Physician Compare Downloadable Databases - Data Dictionary
Performance Year 2017

This data dictionary describes the seven downloadable data files available for Physician Compare for performance year 2017 of the Quality Payment Program. They include one file of demographic data describing individual physicians or other clinicians, three files of individual clinician and group performance on multiple CMS Quality Payment Program measures, two files of individual clinician and group overall MIPS performance information, and one file of clinician utilization data.

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Physician Compare National Downloadable File

> The Physician Compare 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.

Physician Compare 2017 Individual EC Public Reporting - Measures

> This file contains performance information for Merit-Based Incentive Payment System (MIPS) and Qualified Clinical Data Registry (QCDR) quality measures and advancing care information attestations and measures reported by clinicians.

Physician Compare 2017 Individual EC Public Reporting - Overall MIPS Performance

> This file contains Merit-Based Incentive Payment System (MIPS) final scores and performance category scores for clinicians.

Physician Compare 2017 Group Public Reporting - Measures

> This file contains performance information for Merit-Based Incentive Payment System (MIPS) and Qualified Clinical Data Registry (QCDR) quality measures and advancing care information attestations and measures reported by groups.

Physician Compare Downloadable Databases - Data Dictionary
Performance Year 2017

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Physician Compare National Downloadable File - Performance Year 2017

The Physician Compare 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	string
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	50	string
Sec_spec_1	Secondary specialty 1	First secondary medical specialty reported by the individual clinician in the selected enrollment	50	string
Sec_spec_2	Secondary specialty 2	Second secondary medical specialty reported by the individual clinician in the selected enrollment	50	string
Sec_spec_3	Secondary specialty 3	Third secondary medical specialty reported by the individual clinician in the selected enrollment	50	string
Sec_spec_4	Secondary specialty 4	Fourth secondary medical specialty reported by the individual clinician in the selected enrollment	50	string
Sec_spec_all	All secondary specialties	All four secondary specialties reported by the individual clinician in the selected enrollment, separated by commas	200	string

Variable Name	Variable Label	Description	Length	Values
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	4	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)	9	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	70	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	70	string
hosp_afl_3	Hospital affiliation CCN 3	Medicare CCN of hospital where individual clinician provides service	6	digits
hosp_afl_lbn_3	Hospital affiliation LBN 3	Legal business name of hospital where individual clinician provides service	70	string
hosp_afl_4	Hospital affiliation CCN 4	Medicare CCN of hospital where individual clinician provides service	6	digits

Variable Name	Variable Label	Description	Length	Values
hosp_afl_lbn_4	Hospital affiliation LBN 4	Legal business name of hospital where individual clinician provides service	70	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	70	string
Medicare Assignment				
assgn	Clinician accepts Medicare Assignment	Y = Clinician accepts Medicare approved amount as payment in full M = Clinician may accept Medicare Assignment	1	Y/M

Physician Compare Quality Payment Program PY 2017 Individual Eligible Clinician (EC) Public Reporting

Performance information for Merit-based Incentive Payment System (MIPS) and Qualified Clinical Data Registry (QCDR) quality measures and advancing care information attestations and measures reported by clinicians.

Measures are listed in the downloadable file using technical titles as outlined by the MIPS/QCDR quality measure specifications and advancing care information attestation and measure specifications. To make measures more understandable to users, measures shown on Physician Compare profile pages are written in plain language. A measures crosswalk showing both technical measure titles and plain language measure titles and descriptions can be found on the Physician Compare Initiative page for those measures included on both the Physician Compare website and the downloadable. More measures are reported in the downloadable than on the live website as part of our phased approach to public reporting.

NOTE: Inverse measures that were published on the public-facing profile pages on Physician Compare were reverse-scored, so that a higher score is better to ensure accurate website user interpretation. The original score is what is included in the downloadable file for these measures.

