

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

Version 1.0

## Table of Contents

Introduction.....	3
Document Purpose .....	3
Table 1: Acronym Index .....	4
Table 2: File Summary .....	5
Table 3: National Data Variables .....	6
Table 4: Provider Data Variables .....	7
Table 5: National Data Measure Codes.....	11
Table 6: Provider Data Measure Codes.....	13
Table 7: Footnote Descriptions .....	16
Appendix A: Care Compare 2022 SNF Anticipated Refreshes and Data Collection Timeframes .....	17

## Introduction

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 document 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 Appendix A: 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 becomes available, it will also be provided in 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 and 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.

## Document Purpose

The purpose of this document is to describe the information contained within the SNF QRP downloadable databases found on the Provider Data Catalog website.

**Table 1: Acronym Index**

<b>Acronym</b>	<b>Meaning</b>
CAH	Critical Access Hospital
CCN	CMS Certification Number
CMS	Centers for Medicare & Medicaid Services
HAI	Healthcare Associated Infections
HCP	Healthcare Personnel
MSPB	Medicare Spending Per Beneficiary
NH	Nursing Home
NQF	National Quality Forum
PAC	Post-Acute Care
SNF	Skilled Nursing Facility
QRP	Quality Reporting Program

## Table 2: File Summary

The list below shows the titles of all CSV flat file names included in the downloadable databases. The CSV column names, and file names mirror the datasets for nursing home-based SNFs and non-CAH Swing Bed units found on the Care Compare website.

CSV Flat Files Note: Opening CSV files in Excel will remove leading zeroes from data fields that may include leading zeroes (e.g., provider numbers).

Users can follow these instructions to add back the leading zeroes. First, after you download a dataset from the Provider Data Catalog, open a new spreadsheet in Excel. Next, on the excel navigation pane, click **Data > From Text**. Within the “Import Text File” window, locate the file you downloaded from PDC and click **Import**.

- For users with an older version of Excel, when the “Text Import Wizard – Step 1 of 3” window opens, select **Delimited > Next**. For “Step 2 of 3,” deselect **Tab** and select **Comma > Next**. For “Step 3 of 3,” select **Text > Finish**. Finally, when “Import Data” window appears, click **OK**.
- For users with a newer version of Excel, select **Delimiter > Comma**, then select **Data Type Detection > Based on the Entire Dataset**. Finally, click **Transform Data**.

After completing these steps, you should be able to see leading zeros within the dataset.

File Name*	Description
Skilled_Nursing_Facility_Quality_Reportin g_Program_National_Data_mmmyyyyy.xls	National data on the SNF QRP measures shown on Care Compare. Includes both nursing home-based SNFs and non-critical access hospital (CAH) Swing Bed units. (Refer to Table 3.)
Skilled_Nursing_Facility_Quality_Reportin g_Program_Provider_Data_mmmyyyyy.csv	A list of SNFs with SNF QRP measure data as shown on Care Compare (Refer to Table 4.)
Swing_Bed_SNF_data_mmmyyyyy.csv	A list of non-CAH Swing Beds units with SNF QRP measure data as shown on Care Compare (Refer to Table 4.)
NH_SNFQRP_Data_Dictionary.pdf	Data dictionary
readme.txt**	Information about viewing the data dictionary PDF file

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

\*\*Note: The readme.txt file is only included in the archived datasets.

**Table 3: National Data Variables**

<b>Variable Name</b>	<b>Variable Type</b>	<b>Description</b>
<b>CMS Certification Number (CCN)</b>	Character	The CMS certification number (CCN) is used to identify the facility listed. However, since this is the national data set, the CCN is listed as “Nation.”
<b>Measure Code</b>	Character	<p>The measure code consists of the CMS ID (prefix) and the variable name (suffix) for the corresponding measure score. Example= S_001_03_ADJ_RATE</p> <p>Prefix: S_001_03 Suffix: ADJ_RATE</p> <p>See Table 5 for a complete listing of national data measure codes.</p>
<b>Score</b>	Character	The measure score for the corresponding measure code.
<b>Footnote</b>	Numeric	Indicates the relevant footnote. Currently, there are no footnotes related to the national data.
<b>Start Date</b>	Date	The start date of the reporting period for the corresponding measure code and score.
<b>End Date</b>	Date	The end date of the reporting period for the corresponding measure code and score.

