System Requirements Specification

Centers for Medicare & Medicaid Services

Medicare.gov/HospitalCompare Downloadable Databases

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Document Purpose

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

Background

Hospital Compare was created as a result of the Hopsital 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
  - o Hospital Readmissions Reduction
  - o 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.

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

Data Collection Period Information

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

Measure Code	Measure Start Quarter	Measure Start Date	Measure End Quarter	Measure End Date
AMI-10	2Q2011	4/1/2011	1Q2012	3/31/2012
AMI-2	2Q2011	4/1/2011	1Q2012	3/31/2012
AMI-7a	2Q2011	4/1/2011	1Q2012	3/31/2012
AMI-8a	2Q2011	4/1/2011	1Q2012	3/31/2012
CAC-1	2Q2011	4/1/2011	1Q2012	3/31/2012
CAC-2	2Q2011	4/1/2011	1Q2012	3/31/2012
CAC-3	2Q2011	4/1/2011	1Q2012	3/31/2012
Composite 6 (Q19 & Q20)	2Q2011	4/1/2011	1Q2012	3/31/2012
ED-1b	1Q2012	1/1/2012	1Q2012	3/31/2012
ED-2b	1Q2012	1/1/2012	1Q2012	3/31/2012
HAC-1	3Q2009	7/1/2009	2Q2011	6/30/2011
HAC-2	3Q2009	7/1/2009	2Q2011	6/30/2011
HAC-3	3Q2009	7/1/2009	2Q2011	6/30/2011
HAC-4	3Q2009	7/1/2009	2Q2011	6/30/2011
HAC-5	3Q2009	7/1/2009	2Q2011	6/30/2011
HAC-6	3Q2009	7/1/2009	2Q2011	6/30/2011
HAC-7	3Q2009	7/1/2009	2Q2011	6/30/2011
HAC-8	3Q2009	7/1/2009	2Q2011	6/30/2011
SCIP-VTE-1	2Q2011	4/1/2011	1Q2012	3/31/2012
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_HOSP
vwMeasure_Dates
dbo_vwHQI_FTNT
vwHQI_HOSP_AHRQ
vwHQI_HOSP_AHRQ_STATE
vwHQI_HOSP_AHRQ_NATIONAL
dbo_vwHQI_HOSP_ED
vwHQI_HOSP_ED_State
vwHQI_HOSP_ED_National
vwHQI_HOSP_HAC
vwHQI_HOSP_HAC_NATIONAL
vwHQI_HOSP_HAI
vwHQI_HOSP_HAI_STATE
vwHQI_HOSP_HAI_National
dbo_vwHQI_HOSP_HCAHPS_MSR
dbo_vwHQI_STATE_HCAHPS_MSR
dbo_vwHQI_US_NATIONAL_HCAHPS_MSR
Hvbp_ami_05_28_2013
Hvbp_hai_05_28_2013
Hvbp_hcahps_05_28_2013
Hvbp_hf_05_28_2013
Hvbp_pn_05_28_2013
Hvbp_scip_05_28_2013
Hvbp_tps_05_28_2013

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

Access Data Content Summary

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

Table Name *(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)

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

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

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

Table Name	Physical: Access	Business
(Back to Table Listing)	vwHQI_HOSP_AHRQ	AHRQ PSI Hospital Results
Description	AHRQ PSI measures hospital-level results	
Column Name		**DDB Data Type**
Prvdr_id		Memo
PSI_4_SURG_COMP		Memo
PSI_4_SURG_COMP_F		Memo
PSI_6_IAT_PTX		Memo
PSI_6_IAT_PTX_F		Memo
PSI_12_POSTOP_PULMEMB_DVT		Memo
PSI_12_POSTOP_PULMEMB_DVT_F		Memo
PSI_14_POSTOP_DEHIS		Memo
PSI_14_POSTOP_DEHIS_F		Memo
PSI_15_ACC_LAC		Memo
PSI_15_ACC_LAC_F		Memo
PSI_90_SAFETY		Memo
PSI_90_SAFETY_F		Memo
PSI_4_SURG_COMP_NUM_DC		Memo

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

Table Name	Physical: Access	Business
(Back to Table Listing)	vwHQI_HOSP_AHRQ_STATE	AHRQ PSI State Results
Description	AHRQ PSI measures state-level results	
Column Name		**DDB Data Type**
State		Memo
PSI_4_SURG_COMP_WORSE		Memo
PSI_4_SURG_COMP_SAME		Memo
PSI_4_SURG_COMP_BETTER		Memo
PSI_4_SURG_COMP_TOOFEW		Memo
PSI_6_IAT_PTX_WORSE		Memo
PSI_6_IAT_PTX_SAME		Memo
PSI_6_IAT_PTX_BETTER		Memo
PSI_6_IAT_PTX_TOOFEW		Memo
PSI_12_POSTOP_PULMEMB_DVT_WORSE		Memo
PSI_12_POSTOP_PULMEMB_DVT_SAME		Memo
PSI_12_POSTOP_PULMEMB_DVT_BETTER		Memo
PSI_12_POSTOP_PULMEMB_DVT_TOOFEW		Memo

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

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

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

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

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

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

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

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

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

Table Name *(Back to Table Listing)*	Physical: Access	Business
	dbo_vwHQI_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_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
	Hvbp_ami _05_28_2013	HVBP Process of Care—AMI Results
Description	Hospital Value-Based Purchasing Acute Myocardial Infarction results	
Column Name	**DDB Data Type**	
ID	Memo	
Provider Number	Memo	
Hospital Name	Memo	
Address	Memo	
City	Memo	
County Name	Memo	
State	Memo	
ZIP Code	Memo	
AMI-7a Performance Rate	Memo	
AMI-7a Achievement Points	Memo	
AMI-7a Improvement Points	Memo	
AMI-7a Measure Score	Memo	
AMI-8a Performance Rate	Memo	
AMI-8a Achievement Points	Memo	
AMI Condition/Procedure Score	Memo	
AMI-8a Improvement Points	Memo	
AMI-8a Measure Score	Memo	

Table Name _(Back to Table Listing)_	Physical: Access	Business
	Hvbp_hai_05_28_2013	HVBP Healthcare-Associated Infections Results
Description	Hospital Value-Based Purchasing Healthcare-Associated Infections results	
Column Name		DDB Data Type
ID		Memo
Provider Number		Memo
Hospital Name		Memo
Address		Memo
City		Memo
County Name		Memo
State		Memo
ZIP Code		Memo
SCIP-Inf-1 Performance Rate		Memo
SCIP-Inf-1 Achievement Points		Memo
SCIP-Inf-1 Improvement Points		Memo
SCIP-Inf-1 Measure Score		Memo
SCIP-Inf-2 Performance Rate		Memo
SCIP-Inf-2 Achievement Points		Memo
SCIP-Inf-2 Improvement Points		Memo
SCIP-Inf-2 Measure Score		Memo
SCIP-Inf-3 Performance Rate		Memo
SCIP-Inf-3 Achievement Points		Memo
SCIP-Inf-3 Improvement Points		Memo
SCIP-Inf-3 Measure Score		Memo
SCIP-Inf-4 Performance Rate		Memo
SCIP-Inf-4 Achievement Points		Memo
HAI Condition/Procedure Score		Memo
SCIP-Inf-4 Improvement Points		Memo
SCIP-Inf-4 Measure Score		Memo

Table Name _(Back to Table Listing)_	Physical: Access	Business
	Hvbp_hcahps_05_28_2013	HVBP HCAHPS Results
Description	Hospital Value-Based Purchasing HCAHPS results	
Column Name		DDB Data Type
ID		Memo
Provider Number		Memo
Hospital Name		Memo
Address		Memo
City		Memo
County Name		Memo
State		Memo
ZIP Code		Memo
Communication with Nurses Achievement Points		Memo

