



System Requirements Specification

Centers for Medicare & Medicaid Services

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

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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 OPPS claims and Physician Part B claims in the calculations. These calculations are based on the administrative claims of the Medicare fee-for-service population and no additional data submission is required by hospitals.
Reporting Cycle	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.

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_vwHQI_FTNT
dbo_vwHQI_HOSP
dbo_vwHQI_HOSP_HCAHPS_MSR
dbo_vwHQI_HOSP_IMG_XWLK
dbo_vwHQI_HOSP_MORTALITY_READM_XWLK
dbo_vwHQI_HOSP_MPV_MSR
dbo_vwHQI_HOSP_MSR_XWLK
dbo_vwHQI_HOSP_STRUCTURAL_XWLK
dbo_vwHQI_PCTL_MSR_XWLK
dbo_vwHQI_STATE_HCAHPS_MSR
dbo_vwHQI_STATE_IMG_AVG
dbo_vwHQI_STATE_MORTALITY_READM_SCRE
dbo_vwHQI_STATE_MPV_MSR
dbo_vwHQI_STATE_MSR_AVG
dbo_vwHQI_US_NATIONAL_HCAHPS_MSR
dbo_vwHQI_US_NATIONAL_IMG_AVG
dbo_vwHQI_US_NATIONAL_MORTALITY_READM_RATE
dbo_vwHQI_US_NATIONAL_MPV_MSR
dbo_vwHQI_US_National_MSR_AVG
vwHQI_HOSP_AHRQ_NATIONAL
vwHQI_HOSP_AHRQ_STATE
vwMeasure_Dates

MSAccess file name: Hospital.zip
Access Table Names
vwHQI_HOSP_AHRQ
vwHQI_HOSP_HAI_STATE
vwHQI_HOSP_HAI
dbo_vwHQI_HOSP_SPP
dbo_vwHQI_HOSP_ED
dbo_vwHQI_HOSP_IMM
vwHQI_HOSP_ED_National
vwHQI_HOSP_ED_State
vwHQI_HOSP_IMM_National
vwHQI_HOSP_IMM_State
vwHQI_READM_REDUCTION
dbo_vwHQI_HOSP_SPP_State
dbo_vwHQI_HOSP_SPP_National
vwHQI_HOSP_HAI_National
Hvbp_ami_10_28_2013
Hvbp_hai_10_28_2013
Hvbp_hcahps_10_28_2013
Hvbp_hf_10_28_2013
Hvbp_pn_10_28_2013
Hvbp_scp_10_28_2013
Hvbp_tps_10_28_2013
Hvbp_outcome_10_28_2013
Hvbp_quarters

Access Data Content Summary

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

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

Table Name (Back to Table Listing)	Physical: Access	Business
	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)	
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 (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_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	

Table Name (Back to Table Listing)	Physical: Access	Business
	dbo_vwHQL_HOSP_IMG_XWLK	Outpatient Imaging Efficiency Hospital Results
Description	Outpatient Imaging Efficiency measures hospital-level results	
Column Name	DDB Data Type	
Score	Text(50)	
Sample	Text(50)	

Footnote	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	
Provider Number	Memo	
Hospital Name	Memo	
State	Text(2)	
Condition	Text(25)	
Measure Name	Memo	
Mortality_Readm_Compl_Rate	Text(50)	
Comparison to National Rate	Text(50)	
Lower Mortality_Readm Estimate	Text(50)	
Upper Mortality_Readm Estimate	Text(50)	
Number of Patients	Text(50)	
Footnote	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_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)	

Table Name (Back to Table Listing)	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	
Condition	Memo	
Measure Code	Text(25)	
Measure Name	Memo	
Score	Text(50)	
Sample	Text(50)	
Footnote	Memo	

Table Name (Back to Table Listing)	Physical: Access	Business
	dbo_vwHQL_HOSP_STRUCTURAL_XWLK	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
	dbo_vwHQL_PCTL_MSR_XWLK	Process of Care Top Percentile Scores
Description	Scores achieved by the top ten (10) percent of hospitals and 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)	

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_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_vwHQL_STATE_MORTALITY_READM_SCORE	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_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_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 (Back to Table Listing)	Physical: Access	Business
	dbo_vwHQI_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
	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_US_NATIONAL_MORTALITY_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_vwHQI_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
	dbo_vwHQI_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(50)	

Table Name	Physical: Access	Business
(Back to Table Listing)	dbo_vwHQI_US_National_MSR_AVG	Process of Care National Results
Description	Process of Care measures national results	
Column Name	DDB Data Type	
Measure Name	Memo	
Score	Text(50)	

Table Name	Physical: Access	Business
(Back to Table Listing)	vwHQI_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)	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	
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)	vwMeasure_Dates	Measure Data Collection Periods
Description	Current collection dates for 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)	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	
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	

Table Name	Physical: Access	Business
(Back to Table Listing)	vwHQR_HOSP_AHRQ	AHRQ PSI Hospital Results
Description	AHRQ PSI measures hospital-level results	
Column Name	DDB Data Type	
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)	vwHQR_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	Physical: Access	Business
(Back to Table Listing)	vwHQR_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	Physical: Access	Business
(Back to Table Listing)	dbo_vwHQR_HOSP_SPP	Medicare Hospital Spending per Patient—Hospital Results
Description	Medicare hospital 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_vwHQI_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
	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	
scr	Memo	
footnote	Memo	
Sample	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_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_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
	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_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 (Back to Table Listing)	Physical: Access	Business
	dbo_vwHQI_HOSP_SPP_State	Medicare Hospital Spending per Patient—State Results
Description	Medicare hospital spending per patient measure state-level results	
Column Name	DDB Data Type	
prvdr_id	Memo	

Table Name (Back to Table Listing)	Physical: Access	Business
	dbo_vwHQL_HOSP_SPP_State	Medicare Hospital Spending per Patient—State Results
Description	Medicare hospital spending per patient measure state-level results	
Column Name	DDB Data Type	
msr_cd	Memo	
scr	Memo	
ftnt_value	Memo	

Table Name (Back to Table Listing)	Physical: Access	Business
	dbo_vwHQL_HOSP_SPP_National	Medicare Hospital Spending per Patient—National Results
Description	Medicare hospital 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
	vwHQL_HOSP_HAI_National	Healthcare-Associated Infections National Results
Description	Healthcare-Associated 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
	Hvbp_ami_10_28_2013	HVBP Process of Care—AMI Results
Description	Hospital Value-Based Purchasing Acute Myocardial Infarction measures results	
Column Name	DDB Data Type	
Provider Number	Text(255)	
Hospital Name	Text(255)	
Address	Text(255)	
City	Text(255)	
County Name	Text(255)	
State	Text(255)	
ZIP Code	Text(255)	
AMI-7a Performance Rate	Text(255)	
AMI-7a Achievement Points	Text(255)	
AMI-7a Improvement Points	Text(255)	
AMI-7a Measure Score	Text(255)	

Table Name (Back to Table Listing)	Physical: Access	Business
	Hvbp_ami_10_28_2013	HVBP Process of Care—AMI Results
Description	Hospital Value-Based Purchasing Acute Myocardial Infarction measures results	
Column Name	DDB Data Type	
AMI-8a Performance Rate	Text(255)	
AMI-8a Achievement Points	Text(255)	
AMI-8a Improvement Points	Text(255)	
AMI-8a Measure Score	Text(255)	
AMI Condition/Procedure Score	Text(255)	

Table Name (Back to Table Listing)	Physical: Access	Business
	Hvbp_hai_10_28_2013	HVBP Healthcare-Associated Infections Results
Description	Hospital Value-Based Purchasing Healthcare-Associated Infections measures results	
Column Name	DDB Data Type	
Provider Number	Text(255)	
Hospital Name	Text(255)	
Address	Text(255)	
City	Text(255)	
County Name	Text(255)	
State	Text(255)	
ZIP Code	Text(255)	
SCIP-Inf-1 Performance Rate	Text(255)	
SCIP-Inf-1 Achievement Points	Text(255)	
SCIP-Inf-1 Improvement Points	Text(255)	
SCIP-Inf-1 Measure Score	Text(255)	
SCIP-Inf-2 Performance Rate	Text(255)	
SCIP-Inf-2 Achievement Points	Text(255)	
SCIP-Inf-2 Improvement Points	Text(255)	
SCIP-Inf-2 Measure Score	Text(255)	
SCIP-Inf-3 Performance Rate	Text(255)	
SCIP-Inf-3 Achievement Points	Text(255)	
SCIP-Inf-3 Improvement Points	Text(255)	
SCIP-Inf-3 Measure Score	Text(255)	
SCIP-Inf-4 Performance Rate	Text(255)	
SCIP-Inf-4 Achievement Points	Text(255)	
SCIP-Inf-4 Improvement Points	Text(255)	
SCIP-Inf-4 Measure Score	Text(255)	
SCIP-Inf-9 Performance Rate	Text(255)	
SCIP-Inf-9 Achievement Points	Text(255)	
SCIP-Inf-9 Improvement Points	Text(255)	
SCIP-Inf-9 Measure Score	Text(255)	
HAI Condition/Procedure Score	Text(255)	

