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 on Medicare.gov 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 other data also displayed on Medicare.gov 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#download-files-in-excel.

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, monthly star ratings, staffing data and other information used in the Five-Star Rating System. Data is 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 cycles, 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 cycles, 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 is presented as one citation per row.
Health Deficiencies	NH_HealthCitations_MonYYYY.csv	A list of nursing home health citations in the last three cycles, 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 is presented as one citation per row. Note that this dataset includes citations that are not used for the health inspection rating (e.g., citations under IDR/IIDR and citations from cycle 3 standard surveys). See CMS 5-Star Technical Users' Guide for more details.

Table 1. List of Provider Data Catalog (PDC) Data Tables for Nursing Homes including rehab services		
PDC Table Title	**PDC Filename**	**File Description**
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.
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 is presented as one row per state or territory.
Survey Summary	NH_SurveySummary_MonYYYY.csv	Nursing home summary information for nursing home health, fire safety, infection control, and complaint inspections in the last three cycles, including dates of the three most recent inspections (including those with no citations), and counts of citations, overall and within specified categories. Data is presented as one inspection per provider. Citation counts also include citations from infection control surveys and complaint inspections. Note that not all citations included in these counts are used for the health inspection rating (e.g., citations under IDR/IIDR and citations from cycle 3 standard surveys). See CMS 5-Star Technical Users' Guide for more details.
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.
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 2026 SNF VBP Facility-Level Dataset	FY_2026_SNF_VBP_Facility_Performance.csv	This dataset contains facility-specific performance results for the fiscal year (FY) 2026 Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program. Included are baseline period and performance period measure results for each measure, achievement scores for each measure, improvement scores for each measure, measure scores for each measure, performance scores, rankings, and incentive payment multipliers for the FY 2026 SNF VBP Program year. Note: CMS will not publicly report any data for excluded SNFs. CMS finalized a measure minimum policy for the FY 2026 Program year. To receive a performance score and incentive payment multiplier for the FY 2026 Program year, SNFs must meet the case minimum during the performance period for at least two of the four quality measures. SNFs that do not meet the measure minimum are excluded from the SNF VBP Program for FY 2026. Payments to these SNFs will not be affected by the SNF VBP Program; instead, they will receive their adjusted federal per diem rate.

Table 1. List of Provider Data Catalog (PDC) Data Tables for Nursing Homes including rehab services		
PDC Table Title	**PDC Filename**	**File Description**
FY 2026 SNF VBP Aggregate Performance	FY_2026_SNF_VBP_Aggregate_Performance.csv	This table contains national, aggregate-level results for the fiscal year (FY) 2026 Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program. Included are national average measure results for the baseline period and performance period, the achievement thresholds and benchmarks (that is, the performance standards for each measure for the FY 2026 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 2026 SNF VBP Program year. Note: CMS will not publicly report any data for excluded SNFs. CMS finalized a measure minimum policy for the FY 2026 Program year. To receive a performance score and incentive payment multiplier for the FY 2026 Program year, SNFs must meet the case minimum during the performance period for at least two of the four quality measures. SNFs that do not meet the measure minimum are excluded from the SNF VBP Program for FY 2026. Payments to these SNFs will not be affected by the SNF VBP Program; instead, they will receive their adjusted federal per diem rate.

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
Urban	Urban/Rural flag: Y=Urban; N=Rural. Urban is defined by a non-missing CBSA (core-based statistical area) code or a MSA (metropolitan statistical area) code > 0.	Y/N
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
Chain 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
Chain ID	Unique numeric identifier assigned to each chain	Numeric
Number of Facilities in Chain	Number of facilities in the chain. Missing if the provider is not part of a chain.	Numeric
Chain Average Overall 5-star Rating	Average overall 5-star rating across all facilities in the chain. Missing if the provider is not part of a chain.	Numeric
Chain Average Health Inspection Rating	Average health inspection rating across all facilities in the chain. Missing if the provider is not part of a chain.	Numeric

Table 2. Provider Information file variables		
Variable Name (Column Header)	**Description**	**Variable Type***
Chain Average Staffing Rating	Average staffing rating across all facilities in the chain. Missing if the provider is not part of a chain.	Numeric
Chain Average QM Rating	Average quality measure (QM) rating across all facilities in the chain. Missing if the provider is not part of a chain.	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
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

Table 2. Provider Information file variables		
Variable Name (Column Header)	**Description**	**Variable Type***
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
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
Nursing Case-Mix Index	Weighted Average Nursing Case-Mix Index	Numeric
Nursing Case-Mix Index Ratio	Weighted Average Nursing Case-Mix Index divided by National Weighted Average Nursing Case-Mix Index	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

Table 2. Provider Information file variables		
Variable Name (Column Header)	**Description**	**Variable Type***
Case-Mix Total Nurse Staffing Hours per Resident per Day	Case-Mix Total Nurse Staffing - Hours per Resident per Day (Aide+LPN+RN)	Numeric
Case-Mix Weekend Total Nurse Staffing Hours per Resident per Day	Case-Mix Weekend Total Nurse Staffing – Hours per Resident per Day	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
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, which includes the most recent standard survey, as well as complaint and infection control surveys from the most recent 12 months.	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