Table Name *(Back to Table Listing)*	Physical: Access	Business
	Hvbp_hcahps_05_28_2013	HVBP HCAHPS Results
Description	Hospital Value-Based Purchasing HCAHPS results	
Column Name		**DDB Data Type**
Communication with Nurses Improvement Points		Memo
Communication with Nurses Dimension Score		Memo
Communication with Doctors Achievement Points		Memo
Communication with Doctors Improvement Points		Memo
Communication with Doctors Dimension Score		Memo
Responsiveness of Hospital Staff Achievement Points		Memo
Responsiveness of Hospital Staff Improvement Points		Memo
Responsiveness of Hospital Staff Dimension Score		Memo
Pain Management Achievement Points		Memo
Pain Management Improvement Points		Memo
Pain Management Dimension Score		Memo
Communication about Medicines Achievement Points		Memo
Communication about Medicines Improvement Points		Memo
Communication about Medicines Dimension Score		Memo
Cleanliness and Quietness of Hospital Environment Achievement Po		Memo
Cleanliness and Quietness of Hospital Environment Improvement Po		Memo
Cleanliness and Quietness of Hospital Environment Dimension Scor		Memo
Discharge Information Achievement Points		Memo
Discharge Information Improvement Points		Memo
Discharge Information Dimension Score		Memo
Overall Rating of Hospital Achievement Points		Memo
Overall Rating of Hospital Improvement Points		Memo
Overall Rating of Hospital Dimension Score		Memo
HCAHPS Base Score		Memo
HCAHPS Consistency Score		Memo

Table Name *(Back to Table Listing)*	Physical: Access	Business
	Hvbp_hf_05_28_2013	HVBP Process of Care—Heart Failure Results
Description	Hospital Value-Based Purchasing Process of Care—Heart Failure results	
Column Name		**DDB Data Type**
ID		Memo
Provider Number		Memo
Hospital Name		Memo
Address		Memo
City		Memo
County Name		Memo
State		Memo

Table Name *(Back to Table Listing)*	**Physical: Access**	**Business**
	Hvbp_hf_05_28_2013	HVBP Process of Care—Heart Failure Results
Description	Hospital Value-Based Purchasing Process of Care—Heart Failure results	
Column Name	**DDB Data Type**	
ZIP Code	Memo	
HF-1 Performance Rate	Memo	
HF-1 Achievement Points	Memo	
HF-1 Condition/Procedure Score	Memo	
HF-1 Improvement Points	Memo	
HF-1 Measure Score	Memo	

Table Name *(Back to Table Listing)*	**Physical: Access**	**Business**
	Hvbp_pn_05_28_2013	HVBP Process of Care— Pneumonia Results
Description	Hospital Value-Based Purchasing Process of Care—Pneumonia measure results	
Column Name	**DDB Data Type**	
ID	Memo	
Provider Number	Memo	
Hospital Name	Memo	
Address	Memo	
City	Memo	
County Name	Memo	
State	Memo	
ZIP Code	Memo	
PN-3b Performance Rate	Memo	
PN-3b Achievement Points	Memo	
PN-3b Improvement Points	Memo	
PN-3b Measure Score	Memo	
PN-6 Performance Rate	Memo	
PN-6 Achievement Points	Memo	
PN Condition/Procedure Score	Memo	
PN-6 Improvement Points	Memo	
PN-6 Measure Score	Memo	

Table Name *(Back to Table Listing)*	**Physical: Access**	**Business**
	Hvbp_scip_05_28_2013	HVBP Process of Care—Surgical Improvement Care Program Results
Description	Hospital Value-Based Purchasing Process of Care—Surgical Improvement Care Program results	
Column Name	**DDB Data Type**	
ID	Memo	
Provider Number	Memo	
Hospital Name	Memo	

Table Name *(Back to Table Listing)*	**Physical: Access** Hvbp_scip_05_28_2013	**Business** HVBP Process of Care—Surgical Improvement Care Program Results
Description	Hospital Value-Based Purchasing Process of Care—Surgical Improvement Care Program results	
Column Name	**DDB Data Type**	
Address	Memo	
City	Memo	
County Name	Memo	
State	Memo	
ZIP Code	Memo	
SCIP-Card-2 Performance Rate	Memo	
SCIP-Card-2 Achievement Points	Memo	
SCIP-Card-2 Improvement Points	Memo	
SCIP-Card-2 Measure Score	Memo	
SCIP-VTE-1 Performance Rate	Memo	
SCIP-VTE-1 Achievement Points	Memo	
SCIP-VTE-1 Improvement Points	Memo	
SCIP-VTE-1 Measure Score	Memo	
SCIP-VTE-2 Performance Rate	Memo	
SCIP-VTE-2 Achievement Points	Memo	
SCIP Condition/Procedure Score	Memo	
SCIP-VTE-2 Improvement Points	Memo	
SCIP-VTE-2 Measure Score	Memo	

Table Name *(Back to Table Listing)*	**Physical: Access** Hvbp_tps_05_28_2013	**Business** HVBP Total Performance Score Results
Description	Overall performance score for Hospital Value-Based Purchasing	
Column Name	**DDB Data Type**	
ID	Memo	
Provider Number	Memo	
Hospital Name	Memo	
Address	Memo	
City	Memo	
County Name	Memo	
State	Memo	
ZIP Code	Memo	
Unweighted Normalized Clinical Process of Care Domain Score	Memo	
Weighted Clinical Process of Care Domain Score	Memo	
Unweighted Patient Experience of Care Domain Score	Memo	
Weighted Patient Experience of Care Domain Score	Memo	
Total Performance Score	Memo	

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

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

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

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

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

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

Table Name *(Back to Table Listing)*	Physical: Access	Business
	dbo_vwHQI_HOSP_MORTALITY_READM_XWLK	30-Day Mortality and Readmission Hospital Results
Description	30-Day Mortality and Readmission measures hospital-level results	
Column Name		DDB Data Type
Provider Number		Memo
Hospital Name		Memo
State		Text(2)
Condition		Text(13)
Measure Name		Memo
Mortality_Readm_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_vwHQI_STATE_MORTALITY_REA DM_SCRE	30-Day Mortality and Readmission State Results
Description	30-Day Mortality and Readmission measures state-level results	

Column Name	**DDB Data Type**
State	Text(50)
Condition	Memo
Measure Name	Memo
Category	Text(36)
Number of Hospitals	Text(50)

Table Name *(Back to Table Listing)*	**Physical: Access**	**Business**
	dbo_vwHQI_US_NATIONAL_MORTALI TY_READM_RATE	30-Day Mortality and Readmission National Results
Description	30-Day Mortality and Readmission measures national results	

Column Name	**DDB Data Type**
Condition	Memo
Measure Name	Memo
National Mortality_Readm Rate	Text(50)

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

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

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

Table Name *(Back to Table Listing)*	Physical: Access	Business
	dbo_vwHQI_HOSP_STRUCTURAL_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
	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_MSR_XWLK	Process of Care Hospital Results
Description	Process of Care measures hospital-level results	

Column Name	DDB Data Type
Provider Number	Memo
Hospital Name	Memo
State	Text(2)
Condition	Memo
Measure Code	Text(25)
Measure Name	Memo
Score	Text(50)
Sample	Text(50)
Footnote	Memo

Table Name	Physical: Access	Business
(Back to Table Listing)	dbo_vwHQI_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	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**
Provider Number		Text(50)
Condition		Text(33)
Measure Name		Memo
Score		Text(50)