Table Name	Physical: Access	Business
<i>(Back to Table Listing)</i>	Hvbp_hcahps_10_28_2013	HVBP HCAHPS Results
Description	Hospital Value-Based Purchasing HCAHPS measures results	
Column Name	DDB Data Type	
Provider Number	Text(255)	
Hospital Name	Text(255)	
Address	Text(255)	
City	Text(255)	
County Name	Text(255)	
State	Text(255)	
ZIP Code	Text(255)	
Communication with Nurses Achievement Points	Text(255)	
Communication with Nurses Improvement Points	Text(255)	
Communication with Nurses Dimension Score	Text(255)	
Communication with Doctors Achievement Points	Text(255)	
Communication with Doctors Improvement Points	Text(255)	
Communication with Doctors Dimension Score	Text(255)	
Responsiveness of Hospital Staff Achievement Points	Text(255)	
Responsiveness of Hospital Staff Improvement Points	Text(255)	
Responsiveness of Hospital Staff Dimension Score	Text(255)	
Pain Management Achievement Points	Text(255)	
Pain Management Improvement Points	Text(255)	
Pain Management Dimension Score	Text(255)	
Communication about Medicines Achievement Points	Text(255)	
Communication about Medicines Improvement Points	Text(255)	
Communication about Medicines Dimension Score	Text(255)	
Cleanliness and Quietness of Hospital Environment Achievement Po	Text(255)	
Cleanliness and Quietness of Hospital Environment Improvement Po	Text(255)	
Cleanliness and Quietness of Hospital Environment Dimension Scor	Text(255)	
Discharge Information Achievement Points	Text(255)	
Discharge Information Improvement Points	Text(255)	
Discharge Information Dimension Score	Text(255)	
Overall Rating of Hospital Achievement Points	Text(255)	
Overall Rating of Hospital Improvement Points	Text(255)	
Overall Rating of Hospital Dimension Score	Text(255)	
HCAHPS Base Score	Text(255)	
HCAHPS Consistency Score	Text(255)	

Table Name (Back to Table Listing)	Physical: Access	Business
	Hvbp_hf_10_28_2013	HVBP Process of Care—Heart Failure Results
Description	Hospital Value-Based Purchasing Process of Care—Heart Failure measures results	
Column Name	DDB Data Type	
Provider Number	Text(255)	
Hospital Name	Text(255)	
Address	Text(255)	
City	Text(255)	
County Name	Text(255)	
State	Text(255)	
ZIP Code	Text(255)	
HF-1 Performance Rate	Text(255)	
HF-1 Achievement Points	Text(255)	
HF-1 Improvement Points	Text(255)	
HF-1 Measure Score	Text(255)	
HF Condition/Procedure Score	Text(255)	

Table Name (Back to Table Listing)	Physical: Access	Business
	Hvbp_pn_10_28_2013	HVBP Process of Care—Pneumonia Results
Description	Hospital Value-Based Purchasing Process of Care—Pneumonia measures results	
Column Name	DDB Data Type	
Provider Number	Text(255)	
Hospital Name	Text(255)	
Address	Text(255)	
City	Text(255)	
County Name	Text(255)	
State	Text(255)	
ZIP Code	Text(255)	
PN-3b Performance Rate	Text(255)	
PN-3b Achievement Points	Text(255)	
PN-3b Improvement Points	Text(255)	
PN-3b Measure Score	Text(255)	
PN-6 Performance Rate	Text(255)	
PN-6 Achievement Points	Text(255)	
PN-6 Improvement Points	Text(255)	
PN-6 Measure Score	Text(255)	
PN Condition/Procedure Score	Text(255)	

Table Name (Back to Table Listing)	Physical: Access	Business
	Hvbp_scip_10_28_2013	HVBP Process of Care—Surgical Care Improvement Project Results
Description	Hospital Value-Based Purchasing Process of Care—Surgical Care Improvement Project measures results	
Column Name		DDB Data Type
Provider Number		Text(255)
Hospital Name		Text(255)
Address		Text(255)
City		Text(255)
County Name		Text(255)
State		Text(255)
ZIP Code		Text(255)
SCIP-Card-2 Performance Rate		Text(255)
SCIP-Card-2 Achievement Points		Text(255)
SCIP-Card-2 Improvement Points		Text(255)
SCIP-Card-2 Measure Score		Text(255)
SCIP-VTE-1 Performance Rate		Text(255)
SCIP-VTE-1 Achievement Points		Text(255)
SCIP-VTE-1 Improvement Points		Text(255)
SCIP-VTE-1 Measure Score		Text(255)
SCIP-VTE-2 Performance Rate		Text(255)
SCIP-VTE-2 Achievement Points		Text(255)
SCIP-VTE-2 Improvement Points		Text(255)
SCIP-VTE-2 Measure Score		Text(255)
SCIP Condition/Procedure Score		Text(255)

Table Name (Back to Table Listing)	Physical: Access	Business
	Hvbp_tps_10_28_2013	HVBP Total Performance Score Results
Description	Overall performance score for Hospital Value-Based Purchasing	
Column Name		DDB Data Type
Provider Number		Text(255)
Hospital Name		Text(255)
Address		Text(255)
City		Text(255)
County Name		Text(255)
State		Text(255)
ZIP Code		Text(255)
Unweighted Normalized Clinical Process of Care Domain Score		Text(255)
Weighted Clinical Process of Care Domain Score		Text(255)
Unweighted Patient Experience of Care Domain Score		Text(255)
Weighted Patient Experience of Care Domain Score		Text(255)
Unweighted Normalized Outcome Domain Score		Text(255)
Weighted Outcome Domain Score		Text(255)

Table Name	Physical: Access	Business
(Back to Table Listing)	Hvbp_tps_10_28_2013	HVBP Total Performance Score Results
Description	Overall performance score for Hospital Value-Based Purchasing	
Column Name	DDB Data Type	
Total Performance Score	Text(255)	

Table Name	Physical: Access	Business
(Back to Table Listing)	Hvbp_outcome_10_28_2013	HVBP Outcome Results
Description	Hospital Value-Based Purchasing Process of Care—Outcome measures results	
Column Name	DDB Data Type	
Provider Number	Text(255)	
Hospital Name	Text(255)	
Address	Text(255)	
City	Text(255)	
State	Text(255)	
ZIP Code	Text(255)	
County Name	Text(255)	
MORT-30-AMI Performance Rate	Text(255)	
MORT-30-AMI Achievement Points	Text(255)	
MORT-30-AMI Improvement Points	Text(255)	
MORT-30-AMI Measure Score	Text(255)	
MORT-30-HF Performance Rate	Text(255)	
MORT-30-HF Achievement Points	Text(255)	
MORT-30-HF Improvement Points	Text(255)	
MORT-30-HF Measure Score	Text(255)	
MORT-30-PN Performance Rate	Text(255)	
MORT-30-PN Achievement Points	Text(255)	
MORT-30-PN Improvement Points	Text(255)	
MORT-30-PN Measure Score	Text(255)	

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

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	Downloadable Database Dictionary
readme.txt	
CSV Revised Data File Names (.csv)	Data.Medicare.gov File Names
Agency for Healthcare Research and Quality - National	Agency For Healthcare Research And Quality - National Measures
Agency for Healthcare Research and Quality - State	Agency For Healthcare Research And Quality - State Measures
Agency for Healthcare Research and Quality	Agency For Healthcare Research And Quality Measures
Emergency Department Throughput	Emergency Department Care Measures
Emergency Department Throughput-National	Emergency Department Care Measures - National
Emergency Department Throughput-State	Emergency Department Care Measures - State
FootNote	Hospital Footnote Crosswalk
HCAHPS Measures - National	Survey of Patients' Hospital Experiences (HCAHPS) – National Average
HCAHPS Measures - State	Survey of Patients' Hospital Experiences (HCAHPS) – State Average
HCAHPS Measures	Survey of Patients' Hospital Experiences (HCAHPS)
Healthcare_Associated_Infections	Healthcare Associated Infections
Healthcare_Associated_Infections_National	Healthcare Associated Infections National
Healthcare_Associated_Infections_State	Healthcare Associated Infections - State Measures
Hospital Structural Measures	Hospital Structural Measures
Hospital_Data	Hospital General Information
hvbp_ami_10_28_2013	Hospital Value-Based Purchasing (HVBP) – Acute Myocardial Infarction Scores
hvbp_hai_10_28_2013	Hospital Value-Based Purchasing (HVBP) – Healthcare-Associated Infection Scores
hvbp_hcahps_10_28_2013	Hospital Value-Based Purchasing (HVBP) – Patient Experience of Care Domain Scores (HCAHPS)
hvbp_hf_10_28_2013	Hospital Value-Based Purchasing (HVBP) – Heart Failure Scores
hvbp_outcome_10_28_2013	Hospital Value-Based Purchasing (HVBP) – Outcome Scores
hvbp_pn_10_28_2013	Hospital Value-Based Purchasing (HVBP) – Pneumonia Scores
hvbp_quarters	Hospital Value-Based Purchasing (HVBP) – Quarters file
hvbp_scip_10_28_2013	Hospital Value-Based Purchasing (HVBP) – Surgical Care Improvement Project Scores

