Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
asc	ccn	CMS Certification Number	string	The 10 digit ASC CCN number or NPI number for the organization for which the ASCQR Web-based measures data was submitted. If there is C in the number it is a CCN.	Valid 10 digit ASC CCN or NPI number		At first this column contained the CCN value. It now contains the NPI value of the org instead.
asc	measure_id	Measure ID	string	Identifier for the measure. Also known as the measure short name.	ASC-1, ASC-2, ASC-3, ASC-4, ASC-9, ASC-11, ASC-13, ASC-14		
asc	population	Population	integer	The facility's total population.	Positive whole number up to 9 digits long		
asc	sample_size	Sample Size	integer	The facility's sample size	Positive whole number up to 9 digits long		
asc	frequency	Frequency	string	The facility's sampling frequency.	Monthly, Quarterly, Not Sampled, or N/A		
asc	numerator	Numerator	integer	The portion of the denominator that satisfies the conditions of the performance measure.	Positive whole number up to 9 digits long		
asc	denominator	Denominator	integer	The population evaluated by the performance measure.	Positive whole number up to 9 digits long		
asc	score	Score	double	The calculated score for the performance measure. This is the numerator value divided by the denominator value.	Positive decimal rounded to 2 decimal places		
asc	payment_year	Payment Year	string	The payment determination year for which the data was submitted.	Currently 2021, 2022, and 2023 are available. Future payment years will become available when they are submitted to HQR.	Yes	

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
daca	ccn	CMS Certification Number	string	The CCN of the hospital or facility for which the DACA was signed. Example value: 010001	Valid 6 digit CCN of a hospital		
daca	position	Position	string	The position of the person who signed the DACA, as they entered it into HQR.			
daca	signature	Signature	string	The name of the person who signed the DACA in HQR.			
daca	year	Year	string	The fiscal year for which the DACA was signed.	Currently 2021, 2022, and 2023 are available. Future payment years will become available when they are submitted to HQR.	Yes	
daca	program	Program	string	The program for which the DACA was signed.	IQR, IPFQR, PCH	Yes	

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
ecqm_denom_dec	ccn	CMS Certification Number	string	The CMS Certification Number (CCN) of the hospital for which the iqr ecqm denominator declaration was submitted.	Valid 6 digit CCN of a hospital		
ecqm_denom_dec	measure_id	Measure ID	string	Identifier for the measure. Also known as the measure short name.	ED-2, PC-05, STK-2, STK-3, STK-5, STK-6, VTE-1, VTE-2, Safe Use of Opiods		
ecqm_denom_dec	zero_denominator_declaration	Zero Denominator Declaration	boolean	True if a zero denominator is declared on the data form in HQR. False if it was not.	TRUE or FALSE		
ecqm_denom_dec	case_threshold_exemption	Case Threshold Exemption	integer	The number of case threshold exemptions claimed on the data form.	0, 1, 2, 3, 4, or 5		
ecqm_denom_dec	discharge_year	Discharge Year	string	The discharge year for which the iqr ecqm denominator declaration was submitted.	Currently 2020, 2021, and 2022 are available. Future discharge years will become available when they are submitted to HQR.	Yes	
ecqm_denom_dec	discharge_quarter	Discharge Quarter	string	The discharge quarter for which the iqr ecqm denominator declaration was submitted.	1, 2, 3, or 4	Yes	

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
oqr_ecqm_denom_dec	ccn	CMS Certification Number	string	The CMS Certification Number (CCN) of the hospital for which the oqr ecqm denominator declaration was submitted.	Valid 6 digit CCN of a hospital		
oqr_ecqm_denom_dec	measure_id	Measure ID	string	Identifier for the measure. Also known as the measure short name.	STEMI		
oqr_ecqm_denom_dec	zero_denominator_declaration	Zero Denominator Declaration	boolean	True if a zero denominator is declared on the data form in HQR. False if it was not.	TRUE or FALSE		
oqr_ecqm_denom_dec	case_threshold_exemption	Case Threshold Exemption	integer	The number of case threshold exemptions claimed on the data form.	0, 1, 2, 3, 4, or 5		
oqr_ecqm_denom_dec	encounter_year	Encounter Year	string	The encounter year for which the oqr ecqm denominator declaration was submitted.	Currently 2023. Future discharge years will become available when they are submitted to HQR.	Yes	
oqr_ecqm_denom_dec	encounter_quarter	Encounter Quarter	string	The encounter quarter for which the oqr ecqm denominator declaration was submitted.	1, 2, 3, or 4	Yes	

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
hcahps_headers	header_id	Header ID	string	The unique identifier for the header record in the database. The ID is composed of the CCN - discharge qtr and year - discharge month.	The value is composed of the CCN - discharge qtr and year - discharge month. Example value: 230144-3Q2022-7		
hcahps_headers	hospital_id	Hospital ID	string	The CCN of the hospital from which the patient was discharged.	Valid 6 digit CCN of a hospital		aka CCN
hcahps_headers	discharge_month	Discharge Month	integer	Month the patient was discharged from the hospital.	1-12		
hcahps_headers	hospital_name	Hospital Name	string	Name of the hospital from which the patient was discharged.			
hcahps_headers	determination_of_service_line	Determination of Service Line	string	Methodology used by a facility to determine whether a patient falls into one of the three service line categories eligible for HCAHPS survey.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_headers	number_eligible_discharge	Number of Eligible Discharges	integer	Number of eligible patients discharged from the hospital for the month.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_headers	number_inpatient_discharge	Number of Inpatient Discharges	integer	Number of inpatients discharged from the hospital for the month.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_headers	sample_size	Sample Size	integer	Number of eligible patients drawn into the sample for survey administration.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_headers	sample_type	Sample Type	string	Sampling type for survey	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_headers	source	Source	string	The source of the data. If the data was submitted to HQR via XML file or web-based tool (data form).	XML or TOOL		
hcahps_headers	file_object_id	File Object ID	string	The AWS S3 file ID of the file that contained this record.			
hcahps_headers	file_name	File Name	string	The name of the uploaded file that provided this header record.			
hcahps_headers	survey_mode	Survey Mode	string	Mode of survey administration such as phone, mail, etc.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_headers	updated	Updated	timestamp	Timestamp of when this record was last updated			
hcahps_headers	updated_by_org_id	Updated by Organization ID	string	The Org ID that last updated this record.			
hcahps_headers	updated_by_org_name	Updated by Organization Name	string	The name of the org that last updated this record.			
hcahps_headers	updated_by_username	Updated by Username	string	The harp username of the person who last updated this record in HQR.			
hcahps_headers	discharge_year	Discharge Year	string	The year the patient was discharged from the hospital.	Currently 2020, 2021, and 2022 are available. Future discharge years will become available when they are submitted to HQR.	Yes	
hcahps_headers	discharge_quarter	Discharge Quarter	string	The quarter the patient was discharged from the hospital.	1, 2, 3, or 4	Yes	

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
hcahps_strata	strata_id	Strata ID	string	The unique identifier for the strata record in the database.			
hcahps_strata	header_id	Header ID	string	The unique identifier for the header record in the database. The ID is composed of the CCN - discharge qtr and year - discharge month.	The value is composed of the CCN - discharge qtr and year - discharge month. Example value: 230144-3Q2022-7		use to join to hcahps_headers
hcahps_strata	hospital_id	Hospital ID	string	The CCN of the hospital from which the patient was discharged.	Valid 6 digit CCN of a hospital		aka CCN
hcahps_strata	strata_name	Strata Name	string	User defined name of the strata.			
hcahps_strata	dsrs_eligible	Disproportionate Stratified Random Sample Eligible	integer	Number of eligible patients within the associated strata.			
hcahps_strata	dsrs_inpatient	Disproportionate Stratified Random Sample Inpatient	integer	Number of inpatient discharges within the associated strata.			
hcahps_strata	dsrs_samplesize	Disproportionate Stratified Random Sample Sample Size	integer	Number of sampled patients within the associated strata.			
hcahps_strata	updated	Updated	timestamp	Timestamp of when this record was last updated.			
hcahps_strata	discharge_year	Discharge Year	string	The year the patient was discharged from the hospital. Example: 2021	Currently 2020, 2021, and 2022 are available. Future discharge years will become available when they are submitted to HQR.	Yes	
hcahps_strata	discharge_quarter	Discharge Quarter	string	The quarter the patient was discharged from the hospital. Example: 2	1, 2, 3, or 4	Yes	

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
hcahps_surveys	survey_id	Survey ID	string	The unique identifier for the survey record in the database.			
hcahps_surveys	hospital_id	Hospital ID	string	The CCN of the hospital from which the patient was discharged.	Valid 6 digit CCN of a hospital		aka CCN
hcahps_surveys	header_id	Header ID	string	The unique identifier for the associated header record in the database	The value is composed of the CCN - discharge qtr and year - discharge month. Example value: 230144-3Q2022-7		use to join to hcahps_headers
hcahps_surveys	strata_id	Strata ID	string	The unique identifier for the strata record in the database.			use to join to hcahps_strata
hcahps_surveys	strata_name	Strata Name	string	The name of the strata to which the patient survey belongs. This value is only applicable if the sampling type used is Disproportionate stratified random sample.	This value must be one of the valid strata names defined in the corresponding header record for this hospital/discharge month.		
hcahps_surveys	patient_id	Patient ID	string	Unique de-identified patient id assigned by the provider to uniquely identify the survey.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	admission_source	Admission Source	string	Source of inpatient admission for the patient.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	principal_reason_admission	Principal Reason of Admission	string	Assignment of HCAHPS Service Line category.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	discharge_status	Discharge Status	string	Status of patient's discharge.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	survey_mode	Survey Mode	string	Mode of survey administration.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		related to hcahps_headers
hcahps_surveys	survey_status	Survey Status	string	Disposition of survey.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	survey_completion_mode	Survey Completion Mode	string	Survey Mode used to complete a survey administered via the Mixed or IVR mode.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	language	Survey Language	string	Survey language in which the survey was administered (or attempted to be administered).	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	supplemental_question_count	Supplemental Question Count	string	The count is the maximum number of supplemental questions available to the patient regardless if the questions are asked and/or answered.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	gender	Gender	string	Patient gender	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	patient_age	Patient Age	string	Patient age at admission	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	lag_time	Lag time	integer	Number of days between patient's discharge date from the hospital and the date that data collection activities ended for the patient.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	number_survey_attempts_telephone	Number of Survey Attempts Telephone	string	Number of telephone contact attempts per survey with a survey mode of Telephone Only, Mixed or Active IVR.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	number_survey_attempts_mail	Number of Survey Attempts Mail	string	Mail wave for which the survey was completed or final survey status code is determined. Mail Only mode.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
hcahps_surveys	nurse_courtesy_respect	Nurses courtesy and respect	string	The patient's response to Question 1: Nurses courtesy and respect	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	nurse_listen	Nurses listen	string	The patient's response to Question 2: Nurses listen.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	nurse_explain	Nurses explain	string	The patient's response to Question 3: Nurses explain.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	call_button	Call button	string	The patient's response to Question 4: Call button.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	dr_courtesy_respect	Doctors courtesy and respect	string	The patient's response to Question 5: Doctors courtesy and respect.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	dr_listen	Doctors listen	string	The patient's response to Question 6: Doctors listen.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	dr_explain	Doctors explain	string	The patient's response to Question 7: Doctors explain.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	cleanliness	Cleanliness	string	The patient's response to Question 8: Cleanliness.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	quiet	Quiet	string	The patient's response to Question 9: Quiet.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	bathroom_screener	Bathroom screener 1	string	The patient's response to Question 10: Bathroom (screener 1).	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	bathroom_help	Bathroom help	string	The patient's response to Question 11: Bathroom help.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	med_screener	Medicine screener 2	string	The patient's response to the retired Question 12: Medicine (screener 2).	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		This question has been retired.
hcahps_surveys	pain_control	Pain controlled	string	The patient's response to the retired Question 13: Pain controlled.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		This question has been retired.
hcahps_surveys	help_pain	Help with pain	string	The patient's response to the retired Question 14: Help with pain.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		This question has been retired.
hcahps_surveys	pain_screener	Pain screener 2	string	The patient's response to the retired Question 12: Pain (screener 2).	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		This question has been retired.
hcahps_surveys	pain_talk	Pain talk	string	The patient's response to the retired Question 13: Pain talk.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		This question has been retired.
hcahps_surveys	pain_treat	Pain treatment	string	The patient's response to the retired Question 14: Pain treatment.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		This question has been retired.

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
hcahps_surveys	new_med_screener	New meds screener 2	string	The patient's response to Question 12: New meds (screener 2).	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	med_for	Medicine for	string	The patient's response to Question 13: Medicine for.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	side_effects	Side effects	string	The patient's response to Question 14: Side effects.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	discharge_screener	Discharge screener 3	string	The patient's response to Question 15: Discharge (screener 3).	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	help_after_discharge	Help after discharge	string	The patient's response to Question 16: Help after discharge.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	symptoms	Symptoms	string	The patient's response to Question 17: Symptoms.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	overall_rate	Overall rating	string	The patient's response to Question 18: Overall rating.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	recommend	Recommend	string	The patient's response to Question 19: Recommend.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	ct_preferences	Preferences in deciding health care needs	string	The patient's response to Question 20: Preferences in deciding health care needs.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	ct_understanding	Understanding of responsibility in managing health	string	The patient's response to Question 21: Understanding of responsibility in managing health.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	ct_purpose_med	Purpose for taking medications	string	The patient's response to Question 22: Purpose for taking medications.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	er_admission	Admitted through the emergency room	string	The patient's response to Question 23: Admitted through the emergency room.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	overall_health	Overall health	string	The patient's response to Question 24: Overall health.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	overall_mental_health	Mental health	string	The patient's response to Question 25: Mental health.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	education	Education	string	The patient's response to Question 26: Education	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	ethnic	Ethnicity	string	The patient's response to Question 27: Ethnicity	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	race_white	Race, White	string	The patient's response to Question 28: Race, White.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
hcahps_surveys	race_african_amer	Race, African-American	string	The patient's response to Question 28: Race, African-American.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	race_asian	Race, Asian	string	The patient's response to Question 28: Race, Asian.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	race_hi_pacific_islander	Race, Pacific Islander	string	The patient's response to Question 28: Race, Pacific Islander.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	race_amer_indian_ak	Race, American Indian/Alaska Native	string	The patient's response to Question 28: Race, American Indian/Alaska Native.	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	language_speak	Language	string	The patient's response to Question 29: Language	Valid values can change from year to year. Best to check the HCAHPS QAG for the applicable discharge quarter and year found at https://hcahpsonline.org.		
hcahps_surveys	updated	Updated	timestamp	Timestamp of when this record was last updated			
hcahps_surveys	discharge_year	Discharge Year	string	The year the patient was discharged from the hospital.	Currently 2020, 2021, and 2022 are available. Future discharge years will become available when they are submitted to HQR.	Yes	
hcahps_surveys	discharge_quarter	Discharge Quarter	string	The quarter the patient was discharged from the hospital.	1, 2, 3, or 4	Yes	

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
ipf	ccn	CMS Certification Number	string	The CCN of the facility for which the measure data is collected.	Valid 6 digit CCN of a facility		This table is no longer being updated with the transition to patient level reporting for FY24 and beyond.
ipf	measure_id	Measure ID	string	Identifier for the measure. Also known as the measure short name.	HBIPS-2, HBIPS-3, SMD, IMM-2, HBIPS-5, SUB-2, SUB-2a, SUB-3, SUB-3a, TOB-2, TOB-2a, TOB-3, TOB-3a, TR1, TR2		This table is no longer being updated with the transition to patient level reporting for FY24 and beyond.
ipf	numerator	Numerator	double	The portion of the denominator that satisfies the conditions of the performance measure.			This table is no longer being updated with the transition to patient level reporting for FY24 and beyond.
ipf	denominator	Denominator	integer	The population evaluated by the performance measure.			This table is no longer being updated with the transition to patient level reporting for FY24 and beyond.
ipf	score	Score	double	The calculated score for the performance measure. This is calculated differently depending on the measure.			This table is no longer being updated with the transition to patient level reporting for FY24 and beyond.
ipf	patient_hours	Patient Hours	boolean	True if measure_id = "HBIPS-2" or "HBIPS-3".	true or false		This table is no longer being updated with the transition to patient level reporting for FY24 and beyond.
ipf	fiscal_year	Fiscal Year	string	The fiscal year for which the data was submitted.	Currently 2021, 2022, and 2023 are available. Future payment years will become available when they are submitted to HQR.	Yes	This table is no longer being updated with the transition to patient level reporting for FY24 and beyond.

