

Data Dictionary for Skilled Nursing Facility Quality Reporting Program (SNF QRP) Measures on Nursing Home Compare

Version 1.4

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Introduction:

The Improving Medicare Post-Acute Care Transformation Act of 2014 (the IMPACT Act) established the Skilled Nursing Facility Quality Reporting Program (SNF QRP). The SNF QRP measures were first reported on Nursing Home Compare in fall 2018 for facilities providing care to residents under the Medicare Part A benefit. In addition, non-Critical Access Hospitals (CAHs) with Swing Beds that provide Medicare Part A SNF services to beneficiaries must also report data on SNF QRP quality measures to the Centers for Medicare & Medicaid Services (CMS) under the IMPACT Act. As of fall 2018, the SNF QRP quality measures have been reported for Swing Beds in embedded tables on the Nursing Home Compare website.

Nursing Home Compare is a consumer-oriented website that provides information on the quality of care nursing homes are providing to their residents. This information can help consumers make informed decisions about health care. Nursing Home Compare allows consumers to select multiple facilities and directly compare performance measure information. The Centers for Medicare & Medicaid Services (CMS) created the Nursing Home Compare website to better inform health care consumers about a facility's quality of care. Nursing Home Compare provides data on thousands of nursing homes.

Nursing Home Compare is part of an Administration-wide effort to increase the availability and accessibility of information on quality, utilization and costs for effective, informed decision-making. More information about the SNF QRP can be found by visiting <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>. To access the Nursing Home Compare website, please visit <https://www.medicare.gov/nursinghomecompare/search.html>

SNF QRP data on Nursing Home Compare are typically updated, or refreshed, each quarter in January, April, July, and October; however, the refresh schedule is subject to change and not all measure data will be updated during each quarterly release. See Table 2: Nursing Home Compare 2020 Anticipated Refreshes and Data Collection Timeframes for Quality Measures in the Skilled Nursing Facility Quality Reporting Program for additional information.

Links to download the data from the zipped comma-separated value (CSV) flat file formats can be found on the Nursing Home Compare Data website. When archived data becomes available, it will be provided in Nursing Home Compare Data Archive. To access the Nursing Home Compare Data website, please visit: <https://data.medicare.gov/data/nursing-home-compare>.

All Compare websites are publicly accessible. As works of the U.S. government, Nursing Home Compare data are in the public domain and permission is not required to reuse them. An attribution to the agency as the source is appreciated. Your materials, however, should not give the false impression of government endorsement of your commercial products or services.

Document Purpose

The purpose of this document is to provide a directory of material for use in the navigation of information regarding the SNF QRP measures contained within the Nursing Home Compare downloadable database. Table 2: Nursing Home Compare 2020 Anticipated Refreshes and Data SNF QRP Data Dictionary, updated: May, 2020

Collection Timeframes for Quality Measures in the Skilled Nursing Facility Quality Reporting Program in this data dictionary provides a full list of SNF QRP measures contained in the downloadable data along with information about reporting cycles for each measure.

Table 1: Acronym Index

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

Table 2: Nursing Home Compare 2020 Anticipated Refreshes and Data Collection Timeframes for Quality Measures in the Skilled Nursing Facility Quality Reporting Program

This table provides the data collection timeframes for quality measures in the Skilled Nursing Facility Quality Reporting Program (SNF QRP) displayed on the Nursing Home Compare website for Calendar Year (CY) 2020. 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 reporting cycle which describes the collection period and refresh frequency, and the last four columns contain the timeframe for each quarterly Compare website refresh.

Compare Measure Name	Technical Measure Name	Reporting Cycle	Data Collection Timeframes Displayed on Compare			
			January 2020	April 2020	July 2020	October 2020
Percentage of SNF residents whose functional abilities were assessed and functional goals were included in their treatment plan	Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631, CMS ID: S001.02; S001.03) S001.02 (effective through September 30, 2019) S001.03 (effective, beginning October 1, 2019)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q2 2018 – Q1 2019	Q3 2018 – Q2 2019	Q4 2018 – Q3 2019	Q1 2019 – Q4 2019