CSV Revised file name: Hospital_Revised_flatfiles.zip	Data.Medicare.gov
CSV Revised Data File Names (.csv)	Data.Medicare.gov File Names
hvbp_tps_10_28_2013	Hospital Value-Based Purchasing (HVBP) – Total Performance Scores
Immunization	Preventive Care Measures
Immunization-National	Preventive Care Measures - National
Immunization-State	Preventive Care Measures - State
Measure Crosswalk	
Measure Dates	Measure Dates
Medicare hospital spending per patient - National	Medicare hospital spending per patient (Medicare Spending per Beneficiary) – National
Medicare hospital spending per patient - State	Medicare hospital spending per patient (Medicare Spending per Beneficiary) – State
Medicare hospital spending per patient	Medicare hospital spending per patient (Medicare Spending per Beneficiary)
Medicare Volume Measures - National	Hospital Medicare Volume Measures - National Average
Medicare Volume Measures - State	Hospital Medicare Volume Measures - State Average
Medicare Volume Measures	Hospital Medicare Volume Measures
Outcome of Care Measures - National	Hospital Outcome Of Care Measures - National Average
Outcome of Care Measures - State	Hospital Outcome Of Care Measures - State
Outcome of Care Measures	Hospital Outcome Of Care Measures
Outpatient Imaging Efficiency Measures - National	Use Of Medical Imaging Measures - National
Outpatient Imaging Efficiency Measures - State	Use Of Medical Imaging Measures - State
Outpatient Imaging Efficiency Measures	Use Of Medical Imaging Measures
Process of Care Measures - Blood Clot Prevention and Treatment	Process of Care Measures - Blood Clot Prevention and Treatment
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 - National	Hospital Process of Care Measures – National Average
Process of Care Measures - Pneumonia	Hospital Process Of Care Measures - Pneumonia
Process of Care Measures - Pregnancy and Delivery Care	Process of Care Measures - Pregnancy and Delivery Care
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 - Stroke Care	Process of Care Measures - Stroke Care
READMISSION REDUCTION	Hospital Readmission Reduction
	American College of Cardiology Percutaneous Coronary Intervention (PCI) Readmission Measure

CSV Revised file name: Hospital_Revised_flatfiles.zip	Data.Medicare.gov
CSV Revised Data File Names (.csv)	Data.Medicare.gov File Names
	Data Updates
	Hospital ACS Measures
	Spending Breakdown by Claim

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

Table Name <i>(Back to Table Listing)</i>	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 <i>(Back to Table Listing)</i>	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

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	
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	
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	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	
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	

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	
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	
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
	Emergency Department Throughput	Emergency Department Care Measures	Process of Care—Emergency Department Hospital Results
Description	Process of Care—Emergency Department 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	
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-National	Emergency Department Care Measures - National	Process of Care—Emergency Department National Results
Description	Process of Care—Emergency Department 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
	Emergency Department Throughput-State	Emergency Department Care Measures - State	Process of Care—Emergency Department State Results
Description	Process of Care—Emergency Department 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	
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
	FootNote	Hospital Footnote Crosswalk	Footnotes
Description	Look up table for footnote text in 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 (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
	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	

Table Name <i>(Back to Table Listing)</i>	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
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
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

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	
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 at each hospital who reported that YES they were given information about what to do during recovery.	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	
Patients who reported YES they would definitely recommend the hospital.	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	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	

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	
State	State	Text(2)	
ZIP Code	ZIP Code	Text(5)	
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 at each hospital who reported that YES they were given information about what to do during recovery.	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.	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	Memo	
Hospital Footnote	Hospital 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	
	Location	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	
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_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
	Hospital Structural Measures	Hospital Structural Measures	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
	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	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	County Name	Text(25)	

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	
Phone Number	Phone Number	Text(10)	
Hospital Type	Hospital Type	Text(50)	
Hospital Ownership	Hospital Ownership	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
	hvpb_ami_10_28_2013	Hospital Value-Based Purchasing (HVPB) – Acute Myocardial Infarction Scores	HVPB Process of Care—AMI Results
Description	Hospital Value-Based Purchasing Acute Myocardial Infarction measures results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Provider Number	Provider Number	Text(255)	
Hospital Name	Hospital Name	Text(255)	
Address	Address	Text(255)	
City	City	Text(255)	
State	State	Text(255)	
ZIP Code	ZIP Code	Text(255)	
County Name	County Name	Text(255)	
AMI-7a Performance Rate	AMI-7a Performance Rate	Text(255)	
AMI-7a Achievement Points	AMI-7a Achievement Points	Text(255)	
AMI-7a Improvement Points	AMI-7a Improvement Points	Text(255)	
AMI-7a Measure Score	AMI-7a Measure Score	Text(255)	
AMI-8a Performance Rate	AMI-8a Performance Rate	Text(255)	
AMI-8a Achievement Points	AMI-8a Achievement Points	Text(255)	
AMI-8a Improvement Points	AMI-8a Improvement Points	Text(255)	
AMI-8a Measure Score	AMI-8a Measure Score	Text(255)	
AMI Condition/Procedure Score	AMI Condition/Procedure Score	Text(255)	
	Location	Text(255)	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	hvbh_hai_10_28_2013	Hospital Value-Based Purchasing (HVBP) – Healthcare-Associated Infection Scores	HVBP Healthcare-Associated Infections Results
Description	Hospital Value-Based Purchasing Healthcare-Associated Infections measures results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Provider Number	Provider Number	Text(255)	
Hospital Name	Hospital Name	Text(255)	
Address	Address	Text(255)	
City	City	Text(255)	
State	State	Text(255)	
ZIP Code	ZIP Code	Text(255)	
County Name	County Name	Text(255)	
SCIP-Inf-1 Performance Rate	SCIP-Inf-1 Performance Rate	Text(255)	
SCIP-Inf-1 Achievement Points	SCIP-Inf-1 Achievement Points	Text(255)	
SCIP-Inf-1 Improvement Points	SCIP-Inf-1 Improvement Points	Text(255)	
SCIP-Inf-1 Measure Score	SCIP-Inf-1 Measure Score	Text(255)	
SCIP-Inf-2 Performance Rate	SCIP-Inf-2 Performance Rate	Text(255)	
SCIP-Inf-2 Achievement Points	SCIP-Inf-2 Achievement Points	Text(255)	
SCIP-Inf-2 Improvement Points	SCIP-Inf-2 Improvement Points	Text(255)	
SCIP-Inf-2 Measure Score	SCIP-Inf-2 Measure Score	Text(255)	
SCIP-Inf-3 Performance Rate	SCIP-Inf-3 Performance Rate	Text(255)	
SCIP-Inf-3 Achievement Points	SCIP-Inf-3 Achievement Points	Text(255)	
SCIP-Inf-3 Improvement Points	SCIP-Inf-3 Improvement Points	Text(255)	
SCIP-Inf-3 Measure Score	SCIP-Inf-3 Measure Score	Text(255)	
SCIP-Inf-4 Performance Rate	SCIP-Inf-4 Performance Rate	Text(255)	
SCIP-Inf-4 Achievement Points	SCIP-Inf-4 Achievement Points	Text(255)	
SCIP-Inf-4 Improvement Points	SCIP-Inf-4 Improvement Points	Text(255)	
SCIP-Inf-4 Measure Score	SCIP-Inf-4 Measure Score	Text(255)	
SCIP-Inf-9 Performance Rate	SCIP-Inf-9 Performance Rate	Text(255)	
SCIP-Inf-9 Achievement Points	SCIP-Inf-9 Achievement Points	Text(255)	
SCIP-Inf-9 Improvement Points	SCIP-Inf-9 Improvement Points	Text(255)	
SCIP-Inf-9 Measure Score	SCIP-Inf-9 Measure Score	Text(255)	
HAI Condition/Procedure Score	HAI Condition/Procedure Score	Text(255)	
	Location	Text(255)	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	hvbvp_hcahps_10_28_2013	Hospital Value-Based Purchasing (HVBP) – Patient Experience of Care Domain Scores (HCAHPS)	HVBP HCAHPS Results
Description	Hospital Value-Based Purchasing HCAHPS measures results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Provider Number	Provider Number	Text(255)	
Hospital Name	Hospital Name	Text(255)	
Address	Address	Text(255)	
City	City	Text(255)	
State	State	Text(255)	
ZIP Code	ZIP Code	Text(255)	
County Name	County Name	Text(255)	
Communication with Nurses Achievement Points	Communication with Nurses Achievement Points	Text(255)	
Communication with Nurses Improvement Points	Communication with Nurses Improvement Points	Text(255)	
Communication with Nurses Dimension Score	Communication with Nurses Dimension Score	Text(255)	
Communication with Doctors Achievement Points	Communication with Doctors Achievement Points	Text(255)	
Communication with Doctors Improvement Points	Communication with Doctors Improvement Points	Text(255)	
Communication with Doctors Dimension Score	Communication with Doctors Dimension Score	Text(255)	
Responsiveness of Hospital Staff Achievement Points	Responsiveness of Hospital Staff Achievement Points	Text(255)	
Responsiveness of Hospital Staff Improvement Points	Responsiveness of Hospital Staff Improvement Points	Text(255)	
Responsiveness of Hospital Staff Dimension Score	Responsiveness of Hospital Staff Dimension Score	Text(255)	
Pain Management Achievement Points	Pain Management Achievement Points	Text(255)	
Pain Management Improvement Points	Pain Management Improvement Points	Text(255)	
Pain Management Dimension Score	Pain Management Dimension Score	Text(255)	
Communication about Medicines Achievement Points	Communication about Medicines Achievement Points	Text(255)	
Communication about Medicines Improvement Points	Communication about Medicines Improvement Points	Text(255)	
Communication about Medicines Dimension Score	Communication about Medicines Dimension Score	Text(255)	
Cleanliness and Quietness of Hospital Environment Achievement Points	Cleanliness and Quietness of Hospital Environment Achievement Points	Text(255)	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	hvbp_hcahps_10_28_2013	Hospital Value-Based Purchasing (HVBP) – Patient Experience of Care Domain Scores (HCAHPS)	HVBP HCAHPS Results
Description	Hospital Value-Based Purchasing HCAHPS measures results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Cleanliness and Quietness of Hospital Environment Improvement Points	Cleanliness and Quietness of Hospital Environment Improvement Points	Text(255)	
Cleanliness and Quietness of Hospital Environment Dimension Score	Cleanliness and Quietness of Hospital Environment Dimension Score	Text(255)	
Discharge Information Achievement Points	Discharge Information Achievement Points	Text(255)	
Discharge Information Improvement Points	Discharge Information Improvement Points	Text(255)	
Discharge Information Dimension Score	Discharge Information Dimension Score	Text(255)	
Overall Rating of Hospital Achievement Points	Overall Rating of Hospital Achievement Points	Text(255)	
Overall Rating of Hospital Improvement Points	Overall Rating of Hospital Improvement Points	Text(255)	
Overall Rating of Hospital Dimension Score	Overall Rating of Hospital Dimension Score	Text(255)	
HCAHPS Base Score	HCAHPS Base Score	Text(255)	
HCAHPS Consistency Score	HCAHPS Consistency Score	Text(255)	
	Location	Text(255)	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	hvbp_hf_10_28_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 measures results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Provider Number	Provider Number	Text(255)	
Hospital Name	Hospital Name	Text(255)	
Address	Address	Text(255)	
City	City	Text(255)	
State	State	Text(255)	
ZIP Code	ZIP Code	Text(255)	
County Name	County Name	Text(255)	
HF-1 Performance Rate	HF-1 Performance Rate	Text(255)	
HF-1 Achievement Points	HF-1 Achievement Points	Text(255)	
HF-1 Improvement Points	HF-1 Improvement Points	Text(255)	
HF-1 Measure Score	HF-1 Measure Score	Text(255)	
HF Condition/Procedure Score	HF-1 Condition/Procedure Score	Text(255)	
	Location	Text(255)	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	hvbp_outcome_10_28_2013	Hospital Value-Based Purchasing (HVBP) – Outcome Scores	HVBP Outcome Results
Description	Hospital Value-Based Purchasing Process of Care—Outcome measures results		
CSV Revised File Column Name		Data.Medicare.gov Column Name	DDB Data Type
Provider Number		Provider Number	Text(255)
Hospital Name		Hospital Name	Text(255)
Address		Address	Text(255)
City		City	Text(255)
State		State	Text(255)
ZIP Code		ZIP Code	Text(255)
County Name		County Name	Text(255)
MORT-30-AMI Performance Rate		MORT-30-AMI Performance Rate	Text(255)
MORT-30-AMI Achievement Points		MORT-30-AMI Achievement Points	Text(255)
MORT-30-AMI Improvement Points		MORT-30-AMI Improvement Points	Text(255)
MORT-30-AMI Measure Score		MORT-30-AMI Measure Score	Text(255)
MORT-30-HF Performance Rate		MORT-30-HF Performance Rate	Text(255)
MORT-30-HF Achievement Points		MORT-30-HF Achievement Points	Text(255)
MORT-30-HF Improvement Points		MORT-30-HF Improvement Points	Text(255)
MORT-30-HF Measure Score		MORT-30-HF Measure Score	Text(255)
MORT-30-PN Performance Rate		MORT-30-PN Performance Rate	Text(255)
MORT-30-PN Achievement Points		MORT-30-PN Achievement Points	Text(255)
MORT-30-PN Improvement Points		MORT-30-PN Improvement Points	Text(255)
MORT-30-PN Measure Score		MORT-30-PN Measure Score	Text(255)
		Location	Text(255)

