Nursing Home Care Compare and Provider Data Catalog

Consolidated Data Dictionary

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Introduction

The purpose of this document is to describe the data available for download from the Provider Data Catalog (PDC) for Nursing Homes including rehabilitation facilities. It contains three main sections, corresponding to three programs that publicly report data for nursing homes. The first section describes most of the nursing home data files that are on PDC and that contain the data underlying most of the information displayed on Care Compare for Nursing Homes. This is referred to as the nursing home primary data and is exclusive of the other two sections. The second section describes data specific to the Skilled Nursing Facility Quality Reporting Program (SNF QRP), and the third section describes data specific to the Skilled Nursing Facility Value-based Purchasing (SNF VBP) Program.

Table 1 in this document gives a high-level description of each of the PDC data tables (downloadable csv files). Subsequent tables give more detailed information about the data elements included in each of these files as well as other information needed to successfully use and interpret the data.

Note Regarding Leading Zeros in Excel

Due to a limitation in how Microsoft Excel removes leading zeros when opening comma separated value (CSV) files, instructions are provided on the Provider Data Catalog to assist you. For the most up to date information, please reference the Frequently Asked Questions and the question titled, "How do I download files in Excel?" The Frequently Asked Questions can be found here: https://data.cms.gov/provider-data/about#faq-1.

Table 1. List of Provider Data Catalog (PDC) Data Tables for Nursing Homes including rehab services		
PDC Table Title	**PDC Filename**	**File Description**
Section I. Nursing Home including rehab services; Primary data files		
Provider Information	NH_ProviderInfo_MonYYYY.csv	General information on currently active nursing homes, including number of certified beds, quality measure scores, staffing and other information used in the Five-Star Rating System. Data are presented as one row per nursing home.
State US Averages	NH_StateUSAverages_MonYYYY.csv	A list of a variety of averages for each state or territory as well as the national average, including each quality measure, staffing, fine amount and number of deficiencies. Each row displays a specific state or territory, the associated measure and average.
Nursing Home Data Collection Intervals	NH_DataCollectionIntervals_MonYYYY.csv	This table lists the data collection periods for the quality measures displayed for Nursing Homes including Rehab Services as well as the intervals for complaint citations and citations on focused infection control inspections. It also includes the data collection period for the nursing home staffing measures. The data collection periods for some short-stay measures differ slightly from the measure periods in the MDS Quality Measure file due to the look-back periods for these measures.
Inspection Dates	NH_SurveyDates_MonYYYY.csv	A list of nursing home inspection dates in the past three years, including health inspections, fire safety inspections, complaint inspections and infection control inspections
Fire Safety Deficiencies	NH_FireSafetyCitations_MonYYYY.csv	A list of nursing home fire safety citations in the last three years, including the nursing home that received the citation, the associated inspection date, citation tag number and description, scope and severity, the current status of the citation and the correction date. Data are presented as one citation per row.
Health Deficiencies	NH_HealthCitations_MonYYYY.csv	A list of nursing home health citations in the last three years, including the nursing home that received the citation, the associated inspection date, citation tag number and description, scope and severity, the current status of the citation and the correction date. Data are presented as one citation per row.
Citation Code Look-up	NH_CitationDescriptions_MonYYYY.csv	This is a look-up table for nursing home inspection citations, providing a text description for each citation or tag code.

Table 1. List of Provider Data Catalog (PDC) Data Tables for Nursing Homes including rehab services		
PDC Table Title	**PDC Filename**	**File Description**
State-Level Health Inspection Cut Points	NH_HlthInspecCutpointsState_MonYYYY.csv	State-specific ranges for the weighted health inspection score for each health inspection star rating category. Data are presented as one row per state or territory.
Survey Summary	NH_SurveySummary_MonYYYY.csv	Nursing home summary information for nursing home health and fire safety inspections in the last three years, including dates of the three most recent inspections (including those with no citations), and counts of citations, overall and within specified categories. Data are presented as one inspection per provider. Note that citation counts do not include citations from complaint inspections.
MDS Quality Measures	NH_QualityMsr_MDS_MonYYYY.csv	Quality measures that are based on the resident assessments that make up the nursing home Minimum Data Set (MDS). Each row contains a specific quality measure for a specific nursing home and includes the 4-quarter score average and scores for each individual quarter.
Medicare Claims Quality Measures	NH_QualityMsr_Claims_MonYYYY.csv	Quality measures that are based on the resident assessments that make up the nursing home Minimum Data Set (MDS). Each row contains a specific quality measure for a specific nursing home and includes the 4-quarter score average and scores for each individual quarter.
Ownership	NH_Ownership_MonYYYY.csv	A list of ownership information for currently active nursing homes.
Penalties	NH_Penalties_MonYYYY.csv	A list of the fines and payment denials received by nursing homes in the last three years.
COVID-19 Vaccination Rates – Provider Data	NH_CovidVaxProvider_YYYYMMDD.csv	Current resident and healthcare personnel COVID-19 vaccination rates. Data are presented as one row per provider.
COVID-19 Vaccination Rates – State and National Averages	NH_CovidVaxAverages_YYYYMMDD.csv	State and National averages for facility resident and healthcare personnel COVID-19 vaccination rates. Data are presented as one row per state or territory plus a row for national averages.
Section II. Skilled Nursing Facility Quality Reporting Program (SNF QRP)		
Skilled Nursing Facility Quality Reporting Program – National Data	Skilled_Nursing_Facility_Quality_Reporting_Program_National_Data_MonYYYY.csv	Skilled Nursing Facilities (SNFs) provide Medicare Part A SNF services to beneficiaries and must report data on certain measures of quality to Medicare through the Skilled Nursing Facility Quality Reporting Program (SNF QRP). This file contains national averages on quality measures implemented under the IMPACT Act.

Table 1. List of Provider Data Catalog (PDC) Data Tables for Nursing Homes including rehab services		
PDC Table Title	**PDC Filename**	**File Description**
Skilled Nursing Facility Quality Reporting Program – Provider Data	Skilled_Nursing_Facility_Quality_Reporting_Program_Provider_Data_MonYYYY.csv	Skilled Nursing Facilities (SNFs) provide Medicare Part A SNF services to beneficiaries and must report data on certain measures of quality to Medicare through the Skilled Nursing Facility Quality Reporting Program (SNF QRP). This file contains a list of SNFs, as well as their results on the quality of resident care measures implemented under the IMPACT Act.
Skilled Nursing Facility Quality Reporting Program – Swing Beds – Provider Data	Swing_Bed_SNF_data_MonYYYY.csv	Non-Critical Access Hospitals (CAHs) with swing beds are hospitals that provide Medicare Part A Skilled Nursing Facility (SNF) services to beneficiaries and must report data on certain measures of quality to Medicare through the Skilled Nursing Facility Quality Reporting Program (SNF QRP). This file contains a list of the swing bed units participating in the SNF QRP, as well as their results on quality measures implemented under the IMPACT Act.
Section III. Skilled Nursing Facility Value Based Purchasing (SNF VBP) Program		
FY 2024 SNF VBP Facility-Level Dataset	FY_2024_SNF_VBP_Facility_Performance.csv	This dataset contains facility-specific performance results for the fiscal year (FY) 2024 Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program. Included are baseline period (FY 2019) and performance period (FY 2022) risk-standardized readmission rates (RSRRs), achievement scores, improvement scores, and performance scores, rankings, and incentive payment multipliers for the FY 2024 SNF VBP Program year. Note: SNFs that did not meet the SNFRM's case minimum (25 or more eligible stays) in the performance period (FY 2022) are excluded from the SNF VBP Program for FY 2024. Payments to these SNFs in FY 2024 will not be affected by the SNF VBP Program; instead, these SNFs will receive their adjusted federal per diem rate. CMS will not publicly report any data for the FY 2024 SNF VBP Program year for these excluded SNFs.

Table 1. List of Provider Data Catalog (PDC) Data Tables for Nursing Homes including rehab services		
PDC Table Title	**PDC Filename**	**File Description**
FY 2024 SNF VBP Aggregate Performance	FY_2024_SNF_VBP_Aggregate_Performance.csv	This table contains national, aggregate-level results for the fiscal year (FY) 2024 Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program. Included are unadjusted national average readmission rates for the baseline period (FY 2019) and performance period (FY 2022), the achievement threshold and benchmark (that is, the performance standards for the FY 2024 SNF VBP Program year), and information on performance scores, incentive payment multipliers, value-based incentive payments (in dollars), and the total number of SNFs receiving value-based incentive payments for the FY 2024 SNF VBP Program year. Note: SNFs that did not meet the SNFRM's case minimum (25 or more eligible stays) in the performance period (FY 2022) are excluded from the SNF VBP Program for FY 2024. Payments to these SNFs in FY 2024 will not be affected by the SNF VBP Program; instead, these SNFs will receive their adjusted federal per diem rate. CMS will not publicly report any data for the FY 2024 SNF VBP Program year for these excluded SNFs.

