Data Dictionary for Care Compare: Skilled Nursing Facility Quality Reporting Program (SNF QRP)

Version 2.0

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Introduction

The Centers for Medicare & Medicaid Services (CMS) created Care Compare, a streamlined redesign of the original eight CMS healthcare compare tools. Care Compare provides a single user-friendly interface that consumers can use to understand information about doctors, hospitals, skilled nursing facilities, and other health care services instead of searching through multiple tools. Care Compare enables patients and caregivers to make informed decisions about healthcare based on cost, quality of care, volume of services, and other data. Information about the quality measures on Care Compare are presented similarly and clearly across all provider types and care settings. Like the original compare tools, consumers are able to select multiple facilities and directly compare their performance on quality measure information. To access the Care Compare website, please visit www.medicare.gov/care-compare/.

This document provides information about the Skilled Nursing Facility (SNF) data on Care Compare. Care Compare provides data on over 14,000 SNFs. More information about the SNF quality measures displayed on Care Compare can be found by visiting the SNF Quality Reporting Program Measures Information page at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information.

Care Compare information about SNFs is typically updated, or refreshed, each quarter in January, April, July, and October; however, the refresh schedule is subject to change and not all measure data will be updated during each quarterly release. See Appendix A: Care Compare 2020 Anticipated Refreshes and Data Collection Timeframes for Quality Measures in the Skilled Nursing Facility Quality Reporting Program for the full list of SNF QRP measures contained in the Provider Data Catalog, along with information about reporting cycles for each measure.

Links to download the data from the zipped comma-separated value (CSV) flat file formats can be found on the Provider Data Catalog website. When archived data becomes available, it will be provided in the Provider Data Catalog. To access the Provider Data Catalog website, please visit: https://data.cms.gov/provider-data/.

Care Compare and the Provider Data Catalog are publicly accessible websites. As works of the U.S. government, Care Compare data are in the public domain and permission is not required to reuse them. An attribution to the Centers for Medicare and Medicaid Services as the data source is appreciated. However, Care Compare data should not be construed as an endorsement by the U.S. Department of Health and Human Services of any health care provider's products or services. Conveying a false impression of government approval, endorsement or authorization of products or services is forbidden. See 42 U.S.C.1320b-10.

Document Purpose

The purpose of this document is to provide a directory of material for use in the navigation of information regarding the SNF QRP quality information contained within the Care Compare downloadable databases found on the Provider Data Catalog website.

Table 1: Acronym Index

Acronym	Meaning
CAH	Critical Access Hospital
CCN	CMS Certification Number
CMS	Centers for Medicare & Medicaid Services
LTCH	Long-Term Care Hospital
MSPB	Medicare Spending Per Beneficiary
NH	Nursing Home
NQF	National Quality Forum
PAC	Post-Acute Care
SNF	Skilled Nursing Facility
QRP	Quality Reporting Program

Table 2: File Summary

The list below shows the titles of all CSV flat file names included in the downloadable database.

CSV Flat Files Note: Opening CSV files in Excel will remove leading zeroes from data fields. Since some data, such as provider numbers, contain leading zeroes, it is recommended that you open CSV files using text editor programs such as Notepad to copy or view CSV file content. The CSV column names and file names should mirror the datasets found on https://data.cms.gov/provider-data/.

File Name*	Description
Skilled Nursing Facility Quality Reporting Program - National data_mmmyyyy.csv	National data on the quality of resident care SNF QRP measures shown on Care Compare. Includes both nursing- home based SNFs and non-CAH Swing Bed units. (Refer to Table 3.)
Skilled Nursing Facility Quality Reporting Program - Provider data_mmmyyyy.csv	A list of skilled nursing facilities with data on the quality of resident care SNF QRP measures shown on Care Compare. (Refer to Table 4.)
Skilled Nursing Facility Quality Reporting Program – Swing Beds – Provider data_mmmyyyy.csv	A list of non-CAH Swing Beds with data on the quality of resident care SNF QRP measures (Refer to Table 4.)
NH_SNFQRP_Data_Dictionary.pdf	Data dictionary
readme.txt	Information about viewing the data dictionary PDF file

*Note: File names will be updated with each refresh of Care Compare to include the corresponding month and year of the refresh (mmmyyyy) as noted in the currently displayed *File Name* column.