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	hvbp_pn_10_28_2013	Hospital Value-Based Purchasing (HVBP) – Pneumonia Scores	HVBP Process of Care— Pneumonia Results
Description	Hospital Value-Based Purchasing Process of Care—Pneumonia measures results		
CSV Revised File Column Name		Data.Medicare.gov Column Name	DDB Data Type
Provider Number		Provider Number	Text(255)
Hospital Name		Hospital Name	Text(255)
Address		Address	Text(255)
City		City	Text(255)
State		State	Text(255)
ZIP Code		ZIP Code	Text(255)
County Name		County Name	Text(255)
PN-3b Performance Rate		PN-3b Performance Rate	Text(255)
PN-3b Achievement Points		PN-3b Achievement Points	Text(255)

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	hvbp_pn_10_28_2013	Hospital Value-Based Purchasing (HVBP) – Pneumonia Scores	HVBP Process of Care—Pneumonia Results
Description	Hospital Value-Based Purchasing Process of Care—Pneumonia measures results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
PN-3b Improvement Points	PN-3b Improvement Points	Text(255)	
PN-3b Measure Score	PN-3b Measure Score	Text(255)	
PN-6 Performance Rate	PN-6 Performance Rate	Text(255)	
PN-6 Achievement Points	PN-6 Achievement Points	Text(255)	
PN-6 Improvement Points	PN-6 Improvement Points	Text(255)	
PN-6 Measure Score	PN-6 Measure Score	Text(255)	
PN Condition/Procedure Score	PN Condition/Procedure Score	Text(255)	
	Location	Text(255)	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	hvbp_quarters	Hospital Value-Based Purchasing (HVBP) – Quarters file	HVBP Calculation Periods
Description	Hospital Value-Based Purchasing—Calculation Periods		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Measure ID	Measure ID	Text(255)	
Measure Description	Measure Description	Text(255)	
Baseline Period	Baseline Period	Text(255)	
Performance Period	Performance Period	Text(255)	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	hvbp_scip_10_28_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 measures results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Provider Number	Provider Number	Text(255)	
Hospital Name	Hospital Name	Text(255)	
Address	Address	Text(255)	
City	City	Text(255)	
State	State	Text(255)	
ZIP Code	ZIP Code	Text(255)	
County Name	County Name	Text(255)	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	hvbvp_scip_10_28_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 measures results		
CSV Revised File Column Name	Data.Medicare.gov Column Name		DDB Data Type
SCIP-Card-2 Performance Rate	SCIP-Card-2 Performance Rate		Text(255)
SCIP-Card-2 Achievement Points	SCIP-Card-2 Achievement Points		Text(255)
SCIP-Card-2 Improvement Points	SCIP-Card-2 Improvement Points		Text(255)
SCIP-Card-2 Measure Score	SCIP-Card-2 Measure Score		Text(255)
SCIP-VTE-1 Performance Rate	SCIP-VTE-1 Performance Rate		Text(255)
SCIP-VTE-1 Achievement Points	SCIP-VTE-1 Achievement Points		Text(255)
SCIP-VTE-1 Improvement Points	SCIP-VTE-1 Improvement Points		Text(255)
SCIP-VTE-1 Measure Score	SCIP-VTE-1 Measure Score		Text(255)
SCIP-VTE-2 Performance Rate	SCIP-VTE-2 Performance Rate		Text(255)
SCIP-VTE-2 Achievement Points	SCIP-VTE-2 Achievement Points		Text(255)
SCIP-VTE-2 Improvement Points	SCIP-VTE-2 Improvement Points		Text(255)
SCIP-VTE-2 Measure Score	SCIP-VTE-2 Measure Score		Text(255)
SCIP Condition/Procedure Score	SCIP Condition Procedure Score		Text(255)
	Location		Text(255)

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	hvbtp_tps_10_28_2013	Hospital Value-Based Purchasing (HVBP) – Total Performance Scores	HVBP 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		Text(255)
Hospital Name	Hospital Name		Text(255)
Address	Address		Text(255)
City	City		Text(255)
State	State		Text(255)
ZIP Code	ZIP Code		Text(255)
County Name	County Name		Text(255)
Unweighted Normalized Clinical Process of Care Domain Score	Unweighted Normalized Clinical Process of Care Domain Score		Text(255)
Weighted Clinical Process of Care Domain Score	Weighted Clinical Process of Care Domain Score		Text(255)
Unweighted Patient Experience of Care Domain Score	Unweighted Patient Experience of Care Domain Score		Text(255)