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

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

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

CSV Revised file name: **Hospital_Revised_flatfiles.zip**	Data.Medicare.gov
Hospital.pdf	Downloadable Database Dictionary
readme.txt	
CSV Revised Data File Names (.csv)	**Data.Medicare.gov File Names**
Hospital_Data	Hospital_Data
Measure Dates	Measure Dates
FootNote	FootNote
ACS NSQIP Data File - April 2013	ACS NSQIP Data File - April 2013
Agency for Healthcare Research and Quality - National	Agency for Healthcare Research and Quality - National
Agency for Healthcare Research and Quality - State	Agency for Healthcare Research and Quality - State
Agency for Healthcare Research and Quality	Agency for Healthcare Research and Quality
Emergency Department Throughput	Emergency Department Throughput
Emergency Department Throughput-National	Emergency Department Throughput-National
Emergency Department Throughput-State	Emergency Department Throughput-State
Healthcare_Associated_Infections	Healthcare_Associated_Infections
Healthcare_Associated_Infections_State	Healthcare_Associated_Infections_State
Healthcare_Associated_Infections_National	Healthcare_Associated_Infections_National
Hospital Acquired Condition	Hospital Acquired Condition
Hospital Acquired Condition - National	Hospital Acquired Condition - National
HCAHPS Measures - National	HCAHPS Measures - National
HCAHPS Measures - State	HCAHPS Measures - State
HCAHPS Measures	HCAHPS Measures
hvbp_ami_08_16_2013	hvbp_ami_08_16_2013
hvbp_hai_08_16_2013	hvbp_hai_08_16_2013
hvbp_hcahps_08_16_2013	hvbp_hcahps_08_16_2013
hvbp_hf_08_16_2013	hvbp_hf_08_16_2013
hvbp_pn_08_16_2013	hvbp_pn_08_16_2013
hvbp_scip_08_16_2013	hvbp_scip_08_16_2013
hvbp_tps_08_16_2013	hvbp_tps_08_16_2013
Immunization	Immunization
Immunization-National	Immunization-National
Immunization-State	Immunization-State
Medicare Spending Per Patient	Medicare Spending Per Patient
Medicare Spending Per Patient - National	Medicare Spending Per Patient - National
Medicare Spending Per Patient - State	Medicare Spending Per Patient - State
Spending_Breakdown_by_Claim	Spending_Breakdown_by_Claim
Medicare Volume Measures - National	Medicare Volume Measures - National
Medicare Volume Measures - State	Medicare Volume Measures - State
Medicare Volume Measures	Medicare Volume Measures

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**
Outcome Of Care Measures - National	Outcome Of Care Measures - National
Outcome Of Care Measures - State	Outcome Of Care Measures - State
Outcome Of Care Measures	Outcome Of Care Measures
Outpatient Imaging Efficiency Measures - National	Outpatient Imaging Efficiency Measures - National
Outpatient Imaging Efficiency Measures -State	Outpatient Imaging Efficiency Measures -State
Outpatient Imaging Efficiency Measures	Outpatient Imaging Efficiency Measures
Process of Care Measures - Children	Process of Care Measures - Children
Process of Care Measures - Heart Attack	Process of Care Measures - Heart Attack
Process of Care Measures - Heart Failure	Process of Care Measures - Heart Failure
Process of Care Measures - Pneumonia	Process of Care Measures - Pneumonia
Process of Care Measures - SCIP	Process of Care Measures - SCIP
Process of Care Measures - State	Process of Care Measures - State
Process of Care Measures - National	Process of Care Measures - National
READMISSION REDUCTION	READMISSION REDUCTION
Structural Measures	Structural Measures
Measure Crosswalk	Measure Crosswalk
American_College_of_Cardiology_Percutaneous_Coronary_Intervention_PCI_Readmission_Measure	American_College_of_Cardiology_Percutaneous_Coronary_Intervention_PCI_Readmission_Measure
Hospital_Compare_CASPER_ASPEN_Contacts	Hospital_Compare_CASPER_ASPEN_Contacts

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

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

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

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

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

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

Table Name *(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	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	

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	AHRQ PSI Hospital Results
Description	AHRQ PSI measures hospital-level results		

CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type
Footnote - Collapsed lung due to medical treatment	Footnote - Collapsed lung due to medical treatment	Memo
Serious blood clots after surgery	Serious blood clots after surgery	Memo
Footnote - Serious blood clots after surgery	Footnote - Serious blood clots after surgery	Memo
A wound that splits open after surgery	A wound that splits open after surgery	Memo
Footnote - A wound that splits open after surgery	Footnote - A wound that splits open after surgery	Memo
Accidental cuts and tears from medical treatment	Accidental cuts and tears from medical treatment	Memo
Footnote - Accidental cuts and tears from medical treatment	Footnote - Accidental cuts and tears from medical treatment	Memo
Serious Complications	Serious Complications	Memo
Footnote - Serious Complications	Footnote - Serious Complications	Memo
Number of Patients - Death from serious treatable complications after surgery	Number of Patients - Death from serious treatable complications after surgery	Memo
Rate - Death from serious treatable complications after surgery	Rate - Death from serious treatable complications after surgery	Memo
Lower Estimate - Death from serious treatable complications after surgery	Lower Estimate - Death from serious treatable complications after surgery	Memo
Higher Estimate - Death from serious treatable complications after surgery	Higher Estimate - Death from serious treatable complications after surgery	Memo
Number of Patients - Collapsed lung due to medical treatment	Number of Patients - Collapsed lung due to medical treatment	Memo
Rate - Collapsed lung due to medical treatment	Rate - Collapsed lung due to medical treatment	Memo
Lower Estimate - Collapsed lung due to medical treatment	Lower Estimate - Collapsed lung due to medical treatment	Memo
Higher Estimate - Collapsed lung due to medical treatment	Higher Estimate - Collapsed lung due to medical treatment	Memo
Number of Patients - Serious blood clots after surgery	Number of Patients - Serious blood clots after surgery	Memo
Rate - Serious blood clots after surgery	Rate - Serious blood clots after surgery	Memo
Lower Estimate - Serious blood clots after surgery	Lower Estimate - Serious blood clots after surgery	Memo
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

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	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 - A wound that splits open after surgery	Rate - A wound that splits open after surgery	Memo	
Lower Estimate - A wound that splits open after surgery	Lower Estimate - A wound that splits open after surgery	Memo	
Higher Estimate - A wound that splits open after surgery	Higher Estimate - A wound that splits open after surgery	Memo	
Number of Patients - Accidental cuts and tears from medical treatment	Number of Patients - Accidental cuts and tears from medical treatment	Memo	
Rate - Accidental cuts and tears from medical treatment	Rate - Accidental cuts and tears from medical treatment	Memo	
Lower Estimate - Accidental cuts and tears from medical treatment	Lower Estimate - Accidental cuts and tears from medical treatment	Memo	
Higher Estimate - Accidental cuts and tears from medical treatment	Higher Estimate - Accidental cuts and tears from medical treatment	Memo	
Number of Patients - Serious Complications	Number of Patients - Serious Complications	Memo	
Rate - Serious Complications	Rate - Serious Complications	Memo	
Lower Estimate - Serious Complications	Lower Estimate - Serious Complications	Memo	
Higher Estimate - Serious Complications	Higher Estimate - Serious Complications	Memo	

Table Name *(Back to Table Listing)*	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Agency for Healthcare Research and Quality - State	Agency for Healthcare Research and Quality - State	AHRQ PSI State Results
Description	AHRQ PSI measures state-level results		
CSV Revised File Column Name	**Data.Medicare.gov Column Name**	**DDB Data Type**	
State	State	Memo	
Worse - Death from serious treatable complications after surgery	Worse - Death from serious treatable complications after surgery	Memo	
Same - Death from serious treatable complications after surgery	Same - Death from serious treatable complications after surgery	Memo	
Better - Death from serious treatable complications after surgery	Better - Death from serious treatable complications after surgery	Memo	
Too few - Death from serious treatable complications after surgery	Too few - Death from serious treatable complications after surgery	Memo	
Worse - Collapsed lung due to medical treatment	Worse - Collapsed lung due to medical treatment	Memo	
Same - Collapsed lung due to medical treatment	Same - Collapsed lung due to medical treatment	Memo	

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	AHRQ PSI State Results	
Description	AHRQ PSI measures state-level results			
CSV Revised File Column Name	**Data.Medicare.gov Column Name**		**DDB Data Type**	
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 - National	Agency for Healthcare Research and Quality - National	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	National Patient Safety Measure Performance		Memo	