Table 2. Provider Information file variables		
Variable Name (Column Header)	**Description**	**Variable Type***
Rating cycle 2/3 Total Number of Health Deficiencies	Total Number of Health Deficiencies in Rating cycle 2/3. This includes the second most recent standard survey, as well as complaint and infection control surveys from 13-36 months ago. See CMS 5-Star Technical Users' Guide for more details.	Numeric
Rating cycle 2 Number of Standard Health Deficiencies	Number of Health Deficiencies from the Standard Survey during Rating cycle 2	Numeric
Rating cycle 2/3 Number of Complaint Health Deficiencies	Number of Health Deficiencies from Complaint Surveys from 13-36 months ago.	Numeric
Rating cycle 2/3 Health Deficiency Score	Rating cycle 2/3 - Health Deficiency Score	Numeric
Rating cycle 2/3 Number of Health Revisits	Number of Health Survey Repeat-Revisits for Rating cycle 2/3	Numeric
Rating cycle 2/3 Health Revisit Score	Points Associated with Health Survey Repeat Revisits for Rating cycle 2/3	Numeric
Rating cycle 2/3 Total Health Score	Rating cycle 2/3 - Total Health Inspection Score	Numeric
Total Weighted Health Survey Score	Total Weighted Health Survey Score - See CMS 5-Star Technical Users' Guide for detailed explanation	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 was 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
Overall Rating	Overall Rating	Numeric
Health Inspection Rating	Health Inspection Rating	Numeric
QM Rating	QM Rating	Numeric
Staffing Rating	Staffing Rating	Numeric
Cycle 1 Total Number of Health Deficiencies	Cycle 1 Number of Health Deficiencies. This includes the most recent standard survey as well as complaint and infection control surveys from the most recent 12 months.	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. This includes the second most recent standard survey as well as complaint and infection control surveys from 13-24 months ago.	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. This includes the third most recent standard survey as well as complaint and infection control surveys from 25-36 months ago. Note that cycle 3 standard surveys are not used for the health inspection rating.	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 – US value calculated quarterly and used in calculation of adjusted staffing	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 – US value calculated quarterly and used in calculation of adjusted staffing	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 – US value calculated quarterly and used in calculation of adjusted staffing	Numeric

Table 3. State and US Averages file variables		
Variable Name (Column Header)	**Description**	**Variable Type**
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
Nursing Case-Mix Index	Weighted Average Nursing Case-Mix Index – US value calculated quarterly and used in calculation of adjusted staffing	Numeric
Case-Mix RN Staffing Hours per Resident per Day	Case-Mix RN Staffing Hours per Resident per Day – US value calculated quarterly and 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 calculated quarterly and used in calculation of adjusted staffing	Numeric
Case-Mix Weekend Total Nurse Staffing Hours per Resident per Day	Case-Mix Weekend Total Nurse Staffing Hours per Resident per Day – US value calculated quarterly and used in calculation of adjusted staffing	Numeric
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 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

Table 3. State and US Averages file variables		
Variable Name (Column Header)	**Description**	**Variable Type**
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
Percentage of long stay residents whose ability to walk independently worsened	Percentage of long stay residents whose ability to walk 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 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 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 long stay residents with pressure ulcers	Percentage of long stay residents with pressure ulcers	Numeric
Percentage of long stay residents with new or worsened bowel or bladder incontinence	Percentage of long stay residents with new or worsened bowel or bladder incontinence	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

Table 3. State and US Averages file variables		
Variable Name (Column Header)	**Description**	**Variable Type**
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 was 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. Note that the data collection period for short-stay QMs is five quarters and begins one quarter before the data collection period for long-stay QMs.	Date
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 was 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 was 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
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

Table 6. Fire Safety Deficiencies file variables		
Variable Name (Column Header)	**Description**	**Variable Type**
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 was 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
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

Table 7. Health Deficiencies file variables		
Variable Name (Column Header)	**Description**	**Variable Type**
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 was 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
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

Table 10. Survey Summary file variables		
Variable Name (Column Header)	**Description**	**Variable Type**
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
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

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

Table 11.MDS Quality Measures file variables		
Variable Name (Column Header)	**Description**	**Variable Type**
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 was 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

Table 12. Medicare Claims Quality Measures file variables		
Variable Name (Column Header)	**Description**	**Variable Type**
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 was 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
Role played by Owner or Manager in Facility	Role description; possible values are: 5% or greater direct ownership interest; DIRECT OWNERSHIP INTEREST; 5% or greater indirect ownership interest; INDIRECT OWNERSHIP INTEREST; 5% OR GREATER MORTGAGE INTEREST; 5% OR GREATER SECURITY INTEREST; MANAGING CONTROL - GOVERNING BODY; CONTRACTED MANAGING EMPLOYEE; W-2 MANAGING EMPLOYEE; CORPORATE DIRECTOR; CORPORATE OFFICER; OPERATIONAL/MANAGERIAL CONTROL; GENERAL PARTNERSHIP INTEREST; LIMITED PARTNERSHIP INTEREST; INDIVIDUAL IS AN OWNER, PARTNER OR TRUSTEE OF ANY ADP OF THE SNF; TRUSTEE OF THE SNF; ADP OF THE SNF	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

Table 13. Ownership file variables		
Variable Name (Column Header)	**Description**	**Variable Type**
Location	Location of facility (provider address, city, state, zip)	Text
Processing Date	Date the data was 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 ID	Unique numeric identifier assigned to each fine	Numeric
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 was retrieved	Date

Table 15. 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 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.
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.
18	This facility is not rated due to a history of serious quality issues and is included in the special focus facility program.
20	The accuracy of the data for this rating could not be validated by CMS.
21	The accuracy of the data for this measure could not be validated by CMS.
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.
23	This facility did not submit staffing data.
24	This facility reported a high number of days without a registered nurse onsite.
25	The accuracy of the staffing data for this measure could not be validated by CMS.
26	This facility did not submit staffing data or submitted staffing data that is considered to be invalid for the purpose of calculating turnover. This measure will receive the minimum points for calculating the overall staffing score and rating.
27	This facility submitted staffing data that did not meet the criteria required to calculate a turnover measure. This measure will be excluded from the staffing rating and the staffing score will be rescaled.
28	This is an annual measure. Data for individual quarters is not available.