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
ipf_fld	ccn	CMS Certification Number	string	The CCN of the facility for which the facility level data is submitted to HQR. Example value: 010007	Valid 6 digit CCN of a facility		
ipf_fld	measure_id	Measure ID	string	Identifier for the measure. FLD is used for all data in this table which represents Facility Level Data.	FLD		
ipf_fld	payer_medicare	Payer Medicare	integer	The aggregate, yearly count of the facility's annual discharges of medicare payers that was submitted to HQR for this facility and fiscal year.	Positive whole numbers up to 6 digits long: 0-999999		
ipf_fld	payer_nonmedicare	Payer Non-medicare	integer	The aggregate, yearly count of the facility's annual discharges of non-medicare payers that was submitted to HQR for this facility and fiscal year.	Positive whole numbers up to 6 digits long: 0-999999		
ipf_fld	total_leave_days_nonmed	Total Leave Days - Non-Medicare Only	integer	The aggregate number of leave days for Non-Medicare patients during the year that was submitted to HQR for this facility as the Total Leave days-Non-Medicare only for this fiscal year.	Positive whole numbers up to 6 digits long: 0-999999		
ipf_fld	psych_inpt_days_nonmed	Psychiatric Inpatient Days - Non-Medicare Only	integer	The sum of the number of days each Non-Medicare patient was included in the psychiatric inpatient census during the year (includes clients on leave status) that was submitted to HQR for this facility and fiscal year.	Positive whole numbers up to 6 digits long: 0-999999		
ipf_fld	total_leave_days_med	Total Leave Days - Medicare Only	integer	The aggregate number of leave days for Medicare patients during the year that was submitted to HQR for this facility as the Total Leave days-Medicare only for this fiscal year.	Positive whole numbers up to 6 digits long: 0-999999		
ipf_fld	psych_inpt_days_med	Psychiatric Inpatient Days - Medicare Only	integer	The sum of the number of days each Medicare patient was included in the psychiatric inpatient census during the year (includes clients on leave status) that was submitted to HQR for this facility and fiscal year.	Positive whole numbers up to 6 digits long: 0-999999		
ipf_fld	children	Age Strata Children	integer	The aggregate, yearly count of the facility's annual discharges of children age 1 - 12 years that was submitted to HQR for this facility and fiscal year.	Positive whole numbers up to 6 digits long: 0-999999		
ipf_fld	adolescent	Age Strata Adolescent	integer	The aggregate, yearly count of the facility's annual discharges of adolescents age 13 - 17 years that was submitted to HQR for this facility and fiscal year.	Positive whole numbers up to 6 digits long: 0-999999		
ipf_fld	adult	Age Strata Adult	integer	The aggregate, yearly count of the facility's annual discharges of adults age 18 - 64 years that was submitted to HQR for this facility and fiscal year.	Positive whole numbers up to 6 digits long: 0-999999		
ipf_fld	older_adult	Age Strata Older Adult	integer	The aggregate, yearly count of the facility's annual discharges of older adults age 65 and over that was submitted to HQR for this facility and fiscal year.	Positive whole numbers up to 6 digits long: 0-999999		
ipf_fld	anxiety	Diagnostic Category - Anxiety	integer	The aggregate, yearly count of the facility's annual discharges of patients with anxiety disorders that was submitted to HQR for this facility and fiscal year.	Positive whole numbers up to 6 digits long: 0-999999		
ipf_fld	delirium	Diagnostic Category - Delirium	integer	The aggregate, yearly count of the facility's annual discharges of patients with Delirium, dementia, and amnestic and other cognitive disorders that was submitted to HQR for this facility and fiscal year.	Positive whole numbers up to 6 digits long: 0-999999		
ipf_fld	mood	Diagnostic Category - Mood Disorders	integer	The aggregate, yearly count of the facility's annual discharges of patients with mood disorders that was submitted to HQR for this facility and fiscal year.	Positive whole numbers up to 6 digits long: 0-999999		

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
ipf_fld	schizophrenia	Diagnostic Category - Schizophrenia	integer	The aggregate, yearly count of the facility's annual discharges of patients with Schizophrenia and other psychotic disorders that was submitted to HQR for this facility and fiscal year.	Positive whole numbers up to 6 digits long: 0-999999		
ipf_fld	alcohol	Diagnostic Category - Alcohol	integer	The aggregate, yearly count of the facility's annual discharges of patients with Alcohol-related disorders that was submitted to HQR for this facility and fiscal year.	Positive whole numbers up to 6 digits long: 0-999999		
ipf_fld	substance	Diagnostic Category - Substance	integer	The aggregate, yearly count of the facility's annual discharges of patients with Substance-related disorders that was submitted to HQR for this facility and fiscal year.	Positive whole numbers up to 6 digits long: 0-999999		
ipf_fld	otherdx_category	Diagnostic Category - Other	integer	The aggregate, yearly count of the facility's annual discharges of patients with Other diagnosis – Not included in one of the above categories that was submitted to HQR for this facility and fiscal year.	Positive whole numbers up to 6 digits long: 0-999999		
ipf_fld	total_discharges	Total Annual Discharges	integer	The aggregate, yearly count of the facility's annual discharges that was submitted to HQR for this facility and fiscal year.	Positive whole numbers up to 6 digits long: 0-999999		
ipf_fld	hbips_2_and_3_denominator	HBIPS-2/-3 Denominator	integer	The calculated denominator value for the overall HBIPS-2 & 3 measure set that the facility submitted to HQR. This value is calculated as follows: (Psychiatric Inpatient days Medicare + Psychiatric Inpatient days Non-medicare) - (Total Leave days Medicare + Total Leave days Non-medicare)	Positive whole numbers up to 7 digits long: 0-9999999		
ipf_fld	fiscal_year	Fiscal Year	string	The fiscal year for which the data was submitted to HQR.	2024 and on	Yes	

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
ipf_nmd	ccn	CMS Certification Number	string	The CCN of the facility for which the non-measure data is collected. Example value: 010007	Valid 6 digit CCN of a facility		This table is no longer being updated with the transition from NMD to FLD starting with FY24. Please see ipf_fld for facility level data submitted starting 7/1/23.
ipf_nmd	measure_id	Measure ID	string	Identifier for the measure. Also known as the measure short name.	NMD		This table is no longer being updated with the transition from NMD to FLD starting with FY24. Please see ipf_fld for facility level data submitted starting 7/1/23.
ipf_nmd	annual_discharges	Annual Discharges	integer	An aggregate, yearly count of the facility's annual discharges.			This table is no longer being updated with the transition from NMD to FLD starting with FY24. Please see ipf_fld for facility level data submitted starting 7/1/23.
ipf_nmd	strata_children	Strata Children	integer	An aggregate, yearly count of the facility's annual discharges of children age 1 - 12 years.			This table is no longer being updated with the transition from NMD to FLD starting with FY24. Please see ipf_fld for facility level data submitted starting 7/1/23.
ipf_nmd	strata_adolescent	Strata Adolescent	integer	An aggregate, yearly count of the facility's annual discharges of adolescents age 13 - 17 years.			This table is no longer being updated with the transition from NMD to FLD starting with FY24. Please see ipf_fld for facility level data submitted starting 7/1/23.
ipf_nmd	strata_adult	Strata Adult	integer	An aggregate, yearly count of the facility's annual discharges of adults age 18 - 64 years.			This table is no longer being updated with the transition from NMD to FLD starting with FY24. Please see ipf_fld for facility level data submitted starting 7/1/23.
ipf_nmd	strata_older_adult	Strata Older Adult	integer	An aggregate, yearly count of the facility's annual discharges of older adults age 65 and over.			This table is no longer being updated with the transition from NMD to FLD starting with FY24. Please see ipf_fld for facility level data submitted starting 7/1/23.
ipf_nmd	anxiety_disorders	Anxiety Disorders	integer	An aggregate, yearly count of the facility's annual discharges of patients with anxiety disorders.			This table is no longer being updated with the transition from NMD to FLD starting with FY24. Please see ipf_fld for facility level data submitted starting 7/1/23.
ipf_nmd	cognitive_disorders	Cognitive Disorders	integer	An aggregate, yearly count of the facility's annual discharges of patients with Delirium, dementia, and amnestic and other cognitive disorders.			This table is no longer being updated with the transition from NMD to FLD starting with FY24. Please see ipf_fld for facility level data submitted starting 7/1/23.
ipf_nmd	mood_disorders	Mood Disorders	integer	An aggregate, yearly count of the facility's annual discharges of patients with mood disorders.			This table is no longer being updated with the transition from NMD to FLD starting with FY24. Please see ipf_fld for facility level data submitted starting 7/1/23.

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
ipf_nmd	psychotic_disorders	Psychotic Disorders	integer	An aggregate, yearly count of the facility's annual discharges of patients with Schizophrenia and other psychotic disorders.			This table is no longer being updated with the transition from NMD to FLD starting with FY24. Please see ipf_fld for facility level data submitted starting 7/1/23.
ipf_nmd	alcohol_disorders	Alcohol Disorders	integer	An aggregate, yearly count of the facility's annual discharges of patients with Alcohol-related disorders.			This table is no longer being updated with the transition from NMD to FLD starting with FY24. Please see ipf_fld for facility level data submitted starting 7/1/23.
ipf_nmd	substance_disorders	Substance Disorders	integer	An aggregate, yearly count of the facility's annual discharges of patients with Substance-related disorders.			This table is no longer being updated with the transition from NMD to FLD starting with FY24. Please see ipf_fld for facility level data submitted starting 7/1/23.
ipf_nmd	other_diagnosis	Other Diagnosis	integer	An aggregate, yearly count of the facility's annual discharges of patients with Other diagnosis – Not included in one of the above categories.			This table is no longer being updated with the transition from NMD to FLD starting with FY24. Please see ipf_fld for facility level data submitted starting 7/1/23.
ipf_nmd	payer_medicare	Payer Medicare	integer	An aggregate, yearly count of the facility's annual discharges of medicare payers.			This table is no longer being updated with the transition from NMD to FLD starting with FY24. Please see ipf_fld for facility level data submitted starting 7/1/23.
ipf_nmd	payer_nonmedicare	Payer Non-medicare	integer	An aggregate, yearly count of the facility's annual discharges of non-medicare payers.			This table is no longer being updated with the transition from NMD to FLD starting with FY24. Please see ipf_fld for facility level data submitted starting 7/1/23.
ipf_nmd	global_sample	Global Sample	string	Indicates if the facility used global sampling.	Yes or No		This table is no longer being updated with the transition from NMD to FLD starting with FY24. Please see ipf_fld for facility level data submitted starting 7/1/23.
ipf_nmd	fiscal_year	Fiscal Year	string	The fiscal year for which the data was submitted.	Only 2021, 2022, and 2023 are available. Future payment years will become available in the ipf_fld table as this data is submitted with HBIPS Denominator data in a Facility Level Data XML file or data form.	Yes	This table is no longer being updated with the transition from NMD to FLD starting with FY24. Please see ipf_fld for facility level data submitted starting 7/1/23.

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
iqr	ccn	CMS Certification Number	string	The CCN of the hospital for which the measure data is collected.	Valid 6 digit CCN of a hospital		
iqr	measure_id	Measure ID	string	Identifier for the measure. Also known as the measure short name.	PC-01		
iqr	population	Population	integer	The hospital's Total Mother Population.			
iqr	sample_size	Sample Size	integer	The hospital's sample size.			
iqr	frequency	Frequency	string	The hospital's sampling frequency.	Monthly, Quarterly, Not Sampled, or N/A - Submission not required		
iqr	numerator	Numerator	integer	The portion of the denominator that satisfies the conditions of the performance measure.			
iqr	denominator	Denominator	integer	The population evaluated by the performance measure.			
iqr	score	Score	double	The calculated score for the measure. This varies based on the measure, but for PC-01 it is numerator divided by the denominator.			
iqr	exclusion_icd	Exclusion ICD-10	integer	The exclusion count for the ICD-10-CM codes for Elective Delivery.			
iqr	exclusion_gestational	Exclusion Gestational	integer	The exclusion count for Gestational age patients < 37 or >= 39 weeks.			
iqr	exclusion_stillbirth	Exclusion Stillbirth	integer	The exclusion count for those with a History of Stillbirth.			
iqr	fiscal_year	Fiscal Year	string	The fiscal year for which the data was submitted.	Currently 2022, 2023, and 2024 are available. Future payment years will become available when they are submitted to HQR.	Yes	
iqr	reporting_period	Reporting Period	string	The quarter of the year the data was collected, expressed as an integer.	1, 2, 3, or 4	Yes	

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
oqr	ccn	CMS Certification Number	string	The CCN of the facility for which the measure data is collected.	Valid 6 digit CCN of a facility		
oqr	measure_id	Measure ID	string	Identifier for the measure. Also known as the measure short name.	OP-22, OP-29, OP-31		
oqr	population	Population	integer	The hospital's total patient population			
oqr	sample_size	Sample Size	integer	The hospital's sample size.			
oqr	frequency	Frequency	string	The hospital's sampling frequency.	Monthly, Quarterly, Not Sampled, or N/A		
oqr	numerator	Numerator	integer	The portion of the denominator that satisfies the conditions of the performance measure.			
oqr	denominator	Denominator	integer	The population evaluated by the performance measure.			
oqr	score	Score	double	The calculated score for the measure.			
oqr	payment_year	Payment Year	string	The payment determination year for which the data was submitted.	Currently 2022 and 2023 are available. Future payment years will become available when they are submitted to HQR.	Yes	

