Provider Data Catalog: Doctors and Clinicians Data Dictionary
Performance Year 2018

This data dictionary describes the six Doctors and Clinicians downloadable data files available in the Provider Data Catalog for performance year 2018 of the Quality Payment Program and 2017 for the utilization data. The data files include:

- Demographic data describing individual physicians or other clinicians (one file);
- Clinician and group Merit-based Incentive Payment System (MIPS) measures and activities performance information (three files);
- Clinician overall MIPS performance information (one file); and
- Clinician utilization data (one file).

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This file contains performance information for Merit-Based Incentive Payment System (MIPS) and Qualified Clinical Data Registry (QCDR) Quality measures, Promoting Interoperability measures and attestations, and Improvement Activities attestations reported by groups.

2018 Group Public Reporting: Patient Experience

This file contains the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS measures reported by groups.

2017 Clinician Utilization Data

This is the clinician utilization data publicly reported in the Provider Data Catalog. This is a subset of the 2017 Medicare Provider Utilization and Payment Data: Physician and Other Supplier data, listed as Healthcare Common Procedure Coding System (HCPCS) codes.

Additional Information

This page provides reasons why the downloadable files do not exactly match the information as displayed on Medicare Care Compare profile pages.

Doctors and Clinicians National Downloadable File: Performance Year 2018

The Doctors and Clinicians national downloadable file is organized at the individual eligible clinician level; each line is unique at the clinician/enrollment record/group/address level. Clinicians with multiple Medicare enrollment records and/or single enrollments linking to multiple practice locations are listed on multiple lines.

Variable Name	Variable Label	Description	Length	Values
Professional Identification				
NPI	NPI	Unique clinician ID assigned by NPPES	10	digits
Ind_PAC_ID	PAC ID	Unique individual clinician ID assigned by PECOS	10	digits
Ind_enrl_ID	Clinician Enrollment ID	Unique ID for the clinician enrollment that is the source for the data in the observation	15	digits
lst_nm	Last Name	Individual clinician last name	35	digits
frst_nm	First Name	Individual clinician first name	25	string
mid_nm	Middle Name	Individual clinician middle name	25	string
suff	Suffix	Individual clinician suffix	10	string
gndr	Gender	Individual clinician gender	1	M/F/U
Medical Credentials				
Cred	Credential	Medical credential such as MD, DO, DPM, etc.	3	string
Med_sch	Medical school name	Individual clinician's medical school	100	string
Grd_yr	Graduation year	Individual clinician's medical school graduation year	4	digits
Pri_spec	Primary specialty	Primary medical specialty reported by the individual clinician in the selected enrollment	60	string
Sec_spec_1	Secondary specialty 1	First secondary medical specialty reported by the individual clinician in the selected enrollment	60	string
Sec_spec_2	Secondary specialty 2	Second secondary medical specialty reported by the individual clinician in the selected enrollment	60	string
Sec_spec_3	Secondary specialty 3	Third secondary medical specialty reported by the individual clinician in the selected enrollment	60	string
Sec_spec_4	Secondary specialty 4	Fourth secondary medical specialty reported by the individual clinician in the selected enrollment	60	string