Table 16. Revisions to PDC Data Tables for Nursing Homes including rehab services		
Month Revisions Effective (YYYYMM)	**PDC Table Title(s)**	**Overview of Changes**
202606	Penalties	Added “Fine ID” column after “Penalty Type”.
202605	Ownership	Minor changes in the possible values for the “Role played by Owner or Manager in Facility” variable. The following roles added: “DIRECT OWNERSHIP INTEREST”, “INDIRECT OWNERSHIP INTEREST”, “INDIVIDUAL IS AN OWNER, PARTNER OR TRUSTEE OF ANY ADP OF THE SNF”, “TRUSTEE OF THE SNF”, “MANAGING CONTROL - GOVERNING BODY”, “ADP OF THE SNF”.
202602	Provider Information	Deleted two columns – “Number of Facility Reported Incidents” and “Number of Complaints that Resulted in a Citation”.
202601	Provider Information	Renamed “Number of Substantiated Complaints” to “Number of Complaints that Resulted in a Citation”.
202510	Provider Information	Added “Urban” column after “County/Parish”.
202510	SNF QRP	The October 2025 release includes the initial public reporting of three new quality measures: • Percentage of residents where the SNF provided a current medication list to the next healthcare setting (S_043_02). • Percentage of residents where the SNF provided a current medication list to the resident, family, and/or caregiver at final discharge (S_044_02). • Percentage of SNF residents who are up to date with their COVID-19 vaccines (S_045_01). This release also increments the following measure IDs: S_024_06, S_025_06 and S_042_02.

Table 16. Revisions to PDC Data Tables for Nursing Homes including rehab services		
Month Revisions Effective (YYYYMM)	**PDC Table Title(s)**	**Overview of Changes**
202507	Provider Information	Added the following columns: • Number of Facilities in Chain • Chain Average Overall 5-Star Rating • Chain Average Health Inspection Rating • Chain Average QM Rating • Chain Average Staffing Rating Renamed the following columns to reference "Chain" instead of "Affiliated Entity": • Chain Name • Chain ID Renamed the following columns to reference cycles 2/3 instead of just cycle 2: • Rating cycle 2/3 Total Number of Health Deficiencies • Rating cycle 2/3 Number of Complaint Health Deficiencies • Rating cycle 2/3 Health Deficiency Score • Rating cycle 2/3 Number of Health Revisits • Rating cycle 2/3 Health Revisit Score • Rating cycle 2/3 Total Health Score Dropped the following columns: • Rating cycle 3 Standard Health Survey Date • Rating cycle 3 Total Number of Health Deficiencies • Rating cycle 3 Number of Standard Health Deficiencies • Rating cycle 3 Number of Complaint Health Deficiencies • Rating cycle 3 Health Deficiency Score • Rating cycle 3 Number of Health Revisits • Rating cycle 3 Health Revisit Score • Rating cycle 3 Total Health Score
202507	State US Averages	Added the following columns: • Overall Rating • Health Inspection Rating • QM Rating • Staffing Rating

Table 16. Revisions to PDC Data Tables for Nursing Homes including rehab services		
Month Revisions Effective (YYYYMM)	**PDC Table Title(s)**	**Overview of Changes**
202507	COVID-19 Vaccination Rates – Provider Data; COVID-19 Vaccination Rates – State and National Averages	Removed datasets.
202506	Ownership	Minor changes in the possible values for the "Role played by Owner or Manager in Facility" variable: "Managing Employee" is split into "Contracted Managing Employee" and "W-2 Managing Employee"; and "Partnership Interest" is split into "General Partnership Interest" and "Limited Partnership Interest".
202504	Footnotes	Added footnotes 26-28. Footnotes 26 and 27 will apply to the turnover measures. Footnote 28 will apply to MDS Quality Measures that are only calculated as annual measures and are not calculated by quarter (this currently only applies to the flu vaccination measures).
202503	Survey Summary	This file also now includes counts of deficiencies from complaint and infection control surveys (previously it only included counts of deficiencies from standard surveys).
202501	State US Averages	Renamed the column "Percentage of long stay residents whose ability to move independently worsened" to "Percentage of long stay residents whose ability to *walk* independently worsened." Replaced "Percentage of low risk long stay residents who lose control of their bowels or bladder" with "Percentage of long stay residents with new or worsened bowel or bladder incontinence." Replaced "Percentage of high risk long stay residents with pressure ulcers" with "Percentage of long stay residents with pressure ulcers." Removed "Percentage of short stay residents who made improvements in function." The two new measures come after "Percentage of short stay residents who were assessed and appropriately given the seasonal influenza vaccine."
202501	Footnotes	Retired footnote 12 and replaced with footnotes 23-25, which specify the reason for a staffing rating downgrade. Footnotes 23 and 25 will also be applied to the staffing level measures instead of footnote 6, when applicable. Changed wording for footnotes 6, 20, and 21.
202411	Ownership	Minor changes in the possible values for the "Role played by Owner or Manager in Facility" variable: "Director" is now "Corporate Director" and "Officer" is now "Corporate Officer."

Table 16. Revisions to PDC Data Tables for Nursing Homes including rehab services		
Month Revisions Effective (YYYYMM)	**PDC Table Title(s)**	**Overview of Changes**
202410	SNF QRP	The October 2024 release includes the initial public reporting of the new quality measure, Percentage of residents who are at or above an expected ability to care for themselves and move around at discharge measure (S_042_01) and removal of three measures: 1) Percentage of SNF residents whose functional abilities were assessed and functional goals were included in their treatment plan (S_001_03), 2) Change in residents' ability to care for themselves (S_022_04), and 3) Change in residents' ability to move around (S_023_04). This release also increments the following measure IDs: S_024_05, S_025_05 and S_040_02. Lastly, this release includes updates to the SNF QRP footnote descriptions.
202407	State US Averages	Added two columns containing variables used in the new PDPM staffing case-mix adjustment methodology: Nursing Case-Mix Index and Case-Mix Weekend Total Nurse Staffing Hours per Resident per Day.
202407	Provider Information	Added three columns containing variables used in the new PDPM staffing case-mix adjustment methodology: Nursing Case-Mix Index, Nursing Case-Mix Index Ratio, and Case-Mix Weekend Total Nurse Staffing Hours per Resident per Day.
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.