Section I – Nursing Homes including rehab services; primary data files

Table 2. Provider Information file variables		
Variable Name (Column Header)	**Description**	**Variable Type***
CMS Certification Number (CCN)	CMS Certification Number (CCN)	Text (6)
Provider Name	Provider Name	Text
Provider Address	Provider Street Address	Text
City/Town	Provider City/Town	Text
State	Provider State – postal abbreviation	Text (2)
ZIP Code	Provider Zip Code	Numeric
Telephone Number	Provider Phone Number	Numeric
Provider SSA County Code	SSA county code	Numeric
County/Parish	Provider County/Parish Name	Text
Ownership Type	Nature of organization that operates a provider of services	Text
Number of Certified Beds	Number of Federally Certified Beds	Numeric
Average Number of Residents per Day	Average number of residents based on MDS daily census	Numeric
Average Number of Residents per Day Footnote	Footnote for Resident Census value (see footnote table for definitions of footnote codes)	Numeric
Provider Type	Category which is most indicative of provider	Text
Provider Resides in Hospital	Facility Resides in Hospital Indicator	Y/N
Legal Business Name	Legal Business Name	Text
Date First Approved to Provide Medicare and Medicaid services	Date First Approved to Provide Medicare/Medicaid Services	Date
Affiliated Entity Name	Unique name identifying a group of nursing homes that share at least one individual or organizational owner, officer, or entity with operational/managerial control	Text
Affiliated Entity ID	Unique numeric identifier assigned to each affiliated entity	Numeric
Continuing Care Retirement Community	Continuing Care Retirement Community Indicator	Y/N
Special Focus Status	Special Focus Status (SFF, SFF Candidate or null if provider not SFF or Candidate)	Text
Abuse Icon	Cited for abuse or neglect at harm level or above on survey cycle 1 (Scope/severity G or greater) or cited for abuse or neglect at potential harm level (Scope/Severity D or above) on both survey cycles 1 and 2.	Y/N

Table 2. Provider Information file variables		
Variable Name (Column Header)	**Description**	**Variable Type***
Most Recent Health Inspection More Than 2 Years Ago	Most recent survey occurred more than 2 years ago indicator	Y/N
Provider Changed Ownership in Last 12 Months	Facility Changed Ownership in Last 12 Months Indicator	Y/N
With a Resident and Family Council	With a Resident and Family Council (Resident, Family, Both, None)	Text
Automatic Sprinkler Systems in All Required Areas	Automatic Sprinkler Systems in All Required Areas (Yes, Partial, No, Data Not Available)	Text
Overall Rating	Overall Rating (1-5)	Numeric
Overall Rating Footnote	Overall Rating Footnote	Numeric
Health Inspection Rating	Health Inspection Rating (1-5)	Numeric
Health Inspection Rating Footnote	Health Inspection Rating Footnote	Numeric
QM Rating	Quality Measure (QM) Rating (1-5)	Numeric
QM Rating Footnote	QM Rating Footnote	Numeric
Long-Stay QM Rating	Long-stay QM Rating (1-5)	Numeric
Long-Stay QM Rating Footnote	Long-Stay QM Rating Footnote	Numeric
Short-Stay QM Rating	Short-Stay QM Rating (1-5)	Numeric
Short-Stay QM Rating Footnote	Short-Stay QM Rating Footnote	Numeric
Staffing Rating	Staffing Rating (1-5)	Numeric
Staffing Rating Footnote	Staffing Rating Footnote	Numeric
Reported Staffing Footnote	Reported Staffing Footnote	Numeric
Physical Therapist Staffing Footnote	Physical Therapy Staffing Footnote	Numeric
Reported Nurse Aide Staffing Hours per Resident per Day	Reported Nurse Aide Staffing - Hours per Resident per Day	Numeric
Reported LPN Staffing Hours per Resident per Day	Reported LPN Staffing - Hours per Resident per Day	Numeric
Reported RN Staffing Hours per Resident per Day	Reported RN Staffing - Hours per Resident per Day	Numeric
Reported Licensed Staffing Hours per Resident per Day	Reported Licensed Staffing - Hours per Resident per Day (RN + LPN)	Numeric
Reported Total Nurse Staffing Hours per Resident per Day	Reported Total Nurse Staffing - Hours per Resident per Day (Aide+LPN+RN)	Numeric

Table 2. Provider Information file variables		
Variable Name (Column Header)	Description	Variable Type*
Total number of nurse staff hours per resident per day on the weekend	Total number of nurse staff hours on the weekend - Hours per resident per day	Numeric
Registered Nurse hours per resident per day on the weekend	Registered Nurse hours on the weekend - Hours per resident per day	Numeric
Reported Physical Therapist Staffing Hours per Resident Per Day	Reported Physical Therapy Staffing - Hours per Resident Per Day	Numeric
Total nursing staff turnover	Total nursing staff turnover	Numeric
Total nursing staff turnover footnote	Total nursing staff turnover footnote	Numeric
Registered Nurse turnover	Registered Nurse turnover	Numeric
Registered Nurse turnover footnote	Registered Nurse turnover footnote	Numeric
Number of administrators who have left the nursing home	Number of administrators who have left the nursing home	Numeric
Administrator turnover footnote	Administrator turnover footnote	Numeric
Case-Mix Nurse Aide Staffing Hours per Resident per Day	Case-Mix Nurse Aide Staffing - Hours per Resident per Day	Numeric
Case-Mix LPN Staffing Hours per Resident per Day	Case-Mix LPN Staffing - Hours per Resident per Day	Numeric
Case-Mix RN Staffing Hours per Resident per Day	Case-Mix RN Staffing - Hours per Resident per Day	Numeric
Case-Mix Total Nurse Staffing Hours per Resident per Day	Case-Mix Total Nurse Staffing - Hours per Resident per Day (Aide+LPN+RN)	Numeric
Adjusted Nurse Aide Staffing Hours per Resident per Day	Adjusted Nurse Aide Staffing - Hours per Resident per Day	Numeric
Adjusted LPN Staffing Hours per Resident per Day	Adjusted LPN Staffing - Hours per Resident per Day	Numeric
Adjusted RN Staffing Hours per Resident per Day	Adjusted RN Staffing - Hours per Resident per Day	Numeric
Adjusted Total Nurse Staffing Hours per Resident per Day	Adjusted Total Nurse Staffing - Hours per Resident per Day (Aide+LPN+RN)	Numeric
Adjusted Weekend Total Nurse Staffing Hours per Resident per Day	Adjusted Weekend Total Nurse Staffing – Hours per Resident per Day	Numeric

Table 2. Provider Information file variables		
Variable Name (Column Header)	**Description**	**Variable Type***
Rating cycle 1 Standard Survey Health Date	Date of Rating cycle 1 Standard Health Survey Date, which is the most recent health inspection See CMS 5-Star Technical Users' Guide for description of Rating cycles and Health Inspection Scoring	Date
Rating cycle 1 Total Number of Health Deficiencies	Total Number of Health Deficiencies in Rating cycle 1	Numeric
Rating cycle 1 Number of Standard Health Deficiencies	Number of Health Deficiencies from the Standard Survey During Rating cycle 1	Numeric
Rating cycle 1 Number of Complaint Health Deficiencies	Number of Health Deficiencies from Complaint Surveys during Rating cycle 1 for complaints	Numeric
Rating cycle 1 Health Deficiency Score	Rating cycle 1 - Health Deficiency Score	Numeric
Rating cycle 1 Number of Health Revisits	Number of Health Survey Repeat-Revisits for Rating cycle 1	Numeric
Rating cycle 1 Health Revisit Score	Points Associated with Health Survey Repeat Revisits for Rating cycle 1	Numeric
Rating cycle 1 Total Health Score	Rating cycle 1 - Total Health Inspection Score	Numeric
Rating cycle 2 Standard Health Survey Date	Date of Rating cycle 2 Standard Health Survey Date	Date
Rating cycle 2 Total Number of Health Deficiencies	Total Number of Health Deficiencies in Rating cycle 2 - See CMS 5-Star Technical Users' Guide for description of Rating cycles	Numeric
Rating cycle 2 Number of Standard Health Deficiencies	Number of Health Deficiencies from the Standard Survey during Rating cycle 2	Numeric
Rating cycle 2 Number of Complaint Health Deficiencies	Number of Health Deficiencies from Complaint Surveys during Rating cycle 2 for complaints	Numeric
Rating cycle 2 Health Deficiency Score	Rating cycle 2 - Health Deficiency Score	Numeric
Rating cycle 2 Number of Health Revisits	Number of Health Survey Repeat-Revisits for Rating cycle 2	Numeric
Rating cycle 2 Health Revisit Score	Points Associated with Health Survey Repeat Revisits for Rating cycle 2	Numeric
Rating cycle 2 Total Health Score	Rating cycle 2 - Total Health Inspection Score	Numeric
Rating cycle 3 Standard Health Survey Date	Date of Rating cycle 3 Standard Health Survey Date	Date

Variable Name (Column Header)	Description	Variable Type*
Rating cycle 3 Total Number of Health Deficiencies	Total Number of Health Deficiencies in Rating cycle 3 - See CMS 5-Star Technical Users' Guide for description of Rating cycles	Numeric
Rating cycle 3 Number of Standard Health Deficiencies	Number of Health Deficiencies from the Standard Survey during Rating cycle 3	Numeric
Rating cycle 3 Number of Complaint Health Deficiencies	Number of Health Deficiencies from Complaint Surveys during Rating cycle 3 for complaints	Numeric
Rating cycle 3 Health Deficiency Score	Rating cycle 3 - Health Deficiency Score	Numeric
Rating cycle 3 Number of Health Revisits	Number of Health Survey Repeat-Revisits for Rating cycle 3	Numeric
Rating cycle 3 Health Revisit Score	Points Associated with Health Survey Repeat Revisits for Rating cycle 3	Numeric
Rating cycle 3 Total Health Score	Rating cycle 3 - Total Health Inspection Score	Numeric
Total Weighted Health Survey Score	Total Weighted Health Survey Score for three cycles - See CMS 5-Star Technical Users' Guide for detailed explanation	Numeric
Number of Facility Reported Incidents	Number of times in the past 3 years that a facility-reported issue resulted in a citation	Numeric
Number of Substantiated Complaints	Number of Complaints in the past 3 years that resulted in a citation	Numeric
Number of citations from infection control inspections	Number of citations from infection control inspections in the past 3 years	Numeric
Number of Fines	Number of Fines	Numeric
Total Amount of Fines in Dollars	Total Amount of Fines in Dollars	Numeric
Number of Payment Denials	Number of Payment Denials	Numeric
Total Number of Penalties	Total Number of Penalties	Numeric
Location	Location of facility (provider address, city, state, zip)	Text
Latitude	Latitude of facility address	Numeric
Longitude	Longitude of facility address	Numeric
Geocoding Footnote	Footnote for geocoding facility address	Numeric
Processing Date	Date the data were retrieved	Date

*Variable type is specified as numeric, text, date or Y/N (for yes/no). If there is a number in parentheses for a text variable, it means that this field always has this length. For example, PROVNUM listed as Text (6) always has 6 characters, and these can be letters or numbers.

