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*
*      A T T E N T I O N      *
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*
*  THESE POS RECORD SPECIFICATIONS WERE      *
*  PRODUCED FROM OUR DICTIONARY AT THE      *
*  SAME TIME AS THE POS DATA FILE THAT      *
*  YOU REQUESTED. YOU MAY WISH TO CHECK      *
*  THESE SPECIFICATIONS TO SEE IF ANY      *
*  CHANGES HAVE OCCURED SINCE YOUR RECEIPT *
*  OF ANY PRIOR DOCUMENTATION.      *
*
*
*  FILE CREATION DATE = 10/06/2020      *
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25=Medicaid Only Psychiatric Hospitals

SAS Name: PRVDR_CTGRY_CD
COBOL Name: PRVDR-CTGRY-CD
VALUES: 01=Hospital

CHOW Count 2 5 6 NUMBER
Description: Number of times this provider has undergone a change of ownership.
SAS Name: CHOW_CNT
COBOL Name: CHOW-CNT

CHOW Date 8 7 14 DATE
Description: Effective date of the most recent change of ownership for this provider.
SAS Name: CHOW_DT
COBOL Name: CHOW-DT

Address: City 28 15 42 VARCHAR2
Description: City in which the provider is physically located.
SAS Name: CITY_NAME
COBOL Name: CITY-NAME

Compliance: Acceptable POC 1 43 43 VARCHAR2
Description: Indicates if a provider is in compliance with program requirements based on an acceptable plan for correction of deficiencies.
SAS Name: ACPTBL_POC_SW
COBOL Name: ACPTBL-POC-SW

Compliance: Status 1 44 44 VARCHAR2
Description: Compliance status of a provider at the time of certification survey.
SAS Name: CMPLNC_STUS_CD
COBOL Name: CMPLNC-STUS-CD
VALUES: A=IN COMPLIANCE
B=NOT IN COMPLIANCE

SSA County Code 3 45 47 VARCHAR2
Description: Social Security Administration geographic code indicating the county where the provider is located.
SAS Name: SSA_CNTY_CD
COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR
Description: Cross reference provider number
SAS Name: CROSS_REF_PROVIDER_NUMBER
COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date 8 58 65 DATE
Description: Equal to the exit date of the initial visit of the Health survey for certifications completed after July 28, 2012. For certifications prior to that date, the certification date is equal to the exit date of the initial visit of the Health survey or LSC survey, whichever is later.
SAS Name: CRTFCTN_DT

COBOL Name: CRTFCTN-DT

Eligibility Indicator 1 66 66 VARCHAR2
Description: Indicates if a facility is eligible to participate in the

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 3
Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

Medicare and/or Medicaid programs.

SAS Name: ELGBLTY_SW
COBOL Name: ELGBLTY-SW

Facility Name 50 67 116 VARCHAR2

Description: Name of the provider certified to participate in the
Medicare and/or Medicaid programs.

SAS Name: FAC_NAME
COBOL Name: FAC-NAME

Medicare Administrative Contractor (MAC) or 5 117 121 VARCHAR2
Intermediary or Carrier Code

Description: Number assigned to the Medicare Administrative
Contractor, intermediary or carrier servicing this
provider.

SAS Name: INTRMDRY_CARR_CD
COBOL Name: INTRMDRY-CARR-CD

VALUES: 00000=DUMMY FOR MEDICAID HHA
00010=BLUE CROSS (ALABAMA)
00011=CAHABA
00020=BLUE CROSS (ARKANSAS)
00040=BLUE CROSS (CALIFORNIA)
00060=BLUE CROSS (CONNECTICUT)
00070=BLUE CROSS (DELAWARE)
00090=BLUE CROSS (FLORIDA)
00101=BLUE CROSS (GEORGIA)
00121=HEALTH CARE SERVICE CORPORATION
00122=HCSC - MICHIGAN
00123=HCSC OF MICHIGAN
00130=NATIONAL GOVERNMENT SERVICES
00131=NATIONAL GOVERNMENT SERVICES
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)
00150=BLUE CROSS (KANSAS)
00160=NATIONAL GOVERNMENT SERVICES
00180=NATIONAL GOVERNMENT SERVICES
00181=NATIONAL GOVERNMENT SERVICES
00190=BLUE CROSS (MARYLAND)
00200=BLUE CROSS (MASSACHUSETTS)
00210=BLUE CROSS (MICHIGAN)
00220=BLUE CROSS (MINNESOTA)
00230=BLUE CROSS (MISSISSIPPI)
00231=BLUE CROSS (LOUISIANA)
00233=PINNACLE

00241=BLUE CROSS (MISSOURI)
 00260=BLUE CROSS (NEBRASKA)
 00270=NATIONAL GOVERNMENT SERVICES
 00280=BLUE CROSS (NEW JERSEY)
 00290=BLUE CROSS (NEW MEXICO)
 00308=NATIONAL GOVERNMENT SERVICES
 00310=BLUE CROSS (NORTH CAROLINA)
 00320=NORIDIAN PART A
 00322=NORIDIAN PART A (AK/WA)
 00323=NORIDIAN PART A (ID/OR)
 00325=NORIDIAN
 00332=NATIONAL GOVERNMENT SERVICES
 00340=BLUE CROSS (OKLAHOMA)
 00350=BLUE CROSS (OREGON)
 00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)
 00362=BLUE CROSS (INDEPENDENCE)
 00363=BLUE CROSS (WESTERN PENNSYLVANIA)
 00366=HIGHMARK MEDICARE SERVICES
 00370=BLUE CROSS (RHODE ISLAND)
 00380=BLUE CROSS (SOUTH CAROLINA)
 00390=BLUE CROSS (TENNESSEE)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 4
 Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				
00468=BLUE CROSS (NORTH CAROLINA FOR PR)				
00510=BLUE SHIELD (ALABAMA)				
00511=CAHABA				
00512=CAHABA				
00520=BLUE SHIELD (ARKANSAS)				
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)				
00542=BLUE SHIELD (CALIFORNIA)				
00550=BLUE SHIELD (COLORADO)				
00570=BLUE SHIELD (DELAWARE)				
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)				
00590=BLUE SHIELD (FLORIDA)				
00621=BLUE SHIELD (ILLINOIS)				
00630=NATIONAL GOVERNMENT SERVICES				
00640=BLUE SHIELD (IOWA)				
00650=BLUE SHIELD (KANSAS)				
00655=BLUE SHIELD (KANSAS/NEBRASKA)				
00660=NATIONAL GOVERNMENT SERVICES				

00690=BLUE SHIELD (MARYLAND)
 00700=BLUE SHIELD (MASSACHUSETTS)
 00710=BLUE SHIELD (MICHIGAN)
 00720=BLUE SHIELD (MINNESOTA)
 00740=BLUE SHIELD (KANSAS CITY)
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
 00780=BLUE SHIELD (TRI-STATE)
 00801=BLUE SHIELD (BUFFALO)
 00803=NATIONAL GOVERNMENT SERVICES
 00805=NATIONAL GOVERNMENT SERVICES
 00821=NORIDIAN
 00824=NORIDIAN GVT SERVICES (CO)
 00826=NORIDIAN GVT SERVICES (IA)
 00831=NORIDIAN GVT SERVICES (AK)
 00832=NORIDIAN GVT SERVICES (AZ)
 00833=NORIDIAN GVT SERVICES (HI)
 00834=NORIDIAN GVT SERVICES (NV)
 00835=NORIDIAN GVT SERVICES (OR)
 00836=NORIDIAN GVT SERVICES (WA)
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
 00865=BLUE SHIELD (PENNSYLVANIA)
 00870=BLUE SHIELD (RHODE ISLAND)
 00880=BLUE SHIELD (SOUTH CAROLINA)
 00883=PALMETTO GBA PART B
 00884=PALMETTO GBA
 00889=NORIDIAN GVT SERVICES (SD)
 00900=BLUE SHIELD (TEXAS)
 00901=TRAILBLAZERS HEALTH ENTERPRISES
 00904=TRAILBLAZER
 00910=BLUE SHIELD (UTAH)
 00930=BLUE SHIELD (WASHINGTON)
 00951=WISCONSIN PHYSICIANS SERVICE
 00952=WPS - ILLINOIS
 00953=WPS - MICHIGAN
 00954=WI PHYSICIAN SERVICES - MN
 00973=BLUE SHIELD (PUERTO RICO)
 00974=BLUE SHIELD (VIRGIN ISLANDS)
 01010=AETNA (PEORIA)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 5
 Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH)				
01111=Noridian (CA)				
01112=Noridian (NF)				
01120=AETNA (HAWAII)				
01182=Noridian (SF)				

01192=PALMETTO (CALIFORNIA SOUTH)
01201=PALMETTO (HAWAII)
01202=PALMETTO (HAWAII)
01211=Noridian (AS, GU, HI)
01212=Noridian (AS, GU, HI)
01290=AETNA (NEVADA)
01301=PALMETTO (NEVADA)
01302=PALMETTO (NEVADA)
01311=Noridian (NV)
01312=Noridian (NV)
01360=AETNA (NEW MEXICO)
01370=AETNA (OKLAHOMA)
01380=AETNA (OREGON)
01390=AETNA (WASHINGTON)
01901=PALMETTO GBA
01902=PALMETTO GBA
01911=Noridian (AS, GU, HI, NV)
02050=OCCIDENTAL (CALIFORNIA)
02101=Noridian AK
02102=Noridian AK
02201=Noridian ID
02202=Noridian ID
02301=Noridian OR
02302=Noridian OR
02401=Noridian WA
02402=Noridian WA
03001=NORIDIAN ADMIN SERVICES
03101=NORIDAN (ARIZONA)
03102=NORIDAN (ARIZONA)
03201=NORIDAN (MONTANA)
03202=NORIDAN (MONTANA)
03301=NORDIAN (NORTH DAKOTA)
03302=NORDIAN (NORTH DAKOTA)
03401=NORIDIAN (SOUTH DAKOTA)
03402=NORIDIAN (SOUTH DAKOTA)
03501=NORIDIAN (UTAH)
03502=NORIDIAN (UTAH)
03601=NORIDIAN (WYOMING)
03602=NORIDIAN (WYOMING)
04001=TRAILBLAZER
04101=TRAILBLAZER (COLORADO)
04102=TRAILBLAZER (COLORADO)
04111=NOVITAS (COLORADO)
04112=NOVITAS (COLORADO)
04201=TRAILBLAZER (NEW MEXICO)
04202=TRAILBLAZER (NEW MEXICO)
04211=NOVITAS (NEW MEXICO)
04212=NOVITAS (NEW MEXICO)
04301=TRAILBLAZER (OKLAHOMA)
04302=TRAILBLAZER (OKLAHOMA)
04311=NOVITAS (OKLAHOMA)
04312=NOVITAS (OKLAHOMA)
04401=TRAILBLAZER (TEXAS)
04402=TRAILBLAZER (TEXAS)

04411=NOVITAS (TEXAS)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 6
Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				
05402=WPS (NEBRASKA)				
05440=EQICOR (TENNESSEE)				
05535=EQICOR (NORTH CAROLINA)				
05901=WISCONSIN PHYSICIANS SERVICE				
06001=NGS (WI)				
06004=National Govt Serv HHH				
06101=NGS (IL)				
06102=NGS (IL)				
06201=NGS (MN)				
06202=NGS (MN)				
06301=NGS (WI)				
06302=NGS (WI)				
07101=Novitas AR				
07102=Novitas AR				
07201=Novitas LA				
07202=Novitas LA				
07301=Novitas MS				
07302=Novitas MS				
08101=WPS IN				
08102=WPS IN				
08201=WPS MI				
08202=WPS MI				
09101=FIRST COAST (FLORIDA)				
09102=FIRST COAST (FLORIDA)				
09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)				
09202=FIRST COAST (PUERTO RICO)				
09302=FIRST COAST (VIRGIN ISLANDS)				
10071=TRAVELERS (RRB)				
10101=CAHABA GBA (AL)				
10102=CAHABA GBA (AL)				
10111=PALMETTO GBA (Part A) (AL)				
10201=CAHABA GBA (GA)				
10202=CAHABA GBA (GA)				
10211=PALMETTO GBA (GA)				

10230=TRAVELERS (CONNECTICUT)
 10240=TRAVELERS (MINNESOTA)
 10250=TRAVELERS (MISSISSIPPI)
 10301=CAHABA GBA (TN)
 10302=CAHABA GBA (TN)
 10311=PALMETTO GBA (TN)
 10490=TRAVELERS (VIRGINIA)
 10492=TRAVELERS - VIRGINIA SPECIAL PROJECT
 11004=PALMETTO HHH C
 11201=PALMETTO GBA (SC)
 11202=PALMETTO GBA (SC)
 11260=GENERAL AMERICAN
 11301=PALMETTO GBA (VA)
 11302=PALMETTO GBA (VA)
 11401=PALMETTO GBA (WV)
 11402=PALMETTO GBA (WV)
 11501=PALMETTO GBA (NC)
 11502=PALMETTO GBA (NC)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 7
 Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
12101=Novitas DE				
12102=Novitas DE				
12201=Novitas DC				
12202=Novitas DC				
12301=Novitas MD				
12302=Novitas MD				
12401=Novitas NJ				
12402=Novitas NJ				
12501=Novitas PA				
12502=Novitas PA				
12901=Novitas Solutions DC, DE, MD, PA				
12902=HIGHMARK				
13101=NATIONAL GOVT SERVICES (CONNECTICUT)				
13102=NATIONAL GOVT SERVICES (CONNECTICUT)				
13201=NATIONAL GOVT SERVICES (NEW YORK)				
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)				
13282=NGS (UN)				
13292=NGS (QN)				
14004=NATIONAL HERITAGE (HHA - A)				
14014=NGS (HHA)				
14101=NATIONAL HERITAGE (MAINE)				
14102=NATIONAL HERITAGE (MAINE)				
14111=NGS (ME)				
14112=NGS (ME)				
14201=NATIONAL HERITAGE (MASSACHUSETTS)				
14202=NATIONAL HERITAGE (MASSACHUSETTS)				
14211=NGS (MA)				
14212=NGS (MA)				
14301=NATIONAL HERITAGE (NEW HAMPSHIRE)				

14302=NATIONAL HERITAGE (NEW HAMPSHIRE)
 14311=NGS (NH)
 14312=NGS (NH)
 14330=GROUP HEALTH INC (NEW YORK)
 14401=NATIONAL HERITAGE (RHODE ISLAND)
 14402=NATIONAL HERITAGE (RHODE ISLAND)
 14411=NGS (RI)
 14412=NGS (RI)
 14501=NATIONAL HERITAGE (VERMONT)
 14502=NATIONAL HERITAGE (VERMONT)
 14511=NGS (VT)
 14512=NGS (VT)
 15004=CGS Administrators HHH
 15101=CGS (KENTUCKY)
 15102=CGS (KENTUCKY)
 15201=CGS (OHIO)
 15202=CGS (OHIO)
 16360=NATIONWIDE (OHIO)
 16510=NATIONWIDE (WEST VIRGINIA)
 17120=HAWAII MEDICAL SERVICE ASSOCIATION
 21200=MASSACHUSETTS/MAINE
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)
 31143=NATIONAL HERITAGE INSURANCE CO
 31144=NATIONAL HERITAGE INSURANCE CO
 50333=TRAVELERS (NEW YORK)
 51051=AETNA (PETALUMA)
 51070=AETNA (FARMINGTON)
 51100=AETNA (CLEARWATER)
 51140=AETNA (PEORIA)
 51390=AETNA (FORT WASHINGTON)
 52280=WISCONSIN PHYSICIANS SERVICE
 57400=COOPERATIVA (PUERTO RICO)

Medicaid Vendor Number 15 122 136 VARCHAR2
 Description: Number which may be assigned to a provider by the state

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 8
 Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Medicaid agency for external control or billing purposes.

SAS Name: MD CD_VNDR_NUM

COBOL Name: MD CD-VNDR- NUM

Original Participation Date 8 137 144 DATE

Description: Date a provider is first approved to provide Medicare and/or Medicaid services.

SAS Name: ORGNL_PRTCPTN_DT

COBOL Name: ORGNL-PRTCPTN-DT

Prior CHOW Date 8 145 152 DATE

Description: Effective date of the previous change of ownership for

this provider.

SAS Name: CHOW_PRIOR_DT

COBOL Name: CHOW-PRIOR-DT

Prior Medicare Administrative Contractor (MAC) or 5 153 157 VARCHAR2
Intermediary or Carrier Code

Description: Number assigned to the previous Medicare Administrative
Contractor, intermediary or carrier servicing this
provider.

SAS Name: INTRMDRY_CARR_PRIOR_CD

COBOL Name: INTRMDRY-CARR-PRIOR-CD

VALUES: 00000=DUMMY FOR MEDICAID HHA

00010=BLUE CROSS (ALABAMA)

00011=CAHABA

00020=BLUE CROSS (ARKANSAS)

00040=BLUE CROSS (CALIFORNIA)

00060=BLUE CROSS (CONNECTICUT)

00070=BLUE CROSS (DELAWARE)

00090=BLUE CROSS (FLORIDA)

00101=BLUE CROSS (GEORGIA)

00121=HEALTH CARE SERVICE CORPORATION

00122=HCSC - MICHIGAN

00123=HCSC OF MICHIGAN

00130=NATIONAL GOVERNMENT SERVICES

00131=NATIONAL GOVERNMENT SERVICES

00140=BLUE CROSS (IOWA/SOUTH DAKOTA)

00150=BLUE CROSS (KANSAS)

00160=NATIONAL GOVERNMENT SERVICES

00180=NATIONAL GOVERNMENT SERVICES

00181=NATIONAL GOVERNMENT SERVICES

00190=BLUE CROSS (MARYLAND)

00200=BLUE CROSS (MASSACHUSETTS)

00210=BLUE CROSS (MICHIGAN)

00220=BLUE CROSS (MINNESOTA)

00230=BLUE CROSS (MISSISSIPPI)

00231=BLUE CROSS (LOUISIANA)

00233=PINNACLE

00241=BLUE CROSS (MISSOURI)

00260=BLUE CROSS (NEBRASKA)

00270=NATIONAL GOVERNMENT SERVICES

00280=BLUE CROSS (NEW JERSEY)

00290=BLUE CROSS (NEW MEXICO)

00308=NATIONAL GOVERNMENT SERVICES

00310=BLUE CROSS (NORTH CAROLINA)

00320=NORIDIAN PART A

00322=NORIDIAN PART A (AK/WA)

00323=NORIDIAN PART A (ID/OR)

00325=NORIDIAN

00332=NATIONAL GOVERNMENT SERVICES

00340=BLUE CROSS (OKLAHOMA)

00350=BLUE CROSS (OREGON)

00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)

SHORT DESCRIPTION	LEN	START	END	TYPE
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				
00468=BLUE CROSS (NORTH CAROLINA FOR PR)				
00510=BLUE SHIELD (ALABAMA)				
00511=CAHABA				
00512=CAHABA				
00520=BLUE SHIELD (ARKANSAS)				
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)				
00542=BLUE SHIELD (CALIFORNIA)				
00550=BLUE SHIELD (COLORADO)				
00570=BLUE SHIELD (DELAWARE)				
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)				
00590=BLUE SHIELD (FLORIDA)				
00621=BLUE SHIELD (ILLINOIS)				
00630=NATIONAL GOVERNMENT SERVICES				
00640=BLUE SHIELD (IOWA)				
00650=BLUE SHIELD (KANSAS)				
00655=BLUE SHIELD (KANSAS/NEBRASKA)				
00660=NATIONAL GOVERNMENT SERVICES				
00690=BLUE SHIELD (MARYLAND)				
00700=BLUE SHIELD (MASSACHUSETTS)				
00710=BLUE SHIELD (MICHIGAN)				
00720=BLUE SHIELD (MINNESOTA)				
00740=BLUE SHIELD (KANSAS CITY)				
00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)				
00780=BLUE SHIELD (TRI-STATE)				
00801=BLUE SHIELD (BUFFALO)				
00803=NATIONAL GOVERNMENT SERVICES				
00805=NATIONAL GOVERNMENT SERVICES				
00821=NORIDIAN				
00824=NORIDIAN GVT SERVICES (CO)				
00826=NORIDIAN GVT SERVICES (IA)				
00831=NORIDIAN GVT SERVICES (AK)				
00832=NORIDIAN GVT SERVICES (AZ)				
00833=NORIDIAN GVT SERVICES (HI)				
00834=NORIDIAN GVT SERVICES (NV)				

00835=NORIDIAN GVT SERVICES (OR)
 00836=NORIDIAN GVT SERVICES (WA)
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
 00865=BLUE SHIELD (PENNSYLVANIA)
 00870=BLUE SHIELD (RHODE ISLAND)
 00880=BLUE SHIELD (SOUTH CAROLINA)
 00883=PALMETTO GBA PART B
 00884=PALMETTO GBA
 00889=NORIDIAN GVT SERVICES (SD)
 00900=BLUE SHIELD (TEXAS)
 00901=TRAILBLAZERS HEALTH ENTERPRISES
 00904=TRAILBLAZER
 00910=BLUE SHIELD (UTAH)
 00930=BLUE SHIELD (WASHINGTON)
 00951=WISCONSIN PHYSICIANS SERVICE

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 10
 Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH)				
01111=Noridian (CA)				
01112=Noridian (NF)				
01120=AETNA (HAWAII)				
01182=Noridian (SF)				
01192=PALMETTO (CALIFORNIA SOUTH)				
01201=PALMETTO (HAWAII)				
01202=PALMETTO (HAWAII)				
01211=Noridian (AS, GU, HI)				
01212=Noridian (AS, GU, HI)				
01290=AETNA (NEVADA)				
01301=PALMETTO (NEVADA)				
01302=PALMETTO (NEVADA)				
01311=Noridian (NV)				
01312=Noridian (NV)				
01360=AETNA (NEW MEXICO)				
01370=AETNA (OKLAHOMA)				
01380=AETNA (OREGON)				
01390=AETNA (WASHINGTON)				
01901=PALMETTO GBA				
01902=PALMETTO GBA				
01911=Noridian (AS, GU, HI, NV)				

02050=OCCIDENTAL (CALIFORNIA)
 02101=Noridian AK
 02102=Noridian AK
 02201=Noridian ID
 02202=Noridian ID
 02301=Noridian OR
 02302=Noridian OR
 02401=Noridian WA
 02402=Noridian WA
 03001=NORIDIAN ADMIN SERVICES
 03101=NORIDAN (ARIZONA)
 03102=NORIDAN (ARIZONA)
 03201=NORIDAN (MONTANA)
 03202=NORIDAN (MONTANA)
 03301=NORDIAN (NORTH DAKOTA)
 03302=NORDIAN (NORTH DAKOTA)
 03401=NORIDIAN (SOUTH DAKOTA)
 03402=NORIDIAN (SOUTH DAKOTA)
 03501=NORIDIAN (UTAH)
 03502=NORIDIAN (UTAH)
 03601=NORIDIAN (WYOMING)
 03602=NORIDIAN (WYOMING)
 04001=TRAILBLAZER
 04101=TRAILBLAZER (COLORADO)
 04102=TRAILBLAZER (COLORADO)
 04111=NOVITAS (COLORADO)
 04112=NOVITAS (COLORADO)
 04201=TRAILBLAZER (NEW MEXICO)
 04202=TRAILBLAZER (NEW MEXICO)
 04211=NOVITAS (NEW MEXICO)
 04212=NOVITAS (NEW MEXICO)
 04301=TRAILBLAZER (OKLAHOMA)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 11
 Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				

05302=WPS (MISSOURI WEST)
 05392=WPS (MISSOURI EAST)
 05401=WPS (NEBRASKA)
 05402=WPS (NEBRASKA)
 05440=EQICOR (TENNESSEE)
 05535=EQICOR (NORTH CAROLINA)
 05901=WISCONSIN PHYSICIANS SERVICE
 06001=NGS (WI)
 06004=National Govt Serv HHH
 06101=NGS (IL)
 06102=NGS (IL)
 06201=NGS (MN)
 06202=NGS (MN)
 06301=NGS (WI)
 06302=NGS (WI)
 07101=Novitas AR
 07102=Novitas AR
 07201=Novitas LA
 07202=Novitas LA
 07301=Novitas MS
 07302=Novitas MS
 08101=WPS IN
 08102=WPS IN
 08201=WPS MI
 08202=WPS MI
 09101=FIRST COAST (FLORIDA)
 09102=FIRST COAST (FLORIDA)
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)
 09202=FIRST COAST (PUERTO RICO)
 09302=FIRST COAST (VIRGIN ISLANDS)
 10071=TRAVELERS (RRB)
 10101=CAHABA GBA (AL)
 10102=CAHABA GBA (AL)
 10111=PALMETTO GBA (Part A) (AL)
 10201=CAHABA GBA (GA)
 10202=CAHABA GBA (GA)
 10211=PALMETTO GBA (GA)
 10230=TRAVELERS (CONNECTICUT)
 10240=TRAVELERS (MINNESOTA)
 10250=TRAVELERS (MISSISSIPPI)
 10301=CAHABA GBA (TN)
 10302=CAHABA GBA (TN)
 10311=PALMETTO GBA (TN)
 10490=TRAVELERS (VIRGINIA)
 10492=TRAVELERS - VIRGINIA SPECIAL PROJECT
 11004=PALMETTO HHH C
 11201=PALMETTO GBA (SC)
 11202=PALMETTO GBA (SC)
 11260=GENERAL AMERICAN

SHORT DESCRIPTION

LEN START END TYPE

11301=PALMETTO GBA (VA)
11302=PALMETTO GBA (VA)
11401=PALMETTO GBA (WV)
11402=PALMETTO GBA (WV)
11501=PALMETTO GBA (NC)
11502=PALMETTO GBA (NC)
12101=Novitas DE
12102=Novitas DE
12201=Novitas DC
12202=Novitas DC
12301=Novitas MD
12302=Novitas MD
12401=Novitas NJ
12402=Novitas NJ
12501=Novitas PA
12502=Novitas PA
12901=Novitas Solutions DC, DE, MD, PA
12902=HIGHMARK
13101=NATIONAL GOVT SERVICES (CONNECTICUT)
13102=NATIONAL GOVT SERVICES (CONNECTICUT)
13201=NATIONAL GOVT SERVICES (NEW YORK)
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)
13282=NGS (UN)
13292=NGS (QN)
14004=NATIONAL HERITAGE (HHA - A)
14014=NGS (HHA)
14101=NATIONAL HERITAGE (MAINE)
14102=NATIONAL HERITAGE (MAINE)
14111=NGS (ME)
14112=NGS (ME)
14201=NATIONAL HERITAGE (MASSACHUSETTS)
14202=NATIONAL HERITAGE (MASSACHUSETTS)
14211=NGS (MA)
14212=NGS (MA)
14301=NATIONAL HERITAGE (NEW HAMPSHIRE)
14302=NATIONAL HERITAGE (NEW HAMPSHIRE)
14311=NGS (NH)
14312=NGS (NH)
14330=GROUP HEALTH INC (NEW YORK)
14401=NATIONAL HERITAGE (RHODE ISLAND)
14402=NATIONAL HERITAGE (RHODE ISLAND)
14411=NGS (RI)
14412=NGS (RI)
14501=NATIONAL HERITAGE (VERMONT)
14502=NATIONAL HERITAGE (VERMONT)
14511=NGS (VT)
14512=NGS (VT)
15004=CGS Administrators HHH
15101=CGS (KENTUCKY)
15102=CGS (KENTUCKY)
15201=CGS (OHIO)
15202=CGS (OHIO)

16360=NATIONWIDE (OHIO)
 16510=NATIONWIDE (WEST VIRGINIA)
 17120=HAWAII MEDICAL SERVICE ASSOCIATION
 21200=MASSACHUSETTS/MAINE
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)
 31143=NATIONAL HERITAGE INSURANCE CO
 31144=NATIONAL HERITAGE INSURANCE CO
 50333=TRAVELERS (NEW YORK)
 51051=AETNA (PETALUMA)
 51070=AETNA (FARMINGTON)
 51100=AETNA (CLEARWATER)
 51140=AETNA (PEORIA)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 13
 Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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51390=AETNA (FORT WASHINGTON)
 52280=WISCONSIN PHYSICIANS SERVICE
 57400=COOPERATIVA (PUERTO RICO)

CCN	10	158	167	VARCHAR2
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Description: Six or ten position identification number that is
 assigned to a certified provider. This is the CMS
 Certification Number.

SAS Name: PRVDR_NUM

COBOL Name: PRVDR-NUM

Region Code	2	168	169	VARCHAR2
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Description: Indicates the CMS Regional Office responsible for the
 certification of the provider.

SAS Name: RGN_CD

COBOL Name: RGN-CD

VALUES: 01=Boston

02=New York

03=Philadelphia

04=Atlanta

05=Chicago

06=Dallas

07=Kansas City

08=Denver

09=San Francisco

10=Seattle

Skeleton Record Indicator	1	170	170	VARCHAR2
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Description: Indicates if the record is a skeleton record. Only a
 limited set of data is available for this provider; no
 survey data exists. Only provider categories
 01,17,19,21and 22 can have skeleton providers.

SAS Name: SKLTN_REC_SW

COBOL Name: SKLTN-REC-SW

State Abbreviation 2 171 172 VARCHAR2

Description: Two-character state abbreviation.

SAS Name: STATE_CD

COBOL Name: STATE-CD

VALUES: AK=ALASKA

AL=ALABAMA

AR=ARKANSAS

AS=AMERICAN SAMOA

AZ=ARIZONA

CA=CALIFORNIA

CN=CANADA

CO=COLORADO

CT=CONNECTICUT

DC=DISTRICT OF COLUMBIA

DE=DELAWARE

FL=FLORIDA

FN=INTERNATIONAL

GA=GEORGIA

GU=GUAM

HI=HAWAII

IA=IOWA

ID=IDAHO

IL=ILLINOIS

IN=INDIANA

KS=KANSAS

KY=KENTUCKY

LA=LOUISIANA

MA=MASSACHUSETTS

MD=MARYLAND

DATE: 10/06/2020

POS RECORD LAYOUT

PAGE: 14

Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

ME=MAINE

MI=MICHIGAN

MN=MINNESOTA

MO=MISSOURI

MP=SAIPAN

MS=MISSISSIPPI

MT=MONTANA

MX=MEXICO

NC=NORTH CAROLINA

ND=NORTH DAKOTA

NE=NEBRASKA

NH=NEW HAMPSHIRE

NJ=NEW JERSEY

NM=NEW MEXICO

NV=NEVADA

NY=NEW YORK

OH=OHIO

OK=OKLAHOMA

OR=OREGON
PA=PENNSYLVANIA
PR=PUERTO RICO
RI=RHODE ISLAND
SC=SOUTH CAROLINA
SD=SOUTH DAKOTA
TN=TENNESSEE
TX=TEXAS
UT=UTAH
VA=VIRGINIA
VI=VIRGIN ISLANDS
VT=VERMONT
WA=WASHINGTON
WI=WISCONSIN
WV=WEST VIRGINIA
WY=WYOMING

SSA State Code	2	173	174	VARCHAR2
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Description: Social Security Administration geographic code indicating the state where the provider is located.

SAS Name: SSA_STATE_CD

COBOL Name: SSA-STATE-CD

VALUES: 01=ALABAMA

02=ALASKA

03=ARIZONA

04=ARKANSAS

05=CALIFORNIA

06=COLORADO

07=CONNECTICUT

08=DELAWARE

09=DISTRICT OF COLUMBIA

10=FLORIDA

11=GEORGIA

12=HAWAII

13=IDAHO

14=ILLINOIS

15=INDIANA

16=IOWA

17=KANSAS

18=KENTUCKY

19=LOUISIANA

20=MAINE

21=MARYLAND

22=MASSACHUSETTS

23=MICHIGAN

24=MINNESOTA

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 15
Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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25=MISSISSIPPI

26=MISSOURI
27=MONTANA
28=NEBRASKA
29=NEVADA
30=NEW HAMPSHIRE
31=NEW JERSEY
32=NEW MEXICO
33=NEW YORK
34=NORTH CAROLINA
35=NORTH DAKOTA
36=OHIO
37=OKLAHOMA
38=OREGON
39=PENNSYLVANIA
40=PUERTO RICO
41=RHODE ISLAND
42=SOUTH CAROLINA
43=SOUTH DAKOTA
44=TENNESSEE
45=TEXAS
46=UTAH
47=VERMONT
48=VIRGIN ISLANDS
49=VIRGINIA
50=WASHINGTON
51=WEST VIRGINIA
52=WISCONSIN
53=WYOMING
54=AFRICA
56=CANADA
57=WEST INDIES
58=EUROPE
59=MEXICO
60=OCEANIA
61=PHILIPPINES
62=SOUTH AMERICA
63=UNITED STATES POSSESSIONS
64=AMERICAN SAMOA
65=GUAM
66=SAIPAN
99=INTERNATIONAL

State Region Code	3	175	177	VARCHAR2
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Description: Identifies the region within a state where the provider is located.

SAS Name: STATE_RGN_CD

COBOL Name: STATE-RGN-CD

VALUES: AK/001=ALASKA

AK/LAB=LABORATORIES

AK/NPH=NON-PARTICIPATING HOSPITAL

AL/001=ALABAMA

AL/LAB=LABORATORIES

AL/NPH=NON-PARTICIPATING HOSPITAL

AR/001=ARKANSAS

AR/LAB=LABORATORIES
 AR/NPH=NON-PARTICIPATING HOSPITAL
 AS/001=AMERICAN SAMOA
 AS/LAB=LABORATORY
 AS/NPH=NON-PARTICIPATING HOSPITAL
 AZ/AZ=PHOENIX
 AZ/LAB=ARIZONA LAB
 AZ/NPH=NON-PARTICIPATING HOSPITAL
 AZ/TUC=TUCSON

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 16
 Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
-------------------	-----	-------	-----	------

CA/001=CALIFORNIA				
CA/BAK=BAKERSFIELD				
CA/BER=SAN BERNARDINO				
CA/EB=East Bay				
CA/FR=FRESNO				
CA/L1=L.A. WEST				
CA/L2=L.A. NORTH				
CA/L3=L.A. CENTRAL				
CA/L4=L.A. EAST				
CA/L5=SAN GABRIEL				
CA/LA1=LA Region 1				
CA/LA2=LA Region 2				
CA/LA3=LA Region 3				
CA/LA4=LA Acute/Ancillary				
CA/LA5=LA HHA/Hospice				
CA/LA6=LA ICF/DD/CLinics				
CA/LAB=LABORATORIES				
CA/M1=LAB. SOUTH				
CA/M2=LAB. NORTH				
CA/NPH=NON-PARTICIPATING HOSPITAL				
CA/ORG=ORANGE				
CA/RIV=RIVERSIDE				
CA/S1=SACRAMENTO				
CA/S3=CHICO				
CA/SD=SAN DIEGO				
CA/SF=SAN FRANCISCO				
CA/SJ=SAN JOSE				
CA/SR=SANTA ROSA				
CA/VEN=VENTURA				
CN/001=CANADA				
CN/LAB=LABORATORY				
CN/NPH=NON-PARTICIPATING HOSPITAL				
CO/001=COLORADO				
CO/LAB=LABORATORIES				
CO/NPH=NON-PARTICIPATING HOSPITAL				
CT/001=CONNECTICUT				
CT/LAB=LABORATORIES				
CT/NPH=NON-PARTICIPATING HOSPITAL				

DC/001=DISTRICT OF COLUMBIA
 DC/LAB=LABORATORIES
 DC/NPH=NON-PARTICIPATING HOSPITAL
 DE/001=DELAWARE
 DE/LAB=LABORATORIES
 DE/NPH=NON-PARTICIPATING HOSPITAL
 FL/001=FLORIDA
 FL/FTM=FT. MYERS
 FL/GAI=GAINESVILLE
 FL/JAX=JACKSONVILLE
 FL/LAB=LABORATORIES
 FL/LAN=LANTANA
 FL/LAU=LAUDERHILL
 FL/MIA=MIAMI
 FL/NPH=NON-PARTICIPATING HOSPITAL
 FL/ORL=ORLANDO
 FL/PEN=PENSACOLA
 FL/STP=ST. PETERSBURG
 FL/TAL=TALLAHASSEE
 FL/TAM=TAMPA
 FM/001=FEDERATED STATES OF MICRO
 FM/NPH=NON-PARTICIPATING HOSPITAL
 FN/001=INTERNATIONAL
 FN/LAB=LABORATORIES
 FN/NPH=NON-PARTICIPATING HOSPITAL
 GA/001=GEORGIA

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 17
 Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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GA/GAA=GEORGIA ALL				
GA/GAC=GEORGIA CENTRAL				
GA/GAE=GEORGIA EASTERN				
GA/GAN=GEORGIA NORTH				
GA/GAS=GEORGIA SOUTH				
GA/GAW=GEORGIA WESTERN				
GA/LAB=LABORATORIES				
GA/NPH=NON-PARTICIPATING HOSPITAL				
GU/001=GUAM				
GU/LAB=LABORATORIES				
GU/NPH=NON-PARTICIPATING HOSPITAL				
HI/001=HAWAII				
HI/LAB=LABORATORIES				
HI/NPH=NON-PARTICIPATING HOSPITAL				
IA/001=IOWA				
IA/LAB=LABORATORIES				
IA/NPH=NON-PARTICIPATING HOSPITAL				
ID/001=IDAHO				
ID/LAB=LABORATORIES				
ID/NPH=NON-PARTICIPATING HOSPITAL				
IL/001=ILLINOIS				

IL/LAB=LABORATORIES
 IL/NPH=NON-PARTICIPATING HOSPITAL
 IN/001=INDIANA
 IN/LAB=LABORATORIES
 IN/NPH=NON-PARTICIPATING HOSPITAL
 KS/001=KANSAS
 KS/KCK=KANSAS CITY
 KS/KDH=KDHE
 KS/LAB=LABORATORIES
 KS/LAW=LAWRENCE
 KS/NC=NORTH CENTRAL KANSAS
 KS/NE=NORTH EAST KANSAS
 KS/NPH=NON-PARTICIPATING HOSPITAL
 KS/NW=NORTH WEST KANSAS
 KS/SC=SOUTH CENTRAL KANSAS
 KS/SE=SOUTH EAST KANSAS
 KS/SW=SOUTH WEST KANSAS
 KS/WST=WEST
 KY/2C1=HOPKINSVILLE
 KY/2C2=LOUISVILLE
 KY/2C3=LONDON
 KY/2C4=LEXINGTON
 KY/LAB=LABORATORIES
 KY/NPH=NON-PARTICIPATING HOSPITAL
 LA/001=LOUISIANA
 LA/LA1=NEW ORLEANS
 LA/LA2=MANDEVILLE
 LA/LA3=LAFAYETTE
 LA/LA4=MONROE
 LA/LA5=SHREVEPORT
 LA/LA6=ALEXANDRIA
 LA/LAB=LABORATORIES
 LA/LB1=CLIA NEW ORLEANS
 LA/LB5=CLIA SHREVEPORT
 LA/LB6=CLIA ALEXANDRIA
 LA/NPH=NON-PARTICIPATING HOSPITAL
 MA/001=MASSACHUSETTS
 MA/LAB=LABORATORIES
 MA/NPH=NON-PARTICIPATING HOSPITAL
 MD/001=MARYLAND
 MD/LAB=LABORATORIES
 MD/NPH=NON-PARTICIPATING HOSPITAL
 ME/001=MAINE

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 18
 Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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ME/LAB=LABORATORIES
 ME/NPH=NON-PARTICIPATING HOSPITAL
 MH/001=MARSHALL ISLANDS
 MH/NPH=NON-PARTICIPATING HOSPITAL

MI/001=MICHIGAN
MI/LAB=LABORATORIES
MI/NPH=NON-PARTICIPATING HOSPITAL
MN/001=MINNESOTA
MN/LAB=LABORATORIES
MN/NPH=NON-PARTICIPATING HOSPITAL
MO/001=MISSOURI
MO/01=REGION01
MO/02=REGION02
MO/03=REGION 03
MO/04=REGION 04
MO/05=REGION 05
MO/06=REGION 06
MO/07=REGION 07
MO/1NH=REGION 1 NH
MO/2NH=REGION 2 NH
MO/3NH=REGION 3 NH
MO/4NH=REGION 4 NH
MO/5NH=REGION 5 NH
MO/6NH=REGION 6 NH
MO/7NH=REGION 7 NH
MO/LAB=LABORATORIES
MO/MO=STATEWIDE
MO/NPH=NON-PARTICIPATING HOSPITAL
MP/001=NORTHERN MARIANA ISLANDS
MP/LAB=LABORATORIES
MP/NPH=NON-PARTICIPATING HOSPITAL
MS/001=MISSISSIPPI
MS/LAB=LABORATORIES
MS/NPH=NON-PARTICIPATING HOSPITAL
MT/001=MONTANA
MT/LAB=LABORATORIES
MT/NPH=NON-PARTICIPATING HOSPITAL
MX/001=MEXICO
MX/LAB=LABORATORY
MX/NPH=NON-PARTICIPATING HOSPITAL
NC/001=NORTH CAROLINA
NC/LAB=LABORATORIES
NC/NCC=NORTH CAROLINA CENTRAL
NC/NCE=NORTH CAROLINA EAST
NC/NCN=NORTH CAROLINA NORTH
NC/NCS=NORTH CAROLINA SOUTH
NC/NCW=NORTH CAROLINA WEST
NC/NPH=NON-PARTICIPATING HOSPITAL
ND/001=NORTH DAKOTA
ND/LAB=LABORATORIES
ND/NPH=NON-PARTICIPATING HOSPITAL
NE/001=NEBRASKA
NE/1=NORTH CENTRAL
NE/2=CENTRAL
NE/3=NORTHEAST
NE/4=SOUTHEAST
NE/5=WESTERN
NE/LAB=LABORATORIES

NE/NPH=NON-PARTICIPATING HOSPITAL
NH/001=NEW HAMPSHIRE
NH/LAB=LABORATORIES
NH/NPH=NON-PARTICIPATING HOSPITAL
NJ/001=NEW JERSEY
NJ/LAB=LABORATORIES

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 19
Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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NJ/NPH=NON-PARTICIPATING HOSPITAL				
NM/001=NEW MEXICO				
NM/LAB=LABORATORIES				
NM/NPH=NON-PARTICIPATING HOSPITAL				
NV/001=NEVADA				
NV/CC=CARSON CITY				
NV/LAB=LABORATORIES				
NV/LV=LAS VEGAS				
NV/NPH=NON-PARTICIPATING HOSPITAL				
NY/001=BUFFALO				
NY/002=ROCHESTER				
NY/003=SYRACUSE				
NY/004=ALBANY				
NY/005=NEW ROCHELLE				
NY/006=NEW YORK CITY				
NY/007=SUFFOLK/NASSAU COUNTY				
NY/LAB=LABORATORIES				
NY/NPH=NON-PARTICIPATING HOSPITAL				
OH/001=OHIO				
OH/LAB=LABORATORIES				
OH/NPH=NON-PARTICIPATING HOSPITAL				
OK/001=OKLAHOMA				
OK/LAB=LABORATORIES				
OK/NPH=NON-PARTICIPATING HOSPITAL				
OR/001=OFFICE #1				
OR/002=OFFICE #2				
OR/003=OFFICE #3				
OR/LAB=LABORATORIES				
OR/NPH=NON-PARTICIPATING HOSPITAL				
PA/001=PENNSYLVANIA				
PA/LAB=LABORATORIES				
PA/NPH=NON-PARTICIPATING HOSPITAL				
PR/001=PUERTO RICO				
PR/LAB=LABORATORIES				
PR/NPH=NON-PARTICIPATING HOSPITAL				
PW/001=PALAU				
PW/NPH=NON-PARTICIPATING HOSPITAL				
RI/001=RHODE ISLAND				
RI/LAB=LABORATORIES				
RI/NPH=NON-PARTICIPATING HOSPITAL				
SC/001=SOUTH CAROLINA				

SC/LAB=LABORATORIES
 SC/NPH=NON-PARTICIPATING HOSPITAL
 SD/001=SOUTH DAKOTA
 SD/LAB=LABORATORIES
 SD/NPH=NON-PARTICIPATING HOSPITAL
 TN/001=TENNESSEE
 TN/LAB=LABORATORIES
 TN/NPH=NON-PARTICIPATING HOSPITAL
 TN/TNC=TENNESSEE COOKEVILLE
 TN/TNE=TENNESSEE EASTERN
 TN/TNM=TENNESSEE MIDDLE
 TN/TNW=TENNESSEE WESTERN
 TX/001=TEXAS
 TX/L01=AMARILLO-LTC
 TX/L02=ABILENE-LTC
 TX/L03=ARLINGTON-LTC
 TX/L04=TYLER-LTC
 TX/L05=TEMPLE-LTC
 TX/L06=HOUSTON-LTC
 TX/L07=SAN ANTONIO-LTC
 TX/LAB=LABORATORIES
 TX/NPH=NON-PARTICIPATING HOSPITAL
 TX/TX1=LUBBOCK

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 20
 Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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TX/TX2=ARLINGTON				
TX/TX3=SAN ANTONIO				
TX/TX4=HOUSTON				
TX/TX5=TYLER				
TX/TX6=AUSTIN				
UT/001=UTAH				
UT/LAB=LABORATORIES				
UT/NPH=NON-PARTICIPATING HOSPITAL				
VA/001=VIRGINIA				
VA/LAB=LABORATORIES				
VA/NPH=NON-PARTICIPATING HOSPITAL				
VI/001=VIRGIN ISLANDS				
VI/LAB=LABORATORIES				
VI/NPH=NON-PARTICIPATING HOSPITAL				
VT/001=VERMONT				
VT/LAB=LABORATORIES				
VT/NPH=NON-PARTICIPATING HOSPITAL				
WA/001=ALL OTHERS (NON-LTC FAC)				
WA/D1=SPOKANE & YAKIMA AREAS				
WA/D1A=District 1, Unit A				
WA/D1B=District 1, Unit B				
WA/D1C=District 1, Unit C				
WA/D1D=District 1, Unit D				
WA/D2=SPOKANE & SE				

WA/D2A=District 2, Unit A
 WA/D2B=District 2, Unit B
 WA/D2C=District 2, Unit C
 WA/D2D=District 2, Unit D
 WA/D2E=District 2, Unit E
 WA/D2F=District 2, Unit F
 WA/D2G=District 2, Unit G
 WA/D2H=District 2, Unit H
 WA/D3=NW WASHINGTON
 WA/D3A=District 3, Unit A
 WA/D3B=District 3, Unit B
 WA/D3C=District 3, Unit C
 WA/D3D=District 3, Unit D
 WA/D3E=District 3, Unit E
 WA/D4A=GREATER SEATTLE AREA
 WA/D4B=S KING COUNTY
 WA/D5A=PIERCE CTY & PENINSULA
 WA/D5B=PIERCE CTY & GRAYS HARBOR
 WA/D6=OLYMPIA AREA
 WA/LAB=LABORATORIES
 WA/NPH=NON-PARTICIPATING HOSPITAL
 WI/001=WISCONSIN
 WI/LAB=LABORATORIES
 WI/NPH=NON-PARTICIPATING HOSPITAL
 WV/001=WEST VIRGINIA
 WV/LAB=LABORATORIES
 WV/NPH=NON-PARTICIPATING HOSPITAL
 WY/001=WYOMING
 WY/LAB=LABORATORIES
 WY/NPH=NON-PARTICIPATING HOSPITAL

Address: Street 50 178 227 VARCHAR2
 Description: Street address where the provider is located.
 SAS Name: ST_ADR
 COBOL Name: ST-ADR

Telephone Number 10 228 237 VARCHAR2
 Description: Telephone number of the provider.
 SAS Name: PHNE_NUM
 COBOL Name: PHNE-NUM

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 21
 Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Termination Code 2 238 239 VARCHAR2
 Description: Indicates the current termination status for the provider.
 SAS Name: PGM_TRMNTN_CD
 COBOL Name: PGM-TRMNTN-CD
 VALUES: 00=ACTIVE PROVIDER

01=VOLUNTARY-MERGER, CLOSURE
02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT
03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION
04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL
05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ
06=INVOLUNTARY-FAILURE TO MEET AGREEMENT
07=OTHER-PROVIDER STATUS CHANGE
08=NONPAYMENT OF FEES - CLIA Only
09=REV/UNSUCCESSFUL PARTICIPATION IN PT - CLIA Only
10=REV/OTHER REASON - CLIA Only
11=INCOMPLETE CLIA APPLICATION INFORMATION - CLIA Only
12=NO LONGER PERFORMING TESTS - CLIA Only
13=MULTIPLE TO SINGLE SITE CERTIFICATE - CLIA Only
14=SHARED LABORATORY - CLIA Only
15=FAILURE TO RENEW WAIVER PPM CERTIFICATE - CLIA Only
16=DUPLICATE CLIA NUMBER - CLIA Only
17=MAIL RETURNED NO FORWARD ADDRESS CERT ENDED - CLIA Only
20=NOTIFICATION BANKRUPTCY - CLIA Only
33=ACCREDITATION NOT CONFIRMED - CLIA Only
80=AWAITING STATE APPROVAL
99=OIG ACTION - DO NOT ACTIVATE - CLIA Only

Termination or Expiration Date	8	240	247	DATE
Description: Date the provider was terminated. For CLIA providers, date the laboratory's certificate was terminated or the expiration date of the current CLIA certificate.				
SAS Name:	TRMNTN_EXPRTN_DT			
COBOL Name:	TRMNTN-EXPRTN-DT			

Type of Action Code	1	248	248	VARCHAR2
Description:	Identifies the reason for the certification. Type of action from the official survey record, CMS 1539 form.			
SAS Name:	CRTFCTN_ACTN_TYPE_CD			
COBOL Name:	CRTFCTN-ACTN-TYPE-CD			
VALUES:	1=INITIAL 2=RECERTIFICATION 3=TERMINATION 4=CHANGE OF OWNERSHIP 5=VALIDATION 8=FULL SURVEY AFTER COMPLAINT			

Ownership Type Code 2 249 250 VARCHAR2
Description: Indicates the ownership type of the provider.
SAS Name: GNRL_CNTL_TYPE_CD
COBOL Name: GNRL-CNTL-TYPE-CD
VALUES: 01=CHURCH
02=PRIVATE (NOT FOR PROFIT)
03=OTHER (SPECIFY)
04=PRIVATE (FOR PROFIT)
05=FEDERAL
06=STATE
07=LOCAL
08=HOSPITAL DISTRICT OR AUTHORITY
09=PHYSICIAN OWNERSHIP

10=TRIBAL

Address: ZIP Code	5	251	255	VARCHAR2
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Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Description: Five-digit ZIP code for a provider's physical address.
SAS Name: ZIP_CD
COBOL Name: ZIP-CD

FIPS State Code	2	256	257	VARCHAR2
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Description: FIPS State Code
SAS Name: FIPS_STATE_CD
COBOL Name: FIPS-STATE-CD
VALUES: 01=ALABAMA
02=ALASKA
04=ARIZONA
05=ARKANSAS
06=CALIFORNIA
08=COLORADO
09=CONNECTICUT
10=DELAWARE
11=DISTRICT OF COLUMBIA
12=FLORIDA
13=GEORGIA
15=HAWAII
16=IDAHO
17=ILLINOIS
18=INDIANA
19=IOWA
20=KANSAS
21=KENTUCKY
22=LOUISIANA
23=MAINE
24=MARYLAND
25=MASSACHUSETTS
26=MICHIGAN
27=MINNESOTA
28=MISSISSIPPI
29=MISSOURI
30=MONTANA
31=NEBRASKA
32=NEVADA
33=NEW HAMPSHIRE
34=NEW JERSEY
35=NEW MEXICO
36=NEW YORK
37=NORTH CAROLINA
38=NORTH DAKOTA
39=OHIO

40=OKLAHOMA
 41=OREGON
 42=PENNSYLVANIA
 43=PUERTO RICO
 44=RHODE ISLAND
 45=SOUTH CAROLINA
 46=SOUTH DAKOTA
 47=TENNESSEE
 48=TEXAS
 49=UTAH
 50=VERMONT
 51=VIRGINIA
 53=WASHINGTON
 54=WEST VIRGINIA
 55=WISCONSIN
 56=WYOMING
 64=AMERICAN SAMOA
 65=GUAM
 66=SAIPAN/MARIANA IS.
 78=VIRGIN ISLANDS

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 23
 Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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FIPS County Code	3	258	260	VARCHAR2
Description: FIPS County Code				
SAS Name: FIPS_CNTY_CD				
COBOL Name: FIPS-CNTY-CD				

CBSA Urban Rural Indicator	1	261	261	VARCHAR2
Description: CBSA (Core Based Statistical Area) indicates whether the county is defined as Urban or Rural.				
SAS Name: CBSA_URBN_RRL_IND				
COBOL Name: CBSA-URBN-RRL-IND				

CBSA Code	5	262	266	VARCHAR2
Description: CBSA (Core Based Statistical Area) geographic entities defined by the U.S. Office of Management and Budget (OMB) on June 6, 2003 for use by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics. CBSA collectively refers to MSA.				
SAS Name: CBSA_CD				
COBOL Name: CBSA-CD				

Accreditation Effective Date	8	267	274	DATE
Description: Effective date of the period of accreditation associated with this certification.				
SAS Name: ACRDTN_EFCTV_DT				
COBOL Name: ACRDTN-EFCTV-DT				

Accreditation Expiration Date 8 275 282 DATE
Description: Expiration date of the period of accreditation associated with this certification.
SAS Name: ACRDTN_EXPRTN_DT
COBOL Name: ACRDTN-EXPRTN-DT

*Accreditation Type Code 1 283 283 VARCHAR2
Description: Indicates an accrediting organization deeming the provider. If a provider is deemed by multiple accrediting organizations then the accrediting organization with the earliest active deeming effective date is displayed in this field.
SAS Name: ACRDTN_TYPE_CD
COBOL Name: ACRDTN-TYPE-CD
VALUES: 0=NOT ACCREDITED
1=JC
2=AOA/HFAP
3=DNV GL
9=CIHQ

Affiliated Count: Ambulance Services 2 284 285 NUMBER
Description: Number of affiliated Medicare participating ambulance services.
SAS Name: TOT_AFLTD_AMBLNC_SRVC_CNT
COBOL Name: TOT-AFLTD-AMBLNC-SRVC-CNT

Affiliated Count: ASC 2 286 287 NUMBER
Description: Number of affiliated Medicare participating ambulatory surgery centers.
SAS Name: TOT_AFLTD_ASC_CNT
COBOL Name: TOT-AFLTD-ASC-CNT

Affiliated Count: Co-Located Hospital 2 288 289 NUMBER
Description: Number of affiliated Medicare participating co-located hospitals.
SAS Name: TOT_COLCTD_HOSP_CNT
COBOL Name: TOT-COLCTD-HOSP-CNT

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Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Affiliated Count: ESRD 2 290 291 NUMBER
Description: Number of affiliated Medicare participating end-stage renal disease units.
SAS Name: TOT_AFLTD_ESRD_CNT
COBOL Name: TOT-AFLTD-ESRD-CNT

Affiliated Count: FQHC 2 292 293 NUMBER
Description: Number of affiliated Medicare participating federally qualified health centers.

SAS Name: TOT_AFLTD_FQHC_CNT
COBOL Name: TOT-AFLTD-FQHC-CNT

Affiliated Count: HHA 2 294 295 NUMBER
Description: Number of affiliated Medicare participating home health agencies.

SAS Name: TOT_AFLTD_HHA_CNT
COBOL Name: TOT-AFLTD-HHA-CNT

Affiliated Count: Hospice 2 296 297 NUMBER
Description: Number of affiliated Medicare participating hospices.
SAS Name: TOT_AFLTD_HOSPC_CNT
COBOL Name: TOT-AFLTD-HOSPC-CNT

Affiliated Count: OPO 2 298 299 NUMBER
Description: Number of affiliated Medicare participating organ procurement organizations.
SAS Name: TOT_AFLTD_OPO_CNT
COBOL Name: TOT-AFLTD-OPO-CNT

Affiliated Count: PRTF 2 300 301 NUMBER
Description: Number of affiliated Medicare participating psychiatric residential treatment facilities.
SAS Name: TOT_AFLTD_PRTF_CNT
COBOL Name: TOT-AFLTD-PRTF-CNT

Affiliated Count: RHC 2 302 303 NUMBER
Description: Number of affiliated Medicare participating rural health centers.
SAS Name: TOT_AFLTD_RHC_CNT
COBOL Name: TOT-AFLTD-RHC-CNT

Affiliated Count: SNF 2 304 305 NUMBER
Description: Number of affiliated Medicare participating skilled nursing facilities.
SAS Name: TOT_AFLTD_SNF_CNT
COBOL Name: TOT-AFLTD-SNF-CNT

Affiliated Count: Total 2 306 307 NUMBER
Description: Number of affiliated providers.
SAS Name: AFLTD_PRVDR_CNT
COBOL Name: AFLTD-PRVDR-CNT

Affiliated Resident Program: Allopathic 1 308 308 VARCHAR2
Description: Indicates if the provider has an affiliated allopathic resident program.
SAS Name: RSDNT_PGM_ALPTHC_SW
COBOL Name: RSDNT-PGM-ALPTHC-SW

Affiliated Resident Program: Dental 1 309 309 VARCHAR2
Description: Indicates if the provider has an affiliated dental resident program.
SAS Name: RSDNT_PGM_DNTL_SW
COBOL Name: RSDNT-PGM-DNTL-SW

SHORT DESCRIPTION	LEN	START	END	TYPE
Affiliated Resident Program: Osteopathic	1	310	310	VARCHAR2
Description: Indicates if the provider has an affiliated osteopathic resident program.				
SAS Name: RSDNT_PGM_OSTPTHCSW				
COBOL Name: RSDNT-PGM-OSTPTHCSW				
Affiliated Resident Program: Other	1	311	311	VARCHAR2
Description: Indicates if the provider has any other affiliated resident program.				
SAS Name: RSDNT_PGM_OTHR_SW				
COBOL Name: RSDNT-PGM-OTHR-SW				
Affiliated Resident Program: Podiatric	1	312	312	VARCHAR2
Description: Indicates if the provider has an affiliated podiatric resident program.				
SAS Name: RSDNT_PGM_PDTRCSW				
COBOL Name: RSDNT-PGM-PDTRCSW				
Services: Pharmacy Code	1	314	314	CHAR
Description: Indicates how pharmaceutical services are provided.				
SAS Name: PHRMICY_SRVC_CD				
COBOL Name: PHRMICY-SRVC-CD				
VALUES: 0=NOT PROVIDED				
1=PROVIDED BY STAFF				
2=PROVIDED UNDER ARRANGEMENT				
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT				
Bed Count Override Indicator	1	325	325	CHAR
Description: Indicates if the regional office has approved a significant bed count change from the previous certification.				
SAS Name: OVRRD_BED_CNT_SW				
COBOL Name: OVRRD-BED-CNT-SW				
Bed Count: Certified	4	326	329	NUMBER
Description: Number of beds in Medicare and/or Medicaid certified areas within a facility.				
SAS Name: CRTFD_BED_CNT				
COBOL Name: CRTFD-BED-CNT				
Bed Count: Total	4	373	376	NUMBER
Description: Total number of beds in a provider, including those in non-participating or non-licensed areas.				
SAS Name: BED_CNT				
COBOL Name: BED-CNT				

CAH Psychiatric DPU Indicator 1 381 381 VARCHAR2
Description: Indicates if a Critical Access Hospital has a psychiatric
Prospective Payment System-excluded distinct part unit.
SAS Name: CAH_PSYCH_DPU_SW
COBOL Name: CAH-PSYCH-DPU-SW

CAH Rehabilitation DPU Indicator 1 382 382 VARCHAR2
Description: Indicates if a Critical Access Hospital rehabilitation
unit has a Prospective Payment System-excluded distinct
part unit.
SAS Name: CAH_REHAB_DPU_SW
COBOL Name: CAH-REHAB-DPU-SW

CAH Swing Bed Indicator 1 383 383 VARCHAR2
Description: Indicates if a Critical Access Hospital has been approved
to provide nursing home and/or hospital services.
SAS Name: CAH_SB_SW

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Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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COBOL Name: CAH-SB-SW

Cardiac Catheterization Procedure Room Count 4 384 387 NUMBER
Description: Number of cardiac catheterization procedure rooms.
SAS Name: CRDC_CTHRTZTN_PRCDR_ROOMS_CNT
COBOL Name: CRDC-CTHRTZTN-PRCDR-ROOMS-CNT

Category-specific Facility Type Code 2 388 389 VARCHAR2
Description: Indicates the category-specific facility type code, for
certain provider categories only.
SAS Name: GNRL_FAC_TYPE_CD
COBOL Name: GNRL-FAC-TYPE-CD
VALUES: 01=Short - Term
02=Long - Term
03=Religious Non-Medical Health Care Institution
04=Psychiatric
05=Rehabilitation
06=Childrens
07=Distinct Part Psychiatric Hospital
11=Critical Access Hospitals

CLIA ID Number 1 10 391 400 CHAR
Description: CLIA ID number 1
SAS Name: CLIA_ID_NUMBER_1
COBOL Name: CLIA-ID-NUMBER-1

CLIA ID Number 2 10 401 410 CHAR
Description: CLIA ID number 2
SAS Name: CLIA_ID_NUMBER_2
COBOL Name: CLIA-ID-NUMBER-2

CLIA ID Number 3 10 411 420 CHAR

Description: CLIA ID number 3

SAS Name: CLIA_ID_NUMBER_3

COBOL Name: CLIA-ID-NUMBER-3

CLIA ID Number 4 10 421 430 CHAR

Description: CLIA ID number 4

SAS Name: CLIA_ID_NUMBER_4

COBOL Name: CLIA-ID-NUMBER-4

CLIA ID Number 5 10 431 440 CHAR

Description: CLIA ID number 5

SAS Name: CLIA_ID_NUMBER_5

COBOL Name: CLIA-ID-NUMBER-5

Co-Location Indicator 1 441 441 VARCHAR2

Description: Indicates if the facility shares a location with another hospital.

SAS Name: COLCTN_STUS_SW

COBOL Name: COLCTN-STUS-SW

Compliance: 24-Hour RN Waiver Indicator 1 442 442 CHAR

Description: Indicates if a waiver of the 24-hour registered nurse staffing requirements has been recommended for a Skilled Nursing Facility or Nursing Facility.

SAS Name: RN_24_HR_WVR_SW

COBOL Name: RN-24-HR-WVR-SW

Compliance: LSC Waiver Indicator 1 445 445 CHAR

Description: Indicates if a waiver of any life safety code provision has been recommended for a provider.

SAS Name: LSC_WVR_SW

COBOL Name: LSC-WVR-SW

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Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

Endoscopy Procedure Room Count 4 447 450 NUMBER

Description: Number of endoscopy procedure rooms.

SAS Name: ENDSCPY_PRCDR_ROOMS_CNT

COBOL Name: ENDSCPY-PRCDR-ROOMS-CNT

Fax Phone Number 10 454 463 VARCHAR2

Description: 10-digit fax phone number of the primary contact or the operator of the provider.

SAS Name: FAX_PHNE_NUM

COBOL Name: FAX-PHNE-NUM

Fiscal Year End Date (MMDD) 4 464 467 VARCHAR2

Description: End date, consisting of the month and day, of the provider's fiscal year.

SAS Name: FY_END_MO_DAY_CD

COBOL Name: FY-END-MO-DAY-CD

Medical School Affiliation Code 1 495 495 VARCHAR2

Description: Type of affiliation that a hospital has with a medical school.

SAS Name: MDCL_SCHL_AFLT_N_CD

COBOL Name: MDCL-SCHL-AFLT_N-CD

VALUES: 1=MAJOR

2=LIMITED

3=GRADUATE

4=NO AFFILIATION

Medicare or Medicaid Participating Provider Indicator 1 506 506 VARCHAR2

Description: Indicates if a provider is participating in the Medicaid or Medicare or both programs.

SAS Name: MDCD_MDCR_PRTCPTG_PRVDR_SW

COBOL Name: MDCD-MDCR-PRTCPTG-PRVDR-SW

Necessary Provider Designation Date 8 552 559 DATE

Description: Date the provider was designated as a Necessary Provider.

SAS Name: NCRY_PRVDR_DSGNTD_DT

COBOL Name: NCRY-PRVDR-DSGNTD-DT

Necessary Provider Indicator 1 560 560 VARCHAR2

Description: Indicates if the provider is designated as Necessary Provider.

SAS Name: NCRY_PRVDR_DSGNTD_AS_SW

COBOL Name: NCRY-PRVDR-DSGNTD-AS-SW

Necessary Provider Lost Designation Date 8 561 568 DATE

Description: Date the provider lost designation as a Necessary Provider.

SAS Name: NCRY_PRVDR_LOST_DT

COBOL Name: NCRY-PRVDR-LOST-DT

Non-Participating Hospital Meets 1861(e) Indicator 1 569 569 VARCHAR2

Description: Indicates if a non-participating emergency hospital meets the definition of 'hospital' contained in Section 1861(e) of the Social Security Act.

SAS Name: MEET_1861_SW

COBOL Name: MEET-1861-SW

Non-Participating Hospital Type Code 1 570 570 VARCHAR2

Description: Indicates if a non-participating hospital is classified as a federal hospital or an emergency non-federal hospital.

SAS Name: NPP_TYPE_CD

COBOL Name: NPP-TYPE-CD

Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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VALUES: E=Non-Participating Emergency Hospital
F=Non-Participating Federal Hospital

Off-Site Count: Cancer Hospital Satellites 4 571 574 NUMBER

Description: Number of off-site satellites of a cancer hospital.

SAS Name: TOT_OFSITE_CNCR_HOSP_CNT

COBOL Name: TOT-OFSITE-CNCR-HOSP-CNT

Off-Site Count: Childrens Hospital Satellites 4 575 578 NUMBER

Description: Number of off-site satellites of a children's hospital.

SAS Name: TOT_OFSITE_CHLDRN_HOSP_CNT

COBOL Name: TOT-OFSITE-CHLDRN-HOSP-CNT

Off-Site Count: Emergency Departments 4 579 582 NUMBER

Description: Number of off-site emergency departments.

SAS Name: TOT_OFSITE_EMER_DEPT_CNT

COBOL Name: TOT-OFSITE-EMER-DEPT-CNT

Off-Site Count: Inpatient Remote Locations 4 583 586 NUMBER

Description: Number of inpatient remote locations.

SAS Name: TOT_OFSITE_INPTNT_LCTN_CNT

COBOL Name: TOT-OFSITE-INPTNT-LCTN-CNT

Off-Site Count: LTC Hospital Satellites 4 587 590 NUMBER

Description: Number of off-site satellites of a long term care hospital.

SAS Name: TOT_OFSITE_LTC_HOSP_CNT

COBOL Name: TOT-OFSITE-LTC-HOSP-CNT

Off-Site Count: Ophthalmic Surgery Units 4 591 594 NUMBER

Description: Number of off-site ophthalmic surgery units.

SAS Name: TOT_OFSITE_OPHTLMC_SRGRY_CNT

COBOL Name: TOT-OFSITE-OPHTLMC-SRGRY-CNT

Off-Site Count: Other Locations 4 595 598 NUMBER

Description: Number of other off-site locations.

SAS Name: TOT_OFSITE_OTHR_LCTN_CNT

COBOL Name: TOT-OFSITE-OTHR-LCTN-CNT

Off-Site Count: Psychiatric Hospitals 4 599 602 NUMBER

Description: Number of off-site psychiatric hospitals.

SAS Name: TOT_OFSITE_PSYCH_HOSP_CNT

COBOL Name: TOT-OFSITE-PSYCH-HOSP-CNT

Off-Site Count: Psychiatric Units 4 603 606 NUMBER

Description: Number of off-site psychiatric units.

SAS Name: TOT_OFSITE_PSYCH_UNIT_CNT

COBOL Name: TOT-OFSITE-PSYCH-UNIT-CNT

Off-Site Count: Rehabilitation Hospitals 4 607 610 NUMBER

Description: Number of off-site rehabilitation hospitals.
SAS Name: TOT_OFSITE_REHAB_HOSP_CNT
COBOL Name: TOT-OFSITE-REHAB-HOSP-CNT

Off-Site Count: Rehabilitation Units 4 611 614 NUMBER
Description: Number of off-site rehabilitation units.
SAS Name: TOT_OFSITE_REHAB_UNIT_CNT
COBOL Name: TOT-OFSITE-REHAB-UNIT-CNT

Off-Site Count: Urgent Care Centers 4 615 618 NUMBER
Description: Number of off-site urgent care centers.
SAS Name: TOT_OFSITE_URGNT_CARE_CNTR_CNT
COBOL Name: TOT-OFSITE-URGNT-CARE-CNTR-CNT

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SHORT DESCRIPTION	LEN	START	END	TYPE
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Off-Site Location Count	3	619	621	NUMBER
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Description: Number of off-site locations.
SAS Name: OFSITE_LCTN_CNT
COBOL Name: OFSITE-LCTN-CNT

Operating Room Count	4	622	625	NUMBER
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Description: Number of operating rooms in an ambulatory surgical center.
SAS Name: OPRTG_ROOM_CNT
COBOL Name: OPRTG-ROOM-CNT

Program Participation Code	1	640	640	CHAR
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Description: Indicates if the provider participates in Medicare, Medicaid, or both programs.
SAS Name: PGM_PRTCPTN_CD
COBOL Name: PGM-PRTCPTN-CD
VALUES: 1=MEDICARE ONLY
2=MEDICAID ONLY
3=MEDICARE AND MEDICAID

Province Code	2	642	643	VARCHAR2
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Description: Canadian province where a non-participating emergency hospital is located.
SAS Name: PRVNC_CD
COBOL Name: PRVNC-CD
VALUES: AB=ALBERTA
BC=BRITISH COLUMBIA
LB=LABRADOR
MB=MANITOBA
NB=NEW BRUNSWICK
NF=NEWFOUNDLAND
NS=NOVA SCOTIA
NT=NORTHWEST TERRITORIES

ON=ONTARIO
PE=PRINCE EDWARD ISLAND
PQ=QUEBEC
SK=SASKATCHEWAN
YT=YUKON TERRITORY

Psychiatric Unit Bed Count 3 644 646 NUMBER
Description: Number of beds in a Prospective Payment System (PPS)
 -exempt psychiatric unit of a hospital.
SAS Name: PSYCH_UNIT_BED_CNT
COBOL Name: PSYCH-UNIT-BED-CNT

Psychiatric Unit Effective Date 8 647 654 DATE
Description: Date a psychiatric unit of a hospital became exempt from
 the Prospective Payment System (PPS).
SAS Name: PSYCH_UNIT_EFCTV_DT
COBOL Name: PSYCH-UNIT-EFCTV-DT

Psychiatric Unit Indicator 1 655 655 VARCHAR2
Description: Indicates if a hospital has a Prospective Payment System
 (PPS) -exempt psychiatric unit.
SAS Name: PSYCH_UNIT_SW
COBOL Name: PSYCH-UNIT-SW

Psychiatric Unit Termination Code 1 656 656 VARCHAR2
Description: Indicates the reason that a psychiatric unit of a
 hospital is no longer exempt from Prospective Payment
 System (PPS).
SAS Name: PSYCH_UNIT_TRMNTN_CD
COBOL Name: PSYCH-UNIT-TRMNTN-CD
VALUES: 0=ACTIVE

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 30
 Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
1=VOLUNTARY-MERGER OR CLOSURE				
2=VOLUNTARY-DISSATISFIED WITH REIMBURSEMENT				
3=RISK OF INVOLUNTARY TERMINATION				
4=VOLUNTARY-OTHER				
5=FAILURE TO MEET HEALTH/SAFETY				
6=FAILURE TO MEET AGREEMENT				
7=PROVIDER STATUS CHANGE				

Psychiatric Unit Termination Date 8 657 664 DATE
Description: Date a psychiatric unit of a hospital is no longer exempt
 from the Prospective Payment System (PPS).
SAS Name: PSYCH_UNIT_TRMNTN_DT
COBOL Name: PSYCH-UNIT-TRMNTN-DT

Rehabilitation Unit Bed Count 3 665 667 NUMBER
Description: Number of beds in a Prospective Payment System (PPS)

-exempt rehabilitation unit of a hospital.

SAS Name: REHAB_UNIT_BED_CNT

COBOL Name: REHAB-UNIT-BED-CNT

Rehabilitation Unit Effective Date 8 668 675 DATE

Description: Date a rehabilitation unit of a hospital became exempt from the Prospective Payment System (PPS).

SAS Name: REHAB_UNIT_EFCTV_DT

COBOL Name: REHAB-UNIT-EFCTV-DT

Rehabilitation Unit Indicator 1 676 676 VARCHAR2

Description: Indicates if a hospital has a Prospective Payment System (PPS) -exempt rehabilitation unit.

SAS Name: REHAB_UNIT_SW

COBOL Name: REHAB-UNIT-SW

Rehabilitation Unit Termination Code 1 677 677 VARCHAR2

Description: Indicates the reason that a rehabilitation unit hospital is no longer exempt from Prospective Payment System (PPS).

SAS Name: REHAB_UNIT_TRMNTN_CD

COBOL Name: REHAB-UNIT-TRMNTN-CD

VALUES: 0=ACTIVE

1=VOLUNTARY-MERGER OR CLOSURE

2=VOLUNTARY-DISSATISFIED WITH REIMBURSEMENT

3=RISK OF INVOLUNTARY TERMINATION

4=VOLUNTARY-OTHER

5=FAILURE TO MEET HEALTH/SAFETY

6=FAILURE TO MEET AGREEMENT

7=PROVIDER STATUS CHANGE

Rehabilitation Unit Termination Date 8 678 685 DATE

Description: Date a rehabilitation unit of a hospital is no longer exempt from the Prospective Payment System (PPS).

SAS Name: REHAB_UNIT_TRMNTN_DT

COBOL Name: REHAB-UNIT-TRMNTN-DT

Related Provider Number 10 686 695 CHAR

Description: Related provider number

SAS Name: RELATED_PROVIDER_NUMBER

COBOL Name: RELATED-PROVIDER-NUMBER

Services: Acute Renal Dialysis Code 1 696 696 VARCHAR2

Description: Indicates how acute renal dialysis services are provided.

SAS Name: ACUTE_RNL_DLYS_SRVC_CD

COBOL Name: ACUTE-RNL-DLYS-SRVC-CD

VALUES: 0=NOT PROVIDED

1=PROVIDED BY STAFF

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POS RECORD LAYOUT

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Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

2=PROVIDED UNDER ARRANGEMENT
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Adult Inpatient Psychiatric Code 1 697 697 VARCHAR2

Description: Indicates how adult inpatient psychiatric services are provided.

SAS Name: PSYCH_SRVC_CD

COBOL Name: PSYCH-SRVC-CD

VALUES: 0=NOT PROVIDED

1=PROVIDED BY STAFF

2=PROVIDED UNDER ARRANGEMENT

3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Alcohol and/or Drug Code 1 699 699 VARCHAR2

Description: Indicates how alcohol and/or drug services are provided.

SAS Name: ALCHL_DRUG_SRVC_CD

COBOL Name: ALCHL-DRUG-SRVC-CD

VALUES: 0=NOT PROVIDED

1=PROVIDED BY STAFF

2=PROVIDED UNDER ARRANGEMENT

3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Anesthesia Code 1 700 700 VARCHAR2

Description: Indicates how anesthesia services are provided.

SAS Name: ANSTHSA_SRVC_CD

COBOL Name: ANSTHSA-SRVC-CD

VALUES: 0=NOT PROVIDED

1=PROVIDED BY STAFF

2=PROVIDED UNDER ARRANGEMENT

3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Audiology Code 1 702 702 VARCHAR2

Description: Indicates how audiology services are provided.

SAS Name: AUDLGY_SRVC_CD

COBOL Name: AUDLGY-SRVC-CD

VALUES: 0=NOT PROVIDED

1=PROVIDED BY STAFF

2=PROVIDED UNDER ARRANGEMENT

3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Burn Care Unit Code 1 706 706 VARCHAR2

Description: Indicates how burn care unit services are provided.

SAS Name: BURN_CARE_UNIT_SRVC_CD

COBOL Name: BURN-CARE-UNIT-SRVC-CD

VALUES: 0=NOT PROVIDED

1=PROVIDED BY STAFF

2=PROVIDED UNDER ARRANGEMENT

3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Cardiac Catheterization Lab Code 1 707 707 VARCHAR2

Description: Indicates how cardiac catheterization lab services are provided.

SAS Name: CRDC_CTHRTZTN_LAB_SRVC_CD

COBOL Name: CRDC-CTHRTZTN-LAB-SRVC-CD

VALUES: 0=NOT PROVIDED

1=PROVIDED BY STAFF

2=PROVIDED UNDER ARRANGEMENT

3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Cardiac Thoracic Surgery Code 1 708 708 VARCHAR2

Description: Indicates how cardiac thoracic surgery services are provided.

SAS Name: OPEN_HRT_SRGRY_SRVC_CD

COBOL Name: OPEN-HRT-SRGRY-SRVC-CD

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Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

VALUES: 0=NOT PROVIDED

1=PROVIDED BY STAFF

2=PROVIDED UNDER ARRANGEMENT

3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: CARF Inpatient Rehabilitation Code 1 709 709 VARCHAR2

Description: Indicates how Commission on Accreditation of Rehabilitation Facilities inpatient rehabilitation services are provided.

SAS Name: CARF_IP_REHAB_SRVC_CD

COBOL Name: CARF-IP-REHAB-SRVC-CD

VALUES: 0=NOT PROVIDED

1=PROVIDED BY STAFF

2=PROVIDED UNDER ARRANGEMENT

3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Chemotherapy Code 1 710 710 VARCHAR2

Description: Indicates how chemotherapy services are provided.

SAS Name: CHMTHRPY_SRVC_CD

COBOL Name: CHMTHRPY-SRVC-CD

VALUES: 0=NOT PROVIDED

1=PROVIDED BY STAFF

2=PROVIDED UNDER ARRANGEMENT

3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Chiropractic Code 1 711 711 VARCHAR2

Description: Indicates how chiropractic services are provided.

SAS Name: CHRPRCTIC_SRVC_CD

COBOL Name: CHRPRCTIC-SRVC-CD

VALUES: 0=NOT PROVIDED

1=PROVIDED BY STAFF

2=PROVIDED UNDER ARRANGEMENT

3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Clinical Laboratory Code 1 715 715 VARCHAR2

Description: Indicates how clinical laboratory services are provided.

SAS Name: CL_SRVC_CD
COBOL Name: CL-SRVC-CD
VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Coronary Care Unit Code 1 716 716 VARCHAR2
Description: Indicates how Coronary Care Unit services are provided.
SAS Name: CRNRY_CARE_UNIT_SRVC_CD
COBOL Name: CRNRY-CARE-UNIT-SRVC-CD
VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: CT Scan Code 1 718 718 VARCHAR2
Description: Indicates how CT scan services are provided.
SAS Name: CT_SCAN_SRVC_CD
COBOL Name: CT-SCAN-SRVC-CD
VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Dental Code 1 719 719 VARCHAR2
Description: Indicates how dental services are provided.
SAS Name: DNTL_SRVC_CD

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 33
Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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COBOL Name: DNTL-SRVC-CD
VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Designated Trauma Center Code 1 723 723 VARCHAR2
Description: Indicates how designated trauma center services are provided.
SAS Name: SHCK_TRMA_SRVC_CD
COBOL Name: SHCK-TRMA-SRVC-CD
VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Diagnostic Radiology Code 1 724 724 VARCHAR2
Description: Indicates how diagnostic radiology services are provided.
SAS Name: DGNSTC_RDLGY_SRVC_CD

COBOL Name: DGNSTC-RDLGY-SRVC-CD

VALUES: 0=NOT PROVIDED

1=PROVIDED BY STAFF

2=PROVIDED UNDER ARRANGEMENT

3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Dietary Code 1 725 725 VARCHAR2

Description: Indicates how dietary services are provided.

SAS Name: DTRY_SRVC_CD

COBOL Name: DTRY-SRVC-CD

VALUES: 0=NOT PROVIDED

1=PROVIDED BY STAFF

2=PROVIDED UNDER ARRANGEMENT

3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Emergency Department Code 1 729 729 VARCHAR2

Description: Indicates how dedicated emergency department services are provided.

SAS Name: DCTD_ER_SRVC_CD

COBOL Name: DCTD-ER-SRVC-CD

VALUES: 0=NOT PROVIDED

1=PROVIDED BY STAFF

2=PROVIDED UNDER ARRANGEMENT

3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Emergency Psychiatric Code 1 730 730 VARCHAR2

Description: Indicates how emergency psychiatric services are provided.

SAS Name: EMER_PSYCH_SRVC_CD

COBOL Name: EMER-PSYCH-SRVC-CD

VALUES: 0=NOT PROVIDED

1=PROVIDED BY STAFF

2=PROVIDED UNDER ARRANGEMENT

3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: ESWL Code 1 731 731 VARCHAR2

Description: Indicates how extracorporeal shockwave lithotripter services are provided.

SAS Name: XTRCRPRL_SHCK_LTHTRPTR_SRVC_CD

COBOL Name: XTRCRPRL-SHCK-LTHTRPTR-SRVC-CD

VALUES: 0=NOT PROVIDED

1=PROVIDED BY STAFF

2=PROVIDED UNDER ARRANGEMENT

3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 34
Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Services: Forensic Psychiatric Code 1 732 732 VARCHAR2

Description: Indicates how forensic psychiatric services are provided.

SAS Name: FRNSC_PSYCH_SRVC_CD
COBOL Name: FRNSC-PSYCH-SRVC-CD
VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Geriatric Psychiatric Code 1 733 733 VARCHAR2

Description: Indicates how geriatric psychiatric services are provided.

SAS Name: GRTRC_PSYCH_SRVC_CD
COBOL Name: GRTRC-PSYCH-SRVC-CD
VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Gerontological Specialty Code 1 734 734 VARCHAR2

Description: Indicates how gerontological specialty services are provided.

SAS Name: GRNTLGCL_SPCLTY_SRVC_CD
COBOL Name: GRNTLGCL-SPCLTY-SRVC-CD
VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Inpatient Surgical Code 1 741 741 VARCHAR2

Description: Indicates how inpatient surgical services are provided.

SAS Name: IP_SRGCL_SRVC_CD
COBOL Name: IP-SRGCL-SRVC-CD
VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Medical Surgical ICU Code 1 745 745 VARCHAR2

Description: Indicates how medical surgical intensive care unit services are provided.

SAS Name: ICU_SRVC_CD
COBOL Name: ICU-SRVC-CD
VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Medicare Certified Transplant Center Code 1 746 746 VARCHAR2

Description: Indicates how Medicare certified transplant center services are provided.

SAS Name: MDCR_TRNSPLNT_CNTR_SRVC_CD
COBOL Name: MDCR-TRANSPLNT-CNTR-SRVC-CD
VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT

3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: MRI Code 1 750 750 VARCHAR2
Description: Indicates how magnetic resonance imaging services are provided.
SAS Name: MGNTC_RSNC_IMG_SRVC_CD
COBOL Name: MGNTC-RSNC-IMG-SRVC-CD
VALUES: 0=NOT PROVIDED

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 35
Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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1=PROVIDED BY STAFF				
2=PROVIDED UNDER ARRANGEMENT				
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT				

Services: Neonatal ICU Code 1 751 751 VARCHAR2
Description: Indicates how neonatal intensive care unit services are provided.
SAS Name: NEONTL_ICU_SRVC_CD
COBOL Name: NEONTL-ICU-SRVC-CD
VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Neonatal Nursery Code 1 752 752 VARCHAR2
Description: Indicates how neonatal nursery services are provided.
SAS Name: NEONTL_NRSRY_SRVC_CD
COBOL Name: NEONTL-NRSRY-SRVC-CD
VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Neurosurgical Code 1 753 753 VARCHAR2
Description: Indicates how neurosurgical services are provided.
SAS Name: NRSRGCL_SRVC_CD
COBOL Name: NRSRGCL-SRVC-CD
VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Non-Medicare Organ Transplant Code 1 754 754 VARCHAR2
Description: Indicates how non-Medicare certified organ transplant services are provided.
SAS Name: ORGN_TRNSPLNT_SRVC_CD
COBOL Name: ORGN-TRNSPLNT-SRVC-CD
VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF

2=PROVIDED UNDER ARRANGEMENT
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Nuclear Medicine Code 1 755 755 VARCHAR2
Description: Indicates how nuclear medicine services are provided.
SAS Name: NUCLR_MDCN_SRVC_CD
COBOL Name: NUCLR-MDCN-SRVC-CD
VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Obstetrics Code 1 764 764 VARCHAR2
Description: Indicates how obstetrics services are provided.
SAS Name: OB_SRVC_CD
COBOL Name: OB-SRVC-CD
VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Ophthalmic Surgery Code 1 765 765 VARCHAR2
Description: Indicates how ophthalmic surgery services are provided.
SAS Name: OPHTLMC_SRGY_SRVC_CD
COBOL Name: OPHTLMC-SRGY-SRVC-CD

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 36
Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Optometric Code 1 766 766 VARCHAR2
Description: Indicates how optometric services are provided.
SAS Name: OPTMTRC_SRVC_CD
COBOL Name: OPTMTRC-SRVC-CD
VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: OR Code 1 767 767 VARCHAR2
Description: Indicates how operating room services are provided.
SAS Name: OPRTG_ROOM_SRVC_CD
COBOL Name: OPRTG-ROOM-SRVC-CD
VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Orthopedic Surgery Code 1 768 768 VARCHAR2
Description: Indicates how orthopedic surgery services are provided.
SAS Name: ORTHPDC_SRGY_SRVC_CD
COBOL Name: ORTHPDC-SRGY-SRVC-CD
VALUES: 0=NOT PROVIDED
 1=PROVIDED BY STAFF
 2=PROVIDED UNDER ARRANGEMENT
 3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: OT Code 1 775 775 CHAR
Description: Indicates how occupational therapy services are provided.
SAS Name: OT_SRVC_CD
COBOL Name: OT-SRVC-CD
VALUES: 0=NOT PROVIDED
 1=PROVIDED BY STAFF
 2=PROVIDED UNDER ARRANGEMENT
 3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Outpatient Code 1 780 780 VARCHAR2
Description: Indicates how outpatient services are provided.
SAS Name: OP_SRVC_CD
COBOL Name: OP-SRVC-CD
VALUES: 0=NOT PROVIDED
 1=PROVIDED BY STAFF
 2=PROVIDED UNDER ARRANGEMENT
 3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Outpatient Psychiatric Code 1 781 781 VARCHAR2
Description: Indicates how outpatient psychiatric services are
 provided.
SAS Name: OP_PSYCH_SRVC_CD
COBOL Name: OP-PSYCH-SRVC-CD
VALUES: 0=NOT PROVIDED
 1=PROVIDED BY STAFF
 2=PROVIDED UNDER ARRANGEMENT
 3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Outpatient Rehabilitation Code 1 782 782 VARCHAR2
Description: Indicates how outpatient rehabilitation services are
 provided.
SAS Name: OP_REHAB_SRVC_CD

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 37
Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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COBOL Name: OP-REHAB-SRVC-CD				
VALUES: 0=NOT PROVIDED				
1=PROVIDED BY STAFF				
2=PROVIDED UNDER ARRANGEMENT				
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT				

Services: Outpatient Surgery Code 1 783 783 VARCHAR2
Description: Indicates how outpatient surgery services are provided.
SAS Name: OP_SRGRY_UNIT_SRVC_CD
COBOL Name: OP-SRGRY-UNIT-SRVC-CD
VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Pediatric Code 1 784 784 VARCHAR2
Description: Indicates how pediatric services are provided.
SAS Name: PED_SRVC_CD
COBOL Name: PED-SRVC-CD
VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Pediatric ICU Code 1 785 785 VARCHAR2
Description: Indicates how pediatric ICU services are provided.
SAS Name: PED_ICU_SRVC_CD
COBOL Name: PED-ICU-SRVC-CD
VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: PET Scan Code 1 788 788 VARCHAR2
Description: Indicates how Positron Emissions Tomography scan services are provided.
SAS Name: PET_SCAN_SRVC_CD
COBOL Name: PET-SCAN-SRVC-CD
VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Postoperative Recovery Room Code 1 805 805 VARCHAR2
Description: Indicates how postoperative recovery room services are provided.
SAS Name: PSTOPRTV_RCVRY_SRVC_CD
COBOL Name: PSTOPRTV-RCVRY-SRVC-CD
VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Psychiatric Child and/or Adolescent Code 1 806 806 VARCHAR2
Description: Indicates how child and/or adolescent psychiatric services are provided.
SAS Name: CHLD_ADLSCNT_PSYCH_SRVC_CD
COBOL Name: CHLD-ADLSCNT-PSYCH-SRVC-CD
VALUES: 0=NOT PROVIDED

1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: PT Code 1 813 813 CHAR

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 38
Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

Description: Indicates how physical therapy services are provided.

SAS Name: PT_SRVC_CD

COBOL Name: PT-SRVC-CD

VALUES: 0=NOT PROVIDED

1=PROVIDED BY STAFF

2=PROVIDED UNDER ARRANGEMENT

3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Reconstructive Surgery Code 1 817 817 VARCHAR2

Description: Indicates how reconstructive surgery services are provided.

SAS Name: RCNSTRCTN_SRGY_SRVC_CD

COBOL Name: RCNSTRCTN-SRGY-SRVC-CD

VALUES: 0=NOT PROVIDED

1=PROVIDED BY STAFF

2=PROVIDED UNDER ARRANGEMENT

3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Respiratory Care Code 1 821 821 VARCHAR2

Description: Indicates how respiratory care services are provided.

SAS Name: RSPRTRY_CARE_SRVC_CD

COBOL Name: RSPRTRY-CARE-SRVC-CD

VALUES: 0=NOT PROVIDED

1=PROVIDED BY STAFF

2=PROVIDED UNDER ARRANGEMENT

3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Social Code 1 826 826 VARCHAR2

Description: Indicates how social services are provided.

SAS Name: SCL_SRVC_CD

COBOL Name: SCL-SRVC-CD

VALUES: 0=NOT PROVIDED

1=PROVIDED BY STAFF

2=PROVIDED UNDER ARRANGEMENT

3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Speech Pathology Code 1 833 833 CHAR

Description: Indicates how speech pathology services are provided.

SAS Name: SPCH_PTHLGY_SRVC_CD

COBOL Name: SPCH-PTHLGY-SRVC-CD

VALUES: 0=NOT PROVIDED

1=PROVIDED BY STAFF

2=PROVIDED UNDER ARRANGEMENT
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Surgical ICU Code 1 838 838 VARCHAR2

Description: Indicates how surgical intensive care unit services are provided.

SAS Name: SRGCL_ICU_SRVC_CD

COBOL Name: SRGCL-ICU-SRVC-CD

VALUES: 0=NOT PROVIDED

1=PROVIDED BY STAFF

2=PROVIDED UNDER ARRANGEMENT

3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Therapeutic Radiology Code 1 848 848 VARCHAR2

Description: Indicates how therapeutic radiology services are provided.

SAS Name: THRPTC_RDLGY_SRVC_CD

COBOL Name: THRPTC-RDLGY-SRVC-CD

VALUES: 0=NOT PROVIDED

1=PROVIDED BY STAFF

2=PROVIDED UNDER ARRANGEMENT

3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 39
Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Services: Urgent Care Center Code 1 852 852 VARCHAR2

Description: Indicates how urgent care center services are provided.

SAS Name: URGNT_CARE_SRVC_CD

COBOL Name: URGNT-CARE-SRVC-CD

VALUES: 0=NOT PROVIDED

1=PROVIDED BY STAFF

2=PROVIDED UNDER ARRANGEMENT

3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Staff Count Override Indicator 1 861 861 CHAR

Description: Indicates if the regional office has approved a significant staff count change from the previous certification.

SAS Name: OVRRD_STFG_SW

COBOL Name: OVRRD-STFG-SW

Staff Count: Other Personnel 8 902 909 NUMBER

Description: Number of full-time equivalent other personnel employed by a provider

SAS Name: PRSNEL_OTHR_CNT

COBOL Name: PRSNEL-OTHR-CNT

Staff Count: CRNA 8 950 957 NUMBER

Description: Number of full-time equivalent Certified Registered Nurse

Anesthetists employed by a provider.

SAS Name: CRNA_CNT
COBOL Name: CRNA-CNT

Staff Count: Dietitian 8 982 989 NUMBER
Description: Number of full-time equivalent dietitians employed by a provider.
SAS Name: DIETN_CNT
COBOL Name: DIETN-CNT

Staff Count: Lab Technician 8 1094 1101 NUMBER
Description: Number of full-time equivalent laboratory technicians employed by a provider.
SAS Name: LAB_TCHNCN_CNT
COBOL Name: LAB-TCHNCN-CNT

Staff Count: LPN/LVN - Employee 8 1110 1117 NUMBER
Description: Number of full-time equivalent licensed practical or vocational nurses employed by a provider.
SAS Name: LPN_LVN_CNT
COBOL Name: LPN-LVN-CNT

Staff Count: Medical Social Worker - Employee 8 1174 1181 NUMBER
Description: Number of full-time equivalent medical social workers employed by a provider.
SAS Name: MDCL_SCL_WORKKR_CNT
COBOL Name: MDCL-SCL-WORKR-CNT

Staff Count: Medical Technologist 8 1190 1197 NUMBER
Description: Number of full-time equivalent medical technologists employed by a provider.
SAS Name: MDCL_TCHNLGST_CNT
COBOL Name: MDCL-TCHNLGST-CNT

Staff Count: Nuclear Medicine Technician 8 1246 1253 NUMBER
Description: Number of full-time equivalent nuclear medicine technicians employed by a provider.
SAS Name: NUCLR_MDCN_TCHNCN_CNT
COBOL Name: NUCLR-MDCN-TCHNCN-CNT

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 40
Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Staff Count: Nurse Practitioner 8 1278 1285 NUMBER
Description: Number of full-time equivalent nurse practitioners employed by a provider.
SAS Name: NRS_PRCTNR_CNT
COBOL Name: NRS-PRCTNR-CNT

Staff Count: OT - Total 8 1310 1317 NUMBER

Description: Total number of full-time equivalent occupational therapists employed by a provider.

SAS Name: OCPTNL_THRPST_CNT

COBOL Name: OCPTNL-THRPST-CNT

Staff Count: Physician - Employee 8 1542 1549 NUMBER

Description: Number of full-time equivalent physicians employed by a provider.

SAS Name: PHYSN_CNT

COBOL Name: PHYSN-CNT

Staff Count: Physician Assistant 8 1558 1565 NUMBER

Description: Number of full-time equivalent physician assistants employed by a provider.

SAS Name: PHYSN_ASTNT_CNT

COBOL Name: PHYSN-ASTNT-CNT

Staff Count: Physician Resident 8 1590 1597 NUMBER

Description: Number of full-time equivalent physician - residents employed by a provider.

SAS Name: RSDNT_PHYSN_CNT

COBOL Name: RSDNT-PHYSN-CNT

Staff Count: Psychologist 8 1622 1629 NUMBER

Description: Number of full-time equivalent psychologists employed by a provider.

SAS Name: PSYCHLGST_CNT

COBOL Name: PSYCHLGST-CNT

Staff Count: PT 8 1638 1645 NUMBER

Description: Number of full-time equivalent physical therapists employed by a provider.

SAS Name: PHYS_THRPST_CNT

COBOL Name: PHYS-THRPST-CNT

Staff Count: Radiology Technician 8 1726 1733 NUMBER

Description: Number of full-time equivalent radiology technicians employed by a provider.

SAS Name: RDLGY_TCHNCN_CNT

COBOL Name: RDLGY-TCHNCN-CNT

Staff Count: Registered Pharmacist 8 1734 1741 NUMBER

Description: Number of full-time equivalent registered pharmacists employed by the provider.

SAS Name: REG_PHRMCST_CNT

COBOL Name: REG-PHRMCST-CNT

Staff Count: Respiratory Therapist 8 1742 1749 NUMBER

Description: Number of full-time equivalent respiratory therapists employed by a provider.

SAS Name: INHLTN_THRPST_CNT

COBOL Name: INHLTN-THRPST-CNT

Staff Count: RN 8 1750 1757 NUMBER

Description: Number of full-time equivalent registered nurses employed
by a provider.

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Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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SAS Name: RN_CNT
COBOL Name: RN-CNT

Staff Count: Speech Pathologist/Audiologist 8 1886 1893 NUMBER

Description: Number of full-time equivalent speech pathologists or
audiologists employed by the provider.

