 and CEBP measures, and 36 months for the payment for heart attack (PAYM-30-AMI), heart failure (PAYM-30-HF), pneumonia (PAYM-30-PN) measures, and hip/knee replacement (PAY-90-HIP-KNEE). All measures are 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: 12 months. Refreshed annually.

Name	**Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR) Program**
Description/ Background	The PPS-Exempt Cancer Hospital Quality Reporting Program measures allow consumers to find and compare the quality of care provided at the eleven PPS-exempt cancer hospitals participating in the program. Under the PCHQR Program, cancer hospitals submit data to CMS for Cancer-specific Treatment Measures: PPS-Exempt Cancer Hospitals also submit the following HCAHPS measures: Composite 1 (Q1 to Q3), Composite 2 (Q5 to Q7), Composite 3 (Q4 & Q11), Composite 5 (Q16 & Q17), Composite 6 (Q19 & Q20), Composite 7 (Q23 to Q25),Q21, Q 22, the star ratings and linear score PPS-Excempt Cancer Hospitals submit Oncology Care Measures (PCH -14 through PCH -18). PPS-Excempt Cancer Hospitals additionally submit a Clinical Effectiveness Measure (PCH -25). PPS-Exempt surgical site infection (SSI) from colon surgery or abdominal hysterectomy (PCH-07), methicillin-resistant *Staphylococcus Aureus* (MRSA) (PCH-27), and *Clostridium difficile* (*C.diff*.) laboratory-identified events (intestinal infections) PCH-26). PPS-Exempt Cancer Hospitals also report Influenza Vaccination Coverage Among Healthcare Personnel (HCP) (PCH-28). PPS-Exempt Cancer Hospitals submit Emergency Department measures PCH-30 and PCH-31.
Reporting Cycle	Collection period: 12 months for the PCH and Composite HCAHPS measures. PCH measures are refresed annually. Composite HCAHPS measures are refreshed quarterly.The PCH HAI measures are refreshed quarterly.

Name	Ambulatory Surgical Center Quality Reporting (ASCQR) Program
Description/ Background	The Ambulatory Surgical Center Quality Reporting (ASCQR) Program is a quality measure data reporting program implemented by the Centers for Medicare & Medicaid Services (CMS) for care provided in the ambulatory surgical center (ASC) setting. ASCs are health care facilities that perform surgeries and procedures outside the hospital setting. The ASCQR Program exists to promote higher quality, more efficient health care for Medicare beneficiaries through data reporting, quality improvement, and measure alignment with other clinical care settings. To participate in the program, an ASC must submit quality measure data. Once an ASC submits quality measure data under the ASCQR Program for any of the ASCQR measures, the ASC is considered to be participating in the program. ASCs that participate in the program and meet program requirements are rewarded based on the quality of care that they provide to patients. The program operates by (1) awarding ASCs that meet program requirements with an annual payment, and (2) reducing the annual payment by two percent for ASCs that do not participate in the program, or fail to meet program requirements for the ten ASC measures.
Reporting Cycle	Collection period: 12 months (ASC-1, -2, -3, -4, -5, -6, -7, -9, -10, -11, -12, -13 & -14). Refreshed annually.

Name	Linking Quality to Payment: Hospital-Acquired Conditions Reduction Program (HACRP)
Description/ Background	The Hospital-Acquired Condition Reduction Program (HACRP) was established in 2010 to provide an incentive for hospitals to reduce HACs. CMS adopted the AHRQ PSI-90 composite measure, the CDC NHSN central line-associated blood stream infection (CLABSI) measure, the CDC NHSN catheter-associated urinary tract infection (CAUTI) measure, the Surgical Site Infection (SSI) (colon and hysterectomy) measure, Methicillin-Resistant *Staphylococcus aureus* Bacteremia (MRSA), and *Clostridium difficile* Infection (CDI) as part of HACRP. The overall score for serious complication is based on how adult patients who had certain serious, but potentially preventable, complications related to medical or surgical inpatient hospital care scored on the individual measures. Details regarding the HACRP Overview and Scoring Methodology are available on QualityNet.org.
Reporting Cycle	Collection Period: 15 months (HACRP Domain 1 Score, and PSI-90); 24 months (HACRP Domain 2 Score, CAUTI, CDI, CLABSI, MRSA and SSI); 30 months (Total HAC Score). 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, CABG, COPD, HF, hip/knee replacement, 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. The HRRP Overview is available on QualityNet.org.
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 3,000 hospitals across the country. Hospitals are paid for inpatient acute care services based on the quality of care, not just quantity of the services they provide. The Fiscal Year 2018 HVBP program adjusts hospitals' payments based on their performance on four domains that reflect hospital quality: (1) Clinical Care, (2) Patient- and Caregiver- Centered Experience of Care/Care Coordination, (3) Safety, and (4) Efficiency and Cost Reduction. The domains consist of measures for Safety, Patient Experience of Care, Clinical Care Outcomes, Perinatal Outcomes, and Efficiency. The Total Performance Score (TPS) is comprised of the scores from the following domains: Clinical Care domain score (weighted as 25 percent of the TPS), the Patient- and Caregiver-Centered Experience of Care/Care Coordination domain score (weighted as 25 percent of the TPS), the Safety domain score (weighted as 25 percent of the TPS), and the Efficiency and Cost Reduction domain score (weighted as 25 percent of the TPS). The HVBP measure dates are available the HVBP Overview page on QualityNet.org and Measures are available on QualityNet.org.

Reporting Cycle	Collection period: 12 months for Patient- and Caregiver- Centered Experience of Care/Care Cordination domain, and for Efficiency and Cost Reduction domain, 12 months and 15 months for Safety domain measures (CMS, HAI, and PC-01), and 33 months for Clinical Care domain. Refreshed annually.

Name	**Linking Quality to Payment: HVBP Payment Adjustments**
Description/ Background	The Inpatient HVBP Program adjusts Medicare's payments to reward hospitals based on the quality of care that they provide to patients. The program operates by first reducing participating hospitals' Medicare payments by a specified percentage, then by 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.

Name	**Comprehensive Care for Joint Replacement Model**
Description/ Background	The Comprehensive Care for Joint Replacement (CJR) model encourages physicians, hospitals, and post-acute care providers to work together to improve quality of care for patients undergoing hip and knee replacement inpatient surgeries. This model tests bundled payment and quality measurement for an episode of care associated with hip and knee replacements to encourage hospitals, physicians, and post-acute care providers to work together to improve the quality and coordination of care from the initial hospitalization through recovery. The CJR model tracks two quality measures during an episode of care: • Complication rate for hip/knee replacement patients (Hospital-level risk-standardized complication rate [RSCR] following Total Hip Arthroplasty [THA] and/or Total Knee Arthroplasty [TKA)]) (NQF #1550) • Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey (NQF #0166), calculated as an HCAHPS Linear Mean Roll-Up Score The CJR model also encourages hospitals to voluntarily submit data on patient-reported outcomes (PROs) for patients undergoing hip/knee replacements (THA/TKA PROs) and limited data on risk variables (race and ethnicity, body mass index [BMI] or weight and height, and patient health literacy).
Reporting Cycle	Collection period: CJR HCAHPS – 12 months, refreshed annually, CJR Hip/Knee Complications – 36 months. Refreshed annually. PRO data is refreshed annually.

Name	**Outpatient and Ambulatory Surgical Center Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) Patient Survey**
Description/ Background	The OAS CAHPS® Patient Survey is a survey instrument and data collection methodology for measuring patients' perceptions of their outpatient and ambulatory surgical center experience. The survey is administered to a random sample of adult outpatient patientsafter discharge. The OAS CAHPS survey contains patient perspectives on care and patient rating items that encompass key topics: communication with facility staff, responsiveness of facility staff, pain management, communication about medicines, discharge information, cleanliness of facility environment, quietness of facility environment, and transition of care. The survey also includes screening questions and demographic items, which are used for adjusting the mix of patients across facilities and for analytic purposes. See the Appendix D – OAS CAHPS Survey Questions Listing section for a full list of current OAS CAHPS Survey items included in the Hospital Compare downloadable databases. More information about the OAS CAHPS Survey, including a complete list of survey questions, can be found on the official OAS CAHPS website.
Reporting Cycle	Collection period: 12 months. Refreshed quarterly.

Measure Dates

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 January 2020 Measure Dates file is shown below:

Measure_ID	Measure_Start_Quarter	Measure_Start_Date	Measure_End_Quarter	Measure_End_Date
ACS_REGISTRY	1Q2018	1/1/2018	4Q2018	12/31/2018
COMP_HIP_KNEE	2Q2015	4/1/2015	1Q2018	3/31/2018
COMP_HIP_KNEE_HVBP_Baseline	3Q2010	7/1/2010	2Q2013	6/30/2013
COMP_HIP_KNEE_HVBP_Performance	3Q2015	7/1/2015	2Q2018	6/30/2018
EDAC_30_AMI	3Q2015	7/1/2015	2Q2018	6/30/2018
EDAC_30_HF	3Q2015	7/1/2015	2Q2018	6/30/2018
EDAC_30_PN	3Q2015	7/1/2015	2Q2018	6/30/2018
EDV	1Q2018	1/1/2018	4Q2018	12/31/2018
ED_2b	2Q2018	4/1/2018	1Q2019	3/31/2019
FUH_30	3Q2017	7/1/2017	2Q2018	6/30/2018
FUH_7	3Q2017	7/1/2017	2Q2018	6/30/2018
HACRP_CAUTI	1Q2017	1/1/2017	4Q2018	12/31/2018
HACRP_CDI	1Q2017	1/1/2017	4Q2018	12/31/2018
HACRP_CLABSI	1Q2017	1/1/2017	4Q2018	12/31/2018
HACRP_MRSA	1Q2017	1/1/2017	4Q2018	12/31/2018
HACRP_PSI90	3Q2016	7/1/2016	2Q2018	6/30/2018
HACRP_SSI	1Q2017	1/1/2017	4Q2018	12/31/2018
HACRP_Total	3Q2016	7/1/2016	4Q2018	12/31/2018
HAI_1	2Q2018	4/1/2018	1Q2019	3/31/2019
HAI_1_HVBP_Baseline	1Q2016	1/1/2016	4Q2016	12/31/2016
HAI_1_HVBP_Performance	1Q2018	1/1/2018	4Q2018	12/31/2018
HAI_2	2Q2018	4/1/2018	1Q2019	3/31/2019
HAI_2_HVBP_Baseline	1Q2016	1/1/2016	4Q2016	12/31/2016
HAI_2_HVBP_Performance	1Q2018	1/1/2018	4Q2018	12/31/2018
HAI_3	2Q2018	4/1/2018	1Q2019	3/31/2019
HAI_3_HVBP_Baseline	1Q2016	1/1/2016	4Q2016	12/31/2016

File Summary

The table below shows the titles of all .CSV Revised file names included in the downloadable database. A “Hospital.pdf” (Data Dictionary) file is included with the downloadable databases format. Please note that the Data Updates file and ACS NSQIP dataset are only available on data.medicare.gov and not in the Downloadable Database .CSV files. Archived datasets contain the Access databases from May 2005 – October 2019.

CSV Revised Downloadable Database: **Hospital_revised_flatfiles.zip**
CSV Revised (.csv) file names
ASC_Facility
ASC_National
ASC_State
ASC_CCN_pr18q3_19q2
ASC_National_pr18q3_19q2
ASC_State_pr18q3_19q2
CJR PY3 Quality Reporting_July 2019_Production File
CMS_PSI_6_decimal_file
Complications and Deaths – Hospital
Complications and Deaths – National
Complications and Deaths – State
Footnote Crosswalk
footnotes_deliver_pr18q3_19q2
FY2018_Distribution_of_Net_Change_in_Base_Op_DRG_Payment_ Amt_2019-11-22
FY2018_Net_Change_in_Base_Op_DRG_Payment_Amt_2019-11-22
FY2018_Percent_Change_in_Medicare_Payments_2019-11-22
FY2018_Value_Based_Incentive_Payment_Amount_2019-11-22
HCAHPS – Hospital
HCAHPS – National
HCAHPS – State
Healthcare Associated Infections - Hospital
Healthcare Associated Infections - National
Healthcare Associated Infections – State
HOPD_CCN_pr18q3_19q2

CSV Revised Downloadable Database: **Hospital_revised_flatfiles.zip**
CSV Revised (.csv) file names
HOPD_NATIONAL_pr18q3_19q2
HOPD_STATE_pr18q3_19q2
Hospital General Information
HOSPITAL_ANNUAL_QUALITYMEASURE_PCH_EBRT_HOSPITAL
HOSPITAL_ANNUAL_QUALITYMEASURE_PCH_OCM_HOSPITAL
HOSPITAL_ANNUAL_QUALITYMEASURE_PCH_OUTCOMES_HOSPITAL
HOSPITAL_ANNUAL_QUALITYMEASURE_PCH_OUTCOMES_NATIONAL
HOSPITAL_QUARTERLY_HAC_DOMAIN_HOSPITAL
HOSPITAL_QUARTERLY_MSPB_6_DECIMALS
HOSPITAL_QUARTERLY_QUALITYMEASURE_PCH_HAI_HOSPITAL
HOSPITAL_QUARTERLY_QUALITYMEASURE_PCH_HCAHPS_HOSPITAL
HOSPITAL_QUARTERLY_QUALITYMEASURE_PCH_HCAHPS_NATIONAL
HOSPITAL_QUARTERLY_QUALITYMEASURE_PCH_HCAHPS_STATE
HOSPITAL_QUARTERLY_QUALITYMEASURE_RRP_HOSPITAL
hvbp_clinical_outcomes_12_09_2019
hvbp_efficiency_12_09_2019
hvbp_hcahps_12_09_2019
hvbp_safety_12_09_2019
hvbp_tps_12_09_2019
IPFQR_QualityMeasures_Facility
IPFQR_QualityMeasures_National
IPFQR_QualityMeasures_State
Measure_Dates
Medicare Hospital Spending by Claim
Medicare Hospital Spending per Patient - Hospital
Medicare Hospital Spending per Patient - National
Medicare Hospital Spending per Patient - State
Outpatient Imaging Efficiency - Hospital

CSV Revised Downloadable Database: **Hospital_revised_flatfiles.zip**
CSV Revised (.csv) file names
Outpatient Imaging Efficiency - National
Outpatient Imaging Efficiency - State
Payment - National
Payment - State
Payment and Value of Care - Hospital
Readmissions and Deaths – COPD - VA
Structural Measures - Hospital
Timely and Effective Care - Hospital
Timely and Effective Care - National
Timely and Effective Care - State
Unplanned Hospital Visits - Hospital
Unplanned Hospital Visits - National
Unplanned Hospital Visits - State
VA_IPF
VA_PSI
VA_TE
Value of Care - National
Veterans_Health_Administration_Measure_Dates
Veterans_Health_Administration_Provider_Level_Data

Downloadable Database Content Summary

CSV Flat Files Note: Opening CSV files in Excel will remove leading zeroes from data fields. Since some data, such as provider numbers, contain leading zeroes, it is recommended that you open CSV files using text editor programs such as Notepad to copy or view CSV file content. Fields having the data type of "Memo" do not require a length. They allow the user to input large amounts of text without limit. Fields having the data type of "Char" require the corresponding length provided. The CSV column names and file names should mirror the datasets found on Data.Medicare.gov.