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
pch	ccn	CMS Certification Number	string	The CCN of the hospital for which the measure data is collected.	Valid 6 digit CCN of a hospital		
pch	measure_id	Measure ID	string	Identifier for the measure. Also known as the measure short name.	PCH-15, PCH-25		
pch	q1_frequency	Q1 Sampling Frequency	string	The hospital's sampling frequency for Quarter 1.	Quarterly, Not Sampled, or N/A		
pch	q1_population	Q1 Population	integer	The hospital's quarterly Initial Patient Population for Quarter 1.			
pch	q1_sample_size	Q1 Sample Size	integer	The hospital's quarterly Sample Size for Quarter 1.			
pch	q2_frequency	Q2 Sampling Frequency	string	The hospital's sampling frequency for Quarter 2.	Quarterly, Not Sampled, or N/A		
pch	q2_population	Q2 Population	integer	The hospital's quarterly Initial Patient Population for Quarter 2.			
pch	q2_sample_size	Q2 Sample Size	integer	The hospital's quarterly Sample Size for Quarter 2.			
pch	q3_frequency	Q3 Sampling Fequency	string	The hospital's sampling frequency for Quarter 3.	Quarterly, Not Sampled, or N/A		
pch	q3_population	Q3 Population	integer	The hospital's quarterly Initial Patient Population for Quarter 3.			
pch	q3_sample_size	Q3 Sample Size	integer	The hospital's quarterly Sample Size for Quarter 3.			
pch	q4_frequency	Q4 Sampling Frequency	string	The hospital's sampling frequency for Quarter 4.	Quarterly, Not Sampled, or N/A		
pch	q4_population	Q4 Population	integer	The hospital's quarterly Initial Patient Population for Quarter 4.			
pch	q4_sample_size	Q4 Sample Size	integer	The hospital's quarterly Sample Size for Quarter 4.			
pch	numerator	Numerator	integer	The total numerator for all 4 quarters for the measure and hospital.			
pch	denominator	Denominator	integer	The total denominator for all 4 quarters for the measure and hospital.			
pch	score	Score	double	The calculated score for the measure for all 4 quarters of the year. This is the numerator divided by the denominator.			
pch	payment_year	Payment Year	string	The payment determination year for which the data was submitted.	Currently 2021, 2022, and 2023 are available. There are no more active PCH web-based measures at this time so data in this table will not be changing in near future.	Yes	
pch	q1_numerator	Q1 Numerator	integer	The hospital's quarterly numerator value entered into the data form for Quarter 1.			These fields were added for the new version of the data forms which were implemented during Payment Year 2022 & 2023 so this will be empty for 2021. Data is available upon request if truly needed but the numerator, denominator, and score should suffice.
pch	q1_denominator	Q1 Denominator	integer	The hospital's quarterly denominator value entered into the data form for Quarter 1.			These fields were added for the new version of the data forms which were implemented during Payment Year 2022 & 2023 so this will be empty for 2021. Data is available upon request if truly needed but the numerator, denominator, and score should suffice.
pch	q1_score	Q1 Score	double	The hospital's quarterly score for Quarter 1. This is the Q1 numerator/Q1 denominator.			These fields were added for the new version of the data forms which were implemented during Payment Year 2022 & 2023 so this will be empty for 2021. Data is available upon request if truly needed but the numerator, denominator, and score should suffice.
pch	q2_numerator	Q2 Numerator	integer	The hospital's quarterly numerator value entered into the data form for Quarter 2.			These fields were added for the new version of the data forms which were implemented during Payment Year 2022 & 2023 so this will be empty for 2021. Data is available upon request if truly needed but the numerator, denominator, and score should suffice.
pch	q2_denominator	Q2 Denominator	integer	The hospital's quarterly denominator value entered into the data form for Quarter 2.			These fields were added for the new version of the data forms which were implemented during Payment Year 2022 & 2023 so this will be empty for 2021. Data is available upon request if truly needed but the numerator, denominator, and score should suffice.
pch	q2_score	Q2 Score	double	The hospital's quarterly score for Quarter 2. This is the Q2 numerator/Q2 denominator.			These fields were added for the new version of the data forms which were implemented during Payment Year 2022 & 2023 so this will be empty for 2021. Data is available upon request if truly needed but the numerator, denominator, and score should suffice.
pch	q3_numerator	Q3 Numerator	integer	The hospital's quarterly numerator value entered into the data form for Quarter 3.			These fields were added for the new version of the data forms which were implemented during Payment Year 2022 & 2023 so this will be empty for 2021. Data is available upon request if truly needed but the numerator, denominator, and score should suffice.
pch	q3_denominator	Q3 Denominator	integer	The hospital's quarterly denominator value entered into the data form for Quarter 3.			These fields were added for the new version of the data forms which were implemented during Payment Year 2022 & 2023 so this will be empty for 2021. Data is available upon request if truly needed but the numerator, denominator, and score should suffice.
pch	q3_score	Q3 Score	double	The hospital's quarterly score for Quarter 3. This is the Q3 numerator/Q3 denominator.			These fields were added for the new version of the data forms which were implemented during Payment Year 2022 & 2023 so this will be empty for 2021. Data is available upon request if truly needed but the numerator, denominator, and score should suffice.
pch	q4_numerator	Q4 Numerator	integer	The hospital's quarterly numerator value entered into the data form for Quarter 4.			These fields were added for the new version of the data forms which were implemented during Payment Year 2022 & 2023 so this will be empty for 2021. Data is available upon request if truly needed but the numerator, denominator, and score should suffice.
pch	q4_denominator	Q4 Denominator	integer	The hospital's quarterly denominator value entered into the data form for Quarter 4.			These fields were added for the new version of the data forms which were implemented during Payment Year 2022 & 2023 so this will be empty for 2021. Data is available upon request if truly needed but the numerator, denominator, and score should suffice.

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
pch	q4_score	Q4 Score	double	The hospital's quarterly score for Quarter 4. This is the Q4 numerator/Q4 denominator.			These fields were added for the new version of the data forms which were implemented during Payment Year 2022 & 2023 so this will be empty for 2021. Data is available upon request if truly needed but the numerator, denominator, and score should suffice.
pch	population	Population	integer	The total population for all 4 quarters for the measure and hospital.			These fields were added for the new version of the data forms which were implemented during Payment Year 2022 & 2023 so this will be empty for 2021. Data is available upon request if truly needed but the numerator, denominator, and score should suffice.
pch	sample_size	Sample Size	integer	The total sample size for all 4 quarters for the measures and hospital.			

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
pi	ccn	CMS Certification Number	String	The unique identifier for the hospital for which the measure data is collected	6-digit valid CCN		
pi	program_year	Program Year	String	The year associated with the data being submitted	2020, 2021, 2022, + future years as they are added to HQR	YES	
pi	ai_ehr_number	EHR Certification Number	String	EHR Certification Number for hospital			
pi	ai_pi_objectives_method	Promoting Interoperability Objectives Method	String	Method used to designate how patients admitted to ED will be included in the denominators	Observation Service Method, All ED Visits Method		
pi	ai_ecqm_reporting_method	Attestation Information eCQM Reporting Method	String	Method for how eCQM data will be reported	I have/will submit my Clinical Quality Measures data electronically through QRDA files, I will submit my Clinical Quality Measure data right now through online Attestation		
pi	ai_objectives_ehr_reporting_start_date	Attestation Information Objectives EHR Reporting Start Date	String	Start date for the EHR reporting period associated with the PI objectives	Valid date with in the reporting period MM/DD/YYYY		
pi	ai_objectives_ehr_reporting_end_date	Attestation Information Objectives EHR Reporting End Date	String	End date for the EHR reporting period associated with the PI objectives	Valid date with in the reporting period MM/DD/YYYY		
pi	ai_cqm_ehr_reporting_start_date	Attestation Information CQM EHR Reporting Start Date	String	Start date for the EHR reporting period associated with the PI clinical quality measures	Valid date with in the reporting period MM/DD/YYYY		
pi	ai_cqm_ehr_reporting_end_date	Attestation Information CQM EHR Reporting End Date	String	End date for the EHR reporting period associated with the PI clinical quality measures	Valid date with in the reporting period MM/DD/YYYY		
pi	ai_attest_1	Attestation Information Attestation 1	String	I attest that I: Did not knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of certified EHR technology.	Yes, No		
pi	ai_attest_2	Attestation Information Attestation 2	String	I attest that I: 1. Acknowledges the requirement to cooperate in good faith with ONC direct review of his or her health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received; and 2. If requested, cooperated in good faith with ONC direct review of its health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the eligible hospital or CAH in the field.	Yes, No		
pi	ai_attest_3	Attestation Information Attestation 3	String	1. Acknowledges the option to cooperate in good faith with ONC-ACB surveillance of his or her health information technology certified under the ONC Heath IT Certification Program if a request to assist in ONC-ACB surveillance is received; and 2. If requested, cooperated in good faith with ONC-ACB surveillance of his or her health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the eligible hospital or CAH in the field.	Yes, No, N/A - Submission not required		
pi	ai_outcome	Attestation Outcome	String	Outcome of the Attestations	pass, fail, not_started		
pi	ad_signature	Attestation Disclaimer Signature	String	Name of the person who signed the attestation disclaimer			
pi	ad_position	Attestation Disclaimer Position	String	Position of the person acknowledging the disclaimer			
pi	ad_acknowledgement	Attestation Disclaimer Acknowledgement	String	Checkbox acknowledging the disclaimer			
pi	ad_timestamp	Attestation Disclaimer Timestamp	Timestamp	Date and time attestation disclaimer was signed			
pi	ephi_question	Electronic Protected Health Information Question	String	ePHI objective	Yes, No		
pi	ephi_outcome	Electronic Protected Health Information Outcome	String	Outcome of ePHI	pass, fail, not_started		
pi	safer_question	Safety Assurance Factors for EHR Resilience Question	String	SAFER objective	Yes, No		
pi	safer_outcome	Safety Assurance Factors for EHR Resilience Outcome	String	Outcome of SAFER	pass, fail, not_started		
pi	erx_score	eRX Score	String	Electronic prescribing score			HQR calculated
pi	erx_exclusion	eRX Exclusion	String	eRX exclusion question	Yes, No		
pi	erx_numerator	eRX Numerator	String	e-Prescribing Numerator			
pi	erx_denominator	eRX Denominator	String	e-Prescribing Denominator			
pi	erx_bonus	eRX Bonus	String	e-Prescribing bonus question	Yes, No		October 2023: This was named as bonus but it is actually the pdmp question. It was a bonus question for 2022 when the CDR data originated. We can't change the name now since pdmp response was saved to this column for 2022
pi	erx_bonus_pdmp_exclusion_1	eRX Bonus PDMP Exclusion 1	String	PDMP exclusion question 1	Yes, No		
pi	erx_bonus_pdmp_exclusion_2	eRX Bonus PDMP Exclusion 2	String	PDMP exclusion question 2	Yes, No		
pi	erx_bonus_pdmp_exclusion_3	eRX Bonus PDMP Exclusion 3	String	PDMP exclusion question 3	Yes, No		
pi	erx_outcome	eRX Outcome	String	Outcome of eRx	pass, fail, not_started		