Variable Name	Variable Label	Description	Length	Values
Sec_spec_all	All secondary specialties	All secondary medical specialty reported by the individual clinician in the selected enrollment	200	string
Medical Practice				
Org_nm	Organization legal name	Legal name of the group that the individual clinician works with – will be blank if the address is not linked to a group	70	string
Org_PAC_ID	Group PAC ID	Unique group ID assigned by PECOS to the group that the individual clinician works with- will be blank if the address is not linked to a group	10	string
num_org_mem	Number of Group Members	Total number of individual clinicians affiliated with the group based on Group Practice PAC ID	8	numeric
adr_ln_1	Line 1 Street Address	Group or individual's line 1 address	55	string
adr_ln_2	Line 2 Street Address	Group or individual's line 2 address	55	string
ln_2_sprs	Marker of address line 2 suppression	Marker that address as reported may be incomplete	1	Y/blank
cty	City	Group or individual's city	30	string
st	State	Group or individual's state	2	string
zip	Zip code	Group or individual's zip code (9 digits when available)	15	digits
phn_numbr	Phone Number	Phone number is listed only when there is a single phone number available for the address	20	string
hosp_afl_1	Hospital affiliation CCN 1	Medicare CCN of hospital where individual clinician provides service	6	digits
hosp_afl_lbn_1	Hospital affiliation LBN 1	Legal business name of hospital where individual clinician provides service	200	string
hosp_afl_2	Hospital affiliation CCN 2	Medicare CCN of hospital where individual clinician provides service	6	digits
hosp_afl_lbn_2	Hospital affiliation LBN 2	Legal business name of hospital where individual clinician provides service	200	string
hosp_afl_3	Hospital affiliation CCN 3	Medicare CCN of hospital where individual clinician provides service	6	digits

Variable Name	Variable Label	Description	Length	Values
hosp_afl_lbn_3	Hospital affiliation LBN 3	Legal business name of hospital where individual clinician provides service	200	string
hosp_afl_4	Hospital affiliation CCN 4	Medicare CCN of hospital where individual clinician provides service	6	digits
hosp_afl_lbn_4	Hospital affiliation LBN 4	Legal business name of hospital where individual clinician provides service	200	string
hosp_afl_5	Hospital affiliation CCN 5	Medicare CCN of hospital where individual clinician provides service	6	digits
hosp_afl_lbn_5	Hospital affiliation LBN 5	Legal business name of hospital where individual clinician provides service	200	string
Medicare Assignment				
assgn	Clinician accepts Medicare Assignment	Indicator for whether clinician accepts Medicare approved amount as payment in full Y = Clinician accepts Medicare approved amount as payment in full M = Clinician may accept Medicare Assignment	1	Y/M
grp_assgn	Group accepts Medicare Assignment	Indicator for whether group accepts Medicare approved amount as payment in full Y = Group accepts Medicare approved amount as payment in full N = Group does not accept Medicare Assignment Blank = Group may accept Medicare Assignment	1	Y/N/blank
Reference				
adrs_id	Address ID	Unique identifier for the practice location; offices within the same building, but varied by suite or floor will have the same Address ID aside from the final two characters	25	string

Doctors and Clinicians Quality Payment Program PY 2018 Clinician Public Reporting: Measures and Activities

PY 2018 Merit-based Incentive Payment System (MIPS) performance information reported by clinicians

Measures and activities are listed in the downloadable file using technical titles. To make measures more understandable to users, measures and activities on Medicare Care Compare profile pages are displayed in plain language. A crosswalk showing both technical measure titles and plain language measure titles and descriptions can be found on the Doctors and Clinicians Initiative page. More clinician performance information is reported in the Provider Data Catalog (PDC) than on the Care Compare profile pages (see Additional Information).

Variable Name	Variable Label	Description	Length	Values
NPI	NPI	Unique clinician ID assigned by NPPES	10	digits
Ind_PAC_ID	PAC ID	Unique individual clinician ID assigned by PECOS	10	digits/blank
lst_nm	Last Name	Individual clinician last name	35	string
frst_nm	First Name	Individual clinician first name	25	string
APM_affl_1	APM Affiliation 1	Name of Alternative Payment Model (APM) with whom the individual eligible clinician participates	250	string
APM_affl_2	APM Affiliation 2	Name of Alternative Payment Model (APM) with whom the individual eligible clinician participates	250	string
APM_affl_3	APM Affiliation 3	Name of Alternative Payment Model (APM) with whom the individual eligible clinician participates	250	string
APM_affl_4	APM Affiliation 4	Name of Alternative Payment Model (APM) with whom the individual eligible clinician participates	250	string