General Information

Table *(Back to File Summary)*	Structural Measures (Hospital)
Description	Hospital-level results for structural measures
File Name	STRUCTURAL MEASURES - HOSPITAL.CSV
Data Type	**Column Name - CSV**
Num(8)	Facility ID
Char(52)	Facility Name
Char(51)	Address
Char(20)	City
Char(2)	State
Num(8)	ZIP Code
Char(25)	County Name
Char(14)	Phone Number
Char(5)	Measure ID
Char(89)	Measure Name
Char(13)	Measure Response
Num(8)	Footnote
Date	Start Date
Date	End Date

Table *(Back to File Summary)*	Measure Dates
Description	Current collection dates for all measures on Hospital Compare
File Name	MEASURE_DATES.CSV
Data Type	**Column Name - CSV**
Char(30)	Measure ID

Table *(Back to File Summary)*	Measure Dates
Description	Current collection dates for all measures on Hospital Compare
File Name	MEASURE_DATES.CSV
Data Type	**Column Name - CSV**
Char(110)	Measure Name
Char(6)	Measure Start Quarter
Date	Start Date
Char(6)	Measure End Quarter
Date	End Date

Table *(Back to File Summary)*	Footnote Crosswalk
Description	Look up table for footnote summary text
File Name	FOOTNOTE CROSSWALK.CSV
Data Type	**Column Name - CSV**
Char(2)	Footnote
Char(226)	Footnote Text

Survey of Patients' Experiences

Table *(Back to File Summary)*	HCAHPS (Hospital)
Description	Hospital-level results for the Hospital Consumer Assessment of Healthcare Providers and **Systems**
File Name	HCAHPS - HOSPITAL.CSV
Data Type	**Column Name - CSV**
Char(6)	Facility ID
Char(66)	Facility Name
Char(51)	Address
Char(19)	City
Char(2)	State
Num(8)	ZIP Code
Char(25)	County Name
Char(14)	Phone Number
Char(25)	HCAHPS Measure ID
Char(138)	HCAHPS Question
Char(118)	HCAHPS Answer Description
Char(14)	Patient Survey Star Rating
Char(7)	Patient Survey Star Rating Footnote
Char(14)	HCAHPS Answer Percent
Char(8)	HCAHPS Answer Percent Footnote
Char(14)	HCAHPS Linear Mean Value
Char(13)	Number of Completed Surveys
Char(8)	Number of Completed Surveys Footnote
Char(13)	Survey Response Rate Percent
Char(8)	Survey Response Rate Percent Footnote
Date	Start Date
Date	End Date

Table *(Back to File Summary)*	HCAHPS (National)
Description	National-level results for the Hospital Consumer Assessment of Healthcare Providers and Systems
File Name	HCAHPS - NATIONAL.CSV
Data Type	**Column Name - CSV**
Char(21)	HCAHPS Measure ID
Char(138)	HCAHPS Question
Char(118)	HCAHPS Answer Description
Num(8)	HCAHPS Answer Percent
Char(1)	Footnote
Date	Start Date
Date	End Date

Table *(Back to File Summary)*	HCAHPS (State)
Description	State-level results for the Hospital Consumer Assessment of Healthcare Providers and **Systems**
File Name	HCAHPS - STATE.CSV
Data Type	**Column Name - CSV**
Char(2)	State
Char(21)	HCAHPS Measure ID
Char(138)	HCAHPS Question
Char(118)	HCAHPS Answer Description
Char(13)	HCAHPS Answer Percent
Num(8)	Footnote
Date	Start Date
Date	End Date

Timely and Effective Care

Table *(Back to File Summary)*	Timely and Effective Care (Hospital)
Description	Hospital-level results for Process of Care measures
File Name	TIMELY AND EFFECTIVE CARE - HOSPITAL.CSV
Data Type	**Column Name - CSV**
Char(6)	Facility ID
Char(53)	Facility Name
Char(51)	Address
Char(20)	City
Char(2)	State
Num(8)	ZIP Code
Char(25)	County Name
Char(14)	Phone Number
Char(27)	Condition
Char(11)	Measure ID
Char(223)	Measure Name
Char(13)	Score
Char(13)	Sample
Char(9)	Footnote
Date	Start Date
Date	End Date

Table *(Back to File Summary)*	Timely and Effective Care (National)
Description	National-level results for Process of Care measures
File Name	TIMELY AND EFFECTIVE CARE - NATIONAL.CSV
Data Type	**Column Name - CSV**
Char(21)	Measure ID
Char(225)	Measure Name
Char(27)	Condition
Char(133)	Category

Table *(Back to File Summary)*	Timely and Effective Care (National)
Description	National-level results for Process of Care measures
File Name	TIMELY AND EFFECTIVE CARE - NATIONAL.CSV
Data Type	**Column Name - CSV**
Num(8)	Score
Char(8)	Footnote
Date	Start Date
Date	End Date

Table *(Back to File Summary)*	Timely and Effective Care (State)
Description	State-level results for Process of Care measures
File Name	TIMELY AND EFFECTIVE CARE - STATE.CSV
Data Type	**Column Name - CSV**
Char(2)	State
Char(27)	Condition
Char(20)	Measure ID
Char(225)	Measure Name
Char(13)	Score
Char(8)	Footnote
Date	Start Date
Date	End Date

Complications and Deaths

Table *(Back to File Summary)*	Complications and Deaths (Hospital)
Description	Hospital-level results for surgical complications and mortality **measures**
File Name	COMPLICATIONS AND DEATHS - HOSPITAL.CSV
Data Type	**Column Name - CSV**
Char(6)	Facility ID
Char(66)	Facility Name
Char(39)	Address
Char(19)	City
Char(2)	State
Num(8)	ZIP Code
Char(25)	County Name
Char(14)	Phone Number
Char(25)	Measure ID
Char(72)	Measure Name
Char(36)	Compared to National
Char(13)	Denominator
Char(13)	Score
Char(13)	Lower Estimate
Char(13)	Higher Estimate
Num(8)	Footnote
Date	Start Date
Date	End Date

Table *(Back to File Summary)*	Complications and Deaths (National)
Description	National-level results for surgical complications and mortality **measures**
File Name	COMPLICATIONS AND DEATHS - NATIONAL.CSV
Data Type	**Column Name - CSV**
Char(25)	Measure ID

Table *(Back to File Summary)*	Complications and Deaths (National)
Description	National-level results for surgical complications and mortality **measures**
File Name	COMPLICATIONS AND DEATHS - NATIONAL.CSV
Data Type	**Column Name - CSV**
Char(72)	Measure Name
Num(8)	National Rate
Num(8)	Number of Hospitals Worse
Num(8)	Number of Hospitals Same
Num(8)	Number of Hospitals Better
Char(13)	Number of Hospitals Too Few
Char(1)	Footnote
Date	Start Date
Date	End Date

Table *(Back to File Summary)*	Complications and Deaths (State**)**
Description	State-level results for surgical complications and mortality **measures**
File Name	COMPLICATIONS AND DEATHS - STATE.CSV
Data Type	**Column Name - CSV**
Char(2)	State
Char(25)	Measure ID
Char(72)	Measure Name
Char(13)	Number of Hospitals Worse
Char(13)	Number of Hospitals Same
Char(13)	Number of Hospitals Better
Char(13)	Number of Hospitals Too Few
Num(8)	Footnote
Date	Start Date
Date	End Date

Table *(Back to File Summary)*	PSI 6 Decimals
Description	CMS PSI-90 and component measures by facility displayed to 6 **decimals**
File Name	CMS_PSI_6_DECIMAL_FILE.CSV
Data Type	**Column Name - CSV**
Num(8)	Facility ID
Char(50)	Facility Name
Char(39)	Address
Char(19)	City
Char(2)	State
Num(8)	ZIP Code
Char(25)	County
Char(6)	Measure ID
Char(63)	Measure Name
Char(13)	Rate
Num(8)	Footnote
Date	Start Date
Date	End Date

Healthcare-associated Infections (HAI)

Table *(Back to File Summary)*	HAI (Hospital**)**
Description	Hospital-level results for healthcare-associated infections **measures**
File Name	HEALTHCARE ASSOCIATED INFECTIONS - HOSPITAL.CSV
Data Type	**Column Name - CSV**
Num(8)	Facility ID
Char(49)	Facility Name
Char(39)	Address
Char(17)	City
Char(2)	State

Table *(Back to File Summary)*	HAI (Hospital**)**
Description	Hospital-level results for healthcare-associated infections **measures**
File Name	HEALTHCARE ASSOCIATED INFECTIONS - HOSPITAL.CSV
Data Type	**Column Name - CSV**
Num(8)	ZIP Code
Char(25)	County Name
Char(14)	Phone Number
Char(15)	Measure ID
Char(98)	Measure Name
Char(36)	Compared to National
Char(13)	Score
Char(7)	Footnote
Date	Start Date
Date	End Date

Table *(Back to File Summary)*	HAI (National**)**
Description	National-level results for healthcare-associated infections **measures**
File Name	HEALTHCARE ASSOCIATED INFECTIONS - NATIONAL.CSV
Data Type	**Column Name - CSV**
Char(9)	Measure ID
Char(66)	Measure Name
Num(8)	Score
Char(1)	Footnote
Date	Start Date
Date	End Date

Table *(Back to File Summary)*	HAI (State**)**
Description	State-level results for healthcare-associated infections **measures**
File Name	HEALTHCARE ASSOCIATED INFECTIONS - STATE.CSV
Data Type	**Column Name - CSV**
Char(2)	State
Char(13)	Measure ID
Char(90)	Measure Name
Char(13)	Score
Num(8)	Footnote
Date	Start Date
Date	End Date

Unplanned Hospital Visits

Table *(Back to File Summary)*	Unplanned Hospital Visits (Hospital**)**
Description	Hospital-level results for 30-day readmissions measures and hospital return **days**
File Name	UNPLANNED HOSPITAL VISITS - HOSPITAL.CSV
Data Type	**Column Name - CSV**
Char(6)	Facility ID
Char(66)	Facility Name
Char(51)	Address
Char(19)	City
Char(2)	State
Num(8)	ZIP Code
Char(25)	County Name
Char(14)	Phone Number
Char(18)	Measure ID
Char(87)	Measure Name
Char(42)	Compared to National

Table *(Back to File Summary)*	Unplanned Hospital Visits (Hospital**)**
Description	Hospital-level results for 30-day readmissions measures and hospital return **days**
File Name	UNPLANNED HOSPITAL VISITS - HOSPITAL.CSV
Data Type	**Column Name - CSV**
Char(13)	Denominator
Char(13)	Score
Char(13)	Lower Estimate
Char(13)	Higher Estimate
Num(8)	Footnote
Date	Start Date
Date	End Date

Table *(Back to File Summary)*	Unplanned Hospital Visits (National**)**
Description	National-level results for 30-day readmissions measures and hospital return **days**
File Name	UNPLANNED HOSPITAL VISITS - NATIONAL.CSV
Data Type	**Column Name - CSV**
Char(18)	Measure ID
Char(87)	Measure Name
Char(14)	National Rate
Char(14)	Number of Hospitals Worse
Char(14)	Number of Hospitals Same
Char(14)	Number of Hospitals Better
Char(14)	Number of Hospitals Too Few
Num(8)	Footnote
Date	Start Date
Date	End Date
Char(14)	Number of Hospitals Fewer
Char(14)	Number of Hospitals Average

Table *(Back to File Summary)*	Unplanned Hospital Visits (National**)**
Description	National-level results for 30-day readmissions measures and hospital return **days**
File Name	UNPLANNED HOSPITAL VISITS - NATIONAL.CSV
Data Type	**Column Name - CSV**
Char(14)	Number of Hospitals More
Char(14)	Number of Hospitals Too Small

Table *(Back to File Summary)*	Unplanned Hospital Visits (State**)**
Description	State-level results for 30-day readmissions measures and hospital return **days**
File Name	UNPLANNED HOSPITAL VISITS - STATE.CSV
Data Type	**Column Name - CSV**
Char(2)	State
Char(18)	Measure ID
Char(87)	Measure Name
Char(14)	Number of Hospitals Worse
Char(14)	Number of Hospitals Same
Char(14)	Number of Hospitals Better
Char(14)	Number of Hospitals Too Few
Num(8)	Footnote
Date	Start Date
Date	End Date
Char(14)	Number of Hospitals Fewer
Char(14)	Number of Hospitals Average
Char(14)	Number of Hospitals More
Char(14)	Number of Hospitals Too Small

Use of Medical Imaging

Table *(Back to File Summary)*	Outpatient Imaging Efficiency (Hospital**)**
Description	Hospital-level results for measures of the use of medical **imaging**
File Name	OUTPATIENT IMAGING EFFICIENCY - HOSPITAL.CSV
Data Type	**Column Name - CSV**
Num(8)	Facility ID
Char(50)	Facility Name
Char(42)	Address
Char(19)	City
Char(2)	State
Num(8)	ZIP Code
Char(25)	County Name
Char(14)	Phone Number
Char(5)	Measure ID
Char(83)	Measure Name
Char(13)	Score
Num(8)	Footnote
Date	Start Date
Date	End Date

Table *(Back to File Summary)*	Outpatient Imaging Efficiency (National)
Description	National-level results for measures of the use of medical imaging
File Name	OUTPATIENT IMAGING EFFICIENCY - NATIONAL.CSV
Data Type	**Column Name - CSV**
Char(5)	Measure ID
Char(83)	Measure Name
Num(8)	Score
Char(1)	Footnote

Table *(Back to File Summary)*	Outpatient Imaging Efficiency (National)
Description	National-level results for measures of the use of medical imaging
File Name	OUTPATIENT IMAGING EFFICIENCY - NATIONAL.CSV
Data Type	**Column Name - CSV**
Date	Start Date
Date	End Date

Table *(Back to File Summary)*	Outpatient Imaging Efficiency (State)
Description	State-level results for measures of the use of medical imaging
File Name	OUTPATIENT IMAGING EFFICIENCY - STATE.CSV
Data Type	**Column Name - CSV**
Char(2)	State
Char(5)	Measure ID
Char(83)	Measure Name
Char(13)	Score
Num(8)	Footnote
Date	Start Date
Date	End Date

Payment and Value of Care

Table *(Back to File Summary)*	Payment and Value of Care (Hospital**)**
Description	Hospital-level results for payment measures and value of care displays associated with 30-day mortality **measures**
File Name	PAYMENT AND VALUE OF CARE - HOSPITAL.CSV
Data Type	**Column Name - CSV**
Num(8)	Facility ID
Char(51)	Facility Name
Char(51)	Address
Char(20)	City
Char(2)	State
Num(8)	ZIP Code
Char(25)	County Name
Char(14)	Phone Number
Char(16)	Payment Measure ID
Char(41)	Payment Measure Name
Char(46)	Payment Category
Char(13)	Denominator
Char(13)	Payment
Char(13)	Lower Estimate
Char(13)	Higher Estimate
Num(8)	Payment Footnote
Char(21)	Value of Care Display ID
Char(34)	Value of Care Display Name
Char(41)	Value of Care Category
Num(8)	Value of Care Footnote
Date	Start Date
Date	End Date

Table *(Back to File Summary)*	Payment (National)
Description	National-level results for payment measures
File Name	PAYMENT - NATIONAL.CSV
Data Type	**Column Name - CSV**
Char(16)	Measure ID
Char(41)	Measure Name
Char(9)	National Payment
Num(8)	Number Less Than National Payment
Num(8)	Number Same as National Payment
Num(8)	Number Greater Than National Payment
Num(8)	Number of Hospitals Too Few
Char(1)	Footnote
Date	Start Date
Date	End Date

Table *(Back to File Summary)*	Payment (State)
Description	State-level results for payment measures
File Name	PAYMENT - STATE.CSV
Data Type	**Column Name - CSV**
Char(2)	State
Char(16)	Measure ID
Char(41)	Measure Name
Char(13)	Number Less Than National Payment
Char(13)	Number Same as National Payment
Char(13)	Number Greater Than National Payment
Char(13)	Number of Hospitals Too Few
Num(8)	Footnote
Date	Start Date
Date	End Date

Table *(Back to File Summary)*	Value of Care (National)
Description	National-level results for value of care displays associated with 30-day mortality measures
File Name	VALUE OF CARE - NATIONAL.CSV
Data Type	**Column Name - CSV**
Char(50)	Value of Care Measure ID
Char(89)	Value of Care Measure Name
Char(13)	Number of Hospitals
Date	Start Date
Date	End Date

Medicare Spending per Beneficiary (MSPB)

Table *(Back to File Summary)*	MSPB (Hospital)
Description	Hospital-level Medicare Spending per Beneficiary
File Name	MEDICARE HOSPITAL SPENDING PER PATIENT - HOSPITAL.CSV
Data Type	**Column Name - CSV**
Num(8)	Facility ID
Char(52)	Facility Name
Char(51)	Address
Char(20)	City
Char(2)	State
Num(8)	ZIP Code
Char(25)	County Name
Char(14)	Phone Number
Char(6)	Measure ID
Char(74)	Measure Name
Char(13)	Score
Num(8)	Footnote

Table *(Back to File Summary)*	MSPB (Hospital)
Description	Hospital-level Medicare Spending per Beneficiary
File Name	MEDICARE HOSPITAL SPENDING PER PATIENT - HOSPITAL.CSV
Data Type	**Column Name - CSV**
Date	Start Date
Date	End Date

Table *(Back to File Summary)*	MSPB (National)
Description	National-level Medicare Spending per Beneficiary
File Name	MEDICARE HOSPITAL SPENDING PER PATIENT - NATIONAL.CSV
Data Type	**Column Name - CSV**
Char(6)	Measure ID
Char(74)	Measure Name
Num(8)	Score
Char(1)	Footnote - Score
Char(12)	National Median
Char(1)	Footnote - National Median
Date	Start Date
Date	End Date

