



System Requirements Specification

Centers for Medicare & Medicaid Services

Medicare.gov/HospitalCompare Downloadable Databases

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Document Purpose

The purpose of this document is to identify the requirements for maintenance and support of the Hospital Compare Downloadable Databases, which can be found by clicking the following link: <https://data.medicare.gov>.

Background

Hospital Compare was created as a result of the Hospital Quality Initiative through the efforts of the Centers for Medicare and Medicaid Services (CMS) and the Hospital Quality Alliance (HQA). The HQA was a public-private collaboration established in December 2002 to promote data collection and public reporting on hospital quality of care. The HQA consisted of organizations that represented consumers, payers, hospitals, clinicians, accrediting organizations, federal agencies, and other stakeholders. The HQA effort was intended to help consumers make informed health care decisions and to support efforts to improve quality in U.S. hospitals. The HQA disbanded in December 2011, and CMS currently maintains the Hospital Compare Web site.

Hospital Compare is a tool that provides valid, credible, and user-friendly information about the quality of care delivered in the nation's acute care, critical access, VA, and Children's hospitals. 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 acute myocardial infarction (AMI), heart failure (HF), pneumonia (PN), surgery, and other conditions. See [Appendix A](#) for a full list of the Hospital Compare measures. These results are organized by:

- Patient Survey Results
- Timely and Effective Care (Process of Care) measures
- Readmissions, Complications, and Deaths
- Use of Medical Imaging
- Medicare Payment
- Number of Medicare Patients Treated
- Linking Quality to Payment
 - Hospital Readmissions Reduction
 - Hospital Value-Based Purchasing

To access the Hospital Compare Web site, please visit www.medicare.gov/hospitalcompare.

Hospital Compare Measures Description/Background and Reporting Cycles

Data is collected in differing timeframes from the various quality measurement contractors. Below is a brief description of the collection process and report timing for each measure set.

Name	Structural Measures
Description/ Background	A Structural measure reflects the environment in which providers care for patients. For example, whether or not a hospital uses an electronic health record is a Structural measure. Hospitals submit Structural measure data using an online data entry tool made available to hospitals and their vendors.
Reporting Cycle	The collection period for the Structural measures is 12 months. The Structural measures are typically refreshed annually.

Name	Timely and Effective Care
Description/ Background	The measures of Timely and Effective Care measure the percentage of hospital patients who receive treatments known to get the best results for certain common, serious medical conditions or surgical procedures, and how quickly hospitals treat patients who come to the hospital with certain medical emergencies. The 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) or 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.
Reporting Cycle	The collection period for the Timely and Effective Care measures is generally 12 months. The Timely and Effective Care measures are typically refreshed quarterly, based on a rolling four quarters.

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

Name	AHRQ Patient Safety Indicators (PSIs)
Description/ Background	The AHRQ PSIs reflect quality of care for hospitalized adults and focus on potentially avoidable complications and iatrogenic events. CMS currently publicly reports six PSI measures.
Reporting Cycle	The collection period for the PSIs is 24 months. The PSI measures are typically refreshed annually.

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

Name	Outpatient Imaging Efficiency
Description/ Background	CMS has adopted six measures (OP-8 through OP-11, OP-13, and OP-14) 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 OPPI claims and Physician Part B claims in the calculations. These calculations are based on the administrative claims of the Medicare fee-for-service population and no additional data submission is required by hospitals.
Reporting Cycle	The collection period for the Outpatient Imaging Efficiency measures is 12 months. The Outpatient Imaging Efficiency measures are typically refreshed annually.

Name	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Patient Survey
Description/ Background	The HCAHPS Patient Survey is a 32-item 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 between 48 hours and six weeks after discharge. Six summary measures, two individual items, and two global items are publicly reported on the Hospital Compare Web site for each participating hospital. The six composites summarize how well nurses and doctors communicate with patients, how responsive hospital staff are to patients' needs, how well hospital staff help patients manage pain, how well the staff communicates with patients about medicines, and whether key information is provided at discharge. The two individual items address the cleanliness and quietness of patients' rooms, while the two global items report patients' overall rating of the hospital, and whether they would recommend the hospital to family and friends. The new Care Transitions composite will be publicly reported in late 2014. See Appendix B for a full list of HCAHPS Survey items and response options questions. More information about the HCAHPS Survey can be found in the official HCAHPS Online Web site, www.HCAHPSonline.org .
Reporting Cycle	The collection period for the HCAHPS measures is 12 months. The HCAHPS measures are typically refreshed quarterly.

Name	Number of Medicare Patients and Medicare Payment
Description/ Background	The payment and volume information reflects inpatient hospital services provided by hospitals to Medicare beneficiaries. CMS has posted this information for the public to view the cost to the Medicare program of treating beneficiaries with certain illnesses in their community and the number of Medicare patients treated. Payment and volume information can provide users with a general overview of hospitals' experience with Medicare Severity Diagnosis Related Groups (MS-DRGs). MS-DRGs are payment groups of patients who have similar clinical characteristics and similar costs. The median payment refers to the midpoint of all payments to the hospital for a particular MS-DRG, that is, half the payments were lower and half the payments were higher than the median payment.
Reporting Cycle	The collection period for the Number of Medicare Patients and Medicare Payment measures is 12 months. The Number of Medicare Patients and Medicare Payment measures are typically refreshed annually.

Name	Hospital Readmissions Reduction Program
Description/ Background	In October 2012, CMS began reducing Medicare payments for IPPS hospitals with excess readmissions. Excess readmissions are measured using a ratio, by dividing a hospital's number of "predicted" 30-day readmissions for AMI, HF, and PN by the number that would be "expected," based on an average hospital with similar patients. A ratio greater than one indicates excess readmissions. The calculations include only acute care hospitals paid under IPPS and Maryland hospitals.
Reporting Cycle	The collection period for the Hospital Readmissions Reduction Program is 36 months. The Hospital Readmissions Reduction Program measures are typically refreshed annually.

Name	Hospital Value-Based Purchasing (HVBP)
Description/ Background	The HVBP program is part of CMS' long-standing effort to link Medicare's payment system to quality. The program implements value-based purchasing to the payment system that accounts for the largest share of Medicare spending, affecting payment for inpatient stays in over 3,500 hospitals across the country. Hospitals are paid for inpatient acute care services based on the quality of care, not just quantity of the services they provide. For the first FY of the HVBP Program, two domains will be used to assess hospital performance: 1) Patient Experience of Care and 2) Clinical Process of Care. The Patient Experience of Care domain is comprised of the HCAHPS Survey measures. The Clinical Process of Care domain is comprised of selected IQR Program's Process of Care measures from the AMI, HAI, HF, PN, and Surgical Care Improvement Project (SCIP) measure sets. A performance score and an improvement score are calculated for each measure, a domain score is then calculated for each of the two domains. The Total Performance Score (TPS) is calculated using the weighted domain scores. For FY 2013 the Clinical Process of Care domain score is weighted as 70 percent of the TPS, and the Patient Experience of Care domain is weighted as 30 percent of the TPS.
Reporting Cycle	The collection period for HVBP measures is 12 months. The HVBP measures are typically refreshed annually.

Name	Hospital-Acquired Conditions (HACs)
Description/ Background	The Hospital-Acquired Conditions (HACs) measures were retired from the IQR program; however, CMS will continue to publicly report the rates under the HAC ACA 3008 provision on Data.Medicare.gov. The HACs data will not be refreshed for the July 2013 Hospital Compare release.
Reporting Cycle	The collection period for the HAC measures is 24 months. The HAC measures are typically refreshed annually.

Data Collection Period Information

The Downloadable Databases are refreshed within 24 hours of the Hospital Compare data update as indicated in the bottom left corner of the Hospital Compare home page. For more information, there is a file that provides the measurement dates for each of the measure types being reported in that file. A sample of the measurement date file is shown below:

Measure Code	Measure Start Quarter	Measure Start Date	Measure End Quarter	Measure End Date
AMI-10	2Q2011	4/1/2011	1Q2012	3/31/2012
AMI-2	2Q2011	4/1/2011	1Q2012	3/31/2012
AMI-7a	2Q2011	4/1/2011	1Q2012	3/31/2012
AMI-8a	2Q2011	4/1/2011	1Q2012	3/31/2012
CAC-1	2Q2011	4/1/2011	1Q2012	3/31/2012
CAC-2	2Q2011	4/1/2011	1Q2012	3/31/2012
CAC-3	2Q2011	4/1/2011	1Q2012	3/31/2012
Composite 6 (Q19 & Q20)	2Q2011	4/1/2011	1Q2012	3/31/2012
ED-1b	1Q2012	1/1/2012	1Q2012	3/31/2012
ED-2b	1Q2012	1/1/2012	1Q2012	3/31/2012
HAC-1	3Q2009	7/1/2009	2Q2011	6/30/2011
HAC-2	3Q2009	7/1/2009	2Q2011	6/30/2011
HAC-3	3Q2009	7/1/2009	2Q2011	6/30/2011
HAC-4	3Q2009	7/1/2009	2Q2011	6/30/2011
HAC-5	3Q2009	7/1/2009	2Q2011	6/30/2011
HAC-6	3Q2009	7/1/2009	2Q2011	6/30/2011
HAC-7	3Q2009	7/1/2009	2Q2011	6/30/2011
HAC-8	3Q2009	7/1/2009	2Q2011	6/30/2011
SCIP-VTE-2	2Q2011	4/1/2011	1Q2012	3/31/2012

Access Downloadable File Contents

When looking at the Access table, the following acronyms tell the type of data reported in a given table.

Acronym	Meaning
FTNT	Footnote
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
IMG	Imaging
IMM	Immunizations
MSR	Measure
READM	Readmissions
MPV	Medicare Payments and Volume
SPP	Spending per Patient

Access Data File Summary

The table below shows the titles of the Access table names.

MSAccess file name:
Hospital.zip
Hospital.pdf
Readme.txt
Access Table Names
dbo_vwHQL_HOSP
vwMeasure_Dates
dbo_vwHQL_FTNT
vwHQL_HOSP_AHRQ
vwHQL_HOSP_AHRQ_STATE
vwHQL_HOSP_AHRQ_NATIONAL
dbo_vwHQL_HOSP_ED
vwHQL_HOSP_ED_State
vwHQL_HOSP_ED_National
vwHQL_HOSP_HAC
vwHQL_HOSP_HAC_NATIONAL
vwHQL_HOSP_HAI
vwHQL_HOSP_HAI_STATE
vwHQL_HOSP_HAI_National
dbo_vwHQL_HOSP_HCAHPS_MSR
dbo_vwHQL_STATE_HCAHPS_MSR
dbo_vwHQL_US_NATIONAL_HCAHPS_MSR
Hvbp_ami_02_07_2013
Hvbp_hai_02_07_2013
Hvbp_hcahps_02_07_2013
Hvbp_hf_02_07_2013

MSAccess file name:
Hospital.zip
Hospital.pdf
Readme.txt
Access Table Names
Hvbp_pn_02_07_2013
Hvbp_scip_02_07_2013
Hvbp_tps_02_07_2013
dbo_vwHQI_HOSP_IMG_XWLK
dbo_vwHQI_STATE_IMG_AVG
dbo_vwHQI_US_NATIONAL_IMG_AVG
dbo_vwHQI_HOSP_IMM
vwHQI_HOSP_IMM_State
vwHQI_HOSP_IMM_National
dbo_vwHQI_HOSP_MORTALITY_READM_XWLK
dbo_vwHQI_STATE_MORTALITY_READM_SCRE
dbo_vwHQI_US_NATIONAL_MORTALITY_READM_RATE
dbo_vwHQI_HOSP_MPV_MSR
dbo_vwHQI_STATE_MPV_MSR
dbo_vwHQI_US_NATIONAL_MPV_MSR
vwHQI_HOSP_SPP
dbo_vwHQI_HOSP_SPP_State
dbo_vwHQI_HOSP_SPP_National
dbo_vwHQI_HOSP_STRUCTURAL_XWLK
vwHQI_READM_REDUCTION
dbo_vwHQI_HOSP_MSR_XWLK
dbo_vwHQI_STATE_MSR_AVG
dbo_vwHQI_US_National_MSR_AVG
dbo_vwHQI_PCTL_MSR_XWLK

Access Data Content Summary

Note: Fields having the data type of “memo” do not require a length. They allow the user to input large amounts of text without limit. Fields having the data type of “Text” require the corresponding length provided.

Table Name	Physical: Access	Business
(Back to Table Listing)	dbo_vwHQI_HOSP	Hospital Characteristics
Description	General information on hospitals within the dataset	
Column Name	DDB Data Type	
Provider Number	Memo	
Hospital Name	Memo	
Address1	Memo	
Address2	Memo	
Address3	Memo	
City	Memo	
State	Text(2)	

Table Name	Physical: Access	Business
(Back to Table Listing)	dbo_vwHQI_HOSP	Hospital Characteristics
Description	General information on hospitals within the dataset	
Column Name	DDB Data Type	
ZIP Code	Text(5)	
County Name	Text(25)	
Phone Number	Text(10)	
Hospital Type	Text(50)	
Hospital Ownership	Text(100)	
Emergency Service	Text(50)	

Table Name	Physical: Access	Business
(Back to Table Listing)	vwMeasure_Dates	Measure Data Collection Periods
Description	Current collection dates for available measures included in the Downloadable Database	
Column Name	DDB Data Type	
msr_cd	Memo	
msr_strt_qtr	Memo	
msr_strt_dt	Memo	
msr_end_qtr	Memo	
msr_end_dt	Memo	

Table Name	Physical: Access	Business
(Back to Table Listing)	dbo_vwHQI_FTNT	Footnotes
Description	Look up table for footnote text in the various data files	
Column Name	DDB Data Type	
Footnote	Text (50)	
Footnote Text	Memo	

Table Name	Physical: Access	Business
(Back to Table Listing)	vwHQI_HOSP_AHRQ	AHRQ PSI Hospital Results
Description	AHRQ PSI measures hospital-level results	
Column Name	DDB Data Type	
Prvdr_id	Memo	
PSI_4_SURG_COMP	Memo	
PSI_4_SURG_COMP_F	Memo	
PSI_6_IAT_PTX	Memo	
PSI_6_IAT_PTX_F	Memo	
PSI_12_POSTOP_PULMEMB_DVT	Memo	
PSI_12_POSTOP_PULMEMB_DVT_F	Memo	
PSI_14_POSTOP_DEHIS	Memo	
PSI_14_POSTOP_DEHIS_F	Memo	
PSI_15_ACC_LAC	Memo	
PSI_15_ACC_LAC_F	Memo	
PSI_90_SAFETY	Memo	

Table Name	Physical: Access	Business
(Back to Table Listing)	vwHQI_HOSP_AHRQ	AHRQ PSI Hospital Results
Description	AHRQ PSI measures hospital-level results	
Column Name	DDB Data Type	
PSI_90_SAFETY_F	Memo	
PSI_4_SURG_COMP_NUM_DC	Memo	
PSI_4_SURG_COMP_RATE	Memo	
PSI_4_SURG_COMP_LOW_EST	Memo	
PSI_4_SURG_COMP_HIGH_EST	Memo	
PSI_6_IAT_PTX_NUM_DC	Memo	
PSI_6_IAT_PTX_RATE	Memo	
PSI_6_IAT_PTX_LOW_EST	Memo	
PSI_6_IAT_PTX_HIGH_EST	Memo	
PSI_12_POSTOP_PULMEMB_DVT_NUM_DC	Memo	
PSI_12_POSTOP_PULMEMB_DVT_RATE	Memo	
PSI_12_POSTOP_PULMEMB_DVT_LOW_EST	Memo	
PSI_12_POSTOP_PULMEMB_DVT_HIGH_EST	Memo	
PSI_14_POSTOP_DEHIS_NUM_DC	Memo	
PSI_14_POSTOP_DEHIS_RATE	Memo	
PSI_14_POSTOP_DEHIS_LOW_EST	Memo	
PSI_14_POSTOP_DEHIS_HIGH_EST	Memo	
PSI_15_ACC_LAC_NUM_DC	Memo	
PSI_15_ACC_LAC_RATE	Memo	
PSI_15_ACC_LAC_LOW_EST	Memo	
PSI_15_ACC_LAC_HIGH_EST	Memo	
PSI_90_SAFETY_NUM_DC	Memo	
PSI_90_SAFETY_RATE	Memo	
PSI_90_SAFETY_LOW_EST	Memo	
PSI_90_SAFETY_HIGH_EST	Memo	

Table Name	Physical: Access	Business
(Back to Table Listing)	vwHQI_HOSP_AHRQ_STATE	AHRQ PSI State Results
Description	AHRQ PSI measures state-level results	
Column Name	DDB Data Type	
State	Memo	
PSI_4_SURG_COMP_WORSE	Memo	
PSI_4_SURG_COMP_SAME	Memo	
PSI_4_SURG_COMP_BETTER	Memo	
PSI_4_SURG_COMP_TOOFEW	Memo	
PSI_6_IAT_PTX_WORSE	Memo	
PSI_6_IAT_PTX_SAME	Memo	
PSI_6_IAT_PTX_BETTER	Memo	
PSI_6_IAT_PTX_TOOFEW	Memo	
PSI_12_POSTOP_PULMEMB_DVT_WORSE	Memo	