SAS Name: SPCH_PTHLGST_AUDLGST_CNT
COBOL Name: SPCH-PTHLGST-AUDLGST-CNT

Swing Bed Indicator 1 1967 1967 VARCHAR2

Description: Indicates if a hospital provides swing bed services (beds
can be used for either hospital or long term care
services).

SAS Name: SB_SW
COBOL Name: SB-SW

Swing Bed Size Code 1 1968 1968 VARCHAR2

Description: Indicates the size of a hospital providing swing bed
services (beds can be used for either hospital or long
term care services).

SAS Name: SB_SIZE_CD
COBOL Name: SB-SIZE-CD

VALUES: 1=49 OR FEWER BEDS
 2=50 TO 99 BEDS
 3=100 OR MORE BEDS

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 1
Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"
(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Provider Category Subtype Code	2	1	2	VARCHAR2
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Description: Identifies the subtype of the provider, within the primary category. Used in reporting to show the breakdown of provider categories, mainly for hospitals and SNFs.

SAS Name: PRVDR_CTGRY_SBTYP_CD

COBOL Name: PRVDR-CTGRY-SBTYP-CD

VALUES: 03=Title 18/19

Provider Category Code	2	3	4	VARCHAR2
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Description: Identifies the type of provider participating in the Medicare/Medicaid program.

SAS Name: PRVDR_CTGRY_CD

COBOL Name: PRVDR-CTGRY-CD

VALUES: 02=Skilled Nursing Facility/Nursing Facility (Dually Certified)

CHOW Count	2	5	6	NUMBER
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Description: Number of times this provider has undergone a change of ownership.

SAS Name: CHOW_CNT

COBOL Name: CHOW-CNT

CHOW Date	8	7	14	DATE
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Description: Effective date of the most recent change of ownership for this provider.

SAS Name: CHOW_DT

COBOL Name: CHOW-DT

Address: City 28 15 42 VARCHAR2

Description: City in which the provider is physically located.

SAS Name: CITY_NAME

COBOL Name: CITY-NAME

Compliance: Acceptable POC 1 43 43 VARCHAR2

Description: Indicates if a provider is in compliance with program requirements based on an acceptable plan for correction of deficiencies.

SAS Name: ACPTBL_POC_SW

COBOL Name: ACPTBL-POC-SW

Compliance: Status 1 44 44 VARCHAR2

Description: Compliance status of a provider at the time of certification survey.

SAS Name: CMPLNC_STUS_CD

COBOL Name: CMPLNC-STUS-CD

VALUES: A=IN COMPLIANCE

B=NOT IN COMPLIANCE

SSA County Code 3 45 47 VARCHAR2

Description: Social Security Administration geographic code indicating the county where the provider is located.

SAS Name: SSA_CNTY_CD

COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR

Description: Cross reference provider number

SAS Name: CROSS_REF_PROVIDER_NUMBER

COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date 8 58 65 DATE

Description: Equal to the exit date of the initial visit of the Health survey for certifications completed after July 28, 2012.

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 2
Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"
(SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

For certifications prior to that date, the certification date is equal to the exit date of the initial visit of the Health survey or LSC survey, whichever is later.

SAS Name: CRTFCTN_DT

COBOL Name: CRTFCTN-DT

Eligibility Indicator 1 66 66 VARCHAR2

Description: Indicates if a facility is eligible to participate in the Medicare and/or Medicaid programs.

SAS Name: ELGLTY_SW

COBOL Name: ELGBLTY-SW

Facility Name 50 67 116 VARCHAR2

Description: Name of the provider certified to participate in the Medicare and/or Medicaid programs.

SAS Name: FAC_NAME

COBOL Name: FAC-NAME

Medicare Administrative Contractor (MAC) or 5 117 121 VARCHAR2

Intermediary or Carrier Code

Description: Number assigned to the Medicare Administrative Contractor, intermediary or carrier servicing this provider.

SAS Name: INTRMDRY_CARR_CD

COBOL Name: INTRMDRY-CARR-CD

VALUES: 00000=DUMMY FOR MEDICAID HHA
00010=BLUE CROSS (ALABAMA)
00011=CAHABA
00020=BLUE CROSS (ARKANSAS)
00040=BLUE CROSS (CALIFORNIA)
00060=BLUE CROSS (CONNECTICUT)
00070=BLUE CROSS (DELAWARE)
00090=BLUE CROSS (FLORIDA)
00101=BLUE CROSS (GEORGIA)
00121=HEALTH CARE SERVICE CORPORATION
00122=HCSC - MICHIGAN
00123=HCSC OF MICHIGAN
00130=NATIONAL GOVERNMENT SERVICES
00131=NATIONAL GOVERNMENT SERVICES
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)
00150=BLUE CROSS (KANSAS)
00160=NATIONAL GOVERNMENT SERVICES
00180=NATIONAL GOVERNMENT SERVICES
00181=NATIONAL GOVERNMENT SERVICES
00190=BLUE CROSS (MARYLAND)
00200=BLUE CROSS (MASSACHUSETTS)
00210=BLUE CROSS (MICHIGAN)
00220=BLUE CROSS (MINNESOTA)
00230=BLUE CROSS (MISSISSIPPI)
00231=BLUE CROSS (LOUISIANA)
00233=PINNACLE
00241=BLUE CROSS (MISSOURI)
00260=BLUE CROSS (NEBRASKA)
00270=NATIONAL GOVERNMENT SERVICES
00280=BLUE CROSS (NEW JERSEY)
00290=BLUE CROSS (NEW MEXICO)
00308=NATIONAL GOVERNMENT SERVICES
00310=BLUE CROSS (NORTH CAROLINA)
00320=NORIDIAN PART A
00322=NORIDIAN PART A (AK/WA)
00323=NORIDIAN PART A (ID/OR)
00325=NORIDIAN
00332=NATIONAL GOVERNMENT SERVICES

SHORT DESCRIPTION	LEN	START	END	TYPE
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00340=BLUE CROSS (OKLAHOMA)				
00350=BLUE CROSS (OREGON)				
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				
00468=BLUE CROSS (NORTH CAROLINA FOR PR)				
00510=BLUE SHIELD (ALABAMA)				
00511=CAHABA				
00512=CAHABA				
00520=BLUE SHIELD (ARKANSAS)				
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)				
00542=BLUE SHIELD (CALIFORNIA)				
00550=BLUE SHIELD (COLORADO)				
00570=BLUE SHIELD (DELAWARE)				
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)				
00590=BLUE SHIELD (FLORIDA)				
00621=BLUE SHIELD (ILLINOIS)				
00630=NATIONAL GOVERNMENT SERVICES				
00640=BLUE SHIELD (IOWA)				
00650=BLUE SHIELD (KANSAS)				
00655=BLUE SHIELD (KANSAS/NEBRASKA)				
00660=NATIONAL GOVERNMENT SERVICES				
00690=BLUE SHIELD (MARYLAND)				
00700=BLUE SHIELD (MASSACHUSETTS)				
00710=BLUE SHIELD (MICHIGAN)				
00720=BLUE SHIELD (MINNESOTA)				
00740=BLUE SHIELD (KANSAS CITY)				
00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)				
00780=BLUE SHIELD (TRI-STATE)				
00801=BLUE SHIELD (BUFFALO)				
00803=NATIONAL GOVERNMENT SERVICES				
00805=NATIONAL GOVERNMENT SERVICES				
00821=NORIDIAN				
00824=NORIDIAN GVT SERVICES (CO)				

00826=NORIDIAN GVT SERVICES (IA)
 00831=NORIDIAN GVT SERVICES (AK)
 00832=NORIDIAN GVT SERVICES (AZ)
 00833=NORIDIAN GVT SERVICES (HI)
 00834=NORIDIAN GVT SERVICES (NV)
 00835=NORIDIAN GVT SERVICES (OR)
 00836=NORIDIAN GVT SERVICES (WA)
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
 00865=BLUE SHIELD (PENNSYLVANIA)
 00870=BLUE SHIELD (RHODE ISLAND)
 00880=BLUE SHIELD (SOUTH CAROLINA)
 00883=PALMETTO GBA PART B
 00884=PALMETTO GBA
 00889=NORIDIAN GVT SERVICES (SD)
 00900=BLUE SHIELD (TEXAS)
 00901=TRAILBLAZERS HEALTH ENTERPRISES

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 4
 Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00904=TRAILBLAZER				
00910=BLUE SHIELD (UTAH)				
00930=BLUE SHIELD (WASHINGTON)				
00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH)				
01111=Noridian (CA)				
01112=Noridian (NF)				
01120=AETNA (HAWAII)				
01182=Noridian (SF)				
01192=PALMETTO (CALIFORNIA SOUTH)				
01201=PALMETTO (HAWAII)				
01202=PALMETTO (HAWAII)				
01211=Noridian (AS, GU, HI)				
01212=Noridian (AS, GU, HI)				
01290=AETNA (NEVADA)				
01301=PALMETTO (NEVADA)				
01302=PALMETTO (NEVADA)				
01311=Noridian (NV)				
01312=Noridian (NV)				
01360=AETNA (NEW MEXICO)				

01370=AETNA (OKLAHOMA)
 01380=AETNA (OREGON)
 01390=AETNA (WASHINGTON)
 01901=PALMETTO GBA
 01902=PALMETTO GBA
 01911=Noridian (AS, GU, HI, NV)
 02050=OCCIDENTAL (CALIFORNIA)
 02101=Noridian AK
 02102=Noridian AK
 02201=Noridian ID
 02202=Noridian ID
 02301=Noridian OR
 02302=Noridian OR
 02401=Noridian WA
 02402=Noridian WA
 03001=NORIDIAN ADMIN SERVICES
 03101=NORIDAN (ARIZONA)
 03102=NORIDAN (ARIZONA)
 03201=NORIDAN (MONTANA)
 03202=NORIDAN (MONTANA)
 03301=NORDIAN (NORTH DAKOTA)
 03302=NORDIAN (NORTH DAKOTA)
 03401=NORIDIAN (SOUTH DAKOTA)
 03402=NORIDIAN (SOUTH DAKOTA)
 03501=NORIDIAN (UTAH)
 03502=NORIDIAN (UTAH)
 03601=NORIDIAN (WYOMING)
 03602=NORIDIAN (WYOMING)
 04001=TRAILBLAZER
 04101=TRAILBLAZER (COLORADO)
 04102=TRAILBLAZER (COLORADO)
 04111=NOVITAS (COLORADO)
 04112=NOVITAS (COLORADO)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 5
 Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04201=TRAILBLAZER (NEW MEXICO)				
04202=TRAILBLAZER (NEW MEXICO)				
04211=NOVITAS (NEW MEXICO)				
04212=NOVITAS (NEW MEXICO)				
04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				

04911=NOVITAS
05101=WPS (IOWA)
05102=WPS (IOWA)
05130=EQICOR (IDAHO)
05201=WPS (KANSAS)
05202=WPS (KANSAS)
05301=WPS (MISSOURI)
05302=WPS (MISSOURI WEST)
05392=WPS (MISSOURI EAST)
05401=WPS (NEBRASKA)
05402=WPS (NEBRASKA)
05440=EQICOR (TENNESSEE)
05535=EQICOR (NORTH CAROLINA)
05901=WISCONSIN PHYSICIANS SERVICE
06001=NGS (WI)
06004=National Govt Serv HHH
06101=NGS (IL)
06102=NGS (IL)
06201=NGS (MN)
06202=NGS (MN)
06301=NGS (WI)
06302=NGS (WI)
07101=Novitas AR
07102=Novitas AR
07201=Novitas LA
07202=Novitas LA
07301=Novitas MS
07302=Novitas MS
08101=WPS IN
08102=WPS IN
08201=WPS MI
08202=WPS MI
09101=FIRST COAST (FLORIDA)
09102=FIRST COAST (FLORIDA)
09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)
09202=FIRST COAST (PUERTO RICO)
09302=FIRST COAST (VIRGIN ISLANDS)
10071=TRAVELERS (RRB)
10101=CAHABA GBA (AL)
10102=CAHABA GBA (AL)
10111=PALMETTO GBA (Part A) (AL)
10201=CAHABA GBA (GA)
10202=CAHABA GBA (GA)
10211=PALMETTO GBA (GA)
10230=TRAVELERS (CONNECTICUT)
10240=TRAVELERS (MINNESOTA)
10250=TRAVELERS (MISSISSIPPI)
10301=CAHABA GBA (TN)
10302=CAHABA GBA (TN)
10311=PALMETTO GBA (TN)

(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
10490=TRAVELERS (VIRGINIA)				
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				
12102=Novitas DE				
12201=Novitas DC				
12202=Novitas DC				
12301=Novitas MD				
12302=Novitas MD				
12401=Novitas NJ				
12402=Novitas NJ				
12501=Novitas PA				
12502=Novitas PA				
12901=Novitas Solutions DC, DE, MD, PA				
12902=HIGHMARK				
13101=NATIONAL GOVT SERVICES (CONNECTICUT)				
13102=NATIONAL GOVT SERVICES (CONNECTICUT)				
13201=NATIONAL GOVT SERVICES (NEW YORK)				
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)				
13282=NGS (UN)				
13292=NGS (QN)				
14004=NATIONAL HERITAGE (HHA - A)				
14014=NGS (HHA)				
14101=NATIONAL HERITAGE (MAINE)				
14102=NATIONAL HERITAGE (MAINE)				
14111=NGS (ME)				
14112=NGS (ME)				
14201=NATIONAL HERITAGE (MASSACHUSETTS)				
14202=NATIONAL HERITAGE (MASSACHUSETTS)				
14211=NGS (MA)				
14212=NGS (MA)				
14301=NATIONAL HERITAGE (NEW HAMPSHIRE)				
14302=NATIONAL HERITAGE (NEW HAMPSHIRE)				
14311=NGS (NH)				
14312=NGS (NH)				
14330=GROUP HEALTH INC (NEW YORK)				
14401=NATIONAL HERITAGE (RHODE ISLAND)				
14402=NATIONAL HERITAGE (RHODE ISLAND)				
14411=NGS (RI)				
14412=NGS (RI)				
14501=NATIONAL HERITAGE (VERMONT)				

14502=NATIONAL HERITAGE (VERMONT)
 14511=NGS (VT)
 14512=NGS (VT)
 15004=CGS Administrators HHH
 15101=CGS (KENTUCKY)
 15102=CGS (KENTUCKY)
 15201=CGS (OHIO)
 15202=CGS (OHIO)
 16360=NATIONWIDE (OHIO)
 16510=NATIONWIDE (WEST VIRGINIA)
 17120=HAWAII MEDICAL SERVICE ASSOCIATION
 21200=MASSACHUSETTS/MAINE
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 7
 Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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31143=NATIONAL HERITAGE INSURANCE CO				
31144=NATIONAL HERITAGE INSURANCE CO				
50333=TRAVELERS (NEW YORK)				
51051=AETNA (PETALUMA)				
51070=AETNA (FARMINGTON)				
51100=AETNA (CLEARWATER)				
51140=AETNA (PEORIA)				
51390=AETNA (FORT WASHINGTON)				
52280=WISCONSIN PHYSICIANS SERVICE				
57400=COOPERATIVA (PUERTO RICO)				

Medicaid Vendor Number 15 122 136 VARCHAR2
 Description: Number which may be assigned to a provider by the state
 Medicaid agency for external control or billing purposes.
 SAS Name: MD CD _VNDR _NUM
 COBOL Name: MD CD -VNDR -NUM

Original Participation Date 8 137 144 DATE
 Description: Date a provider is first approved to provide Medicare
 and/or Medicaid services.
 SAS Name: ORGNL _PRTCPTN _DT
 COBOL Name: ORGNL -PRTCPTN -DT

Prior CHOW Date 8 145 152 DATE
 Description: Effective date of the previous change of ownership for
 this provider.
 SAS Name: CHOW _PRIOR _DT
 COBOL Name: CHOW -PRIOR -DT

Prior Medicare Administrative Contractor (MAC) or 5 153 157 VARCHAR2
 Intermediary or Carrier Code
 Description: Number assigned to the previous Medicare Administrative
 Contractor, intermediary or carrier servicing this

provider.

SAS Name: INTRMDRY_CARR_PRIOR_CD

COBOL Name: INTRMDRY-CARR-PRIOR-CD

VALUES: 00000=DUMMY FOR MEDICAID HHA

00010=BLUE CROSS (ALABAMA)

00011=CAHABA

00020=BLUE CROSS (ARKANSAS)

00040=BLUE CROSS (CALIFORNIA)

00060=BLUE CROSS (CONNECTICUT)

00070=BLUE CROSS (DELAWARE)

00090=BLUE CROSS (FLORIDA)

00101=BLUE CROSS (GEORGIA)

00121=HEALTH CARE SERVICE CORPORATION

00122=HCSC - MICHIGAN

00123=HCSC OF MICHIGAN

00130=NATIONAL GOVERNMENT SERVICES

00131=NATIONAL GOVERNMENT SERVICES

00140=BLUE CROSS (IOWA/SOUTH DAKOTA)

00150=BLUE CROSS (KANSAS)

00160=NATIONAL GOVERNMENT SERVICES

00180=NATIONAL GOVERNMENT SERVICES

00181=NATIONAL GOVERNMENT SERVICES

00190=BLUE CROSS (MARYLAND)

00200=BLUE CROSS (MASSACHUSETTS)

00210=BLUE CROSS (MICHIGAN)

00220=BLUE CROSS (MINNESOTA)

00230=BLUE CROSS (MISSISSIPPI)

00231=BLUE CROSS (LOUISIANA)

00233=PINNACLE

00241=BLUE CROSS (MISSOURI)

DATE: 10/06/2020

POS RECORD LAYOUT

PAGE: 8

Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"
(SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

00260=BLUE CROSS (NEBRASKA)

00270=NATIONAL GOVERNMENT SERVICES

00280=BLUE CROSS (NEW JERSEY)

00290=BLUE CROSS (NEW MEXICO)

00308=NATIONAL GOVERNMENT SERVICES

00310=BLUE CROSS (NORTH CAROLINA)

00320=NORIDIAN PART A

00322=NORIDIAN PART A (AK/WA)

00323=NORIDIAN PART A (ID/OR)

00325=NORIDIAN

00332=NATIONAL GOVERNMENT SERVICES

00340=BLUE CROSS (OKLAHOMA)

00350=BLUE CROSS (OREGON)

00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)

00362=BLUE CROSS (INDEPENDENCE)

00363=BLUE CROSS (WESTERN PENNSYLVANIA)

00366=HIGHMARK MEDICARE SERVICES
 00370=BLUE CROSS (RHODE ISLAND)
 00380=BLUE CROSS (SOUTH CAROLINA)
 00390=BLUE CROSS (TENNESSEE)
 00400=BLUE CROSS (TEXAS)
 00410=BLUE CROSS (UTAH)
 00423=BLUE CROSS (VIRGINIA/WEST VA)
 00430=BLUE CROSS (WASHINGTON & ALASKA)
 00450=NATIONAL GOVERNMENT SERVICES
 00452=NATIONAL GOVERNMENT SERVICES
 00453=NATIONAL GOVERNMENT SERVICES
 00454=NATIONAL GOVERNMENT SERVICES
 00456=NATIONAL GOVERNMENT SERVICES
 00468=BLUE CROSS (NORTH CAROLINA FOR PR)
 00510=BLUE SHIELD (ALABAMA)
 00511=CAHABA
 00512=CAHABA
 00520=BLUE SHIELD (ARKANSAS)
 00528=BLUE SHIELD (ARKANSAS/LOUISIANA)
 00542=BLUE SHIELD (CALIFORNIA)
 00550=BLUE SHIELD (COLORADO)
 00570=BLUE SHIELD (DELAWARE)
 00580=BLUE SHIELD (DISTRICT OF COLUMBIA)
 00590=BLUE SHIELD (FLORIDA)
 00621=BLUE SHIELD (ILLINOIS)
 00630=NATIONAL GOVERNMENT SERVICES
 00640=BLUE SHIELD (IOWA)
 00650=BLUE SHIELD (KANSAS)
 00655=BLUE SHIELD (KANSAS/NEBRASKA)
 00660=NATIONAL GOVERNMENT SERVICES
 00690=BLUE SHIELD (MARYLAND)
 00700=BLUE SHIELD (MASSACHUSETTS)
 00710=BLUE SHIELD (MICHIGAN)
 00720=BLUE SHIELD (MINNESOTA)
 00740=BLUE SHIELD (KANSAS CITY)
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
 00780=BLUE SHIELD (TRI-STATE)
 00801=BLUE SHIELD (BUFFALO)
 00803=NATIONAL GOVERNMENT SERVICES
 00805=NATIONAL GOVERNMENT SERVICES
 00821=NORIDIAN
 00824=NORIDIAN GVT SERVICES (CO)
 00826=NORIDIAN GVT SERVICES (IA)
 00831=NORIDIAN GVT SERVICES (AK)
 00832=NORIDIAN GVT SERVICES (AZ)
 00833=NORIDIAN GVT SERVICES (HI)
 00834=NORIDIAN GVT SERVICES (NV)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 9
 Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00835=NORIDIAN GVT SERVICES (OR)
00836=NORIDIAN GVT SERVICES (WA)
00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
00865=BLUE SHIELD (PENNSYLVANIA)
00870=BLUE SHIELD (RHODE ISLAND)
00880=BLUE SHIELD (SOUTH CAROLINA)
00883=PALMETTO GBA PART B
00884=PALMETTO GBA
00889=NORIDIAN GVT SERVICES (SD)
00900=BLUE SHIELD (TEXAS)
00901=TRAILBLAZERS HEALTH ENTERPRISES
00904=TRAILBLAZER
00910=BLUE SHIELD (UTAH)
00930=BLUE SHIELD (WASHINGTON)
00951=WISCONSIN PHYSICIANS SERVICE
00952=WPS - ILLINOIS
00953=WPS - MICHIGAN
00954=WI PHYSICIAN SERVICES - MN
00973=BLUE SHIELD (PUERTO RICO)
00974=BLUE SHIELD (VIRGIN ISLANDS)
01010=AETNA (PEORIA)
01020=AETNA (ALASKA)
01030=AETNA (ARIZONA)
01040=AETNA (GEORGIA)
01101=PALMETTO (CALIFORNIA)
01102=PALMETTO (CALIFORNIA (NORTH))
01111=Noridian (CA)
01112=Noridian (NF)
01120=AETNA (HAWAII)
01182=Noridian (SF)
01192=PALMETTO (CALIFORNIA SOUTH)
01201=PALMETTO (HAWAII)
01202=PALMETTO (HAWAII)
01211=Noridian (AS, GU, HI)
01212=Noridian (AS, GU, HI)
01290=AETNA (NEVADA)
01301=PALMETTO (NEVADA)
01302=PALMETTO (NEVADA)
01311=Noridian (NV)
01312=Noridian (NV)
01360=AETNA (NEW MEXICO)
01370=AETNA (OKLAHOMA)
01380=AETNA (OREGON)
01390=AETNA (WASHINGTON)
01901=PALMETTO GBA
01902=PALMETTO GBA
01911=Noridian (AS, GU, HI, NV)
02050=OCCIDENTAL (CALIFORNIA)
02101=Noridian AK
02102=Noridian AK
02201=Noridian ID
02202=Noridian ID
02301=Noridian OR

02302=Noridian OR
 02401=Noridian WA
 02402=Noridian WA
 03001=NORIDIAN ADMIN SERVICES
 03101=NORIDAN (ARIZONA)
 03102=NORIDAN (ARIZONA)
 03201=NORIDAN (MONTANA)
 03202=NORIDAN (MONTANA)
 03301=NORDIAN (NORTH DAKOTA)
 03302=NORDIAN (NORTH DAKOTA)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 10
 Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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03401=NORIDIAN (SOUTH DAKOTA)				
03402=NORIDIAN (SOUTH DAKOTA)				
03501=NORIDIAN (UTAH)				
03502=NORIDIAN (UTAH)				
03601=NORIDIAN (WYOMING)				
03602=NORIDIAN (WYOMING)				
04001=TRAILBLAZER				
04101=TRAILBLAZER (COLORADO)				
04102=TRAILBLAZER (COLORADO)				
04111=NOVITAS (COLORADO)				
04112=NOVITAS (COLORADO)				
04201=TRAILBLAZER (NEW MEXICO)				
04202=TRAILBLAZER (NEW MEXICO)				
04211=NOVITAS (NEW MEXICO)				
04212=NOVITAS (NEW MEXICO)				
04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				
05402=WPS (NEBRASKA)				
05440=EQICOR (TENNESSEE)				

05535=EQICOR (NORTH CAROLINA)
 05901=WISCONSIN PHYSICIANS SERVICE
 06001=NGS (WI)
 06004=National Govt Serv HHH
 06101=NGS (IL)
 06102=NGS (IL)
 06201=NGS (MN)
 06202=NGS (MN)
 06301=NGS (WI)
 06302=NGS (WI)
 07101=Novitas AR
 07102=Novitas AR
 07201=Novitas LA
 07202=Novitas LA
 07301=Novitas MS
 07302=Novitas MS
 08101=WPS IN
 08102=WPS IN
 08201=WPS MI
 08202=WPS MI
 09101=FIRST COAST (FLORIDA)
 09102=FIRST COAST (FLORIDA)
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)
 09202=FIRST COAST (PUERTO RICO)
 09302=FIRST COAST (VIRGIN ISLANDS)
 10071=TRAVELERS (RRB)
 10101=CAHABA GBA (AL)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 11
 Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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10102=CAHABA GBA (AL)				
10111=PALMETTO GBA (Part A) (AL)				
10201=CAHABA GBA (GA)				
10202=CAHABA GBA (GA)				
10211=PALMETTO GBA (GA)				
10230=TRAVELERS (CONNECTICUT)				
10240=TRAVELERS (MINNESOTA)				
10250=TRAVELERS (MISSISSIPPI)				
10301=CAHABA GBA (TN)				
10302=CAHABA GBA (TN)				
10311=PALMETTO GBA (TN)				
10490=TRAVELERS (VIRGINIA)				
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				

11401=PALMETTO GBA (WV)
 11402=PALMETTO GBA (WV)
 11501=PALMETTO GBA (NC)
 11502=PALMETTO GBA (NC)
 12101=Novitas DE
 12102=Novitas DE
 12201=Novitas DC
 12202=Novitas DC
 12301=Novitas MD
 12302=Novitas MD
 12401=Novitas NJ
 12402=Novitas NJ
 12501=Novitas PA
 12502=Novitas PA
 12901=Novitas Solutions DC, DE, MD, PA
 12902=HIGHMARK
 13101=NATIONAL GOVT SERVICES (CONNECTICUT)
 13102=NATIONAL GOVT SERVICES (CONNECTICUT)
 13201=NATIONAL GOVT SERVICES (NEW YORK)
 13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)
 13282=NGS (UN)
 13292=NGS (QN)
 14004=NATIONAL HERITAGE (HHA - A)
 14014=NGS (HHA)
 14101=NATIONAL HERITAGE (MAINE)
 14102=NATIONAL HERITAGE (MAINE)
 14111=NGS (ME)
 14112=NGS (ME)
 14201=NATIONAL HERITAGE (MASSACHUSETTS)
 14202=NATIONAL HERITAGE (MASSACHUSETTS)
 14211=NGS (MA)
 14212=NGS (MA)
 14301=NATIONAL HERITAGE (NEW HAMPSHIRE)
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)
 14311=NGS (NH)
 14312=NGS (NH)
 14330=GROUP HEALTH INC (NEW YORK)
 14401=NATIONAL HERITAGE (RHODE ISLAND)
 14402=NATIONAL HERITAGE (RHODE ISLAND)
 14411=NGS (RI)
 14412=NGS (RI)
 14501=NATIONAL HERITAGE (VERMONT)
 14502=NATIONAL HERITAGE (VERMONT)
 14511=NGS (VT)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 12
 Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
14512=NGS (VT)				
15004=CGS Administrators HHH				

15101=CGS (KENTUCKY)
15102=CGS (KENTUCKY)
15201=CGS (OHIO)
15202=CGS (OHIO)
16360=NATIONWIDE (OHIO)
16510=NATIONWIDE (WEST VIRGINIA)
17120=HAWAII MEDICAL SERVICE ASSOCIATION
21200=MASSACHUSETTS/MAINE
31142=NATIONAL HERITAGE INSURANCE CO (MAINE)
31143=NATIONAL HERITAGE INSURANCE CO
31144=NATIONAL HERITAGE INSURANCE CO
50333=TRAVELERS (NEW YORK)
51051=AETNA (PETALUMA)
51070=AETNA (FARMINGTON)
51100=AETNA (CLEARWATER)
51140=AETNA (PEORIA)
51390=AETNA (FORT WASHINGTON)
52280=WISCONSIN PHYSICIANS SERVICE
57400=COOPERATIVA (PUERTO RICO)

CCN 10 158 167 VARCHAR2

Description: Six or ten position identification number that is assigned to a certified provider. This is the CMS Certification Number.

SAS Name: PRVDR_NUM

COBOL Name: PRVDR-NUM

Region Code 2 168 169 VARCHAR2

Description: Indicates the CMS Regional Office responsible for the certification of the provider.

SAS Name: RGN_CD

COBOL Name: RGN-CD

VALUES: 01=Boston

02=New York

03=Philadelphia

04=Atlanta

05=Chicago

06=Dallas

07=Kansas City

08=Denver

09=San Francisco

10=Seattle

Skeleton Record Indicator 1 170 170 VARCHAR2

Description: Indicates if the record is a skeleton record. Only a limited set of data is available for this provider; no survey data exists. Only provider categories 01,17,19,21and 22 can have skeleton providers.

SAS Name: SKLTN_REC_SW

COBOL Name: SKLTN-REC-SW

State Abbreviation 2 171 172 VARCHAR2

Description: Two-character state abbreviation.

SAS Name: STATE_CD

COBOL Name: STATE-CD
VALUES: AK=ALASKA
AL=ALABAMA
AR=ARKANSAS
AS=AMERICAN SAMOA
AZ=ARIZONA
CA=CALIFORNIA

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 13
Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"
(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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CN=CANADA				
CO=COLORADO				
CT=CONNECTICUT				
DC=DISTRICT OF COLUMBIA				
DE=DELAWARE				
FL=FLORIDA				
FN=INTERNATIONAL				
GA=GEORGIA				
GU=GUAM				
HI=HAWAII				
IA=IOWA				
ID=IDAHO				
IL=ILLINOIS				
IN=INDIANA				
KS=KANSAS				
KY=KENTUCKY				
LA=LOUISIANA				
MA=MASSACHUSETTS				
MD=MARYLAND				
ME=MAINE				
MI=MICHIGAN				
MN=MINNESOTA				
MO=MISSOURI				
MP=SAIPAN				
MS=MISSISSIPPI				
MT=MONTANA				
MX=MEXICO				
NC=NORTH CAROLINA				
ND=NORTH DAKOTA				
NE=NEBRASKA				
NH=NEW HAMPSHIRE				
NJ=NEW JERSEY				
NM=NEW MEXICO				
NV=NEVADA				
NY=NEW YORK				
OH=OHIO				
OK=OKLAHOMA				
OR=OREGON				
PA=PENNSYLVANIA				

PR=PUERTO RICO
RI=RHODE ISLAND
SC=SOUTH CAROLINA
SD=SOUTH DAKOTA
TN=TENNESSEE
TX=TEXAS
UT=UTAH
VA=VIRGINIA
VI=VIRGIN ISLANDS
VT=VERMONT
WA=WASHINGTON
WI=WISCONSIN
WV=WEST VIRGINIA
WY=WYOMING

SSA State Code	2	173	174	VARCHAR2
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Description: Social Security Administration geographic code indicating the state where the provider is located.

SAS Name: SSA_STATE_CD

COBOL Name: SSA-STATE-CD

VALUES: 01=ALABAMA

02=ALASKA

03=ARIZONA

04=ARKANSAS

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 14
Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"
(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
-------------------	-----	-------	-----	------

05=CALIFORNIA

06=COLORADO

07=CONNECTICUT

08=DELAWARE

09=DISTRICT OF COLUMBIA

10=FLORIDA

11=GEORGIA

12=HAWAII

13=IDAHO

14=ILLINOIS

15=INDIANA

16=IOWA

17=KANSAS

18=KENTUCKY

19=LOUISIANA

20=MAINE

21≡MARYLAND

22=MASSACHUSETTS

23=MICHIGAN

24=MINNESOTA

25=MISSISSIPPI

26=MISSOURI

27=MONTANA
 28=NEBRASKA
 29=NEVADA
 30=NEW HAMPSHIRE
 31=NEW JERSEY
 32=NEW MEXICO
 33=NEW YORK
 34=NORTH CAROLINA
 35=NORTH DAKOTA
 36=OHIO
 37=OKLAHOMA
 38=OREGON
 39=PENNSYLVANIA
 40=PUERTO RICO
 41=RHODE ISLAND
 42=SOUTH CAROLINA
 43=SOUTH DAKOTA
 44=TENNESSEE
 45=TEXAS
 46=UTAH
 47=VERMONT
 48=VIRGIN ISLANDS
 49=VIRGINIA
 50=WASHINGTON
 51=WEST VIRGINIA
 52=WISCONSIN
 53=WYOMING
 54=AFRICA
 56=CANADA
 57=WEST INDIES
 58=EUROPE
 59=MEXICO
 60=OCEANIA
 61=PHILIPPINES
 62=SOUTH AMERICA
 63=UNITED STATES POSSESSIONS
 64=AMERICAN SAMOA
 65=GUAM
 66=SAIPAN
 99=INTERNATIONAL

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 15
 Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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State Region Code	3	175	177	VARCHAR2
Description: Identifies the region within a state where the provider is located.				
SAS Name:	STATE_RGN_CD			
COBOL Name:	STATE-RGN-CD			

VALUES: AK/001=ALASKA
AK/LAB=LABORATORIES
AK/NPH=NON-PARTICIPATING HOSPITAL
AL/001=ALABAMA
AL/LAB=LABORATORIES
AL/NPH=NON-PARTICIPATING HOSPITAL
AR/001=ARKANSAS
AR/LAB=LABORATORIES
AR/NPH=NON-PARTICIPATING HOSPITAL
AS/001=AMERICAN SAMOA
AS/LAB=LABORATORY
AS/NPH=NON-PARTICIPATING HOSPITAL
AZ/AZ=PHOENIX
AZ/LAB=ARIZONA LAB
AZ/NPH=NON-PARTICIPATING HOSPITAL
AZ/TUC=TUCSON
CA/001=CALIFORNIA
CA/BAK=BAKERSFIELD
CA/BER=SAN BERNARDINO
CA/EB=East Bay
CA/FR=FRESNO
CA/L1=L.A. WEST
CA/L2=L.A. NORTH
CA/L3=L.A. CENTRAL
CA/L4=L.A. EAST
CA/L5=SAN GABRIEL
CA/LA1=LA Region 1
CA/LA2=LA Region 2
CA/LA3=LA Region 3
CA/LA4=LA Acute/Ancillary
CA/LA5=LA HHA/Hospice
CA/LA6=LA ICF/DD/CLinics
CA/LAB=LABORATORIES
CA/M1=LAB. SOUTH
CA/M2=LAB. NORTH
CA/NPH=NON-PARTICIPATING HOSPITAL
CA/ORG=ORANGE
CA/RIV=RIVERSIDE
CA/S1=SACRAMENTO
CA/S3=CHICO
CA/SD=SAN DIEGO
CA/SF=SAN FRANCISCO
CA/SJ=SAN JOSE
CA/SR=SANTA ROSA
CA/VEN=VENTURA
CN/001=CANADA
CN/LAB=LABORATORY
CN/NPH=NON-PARTICIPATING HOSPITAL
CO/001=COLORADO
CO/LAB=LABORATORIES
CO/NPH=NON-PARTICIPATING HOSPITAL
CT/001=CONNECTICUT
CT/LAB=LABORATORIES
CT/NPH=NON-PARTICIPATING HOSPITAL

DC/001=DISTRICT OF COLUMBIA
DC/LAB=LABORATORIES
DC/NPH=NON-PARTICIPATING HOSPITAL
DE/001=DELAWARE

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 16
Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"
(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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DE/LAB=LABORATORIES				
DE/NPH=NON-PARTICIPATING HOSPITAL				
FL/001=FLORIDA				
FL/FTM=FT. MYERS				
FL/GAI=GAINESVILLE				
FL/JAX=JACKSONVILLE				
FL/LAB=LABORATORIES				
FL/LAN=LANTANA				
FL/LAU=LAUDERHILL				
FL/MIA=MIAMI				
FL/NPH=NON-PARTICIPATING HOSPITAL				
FL/ORL=ORLANDO				
FL/PEN=PENSACOLA				
FL/STP=ST. PETERSBURG				
FL/TAL=TALLAHASSEE				
FL/TAM=TAMPA				
FM/001=FEDERATED STATES OF MICRO				
FM/NPH=NON-PARTICIPATING HOSPITAL				
FN/001=INTERNATIONAL				
FN/LAB=LABORATORIES				
FN/NPH=NON-PARTICIPATING HOSPITAL				
GA/001=GEORGIA				
GA/GAA=GEORGIA ALL				
GA/GAC=GEORGIA CENTRAL				
GA/GAE=GEORGIA EASTERN				
GA/GAN=GEORGIA NORTH				
GA/GAS=GEORGIA SOUTH				
GA/GAW=GEORGIA WESTERN				
GA/LAB=LABORATORIES				
GA/NPH=NON-PARTICIPATING HOSPITAL				
GU/001=GUAM				
GU/LAB=LABORATORIES				
GU/NPH=NON-PARTICIPATING HOSPITAL				
HI/001=HAWAII				
HI/LAB=LABORATORIES				
HI/NPH=NON-PARTICIPATING HOSPITAL				
IA/001=IOWA				
IA/LAB=LABORATORIES				
IA/NPH=NON-PARTICIPATING HOSPITAL				
ID/001=IDAHO				
ID/LAB=LABORATORIES				
ID/NPH=NON-PARTICIPATING HOSPITAL				

IL/001=ILLINOIS
 IL/LAB=LABORATORIES
 IL/NPH=NON-PARTICIPATING HOSPITAL
 IN/001=INDIANA
 IN/LAB=LABORATORIES
 IN/NPH=NON-PARTICIPATING HOSPITAL
 KS/001=KANSAS
 KS/KCK=KANSAS CITY
 KS/KDH=KDHE
 KS/LAB=LABORATORIES
 KS/LAW=LAWRENCE
 KS/NC=NORTH CENTRAL KANSAS
 KS/NE=NORTH EAST KANSAS
 KS/NPH=NON-PARTICIPATING HOSPITAL
 KS/NW=NORTH WEST KANSAS
 KS/SC=SOUTH CENTRAL KANSAS
 KS/SE=SOUTH EAST KANSAS
 KS/SW=SOUTH WEST KANSAS
 KS/WST=WEST
 KY/2C1=HOPKINSVILLE
 KY/2C2=LOUISVILLE

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 17
 Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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KY/2C3=LONDON				
KY/2C4=LEXINGTON				
KY/LAB=LABORATORIES				
KY/NPH=NON-PARTICIPATING HOSPITAL				
LA/001=LOUISIANA				
LA/LA1=NEW ORLEANS				
LA/LA2=MANDEVILLE				
LA/LA3=LAFAYETTE				
LA/LA4=MONROE				
LA/LA5=SHREVEPORT				
LA/LA6=ALEXANDRIA				
LA/LAB=LABORATORIES				
LA/LB1=CLIA NEW ORLEANS				
LA/LB5=CLIA SHREVEPORT				
LA/LB6=CLIA ALEXANDRIA				
LA/NPH=NON-PARTICIPATING HOSPITAL				
MA/001=MASSACHUSETTS				
MA/LAB=LABORATORIES				
MA/NPH=NON-PARTICIPATING HOSPITAL				
MD/001=MARYLAND				
MD/LAB=LABORATORIES				
MD/NPH=NON-PARTICIPATING HOSPITAL				
ME/001=MAINE				
ME/LAB=LABORATORIES				
ME/NPH=NON-PARTICIPATING HOSPITAL				

MH/001=MARSHALL ISLANDS
 MH/NPH=NON-PARTICIPATING HOSPITAL
 MI/001=MICHIGAN
 MI/LAB=LABORATORIES
 MI/NPH=NON-PARTICIPATING HOSPITAL
 MN/001=MINNESOTA
 MN/LAB=LABORATORIES
 MN/NPH=NON-PARTICIPATING HOSPITAL
 MO/001=MISSOURI
 MO/01=REGION01
 MO/02=REGION02
 MO/03=REGION 03
 MO/04=REGION 04
 MO/05=REGION 05
 MO/06=REGION 06
 MO/07=REGION 07
 MO/1NH=REGION 1 NH
 MO/2NH=REGION 2 NH
 MO/3NH=REGION 3 NH
 MO/4NH=REGION 4 NH
 MO/5NH=REGION 5 NH
 MO/6NH=REGION 6 NH
 MO/7NH=REGION 7 NH
 MO/LAB=LABORATORIES
 MO/MO=STATEWIDE
 MO/NPH=NON-PARTICIPATING HOSPITAL
 MP/001=NORTHERN MARIANA ISLANDS
 MP/LAB=LABORATORIES
 MP/NPH=NON-PARTICIPATING HOSPITAL
 MS/001=MISSISSIPPI
 MS/LAB=LABORATORIES
 MS/NPH=NON-PARTICIPATING HOSPITAL
 MT/001=MONTANA
 MT/LAB=LABORATORIES
 MT/NPH=NON-PARTICIPATING HOSPITAL
 MX/001=MEXICO
 MX/LAB=LABORATORY
 MX/NPH=NON-PARTICIPATING HOSPITAL

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 18
 Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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NC/001=NORTH CAROLINA				
NC/LAB=LABORATORIES				
NC/NCC=NORTH CAROLINA CENTRAL				
NC/NCE=NORTH CAROLINA EAST				
NC/NCN=NORTH CAROLINA NORTH				
NC/NCS=NORTH CAROLINA SOUTH				
NC/NCW=NORTH CAROLINA WEST				
NC/NPH=NON-PARTICIPATING HOSPITAL				

ND/001=NORTH DAKOTA
ND/LAB=LABORATORIES
ND/NPH=NON-PARTICIPATING HOSPITAL
NE/001=NEBRASKA
NE/1=NORTH CENTRAL
NE/2=CENTRAL
NE/3=NORTHEAST
NE/4=SOUTHEAST
NE/5=WESTERN
NE/LAB=LABORATORIES
NE/NPH=NON-PARTICIPATING HOSPITAL
NH/001=NEW HAMPSHIRE
NH/LAB=LABORATORIES
NH/NPH=NON-PARTICIPATING HOSPITAL
NJ/001=NEW JERSEY
NJ/LAB=LABORATORIES
NJ/NPH=NON-PARTICIPATING HOSPITAL
NM/001=NEW MEXICO
NM/LAB=LABORATORIES
NM/NPH=NON-PARTICIPATING HOSPITAL
NV/001=NEVADA
NV/CC=CARSON CITY
NV/LAB=LABORATORIES
NV/LV=LAS VEGAS
NV/NPH=NON-PARTICIPATING HOSPITAL
NY/001=BUFFALO
NY/002=ROCHESTER
NY/003=SYRACUSE
NY/004=ALBANY
NY/005=NEW ROCHELLE
NY/006=NEW YORK CITY
NY/007=SUFFOLK/NASSAU COUNTY
NY/LAB=LABORATORIES
NY/NPH=NON-PARTICIPATING HOSPITAL
OH/001=OHIO
OH/LAB=LABORATORIES
OH/NPH=NON-PARTICIPATING HOSPITAL
OK/001=OKLAHOMA
OK/LAB=LABORATORIES
OK/NPH=NON-PARTICIPATING HOSPITAL
OR/001=OFFICE #1
OR/002=OFFICE #2
OR/003=OFFICE #3
OR/LAB=LABORATORIES
OR/NPH=NON-PARTICIPATING HOSPITAL
PA/001=PENNSYLVANIA
PA/LAB=LABORATORIES
PA/NPH=NON-PARTICIPATING HOSPITAL
PR/001=PUERTO RICO
PR/LAB=LABORATORIES
PR/NPH=NON-PARTICIPATING HOSPITAL
PW/001=PALAU
PW/NPH=NON-PARTICIPATING HOSPITAL
RI/001=RHODE ISLAND

RI/LAB=LABORATORIES

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 19
 Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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RI/NPH=NON-PARTICIPATING HOSPITAL				
SC/001=SOUTH CAROLINA				
SC/LAB=LABORATORIES				
SC/NPH=NON-PARTICIPATING HOSPITAL				
SD/001=SOUTH DAKOTA				
SD/LAB=LABORATORIES				
SD/NPH=NON-PARTICIPATING HOSPITAL				
TN/001=TENNESSEE				
TN/LAB=LABORATORIES				
TN/NPH=NON-PARTICIPATING HOSPITAL				
TN/TNC=TENNESSEE COOKEVILLE				
TN/TNE=TENNESSEE EASTERN				
TN/TNM=TENNESSEE MIDDLE				
TN/TNW=TENNESSEE WESTERN				
TX/001=TEXAS				
TX/L01=AMARILLO-LTC				
TX/L02=ABILENE-LTC				
TX/L03=ARLINGTON-LTC				
TX/L04=TYLER-LTC				
TX/L05=TEMPLE-LTC				
TX/L06=HOUSTON-LTC				
TX/L07=SAN ANTONIO-LTC				
TX/LAB=LABORATORIES				
TX/NPH=NON-PARTICIPATING HOSPITAL				
TX/TX1=LUBBOCK				
TX/TX2=ARLINGTON				
TX/TX3=SAN ANTONIO				
TX/TX4=HOUSTON				
TX/TX5=TYLER				
TX/TX6=AUSTIN				
UT/001=UTAH				
UT/LAB=LABORATORIES				
UT/NPH=NON-PARTICIPATING HOSPITAL				
VA/001=VIRGINIA				
VA/LAB=LABORATORIES				
VA/NPH=NON-PARTICIPATING HOSPITAL				
VI/001=VIRGIN ISLANDS				
VI/LAB=LABORATORIES				
VI/NPH=NON-PARTICIPATING HOSPITAL				
VT/001=VERMONT				
VT/LAB=LABORATORIES				
VT/NPH=NON-PARTICIPATING HOSPITAL				
WA/001=ALL OTHERS (NON-LTC FAC)				
WA/D1=SPOKANE & YAKIMA AREAS				
WA/D1A=District 1, Unit A				

WA/D1B=District 1, Unit B
 WA/D1C=District 1, Unit C
 WA/D1D=District 1, Unit D
 WA/D2=SPOKANE & SE
 WA/D2A=District 2, Unit A
 WA/D2B=District 2, Unit B
 WA/D2C=District 2, Unit C
 WA/D2D=District 2, Unit D
 WA/D2E=District 2, Unit E
 WA/D2F=District 2, Unit F
 WA/D2G=District 2, Unit G
 WA/D2H=District 2, Unit H
 WA/D3=NW WASHINGTON
 WA/D3A=District 3, Unit A
 WA/D3B=District 3, Unit B
 WA/D3C=District 3, Unit C
 WA/D3D=District 3, Unit D
 WA/D3E=District 3, Unit E

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 20
 Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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WA/D4A=GREATER SEATTLE AREA
 WA/D4B=S KING COUNTY
 WA/D5A=PIERCE CTY & PENINSULA
 WA/D5B=PIERCE CTY & GRAYS HARBOR
 WA/D6=OLYMPIA AREA
 WA/LAB=LABORATORIES
 WA/NPH=NON-PARTICIPATING HOSPITAL
 WI/001=WISCONSIN
 WI/LAB=LABORATORIES
 WI/NPH=NON-PARTICIPATING HOSPITAL
 WV/001=WEST VIRGINIA
 WV/LAB=LABORATORIES
 WV/NPH=NON-PARTICIPATING HOSPITAL
 WY/001=WYOMING
 WY/LAB=LABORATORIES
 WY/NPH=NON-PARTICIPATING HOSPITAL

Address: Street	50	178	227	VARCHAR2
Description: Street address where the provider is located.				
SAS Name:	ST_ADR			
COBOL Name:	ST-ADR			

Telephone Number	10	228	237	VARCHAR2
Description: Telephone number of the provider.				
SAS Name:	PHNE_NUM			
COBOL Name:	PHNE-NUM			

Termination Code	2	238	239	VARCHAR2
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Description: Indicates the current termination status for the provider.

SAS Name: PGM_TRMNTN_CD

COBOL Name: PGM-TRMNTN-CD

VALUES: 00=ACTIVE PROVIDER

01=VOLUNTARY-MERGER, CLOSURE

02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT

03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION

04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL

05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ

06=INVOLUNTARY-FAILURE TO MEET AGREEMENT

07=OTHER-PROVIDER STATUS CHANGE

08=NONPAYMENT OF FEES - CLIA Only

09=REV/UNSUCCESSFUL PARTICIPATION IN PT - CLIA Only

10=REV/OTHER REASON - CLIA Only

11=INCOMPLETE CLIA APPLICATION INFORMATION - CLIA Only

12=NO LONGER PERFORMING TESTS - CLIA Only

13=MULTIPLE TO SINGLE SITE CERTIFICATE - CLIA Only

14=SHARED LABORATORY - CLIA Only

15=FAILURE TO RENEW WAIVER PPM CERTIFICATE - CLIA Only

16=DUPLICATE CLIA NUMBER - CLIA Only

17=MAIL RETURNED NO FORWARD ADDRESS CERT ENDED - CLIA Only

20=NOTIFICATION BANKRUPTCY - CLIA Only

33=ACCREDITATION NOT CONFIRMED - CLIA Only

80=AWAITING STATE APPROVAL

99=OIG ACTION - DO NOT ACTIVATE - CLIA Only

Termination or Expiration Date 8 240 247 DATE

Description: Date the provider was terminated. For CLIA providers, date the laboratory's certificate was terminated or the expiration date of the current CLIA certificate.

SAS Name: TRMNTN_EXPRTN_DT

COBOL Name: TRMNTN-EXPRTN-DT

Type of Action Code 1 248 248 VARCHAR2

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Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"
(SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

Description: Identifies the reason for the certification. Type of action from the official survey record, CMS 1539 form.

SAS Name: CRTFCTN_ACTN_TYPE_CD

COBOL Name: CRTFCTN-ACTN-TYPE-CD

VALUES: 1=INITIAL

2=RECERTIFICATION

3=TERMINATION

4=CHANGE OF OWNERSHIP

5=VALIDATION

8=FULL SURVEY AFTER COMPLAINT

Ownership Type Code 2 249 250 VARCHAR2

Description: Indicates the ownership type of the provider.

SAS Name: GNRL_CNTL_TYPE_CD

COBOL Name: GNRL-CTRL-TYPE-CD

VALUES: 01=FOR PROFIT - INDIVIDUAL

02=FOR PROFIT - PARTNERSHIP

03=FOR PROFIT - CORPORATION

04=NONPROFIT - CHURCH RELATED

05=NONPROFIT - CORPORATION

06=NONPROFIT - OTHER

07=GOVERNMENT - STATE

08=GOVERNMENT - COUNTY

09=GOVERNMENT - CITY

10=GOVERNMENT - CITY/COUNTY

11=GOVERNMENT - HOSPITAL DISTRICT

12=GOVERNMENT - FEDERAL

13=FOR PROFIT - LIMITED LIABILITY CORPORATION

Address: ZIP Code 5 251 255 VARCHAR2

Description: Five-digit ZIP code for a provider's physical address.

SAS Name: ZIP_CD

COBOL Name: ZIP-CD

FIPS State Code 2 256 257 VARCHAR2

Description: FIPS State Code

SAS Name: FIPS_STATE_CD

COBOL Name: FIPS-STATE-CD

VALUES: 01=ALABAMA

02=ALASKA

04=ARIZONA

05=ARKANSAS

06=CALIFORNIA

08=COLORADO

09=CONNECTICUT

10=DELAWARE

11=DISTRICT OF COLUMBIA

12=FLORIDA

13=GEORGIA

15=HAWAII

16=IDAHO

17=ILLINOIS

18=INDIANA

19=IOWA

20=KANSAS

21=KENTUCKY

22=LOUISIANA

23=MAINE

24=MARYLAND

25=MASSACHUSETTS

26=MICHIGAN

27=MINNESOTA

28=MISSISSIPPI

SHORT DESCRIPTION	LEN	START	END	TYPE
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29=MISSOURI				
30=MONTANA				
31=NEBRASKA				
32=NEVADA				
33=NEW HAMPSHIRE				
34=NEW JERSEY				
35=NEW MEXICO				
36=NEW YORK				
37=NORTH CAROLINA				
38=NORTH DAKOTA				
39=OHIO				
40=OKLAHOMA				
41=OREGON				
42=PENNSYLVANIA				
43=PUERTO RICO				
44=RHODE ISLAND				
45=SOUTH CAROLINA				
46=SOUTH DAKOTA				
47=TENNESSEE				
48=TEXAS				
49=UTAH				
50=VERMONT				
51=VIRGINIA				
53=WASHINGTON				
54=WEST VIRGINIA				
55=WISCONSIN				
56=WYOMING				
64=AMERICAN SAMOA				
65=GUAM				
66=SAIPAN/MARIANA IS.				
78=VIRGIN ISLANDS				

FIPS County Code	3	258	260	VARCHAR2
Description: FIPS County Code				
SAS Name: FIPS_CNTY_CD				
COBOL Name: FIPS-CNTY-CD				

CBSA Urban Rural Indicator	1	261	261	VARCHAR2
Description: CBSA (Core Based Statistical Area) indicates whether the county is defined as Urban or Rural.				
SAS Name: CBSA_URBN_RRL_IND				
COBOL Name: CBSA-URBN-RRL-IND				

CBSA Code	5	262	266	VARCHAR2
Description: CBSA (Core Based Statistical Area) geographic entities defined by the U.S. Office of Management and Budget (OMB) on June 6, 2003 for use by Federal statistical agencies in collecting, tabulating, and publishing Federal				

statistics. CBSA collectively refers to MSA.

SAS Name: CBSA_CD

COBOL Name: CBSA-CD

Bed Count Override Indicator 1 325 325 CHAR

Description: Indicates if the regional office has approved a significant bed count change from the previous certification.

SAS Name: OVRRD_BED_CNT_SW

COBOL Name: OVRRD-BED-CNT-SW

Bed Count: Certified 4 326 329 NUMBER

Description: Number of beds in Medicare and/or Medicaid certified areas within a facility.

SAS Name: CRTFD_BED_CNT

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Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"
(SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

COBOL Name: CRTFD-BED-CNT

Bed Count: Medicaid NF 4 334 337 NUMBER

Description: Number of Medicaid-certified Nursing Facility beds.

SAS Name: MD CD_NF_BED_CNT

COBOL Name: MD CD-NF-BED-CNT

Bed Count: Medicare SNF 4 338 341 NUMBER

Description: Number of Medicare-certified Skilled Nursing Facility beds.

SAS Name: MD CR_SNF_BED_CNT

COBOL Name: MD CR-SNF-BED-CNT

Bed Count: Medicare/Medicaid SNF 4 342 345 NUMBER

Description: Number of dually certified (Medicare/Medicaid) beds in a Skilled Nursing Facility.

SAS Name: MD CR_MD CD_SNF_BED_CNT

COBOL Name: MD CR-MD CD-SNF-BED-CNT

Bed Count: Special Care - AIDS 3 346 348 NUMBER

Description: Number of beds in a special care unit dedicated for residents with AIDS.

SAS Name: AIDS_BED_CNT

COBOL Name: AIDS-BED-CNT

Bed Count: Special Care - Alzheimers 3 349 351 NUMBER

Description: Number of beds in a special care unit dedicated for residents with Alzheimer's disease.

SAS Name: ALZHMR_BED_CNT

COBOL Name: ALZHMR-BED-CNT

Bed Count: Special Care - Dialysis 3 352 354 NUMBER
 Description: Number of beds in a special care unit dedicated for
 residents who require dialysis.
 SAS Name: DLYS_BED_CNT
 COBOL Name: DLYS-BED-CNT

Bed Count: Special Care - Disabled Children 3 355 357 NUMBER
 Description: Number of beds in a special care unit dedicated for
 disabled children.
 SAS Name: DSBL_CHLDRN_BED_CNT
 COBOL Name: DSBL-CHLDRN-BED-CNT

Bed Count: Special Care - Head Trauma 3 358 360 NUMBER
 Description: Number of beds in a special care unit dedicated for
 residents with head trauma.
 SAS Name: HEAD_TRMA_BED_CNT
 COBOL Name: HEAD-TRMA-BED-CNT

Bed Count: Special Care - Hospice 3 361 363 NUMBER
 Description: Number of beds in a special care unit dedicated for
 residents who require hospice care.
 SAS Name: HOSPC_BED_CNT
 COBOL Name: HOSPC-BED-CNT

Bed Count: Special Care - Huntingtons Disease 3 364 366 NUMBER
 Description: Number of beds in a special care unit dedicated for
 residents with Huntington's disease.
 SAS Name: HNTGTN_DEASE_BED_CNT
 COBOL Name: HNTGTN-DEASE-BED-CNT

Bed Count: Special Care - Specialized Rehab 3 367 369 NUMBER
 Description: Number of beds in a special care unit dedicated for

SHORT DESCRIPTION	LEN	START	END	TYPE
residents with specialized rehab needs. SAS Name: REHAB_BED_CNT COBOL Name: REHAB-BED-CNT				
Bed Count: Special Care - Ventilator 3 370 372 NUMBER Description: Number of beds in a special care unit dedicated for residents requiring a ventilator and/or respiratory care. SAS Name: VNTLTR_BED_CNT COBOL Name: VNTLTR-BED-CNT				
Bed Count: Total 4 373 376 NUMBER Description: Total number of beds in a provider, including those in non-participating or non-licensed areas. SAS Name: BED_CNT				

COBOL Name: BED-CNT

Compliance: 24-Hour RN Waiver Indicator 1 442 442 CHAR

Description: Indicates if a waiver of the 24-hour registered nurse staffing requirements has been recommended for a Skilled Nursing Facility or Nursing Facility.

SAS Name: RN_24_HR_WVR_SW

COBOL Name: RN-24-HR-WVR-SW

Compliance: 7-Day RN Waiver Indicator 1 443 443 VARCHAR2

Description: Indicates if a waiver of the 7-day registered nurse staffing requirements has been recommended for a Skilled Nursing Facility.

SAS Name: RN_7_DAY_WVR_SW

COBOL Name: RN-7-DAY-WVR-SW

Compliance: Beds Per Room Waiver Indicator 1 444 444 CHAR

Description: Indicates if a waiver of the beds per room requirement has been recommended for a facility.

SAS Name: BED_PER_ROOM_WVR_SW

COBOL Name: BED-PER-ROOM-WVR-SW

Compliance: LSC Waiver Indicator 1 445 445 CHAR

Description: Indicates if a waiver of any life safety code provision has been recommended for a provider.

SAS Name: LSC_WVR_SW

COBOL Name: LSC-WVR-SW

Compliance: Patient Room Size Waiver Indicator 1 446 446 CHAR

Description: Indicates if a waiver of the patient room size provision has been recommended for a provider.

SAS Name: ROOM_SIZE_WVR_SW

COBOL Name: ROOM-SIZE-WVR-SW

Experimental Research Conducted Indicator 1 453 453 VARCHAR2

Description: Indicates if a facility conducts experimental research.

SAS Name: EXPRMT_RSRCH_CNDCTD_SW

COBOL Name: EXPRMT-RSRCH-CNDCTD-SW

Fiscal Year End Date (MMDD) 4 464 467 VARCHAR2

Description: End date, consisting of the month and day, of the provider's fiscal year.

SAS Name: FY_END_MO_DAY_CD

COBOL Name: FY-END-MO-DAY-CD

Hospital Based Indicator 1 483 483 CHAR

Description: Indicates if the provider is based in a hospital.

SAS Name: HOSP_BSD_SW

COBOL Name: HOSP-BSD-SW

SHORT DESCRIPTION	LEN	START	END	TYPE
LTC Cross Ref Provider Number Description: LTC cross ref provider number SAS Name: LTC_CROSS_REF_PROVIDER_NUMBER COBOL Name: LTC-CROSS-REF-PROVIDER-NUMBER	10	485	494	CHAR
Multiple Facility Organization Name Description: Name of the multi-facility organization that owns the facility. SAS Name: MLT_FAC_ORG_NAME COBOL Name: MLT-FAC-ORG-NAME	38	513	550	CHAR
Multiple Facility Organization Owned Indicator Description: Indicates if a facility is owned by an organization that owns (or leases) two or more long term care facilities. SAS Name: MLT_OWND_FAC_ORG_SW COBOL Name: MLT-OWND-FAC-ORG-SW	1	551	551	CHAR
Organized Family Group Indicator Description: Indicates if the facility has an organized group of family members of residents. SAS Name: ORGNZ_FMLY_MBR_GRP_SW COBOL Name: ORGNZ-FMLY-MBR-GRP-SW	1	626	626	VARCHAR2
Organized Resident Group Indicator Description: Indicates if the facility has an organized residents group. SAS Name: ORGNZ_RSDNT_GRP_SW COBOL Name: ORGNZ-RSDNT-GRP-SW	1	627	627	VARCHAR2
Program Participation Code Description: Indicates if the provider participates in Medicare, Medicaid, or both programs. SAS Name: PGM_PRTCPTN_CD COBOL Name: PGM-PRTCPTN-CD VALUES: 1=MEDICARE ONLY 2=MEDICAID ONLY 3=MEDICARE AND MEDICAID	1	640	640	CHAR
Related Provider Number Description: Related provider number SAS Name: RELATED_PROVIDER_NUMBER COBOL Name: RELATED-PROVIDER-NUMBER	10	686	695	CHAR
Services: Blood Administration Off-Site Residents Indicator Description: Indicates if blood administration and storage services are provided off-site to residents. SAS Name: BLOOD_SRVC_OFSITE_RSDNT_SW COBOL Name: BLOOD-SRVC-OFSITE-RSDNT-SW	1	703	703	VARCHAR2

Services: Blood Administration On-Site Nonresidents 1 704 704 VARCHAR2
Indicator

Description: Indicates if blood administration and storage services
are provided on-site to nonresidents.

SAS Name: BLOOD_SRVC_ONST_NRSNT_SW
COBOL Name: BLOOD-SRVC-ONST-NRSNT-SW

Services: Blood Administration On-Site Residents 1 705 705 VARCHAR2
Indicator

Description: Indicates if blood administration and storage services
are provided on-site to residents.

SAS Name: BLOOD_SRVC_ONST_RSDNT_SW

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(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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COBOL Name: BLOOD-SRVC-ONST-RSDNT-SW

Services: Clinical Laboratory - Off-Site Residents 1 712 712 VARCHAR2
Indicator

Description: Indicates if clinical laboratory services are provided
off-site to residents.

SAS Name: CL_SRVC_OFSITE_RSDNT_SW
COBOL Name: CL-SRVC-OFSITE-RSDNT-SW

Services: Clinical Laboratory - On-Site Nonresidents 1 713 713 VARCHAR2
Indicator

Description: Indicates if clinical laboratory services are provided
on-site to nonresidents.

SAS Name: CL_SRVC_ONST_NRSNT_SW
COBOL Name: CL-SRVC-ONST-NRSNT-SW

Services: Clinical Laboratory - On-Site Residents 1 714 714 VARCHAR2
Indicator

Description: Indicates if clinical laboratory services are provided
on-site to residents.

SAS Name: CL_SRVC_ONST_RSDNT_SW
COBOL Name: CL-SRVC-ONST-RSDNT-SW

Services: Dental Off-Site Residents Indicator 1 720 720 VARCHAR2

Description: Indicates if dental services are provided off-site to
residents.

SAS Name: DNTL_SRVC_OFSITE_RSDNT_SW
COBOL Name: DNTL-SRVC-OFSITE-RSDNT-SW

Services: Dental On-Site Nonresidents Indicator 1 721 721 VARCHAR2

Description: Indicates if dental services are provided on-site to
nonresidents.

SAS Name: DNTL_SRVC_ONST_NRSNT_SW
COBOL Name: DNTL-SRVC-ONST-NRSNT-SW

Services: Dental On-Site Residents Indicator 1 722 722 VARCHAR2
Description: Indicates if dental services are provided on-site to residents.
SAS Name: DNTL_SRVC_ONST_RSDNT_SW
COBOL Name: DNTL-SRVC-ONST-RSDNT-SW

Services: Dietary Off-Site Residents Indicator 1 726 726 VARCHAR2
Description: Indicates if dietary services are provided off-site to residents.
SAS Name: DTRY_OFSITE_RSDNT_SW
COBOL Name: DTRY-OFSITE-RSDNT-SW

Services: Dietary On-Site Nonresidents Indicator 1 727 727 VARCHAR2
Description: Indicates if dietary services are provided on-site to nonresidents.
SAS Name: DTRY_ONST_NRSNT_SW
COBOL Name: DTRY-ONST-NRSNT-SW

Services: Dietary On-Site Residents Indicator 1 728 728 VARCHAR2
Description: Indicates if dietary services are provided on-site to residents.
SAS Name: DTRY_ONST_RSDNT_SW
COBOL Name: DTRY-ONST-RSDNT-SW

Services: Housekeeping Off-Site Residents Indicator 1 738 738 VARCHAR2
Description: Indicates if housekeeping services are provided off-site to residents.
SAS Name: HSEKPNG_SRVC_OFSITE_RSDNT_SW

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SHORT DESCRIPTION	LEN	START	END	TYPE
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COBOL Name: HSEKPNG-SRVC-OFSITE-RSDNT-SW

Services: Housekeeping On-Site Nonresidents Indicator 1 739 739 VARCHAR2
Description: Indicates if housekeeping services are provided on-site to nonresidents.
SAS Name: HSEKPNG_SRVC_ONST_NRSNT_SW
COBOL Name: HSEKPNG-SRVC-ONST-NRSNT-SW

Services: Housekeeping On-Site Residents Indicator 1 740 740 VARCHAR2
Description: Indicates if housekeeping services are provided on-site to residents.
SAS Name: HSEKPNG_SRVC_ONST_RSDNT_SW
COBOL Name: HSEKPNG-SRVC-ONST-RSDNT-SW

Services: Mental Health Off-Site Residents Indicator 1 747 747 VARCHAR2
Description: Indicates if mental health services are provided off-site to residents.

SAS Name: MENTL_HLTH_OFSITE_RSDNT_SW
COBOL Name: MENTL-HLTH-OFSITE-RSDNT-SW

Services: Mental Health On-Site Nonresidents 1 748 748 VARCHAR2
Indicator

Description: Indicates if mental health services are provided on-site
to nonresidents.

SAS Name: MENTL_HLTH_ONST_NRSNT_SW
COBOL Name: MENTL-HLTH-ONST-NRSNT-SW

Services: Mental Health On-Site Residents Indicator 1 749 749 VARCHAR2

Description: Indicates if mental health services are provided on-site
to residents.

SAS Name: MENTL_HLTH_ONST_RSDNT_SW
COBOL Name: MENTL-HLTH-ONST-RSDNT-SW

Services: Nursing Off-Site Residents Indicator 1 760 760 VARCHAR2

Description: Indicates if nursing services are provided off-site to
residents.

SAS Name: NRSNG_SRVC_OFSITE_RSDNT_SW
COBOL Name: NRSNG-SRVC-OFSITE-RSDNT-SW

Services: Nursing On-Site Nonresidents Indicator 1 761 761 VARCHAR2

Description: Indicates if nursing services are provided on-site to
nonresidents.

SAS Name: NRSNG_SRVC_ONST_NRSNT_SW
COBOL Name: NRSNG-SRVC-ONST-NRSNT-SW

Services: Nursing On-Site Residents Indicator 1 762 762 VARCHAR2

Description: Indicates if nursing services are provided on-site to
residents.

SAS Name: NRSNG_SRVC_ONST_RSDNT_SW
COBOL Name: NRSNG-SRVC-ONST-RSDNT-SW

Services: OT Off-Site Residents Indicator 1 776 776 VARCHAR2

Description: Indicates if occupational therapy services are provided
off-site to residents.

SAS Name: OT_SRVC_OFSITE_RSDNT_SW
COBOL Name: OT-SRVC-OFSITE-RSDNT-SW

Services: OT On-Site Nonresidents Indicator 1 777 777 VARCHAR2

Description: Indicates if occupational therapy services are provided
on-site to nonresidents.

SAS Name: OT_SRVC_ONST_NRSNT_SW
COBOL Name: OT-SRVC-ONST-NRSNT-SW

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SHORT DESCRIPTION	LEN	START	END	TYPE
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Services: OT On-Site Residents Indicator 1 778 778 VARCHAR2

Description: Indicates if occupational therapy services are provided on-site to residents.

SAS Name: OT_SRVC_ONST_RSDNT_SW

COBOL Name: OT-SRVC-ONST-RSDNT-SW

Services: Pharmacy Off-Site Residents Indicator 1 789 789 VARCHAR2

Description: Indicates if pharmacy services are provided off-site to residents.

SAS Name: PHRMCY_SRVC_OFSITE_RSDNT_SW

COBOL Name: PHRMCY-SRVC-OFSITE-RSDNT-SW

Services: Pharmacy On-Site Nonresidents Indicator 1 790 790 VARCHAR2

Description: Indicates if pharmacy services are provided on-site to nonresidents.

SAS Name: PHRMCY_SRVC_ONST_NRSNT_SW

COBOL Name: PHRMCY-SRVC-ONST-NRSNT-SW

Services: Pharmacy On-Site Residents Indicator 1 791 791 VARCHAR2

Description: Indicates if pharmacy services are provided on-site to residents.

SAS Name: PHRMCY_SRVC_ONST_RSDNT_SW

COBOL Name: PHRMCY-SRVC-ONST-RSDNT-SW

Services: Physician Extender Off-Site Residents Indicator 1 796 796 VARCHAR2

Description: Indicates if physician extender services are provided off-site to residents.

SAS Name: PHYSN_EXT_SRVC_OFSITE_RSDNT_SW

COBOL Name: PHYSN-EXT-SRVC-OFSITE-RSDNT-SW

Services: Physician Extender On-Site Nonresidents Indicator 1 797 797 VARCHAR2

Description: Indicates if physician extender services are provided on-site to nonresidents.

SAS Name: PHYSN_EXT_SRVC_ONST_NRSNT_SW

COBOL Name: PHYSN-EXT-SRVC-ONST-NRSNT-SW

Services: Physician Extender On-Site Residents Indicator 1 798 798 VARCHAR2

Description: Indicates if physician extender services are provided on-site to residents.

SAS Name: PHYSN_EXT_SRVC_ONST_RSDNT_SW

COBOL Name: PHYSN-EXT-SRVC-ONST-RSDNT-SW

Services: Physician Off-Site Residents Indicator 1 799 799 VARCHAR2

Description: Indicates if physician services are provided off-site to residents.

SAS Name: PHYSN_SRVC_OFSITE_RSDNT_SW

COBOL Name: PHYSN-SRVC-OFSITE-RSDNT-SW

Services: Physician On-Site Nonresidents Indicator 1 800 800 VARCHAR2

Description: Indicates if physician services are provided on-site to nonresidents.

SAS Name: PHYSN_SRVC_ONST_NRSNT_SW
COBOL Name: PHYSN-SRVC-ONST-NRSNT-SW

Services: Physician On-Site Residents Indicator 1 801 801 VARCHAR2
Description: Indicates if physician services are provided on-site to residents.

SAS Name: PHYSN_SRVC_ONST_RSDNT_SW
COBOL Name: PHYSN-SRVC-ONST-RSDNT-SW

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(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Services: Podiatry Off-Site Residents Indicator	1	802	802	VARCHAR2
Description: Indicates if podiatry services are provided off-site to residents.				

SAS Name: PDTRY_SRVC_OFSITE_RSDNT_SW
COBOL Name: PDTRY-SRVC-OFSITE-RSDNT-SW

Services: Podiatry On-Site Nonresidents Indicator	1	803	803	VARCHAR2
Description: Indicates if podiatry services are provided on-site to nonresidents.				

SAS Name: PDTRY_SRVC_ONST_NRSNT_SW
COBOL Name: PDTRY-SRVC-ONST-NRSNT-SW

Services: Podiatry On-Site Residents Indicator	1	804	804	VARCHAR2
Description: Indicates if podiatry services are provided on-site to residents.				

SAS Name: PDTRY_SRVC_ONST_RSDNT_SW
COBOL Name: PDTRY-SRVC-ONST-RSDNT-SW

Services: PT Off-Site Residents Indicator	1	814	814	VARCHAR2
Description: Indicates if physical therapy services are provided off-site to residents.				

SAS Name: PT_OFSITE_RSDNT_SW
COBOL Name: PT-OFSITE-RSDNT-SW

Services: PT On-Site Nonresidents Indicator	1	815	815	VARCHAR2
Description: Indicates if physical therapy services are provided on-site to nonresidents.				

SAS Name: PT_ONST_NRSNT_SW
COBOL Name: PT-ONST-NRSNT-SW

Services: PT On-Site Residents Indicator	1	816	816	VARCHAR2
Description: Indicates if physical therapy services are provided on-site to residents.				

SAS Name: PT_ONST_RSDNT_SW
COBOL Name: PT-ONST-RSDNT-SW

Services: Social Work Off-Site Residents Indicator	1	827	827	VARCHAR2
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Description: Indicates if social work services are provided off-site to residents.

SAS Name: SCL_WORK_SRVC_OFSITE_RSDNT_SW
COBOL Name: SCL-WORK-SRVC-OFSITE-RSDNT-SW

Services: Social Work On-Site Nonresidents Indicator 1 828 828 VARCHAR2

Description: Indicates if social work services are provided on-site to nonresidents.

SAS Name: SCL_WORK_SRVC_ONST_NRSNT_SW
COBOL Name: SCL-WORK-SRVC-ONST-NRSNT-SW

Services: Social Work On-Site Residents Indicator 1 829 829 VARCHAR2

Description: Indicates if social work services are provided on-site to residents.

SAS Name: SCL_WORK_SRVC_ONST_RSDNT_SW
COBOL Name: SCL-WORK-SRVC-ONST-RSDNT-SW

Services: Speech Pathology Off-Site Residents Indicator 1 834 834 VARCHAR2

Description: Indicates if speech/language pathology services are provided off-site to residents.

SAS Name: SPCH_PTHLGY_OFSITE_RSDNT_SW
COBOL Name: SPCH-PTHLGY-OFSITE-RSDNT-SW

Services: Speech Pathology On-Site Nonresidents Indicator 1 835 835 VARCHAR2

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(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Description: Indicates if speech/language pathology services are provided on-site to nonresidents.

SAS Name: SPCH_PTHLGY_ONST_NRSNT_SW
COBOL Name: SPCH-PTHLGY-ONST-NRSNT-SW

Services: Speech Pathology On-Site Residents Indicator 1 836 836 VARCHAR2

Description: Indicates if speech/language pathology services are provided on-site to residents.

SAS Name: SPCH_PTHLGY_ONST_RSDNT_SW
COBOL Name: SPCH-PTHLGY-ONST-RSDNT-SW

Services: Therapeutic - Other Activities Staff - Off-Site Residents Indicator 1 839 839 VARCHAR2

Description: Indicates if therapeutic services are provided off-site to residents by other activities staff.

SAS Name: ACTVTY_OTHR_OFSITE_RSDNT_SW
COBOL Name: ACTVTY-OTHR-OFSITE-RSDNT-SW

Services: Therapeutic - Other Activities Staff - 1 840 840 VARCHAR2

On-Site Nonresidents Indicator

Description: Indicates if therapeutic services are provided on-site to nonresidents by other activities staff.

SAS Name: ACTVTY_OTHR_ONST_NRSNT_SW

COBOL Name: ACTVTY-OTHR-ONST-NRSNT-SW

Services: Therapeutic - Other Activities Staff - 1 841 841 VARCHAR2

On-Site Residents Indicator

Description: Indicates if therapeutic services are provided on-site to residents by other activities staff.

SAS Name: ACTVTY_OTHR_ONST_RSDNT_SW

COBOL Name: ACTVTY-OTHR-ONST-RSDNT-SW

Services: Therapeutic - Other Social Services Staff - 1 842 842 VARCHAR2

Off-Site Residents Indicator

Description: Indicates if other therapeutic social services are provided off-site to residents.

SAS Name: SCL_SRVC_OTHR_OFSITE_RSDNT_SW

COBOL Name: SCL-SRVC-OTHR-OFSITE-RSDNT-SW

Services: Therapeutic - Other Social Services Staff - 1 843 843 VARCHAR2

On-Site Nonresidents Indicator

Description: Indicates if other therapeutic social services are provided on-site to nonresidents.

SAS Name: SCL_SRVC_OTHR_ONST_NRSNT_SW

COBOL Name: SCL-SRVC-OTHR-ONST-NRSNT-SW

Services: Therapeutic - Other Social Services Staff - 1 844 844 VARCHAR2

On-Site Residents Indicator

Description: Indicates if other therapeutic social services are provided on-site to residents.

SAS Name: SCL_SRVC_OTHR_ONST_RSDNT_SW

COBOL Name: SCL-SRVC-OTHR-ONST-RSDNT-SW

Services: Therapeutic - Qualified Activities 1 845 845 VARCHAR2

Professional - Off-Site Residents Indicator

Description: Indicates if therapeutic services are provided off-site to residents by qualified activities professionals.

SAS Name: ACTVTY_OFSITE_RSDNT_SW

COBOL Name: ACTVTY-OFSITE-RSDNT-SW

Services: Therapeutic - Qualified Activities 1 846 846 VARCHAR2

Professional - On-Site Nonresidents Indicator

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SHORT DESCRIPTION

LEN START END TYPE

Description: Indicates if therapeutic services are provided on-site to nonresidents by qualified activities professionals.

SAS Name: ACTVTY_ONST_NRSNT_SW

COBOL Name: ACTVTY-ONST-NRSDNT-SW

Services: Therapeutic - Qualified Activities 1 847 847 VARCHAR2

Professional - On-Site Residents Indicator

Description: Indicates if therapeutic services are provided on-site to residents by qualified activities professionals.

SAS Name: ACTVTY_ONST_RSDNT_SW

COBOL Name: ACTVTY-ONST-RSDNT-SW

Services: Therapeutic Recreational Specialty Off-Site 1 849 849 VARCHAR2

Residents Indicator

Description: Indicates if therapeutic recreation specialist services are provided off-site to residents.

SAS Name: THRPTC_RCRTNL_OFSITE_RSDNT_SW

COBOL Name: THRPTC-RCRTNL-OFSITE-RSDNT-SW

Services: Therapeutic Recreational Specialty On-Site 1 850 850 VARCHAR2

Nonresidents Indicator

Description: Indicates if therapeutic recreation specialist services are provided on-site to nonresidents.

SAS Name: THRPTC_RCRTNL_ONST_NRSDNT_SW

COBOL Name: THRPTC-RCRTNL-ONST-NRSDNT-SW

Services: Therapeutic Recreational Specialty On-Site 1 851 851 VARCHAR2

Residents Indicator

Description: Indicates if therapeutic recreation specialist services are provided on-site to residents.

SAS Name: THRPTC_RCRTNL_ONST_RSDNT_SW

COBOL Name: THRPTC-RCRTNL-ONST-RSDNT-SW

Services: Vocational Off-Site Residents Indicator 1 854 854 VARCHAR2

Description: Indicates if vocational services are provided off-site to residents.

SAS Name: VCTNL_SRVC_OFSITE_RSDNT_SW

COBOL Name: VCTNL-SRVC-OFSITE-RSDNT-SW

Services: Vocational On-Site Nonresidents Indicator 1 855 855 VARCHAR2

Description: Indicates if vocational services are provided on-site to nonresidents.

SAS Name: VCTNL_SRVC_ONST_NRSDNT_SW

COBOL Name: VCTNL-SRVC-ONST-NRSDNT-SW

Services: Vocational On-Site Residents Indicator 1 856 856 VARCHAR2

Description: Indicates if vocational services are provided on-site to residents.

SAS Name: VCTNL_SRVC_ONST_RSDNT_SW

COBOL Name: VCTNL-SRVC-ONST-RSDNT-SW

Services: X-ray Off-Site Residents Indicator 1 857 857 VARCHAR2

Description: Indicates if diagnostic X-ray services are provided off-site to residents.

SAS Name: DGNSTC_XRAY_OFSITE_RSDNT_SW

COBOL Name: DGNSTC-XRAY-OFSITE-RSDNT-SW

Services: X-ray On-Site Nonresidents Indicator 1 858 858 VARCHAR2
Description: Indicates if diagnostic X-ray services are provided
on-site to nonresidents.
SAS Name: DGNSTC_XRAY_ONST_NRSNT_SW
COBOL Name: DGNSTC-XRAY-ONST-NRSNT-SW

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SHORT DESCRIPTION LEN START END TYPE

Services: X-ray On-Site Residents Indicator 1 859 859 VARCHAR2
Description: Indicates if diagnostic X-ray services are provided
on-site to residents.
SAS Name: DGNSTC_XRAY_ONST_RSDNT_SW
COBOL Name: DGNSTC-XRAY-ONST-RSDNT-SW

Staff Count Override Indicator 1 861 861 CHAR
Description: Indicates if the regional office has approved a
significant staff count change from the previous
certification.
SAS Name: OVRRD_STFG_SW
COBOL Name: OVRRD-STFG-SW

Staff Count: Administrative Staff - Contract 8 862 869 NUMBER
Description: Number of full-time equivalent administrative staff under
contract to a facility.
SAS Name: PROFNL_ADMIN_CNTRCT_CNT
COBOL Name: PROFNL-ADMIN-CNTRCT-CNT

Staff Count: Administrative Staff - Full-Time 8 870 877 NUMBER
Description: Number of full-time equivalent administrative staff
employed on a full-time basis by a facility.
SAS Name: PROFNL_ADMIN_FLTM_CNT
COBOL Name: PROFNL-ADMIN-FLTM-CNT

Staff Count: Administrative Staff - Part-Time 8 878 885 NUMBER
Description: Number of full-time equivalent administrative staff
employed on a part-time basis by a facility.
SAS Name: PROFNL_ADMIN_PRTM_CNT
COBOL Name: PROFNL-ADMIN-PRTM-CNT

Staff Count: Certified Nurse Aide - Contract 8 910 917 NUMBER
Description: Number of full-time equivalent certified nurse aides
under contract to a facility.
SAS Name: NRS_AIDE_CNTRCT_CNT
COBOL Name: NRS-AIDE-CNTRCT-CNT

Staff Count: Certified Nurse Aide - Full-Time 8 918 925 NUMBER
Description: Number of full-time equivalent certified nurse aides
employed full-time by a facility.

SAS Name: NRS_AIDE_FLTM_CNT
COBOL Name: NRS-AIDE-FLTM-CNT

Staff Count: Certified Nurse Aide - Part-Time 8 926 933 NUMBER
Description: Number of full-time equivalent certified nurse aides
employed part-time by a facility.

SAS Name: NRS_AIDE_PRTM_CNT
COBOL Name: NRS-AIDE-PRTM-CNT

Staff Count: Dentist - Contract 8 958 965 NUMBER
Description: Number of full-time equivalent dentists under contract to
a facility.

SAS Name: DNTST_CNTRCT_CNT
COBOL Name: DNTST-CNTRCT-CNT

Staff Count: Dentist - Full-Time 8 966 973 NUMBER
Description: Number of full-time equivalent dentists employed full
time by a facility.

SAS Name: DNTST_FLTM_CNT
COBOL Name: DNTST-FLTM-CNT

Staff Count: Dentist - Part-Time 8 974 981 NUMBER
Description: Number of full-time equivalent dentists employed part

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SHORT DESCRIPTION	LEN	START	END	TYPE
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time by a facility.

SAS Name: DNTST_PRTM_CNT
COBOL Name: DNTST-PRTM-CNT

Staff Count: Dietitian - Contract 8 990 997 NUMBER
Description: Number of full-time equivalent dietitians under contract
to a facility.

SAS Name: DIETN_CNTRCT_CNT
COBOL Name: DIETN-CNTRCT-CNT

Staff Count: Dietitian - Full-Time 8 998 1005 NUMBER
Description: Number of full-time equivalent dietitians employed full
time by a facility.

SAS Name: DIETN_FLTM_CNT
COBOL Name: DIETN-FLTM-CNT

Staff Count: Dietitian - Part-Time 8 1006 1013 NUMBER
Description: Number of full-time equivalent dietitians employed part
time by a facility.

SAS Name: DIETN_PRTM_CNT
COBOL Name: DIETN-PRTM-CNT

Staff Count: Food Service Worker - Contract 8 1022 1029 NUMBER

Description: Number of full-time equivalent food service personnel
under contract to a facility.

SAS Name: FOOD_SRVC_CNTRCT_CNT

COBOL Name: FOOD-SRVC-CNTRCT-CNT

Staff Count: Food Service Worker - Full-Time 8 1030 1037 NUMBER

Description: Number of full-time equivalent food service personnel
employed full-time by a facility.

SAS Name: FOOD_SRVC_FLTM_CNT

COBOL Name: FOOD-SRVC-FLTM-CNT

Staff Count: Food Service Worker - Part-Time 8 1038 1045 NUMBER

Description: Number of full-time equivalent food service personnel
employed part-time by a facility.

SAS Name: FOOD_SRVC_PRTM_CNT

COBOL Name: FOOD-SRVC-PRTM-CNT

Staff Count: Housekeeping - Contract 8 1070 1077 NUMBER

Description: Number of full-time equivalent housekeeping personnel
under contract to a facility.

SAS Name: HSEKPNG_CNTRCT_CNT

COBOL Name: HSEKPNG-CNTRCT-CNT

Staff Count: Housekeeping - Full-Time 8 1078 1085 NUMBER

Description: Number of full-time equivalent housekeeping personnel
employed full-time by a facility.

SAS Name: HSEKPNG_FLTM_CNT

COBOL Name: HSEKPNG-FLTM-CNT

Staff Count: Housekeeping - Part-Time 8 1086 1093 NUMBER

Description: Number of full-time equivalent housekeeping personnel
employed part-time by a facility.

SAS Name: HSEKPNG_PRTM_CNT

COBOL Name: HSEKPNG-PRTM-CNT

Staff Count: LPN/LVN - Contract 8 1118 1125 NUMBER

Description: Number of full-time equivalent licensed
practical/vocational nurses under contract to a facility.

SAS Name: LPN_LVN_CNTRCT_CNT

COBOL Name: LPN-LVN-CNTRCT-CNT

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SHORT DESCRIPTION	LEN	START	END	TYPE
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Staff Count: LPN/LVN - Full-Time 8 1126 1133 NUMBER

Description: Number of full-time equivalent licensed
practical/vocational nurses employed full-time by a
facility.

SAS Name: LPN_LVN_FLTM_CNT

COBOL Name: LPN-LVN-FLTM-CNT

Staff Count: LPN/LVN - Part-Time 8 1134 1141 NUMBER

Description: Number of full-time equivalent licensed practical/vocational nurses employed part-time by a facility.

SAS Name: LPN_LVN_PRTM_CNT

COBOL Name: LPN-LVN-PRTM-CNT

Staff Count: Medical Director - Contract 8 1150 1157 NUMBER

Description: Number of full-time equivalent medical directors under contract to a facility.

SAS Name: MDCL_DRCTR_CNTRCT_CNT

COBOL Name: MDCL-DRCTR-CNTRCT-CNT

Staff Count: Medical Director - Full-Time 8 1158 1165 NUMBER

Description: Number of full-time equivalent medical directors employed full-time by a facility.

SAS Name: MDCL_DRCTR_FLTM_CNT

COBOL Name: MDCL-DRCTR-FLTM-CNT

Staff Count: Medical Director - Part-Time 8 1166 1173 NUMBER

Description: Number of full-time equivalent medical directors employed part-time by a facility.

SAS Name: MDCL_DRCTR_PRTM_CNT

COBOL Name: MDCL-DRCTR-PRTM-CNT

Staff Count: Medication Aide/Technician - Contract 8 1198 1205 NUMBER

Description: Number of full-time equivalent medication aides/technicians under contract to a facility.

SAS Name: MDCTN_AIDE_CNTRCT_CNT

COBOL Name: MDCTN-AIDE-CNTRCT-CNT

Staff Count: Medication Aide/Technician - Full-Time 8 1206 1213 NUMBER

Description: Number of full-time equivalent medication aides/technicians employed full-time by a facility.

SAS Name: MDCTN_AIDE_FLTM_CNT

COBOL Name: MDCTN-AIDE-FLTM-CNT

Staff Count: Medication Aide/Technician - Part-Time 8 1214 1221 NUMBER

Description: Number of full-time equivalent medication aides/technicians employed part-time by a facility.

SAS Name: MDCTN_AIDE_PRTM_CNT

COBOL Name: MDCTN-AIDE-PRTM-CNT

Staff Count: Mental Health Services - Contract 8 1222 1229 NUMBER

Description: Number of full-time equivalent mental health services personnel under contract to a facility.

SAS Name: MENTL_HLTH_SRVC_CNTRCT_CNT

COBOL Name: MENTL-HLTH-SRVC-CNTRCT-CNT

Staff Count: Mental Health Services - Full-Time 8 1230 1237 NUMBER

Description: Number of full-time equivalent mental health services personnel employed full-time by a facility.

SAS Name: MENTL_HLTH_SRVC_FLTM_CNT
COBOL Name: MENTL-HLTH-SRVC-FLTM-CNT

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SHORT DESCRIPTION	LEN	START	END	TYPE
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Staff Count: Mental Health Services - Part-Time	8	1238	1245	NUMBER
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Description: Number of full-time equivalent mental health services
personnel employed part-time by a facility.

SAS Name: MENTL_HLTH_SRVC_PRTM_CNT
COBOL Name: MENTL-HLTH-SRVC-PRTM-CNT

Staff Count: Nurse Aide in Training - Contract	8	1254	1261	NUMBER
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Description: Number of full-time equivalent nurse aides in training
under contract to a facility.

SAS Name: NAT_CNTRCT_CNT
COBOL Name: NAT-CNTRCT-CNT

Staff Count: Nurse Aide in Training - Full-Time	8	1262	1269	NUMBER
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Description: Number of full-time equivalent nurse aides in training
employed full-time by a facility.

SAS Name: NAT_FLTM_CNT
COBOL Name: NAT-FLTM-CNT

Staff Count: Nurse Aide in Training - Part-Time	8	1270	1277	NUMBER
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Description: Number of full-time equivalent nurse aides in training
employed part-time by a facility.

SAS Name: NAT_PRTM_CNT
COBOL Name: NAT-PRTM-CNT

Staff Count: Nurse With Administrative Duties - Contract	8	1286	1293	NUMBER
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Description: Number of full-time equivalent nurses with administrative
duties under contract to a facility.

SAS Name: NRS_ADMINV_CNTRCT_CNT
COBOL Name: NRS-ADMINV-CNTRCT-CNT

Staff Count: Nurse With Administrative Duties - Full-Time	8	1294	1301	NUMBER
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Description: Number of full-time equivalent nurses with administrative
duties employed full-time by a facility.

SAS Name: NRS_ADMINV_FLTM_CNT
COBOL Name: NRS-ADMINV-FLTM-CNT

Staff Count: Nurse With Administrative Duties - Part-Time	8	1302	1309	NUMBER
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Description: Number of full-time equivalent nurses with administrative
duties employed part-time by a facility.

SAS Name: NRS_ADMINV_PRTM_CNT

COBOL Name: NRS-ADMINV-PRTM-CNT

Staff Count: OT - Arrangement 8 1318 1325 NUMBER
Description: Number of full-time equivalent occupational therapists
under arrangement to the provider
SAS Name: OCPTNL_THRPST_CNTRCT_CNT
COBOL Name: OCPTNL-THRPST-CNTRCT-CNT

Staff Count: OT - Full-Time 8 1326 1333 NUMBER
Description: Number of full-time equivalent occupational therapists
employed full-time by a facility.
SAS Name: OCPTNL_THRPST_FLTM_CNT
COBOL Name: OCPTNL-THRPST-FLTM-CNT

Staff Count: OT - Part-Time 8 1334 1341 NUMBER
Description: Number of full-time equivalent occupational therapists
employed part-time by a facility.
SAS Name: OCPTNL_THRPST_PRTM_CNT
COBOL Name: OCPTNL-THRPST-PRTM-CNT

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SHORT DESCRIPTION	LEN	START	END	TYPE
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Staff Count: OT Aide - Contract	8	1342	1349	NUMBER
Description: Number of full-time equivalent occupational therapy aides under contract to a facility.				
SAS Name: OT_AIDE_CNTRCT_CNT				
COBOL Name: OT-AIDE-CNTRCT-CNT				

Staff Count: OT Aide - Full-Time	8	1350	1357	NUMBER
Description: Number of full-time equivalent occupational therapy aides employed full-time by a facility.				
SAS Name: OT_AIDE_FLTM_CNT				
COBOL Name: OT-AIDE-FLTM-CNT				

Staff Count: OT Aide - Part-Time	8	1358	1365	NUMBER
Description: Number of full-time equivalent occupational therapy aides employed part-time by a facility.				
SAS Name: OT_AIDE_PRTM_CNT				
COBOL Name: OT-AIDE-PRTM-CNT				

Staff Count: OT Assistant - Contract	8	1366	1373	NUMBER
Description: Number of full-time equivalent occupational therapy assistants under contract to a facility.				
SAS Name: OT_ASTNT_CNTRCT_CNT				
COBOL Name: OT-ASTNT-CNTRCT-CNT				

Staff Count: OT Assistant - Full-Time	8	1374	1381	NUMBER
Description: Number of full-time equivalent occupational therapy				

assistants employed full-time by a facility.

SAS Name: OT_ASTNT_FLTM_CNT

COBOL Name: OT-ASTNT-FLTM-CNT

Staff Count: OT Assistant - Part-Time 8 1382 1389 NUMBER

Description: Number of full-time equivalent occupational therapy
assistants employed part-time by a facility.

SAS Name: OT_ASTNT_PRTM_CNT

COBOL Name: OT-ASTNT-PRTM-CNT

Staff Count: Other Activities - Contract 8 1398 1405 NUMBER

Description: Number of full-time equivalent other activities staff
providing therapeutic services under contract to a
facility.

SAS Name: ACTVTY_STF_OTHR_CNTRCT_CNT

COBOL Name: ACTVTY-STF-OTHR-CNTRCT-CNT

Staff Count: Other Activities - Full-Time 8 1406 1413 NUMBER

Description: Number of full-time equivalent other activities staff
providing therapeutic services employed full time by a
facility.

SAS Name: ACTVTY_STF_OTHR_FLTM_CNT

COBOL Name: ACTVTY-STF-OTHR-FLTM-CNT

Staff Count: Other Activities - Part-Time 8 1414 1421 NUMBER

Description: Number of full-time equivalent other activities staff
providing therapeutic services employed part time by a
facility.

SAS Name: ACTVTY_STF_OTHR_PRTM_CNT

COBOL Name: ACTVTY-STF-OTHR-PRTM-CNT

Staff Count: Other Physician - Contract 8 1422 1429 NUMBER

Description: Number of full-time equivalent other physicians under
contract to a facility.

SAS Name: PHYSN_OTHR_CNTRCT_CNT

COBOL Name: PHYSN-OTHR-CNTRCT-CNT

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SHORT DESCRIPTION	LEN	START	END	TYPE
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Staff Count: Other Physician - Full-Time 8 1430 1437 NUMBER

Description: Number of full-time equivalent other physicians employed
full-time by a facility.

SAS Name: PHYSN_OTHR_FLTM_CNT

COBOL Name: PHYSN-OTHR-FLTM-CNT

Staff Count: Other Physician - Part-Time 8 1438 1445 NUMBER

Description: Number of full-time equivalent other physicians employed
part-time by a facility.

SAS Name: PHYSN_OTHR_PRTM_CNT
COBOL Name: PHYSN-OTHR-PRTM-CNT

Staff Count: Other Social Services - Contract 8 1446 1453 NUMBER
Description: Number of full-time equivalent other social services
staff under contract to a facility.

SAS Name: SCL_SRVC_OTHR_STF_CNTRCT_CNT
COBOL Name: SCL-SRVC-OTHR-STF-CNTRCT-CNT

Staff Count: Other Social Services - Full-Time 8 1454 1461 NUMBER
Description: Number of full-time equivalent other social services
staff employed full time by a facility.