Table *(Back to File Summary)*	MSPB (State)
Description	State-level Medicare Spending per Beneficiary
File Name	MEDICARE HOSPITAL SPENDING PER PATIENT - STATE.CSV
Data Type	**Column Name - CSV**
Char(2)	State
Char(6)	Measure ID
Char(74)	Measure Name
Char(13)	Score

Table *(Back to File Summary)*	MSPB (State)
Description	State-level Medicare Spending per Beneficiary
File Name	MEDICARE HOSPITAL SPENDING PER PATIENT - STATE.CSV
Data Type	**Column Name - CSV**
Num(8)	Footnote
Date	Start Date
Date	End Date

Table *(Back to File Summary)*	MSPB Spending by Claim
Description	Medicare Spending per Beneficiary breakdowns by claim type
File Name	MEDICARE HOSPITAL SPENDING BY CLAIM.CSV
Data Type	**Column Name - CSV**
Char(195)	Facility Name
Num(8)	Facility ID
Char(2)	State
Char(63)	Period
Char(25)	Claim Type
Num(8)	Avg Spndg Per EP Hospital
Num(8)	Avg Spndg Per EP State
Num(8)	Avg Spndg Per EP National
Char(6)	Percent of Spndg Hospital
Char(6)	Percent of Spndg State
Char(6)	Percent of Spndg National
Date	Start Date
Date	End Date

Table *(Back to File Summary)*	MSPB 6 Decimals
Description	Medicare Spending per Beneficiary by facility displayed to 6 decimals
File Name	HOSPITAL_QUARTERLY_MSPB_6_DECIMALS.CSV
Data Type	**Column Name - CSV**
Num(8)	Facility ID
Char(6)	Measure ID
Char(8)	Value
Num(8)	Footnote
Date	Start Date
Date	End Date

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Table *(Back to File Summary)*	IPFQR (Hospital)
Description	Hospital-level results for Inpatient Psychiatric Facility Quality Reporting Program measures
File Name	IPFQR_QUALITYMEASURES_FACILITY.CSV
Data Type	**Column Name - CSV**
Num(8)	Facility ID
Char(52)	Facility Name
Char(50)	Address
Char(20)	City
Char(2)	State
Num(8)	ZIP Code
Char(20)	County Name
Char(31)	HBIPS-2 Measure Description
Char(13)	HBIPS-2 Overall Rate Per 1000
Char(13)	HBIPS-2 Overall Num
Char(13)	HBIPS-2 Overall Den
Num(8)	HBIPS-2 Overall Footnote
Char(22)	HBIPS-3 Measure Description

Table *(Back to File Summary)*	IPFQR (Hospital)
Description	Hospital-level results for Inpatient Psychiatric Facility Quality Reporting Program measures
File Name	IPFQR_QUALITYMEASURES_FACILITY.CSV
Data Type	**Column Name - CSV**
Char(13)	HBIPS-3 Overall Rate Per 1000
Char(13)	HBIPS-3 Overall Num
Char(13)	HBIPS-3 Overall Den
Num(8)	HBIPS-3 Overall Footnote
Char(88)	HBIPS-5 Measure Description
Char(13)	HBIPS-5 %
Char(13)	HBIPS-5 Denominator
Num(8)	HBIPS-5 Footnote
Char(39)	SMD Measure Description
Char(13)	SMD %
Char(13)	SMD Denominator
Num(8)	SMD Footnote
Char(50)	SUB-2/-2a Measure Description
Char(13)	SUB-2 %
Char(13)	SUB-2 Denominator
Num(8)	SUB-2 Footnote
Char(13)	SUB-2a %
Char(13)	SUB-2a Denominator
Num(8)	SUB-2a Footnote
Char(78)	SUB-3/-3a Measure Description
Char(13)	SUB-3 %
Char(13)	SUB-3 Denominator
Num(8)	SUB-3 Footnote
Char(13)	SUB-3a %
Char(13)	SUB-3a Denominator
Num(8)	SUB-3a Footnote
Char(41)	TOB-2/-2a Measure_Desc

Table *(Back to File Summary)*	IPFQR (Hospital)
Description	Hospital-level results for Inpatient Psychiatric Facility Quality Reporting Program measures
File Name	IPFQR_QUALITYMEASURES_FACILITY.CSV
Data Type	**Column Name - CSV**
Char(13)	TOB-2 %
Char(13)	TOB-2 Denominator
Num(8)	TOB-2 Footnote
Char(13)	TOB-2a %
Char(13)	TOB-2a Denominator
Num(8)	TOB-2a Footnote
Char(54)	TOB-3/-3a Measure Description
Char(13)	TOB-3 %
Char(13)	TOB-3 Denominator
Num(8)	TOB-3 Footnote
Char(13)	TOB-3a %
Char(13)	TOB-3a Denominator
Num(8)	TOB-3a Footnote
Char(79)	TR-1 Measure Description
Char(13)	TR-1 %
Char(13)	TR-1 Denominator
Num(8)	TR-1 Footnote
Char(46)	TR-2 Measure Description
Char(13)	TR-2 %
Char(13)	TR-2 Denominator
Num(8)	TR-2 Footnote
Date	Start Date
Date	End Date
Char(134)	FUH Measure Description
Char(13)	FUH-30 %
Char(13)	FUH-30 Denominator
Num(8)	FUH-30 Footnote

Table *(Back to File Summary)*	IPFQR (Hospital)
Description	Hospital-level results for Inpatient Psychiatric Facility Quality Reporting Program measures
File Name	IPFQR_QUALITYMEASURES_FACILITY.CSV
Data Type	**Column Name - CSV**
Char(13)	FUH-7 %
Char(13)	FUH-7 Denominator
Num(8)	FUH-7 Footnote
Date	FUH Measure Start Date
Date	FUH Measure End Date
Char(118)	READM-30-IPF Measure Desc
Char(35)	READM-30-IPF Category
Char(13)	READM-30-IPF Denominator
Char(13)	READM-30-IPF Rate
Char(13)	READM-30-IPF Lower Estimate
Char(13)	READM-30-IPF Higher Estimate
Num(8)	READM-30-IPF Footnote
Date	READM-30-IPF Start Date
Date	READM-30-IPF End Date
Char(36)	IMM-2 Measure Description
Char(13)	IMM-2 %
Char(13)	IMM-2 Denominator
Num(8)	IMM-2 Footnote
Date	Flu Season Start Date
Date	Flu Season End Date

Table *(Back to File Summary)*	IPFQR (National)
Description	National-level results for Inpatient Psychiatric Facility Quality Reporting Program measures
File Name	IPFQR_QUALITYMEASURES_NATIONAL.CSV
Data Type	**Column Name - CSV**
Char(31)	HBIPS-2 Measure Description
Num(8)	N HBIPS-2 Overall Rate Per 1000
Num(8)	N HBIPS-2 Overall Num
Num(8)	N HBIPS-2 Overall Den
Char(22)	HBIPS-3 Measure Description
Num(8)	N HBIPS-3 Overall Rate Per 1000
Num(8)	N HBIPS-3 Overall Num
Num(8)	N HBIPS-3 Overall Den
Char(88)	HBIPS-5 Measure Description
Num(8)	N HBIPS-5 %
Num(8)	HBIPS-5 Top 10%
Char(39)	SMD Measure Description
Num(8)	N SMD %
Num(8)	SMD Top 10%
Char(50)	SUB-2/-2a Measure Description
Num(8)	N SUB-2 %
Num(8)	SUB-2 Top 10%
Num(8)	N SUB-2a %
Num(8)	SUB-2a Top 10%
Char(78)	SUB-3/-3a Measure Description
Num(8)	N SUB-3 %
Num(8)	SUB-3 Top 10%
Num(8)	N SUB-3a %
Num(8)	SUB-3a Top 10%
Char(41)	TOB-2/-2a Measure Desc
Num(8)	N TOB-2 %
Num(8)	TOB-2 Top 10%

Table *(Back to File Summary)*	IPFQR (National)
Description	National-level results for Inpatient Psychiatric Facility Quality Reporting Program measures
File Name	IPFQR_QUALITYMEASURES_NATIONAL.CSV
Data Type	**Column Name - CSV**
Num(8)	N TOB-2a %
Num(8)	TOB-2a Top 10%
Char(54)	TOB-3/-3a Measure Description
Num(8)	N TOB-3 %
Num(8)	TOB-3 Top 10%
Num(8)	N TOB-3a %
Num(8)	TOB-3a Top 10%
Char(79)	TR-1 Measure Description
Num(8)	N TR-1 %
Num(8)	TR-1 Top 10%
Char(46)	TR-2 Measure Description
Num(8)	N TR-2 %
Num(8)	TR-2 Top 10%
Date	Start Date
Date	End Date
Char(134)	FUH Measure Description
Num(8)	N FUH-30 %
Num(8)	FUH-30 Top 10%
Num(8)	N FUH-7 %
Num(8)	FUH-7 Top 10%
Date	FUH Measure Start Date
Date	FUH Measure End Date
Char(118)	READM-30-IPF Measure Desc
Num(8)	READM-30-IPF National Rate
Num(8)	N READM-30-IPF # IPFs Worse
Num(8)	N READM-30-IPF # IPFs Same
Num(8)	N READM-30-IPF # IPFs Better

Table *(Back to File Summary)*	IPFQR (National)
Description	National-level results for Inpatient Psychiatric Facility Quality Reporting Program measures
File Name	IPFQR_QUALITYMEASURES_NATIONAL.CSV
Data Type	**Column Name - CSV**
Num(8)	N READM-30-IPF # IPFs Too Few
Date	READM-30-IPF Start Date
Date	READM-30-IPF End Date
Char(36)	IMM-2 Measure Description
Num(8)	N IMM-2 %
Num(8)	IMM-2 Top 10%
Date	Flu Season Start Date
Date	Flu Season End Date

Table *(Back to File Summary)*	IPFQR (State)
Description	State-level results for Inpatient Psychiatric Facility Quality Reporting Program measures
File Name	IPFQR_QUALITYMEASURES_STATE.CSV
Data Type	**Column Name - CSV**
Char(2)	State
Char(31)	HBIPS-2 Measure Description
Num(8)	S HBIPS-2 Overall Rate Per 1000
Num(8)	S HBIPS-2 Overall Num
Num(8)	S HBIPS-2 Overall Den
Char(22)	HBIPS-3 Measure Description
Num(8)	S HBIPS-3 Overall Rate Per 1000
Num(8)	S HBIPS-3 Overall Num
Num(8)	S HBIPS-3 Overall Den
Char(88)	HBIPS-5 Measure Description
Num(8)	S HBIPS-5 %
Char(39)	SMD Measure Description

Table *(Back to File Summary)*	IPFQR (State)
Description	State-level results for Inpatient Psychiatric Facility Quality Reporting Program measures
File Name	IPFQR_QUALITYMEASURES_STATE.CSV
Data Type	**Column Name - CSV**
Num(8)	S SMD %
Char(50)	SUB-2/-2a Measure Description
Num(8)	S SUB-2 %
Num(8)	S SUB-2a %
Char(78)	SUB-3/-3a Measure Description
Num(8)	S SUB-3 %
Num(8)	S SUB-3a %
Char(41)	TOB-2/-2a Measure Desc
Num(8)	S TOB-2 %
Num(8)	S TOB-2a %
Char(54)	TOB-3/-3a Measure Description
Num(8)	S TOB-3 %
Num(8)	S TOB-3a %
Char(79)	TR-1 Measure Description
Num(8)	S TR-1 %
Char(46)	TR-2 Measure Description
Num(8)	S TR-2 %
Date	Start Date
Date	End Date
Char(134)	FUH Measure Description
Num(8)	S FUH-30 %
Num(8)	S FUH-7 %
Date	FUH Measure Start Date
Date	FUH Measure End Date
Char(118)	READM-30-IPF Measure Desc
Num(8)	S READM-30-IPF # IPFs Worse
Num(8)	S READM-30-IPF # IPFs Same

Table *(Back to File Summary)*	IPFQR (State)
Description	State-level results for Inpatient Psychiatric Facility Quality Reporting Program measures
File Name	IPFQR_QUALITYMEASURES_STATE.CSV
Data Type	**Column Name - CSV**
Num(8)	S READM-30-IPF # IPFs Better
Num(8)	S READM-30-IPF # IPFs Too Few
Date	READM-30-IPF Start Date
Date	READM-30-IPF End Date
Char(36)	IMM-2 Measure Description
Num(8)	S IMM-2 %
Date	Flu Season Start Date
Date	Flu Season End Date

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Table *(Back to File Summary)*	PCHQR - OCM
Description	Hospital-level results for PPS-Exempt Cancer Hospital Quality Reporting Program oncology care measures
File Name	HOSPITAL_ANNUAL_QUALITYMEASURE_PCH_OCM_HOSPITAL.CSV
Data Type	**Column Name - CSV**
Num(8)	Facility ID
Char(52)	Facility Name
Char(20)	Hospital Type
Char(24)	Address
Char(12)	City
Char(2)	State
Num(8)	ZIP Code
Char(12)	County Name
Char(6)	Measure ID
Char(96)	Measure Description
Char(13)	Hospital Performance
Char(13)	Denominator
Num(8)	Footnote
Date	Start Date
Date	End Date

Table *(Back to File Summary)*	PCHQR - HCAHPS (Hospital)
Description	Hospital-level results for PPS-Exempt Cancer Hospital Quality Reporting Program for the patient experience domain measures
File Name	HOSPITAL_QUARTERLY_QUALITYMEASURE_PCH_HCAHPS_HOSPITAL.CSV
Data Type	**Column Name - CSV**
Num(8)	Facility ID

Table *(Back to File Summary)*	PCHQR - HCAHPS (Hospital)
Description	Hospital-level results for PPS-Exempt Cancer Hospital Quality Reporting Program for the patient experience domain measures
File Name	HOSPITAL_QUARTERLY_QUALITYMEASURE_PCH_HCAHPS_HOSPITAL.CSV
Data Type	**Column Name - CSV**
Char(52)	Facility Name
Char(24)	Address
Char(12)	City
Char(2)	State
Num(8)	ZIP Code
Char(12)	County Name
Char(14)	Phone Number
Char(25)	HCAHPS Measure ID
Char(138)	HCAHPS Question
Char(118)	HCAHPS Answer Description
Char(14)	Patient Survey Star Rating
Char(1)	Patient Survey Star Rating Footnote
Char(14)	HCAHPS Answer Percent
Char(1)	HCAHPS Answer Percent Footnote
Char(14)	HCAHPS Linear Mean Value
Num(8)	Number of Completed Surveys
Char(1)	Number of Completed Surveys Footnote
Num(8)	Survey Response Rate Percent
Char(1)	Survey Response Rate Percent Footnote
Date	Start Date
Date	End Date

Table *(Back to File Summary)*	PCHQR - HCAHPS (National)
Description	National-level results for PPS-Exempt Cancer Hospital Quality Reporting Program for the patient experience domain measures
File Name	HOSPITAL_QUARTERLY_QUALITYMEASURE_PCH_HCAHPS_NATIONAL.CSV
Data Type	**Column Name - CSV**
Char(21)	Measure ID
Char(138)	HCAHPS Question
Char(118)	HCAHPS Answer Description
Num(8)	HCAHPS Answer Percent
Date	Start Date
Date	End Date

Table *(Back to File Summary)*	PCHQR - HCAHPS (State)
Description	State-level results for PPS-Exempt Cancer Hospital Quality Reporting Program for the patient experience domain measures
File Name	HOSPITAL_QUARTERLY_QUALITYMEASURE_PCH_HCAHPS_STATE.CSV
Data Type	**Column Name - CSV**
Char(2)	State
Char(21)	Measure ID
Char(138)	HCAHPS Question
Char(118)	HCAHPS Answer Description
Char(13)	HCAHPS Answer Percent
Date	Start Date
Date	End Date

Table *(Back to File Summary)*	PCHQR - EBRT
Description	Hospital-level results for PPS-Exempt Cancer Hospital Quality Reporting Program clinical effectiveness measures
File Name	HOSPITAL_ANNUAL_QUALITYMEASURE_PCH_EBRT_HOSPITAL.CSV
Data Type	**Column Name - CSV**
Num(8)	Facility ID
Char(52)	Facility Name
Char(20)	Hospital Type
Char(24)	Address
Char(12)	City
Char(2)	State
Num(8)	ZIP Code
Char(12)	County Name
Char(6)	Measure ID
Char(46)	Measure Description
Num(8)	Hospital Performance
Num(8)	Denominator
Num(8)	Footnote
Date	Start Date
Date	End Date