Compare Measure Name	Technical Measure Name	Reporting Cycle	Data Collection Timeframes Displayed on Compare			
			January 2020	April 2020	July 2020	October 2020
Percentage of SNF residents who experience one or more falls with major injury during their SNF stay	Application of Percent of Residents Experiencing One or More Falls with Major Injury (NQF #0674, CMS ID: S013.01; S013.02) S013.01 (effective through September 30, 2019) S013.02 (effective, beginning October 1, 2019)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q2 2018 – Q1 2019	Q3 2018 – Q2 2019	Q4 2018 – Q3 2019	Q1 2019 – Q4 2019
Rate of potentially preventable hospital readmissions 30 days after discharge from a SNF	Potentially Preventable 30-Day Post-Discharge Readmission Measure for Skilled Nursing Facility Quality Reporting Program (CMS ID: S004.01)	Collection period: 24 months. Refreshed annually.	Q4 2016 – Q3 2018	Q4 2016 – Q3 2018	Q4 2016 – Q3 2018	Q4 2017 – Q3 2019
Rate of successful return to home and community from a SNF	Discharge to Community-Post Acute Care (PAC) Skilled Nursing Facility Quality Reporting Program (CMS ID: S005.01; S005.02*) *new CMS ID, effective Oct. 1 2019 per FY 2020 SNF PPS rule	Collection period: 24 months. Refreshed annually.	Q4 2016 – Q3 2018	Q4 2016 – Q3 2018	Q4 2016 – Q3 2018	Q4 2017 – Q3 2019

Compare Measure Name	Technical Measure Name	Reporting Cycle	Data Collection Timeframes Displayed on Compare			
			January 2020	April 2020	July 2020	October 2020
Medicare Spending Per Beneficiary (MSPB) for residents in SNFs	Medicare Spending Per Beneficiary Post Acute Care (PAC) Skilled Nursing Facility Quality Reporting Program (CMS ID: S006.01)	Collection period: 24 months. Refreshed annually.	Q4 2016 – Q3 2018	Q4 2016 – Q3 2018	Q4 2016 – Q3 2018	Q4 2017 – Q3 2019

Table 3: File Summary

The list below shows the titles of all CSV flat file names included in the downloadable database for nursing home-based SNFs and non-CAH Swing Bed units. SNF QRP data are provided in 3 CSV flat files: (1) National data, including both nursing-home based SNFs and non-CAH Swing Bed units; (2) Provider data on the quality of resident care SNF QRP measures shown on Nursing Home Compare for nursing home-based SNFs; and (3) Provider data on the quality of resident care SNF QRP measures for non-CAH Swing Bed units shown through embedded tables on the Nursing Home Compare website.

Provider characteristics for SNFs are available in the Nursing Home Compare downloadable data as CSV flat files and Access databases from Data.Medicare.gov.

Tables 4-8 in the remainder of the document describe information provided in the 3 CSV flat files in the downloadable database.

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

File Name Titles	Description
Skilled Nursing Facility Quality Reporting Program - National data.csv	National data on the quality of resident care SNF QRP measures shown on Nursing Home Compare. Includes both nursing-home based SNFs and non-CAH Swing Bed units. (Refer to Table 4.)
Skilled Nursing Facility Quality Reporting Program - Provider data.csv	A list of skilled nursing facilities with data on the quality of resident care SNF QRP measures shown on Nursing Home Compare. (Refer to Table 5.)
Skilled Nursing Facility Quality Reporting Program – Swing Beds – Provider data.csv	A list of non-CAH Swing Beds with data on the quality of resident care SNF QRP measures (Refer to Table 5.)
SNF-QRP-Measures-on-NHC-Data-Dictionary.pdf	Data dictionary
readme.txt	Information about viewing the data dictionary PDF file

Table 4: National Data Variables

Variable Name	Variable Type	Description
CMS Certification Number (CCN)	Character	The CMS certification number (CCN) is used to identify the facility listed. However, since this is the national data set, the CCN is listed as “Nation.”
Measure Code	Character	The measure code consists of the CMS ID (prefix) and the variable name (suffix) for the corresponding measure score. Example= S_001_01_ADJ_RATE Prefix: S_001_01 Suffix: ADJ_RATE See Table 6 for a complete listing of national data measure codes.
Score	Character	The measure score for the corresponding measure code
Footnote	Numeric	Indicates the relevant footnote. Currently, there are no footnotes related to the national data.
Start Date	Date	The start date of the reporting period for the corresponding measure code and score.
End Date	Date	The end date of the reporting period for the corresponding measure code and score.