Table 3. State and US Averages file variables		
Variable Name (Column Header)	Description	Variable Type
State or Nation	State or Nation – two-character postal abbreviation for state or 'NATION'	Text
Cycle 1 Total Number of Health Deficiencies	Cycle 1 Number of Health Deficiencies	Numeric
Cycle 1 Total Number of Fire Safety Deficiencies	Cycle 1 Number of Fire Safety and Emergency Preparedness Deficiencies	Numeric
Cycle 2 Total Number of Health Deficiencies	Cycle 2 Number of Health Deficiencies	Numeric
Cycle 2 Total Number of Fire Safety Deficiencies	Cycle 2 Number of Fire Safety and Emergency Preparedness Deficiencies	Numeric
Cycle 3 Total Number of Health Deficiencies	Cycle 3 Number of Health Deficiencies	Numeric
Cycle 3 Total Number of Fire Safety Deficiencies	Cycle 3 Number of Fire Safety and Emergency Preparedness Deficiencies	Numeric
Average Number of Residents per Day	Average of daily census derived from MDS	Numeric
Reported Nurse Aide Staffing Hours per Resident per Day	Reported Nurse Aide Staffing – Hours per Resident per Day	Numeric
Reported LPN Staffing Hours per Resident per Day	Reported LPN Staffing – Hours per Resident per Day	Numeric
Reported RN Staffing Hours per Resident per Day	Reported RN Staffing – Hours per Resident per Day	Numeric
Reported Licensed Staffing Hours per Resident per Day	Reported Licensed Staffing – Hours per Resident per Day	Numeric
Reported Total Nurse Staffing Hours per Resident per Day	Reported Total Nurse Staffing – Hours per Resident per Day	Numeric
Total number of nurse staff hours per resident per day on the weekend	Total number of nurse staff hours on the weekend – Hours per resident per day	Numeric
Registered Nurse hours per resident per day on the weekend	Registered Nurse hours on the weekend – Hours per resident per day	Numeric
Reported Physical Therapist Staffing Hours per Resident Per Day	Reported Physical Therapy Staffing – Hours per Resident Per Day	Numeric
Total nursing staff turnover	Total nursing staff turnover	Numeric
Registered Nurse turnover	Registered Nurse turnover	Numeric
Number of administrators who have left the nursing home	Number of administrators who have left the nursing home	Numeric
Case-Mix RN Staffing Hours per Resident per Day	Case-Mix RN Staffing Hours per Resident per Day – US value used in calculation of adjusted staffing	Numeric
Case-Mix Total Nurse Staffing Hours per Resident per Day	Case-Mix Total Nurse Staffing Hours per Resident per Day- US value used in calculation of adjusted staffing	Numeric

Table 3. State and US Averages file variables		
Variable Name (Column Header)	**Description**	**Variable Type**
Number of Fines	Number of Fines; state and US averages include 0s for providers with no fines	Numeric
Fine Amount in Dollars	Fine Amount in Dollars; state and US averages include 0s for providers with no fines	Numeric
Percentage of long stay residents whose need for help with daily activities has increased	Percentage of long stay residents whose need for help with daily activities has increased	Numeric
Percentage of long stay residents who lose too much weight	Percentage of long stay residents who lose too much weight	Numeric
Percentage of low risk long stay residents who lose control of their bowels or bladder	Percentage of low risk long stay residents who lose control of their bowels or bladder	Numeric
Percentage of long stay residents with a catheter inserted and left in their bladder	Percentage of long stay residents with a catheter inserted and left in their bladder	Numeric
Percentage of long stay residents with a urinary tract infection	Percentage of long stay residents with a urinary tract infection	Numeric
Percentage of long stay residents who have depressive symptoms	Percentage of long stay residents who have depressive symptoms	Numeric
Percentage of long stay residents who were physically restrained	Percentage of long stay residents who were physically restrained	Numeric
Percentage of long stay residents experiencing one or more falls with major injury	Percentage of long stay residents experiencing one or more falls with major injury	Numeric
Percentage of long stay residents assessed and appropriately given the pneumococcal vaccine	Percentage of long stay residents assessed and appropriately given the pneumococcal vaccine	Numeric
Percentage of long stay residents who received an antipsychotic medication	Percentage of long stay residents who received an antipsychotic medication	Numeric
Percentage of short stay residents assessed and appropriately given the pneumococcal vaccine	Percentage of short stay residents assessed and appropriately given the pneumococcal vaccine	Numeric
Percentage of short stay residents who newly received an antipsychotic medication	Percentage of short stay residents who newly received an antipsychotic medication	Numeric

Table 3. State and US Averages file variables		
Variable Name (Column Header)	**Description**	**Variable Type**
Percentage of long stay residents whose ability to move independently worsened	Percentage of long stay residents whose ability to move independently worsened	Numeric
Percentage of long stay residents who received an antianxiety or hypnotic medication	Percentage of long stay residents who received an antianxiety or hypnotic medication	Numeric
Percentage of high risk long stay residents with pressure ulcers	Percentage of high risk long stay residents with pressure ulcers	Numeric
Percentage of long stay residents assessed and appropriately given the seasonal influenza vaccine	Percentage of long stay residents assessed and appropriately given the seasonal influenza vaccine	Numeric
Percentage of short stay residents who made improvements in function	Percentage of short stay residents who made improvements in function	Numeric
Percentage of short stay residents who were assessed and appropriately given the seasonal influenza vaccine	Percentage of short stay residents who were assessed and appropriately given the seasonal influenza vaccine	Numeric
Percentage of short stay residents who were rehospitalized after a nursing home admission	Percentage of short stay residents who were rehospitalized after a nursing home admission	Numeric
Percentage of short stay residents who had an outpatient emergency department visit	Percentage of short stay residents who had an outpatient emergency department visit	Numeric
Number of hospitalizations per 1000 long-stay resident days	Number of hospitalizations per 1000 long-stay resident days	Numeric
Number of outpatient emergency department visits per 1000 long-stay resident days	Number of outpatient emergency department visits per 1000 long-stay resident days	Numeric
Processing Date	Date the data were retrieved	Date

Table 4. Nursing Home Data Collection Intervals file variables		
Variable Name (Column Header)	**Description**	**Variable Type**
Measure Code	Numeric code assigned to each quality measure (internal code for complaint intervals)	Text
Measure Description	Measure Description	Text
Data Collection Period From Date	Data Collection Period From Date	Date

Table 4. Nursing Home Data Collection Intervals file variables

Variable Name (Column Header)	Description	Variable Type
Data Collection Period Through Date	Data Collection Period Through Date	Date
Measure Date Range	Measure Date Range; allows for a gap in the data collection period	Text
Processing Date	Date the data were retrieved	Date

Table 5. Inspection Dates file variables

Variable Name (Column Header)	Description	Variable Type
CMS Certification Number (CCN)	CMS Certification Number (CCN)	Text (6)
Survey Date	Date of the Inspection	Date
Type of Survey	Survey Type: Fire Safety Standard, Fire Safety Complaint, Health Inspection Standard, Health Inspection Complaint, Infection Control	Text
Survey Cycle	The inspection cycle for the survey, with a value of 1,2, or 3 with 1 being most recent	Numeric
Processing Date	Date the data were retrieved	Date

Table 6. Fire Safety Deficiencies file variables

Variable Name (Column Header)	Description	Variable Type
CMS Certification Number (CCN)	CMS Certification Number (CCN)	Text (6)
Provider Name	Provider Name	Text
Provider Address	Provider Street Address	Text
City/Town	Provider City/Town	Text
State	Provider State – postal abbreviation	Text (2)
ZIP Code	Provider Zip Code	Numeric
Survey Date	Survey Date	Date
Survey Type	Type of survey: Health or Fire Safety	Text
Deficiency Prefix	The alphabetic character that is assigned to a series of data tags that apply to a provider (K or E)	Text (1)
Deficiency Category	Category of Fire Safety Deficiency	Text
Deficiency Tag Number	Deficiency Tag Number	Numeric
Tag Version	Indicates whether tag was cited before (old) or on/after (new) 7/5/2016; for a small number of life safety deficiencies (K tags), the same deficiency tag number has a different description in the two versions	Text
Deficiency Description	Text definition of deficiency	Text

Table 6. Fire Safety Deficiencies file variables		
Variable Name (Column Header)	**Description**	**Variable Type**
Scope Severity Code	Indicates the level of harm to the resident(s) involved and the scope of the problem within the nursing home (B-L).	Text (1)
Deficiency Corrected	Indicates whether the deficiency has been corrected, a plan of correction has been devised, or the deficiency has yet to be corrected	Text
Correction Date	Date the deficiency was corrected	Date
Inspection Cycle	The inspection cycle of deficiency, where 1 is the most recent cycle. Standard inspection cycles are counted sequentially into the past, complaint inspection cycles are counted annually into the past. If a deficiency is found on a co-occurring standard and complaint inspection, it is assigned to the standard cycle. Life Safety Deficiencies are not used in calculating the Health Inspection Rating	Numeric
Standard Deficiency	Indicates that the deficiency was found on a standard inspection	Y/N
Complaint Deficiency	Indicates that the deficiency was found on a complaint inspection	Y/N
Infection Control Inspection Deficiency	Indicates that the deficiency was found on an infection control inspection	Y/N
Citation under IDR	Indicates that the deficiency is under Informal Dispute Resolution (IDR)	Y/N
Citation under IIDR	Indicates that the deficiency is under Independent Informal Dispute Resolution (IIDR)	Y/N
Location	Location of facility (provider address, city, state, zip)	Text
Processing Date	Date the data were retrieved	Date

Table 7. Health Deficiencies file variables		
Variable Name (Column Header)	**Description**	**Variable Type**
CMS Certification Number (CCN)	CMS Certification Number (CCN)	Text (6)
Provider Name	Provider Name	Text
Provider Address	Provider Street Address	Text
City/Town	Provider City/Town	Text
State	Provider State – postal abbreviation	Text (2)
ZIP Code	Provider Zip Code	Numeric
Survey Date	Date of Health Inspection Survey	Date
Survey Type	Type of survey: Health or Fire Safety	Text