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
pi	hie_ser_or_bi_directional	Health Information Exchange Support Electronic Referral or Bi-directional	String	Health Information Exchange question	Support Electronic Referral Loops by Sending Health Information (20 points) and Support Electronic Referral Loops by Receiving and Reconciling Health Information (20 points) OR Engagement in Bi-Directional Exchange Through Health Information Exchange (40 points)		This has 3 options for 2023. The new option is TEFCA
pi	hie_sending_hi_numerator	Health Information Exchange Sending Health Information Numerator	String	Numerator for supports electronic referral loops answer to hie_ser_or_bi_directional			
pi	hie_sending_hi_denominator	Health Information Exchange Sending Health Information Denominator	String	Denominator for support electronic referral loops answer to hie_ser_or_bi_directional			
pi	hie_receiving_reconciling_hi_numerator	Health Information Exchange Receiving and Reconciling Health Information Numerator	String	Health Information Exchange Receiving and Reconciling Health Information Numerator			
pi	hie_receiving_reconciling_hi_denominato	Health Information Exchange Receiving and Reconciling Health Information Denominator	String	Health Information Exchange Receiving and Reconciling Health Information Denominator			
pi	hie_bi_directional_attest	Health Information Exchange Bi-Directional Attestation	String	Attestation question for bi-directional exchange	Yes, No		
pi	hie_tefca	Health Information Exchange Trusted Exchange Framework and Common Agreement	String	Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA) question	Yes, No		
pi	hie_score	Health Information Exchange Score	String	Health Information Exchange Score			HQR calculated
	hie_outcome	Health Information Exchange Outcome	String	Outcome of HIE	pass, fail, not_started		
pi	ppe_score	Provider to Patient Exchange Score	String	Provider to Patient Exchange Score			HQR Calculated
pi	ppe_numerator	Provider to Patient Exchange Numerator	String	Numerator for Provider to Patient Exchange Objective			
pi	ppe_denominator	Provider to Patient Exchange Denominator	String	Denominator for Provider to Patient Exchange Objective			
pi	ppe_outcome	Provider to Patient Exchange Outcome	String	Outcome of PPE	pass, fail, not_started		
pi	phcd_score	Public Health and Clinical Data Exchange Score	String	Score for Public Health and Clinical Data Exchange Objective			HQR Calculated
pi	phcd_irr_measure	Public Health and Clinical Data Exchange Immunization Registry Reporting Measure	String	Immunization Registry Reporting question	Yes, No		
pi	pchd_irr_active_engagement	Public Health and Clinical Data Exchange Immunization Registry Reporting Level of Active Engagement	String	Level of Active Engagement for Immunization Registry Reporting	Pre-production and validation, Validated data production		
pi	phcd_irr_exclusion_1	Public Health and Clinical Data Exchange Immunization Registry Reporting exclusion 1	String	Immunization Registry Reporting exclusion #1	Yes, No		
pi	phcd_irr_exclusion_2	Public Health and Clinical Data Exchange Immunization Registry Reporting exclusion 2	String	Immunization Registry Reporting exclusion #2	Yes, No		
pi	phcd_irr_exclusion_3	Public Health and Clinical Data Exchange Immunization Registry Reporting exclusion 3	String	Immunization Registry Reporting exclusion #3	Yes, No		
pi	phcd_ssr_measure	Public Health and Clinical Data Exchange Syndromic Surveillance Reporting Measure	String	Syndromic Surveillance Reporting question	Yes, No		
pi	pchd_ssr_active_engagement	Public Health and Clinical Data Exchange Syndromic Surveillance Reporting Level of Active Engagement	String	Level of Active Engagement for Syndromic Surveillance Reporting	Pre-production and validation, Validated data production		
pi	phcd_ssr_exclusion_1	Public Health and Clinical Data Exchange Syndromic Surveillance Reporting Exclusion 1	String	Syndromic Surveillance Reporting exclusion #1	Yes, No		
pi	phcd_ssr_exclusion_2	Public Health and Clinical Data Exchange Syndromic Surveillance Reporting Exclusion 2	String	Syndromic Surveillance Reporting exclusion #2	Yes, No		
pi	phcd_ssr_exclusion_3	Public Health and Clinical Data Exchange Syndromic Surveillance Reporting Exclusion 3	String	Syndromic Surveillance Reporting exclusion #3	Yes, No		
pi	phcd_ecr_measure	Public Health and Clinical Data Exchange Electronic Case Reporting Measure	String	Electronic Case Reporting question	Yes, No		
pi	pchd_ecr_active_engagement	Public Health and Clinical Data Exchange Electronic Case Reporting Level of Active Engagement	String	Level of Active Engagement for Electronic Case Reporting	Pre-production and validation, Validated data production		
pi	phcd_ecr_exclusion_1	Public Health and Clinical Data Exchange Electronic Case Reporting Exclusion 1	String	Electronic Case Reporting exclusion 1	Yes, No		
pi	phcd_ecr_exclusion_2	Public Health and Clinical Data Exchange Electronic Case Reporting Exclusion 2	String	Electronic Case Reporting exclusion 2	Yes, No		
pi	phcd_ecr_exclusion_3	Public Health and Clinical Data Exchange Electronic Case Reporting Exclusion 3	String	Electronic Case Reporting exclusion 3	Yes, No		
pi	phcd_erlrr_measure	Public Health and Clinical Data Exchange Electronic Reportable Laboratory Result Reporting Measure	String	Electronic Reportable Laboratory Result Reporting question	Yes, No		
pi	pchd_erlrr_active_engagement	Public Health and Clinical Data Exchange Electronic Reportable Laboratory Result Reporting Level of Active Engagement	String	Level of Active Engagement for Reportable Laboratory Result Reporting	Pre-production and validation, Validated data production		
pi	phcd_erlrr_exclusion_1	Public Health and Clinical Data Exchange Electronic Reportable Laboratory Result Reporting Exclusion 1	String	Electronic Reportable Laboratory Result Reporting exclusion #1	Yes, No		
pi	phcd_erlrr_exclusion_2	Public Health and Clinical Data Exchange Electronic Reportable Laboratory Result Reporting Exclusion 2	String	Electronic Reportable Laboratory Result Reporting exclusion #2	Yes, No		
pi	phcd_erlrr_exclusion_3	Public Health and Clinical Data Exchange Electronic Reportable Laboratory Result Reporting Exclusion 3	String	Electronic Reportable Laboratory Result Reporting exclusion #3	Yes, No		
pi	phcd_cdrr_measure	Public Health and Clinical Data Exchange Clinical Data Registry Reporting	String	Clinical Data Registry Reporting question - Updated to a bonus measure in 2022			
pi	phcd_cdrr_active engagement	Public Health and Clinical Data Exchange Clinical Data Registry Level of Active Engagement	String	Level of Active Engagement for Clinical Data Registry Reporting	Pre-production and validation, Validated data production		
pi	phcd_cdrr_exclusion_1	Public Health and Clinical Data Exchange Clinical Data Registry Reporting Exclusion 1	String	Clinical Data Registry Reporting Exclusion 1 - removed in 2023			
pi	phcd_cdrr_exclusion_2	Public Health and Clinical Data Exchange Clinical Data Registry Reporting Exclusion 2	String	Clinical Data Registry Reporting Exclusion 2 - removed in 2023			
pi	phcd_cdrr_exclusion_3	Public Health and Clinical Data Exchange Clinical Data Registry Reporting Exclusion 3	String	Clinical Data Registry Reporting Exclusion 3 - removed in 2023			
pi	phcd_phrr_measure	Public Health and Clinical Data Exchange Public Health Registry Reporting	String	Public Health Registry Reporting question - Updated to a bonus measure in 2022	Yes, No		
pi	phcd_phrr_active_engagement	Public Health and Clinical Data Exchange Public Health Registry Level of Active Engagement	String	Level of Active Engagement for Public Health Registry Reporting	Pre-production and validation, Validated data production		
pi	phcd_phrr_exclusion_1	Public Health and Clinical Data Exchange Public Health Registry Reporting Exclusion 1	String	Public Health Registry Reporting Exclusion 1 - removed in 2023			
pi	phcd_phrr_exclusion_2	Public Health and Clinical Data Exchange Public Health Registry Reporting Exclusion 2	String	Public Health Registry Reporting Exclusion 2 - removed in 2023			
pi	phcd_phrr_exclusion_3	Public Health and Clinical Data Exchange Public Health Registry Reporting Exclusion 3	String	Public Health Registry Reporting Exclusion 3 - removed in 2023			
pi	phcd_outcome	Public Health and Clinical Data Exchange	String	Outcome of PCHDE	pass, fail, not_started		
pi	final_score_status	Final Score Status	String	Status of the final score			HQR Calculated
pi	final_score	Final Score	String	Final score			HQR Calculated
pi	updated	Updated	Timestamp	Last Updated date and time			HQR Assigned
pi	updated_by_org_name	Updated By Organization Name	String	The name of the organization of which the user who submitted the data to HQR is from			
pi	updated_by_username	Updated By Username	String	The user name of the user who submitted the data to HQR			

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
pi_cqm	ccn	CMS Certification Number	String	The unique identifier for the facility for which the measure data is collected			
pi_cqm	program_year	Program Year	String	Program Year	2020, 2021, 2022, + future years as they are added to HQR	YES	
pi_cqm	cms32	CMS32	String	Median Time from ED Arrival to ED Departure for Discharged ED Patients - Exemption CMS32	Yes, No		
pi_cqm	cms32_threshold	CMS32 Threshold	String	Case Threshold Exemption			
pi_cqm	cms32_population_1	CMS32 Population 1	String	Stratum 1 - Measure population for all patients with principal diagnosis consistent with mental health disorders			
pi_cqm	cms32_observation_1	CMS32 Observation 1	String	Enter measure observation			
pi_cqm	cms32_exclusion_1	CMS32 Exclusion 1	String	Enter exclusion			
pi_cqm	cms32_population_2	CMS32 Population 2	String	Stratum 2 - Measure population for all patients transferred to another acute care hospital			
pi_cqm	cms32_observation_2	CMS32 Observation 2	String	Enter measure observation			
pi_cqm	cms32_exclusion_2	CMS32 Exclusion 2	String	Enter measure exclusion			
pi_cqm	cms32_population_3	CMS32 Population 3	String	Stratum 3 - measure population of all patients not included in strata 1 and strata 2			
pi_cqm	cms32_observation_3	CMS32 Observation 3	String	Enter measure observation			
pi_cqm	cms32_exclusion_3	CMS32 Exclusion 3	String	Enter measure exclusion			
pi_cqm	cms32_population_total	CMS32 Population Total	String	Enter measure population total			
pi_cqm	cms32_observation_total	CMS32 Observation Total	String	Enter measure observation total			
pi_cqm	cms32_exclusion_total	CMS32 Exclusion Total	String	Enter exclusion total			
pi_cqm	cms102	CMS102	String	Assessed for Rehabilitation - Exemption CMS102	Yes, No		
pi_cqm	cms102_threshold	CMS102 Threshold	String	Enter case threshold exemption			
pi_cqm	cms102_denominator	CMS102 Denominator	String	Patients age 18 and older discharged from inpatient care (non-elective admissions) with a principal diagnosis of ischemic or hemorrhagic stroke and a length of stay less or equal to 120 days.			
pi_cqm	cms102_numerator	CMS102 Numerator	String	Ischemic or hemorrhagic stroke patients assessed for or who received rehabilitation services.			
pi_cqm	cms102_performance	CMS102 Performance	String	Enter the performance rate			
pi_cqm	cms102_exclusion	CMS102 Exclusion	String	Enter exclusions for: Patients with comfort measures documented Patients discharged to another hospital Patients who left against medical advice Patients who expired Patients discharged to home for hospice care Patients discharged to a health care facility for hospice care			
pi_cqm	cms9	CMS9	String	Exclusive Breast Milk Feeding - Exemption CMS9	Yes, No		
pi_cqm	cms9_threshold	CMS9 Threshold	String	Enter case threshold exemption			
pi_cqm	cms9_denominator	CMS9 Denominator	String	PC-05 Single term newborns born in the hospital who did not have a diagnosis of galactosemia, were not subject to parenteral nutrition, and had a length of stay less than or equal to 120 days and discharged from the hospital.			
pi_cqm	cms9_numerator	CMS9 Numerator	String	Enter number of patients that were PC-05 Newborns who were fed breast milk only since birth.			
pi_cqm	cms9_performance	CMS9 Performance	String	Enter performance rate			
pi_cqm	cms9_exclusion	CMS9 Exclusion	String	PC-05 Newborns who were admitted to the Neonatal Intensive Care Unit (NICU), who were transferred to an acute care facility, or who expired during the hospitalization.			
pi_cqm	cms9_exception	CMS9 Exception	String	Enter exception			
pi_cqm	cms30	CMS30	String	Statin Prescribed at Discharge - Exemption CMS30	Yes, No		
pi_cqm	cms30_threshold	CMS30 Threshold	String	Enter case threshold exemption			
pi_cqm	cms30_denominator	CMS30 Denominator	String	Patients age 18 and older at the time of hospital admission with a principal diagnosis of Acute Myocardial Infarction (AMI) with hospital stays <= 120 days during the measurement year.			
pi_cqm	cms30_numerator	CMS30 Numerator	String	AMI patients who are prescribed a statin medication at hospital discharge.			
pi_cqm	cms30_performance	CM30 Performance	String	Enter performance rate			
pi_cqm	cms30_exclusion	CMS30 Exclusion	String	Enter exclusions for: Patients with comfort measures documented Patients discharged to another hospital Patients who left against medical advice Patients who expired Patients discharged to home for hospice care Patients discharged to a health care facility for hospice care			
pi_cqm	cms30_exception	CMS 30 Exception	String	Enter exceptions for: Patients with LDL of less than 100 mg/dL within the first 24 hours after hospital arrival or 30 days prior to hospital arrival. Or patients with a documented Reason for Not Prescribing Statin Medication at Discharge. This includes patients with a statin allergy, the administration of statin medications are on HOLD, or a medical or patient reason for not prescribing a statin.			
pi_cqm	cms31	CMS31	String	Hearing Screening Prior To Hospital Discharge - Exemption CMS31	Yes, No		
pi_cqm	cms31_threshold	CMS31 Threshold	String	Enter case threshold exemption			

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
pi_cqm	cms31_denominator	CMS31 Denominator	String	Live birth encounters at a hospital or birthing facility where the newborn was discharged during the measurement period.			
pi_cqm	cms31_numerator	CMS31 Numerator	String	Live birth encounters during the measurement period where a patient born at the facility is screened for hearing loss prior to discharge or not screened due to medical reasons.			
pi_cqm	cms31_performance	CMS31 Performance	String	Enter performance rate			
pi_cqm	cms31_exclusion	CMS31 Exclusion	String	Live birth encounters where the patient expires prior to discharge and has not received hearing screening for the left or right ear.			
pi_cqm	cms53	CMS53	String	Primary PCI Received Within 90 Minutes of Hospital Arrival - Exemption CMS53	Yes, No		
pi_cqm	cms53_threshold	CMS53 Threshold	String	Enter case threshold exemption			
pi_cqm	cms53_denominator	CMS53 Denominator	String	Patients age 18 and older at the time of hospital admission or ED visit with a principal diagnosis of Acute Myocardial Infarction (AMI) with hospital stays <= 120 days during the measurement year and an ECG (result: Acute or Evolving MI) closest to inpatient admission and a primary PCI procedure.			
pi_cqm	cms53_numerator	CMS53 Numerator	String	AMI patients whose time from hospital arrival to primary PCI is 90 minutes or less.			
pi_cqm	cms53_performance	CMS53 Performance	String	Enter performance rate			
pi_cqm	cms53_exclusion	CMS53 Exclusion	String	Enter exclusions for: Patients received as a transfer from an inpatient or outpatient department of another hospital. Patients received as a transfer from the emergency/observation department of another hospital. Patients received as a transfer from an ambulatory surgery center.			
pi_cqm	cms53_exception	CMS53 Exception	String	Patients who have a specified medical diagnosis or procedure performed are the exception.			
pi_cqm	cms60	CMS60	String	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival - Exemption CMS60	Yes, No		
pi_cqm	cms60_threshold	CMS60 Threshold	String	Enter case threshold exemption			
pi_cqm	cms60_denominator	CMS60 Denominator	String	Patients age 18 and older at the time of ED visit or hospital admission with a principal diagnosis of Acute Myocardial Infarction (AMI) with hospital stays <= 120 days during the measurement year and patients with an ECG result of acute or evolving MI, who received fibrinolytic therapy 360 minutes starting after the hospital arrival.			
pi_cqm	cms60_numerator	CMS60 Numerator	String	AMI patients whose time from hospital arrival to fibrinolysis is 30 minutes or less.			
pi_cqm	cms60_performance	CMS60 Performance	String	Enter performance rate			
pi_cqm	cms60_exclusion	CMS60 Exclusion	String	Enter exclusions for: Patients received as a transfer from an inpatient or outpatient department of another hospital. Patients received as a transfer from the emergency/observation department of another hospital. Patients received as a transfer from an ambulatory surgery center.			
pi_cqm	cms60_exception	CMS60 Exception	String	Patients who did not receive fibrinolytic therapy within 30 minutes and had a documented reason for delay in fibrinolytic therapy, or who had one of the following procedures performed: Aortic balloon pump insertion; Endotracheal Intubation; or Ventricular Assist Device placement.			
pi_cqm	cms71	CMS71	String	Anticoagulation Therapy for Atrial Fibrillation/Flutter - Exemption CMS71	Yes, No		
pi_cqm	cms71_threshold	CMS71 Threshold	String	Enter case threshold exemption			
pi_cqm	cms71_denominator	CMS71 Denominator	String	Patients age 18 and older discharged from inpatient care (non-elective admissions) with a principal diagnosis of ischemic or hemorrhagic stroke and a length of stay less than or equal to 120 days that ends during the measurement period and with a principal diagnosis of ischemic stroke, history of atrial ablation, and current or history of atrial fibrillation/flutter.			
pi_cqm	cms71_numerator	CMS71 Numerator	String	Patients prescribed anticoagulation therapy at hospital discharge.			
pi_cqm	cms71_performance	CMS71 Performance	String	Enter performance rate			
pi_cqm	cms71_exclusion	CMS71 Exclusion	String	Enter exclusion for: Patients with comfort measures documented. Patients admitted for elective carotid intervention. This exclusion is implicitly modeled by only including non-elective hospitalizations. Patients discharged to another hospital. Patients who left against medical advice. Patients who expired. Patients discharged to home for hospice care. Patients discharged to a health care facility for hospice care.			
pi_cqm	cms71_exception	CMS71 Exception	String	Enter exception			
pi_cqm	cms72	CMS72	String	Antithrombotic Therapy by End of Hospital Day 2 - Exemption CMS72	Yes, No		
pi_cqm	cms72_threshold	CMS72 Threshold	String	Enter case threshold exemption			
pi_cqm	cms72_denominator	CMS72 Denominator	String	Patients age 18 and older discharged from inpatient care (non-elective admissions) with a principal diagnosis of ischemic or hemorrhagic stroke and a length of stay less or equal to 120 days with a principal diagnosis of Ischemic stroke.			
pi_cqm	cms72_numerator	CMS72 Numerator	String	Patients who had antithrombotic therapy administered the day of or day after hospital arrival.			
pi_cqm	cms72_performance	CMS72 Performance	String	Enter performance rate			