Table *(Back to File Summary)*	PCH - HAI
Description	Hospital-level results for PPS-Exempt Cancer Hospital Quality Reporting Program healthcare-associated infections measures
File Name	HOSPITAL_QUARTERLY_QUALITYMEASURE_PCH_HAI_HOSPITAL.CSV
Data Type	**Column Name - CSV**
Num(8)	Facility ID
Char(52)	Facility Name
Char(20)	Hospital Type

Table *(Back to File Summary)*	PCH - HAI
Description	Hospital-level results for PPS-Exempt Cancer Hospital Quality Reporting Program healthcare-associated infections measures
File Name	HOSPITAL_QUARTERLY_QUALITYMEASURE_PCH_HAI_HOSPITAL.CSV
Data Type	**Column Name - CSV**
Char(24)	Address
Char(12)	City
Char(2)	State
Num(8)	ZIP Code
Char(12)	County Name
Char(17)	Measure ID
Char(73)	Measure Name
Char(13)	Score
Num(8)	Footnote
Date	Start Date
Date	End Date

Table *(Back to File Summary)*	PCHQR-Outcomes (Hospital)
Description	Hospital-level results for the PPS-Excempt Cancer Hospital Quality Reporting outcome measure
File Name	HOSPITAL_ANNUAL_QUALITYMEASURE_PCH_OUTCOMES_HOSPITAL.CSV
Data Type	**Column Name - CSV**
Num(8)	Facility ID
Char(52)	Facility Name
Char(20)	Hospital Type
Char(24)	Address
Char(12)	City
Char(2)	State

Table *(Back to File Summary)*	PCHQR-Outcomes (Hospital)
Description	Hospital-level results for the PPS-Excempt Cancer Hospital Quality Reporting outcome measure
File Name	HOSPITAL_ANNUAL_QUALITYMEASURE_PCH_OUTCOMES_HOSPITAL.CSV
Data Type	**Column Name - CSV**
Num(8)	ZIP Code
Char(12)	County Name
Char(6)	Measure ID
Char(79)	Measure Description
Char(13)	Total Cases
Char(13)	Performance Category
Char(13)	Rate
Char(13)	Interval Lower Limit
Char(13)	Interval Upper Limit
Num(8)	Footnote
Date	Start Date
Date	End Date

Table *(Back to File Summary)*	PCHQR-Outcomes (National)
Description	National-level results for the PPS-Excempt Cancer Hospital Quality Reporting outcome measure
File Name	HOSPITAL_ANNUAL_QUALITYMEASURE_PCH_OUTCOMES_NATIONAL.CSV
Data Type	**Column Name - CSV**
Char(6)	Measure ID
Char(79)	Measure Description
Char(13)	National Rate
Char(13)	Better
Char(13)	No Different
Char(13)	Worse

Table *(Back to File Summary)*	PCHQR-Outcomes (National)
Description	National-level results for the PPS-Excempt Cancer Hospital Quality Reporting outcome measure
File Name	HOSPITAL_ANNUAL_QUALITYMEASURE_PCH_OUTCOMES_NATIONAL.CSV
Data Type	**Column Name - CSV**
Char(13)	Too Small
Date	Start Date
Date	End Date

Ambulatory Surgical Center Quality Reporting (ASCQR) Program

Table *(Back to File Summary)*	ASCQR (Facility)
Description	Health care facility-level results for Ambulatory Surgical Center Quality Reporting Program measures
File Name	ASC_FACILITY.CSV
Data Type	**Column Name - CSV**
Char(109)	Facility Name
Char(10)	Facility ID
Num(8)	NPI
Char(22)	City
Char(2)	State
Num(8)	ZIP Code
Num(8)	Year
Char(7)	ASC-1 Measure Rate
Num(8)	ASC-1 Footnote
Char(6)	ASC-2 Measure Rate
Num(8)	ASC-2 Footnote
Char(6)	ASC-3 Measure Rate
Num(8)	ASC-3 Footnote
Char(6)	ASC-4 Measure Rate

Table *(Back to File Summary)*	ASCQR (Facility)
Description	Health care facility-level results for Ambulatory Surgical Center Quality Reporting Program measures
File Name	ASC_FACILITY.CSV
Data Type	**Column Name - CSV**
Num(8)	ASC-4 Footnote
Char(5)	ASC-9 Rate
Num(8)	ASC-9 Footnote
Char(5)	ASC-10 Rate
Num(8)	ASC-10 Footnote
Char(5)	ASC-11 Rate
Num(8)	ASC-11 Footnote
Char(5)	ASC-13 Rate
Num(8)	ASC-13 Footnote
Char(5)	ASC-14 Rate
Num(8)	ASC-14 Footnote
Char(4)	ASC-12 Total Cases
Char(35)	ASC-12 Performance Category
Char(4)	ASC-12 RSHV Rate
Char(4)	ASC-12 Interval Lower Limit
Char(4)	ASC-12 Interval Upper Limit
Num(8)	ASC-12 Footnote

Table *(Back to File Summary)*	ASCQR (National)
Description	National-level results for Ambulatory Surgical Center Quality Reporting Program measures
File Name	ASC_NATIONAL.CSV
Data Type	**Column Name - CSV**
Num(8)	ASC-1 Measure Nat Rate
Num(8)	ASC-2 Measure Nat Rate
Num(8)	ASC-3 Measure Nat Rate

Table *(Back to File Summary)*	ASCQR (National)
Description	National-level results for Ambulatory Surgical Center Quality Reporting Program measures
File Name	ASC_NATIONAL.CSV
Data Type	**Column Name - CSV**
Num(8)	ASC-4 Measure Nat Rate
Num(8)	Avg ASC-9 Nat Rate
Num(8)	Avg ASC-10 Nat Rate
Num(8)	Avg ASC-11 Nat Rate
Num(8)	Avg ASC-13 Nat Rate
Num(8)	Avg ASC-14 Nat Rate
Num(8)	Median ASC-9 Nat Rate
Num(8)	Median ASC-10 Nat Rate
Num(8)	Median ASC-11 Nat Rate
Num(8)	Median ASC-13 Nat Rate
Num(8)	Median ASC-14 Nat Rate
Num(8)	ASC-12 Nat Rate
Num(8)	ASC-12 Better
Num(8)	ASC-12 No Different
Num(8)	ASC-12 Worse
Num(8)	ASC-12 Too Small

Table *(Back to File Summary)*	ASCQR (State)
Description	State-level results for Ambulatory Surgical Center Quality Reporting Program measures
File Name	ASC_STATE.CSV
Data Type	**Column Name - CSV**
Char(2)	State
Num(8)	ASC-1 Measure State Rate
Num(8)	ASC-2 Measure State Rate
Num(8)	ASC-3 Measure State Rate
Num(8)	ASC-4 Measure State Rate
Char(7)	Avg ASC-9 State Rate
Char(7)	Avg ASC-10 State Rate
Char(7)	Avg ASC-11 State Rate
Char(7)	Avg ASC-13 State Rate
Num(8)	Avg ASC-14 State Rate
Char(7)	Median ASC-9 State Rate
Char(7)	Median ASC-10 State Rate
Char(7)	Median ASC-11 State Rate
Char(7)	Median ASC-13 State Rate
Num(8)	Median ASC-14 State Rate
Num(8)	ASC-12 Better
Num(8)	ASC-12 No Different
Num(8)	ASC-12 Worse
Num(8)	ASC-12 Too Small

Outpatient and Ambulatory Surgical Center (OAS) CAHPS

Outpatient CAHPS

Table *(Back to File Summary)*	HOPD CAHPS (Facility)
Description	Hospital-level results for the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems for hospital outpatient departments
File Name	HOPD_CCN_PR18Q3_19Q2.CSV
Data Type	**Column Name - CSV**
Num(8)	Facility ID
Char(76)	Facility Name
Char(39)	Address
Char(19)	City
Char(21)	County
Char(2)	State
Num(8)	ZIP Code
Char(14)	Telephone
Num(8)	Patients who reported that staff definitely gave care in a professional way and the facility was clean
Num(8)	Patients who reported that staff somewhat gave care in a professional way or the facility was somewhat clean
Num(8)	Patients who reported that staff did not give care in a professional way or the facility was not clean
Num(8)	Facilities and staff linear mean score
Num(8)	Patients who reported that staff definitely communicated about what to expect during and after the procedure
Num(8)	Patients who reported that staff somewhat communicated about what to expect during and after the procedure
Num(8)	Patients who reported that staff did not communicate about what to expect during and after the procedure
Num(8)	Communication about your procedure linear mean score
Num(8)	Patients who gave the facility a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)
Num(8)	Patients who gave the facility a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)

Table *(Back to File Summary)*	HOPD CAHPS (Facility)
Description	Hospital-level results for the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems for hospital outpatient departments
File Name	HOPD_CCN_PR18Q3_19Q2.CSV
Data Type	**Column Name - CSV**
Num(8)	Patients who gave the facility a rating of 0 to 6 on a scale from 0 (lowest) to 10 (highest)
Num(8)	Patients' rating of the facility linear mean score
Num(8)	Patients who reported YES they would DEFINITELY recommend the facility to family or friends.
Num(8)	Patients who reported PROBABLY YES they would recommend the facility to family or friends.
Num(8)	Patients who reported NO, they would not recommend the facility to family or friends.
Num(8)	Patients recommending the facility linear mean score
Char(3)	Footnote
Num(8)	Number of Sampled Patients
Num(8)	Number of Completed Surveys
Num(8)	Survey Response Rate Percent
Date	Start Date
Date	End Date

Table *(Back to File Summary)*	HOPD CAHPS (National)
Description	National-level results for the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems for hospital outpatient departments
File Name	HOPD_NATIONAL_PR18Q3_19Q2.CSV
Data Type	**Column Name - CSV**
Num(8)	Patients who reported that staff definitely gave care in a professional way and the facility was clean
Num(8)	Patients who reported that staff somewhat gave care in a professional way or the facility was somewhat clean

Table *(Back to File Summary)*	HOPD CAHPS (National)
Description	National-level results for the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems for hospital outpatient departments
File Name	HOPD_NATIONAL_PR18Q3_19Q2.CSV
Data Type	**Column Name - CSV**
Num(8)	Patients who reported that staff did not give care in a professional way or the facility was not clean
Num(8)	Facilities and staff linear mean score
Num(8)	Patients who reported that staff definitely communicated about what to expect during and after the procedure
Num(8)	Patients who reported that staff somewhat communicated about what to expect during and after the procedure
Num(8)	Patients who reported that staff did not communicate about what to expect during and after the procedure
Num(8)	Communication about your procedure linear mean score
Num(8)	Patients who gave the facility a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)
Num(8)	Patients who gave the facility a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)
Num(8)	Patients who gave the facility a rating of 0 to 6 on a scale from 0 (lowest) to 10 (highest)
Num(8)	Patients' rating of the facility linear mean score
Num(8)	Patients who reported YES they would DEFINITELY recommend the facility to family or friends.
Num(8)	Patients who reported PROBABLY YES they would recommend the facility to family or friends.
Num(8)	Patients who reported NO, they would not recommend the facility to family or friends.
Num(8)	Patients recommending the facility linear mean score
Num(8)	Number of Sampled Patients
Num(8)	Number of Completed Surveys
Num(8)	Survey Response Rate Percent
Date	Start Date
Date	End Date

Table *(Back to File Summary)*	HOPD CAHPS (State)
Description	State-level results for the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems for hospital outpatient departments
File Name	HOPD_STATE_PR18Q3_19Q2.CSV
Data Type	**Column Name - CSV**
Char(45)	State
Num(8)	Patients who reported that staff definitely gave care in a professional way and the facility was clean
Num(8)	Patients who reported that staff somewhat gave care in a professional way or the facility was somewhat clean
Num(8)	Patients who reported that staff did not give care in a professional way or the facility was not clean
Num(8)	Facilities and staff linear mean score
Num(8)	Patients who reported that staff definitely communicated about what to expect during and after the procedure
Num(8)	Patients who reported that staff somewhat communicated about what to expect during and after the procedure
Num(8)	Patients who reported that staff did not communicate about what to expect during and after the procedure
Num(8)	Communication about your procedure linear mean score
Num(8)	Patients who gave the facility a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)
Num(8)	Patients who gave the facility a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)
Num(8)	Patients who gave the facility a rating of 0 to 6 on a scale from 0 (lowest) to 10 (highest)
Num(8)	Patients' rating of the facility linear mean score
Num(8)	Patients who reported YES they would DEFINITELY recommend the facility to family or friends.
Num(8)	Patients who reported PROBABLY YES they would recommend the facility to family or friends.
Num(8)	Patients who reported NO, they would not recommend the facility to family or friends.
Num(8)	Patients recommending the facility linear mean score

Table *(Back to File Summary)*	HOPD CAHPS (State)
Description	State-level results for the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems for hospital outpatient departments
File Name	HOPD_STATE_PR18Q3_19Q2.CSV
Data Type	**Column Name - CSV**
Num(8)	Number of Sampled Patients
Num(8)	Number of Completed Surveys
Num(8)	Survey Response Rate Percent
Date	Start Date
Date	End Date

Ambulatory Surical Center CAHPS

Table *(Back to File Summary)*	ASC CAHPS (Facility)
Description	Hospital-level results for the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems for ambulatory surgical centers
File Name	ASC_CCN_PR18Q3_19Q2.CSV
Data Type	**Column Name - CSV**
Char(10)	Facility ID
Char(99)	Facility Name
Char(52)	Address
Char(18)	City
Char(2)	State
Num(8)	ZIP Code
Char(1)	County
Char(14)	Telephone
Num(8)	Patients who reported that staff definitely gave care in a professional way and the facility was clean
Num(8)	Patients who reported that staff somewhat gave care in a professional way or the facility was somewhat clean

Table *(Back to File Summary)*	ASC CAHPS (Facility)
Description	Hospital-level results for the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems for ambulatory surgical centers
File Name	ASC_CCN_PR18Q3_19Q2.CSV
Data Type	**Column Name - CSV**
Num(8)	Patients who reported that staff did not give care in a professional way or the facility was not clean
Num(8)	Facilities and staff linear mean score
Num(8)	Patients who reported that staff definitely communicated about what to expect during and after the procedure
Num(8)	Patients who reported that staff somewhat communicated about what to expect during and after the procedure
Num(8)	Patients who reported that staff did not communicate about what to expect during and after the procedure
Num(8)	Communication about your procedure linear mean score
Num(8)	Patients who gave the facility a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)
Num(8)	Patients who gave the facility a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)
Num(8)	Patients who gave the facility a rating of 0 to 6 on a scale from 0 (lowest) to 10 (highest)
Num(8)	Patients' rating of the facility linear mean score
Num(8)	Patients who reported YES they would DEFINITELY recommend the facility to family or friends.
Num(8)	Patients who reported PROBABLY YES they would recommend the facility to family or friends.
Num(8)	Patients who reported NO, they would not recommend the facility to family or friends.
Num(8)	Patients recommending the facility linear mean score
Num(8)	Footnote
Num(8)	Number of Sampled Patients
Num(8)	Number of Completed Surveys
Num(8)	Survey Response Rate Percent

Table *(Back to File Summary)*	ASC CAHPS (Facility)
Description	Hospital-level results for the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems for ambulatory surgical centers
File Name	ASC_CCN_PR18Q3_19Q2.CSV
Data Type	**Column Name - CSV**
Date	Start Date
Date	End Date

Table *(Back to File Summary)*	ASC CAHPS (State)
Description	State-level results for the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems for ambulatory surgical centers
File Name	ASC_STATE_PR18Q3_19Q2.CSV
Data Type	**Column Name - CSV**
Char(45)	State
Num(8)	Patients who reported that staff definitely gave care in a professional way and the facility was clean
Num(8)	Patients who reported that staff somewhat gave care in a professional way or the facility was somewhat clean
Num(8)	Patients who reported that staff did not give care in a professional way or the facility was not clean
Num(8)	Facilities and staff linear mean score
Num(8)	Patients who reported that staff definitely communicated about what to expect during and after the procedure
Num(8)	Patients who reported that staff somewhat communicated about what to expect during and after the procedure
Num(8)	Patients who reported that staff did not communicate about what to expect during and after the procedure
Num(8)	Communication about your procedure linear mean score
Num(8)	Patients who gave the facility a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)
Num(8)	Patients who gave the facility a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)