Table 7. Health Deficiencies file variables		
Variable Name (Column Header)	**Description**	**Variable Type**
Deficiency Prefix	The alphabetic character that is assigned to a series of data tags that apply to a provider (F)	Text (1)
Deficiency Category	Category of Health Deficiency	Text
Deficiency Tag Number	Deficiency Tag Number	Numeric
Deficiency Description	Text definition of deficiency	Text
Scope Severity Code	Indicates the level of harm to the resident(s) involved and the scope of the problem within the nursing home.	Text (1)
Deficiency Corrected	Indicates whether the deficiency has been corrected, a plan of correction has been devised, or the deficiency has yet to be corrected	Text
Correction Date	Date the deficiency was corrected	Date
Inspection Cycle	The inspection cycle of deficiency for display on Nursing Home Compare, where 1 is the most recent cycle. Standard inspection cycles are counted sequentially into the past, complaint inspection cycles are counted annually into the past. If a deficiency is found on a co-occurring standard and complaint inspection, it is assigned to the standard cycle. Please refer to the 5-star Technical Users Guide for further information.	Numeric
Standard Deficiency	Indicates that the deficiency was found on a standard inspection	Y/N
Complaint Deficiency	Indicates that the deficiency was found on a complaint inspection	Y/N
Infection Control Inspection Deficiency	Indicates that the deficiency was found on an infection control inspection	Y/N
Citation under IDR	Indicates that the deficiency is under Informal Dispute Resolution (IDR)	Y/N
Citation under IIDR	Indicates that the deficiency is under Independent Informal Dispute Resolution (IIDR)	Y/N
Location	Location of facility (provider address, city, state, zip)	Text
Processing Date	Date the data were retrieved	Date

Table 8. Citation Code Look-up file variables		
Variable Name (Column Header)	**Description**	**Variable Type**
Deficiency Prefix	Deficiency Prefix (F, K, E)	Text (1)
Deficiency Tag Number	Deficiency Tag Number	Numeric
Deficiency Prefix and Number	Deficiency Prefix and Number (e.g., F-0880)	Text (6)
Deficiency Description	Deficiency Description	Text

Table 8. Citation Code Look-up file variables		
Variable Name (Column Header)	**Description**	**Variable Type**
Deficiency Category	Category Description for Care Compare website	Text

Table 9. State-Level Health Inspection Cut Points file variables		
Variable Name (Column Header)	**Description**	**Variable Type**
State	State postal abbreviation	Text (2)
5 Stars	Cut point range to obtain a 5-star health inspection score within a specific state	Text
4 Stars	Cut point range to obtain a 4-star health inspection score within a specific state	Text
3 Stars	Cut point range to obtain a 3-star health inspection score within a specific state	Text
2 Stars	Cut point range to obtain a 2-star health inspection score within a specific state	Text
1 Star	Cut point range to obtain a 1-star health inspection score within a specific state	Text

Table 10. Survey Summary file variables		
Variable Name (Column Header)	**Description**	**Variable Type**
CMS Certification Number (CCN)	CMS Certification Number (CCN)	Text (6)
Provider Name	Provider Name	Text
Provider Address	Provider Street Address	Text
City/Town	Provider City/Town	Text
State	Provider State – postal abbreviation	Text (2)
ZIP Code	Provider Zip Code	Numeric
Inspection Cycle	The inspection cycle of deficiency for display on Nursing Home Compare, where 1 is the most recent cycle. Values can be 1,2 or 3	Numeric
Health Survey Date	Health Survey Date	Date
Fire Safety Survey Date	Fire Safety Survey Date	Date
Total Number of Health Deficiencies	Total Number of Health Deficiencies	Numeric
Total Number of Fire Safety Deficiencies	Total Number of Fire Safety Deficiencies	Numeric
Count of Freedom from Abuse, Neglect, and Exploitation Deficiencies	Count of Freedom from Abuse, Neglect, and Exploitation Deficiencies	Numeric
Count of Quality of Life and Care Deficiencies	Count of Quality of Life and Care Deficiencies	Numeric
Count of Resident Assessment and Care Planning Deficiencies	Count of Resident Assessment and Care Planning Deficiencies	Numeric

Table 10. Survey Summary file variables		
Variable Name (Column Header)	Description	Variable Type
Count of Nursing and Physician Services Deficiencies	Count of Nursing and Physician Services Deficiencies	Numeric
Count of Resident Rights Deficiencies	Count of Resident Rights Deficiencies	Numeric
Count of Nutrition and Dietary Deficiencies	Count of Nutrition and Dietary Deficiencies	Numeric
Count of Pharmacy Service Deficiencies	Count of Pharmacy Service Deficiencies	Numeric
Count of Environmental Deficiencies	Count of Environmental Deficiencies	Numeric
Count of Administration Deficiencies	Count of Administration Deficiencies	Numeric
Count of Infection Control Deficiencies	Count of Infection Control Deficiencies	Numeric
Count of Emergency Preparedness Deficiencies	Count of Emergency Preparedness Deficiencies	Numeric
Count of Automatic Sprinkler Systems Deficiencies	Count of Automatic Sprinkler Systems Deficiencies	Numeric
Count of Construction Deficiencies	Count of Construction Deficiencies	Numeric
Count of Services Deficiencies	Count of Services Deficiencies	Numeric
Count of Corridor Walls and Doors Deficiencies	Count of Corridor Walls and Doors Deficiencies	Numeric
Count of Egress Deficiencies	Count of Egress Deficiencies	Numeric
Count of Electrical Deficiencies	Count of Electrical Deficiencies	Numeric
Count of Emergency Plans and Fire Drills Deficiencies	Count of Emergency Plans and Fire Drills Deficiencies	Numeric
Count of Fire Alarm Systems Deficiencies	Count of Fire Alarm Systems Deficiencies	Numeric
Count of Smoke Deficiencies	Count of Smoke Deficiencies	Numeric
Count of Interior Deficiencies	Count of Interior Deficiencies	Numeric
Count of Gas, Vacuum, and Electrical Systems	Count of Gas, Vacuum, and Electrical Systems	Numeric
Count of Hazardous Area Deficiencies	Count of Hazardous Area Deficiencies	Numeric
Count of Illumination and Emergency Power Deficiencies	Count of Illumination and Emergency Power Deficiencies	Numeric
Count of Laboratories Deficiencies	Count of Laboratories Deficiencies	Numeric
Count of Medical Gases and Anesthetizing Areas Deficiencies	Count of Medical Gases and Anesthetizing Areas Deficiencies	Numeric
Count of Smoking Regulations Deficiencies	Count of Smoking Regulations Deficiencies	Numeric
Count of Miscellaneous Deficiencies	Count of Miscellaneous Deficiencies	Numeric

Table 10. Survey Summary file variables		
Variable Name (Column Header)	**Description**	**Variable Type**
Location	Location of facility (provider address, city, state, zip)	Text
Processing Date	Date the data were retrieved	Date

Table 11.MDS Quality Measures file variables		
Variable Name (Column Header)	**Description**	**Variable Type**
CMS Certification Number (CCN)	CMS Certification Number (CCN)	Text (6)
Provider Name	Provider Name	Text
Provider Address	Provider Street Address	Text
City/Town	Provider City/Town	Text
State	Provider State – postal abbreviation	Text (2)
ZIP Code	Provider Zip Code	Numeric
Measure Code	Numeric code assigned to each quality measure (###)	Numeric
Measure Description	Measure Description	Text
Resident type	Identifies the measure as pertaining to either short-stay or long-stay stay residents	Text
Q1 Measure Score	The value for the quality measure for quarter one	Numeric
Footnote for Q1 Measure Score	Footnote for the quality measure for quarter one	Numeric
Q2 Measure Score	The value for the quality measure for quarter two	Numeric
Footnote for Q2 Measure Score	Footnote for the quality measure for quarter two	Numeric
Q3 Measure Score	The value for the quality measure for quarter three	Numeric
Footnote for Q3 Measure Score	Footnote for the quality measure for quarter three	Numeric
Q4 Measure Score	The value for the quality measure for quarter four	Numeric
Footnote for Q4 Measure Score	Footnote for the quality measure for quarter four	Numeric
Four Quarter Average Score	The value for the four quarter average	Numeric
Footnote for Four Quarter Average Score	Footnote for four quarter average score	Numeric
Used in Quality Measure Five Star Rating	Identifies whether the quality measure is used in the calculation of the quality measure rating in the Five-Star Quality Rating System	Y/N
Measure Period	Indicates the 4 Quarter range covered by the measures (format yyyyQq-yyyyQq)	Text
Location	Location of facility (provider address, city, state, zip)	Text
Processing Date	Date the data were retrieved	Date

Table 12. Medicare Claims Quality Measures file variables		
Variable Name (Column Header)	**Description**	**Variable Type**
CMS Certification Number (CCN)	CMS Certification Number (CCN)	Text (6)
Provider Name	Provider Name	Text
Provider Address	Provider Street Address	Text
City/Town	Provider City/Town	Text
State	Provider State – postal abbreviation	Text (2)
ZIP Code	Provider Zip Code	Numeric
Measure Code	Numeric code assigned to each quality measure (###)	Numeric
Measure Description	Measure Description	Text
Resident type	Identifies the measure as pertaining to either short-stay or long-stay stay residents	Text
Adjusted Score	The risk-adjusted value for the quality measure	Numeric
Observed Score	The observed value for the quality measure	Numeric
Expected Score	The expected value for the quality measure	Numeric
Footnote for the Measure Score	Footnote for the quality measure	Numeric
Used in Quality Measure Five Star Rating	Identifies whether the quality measure is used in the calculation of the quality measure rating in the Five-Star Quality Rating System	Y/N
Measure Period	Identifies the time period covered by the measure (format yyyymmdd – yyyymmdd)	Text
Location	Location of facility (provider address, city, state, zip)	Text
Processing Date	Date the data were retrieved	Date

Table 13. Ownership file variables		
Variable Name (Column Header)	**Description**	**Variable Type**
CMS Certification Number (CCN)	CMS Certification Number (CCN)	Text (6)
Provider Name	Provider Name	Text
Provider Address	Provider Street Address	Text
City/Town	Provider City/Town	Text
State	Provider State – postal abbreviation	Text (2)
ZIP Code	Provider Zip Code	Numeric