Table 16. Revisions to PDC Data Tables for Nursing Homes including rehab services		
Month Revisions Effective (YYYYMM)	**PDC Table Title(s)**	**Overview of Changes**
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.
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".

Table 16. Revisions to PDC Data Tables for Nursing Homes including rehab services		
Month Revisions Effective (YYYYMM)	**PDC Table Title(s)**	**Overview of Changes**
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).
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.

Table 16. Revisions to PDC Data Tables for Nursing Homes including rehab services		
Month Revisions Effective (YYYYMM)	**PDC Table Title(s)**	**Overview of Changes**
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).
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.

Table 16. Revisions to PDC Data Tables for Nursing Homes including rehab services		
Month Revisions Effective (YYYYMM)	**PDC Table Title(s)**	**Overview of Changes**
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.
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).

Table 16. Revisions to PDC Data Tables for Nursing Homes including rehab services		
Month Revisions Effective (YYYYMM)	**PDC Table Title(s)**	**Overview of Changes**
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.
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).

Table 16. Revisions to PDC Data Tables for Nursing Homes including rehab services		
Month Revisions Effective (YYYYMM)	**PDC Table Title(s)**	**Overview of Changes**
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) deficiencies 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.
201604	MDS Quality Measures; Medicare Claims Quality Measures; State Averages	The Quality Measures table has been replaced by 2 tables, one for the 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.

Table 16. Revisions to PDC Data Tables for Nursing Homes including rehab services		
Month Revisions Effective (YYYYMM)	**PDC Table Title(s)**	**Overview of Changes**
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 tool on Medicare.gov 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. The data displayed on Medicare.gov enables patients and caregivers to make informed decisions about health care based on cost, quality of care, volume of services, and other data. Consumers can select multiple facilities and compare their performance on various quality metrics. To access the Care Compare tool, please visit https://www.medicare.gov/care-compare.

This section provides information about the Skilled Nursing Facility Quality Reporting Program (SNF QRP) data on Medicare.gov. Medicare.gov provides data on over 15,000 SNFs that participate in the SNF QRP program. More information about the SNF QRP measures displayed on the compare tool on Medicare.gov 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.

Quality measure information about SNFs is 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 23: Anticipated SNF Public Reporting 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/.

The compare tool on Medicare.gov and the Provider Data Catalog are publicly accessible websites. As works of the U.S. government, the data on these websites is 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, 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 17. 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	Health care-Associated Infections
HCP	Health care 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 18. 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_OBS_RATE Prefix: S_038_02 Suffix: NATL_OBS_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
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 19. 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
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

Table 19. SNF QRP Provider Data and Swing Bed file variables		
Variable Name	**Description**	**Variable Type**
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
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 20. National Data Measure Codes	
Measure Code on National Data	**Description**
S_004_01: Rate of potentially preventable hospital readmissions 30 days after discharge from a SNF	
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	
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

Table 20. National Data Measure Codes	
Measure Code on National Data	**Description**
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_OBS_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_OBS_RATE	National rate
S_024_06: Percentage of residents who are at or above an expected ability to care for themselves at discharge	
S_024_06_NATL_OBS_RATE	National rate
S_025_06: Percentage of residents who are at or above an expected ability to move around at discharge	
S_025_06_NATL_OBS_RATE	National rate
S_038_02: Percentage of residents with pressure ulcers/pressure injuries that are new or worsened	
S_038_02_NATL_OBS_RATE	National rate
S_039_01: Percentage of infections residents got during their SNF stay that resulted in hospitalization	
S_039_01_HAI_NAT_OBS_RATE	National observed health care-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_02: Percentage of SNF health care personnel who are up to date with their COVID-19 vaccines	
S_040_02_NATL_OBS_RATE	National rate of COVID-19 vaccination
S_041_01: Percentage of health care personnel who got a flu shot for the current season	
S_041_01_NATL_OBS_RATE	National rate of flu vaccination
S_042_02: Percentage of residents who are at or above an expected ability to care for themselves and move around at discharge	
S_042_02_NATL_OBS_RATE	National rate
S_043_02: Percentage of residents where the SNF provided a current medication list to the next health care setting	
S_043_02_NATL_OBS_RATE	National rate
S_044_02: Percentage of residents where the SNF provided a current medication list to the resident, family, and/or caregiver at final discharge	
S_044_02_NATL_OBS_RATE	National rate
S_045_01: Percentage of SNF residents who are up to date with their COVID-19 vaccines	
S_045_01_NATL_OBS_RATE	National rate

Table 21. Provider Data Measure Codes	
Measure Code on Provider Data	**Description**
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_024_06: Percentage of residents who are at or above an expected ability to care for themselves at discharge	
S_024_06_NUMERATOR	Numerator
S_024_06_DENOMINATOR	Denominator
S_024_06_OBS_RATE	Facility rate
S_025_06: Percentage of residents who are at or above an expected ability to move around at discharge	
S_025_06_NUMERATOR	Numerator

