

HQIP Data Filters

A guide to the filters, comparison groups, and display options available across HQIP reports — what each one means, where its values come from, and which organization stewards the underlying definitions and code sets.

Hospital Quality Institute · Prepared by NewVolt Solutions · August 2026

CONTENTS

1. How filtering works in HQIP
2. Behaviors that apply everywhere
3. Patient & encounter filters
4. Value mappings: raw HCAI codes → filter groups
5. Comparison groups
6. Display options & report settings
7. Filters by report family
8. Code sets & data stewards
9. Steward organizations at a glance

1 How filtering works in HQIP

Every HQIP report is built from the same set of controls, presented in panels along the side of the dashboard:

- **Filters** — restrict which encounters or events are counted: your facilities, a date range, and patient or encounter characteristics such as age group, payer, or diagnosis chapter. Filter choices come from standardized value lists (described in §3 and §7).
- **Comparison groups** — add benchmark lines or columns for a peer cohort, such as all California hospitals, hospitals in your county, or hospitals with the same bed-size category (§4).
- **Stratification** — break a measure out by a characteristic (race group, age group, payer, and so on) instead of filtering it.
- **Display options** — change how results are presented rather than what is counted: time granularity, readmission window, baseline years, and other report-specific settings (§5).

The data behind the reports comes from four main feeds: California statewide discharge data (HCAI inpatient, emergency department, and ambulatory surgery files), CDC NHSN infection surveillance data, CMS Care Compare public reporting data, and CMQCC maternal quality data. Each feed carries its own standardized coding, which is why filter options differ between report families.

2 Behaviors that apply everywhere

BEHAVIOR	WHAT IT DOES
Facility selector	Choose one or more of your organization's facilities. The list shows the active facilities you have access to, grouped by type. Health-system users can select across their system; on system-level ("facility comparison") reports the selector picks a single system at a time. Facility selections also match through health-system, region, and facility-group membership.
Data access	You only ever see data for facilities your account is permissioned for. Health-plan users additionally see only encounters attributed to their plan's members.
Default date range	Reports open showing January 1, 2020 through the end of the most recent complete quarter. Date pickers accept dates from 2000 onward.
Small-cohort protection	Comparison-group benchmarks are only displayed when the selected cohort contains enough hospitals (a minimum cohort size is enforced), so no benchmark can reveal an individual facility's data.
Record search	Record-level views (for your own facilities only) include a free-text search across the record's fields, plus column visibility, sorting, and paging controls.

3 Patient & encounter filters

These filters appear across the discharge-data report families (inpatient quality, readmissions, sepsis, ED and ambulatory surgery, and cross-setting reports). Most are also available as stratifiers. "Group" filters are consolidated categories — HQI rolls the fine-grained statewide coding up into a manageable list so filtering and stratification stay readable. Section 4 gives the exact code-to-group mappings.

FILTER	WHAT IT MEANS	VALUES BASED ON	STEWARD
Discharge / Service Date	Date range for the encounter (discharge date for inpatient, service date for ED/AS).	—	—
Route of Admission Group	How the patient arrived (e.g. through your ED, transferred from another facility).	HCAI source-of-admission coding, consolidated by HQI	HCAI HQI
Sex Group	Patient sex.	HCAI sex coding	HCAI
Age Group / Age Group (CMS)	Patient age bands; the CMS variant uses the age bands CMS uses in its programs.	HQI age bands; CMS age bands	HQI CMS
Race Group	Consolidated race/ethnicity category.	HCAI race and ethnicity coding, normalized and consolidated	HCAI HQI