Table 3: National Data Variables

Variable Name	Variable Type	Description
CMS Certification Number (CCN)	Character	The CMS certification number (CCN) is used to identify the facility listed. However, since this is the national data set, the CCN is listed as "Nation."
Measure Code	Character	The measure code consists of the CMS ID (prefix) and the variable name (suffix) for the corresponding measure score. Example= S_001_03_ADJ_RATE Prefix: S_001_03 Suffix: ADJ_RATE See Table 6 for a complete listing of national data measure codes.
Score	Character	The measure score for the corresponding measure code
Footnote	Numeric	Indicates the relevant footnote. Currently, there are no footnotes related to the national data.
Start Date	Date	The start date of the reporting period for the corresponding measure code and score.
End Date	Date	The end date of the reporting period for the corresponding measure code and score.

Table 4: Provider Data Variables

Variable Name	Variable Type	Description
CMS Certification Number (CCN)	Character	The CMS certification number (CCN) is used to identify the facility listed. Note: Please add a leading zero for facilities that have a five digit CCN listed in the CSV file.
Facility Name	Character	Name of the facility
Address Line 1	Character	The first line of the address of the facility
Address Line 2	Character	The second line of the address of the facility
City	Character	The name of the city where the facility is located
State	Character	The two-character postal code used to identify the state where the facility is located
Zip Code	Numeric	The five-digit postal zip code where the facility is located. Note: Please add a leading zero for facilities that have a four-digit zip code listed in the CSV file.
County Name	Character	The name of the county where the facility is located
Phone Number	Character	The ten-digit telephone number of the facility. The format is (xxx) yyy-zzzz where xxx = area code, yyy = central office code, and zzzz = line number.

Variable Name	Variable Type	Description
CMS Region	Numeric	The CMS region where the facility is located. Below is a key to the location of the regional offices and the states covered by each CMS region: 1 = Boston: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont 2 = New York: New Jersey, New York, Puerto Rico, Virgin Islands 3 = Philadelphia: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia 4 = Atlanta: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee 5 = Chicago: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin 6 = Dallas: Arkansas, Louisiana, New Mexico, Oklahoma, Texas 7 = Kansas City: Iowa, Kansas, Missouri, Nebraska 8 = Denver: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming 9 = San Francisco: Arizona, California, Hawaii, Nevada, Pacific Territories 10 = Seattle: Alaska, Idaho, Oregon, Washington

Variable Name	Variable Type	Description
Measure Code	Character	The measure code consists of the CMS ID (prefix) and the variable name (suffix) for the corresponding measure score. Example= S_001_03_ADJ_RATE Prefix: S_001_03 Suffix: ADJ_RATE
Score	Character	The measure score for the corresponding measure code
Footnote	Numeric	Indicates the relevant footnote. 1 = Newly certified nursing home with less than 12-15 months of data available or the nursing home opened less than 6 months ago, and there were no data to submit or claims for this measure. 7 = CMS determined that the percentage was not accurate or data suppressed by CMS for one or more quarters. 9 = The number of residents or resident stays is too small to report. Call the facility to discuss this quality measure. 10 = The data for this measure is missing or was not submitted. Call the facility to discuss this quality measure 13 = Results are based on a shorter time period than required. 14 = This nursing home is not required to submit data for the Skilled Nursing Facility Quality Reporting Program. See Table 8 for more information on how each footnote is used.
Start Date	Date	The start date of the reporting period for the corresponding measure code and score
End Date	Date	The end date of the reporting period for the corresponding measure code and score

Table 5: National Data Measure Codes

S_038_02: Percentage of residents with pressure ulcers/pressure injuries that are new or worsened

National Variables	Description
S_038_02_NATL_RATE	National rate

S_007_02: Percentage of SNF residents whose medications were reviewed and who received follow-up care when medication issues were identified

National Variables	Description
S_007_02_NATL_RATE	National rate

S_013_02: Percentage of SNF residents who experience one or more falls with major injury during their SNF stay

National Variables	Description
S_013_02_NATL_RATE	National rate

S_001_03: Percentage of SNF residents whose functional abilities were assessed and functional goals were included in their treatment plan