Table 21. Provider Data Measure Codes	
Measure Code on Provider Data	**Description**
S_025_06_DENOMINATOR	Denominator
S_025_06_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 residents got during their SNF stay that resulted in hospitalization	
S_039_01_HAI_NUMBER	Observed number of health care-Associated Infections
S_039_01_HAI_VOLUME	Number of eligible stays
S_039_01_HAI_OBS_RATE	Observed health care-associated infection rate
S_039_01_HAI_RS_RATE	Risk-standardized health care-associated infection rate
S_039_01_HAI_RS_RATE_2_5	Lower 95% confidence limit of the risk-standardized health care-associated infection rate
S_039_01_HAI_RS_RATE_97_5	Upper 95% confidence limit of the risk-standardized health care-associated infection rate
S_039_01_HAI_COMP_PERF	Comparative performance category
S_040_02: Percentage of SNF health care personnel who are up to date with their COVID-19 vaccines	
S_040_02_NUMERATOR	Number of health care workers vaccinated
S_040_02_DENOMINATOR	Number of health care workers
S_040_02_OBS_RATE	Rate of COVID-19 vaccination
S_041_01: Percentage of health care 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
S_042_02: Percentage of residents who are at or above an expected ability to care for themselves and move around at discharge	
S_042_02_NUMERATOR	Numerator
S_042_02_DENOMINATOR	Denominator
S_042_02_OBS_RATE	Facility Rate
S_043_02: Percentage of residents where the SNF provided a current medication list to the next health care setting	
S_043_02_NUMERATOR	Numerator
S_043_02_DENOMINATOR	Denominator
S_043_02_OBS_RATE	Facility Rate
S_044_02: Percentage of residents where the SNF provided a current medication list to the resident, family, and/or caregiver at final discharge	
S_044_02_NUMERATOR	Numerator
S_044_02_DENOMINATOR	Denominator
S_044_02_OBS_RATE	Facility Rate

Table 21. Provider Data Measure Codes	
Measure Code on Provider Data	**Description**
S_045_01: Percentage of SNF residents who are up to date with their COVID-19 vaccines	
S_045_01_NUMERATOR	Numerator
S_045_01_DENOMINATOR	Denominator
S_045_01_OBS_RATE	Facility Rate

Table 22. Additional information on footnote usage for SNF QRP measures		
Footnote Number	**Footnote as Displayed on Medicare.gov**	**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. • Minimum denominator to publicly report for assessment-based and claims-based measures was not met (denominator is 0 because of measure exclusion). • There were no health care personnel reported by the provider.
7	CMS determined that the percentage was not accurate, or data suppressed by CMS for one or more quarters.	• Data suppressed by CMS for one or more quarters (facility-specific). • Data suppressed by CMS for one or more quarters (all facilities).
9	The number of residents or resident stays is too small to report. Call the facility to discuss this quality measure.	• Minimum denominator to publicly report for assessment-based measures and MSPB claims-based measure is 20 (denominator is between 1-19). • Minimum denominator to publicly report for the PPR, DTC and SNF HAI claims-based measures is 25 (denominator is between 1-24).
10	The data for this measure is missing or was not submitted. Call the facility to discuss this quality measure.	• There was no data (assessment, CDC, claims) to submit for this measure because there were no patients admitted and discharged from the facility.
13	Results are based on a shorter time period than required.	• Results were based on data reported from less than the maximum possible time period used to collect data for the measure (assessment-based).
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 23. Anticipated SNF Public Reporting Refreshes and Data Collection Timeframes

This table provides the data collection timeframes for quality measures in the SNF QRP displayed on Medicare.gov for October 2025 - October 2026. The first column displays the plain-language measure name used on Medicare.gov, 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 website refresh. Periods of performance are subject to change.

Table 23. Anticipated SNF Public Reporting Refreshes and Data Collection Timeframes							
Measure Name displayed on Medicare.gov	**Technical Measure Name (CMS Measure ID)**	**Data Collection Periods and Reporting Frequency**	**Data Collection Timeframes Displayed on Medicare.gov**				
			October 2025	**January 2026**	**April 2026**	**July 2026**	**October 2026**
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.	Q1 2024 – Q4 2024	Q2 2024 – Q1 2025	Q3 2024 – Q2 2025	Q4 2024 – Q3 2025	Q1 2025 – Q4 2025
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.	Q1 2024 – Q4 2024	Q2 2024 – Q1 2025	Q3 2024 – Q2 2025	Q4 2024 – Q3 2025	Q1 2025 – Q4 2025
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: S024.06)	Collection period: four rolling quarters (12 months). Refreshed quarterly.	Q1 2024 – Q4 2024	Q2 2024 – Q1 2025	Q3 2024 – Q2 2025	Q4 2024 – Q3 2025	Q1 2025 – Q4 2025

Table 23. Anticipated SNF Public Reporting Refreshes and Data Collection Timeframes							
Measure Name displayed on Medicare.gov	**Technical Measure Name (CMS Measure ID)**	**Periods and Reporting Frequency**	**Data Collection Timeframes Displayed on Medicare.gov**				
			October 2025	**January 2026**	**April 2026**	**July 2026**	**October 2026**
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: S025.06)	Collection period: four rolling quarters (12 months). Refreshed quarterly.	Q1 2024 – Q4 2024	Q2 2024 – Q1 2025	Q3 2024 – Q2 2025	Q4 2024 – Q3 2025	Q1 2025 – Q4 2025
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.	Q1 2024 – Q4 2024	Q2 2024 – Q1 2025	Q3 2024 – Q2 2025	Q4 2024 – Q3 2025	Q1 2025 – Q4 2025
Percentage of residents who are at or above an expected ability to care for themselves and move around at discharge	Discharge Function Score (CMS ID: S042.02)	Collection period: four rolling quarters (12 months). Refreshed quarterly.	Q1 2024 – Q4 2024	Q2 2024 – Q1 2025	Q3 2024 – Q2 2025	Q4 2024 – Q3 2025	Q1 2025 – Q4 2025
Percentage of residents where the SNF provided a current medication list to the next health care setting	Transfer of Health Information to the Provider-Post-Acute Care (PAC) (CMS ID: S43.02)	Collection period: four rolling quarters (12 months). Refreshed quarterly.	Q1 2024 – Q4 2024	Q2 2024 – Q1 2025	Q3 2024 – Q2 2025	Q4 2024 – Q3 2025	Q1 2025 – Q4 2025