Language Group	Patient preferred spoken language, consolidated.	HCAI preferred-language coding (47 languages), rolled up by HQI	HCAI	HQI
Zip Group	Patient home geography, consolidated from ZIP codes.	HQI geographic groupings	HQI	
Payer Category / Payer Type	Expected payer (Medicare, Medi-Cal, private coverage, self-pay, ...).	HCAI payer-category coding, consolidated	HCAI	HQI
Pay Plan Group	Specific health plan, consolidated into plan groups.	HCAI payer-plan list (130 plans), grouped into 31 categories by HQI	HCAI	HQI
Type of Care	Acute care, skilled nursing/intermediate care, psychiatric, and other care types.	HCAI type-of-care coding	HCAI	
Disposition Group	Where the patient went at discharge (home, home health, SNF, expired, ...).	HCAI disposition coding (36 values), rolled up by HQI	HCAI	HQI
ICD-10-CM Chapter	Broad clinical area of the principal diagnosis (one of the 22 ICD-10-CM chapters).	ICD-10-CM chapter structure	CDC/NCHS	
CCSR Diagnosis Category	Clinically meaningful diagnosis grouping (about 540 categories).	AHRQ Clinical Classifications Software Refined (CCSR)	AHRQ	
Procedure Group	Broad grouping of the principal procedure.	ICD-10-PCS structure, rolled up by HQI	CMS	HQI
External Cause (ECM) Group	External cause of morbidity (falls, transport, and other injury mechanisms).	ICD-10-CM external-cause codes, rolled up by HQI	CDC/NCHS	HQI
Behavioral Health	Whether the encounter involves a mental-health or substance-use condition, by category.	HQI behavioral-health mapping built on ICD-10-CM and CCSR	HQI	
SDoH Categories	Social drivers of health documented on the encounter (problems related to education, employment, housing, and so on).	ICD-10-CM Z55–Z65 codes, categorized	CDC/NCHS	HQI
Is Pregnant	Restrict to (or exclude) encounters with documented pregnancy.	Derived from diagnosis coding	HQI	
ED Encounter Type	Emergency department reports: admitted vs. treat-and-release visits (defaults to treat-and-release).	Encounter linkage in the statewide data	HQI	
Acuity Level	ED visit acuity.	Acuity coding in the ED data	HCAI	

High Utilizers	ED reports: slider restricting to patients by their average number of visits per year to the same site (0–15+).	Calculated from visit history	HQI
Encounter Type / Source Type	Cross-setting reports: inpatient vs. ED vs. ambulatory surgery, and the source data feed.	Data feed classification	HQI
Readmission characteristics	Readmission reports add filters for the disposition of the index stay and the route of the readmission.	Same HCAI-based groups as above	HCAI HQI

4 Value mappings: raw HCAI codes → filter groups

The tables below give the exact mapping from raw HCAI PDD/EDAS values to each consolidated filter group, as applied in HQIP. Raw code definitions follow the HCAI data specifications (hcai.ca.gov/data). Where a mapping is prefix-based over a large code system (diagnosis, procedure, external cause), the rule and the full category list are given here; complete prefix-level tables are available from HQI on request.

4.1 Sex Group

RAW HCAI SEX	SEX GROUP
M	Male
F	Female
any other value	Unknown

4.2 Age Group

Computed from the patient's age in years — age at discharge for inpatient records, age at service for ED and ambulatory surgery records.

AGE IN YEARS	AGE GROUP
0 (under 1 year)	0
1–9	1–9
10–19	10–19
20–29	20–29
30–39	30–39
40–49	40–49
50–59	50–59

60–69	60–69
70–79	70–79
80 and over	80+
missing/invalid	Unknown

Age Group (CMS) uses the three bands CMS uses in its programs: <18, 18–64, 65+ (plus *Unknown* for missing values).

4.3 Race Group

Race Group normalizes the HCAI race and ethnicity fields into a single category. The rules apply in order — the first that matches wins:

#	RULE (RAW HCAI VALUES)	RACE GROUP
1	Ethnicity E1 (Hispanic or Latino) — regardless of race codes	Hispanic
2	More than one race code among R1–R5, R9	Multiracial
3	Single race R5 (White)	White
4	Single race R3 (Black or African American)	Black
5	Single race R2 (Asian)	Asian
6	Single race R1 (American Indian or Alaska Native)	American Indian or Alaska Native
7	Single race R4 (Native Hawaiian or Other Pacific Islander)	Native Hawaiian or Other Pacific Islander
8	Single race R9 (Other race); or no usable race code with ethnicity E2 (Not Hispanic or Latino)	Other
9	Anything else	Unknown

4.4 Language Group

Seven languages are kept as their own categories; every other coded language rolls to *Other*. When the coded field is not one of the retained values, the write-in language field is checked (exact match, then its first three letters).