Variable Name	Variable Label	Description	Length	Values
measure_cd	Measure Code	Components of measure code: [program]_[reporting entity]_[status]_[measure number]_[stratum] where program is defined as MIPS, QCDR, PI, or IA; reporting entity is indicated as EC for individual eligible clinician, measure number denotes the measure number or string identifier; status is only applicable for PI measures and indicates whether the measure is from the transition measure set; and stratum indicates whether it is an overall rate or a single stratum	40	string
measure_title	Measure or Attestation Title	Measure or attestation title	250	string
invs_msr	Inverse Measure	Indicator for inverse measures	1	Y/N
attestation_value	Attestation Value	Attestation value	1	Y/blank
prf_rate	Measure Performance Rate	Measure performance rate	3	numeric/blank
patient_count	Denominator Count	Number of patients included in the measure denominator	8	numeric/blank
star_value	Star Value	Star rating, assigned based on performance at the measure and collection type level	3	numeric/blank
five_star_benchmark	Five Star Benchmark	The established ABC™ benchmark used to assign a five-star rating for a given measure and collection type	3	numeric/blank

Variable Name	Variable Label	Description	Length	Values
collection_type	Collection Type	Collection types are defined as ATT for Web Attestation, CLM for Claims, EHR for Electronic Health Record, QCDR for Qualified Clinical Data Registry, and REG for Qualified Registry Note: Collection type is not published for PI and IA attestations	4	string
live_site_ind	Reported on DAC profiles	Indicator for whether or not the measure/attestation is reported on Care Compare profile pages (i.e., measures with an N value are only available in the PDC)	1	Y/N

Doctors and Clinicians Quality Payment Program PY 2018 Clinician Public Reporting: Overall MIPS Performance

PY 2018 Merit-based Incentive Payment System (MIPS) Overall Clinician Performance

Final scores and performance category scores (quality, promoting interoperability, improvement activities, and cost) are publicly reported for clinicians participating in the Merit-based Incentive Payment System (MIPS). The maximum score is 100 for Quality, Promoting Interoperability, Cost, and final score. The maximum score is 40 for Improvement Activities.

Individual eligible clinician scores (final and performance category) are listed in the downloadable database as required by law. Final scores and performance category scores are not currently reported on Care Compare profile pages.

Variable Name	Variable Label	Description	Length	Values
NPI	NPI	Unique clinician ID assigned by NPPES	10	digits
Org_PAC_ID	Organization PAC ID	Unique group ID assigned by PECOS to the group this individual participated in	10	digits
lst_nm	Last Name	Individual clinician last name	35	string
frst_nm	First Name	Individual clinician first name	25	string
source	Source of scores	Method by which clinician achieved scores (individual, group, virtual group, apm, or neutral adjustment); if the source is apm, this indicates that the MIPS APM scoring standard was applied for this set of scores	20	string
quality_category_score	Quality category score	Quality category score	12	string
PI_category_score	PI category score	PI category score. A score above 0 indicates that the clinician successfully reported the PI category; A score of 50 or above indicates that the clinician achieved the base score for the PI category	12	string
Cost_category_score	cost category score	Cost category score	12	string
IA_category_score	IA category score	IA category score	12	string
final_MIPS_score	Final MIPS score	Final MIPS score	8	numeric

Doctors and Clinicians Quality Payment Program PY 2018 Group Public Reporting: Measures

PY 2018 Merit-based Incentive Payment System (MIPS) performance information reported by groups

Measures and activities are listed in the downloadable file using technical titles. To make measures more understandable to users, measures and activities on Care Compare profile pages are displayed in plain language. A crosswalk showing both technical measure titles and plain language measure titles and descriptions can be found on the Doctors and Clinicians Initiative page. More group performance information is reported in the PDC than on the Care Compare profile pages (see Additional Information).