SAS Name: SCL_SRVC_OTHR_STF_FLTM_CNT
COBOL Name: SCL-SRVC-OTHR-STF-FLTM-CNT

Staff Count: Other Social Services - Part-Time 8 1462 1469 NUMBER
Description: Number of full-time equivalent other social services
staff employed part time by a facility.

SAS Name: SCL_SRVC_OTHR_STF_PRTM_CNT
COBOL Name: SCL-SRVC-OTHR-STF-PRTM-CNT

Staff Count: Other Staff - Contract 8 1470 1477 NUMBER
Description: Number of full-time equivalent staff not included in any
other categories under contract to the facility.

SAS Name: STF_OTHR_CNTRCT_CNT
COBOL Name: STF-OTHR-CNTRCT-CNT

Staff Count: Other Staff - Full-Time 8 1478 1485 NUMBER
Description: Number of full-time equivalent persons not included in
any other categories employed full-time by the facility.

SAS Name: STF_OTHR_FLTM_CNT
COBOL Name: STF-OTHR-FLTM-CNT

Staff Count: Other Staff - Part-Time 8 1486 1493 NUMBER
Description: Number of full-time equivalent persons not included in
any other categories employed part-time by the facility.

SAS Name: STF_OTHR_PRTM_CNT
COBOL Name: STF-OTHR-PRTM-CNT

Staff Count: Pharmacist - Contract 8 1494 1501 NUMBER
Description: Number of full-time equivalent pharmacists under contract
to a facility.

SAS Name: PHRMCST_CNTRCT_CNT
COBOL Name: PHRMCST-CNTRCT-CNT

Staff Count: Pharmacist - Full-Time 8 1502 1509 NUMBER
Description: Number of full-time equivalent pharmacists employed
full-time by a facility.

SAS Name: PHRMCST_FLTM_CNT
COBOL Name: PHRMCST-FLTM-CNT

Staff Count: Pharmacist - Part-Time 8 1510 1517 NUMBER
Description: Number of full-time equivalent pharmacists employed
part-time by a facility.

SHORT DESCRIPTION	LEN	START	END	TYPE
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SAS Name: PHRMCST_PRTM_CNT
 COBOL Name: PHRMCST-PRTM-CNT

Staff Count: Physical Therapist - Contract 8 1518 1525 NUMBER
 Description: Number of full-time equivalent physical therapists under contract to a facility.

SAS Name: PHYS_THRPST_CNTRCT_CNT
 COBOL Name: PHYS-THRPST-CNTRCT-CNT

Staff Count: Physical Therapist - Full-Time 8 1526 1533 NUMBER
 Description: Number of full-time equivalent physical therapists employed full-time by a facility.

SAS Name: PHYS_THRPST_FLTM_CNT
 COBOL Name: PHYS-THRPST-FLTM-CNT

Staff Count: Physical Therapist - Part-Time 8 1534 1541 NUMBER
 Description: Number of full-time equivalent physical therapists employed part-time by a facility.

SAS Name: PHYS_THRPST_PRTM_CNT
 COBOL Name: PHYS-THRPST-PRTM-CNT

Staff Count: Physician Extender - Contract 8 1566 1573 NUMBER
 Description: Number of full-time equivalent physician extenders under contract to the facility.

SAS Name: PHYSN_EXT_CNTRCT_CNT
 COBOL Name: PHYSN-EXT-CNTRCT-CNT

Staff Count: Physician Extender - Full-Time 8 1574 1581 NUMBER
 Description: Number of full-time equivalent physician extenders employed full-time by the facility.

SAS Name: PHYSN_EXT_FLTM_CNT
 COBOL Name: PHYSN-EXT-FLTM-CNT

Staff Count: Physician Extender - Part-Time 8 1582 1589 NUMBER
 Description: Number of full-time equivalent physician extenders employed part-time by the facility.

SAS Name: PHYSN_EXT_PRTM_CNT
 COBOL Name: PHYSN-EXT-PRTM-CNT

Staff Count: Podiatrist - Contract 8 1598 1605 NUMBER
 Description: Number of full-time equivalent podiatrists under contract to a facility.

SAS Name: PDTRST_CNTRCT_CNT
 COBOL Name: PDTRST-CNTRCT-CNT

Staff Count: Podiatrist - Full-Time 8 1606 1613 NUMBER

Description: Number of full-time equivalent podiatrists employed
full-time by a facility.

SAS Name: PDTRST_FLTM_CNT

COBOL Name: PDTRST-FLTM-CNT

Staff Count: Podiatrist - Part-Time 8 1614 1621 NUMBER

Description: Number of full-time equivalent podiatrists employed
part-time by a facility.

SAS Name: PDTRST_PRTM_CNT

COBOL Name: PDTRST-PRTM-CNT

Staff Count: PT Aide - Contract 8 1654 1661 NUMBER

Description: Number of full-time equivalent physical therapy aides
under contract to a facility.

SAS Name: PT_AIDE_CNTRCT_CNT

COBOL Name: PT-AIDE-CNTRCT-CNT

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SHORT DESCRIPTION	LEN	START	END	TYPE
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Staff Count: PT Aide - Full-Time	8	1662	1669	NUMBER
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Description: Number of full-time equivalent physical therapy aides
employed full-time by a facility.

SAS Name: PT_AIDE_FLTM_CNT

COBOL Name: PT-AIDE-FLTM-CNT

Staff Count: PT Aide - Part-Time	8	1670	1677	NUMBER
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Description: Number of full-time equivalent physical therapy aides
employed part-time by a facility.

SAS Name: PT_AIDE_PRTM_CNT

COBOL Name: PT-AIDE-PRTM-CNT

Staff Count: PT Assistant - Contract	8	1678	1685	NUMBER
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Description: Number of full-time equivalent physical therapy
assistants under contract to a facility.

SAS Name: PT_ASTNT_CNTRCT_CNT

COBOL Name: PT-ASTNT-CNTRCT-CNT

Staff Count: PT Assistant - Full-Time	8	1686	1693	NUMBER
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Description: Number of full-time equivalent physical therapy
assistants employed full-time by a facility.

SAS Name: PT_ASTNT_FLTM_CNT

COBOL Name: PT-ASTNT-FLTM-CNT

Staff Count: PT Assistant - Part-Time	8	1694	1701	NUMBER
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Description: Number of full-time equivalent physical therapy
assistants employed part-time by a facility.

SAS Name: PT_ASTNT_PRTM_CNT

COBOL Name: PT-ASTNT-PRTM-CNT

Staff Count: Qualified Activities Professional - 8 1702 1709 NUMBER
Contract

Description: Number of full-time equivalent qualified activities
professionals providing therapeutic services under
contract to a facility.

SAS Name: ACTVTY_PROFNL_CNTRCT_CNT

COBOL Name: ACTVTY-PROFNL-CNTRCT-CNT

Staff Count: Qualified Activities Professional - 8 1710 1717 NUMBER
Full-Time

Description: Number of full-time equivalent qualified activities
professionals providing therapeutic services employed
full time by a facility.

SAS Name: ACTVTY_PROFNL_FLTM_CNT

COBOL Name: ACTVTY-PROFNL-FLTM-CNT

Staff Count: Qualified Activities Professional - 8 1718 1725 NUMBER
Part-Time

Description: Number of full-time equivalent qualified activities
professionals providing therapeutic services employed
part time by a facility.

SAS Name: ACTVTY_PROFNL_PRTM_CNT

COBOL Name: ACTVTY-PROFNL-PRTM-CNT

Staff Count: RN - Contract 8 1758 1765 NUMBER

Description: Number of full-time equivalent registered nurses under
contract to a facility.

SAS Name: RN_CNTRCT_CNT

COBOL Name: RN-CNTRCT-CNT

Staff Count: RN - Full-Time 8 1766 1773 NUMBER

Description: Number of full-time equivalent registered nurses employed
full-time by a facility.

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 40
Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"
(SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

SAS Name: RN_FLTM_CNT

COBOL Name: RN-FLTM-CNT

Staff Count: RN - Part-Time 8 1774 1781 NUMBER

Description: Number of full-time equivalent registered nurses employed
part-time by a facility.

SAS Name: RN_PRTM_CNT

COBOL Name: RN-PRTM-CNT

Staff Count: RN Director of Nursing - Contract 8 1790 1797 NUMBER

Description: Number of full-time equivalent registered nurse directors
of nursing under contract to a facility.

SAS Name: RN_DRCTR_CNTRCT_CNT
COBOL Name: RN-DRCTR-CNTRCT-CNT

Staff Count: RN Director of Nursing - Full-Time 8 1798 1805 NUMBER
Description: Number of full-time equivalent registered nurse directors
of nursing employed full-time by a facility.

SAS Name: RN_DRCTR_FLTM_CNT
COBOL Name: RN-DRCTR-FLTM-CNT

Staff Count: RN Director of Nursing - Part-Time 8 1806 1813 NUMBER
Description: Number of full-time equivalent registered nurse directors
of nursing employed part-time by a facility.

SAS Name: RN_DRCTR_PRTM_CNT
COBOL Name: RN-DRCTR-PRTM-CNT

Staff Count: Social Worker - Contract 8 1822 1829 NUMBER
Description: Number of full-time equivalent social workers under
contract to a facility.

SAS Name: SCL_WORKR_CNTRCT_CNT
COBOL Name: SCL-WORKR-CNTRCT-CNT

Staff Count: Social Worker - Full-Time 8 1830 1837 NUMBER
Description: Number of full-time equivalent social workers employed
full-time by a facility.

SAS Name: SCL_WORKR_FLTM_CNT
COBOL Name: SCL-WORKR-FLTM-CNT

Staff Count: Social Worker - Part-Time 8 1838 1845 NUMBER
Description: Number of full-time equivalent social workers employed
part-time by a facility.

SAS Name: SCL_WORKR_PRTM_CNT
COBOL Name: SCL-WORKR-PRTM-CNT

Staff Count: Speech Pathologist - Contract 8 1854 1861 NUMBER
Description: Number of full-time equivalent speech pathologists under
contract to a facility.

SAS Name: SPCH_PTHLGST_CNTRCT_CNT
COBOL Name: SPCH-PTHLGST-CNTRCT-CNT

Staff Count: Speech Pathologist - Full-Time 8 1862 1869 NUMBER
Description: Number of full-time equivalent speech pathologists
employed full-time by a facility.

SAS Name: SPCH_PTHLGST_FLTM_CNT
COBOL Name: SPCH-PTHLGST-FLTM-CNT

Staff Count: Speech Pathologist - Part-Time 8 1870 1877 NUMBER
Description: Number of full-time equivalent speech pathologists
employed part-time by a facility.

SAS Name: SPCH_PTHLGST_PRTM_CNT
COBOL Name: SPCH-PTHLGST-PRTM-CNT

Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"
(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
Staff Count: Therapeutic Recreational Specialist - 8 Contract Description: Number of full-time equivalent therapeutic recreation specialist staff under contract to a facility. SAS Name: THRPTC_RCRTNL_CNTRCT_CNT COBOL Name: THRPTC-RCRTNL-CNTRCT-CNT		1910	1917	NUMBER
Staff Count: Therapeutic Recreational Specialist - 8 Full-Time Description: Number of full-time equivalent therapeutic recreation specialist staff employed full-time by a facility. SAS Name: THRPTC_RCRTNL_FLTM_CNT COBOL Name: THRPTC-RCRTNL-FLTM-CNT		1918	1925	NUMBER
Staff Count: Therapeutic Recreational Specialist - 8 Part-Time Description: Number of full-time equivalent therapeutic recreation specialist staff employed full-time by a facility. SAS Name: THRPTC_RCRTNL_PRTM_CNT COBOL Name: THRPTC-RCRTNL-PRTM-CNT		1926	1933	NUMBER

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 1
Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"
(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Provider Category Subtype Code	2	1	2	VARCHAR2
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Description: Identifies the subtype of the provider, within the primary category. Used in reporting to show the breakdown of provider categories, mainly for hospitals and SNFs.

SAS Name: PRVDR_CTGRY_SBTYP_CD

COBOL Name: PRVDR-CTGRY-SBTYP-CD

VALUES: 03=Title 18/19

Provider Category Code	2	3	4	VARCHAR2
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Description: Identifies the type of provider participating in the Medicare/Medicaid program.

SAS Name: PRVDR_CTGRY_CD

COBOL Name: PRVDR-CTGRY-CD

VALUES: 03=Skilled Nursing Facility/Nursing Facility (Distinct Part)

CHOW Count	2	5	6	NUMBER
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Description: Number of times this provider has undergone a change of ownership.

SAS Name: CHOW_CNT

COBOL Name: CHOW-CNT

CHOW Date	8	7	14	DATE
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Description: Effective date of the most recent change of ownership for this provider.

SAS Name: CHOW_DT

COBOL Name: CHOW-DT

Address: City	28	15	42	VARCHAR2
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Description: City in which the provider is physically located.

SAS Name: CITY_NAME

COBOL Name: CITY-NAME

Compliance: Acceptable POC 1 43 43 VARCHAR2

Description: Indicates if a provider is in compliance with program requirements based on an acceptable plan for correction of deficiencies.

SAS Name: ACPTBL_POC_SW

COBOL Name: ACPTBL-POC-SW

Compliance: Status 1 44 44 VARCHAR2

Description: Compliance status of a provider at the time of certification survey.

SAS Name: CMPLNC_STUS_CD

COBOL Name: CMPLNC-STUS-CD

VALUES: A=IN COMPLIANCE

B=NOT IN COMPLIANCE

SSA County Code 3 45 47 VARCHAR2

Description: Social Security Administration geographic code indicating the county where the provider is located.

SAS Name: SSA_CNTY_CD

COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR

Description: Cross reference provider number

SAS Name: CROSS_REF_PROVIDER_NUMBER

COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date 8 58 65 DATE

Description: Equal to the exit date of the initial visit of the Health survey for certifications completed after July 28, 2012.

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 2
Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"
(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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For certifications prior to that date, the certification date is equal to the exit date of the initial visit of the Health survey or LSC survey, whichever is later.

SAS Name: CRTFCTN_DT

COBOL Name: CRTFCTN-DT

Eligibility Indicator 1 66 66 VARCHAR2

Description: Indicates if a facility is eligible to participate in the Medicare and/or Medicaid programs.

SAS Name: ELGBLTY_SW

COBOL Name: ELGBLTY-SW

Facility Name 50 67 116 VARCHAR2

Description: Name of the provider certified to participate in the Medicare and/or Medicaid programs.

SAS Name: FAC_NAME
COBOL Name: FAC-NAME

Medicare Administrative Contractor (MAC) or 5 117 121 VARCHAR2
Intermediary or Carrier Code

Description: Number assigned to the Medicare Administrative
Contractor, intermediary or carrier servicing this
provider.

SAS Name: INTRMDRY_CARR_CD
COBOL Name: INTRMDRY-CARR-CD

VALUES: 00000=DUMMY FOR MEDICAID HHA
00010=BLUE CROSS (ALABAMA)
00011=CAHABA
00020=BLUE CROSS (ARKANSAS)
00040=BLUE CROSS (CALIFORNIA)
00060=BLUE CROSS (CONNECTICUT)
00070=BLUE CROSS (DELAWARE)
00090=BLUE CROSS (FLORIDA)
00101=BLUE CROSS (GEORGIA)
00121=HEALTH CARE SERVICE CORPORATION
00122=HCSC - MICHIGAN
00123=HCSC OF MICHIGAN
00130=NATIONAL GOVERNMENT SERVICES
00131=NATIONAL GOVERNMENT SERVICES
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)
00150=BLUE CROSS (KANSAS)
00160=NATIONAL GOVERNMENT SERVICES
00180=NATIONAL GOVERNMENT SERVICES
00181=NATIONAL GOVERNMENT SERVICES
00190=BLUE CROSS (MARYLAND)
00200=BLUE CROSS (MASSACHUSETTS)
00210=BLUE CROSS (MICHIGAN)
00220=BLUE CROSS (MINNESOTA)
00230=BLUE CROSS (MISSISSIPPI)
00231=BLUE CROSS (LOUISIANA)
00233=PINNACLE
00241=BLUE CROSS (MISSOURI)
00260=BLUE CROSS (NEBRASKA)
00270=NATIONAL GOVERNMENT SERVICES
00280=BLUE CROSS (NEW JERSEY)
00290=BLUE CROSS (NEW MEXICO)
00308=NATIONAL GOVERNMENT SERVICES
00310=BLUE CROSS (NORTH CAROLINA)
00320=NORIDIAN PART A
00322=NORIDIAN PART A (AK/WA)
00323=NORIDIAN PART A (ID/OR)
00325=NORIDIAN
00332=NATIONAL GOVERNMENT SERVICES

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 3
Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"
(SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

00340=BLUE CROSS (OKLAHOMA)
00350=BLUE CROSS (OREGON)
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)
00362=BLUE CROSS (INDEPENDENCE)
00363=BLUE CROSS (WESTERN PENNSYLVANIA)
00366=HIGHMARK MEDICARE SERVICES
00370=BLUE CROSS (RHODE ISLAND)
00380=BLUE CROSS (SOUTH CAROLINA)
00390=BLUE CROSS (TENNESSEE)
00400=BLUE CROSS (TEXAS)
00410=BLUE CROSS (UTAH)
00423=BLUE CROSS (VIRGINIA/WEST VA)
00430=BLUE CROSS (WASHINGTON & ALASKA)
00450=NATIONAL GOVERNMENT SERVICES
00452=NATIONAL GOVERNMENT SERVICES
00453=NATIONAL GOVERNMENT SERVICES
00454=NATIONAL GOVERNMENT SERVICES
00456=NATIONAL GOVERNMENT SERVICES
00468=BLUE CROSS (NORTH CAROLINA FOR PR)
00510=BLUE SHIELD (ALABAMA)
00511=CAHABA
00512=CAHABA
00520=BLUE SHIELD (ARKANSAS)
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)
00542=BLUE SHIELD (CALIFORNIA)
00550=BLUE SHIELD (COLORADO)
00570=BLUE SHIELD (DELAWARE)
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)
00590=BLUE SHIELD (FLORIDA)
00621=BLUE SHIELD (ILLINOIS)
00630=NATIONAL GOVERNMENT SERVICES
00640=BLUE SHIELD (IOWA)
00650=BLUE SHIELD (KANSAS)
00655=BLUE SHIELD (KANSAS/NEBRASKA)
00660=NATIONAL GOVERNMENT SERVICES
00690=BLUE SHIELD (MARYLAND)
00700=BLUE SHIELD (MASSACHUSETTS)
00710=BLUE SHIELD (MICHIGAN)
00720=BLUE SHIELD (MINNESOTA)
00740=BLUE SHIELD (KANSAS CITY)
00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
00780=BLUE SHIELD (TRI-STATE)
00801=BLUE SHIELD (BUFFALO)
00803=NATIONAL GOVERNMENT SERVICES
00805=NATIONAL GOVERNMENT SERVICES
00821=NORIDIAN
00824=NORIDIAN GVT SERVICES (CO)
00826=NORIDIAN GVT SERVICES (IA)
00831=NORIDIAN GVT SERVICES (AK)
00832=NORIDIAN GVT SERVICES (AZ)
00833=NORIDIAN GVT SERVICES (HI)
00834=NORIDIAN GVT SERVICES (NV)

00835=NORIDIAN GVT SERVICES (OR)
 00836=NORIDIAN GVT SERVICES (WA)
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
 00865=BLUE SHIELD (PENNSYLVANIA)
 00870=BLUE SHIELD (RHODE ISLAND)
 00880=BLUE SHIELD (SOUTH CAROLINA)
 00883=PALMETTO GBA PART B
 00884=PALMETTO GBA
 00889=NORIDIAN GVT SERVICES (SD)
 00900=BLUE SHIELD (TEXAS)
 00901=TRAILBLAZERS HEALTH ENTERPRISES

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 4
 Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00904=TRAILBLAZER				
00910=BLUE SHIELD (UTAH)				
00930=BLUE SHIELD (WASHINGTON)				
00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH)				
01111=Noridian (CA)				
01112=Noridian (NF)				
01120=AETNA (HAWAII)				
01182=Noridian (SF)				
01192=PALMETTO (CALIFORNIA SOUTH)				
01201=PALMETTO (HAWAII)				
01202=PALMETTO (HAWAII)				
01211=Noridian (AS, GU, HI)				
01212=Noridian (AS, GU, HI)				
01290=AETNA (NEVADA)				
01301=PALMETTO (NEVADA)				
01302=PALMETTO (NEVADA)				
01311=Noridian (NV)				
01312=Noridian (NV)				
01360=AETNA (NEW MEXICO)				
01370=AETNA (OKLAHOMA)				
01380=AETNA (OREGON)				
01390=AETNA (WASHINGTON)				
01901=PALMETTO GBA				
01902=PALMETTO GBA				

01911=Noridian (AS, GU, HI, NV)
 02050=OCCIDENTAL (CALIFORNIA)
 02101=Noridian AK
 02102=Noridian AK
 02201=Noridian ID
 02202=Noridian ID
 02301=Noridian OR
 02302=Noridian OR
 02401=Noridian WA
 02402=Noridian WA
 03001=NORIDIAN ADMIN SERVICES
 03101=NORIDAN (ARIZONA)
 03102=NORIDAN (ARIZONA)
 03201=NORIDAN (MONTANA)
 03202=NORIDAN (MONTANA)
 03301=NORDIAN (NORTH DAKOTA)
 03302=NORDIAN (NORTH DAKOTA)
 03401=NORIDIAN (SOUTH DAKOTA)
 03402=NORIDIAN (SOUTH DAKOTA)
 03501=NORIDIAN (UTAH)
 03502=NORIDIAN (UTAH)
 03601=NORIDIAN (WYOMING)
 03602=NORIDIAN (WYOMING)
 04001=TRAILBLAZER
 04101=TRAILBLAZER (COLORADO)
 04102=TRAILBLAZER (COLORADO)
 04111=NOVITAS (COLORADO)
 04112=NOVITAS (COLORADO)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 5
 Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04201=TRAILBLAZER (NEW MEXICO)				
04202=TRAILBLAZER (NEW MEXICO)				
04211=NOVITAS (NEW MEXICO)				
04212=NOVITAS (NEW MEXICO)				
04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				

05202=WPS (KANSAS)
 05301=WPS (MISSOURI)
 05302=WPS (MISSOURI WEST)
 05392=WPS (MISSOURI EAST)
 05401=WPS (NEBRASKA)
 05402=WPS (NEBRASKA)
 05440=EQICOR (TENNESSEE)
 05535=EQICOR (NORTH CAROLINA)
 05901=WISCONSIN PHYSICIANS SERVICE
 06001=NGS (WI)
 06004=National Govt Serv HHH
 06101=NGS (IL)
 06102=NGS (IL)
 06201=NGS (MN)
 06202=NGS (MN)
 06301=NGS (WI)
 06302=NGS (WI)
 07101=Novitas AR
 07102=Novitas AR
 07201=Novitas LA
 07202=Novitas LA
 07301=Novitas MS
 07302=Novitas MS
 08101=WPS IN
 08102=WPS IN
 08201=WPS MI
 08202=WPS MI
 09101=FIRST COAST (FLORIDA)
 09102=FIRST COAST (FLORIDA)
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)
 09202=FIRST COAST (PUERTO RICO)
 09302=FIRST COAST (VIRGIN ISLANDS)
 10071=TRAVELERS (RRB)
 10101=CAHABA GBA (AL)
 10102=CAHABA GBA (AL)
 10111=PALMETTO GBA (Part A) (AL)
 10201=CAHABA GBA (GA)
 10202=CAHABA GBA (GA)
 10211=PALMETTO GBA (GA)
 10230=TRAVELERS (CONNECTICUT)
 10240=TRAVELERS (MINNESOTA)
 10250=TRAVELERS (MISSISSIPPI)
 10301=CAHABA GBA (TN)
 10302=CAHABA GBA (TN)
 10311=PALMETTO GBA (TN)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 6
 Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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10490=TRAVELERS (VIRGINIA)				
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10492=TRAVELERS - VIRGINIA SPECIAL PROJECT
11004=PALMETTO HHH C
11201=PALMETTO GBA (SC)
11202=PALMETTO GBA (SC)
11260=GENERAL AMERICAN
11301=PALMETTO GBA (VA)
11302=PALMETTO GBA (VA)
11401=PALMETTO GBA (WV)
11402=PALMETTO GBA (WV)
11501=PALMETTO GBA (NC)
11502=PALMETTO GBA (NC)
12101=Novitas DE
12102=Novitas DE
12201=Novitas DC
12202=Novitas DC
12301=Novitas MD
12302=Novitas MD
12401=Novitas NJ
12402=Novitas NJ
12501=Novitas PA
12502=Novitas PA
12901=Novitas Solutions DC, DE, MD, PA
12902=HIGHMARK
13101=NATIONAL GOVT SERVICES (CONNECTICUT)
13102=NATIONAL GOVT SERVICES (CONNECTICUT)
13201=NATIONAL GOVT SERVICES (NEW YORK)
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)
13282=NGS (UN)
13292=NGS (QN)
14004=NATIONAL HERITAGE (HHA - A)
14014=NGS (HHA)
14101=NATIONAL HERITAGE (MAINE)
14102=NATIONAL HERITAGE (MAINE)
14111=NGS (ME)
14112=NGS (ME)
14201=NATIONAL HERITAGE (MASSACHUSETTS)
14202=NATIONAL HERITAGE (MASSACHUSETTS)
14211=NGS (MA)
14212=NGS (MA)
14301=NATIONAL HERITAGE (NEW HAMPSHIRE)
14302=NATIONAL HERITAGE (NEW HAMPSHIRE)
14311=NGS (NH)
14312=NGS (NH)
14330=GROUP HEALTH INC (NEW YORK)
14401=NATIONAL HERITAGE (RHODE ISLAND)
14402=NATIONAL HERITAGE (RHODE ISLAND)
14411=NGS (RI)
14412=NGS (RI)
14501=NATIONAL HERITAGE (VERMONT)
14502=NATIONAL HERITAGE (VERMONT)
14511=NGS (VT)
14512=NGS (VT)
15004=CGS Administrators HHH
15101=CGS (KENTUCKY)

15102=CGS (KENTUCKY)
 15201=CGS (OHIO)
 15202=CGS (OHIO)
 16360=NATIONWIDE (OHIO)
 16510=NATIONWIDE (WEST VIRGINIA)
 17120=HAWAII MEDICAL SERVICE ASSOCIATION
 21200=MASSACHUSETTS/MAINE
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 7
 Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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31143=NATIONAL HERITAGE INSURANCE CO				
31144=NATIONAL HERITAGE INSURANCE CO				
50333=TRAVELERS (NEW YORK)				
51051=AETNA (PETALUMA)				
51070=AETNA (FARMINGTON)				
51100=AETNA (CLEARWATER)				
51140=AETNA (PEORIA)				
51390=AETNA (FORT WASHINGTON)				
52280=WISCONSIN PHYSICIANS SERVICE				
57400=COOPERATIVA (PUERTO RICO)				

Medicaid Vendor Number 15 122 136 VARCHAR2
 Description: Number which may be assigned to a provider by the state
 Medicaid agency for external control or billing purposes.
 SAS Name: MDCD_VNDR_NUM
 COBOL Name: MDCD-VNDR-NUM

Original Participation Date 8 137 144 DATE
 Description: Date a provider is first approved to provide Medicare
 and/or Medicaid services.
 SAS Name: ORGNL_PRTCPTN_DT
 COBOL Name: ORGNL-PRTCPTN-DT

Prior CHOW Date 8 145 152 DATE
 Description: Effective date of the previous change of ownership for
 this provider.
 SAS Name: CHOW_PRIOR_DT
 COBOL Name: CHOW-PRIOR-DT

Prior Medicare Administrative Contractor (MAC) or 5 153 157 VARCHAR2
 Intermediary or Carrier Code
 Description: Number assigned to the previous Medicare Administrative
 Contractor, intermediary or carrier servicing this
 provider.
 SAS Name: INTRMDRY_CARR_PRIOR_CD
 COBOL Name: INTRMDRY-CARR-PRIOR-CD
 VALUES: 00000=DUMMY FOR MEDICAID HHA
 00010=BLUE CROSS (ALABAMA)

00011=CAHABA
 00020=BLUE CROSS (ARKANSAS)
 00040=BLUE CROSS (CALIFORNIA)
 00060=BLUE CROSS (CONNECTICUT)
 00070=BLUE CROSS (DELAWARE)
 00090=BLUE CROSS (FLORIDA)
 00101=BLUE CROSS (GEORGIA)
 00121=HEALTH CARE SERVICE CORPORATION
 00122=HCSC - MICHIGAN
 00123=HCSC OF MICHIGAN
 00130=NATIONAL GOVERNMENT SERVICES
 00131=NATIONAL GOVERNMENT SERVICES
 00140=BLUE CROSS (IOWA/SOUTH DAKOTA)
 00150=BLUE CROSS (KANSAS)
 00160=NATIONAL GOVERNMENT SERVICES
 00180=NATIONAL GOVERNMENT SERVICES
 00181=NATIONAL GOVERNMENT SERVICES
 00190=BLUE CROSS (MARYLAND)
 00200=BLUE CROSS (MASSACHUSETTS)
 00210=BLUE CROSS (MICHIGAN)
 00220=BLUE CROSS (MINNESOTA)
 00230=BLUE CROSS (MISSISSIPPI)
 00231=BLUE CROSS (LOUISIANA)
 00233=PINNACLE
 00241=BLUE CROSS (MISSOURI)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 8
 Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00260=BLUE CROSS (NEBRASKA)				
00270=NATIONAL GOVERNMENT SERVICES				
00280=BLUE CROSS (NEW JERSEY)				
00290=BLUE CROSS (NEW MEXICO)				
00308=NATIONAL GOVERNMENT SERVICES				
00310=BLUE CROSS (NORTH CAROLINA)				
00320=NORIDIAN PART A				
00322=NORIDIAN PART A (AK/WA)				
00323=NORIDIAN PART A (ID/OR)				
00325=NORIDIAN				
00332=NATIONAL GOVERNMENT SERVICES				
00340=BLUE CROSS (OKLAHOMA)				
00350=BLUE CROSS (OREGON)				
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				

00410=BLUE CROSS (UTAH)
 00423=BLUE CROSS (VIRGINIA/WEST VA)
 00430=BLUE CROSS (WASHINGTON & ALASKA)
 00450=NATIONAL GOVERNMENT SERVICES
 00452=NATIONAL GOVERNMENT SERVICES
 00453=NATIONAL GOVERNMENT SERVICES
 00454=NATIONAL GOVERNMENT SERVICES
 00456=NATIONAL GOVERNMENT SERVICES
 00468=BLUE CROSS (NORTH CAROLINA FOR PR)
 00510=BLUE SHIELD (ALABAMA)
 00511=CAHABA
 00512=CAHABA
 00520=BLUE SHIELD (ARKANSAS)
 00528=BLUE SHIELD (ARKANSAS/LOUISIANA)
 00542=BLUE SHIELD (CALIFORNIA)
 00550=BLUE SHIELD (COLORADO)
 00570=BLUE SHIELD (DELAWARE)
 00580=BLUE SHIELD (DISTRICT OF COLUMBIA)
 00590=BLUE SHIELD (FLORIDA)
 00621=BLUE SHIELD (ILLINOIS)
 00630=NATIONAL GOVERNMENT SERVICES
 00640=BLUE SHIELD (IOWA)
 00650=BLUE SHIELD (KANSAS)
 00655=BLUE SHIELD (KANSAS/NEBRASKA)
 00660=NATIONAL GOVERNMENT SERVICES
 00690=BLUE SHIELD (MARYLAND)
 00700=BLUE SHIELD (MASSACHUSETTS)
 00710=BLUE SHIELD (MICHIGAN)
 00720=BLUE SHIELD (MINNESOTA)
 00740=BLUE SHIELD (KANSAS CITY)
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
 00780=BLUE SHIELD (TRI-STATE)
 00801=BLUE SHIELD (BUFFALO)
 00803=NATIONAL GOVERNMENT SERVICES
 00805=NATIONAL GOVERNMENT SERVICES
 00821=NORIDIAN
 00824=NORIDIAN GVT SERVICES (CO)
 00826=NORIDIAN GVT SERVICES (IA)
 00831=NORIDIAN GVT SERVICES (AK)
 00832=NORIDIAN GVT SERVICES (AZ)
 00833=NORIDIAN GVT SERVICES (HI)
 00834=NORIDIAN GVT SERVICES (NV)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 9
 Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00835=NORIDIAN GVT SERVICES (OR)				
00836=NORIDIAN GVT SERVICES (WA)				
00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)				
00865=BLUE SHIELD (PENNSYLVANIA)				

00870=BLUE SHIELD (RHODE ISLAND)
00880=BLUE SHIELD (SOUTH CAROLINA)
00883=PALMETTO GBA PART B
00884=PALMETTO GBA
00889=NORIDIAN GVT SERVICES (SD)
00900=BLUE SHIELD (TEXAS)
00901=TRAILBLAZERS HEALTH ENTERPRISES
00904=TRAILBLAZER
00910=BLUE SHIELD (UTAH)
00930=BLUE SHIELD (WASHINGTON)
00951=WISCONSIN PHYSICIANS SERVICE
00952=WPS - ILLINOIS
00953=WPS - MICHIGAN
00954=WI PHYSICIAN SERVICES - MN
00973=BLUE SHIELD (PUERTO RICO)
00974=BLUE SHIELD (VIRGIN ISLANDS)
01010=AETNA (PEORIA)
01020=AETNA (ALASKA)
01030=AETNA (ARIZONA)
01040=AETNA (GEORGIA)
01101=PALMETTO (CALIFORNIA)
01102=PALMETTO (CALIFORNIA (NORTH))
01111=Noridian (CA)
01112=Noridian (NF)
01120=AETNA (HAWAII)
01182=Noridian (SF)
01192=PALMETTO (CALIFORNIA SOUTH)
01201=PALMETTO (HAWAII)
01202=PALMETTO (HAWAII)
01211=Noridian (AS, GU, HI)
01212=Noridian (AS, GU, HI)
01290=AETNA (NEVADA)
01301=PALMETTO (NEVADA)
01302=PALMETTO (NEVADA)
01311=Noridian (NV)
01312=Noridian (NV)
01360=AETNA (NEW MEXICO)
01370=AETNA (OKLAHOMA)
01380=AETNA (OREGON)
01390=AETNA (WASHINGTON)
01901=PALMETTO GBA
01902=PALMETTO GBA
01911=Noridian (AS, GU, HI, NV)
02050=OCCIDENTAL (CALIFORNIA)
02101=Noridian AK
02102=Noridian AK
02201=Noridian ID
02202=Noridian ID
02301=Noridian OR
02302=Noridian OR
02401=Noridian WA
02402=Noridian WA
03001=NORIDIAN ADMIN SERVICES
03101=NORIDIAN (ARIZONA)

03102=NORIDAN (ARIZONA)
 03201=NORIDAN (MONTANA)
 03202=NORIDAN (MONTANA)
 03301=NORDIAN (NORTH DAKOTA)
 03302=NORDIAN (NORTH DAKOTA)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 10
 Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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03401=NORIDIAN (SOUTH DAKOTA)				
03402=NORIDIAN (SOUTH DAKOTA)				
03501=NORIDIAN (UTAH)				
03502=NORIDIAN (UTAH)				
03601=NORIDIAN (WYOMING)				
03602=NORIDIAN (WYOMING)				
04001=TRAILBLAZER				
04101=TRAILBLAZER (COLORADO)				
04102=TRAILBLAZER (COLORADO)				
04111=NOVITAS (COLORADO)				
04112=NOVITAS (COLORADO)				
04201=TRAILBLAZER (NEW MEXICO)				
04202=TRAILBLAZER (NEW MEXICO)				
04211=NOVITAS (NEW MEXICO)				
04212=NOVITAS (NEW MEXICO)				
04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				
05402=WPS (NEBRASKA)				
05440=EQICOR (TENNESSEE)				
05535=EQICOR (NORTH CAROLINA)				
05901=WISCONSIN PHYSICIANS SERVICE				
06001=NGS (WI)				
06004=National Govt Serv HHH				
06101=NGS (IL)				

06102=NGS (IL)
 06201=NGS (MN)
 06202=NGS (MN)
 06301=NGS (WI)
 06302=NGS (WI)
 07101=Novitas AR
 07102=Novitas AR
 07201=Novitas LA
 07202=Novitas LA
 07301=Novitas MS
 07302=Novitas MS
 08101=WPS IN
 08102=WPS IN
 08201=WPS MI
 08202=WPS MI
 09101=FIRST COAST (FLORIDA)
 09102=FIRST COAST (FLORIDA)
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)
 09202=FIRST COAST (PUERTO RICO)
 09302=FIRST COAST (VIRGIN ISLANDS)
 10071=TRAVELERS (RRB)
 10101=CAHABA GBA (AL)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 11
 Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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10102=CAHABA GBA (AL)				
10111=PALMETTO GBA (Part A) (AL)				
10201=CAHABA GBA (GA)				
10202=CAHABA GBA (GA)				
10211=PALMETTO GBA (GA)				
10230=TRAVELERS (CONNECTICUT)				
10240=TRAVELERS (MINNESOTA)				
10250=TRAVELERS (MISSISSIPPI)				
10301=CAHABA GBA (TN)				
10302=CAHABA GBA (TN)				
10311=PALMETTO GBA (TN)				
10490=TRAVELERS (VIRGINIA)				
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				

12102=Novitas DE
 12201=Novitas DC
 12202=Novitas DC
 12301=Novitas MD
 12302=Novitas MD
 12401=Novitas NJ
 12402=Novitas NJ
 12501=Novitas PA
 12502=Novitas PA
 12901=Novitas Solutions DC, DE, MD, PA
 12902=HIGHMARK
 13101=NATIONAL GOVT SERVICES (CONNECTICUT)
 13102=NATIONAL GOVT SERVICES (CONNECTICUT)
 13201=NATIONAL GOVT SERVICES (NEW YORK)
 13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)
 13282=NGS (UN)
 13292=NGS (QN)
 14004=NATIONAL HERITAGE (HHA - A)
 14014=NGS (HHA)
 14101=NATIONAL HERITAGE (MAINE)
 14102=NATIONAL HERITAGE (MAINE)
 14111=NGS (ME)
 14112=NGS (ME)
 14201=NATIONAL HERITAGE (MASSACHUSETTS)
 14202=NATIONAL HERITAGE (MASSACHUSETTS)
 14211=NGS (MA)
 14212=NGS (MA)
 14301=NATIONAL HERITAGE (NEW HAMPSHIRE)
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)
 14311=NGS (NH)
 14312=NGS (NH)
 14330=GROUP HEALTH INC (NEW YORK)
 14401=NATIONAL HERITAGE (RHODE ISLAND)
 14402=NATIONAL HERITAGE (RHODE ISLAND)
 14411=NGS (RI)
 14412=NGS (RI)
 14501=NATIONAL HERITAGE (VERMONT)
 14502=NATIONAL HERITAGE (VERMONT)
 14511=NGS (VT)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 12
 Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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14512=NGS (VT)				
15004=CGS Administrators HHH				
15101=CGS (KENTUCKY)				
15102=CGS (KENTUCKY)				
15201=CGS (OHIO)				
15202=CGS (OHIO)				
16360=NATIONWIDE (OHIO)				

16510=NATIONWIDE (WEST VIRGINIA)
17120=HAWAII MEDICAL SERVICE ASSOCIATION
21200=MASSACHUSETTS/MAINE
31142=NATIONAL HERITAGE INSURANCE CO (MAINE)
31143=NATIONAL HERITAGE INSURANCE CO
31144=NATIONAL HERITAGE INSURANCE CO
50333=TRAVELERS (NEW YORK)
51051=AETNA (PETALUMA)
51070=AETNA (FARMINGTON)
51100=AETNA (CLEARWATER)
51140=AETNA (PEORIA)
51390=AETNA (FORT WASHINGTON)
52280=WISCONSIN PHYSICIANS SERVICE
57400=COOPERATIVA (PUERTO RICO)

CCN 10 158 167 VARCHAR2

Description: Six or ten position identification number that is assigned to a certified provider. This is the CMS Certification Number.

SAS Name: PRVDR_NUM

COBOL Name: PRVDR-NUM

Region Code 2 168 169 VARCHAR2

Description: Indicates the CMS Regional Office responsible for the certification of the provider.

SAS Name: RGN_CD

COBOL Name: RGN-CD

VALUES: 01=Boston

02=New York

03=Philadelphia

04=Atlanta

05=Chicago

06=Dallas

07=Kansas City

08=Denver

09=San Francisco

10=Seattle

Skeleton Record Indicator 1 170 170 VARCHAR2

Description: Indicates if the record is a skeleton record. Only a limited set of data is available for this provider; no survey data exists. Only provider categories 01,17,19,21and 22 can have skeleton providers.

SAS Name: SKLTN_REC_SW

COBOL Name: SKLTN-REC-SW

State Abbreviation 2 171 172 VARCHAR2

Description: Two-character state abbreviation.

SAS Name: STATE_CD

COBOL Name: STATE-CD

VALUES: AK=ALASKA

AL=ALABAMA

AR=ARKANSAS

AS=AMERICAN SAMOA

AZ=ARIZONA
CA=CALIFORNIA

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 13
Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"
(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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CN=CANADA				
CO=COLORADO				
CT=CONNECTICUT				
DC=DISTRICT OF COLUMBIA				
DE=DELAWARE				
FL=FLORIDA				
FN=INTERNATIONAL				
GA=GEORGIA				
GU=GUAM				
HI=HAWAII				
IA=IOWA				
ID=IDAHO				
IL=ILLINOIS				
IN=INDIANA				
KS=KANSAS				
KY=KENTUCKY				
LA=LOUISIANA				
MA=MASSACHUSETTS				
MD=MARYLAND				
ME=MAINE				
MI=MICHIGAN				
MN=MINNESOTA				
MO=MISSOURI				
MP=SAIPAN				
MS=MISSISSIPPI				
MT=MONTANA				
MX=MEXICO				
NC=NORTH CAROLINA				
ND=NORTH DAKOTA				
NE=NEBRASKA				
NH=NEW HAMPSHIRE				
NJ=NEW JERSEY				
NM=NEW MEXICO				
NV=NEVADA				
NY=NEW YORK				
OH=OHIO				
OK=OKLAHOMA				
OR=OREGON				
PA=PENNSYLVANIA				
PR=PUERTO RICO				
RI=RHODE ISLAND				
SC=SOUTH CAROLINA				
SD=SOUTH DAKOTA				
TN=TENNESSEE				

WY=WYOMING

04=ARKANSAS

Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"
(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
-------------------	-----	-------	-----	------

31=NEW JERSEY

32=NEW MEXICO
 33=NEW YORK
 34=NORTH CAROLINA
 35=NORTH DAKOTA
 36=OHIO
 37=OKLAHOMA
 38=OREGON
 39=PENNSYLVANIA
 40=PUERTO RICO
 41=RHODE ISLAND
 42=SOUTH CAROLINA
 43=SOUTH DAKOTA
 44=TENNESSEE
 45=TEXAS
 46=UTAH
 47=VERMONT
 48=VIRGIN ISLANDS
 49=VIRGINIA
 50=WASHINGTON
 51=WEST VIRGINIA
 52=WISCONSIN
 53=WYOMING
 54=AFRICA
 56=CANADA
 57=WEST INDIES
 58=EUROPE
 59=MEXICO
 60=OCEANIA
 61=PHILIPPINES
 62=SOUTH AMERICA
 63=UNITED STATES POSSESSIONS
 64=AMERICAN SAMOA
 65=GUAM
 66=SAIPAN
 99=INTERNATIONAL

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 15
 Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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State Region Code	3	175	177	VARCHAR2
Description: Identifies the region within a state where the provider is located.				

SAS Name: STATE_RGN_CD

COBOL Name: STATE-RGN-CD

VALUES: AK/001=ALASKA

AK/LAB=LABORATORIES

AK/NPH=NON-PARTICIPATING HOSPITAL

AL/001=ALABAMA

AL/LAB=LABORATORIES

AL/NPH=NON-PARTICIPATING HOSPITAL
AR/001=ARKANSAS
AR/LAB=LABORATORIES
AR/NPH=NON-PARTICIPATING HOSPITAL
AS/001=AMERICAN SAMOA
AS/LAB=LABORATORY
AS/NPH=NON-PARTICIPATING HOSPITAL
AZ/AZ=PHOENIX
AZ/LAB=ARIZONA LAB
AZ/NPH=NON-PARTICIPATING HOSPITAL
AZ/TUC=TUCSON
CA/001=CALIFORNIA
CA/BAK=BAKERSFIELD
CA/BER=SAN BERNARDINO
CA/EB=East Bay
CA/FR=FRESNO
CA/L1=L.A. WEST
CA/L2=L.A. NORTH
CA/L3=L.A. CENTRAL
CA/L4=L.A. EAST
CA/L5=SAN GABRIEL
CA/LA1=LA Region 1
CA/LA2=LA Region 2
CA/LA3=LA Region 3
CA/LA4=LA Acute/Ancillary
CA/LA5=LA HHA/Hospice
CA/LA6=LA ICF/DD/CLinics
CA/LAB=LABORATORIES
CA/M1=LAB. SOUTH
CA/M2=LAB. NORTH
CA/NPH=NON-PARTICIPATING HOSPITAL
CA/ORG=ORANGE
CA/RIV=RIVERSIDE
CA/S1=SACRAMENTO
CA/S3=CHICO
CA/SD=SAN DIEGO
CA/SF=SAN FRANCISCO
CA/SJ=SAN JOSE
CA/SR=SANTA ROSA
CA/VEN=VENTURA
CN/001=CANADA
CN/LAB=LABORATORY
CN/NPH=NON-PARTICIPATING HOSPITAL
CO/001=COLORADO
CO/LAB=LABORATORIES
CO/NPH=NON-PARTICIPATING HOSPITAL
CT/001=CONNECTICUT
CT/LAB=LABORATORIES
CT/NPH=NON-PARTICIPATING HOSPITAL
DC/001=DISTRICT OF COLUMBIA
DC/LAB=LABORATORIES
DC/NPH=NON-PARTICIPATING HOSPITAL
DE/001=DELAWARE

SHORT DESCRIPTION	LEN	START	END	TYPE
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DE/LAB=LABORATORIES				
DE/NPH=NON-PARTICIPATING HOSPITAL				
FL/001=FLORIDA				
FL/FTM=FT. MYERS				
FL/GAI=GAINESVILLE				
FL/JAX=JACKSONVILLE				
FL/LAB=LABORATORIES				
FL/LAN=LANTANA				
FL/LAU=LAUDERHILL				
FL/MIA=MIAMI				
FL/NPH=NON-PARTICIPATING HOSPITAL				
FL/ORL=ORLANDO				
FL/PEN=PENSACOLA				
FL/STP=ST. PETERSBURG				
FL/TAL=TALLAHASSEE				
FL/TAM=TAMPA				
FM/001=FEDERATED STATES OF MICRO				
FM/NPH=NON-PARTICIPATING HOSPITAL				
FN/001=INTERNATIONAL				
FN/LAB=LABORATORIES				
FN/NPH=NON-PARTICIPATING HOSPITAL				
GA/001=GEORGIA				
GA/GAA=GEORGIA ALL				
GA/GAC=GEORGIA CENTRAL				
GA/GAE=GEORGIA EASTERN				
GA/GAN=GEORGIA NORTH				
GA/GAS=GEORGIA SOUTH				
GA/GAW=GEORGIA WESTERN				
GA/LAB=LABORATORIES				
GA/NPH=NON-PARTICIPATING HOSPITAL				
GU/001=GUAM				
GU/LAB=LABORATORIES				
GU/NPH=NON-PARTICIPATING HOSPITAL				
HI/001=HAWAII				
HI/LAB=LABORATORIES				
HI/NPH=NON-PARTICIPATING HOSPITAL				
IA/001=IOWA				
IA/LAB=LABORATORIES				
IA/NPH=NON-PARTICIPATING HOSPITAL				
ID/001=IDAHO				
ID/LAB=LABORATORIES				
ID/NPH=NON-PARTICIPATING HOSPITAL				
IL/001=ILLINOIS				
IL/LAB=LABORATORIES				
IL/NPH=NON-PARTICIPATING HOSPITAL				
IN/001=INDIANA				
IN/LAB=LABORATORIES				

IN/NPH=NON-PARTICIPATING HOSPITAL
 KS/001=KANSAS
 KS/KCK=KANSAS CITY
 KS/KDH=KDHE
 KS/LAB=LABORATORIES
 KS/LAW=LAWRENCE
 KS/NC=NORTH CENTRAL KANSAS
 KS/NE=NORTH EAST KANSAS
 KS/NPH=NON-PARTICIPATING HOSPITAL
 KS/NW=NORTH WEST KANSAS
 KS/SC=SOUTH CENTRAL KANSAS
 KS/SE=SOUTH EAST KANSAS
 KS/SW=SOUTH WEST KANSAS
 KS/WST=WEST
 KY/2C1=HOPKINSVILLE
 KY/2C2=LOUISVILLE

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 17
 Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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KY/2C3=LONDON				
KY/2C4=LEXINGTON				
KY/LAB=LABORATORIES				
KY/NPH=NON-PARTICIPATING HOSPITAL				
LA/001=LOUISIANA				
LA/LA1=NEW ORLEANS				
LA/LA2=MANDEVILLE				
LA/LA3=LAFAYETTE				
LA/LA4=MONROE				
LA/LA5=SHREVEPORT				
LA/LA6=ALEXANDRIA				
LA/LAB=LABORATORIES				
LA/LB1=CLIA NEW ORLEANS				
LA/LB5=CLIA SHREVEPORT				
LA/LB6=CLIA ALEXANDRIA				
LA/NPH=NON-PARTICIPATING HOSPITAL				
MA/001=MASSACHUSETTS				
MA/LAB=LABORATORIES				
MA/NPH=NON-PARTICIPATING HOSPITAL				
MD/001=MARYLAND				
MD/LAB=LABORATORIES				
MD/NPH=NON-PARTICIPATING HOSPITAL				
ME/001=MAINE				
ME/LAB=LABORATORIES				
ME/NPH=NON-PARTICIPATING HOSPITAL				
MH/001=MARSHALL ISLANDS				
MH/NPH=NON-PARTICIPATING HOSPITAL				
MI/001=MICHIGAN				
MI/LAB=LABORATORIES				
MI/NPH=NON-PARTICIPATING HOSPITAL				

MN/001=MINNESOTA
 MN/LAB=LABORATORIES
 MN/NPH=NON-PARTICIPATING HOSPITAL
 MO/001=MISSOURI
 MO/01=REGION01
 MO/02=REGION02
 MO/03=REGION 03
 MO/04=REGION 04
 MO/05=REGION 05
 MO/06=REGION 06
 MO/07=REGION 07
 MO/1NH=REGION 1 NH
 MO/2NH=REGION 2 NH
 MO/3NH=REGION 3 NH
 MO/4NH=REGION 4 NH
 MO/5NH=REGION 5 NH
 MO/6NH=REGION 6 NH
 MO/7NH=REGION 7 NH
 MO/LAB=LABORATORIES
 MO/MO=STATEWIDE
 MO/NPH=NON-PARTICIPATING HOSPITAL
 MP/001=NORTHERN MARIANA ISLANDS
 MP/LAB=LABORATORIES
 MP/NPH=NON-PARTICIPATING HOSPITAL
 MS/001=MISSISSIPPI
 MS/LAB=LABORATORIES
 MS/NPH=NON-PARTICIPATING HOSPITAL
 MT/001=MONTANA
 MT/LAB=LABORATORIES
 MT/NPH=NON-PARTICIPATING HOSPITAL
 MX/001=MEXICO
 MX/LAB=LABORATORY
 MX/NPH=NON-PARTICIPATING HOSPITAL

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 18
 Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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NC/001=NORTH CAROLINA				
NC/LAB=LABORATORIES				
NC/NCC=NORTH CAROLINA CENTRAL				
NC/NCE=NORTH CAROLINA EAST				
NC/NCN=NORTH CAROLINA NORTH				
NC/NCS=NORTH CAROLINA SOUTH				
NC/NCW=NORTH CAROLINA WEST				
NC/NPH=NON-PARTICIPATING HOSPITAL				
ND/001=NORTH DAKOTA				
ND/LAB=LABORATORIES				
ND/NPH=NON-PARTICIPATING HOSPITAL				
NE/001=NEBRASKA				
NE/1=NORTH CENTRAL				

NE/2=CENTRAL
NE/3=NORTHEAST
NE/4=SOUTHEAST
NE/5=WESTERN
NE/LAB=LABORATORIES
NE/NPH=NON-PARTICIPATING HOSPITAL
NH/001=NEW HAMPSHIRE
NH/LAB=LABORATORIES
NH/NPH=NON-PARTICIPATING HOSPITAL
NJ/001=NEW JERSEY
NJ/LAB=LABORATORIES
NJ/NPH=NON-PARTICIPATING HOSPITAL
NM/001=NEW MEXICO
NM/LAB=LABORATORIES
NM/NPH=NON-PARTICIPATING HOSPITAL
NV/001=NEVADA
NV/CC=CARSON CITY
NV/LAB=LABORATORIES
NV/LV=LAS VEGAS
NV/NPH=NON-PARTICIPATING HOSPITAL
NY/001=BUFFALO
NY/002=ROCHESTER
NY/003=SYRACUSE
NY/004=ALBANY
NY/005=NEW ROCHELLE
NY/006=NEW YORK CITY
NY/007=SUFFOLK/NASSAU COUNTY
NY/LAB=LABORATORIES
NY/NPH=NON-PARTICIPATING HOSPITAL
OH/001=OHIO
OH/LAB=LABORATORIES
OH/NPH=NON-PARTICIPATING HOSPITAL
OK/001=OKLAHOMA
OK/LAB=LABORATORIES
OK/NPH=NON-PARTICIPATING HOSPITAL
OR/001=OFFICE #1
OR/002=OFFICE #2
OR/003=OFFICE #3
OR/LAB=LABORATORIES
OR/NPH=NON-PARTICIPATING HOSPITAL
PA/001=PENNSYLVANIA
PA/LAB=LABORATORIES
PA/NPH=NON-PARTICIPATING HOSPITAL
PR/001=PUERTO RICO
PR/LAB=LABORATORIES
PR/NPH=NON-PARTICIPATING HOSPITAL
PW/001=PALAU
PW/NPH=NON-PARTICIPATING HOSPITAL
RI/001=RHODE ISLAND
RI/LAB=LABORATORIES

(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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RI/NPH=NON-PARTICIPATING HOSPITAL				
SC/001=SOUTH CAROLINA				
SC/LAB=LABORATORIES				
SC/NPH=NON-PARTICIPATING HOSPITAL				
SD/001=SOUTH DAKOTA				
SD/LAB=LABORATORIES				
SD/NPH=NON-PARTICIPATING HOSPITAL				
TN/001=TENNESSEE				
TN/LAB=LABORATORIES				
TN/NPH=NON-PARTICIPATING HOSPITAL				
TN/TNC=TENNESSEE COOKEVILLE				
TN/TNE=TENNESSEE EASTERN				
TN/TNM=TENNESSEE MIDDLE				
TN/TNW=TENNESSEE WESTERN				
TX/001=TEXAS				
TX/L01=AMARILLO-LTC				
TX/L02=ABILENE-LTC				
TX/L03=ARLINGTON-LTC				
TX/L04=TYLER-LTC				
TX/L05=TEMPLE-LTC				
TX/L06=HOUSTON-LTC				
TX/L07=SAN ANTONIO-LTC				
TX/LAB=LABORATORIES				
TX/NPH=NON-PARTICIPATING HOSPITAL				
TX/TX1=LUBBOCK				
TX/TX2=ARLINGTON				
TX/TX3=SAN ANTONIO				
TX/TX4=HOUSTON				
TX/TX5=TYLER				
TX/TX6=AUSTIN				
UT/001=UTAH				
UT/LAB=LABORATORIES				
UT/NPH=NON-PARTICIPATING HOSPITAL				
VA/001=VIRGINIA				
VA/LAB=LABORATORIES				
VA/NPH=NON-PARTICIPATING HOSPITAL				
VI/001=VIRGIN ISLANDS				
VI/LAB=LABORATORIES				
VI/NPH=NON-PARTICIPATING HOSPITAL				
VT/001=VERMONT				
VT/LAB=LABORATORIES				
VT/NPH=NON-PARTICIPATING HOSPITAL				
WA/001=ALL OTHERS (NON-LTC FAC)				
WA/D1=SPOKANE & YAKIMA AREAS				
WA/D1A=District 1, Unit A				
WA/D1B=District 1, Unit B				
WA/D1C=District 1, Unit C				
WA/D1D=District 1, Unit D				
WA/D2=SPOKANE & SE				
WA/D2A=District 2, Unit A				

WA/D2B=District 2, Unit B
 WA/D2C=District 2, Unit C
 WA/D2D=District 2, Unit D
 WA/D2E=District 2, Unit E
 WA/D2F=District 2, Unit F
 WA/D2G=District 2, Unit G
 WA/D2H=District 2, Unit H
 WA/D3=NW WASHINGTON
 WA/D3A=District 3, Unit A
 WA/D3B=District 3, Unit B
 WA/D3C=District 3, Unit C
 WA/D3D=District 3, Unit D
 WA/D3E=District 3, Unit E

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 Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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WA/D4A=GREATER SEATTLE AREA
 WA/D4B=S KING COUNTY
 WA/D5A=PIERCE CTY & PENINSULA
 WA/D5B=PIERCE CTY & GRAYS HARBOR
 WA/D6=OLYMPIA AREA
 WA/LAB=LABORATORIES
 WA/NPH=NON-PARTICIPATING HOSPITAL
 WI/001=WISCONSIN
 WI/LAB=LABORATORIES
 WI/NPH=NON-PARTICIPATING HOSPITAL
 WV/001=WEST VIRGINIA
 WV/LAB=LABORATORIES
 WV/NPH=NON-PARTICIPATING HOSPITAL
 WY/001=WYOMING
 WY/LAB=LABORATORIES
 WY/NPH=NON-PARTICIPATING HOSPITAL

Address: Street 50 178 227 VARCHAR2
 Description: Street address where the provider is located.
 SAS Name: ST_ADR
 COBOL Name: ST-ADR

Telephone Number 10 228 237 VARCHAR2
 Description: Telephone number of the provider.
 SAS Name: PHNE_NUM
 COBOL Name: PHNE-NUM

Termination Code 2 238 239 VARCHAR2
 Description: Indicates the current termination status for the
 provider.
 SAS Name: PGM_TRMNTN_CD
 COBOL Name: PGM-TRMNTN-CD
 VALUES: 00=ACTIVE PROVIDER

Termination or Expiration Date	8	240	247	DATE
Description: Date the provider was terminated. For CLIA providers, date the laboratory's certificate was terminated or the expiration date of the current CLIA certificate.				
SAS Name:	TRMNTN_EXPRTN_DT			
COBOL Name:	TRMNTN-EXPRTN-DT			

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Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"
(SEE POSITIONS 3-4)

VALUES: 1=INITIAL
2=RE-CERTIFICATION
3=TERMINATION
4=CHANGE OF OWNERSHIP
5=VALIDATION
8=FULL SURVEY AFTER COMPLAINT

file:///co-adsasdata/...SE/Component%20Datasets/Component%20Returned%20Templates/CCSO/POS/POS_OTHER_LAYOUT_SEP20.txt[12/21/2020 9:46:01 AM]

02=FOR PROFIT - PARTNERSHIP
03=FOR PROFIT - CORPORATION
04=NONPROFIT - CHURCH RELATED
05=NONPROFIT - CORPORATION
06=NONPROFIT - OTHER
07=GOVERNMENT - STATE
08=GOVERNMENT - COUNTY
09=GOVERNMENT - CITY
10=GOVERNMENT - CITY/COUNTY
11=GOVERNMENT - HOSPITAL DISTRICT
12=GOVERNMENT - FEDERAL
13=FOR PROFIT - LIMITED LIABILITY CORPORATION

Address: ZIP Code 5 251 255 VARCHAR2
Description: Five-digit ZIP code for a provider's physical address.
SAS Name: ZIP_CD
COBOL Name: ZIP-CD

FIPS State Code	2	256	257	VARCHAR2
Description: FIPS State Code				
SAS Name: FIPS_STATE_CD				
COBOL Name: FIPS-STATE-CD				
VALUES: 01=ALABAMA				

02=ALASKA
04=ARIZONA
05=ARKANSAS
06=CALIFORNIA
08=COLORADO
09=CONNECTICUT
10=DELAWARE
11=DISTRICT OF COLUMBIA
12=FLORIDA
13=GEORGIA
15=HAWAII
16=IDAHO
17=ILLINOIS
18=INDIANA
19=IOWA
20=KANSAS
21=KENTUCKY
22=LOUISIANA
23=MAINE
24=MARYLAND
25=MASSACHUSETTS
26=MICHIGAN
27=MINNESOTA
28=MISSISSIPPI

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 22
Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"
(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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29=MISSOURI
30=MONTANA
31=NEBRASKA
32=NEVADA
33=NEW HAMPSHIRE
34=NEW JERSEY
35=NEW MEXICO
36=NEW YORK
37=NORTH CAROLINA
38=NORTH DAKOTA
39=OHIO
40=OKLAHOMA
41=OREGON
42=PENNSYLVANIA
43=PUERTO RICO
44=RHODE ISLAND
45=SOUTH CAROLINA
46=SOUTH DAKOTA
47=TENNESSEE
48=TEXAS
49=UTAH
50=VERMONT
51=VIRGINIA
53=WASHINGTON
54=WEST VIRGINIA
55=WISCONSIN
56=WYOMING
64=AMERICAN SAMOA
65=GUAM
66=SAIPAN/MARIANA IS.
78=VIRGIN ISLANDS

FIPS County Code	3	258	260	VARCHAR2
Description: FIPS County Code				
SAS Name: FIPS_CNTY_CD				
COBOL Name: FIPS-CNTY-CD				

CBSA Urban Rural Indicator	1	261	261	VARCHAR2
Description: CBSA (Core Based Statistical Area) indicates whether the county is defined as Urban or Rural.				
SAS Name: CBSA_URBN_RRL_IND				
COBOL Name: CBSA-URBN-RRL-IND				

CBSA Code	5 262 266 VARCHAR2
Description:	CBSA (Core Based Statistical Area) geographic entities defined by the U.S. Office of Management and Budget (OMB) on June 6, 2003 for use by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics. CBSA collectively refers to MSA.
SAS Name:	CBSA_CD
COBOL Name:	CBSA-CD

Bed Count Override Indicator	1	325	325	CHAR
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Description: Indicates if the regional office has approved a significant bed count change from the previous certification.

SAS Name: OVRRD_BED_CNT_SW

COBOL Name: OVRRD-BED-CNT-SW

Bed Count: Certified 4 326 329 NUMBER

Description: Number of beds in Medicare and/or Medicaid certified areas within a facility.

SAS Name: CRTFD_BED_CNT

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Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"
(SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

COBOL Name: CRTFD-BED-CNT

Bed Count: Medicaid NF 4 334 337 NUMBER

Description: Number of Medicaid-certified Nursing Facility beds.

SAS Name: MD CD_NF_BED_CNT

COBOL Name: MD CD-NF-BED-CNT

Bed Count: Medicare SNF 4 338 341 NUMBER

Description: Number of Medicare-certified Skilled Nursing Facility beds.

SAS Name: MD CR_SNF_BED_CNT

COBOL Name: MD CR-SNF-BED-CNT

Bed Count: Medicare/Medicaid SNF 4 342 345 NUMBER

Description: Number of dually certified (Medicare/Medicaid) beds in a Skilled Nursing Facility.

SAS Name: MD CR_MD CD_SNF_BED_CNT

COBOL Name: MD CR-MD CD-SNF-BED-CNT

Bed Count: Special Care - AIDS 3 346 348 NUMBER

Description: Number of beds in a special care unit dedicated for residents with AIDS.

SAS Name: AIDS_BED_CNT

COBOL Name: AIDS-BED-CNT

Bed Count: Special Care - Alzheimers 3 349 351 NUMBER

Description: Number of beds in a special care unit dedicated for residents with Alzheimer's disease.

SAS Name: ALZHMR_BED_CNT

COBOL Name: ALZHMR-BED-CNT

Bed Count: Special Care - Dialysis 3 352 354 NUMBER

Description: Number of beds in a special care unit dedicated for residents who require dialysis.

SAS Name: DLYS_BED_CNT

COBOL Name: DLYS-BED-CNT

Bed Count: Special Care - Disabled Children 3 355 357 NUMBER
Description: Number of beds in a special care unit dedicated for
disabled children.
SAS Name: DSBL_CHLDRN_BED_CNT
COBOL Name: DSBL-CHLDRN-BED-CNT

Bed Count: Special Care - Head Trauma 3 358 360 NUMBER
Description: Number of beds in a special care unit dedicated for
residents with head trauma.
SAS Name: HEAD_TRMA_BED_CNT
COBOL Name: HEAD-TRMA-BED-CNT

Bed Count: Special Care - Hospice 3 361 363 NUMBER
Description: Number of beds in a special care unit dedicated for
residents who require hospice care.
SAS Name: HOSPC_BED_CNT
COBOL Name: HOSPC-BED-CNT

Bed Count: Special Care - Huntingtons Disease 3 364 366 NUMBER
Description: Number of beds in a special care unit dedicated for
residents with Huntington's disease.
SAS Name: HNTGTN_DEASE_BED_CNT
COBOL Name: HNTGTN-DEASE-BED-CNT

Bed Count: Special Care - Specialized Rehab 3 367 369 NUMBER
Description: Number of beds in a special care unit dedicated for

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Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"
(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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residents with specialized rehab needs.

SAS Name: REHAB_BED_CNT
COBOL Name: REHAB-BED-CNT

Bed Count: Special Care - Ventilator 3 370 372 NUMBER
Description: Number of beds in a special care unit dedicated for
residents requiring a ventilator and/or respiratory care.
SAS Name: VNTLTR_BED_CNT
COBOL Name: VNTLTR-BED-CNT

Bed Count: Total 4 373 376 NUMBER
Description: Total number of beds in a provider, including those in
non-participating or non-licensed areas.
SAS Name: BED_CNT
COBOL Name: BED-CNT

Compliance: 24-Hour RN Waiver Indicator 1 442 442 CHAR
Description: Indicates if a waiver of the 24-hour registered nurse
staffing requirements has been recommended for a Skilled

Nursing Facility or Nursing Facility.
SAS Name: RN_24_HR_WVR_SW
COBOL Name: RN-24-HR-WVR-SW

Compliance: 7-Day RN Waiver Indicator 1 443 443 VARCHAR2
Description: Indicates if a waiver of the 7-day registered nurse
staffing requirements has been recommended for a Skilled
Nursing Facility.
SAS Name: RN_7_DAY_WVR_SW
COBOL Name: RN-7-DAY-WVR-SW

Compliance: Beds Per Room Waiver Indicator 1 444 444 CHAR
Description: Indicates if a waiver of the beds per room requirement
has been recommended for a facility.
SAS Name: BED_PER_ROOM_WVR_SW
COBOL Name: BED-PER-ROOM-WVR-SW

Compliance: LSC Waiver Indicator 1 445 445 CHAR
Description: Indicates if a waiver of any life safety code provision
has been recommended for a provider.
SAS Name: LSC_WVR_SW
COBOL Name: LSC-WVR-SW

Compliance: Patient Room Size Waiver Indicator 1 446 446 CHAR
Description: Indicates if a waiver of the patient room size provision
has been recommended for a provider.
SAS Name: ROOM_SIZE_WVR_SW
COBOL Name: ROOM-SIZE-WVR-SW

Experimental Research Conducted Indicator 1 453 453 VARCHAR2
Description: Indicates if a facility conducts experimental research.
SAS Name: EXPRMT_RSRCH_CNDCTD_SW
COBOL Name: EXPRMT-RSRCH-CNDCTD-SW

Fiscal Year End Date (MMDD) 4 464 467 VARCHAR2
Description: End date, consisting of the month and day, of the
provider's fiscal year.
SAS Name: FY_END_MO_DAY_CD
COBOL Name: FY-END-MO-DAY-CD

Hospital Based Indicator 1 483 483 CHAR
Description: Indicates if the provider is based in a hospital.
SAS Name: HOSP_BSD_SW
COBOL Name: HOSP-BSD-SW

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 25
Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"
(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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LTC Cross Ref Provider Number	10	485	494	CHAR
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Description: LTC cross ref provider number
SAS Name: LTC_CROSS_REF_PROVIDER_NUMBER
COBOL Name: LTC-CROSS-REF-PROVIDER-NUMBER

Multiple Facility Organization Name 38 513 550 CHAR
Description: Name of the multi-facility organization that owns the facility.
SAS Name: MLT_FAC_ORG_NAME
COBOL Name: MLT-FAC-ORG-NAME

Multiple Facility Organization Owned Indicator 1 551 551 CHAR
Description: Indicates if a facility is owned by an organization that owns (or leases) two or more long term care facilities.
SAS Name: MLT_OWND_FAC_ORG_SW
COBOL Name: MLT-OWND-FAC-ORG-SW

Organized Family Group Indicator 1 626 626 VARCHAR2
Description: Indicates if the facility has an organized group of family members of residents.
SAS Name: ORGNZ_FMLY_MBR_GRP_SW
COBOL Name: ORGNZ-FMLY-MBR-GRP-SW

Organized Resident Group Indicator 1 627 627 VARCHAR2
Description: Indicates if the facility has an organized residents group.
SAS Name: ORGNZ_RSDNT_GRP_SW
COBOL Name: ORGNZ-RSDNT-GRP-SW

Program Participation Code 1 640 640 CHAR
Description: Indicates if the provider participates in Medicare, Medicaid, or both programs.
SAS Name: PGM_PRTCPTN_CD
COBOL Name: PGM-PRTCPTN-CD
VALUES: 1=MEDICARE ONLY
2=MEDICAID ONLY
3=MEDICARE AND MEDICAID

Related Provider Number 10 686 695 CHAR
Description: Related provider number
SAS Name: RELATED_PROVIDER_NUMBER
COBOL Name: RELATED-PROVIDER-NUMBER

Services: Blood Administration Off-Site Residents Indicator 1 703 703 VARCHAR2
Description: Indicates if blood administration and storage services are provided off-site to residents.
SAS Name: BLOOD_SRVC_OFSITE_RSDNT_SW
COBOL Name: BLOOD-SRVC-OFSITE-RSDNT-SW

Services: Blood Administration On-Site Nonresidents Indicator 1 704 704 VARCHAR2
Description: Indicates if blood administration and storage services are provided on-site to nonresidents.
SAS Name: BLOOD_SRVC_ONST_NRSNT_SW

COBOL Name: BLOOD-SRVC-ONST-NRSDNT-SW

Services: Blood Administration On-Site Residents 1 705 705 VARCHAR2
Indicator

Description: Indicates if blood administration and storage services
are provided on-site to residents.

SAS Name: BLOOD_SRVC_ONST_RSDNT_SW

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Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"
(SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

COBOL Name: BLOOD-SRVC-ONST-RSDNT-SW

Services: Clinical Laboratory - Off-Site Residents 1 712 712 VARCHAR2
Indicator

Description: Indicates if clinical laboratory services are provided
off-site to residents.

SAS Name: CL_SRVC_OFSITE_RSDNT_SW

COBOL Name: CL-SRVC-OFSITE-RSDNT-SW

Services: Clinical Laboratory - On-Site Nonresidents 1 713 713 VARCHAR2
Indicator

Description: Indicates if clinical laboratory services are provided
on-site to nonresidents.

SAS Name: CL_SRVC_ONST_NRSDNT_SW

COBOL Name: CL-SRVC-ONST-NRSDNT-SW

Services: Clinical Laboratory - On-Site Residents 1 714 714 VARCHAR2
Indicator

Description: Indicates if clinical laboratory services are provided
on-site to residents.

SAS Name: CL_SRVC_ONST_RSDNT_SW

COBOL Name: CL-SRVC-ONST-RSDNT-SW

Services: Dental Off-Site Residents Indicator 1 720 720 VARCHAR2

Description: Indicates if dental services are provided off-site to
residents.

SAS Name: DNTL_SRVC_OFSITE_RSDNT_SW

COBOL Name: DNTL-SRVC-OFSITE-RSDNT-SW

Services: Dental On-Site Nonresidents Indicator 1 721 721 VARCHAR2

Description: Indicates if dental services are provided on-site to
nonresidents.

SAS Name: DNTL_SRVC_ONST_NRSDNT_SW

COBOL Name: DNTL-SRVC-ONST-NRSDNT-SW

Services: Dental On-Site Residents Indicator 1 722 722 VARCHAR2

Description: Indicates if dental services are provided on-site to
residents.

SAS Name: DNTL_SRVC_ONST_RSDNT_SW

COBOL Name: DNTL-SRVC-ONST-RSDNT-SW

Services: Dietary Off-Site Residents Indicator 1 726 726 VARCHAR2

Description: Indicates if dietary services are provided off-site to residents.

SAS Name: DTRY_OFSITE_RSDNT_SW

COBOL Name: DTRY-OFSITE-RSDNT-SW

Services: Dietary On-Site Nonresidents Indicator 1 727 727 VARCHAR2

Description: Indicates if dietary services are provided on-site to nonresidents.

SAS Name: DTRY_ONST_NRSNT_SW

COBOL Name: DTRY-ONST-NRSNT-SW

Services: Dietary On-Site Residents Indicator 1 728 728 VARCHAR2

Description: Indicates if dietary services are provided on-site to residents.

SAS Name: DTRY_ONST_RSDNT_SW

COBOL Name: DTRY-ONST-RSDNT-SW

Services: Housekeeping Off-Site Residents Indicator 1 738 738 VARCHAR2

Description: Indicates if housekeeping services are provided off-site to residents.

SAS Name: HSEKPNG_SRVC_OFSITE_RSDNT_SW

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Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"
(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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COBOL Name: HSEKPNG-SRVC-OFSITE-RSDNT-SW

Services: Housekeeping On-Site Nonresidents Indicator 1 739 739 VARCHAR2

Description: Indicates if housekeeping services are provided on-site to nonresidents.

SAS Name: HSEKPNG_SRVC_ONST_NRSNT_SW

COBOL Name: HSEKPNG-SRVC-ONST-NRSNT-SW

Services: Housekeeping On-Site Residents Indicator 1 740 740 VARCHAR2

Description: Indicates if housekeeping services are provided on-site to residents.

SAS Name: HSEKPNG_SRVC_ONST_RSDNT_SW

COBOL Name: HSEKPNG-SRVC-ONST-RSDNT-SW

Services: Mental Health Off-Site Residents Indicator 1 747 747 VARCHAR2

Description: Indicates if mental health services are provided off-site to residents.

SAS Name: MENTL_HLTH_OFSITE_RSDNT_SW

COBOL Name: MENTL-HLTH-OFSITE-RSDNT-SW

Services: Mental Health On-Site Nonresidents Indicator 1 748 748 VARCHAR2

Description: Indicates if mental health services are provided on-site to nonresidents.

SAS Name: MENTL_HLTH_ONST_NRSNT_SW

COBOL Name: MENTL-HLTH-ONST-NRSNT-SW

Services: Mental Health On-Site Residents Indicator 1 749 749 VARCHAR2

Description: Indicates if mental health services are provided on-site to residents.

SAS Name: MENTL_HLTH_ONST_RSDNT_SW

COBOL Name: MENTL-HLTH-ONST-RSDNT-SW

Services: Nursing Off-Site Residents Indicator 1 760 760 VARCHAR2

Description: Indicates if nursing services are provided off-site to residents.

SAS Name: NRSNG_SRVC_OFSITE_RSDNT_SW

COBOL Name: NRSNG-SRVC-OFSITE-RSDNT-SW

Services: Nursing On-Site Nonresidents Indicator 1 761 761 VARCHAR2

Description: Indicates if nursing services are provided on-site to nonresidents.

SAS Name: NRSNG_SRVC_ONST_NRSNT_SW

COBOL Name: NRSNG-SRVC-ONST-NRSNT-SW

Services: Nursing On-Site Residents Indicator 1 762 762 VARCHAR2

Description: Indicates if nursing services are provided on-site to residents.

SAS Name: NRSNG_SRVC_ONST_RSDNT_SW

COBOL Name: NRSNG-SRVC-ONST-RSDNT-SW

Services: OT Off-Site Residents Indicator 1 776 776 VARCHAR2

Description: Indicates if occupational therapy services are provided off-site to residents.

SAS Name: OT_SRVC_OFSITE_RSDNT_SW

COBOL Name: OT-SRVC-OFSITE-RSDNT-SW

Services: OT On-Site Nonresidents Indicator 1 777 777 VARCHAR2

Description: Indicates if occupational therapy services are provided on-site to nonresidents.

SAS Name: OT_SRVC_ONST_NRSNT_SW

COBOL Name: OT-SRVC-ONST-NRSNT-SW

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Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"
(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Services: OT On-Site Residents Indicator	1	778	778	VARCHAR2
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Description: Indicates if occupational therapy services are provided on-site to residents.

SAS Name: OT_SRVC_ONST_RSDNT_SW

COBOL Name: OT-SRVC-ONST-RSDNT-SW

Services: Pharmacy Off-Site Residents Indicator 1 789 789 VARCHAR2

Description: Indicates if pharmacy services are provided off-site to residents.

SAS Name: PHRMCY_SRVC_OFSITE_RSDNT_SW

COBOL Name: PHRMCY-SRVC-OFSITE-RSDNT-SW

Services: Pharmacy On-Site Nonresidents Indicator 1 790 790 VARCHAR2

Description: Indicates if pharmacy services are provided on-site to nonresidents.

SAS Name: PHRMCY_SRVC_ONST_NRSNT_SW

COBOL Name: PHRMCY-SRVC-ONST-NRSNT-SW

Services: Pharmacy On-Site Residents Indicator 1 791 791 VARCHAR2

Description: Indicates if pharmacy services are provided on-site to residents.

SAS Name: PHRMCY_SRVC_ONST_RSDNT_SW

COBOL Name: PHRMCY-SRVC-ONST-RSDNT-SW

Services: Physician Extender Off-Site Residents Indicator 1 796 796 VARCHAR2

Description: Indicates if physician extender services are provided off-site to residents.

SAS Name: PHYSN_EXT_SRVC_OFSITE_RSDNT_SW

COBOL Name: PHYSN-EXT-SRVC-OFSITE-RSDNT-SW

Services: Physician Extender On-Site Nonresidents Indicator 1 797 797 VARCHAR2

Description: Indicates if physician extender services are provided on-site to nonresidents.

SAS Name: PHYSN_EXT_SRVC_ONST_NRSNT_SW

COBOL Name: PHYSN-EXT-SRVC-ONST-NRSNT-SW

Services: Physician Extender On-Site Residents Indicator 1 798 798 VARCHAR2

Description: Indicates if physician extender services are provided on-site to residents.

SAS Name: PHYSN_EXT_SRVC_ONST_RSDNT_SW

COBOL Name: PHYSN-EXT-SRVC-ONST-RSDNT-SW

Services: Physician Off-Site Residents Indicator 1 799 799 VARCHAR2

Description: Indicates if physician services are provided off-site to residents.

SAS Name: PHYSN_SRVC_OFSITE_RSDNT_SW

COBOL Name: PHYSN-SRVC-OFSITE-RSDNT-SW

Services: Physician On-Site Nonresidents Indicator 1 800 800 VARCHAR2

Description: Indicates if physician services are provided on-site to nonresidents.

SAS Name: PHYSN_SRVC_ONST_NRSNT_SW

COBOL Name: PHYSN-SRVC-ONST-NRSNT-SW

Services: Physician On-Site Residents Indicator 1 801 801 VARCHAR2

Description: Indicates if physician services are provided on-site to

residents.

SAS Name: PHYSN_SRVC_ONST_RSDNT_SW

COBOL Name: PHYSN-SRVC-ONST-RSDNT-SW

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Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"
(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Services: Podiatry Off-Site Residents Indicator	1	802	802	VARCHAR2
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Description: Indicates if podiatry services are provided off-site to residents.

SAS Name: PDTRY_SRVC_OFSITE_RSDNT_SW

COBOL Name: PDTRY-SRVC-OFSITE-RSDNT-SW

Services: Podiatry On-Site Nonresidents Indicator	1	803	803	VARCHAR2
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Description: Indicates if podiatry services are provided on-site to nonresidents.

SAS Name: PDTRY_SRVC_ONST_NRSNT_SW

COBOL Name: PDTRY-SRVC-ONST-NRSNT-SW

Services: Podiatry On-Site Residents Indicator	1	804	804	VARCHAR2
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Description: Indicates if podiatry services are provided on-site to residents.

SAS Name: PDTRY_SRVC_ONST_RSDNT_SW

COBOL Name: PDTRY-SRVC-ONST-RSDNT-SW

Services: PT Off-Site Residents Indicator	1	814	814	VARCHAR2
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Description: Indicates if physical therapy services are provided off-site to residents.

SAS Name: PT_OFSITE_RSDNT_SW

COBOL Name: PT-OFSITE-RSDNT-SW

Services: PT On-Site Nonresidents Indicator	1	815	815	VARCHAR2
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Description: Indicates if physical therapy services are provided on-site to nonresidents.

SAS Name: PT_ONST_NRSNT_SW

COBOL Name: PT-ONST-NRSNT-SW

Services: PT On-Site Residents Indicator	1	816	816	VARCHAR2
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Description: Indicates if physical therapy services are provided on-site to residents.

SAS Name: PT_ONST_RSDNT_SW

COBOL Name: PT-ONST-RSDNT-SW

Services: Social Work Off-Site Residents Indicator	1	827	827	VARCHAR2
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Description: Indicates if social work services are provided off-site to residents.

SAS Name: SCL_WORK_SRVC_OFSITE_RSDNT_SW

COBOL Name: SCL-WORK-SRVC-OFSITE-RSDNT-SW

Services: Social Work On-Site Nonresidents Indicator 1 828 828 VARCHAR2
Description: Indicates if social work services are provided on-site to nonresidents.
SAS Name: SCL_WORK_SRVC_ONST_NRSNT_SW
COBOL Name: SCL-WORK-SRVC-ONST-NRSNT-SW

Services: Social Work On-Site Residents Indicator 1 829 829 VARCHAR2
Description: Indicates if social work services are provided on-site to residents.
SAS Name: SCL_WORK_SRVC_ONST_RSDNT_SW
COBOL Name: SCL-WORK-SRVC-ONST-RSDNT-SW

Services: Speech Pathology Off-Site Residents Indicator 1 834 834 VARCHAR2
Description: Indicates if speech/language pathology services are provided off-site to residents.
SAS Name: SPCH_PTHLGY_OFSITE_RSDNT_SW
COBOL Name: SPCH-PTHLGY-OFSITE-RSDNT-SW

Services: Speech Pathology On-Site Nonresidents Indicator 1 835 835 VARCHAR2

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(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Description: Indicates if speech/language pathology services are provided on-site to nonresidents.
SAS Name: SPCH_PTHLGY_ONST_NRSNT_SW
COBOL Name: SPCH-PTHLGY-ONST-NRSNT-SW

Services: Speech Pathology On-Site Residents Indicator 1 836 836 VARCHAR2
Description: Indicates if speech/language pathology services are provided on-site to residents.
SAS Name: SPCH_PTHLGY_ONST_RSDNT_SW
COBOL Name: SPCH-PTHLGY-ONST-RSDNT-SW

Services: Therapeutic - Other Activities Staff - Off-Site Residents Indicator 1 839 839 VARCHAR2
Description: Indicates if therapeutic services are provided off-site to residents by other activities staff.
SAS Name: ACTVTY_OTHR_OFSITE_RSDNT_SW
COBOL Name: ACTVTY-OTHR-OFSITE-RSDNT-SW

Services: Therapeutic - Other Activities Staff - On-Site Nonresidents Indicator 1 840 840 VARCHAR2
Description: Indicates if therapeutic services are provided on-site to nonresidents by other activities staff.
SAS Name: ACTVTY_OTHR_ONST_NRSNT_SW
COBOL Name: ACTVTY-OTHR-ONST-NRSNT-SW

Services: Therapeutic - Other Activities Staff - 1 841 841 VARCHAR2

On-Site Residents Indicator

Description: Indicates if therapeutic services are provided on-site to residents by other activities staff.

SAS Name: ACTVTY_OTHR_ONST_RSDNT_SW

COBOL Name: ACTVTY-OTHR-ONST-RSDNT-SW

Services: Therapeutic - Other Social Services Staff - 1 842 842 VARCHAR2

Off-Site Residents Indicator

Description: Indicates if other therapeutic social services are provided off-site to residents.

SAS Name: SCL_SRVC_OTHR_OFSITE_RSDNT_SW

COBOL Name: SCL-SRVC-OTHR-OFSITE-RSDNT-SW

Services: Therapeutic - Other Social Services Staff - 1 843 843 VARCHAR2

On-Site Nonresidents Indicator

Description: Indicates if other therapeutic social services are provided on-site to nonresidents.

SAS Name: SCL_SRVC_OTHR_ONST_NRSNT_SW

COBOL Name: SCL-SRVC-OTHR-ONST-NRSNT-SW

Services: Therapeutic - Other Social Services Staff - 1 844 844 VARCHAR2

On-Site Residents Indicator

Description: Indicates if other therapeutic social services are provided on-site to residents.

SAS Name: SCL_SRVC_OTHR_ONST_RSDNT_SW

COBOL Name: SCL-SRVC-OTHR-ONST-RSDNT-SW

Services: Therapeutic - Qualified Activities 1 845 845 VARCHAR2

Professional - Off-Site Residents Indicator

Description: Indicates if therapeutic services are provided off-site to residents by qualified activities professionals.

SAS Name: ACTVTY_OFSITE_RSDNT_SW

COBOL Name: ACTVTY-OFSITE-RSDNT-SW

Services: Therapeutic - Qualified Activities 1 846 846 VARCHAR2

Professional - On-Site Nonresidents Indicator

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(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Description: Indicates if therapeutic services are provided on-site to nonresidents by qualified activities professionals.

SAS Name: ACTVTY_ONST_NRSNT_SW

COBOL Name: ACTVTY-ONST-NRSNT-SW

Services: Therapeutic - Qualified Activities 1 847 847 VARCHAR2

Professional - On-Site Residents Indicator

Description: Indicates if therapeutic services are provided on-site to

residents by qualified activities professionals.

SAS Name: ACTVTY_ONST_RSDNT_SW

COBOL Name: ACTVTY-ONST-RSDNT-SW

Services: Therapeutic Recreational Specialty Off-Site 1 849 849 VARCHAR2
Residents Indicator

Description: Indicates if therapeutic recreation specialist services
are provided off-site to residents.

SAS Name: THRPTC_RCRTNL_OFSITE_RSDNT_SW

COBOL Name: THRPTC-RCRTNL-OFSITE-RSDNT-SW

Services: Therapeutic Recreational Specialty On-Site 1 850 850 VARCHAR2
Nonresidents Indicator

Description: Indicates if therapeutic recreation specialist services
are provided on-site to nonresidents.

SAS Name: THRPTC_RCRTNL_ONST_NRSNT_SW

COBOL Name: THRPTC-RCRTNL-ONST-NRSNT-SW

Services: Therapeutic Recreational Specialty On-Site 1 851 851 VARCHAR2
Residents Indicator

Description: Indicates if therapeutic recreation specialist services
are provided on-site to residents.

SAS Name: THRPTC_RCRTNL_ONST_RSDNT_SW

COBOL Name: THRPTC-RCRTNL-ONST-RSDNT-SW

Services: Vocational Off-Site Residents Indicator 1 854 854 VARCHAR2

Description: Indicates if vocational services are provided off-site to
residents.

SAS Name: VCTNL_SRVC_OFSITE_RSDNT_SW

COBOL Name: VCTNL-SRVC-OFSITE-RSDNT-SW

Services: Vocational On-Site Nonresidents Indicator 1 855 855 VARCHAR2

Description: Indicates if vocational services are provided on-site to
nonresidents.

SAS Name: VCTNL_SRVC_ONST_NRSNT_SW

COBOL Name: VCTNL-SRVC-ONST-NRSNT-SW

Services: Vocational On-Site Residents Indicator 1 856 856 VARCHAR2

Description: Indicates if vocational services are provided on-site to
residents.

SAS Name: VCTNL_SRVC_ONST_RSDNT_SW

COBOL Name: VCTNL-SRVC-ONST-RSDNT-SW

Services: X-ray Off-Site Residents Indicator 1 857 857 VARCHAR2

Description: Indicates if diagnostic X-ray services are provided
off-site to residents.

SAS Name: DGNSTC_XRAY_OFSITE_RSDNT_SW

COBOL Name: DGNSTC-XRAY-OFSITE-RSDNT-SW

Services: X-ray On-Site Nonresidents Indicator 1 858 858 VARCHAR2

Description: Indicates if diagnostic X-ray services are provided
on-site to nonresidents.

SAS Name: DGNSTC_XRAY_ONST_NRSNT_SW

COBOL Name: DGNSTC-XRAY-ONST-NRSNT-SW

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(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
Services: X-ray On-Site Residents Indicator	1	859	859	VARCHAR2
Description: Indicates if diagnostic X-ray services are provided on-site to residents.				
SAS Name: DGNSTC_XRAY_ONST_RSDNT_SW				
COBOL Name: DGNSTC-XRAY-ONST-RSDNT-SW				
Staff Count Override Indicator	1	861	861	CHAR
Description: Indicates if the regional office has approved a significant staff count change from the previous certification.				
SAS Name: OVRRD_STFG_SW				
COBOL Name: OVRRD-STFG-SW				
Staff Count: Administrative Staff - Contract	8	862	869	NUMBER
Description: Number of full-time equivalent administrative staff under contract to a facility.				
SAS Name: PROFNL_ADMIN_CNTRCT_CNT				
COBOL Name: PROFNL-ADMIN-CNTRCT-CNT				
Staff Count: Administrative Staff - Full-Time	8	870	877	NUMBER
Description: Number of full-time equivalent administrative staff employed on a full-time basis by a facility.				
SAS Name: PROFNL_ADMIN_FLTM_CNT				
COBOL Name: PROFNL-ADMIN-FLTM-CNT				
Staff Count: Administrative Staff - Part-Time	8	878	885	NUMBER
Description: Number of full-time equivalent administrative staff employed on a part-time basis by a facility.				
SAS Name: PROFNL_ADMIN_PRTM_CNT				
COBOL Name: PROFNL-ADMIN-PRTM-CNT				
Staff Count: Certified Nurse Aide - Contract	8	910	917	NUMBER
Description: Number of full-time equivalent certified nurse aides under contract to a facility.				
SAS Name: NRS_AIDE_CNTRCT_CNT				
COBOL Name: NRS-AIDE-CNTRCT-CNT				
Staff Count: Certified Nurse Aide - Full-Time	8	918	925	NUMBER
Description: Number of full-time equivalent certified nurse aides employed full-time by a facility.				
SAS Name: NRS_AIDE_FLTM_CNT				
COBOL Name: NRS-AIDE-FLTM-CNT				
Staff Count: Certified Nurse Aide - Part-Time	8	926	933	NUMBER
Description: Number of full-time equivalent certified nurse aides				

employed part-time by a facility.
SAS Name: NRS_AIDE_PRTM_CNT
COBOL Name: NRS-AIDE-PRTM-CNT

Staff Count: Dentist - Contract 8 958 965 NUMBER
Description: Number of full-time equivalent dentists under contract to
a facility.
SAS Name: DNTST_CNTRCT_CNT
COBOL Name: DNTST-CNTRCT-CNT

Staff Count: Dentist - Full-Time 8 966 973 NUMBER
Description: Number of full-time equivalent dentists employed full
time by a facility.
SAS Name: DNTST_FLTM_CNT
COBOL Name: DNTST-FLTM-CNT

Staff Count: Dentist - Part-Time 8 974 981 NUMBER
Description: Number of full-time equivalent dentists employed part

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SHORT DESCRIPTION	LEN	START	END	TYPE
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time by a facility.
SAS Name: DNTST_PRTM_CNT
COBOL Name: DNTST-PRTM-CNT

Staff Count: Dietitian - Contract 8 990 997 NUMBER
Description: Number of full-time equivalent dietitians under contract
to a facility.
SAS Name: DIETN_CNTRCT_CNT
COBOL Name: DIETN-CNTRCT-CNT

Staff Count: Dietitian - Full-Time 8 998 1005 NUMBER
Description: Number of full-time equivalent dietitians employed full
time by a facility.
SAS Name: DIETN_FLTM_CNT
COBOL Name: DIETN-FLTM-CNT

Staff Count: Dietitian - Part-Time 8 1006 1013 NUMBER
Description: Number of full-time equivalent dietitians employed part
time by a facility.
SAS Name: DIETN_PRTM_CNT
COBOL Name: DIETN-PRTM-CNT

Staff Count: Food Service Worker - Contract 8 1022 1029 NUMBER
Description: Number of full-time equivalent food service personnel
under contract to a facility.
SAS Name: FOOD_SRVC_CNTRCT_CNT
COBOL Name: FOOD-SRVC-CNTRCT-CNT

Staff Count: Food Service Worker - Full-Time 8 1030 1037 NUMBER
Description: Number of full-time equivalent food service personnel
employed full-time by a facility.
SAS Name: FOOD_SRVC_FLTM_CNT
COBOL Name: FOOD-SRVC-FLTM-CNT

Staff Count: Food Service Worker - Part-Time 8 1038 1045 NUMBER
Description: Number of full-time equivalent food service personnel
employed part-time by a facility.
SAS Name: FOOD_SRVC_PRTM_CNT
COBOL Name: FOOD-SRVC-PRTM-CNT

Staff Count: Housekeeping - Contract 8 1070 1077 NUMBER
Description: Number of full-time equivalent housekeeping personnel
under contract to a facility.
SAS Name: HSEKPNG_CNTRCT_CNT
COBOL Name: HSEKPNG-CNTRCT-CNT

Staff Count: Housekeeping - Full-Time 8 1078 1085 NUMBER
Description: Number of full-time equivalent housekeeping personnel
employed full-time by a facility.
SAS Name: HSEKPNG_FLTM_CNT
COBOL Name: HSEKPNG-FLTM-CNT

Staff Count: Housekeeping - Part-Time 8 1086 1093 NUMBER
Description: Number of full-time equivalent housekeeping personnel
employed part-time by a facility.
SAS Name: HSEKPNG_PRTM_CNT
COBOL Name: HSEKPNG-PRTM-CNT

Staff Count: LPN/LVN - Contract 8 1118 1125 NUMBER
Description: Number of full-time equivalent licensed
practical/vocational nurses under contract to a facility.
SAS Name: LPN_LVN_CNTRCT_CNT
COBOL Name: LPN-LVN-CNTRCT-CNT

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SHORT DESCRIPTION	LEN	START	END	TYPE
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Staff Count: LPN/LVN - Full-Time 8 1126 1133 NUMBER
Description: Number of full-time equivalent licensed
practical/vocational nurses employed full-time by a
facility.
SAS Name: LPN_LVN_FLTM_CNT
COBOL Name: LPN-LVN-FLTM-CNT

Staff Count: LPN/LVN - Part-Time 8 1134 1141 NUMBER
Description: Number of full-time equivalent licensed
practical/vocational nurses employed part-time by a

facility.

SAS Name: LPN_LVN_PRTM_CNT

COBOL Name: LPN-LVN-PRTM-CNT

Staff Count: Medical Director - Contract 8 1150 1157 NUMBER

Description: Number of full-time equivalent medical directors under contract to a facility.

SAS Name: MDCL_DRCTR_CNTRCT_CNT

COBOL Name: MDCL-DRCTR-CNTRCT-CNT

Staff Count: Medical Director - Full-Time 8 1158 1165 NUMBER

Description: Number of full-time equivalent medical directors employed full-time by a facility.

SAS Name: MDCL_DRCTR_FLTM_CNT

COBOL Name: MDCL-DRCTR-FLTM-CNT

Staff Count: Medical Director - Part-Time 8 1166 1173 NUMBER

Description: Number of full-time equivalent medical directors employed part-time by a facility.

SAS Name: MDCL_DRCTR_PRTM_CNT

COBOL Name: MDCL-DRCTR-PRTM-CNT

Staff Count: Medication Aide/Technician - Contract 8 1198 1205 NUMBER

Description: Number of full-time equivalent medication aides/technicians under contract to a facility.