Table *(Back to File Summary)*	ASC CAHPS (State)
Description	State-level results for the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems for ambulatory surgical centers
File Name	ASC_STATE_PR18Q3_19Q2.CSV
Data Type	**Column Name - CSV**
Num(8)	Patients who gave the facility a rating of 0 to 6 on a scale from 0 (lowest) to 10 (highest)
Num(8)	Patients' rating of the facility linear mean score
Num(8)	Patients who reported YES they would DEFINITELY recommend the facility to family or friends.
Num(8)	Patients who reported PROBABLY YES they would recommend the facility to family or friends.
Num(8)	Patients who reported NO, they would not recommend the facility to family or friends.
Num(8)	Patients recommending the facility linear mean score
Num(8)	Number of Sampled Patients
Num(8)	Number of Completed Surveys
Num(8)	Survey Response Rate Percent
Date	Start Date
Date	End Date

Table *(Back to File Summary)*	ASC CAHPS (National)
Description	National-level results for the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems for ambulatory surgical centers
File Name	ASC_NATIONAL_PR18Q3_19Q2.CSV
Data Type	**Column Name - CSV**
Num(8)	Patients who reported that staff definitely gave care in a professional way and the facility was clean
Num(8)	Patients who reported that staff somewhat gave care in a professional way or the facility was somewhat clean
Num(8)	Patients who reported that staff did not give care in a professional way or the facility was not clean

Table *(Back to File Summary)*	ASC CAHPS (National)
Description	National-level results for the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems for ambulatory surgical centers
File Name	ASC_NATIONAL_PR18Q3_19Q2.CSV
Data Type	**Column Name - CSV**
Num(8)	Facilities and staff linear mean score
Num(8)	Patients who reported that staff definitely communicated about what to expect during and after the procedure
Num(8)	Patients who reported that staff somewhat communicated about what to expect during and after the procedure
Num(8)	Patients who reported that staff did not communicate about what to expect during and after the procedure
Num(8)	Communication about your procedure linear mean score
Num(8)	Patients who gave the facility a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)
Num(8)	Patients who gave the facility a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)
Num(8)	Patients who gave the facility a rating of 0 to 6 on a scale from 0 (lowest) to 10 (highest)
Num(8)	Patients' rating of the facility linear mean score
Num(8)	Patients who reported YES they would DEFINITELY recommend the facility to family or friends.
Num(8)	Patients who reported PROBABLY YES they would recommend the facility to family or friends.
Num(8)	Patients who reported NO, they would not recommend the facility to family or friends.
Num(8)	Patients recommending the facility linear mean score
Num(8)	Number of Sampled Patients
Num(8)	Number of Completed Surveys
Num(8)	Survey Response Rate Percent
Date	Start Date
Date	End Date

OAS Footnote Crosswalk

Table *(Back to File Summary)*	OAS (Footnotes)
Description	Look up table for footnote summary text for OAS files
File Name	FOOTNOTES_DELIVER_18Q3_19Q2.CSV
Data Type	**Column Name - CSV**
Num(8)	Footnote Number
Char(174)	Footnotes as displayed on OAS Facility Compare

Linking Quality to Payment

Hospital-Acquired Conditions Reduction Program (HACRP)

Table *(Back to File Summary)*	HACRP
Description	Hospital-level results for Hospital-Acquired Condition Reduction Program measures
File Name	HOSPITAL_QUARTERLY_HAC_DOMAIN_HOSPITAL.CSV
Data Type	**Column Name - CSV**
Char(172)	Facility Name
Num(8)	Facility ID
Char(2)	State
Num(8)	Fiscal Year
Date	PSI-90 Start Date
Date	PSI-90 End Date
Char(7)	PSI-90 W Z Score
Num(8)	PSI-90 Footnote
Char(7)	CLABSI W Z Score
Num(8)	CLABSI Footnote
Char(7)	CAUTI W Z Score
Num(8)	CAUTI Footnote
Char(7)	SSI W Z Score
Num(8)	SSI Footnote

Table *(Back to File Summary)*	HACRP
Description	Hospital-level results for Hospital-Acquired Condition Reduction Program measures
File Name	HOSPITAL_QUARTERLY_HAC_DOMAIN_HOSPITAL.CSV
Data Type	**Column Name - CSV**
Char(7)	MRSA W Z Score
Num(8)	MRSA Footnote
Char(7)	CDI W Z Score
Num(8)	CDI Footnote
Date	HAI Measures Start Date
Date	HAI Measures End Date
Char(7)	Total HAC Score
Num(8)	Total HAC Footnote
Char(3)	Payment Reduction
Char(1)	Payment Reduction Footnote

Hospital Readmission Reduction Program (HRRP)

Table *(Back to File Summary)*	HRRP
Description	Hospital-level results for Hospital Readmissions Reduction Program measures
File Name	HOSPITAL_QUARTERLY_QUALITYMEASURE_RRP_HOSPITAL.CSV
Data Type	**Column Name - CSV**
Char(144)	Facility Name
Num(8)	Facility ID
Char(2)	State
Char(22)	Measure Name
Char(4)	Number of Discharges
Num(8)	Footnote
Char(6)	Excess Readmission Ratio

Table *(Back to File Summary)*	HRRP
Description	Hospital-level results for Hospital Readmissions Reduction Program measures
File Name	HOSPITAL_QUARTERLY_QUALITYMEASURE_RRP_HOSPITAL.CSV
Data Type	**Column Name - CSV**
Char(7)	Predicted Readmission Rate
Char(7)	Expected Readmission Rate
Char(17)	Number of Readmissions
Date	Start Date
Date	End Date

Hospital Value-Based Purchasing (HVBP) Program

Table *(Back to File Summary)*	HVBP - Efficiency
Description	Hospital-level results on efficiency domain measures for Hospital Value-Based Purchasing
File Name	HVBP_EFFICIENCY_12_09_2019.CSV
Data Type	**Column Name - CSV**
Num(8)	Facility ID
Char(52)	Facility Name
Char(42)	Address
Char(20)	City
Char(2)	State
Num(8)	ZIP Code
Char(20)	County Name
Num(8)	MSPB-1 Achievement Threshold
Num(8)	MSPB-1 Benchmark
Char(13)	MSPB-1 Baseline Rate
Num(8)	MSPB-1 Performance Rate
Char(12)	MSPB-1 Achievement Points

Table *(Back to File Summary)*	HVBP - Efficiency
Description	Hospital-level results on efficiency domain measures for Hospital Value-Based Purchasing
File Name	HVBP_EFFICIENCY_12_09_2019.CSV
Data Type	**Column Name - CSV**
Char(13)	MSPB-1 Improvement Points
Char(12)	MSPB-1 Measure Score

Table *(Back to File Summary)*	HVBP - Clinical Outcomes
Description	Hospital-level results on outcome domain measures for Hospital Value-Based Purchasing
File Name	HVBP_CLINICAL_OUTCOMES_12_09_2019.CSV
Data Type	**Column Name - CSV**
Num(8)	Facility ID
Char(52)	Facility Name
Char(42)	Address
Char(20)	City
Char(2)	State
Num(8)	ZIP Code
Char(20)	County Name
Num(8)	MORT-30-AMI Achievement Threshold
Num(8)	MORT-30-AMI Benchmark
Char(13)	MORT-30-AMI Baseline Rate
Char(13)	MORT-30-AMI Performance Rate
Char(13)	MORT-30-AMI Achievement Points
Char(13)	MORT-30-AMI Improvement Points
Char(13)	MORT-30-AMI Measure Score
Num(8)	MORT-30-HF Achievement Threshold
Num(8)	MORT-30-HF Benchmark
Char(13)	MORT-30-HF Baseline Rate
Char(13)	MORT-30-HF Performance Rate

Table *(Back to File Summary)*	HVBP - Clinical Outcomes
Description	Hospital-level results on outcome domain measures for Hospital Value-Based Purchasing
File Name	HVBP_CLINICAL_OUTCOMES_12_09_2019.CSV
Data Type	**Column Name - CSV**
Char(15)	MORT-30-HF Achievement Points
Char(14)	MORT-30-HF Improvement Points
Char(15)	MORT-30-HF Measure Score
Num(8)	MORT-30-PN Achievement Threshold
Num(8)	MORT-30-PN Benchmark
Char(13)	MORT-30-PN Baseline Rate
Char(13)	MORT-30-PN Performance Rate
Char(13)	MORT-30-PN Achievement Points
Char(13)	MORT-30-PN Improvement Points
Char(13)	MORT-30-PN Measure Score
Num(8)	COMP-HIP-KNEE Achievement Threshold
Num(8)	COMP-HIP-KNEE Benchmark
Char(13)	COMP-HIP-KNEE Baseline Rate
Char(13)	COMP-HIP-KNEE Performance Rate
Char(13)	COMP-HIP-KNEE Achievement Points
Char(13)	COMP-HIP-KNEE Improvement Points
Char(13)	COMP-HIP-KNEE Measure Score

Table *(Back to File Summary)*	HVBP - Safety
Description	Hospital-level results on patient safety indicators and healthcare-associated infections measures for Hospital Value-Based Purchasing
File Name	HVBP_SAFETY_12_09_2019.CSV
Data Type	**Column Name - CSV**
Num(8)	Facility ID
Char(52)	Facility Name
Char(42)	Address

Table *(Back to File Summary)*	HVBP - Safety
Description	Hospital-level results on patient safety indicators and healthcare-associated infections measures for Hospital Value-Based Purchasing
File Name	HVBP_SAFETY_12_09_2019.CSV
Data Type	**Column Name - CSV**
Char(20)	City
Char(2)	State
Num(8)	ZIP Code
Char(20)	County Name
Num(8)	HAI-1 Achievement Threshold
Num(8)	HAI-1 Benchmark
Char(13)	HAI-1 Baseline Rate
Char(13)	HAI-1 Performance Rate
Char(13)	HAI-1 Achievement Points
Char(13)	HAI-1 Improvement Points
Char(13)	HAI-1 Measure Score
Num(8)	HAI-2 Achievement Threshold
Num(8)	HAI-2 Benchmark
Char(13)	HAI-2 Baseline Rate
Char(13)	HAI-2 Performance Rate
Char(13)	HAI-2 Achievement Points
Char(13)	HAI-2 Improvement Points
Char(13)	HAI-2 Measure Score
Char(13)	Combined SSI Measure Score
Num(8)	HAI-3 Achievement Threshold
Num(8)	HAI-3 Benchmark
Char(13)	HAI-3 Baseline Rate
Char(13)	HAI-3 Performance Rate
Char(13)	HAI-3 Achievement Points
Char(13)	HAI-3 Improvement Points
Char(13)	HAI-3 Measure Score

Table *(Back to File Summary)*	HVBP - Safety
Description	Hospital-level results on patient safety indicators and healthcare-associated infections measures for Hospital Value-Based Purchasing
File Name	HVBP_SAFETY_12_09_2019.CSV
Data Type	**Column Name - CSV**
Num(8)	HAI-4 Achievement Threshold
Num(8)	HAI-4 Benchmark
Char(13)	HAI-4 Baseline Rate
Char(13)	HAI-4 Performance Rate
Char(13)	HAI-4 Achievement Points
Char(13)	HAI-4 Improvement Points
Char(13)	HAI-4 Measure Score
Num(8)	HAI-5 Achievement Threshold
Num(8)	HAI-5 Benchmark
Char(13)	HAI-5 Baseline Rate
Char(13)	HAI-5 Performance Rate
Char(13)	HAI-5 Achievement Points
Char(13)	HAI-5 Improvement Points
Char(13)	HAI-5 Measure Score
Num(8)	HAI-6 Achievement Threshold
Num(8)	HAI-6 Benchmark
Char(13)	HAI-6 Baseline Rate
Char(13)	HAI-6 Performance Rate
Char(13)	HAI-6 Achievement Points
Char(13)	HAI-6 Improvement Points
Char(13)	HAI-6 Measure Score
Num(8)	PC-01 Achievement Threshold
Num(8)	PC-01 Benchmark
Char(13)	PC-01 Baseline Rate
Char(13)	PC-01 Performance Rate
Char(13)	PC-01 Achievement Points

Table *(Back to File Summary)*	HVBP - Safety
Description	Hospital-level results on patient safety indicators and healthcare-associated infections measures for Hospital Value-Based Purchasing
File Name	HVBP_SAFETY_12_09_2019.CSV
Data Type	**Column Name - CSV**
Char(13)	PC-01 Improvement Points
Char(13)	PC-01 Measure Score

Table *(Back to File Summary)*	HVBP - HCAHPS
Description	Hospital-level results on patient experience domain measures for Hospital Value-Based Purchasing
File Name	HVBP_HCAHPS_12_09_2019.CSV
Data Type	**Column Name - CSV**
Num(8)	Facility ID
Char(52)	Facility Name
Char(42)	Address
Char(20)	City
Char(2)	State
Num(8)	ZIP Code
Char(20)	County Name
Num(8)	Communication with Nurses Floor
Num(8)	Communication with Nurses Achievement Threshold
Num(8)	Communication with Nurses Benchmark
Char(13)	Communication with Nurses Baseline Rate
Char(13)	Communication with Nurses Performance Rate
Char(13)	Communication with Nurses Achievement Points
Char(13)	Communication with Nurses Improvement Points
Char(13)	Communication with Nurses Dimension Score
Num(8)	Communication with Doctors Floor
Num(8)	Communication with Doctors Achievement Threshold
Num(8)	Communication with Doctors Benchmark

Table *(Back to File Summary)*	HVBP - HCAHPS
Description	Hospital-level results on patient experience domain measures for Hospital Value-Based Purchasing
File Name	HVBP_HCAHPS_12_09_2019.CSV
Data Type	**Column Name - CSV**
Char(13)	Communication with Doctors Baseline Rate
Char(13)	Communication with Doctors Performance Rate
Char(13)	Communication with Doctors Achievement Points
Char(13)	Communication with Doctors Improvement Points
Char(13)	Communication with Doctors Dimension Score
Num(8)	Responsiveness of Hospital Staff Floor
Num(8)	Responsiveness of Hospital Staff Achievement Threshold
Num(8)	Responsiveness of Hospital Staff Benchmark
Char(13)	Responsiveness of Hospital Staff Baseline Rate
Char(13)	Responsiveness of Hospital Staff Performance Rate
Char(13)	Responsiveness of Hospital Staff Achievement Points
Char(13)	Responsiveness of Hospital Staff Improvement Points
Char(13)	Responsiveness of Hospital Staff Dimension Score
Num(8)	Care Transition Floor
Num(8)	Care Transition Achievement Threshold
Num(8)	Care Transition Benchmark
Char(13)	Care Transition Baseline Rate
Char(13)	Care Transition Performance Rate
Char(13)	Care Transition Achievement Points
Char(13)	Care Transition Improvement Points
Char(13)	Care Transition Dimension Score
Num(8)	Communication about Medicines Floor
Num(8)	Communication about Medicines Achievement Threshold
Num(8)	Communication about Medicines Benchmark
Char(13)	Communication about Medicines Baseline Rate
Char(13)	Communication about Medicines Performance Rate
Char(13)	Communication about Medicines Achievement Points

Table *(Back to File Summary)*	HVBP - HCAHPS
Description	Hospital-level results on patient experience domain measures for Hospital Value-Based Purchasing
File Name	HVBP_HCAHPS_12_09_2019.CSV
Data Type	**Column Name - CSV**
Char(13)	Communication about Medicines Improvement Points
Char(13)	Communication about Medicines Dimension Score
Num(8)	Cleanliness and Quietness of Hospital Environment Floor
Num(8)	Cleanliness and Quietness of Hospital Environment Achievement Threshold
Num(8)	Cleanliness and Quietness of Hospital Environment Benchmark
Char(13)	Cleanliness and Quietness of Hospital Environment Baseline Rate
Char(13)	Cleanliness and Quietness of Hospital Environment Performance Rate
Char(13)	Cleanliness and Quietness of Hospital Environment Achievement Points
Char(13)	Cleanliness and Quietness of Hospital Environment Improvement Points
Char(13)	Cleanliness and Quietness of Hospital Environment Dimension Score
Num(8)	Discharge Information Floor
Num(8)	Discharge Information Achievement Threshold
Num(8)	Discharge Information Benchmark
Char(13)	Discharge Information Baseline Rate
Char(13)	Discharge Information Performance Rate
Char(13)	Discharge Information Achievement Points
Char(13)	Discharge Information Improvement Points
Char(13)	Discharge Information Dimension Score
Num(8)	Overall Rating of Hospital Floor
Num(8)	Overall Rating of Hospital Achievement Threshold
Num(8)	Overall Rating of Hospital Benchmark
Char(13)	Overall Rating of Hospital Baseline Rate

