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

Version 1.0

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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). Beginning in Fall 2018, the SNF QRP quality measures will be reported on Nursing Home Compare 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. Beginning in Fall 2018, the SNF QRP quality measures will be 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-IMPACT-Act-2014.html. To access the Nursing Home Compare website, please visit https://www.medicare.gov/nursinghomecompare/search.html?.

Nursing Home Compare information is typically updated, or refreshed, each quarter in April, July, October, and January; however, the refresh schedule is subject to change and not all measure data will be updated during each quarterly release. See the Measure Descriptions and Reporting Cycles section of this Data Dictionary 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.

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: 2018 Anticipated Refreshes and Data Collection Timeframes

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
MDS 3.0	Minimum Data Set 3.0
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: 2018 Anticipated Refreshes and Data Collection Timeframes

Compare Measure Name	Technical Measure Name	Reporting Cycle	Data Collection Timeframes Displayed on Compare			
			October 2018	January 2018	April 2019	July 2019
Percentage of SNF residents with pressure ulcers that are new or worsened	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678, CMS ID: S002.01)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q1 2017 – Q4 2017	Q2 2017 – Q1 2018	Q3 2017 – Q2 2018	Q4 2017 – Q3 2018
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: S001.01)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q1 2017 – Q4 2017	Q2 2017 – Q1 2018	Q3 2017 – Q2 2018	Q4 2017 – Q3 2018
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)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q1 2017 – Q4 2017	Q2 2017 – Q1 2018	Q3 2017 – Q2 2018	Q4 2017 – Q3 2018
Rate of potentially preventable hospital readmissions 30 days	Potentially Preventable 30-Day Post-Discharge Readmission Measure	Collection period: 24 months. Refreshed annually.	Q4 2015 – Q3 2017	Q4 2015 – Q3 2017	Q4 2015 – Q3 2017	Q4 2015 – Q3 2017

after discharge from a SNF	for Skilled Nursing Facility Quality Reporting Program (CMS ID: S004.01)					
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)	Collection period: 12 months. Refreshed annually.	Q4 2016 – Q3 2017	Q4 2016 – Q3 2017	Q4 2016 – Q3 2017	Q4 2016 – Q3 2017
The 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: 12 months. Refreshed annually.	Q4 2016 – Q3 2017	Q4 2016 – Q3 2017	Q4 2016 – Q3 2017	Q4 2016 – Q3 2017

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

Variable Name	Variable Type	Description
		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
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 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. 13 = The number of cases/resident stays is too small to report. 14 = Data not available for this reporting period. 15 = Results are based on a shorter time period than required.

Variable Name	Variable Type	Description
		16 = Data suppressed by CMS for one or more quarters. 17 = Data not submitted for this reporting period. See Table 8 for more information on how each footnote is used.
Start Date	Date	The start date of the reporting period for the corresponding measure code and score
End Date	Date	The end date of the reporting period for the corresponding measure code and score

Table 6: National Data Measure Codes

S_002_01: Percentage of SNF residents with pressure ulcers that are new or worsened

National Variables	Description
S_002_01_OBS_RATE	National rate

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_002_01: Percentage of SNF residents with pressure ulcers that are new or worsened

Provider Variables	Description
S_002_01_NUMERATOR	Numerator
S_002_01_DENOMINATOR	Denominator
S_002_01_ADJ_RATE	Facility adjusted rate
S_002_01_OBS_RATE	Facility Observed Rate

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
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
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
13	The number of cases/resident stays is too small to report.	• The number of cases/resident stays doesn't meet the required minimum amount for public reporting.
14	Data not available for this reporting period.	• Facility has been open for less than 6 months. • There wasn't data to submit for this measure. • When a SNF had no claims data.
15	Results are based on a shorter time period than required.	• The results were based on data reported from less than the maximum possible time period used to collect data for the measure.
16	Data suppressed by CMS for one or more quarters.	• The results for these quality measures were suppressed by CMS.
17	Data not submitted for this reporting period.	• The facility did not submit required data for the quality reporting program.