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

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

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

Table Name (*Back to Table Listing*)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Emergency Department Throughput-National	Emergency Department Throughput-National	Process of Care—Emergency Department National Results
Description	Process of Care—Emergency Department Hospital Results measure national results		

CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type
Provider ID	Provider ID	Memo
Measure	Measure	Memo
Rate (per 1,000 Discharges)	Rate (per 1,000 Discharges)	Memo
Footnote	Footnote	Memo

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

CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type
Provider ID	Provider ID	Memo
Hospital Name	Hospital Name	Memo
Address 1	Address 1	Memo
Address 2	Address 2	Memo
Address 3	Address 3	Memo
City	City	Memo
State	State	Text(2)
ZIP Code	ZIP Code	Text(5)
County Name	County Name	Text(25)
Phone Number	Phone Number	Text(10)
Measure	Measure	Memo
Score	Score	Memo
Footnote	Footnote	Memo
	Location	Memo

Table Name (*Back to Table Listing*)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Healthcare_Associated_Infections_State	Healthcare_Associated_Infections_State	Healthcare-Associated Infections State Results
Description	Healthcare-Associated Infections measures state-level results		

CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type
Provider ID	Provider ID	Memo
Measure	Measure	Memo
Score	Score	Memo
Footnote	Footnote	Memo

Table Name *(Back to Table Listing)*	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Healthcare_Associated_Infections_National	Healthcare_Associated_Infections_National	Healthcare-Associated Infections National Results
Description	Healthcare-Associated Infections measures national results		

CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type
Provider ID	Provider ID	Memo
Measure	Measure	Memo
Rate (per 1,000 Discharges)	Rate (per 1000 Discharges)	Memo
Footnote	Footnote	Memo

Table Name *(Back to Table Listing)*	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Hospital Acquired Condition	Hospital Acquired Condition	Hospital-Acquired Conditions Hospital Results
Description	Hospital-Acquired Conditions measures hospital-level results		

CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type
Provider ID	Provider ID	Memo
Hospital Name	Hospital Name	Memo
Address 1	Address 1	Memo
Address 2	Address 2	Memo
Address 3	Address 3	Memo
City	City	Memo
State	State	Text(2)
ZIP Code	ZIP Code	Text(5)
County Name	County Name	Text(25)
Phone Number	Phone Number	Text(10)
Measure	Measure	Memo
Rate (per 1,000 Discharges)	Rate (per 1,000 Discharges)	Memo

Table Name *(Back to Table Listing)*	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Hospital Acquired Condition - National	Hospital Acquired Condition - National	Hospital-Acquired Conditions National Results
Description	Hospital-Acquired Conditions measures national results		

CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type
Measure	Measure	Memo
Score	Score	Memo

Table Name *(Back to Table Listing)*	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	HCAHPS Measures	HCAHPS Measures	HCAHPS Hospital Results
Description	HCAHPS measures hospital-level results		

CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type
Provider Number	Provider Number	Memo
Hospital Name	Hospital Name	Memo
Address 1	Address 1	Memo
Address 2	Address 2	Memo
Address 3	Address 3	Memo
City	City	Memo
State	State	Text(2)
ZIP Code	ZIP Code	Text(5)
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

Table Name (*Back to Table Listing*)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business	
	HCAHPS Measures	HCAHPS Measures	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 "Sometimes" or "Never" explained about medicines before giving it to them.		Percent of patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them.		Memo
Percent of patients who reported that staff "Usually" explained about medicines before giving it to them.		Percent of patients who reported that staff "Usually" explained about medicines before giving it to them.		Memo
Percent of patients who reported that staff "Always" explained about medicines before giving it to them.		Percent of patients who reported that staff "Always" explained about medicines before giving it to them.		Memo
Percent of patients who reported that their room and bathroom were "Sometimes" or "Never" clean.		Percent of patients who reported that their room and bathroom were "Sometimes" or "Never" clean.		Memo
Percent of patients who reported that their room and bathroom were "Usually" clean.		Percent of patients who reported that their room and bathroom were "Usually" clean.		Memo
Percent of patients who reported that their room and bathroom were "Always" clean.		Percent of patients who reported that their room and bathroom were "Always" clean.		Memo
Percent of patients who reported that the area around their room was "Sometimes" or "Never" quiet at night.		Percent of patients who reported that the area around their room was "Sometimes" or "Never" quiet at night.		Memo
Percent of patients who reported that the area around their room was "Usually" quiet at night.		Percent of patients who reported that the area around their room was "Usually" quiet at night.		Memo
Percent of patients who reported that the area around their room was "Always" quiet at night.		Percent of patients who reported that the area around their room was "Always" quiet at night.		Memo
Percent of patients at each hospital who reported that YES they were given information about what to do during recovery.		Percent of patients who reported that YES,they were given information about what to do during their recovery at home.		Memo
Percent of patients who reported that they were not given information about what to do during their recovery at home.		Percent of patients who reported that they were not given information about what to do during their recovery at home.		Memo
Percent of patients who gave their hospital 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

Table Name (*Back to Table Listing*)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	HCAHPS Measures	HCAHPS Measures	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 NO they would not recommend the hospital.	Percent of patients who reported NO,they would not recommend the hospital.		Memo
Percent of patients who reported YES they would probably recommend the hospital.	Percent of patients who reported YES,they would probably recommend the hospital.		Memo
Patients who reported YES they would definitely recommend the hospital.	Percent of patients who reported YES,they would definitely recommend the hospital.		Memo
Number of completed Surveys	Number of Completed Surveys		Memo
Survey Response Rate	Survey Response Rate Percent		Memo
Hospital Footnote	Hospital Footnote		Memo

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

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

Table Name *(Back to Table Listing)*	**Physical: Revised CSV Flat File**	**Physical: Data.Medicare.gov**	**Business**
	HCAHPS Measures - State	HCAHPS Measures - State	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 gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest).	Percent of patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest).	Memo
Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).	Percent of patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).	Memo
Percent of patients who reported NO they would not recommend the hospital.	Percent of patients who reported NO,they would not recommend the hospital.	Memo
Percent of patients who reported YES they would probably recommend the hospital.	Percent of patients who reported YES,they would probably recommend the hospital.	Memo
Patients who reported YES they would definitely recommend the hospital.	Percent of patients who reported YES,they would definitely recommend the hospital.	Memo

Table Name *(Back to Table Listing)*	**Physical: Revised CSV Flat File**	**Physical: Data.Medicare.gov**	**Business**
	HCAHPS Measures - National	HCAHPS Measures - National	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**
	hvbp_ami_08_16_2013	hvbp_ami_08_16_2013	HVBP Process of Care—AMI Results
Description	Hospital Value Based Purchasing Acute Myocardial Infarction results		

CSV Revised File Column Name	**Data.Medicare.gov Column Name**	**DDB Data Type**
Provider Number	Provider Number	Memo
Hospital Name	Hospital Name	Memo
Address	Address	Memo
City	City	Memo
State	State	Memo
ZIP Code	ZIP Code	Memo
County Name	County Name	Memo
AMI-7a Performance Rate	AMI-7a Performance Rate	Memo
AMI-7a Achievement Points	AMI-7a Achievement Points	Memo
AMI-7a Improvement Points	AMI-7a Improvement Points	Memo
AMI-7a Measure Score	AMI-7a Measure Score	Memo

Table Name *(Back to Table Listing)*	**Physical: Revised CSV Flat File**	**Physical: Data.Medicare.gov**	**Business**
	hvbp_ami_08_16_2013	hvbp_ami_08_16_2013	HVBP Process of Care—AMI Results
Description	Hospital Value Based Purchasing Acute Myocardial Infarction results		