Table *(Back to File Summary)*	HVBP - HCAHPS
Description	Hospital-level results on patient experience domain measures for Hospital Value-Based Purchasing
File Name	HVBP_HCAHPS_12_09_2019.CSV
Data Type	**Column Name - CSV**
Char(13)	Overall Rating of Hospital Performance Rate
Char(13)	Overall Rating of Hospital Achievement Points
Char(13)	Overall Rating of Hospital Improvement Points
Char(13)	Overall Rating of Hospital Dimension Score
Char(13)	HCAHPS Base Score
Char(13)	HCAHPS Consistency Score

Table *(Back to File Summary)*	HVBP - TPS
Description	Hospital-level total performance score for Hospital Value-Based Purchasing
File Name	HVBP_TPS_12_09_2019.CSV
Data Type	**Column Name - CSV**
Num(8)	Facility ID
Char(52)	Facility Name
Char(42)	Address
Char(20)	City
Char(2)	State
Num(8)	ZIP Code
Char(20)	County Name
Char(19)	Unweighted Normalized Clinical Outcomes Domain Score
Char(19)	Weighted Normalized Clinical Outcomes Domain Score
Char(16)	Unweighted Person and Community Engagement Domain Score
Char(15)	Weighted Person and Community Engagement Domain Score
Char(16)	Unweighted Normalized Safety Domain Score

Table *(Back to File Summary)*	HVBP - TPS
Description	Hospital-level total performance score for Hospital Value-Based Purchasing
File Name	HVBP_TPS_12_09_2019.CSV
Data Type	**Column Name - CSV**
Char(15)	Weighted Safety Domain Score
Num(8)	Unweighted Normalized Efficiency and Cost Reduction Domain Score
Num(8)	Weighted Efficiency and Cost Reduction Domain Score
Char(19)	Total Performance Score

HVBP Program Incentive Payment Adjustments

Table *(Back to File Summary)*	HVBP FY 2018 Distribution of Net Change
Description	Distribution of net change in base operating diagnosis-related group payment amount
File Name	FY2018_DISTRIBUTION_OF_NET_CHANGE_IN_BASE_OP_DRG_PAYMENT_AMT_2019-11-22.CSV
Data Type	**Column Name - CSV**
Char(4)	Percentile
Char(14)	Net Change in Base Operating DRG Payment Amount

Table *(Back to File Summary)*	HVBP FY 2018 Incentive Payment
Description	Value-based incentive payment amount
File Name	FY2018_VALUE_BASED_INCENTIVE_PAYMENT_AMOUNT_2019-11-22.CSV
Data Type	**Column Name - CSV**
Char(85)	Incentive Payment Range
Num(8)	Number of Hospitals Receiving this Range

Table *(Back to File Summary)*	HVBP FY 2018 Net Change
Description	Net change in base operating diagnosis-related group payment amount
File Name	FY2018_NET_CHANGE_IN_BASE_OP_DRG_PAYMENT_AMT_2019-11-22.CSV
Data Type	**Column Name - CSV**
Char(24)	Net Change in Base Operating DRG Payment Amount
Num(8)	Number of Hospitals Receiving this Range

Table *(Back to File Summary)*	HVBP FY 2018 Percent Change
Description	Percent change in base operating diagnosis-related group payment amount
File Name	FY2018_PERCENT_CHANGE_IN_MEDICARE_PAYMENTS_2019-11-22.CSV
Data Type	**Column Name - CSV**
Char(17)	% Change in Base Operating DRG Payment Amount
Num(8)	Number of Hospitals Receiving this %Change

Comprehensive Care for Joint Replacement (CJR) Model

Table *(Back to File Summary)*	Comprehensive Care for Joint Replacement (CJR) Model
Description	Complication rate for hip/knee replacement patients and HCAHPS linear mean roll-up score.
File Name	CJR PY3 QUALITY REPORTING_JULY 2019_PRODUCTION FILE.CSV
Data Type	**Column Name - CSV**
Num(8)	Facility ID
Char(57)	Facility Name
Num(8)	MSA
Char(48)	MSA Title
Char(5)	HCAHPS HLMR
Char(4)	HCAHPS HLMR Percentile
Date	HCAHPS Start Date
Date	HCAHPS End Date
Char(3)	HCAHPS Footnote
Char(7)	COMP-HIP-KNEE
Char(4)	COMP-HIP-KNEE Percentile
Date	COMP Start Date
Date	COMP End Date
Num(8)	COMP Footnote
Char(1)	PRO
Date	PRO Start Date
Date	PRO End Date
Char(2)	Reconciliation Footnote

Veterans Health Administration Hospital Data

Table *(Back to File Summary)*	VA - Timely and Effective Care
Description	Veterans Health Administration hospital-level data for timely and effective care measures
File Name	VA_TE.CSV
Data Type	**Column Name - CSV**
Char(6)	Facility ID
Char(71)	Facility Name
Char(40)	Address
Char(20)	City
Char(2)	State
Num(8)	ZIP Code
Char(15)	County Name
Char(14)	Phone Number
Char(26)	Condition
Char(6)	Measure ID
Char(78)	Measure Name
Char(10)	STTag
Char(13)	Score
Char(13)	Sample
Char(7)	Footnote
Date	Start Date
Date	End Date

Table *(Back to File Summary)*	VA - IPF
Description	Veterans Health Administration hospital-level data for behavioral health measures
File Name	VA_IPF.CSV
Data Type	**Column Name - CSV**
Char(6)	Facility ID
Char(71)	Facility Name

Table *(Back to File Summary)*	VA - IPF
Description	Veterans Health Administration hospital-level data for behavioral health measures
File Name	VA_IPF.CSV
Data Type	**Column Name - CSV**
Char(40)	Address
Char(20)	City
Char(2)	State
Num(8)	ZIP Code
Char(15)	County Name
Char(14)	Phone Number
Char(39)	Condition
Char(7)	Measure ID
Char(88)	Measure Name
Char(13)	Score
Char(13)	Sample
Char(7)	Footnote
Date	Start Date
Date	End Date

Table *(Back to File Summary)*	VA - Outcomes (COPD for Readmissions and Mortality)
Description	Veterans Health Administration hospital-level data for COPD mortality and readmissions measures
File Name	READMISSIONS AND DEATHS - COPD - VA.CSV
Data Type	**Column Name - CSV**
Char(6)	Facility ID
Char(71)	Facility Name
Char(40)	Address
Char(20)	City
Char(2)	State
Num(8)	ZIP Code

Table *(Back to File Summary)*	VA - Outcomes (COPD for Readmissions and Mortality)
Description	Veterans Health Administration hospital-level data for COPD mortality and readmissions measures
File Name	READMISSIONS AND DEATHS - COPD - VA.CSV
Data Type	**Column Name - CSV**
Char(15)	County Name
Char(13)	Measure ID
Char(77)	Measure Name
Char(13)	Compared To National
Char(13)	Denominator
Char(13)	Score
Char(13)	Lower Estimate
Char(13)	Higher Estimate
Char(7)	Footnote
Date	Start Date
Date	End Date

Table *(Back to File Summary)*	VA - Outcomes (PSI)
Description	Veterans Health Administration hospital-level data for patient safety indicators
File Name	VA_PSI.CSV
Data Type	**Column Name - CSV**
Char(6)	Facility ID
Char(71)	Facility Name
Char(40)	Address
Char(20)	City
Char(2)	State
Num(8)	ZIP Code
Char(15)	County Name
Char(14)	Phone Number
Char(6)	Measure ID

Table *(Back to File Summary)*	VA - Outcomes (PSI)
Description	Veterans Health Administration hospital-level data for patient safety indicators
File Name	VA_PSI.CSV
Data Type	**Column Name - CSV**
Char(73)	Measure Name
Char(13)	Denominator
Char(13)	Observed Rate Per 1,000
Char(7)	Footnote
Date	Start Date
Date	End Date

Table *(Back to File Summary)*	VA - Hospital General Information
Description	General information on Veterans Health Administration hospitals
File Name	VETERANS_HEALTH_ADMINISTRATION_PROVIDER_LEVEL_DATA.CSV
Data Type	**Column Name - CSV**
Char(6)	Facility ID
Char(71)	Facility Name
Char(40)	Address
Char(20)	City
Char(2)	State
Num(8)	ZIP Code
Char(15)	County Name
Char(14)	Phone Number
Char(36)	Hospital Type
Char(30)	Hospital Ownership
Char(3)	Emergency Services
Char(13)	Hospital overall rating

Table *(Back to File Summary)*	VA - Hospital General Information
Description	General information on Veterans Health Administration hospitals
File Name	VETERANS_HEALTH_ADMINISTRATION_PROVIDER_LEVEL_DATA.CSV
Data Type	**Column Name - CSV**
Num(8)	Hospital overall rating footnote

Table *(Back to File Summary)*	VA - Measure Dates
Description	Veterans Health Administration's current collection dates for all measures on Hospital Compare
File Name	VETERANS_HEALTH_ADMINISTRATION_MEASURE_DATES.CSV
Data Type	**Column Name - CSV**
Char(23)	Measure ID
Char(88)	Measure Name
Char(6)	Measure Start Quarter
Date	Start Date
Char(6)	Measure End Quarter
Date	End Date

Appendix A – Hospital Compare Measures

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

Structural Measures – Hospital.csv

Measure ID	Measure Name
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)

Hospital General Information.csv

Measure ID	Measure Name
Meets criteria for meaningful use of EHRs	Meets criteria for meaningful use of EHRs
Overall Hospital Rating	Overall Rating
Mortality national comparison	Mortality
Safety of care national comparison	Safety of Care
Readmission national comparison	Readmission
Patient experience national comparison	Patient Experience
Effectiveness of care national comparison	Effectiveness of Care
Timeliness of care national comparison	Timeliness of Care
Efficient use of medical imaging national comparison	Effective use of Medical Imaging

HCAHPS –Hospital.csv

Measure ID	Measure Name
H-CLEAN-HSP-A-P	Patients who reported that their room and bathroom were "Always" clean
H-CLEAN-HSP-SN-P	Patients who reported that their room and bathroom were "Sometimes" or "Never" clean
H-CLEAN-HSP-U-P	Patients who reported that their room and bathroom were "Usually" clean
H-CLEAN-HSP-STAR-RATING	Cleanliness - star rating
H_CLEAN_LINEAR_SCORE	Cleanliness - linear mean score
H-COMP-1-A-P	Patients who reported that their nurses "Always" communicated well
H-COMP-1-SN-P	Patients who reported that their nurses "Sometimes" or "Never" communicated well
H-COMP-1-U-P	Patients who reported that their nurses "Usually" communicated well
H-COMP-1-STAR-RATING	Nurse communication - star rating
H_COMP_1_LINEAR_SCORE	Nurse communication - linear mean score
H-COMP-2-A-P	Patients who reported that their doctors "Always" communicated well
H-COMP-2-SN-P	Patients who reported that their doctors "Sometimes" or "Never" communicated well
H-COMP-2-U-P	Patients who reported that their doctors "Usually" communicated well

Measure ID	Measure Name
H-COMP-2-STAR-RATING	Doctor communication - star rating
H_COMP_2_LINEAR_SCORE	Doctor communication - linear mean score
H-COMP-3-A-P	Patients who reported that they "Always" received help as soon as they wanted
H-COMP-3-SN-P	Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted
H-COMP-3-U-P	Patients who reported that they "Usually" received help as soon as they wanted
H-COMP-3-STAR-RATING	Staff responsiveness - star rating
H_COMP_3_LINEAR_SCORE	Staff responsiveness - linear mean score
H-COMP-5-A-P	Patients who reported that staff "Always" explained about medicines before giving it to them
H-COMP-5-SN-P	Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them
H-COMP-5-U-P	Patients who reported that staff "Usually" explained about medicines before giving it to them
H-COMP-5-STAR-RATING	Communication about medicine - star rating
H_COMP_5_LINEAR_SCORE	Communication about medicines - linear mean score
H-COMP-6-N-P	Patients who reported that NO, they were not given information about what to do during their recovery at home
H-COMP-6-Y-P	Patients who reported that YES, they were given information about what to do during their recovery at home
H-COMP-6-STAR-RATING	Discharge information - star rating
H_COMP_6_LINEAR_SCORE	Discharge information - linear mean score
H-COMP-7-A	Patients who “Agree” they understood their care when they left the hospital
H-COMP-7-D-SD	Patients who “Disagree” or “Strongly Disagree” that they understood their care when they left the hospital
H-COMP-7-SA	Patients who “Strongly Agree” that they understood their care when they left the hospital
H-COMP-7-STAR-RATING	Care transition - star rating
H_COMP_7_LINEAR_SCORE	Care transition - linear mean score
H-HSP-RATING-0-6	Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)
H-HSP-RATING-7-8	Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)
H-HSP-RATING-9-10	Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)
H-HSP-RATING-STAR-RATING	Overall rating of hospital - star rating
H_HSP_RATING_LINEAR_SCORE	Overall hospital rating - linear mean score
H-QUIET-HSP-A-P	Patients who reported that the area around their room was "Always" quiet at night
H-QUIET-HSP-SN-P	Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night
H-QUIET-HSP-U-P	Patients who reported that the area around their room was "Usually" quiet at night
H-QUIET-HSP-STAR-RATING	Quietness - star rating
H_QUIET_LINEAR_SCORE	Quietness - linear mean score
H-RECMND-DN	Patients who reported NO, they would probably not or definitely not recommend the hospital
H-RECMND-DY	Patients who reported YES, they would definitely recommend the hospital
H-RECMND-PY	Patients who reported YES, they would probably recommend the hospital

Measure ID	Measure Name
H-RECMND-STAR-RATING	Recommend hospital - star rating
H_RECMND_LINEAR_SCORE	Recommend hospital - linear mean score
H-STAR-RATING	Summary star rating

Timely and Effective Care – Hospital.csv

Measure ID	Measure Name
ED-2b	Average (median) time patients spent in the emergency department, after the doctor decided to admit them as an inpatient before leaving the emergency department for their inpatient room (alternate Measure ID: ED-2)
EDV	Emergency department volume (alternate Measure ID: EDV-1)
IMM-3	Healthcare workers given influenza vaccination (alternate Measure ID: IMM-3)
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 (median) number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital
OP-5	Average (median) number of minutes before outpatients with chest pain or possible heart attack got an ECG
OP-18b	Average (median) time patients spent in the emergency department before leaving from the visit (alternate Measure ID: OP-18)
OP-18c	Average time patients spent in the emergency department before being sent home (Median Time from ED Arrival to ED Departure for Discharged ED Patients – Psychiatric/Mental Health Patients) *This measure is only found in the downloadable database, it is not displayed on Hospital Compare
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
OP-29	Percentage of patients receiving appropriate recommendation for follow-up screening colonoscopy
OP-30	Percentage of patients with history of polyps receiving follow-up colonoscopy in the appropriate timeframe
OP-31	Percentage of patients who had cataract surgery and had improvement in visual function within 90 days following the surgery
OP-33	Percentage of patients receiving appropriate radiation therapy for cancer that has spread to the bone
PC-01	Percent of mothers whose deliveries were scheduled too early (1-2 weeks early), when a scheduled delivery was not medically necessary
SEP-1	Severe Sepsis and Septic Shock
SEP-SH-3HR	Septic Shock 3 Hour
SEP-SH-6HR	Septic Shock 6 Hour
SEV-SEP-3HR	Severe Sepsis 3 Hour
SEV-SEP-6HR	Severe Sepsis 6 Hour