National Variables	Description
S_001_03_NATL_RATE	National rate

S_024_02: Percentage of residents who are at or above an expected ability to care for themselves at discharge

National Variables	Description
S_024_02_NATL_RATE	National rate

S_025_02: Percentage of residents who are at or above an expected ability to move around at discharge

National Variables	Description
S_025_02_NATL_RATE	National rate

S_022_02: Change in residents' ability to care for themselves

National Variables	Description
S_022_02_NATL_RATE	National rate

S_023_02: Change in residents' ability to move around

National Variables	Description
S_023_02_NATL_RATE	National rate

S_004_01: Rate of potentially preventable hospital readmissions 30 days after discharge from a SNF

National Variables	Description
S_004_01_PPR_PD_NAT_UNADJUST_ AVG	National Unadjusted Average Potentially Preventable Readmission Rate
S_004_01_PPR_PD_N_BETTER_ NAT	Number of SNFs in the Nation that Performed Better than the National Rate
S_004_01_PPR_PD_N_NO_DIFF_ NAT	Number of SNFs in the Nation that Performed No Different than the National Rate
S_004_01_PPR_PD_N_WORSE_NAT	Number of SNFs in the Nation that Performed Worse than the National Rate
S_004_01_PPR_PD_N_TOO_SMALL	Number of SNFs Too Small to Report

S_005_02: Rate of successful return to home and community from a SNF

National Variables	Description
S_005_02_DTC_NAT_OBS_RATE	National Observed Discharge to Community Rate
S_005_02_DTC_N_BETTER_NAT	Number of SNFs in the Nation that Performed Better than the National Rate
S_005_02_DTC_N_NO_DIFF_NAT	Number of SNFs in the Nation that Performed No Different than the National Rate
S_005_02_DTC_N_WORSE_NAT	Number of SNFs in the Nation that Performed Worse than the National Rate
S_005_02_DTC_N_TOO_SMALL	Number of SNFs Too Small to Report

S_006_01: The Medicare Spending Per Beneficiary (MSPB) for residents in SNFs

National Variables	Description
S_006_01_MSPB_SCORE_NATL	MSPB Score (National)

Table 6: Provider Data Measure Codes

S_038_02: Percentage of residents with pressure ulcers/pressure injuries that are new or worsened

Provider Variables	Description
S_038_02_NUMERATOR	Numerator
S_038_02_DENOMINATOR	Denominator
S_038_02_OBS_RATE	Facility observed rate
S_038_02_ADJ_RATE	Facility adjusted rate

S_007_02: Percentage of SNF residents whose medications were reviewed and who received follow-up care when medication issues were identified

Provider Variables	Description
S_007_02_NUMERATOR	Numerator
S_007_02_DENOMINATOR	Denominator
S_007_02_OBS_RATE	Facility rate

S_013_02: Percentage of SNF residents who experience one or more falls with major injury during their SNF stay

Provider Variables	Description
S_013_02_NUMERATOR	Numerator
S_013_02_DENOMINATOR	Denominator
S_013_02_OBS_RATE	Facility rate

S_001_03: Percentage of SNF residents whose functional abilities were assessed and functional goals were included in their treatment plan

Provider Variables	Description
S_001_03_NUMERATOR	Numerator
S_001_03_DENOMINATOR	Denominator
S_001_03_OBS_RATE	Facility rate

S_024_02: Percentage of residents who are at or above an expected ability to care for themselves at discharge

Provider Variables	Description
S_024_02_NUMERATOR	Numerator
S_024_02_DENOMINATOR	Denominator
S_024_02_OBS_RATE	Facility rate

S_025_02: Percentage of residents who are at or above an expected ability to move around at discharge

Provider Variables	Description
S_025_02_NUMERATOR	Numerator
S_025_02_DENOMINATOR	Denominator
S_025_02_OBS_RATE	Facility rate

S_022_02: Change in residents' ability to care for themselves

Provider Variables	Description
S_022_02_DENOMINATOR	Denominator
S_022_02_OBS_CHG_SFCR_SCORE	Observed change in self-care score
S_022_02_ADJ_CHG_SFCR_SCORE	Risk-adjusted change in self-care score