Table 13. Ownership file variables

Variable Name (Column Header)	Description	Variable Type
Role played by Owner or Manager in Facility	Role description; possible values are: 5% or greater direct ownership interest; 5% or greater indirect ownership interest; 5% OR GREATER MORTGAGE INTEREST; 5% OR GREATER SECURITY INTEREST; MANAGING EMPLOYEE; OFFICER; OPERATIONAL/MANAGERIAL CONTROL; PARTNERSHIP INTEREST	Text
Owner Type	Indicates if owner is an individual or organization (Individual or Organization)	Text
Owner Name	Name of Owner	Text
Ownership Percentage	Ownership percentage – value provided only for owners with role description of "5% or greater direct ownership interest" or "5% or greater indirect ownership interest"	Text
Association Date	Date when given owner/manager became associated with provider in this role	Text
Location	Location of facility (provider address, city, state, zip)	Text
Processing Date	Date the data were retrieved	Date

Table 14. Penalties file variables

Variable Name (Column Header)	Description	Variable Type
CMS Certification Number (CCN)	CMS Certification Number (CCN)	Text (6)
Provider Name	Provider Name	Text
Provider Address	Provider Street Address	Text
City/Town	Provider City/Town	Text
State	Provider State – postal abbreviation	Text (2)
ZIP Code	Provider Zip Code	Numeric
Penalty Date	Date of inspection that triggered the penalty	Date
Penalty Type	Penalty type: Fine or Payment Denial	Text
Fine Amount	Fine amount in whole dollars	Numeric
Payment Denial Start Date	Date on which Medicare/Medicaid payment for new admissions was suspended	Date
Payment Denial Length in Days	Number of days for which Medicare/Medicaid payment was suspended	Numeric
Location	Location of facility (provider address, city, state, zip)	Text
Processing Date	Date the data were retrieved	Date

Table 15. COVID-19 Vaccination Rates - Provider Data file variables		
Variable Name (Column Header)	**Description**	**Variable Type**
CMS Certification Number (CCN)	CMS Certification Number (CCN)	Text (6)
State	Provider State – postal abbreviation	Text (2)
Percent of residents who are up-to-date on their vaccines	Percent of residents who are up-to-date on their vaccines	Numeric
Percent of staff who are up-to-date on their vaccines	Percent of staff who are up-to-date on their vaccines	Numeric
Date vaccination data last updated	Date vaccination data last updated	Date

Table 16. COVID-19 Vaccination Rates - State and National Averages file variables		
Variable Name (Column Header)	**Description**	**Variable Type**
State	State – postal abbreviation or "US"	Text (2)
Percent of residents who are up-to-date on their vaccines	Percent of residents who are up-to-date on their vaccines	Numeric
Percent of staff who are up-to-date on their vaccines	Percent of staff who are up-to-date on their vaccines	Numeric
Date vaccination data last updated	Date vaccination data last updated	Date

Table 17. Footnote Codes used in Nursing Home data tables on PDC	
Footnote Code	**Footnote Description**
1	Newly certified nursing home with less than 12-15 months of data available or the nursing opened less than 6 months ago, and there were no data to submit or claims for this measure.
2	Not enough data available to calculate a star rating.
6	This facility did not submit staffing data or submitted data that did not meet the criteria required to calculate a staffing 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.
12	This facility either did not submit staffing data, has reported a high number of days without a registered nurse onsite, or submitted data that could not be verified through an audit.
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.

Table 17. Footnote Codes used in Nursing Home data tables on PDC	
Foot note Code	Footnote Description
18	This facility is not rated due to a history of serious quality issues and is included in the special focus facility program.
20	This facility submitted data that could not be verified through an audit.
21	The data for this measure could not be verified through an audit.
22	The street address for this facility could not be matched to latitude/longitude coordinates. Therefore, the latitude/longitude coordinates are based on the facility's zip code.

Table 18. Revisions to PDC Data Tables for Nursing Homes including rehab services		
Month Revisions Effective (YYYYMM)	PDC Table Title(s)	Overview of Changes
202310	SNF QRP	The October 2023 release includes the initial public reporting of the new quality measure, Influenza Vaccination Coverage among Healthcare Personnel (S_041_01). This release also incremented the following measure IDs: S_022_04, S_023_04, S_024_04 and S_025_04.
202308	Footnote Codes	Added new footnote (22). See Footnote Codes table for a description of this footnote.
202308	Provider Information	Added three new columns after Location: Latitude, Longitude, and Geocoding Footnote. These columns provide estimated geographic coordinates for each facility.
202307	COVID-19 Vaccination Rates – Provider Data; COVID-19 Vaccination Rates – State and National Averages	With the 7/6/2023 COVID-19 vaccination data refresh, removed the following two columns: "Percent of residents who completed primary vaccination series" and "Percent of staff who completed primary vaccination series"
202306	Provider Information	Added two new columns after Date First Approved to Provide Medicare and Medicaid services: Affiliated Entity Name and Affiliated Entity ID. These columns provide the names and IDs of groups of nursing homes with affiliated owners.
202306	All provider-level datasets	Updated certain variable names (column headers) to be more uniform across care settings. Impacted variables were provider number (CCN), provider name, city, county, state, ZIP code, and phone number.
202301	Health Deficiencies; Fire Safety Deficiencies	Two new columns added after Infection Control Inspection Deficiency. These columns, headed "Citation Under IDR" and "Citation under IIDR", are Y/N indicators of whether the citation is under Informal Dispute Resolution (IDR) or Independent Informal Dispute Resolution (IIDR).
202301	Footnote Codes	Three new footnotes added (codes 7, 20 and 21). Footnote code 19 dropped as no longer used. See Footnote Codes table for the descriptions associated with each of these footnotes.
202208	Provider Information	Added new column: "Adjusted Weekend Total Nurse Staffing Hours per Resident per Day".
202208	COVID-19 Vaccination Rates – Provider Data; COVID-19 Vaccination Rates – State and National Averages	Replaced booster columns with up-to-date columns: "Percent of residents who are up-to-date on their vaccines", "Percent of staff who are up-to-date on their vaccines". Edited wording for percent vaccinated columns to: "Percent of residents who completed primary vaccination series", "Percent of staff who completed primary vaccination series".
202207	Provider Information	Deleted two columns - RN staffing rating and RN staffing rating footnote.

Table 18. Revisions to PDC Data Tables for Nursing Homes including rehab services

Month Revisions Effective (YYYYMM)	PDC Table Title(s)	Overview of Changes
202207	Nursing Home Data Collection Intervals	An additional column was added "Measure Date Range", which is populated only for the three SNF QRP claims-based measures that have a gap in the data collection period.
202203	Nursing Home Data Collection Intervals	No changes to file structure. Row added for staffing turnover, with Measure Code "STAFFING_TURNOVER" and Measure Description "Reporting Period for Nursing Home Staff Turnover Measures." Measure Code for "Reporting Period for Nursing Home Staffing Measures" updated from "STAFFING" to "STAFFING_LEVELS" to differentiate from Turnover time periods.
202202	COVID-19 Vaccination Rates – Provider Data; COVID-19 Vaccination Rates – State and National Averages	Added 2 new columns: "Percent of Fully Vaccinated Residents who Received a Booster Dose", "Percent of Fully Vaccinated Staff who Received a Booster Dose".
202201	Provider Information	Added 8 new columns: "Total number of nurse staff hours per resident per day on the weekend", "Registered Nurse hours per resident per day on the weekend", "Total nursing staff turnover", "Total nursing staff turnover footnote", "Registered Nurse turnover", "Registered Nurse turnover footnote", "Number of administrators who have left the nursing home", "Administrator turnover footnote".
202201	State US Averages	Added 5 new columns: "Total number of nurse staff hours per resident per day on the weekend", "Registered Nurse hours per resident per day on the weekend", "Total nursing staff turnover", "Registered Nurse turnover", "Number of administrators who have left the nursing home".
202110	COVID-19 Vaccination Rates – Provider Data; COVID-19 Vaccination Rates – State and National Averages	New files being delivered to Provider Data Catalog (PDC) and displayed on Care Compare (CCXP) beginning in 202109.
202110	All	Removed variable name column (no longer relevant to posted .csv files on PDC).
202109	State US Averages	The calculation of the columns "Cycle 1 Total Number of Fire Safety Deficiencies", "Cycle 1 Total Number of Fire Safety Deficiencies", and "Cycle 1 Total Number of Fire Safety Deficiencies" has been revised to include Emergency Preparedness deficiencies (E tags) as well as Fire Safety Deficiencies (K tags).

Table 18. Revisions to PDC Data Tables for Nursing Homes including rehab services		
Month Revisions Effective (YYYYMM)	**PDC Table Title(s)**	**Overview of Changes**
202105	Nursing Home Data Collection Intervals	QMDataCollectionPeriods filename changed to DataCollectionIntervals; an additional row has been added to this table for the data collection period for the staffing measures (measure code = "STAFFING").
202104	State-Level Health Inspection Cut Points	Added to data dictionary; new file being delivered to PDC.
202104	Nursing Home Data Collection Intervals	Added to data dictionary.
202104	Citation Code Look-Up	Added to data dictionary.
202101	Survey Summary	Added column "Count of Infection Control Deficiencies."
202101	Provider Information	No more data.medicare.gov - replaced by Provider Data Catalog (PDC); no longer separate download and display versions of files. A new column added to this file to indicate "Number of Citations from Infection Control Inspections". This column is added after Number of Substantiated Complaints.
202101	Fire Safety Deficiencies; Health Deficiencies	There is a new column indicating, for each deficiency, whether it was cited on an infection control inspection. This column is added after "Complaint Deficiency" and can be a Y or N.
202101	Inspection Dates	This is a new CSV file, containing all inspection dates referenced in other files. It includes the dates of standard health inspections, standard life safety inspections, focused infection control inspections, and complaint inspections. For complaint inspections, dates are included only if the inspection resulted in one or more citations (deficiencies). For standard and infection control inspections, dates are included whether or not they resulted in any citations.
202010	State US Averages	The SNF pressure ulcer measure, which is no longer reported on Nursing Home Compare, has been dropped from this file. The column for the state and national averages for this measure was between "Percentage of short stay residents who were assessed and appropriately given the seasonal influenza vaccine" (QM472) and "Percentage of short stay residents who were rehospitalized after a nursing home admission " (QM521).
202008	Provider Information	Adding a footnote column between RESTOT/Average number of residents per day and CERTIFICATION/Provider type. The column header will be restot_fn in the Download version and "Average number of residents per day footnote" in the _Display version. The footnote column will be populated only when the resident count is not available (i.e. null).