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	hvbtp_tps_10_28_2013	Hospital Value-Based Purchasing (HVBP) – Total Performance Scores	HVBP 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	
Weighted Patient Experience of Care Domain Score	Weighted Patient Experience of Care Domain Score	Text(255)	
Unweighted Normalized Outcome Domain Score	Unweighted Normalized Outcome Domain Score	Text(255)	
Weighted Outcome Domain Score	Weighted Outcome Domain Score	Text(255)	
Total Performance Score	Total Performance Score	Text(255)	
	Location	Text(255)	

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	
Sample	Sample	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	Rate		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 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
Rate	Rate		Memo
Footnote	Footnote		Memo

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Measure Crosswalk		Process of Care Measures Crosswalk
Description	Process of Care measures 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
	Measure Dates	Measure Dates	Measure Data Collection Periods
Description	Current collection dates for 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 (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Medicare hospital spending per patient - National	Medicare hospital spending per patient (Medicare Spending per Beneficiary) – National	Medicare Hospital Spending per Patient—National Results
Description	Medicare hospital spending per patient measure 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
	Medicare hospital spending per patient - State	Medicare hospital spending per patient (Medicare Spending per Beneficiary) – State	Medicare Hospital Spending per Patient—State Results
Description	Medicare hospital spending per patient 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	
Score	Score	Memo	
Footnote	Footnote	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Medicare hospital spending per patient	Medicare hospital spending per patient (Medicare Spending per Beneficiary)	Medicare Hospital Spending per Patient—Hospital Results
Description	Medicare hospital spending per patient 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
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 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
	Medicare Volume Measures - State	Hospital Medicare Volume Measures - State Average	Medicare Volume State Results
Description	Medicare Volume measures state-level 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	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
	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
	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	Number of Hospitals whose 30-day Death (Mortality) Rates from Heart Attack are 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	Number of Hospitals whose 30-Day Death (Mortality) Rates from Heart Attack are 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 Death (Mortality) Rates from Heart Attack are Worse than U S National Rate	Number of Hospitals whose 30-Day Death (Mortality) Rates from Heart Attack are 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	Number of Hospitals whose 30-Day Death (Mortality) Rates from Heart Attack are 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	Number of Hospitals whose 30-Day Death (Mortality) Rates from Heart Failure are 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	Number of Hospitals whose 30-Day Death (Mortality) Rates from Heart Failure are 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	Number of Hospitals whose 30-Day Death (Mortality) Rates from Heart Failure are 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	Number of Hospitals whose 30-Day Death (Mortality) Rates from Heart Failure are Number of Cases Too Small	Memo	
Number of Hospitals whose 30-day Death (Mortality) Rates from Pneumonia are Better than U S National Rate	Number of Hospitals whose 30-Day Death (Mortality) Rates from Pneumonia are Better than U S National Rate	Memo	
Number of Hospitals whose 30-day Death (Mortality) Rates from Pneumonia are No different than U S National Rate	Number of Hospitals whose 30-Day Death (Mortality) Rates from Pneumonia are 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	Number of Hospitals whose 30-Day Death (Mortality) Rates from Pneumonia are Worse than U S National Rate	Memo	
Number of Hospitals whose 30-day Death (Mortality) Rates from Pneumonia are Number of Cases Too Small	Number of Hospitals whose 30-Day Death (Mortality) Rates from Pneumonia are Number of Cases Too Small	Memo	
Number of Hospitals whose 30-day Readmission Rates from Heart Attack are Better than U S National Rate	Number of Hospitals whose 30-day Readmission Rates from Heart Attack are 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	Number of Hospitals whose 30-Day Readmission Rates from Heart Attack are 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	Number of Hospitals whose 30-Day Readmission Rates from Heart Attack are Worse 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 Heart Attack are Number of Cases Too Small	Number of Hospitals whose 30-Day Readmission Rates from Heart Attack are Number of Cases Too Small	Memo	
Number of Hospitals whose 30-day Readmission Rates from Heart Failure are Better than U S National Rate	Number of Hospitals whose 30-Day Readmission Rates from Heart Failure are 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	Number of Hospitals whose 30-Day Readmission Rates from Heart Failure are 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	Number of Hospitals whose 30-Day Readmission Rates from Heart Failure are Worse than U S National Rate	Memo	
Number of Hospitals whose 30-day Readmission Rates from Heart Failure are Number of Cases Too Small	Number of Hospitals whose 30-Day Readmission Rates from Heart Failure are Number of Cases Too Small	Memo	
Number of Hospitals whose 30-day Readmission Rates from Pneumonia are Better than U S National Rate	Number of Hospitals whose 30-Day Readmission Rates from Pneumonia are 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	Number of Hospitals whose 30-Day Readmission Rates from Pneumonia are No different than U S National Rate	Memo	
Number of Hospitals whose 30-day Readmission Rates from Pneumonia are Worse than U S National Rate	Number of Hospitals whose 30-Day Readmission Rates from Pneumonia are Worse than U S National Rate	Memo	
Number of Hospitals whose 30-day Readmission Rates from Pneumonia are Number of Cases Too Small	Number of Hospitals whose 30-Day Readmission Rates from Pneumonia are Number of Cases Too Small	Memo	
Number of Hospitals whose Rate of readmission after hip or knee surgery are Better than the U.S. National Rate	Number of Hospitals whose Rate of readmission after hip or knee surgery are Better than the U.S. National Rate	Memo	
Number of Hospitals whose Rate of readmission after hip or knee surgery are No Different than the U.S. National Rate	Number of Hospitals whose Rate of readmission after hip or knee surgery are No Different than the U.S. National Rate	Memo	
Number of Hospitals whose Rate of readmission after hip or knee surgery are Worse than the U.S. National Rate	Number of Hospitals whose Rate of readmission after hip or knee surgery are Worse than the U.S. National Rate	Memo	
Number of Hospitals whose Rate of readmission after hip or knee surgery are Number of Cases Too Small	Number of Hospitals whose Rate of readmission after hip or knee surgery are 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 - 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 All cause hospital-wide readmission are Better than the U.S. National Rate	Number of Hospitals whose All cause hospital-wide readmission are Better than the U.S. National Rate	Memo	
Number of Hospitals whose All cause hospital-wide readmission are No Different than the U.S. National Rate	Number of Hospitals whose All cause hospital-wide readmission are No Different than the U.S. National Rate	Memo	
Number of Hospitals whose All cause hospital-wide readmission are Worse than the U.S. National Rate	Number of Hospitals whose All cause hospital-wide readmission are Worse than the U.S. National Rate	Memo	
Number of Hospitals whose All cause hospital-wide readmission are Number of Cases Too Small	Number of Hospitals whose All cause hospital-wide readmission are Number of Cases Too Small	Memo	
Number of Hospitals whose Complications and Deaths following hip/knee surgery are Better than the U.S. National Rate	Number of Hospitals whose Complications and Deaths following hip/knee surgery are Better than the U.S. National Rate	Memo	
Number of Hospitals whose Complications and Deaths following hip/knee surgery are No Different than the U.S. National Rate	Number of Hospitals whose Complications and Deaths following hip/knee surgery are No Different than the U.S. National Rate	Memo	
Number of Hospitals whose Complications and Deaths following hip/knee surgery are Worse than the U.S. National Rate	Number of Hospitals whose Complications and Deaths following hip/knee surgery are Worse than the U.S. National Rate	Memo	
Number of Hospitals whose Complications and Deaths following hip/knee surgery are Number of Cases Too Small	Number of Hospitals whose Complications and Deaths following hip/knee surgery are 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	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)	

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	
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	
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
Footnote - Hospital 30-Day Readmission Rates from Pneumonia	Footnote - Hospital 30-Day Readmission Rates from Pneumonia		Memo
Rate of readmission after hip or knee surgery	Rate of readmission after hip or knee surgery		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 - Rate of readmission after hip or knee surgery	Footnote - Rate of readmission after hip or knee surgery	Memo	
Number of Patients - Rate of readmission after hip or knee surgery	Number of Patients - Rate of readmission after hip or knee surgery	Memo	
RSRR - Rate of readmission after hip or knee surgery	RSRR - Rate of readmission after hip or knee surgery	Memo	
Lower Readmission Estimate - Rate of readmission after hip or knee surgery	Lower Readmission Estimate - Rate of readmission after hip or knee surgery	Memo	
Upper Readmission Estimate - Rate of readmission after hip or knee surgery	Upper Readmission Estimate - Rate of readmission after hip or knee surgery	Memo	
All cause hospital-wide readmission	All cause hospital-wide readmission	Memo	
Footnote - All cause hospital-wide readmissio	Footnote - All cause hospital-wide readmissio	Memo	
Number of Patients - All cause hospital-wide readmission	Number of Patients - All cause hospital-wide readmission	Memo	
RSRR - All cause hospital-wide readmission	RSRR - All cause hospital-wide readmission	Memo	
Lower Readmission Estimate - All cause hospital-wide readmission	Lower Readmission Estimate - All cause hospital-wide readmission	Memo	
Upper Readmission Estimate - All cause hospital-wide readmission	Upper Readmission Estimate - All cause hospital-wide readmission	Memo	
Complications and Deaths following hip/knee surgery	Complications and Deaths following hip/knee surgery	Memo	
Footnote - Complications and Deaths following hip/knee surgery	Footnote - Complications and Deaths following hip/knee surgery	Memo	
Number of Patients - Complications and Deaths following hip/knee surgery	Number of Patients - Complications and Deaths following hip/knee surgery	Memo	
RSCR - Complications and Deaths following hip/knee surgery	RSCR - Complications and Deaths following hip/knee surgery	Memo	
Lower Readmission Estimate - Complications and Deaths following hip/knee surgery	Lower Readmission Estimate - Complications and Deaths following hip/knee surgery	Memo	
Upper Readmission Estimate - Complications and Deaths following hip/knee surgery	Upper Readmission Estimate - Complications and Deaths following hip/knee surgery	Memo	
	Location	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 Measures - 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
	Outpatient Imaging Efficiency Measures - State	Use Of Medical Imaging Measures - 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
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	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)