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
pi_cqm	cms72_exclusion	CMS72 Exclusion	String	Enter exclusions for: Patients who have a duration of stay less than 2 days Patients with comfort measures documented on day or the day after arrival Patients with intravenous or intra-arterial Thrombolytic (t-PA) Therapy administered within 24 hours prior to arrival or anytime during hospitalization.			
pi_cqm	cms72_exception	CMS72 Exception	String	Patients with a documented reason for not administering antithrombotic therapy the day of or day after hospital arrival.			
pi_cqm	cms73	CMS73	String	Venous Thromboembolism Patients with Anticoagulation Overlap Therapy - Exemption CMS73	Yes, No		
pi_cqm	cms73_threshold	CMS73 Threshold	String	Enter case threshold exemption			
pi_cqm	cms73_denominator	CMS73 Denominator	String	Patients with a diagnosis code for venous thromboembolism (VTE), a patient age greater than or equal to 18 years, and a length of stay less than or equal to 120 days, and with confirmed VTE who received warfarin.			
pi_cqm	cms73_numerator	CMS73 Numerator	String	Patients who received overlap therapy (warfarin and parenteral anticoagulation): Five or more days, with an INR greater than or equal to 2 prior to discontinuation of parenteral therapy; or Five or more days, with an INR less than 2 and discharged on overlap therapy; or Less than five days and discharged on overlap therapy; or With documentation of reason for discontinuation of overlap therapy; or With documentation of a reason for no overlap therapy.			
pi_cqm	cms73_performance	CMS73 Performance	String	Enter performance rate			
pi_cqm	cms73_exclusion	CMS73 Exclusion	String	Enter exclusions for: Patients with Comfort Measures documented Patients discharged to a health care facility for hospice care Patients discharged to home for hospice care Patients who expired Patients who left against medical advice Patients discharged to another hospital Patients without warfarin therapy during hospitalization Patients without VTE confirmed by diagnostic testing			
pi_cqm	cms91	CMS91	String	Thrombolytic Therapy - Exemption CMS91	Yes. No		
pi_cqm	cms91_threshold	CMS91 Threshold	String	Enter case threshold exemption			
pi_cqm	cms91_denominator	CMS91 Denominator	String	Patients age 18 and older discharged from inpatient care (non-elective admissions) with a principal diagnosis of ischemic or hemorrhagic stroke and a length of stay of less than or equal to 120 days who were ischemic stroke patients admitted through the Emergency Department whose time of arrival is within 2 hours (less than or equal to 120 minutes) of the 1) time they were known to be at their baseline state of health; or 2) time of symptom onset if time last known at baseline state is not know.			
pi_cqm	cms91_numerator	CMS91 Numerator	String	Acute ischemic stroke patients for whom IV thrombolytic therapy was initiated at this hospital within 3 hours (less than or equal to 180 minutes) of when it was witnessed or reported that the patient was last known to be without the signs and symptoms of the current stroke or at his or her baseline state of health.			
pi_cqm	cms91_performance	CMS91 Performance Rate	String	Enter performance rate			
pi_cqm	cms91_exception	CMS91 Exception	String	Enter exception for: Patients with comfort measures documented on the day of or the day after arrival Patients with intravenous or intra-arterial Thrombolytic (t-PA) Therapy prior to arrival Patients with documentation of a National Institutes for Health Stroke Scale (NIHSS) score of zero in the emergency department Patients with Medical Reasons for not initiating IV thrombolytics documented by a physician/APN/PA or pharmacist on the day of or the day after arrival Patients with any of the following results within 180 minutes of the 1) time they were known to be at their baseline state of health; or 2) time of symptom onset: Prothrombin Time > 15 seconds; Platelet Count < 100,000; INR < 1.7; Partial Thromboplastin Time > 40 seconds; Systolic Blood Pressure > 185 mmHg; Diastolic Blood Pressure > 110 mmHg; or Patient refusal.			
pi_cqm	cms100	CMS100	String	Aspirin Prescribed at Discharge - Exemption CMS100	Yes, No		
pi_cqm	cms100_threshold	CMS100 Threshold	String	Enter case threshold exemption			
pi_cqm	cms100_denominator	CMS100 Denominator	String	Patients age 18 and older at the time of hospital admission with a principal diagnosis of Acute Myocardial Infarction (AMI) and a length of stay less than or equal to 120 days, during the measurement period.			
pi_cqm	cms100_numerator	CMS100 Numerator	String	Acute Myocardial Infarction patients prescribed aspirin at hospital discharge.			
pi_cqm	cms100_performance	CMS100 Performance	String	Enter performance rate			
pi_cqm	cms100_exclusion	CMS100 Exclusion	String	Enter exclusion for: Patients with Comfort Measures documented. Patients discharged to another hospital. Patients who left against medical advice. Patients who expired. Patients discharged to home for hospice care. Patients discharged to a health care facility for hospice care.			
pi_cqm	cms100_exception	CMS100 Exception	String	Patients with a documented reason for not prescribing aspirin at discharge. This includes patients with an aspirin allergy; discharged on warfarin or other specific anticoagulant medications; the administration of aspirin medications are on HOLD; or a medical or patient reason for not prescribing aspirin.			
pi_cqm	cms104	CMS104	String	Discharged on Antithrombotic Therapy - Exemption CMS104	Yes, No		
pi_cqm	cms104_threshold	CMS Threshold	String	Enter case threshold exemption			

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
pi_cqm	cms104_denominator	CMS104 Denominator	String	Patients age 18 and older discharged from inpatient care (non-elective admissions) with a principal diagnosis of Ischemic or hemorrhagic stroke and a length of stay less or equal to 120 days during the measurement period with a principal diagnosis of ischemic stroke.			
pi_cqm	cms104_numerator	CMS104 Numerator	String	Patients prescribed antithrombotic therapy at hospital discharge.			
pi_cqm	cms104_performance	CMS104 Performance	String	Enter performance rate			
pi_cqm	cms104_exclusion	CMS104 Exclusion	String	Enter exclusion for: Patients with comfort measures documented. Patients admitted for elective carotid intervention. This exclusion is implicitly modeled by only including non-elective hospitalizations. Patients discharged to another hospital Patients who left against medical advice Patients who expired Patients discharged to home for hospice care Patients discharged to a health care facility for hospice care			
pi_cqm	cms104_exception	CMS 104 Exception	String	Patients with a documented reason for not prescribing antithrombotic therapy at discharge.			
pi_cqm	cms105	CMS105	String	Discharged on Statin Medication - Exemption CMS105	Yes, No		
pi_cqm	cms105_threshold	CMS105 Threshold	String	Enter case threshold exemption			
pi_cqm	cms105_denominator	CMS105 Denominator	String	Patients age 18 and older discharged from inpatient care (non-elective admissions) with a principal diagnosis of ischemic or hemorrhagic stroke and a length of stay less or equal to 120 days with a principal diagnosis of ischemic stroke.			
pi_cqm	cms105_numerator	CMS105 Numerator	String	Patients prescribed statin medication at hospital discharge.			
pi_cqm	cms105_performance	CMS105 Performance	String	Enter performance rate			
pi_cqm	cms105_exclusion	CMS105 Exclusion	String	Enter Exclusion for: Patients admitted for elective carotid intervention. This exclusion is implicitly modeled by only including non-elective hospitalizations; Patients with comfort measures documented. Patients discharged to another hospital Patients who left against medical advice Patients who expired Patients discharged to home for hospice care Patients discharged to a health care facility for hospice care Patients with an LDL-c of less than 70 mg/dL < 30 days prior to arrival or any time during the hospital stay			
pi_cqm	cms105_exception	CMS105 Exception	String	Enter exception for: Patients with a reason for not prescribing statin medication at discharge.			
pi_cqm	cms109	CMS109	String	Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram - Exemption CMS109	Yes, No		
pi_cqm	cms109_threshold	CMS109 Threshold	String	Enter case threshold exemption			
pi_cqm	cms109_denominator	CMS109 Denominator	String	Patients age 18 and older discharged from hospital inpatient acute care during the measurement period with a length of stay less than or equal to 120 days and a diagnosis of venous thromboembolism (VTE) with VTE confirmed through a diagnostic test and receiving IV UFH therapy.			
pi_cqm	cms109_numerator	CMS109 Numerator	String	Patients who have their IV UFH therapy dosages and platelet counts monitored according to defined parameters such as a nomogram or protocol.			
pi_cqm	cms109_performance	CMS109 Performance	String	Enter performance rate			
pi_cqm	cms109_exclusion	CMS109 Exclusion	String	Enter exclusion for: Patients with comfort measures documented. Patients discharged to an acute care facility. Patients who left against medical advice. Patients who expired. Patients discharged to home for hospice care. Patients discharged to a health care facility for hospice care.			
pi_cqm	cms113	CMS113	String	Elective Delivery - Exemption CMS113	Yes, No		
pi_cqm	cms113_threshold	CMS113 Threshold	String	Enter case threshold exemption			
pi_cqm	cms113_denominator	CMS113 Denominator	String	Patients age >= 8 years and < 65 admitted to the hospital for inpatient acute care and had a length of stay < 120 days who undergo a delivery procedure delivering newborns with >= 37 and < 39 weeks of gestation completed.			
pi_cqm	cms113_numerator	CMS113 Numerator	String	Patients with elective deliveries by either: Medical induction of labor while not in labor prior to the procedure; or Cesarean birth while not in labor and with no history of a prior uterine surgery.			
pi_cqm	cms113_performance	CMS113 Performance	String	Please enter the performance rate.			
pi_cqm	cms113_exclusion	CMS113 Exclusion	String	Enter exclusion for: Patients with conditions possibly justifying elective delivery prior to 39 weeks gestation.			
pi_cqm	cms172	CMS172	String	Prophylactic Antibiotic Selection for Surgical Patients - Exemption CMS172	Yes, No		
pi_cqm	cms172_threshold	CMS172 Threshold	String	Enter case threshold exemption			
pi_cqm	cms172_denominator_1	CMS172 Denominator 1	String	Population 1 - Coronary artery by pass graft (CABG) procedures - Denominator 1			
pi_cqm	cms172_numerator_1	CMS172 Numerator 1	String	Population 1 - Coronary artery by pass graft (CABG) procedures -Numerator 1			
pi_cqm	cms172_performance_1	CMS 172 Performance 1	String	Population 1 - Coronary artery by pass graft (CABG) procedures - Performance Rate 1			

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
pi_cqm	cms172_exclusion_1	CMS172 Exclusion 1	String	Population 1 - Coronary artery by pass graft (CABG) procedures - Exclusion 1			
pi_cqm	cms172_denominator_2	CMS172 Denominator 2	String	Population 2 - Other cardiac surgery - Denominator 2			
pi_cqm	cms172_numerator_2	CMS172 Numerator 2	String	Population 2 - Other cardiac surgery - Numerator 2			
pi_cqm	cms172_performance_2	CMS172 Performance 2	String	Population 2 - Other cardiac surgery - Performance Rate 2			
pi_cqm	cms172_exclusion_2	CMS172 Exclusion 2	String	Population 2 - Other cardiac surgery - Exclusion 2			
pi_cqm	cms172_denominator_3	CMS172 Denominator 3	String	Population 3 - Hip arthroplasty - Denominator 3			
pi_cqm	cms172_numerator_3	CMS173 Numerator 3	String	Population 3 - Hip arthroplasty - Numerator 3			
pi_cqm	cms172_performance_3	CMS172 Performance 3	String	Population 3 - Hip arthroplasty - Perfromance Rate 3			
pi_cqm	cms172_exclusion_3	CMS172 Exclusion 3	String	Population 3 - Hip arthroplasty - Exclusion 3			
pi_cqm	cms172_denominator_4	CMS172 Denominator 4	String	Population 4 - Knee arthroplasty - Denominator 4			
pi_cqm	cms172_numerator_4	CMS172 Numerator 4	String	Population 4 - Knee arthroplasty - Numerator 4			
pi_cqm	cms172_performance_4	CMS172 Performance 4	String	Population 4 - Knee arthroplasty - Performance Rate 4			
pi_cqm	cms172_exclusion_4	CMS172 Exclusion 4	String	Population 4 - Knee arthroplasty - Exclusion 4			
pi_cqm	cms172_denominator_5	CMS172 Denominator 5	String	Population 5 - Colon surgery - Denominator 5			
pi_cqm	cms172_numerator_5	CMS172 Numerator 5	String	Population 5 - Colon surgery - Numerator 5			
pi_cqm	cms172_performance_5	CMS172 Performance 5	String	Population 5 - Colon surgery - Performance Rate 5			
pi_cqm	cms172_exclusion_5	CMS172 Exclusion 5	String	Population 5 - Colon surgery - Exclusion 5			
pi_cqm	cms172_denominator_6	CMS172 Denominator 6	String	Population 6 - Abdominal hysterectomy - Denominator 6			
pi_cqm	cms172_numerator_6	CMS172 Numerator 6	String	Population 6 - Abdominal hysterectomy - Numerator 6			
pi_cqm	cms172_performance_6	CMS172 Performance 6	String	Population 6 - Abdominal hysterectomy - Performance Rate 6			
pi_cqm	cms172_exclusion_6	CMS172 Exclusion 6	String	Population 6 - Abdominal hysterectomy - Exclusion 6			
pi_cqm	cms172_denominator_7	CMS172 Denominator 7	String	Population 7 - Vaginal hysterectomy - Denominator 7			
pi_cqm	cms172_numerator_7	CMS172 Numerator 7	String	Population 7 - Vaginal hysterectomy - Numerator 7			
pi_cqm	cms172_performance_7	CMS172 Performance 7	String	Population 7 - Vaginal hysterectomy - Performance Rate 7			
pi_cqm	cms172_exclusion_7	CMS172 Exclusion 7	String	Population 7 - Vaginal hysterectomy - Exclusion 7			
pi_cqm	cms172_denominator_8	CMS172 Denominator 8	String	Population 8 - Vascular surgery - Denominator 8			
pi_cqm	cms172_numerator_8	CMS172 Numerator 8	String	Population 8 - Vascular surgery - Numerator 8			
pi_cqm	cms172_performance_8	CMS172 Performance 8	String	Population 8 - Vascular surgery - Performance Rate 8			
pi_cqm	cms172_exclusion_8	CMS172 Exclusion 8	String	Population 8 - Vascular surgery - Exclusion 8			
pi_cqm	cms188	CMS188	String	Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients - Exemption CMS188	Yes, No		
pi_cqm	cms188_threshold	CMS188 Threshold	String	Enter Case threshold exemption			
pi_cqm	cms188_denominator_1	CMS188 Denominator 1	String	Denominator 1 (ICU Population) Patients who meet the Initial Population and: *Arrival at hospital is either arrival in ED or arrival to floor as direct admit *Admitted to ICU within 24 hours after arrival at hospital with reasons for admission due to pneumonia *Pneumonia related reasons for admission to ICU include: *Septic shock *Respiratory distress or failure *Hypotension *Tachypnea *Hypoxemia *Need for a ventilator *Tachycardia *Diagnosis of pneumonia documented within 24 hours after arrival; if seen in ED diagnosis must be documented in ED *Antibiotics received within 24 hours of arrival or within 1 day prior to hospital arrival and during hospital stay.			
pi_cqm	cms188_numerator_1	CMS188 Numerator 1	String	Numerator 1 (in population 1) Defines appropriate antibiotics for ICU patients.			
pi_cqm	cms188_performance_1	CMS188 Performance 1	String	Enter Performance rate 1			