Table Name	Physical: Access	Business
(Back to Table Listing)	vwHQT_HOSP_AHRQ_STATE	AHRQ PSI State Results
Description	AHRQ PSI measures state-level results	
Column Name	DDB Data Type	
PSI_12_POSTOP_PULMEMB_DVT_SAME	Memo	
PSI_12_POSTOP_PULMEMB_DVT_BETTER	Memo	
PSI_12_POSTOP_PULMEMB_DVT_TOOFEW	Memo	
PSI_14_POSTOP_DEHIS_WORSE	Memo	
PSI_14_POSTOP_DEHIS_SAME	Memo	
PSI_14_POSTOP_DEHIS_BETTER	Memo	
PSI_14_POSTOP_DEHIS_TOOFEW	Memo	
PSI_15_ACC_LAC_WORSE	Memo	
PSI_15_ACC_LAC_SAME	Memo	
PSI_15_ACC_LAC_BETTER	Memo	
PSI_15_ACC_LAC_TOOFEW	Memo	
PSI_90_SAFETY_WORSE	Memo	
PSI_90_SAFETY_SAME	Memo	
PSI_90_SAFETY_BETTER	Memo	
PSI_90_SAFETY_TOOFEW	Memo	

Table Name	Physical: Access	Business
(Back to Table Listing)	vwHQT_HOSP_AHRQ_NATIONAL	AHRQ PSI National Results
Description	AHRQ PSI measures national results	
Column Name	DDB Data Type	
MSR_CD	Memo	
NATIONAL	Memo	
PSI_NATIONAL_SCR	Memo	

Table Name	Physical: Access	Business
(Back to Table Listing)	dbo_vwHQT_HOSP_ED	Process of Care — Emergency Department Hospital Results
Description	Process of Care—Emergency Department measures hospital-level results	
Column Name	DDB Data Type	
prvdr_id	Memo	
msr_cd	Memo	
scr	Memo	
footnote	Memo	
Sample	Memo	

Table Name (Back to Table Listing)	Physical: Access	Business
	vwHQI_HOSP_ED_State	Process of Care — Emergency Department State Results
Description	Process of Care—Emergency Department measures state-level results	
Column Name		DDB Data Type
prvdr_id		Memo
msr_cd		Memo
scr		Memo
footnote		Memo

Table Name (Back to Table Listing)	Physical: Access	Business
	vwHQI_HOSP_ED_National	Process of Care — Emergency Department National Results
Description	Process of Care—Emergency Department measures national results	
Column Name		DDB Data Type
prvdr_id		Memo
msr_cd		Memo
scr		Memo
footnote		Memo

Table Name (Back to Table Listing)	Physical: Access	Business
	vwHQI_HOSP_HAC	Hospital-Acquired Conditions Hospital Results
Description	Hospital-Acquired Conditions measures hospital-level results	
Column Name		DDB Data Type
prvdr_id		Memo
msr_cd		Memo
scr		Memo

Table Name (Back to Table Listing)	Physical: Access	Business
	vwHQI_HOSP_HAC_NATIONAL	Hospital-Acquired Conditions National Results
Description	Hospital-Acquired Conditions measures national results	
Column Name		DDB Data Type
msr_cd		Memo
scr		Memo

Table Name (Back to Table Listing)	Physical: Access	Business
	vwHQI_HOSP_HAI	Healthcare-Associated Infections Hospital Results
Description	Healthcare-Associated Infections measures hospital-level results	
Column Name	DDB Data Type	
prvdr_id	Memo	
msr_cd	Memo	
scr	Memo	
footnote	Memo	

Table Name (Back to Table Listing)	Physical: Access	Business
	vwHQI_HOSP_HAI_STATE	Healthcare-Associated Infections State Results
Description	Healthcare-Associated Infections measures state-level results	
Column Name	DDB Data Type	
state	Memo	
msr_cd	Memo	
scr	Memo	
footnote	Memo	

Table Name (Back to Table Listing)	Physical: Access	Business
	vwHQI_HOSP_HAI_National	Healthcare-Associated Infections National Results
Description	Healthcare-Asssicoated Infections measures national results	
Column Name	DDB Data Type	
prvdr_id	Memo	
msr_cd	Memo	
scr	Memo	
footnote	Memo	

Table Name (Back to Table Listing)	Physical: Access	Business
	dbo_vwHQI_HOSP_HCAHPS_MSR	HCAHPS Hospital Results
Description	HCAHPS measures hospital-level results	
Column Name	DDB Data Type	
Provider Number	Memo	
Hospital Name	Memo	
State	Text(2)	
HCAHPS Measure Code	Text(25)	
HCAHPS Question	Memo	
HCAHPS Answer Description	Memo	
HCAHPS Answer Percent	Text(50)	
Number of Completed Surveys	Text(50)	
Survey Response Rate Percent	Text(50)	
Footnote	Memo	

Table Name (Back to Table Listing)	Physical: Access	Business
	dbo_vwHQL_STATE_HCAHPS_MSR	HCAHPS State Results
Description	HCAHPS measures state-level results	
Column Name	DDB Data Type	
State	Text(50)	
HCAHPS Question	Memo	
HCAHPS Measure Code	Text(25)	
HCAHPS Answer Description	Memo	
HCAHPS Answer Percent	Text(50)	

Table Name (Back to Table Listing)	Physical: Access	Business
	dbo_vwHQL_US_NATIONAL_HCAHPS_MSR	HCAHPS National Results
Description	HCAHPS measures national results	
Column Name	DDB Data Type	
HCAHPS Measure Code	Text(25)	
HCAHPS Question	Memo	
HCAHPS Answer Description	Memo	
HCAHPS Answer Percent	Text(50)	

Table Name (Back to Table Listing)	Physical: Access	Business
	Hvbp_ami_02_07_2013	HVBP Process of Care—AMI Results
Description	Hospital Value-Based Purchasing Acute Myocardial Infarction results	
Column Name	DDB Data Type	
Provider Number	Memo	
Hospital Name	Memo	
Address	Memo	
City	Memo	
State	Memo	
ZIP Code	Memo	
County Name	Memo	
AMI-7a Performance Rate	Memo	
AMI-7a Achievement Points	Memo	
AMI-7a Improvement Points	Memo	
AMI-7a Measure Score	Memo	
AMI-8a Performance Rate	Memo	
AMI-8a Achievement Points	Memo	
AMI-8a Improvement Points	Memo	
AMI-8a Measure Score	Memo	
AMI Condition/Procedure Score	Memo	

Table Name (Back to Table Listing)	Physical: Access	Business
	Hvbp_hai_02_07_2013	HVBP Healthcare-Associated Infections Results
Description	Hospital Value-Based Purchasing Healthcare-Associated Infections results	
Column Name	DDB Data Type	
Provider Number	Memo	
Hospital Name	Memo	
Address	Memo	
City	Memo	
State	Memo	
ZIP Code	Memo	
County Name	Memo	
SCIP-Inf-1 Performance Rate	Memo	
SCIP-Inf-1 Achievement Points	Memo	
SCIP-Inf-1 Improvement Points	Memo	
SCIP-Inf-1 Measure Score	Memo	
SCIP-Inf-2 Performance Rate	Memo	
SCIP-Inf-2 Achievement Points	Memo	
SCIP-Inf-2 Improvement Points	Memo	
SCIP-Inf-2 Measure Score	Memo	
SCIP-Inf-3 Performance Rate	Memo	
SCIP-Inf-3 Achievement Points	Memo	
SCIP-Inf-3 Improvement Points	Memo	
SCIP-Inf-3 Measure Score	Memo	
SCIP-Inf-4 Performance Rate	Memo	
SCIP-Inf-4 Achievement Points	Memo	
SCIP-Inf-4 Improvement Points	Memo	
SCIP-Inf-4 Measure Score	Memo	
HAI Condition/Procedure Score	Memo	

Table Name (Back to Table Listing)	Physical: Access	Business
	Hvbp_hcahps_02_07_2013	HVBP HCAHPS Results
Description	Hospital Value-Based Purchasing HCAHPS results	
Column Name	DDB Data Type	
Provider Number	Memo	
Hospital Name	Memo	
Address	Memo	
City	Memo	
State	Memo	
ZIP Code	Memo	
County Name	Memo	
Communication with Nurses Achievement Points	Memo	
Communication with Nurses Improvement Points	Memo	

Table Name	Physical: Access	Business
(Back to Table Listing)	Hvbp_hcahps_02_07_2013	HVBP HCAHPS Results
Description	Hospital Value-Based Purchasing HCAHPS results	
Column Name	DDB Data Type	
Communication with Nurses Dimension Score	Memo	
Communication with Doctors Achievement Points	Memo	
Communication with Doctors Improvement Points	Memo	
Communication with Doctors Dimension Score	Memo	
Responsiveness of Hospital Staff Achievement Points	Memo	
Responsiveness of Hospital Staff Improvement Points	Memo	
Responsiveness of Hospital Staff Dimension Score	Memo	
Pain Management Achievement Points	Memo	
Pain Management Improvement Points	Memo	
Pain Management Dimension Score	Memo	
Communication about Medicines Achievement Points	Memo	
Communication about Medicines Improvement Points	Memo	
Communication about Medicines Dimension Score	Memo	
Cleanliness and Quietness of Hospital Environment Achievement Po	Memo	
Cleanliness and Quietness of Hospital Environment Improvement Po	Memo	
Cleanliness and Quietness of Hospital Environment Dimension Scor	Memo	
Discharge Information Achievement Points	Memo	
Discharge Information Improvement Points	Memo	
Discharge Information Dimension Score	Memo	
Overall Rating of Hospital Achievement Points	Memo	
Overall Rating of Hospital Improvement Points	Memo	
Overall Rating of Hospital Dimension Score	Memo	
HCAHPS Base Score	Memo	
HCAHPS Consistency Score	Memo	

Table Name	Physical: Access	Business
(Back to Table Listing)	Hvbp_hf_02_07_2013	HVBP Process of Care—Heart Failure Results
Description	Hospital Value-Based Purchasing Process of Care—Heart Failure results	
Column Name	DDB Data Type	
Provider Number	Memo	
Hospital Name	Memo	
Address	Memo	
City	Memo	
State	Memo	
ZIP Code	Memo	
County Name	Memo	

Table Name (Back to Table Listing)	Physical: Access	Business
	Hvbp_hf_02_07_2013	HVBP Process of Care—Heart Failure Results
Description	Hospital Value-Based Purchasing Process of Care—Heart Failure results	
Column Name	DDB Data Type	
HF-1 Performance Rate	Memo	
HF-1 Achievement Points	Memo	
HF-1 Improvement Points	Memo	
HF-1 Measure Score	Memo	
HF-1 Condition/Procedure Score	Memo	

Table Name (Back to Table Listing)	Physical: Access	Business
	Hvbp_pn_02_07_2013	HVBP Process of Care—Pneumonia Results
Description	Hospital Value-Based Purchasing Process of Care—Pneumonia measure results	
Column Name	DDB Data Type	
Provider Number	Memo	
Hospital Name	Memo	
Address	Memo	
City	Memo	
State	Memo	
ZIP Code	Memo	
County Name	Memo	
PN-3b Performance Rate	Memo	
PN-3b Achievement Points	Memo	
PN-3b Improvement Points	Memo	
PN-3b Measure Score	Memo	
PN-6 Performance Rate	Memo	
PN-6 Achievement Points	Memo	
PN-6 Improvement Points	Memo	
PN-6 Measure Score	Memo	
PN Condition/Procedure Score	Memo	

Table Name (Back to Table Listing)	Physical: Access	Business
	Hvbp_scip_02_07_2013	HVBP Process of Care—Surgical Improvement Care Program Results
Description	Hospital Value-Based Purchasing Process of Care—Surgical Improvement Care Program results	
Column Name	DDB Data Type	
Provider Number	Memo	
Hospital Name	Memo	
Address	Memo	
City	Memo	

Table Name (Back to Table Listing)	Physical: Access	Business
	Hvbp_scip_02_07_2013	HVBP Process of Care—Surgical Improvement Care Program Results
Description	Hospital Value-Based Purchasing Process of Care—Surgical Improvement Care Program results	
Column Name	DDB Data Type	
State	Memo	
ZIP Code	Memo	
County Name	Memo	
SCIP-Card-2 Performance Rate	Memo	
SCIP-Card-2 Achievement Points	Memo	
SCIP-Card-2 Improvement Points	Memo	
SCIP-Card-2 Measure Score	Memo	
SCIP-VTE-1 Performance Rate	Memo	
SCIP-VTE-1 Achievement Points	Memo	
SCIP-VTE-1 Improvement Points	Memo	
SCIP-VTE-1 Measure Score	Memo	
SCIP-VTE-2 Performance Rate	Memo	
SCIP-VTE-2 Achievement Points	Memo	
SCIP-VTE-2 Improvement Points	Memo	
SCIP-VTE-2 Measure Score	Memo	
SCIP Condition/Procedure Score	Memo	

Table Name (Back to Table Listing)	Physical: Access	Business
	Hvbp_tps_02_07_2013	HVBP Total Performance Score Results
Description	Overall performance score for Hospital Value-Based Purchasing	
Column Name	DDB Data Type	
Provider Number	Memo	
Hospital Name	Memo	
Address	Memo	
City	Memo	
State	Memo	
ZIP Code	Memo	
County Name	Memo	
Unweighted Normalized Clinical Process of Care Domain Score	Memo	
Weighted Clinical Process of Care Domain Score	Memo	
Unweighted Patient Experience of Care Domain Score	Memo	
Weighted Patient Experience of Care Domain Score	Memo	
Total Performance Score	Memo	

Table Name (Back to Table Listing)	Physical: Access	Business
	dbo_vwHQI_HOSP_IMG_XWLK	Outpatient Imaging Efficiency Hospital Results
Description	Outpatient Imaging Efficiency measures hospital-level results	
Column Name	DDB Data Type	
Provider Number	Memo	
Hospital Name	Memo	
State	Text(2)	
Condition	Text(22)	
Measure Code	Text(25)	
Measure Name	Memo	
Score	Text(50)	
Sample	Text(50)	
Footnote	Text(50)	

Table Name (Back to Table Listing)	Physical: Access	Business
	dbo_vwHQI_STATE_IMG_AVG	Outpatient Imaging Efficiency State Results
Description	Outpatient Imaging Efficiency measures state-level results	
Column Name	DDB Data Type	
State	Text(50)	
Condition	Text(22)	
Measure Code	Text(25)	
Measure Name	Memo	
Score	Text(50)	

Table Name (Back to Table Listing)	Physical: Access	Business
	dbo_vwHQI_US_NATIONAL_IMG_AVG	Outpatient Imaging Efficiency National Results
Description	Outpatient Imaging Efficiency measures national results	
Column Name	DDB Data Type	
Condition	Text(22)	
Measure Code	Text(25)	
Measure Name	Memo	
Score	Text(50)	

Table Name (Back to Table Listing)	Physical: Access	Business
	dbo_vwHQI_HOSP_IMM	Process of Care — Immunization Hospital Results
Description	Process of Care—Immunization measures hospital-level results	
Column Name	DDB Data Type	
prvdr_id	Memo	
msr_cd	Memo	

Table Name (Back to Table Listing)	Physical: Access	Business
	dbo_vwHQI_HOSP_IMM	Process of Care — Immunization Hospital Results
Description	Process of Care—Immunization measures hospital-level results	
Column Name	DDB Data Type	
scr	Memo	
footnote	Memo	
Sample	Memo	

Table Name (Back to Table Listing)	Physical: Access	Business
	vwHQI_HOSP_IMM_State	Process of Care — Immunization State Results
Description	Process of Care—Immunization measures state-level results	
Column Name	DDB Data Type	
prvdr_id	Memo	
msr_cd	Memo	
scr	Memo	
footnote	Memo	

Table Name (Back to Table Listing)	Physical: Access	Business
	vwHQI_HOSP_IMM_National	Process of Care — Immunization National Results
Description	Process of Care — Immunization measures national results	
Column Name	DDB Data Type	
prvdr_id	Memo	
msr_cd	Memo	
scr	Memo	
footnote	Memo	

Table Name (Back to Table Listing)	Physical: Access	Business
	dbo_vwHQI_HOSP_MORTALITY_READ M_XWLK	30-Day Mortality and Readmission Hospital Results
Description	30-Day Mortality and Readmission measures hospital-level results	
Column Name	DDB Data Type	
Provider Number	Memo	
Hospital Name	Memo	
State	Text(2)	
Condition	Text(13)	
Measure Name	Memo	
Mortality_Readm Rate	Text(50)	
Comparison to National Rate	Text(50)	
Lower Mortality_Readm Estimate	Text(50)	
Upper Mortality_Readm Estimate	Text(50)	

Table Name (Back to Table Listing)	Physical: Access	Business
	dbo_vwHQL_HOSP_MORTALITY_READ M_XWLK	30-Day Mortality and Readmission Hospital Results
Description	30-Day Mortality and Readmission measures hospital-level results	
Column Name		DDB Data Type
Number of Patients		Text(50)
Footnote		Text(50)