CSV Revised File Column Name	**Data.Medicare.gov Column Name**	**DDB Data Type**
AMI-8a Performance Rate	AMI-8a Performance Rate	Memo
AMI-8a Achievement Points	AMI-8a Achievement Points	Memo
AMI-8a Improvement Points	AMI-8a Improvement Points	Memo
AMI-8a Measure Score	AMI-8a Measure Score	Memo
AMI Condition/Procedure Score	AMI Condition Procedure Score	Memo
	Location	Memo

Table Name *(Back to Table Listing)*	**Physical: Revised CSV Flat File**	**Physical: Data.Medicare.gov**	**Business**
	hvbp_hai_08_16_2013	hvbp_hai_08_16_2013	HVBP Healthcare-Associated Infections Results
Description	Hospital Value-Based Purchasing Healthcare-Associated Infections results		

CSV Revised File Column Name	**Data.Medicare.gov Column Name**	**DDB Data Type**
Provider Number	Provider Number	Memo
Hospital Name	Hospital Name	Memo
Address	Address	Memo
City	City	Memo
State	State	Memo
ZIP Code	ZIP Code	Memo
County Name	County Name	Memo
SCIP-Inf-1 Performance Rate	SCIP-Inf-1 Performance Rate	Memo
SCIP-Inf-1 Achievement Points	SCIP-Inf-1 Achievement Points	Memo
SCIP-Inf-1 Improvement Points	SCIP-Inf-1 Improvement Points	Memo
SCIP-Inf-1 Measure Score	SCIP-Inf-1 Measure Score	Memo
SCIP-Inf-2 Performance Rate	SCIP-Inf-2 Performance Rate	Memo
SCIP-Inf-2 Achievement Points	SCIP-Inf-2 Achievement Points	Memo
SCIP-Inf-2 Improvement Points	SCIP-Inf-2 Improvement Points	Memo
SCIP-Inf-2 Measure Score	SCIP-Inf-2 Measure Score	Memo
SCIP-Inf-3 Performance Rate	SCIP-Inf-3 Performance Rate	Memo
SCIP-Inf-3 Achievement Points	SCIP-Inf-3 Achievement Points	Memo
SCIP-Inf-3 Improvement Points	SCIP-Inf-3 Improvement Points	Memo
SCIP-Inf-3 Measure Score	SCIP-Inf-3 Measure Score	Memo
SCIP-Inf-4 Performance Rate	SCIP-Inf-4 Performance Rate	Memo
SCIP-Inf-4 Achievement Points	SCIP-Inf-4 Achievement Points	Memo
SCIP-Inf-4 Improvement Points	SCIP-Inf-4 Improvement Points	Memo
SCIP-Inf-4 Measure Score	SCIP-Inf-4 Measure Score	Memo
HAI Condition/Procedure Score	HAI Condition Procedure Score	Memo
	Location	Memo

Table Name *(Back to Table Listing)*	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	hvbp_hcahps_08_16_2013	hvbp_hcahps_08_16_2013	HVBP HCAHPS Results
Description	Hospital Value-Based Purchasing HCAHPS results		

CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type
Provider Number	Provider Number	Memo
Hospital Name	Hospital Name	Memo
Address	Address	Memo
City	City	Memo
State	State	Memo
ZIP Code	ZIP Code	Memo
County Name	County Name	Memo
Communication with Nurses Achievement Points	Communication with Nurses Achievement Points	Memo
Communication with Nurses Improvement Points	Communication with Nurses Improvement Points	Memo
Communication with Nurses Dimension Score	Communication with Nurses Dimension Score	Memo
Communication with Doctors Achievement Points	Communication with Doctors Achievement Points	Memo
Communication with Doctors Improvement Points	Communication with Doctors Improvement Points	Memo
Communication with Doctors Dimension Score	Communication with Doctors Dimension Score	Memo
Responsiveness of Hospital Staff Achievement Points	Responsiveness of Hospital Staff Achievement Points	Memo
Responsiveness of Hospital Staff Improvement Points	Responsiveness of Hospital Staff Improvement Points	Memo
Responsiveness of Hospital Staff Dimension Score	Responsiveness of Hospital Staff Dimension Score	Memo
Pain Management Achievement Points	Pain Management Achievement Points	Memo
Pain Management Improvement Points	Pain Management Improvement Points	Memo
Pain Management Dimension Score	Pain Management Dimension Score	Memo
Communication about Medicines Achievement Points	Communication about Medicines Achievement Points	Memo
Communication about Medicines Improvement Points	Communication about Medicines Improvement Points	Memo
Communication about Medicines Dimension Score	Communication about Medicines Dimension Score	Memo
Cleanliness and Quietness of Hospital Environment Achievement Points	Cleanliness and Quietness of Hospital Environment Achievement Points	Memo
Cleanliness and Quietness of Hospital Environment Improvement Points	Cleanliness and Quietness of Hospital Environment Improvement Points	Memo

Table Name (*Back to Table Listing*)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	hvbp_hcahps_08_16_2013	hvbp_hcahps_08_16_2013	HVBP HCAHPS Results
Description	Hospital Value-Based Purchasing HCAHPS results		
CSV Revised File Column Name	**Data.Medicare.gov Column Name**		**DDB Data Type**
Cleanliness and Quietness of Hospital Environment Dimension Score	Cleanliness and Quietness of Hospital Environment Dimension Score		Memo
Discharge Information Achievement Points	Discharge Information Achievement Points		Memo
Discharge Information Improvement Points	Discharge Information Improvement Points		Memo
Discharge Information Dimension Score	Discharge Information Dimension Score		Memo
Overall Rating of Hospital Achievement Points	Overall Rating of Hospital Achievement Points		Memo
Overall Rating of Hospital Improvement Points	Overall Rating of Hospital Improvement Points		Memo
Overall Rating of Hospital Dimension Score	Overall Rating of Hospital Dimension Score		Memo
HCAHPS Base Score	HCAHPS Base Score		Memo
HCAHPS Consistency Score	HCAHPS Consistency Score		Memo
	Location		Memo

Table Name (*Back to Table Listing*)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	hvbp_hf_08_16_2013	hvbp_hf_08_16_2013	HVBP Process of Care—Heart Failure Results
Description	Hospital Value-Based Purchasing Process of Care—Heart Failure results		
CSV Revised File Column Name	**Data.Medicare.gov Column Name**		**DDB Data Type**
Provider Number	Provider Number		Memo
Hospital Name	Hospital Name		Memo
Address	Address		Memo
City	City		Memo
State	State		Memo
ZIP Code	ZIP Code		Memo
County Name	County Name		Memo
HF-1 Performance Rate	HF-1 Performance Rate		Memo
HF-1 Achievement Points	HF-1 Achievement Points		Memo
HF-1 Improvement Points	HF-1 Improvement Points		Memo
HF-1 Measure Score	HF-1 Measure Score		Memo
HF-1 Condition/Procedure Score	HF Condition Procedure Score		Memo
	Location		Memo

Table Name (*Back to Table Listing*)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	hvbp_scip_08_16_2013	hvbp_scip_08_16_2013	HVBP Process of Care— Surgical Care Improvement Project Results
Description	Hospital Value-Based Purchasing Process of Care— Surgical Care Improvement Project results		

CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type
Provider Number	Provider Number	Memo
Hospital Name	Hospital Name	Memo
Address	Address	Memo
City	City	Memo
State	State	Memo
ZIP Code	ZIP Code	Memo
County Name	County Name	Memo
SCIP-Card-2 Performance Rate	SCIP-Card-2 Performance Rate	Memo
SCIP-Card-2 Achievement Points	SCIP-Card-2 Achievement Points	Memo
SCIP-Card-2 Improvement Points	SCIP-Card-2 Improvement Points	Memo
SCIP-Card-2 Measure Score	SCIP-Card-2 Measure Score	Memo
SCIP-VTE-1 Performance Rate	SCIP-VTE-1 Performance Rate	Memo
SCIP-VTE-1 Achievement Points	SCIP-VTE-1 Achievement Points	Memo
SCIP-VTE-1 Improvement Points	SCIP-VTE-1 Improvement Points	Memo
SCIP-VTE-1 Measure Score	SCIP-VTE-1 Measure Score	Memo
SCIP-VTE-2 Performance Rate	SCIP-VTE-2 Performance Rate	Memo
SCIP-VTE-2 Achievement Points	SCIP-VTE-2 Achievement Points	Memo
SCIP-VTE-2 Improvement Points	SCIP-VTE-2 Improvement Points	Memo
SCIP-VTE-2 Measure Score	SCIP-VTE-2 Measure Score	Memo
SCIP Condition/Procedure Score	SCIP Condition Procedure Score	Memo
	Location	Memo