Table 23. Anticipated SNF Public Reporting Refreshes and Data Collection Timeframes							
Measure Name displayed on Medicare.gov	**Technical Measure Name (CMS Measure ID)**	**Data Collection Periods and Reporting Frequency**	**Data Collection Timeframes Displayed on Medicare.gov**				
			October 2025	**January 2026**	**April 2026**	**July 2026**	**October 2026**
Percentage of residents where the SNF provided a current medication list to the resident, family, and/or caregiver at final discharge	Transfer of Health (TOH) Information to the Patient – Post- Acute Care (PAC) (CMS ID: S44.02)	Collection period: four rolling quarters (12 months). Refreshed quarterly.	Q1 2024 – Q4 2024	Q2 2024 – Q1 2025	Q3 2024 – Q2 2025	Q4 2024 – Q3 2025	Q1 2025 – Q4 2025
Percentage of SNF residents who are up to date with their COVID-19 vaccines	COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (CMS ID: S045.01)	Collection period: 3 months. Refreshed quarterly.	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025
Percentage of SNF health care personnel who are up to date with their COVID-19 vaccines	COVID–19 Vaccination Coverage among Healthcare Personnel (HCP) (CMS ID: S40.02)	Collection period: 3 months. Refreshed quarterly.	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025
Percentage of health care 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 2024 – Q1 2025	Q4 2024 – Q1 2025	Q4 2024 – Q1 2025	Q4 2024 – Q1 2025	Q4 2025 – Q1 2026

Table 23. Anticipated SNF Public Reporting Refreshes and Data Collection Timeframes							
Measure Name displayed on Medicare.gov	**Technical Measure Name (CMS Measure ID)**	**Data Collection Periods and Reporting Frequency**	**Data Collection Timeframes Displayed on Medicare.gov**				
			October 2025	**January 2026**	**April 2026**	**July 2026**	**October 2026**
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 2022 – Q3 2024	Q4 2022 – Q3 2024	Q4 2022 – Q3 2024	Q4 2022 – Q3 2024	Q4 2023 – Q3 2025
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 2022 – Q3 2024	Q4 2022 – Q3 2024	Q4 2022 – Q3 2024	Q4 2022 – Q3 2024	Q4 2023 – Q3 2025
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 2021 – Q3 2023	Q4 2022 – Q3 2024	Q4 2022 – Q3 2024	Q4 2022 – Q3 2024	Q4 2022 – Q3 2024
Percentage of infections residents 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 2023 – Q3 2024	Q4 2023 – Q3 2024	Q4 2023 – Q3 2024	Q4 2023 – Q3 2024	Q4 2024 – Q3 2025

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

Table 24. FY 2026 SNF VBP Facility-Level Dataset variables		
Variable Name (Column Header)	**Description**	**Variable Type**
SNF VBP Program Ranking	A skilled nursing facility's (SNF's) national rank among eligible, included SNFs in the SNF VBP Program for the FY 2026 Program year. Calculated by sorting and ranking all eligible, included SNFs' performance scores. Lower ranks reflect better performance. Any SNFs with equal performance scores each receive the best (that is, lowest) rank within the tie.	Numeric
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 2022 Risk-Standardized Readmission Rate	A SNF's rate of unplanned readmissions during the baseline period (FY 2022), adjusted for stay-level risk factors such as clinical characteristics and comorbidities, as calculated by the SNF 30-Day All-Cause Readmission Measure (SNFRM).	Numeric
Footnote -- Baseline Period: FY 2022 Risk-Standardized Readmission Rate	Footnote for the Baseline Period: FY 2022 Risk-Standardized Readmission Rate	Text
Performance Period: FY 2024 Risk-Standardized Readmission Rate	A SNF's rate of unplanned readmissions during the performance period (FY 2024), adjusted for stay-level risk factors such as clinical characteristics and comorbidities, as calculated by the SNFRM.	Numeric
Footnote -- Performance Period: FY 2024 Risk-Standardized Readmission Rate	Footnote for the Performance Period: FY 2024 Risk-Standardized Readmission Rate	Text
SNFRM Achievement Score	A calculation of how well a SNF performed on the SNFRM during the performance period (FY 2024) compared with national SNF performance during the baseline period (FY 2022). Scores range from 0 to 10, with higher scores indicating better performance.	Numeric
Footnote -- SNFRM Achievement Score	Footnote for the SNFRM Achievement Score	Text