Table Name (Back to Table Listing)	Physical: Access	Business
	dbo_vwHQL_STATE_MORTALITY_REA DM_SCRE	30-Day Mortality and Readmission State Results
Description	30-Day Mortality and Readmission measures state-level results	
Column Name		DDB Data Type
State		Text(50)
Condition		Memo
Measure Name		Memo
Category		Text(36)
Number of Hospitals		Text(50)

Table Name (Back to Table Listing)	Physical: Access	Business
	dbo_vwHQL_US_NATIONAL_MORTALI TY_READM_RATE	30-Day Mortality and Readmission National Results
Description	30-Day Mortality and Readmission measures national results	
Column Name		DDB Data Type
Condition		Memo
Measure Name		Memo
National Mortality_Readm Rate		Text(50)

Table Name (Back to Table Listing)	Physical: Access	Business
	dbo_vwHQL_HOSP_MPV_MSR	Medicare Volume Hospital Results
Description	Medicare Volume measures hospital-level results	
Column Name		DDB Data Type
Provider Number		Memo
Hospital Name		Memo
State		Text(2)
Diagnosis Related Group ID		Text(25)
Diagnosis Related Group Name		Memo
Number Of Cases		Text(50)

Table Name (Back to Table Listing)	Physical: Access	Business
	dbo_vwHQR_STATE_MPV_MSR	Medicare Volume State Results
Description	Medicare Volume measures state-level results	
Column Name	DDB Data Type	
State	Text(50)	
Diagnosis Related Group ID	Text(25)	
Diagnosis Related Group Name	Memo	
Number Of Cases	Text(50)	

Table Name (Back to Table Listing)	Physical: Access	Business
	dbo_vwHQR_US_NATIONAL_MPV_MSR	Medicare Volume National Results
Description	Medicare Volume measures national results	
Column Name	DDB Data Type	
State	Text(50)	
Diagnosis Related Group ID	Text(25)	
Diagnosis Related Group Name	Memo	
Number Of Cases	Text(50)	

Table Name (Back to Table Listing)	Physical: Access	Business
	vwHQR_HOSP_SPP	Medicare Spending Per Patient Hospital Results
Description	Medicare Spending Per Patient measure hospital-level results	
Column Name	DDB Data Type	
prvdr_id	Memo	
scr	Memo	
msr_cd	Memo	
ftnt_id	Memo	

Table Name (Back to Table Listing)	Physical: Access	Business
	dbo_vwHQR_HOSP_SPP_State	Medicare Spending Per Patient State Results
Description	Medicare Spending Per Patient measure state-level results	
Column Name	DDB Data Type	
prvdr_id	Memo	
msr_cd	Memo	
scr	Memo	
ftnt_value	Memo	

Table Name (Back to Table Listing)	Physical: Access	Business
	dbo_vwHQI_HOSP_SPP_National	Medicare Spending Per Patient National Results
Description	Medicare Spending Per Patient measure national results	
Column Name	DDB Data Type	
prvdr_id	Memo	
msr_cd	Memo	
scr	Memo	
ftnt_value	Memo	

Table Name (Back to Table Listing)	Physical: Access	Business
	dbo_vwHQI_HOSP_STRUCTURAL_XW LK	Structural Hospital Results
Description	Structural measures hospital-level results	
Column Name	DDB Data Type	
Provider Number	Memo	
Hospital Name	Memo	
State	Text(2)	
Measure Code	Text(25)	
Measure Name	Memo	
Measure Response	Text(50)	

Table Name (Back to Table Listing)	Physical: Access	Business
	vwHQI_READM_REDUCTION	Readmission Reduction Hospital Results
Description	Readmission Reduction measures hospital-level results	
Column Name	DDB Data Type	
Hospital Name	Text(255)	
Provider Number	Text(255)	
State	Text(255)	
Measure Name	Text(255)	
Number of Discharges	Text(255)	
Footnote	Text(255)	
Excess Readmission Ratio	Text(255)	
Predicted Readmission Rate	Text(255)	
Expected Readmission Rate	Text(255)	
Number of Readmissions	Text(255)	
Start Date	Text(255)	
End Date	Text(255)	

Table Name <i>(Back to Table Listing)</i>	Physical: Access	Business
	dbo_vwHQL_HOSP_MSR_XWLK	Process of Care Hospital Results
Description	Process of Care measures hospital-level results	
Column Name	DDB Data Type	
Provider Number	Memo	
Hospital Name	Memo	
State	Text(2)	
Condition	Memo	
Measure Code	Text(25)	
Measure Name	Memo	
Score	Text(50)	
Sample	Text(50)	
Footnote	Memo	

Table Name <i>(Back to Table Listing)</i>	Physical: Access	Business
	dbo_vwHQL_STATE_MSR_AVG	Process of Care State Results
Description	Process of Care measures state-level results	
Column Name	DDB Data Type	
State	Text(50)	
Condition	Memo	
Measure Name	Memo	
Measure Code	Text(25)	
Score	Text(50)	

Table Name <i>(Back to Table Listing)</i>	Physical: Access	Business
	dbo_vwHQL_US_National_MSR_AVG	Process of Care National Results
Description	Process of Care measures national results	
Column Name	DDB Data Type	
Provider Number	Text(50)	
Condition	Text(33)	
Measure Name	Memo	
Score	Text(50)	

Table Name (Back to Table Listing)	Physical: Access dbo_vwHQR_PCTL_MSR_XWLK	Business Process of Care Top Percentile Scores
Description	Scores achieved by the top ten (10) percent of hospitals and the national average score for each Process of Care measure	
Column Name		DDB Data Type
Measure Name		Memo
Condition		Memo
Measure Code		Text(25)
Percentile		Text(68)
Score		Text(50)

CSV Revised Flat Files and Data.Medicare.gov Data File Summary

The table below shows the titles of the CSV Revised Flat File and Data.Medicare.gov file names.

CSV Revised file name: Hospital_Revised_flatfiles.zip	Data.Medicare.gov
Hospital.pdf	
readme.txt	
CSV Revised Data File Names (.csv)	Data.Medicare.gov File Names
Hospital_Data	Hospital General Information
Measure Dates	Measure Dates
FootNote	Hospital Footnote Crosswalk
ACS NSQIP Data File - April 2013	Hospital ACS Measures
Agency for Healthcare Research and Quality	Agency for Healthcare Research and Quality Measures
Agency for Healthcare Research and Quality - State	Agency for Healthcare Research and Quality - State Measures
Agency for Healthcare Research and Quality - National	Agency for Healthcare Research and Quality - National Measures
Emergency Department Throughput	Emergency Department Care Measures
Emergency Department Throughput-State	Emergency Department Care Measures - State
Emergency Department Throughput-National	Emergency Department Care Measures - National
Healthcare_Associated_Infections	Healthcare Associated Infections
Healthcare_Associated_Infections_State	Healthcare Associated Infections - State Measures
Healthcare_Associated_Infections_National	Healthcare Associated Infections National
Hospital Acquired Condition	Hospital Acquired Condition Measures
Hospital Acquired Condition - National	Hospital Acquired Condition - National Measures
HCAHPS Measures	Survey of Patients' Hospital Experiences (HCAHPS)
HCAHPS Measures - State	Survey of Patients' Hospital Experiences (HCAHPS) - State Average
HCAHPS Measures - National	Survey of Patients' Hospital Experiences (HCAHPS) - National Average
hvbp_ami_02_07_2013	Hospital Value-Based Purchasing (HVBP) – Acute Myocardial Infarction Scores
hvbp_hai_02_07_2013	Hospital Value-Based Purchasing (HVBP) – Healthcare-Associated Infection Scores
hvbp_hcahps_02_07_2013	Hospital Value-Based Purchasing (HVBP) – Patient Experience of Care Domain Scores (HCAHPS)
hvbp_hf_02_07_2013	Hospital Value-Based Purchasing (HVBP) – Heart Failure Scores
hvbp_pn_02_07_2013	Hospital Value-Based Purchasing (HVBP) – Pneumonia Scores
hvbp_scip_02_07_2013	Hospital Value-Based Purchasing (HVBP) – Surgical Care Improvement Project Scores

CSV Revised file name: Hospital_Revised_flatfiles.zip	Data.Medicare.gov
hvbp_tps_02_07_2013	Hospital Value-Based Purchasing (HVBP) – Total Performance Scores
Immunization	Preventive Care Measures
Immunization-State	Preventive Care Measures - State
Immunization-National	Preventive Care Measures - National
Medicare Spending Per Patient	Medicare Spending Per Patient
Medicare Spending Per Patient - State	Medicare Spending Per Patient - State
Medicare Spending Per Patient - National	Medicare Spending Per Patient - National
	Spending Breakdown by Claim
Medicare Volume Measures	Hospital Medicare Volume Measures
Medicare Volume Measures - State	Hospital Medicare Volume Measures - State Average
Medicare Volume Measures - National	Hospital Medicare Volume Measures - National Average
Outcome of Care Measures	Hospital Outcome Of Care Measures
Outcome of Care Measures - State	Hospital Outcome Of Care Measures - State
Outcome of Care Measures - National	Hospital Outcome Of Care Measures - National Average
Outpatient Imaging Efficiency Measures	Use Of Medical Imaging Measures
Outpatient Imaging Efficiency Measures - State	Use Of Medical Imaging Measures - State
Outpatient Imaging Efficiency Measures - National	Use Of Medical Imaging Measures - National
Process of Care Measures - Children	Hospital Process of Care Measures - Children's Asthma
Process of Care Measures - Heart Attack	Hospital Process of Care Measures - Heart Attack
Process of Care Measures - Heart Failure	Hospital Process of Care Measures - Heart Failure
Process of Care Measures - Pneumonia	Hospital Process of Care Measures - Pneumonia
Process of Care Measures - SCIP	Hospital Process of Care Measures - Surgical Care Improvement Project
Process of Care Measures - State	Hospital Process of Care Measures - State Average
Process of Care Measures - National	Hospital Process of Care Measures - National Average
READMISSION REDUCTION	Hospital Readmission Reduction
Structural Measures	Hospital Structural Measures - Cardiac Surgery Registry
Measure Crosswalk	
	Hospital Compare - CASPER/ASPEN Contacts

CSV Revised Flat Files and Data.Medicare.gov Data Content Summary

Note: Opening CSV files in Excel will remove leading zeros from data fields. Since some data, such as provider numbers, contain leading zeros, it is recommended that you open CSV files using text editor programs such as Notepad to copy or view CSV file content. Fields having the data type of “memo” do not require a length. They allow the user to input large amounts of text without limit. Fields having the data type of “Text” require the corresponding length provided.

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Hospital_Data	Hospital General Information	Hospital Characteristics
Description	General information on hospitals within the dataset		
CSV Revised File Column Name	Data.Medicare.gov Column Name		DDB Data Type
Provider Number	Provider Number		Memo
Hospital Name	Hospital Name		Memo
Address 1	Address1		Memo
Address 2	Address2		Memo
Address 3	Address3		Memo
City	City		Memo
State	State		Text(2)
ZIP Code	ZIP Code		Text(5)
County	County Name		Text(25)
Phone Number	Phone Number		Text(10)
Hospital Type	Hospital Type		Text(50)
Hospital Ownership	Hospital Owner		Text(100)
Emergency Services	Emergency Services		Text(50)
	Location		Memo

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Measure Dates	Measure Dates	Measure Data Collection Periods
Description	Current collection dates for available measures included in the Downloadable Database		
CSV Revised File Column Name	Data.Medicare.gov Column Name		DDB Data Type
Measure Name	Measure Name		Memo
Measure Start Quarter	Measure Start Quarter		Memo
Measure Start Date	Measure Start Date		Memo
Measure End Quarter	Measure End Quarter		Memo
Measure End Date	Measure End Date		Memo

Table Name <i>(Back to Table Listing)</i>	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	FootNote	Hospital Footnote Crosswalk	Footnotes
Description	Look up table for footnote text in the various data files		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Footnote	Footnote	Text (50)	
FootnoteText	Footnote Text	Memo	

Table Name <i>(Back to Table Listing)</i>	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	ACS NSQIP Data File - April 2013	Hospital ACS Measures	Hospital ACS Measures
Description	American College of Surgeons (ACS) hospital-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
CCN	CCN	Text (6)	
Hospital Name	Hospital Name	Memo	
Surg65	Surg65	Memo	
Surg65_FN	Surg65_FN	Memo	
Colon	Colon	Memo	
Colon_FN	Colon_FN	Memo	
LowExtBypass	LowExtBypass	Memo	
LowExtBypass_FN	LowExtBypass_FN	Memo	