Table 18. Revisions to PDC Data Tables for Nursing Homes including rehab services

Month Revisions Effective (YYYYMM)	PDC Table Title(s)	Overview of Changes
202004	SNF QRP	Footnote codes have been consolidated between the QRP QMs and the non-QRP QMs. This affects the SNF QRP downloadable files only, which are documented later in this file. However, the updated text for the footnotes is included here on the Footnote Codes table and corresponds with the footnotes used on the Nursing Home Compare website.
202001	MDS Quality Measures	The measure code for the SNF Pressure ulcer measure has changed from 002 to 476. It now has the same measure period as the other MDS QMs; however, it is still not calculated for individual quarters.
202001	State US Averages	Because the measure code for the SNF Pressure ulcer measure has changed from 002 to 476, QM002 has been dropped and QM476 has been added. Note also change in column order for the QM state averages.
201911	Health Deficiencies; Fire Safety Deficiencies	Adding a column CATEGORY in Download Version and "Category of Deficiency" in Display version that indicates the category of the Health Deficiency (as organized on the NHC website and as summarized in SurveySummary file). Inserted between Deficiency Prefix (DEFPREF) and Deficiency Tag Number (TAG).
201911	Provider Information	Changing header of ABUSE column to ABUSE_ICON in Download version and Abuse Icon on Display.
201910	Provider Information	Adding ABUSE column between the SFF Status column and OldSurvey columns. This column identifies providers that have been cited for resident abuse or neglect.
201910	MDS Quality Measures	The rows corresponding to the pain measures (402 and 424) have been dropped. The QRP pressure ulcer measure (002) has been added. Note that unlike the other MDS quality measures the QRP pressure ulcer measure is not calculated for individual quarters. This is indicated with a new footnote code (#19 - see Footnote Codes table). None of these changes add/remove any columns from these downloadable data files.
201910	State US Averages	The columns for the state and US averages for the pain QMs (QM402 and QM424) have been dropped. The QRP pressure ulcer measure (QM002) has been added.
201907	Provider Information	Special Focus Facility (SFF) column replaced by Special Focus Status (SFFStatus). This column identifies current Special Focus facilities as well as providers that are candidates for the Special Focus program.
201904	All	To be more consistent with NHC website, all footnote fields will now include codes instead of text. The "Footnote Codes" table, which has been added to this data dictionary file provides the meaning of all footnote codes.

Table 18. Revisions to PDC Data Tables for Nursing Homes including rehab services

Month Revisions Effective (YYYYMM)	PDC Table Title(s)	Overview of Changes
201904	MDS Quality Measures	Time period now shown with a single column (measure period). Changes in measure codes for several QMs: (long-stay pressure ulcers, flu vaccination measures); note that SNF QRP QMs are not included in this table.
201904	Medicare Claims Quality Measures	Adding LS ED visit measure (552); and LS hospitalization now a 5-star measure; note that SNF QRP QMs are not included in this table.
201904	Health Deficiencies; Survey Summary	Dropping column that indicates if health deficiency is from survey on or after 11/28/2017 (hlthsrvy_post20171128).
201904	State US Averages	Changing the term "Expected" with reference to the value used in the calculation of adjusted staffing to "Case-Mix"; no change in the calculation, and note that only the US Average is included in the adjusted staffing calculations; Table name changed to State US Averages; measure codes associated with many QMs changed; dropped column PREV_HTH_AVG (Previous Survey Number of Health Deficiencies).
201904	Provider Information	Substantial changes. Columns added: 8 columns related to cycle 3 of health inspection (after cycle_2_total_score); 4 columns added for LS and SS QM ratings and associated footnotes (between quality_rating_fn and staffing_rating); Columns dropped: Health Survey Date under new process; Number of Health Deficiencies on Survey Under New Process, Severity of Most Severe Deficiency cited under new process, Scope of Broadest Scope Deficiency Under New Process, Date of Previous Standard Health Inspection, Number of Deficiencies on Previous Standard Health Inspection. Additionally, the term "Expected" with reference to the case-mix factor used in calculation of adjusted staffing is being renamed as "CaseMix". This change affects several columns.
201810	Medicare Claims Quality Measures	No changes to layout (columns); Addition of the Long-Stay Hospitalization Measure to this table (measure code is 551).
201810	State Averages	Adding LS Hospitalization measure (QM551).
201808	State Averages	Adding expected RN and total nurse staffing.
201806	State Averages	Adding resident census based on MDS (column is RESTOT in downloadable).
201805	State Averages	No changes to layout; however, the state and US averages for count of FireSafety Deficiencies are no longer NA. Affected column names: C1_FS_DEFS_CNT, C2_FS_DEFS_CNT, C3_FS_DEFS_CNT.
201804	State Averages	Changing all instances of CNA to Nurse Aide - this affects the column header (display version) for AIDHRD.

Table 18. Revisions to PDC Data Tables for Nursing Homes including rehab services		
Month Revisions Effective (YYYYMM)	PDC Table Title(s)	Overview of Changes
201804	Provider Information	Changing all instances of CNA to Nurse Aide - this affects the column headers (display version) for the 3 columns related to Aide staffing (the column headers in Access and downloadable do not change: AIDHRD, exp_aide, adj_aide); also changing the column header (display version) for resident census (column is RESTOT in downloadable).
201802	Provider Information	Substantial changes: New columns added (after adjusted total nurse staffing): Health Survey Date under new process; Number of Health Deficiencies on Survey Under New Process, Severity of Most Severe Deficiency cited under new process, Scope of Broadest Scope Deficiency Under New Process, Date of Previous Standard Health Inspection, Number of Deficiencies on Previous Standard Health Inspection. Columns dropped: all columns related to Cycle 3 (7 columns); definitions of some other columns have changed; note that "cycles" in this table refer to the cycles used in the Health Inspection Rating (i.e. rating cycles).
201802	Health Deficiencies	Substantial changes: Deficiencies table split into two tables - HealthDeficiencies and FireSafetyDeficiencies; note that cycles in this table refer to display cycles -results from health inspections on or after 11/28/2017 are not used in the health inspection rating.
201802	Fire Safety Deficiencies	Substantial changes: Deficiencies table split into two tables - HealthDeficiencies and FireSafetyDeficiencies.
201802	Survey Summary	Substantial changes: new column added (after cycle): Health Inspection after 11/28/2017; seven (7) columns dropped: "Scope and Severity of most severe health deficiency" through "Count of Substandard QOC deficiencies on Health Survey"; categories of Health Deficiencies and Fire (life safety) deficicencies have changed so all columns containing counts of deficiencies within each category have changed.
201802	State Averages	Substantial changes: averages for the following columns will be reported as NA (Not Available): Cycle 1, 2 and 3 number of Health Deficiencies and Cycle 1, 2 and 3 number of Fire (life safety) deficiencies; new column added: Previous Survey Number of Health Deficiencies.
201612	Survey Summary; State Averages	Starting in December 2016 and until further notice, because of an issue with the life safety deficiencies, all columns that include information related to life safety surveys (other than the survey dates) or deficiencies cited on these surveys (K tags) are being set to NULL.
201607	MDS Quality Measures	Rows for Q4 variables have been added.
201606	Provider Information	For the reported staffing measures (AIDHRD,VOCHRD,RNHRD,TOTLICHRD, TOTHRD, & PTHRD), the flag value (Staffing_flag or PT_Staffing_Flag) to indicate suppressed data has been changed to "Data Not Available" to be consistent with what is displayed on NHC.

Table 18. Revisions to PDC Data Tables for Nursing Homes including rehab services

Month Revisions Effective (YYYYMM)	PDC Table Title(s)	Overview of Changes
201604	MDS Quality Measures; Medicare Claims Quality Measures; State Averages	The Quality Measures table has been replaced by 2 tables, one fo rthe MDS measures and one for the claims measures; the six new QMs have also been added to the State US Averages table.
201601	Provider Information	Adding old survey flag (oldsurvey).
201505	Provider Information	No change in data; corrected description/labels of adj_rn and adj_lpn; these labels were reversed in the metadata but the DATA were correctly labeled.
201504	Ownership	Changes to role description categories; categorization of all owners as Individual or Organization; addition of ownership percentage (for direct and indirect owners) and date of association.
201503	Quality Measures	QM scores for each quarter and 3-quarter average now shown to 6 decimal places.
201404	Survey Summary	New Table with summary info on Survey results (one record per provider per survey cycle).

Section II – Skilled Nursing Facility Quality Reporting Program (SNF QRP)

Introduction to the SNF QRP Program

The Centers for Medicare & Medicaid Services (CMS) Care Compare website provides a single user-friendly interface that consumers can use to understand information about nursing homes, doctors, long-term care hospitals, 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. Consumers can select multiple facilities and compare their performance on various quality metrics. To access the Care Compare website, please visit https://www.medicare.gov/care-compare.

This section provides information about the Skilled Nursing Facility Quality Reporting Program (SNF QRP) data on Care Compare. Care Compare provides data on over 15,000 SNFs that participate in the SNF QRP program. More information about the SNF QRP measures displayed on Care Compare can be found by visiting the SNF QRP Technical 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 quarterly 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 Table 25: Care Compare Anticipated SNF Refreshes and Data Collection Timeframes for the full list of SNF measures contained in the downloadable data found on the Provider Data Catalog website, 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 snapshots become available, they will also be provided on the Provider Data Catalog. To access the Provider Data Catalog, 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, the data on these websites are in the public domain and permission is not required to reuse them. An attribution to the Centers for Medicare & Medicaid Services as the 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.