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	
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 1	Memo	
Footnote 1	Footnote 1	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 2	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 3	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 Patients 4	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
	Process of Care Measures - Blood Clot Prevention and Treatment	Process of Care Measures - Blood Clot Prevention and Treatment	Process of Care—Blood Clot Prevention and Treatment
Description	Process of Care—Blood Clot Prevention and Treatment 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	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Process of Care Measures - Blood Clot Prevention and Treatment	Process of Care Measures - Blood Clot Prevention and Treatment	Process of Care—Blood Clot Prevention and Treatment
Description	Process of Care—Blood Clot Prevention and Treatment measures hospital-level results		
CSV Revised File Column Name		Data.Medicare.gov Column Name	DDB Data Type
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)
Patients who got treatment to prevent blood clots on the day of or day after hospital admission or surgery Higher percentages are better		Patients who got treatment to prevent blood clots on the day of or day after hospital admission or surgery Higher percentages are better	Memo
Number of Patients 1		Number of Patients 1	Memo
Footnote 1		Footnote 1	Memo
Patients who got treatment to prevent blood clots on the day of or day after being admitted to the intensive care unit (ICU) Higher percentages are better		Patients who got treatment to prevent blood clots on the day of or day after being admitted to the intensive care unit (ICU) Higher percentages are better	Memo
Number of Patients 2		Number of Patients 2	Memo
Footnote 2		Footnote 2	Memo
Patients with blood clots who got the recommended treatment, which includes using two different blood thinner medicines at the same time Higher percentages are better		Patients with blood clots who got the recommended treatment, which includes using two different blood thinner medicines at the same time Higher percentages are better	Memo
Number of Patients 3		Number of Patients 3	Memo
Footnote 3		Footnote 3	Memo
Patients with blood clots who were treated with an intravenous blood thinner, and then were checked to determine if the blood thinner was putting the patient at an increased risk of bleeding Higher percentages are better		Patients with blood clots who were treated with an intravenous blood thinner, and then were checked to determine if the blood thinner was putting the patient at an increased risk of bleeding Higher percentages are better	Memo
Number of Patients 4		Number of Patients 4	Memo
Footnote 4		Footnote 4	Memo
Patients with blood clots who were discharged on a blood thinner medicine and received written instructions about that medicine Higher percentages are better		Patients with blood clots who were discharged on a blood thinner medicine and received written instructions about that medicine Higher percentages are better	Memo

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Process of Care Measures - Blood Clot Prevention and Treatment	Process of Care Measures - Blood Clot Prevention and Treatment	Process of Care—Blood Clot Prevention and Treatment
Description	Process of Care—Blood Clot Prevention and Treatment measures hospital-level results		
CSV Revised File Column Name		Data.Medicare.gov Column Name	DDB Data Type
Number of Patients 5		Number of Patients 5	Memo
Footnote 5		Footnote 5	Memo
Patients who developed a blood clot while in the hospital who did not get treatment that could have prevented it Lower percentages are better		Patients who developed a blood clot while in the hospital who did not get treatment that could have prevented it Lower percentages are better	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
	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
Number of Patients 1		Number of Patients 1	Memo
Footnote 1		Footnote 1	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

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
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
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

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
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 <i>(Back to Table Listing)</i>	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

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	
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 Heart Failure Patients Given an Evaluation of Left Ventricular Systolic (LVS) Function	Memo	
Number of Patients 1	Number of Patients 1	Memo	
Footnote 1	Footnote 1	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 - 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
	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	

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	
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 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 - Pregnancy and Delivery Care	Process of Care Measures - Pregnancy and Delivery Care	Process of Care Measures - Pregnancy and Delivery Care Hospital Results
Description	Process of Care—Pregnancy and Delivery 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)	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Process of Care Measures - Pregnancy and Delivery Care	Process of Care Measures - Pregnancy and Delivery Care	Process of Care Measures - Pregnancy and Delivery Care Hospital Results
Description	Process of Care—Pregnancy and Delivery Care measures hospital-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Percent of newborns whose deliveries were scheduled too early (1-3 weeks early), when a scheduled delivery was not medically necessary Lower percentages are better	Percent of newborns whose deliveries were scheduled too early (1-3 weeks early), when a scheduled delivery was not medically necessary Lower percentages are better	Memo	
Number of Patients 1	Number of Patients 1	Memo	
Footnote 1	Footnote 1	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	Surgery patients who were 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)	Surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery)	Memo	
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	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	

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	
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	
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	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	Heart surgery patients whose blood sugar (blood glucose) 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	The 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	
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	

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
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
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

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
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
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

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	
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 (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Process of Care Measures - Stroke Care	Process of Care Measures - Stroke Care	Process of Care - Stroke Care Hospital Results
Description	Process of Care—Stroke 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)	
Ischemic or hemorrhagic stroke patients who received treatment to keep blood clots from forming anywhere in the body within 2 days of arriving at the hospital Higher percentages are better	Ischemic or hemorrhagic stroke patients who received treatment to keep blood clots from forming anywhere in the body within 2 days of arriving at the hospital Higher percentages are better	Memo	
Number of Patients 1	Number of Patients 1	Memo	
Footnote 1	Footnote 1	Memo	
Ischemic stroke patients who received a prescription for medicine known to prevent complications caused by blood clots before discharge Higher percentages are better	Ischemic stroke patients who received a prescription for medicine known to prevent complications caused by blood clots before discharge Higher percentages are better	Memo	
Number of Patients 2	Number of Patients 2	Memo	
Footnote 2	Footnote 2	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Process of Care Measures - Stroke Care	Process of Care Measures - Stroke Care	Process of Care - Stroke Care Hospital Results
Description	Process of Care—Stroke Care measures hospital-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
Ischemic stroke patients with a type of irregular heartbeat who were given a prescription for a blood thinner at discharge Higher percentages are better	Ischemic stroke patients with a type of irregular heartbeat who were given a prescription for a blood thinner at discharge Higher percentages are better	Memo	
Number of Patients 3	Number of Patients 3	Memo	
Footnote 3	Footnote 3	Memo	
Ischemic stroke patients who got medicine to break up a blood clot within 3 hours after symptoms started Higher percentages are better	Ischemic stroke patients who got medicine to break up a blood clot within 3 hours after symptoms started Higher percentages are better	Memo	
Number of Patients 4	Number of Patients 4	Memo	
Footnote 4	Footnote 4	Memo	
Ischemic stroke patients who received medicine known to prevent complications caused by blood clots within 2 days of arriving at the hospital Higher percentages are better	Ischemic stroke patients who received medicine known to prevent complications caused by blood clots within 2 days of arriving at the hospital Higher percentages are better	Memo	
Number of Patients 5	Number of Patients 5	Memo	
Footnote 5	Footnote 5	Memo	
Ischemic stroke patients needing medicine to lower cholesterol, who were given a prescription for this medicine before discharge Higher percentages are better	Ischemic stroke patients needing medicine to lower cholesterol, who were given a prescription for this medicine before discharge Higher percentages are better	Memo	
Number of Patients 6	Number of Patients 6	Memo	
Footnote 6	Footnote 6	Memo	
Ischemic or hemorrhagic stroke patients or caregivers who received written educational materials about stroke care and prevention during the hospital stay Higher percentages are better	Ischemic or hemorrhagic stroke patients or caregivers who received written educational materials about stroke care and prevention during the hospital stay Higher percentages are better	Memo	
Number of Patients 8	Number of Patients 8	Memo	
Footnote 8	Footnote 8	Memo	
Ischemic or hemorrhagic stroke patients who were evaluated for rehabilitation services Higher percentages are better	Ischemic or hemorrhagic stroke patients who were evaluated for rehabilitation services Higher percentages are better	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
	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
		American College of Cardiology Percutaneous Coronary Intervention (PCI) Readmission Measure	American College of Cardiology Percutaneous Coronary Intervention (PCI) Readmission Results
Description	PCI Readmission measure results		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
	MPN	Memo	
	Hospital Name	Memo	
	STATE	Text(2)	
	Performance Category	Memo	
	RSRR (Lower 90% CI, Upper 95% CI	Memo	
	Footnote	Memo	
	Footnote Description	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
		Data Updates	Data Updates
Description	Data updates for a scheduled quarterly refresh and as well those that are updated between refreshes		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type	
	Data.Medicare.gov location affected	Memo	
	Downloadable Access file affected	Memo	
	Downloadable CSV revised file affected	Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
		Data Updates	Data Updates
Description	Data updates for a scheduled quarterly refresh and as well those that are updated between refreshes		
CSV Revised File Column Name	Data.Medicare.gov Column Name		DDB Data Type
	Data Last Updated		Memo
	Data Last Updated Details		Memo

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
		Hospital ACS Measures	Hospital ACS Measures
Description	ACS measures hospital-level results		
CSV Revised File Column Name	Data.Medicare.gov Column Name		DDB Data Type
	CCN		Text (6)
	Hospital Name		Memo
	Surg65		Memo
	Surg65_FN		Memo
	Surg65_FN_Description		Memo
	Colon		Memo
	Colon_FN		Memo
	Colon_FN_Description		Memo
	LowExtBypass		Memo
	LowExtBypass_FN		Memo
	LowExtBypass_FN_Description		Memo

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
		Spending Breakdown by Claim	Spending Breakdown by Claim
Description	Medicare Spending per Beneficiary (MSPB) Spending Breakdowns measure results by claim type		
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

Appendix A – Hospital Compare Measures

The table below shows the measure identifier, measure as displayed on Hospital Compare, and the file name of measure results in Access database, CSV-Revised database, and Data.Medicare.Gov.