Variable Name	Variable Label	Description	Length	Values
org_nm	Organization legal name or 'doing business as' name	Name of the group, as it appears on Care Compare: Doctors and Clinicians	70	string
org_PAC_ID	Group PAC ID	Unique group ID assigned by PECOS to the group	10	digits
ST	State	State with all or majority of the group's locations	2	string
ACO_ID_1	ACO ID 1	ACO ID used on Care Compare	5	string
ACO_nm_1	ACO Name 1	Name of the ACO, as it appears on Care Compare	70	string
ACO_ID_2	ACO ID 2	ACO ID used on Care Compare	5	string
ACO_nm_2	ACO Name 2	Name of the ACO, as it appears on Care Compare	70	string
measure_cd	Measure Code	Components of measure code: [program]_[reporting entity]_[status]_[measure number]_[stratum] where program is defined as MIPS, QCDR, PI, or IA; reporting entity is indicated as GRP for group, measure number denotes the measure number or string identifier; status is only applicable for PI measures and indicates whether the measure is from the transition measure set; and stratum indicates whether it is an overall rate or a single stratum	40	string
measure_title	Measure or Attestation Title	Measure or attestation title	250	string
invs_msr	Inverse Measure	Indicator for inverse measures	1	Y/N

Variable Name	Variable Label	Description	Length	Values
attestation_value	Attestation Value	Attestation value	1	Y/blank
prf_rate	Measure Performance Rate	Measure performance rate	3	numeric/blank
patient_count	Denominator count	Number of patients included in the measure denominator	8	numeric/blank
star_value	Star Value	Star rating, assigned based on performance at the measure and collection type level	3	numeric/blank
five_star_benchmark	Five Star Benchmark	The established ABC™ benchmark used to assign a five-star rating for a given measure and collection type	3	numeric/blank
collection_type	Collection Type	Collection types are defined as ATT for Web Attestation, EHR for Electronic Health Record, QCDR for Qualified Clinical Data Registry, REG for Qualified Registry, WI for CMS Web Interface Note: Collection type is not published for PI and IA attestations	4	string
live_site_ind	Reported on DAC profiles	Indicator for whether or not the measure is reported on Care Compare profile pages (i.e., measures with an N value are only available in the PDC)	1	Y/N

Doctors and Clinicians Quality Payment Program PY 2018 Group Public Reporting: Patient Experience

PY 2018 Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS measures reported by groups

Measures are listed in the downloadable file using technical titles. To make measures more understandable to users, measures Care Compare profile pages are displayed in plain language. A crosswalk showing both technical measure titles and plain language measure titles and descriptions can be found on the Doctors and Clinicians Initiative page. More group performance information is reported in the PDC than on the Care Compare profile pages (see Additional Information).

Variable Name	Variable Label	Description	Length	Values
org_nm	Organization legal name or 'doing business as' name	Name of the group, as it appears on Care Compare: Doctors and Clinicians profile pages	70	string
org_PAC_ID	Group PAC ID	Unique group ID assigned by PECOS to the group	10	string
ST	State	State with all or majority of the group's locations	2	string
measure_cd	Measure Code	Components of measure code: [program]_[reporting entity]_[measure number] where program is defined as CAHPS; reporting entity is indicated as GRP for group; and measure number denotes the CAHPS measure number	40	string
measure_title	Measure Title	CAHPS measure title	250	string
prf_rate	Measure Performance Rate	Measure performance rate	3	Numeric/blank
patient_count	Denominator count	Number of patients included in the measure denominator	8	Numeric/blank
FN	Footnote	1- Data are suppressed due to insufficient sample size or low reliability	1	1/blank

Doctors and Clinicians 2017 Clinician Utilization Data

This is the clinician utilization data publicly reported in the Provider Data Catalog (PDC). It includes utilization data for clinicians who met criteria to be included on Care Compare and in the PDC. This is a subset of the 2017 Medicare Provider Utilization and Payment Data: Physician and Other Supplier data, listed as Healthcare Common Procedure Coding System (HCPCS) codes. The goal in defining this subset was to identify codes that would provide more information about the scope of care clinicians provide. This subset of publicly reported HCPCS codes is based on the top five codes reported by each available Medicare specialty, excluding evaluation and management codes. The evaluation and management codes do not provide descriptive information regarding care and therefore were excluded from the available subset. To define the universe of available HCPCS codes in the PDC, the top five codes for each specialty represented on the website were identified. However, the information available for any given clinician is not limited to their specific specialty but rather includes the subset of codes available in the PDC across all specialties. As a result, clinicians may have data publicly reported for more than five HCPCS codes.