Table Name <i>(Back to Table Listing)</i>	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Agency for Healthcare Research and Quality	Agency for Healthcare Research and Quality Measures	AHRQ PSI Hospital Results
Description	AHRQ PSI measures hospital-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Provider Number	Provider Number	Memo	
Hospital Name	Hospital Name	Memo	
Address 1	Address 1	Memo	
Address 2	Address 2	Memo	
Address 3	Address 3	Memo	
City	City	Memo	
State	State	Text(2)	
ZIP Code	ZIP Code	Text(5)	
County Name	County Name	Text(25)	
Phone Number	Phone Number	Text(10)	
Death from serious treatable complications after surgery	Death from serious treatable complications after surgery	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Agency for Healthcare Research and Quality	Agency for Healthcare Research and Quality Measures	AHRQ PSI Hospital Results
Description	AHRQ PSI measures hospital-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Footnote - Death from serious treatable complications after surgery	Footnote - Death from serious treatable complications after surgery	Memo	
Collapsed lung due to medical treatment	Collapsed lung due to medical treatment	Memo	
Footnote - Collapsed lung due to medical treatment	Footnote - Collapsed lung due to medical treatment	Memo	
Serious blood clots after surgery	Serious blood clots after surgery	Memo	
Footnote - Serious blood clots after surgery	Footnote - Serious blood clots after surgery	Memo	
A wound that splits open after surgery	A wound that splits open after surgery	Memo	
Footnote - A wound that splits open after surgery	Footnote - A wound that splits open after surgery	Memo	
Accidental cuts and tears from medical treatment	Accidental cuts and tears from medical treatment	Memo	
Footnote - Accidental cuts and tears from medical treatment	Footnote - Accidental cuts and tears from medical treatment	Memo	
Serious Complications	Serious Complications	Memo	
Footnote - Serious Complications	Footnote - Serious Complications	Memo	
Number of Patients - Death from serious treatable complications after surgery	Number of Patients - Death from serious treatable complications after surgery	Memo	
Rate - Death from serious treatable complications after surgery	Rate - Death from serious treatable complications after surgery	Memo	
Lower Estimate - Death from serious treatable complications after surgery	Lower Estimate - Death from serious treatable complications after surgery	Memo	
Higher Estimate - Death from serious treatable complications after surgery	Higher Estimate - Death from serious treatable complications after surgery	Memo	
Number of Patients - Collapsed lung due to medical treatment	Number of Patients - Collapsed lung due to medical treatment	Memo	
Rate - Collapsed lung due to medical treatment	Rate - Collapsed lung due to medical treatment	Memo	
Lower Estimate - Collapsed lung due to medical treatment	Lower Estimate - Collapsed lung due to medical treatment	Memo	
Higher Estimate - Collapsed lung due to medical treatment	Higher Estimate - Collapsed lung due to medical treatment	Memo	
Number of Patients - Serious blood clots after surgery	Number of Patients - Serious blood clots after surgery	Memo	
Rate - Serious blood clots after surgery	Rate - Serious blood clots after surgery	Memo	
Lower Estimate - Serious blood clots after surgery	Lower Estimate - Serious blood clots after surgery	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Agency for Healthcare Research and Quality	Agency for Healthcare Research and Quality Measures	AHRQ PSI Hospital Results
Description	AHRQ PSI measures hospital-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Higher Estimate - Serious blood clots after surgery	Higher Estimate - Serious blood clots after surgery	Memo	
Number of Patients - A wound that splits open after surgery	Number of Patients - A wound that splits open after surgery	Memo	
Rate - A wound that splits open after surgery	Rate - A wound that splits open after surgery	Memo	
Lower Estimate - A wound that splits open after surgery	Lower Estimate - A wound that splits open after surgery	Memo	
Higher Estimate - A wound that splits open after surgery	Higher Estimate - A wound that splits open after surgery	Memo	
Number of Patients - Accidental cuts and tears from medical treatment	Number of Patients - Accidental cuts and tears from medical treatment	Memo	
Rate - Accidental cuts and tears from medical treatment	Rate - Accidental cuts and tears from medical treatment	Memo	
Lower Estimate - Accidental cuts and tears from medical treatment	Lower Estimate - Accidental cuts and tears from medical treatment	Memo	
Higher Estimate - Accidental cuts and tears from medical treatment	Higher Estimate - Accidental cuts and tears from medical treatment	Memo	
Number of Patients - Serious Complications	Number of Patients - Serious Complications	Memo	
Rate - Serious Complications	Rate - Serious Complications	Memo	
Lower Estimate - Serious Complications	Lower Estimate - Serious Complications	Memo	
Higher Estimate - Serious Complications	Higher Estimate - Serious Complications	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Agency for Healthcare Research and Quality - State	Agency for Healthcare Research and Quality - State Measures	AHRQ PSI State Results
Description	AHRQ PSI measures state-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
State	State	Memo	
Worse - Death from serious treatable complications after surgery	Worse - Death from serious treatable complications after surgery	Memo	
Same - Death from serious treatable complications after surgery	Same - Death from serious treatable complications after surgery	Memo	
Better - Death from serious treatable complications after surgery	Better - Death from serious treatable complications after surgery	Memo	
Too few - Death from serious treatable complications after surgery	Too few - Death from serious treatable complications after surgery	Memo	
Worse - Collapsed lung due to medical treatment	Worse - Collapsed lung due to medical treatment	Memo	
Same - Collapsed lung due to medical treatment	Same - Collapsed lung due to medical treatment	Memo	
Better - Collapsed lung due to medical treatment	Better - Collapsed lung due to medical treatment	Memo	
Too few - Collapsed lung due to medical treatment	Too few - Collapsed lung due to medical treatment	Memo	
Worse - Serious blood clots after surgery	Worse - Serious blood clots after surgery	Memo	
Same - Serious blood clots after surgery	Same - Serious blood clots after surgery	Memo	
Better - Serious blood clots after surgery	Better - Serious blood clots after surgery	Memo	
Too few - Serious blood clots after surgery	Too few - Serious blood clots after surgery	Memo	
Worse - A wound that splits open after surgery	Worse - A wound that splits open after surgery	Memo	
Same - A wound that splits open after surgery	Same - A wound that splits open after surgery	Memo	
Better - A wound that splits open after surgery	Better - A wound that splits open after surgery	Memo	
Too few - A wound that splits open after surgery	Too few - A wound that splits open after surgery	Memo	
Worse - Accidental cuts and tears from medical treatment	Worse - Accidental cuts and tears from medical treatment	Memo	
Same - Accidental cuts and tears from medical treatment	Same - Accidental cuts and tears from medical treatment	Memo	
Better - Accidental cuts and tears from medical treatment	Better - Accidental cuts and tears from medical treatment	Memo	
Too few - Accidental cuts and tears from medical treatment	Too few - Accidental cuts and tears from medical treatment	Memo	
Worse - Serious Complications	Worse - Serious Complications	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Agency for Healthcare Research and Quality - State	Agency for Healthcare Research and Quality - State Measures	AHRQ PSI State Results
Description	AHRQ PSI measures state-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Same - Serious Complications	Same - Serious Complications	Memo	
Better - Serious Complications	Better - Serious Complications	Memo	
Too few - Serious Complications	Too few - Serious Complications	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Agency for Healthcare Research and Quality - National	Agency for Healthcare Research and Quality - National Measures	AHRQ PSI National Results
Description	AHRQ PSI measures national results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Measure	Measure	Memo	
U S National Rate	U.S. National Rate	Memo	
National Patient Safety Measure Performance	National Patient Safety Measure Performance	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Emergency Department Throughput	Emergency Department Care Measures	Process of Care—Emergency Department Hospital Results
Description	Process of Care—Emergency Department measure hospital-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Provider ID	Provider ID	Memo	
Hospital Name	Hospital Name	Memo	
Address 1	Address 1	Memo	
Address 2	Address 2	Memo	
Address 3	Address 3	Memo	
City	City	Memo	
State	State	Text(2)	
ZIP Code	ZIP Code	Text(5)	
County Name	County Name	Text(25)	
Phone Number	Phone Number	Text(10)	
Measure	Measure	Memo	
Rate	Rate	Memo	
Sample	Sample	Memo	
Footnote	Footnote	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Emergency Department Throughput - State	Emergency Department Care Measures - State	Process of Care—Emergency Department State Results
Description	Process of Care—Emergency Department state-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Provider ID	Provider ID	Memo	
Measure	Measure	Memo	
Rate (per 1,000 Discharges)	Rate (per 1,000 Discharges)	Memo	
Footnote	Footnote	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Emergency Department Throughput - National	Emergency Department Care Measures - National	Process of Care—Emergency Department National Results
Description	Process of Care—Emergency Department Hospital Results measure national results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Provider ID	Provider ID	Memo	
Measure	Measure	Memo	
Rate (per 1,000 Discharges)	Rate (per 1,000 Discharges)	Memo	
Footnote	Footnote	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Healthcare_Associated_Infections	Healthcare Associated Infections	Healthcare-Associated Infections Hospital Results
Description	Healthcare-Associated Infections measures hospital-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Provider ID	Provider ID	Memo	
Hospital Name	Hospital Name	Memo	
Address 1	Address 1	Memo	
Address 2	Address 2	Memo	
Address 3	Address 3	Memo	
City	City	Memo	
State	State	Text(2)	
ZIP Code	ZIP Code	Text(5)	
County Name	County Name	Text(25)	
Phone Number	Phone Number	Text(10)	
Measure	Measure	Memo	
Score	Score	Memo	
Footnote	Footnote	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Healthcare_Associated_Infections	Healthcare Associated Infections	Healthcare-Associated Infections Hospital Results
Description	Healthcare-Associated Infections measures hospital-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name		DDB Data Type
	Location		Memo

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Healthcare_Associated_Infections_State	Healthcare Associated Infections - State Measures	Healthcare-Associated Infections State Results
Description	Healthcare-Associated Infections measures state-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name		DDB Data Type
Provider ID	Provider ID		Memo
Measure	Measure		Memo
Score	Score		Memo
Footnote	Footnote		Memo

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Healthcare_Associated_Infections_National	Healthcare Associated Infections National	Healthcare-Associated Infections National Results
Description	Healthcare-Associated Infections measures national results		
CSV Revised File Column Name	Data.Medicare.gov Column Name		DDB Data Type
Provider ID	Provider ID		Memo
Measure	Measure		Memo
Rate (per 1,000 Discharges)	Rate (per 1000 Discharges)		Memo
Footnote	Footnote		Memo