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
pi_cqm	cms188_exclusion_1	CMS188 Exclusion 1	String	Exclusion 1 ICU Population only: Patients transferred/admitted to the ICU within 24 hours after arrival to this hospital, with a beta-lactam allergy (population 1 only).For patients in both ICU and non-ICU the rest of the denominator exclusions are the same: *Patients with either a normal Chest X-ray or a normal CT scan which includes the chest within 1 day prior to arrival at the hospital or during the hospitalization *Patients who have 'Comfort Measures' documented as performed or ordered on the day of or the day after arrival at the hospital or after arrival in the ED *Patients who are transferred from one of the following within 24 hours before the start of the ED encounter or the hospital encounter: *An acute care hospital *An ambulatory surgical center *A transfer from an emergency department of an outside hospital *A transfer from an outpatient department of an outside hospital *Patients who were an inpatient less than or equal to 1 day. The following exclusions are 'reasons for alternative empiric antibiotic therapy' *Patients who have a diagnosis of a 'prolonged QT interval' documented within 24 hours after arrival at the ED or the hospital *Patients who have an active diagnosis of an immunocompromised condition within the last 3 months before arrival at the ED or arrival at the hospital or during the hospitalization *Patients who have significant neutropenia, which is defined as a Neutrophil count of <500 per mm3 within the last 3 months before arrival at the ED or arrival at the hospital or during the hospitalization *Patients who have any of the following within 30 days before arrival at the ED or arrival at the hospital: Hemodialysis or peritoneal dialysis Wound care Tracheostomy care Ventilator care Diagnosis of healthcare associated pneumonia Patients who have any of the following which starts before the end of the inpatient hospitalization: Immunodeficient conditions Cystic Fibrosis History of an organ transplant Patients who have any of the following within 90 days before the start of either the ED or the direct admit: Immunocompromised Therapies (radiation treatments, for instance) Systemic Immunosuppressive therapy (chemotherapy, for instance) A patient in a nursing home or an extended care facility, A patient in another acute care hospital			
pi_cqm	cms188_exception_1	CMS188 Exception 1	String	Exception 1: Pneumonia patients with Another Source of Infection who did not receive an antibiotic regimen recommended for pneumonia, but did receive antibiotics within the first 24 hours of hospitalization. Pneumonia patients who have been on systemic corticosteroid/prednisone therapy within the last 90 days prior to arrival to the hospital.			
pi_cqm	cms188_denominator_2	CMS188 Denominator 2	String	Denominator 2 (Non-ICU population) Patient who meet the Initial Population and: *Arrival at hospital is either arrival in ED or arrival to floor as direct admit *Diagnosis of pneumonia documented within 24 hours after arrival; if seen in ED diagnosis must be documented in ED *Antibiotics received within 24 hours after arrival.			
pi_cqm	cms188_numerator_2	CMS188 Numerator 2	String	Numerator 2 (in population 2) Defines appropriate antibiotics for non-ICU patients. Non-ICU patients are evaluated for pseudomonal risk. Pseudomonal risk requires certain antibiotics per clinical guidelines. Pseudomonal risk includes: Bronchiectasis Structural lung disease which includes the following: Diagnosis, Active: COPD Diagnosis, Active: Chronic bronchitis Diagnosis, Active: Emphysema Diagnosis, Active: Interstitial lung disease Diagnosis, Active: Restrictive lung disease Diagnosis, Active: Structural lung disease			
pi_cqm	cms188_performance_2	CMS188 Performance 2	String	Enter Performance Rate 2			

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
pi_cqm	cms188_exclusion_2	CMS188 Exclusion 2	String	Exclusion 2 Patients with either a normal Chest X-ray or a normal CT scan which includes the chest within 1 day prior to arrival at the hospital or during the hospitalization Patients who have 'Comfort Measures' documented as performed or ordered on the day of or the day after arrival at the hospital or after arrival in the ED Patients who are transferred from one of the following within 24 hours before the start of the ED encounter or the hospital encounter: An acute care hospital An ambulatory surgical center A transfer from an emergency department of an outside hospital A transfer from an outpatient department of an outside hospital Patients who were an inpatient less than or equal to 1 day. The following exclusions are 'reasons for alternative empiric antibiotic therapy': Patients who have a diagnosis of a 'prolonged QT interval' documented within 24 hours after arrival at the ED or the hospital Patients who have an active diagnosis of an immunocompromised condition within the last 3 months before arrival at the ED or arrival at the hospital or during the hospitalization Patients who have significant neutropenia, which is defined as a Neutrophil count of <500 per mm3 within the last 3 months before arrival at the ED or arrival at the hospital or during the hospitalization Patients who have any of the following within 30 days before arrival at the ED or arrival at the hospital: Hemodialysis or peritoneal dialysis Wound care Tracheostomy care Ventilator care Diagnosis of healthcare associated pneumonia Patients who have any of the following which starts before the end of the inpatient hospitalization: Immunodeficient conditions Cystic Fibrosis History of an organ transplant Patients who have any of the following within 90 days before the start of either the ED or the direct admit: Immunocompromised Therapies (radiation treatments, for instance) Systemic Immunosuppressive therapy (chemotherapy, for instance) A patient in a nursing home or an extended care facility A patient in another acute care hospital			
pi_cqm	cms188_exception_2	CMS188 Exception 2	String	Exception 2 Pneumonia patients with Another Source of Infection who did not receive an antibiotic regimen recommended for pneumonia, but did receive antibiotics within the first 24 hours of hospitalization. Pneumonia patients who have been on systemic corticosteroid/prednisone therapy within the last 90 days prior to arrival to the hospital.			
pi_cqm	cms26	CMS26	String	Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver - Exemption CMS26	Yes, No		
pi_cqm	cms26_threshold	CMS26 Threshold	String	Enter Case threshold exemption			
pi_cqm	cms26_denominator	CMS26 Denominator	String	Pediatric asthma inpatients with an age of 2 through 17 years, length of stay less than or equal to 120 days, and discharged to home or police custody.			
pi_cqm	cms26_numerator	CMS26 Numerator	String	Pediatric asthma inpatients with documentation that they or their caregivers were given a written Home Management Plan of Care (HMPC) document that addresses all of the following: 1.Arrangements for follow-up care 2.Environmental control and control of other triggers 3.Method and timing of rescue actions 4.Use of controllers 5.Use of relievers			
pi_cqm	cms26_performance	CMS26 Performance	String	Enter performance rate			
pi_cqm	cms55	CMS55	String	Median Time from ED Arrival to ED Departure for Admitted ED Patients - Exemption CMS55	Yes, No		
pi_cqm	cms55_threshold	CMS55 Threshold	String	Enter Case threshold exemption			
pi_cqm	cms55_population_1	CMS55 Population 1	String	Stratum 1 - All patients seen in the ED and admitted as an inpatient who do not have a principal diagnosis consistent with psychiatric/mental health disorders - Enter Measure Population 1			
pi_cqm	cms55_observation_1	CMS55 Observation 1	String	Stratum 1 - All patients seen in the ED and admitted as an inpatient who do not have a principal diagnosis consistent with psychiatric/mental health disorders - Enter measure Observation 1			
pi_cqm	cms55_population_2	CMS55 Population 2	String	Stratum 2 - All patients seen in the ED and admitted as an inpatient who have a principal diagnosis consistent with psychiatric/mental health disorder - Enter Measure Population 2			
pi_cqm	cms55_observation_2	CMS55 Observation 2	String	Stratum 2 - All patients seen in the ED and admitted as an inpatient who have a principal diagnosis consistent with psychiatric/mental health disorders - Enter Measure Observation 2			
pi_cqm	cms55_population_total	CMS55 Population Total	String	Total Score - Enter Measure Population			

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
pi_cqm	cms55_observation_total	CMS55 Observation Total	String	Total Score - Enter Measure Observation			
pi_cqm	cms107	CMS107	String	Stroke Education - Exemption CMS107	Yes, No		
pi_cqm	cms107_threshold	CMS107 Threshold	String	Enter case threshold			
pi_cqm	cms107_denominator	CMS107 Denominator	String	Patients age 18 and older discharged from inpatient care (non-elective admissions) with a principal diagnosis of ischemic or hemorrhagic stroke and a length of stay less or equal to 120 days who are ischemic stroke or hemorrhagic stroke patients discharged to home, home care, or court/law enforcement.			
pi_cqm	cms107_numerator	CMS107 Numerator	String	Ischemic or hemorrhagic stroke patients with written documentation that they or their caregivers were given educational material addressing all of the following: Activation of emergency medical system; Follow-up after discharge; Medications prescribed at discharge; Risk factors for stroke; and Warning signs and symptoms of stroke.			
pi_cqm	cms107_performance	CMS107 Performance	String	Enter performance rate			
pi_cqm	cms107_exclusion	CMS107 Exclusion	String	Patients with comfort measures documented.			
pi_cqm	cms110	CMS110	String	Venous Thromboembolism Discharge Instructions - Exemption CMS110	Yes, No		
pi_cqm	cms110_threshold	CMS110 Threshold	String	Enter case threshold			
pi_cqm	cms110_denominator	CMS110 Denominator	String	Patients age 18 and older discharged from hospital inpatient acute care during the measurement period with a length of stay less than or equal to 120 days and a diagnosis of venous thrombosis (VTE) with VTE confirmed through a diagnostic test and discharged to home or court/law enforcement on warfarin therapy.			
pi_cqm	cms110_numerator	CMS110 Numerator	String	Patients with documentation that they or their caregivers were given written discharge instructions or other educational material about warfarin that addressed all of the following: compliance issues; dietary advice; follow-up monitoring; and potential for adverse drug reactions and interactions. Patients who refuse written discharge instructions or other educational material about warfarin.			
pi_cqm	cms110_performance	CMS110 Performance	String	Enter Performance rate			
pi_cqm	cms111	CMS111	String	Median Admit Decision Time to ED Departure Time for Admitted Patients - Exemption CMS111			
pi_cqm	cms111_threshold	CMS111 Threshold	String	Enter case threshold			
pi_cqm	cms111_population_1	CMS111 Population 1	String	Stratum 1 - All patients seen in the ED and admitted as an inpatient who do not have a principal diagnosis consistent with psychiatric/mental health disorders.			
pi_cqm	cms111_observation_1	CMS111 Observation 1	String	Enter measure observation			
pi_cqm	cms111_population_2	CMS111 Population 2	String	Stratum 2 - All patients seen in the ED and admitted as an inpatient who have a principal diagnosis consistent with psychiatric/mental health disorders.			
pi_cqm	cms111_observation_2	CMS111 Observation 2	String	Enter measure observation			
pi_cqm	cms111_population_total	CMS111 Population Total	String	Enter measure population			
pi_cqm	cms111_observation_total	CMMS111 Observation Total	String	Enter measure observation			
pi_cqm	cms108	CMS108	String	Venous Thromboembolism Prophylaxis - Exemption CMS108			
pi_cqm	cms108_threshold	CMS108 Threshold	String	Enter case threshold			
pi_cqm	cms108_denominator	CMS108 Denominator	String	Patients age 18 and older discharged during the measurement period from hospital inpatient acute care with a length of stay less than or equal to 120 days, without a diagnosis of venous thromboembolism (VTE) or obstetrics.			
pi_cqm	cms108_numerator	CMS108 Numerator	String	Patients who received VTE prophylaxis: the day of or the day after hospital admission; or the day of or the day after surgery end date for surgeries that end the day of or the day after hospital admission. Patients who have documentation of a reason why no VTE prophylaxis was given: between arrival and hospital admission; or the day of or the day after hospital admission; or the day of or the day after surgery end date (for surgeries that end the day of or the day after hospital admission).			
pi_cqm	cms108_performance	CMS108 Performance	String	Enter performance rate			
pi_cqm	cms108_exclusion	CMS108 Exclusion	String	Enter exclusions for: Patients who have a length of stay less than 2 days. Patients with comfort measures documented anytime between arrival and the day after hospital admission. Patients with comfort measures documented by the day after surgery end date for surgeries that start the day of or the day after hospital admission. Patients who are direct admits to intensive care unit (ICU), or transferred to ICU the day of or the day after hospital admission with ICU length of stay greater than or equal to one day. Patients with a principal diagnosis of mental disorders or stroke. Patients with a principal procedure of Surgical Care Improvement Project (SCIP) VTE selected surgeries.			
pi_cqm	cms114	CMS114	String	Incidence of Potentially-Preventable Venous Thromboembolism - Exemption CMS114	Yes, No		
pi_cqm	cms114_threshold	CMS114 Threshold	String	Enter Case threshold exemption			