Complications and Deaths – Hospital.csv

Measure ID	Measure Name
COMP-HIP-KNEE	Rate of complications for hip/knee replacement patients
PSI-90	Serious complications (this is a composite or summary measure; alternate Measure ID: PSI-90-SAFETY)
PSI-3	Pressure sores (alternate Measure ID: PSI_3_Ulcer)
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-8	Broken hip from a fall after surgery (alternate Measure ID: PSI_8_POST_HIP)
PSI-9	Bleeding or bruising during surgery (alternate Measure ID: PSI_9_POST_HEM)
PSI-10	Kidney and diabetic complications after surgery (alternate Measure ID: PSI_10_POST_KIDNEY)
PSI-11	Respiratory failure after surgery (alternate Measure ID: PSI_11_POST_RESP)
PSI-12	Serious blood clots after surgery (alternate Measure ID: PSI-12-POSTOP-PULMEMB-DVT)
PSI-13	Blood stream infection after surgery (alternate Measure ID: PSI_13_POST_SEPSIS)
PSI-14	A wound that splits open after surgery on the abdomen or pelvis (alternate Measure ID: PSI-14-POSTOP-DEHIS)
PSI-15	Accidental cuts and tears from medical treatment (alternate Measure ID: PSI-15-ACC-LAC)
MORT-30-AMI	Death rate for heart attack patients
MORT-30-CABG	Death rate for Coronary Artery Bypass Graft (CABG) surgery patients
MORT-30-COPD	Death rate for chronic obstructive pulmonary disease (COPD) patients
MORT-30-HF	Death rate for heart failure patients
MORT-30-PN	Death rate for pneumonia patients
MORT-30-STK	Death rate for stroke patients

CMS_PSI_6_decimal_file.csv

Measure ID	Measure Name
PSI-90	Serious complications (this is a composite or summary measure; alternate Measure ID: PSI-90-SAFETY)
PSI-3	Pressure sores (alternate Measure ID: PSI_3_Ulcer)
PSI-6	Collapsed lung due to medical treatment (alternate Measure ID: PSI-6-IAT-PTX)
PSI-8	Broken hip from a fall after surgery (alternate Measure ID: PSI_8_POST_HIP)
PSI-9	Bleeding or bruising during surgery (alternate Measure ID: PSI_9_POST_HEM)
PSI-10	Kidney and diabetic complications after surgery (alternate Measure ID: PSI_10_POST_KIDNEY)
PSI-11	Respiratory failure after surgery (alternate Measure ID: PSI_11_POST_RESP)
PSI-12	Serious blood clots after surgery (alternate Measure ID: PSI-12-POSTOP-PULMEMB-DVT)
PSI-13	Blood stream infection after surgery (alternate Measure ID: PSI_13_POST_SEPSIS)
PSI-14	A wound that splits open after surgery on the abdomen or pelvis (alternate Measure ID: PSI-14-POSTOP-DEHIS)
PSI-15	Accidental cuts and tears from medical treatment (alternate Measure ID: PSI-15-ACC-LAC)

Healthcare Associated Infections – Hospital.csv

Measure ID	Measure Name
HAI-1	Central line-associated bloodstream infections (CLABSI) in ICUs and select wards (alternate Measure ID: HAI_1_SIR)
HAI-2	Catheter-associated urinary tract infections (CAUTI) in ICUs and select wards (alternate Measure ID: HAI_2_SIR)
HAI-3	Surgical Site Infection from colon surgery (SSI: Colon) (alternate Measure ID: HAI_3_SIR)
HAI-4	Surgical Site Infection from abdominal hysterectomy (SSI: Hysterectomy) (alternate Measure ID: HAI_4_SIR)
HAI-5	Methicillin-resistant *Staphylococcus aureus* (or MRSA) blood laboratory-identified events (bloodstream infections) (alternate Measure ID: HAI_5_SIR)
HAI-6	*Clostridium difficile* (C.diff.) laboratory identified events (intestinal infections) (alternate Measure ID: HAI_6_SIR)

Unplanned Hospital Visits - Hospital.csv

Measure ID	Measure Name
READM-30-AMI	Rate of readmission for heart attack patients
READM-30-CABG	Rate of readmission for Coronary Artery Bypass Graft (CABG) surgery patients
READM-30-COPD	Rate of readmission for chronic obstructive pulmonary disease (COPD) patients
READM-30-HF	Rate of readmission for heart failure patients
READM-30-HIP-KNEE	Rate of readmission after hip/knee surgery
READM-30-HOSP-WIDE	Rate of readmission after discharge from hospital (hospital-wide)
READM-30-PN	Rate of readmission for pneumonia patients
EDAC-30-AMI	Hospital return days for heart attack patients
EDAC-30-HF	Hospital return days for heart failure patients
EDAC-3-PN	Hospital return days for pneumonia patients
OP-32	Rate of unplanned hospital visits after an outpatient colonoscopy
OP-33	Percentage of patients receiving appropriate radiation therapy for cancer that has spread to the bone
OP-35-ADM	Admissions Visits for Patients Receiving Outpatient Chemotherapy
OP-35-ED	Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy
OP-36	Ratio of unplanned hospital visits after hospital outpatient surgery

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
OP-9	Outpatients who had a follow-up mammogram, ultrasound, or MRI of the breast within 45 days after a screening mammogram
OP-10	Outpatient CT scans of the abdomen that were “combination” (double) scans
OP-11	Outpatient CT scans of the chest that were “combination” (double) scans
OP-13	Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery
OP-14	Outpatients with brain CT scans who got a sinus CT scan at the same time (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)

Medicare Hospital Spending per Patient – Hospital.csv

Measure ID	Measure Name
MSPB-1	Spending per Hospital Patient with Medicare (Medicare Spending per Beneficiary)

HOSPITAL_QUARTERLY_IPFQR_MEASURES_HOSPITAL.csv

Measure ID	Measure Name
FUH-7	Follow-up after Hospitalization for Mental Illness 7-Days *This measure is found in the embedded datasets on the Inpatient Psychiatric Facility Quality Reporting webpages.
FUH-30	Follow-up after Hospitalization for Mental Illness 30-Days *This measure is found in the embedded datasets on the Inpatient Psychiatric Facility Quality Reporting webpages
HBIPS-2	Hours of physical restraint use *This measure is found in the embedded datasets on the Inpatient Psychiatric Facility Quality Reporting webpages
HBIPS-3	Hours of seclusion *This measure is found in the embedded datasets on the Inpatient Psychiatric Facility Quality Reporting webpages
HBIPS-5	Patients discharged on multiple antipsychotic medications with appropriate justification *This measure is found in the embedded datasets on the Inpatient Psychiatric Facility Quality Reporting webpages.
IPFQR-IMM-2	Influenza Immunization *This measure is found in the embedded datasets on the Inpatient Psychiatric Facility Quality Reporting webpages.
READM-30-IPF	Rate of readmission after discharge from hospital
SUB-3	Alcohol and other Drug Use Disorder Treatment Provided or Offered at Discharge
SUB-3a	Alcohol and other Drug Use Disorder Treatment Provided at Discharge
SMD	Screening for Metabolic Disorders
TOB-2	Tobacco Use Treatment Provided or Offered *This measure is found in the embedded datasets on the Inpatient Psychiatric Facility Quality Reporting webpages.
TOB-2a	Tobacco Use Treatment (during the hospital stay) *This measure is found in the embedded datasets on the Inpatient Psychiatric Facility Quality Reporting webpages.
TR1	Transition Record with Specified Elements
TR2	Timely Transmission of Transition Record

HOSPITAL_QUARTERLY_HAC_DOMAIN_HOSPITAL.csv

Measure ID	Measure Name
HACRP-D1	Domain 1 Score
HACRP-PSI-90	AHRQ PSI-90 Score (see Appendix E – Footnote Crosswalk for * definition)
HACRP-D2	Domain 2 Score
HACRP-CLABSI	CLABSI Score (see Appendix E – Footnote Crosswalk for * definition)
HACRP-CAUTI	CAUTI Score
HACRP-SSI	SSI Score
HACRP-MRSA	MRSA Score
HACRP-CDI	CDI Score
HACRP-Total	Total HAC Score (see Appendix E – Footnote Crosswalk for * definition)

Readmission Reduction.csv

CSV	Readmission Reduction.csv
Measure ID	**Measure Name**
READM-30-AMI-HRRP	Excess readmission ratio for heart attack patients
READM-30-COPD-HRRP	Excess readmission ratio for chronic obstructive pulmonary disease (COPD) patients
READM-30-CABG-HRRP	Excess readmission ration for Coronary Artery Bypass Graft (CABG) patients
READM-30-HF-HRRP	Excess readmission ratio for heart failure patients
READM-30-HIP-KNEE-HRRP	Excess readmission ratio for hip/knee replacement patients
READM-30-PN-HRRP	Excess readmission ratio for pneumonia patients

HOSPITAL_ANNUAL_QUALITYMEASURE_PCH_OUTCOMES_HOSPITAL.csv

Measure ID	Measure Name
PCH-30	Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy - Risk Standardized Admission Rate
PCH-31	Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy - Risk Standardized Emergency Department Visits Rate

HOSPITAL_QUARTERLY_QUALITYMEASURE_PCH_OCM_HOSPITAL.csv

Measure ID	Measure Name
PCH-14	Oncology - Radiation Dose Limits to Normal Tissues
PCH-15	Oncology - Plan of Care for Pain – Medical Oncology and Radiation Oncology
PCH-16	Oncology - Medical and Radiation - Pain Intensity Quantified
PCH-17	Adjuvant Hormonal Therapy for High Risk Prostate Cancer Patients
PCH-18	Avoidance of Overuse Measure - Bone Scan for Staging Low Risk Prostate Cancer Patients

HOSPITAL_QUARTERLY_QUALITYMEASURE_PCH_EBRT_HOSPITAL.csv

Measure ID	Measure Name
PCH-25	External Beam Radiotherapy (EBRT) for Bone Metastases

HOSPITAL_QUARTERLY_QUALITYMEASURE_PCH_HCAHPS_HOSPITAL.csv

Measure ID	Measure Name
Composite 1 Q1 to Q3	Communication with Nurses
Composite 2 Q5 to Q7	Communication with Doctors
Composite 3 Q4 & Q11	Responsiveness of Hospital Staff
Composite 5 Q16 & Q17	Communication about Medicines
Q8	Cleanliness of Hospital Environment
Q9	Quietness of Hospital Environment
Composite 6 Q19 & Q20	Discharge Information
Composite 7 Q23 to 25	Care Transition
Q21	Overall Rating of Hospital
Q22	Willingness to Recommend this Hospital
Star Rating	HCAHPS Summary Star Rating
Linear Score	HCAHPS Linear Score for each measure

HOSPITAL_QUARTERLY_QUALITYMEASURE_PCH_HAI_HOSPITAL.csv

Measure ID	Measure Name
PCH-06	Surgical Site Infection from colon surgery (SSI: Colon)
PCH-07	Surgical Site Infection from abdominal hysterectomy (SSI: Hysterectomy
PCH-27	MRSA Bacteremia
PCH-26	Clostridium Difficile (C.Diff)
PCH-28	Influenza Vaccination Coverage Among Healthcare Personnel (HCP)

Ambulatory Surgical Measure-Facility.csv

Measure ID	Measure Name
ASC-1	Patient Burn
ASC-2	Patient Fall
ASC-3	Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant
ASC-4	All Cause Hospital Transfer/Admission
ASC-9	Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients
ASC-10	Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use
ASC-11	Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery
ASC-12	Rate of unplanned hospital visits after an outpatient colonoscopy
ASC-13	Normothermia
ASC-14	Unplanned Anterior Vitrectomy

Payment and Value of Care – Hospital.csv

Measure ID	Measure Name
PAYM-30-AMI	Payment for heart attack patients
PAYM-30-HF	Payment for heart failure patients
PAYM-30-PN	Payment for pneumonia patients
PAYM_90_HIP_KNEE	Payment for hip/knee replacement patients

HVBP Measures Directory

File Name	Measure (Achievement Threshold, Benchmark, Performance Rate, Achievement Points, Improvement Points, Measure Score, Preventive Condition/Preview Score)
hvbp_clinical_care_12_09_2019	MORT-30-AMI; MORT-30-HF; MORT-30-PN
hvbp_efficiency_12_09_2019	MSPB-1
hvbp_hcahps_12_09_2019	H-COMP-1-A-P; H-COMP-2-A-P; H-COMP-3-A-P; H-COMP-5-A-P; H-COMP-6-Y-P; H-COMP-7-SA; H-HSP-RATING-9-10: H-CLEAN-QUIET-HSP-A-P
hvbp_safety_12_09_2019	HAI-1; HAI-2; HAI-3; HAI-4, HAI-5, HAI-6, PC-01
hvbp_tps_12_09_2019	TPS Scores (Weighted and Unweighted) for Clinical Process of Care, Patient Experience of Care, Outcome, and Efficiency Domains

VA_TE.csv

Measure ID	Measure Name
ED-2b	Average (median) time patients spent in the emergency department, after the doctor decided to admit them as an inpatient before leaving the emergency department for their inpatient room (alternate Measure ID: ED-2)
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 (median) number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital
OP-5	Average (median) number of minutes before outpatients with chest pain or possible heart attack got an ECG
OP-18b	Average (median) time patients spent in the emergency department before leaving from the visit
OP-18c	Average time patients spent in the emergency department before being sent home
OP-23	Percentage of patients who came to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival

VA_IPF

Measure ID	Measure Name
HBIPS-2	Hours of physical restraint use
HBIPS-3	Hours of seclusion
HBIPS-5	Patients discharged on multiple antipsychotic medications with appropriate justification
TOB-2	Tobacco Use Treatment Provided or Offered
SUB-2	Alcohol Use Brief Intervention Provided or Offered
SUB-3	Alcohol and other Drug Use Disorder Treatment Provided or Offered at Discharge

Readmissions and Deaths - COPD .csv

Measure ID	Measure Name
MORT-30-COPD	Death rate for chronic obstructive pulmonary disease (COPD) patients
READM-30-COPD	Rate of readmission for chronic obstructive pulmonary disease (COPD) patients

VA_PSI.csv

CSV	VA_PSI.csv
Measure ID	**Measure Name**
PSI-3	Pressure Ulcer Rate
PSI-4	Inpatient Surgical Deaths
PSI-6	Collapsed lung due to medical treatment
PSI-7	Central Venous Catheter-Related Blood Stream Infection
PSI-8	Postoperative Hip Fracture
PSI-9	Perioperative Bleeding/Bruise
PSI-10	Postoperative Kidney & Diabetic Complications
PSI-11	Postoperative Respiratory Failure
PSI-12	Perioperative Blood Clot/Embolism
PSI-13	Postoperative Sepsis
PSI-14	A wound that splits open after surgery on the abdomen or pelvis
PSI-15	Accidental puncture or laceration from medical treatment

CJR PY2 Quality Reporting_July 2019_Production File.csv

Measure ID	Measure Name
CJR-PRO	Patient reported outcomes
CJR HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey
CJR-COMP-Hip-Knee	Rate of complications for hip and knee replacement patients

Appendix B – Measure Component Definitions

Please note, the following information is available in the *Inpatient Quality Reporting Hospital Compare Preview Help Guide* and *Outpatient Quality Reporting Hospital Compare Preview Report Help Guide* provided on QualityNet.org with each Preview Period announcement.

Timely and Effective Care	**Definition**
Time-based measures (minutes)	
Emergency Department Volume (EDV) - Denominator	Number based on the volume of patients submitted by a hospital used for the measure OP-22: Left without Being Seen
Numerator	Median time
Denominator	Median times are identified using all cases submitted in the state that are publicly reported. Median time for the nation is based on all cases submitted in the nation. Please note that Outpatient (OP) measures only include publically reported data.
Rate based measures	
Numerator	Score
Denominator	Sample; denominators greater than zero and less than 11 will not be reported on *Hospital Compare*.
Complications and Outcomes	**Definition**
Numerator	Score; the number of events (deaths, readmissions or complications) within 30 days (or other timeframes for complications) predicted based on the hospital's performance with its observed case mix.
Denominator	The number of outcomes expected based on the nation's performance with that hospital's case mix.
HAI	**Definition**
Numerator	The observed number of infections
Denominator	The predicted number of infections

Appendix C – HCAHPS Survey Questions Listing

The HCAHPS survey is 32 questions in length and contains 21 substantive items that encompass critical aspects of the hospital experience, 4 screening items to skip patients to appropriate questions, and 7 demographic items that are used for adjusting the mix of patients across hospitals for analytical purposes. An overview of HCAHPS topics (6 composite topics, 2 individual topics, and 2 global topics) can be found on the Survey of Patients' Experiences webpage in the About the Data section of Hospital Compare.

#	Question
Q1	During this hospital stay, how often did nurses treat you with courtesy and respect?
Q2	During this hospital stay, how often did nurses listen carefully to you?
Q3	During this hospital stay, how often did nurses explain things in a way you could understand?
Q4	During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
Q5	During this hospital stay, how often did doctors treat you with courtesy and respect?
Q6	During this hospital stay, how often did doctors listen carefully to you?
Q7	During this hospital stay, how often did doctors explain things in a way you could understand?
Q8	During this hospital stay, how often were your room and bathroom kept clean?
Q9	During this hospital stay, how often was the area around your room quiet at night?
Q11	How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
Q16	Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
Q17	Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?
Q19	During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?
Q20	During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?
Q21	Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?
Q22	Would you recommend this hospital to your friends and family?
Q23	During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.
Q24	When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.
Q25	When I left the hospital, I clearly understood the purpose for taking each of my medications.