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
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]_[measure ID]_[stratum]; where program is defined as "MIPS", "ACI", or "QCDR"; reporting entity is indicated as "EC" for clinician; measure number denotes the MIPS quality or ACI measure ID or QCDR measure name abbreviation; and a suffix indicating whether it is an overall rate or a single stratum.	40	string
measure_title	Measure 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
collection_type	Collection Type	Collection types are defined as: "CLM" for Claims; "REG" for Qualified Registry; "QCDR" for Qualified Clinical Data Registry; and "ATT" for CMS Web Attestation; For Advancing Care Information attestations, the collection type is set to missing.	4	string
live_site_IND	Reported on PC Live Site	Indicator for whether or not the measure is reported on the Physician Compare live site (i.e., measures with an "N" value are only available in the downloadable dataset).	1	Y/N

Physician Compare Quality Payment Program PY 2017 Individual Eligible Clinician (EC) Public Reporting

Quality Payment Program (QPP) PY 2017 Individual EC Public Reporting Score Downloadable.

Final scores and performance category scores (quality, advanced care information, and improvement activities) for individual clinicians participating in the Merit-based Incentive Payment System (MIPS). Maximum score is 100 for quality, advanced care information and final score. Maximum score is 40 for improvement activities. Quality scores also include clinicians who participated in a Qualified Clinical Data Registry (QCDR).

Individual eligible clinician scores (final and performance category) are listed in the downloadable database as required by law, and the measures have met statistical public reporting standards (valid, reliable, comparable, and meet the minimum reliability threshold). More individual eligible clinician information can be found in the downloadable database than on live Physician Compare profile pages as part of our phased approach to public reporting. For more detailed information about eligible clinician scoring, please visit Clincian Performance Information on Physician Compare: Performance Year 2017.

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
source	Source of scores	Method by which clinician achieved scores (APM, individual, group, or missing). Missing value indicates a MIPS final score change based on CMS decision.	20	string
quality_category_score	Quality Category Score	Quality category score	5	string
ACI_category_score	ACI Category Score	ACI category score. A score above 0 indicates that the clinician successfully reported the ACI category. A score of 50 or above indicates that the clinician achieved the base score for the ACI category.	5	string
IA_category_score	IA Category Score	IA category score	5	string
final_MIPS_score	Final MIPS Score	Final MIPS score	5	string

Physician Compare Quality Payment Program PY 2017 Group Public Reporting

Performance information for Merit-based Incentive Payment System (MIPS) and Qualified Clinical Data Registry (QCDR) quality measures and advancing care information attestations and measures reported by groups.

Measures are listed in the downloadable file using technical titles as outlined by the MIPS/QCDR quality measure specifications and advancing care information attestation and measure specifications. To make measures more understandable to users, measures shown on Physician Compare profile pages are written in plain language. A measures crosswalk showing both technical measure titles and plain language measure titles and descriptions can be found on the Physician Compare Initiative page for those measures included on both the Physician Compare website and the downloadable. More measures are reported in the downloadable than on the live website as part of our phased approach to public reporting.

NOTE: Inverse measures that were published on the public-facing profile pages on Physician Compare were reverse-scored, so that a higher score is better to ensure accurate website user interpretation. The original score is what is included in the downloadable file for these measures.

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 Physician Compare	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 a majority of the group's locations	2	string
ACO_ID_1	ACO PC ID	ACO ID used on Physician Compare	6	string
ACO_nm_1	ACO Name	Name of the ACO, as it appears on Physician Compare	70	string
ACO_ID_2	ACO PC ID	ACO ID used on Physician Compare	6	string
ACO_nm_2	ACO Name	Name of the ACO, as it appears on Physician Compare	70	string
measure_CD	Measure Code	Components of measure code: [program]_[reporting entity]_[measure ID]_[stratum]; where program is defined as "MIPS", "ACI", or "QCDR"; reporting entity is indicated as "GRP" for group; measure number denotes the MIPS quality or ACI measure ID or QCDR measure name abbreviation; and a suffix indicating whether it is an overall rate or a single stratum.	40	string

Variable Name	Variable Label	Description	Length	Values
measure_title	Measure 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	Measure-level star rating	1	numeric/blank
five_star_benchmark	Five Star Benchmark	The established ABC^{TM} benchmark used to assign a five star rating for a given measure and collection type	1	numeric/blank
collection_type	Collection Type	Collection types are defined as: "WI" for Web Interface; "REG" for Registry; "QCDR" for Qualified Clinical Data Registry; and "ATT" for CMS Web Attestation. For Advancing Care Information attestations, the collection type is set to missing.	4	string
live_site_IND	Reported on PC Live Site	Indicator for whether or not the measure is reported on the Physician Compare live site (i.e., measures with an "N" value are only available in the downloadable dataset).	1	Y/N

Physician Compare Quality Payment Program (QPP) PY 2017 Individual Group Public Reporting

Quality Payment Program (QPP) PY 2017 Group Practice Public Reporting Score Downloadable.