**Table 4: Provider Data Variables**

<b>Variable Name</b>	<b>Variable Type</b>	<b>Description</b>
<b>CMS Certification Number (CCN)</b>	Character	The CMS certification number (CCN) is used to identify the facility listed.
<b>Facility Name</b>	Character	Name of the facility.
<b>Address Line 1</b>	Character	The first line of the address of the facility.
<b>City</b>	Character	The name of the city where the facility is located.
<b>State</b>	Character	The two-character postal code used to identify the state where the facility is located.
<b>Zone Improvement Plan (ZIP) Code</b>	Numeric	The five-digit postal ZIP code where the facility is located.
<b>County Name</b>	Character	The name of the county where the facility is located.
<b>Phone Number</b>	Character	The ten-digit telephone number of the facility. The format is (xxx) yyy-zzzz.

Variable Name	Variable Type	Description
<b>CMS Region</b>	Numeric	<p>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:</p> <p>1 = Boston: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont</p> <p>2 = New York: New Jersey, New York, Puerto Rico, Virgin Islands</p> <p>3 = Philadelphia: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia</p> <p>4 = Atlanta: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee</p> <p>5 = Chicago: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin</p> <p>6 = Dallas: Arkansas, Louisiana, New Mexico, Oklahoma, Texas</p> <p>7 = Kansas City: Iowa, Kansas, Missouri, Nebraska</p> <p>8 = Denver: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming</p> <p>9 = San Francisco: Arizona, California, Hawaii, Nevada, Pacific Territories</p> <p>10 = Seattle: Alaska, Idaho, Oregon, Washington</p>



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

Variable Name	Variable Type	Description
<b>LOCATION1</b>	Character	The full facility address

**Table 5: National Data Measure Codes****S\_001\_03: Percentage of SNF residents whose functional abilities were assessed and functional goals were included in their treatment plan**

National Variables	Description
S_001_03_NATL_RATE	National rate

**S\_004\_01: Rate of potentially preventable hospital readmissions 30 days after discharge from a SNF**

National Variables	Description
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 and community from a SNF**

National Variables	Description
S_005_02_DTC_NAT_OBS_RATE	National observed discharge to community rate
S_005_02_DTC_N_BETTER_NAT	Number of SNFs in the nation that performed better than the national rate
S_005_02_DTC_N_NO_DIFF_NAT	Number of SNFs in the nation that performed no different than the national rate
S_005_02_DTC_N_WORSE_NAT	Number of SNFs in the nation that performed worse than the national rate
S_005_02_DTC_N_TOO_SMALL	Number of SNFs too small to report

**S\_006\_01: Medicare Spending Per Beneficiary (MSPB) for residents in SNFs**

National Variables	Description
S_006_01_MSPB_SCORE_NAT	MSPB score (national)

**S\_007\_02: Percentage of SNF residents whose medications were reviewed and who received follow-up care when medication issues were identified**

National Variables	Description
S_007_02_NATL_RATE	National rate

**S\_013\_02: Percentage of SNF residents who experience one or more falls with major injury during their SNF stay**

National Variables	Description
S_013_02_NATL_RATE	National rate

**S\_022\_03: Change in residents' ability to care for themselves**

National Variables	Description
S_022_03_NATL_RATE	National rate

**S\_023\_03: Change in residents' ability to move around**

National Variables	Description
S_023_03_NATL_RATE	National rate

**S\_024\_03: Percentage of residents who are at or above an expected ability to care for themselves at discharge**

National Variables	Description
S_024_03_NATL_RATE	National rate

**S\_025\_03: Percentage of residents who are at or above an expected ability to move around at discharge**

National Variables	Description
S_025_03_NATL_RATE	National rate

**S\_038\_02: Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened**

National Variables	Description
S_038_02_NATL_RATE	National rate

**Table 6: Provider Data Measure Codes**

**S\_001\_03: Percentage of SNF residents whose functional abilities were assessed and functional goals were included in their treatment plan**