SAS Name: MDCTN_AIDE_CNTRCT_CNT

COBOL Name: MDCTN-AIDE-CNTRCT-CNT

Staff Count: Medication Aide/Technician - Full-Time 8 1206 1213 NUMBER

Description: Number of full-time equivalent medication aides/technicians employed full-time by a facility.

SAS Name: MDCTN_AIDE_FLTM_CNT

COBOL Name: MDCTN-AIDE-FLTM-CNT

Staff Count: Medication Aide/Technician - Part-Time 8 1214 1221 NUMBER

Description: Number of full-time equivalent medication aides/technicians employed part-time by a facility.

SAS Name: MDCTN_AIDE_PRTM_CNT

COBOL Name: MDCTN-AIDE-PRTM-CNT

Staff Count: Mental Health Services - Contract 8 1222 1229 NUMBER

Description: Number of full-time equivalent mental health services personnel under contract to a facility.

SAS Name: MENTL_HLTH_SRVC_CNTRCT_CNT

COBOL Name: MENTL-HLTH-SRVC-CNTRCT-CNT

Staff Count: Mental Health Services - Full-Time 8 1230 1237 NUMBER

Description: Number of full-time equivalent mental health services personnel employed full-time by a facility.

SAS Name: MENTL_HLTH_SRVC_FLTM_CNT

COBOL Name: MENTL-HLTH-SRVC-FLTM-CNT

SHORT DESCRIPTION	LEN	START	END	TYPE
Staff Count: Mental Health Services - Part-Time	8	1238	1245	NUMBER
Description: Number of full-time equivalent mental health services personnel employed part-time by a facility.				
SAS Name: MENTL_HLTH_SRVC_PRTM_CNT				
COBOL Name: MENTL-HLTH-SRVC-PRTM-CNT				
Staff Count: Nurse Aide in Training - Contract	8	1254	1261	NUMBER
Description: Number of full-time equivalent nurse aides in training under contract to a facility.				
SAS Name: NAT_CNTRCT_CNT				
COBOL Name: NAT-CNTRCT-CNT				
Staff Count: Nurse Aide in Training - Full-Time	8	1262	1269	NUMBER
Description: Number of full-time equivalent nurse aides in training employed full-time by a facility.				
SAS Name: NAT_FLTM_CNT				
COBOL Name: NAT-FLTM-CNT				
Staff Count: Nurse Aide in Training - Part-Time	8	1270	1277	NUMBER
Description: Number of full-time equivalent nurse aides in training employed part-time by a facility.				
SAS Name: NAT_PRTM_CNT				
COBOL Name: NAT-PRTM-CNT				
Staff Count: Nurse With Administrative Duties - Contract	8	1286	1293	NUMBER
Description: Number of full-time equivalent nurses with administrative duties under contract to a facility.				
SAS Name: NRS_ADMINV_CNTRCT_CNT				
COBOL Name: NRS-ADMINV-CNTRCT-CNT				
Staff Count: Nurse With Administrative Duties - Full-Time	8	1294	1301	NUMBER
Description: Number of full-time equivalent nurses with administrative duties employed full-time by a facility.				
SAS Name: NRS_ADMINV_FLTM_CNT				
COBOL Name: NRS-ADMINV-FLTM-CNT				
Staff Count: Nurse With Administrative Duties - Part-Time	8	1302	1309	NUMBER
Description: Number of full-time equivalent nurses with administrative duties employed part-time by a facility.				
SAS Name: NRS_ADMINV_PRTM_CNT				
COBOL Name: NRS-ADMINV-PRTM-CNT				
Staff Count: OT - Arrangement	8	1318	1325	NUMBER
Description: Number of full-time equivalent occupational therapists under arrangement to the provider				

SAS Name: OCPTNL_THRPST_CNTRCT_CNT
COBOL Name: OCPTNL-THRPST-CNTRCT-CNT

Staff Count: OT - Full-Time 8 1326 1333 NUMBER
Description: Number of full-time equivalent occupational therapists
employed full-time by a facility.
SAS Name: OCPTNL_THRPST_FLTM_CNT
COBOL Name: OCPTNL-THRPST-FLTM-CNT

Staff Count: OT - Part-Time 8 1334 1341 NUMBER
Description: Number of full-time equivalent occupational therapists
employed part-time by a facility.
SAS Name: OCPTNL_THRPST_PRTM_CNT
COBOL Name: OCPTNL-THRPST-PRTM-CNT

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(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Staff Count: OT Aide - Contract	8	1342	1349	NUMBER
Description: Number of full-time equivalent occupational therapy aides under contract to a facility.				
SAS Name: OT_AIDE_CNTRCT_CNT				
COBOL Name: OT-AIDE-CNTRCT-CNT				

Staff Count: OT Aide - Full-Time	8	1350	1357	NUMBER
Description: Number of full-time equivalent occupational therapy aides employed full-time by a facility.				
SAS Name: OT_AIDE_FLTM_CNT				
COBOL Name: OT-AIDE-FLTM-CNT				

Staff Count: OT Aide - Part-Time	8	1358	1365	NUMBER
Description: Number of full-time equivalent occupational therapy aides employed part-time by a facility.				
SAS Name: OT_AIDE_PRTM_CNT				
COBOL Name: OT-AIDE-PRTM-CNT				

Staff Count: OT Assistant - Contract	8	1366	1373	NUMBER
Description: Number of full-time equivalent occupational therapy assistants under contract to a facility.				
SAS Name: OT_ASTNT_CNTRCT_CNT				
COBOL Name: OT-ASTNT-CNTRCT-CNT				

Staff Count: OT Assistant - Full-Time	8	1374	1381	NUMBER
Description: Number of full-time equivalent occupational therapy assistants employed full-time by a facility.				
SAS Name: OT_ASTNT_FLTM_CNT				
COBOL Name: OT-ASTNT-FLTM-CNT				

Staff Count: OT Assistant - Part-Time	8	1382	1389	NUMBER
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Description: Number of full-time equivalent occupational therapy assistants employed part-time by a facility.

SAS Name: OT_ASTNT_PRTM_CNT

COBOL Name: OT-ASTNT-PRTM-CNT

Staff Count: Other Activities - Contract 8 1398 1405 NUMBER

Description: Number of full-time equivalent other activities staff providing therapeutic services under contract to a facility.

SAS Name: ACTVTY_STF_OTHR_CNTRCT_CNT

COBOL Name: ACTVTY-STF-OTHR-CNTRCT-CNT

Staff Count: Other Activities - Full-Time 8 1406 1413 NUMBER

Description: Number of full-time equivalent other activities staff providing therapeutic services employed full time by a facility.

SAS Name: ACTVTY_STF_OTHR_FLTM_CNT

COBOL Name: ACTVTY-STF-OTHR-FLTM-CNT

Staff Count: Other Activities - Part-Time 8 1414 1421 NUMBER

Description: Number of full-time equivalent other activities staff providing therapeutic services employed part time by a facility.

SAS Name: ACTVTY_STF_OTHR_PRTM_CNT

COBOL Name: ACTVTY-STF-OTHR-PRTM-CNT

Staff Count: Other Physician - Contract 8 1422 1429 NUMBER

Description: Number of full-time equivalent other physicians under contract to a facility.

SAS Name: PHYSN_OTHR_CNTRCT_CNT

COBOL Name: PHYSN-OTHR-CNTRCT-CNT

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 37
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(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Staff Count: Other Physician - Full-Time	8	1430	1437	NUMBER
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Description: Number of full-time equivalent other physicians employed full-time by a facility.

SAS Name: PHYSN_OTHR_FLTM_CNT

COBOL Name: PHYSN-OTHR-FLTM-CNT

Staff Count: Other Physician - Part-Time	8	1438	1445	NUMBER
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Description: Number of full-time equivalent other physicians employed part-time by a facility.

SAS Name: PHYSN_OTHR_PRTM_CNT

COBOL Name: PHYSN-OTHR-PRTM-CNT

Staff Count: Other Social Services - Contract	8	1446	1453	NUMBER
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Description: Number of full-time equivalent other social services

staff under contract to a facility.

SAS Name: SCL_SRVC_OTHR_STF_CNTRCT_CNT

COBOL Name: SCL-SRVC-OTHR-STF-CNTRCT-CNT

Staff Count: Other Social Services - Full-Time 8 1454 1461 NUMBER

Description: Number of full-time equivalent other social services

staff employed full time by a facility.

SAS Name: SCL_SRVC_OTHR_STF_FLTM_CNT

COBOL Name: SCL-SRVC-OTHR-STF-FLTM-CNT

Staff Count: Other Social Services - Part-Time 8 1462 1469 NUMBER

Description: Number of full-time equivalent other social services

staff employed part time by a facility.

SAS Name: SCL_SRVC_OTHR_STF_PRTM_CNT

COBOL Name: SCL-SRVC-OTHR-STF-PRTM-CNT

Staff Count: Other Staff - Contract 8 1470 1477 NUMBER

Description: Number of full-time equivalent staff not included in any

other categories under contract to the facility.

SAS Name: STF_OTHR_CNTRCT_CNT

COBOL Name: STF-OTHR-CNTRCT-CNT

Staff Count: Other Staff - Full-Time 8 1478 1485 NUMBER

Description: Number of full-time equivalent persons not included in

any other categories employed full-time by the facility.

SAS Name: STF_OTHR_FLTM_CNT

COBOL Name: STF-OTHR-FLTM-CNT

Staff Count: Other Staff - Part-Time 8 1486 1493 NUMBER

Description: Number of full-time equivalent persons not included in

any other categories employed part-time by the facility.

SAS Name: STF_OTHR_PRTM_CNT

COBOL Name: STF-OTHR-PRTM-CNT

Staff Count: Pharmacist - Contract 8 1494 1501 NUMBER

Description: Number of full-time equivalent pharmacists under contract

to a facility.

SAS Name: PHRMCST_CNTRCT_CNT

COBOL Name: PHRMCST-CNTRCT-CNT

Staff Count: Pharmacist - Full-Time 8 1502 1509 NUMBER

Description: Number of full-time equivalent pharmacists employed

full-time by a facility.

SAS Name: PHRMCST_FLTM_CNT

COBOL Name: PHRMCST-FLTM-CNT

Staff Count: Pharmacist - Part-Time 8 1510 1517 NUMBER

Description: Number of full-time equivalent pharmacists employed

part-time by a facility.

SHORT DESCRIPTION	LEN	START	END	TYPE
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SAS Name: PHRMCST_PRTM_CNT
 COBOL Name: PHRMCST-PRTM-CNT

Staff Count: Physical Therapist - Contract 8 1518 1525 NUMBER
 Description: Number of full-time equivalent physical therapists under contract to a facility.

SAS Name: PHYS_THRPST_CNTRCT_CNT
 COBOL Name: PHYS-THRPST-CNTRCT-CNT

Staff Count: Physical Therapist - Full-Time 8 1526 1533 NUMBER
 Description: Number of full-time equivalent physical therapists employed full-time by a facility.

SAS Name: PHYS_THRPST_FLTM_CNT
 COBOL Name: PHYS-THRPST-FLTM-CNT

Staff Count: Physical Therapist - Part-Time 8 1534 1541 NUMBER
 Description: Number of full-time equivalent physical therapists employed part-time by a facility.

SAS Name: PHYS_THRPST_PRTM_CNT
 COBOL Name: PHYS-THRPST-PRTM-CNT

Staff Count: Physician Extender - Contract 8 1566 1573 NUMBER
 Description: Number of full-time equivalent physician extenders under contract to the facility.

SAS Name: PHYSN_EXT_CNTRCT_CNT
 COBOL Name: PHYSN-EXT-CNTRCT-CNT

Staff Count: Physician Extender - Full-Time 8 1574 1581 NUMBER
 Description: Number of full-time equivalent physician extenders employed full-time by the facility.

SAS Name: PHYSN_EXT_FLTM_CNT
 COBOL Name: PHYSN-EXT-FLTM-CNT

Staff Count: Physician Extender - Part-Time 8 1582 1589 NUMBER
 Description: Number of full-time equivalent physician extenders employed part-time by the facility.

SAS Name: PHYSN_EXT_PRTM_CNT
 COBOL Name: PHYSN-EXT-PRTM-CNT

Staff Count: Podiatrist - Contract 8 1598 1605 NUMBER
 Description: Number of full-time equivalent podiatrists under contract to a facility.

SAS Name: PDTRST_CNTRCT_CNT
 COBOL Name: PDTRST-CNTRCT-CNT

Staff Count: Podiatrist - Full-Time 8 1606 1613 NUMBER
 Description: Number of full-time equivalent podiatrists employed full-time by a facility.

SAS Name: PDTRST_FLTM_CNT
 COBOL Name: PDTRST-FLTM-CNT

Staff Count: Podiatrist - Part-Time 8 1614 1621 NUMBER
Description: Number of full-time equivalent podiatrists employed
 part-time by a facility.
SAS Name: PDTRST_PRTM_CNT
COBOL Name: PDTRST-PRTM-CNT

Staff Count: PT Aide - Contract 8 1654 1661 NUMBER
Description: Number of full-time equivalent physical therapy aides
 under contract to a facility.
SAS Name: PT_AIDE_CNTRCT_CNT
COBOL Name: PT-AIDE-CNTRCT-CNT

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 39
Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Staff Count: PT Aide - Full-Time	8	1662	1669	NUMBER
Description: Number of full-time equivalent physical therapy aides employed full-time by a facility.				
SAS Name: PT_AIDE_FLTM_CNT				
COBOL Name: PT-AIDE-FLTM-CNT				

Staff Count: PT Aide - Part-Time	8	1670	1677	NUMBER
Description: Number of full-time equivalent physical therapy aides employed part-time by a facility.				
SAS Name: PT_AIDE_PRTM_CNT				
COBOL Name: PT-AIDE-PRTM-CNT				

Staff Count: PT Assistant - Contract	8	1678	1685	NUMBER
Description: Number of full-time equivalent physical therapy assistants under contract to a facility.				
SAS Name: PT_ASTNT_CNTRCT_CNT				
COBOL Name: PT-ASTNT-CNTRCT-CNT				

Staff Count: PT Assistant - Full-Time	8	1686	1693	NUMBER
Description: Number of full-time equivalent physical therapy assistants employed full-time by a facility.				
SAS Name: PT_ASTNT_FLTM_CNT				
COBOL Name: PT-ASTNT-FLTM-CNT				

Staff Count: PT Assistant - Part-Time	8	1694	1701	NUMBER
Description: Number of full-time equivalent physical therapy assistants employed part-time by a facility.				
SAS Name: PT_ASTNT_PRTM_CNT				
COBOL Name: PT-ASTNT-PRTM-CNT				

Staff Count: Qualified Activities Professional - Contract	8	1702	1709	NUMBER
Description: Number of full-time equivalent qualified activities professionals providing therapeutic services under				

contract to a facility.

SAS Name: ACTVTY_PROFNL_CNTRCT_CNT
COBOL Name: ACTVTY-PROFNL-CNTRCT-CNT

Staff Count: Qualified Activities Professional - 8 1710 1717 NUMBER
Full-Time

Description: Number of full-time equivalent qualified activities
professionals providing therapeutic services employed
full time by a facility.

SAS Name: ACTVTY_PROFNL_FLTM_CNT
COBOL Name: ACTVTY-PROFNL-FLTM-CNT

Staff Count: Qualified Activities Professional - 8 1718 1725 NUMBER
Part-Time

Description: Number of full-time equivalent qualified activities
professionals providing therapeutic services employed
part time by a facility.

SAS Name: ACTVTY_PROFNL_PRTM_CNT
COBOL Name: ACTVTY-PROFNL-PRTM-CNT

Staff Count: RN - Contract 8 1758 1765 NUMBER

Description: Number of full-time equivalent registered nurses under
contract to a facility.

SAS Name: RN_CNTRCT_CNT
COBOL Name: RN-CNTRCT-CNT

Staff Count: RN - Full-Time 8 1766 1773 NUMBER

Description: Number of full-time equivalent registered nurses employed
full-time by a facility.

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 40
Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"
(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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SAS Name: RN_FLTM_CNT
COBOL Name: RN-FLTM-CNT

Staff Count: RN - Part-Time 8 1774 1781 NUMBER

Description: Number of full-time equivalent registered nurses employed
part-time by a facility.

SAS Name: RN_PRTM_CNT
COBOL Name: RN-PRTM-CNT

Staff Count: RN Director of Nursing - Contract 8 1790 1797 NUMBER

Description: Number of full-time equivalent registered nurse directors
of nursing under contract to a facility.

SAS Name: RN_DRCTR_CNTRCT_CNT
COBOL Name: RN-DRCTR-CNTRCT-CNT

Staff Count: RN Director of Nursing - Full-Time 8 1798 1805 NUMBER

Description: Number of full-time equivalent registered nurse directors

of nursing employed full-time by a facility.
SAS Name: RN_DRCTR_FLTM_CNT
COBOL Name: RN-DRCTR-FLTM-CNT

Staff Count: RN Director of Nursing - Part-Time 8 1806 1813 NUMBER
Description: Number of full-time equivalent registered nurse directors
of nursing employed part-time by a facility.
SAS Name: RN_DRCTR_PRTM_CNT
COBOL Name: RN-DRCTR-PRTM-CNT

Staff Count: Social Worker - Contract 8 1822 1829 NUMBER
Description: Number of full-time equivalent social workers under
contract to a facility.
SAS Name: SCL_WORKR_CNTRCT_CNT
COBOL Name: SCL-WORKR-CNTRCT-CNT

Staff Count: Social Worker - Full-Time 8 1830 1837 NUMBER
Description: Number of full-time equivalent social workers employed
full-time by a facility.
SAS Name: SCL_WORKR_FLTM_CNT
COBOL Name: SCL-WORKR-FLTM-CNT

Staff Count: Social Worker - Part-Time 8 1838 1845 NUMBER
Description: Number of full-time equivalent social workers employed
part-time by a facility.
SAS Name: SCL_WORKR_PRTM_CNT
COBOL Name: SCL-WORKR-PRTM-CNT

Staff Count: Speech Pathologist - Contract 8 1854 1861 NUMBER
Description: Number of full-time equivalent speech pathologists under
contract to a facility.
SAS Name: SPCH_PTHLGST_CNTRCT_CNT
COBOL Name: SPCH-PTHLGST-CNTRCT-CNT

Staff Count: Speech Pathologist - Full-Time 8 1862 1869 NUMBER
Description: Number of full-time equivalent speech pathologists
employed full-time by a facility.
SAS Name: SPCH_PTHLGST_FLTM_CNT
COBOL Name: SPCH-PTHLGST-FLTM-CNT

Staff Count: Speech Pathologist - Part-Time 8 1870 1877 NUMBER
Description: Number of full-time equivalent speech pathologists
employed part-time by a facility.
SAS Name: SPCH_PTHLGST_PRTM_CNT
COBOL Name: SPCH-PTHLGST-PRTM-CNT

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Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"
(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Staff Count: Therapeutic Recreational Specialist - 8 1910 1917 NUMBER
Contract

Description: Number of full-time equivalent therapeutic recreation
specialist staff under contract to a facility.

SAS Name: THRPTC_RCRTNL_CNTRCT_CNT

COBOL Name: THRPTC-RCRTNL-CNTRCT-CNT

Staff Count: Therapeutic Recreational Specialist - 8 1918 1925 NUMBER
Full-Time

Description: Number of full-time equivalent therapeutic recreation
specialist staff employed full-time by a facility.

SAS Name: THRPTC_RCRTNL_FLTM_CNT

COBOL Name: THRPTC-RCRTNL-FLTM-CNT

Staff Count: Therapeutic Recreational Specialist - 8 1926 1933 NUMBER
Part-Time

Description: Number of full-time equivalent therapeutic recreation
specialist staff employed full-time by a facility.

SAS Name: THRPTC_RCRTNL_PRTM_CNT

COBOL Name: THRPTC-RCRTNL-PRTM-CNT

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 1
Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Provider Category Subtype Code	2	1	2	VARCHAR2
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Description: Identifies the subtype of the provider, within the primary category. Used in reporting to show the breakdown of provider categories, mainly for hospitals and SNFs.

SAS Name: PRVDR_CTGRY_SBTYP_CD

COBOL Name: PRVDR-CTGRY-SBTYP-CD

VALUES: 01=Title 18 Only

Provider Category Code	2	3	4	VARCHAR2
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Description: Identifies the type of provider participating in the Medicare/Medicaid program.

SAS Name: PRVDR_CTGRY_CD

COBOL Name: PRVDR-CTGRY-CD

VALUES: 04=Skilled Nursing Facility

CHOW Count	2	5	6	NUMBER
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Description: Number of times this provider has undergone a change of ownership.

SAS Name: CHOW_CNT

COBOL Name: CHOW-CNT

CHOW Date	8	7	14	DATE
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Description: Effective date of the most recent change of ownership for this provider.

SAS Name: CHOW_DT

COBOL Name: CHOW-DT

Address: City	28	15	42	VARCHAR2
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Description: City in which the provider is physically located.

SAS Name: CITY_NAME

COBOL Name: CITY-NAME

Compliance: Acceptable POC	1	43	43	VARCHAR2
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Description: Indicates if a provider is in compliance with program requirements based on an acceptable plan for correction of deficiencies.

SAS Name: ACPTBL_POC_SW
COBOL Name: ACPTBL-POC-SW

Compliance: Status 1 44 44 VARCHAR2

Description: Compliance status of a provider at the time of certification survey.

SAS Name: CMPLNC_STUS_CD
COBOL Name: CMPLNC-STUS-CD
VALUES: A=IN COMPLIANCE
B=NOT IN COMPLIANCE

SSA County Code 3 45 47 VARCHAR2

Description: Social Security Administration geographic code indicating the county where the provider is located.

SAS Name: SSA_CNTY_CD
COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR

Description: Cross reference provider number

SAS Name: CROSS_REF_PROVIDER_NUMBER
COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date 8 58 65 DATE

Description: Equal to the exit date of the initial visit of the Health survey for certifications completed after July 28, 2012. For certifications prior to that date, the certification

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 2
Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

date is equal to the exit date of the initial visit of the Health survey or LSC survey, whichever is later.

SAS Name: CRTFCTN_DT
COBOL Name: CRTFCTN-DT

Eligibility Indicator 1 66 66 VARCHAR2

Description: Indicates if a facility is eligible to participate in the Medicare and/or Medicaid programs.

SAS Name: ELGLTY_SW
COBOL Name: ELGLTY-SW

Facility Name 50 67 116 VARCHAR2

Description: Name of the provider certified to participate in the Medicare and/or Medicaid programs.

SAS Name: FAC_NAME
COBOL Name: FAC-NAME

Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code 5 117 121 VARCHAR2

Description: Number assigned to the Medicare Administrative Contractor, intermediary or carrier servicing this

provider.

SAS Name: INTRMDRY_CARR_CD

COBOL Name: INTRMDRY-CARR-CD

VALUES: 00000=DUMMY FOR MEDICAID HHA

00010=BLUE CROSS (ALABAMA)

00011=CAHABA

00020=BLUE CROSS (ARKANSAS)

00040=BLUE CROSS (CALIFORNIA)

00060=BLUE CROSS (CONNECTICUT)

00070=BLUE CROSS (DELAWARE)

00090=BLUE CROSS (FLORIDA)

00101=BLUE CROSS (GEORGIA)

00121=HEALTH CARE SERVICE CORPORATION

00122=HCSC - MICHIGAN

00123=HCSC OF MICHIGAN

00130=NATIONAL GOVERNMENT SERVICES

00131=NATIONAL GOVERNMENT SERVICES

00140=BLUE CROSS (IOWA/SOUTH DAKOTA)

00150=BLUE CROSS (KANSAS)

00160=NATIONAL GOVERNMENT SERVICES

00180=NATIONAL GOVERNMENT SERVICES

00181=NATIONAL GOVERNMENT SERVICES

00190=BLUE CROSS (MARYLAND)

00200=BLUE CROSS (MASSACHUSETTS)

00210=BLUE CROSS (MICHIGAN)

00220=BLUE CROSS (MINNESOTA)

00230=BLUE CROSS (MISSISSIPPI)

00231=BLUE CROSS (LOUISIANA)

00233=PINNACLE

00241=BLUE CROSS (MISSOURI)

00260=BLUE CROSS (NEBRASKA)

00270=NATIONAL GOVERNMENT SERVICES

00280=BLUE CROSS (NEW JERSEY)

00290=BLUE CROSS (NEW MEXICO)

00308=NATIONAL GOVERNMENT SERVICES

00310=BLUE CROSS (NORTH CAROLINA)

00320=NORIDIAN PART A

00322=NORIDIAN PART A (AK/WA)

00323=NORIDIAN PART A (ID/OR)

00325=NORIDIAN

00332=NATIONAL GOVERNMENT SERVICES

00340=BLUE CROSS (OKLAHOMA)

00350=BLUE CROSS (OREGON)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 3

Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
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00362=BLUE CROSS (INDEPENDENCE)				
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00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
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00366=HIGHMARK MEDICARE SERVICES				
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00370=BLUE CROSS (RHODE ISLAND)
00380=BLUE CROSS (SOUTH CAROLINA)
00390=BLUE CROSS (TENNESSEE)
00400=BLUE CROSS (TEXAS)
00410=BLUE CROSS (UTAH)
00423=BLUE CROSS (VIRGINIA/WEST VA)
00430=BLUE CROSS (WASHINGTON & ALASKA)
00450=NATIONAL GOVERNMENT SERVICES
00452=NATIONAL GOVERNMENT SERVICES
00453=NATIONAL GOVERNMENT SERVICES
00454=NATIONAL GOVERNMENT SERVICES
00456=NATIONAL GOVERNMENT SERVICES
00468=BLUE CROSS (NORTH CAROLINA FOR PR)
00510=BLUE SHIELD (ALABAMA)
00511=CAHABA
00512=CAHABA
00520=BLUE SHIELD (ARKANSAS)
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)
00542=BLUE SHIELD (CALIFORNIA)
00550=BLUE SHIELD (COLORADO)
00570=BLUE SHIELD (DELAWARE)
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)
00590=BLUE SHIELD (FLORIDA)
00621=BLUE SHIELD (ILLINOIS)
00630=NATIONAL GOVERNMENT SERVICES
00640=BLUE SHIELD (IOWA)
00650=BLUE SHIELD (KANSAS)
00655=BLUE SHIELD (KANSAS/NEBRASKA)
00660=NATIONAL GOVERNMENT SERVICES
00690=BLUE SHIELD (MARYLAND)
00700=BLUE SHIELD (MASSACHUSETTS)
00710=BLUE SHIELD (MICHIGAN)
00720=BLUE SHIELD (MINNESOTA)
00740=BLUE SHIELD (KANSAS CITY)
00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
00780=BLUE SHIELD (TRI-STATE)
00801=BLUE SHIELD (BUFFALO)
00803=NATIONAL GOVERNMENT SERVICES
00805=NATIONAL GOVERNMENT SERVICES
00821=NORIDIAN
00824=NORIDIAN GVT SERVICES (CO)
00826=NORIDIAN GVT SERVICES (IA)
00831=NORIDIAN GVT SERVICES (AK)
00832=NORIDIAN GVT SERVICES (AZ)
00833=NORIDIAN GVT SERVICES (HI)
00834=NORIDIAN GVT SERVICES (NV)
00835=NORIDIAN GVT SERVICES (OR)
00836=NORIDIAN GVT SERVICES (WA)
00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
00865=BLUE SHIELD (PENNSYLVANIA)
00870=BLUE SHIELD (RHODE ISLAND)
00880=BLUE SHIELD (SOUTH CAROLINA)
00883=PALMETTO GBA PART B
00884=PALMETTO GBA

00889=NORIDIAN GVT SERVICES (SD)
 00900=BLUE SHIELD (TEXAS)
 00901=TRAILBLAZERS HEALTH ENTERPRISES
 00904=TRAILBLAZER
 00910=BLUE SHIELD (UTAH)
 00930=BLUE SHIELD (WASHINGTON)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 4
 Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH)				
01111=Noridian (CA)				
01112=Noridian (NF)				
01120=AETNA (HAWAII)				
01182=Noridian (SF)				
01192=PALMETTO (CALIFORNIA SOUTH)				
01201=PALMETTO (HAWAII)				
01202=PALMETTO (HAWAII)				
01211=Noridian (AS, GU, HI)				
01212=Noridian (AS, GU, HI)				
01290=AETNA (NEVADA)				
01301=PALMETTO (NEVADA)				
01302=PALMETTO (NEVADA)				
01311=Noridian (NV)				
01312=Noridian (NV)				
01360=AETNA (NEW MEXICO)				
01370=AETNA (OKLAHOMA)				
01380=AETNA (OREGON)				
01390=AETNA (WASHINGTON)				
01901=PALMETTO GBA				
01902=PALMETTO GBA				
01911=Noridian (AS, GU, HI, NV)				
02050=OCCIDENTAL (CALIFORNIA)				
02101=Noridian AK				
02102=Noridian AK				
02201=Noridian ID				
02202=Noridian ID				
02301=Noridian OR				
02302=Noridian OR				
02401=Noridian WA				

02402=Noridian WA
 03001=NORIDIAN ADMIN SERVICES
 03101=NORIDAN (ARIZONA)
 03102=NORIDAN (ARIZONA)
 03201=NORIDAN (MONTANA)
 03202=NORIDAN (MONTANA)
 03301=NORDIAN (NORTH DAKOTA)
 03302=NORDIAN (NORTH DAKOTA)
 03401=NORIDIAN (SOUTH DAKOTA)
 03402=NORIDIAN (SOUTH DAKOTA)
 03501=NORIDIAN (UTAH)
 03502=NORIDIAN (UTAH)
 03601=NORIDIAN (WYOMING)
 03602=NORIDIAN (WYOMING)
 04001=TRAILBLAZER
 04101=TRAILBLAZER (COLORADO)
 04102=TRAILBLAZER (COLORADO)
 04111=NOVITAS (COLORADO)
 04112=NOVITAS (COLORADO)
 04201=TRAILBLAZER (NEW MEXICO)
 04202=TRAILBLAZER (NEW MEXICO)
 04211=NOVITAS (NEW MEXICO)
 04212=NOVITAS (NEW MEXICO)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 5
 Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				
05402=WPS (NEBRASKA)				
05440=EQICOR (TENNESSEE)				
05535=EQICOR (NORTH CAROLINA)				
05901=WISCONSIN PHYSICIANS SERVICE				
06001=NGS (WI)				

06004=National Govt Serv HHH
 06101=NGS (IL)
 06102=NGS (IL)
 06201=NGS (MN)
 06202=NGS (MN)
 06301=NGS (WI)
 06302=NGS (WI)
 07101=Novitas AR
 07102=Novitas AR
 07201=Novitas LA
 07202=Novitas LA
 07301=Novitas MS
 07302=Novitas MS
 08101=WPS IN
 08102=WPS IN
 08201=WPS MI
 08202=WPS MI
 09101=FIRST COAST (FLORIDA)
 09102=FIRST COAST (FLORIDA)
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)
 09202=FIRST COAST (PUERTO RICO)
 09302=FIRST COAST (VIRGIN ISLANDS)
 10071=TRAVELERS (RRB)
 10101=CAHABA GBA (AL)
 10102=CAHABA GBA (AL)
 10111=PALMETTO GBA (Part A) (AL)
 10201=CAHABA GBA (GA)
 10202=CAHABA GBA (GA)
 10211=PALMETTO GBA (GA)
 10230=TRAVELERS (CONNECTICUT)
 10240=TRAVELERS (MINNESOTA)
 10250=TRAVELERS (MISSISSIPPI)
 10301=CAHABA GBA (TN)
 10302=CAHABA GBA (TN)
 10311=PALMETTO GBA (TN)
 10490=TRAVELERS (VIRGINIA)
 10492=TRAVELERS - VIRGINIA SPECIAL PROJECT
 11004=PALMETTO HHH C
 11201=PALMETTO GBA (SC)
 11202=PALMETTO GBA (SC)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 6
 Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				

12101=Novitas DE
12102=Novitas DE
12201=Novitas DC
12202=Novitas DC
12301=Novitas MD
12302=Novitas MD
12401=Novitas NJ
12402=Novitas NJ
12501=Novitas PA
12502=Novitas PA
12901=Novitas Solutions DC, DE, MD, PA
12902=HIGHMARK
13101=NATIONAL GOVT SERVICES (CONNECTICUT)
13102=NATIONAL GOVT SERVICES (CONNECTICUT)
13201=NATIONAL GOVT SERVICES (NEW YORK)
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)
13282=NGS (UN)
13292=NGS (QN)
14004=NATIONAL HERITAGE (HHA - A)
14014=NGS (HHA)
14101=NATIONAL HERITAGE (MAINE)
14102=NATIONAL HERITAGE (MAINE)
14111=NGS (ME)
14112=NGS (ME)
14201=NATIONAL HERITAGE (MASSACHUSETTS)
14202=NATIONAL HERITAGE (MASSACHUSETTS)
14211=NGS (MA)
14212=NGS (MA)
14301=NATIONAL HERITAGE (NEW HAMPSHIRE)
14302=NATIONAL HERITAGE (NEW HAMPSHIRE)
14311=NGS (NH)
14312=NGS (NH)
14330=GROUP HEALTH INC (NEW YORK)
14401=NATIONAL HERITAGE (RHODE ISLAND)
14402=NATIONAL HERITAGE (RHODE ISLAND)
14411=NGS (RI)
14412=NGS (RI)
14501=NATIONAL HERITAGE (VERMONT)
14502=NATIONAL HERITAGE (VERMONT)
14511=NGS (VT)
14512=NGS (VT)
15004=CGS Administrators HHH
15101=CGS (KENTUCKY)
15102=CGS (KENTUCKY)
15201=CGS (OHIO)
15202=CGS (OHIO)
16360=NATIONWIDE (OHIO)
16510=NATIONWIDE (WEST VIRGINIA)
17120=HAWAII MEDICAL SERVICE ASSOCIATION
21200=MASSACHUSETTS/MAINE
31142=NATIONAL HERITAGE INSURANCE CO (MAINE)
31143=NATIONAL HERITAGE INSURANCE CO
31144=NATIONAL HERITAGE INSURANCE CO
50333=TRAVELERS (NEW YORK)

51051=AETNA (PETALUMA)
51070=AETNA (FARMINGTON)
51100=AETNA (CLEARWATER)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 7
Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

51140=AETNA (PEORIA)
51390=AETNA (FORT WASHINGTON)
52280=WISCONSIN PHYSICIANS SERVICE
57400=COOPERATIVA (PUERTO RICO)

Medicaid Vendor Number 15 122 136 VARCHAR2
Description: Number which may be assigned to a provider by the state
Medicaid agency for external control or billing purposes.
SAS Name: MDCD_VNDR_NUM
COBOL Name: MDCD-VNDR-NUM

Original Participation Date 8 137 144 DATE
Description: Date a provider is first approved to provide Medicare
and/or Medicaid services.
SAS Name: ORGNL_PRTCPTN_DT
COBOL Name: ORGNL-PRTCPTN-DT

Prior CHOW Date 8 145 152 DATE
Description: Effective date of the previous change of ownership for
this provider.
SAS Name: CHOW_PRIOR_DT
COBOL Name: CHOW-PRIOR-DT

Prior Medicare Administrative Contractor (MAC) or 5 153 157 VARCHAR2
Intermediary or Carrier Code
Description: Number assigned to the previous Medicare Administrative
Contractor, intermediary or carrier servicing this
provider.
SAS Name: INTRMDRY_CARR_PRIOR_CD
COBOL Name: INTRMDRY-CARR-PRIOR-CD
VALUES: 00000=DUMMY FOR MEDICAID HHA
00010=BLUE CROSS (ALABAMA)
00011=CAHABA
00020=BLUE CROSS (ARKANSAS)
00040=BLUE CROSS (CALIFORNIA)
00060=BLUE CROSS (CONNECTICUT)
00070=BLUE CROSS (DELAWARE)
00090=BLUE CROSS (FLORIDA)
00101=BLUE CROSS (GEORGIA)
00121=HEALTH CARE SERVICE CORPORATION
00122=HCSC - MICHIGAN
00123=HCSC OF MICHIGAN
00130=NATIONAL GOVERNMENT SERVICES
00131=NATIONAL GOVERNMENT SERVICES

00140=BLUE CROSS (IOWA/SOUTH DAKOTA)
 00150=BLUE CROSS (KANSAS)
 00160=NATIONAL GOVERNMENT SERVICES
 00180=NATIONAL GOVERNMENT SERVICES
 00181=NATIONAL GOVERNMENT SERVICES
 00190=BLUE CROSS (MARYLAND)
 00200=BLUE CROSS (MASSACHUSETTS)
 00210=BLUE CROSS (MICHIGAN)
 00220=BLUE CROSS (MINNESOTA)
 00230=BLUE CROSS (MISSISSIPPI)
 00231=BLUE CROSS (LOUISIANA)
 00233=PINNACLE
 00241=BLUE CROSS (MISSOURI)
 00260=BLUE CROSS (NEBRASKA)
 00270=NATIONAL GOVERNMENT SERVICES
 00280=BLUE CROSS (NEW JERSEY)
 00290=BLUE CROSS (NEW MEXICO)
 00308=NATIONAL GOVERNMENT SERVICES
 00310=BLUE CROSS (NORTH CAROLINA)
 00320=NORIDIAN PART A

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 8
 Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00322=NORIDIAN PART A (AK/WA)				
00323=NORIDIAN PART A (ID/OR)				
00325=NORIDIAN				
00332=NATIONAL GOVERNMENT SERVICES				
00340=BLUE CROSS (OKLAHOMA)				
00350=BLUE CROSS (OREGON)				
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				
00468=BLUE CROSS (NORTH CAROLINA FOR PR)				
00510=BLUE SHIELD (ALABAMA)				
00511=CAHABA				
00512=CAHABA				
00520=BLUE SHIELD (ARKANSAS)				

00528=BLUE SHIELD (ARKANSAS/LOUISIANA)
 00542=BLUE SHIELD (CALIFORNIA)
 00550=BLUE SHIELD (COLORADO)
 00570=BLUE SHIELD (DELAWARE)
 00580=BLUE SHIELD (DISTRICT OF COLUMBIA)
 00590=BLUE SHIELD (FLORIDA)
 00621=BLUE SHIELD (ILLINOIS)
 00630=NATIONAL GOVERNMENT SERVICES
 00640=BLUE SHIELD (IOWA)
 00650=BLUE SHIELD (KANSAS)
 00655=BLUE SHIELD (KANSAS/NEBRASKA)
 00660=NATIONAL GOVERNMENT SERVICES
 00690=BLUE SHIELD (MARYLAND)
 00700=BLUE SHIELD (MASSACHUSETTS)
 00710=BLUE SHIELD (MICHIGAN)
 00720=BLUE SHIELD (MINNESOTA)
 00740=BLUE SHIELD (KANSAS CITY)
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
 00780=BLUE SHIELD (TRI-STATE)
 00801=BLUE SHIELD (BUFFALO)
 00803=NATIONAL GOVERNMENT SERVICES
 00805=NATIONAL GOVERNMENT SERVICES
 00821=NORIDIAN
 00824=NORIDIAN GVT SERVICES (CO)
 00826=NORIDIAN GVT SERVICES (IA)
 00831=NORIDIAN GVT SERVICES (AK)
 00832=NORIDIAN GVT SERVICES (AZ)
 00833=NORIDIAN GVT SERVICES (HI)
 00834=NORIDIAN GVT SERVICES (NV)
 00835=NORIDIAN GVT SERVICES (OR)
 00836=NORIDIAN GVT SERVICES (WA)
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
 00865=BLUE SHIELD (PENNSYLVANIA)
 00870=BLUE SHIELD (RHODE ISLAND)
 00880=BLUE SHIELD (SOUTH CAROLINA)
 00883=PALMETTO GBA PART B
 00884=PALMETTO GBA

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 9
 Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00889=NORIDIAN GVT SERVICES (SD)				
00900=BLUE SHIELD (TEXAS)				
00901=TRAILBLAZERS HEALTH ENTERPRISES				
00904=TRAILBLAZER				
00910=BLUE SHIELD (UTAH)				
00930=BLUE SHIELD (WASHINGTON)				
00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				

00973=BLUE SHIELD (PUERTO RICO)
00974=BLUE SHIELD (VIRGIN ISLANDS)
01010=AETNA (PEORIA)
01020=AETNA (ALASKA)
01030=AETNA (ARIZONA)
01040=AETNA (GEORGIA)
01101=PALMETTO (CALIFORNIA)
01102=PALMETTO (CALIFORNIA (NORTH)
01111=Noridian (CA)
01112=Noridian (NF)
01120=AETNA (HAWAII)
01182=Noridian (SF)
01192=PALMETTO (CALIFORNIA SOUTH)
01201=PALMETTO (HAWAII)
01202=PALMETTO (HAWAII)
01211=Noridian (AS, GU, HI)
01212=Noridian (AS, GU, HI)
01290=AETNA (NEVADA)
01301=PALMETTO (NEVADA)
01302=PALMETTO (NEVADA)
01311=Noridian (NV)
01312=Noridian (NV)
01360=AETNA (NEW MEXICO)
01370=AETNA (OKLAHOMA)
01380=AETNA (OREGON)
01390=AETNA (WASHINGTON)
01901=PALMETTO GBA
01902=PALMETTO GBA
01911=Noridian (AS, GU, HI, NV)
02050=OCCIDENTAL (CALIFORNIA)
02101=Noridian AK
02102=Noridian AK
02201=Noridian ID
02202=Noridian ID
02301=Noridian OR
02302=Noridian OR
02401=Noridian WA
02402=Noridian WA
03001=NORIDIAN ADMIN SERVICES
03101=NORIDAN (ARIZONA)
03102=NORIDAN (ARIZONA)
03201=NORIDAN (MONTANA)
03202=NORIDAN (MONTANA)
03301=NORDIAN (NORTH DAKOTA)
03302=NORDIAN (NORTH DAKOTA)
03401=NORIDIAN (SOUTH DAKOTA)
03402=NORIDIAN (SOUTH DAKOTA)
03501=NORIDIAN (UTAH)
03502=NORIDIAN (UTAH)
03601=NORIDIAN (WYOMING)
03602=NORIDIAN (WYOMING)
04001=TRAILBLAZER
04101=TRAILBLAZER (COLORADO)
04102=TRAILBLAZER (COLORADO)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04111=NOVITAS (COLORADO)				
04112=NOVITAS (COLORADO)				
04201=TRAILBLAZER (NEW MEXICO)				
04202=TRAILBLAZER (NEW MEXICO)				
04211=NOVITAS (NEW MEXICO)				
04212=NOVITAS (NEW MEXICO)				
04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				
05402=WPS (NEBRASKA)				
05440=EQICOR (TENNESSEE)				
05535=EQICOR (NORTH CAROLINA)				
05901=WISCONSIN PHYSICIANS SERVICE				
06001=NGS (WI)				
06004=National Govt Serv HHH				
06101=NGS (IL)				
06102=NGS (IL)				
06201=NGS (MN)				
06202=NGS (MN)				
06301=NGS (WI)				
06302=NGS (WI)				
07101=Novitas AR				
07102=Novitas AR				
07201=Novitas LA				
07202=Novitas LA				
07301=Novitas MS				
07302=Novitas MS				
08101=WPS IN				
08102=WPS IN				
08201=WPS MI				
08202=WPS MI				

09101=FIRST COAST (FLORIDA)
 09102=FIRST COAST (FLORIDA)
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)
 09202=FIRST COAST (PUERTO RICO)
 09302=FIRST COAST (VIRGIN ISLANDS)
 10071=TRAVELERS (RRB)
 10101=CAHABA GBA (AL)
 10102=CAHABA GBA (AL)
 10111=PALMETTO GBA (Part A) (AL)
 10201=CAHABA GBA (GA)
 10202=CAHABA GBA (GA)
 10211=PALMETTO GBA (GA)
 10230=TRAVELERS (CONNECTICUT)
 10240=TRAVELERS (MINNESOTA)
 10250=TRAVELERS (MISSISSIPPI)
 10301=CAHABA GBA (TN)
 10302=CAHABA GBA (TN)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 11
 Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
10311=PALMETTO GBA (TN)				
10490=TRAVELERS (VIRGINIA)				
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				
12102=Novitas DE				
12201=Novitas DC				
12202=Novitas DC				
12301=Novitas MD				
12302=Novitas MD				
12401=Novitas NJ				
12402=Novitas NJ				
12501=Novitas PA				
12502=Novitas PA				
12901=Novitas Solutions DC, DE, MD, PA				
12902=HIGHMARK				
13101=NATIONAL GOVT SERVICES (CONNECTICUT)				
13102=NATIONAL GOVT SERVICES (CONNECTICUT)				
13201=NATIONAL GOVT SERVICES (NEW YORK)				
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)				
13282=NGS (UN)				

13292=NGS (QN)
 14004=NATIONAL HERITAGE (HHA - A)
 14014=NGS (HHA)
 14101=NATIONAL HERITAGE (MAINE)
 14102=NATIONAL HERITAGE (MAINE)
 14111=NGS (ME)
 14112=NGS (ME)
 14201=NATIONAL HERITAGE (MASSACHUSETTS)
 14202=NATIONAL HERITAGE (MASSACHUSETTS)
 14211=NGS (MA)
 14212=NGS (MA)
 14301=NATIONAL HERITAGE (NEW HAMPSHIRE)
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)
 14311=NGS (NH)
 14312=NGS (NH)
 14330=GROUP HEALTH INC (NEW YORK)
 14401=NATIONAL HERITAGE (RHODE ISLAND)
 14402=NATIONAL HERITAGE (RHODE ISLAND)
 14411=NGS (RI)
 14412=NGS (RI)
 14501=NATIONAL HERITAGE (VERMONT)
 14502=NATIONAL HERITAGE (VERMONT)
 14511=NGS (VT)
 14512=NGS (VT)
 15004=CGS Administrators HHH
 15101=CGS (KENTUCKY)
 15102=CGS (KENTUCKY)
 15201=CGS (OHIO)
 15202=CGS (OHIO)
 16360=NATIONWIDE (OHIO)
 16510=NATIONWIDE (WEST VIRGINIA)
 17120=HAWAII MEDICAL SERVICE ASSOCIATION
 21200=MASSACHUSETTS/MAINE
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 12
 Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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31143=NATIONAL HERITAGE INSURANCE CO				
31144=NATIONAL HERITAGE INSURANCE CO				
50333=TRAVELERS (NEW YORK)				
51051=AETNA (PETALUMA)				
51070=AETNA (FARMINGTON)				
51100=AETNA (CLEARWATER)				
51140=AETNA (PEORIA)				
51390=AETNA (FORT WASHINGTON)				
52280=WISCONSIN PHYSICIANS SERVICE				
57400=COOPERATIVA (PUERTO RICO)				

CCN 10 158 167 VARCHAR2
 Description: Six or ten position identification number that is

assigned to a certified provider. This is the CMS
Certification Number.

SAS Name: PRVDR_NUM

COBOL Name: PRVDR-NUM

Region Code 2 168 169 VARCHAR2

Description: Indicates the CMS Regional Office responsible for the
certification of the provider.

SAS Name: RGN_CD

COBOL Name: RGN-CD

VALUES: 01=Boston

02=New York

03=Philadelphia

04=Atlanta

05=Chicago

06=Dallas

07=Kansas City

08=Denver

09=San Francisco

10=Seattle

Skeleton Record Indicator 1 170 170 VARCHAR2

Description: Indicates if the record is a skeleton record. Only a
limited set of data is available for this provider; no
survey data exists. Only provider categories
01,17,19,21 and 22 can have skeleton providers.

SAS Name: SKLTN_REC_SW

COBOL Name: SKLTN-REC-SW

State Abbreviation 2 171 172 VARCHAR2

Description: Two-character state abbreviation.

SAS Name: STATE_CD

COBOL Name: STATE-CD

VALUES: AK=ALASKA

AL=ALABAMA

AR=ARKANSAS

AS=AMERICAN SAMOA

AZ=ARIZONA

CA=CALIFORNIA

CN=CANADA

CO=COLORADO

CT=CONNECTICUT

DC=DISTRICT OF COLUMBIA

DE=DELAWARE

FL=FLORIDA

FN=INTERNATIONAL

GA=GEORGIA

GU=GUAM

HI=HAWAII

IA=IOWA

ID=IDAHO

Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN	START	END	TYPE
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IL=ILLINOIS
IN=INDIANA
KS=KANSAS
KY=KENTUCKY
LA=LOUISIANA
MA=MASSACHUSETTS
MD=MARYLAND
ME=MAINE
MI=MICHIGAN
MN=MINNESOTA
MO=MISSOURI
MP=SAIPAN
MS=MISSISSIPPI
MT=MONTANA
MX=MEXICO
NC=NORTH CAROLINA
ND=NORTH DAKOTA
NE=NEBRASKA
NH=NEW HAMPSHIRE
NJ=NEW JERSEY
NM=NEW MEXICO
NV=NEVADA
NY=NEW YORK
OH=OHIO
OK=OKLAHOMA
OR=OREGON
PA=PENNSYLVANIA
PR=PUERTO RICO
RI=RHODE ISLAND
SC=SOUTH CAROLINA
SD=SOUTH DAKOTA
TN=TENNESSEE
TX=TEXAS
UT=UTAH
VA=VIRGINIA
VI=VIRGIN ISLANDS
VT=VERMONT
WA=WASHINGTON
WI=WISCONSIN
WV=WEST VIRGINIA
WY=WYOMING

SSA State Code	2	173	174	VARCHAR2
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Description: Social Security Administration geographic code indicating the state where the provider is located.

SAS Name: SSA_STATE_CD

COBOL Name: SSA-STATE-CD

VALUES: 01=ALABAMA

02=ALASKA

03=ARIZONA

04=ARKANSAS
05=CALIFORNIA
06=COLORADO
07=CONNECTICUT
08=DELAWARE
09=DISTRICT OF COLUMBIA
10=FLORIDA
11=GEORGIA
12=HAWAII
13=IDAHO
14=ILLINOIS
15=INDIANA
16=IOWA
17=KANSAS

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 14
Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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18=KENTUCKY				
19=LOUISIANA				
20=MAINE				
21=MARYLAND				
22=MASSACHUSETTS				
23=MICHIGAN				
24=MINNESOTA				
25=MISSISSIPPI				
26=MISSOURI				
27=MONTANA				
28=NEBRASKA				
29=NEVADA				
30=NEW HAMPSHIRE				
31=NEW JERSEY				
32=NEW MEXICO				
33=NEW YORK				
34=NORTH CAROLINA				
35=NORTH DAKOTA				
36=OHIO				
37=OKLAHOMA				
38=OREGON				
39=PENNSYLVANIA				
40=PUERTO RICO				
41=RHODE ISLAND				
42=SOUTH CAROLINA				
43=SOUTH DAKOTA				
44=TENNESSEE				
45=TEXAS				
46=UTAH				
47=VERMONT				
48=VIRGIN ISLANDS				
49=VIRGINIA				
50=WASHINGTON				

51=WEST VIRGINIA
 52=WISCONSIN
 53=WYOMING
 54=AFRICA
 56=CANADA
 57=WEST INDIES
 58=EUROPE
 59=MEXICO
 60=OCEANIA
 61=PHILIPPINES
 62=SOUTH AMERICA
 63=UNITED STATES POSSESSIONS
 64=AMERICAN SAMOA
 65=GUAM
 66=SAIPAN
 99=INTERNATIONAL

State Region Code 3 175 177 VARCHAR2

Description: Identifies the region within a state where the provider is located.

SAS Name: STATE_RGN_CD

COBOL Name: STATE-RGN-CD

VALUES: AK/001=ALASKA
 AK/LAB=LABORATORIES
 AK/NPH=NON-PARTICIPATING HOSPITAL
 AL/001=ALABAMA
 AL/LAB=LABORATORIES
 AL/NPH=NON-PARTICIPATING HOSPITAL
 AR/001=ARKANSAS
 AR/LAB=LABORATORIES
 AR/NPH=NON-PARTICIPATING HOSPITAL

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 15
 Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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AS/001=AMERICAN SAMOA				
AS/LAB=LABORATORY				
AS/NPH=NON-PARTICIPATING HOSPITAL				
AZ/AZ=PHOENIX				
AZ/LAB=ARIZONA LAB				
AZ/NPH=NON-PARTICIPATING HOSPITAL				
AZ/TUC=TUCSON				
CA/001=CALIFORNIA				
CA/BAK=BAKERSFIELD				
CA/BER=SAN BERNARDINO				
CA/EB=East Bay				
CA/FR=FRESNO				
CA/L1=L.A. WEST				
CA/L2=L.A. NORTH				
CA/L3=L.A. CENTRAL				
CA/L4=L.A. EAST				

CA/L5=SAN GABRIEL
 CA/LA1=LA Region 1
 CA/LA2=LA Region 2
 CA/LA3=LA Region 3
 CA/LA4=LA Acute/Ancillary
 CA/LA5=LA HHA/Hospice
 CA/LA6=LA ICF/DD/CLinics
 CA/LAB=LABORATORIES
 CA/M1=LAB. SOUTH
 CA/M2=LAB. NORTH
 CA/NPH=NON-PARTICIPATING HOSPITAL
 CA/ORG=ORANGE
 CA/RIV=RIVERSIDE
 CA/S1=SACRAMENTO
 CA/S3=CHICO
 CA/SD=SAN DIEGO
 CA/SF=SAN FRANCISCO
 CA/SJ=SAN JOSE
 CA/SR=SANTA ROSA
 CA/VEN=VENTURA
 CN/001=CANADA
 CN/LAB=LABORATORY
 CN/NPH=NON-PARTICIPATING HOSPITAL
 CO/001=COLORADO
 CO/LAB=LABORATORIES
 CO/NPH=NON-PARTICIPATING HOSPITAL
 CT/001=CONNECTICUT
 CT/LAB=LABORATORIES
 CT/NPH=NON-PARTICIPATING HOSPITAL
 DC/001=DISTRICT OF COLUMBIA
 DC/LAB=LABORATORIES
 DC/NPH=NON-PARTICIPATING HOSPITAL
 DE/001=DELAWARE
 DE/LAB=LABORATORIES
 DE/NPH=NON-PARTICIPATING HOSPITAL
 FL/001=FLORIDA
 FL/FTM=FT. MYERS
 FL/GAI=GAINESVILLE
 FL/JAX=JACKSONVILLE
 FL/LAB=LABORATORIES
 FL/LAN=LANTANA
 FL/LAU=LAUDERHILL
 FL/MIA=MIAMI
 FL/NPH=NON-PARTICIPATING HOSPITAL
 FL/ORN=ORLANDO
 FL/PEN=PENSACOLA
 FL/STP=ST. PETERSBURG
 FL/TAL=TALLAHASSEE

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 16
 Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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FL/TAM=TAMPA
FM/001=FEDERATED STATES OF MICRO
FM/NPH=NON-PARTICIPATING HOSPITAL
FN/001=INTERNATIONAL
FN/LAB=LABORATORIES
FN/NPH=NON-PARTICIPATING HOSPITAL
GA/001=GEORGIA
GA/GAA=GEORGIA ALL
GA/GAC=GEORGIA CENTRAL
GA/GAE=GEORGIA EASTERN
GA/GAN=GEORGIA NORTH
GA/GAS=GEORGIA SOUTH
GA/GAW=GEORGIA WESTERN
GA/LAB=LABORATORIES
GA/NPH=NON-PARTICIPATING HOSPITAL
GU/001=GUAM
GU/LAB=LABORATORIES
GU/NPH=NON-PARTICIPATING HOSPITAL
HI/001=HAWAII
HI/LAB=LABORATORIES
HI/NPH=NON-PARTICIPATING HOSPITAL
IA/001=IOWA
IA/LAB=LABORATORIES
IA/NPH=NON-PARTICIPATING HOSPITAL
ID/001=IDAHO
ID/LAB=LABORATORIES
ID/NPH=NON-PARTICIPATING HOSPITAL
IL/001=ILLINOIS
IL/LAB=LABORATORIES
IL/NPH=NON-PARTICIPATING HOSPITAL
IN/001=INDIANA
IN/LAB=LABORATORIES
IN/NPH=NON-PARTICIPATING HOSPITAL
KS/001=KANSAS
KS/KCK=KANSAS CITY
KS/KDH=KDHE
KS/LAB=LABORATORIES
KS/LAW=LAWRENCE
KS/NC=NORTH CENTRAL KANSAS
KS/NE=NORTH EAST KANSAS
KS/NPH=NON-PARTICIPATING HOSPITAL
KS/NW=NORTH WEST KANSAS
KS/SC=SOUTH CENTRAL KANSAS
KS/SE=SOUTH EAST KANSAS
KS/SW=SOUTH WEST KANSAS
KS/WST=WEST
KY/2C1=HOPKINSVILLE
KY/2C2=LOUISVILLE
KY/2C3=LONDON
KY/2C4=LEXINGTON
KY/LAB=LABORATORIES
KY/NPH=NON-PARTICIPATING HOSPITAL
LA/001=LOUISIANA

LA/LA1=NEW ORLEANS
 LA/LA2=MANDEVILLE
 LA/LA3=LAFAYETTE
 LA/LA4=MONROE
 LA/LA5=SHREVEPORT
 LA/LA6=ALEXANDRIA
 LA/LAB=LABORATORIES
 LA/LB1=CLIA NEW ORLEANS
 LA/LB5=CLIA SHREVEPORT
 LA/LB6=CLIA ALEXANDRIA
 LA/NPH=NON-PARTICIPATING HOSPITAL

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 17
 Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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MA/001=MASSACHUSETTS				
MA/LAB=LABORATORIES				
MA/NPH=NON-PARTICIPATING HOSPITAL				
MD/001=MARYLAND				
MD/LAB=LABORATORIES				
MD/NPH=NON-PARTICIPATING HOSPITAL				
ME/001=MAINE				
ME/LAB=LABORATORIES				
ME/NPH=NON-PARTICIPATING HOSPITAL				
MH/001=MARSHALL ISLANDS				
MH/NPH=NON-PARTICIPATING HOSPITAL				
MI/001=MICHIGAN				
MI/LAB=LABORATORIES				
MI/NPH=NON-PARTICIPATING HOSPITAL				
MN/001=MINNESOTA				
MN/LAB=LABORATORIES				
MN/NPH=NON-PARTICIPATING HOSPITAL				
MO/001=MISSOURI				
MO/01=REGION01				
MO/02=REGION02				
MO/03=REGION 03				
MO/04=REGION 04				
MO/05=REGION 05				
MO/06=REGION 06				
MO/07=REGION 07				
MO/1NH=REGION 1 NH				
MO/2NH=REGION 2 NH				
MO/3NH=REGION 3 NH				
MO/4NH=REGION 4 NH				
MO/5NH=REGION 5 NH				
MO/6NH=REGION 6 NH				
MO/7NH=REGION 7 NH				
MO/LAB=LABORATORIES				
MO/MO=STATEWIDE				
MO/NPH=NON-PARTICIPATING HOSPITAL				
MP/001=NORTHERN MARIANA ISLANDS				

MP/LAB=LABORATORIES
 MP/NPH=NON-PARTICIPATING HOSPITAL
 MS/001=MISSISSIPPI
 MS/LAB=LABORATORIES
 MS/NPH=NON-PARTICIPATING HOSPITAL
 MT/001=MONTANA
 MT/LAB=LABORATORIES
 MT/NPH=NON-PARTICIPATING HOSPITAL
 MX/001=MEXICO
 MX/LAB=LABORATORY
 MX/NPH=NON-PARTICIPATING HOSPITAL
 NC/001=NORTH CAROLINA
 NC/LAB=LABORATORIES
 NC/NCC=NORTH CAROLINA CENTRAL
 NC/NCE=NORTH CAROLINA EAST
 NC/NCN=NORTH CAROLINA NORTH
 NC/NCS=NORTH CAROLINA SOUTH
 NC/NCW=NORTH CAROLINA WEST
 NC/NPH=NON-PARTICIPATING HOSPITAL
 ND/001=NORTH DAKOTA
 ND/LAB=LABORATORIES
 ND/NPH=NON-PARTICIPATING HOSPITAL
 NE/001=NEBRASKA
 NE/1=NORTH CENTRAL
 NE/2=CENTRAL
 NE/3=NORTHEAST
 NE/4=SOUTHEAST
 NE/5=WESTERN

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 18
 Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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NE/LAB=LABORATORIES				
NE/NPH=NON-PARTICIPATING HOSPITAL				
NH/001=NEW HAMPSHIRE				
NH/LAB=LABORATORIES				
NH/NPH=NON-PARTICIPATING HOSPITAL				
NJ/001=NEW JERSEY				
NJ/LAB=LABORATORIES				
NJ/NPH=NON-PARTICIPATING HOSPITAL				
NM/001=NEW MEXICO				
NM/LAB=LABORATORIES				
NM/NPH=NON-PARTICIPATING HOSPITAL				
NV/001=NEVADA				
NV/CC=CARSON CITY				
NV/LAB=LABORATORIES				
NV/LV=LAS VEGAS				
NV/NPH=NON-PARTICIPATING HOSPITAL				
NY/001=BUFFALO				
NY/002=ROCHESTER				
NY/003=SYRACUSE				

NY/004=ALBANY
 NY/005=NEW ROCHELLE
 NY/006=NEW YORK CITY
 NY/007=SUFFOLK/NASSAU COUNTY
 NY/LAB=LABORATORIES
 NY/NPH=NON-PARTICIPATING HOSPITAL
 OH/001=OHIO
 OH/LAB=LABORATORIES
 OH/NPH=NON-PARTICIPATING HOSPITAL
 OK/001=OKLAHOMA
 OK/LAB=LABORATORIES
 OK/NPH=NON-PARTICIPATING HOSPITAL
 OR/001=OFFICE #1
 OR/002=OFFICE #2
 OR/003=OFFICE #3
 OR/LAB=LABORATORIES
 OR/NPH=NON-PARTICIPATING HOSPITAL
 PA/001=PENNSYLVANIA
 PA/LAB=LABORATORIES
 PA/NPH=NON-PARTICIPATING HOSPITAL
 PR/001=PUERTO RICO
 PR/LAB=LABORATORIES
 PR/NPH=NON-PARTICIPATING HOSPITAL
 PW/001=PALAU
 PW/NPH=NON-PARTICIPATING HOSPITAL
 RI/001=RHODE ISLAND
 RI/LAB=LABORATORIES
 RI/NPH=NON-PARTICIPATING HOSPITAL
 SC/001=SOUTH CAROLINA
 SC/LAB=LABORATORIES
 SC/NPH=NON-PARTICIPATING HOSPITAL
 SD/001=SOUTH DAKOTA
 SD/LAB=LABORATORIES
 SD/NPH=NON-PARTICIPATING HOSPITAL
 TN/001=TENNESSEE
 TN/LAB=LABORATORIES
 TN/NPH=NON-PARTICIPATING HOSPITAL
 TN/TNC=TENNESSEE COOKEVILLE
 TN/TNE=TENNESSEE EASTERN
 TN/TNM=TENNESSEE MIDDLE
 TN/TNW=TENNESSEE WESTERN
 TX/001=TEXAS
 TX/L01=AMARILLO-LTC
 TX/L02=ABILENE-LTC
 TX/L03=ARLINGTON-LTC

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 19
 Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
TX/L04=TYLER-LTC				
TX/L05=TEMPLE-LTC				

TX/L06=HOUSTON-LTC
TX/L07=SAN ANTONIO-LTC
TX/LAB=LABORATORIES
TX/NPH=NON-PARTICIPATING HOSPITAL
TX/TX1=LUBBOCK
TX/TX2=ARLINGTON
TX/TX3=SAN ANTONIO
TX/TX4=HOUSTON
TX/TX5=TYLER
TX/TX6=AUSTIN
UT/001=UTAH
UT/LAB=LABORATORIES
UT/NPH=NON-PARTICIPATING HOSPITAL
VA/001=VIRGINIA
VA/LAB=LABORATORIES
VA/NPH=NON-PARTICIPATING HOSPITAL
VI/001=VIRGIN ISLANDS
VI/LAB=LABORATORIES
VI/NPH=NON-PARTICIPATING HOSPITAL
VT/001=VERMONT
VT/LAB=LABORATORIES
VT/NPH=NON-PARTICIPATING HOSPITAL
WA/001=ALL OTHERS (NON-LTC FAC)
WA/D1=SPOKANE & YAKIMA AREAS
WA/D1A=District 1, Unit A
WA/D1B=District 1, Unit B
WA/D1C=District 1, Unit C
WA/D1D=District 1, Unit D
WA/D2=SPOKANE & SE
WA/D2A=District 2, Unit A
WA/D2B=District 2, Unit B
WA/D2C=District 2, Unit C
WA/D2D=District 2, Unit D
WA/D2E=District 2, Unit E
WA/D2F=District 2, Unit F
WA/D2G=District 2, Unit G
WA/D2H=District 2, Unit H
WA/D3=NW WASHINGTON
WA/D3A=District 3, Unit A
WA/D3B=District 3, Unit B
WA/D3C=District 3, Unit C
WA/D3D=District 3, Unit D
WA/D3E=District 3, Unit E
WA/D4A=GREATER SEATTLE AREA
WA/D4B=S KING COUNTY
WA/D5A=PIERCE CTY & PENINSULA
WA/D5B=PIERCE CTY & GRAYS HARBOR
WA/D6=OLYMPIA AREA
WA/LAB=LABORATORIES
WA/NPH=NON-PARTICIPATING HOSPITAL
WI/001=WISCONSIN
WI/LAB=LABORATORIES
WI/NPH=NON-PARTICIPATING HOSPITAL
WV/001=WEST VIRGINIA

WV/LAB=LABORATORIES
WV/NPH=NON-PARTICIPATING HOSPITAL
WY/001=WYOMING
WY/LAB=LABORATORIES
WY/NPH=NON-PARTICIPATING HOSPITAL

Address: Street 50 178 227 VARCHAR2

Description: Street address where the provider is located.

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Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

SAS Name: ST_ADR
COBOL Name: ST-ADR

Telephone Number 10 228 237 VARCHAR2

Description: Telephone number of the provider.

SAS Name: PHNE_NUM
COBOL Name: PHNE-NUM

Termination Code 2 238 239 VARCHAR2

Description: Indicates the current termination status for the
provider.

SAS Name: PGM_TRMNTN_CD
COBOL Name: PGM-TRMNTN-CD

VALUES: 00=ACTIVE PROVIDER

01=VOLUNTARY-MERGER, CLOSURE

02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT

03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION

04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL

05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ

06=INVOLUNTARY-FAILURE TO MEET AGREEMENT

07=OTHER-PROVIDER STATUS CHANGE

08=NONPAYMENT OF FEES - CLIA Only

09=REV/UNSUCCESSFUL PARTICIPATION IN PT - CLIA Only

10=REV/OTHER REASON - CLIA Only

11=INCOMPLETE CLIA APPLICATION INFORMATION - CLIA Only

12=NO LONGER PERFORMING TESTS - CLIA Only

13=MULTIPLE TO SINGLE SITE CERTIFICATE - CLIA Only

14=SHARED LABORATORY - CLIA Only

15=FAILURE TO RENEW WAIVER PPM CERTIFICATE - CLIA Only

16=DUPLICATE CLIA NUMBER - CLIA Only

17=MAIL RETURNED NO FORWARD ADDRESS CERT ENDED - CLIA Only

20=NOTIFICATION BANKRUPTCY - CLIA Only

33=ACCREDITATION NOT CONFIRMED - CLIA Only

80=AWAITING STATE APPROVAL

99=OIG ACTION - DO NOT ACTIVATE - CLIA Only

Termination or Expiration Date 8 240 247 DATE

Description: Date the provider was terminated. For CLIA providers,
date the laboratory's certificate was terminated or the

expiration date of the current CLIA certificate.

SAS Name: TRMNTN_EXPRTN_DT

COBOL Name: TRMNTN-EXPRTN-DT

Type of Action Code 1 248 248 VARCHAR2

Description: Identifies the reason for the certification. Type of action from the official survey record, CMS 1539 form.

SAS Name: CRTFCTN_ACTN_TYPE_CD

COBOL Name: CRTFCTN-ACTN-TYPE-CD

VALUES: 1=INITIAL

2=RECERTIFICATION

3=TERMINATION

4=CHANGE OF OWNERSHIP

5=VALIDATION

8=FULL SURVEY AFTER COMPLAINT

Ownership Type Code 2 249 250 VARCHAR2

Description: Indicates the ownership type of the provider.

SAS Name: GNRL_CNTL_TYPE_CD

COBOL Name: GNRL-CTL-TYPE-CD

VALUES: 01=FOR PROFIT - INDIVIDUAL

02=FOR PROFIT - PARTNERSHIP

03=FOR PROFIT - CORPORATION

04=NONPROFIT - CHURCH RELATED

05=NONPROFIT - CORPORATION

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 21

Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

06=NONPROFIT - OTHER

07=GOVERNMENT - STATE

08=GOVERNMENT - COUNTY

09=GOVERNMENT - CITY

10=GOVERNMENT - CITY/COUNTY

11=GOVERNMENT - HOSPITAL DISTRICT

12=GOVERNMENT - FEDERAL

13=FOR PROFIT - LIMITED LIABILITY CORPORATION

Address: ZIP Code 5 251 255 VARCHAR2

Description: Five-digit ZIP code for a provider's physical address.

SAS Name: ZIP_CD

COBOL Name: ZIP-CD

FIPS State Code 2 256 257 VARCHAR2

Description: FIPS State Code

SAS Name: FIPS_STATE_CD

COBOL Name: FIPS-STATE-CD

VALUES: 01=ALABAMA

02=ALASKA

04=ARIZONA

05=ARKANSAS

06=CALIFORNIA
08=COLORADO
09=CONNECTICUT
10=DELAWARE
11=DISTRICT OF COLUMBIA
12=FLORIDA
13=GEORGIA
15=HAWAII
16=IDAHO
17=ILLINOIS
18=INDIANA
19=IOWA
20=KANSAS
21=KENTUCKY
22=LOUISIANA
23=MAINE
24=MARYLAND
25=MASSACHUSETTS
26=MICHIGAN
27=MINNESOTA
28=MISSISSIPPI
29=MISSOURI
30=MONTANA
31=NEBRASKA
32=NEVADA
33=NEW HAMPSHIRE
34=NEW JERSEY
35=NEW MEXICO
36=NEW YORK
37=NORTH CAROLINA
38=NORTH DAKOTA
39=OHIO
40=OKLAHOMA
41=OREGON
42=PENNSYLVANIA
43=PUERTO RICO
44=RHODE ISLAND
45=SOUTH CAROLINA
46=SOUTH DAKOTA
47=TENNESSEE
48=TEXAS
49=UTAH

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 22
Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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50=VERMONT
51=VIRGINIA
53=WASHINGTON
54=WEST VIRGINIA
55=WISCONSIN

56=WYOMING
64=AMERICAN SAMOA
65=GUAM
66=SAIPAN/MARIANA IS.
78=VIRGIN ISLANDS

FIPS County Code 3 258 260 VARCHAR2

Description: FIPS County Code

SAS Name: FIPS_CNTY_CD

COBOL Name: FIPS-CNTY-CD

CBSA Urban Rural Indicator 1 261 261 VARCHAR2

Description: CBSA (Core Based Statistical Area) indicates whether the county is defined as Urban or Rural.

SAS Name: CBSA_URBN_RRL_IND

COBOL Name: CBSA-URBN-RRL-IND

CBSA Code 5 262 266 VARCHAR2

Description: CBSA (Core Based Statistical Area) geographic entities defined by the U.S. Office of Management and Budget (OMB) on June 6, 2003 for use by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics. CBSA collectively refers to MSA.

SAS Name: CBSA_CD

COBOL Name: CBSA-CD

Bed Count Override Indicator 1 325 325 CHAR

Description: Indicates if the regional office has approved a significant bed count change from the previous certification.

SAS Name: OVRRD_BED_CNT_SW

COBOL Name: OVRRD-BED-CNT-SW

Bed Count: Certified 4 326 329 NUMBER

Description: Number of beds in Medicare and/or Medicaid certified areas within a facility.

SAS Name: CRTFD_BED_CNT

COBOL Name: CRTFD-BED-CNT

Bed Count: Medicaid NF 4 334 337 NUMBER

Description: Number of Medicaid-certified Nursing Facility beds.

SAS Name: MD CD_NF_BED_CNT

COBOL Name: MD CD-NF-BED-CNT

Bed Count: Medicare SNF 4 338 341 NUMBER

Description: Number of Medicare-certified Skilled Nursing Facility beds.

SAS Name: MDCR_SNF_BED_CNT

COBOL Name: MDCR-SNF-BED-CNT

Bed Count: Medicare/Medicaid SNF 4 342 345 NUMBER

Description: Number of dually certified (Medicare/Medicaid) beds in a Skilled Nursing Facility.

SAS Name: MDCR_MD CD_SNF_BED_CNT

COBOL Name: MDCR-MDCD-SNF-BED-CNT

Bed Count: Special Care - AIDS 3 346 348 NUMBER

Description: Number of beds in a special care unit dedicated for residents with AIDS.

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Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

SAS Name: AIDS_BED_CNT
COBOL Name: AIDS-BED-CNT

Bed Count: Special Care - Alzheimers 3 349 351 NUMBER

Description: Number of beds in a special care unit dedicated for residents with Alzheimer's disease.

SAS Name: ALZHMR_BED_CNT
COBOL Name: ALZHMR-BED-CNT

Bed Count: Special Care - Dialysis 3 352 354 NUMBER

Description: Number of beds in a special care unit dedicated for residents who require dialysis.

SAS Name: DLYS_BED_CNT
COBOL Name: DLYS-BED-CNT

Bed Count: Special Care - Disabled Children 3 355 357 NUMBER

Description: Number of beds in a special care unit dedicated for disabled children.

SAS Name: DSBL_CHLDRN_BED_CNT
COBOL Name: DSBL-CHLDRN-BED-CNT

Bed Count: Special Care - Head Trauma 3 358 360 NUMBER

Description: Number of beds in a special care unit dedicated for residents with head trauma.

SAS Name: HEAD_TRMA_BED_CNT
COBOL Name: HEAD-TRMA-BED-CNT

Bed Count: Special Care - Hospice 3 361 363 NUMBER

Description: Number of beds in a special care unit dedicated for residents who require hospice care.

SAS Name: HOSPC_BED_CNT
COBOL Name: HOSPC-BED-CNT

Bed Count: Special Care - Huntingtons Disease 3 364 366 NUMBER

Description: Number of beds in a special care unit dedicated for residents with Huntington's disease.

SAS Name: HNTGTN_DEASE_BED_CNT
COBOL Name: HNTGTN-DEASE-BED-CNT

Bed Count: Special Care - Specialized Rehab 3 367 369 NUMBER

Description: Number of beds in a special care unit dedicated for residents with specialized rehab needs.

SAS Name: REHAB_BED_CNT
COBOL Name: REHAB-BED-CNT

Bed Count: Special Care - Ventilator 3 370 372 NUMBER
Description: Number of beds in a special care unit dedicated for residents requiring a ventilator and/or respiratory care.
SAS Name: VNTLTR_BED_CNT
COBOL Name: VNTLTR-BED-CNT

Bed Count: Total 4 373 376 NUMBER
Description: Total number of beds in a provider, including those in non-participating or non-licensed areas.
SAS Name: BED_CNT
COBOL Name: BED-CNT

Compliance: 24-Hour RN Waiver Indicator 1 442 442 CHAR
Description: Indicates if a waiver of the 24-hour registered nurse staffing requirements has been recommended for a Skilled Nursing Facility or Nursing Facility.
SAS Name: RN_24_HR_WVR_SW
COBOL Name: RN-24-HR-WVR-SW

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 24
Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Compliance: 7-Day RN Waiver Indicator	1	443	443	VARCHAR2
Description: Indicates if a waiver of the 7-day registered nurse staffing requirements has been recommended for a Skilled Nursing Facility.				
SAS Name: RN_7_DAY_WVR_SW				
COBOL Name: RN-7-DAY-WVR-SW				

Compliance: Beds Per Room Waiver Indicator	1	444	444	CHAR
Description: Indicates if a waiver of the beds per room requirement has been recommended for a facility.				
SAS Name: BED_PER_ROOM_WVR_SW				
COBOL Name: BED-PER-ROOM-WVR-SW				

Compliance: LSC Waiver Indicator	1	445	445	CHAR
Description: Indicates if a waiver of any life safety code provision has been recommended for a provider.				
SAS Name: LSC_WVR_SW				
COBOL Name: LSC-WVR-SW				

Compliance: Patient Room Size Waiver Indicator	1	446	446	CHAR
Description: Indicates if a waiver of the patient room size provision has been recommended for a provider.				
SAS Name: ROOM_SIZE_WVR_SW				
COBOL Name: ROOM-SIZE-WVR-SW				

Experimental Research Conducted Indicator 1 453 453 VARCHAR2
Description: Indicates if a facility conducts experimental research.
SAS Name: EXPRMT_RSRCH_CNDCTD_SW
COBOL Name: EXPRMT-RSRCH-CNDCTD-SW

Fiscal Year End Date (MMDD) 4 464 467 VARCHAR2
Description: End date, consisting of the month and day, of the
provider's fiscal year.
SAS Name: FY_END_MO_DAY_CD
COBOL Name: FY-END-MO-DAY-CD

Hospital Based Indicator 1 483 483 CHAR
Description: Indicates if the provider is based in a hospital.
SAS Name: HOSP_BSD_SW
COBOL Name: HOSP-BSD-SW

LTC Cross Ref Provider Number 10 485 494 CHAR
Description: LTC cross ref provider number
SAS Name: LTC_CROSS_REF_PROVIDER_NUMBER
COBOL Name: LTC-CROSS-REF-PROVIDER-NUMBER

Multiple Facility Organization Name 38 513 550 CHAR
Description: Name of the multi-facility organization that owns the
facility.
SAS Name: MLT_FAC_ORG_NAME
COBOL Name: MLT-FAC-ORG-NAME

Multiple Facility Organization Owned Indicator 1 551 551 CHAR
Description: Indicates if a facility is owned by an organization that
owns (or leases) two or more long term care facilities.
SAS Name: MLT_OWND_FAC_ORG_SW
COBOL Name: MLT-OWND-FAC-ORG-SW

Organized Family Group Indicator 1 626 626 VARCHAR2
Description: Indicates if the facility has an organized group of
family members of residents.
SAS Name: ORGNZ_FMLY_MBR_GRP_SW
COBOL Name: ORGNZ-FMLY-MBR-GRP-SW

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 25
Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
Organized Resident Group Indicator	1	627	627	VARCHAR2
Description: Indicates if the facility has an organized residents group.				
SAS Name:	ORGNZ_RSDNT_GRP_SW			
COBOL Name:	ORGNZ-RSDNT-GRP-SW			
Program Participation Code	1	640	640	CHAR
Description: Indicates if the provider participates in Medicare,				

Medicaid, or both programs.
SAS Name: PGM_PRTCPTN_CD
COBOL Name: PGM-PRTCPTN-CD
VALUES: 1=MEDICARE ONLY
2=MEDICAID ONLY
3=MEDICARE AND MEDICAID

Related Provider Number 10 686 695 CHAR

Description: Related provider number

SAS Name: RELATED_PROVIDER_NUMBER

COBOL Name: RELATED-PROVIDER-NUMBER

Services: Blood Administration Off-Site Residents 1 703 703 VARCHAR2
Indicator

Description: Indicates if blood administration and storage services
are provided off-site to residents.

SAS Name: BLOOD_SRVC_OFSITE_RSDNT_SW

COBOL Name: BLOOD-SRVC-OFSITE-RSDNT-SW

Services: Blood Administration On-Site Nonresidents 1 704 704 VARCHAR2
Indicator

Description: Indicates if blood administration and storage services
are provided on-site to nonresidents.

SAS Name: BLOOD_SRVC_ONST_NRSNT_SW

COBOL Name: BLOOD-SRVC-ONST-NRSNT-SW

Services: Blood Administration On-Site Residents 1 705 705 VARCHAR2
Indicator

Description: Indicates if blood administration and storage services
are provided on-site to residents.

SAS Name: BLOOD_SRVC_ONST_RSDNT_SW

COBOL Name: BLOOD-SRVC-ONST-RSDNT-SW

Services: Clinical Laboratory - Off-Site Residents 1 712 712 VARCHAR2
Indicator

Description: Indicates if clinical laboratory services are provided
off-site to residents.

SAS Name: CL_SRVC_OFSITE_RSDNT_SW

COBOL Name: CL-SRVC-OFSITE-RSDNT-SW

Services: Clinical Laboratory - On-Site Nonresidents 1 713 713 VARCHAR2
Indicator

Description: Indicates if clinical laboratory services are provided
on-site to nonresidents.

SAS Name: CL_SRVC_ONST_NRSNT_SW

COBOL Name: CL-SRVC-ONST-NRSNT-SW

Services: Clinical Laboratory - On-Site Residents 1 714 714 VARCHAR2
Indicator

Description: Indicates if clinical laboratory services are provided
on-site to residents.

SAS Name: CL_SRVC_ONST_RSDNT_SW

COBOL Name: CL-SRVC-ONST-RSDNT-SW

Services: Dental Off-Site Residents Indicator 1 720 720 VARCHAR2
Description: Indicates if dental services are provided off-site to

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Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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residents.

SAS Name: DNTL_SRVC_OFSITE_RSDNT_SW
COBOL Name: DNTL-SRVC-OFSITE-RSDNT-SW

Services: Dental On-Site Nonresidents Indicator 1 721 721 VARCHAR2
Description: Indicates if dental services are provided on-site to

nonresidents.

SAS Name: DNTL_SRVC_ONST_NRSNT_SW
COBOL Name: DNTL-SRVC-ONST-NRSNT-SW

Services: Dental On-Site Residents Indicator 1 722 722 VARCHAR2
Description: Indicates if dental services are provided on-site to

residents.

SAS Name: DNTL_SRVC_ONST_RSDNT_SW
COBOL Name: DNTL-SRVC-ONST-RSDNT-SW

Services: Dietary Off-Site Residents Indicator 1 726 726 VARCHAR2
Description: Indicates if dietary services are provided off-site to

residents.

SAS Name: DTRY_OFSITE_RSDNT_SW
COBOL Name: DTRY-OFSITE-RSDNT-SW

Services: Dietary On-Site Nonresidents Indicator 1 727 727 VARCHAR2
Description: Indicates if dietary services are provided on-site to

nonresidents.

SAS Name: DTRY_ONST_NRSNT_SW
COBOL Name: DTRY-ONST-NRSNT-SW

Services: Dietary On-Site Residents Indicator 1 728 728 VARCHAR2
Description: Indicates if dietary services are provided on-site to

residents.

SAS Name: DTRY_ONST_RSDNT_SW
COBOL Name: DTRY-ONST-RSDNT-SW

Services: Housekeeping Off-Site Residents Indicator 1 738 738 VARCHAR2
Description: Indicates if housekeeping services are provided off-site

to residents.

SAS Name: HSEKPNG_SRVC_OFSITE_RSDNT_SW
COBOL Name: HSEKPNG-SRVC-OFSITE-RSDNT-SW

Services: Housekeeping On-Site Nonresidents Indicator 1 739 739 VARCHAR2
Description: Indicates if housekeeping services are provided on-site

to nonresidents.

SAS Name: HSEKPNG_SRVC_ONST_NRSNT_SW
COBOL Name: HSEKPNG-SRVC-ONST-NRSNT-SW

Services: Housekeeping On-Site Residents Indicator 1 740 740 VARCHAR2
Description: Indicates if housekeeping services are provided on-site to residents.
SAS Name: HSEKPNG_SRVC_ONST_RSDNT_SW
COBOL Name: HSEKPNG-SRVC-ONST-RSDNT-SW

Services: Mental Health Off-Site Residents Indicator 1 747 747 VARCHAR2
Description: Indicates if mental health services are provided off-site to residents.
SAS Name: MENTL_HLTH_OFSITE_RSDNT_SW
COBOL Name: MENTL-HLTH-OFSITE-RSDNT-SW

Services: Mental Health On-Site Nonresidents Indicator 1 748 748 VARCHAR2
Description: Indicates if mental health services are provided on-site to nonresidents.
SAS Name: MENTL_HLTH_ONST_NRSNT_SW
COBOL Name: MENTL-HLTH-ONST-NRSNT-SW

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Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Services: Mental Health On-Site Residents Indicator 1 749 749 VARCHAR2
Description: Indicates if mental health services are provided on-site to residents.
SAS Name: MENTL_HLTH_ONST_RSDNT_SW
COBOL Name: MENTL-HLTH-ONST-RSDNT-SW

Services: Nursing Off-Site Residents Indicator 1 760 760 VARCHAR2
Description: Indicates if nursing services are provided off-site to residents.
SAS Name: NRSNG_SRVC_OFSITE_RSDNT_SW
COBOL Name: NRSNG-SRVC-OFSITE-RSDNT-SW

Services: Nursing On-Site Nonresidents Indicator 1 761 761 VARCHAR2
Description: Indicates if nursing services are provided on-site to nonresidents.
SAS Name: NRSNG_SRVC_ONST_NRSNT_SW
COBOL Name: NRSNG-SRVC-ONST-NRSNT-SW

Services: Nursing On-Site Residents Indicator 1 762 762 VARCHAR2
Description: Indicates if nursing services are provided on-site to residents.
SAS Name: NRSNG_SRVC_ONST_RSDNT_SW
COBOL Name: NRSNG-SRVC-ONST-RSDNT-SW

Services: OT Off-Site Residents Indicator 1 776 776 VARCHAR2
Description: Indicates if occupational therapy services are provided off-site to residents.

SAS Name: OT_SRVC_OFSITE_RSDNT_SW
COBOL Name: OT-SRVC-OFSITE-RSDNT-SW

Services: OT On-Site Nonresidents Indicator 1 777 777 VARCHAR2
Description: Indicates if occupational therapy services are provided
on-site to nonresidents.

SAS Name: OT_SRVC_ONST_NRSNT_SW
COBOL Name: OT-SRVC-ONST-NRSNT-SW

Services: OT On-Site Residents Indicator 1 778 778 VARCHAR2
Description: Indicates if occupational therapy services are provided
on-site to residents.

SAS Name: OT_SRVC_ONST_RSDNT_SW
COBOL Name: OT-SRVC-ONST-RSDNT-SW

Services: Pharmacy Off-Site Residents Indicator 1 789 789 VARCHAR2
Description: Indicates if pharmacy services are provided off-site to
residents.

SAS Name: PHRMCY_SRVC_OFSITE_RSDNT_SW
COBOL Name: PHRMCY-SRVC-OFSITE-RSDNT-SW

Services: Pharmacy On-Site Nonresidents Indicator 1 790 790 VARCHAR2
Description: Indicates if pharmacy services are provided on-site to
nonresidents.

SAS Name: PHRMCY_SRVC_ONST_NRSNT_SW
COBOL Name: PHRMCY-SRVC-ONST-NRSNT-SW

Services: Pharmacy On-Site Residents Indicator 1 791 791 VARCHAR2
Description: Indicates if pharmacy services are provided on-site to
residents.

SAS Name: PHRMCY_SRVC_ONST_RSDNT_SW
COBOL Name: PHRMCY-SRVC-ONST-RSDNT-SW

Services: Physician Extender Off-Site Residents Indicator 1 796 796 VARCHAR2
Indicator

Description: Indicates if physician extender services are provided

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off-site to residents.

SAS Name: PHYSN_EXT_SRVC_OFSITE_RSDNT_SW
COBOL Name: PHYSN-EXT-SRVC-OFSITE-RSDNT-SW

Services: Physician Extender On-Site Nonresidents Indicator 1 797 797 VARCHAR2
Indicator

Description: Indicates if physician extender services are provided
on-site to nonresidents.

SAS Name: PHYSN_EXT_SRVC_ONST_NRSNT_SW
COBOL Name: PHYSN-EXT-SRVC-ONST-NRSNT-SW

Services: Physician Extender On-Site Residents Indicator 1 798 798 VARCHAR2

Description: Indicates if physician extender services are provided on-site to residents.

SAS Name: PHYSN_EXT_SRVC_ONST_RSDNT_SW

COBOL Name: PHYSN-EXT-SRVC-ONST-RSDNT-SW

Services: Physician Off-Site Residents Indicator 1 799 799 VARCHAR2

Description: Indicates if physician services are provided off-site to residents.

SAS Name: PHYSN_SRVC_OFSITE_RSDNT_SW

COBOL Name: PHYSN-SRVC-OFSITE-RSDNT-SW

Services: Physician On-Site Nonresidents Indicator 1 800 800 VARCHAR2

Description: Indicates if physician services are provided on-site to nonresidents.

SAS Name: PHYSN_SRVC_ONST_NRSNT_SW

COBOL Name: PHYSN-SRVC-ONST-NRSNT-SW

Services: Physician On-Site Residents Indicator 1 801 801 VARCHAR2

Description: Indicates if physician services are provided on-site to residents.

SAS Name: PHYSN_SRVC_ONST_RSDNT_SW

COBOL Name: PHYSN-SRVC-ONST-RSDNT-SW

Services: Podiatry Off-Site Residents Indicator 1 802 802 VARCHAR2

Description: Indicates if podiatry services are provided off-site to residents.

SAS Name: PDTRY_SRVC_OFSITE_RSDNT_SW

COBOL Name: PDTRY-SRVC-OFSITE-RSDNT-SW

Services: Podiatry On-Site Nonresidents Indicator 1 803 803 VARCHAR2

Description: Indicates if podiatry services are provided on-site to nonresidents.

SAS Name: PDTRY_SRVC_ONST_NRSNT_SW

COBOL Name: PDTRY-SRVC-ONST-NRSNT-SW

Services: Podiatry On-Site Residents Indicator 1 804 804 VARCHAR2

Description: Indicates if podiatry services are provided on-site to residents.

SAS Name: PDTRY_SRVC_ONST_RSDNT_SW

COBOL Name: PDTRY-SRVC-ONST-RSDNT-SW

Services: PT Off-Site Residents Indicator 1 814 814 VARCHAR2

Description: Indicates if physical therapy services are provided off-site to residents.

SAS Name: PT_OFSITE_RSDNT_SW

COBOL Name: PT-OFSITE-RSDNT-SW

Services: PT On-Site Nonresidents Indicator 1 815 815 VARCHAR2

Description: Indicates if physical therapy services are provided on-site to nonresidents.

SAS Name: PT_ONST_NRSNT_SW

SHORT DESCRIPTION LEN START END TYPE

COBOL Name: PT-ONST-NRSDNT-SW

Services: PT On-Site Residents Indicator 1 816 816 VARCHAR2

Description: Indicates if physical therapy services are provided
on-site to residents.

SAS Name: PT_ONST_RSDNT_SW

COBOL Name: PT-ONST-RSDNT-SW

Services: Social Work Off-Site Residents Indicator 1 827 827 VARCHAR2

Description: Indicates if social work services are provided off-site
to residents.

SAS Name: SCL_WORK_SRVC_OFSITE_RSDNT_SW

COBOL Name: SCL-WORK-SRVC-OFSITE-RSDNT-SW

Services: Social Work On-Site Nonresidents Indicator 1 828 828 VARCHAR2

Description: Indicates if social work services are provided on-site to
nonresidents.

SAS Name: SCL_WORK_SRVC_ONST_NRSDNT_SW

COBOL Name: SCL-WORK-SRVC-ONST-NRSDNT-SW

Services: Social Work On-Site Residents Indicator 1 829 829 VARCHAR2

Description: Indicates if social work services are provided on-site to
residents.

SAS Name: SCL_WORK_SRVC_ONST_RSDNT_SW

COBOL Name: SCL-WORK-SRVC-ONST-RSDNT-SW

Services: Speech Pathology Off-Site Residents 1 834 834 VARCHAR2
Indicator

Description: Indicates if speech/language pathology services are
provided off-site to residents.

SAS Name: SPCH_PTHLGY_OFSITE_RSDNT_SW

COBOL Name: SPCH-PTHLGY-OFSITE-RSDNT-SW

Services: Speech Pathology On-Site Nonresidents 1 835 835 VARCHAR2
Indicator

Description: Indicates if speech/language pathology services are
provided on-site to nonresidents.

SAS Name: SPCH_PTHLGY_ONST_NRSDNT_SW

COBOL Name: SPCH-PTHLGY-ONST-NRSDNT-SW

Services: Speech Pathology On-Site Residents 1 836 836 VARCHAR2
Indicator

Description: Indicates if speech/language pathology services are
provided on-site to residents.

SAS Name: SPCH_PTHLGY_ONST_RSDNT_SW

COBOL Name: SPCH-PTHLGY-ONST-RSDNT-SW

Services: Therapeutic - Other Activities Staff - 1 839 839 VARCHAR2

Off-Site Residents Indicator

Description: Indicates if therapeutic services are provided off-site to residents by other activities staff.

SAS Name: ACTVTY_OTHR_OFSITE_RSDNT_SW

COBOL Name: ACTVTY-OTHR-OFSITE-RSDNT-SW

Services: Therapeutic - Other Activities Staff - 1 840 840 VARCHAR2

On-Site Nonresidents Indicator

Description: Indicates if therapeutic services are provided on-site to nonresidents by other activities staff.

SAS Name: ACTVTY_OTHR_ONST_NRSNT_SW

COBOL Name: ACTVTY-OTHR-ONST-NRSNT-SW

Services: Therapeutic - Other Activities Staff - 1 841 841 VARCHAR2

On-Site Residents Indicator

Description: Indicates if therapeutic services are provided on-site to

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SHORT DESCRIPTION	LEN	START	END	TYPE
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residents by other activities staff.

SAS Name: ACTVTY_OTHR_ONST_RSDNT_SW

COBOL Name: ACTVTY-OTHR-ONST-RSDNT-SW

Services: Therapeutic - Other Social Services Staff - 1 842 842 VARCHAR2

Off-Site Residents Indicator

Description: Indicates if other therapeutic social services are provided off-site to residents.

SAS Name: SCL_SRVC_OTHR_OFSITE_RSDNT_SW

COBOL Name: SCL-SRVC-OTHR-OFSITE-RSDNT-SW

Services: Therapeutic - Other Social Services Staff - 1 843 843 VARCHAR2

On-Site Nonresidents Indicator

Description: Indicates if other therapeutic social services are provided on-site to nonresidents.

SAS Name: SCL_SRVC_OTHR_ONST_NRSNT_SW

COBOL Name: SCL-SRVC-OTHR-ONST-NRSNT-SW

Services: Therapeutic - Other Social Services Staff - 1 844 844 VARCHAR2

On-Site Residents Indicator

Description: Indicates if other therapeutic social services are provided on-site to residents.

SAS Name: SCL_SRVC_OTHR_ONST_RSDNT_SW

COBOL Name: SCL-SRVC-OTHR-ONST-RSDNT-SW

Services: Therapeutic - Qualified Activities 1 845 845 VARCHAR2

Professional - Off-Site Residents Indicator

Description: Indicates if therapeutic services are provided off-site to residents by qualified activities professionals.

SAS Name: ACTVTY_OFSITE_RSDNT_SW

COBOL Name: ACTVTY-OFSITE-RSDNT-SW

Services: Therapeutic - Qualified Activities 1 846 846 VARCHAR2
Professional - On-Site Nonresidents Indicator
Description: Indicates if therapeutic services are provided on-site to
nonresidents by qualified activities professionals.
SAS Name: ACTVTY_ONST_NRSNT_SW
COBOL Name: ACTVTY-ONST-NRSNT-SW

Services: Therapeutic - Qualified Activities 1 847 847 VARCHAR2
Professional - On-Site Residents Indicator
Description: Indicates if therapeutic services are provided on-site to
residents by qualified activities professionals.
SAS Name: ACTVTY_ONST_RSDNT_SW
COBOL Name: ACTVTY-ONST-RSDNT-SW

Services: Therapeutic Recreational Specialty Off-Site 1 849 849 VARCHAR2
Residents Indicator
Description: Indicates if therapeutic recreation specialist services
are provided off-site to residents.
SAS Name: THRPTC_RCRTNL_OFSITE_RSDNT_SW
COBOL Name: THRPTC-RCRTNL-OFSITE-RSDNT-SW

Services: Therapeutic Recreational Specialty On-Site 1 850 850 VARCHAR2
Nonresidents Indicator
Description: Indicates if therapeutic recreation specialist services
are provided on-site to nonresidents.
SAS Name: THRPTC_RCRTNL_ONST_NRSNT_SW
COBOL Name: THRPTC-RCRTNL-ONST-NRSNT-SW

Services: Therapeutic Recreational Specialty On-Site 1 851 851 VARCHAR2
Residents Indicator
Description: Indicates if therapeutic recreation specialist services
are provided on-site to residents.