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Hospital Acquired Condition	Hospital Acquired Condition Measures	Hospital-Acquired Conditions Hospital Results
Description	Hospital-Acquired Conditions measures hospital-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Provider ID	Provider ID	Memo	
Hospital Name	Hospital Name	Memo	
Address 1	Address 1	Memo	
Address 2	Address 2	Memo	
Address 3	Address 3	Memo	
City	City	Memo	
State	State	Text(2)	
ZIP Code	ZIP Code	Text(5)	
County Name	County Name	Text(25)	
Phone Number	Phone Number	Text(10)	
Measure	Measure	Memo	
Rate (per 1,000 Discharges)	Rate (per 1,000 Discharges)	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Hospital Acquired Condition - National	Hospital Acquired Condition - National Measures	Hospital-Acquired Conditions National Results
Description	Hospital-Acquired Conditions measures national results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Measure	Measure	Memo	
Score	Score	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	HCAHPS Measures	Survey of Patients' Hospital Experiences (HCAHPS)	HCAHPS Hospital Results
Description	HCAHPS measures hospital-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Provider Number	Provider Number	Memo	
Hospital Name	Hospital Name	Memo	
Address 1	Address 1	Memo	
Address 2	Address 2	Memo	
Address 3	Address 3	Memo	
City	City	Memo	
State	State	Text(2)	
ZIP Code	ZIP Code	Text(5)	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	HCAHPS Measures	Survey of Patients' Hospital Experiences (HCAHPS)	HCAHPS Hospital Results
Description	HCAHPS measures hospital-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
County Name	County Name	Text(25)	
Phone Number	Phone Number	Text(10)	
Percent of patients who reported that their nurses "Sometimes" or "Never" communicated well.	Percent of patients who reported that their nurses "Sometimes" or "Never" communicated well.	Memo	
Percent of patients who reported that their nurses "Usually" communicated well.	Percent of patients who reported that their nurses "Usually" communicated well.	Memo	
Percent of patients who reported that their nurses "Always" communicated well.	Percent of patients who reported that their nurses "Always" communicated well.	Memo	
Percent of patients who reported that their doctors "Sometimes" or "Never" communicated well.	Percent of patients who reported that their doctors "Sometimes" or "Never" communicated well.	Memo	
Percent of patients who reported that their doctors "Usually" communicated well.	Percent of patients who reported that their doctors "Usually" communicated well.	Memo	
Percent of patients who reported that their doctors "Always" communicated well.	Percent of patients who reported that their doctors "Always" communicated well.	Memo	
Percent of patients who reported that they "Sometimes" or "Never" received help as soon as they wanted.	Percent of patients who reported that they "Sometimes" or "Never" received help as soon as they wanted.	Memo	
Percent of patients who reported that they "Usually" received help as soon as they wanted.	Percent of patients who reported that they "Usually" received help as soon as they wanted.	Memo	
Percent of patients who reported that they "Always" received help as soon as they wanted.	Percent of patients who reported that they "Always" received help as soon as they wanted.	Memo	
Percent of patients who reported that their pain was "Sometimes" or "Never" well controlled.	Percent of patients who reported that their pain was "Sometimes" or "Never" well controlled.	Memo	
Percent of patients who reported that their pain was "Usually" well controlled.	Percent of patients who reported that their pain was "Usually" well controlled.	Memo	
Percent of patients who reported that their pain was "Always" well controlled.	Percent of patients who reported that their pain was "Always" well controlled.	Memo	
Percent of patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them.	Percent of patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them.	Memo	
Percent of patients who reported that staff "Usually" explained about medicines before giving it to them.	Percent of patients who reported that staff "Usually" explained about medicines before giving it to them.	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	HCAHPS Measures	Survey of Patients' Hospital Experiences (HCAHPS)	HCAHPS Hospital Results
Description	HCAHPS measures hospital-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Percent of patients who reported that staff "Always" explained about medicines before giving it to them.	Percent of patients who reported that staff "Always" explained about medicines before giving it to them.	Memo	
Percent of patients who reported that their room and bathroom were "Sometimes" or "Never" clean.	Percent of patients who reported that their room and bathroom were "Sometimes" or "Never" clean.	Memo	
Percent of patients who reported that their room and bathroom were "Usually" clean.	Percent of patients who reported that their room and bathroom were "Usually" clean.	Memo	
Percent of patients who reported that their room and bathroom were "Always" clean.	Percent of patients who reported that their room and bathroom were "Always" clean.	Memo	
Percent of patients who reported that the area around their room was "Sometimes" or "Never" quiet at night.	Percent of patients who reported that the area around their room was "Sometimes" or "Never" quiet at night.	Memo	
Percent of patients who reported that the area around their room was "Usually" quiet at night.	Percent of patients who reported that the area around their room was "Usually" quiet at night.	Memo	
Percent of patients who reported that the area around their room was "Always" quiet at night.	Percent of patients who reported that the area around their room was "Always" quiet at night.	Memo	
Percent of patients at each hospital who reported that YES they were given information about what to do during recovery.	Percent of patients who reported that YES,they were given information about what to do during their recovery at home.	Memo	
Percent of patients who reported that they were not given information about what to do during their recovery at home.	Percent of patients who reported that they were not given information about what to do during their recovery at home.	Memo	
Percent of patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest).	Percent of patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest).	Memo	
Percent of patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest).	Percent of patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest).	Memo	
Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).	Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).	Memo	
Percent of patients who reported NO they would not recommend the hospital.	Percent of patients who reported NO,they would not recommend the hospital.	Memo	
Percent of patients who reported YES they would probably recommend the hospital.	Percent of patients who reported YES,they would probably recommend the hospital.	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	HCAHPS Measures	Survey of Patients' Hospital Experiences (HCAHPS)	HCAHPS Hospital Results
Description	HCAHPS measures hospital-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Patients who reported YES they would definitely recommend the hospital.	Percent of patients who reported YES,they would definitely recommend the hospital.	Memo	
Number of completed Surveys	Number of Completed Surveys	Memo	
Survey Response Rate	Survey Response Rate Percent	Memo	
Hospital Footnote	Hospital Footnote	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	HCAHPS Measures - State	Survey of Patients' Hospital Experiences (HCAHPS) - State Average	HCAHPS State Results
Description	HCAHPS measures state-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
State	State	Text(50)	
Percent of patients who reported that their nurses 'Sometimes' or 'Never' communicated well.	Percent of patients who reported that their nurses "Sometimes" or "Never" communicated well.	Memo	
Percent of patients who reported that their nurses 'Usually' communicated well.	Percent of patients who reported that their nurses "Usually" communicated well.	Memo	
Percent of patients who reported that their nurses 'Always' communicated well.	Percent of patients who reported that their nurses "Always" communicated well.	Memo	
Percent of patients who reported that their doctors 'Sometimes' or 'Never' communicated well.	Percent of patients who reported that their doctors "Sometimes" or "Never" communicated well.	Memo	
Percent of patients who reported that their doctors 'Usually' communicated well.	Percent of patients who reported that their doctors "Usually" communicated well.	Memo	
Percent of patients who reported that their doctors 'Always' communicated well.	Percent of patients who reported that their doctors "Always" communicated well.	Memo	
Percent of patients who reported that they 'Sometimes' or 'Never' received help as soon as they wanted.	Percent of patients who reported that they "Sometimes" or "Never" received help as soon as they wanted.	Memo	
Percent of patients who reported that they 'Usually' received help as soon as they wanted.	Percent of patients who reported that they "Usually" received help as soon as they wanted.	Memo	
Percent of patients who reported that they 'Always' received help as soon as they wanted.	Percent of patients who reported that they "Always" received help as soon as they wanted.	Memo	
Percent of patients who reported that their pain was 'Sometimes' or 'Never' well	Percent of patients who reported that their pain was "Sometimes" or "Never" well	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	HCAHPS Measures - State	Survey of Patients' Hospital Experiences (HCAHPS) - State Average	HCAHPS State Results
Description	HCAHPS measures state-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
controlled.	controlled.		
Percent of patients who reported that their pain was 'Usually' well controlled.	Percent of patients who reported that their pain was "Usually" well controlled.	Memo	
Percent of patients who reported that their pain was 'Always' well controlled.	Percent of patients who reported that their pain was "Always" well controlled.	Memo	
Percent of patients who reported that staff 'Sometimes' or 'Never' explained about medicines before giving it to them.	Percent of patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them.	Memo	
Percent of patients who reported that staff 'Usually' explained about medicines before giving it to them.	Percent of patients who reported that staff "Usually" explained about medicines before giving it to them.	Memo	
Percent of patients who reported that staff 'Always' explained about medicines before giving it to them.	Percent of patients who reported that staff "Always" explained about medicines before giving it to them.	Memo	
Percent of patients who reported that their room and bathroom were 'Sometimes' or 'Never' clean.	Percent of patients who reported that their room and bathroom were "Sometimes" or "Never" clean.	Memo	
Percent of patients who reported that their room and bathroom were 'Usually' clean.	Percent of patients who reported that their room and bathroom were "Usually" clean.	Memo	
Percent of patients who reported that their room and bathroom were 'Always' clean.	Percent of patients who reported that their room and bathroom were "Always" clean.	Memo	
Percent of patients who reported that the area around their room was 'Sometimes' or 'Never' quiet at night.	Percent of patients who reported that the area around their room was "Sometimes" or "Never" quiet at night.	Memo	
Percent of patients who reported that the area around their room was 'Usually' quiet at night.	Percent of patients who reported that the area around their room was "Usually" quiet at night.	Memo	
Percent of patients who reported that the area around their room was 'Always' quiet at night.	Percent of patients who reported that the area around their room was "Always" quiet at night.	Memo	
Percent of patients at each hospital who reported that YES they were given information about what to do during recovery.	Percent of patients who reported that YES,they were given information about what to do during their recovery at home.	Memo	
Percent of patients who reported that they were not given information about what to do during their recovery at home.	Percent of patients who reported that they were not given information about what to do during their recovery at home.	Memo	
Percent of patients who gave their hospital	Percent of patients who gave their hospital a	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	HCAHPS Measures - State	Survey of Patients' Hospital Experiences (HCAHPS) - State Average	HCAHPS State Results
Description	HCAHPS measures state-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest).	rating of 6 or lower on a scale from 0 (lowest) to 10 (highest).		
Percent of patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest).	Percent of patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest).	Memo	
Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).	Percent of patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).	Memo	
Percent of patients who reported NO they would not recommend the hospital.	Percent of patients who reported NO,they would not recommend the hospital.	Memo	
Percent of patients who reported YES they would probably recommend the hospital.	Percent of patients who reported YES,they would probably recommend the hospital.	Memo	
Patients who reported YES they would definitely recommend the hospital.	Percent of patients who reported YES,they would definitely recommend the hospital.	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	HCAHPS Measures - National	Survey of Patients' Hospital Experiences (HCAHPS) - National Average	HCAHPS National Results
Description	HCAHPS measures national results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
HCAHPS Question	HCAHPS Question	Memo	
HCAHPS Answer Description	HCAHPS Answer Description	Memo	
HCAHPS Answer Percent	HCAHPS Answer Percent	Text(50)	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	hvpb_ami_02_07_2013	Hospital Value-Based Purchasing (HVBP) - Acute Myocardial Infarction Scores	HVBP Process of Care—AMI Results
Description	Hospital Value Based Purchasing Acute Myocardial Infarction results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Provider Number	Provider Number	Memo	
Hospital Name	Hospital Name	Memo	
Address	Address	Memo	
City	City	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	hvpb_ami_02_07_2013	Hospital Value-Based Purchasing (HVBP) - Acute Myocardial Infarction Scores	HVBP Process of Care—AMI Results
Description	Hospital Value Based Purchasing Acute Myocardial Infarction results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
State	State	Memo	
ZIP Code	ZIP Code	Memo	
County Name	County Name	Memo	
AMI-7a Performance Rate	AMI-7a Performance Rate	Memo	
AMI-7a Achievement Points	AMI-7a Achievement Points	Memo	
AMI-7a Improvement Points	AMI-7a Improvement Points	Memo	
AMI-7a Measure Score	AMI-7a Measure Score	Memo	
AMI-8a Performance Rate	AMI-8a Performance Rate	Memo	
AMI-8a Achievement Points	AMI-8a Achievement Points	Memo	
AMI-8a Improvement Points	AMI-8a Improvement Points	Memo	
AMI-8a Measure Score	AMI-8a Measure Score	Memo	
AMI Condition/Procedure Score	AMI Condition Procedure Score	Memo	
	Location	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	hvpb_hai_02_07_2013	Hospital Value-Based Purchasing (HVBP) - Healthcare-Associated Infection Scores	HVBP Healthcare-Associated Infections Results
Description	Hospital Value-Based Purchasing Healthcare-Associated Infections results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Provider Number	Provider Number	Memo	
Hospital Name	Hospital Name	Memo	
Address	Address	Memo	
City	City	Memo	
State	State	Memo	
ZIP Code	ZIP Code	Memo	
County Name	County Name	Memo	
SCIP-Inf-1 Performance Rate	SCIP-Inf-1 Performance Rate	Memo	
SCIP-Inf-1 Achievement Points	SCIP-Inf-1 Achievement Points	Memo	
SCIP-Inf-1 Improvement Points	SCIP-Inf-1 Improvement Points	Memo	
SCIP-Inf-1 Measure Score	SCIP-Inf-1 Measure Score	Memo	
SCIP-Inf-2 Performance Rate	SCIP-Inf-2 Performance Rate	Memo	
SCIP-Inf-2 Achievement Points	SCIP-Inf-2 Achievement Points	Memo	
SCIP-Inf-2 Improvement Points	SCIP-Inf-2 Improvement Points	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	hvpb_hai_02_07_2013	Hospital Value-Based Purchasing (HVBP) - Healthcare-Associated Infection Scores	HVBP Healthcare-Associated Infections Results
Description	Hospital Value-Based Purchasing Healthcare-Associated Infections results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
SCIP-Inf-2 Measure Score	SCIP-Inf-2 Measure Score	Memo	
SCIP-Inf-3 Performance Rate	SCIP-Inf-3 Performance Rate	Memo	
SCIP-Inf-3 Achievement Points	SCIP-Inf-3 Achievement Points	Memo	
SCIP-Inf-3 Improvement Points	SCIP-Inf-3 Improvement Points	Memo	
SCIP-Inf-3 Measure Score	SCIP-Inf-3 Measure Score	Memo	
SCIP-Inf-4 Performance Rate	SCIP-Inf-4 Performance Rate	Memo	
SCIP-Inf-4 Achievement Points	SCIP-Inf-4 Achievement Points	Memo	
SCIP-Inf-4 Improvement Points	SCIP-Inf-4 Improvement Points	Memo	
SCIP-Inf-4 Measure Score	SCIP-Inf-4 Measure Score	Memo	
HAI Condition/Procedure Score	HAI Condition Procedure Score	Memo	
	Location	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	hvpb_hcahps_02_07_2013	Hospital Value-Based Purchasing (HVBP) - Patient Experience of Care Domain Scores (HCAHPS)	HVBP HCAHPS Results
Description	Hospital Value-Based Purchasing HCAHPS results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Provider Number	Provider Number	Memo	
Hospital Name	Hospital Name	Memo	
Address	Address	Memo	
City	City	Memo	
State	State	Memo	
ZIP Code	ZIP Code	Memo	
County Name	County Name	Memo	
Communication with Nurses Achievement Points	Communication with Nurses Achievement Points	Memo	
Communication with Nurses Improvement Points	Communication with Nurses Improvement Points	Memo	
Communication with Nurses Dimension Score	Communication with Nurses Dimension Score	Memo	
Communication with Doctors Achievement Points	Communication with Doctors Achievement Points	Memo	
Communication with Doctors Improvement Points	Communication with Doctors Improvement Points	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	hvbp_hcahps_02_07_2013	Hospital Value-Based Purchasing (HVBP) - Patient Experience of Care Domain Scores (HCAHPS)	HVBP HCAHPS Results
Description	Hospital Value-Based Purchasing HCAHPS results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Communication with Doctors Dimension Score	Communication with Doctors Dimension Score	Memo	
Responsiveness of Hospital Staff Achievement Points	Responsiveness of Hospital Staff Achievement Points	Memo	
Responsiveness of Hospital Staff Improvement Points	Responsiveness of Hospital Staff Improvement Points	Memo	
Responsiveness of Hospital Staff Dimension Score	Responsiveness of Hospital Staff Dimension Score	Memo	
Pain Management Achievement Points	Pain Management Achievement Points	Memo	
Pain Management Improvement Points	Pain Management Improvement Points	Memo	
Pain Management Dimension Score	Pain Management Dimension Score	Memo	
Communication about Medicines Achievement Points	Communication about Medicines Achievement Points	Memo	
Communication about Medicines Improvement Points	Communication about Medicines Improvement Points	Memo	
Communication about Medicines Dimension Score	Communication about Medicines Dimension Score	Memo	
Cleanliness and Quietness of Hospital Environment Achievement Points	Cleanliness and Quietness of Hospital Environment Achievement Points	Memo	
Cleanliness and Quietness of Hospital Environment Improvement Points	Cleanliness and Quietness of Hospital Environment Improvement Points	Memo	
Cleanliness and Quietness of Hospital Environment Dimension Score	Cleanliness and Quietness of Hospital Environment Dimension Score	Memo	
Discharge Information Achievement Points	Discharge Information Achievement Points	Memo	
Discharge Information Improvement Points	Discharge Information Improvement Points	Memo	
Discharge Information Dimension Score	Discharge Information Dimension Score	Memo	
Overall Rating of Hospital Achievement Points	Overall Rating of Hospital Achievement Points	Memo	
Overall Rating of Hospital Improvement Points	Overall Rating of Hospital Improvement Points	Memo	
Overall Rating of Hospital Dimension Score	Overall Rating of Hospital Dimension Score	Memo	
HCAHPS Base Score	HCAHPS Base Score	Memo	
HCAHPS Consistency Score	HCAHPS Consistency Score	Memo	
	Location	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	hvbh_hf_02_07_2013	Hospital Value-Based Purchasing (HVBP) - Heart Failure Scores	HVBP Process of Care—Heart Failure Results
Description	Hospital Value-Based Purchasing Process of Care—Heart Failure results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Provider Number	Provider Number	Memo	
Hospital Name	Hospital Name	Memo	
Address	Address	Memo	
City	City	Memo	
State	State	Memo	
ZIP Code	ZIP Code	Memo	
County Name	County Name	Memo	
HF-1 Performance Rate	HF-1 Performance Rate	Memo	
HF-1 Achievement Points	HF-1 Achievement Points	Memo	
HF-1 Improvement Points	HF-1 Improvement Points	Memo	
HF-1 Measure Score	HF-1 Measure Score	Memo	
HF-1 Condition/Procedure Score	HF Condition Procedure Score	Memo	
	Location	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	hvbh_scip_02_07_2013	Hospital Value-Based Purchasing (HVBP) - Surgical Care Improvement Project Scores	HVBP Process of Care—Surgical Care Improvement Project Results
Description	Hospital Value-Based Purchasing Process of Care—Surgical Care Improvement Project results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Provider Number	Provider Number	Memo	
Hospital Name	Hospital Name	Memo	
Address	Address	Memo	
City	City	Memo	
State	State	Memo	
ZIP Code	ZIP Code	Memo	
County Name	County Name	Memo	
SCIP-Card-2 Performance Rate	SCIP-Card-2 Performance Rate	Memo	
SCIP-Card-2 Achievement Points	SCIP-Card-2 Achievement Points	Memo	
SCIP-Card-2 Improvement Points	SCIP-Card-2 Improvement Points	Memo	
SCIP-Card-2 Measure Score	SCIP-Card-2 Measure Score	Memo	
SCIP-VTE-1 Performance Rate	SCIP-VTE-1 Performance Rate	Memo	
SCIP-VTE-1 Achievement Points	SCIP-VTE-1 Achievement Points	Memo	
SCIP-VTE-1 Improvement Points	SCIP-VTE-1 Improvement Points	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	hvpb_scip_02_07_2013	Hospital Value-Based Purchasing (HVBP) - Surgical Care Improvement Project Scores	HVBP Process of Care—Surgical Care Improvement Project Results
Description	Hospital Value-Based Purchasing Process of Care—Surgical Care Improvement Project results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
SCIP-VTE-1 Measure Score	SCIP-VTE-1 Measure Score	Memo	
SCIP-VTE-2 Performance Rate	SCIP-VTE-2 Performance Rate	Memo	
SCIP-VTE-2 Achievement Points	SCIP-VTE-2 Achievement Points	Memo	
SCIP-VTE-2 Improvement Points	SCIP-VTE-2 Improvement Points	Memo	
SCIP-VTE-2 Measure Score	SCIP-VTE-2 Measure Score	Memo	
SCIP Condition/Procedure Score	SCIP Condition Procedure Score	Memo	
	Location	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	hvpb_pn_02_07_2013	Hospital Value-Based Purchasing (HVBP) - Pneumonia Scores	HVBP Process of Care—Pneumonia Results
Description	Hospital Value-Based Purchasing Process of Care—Pneumonia measure results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Provider Number	Provider Number	Memo	
Hospital Name	Hospital Name	Memo	
Address	Address	Memo	
City	City	Memo	
State	State	Memo	
ZIP Code	ZIP Code	Memo	
County Name	County Name	Memo	
PN-3b Performance Rate	PN-3b Performance Rate	Memo	
PN-3b Achievement Points	PN-3b Achievement Points	Memo	
PN-3b Improvement Points	PN-3b Improvement Points	Memo	
PN-3b Measure Score	PN-3b Measure Score	Memo	
PN-6 Performance Rate	PN-6 Performance Rate	Memo	
PN-6 Achievement Points	PN-6 Achievement Points	Memo	
PN-6 Improvement Points	PN-6 Improvement Points	Memo	
PN-6 Measure Score	PN-6 Measure Score	Memo	
PN Condition/Procedure Score	PN Condition Procedure Score	Memo	
	Location	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	hvpb_ tps _02_07_2013	Hospital Value-Based Purchasing (HVPB) - Total Performance Scores	HVPB Total Performance Score Results
Description	Overall performance score for Hospital Value-Based Purchasing		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Provider Number	Provider Number	Memo	
Hospital Name	Hospital Name	Memo	
Address	Address	Memo	
City	City	Memo	
State	State	Memo	
ZIP Code	ZIP Code	Memo	
County Name	County Name	Memo	
Unweighted Normalized Clinical Process of Care Domain Score	Unweighted Normalized Clinical Process of Care Domain Score	Memo	
Weighted Clinical Process of Care Domain Score	Weighted Clinical Process of Care Domain Score	Memo	
Unweighted Patient Experience of Care Domain Score	Unweighted Patient Experience of Care Domain Score	Memo	
Weighted Patient Experience of Care Domain Score	Weighted Patient Experience of Care Domain Score	Memo	
Total Performance Score	Total Performance Score	Memo	
	Location	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Immunization	Preventive Care Measures	Process of Care—Immunization Hospital Results
Description	Process of Care—Immunization measures hospital-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Provider ID	Provider ID	Memo	
Hospital Name	Hospital Name	Memo	
Address 1	Address 1	Memo	
Address 2	Address 2	Memo	
Address 3	Address 3	Memo	
City	City	Memo	
State	State	Text(2)	
ZIP Code	ZIP Code	Text(5)	
County Name	County Name	Text(25)	
Phone Number	Phone Number	Text(10)	
Measure	Measure	Memo	
Rate	Rate	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Immunization	Preventive Care Measures	Process of Care—Immunization Hospital Results
Description	Process of Care—Immunization measures hospital-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Sample	Sample	Memo	
Footnote	Footnote	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Immunization-State	Preventive Care Measures - State	Process of Care—Immunization State Results
Description	Process of Care—Immunization measure state-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Provider ID	Provider ID	Memo	
Measure	Measure	Memo	
Rate (per 1,000 Discharges)	Rate (per 1,000 Discharges)	Memo	
Footnote	Footnote	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Immunization-National	Preventive Care Measures - National	Process of Care—Immunization National Results
Description	Process of Care—Immunization measures national results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Provider ID	Provider ID	Memo	
Measure	Measure	Memo	
Rate (per 1,000 Discharges)	Rate (per 1,000 Discharges)	Memo	
Footnote	Footnote	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Medicare Spending Per Patient	Medicare Spending Per Patient	Medicare Spending Per Patient Hospital Results
Description	Medicare Spending Per Patient measures hospital-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Provider ID	Provider ID	Memo	
Hospital Name	Hospital Name	Memo	
Address 1	Address 1	Memo	
Address 2	Address 2	Memo	
Address 3	Address 3	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Medicare Spending Per Patient	Medicare Spending Per Patient	Medicare Spending Per Patient Hospital Results
Description	Medicare Spending Per Patient measures hospital-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
City	City	Memo	
State	State	Text(2)	
ZIP Code	ZIP Code	Text(5)	
County Name	County Name	Text(25)	
Phone Number	Phone Number	Text(10)	
Measure	Measure	Memo	
Spending per Hospital Patient with Medicare	Spending per Hospital Patient with Medicare	Memo	
Footnote	Footnote	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Medicare Spending Per Patient-State	Medicare Spending Per Patient - State	Medicare Spending Per Patient State Results
Description	Medicare Spending Per Patient measures state-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Provider ID	Provider ID	Memo	
Measure	Measure	Memo	
Score	Score	Memo	
Footnote	Footnote	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Medicare Spending Per Patient-National	Medicare Spending Per Patient - National	Medicare Spending Per Patient National Results
Description	Medicare Spending Per Patient measures national results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Provider ID	Provider ID	Memo	
Measure	Measure	Memo	
Score	Score	Memo	
Footnote	Footnote	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
		Spending Breakdown By Claim	Medicare Spending Per Patient - Spending Breakdown By Claim
Description	Medicare Spending Per Patient measures spending breakdown by claim		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
	Hospital Name	Memo	
	Provider Number	Memo	
	State	Text (2)	
	Period	Memo	
	Claim Type	Memo	
	Avg Spending Per Episode (Hospital)	Memo	
	Avg Spending Per Episode (State)	Memo	
	Avg Spending Per Episode (Nation)	Memo	
	Percent of Spending (Hospital)	Memo	
	Percent of Spending (State)	Memo	
	Percent of Spending (Nation)	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Medicare Volume Measures	Hospital Medicare Volume Measures	Medicare Volume Hospital Results
Description	Medicare Volume measures hospital-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Provider Number	Provider Number	Memo	
Hospital Name	Hospital Name	Memo	
Address 1	Address 1	Memo	
Address 2	Address 2	Memo	
Address 3	Address 3	Memo	
City	City	Memo	
State	State	Text(2)	
ZIP Code	ZIP Code	Text(5)	
County Name	County Name	Text(25)	
Phone Number	Phone Number	Text(10)	
Diagnosis Related Group	Diagnosis Related Group	Text(25)	
Number Of Cases	Number Of Cases	Text(50)	
Footnote	Footnote	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Medicare Volume Measures - State	Hospital Medicare Volume Measures - State Average	Medicare Volume State Results
Description	Medicare Volume measures state results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
State	State	Text(50)	
Diagnosis Related Group	Diagnosis Related Group	Text(25)	
Number Of Cases	Number Of Cases	Text(50)	
Footnote	Footnote	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Medicare Volume Measures - National	Hospital Medicare Volume Measures - National Average	Medicare Volume National Results
Description	Medicare Volume measures national results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Diagnosis Related Group	Diagnosis Related Group	Text(25)	
Number Of Cases	Number Of Cases	Text(50)	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Outcome of Care Measures	Hospital Outcome Of Care Measures	30-Day Mortality and Readmission Hospital Results
Description	30-Day Mortality and Readmission measures hospital-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Provider Number	Provider Number	Memo	
Hospital Name	Hospital Name	Memo	
Address 1	Address 1	Memo	
Address 2	Address 2	Memo	
Address 3	Address 3	Memo	
City	City	Memo	
State	State	Text(2)	
ZIP Code	ZIP Code	Text(5)	
County Name	County Name	Text(25)	
Phone Number	Phone Number	Text(10)	
Hospital 30-Day Death (Mortality) Rates from Heart Attack	Hospital 30-Day Death (Mortality) Rates from Heart Attack	Memo	
Comparison to U.S. Rate - Hospital 30-Day Death (Mortality) Rates from Heart Attack	Comparison to U.S. Rate - Hospital 30-Day Death (Mortality) Rates from Heart Attack	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Outcome of Care Measures	Hospital Outcome Of Care Measures	30-Day Mortality and Readmission Hospital Results
Description	30-Day Mortality and Readmission measures hospital-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Lower Mortality Estimate - Hospital 30-Day Death (Mortality) Rates from Heart Attack	Lower Mortality Estimate - Hospital 30-Day Death (Mortality) Rates from Heart Attack	Memo	
Upper Mortality Estimate - Hospital 30-Day Death (Mortality) Rates from Heart Attack	Upper Mortality Estimate - Hospital 30-Day Death (Mortality) Rates from Heart Attack	Memo	
Number of Patients - Hospital 30-Day Death (Mortality) Rates from Heart Attack	Number of Patients - Hospital 30-Day Death (Mortality) Rates from Heart Attack	Memo	
Footnote - Hospital 30-Day Death (Mortality) Rates from Heart Attack	Footnote - Hospital 30-Day Death (Mortality) Rates from Heart Attack	Memo	
Hospital 30-Day Death (Mortality) Rates from Heart Failure	Hospital 30-Day Death (Mortality) Rates from Heart Failure	Memo	
Comparison to U.S. Rate - Hospital 30-Day Death (Mortality) Rates from Heart Failure	Comparison to U.S. Rate - Hospital 30-Day Death (Mortality) Rates from Heart Failure	Memo	
Lower Mortality Estimate - Hospital 30-Day Death (Mortality) Rates from Heart Failure	Lower Mortality Estimate - Hospital 30-Day Death (Mortality) Rates from Heart Failure	Memo	
Upper Mortality Estimate - Hospital 30-Day Death (Mortality) Rates from Heart Failure	Upper Mortality Estimate - Hospital 30-Day Death (Mortality) Rates from Heart Failure	Memo	
Number of Patients - Hospital 30-Day Death (Mortality) Rates from Heart Failure	Number of Patients - Hospital 30-Day Death (Mortality) Rates from Heart Failure	Memo	
Footnote - Hospital 30-Day Death (Mortality) Rates from Heart Failure	Footnote - Hospital 30-Day Death (Mortality) Rates from Heart Failure	Memo	
Hospital 30-Day Death (Mortality) Rates from Pneumonia	Hospital 30-Day Death (Mortality) Rates from Pneumonia	Memo	
Comparison to U.S. Rate - Hospital 30-Day Death (Mortality) Rates from Pneumonia	Comparison to U.S. Rate - Hospital 30-Day Death (Mortality) Rates from Pneumonia	Memo	
Lower Mortality Estimate - Hospital 30-Day Death (Mortality) Rates from Pneumonia	Lower Mortality Estimate - Hospital 30-Day Death (Mortality) Rates from Pneumonia	Memo	
Upper Mortality Estimate - Hospital 30-Day Death (Mortality) Rates from Pneumonia	Upper Mortality Estimate - Hospital 30-Day Death (Mortality) Rates from Pneumonia	Memo	
Number of Patients - Hospital 30-Day Death (Mortality) Rates from Pneumonia	Number of Patients - Hospital 30-Day Death (Mortality) Rates from Pneumonia	Memo	
Footnote - Hospital 30-Day Death (Mortality) Rates from Pneumonia	Footnote - Hospital 30-Day Death (Mortality) Rates from Pneumonia	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Outcome of Care Measures	Hospital Outcome Of Care Measures	30-Day Mortality and Readmission Hospital Results
Description	30-Day Mortality and Readmission measures hospital-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Hospital 30-Day Readmission Rates from Heart Attack	Hospital 30-Day Readmission Rates from Heart Attack	Memo	
Comparison to U.S. Rate - Hospital 30-Day Readmission Rates from Heart Attack	Comparison to U.S. Rate - Hospital 30-Day Readmission Rates from Heart Attack	Memo	
Lower Readmission Estimate - Hospital 30-Day Readmission Rates from Heart Attack	Lower Readmission Estimate - Hospital 30-Day Readmission Rates from Heart Attack	Memo	
Upper Readmission Estimate - Hospital 30-Day Readmission Rates from Heart Attack	Upper Readmission Estimate - Hospital 30-Day Readmission Rates from Heart Attack	Memo	
Number of Patients - Hospital 30-Day Readmission Rates from Heart Attack	Number of Patients - Hospital 30-Day Readmission Rates from Heart Attack	Memo	
Footnote - Hospital 30-Day Readmission Rates from Heart Attack	Footnote - Hospital 30-Day Readmission Rates from Heart Attack	Memo	
Hospital 30-Day Readmission Rates from Heart Failure	Hospital 30-Day Readmission Rates from Heart Failure	Memo	
Comparison to U.S. Rate - Hospital 30-Day Readmission Rates from Heart Failure	Comparison to U.S. Rate - Hospital 30-Day Readmission Rates from Heart Failure	Memo	
Lower Readmission Estimate - Hospital 30-Day Readmission Rates from Heart Failure	Lower Readmission Estimate - Hospital 30-Day Readmission Rates from Heart Failure	Memo	
Upper Readmission Estimate - Hospital 30-Day Readmission Rates from Heart Failure	Upper Readmission Estimate - Hospital 30-Day Readmission Rates from Heart Failure	Memo	
Number of Patients - Hospital 30-Day Readmission Rates from Heart Failure	Number of Patients - Hospital 30-Day Readmission Rates from Heart Failure	Memo	
Footnote - Hospital 30-Day Readmission Rates from Heart Failure	Footnote - Hospital 30-Day Readmission Rates from Heart Failure	Memo	
Hospital 30-Day Readmission Rates from Pneumonia	Hospital 30-Day Readmission Rates from Pneumonia	Memo	
Comparison to U.S. Rate - Hospital 30-Day Readmission Rates from Pneumonia	Comparison to U.S. Rate - Hospital 30-Day Readmission Rates from Pneumonia	Memo	
Lower Readmission Estimate - Hospital 30-Day Readmission Rates from Pneumonia	Lower Readmission Estimate - Hospital 30-Day Readmission Rates from Pneumonia	Memo	
Upper Readmission Estimate - Hospital 30-Day Readmission Rates from Pneumonia	Upper Readmission Estimate - Hospital 30-Day Readmission Rates from Pneumonia	Memo	
Number of Patients - Hospital 30-Day Readmission Rates from Pneumonia	Number of Patients - Hospital 30-Day Readmission Rates from Pneumonia	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Outcome of Care Measures	Hospital Outcome Of Care Measures	30-Day Mortality and Readmission Hospital Results
Description	30-Day Mortality and Readmission measures hospital-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Footnote - Hospital 30-Day Readmission Rates from Pneumonia	Footnote - Hospital 30-Day Readmission Rates from Pneumonia	Memo	
	Location	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Outcome of Care Measures - State	Hospital Outcome Of Care Measures - State	30-Day Mortality and Readmission State Results
Description	30-Day Mortality and Readmission measures state-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
State	State	Text(2)	
Number of Hospitals whose 30-day Death (Mortality) Rates from Heart Attack are Better than U.S. National Rate	Hospital 30-Day Death (Mortality) Rates from Heart Attack - Better than U.S. National Rate	Memo	
Number of Hospitals whose 30-Day Death (Mortality) Rates from Heart Attack are No different than U.S. National Rate	Hospital 30-Day Death (Mortality) Rates from Heart Attack - No different than U.S. National Rate	Memo	
Number of Hospitals whose 30-Day Death (Mortality) Rates from Heart Attack are Worse than U.S. National Rate	Hospital 30-Day Death (Mortality) Rates from Heart Attack - Worse than U.S. National Rate	Memo	
Number of Hospitals whose 30-Day Death (Mortality) Rates from Heart Attack are Number of Cases Too Small	Hospital 30-Day Death (Mortality) Rates from Heart Attack - Number of Cases Too Small	Memo	
Number of Hospitals whose 30-Day Death (Mortality) Rates from Heart Failure are Better than U.S. National Rate	Hospital 30-Day Death (Mortality) Rates from Heart Failure - Better than U.S. National Rate	Memo	
Number of Hospitals whose 30-Day Death (Mortality) Rates from Heart Failure are No different than U.S. National Rate	Hospital 30-Day Death (Mortality) Rates from Heart Failure - No different than U.S. National Rate	Memo	
Number of Hospitals whose 30-Day Death (Mortality) Rates from Heart Failure are Worse than U.S. National Rate	Hospital 30-Day Death (Mortality) Rates from Heart Failure - Worse than U.S. National Rate	Memo	
Number of Hospitals whose 30-Day Death (Mortality) Rates from Heart Failure are Number of Cases Too Small	Hospital 30-Day Death (Mortality) Rates from Heart Failure - Number of Cases Too Small	Memo	
Number of Hospitals whose 30-Day Death (Mortality) Rates from Pneumonia are Better than U.S. National Rate	Hospital 30-Day Death (Mortality) Rates from Pneumonia - Better than U.S. National Rate	Memo	