Provider Variables	Description
S_001_03_NUMERATOR	Numerator
S_001_03_DENOMINATOR	Denominator
S_001_03_OBS_RATE	Facility rate

**S\_004\_01: Rate of potentially preventable hospital readmissions 30 days after discharge from a SNF**

Provider Variables	Description
S_004_01_PPR_PD_OBS_READM	Number of potentially preventable readmissions following discharge
S_004_01_PPR_PD_VOLUME	Number of eligible stays
S_004_01_PPR_PD_OBS	Unadjusted potentially preventable readmission rate
S_004_01_PPR_PD_RSRR	Risk-standardized potentially preventable readmission rate (RSRR)
S_004_01_PPR_PD_RSRR_2_5	Lower limit of the 95% confidence interval on the RSRR
S_004_01_PPR_PD_RSRR_97_5	Upper limit of the 95% confidence interval on the RSRR
S_004_01_PPR_PD_COMP_PERF	Comparative performance category

**S\_005\_02: Rate of successful return to home and community from a SNF**

Provider Variables	Description
S_005_02_DTC_NUMBER	Observed number of discharges to community (DTC)
S_005_02_DTC_VOLUME	Number of eligible stays for DTC measure
S_005_02_DTC_OBS_RATE	Observed discharge to community rate
S_005_02_DTC_RS_RATE	Risk-standardized discharge to community rate
S_005_02_DTC_RS_Rate_2_5	Lower limit of the 95% confidence interval on the risk-standardized discharge to community rate
S_005_02_DTC_RS_Rate_97_5	Upper limit of the 95% confidence interval on the risk-standardized discharge to community rate
S_005_02_DTC_COMP_PERF	Comparative performance category

**S\_006\_01: Medicare Spending Per Beneficiary (MSPB) for residents in SNFs**

Provider Variables	Description
S_006_01_MSPB_NUMB	Number of eligible episodes
S_006_01_MSPB_SCORE	MSPB score

**S\_007\_02: Percentage of SNF residents whose medications were reviewed and who received follow-up care when medication issues were identified**

Provider Variables	Description
S_007_02_NUMERATOR	Numerator
S_007_02_DENOMINATOR	Denominator
S_007_02_OBS_RATE	Facility rate

**S\_013\_02: Percentage of SNF residents who experience one or more falls with major injury during their SNF stay**

Provider Variables	Description
S_013_02_NUMERATOR	Numerator
S_013_02_DENOMINATOR	Denominator
S_013_02_OBS_RATE	Facility rate

**S\_022\_03: Change in residents' ability to care for themselves**

Provider Variables	Description
S_022_03_DENOMINATOR	Denominator
S_022_03_OBS_CHG_SFCCR_SCORE	Observed change in self-care score
S_022_03_ADJ_CHG_SFCCR_SCORE	Risk-adjusted change in self-care score

**S\_023\_03: Change in residents' ability to move around**

Provider Variables	Description
S_023_03_DENOMINATOR	Denominator
S_023_03_OBS_CHG_MOBL_SCORE	Observed change in mobility score
S_023_03_ADJ_CHG_MOBL_SCORE	Risk-adjusted change in mobility score

**S\_024\_03: Percentage of residents who are at or above an expected ability to care for themselves at discharge**

Provider Variables	Description
S_024_03_NUMERATOR	Numerator
S_024_03_DENOMINATOR	Denominator
S_024_03_OBS_RATE	Facility rate

**S\_025\_03: Percentage of residents who are at or above an expected ability to move around at discharge**

Provider Variables	Description
S_025_03_NUMERATOR	Numerator
S_025_03_DENOMINATOR	Denominator
S_025_03_OBS_RATE	Facility rate