Table 19: Acronym Index	
Acronym	**Meaning**
CAH	Critical Access Hospital
CCN	CMS Certification Number
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare & Medicaid Services
COVID-19	Coronavirus Disease 2019
HAI	Healthcare-Associated Infections
HCP	Healthcare Personnel
IRF	Inpatient Rehabilitation Facility
MSPB	Medicare Spending Per Beneficiary
NH	Nursing Home
PAC	Post-Acute Care
PHE	Public Health Emergency
SNF	Skilled Nursing Facility
QRP	Quality Reporting Program
RSRR	Risk-standardized readmission rate

Table 20. SNF QRP National Data file variables		
Variable Name (Column Header)	**Description**	**Variable Type**
CMS Certification Number (CCN)	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."	Text (6)
Measure Code	The measure code consists of the CMS ID (prefix) and the variable name (suffix) for the corresponding measure score. Example = S_038_02_NATL_RATE Prefix: S_038_02 Suffix: NATL_RATE See Table 22 for a complete listing of national data measure codes.	Text
Score	The measure score for the corresponding measure code.	Text
Footnote	Indicates the relevant footnote. Currently, there are no footnotes related to the national data.	Numeric
Start Date	The start date of the reporting period for the corresponding measure code and score.	Date
End Date	The end date of the reporting period for the corresponding measure code and score.	Date

Table 20. SNF QRP National Data file variables		
Variable Name (Column Header)	**Description**	**Variable Type**
Measure Date Range	The start date through the end date of the reporting period(s) for the corresponding measure code and score. Note: Only reporting periods that are "split" are populated and represented by the use of a semicolon between the split periods (e.g., 04/01/2019-12/31/2019; 07/01/2020-09/30/2021).	Text

Table 21. SNF QRP Provider Data and Swing Bed file variables		
Variable Name	**Description**	**Variable Type**
CMS Certification Number (CCN)	The CMS certification number (CCN) is used to identify the facility listed.	Text (6)
Provider Name	Name of the facility.	Text
Address Line 1	The first line of the address of the facility.	Text
Address Line 2	The second line of the address of the facility. Note: This variable is only included in the Skilled Nursing Facility Quality Reporting Program – Swing Bed data.	Text
City/Town	The name of the city/town where the facility is located.	Text
State	The two-character postal code used to identify the state where the facility is located.	Text (2)
ZIP Code	The five-digit postal ZIP code where the facility is located.	Numeric
County/Parish	The name of the county/parish where the facility is located.	Text
Telephone Number	The ten-digit telephone number of the facility. The format is (xxx) yyy-zzzz.	Text

Table 21. SNF QRP Provider Data and Swing Bed file variables		
Variable Name	**Description**	**Variable Type**
CMS Region	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	Numeric
Measure Code	The measure code consists of the CMS ID (prefix) and the variable name (suffix) for the corresponding measure score. Example = S_038_02_ADJ_RATE Prefix: S_038_02 Suffix: ADJ_RATE See Table 23 for a complete listing of facility data measure codes.	Text
Score	The measure score for the corresponding measure code	Text
Footnote	Indicates the relevant footnote(s). If there is more than one relevant footnote, the values are separated by commas (e.g. 9,13) See Table 17 for the definition of each footnote and Table 24 for more information on how each footnote is used for the SNF QRP measures.	Numeric
Start Date	The start date of the reporting period for the corresponding measure code and score	Date
End Date	The end date of the reporting period for the corresponding measure code and score	Date

Table 21. SNF QRP Provider Data and Swing Bed file variables		
Variable Name	**Description**	**Variable Type**
Measure Date Range	The start date through the end date of the reporting period(s) for the corresponding measure code and score. Note: Only reporting periods that are "split" are populated and represented by the use of a semicolon between the split periods (e.g., 04/01/2019-12/31/2019; 07/01/2020-09/30/2021).	Text
LOCATION1	The full facility address. Note: This variable is only included in the Skilled Nursing Facility Quality Reporting Program - Provider Data.	Text

Table 22: National Data Measure Codes	
Measure Code on National Data	**Description**
S_001_03: Percentage of SNF residents whose functional abilities were assessed and functional goals were included in their treatment plan	
S_001_03_NATL_RATE	National rate
S_004_01: Rate of potentially preventable hospital readmissions 30 days after discharge from a SNF	
S_004_01_PPR_PD_NAT_UNADJ UST_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 or community from a SNF	
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: Medicare Spending Per Beneficiary (MSPB) for residents in SNFs	
S_006_01_MSPB_SCORE_NATL	MSPB score (national)
S_007_02: Percentage of residents whose medications were reviewed and who received follow-up care when medication issues were identified	
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	
S_013_02_NATL_RATE	National rate
S_022_04: Change in residents' ability to care for themselves	

Table 22: National Data Measure Codes	
Measure Code on National Data	**Description**
S_022_04_NATL_RATE	National rate
S_023_04: Change in residents' ability to move around	
S_023_04_NATL_RATE	National rate
S_024_04: Percentage of residents who are at or above an expected ability to care for themselves at discharge	
S_024_04_NATL_RATE	National rate
S_025_04: Percentage of residents who are at or above an expected ability to move around at discharge	
S_025_04_NATL_RATE	National rate
S_038_02: Percentage of residents with pressure ulcers/pressure injuries that are new or worsened	
S_038_02_NATL_RATE	National rate
S_039_01: Percentage of infections patients got during their SNF stay that resulted in hospitalization	
S_039_01_HAI_NAT_OBS_RATE	National observed healthcare-associated infection rate
S_039_01_HAI_N_BETTER_NAT	Number of SNFs in the nation that performed better than the national rate
S_039_01_HAI_N_NO_DIFF_NAT	Number of SNFs in the nation that performed no different than the national rate
S_039_01_HAI_N_WORSE_NAT	Number of SNFs in the nation that performed worse than the national rate
S_039_01_HAI_N_TOO_SMALL	Number of SNFs too small to report
S_040_01: Percentage of SNF healthcare personnel who completed COVID-19 primary vaccination series	
S_040_01_NATL_RATE	National rate of COVID-19 vaccination
S_041_01: Percentage of healthcare personnel who got a flu shot for the current season	
S_041_01_NATL_RATE	National rate of flu vaccination

Table 23: Provider Data Measure Codes	
Measure Code on Provider Data	**Description**
S_001_03: Percentage of SNF residents whose functional abilities were assessed and functional goals were included in their treatment plan	
S_001_03_NUMERATOR	Numerator
S_001_03_DENOMINATOR	Denominator
S_001_03_OBS_RATE	Facility rate
S_004_01: Rate of potentially preventable hospital readmissions 30 days after discharge from a SNF	
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 or community from a SNF	
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: Medicare Spending Per Beneficiary (MSPB) for residents in SNFs	
S_006_01_MSPB_NUMB	Number of eligible episodes
S_006_01_MSPB_SCORE	MSPB score
S_007_02: Percentage of residents whose medications were reviewed and who received follow-up care when medication issues were identified	
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	
S_013_02_NUMERATOR	Numerator
S_013_02_DENOMINATOR	Denominator
S_013_02_OBS_RATE	Facility rate
S_022_04: Change in residents' ability to care for themselves	
S_022_04_DENOMINATOR	Denominator
S_022_04_OBS_CHG_SFCR_SCORE	Observed change in self-care score
S_022_04_ADJ_CHG_SFCR_SCORE	Risk-adjusted change in self-care score
S_023_04: Change in residents' ability to move around	
S_023_04_DENOMINATOR	Denominator
S_023_04_OBS_CHG_MOBL_SCORE	Observed change in mobility score
S_023_04_ADJ_CHG_MOBL_SCORE	Risk-adjusted change in mobility score

Table 23: Provider Data Measure Codes	
Measure Code on Provider Data	**Description**
S_024_04: Percentage of residents who are at or above an expected ability to care for themselves at discharge	
S_024_04_NUMERATOR	Numerator
S_024_04_DENOMINATOR	Denominator
S_024_04_OBS_RATE	Facility rate
S_025_04: Percentage of residents who are at or above an expected ability to move around at discharge	
S_025_04_NUMERATOR	Numerator
S_025_04_DENOMINATOR	Denominator
S_025_04_OBS_RATE	Facility rate
S_038_02: Percentage of residents with pressure ulcers/pressure injuries that are new or worsened	
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_039_01: Percentage of infections patients got during their SNF stay that resulted in hospitalization	
S_039_01_HAI_NUMBER	Observed number of healthcare-Associated Infections
S_039_01_HAI_VOLUME	Number of eligible stays
S_039_01_HAI_OBS_RATE	Observed healthcare-associated infection rate
S_039_01_HAI_RS_RATE	Risk-standardized healthcare-associated infection rate
S_039_01_HAI_RS_RATE_2_5	Lower 95% confidence limit of the risk-standardized healthcare-associated infection rate
S_039_01_HAI_RS_RATE_97_5	Upper 95% confidence limit of the risk-standardized healthcare-associated infection rate
S_039_01_HAI_COMP_PERF	Comparative performance category
S_040_01: Percentage of SNF healthcare personnel who completed COVID-19 primary vaccination series	
S_040_01_NUMERATOR	Number of health care workers vaccinated
S_040_01_DENOMINATOR	Number of health care workers
S_040_01_OBS_RATE	Rate of COVID-19 vaccination
S_041_01: Percentage of healthcare personnel who got a flu shot for the current season	
S_041_01_NUMERATOR	Number of health care workers vaccinated
S_041_01_DENOMINATOR	Number of health care workers
S_041_01_OBS_RATE	Rate of flu vaccination

Footnote number	Footnote as displayed on Care Compare	Footnote details
Table 24: Additional information on footnote usage for SNF QRP measures		
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 (assessment-based measures). • Number of SNF stays included in the denominator equals zero. • SNF had no claims data. • No CDC data for the provider because there were no patients admitted and discharged from the facility as represented by a measure denominator of zero.
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.	• The number of cases/residents doesn't meet the SNF QRP required minimum denominator amount for public reporting. • When there was at least one resident stay in the denominator, but the SNF QRP minimum reporting thresholds were not met or the denominator was 0 if and only if data was available and submitted, but all resident stays were excluded due to the exclusion criteria. • 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 SNF did not submit required data for the SNF QRP. • No CDC data for the provider because there were no patients admitted and discharged from the facility as represented by a measure denominator of zero.
13	Results are based on a shorter time period than required.	• The time period between the start and end date of the data reported is less than the full data collection period for the applicable 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.

Table 25: Care Compare 2024 SNF Anticipated Refreshes and Data Collection Timeframes

This table provides the data collection timeframes for quality measures in the SNF QRP displayed on the Care Compare website for calendar year 2024. The first column displays the plain-language measure name used on the Compare website, the second column displays the full technical measure name, the third column displays the data collection periods and reporting frequency, and the last columns contain the timeframe for each quarterly Care Compare website refresh. Periods of performance are subject to change.