Table Name (*Back to Table Listing*)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	hvbp_pn_08_16_2013	hvbp_pn_08_16_2013	HVBP Process of Care— Pneumonia Results
Description	Hospital Value-Based Purchasing Process of Care—Pneumonia measure results		

CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type
Provider Number	Provider Number	Memo
Hospital Name	Hospital Name	Memo
Address	Address	Memo
City	City	Memo
State	State	Memo
ZIP Code	ZIP Code	Memo
County Name	County Name	Memo
PN-3b Performance Rate	PN-3b Performance Rate	Memo
PN-3b Achievement Points	PN-3b Achievement Points	Memo

Table Name *(Back to Table Listing)*	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	hvbp_pn_08_16_2013	hvbp_pn_08_16_2013	HVBP Process of Care—Pneumonia Results
Description	Hospital Value-Based Purchasing Process of Care—Pneumonia measure results		

CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type
PN-3b Improvement Points	PN-3b Improvement Points	Memo
PN-3b Measure Score	PN-3b Measure Score	Memo
PN-6 Performance Rate	PN-6 Performance Rate	Memo
PN-6 Achievement Points	PN-6 Achievement Points	Memo
PN-6 Improvement Points	PN-6 Improvement Points	Memo
PN-6 Measure Score	PN-6 Measure Score	Memo
PN Condition/Procedure Score	PN Condition Procedure Score	Memo
	Location	Memo

Table Name *(Back to Table Listing)*	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	hvbp_tps_08_16_2013	hvbp_tps_08_16_2013	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	Memo
Hospital Name	Hospital Name	Memo
Address	Address	Memo
City	City	Memo
State	State	Memo
ZIP Code	ZIP Code	Memo
County Name	County Name	Memo
Unweighted Normalized Clinical Process of Care Domain Score	Unweighted Normalized Clinical Process of Care Domain Score	Memo
Weighted Clinical Process of Care Domain Score	Weighted Clinical Process of Care Domain Score	Memo
Unweighted Patient Experience of Care Domain Score	Unweighted Patient Experience of Care Domain Score	Memo
Weighted Patient Experience of Care Domain Score	Weighted Patient Experience of Care Domain Score	Memo
Total Performance Score	Total Performance Score	Memo
	Location	Memo

Table Name	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
(Back to Table Listing)	Immunization	Immunization	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	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
(Back to Table Listing)	Immunization-State	Immunization-State	Process of Care—Immunization State Results
Description	Process of Care—Immunization measure state-level results		

CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type
Provider ID	Provider ID	Memo
Measure	Measure	Memo
Rate (per 1,000 Discharges)	Rate (per 1,000 Discharges)	Memo
Footnote	Footnote	Memo

Table Name	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
(Back to Table Listing)	Immunization-National	Immunization-National	Process of Care—Immunization National Results
Description	Process of Care—Immunization measures national results		

CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type
Provider ID	Provider ID	Memo
Measure	Measure	Memo
Rate (per 1,000 Discharges)	Rate (per 1,000 Discharges)	Memo
Footnote	Footnote	Memo

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

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

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

Table Name *(Back to Table Listing)*	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Medicare Volume Measures	Medicare Volume Measures	Medicare Volume Hospital Results
Description	Medicare Volume measures hospital-level results		

CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type
Provider Number	Provider Number	Memo
Hospital Name	Hospital Name	Memo
Address 1	Address 1	Memo
Address 2	Address 2	Memo
Address 3	Address 3	Memo
City	City	Memo
State	State	Text(2)
ZIP Code	ZIP Code	Text(5)
County Name	County Name	Text(25)
Phone Number	Phone Number	Text(10)
Diagnosis Related Group	Diagnosis Related Group	Text(25)
Number Of Cases	Number Of Cases	Text(50)
Footnote	Footnote	Memo

Table Name *(Back to Table Listing)*	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Medicare Volume Measures - State	Medicare Volume Measures - State	Medicare Volume State Results
Description	Medicare Volume measures state results		

CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type
State	State	Text(50)
Diagnosis Related Group	Diagnosis Related Group	Text(25)
Number Of Cases	Number Of Cases	Text(50)
Footnote	Footnote	Memo

Table Name *(Back to Table Listing)*	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Medicare Volume Measures - National	Medicare Volume Measures - National	Medicare Volume National Results
Description	Medicare Volume measures national results		

CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type
Diagnosis Related Group	Diagnosis Related Group	Text(25)
Number Of Cases	Number Of Cases	Text(50)

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

Table Name *(Back to Table Listing)*	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Outcome Of Care Measures	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 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
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

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

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

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

Table Name (*Back to Table Listing*)	**Physical: Revised CSV Flat File**	**Physical: Data.Medicare.gov**	**Business**
	Outcome Of Care Measures - State	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 Failure are Number of Cases Too Small	Hospital 30-Day Readmission Rates from Heart Failure - Number of Cases Too Small	Memo
Number of Hospitals whose 30-Day Readmission Rates from Pneumonia are Better than U.S. National Rate	Hospital 30-Day Readmission Rates from Pneumonia - Better than U.S. National Rate	Memo
Number of Hospitals whose 30-Day Readmission Rates from Pneumonia are No different than U.S. National Rate	Hospital 30-Day Readmission Rates from Pneumonia - No different than U.S. National Rate	Memo
Number of Hospitals whose 30-Day Readmission Rates from Pneumonia are Worse than U.S. National Rate	Hospital 30-Day Readmission Rates from Pneumonia - Worse than U.S. National Rate	Memo
Number of Hospitals whose 30-Day Readmission Rates from Pneumonia are Number of Cases Too Small	Hospital 30-Day Readmission Rates from Pneumonia - Number of Cases Too Small	Memo
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
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

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

Table Name *(Back to Table Listing)*	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Outpatient Imaging Efficiency Measures	Use Of Medical Imaging Measures	Outpatient Imaging Efficiency Hospital Results
Description	Outpatient Imaging Efficiency measures hospital-level results		
CSV Revised File Column Name	**Data.Medicare.gov Column Name**		**DDB Data Type**
Provider Number	Provider Number		Memo
Hospital Name	Hospital Name		Memo
Address 1	Address 1		Memo
Address 2	Address 2		Memo
Address 3	Address 3		Memo
City	City		Memo
State	State		Text(2)
ZIP Code	ZIP Code		Text(5)
County Name	County Name		Text(25)

Table Name *(Back to Table Listing)*	**Physical: Revised CSV Flat File** Outpatient Imaging Efficiency Measures	**Physical: Data.Medicare.gov** Use Of Medical Imaging Measures	**Business** 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
Phone Number	Phone Number	Text(10)
Outpatients with low back pain who had an MRI without trying recommended treatments first such as physical therapy	Outpatients with low back pain who had an MRI without trying recommended treatments first, such as physical therapy.	Memo
Number of Patients 1	Number of Patients	Memo
Footnote 1	Footnote	Memo
Outpatients who had a follow-up mammogram or ultrasound within 45 days after a screening mammogram	Outpatients who had a follow-up mammogram or ultrasound within 45 days after a screening mammogram.	Memo
Number of Patients 2	Number of Patients Who Had a Follow-up	Memo
Footnote 2	Footnote (2)	Memo
Outpatient CT scans of the abdomen that were "combination" (double) scans	Outpatient CT scans of the abdomen that were "combination" (double) scans.	Memo
Number of Patients 3	Number of Patients Who Had Combination Scans	Memo
Footnote 3	Footnote (3)	Memo
Outpatient CT scans of the chest that were "combination" (double) scans	Outpatient CT scans of the chest that were "combination" (double) scans.	Memo
Number of Patients 4	Number of Outpatients Who Had Combination Chest Scans	Memo
Footnote 4	Footnote (4)	Memo
Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery	Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery	Memo
Number of Patients 5	Number of Patients 5	Memo
Footnote 5	Footnote (5)	Memo
Outpatients with brain CT scans who got a sinus CT scan at the same time	Outpatients with brain CT scans who got a sinus CT scan at the same time	Memo
Number of Patients 6	Number of Patients 6	Memo
Footnote 6	Footnote (6)	Memo