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
pi_cqm	cms114_denominator	CMS114 Denominator	String	Patients age 18 and older discharged from inpatient acute care during the measurement period with a length of stay less than or equal to 120 days with a non-principal diagnosis of venous thromboembolism who developed VTE confirmed by a diagnostic test during hospitalization.			
pi_cqm	cms114_numerator	CMS114 Numerator	String	Patients who developed VTE confirmed by a diagnostic test during hospitalization.			
pi_cqm	cms114_performance	CMS114 Performance	String	Enter performance rate			
pi_cqm	cms114_exclusion	CMS114 Exclusion	String	Enter Exclusion for: Patients with comfort measures documented Patients with VTE present at admission Patients with reasons for not administering mechanical and pharmacologic prophylaxis			
pi_cqm	cms171	CMS171	String	Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Exemption CMS171	Yes, No		
pi_cqm	cms171_threshold	CMS171 Threshold	String	Enter case threshold exemption			
pi_cqm	cms171_denominator_1	CMS171 Denominator 1	String	Population 1 Coronary artery by pass graft (CABG) procedures - Denominator 1			
pi_cqm	cms171_numerator_1	CMS171 Numerator 1	String	Population 1 Coronary artery by pass graft (CABG) procedures - Numerator 1			
pi_cqm	cms171_performance_1	CMS171 Performance 1	String	Population 1 Coronary artery by pass graft (CABG) procedures - Performance Rate 1			
pi_cqm	cms171_exclusion_1	CMS171 Exclusion 1	String	Population 1 Coronary artery by pass graft (CABG) procedures - Exclusion 1			
pi_cqm	cms171_denominator_2	CMS171 Denominator 2	String	Population 2 - Other cardiac surgery - Denominator 2			
pi_cqm	cms171_numerator_2	CMS171 Numerator 2	String	Population 2 - Other cardiac surgery - Numerator 2			
pi_cqm	cms171_performance_2	CMS171 Performance 2	String	Population 2 - Other cardiac surgery - Performance Rate 2			
pi_cqm	cms171_exclusion_2	CMS171 Exclusion 2	String	Population 2 - Other cardiac surgery - Exclusion 2			
pi_cqm	cms171_denominator_3	CMS171 Denominator 3	String	Population 3 - Hip arthroplasty - Denominator 3			
pi_cqm	cms171_numerator_3	CMS171 Numerator 3	String	Population 3 - Hip arthroplasty - Numerator 3			
pi_cqm	cms171_performance_3	CMS171 Performance 3	String	Population 3 - Hip arthroplasty - Performance Rate 3			
pi_cqm	cms171_exclusion_3	CMS171 Exclusion 3	String	Population 3 - Hip arthroplasty - Exclusion 3			
pi_cqm	cms171_denominator_4	CMS171 Denominator 4	String	Population 3 - Hip arthroplasty - Denominator 4			
pi_cqm	cms171_numerator_4	CMS171 Numerator 4	String	Population 4 - Knee arthroplasty - Denominator 4			
pi_cqm	cms171_performance_4	CMS171 Performance 4	String	Population 4 - Knee arthroplasty - Performance Rate 4			
pi_cqm	cms171_exclusion_4	CMS171 Exclusion 4	String	Population 4 - Knee arthroplasty - Exclusion 4			
pi_cqm	cms171_denominator_5	CMS171 Denominator 5	String	Population 5 - Colon surgery - Denominator 5			
pi_cqm	cms171_numerator_5	CMS171 Numerator 5	String	Population 5 - Colon surgery - Numerator 5			
pi_cqm	cms171_performance_5	CMS171 Performance 5	String	Population 5 - Colon surgery - Performance Rate 5			
pi_cqm	cms171_exclusion_5	CMS171 Exclusion 5	String	Population 5 - Colon surgery - Exclusion 5			
pi_cqm	cms171_denominator_6	CMS171 Denominator 6	String	Population 6 - Abdominal hysterectomy - Denominator 6			
pi_cqm	cms171_numerator_6	CMS171 Numerator 6	String	Population 6 - Abdominal hysterectomy - Numerator 6			
pi_cqm	cms171_performance_6	CMS171 Performance 6	String	Population 6 - Abdominal hysterectomy - Performance Rate 6			
pi_cqm	cms171_exclusion_6	CMS171 Exclusion 6	String	Population 6 - Abdominal hysterectomy - Exclusion 6			
pi_cqm	cms171_denominator_7	CMS171 Denominator 7	String	Population 7 - Vaginal hysterectomy - Denominator 7			
pi_cqm	cms171_numerator_7	CMS171 Numerator 7	String	Population 7 - Vaginal hysterectomy - Numerator 7			
pi_cqm	cms171_performance_7	CMS171 Performance 7	String	Population 7 - Vaginal hysterectomy - Performance Rate 7			
pi_cqm	cms171_exclusion_7	CMS171 Exclusion 7	String	Population 7 - Vaginal hysterectomy - Exclusion 7			
pi_cqm	cms171_denominator_8	CMS171 Denominator 8	String	Population 8 - Vascular surgery - Denominator 8			
pi_cqm	cms171_numerator_8	CMS171 Numerator 8	String	Population 8 - Vascular surgery - Numerator 8			
pi_cqm	cms171_performance_8	CMS171 Performance 8	String	Population 8 - Vascular surgery - Performance Rate 8			
pi_cqm	cms171_exclusion_8	CMS171 Exclusion 8	String	Population 8 - Vascular surgery - Exclusion 8			
pi_cqm	cms178	CMS178	String	Title: Urinary Catheter Removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with Day of Surgery Being Day Zero - Exemption CMS178	Yes, No		
pi_cqm	cms178_threshold	CMS178 Threshold	String	Enter case threshold exemption			
pi_cqm	cms178_denominator	CMS178 Denominator	String	All hospital discharges for selective surgery with hospital stay <=120 days during the measurement period for patients age 18 and older at the time of hospital admission and who have a Principal Procedure Code of selected surgeries. All selected patients 18 years of age and older with a catheter placed between hospital arrival and the end of the recovery period, defined as within 6 hours the end of anesthesia for a SCIP selected surgery as defined in the Initial Population. The catheter must still be in place after the end of the recovery period.			
pi_cqm	cms178_numerator	CMS178 Numerator	String	Number of surgical patients whose urinary catheter is removed on postoperative day (POD) 1 or postoperative day (POD) 2 with day of surgery being day zero.			
pi_cqm	cms178_performance	CMS178 Performance	String	Enter Performance Rate			

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
pi_cqm	cms178_exclusion	CMS178 Exclusion	String	Enter exclusion for: Patients who had a urological, gynecological or perineal procedure performed. Patients who expired perioperatively. Patients whose length of stay was less than two days postoperatively. Patients who had a urinary diversion or a suprapubic catheter or were being intermittently catheterized prior to hospital arrival. Patients who did not have a catheter in place postoperatively. Patients who had physician/APN/PA documentation of a reason for not removing the urinary catheter postoperatively. In ICU on POD 1 or POD 2 AND receives at least one or more dose(s) of one or more of the following medications: Diuretic Vasopressor/inotropic Paralytic			
pi_cqm	cms185	CMS185	String	Healthy Term Newborn - Exemption CMS185	Yes, No		
pi_cqm	cms185_threshold	CMS185 Threshold	String	Enter case threshold exemption			
pi_cqm	cms185_denominator	CMS185 Denominator	String	All patients who are single live born term newborns born in a hospital. The denominator is composed of singleton, term (>=37 weeks), inborn, livebirths in their birth admission. The denominator further has eliminated fetal conditions likely to be present before labor. Maternal and obstetrical conditions (e.g. hypertension, prior cesarean, malpresentation) are not excluded unless evidence of fetal effect prior to labor (e.g. IUGR/SGA).			
pi_cqm	cms185_numerator	CMS185 Numerator	String	The absence of conditions or procedures reflecting morbidity that happened during birth and nursery care to an otherwise normal infant.			
pi_cqm	cms185_performance	CMS185 Performance	String	Enter performance rate			
pi_cqm	cms185_exclusion	CMS185 Exclusion	String	Enter exclusion for: Multiple gestations, preterm, congenital anomalies or fetuses affected by selected maternal conditions.			
pi_cqm	cms190	CMS190	String	Intensive Care Unit Venous Thromboembolism Prophylaxis - Exception CMS190	Yes, No		
pi_cqm	cms190_threshold	CMS190 Threshold	String	Enter case threshold exemption			
pi_cqm	cms190_denominator	CMS190 Denominator	String	Patients age 18 and older discharged during the measurement period from hospital inpatient acute care with a length of stay less than or equal to 120 days, without a diagnosis of venous thromboembolism (VTE) or obstetrics directly admitted or transferred to ICU during the hospitalization.			
pi_cqm	cms190_numerator	CMS190 Numerator	String	Patients who received VTE prophylaxis: *the day of or the day after ICU admission (or transfer) *the day of or the day after surgery end date for surgeries that end the day of or the day after ICU admission (or transfer) Patients who have documentation of a reason why no VTE prophylaxis was given: *between arrival and ICU admission (for patients directly admitted as inpatients to the ICU) *the day of or the day after ICU admission (or transfer) *the day of or the day after surgery end date (for surgeries that end the day of or the day after ICU admission (or transfer)			
pi_cqm	cms190_performance	CMS190 Performance	String	Enter Performance Rate			
pi_cqm	cms190_exclusion	CMS190 Exclusion	String	Enter exclusion for: Patients who have a hospital length of stay (LOS) less than 2 days. Patients with comfort measures documented anytime between arrival and the day after ICU admission or transfer. Patients with comfort measures documented by the day after surgery end date for surgeries that end the day of or the day after hospital admission. Patients with a principal procedure of surgical care improvement Project (SCIP) VTE selected surgeries that end the day of or the day after ICU admission or transfer.			
pi_cqm	cms190_exception	CMS190 Exception	String	Enter exception			
pi_cqm	updated	Updated	Timestamp	TImestamp of last updated	MM/DD/YYYY HH:MM AM/PM		Captured by system
pi_cqm	updated_by_org_name	Updated By Organization Name	String	The name of the organization of which the user who submitted the data to HQR is from			
pi_cqm	updated_by_username	Updated by Username	String	The user name of the user who submitted the data to HQR			

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
pir	ccn	CMS Certification Number	String	The unique identifier for the facility for which the measure data is collected	6 digits	N/A	
pir	incentive_program	Incentive Program	String	Incentive program for which data is submitted	Medicare, Both Medicare & Medicaid, Medicare Advantage - Medicare, Medicare Advantage - Both Medicare & Medicaid	N/A	
pir	medicaid_state_territory	Medicaid State Territory	String	State providing medicaid care	All 50 states plus territories and blank	N/A	
pir	medicaid_hospital_type	Medicaid Hospital Type	String	Type of Medicaid hospital	Acute Care Hospital , Critical Access Hospital	N/A	
pir	mao_contract_number	Medicare Advantage Organization Contract Number	String	Medicare Advantage Organization contract number		N/A	
pir	medicare_hospital_type	Medicare Hospital Type	String	Type of Medicare hospital	Subsection(d) Hospital , Critical Access Hospital	N/A	
pir	certified_ehr_number	Certified EHR Number	String	Certified Electronic Health Record number		N/A	
pir	address_1	Address 1	String	Business address line 1		N/A	
pir	address_2	Address 2	String	Business address line 2		N/A	
pir	city	City	String	Business city		N/A	
pir	state	State	String	Business state	All 50 states plus territories and blank	N/A	
pir	zip code	Zip code	String	Business zip code	5 digits	N/A	
pir	phone_number	Phone Number	String	Business phone number		N/A	
pir	email_address	Email Address	String	Business email address		N/A	
pir	name	Name	String	Name of signature captured on registration disclaimer		N/A	
pir	position	Position	String	Position of person signing the registration disclaimer		N/A	
pir	datetime	Date -Time	String	Date and time the registration disclaimer was signed		N/A	
pir	updated	Updated	Timestamp	The date and time the response was last updated in HQR in UTC.	MM/DD/YYYY - HH:MM	N/A	Captured by system
pir	updated_by_org_name	Updated By Organization Name	String	The name of the organization of which the user who submitted the data to HQR is from		N/A	
pir	updated_by_username	Updated By Username	String	The user name of the user who submitted the data to HQR		N/A	

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
pop_samp	ccn	CMS Certification Number	string	The CCN of the hospital for which the data is collected.	Valid 6 digit CCN of a hospital		
pop_samp	measure_set	Measure Set	string	The measure set for which the population and sampling data was submitted.	IQR-SEP, OQR-AMI, OQR-ED, OQR-STK, REHQR-ED		
pop_samp	sampling_frequency	Sampling Frequency	string	The hospital's sampling frequency.	Monthly, Sampled, Not Sampled, or N/A submission not required		
pop_samp	population_medicare	Population Medicare	integer	The hospital's Medicare population.			
pop_samp	population_nonmedicare	Population Non-Medicare	integer	The hospital's Non-Medicare population.			
pop_samp	population_total	Popuation Total	integer	The hospital's total population.			
pop_samp	sampling_medicare	Sampling Medicare	integer	The hospital's Medicare sample size.]			
pop_samp	sampling_nonmedicare	Sampling Non-Medicare	integer	The hospital's Non-Medicare sample size.			
pop_samp	sampling_total	Sampling Total	integer	The hospital's total sample size.			
pop_samp	payment_year	Payment Year	integer	The payment determination year for which the data was submitted. This is actually the discharge year not the payment year.	Currently 2020, 2021, and 2022 are available. Future payment years will become available when they are submitted to HQR.	Yes	
pop_samp	reporting_period	Reporting Period	integer	The quarter of the year the data was collected, expressed as an integer.	1, 2, 3, or 4	Yes	
pop_samp	program	Program	string	The program for which the data was submitted.	iqr-popsamp or oqr-popsamp or rehqr-popsamp	Yes	

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
pro_pm	ccn	CMS Certification Number	string	The unique identifier for the hospital for which the measure data is collected	6-digit CCN		
pro_pm	fiscal_year	Fiscal year	string	The fiscal year for which the data was submitted.	yyyy	YES	Starts with voluntary reporting period for FY2025 and on
pro_pm	mbi	Medicare Beneficiary Identifier	string	11-digit Medicare Beneficiary Identifier (MBI)	11-digits		
pro_pm	s_type	Survey type	string	Type of survey being submitted, either pre-op or post-op	1- pre-op survey 2 - post-op survey		
pro_pm	p_type	Procedure type	string	Type of procedure performed	1 - Left Hip Replacement, 2 - Right Hip Replacement, 3 - Left Knee Replacement, 4 - Right Knee Replacement		
pro_pm	dob	Date of birth	string	Date patient was born	mm/dd/yy		
pro_pm	proc_dt	Procedure date	string	Date of the eligible procedure	mm/dd/yy		
pro_pm	collection_dt	Collection date	string	Date of survey collection	mm/dd/yy		
pro_pm	admsn_dt	Admission date	string	Date of admission to anchor hospitalization	mm/dd/yy		
pro_pm	gen_prom	Generic PROM version	string	Generic PROM Version	1- VR-12, 2 - PROMIS-Global version 1.1, 3 - PROMIS-Global version 1.2		
pro_pm	collection_md	Mode of collection	string	How was the survey data collected	0 - Paper, 1 - Telephone (interactive voice response), 2 - Electronic (web-base, EHR, etc.)		
pro_pm	responder	Responder	string	Person submitting the survey	0 - Self, 1- Surrogate		
pro_pm	hlth_literacy	Health literacy	string	Single Item Health Literacy Screening (SILS2) questionnaire "How comfortable are you filling out medical forms by yourself?"	0 - Not at all, 1 - A little bit, 2 - Somewhat, 3 - Quite a bit, 4 - Extremely		
pro_pm	bmi	Body mass index	string	What is your Body mass index (BMI)?	10-70		
pro_pm	height	Height	string	How tall are you?	60cm-280cm		
pro_pm	weight	Weight	string	How much do you weigh?	22kg - 350kg		
pro_pm	narcotic_use	Narcotic use	string	Chronic (≥90 days) Use of Narcotics	0 - No, 1- Yes		
pro_pm	other_joint_pain	Other joint pain	string	Patient-Reported Pain in Non-operative Lower Extremity Joint: "What amount of pain have you experienced in the last week in your other knee/hip?"	0 - None, 1 - Mild, 2 - Moderate, 3 - Severe, 4 - Extreme		
pro_pm	back_pain	Back pain	string	Patient-Reported Back Pain (Oswestry Index Question) "My BACK PAIN at the moment is?"	0 - None, 1 - Very Mild, 2 - Moderate, 3 - Fairly Severe, 4 - Very Severe, 5 - Worst Imaginable		
pro_pm	hoosjrq1_stairs	HOOSJR Question 1 - Stairs	string	HOOSJR Q1 Pain: Amount of hip pain in the last week going up or down stairs	0 - None, 1 - Mild, 2 - Moderate, 3 - Severe, 4 - Extreme		
pro_pm	hoosjrq2_walking	HOOSJR Question 2 - Walking	string	HOOSJR Q2 Pain: Amount of hip pain in the last week walking on an uneven surface	0 - None, 1 - Mild, 2 - Moderate, 3 - Severe, 4 - Extreme		