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SAS Name: THRPTC_RCRTNL_ONST_RSDNT_SW
COBOL Name: THRPTC-RCRTNL-ONST-RSDNT-SW

Services: Vocational Off-Site Residents Indicator 1 854 854 VARCHAR2
Description: Indicates if vocational services are provided off-site to
residents.
SAS Name: VCTNL_SRVC_OFSITE_RSDNT_SW
COBOL Name: VCTNL-SRVC-OFSITE-RSDNT-SW

Services: Vocational On-Site Nonresidents Indicator 1 855 855 VARCHAR2
Description: Indicates if vocational services are provided on-site to
nonresidents.
SAS Name: VCTNL_SRVC_ONST_NRSNT_SW
COBOL Name: VCTNL-SRVC-ONST-NRSNT-SW

Services: Vocational On-Site Residents Indicator 1 856 856 VARCHAR2

Description: Indicates if vocational services are provided on-site to residents.

SAS Name: VCTNL_SRVC_ONST_RSDNT_SW

COBOL Name: VCTNL-SRVC-ONST-RSDNT-SW

Services: X-ray Off-Site Residents Indicator 1 857 857 VARCHAR2

Description: Indicates if diagnostic X-ray services are provided off-site to residents.

SAS Name: DGNSTC_XRAY_OFSITE_RSDNT_SW

COBOL Name: DGNSTC-XRAY-OFSITE-RSDNT-SW

Services: X-ray On-Site Nonresidents Indicator 1 858 858 VARCHAR2

Description: Indicates if diagnostic X-ray services are provided on-site to nonresidents.

SAS Name: DGNSTC_XRAY_ONST_NRSNT_SW

COBOL Name: DGNSTC-XRAY-ONST-NRSNT-SW

Services: X-ray On-Site Residents Indicator 1 859 859 VARCHAR2

Description: Indicates if diagnostic X-ray services are provided on-site to residents.

SAS Name: DGNSTC_XRAY_ONST_RSDNT_SW

COBOL Name: DGNSTC-XRAY-ONST-RSDNT-SW

Staff Count Override Indicator 1 861 861 CHAR

Description: Indicates if the regional office has approved a significant staff count change from the previous certification.

SAS Name: OVRRD_STFG_SW

COBOL Name: OVRRD-STFG-SW

Staff Count: Administrative Staff - Contract 8 862 869 NUMBER

Description: Number of full-time equivalent administrative staff under contract to a facility.

SAS Name: PROFNL_ADMIN_CNTRCT_CNT

COBOL Name: PROFNL-ADMIN-CNTRCT-CNT

Staff Count: Administrative Staff - Full-Time 8 870 877 NUMBER

Description: Number of full-time equivalent administrative staff employed on a full-time basis by a facility.

SAS Name: PROFNL_ADMIN_FLTM_CNT

COBOL Name: PROFNL-ADMIN-FLTM-CNT

Staff Count: Administrative Staff - Part-Time 8 878 885 NUMBER

Description: Number of full-time equivalent administrative staff employed on a part-time basis by a facility.

SAS Name: PROFNL_ADMIN_PRTM_CNT

COBOL Name: PROFNL-ADMIN-PRTM-CNT

SHORT DESCRIPTION	LEN	START	END	TYPE
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Staff Count: Certified Nurse Aide - Contract	8	910	917	NUMBER
Description: Number of full-time equivalent certified nurse aides under contract to a facility.				
SAS Name: NRS_AIDE_CNTRCT_CNT				
COBOL Name: NRS-AIDE-CNTRCT-CNT				

Staff Count: Certified Nurse Aide - Full-Time	8	918	925	NUMBER
Description: Number of full-time equivalent certified nurse aides employed full-time by a facility.				
SAS Name: NRS_AIDE_FLTM_CNT				
COBOL Name: NRS-AIDE-FLTM-CNT				

Staff Count: Certified Nurse Aide - Part-Time	8	926	933	NUMBER
Description: Number of full-time equivalent certified nurse aides employed part-time by a facility.				
SAS Name: NRS_AIDE_PRTM_CNT				
COBOL Name: NRS-AIDE-PRTM-CNT				

Staff Count: Dentist - Contract	8	958	965	NUMBER
Description: Number of full-time equivalent dentists under contract to a facility.				
SAS Name: DNTST_CNTRCT_CNT				
COBOL Name: DNTST-CNTRCT-CNT				

Staff Count: Dentist - Full-Time	8	966	973	NUMBER
Description: Number of full-time equivalent dentists employed full time by a facility.				
SAS Name: DNTST_FLTM_CNT				
COBOL Name: DNTST-FLTM-CNT				

Staff Count: Dentist - Part-Time	8	974	981	NUMBER
Description: Number of full-time equivalent dentists employed part time by a facility.				
SAS Name: DNTST_PRTM_CNT				
COBOL Name: DNTST-PRTM-CNT				

Staff Count: Dietitian - Contract	8	990	997	NUMBER
Description: Number of full-time equivalent dietitians under contract to a facility.				
SAS Name: DIETN_CNTRCT_CNT				
COBOL Name: DIETN-CNTRCT-CNT				

Staff Count: Dietitian - Full-Time	8	998	1005	NUMBER
Description: Number of full-time equivalent dietitians employed full time by a facility.				
SAS Name: DIETN_FLTM_CNT				
COBOL Name: DIETN-FLTM-CNT				

Staff Count: Dietitian - Part-Time	8	1006	1013	NUMBER
Description: Number of full-time equivalent dietitians employed part time by a facility.				

SAS Name: DIETN_PRTM_CNT
COBOL Name: DIETN-PRTM-CNT

Staff Count: Food Service Worker - Contract 8 1022 1029 NUMBER
Description: Number of full-time equivalent food service personnel
under contract to a facility.

SAS Name: FOOD_SRVC_CNTRCT_CNT
COBOL Name: FOOD-SRVC-CNTRCT-CNT

Staff Count: Food Service Worker - Full-Time 8 1030 1037 NUMBER
Description: Number of full-time equivalent food service personnel
employed full-time by a facility.

SAS Name: FOOD_SRVC_FLTM_CNT

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COBOL Name: FOOD-SRVC-FLTM-CNT

Staff Count: Food Service Worker - Part-Time 8 1038 1045 NUMBER
Description: Number of full-time equivalent food service personnel
employed part-time by a facility.

SAS Name: FOOD_SRVC_PRTM_CNT
COBOL Name: FOOD-SRVC-PRTM-CNT

Staff Count: Housekeeping - Contract 8 1070 1077 NUMBER
Description: Number of full-time equivalent housekeeping personnel
under contract to a facility.

SAS Name: HSEKPNG_CNTRCT_CNT
COBOL Name: HSEKPNG-CNTRCT-CNT

Staff Count: Housekeeping - Full-Time 8 1078 1085 NUMBER
Description: Number of full-time equivalent housekeeping personnel
employed full-time by a facility.

SAS Name: HSEKPNG_FLTM_CNT
COBOL Name: HSEKPNG-FLTM-CNT

Staff Count: Housekeeping - Part-Time 8 1086 1093 NUMBER
Description: Number of full-time equivalent housekeeping personnel
employed part-time by a facility.

SAS Name: HSEKPNG_PRTM_CNT
COBOL Name: HSEKPNG-PRTM-CNT

Staff Count: LPN/LVN - Contract 8 1118 1125 NUMBER
Description: Number of full-time equivalent licensed
practical/vocational nurses under contract to a facility.

SAS Name: LPN_LVN_CNTRCT_CNT
COBOL Name: LPN-LVN-CNTRCT-CNT

Staff Count: LPN/LVN - Full-Time 8 1126 1133 NUMBER
Description: Number of full-time equivalent licensed

practical/vocational nurses employed full-time by a facility.

SAS Name: LPN_LVN_FLTM_CNT

COBOL Name: LPN-LVN-FLTM-CNT

Staff Count: LPN/LVN - Part-Time 8 1134 1141 NUMBER

Description: Number of full-time equivalent licensed practical/vocational nurses employed part-time by a facility.

SAS Name: LPN_LVN_PRTM_CNT

COBOL Name: LPN-LVN-PRTM-CNT

Staff Count: Medical Director - Contract 8 1150 1157 NUMBER

Description: Number of full-time equivalent medical directors under contract to a facility.

SAS Name: MDCL_DRCTR_CNTRCT_CNT

COBOL Name: MDCL-DRCTR-CNTRCT-CNT

Staff Count: Medical Director - Full-Time 8 1158 1165 NUMBER

Description: Number of full-time equivalent medical directors employed full-time by a facility.

SAS Name: MDCL_DRCTR_FLTM_CNT

COBOL Name: MDCL-DRCTR-FLTM-CNT

Staff Count: Medical Director - Part-Time 8 1166 1173 NUMBER

Description: Number of full-time equivalent medical directors employed part-time by a facility.

SAS Name: MDCL_DRCTR_PRTM_CNT

COBOL Name: MDCL-DRCTR-PRTM-CNT

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Staff Count: Medication Aide/Technician - Contract	8	1198	1205	NUMBER
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Description: Number of full-time equivalent medication aides/technicians under contract to a facility.

SAS Name: MDCTN_AIDE_CNTRCT_CNT

COBOL Name: MDCTN-AIDE-CNTRCT-CNT

Staff Count: Medication Aide/Technician - Full-Time	8	1206	1213	NUMBER
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Description: Number of full-time equivalent medication aides/technicians employed full-time by a facility.

SAS Name: MDCTN_AIDE_FLTM_CNT

COBOL Name: MDCTN-AIDE-FLTM-CNT

Staff Count: Medication Aide/Technician - Part-Time	8	1214	1221	NUMBER
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Description: Number of full-time equivalent medication aides/technicians employed part-time by a facility.

SAS Name: MDCTN_AIDE_PRTM_CNT

COBOL Name: MDCTN-AIDE-PRTM-CNT

Staff Count: Mental Health Services - Contract 8 1222 1229 NUMBER
Description: Number of full-time equivalent mental health services
personnel under contract to a facility.
SAS Name: MENTL_HLTH_SRVC_CNTRCT_CNT
COBOL Name: MENTL-HLTH-SRVC-CNTRCT-CNT

Staff Count: Mental Health Services - Full-Time 8 1230 1237 NUMBER
Description: Number of full-time equivalent mental health services
personnel employed full-time by a facility.
SAS Name: MENTL_HLTH_SRVC_FLTM_CNT
COBOL Name: MENTL-HLTH-SRVC-FLTM-CNT

Staff Count: Mental Health Services - Part-Time 8 1238 1245 NUMBER
Description: Number of full-time equivalent mental health services
personnel employed part-time by a facility.
SAS Name: MENTL_HLTH_SRVC_PRTM_CNT
COBOL Name: MENTL-HLTH-SRVC-PRTM-CNT

Staff Count: Nurse Aide in Training - Contract 8 1254 1261 NUMBER
Description: Number of full-time equivalent nurse aides in training
under contract to a facility.
SAS Name: NAT_CNTRCT_CNT
COBOL Name: NAT-CNTRCT-CNT

Staff Count: Nurse Aide in Training - Full-Time 8 1262 1269 NUMBER
Description: Number of full-time equivalent nurse aides in training
employed full-time by a facility.
SAS Name: NAT_FLTM_CNT
COBOL Name: NAT-FLTM-CNT

Staff Count: Nurse Aide in Training - Part-Time 8 1270 1277 NUMBER
Description: Number of full-time equivalent nurse aides in training
employed part-time by a facility.
SAS Name: NAT_PRTM_CNT
COBOL Name: NAT-PRTM-CNT

Staff Count: Nurse With Administrative Duties - 8 1286 1293 NUMBER
Contract
Description: Number of full-time equivalent nurses with administrative
duties under contract to a facility.
SAS Name: NRS_ADMINV_CNTRCT_CNT
COBOL Name: NRS-ADMINV-CNTRCT-CNT

Staff Count: Nurse With Administrative Duties - 8 1294 1301 NUMBER
Full-Time
Description: Number of full-time equivalent nurses with administrative

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duties employed full-time by a facility.
SAS Name: NRS_ADMINV_FLTM_CNT
COBOL Name: NRS-ADMINV-FLTM-CNT

Staff Count: Nurse With Administrative Duties - 8 1302 1309 NUMBER
Part-Time

Description: Number of full-time equivalent nurses with administrative
duties employed part-time by a facility.
SAS Name: NRS_ADMINV_PRTM_CNT
COBOL Name: NRS-ADMINV-PRTM-CNT

Staff Count: OT - Arrangement 8 1318 1325 NUMBER

Description: Number of full-time equivalent occupational therapists
under arrangement to the provider
SAS Name: OCPTNL_THRPST_CNTRCT_CNT
COBOL Name: OCPTNL-THRPST-CNTRCT-CNT

Staff Count: OT - Full-Time 8 1326 1333 NUMBER

Description: Number of full-time equivalent occupational therapists
employed full-time by a facility.
SAS Name: OCPTNL_THRPST_FLTM_CNT
COBOL Name: OCPTNL-THRPST-FLTM-CNT

Staff Count: OT - Part-Time 8 1334 1341 NUMBER

Description: Number of full-time equivalent occupational therapists
employed part-time by a facility.
SAS Name: OCPTNL_THRPST_PRTM_CNT
COBOL Name: OCPTNL-THRPST-PRTM-CNT

Staff Count: OT Aide - Contract 8 1342 1349 NUMBER

Description: Number of full-time equivalent occupational therapy aides
under contract to a facility.
SAS Name: OT_AIDE_CNTRCT_CNT
COBOL Name: OT-AIDE-CNTRCT-CNT

Staff Count: OT Aide - Full-Time 8 1350 1357 NUMBER

Description: Number of full-time equivalent occupational therapy aides
employed full-time by a facility.
SAS Name: OT_AIDE_FLTM_CNT
COBOL Name: OT-AIDE-FLTM-CNT

Staff Count: OT Aide - Part-Time 8 1358 1365 NUMBER

Description: Number of full-time equivalent occupational therapy aides
employed part-time by a facility.
SAS Name: OT_AIDE_PRTM_CNT
COBOL Name: OT-AIDE-PRTM-CNT

Staff Count: OT Assistant - Contract 8 1366 1373 NUMBER

Description: Number of full-time equivalent occupational therapy
assistants under contract to a facility.
SAS Name: OT_ASTNT_CNTRCT_CNT
COBOL Name: OT-ASTNT-CNTRCT-CNT

Staff Count: OT Assistant - Full-Time 8 1374 1381 NUMBER

Description: Number of full-time equivalent occupational therapy assistants employed full-time by a facility.

SAS Name: OT_ASTNT_FLTM_CNT

COBOL Name: OT-ASTNT-FLTM-CNT

Staff Count: OT Assistant - Part-Time 8 1382 1389 NUMBER

Description: Number of full-time equivalent occupational therapy assistants employed part-time by a facility.

SAS Name: OT_ASTNT_PRTM_CNT

COBOL Name: OT-ASTNT-PRTM-CNT

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Staff Count: Other Activities - Contract 8 1398 1405 NUMBER

Description: Number of full-time equivalent other activities staff providing therapeutic services under contract to a facility.

SAS Name: ACTVTY_STF_OTHR_CNTRCT_CNT

COBOL Name: ACTVTY-STF-OTHR-CNTRCT-CNT

Staff Count: Other Activities - Full-Time 8 1406 1413 NUMBER

Description: Number of full-time equivalent other activities staff providing therapeutic services employed full time by a facility.

SAS Name: ACTVTY_STF_OTHR_FLTM_CNT

COBOL Name: ACTVTY-STF-OTHR-FLTM-CNT

Staff Count: Other Activities - Part-Time 8 1414 1421 NUMBER

Description: Number of full-time equivalent other activities staff providing therapeutic services employed part time by a facility.

SAS Name: ACTVTY_STF_OTHR_PRTM_CNT

COBOL Name: ACTVTY-STF-OTHR-PRTM-CNT

Staff Count: Other Physician - Contract 8 1422 1429 NUMBER

Description: Number of full-time equivalent other physicians under contract to a facility.

SAS Name: PHYSN_OTHR_CNTRCT_CNT

COBOL Name: PHYSN-OTHR-CNTRCT-CNT

Staff Count: Other Physician - Full-Time 8 1430 1437 NUMBER

Description: Number of full-time equivalent other physicians employed full-time by a facility.

SAS Name: PHYSN_OTHR_FLTM_CNT

COBOL Name: PHYSN-OTHR-FLTM-CNT

Staff Count: Other Physician - Part-Time 8 1438 1445 NUMBER

Description: Number of full-time equivalent other physicians employed part-time by a facility.

SAS Name: PHYSN_OTHR_PRTM_CNT
COBOL Name: PHYSN-OTHR-PRTM-CNT

Staff Count: Other Social Services - Contract 8 1446 1453 NUMBER
Description: Number of full-time equivalent other social services
staff under contract to a facility.

SAS Name: SCL_SRVC_OTHR_STF_CNTRCT_CNT
COBOL Name: SCL-SRVC-OTHR-STF-CNTRCT-CNT

Staff Count: Other Social Services - Full-Time 8 1454 1461 NUMBER
Description: Number of full-time equivalent other social services
staff employed full time by a facility.

SAS Name: SCL_SRVC_OTHR_STF_FLTM_CNT
COBOL Name: SCL-SRVC-OTHR-STF-FLTM-CNT

Staff Count: Other Social Services - Part-Time 8 1462 1469 NUMBER
Description: Number of full-time equivalent other social services
staff employed part time by a facility.

SAS Name: SCL_SRVC_OTHR_STF_PRTM_CNT
COBOL Name: SCL-SRVC-OTHR-STF-PRTM-CNT

Staff Count: Other Staff - Contract 8 1470 1477 NUMBER
Description: Number of full-time equivalent staff not included in any
other categories under contract to the facility.

SAS Name: STF_OTHR_CNTRCT_CNT
COBOL Name: STF-OTHR-CNTRCT-CNT

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Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Staff Count: Other Staff - Full-Time	8	1478	1485	NUMBER
Description: Number of full-time equivalent persons not included in any other categories employed full-time by the facility.				

SAS Name: STF_OTHR_FLTM_CNT
COBOL Name: STF-OTHR-FLTM-CNT

Staff Count: Other Staff - Part-Time	8	1486	1493	NUMBER
Description: Number of full-time equivalent persons not included in any other categories employed part-time by the facility.				

SAS Name: STF_OTHR_PRTM_CNT
COBOL Name: STF-OTHR-PRTM-CNT

Staff Count: Pharmacist - Contract	8	1494	1501	NUMBER
Description: Number of full-time equivalent pharmacists under contract to a facility.				

SAS Name: PHRMCST_CNTRCT_CNT
COBOL Name: PHRMCST-CNTRCT-CNT

Staff Count: Pharmacist - Full-Time	8	1502	1509	NUMBER
Description: Number of full-time equivalent pharmacists employed				

full-time by a facility.

SAS Name: PHRMCST_FLTM_CNT

COBOL Name: PHRMCST-FLTM-CNT

Staff Count: Pharmacist - Part-Time 8 1510 1517 NUMBER

Description: Number of full-time equivalent pharmacists employed
part-time by a facility.

SAS Name: PHRMCST_PRTM_CNT

COBOL Name: PHRMCST-PRTM-CNT

Staff Count: Physical Therapist - Contract 8 1518 1525 NUMBER

Description: Number of full-time equivalent physical therapists under
contract to a facility.

SAS Name: PHYS_THRPST_CNTRCT_CNT

COBOL Name: PHYS-THRPST-CNTRCT-CNT

Staff Count: Physical Therapist - Full-Time 8 1526 1533 NUMBER

Description: Number of full-time equivalent physical therapists
employed full-time by a facility.

SAS Name: PHYS_THRPST_FLTM_CNT

COBOL Name: PHYS-THRPST-FLTM-CNT

Staff Count: Physical Therapist - Part-Time 8 1534 1541 NUMBER

Description: Number of full-time equivalent physical therapists
employed part-time by a facility.

SAS Name: PHYS_THRPST_PRTM_CNT

COBOL Name: PHYS-THRPST-PRTM-CNT

Staff Count: Physician Extender - Contract 8 1566 1573 NUMBER

Description: Number of full-time equivalent physician extenders under
contract to the facility.

SAS Name: PHYSN_EXT_CNTRCT_CNT

COBOL Name: PHYSN-EXT-CNTRCT-CNT

Staff Count: Physician Extender - Full-Time 8 1574 1581 NUMBER

Description: Number of full-time equivalent physician extenders
employed full-time by the facility.

SAS Name: PHYSN_EXT_FLTM_CNT

COBOL Name: PHYSN-EXT-FLTM-CNT

Staff Count: Physician Extender - Part-Time 8 1582 1589 NUMBER

Description: Number of full-time equivalent physician extenders
employed part-time by the facility.

SAS Name: PHYSN_EXT_PRTM_CNT

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Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

COBOL Name: PHYSN-EXT-PRTM-CNT

Staff Count: Podiatrist - Contract 8 1598 1605 NUMBER

Description: Number of full-time equivalent podiatrists under contract to a facility.

SAS Name: PDTRST_CNTRCT_CNT

COBOL Name: PDTRST-CNTRCT-CNT

Staff Count: Podiatrist - Full-Time 8 1606 1613 NUMBER

Description: Number of full-time equivalent podiatrists employed full-time by a facility.

SAS Name: PDTRST_FLTM_CNT

COBOL Name: PDTRST-FLTM-CNT

Staff Count: Podiatrist - Part-Time 8 1614 1621 NUMBER

Description: Number of full-time equivalent podiatrists employed part-time by a facility.

SAS Name: PDTRST_PRTM_CNT

COBOL Name: PDTRST-PRTM-CNT

Staff Count: PT Aide - Contract 8 1654 1661 NUMBER

Description: Number of full-time equivalent physical therapy aides under contract to a facility.

SAS Name: PT_AIDE_CNTRCT_CNT

COBOL Name: PT-AIDE-CNTRCT-CNT

Staff Count: PT Aide - Full-Time 8 1662 1669 NUMBER

Description: Number of full-time equivalent physical therapy aides employed full-time by a facility.

SAS Name: PT_AIDE_FLTM_CNT

COBOL Name: PT-AIDE-FLTM-CNT

Staff Count: PT Aide - Part-Time 8 1670 1677 NUMBER

Description: Number of full-time equivalent physical therapy aides employed part-time by a facility.

SAS Name: PT_AIDE_PRTM_CNT

COBOL Name: PT-AIDE-PRTM-CNT

Staff Count: PT Assistant - Contract 8 1678 1685 NUMBER

Description: Number of full-time equivalent physical therapy assistants under contract to a facility.

SAS Name: PT_ASTNT_CNTRCT_CNT

COBOL Name: PT-ASTNT-CNTRCT-CNT

Staff Count: PT Assistant - Full-Time 8 1686 1693 NUMBER

Description: Number of full-time equivalent physical therapy assistants employed full-time by a facility.

SAS Name: PT_ASTNT_FLTM_CNT

COBOL Name: PT-ASTNT-FLTM-CNT

Staff Count: PT Assistant - Part-Time 8 1694 1701 NUMBER

Description: Number of full-time equivalent physical therapy assistants employed part-time by a facility.

SAS Name: PT_ASTNT_PRTM_CNT

COBOL Name: PT-ASTNT-PRTM-CNT

Staff Count: Qualified Activities Professional - 8 1702 1709 NUMBER

Contract

Description: Number of full-time equivalent qualified activities
professionals providing therapeutic services under
contract to a facility.

SAS Name: ACTVTY_PROFNL_CNTRCT_CNT

COBOL Name: ACTVTY-PROFNL-CNTRCT-CNT

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Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Staff Count: Qualified Activities Professional - 8	1710	1717	NUMBER
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Full-Time

Description: Number of full-time equivalent qualified activities
professionals providing therapeutic services employed
full time by a facility.

SAS Name: ACTVTY_PROFNL_FLTM_CNT

COBOL Name: ACTVTY-PROFNL-FLTM-CNT

Staff Count: Qualified Activities Professional - 8	1718	1725	NUMBER
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Part-Time

Description: Number of full-time equivalent qualified activities
professionals providing therapeutic services employed
part time by a facility.

SAS Name: ACTVTY_PROFNL_PRTM_CNT

COBOL Name: ACTVTY-PROFNL-PRTM-CNT

Staff Count: RN - Contract	8	1758	1765	NUMBER
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Description: Number of full-time equivalent registered nurses under
contract to a facility.

SAS Name: RN_CNTRCT_CNT

COBOL Name: RN-CNTRCT-CNT

Staff Count: RN - Full-Time	8	1766	1773	NUMBER
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Description: Number of full-time equivalent registered nurses employed
full-time by a facility.

SAS Name: RN_FLTM_CNT

COBOL Name: RN-FLTM-CNT

Staff Count: RN - Part-Time	8	1774	1781	NUMBER
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Description: Number of full-time equivalent registered nurses employed
part-time by a facility.

SAS Name: RN_PRTM_CNT

COBOL Name: RN-PRTM-CNT

Staff Count: RN Director of Nursing - Contract	8	1790	1797	NUMBER
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Description: Number of full-time equivalent registered nurse directors
of nursing under contract to a facility.

SAS Name: RN_DRCTR_CNTRCT_CNT

COBOL Name: RN-DRCTR-CNTRCT-CNT

Staff Count: RN Director of Nursing - Full-Time 8 1798 1805 NUMBER
Description: Number of full-time equivalent registered nurse directors
of nursing employed full-time by a facility.
SAS Name: RN_DRCTR_FLTM_CNT
COBOL Name: RN-DRCTR-FLTM-CNT

Staff Count: RN Director of Nursing - Part-Time 8 1806 1813 NUMBER
Description: Number of full-time equivalent registered nurse directors
of nursing employed part-time by a facility.
SAS Name: RN_DRCTR_PRTM_CNT
COBOL Name: RN-DRCTR-PRTM-CNT

Staff Count: Social Worker - Contract 8 1822 1829 NUMBER
Description: Number of full-time equivalent social workers under
contract to a facility.
SAS Name: SCL_WORKR_CNTRCT_CNT
COBOL Name: SCL-WORKR-CNTRCT-CNT

Staff Count: Social Worker - Full-Time 8 1830 1837 NUMBER
Description: Number of full-time equivalent social workers employed
full-time by a facility.
SAS Name: SCL_WORKR_FLTM_CNT
COBOL Name: SCL-WORKR-FLTM-CNT

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Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Staff Count: Social Worker - Part-Time	8	1838	1845	NUMBER
Description: Number of full-time equivalent social workers employed part-time by a facility.				
SAS Name: SCL_WORKR_PRTM_CNT				
COBOL Name: SCL-WORKR-PRTM-CNT				

Staff Count: Speech Pathologist - Contract	8	1854	1861	NUMBER
Description: Number of full-time equivalent speech pathologists under contract to a facility.				
SAS Name: SPCH_PTHLGST_CNTRCT_CNT				
COBOL Name: SPCH-PTHLGST-CNTRCT-CNT				

Staff Count: Speech Pathologist - Full-Time	8	1862	1869	NUMBER
Description: Number of full-time equivalent speech pathologists employed full-time by a facility.				
SAS Name: SPCH_PTHLGST_FLTM_CNT				
COBOL Name: SPCH-PTHLGST-FLTM-CNT				

Staff Count: Speech Pathologist - Part-Time	8	1870	1877	NUMBER
Description: Number of full-time equivalent speech pathologists employed part-time by a facility.				
SAS Name: SPCH_PTHLGST_PRTM_CNT				
COBOL Name: SPCH-PTHLGST-PRTM-CNT				

Staff Count: Therapeutic Recreational Specialist - 8 1910 1917 NUMBER
Contract

Description: Number of full-time equivalent therapeutic recreation
specialist staff under contract to a facility.

SAS Name: THRPTC_RCRTNL_CNTRCT_CNT

COBOL Name: THRPTC-RCRTNL-CNTRCT-CNT

Staff Count: Therapeutic Recreational Specialist - 8 1918 1925 NUMBER
Full-Time

Description: Number of full-time equivalent therapeutic recreation
specialist staff employed full-time by a facility.

SAS Name: THRPTC_RCRTNL_FLTM_CNT

COBOL Name: THRPTC-RCRTNL-FLTM-CNT

Staff Count: Therapeutic Recreational Specialist - 8 1926 1933 NUMBER
Part-Time

Description: Number of full-time equivalent therapeutic recreation
specialist staff employed full-time by a facility.

SAS Name: THRPTC_RCRTNL_PRTM_CNT

COBOL Name: THRPTC-RCRTNL-PRTM-CNT

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 1
Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Provider Category Subtype Code	2	1	2	VARCHAR2
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Description: Identifies the subtype of the provider, within the
primary category. Used in reporting to show the
breakdown of provider categories, mainly for hospitals
and SNFs.

SAS Name: PRVDR_CTGRY_SBTYP_CD
COBOL Name: PRVDR-CTGRY-SBTYP-CD
VALUES: 01=Home Health Agency

Provider Category Code 2 3 4 VARCHAR2

Description: Identifies the type of provider participating in the Medicare/Medicaid program.

SAS Name: PRVDR_CTGRY_CD
COBOL Name: PRVDR-CTGRY-CD
VALUES: 05=Home Health Agency

CHOW Count 2 5 6 NUMBER

Description: Number of times this provider has undergone a change of ownership.

SAS Name: CHOW_CNT
COBOL Name: CHOW-CNT

CHOW Date 8 7 14 DATE

Description: Effective date of the most recent change of ownership for this provider.

SAS Name: CHOW_DT
COBOL Name: CHOW-DT

Address: City 28 15 42 VARCHAR2

Description: City in which the provider is physically located.

SAS Name: CITY_NAME
COBOL Name: CITY-NAME

Compliance: Acceptable POC 1 43 43 VARCHAR2

Description: Indicates if a provider is in compliance with program requirements based on an acceptable plan for correction of deficiencies.

SAS Name: ACPTBL_POC_SW
COBOL Name: ACPTBL-POC-SW

Compliance: Status 1 44 44 VARCHAR2

Description: Compliance status of a provider at the time of certification survey.

SAS Name: CMPLNC_STUS_CD
COBOL Name: CMPLNC-STUS-CD
VALUES: A=IN COMPLIANCE
B=NOT IN COMPLIANCE

SSA County Code 3 45 47 VARCHAR2

Description: Social Security Administration geographic code indicating the county where the provider is located.

SAS Name: SSA_CNTY_CD
COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR

Description: Cross reference provider number

SAS Name: CROSS_REF_PROVIDER_NUMBER
COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date	8 58 65 DATE
Description: Equal to the exit date of the initial visit of the Health survey for certifications completed after July 28, 2012. For certifications prior to that date, the certification	

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 2
Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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date is equal to the exit date of the initial visit of the Health survey or LSC survey, whichever is later.

SAS Name: CRTFCTN_DT
COBOL Name: CRTFCTN-DT

Eligibility Indicator	1	66	66	VARCHAR2
Description: Indicates if a facility is eligible to participate in the Medicare and/or Medicaid programs.				
SAS Name: ELGBLTY_SW				
COBOL Name: ELGBLTY-SW				

Facility Name	50	67	116	VARCHAR2
Description: Name of the provider certified to participate in the Medicare and/or Medicaid programs.				
SAS Name:	FAC_NAME			
COBOL Name:	FAC-NAME			

Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code	5	117	121	VARCHAR2
Description: Number assigned to the Medicare Administrative Contractor, intermediary or carrier servicing this provider.				

SAS Name: INTRMDRY_CARR_CD
COBOL Name: INTRMDRY-CARR-CD
VALUES: 00000=DUMMY FOR MEDICAID HHA
00010=BLUE CROSS (ALABAMA)
00011=CAHABA
00020=BLUE CROSS (ARKANSAS)
00040=BLUE CROSS (CALIFORNIA)
00060=BLUE CROSS (CONNECTICUT)
00070=BLUE CROSS (DELAWARE)
00090=BLUE CROSS (FLORIDA)
00101=BLUE CROSS (GEORGIA)
00121=HEALTH CARE SERVICE CORPORATION
00122=HCSC - MICHIGAN
00123=HCSC OF MICHIGAN
00130=NATIONAL GOVERNMENT SERVICES
00131=NATIONAL GOVERNMENT SERVICES
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)
00150=BLUE CROSS (KANSAS)
00160=NATIONAL GOVERNMENT SERVICES
00180=NATIONAL GOVERNMENT SERVICES
00181=NATIONAL GOVERNMENT SERVICES

00190=BLUE CROSS (MARYLAND)
 00200=BLUE CROSS (MASSACHUSETTS)
 00210=BLUE CROSS (MICHIGAN)
 00220=BLUE CROSS (MINNESOTA)
 00230=BLUE CROSS (MISSISSIPPI)
 00231=BLUE CROSS (LOUISIANA)
 00233=PINNACLE
 00241=BLUE CROSS (MISSOURI)
 00260=BLUE CROSS (NEBRASKA)
 00270=NATIONAL GOVERNMENT SERVICES
 00280=BLUE CROSS (NEW JERSEY)
 00290=BLUE CROSS (NEW MEXICO)
 00308=NATIONAL GOVERNMENT SERVICES
 00310=BLUE CROSS (NORTH CAROLINA)
 00320=NORIDIAN PART A
 00322=NORIDIAN PART A (AK/WA)
 00323=NORIDIAN PART A (ID/OR)
 00325=NORIDIAN
 00332=NATIONAL GOVERNMENT SERVICES
 00340=BLUE CROSS (OKLAHOMA)
 00350=BLUE CROSS (OREGON)

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 Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				
00468=BLUE CROSS (NORTH CAROLINA FOR PR)				
00510=BLUE SHIELD (ALABAMA)				
00511=CAHABA				
00512=CAHABA				
00520=BLUE SHIELD (ARKANSAS)				
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)				
00542=BLUE SHIELD (CALIFORNIA)				
00550=BLUE SHIELD (COLORADO)				
00570=BLUE SHIELD (DELAWARE)				
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)				

00590=BLUE SHIELD (FLORIDA)
 00621=BLUE SHIELD (ILLINOIS)
 00630=NATIONAL GOVERNMENT SERVICES
 00640=BLUE SHIELD (IOWA)
 00650=BLUE SHIELD (KANSAS)
 00655=BLUE SHIELD (KANSAS/NEBRASKA)
 00660=NATIONAL GOVERNMENT SERVICES
 00690=BLUE SHIELD (MARYLAND)
 00700=BLUE SHIELD (MASSACHUSETTS)
 00710=BLUE SHIELD (MICHIGAN)
 00720=BLUE SHIELD (MINNESOTA)
 00740=BLUE SHIELD (KANSAS CITY)
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
 00780=BLUE SHIELD (TRI-STATE)
 00801=BLUE SHIELD (BUFFALO)
 00803=NATIONAL GOVERNMENT SERVICES
 00805=NATIONAL GOVERNMENT SERVICES
 00821=NORIDIAN
 00824=NORIDIAN GVT SERVICES (CO)
 00826=NORIDIAN GVT SERVICES (IA)
 00831=NORIDIAN GVT SERVICES (AK)
 00832=NORIDIAN GVT SERVICES (AZ)
 00833=NORIDIAN GVT SERVICES (HI)
 00834=NORIDIAN GVT SERVICES (NV)
 00835=NORIDIAN GVT SERVICES (OR)
 00836=NORIDIAN GVT SERVICES (WA)
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
 00865=BLUE SHIELD (PENNSYLVANIA)
 00870=BLUE SHIELD (RHODE ISLAND)
 00880=BLUE SHIELD (SOUTH CAROLINA)
 00883=PALMETTO GBA PART B
 00884=PALMETTO GBA
 00889=NORIDIAN GVT SERVICES (SD)
 00900=BLUE SHIELD (TEXAS)
 00901=TRAILBLAZERS HEALTH ENTERPRISES
 00904=TRAILBLAZER
 00910=BLUE SHIELD (UTAH)
 00930=BLUE SHIELD (WASHINGTON)

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 Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				

01040=AETNA (GEORGIA)
01101=PALMETTO (CALIFORNIA)
01102=PALMETTO (CALIFORNIA (NORTH))
01111=Noridian (CA)
01112=Noridian (NF)
01120=AETNA (HAWAII)
01182=Noridian (SF)
01192=PALMETTO (CALIFORNIA SOUTH)
01201=PALMETTO (HAWAII)
01202=PALMETTO (HAWAII)
01211=Noridian (AS, GU, HI)
01212=Noridian (AS, GU, HI)
01290=AETNA (NEVADA)
01301=PALMETTO (NEVADA)
01302=PALMETTO (NEVADA)
01311=Noridian (NV)
01312=Noridian (NV)
01360=AETNA (NEW MEXICO)
01370=AETNA (OKLAHOMA)
01380=AETNA (OREGON)
01390=AETNA (WASHINGTON)
01901=PALMETTO GBA
01902=PALMETTO GBA
01911=Noridian (AS, GU, HI, NV)
02050=OCCIDENTAL (CALIFORNIA)
02101=Noridian AK
02102=Noridian AK
02201=Noridian ID
02202=Noridian ID
02301=Noridian OR
02302=Noridian OR
02401=Noridian WA
02402=Noridian WA
03001=NORIDIAN ADMIN SERVICES
03101=NORIDAN (ARIZONA)
03102=NORIDAN (ARIZONA)
03201=NORIDAN (MONTANA)
03202=NORIDAN (MONTANA)
03301=NORDIAN (NORTH DAKOTA)
03302=NORDIAN (NORTH DAKOTA)
03401=NORIDIAN (SOUTH DAKOTA)
03402=NORIDIAN (SOUTH DAKOTA)
03501=NORIDIAN (UTAH)
03502=NORIDIAN (UTAH)
03601=NORIDIAN (WYOMING)
03602=NORIDIAN (WYOMING)
04001=TRAILBLAZER
04101=TRAILBLAZER (COLORADO)
04102=TRAILBLAZER (COLORADO)
04111=NOVITAS (COLORADO)
04112=NOVITAS (COLORADO)
04201=TRAILBLAZER (NEW MEXICO)
04202=TRAILBLAZER (NEW MEXICO)
04211=NOVITAS (NEW MEXICO)

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 Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				
05402=WPS (NEBRASKA)				
05440=EQICOR (TENNESSEE)				
05535=EQICOR (NORTH CAROLINA)				
05901=WISCONSIN PHYSICIANS SERVICE				
06001=NGS (WI)				
06004=National Govt Serv HHH				
06101=NGS (IL)				
06102=NGS (IL)				
06201=NGS (MN)				
06202=NGS (MN)				
06301=NGS (WI)				
06302=NGS (WI)				
07101=Novitas AR				
07102=Novitas AR				
07201=Novitas LA				
07202=Novitas LA				
07301=Novitas MS				
07302=Novitas MS				
08101=WPS IN				
08102=WPS IN				
08201=WPS MI				
08202=WPS MI				
09101=FIRST COAST (FLORIDA)				
09102=FIRST COAST (FLORIDA)				
09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)				
09202=FIRST COAST (PUERTO RICO)				
09302=FIRST COAST (VIRGIN ISLANDS)				

10071=TRAVELERS (RRB)
 10101=CAHABA GBA (AL)
 10102=CAHABA GBA (AL)
 10111=PALMETTO GBA (Part A) (AL)
 10201=CAHABA GBA (GA)
 10202=CAHABA GBA (GA)
 10211=PALMETTO GBA (GA)
 10230=TRAVELERS (CONNECTICUT)
 10240=TRAVELERS (MINNESOTA)
 10250=TRAVELERS (MISSISSIPPI)
 10301=CAHABA GBA (TN)
 10302=CAHABA GBA (TN)
 10311=PALMETTO GBA (TN)
 10490=TRAVELERS (VIRGINIA)
 10492=TRAVELERS - VIRGINIA SPECIAL PROJECT
 11004=PALMETTO HHH C
 11201=PALMETTO GBA (SC)
 11202=PALMETTO GBA (SC)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 6
 Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				
12102=Novitas DE				
12201=Novitas DC				
12202=Novitas DC				
12301=Novitas MD				
12302=Novitas MD				
12401=Novitas NJ				
12402=Novitas NJ				
12501=Novitas PA				
12502=Novitas PA				
12901=Novitas Solutions DC, DE, MD, PA				
12902=HIGHMARK				
13101=NATIONAL GOVT SERVICES (CONNECTICUT)				
13102=NATIONAL GOVT SERVICES (CONNECTICUT)				
13201=NATIONAL GOVT SERVICES (NEW YORK)				
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)				
13282=NGS (UN)				
13292=NGS (QN)				
14004=NATIONAL HERITAGE (HHA - A)				
14014=NGS (HHA)				
14101=NATIONAL HERITAGE (MAINE)				
14102=NATIONAL HERITAGE (MAINE)				

14111=NGS (ME)
 14112=NGS (ME)
 14201=NATIONAL HERITAGE (MASSACHUSETTS)
 14202=NATIONAL HERITAGE (MASSACHUSETTS)
 14211=NGS (MA)
 14212=NGS (MA)
 14301=NATIONAL HERITAGE (NEW HAMPSHIRE)
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)
 14311=NGS (NH)
 14312=NGS (NH)
 14330=GROUP HEALTH INC (NEW YORK)
 14401=NATIONAL HERITAGE (RHODE ISLAND)
 14402=NATIONAL HERITAGE (RHODE ISLAND)
 14411=NGS (RI)
 14412=NGS (RI)
 14501=NATIONAL HERITAGE (VERMONT)
 14502=NATIONAL HERITAGE (VERMONT)
 14511=NGS (VT)
 14512=NGS (VT)
 15004=CGS Administrators HHH
 15101=CGS (KENTUCKY)
 15102=CGS (KENTUCKY)
 15201=CGS (OHIO)
 15202=CGS (OHIO)
 16360=NATIONWIDE (OHIO)
 16510=NATIONWIDE (WEST VIRGINIA)
 17120=HAWAII MEDICAL SERVICE ASSOCIATION
 21200=MASSACHUSETTS/MAINE
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)
 31143=NATIONAL HERITAGE INSURANCE CO
 31144=NATIONAL HERITAGE INSURANCE CO
 50333=TRAVELERS (NEW YORK)
 51051=AETNA (PETALUMA)
 51070=AETNA (FARMINGTON)
 51100=AETNA (CLEARWATER)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 7
 Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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51140=AETNA (PEORIA)
 51390=AETNA (FORT WASHINGTON)
 52280=WISCONSIN PHYSICIANS SERVICE
 57400=COOPERATIVA (PUERTO RICO)

Medicaid Vendor Number	15	122	136	VARCHAR2
Description: Number which may be assigned to a provider by the state Medicaid agency for external control or billing purposes.				
SAS Name:	MDCD_VNDR_NUM			
COBOL Name:	MDCD-VNDR-NUM			

Original Participation Date	8	137	144	DATE
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Description: Date a provider is first approved to provide Medicare and/or Medicaid services.

SAS Name: ORGNL_PRTCPTN_DT

COBOL Name: ORGNL-PRTCPTN-DT

Prior CHOW Date 8 145 152 DATE

Description: Effective date of the previous change of ownership for this provider.

SAS Name: CHOW_PRIOR_DT

COBOL Name: CHOW-PRIOR-DT

Prior Medicare Administrative Contractor (MAC) or 5 153 157 VARCHAR2
Intermediary or Carrier Code

Description: Number assigned to the previous Medicare Administrative Contractor, intermediary or carrier servicing this provider.

SAS Name: INTRMDRY_CARR_PRIOR_CD

COBOL Name: INTRMDRY-CARR-PRIOR-CD

VALUES: 00000=DUMMY FOR MEDICAID HHA

00010=BLUE CROSS (ALABAMA)

00011=CAHABA

00020=BLUE CROSS (ARKANSAS)

00040=BLUE CROSS (CALIFORNIA)

00060=BLUE CROSS (CONNECTICUT)

00070=BLUE CROSS (DELAWARE)

00090=BLUE CROSS (FLORIDA)

00101=BLUE CROSS (GEORGIA)

00121=HEALTH CARE SERVICE CORPORATION

00122=HCSC - MICHIGAN

00123=HCSC OF MICHIGAN

00130=NATIONAL GOVERNMENT SERVICES

00131=NATIONAL GOVERNMENT SERVICES

00140=BLUE CROSS (IOWA/SOUTH DAKOTA)

00150=BLUE CROSS (KANSAS)

00160=NATIONAL GOVERNMENT SERVICES

00180=NATIONAL GOVERNMENT SERVICES

00181=NATIONAL GOVERNMENT SERVICES

00190=BLUE CROSS (MARYLAND)

00200=BLUE CROSS (MASSACHUSETTS)

00210=BLUE CROSS (MICHIGAN)

00220=BLUE CROSS (MINNESOTA)

00230=BLUE CROSS (MISSISSIPPI)

00231=BLUE CROSS (LOUISIANA)

00233=PINNACLE

00241=BLUE CROSS (MISSOURI)

00260=BLUE CROSS (NEBRASKA)

00270=NATIONAL GOVERNMENT SERVICES

00280=BLUE CROSS (NEW JERSEY)

00290=BLUE CROSS (NEW MEXICO)

00308=NATIONAL GOVERNMENT SERVICES

00310=BLUE CROSS (NORTH CAROLINA)

00320=NORIDIAN PART A

SHORT DESCRIPTION	LEN	START	END	TYPE
00322=NORIDIAN PART A (AK/WA)				
00323=NORIDIAN PART A (ID/OR)				
00325=NORIDIAN				
00332=NATIONAL GOVERNMENT SERVICES				
00340=BLUE CROSS (OKLAHOMA)				
00350=BLUE CROSS (OREGON)				
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				
00468=BLUE CROSS (NORTH CAROLINA FOR PR)				
00510=BLUE SHIELD (ALABAMA)				
00511=CAHABA				
00512=CAHABA				
00520=BLUE SHIELD (ARKANSAS)				
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)				
00542=BLUE SHIELD (CALIFORNIA)				
00550=BLUE SHIELD (COLORADO)				
00570=BLUE SHIELD (DELAWARE)				
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)				
00590=BLUE SHIELD (FLORIDA)				
00621=BLUE SHIELD (ILLINOIS)				
00630=NATIONAL GOVERNMENT SERVICES				
00640=BLUE SHIELD (IOWA)				
00650=BLUE SHIELD (KANSAS)				
00655=BLUE SHIELD (KANSAS/NEBRASKA)				
00660=NATIONAL GOVERNMENT SERVICES				
00690=BLUE SHIELD (MARYLAND)				
00700=BLUE SHIELD (MASSACHUSETTS)				
00710=BLUE SHIELD (MICHIGAN)				
00720=BLUE SHIELD (MINNESOTA)				
00740=BLUE SHIELD (KANSAS CITY)				
00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)				
00780=BLUE SHIELD (TRI-STATE)				
00801=BLUE SHIELD (BUFFALO)				
00803=NATIONAL GOVERNMENT SERVICES				
00805=NATIONAL GOVERNMENT SERVICES				

00821=NORIDIAN
 00824=NORIDIAN GVT SERVICES (CO)
 00826=NORIDIAN GVT SERVICES (IA)
 00831=NORIDIAN GVT SERVICES (AK)
 00832=NORIDIAN GVT SERVICES (AZ)
 00833=NORIDIAN GVT SERVICES (HI)
 00834=NORIDIAN GVT SERVICES (NV)
 00835=NORIDIAN GVT SERVICES (OR)
 00836=NORIDIAN GVT SERVICES (WA)
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
 00865=BLUE SHIELD (PENNSYLVANIA)
 00870=BLUE SHIELD (RHODE ISLAND)
 00880=BLUE SHIELD (SOUTH CAROLINA)
 00883=PALMETTO GBA PART B
 00884=PALMETTO GBA

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 9
 Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00889=NORIDIAN GVT SERVICES (SD)				
00900=BLUE SHIELD (TEXAS)				
00901=TRAILBLAZERS HEALTH ENTERPRISES				
00904=TRAILBLAZER				
00910=BLUE SHIELD (UTAH)				
00930=BLUE SHIELD (WASHINGTON)				
00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH)				
01111=Noridian (CA)				
01112=Noridian (NF)				
01120=AETNA (HAWAII)				
01182=Noridian (SF)				
01192=PALMETTO (CALIFORNIA SOUTH)				
01201=PALMETTO (HAWAII)				
01202=PALMETTO (HAWAII)				
01211=Noridian (AS, GU, HI)				
01212=Noridian (AS, GU, HI)				
01290=AETNA (NEVADA)				
01301=PALMETTO (NEVADA)				
01302=PALMETTO (NEVADA)				
01311=Noridian (NV)				
01312=Noridian (NV)				

01360=AETNA (NEW MEXICO)
 01370=AETNA (OKLAHOMA)
 01380=AETNA (OREGON)
 01390=AETNA (WASHINGTON)
 01901=PALMETTO GBA
 01902=PALMETTO GBA
 01911=Noridian (AS, GU, HI, NV)
 02050=OCCIDENTAL (CALIFORNIA)
 02101=Noridian AK
 02102=Noridian AK
 02201=Noridian ID
 02202=Noridian ID
 02301=Noridian OR
 02302=Noridian OR
 02401=Noridian WA
 02402=Noridian WA
 03001=NORIDIAN ADMIN SERVICES
 03101=NORIDAN (ARIZONA)
 03102=NORIDAN (ARIZONA)
 03201=NORIDAN (MONTANA)
 03202=NORIDAN (MONTANA)
 03301=NORDIAN (NORTH DAKOTA)
 03302=NORDIAN (NORTH DAKOTA)
 03401=NORIDIAN (SOUTH DAKOTA)
 03402=NORIDIAN (SOUTH DAKOTA)
 03501=NORIDIAN (UTAH)
 03502=NORIDIAN (UTAH)
 03601=NORIDIAN (WYOMING)
 03602=NORIDIAN (WYOMING)
 04001=TRAILBLAZER
 04101=TRAILBLAZER (COLORADO)
 04102=TRAILBLAZER (COLORADO)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 10
 Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04111=NOVITAS (COLORADO)				
04112=NOVITAS (COLORADO)				
04201=TRAILBLAZER (NEW MEXICO)				
04202=TRAILBLAZER (NEW MEXICO)				
04211=NOVITAS (NEW MEXICO)				
04212=NOVITAS (NEW MEXICO)				
04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				

04911=NOVITAS
05101=WPS (IOWA)
05102=WPS (IOWA)
05130=EQICOR (IDAHO)
05201=WPS (KANSAS)
05202=WPS (KANSAS)
05301=WPS (MISSOURI)
05302=WPS (MISSOURI WEST)
05392=WPS (MISSOURI EAST)
05401=WPS (NEBRASKA)
05402=WPS (NEBRASKA)
05440=EQICOR (TENNESSEE)
05535=EQICOR (NORTH CAROLINA)
05901=WISCONSIN PHYSICIANS SERVICE
06001=NGS (WI)
06004=National Govt Serv HHH
06101=NGS (IL)
06102=NGS (IL)
06201=NGS (MN)
06202=NGS (MN)
06301=NGS (WI)
06302=NGS (WI)
07101=Novitas AR
07102=Novitas AR
07201=Novitas LA
07202=Novitas LA
07301=Novitas MS
07302=Novitas MS
08101=WPS IN
08102=WPS IN
08201=WPS MI
08202=WPS MI
09101=FIRST COAST (FLORIDA)
09102=FIRST COAST (FLORIDA)
09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)
09202=FIRST COAST (PUERTO RICO)
09302=FIRST COAST (VIRGIN ISLANDS)
10071=TRAVELERS (RRB)
10101=CAHABA GBA (AL)
10102=CAHABA GBA (AL)
10111=PALMETTO GBA (Part A) (AL)
10201=CAHABA GBA (GA)
10202=CAHABA GBA (GA)
10211=PALMETTO GBA (GA)
10230=TRAVELERS (CONNECTICUT)
10240=TRAVELERS (MINNESOTA)
10250=TRAVELERS (MISSISSIPPI)
10301=CAHABA GBA (TN)
10302=CAHABA GBA (TN)

SHORT DESCRIPTION

LEN START END TYPE

10311=PALMETTO GBA (TN)
10490=TRAVELERS (VIRGINIA)
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT
11004=PALMETTO HHH C
11201=PALMETTO GBA (SC)
11202=PALMETTO GBA (SC)
11260=GENERAL AMERICAN
11301=PALMETTO GBA (VA)
11302=PALMETTO GBA (VA)
11401=PALMETTO GBA (WV)
11402=PALMETTO GBA (WV)
11501=PALMETTO GBA (NC)
11502=PALMETTO GBA (NC)
12101=Novitas DE
12102=Novitas DE
12201=Novitas DC
12202=Novitas DC
12301=Novitas MD
12302=Novitas MD
12401=Novitas NJ
12402=Novitas NJ
12501=Novitas PA
12502=Novitas PA
12901=Novitas Solutions DC, DE, MD, PA
12902=HIGHMARK
13101=NATIONAL GOVT SERVICES (CONNECTICUT)
13102=NATIONAL GOVT SERVICES (CONNECTICUT)
13201=NATIONAL GOVT SERVICES (NEW YORK)
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)
13282=NGS (UN)
13292=NGS (QN)
14004=NATIONAL HERITAGE (HHA - A)
14014=NGS (HHA)
14101=NATIONAL HERITAGE (MAINE)
14102=NATIONAL HERITAGE (MAINE)
14111=NGS (ME)
14112=NGS (ME)
14201=NATIONAL HERITAGE (MASSACHUSETTS)
14202=NATIONAL HERITAGE (MASSACHUSETTS)
14211=NGS (MA)
14212=NGS (MA)
14301=NATIONAL HERITAGE (NEW HAMPSHIRE)
14302=NATIONAL HERITAGE (NEW HAMPSHIRE)
14311=NGS (NH)
14312=NGS (NH)
14330=GROUP HEALTH INC (NEW YORK)
14401=NATIONAL HERITAGE (RHODE ISLAND)
14402=NATIONAL HERITAGE (RHODE ISLAND)
14411=NGS (RI)
14412=NGS (RI)
14501=NATIONAL HERITAGE (VERMONT)
14502=NATIONAL HERITAGE (VERMONT)

14511=NGS (VT)
 14512=NGS (VT)
 15004=CGS Administrators HHH
 15101=CGS (KENTUCKY)
 15102=CGS (KENTUCKY)
 15201=CGS (OHIO)
 15202=CGS (OHIO)
 16360=NATIONWIDE (OHIO)
 16510=NATIONWIDE (WEST VIRGINIA)
 17120=HAWAII MEDICAL SERVICE ASSOCIATION
 21200=MASSACHUSETTS/MAINE
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 12
 Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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31143=NATIONAL HERITAGE INSURANCE CO				
31144=NATIONAL HERITAGE INSURANCE CO				
50333=TRAVELERS (NEW YORK)				
51051=AETNA (PETALUMA)				
51070=AETNA (FARMINGTON)				
51100=AETNA (CLEARWATER)				
51140=AETNA (PEORIA)				
51390=AETNA (FORT WASHINGTON)				
52280=WISCONSIN PHYSICIANS SERVICE				
57400=COOPERATIVA (PUERTO RICO)				

CCN	10	158	167	VARCHAR2
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Description: Six or ten position identification number that is
 assigned to a certified provider. This is the CMS
 Certification Number.

SAS Name: PRVDR_NUM

COBOL Name: PRVDR-NUM

Region Code	2	168	169	VARCHAR2
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Description: Indicates the CMS Regional Office responsible for the
 certification of the provider.

SAS Name: RGN_CD

COBOL Name: RGN-CD

VALUES: 01=Boston

02=New York

03=Philadelphia

04=Atlanta

05=Chicago

06=Dallas

07=Kansas City

08=Denver

09=San Francisco

10=Seattle

Skeleton Record Indicator	1	170	170	VARCHAR2
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Description: Indicates if the record is a skeleton record. Only a limited set of data is available for this provider; no survey data exists. Only provider categories 01,17,19,21and 22 can have skeleton providers.

SAS Name: SKLTN_REC_SW
COBOL Name: SKLTN-REC-SW

State Abbreviation 2 171 172 VARCHAR2

Description: Two-character state abbreviation.

SAS Name: STATE_CD
COBOL Name: STATE-CD
VALUES: AK=ALASKA

AL=ALABAMA
AR=ARKANSAS
AS=AMERICAN SAMOA
AZ=ARIZONA
CA=CALIFORNIA
CN=CANADA
CO=COLORADO
CT=CONNECTICUT
DC=DISTRICT OF COLUMBIA
DE=DELAWARE
FL=FLORIDA
FN=INTERNATIONAL
GA=GEORGIA
GU=GUAM
HI=HAWAII
IA=IOWA
ID=IDAHO

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 13
Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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IL=ILLINOIS				
IN=INDIANA				
KS=KANSAS				
KY=KENTUCKY				
LA=LOUISIANA				
MA=MASSACHUSETTS				
MD=MARYLAND				
ME=MAINE				
MI=MICHIGAN				
MN=MINNESOTA				
MO=MISSOURI				
MP=SAIPAN				
MS=MISSISSIPPI				
MT=MONTANA				
MX=MEXICO				
NC=NORTH CAROLINA				
ND=NORTH DAKOTA				
NE=NEBRASKA				

19=LOUISIANA
20=MAINE
21=MARYLAND
22=MASSACHUSETTS
23=MICHIGAN
24=MINNESOTA
25=MISSISSIPPI
26=MISSOURI
27=MONTANA
28=NEBRASKA
29=NEVADA
30=NEW HAMPSHIRE
31=NEW JERSEY
32=NEW MEXICO
33=NEW YORK
34=NORTH CAROLINA
35=NORTH DAKOTA
36=OHIO
37=OKLAHOMA
38=OREGON
39=PENNSYLVANIA
40=PUERTO RICO
41=RHODE ISLAND
42=SOUTH CAROLINA
43=SOUTH DAKOTA
44=TENNESSEE
45=TEXAS
46=UTAH
47=VERMONT
48=VIRGIN ISLANDS
49=VIRGINIA
50=WASHINGTON
51=WEST VIRGINIA
52=WISCONSIN
53=WYOMING
54=AFRICA
56=CANADA
57=WEST INDIES
58=EUROPE
59=MEXICO
60=OCEANIA
61=PHILIPPINES
62=SOUTH AMERICA
63=UNITED STATES POSSESSIONS
64=AMERICAN SAMOA
65=GUAM
66=SAIPAN
99=INTERNATIONAL

State Region Code	3	175	177	VARCHAR2
Description: Identifies the region within a state where the provider is located.				
SAS Name: STATE_RGN_CD				
COBOL Name: STATE-RGN-CD				

VALUES: AK/001=ALASKA
 AK/LAB=LABORATORIES
 AK/NPH=NON-PARTICIPATING HOSPITAL
 AL/001=ALABAMA
 AL/LAB=LABORATORIES
 AL/NPH=NON-PARTICIPATING HOSPITAL
 AR/001=ARKANSAS
 AR/LAB=LABORATORIES
 AR/NPH=NON-PARTICIPATING HOSPITAL

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 15
 Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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AS/001=AMERICAN SAMOA				
AS/LAB=LABORATORY				
AS/NPH=NON-PARTICIPATING HOSPITAL				
AZ/AZ=PHOENIX				
AZ/LAB=ARIZONA LAB				
AZ/NPH=NON-PARTICIPATING HOSPITAL				
AZ/TUC=TUCSON				
CA/001=CALIFORNIA				
CA/BAK=BAKERSFIELD				
CA/BER=SAN BERNARDINO				
CA/EB=East Bay				
CA/FR=FRESNO				
CA/L1=L.A. WEST				
CA/L2=L.A. NORTH				
CA/L3=L.A. CENTRAL				
CA/L4=L.A. EAST				
CA/L5=SAN GABRIEL				
CA/LA1=LA Region 1				
CA/LA2=LA Region 2				
CA/LA3=LA Region 3				
CA/LA4=LA Acute/Ancillary				
CA/LA5=LA HHA/Hospice				
CA/LA6=LA ICF/DD/CLinics				
CA/LAB=LABORATORIES				
CA/M1=LAB. SOUTH				
CA/M2=LAB. NORTH				
CA/NPH=NON-PARTICIPATING HOSPITAL				
CA/ORG=ORANGE				
CA/RIV=RIVERSIDE				
CA/S1=SACRAMENTO				
CA/S3=CHICO				
CA/SD=SAN DIEGO				
CA/SF=SAN FRANCISCO				
CA/SJ=SAN JOSE				
CA/SR=SANTA ROSA				
CA/VEN=VENTURA				
CN/001=CANADA				
CN/LAB=LABORATORY				

CN/NPH=NON-PARTICIPATING HOSPITAL
 CO/001=COLORADO
 CO/LAB=LABORATORIES
 CO/NPH=NON-PARTICIPATING HOSPITAL
 CT/001=CONNECTICUT
 CT/LAB=LABORATORIES
 CT/NPH=NON-PARTICIPATING HOSPITAL
 DC/001=DISTRICT OF COLUMBIA
 DC/LAB=LABORATORIES
 DC/NPH=NON-PARTICIPATING HOSPITAL
 DE/001=DELAWARE
 DE/LAB=LABORATORIES
 DE/NPH=NON-PARTICIPATING HOSPITAL
 FL/001=FLORIDA
 FL/FTM=FT. MYERS
 FL/GAI=GAINESVILLE
 FL/JAX=JACKSONVILLE
 FL/LAB=LABORATORIES
 FL/LAN=LANTANA
 FL/LAU=LAUDERHILL
 FL/MIA=MIAMI
 FL/NPH=NON-PARTICIPATING HOSPITAL
 FL/ORL=ORLANDO
 FL/PEN=PENSACOLA
 FL/STP=ST. PETERSBURG
 FL/TAL=TALLAHASSEE

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 16
 Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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FL/TAM=TAMPA
 FM/001=FEDERATED STATES OF MICRO
 FM/NPH=NON-PARTICIPATING HOSPITAL
 FN/001=INTERNATIONAL
 FN/LAB=LABORATORIES
 FN/NPH=NON-PARTICIPATING HOSPITAL
 GA/001=GEORGIA
 GA/GAA=GEORGIA ALL
 GA/GAC=GEORGIA CENTRAL
 GA/GAE=GEORGIA EASTERN
 GA/GAN=GEORGIA NORTH
 GA/GAS=GEORGIA SOUTH
 GA/GAW=GEORGIA WESTERN
 GA/LAB=LABORATORIES
 GA/NPH=NON-PARTICIPATING HOSPITAL
 GU/001=GUAM
 GU/LAB=LABORATORIES
 GU/NPH=NON-PARTICIPATING HOSPITAL
 HI/001=HAWAII
 HI/LAB=LABORATORIES
 HI/NPH=NON-PARTICIPATING HOSPITAL

IA/001=IOWA
 IA/LAB=LABORATORIES
 IA/NPH=NON-PARTICIPATING HOSPITAL
 ID/001=IDAHO
 ID/LAB=LABORATORIES
 ID/NPH=NON-PARTICIPATING HOSPITAL
 IL/001=ILLINOIS
 IL/LAB=LABORATORIES
 IL/NPH=NON-PARTICIPATING HOSPITAL
 IN/001=INDIANA
 IN/LAB=LABORATORIES
 IN/NPH=NON-PARTICIPATING HOSPITAL
 KS/001=KANSAS
 KS/KCK=KANSAS CITY
 KS/KDH=KDHE
 KS/LAB=LABORATORIES
 KS/LAW=LAWRENCE
 KS/NC=NORTH CENTRAL KANSAS
 KS/NE=NORTH EAST KANSAS
 KS/NPH=NON-PARTICIPATING HOSPITAL
 KS/NW=NORTH WEST KANSAS
 KS/SC=SOUTH CENTRAL KANSAS
 KS/SE=SOUTH EAST KANSAS
 KS/SW=SOUTH WEST KANSAS
 KS/WST=WEST
 KY/2C1=HOPKINSVILLE
 KY/2C2=LOUISVILLE
 KY/2C3=LONDON
 KY/2C4=LEXINGTON
 KY/LAB=LABORATORIES
 KY/NPH=NON-PARTICIPATING HOSPITAL
 LA/001=LOUISIANA
 LA/LA1=NEW ORLEANS
 LA/LA2=MANDEVILLE
 LA/LA3=LAFAYETTE
 LA/LA4=MONROE
 LA/LA5=SHREVEPORT
 LA/LA6=ALEXANDRIA
 LA/LAB=LABORATORIES
 LA/LB1=CLIA NEW ORLEANS
 LA/LB5=CLIA SHREVEPORT
 LA/LB6=CLIA ALEXANDRIA
 LA/NPH=NON-PARTICIPATING HOSPITAL

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 17
 Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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MA/001=MASSACHUSETTS
 MA/LAB=LABORATORIES
 MA/NPH=NON-PARTICIPATING HOSPITAL
 MD/001=MARYLAND

MD/LAB=LABORATORIES
MD/NPH=NON-PARTICIPATING HOSPITAL
ME/001=MAINE
ME/LAB=LABORATORIES
ME/NPH=NON-PARTICIPATING HOSPITAL
MH/001=MARSHALL ISLANDS
MH/NPH=NON-PARTICIPATING HOSPITAL
MI/001=MICHIGAN
MI/LAB=LABORATORIES
MI/NPH=NON-PARTICIPATING HOSPITAL
MN/001=MINNESOTA
MN/LAB=LABORATORIES
MN/NPH=NON-PARTICIPATING HOSPITAL
MO/001=MISSOURI
MO/01=REGION01
MO/02=REGION02
MO/03=REGION 03
MO/04=REGION 04
MO/05=REGION 05
MO/06=REGION 06
MO/07=REGION 07
MO/1NH=REGION 1 NH
MO/2NH=REGION 2 NH
MO/3NH=REGION 3 NH
MO/4NH=REGION 4 NH
MO/5NH=REGION 5 NH
MO/6NH=REGION 6 NH
MO/7NH=REGION 7 NH
MO/LAB=LABORATORIES
MO/MO=STATEWIDE
MO/NPH=NON-PARTICIPATING HOSPITAL
MP/001=NORTHERN MARIANA ISLANDS
MP/LAB=LABORATORIES
MP/NPH=NON-PARTICIPATING HOSPITAL
MS/001=MISSISSIPPI
MS/LAB=LABORATORIES
MS/NPH=NON-PARTICIPATING HOSPITAL
MT/001=MONTANA
MT/LAB=LABORATORIES
MT/NPH=NON-PARTICIPATING HOSPITAL
MX/001=MEXICO
MX/LAB=LABORATORY
MX/NPH=NON-PARTICIPATING HOSPITAL
NC/001=NORTH CAROLINA
NC/LAB=LABORATORIES
NC/NCC=NORTH CAROLINA CENTRAL
NC/NCE=NORTH CAROLINA EAST
NC/NCN=NORTH CAROLINA NORTH
NC/NCS=NORTH CAROLINA SOUTH
NC/NCW=NORTH CAROLINA WEST
NC/NPH=NON-PARTICIPATING HOSPITAL
ND/001=NORTH DAKOTA
ND/LAB=LABORATORIES
ND/NPH=NON-PARTICIPATING HOSPITAL

NE/001=NEBRASKA
NE/1=NORTH CENTRAL
NE/2=CENTRAL
NE/3=NORTHEAST
NE/4=SOUTHEAST
NE/5=WESTERN

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 18
Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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NE/LAB=LABORATORIES				
NE/NPH=NON-PARTICIPATING HOSPITAL				
NH/001=NEW HAMPSHIRE				
NH/LAB=LABORATORIES				
NH/NPH=NON-PARTICIPATING HOSPITAL				
NJ/001=NEW JERSEY				
NJ/LAB=LABORATORIES				
NJ/NPH=NON-PARTICIPATING HOSPITAL				
NM/001=NEW MEXICO				
NM/LAB=LABORATORIES				
NM/NPH=NON-PARTICIPATING HOSPITAL				
NV/001=NEVADA				
NV/CC=CARSON CITY				
NV/LAB=LABORATORIES				
NV/LV=LAS VEGAS				
NV/NPH=NON-PARTICIPATING HOSPITAL				
NY/001=BUFFALO				
NY/002=ROCHESTER				
NY/003=SYRACUSE				
NY/004=ALBANY				
NY/005=NEW ROCHELLE				
NY/006=NEW YORK CITY				
NY/007=SUFFOLK/NASSAU COUNTY				
NY/LAB=LABORATORIES				
NY/NPH=NON-PARTICIPATING HOSPITAL				
OH/001=OHIO				
OH/LAB=LABORATORIES				
OH/NPH=NON-PARTICIPATING HOSPITAL				
OK/001=OKLAHOMA				
OK/LAB=LABORATORIES				
OK/NPH=NON-PARTICIPATING HOSPITAL				
OR/001=OFFICE #1				
OR/002=OFFICE #2				
OR/003=OFFICE #3				
OR/LAB=LABORATORIES				
OR/NPH=NON-PARTICIPATING HOSPITAL				
PA/001=PENNSYLVANIA				
PA/LAB=LABORATORIES				
PA/NPH=NON-PARTICIPATING HOSPITAL				
PR/001=PUERTO RICO				
PR/LAB=LABORATORIES				

PR/NPH=NON-PARTICIPATING HOSPITAL
 PW/001=PALAU
 PW/NPH=NON-PARTICIPATING HOSPITAL
 RI/001=RHODE ISLAND
 RI/LAB=LABORATORIES
 RI/NPH=NON-PARTICIPATING HOSPITAL
 SC/001=SOUTH CAROLINA
 SC/LAB=LABORATORIES
 SC/NPH=NON-PARTICIPATING HOSPITAL
 SD/001=SOUTH DAKOTA
 SD/LAB=LABORATORIES
 SD/NPH=NON-PARTICIPATING HOSPITAL
 TN/001=TENNESSEE
 TN/LAB=LABORATORIES
 TN/NPH=NON-PARTICIPATING HOSPITAL
 TN/TNC=TENNESSEE COOKEVILLE
 TN/TNE=TENNESSEE EASTERN
 TN/TNM=TENNESSEE MIDDLE
 TN/TNW=TENNESSEE WESTERN
 TX/001=TEXAS
 TX/L01=AMARILLO-LTC
 TX/L02=ABILENE-LTC
 TX/L03=ARLINGTON-LTC

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 Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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TX/L04=TYLER-LTC				
TX/L05=TEMPLE-LTC				
TX/L06=HOUSTON-LTC				
TX/L07=SAN ANTONIO-LTC				
TX/LAB=LABORATORIES				
TX/NPH=NON-PARTICIPATING HOSPITAL				
TX/TX1=LUBBOCK				
TX/TX2=ARLINGTON				
TX/TX3=SAN ANTONIO				
TX/TX4=HOUSTON				
TX/TX5=TYLER				
TX/TX6=AUSTIN				
UT/001=UTAH				
UT/LAB=LABORATORIES				
UT/NPH=NON-PARTICIPATING HOSPITAL				
VA/001=VIRGINIA				
VA/LAB=LABORATORIES				
VA/NPH=NON-PARTICIPATING HOSPITAL				
VI/001=VIRGIN ISLANDS				
VI/LAB=LABORATORIES				
VI/NPH=NON-PARTICIPATING HOSPITAL				
VT/001=VERMONT				
VT/LAB=LABORATORIES				
VT/NPH=NON-PARTICIPATING HOSPITAL				

WA/001=ALL OTHERS (NON-LTC FAC)
 WA/D1=SPOKANE & YAKIMA AREAS
 WA/D1A=District 1, Unit A
 WA/D1B=District 1, Unit B
 WA/D1C=District 1, Unit C
 WA/D1D=District 1, Unit D
 WA/D2=SPOKANE & SE
 WA/D2A=District 2, Unit A
 WA/D2B=District 2, Unit B
 WA/D2C=District 2, Unit C
 WA/D2D=District 2, Unit D
 WA/D2E=District 2, Unit E
 WA/D2F=District 2, Unit F
 WA/D2G=District 2, Unit G
 WA/D2H=District 2, Unit H
 WA/D3=NW WASHINGTON
 WA/D3A=District 3, Unit A
 WA/D3B=District 3, Unit B
 WA/D3C=District 3, Unit C
 WA/D3D=District 3, Unit D
 WA/D3E=District 3, Unit E
 WA/D4A=GREATER SEATTLE AREA
 WA/D4B=S KING COUNTY
 WA/D5A=PIERCE CTY & PENINSULA
 WA/D5B=PIERCE CTY & GRAYS HARBOR
 WA/D6=OLYMPIA AREA
 WA/LAB=LABORATORIES
 WA/NPH=NON-PARTICIPATING HOSPITAL
 WI/001=WISCONSIN
 WI/LAB=LABORATORIES
 WI/NPH=NON-PARTICIPATING HOSPITAL
 WV/001=WEST VIRGINIA
 WV/LAB=LABORATORIES
 WV/NPH=NON-PARTICIPATING HOSPITAL
 WY/001=WYOMING
 WY/LAB=LABORATORIES
 WY/NPH=NON-PARTICIPATING HOSPITAL

Address: Street 50 178 227 VARCHAR2
 Description: Street address where the provider is located.

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 Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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SAS Name: ST_ADR
 COBOL Name: ST-ADR

Telephone Number 10 228 237 VARCHAR2
 Description: Telephone number of the provider.
 SAS Name: PHNE_NUM
 COBOL Name: PHNE-NUM

Termination Code 2 238 239 VARCHAR2

Description: Indicates the current termination status for the provider.

SAS Name: PGM_TRMNTN_CD

COBOL Name: PGM-TRMNTN-CD

VALUES: 00=ACTIVE PROVIDER

01=VOLUNTARY-MERGER, CLOSURE

02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT

03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION

04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL

05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ

06=INVOLUNTARY-FAILURE TO MEET AGREEMENT

07=OTHER-PROVIDER STATUS CHANGE

08=NONPAYMENT OF FEES - CLIA Only

09=REV/UNSUCCESSFUL PARTICIPATION IN PT - CLIA Only

10=REV/OTHER REASON - CLIA Only

11=INCOMPLETE CLIA APPLICATION INFORMATION - CLIA Only

12=NO LONGER PERFORMING TESTS - CLIA Only

13=MULTIPLE TO SINGLE SITE CERTIFICATE - CLIA Only

14=SHARED LABORATORY - CLIA Only

15=FAILURE TO RENEW WAIVER PPM CERTIFICATE - CLIA Only

16=DUPLICATE CLIA NUMBER - CLIA Only

17=MAIL RETURNED NO FORWARD ADDRESS CERT ENDED - CLIA Only

20=NOTIFICATION BANKRUPTCY - CLIA Only

33=ACCREDITATION NOT CONFIRMED - CLIA Only

80=AWAITING STATE APPROVAL

99=OIG ACTION - DO NOT ACTIVATE - CLIA Only

Termination or Expiration Date 8 240 247 DATE

Description: Date the provider was terminated. For CLIA providers, date the laboratory's certificate was terminated or the expiration date of the current CLIA certificate.

SAS Name: TRMNTN_EXPRTN_DT

COBOL Name: TRMNTN-EXPRTN-DT

Type of Action Code 1 248 248 VARCHAR2

Description: Identifies the reason for the certification. Type of action from the official survey record, CMS 1539 form.

SAS Name: CRTFCTN_ACTN_TYPE_CD

COBOL Name: CRTFCTN-ACTN-TYPE-CD

VALUES: 1=INITIAL

2=RECERTIFICATION

3=TERMINATION

4=CHANGE OF OWNERSHIP

5=VALIDATION

8=FULL SURVEY AFTER COMPLAINT

Ownership Type Code 2 249 250 VARCHAR2

Description: Indicates the ownership type of the provider.

SAS Name: GNRL_CNTL_TYPE_CD

COBOL Name: GNRL-CTRL-TYPE-CD

VALUES: 01=VOLUNTARY NON PROFIT - RELIGIOUS AFFILIATION

02=VOLUNTARY NON-PROFIT - PRIVATE

03=VOLUNTARY NON-PROFIT - OTHER
04=PROPRIETARY
05=GOVERNMENT - STATE/COUNTY

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Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
06=GOVERNMENT - COMBINATION GOVT & VOLUNTARY				
07=GOVERNMENT - LOCAL				

Address: ZIP Code 5 251 255 VARCHAR2
Description: Five-digit ZIP code for a provider's physical address.
SAS Name: ZIP_CD
COBOL Name: ZIP-CD

FIPS State Code 2 256 257 VARCHAR2
Description: FIPS State Code
SAS Name: FIPS_STATE_CD
COBOL Name: FIPS-STATE-CD
VALUES: 01=ALABAMA

02=ALASKA
04=ARIZONA
05=ARKANSAS
06=CALIFORNIA
08=COLORADO
09=CONNECTICUT
10=DELAWARE
11=DISTRICT OF COLUMBIA
12=FLORIDA
13=GEORGIA
15=HAWAII
16=IDAHO
17=ILLINOIS
18=INDIANA
19=IOWA
20=KANSAS
21=KENTUCKY
22=LOUISIANA
23=MAINE
24=MARYLAND
25=MASSACHUSETTS
26=MICHIGAN
27=MINNESOTA
28=MISSISSIPPI
29=MISSOURI
30=MONTANA
31=NEBRASKA
32=NEVADA
33=NEW HAMPSHIRE
34=NEW JERSEY
35=NEW MEXICO

36=NEW YORK
 37=NORTH CAROLINA
 38=NORTH DAKOTA
 39=OHIO
 40=OKLAHOMA
 41=OREGON
 42=PENNSYLVANIA
 43=PUERTO RICO
 44=RHODE ISLAND
 45=SOUTH CAROLINA
 46=SOUTH DAKOTA
 47=TENNESSEE
 48=TEXAS
 49=UTAH
 50=VERMONT
 51=VIRGINIA
 53=WASHINGTON
 54=WEST VIRGINIA
 55=WISCONSIN
 56=WYOMING

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 Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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64=AMERICAN SAMOA
 65=GUAM
 66=SAIPAN/MARIANA IS.
 78=VIRGIN ISLANDS

FIPS County Code	3	258	260	VARCHAR2
Description: FIPS County Code				
SAS Name: FIPS_CNTY_CD				
COBOL Name: FIPS-CNTY-CD				

CBSA Urban Rural Indicator	1	261	261	VARCHAR2
Description: CBSA (Core Based Statistical Area) indicates whether the county is defined as Urban or Rural.				
SAS Name: CBSA_URBN_RRL_IND				
COBOL Name: CBSA-URBN-RRL-IND				

CBSA Code	5	262	266	VARCHAR2
Description: CBSA (Core Based Statistical Area) geographic entities defined by the U.S. Office of Management and Budget (OMB) on June 6, 2003 for use by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics. CBSA collectively refers to MSA.				
SAS Name: CBSA_CD				
COBOL Name: CBSA-CD				

*Accreditation Type Code	1	283	283	VARCHAR2
Description: Indicates an accrediting organization deeming the				

provider. If a provider is deemed by multiple accrediting organizations then the accrediting organization with the earliest active deeming effective date is displayed in this field.

SAS Name: ACRDTN_TYPE_CD

COBOL Name: ACRDTN-TYPE-CD

VALUES: 0=UNACCREDITED

1=JC

2=CHAP

3=ACHC

Services: Laboratory Code 1 313 313 CHAR

Description: Indicates how laboratory services are provided.

SAS Name: LAB_SRVC_CD

COBOL Name: LAB-SRVC-CD

VALUES: 0=NOT PROVIDED

1=PROVIDED BY STAFF

2=PROVIDED UNDER ARRANGEMENT

3=COMBINATION

Services: Pharmacy Code 1 314 314 CHAR

Description: Indicates how pharmaceutical services are provided.

SAS Name: PHRMCY_SRVC_CD

COBOL Name: PHRMCY-SRVC-CD

VALUES: 0=NOT PROVIDED

1=PROVIDED BY STAFF

2=PROVIDED UNDER ARRANGEMENT

3=COMBINATION

Branch Count 3 377 379 NUMBER

Description: Number of branches operated by the home health agency.

SAS Name: BRNCH_CNT

COBOL Name: BRNCH-CNT

Branch Operation Indicator 1 380 380 VARCHAR2

Description: Indicates if the home health agency operates any branches.

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Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

SAS Name: BRNCH_OPRTN_SW

COBOL Name: BRNCH-OPRTN-SW

Category-specific Facility Type Code 2 388 389 VARCHAR2

Description: Indicates the category-specific facility type code, for certain provider categories only.

SAS Name: GNRL_FAC_TYPE_CD

COBOL Name: GNRL-FAC-TYPE-CD

VALUES: 01=Visiting Nurse Association

02=Combination Government Voluntary

03=Official Health Agency
04=Rehabilitation Facility Based Program
05=Hospital Based Program
06=Skilled Nursing Facility Based Program
07=Other

CHOW Indicator 1 390 390 VARCHAR2

Description: Indicates if the home health agency has undergone a change of ownership since the last survey.

SAS Name: CHOW_SW

COBOL Name: CHOW-SW

Fiscal Year End Date (MMDD) 4 464 467 VARCHAR2

Description: End date, consisting of the month and day, of the provider's fiscal year.

SAS Name: FY_END_MO_DAY_CD

COBOL Name: FY-END-MO-DAY-CD

HHA Qualified For OPT Indicator 1 479 479 VARCHAR2

Description: Indicates if a home health agency is qualified to provide outpatient physical therapy/speech services.

SAS Name: HHA_QLFYD_OPT_SPCH_SW

COBOL Name: HHA-QLFYD-OPT-SPCH-SW

Home Health Aide Training Program Code 1 480 480 VARCHAR2

Description: Indicates how the agency provides home health aide training and competency evaluation programs.

SAS Name: HH_AIDE_TRNG_PGM_CD

COBOL Name: HH-AIDE-TRNG-PGM-CD

VALUES: 1=HOME HEALTH AIDE TRAINING

2=HOME HEALTH AIDE COMPETENCY EVALUATION PROG.

3=HOME HEALTH AIDE TRAINING/COMPETENCY PROGRAMS

4=NEITHER

Hospice Indicator 1 482 482 VARCHAR2

Description: Indicates if the home health agency also participates in the Medicare program as a hospice.

SAS Name: MDCR_HOSPC_SW

COBOL Name: MDCR-HOSPC-SW

Medicare Hospice Provider Num 10 496 505 CHAR

Description: Medicare hospice provider number

SAS Name: MEDICARE_HOSPICE_PROVIDER_NUM

COBOL Name: MEDICARE-HOSPICE-PROVIDER-NUM

Medicare Medicaid Prvdr Number 6 507 512 CHAR

Description: Medicare/Medicaid provider number

SAS Name: MEDICARE_MEDICAID_PRVDR_NUMBER

COBOL Name: MEDICARE-MEDICAID-PRVDR-NUMBER

Program Participation Code 1 640 640 CHAR

Description: Indicates if the provider participates in Medicare, Medicaid, or both programs.

SAS Name: PGM_PRTCPTN_CD

SHORT DESCRIPTION LEN START END TYPE

COBOL Name: PGM-PRTCPTN-CD

VALUES: 1=MEDICARE ONLY

 2=MEDICAID ONLY

 3=MEDICARE AND MEDICAID

Related Provider Number 10 686 695 CHAR

Description: Related provider number

SAS Name: RELATED_PROVIDER_NUMBER

COBOL Name: RELATED-PROVIDER-NUMBER

Services: Home Health Aide Code 1 698 698 CHAR

Description: Indicates how home health aide services are provided.

SAS Name: HH_AIDE_SRVC_CD

COBOL Name: HH-AIDE-SRVC-CD

VALUES: 0=NOT PROVIDED

 1=PROVIDED BY STAFF

 2=PROVIDED UNDER ARRANGEMENT

 3=COMBINATION

Services: Appliance and Equipment Code 1 701 701 VARCHAR2

Description: Indicates how appliance and equipment services are
provided by a home health agency.

SAS Name: APLNC_EQUIP_SRVC_CD

COBOL Name: APLNC-EQUIP-SRVC-CD

VALUES: 0=NOT PROVIDED

 1=PROVIDED BY STAFF

 2=PROVIDED UNDER ARRANGEMENT

 3=COMBINATION

Services: Interns and Residents Code 1 742 742 VARCHAR2

Description: Indicates how intern and resident services are provided
by a home health agency.

SAS Name: INTRN_RSDNT_SRVC_CD

COBOL Name: INTRN-RSDNT-SRVC-CD

VALUES: 0=NOT PROVIDED

 1=PROVIDED BY STAFF

 2=PROVIDED UNDER ARRANGEMENT

 3=COMBINATION

Services: Medical Social Code 1 743 743 CHAR

Description: Indicates how medical social services are provided.

SAS Name: MDCL_SCL_SRVC_CD

COBOL Name: MDCL-SCL-SRVC-CD

VALUES: 0=NOT PROVIDED

 1=PROVIDED BY STAFF

 2=PROVIDED UNDER ARRANGEMENT

 3=COMBINATION

Services: Nursing Code 1 759 759 CHAR

Description: Indicates how nursing services are provided.

SAS Name: NRSNG_SRVC_CD

COBOL Name: NRSNG-SRVC-CD

VALUES: 0=NOT PROVIDED

1=PROVIDED BY STAFF

2=PROVIDED UNDER ARRANGEMENT

3=COMBINATION

Services: Nutritional Guidance Code 1 763 763 VARCHAR2

Description: Indicates how nutritional guidance services are provided
by a home health agency.

SAS Name: NTRTNL_GDNC_SRVC_CD

COBOL Name: NTRTNL-GDNC-SRVC-CD

VALUES: 0=NOT PROVIDED

1=PROVIDED BY STAFF

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Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

2=PROVIDED UNDER ARRANGEMENT

3=COMBINATION

Services: OT Code 1 775 775 CHAR

Description: Indicates how occupational therapy services are provided.

SAS Name: OT_SRVC_CD

COBOL Name: OT-SRVC-CD

VALUES: 0=NOT PROVIDED

1=PROVIDED BY STAFF

2=PROVIDED UNDER ARRANGEMENT

3=COMBINATION

Services: Other Code 1 779 779 CHAR

Description: Indicates how other services are provided.

SAS Name: OTHR_SRVC_CD

COBOL Name: OTHR-SRVC-CD

VALUES: 0=NOT PROVIDED

1=PROVIDED BY STAFF

2=PROVIDED UNDER ARRANGEMENT

3=COMBINATION

Services: PT Code 1 813 813 CHAR

Description: Indicates how physical therapy services are provided.

SAS Name: PT_SRVC_CD

COBOL Name: PT-SRVC-CD

VALUES: 0=NOT PROVIDED

1=PROVIDED BY STAFF

2=PROVIDED UNDER ARRANGEMENT

3=COMBINATION

Services: Speech Therapy Code 1 837 837 VARCHAR2
Description: Indicates how speech therapy services are provided by the home health agency.
SAS Name: SPCH_THRPY_SRVC_CD
COBOL Name: SPCH-THRPY-SRVC-CD
VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT
3=COMBINATION

Services: Vocational Guidance Code 1 853 853 VARCHAR2
Description: Indicates how vocational guidance services are provided by the home health agency.
SAS Name: VCTNL_GDNC_SRVC_CD
COBOL Name: VCTNL-GDNC-SRVC-CD
VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT
3=COMBINATION

Staff Count Override Indicator 1 861 861 CHAR
Description: Indicates if the regional office has approved a significant staff count change from the previous certification.
SAS Name: OVRRD_STFG_SW
COBOL Name: OVRRD-STFG-SW

Staff Count: Other Personnel 8 902 909 NUMBER
Description: Number of full-time equivalent other personnel employed by a provider
SAS Name: PRSNEL_OTHR_CNT
COBOL Name: PRSNEL-OTHR-CNT

Staff Count: Dietitian 8 982 989 NUMBER

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Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Description: Number of full-time equivalent dietitians employed by a provider.

SAS Name: DIETN_CNT
COBOL Name: DIETN-CNT

Staff Count: Home Health Aide 8 1046 1053 NUMBER
Description: Number of full-time equivalent home health aides employed by a home health agency.
SAS Name: HH_AIDE_CNT
COBOL Name: HH-AIDE-CNT

Staff Count: LPN/LVN - Employee 8 1110 1117 NUMBER
Description: Number of full-time equivalent licensed practical or

vocational nurses employed by a provider.

SAS Name: LPN_LVN_CNT

COBOL Name: LPN-LVN-CNT

Staff Count: OT - Total 8 1310 1317 NUMBER

Description: Total number of full-time equivalent occupational therapists employed by a provider.

SAS Name: OCPTNL_THRPST_CNT

COBOL Name: OCPTNL-THRPST-CNT

Staff Count: PT 8 1630 1637 NUMBER

Description: Number of full-time equivalent physical therapists employed by a provider.

SAS Name: PHYS_THRPST_STF_CNT

COBOL Name: PHYS-THRPST-STF-CNT

Staff Count: Registered Pharmacist 8 1734 1741 NUMBER

Description: Number of full-time equivalent registered pharmacists employed by the provider.

SAS Name: REG_PHRMCST_CNT

COBOL Name: REG-PHRMCST-CNT

Staff Count: RN 8 1750 1757 NUMBER

Description: Number of full-time equivalent registered nurses employed by a provider.

SAS Name: RN_CNT

COBOL Name: RN-CNT

Staff Count: Social Worker 8 1814 1821 NUMBER

Description: Number of full-time equivalent social workers employed by the provider.

SAS Name: SCL_WORKKR_CNT

COBOL Name: SCL-WORKKR-CNT

Staff Count: Speech Pathologist/Audiologist 8 1886 1893 NUMBER

Description: Number of full-time equivalent speech pathologists or audiologists employed by the provider.

SAS Name: SPCH_PTHLGST_AUDLGST_CNT

COBOL Name: SPCH-PTHLGST-AUDLGST-CNT

Subunit Count 3 1952 1954 NUMBER

Description: Number of subunits operated by the home health agency.

SAS Name: SBUNIT_CNT

COBOL Name: SBUNIT-CNT

Subunit Indicator 1 1955 1955 VARCHAR2

Description: Indicates if the home health agency is a subunit of another agency.

SAS Name: SBUNIT_SW

COBOL Name: SBUNIT-SW

Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
Subunit Operation Indicator	1	1956	1956	VARCHAR2
Description: Indicates if the home health agency operates any subunits.				
SAS Name: SBUNIT_OPRTN_SW				
COBOL Name: SBUNIT-OPRTN-SW				

SHORT DESCRIPTION LEN START END TYPE

Provider Category Subtype Code 2 1 2 VARCHAR2
Description: Identifies the subtype of the provider, within the
 primary category. Used in reporting to show the
 breakdown of provider categories, mainly for hospitals
 and SNFs.
SAS Name: PRVDR_CTGRY_SBTYP_CD
COBOL Name: PRVDR-CTGRY-SBTYP-CD
VALUES: 01=Psychiatric Residential Treatment

Provider Category Code 2 3 4 VARCHAR2
Description: Identifies the type of provider participating in the
 Medicare/Medicaid program.
SAS Name: PRVDR_CTGRY_CD
COBOL Name: PRVDR-CTGRY-CD
VALUES: 06=Psychiatric Residential Treatment Facility

CHOW Count 2 5 6 NUMBER
Description: Number of times this provider has undergone a change of
 ownership.
SAS Name: CHOW_CNT
COBOL Name: CHOW-CNT

CHOW Date 8 7 14 DATE
Description: Effective date of the most recent change of ownership for
 this provider.
SAS Name: CHOW_DT
COBOL Name: CHOW-DT

Address: City 28 15 42 VARCHAR2
Description: City in which the provider is physically located.
SAS Name: CITY_NAME
COBOL Name: CITY-NAME

Compliance: Acceptable POC 1 43 43 VARCHAR2

Description: Indicates if a provider is in compliance with program requirements based on an acceptable plan for correction of deficiencies.

SAS Name: ACPTBL_POC_SW

COBOL Name: ACPTBL-POC-SW

Compliance: Status 1 44 44 VARCHAR2

Description: Compliance status of a provider at the time of certification survey.

SAS Name: CMPLNC_STUS_CD

COBOL Name: CMPLNC-STUS-CD

VALUES: A=IN COMPLIANCE

B=NOT IN COMPLIANCE

SSA County Code 3 45 47 VARCHAR2

Description: Social Security Administration geographic code indicating the county where the provider is located.

SAS Name: SSA_CNTY_CD

COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR

Description: Cross reference provider number

SAS Name: CROSS_REF_PROVIDER_NUMBER

COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date 8 58 65 DATE

Description: Equal to the exit date of the initial visit of the Health survey for certifications completed after July 28, 2012.

For certifications prior to that date, the certification

DATE: 10/06/2020

POS RECORD LAYOUT

PAGE: 2

Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

date is equal to the exit date of the initial visit of the Health survey or LSC survey, whichever is later.

SAS Name: CRTFCTN_DT

COBOL Name: CRTFCTN-DT

Eligibility Indicator 1 66 66 VARCHAR2

Description: Indicates if a facility is eligible to participate in the Medicare and/or Medicaid programs.

SAS Name: ELGLTY_SW

COBOL Name: ELGLTY-SW

Facility Name 50 67 116 VARCHAR2

Description: Name of the provider certified to participate in the Medicare and/or Medicaid programs.

SAS Name: FAC_NAME

COBOL Name: FAC-NAME

Medicare Administrative Contractor (MAC) or 5 117 121 VARCHAR2
Intermediary or Carrier Code

Description: Number assigned to the Medicare Administrative
Contractor, intermediary or carrier servicing this
provider.