**S\_038\_02: Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened**

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

**Table 7: Footnote Descriptions**

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

Footnote number	Footnote as displayed on Care Compare	Footnote details
1	Newly certified nursing home with less than 12-15 months of data available or the nursing home opened less than 6 months ago, and there were no data to submit or claims for this measure.	<ul style="list-style-type: none"> <li>• SNF has been open for less than 6 months.</li> <li>• There was no SNF QRP data to submit for this measure (assessment-based measures).</li> <li>• Number of SNF stays included in the denominator equals zero.</li> <li>• SNF had no claims data.</li> </ul>
7	CMS determined that the percentage was not accurate, or data suppressed by CMS for one or more quarters.	<ul style="list-style-type: none"> <li>• The results for these SNF quality measures were excluded by CMS</li> </ul>
9	The number of residents or resident stays is too small to report. Call the facility to discuss this quality measure.	<ul style="list-style-type: none"> <li>• The number of cases/residents doesn't meet the SNF QRP required minimum denominator amount for public reporting.</li> <li>• 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.</li> </ul>
10	The data for this measure is missing or was not submitted. Call the facility to discuss this quality measure.	<ul style="list-style-type: none"> <li>• The SNF did not submit required data for the SNF QRP.</li> </ul>
13	Results are based on a shorter time period than required.	<ul style="list-style-type: none"> <li>• The time period between the start and end date of the data reported is less than the maximum possible time period used to collect data for the applicable measure.</li> </ul>
14	This nursing home is not required to submit data for the Skilled Nursing Facility Quality Reporting Program.	<ul style="list-style-type: none"> <li>• There are no SNF QRP measures data available for this nursing home.</li> </ul>



## Appendix A: Care Compare 2022 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 2022. 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.

Care Compare Measure Name	Technical Measure Name (NQF Number [if Applicable], CMS Measure ID)	Data collection Periods and Reporting Frequency <sup>1</sup>	Data Collection Timeframes Displayed on Care Compare			
			January 2022	April 2022	July 2022	October 2022
Percentage of SNF residents whose functional abilities were assessed and functional goals were included in their treatment plan	Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631, CMS ID: S001.03)	Collection period: four rolling quarters (12 months). Refreshed quarterly.	Q3 2020 – Q1 2021	Q3 2020 - Q2 2021*	Q4 2020 - Q3 2021	Q1 2021 – Q4 2021
Rate of potentially preventable hospital readmissions 30 days after discharge from a SNF	Potentially Preventable 30-Day Post-Discharge Readmission Measure for SNF QRP (CMS ID: S004.01)	Collection period: 24 months. Refreshed annually.	Q4 2018 – Q4 2019, Q3 2020**	Q4 2018 - Q4 2019, Q3 2020**	Q4 2018 - Q4 2019, Q3 2020	Q4 2019, Q3 2020-Q3 2021
Rate of successful return to home and community from a SNF	Discharge to Community-Post Acute Care SNF (NQF #3481, CMS ID: S005.02)	Collection period: 24 months. Refreshed annually.	Q4 2018 – Q4 2019, Q3 2020**	Q4 2018 - Q4 2019, Q3 2020**	Q4 2018 - Q4 2019, Q3 2020	Q4 2019, Q3 2020-Q3 2021

Care Compare Measure Name	Technical Measure Name (NQF Number [if Applicable], CMS Measure ID)	Data collection Periods and Reporting Frequency <sup>1</sup>	Data Collection Timeframes Displayed on Care Compare			
			January 2022	April 2022	July 2022	October 2022
Medicare Spending Per Beneficiary (MSPB) for residents in SNFs	Medicare Spending Per Beneficiary for SNF PAC QRP (CMS ID: S006.01)	Collection period: 24 months. Refreshed annually.	Q4 2018 – Q4 2019, Q3 2020**	Q4 2018 - Q4 2019, Q3 2020**	Q4 2018 - Q4 2019, Q3 2020	Q4 2019, Q3 2020-Q3 2021
Percentage of SNF residents whose medications were reviewed and who received follow-up care when medication issues were identified	Drug Regimen Review Conducted with Follow-Up for Identified Issues—PAC SNF QRP (CMS ID: S007.02)	Collection period: four rolling quarters (12 months). Refreshed quarterly.	Q3 2020 – Q1 2021	Q3 2020 - Q2 2021*	Q4 2020 - Q3 2021	Q1 2021 – Q4 2021
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) (NQF #0674, CMS ID: S013.02)	Collection period: four rolling quarters (12 months). Refreshed quarterly.	Q3 2020 – Q1 2021	Q3 2020 - Q2 2021*	Q4 2020 - Q3 2021	Q1 2021 – Q4 2021
Change in residents' ability to care for themselves	Application of IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633, CMS ID: S022.03)	Collection period: four rolling quarters (12 months). Refreshed quarterly.	Q3 2020 – Q1 2021	Q3 2020 - Q2 2021*	Q4 2020 - Q3 2021	Q1 2021 – Q4 2021