S_023_02: Change in residents' ability to move around

Provider Variables	Description
S_023_02_DENOMINATOR	Denominator
S_023_02_OBS_CHG_MOBL_SCORE	Observed change in mobility score
S_023_02_ADJ_CHG_MOBL_SCORE	Risk-adjusted change in mobility score

S_004_01: Rate of potentially preventable hospital readmissions 30 days after discharge from a SNF

Provider Variables	Description
S_004_01_PPR_PD_OBS_READM	Number of Potentially Preventable Readmissions Following Discharge
S_004_01_PPR_PD_VOLUME	Number of Eligible Stays
S_004_01_PPR_PD_OBS	Unadjusted Potentially Preventable Readmission Rate
S_004_01_PPR_PD_RSRR	Risk-Standardized Potentially Preventable Readmission Rate (RSRR)
S_004_01_PPR_PD_RSRR_2_5	Lower Limit of the 95% Confidence Interval on the RSRR
S_004_01_PPR_PD_RSRR_97_5	Upper Limit of the 95% Confidence Interval on the RSRR
S_004_01_PPR_PD_COMP_PERF	Comparative Performance Category

S_005_02: Rate of successful return to home and community from a SNF

Provider Variables	Description
S_005_02_DTC_NUMBER	Observed Number of Discharges to Community (DTC)
S_005_02_DTC_VOLUME	Number of Eligible Stays for DTC Measure
S_005_02_DTC_OBS_RATE	Observed Discharge to Community Rate
S_005_02_DTC_RS_RATE	Risk-Standardized Discharge to Community Rate
S_005_02_DTC_RS_Rate_2_5	Lower Limit of the 95% Confidence Interval on the Risk- Standardized Discharge to Community Rate
S_005_02_DTC_RS_Rate_97_5	Upper Limit of the 95% Confidence Interval on the Risk- Standardized Discharge to Community Rate
S_005_02_DTC_COMP_PERF	Comparative Performance Category

S_006_01: The Medicare Spending Per Beneficiary (MSPB) for residents in SNFs

Provider Variables	Description
S_006_01_MSPB_NUMB	Number of Eligible Episodes
S_006_01_MSPB_SCORE	MSPB Score

Table 7: Footnote Descriptions

The footnote numbers below are associated with the Care Compare SNF QRP quality measures:

Footnote number	Footnote as displayed on NH Care Compare	Footnote details
1	Newly certified nursing home with less than 12-15 months of data available or the nursing home opened less than 6 months ago, and there were no data to submit or claims for this measure.	- SNF has been open for less than 6 months. - There was no SNF QRP data to submit for this measure. - When a SNF had no claims data.
7	CMS determined that the percentage was not accurate or data suppressed by CMS for one or more quarters.	The results for these SNF quality measures were excluded by CMS
9	The number of residents or resident stays is too small to report. Call the facility to discuss this quality measure.	- When the number of cases/residents doesn't meet the SNF QRP required minimum amount for public reporting; - When the number of cases/residents is too small to reliably tell how well a facility is performing; and/or - To protect personal health information.
10	The data for this measure is missing or was not submitted. Call the facility to discuss this quality measure.	The facility did not submit required data for the SNF quality reporting program.
13	Results are based on a shorter time period than required.	The SNF QRP results were based on data reported from less than the maximum possible time period used to collect data for the measure.
14	This nursing home is not required to submit data for the Skilled Nursing Facility Quality Reporting Program.	There are no SNF QRP measures data available for this nursing home.

Appendix A: Care Compare 2020 Anticipated Refreshes and Data Collection Timeframes for Quality Measures in the Skilled Nursing Facility Quality Reporting Program

This table provides the data collection timeframes for SNF QRP quality measures displayed on the Care Compare website for Calendar Year (CY) 2020. The first column displays the plain-language measure name used on the Care Compare website, the second column displays the full technical measure name, the third column displays the reporting cycle which describes the collection period and refresh frequency, and the last four columns contain the timeframe for each quarterly Care Compare website refresh.