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

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

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

Appendix D – OAS CAHPS Survey Questions Listing

The OAS CAHPS survey includes questions about patients' experiences with their preparation for the surgery or procedure, check-in processes, cleanliness of the facility, communications with the facility staff, discharge from the facility, and preparation for recovering at home. The survey also includes questions about whether patients received information about what to do if they had possible side effects during their recovery. Survey Materials can be found at the OAS CAHPS site, in the Survey Materials page.

#	Question
Q1	Before your procedure, did your doctor or anyone from the facility give you all the information you needed about your procedure?
Q2	Before your procedure, did your doctor or anyone from the facility give you easy to understand instructions about getting ready for your procedure?
Q3	Did the check-in process run smoothly?
Q4	Was the facility clean?
Q5	Were the clerks and receptionists at the facility as helpful as you thought they should be?
Q6	Did the clerks and receptionists at the facility treat you with courtesy and respect?
Q7	Did the doctors and nurses treat you with courtesy and respect?
Q8	Did the doctors and nurses make sure you were as comfortable as possible?
Q9	Did the doctors and nurses explain your procedure in a way that was easy to understand?
Q10	Anesthesia is something that would make you feel sleepy or go to sleep during your procedure. Were you given anesthesia?
Q11	Did your doctor or anyone from the facility explain the process of giving anesthesia in a way that was easy to understand?
Q12	Did your doctor or anyone from the facility explain the possible side effects of the anesthesia in a way that was easy to understand?
Q13	Discharge instructions include things like symptoms you should watch for after your procedure, instructions about medicines, and home care. Before you left the facility, did you get written discharge instructions?
Q14	Did your doctor or anyone from the facility prepare you for what to expect during your recovery?
Q17	Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had nausea or vomiting?
Q18	At any time after leaving the facility, did you have nausea or vomiting as a result of either your procedure or the anesthesia?
Q19	Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had bleeding as a result of your procedure?
Q20	At any time after leaving the facility, did you have bleeding as a result of your procedure?
Q21	Possible signs of infection include fever, swelling, heat, drainage or redness. Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had possible signs of infection?
Q22	At any time after leaving the facility, did you have any signs of infection?
Q23	Using any number from 0 to 10, where 0 is the worst facility possible and 10 is the best facility possible, what number would you use to rate this facility?
Q24	Would you recommend this facility to your friends and family?

Appendix E – 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. This footnote is applied: • When a hospital elected not to submit data for a measure for one or more, but not all possible quarters; • When there was no data to submit for a measure for one or more, but not all possible quarters; and/or • When a hospital did not successfully submit data for a measure for one or more, but not all possible quarters.
4	Data suppressed by CMS for one or more quarters.	The results for these measures were excluded for various reasons, such as data inaccuracies.
5	Results are not available for this reporting period.	This footnote is applied: • When a hospital elected not to submit data for the entire reporting period; or • When a hospital had no claims data for a particular measure; or • When a hospital elected to suppress a measure from being publicly reported.
6	Fewer than 100 patients completed the HCAHPS survey. Use these scores with caution, as the number of surveys may be too low to reliably assess hospital performance.	This footnote is applied when the number of completed surveys the hospital or its vendor provided to CMS is less than 100.
7	No cases met the criteria for this measure.	This footnote is applied when a hospital did not have any cases meet the inclusion criteria for a measure.
8	The lower limit of the confidence interval cannot be calculated if the number of observed infections equals zero.	None
9	No data are available from the state/territory for this reporting period.	This footnote is applied when: • Too few hospitals in a state/territory had data available or • No data was reported for this state/territory.

Hospital Compare Footnote Values		
#	**Text**	**Definition**
10	Very few patients were eligible for the HCAHPS survey. The scores shown reflect fewer than 50 completed surveys. Use these scores with caution, as the number of surveys may be too low to reliably assess hospital performance.	This footnote is applied when the number of completed surveys the hospital or its vendor provided to CMS is less than 50.
11	There were discrepancies in the data collection process.	This footnote is applied when there have been deviations from data collection protocols. CMS is working to correct this situation.
12	This measure does not apply to this hospital for this reporting period.	This footnote is applied when: • There were zero device days or procedures for the entire reporting period, • The hospital does not have ICU locations. • The hospital is a new member of the registry or reporting program and didn't have an opportunity to submit any cases; or • The hospital doesn't report this voluntary measure; or • Results for this VA hospital are combined with those from the VA administrative parent hospital that manages all points of service.
13	Results cannot be calculated for this reporting period.	This footnote is applied when: • The number of predicted infections is less than 1. • The number of observed MRSA or Clostridium difficile infections present on admission (community-onset prevalence) was above a pre-determined cut-point.
14	The results for this state are combined with nearby states to protect confidentiality.	This footnote is applied when a state has fewer than 10 hospitals in order to protect confidentiality. Results are combined as follows: (1) the District of Columbia and Delaware are combined; (2) Alaska and Washington are combined; (3) North Dakota and South Dakota are combined; and (4) New Hampshire and Vermont are combined. Hospitals located in Maryland and U.S. territories are excluded from the measure calculation.
15	The number of cases/patients is too few to report a star rating.	This footnote is applied when the number of completed surveys the hospital or its vendor provided to CMS is less than 100. In order to receive HCAHPS Star Ratings, hospitals must have at least 100 completed HCAHPS Surveys over a four-quarter period.
16	There are too few measures or measure groups reported to calculate a star rating or measure group score.	This footnote is applied when a hospital: • Reported data for fewer than 3 measures in any measure group used to calculate star ratings; or • Reported data for fewer than 3 of the measure groups used to calculate star ratings; or • Did not report data for at least 1 outcomes measure group.
17	This hospital's star rating only includes data reported on inpatient services.	This footnote is applied when a hospital only reports data for inpatient hospital services.
18	This result is not based on performance data; the hospital did not submit data and did not submit an HAI exemption form.	This footnote is applied when a hospital did not submit data through the National Healthcare Safety Network (NHSN) and did not have a HAI exemption on file. In such a case, the hospital receives the maximum Winsorized z-score.
19	Data are shown only for hospitals that participate in the Inpatient Quality Reporting (IQR) and Outpatient Quality Reporting (OQR) programs.	Footnote is applied for those hospitals that do not participate in the IQR, OQR programs.

Hospital Compare Footnote Values		
#	**Text**	**Definition**
20	State and national averages do not include Veterans Health Administration (VHA) hospital data.	Data for VHA hospitals are calculated separately from data for other inpatient acute-care hospitals. This footnote is no longer used.
21	Patient survey results for Veterans Health Administration (VHA) hospitals do not represent official HCAHPS results and are not included in state and national averages.	The VHA Survey of Healthcare Experiences of Patients (SHEP) inpatient survey uses the same questions as the HCAHPS survey but is collected and analyzed independently. This footnote is no longer used.
22	Star ratings are not calculated for Veterans Health Administration (VHA) hospitals	• VHA hospitals are not included in the calculations of the Hospital Compare overall rating. • DoD hospitals are not included in the calculations of the Hospital Compare overall rating or the HCAHPS star ratings.
23	The data are based on claims that the hospital or facility submitted to CMS. The hospital or facility has reported discrepancies in their claims data.	This footnote is applied when a hospital or facility alerts CMS of a possible issue with the claims data used to calculate results for this measure. Calculations are based on a "snapshot" of the administrative claims data and changes that hospitals or facilities make to their claims after the snapshot are not reflected in the data. Issues with claims data include but are not limited to the use of incorrect billing codes or inaccurate dates of service.
24	Results for this VA hospital are combined with those from the VA administrative parent hospital that manages all points of service.	This footnote is applied to VA hospitals only.
25	State and national averages include Veterans Health Administration (VHA) hospital data.	Data for VHA hospitals are calculated along with data for other inpatient acute-care hospitals.
26	State and national averages include Department of Defense (DoD) hospital data.	Data for DoD hospitals are calculated along with data for other inpatient acute-care hospitals.
27	Patient survey results for Department of Defense (DoD) hospitals do not represent official HCAHPS results and are not included in state and national averages.	The DoD TRICARE Inpatient Satisfaction Survey (TRISS) uses the same questions as the HCAHPS survey but is collected and analyzed independently.
Maryland data foonotes		
*	For Maryland hospitals, no data are available to calculate a PSI 90 measure result; therefore, no performance decile or points are assigned for Domain 1 and the Total HAC score is dependent on the Domain 2 score.	None
**	This value was calculated using data reported by the hospital in compliance with the requirements outlined for this program and does not take into account information that became available at a later date.	None
a	Maryland hospitals are waived from receiving payment adjustments under the Program	None
CJR data footnotes		

Hospital Compare Footnote Values		
#	**Text**	**Definition**
*	Ineligible for reconciliation based on performance on CJR-specific quality measures	None
**	Did not perform eligible CJR episodes as defined at § 510.210 of the CJR final rule	None
***	Too few completed surveys or months of data to calculate HCAHPS Linear Mean Roll-up score	None
****	Does not participate in the Inpatient Quality Reporting (IQR) program	None
OAS CAHPS data footnotes		
1	Very few patients completed the survey. The scores shown, if any, reflect a very small number of surveys and they do not accurately tell how a facility is doing.	None
2	Survey results are based on less than 12 months of data.	None
3	Fewer than 100 patients completed the survey. Use the scores shown, if any, with caution as the number of surveys may be too low to accurately tell how a facility is doing.	None
4	No survey results are available for this reporting period.	None
5	There were problems with the data and they are being corrected.	None

Appendix F – Release Updates

January 2020 Release

The following updates can be found on QualityNet.org in the "Quick Reference Guides" located in the "Public Reporting" section posted on November 4, 2019

- Inpatient Hospital Compare Preview Quick Reference Guide
- Outpatient Quality Reporting Hospital Compare Preview Quick Reference Guide
- ASC Hospital Compare Preview Report Quick Reference Guide
- PPS-Exempt Cancer Hospital Quality Reporting Hospital Compare Preview Quick Reference Guide
- Inpatient Psychiatric Facility Quality Reporting Hospital Compare Quick Reference Guide

Updates

Program	Update
IQR	
DoD	DoD is now included in the IQR HCAHPS dataset; the TRISS file is now retired
DoD	DoD inpatient measures are now included in the Timely and Effective Care dataset; the DoD TEC dataset is now retired

New Measures

Measure ID	Measure Name
PPS-Exempt Cancer	
PCH-30	Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy - Risk Standardized Admission Rate
PCH-31	Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy - Risk Standardized Emergency Department Visits Rate
IQR	
SEP-SH-3HR	Septic Shock 3 Hour (DDB only)
SEP-SH-6HR	Septic Shock 6 Hour (DDB only)
SEV-SEP-3HR	Severe Sepsis 3 Hour (DDB only)
SEV-SEP-6HR	Severe Sepsis 6 Hour (DDB only)
VHA	
SUB-2	Alcohol Use Brief Intervention Provided or Offered
SUB-3	Alcohol and other Drug Use Disorder Treatment Provided or Offered at Discharge
OQR	
OP-33	Percentage of patients receiving appropriate radiation therapy for cancer that has spread to the bone
OP-35-ADM	Admissions Visits for Patients Receiving Outpatient Chemotherapy
OP-35-ED	Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy
OP-36	Ratio of unplanned hospital visits after hospital outpatient surgery

Retired Measures

Measure ID	Measure Name
PPS-Exempt Cancer	
PCH-3	Hormone Therapy for AJCC T1c or Stage II or III Hormone Receptor-Positive Breast Cancer
DoD	
ED-1b	Median time from ED arrival to ED departure for admitted ED patients
IMM-2	Immunization for influenza
VTE-6	Patients who developed a blood clot while in the hospital who did not get treatment that could have prevented it
VHA	
ED-1b	Median time from ED arrival to ED departure for admitted ED patients

Measure ID	Measure Name
IMM-2	Immunization for influenza
SUB-1	Alcohol Use Screening
TOB-1	Tobacco Use Screening
VTE-6	Hospital Acquired Potentially-Preventable Venous Thromboembolism
IPFQR	
EHR	Use of an Electronic Health Record
EHR HISP	Healthcare information exchanged with Health information service provider
HCP-FluVac	Healthcare Personnel Influenza Vaccination
PEoC	Assessment of Patient Experience of Care
SUB-1	Alcohol Use Screening
TOB-1	Tobacco Use Screening
IQR	
CEBP-Aortic Aneurysm	AA Payment
CEBP-Cellulitis	Cellulitis Payment
CEBP-Cholecystectomy and Common Duct Exploration	Chole and CDE Payment
CEBP-GI Hemorrhage	GI Payment
CEBP-Kidney/UTI	Kidney/UTI Payment
CEBP-Spinal Fusion	SFusion Payment
ED-1b	Median time from ED arrival to ED departure for admitted ED patients
IMM-2	Immunization for influenza
VTE	Hospital Acquired Potentially-Preventable Venous Thromboembolism
SM_SS_CHECK	Uses Inpatient Safe Surgery Checklist (alternate Measure ID SM-5)
SM-HS-PATIENT-SAF	Uses hospital survey on patient safety culture (SM-6)
OQR	
OP-25	Outpatient Safe Surgery Checklist Use
OP-26	Hospital Outpatient Volume on Selected Outpatient Surgical Procedures

October 2019 Release

The following updates can be found on QualityNet.org in the “Quick Reference Guides” located in the “Public Reporting” section posted on July 30, 2019.

- Inpatient Quality Reporting Hospital Compare Preview Quick Reference Guide
- Outpatient Quality Reporting Hospital Compare Preview Report Quick Reference Guide
- ASC Hospital Compare Preview Report Quick Reference Guide
- PPS-Exempt Cancer Hospital Quality Reporting Hospital Compare Preview Report Quick Reference Guide

Updates

Program	Update
ASCQR	All ASCQR measures will be refreshed in October, with exception of ASC-12 which will be refreshed in January.

New Measures

Measure ID	Measure Name
PPS-Exempt Cancer	
PCH-06	Surgical Site Infection from colon surgery (SSI: Colon)
PCH-07	Surgical Site Infection from abdominal hysterectomy (SSI: Hysterectomy
PCH-27	MRSA Bacteremia
PCH-26	Clostridium Difficile (C.Diff)
PCH-28	Influenza Vaccination Coverage Among Healthcare Personnel (HCP)
VHA	
OP-18c	Average time patients spent in the emergency department before being sent home
ASQR	
ASC-13	Normothermia
ASC-14	Unplanned Anterior Vitrectomy

Retired Measures

Measure ID	Measure Name
ASCQR	
ASC-8	Influenza Vaccination Coverage among Healthcare Personnel

July 2019 Release

The following updates can be found on QualityNet.org in the "Quick Reference Guides" located in the article "CMS Releases July 2019 Hospital Compare Hospital Data Preview" posted on April 22, 2019.

Updates

Program	Update
IQR and PCH HCAHPS	Individual Questions from the HCAHPS composites are provided for preview and will be available in the downloadable databases
IPFQR	The IPFQR data joined the Hospital Compare workflow and is now comparable by searching the facility zip code.

Retired Measures

Measure ID	Measure Name
IQR	
READM-30-STK	Rate of readmission for stroke patients
PCH	
PCH-1	Adjuvant Chemotherapy for Stage III Colon Cancer
PCH-2	Combination Chemotherapy for AJCC T1c or Stage II or III Hormone Recepter-Negative Breast Cancer

April 2019 Release

The following updates can be found on QualityNet.org in the "Quick Reference Guides" located in the article "CMS Releases April 2019 Hospital Compare Hospital Data Preview" posted on February 8, 2019.

Retired Measures

Measure ID	Measure Name
OQR Program and VHA	
OP-1	Median time to fibrinolysis. *This measure was only found in the downloadable database, it is not displayed on Hospital Compare
OP-4	Outpatients with chest pain or possible heart attack who received aspirin within 24 hours of arrival or before transferring from the emergency department
OP-20	Average (median) time patients spent in the emergency department before they were seen by a healthcare professional

Measure ID	Measure Name
OQR Program and VHA	
OP-1	Median time to fibrinolysis. *This measure was only found in the downloadable database, it is not displayed on Hospital Compare
OP-21	Average (median) time patients who came to the emergency department with broken bones had to wait before getting pain medication