RAW HCAI LANGUAGE CODE	LANGUAGE GROUP
ENG	English
SPA	Spanish
CHI	Chinese
PES	Farsi
ARA	Arabic

KOR	Korean
TGL	Tagalog
999	Unknown
all other language codes (88 languages)	Other

4.5 Zip Group

Based on the patient ZIP code and homeless indicator, evaluated in order:

#	RAW VALUE	ZIP GROUP
1	ZIP = YYYYYY (HCAI foreign-residence code)	Foreign
2	ZIP = ZZZZZ (HCAI homeless code) or homeless indicator = Y	Homeless
3	ZIP = 00000, 99999, or non-numeric	Unknown
4	ZIP 90000–96162 (inclusive)	California
5	Any other numeric ZIP	Outside California

4.6 Disposition Group

HCAI disposition codes consolidate into ten groups:

DISPOSITION GROUP	RAW HCAI DISPOSITION CODES
Routine	01, 81
Home Health	06, 86
Skilled Nursing	03, 61, 64, 83, 89, 92
Hospice	50, 51
Died	20
Against Medical Advice	07
Court / Law Enforcement	21, 87
Psychiatric Care	65, 93
Other	00, 02, 04, 05, 43, 62, 63, 66, 69, 70, 82, 84, 85, 88, 90, 91, 94, 95 — and any other valid two-character code
Unknown	missing/invalid

4.7 Route of Admission Group

Combines the HCAI type-of-admission and source-of-admission (route) fields, evaluated in order:

#	RAW VALUES	ROUTE OF ADMISSION GROUP
1	Type of admission 4 (Newborn)	Newborn
2	Type of admission 3 (Elective)	Elective
3	Type of admission 9 or blank; or route of admission blank	Unknown
4	Route of admission 1 (your ED) or 2 (another facility's ED)	ED
5	Any other route	Direct

4.8 Payer filters

The three payer filters are distinct (all inpatient-only; ED/AS reports carry a single payer category field):

- **Payer Category** — the HCAI payer category codes directly, no grouping: 01 Medicare, 02 Medi-Cal, 03 Private Coverage, 04 Workers' Compensation, 05 County Indigent Programs, 06 Other Government, 07 Other Indigent, 08 Self-Pay, 09 Other Payer.
- **Payer Type** — the HCAI type-of-coverage codes directly: 0 Not Applicable, 1 Managed Care (Knox-Keene / MCOHS), 2 Managed Care (Other), 3 Traditional Coverage.
- **Pay Plan Group** — the HCAI four-digit payer plan code mapped to a named plan group (below). Plan codes not in this list are not assigned a group.

PAY PLAN GROUP	RAW HCAI PLAN CODES
Alameda Alliance for Health	0328, 0440
CalOptima	0394, 9030
CalViva Health	0484
CenCal Health	0400
Central California Alliance for Health	0401, 9044
Community Health Group	0200, 0431
Contra Costa Health Plan	0054, 0424
Gold Coast Health Plan	0344
Health Plan of San Joaquin	0338, 0442
Health Plan of San Mateo	0358, 0439, 9041
Inland Empire Health Plan	0346, 0428
Kern Health Systems	0335, 0425
L.A. Care Health Plan	0355, 0248, 0504

Partnership HealthPlan of California	0416
San Francisco Health Plan	0349, 0423
Santa Clara Family Health Plan	0351, 0236, 0444

4.9 Diagnosis, procedure, and external-cause groups

These three filters are prefix-based over the ICD-10 code systems. The category assignments are maintained by HQI; full prefix-level tables are available from HQI.

- Diagnosis category / chapter** — the first three characters of the principal diagnosis map to one of 21 categories: Birth Defects, Births, Blood Disorders, Cancer, Circulatory System, Digestive System, Ear Disorders, Endocrine Diseases, Eye Disorders, Genitourinary System, Infections, Injuries/Poisonings, Mental Disorders, Musculoskeletal System, Nervous System, Perinatal Disorders, Pregnancies, Respiratory System, Skin Disorders, Symptoms, Other Reasons.
- External Cause (ECM) Group** — the first three characters of the first-listed external-cause-of-morbidity code map to one of 14 groups: All Transport Types, Accidental Falls, Accidents Involving Animate/Inanimate Object, Non-Transport Drowning/Submersion, Natural/Environmental Factors, Intentional Self-Harm, Assault, Undetermined Intent, Legal/War/Terrorism, Medical Misadventures, Medical Device Adverse Incident, Abnormal Reaction/Later Complications, Supplementary Factors, Other Factors.
- Procedure Group** — the first two characters of the principal ICD-10-PCS procedure code map to a body-system or service group (complete mapping below).