Compare Measure Name	Technical Measure Name	Reporting Cycle	Data Collection Timeframes Displayed on Compare			
			January 2020	April 2020	July 2020	October 2020
Percentage of residents with pressure ulcers/pressure injuries that are new or worsened	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: S038.02)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	N/A	N/A	N/A	Q1 2019 – Q4 2019
Percentage of SNF residents whose medications were reviewed and who received follow-up care when medication issues were identified	Drug Regimen Review Conducted with Follow-Up for Identified Issues—PAC SNF QRP (CMS ID: S007.02)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	N/A	N/A	N/A	Q1 2019 – Q4 2019

Compare Measure Name	Technical Measure Name	Reporting Cycle	Data Collection Timeframes Displayed on Compare			
			January 2020	April 2020	July 2020	October 2020
Percentage of SNF residents who experience one or more falls with major injury during their SNF stay	Application of Percent of Residents Experiencing One or More Falls with Major Injury (NQF #0674, CMS ID: S013.01; S013.02) S013.01 (applies to discharge dates through September 30, 2019) S013.02 (applies to discharge dates starting October 1, 2019)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q2 2018 – Q1 2019	Q3 2018 – Q2 2019	Q4 2018 – Q3 2019	Q1 2019 – Q4 2019
Percentage of SNF residents whose functional abilities were assessed and functional goals were included in their treatment plan	Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631, CMS ID: S001.02; S001.03) S001.02 (applies to discharge dates through September 30, 2019) S001.03 (applies to discharge dates starting on October 1, 2019)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q2 2018 – Q1 2019	Q3 2018 – Q2 2019	Q4 2018 – Q3 2019	Q1 2019 – Q4 2019

Compare Measure Name	Technical Measure Name	Reporting Cycle	Data Collection Timeframes Displayed on Compare			
			January 2020	April 2020	July 2020	October 2020
Percentage of residents who are at or above an expected ability to care for themselves at discharge	Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635, CMS ID: S024.02)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	N/A	N/A	N/A	Q1 2019 – Q4 2019
Percentage of residents who are at or above an expected ability to move around at discharge	Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636, CMS ID: S025.02)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	N/A	N/A	N/A	Q1 2019 – Q4 2019
Change in residents' ability to care for themselves	Application of IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633, CMS ID: S022.02)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	N/A	N/A	N/A	Q1 2019 – Q4 2019
Change in residents' ability to move around	Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634, CMS ID: S023.02)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	N/A	N/A	N/A	Q1 2019 – Q4 2019

Compare Measure Name	Technical Measure Name	Reporting Cycle	Data Collection Timeframes Displayed on Compare			
			January 2020	April 2020	July 2020	October 2020
Rate of potentially preventable hospital readmissions 30 days after discharge from a SNF	Potentially Preventable 30-Day Post-Discharge Readmission Measure for Skilled Nursing Facility Quality Reporting Program (CMS ID: S004.01)	Collection period: 24 months. Refreshed annually.	Q4 2016 – Q3 2018	Q4 2016 – Q3 2018	Q4 2016 – Q3 2018	Q4 2017 – Q3 2019
Rate of successful return to home and community from a SNF	Discharge to Community-Post Acute Care (PAC) Skilled Nursing Facility Quality Reporting Program (CMS ID: S005.01; S005.02*) * The new CMS ID update is being implemented starting with the October 2020 refresh per the FY 2020 SNF PPS rule.	Collection period: 24 months. Refreshed annually.	Q4 2016 – Q3 2018	Q4 2016 – Q3 2018	Q4 2016 – Q3 2018	Q4 2017 – Q3 2019
Medicare Spending Per Beneficiary (MSPB) for residents in SNFs	Medicare Spending Per Beneficiary Post Acute Care (PAC) Skilled Nursing Facility Quality Reporting Program (CMS ID: S006.01)	Collection period: 24 months. Refreshed annually.	Q4 2016 – Q3 2018	Q4 2016 – Q3 2018	Q4 2016 – Q3 2018	Q4 2017 – Q3 2019

Note: For Q1 2020 and Q2 2020, providers were exempted from data submissions. For this reason, CMS will hold the data constant (i.e., freeze the data) following the October 2020 refresh. The affected Care Compare site refreshes that were scheduled to contain CY 2020 COVID-19 data (Q1 2020, and Q2 2020) include: January 2021, April 2021, July 2021, and October 2021. As a result, CMS will hold the October 2020 data constant until SNF QRP data refreshes on Care Compare in January 2022.