A list of the 2017 HCPCS codes that are included in this file can be found on the Doctors and Clinicians Initiative page.

Variable Name	Variable Label	Description	Length	Values
NPI	NPI	Unique clinician ID assigned by NPPES	10	digits
Ind_PAC_ID	PAC ID	Unique individual clinician ID assigned by PECOS	10	digits
lst_nm	Last Name	Individual clinician last name	35	string
frst_nm	First Name	Individual clinician first name	25	string
spec	Specialty	Primary medical specialty reported by the individual clinician in the selected PECOS enrollment	35	string
prac_st	Practice State	Individual clinician's state of practice	2	string
hcpcs_code	HCPCS code	Healthcare Common Procedure Coding System (HCPCS) procedural code billed by the individual clinician	5	string

Variable Name	Variable Label	Description	Length	Values
hcpcs_description	Code Description	Description of the HCPCS code for the specific medical service furnished by the individual clinician. HCPCS descriptions associated with CPT codes are consumer friendly descriptions provided by the AMA. CPT Consumer Friendly Descriptors are lay synonyms for CPT descriptors that are intended to help healthcare consumers who are not medical professionals understand clinical procedures on bills and patient portals. CPT Consumer Friendly Descriptors should not be used for clinical coding or documentation. All other descriptions are CMS Level II descriptions provided in long form. Due to variable length restrictions, the CMS Level II descriptions have been truncated to 256 bytes. As a result, the same HCPCS description can be associated with more than one HCPCS code. For complete CMS Level II descriptions, visit https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html	258	string
line_srvc_cnt	Service Count	Frequency of individual clinician's performance of the associated HCPCS code within the specified calendar year	8	numeric
bene_cnt	Beneficiary Count	The number of eligible beneficiaries that received the service or procedure identified by the individual clinician's HCPCS code	8	numeric

Additional Information

Information in the downloadable files does not exactly match the information as displayed on Care Compare profile pages for the following reasons:

- Clinician profiles represent all clinician-level details, while the downloadable file observations are at the clinician/enrollment/address level. If a clinician has more than one enrollment, more than one address per enrollment, and/or more than one group affiliation, the individual clinician will have multiple entries in the downloadable file.
    - This means that a single clinician may have different specialties and different credentials from each enrollment.
- The downloadable physician demographic database focuses on clinicians and their practice locations. There is no group level reporting in the downloadable demographic file.
    - To evaluate demographic data at the group level, users can adjust this file to categorize by group affiliation.
- Clinician IDs (including the NPI, PECOS PAC ID, and PECOS enrollment ID) and group or hospital IDs (including PECOS PAC ID and Medicare CCN) are included in the downloadable file to help distinguish clinicians and groups or hospitals with similar names. These IDs also help identify individual clinicians who are affiliated with a group or hospital.
- The marker of line 2 suppression means that there were multiple possible addresses for that clinician in the same building. If users need to find a mailing address for any entries with this flag, users may want to search for additional information like a suite number.
- Only Medicare data (PECOS and claims) are used in the downloadable file. All licensed data are excluded from this demographic dataset.
    - There is no board certification information.
    - There is no residency data.
- There are more measures and activities represented in the downloadable files in the PDC than on the Care Compare profile pages. CMS decides which performance information to publicly report for doctors and clinicians on Care Compare based on the published public reporting standards. To be included in the PDC, performance information must be statistically valid, reliable, and accurate; be comparable across collection types; and meet the minimum reliability threshold, as determined by statistical testing. To be included on Care Compare profile pages, performance information must also resonate with Medicare patients and caregivers, as determined by user testing.

- There will be clinicians in the Overall MIPS Performance file that do not have Care Compare profile pages or the National Downloadable File because they were assigned MIPS category and final scores but did not meet the requirements to be eligible for a profile or the National Downloadable File.