PROCEDURE GROUP	ICD-10-PCS TWO-CHARACTER PREFIXES
Nervous System	00, 01
Cardiovascular System	02
Vascular System	03, 04, 05, 06
Lymph System	07
Eye	08
Ear, Nose, & Sinus	09
Respiratory System	0B
Mouth and Throat	0C
Digestive System	0D, 0F
Endocrine System	0G
Skin and Breast System	0H, 0J
Musculoskeletal System	0K, 0L, 0M, 0N, 0P, 0Q, 0R, 0S
Urinary System	0T
Female Reproductive System	0U
Male Reproductive System	0V

General	0W, 0X, 0Y
Pregnancy	10
Diagnostic Therapeutic	2W, 2Y, 30, 3C, 3E, 4A, 4B, 5A, 7W, 8C, 8E, 9W, F0, F1, GZ, HZ
Imaging	B0, B2, B3, B4, B5, B7, B8, B9, BB, BD, BF, BG, BH, BL, BN, BP, BQ, BR, BT, BU, BV, BW, BY
Nuclear Medicine	C0, C2, C5, C7, C8, C9, CB, CD, CF, CG, CH, CP, CT, CV, CW
Radiation Oncology	D0, D7, D8, D9, DB, DD, DF, DG, DH, DM, DP, DT, DU, DV, DW
New Technologies	X2, XH, XK, XN, XR, XV, XW, XX, XY

4.10 Behavioral Health

Each encounter's diagnosis codes are mapped (via AHRQ CCSR behavioral-health categories) to the HQI diagnosis categories below. An encounter with only mental-health categories is *Mental Health*; only substance-use categories, *Substance Use*; both, *Co-Occurring*; neither, *None*.

OVERALL GROUP	HQI BEHAVIORAL-HEALTH DIAGNOSIS CATEGORIES
Mental Health	Schizophrenia/Psychotic Disorders · Mood Disorders · Anxiety Disorders · Personality Disorders · Adjustment Disorders · Impulse Control Disorders · Intentional Self-Harm, Suicidal Ideation, and Suicide Attempts · Miscellaneous Mental Health Conditions
Substance Use	Alcohol · Opioids · Cannabis · Sedatives · Cocaine · Other Stimulants · Hallucinogens · Intentional Self-Harm, Suicidal Ideation, and Suicide Attempts · Miscellaneous Substance-Related Disorders

4.11 SDoH categories

The SDoH filter matches encounters with any diagnosis code in the ICD-10-CM social-drivers-of-health categories (Z55–Z65 ranges — problems related to education, employment, housing, social environment, upbringing, and related circumstances), grouped by their three-character category. Two summary options are included: *Any SDoH* (at least one SDoH code on the record) and *No SDoH*.

4.12 ED-specific values

- **Acuity Level** — from the CPT evaluation-and-management codes on the ED visit: 99281 → Level 1 (Minor), 99282 → Level 2 (Low/Moderate), 99283 → Level 3 (Moderate), 99284 → Level 4 (Severe without Threat), 99285/99291/99292 → Level 5 (Severe with Threat / Critical Care); visits with no procedure codes → No Procedures; other procedure coding only → Unknown.
- **ED Encounter Type** — *Treat-and-release*: ED visits in the ED data. *Admitted*: inpatient stays whose Route of Admission Group is ED (i.e. admitted through the emergency department).

5 Comparison groups

Comparison groups define the peer cohort your facilities are benchmarked against. You can select more than one; each appears as its own benchmark. Most are *dynamic*: the cohort is "hospitals sharing this attribute with my selected facilities," so the benchmark follows your facility

selection. Facility attributes come from HCAI facility data and HQI's hospital roster.