SAS Name: INTRMDRY_CARR_CD

COBOL Name: INTRMDRY-CARR-CD

VALUES: 00000=DUMMY FOR MEDICAID HHA
 00010=BLUE CROSS (ALABAMA)
 00011=CAHABA
 00020=BLUE CROSS (ARKANSAS)
 00040=BLUE CROSS (CALIFORNIA)
 00060=BLUE CROSS (CONNECTICUT)
 00070=BLUE CROSS (DELAWARE)
 00090=BLUE CROSS (FLORIDA)
 00101=BLUE CROSS (GEORGIA)
 00121=HEALTH CARE SERVICE CORPORATION
 00122=HCSC - MICHIGAN
 00123=HCSC OF MICHIGAN
 00130=NATIONAL GOVERNMENT SERVICES
 00131=NATIONAL GOVERNMENT SERVICES
 00140=BLUE CROSS (IOWA/SOUTH DAKOTA)
 00150=BLUE CROSS (KANSAS)
 00160=NATIONAL GOVERNMENT SERVICES
 00180=NATIONAL GOVERNMENT SERVICES
 00181=NATIONAL GOVERNMENT SERVICES
 00190=BLUE CROSS (MARYLAND)
 00200=BLUE CROSS (MASSACHUSETTS)
 00210=BLUE CROSS (MICHIGAN)
 00220=BLUE CROSS (MINNESOTA)
 00230=BLUE CROSS (MISSISSIPPI)
 00231=BLUE CROSS (LOUISIANA)
 00233=PINNACLE
 00241=BLUE CROSS (MISSOURI)
 00260=BLUE CROSS (NEBRASKA)
 00270=NATIONAL GOVERNMENT SERVICES
 00280=BLUE CROSS (NEW JERSEY)
 00290=BLUE CROSS (NEW MEXICO)
 00308=NATIONAL GOVERNMENT SERVICES
 00310=BLUE CROSS (NORTH CAROLINA)
 00320=NORIDIAN PART A
 00322=NORIDIAN PART A (AK/WA)
 00323=NORIDIAN PART A (ID/OR)
 00325=NORIDIAN
 00332=NATIONAL GOVERNMENT SERVICES
 00340=BLUE CROSS (OKLAHOMA)
 00350=BLUE CROSS (OREGON)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)
00362=BLUE CROSS (INDEPENDENCE)
00363=BLUE CROSS (WESTERN PENNSYLVANIA)
00366=HIGHMARK MEDICARE SERVICES
00370=BLUE CROSS (RHODE ISLAND)
00380=BLUE CROSS (SOUTH CAROLINA)
00390=BLUE CROSS (TENNESSEE)
00400=BLUE CROSS (TEXAS)
00410=BLUE CROSS (UTAH)
00423=BLUE CROSS (VIRGINIA/WEST VA)
00430=BLUE CROSS (WASHINGTON & ALASKA)
00450=NATIONAL GOVERNMENT SERVICES
00452=NATIONAL GOVERNMENT SERVICES
00453=NATIONAL GOVERNMENT SERVICES
00454=NATIONAL GOVERNMENT SERVICES
00456=NATIONAL GOVERNMENT SERVICES
00468=BLUE CROSS (NORTH CAROLINA FOR PR)
00510=BLUE SHIELD (ALABAMA)
00511=CAHABA
00512=CAHABA
00520=BLUE SHIELD (ARKANSAS)
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)
00542=BLUE SHIELD (CALIFORNIA)
00550=BLUE SHIELD (COLORADO)
00570=BLUE SHIELD (DELAWARE)
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)
00590=BLUE SHIELD (FLORIDA)
00621=BLUE SHIELD (ILLINOIS)
00630=NATIONAL GOVERNMENT SERVICES
00640=BLUE SHIELD (IOWA)
00650=BLUE SHIELD (KANSAS)
00655=BLUE SHIELD (KANSAS/NEBRASKA)
00660=NATIONAL GOVERNMENT SERVICES
00690=BLUE SHIELD (MARYLAND)
00700=BLUE SHIELD (MASSACHUSETTS)
00710=BLUE SHIELD (MICHIGAN)
00720=BLUE SHIELD (MINNESOTA)
00740=BLUE SHIELD (KANSAS CITY)
00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
00780=BLUE SHIELD (TRI-STATE)
00801=BLUE SHIELD (BUFFALO)
00803=NATIONAL GOVERNMENT SERVICES
00805=NATIONAL GOVERNMENT SERVICES
00821=NORIDIAN
00824=NORIDIAN GVT SERVICES (CO)
00826=NORIDIAN GVT SERVICES (IA)
00831=NORIDIAN GVT SERVICES (AK)
00832=NORIDIAN GVT SERVICES (AZ)
00833=NORIDIAN GVT SERVICES (HI)
00834=NORIDIAN GVT SERVICES (NV)
00835=NORIDIAN GVT SERVICES (OR)
00836=NORIDIAN GVT SERVICES (WA)
00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)

00865=BLUE SHIELD (PENNSYLVANIA)
 00870=BLUE SHIELD (RHODE ISLAND)
 00880=BLUE SHIELD (SOUTH CAROLINA)
 00883=PALMETTO GBA PART B
 00884=PALMETTO GBA
 00889=NORIDIAN GVT SERVICES (SD)
 00900=BLUE SHIELD (TEXAS)
 00901=TRAILBLAZERS HEALTH ENTERPRISES
 00904=TRAILBLAZER
 00910=BLUE SHIELD (UTAH)
 00930=BLUE SHIELD (WASHINGTON)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 4
 Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH)				
01111=Noridian (CA)				
01112=Noridian (NF)				
01120=AETNA (HAWAII)				
01182=Noridian (SF)				
01192=PALMETTO (CALIFORNIA SOUTH)				
01201=PALMETTO (HAWAII)				
01202=PALMETTO (HAWAII)				
01211=Noridian (AS, GU, HI)				
01212=Noridian (AS, GU, HI)				
01290=AETNA (NEVADA)				
01301=PALMETTO (NEVADA)				
01302=PALMETTO (NEVADA)				
01311=Noridian (NV)				
01312=Noridian (NV)				
01360=AETNA (NEW MEXICO)				
01370=AETNA (OKLAHOMA)				
01380=AETNA (OREGON)				
01390=AETNA (WASHINGTON)				
01901=PALMETTO GBA				
01902=PALMETTO GBA				
01911=Noridian (AS, GU, HI, NV)				
02050=OCCIDENTAL (CALIFORNIA)				
02101=Noridian AK				
02102=Noridian AK				

02201=Noridian ID
 02202=Noridian ID
 02301=Noridian OR
 02302=Noridian OR
 02401=Noridian WA
 02402=Noridian WA
 03001=NORIDIAN ADMIN SERVICES
 03101=NORIDAN (ARIZONA)
 03102=NORIDAN (ARIZONA)
 03201=NORIDAN (MONTANA)
 03202=NORIDAN (MONTANA)
 03301=NORDIAN (NORTH DAKOTA)
 03302=NORDIAN (NORTH DAKOTA)
 03401=NORIDIAN (SOUTH DAKOTA)
 03402=NORIDIAN (SOUTH DAKOTA)
 03501=NORIDIAN (UTAH)
 03502=NORIDIAN (UTAH)
 03601=NORIDIAN (WYOMING)
 03602=NORIDIAN (WYOMING)
 04001=TRAILBLAZER
 04101=TRAILBLAZER (COLORADO)
 04102=TRAILBLAZER (COLORADO)
 04111=NOVITAS (COLORADO)
 04112=NOVITAS (COLORADO)
 04201=TRAILBLAZER (NEW MEXICO)
 04202=TRAILBLAZER (NEW MEXICO)
 04211=NOVITAS (NEW MEXICO)
 04212=NOVITAS (NEW MEXICO)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 5
 Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				

05402=WPS (NEBRASKA)
 05440=EQICOR (TENNESSEE)
 05535=EQICOR (NORTH CAROLINA)
 05901=WISCONSIN PHYSICIANS SERVICE
 06001=NGS (WI)
 06004=National Govt Serv HHH
 06101=NGS (IL)
 06102=NGS (IL)
 06201=NGS (MN)
 06202=NGS (MN)
 06301=NGS (WI)
 06302=NGS (WI)
 07101=Novitas AR
 07102=Novitas AR
 07201=Novitas LA
 07202=Novitas LA
 07301=Novitas MS
 07302=Novitas MS
 08101=WPS IN
 08102=WPS IN
 08201=WPS MI
 08202=WPS MI
 09101=FIRST COAST (FLORIDA)
 09102=FIRST COAST (FLORIDA)
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)
 09202=FIRST COAST (PUERTO RICO)
 09302=FIRST COAST (VIRGIN ISLANDS)
 10071=TRAVELERS (RRB)
 10101=CAHABA GBA (AL)
 10102=CAHABA GBA (AL)
 10111=PALMETTO GBA (Part A) (AL)
 10201=CAHABA GBA (GA)
 10202=CAHABA GBA (GA)
 10211=PALMETTO GBA (GA)
 10230=TRAVELERS (CONNECTICUT)
 10240=TRAVELERS (MINNESOTA)
 10250=TRAVELERS (MISSISSIPPI)
 10301=CAHABA GBA (TN)
 10302=CAHABA GBA (TN)
 10311=PALMETTO GBA (TN)
 10490=TRAVELERS (VIRGINIA)
 10492=TRAVELERS - VIRGINIA SPECIAL PROJECT
 11004=PALMETTO HHH C
 11201=PALMETTO GBA (SC)
 11202=PALMETTO GBA (SC)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 6
 Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				

11302=PALMETTO GBA (VA)
11401=PALMETTO GBA (WV)
11402=PALMETTO GBA (WV)
11501=PALMETTO GBA (NC)
11502=PALMETTO GBA (NC)
12101=Novitas DE
12102=Novitas DE
12201=Novitas DC
12202=Novitas DC
12301=Novitas MD
12302=Novitas MD
12401=Novitas NJ
12402=Novitas NJ
12501=Novitas PA
12502=Novitas PA
12901=Novitas Solutions DC, DE, MD, PA
12902=HIGHMARK
13101=NATIONAL GOVT SERVICES (CONNECTICUT)
13102=NATIONAL GOVT SERVICES (CONNECTICUT)
13201=NATIONAL GOVT SERVICES (NEW YORK)
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)
13282=NGS (UN)
13292=NGS (QN)
14004=NATIONAL HERITAGE (HHA - A)
14014=NGS (HHA)
14101=NATIONAL HERITAGE (MAINE)
14102=NATIONAL HERITAGE (MAINE)
14111=NGS (ME)
14112=NGS (ME)
14201=NATIONAL HERITAGE (MASSACHUSETTS)
14202=NATIONAL HERITAGE (MASSACHUSETTS)
14211=NGS (MA)
14212=NGS (MA)
14301=NATIONAL HERITAGE (NEW HAMPSHIRE)
14302=NATIONAL HERITAGE (NEW HAMPSHIRE)
14311=NGS (NH)
14312=NGS (NH)
14330=GROUP HEALTH INC (NEW YORK)
14401=NATIONAL HERITAGE (RHODE ISLAND)
14402=NATIONAL HERITAGE (RHODE ISLAND)
14411=NGS (RI)
14412=NGS (RI)
14501=NATIONAL HERITAGE (VERMONT)
14502=NATIONAL HERITAGE (VERMONT)
14511=NGS (VT)
14512=NGS (VT)
15004=CGS Administrators HHH
15101=CGS (KENTUCKY)
15102=CGS (KENTUCKY)
15201=CGS (OHIO)
15202=CGS (OHIO)
16360=NATIONWIDE (OHIO)
16510=NATIONWIDE (WEST VIRGINIA)
17120=HAWAII MEDICAL SERVICE ASSOCIATION

21200=MASSACHUSETTS/MAINE
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)
 31143=NATIONAL HERITAGE INSURANCE CO
 31144=NATIONAL HERITAGE INSURANCE CO
 50333=TRAVELERS (NEW YORK)
 51051=AETNA (PETALUMA)
 51070=AETNA (FARMINGTON)
 51100=AETNA (CLEARWATER)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 7
 Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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51140=AETNA (PEORIA)
 51390=AETNA (FORT WASHINGTON)
 52280=WISCONSIN PHYSICIANS SERVICE
 57400=COOPERATIVA (PUERTO RICO)

Medicaid Vendor Number	15	122	136	VARCHAR2
Description: Number which may be assigned to a provider by the state Medicaid agency for external control or billing purposes.				
SAS Name: MD CD_VNDR_NUM				
COBOL Name: MD CD-VNDR-NUM				

Original Participation Date	8	137	144	DATE
Description: Date a provider is first approved to provide Medicare and/or Medicaid services.				
SAS Name: ORGNL_PRTCPTN_DT				
COBOL Name: ORGNL-PRTCPTN-DT				

Prior CHOW Date	8	145	152	DATE
Description: Effective date of the previous change of ownership for this provider.				
SAS Name: CHOW_PRIOR_DT				
COBOL Name: CHOW-PRIOR-DT				

Prior Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code	5	153	157	VARCHAR2
Description: Number assigned to the previous Medicare Administrative Contractor, intermediary or carrier servicing this provider.				
SAS Name: INTRMDRY_CARR_PRIOR_CD				
COBOL Name: INTRMDRY-CARR-PRIOR-CD				
VALUES: 00000=DUMMY FOR MEDICAID HHA				
00010=BLUE CROSS (ALABAMA)				
00011=CAHABA				
00020=BLUE CROSS (ARKANSAS)				
00040=BLUE CROSS (CALIFORNIA)				
00060=BLUE CROSS (CONNECTICUT)				
00070=BLUE CROSS (DELAWARE)				
00090=BLUE CROSS (FLORIDA)				
00101=BLUE CROSS (GEORGIA)				

00121=HEALTH CARE SERVICE CORPORATION
 00122=HCSC - MICHIGAN
 00123=HCSC OF MICHIGAN
 00130=NATIONAL GOVERNMENT SERVICES
 00131=NATIONAL GOVERNMENT SERVICES
 00140=BLUE CROSS (IOWA/SOUTH DAKOTA)
 00150=BLUE CROSS (KANSAS)
 00160=NATIONAL GOVERNMENT SERVICES
 00180=NATIONAL GOVERNMENT SERVICES
 00181=NATIONAL GOVERNMENT SERVICES
 00190=BLUE CROSS (MARYLAND)
 00200=BLUE CROSS (MASSACHUSETTS)
 00210=BLUE CROSS (MICHIGAN)
 00220=BLUE CROSS (MINNESOTA)
 00230=BLUE CROSS (MISSISSIPPI)
 00231=BLUE CROSS (LOUISIANA)
 00233=PINNACLE
 00241=BLUE CROSS (MISSOURI)
 00260=BLUE CROSS (NEBRASKA)
 00270=NATIONAL GOVERNMENT SERVICES
 00280=BLUE CROSS (NEW JERSEY)
 00290=BLUE CROSS (NEW MEXICO)
 00308=NATIONAL GOVERNMENT SERVICES
 00310=BLUE CROSS (NORTH CAROLINA)
 00320=NORIDIAN PART A

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 8
 Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00322=NORIDIAN PART A (AK/WA)				
00323=NORIDIAN PART A (ID/OR)				
00325=NORIDIAN				
00332=NATIONAL GOVERNMENT SERVICES				
00340=BLUE CROSS (OKLAHOMA)				
00350=BLUE CROSS (OREGON)				
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				

00468=BLUE CROSS (NORTH CAROLINA FOR PR)
 00510=BLUE SHIELD (ALABAMA)
 00511=CAHABA
 00512=CAHABA
 00520=BLUE SHIELD (ARKANSAS)
 00528=BLUE SHIELD (ARKANSAS/LOUISIANA)
 00542=BLUE SHIELD (CALIFORNIA)
 00550=BLUE SHIELD (COLORADO)
 00570=BLUE SHIELD (DELAWARE)
 00580=BLUE SHIELD (DISTRICT OF COLUMBIA)
 00590=BLUE SHIELD (FLORIDA)
 00621=BLUE SHIELD (ILLINOIS)
 00630=NATIONAL GOVERNMENT SERVICES
 00640=BLUE SHIELD (IOWA)
 00650=BLUE SHIELD (KANSAS)
 00655=BLUE SHIELD (KANSAS/NEBRASKA)
 00660=NATIONAL GOVERNMENT SERVICES
 00690=BLUE SHIELD (MARYLAND)
 00700=BLUE SHIELD (MASSACHUSETTS)
 00710=BLUE SHIELD (MICHIGAN)
 00720=BLUE SHIELD (MINNESOTA)
 00740=BLUE SHIELD (KANSAS CITY)
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
 00780=BLUE SHIELD (TRI-STATE)
 00801=BLUE SHIELD (BUFFALO)
 00803=NATIONAL GOVERNMENT SERVICES
 00805=NATIONAL GOVERNMENT SERVICES
 00821=NORIDIAN
 00824=NORIDIAN GVT SERVICES (CO)
 00826=NORIDIAN GVT SERVICES (IA)
 00831=NORIDIAN GVT SERVICES (AK)
 00832=NORIDIAN GVT SERVICES (AZ)
 00833=NORIDIAN GVT SERVICES (HI)
 00834=NORIDIAN GVT SERVICES (NV)
 00835=NORIDIAN GVT SERVICES (OR)
 00836=NORIDIAN GVT SERVICES (WA)
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
 00865=BLUE SHIELD (PENNSYLVANIA)
 00870=BLUE SHIELD (RHODE ISLAND)
 00880=BLUE SHIELD (SOUTH CAROLINA)
 00883=PALMETTO GBA PART B
 00884=PALMETTO GBA

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 9
 Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00889=NORIDIAN GVT SERVICES (SD)				
00900=BLUE SHIELD (TEXAS)				
00901=TRAILBLAZERS HEALTH ENTERPRISES				
00904=TRAILBLAZER				
00910=BLUE SHIELD (UTAH)				

00930=BLUE SHIELD (WASHINGTON)
00951=WISCONSIN PHYSICIANS SERVICE
00952=WPS - ILLINOIS
00953=WPS - MICHIGAN
00954=WI PHYSICIAN SERVICES - MN
00973=BLUE SHIELD (PUERTO RICO)
00974=BLUE SHIELD (VIRGIN ISLANDS)
01010=AETNA (PEORIA)
01020=AETNA (ALASKA)
01030=AETNA (ARIZONA)
01040=AETNA (GEORGIA)
01101=PALMETTO (CALIFORNIA)
01102=PALMETTO (CALIFORNIA (NORTH))
01111=Noridian (CA)
01112=Noridian (NF)
01120=AETNA (HAWAII)
01182=Noridian (SF)
01192=PALMETTO (CALIFORNIA SOUTH)
01201=PALMETTO (HAWAII)
01202=PALMETTO (HAWAII)
01211=Noridian (AS, GU, HI)
01212=Noridian (AS, GU, HI)
01290=AETNA (NEVADA)
01301=PALMETTO (NEVADA)
01302=PALMETTO (NEVADA)
01311=Noridian (NV)
01312=Noridian (NV)
01360=AETNA (NEW MEXICO)
01370=AETNA (OKLAHOMA)
01380=AETNA (OREGON)
01390=AETNA (WASHINGTON)
01901=PALMETTO GBA
01902=PALMETTO GBA
01911=Noridian (AS, GU, HI, NV)
02050=OCCIDENTAL (CALIFORNIA)
02101=Noridian AK
02102=Noridian AK
02201=Noridian ID
02202=Noridian ID
02301=Noridian OR
02302=Noridian OR
02401=Noridian WA
02402=Noridian WA
03001=NORIDIAN ADMIN SERVICES
03101=NORIDAN (ARIZONA)
03102=NORIDAN (ARIZONA)
03201=NORIDAN (MONTANA)
03202=NORIDAN (MONTANA)
03301=NORDIAN (NORTH DAKOTA)
03302=NORDIAN (NORTH DAKOTA)
03401=NORIDIAN (SOUTH DAKOTA)
03402=NORIDIAN (SOUTH DAKOTA)
03501=NORIDIAN (UTAH)
03502=NORIDIAN (UTAH)

03601=NORIDIAN (WYOMING)
03602=NORIDIAN (WYOMING)
04001=TRAILBLAZER
04101=TRAILBLAZER (COLORADO)
04102=TRAILBLAZER (COLORADO)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 10
Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04111=NOVITAS (COLORADO)				
04112=NOVITAS (COLORADO)				
04201=TRAILBLAZER (NEW MEXICO)				
04202=TRAILBLAZER (NEW MEXICO)				
04211=NOVITAS (NEW MEXICO)				
04212=NOVITAS (NEW MEXICO)				
04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				
05402=WPS (NEBRASKA)				
05440=EQICOR (TENNESSEE)				
05535=EQICOR (NORTH CAROLINA)				
05901=WISCONSIN PHYSICIANS SERVICE				
06001=NGS (WI)				
06004=National Govt Serv HHH				
06101=NGS (IL)				
06102=NGS (IL)				
06201=NGS (MN)				
06202=NGS (MN)				
06301=NGS (WI)				
06302=NGS (WI)				
07101=Novitas AR				
07102=Novitas AR				
07201=Novitas LA				
07202=Novitas LA				
07301=Novitas MS				

07302=Novitas MS
 08101=WPS IN
 08102=WPS IN
 08201=WPS MI
 08202=WPS MI
 09101=FIRST COAST (FLORIDA)
 09102=FIRST COAST (FLORIDA)
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)
 09202=FIRST COAST (PUERTO RICO)
 09302=FIRST COAST (VIRGIN ISLANDS)
 10071=TRAVELERS (RRB)
 10101=CAHABA GBA (AL)
 10102=CAHABA GBA (AL)
 10111=PALMETTO GBA (Part A) (AL)
 10201=CAHABA GBA (GA)
 10202=CAHABA GBA (GA)
 10211=PALMETTO GBA (GA)
 10230=TRAVELERS (CONNECTICUT)
 10240=TRAVELERS (MINNESOTA)
 10250=TRAVELERS (MISSISSIPPI)
 10301=CAHABA GBA (TN)
 10302=CAHABA GBA (TN)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 11
 Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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10311=PALMETTO GBA (TN)				
10490=TRAVELERS (VIRGINIA)				
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				
12102=Novitas DE				
12201=Novitas DC				
12202=Novitas DC				
12301=Novitas MD				
12302=Novitas MD				
12401=Novitas NJ				
12402=Novitas NJ				
12501=Novitas PA				
12502=Novitas PA				
12901=Novitas Solutions DC, DE, MD, PA				
12902=HIGHMARK				

13101=NATIONAL GOVT SERVICES (CONNECTICUT)
 13102=NATIONAL GOVT SERVICES (CONNECTICUT)
 13201=NATIONAL GOVT SERVICES (NEW YORK)
 13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)
 13282=NGS (UN)
 13292=NGS (QN)
 14004=NATIONAL HERITAGE (HHA - A)
 14014=NGS (HHA)
 14101=NATIONAL HERITAGE (MAINE)
 14102=NATIONAL HERITAGE (MAINE)
 14111=NGS (ME)
 14112=NGS (ME)
 14201=NATIONAL HERITAGE (MASSACHUSETTS)
 14202=NATIONAL HERITAGE (MASSACHUSETTS)
 14211=NGS (MA)
 14212=NGS (MA)
 14301=NATIONAL HERITAGE (NEW HAMPSHIRE)
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)
 14311=NGS (NH)
 14312=NGS (NH)
 14330=GROUP HEALTH INC (NEW YORK)
 14401=NATIONAL HERITAGE (RHODE ISLAND)
 14402=NATIONAL HERITAGE (RHODE ISLAND)
 14411=NGS (RI)
 14412=NGS (RI)
 14501=NATIONAL HERITAGE (VERMONT)
 14502=NATIONAL HERITAGE (VERMONT)
 14511=NGS (VT)
 14512=NGS (VT)
 15004=CGS Administrators HHH
 15101=CGS (KENTUCKY)
 15102=CGS (KENTUCKY)
 15201=CGS (OHIO)
 15202=CGS (OHIO)
 16360=NATIONWIDE (OHIO)
 16510=NATIONWIDE (WEST VIRGINIA)
 17120=HAWAII MEDICAL SERVICE ASSOCIATION
 21200=MASSACHUSETTS/MAINE
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 12
 Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
31143=NATIONAL HERITAGE INSURANCE CO				
31144=NATIONAL HERITAGE INSURANCE CO				
50333=TRAVELERS (NEW YORK)				
51051=AETNA (PETALUMA)				
51070=AETNA (FARMINGTON)				
51100=AETNA (CLEARWATER)				
51140=AETNA (PEORIA)				
51390=AETNA (FORT WASHINGTON)				

52280=WISCONSIN PHYSICIANS SERVICE
57400=COOPERATIVA (PUERTO RICO)

CCN 10 158 167 VARCHAR2

Description: Six or ten position identification number that is assigned to a certified provider. This is the CMS Certification Number.

SAS Name: PRVDR_NUM

COBOL Name: PRVDR-NUM

Region Code 2 168 169 VARCHAR2

Description: Indicates the CMS Regional Office responsible for the certification of the provider.

SAS Name: RGN_CD

COBOL Name: RGN-CD

VALUES: 01=Boston

02=New York

03=Philadelphia

04=Atlanta

05=Chicago

06=Dallas

07=Kansas City

08=Denver

09=San Francisco

10=Seattle

Skeleton Record Indicator 1 170 170 VARCHAR2

Description: Indicates if the record is a skeleton record. Only a limited set of data is available for this provider; no survey data exists. Only provider categories 01,17,19,21and 22 can have skeleton providers.

SAS Name: SKLTN_REC_SW

COBOL Name: SKLTN-REC-SW

State Abbreviation 2 171 172 VARCHAR2

Description: Two-character state abbreviation.

SAS Name: STATE_CD

COBOL Name: STATE-CD

VALUES: AK=ALASKA

AL=ALABAMA

AR=ARKANSAS

AS=AMERICAN SAMOA

AZ=ARIZONA

CA=CALIFORNIA

CN=CANADA

CO=COLORADO

CT=CONNECTICUT

DC=DISTRICT OF COLUMBIA

DE=DELAWARE

FL=FLORIDA

FN=INTERNATIONAL

GA=GEORGIA

GU=GUAM

HI=HAWAII

IA=IOWA
ID=IDAHO

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 13
Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
-------------------	-----	-------	-----	------

IL=ILLINOIS				
IN=INDIANA				
KS=KANSAS				
KY=KENTUCKY				
LA=LOUISIANA				
MA=MASSACHUSETTS				
MD=MARYLAND				
ME=MAINE				
MI=MICHIGAN				
MN=MINNESOTA				
MO=MISSOURI				
MP=SAIPAN				
MS=MISSISSIPPI				
MT=MONTANA				
MX=MEXICO				
NC=NORTH CAROLINA				
ND=NORTH DAKOTA				
NE=NEBRASKA				
NH=NEW HAMPSHIRE				
NJ=NEW JERSEY				
NM=NEW MEXICO				
NV=NEVADA				
NY=NEW YORK				
OH=OHIO				
OK=OKLAHOMA				
OR=OREGON				
PA=PENNSYLVANIA				
PR=PUERTO RICO				
RI=RHODE ISLAND				
SC=SOUTH CAROLINA				
SD=SOUTH DAKOTA				
TN=TENNESSEE				
TX=TEXAS				
UT=UTAH				
VA=VIRGINIA				
VI=VIRGIN ISLANDS				
VT=VERMONT				
WA=WASHINGTON				
WI=WISCONSIN				
WV=WEST VIRGINIA				
WY=WYOMING				

SSA State Code 2 173 174 VARCHAR2
Description: Social Security Administration geographic code indicating
the state where the provider is located.

SAS Name: SSA_STATE_CD
COBOL Name: SSA-STATE-CD
VALUES: 01=ALABAMA
02=ALASKA
03=ARIZONA
04=ARKANSAS
05=CALIFORNIA
06=COLORADO
07=CONNECTICUT
08=DELAWARE
09=DISTRICT OF COLUMBIA
10=FLORIDA
11=GEORGIA
12=HAWAII
13=IDAHO
14=ILLINOIS
15=INDIANA
16=IOWA
17=KANSAS

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 14
Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
-------------------	-----	-------	-----	------

18=KENTUCKY				
19=LOUISIANA				
20=MAINE				
21=MARYLAND				
22=MASSACHUSETTS				
23=MICHIGAN				
24=MINNESOTA				
25=MISSISSIPPI				
26=MISSOURI				
27=MONTANA				
28=NEBRASKA				
29=NEVADA				
30=NEW HAMPSHIRE				
31=NEW JERSEY				
32=NEW MEXICO				
33=NEW YORK				
34=NORTH CAROLINA				
35=NORTH DAKOTA				
36=OHIO				
37=OKLAHOMA				
38=OREGON				
39=PENNSYLVANIA				
40=PUERTO RICO				
41=RHODE ISLAND				
42=SOUTH CAROLINA				
43=SOUTH DAKOTA				
44=TENNESSEE				
45=TEXAS				

46=UTAH
47=VERMONT
48=VIRGIN ISLANDS
49=VIRGINIA
50=WASHINGTON
51=WEST VIRGINIA
52=WISCONSIN
53=WYOMING
54=AFRICA
56=CANADA
57=WEST INDIES
58=EUROPE
59=MEXICO
60=OCEANIA
61=PHILIPPINES
62=SOUTH AMERICA
63=UNITED STATES POSSESSIONS
64=AMERICAN SAMOA
65=GUAM
66=SAIPAN
99=INTERNATIONAL

State Region Code	3	175	177	VARCHAR2
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Description: Identifies the region within a state where the provider is located.

SAS Name: STATE_RGN_CD

COBOL Name: STATE-RGN-CD

VALUES: AK/001=ALASKA

AK/LAB=LABORATORIES

AK/NPH=NON-PARTICIPATING HOSPITAL

AL/001=ALABAMA

AL/LAB=LABORATORIES

AL/NPH=NON-PARTICIPATING HOSPITAL

AR/001=ARKANSAS

AR/LAB=LABORATORIES

AR/NPH=NON-PARTICIPATING HOSPITAL

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 15
Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
-------------------	-----	-------	-----	------

AS/001=AMERICAN SAMOA

AS/LAB=LABORATORY

AS/NPH=NON-PARTICIPATING HOSPITAL

AZ/AZ=PHOENIX

AZ/LAB=ARIZONA LAB

AZ/NPH=NON-PARTICIPATING HOSPITAL

AZ/TUC=TUCSON

CA/001=CALIFORNIA

CA/BAK=BAKERSFIELD

CA/BER=SAN BERNARDINO

CA/EB=East Bay

CA/FR=FRESNO
CA/L1=L.A. WEST
CA/L2=L.A. NORTH
CA/L3=L.A. CENTRAL
CA/L4=L.A. EAST
CA/L5=SAN GABRIEL
CA/LA1=LA Region 1
CA/LA2=LA Region 2
CA/LA3=LA Region 3
CA/LA4=LA Acute/Ancillary
CA/LA5=LA HHA/Hospice
CA/LA6=LA ICF/DD/CLinics
CA/LAB=LABORATORIES
CA/M1=LAB. SOUTH
CA/M2=LAB. NORTH
CA/NPH=NON-PARTICIPATING HOSPITAL
CA/ORG=ORANGE
CA/RIV=RIVERSIDE
CA/S1=SACRAMENTO
CA/S3=CHICO
CA/SD=SAN DIEGO
CA/SF=SAN FRANCISCO
CA/SJ=SAN JOSE
CA/SR=SANTA ROSA
CA/VEN=VENTURA
CN/001=CANADA
CN/LAB=LABORATORY
CN/NPH=NON-PARTICIPATING HOSPITAL
CO/001=COLORADO
CO/LAB=LABORATORIES
CO/NPH=NON-PARTICIPATING HOSPITAL
CT/001=CONNECTICUT
CT/LAB=LABORATORIES
CT/NPH=NON-PARTICIPATING HOSPITAL
DC/001=DISTRICT OF COLUMBIA
DC/LAB=LABORATORIES
DC/NPH=NON-PARTICIPATING HOSPITAL
DE/001=DELAWARE
DE/LAB=LABORATORIES
DE/NPH=NON-PARTICIPATING HOSPITAL
FL/001=FLORIDA
FL/FTM=FT. MYERS
FL/GAI=GAINESVILLE
FL/JAX=JACKSONVILLE
FL/LAB=LABORATORIES
FL/LAN=LANTANA
FL/LAU=LAUDERHILL
FL/MIA=MIAMI
FL/NPH=NON-PARTICIPATING HOSPITAL
FL/ORL=ORLANDO
FL/PEN=PENSACOLA
FL/STP=ST. PETERSBURG
FL/TAL=TALLAHASSEE

SHORT DESCRIPTION

LEN

START

END

TYPE

FL/TAM=TAMPA

FM/001=FEDERATED STATES OF MICRO

FM/NPH=NON-PARTICIPATING HOSPITAL

FN/001=INTERNATIONAL

FN/LAB=LABORATORIES

FN/NPH=NON-PARTICIPATING HOSPITAL

GA/001=GEORGIA

GA/GAA=GEORGIA ALL

GA/GAC=GEORGIA CENTRAL

GA/GAE=GEORGIA EASTERN

GA/GAN=GEORGIA NORTH

GA/GAS=GEORGIA SOUTH

GA/GAW=GEORGIA WESTERN

GA/LAB=LABORATORIES

GA/NPH=NON-PARTICIPATING HOSPITAL

GU/001=GUAM

GU/LAB=LABORATORIES

GU/NPH=NON-PARTICIPATING HOSPITAL

HI/001=HAWAII

HI/LAB=LABORATORIES

HI/NPH=NON-PARTICIPATING HOSPITAL

IA/001=IOWA

IA/LAB=LABORATORIES

IA/NPH=NON-PARTICIPATING HOSPITAL

ID/001=IDAHO

ID/LAB=LABORATORIES

ID/NPH=NON-PARTICIPATING HOSPITAL

IL/001=ILLINOIS

IL/LAB=LABORATORIES

IL/NPH=NON-PARTICIPATING HOSPITAL

IN/001=INDIANA

IN/LAB=LABORATORIES

IN/NPH=NON-PARTICIPATING HOSPITAL

KS/001=KANSAS

KS/KCK=KANSAS CITY

KS/KDH=KDHE

KS/LAB=LABORATORIES

KS/LAW=LAWRENCE

KS/NC=NORTH CENTRAL KANSAS

KS/NE=NORTH EAST KANSAS

KS/NPH=NON-PARTICIPATING HOSPITAL

KS/NW=NORTH WEST KANSAS

KS/SC=SOUTH CENTRAL KANSAS

KS/SE=SOUTH EAST KANSAS

KS/SW=SOUTH WEST KANSAS

KS/WST=WEST

KY/2C1=HOPKINSVILLE

KY/2C2=LOUISVILLE

KY/2C3=LONDON
 KY/2C4=LEXINGTON
 KY/LAB=LABORATORIES
 KY/NPH=NON-PARTICIPATING HOSPITAL
 LA/001=LOUISIANA
 LA/LA1=NEW ORLEANS
 LA/LA2=MANDEVILLE
 LA/LA3=LAFAYETTE
 LA/LA4=MONROE
 LA/LA5=SHREVEPORT
 LA/LA6=ALEXANDRIA
 LA/LAB=LABORATORIES
 LA/LB1=CLIA NEW ORLEANS
 LA/LB5=CLIA SHREVEPORT
 LA/LB6=CLIA ALEXANDRIA
 LA/NPH=NON-PARTICIPATING HOSPITAL

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 17
 Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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MA/001=MASSACHUSETTS				
MA/LAB=LABORATORIES				
MA/NPH=NON-PARTICIPATING HOSPITAL				
MD/001=MARYLAND				
MD/LAB=LABORATORIES				
MD/NPH=NON-PARTICIPATING HOSPITAL				
ME/001=MAINE				
ME/LAB=LABORATORIES				
ME/NPH=NON-PARTICIPATING HOSPITAL				
MH/001=MARSHALL ISLANDS				
MH/NPH=NON-PARTICIPATING HOSPITAL				
MI/001=MICHIGAN				
MI/LAB=LABORATORIES				
MI/NPH=NON-PARTICIPATING HOSPITAL				
MN/001=MINNESOTA				
MN/LAB=LABORATORIES				
MN/NPH=NON-PARTICIPATING HOSPITAL				
MO/001=MISSOURI				
MO/01=REGION01				
MO/02=REGION02				
MO/03=REGION 03				
MO/04=REGION 04				
MO/05=REGION 05				
MO/06=REGION 06				
MO/07=REGION 07				
MO/1NH=REGION 1 NH				
MO/2NH=REGION 2 NH				
MO/3NH=REGION 3 NH				
MO/4NH=REGION 4 NH				
MO/5NH=REGION 5 NH				
MO/6NH=REGION 6 NH				

MO/7NH=REGION 7 NH
 MO/LAB=LABORATORIES
 MO/MO=STATEWIDE
 MO/NPH=NON-PARTICIPATING HOSPITAL
 MP/001=NORTHERN MARIANA ISLANDS
 MP/LAB=LABORATORIES
 MP/NPH=NON-PARTICIPATING HOSPITAL
 MS/001=MISSISSIPPI
 MS/LAB=LABORATORIES
 MS/NPH=NON-PARTICIPATING HOSPITAL
 MT/001=MONTANA
 MT/LAB=LABORATORIES
 MT/NPH=NON-PARTICIPATING HOSPITAL
 MX/001=MEXICO
 MX/LAB=LABORATORY
 MX/NPH=NON-PARTICIPATING HOSPITAL
 NC/001=NORTH CAROLINA
 NC/LAB=LABORATORIES
 NC/NCC=NORTH CAROLINA CENTRAL
 NC/NCE=NORTH CAROLINA EAST
 NC/NCN=NORTH CAROLINA NORTH
 NC/NCS=NORTH CAROLINA SOUTH
 NC/NCW=NORTH CAROLINA WEST
 NC/NPH=NON-PARTICIPATING HOSPITAL
 ND/001=NORTH DAKOTA
 ND/LAB=LABORATORIES
 ND/NPH=NON-PARTICIPATING HOSPITAL
 NE/001=NEBRASKA
 NE/1=NORTH CENTRAL
 NE/2=CENTRAL
 NE/3=NORTHEAST
 NE/4=SOUTHEAST
 NE/5=WESTERN

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 18
 Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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NE/LAB=LABORATORIES				
NE/NPH=NON-PARTICIPATING HOSPITAL				
NH/001=NEW HAMPSHIRE				
NH/LAB=LABORATORIES				
NH/NPH=NON-PARTICIPATING HOSPITAL				
NJ/001=NEW JERSEY				
NJ/LAB=LABORATORIES				
NJ/NPH=NON-PARTICIPATING HOSPITAL				
NM/001=NEW MEXICO				
NM/LAB=LABORATORIES				
NM/NPH=NON-PARTICIPATING HOSPITAL				
NV/001=NEVADA				
NV/CC=CARSON CITY				
NV/LAB=LABORATORIES				

NV/LV=LAS VEGAS
NV/NPH=NON-PARTICIPATING HOSPITAL
NY/001=BUFFALO
NY/002=ROCHESTER
NY/003=SYRACUSE
NY/004=ALBANY
NY/005=NEW ROCHELLE
NY/006=NEW YORK CITY
NY/007=SUFFOLK/NASSAU COUNTY
NY/LAB=LABORATORIES
NY/NPH=NON-PARTICIPATING HOSPITAL
OH/001=OHIO
OH/LAB=LABORATORIES
OH/NPH=NON-PARTICIPATING HOSPITAL
OK/001=OKLAHOMA
OK/LAB=LABORATORIES
OK/NPH=NON-PARTICIPATING HOSPITAL
OR/001=OFFICE #1
OR/002=OFFICE #2
OR/003=OFFICE #3
OR/LAB=LABORATORIES
OR/NPH=NON-PARTICIPATING HOSPITAL
PA/001=PENNSYLVANIA
PA/LAB=LABORATORIES
PA/NPH=NON-PARTICIPATING HOSPITAL
PR/001=PUERTO RICO
PR/LAB=LABORATORIES
PR/NPH=NON-PARTICIPATING HOSPITAL
PW/001=PALAU
PW/NPH=NON-PARTICIPATING HOSPITAL
RI/001=RHODE ISLAND
RI/LAB=LABORATORIES
RI/NPH=NON-PARTICIPATING HOSPITAL
SC/001=SOUTH CAROLINA
SC/LAB=LABORATORIES
SC/NPH=NON-PARTICIPATING HOSPITAL
SD/001=SOUTH DAKOTA
SD/LAB=LABORATORIES
SD/NPH=NON-PARTICIPATING HOSPITAL
TN/001=TENNESSEE
TN/LAB=LABORATORIES
TN/NPH=NON-PARTICIPATING HOSPITAL
TN/TNC=TENNESSEE COOKEVILLE
TN/TNE=TENNESSEE EASTERN
TN/TNM=TENNESSEE MIDDLE
TN/TNW=TENNESSEE WESTERN
TX/001=TEXAS
TX/L01=AMARILLO-LTC
TX/L02=ABILENE-LTC
TX/L03=ARLINGTON-LTC

SHORT DESCRIPTION	LEN	START	END	TYPE
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TX/L04=TYLER-LTC				
TX/L05=TEMPLE-LTC				
TX/L06=HOUSTON-LTC				
TX/L07=SAN ANTONIO-LTC				
TX/LAB=LABORATORIES				
TX/NPH=NON-PARTICIPATING HOSPITAL				
TX/TX1=LUBBOCK				
TX/TX2=ARLINGTON				
TX/TX3=SAN ANTONIO				
TX/TX4=HOUSTON				
TX/TX5=TYLER				
TX/TX6=AUSTIN				
UT/001=UTAH				
UT/LAB=LABORATORIES				
UT/NPH=NON-PARTICIPATING HOSPITAL				
VA/001=VIRGINIA				
VA/LAB=LABORATORIES				
VA/NPH=NON-PARTICIPATING HOSPITAL				
VI/001=VIRGIN ISLANDS				
VI/LAB=LABORATORIES				
VI/NPH=NON-PARTICIPATING HOSPITAL				
VT/001=VERMONT				
VT/LAB=LABORATORIES				
VT/NPH=NON-PARTICIPATING HOSPITAL				
WA/001=ALL OTHERS (NON-LTC FAC)				
WA/D1=SPOKANE & YAKIMA AREAS				
WA/D1A=District 1, Unit A				
WA/D1B=District 1, Unit B				
WA/D1C=District 1, Unit C				
WA/D1D=District 1, Unit D				
WA/D2=SPOKANE & SE				
WA/D2A=District 2, Unit A				
WA/D2B=District 2, Unit B				
WA/D2C=District 2, Unit C				
WA/D2D=District 2, Unit D				
WA/D2E=District 2, Unit E				
WA/D2F=District 2, Unit F				
WA/D2G=District 2, Unit G				
WA/D2H=District 2, Unit H				
WA/D3=NW WASHINGTON				
WA/D3A=District 3, Unit A				
WA/D3B=District 3, Unit B				
WA/D3C=District 3, Unit C				
WA/D3D=District 3, Unit D				
WA/D3E=District 3, Unit E				
WA/D4A=GREATER SEATTLE AREA				
WA/D4B=S KING COUNTY				
WA/D5A=PIERCE CTY & PENINSULA				
WA/D5B=PIERCE CTY & GRAYS HARBOR				
WA/D6=OLYMPIA AREA				
WA/LAB=LABORATORIES				

WA/NPH=NON-PARTICIPATING HOSPITAL
WI/001=WISCONSIN
WI/LAB=LABORATORIES
WI/NPH=NON-PARTICIPATING HOSPITAL
WV/001=WEST VIRGINIA
WV/LAB=LABORATORIES
WV/NPH=NON-PARTICIPATING HOSPITAL
WY/001=WYOMING
WY/LAB=LABORATORIES
WY/NPH=NON-PARTICIPATING HOSPITAL

Address: Street 50 178 227 VARCHAR2
Description: Street address where the provider is located.

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 20
Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

SAS Name: ST_ADR
COBOL Name: ST-ADR

Telephone Number 10 228 237 VARCHAR2
Description: Telephone number of the provider.
SAS Name: PHNE_NUM
COBOL Name: PHNE-NUM

Termination Code 2 238 239 VARCHAR2
Description: Indicates the current termination status for the
provider.

SAS Name: PGM_TRMNTN_CD
COBOL Name: PGM-TRMNTN-CD

VALUES: 00=ACTIVE PROVIDER
01=VOLUNTARY-MERGER, CLOSURE
02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT
03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION
04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL
05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ
06=INVOLUNTARY-FAILURE TO MEET AGREEMENT
07=OTHER-PROVIDER STATUS CHANGE
08=NONPAYMENT OF FEES - CLIA Only
09=REV/UNSUCCESSFUL PARTICIPATION IN PT - CLIA Only
10=REV/OTHER REASON - CLIA Only
11=INCOMPLETE CLIA APPLICATION INFORMATION - CLIA Only
12=NO LONGER PERFORMING TESTS - CLIA Only
13=MULTIPLE TO SINGLE SITE CERTIFICATE - CLIA Only
14=SHARED LABORATORY - CLIA Only
15=FAILURE TO RENEW WAIVER PPM CERTIFICATE - CLIA Only
16=DUPLICATE CLIA NUMBER - CLIA Only
17=MAIL RETURNED NO FORWARD ADDRESS CERT ENDED - CLIA Only
20=NOTIFICATION BANKRUPTCY - CLIA Only
33=ACCREDITATION NOT CONFIRMED - CLIA Only
80=AWAITING STATE APPROVAL

99=OIG ACTION - DO NOT ACTIVATE - CLIA Only

Termination or Expiration Date 8 240 247 DATE

Description: Date the provider was terminated. For CLIA providers, date the laboratory's certificate was terminated or the expiration date of the current CLIA certificate.

SAS Name: TRMNTN_EXPRTN_DT

COBOL Name: TRMNTN-EXPRTN-DT

Type of Action Code 1 248 248 VARCHAR2

Description: Identifies the reason for the certification. Type of action from the official survey record, CMS 1539 form.

SAS Name: CRTFCTN_ACTN_TYPE_CD

COBOL Name: CRTFCTN-ACTN-TYPE-CD

VALUES: 1=INITIAL

2=RECERTIFICATION

3=TERMINATION

4=CHANGE OF OWNERSHIP

5=VALIDATION

8=FULL SURVEY AFTER COMPLAINT

Ownership Type Code 2 249 250 VARCHAR2

Description: Indicates the ownership type of the provider.

SAS Name: GNRL_CNTL_TYPE_CD

COBOL Name: GNRL-CNTL-TYPE-CD

VALUES: 01=PRIVATE NON PROFIT

02=PROPRIETARY

03=RELIGIOUS AFFILIATION

04=VOL. NON-PROF. - RELIGIOUS AFF.

05=FOR PROFIT

DATE: 10/06/2020

POS RECORD LAYOUT

PAGE: 21

Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

06=NOT FOR PROFIT

07=CORPORATION

08=STATE

09=LOCAL GOVERNMENT

Address: ZIP Code 5 251 255 VARCHAR2

Description: Five-digit ZIP code for a provider's physical address.

SAS Name: ZIP_CD

COBOL Name: ZIP-CD

FIPS State Code 2 256 257 VARCHAR2

Description: FIPS State Code

SAS Name: FIPS_STATE_CD

COBOL Name: FIPS-STATE-CD

VALUES: 01=ALABAMA

02=ALASKA

04=ARIZONA

05=ARKANSAS
 06=CALIFORNIA
 08=COLORADO
 09=CONNECTICUT
 10=DELAWARE
 11=DISTRICT OF COLUMBIA
 12=FLORIDA
 13=GEORGIA
 15=HAWAII
 16=IDAHO
 17=ILLINOIS
 18=INDIANA
 19=IOWA
 20=KANSAS
 21=KENTUCKY
 22=LOUISIANA
 23=MAINE
 24=MARYLAND
 25=MASSACHUSETTS
 26=MICHIGAN
 27=MINNESOTA
 28=MISSISSIPPI
 29=MISSOURI
 30=MONTANA
 31=NEBRASKA
 32=NEVADA
 33=NEW HAMPSHIRE
 34=NEW JERSEY
 35=NEW MEXICO
 36=NEW YORK
 37=NORTH CAROLINA
 38=NORTH DAKOTA
 39=OHIO
 40=OKLAHOMA
 41=OREGON
 42=PENNSYLVANIA
 43=PUERTO RICO
 44=RHODE ISLAND
 45=SOUTH CAROLINA
 46=SOUTH DAKOTA
 47=TENNESSEE
 48=TEXAS
 49=UTAH
 50=VERMONT
 51=VIRGINIA
 53=WASHINGTON
 54=WEST VIRGINIA

SHORT DESCRIPTION	LEN	START	END	TYPE
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55=WISCONSIN
56=WYOMING
64=AMERICAN SAMOA
65=GUAM
66=SAIPAN/MARIANA IS.
78=VIRGIN ISLANDS

FIPS County Code 3 258 260 VARCHAR2

Description: FIPS County Code

SAS Name: FIPS_CNTY_CD

COBOL Name: FIPS-CNTY-CD

CBSA Urban Rural Indicator 1 261 261 VARCHAR2

Description: CBSA (Core Based Statistical Area) indicates whether the county is defined as Urban or Rural.

SAS Name: CBSA_URBN_RRL_IND

COBOL Name: CBSA-URBN-RRL-IND

CBSA Code 5 262 266 VARCHAR2

Description: CBSA (Core Based Statistical Area) geographic entities defined by the U.S. Office of Management and Budget (OMB) on June 6, 2003 for use by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics. CBSA collectively refers to MSA.

SAS Name: CBSA_CD

COBOL Name: CBSA-CD

Bed Count: Total 4 373 376 NUMBER

Description: Total number of beds in a provider, including those in non-participating or non-licensed areas.

SAS Name: BED_CNT

COBOL Name: BED-CNT

Fiscal Year End Date (MMDD) 4 464 467 VARCHAR2

Description: End date, consisting of the month and day, of the provider's fiscal year.

SAS Name: FY_END_MO_DAY_CD

COBOL Name: FY-END-MO-DAY-CD

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 1
Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Provider Category Subtype Code	2	1	2	VARCHAR2
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Description: Identifies the subtype of the provider, within the primary category. Used in reporting to show the breakdown of provider categories, mainly for hospitals and SNFs.

SAS Name: PRVDR_CTGRY_SBTYP_CD

COBOL Name: PRVDR-CTGRY-SBTYP-CD

VALUES: 01=X-Ray

Provider Category Code	2	3	4	VARCHAR2
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Description: Identifies the type of provider participating in the Medicare/Medicaid program.

SAS Name: PRVDR_CTGRY_CD

COBOL Name: PRVDR-CTGRY-CD

VALUES: 07=Portable X-Ray Supplier

CHOW Count	2	5	6	NUMBER
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Description: Number of times this provider has undergone a change of ownership.

SAS Name: CHOW_CNT

COBOL Name: CHOW-CNT

CHOW Date	8	7	14	DATE
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Description: Effective date of the most recent change of ownership for this provider.

SAS Name: CHOW_DT

COBOL Name: CHOW-DT

Address: City	28	15	42	VARCHAR2
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Description: City in which the provider is physically located.

SAS Name: CITY_NAME

COBOL Name: CITY-NAME

Compliance: Acceptable POC	1	43	43	VARCHAR2
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Description: Indicates if a provider is in compliance with program requirements based on an acceptable plan for correction

of deficiencies.

SAS Name: ACPTBL_POC_SW

COBOL Name: ACPTBL-POC-SW

Compliance: Status 1 44 44 VARCHAR2

Description: Compliance status of a provider at the time of certification survey.

SAS Name: CMPLNC_STUS_CD

COBOL Name: CMPLNC-STUS-CD

VALUES: A=IN COMPLIANCE

B=NOT IN COMPLIANCE

SSA County Code 3 45 47 VARCHAR2

Description: Social Security Administration geographic code indicating the county where the provider is located.

SAS Name: SSA_CNTY_CD

COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR

Description: Cross reference provider number

SAS Name: CROSS_REF_PROVIDER_NUMBER

COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date 8 58 65 DATE

Description: Equal to the exit date of the initial visit of the Health survey for certifications completed after July 28, 2012.

For certifications prior to that date, the certification

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 2

Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

date is equal to the exit date of the initial visit of the Health survey or LSC survey, whichever is later.

SAS Name: CRTFCTN_DT

COBOL Name: CRTFCTN-DT

Eligibility Indicator 1 66 66 VARCHAR2

Description: Indicates if a facility is eligible to participate in the Medicare and/or Medicaid programs.

SAS Name: ELGLTY_SW

COBOL Name: ELGLTY-SW

Facility Name 50 67 116 VARCHAR2

Description: Name of the provider certified to participate in the Medicare and/or Medicaid programs.

SAS Name: FAC_NAME

COBOL Name: FAC-NAME

Medicare Administrative Contractor (MAC) or 5 117 121 VARCHAR2

Intermediary or Carrier Code

Description: Number assigned to the Medicare Administrative

Contractor, intermediary or carrier servicing this provider.

SAS Name: INTRMDRY_CARR_CD

COBOL Name: INTRMDRY-CARR-CD

VALUES: 00000=DUMMY FOR MEDICAID HHA
00010=BLUE CROSS (ALABAMA)
00011=CAHABA
00020=BLUE CROSS (ARKANSAS)
00040=BLUE CROSS (CALIFORNIA)
00060=BLUE CROSS (CONNECTICUT)
00070=BLUE CROSS (DELAWARE)
00090=BLUE CROSS (FLORIDA)
00101=BLUE CROSS (GEORGIA)
00121=HEALTH CARE SERVICE CORPORATION
00122=HCSC - MICHIGAN
00123=HCSC OF MICHIGAN
00130=NATIONAL GOVERNMENT SERVICES
00131=NATIONAL GOVERNMENT SERVICES
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)
00150=BLUE CROSS (KANSAS)
00160=NATIONAL GOVERNMENT SERVICES
00180=NATIONAL GOVERNMENT SERVICES
00181=NATIONAL GOVERNMENT SERVICES
00190=BLUE CROSS (MARYLAND)
00200=BLUE CROSS (MASSACHUSETTS)
00210=BLUE CROSS (MICHIGAN)
00220=BLUE CROSS (MINNESOTA)
00230=BLUE CROSS (MISSISSIPPI)
00231=BLUE CROSS (LOUISIANA)
00233=PINNACLE
00241=BLUE CROSS (MISSOURI)
00260=BLUE CROSS (NEBRASKA)
00270=NATIONAL GOVERNMENT SERVICES
00280=BLUE CROSS (NEW JERSEY)
00290=BLUE CROSS (NEW MEXICO)
00308=NATIONAL GOVERNMENT SERVICES
00310=BLUE CROSS (NORTH CAROLINA)
00320=NORIDIAN PART A
00322=NORIDIAN PART A (AK/WA)
00323=NORIDIAN PART A (ID/OR)
00325=NORIDIAN
00332=NATIONAL GOVERNMENT SERVICES
00340=BLUE CROSS (OKLAHOMA)
00350=BLUE CROSS (OREGON)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 3
Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				

00366=HIGHMARK MEDICARE SERVICES
00370=BLUE CROSS (RHODE ISLAND)
00380=BLUE CROSS (SOUTH CAROLINA)
00390=BLUE CROSS (TENNESSEE)
00400=BLUE CROSS (TEXAS)
00410=BLUE CROSS (UTAH)
00423=BLUE CROSS (VIRGINIA/WEST VA)
00430=BLUE CROSS (WASHINGTON & ALASKA)
00450=NATIONAL GOVERNMENT SERVICES
00452=NATIONAL GOVERNMENT SERVICES
00453=NATIONAL GOVERNMENT SERVICES
00454=NATIONAL GOVERNMENT SERVICES
00456=NATIONAL GOVERNMENT SERVICES
00468=BLUE CROSS (NORTH CAROLINA FOR PR)
00510=BLUE SHIELD (ALABAMA)
00511=CAHABA
00512=CAHABA
00520=BLUE SHIELD (ARKANSAS)
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)
00542=BLUE SHIELD (CALIFORNIA)
00550=BLUE SHIELD (COLORADO)
00570=BLUE SHIELD (DELAWARE)
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)
00590=BLUE SHIELD (FLORIDA)
00621=BLUE SHIELD (ILLINOIS)
00630=NATIONAL GOVERNMENT SERVICES
00640=BLUE SHIELD (IOWA)
00650=BLUE SHIELD (KANSAS)
00655=BLUE SHIELD (KANSAS/NEBRASKA)
00660=NATIONAL GOVERNMENT SERVICES
00690=BLUE SHIELD (MARYLAND)
00700=BLUE SHIELD (MASSACHUSETTS)
00710=BLUE SHIELD (MICHIGAN)
00720=BLUE SHIELD (MINNESOTA)
00740=BLUE SHIELD (KANSAS CITY)
00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
00780=BLUE SHIELD (TRI-STATE)
00801=BLUE SHIELD (BUFFALO)
00803=NATIONAL GOVERNMENT SERVICES
00805=NATIONAL GOVERNMENT SERVICES
00821=NORIDIAN
00824=NORIDIAN GVT SERVICES (CO)
00826=NORIDIAN GVT SERVICES (IA)
00831=NORIDIAN GVT SERVICES (AK)
00832=NORIDIAN GVT SERVICES (AZ)
00833=NORIDIAN GVT SERVICES (HI)
00834=NORIDIAN GVT SERVICES (NV)
00835=NORIDIAN GVT SERVICES (OR)
00836=NORIDIAN GVT SERVICES (WA)
00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
00865=BLUE SHIELD (PENNSYLVANIA)
00870=BLUE SHIELD (RHODE ISLAND)
00880=BLUE SHIELD (SOUTH CAROLINA)
00883=PALMETTO GBA PART B

00884=PALMETTO GBA
 00889=NORIDIAN GVT SERVICES (SD)
 00900=BLUE SHIELD (TEXAS)
 00901=TRAILBLAZERS HEALTH ENTERPRISES
 00904=TRAILBLAZER
 00910=BLUE SHIELD (UTAH)
 00930=BLUE SHIELD (WASHINGTON)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 4
 Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH)				
01111=Noridian (CA)				
01112=Noridian (NF)				
01120=AETNA (HAWAII)				
01182=Noridian (SF)				
01192=PALMETTO (CALIFORNIA SOUTH)				
01201=PALMETTO (HAWAII)				
01202=PALMETTO (HAWAII)				
01211=Noridian (AS, GU, HI)				
01212=Noridian (AS, GU, HI)				
01290=AETNA (NEVADA)				
01301=PALMETTO (NEVADA)				
01302=PALMETTO (NEVADA)				
01311=Noridian (NV)				
01312=Noridian (NV)				
01360=AETNA (NEW MEXICO)				
01370=AETNA (OKLAHOMA)				
01380=AETNA (OREGON)				
01390=AETNA (WASHINGTON)				
01901=PALMETTO GBA				
01902=PALMETTO GBA				
01911=Noridian (AS, GU, HI, NV)				
02050=OCCIDENTAL (CALIFORNIA)				
02101=Noridian AK				
02102=Noridian AK				
02201=Noridian ID				
02202=Noridian ID				
02301=Noridian OR				
02302=Noridian OR				

02401=Noridian WA
 02402=Noridian WA
 03001=NORIDIAN ADMIN SERVICES
 03101=NORIDAN (ARIZONA)
 03102=NORIDAN (ARIZONA)
 03201=NORIDAN (MONTANA)
 03202=NORIDAN (MONTANA)
 03301=NORDIAN (NORTH DAKOTA)
 03302=NORDIAN (NORTH DAKOTA)
 03401=NORIDIAN (SOUTH DAKOTA)
 03402=NORIDIAN (SOUTH DAKOTA)
 03501=NORIDIAN (UTAH)
 03502=NORIDIAN (UTAH)
 03601=NORIDIAN (WYOMING)
 03602=NORIDIAN (WYOMING)
 04001=TRAILBLAZER
 04101=TRAILBLAZER (COLORADO)
 04102=TRAILBLAZER (COLORADO)
 04111=NOVITAS (COLORADO)
 04112=NOVITAS (COLORADO)
 04201=TRAILBLAZER (NEW MEXICO)
 04202=TRAILBLAZER (NEW MEXICO)
 04211=NOVITAS (NEW MEXICO)
 04212=NOVITAS (NEW MEXICO)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 5
 Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				
05402=WPS (NEBRASKA)				
05440=EQICOR (TENNESSEE)				
05535=EQICOR (NORTH CAROLINA)				
05901=WISCONSIN PHYSICIANS SERVICE				

06001=NGS (WI)
 06004=National Govt Serv HHH
 06101=NGS (IL)
 06102=NGS (IL)
 06201=NGS (MN)
 06202=NGS (MN)
 06301=NGS (WI)
 06302=NGS (WI)
 07101=Novitas AR
 07102=Novitas AR
 07201=Novitas LA
 07202=Novitas LA
 07301=Novitas MS
 07302=Novitas MS
 08101=WPS IN
 08102=WPS IN
 08201=WPS MI
 08202=WPS MI
 09101=FIRST COAST (FLORIDA)
 09102=FIRST COAST (FLORIDA)
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)
 09202=FIRST COAST (PUERTO RICO)
 09302=FIRST COAST (VIRGIN ISLANDS)
 10071=TRAVELERS (RRB)
 10101=CAHABA GBA (AL)
 10102=CAHABA GBA (AL)
 10111=PALMETTO GBA (Part A) (AL)
 10201=CAHABA GBA (GA)
 10202=CAHABA GBA (GA)
 10211=PALMETTO GBA (GA)
 10230=TRAVELERS (CONNECTICUT)
 10240=TRAVELERS (MINNESOTA)
 10250=TRAVELERS (MISSISSIPPI)
 10301=CAHABA GBA (TN)
 10302=CAHABA GBA (TN)
 10311=PALMETTO GBA (TN)
 10490=TRAVELERS (VIRGINIA)
 10492=TRAVELERS - VIRGINIA SPECIAL PROJECT
 11004=PALMETTO HHH C
 11201=PALMETTO GBA (SC)
 11202=PALMETTO GBA (SC)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 6
 Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				

11502=PALMETTO GBA (NC)
12101=Novitas DE
12102=Novitas DE
12201=Novitas DC
12202=Novitas DC
12301=Novitas MD
12302=Novitas MD
12401=Novitas NJ
12402=Novitas NJ
12501=Novitas PA
12502=Novitas PA
12901=Novitas Solutions DC, DE, MD, PA
12902=HIGHMARK
13101=NATIONAL GOVT SERVICES (CONNECTICUT)
13102=NATIONAL GOVT SERVICES (CONNECTICUT)
13201=NATIONAL GOVT SERVICES (NEW YORK)
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)
13282=NGS (UN)
13292=NGS (QN)
14004=NATIONAL HERITAGE (HHA - A)
14014=NGS (HHA)
14101=NATIONAL HERITAGE (MAINE)
14102=NATIONAL HERITAGE (MAINE)
14111=NGS (ME)
14112=NGS (ME)
14201=NATIONAL HERITAGE (MASSACHUSETTS)
14202=NATIONAL HERITAGE (MASSACHUSETTS)
14211=NGS (MA)
14212=NGS (MA)
14301=NATIONAL HERITAGE (NEW HAMPSHIRE)
14302=NATIONAL HERITAGE (NEW HAMPSHIRE)
14311=NGS (NH)
14312=NGS (NH)
14330=GROUP HEALTH INC (NEW YORK)
14401=NATIONAL HERITAGE (RHODE ISLAND)
14402=NATIONAL HERITAGE (RHODE ISLAND)
14411=NGS (RI)
14412=NGS (RI)
14501=NATIONAL HERITAGE (VERMONT)
14502=NATIONAL HERITAGE (VERMONT)
14511=NGS (VT)
14512=NGS (VT)
15004=CGS Administrators HHH
15101=CGS (KENTUCKY)
15102=CGS (KENTUCKY)
15201=CGS (OHIO)
15202=CGS (OHIO)
16360=NATIONWIDE (OHIO)
16510=NATIONWIDE (WEST VIRGINIA)
17120=HAWAII MEDICAL SERVICE ASSOCIATION
21200=MASSACHUSETTS/MAINE
31142=NATIONAL HERITAGE INSURANCE CO (MAINE)
31143=NATIONAL HERITAGE INSURANCE CO
31144=NATIONAL HERITAGE INSURANCE CO

50333=TRAVELERS (NEW YORK)
51051=AETNA (PETALUMA)
51070=AETNA (FARMINGTON)
51100=AETNA (CLEARWATER)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 7
Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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51140=AETNA (PEORIA)
51390=AETNA (FORT WASHINGTON)
52280=WISCONSIN PHYSICIANS SERVICE
57400=COOPERATIVA (PUERTO RICO)

Medicaid Vendor Number 15 122 136 VARCHAR2
Description: Number which may be assigned to a provider by the state
Medicaid agency for external control or billing purposes.
SAS Name: MDCD_VNDR_NUM
COBOL Name: MDCD-VNDR-NUM

Original Participation Date 8 137 144 DATE
Description: Date a provider is first approved to provide Medicare
and/or Medicaid services.
SAS Name: ORGNL_PRTCPTN_DT
COBOL Name: ORGNL-PRTCPTN-DT

Prior CHOW Date 8 145 152 DATE
Description: Effective date of the previous change of ownership for
this provider.
SAS Name: CHOW_PRIOR_DT
COBOL Name: CHOW-PRIOR-DT

Prior Medicare Administrative Contractor (MAC) or 5 153 157 VARCHAR2
Intermediary or Carrier Code
Description: Number assigned to the previous Medicare Administrative
Contractor, intermediary or carrier servicing this
provider.
SAS Name: INTRMDRY_CARR_PRIOR_CD
COBOL Name: INTRMDRY-CARR-PRIOR-CD
VALUES: 00000=DUMMY FOR MEDICAID HHA
00010=BLUE CROSS (ALABAMA)
00011=CAHABA
00020=BLUE CROSS (ARKANSAS)
00040=BLUE CROSS (CALIFORNIA)
00060=BLUE CROSS (CONNECTICUT)
00070=BLUE CROSS (DELAWARE)
00090=BLUE CROSS (FLORIDA)
00101=BLUE CROSS (GEORGIA)
00121=HEALTH CARE SERVICE CORPORATION
00122=HCSC - MICHIGAN
00123=HCSC OF MICHIGAN
00130=NATIONAL GOVERNMENT SERVICES

00131=NATIONAL GOVERNMENT SERVICES
 00140=BLUE CROSS (IOWA/SOUTH DAKOTA)
 00150=BLUE CROSS (KANSAS)
 00160=NATIONAL GOVERNMENT SERVICES
 00180=NATIONAL GOVERNMENT SERVICES
 00181=NATIONAL GOVERNMENT SERVICES
 00190=BLUE CROSS (MARYLAND)
 00200=BLUE CROSS (MASSACHUSETTS)
 00210=BLUE CROSS (MICHIGAN)
 00220=BLUE CROSS (MINNESOTA)
 00230=BLUE CROSS (MISSISSIPPI)
 00231=BLUE CROSS (LOUISIANA)
 00233=PINNACLE
 00241=BLUE CROSS (MISSOURI)
 00260=BLUE CROSS (NEBRASKA)
 00270=NATIONAL GOVERNMENT SERVICES
 00280=BLUE CROSS (NEW JERSEY)
 00290=BLUE CROSS (NEW MEXICO)
 00308=NATIONAL GOVERNMENT SERVICES
 00310=BLUE CROSS (NORTH CAROLINA)
 00320=NORIDIAN PART A

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 8
 Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00322=NORIDIAN PART A (AK/WA)				
00323=NORIDIAN PART A (ID/OR)				
00325=NORIDIAN				
00332=NATIONAL GOVERNMENT SERVICES				
00340=BLUE CROSS (OKLAHOMA)				
00350=BLUE CROSS (OREGON)				
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				
00468=BLUE CROSS (NORTH CAROLINA FOR PR)				
00510=BLUE SHIELD (ALABAMA)				
00511=CAHABA				
00512=CAHABA				

00520=BLUE SHIELD (ARKANSAS)
 00528=BLUE SHIELD (ARKANSAS/LOUISIANA)
 00542=BLUE SHIELD (CALIFORNIA)
 00550=BLUE SHIELD (COLORADO)
 00570=BLUE SHIELD (DELAWARE)
 00580=BLUE SHIELD (DISTRICT OF COLUMBIA)
 00590=BLUE SHIELD (FLORIDA)
 00621=BLUE SHIELD (ILLINOIS)
 00630=NATIONAL GOVERNMENT SERVICES
 00640=BLUE SHIELD (IOWA)
 00650=BLUE SHIELD (KANSAS)
 00655=BLUE SHIELD (KANSAS/NEBRASKA)
 00660=NATIONAL GOVERNMENT SERVICES
 00690=BLUE SHIELD (MARYLAND)
 00700=BLUE SHIELD (MASSACHUSETTS)
 00710=BLUE SHIELD (MICHIGAN)
 00720=BLUE SHIELD (MINNESOTA)
 00740=BLUE SHIELD (KANSAS CITY)
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
 00780=BLUE SHIELD (TRI-STATE)
 00801=BLUE SHIELD (BUFFALO)
 00803=NATIONAL GOVERNMENT SERVICES
 00805=NATIONAL GOVERNMENT SERVICES
 00821=NORIDIAN
 00824=NORIDIAN GVT SERVICES (CO)
 00826=NORIDIAN GVT SERVICES (IA)
 00831=NORIDIAN GVT SERVICES (AK)
 00832=NORIDIAN GVT SERVICES (AZ)
 00833=NORIDIAN GVT SERVICES (HI)
 00834=NORIDIAN GVT SERVICES (NV)
 00835=NORIDIAN GVT SERVICES (OR)
 00836=NORIDIAN GVT SERVICES (WA)
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
 00865=BLUE SHIELD (PENNSYLVANIA)
 00870=BLUE SHIELD (RHODE ISLAND)
 00880=BLUE SHIELD (SOUTH CAROLINA)
 00883=PALMETTO GBA PART B
 00884=PALMETTO GBA

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 Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00889=NORIDIAN GVT SERVICES (SD)				
00900=BLUE SHIELD (TEXAS)				
00901=TRAILBLAZERS HEALTH ENTERPRISES				
00904=TRAILBLAZER				
00910=BLUE SHIELD (UTAH)				
00930=BLUE SHIELD (WASHINGTON)				
00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				

00954=WI PHYSICIAN SERVICES - MN
00973=BLUE SHIELD (PUERTO RICO)
00974=BLUE SHIELD (VIRGIN ISLANDS)
01010=AETNA (PEORIA)
01020=AETNA (ALASKA)
01030=AETNA (ARIZONA)
01040=AETNA (GEORGIA)
01101=PALMETTO (CALIFORNIA)
01102=PALMETTO (CALIFORNIA (NORTH)
01111=Noridian (CA)
01112=Noridian (NF)
01120=AETNA (HAWAII)
01182=Noridian (SF)
01192=PALMETTO (CALIFORNIA SOUTH)
01201=PALMETTO (HAWAII)
01202=PALMETTO (HAWAII)
01211=Noridian (AS, GU, HI)
01212=Noridian (AS, GU, HI)
01290=AETNA (NEVADA)
01301=PALMETTO (NEVADA)
01302=PALMETTO (NEVADA)
01311=Noridian (NV)
01312=Noridian (NV)
01360=AETNA (NEW MEXICO)
01370=AETNA (OKLAHOMA)
01380=AETNA (OREGON)
01390=AETNA (WASHINGTON)
01901=PALMETTO GBA
01902=PALMETTO GBA
01911=Noridian (AS, GU, HI, NV)
02050=OCCIDENTAL (CALIFORNIA)
02101=Noridian AK
02102=Noridian AK
02201=Noridian ID
02202=Noridian ID
02301=Noridian OR
02302=Noridian OR
02401=Noridian WA
02402=Noridian WA
03001=NORIDIAN ADMIN SERVICES
03101=NORIDAN (ARIZONA)
03102=NORIDAN (ARIZONA)
03201=NORIDAN (MONTANA)
03202=NORIDAN (MONTANA)
03301=NORDIAN (NORTH DAKOTA)
03302=NORDIAN (NORTH DAKOTA)
03401=NORIDIAN (SOUTH DAKOTA)
03402=NORIDIAN (SOUTH DAKOTA)
03501=NORIDIAN (UTAH)
03502=NORIDIAN (UTAH)
03601=NORIDIAN (WYOMING)
03602=NORIDIAN (WYOMING)
04001=TRAILBLAZER
04101=TRAILBLAZER (COLORADO)

04102=TRAILBLAZER (COLORADO)

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Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04111=NOVITAS (COLORADO)				
04112=NOVITAS (COLORADO)				
04201=TRAILBLAZER (NEW MEXICO)				
04202=TRAILBLAZER (NEW MEXICO)				
04211=NOVITAS (NEW MEXICO)				
04212=NOVITAS (NEW MEXICO)				
04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				
05402=WPS (NEBRASKA)				
05440=EQICOR (TENNESSEE)				
05535=EQICOR (NORTH CAROLINA)				
05901=WISCONSIN PHYSICIANS SERVICE				
06001=NGS (WI)				
06004=National Govt Serv HHH				
06101=NGS (IL)				
06102=NGS (IL)				
06201=NGS (MN)				
06202=NGS (MN)				
06301=NGS (WI)				
06302=NGS (WI)				
07101=Novitas AR				
07102=Novitas AR				
07201=Novitas LA				
07202=Novitas LA				
07301=Novitas MS				
07302=Novitas MS				
08101=WPS IN				
08102=WPS IN				
08201=WPS MI				

08202=WPS MI
 09101=FIRST COAST (FLORIDA)
 09102=FIRST COAST (FLORIDA)
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)
 09202=FIRST COAST (PUERTO RICO)
 09302=FIRST COAST (VIRGIN ISLANDS)
 10071=TRAVELERS (RRB)
 10101=CAHABA GBA (AL)
 10102=CAHABA GBA (AL)
 10111=PALMETTO GBA (Part A) (AL)
 10201=CAHABA GBA (GA)
 10202=CAHABA GBA (GA)
 10211=PALMETTO GBA (GA)
 10230=TRAVELERS (CONNECTICUT)
 10240=TRAVELERS (MINNESOTA)
 10250=TRAVELERS (MISSISSIPPI)
 10301=CAHABA GBA (TN)
 10302=CAHABA GBA (TN)

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 Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
10311=PALMETTO GBA (TN)				
10490=TRAVELERS (VIRGINIA)				
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				
12102=Novitas DE				
12201=Novitas DC				
12202=Novitas DC				
12301=Novitas MD				
12302=Novitas MD				
12401=Novitas NJ				
12402=Novitas NJ				
12501=Novitas PA				
12502=Novitas PA				
12901=Novitas Solutions DC, DE, MD, PA				
12902=HIGHMARK				
13101=NATIONAL GOVT SERVICES (CONNECTICUT)				
13102=NATIONAL GOVT SERVICES (CONNECTICUT)				
13201=NATIONAL GOVT SERVICES (NEW YORK)				
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)				

13282=NGS (UN)
 13292=NGS (QN)
 14004=NATIONAL HERITAGE (HHA - A)
 14014=NGS (HHA)
 14101=NATIONAL HERITAGE (MAINE)
 14102=NATIONAL HERITAGE (MAINE)
 14111=NGS (ME)
 14112=NGS (ME)
 14201=NATIONAL HERITAGE (MASSACHUSETTS)
 14202=NATIONAL HERITAGE (MASSACHUSETTS)
 14211=NGS (MA)
 14212=NGS (MA)
 14301=NATIONAL HERITAGE (NEW HAMPSHIRE)
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)
 14311=NGS (NH)
 14312=NGS (NH)
 14330=GROUP HEALTH INC (NEW YORK)
 14401=NATIONAL HERITAGE (RHODE ISLAND)
 14402=NATIONAL HERITAGE (RHODE ISLAND)
 14411=NGS (RI)
 14412=NGS (RI)
 14501=NATIONAL HERITAGE (VERMONT)
 14502=NATIONAL HERITAGE (VERMONT)
 14511=NGS (VT)
 14512=NGS (VT)
 15004=CGS Administrators HHH
 15101=CGS (KENTUCKY)
 15102=CGS (KENTUCKY)
 15201=CGS (OHIO)
 15202=CGS (OHIO)
 16360=NATIONWIDE (OHIO)
 16510=NATIONWIDE (WEST VIRGINIA)
 17120=HAWAII MEDICAL SERVICE ASSOCIATION
 21200=MASSACHUSETTS/MAINE
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)

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 Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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31143=NATIONAL HERITAGE INSURANCE CO				
31144=NATIONAL HERITAGE INSURANCE CO				
50333=TRAVELERS (NEW YORK)				
51051=AETNA (PETALUMA)				
51070=AETNA (FARMINGTON)				
51100=AETNA (CLEARWATER)				
51140=AETNA (PEORIA)				
51390=AETNA (FORT WASHINGTON)				
52280=WISCONSIN PHYSICIANS SERVICE				
57400=COOPERATIVA (PUERTO RICO)				

CCN	10	158	167	VARCHAR2
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Description: Six or ten position identification number that is assigned to a certified provider. This is the CMS Certification Number.

SAS Name: PRVDR_NUM

COBOL Name: PRVDR-NUM

Region Code 2 168 169 VARCHAR2

Description: Indicates the CMS Regional Office responsible for the certification of the provider.

SAS Name: RGN_CD

COBOL Name: RGN-CD

VALUES: 01=Boston

02=New York

03=Philadelphia

04=Atlanta

05=Chicago

06=Dallas

07=Kansas City

08=Denver

09=San Francisco

10=Seattle

Skeleton Record Indicator 1 170 170 VARCHAR2

Description: Indicates if the record is a skeleton record. Only a limited set of data is available for this provider; no survey data exists. Only provider categories 01,17,19,21and 22 can have skeleton providers.

SAS Name: SKLTN_REC_SW

COBOL Name: SKLTN-REC-SW

State Abbreviation 2 171 172 VARCHAR2

Description: Two-character state abbreviation.

SAS Name: STATE_CD

COBOL Name: STATE-CD

VALUES: AK=ALASKA

AL=ALABAMA

AR=ARKANSAS

AS=AMERICAN SAMOA

AZ=ARIZONA

CA=CALIFORNIA

CN=CANADA

CO=COLORADO

CT=CONNECTICUT

DC=DISTRICT OF COLUMBIA

DE=DELAWARE

FL=FLORIDA

FN=INTERNATIONAL

GA=GEORGIA

GU=GUAM

HI=HAWAII

IA=IOWA

ID=IDAHO

SHORT DESCRIPTION	LEN	START	END	TYPE
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IL=ILLINOIS				
IN=INDIANA				
KS=KANSAS				
KY=KENTUCKY				
LA=LOUISIANA				
MA=MASSACHUSETTS				
MD=MARYLAND				
ME=MAINE				
MI=MICHIGAN				
MN=MINNESOTA				
MO=MISSOURI				
MP=SAIPAN				
MS=MISSISSIPPI				
MT=MONTANA				
MX=MEXICO				
NC=NORTH CAROLINA				
ND=NORTH DAKOTA				
NE=NEBRASKA				
NH=NEW HAMPSHIRE				
NJ=NEW JERSEY				
NM=NEW MEXICO				
NV=NEVADA				
NY=NEW YORK				
OH=OHIO				
OK=OKLAHOMA				
OR=OREGON				
PA=PENNSYLVANIA				
PR=PUERTO RICO				
RI=RHODE ISLAND				
SC=SOUTH CAROLINA				
SD=SOUTH DAKOTA				
TN=TENNESSEE				
TX=TEXAS				
UT=UTAH				
VA=VIRGINIA				
VI=VIRGIN ISLANDS				
VT=VERMONT				
WA=WASHINGTON				
WI=WISCONSIN				
WV=WEST VIRGINIA				
WY=WYOMING				

SSA State Code 2 173 174 VARCHAR2
 Description: Social Security Administration geographic code indicating
 the state where the provider is located.
 SAS Name: SSA_STATE_CD
 COBOL Name: SSA-STATE-CD
 VALUES: 01=ALABAMA
 02=ALASKA

03=ARIZONA
04=ARKANSAS
05=CALIFORNIA
06=COLORADO
07=CONNECTICUT
08=DELAWARE
09=DISTRICT OF COLUMBIA
10=FLORIDA
11=GEORGIA
12=HAWAII
13=IDAHO
14=ILLINOIS
15=INDIANA
16=IOWA
17=KANSAS

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Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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18=KENTUCKY				
19=LOUISIANA				
20=MAINE				
21=MARYLAND				
22=MASSACHUSETTS				
23=MICHIGAN				
24=MINNESOTA				
25=MISSISSIPPI				
26=MISSOURI				
27=MONTANA				
28=NEBRASKA				
29=NEVADA				
30=NEW HAMPSHIRE				
31=NEW JERSEY				
32=NEW MEXICO				
33=NEW YORK				
34=NORTH CAROLINA				
35=NORTH DAKOTA				
36=OHIO				
37=OKLAHOMA				
38=OREGON				
39=PENNSYLVANIA				
40=PUERTO RICO				
41=RHODE ISLAND				
42=SOUTH CAROLINA				
43=SOUTH DAKOTA				
44=TENNESSEE				
45=TEXAS				
46=UTAH				
47=VERMONT				
48=VIRGIN ISLANDS				
49=VIRGINIA				

50=WASHINGTON
51=WEST VIRGINIA

53=WYOMING

56=CANADA

57=WEST INDIES

58=EUROPE

59=MEXICO

60=OCEANIA

61=PHILIPPINES

62=SOUTH AMERICA

63=UNITED STATES POSSESSIONS

64=AMERICAN SAMOA

65=GUAM

66=SAIPAN

99=INTERNATIONAL

State Region Code	3	175	177	VARCHAR2
Description: Identifies the region within a state where the provider is located.				

COBOL Name: STATE-RGN-CD

AK/LAB=LABORATOR

AK/NPH=NON-PARTICIPA

AL/LAB=LABORATORIES

AL/NPH=NON-PARTICIPAT

AR/001=ARKANSAS

AR/LAB=LABORATORIES

AR/NPH=NON-PARTICIPANT

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 15
Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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AS/LAB=LABORATORY

AS/NPH=NON-PARTICIPATI

AZ/AZ=PHOENIX

AZ/LAB=ARIZONA LAB

AZ/NPH=NON-PARTICIPATI

AZ/TUC=TUCSON

CA/001=CALIFORNIA

CA/BAK=BAKERSFIELD

CA/BER=SAN BERNARDINO

CA/EB=East Bay

CA/FR=FRESNO

CA/L1=L.A. WEST

CA/L2=L.A. NORTH

CA/L3=L.A. CENTRAL

CA/L4=L.A. EAST
CA/L5=SAN GABRIEL
CA/LA1=LA Region 1
CA/LA2=LA Region 2
CA/LA3=LA Region 3
CA/LA4=LA Acute/Ancillary
CA/LA5=LA HHA/Hospice
CA/LA6=LA ICF/DD/CLinics
CA/LAB=LABORATORIES
CA/M1=LAB. SOUTH
CA/M2=LAB. NORTH
CA/NPH=NON-PARTICIPATING HOSPITAL
CA/ORG=ORANGE
CA/RIV=RIVERSIDE
CA/S1=SACRAMENTO
CA/S3=CHICO
CA/SD=SAN DIEGO
CA/SF=SAN FRANCISCO
CA/SJ=SAN JOSE
CA/SR=SANTA ROSA
CA/VEN=VENTURA
CN/001=CANADA
CN/LAB=LABORATORY
CN/NPH=NON-PARTICIPATING HOSPITAL
CO/001=COLORADO
CO/LAB=LABORATORIES
CO/NPH=NON-PARTICIPATING HOSPITAL
CT/001=CONNECTICUT
CT/LAB=LABORATORIES
CT/NPH=NON-PARTICIPATING HOSPITAL
DC/001=DISTRICT OF COLUMBIA
DC/LAB=LABORATORIES
DC/NPH=NON-PARTICIPATING HOSPITAL
DE/001=DELAWARE
DE/LAB=LABORATORIES
DE/NPH=NON-PARTICIPATING HOSPITAL
FL/001=FLORIDA
FL/FTM=FT. MYERS
FL/GAI=GAINESVILLE
FL/JAX=JACKSONVILLE
FL/LAB=LABORATORIES
FL/LAN=LANTANA
FL/LAU=LAUDERHILL
FL/MIA=MIAMI
FL/NPH=NON-PARTICIPATING HOSPITAL
FL/ORL=ORLANDO
FL/PEN=PENSACOLA
FL/STP=ST. PETERSBURG
FL/TAL=TALLAHASSEE

SHORT DESCRIPTION

LEN START END TYPE

FL/TAM=TAMPA
FM/001=FEDERATED STATES OF MICRO
FM/NPH=NON-PARTICIPATING HOSPITAL
FN/001=INTERNATIONAL
FN/LAB=LABORATORIES
FN/NPH=NON-PARTICIPATING HOSPITAL
GA/001=GEORGIA
GA/GAA=GEORGIA ALL
GA/GAC=GEORGIA CENTRAL
GA/GAE=GEORGIA EASTERN
GA/GAN=GEORGIA NORTH
GA/GAS=GEORGIA SOUTH
GA/GAW=GEORGIA WESTERN
GA/LAB=LABORATORIES
GA/NPH=NON-PARTICIPATING HOSPITAL
GU/001=GUAM
GU/LAB=LABORATORIES
GU/NPH=NON-PARTICIPATING HOSPITAL
HI/001=HAWAII
HI/LAB=LABORATORIES
HI/NPH=NON-PARTICIPATING HOSPITAL
IA/001=IOWA
IA/LAB=LABORATORIES
IA/NPH=NON-PARTICIPATING HOSPITAL
ID/001=IDAHO
ID/LAB=LABORATORIES
ID/NPH=NON-PARTICIPATING HOSPITAL
IL/001=ILLINOIS
IL/LAB=LABORATORIES
IL/NPH=NON-PARTICIPATING HOSPITAL
IN/001=INDIANA
IN/LAB=LABORATORIES
IN/NPH=NON-PARTICIPATING HOSPITAL
KS/001=KANSAS
KS/KCK=KANSAS CITY
KS/KDH=KDHE
KS/LAB=LABORATORIES
KS/LAW=LAWRENCE
KS/NC=NORTH CENTRAL KANSAS
KS/NE=NORTH EAST KANSAS
KS/NPH=NON-PARTICIPATING HOSPITAL
KS/NW=NORTH WEST KANSAS
KS/SC=SOUTH CENTRAL KANSAS
KS/SE=SOUTH EAST KANSAS
KS/SW=SOUTH WEST KANSAS
KS/WST=WEST
KY/2C1=HOPKINSVILLE
KY/2C2=LOUISVILLE
KY/2C3=LONDON
KY/2C4=LEXINGTON
KY/LAB=LABORATORIES
KY/NPH=NON-PARTICIPATING HOSPITAL

LA/001=LOUISIANA
LA/LA1=NEW ORLEANS
LA/LA2=MANDEVILLE
LA/LA3=LAFAYETTE
LA/LA4=MONROE
LA/LA5=SHREVEPORT
LA/LA6=ALEXANDRIA
LA/LAB=LABORATORIES
LA/LB1=CLIA NEW ORLEANS
LA/LB5=CLIA SHREVEPORT
LA/LB6=CLIA ALEXANDRIA
LA/NPH=NON-PARTICIPATING HOSPITAL

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Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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MA/001=MASSACHUSETTS				
MA/LAB=LABORATORIES				
MA/NPH=NON-PARTICIPATING HOSPITAL				
MD/001=MARYLAND				
MD/LAB=LABORATORIES				
MD/NPH=NON-PARTICIPATING HOSPITAL				
ME/001=MAINE				
ME/LAB=LABORATORIES				
ME/NPH=NON-PARTICIPATING HOSPITAL				
MH/001=MARSHALL ISLANDS				
MH/NPH=NON-PARTICIPATING HOSPITAL				
MI/001=MICHIGAN				
MI/LAB=LABORATORIES				
MI/NPH=NON-PARTICIPATING HOSPITAL				
MN/001=MINNESOTA				
MN/LAB=LABORATORIES				
MN/NPH=NON-PARTICIPATING HOSPITAL				
MO/001=MISSOURI				
MO/01=REGION01				
MO/02=REGION02				
MO/03=REGION 03				
MO/04=REGION 04				
MO/05=REGION 05				
MO/06=REGION 06				
MO/07=REGION 07				
MO/1NH=REGION 1 NH				
MO/2NH=REGION 2 NH				
MO/3NH=REGION 3 NH				
MO/4NH=REGION 4 NH				
MO/5NH=REGION 5 NH				
MO/6NH=REGION 6 NH				
MO/7NH=REGION 7 NH				
MO/LAB=LABORATORIES				
MO/MO=STATEWIDE				
MO/NPH=NON-PARTICIPATING HOSPITAL				

MP/001=NORTHERN MARIANA ISLANDS
 MP/LAB=LABORATORIES
 MP/NPH=NON-PARTICIPATING HOSPITAL
 MS/001=MISSISSIPPI
 MS/LAB=LABORATORIES
 MS/NPH=NON-PARTICIPATING HOSPITAL
 MT/001=MONTANA
 MT/LAB=LABORATORIES
 MT/NPH=NON-PARTICIPATING HOSPITAL
 MX/001=MEXICO
 MX/LAB=LABORATORY
 MX/NPH=NON-PARTICIPATING HOSPITAL
 NC/001=NORTH CAROLINA
 NC/LAB=LABORATORIES
 NC/NCC=NORTH CAROLINA CENTRAL
 NC/NCE=NORTH CAROLINA EAST
 NC/NCN=NORTH CAROLINA NORTH
 NC/NCS=NORTH CAROLINA SOUTH
 NC/NCW=NORTH CAROLINA WEST
 NC/NPH=NON-PARTICIPATING HOSPITAL
 ND/001=NORTH DAKOTA
 ND/LAB=LABORATORIES
 ND/NPH=NON-PARTICIPATING HOSPITAL
 NE/001=NEBRASKA
 NE/1=NORTH CENTRAL
 NE/2=CENTRAL
 NE/3=NORTHEAST
 NE/4=SOUTHEAST
 NE/5=WESTERN

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 18
 Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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NE/LAB=LABORATORIES				
NE/NPH=NON-PARTICIPATING HOSPITAL				
NH/001=NEW HAMPSHIRE				
NH/LAB=LABORATORIES				
NH/NPH=NON-PARTICIPATING HOSPITAL				
NJ/001=NEW JERSEY				
NJ/LAB=LABORATORIES				
NJ/NPH=NON-PARTICIPATING HOSPITAL				
NM/001=NEW MEXICO				
NM/LAB=LABORATORIES				
NM/NPH=NON-PARTICIPATING HOSPITAL				
NV/001=NEVADA				
NV/CC=CARSON CITY				
NV/LAB=LABORATORIES				
NV/LV=LAS VEGAS				
NV/NPH=NON-PARTICIPATING HOSPITAL				
NY/001=BUFFALO				
NY/002=ROCHESTER				

NY/003=SYRACUSE
 NY/004=ALBANY
 NY/005=NEW ROCHELLE
 NY/006=NEW YORK CITY
 NY/007=SUFFOLK/NASSAU COUNTY
 NY/LAB=LABORATORIES
 NY/NPH=NON-PARTICIPATING HOSPITAL
 OH/001=OHIO
 OH/LAB=LABORATORIES
 OH/NPH=NON-PARTICIPATING HOSPITAL
 OK/001=OKLAHOMA
 OK/LAB=LABORATORIES
 OK/NPH=NON-PARTICIPATING HOSPITAL
 OR/001=OFFICE #1
 OR/002=OFFICE #2
 OR/003=OFFICE #3
 OR/LAB=LABORATORIES
 OR/NPH=NON-PARTICIPATING HOSPITAL
 PA/001=PENNSYLVANIA
 PA/LAB=LABORATORIES
 PA/NPH=NON-PARTICIPATING HOSPITAL
 PR/001=PUERTO RICO
 PR/LAB=LABORATORIES
 PR/NPH=NON-PARTICIPATING HOSPITAL
 PW/001=PALAU
 PW/NPH=NON-PARTICIPATING HOSPITAL
 RI/001=RHODE ISLAND
 RI/LAB=LABORATORIES
 RI/NPH=NON-PARTICIPATING HOSPITAL
 SC/001=SOUTH CAROLINA
 SC/LAB=LABORATORIES
 SC/NPH=NON-PARTICIPATING HOSPITAL
 SD/001=SOUTH DAKOTA
 SD/LAB=LABORATORIES
 SD/NPH=NON-PARTICIPATING HOSPITAL
 TN/001=TENNESSEE
 TN/LAB=LABORATORIES
 TN/NPH=NON-PARTICIPATING HOSPITAL
 TN/TNC=TENNESSEE COOKEVILLE
 TN/TNE=TENNESSEE EASTERN
 TN/TNM=TENNESSEE MIDDLE
 TN/TNW=TENNESSEE WESTERN
 TX/001=TEXAS
 TX/L01=AMARILLO-LTC
 TX/L02=ABILENE-LTC
 TX/L03=ARLINGTON-LTC

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 19
 Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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TX/L04=TYLER-LTC				
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TX/L05=TEMPLE-LTC
TX/L06=HOUSTON-LTC
TX/L07=SAN ANTONIO-LTC
TX/LAB=LABORATORIES
TX/NPH=NON-PARTICIPATING HOSPITAL
TX/TX1=LUBBOCK
TX/TX2=ARLINGTON
TX/TX3=SAN ANTONIO
TX/TX4=HOUSTON
TX/TX5=TYLER
TX/TX6=AUSTIN
UT/001=UTAH
UT/LAB=LABORATORIES
UT/NPH=NON-PARTICIPATING HOSPITAL
VA/001=VIRGINIA
VA/LAB=LABORATORIES
VA/NPH=NON-PARTICIPATING HOSPITAL
VI/001=VIRGIN ISLANDS
VI/LAB=LABORATORIES
VI/NPH=NON-PARTICIPATING HOSPITAL
VT/001=VERMONT
VT/LAB=LABORATORIES
VT/NPH=NON-PARTICIPATING HOSPITAL
WA/001=ALL OTHERS (NON-LTC FAC)
WA/D1=SPOKANE & YAKIMA AREAS
WA/D1A=District 1, Unit A
WA/D1B=District 1, Unit B
WA/D1C=District 1, Unit C
WA/D1D=District 1, Unit D
WA/D2=SPOKANE & SE
WA/D2A=District 2, Unit A
WA/D2B=District 2, Unit B
WA/D2C=District 2, Unit C
WA/D2D=District 2, Unit D
WA/D2E=District 2, Unit E
WA/D2F=District 2, Unit F
WA/D2G=District 2, Unit G
WA/D2H=District 2, Unit H
WA/D3=NW WASHINGTON
WA/D3A=District 3, Unit A
WA/D3B=District 3, Unit B
WA/D3C=District 3, Unit C
WA/D3D=District 3, Unit D
WA/D3E=District 3, Unit E
WA/D4A=GREATER SEATTLE AREA
WA/D4B=S KING COUNTY
WA/D5A=PIERCE CTY & PENINSULA
WA/D5B=PIERCE CTY & GRAYS HARBOR
WA/D6=OLYMPIA AREA
WA/LAB=LABORATORIES
WA/NPH=NON-PARTICIPATING HOSPITAL
WI/001=WISCONSIN
WI/LAB=LABORATORIES
WI/NPH=NON-PARTICIPATING HOSPITAL

WV/001=WEST VIRGINIA
WV/LAB=LABORATORIES
WV/NPH=NON-PARTICIPATING HOSPITAL
WY/001=WYOMING
WY/LAB=LABORATORIES
WY/NPH=NON-PARTICIPATING HOSPITAL

Address: Street 50 178 227 VARCHAR2
Description: Street address where the provider is located.

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Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

SAS Name: ST_ADR
COBOL Name: ST-ADR

Telephone Number 10 228 237 VARCHAR2
Description: Telephone number of the provider.
SAS Name: PHNE_NUM
COBOL Name: PHNE-NUM

Termination Code 2 238 239 VARCHAR2

Description: Indicates the current termination status for the
provider.

SAS Name: PGM_TRMNTN_CD
COBOL Name: PGM-TRMNTN-CD

VALUES: 00=ACTIVE PROVIDER

01=VOLUNTARY-MERGER, CLOSURE
02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT
03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION
04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL
05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ
06=INVOLUNTARY-FAILURE TO MEET AGREEMENT
07=OTHER-PROVIDER STATUS CHANGE
08=NONPAYMENT OF FEES - CLIA Only
09=REV/UNSUCCESSFUL PARTICIPATION IN PT - CLIA Only
10=REV/OTHER REASON - CLIA Only
11=INCOMPLETE CLIA APPLICATION INFORMATION - CLIA Only
12=NO LONGER PERFORMING TESTS - CLIA Only
13=MULTIPLE TO SINGLE SITE CERTIFICATE - CLIA Only
14=SHARED LABORATORY - CLIA Only
15=FAILURE TO RENEW WAIVER PPM CERTIFICATE - CLIA Only
16=DUPLICATE CLIA NUMBER - CLIA Only
17=MAIL RETURNED NO FORWARD ADDRESS CERT ENDED - CLIA Only
20=NOTIFICATION BANKRUPTCY - CLIA Only
33=ACCREDITATION NOT CONFIRMED - CLIA Only
80=AWAITING STATE APPROVAL
99=OIG ACTION - DO NOT ACTIVATE - CLIA Only

Termination or Expiration Date 8 240 247 DATE
Description: Date the provider was terminated. For CLIA providers,

date the laboratory's certificate was terminated or the
expiration date of the current CLIA certificate.

SAS Name: TRMNTN_EXPRTN_DT

COBOL Name: TRMNTN-EXPRTN-DT

Type of Action Code 1 248 248 VARCHAR2

Description: Identifies the reason for the certification. Type of
action from the official survey record, CMS 1539 form.

SAS Name: CRTFCTN_ACTN_TYPE_CD

COBOL Name: CRTFCTN-ACTN-TYPE-CD

VALUES: 1=INITIAL

2=RECERTIFICATION

3=TERMINATION

4=CHANGE OF OWNERSHIP

5=VALIDATION

8=FULL SURVEY AFTER COMPLAINT

Ownership Type Code 2 249 250 VARCHAR2

Description: Indicates the ownership type of the provider.

SAS Name: GNRL_CNTL_TYPE_CD

COBOL Name: GNRL-CNTL-TYPE-CD

VALUES: 01=INDIVIDUAL

02=PARTNERSHIP

03=CORPORATION

04=OTHER THAN PRIVATE

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 21
Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

Address: ZIP Code 5 251 255 VARCHAR2

Description: Five-digit ZIP code for a provider's physical address.

SAS Name: ZIP_CD

COBOL Name: ZIP-CD

FIPS State Code 2 256 257 VARCHAR2

Description: FIPS State Code

SAS Name: FIPS_STATE_CD

COBOL Name: FIPS-STATE-CD

VALUES: 01=ALABAMA

02=ALASKA

04=ARIZONA

05=ARKANSAS

06=CALIFORNIA

08=COLORADO

09=CONNECTICUT

10=DELAWARE

11=DISTRICT OF COLUMBIA

12=FLORIDA

13=GEORGIA

15=HAWAII

16=IDAHO
 17=ILLINOIS
 18=INDIANA
 19=IOWA
 20=KANSAS
 21=KENTUCKY
 22=LOUISIANA
 23=MAINE
 24=MARYLAND
 25=MASSACHUSETTS
 26=MICHIGAN
 27=MINNESOTA
 28=MISSISSIPPI
 29=MISSOURI
 30=MONTANA
 31=NEBRASKA
 32=NEVADA
 33=NEW HAMPSHIRE
 34=NEW JERSEY
 35=NEW MEXICO
 36=NEW YORK
 37=NORTH CAROLINA
 38=NORTH DAKOTA
 39=OHIO
 40=OKLAHOMA
 41=OREGON
 42=PENNSYLVANIA
 43=PUERTO RICO
 44=RHODE ISLAND
 45=SOUTH CAROLINA
 46=SOUTH DAKOTA
 47=TENNESSEE
 48=TEXAS
 49=UTAH
 50=VERMONT
 51=VIRGINIA
 53=WASHINGTON
 54=WEST VIRGINIA
 55=WISCONSIN
 56=WYOMING
 64=AMERICAN SAMOA
 65=GUAM
 66=SAIPAN/MARIANA IS.