Care Compare Measure Name	Technical Measure Name (NQF Number [if Applicable], CMS Measure ID)	Data collection Periods and Reporting Frequency <sup>1</sup>	Data Collection Timeframes Displayed on Care Compare			
			January 2022	April 2022	July 2022	October 2022
Change in residents' ability to move around	Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634, CMS ID: S023.03)	Collection period: four rolling quarters (12 months). Refreshed quarterly.	Q3 2020 – Q1 2021	Q3 2020 - Q2 2021*	Q4 2020 - Q3 2021	Q1 2021 – Q4 2021
Percentage of residents who are at or above an expected ability to care for themselves at discharge	Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635, CMS ID: S024.03)	Collection period: four rolling quarters (12 months). Refreshed quarterly.	Q3 2020 – Q1 2021	Q3 2020 - Q2 2021*	Q4 2020 - Q3 2021	Q1 2021 – Q4 2021
Percentage of residents who are at or above an expected ability to move around at discharge	Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636, CMS ID: S025.03)	Collection period: four rolling quarters (12 months). Refreshed quarterly.	Q3 2020 – Q1 2021	Q3 2020 - Q2 2021*	Q4 2020 - Q3 2021	Q1 2021 – Q4 2021
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.	Q3 2020 – Q1 2021	Q3 2020 - Q2 2021*	Q4 2020 - Q3 2021	Q1 2021 – Q4 2021

Care Compare Measure Name	Technical Measure Name (NQF Number [if Applicable], CMS Measure ID)	Data collection Periods and Reporting Frequency <sup>1</sup>	Data Collection Timeframes Displayed on Care Compare			
			January 2022	April 2022	July 2022	October 2022
TBD	SNF Healthcare Associated Infections (HAI) Requiring Hospitalization (CMS ID: S39.01)	Collection period: 12 months. Refreshed annually.	N/A	Q4 2018 – Q3 2019**	Q4 2018 – Q3 2019	Q4 2020 – Q3 2021*
TBD	COVID–19 Vaccination Coverage among Healthcare Personnel (HCP) (CMS ID: S40.01)	Collection period: 3 months. Refreshed quarterly.	N/A	N/A	N/A	Q4 2021 – Q4 2021

<sup>1</sup>Note: For Q1 2020 and Q2 2020, providers were exempted from data submissions due to the COVID-19 public health emergency (PHE). For this reason, CMS held the data constant (i.e., froze the data on Care Compare and the Provider Data Catalog) following the October 2020 refresh. SNF data refreshes resume on Care Compare and the Provider Data Catalog starting with the January 2022 refresh for assessment-based measures. Following the data freeze, the data reported on Care Compare will use fewer than the expected quarters of data for assessment-based and claims-based measures and will exclude Q1 and Q2 2020 data for all measures. Additional information on the COVID–19 Affected Reporting is available in the SNF QRP section of the SNF Final Rule (<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/List-of-SNF-Federal-Regulations>) at the CMS Skilled Nursing Facility Center website (<https://www.cms.gov/Center/Provider-Type/Skilled-Nursing-Facility-Center>).

\*Normal public reporting resumes with the expected quarters of data.

\*\* CMS has decided to continue with the data freeze for claims-based measures for an additional six months. This decision will allow CMS more time to analyze the calculation of these measures, given the required comprehensive exclusion of claims data that occurred during Q1 2020 and Q2 2020, and the effect of that missing data on such aspects of measure calculation as lookback periods, and risk adjustment. CMS is targeting the July 2022 refresh of Care Compare for the resumption of claims-based measure updates on Care Compare.