Table Name <i>(Back to Table Listing)</i>	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Outcome of Care Measures - State	Hospital Outcome Of Care Measures - State	30-Day Mortality and Readmission State Results
Description	30-Day Mortality and Readmission measures state-level results		
CSV Revised File Column Name		Data.Medicare.gov Column Name	DDB Data Type
Number of Hospitals whose 30-Day Death (Mortality) Rates from Pneumonia are No different than U.S. National Rate		Hospital 30-Day Death (Mortality) Rates from Pneumonia - No different than U.S. National Rate	Memo
Number of Hospitals whose 30-Day Death (Mortality) Rates from Pneumonia are Worse than U.S. National Rate		Hospital 30-Day Death (Mortality) Rates from Pneumonia - Worse than U.S. National Rate	Memo
Number of Hospitals whose 30-Day Death (Mortality) Rates from Pneumonia are Number of Cases Too Small		Hospital 30-Day Death (Mortality) Rates from Pneumonia - Number of Cases Too Small	Memo
Number of Hospitals whose 30-day Readmission Rates from Heart Attack are Better than U.S. National Rate		Hospital 30-Day Readmission Rates from Heart Attack - Better than U.S. National Rate	Memo
Number of Hospitals whose 30-Day Readmission Rates from Heart Attack are No different than U.S. National Rate		Hospital 30-Day Readmission Rates from Heart Attack - No different than U.S. National Rate	Memo
Number of Hospitals whose 30-Day Readmission Rates from Heart Attack are Worse than U.S. National Rate		Hospital 30-Day Readmission Rates from Heart Attack - Worse than U.S. National Rate	Memo
Number of Hospitals whose 30-Day Readmission Rates from Heart Attack are Number of Cases Too Small		Hospital 30-Day Readmission Rates from Heart Attack - Number of Cases Too Small	Memo
Number of Hospitals whose 30-Day Readmission Rates from Heart Failure are Better than U.S. National Rate		Hospital 30-Day Readmission Rates from Heart Failure - Better than U.S. National Rate	Memo
Number of Hospitals whose 30-Day Readmission Rates from Heart Failure are No different than U.S. National Rate		Hospital 30-Day Readmission Rates from Heart Failure - No different than U.S. National Rate	Memo
Number of Hospitals whose 30-Day Readmission Rates from Heart Failure are Worse than U.S. National Rate		Hospital 30-Day Readmission Rates from Heart Failure - Worse than U.S. National Rate	Memo
Number of Hospitals whose 30-Day Readmission Rates from Heart Failure are Number of Cases Too Small		Hospital 30-Day Readmission Rates from Heart Failure - Number of Cases Too Small	Memo
Number of Hospitals whose 30-Day Readmission Rates from Pneumonia are Better than U.S. National Rate		Hospital 30-Day Readmission Rates from Pneumonia - Better than U.S. National Rate	Memo
Number of Hospitals whose 30-Day Readmission Rates from Pneumonia are No different than U.S. National Rate		Hospital 30-Day Readmission Rates from Pneumonia - No different than U.S. National Rate	Memo

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Outcome of Care Measures - State	Hospital Outcome Of Care Measures - State	30-Day Mortality and Readmission State Results
Description	30-Day Mortality and Readmission measures state-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Number of Hospitals whose 30-Day Readmission Rates from Pneumonia are Worse than U.S. National Rate	Hospital 30-Day Readmission Rates from Pneumonia - Worse than U.S. National Rate	Memo	
Number of Hospitals whose 30-Day Readmission Rates from Pneumonia are Number of Cases Too Small	Hospital 30-Day Readmission Rates from Pneumonia - Number of Cases Too Small	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Outcome of Care Measures - National	Hospital Outcome Of Care Measures - National Average	30-Day Mortality and Readmission National Results
Description	30-Day Mortality and Readmission measures national results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Condition	Condition	Text(13)	
Measure Name	Measure Name	Memo	
National Mortality/Readmission Rate	National Mortality/Readmission Rate	Text(50)	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Outpatient Imaging Efficiency Measures	Use Of Medical Imaging Measures	Outpatient Imaging Efficiency Hospital Results
Description	Outpatient Imaging Efficiency measures hospital-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Provider Number	Provider Number	Memo	
Hospital Name	Hospital Name	Memo	
Address 1	Address 1	Memo	
Address 2	Address 2	Memo	
Address 3	Address 3	Memo	
City	City	Memo	
State	State	Text(2)	
ZIP Code	ZIP Code	Text(5)	
County Name	County Name	Text(25)	
Phone Number	Phone Number	Text(10)	
Outpatients with low back pain who had an MRI without trying recommended treatments first such as physical therapy	Outpatients with low back pain who had an MRI without trying recommended treatments first, such as physical therapy.	Memo	
Number of Patients 1	Number of Patients	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Outpatient Imaging Efficiency Measures	Use Of Medical Imaging Measures	Outpatient Imaging Efficiency Hospital Results
Description	Outpatient Imaging Efficiency measures hospital-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Footnote 1	Footnote	Memo	
Outpatients who had a follow-up mammogram or ultrasound within 45 days after a screening mammogram	Outpatients who had a follow-up mammogram or ultrasound within 45 days after a screening mammogram.	Memo	
Number of Patients 2	Number of Patients Who Had a Follow-up	Memo	
Footnote 2	Footnote (2)	Memo	
Outpatient CT scans of the abdomen that were "combination" (double) scans	Outpatient CT scans of the abdomen that were "combination" (double) scans.	Memo	
Number of Patients 3	Number of Patients Who Had Combination Scans	Memo	
Footnote 3	Footnote (3)	Memo	
Outpatient CT scans of the chest that were "combination" (double) scans	Outpatient CT scans of the chest that were "combination" (double) scans.	Memo	
Number of Patients 4	Number of Outpatients Who Had Combination Chest Scans	Memo	
Footnote 4	Footnote (4)	Memo	
Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery	Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery	Memo	
Number of Patients 5	Number of Patients 5	Memo	
Footnote 5	Footnote (5)	Memo	
Outpatients with brain CT scans who got a sinus CT scan at the same time	Outpatients with brain CT scans who got a sinus CT scan at the same time	Memo	
Number of Patients 6	Number of Patients 6	Memo	
Footnote 6	Footnote (6)	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Outpatient Imaging Efficiency Measures - State	Use Of Medical Imaging - State	Outpatient Imaging Efficiency State Results
Description	Outpatient Imaging Efficiency measures state-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
State	State	Text(50)	
Outpatients with low back pain who had an MRI without trying recommended treatments first such as physical therapy	Outpatients with low back pain who had an MRI without trying recommended treatments first such as physical therapy.	Memo	
Outpatients who had a follow-up mammogram or ultrasound within 45 days after a screening mammogram	Outpatients who had a follow-up mammogram or ultrasound within 45 days after a screening mammogram.	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Outpatient Imaging Efficiency Measures - State	Use Of Medical Imaging - State	Outpatient Imaging Efficiency State Results
Description	Outpatient Imaging Efficiency measures state-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Outpatient CT scans of the abdomen that were “combination” (double) scans	Outpatient CT scans of the abdomen that were “combination” (double) scans.	Memo	
Outpatient CT scans of the chest that were “combination” (double) scans	Outpatient CT scans of the chest that were “combination” (double) scans.	Memo	
Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery	Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery	Memo	
Outpatients with brain CT scans who got a sinus CT scan at the same time	Outpatients with brain CT scans who got a sinus CT scan at the same time	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Outpatient Imaging Efficiency Measures - National	Use Of Medical Imaging - National	Outpatient Imaging Efficiency National Results
Description	Outpatient Imaging Efficiency measures national results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Measure Name	Measure Name	Memo	
Score	Score	Text(50)	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Process of Care Measures - Children	Hospital Process of Care Measures - Children's Asthma	Process of Care—Children’s Asthma Care Hospital Results
Description	Process of Care—Children’s Asthma Care measures hospital-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Provider Number	Provider Number	Memo	
Hospital Name	Hospital Name	Memo	
Address 1	Address 1	Memo	
Address 2	Address 2	Memo	
Address 3	Address 3	Memo	
City	City	Memo	
State	State	Text(2)	
ZIP Code	ZIP Code	Text(5)	
County Name	County Name	Text(25)	
Phone Number	Phone Number	Text(10)	
Percent of Children Who Received Reliever Medication While Hospitalized for Asthma	Percent of Children Who Received Reliever Medication While Hospitalized for Asthma	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Process of Care Measures - Children	Hospital Process of Care Measures - Children's Asthma	Process of Care—Children's Asthma Care Hospital Results
Description	Process of Care—Children's Asthma Care measures hospital-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Number of Patients 1	Number of Patients	Memo	
Footnote 1	Footnote	Memo	
Percent of Children Who Received Systemic Corticosteroid Medication While Hospitalized for Asthma	Percent of Children Who Received Systemic Corticosteroid Medication While Hospitalized for Asthma	Memo	
Number of Patients 2	Number of Patients-2	Memo	
Footnote 2	Footnote-2	Memo	
Percent of Children and their Caregivers Who Received a Home Management Plan of Care Document While Hospitalized for Asthma	Percent of Children and their Caregivers Who Received a Home Management Plan of Care Document While Hospitalized for Asthma	Memo	
Number of Patients 3	Number of Patients-3	Memo	
Footnote 3	Footnote-3	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Process of Care Measures – Heart Attack	Hospital Process of Care Measures - Heart Attack	Process of Care—Heart Attack Hospital Results
Description	Process of Care—Heart Attack measures hospital-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Provider Number	Provider Number	Memo	
Hospital Name	Hospital Name	Memo	
Address 1	Address 1	Memo	
Address 2	Address 2	Memo	
Address 3	Address 3	Memo	
City	City	Memo	
State	State	Text(2)	
ZIP Code	ZIP Code	Text(5)	
County Name	County Name	Text(25)	
Phone Number	Phone Number	Text(10)	
Percent of Heart Attack Patients Given Aspirin at Discharge	Percent of Heart Attack Patients Given Aspirin at Discharge	Memo	
Number of Patients 2	Number of Patients-2	Memo	
Footnote 2	Footnote-2	Memo	
Percent of Heart Attack Patients Given Fibrinolytic Medication Within 30 Minutes Of Arrival	Percent of Heart Attack Patients Given Fibrinolytic Medication Within 30 Minutes Of Arrival	Memo	
Number of Patients 6	Number of Patients-6	Memo	