Table Name (*Back to Table Listing*)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Outpatient Imaging Efficiency Measures - State	Outpatient Imaging Efficiency 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 - National	Outpatient Imaging Efficiency 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
	Process of Care Measures - Children	Process of Care Measures - Children	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

Table Name *(Back to Table Listing)*	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Process of Care Measures - Children	Process of Care Measures - Children	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
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	Memo
Footnote 1	Footnote	Memo
Percent of Children Who Received Systemic Corticosteroid Medication While Hospitalized for Asthma	Percent of Children Who Received Systemic Corticosteroid Medication While Hospitalized for Asthma	Memo
Number of Patients 2	Number of Patients-2	Memo
Footnote 2	Footnote-2	Memo
Percent of Children and their Caregivers Who Received a Home Management Plan of Care Document While Hospitalized for Asthma	Percent of Children and their Caregivers Who Received a Home Management Plan of Care Document While Hospitalized for Asthma	Memo
Number of Patients 3	Number of Patients-3	Memo
Footnote 3	Footnote-3	Memo

Table Name *(Back to Table Listing)*	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Process of Care Measures - Heart Attack	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)

Table Name *(Back to Table Listing)*	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Process of Care Measures - Heart Attack	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
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
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

Table Name *(Back to Table Listing)*	**Physical: Revised CSV Flat File**	**Physical: Data.Medicare.gov**	**Business**
	Process of Care Measures - Heart Attack	Process of Care Measures - Heart Attack	Process of Care—Heart Attack Hospital Results
Description	Process of Care—Heart Attack measures hospital-level results		
CSV Revised File Column Name	**Data.Medicare.gov Column Name**	**DDB Data Type**
Footnote 10	Footnote 10	Memo

Table Name *(Back to Table Listing)*	**Physical: Revised CSV Flat File**	**Physical: Data.Medicare.gov**	**Business**
	Process of Care Measures - Heart Failure	Process of Care Measures - Heart Failure	Process of Care—Heart Failure Hospital Results
Description	Process of Care—Heart Failure measures hospital-level results		

CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type
Provider Number	Provider Number	Memo
Hospital Name	Hospital Name	Memo
Address 1	Address 1	Memo
Address 2	Address 2	Memo
Address 3	Address 3	Memo
City	City	Memo
State	State	Text(2)
ZIP Code	ZIP Code	Text(5)
County Name	County Name	Text(25)
Phone Number	Phone Number	Text(10)
Percent of Heart Failure Patients Given an Evaluation of Left Ventricular Systolic (LVS) Function	Percent of patients who were given an evaluation of Left Ventricular Systolic Dysfunction (LVSD)	Memo
Number of Patients 1	Number of Patients	Memo
Footnote 1	Footnote	Memo
Percent of Heart Failure Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	Percent of Heart Failure Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	Memo
Number of Patients 2	Number of Patients-2	Memo
Footnote 2	Footnote-2	Memo
Percent of Heart Failure Patients Given Discharge Instructions	Percent of Heart Failure Patients Given Discharge Instructions	Memo
Number of Patients 3	Number of Patients-3	Memo
Footnote 3	Footnote-3	Memo

Table Name *(Back to Table Listing)*	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Process of Care Measures - Pneumonia	Process of Care Measures - Pneumonia	Process of Care—Pneumonia Hospital Results
Description	Process of Care—Pneumonia measures hospital-level results		
CSV Revised File Column Name	**Data.Medicare.gov Column Name**		**DDB Data Type**
Provider Number	Provider Number		Memo
Hospital Name	Hospital Name		Memo
Address 1	Address 1		Memo
Address 2	Address 2		Memo
Address 3	Address 3		Memo
City	City		Memo
State	State		Text(2)
ZIP Code	ZIP Code		Text(5)
County Name	County Name		Text(25)
Phone Number	Phone Number		Text(10)
Percent of Pneumonia Patients Whose Initial ER Blood Culture Was Performed Prior To Administration Of First Dose Of Antibiotics	Percent of Pneumonia Patients Whose Initial ER Blood Culture Was Performed Prior To Administration Of First Dose Of Antibiotics		Memo
Number of Patients 2	Number of Patients 2		Memo
Footnote 2	Footnote 2		Memo
Percent of Pneumonia Patients Given the Most Appropriate Initial Antibiotic(s)	Percent of Pneumonia Patients Given the Most Appropriate Initial Antibiotic(s)		Memo
Number of Patients 4	Number of Patients 4		Memo
Footnote 4	Footnote 4		Memo

Table Name *(Back to Table Listing)*	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Process of Care Measures - SCIP	Process of Care Measures - SCIP	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)

Table Name *(Back to Table Listing)*	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Process of Care Measures - SCIP	Process of Care Measures - SCIP	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
Surgery patients who were given an antibiotic at the right time (within one hour before surgery) to help prevent infection	Percent of Surgery Patients given an antibiotic at the right time (within one hour before surgery) to help prevent infection	Memo
Number of Patients 1	Number of Patients-1	Memo
Footnote 1	Footnote-1	Memo
Surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery)	Percent of Surgery Patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery)	Memo
Number of Patients 2	Number of Patients-2	Memo
Footnote 2	Footnote-2	Memo
Surgery patients who were given the right kind of antibiotic to help prevent infection	Percent of Surgery Patients who were given the right kind of antibiotic to help prevent infection	Memo
Number of Patients 3	Number of Patients-3	Memo
Footnote 3	Footnote-3	Memo
Patients who got treatment at the right time (within 24 hours before or after their surgery) to help prevent blood clots	Percent of Surgery Patients who got treatment at right time (within 24 hours before or after surgery) to help prevent blood clot	Memo
Number of Patients 4	Number of Patients-4	Memo
Footnote 4	Footnote-4	Memo
Surgery patients whose doctors ordered treatments to prevent blood clots after certain types of surgeries	Percent of Surgery Patients whose doctors ordered treatments to prevent blood clots after certain types of surgeries	Memo
Number of Patients 5	Number of Patients-5	Memo
Footnote 5	Footnote-5	Memo
Heart surgery patients whose blood sugar (blood glucose) is kept under good control in the days right after surgery	Percent of all Heart Surgery Patients whose blood sugar is kept under good control in the days right after surgery	Memo
Number of Patients 6	Number of Patients-6	Memo
Footnote 6	Footnote-6	Memo
The percent of surgery patients whose urinary catheters were removed on the first or second day after surgery	Percent of Surgery Patients whose urinary catheters were removed on the first or second day after surgery	Memo
Number of Patients 11	Number of Patients 11	Memo
Footnote 11	Footnote 11	Memo
Surgery patients who were taking heart drugs called beta blockers before coming to the hospital who were kept on them	Surgery patients who were taking heart drugs called beta blockers before coming to the hospital who were kept on them	Memo

Table Name (*Back to Table Listing*)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Process of Care Measures - SCIP	Process of Care Measures - SCIP	Process of Care—Surgical Care Improvement Project Hospital Results
Description	Process of Care—Surgical Care Improvement Project measures hospital-level results		
CSV Revised File Column Name	**Data.Medicare.gov Column Name**		**DDB Data Type**
Number of Patients 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
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	Process of Care Measures - State	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