Table 24. FY 2026 SNF VBP Facility-Level Dataset variables		
Variable Name (Column Header)	**Description**	**Variable Type**
SNFRM Improvement Score	A calculation of how much a SNF improved on the SNFRM from the baseline period (FY 2022) to the performance period (FY 2024). Scores range from 0 to 9, with higher scores indicating more improvement.	Numeric
Footnote -- SNFRM Improvement Score	Footnote for the SNFRM Improvement Score	Text
SNFRM Measure Score	The higher of a SNF's achievement score and improvement score for the SNFRM. Scores range from 0 to 10, with higher scores indicating better performance.	Numeric
Footnote -- SNFRM Measure Score	Footnote for the SNFRM Measure Score	Text
Baseline Period: FY 2022 Risk-Standardized Healthcare-Associated Infection Rate	A SNF's rate of healthcare-associated infections requiring hospitalizations that are acquired during SNF care during the baseline period (FY 2022), adjusted for stay-level risk factors such as clinical characteristics and comorbidities, as calculated by the SNF Healthcare-Associated Infections Requiring Hospitalization (SNF HAI) measure.	Numeric
Footnote -- Baseline Period: FY 2022 Risk-Standardized Healthcare-Associated Infection Rate	Footnote for the Baseline Period: FY 2022 Risk-Standardized Healthcare-Associated Infection Rate	Text
Performance Period: FY 2024 Risk-Standardized Healthcare-Associated Infection Rate	A SNF's rate of healthcare-associated infections requiring hospitalizations that are acquired during SNF care during the performance period (FY 2024), adjusted for stay-level risk factors such as clinical characteristics and comorbidities, as calculated by the SNF HAI measure.	Numeric
Footnote -- Performance Period: FY 2024 Risk-Standardized Healthcare-Associated Infection Rate	Footnote for the Performance Period: FY 2024 Risk-Standardized Healthcare-Associated Infection Rate	Text
SNF HAI Achievement Score	A calculation of how well a SNF performed on the SNF HAI measure during the performance period (FY 2024) compared with national SNF performance during the baseline period (FY 2022). Scores range from 0 to 10, with higher scores indicating better performance.	Numeric
Footnote -- SNF HAI Achievement Score	Footnote for the SNF HAI Achievement Score	Text
SNF HAI Improvement Score	A calculation of how much a SNF improved on the SNF HAI measure from the baseline period (FY 2022) to the performance period (FY 2024). Scores range from 0 to 9, with higher scores indicating more improvement.	Numeric

Table 24. FY 2026 SNF VBP Facility-Level Dataset variables		
Variable Name (Column Header)	**Description**	**Variable Type**
Footnote -- SNF HAI Improvement Score	Footnote for the SNF HAI Improvement Score	Text
SNF HAI Measure Score	The higher of a SNF's achievement score and improvement score for the SNF HAI measure. Scores range from 0 to 10, with higher scores indicating better performance.	Numeric
Footnote -- SNF HAI Measure Score	Footnote for the SNF HAI Measure Score	Text
Baseline Period: FY 2022 Total Nursing Staff Turnover Rate	A SNF's annual turnover rate among eligible SNF staff, including registered nurses (RNs), licensed practical/vocational nurses (LPNs), and nurse aides, during the baseline period (FY 2022), as calculated by the Total Nursing Staff Turnover measure (Nursing Staff Turnover).	Numeric
Footnote -- Baseline Period: FY 2022 Total Nursing Staff Turnover Rate	Footnote for the Baseline Period: FY 2022 Total Nursing Staff Turnover Rate	Text
Performance Period: FY 2024 Total Nursing Staff Turnover Rate	A SNF's annual turnover rate among eligible SNF staff, including RNs, LPNs, and nurse aides, during the performance period (FY 2024), as calculated by the Nursing Staff Turnover measure.	Numeric
Footnote -- Performance Period: FY 2024 Total Nursing Staff Turnover Rate	Footnote for the Performance Period: FY 2024 Total Nursing Staff Turnover Rate	Text
Total Nursing Staff Turnover Achievement Score	A calculation of how well a SNF performed on the Nursing Staff Turnover measure during the performance period (FY 2024) compared with national SNF performance during the baseline period (FY 2022). Scores range from 0 to 10, with higher scores indicating better performance.	Numeric
Footnote -- Total Nursing Staff Turnover Achievement Score	Footnote for the Total Nursing Staff Turnover Achievement Score	Text
Total Nursing Staff Turnover Improvement Score	A calculation of how much a SNF improved on the Nursing Staff Turnover measure from the baseline period (FY 2022) to the performance period (FY 2024). Scores range from 0 to 9, with higher scores indicating more improvement.	Numeric
Footnote -- Total Nursing Staff Turnover Improvement Score	Footnote for the Total Nursing Staff Turnover Improvement Score	Text

Table 24. FY 2026 SNF VBP Facility-Level Dataset variables		
Variable Name (Column Header)	**Description**	**Variable Type**
Total Nursing Staff Turnover Measure Score	The higher of a SNF's achievement score and improvement score for the Nursing Staff Turnover measure. Scores range from 0 to 10, with higher scores indicating better performance.	Numeric
Footnote -- Total Nursing Staff Turnover Measure Score	Footnote for the Total Nursing Staff Turnover Measure Score	Text
Baseline Period: FY 2022 Adjusted Total Nursing Staff Hours per Resident Day	A SNF's average case-mix adjusted total nursing staff hours (including RNs, LPNs, and nurse aides) per resident day during the baseline period (FY 2022), as calculated by the Total Nursing Hours per Resident Day measure (Total Nurse Staffing).	Numeric
Footnote -- Baseline Period: FY 2022 Adjusted Total Nursing Staff Hours per Resident Day	Footnote for the Baseline Period: FY 2022 Adjusted Total Nursing Staff Hours per Resident Day	Text
Performance Period: FY 2024 Adjusted Total Nursing Staff Hours per Resident Day	A SNF's average case-mix adjusted total nursing staff hours (including RNs, LPNs, and nurse aides) per resident day during the performance period (FY 2024), as calculated by the Total Nurse Staffing measure.	Numeric
Footnote -- Performance Period: FY 2024 Adjusted Total Nursing Staff Hours per Resident Day	Footnote for the Performance Period: FY 2024 Adjusted Total Nursing Staff Hours per Resident Day	Text
Total Nurse Staffing Achievement Score	A calculation of how well a SNF performed on the Total Nurse Staffing measure during the performance period (FY 2024) compared with national SNF performance during the baseline period (FY 2022). Scores range from 0 to 10, with higher scores indicating better performance.	Numeric
Footnote -- Total Nurse Staffing Achievement Score	Footnote for the Total Nurse Staffing Achievement Score	Text
Total Nurse Staffing Improvement Score	A calculation of how much a SNF improved on the Total Nurse Staffing measure from the baseline period (FY 2022) to the performance period (FY 2024). Scores range from 0 to 9, with higher scores indicating more improvement.	Numeric
Footnote -- Total Nurse Staffing Improvement Score	Footnote for the Total Nurse Staffing Improvement Score	Text