Table Name <i>(Back to Table Listing)</i>	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Process of Care Measures – Heart Attack	Hospital Process of Care Measures - Heart Attack	Process of Care—Heart Attack Hospital Results
Description	Process of Care—Heart Attack measures hospital-level results		
CSV Revised File Column Name		Data.Medicare.gov Column Name	DDB Data Type
Footnote 6		Footnote-6	Memo
Percent of Heart Attack Patients Given PCI Within 90 Minutes Of Arrival		Percent of Heart Attack Patients Given PCI Within 90 Minutes Of Arrival	Memo
Number of Patients 7		Number of Patients-7	Memo
Footnote 7		Footnote-7	Memo
Average number of minutes before outpatients with chest pain or possible heart attack got an ECG		Average number of minutes before outpatients with chest pain or possible heart attack got an ECG	Memo
Number of Patients 8		Number of Patients 8	Memo
Footnote 8		Footnote 8	Memo
Average number of minutes before outpatients with chest pain or possible heart attack were transferred to another hospital		Average number of minutes before outpatients with chest pain or possible heart attack were transferred to another hospital	Memo
Number of Patients 9		Number of Patients 9	Memo
Footnote 9		Footnote 9	Memo
Outpatients with chest pain or possible heart attack who got aspirin within 24 hours of arrival		Outpatients with chest pain or possible heart attack who got aspirin within 24 hours of arrival	Memo
Number of Patients 11		Number of Patients-11	Memo
Footnote 11		Footnote-11	Memo
Outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival		Outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival	Memo
Number of Patients 12		Number of Patients-12	Memo
Footnote 12		Footnote-12	Memo
Heart Attack Patients Given a Prescription for a Statin at Discharge		Heart Attack Patients Given a Prescription for a Statin at Discharge	Memo
Number of Patients 13		Number of Patients-13	Memo
Footnote 13		Footnote-13	Memo
Median Time to Fibrinolysis		Median Time to Fibrinolysis	Memo
Number of Patients 10		Number of Patients 10	Memo
Footnote 10		Footnote 10	Memo

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Process of Care Measures – Heart Failure	Hospital Process of Care Measures - Heart Failure	Process of Care—Heart Failure Hospital Results
Description	Process of Care—Heart Failure measures hospital-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Provider Number	Provider Number	Memo	
Hospital Name	Hospital Name	Memo	
Address 1	Address 1	Memo	
Address 2	Address 2	Memo	
Address 3	Address 3	Memo	
City	City	Memo	
State	State	Text(2)	
ZIP Code	ZIP Code	Text(5)	
County Name	County Name	Text(25)	
Phone Number	Phone Number	Text(10)	
Percent of Heart Failure Patients Given an Evaluation of Left Ventricular Systolic (LVS) Function	Percent of patients who were given an evaluation of Left Ventricular Systolic Dysfunction (LVSD)	Memo	
Number of Patients 1	Number of Patients	Memo	
Footnote 1	Footnote	Memo	
Percent of Heart Failure Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	Percent of Heart Failure Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	Memo	
Number of Patients 2	Number of Patients-2	Memo	
Footnote 2	Footnote-2	Memo	
Percent of Heart Failure Patients Given Discharge Instructions	Percent of Heart Failure Patients Given Discharge Instructions	Memo	
Number of Patients 3	Number of Patients-3	Memo	
Footnote 3	Footnote-3	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Process of Care Measures – Pneumonia	Hospital Process of Care Measures - Pneumonia	Process of Care—Pneumonia Hospital Results
Description	Process of Care—Pneumonia measures hospital-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Provider Number	Provider Number	Memo	
Hospital Name	Hospital Name	Memo	
Address 1	Address 1	Memo	
Address 2	Address 2	Memo	
Address 3	Address 3	Memo	
City	City	Memo	
State	State	Text(2)	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Process of Care Measures – Pneumonia	Hospital Process of Care Measures - Pneumonia	Process of Care—Pneumonia Hospital Results
Description	Process of Care—Pneumonia measures hospital-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
ZIP Code	ZIP Code	Text(5)	
County Name	County Name	Text(25)	
Phone Number	Phone Number	Text(10)	
Percent of Pneumonia Patients Whose Initial ER Blood Culture Was Performed Prior To Administration Of First Dose Of Antibiotics	Percent of Pneumonia Patients Whose Initial ER Blood Culture Was Performed Prior To Administration Of First Dose Of Antibiotics	Memo	
Number of Patients 2	Number of Patients 2	Memo	
Footnote 2	Footnote 2	Memo	
Percent of Pneumonia Patients Given the Most Appropriate Initial Antibiotic(s)	Percent of Pneumonia Patients Given the Most Appropriate Initial Antibiotic(s)	Memo	
Number of Patients 4	Number of Patients 4	Memo	
Footnote 4	Footnote 4	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Process of Care Measures – SCIP	Hospital Process of Care Measures - Surgical Care Improvement Project	Process of Care—Surgical Care Improvement Project Hospital Results
Description	Process of Care—Surgical Care Improvement Project measures hospital-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Provider Number	Provider Number	Memo	
Hospital Name	Hospital Name	Memo	
Address 1	Address 1	Memo	
Address 2	Address 2	Memo	
Address 3	Address 3	Memo	
City	City	Memo	
State	State	Text(2)	
ZIP Code	ZIP Code	Text(5)	
County Name	County Name	Text(25)	
Phone Number	Phone Number	Text(10)	
Surgery patients who were given an antibiotic at the right time (within one hour before surgery) to help prevent infection	Percent of Surgery Patients given an antibiotic at the right time (within one hour before surgery) to help prevent infection	Memo	
Number of Patients 1	Number of Patients-1	Memo	
Footnote 1	Footnote-1	Memo	
Surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery)	Percent of Surgery Patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery)	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Process of Care Measures – SCIP	Hospital Process of Care Measures - Surgical Care Improvement Project	Process of Care—Surgical Care Improvement Project Hospital Results
Description	Process of Care—Surgical Care Improvement Project measures hospital-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Number of Patients 2	Number of Patients-2	Memo	
Footnote 2	Footnote-2	Memo	
Surgery patients who were given the right kind of antibiotic to help prevent infection	Percent of Surgery Patients who were given the right kind of antibiotic to help prevent infection	Memo	
Number of Patients 3	Number of Patients-3	Memo	
Footnote 3	Footnote-3	Memo	
Patients who got treatment at the right time (within 24 hours before or after their surgery) to help prevent blood clots	Percent of Surgery Patients who got treatment at right time (within 24 hours before or after surgery) to help prevent blood clot	Memo	
Number of Patients 4	Number of Patients-4	Memo	
Footnote 4	Footnote-4	Memo	
Surgery patients whose doctors ordered treatments to prevent blood clots after certain types of surgeries	Percent of Surgery Patients whose doctors ordered treatments to prevent blood clots after certain types of surgeries	Memo	
Number of Patients 5	Number of Patients-5	Memo	
Footnote 5	Footnote-5	Memo	
Heart surgery patients whose blood sugar (blood glucose) is kept under good control in the days right after surgery	Percent of all Heart Surgery Patients whose blood sugar is kept under good control in the days right after surgery	Memo	
Number of Patients 6	Number of Patients-6	Memo	
Footnote 6	Footnote-6	Memo	
The percent of surgery patients whose urinary catheters were removed on the first or second day after surgery	Percent of Surgery Patients whose urinary catheters were removed on the first or second day after surgery	Memo	
Number of Patients 11	Number of Patients 11	Memo	
Footnote 11	Footnote 11	Memo	
Surgery patients who were taking heart drugs called beta blockers before coming to the hospital who were kept on them	Surgery patients who were taking heart drugs called beta blockers before coming to the hospital who were kept on them	Memo	
Number of Patients 8	Number of Patients 8	Memo	
Footnote 8	Footnote 8	Memo	
Outpatients having surgery who got an antibiotic at the right time - within one hour before surgery (higher numbers are better)	Outpatients having surgery who got an antibiotic at the right time - within one hour before surgery (higher numbers are better)	Memo	
Number of Patients 9	Number of Patients 9	Memo	
Footnote 9	Footnote 9	Memo	

Table Name <i>(Back to Table Listing)</i>	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Process of Care Measures – SCIP	Hospital Process of Care Measures - Surgical Care Improvement Project	Process of Care—Surgical Care Improvement Project Hospital Results
Description	Process of Care—Surgical Care Improvement Project measures hospital-level results		
CSV Revised File Column Name		Data.Medicare.gov Column Name	DDB Data Type
Outpatients having surgery who got the right kind of antibiotic (higher numbers are better)		Outpatients having surgery who got the right kind of antibiotic (higher numbers are better)	Memo
Number of Patients 10		Number of Patients 10	Memo
Footnote 10		Footnote 10	Memo
Patients having surgery who were actively warmed in the operating room or whose body temperature was near normal		Patients having surgery who were actively warmed in the operating room or whose body temperature was near normal	Memo
Number of Patients 13		Number of Patients 13	Memo
Footnote 13		Footnote 13	Memo

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Process of Care Measures – State	Hospital Process of Care Measures - State Average	Process of Care State Results
Description	Process of Care measures state-level results		
CSV Revised File Column Name		Data.Medicare.gov Column Name	DDB Data Type
State		State	Text(2)
Percent of Heart Attack Patients Given Aspirin at Discharge		Percent of Heart Attack Patients Given Aspirin at Discharge	Memo
Percent of Heart Attack Patients Given Fibrinolytic Medication Within 30 Minutes Of Arrival		Percent of Heart Attack Patients Given Fibrinolytic Medication Within 30 Minutes Of Arrival	Memo
Percent of Heart Attack Patients Given PCI Within 90 Minutes Of Arrival		Percent of Heart Attack Patients Given PCI Within 90 Minutes Of Arrival	Memo
Percent of Heart Failure Patients Given an Evaluation of Left Ventricular Systolic (LVS) Function		Percent of Heart Failure Patients Given an Evaluation of Left Ventricular Systolic (LVS) Function	Memo
Percent of Heart Failure Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)		Percent of Heart Failure Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	Memo
Percent of Heart Failure Patients Given Discharge Instructions		Percent of Heart Failure Patients Given Discharge Instructions	Memo
Percent of Pneumonia Patients Whose Initial ER Blood Culture Was Performed Prior To Administration Of First Dose Of Antibiotics		Percent of Pneumonia Patients Whose Initial ER Blood Culture Was Performed Prior To Administration Of First Dose Of Antibiotics	Memo

Table Name <i>(Back to Table Listing)</i>	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Process of Care Measures – State	Hospital Process of Care Measures - State Average	Process of Care State Results
Description	Process of Care measures state-level results		
CSV Revised File Column Name		Data.Medicare.gov Column Name	DDB Data Type
Percent of Pneumonia Patients Given the Most Appropriate Initial Antibiotic(s)		Percent of Pneumonia Patients Given the Most Appropriate Initial Antibiotic(s)	Memo
Surgery patients who were given an antibiotic at the right time (within one hour before surgery) to help prevent infection		Surgery patients who were given an antibiotic at the right time (within one hour before surgery) to help prevent infection	Memo
Surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery)		Surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery)	Memo
Surgery patients who were given the right kind of antibiotic to help prevent infection		Surgery patients who were given the right kind of antibiotic to help prevent infection	Memo
Patients who got treatment at the right time (within 24 hours before or after their surgery) to help prevent blood clots		Patients who got treatment at the right time (within 24 hours before or after their surgery) to help prevent blood clots	Memo
Surgery patients whose doctors ordered treatments to prevent blood clots after certain types of surgeries		Surgery patients whose doctors ordered treatments to prevent blood clots after certain types of surgeries	Memo
Heart surgery patients whose blood sugar (blood glucose) is kept under good control in the days right after surgery		Heart surgery patients whose blood sugar (blood glucose) is kept under good control in the days right after surgery	Memo
The percent of surgery patients whose urinary catheters were removed on the first or second day after surgery		The percent of surgery patients whose urinary catheters were removed on the first or second day after surgery	Memo
Surgery patients who were taking heart drugs called beta blockers before coming to the hospital, who were kept on them		Surgery patients who were taking heart drugs called beta blockers before coming to the hospital who were kept on them	Memo
Percent of Children Who Received Reliever Medication While Hospitalized for Asthma		Percent of Children Who Received Reliever Medication While Hospitalized for Asthma	Memo
Percent of Children Who Received Systemic Corticosteroid Medication While Hospitalized for Asthma		Percent of Children Who Received Systemic Corticosteroid Medication While Hospitalized for Asthma	Memo
Percent of Children and their Caregivers Who Received a Home Management Plan of Care Document While Hospitalized for Asthma		Percent of Children and their Caregivers Who Received a Home Management Plan of Care Document While Hospitalized for Asthma	Memo
Outpatients having surgery who got an antibiotic at the right time - within one hour before surgery (higher numbers are better)		Outpatients having surgery who got an antibiotic at the right time - within one hour before surgery (higher numbers are better)	Memo

Table Name (<i>Back to Table Listing</i>)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Process of Care Measures – State	Hospital Process of Care Measures - State Average	Process of Care State Results
Description	Process of Care measures state-level results		
CSV Revised File Column Name		Data.Medicare.gov Column Name	DDB Data Type
Outpatients having surgery who got the right kind of antibiotic (higher numbers are better)		Outpatients having surgery who got the right kind of antibiotic (higher numbers are better)	Memo
Average number of minutes before outpatients with chest pain or possible heart attack got an ECG		Average number of minutes before outpatients with chest pain or possible heart attack got an ECG	Memo
Average number of minutes before outpatients with chest pain or possible heart attack were transferred to another hospital		Average number of minutes before outpatients with chest pain or possible heart attack were transferred to another hospital	Memo
Median Time to Fibrinolysis		Median Time to Fibrinolysis	Memo
Outpatients with chest pain or possible heart attack who got aspirin within 24 hours of arrival		Outpatients with chest pain or possible heart attack who got aspirin within 24 hours of arrival	Memo
Outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival		Outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival	Memo
Heart Attack Patients Given a Prescription for a Statin at Discharge		Heart Attack Patients Given a Prescription for a Statin at Discharge	Memo
Patients having surgery who were actively warmed in the operating room or whose body temperature was near normal		Patients having surgery who were actively warmed in the operating room or whose body temperature was near normal	Memo

Table Name <i>(Back to Table Listing)</i>	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Process of Care Measures – National	Hospital Process of Care Measures - National Average	Process of Care National Results
Description	Process of Care measures national results		
CSV Revised File Column Name		Data.Medicare.gov Column Name	DDB Data Type
Measure name		Measure name	Memo
Condition		Condition	Memo
Category		Category	Memo
National Process of Care Rate		National Process of Care Rate	Memo