COMPARISON GROUP	COHORT DEFINITION	ATTRIBUTE SOURCE
All California Hospitals	Every hospital in the statewide data.	—
My Health System / My Health System Region	Hospitals in the same health system, or the same region of that system.	HQI roster
My Facility License Category	Hospitals with the same license category.	HCAI
My Facility Control Type	Same ownership/control type (e.g. district, nonprofit, investor-owned).	HCAI
My Facility Principal Service Type	Same principal service type.	HCAI
My Facility ER Service Level	Same emergency service level.	HCAI
My Facility Trauma Level (Adult / Pediatric)	Same adult or pediatric trauma designation.	State designations
My Facility Number of Beds Category	Same bed-size category.	HCAI
My Geographic Regional Association	Hospitals in the same regional hospital association.	HQI
My Geographic County	Hospitals in the same county.	HCAI
My Geographic Health Service Area / Area Section	Hospitals in the same health service area, or the same broader section of the state.	HCAI / HQI
My Medicare / MediCal Quartile Ranking	Hospitals in the same quartile of Medicare or Medi-Cal patient share.	HQI -computed
My IP / ED Quartile Ranking	Hospitals in the same inpatient or ED volume quartile.	HQI -computed
My HRRP Peer Group	Hospitals in the same CMS Hospital Readmissions Reduction Program peer group.	CMS
Pediatric Hospitals	Pediatric hospitals statewide.	HQI roster flags
Teaching Hospitals	Teaching hospitals statewide.	
Rural Hospitals	Rural hospitals statewide.	
Critical Access Hospitals	Critical access hospitals statewide.	
Birthing Hospitals	Hospitals providing birthing services.	
Public Hospitals / Private Hospitals	Publicly operated hospitals; or nonprofit and for-profit hospitals.	
Belonging / Not Belonging to a System	Hospitals that are (or are not) part of a health system.	

6 Display options & report settings

These change how results are calculated or presented. Defaults are shown in bold.

SETTING	OPTIONS	WHERE IT APPEARS	NOTES
Time Granularity	Daily · Weekly · Monthly · Quarterly · Annually	Most reports (some restrict to monthly-or-coarser or quarterly-or-coarser)	Sets the trend-line interval.
Encounters Display	Numerators · Denominators	Measure reports with record views	Whether the record list shows the flagged cases or the full eligible population.
Readmission Period	30 · 14 · 7 · 3 days	All readmission and revisit reports	30 days matches the CMS readmission window; shorter windows support internal review.
Sepsis Present on Admission	All · Present on Admission · Not Present on Admission	Sepsis reports	Splits community-onset from hospital-onset sepsis using POA coding.
NHSN Baseline Year	2015 · 2022	Infection (NHSN) reports, Summary, Top Five Focus, Cal HQ	Which CDC national baseline the Standardized Infection Ratio is computed against. Cal HQ defaults to 2022.
Measure Scope	CMS · All	Infection (NHSN) reports	CMS-reportable measures only, or all reported NHSN measures.

Aggregate Multiple Facilities	Yes · No	Care Compare (HCAHPS) and program reports	Combine selected facilities into one result, or show each separately.
Measure selector	Report-specific measure list	Facility-comparison reports	Pick a single measure (e.g. one AHRQ PSI, one HAC, one diagnosis chapter, one Modified DRG Family) to compare across facilities.
Mean LOS Calculation	Arithmetic · Geometric	Observed vs. Expected Length of Stay	Mirrors CMS arithmetic vs. geometric mean LOS conventions.
Diagnosis Codes	Any Diagnosis · Principal Diagnosis	Behavioral health reports	Count a condition documented anywhere on the record, or only as the principal diagnosis.
Signal detection settings	Volume Quartile (All /quartiles) · Trend (All /Up/Down) · Window Size (4 –12 periods) · Scaling Constant (Normal /Uniform/Laplace/Exponential) · Standard Deviations (3 /4/6/9)	Signal Detection reports	Tuning for the statistical process control method that flags emerging signals; defaults suit most use.
Year / Fiscal Year	Calendar years (composites) · federal fiscal years (HAC Reduction Program)	Composite and HAC program reports	Aligns with the corresponding CMS program year.
Stratify By	One of the report's stratifiable characteristics	Most reports	Breaks the measure out by the chosen characteristic instead of filtering.