Final scores and performance category scores (quality, advanced care information, and improvement activities) for groups participating in the Merit-based Incentive Payment System (MIPS). The maximum score is 100 for the quality and advancing care information performance categories and final score. The maximum score is 40 for the improvement activities performance category. Quality scores also include groups who participated in a Qualified Clinical Data Registry (QCDR).

Group scores (final and performance category) are listed in the downloadable database as required by law, and all measures have met statistical public reporting standards (valid, reliable, comparable, and meet the minimum reliability threshold). More group information can be found in the downloadable database than on live profile pages as part of our phased approach to public reporting. For more detailed information about group scoring, please visit the Group Performance Information on Physician Compare: Performance Year 2017.

Variable Name	Variable Label	Description	Length	Values
Org_nm	Organization legal name or	Name of the group, as it appears on Physician Compare	70	string
Org_PAC_ID	Group PAC ID	Unique Group ID assigned by PECOS to the group	10	string
source	Source of scores	Method by which group achieved scores (group or missing). Missing value indicates a MIPS final score change based on CMS policy decision.	20	string
quality_category_score	Quality Category Score	Quality category score	5	string
ACI_category_score	ACI Category Score	ACI category score. A score above 0 indicates that the group successfully reported the ACI category. A score of 50 or above indicates that the group achieved the base score for the ACI category.	5	string
IA_category_score	IA Category Score	IA category score	5	string
final_MIPS_score	Final MIPS Score	Final MIPS score	5	string

Physician Compare Quality Payment Program PY 2017 Group Public Reporting - Patient Experience

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

Measures are listed in the downloadable file using technical titles as outlined by the CAHPS for MIPS quality measure specifications. To make measures more understandable to users, measures shown on Physician Compare profile pages are written in plain language. A measures crosswalk showing both technical measure titles and plain language measure titles and descriptions can be found on the Physician Compare Initiative page.

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 Physician Compare	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 a majority of the group's locations	2	string
measure_CD	Measure Code	Components of measure code: [program]_[reporting entity]_[measure ID]; where program is defined as "CAHPS"; reporting entity is defined as "GRP" for group; and measure number denotes the number assigned to each CAHPS for MIPS summary survey measure.	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

Physician Compare 2016 Clinician Utilization Data

This is the second set of utilization data for clinicians who publicly reported through Physician Compare. This is a subset of the 2016 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 of the clinicians included on Physician Compare. This subset of publicly reported HCPCS codes is based on the top 5 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 were, therefore, excluded from the available subset. To define the universe of available HCPCS codes for the Physician Compare Downloadable Database, the top 5 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 for the Downloadable Database across all specialties. As a result, clinicians may have data publicly reported for more than 5 HCPCS codes.

A list of the 2016 HCPCS codes that are included in this file can be found on the Physician Compare 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 do not match the information as displayed on the Physician Compare website exactly, because:

• Clinician website 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, or both, the individual clinician will have multiple entries in the downloadable file.

    o   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.

    o To evaluate demographic data at the group level, you 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 you need to find a mailing address for any entries with this flag, you 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.

    o   There is no Board Certification information

    o   There is no residency data

• There are more measures represented in the downloadable performance scores files than on the live website. CMS decides which measures to publicly report on Physician Compare based on the published public reporting standards. Only those measures which are statistically valid, reliable, accurate, and comparable and resonate with website users are published on public-facing profile pages. If a measure meets all of the public reporting standards, except for the requirement that it resonates with users, it is added to the appropriate downloadable file, but is not included on the public-facing profile pages.

• Please note that for inverse measures that appear on the live Physician Compare website, the performance rates were reverse-scored, so that a higher score is better to ensure accurate website user interpretation. The original score is what is included in the downloadable performance scores files for these measures.