Table Name *(Back to Table Listing)*	Physical: Revised CSV Flat File Process of Care Measures - State	Physical: Data.Medicare.gov Process of Care Measures - State	Business Process of Care State Results
Description	Process of Care measures state-level results		

CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type
Percent of 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
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

Table Name (*Back to Table Listing*)	**Physical: Revised CSV Flat File** Process of Care Measures - State	**Physical: Data.Medicare.gov** Process of Care Measures - State	**Business** Process of Care State Results
Description	Process of Care measures state-level results		

CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type
Percent of 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
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** Process of Care Measures - National	**Physical: Data.Medicare.gov** Process of Care Measures - National	**Business** Process of Care National Results
Description	Process of Care measures national results		

CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type
Measure name	Measure name	Memo
Condition	Condition	Memo
Category	Category	Memo
National Process of Care Rate	National Process of Care Rate	Memo

Table Name *(Back to Table Listing)*	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	READMISSION REDUCTION	READMISSION REDUCTION	Readmission Reduction Hospital Results
Description	Readmission Reduction measures hospital-level results		

CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type
Hospital Name	Hospital Name	Memo
Provider Number	Provider Number	Memo
State	State	Text(2)
Measure Name	Measure Name	Memo
Number of Discharges	Number of Discharges	Memo
Footnote	Footnote	Memo
Excess Readmission Ratio	Excess Readmission Ratio	Memo
Predicted Readmission Rate	Predicted Readmission Rate	Memo
Expected Readmission Rate	Expected Readmission Rate	Memo
Number of Readmissions	Number of Readmissions	Memo
Start Date	Start Date	Memo
End Date	End Date	Memo

Table Name *(Back to Table Listing)*	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Structural Measures	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
	Measure Crosswalk	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	Provider Number	Memo
Hospital Name	Hospital Name	Memo
State	State	Text(2)
Condition	Condition	Memo
Measure Code	Measure Code	Memo
Measure Name	Measure Name	Memo
Score	Score	Memo
Sample	Sample	Memo
Footnote	Footnote	Memo

Table Name (*Back to Table Listing*)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
	Hospital_Compare_CASPER_ASPEN_Contacts	Hospital Compare - CASPER/ASPEN Contacts	Hospital Compare - CASPER/ASEN Contacts
Description	Lists Hospital Compare CASPER/ASEN Contacts		

CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type
State	State	Memo
Compare Tool	Compare Tool	Memo
E-mail Address	E-mail Address	Memo
Phone	Phone	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	Spending Breakdown by Claim
Description	Spending breakdown by claim		

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	Memo
Period	Period	Memo
Claim Type	Claim Type	Memo
Avg Spending Per Episode (Hospital)	Avg Spending Per Episode (Hospital)	Memo
Avg Spending Per Episode (State)	Avg Spending Per Episode (State)	Memo
Avg Spending Per Episode (Nation)	Avg Spending Per Episode (Nation)	Memo
Percent of Spending (Hospital)	Percent of Spending (Hospital)	Memo
Percent of Spending (State)	Percent of Spending (State)	Memo
Percent of Spending (Nation)	Percent of Spending (Nation)	Memo

Table Name *(Back to Table Listing)*	**Physical: Revised CSV Flat File** American_College_of_Cardiology_Percutaneous_Coronary_Intervention_PCI_Readmission_Measure	**Physical: Data.Medicare.gov** American College of Cardiology Percutaneous Coronary Intervention (PCI) Readmission Measure	**Business** American College of Cardiology Percutaneous Coronary Intervention (PCI) Readmission Measure
Description	American College of Cardiology Percutaneous Coronary Intervention (PCI) Readmission Measure		

CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type
MPN	MPN	Memo
Hospital Name	Hospital Name	Memo
STATE	STATE	Memo
Performance Category	Performance Category	Memo
RSRR (Lower 95% CI, Upper 95% CI	RSRR (Lower 95% CI, Upper 95% CI	Memo
Footnote	Footnote	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_STRUCTURAL_XWLK	Structural Measures	Structural Measures
SM_PART_STROKE	Participates in: Stroke care registry			
SM_PART_NURSE	Participates in: Nursing care 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			

Measure Identifier	Measure as Displayed on Hospital Compare	Access Database	CSV – Revised database	Data.Medicare.Gov
Survey of Patients' Experiences (HCAHPS)				
	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			
OP-5	Average number of minutes before outpatients with chest pain or possible heart attack got an ECG	dbo_vwHQI_HOSP_MSR_XWLK	Process of Care Measures - Heart Attack	Process of Care Measures - Heart Attack
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			

Measure Identifier	Measure as Displayed on Hospital Compare	Access Database	CSV – Revised database	Data.Medicare.Gov
Acute Myocardial Infarction (AMI)				
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			

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_vwHQI_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
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_vwHQI_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			
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	dbo_vwHQI_HOSP_MSR_XWLK	Process of Care Measures - SCIP	Process of Care Measures - SCIP
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			
SCIP-VTE-1	Surgery patients whose doctors ordered treatments to prevent blood clots after certain types of surgeries			

Measure Identifier	Measure as Displayed on Hospital Compare	Access Database	CSV – Revised database	Data.Medicare.Gov
Emergency Department (ED) Throughput				
ED-1b	Average (median) 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 (median) time patients spent in the emergency department, after the doctor decided to admit them as an inpatient before leaving the emergency department for their inpatient room			
OP-18b	Average time patients spent in the emergency department before being sent home			
OP-20	Average time patients spent in the emergency department before they were seen by a healthcare professional			
OP-21	Average time patients who came to the emergency department with broken bones had to wait before receiving pain medication.			

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

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_vwHQI_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_vwHQI_HOSP _MORTALITY_RE ADM_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 for hip and knee replacement patients			
READM-30-HOSP-WIDE	Rate of readmission after discharge from hospital (hospital-wide)			

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			
COMP-HIP-KNEE	Rate of complications for hip and knee replacement patients	dbo_vwHQI_HOSP _MORTALITY_RE ADM_XWLK	Outcome Of Care Measures	Outcome Of Care Measures
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)	vwHQI_HOSP_AH RQ	Agency for Healthcare Research and Quality	Agency for Healthcare Research and Quality

Measure Identifier	Measure as Displayed on Hospital Compare	Access Database	CSV – Revised database	Data.Medicare.Gov
Surgical Complications				
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)			

Measure Identifier	Measure as Displayed on Hospital Compare	Access Database	CSV – Revised database	Data.Medicare.Gov
Hospital-Acquired Conditions (HAC)				
HAC-1	Objects accidentally left in the body after surgery	vwHQI_HOSP_HAC	Hospital Acquired Condition	Hospital Acquired Condition
HAC-2	Air bubble in the bloodstream			

Measure Identifier	Measure as Displayed on Hospital Compare	Access Database	CSV – Revised database	Data.Medicare.Gov
Hospital-Acquired Conditions (HAC)				
HAC-3	Mismatched blood types			
HAC-4	Severe pressure sores (bed sores)			
HAC-5	Falls and injuries			
HAC-6	Blood infection from a catheter in a large vein			
HAC-7	Infection from a urinary catheter			
HAC-8	Signs of uncontrolled blood sugar			

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_Pe rcutaneous_Corona ry_Intervention_PC I_Readmission_Me asure	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_vwHQI_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			

Measure Identifier	Measure as Displayed on Hospital Compare	Access Database	CSV – Revised database	Data.Medicare.Gov
Use of Medical Imaging				
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)	Spending per hospital patient with Medicare	vwHQI_HOSP_SPP	Medicare Spending Per Patient	Medicare Spending Per Patient

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_vwHQI_HOSP _MPV_MSR	Medicare Volume Measures	Medicare Volume Measures

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: - 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: - 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: • 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: • 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.