7 Filters by report family

REPORT FAMILY	REPORTS	FILTERS & SETTINGS AVAILABLE
Inpatient quality	Adverse Drug Events, Nursing Sensitive Measures, AHRQ PSI / IQI / PDI, DRA HAC, quality metrics by Modified DRG Family / Diagnosis Chapter / Procedure Domain, Case Mix Index, Length of Stay, Discharge Dispositions, Observed vs. Expected LOS, Severe Maternal Morbidity, Behavioral Health	Full patient & encounter filter set (§3) · comparison groups · stratification · time granularity · report-specific settings (§5). Facility-comparison variants add a measure selector.
Sepsis	Incidence, Mortality, Length of Stay (+ facility-comparison variants)	Full filter set · Sepsis Present on Admission · measure selector on facility variants
Readmissions	Hospital-Wide Readmissions, Condition-Specific, Procedure-Specific, Sepsis, Psychiatric (IPF), Pediatric, Long-Term Care, Cancer, Rehabilitation readmissions; Same-Site ED Revisits	Full filter set · Readmission Period · readmission disposition/route filters
ED & ambulatory surgery	ED Outcome Distributions by Principal Diagnosis, Same-Site Revisits, Behavioral Health ED	ED/AS filter set incl. ED Encounter Type, Acuity Level, High Utilizers
Cross-setting	Data Volumes, Demographics, Chronic Condition Prevalence (CCW), Elixhauser Comorbidity Prevalence & Indices, Operative Procedures, Cancer Surgery Volumes, SDoH Prevalence, Undetected Pre-Sepsis	Combined IP + ED/AS filter set, plus Encounter Type / Source Type
Infections	NHSN Explorer (HAIs: CLABSI, CAUTI, SSI, MRSA, CDI, and more)	Date range · Baseline Year · Measure Scope · comparison groups · location drill-downs (location type, CDC location category, individual unit)
Maternal	CMQCC Explorer	Date range · facility · comparison groups; measures from the CMQCC measure set (NTSV cesarean, VBAC, episiotomy, breastfeeding, and more)
Public reporting	Care Compare Explorer (HCAHPS and other CMS Hospital Quality Initiative measures)	Date range · Measure Group · Aggregate toggle · comparison groups
Composites	PSI-90 / IQI composites, Comorbidity composite	Year · facility · comparison groups
Signal detection	Signal Detection — Inpatient, ED, Ambulatory Surgery	Date range · demographic & diagnosis filters · the five signal-detection settings (§5); one facility at a time

Programs & summaries	HQIP Summary, Top Five Focus, Cal HQ, HAC Reduction Program; health-plan program dashboards (available to participating organizations)	Focused filter sets per report: date range, NHSN baseline year, measure scope, fiscal year, program measure selectors
----------------------	--	---

8 Code sets & data stewards

Filter options and measure definitions in HQIP rest on published code sets, each maintained ("stewarded") by a national or state organization, plus a set of groupings and value sets that HQI maintains for California benchmarking. HQIP names these code sets rather than redefining them — the authoritative documentation lives with each steward.

National and state code sets

CODE SET	USED FOR	STEWARD	REFERENCE
California PDD / EDAS data specifications (payer, disposition, admission source, demographics, county, license and facility attributes)	Nearly all patient & encounter filters; facility attributes behind comparison groups	HCAI	hcai.ca.gov/data
ICD-10-CM diagnosis codes and chapters	Diagnosis filters, external-cause groups, SDoH categories, clinical value sets	CDC/NCHS	cdc.gov/nchs/icd
ICD-10-PCS procedure codes	Procedure filters and procedure-based measures	CMS	cms.gov ICD-10
MS-DRG and Major Diagnostic Categories (MDC)	DRG-based groupings, case mix index, expected LOS; encounters are grouped with the official CMS MS-DRG software	CMS	cms.gov MS-DRG
Clinical Classifications Software Refined (CCSR, diagnosis & procedure), Procedure Classes Refined, Chronic Condition Indicator	CCSR Diagnosis filter, clinical-domain groupings, chronic flags	AHRQ	hcup-us.ahrq.gov
Elixhauser Comorbidity Index (39 comorbidities)	Comorbidity prevalence, comorbidity indices, risk banding	AHRQ	hcup-us.ahrq.gov