Table 25: Care Compare 2024 SNF Anticipated Refreshes and Data Collection Timeframes						
Care Compare Measure Name	Technical Measure Name (CMS Measure ID)	Data collection Periods and Reporting Frequency	Data Collection Timeframes Displayed on Care Compare			
			January 2024	April 2024	July 2024	October 2024
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 (CMS ID: S001.03)[1]	Collection period: four rolling quarters (12 months). Refreshed quarterly.	Q2 2022 – Q1 2023	Q3 2022 – Q2 2023	Q4 2022 – Q3 2023	N/A
Percentage of 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.	Q2 2022 – Q1 2023	Q3 2022 – Q2 2023	Q4 2022 – Q3 2023	Q1 2023 – Q4 2023
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 (Long Stay) (CMS ID: S013.02)	Collection period: four rolling quarters (12 months). Refreshed quarterly.	Q2 2022 – Q1 2023	Q3 2022 – Q2 2023	Q4 2022 – Q3 2023	Q1 2023 – Q4 2023

Care Compare Measure Name	Technical Measure Name (CMS Measure ID)	Data collection Periods and Reporting Frequency	Data Collection Timeframes Displayed on Care Compare			
			January 2024	April 2024	July 2024	October 2024
Change in residents' ability to care for themselves	Application of IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS ID: S022.04)[1]	Collection period: four rolling quarters (12 months). Refreshed quarterly.	Q2 2022 – Q1 2023	Q3 2022 – Q2 2023	Q4 2022 – Q3 2023	N/A
Change in residents' ability to move around	Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS ID: S023.04)[1]	Collection period: four rolling quarters (12 months). Refreshed quarterly.	Q2 2022 – Q1 2023	Q3 2022 – Q2 2023	Q4 2022 – Q3 2023	N/A
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 (CMS ID: S024.04)	Collection period: four rolling quarters (12 months). Refreshed quarterly.	Q2 2022 – Q1 2023	Q3 2022 – Q2 2023	Q4 2022 – Q3 2023	Q1 2023 – Q4 2023
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 (CMS ID: S025.04)	Collection period: four rolling quarters (12 months). Refreshed quarterly.	Q2 2022 – Q1 2023	Q3 2022 – Q2 2023	Q4 2022 – Q3 2023	Q1 2023 – Q4 2023
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.	Q2 2022 – Q1 2023	Q3 2022 – Q2 2023	Q4 2022 – Q3 2023	Q1 2023 – Q4 2023

Table 25: Care Compare 2024 SNF Anticipated Refreshes and Data Collection Timeframes

Table 25: Care Compare 2024 SNF Anticipated Refreshes and Data Collection Timeframes						
Care Compare Measure Name	Technical Measure Name (CMS Measure ID)	Data collection Periods and Reporting Frequency	Data Collection Timeframes Displayed on Care Compare			
			January 2024	April 2024	July 2024	October 2024
TBD	Discharge Function Score (CMS ID: S042.01)	Collection period: four rolling quarters (12 months). Refreshed quarterly.	N/A	N/A	N/A	Q1 2023 – Q4 2023
Percentage of SNF healthcare personnel who completed COVID-19 primary vaccination series	COVID–19 Vaccination Coverage among Healthcare Personnel (HCP) (CMS ID: S40.01)	Collection period: 3 months. Refreshed quarterly.	Q1 2023	Q2 2023	Q3 2023	Q4 2023
Percentage of healthcare personnel who got a flu shot for the current season	Influenza Vaccination Coverage Among Healthcare Personnel (CMS ID: S041.01)	Collection period: 6 months. Refreshed annually.	Q4 2022 – Q1 2023	Q4 2022 – Q1 2023	Q4 2022 – Q1 2023	Q4 2023 – Q1 2024
Rate of potentially preventable hospital readmissions 30 days after discharge from a SNF	Potentially Preventable 30-Day Post-Discharge Readmission Measure - SNF QRP (CMS ID: S004.01)	Collection period: 24 months. Refreshed annually.	Q4 2020 – Q3 2022	Q4 2020 – Q3 2022	Q4 2020 – Q3 2022	Q4 2021 – Q3 2023
Rate of successful return to home or community from a SNF	Discharge to Community-Post Acute Care SNF (CMS ID: S005.02)	Collection period: 24 months. Refreshed annually.	Q4 2020 – Q3 2022	Q4 2020 – Q3 2022	Q4 2020 – Q3 2022	Q4 2021 – Q3 2023
Medicare Spending Per Beneficiary (MSPB) for residents in SNFs	Medicare Spending Per Beneficiary - SNF PAC QRP (CMS ID: S006.01)	Collection period: 24 months. Refreshed annually.	Q4 2020 – Q3 2022	Q4 2020 – Q3 2022	Q4 2020 – Q3 2022	Q4 2021 – Q3 2023

Table 25: Care Compare 2024 SNF Anticipated Refreshes and Data Collection Timeframes						
Care Compare Measure Name	Technical Measure Name (CMS Measure ID)	Data collection Periods and Reporting Frequency	Data Collection Timeframes Displayed on Care Compare			
			January 2024	April 2024	July 2024	October 2024
Percentage of infections patients got during their SNF stay that resulted in hospitalization	SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization (CMS ID: S39.01)	Collection period: 12 months. Refreshed annually.	Q4 2021 – Q3 2022	Q4 2021 – Q3 2022	Q4 2021 – Q3 2022	Q4 2022 – Q3 2023

[1] Starting with the October 2024 Release, these measures will be removed from Care Compare and Provider Data Catalog. Once removed, the historic publicly reported measure data will continue to be available in the Nursing Homes Including Rehab Services Data Archive files on the Provider Data Catalog.

Section III – Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

Variable Name (Column Header)	Description	Variable Type
Table 26. FY 2024 SNF VBP Facility-Level Dataset variables		
SNF VBP Program Ranking	A skilled nursing facility's (SNF's) national rank among eligible, included SNFs in the SNF VBP Program.	Text
Footnote -- SNF VBP Program Ranking	Footnote for the SNF VBP Program Ranking	Text
CMS Certification Number (CCN)	Centers for Medicare & Medicaid Services (CMS) Certification Number (CCN)	Text (6)
Provider Name	Provider name	Text
Provider Address	Provider address	Text
City/Town	Provider city/town	Text
State	Provider state (2-digit postal code abbreviation)	Text (2)
ZIP Code	Provider ZIP code	Numeric
Baseline Period: FY 2019 Risk-Standardized Readmission Rate	A SNF's rate of unplanned readmissions in the baseline period (FY 2019), adjusted for stay-level risk factors such as clinical characteristics and comorbidities.	Text
Footnote -- Baseline Period: FY 2019 Risk-Standardized Readmission Rate	Footnote for the Baseline Period: FY 2019 Risk-Standardized Readmission Rate	Text
Performance Period: FY 2022 Risk-Standardized Readmission Rate	A SNF's rate of unplanned readmissions in the performance period (FY 2022), adjusted for stay-level risk factors such as clinical characteristics and comorbidities.	Numeric
Footnote -- Performance Period: FY 2022 Risk-Standardized Readmission Rate	Footnote for the Performance Period: FY 2022 Risk-Standardized Readmission Rate	Text
Achievement Score	A measure of how well a SNF performed during the performance period (FY 2022) compared with national SNF performance during the baseline period (FY 2019). Scores range from 0 to 100, with higher scores indicating better performance.	Numeric
Footnote -- Achievement Score	Footnote for the Achievement score	Text
Improvement Score	A measure of how much a SNF has improved from the baseline period (FY 2019) to the performance period (FY 2022). Scores range from 0 to 90, with higher scores indicating better performance.	Text
Footnote -- Improvement Score	Footnote for the Improvement score	Text

Table 26. FY 2024 SNF VBP Facility-Level Dataset variables

Variable Name (Column Header)	Description	Variable Type
Performance Score	The higher of a SNF's achievement score and improvement score. Scores range from 0 to 100, with higher scores indicating better performance. CMS uses this score to calculate incentive payment multipliers for the SNF VBP Program.	Numeric
Footnote -- Performance Score	Footnote for the Performance score	Text
Incentive Payment Multiplier	A multiplier assigned to a SNF based on its performance in the SNF VBP Program. When payments are made to a SNF's Medicare fee-for-service (FFS) Part A claims in FY 2024, CMS multiplies the SNF's adjusted federal per diem rate by this multiplier.	Numeric
Footnote -- Incentive Payment Multiplier	Footnote for the Incentive Payment Multiplier	Text

Table 27. FY 2024 SNF VBP Aggregate Performance Dataset variables

Variable Name (Column Header)	Description	Variable Type
Baseline Period: FY 2019 National Average Readmission Rate	The SNF VBP Program's national unadjusted rate of unplanned readmissions in the baseline period (FY 2019).	Numeric
Performance Period: FY 2022 National Average Readmission Rate	The SNF VBP Program's national unadjusted rate of unplanned readmissions in the performance period (FY 2022).	Numeric
FY 2024 Achievement Threshold	The 25th percentile of national SNF performance on the SNF 30-Day All-Cause Readmission Measure (SNFRM) during the baseline period (FY 2019). This value was previously published in the FY 2022 SNF Prospective Payment System (PPS) final rule (86 FR 42513).	Numeric
FY 2024 Benchmark	The mean of the top decile of national SNF performance on the SNFRM during the baseline period (FY 2019). This value was previously published in the FY 2022 SNF PPS final rule (86 FR 42513).	Numeric
Range of Performance Scores	The range of SNF VBP Program performance scores for the FY 2024 SNF VBP Program year.	Numeric range
Total Number of SNFs Receiving Value-Based Incentive Payments	The total number of SNFs receiving SNF VBP Program value-based incentive payments in FY 2024.	Numeric
Range of Incentive Payment Multipliers	The range of SNF VBP Program incentive payment multipliers for the FY 2024 SNF VBP Program year.	Numeric range

Table 27. FY 2024 SNF VBP Aggregate Performance Dataset variables		
Variable Name (Column Header)	**Description**	**Variable Type**
Range of Value-Based Incentive Payments ($)	The range of SNF VBP Program value-based incentive payments paid to SNFs in FY 2024.	Dollar range
Total Amount of Value-Based Incentive Payments ($)	The total amount of SNF VBP Program value-based incentive payments paid to SNFs in FY 2024.	Dollars