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
pro_pm	hoosjrq3_rising	HOOSJR Question 3 - Rising	string	HOOSJR Q3 Function (Daily Living): Degree of difficulty in the last week due to your hip when rising from sitting	0 - None, 1 - Mild, 2 - Moderate, 3 - Severe, 4 - Extreme		
pro_pm	hoosjrq4_bend	HOOSJR Question 4- Bending	string	HOOSJR Q4 Function (Daily Living): Degree of difficulty in the last week due to your hip when bending to the floor/picking up an object	0 - None, 1 - Mild, 2 - Moderate, 3 - Severe, 4 - Extreme		
pro_pm	hoosjrq5_lyinginbed	HOOSJR Question 5 - Lying in Bed	string	HOOSJR Q5 Function (Daily Living): Degree of difficulty in the last week due to your hip when lying in bed (turning over, maintaining hip position)	0 - None, 1 - Mild, 2 - Moderate, 3 - Severe, 4 - Extreme		
pro_pm	hoosjrq6_sitting	HOOSJR Question 6 - Sitting	string	HOOSJR Q6 Function (Daily Living): Degree of difficulty in the last week due to your hip when sitting	0 - None, 1 - Mild, 2 - Moderate, 3 - Severe, 4 - Extreme		
pro_pm	koosjrq1_stiff	KOOSJR Question 1 - Stiffness	string	KOOSJR Q1 Stiffness: Severity of knee joint stiffness in the last week after first wakening in the morning	0 - None, 1 - Mild, 2 - Moderate, 3 - Severe, 4 - Extreme		
pro_pm	koosjrq2_twist	KOOSJR Question 2 - Twisting	string	KOOSJR Q2 Pain: Amount of knee pain in the last week when twisting/pivoting on knee	0 - None, 1 - Mild, 2 - Moderate, 3 - Severe, 4 - Extreme		
pro_pm	koosjrq3_straighten	KOOSJR Question 3 - Straightening	string	KOOSJR Q3 Pain: Amount of knee pain in the last week when straightening knee fully	0 - None, 1 - Mild, 2 - Moderate, 3 - Severe, 4 - Extreme		
pro_pm	koosjrq4_stairs	KOOSJR Question 4 - Stairs	string	KOOSJR Q4 Pain: Amount of knee pain in the last week when going up or down stairs	0 - None, 1 - Mild, 2 - Moderate, 3 - Severe, 4 - Extreme		
pro_pm	koosjrq5_upright	KOOSJR Question 5 - Upright	string	KOOSJR Q5 Pain: Amount of knee pain in the last week when standing upright	0 - None, 1 - Mild, 2 - Moderate, 3 - Severe, 4 - Extreme		
pro_pm	koosjrq6_sitting	KOOSJR Question 6 - Sitting	string	KOOSJR Q6 Function (Daily Living): Degree of difficulty rising from sitting in the last week due to knee	0 - None, 1 - Mild, 2 - Moderate, 3 - Severe, 4 - Extreme		
pro_pm	koosjrq7_bending	KOOSJR Question 7 - Bending	string	KOOSJR Q7 Function (Daily Living): Degree of difficulty bending to floor/picking up an object in the last week due to knee	0 - None, 1 - Mild, 2 - Moderate, 3 - Severe, 4 - Extreme		
pro_pm	vr_12q4a_accomplish	VR-12 Question 4a - Accomplished	string	KOOSJR Q7 Function (Daily Living): Degree of difficulty bending to floor/picking up an object in the last week due to knee	1 - No, none of the time, 2 - Yes, a little of the time, 3 - Yes, some of the time, 4 - Yes, most of the time, 5 - Yes, all of the time		

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
pro_pm	vr_12q4b_careful	VR-12 Question 4b - Carefully	string	VR-12: Q4b: During the past 4 weeks, did you not do work or other activities as carefully as usual as a result of any emotional problems (such as feeling depressed or anxious)?	1 - No, none of the time, 2 - Yes, a little of the time, 3 - Yes, some of the time, 4 - Yes, most of the time, 5 - Yes, all of the time		
pro_pm	vr_12q6a_calm	VR-12 Question 6a - Calm	string	VR-12 Q6a: How much of the time during the past 4 weeks have you felt calm and peaceful?	1 - All of the time, 2 - Most of the time, 3 - A good bit of the time, 4 - Some of the time, 5 - A little of the time, 6 - None of the time		
pro_pm	vr_12q6b_energy	VR-12 Question 6b - Energy	string	VR-12 Q6b: How much of the time during the past 4 weeks have you had a lot of energy?	1 - All of the time, 2 - Most of the time, 3 - A good bit of the time, 4 - Some of the time, 5 - A little of the time, 6 - None of the time		
pro_pm	vr_12q6c_down	VR-12 Question 6c - Down	string	VR-12 Q6b: How much of the time during the past 4 weeks have you had a lot of energy?	1 - All of the time, 2 - Most of the time, 3 - A good bit of the time, 4 - Some of the time, 5 - A little of the time, 6 - None of the time		
pro_pm	vr_12q7_soclact	VR-12 Question 7 - Social Activities	string	VR-12 Q7: During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?	1 - All of the time, 2 - Most of the time, 3 - A good bit of the time, 4 - Some of the time, 5 - A little of the time, 6 - None of the time		
pro_pm	promisglq2_qualitylife	PROMIS Global Question 2 - Quality of life	string	PROMIS-10 {GLOBAL02}: In general, would you say your quality of life is:	1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent		
pro_pm	promisglq4_mentalheal	PROMIS Global Question 4 - Mental Health	string	PROMIS-10 {GLOBAL04}: In general, how would you rate your mental health, including your mood and your ability to think?	1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent		
pro_pm	promisglq5_activities	PROMIS Global Question 5 - Activities	string	PROMIS-10 {GLOBAL05}: In general, how would you rate your satisfaction with your social activities and relationships?	1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent		
pro_pm	promisglq10r_anxious	PROMIS Global Question 10 - Anxious	string	PROMIS-10 {GLOBAL 10r}: In past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?	**If version 1.1:** 1- Never, 2 -Rarely, 3 -Sometimes, 4 - Often, 5 - Always **If version 1.2:** 1- Always, 2 - Often, 3 - Sometimes, 4 - Rarely, 5 - Never		
pro_pm	cdr_last_refresh	CDR last refresh	timestamp	The date the CDR was last updated			
pro_pm	program	Program	string	What program was the measure submitted for?			

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
structural_measures	ccn	CMS Certification Number	string	The CMS Certification Number (CCN) of the hospital for which the response was submitted.	Valid 6 digit CCN of a hospital		
structural_measures	fiscal_year	Fiscal Year	string	The fiscal year for which the data was submitted.	Currently 2025 is available. Future fiscal years will become available as they are submitted to HQR.	Yes	
structural_measures	measure_id	Measure ID	string	The specific structural measures measure set for which this data is related.	Maternal Morbidity		This field will always be blank beginning with FY2025 data.
structural_measures	response	Response	string	The response that was submitted in the data form to the following question: Does your hospital or health system participate in a Statewide and/or National Perinatal Quality Improvement Collaborative Program aimed at improving maternal outcomes during inpatient labor, delivery and postpartum care, and has implemented patient safety practices or bundles related to maternal morbidity to address complications, including, but not limited to, hemorrhage, severe hypertension/preeclampsia or sepsis?	Yes, No, N/A (Our hospital does not provide inpatient labor/delivery care)		This field is only used for maternal morbidity responses
structural_measures	hche_domain_1_priority	HCHE Domain 1 - Priority	string	We attest that our hospital: Identifies priority populations who currently experience health disparities.	Yes, No		
structural_measures	hche_domain_1_equity_goals	HCHE Domain 1 - Equity Goals	string	We attest that our hospital: Identifies healthcare equity goals and discrete action steps to achieving these goals.	Yes, No		
structural_measures	hche_domain_1_resources	HCHE Domain 1 - Resources	string	We attest that our hospital: Outlines specific resources which have been dedicated to achieving our equity goals.	Yes, No		
structural_measures	hche_domain_1_stakeholders	HCHE Domain 1 - Stakeholders	string	We attest that our hospital: Describes our approach for engaging key stakeholders, such as community-based organizations.	Yes, No		
structural_measures	hche_domain_2_demographics	HCHE Domain 2- Demographics	string	We attest that our hospital: Collects demographic information (such as self-reported race, national origin, primary language, and ethnicity data) and/or social determinant of health information on the majority of our patients.	Yes, No		
structural_measures	hche_domain_2_training	HCHE Domain 2 - Training	string	We attest that our hospital: Has training for staff in culturally sensitive collection of demographic and/or social determinant of health information.	Yes, No		
structural_measures	hche_domain_2_ehr	HCHE Domain 2 - EHR	string	We attest that our hospital: Inputs demographic and/or social determinant of health information collected from patients into structured, interoperable data elements using a certified EHR technology	Yes, No		
structural_measures	hche_domain_3_dashboards	HCHE Domain 3 - Dashboards	string	We attest that our hospital: Our hospital stratifies key performance indicators by demographic and/or social determinants of health variables to identify equity gaps and includes this information on hospital performance dashboards.	Yes, No		
structural_measures	hche_domain_4_quality	HCHE Domain 4 - Quality	string	We attest that our hospital: Our hospital participates in local, regional, or national quality improvement activities focused on reducing health disparities.	Yes, No		
structural_measures	hche_domain_5_annual_review	HCHE Domain 5 - Annual Review	string	We attest that our hospital senior leadership, including chief executives and the entire hospital board of trustees: Annually reviews our strategic plan for achieving health equity.	Yes, No		
structural_measures	hche_domain_5_kpis	HCHE Domain 5 - KPIS	string	We attest that our hospital senior leadership, including chief executives and the entire hospital board of trustees: Annually reviews key performance indicators stratified by demographic and/or social factors.	Yes, No		
structural_measures	hche_score	HCHE Score	integer	Your score received	0, 1, 2, 3, 4, 5		
structural_measures	hche_max_score	HCHE Max Score	integer	Maximum score possible	0, 1, 2, 3. 4, 5		
structural_measures	sdoh1_num	SDOH 1 - Numerator	string	The number of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission and are screened for all of the following five HRSNs (food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety) during their hospital inpatient stay			
structural_measures	sdoh1_denom	SDOH 1 - Denominator	string	The number of patients who are admitted to a hospital inpatient stay and who are 18 years or older on the date of admission.			
structural_measures	sdoh1_ratio	SDOH 1 Ratio	string	Rate percentage set by dividing numerator by denominator			

Table Name	Field Name (short name)	Long Name	Data Type	Description	Possible Value Range/Reference	Partition Key	Comments
structural_measures	sdoh2_food_insecurity_num	SDOH 2 - Food Insecurity Numerator	string	The number of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, who were screened for all five HRSN, and who screen positive for food insecurity.			
structural_measures	sdoh2_food_insecurity_denom	SDOH 2 - Food Insecurity Denominator	string	Set from the SDOH 1 Numerator			
structural_measures	sdoh2_food_insecurity_ratio	SDOH 2 - Food Insecurity Ratio	string	Rate percentage set by dividing numerator by denominator			
structural_measures	sdoh2_housing_instability_num	SDOH 2 Housing Instability Numerator	string	The number of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, who were screened for all five HRSN, and who screen positive for housing instability.			
structural_measures	sdoh2_housing_instability_denom	SDOH 2 Housing Instability Denominator	string	Set from the SDOH 1 Numerator			
structural_measures	sdoh2_housing_instability_ratio	SDOH 2 Housing Instability Ratio	string	Rate percentage set by dividing numerator by denominator			
structural_measures	sdoh2_transportation_needs_num	SDOH 2 Transportation Needs Numerator	string	The number of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, who were screened for all five HRSN, and who screen positive for transportation needs.			
structural_measures	sdoh2_transportation_needs_denom	SDOH 2 Transportation Needs Denominator	string	Set from the SDOH 1 Numerator			
structural_measures	sdoh2_transportation_needs_ratio	SDOH 2 Transportation Needs Ratio	string	Rate percentage set by dividing numerator by denominator			
structural_measures	sdoh2_utility_difficulties_num	SDOH 2 Utility Difficulties Numerator	string	The number of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, who were screened for all five HRSN, and who screen positive for utility difficulties.			
structural_measures	sdoh2_utility_difficulties_denom	SDOH 2 Utility Difficulties Denominator	string	Set from the SDOH 1 Numerator			
structural_measures	sdoh2_utility_difficulties_ratio	SDOH 2 Utility Difficulties Ratio	string	Rate percentage set by dividing numerator by denominator			
structural_measures	sdoh2_interpersonal_safety_num",	SDOH 2 Interpersonal Safety Numerator	string	The number of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, who were screened for all five HRSN, and who screen positive for Interpersonal safety.			
structural_measures	sdoh2_interpersonal_safety_denom	SDOH 2 Interpersonal Safety Denominator	string	Set from the SDOH 1 Numerator			
structural_measures	sdoh2_interpersonal_safety_ratio	SDOH 2 Interpersonal Safety Ratio	string	Rate percentage set by dividing numerator by denominator			
structural_measures	program	Program	string	The program for which the data was submitted.	iqr-structural	Yes	
structural_measures	updated	Updated	timestamp	The date and time the response was last updated in HQR in UTC.			
structural_measures	updated_by_org_name	Updated by Organization Name	string	The name of the organization of which the user who submitted the data to HQR is from.			
structural_measures	updated_by_user_name	Updated by Username	string	The user name of the user who submitted the data to HQR.			