AHRQ Quality Indicators — Patient Safety (PSI), Inpatient Quality (IQI), Pediatric (PDI), and Maternal Health Indicators, including the PSI-90 and IQI composites	The PSI / IQI / PDI report families, composites, maternal analytics	AHRQ	qualityindicators.ahrq.gov
Hospital-Acquired Conditions (DRA HAC) code lists, by federal fiscal year, and present-on-admission exempt lists	DRA HAC reports, HAC Reduction Program	CMS	cms.gov HAC
Chronic Conditions Warehouse (CCW) condition algorithms	Chronic Condition Prevalence reports	CMS	ccwdata.org
CMS readmission measure specifications (Hospital-Wide Readmission cohorts, condition/procedure cohorts, IPF readmissions)	Readmission report cohort definitions	CMS	qualitynet.cms.gov
NHSN measure definitions, standardized infection ratios and national baselines, location categories, and operative procedure categories	Infection reports, NHSN drill-downs, operative procedure reports	CDC NHSN	cdc.gov/nhsn
CMQCC maternal quality measures	Maternal (CMQCC) reports	CMQCC	cmqcc.org
CMS Care Compare (Hospital Compare) public measures, including HCAHPS	Care Compare Explorer	CMS	medicare.gov/care-compare
Severe Maternal Morbidity indicators (21 indicators)	Severe Maternal Morbidity reports	CDC	cdc.gov SMM
CPT procedure codes	Procedure mappings where CPT coding applies (e.g. operative procedures)	AMA	ama-assn.org/cpt
Joint Commission perinatal measure value tables; Obstetric Comorbidity Index	Maternal analytics (delivery classification, obstetric risk adjustment)	Joint Commission / CMQCC	manual.jointcommission.org

HQI-maintained groupings and value sets

These are stewarded by the Hospital Quality Institute for California benchmarking. Questions about their definitions should go to HQI.

DEFINITION	WHAT IT IS
Modified DRG Families	HQI's rollup of MS-DRGs into higher-level clinical families (e.g. Organ Transplant, Cardiac Procedures) used for grouping and the by-DRG-family quality reports.

Demographic & payer groups	The consolidated "group" filters in §3 — race, language, disposition, payer, pay plan, ZIP, age bands — rolling the detailed HCAI coding up to report-friendly categories.
Diagnosis / procedure / external-cause rollups	Three-character ICD-10 prefixes rolled into named categories for filtering and drill-down.
Behavioral health categorization	Mapping of ICD-10-CM codes to mental-health and substance-use categories and an overall behavioral-health flag.
Clinical value sets	ICD-10 code lists defining the Adverse Drug Event (all, anticoagulant, glycemic, opioid), falls, pressure injury, sepsis, and cancer-surgery (11 surgical sites) report populations, including their exclusions.
Comparison-group attributes	Hospital roster attributes and computed quartile rankings behind §4, maintained on HQI's hospital crosswalk.
Top Five Focus measures	HQI's selected priority measure list for the Top Five Focus report.

9 Steward organizations at a glance

STEWARD	ORGANIZATION	ROLE IN HQIP DATA
HCAI	California Department of Health Care Access and Information	Statewide inpatient, ED, and ambulatory surgery discharge data and its coding standards; facility licensing attributes
HQI	Hospital Quality Institute	California-specific groupings, clinical value sets, hospital roster, comparison-group definitions, and program measure selections
CMS	Centers for Medicare & Medicaid Services	ICD-10-PCS, MS-DRG, HAC lists, readmission measures, Care Compare, program peer groups and fiscal-year definitions
CDC/NCHS CDC NHSN	Centers for Disease Control and Prevention	ICD-10-CM (NCHS); infection surveillance measures, baselines, and location standards (NHSN); severe maternal morbidity indicators
AHRQ	Agency for Healthcare Research and Quality	CCSR clinical groupings, Elixhauser comorbidities, and the AHRQ Quality Indicator families
CMQCC	California Maternal Quality Care Collaborative	Maternal quality measures and obstetric comorbidity index
AMA	American Medical Association	CPT procedure coding
Joint Commission	The Joint Commission	Perinatal measure value tables used in maternal analytics