Measure Identifier	Measure as Displayed on Hospital Compare	Access Database	CSV – Revised database	Data.Medicare.Gov
Structural Measures				
SM_PART_CARD	Participates in: Cardiac surgery registry	dbo_vwHQI_HOSP_STRUCTUREL_XWLK	Hospital Structural Measures	Hospital Structural Measures
SM_PART_STROKE	Participates in: Stroke care registry			
SM_PART_NURSE	Participates in: Nursing care registry			
SM_PART_GEN_SURG	Participation in General surgery registry			
ACS_REGISTRY	Participates in: Multispecialty surgical registry			
OP-12	Able to receive lab results electronically			
OP-17	Able to track patients' lab, tests, and referrals electronically between visits			

Measure Identifier	Measure as Displayed on Hospital Compare	Access Database	CSV – Revised database	Data.Medicare.Gov
Survey of Patients' Experiences (HCAHPS)				
HCAHPS	Patients who reported that their nurses "Always" communicated well	dbo_vwHQI_HOSP_HCAHPS_MSR	HCAHPS Measures	HCAHPS Measures
	Patients who reported that their doctors "Always" communicated well			
	Patients who reported that they "Always" received help as soon as they wanted			
	Patients who reported that their pain was "Always" well controlled			
	Patients who reported that staff "Always" explained about medicines before giving it to them			
	Patients who reported that their room and bathroom were "Always" clean			
	Patients who reported that the area around their room was "Always" quiet at night			
	Patients at each hospital who reported that YES, they were given information about what to do during their recovery at home			
	Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)			
	Patients who reported YES, they would definitely recommend the hospital			

Measure Identifier	Measure as Displayed on Hospital Compare	Access Database	CSV – Revised database	Data.Medicare.Gov
Acute Myocardial Infarction (AMI)				
OP-3b	Average number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital	dbo_vwHQI_HOSP_MR_XWLK	Process of Care Measures - Heart Attack	Process of Care Measures - Heart Attack
OP-5	Average number of minutes before outpatients with chest pain or possible heart attack got an ECG			
OP-2	Outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival			
OP-4	Outpatients with chest pain or possible heart attack who got aspirin within 24 hours of arrival			
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-2	Heart attack patients given aspirin at discharge			
AMI-10	Heart attack patients given a prescription for a statin at discharge			
OP-1	Median time to Fibrinolysis (Data will be not be posted on Hospital Compare but will be available on Data.Medicare.Gov)			

Measure Identifier	Measure as Displayed on Hospital Compare	Access Database	CSV – Revised database	Data.Medicare.Gov
Heart Failure (HF)				
HF-1	Heart failure patients given discharge Instructions	dbo_vwHQL_HOSP_MSR_XWLK	Process of Care Measures - Heart Failure	Process of Care Measures - Heart Failure
HF-2	Heart failure patients given an evaluation of left ventricular systolic (LVS) function			
HF-3	Heart failure patients given ACE inhibitor or ARB for left ventricular systolic dysfunction (LVSD)			

Measure Identifier	Measure as Displayed on Hospital Compare	Access Database	CSV – Revised database	Data.Medicare.Gov
Pregnancy and delivery care				
PC-01	Percent of newborns whose deliveries were scheduled too early (1-3 weeks early), when a scheduled delivery was not medically necessary	dbo_vwHQL_HOSP_MSR_XWLK	Process of Care Measures - Pregnancy and Delivery Care	Process of Care Measures - Pregnancy and Delivery Care

Measure Identifier	Measure as Displayed on Hospital Compare	Access Database	CSV – Revised database	Data.Medicare.Gov
Pneumonia (PN)				
PN-3b	Pneumonia patients whose initial emergency room blood culture was performed prior to the administration of the first hospital dose of antibiotics	dbo_vwHQL_HOSP_MSR_XWLK	Process of Care Measures - Pneumonia	Process of Care Measures - Pneumonia
PN-6	Pneumonia patients given the most appropriate initial antibiotic(s)			

Measure Identifier	Measure as Displayed on Hospital Compare	Access Database	CSV – Revised database	Data.Medicare.Gov
Surgical Care Improvement Project (SCIP)				
OP-6	Outpatients having surgery who got an antibiotic at the right time - within one hour before surgery	dbo_vwHQL_HO SP_MSR_XWLK	Process of Care Measures - SCIP	Process of Care Measures - SCIP
SCIP-Inf-1a	Surgery patients who were given an antibiotic at the right time (within one hour before surgery) to help prevent infection			
SCIP-Inf-3a	Surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery)			
SCIP-VTE-2	Patients who got treatment at the right time (within 24 hours before or after their surgery) to help prevent blood clots after certain types of surgery			
OP-7	Outpatients having surgery who got the right kind of antibiotic			
SCIP-Card-2	Surgery patients who were taking heart drugs called beta blockers before coming to the hospital, who were kept on the beta blockers during the period just before and after their surgery			
SCIP-Inf-2a	Surgery patients who were given the right kind of antibiotic to help prevent infection			
SCIP-Inf-4	Heart surgery patients whose blood sugar (blood glucose) is kept under good control in the days right after surgery			
SCIP-Inf-9	Surgery patients whose urinary catheters were removed on the first or second day after surgery			

Measure Identifier	Measure as Displayed on Hospital Compare	Access Database	CSV – Revised database	Data.Medicare.Gov
Surgical Care Improvement Project (SCIP)				
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			

Measure Identifier	Measure as Displayed on Hospital Compare	Access Database	CSV – Revised database	Data.Medicare.Gov
Preventive Care				
IMM-2	Patients assessed and given influenza vaccination	dbo_vwHQI_HOSP_IMM	Immunization	Immunization
IMM-1a	Patients assessed and given pneumonia vaccination			

Measure Identifier	Measure as Displayed on Hospital Compare	Access Database	CSV – Revised database	Data.Medicare.Gov
Emergency Department (ED) Throughput				
ED-1b	Average time patients spent in the emergency department, before they were admitted to the hospital as an inpatient	dbo_vwHQI_HOSP_ED	Emergency Department Throughput	Emergency Department Throughput
ED-2b	Average time patients spent in the emergency department, after the doctor decided to admit them as an inpatient before leaving the emergency department for their inpatient room			
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			

Measure Identifier	Measure as Displayed on Hospital Compare	Access Database	CSV – Revised database	Data.Medicare.Gov
Emergency Department (ED) Throughput				
OP-21	Average time patients who came to the emergency department with broken bones had to wait before receiving pain medication.			
OP-22	Percentage of patients who left the emergency department before being seen			
OP-23	Percentage of patients who came to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival			

Measure Identifier	Measure as Displayed on Hospital Compare	Access Database	CSV – Revised database	Data.Medicare.Gov
Children's Asthma Care (CAC)				
CAC-1a	Children who received reliever medication while hospitalized for asthma	dbo_vwHQL_HOSP_MSR_XWLK	Process of Care Measures - Children	Process of Care Measures - Children
CAC-2a	Children who received systemic corticosteroid medication (oral and iv medication that reduces inflammation and controls symptoms) while hospitalized for asthma			
CAC-3	Children and their caregivers who received a home management plan of care document while hospitalized for asthma			

Measure Identifier	Measure as Displayed on Hospital Compare	Access Database	CSV – Revised database	Data.Medicare.Gov
Readmissions and Deaths				
READM-30-AMI	Rate of readmission for heart attack patients	dbo_vwHQL_HOSP_MORTALITY_READM_XWLK	Outcome Of Care Measures	Outcome Of Care Measures
MORT-30-AMI	Death rate for heart attack patients			
READM-30-HF	Rate of readmission for heart failure patients			
MORT-30-HF	Death rate for heart failure patients			
READM-30-PN	Rate of readmission for pneumonia patients			
MORT-30-PN	Death rate for pneumonia patients			
READM-30-HIP-KNEE	Rate of readmission after hip/knee surgery			
READM-30-HOSP-WIDE	Rate of readmission after discharge from hospital (hospital-wide)			
COMP-HIP-KNEE	Rate of complications for hip/knee replacement patients			

