

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

Version 2.0

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Introduction

The Centers for Medicare & Medicaid Services (CMS) 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 & 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

Acronym	Meaning
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
PHE	Public Health Emergency
SNF	Skilled Nursing Facility
QRP	Quality Reporting Program
RSRR	Risk-standardized readmission rate

Table 2: File Names and Descriptions

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.

File Name*	Description
Skilled_Nursing_Facility_Quality_Reportin g_Program_National_Data_mmmmyyyy.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_mmmmyyyy.csv	A list of SNFs with SNF QRP measure data as shown on Care Compare (Refer to Table 4.)
Swing_Bed_SNF_data_mmmmyyyy.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.

Leading Zeros in Excel

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.

Table 3: National Data Variables

Variable Name	Variable Type	Description
CMS Certification Number	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_038_02_NATL_RATE Prefix: S_038_02 Suffix: NATL_RATE See Table 5 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
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.
Measure Date Range	Character	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).

Table 4: Provider Data Variables

Variable Name	Variable Type	Description
CMS Certification Number	Character	The CMS certification number (CCN) is used to identify the facility listed.
Facility Name	Character	Name of the facility.
Address Line 1	Character	The first 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.
Zone Improvement Plan (ZIP) Code	Numeric	The five-digit postal ZIP code where the facility is located.
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.

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_038_02_ADJ_RATE Prefix: S_038_02 Suffix: ADJ_RATE See Table 7 for a complete listing of facility data measure codes.
Score	Character	The measure score for the corresponding measure code
Footnote	Numeric	Indicates the relevant footnote. 1 = Newly certified facility 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. 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 7 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
Measure Date Range	Character	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).
LOCATION1	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_UNADJUST_AVG	National unadjusted average potentially preventable readmission rate
S_004_01_PPR_PD_N_BETTER_NAT	Number of SNFs in the nation that performed better than the national rate
S_004_01_PPR_PD_N_NO_DIFF_NAT	Number of SNFs in the nation that performed no different than the national rate
S_004_01_PPR_PD_N_WORSE_NAT	Number of SNFs in the nation that performed worse than the national rate
S_004_01_PPR_PD_N_TOO_SMALL	Number of SNFs too small to report

S_005_02: Rate of successful return to home or 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_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

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 residents with pressure ulcers/pressure injuries that are new or worsened

National Variables	Description
S_038_02_NATL_RATE	National rate

S_039_01: Percentage of infections patients got during their SNF stay that resulted in hospitalization

National Variables	Description
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

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 or 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 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_SFCR_SCORE	Observed change in self-care score
S_022_03_ADJ_CHG_SFCR_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 residents with pressure ulcers/pressure injuries that are new or worsened

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

S_039_01: Percentage of infections patients got during their SNF stay that resulted in hospitalization

Provider Variables	Description
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

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.	• 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.
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.
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.
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 maximum possible time period used to collect data 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.

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	Data Collection Timeframes Displayed on Care Compare ¹			
			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 ² , 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 - SNF QRP (CMS ID: S004.01)	Collection period: 24 months. Refreshed annually.	Q4 2017 – Q3 2019	Q4 2017 – Q3 2019	Q3 2019 – Q4 2019; Q3 2020 – Q2 2021	Q3 2019 – Q4 2019; Q3 2020 – Q2 2021 ³
Rate of successful return to home or community from a SNF	Discharge to Community-Post Acute Care SNF (NQF #3481, CMS ID: S005.02)	Collection period: 24 months. Refreshed annually.	Q4 2017 – Q3 2019	Q4 2017 – Q3 2019	Q3 2019 – Q4 2019; Q3 2020 – Q2 2021	Q3 2019 – Q4 2019; Q3 2020 – Q2 2021 ³

Care Compare Measure Name	Technical Measure Name (NQF Number [if Applicable], CMS Measure ID)	Data collection Periods and Reporting Frequency	Data Collection Timeframes Displayed on Care Compare ¹			
			January 2022	April 2022	July 2022	October 2022
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 2017 – Q3 2019	Q4 2017 – Q3 2019	Q3 2019 – Q4 2019; Q3 2020 – Q2 2021	Q3 2019 – Q4 2019; Q3 2020 – Q2 2021 ³
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.	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	Data Collection Timeframes Displayed on Care Compare ¹			
			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	Data Collection Timeframes Displayed on Care Compare ¹			
			January 2022	April 2022	July 2022	October 2022
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.	N/A	N/A	Q4 2018 – Q3 2019	Q4 2020 – Q3 2021 ³
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

¹Note: Due to the COVID-19 public health emergency (PHE) reporting exceptions, measures have been calculated excluding Q1 and Q2 2020 data. 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>).

²This measure (S001) is an application of the Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function measure (L009) and is not NQF endorsed.

³The SNF HAI claims-based measure is being refreshed in October 2022. The SNF QRP claims-based measures will next be refreshed for the October 2023 public reporting refresh of Care Compare and the Provider Data Catalog.