Table 5: Provider Data Variables

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

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

Variable Name	Variable Type	Description
Measure Code	Character	The measure code consists of the CMS ID (prefix) and the variable name (suffix) for the corresponding measure score. Example= S_001_01_ADJ_RATE Prefix: S_001_01 Suffix: ADJ_RATE
Score	Character	The measure score for the corresponding measure code
Footnote	Numeric	Indicates the relevant footnote. 1 = Newly certified nursing home with less than 12-15 months of data available or the nursing home opened less than 6 months ago, and there were no data to submit or claims for this measure. 7 = CMS determined that the percentage was not accurate or data suppressed by CMS for one or more quarters. 9 = The number of residents or resident stays is too small to report. Call the facility to discuss this quality measure. 10 = The data for this measure is missing or was not submitted. Call the facility to discuss this quality measure 13 = Results are based on a shorter time period than required. 14 = This nursing home is not required to submit data for the Skilled Nursing Facility Quality Reporting Program. See Table 8 for more information on how each footnote is used.
Start Date	Date	The start date of the reporting period for the corresponding measure code and score

Variable Name	Variable Type	Description
End Date	Date	The end date of the reporting period for the corresponding measure code and score

Table 6: National Data Measure Codes

S_001_01: Percentage of SNF residents whose functional abilities were assessed and functional goals were included in their treatment plan

National Variables	Description
S_001_01_OBS_RATE	National rate

S_013_01: Percentage of SNF residents who experience one or more falls with major injury during their SNF stay

National Variables	Description
S_013_01_OBS_RATE	National rate

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

National Variables	Description
S_004_01_PPR_PD_NAT_UNADJUST_AVG	National Unadjusted Average Potentially Preventable Readmission Rate
S_004_01_PPR_PD_N_BETTER_NAT	Number of SNFs in the Nation that Performed Better than the National Rate
S_004_01_PPR_PD_N_NO_DIFF_NAT	Number of SNFs in the Nation that Performed No Different than the National Rate
S_004_01_PPR_PD_N_WORSE_NAT	Number of SNFs in the Nation that Performed Worse than the National Rate
S_004_01_PPR_PD_N_TOO_SMALL	Number of SNFs Too Small to Report

S_005_01: Rate of successful return to home and community from a SNF

National Variables	Description
S_005_01_DTC_NAT_OBS_RATE	National Observed Discharge to Community Rate
S_005_01_DTC_N_BETTER_NAT	Number of SNFs in the Nation that Performed Better than the National Rate
S_005_01_DTC_N_NO_DIFF_NAT	Number of SNFs in the Nation that Performed No Different than the National Rate
S_005_01_DTC_N_WORSE_NAT	Number of SNFs in the Nation that Performed Worse than the National Rate
S_005_01_DTC_N_TOO_SMALL	Number of SNFs Too Small to Report

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

National Variables	Description
S_006_01_MSPB_SCORE_NATL	MSPB Score (National)

Table 7: Facility Data Measure Codes

S_001_01: Percentage of SNF residents whose functional abilities were assessed and functional goals were included in their treatment plan

Provider Variables	Description
S_001_01_NUMERATOR	Numerator
S_001_01_DENOMINATOR	Denominator
S_001_01_OBS_RATE	Facility rate

S_013_01: Percentage of SNF residents who experience one or more falls with major injury during their SNF stay

Provider Variables	Description
S_013_01_NUMERATOR	Numerator
S_013_01_DENOMINATOR	Denominator
S_013_01_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_01: Rate of successful return to home and community from a SNF

Provider Variables	Description
S_005_01_DTC_NUMBER	Observed Number of Discharges to Community (DTC)
S_005_01_DTC_VOLUME	Number of Eligible Stays for DTC Measure
S_005_01_DTC_OBS_RATE	Observed Discharge to Community Rate
S_005_01_DTC_RS_RATE	Risk-Standardized Discharge to Community Rate
S_005_01_DTC_RS_Rate_2_5	Lower Limit of the 95% Confidence Interval on the Risk-Standardized Discharge to Community Rate
S_005_01_DTC_RS_Rate_97_5	Upper Limit of the 95% Confidence Interval on the Risk-Standardized Discharge to Community Rate
S_005_01_DTC_COMP_PERF	Comparative Performance Category

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

Provider Variables	Description
S_006_01_MSPB_NUMB	Number of Eligible Episodes
S_006_01_MSPB_SCORE	MSPB Score

Table 8: Footnote Descriptions

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

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