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	READMISSION_REDUCTION	Hospital Readmission Reduction	Readmission Reduction Hospital Results
Description	Readmission Reduction measures hospital-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Hospital Name	Hospital Name	Memo	
Provider Number	Provider Number	Memo	
State	State	Text(2)	
Measure Name	Measure Name	Memo	
Number of Discharges	Number of Discharges	Memo	
Footnote	Footnote	Memo	
Excess Readmission Ratio	Excess Readmission Ratio	Memo	
Predicted Readmission Rate	Predicted Readmission Rate	Memo	
Expected Readmission Rate	Expected Readmission Rate	Memo	
Number of Readmissions	Number of Readmissions	Memo	
Start Date	Start Date	Memo	
End Date	End Date	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Structural Measures	Hospital Structural Measures - Cardiac Surgery Registry	Structural Hospital Results
Description	Structural measures hospital-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Provider Number	Provider Number	Memo	
Hospital Name	Hospital Name	Memo	
Address 1	Address 1	Memo	
Address 2	Address 2	Memo	
Address 3	Address 3	Memo	
City	City	Memo	
State	State	Text(2)	
ZIP Code	ZIP Code	Text(5)	
County Name	County Name	Text(25)	
Phone Number	Phone Number	Text(10)	
Measure Name	Measure Name	Memo	
Measure Response	Measure Response	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Measure Crosswalk		Measure Crosswalk
Description	Hospital Compare measure crosswalk		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Provider Number		Memo	
Hospital Name		Memo	
State		Text(2)	
Condition		Memo	
Measure Code		Memo	
Measure Name		Memo	
Score		Memo	
Sample		Memo	
Footnote		Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
		Hospital Compare - CASPER/ASPEN Contacts	Hospital Compare - CASPER/ASEN Contacts
Description	Hospital Compare measure crosswalk		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
	State	Memo	
	Compare Tool	Memo	
	E-mail Address	Memo	
	Phone	Memo	

Appendix A – Hospital Compare Measures

Timely and Effective Care

Acute Myocardial Infarction

Measure ID	Measure Description
AMI-2	Heart Attack Patients Given Aspirin at Discharge
AMI-7a	Heart Attack Patients Given Fibrinolytic Medication Within 30 Minutes Of Arrival
AMI-8a	Heart Attack Patients Given PCI Within 90 Minutes Of Arrival
AMI-10	Heart Attack Patients Given a Prescription for a Statin at Discharge
OP-1	Median Time to Fibrinolysis
OP-2	Outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival
OP-3b	Average number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital
OP-4	Outpatients with chest pain or possible heart attack who got aspirin within 24 hours of arrival
OP-5	Average number of minutes before outpatients with chest pain or possible heart attack got an ECG

Heart Failure

Measure ID	Measure Description
HF-1	Patients Given Discharge Instructions
HF-2	Patients Given An Evaluation of Left Ventricular Systolic (LVS) Function
HF-3	Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)

Pneumonia

Measure ID	Measure Description
PN-3b	Patients Whose Initial Emergency Room Blood Culture Was Performed Prior to the Administration of the First Hospital Dose of Antibiotics
PN-6	Pneumonia Patients Given the Most Appropriate Initial Antibiotic(s)

Children's Asthma Care

Measure ID	Measure Description
CAC-1a	Percent of Children Who Received Reliever Medication While Hospitalized for Asthma
CAC-2a	Percent of Children Who Received Systemic Corticosteroid Medication (oral and IV Medication That Reduces Inflammation and Controls Symptoms) While Hospitalized for Asthma
CAC-3	Percent of Children and their Caregivers Who Received a Home Management plan of Care Document While Hospitalized for Asthma

Surgical Care Improvement

Measure ID	Measure Description
SCIP-Inf-1a	Surgery Patients Who Received Preventative Antibiotic(s) One Hour Before Incision
SCIP-Inf-2a	Percent of Surgery Patients who Received the Appropriate Preventative Antibiotic(s) for Their Surgery
SCIP-Inf-3a	Surgery Patients Whose Preventative Antibiotic(s) are Stopped Within 24 hours After Surgery
SCIP-Inf-4	Heart surgery patients whose blood sugar (blood glucose) is kept under good control in the days right after surgery
SCIP-Inf-9	Surgery patients whose urinary catheter was removed on the first or second day after surgery.
SCIP-Inf-10	Patients having surgery who were actively warmed in the operating room or whose body temperature was near normal by the end of surgery.
SCIP-VTE-1	Surgery Patients Whose Doctors Ordered Treatments to Prevent Blood Clots (Venous Thromboembolism) For Certain Types of Surgeries
SCIP-VTE-2	Surgery Patients Who Received Treatment To Prevent Blood Clots Within 24 Hours Before or after Selected Surgeries to Prevent Blood Clots
SCIP-Card-2	Percent of surgery patients who were taking heart drugs called beta blockers before coming to the hospital, who were kept on the beta blockers during the period just before and after their surgery
OP-6	Outpatients having surgery who got an antibiotic at the right time – within one hour before surgery
OP-7	Outpatients having surgery who got the right kind of antibiotic

Emergency Department

Measure ID	Measure Description
ED-1b	Average (median) time patients spent in the emergency department, before they were admitted to the hospital as an inpatient
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
OP-18b	Average time patients spent in the emergency department before being sent home
OP-20	Average time patients spent in the emergency department before they were seen by a healthcare professional
OP-21	Average time patients who came to the emergency department with broken bones had to wait before receiving pain medication
OP-22	Percentage of patients who came to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival.
OP-23	Percentage of patients who came to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival

Preventative Care

Measure ID	Measure Description
IMM-1a	Pneumococcal Immunization
IMM-2	Influenza Immunization

Readmissions, Complications, and Deaths
30-Day Mortality and Readmissions

Measure ID	Measure Description
MORT-30-AMI	Acute Myocardial Infarction 30-Day Mortality Rate
MORT-30-HF	Heart Failure 30-Day Mortality Rate
MORT-30-PN	Pneumonia 30-Day Mortality Rate
READM-30-AMI	Acute Myocardial Infarction 30-Day Readmission Rate
READM-30-HF	Heart Failure 30-Day Readmission Rate
READM-30-PN	Pneumonia 30-Day Readmission Rate
Hip/ Knee Readmission	30-day readmission rate following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)
HWR	30-day hospital-wide all- cause unplanned readmission
Hip/Knee Complications	Hospital level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and total knee arthroplasty (TKA)

AHRQ Patient Safety Indicators (PSIs)

Measure ID	Measure Description
PSI-04	Death Among Surgical Patients with Serious, Treatable Complications
PSI-06	Iatrogenic Pneumothorax
PSI-12	Post-Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT)
PSI-14	Postoperative Wound Dehiscence
PSI-15	Accidental Puncture or Laceration
PSI-90	Complication/Patient Safety for Selected Indicators

Healthcare-Associated Infections (HAIs)

Measure ID	Measure Description
HAI-1	Central-line associated bloodstream infection (CLABSI)
HAI-2	Catheter-associated urinary tract infection (CAUTI)
HAI-3	Surgical site infections from colon surgery (SSI: Colon)
HAI-4	Surgical site infections from abdominal hysterectomy (SSI: Hysterectomy)

Structural Measures

Measure ID	Measure Description
SM_PART_CARD	Participation in a systematic database for cardiac surgery
SM_PART_STROKE	Participation in a systematic database for stroke care
SM_PART_NURSE	Participation in a systematic database for nursing sensitive care
ACS_REGISTRY	Participation in a multispecialty surgical registry
OP-12	The ability for providers with HIT to receive laboratory data electronically directly into their qualified/certified EHR system as discrete searchable data
OP-17	Tracking clinical results between visits

Number of Medicare Patients and Medicare Payment

Measure Description
Number of Medicare patient discharges for selected MS-DRGs
Spending per hospital patient with Medicare: Medicare spending per beneficiary

Outpatient Imaging Efficiency

Measure ID	Measure Description
OP-8	Outpatients with low back pain who had an MRI without trying recommended treatments first, such as physical therapy. (If a number is high, it may mean the facility is doing too many unnecessary MRIs for low back pain.)
OP-9	Outpatients who had a follow-up mammogram or ultrasound within 45 days after a screening mammogram. (A number that is much lower than 8% may mean there's not enough follow-up. A number much higher than 14% may mean there's too much unnecessary follow-up.)
OP-10	Outpatient CT scans of the abdomen that were "combination" (double) scans. (The range for this measure is 0 to 1. A number very close to 1 may mean that too many patients are being given a double scan when a single scan is all they need.)
OP-11	Outpatient CT scans of the chest that were "combination" (double) scans. (The range for this measure is 0 to 1. A number very close to 1 may mean that too many patients are being given a double scan when a single scan is all they need.)
OP-13	Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery.
OP-14	Outpatients with brain CT scans who got a sinus CT scan at the same time.

Hospital Readmissions Reduction Program

Measure Description
Acute Myocardial Infarction 30-Day Readmission Rate
Heart Failure 30-Day Readmission Rate
Pneumonia 30-Day Readmission Rate

Hospital Value-Based Purchasing

Measure Description
HVBP Acute Myocardial Infarction Score
HVBP Healthcare Associated Infection Score
HVBP HCAHPS Score
HVBP Heart Failure Score
HVBP Pneumonia Score
HVBP Surgical Care Improvement Project Score
HVBP Clinical Process of Care Domain Score
HVBP Patient Experience of Care Domain
HVBP Total Performance Score

Hospital-Acquired Conditions (HACs)

Measure ID	Measure Description
HAC-1	Foreign Object Retained After Surgery
HAC-2	Air Embolism
HAC-3	Blood Incompatibility
HAC-4	Pressure Ulcer Stages III & IV
HAC-5	Falls and trauma (Includes Fracture, dislocation, intracranial injury, crushing injury, burn, other injuries)
HAC-6	Vascular catheter-associated infections
HAC-7	Catheter-associated urinary tract Infection (CAUTI)
HAC-8	Manifestations of Poor Glycemic Control

Appendix B – HCAHPS Survey Question Listing

Composite Topics

- Nurse Communication (Questions 1, 2, 3)
- Doctor Communication (Questions 5, 6, 7)
- Responsiveness of Hospital Staff (Questions 4, 11)
- Pain Management (Questions 13, 14)
- Communication About Medicines (Questions 16, 17)
- Discharge Information (Questions 19, 20)

Individual Topics

- Cleanliness of Hospital Environment (Question 8)
- Quietness of Hospital Environment (Question 9)

Overall Ratings

- Overall Rating of Hospital (Question 21)
- Willingness to Recommend Hospital (Question 22)

#	Question
Q1	During this hospital stay how often did nurses treat you with courtesy and respect?
Q2	During this hospital stay how often did nurses listen carefully to you?
Q3	During this hospital stay how often did nurses explain things in a way you could understand?
Q4	During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
Q5	During this hospital stay, how often did doctors treat you with courtesy and respect?
Q6	During this hospital stay, how often did doctors listen carefully to you?
Q7	During this hospital stay, how often did doctors explain things in a way you could understand?
Q8	During this hospital stay, how often were your room and bathroom kept clean?
Q9	During this hospital stay, how often was the area around your room quiet at night?
Q10	During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?
Q11	How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
Q12	During this hospital stay, did you need medicine for pain?
Q13	During this hospital stay, how often was your pain well controlled?
Q14	During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?
Q15	During this hospital stay, were you given any medicine that you had not taken before?
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?
Q18	After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?

#	Question
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.
Q26	During this hospital stay, were you admitted to this hospital through the Emergency Room?
Q27	In general, how would you rate your overall health?
Q28	In general, how would you rate your overall mental or emotional health?
Q29	What is the highest grade or level of school that you have completed?
Q30	Are you of Spanish, Hispanic or Latino origin or descent?
Q31	What is your race? Please choose one or more.
Q32	What language do you mainly speak at home?

Appendix C – Footnote Crosswalk

Hospital Compare Footnote Values

The letter footnotes below are associated with the Hospital Compare quality measures, and the number footnotes in italics below are associated with the Hospital Compare quality measures:

ID	Footnote Text
a	Source: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey.
b	This is the middle range of payments for the most typical cases treated in this geographic area for this condition or procedure.
c	Number of Medicare Patients Treated: The number of discharges the hospital treated for each MS-DRG for the current data collection period. The United States and state average of Medicare Patients does not include hospitals with zero cases.
d	The payment and volume information is for acute care hospitals. Critical Access Hospitals (CAH) are not included because they are paid using another method.
e	Payment cannot be computed as there were no Medicare discharges for this MS-DRG for the current data collection period.
f	An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11).
g	This hospital is currently not submitting data for Hospital Process of Care, Hospital Outcome of Care Measures and/or the Hospital Consumer Assessment of Health Providers and Systems (HCAHPS) Patient Survey.
h	This column shows the number of patients with Original Medicare who were admitted to the hospital for heart attack, heart failure or pneumonia conditions. The hospital may also have treated additional Medicare patients in Medicare health plans (like an HMO or PPO).
i	The number of cases is too small (fewer than 25) to reliably tell how well the hospital is performing.
j	Medicare requires hospitals to have at least 25 qualifying cases to have their results reported. This hospital had less than 25 cases.
1	<p><i>The number of cases is too small to reliably tell how well a hospital is performing.</i></p> <p>For each measure, the rate is the percent of patients for whom the treatment is appropriate. Where these numbers are small (fewer than 25 patients), the calculated rate may not accurately predict the hospital's future performance. As the quality data base is expanded to a full rolling four quarters of data for each measure, the number of cases used to determine hospitals' rates will likely increase, thereby increasing the reliability and stability of the rates. Note: This footnote does not necessarily reflect hospital size or overall patient volume.</p>
2	<p><i>The hospital indicated that the data submitted for this measure were based on a sample of cases.</i></p> <p>A rate may be based upon the total number of cases treated by a hospital, or for a facility with a large caseload, a rate may be based on a random sample of the cases the hospital treated. This footnote indicates that a hospital chose to submit data for a sample of its total cases (following specific rules for how to select the cases).</p>

ID	Footnote Text
3	<p><i>Data were collected during a shorter time period (fewer quarters) than the maximum possible time for this measure.</i></p> <p>Each rate reflects the care given over a specific time period, up to a maximum of four quarters during a 12 month period. The number of quarters of data available is determined by when hospitals first began to report data using a specific measure. This footnote indicates that the hospital's rate was based on data from fewer than the maximum possible number of quarters that the measure was generally collected.</p>
4	<p><i>Suppressed for one or more quarters by CMS.</i></p> <p>Hospitals are required to submit accurate, reportable data to the Centers for Medicare and Medicaid Services (CMS). The rates for these measures were calculated by excluding data that had been suppressed for one or more quarters because they were identified as inaccurate.</p>
5	<p><i>No data are available from the hospital for this measure.</i></p> <p>Hospitals volunteer to provide data for reporting on Hospital Compare. This footnote is applied when the hospital did not submit any cases for a measure.</p>
6	<p><i>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.</i></p> <p>The number of completed surveys the hospital or its vendor provided to CMS is less than 100.</p>
7	<p><i>Survey results are based on less than 12 months of data.</i></p> <p>This footnote is applied when HCAHPS results are based on less than 12 months of survey data.</p>
8	<p><i>Survey results are not available for this reporting period.</i></p> <p>This footnote is applied when a hospital did not participate in HCAHPS, did not collect sufficient HCAHPS data for public reporting purposes, or chose to suppress their HCAHPS results.</p>
9	<p><i>No or very few patients were eligible for the HCAHPS Survey.</i></p> <p>This footnote is applied when a hospital has no patients eligible to participate in the HCAHPS survey.</p>
10	<p><i>A state average was not calculated because too few hospitals in the state submitted data.</i></p> <p>This footnote is applied when too few hospitals submitted data.</p>
11	<p><i>There were discrepancies in the data collection process.</i></p> <p>This footnote is applied when there have been deviations from HCAHPS data collection protocols. CMS is working with survey vendors and/or hospitals to correct this situation.</p>
12	<p><i>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.</i></p> <p>This footnote is applied when the number of completed surveys the hospital or its vendor provided to CMS is less than 50.</p>

ID	Footnote Text
13	<i>These measures are included in the composite measure calculations but Medicare is not reporting them at this time.</i>
14	<i>No data are available for publication from the hospital for this measure because there were zero central line days.</i>
15	<i>No data are available for publication from the hospital for this measure because this hospital does not have ICU locations.</i>
16	<i>The number of cases is too small (fewer than 10) to reliably tell how well the hospital is performing.</i>
17	<i>No data are available from the hospital for this measure.</i>
18	<i>Number of cases is too small (fewer than 25) to report and excess readmission ratio.</i>
19	<i>The hospital is not included in the Hospital Readmissions Reduction Program.</i>
20	<i>Data aren't available for this reporting as the hospital is a new member of the surgical registry and didn't have an opportunity to submit any cases for the measure.</i>
21	<i>Data aren't available for the voluntary public reporting of this measure.</i>
†	"0 patients" The notation "0 patients" is applied when no patients met the criteria for inclusion in that particular measure's calculation.