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 22
 Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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78=VIRGIN ISLANDS

FIPS County Code	3	258	260	VARCHAR2
Description: FIPS County Code				

SAS Name: FIPS_CNTY_CD
COBOL Name: FIPS-CNTY-CD

CBSA Urban Rural Indicator 1 261 261 VARCHAR2
Description: CBSA (Core Based Statistical Area) indicates whether the county is defined as Urban or Rural.
SAS Name: CBSA_URBN_RRL_IND
COBOL Name: CBSA-URBN-RRL-IND

CBSA Code 5 262 266 VARCHAR2
Description: CBSA (Core Based Statistical Area) geographic entities defined by the U.S. Office of Management and Budget (OMB) on June 6, 2003 for use by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics. CBSA collectively refers to MSA.
SAS Name: CBSA_CD
COBOL Name: CBSA-CD

Fiscal Year End Date (MMDD) 4 464 467 VARCHAR2
Description: End date, consisting of the month and day, of the provider's fiscal year.
SAS Name: FY_END_MO_DAY_CD
COBOL Name: FY-END-MO-DAY-CD

Staff Count: Other Personnel 8 902 909 NUMBER
Description: Number of full-time equivalent other personnel employed by a provider
SAS Name: PRSNEL_OTHR_CNT
COBOL Name: PRSNEL-OTHR-CNT

Technologist Count: 24-Month Radiologic School 8 1969 1976 NUMBER
Description: Number of full-time equivalent technologists who are graduates of a 24-month approved school of radiologic technology.
SAS Name: TCHNLGST_2_YR_RDLGC_CNT
COBOL Name: TCHNLGST-2-YR-RDLGC-CNT

Technologist Count: Associate Degree 8 1977 1984 NUMBER
Description: Number of full-time equivalent technologists with an Associate degree in radiologic technology.
SAS Name: TCHNLGST_ASCT_DGR_CNT
COBOL Name: TCHNLGST-ASCT-DGR-CNT

Technologist Count: BS or BA Degree 8 1985 1992 NUMBER
Description: Number of full-time equivalent technologists with a Bachelor of Science or Bachelor of Arts degree in radiologic technology.
SAS Name: TCHNLGST_BS_BA_DGR_CNT
COBOL Name: TCHNLGST-BS-BA-DGR-CNT

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 1
Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS
3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Provider Category Subtype Code	2	1	2	VARCHAR2
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Description: Identifies the subtype of the provider, within the primary category. Used in reporting to show the breakdown of provider categories, mainly for hospitals and SNFs.

SAS Name: PRVDR_CTGRY_SBTYP_CD

COBOL Name: PRVDR-CTGRY-SBTYP-CD

VALUES: 01=OPT or Speech Pathology

Provider Category Code	2	3	4	VARCHAR2
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Description: Identifies the type of provider participating in the Medicare/Medicaid program.

SAS Name: PRVDR_CTGRY_CD

COBOL Name: PRVDR-CTGRY-CD

VALUES: 08=Outpatient Physical Therapy/Speech Pathology

CHOW Count	2	5	6	NUMBER
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Description: Number of times this provider has undergone a change of ownership.

SAS Name: CHOW_CNT

COBOL Name: CHOW-CNT

CHOW Date	8	7	14	DATE
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Description: Effective date of the most recent change of ownership for this provider.

SAS Name: CHOW_DT

COBOL Name: CHOW-DT

Address: City	28	15	42	VARCHAR2
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Description: City in which the provider is physically located.

SAS Name: CITY_NAME

COBOL Name: CITY-NAME

Compliance: Acceptable POC	1	43	43	VARCHAR2
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Description: Indicates if a provider is in compliance with program requirements based on an acceptable plan for correction of deficiencies.

SAS Name: ACPTBL_POC_SW

COBOL Name: ACPTBL-POC-SW

Compliance: Status 1 44 44 VARCHAR2

Description: Compliance status of a provider at the time of certification survey.

SAS Name: CMPLNC_STUS_CD

COBOL Name: CMPLNC-STUS-CD

VALUES: A=IN COMPLIANCE

B=NOT IN COMPLIANCE

SSA County Code 3 45 47 VARCHAR2

Description: Social Security Administration geographic code indicating the county where the provider is located.

SAS Name: SSA_CNTY_CD

COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR

Description: Cross reference provider number

SAS Name: CROSS_REF_PROVIDER_NUMBER

COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date 8 58 65 DATE

Description: Equal to the exit date of the initial visit of the Health survey for certifications completed after July 28, 2012.

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 2
Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

For certifications prior to that date, the certification date is equal to the exit date of the initial visit of the Health survey or LSC survey, whichever is later.

SAS Name: CRTFCTN_DT

COBOL Name: CRTFCTN-DT

Eligibility Indicator 1 66 66 VARCHAR2

Description: Indicates if a facility is eligible to participate in the Medicare and/or Medicaid programs.

SAS Name: ELGLBTY_SW

COBOL Name: ELGLBTY-SW

Facility Name 50 67 116 VARCHAR2

Description: Name of the provider certified to participate in the Medicare and/or Medicaid programs.

SAS Name: FAC_NAME

COBOL Name: FAC-NAME

Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code 5 117 121 VARCHAR2

Description: Number assigned to the Medicare Administrative Contractor, intermediary or carrier servicing this provider.

SAS Name: INTRMDRY_CARR_CD
 COBOL Name: INTRMDRY-CARR-CD
 VALUES: 00000=DUMMY FOR MEDICAID HHA
 00010=BLUE CROSS (ALABAMA)
 00011=CAHABA
 00020=BLUE CROSS (ARKANSAS)
 00040=BLUE CROSS (CALIFORNIA)
 00060=BLUE CROSS (CONNECTICUT)
 00070=BLUE CROSS (DELAWARE)
 00090=BLUE CROSS (FLORIDA)
 00101=BLUE CROSS (GEORGIA)
 00121=HEALTH CARE SERVICE CORPORATION
 00122=HCSC - MICHIGAN
 00123=HCSC OF MICHIGAN
 00130=NATIONAL GOVERNMENT SERVICES
 00131=NATIONAL GOVERNMENT SERVICES
 00140=BLUE CROSS (IOWA/SOUTH DAKOTA)
 00150=BLUE CROSS (KANSAS)
 00160=NATIONAL GOVERNMENT SERVICES
 00180=NATIONAL GOVERNMENT SERVICES
 00181=NATIONAL GOVERNMENT SERVICES
 00190=BLUE CROSS (MARYLAND)
 00200=BLUE CROSS (MASSACHUSETTS)
 00210=BLUE CROSS (MICHIGAN)
 00220=BLUE CROSS (MINNESOTA)
 00230=BLUE CROSS (MISSISSIPPI)
 00231=BLUE CROSS (LOUISIANA)
 00233=PINNACLE
 00241=BLUE CROSS (MISSOURI)
 00260=BLUE CROSS (NEBRASKA)
 00270=NATIONAL GOVERNMENT SERVICES
 00280=BLUE CROSS (NEW JERSEY)
 00290=BLUE CROSS (NEW MEXICO)
 00308=NATIONAL GOVERNMENT SERVICES
 00310=BLUE CROSS (NORTH CAROLINA)
 00320=NORIDIAN PART A
 00322=NORIDIAN PART A (AK/WA)
 00323=NORIDIAN PART A (ID/OR)
 00325=NORIDIAN
 00332=NATIONAL GOVERNMENT SERVICES

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 3
 Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS
 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00340=BLUE CROSS (OKLAHOMA)				
00350=BLUE CROSS (OREGON)				
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				

00370=BLUE CROSS (RHODE ISLAND)
00380=BLUE CROSS (SOUTH CAROLINA)
00390=BLUE CROSS (TENNESSEE)
00400=BLUE CROSS (TEXAS)
00410=BLUE CROSS (UTAH)
00423=BLUE CROSS (VIRGINIA/WEST VA)
00430=BLUE CROSS (WASHINGTON & ALASKA)
00450=NATIONAL GOVERNMENT SERVICES
00452=NATIONAL GOVERNMENT SERVICES
00453=NATIONAL GOVERNMENT SERVICES
00454=NATIONAL GOVERNMENT SERVICES
00456=NATIONAL GOVERNMENT SERVICES
00468=BLUE CROSS (NORTH CAROLINA FOR PR)
00510=BLUE SHIELD (ALABAMA)
00511=CAHABA
00512=CAHABA
00520=BLUE SHIELD (ARKANSAS)
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)
00542=BLUE SHIELD (CALIFORNIA)
00550=BLUE SHIELD (COLORADO)
00570=BLUE SHIELD (DELAWARE)
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)
00590=BLUE SHIELD (FLORIDA)
00621=BLUE SHIELD (ILLINOIS)
00630=NATIONAL GOVERNMENT SERVICES
00640=BLUE SHIELD (IOWA)
00650=BLUE SHIELD (KANSAS)
00655=BLUE SHIELD (KANSAS/NEBRASKA)
00660=NATIONAL GOVERNMENT SERVICES
00690=BLUE SHIELD (MARYLAND)
00700=BLUE SHIELD (MASSACHUSETTS)
00710=BLUE SHIELD (MICHIGAN)
00720=BLUE SHIELD (MINNESOTA)
00740=BLUE SHIELD (KANSAS CITY)
00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
00780=BLUE SHIELD (TRI-STATE)
00801=BLUE SHIELD (BUFFALO)
00803=NATIONAL GOVERNMENT SERVICES
00805=NATIONAL GOVERNMENT SERVICES
00821=NORIDIAN
00824=NORIDIAN GVT SERVICES (CO)
00826=NORIDIAN GVT SERVICES (IA)
00831=NORIDIAN GVT SERVICES (AK)
00832=NORIDIAN GVT SERVICES (AZ)
00833=NORIDIAN GVT SERVICES (HI)
00834=NORIDIAN GVT SERVICES (NV)
00835=NORIDIAN GVT SERVICES (OR)
00836=NORIDIAN GVT SERVICES (WA)
00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
00865=BLUE SHIELD (PENNSYLVANIA)
00870=BLUE SHIELD (RHODE ISLAND)
00880=BLUE SHIELD (SOUTH CAROLINA)
00883=PALMETTO GBA PART B
00884=PALMETTO GBA

00889=NORIDIAN GVT SERVICES (SD)
00900=BLUE SHIELD (TEXAS)
00901=TRAILBLAZERS HEALTH ENTERPRISES

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 4
Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS
3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00904=TRAILBLAZER				
00910=BLUE SHIELD (UTAH)				
00930=BLUE SHIELD (WASHINGTON)				
00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH)				
01111=Noridian (CA)				
01112=Noridian (NF)				
01120=AETNA (HAWAII)				
01182=Noridian (SF)				
01192=PALMETTO (CALIFORNIA SOUTH)				
01201=PALMETTO (HAWAII)				
01202=PALMETTO (HAWAII)				
01211=Noridian (AS, GU, HI)				
01212=Noridian (AS, GU, HI)				
01290=AETNA (NEVADA)				
01301=PALMETTO (NEVADA)				
01302=PALMETTO (NEVADA)				
01311=Noridian (NV)				
01312=Noridian (NV)				
01360=AETNA (NEW MEXICO)				
01370=AETNA (OKLAHOMA)				
01380=AETNA (OREGON)				
01390=AETNA (WASHINGTON)				
01901=PALMETTO GBA				
01902=PALMETTO GBA				
01911=Noridian (AS, GU, HI, NV)				
02050=OCCIDENTAL (CALIFORNIA)				
02101=Noridian AK				
02102=Noridian AK				
02201=Noridian ID				
02202=Noridian ID				
02301=Noridian OR				
02302=Noridian OR				

02401=Noridian WA
 02402=Noridian WA
 03001=NORIDIAN ADMIN SERVICES
 03101=NORIDAN (ARIZONA)
 03102=NORIDAN (ARIZONA)
 03201=NORIDAN (MONTANA)
 03202=NORIDAN (MONTANA)
 03301=NORDIAN (NORTH DAKOTA)
 03302=NORDIAN (NORTH DAKOTA)
 03401=NORIDIAN (SOUTH DAKOTA)
 03402=NORIDIAN (SOUTH DAKOTA)
 03501=NORIDIAN (UTAH)
 03502=NORIDIAN (UTAH)
 03601=NORIDIAN (WYOMING)
 03602=NORIDIAN (WYOMING)
 04001=TRAILBLAZER
 04101=TRAILBLAZER (COLORADO)
 04102=TRAILBLAZER (COLORADO)
 04111=NOVITAS (COLORADO)
 04112=NOVITAS (COLORADO)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 5
 Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS
 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04201=TRAILBLAZER (NEW MEXICO)				
04202=TRAILBLAZER (NEW MEXICO)				
04211=NOVITAS (NEW MEXICO)				
04212=NOVITAS (NEW MEXICO)				
04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				
05402=WPS (NEBRASKA)				
05440=EQICOR (TENNESSEE)				
05535=EQICOR (NORTH CAROLINA)				

05901=WISCONSIN PHYSICIANS SERVICE
 06001=NGS (WI)
 06004=National Govt Serv HHH
 06101=NGS (IL)
 06102=NGS (IL)
 06201=NGS (MN)
 06202=NGS (MN)
 06301=NGS (WI)
 06302=NGS (WI)
 07101=Novitas AR
 07102=Novitas AR
 07201=Novitas LA
 07202=Novitas LA
 07301=Novitas MS
 07302=Novitas MS
 08101=WPS IN
 08102=WPS IN
 08201=WPS MI
 08202=WPS MI
 09101=FIRST COAST (FLORIDA)
 09102=FIRST COAST (FLORIDA)
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)
 09202=FIRST COAST (PUERTO RICO)
 09302=FIRST COAST (VIRGIN ISLANDS)
 10071=TRAVELERS (RRB)
 10101=CAHABA GBA (AL)
 10102=CAHABA GBA (AL)
 10111=PALMETTO GBA (Part A) (AL)
 10201=CAHABA GBA (GA)
 10202=CAHABA GBA (GA)
 10211=PALMETTO GBA (GA)
 10230=TRAVELERS (CONNECTICUT)
 10240=TRAVELERS (MINNESOTA)
 10250=TRAVELERS (MISSISSIPPI)
 10301=CAHABA GBA (TN)
 10302=CAHABA GBA (TN)
 10311=PALMETTO GBA (TN)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 6
 Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS
 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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10490=TRAVELERS (VIRGINIA)				
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				

11402=PALMETTO GBA (WV)
11501=PALMETTO GBA (NC)
11502=PALMETTO GBA (NC)
12101=Novitas DE
12102=Novitas DE
12201=Novitas DC
12202=Novitas DC
12301=Novitas MD
12302=Novitas MD
12401=Novitas NJ
12402=Novitas NJ
12501=Novitas PA
12502=Novitas PA
12901=Novitas Solutions DC, DE, MD, PA
12902=HIGHMARK
13101=NATIONAL GOVT SERVICES (CONNECTICUT)
13102=NATIONAL GOVT SERVICES (CONNECTICUT)
13201=NATIONAL GOVT SERVICES (NEW YORK)
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)
13282=NGS (UN)
13292=NGS (QN)
14004=NATIONAL HERITAGE (HHA - A)
14014=NGS (HHA)
14101=NATIONAL HERITAGE (MAINE)
14102=NATIONAL HERITAGE (MAINE)
14111=NGS (ME)
14112=NGS (ME)
14201=NATIONAL HERITAGE (MASSACHUSETTS)
14202=NATIONAL HERITAGE (MASSACHUSETTS)
14211=NGS (MA)
14212=NGS (MA)
14301=NATIONAL HERITAGE (NEW HAMPSHIRE)
14302=NATIONAL HERITAGE (NEW HAMPSHIRE)
14311=NGS (NH)
14312=NGS (NH)
14330=GROUP HEALTH INC (NEW YORK)
14401=NATIONAL HERITAGE (RHODE ISLAND)
14402=NATIONAL HERITAGE (RHODE ISLAND)
14411=NGS (RI)
14412=NGS (RI)
14501=NATIONAL HERITAGE (VERMONT)
14502=NATIONAL HERITAGE (VERMONT)
14511=NGS (VT)
14512=NGS (VT)
15004=CGS Administrators HHH
15101=CGS (KENTUCKY)
15102=CGS (KENTUCKY)
15201=CGS (OHIO)
15202=CGS (OHIO)
16360=NATIONWIDE (OHIO)
16510=NATIONWIDE (WEST VIRGINIA)
17120=HAWAII MEDICAL SERVICE ASSOCIATION
21200=MASSACHUSETTS/MAINE
31142=NATIONAL HERITAGE INSURANCE CO (MAINE)

SHORT DESCRIPTION	LEN	START	END	TYPE
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31143=NATIONAL HERITAGE INSURANCE CO				
31144=NATIONAL HERITAGE INSURANCE CO				
50333=TRAVELERS (NEW YORK)				
51051=AETNA (PETALUMA)				
51070=AETNA (FARMINGTON)				
51100=AETNA (CLEARWATER)				
51140=AETNA (PEORIA)				
51390=AETNA (FORT WASHINGTON)				
52280=WISCONSIN PHYSICIANS SERVICE				
57400=COOPERATIVA (PUERTO RICO)				

Medicaid Vendor Number	15	122	136	VARCHAR2
Description: Number which may be assigned to a provider by the state Medicaid agency for external control or billing purposes.				
SAS Name:	MDCD_VNDR_NUM			
COBOL Name:	MDCD-VNDR-NUM			

Original Participation Date	8	137	144	DATE
Description: Date a provider is first approved to provide Medicare and/or Medicaid services.				
SAS Name:	ORGNL_PRTCPTN_DT			
COBOL Name:	ORGNL-PRTCPTN-DT			

Prior CHOW Date	8	145	152	DATE
Description: Effective date of the previous change of ownership for this provider.				
SAS Name:	CHOW_PRIOR_DT			
COBOL Name:	CHOW-PRIOR-DT			

Prior Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code	5	153	157	VARCHAR2
Description: Number assigned to the previous Medicare Administrative Contractor, intermediary or carrier servicing this provider.				
SAS Name:	INTRMDRY_CARR_PRIOR_CD			
COBOL Name:	INTRMDRY-CARR-PRIOR-CD			
VALUES: 00000=DUMMY FOR MEDICAID HHA				
00010=BLUE CROSS (ALABAMA)				
00011=CAHABA				
00020=BLUE CROSS (ARKANSAS)				
00040=BLUE CROSS (CALIFORNIA)				
00060=BLUE CROSS (CONNECTICUT)				
00070=BLUE CROSS (DELAWARE)				
00090=BLUE CROSS (FLORIDA)				
00101=BLUE CROSS (GEORGIA)				
00121=HEALTH CARE SERVICE CORPORATION				

00122=HCSC - MICHIGAN
 00123=HCSC OF MICHIGAN
 00130=NATIONAL GOVERNMENT SERVICES
 00131=NATIONAL GOVERNMENT SERVICES
 00140=BLUE CROSS (IOWA/SOUTH DAKOTA)
 00150=BLUE CROSS (KANSAS)
 00160=NATIONAL GOVERNMENT SERVICES
 00180=NATIONAL GOVERNMENT SERVICES
 00181=NATIONAL GOVERNMENT SERVICES
 00190=BLUE CROSS (MARYLAND)
 00200=BLUE CROSS (MASSACHUSETTS)
 00210=BLUE CROSS (MICHIGAN)
 00220=BLUE CROSS (MINNESOTA)
 00230=BLUE CROSS (MISSISSIPPI)
 00231=BLUE CROSS (LOUISIANA)
 00233=PINNACLE
 00241=BLUE CROSS (MISSOURI)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 8
 Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS
 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00260=BLUE CROSS (NEBRASKA)				
00270=NATIONAL GOVERNMENT SERVICES				
00280=BLUE CROSS (NEW JERSEY)				
00290=BLUE CROSS (NEW MEXICO)				
00308=NATIONAL GOVERNMENT SERVICES				
00310=BLUE CROSS (NORTH CAROLINA)				
00320=NORIDIAN PART A				
00322=NORIDIAN PART A (AK/WA)				
00323=NORIDIAN PART A (ID/OR)				
00325=NORIDIAN				
00332=NATIONAL GOVERNMENT SERVICES				
00340=BLUE CROSS (OKLAHOMA)				
00350=BLUE CROSS (OREGON)				
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				

00468=BLUE CROSS (NORTH CAROLINA FOR PR)
 00510=BLUE SHIELD (ALABAMA)
 00511=CAHABA
 00512=CAHABA
 00520=BLUE SHIELD (ARKANSAS)
 00528=BLUE SHIELD (ARKANSAS/LOUISIANA)
 00542=BLUE SHIELD (CALIFORNIA)
 00550=BLUE SHIELD (COLORADO)
 00570=BLUE SHIELD (DELAWARE)
 00580=BLUE SHIELD (DISTRICT OF COLUMBIA)
 00590=BLUE SHIELD (FLORIDA)
 00621=BLUE SHIELD (ILLINOIS)
 00630=NATIONAL GOVERNMENT SERVICES
 00640=BLUE SHIELD (IOWA)
 00650=BLUE SHIELD (KANSAS)
 00655=BLUE SHIELD (KANSAS/NEBRASKA)
 00660=NATIONAL GOVERNMENT SERVICES
 00690=BLUE SHIELD (MARYLAND)
 00700=BLUE SHIELD (MASSACHUSETTS)
 00710=BLUE SHIELD (MICHIGAN)
 00720=BLUE SHIELD (MINNESOTA)
 00740=BLUE SHIELD (KANSAS CITY)
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
 00780=BLUE SHIELD (TRI-STATE)
 00801=BLUE SHIELD (BUFFALO)
 00803=NATIONAL GOVERNMENT SERVICES
 00805=NATIONAL GOVERNMENT SERVICES
 00821=NORIDIAN
 00824=NORIDIAN GVT SERVICES (CO)
 00826=NORIDIAN GVT SERVICES (IA)
 00831=NORIDIAN GVT SERVICES (AK)
 00832=NORIDIAN GVT SERVICES (AZ)
 00833=NORIDIAN GVT SERVICES (HI)
 00834=NORIDIAN GVT SERVICES (NV)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 9
 Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS
 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00835=NORIDIAN GVT SERVICES (OR)				
00836=NORIDIAN GVT SERVICES (WA)				
00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)				
00865=BLUE SHIELD (PENNSYLVANIA)				
00870=BLUE SHIELD (RHODE ISLAND)				
00880=BLUE SHIELD (SOUTH CAROLINA)				
00883=PALMETTO GBA PART B				
00884=PALMETTO GBA				
00889=NORIDIAN GVT SERVICES (SD)				
00900=BLUE SHIELD (TEXAS)				
00901=TRAILBLAZERS HEALTH ENTERPRISES				
00904=TRAILBLAZER				

00910=BLUE SHIELD (UTAH)
00930=BLUE SHIELD (WASHINGTON)
00951=WISCONSIN PHYSICIANS SERVICE
00952=WPS - ILLINOIS
00953=WPS - MICHIGAN
00954=WI PHYSICIAN SERVICES - MN
00973=BLUE SHIELD (PUERTO RICO)
00974=BLUE SHIELD (VIRGIN ISLANDS)
01010=AETNA (PEORIA)
01020=AETNA (ALASKA)
01030=AETNA (ARIZONA)
01040=AETNA (GEORGIA)
01101=PALMETTO (CALIFORNIA)
01102=PALMETTO (CALIFORNIA (NORTH))
01111=Noridian (CA)
01112=Noridian (NF)
01120=AETNA (HAWAII)
01182=Noridian (SF)
01192=PALMETTO (CALIFORNIA SOUTH)
01201=PALMETTO (HAWAII)
01202=PALMETTO (HAWAII)
01211=Noridian (AS, GU, HI)
01212=Noridian (AS, GU, HI)
01290=AETNA (NEVADA)
01301=PALMETTO (NEVADA)
01302=PALMETTO (NEVADA)
01311=Noridian (NV)
01312=Noridian (NV)
01360=AETNA (NEW MEXICO)
01370=AETNA (OKLAHOMA)
01380=AETNA (OREGON)
01390=AETNA (WASHINGTON)
01901=PALMETTO GBA
01902=PALMETTO GBA
01911=Noridian (AS, GU, HI, NV)
02050=OCCIDENTAL (CALIFORNIA)
02101=Noridian AK
02102=Noridian AK
02201=Noridian ID
02202=Noridian ID
02301=Noridian OR
02302=Noridian OR
02401=Noridian WA
02402=Noridian WA
03001=NORIDIAN ADMIN SERVICES
03101=NORIDAN (ARIZONA)
03102=NORIDAN (ARIZONA)
03201=NORIDAN (MONTANA)
03202=NORIDAN (MONTANA)
03301=NORDIAN (NORTH DAKOTA)
03302=NORDIAN (NORTH DAKOTA)

Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS
3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
03401=NORIDIAN (SOUTH DAKOTA)				
03402=NORIDIAN (SOUTH DAKOTA)				
03501=NORIDIAN (UTAH)				
03502=NORIDIAN (UTAH)				
03601=NORIDIAN (WYOMING)				
03602=NORIDIAN (WYOMING)				
04001=TRAILBLAZER				
04101=TRAILBLAZER (COLORADO)				
04102=TRAILBLAZER (COLORADO)				
04111=NOVITAS (COLORADO)				
04112=NOVITAS (COLORADO)				
04201=TRAILBLAZER (NEW MEXICO)				
04202=TRAILBLAZER (NEW MEXICO)				
04211=NOVITAS (NEW MEXICO)				
04212=NOVITAS (NEW MEXICO)				
04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				
05402=WPS (NEBRASKA)				
05440=EQICOR (TENNESSEE)				
05535=EQICOR (NORTH CAROLINA)				
05901=WISCONSIN PHYSICIANS SERVICE				
06001=NGS (WI)				
06004=National Govt Serv HHH				
06101=NGS (IL)				
06102=NGS (IL)				
06201=NGS (MN)				
06202=NGS (MN)				
06301=NGS (WI)				
06302=NGS (WI)				
07101=Novitas AR				
07102=Novitas AR				
07201=Novitas LA				

07202=Novitas LA
 07301=Novitas MS
 07302=Novitas MS
 08101=WPS IN
 08102=WPS IN
 08201=WPS MI
 08202=WPS MI
 09101=FIRST COAST (FLORIDA)
 09102=FIRST COAST (FLORIDA)
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)
 09202=FIRST COAST (PUERTO RICO)
 09302=FIRST COAST (VIRGIN ISLANDS)
 10071=TRAVELERS (RRB)
 10101=CAHABA GBA (AL)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 11
 Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS
 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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10102=CAHABA GBA (AL)				
10111=PALMETTO GBA (Part A) (AL)				
10201=CAHABA GBA (GA)				
10202=CAHABA GBA (GA)				
10211=PALMETTO GBA (GA)				
10230=TRAVELERS (CONNECTICUT)				
10240=TRAVELERS (MINNESOTA)				
10250=TRAVELERS (MISSISSIPPI)				
10301=CAHABA GBA (TN)				
10302=CAHABA GBA (TN)				
10311=PALMETTO GBA (TN)				
10490=TRAVELERS (VIRGINIA)				
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				
12102=Novitas DE				
12201=Novitas DC				
12202=Novitas DC				
12301=Novitas MD				
12302=Novitas MD				
12401=Novitas NJ				
12402=Novitas NJ				
12501=Novitas PA				

12502=Novitas PA
 12901=Novitas Solutions DC, DE, MD, PA
 12902=HIGHMARK
 13101=NATIONAL GOVT SERVICES (CONNECTICUT)
 13102=NATIONAL GOVT SERVICES (CONNECTICUT)
 13201=NATIONAL GOVT SERVICES (NEW YORK)
 13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)
 13282=NGS (UN)
 13292=NGS (QN)
 14004=NATIONAL HERITAGE (HHA - A)
 14014=NGS (HHA)
 14101=NATIONAL HERITAGE (MAINE)
 14102=NATIONAL HERITAGE (MAINE)
 14111=NGS (ME)
 14112=NGS (ME)
 14201=NATIONAL HERITAGE (MASSACHUSETTS)
 14202=NATIONAL HERITAGE (MASSACHUSETTS)
 14211=NGS (MA)
 14212=NGS (MA)
 14301=NATIONAL HERITAGE (NEW HAMPSHIRE)
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)
 14311=NGS (NH)
 14312=NGS (NH)
 14330=GROUP HEALTH INC (NEW YORK)
 14401=NATIONAL HERITAGE (RHODE ISLAND)
 14402=NATIONAL HERITAGE (RHODE ISLAND)
 14411=NGS (RI)
 14412=NGS (RI)
 14501=NATIONAL HERITAGE (VERMONT)
 14502=NATIONAL HERITAGE (VERMONT)
 14511=NGS (VT)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 12
 Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS
 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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14512=NGS (VT)				
15004=CGS Administrators HHH				
15101=CGS (KENTUCKY)				
15102=CGS (KENTUCKY)				
15201=CGS (OHIO)				
15202=CGS (OHIO)				
16360=NATIONWIDE (OHIO)				
16510=NATIONWIDE (WEST VIRGINIA)				
17120=HAWAII MEDICAL SERVICE ASSOCIATION				
21200=MASSACHUSETTS/MAINE				
31142=NATIONAL HERITAGE INSURANCE CO (MAINE)				
31143=NATIONAL HERITAGE INSURANCE CO				
31144=NATIONAL HERITAGE INSURANCE CO				
50333=TRAVELERS (NEW YORK)				
51051=AETNA (PETALUMA)				

51070=AETNA (FARMINGTON)
51100=AETNA (CLEARWATER)
51140=AETNA (PEORIA)
51390=AETNA (FORT WASHINGTON)
52280=WISCONSIN PHYSICIANS SERVICE
57400=COOPERATIVA (PUERTO RICO)

CCN 10 158 167 VARCHAR2

Description: Six or ten position identification number that is assigned to a certified provider. This is the CMS Certification Number.

SAS Name: PRVDR_NUM

COBOL Name: PRVDR-NUM

Region Code 2 168 169 VARCHAR2

Description: Indicates the CMS Regional Office responsible for the certification of the provider.

SAS Name: RGN_CD

COBOL Name: RGN-CD

VALUES: 01=Boston

02=New York

03=Philadelphia

04=Atlanta

05=Chicago

06=Dallas

07=Kansas City

08=Denver

09=San Francisco

10=Seattle

Skeleton Record Indicator 1 170 170 VARCHAR2

Description: Indicates if the record is a skeleton record. Only a limited set of data is available for this provider; no survey data exists. Only provider categories 01,17,19,21and 22 can have skeleton providers.

SAS Name: SKLTN_REC_SW

COBOL Name: SKLTN-REC-SW

State Abbreviation 2 171 172 VARCHAR2

Description: Two-character state abbreviation.

SAS Name: STATE_CD

COBOL Name: STATE-CD

VALUES: AK=ALASKA

AL=ALABAMA

AR=ARKANSAS

AS=AMERICAN SAMOA

AZ=ARIZONA

CA=CALIFORNIA

SHORT DESCRIPTION	LEN	START	END	TYPE
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CN=CANADA				
CO=COLORADO				
CT=CONNECTICUT				
DC=DISTRICT OF COLUMBIA				
DE=DELAWARE				
FL=FLORIDA				
FN=INTERNATIONAL				
GA=GEORGIA				
GU=GUAM				
HI=HAWAII				
IA=IOWA				
ID=IDAHO				
IL=ILLINOIS				
IN=INDIANA				
KS=KANSAS				
KY=KENTUCKY				
LA=LOUISIANA				
MA=MASSACHUSETTS				
MD=MARYLAND				
ME=MAINE				
MI=MICHIGAN				
MN=MINNESOTA				
MO=MISSOURI				
MP=SAIPAN				
MS=MISSISSIPPI				
MT=MONTANA				
MX=MEXICO				
NC=NORTH CAROLINA				
ND=NORTH DAKOTA				
NE=NEBRASKA				
NH=NEW HAMPSHIRE				
NJ=NEW JERSEY				
NM=NEW MEXICO				
NV=NEVADA				
NY=NEW YORK				
OH=OHIO				
OK=OKLAHOMA				
OR=OREGON				
PA=PENNSYLVANIA				
PR=PUERTO RICO				
RI=RHODE ISLAND				
SC=SOUTH CAROLINA				
SD=SOUTH DAKOTA				
TN=TENNESSEE				
TX=TEXAS				
UT=UTAH				
VA=VIRGINIA				
VI=VIRGIN ISLANDS				
VT=VERMONT				
WA=WASHINGTON				
WI=WISCONSIN				
WV=WEST VIRGINIA				

WY=WYOMING

SSA State Code	2	173	174	VARCHAR2
Description: Social Security Administration geographic code indicating the state where the provider is located.				
SAS Name: SSA_STATE_CD				
COBOL Name: SSA-STATE-CD				
VALUES: 01=ALABAMA				
02=ALASKA				
03=ARIZONA				
04=ARKANSAS				

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 14
Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS
3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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05=CALIFORNIA
06=COLORADO
07=CONNECTICUT
08=DELAWARE
09=DISTRICT OF COLUMBIA
10=FLORIDA
11=GEORGIA
12=HAWAII
13=IDAHO
14=ILLINOIS
15=INDIANA
16=IOWA
17=KANSAS
18=KENTUCKY
19=LOUISIANA
20=MAINE
21=MARYLAND
22=MASSACHUSETTS
23=MICHIGAN
24=MINNESOTA
25=MISSISSIPPI
26=MISSOURI
27=MONTANA
28=NEBRASKA
29=NEVADA
30=NEW HAMPSHIRE
31=NEW JERSEY
32=NEW MEXICO
33=NEW YORK
34=NORTH CAROLINA
35=NORTH DAKOTA
36=OHIO
37=OKLAHOMA
38=OREGON
39=PENNSYLVANIA

40=PUERTO RICO
 41=RHODE ISLAND
 42=SOUTH CAROLINA
 43=SOUTH DAKOTA
 44=TENNESSEE
 45=TEXAS
 46=UTAH
 47=VERMONT
 48=VIRGIN ISLANDS
 49=VIRGINIA
 50=WASHINGTON
 51=WEST VIRGINIA
 52=WISCONSIN
 53=WYOMING
 54=AFRICA
 56=CANADA
 57=WEST INDIES
 58=EUROPE
 59=MEXICO
 60=OCEANIA
 61=PHILIPPINES
 62=SOUTH AMERICA
 63=UNITED STATES POSSESSIONS
 64=AMERICAN SAMOA
 65=GUAM
 66=SAIPAN
 99=INTERNATIONAL

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 15
 Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS
 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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State Region Code	3	175	177	VARCHAR2
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Description: Identifies the region within a state where the provider is located.

SAS Name: STATE_RGN_CD

COBOL Name: STATE-RGN-CD

VALUES: AK/001=ALASKA

AK/LAB=LABORATORIES

AK/NPH=NON-PARTICIPATING HOSPITAL

AL/001=ALABAMA

AL/LAB=LABORATORIES

AL/NPH=NON-PARTICIPATING HOSPITAL

AR/001=ARKANSAS

AR/LAB=LABORATORIES

AR/NPH=NON-PARTICIPATING HOSPITAL

AS/001=AMERICAN SAMOA

AS/LAB=LABORATORY

AS/NPH=NON-PARTICIPATING HOSPITAL

AZ/AZ=PHOENIX

AZ/LAB=ARIZONA LAB
 AZ/NPH=NON-PARTICIPATING HOSPITAL
 AZ/TUC=TUCSON
 CA/001=CALIFORNIA
 CA/BAK=BAKERSFIELD
 CA/BER=SAN BERNARDINO
 CA/EB=East Bay
 CA/FR=FRESNO
 CA/L1=L.A. WEST
 CA/L2=L.A. NORTH
 CA/L3=L.A. CENTRAL
 CA/L4=L.A. EAST
 CA/L5=SAN GABRIEL
 CA/LA1=LA Region 1
 CA/LA2=LA Region 2
 CA/LA3=LA Region 3
 CA/LA4=LA Acute/Ancillary
 CA/LA5=LA HHA/Hospice
 CA/LA6=LA ICF/DD/CLinics
 CA/LAB=LABORATORIES
 CA/M1=LAB. SOUTH
 CA/M2=LAB. NORTH
 CA/NPH=NON-PARTICIPATING HOSPITAL
 CA/ORG=ORANGE
 CA/RIV=RIVERSIDE
 CA/S1=SACRAMENTO
 CA/S3=CHICO
 CA/SD=SAN DIEGO
 CA/SF=SAN FRANCISCO
 CA/SJ=SAN JOSE
 CA/SR=SANTA ROSA
 CA/VEN=VENTURA
 CN/001=CANADA
 CN/LAB=LABORATORY
 CN/NPH=NON-PARTICIPATING HOSPITAL
 CO/001=COLORADO
 CO/LAB=LABORATORIES
 CO/NPH=NON-PARTICIPATING HOSPITAL
 CT/001=CONNECTICUT
 CT/LAB=LABORATORIES
 CT/NPH=NON-PARTICIPATING HOSPITAL
 DC/001=DISTRICT OF COLUMBIA
 DC/LAB=LABORATORIES
 DC/NPH=NON-PARTICIPATING HOSPITAL
 DE/001=DELAWARE

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 16
 Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS
 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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DE/LAB=LABORATORIES				
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DE/NPH=NON-PARTICIPATING HOSPITAL
FL/001=FLORIDA
FL/FTM=FT. MYERS
FL/GAI=GAINESVILLE
FL/JAX=JACKSONVILLE
FL/LAB=LABORATORIES
FL/LAN=LANTANA
FL/LAU=LAUDERHILL
FL/MIA=MIAMI
FL/NPH=NON-PARTICIPATING HOSPITAL
FL/ORL=ORLANDO
FL/PEN=PENSACOLA
FL/STP=ST. PETERSBURG
FL/TAL=TALLAHASSEE
FL/TAM=TAMPA
FM/001=FEDERATED STATES OF MICRO
FM/NPH=NON-PARTICIPATING HOSPITAL
FN/001=INTERNATIONAL
FN/LAB=LABORATORIES
FN/NPH=NON-PARTICIPATING HOSPITAL
GA/001=GEORGIA
GA/GAA=GEORGIA ALL
GA/GAC=GEORGIA CENTRAL
GA/GAE=GEORGIA EASTERN
GA/GAN=GEORGIA NORTH
GA/GAS=GEORGIA SOUTH
GA/GAW=GEORGIA WESTERN
GA/LAB=LABORATORIES
GA/NPH=NON-PARTICIPATING HOSPITAL
GU/001=GUAM
GU/LAB=LABORATORIES
GU/NPH=NON-PARTICIPATING HOSPITAL
HI/001=HAWAII
HI/LAB=LABORATORIES
HI/NPH=NON-PARTICIPATING HOSPITAL
IA/001=IOWA
IA/LAB=LABORATORIES
IA/NPH=NON-PARTICIPATING HOSPITAL
ID/001=IDAHO
ID/LAB=LABORATORIES
ID/NPH=NON-PARTICIPATING HOSPITAL
IL/001=ILLINOIS
IL/LAB=LABORATORIES
IL/NPH=NON-PARTICIPATING HOSPITAL
IN/001=INDIANA
IN/LAB=LABORATORIES
IN/NPH=NON-PARTICIPATING HOSPITAL
KS/001=KANSAS
KS/KCK=KANSAS CITY
KS/KDH=KDHE
KS/LAB=LABORATORIES
KS/LAW=LAWRENCE
KS/NC=NORTH CENTRAL KANSAS
KS/NE=NORTH EAST KANSAS

KS/NPH=NON-PARTICIPATING HOSPITAL
 KS/NW=NORTH WEST KANSAS
 KS/SC=SOUTH CENTRAL KANSAS
 KS/SE=SOUTH EAST KANSAS
 KS/SW=SOUTH WEST KANSAS
 KS/WST=WEST
 KY/2C1=HOPKINSVILLE
 KY/2C2=LOUISVILLE

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 17
 Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS
 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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KY/2C3=LONDON				
KY/2C4=LEXINGTON				
KY/LAB=LABORATORIES				
KY/NPH=NON-PARTICIPATING HOSPITAL				
LA/001=LOUISIANA				
LA/LA1=NEW ORLEANS				
LA/LA2=MANDEVILLE				
LA/LA3=LAFAYETTE				
LA/LA4=MONROE				
LA/LA5=SHREVEPORT				
LA/LA6=ALEXANDRIA				
LA/LAB=LABORATORIES				
LA/LB1=CLIA NEW ORLEANS				
LA/LB5=CLIA SHREVEPORT				
LA/LB6=CLIA ALEXANDRIA				
LA/NPH=NON-PARTICIPATING HOSPITAL				
MA/001=MASSACHUSETTS				
MA/LAB=LABORATORIES				
MA/NPH=NON-PARTICIPATING HOSPITAL				
MD/001=MARYLAND				
MD/LAB=LABORATORIES				
MD/NPH=NON-PARTICIPATING HOSPITAL				
ME/001=MAINE				
ME/LAB=LABORATORIES				
ME/NPH=NON-PARTICIPATING HOSPITAL				
MH/001=MARSHALL ISLANDS				
MH/NPH=NON-PARTICIPATING HOSPITAL				
MI/001=MICHIGAN				
MI/LAB=LABORATORIES				
MI/NPH=NON-PARTICIPATING HOSPITAL				
MN/001=MINNESOTA				
MN/LAB=LABORATORIES				
MN/NPH=NON-PARTICIPATING HOSPITAL				
MO/001=MISSOURI				
MO/01=REGION01				
MO/02=REGION02				
MO/03=REGION 03				
MO/04=REGION 04				

MO/05=REGION 05
 MO/06=REGION 06
 MO/07=REGION 07
 MO/1NH=REGION 1 NH
 MO/2NH=REGION 2 NH
 MO/3NH=REGION 3 NH
 MO/4NH=REGION 4 NH
 MO/5NH=REGION 5 NH
 MO/6NH=REGION 6 NH
 MO/7NH=REGION 7 NH
 MO/LAB=LABORATORIES
 MO/MO=STATEWIDE
 MO/NPH=NON-PARTICIPATING HOSPITAL
 MP/001=NORTHERN MARIANA ISLANDS
 MP/LAB=LABORATORIES
 MP/NPH=NON-PARTICIPATING HOSPITAL
 MS/001=MISSISSIPPI
 MS/LAB=LABORATORIES
 MS/NPH=NON-PARTICIPATING HOSPITAL
 MT/001=MONTANA
 MT/LAB=LABORATORIES
 MT/NPH=NON-PARTICIPATING HOSPITAL
 MX/001=MEXICO
 MX/LAB=LABORATORY
 MX/NPH=NON-PARTICIPATING HOSPITAL

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 18
 Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS
 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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NC/001=NORTH CAROLINA				
NC/LAB=LABORATORIES				
NC/NCC=NORTH CAROLINA CENTRAL				
NC/NCE=NORTH CAROLINA EAST				
NC/NCN=NORTH CAROLINA NORTH				
NC/NCS=NORTH CAROLINA SOUTH				
NC/NCW=NORTH CAROLINA WEST				
NC/NPH=NON-PARTICIPATING HOSPITAL				
ND/001=NORTH DAKOTA				
ND/LAB=LABORATORIES				
ND/NPH=NON-PARTICIPATING HOSPITAL				
NE/001=NEBRASKA				
NE/1=NORTH CENTRAL				
NE/2=CENTRAL				
NE/3=NORTHEAST				
NE/4=SOUTHEAST				
NE/5=WESTERN				
NE/LAB=LABORATORIES				
NE/NPH=NON-PARTICIPATING HOSPITAL				
NH/001=NEW HAMPSHIRE				
NH/LAB=LABORATORIES				

NH/NPH=NON-PARTICIPATING HOSPITAL
 NJ/001=NEW JERSEY
 NJ/LAB=LABORATORIES
 NJ/NPH=NON-PARTICIPATING HOSPITAL
 NM/001=NEW MEXICO
 NM/LAB=LABORATORIES
 NM/NPH=NON-PARTICIPATING HOSPITAL
 NV/001=NEVADA
 NV/CC=CARSON CITY
 NV/LAB=LABORATORIES
 NV/LV=LAS VEGAS
 NV/NPH=NON-PARTICIPATING HOSPITAL
 NY/001=BUFFALO
 NY/002=ROCHESTER
 NY/003=SYRACUSE
 NY/004=ALBANY
 NY/005=NEW ROCHELLE
 NY/006=NEW YORK CITY
 NY/007=SUFFOLK/NASSAU COUNTY
 NY/LAB=LABORATORIES
 NY/NPH=NON-PARTICIPATING HOSPITAL
 OH/001=OHIO
 OH/LAB=LABORATORIES
 OH/NPH=NON-PARTICIPATING HOSPITAL
 OK/001=OKLAHOMA
 OK/LAB=LABORATORIES
 OK/NPH=NON-PARTICIPATING HOSPITAL
 OR/001=OFFICE #1
 OR/002=OFFICE #2
 OR/003=OFFICE #3
 OR/LAB=LABORATORIES
 OR/NPH=NON-PARTICIPATING HOSPITAL
 PA/001=PENNSYLVANIA
 PA/LAB=LABORATORIES
 PA/NPH=NON-PARTICIPATING HOSPITAL
 PR/001=PUERTO RICO
 PR/LAB=LABORATORIES
 PR/NPH=NON-PARTICIPATING HOSPITAL
 PW/001=PALAU
 PW/NPH=NON-PARTICIPATING HOSPITAL
 RI/001=RHODE ISLAND
 RI/LAB=LABORATORIES

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 19
 Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS
 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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RI/NPH=NON-PARTICIPATING HOSPITAL
 SC/001=SOUTH CAROLINA
 SC/LAB=LABORATORIES
 SC/NPH=NON-PARTICIPATING HOSPITAL

SD/001=SOUTH DAKOTA
SD/LAB=LABORATORIES
SD/NPH=NON-PARTICIPATING HOSPITAL
TN/001=TENNESSEE
TN/LAB=LABORATORIES
TN/NPH=NON-PARTICIPATING HOSPITAL
TN/TNC=TENNESSEE COOKEVILLE
TN/TNE=TENNESSEE EASTERN
TN/TNM=TENNESSEE MIDDLE
TN/TNW=TENNESSEE WESTERN
TX/001=TEXAS
TX/L01=AMARILLO-LTC
TX/L02=ABILENE-LTC
TX/L03=ARLINGTON-LTC
TX/L04=TYLER-LTC
TX/L05=TEMPLE-LTC
TX/L06=HOUSTON-LTC
TX/L07=SAN ANTONIO-LTC
TX/LAB=LABORATORIES
TX/NPH=NON-PARTICIPATING HOSPITAL
TX/TX1=LUBBOCK
TX/TX2=ARLINGTON
TX/TX3=SAN ANTONIO
TX/TX4=HOUSTON
TX/TX5=TYLER
TX/TX6=AUSTIN
UT/001=UTAH
UT/LAB=LABORATORIES
UT/NPH=NON-PARTICIPATING HOSPITAL
VA/001=VIRGINIA
VA/LAB=LABORATORIES
VA/NPH=NON-PARTICIPATING HOSPITAL
VI/001=VIRGIN ISLANDS
VI/LAB=LABORATORIES
VI/NPH=NON-PARTICIPATING HOSPITAL
VT/001=VERMONT
VT/LAB=LABORATORIES
VT/NPH=NON-PARTICIPATING HOSPITAL
WA/001=ALL OTHERS (NON-LTC FAC)
WA/D1=SPOKANE & YAKIMA AREAS
WA/D1A=District 1, Unit A
WA/D1B=District 1, Unit B
WA/D1C=District 1, Unit C
WA/D1D=District 1, Unit D
WA/D2=SPOKANE & SE
WA/D2A=District 2, Unit A
WA/D2B=District 2, Unit B
WA/D2C=District 2, Unit C
WA/D2D=District 2, Unit D
WA/D2E=District 2, Unit E
WA/D2F=District 2, Unit F
WA/D2G=District 2, Unit G
WA/D2H=District 2, Unit H
WA/D3=NW WASHINGTON

WA/D3A=District 3, Unit A
WA/D3B=District 3, Unit B
WA/D3C=District 3, Unit C
WA/D3D=District 3, Unit D
WA/D3E=District 3, Unit E

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 20
Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS
3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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WA/D4A=GREATER SEATTLE AREA				
WA/D4B=S KING COUNTY				
WA/D5A=PIERCE CTY & PENINSULA				
WA/D5B=PIERCE CTY & GRAYS HARBOR				
WA/D6=OLYMPIA AREA				
WA/LAB=LABORATORIES				
WA/NPH=NON-PARTICIPATING HOSPITAL				
WI/001=WISCONSIN				
WI/LAB=LABORATORIES				
WI/NPH=NON-PARTICIPATING HOSPITAL				
WV/001=WEST VIRGINIA				
WV/LAB=LABORATORIES				
WV/NPH=NON-PARTICIPATING HOSPITAL				
WY/001=WYOMING				
WY/LAB=LABORATORIES				
WY/NPH=NON-PARTICIPATING HOSPITAL				

Address: Street 50 178 227 VARCHAR2
Description: Street address where the provider is located.
SAS Name: ST_ADR
COBOL Name: ST-ADR

Telephone Number 10 228 237 VARCHAR2
Description: Telephone number of the provider.
SAS Name: PHNE_NUM
COBOL Name: PHNE-NUM

Termination Code 2 238 239 VARCHAR2
Description: Indicates the current termination status for the
provider.
SAS Name: PGM_TRMNTN_CD
COBOL Name: PGM-TRMNTN-CD
VALUES: 00=ACTIVE PROVIDER
 01=VOLUNTARY-MERGER, CLOSURE
 02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT
 03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION
 04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL
 05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ
 06=INVOLUNTARY-FAILURE TO MEET AGREEMENT
 07=OTHER-PROVIDER STATUS CHANGE
 08=NONPAYMENT OF FEES - CLIA Only

Termination or Expiration Date	8	240	247	DATE
Description: Date the provider was terminated. For CLIA providers, date the laboratory's certificate was terminated or the expiration date of the current CLIA certificate.				
SAS Name:	TRMNTN_EXPRTN_DT			
COBOL Name:	TRMNTN-EXPRTN-DT			

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 21
Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS 3-4)

VALUES: 1=INITIAL
2=RE-CERTIFICATION
3=TERMINATION
4=CHANGE OF OWNERSHIP
5=VALIDATION
8=FULL SURVEY AFTER COMPLAINT

VALUES: 01=VOLUNTARY NON PROFIT OTHER THAN CHURCH
02=VOLUNTARY NON PROFIT CHURCH
03=STATE GOVERNMENT
04=LOCAL GOVERNMENT
05=COMBINATION GOVERNMENT & VOLUNTARY
06=PROPRIETARY

Description: Five-digit ZIP code for a provider's physical address.

SAS Name: ZIP_CD
COBOL Name: ZIP-CD

FIPS State Code 2 256 257 VARCHAR2

Description: FIPS State Code

SAS Name: FIPS_STATE_CD

COBOL Name: FIPS-STATE-CD

VALUES: 01=ALABAMA

02=ALASKA

04=ARIZONA

05=ARKANSAS

06=CALIFORNIA

08=COLORADO

09=CONNECTICUT

10=DELAWARE

11=DISTRICT OF COLUMBIA

12=FLORIDA

13=GEORGIA

15=HAWAII

16=IDAHO

17=ILLINOIS

18=INDIANA

19=IOWA

20=KANSAS

21=KENTUCKY

22=LOUISIANA

23=MAINE

24=MARYLAND

25=MASSACHUSETTS

26=MICHIGAN

27=MINNESOTA

28=MISSISSIPPI

29=MISSOURI

30=MONTANA

31=NEBRASKA

32=NEVADA

33=NEW HAMPSHIRE

34=NEW JERSEY

35=NEW MEXICO

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 22
Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS
3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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36=NEW YORK				
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37=NORTH CAROLINA				
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38=NORTH DAKOTA				
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39=OHIO				
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40=OKLAHOMA				
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41=OREGON				
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42=PENNSYLVANIA				
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43=PUERTO RICO
44=RHODE ISLAND
45=SOUTH CAROLINA
46=SOUTH DAKOTA
47=TENNESSEE
48=TEXAS
49=UTAH
50=VERMONT
51=VIRGINIA
53=WASHINGTON
54=WEST VIRGINIA
55=WISCONSIN
56=WYOMING
64=AMERICAN SAMOA
65=GUAM
66=SAIPAN/MARIANA IS.
78=VIRGIN ISLANDS

FIPS County Code 3 258 260 VARCHAR2

Description: FIPS County Code

SAS Name: FIPS_CNTY_CD

COBOL Name: FIPS-CNTY-CD

CBSA Urban Rural Indicator 1 261 261 VARCHAR2

Description: CBSA (Core Based Statistical Area) indicates whether the county is defined as Urban or Rural.

SAS Name: CBSA_URBN_RRL_IND

COBOL Name: CBSA-URBN-RRL-IND

CBSA Code 5 262 266 VARCHAR2

Description: CBSA (Core Based Statistical Area) geographic entities defined by the U.S. Office of Management and Budget (OMB) on June 6, 2003 for use by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics. CBSA collectively refers to MSA.

SAS Name: CBSA_CD

COBOL Name: CBSA-CD

*Accreditation Type Code 1 283 283 VARCHAR2

Description: Indicates an accrediting organization deeming the provider. If a provider is deemed by multiple accrediting organizations then the accrediting organization with the earliest active deeming effective date is displayed in this field.

SAS Name: ACRDTN_TYPE_CD

COBOL Name: ACRDTN-TYPE-CD

VALUES: 0=UNACCREDITED

1=AAAASF

Category-specific Facility Type Code 2 388 389 VARCHAR2

Description: Indicates the category-specific facility type code, for certain provider categories only.

SAS Name: GNRL_FAC_TYPE_CD

COBOL Name: GNRL-FAC-TYPE-CD

VALUES: 01=Hospital
02=Skilled Nursing Facility

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 23
Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS
3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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03=Home Health Agency
04=Rehabilitation Agency
05=Public Clinic
06=Private Clinic
07=Public Health Agency

Fiscal Year End Date (MMDD)	4	464	467	VARCHAR2
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Description: End date, consisting of the month and day, of the
provider's fiscal year.

SAS Name: FY_END_MO_DAY_CD

COBOL Name: FY-END-MO-DAY-CD

Related Provider Number	10	686	695	CHAR
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Description: Related provider number

SAS Name: RELATED_PROVIDER_NUMBER

COBOL Name: RELATED-PROVIDER-NUMBER

Services: OT Code	1	775	775	CHAR
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Description: Indicates how occupational therapy services are provided.

SAS Name: OT_SRVC_CD

COBOL Name: OT-SRVC-CD

VALUES: 0=Not Provided

1=Provided

Services: PT Code	1	813	813	CHAR
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Description: Indicates how physical therapy services are provided.

SAS Name: PT_SRVC_CD

COBOL Name: PT-SRVC-CD

VALUES: 0=Not Provided

1=Provided

Services: Speech Pathology Code	1	833	833	CHAR
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Description: Indicates how speech pathology services are provided.

SAS Name: SPCH_PTHLGY_SRVC_CD

COBOL Name: SPCH-PTHLGY-SRVC-CD

VALUES: 0=Not Provided

1=Provided

Staff Count: OT - Total	8	1310	1317	NUMBER
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Description: Total number of full-time equivalent occupational
therapists employed by a provider.

SAS Name: OCPTNL_THRPST_CNT

COBOL Name: OCPTNL-THRPST-CNT

Staff Count: OT - Arrangement 8 1318 1325 NUMBER
Description: Number of full-time equivalent occupational therapists
under arrangement to the provider
SAS Name: OCPTNL_THRPST_CNTRCT_CNT
COBOL Name: OCPTNL-THRPST-CNTRCT-CNT

Staff Count: OT - Full-Time 8 1326 1333 NUMBER
Description: Number of full-time equivalent occupational therapists
employed full-time by a facility.
SAS Name: OCPTNL_THRPST_FLTM_CNT
COBOL Name: OCPTNL-THRPST-FLTM-CNT

Staff Count: PT 8 1630 1637 NUMBER
Description: Number of full-time equivalent physical therapists
employed by a provider.
SAS Name: PHYS_THRPST_STF_CNT
COBOL Name: PHYS-THRPST-STF-CNT

Staff Count: PT 8 1638 1645 NUMBER

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 24
Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS
3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Description: Number of full-time equivalent physical therapists
employed by a provider.
SAS Name: PHYS_THRPST_CNT
COBOL Name: PHYS-THRPST-CNT

Staff Count: PT - Arrangement 8 1646 1653 NUMBER
Description: Total number of full-time equivalent physical therapists
at the outpatient physical therapy facility.
SAS Name: PHYS_THRPST_ARNGMT_CNT
COBOL Name: PHYS-THRPST-ARNGMT-CNT

Staff Count: Speech Pathologist - Arrangement 8 1846 1853 NUMBER
Description: Number of full-time equivalent speech pathologists under
arrangement to the outpatient physical therapy facility.
SAS Name: SPCH_PTHLGST_ARNGMT_CNT
COBOL Name: SPCH-PTHLGST-ARNGMT-CNT

Staff Count: Speech Pathologist - Full-Time 8 1862 1869 NUMBER
Description: Number of full-time equivalent speech pathologists
employed full-time by a facility.
SAS Name: SPCH_PTHLGST_FLTM_CNT
COBOL Name: SPCH-PTHLGST-FLTM-CNT

Staff Count: Speech Pathologist - Total 8 1878 1885 NUMBER
Description: Total number of full-time equivalent speech pathologists
at the outpatient physical therapy facility.
SAS Name: SPCH_PTHLGST_CNT

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 1
End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Provider Category Subtype Code	2	1	2	VARCHAR2
Description: Identifies the subtype of the provider, within the primary category. Used in reporting to show the breakdown of provider categories, mainly for hospitals and SNFs.				
SAS Name: PRVDR_CTGRY_SBTYP_CD				
COBOL Name: PRVDR-CTGRY-SBTYP-CD				
VALUES: 01=End Stage Renal Disease				

Provider Category Code	2	3	4	VARCHAR2
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Description: Identifies the type of provider participating in the Medicare/Medicaid program.

SAS Name: PRVDR_CTGRY_CD

COBOL Name: PRVDR-CTGRY-CD

VALUES: 09=End Stage Renal Disease Facility

CHOW Count 2 5 6 NUMBER

Description: Number of times this provider has undergone a change of ownership.

SAS Name: CHOW_CNT

COBOL Name: CHOW-CNT

CHOW Date 8 7 14 DATE

Description: Effective date of the most recent change of ownership for this provider.

SAS Name: CHOW_DT

COBOL Name: CHOW-DT

Address: City 28 15 42 VARCHAR2

Description: City in which the provider is physically located.

SAS Name: CITY_NAME

COBOL Name: CITY-NAME

Compliance: Acceptable POC 1 43 43 VARCHAR2

Description: Indicates if a provider is in compliance with program requirements based on an acceptable plan for correction of deficiencies.

SAS Name: ACPTBL_POC_SW

COBOL Name: ACPTBL-POC-SW

Compliance: Status 1 44 44 VARCHAR2

Description: Compliance status of a provider at the time of certification survey.

SAS Name: Cmplnc_Stus_CD

COBOL Name: Cmplnc-Stus-CD

VALUES: A=IN COMPLIANCE

B=NOT IN COMPLIANCE

SSA County Code 3 45 47 VARCHAR2

Description: Social Security Administration geographic code indicating the county where the provider is located.

SAS Name: SSA_CNTY_CD

COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR

Description: Cross reference provider number

SAS Name: CROSS_REF_PROVIDER_NUMBER

COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date 8 58 65 DATE

Description: Equal to the exit date of the initial visit of the Health survey for certifications completed after July 28, 2012.

For certifications prior to that date, the certification

SHORT DESCRIPTION LEN START END TYPE

date is equal to the exit date of the initial visit of
the Health survey or LSC survey, whichever is later.

SAS Name: CRTFCTN_DT

COBOL Name: CRTFCTN-DT

Eligibility Indicator 1 66 66 VARCHAR2

Description: Indicates if a facility is eligible to participate in the
Medicare and/or Medicaid programs.

SAS Name: ELGLTY_SW

COBOL Name: ELGLTY-SW

Facility Name 50 67 116 VARCHAR2

Description: Name of the provider certified to participate in the
Medicare and/or Medicaid programs.

SAS Name: FAC_NAME

COBOL Name: FAC-NAME

Medicare Administrative Contractor (MAC) or 5 117 121 VARCHAR2
Intermediary or Carrier Code

Description: Number assigned to the Medicare Administrative
Contractor, intermediary or carrier servicing this
provider.

SAS Name: INTRMDRY_CARR_CD

COBOL Name: INTRMDRY-CARR-CD

VALUES: 00000=DUMMY FOR MEDICAID HHA
00010=BLUE CROSS (ALABAMA)
00011=CAHABA
00020=BLUE CROSS (ARKANSAS)
00040=BLUE CROSS (CALIFORNIA)
00060=BLUE CROSS (CONNECTICUT)
00070=BLUE CROSS (DELAWARE)
00090=BLUE CROSS (FLORIDA)
00101=BLUE CROSS (GEORGIA)
00121=HEALTH CARE SERVICE CORPORATION
00122=HCSC - MICHIGAN
00123=HCSC OF MICHIGAN
00130=NATIONAL GOVERNMENT SERVICES
00131=NATIONAL GOVERNMENT SERVICES
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)
00150=BLUE CROSS (KANSAS)
00160=NATIONAL GOVERNMENT SERVICES
00180=NATIONAL GOVERNMENT SERVICES
00181=NATIONAL GOVERNMENT SERVICES
00190=BLUE CROSS (MARYLAND)
00200=BLUE CROSS (MASSACHUSETTS)
00210=BLUE CROSS (MICHIGAN)
00220=BLUE CROSS (MINNESOTA)
00230=BLUE CROSS (MISSISSIPPI)

00231=BLUE CROSS (LOUISIANA)
 00233=PINNACLE
 00241=BLUE CROSS (MISSOURI)
 00260=BLUE CROSS (NEBRASKA)
 00270=NATIONAL GOVERNMENT SERVICES
 00280=BLUE CROSS (NEW JERSEY)
 00290=BLUE CROSS (NEW MEXICO)
 00308=NATIONAL GOVERNMENT SERVICES
 00310=BLUE CROSS (NORTH CAROLINA)
 00320=NORIDIAN PART A
 00322=NORIDIAN PART A (AK/WA)
 00323=NORIDIAN PART A (ID/OR)
 00325=NORIDIAN
 00332=NATIONAL GOVERNMENT SERVICES
 00340=BLUE CROSS (OKLAHOMA)
 00350=BLUE CROSS (OREGON)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 3
 End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				
00468=BLUE CROSS (NORTH CAROLINA FOR PR)				
00510=BLUE SHIELD (ALABAMA)				
00511=CAHABA				
00512=CAHABA				
00520=BLUE SHIELD (ARKANSAS)				
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)				
00542=BLUE SHIELD (CALIFORNIA)				
00550=BLUE SHIELD (COLORADO)				
00570=BLUE SHIELD (DELAWARE)				
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)				
00590=BLUE SHIELD (FLORIDA)				
00621=BLUE SHIELD (ILLINOIS)				
00630=NATIONAL GOVERNMENT SERVICES				
00640=BLUE SHIELD (IOWA)				
00650=BLUE SHIELD (KANSAS)				

00655=BLUE SHIELD (KANSAS/NEBRASKA)
 00660=NATIONAL GOVERNMENT SERVICES
 00690=BLUE SHIELD (MARYLAND)
 00700=BLUE SHIELD (MASSACHUSETTS)
 00710=BLUE SHIELD (MICHIGAN)
 00720=BLUE SHIELD (MINNESOTA)
 00740=BLUE SHIELD (KANSAS CITY)
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
 00780=BLUE SHIELD (TRI-STATE)
 00801=BLUE SHIELD (BUFFALO)
 00803=NATIONAL GOVERNMENT SERVICES
 00805=NATIONAL GOVERNMENT SERVICES
 00821=NORIDIAN
 00824=NORIDIAN GVT SERVICES (CO)
 00826=NORIDIAN GVT SERVICES (IA)
 00831=NORIDIAN GVT SERVICES (AK)
 00832=NORIDIAN GVT SERVICES (AZ)
 00833=NORIDIAN GVT SERVICES (HI)
 00834=NORIDIAN GVT SERVICES (NV)
 00835=NORIDIAN GVT SERVICES (OR)
 00836=NORIDIAN GVT SERVICES (WA)
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
 00865=BLUE SHIELD (PENNSYLVANIA)
 00870=BLUE SHIELD (RHODE ISLAND)
 00880=BLUE SHIELD (SOUTH CAROLINA)
 00883=PALMETTO GBA PART B
 00884=PALMETTO GBA
 00889=NORIDIAN GVT SERVICES (SD)
 00900=BLUE SHIELD (TEXAS)
 00901=TRAILBLAZERS HEALTH ENTERPRISES
 00904=TRAILBLAZER
 00910=BLUE SHIELD (UTAH)
 00930=BLUE SHIELD (WASHINGTON)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 4
 End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH)				
01111=Noridian (CA)				
01112=Noridian (NF)				

01120=AETNA (HAWAII)
01182=Noridian (SF)
01192=PALMETTO (CALIFORNIA SOUTH)
01201=PALMETTO (HAWAII)
01202=PALMETTO (HAWAII)
01211=Noridian (AS, GU, HI)
01212=Noridian (AS, GU, HI)
01290=AETNA (NEVADA)
01301=PALMETTO (NEVADA)
01302=PALMETTO (NEVADA)
01311=Noridian (NV)
01312=Noridian (NV)
01360=AETNA (NEW MEXICO)
01370=AETNA (OKLAHOMA)
01380=AETNA (OREGON)
01390=AETNA (WASHINGTON)
01901=PALMETTO GBA
01902=PALMETTO GBA
01911=Noridian (AS, GU, HI, NV)
02050=OCCIDENTAL (CALIFORNIA)
02101=Noridian AK
02102=Noridian AK
02201=Noridian ID
02202=Noridian ID
02301=Noridian OR
02302=Noridian OR
02401=Noridian WA
02402=Noridian WA
03001=NORIDIAN ADMIN SERVICES
03101=NORIDAN (ARIZONA)
03102=NORIDAN (ARIZONA)
03201=NORIDAN (MONTANA)
03202=NORIDAN (MONTANA)
03301=NORDIAN (NORTH DAKOTA)
03302=NORDIAN (NORTH DAKOTA)
03401=NORIDIAN (SOUTH DAKOTA)
03402=NORIDIAN (SOUTH DAKOTA)
03501=NORIDIAN (UTAH)
03502=NORIDIAN (UTAH)
03601=NORIDIAN (WYOMING)
03602=NORIDIAN (WYOMING)
04001=TRAILBLAZER
04101=TRAILBLAZER (COLORADO)
04102=TRAILBLAZER (COLORADO)
04111=NOVITAS (COLORADO)
04112=NOVITAS (COLORADO)
04201=TRAILBLAZER (NEW MEXICO)
04202=TRAILBLAZER (NEW MEXICO)
04211=NOVITAS (NEW MEXICO)
04212=NOVITAS (NEW MEXICO)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				
05402=WPS (NEBRASKA)				
05440=EQICOR (TENNESSEE)				
05535=EQICOR (NORTH CAROLINA)				
05901=WISCONSIN PHYSICIANS SERVICE				
06001=NGS (WI)				
06004=National Govt Serv HHH				
06101=NGS (IL)				
06102=NGS (IL)				
06201=NGS (MN)				
06202=NGS (MN)				
06301=NGS (WI)				
06302=NGS (WI)				
07101=Novitas AR				
07102=Novitas AR				
07201=Novitas LA				
07202=Novitas LA				
07301=Novitas MS				
07302=Novitas MS				
08101=WPS IN				
08102=WPS IN				
08201=WPS MI				
08202=WPS MI				
09101=FIRST COAST (FLORIDA)				
09102=FIRST COAST (FLORIDA)				
09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)				
09202=FIRST COAST (PUERTO RICO)				
09302=FIRST COAST (VIRGIN ISLANDS)				
10071=TRAVELERS (RRB)				
10101=CAHABA GBA (AL)				
10102=CAHABA GBA (AL)				
10111=PALMETTO GBA (Part A) (AL)				
10201=CAHABA GBA (GA)				

10202=CAHABA GBA (GA)
 10211=PALMETTO GBA (GA)
 10230=TRAVELERS (CONNECTICUT)
 10240=TRAVELERS (MINNESOTA)
 10250=TRAVELERS (MISSISSIPPI)
 10301=CAHABA GBA (TN)
 10302=CAHABA GBA (TN)
 10311=PALMETTO GBA (TN)
 10490=TRAVELERS (VIRGINIA)
 10492=TRAVELERS - VIRGINIA SPECIAL PROJECT
 11004=PALMETTO HHH C
 11201=PALMETTO GBA (SC)
 11202=PALMETTO GBA (SC)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 6
 End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				
12102=Novitas DE				
12201=Novitas DC				
12202=Novitas DC				
12301=Novitas MD				
12302=Novitas MD				
12401=Novitas NJ				
12402=Novitas NJ				
12501=Novitas PA				
12502=Novitas PA				
12901=Novitas Solutions DC, DE, MD, PA				
12902=HIGHMARK				
13101=NATIONAL GOVT SERVICES (CONNECTICUT)				
13102=NATIONAL GOVT SERVICES (CONNECTICUT)				
13201=NATIONAL GOVT SERVICES (NEW YORK)				
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)				
13282=NGS (UN)				
13292=NGS (QN)				
14004=NATIONAL HERITAGE (HHA - A)				
14014=NGS (HHA)				
14101=NATIONAL HERITAGE (MAINE)				
14102=NATIONAL HERITAGE (MAINE)				
14111=NGS (ME)				
14112=NGS (ME)				
14201=NATIONAL HERITAGE (MASSACHUSETTS)				
14202=NATIONAL HERITAGE (MASSACHUSETTS)				
14211=NGS (MA)				

14212=NGS (MA)
 14301=NATIONAL HERITAGE (NEW HAMPSHIRE)
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)
 14311=NGS (NH)
 14312=NGS (NH)
 14330=GROUP HEALTH INC (NEW YORK)
 14401=NATIONAL HERITAGE (RHODE ISLAND)
 14402=NATIONAL HERITAGE (RHODE ISLAND)
 14411=NGS (RI)
 14412=NGS (RI)
 14501=NATIONAL HERITAGE (VERMONT)
 14502=NATIONAL HERITAGE (VERMONT)
 14511=NGS (VT)
 14512=NGS (VT)
 15004=CGS Administrators HHH
 15101=CGS (KENTUCKY)
 15102=CGS (KENTUCKY)
 15201=CGS (OHIO)
 15202=CGS (OHIO)
 16360=NATIONWIDE (OHIO)
 16510=NATIONWIDE (WEST VIRGINIA)
 17120=HAWAII MEDICAL SERVICE ASSOCIATION
 21200=MASSACHUSETTS/MAINE
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)
 31143=NATIONAL HERITAGE INSURANCE CO
 31144=NATIONAL HERITAGE INSURANCE CO
 50333=TRAVELERS (NEW YORK)
 51051=AETNA (PETALUMA)
 51070=AETNA (FARMINGTON)
 51100=AETNA (CLEARWATER)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 7
 End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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51140=AETNA (PEORIA)
 51390=AETNA (FORT WASHINGTON)
 52280=WISCONSIN PHYSICIANS SERVICE
 57400=COOPERATIVA (PUERTO RICO)

Medicaid Vendor Number	15	122	136	VARCHAR2
Description: Number which may be assigned to a provider by the state Medicaid agency for external control or billing purposes.				
SAS Name:	MDCD_VNDR_NUM			
COBOL Name:	MDCD-VNDR-NUM			

Original Participation Date	8	137	144	DATE
Description: Date a provider is first approved to provide Medicare and/or Medicaid services.				
SAS Name:	ORGNL_PRTCPTN_DT			
COBOL Name:	ORGNL-PRTCPTN-DT			

Prior CHOW Date 8 145 152 DATE
Description: Effective date of the previous change of ownership for
this provider.
SAS Name: CHOW_PRIOR_DT
COBOL Name: CHOW-PRIOR-DT

Prior Medicare Administrative Contractor (MAC) or 5 153 157 VARCHAR2
Intermediary or Carrier Code
Description: Number assigned to the previous Medicare Administrative
Contractor, intermediary or carrier servicing this
provider.
SAS Name: INTRMDRY_CARR_PRIOR_CD
COBOL Name: INTRMDRY-CARR-PRIOR-CD
VALUES: 00000=DUMMY FOR MEDICAID HHA

- 00010=BLUE CROSS (ALABAMA)
- 00011=CAHABA
- 00020=BLUE CROSS (ARKANSAS)
- 00040=BLUE CROSS (CALIFORNIA)
- 00060=BLUE CROSS (CONNECTICUT)
- 00070=BLUE CROSS (DELAWARE)
- 00090=BLUE CROSS (FLORIDA)
- 00101=BLUE CROSS (GEORGIA)
- 00121=HEALTH CARE SERVICE CORPORATION
- 00122=HCSC - MICHIGAN
- 00123=HCSC OF MICHIGAN
- 00130=NATIONAL GOVERNMENT SERVICES
- 00131=NATIONAL GOVERNMENT SERVICES
- 00140=BLUE CROSS (IOWA/SOUTH DAKOTA)
- 00150=BLUE CROSS (KANSAS)
- 00160=NATIONAL GOVERNMENT SERVICES
- 00180=NATIONAL GOVERNMENT SERVICES
- 00181=NATIONAL GOVERNMENT SERVICES
- 00190=BLUE CROSS (MARYLAND)
- 00200=BLUE CROSS (MASSACHUSETTS)
- 00210=BLUE CROSS (MICHIGAN)
- 00220=BLUE CROSS (MINNESOTA)
- 00230=BLUE CROSS (MISSISSIPPI)
- 00231=BLUE CROSS (LOUISIANA)
- 00233=PINNACLE
- 00241=BLUE CROSS (MISSOURI)
- 00260=BLUE CROSS (NEBRASKA)
- 00270=NATIONAL GOVERNMENT SERVICES
- 00280=BLUE CROSS (NEW JERSEY)
- 00290=BLUE CROSS (NEW MEXICO)
- 00308=NATIONAL GOVERNMENT SERVICES
- 00310=BLUE CROSS (NORTH CAROLINA)
- 00320=NORIDIAN PART A

SHORT DESCRIPTION LEN START END TYPE

00322=NORIDIAN PART A (AK/WA)
00323=NORIDIAN PART A (ID/OR)
00325=NORIDIAN
00332=NATIONAL GOVERNMENT SERVICES
00340=BLUE CROSS (OKLAHOMA)
00350=BLUE CROSS (OREGON)
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)
00362=BLUE CROSS (INDEPENDENCE)
00363=BLUE CROSS (WESTERN PENNSYLVANIA)
00366=HIGHMARK MEDICARE SERVICES
00370=BLUE CROSS (RHODE ISLAND)
00380=BLUE CROSS (SOUTH CAROLINA)
00390=BLUE CROSS (TENNESSEE)
00400=BLUE CROSS (TEXAS)
00410=BLUE CROSS (UTAH)
00423=BLUE CROSS (VIRGINIA/WEST VA)
00430=BLUE CROSS (WASHINGTON & ALASKA)
00450=NATIONAL GOVERNMENT SERVICES
00452=NATIONAL GOVERNMENT SERVICES
00453=NATIONAL GOVERNMENT SERVICES
00454=NATIONAL GOVERNMENT SERVICES
00456=NATIONAL GOVERNMENT SERVICES
00468=BLUE CROSS (NORTH CAROLINA FOR PR)
00510=BLUE SHIELD (ALABAMA)
00511=CAHABA
00512=CAHABA
00520=BLUE SHIELD (ARKANSAS)
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)
00542=BLUE SHIELD (CALIFORNIA)
00550=BLUE SHIELD (COLORADO)
00570=BLUE SHIELD (DELAWARE)
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)
00590=BLUE SHIELD (FLORIDA)
00621=BLUE SHIELD (ILLINOIS)
00630=NATIONAL GOVERNMENT SERVICES
00640=BLUE SHIELD (IOWA)
00650=BLUE SHIELD (KANSAS)
00655=BLUE SHIELD (KANSAS/NEBRASKA)
00660=NATIONAL GOVERNMENT SERVICES
00690=BLUE SHIELD (MARYLAND)
00700=BLUE SHIELD (MASSACHUSETTS)
00710=BLUE SHIELD (MICHIGAN)
00720=BLUE SHIELD (MINNESOTA)
00740=BLUE SHIELD (KANSAS CITY)
00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
00780=BLUE SHIELD (TRI-STATE)
00801=BLUE SHIELD (BUFFALO)
00803=NATIONAL GOVERNMENT SERVICES
00805=NATIONAL GOVERNMENT SERVICES
00821=NORIDIAN
00824=NORIDIAN GVT SERVICES (CO)
00826=NORIDIAN GVT SERVICES (IA)
00831=NORIDIAN GVT SERVICES (AK)
00832=NORIDIAN GVT SERVICES (AZ)

00833=NORIDIAN GVT SERVICES (HI)
 00834=NORIDIAN GVT SERVICES (NV)
 00835=NORIDIAN GVT SERVICES (OR)
 00836=NORIDIAN GVT SERVICES (WA)
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
 00865=BLUE SHIELD (PENNSYLVANIA)
 00870=BLUE SHIELD (RHODE ISLAND)
 00880=BLUE SHIELD (SOUTH CAROLINA)
 00883=PALMETTO GBA PART B
 00884=PALMETTO GBA

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 9
 End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00889=NORIDIAN GVT SERVICES (SD)				
00900=BLUE SHIELD (TEXAS)				
00901=TRAILBLAZERS HEALTH ENTERPRISES				
00904=TRAILBLAZER				
00910=BLUE SHIELD (UTAH)				
00930=BLUE SHIELD (WASHINGTON)				
00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH)				
01111=Noridian (CA)				
01112=Noridian (NF)				
01120=AETNA (HAWAII)				
01182=Noridian (SF)				
01192=PALMETTO (CALIFORNIA SOUTH)				
01201=PALMETTO (HAWAII)				
01202=PALMETTO (HAWAII)				
01211=Noridian (AS, GU, HI)				
01212=Noridian (AS, GU, HI)				
01290=AETNA (NEVADA)				
01301=PALMETTO (NEVADA)				
01302=PALMETTO (NEVADA)				
01311=Noridian (NV)				
01312=Noridian (NV)				
01360=AETNA (NEW MEXICO)				
01370=AETNA (OKLAHOMA)				
01380=AETNA (OREGON)				
01390=AETNA (WASHINGTON)				
01901=PALMETTO GBA				

01902=PALMETTO GBA
 01911=Noridian (AS, GU, HI, NV)
 02050=OCCIDENTAL (CALIFORNIA)
 02101=Noridian AK
 02102=Noridian AK
 02201=Noridian ID
 02202=Noridian ID
 02301=Noridian OR
 02302=Noridian OR
 02401=Noridian WA
 02402=Noridian WA
 03001=NORIDIAN ADMIN SERVICES
 03101=NORIDAN (ARIZONA)
 03102=NORIDAN (ARIZONA)
 03201=NORIDAN (MONTANA)
 03202=NORIDAN (MONTANA)
 03301=NORDIAN (NORTH DAKOTA)
 03302=NORDIAN (NORTH DAKOTA)
 03401=NORIDIAN (SOUTH DAKOTA)
 03402=NORIDIAN (SOUTH DAKOTA)
 03501=NORIDIAN (UTAH)
 03502=NORIDIAN (UTAH)
 03601=NORIDIAN (WYOMING)
 03602=NORIDIAN (WYOMING)
 04001=TRAILBLAZER
 04101=TRAILBLAZER (COLORADO)
 04102=TRAILBLAZER (COLORADO)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 10
 End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04111=NOVITAS (COLORADO)				
04112=NOVITAS (COLORADO)				
04201=TRAILBLAZER (NEW MEXICO)				
04202=TRAILBLAZER (NEW MEXICO)				
04211=NOVITAS (NEW MEXICO)				
04212=NOVITAS (NEW MEXICO)				
04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				

05202=WPS (KANSAS)
 05301=WPS (MISSOURI)
 05302=WPS (MISSOURI WEST)
 05392=WPS (MISSOURI EAST)
 05401=WPS (NEBRASKA)
 05402=WPS (NEBRASKA)
 05440=EQICOR (TENNESSEE)
 05535=EQICOR (NORTH CAROLINA)
 05901=WISCONSIN PHYSICIANS SERVICE
 06001=NGS (WI)
 06004=National Govt Serv HHH
 06101=NGS (IL)
 06102=NGS (IL)
 06201=NGS (MN)
 06202=NGS (MN)
 06301=NGS (WI)
 06302=NGS (WI)
 07101=Novitas AR
 07102=Novitas AR
 07201=Novitas LA
 07202=Novitas LA
 07301=Novitas MS
 07302=Novitas MS
 08101=WPS IN
 08102=WPS IN
 08201=WPS MI
 08202=WPS MI
 09101=FIRST COAST (FLORIDA)
 09102=FIRST COAST (FLORIDA)
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)
 09202=FIRST COAST (PUERTO RICO)
 09302=FIRST COAST (VIRGIN ISLANDS)
 10071=TRAVELERS (RRB)
 10101=CAHABA GBA (AL)
 10102=CAHABA GBA (AL)
 10111=PALMETTO GBA (Part A) (AL)
 10201=CAHABA GBA (GA)
 10202=CAHABA GBA (GA)
 10211=PALMETTO GBA (GA)
 10230=TRAVELERS (CONNECTICUT)
 10240=TRAVELERS (MINNESOTA)
 10250=TRAVELERS (MISSISSIPPI)
 10301=CAHABA GBA (TN)
 10302=CAHABA GBA (TN)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 11
 End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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10311=PALMETTO GBA (TN)				
10490=TRAVELERS (VIRGINIA)				
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				

11004=PALMETTO HHH C
11201=PALMETTO GBA (SC)
11202=PALMETTO GBA (SC)
11260=GENERAL AMERICAN
11301=PALMETTO GBA (VA)
11302=PALMETTO GBA (VA)
11401=PALMETTO GBA (WV)
11402=PALMETTO GBA (WV)
11501=PALMETTO GBA (NC)
11502=PALMETTO GBA (NC)
12101=Novitas DE
12102=Novitas DE
12201=Novitas DC
12202=Novitas DC
12301=Novitas MD
12302=Novitas MD
12401=Novitas NJ
12402=Novitas NJ
12501=Novitas PA
12502=Novitas PA
12901=Novitas Solutions DC, DE, MD, PA
12902=HIGHMARK
13101=NATIONAL GOVT SERVICES (CONNECTICUT)
13102=NATIONAL GOVT SERVICES (CONNECTICUT)
13201=NATIONAL GOVT SERVICES (NEW YORK)
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)
13282=NGS (UN)
13292=NGS (QN)
14004=NATIONAL HERITAGE (HHA - A)
14014=NGS (HHA)
14101=NATIONAL HERITAGE (MAINE)
14102=NATIONAL HERITAGE (MAINE)
14111=NGS (ME)
14112=NGS (ME)
14201=NATIONAL HERITAGE (MASSACHUSETTS)
14202=NATIONAL HERITAGE (MASSACHUSETTS)
14211=NGS (MA)
14212=NGS (MA)
14301=NATIONAL HERITAGE (NEW HAMPSHIRE)
14302=NATIONAL HERITAGE (NEW HAMPSHIRE)
14311=NGS (NH)
14312=NGS (NH)
14330=GROUP HEALTH INC (NEW YORK)
14401=NATIONAL HERITAGE (RHODE ISLAND)
14402=NATIONAL HERITAGE (RHODE ISLAND)
14411=NGS (RI)
14412=NGS (RI)
14501=NATIONAL HERITAGE (VERMONT)
14502=NATIONAL HERITAGE (VERMONT)
14511=NGS (VT)
14512=NGS (VT)
15004=CGS Administrators HHH
15101=CGS (KENTUCKY)
15102=CGS (KENTUCKY)

15201=CGS (OHIO)
 15202=CGS (OHIO)
 16360=NATIONWIDE (OHIO)
 16510=NATIONWIDE (WEST VIRGINIA)
 17120=HAWAII MEDICAL SERVICE ASSOCIATION
 21200=MASSACHUSETTS/MAINE
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 12
 End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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31143=NATIONAL HERITAGE INSURANCE CO				
31144=NATIONAL HERITAGE INSURANCE CO				
50333=TRAVELERS (NEW YORK)				
51051=AETNA (PETALUMA)				
51070=AETNA (FARMINGTON)				
51100=AETNA (CLEARWATER)				
51140=AETNA (PEORIA)				
51390=AETNA (FORT WASHINGTON)				
52280=WISCONSIN PHYSICIANS SERVICE				
57400=COOPERATIVA (PUERTO RICO)				

CCN	10	158	167	VARCHAR2
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Description: Six or ten position identification number that is assigned to a certified provider. This is the CMS Certification Number.

SAS Name: PRVDR_NUM

COBOL Name: PRVDR-NUM

Region Code	2	168	169	VARCHAR2
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Description: Indicates the CMS Regional Office responsible for the certification of the provider.

SAS Name: RGN_CD

COBOL Name: RGN-CD

VALUES: 01=Boston

02=New York

03=Philadelphia

04=Atlanta

05=Chicago

06=Dallas

07=Kansas City

08=Denver

09=San Francisco

10=Seattle

Skeleton Record Indicator	1	170	170	VARCHAR2
---------------------------	---	-----	-----	----------

Description: Indicates if the record is a skeleton record. Only a limited set of data is available for this provider; no survey data exists. Only provider categories 01,17,19,21and 22 can have skeleton providers.

SAS Name: SKLTN_REC_SW

COBOL Name: SKLTN-REC-SW

State Abbreviation 2 171 172 VARCHAR2

Description: Two-character state abbreviation.

SAS Name: STATE_CD

COBOL Name: STATE-CD

VALUES: AK=ALASKA

AL=ALABAMA

AR=ARKANSAS

AS=AMERICAN SAMOA

AZ=ARIZONA

CA=CALIFORNIA

CN=CANADA

CO=COLORADO

CT=CONNECTICUT

DC=DISTRICT OF COLUMBIA

DE=DELAWARE

FL=FLORIDA

FN=INTERNATIONAL

GA=GEORGIA

GU=GUAM

HI=HAWAII

IA=IOWA

ID=IDAHO

DATE: 10/06/2020

POS RECORD LAYOUT

PAGE: 13

End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

IL=ILLINOIS

IN=INDIANA

KS=KANSAS

KY=KENTUCKY

LA=LOUISIANA

MA=MASSACHUSETTS

MD=MARYLAND

ME=MAINE

MI=MICHIGAN

MN=MINNESOTA

MO=MISSOURI

MP=SAIPAN

MS=MISSISSIPPI

MT=MONTANA

MX=MEXICO

NC=NORTH CAROLINA

ND=NORTH DAKOTA

NE=NEBRASKA

NH=NEW HAMPSHIRE

NJ=NEW JERSEY

NM=NEW MEXICO

NV=NEVADA

NY=NEW YORK

WY=WYOMING

Description: Social Security Administration geographic code indicating the state where the provider is located.

SAS Name: SSA_STATE_CD

COBOL Name: SSA-STATE-CD

VALUES: 01=ALABAMA

17=KANSAS

End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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23=MICHIGAN

24=MINNESOTA
25=MISSISSIPPI
26=MISSOURI
27=MONTANA
28=NEBRASKA
29=NEVADA
30=NEW HAMPSHIRE
31=NEW JERSEY
32=NEW MEXICO
33=NEW YORK
34=NORTH CAROLINA
35=NORTH DAKOTA
36=OHIO
37=OKLAHOMA
38=OREGON
39=PENNSYLVANIA
40=PUERTO RICO
41=RHODE ISLAND
42=SOUTH CAROLINA
43=SOUTH DAKOTA
44=TENNESSEE
45=TEXAS
46=UTAH
47=VERMONT
48=VIRGIN ISLANDS
49=VIRGINIA
50=WASHINGTON
51=WEST VIRGINIA
52=WISCONSIN
53=WYOMING
54=AFRICA
56=CANADA
57=WEST INDIES
58=EUROPE
59=MEXICO
60=OCEANIA
61=PHILIPPINES
62=SOUTH AMERICA
63=UNITED STATES POSSESSIONS
64=AMERICAN SAMOA
65=GUAM
66=SAIPAN
99=INTERNATIONAL

State Region Code	3	175	177	VARCHAR2
Description: Identifies the region within a state where the provider is located.				