Measure Identifier	Measure as Displayed on Hospital Compare	Access Database	CSV – Revised database	Data.Medicare.Gov
Surgical Complications				
PSI-90	Serious complications (This is a 'composite' or summary measure)	vwHQI_HOSP_AH RQ	Agency for Healthcare Research and Quality	Agency for Healthcare Research and Quality
PSI-04	Deaths among patients with serious treatable complications after surgery			
PSI-06	Collapsed lung due to medical treatment (Data will be not be posted on Hospital Compare but will be available on Data.Medicare.Gov)			
PSI-12	Serious blood clots after surgery (Data will be not be posted on Hospital Compare but will be available on Data.Medicare.Gov)			
PSI-14	A wound that splits open after surgery on the abdomen or pelvis (Data will be not be posted on Hospital Compare but will be available on Data.Medicare.Gov)			
PSI-15	Accidental cuts and tears from medical treatment (Data will be not be posted on Hospital Compare but will be available on Data.Medicare.Gov)			

Measure Identifier	Measure as Displayed on Hospital Compare	Access Database	CSV – Revised database	Data.Medicare.Gov
Healthcare-Associated Infections (HAI)				
HAI-1	Central line- associated bloodstream infection (CLABSI)	vwHQI_HOSP_HAI	Healthcare_Associated_Infections	Healthcare Associated Infections
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)			
HAI-5	Methicillin-resistant Staphylococcus Aureus (or MRSA) blood infections (Antibiotic-resistant blood infections)			
HAI-6	Clostridium difficile (or C.diff.) infections (Intestinal infections)			

Measure Identifier	Measure as Displayed on Hospital Compare	Access Database	CSV – Revised database	Data.Medicare.Gov
Percutaneous Coronary Intervention (PCI) Readmission Measure				
—	American College of Cardiology Percutaneous Coronary Intervention (PCI) Readmission Measure	—	—	American College of Cardiology Percutaneous Coronary Intervention (PCI) Readmission Measure

Measure Identifier	Measure as Displayed on Hospital Compare	Access Database	CSV – Revised database	Data.Medicare.Gov
Use of Medical Imaging				
OP-8	Outpatients with low back pain who had an MRI without trying recommended treatments first, such as physical therapy	dbo_vwHQL_HOSP_IMG_XWLK	Outpatient Imaging Efficiency Measures	Outpatient Imaging Efficiency Measures
OP-9	Outpatients who had a follow-up mammogram, ultrasound, or MRI of the breast within 45 days after a screening mammogram			
OP-11	Outpatient CT scans of the chest that were “combination” (double) scans			
OP-10	Outpatient CT scans of the abdomen that were “combination” (double) scans			
OP-13	Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery			
OP-14	Outpatients with brain CT scans who got a sinus CT scan at the same time			

Measure Identifier	Measure as Displayed on Hospital Compare	Access Database	CSV – Revised database	Data.Medicare.Gov
Medicare Payment				
Medicare Spending (SPP)	Medicare hospital spending per patient	dbo_vwHQL_HOSP_SPP	Medicare hospital spending per patient	Medicare hospital spending per patient (Medicare Spending per Beneficiary)

Measure Identifier	Measure as Displayed on Hospital Compare	Access Database	CSV – Revised database	Data.Medicare.Gov
Medicare Volume				
Medicare Volume (MV)	Number of Medicare patients treated for selected procedures	dbo_vwHQL_HOSP_MPV_MSR	Medicare Volume Measures	Medicare Volume Measures

Measure Identifier	Measure as Displayed on Hospital Compare	Access Database	CSV – Revised database	Data.Medicare.Gov
Stroke				
STK-1	Ischemic or hemorrhagic stroke patients who received treatment to keep blood clots from forming anywhere in the body within 2 days of arriving at the hospital	dbo_vwHQL_HOSP_MSR_XWLK	Process of Care Measures - Stroke Care	Process of Care Measures - Stroke Care
STK-2	Ischemic stroke patients who received a prescription for medicine known to prevent complications caused by blood clots before discharge			
STK-3	Ischemic stroke patients with a type of irregular heartbeat who were given a prescription for a blood thinner at discharge			
STK-4	Ischemic stroke patients who got medicine to break up a blood clot within 3 hours after symptoms started			
STK-5	Ischemic stroke patients who received medicine known to prevent complications caused by blood clots within 2 days of arriving at the hospital			
STK-6	Ischemic stroke patients needing medicine to lower cholesterol, who were given a prescription for this medicine before discharge			

Measure Identifier	Measure as Displayed on Hospital Compare	Access Database	CSV – Revised database	Data.Medicare.Gov
Stroke				
STK-8	Ischemic or hemorrhagic stroke patients or caregivers who received written educational materials about stroke care and prevention during the hospital stay			
STK-10	Ischemic or hemorrhagic stroke patients who were evaluated for rehabilitation services			

Measure Identifier	Measure as Displayed on Hospital Compare	Access Database	CSV – Revised database	Data.Medicare.Gov
VTE				
VTE-1	Patients who got treatment to prevent blood clots on the day of or day after hospital admission or surgery	dbo_vwHQP_HOSP_MSR_XWLK	Process of Care Measures - Blood Clot Prevention and Treatment	Process of Care Measures - Blood Clot Prevention and Treatment
VTE-2	Patients who got treatment to prevent blood clots on the day of or day after being admitted to the intensive care unit (ICU)			
VTE-3	Patients with blood clots who got the recommended treatment, which includes using two different blood thinner medicines at the same time			
VTE-4	Patients with blood clots who were treated with an intravenous blood thinner, and then were checked to determine if the blood thinner was putting the patient at an increased risk of bleeding			

Measure Identifier	Measure as Displayed on Hospital Compare	Access Database	CSV – Revised database	Data.Medicare.Gov
VTE				
VTE-5	Patients with blood clots who were discharged on a blood thinner medicine and received written instructions about that medicine			
VTE-6	Patients who developed a blood clot while in the hospital who did not get treatment that could have prevented it			

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?
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?

#	Question
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:

#	Text	Definition
1	The number of cases/patients is too few to report.	This footnote is applied when the amount of data for a measure: <ul style="list-style-type: none"> • Does not meet the required minimum amount for public reporting. • Is too small to reliably tell how well a hospital is performing, and/or • To protect personal health information.
2	Data submitted were based on a sample of cases/patients.	This footnote indicates that a hospital chose to submit data for a random sample of its cases/patients while following specific rules for how to select the patients.
3	Results are based on a shorter time period than required.	This footnote indicates that the hospital's results were based on data from less than the maximum possible time period generally used to collect data for a measure. View the Hospital Compare Data Collection Periods for more information.
4	Data suppressed by CMS for one or more quarters.	The results for these measures were excluded for various reasons, such as data inaccuracies.
5	Results are not available for this reporting period.	This footnote is applied when the hospital does not have data to report.
6	Fewer than 100 patients completed the HCAHPS survey. Use these scores with caution, as the number of surveys may be too low to reliably assess hospital performance.	This footnote is applied when the number of completed surveys the hospital or its vendor provided to CMS is less than 100.
7	No cases met the criteria for this measure.	This footnote is applied when a hospital did not have any cases meet the inclusion criteria for a measure.
8	The lower limit of the confidence interval cannot be calculated if the number of observed infections equals zero.	
9	No data are available from the state/territory for this reporting period.	This footnote is applied when: <ul style="list-style-type: none"> • Too few hospitals in a state/territory had data available or • No data was reported for this state/territory.

#	Text	Definition
10	Very few patients were eligible for the HCAHPS survey. The scores shown reflect fewer than 50 completed surveys. Use these scores with caution, as the number of surveys may be too low to reliably assess hospital performance.	This footnote is applied when the number of completed surveys the hospital or its vendor provided to CMS is less than 50.
11	There were discrepancies in the data collection process.	This footnote is applied when there have been deviations from data collection protocols. CMS is working to correct this situation.
12	This measure does not apply to this hospital for this reporting period.	This footnote is applied when: <ul style="list-style-type: none"> • There were zero device days or procedures, • The hospital does not have ICU locations, • The hospital is a new member of the registry and didn't have an opportunity to submit any cases or • The hospital does not report this voluntary measure
13	Results cannot be calculated for this reporting period.	This footnote is applied when: <ul style="list-style-type: none"> • The number of predicted infections is less than 1, or • The number of observed MRSA or Clostridium difficile infections present on admission (community-onset prevalence) was above a pre-determined cut-point.
14	The results for this state are combined with nearby states to protect confidentiality.	This footnote is applied when a state has fewer than 10 hospitals in order to protect confidentiality. Results are combined as follows: (1) the District of Columbia and Delaware are combined; (2) Alaska and Washington are combined; (3) North Dakota and South Dakota are combined; and (4) New Hampshire and Vermont are combined. Hospitals located in Maryland and U.S. territories are excluded from the measure calculation.