Table 24. FY 2026 SNF VBP Facility-Level Dataset variables		
Variable Name (Column Header)	**Description**	**Variable Type**
Total Nurse Staffing Measure Score	The higher of a SNF's achievement score and improvement score for the Total Nurse Staffing measure. Scores range from 0 to 10, with higher scores indicating better performance.	Numeric
Footnote -- Total Nurse Staffing Measure Score	Footnote for the Total Nurse Staffing Measure Score	Text
Performance Score	A calculation of a SNF's overall performance across all quality measures included in the SNF VBP Program for the FY 2026 Program year. 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
Incentive Payment Multiplier	A multiplier assigned to a SNF based on its performance in the SNF VBP Program. When payments are made for a SNF's Medicare fee-for-service (FFS) Part A claims in FY 2026, CMS multiplies the SNF's adjusted federal per diem rate by this multiplier.	Numeric

Table 25. FY 2026 SNF VBP Aggregate Performance Dataset variables		
Variable Name (Column Header)	**Description**	**Variable Type**
Baseline Period: FY 2022 National Average Risk-Standardized Readmission Rate	The SNF VBP Program's national average, risk-standardized rate of unplanned readmissions in the baseline period (FY 2022).	Numeric
Performance Period: FY 2024 National Average Risk-Standardized Readmission Rate	The SNF VBP Program's national average, risk-standardized rate of unplanned readmissions in the performance period (FY 2024).	Numeric
SNFRM Achievement Threshold	The 25th percentile of all SNFs' performance on the SNF 30-Day All-Cause Readmission Measure (SNFRM) during the baseline period (FY 2022).	Numeric
SNFRM Benchmark	The mean of the top decile of all SNFs' performance on the SNFRM during the baseline period (FY 2022).	Numeric
Baseline Period: FY 2022 National Average Risk-Standardized Healthcare-Associated Infection Rate	The SNF VBP Program's national average, risk-standardized rate of healthcare-associated infections requiring hospitalization that are acquired during SNF care during the baseline period (FY 2022).	Numeric
Performance Period: FY 2024 National Average Risk-Standardized Healthcare-Associated Infection Rate	The SNF VBP Program's national average, risk-standardized rate of healthcare-associated infections requiring hospitalization that are acquired during SNF care during the performance period (FY 2024).	Numeric

Table 25. FY 2026 SNF VBP Aggregate Performance Dataset variables		
Variable Name (Column Header)	**Description**	**Variable Type**
SNF HAI Achievement Threshold	The 25th percentile of all SNFs' performance on the SNF Healthcare-Associated Infections Requiring Hospitalization (SNF HAI) measure during the baseline period (FY 2022).	Numeric
SNF HAI Benchmark	The mean of the top decile of all SNFs' performance on the SNF HAI measure during the baseline period (FY 2022).	Numeric
Baseline Period: FY 2022 National Average Total Nursing Staff Turnover Rate	The SNF VBP Program's national average turnover rate among eligible SNF staff, including registered nurses (RNs), licensed practical/vocational nurses (LPNs), and nurse aides, during the baseline period (FY 2022).	Numeric
Performance Period: FY 2024 National Average Total Nursing Staff Turnover Rate	The SNF VBP Program's national average turnover rate among eligible SNF staff, including RNs, LPNs, and nurse aides, during the performance period (FY 2024).	Numeric
Total Nursing Staff Turnover Achievement Threshold	The 25th percentile of all SNFs' performance on the Total Nursing Staff Turnover measure (Nursing Staff Turnover) during the baseline period (FY 2022).	Numeric
Total Nursing Staff Turnover Benchmark	The mean of the top decile of all SNFs' performance on the Nursing Staff Turnover measure during the baseline period (FY 2022).	Numeric
Baseline Period: FY 2022 National Average Adjusted Total Nursing Staff Hours per Resident Day	The SNF VBP Program's national average, case-mix adjusted total nursing staff hours (including RNs, LPNs, and nurse aides) per resident day during the baseline period (FY 2022).	Numeric
Performance Period: FY 2024 National Average Adjusted Total Nursing Staff Hours per Resident Day	The SNF VBP Program's national average, case-mix adjusted total nursing staff hours (including RNs, LPNs, and nurse aides) per resident day during the performance period (FY 2024).	Numeric
Total Nurse Staffing Achievement Threshold	The 25th percentile of all SNFs' performance on the Total Nursing Hours per Resident Day measure (Total Nurse Staffing) during the baseline period (FY 2022).	Numeric
Total Nurse Staffing Benchmark	The mean of the top decile of all SNFs' performance on the Total Nurse Staffing measure during the baseline period (FY 2022).	Numeric
Range of Performance Scores	The range of SNF VBP Program performance scores for the FY 2026 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 2026.	Numeric
Range of Incentive Payment Multipliers	The range of SNF VBP Program incentive payment multipliers for the FY 2026 SNF VBP Program year.	Numeric range

Table 25. FY 2026 SNF VBP Aggregate Performance Dataset variables		
Variable Name (Column Header)	**Description**	**Variable Type**
Range of Value-Based Incentive Payments ($)	The range of SNF VBP Program value-based incentive payments paid to SNFs in FY 2026.	Dollar range
Total Amount of Value-Based Incentive Payments ($)	The total amount of SNF VBP Program value-based incentive payments paid to SNFs in FY 2026.	Dollars