SAS Name: STATE RGN_CD

COBOL Name: STATE-RGN-CD

VALUES: AK/001=ALASKA

AK/LAB=LABORATORIES

AK/NPH=NON-PARTICIPATING HOSPITAL

AL/001=ALABAMA

AL/LAB=LABORATORIES

AL/NPH=NON-PARTICIPATING HOSPITAL
AR/001=ARKANSAS
AR/LAB=LABORATORIES
AR/NPH=NON-PARTICIPATING HOSPITAL

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 15
End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
-------------------	-----	-------	-----	------

AS/001=AMERICAN SAMOA				
AS/LAB=LABORATORY				
AS/NPH=NON-PARTICIPATING HOSPITAL				
AZ/AZ=PHOENIX				
AZ/LAB=ARIZONA LAB				
AZ/NPH=NON-PARTICIPATING HOSPITAL				
AZ/TUC=TUCSON				
CA/001=CALIFORNIA				
CA/BAK=BAKERSFIELD				
CA/BER=SAN BERNARDINO				
CA/EB=East Bay				
CA/FR=FRESNO				
CA/L1=L.A. WEST				
CA/L2=L.A. NORTH				
CA/L3=L.A. CENTRAL				
CA/L4=L.A. EAST				
CA/L5=SAN GABRIEL				
CA/LA1=LA Region 1				
CA/LA2=LA Region 2				
CA/LA3=LA Region 3				
CA/LA4=LA Acute/Ancillary				
CA/LA5=LA HHA/Hospice				
CA/LA6=LA ICF/DD/CLinics				
CA/LAB=LABORATORIES				
CA/M1=LAB. SOUTH				
CA/M2=LAB. NORTH				
CA/NPH=NON-PARTICIPATING HOSPITAL				
CA/ORG=ORANGE				
CA/RIV=RIVERSIDE				
CA/S1=SACRAMENTO				
CA/S3=CHICO				
CA/SD=SAN DIEGO				
CA/SF=SAN FRANCISCO				
CA/SJ=SAN JOSE				
CA/SR=SANTA ROSA				
CA/VEN=VENTURA				
CN/001=CANADA				
CN/LAB=LABORATORY				
CN/NPH=NON-PARTICIPATING HOSPITAL				
CO/001=COLORADO				
CO/LAB=LABORATORIES				
CO/NPH=NON-PARTICIPATING HOSPITAL				
CT/001=CONNECTICUT				

CT/LAB=LABORATORIES
 CT/NPH=NON-PARTICIPATING HOSPITAL
 DC/001=DISTRICT OF COLUMBIA
 DC/LAB=LABORATORIES
 DC/NPH=NON-PARTICIPATING HOSPITAL
 DE/001=DELAWARE
 DE/LAB=LABORATORIES
 DE/NPH=NON-PARTICIPATING HOSPITAL
 FL/001=FLORIDA
 FL/FTM=FT. MYERS
 FL/GAI=GAINESVILLE
 FL/JAX=JACKSONVILLE
 FL/LAB=LABORATORIES
 FL/LAN=LANTANA
 FL/LAU=LAUDERHILL
 FL/MIA=MIAMI
 FL/NPH=NON-PARTICIPATING HOSPITAL
 FL/ORL=ORLANDO
 FL/PEN=PENSACOLA
 FL/STP=ST. PETERSBURG
 FL/TAL=TALLAHASSEE

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 16
 End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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FL/TAM=TAMPA
 FM/001=FEDERATED STATES OF MICRO
 FM/NPH=NON-PARTICIPATING HOSPITAL
 FN/001=INTERNATIONAL
 FN/LAB=LABORATORIES
 FN/NPH=NON-PARTICIPATING HOSPITAL
 GA/001=GEORGIA
 GA/GAA=GEORGIA ALL
 GA/GAC=GEORGIA CENTRAL
 GA/GAE=GEORGIA EASTERN
 GA/GAN=GEORGIA NORTH
 GA/GAS=GEORGIA SOUTH
 GA/GAW=GEORGIA WESTERN
 GA/LAB=LABORATORIES
 GA/NPH=NON-PARTICIPATING HOSPITAL
 GU/001=GUAM
 GU/LAB=LABORATORIES
 GU/NPH=NON-PARTICIPATING HOSPITAL
 HI/001=HAWAII
 HI/LAB=LABORATORIES
 HI/NPH=NON-PARTICIPATING HOSPITAL
 IA/001=IOWA
 IA/LAB=LABORATORIES
 IA/NPH=NON-PARTICIPATING HOSPITAL
 ID/001=IDAHO
 ID/LAB=LABORATORIES

ID/NPH=NON-PARTICIPATING HOSPITAL
 IL/001=ILLINOIS
 IL/LAB=LABORATORIES
 IL/NPH=NON-PARTICIPATING HOSPITAL
 IN/001=INDIANA
 IN/LAB=LABORATORIES
 IN/NPH=NON-PARTICIPATING HOSPITAL
 KS/001=KANSAS
 KS/KCK=KANSAS CITY
 KS/KDH=KDHE
 KS/LAB=LABORATORIES
 KS/LAW=LAWRENCE
 KS/NC=NORTH CENTRAL KANSAS
 KS/NE=NORTH EAST KANSAS
 KS/NPH=NON-PARTICIPATING HOSPITAL
 KS/NW=NORTH WEST KANSAS
 KS/SC=SOUTH CENTRAL KANSAS
 KS/SE=SOUTH EAST KANSAS
 KS/SW=SOUTH WEST KANSAS
 KS/WST=WEST
 KY/2C1=HOPKINSVILLE
 KY/2C2=LOUISVILLE
 KY/2C3=LONDON
 KY/2C4=LEXINGTON
 KY/LAB=LABORATORIES
 KY/NPH=NON-PARTICIPATING HOSPITAL
 LA/001=LOUISIANA
 LA/LA1=NEW ORLEANS
 LA/LA2=MANDEVILLE
 LA/LA3=LAFAYETTE
 LA/LA4=MONROE
 LA/LA5=SHREVEPORT
 LA/LA6=ALEXANDRIA
 LA/LAB=LABORATORIES
 LA/LB1=CLIA NEW ORLEANS
 LA/LB5=CLIA SHREVEPORT
 LA/LB6=CLIA ALEXANDRIA
 LA/NPH=NON-PARTICIPATING HOSPITAL

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 17
 End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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MA/001=MASSACHUSETTS
 MA/LAB=LABORATORIES
 MA/NPH=NON-PARTICIPATING HOSPITAL
 MD/001=MARYLAND
 MD/LAB=LABORATORIES
 MD/NPH=NON-PARTICIPATING HOSPITAL
 ME/001=MAINE
 ME/LAB=LABORATORIES
 ME/NPH=NON-PARTICIPATING HOSPITAL

MH/001=MARSHALL ISLANDS
MH/NPH=NON-PARTICIPATING HOSPITAL
MI/001=MICHIGAN
MI/LAB=LABORATORIES
MI/NPH=NON-PARTICIPATING HOSPITAL
MN/001=MINNESOTA
MN/LAB=LABORATORIES
MN/NPH=NON-PARTICIPATING HOSPITAL
MO/001=MISSOURI
MO/01=REGION01
MO/02=REGION02
MO/03=REGION 03
MO/04=REGION 04
MO/05=REGION 05
MO/06=REGION 06
MO/07=REGION 07
MO/1NH=REGION 1 NH
MO/2NH=REGION 2 NH
MO/3NH=REGION 3 NH
MO/4NH=REGION 4 NH
MO/5NH=REGION 5 NH
MO/6NH=REGION 6 NH
MO/7NH=REGION 7 NH
MO/LAB=LABORATORIES
MO/MO=STATEWIDE
MO/NPH=NON-PARTICIPATING HOSPITAL
MP/001=NORTHERN MARIANA ISLANDS
MP/LAB=LABORATORIES
MP/NPH=NON-PARTICIPATING HOSPITAL
MS/001=MISSISSIPPI
MS/LAB=LABORATORIES
MS/NPH=NON-PARTICIPATING HOSPITAL
MT/001=MONTANA
MT/LAB=LABORATORIES
MT/NPH=NON-PARTICIPATING HOSPITAL
MX/001=MEXICO
MX/LAB=LABORATORY
MX/NPH=NON-PARTICIPATING HOSPITAL
NC/001=NORTH CAROLINA
NC/LAB=LABORATORIES
NC/NCC=NORTH CAROLINA CENTRAL
NC/NCE=NORTH CAROLINA EAST
NC/NCN=NORTH CAROLINA NORTH
NC/NCS=NORTH CAROLINA SOUTH
NC/NCW=NORTH CAROLINA WEST
NC/NPH=NON-PARTICIPATING HOSPITAL
ND/001=NORTH DAKOTA
ND/LAB=LABORATORIES
ND/NPH=NON-PARTICIPATING HOSPITAL
NE/001=NEBRASKA
NE/1=NORTH CENTRAL
NE/2=CENTRAL
NE/3=NORTHEAST
NE/4=SOUTHEAST

SHORT DESCRIPTION	LEN	START	END	TYPE
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NE/LAB=LABORATORIES				
NE/NPH=NON-PARTICIPATING HOSPITAL				
NH/001=NEW HAMPSHIRE				
NH/LAB=LABORATORIES				
NH/NPH=NON-PARTICIPATING HOSPITAL				
NJ/001=NEW JERSEY				
NJ/LAB=LABORATORIES				
NJ/NPH=NON-PARTICIPATING HOSPITAL				
NM/001=NEW MEXICO				
NM/LAB=LABORATORIES				
NM/NPH=NON-PARTICIPATING HOSPITAL				
NV/001=NEVADA				
NV/CC=CARSON CITY				
NV/LAB=LABORATORIES				
NV/LV=LAS VEGAS				
NV/NPH=NON-PARTICIPATING HOSPITAL				
NY/001=BUFFALO				
NY/002=ROCHESTER				
NY/003=SYRACUSE				
NY/004=ALBANY				
NY/005=NEW ROCHELLE				
NY/006=NEW YORK CITY				
NY/007=SUFFOLK/NASSAU COUNTY				
NY/LAB=LABORATORIES				
NY/NPH=NON-PARTICIPATING HOSPITAL				
OH/001=OHIO				
OH/LAB=LABORATORIES				
OH/NPH=NON-PARTICIPATING HOSPITAL				
OK/001=OKLAHOMA				
OK/LAB=LABORATORIES				
OK/NPH=NON-PARTICIPATING HOSPITAL				
OR/001=OFFICE #1				
OR/002=OFFICE #2				
OR/003=OFFICE #3				
OR/LAB=LABORATORIES				
OR/NPH=NON-PARTICIPATING HOSPITAL				
PA/001=PENNSYLVANIA				
PA/LAB=LABORATORIES				
PA/NPH=NON-PARTICIPATING HOSPITAL				
PR/001=PUERTO RICO				
PR/LAB=LABORATORIES				
PR/NPH=NON-PARTICIPATING HOSPITAL				
PW/001=PALAU				
PW/NPH=NON-PARTICIPATING HOSPITAL				
RI/001=RHODE ISLAND				
RI/LAB=LABORATORIES				

RI/NPH=NON-PARTICIPATING HOSPITAL
 SC/001=SOUTH CAROLINA
 SC/LAB=LABORATORIES
 SC/NPH=NON-PARTICIPATING HOSPITAL
 SD/001=SOUTH DAKOTA
 SD/LAB=LABORATORIES
 SD/NPH=NON-PARTICIPATING HOSPITAL
 TN/001=TENNESSEE
 TN/LAB=LABORATORIES
 TN/NPH=NON-PARTICIPATING HOSPITAL
 TN/TNC=TENNESSEE COOKEVILLE
 TN/TNE=TENNESSEE EASTERN
 TN/TNM=TENNESSEE MIDDLE
 TN/TNW=TENNESSEE WESTERN
 TX/001=TEXAS
 TX/L01=AMARILLO-LTC
 TX/L02=ABILENE-LTC
 TX/L03=ARLINGTON-LTC

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 19
 End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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TX/L04=TYLER-LTC				
TX/L05=TEMPLE-LTC				
TX/L06=HOUSTON-LTC				
TX/L07=SAN ANTONIO-LTC				
TX/LAB=LABORATORIES				
TX/NPH=NON-PARTICIPATING HOSPITAL				
TX/TX1=LUBBOCK				
TX/TX2=ARLINGTON				
TX/TX3=SAN ANTONIO				
TX/TX4=HOUSTON				
TX/TX5=TYLER				
TX/TX6=AUSTIN				
UT/001=UTAH				
UT/LAB=LABORATORIES				
UT/NPH=NON-PARTICIPATING HOSPITAL				
VA/001=VIRGINIA				
VA/LAB=LABORATORIES				
VA/NPH=NON-PARTICIPATING HOSPITAL				
VI/001=VIRGIN ISLANDS				
VI/LAB=LABORATORIES				
VI/NPH=NON-PARTICIPATING HOSPITAL				
VT/001=VERMONT				
VT/LAB=LABORATORIES				
VT/NPH=NON-PARTICIPATING HOSPITAL				
WA/001=ALL OTHERS (NON-LTC FAC)				
WA/D1=SPOKANE & YAKIMA AREAS				
WA/D1A=District 1, Unit A				
WA/D1B=District 1, Unit B				
WA/D1C=District 1, Unit C				

WA/D1D=District 1, Unit D
 WA/D2=SPOKANE & SE
 WA/D2A=District 2, Unit A
 WA/D2B=District 2, Unit B
 WA/D2C=District 2, Unit C
 WA/D2D=District 2, Unit D
 WA/D2E=District 2, Unit E
 WA/D2F=District 2, Unit F
 WA/D2G=District 2, Unit G
 WA/D2H=District 2, Unit H
 WA/D3=NW WASHINGTON
 WA/D3A=District 3, Unit A
 WA/D3B=District 3, Unit B
 WA/D3C=District 3, Unit C
 WA/D3D=District 3, Unit D
 WA/D3E=District 3, Unit E
 WA/D4A=GREATER SEATTLE AREA
 WA/D4B=S KING COUNTY
 WA/D5A=PIERCE CTY & PENINSULA
 WA/D5B=PIERCE CTY & GRAYS HARBOR
 WA/D6=OLYMPIA AREA
 WA/LAB=LABORATORIES
 WA/NPH=NON-PARTICIPATING HOSPITAL
 WI/001=WISCONSIN
 WI/LAB=LABORATORIES
 WI/NPH=NON-PARTICIPATING HOSPITAL
 WV/001=WEST VIRGINIA
 WV/LAB=LABORATORIES
 WV/NPH=NON-PARTICIPATING HOSPITAL
 WY/001=WYOMING
 WY/LAB=LABORATORIES
 WY/NPH=NON-PARTICIPATING HOSPITAL

Address: Street 50 178 227 VARCHAR2
 Description: Street address where the provider is located.

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 20
 End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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SAS Name: ST_ADR
 COBOL Name: ST-ADR

Telephone Number 10 228 237 VARCHAR2
 Description: Telephone number of the provider.
 SAS Name: PHNE_NUM
 COBOL Name: PHNE-NUM

Termination Code 2 238 239 VARCHAR2
 Description: Indicates the current termination status for the provider.
 SAS Name: PGM_TRMNTN_CD

COBOL Name: PGM-TRMNTN-CD

VALUES: 00=ACTIVE PROVIDER

01=VOLUNTARY-MERGER, CLOSURE

02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT

03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION

04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL

05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ

06=INVOLUNTARY-FAILURE TO MEET AGREEMENT

07=OTHER-PROVIDER STATUS CHANGE

08=NONPAYMENT OF FEES - CLIA Only

09=REV/UNSUCCESSFUL PARTICIPATION IN PT - CLIA Only

10=REV/OTHER REASON - CLIA Only

11=INCOMPLETE CLIA APPLICATION INFORMATION - CLIA Only

12=NO LONGER PERFORMING TESTS - CLIA Only

13=MULTIPLE TO SINGLE SITE CERTIFICATE - CLIA Only

14=SHARED LABORATORY - CLIA Only

15=FAILURE TO RENEW WAIVER PPM CERTIFICATE - CLIA Only

16=DUPLICATE CLIA NUMBER - CLIA Only

17=MAIL RETURNED NO FORWARD ADDRESS CERT ENDED - CLIA Only

20=NOTIFICATION BANKRUPTCY - CLIA Only

33=ACCREDITATION NOT CONFIRMED - CLIA Only

80=AWAITING STATE APPROVAL

99=OIG ACTION - DO NOT ACTIVATE - CLIA Only

Termination or Expiration Date 8 240 247 DATE

Description: Date the provider was terminated. For CLIA providers, date the laboratory's certificate was terminated or the expiration date of the current CLIA certificate.

SAS Name: TRMNTN_EXPRTN_DT

COBOL Name: TRMNTN-EXPRTN-DT

Type of Action Code 1 248 248 VARCHAR2

Description: Identifies the reason for the certification. Type of action from the official survey record, CMS 1539 form.

SAS Name: CRTFCTN_ACTN_TYPE_CD

COBOL Name: CRTFCTN-ACTN-TYPE-CD

VALUES: 1=INITIAL

2=RECERTIFICATION

3=TERMINATION

4=CHANGE OF OWNERSHIP

5=VALIDATION

8=FULL SURVEY AFTER COMPLAINT

Ownership Type Code 2 249 250 VARCHAR2

Description: Indicates the ownership type of the provider.

SAS Name: GNRL_CNTL_TYPE_CD

COBOL Name: GNRL-CTL-TYPE-CD

VALUES: 01=FOR PROFIT

02=NOT FOR PROFIT

03=PUBLIC

Address: ZIP Code 5 251 255 VARCHAR2

SHORT DESCRIPTION LEN START END TYPE

Description: Five-digit ZIP code for a provider's physical address.

SAS Name: ZIP_CD

COBOL Name: ZIP-CD

FIPS State Code 2 256 257 VARCHAR2

Description: FIPS State Code

SAS Name: FIPS_STATE_CD

COBOL Name: FIPS-STATE-CD

VALUES: 01=ALABAMA

02=ALASKA

04=ARIZONA

05=ARKANSAS

06=CALIFORNIA

08=COLORADO

09=CONNECTICUT

10=DELAWARE

11=DISTRICT OF COLUMBIA

12=FLORIDA

13=GEORGIA

15=HAWAII

16=IDAHO

17=ILLINOIS

18=INDIANA

19=IOWA

20=KANSAS

21=KENTUCKY

22=LOUISIANA

23=MAINE

24=MARYLAND

25=MASSACHUSETTS

26=MICHIGAN

27=MINNESOTA

28=MISSISSIPPI

29=MISSOURI

30=MONTANA

31=NEBRASKA

32=NEVADA

33=NEW HAMPSHIRE

34=NEW JERSEY

35=NEW MEXICO

36=NEW YORK

37=NORTH CAROLINA

38=NORTH DAKOTA

39=OHIO

40=OKLAHOMA

41=OREGON

42=PENNSYLVANIA

43=PUERTO RICO

44=RHODE ISLAND

45=SOUTH CAROLINA
 46=SOUTH DAKOTA
 47=TENNESSEE
 48=TEXAS
 49=UTAH
 50=VERMONT
 51=VIRGINIA
 53=WASHINGTON
 54=WEST VIRGINIA
 55=WISCONSIN
 56=WYOMING
 64=AMERICAN SAMOA
 65=GUAM
 66=SAIPAN/MARIANA IS.
 78=VIRGIN ISLANDS

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 22
 End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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FIPS County Code	3	258	260	VARCHAR2
Description: FIPS County Code				
SAS Name: FIPS_CNTY_CD				
COBOL Name: FIPS-CNTY-CD				

CBSA Urban Rural Indicator	1	261	261	VARCHAR2
Description: CBSA (Core Based Statistical Area) indicates whether the county is defined as Urban or Rural.				
SAS Name: CBSA_URBN_RRL_IND				
COBOL Name: CBSA-URBN-RRL-IND				

CBSA Code	5	262	266	VARCHAR2
Description: CBSA (Core Based Statistical Area) geographic entities defined by the U.S. Office of Management and Budget (OMB) on June 6, 2003 for use by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics. CBSA collectively refers to MSA.				
SAS Name: CBSA_CD				
COBOL Name: CBSA-CD				

*Accreditation Type Code	1	283	283	VARCHAR2
Description: Indicates an accrediting organization deeming the provider. If a provider is deemed by multiple accrediting organizations then the accrediting organization with the earliest active deeming effective date is displayed in this field.				
SAS Name: ACRDTN_TYPE_CD				
COBOL Name: ACRDTN-TYPE-CD				
VALUES: 0=UNACCREDITED				
1=NDAC				
3=ACHC				

ESRD Network Number 2 451 452 VARCHAR2
 Description: Number of the network to which the end-stage renal disease facility is assigned.
 SAS Name: ESRD_NTWK_NUM
 COBOL Name: ESRD-NTWRK-NUM
 VALUES: 01=CONN-MAINE-MASS-NEW HAMP-RHODE ISLAND-VERMONT
 02=NEW YORK
 03=NEW JERSEY, PUERTO RICO AND VIRGIN ISLAND
 04=DELAWARE AND PENNSYLVANIA
 05=DIST OF COLUM-MARYLAND-VIRGINIA-WEST VIRGINIA
 06=GEORGIA, SOUTH CAROLINA AND NORTH CAROLINA
 07=FLORIDA
 08=ALABAMA, MISSISSIPPI AND TENNESSEE
 09=INDIANA, KENTUCKY AND OHIO
 10=ILLINOIS
 11=MICH-MINN-NORTH DAKOTA-SOUTH DAKOTA-WISCONSIN
 12=IOWA, KANSAS, MISSOURI AND NEBRASKA
 13=ARKANSAS, LOUISIANA AND OKLAHOMA
 14=TEXAS
 15=ARIZONA-COLO-NEVADA-NEW MEXI-UTAH AND WYOMING
 16=ALASKA, IDAHO, MONTANA, OREGON AND WASHINGTON
 17=COUNTIES IN NORTHERN CALIF, HAWAII, AS, GUAM
 18=COUNTIES IN SOUTHERN CALIFORNIA

Fiscal Year End Date (MMDD) 4 464 467 VARCHAR2
 Description: End date, consisting of the month and day, of the provider's fiscal year.
 SAS Name: FY_END_MO_DAY_CD
 COBOL Name: FY-END-MO-DAY-CD

Home Training and Support services only HD and PD 1 481 481 VARCHAR2

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 23
 End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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indicator-Obsolete June 2017
 Description: This field has been deleted.
 SAS Name: HOME_TRNG_SPRT_ONLY_SRVC_SW
 COBOL Name: HOME-TRNG-SPRT-ONLY-SRVC-SW

Hospital Based Indicator 1 483 483 CHAR
 Description: Indicates if the provider is based in a hospital.
 SAS Name: HOSP_BSD_SW
 COBOL Name: HOSP-BSD-SW

In-Center Nocturnal Hemodialysis Services Indicator 1 484 484 VARCHAR2
 Description: Indicates if in-center nocturnal hemodialysis services are provided.
 SAS Name: INCNTR_NCTRNL_SRVC_SW
 COBOL Name: INCNTR-NCTRNL-SRVC-SW

Multiple Facility Organization Name 38 513 550 CHAR

Description: Name of the multi-facility organization that owns the facility.

SAS Name: MLT_FAC_ORG_NAME

COBOL Name: MLT-FAC-ORG-NAME

Multiple Facility Organization Owned Indicator 1 551 551 CHAR

Description: Indicates if a facility is owned by an organization that owns (or leases) two or more long term care facilities.

SAS Name: MLT_OWND_FAC_ORG_SW

COBOL Name: MLT-OWND-FAC-ORG-SW

Related Provider Number 10 686 695 CHAR

Description: Related provider number

SAS Name: RELATED_PROVIDER_NUMBER

COBOL Name: RELATED-PROVIDER-NUMBER

Services: Hemodialysis Home Training/Support Indicator 1 735 735 VARCHAR2

Description: Indicates if the facility provides home training and support for hemodialysis.

SAS Name: SP_HOME_TRNG_SPRT_HD_SW

COBOL Name: SP-HOME-TRNG-SPRT-HD-SW

Services: Hemodialysis Indicator 1 736 736 VARCHAR2

Description: Indicates if hemodialysis service is provided.

SAS Name: HMDLYS_SRVC_SW

COBOL Name: HMDLYS-SRVC-SW

Services: Peritoneal Dialysis Home Training/Support Indicator 1 786 786 VARCHAR2

Description: Indicates if the facility provides home training and support for peritoneal dialysis.

SAS Name: SP_HOME_TRNG_SPRT_PD_SW

COBOL Name: SP-HOME-TRNG-SPRT-PD-SW

Services: Peritoneal Dialysis Indicator 1 787 787 VARCHAR2

Description: Indicates if peritoneal dialysis service is provided.

SAS Name: PRTNL_DLYS_SRVC_SW

COBOL Name: PRTNL-DLYS-SRVC-SW

Staff Count: Other Personnel 8 902 909 NUMBER

Description: Number of full-time equivalent other personnel employed by a provider

SAS Name: PRSNEL_OTHR_CNT

COBOL Name: PRSNEL-OTHR-CNT

Staff Count: Dietitian 8 982 989 NUMBER

SHORT DESCRIPTION	LEN	START	END	TYPE
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Description: Number of full-time equivalent dietitians employed by a provider.

SAS Name: DIETN_CNT

COBOL Name: DIETN-CNT

Staff Count: LPN	8	1102	1109	NUMBER
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Description: Number of licensed practical nurses.

SAS Name: LPN_CNT

COBOL Name: LPN-CNT

Staff Count: RN	8	1750	1757	NUMBER
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Description: Number of full-time equivalent registered nurses employed by a provider.

SAS Name: RN_CNT

COBOL Name: RN-CNT

Staff Count: Social Worker	8	1814	1821	NUMBER
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Description: Number of full-time equivalent social workers employed by the provider.

SAS Name: SCL_WORKR_CNT

COBOL Name: SCL-WORKR-CNT

Staff Count: Technical Staff	8	1894	1901	NUMBER
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Description: Number of full-time equivalent technical staff (water, machine) employed by a facility.

SAS Name: TCHNCL_STF_NUM

COBOL Name: TCHNCL-STF-NUM

Staff Count: Technician	8	1902	1909	NUMBER
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Description: Number of full-time equivalent technicians employed by a facility.

SAS Name: TCHNCN_CNT

COBOL Name: TCHNCN-CNT

Total Approved Stations	3	1993	1995	NUMBER
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Description: Total number of approved dialysis stations in an end-stage renal disease facility.

SAS Name: DLYS_STN_CNT

COBOL Name: DLYS-STN-CNT

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 1
Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Provider Category Subtype Code	2	1	2	VARCHAR2
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Description: Identifies the subtype of the provider, within the primary category. Used in reporting to show the breakdown of provider categories, mainly for hospitals and SNFs.

SAS Name: PRVDR_CTGRY_SBTYP_CD

COBOL Name: PRVDR-CTGRY-SBTYP-CD

VALUES: 02=Title 19 Only

Provider Category Code	2	3	4	VARCHAR2
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Description: Identifies the type of provider participating in the Medicare/Medicaid program.

SAS Name: PRVDR_CTGRY_CD

COBOL Name: PRVDR-CTGRY-CD

VALUES: 10=Nursing Facility

CHOW Count	2	5	6	NUMBER
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Description: Number of times this provider has undergone a change of ownership.

SAS Name: CHOW_CNT

COBOL Name: CHOW-CNT

CHOW Date	8	7	14	DATE
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Description: Effective date of the most recent change of ownership for this provider.

SAS Name: CHOW_DT

COBOL Name: CHOW-DT

Address: City	28	15	42	VARCHAR2
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Description: City in which the provider is physically located.

SAS Name: CITY_NAME

COBOL Name: CITY-NAME

Compliance: Acceptable POC	1	43	43	VARCHAR2
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Description: Indicates if a provider is in compliance with program requirements based on an acceptable plan for correction of deficiencies.

SAS Name: ACPTBL_POC_SW

COBOL Name: ACPTBL-POC-SW

Compliance: Status 1 44 44 VARCHAR2

Description: Compliance status of a provider at the time of certification survey.

SAS Name: CMPLNC_STUS_CD

COBOL Name: CMPLNC-STUS-CD

VALUES: A=IN COMPLIANCE

B=NOT IN COMPLIANCE

SSA County Code 3 45 47 VARCHAR2

Description: Social Security Administration geographic code indicating the county where the provider is located.

SAS Name: SSA_CNTY_CD

COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR

Description: Cross reference provider number

SAS Name: CROSS_REF_PROVIDER_NUMBER

COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date 8 58 65 DATE

Description: Equal to the exit date of the initial visit of the Health survey for certifications completed after July 28, 2012.

For certifications prior to that date, the certification

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 2
Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

date is equal to the exit date of the initial visit of the Health survey or LSC survey, whichever is later.

SAS Name: CRTFCTN_DT

COBOL Name: CRTFCTN-DT

Eligibility Indicator 1 66 66 VARCHAR2

Description: Indicates if a facility is eligible to participate in the Medicare and/or Medicaid programs.

SAS Name: ELGBLTY_SW

COBOL Name: ELGBLTY-SW

Facility Name 50 67 116 VARCHAR2

Description: Name of the provider certified to participate in the Medicare and/or Medicaid programs.

SAS Name: FAC_NAME

COBOL Name: FAC-NAME

Medicare Administrative Contractor (MAC) or 5 117 121 VARCHAR2

Intermediary or Carrier Code

Description: Number assigned to the Medicare Administrative Contractor, intermediary or carrier servicing this provider.

SAS Name: INTRMDRY_CARR_CD

COBOL Name: INTRMDRY-CARR-CD

VALUES: 00000=DUMMY FOR MEDICAID HHA
00010=BLUE CROSS (ALABAMA)
00011=CAHABA
00020=BLUE CROSS (ARKANSAS)
00040=BLUE CROSS (CALIFORNIA)
00060=BLUE CROSS (CONNECTICUT)
00070=BLUE CROSS (DELAWARE)
00090=BLUE CROSS (FLORIDA)
00101=BLUE CROSS (GEORGIA)
00121=HEALTH CARE SERVICE CORPORATION
00122=HCSC - MICHIGAN
00123=HCSC OF MICHIGAN
00130=NATIONAL GOVERNMENT SERVICES
00131=NATIONAL GOVERNMENT SERVICES
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)
00150=BLUE CROSS (KANSAS)
00160=NATIONAL GOVERNMENT SERVICES
00180=NATIONAL GOVERNMENT SERVICES
00181=NATIONAL GOVERNMENT SERVICES
00190=BLUE CROSS (MARYLAND)
00200=BLUE CROSS (MASSACHUSETTS)
00210=BLUE CROSS (MICHIGAN)
00220=BLUE CROSS (MINNESOTA)
00230=BLUE CROSS (MISSISSIPPI)
00231=BLUE CROSS (LOUISIANA)
00233=PINNACLE
00241=BLUE CROSS (MISSOURI)
00260=BLUE CROSS (NEBRASKA)
00270=NATIONAL GOVERNMENT SERVICES
00280=BLUE CROSS (NEW JERSEY)
00290=BLUE CROSS (NEW MEXICO)
00308=NATIONAL GOVERNMENT SERVICES
00310=BLUE CROSS (NORTH CAROLINA)
00320=NORIDIAN PART A
00322=NORIDIAN PART A (AK/WA)
00323=NORIDIAN PART A (ID/OR)
00325=NORIDIAN
00332=NATIONAL GOVERNMENT SERVICES
00340=BLUE CROSS (OKLAHOMA)
00350=BLUE CROSS (OREGON)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 3
Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
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00362=BLUE CROSS (INDEPENDENCE)
00363=BLUE CROSS (WESTERN PENNSYLVANIA)
00366=HIGHMARK MEDICARE SERVICES
00370=BLUE CROSS (RHODE ISLAND)
00380=BLUE CROSS (SOUTH CAROLINA)
00390=BLUE CROSS (TENNESSEE)
00400=BLUE CROSS (TEXAS)
00410=BLUE CROSS (UTAH)
00423=BLUE CROSS (VIRGINIA/WEST VA)
00430=BLUE CROSS (WASHINGTON & ALASKA)
00450=NATIONAL GOVERNMENT SERVICES
00452=NATIONAL GOVERNMENT SERVICES
00453=NATIONAL GOVERNMENT SERVICES
00454=NATIONAL GOVERNMENT SERVICES
00456=NATIONAL GOVERNMENT SERVICES
00468=BLUE CROSS (NORTH CAROLINA FOR PR)
00510=BLUE SHIELD (ALABAMA)
00511=CAHABA
00512=CAHABA
00520=BLUE SHIELD (ARKANSAS)
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)
00542=BLUE SHIELD (CALIFORNIA)
00550=BLUE SHIELD (COLORADO)
00570=BLUE SHIELD (DELAWARE)
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)
00590=BLUE SHIELD (FLORIDA)
00621=BLUE SHIELD (ILLINOIS)
00630=NATIONAL GOVERNMENT SERVICES
00640=BLUE SHIELD (IOWA)
00650=BLUE SHIELD (KANSAS)
00655=BLUE SHIELD (KANSAS/NEBRASKA)
00660=NATIONAL GOVERNMENT SERVICES
00690=BLUE SHIELD (MARYLAND)
00700=BLUE SHIELD (MASSACHUSETTS)
00710=BLUE SHIELD (MICHIGAN)
00720=BLUE SHIELD (MINNESOTA)
00740=BLUE SHIELD (KANSAS CITY)
00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
00780=BLUE SHIELD (TRI-STATE)
00801=BLUE SHIELD (BUFFALO)
00803=NATIONAL GOVERNMENT SERVICES
00805=NATIONAL GOVERNMENT SERVICES
00821=NORIDIAN
00824=NORIDIAN GVT SERVICES (CO)
00826=NORIDIAN GVT SERVICES (IA)
00831=NORIDIAN GVT SERVICES (AK)
00832=NORIDIAN GVT SERVICES (AZ)
00833=NORIDIAN GVT SERVICES (HI)
00834=NORIDIAN GVT SERVICES (NV)
00835=NORIDIAN GVT SERVICES (OR)
00836=NORIDIAN GVT SERVICES (WA)
00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
00865=BLUE SHIELD (PENNSYLVANIA)
00870=BLUE SHIELD (RHODE ISLAND)

00880=BLUE SHIELD (SOUTH CAROLINA)
 00883=PALMETTO GBA PART B
 00884=PALMETTO GBA
 00889=NORIDIAN GVT SERVICES (SD)
 00900=BLUE SHIELD (TEXAS)
 00901=TRAILBLAZERS HEALTH ENTERPRISES
 00904=TRAILBLAZER
 00910=BLUE SHIELD (UTAH)
 00930=BLUE SHIELD (WASHINGTON)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 4
 Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH)				
01111=Noridian (CA)				
01112=Noridian (NF)				
01120=AETNA (HAWAII)				
01182=Noridian (SF)				
01192=PALMETTO (CALIFORNIA SOUTH)				
01201=PALMETTO (HAWAII)				
01202=PALMETTO (HAWAII)				
01211=Noridian (AS, GU, HI)				
01212=Noridian (AS, GU, HI)				
01290=AETNA (NEVADA)				
01301=PALMETTO (NEVADA)				
01302=PALMETTO (NEVADA)				
01311=Noridian (NV)				
01312=Noridian (NV)				
01360=AETNA (NEW MEXICO)				
01370=AETNA (OKLAHOMA)				
01380=AETNA (OREGON)				
01390=AETNA (WASHINGTON)				
01901=PALMETTO GBA				
01902=PALMETTO GBA				
01911=Noridian (AS, GU, HI, NV)				
02050=OCCIDENTAL (CALIFORNIA)				
02101=Noridian AK				
02102=Noridian AK				
02201=Noridian ID				
02202=Noridian ID				

02301=Noridian OR
 02302=Noridian OR
 02401=Noridian WA
 02402=Noridian WA
 03001=NORIDIAN ADMIN SERVICES
 03101=NORIDAN (ARIZONA)
 03102=NORIDAN (ARIZONA)
 03201=NORIDAN (MONTANA)
 03202=NORIDAN (MONTANA)
 03301=NORDIAN (NORTH DAKOTA)
 03302=NORDIAN (NORTH DAKOTA)
 03401=NORIDIAN (SOUTH DAKOTA)
 03402=NORIDIAN (SOUTH DAKOTA)
 03501=NORIDIAN (UTAH)
 03502=NORIDIAN (UTAH)
 03601=NORIDIAN (WYOMING)
 03602=NORIDIAN (WYOMING)
 04001=TRAILBLAZER
 04101=TRAILBLAZER (COLORADO)
 04102=TRAILBLAZER (COLORADO)
 04111=NOVITAS (COLORADO)
 04112=NOVITAS (COLORADO)
 04201=TRAILBLAZER (NEW MEXICO)
 04202=TRAILBLAZER (NEW MEXICO)
 04211=NOVITAS (NEW MEXICO)
 04212=NOVITAS (NEW MEXICO)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 5
 Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				
05402=WPS (NEBRASKA)				
05440=EQICOR (TENNESSEE)				

05535=EQICOR (NORTH CAROLINA)
 05901=WISCONSIN PHYSICIANS SERVICE
 06001=NGS (WI)
 06004=National Govt Serv HHH
 06101=NGS (IL)
 06102=NGS (IL)
 06201=NGS (MN)
 06202=NGS (MN)
 06301=NGS (WI)
 06302=NGS (WI)
 07101=Novitas AR
 07102=Novitas AR
 07201=Novitas LA
 07202=Novitas LA
 07301=Novitas MS
 07302=Novitas MS
 08101=WPS IN
 08102=WPS IN
 08201=WPS MI
 08202=WPS MI
 09101=FIRST COAST (FLORIDA)
 09102=FIRST COAST (FLORIDA)
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)
 09202=FIRST COAST (PUERTO RICO)
 09302=FIRST COAST (VIRGIN ISLANDS)
 10071=TRAVELERS (RRB)
 10101=CAHABA GBA (AL)
 10102=CAHABA GBA (AL)
 10111=PALMETTO GBA (Part A) (AL)
 10201=CAHABA GBA (GA)
 10202=CAHABA GBA (GA)
 10211=PALMETTO GBA (GA)
 10230=TRAVELERS (CONNECTICUT)
 10240=TRAVELERS (MINNESOTA)
 10250=TRAVELERS (MISSISSIPPI)
 10301=CAHABA GBA (TN)
 10302=CAHABA GBA (TN)
 10311=PALMETTO GBA (TN)
 10490=TRAVELERS (VIRGINIA)
 10492=TRAVELERS - VIRGINIA SPECIAL PROJECT
 11004=PALMETTO HHH C
 11201=PALMETTO GBA (SC)
 11202=PALMETTO GBA (SC)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 6
 Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				

11402=PALMETTO GBA (WV)
11501=PALMETTO GBA (NC)
11502=PALMETTO GBA (NC)
12101=Novitas DE
12102=Novitas DE
12201=Novitas DC
12202=Novitas DC
12301=Novitas MD
12302=Novitas MD
12401=Novitas NJ
12402=Novitas NJ
12501=Novitas PA
12502=Novitas PA
12901=Novitas Solutions DC, DE, MD, PA
12902=HIGHMARK
13101=NATIONAL GOVT SERVICES (CONNECTICUT)
13102=NATIONAL GOVT SERVICES (CONNECTICUT)
13201=NATIONAL GOVT SERVICES (NEW YORK)
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)
13282=NGS (UN)
13292=NGS (QN)
14004=NATIONAL HERITAGE (HHA - A)
14014=NGS (HHA)
14101=NATIONAL HERITAGE (MAINE)
14102=NATIONAL HERITAGE (MAINE)
14111=NGS (ME)
14112=NGS (ME)
14201=NATIONAL HERITAGE (MASSACHUSETTS)
14202=NATIONAL HERITAGE (MASSACHUSETTS)
14211=NGS (MA)
14212=NGS (MA)
14301=NATIONAL HERITAGE (NEW HAMPSHIRE)
14302=NATIONAL HERITAGE (NEW HAMPSHIRE)
14311=NGS (NH)
14312=NGS (NH)
14330=GROUP HEALTH INC (NEW YORK)
14401=NATIONAL HERITAGE (RHODE ISLAND)
14402=NATIONAL HERITAGE (RHODE ISLAND)
14411=NGS (RI)
14412=NGS (RI)
14501=NATIONAL HERITAGE (VERMONT)
14502=NATIONAL HERITAGE (VERMONT)
14511=NGS (VT)
14512=NGS (VT)
15004=CGS Administrators HHH
15101=CGS (KENTUCKY)
15102=CGS (KENTUCKY)
15201=CGS (OHIO)
15202=CGS (OHIO)
16360=NATIONWIDE (OHIO)
16510=NATIONWIDE (WEST VIRGINIA)
17120=HAWAII MEDICAL SERVICE ASSOCIATION
21200=MASSACHUSETTS/MAINE
31142=NATIONAL HERITAGE INSURANCE CO (MAINE)

31143=NATIONAL HERITAGE INSURANCE CO
 31144=NATIONAL HERITAGE INSURANCE CO
 50333=TRAVELERS (NEW YORK)
 51051=AETNA (PETALUMA)
 51070=AETNA (FARMINGTON)
 51100=AETNA (CLEARWATER)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 7
 Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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51140=AETNA (PEORIA)
 51390=AETNA (FORT WASHINGTON)
 52280=WISCONSIN PHYSICIANS SERVICE
 57400=COOPERATIVA (PUERTO RICO)

Medicaid Vendor Number	15	122	136	VARCHAR2
Description: Number which may be assigned to a provider by the state Medicaid agency for external control or billing purposes.				
SAS Name: MDCD_VNDR_NUM				
COBOL Name: MDCD-VNDR-NUM				

Original Participation Date	8	137	144	DATE
Description: Date a provider is first approved to provide Medicare and/or Medicaid services.				
SAS Name: ORGNL_PRTCPTN_DT				
COBOL Name: ORGNL-PRTCPTN-DT				

Prior CHOW Date	8	145	152	DATE
Description: Effective date of the previous change of ownership for this provider.				
SAS Name: CHOW_PRIOR_DT				
COBOL Name: CHOW-PRIOR-DT				

Prior Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code	5	153	157	VARCHAR2
Description: Number assigned to the previous Medicare Administrative Contractor, intermediary or carrier servicing this provider.				
SAS Name: INTRMDRY_CARR_PRIOR_CD				
COBOL Name: INTRMDRY-CARR-PRIOR-CD				
VALUES: 00000=DUMMY FOR MEDICAID HHA				
00010=BLUE CROSS (ALABAMA)				
00011=CAHABA				
00020=BLUE CROSS (ARKANSAS)				
00040=BLUE CROSS (CALIFORNIA)				
00060=BLUE CROSS (CONNECTICUT)				
00070=BLUE CROSS (DELAWARE)				
00090=BLUE CROSS (FLORIDA)				
00101=BLUE CROSS (GEORGIA)				
00121=HEALTH CARE SERVICE CORPORATION				
00122=HCSC - MICHIGAN				

00123=HCSC OF MICHIGAN
 00130=NATIONAL GOVERNMENT SERVICES
 00131=NATIONAL GOVERNMENT SERVICES
 00140=BLUE CROSS (IOWA/SOUTH DAKOTA)
 00150=BLUE CROSS (KANSAS)
 00160=NATIONAL GOVERNMENT SERVICES
 00180=NATIONAL GOVERNMENT SERVICES
 00181=NATIONAL GOVERNMENT SERVICES
 00190=BLUE CROSS (MARYLAND)
 00200=BLUE CROSS (MASSACHUSETTS)
 00210=BLUE CROSS (MICHIGAN)
 00220=BLUE CROSS (MINNESOTA)
 00230=BLUE CROSS (MISSISSIPPI)
 00231=BLUE CROSS (LOUISIANA)
 00233=PINNACLE
 00241=BLUE CROSS (MISSOURI)
 00260=BLUE CROSS (NEBRASKA)
 00270=NATIONAL GOVERNMENT SERVICES
 00280=BLUE CROSS (NEW JERSEY)
 00290=BLUE CROSS (NEW MEXICO)
 00308=NATIONAL GOVERNMENT SERVICES
 00310=BLUE CROSS (NORTH CAROLINA)
 00320=NORIDIAN PART A

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 8
 Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00322=NORIDIAN PART A (AK/WA)				
00323=NORIDIAN PART A (ID/OR)				
00325=NORIDIAN				
00332=NATIONAL GOVERNMENT SERVICES				
00340=BLUE CROSS (OKLAHOMA)				
00350=BLUE CROSS (OREGON)				
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				
00468=BLUE CROSS (NORTH CAROLINA FOR PR)				
00510=BLUE SHIELD (ALABAMA)				

00511=CAHABA
 00512=CAHABA
 00520=BLUE SHIELD (ARKANSAS)
 00528=BLUE SHIELD (ARKANSAS/LOUISIANA)
 00542=BLUE SHIELD (CALIFORNIA)
 00550=BLUE SHIELD (COLORADO)
 00570=BLUE SHIELD (DELAWARE)
 00580=BLUE SHIELD (DISTRICT OF COLUMBIA)
 00590=BLUE SHIELD (FLORIDA)
 00621=BLUE SHIELD (ILLINOIS)
 00630=NATIONAL GOVERNMENT SERVICES
 00640=BLUE SHIELD (IOWA)
 00650=BLUE SHIELD (KANSAS)
 00655=BLUE SHIELD (KANSAS/NEBRASKA)
 00660=NATIONAL GOVERNMENT SERVICES
 00690=BLUE SHIELD (MARYLAND)
 00700=BLUE SHIELD (MASSACHUSETTS)
 00710=BLUE SHIELD (MICHIGAN)
 00720=BLUE SHIELD (MINNESOTA)
 00740=BLUE SHIELD (KANSAS CITY)
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
 00780=BLUE SHIELD (TRI-STATE)
 00801=BLUE SHIELD (BUFFALO)
 00803=NATIONAL GOVERNMENT SERVICES
 00805=NATIONAL GOVERNMENT SERVICES
 00821=NORIDIAN
 00824=NORIDIAN GVT SERVICES (CO)
 00826=NORIDIAN GVT SERVICES (IA)
 00831=NORIDIAN GVT SERVICES (AK)
 00832=NORIDIAN GVT SERVICES (AZ)
 00833=NORIDIAN GVT SERVICES (HI)
 00834=NORIDIAN GVT SERVICES (NV)
 00835=NORIDIAN GVT SERVICES (OR)
 00836=NORIDIAN GVT SERVICES (WA)
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
 00865=BLUE SHIELD (PENNSYLVANIA)
 00870=BLUE SHIELD (RHODE ISLAND)
 00880=BLUE SHIELD (SOUTH CAROLINA)
 00883=PALMETTO GBA PART B
 00884=PALMETTO GBA

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 Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00889=NORIDIAN GVT SERVICES (SD)				
00900=BLUE SHIELD (TEXAS)				
00901=TRAILBLAZERS HEALTH ENTERPRISES				
00904=TRAILBLAZER				
00910=BLUE SHIELD (UTAH)				
00930=BLUE SHIELD (WASHINGTON)				
00951=WISCONSIN PHYSICIANS SERVICE				

00952=WPS - ILLINOIS
00953=WPS - MICHIGAN
00954=WI PHYSICIAN SERVICES - MN
00973=BLUE SHIELD (PUERTO RICO)
00974=BLUE SHIELD (VIRGIN ISLANDS)
01010=AETNA (PEORIA)
01020=AETNA (ALASKA)
01030=AETNA (ARIZONA)
01040=AETNA (GEORGIA)
01101=PALMETTO (CALIFORNIA)
01102=PALMETTO (CALIFORNIA (NORTH))
01111=Noridian (CA)
01112=Noridian (NF)
01120=AETNA (HAWAII)
01182=Noridian (SF)
01192=PALMETTO (CALIFORNIA SOUTH)
01201=PALMETTO (HAWAII)
01202=PALMETTO (HAWAII)
01211=Noridian (AS, GU, HI)
01212=Noridian (AS, GU, HI)
01290=AETNA (NEVADA)
01301=PALMETTO (NEVADA)
01302=PALMETTO (NEVADA)
01311=Noridian (NV)
01312=Noridian (NV)
01360=AETNA (NEW MEXICO)
01370=AETNA (OKLAHOMA)
01380=AETNA (OREGON)
01390=AETNA (WASHINGTON)
01901=PALMETTO GBA
01902=PALMETTO GBA
01911=Noridian (AS, GU, HI, NV)
02050=OCCIDENTAL (CALIFORNIA)
02101=Noridian AK
02102=Noridian AK
02201=Noridian ID
02202=Noridian ID
02301=Noridian OR
02302=Noridian OR
02401=Noridian WA
02402=Noridian WA
03001=NORIDIAN ADMIN SERVICES
03101=NORIDAN (ARIZONA)
03102=NORIDAN (ARIZONA)
03201=NORIDAN (MONTANA)
03202=NORIDAN (MONTANA)
03301=NORDIAN (NORTH DAKOTA)
03302=NORDIAN (NORTH DAKOTA)
03401=NORIDIAN (SOUTH DAKOTA)
03402=NORIDIAN (SOUTH DAKOTA)
03501=NORIDIAN (UTAH)
03502=NORIDIAN (UTAH)
03601=NORIDIAN (WYOMING)
03602=NORIDIAN (WYOMING)

04001=TRAILBLAZER
04101=TRAILBLAZER (COLORADO)
04102=TRAILBLAZER (COLORADO)

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Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04111=NOVITAS (COLORADO)				
04112=NOVITAS (COLORADO)				
04201=TRAILBLAZER (NEW MEXICO)				
04202=TRAILBLAZER (NEW MEXICO)				
04211=NOVITAS (NEW MEXICO)				
04212=NOVITAS (NEW MEXICO)				
04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				
05402=WPS (NEBRASKA)				
05440=EQICOR (TENNESSEE)				
05535=EQICOR (NORTH CAROLINA)				
05901=WISCONSIN PHYSICIANS SERVICE				
06001=NGS (WI)				
06004=National Govt Serv HHH				
06101=NGS (IL)				
06102=NGS (IL)				
06201=NGS (MN)				
06202=NGS (MN)				
06301=NGS (WI)				
06302=NGS (WI)				
07101=Novitas AR				
07102=Novitas AR				
07201=Novitas LA				
07202=Novitas LA				
07301=Novitas MS				
07302=Novitas MS				
08101=WPS IN				

08102=WPS IN
 08201=WPS MI
 08202=WPS MI
 09101=FIRST COAST (FLORIDA)
 09102=FIRST COAST (FLORIDA)
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)
 09202=FIRST COAST (PUERTO RICO)
 09302=FIRST COAST (VIRGIN ISLANDS)
 10071=TRAVELERS (RRB)
 10101=CAHABA GBA (AL)
 10102=CAHABA GBA (AL)
 10111=PALMETTO GBA (Part A) (AL)
 10201=CAHABA GBA (GA)
 10202=CAHABA GBA (GA)
 10211=PALMETTO GBA (GA)
 10230=TRAVELERS (CONNECTICUT)
 10240=TRAVELERS (MINNESOTA)
 10250=TRAVELERS (MISSISSIPPI)
 10301=CAHABA GBA (TN)
 10302=CAHABA GBA (TN)

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 Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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10311=PALMETTO GBA (TN)				
10490=TRAVELERS (VIRGINIA)				
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				
12102=Novitas DE				
12201=Novitas DC				
12202=Novitas DC				
12301=Novitas MD				
12302=Novitas MD				
12401=Novitas NJ				
12402=Novitas NJ				
12501=Novitas PA				
12502=Novitas PA				
12901=Novitas Solutions DC, DE, MD, PA				
12902=HIGHMARK				
13101=NATIONAL GOVT SERVICES (CONNECTICUT)				
13102=NATIONAL GOVT SERVICES (CONNECTICUT)				

13201=NATIONAL GOVT SERVICES (NEW YORK)
 13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)
 13282=NGS (UN)
 13292=NGS (QN)
 14004=NATIONAL HERITAGE (HHA - A)
 14014=NGS (HHA)
 14101=NATIONAL HERITAGE (MAINE)
 14102=NATIONAL HERITAGE (MAINE)
 14111=NGS (ME)
 14112=NGS (ME)
 14201=NATIONAL HERITAGE (MASSACHUSETTS)
 14202=NATIONAL HERITAGE (MASSACHUSETTS)
 14211=NGS (MA)
 14212=NGS (MA)
 14301=NATIONAL HERITAGE (NEW HAMPSHIRE)
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)
 14311=NGS (NH)
 14312=NGS (NH)
 14330=GROUP HEALTH INC (NEW YORK)
 14401=NATIONAL HERITAGE (RHODE ISLAND)
 14402=NATIONAL HERITAGE (RHODE ISLAND)
 14411=NGS (RI)
 14412=NGS (RI)
 14501=NATIONAL HERITAGE (VERMONT)
 14502=NATIONAL HERITAGE (VERMONT)
 14511=NGS (VT)
 14512=NGS (VT)
 15004=CGS Administrators HHH
 15101=CGS (KENTUCKY)
 15102=CGS (KENTUCKY)
 15201=CGS (OHIO)
 15202=CGS (OHIO)
 16360=NATIONWIDE (OHIO)
 16510=NATIONWIDE (WEST VIRGINIA)
 17120=HAWAII MEDICAL SERVICE ASSOCIATION
 21200=MASSACHUSETTS/MAINE
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)

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 Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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31143=NATIONAL HERITAGE INSURANCE CO				
31144=NATIONAL HERITAGE INSURANCE CO				
50333=TRAVELERS (NEW YORK)				
51051=AETNA (PETALUMA)				
51070=AETNA (FARMINGTON)				
51100=AETNA (CLEARWATER)				
51140=AETNA (PEORIA)				
51390=AETNA (FORT WASHINGTON)				
52280=WISCONSIN PHYSICIANS SERVICE				
57400=COOPERATIVA (PUERTO RICO)				

CCN 10 158 167 VARCHAR2

Description: Six or ten position identification number that is assigned to a certified provider. This is the CMS Certification Number.

SAS Name: PRVDR_NUM

COBOL Name: PRVDR-NUM

Region Code 2 168 169 VARCHAR2

Description: Indicates the CMS Regional Office responsible for the certification of the provider.

SAS Name: RGN_CD

COBOL Name: RGN-CD

VALUES: 01=Boston

02=New York

03=Philadelphia

04=Atlanta

05=Chicago

06=Dallas

07=Kansas City

08=Denver

09=San Francisco

10=Seattle

Skeleton Record Indicator 1 170 170 VARCHAR2

Description: Indicates if the record is a skeleton record. Only a limited set of data is available for this provider; no survey data exists. Only provider categories 01,17,19,21and 22 can have skeleton providers.

SAS Name: SKLTN_REC_SW

COBOL Name: SKLTN-REC-SW

State Abbreviation 2 171 172 VARCHAR2

Description: Two-character state abbreviation.

SAS Name: STATE_CD

COBOL Name: STATE-CD

VALUES: AK=ALASKA

AL=ALABAMA

AR=ARKANSAS

AS=AMERICAN SAMOA

AZ=ARIZONA

CA=CALIFORNIA

CN=CANADA

CO=COLORADO

CT=CONNECTICUT

DC=DISTRICT OF COLUMBIA

DE=DELAWARE

FL=FLORIDA

FN=INTERNATIONAL

GA=GEORGIA

GU=GUAM

HI=HAWAII

IA=IOWA

ID=IDAHO

SHORT DESCRIPTION	LEN	START	END	TYPE
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IL=ILLINOIS				
IN=INDIANA				
KS=KANSAS				
KY=KENTUCKY				
LA=LOUISIANA				
MA=MASSACHUSETTS				
MD=MARYLAND				
ME=MAINE				
MI=MICHIGAN				
MN=MINNESOTA				
MO=MISSOURI				
MP=SAIPAN				
MS=MISSISSIPPI				
MT=MONTANA				
MX=MEXICO				
NC=NORTH CAROLINA				
ND=NORTH DAKOTA				
NE=NEBRASKA				
NH=NEW HAMPSHIRE				
NJ=NEW JERSEY				
NM=NEW MEXICO				
NV=NEVADA				
NY=NEW YORK				
OH=OHIO				
OK=OKLAHOMA				
OR=OREGON				
PA=PENNSYLVANIA				
PR=PUERTO RICO				
RI=RHODE ISLAND				
SC=SOUTH CAROLINA				
SD=SOUTH DAKOTA				
TN=TENNESSEE				
TX=TEXAS				
UT=UTAH				
VA=VIRGINIA				
VI=VIRGIN ISLANDS				
VT=VERMONT				
WA=WASHINGTON				
WI=WISCONSIN				
WV=WEST VIRGINIA				
WY=WYOMING				

SSA State Code	2	173	174	VARCHAR2
Description: Social Security Administration geographic code indicating the state where the provider is located.				
SAS Name: SSA_STATE_CD				
COBOL Name: SSA-STATE-CD				

VALUES: 01=ALABAMA
02=ALASKA
03=ARIZONA
04=ARKANSAS
05=CALIFORNIA
06=COLORADO
07=CONNECTICUT
08=DELAWARE
09=DISTRICT OF COLUMBIA
10=FLORIDA
11=GEORGIA
12=HAWAII
13=IDAHO
14=ILLINOIS
15=INDIANA
16=IOWA
17=KANSAS

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Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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18=KENTUCKY				
19=LOUISIANA				
20=MAINE				
21=MARYLAND				
22=MASSACHUSETTS				
23=MICHIGAN				
24=MINNESOTA				
25=MISSISSIPPI				
26=MISSOURI				
27=MONTANA				
28=NEBRASKA				
29=NEVADA				
30=NEW HAMPSHIRE				
31=NEW JERSEY				
32=NEW MEXICO				
33=NEW YORK				
34=NORTH CAROLINA				
35=NORTH DAKOTA				
36=OHIO				
37=OKLAHOMA				
38=OREGON				
39=PENNSYLVANIA				
40=PUERTO RICO				
41=RHODE ISLAND				
42=SOUTH CAROLINA				
43=SOUTH DAKOTA				
44=TENNESSEE				
45=TEXAS				
46=UTAH				
47=VERMONT				

99=INTERNATIONAL

Description: Identifies the region within a state where the provider is located.

SAS Name: STATE_RGN_CD

COBOL Name: STATE-RGN-CD

VALUES: AK/001=ALASKA

AK/LAB=LABORATORIES

AK/NPH=NON-PARTICIPATING HOSPITAL

AL/001=ALABAMA

AL/LAB=LABORATORIES

AL/NPH=NON-PARTICIPATING HOSPITAL

AR/001=ARKANSAS

AR/LAB=LABORATORIES

AR/NPH=NON-PARTICIPATING HOSPITAL

Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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AS/001=AMERICAN SAMOA

AS/LAB=LABORATORY

AS/NPH=NON-PARTICIPATING HOSPITAL

AZ/AZ=PHOENIX

AZ/LAB=ARIZONA LAB

AZ/NPH=NON-PARTICIPATING HOSPITAL

AZ/TUC=TUCSON

CA/001=CALIFORNIA

CA/BAK=BAKERSFIELD

CA/BER=SAN BERNARDINO

CA/EB=East Bay

CA/FR=FRESNO

CA/L1=L.A. WEST

CA/L2=L.A. NORTH
CA/L3=L.A. CENTRAL
CA/L4=L.A. EAST
CA/L5=SAN GABRIEL
CA/LA1=LA Region 1
CA/LA2=LA Region 2
CA/LA3=LA Region 3
CA/LA4=LA Acute/Ancillary
CA/LA5=LA HHA/Hospice
CA/LA6=LA ICF/DD/CLinics
CA/LAB=LABORATORIES
CA/M1=LAB. SOUTH
CA/M2=LAB. NORTH
CA/NPH=NON-PARTICIPATING HOSPITAL
CA/ORG=ORANGE
CA/RIV=RIVERSIDE
CA/S1=SACRAMENTO
CA/S3=CHICO
CA/SD=SAN DIEGO
CA/SF=SAN FRANCISCO
CA/SJ=SAN JOSE
CA/SR=SANTA ROSA
CA/VEN=VENTURA
CN/001=CANADA
CN/LAB=LABORATORY
CN/NPH=NON-PARTICIPATING HOSPITAL
CO/001=COLORADO
CO/LAB=LABORATORIES
CO/NPH=NON-PARTICIPATING HOSPITAL
CT/001=CONNECTICUT
CT/LAB=LABORATORIES
CT/NPH=NON-PARTICIPATING HOSPITAL
DC/001=DISTRICT OF COLUMBIA
DC/LAB=LABORATORIES
DC/NPH=NON-PARTICIPATING HOSPITAL
DE/001=DELAWARE
DE/LAB=LABORATORIES
DE/NPH=NON-PARTICIPATING HOSPITAL
FL/001=FLORIDA
FL/FTM=FT. MYERS
FL/GAI=GAINESVILLE
FL/JAX=JACKSONVILLE
FL/LAB=LABORATORIES
FL/LAN=LANTANA
FL/LAU=LAUDERHILL
FL/MIA=MIAMI
FL/NPH=NON-PARTICIPATING HOSPITAL
FL/ORL=ORLANDO
FL/PEN=PENSACOLA
FL/STP=ST. PETERSBURG
FL/TAL=TALLAHASSEE

Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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FL/TAM=TAMPA				
FM/001=FEDERATED STATES OF MICRO				
FM/NPH=NON-PARTICIPATING HOSPITAL				
FN/001=INTERNATIONAL				
FN/LAB=LABORATORIES				
FN/NPH=NON-PARTICIPATING HOSPITAL				
GA/001=GEORGIA				
GA/GAA=GEORGIA ALL				
GA/GAC=GEORGIA CENTRAL				
GA/GAE=GEORGIA EASTERN				
GA/GAN=GEORGIA NORTH				
GA/GAS=GEORGIA SOUTH				
GA/GAW=GEORGIA WESTERN				
GA/LAB=LABORATORIES				
GA/NPH=NON-PARTICIPATING HOSPITAL				
GU/001=GUAM				
GU/LAB=LABORATORIES				
GU/NPH=NON-PARTICIPATING HOSPITAL				
HI/001=HAWAII				
HI/LAB=LABORATORIES				
HI/NPH=NON-PARTICIPATING HOSPITAL				
IA/001=IOWA				
IA/LAB=LABORATORIES				
IA/NPH=NON-PARTICIPATING HOSPITAL				
ID/001=IDAHO				
ID/LAB=LABORATORIES				
ID/NPH=NON-PARTICIPATING HOSPITAL				
IL/001=ILLINOIS				
IL/LAB=LABORATORIES				
IL/NPH=NON-PARTICIPATING HOSPITAL				
IN/001=INDIANA				
IN/LAB=LABORATORIES				
IN/NPH=NON-PARTICIPATING HOSPITAL				
KS/001=KANSAS				
KS/KCK=KANSAS CITY				
KS/KDH=KDHE				
KS/LAB=LABORATORIES				
KS/LAW=LAWRENCE				
KS/NC=NORTH CENTRAL KANSAS				
KS/NE=NORTH EAST KANSAS				
KS/NPH=NON-PARTICIPATING HOSPITAL				
KS/NW=NORTH WEST KANSAS				
KS/SC=SOUTH CENTRAL KANSAS				
KS/SE=SOUTH EAST KANSAS				
KS/SW=SOUTH WEST KANSAS				
KS/WST=WEST				
KY/2C1=HOPKINSVILLE				
KY/2C2=LOUISVILLE				
KY/2C3=LONDON				
KY/2C4=LEXINGTON				

KY/LAB=LABORATORIES
 KY/NPH=NON-PARTICIPATING HOSPITAL
 LA/001=LOUISIANA
 LA/LA1=NEW ORLEANS
 LA/LA2=MANDEVILLE
 LA/LA3=LAFAYETTE
 LA/LA4=MONROE
 LA/LA5=SHREVEPORT
 LA/LA6=ALEXANDRIA
 LA/LAB=LABORATORIES
 LA/LB1=CLIA NEW ORLEANS
 LA/LB5=CLIA SHREVEPORT
 LA/LB6=CLIA ALEXANDRIA
 LA/NPH=NON-PARTICIPATING HOSPITAL

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 Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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MA/001=MASSACHUSETTS				
MA/LAB=LABORATORIES				
MA/NPH=NON-PARTICIPATING HOSPITAL				
MD/001=MARYLAND				
MD/LAB=LABORATORIES				
MD/NPH=NON-PARTICIPATING HOSPITAL				
ME/001=MAINE				
ME/LAB=LABORATORIES				
ME/NPH=NON-PARTICIPATING HOSPITAL				
MH/001=MARSHALL ISLANDS				
MH/NPH=NON-PARTICIPATING HOSPITAL				
MI/001=MICHIGAN				
MI/LAB=LABORATORIES				
MI/NPH=NON-PARTICIPATING HOSPITAL				
MN/001=MINNESOTA				
MN/LAB=LABORATORIES				
MN/NPH=NON-PARTICIPATING HOSPITAL				
MO/001=MISSOURI				
MO/01=REGION01				
MO/02=REGION02				
MO/03=REGION 03				
MO/04=REGION 04				
MO/05=REGION 05				
MO/06=REGION 06				
MO/07=REGION 07				
MO/1NH=REGION 1 NH				
MO/2NH=REGION 2 NH				
MO/3NH=REGION 3 NH				
MO/4NH=REGION 4 NH				
MO/5NH=REGION 5 NH				
MO/6NH=REGION 6 NH				
MO/7NH=REGION 7 NH				
MO/LAB=LABORATORIES				

MO/MO=STATEWIDE
 MO/NPH=NON-PARTICIPATING HOSPITAL
 MP/001=NORTHERN MARIANA ISLANDS
 MP/LAB=LABORATORIES
 MP/NPH=NON-PARTICIPATING HOSPITAL
 MS/001=MISSISSIPPI
 MS/LAB=LABORATORIES
 MS/NPH=NON-PARTICIPATING HOSPITAL
 MT/001=MONTANA
 MT/LAB=LABORATORIES
 MT/NPH=NON-PARTICIPATING HOSPITAL
 MX/001=MEXICO
 MX/LAB=LABORATORY
 MX/NPH=NON-PARTICIPATING HOSPITAL
 NC/001=NORTH CAROLINA
 NC/LAB=LABORATORIES
 NC/NCC=NORTH CAROLINA CENTRAL
 NC/NCE=NORTH CAROLINA EAST
 NC/NCN=NORTH CAROLINA NORTH
 NC/NCS=NORTH CAROLINA SOUTH
 NC/NCW=NORTH CAROLINA WEST
 NC/NPH=NON-PARTICIPATING HOSPITAL
 ND/001=NORTH DAKOTA
 ND/LAB=LABORATORIES
 ND/NPH=NON-PARTICIPATING HOSPITAL
 NE/001=NEBRASKA
 NE/1=NORTH CENTRAL
 NE/2=CENTRAL
 NE/3=NORTHEAST
 NE/4=SOUTHEAST
 NE/5=WESTERN

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 Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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NE/LAB=LABORATORIES				
NE/NPH=NON-PARTICIPATING HOSPITAL				
NH/001=NEW HAMPSHIRE				
NH/LAB=LABORATORIES				
NH/NPH=NON-PARTICIPATING HOSPITAL				
NJ/001=NEW JERSEY				
NJ/LAB=LABORATORIES				
NJ/NPH=NON-PARTICIPATING HOSPITAL				
NM/001=NEW MEXICO				
NM/LAB=LABORATORIES				
NM/NPH=NON-PARTICIPATING HOSPITAL				
NV/001=NEVADA				
NV/CC=CARSON CITY				
NV/LAB=LABORATORIES				
NV/LV=LAS VEGAS				
NV/NPH=NON-PARTICIPATING HOSPITAL				

NY/001=BUFFALO
 NY/002=ROCHESTER
 NY/003=SYRACUSE
 NY/004=ALBANY
 NY/005=NEW ROCHELLE
 NY/006=NEW YORK CITY
 NY/007=SUFFOLK/NASSAU COUNTY
 NY/LAB=LABORATORIES
 NY/NPH=NON-PARTICIPATING HOSPITAL
 OH/001=OHIO
 OH/LAB=LABORATORIES
 OH/NPH=NON-PARTICIPATING HOSPITAL
 OK/001=OKLAHOMA
 OK/LAB=LABORATORIES
 OK/NPH=NON-PARTICIPATING HOSPITAL
 OR/001=OFFICE #1
 OR/002=OFFICE #2
 OR/003=OFFICE #3
 OR/LAB=LABORATORIES
 OR/NPH=NON-PARTICIPATING HOSPITAL
 PA/001=PENNSYLVANIA
 PA/LAB=LABORATORIES
 PA/NPH=NON-PARTICIPATING HOSPITAL
 PR/001=PUERTO RICO
 PR/LAB=LABORATORIES
 PR/NPH=NON-PARTICIPATING HOSPITAL
 PW/001=PALAU
 PW/NPH=NON-PARTICIPATING HOSPITAL
 RI/001=RHODE ISLAND
 RI/LAB=LABORATORIES
 RI/NPH=NON-PARTICIPATING HOSPITAL
 SC/001=SOUTH CAROLINA
 SC/LAB=LABORATORIES
 SC/NPH=NON-PARTICIPATING HOSPITAL
 SD/001=SOUTH DAKOTA
 SD/LAB=LABORATORIES
 SD/NPH=NON-PARTICIPATING HOSPITAL
 TN/001=TENNESSEE
 TN/LAB=LABORATORIES
 TN/NPH=NON-PARTICIPATING HOSPITAL
 TN/TNC=TENNESSEE COOKEVILLE
 TN/TNE=TENNESSEE EASTERN
 TN/TNM=TENNESSEE MIDDLE
 TN/TNW=TENNESSEE WESTERN
 TX/001=TEXAS
 TX/L01=AMARILLO-LTC
 TX/L02=ABILENE-LTC
 TX/L03=ARLINGTON-LTC

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 Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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TX/L04=TYLER-LTC
TX/L05=TEMPLE-LTC
TX/L06=HOUSTON-LTC
TX/L07=SAN ANTONIO-LTC
TX/LAB=LABORATORIES
TX/NPH=NON-PARTICIPATING HOSPITAL
TX/TX1=LUBBOCK
TX/TX2=ARLINGTON
TX/TX3=SAN ANTONIO
TX/TX4=HOUSTON
TX/TX5=TYLER
TX/TX6=AUSTIN
UT/001=UTAH
UT/LAB=LABORATORIES
UT/NPH=NON-PARTICIPATING HOSPITAL
VA/001=VIRGINIA
VA/LAB=LABORATORIES
VA/NPH=NON-PARTICIPATING HOSPITAL
VI/001=VIRGIN ISLANDS
VI/LAB=LABORATORIES
VI/NPH=NON-PARTICIPATING HOSPITAL
VT/001=VERMONT
VT/LAB=LABORATORIES
VT/NPH=NON-PARTICIPATING HOSPITAL
WA/001=ALL OTHERS (NON-LTC FAC)
WA/D1=SPOKANE & YAKIMA AREAS
WA/D1A=District 1, Unit A
WA/D1B=District 1, Unit B
WA/D1C=District 1, Unit C
WA/D1D=District 1, Unit D
WA/D2=SPOKANE & SE
WA/D2A=District 2, Unit A
WA/D2B=District 2, Unit B
WA/D2C=District 2, Unit C
WA/D2D=District 2, Unit D
WA/D2E=District 2, Unit E
WA/D2F=District 2, Unit F
WA/D2G=District 2, Unit G
WA/D2H=District 2, Unit H
WA/D3=NW WASHINGTON
WA/D3A=District 3, Unit A
WA/D3B=District 3, Unit B
WA/D3C=District 3, Unit C
WA/D3D=District 3, Unit D
WA/D3E=District 3, Unit E
WA/D4A=GREATER SEATTLE AREA
WA/D4B=S KING COUNTY
WA/D5A=PIERCE CTY & PENINSULA
WA/D5B=PIERCE CTY & GRAYS HARBOR
WA/D6=OLYMPIA AREA
WA/LAB=LABORATORIES
WA/NPH=NON-PARTICIPATING HOSPITAL
WI/001=WISCONSIN

WI/LAB=LABORATORIES
WI/NPH=NON-PARTICIPATING HOSPITAL
WV/001=WEST VIRGINIA
WV/LAB=LABORATORIES
WV/NPH=NON-PARTICIPATING HOSPITAL
WY/001=WYOMING
WY/LAB=LABORATORIES
WY/NPH=NON-PARTICIPATING HOSPITAL

Address: Street 50 178 227 VARCHAR2
Description: Street address where the provider is located.

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Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

SAS Name: ST_ADR
COBOL Name: ST-ADR

Telephone Number 10 228 237 VARCHAR2
Description: Telephone number of the provider.
SAS Name: PHNE_NUM
COBOL Name: PHNE-NUM

Termination Code 2 238 239 VARCHAR2
Description: Indicates the current termination status for the
provider.

SAS Name: PGM_TRMNTN_CD
COBOL Name: PGM-TRMNTN-CD

VALUES: 00=ACTIVE PROVIDER
01=VOLUNTARY-MERGER, CLOSURE
02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT
03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION
04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL
05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ
06=INVOLUNTARY-FAILURE TO MEET AGREEMENT
07=OTHER-PROVIDER STATUS CHANGE
08=NONPAYMENT OF FEES - CLIA Only
09=REV/UNSUCCESSFUL PARTICIPATION IN PT - CLIA Only
10=REV/OTHER REASON - CLIA Only
11=INCOMPLETE CLIA APPLICATION INFORMATION - CLIA Only
12=NO LONGER PERFORMING TESTS - CLIA Only
13=MULTIPLE TO SINGLE SITE CERTIFICATE - CLIA Only
14=SHARED LABORATORY - CLIA Only
15=FAILURE TO RENEW WAIVER PPM CERTIFICATE - CLIA Only
16=DUPLICATE CLIA NUMBER - CLIA Only
17=MAIL RETURNED NO FORWARD ADDRESS CERT ENDED - CLIA Only
20=NOTIFICATION BANKRUPTCY - CLIA Only
33=ACCREDITATION NOT CONFIRMED - CLIA Only
80=AWAITING STATE APPROVAL
99=OIG ACTION - DO NOT ACTIVATE - CLIA Only

Termination or Expiration Date 8 240 247 DATE
Description: Date the provider was terminated. For CLIA providers,
date the laboratory's certificate was terminated or the
expiration date of the current CLIA certificate.
SAS Name: TRMNTN_EXPRTN_DT
COBOL Name: TRMNTN-EXPRTN-DT

Type of Action Code 1 248 248 VARCHAR2
Description: Identifies the reason for the certification. Type of
action from the official survey record, CMS 1539 form.
SAS Name: CRTFCTN_ACTN_TYPE_CD
COBOL Name: CRTFCTN-ACTN-TYPE-CD
VALUES: 1=INITIAL
 2=RECERTIFICATION
 3=TERMINATION
 4=CHANGE OF OWNERSHIP
 5=VALIDATION
 8=FULL SURVEY AFTER COMPLAINT

Ownership Type Code 2 249 250 VARCHAR2
Description: Indicates the ownership type of the provider.
SAS Name: GNRL_CNTL_TYPE_CD
COBOL Name: GNRL-CNTL-TYPE-CD
VALUES: 01=FOR PROFIT - INDIVIDUAL
 02=FOR PROFIT - PARTNERSHIP
 03=FOR PROFIT - CORPORATION
 04=NONPROFIT - CHURCH RELATED
 05=NONPROFIT - CORPORATION

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 21
Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

06=NONPROFIT - OTHER
07=GOVERNMENT - STATE
08=GOVERNMENT - COUNTY
09=GOVERNMENT - CITY
10=GOVERNMENT - CITY/COUNTY
11=GOVERNMENT - HOSPITAL DISTRICT
12=GOVERNMENT - FEDERAL
13=FOR PROFIT - LIMITED LIABILITY CORPORATION

Address: ZIP Code 5 251 255 VARCHAR2
Description: Five-digit ZIP code for a provider's physical address.
SAS Name: ZIP_CD
COBOL Name: ZIP-CD

FIPS State Code 2 256 257 VARCHAR2
Description: FIPS State Code
SAS Name: FIPS_STATE_CD
COBOL Name: FIPS-STATE-CD
VALUES: 01=ALABAMA

02=ALASKA
04=ARIZONA
05=ARKANSAS
06=CALIFORNIA
08=COLORADO
09=CONNECTICUT
10=DELAWARE
11=DISTRICT OF COLUMBIA
12=FLORIDA
13=GEORGIA
15=HAWAII
16=IDAHO
17=ILLINOIS
18=INDIANA
19=IOWA
20=KANSAS
21=KENTUCKY
22=LOUISIANA
23=MAINE
24=MARYLAND
25=MASSACHUSETTS
26=MICHIGAN
27=MINNESOTA
28=MISSISSIPPI
29=MISSOURI
30=MONTANA
31=NEBRASKA
32=NEVADA
33=NEW HAMPSHIRE
34=NEW JERSEY
35=NEW MEXICO
36=NEW YORK
37=NORTH CAROLINA
38=NORTH DAKOTA
39=OHIO
40=OKLAHOMA
41=OREGON
42=PENNSYLVANIA
43=PUERTO RICO
44=RHODE ISLAND
45=SOUTH CAROLINA
46=SOUTH DAKOTA
47=TENNESSEE
48=TEXAS
49=UTAH

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 22
Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
50=VERMONT				
51=VIRGINIA				

53=WASHINGTON
54=WEST VIRGINIA
55=WISCONSIN
56=WYOMING
64=AMERICAN SAMOA
65=GUAM
66=SAIPAN/MARIANA IS.
78=VIRGIN ISLANDS

FIPS County Code 3 258 260 VARCHAR2
Description: FIPS County Code
SAS Name: FIPS_CNTY_CD
COBOL Name: FIPS-CNTY-CD

CBSA Urban Rural Indicator 1 261 261 VARCHAR2
Description: CBSA (Core Based Statistical Area) indicates whether the county is defined as Urban or Rural.
SAS Name: CBSA_URBN_RRL_IND
COBOL Name: CBSA-URBN-RRL-IND

CBSA Code 5 262 266 VARCHAR2
Description: CBSA (Core Based Statistical Area) geographic entities defined by the U.S. Office of Management and Budget (OMB) on June 6, 2003 for use by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics. CBSA collectively refers to MSA.
SAS Name: CBSA_CD
COBOL Name: CBSA-CD

Bed Count Override Indicator 1 325 325 CHAR
Description: Indicates if the regional office has approved a significant bed count change from the previous certification.
SAS Name: OVRRD_BED_CNT_SW
COBOL Name: OVRRD-BED-CNT-SW

Bed Count: Certified 4 326 329 NUMBER
Description: Number of beds in Medicare and/or Medicaid certified areas within a facility.
SAS Name: CRTFD_BED_CNT
COBOL Name: CRTFD-BED-CNT

Bed Count: Medicaid NF 4 334 337 NUMBER
Description: Number of Medicaid-certified Nursing Facility beds.
SAS Name: MDCD_NF_BED_CNT
COBOL Name: MDCD-NF-BED-CNT

Bed Count: Medicare SNF 4 338 341 NUMBER
Description: Number of Medicare-certified Skilled Nursing Facility beds.
SAS Name: MDCR_SNF_BED_CNT
COBOL Name: MDCR-SNF-BED-CNT

Bed Count: Medicare/Medicaid SNF 4 342 345 NUMBER

Description: Number of dually certified (Medicare/Medicaid) beds in a Skilled Nursing Facility.

SAS Name: MDCR_MDCD_SNF_BED_CNT

COBOL Name: MDCR-MDCD-SNF-BED-CNT

Bed Count: Special Care - AIDS 3 346 348 NUMBER

Description: Number of beds in a special care unit dedicated for residents with AIDS.

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Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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SAS Name: AIDS_BED_CNT

COBOL Name: AIDS-BED-CNT

Bed Count: Special Care - Alzheimers 3 349 351 NUMBER

Description: Number of beds in a special care unit dedicated for residents with Alzheimer's disease.

SAS Name: ALZHMR_BED_CNT

COBOL Name: ALZHMR-BED-CNT

Bed Count: Special Care - Dialysis 3 352 354 NUMBER

Description: Number of beds in a special care unit dedicated for residents who require dialysis.

SAS Name: DLYS_BED_CNT

COBOL Name: DLYS-BED-CNT

Bed Count: Special Care - Disabled Children 3 355 357 NUMBER

Description: Number of beds in a special care unit dedicated for disabled children.

SAS Name: DSBL_CHLDRN_BED_CNT

COBOL Name: DSBL-CHLDRN-BED-CNT

Bed Count: Special Care - Head Trauma 3 358 360 NUMBER

Description: Number of beds in a special care unit dedicated for residents with head trauma.

SAS Name: HEAD_TRMA_BED_CNT

COBOL Name: HEAD-TRMA-BED-CNT

Bed Count: Special Care - Hospice 3 361 363 NUMBER

Description: Number of beds in a special care unit dedicated for residents who require hospice care.

SAS Name: HOSPC_BED_CNT

COBOL Name: HOSPC-BED-CNT

Bed Count: Special Care - Huntingtons Disease 3 364 366 NUMBER

Description: Number of beds in a special care unit dedicated for residents with Huntington's disease.

SAS Name: HNTGTN_DEASE_BED_CNT

COBOL Name: HNTGTN-DEASE-BED-CNT

Bed Count: Special Care - Specialized Rehab 3 367 369 NUMBER
Description: Number of beds in a special care unit dedicated for
 residents with specialized rehab needs.
SAS Name: REHAB_BED_CNT
COBOL Name: REHAB-BED-CNT

Bed Count: Special Care - Ventilator 3 370 372 NUMBER
Description: Number of beds in a special care unit dedicated for
 residents requiring a ventilator and/or respiratory care.
SAS Name: VNTLTR_BED_CNT
COBOL Name: VNTLTR-BED-CNT

Bed Count: Total 4 373 376 NUMBER
Description: Total number of beds in a provider, including those in
 non-participating or non-licensed areas.
SAS Name: BED_CNT
COBOL Name: BED-CNT

Compliance: 24-Hour RN Waiver Indicator 1 442 442 CHAR
Description: Indicates if a waiver of the 24-hour registered nurse
 staffing requirements has been recommended for a Skilled
 Nursing Facility or Nursing Facility.
SAS Name: RN_24_HR_WVR_SW
COBOL Name: RN-24-HR-WVR-SW

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Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Compliance: 7-Day RN Waiver Indicator	1	443	443	VARCHAR2
Description: Indicates if a waiver of the 7-day registered nurse staffing requirements has been recommended for a Skilled Nursing Facility.				
SAS Name: RN_7_DAY_WVR_SW				
COBOL Name: RN-7-DAY-WVR-SW				

Compliance: Beds Per Room Waiver Indicator	1	444	444	CHAR
Description: Indicates if a waiver of the beds per room requirement has been recommended for a facility.				
SAS Name: BED_PER_ROOM_WVR_SW				
COBOL Name: BED-PER-ROOM-WVR-SW				

Compliance: LSC Waiver Indicator	1	445	445	CHAR
Description: Indicates if a waiver of any life safety code provision has been recommended for a provider.				
SAS Name: LSC_WVR_SW				
COBOL Name: LSC-WVR-SW				

Compliance: Patient Room Size Waiver Indicator	1	446	446	CHAR
Description: Indicates if a waiver of the patient room size provision has been recommended for a provider.				

SAS Name: ROOM_SIZE_WVR_SW
COBOL Name: ROOM-SIZE-WVR-SW

Experimental Research Conducted Indicator 1 453 453 VARCHAR2
Description: Indicates if a facility conducts experimental research.
SAS Name: EXPRMT_RSRCH_CNDCTD_SW
COBOL Name: EXPRMT-RSRCH-CNDCTD-SW

Fiscal Year End Date (MMDD) 4 464 467 VARCHAR2
Description: End date, consisting of the month and day, of the
provider's fiscal year.
SAS Name: FY_END_MO_DAY_CD
COBOL Name: FY-END-MO-DAY-CD

Hospital Based Indicator 1 483 483 CHAR
Description: Indicates if the provider is based in a hospital.
SAS Name: HOSP_BSD_SW
COBOL Name: HOSP-BSD-SW

LTC Cross Ref Provider Number 10 485 494 CHAR
Description: LTC cross ref provider number
SAS Name: LTC_CROSS_REF_PROVIDER_NUMBER
COBOL Name: LTC-CROSS-REF-PROVIDER-NUMBER

Multiple Facility Organization Name 38 513 550 CHAR
Description: Name of the multi-facility organization that owns the
facility.
SAS Name: MLT_FAC_ORG_NAME
COBOL Name: MLT-FAC-ORG-NAME

Multiple Facility Organization Owned Indicator 1 551 551 CHAR
Description: Indicates if a facility is owned by an organization that
owns (or leases) two or more long term care facilities.
SAS Name: MLT_OWND_FAC_ORG_SW
COBOL Name: MLT-OWND-FAC-ORG-SW

Organized Family Group Indicator 1 626 626 VARCHAR2
Description: Indicates if the facility has an organized group of
family members of residents.
SAS Name: ORGNZ_FMLY_MBR_GRP_SW
COBOL Name: ORGNZ-FMLY-MBR-GRP-SW

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Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Organized Resident Group Indicator	1	627	627	VARCHAR2
Description: Indicates if the facility has an organized residents group.				
SAS Name:	ORGNZ_RSDNT_GRP_SW			
COBOL Name:	ORGNZ-RSDNT-GRP-SW			

Program Participation Code 1 640 640 CHAR

Description: Indicates if the provider participates in Medicare, Medicaid, or both programs.

SAS Name: PGM_PRTCPTN_CD

COBOL Name: PGM-PRTCPTN-CD

VALUES: 1=MEDICARE ONLY

2=MEDICAID ONLY

3=MEDICARE AND MEDICAID

Related Provider Number 10 686 695 CHAR

Description: Related provider number

SAS Name: RELATED_PROVIDER_NUMBER

COBOL Name: RELATED-PROVIDER-NUMBER

Services: Blood Administration Off-Site Residents 1 703 703 VARCHAR2

Indicator

Description: Indicates if blood administration and storage services are provided off-site to residents.

SAS Name: BLOOD_SRVC_OFSITE_RSDNT_SW

COBOL Name: BLOOD-SRVC-OFSITE-RSDNT-SW

Services: Blood Administration On-Site Nonresidents 1 704 704 VARCHAR2

Indicator

Description: Indicates if blood administration and storage services are provided on-site to nonresidents.

SAS Name: BLOOD_SRVC_ONST_NRSNT_SW

COBOL Name: BLOOD-SRVC-ONST-NRSNT-SW

Services: Blood Administration On-Site Residents 1 705 705 VARCHAR2

Indicator

Description: Indicates if blood administration and storage services are provided on-site to residents.

SAS Name: BLOOD_SRVC_ONST_RSDNT_SW

COBOL Name: BLOOD-SRVC-ONST-RSDNT-SW

Services: Clinical Laboratory - Off-Site Residents 1 712 712 VARCHAR2

Indicator

Description: Indicates if clinical laboratory services are provided off-site to residents.

SAS Name: CL_SRVC_OFSITE_RSDNT_SW

COBOL Name: CL-SRVC-OFSITE-RSDNT-SW

Services: Clinical Laboratory - On-Site Nonresidents 1 713 713 VARCHAR2

Indicator

Description: Indicates if clinical laboratory services are provided on-site to nonresidents.

SAS Name: CL_SRVC_ONST_NRSNT_SW

COBOL Name: CL-SRVC-ONST-NRSNT-SW

Services: Clinical Laboratory - On-Site Residents 1 714 714 VARCHAR2

Indicator

Description: Indicates if clinical laboratory services are provided on-site to residents.

SAS Name: CL_SRVC_ONST_RSDNT_SW
COBOL Name: CL-SRVC-ONST-RSDNT-SW

Services: Dental Off-Site Residents Indicator 1 720 720 VARCHAR2
Description: Indicates if dental services are provided off-site to

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Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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residents.

SAS Name: DNTL_SRVC_OFSITE_RSDNT_SW
COBOL Name: DNTL-SRVC-OFSITE-RSDNT-SW

Services: Dental On-Site Nonresidents Indicator 1 721 721 VARCHAR2
Description: Indicates if dental services are provided on-site to
nonresidents.

SAS Name: DNTL_SRVC_ONST_NRSNT_SW
COBOL Name: DNTL-SRVC-ONST-NRSNT-SW

Services: Dental On-Site Residents Indicator 1 722 722 VARCHAR2
Description: Indicates if dental services are provided on-site to
residents.

SAS Name: DNTL_SRVC_ONST_RSDNT_SW
COBOL Name: DNTL-SRVC-ONST-RSDNT-SW

Services: Dietary Off-Site Residents Indicator 1 726 726 VARCHAR2
Description: Indicates if dietary services are provided off-site to
residents.

SAS Name: DTRY_OFSITE_RSDNT_SW
COBOL Name: DTRY-OFSITE-RSDNT-SW

Services: Dietary On-Site Nonresidents Indicator 1 727 727 VARCHAR2
Description: Indicates if dietary services are provided on-site to
nonresidents.

SAS Name: DTRY_ONST_NRSNT_SW
COBOL Name: DTRY-ONST-NRSNT-SW

Services: Dietary On-Site Residents Indicator 1 728 728 VARCHAR2
Description: Indicates if dietary services are provided on-site to
residents.

SAS Name: DTRY_ONST_RSDNT_SW
COBOL Name: DTRY-ONST-RSDNT-SW

Services: Housekeeping Off-Site Residents Indicator 1 738 738 VARCHAR2
Description: Indicates if housekeeping services are provided off-site
to residents.

SAS Name: HSEKPNG_SRVC_OFSITE_RSDNT_SW
COBOL Name: HSEKPNG-SRVC-OFSITE-RSDNT-SW

Services: Housekeeping On-Site Nonresidents Indicator 1 739 739 VARCHAR2
Description: Indicates if housekeeping services are provided on-site

to nonresidents.

SAS Name: HSEKPNG_SRVC_ONST_NRSNT_SW

COBOL Name: HSEKPNG-SRVC-ONST-NRSNT-SW

Services: Housekeeping On-Site Residents Indicator 1 740 740 VARCHAR2

Description: Indicates if housekeeping services are provided on-site to residents.

SAS Name: HSEKPNG_SRVC_ONST_RSDNT_SW

COBOL Name: HSEKPNG-SRVC-ONST-RSDNT-SW

Services: Mental Health Off-Site Residents Indicator 1 747 747 VARCHAR2

Description: Indicates if mental health services are provided off-site to residents.

SAS Name: MENTL_HLTH_OFSITE_RSDNT_SW

COBOL Name: MENTL-HLTH-OFSITE-RSDNT-SW

Services: Mental Health On-Site Nonresidents Indicator 1 748 748 VARCHAR2

Description: Indicates if mental health services are provided on-site to nonresidents.

SAS Name: MENTL_HLTH_ONST_NRSNT_SW

COBOL Name: MENTL-HLTH-ONST-NRSNT-SW

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SHORT DESCRIPTION	LEN	START	END	TYPE
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Services: Mental Health On-Site Residents Indicator 1 749 749 VARCHAR2

Description: Indicates if mental health services are provided on-site to residents.

SAS Name: MENTL_HLTH_ONST_RSDNT_SW

COBOL Name: MENTL-HLTH-ONST-RSDNT-SW

Services: Nursing Off-Site Residents Indicator 1 760 760 VARCHAR2

Description: Indicates if nursing services are provided off-site to residents.

SAS Name: NRSNG_SRVC_OFSITE_RSDNT_SW

COBOL Name: NRSNG-SRVC-OFSITE-RSDNT-SW

Services: Nursing On-Site Nonresidents Indicator 1 761 761 VARCHAR2

Description: Indicates if nursing services are provided on-site to nonresidents.

SAS Name: NRSNG_SRVC_ONST_NRSNT_SW

COBOL Name: NRSNG-SRVC-ONST-NRSNT-SW

Services: Nursing On-Site Residents Indicator 1 762 762 VARCHAR2

Description: Indicates if nursing services are provided on-site to residents.

SAS Name: NRSNG_SRVC_ONST_RSDNT_SW

COBOL Name: NRSNG-SRVC-ONST-RSDNT-SW

Services: OT Off-Site Residents Indicator 1 776 776 VARCHAR2
Description: Indicates if occupational therapy services are provided
off-site to residents.
SAS Name: OT_SRVC_OFSITE_RSDNT_SW
COBOL Name: OT-SRVC-OFSITE-RSDNT-SW

Services: OT On-Site Nonresidents Indicator 1 777 777 VARCHAR2
Description: Indicates if occupational therapy services are provided
on-site to nonresidents.
SAS Name: OT_SRVC_ONST_NRSNT_SW
COBOL Name: OT-SRVC-ONST-NRSNT-SW

Services: OT On-Site Residents Indicator 1 778 778 VARCHAR2
Description: Indicates if occupational therapy services are provided
on-site to residents.
SAS Name: OT_SRVC_ONST_RSDNT_SW
COBOL Name: OT-SRVC-ONST-RSDNT-SW

Services: Pharmacy Off-Site Residents Indicator 1 789 789 VARCHAR2
Description: Indicates if pharmacy services are provided off-site to
residents.
SAS Name: PHRMCY_SRVC_OFSITE_RSDNT_SW
COBOL Name: PHRMCY-SRVC-OFSITE-RSDNT-SW

Services: Pharmacy On-Site Nonresidents Indicator 1 790 790 VARCHAR2
Description: Indicates if pharmacy services are provided on-site to
nonresidents.
SAS Name: PHRMCY_SRVC_ONST_NRSNT_SW
COBOL Name: PHRMCY-SRVC-ONST-NRSNT-SW

Services: Pharmacy On-Site Residents Indicator 1 791 791 VARCHAR2
Description: Indicates if pharmacy services are provided on-site to
residents.
SAS Name: PHRMCY_SRVC_ONST_RSDNT_SW
COBOL Name: PHRMCY-SRVC-ONST-RSDNT-SW

Services: Physician Extender Off-Site Residents Indicator 1 796 796 VARCHAR2
Description: Indicates if physician extender services are provided

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SHORT DESCRIPTION	LEN	START	END	TYPE
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off-site to residents.
SAS Name: PHYSN_EXT_SRVC_OFSITE_RSDNT_SW
COBOL Name: PHYSN-EXT-SRVC-OFSITE-RSDNT-SW

Services: Physician Extender On-Site Nonresidents Indicator 1 797 797 VARCHAR2
Description: Indicates if physician extender services are provided
on-site to nonresidents.

SAS Name: PHYSN_EXT_SRVC_ONST_NRSNT_SW
COBOL Name: PHYSN-EXT-SRVC-ONST-NRSNT-SW

Services: Physician Extender On-Site Residents Indicator 1 798 798 VARCHAR2
Indicator

Description: Indicates if physician extender services are provided
on-site to residents.

SAS Name: PHYSN_EXT_SRVC_ONST_RSDNT_SW
COBOL Name: PHYSN-EXT-SRVC-ONST-RSDNT-SW

Services: Physician Off-Site Residents Indicator 1 799 799 VARCHAR2

Description: Indicates if physician services are provided off-site to
residents.

SAS Name: PHYSN_SRVC_OFSITE_RSDNT_SW
COBOL Name: PHYSN-SRVC-OFSITE-RSDNT-SW

Services: Physician On-Site Nonresidents Indicator 1 800 800 VARCHAR2

Description: Indicates if physician services are provided on-site to
nonresidents.

SAS Name: PHYSN_SRVC_ONST_NRSNT_SW
COBOL Name: PHYSN-SRVC-ONST-NRSNT-SW

Services: Physician On-Site Residents Indicator 1 801 801 VARCHAR2

Description: Indicates if physician services are provided on-site to
residents.

SAS Name: PHYSN_SRVC_ONST_RSDNT_SW
COBOL Name: PHYSN-SRVC-ONST-RSDNT-SW

Services: Podiatry Off-Site Residents Indicator 1 802 802 VARCHAR2

Description: Indicates if podiatry services are provided off-site to
residents.

SAS Name: PDTRY_SRVC_OFSITE_RSDNT_SW
COBOL Name: PDTRY-SRVC-OFSITE-RSDNT-SW

Services: Podiatry On-Site Nonresidents Indicator 1 803 803 VARCHAR2

Description: Indicates if podiatry services are provided on-site to
nonresidents.

SAS Name: PDTRY_SRVC_ONST_NRSNT_SW
COBOL Name: PDTRY-SRVC-ONST-NRSNT-SW

Services: Podiatry On-Site Residents Indicator 1 804 804 VARCHAR2

Description: Indicates if podiatry services are provided on-site to
residents.

SAS Name: PDTRY_SRVC_ONST_RSDNT_SW
COBOL Name: PDTRY-SRVC-ONST-RSDNT-SW

Services: PT Off-Site Residents Indicator 1 814 814 VARCHAR2

Description: Indicates if physical therapy services are provided
off-site to residents.

SAS Name: PT_OFSITE_RSDNT_SW
COBOL Name: PT-OFSITE-RSDNT-SW

Services: PT On-Site Nonresidents Indicator 1 815 815 VARCHAR2

Description: Indicates if physical therapy services are provided

on-site to nonresidents.

SAS Name: PT_ONST_NRSNT_SW

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COBOL Name: PT-ONST-NRSNT-SW

Services: PT On-Site Residents Indicator 1 816 816 VARCHAR2

Description: Indicates if physical therapy services are provided
on-site to residents.

SAS Name: PT_ONST_RSDNT_SW

COBOL Name: PT-ONST-RSDNT-SW

Services: Social Work Off-Site Residents Indicator 1 827 827 VARCHAR2

Description: Indicates if social work services are provided off-site
to residents.

SAS Name: SCL_WORK_SRVC_OFSITE_RSDNT_SW

COBOL Name: SCL-WORK-SRVC-OFSITE-RSDNT-SW

Services: Social Work On-Site Nonresidents Indicator 1 828 828 VARCHAR2

Description: Indicates if social work services are provided on-site to
nonresidents.

SAS Name: SCL_WORK_SRVC_ONST_NRSNT_SW

COBOL Name: SCL-WORK-SRVC-ONST-NRSNT-SW

Services: Social Work On-Site Residents Indicator 1 829 829 VARCHAR2

Description: Indicates if social work services are provided on-site to
residents.

SAS Name: SCL_WORK_SRVC_ONST_RSDNT_SW

COBOL Name: SCL-WORK-SRVC-ONST-RSDNT-SW

Services: Speech Pathology Off-Site Residents 1 834 834 VARCHAR2
Indicator

Description: Indicates if speech/language pathology services are
provided off-site to residents.

SAS Name: SPCH_PTHLGY_OFSITE_RSDNT_SW

COBOL Name: SPCH-PTHLGY-OFSITE-RSDNT-SW

Services: Speech Pathology On-Site Nonresidents 1 835 835 VARCHAR2
Indicator

Description: Indicates if speech/language pathology services are
provided on-site to nonresidents.

SAS Name: SPCH_PTHLGY_ONST_NRSNT_SW

COBOL Name: SPCH-PTHLGY-ONST-NRSNT-SW

Services: Speech Pathology On-Site Residents 1 836 836 VARCHAR2
Indicator

Description: Indicates if speech/language pathology services are
provided on-site to residents.

SAS Name: SPCH_PTHLGY_ONST_RSDNT_SW

COBOL Name: SPCH-PTHLGY-ONST-RSDNT-SW

Services: Therapeutic - Other Activities Staff - 1 839 839 VARCHAR2

Off-Site Residents Indicator

Description: Indicates if therapeutic services are provided off-site to residents by other activities staff.

SAS Name: ACTVTY_OTHR_OFSITE_RSDNT_SW

COBOL Name: ACTVTY-OTHR-OFSITE-RSDNT-SW

Services: Therapeutic - Other Activities Staff - 1 840 840 VARCHAR2

On-Site Nonresidents Indicator

Description: Indicates if therapeutic services are provided on-site to nonresidents by other activities staff.

SAS Name: ACTVTY_OTHR_ONST_NRSNT_SW

COBOL Name: ACTVTY-OTHR-ONST-NRSNT-SW

Services: Therapeutic - Other Activities Staff - 1 841 841 VARCHAR2

On-Site Residents Indicator

Description: Indicates if therapeutic services are provided on-site to

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residents by other activities staff.

SAS Name: ACTVTY_OTHR_ONST_RSDNT_SW

COBOL Name: ACTVTY-OTHR-ONST-RSDNT-SW

Services: Therapeutic - Other Social Services Staff - 1 842 842 VARCHAR2

Off-Site Residents Indicator

Description: Indicates if other therapeutic social services are provided off-site to residents.

SAS Name: SCL_SRVC_OTHR_OFSITE_RSDNT_SW

COBOL Name: SCL-SRVC-OTHR-OFSITE-RSDNT-SW

Services: Therapeutic - Other Social Services Staff - 1 843 843 VARCHAR2

On-Site Nonresidents Indicator

Description: Indicates if other therapeutic social services are provided on-site to nonresidents.

SAS Name: SCL_SRVC_OTHR_ONST_NRSNT_SW

COBOL Name: SCL-SRVC-OTHR-ONST-NRSNT-SW

Services: Therapeutic - Other Social Services Staff - 1 844 844 VARCHAR2

On-Site Residents Indicator

Description: Indicates if other therapeutic social services are provided on-site to residents.

SAS Name: SCL_SRVC_OTHR_ONST_RSDNT_SW

COBOL Name: SCL-SRVC-OTHR-ONST-RSDNT-SW

Services: Therapeutic - Qualified Activities 1 845 845 VARCHAR2

Professional - Off-Site Residents Indicator

Description: Indicates if therapeutic services are provided off-site

to residents by qualified activities professionals.

SAS Name: ACTVTY_OFSITE_RSDNT_SW

COBOL Name: ACTVTY-OFSITE-RSDNT-SW

Services: Therapeutic - Qualified Activities 1 846 846 VARCHAR2

Professional - On-Site Nonresidents Indicator

Description: Indicates if therapeutic services are provided on-site to nonresidents by qualified activities professionals.

SAS Name: ACTVTY_ONST_NRSNT_SW

COBOL Name: ACTVTY-ONST-NRSNT-SW

Services: Therapeutic - Qualified Activities 1 847 847 VARCHAR2

Professional - On-Site Residents Indicator

Description: Indicates if therapeutic services are provided on-site to residents by qualified activities professionals.

SAS Name: ACTVTY_ONST_RSDNT_SW

COBOL Name: ACTVTY-ONST-RSDNT-SW

Services: Therapeutic Recreational Specialty Off-Site 1 849 849 VARCHAR2

Residents Indicator

Description: Indicates if therapeutic recreation specialist services are provided off-site to residents.

SAS Name: THRPTC_RCRTNL_OFSITE_RSDNT_SW

COBOL Name: THRPTC-RCRTNL-OFSITE-RSDNT-SW

Services: Therapeutic Recreational Specialty On-Site 1 850 850 VARCHAR2

Nonresidents Indicator

Description: Indicates if therapeutic recreation specialist services are provided on-site to nonresidents.

SAS Name: THRPTC_RCRTNL_ONST_NRSNT_SW

COBOL Name: THRPTC-RCRTNL-ONST-NRSNT-SW

Services: Therapeutic Recreational Specialty On-Site 1 851 851 VARCHAR2

Residents Indicator

Description: Indicates if therapeutic recreation specialist services are provided on-site to residents.

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SAS Name: THRPTC_RCRTNL_ONST_RSDNT_SW

COBOL Name: THRPTC-RCRTNL-ONST-RSDNT-SW

Services: Vocational Off-Site Residents Indicator 1 854 854 VARCHAR2

Description: Indicates if vocational services are provided off-site to residents.

SAS Name: VCTNL_SRVC_OFSITE_RSDNT_SW

COBOL Name: VCTNL-SRVC-OFSITE-RSDNT-SW

Services: Vocational On-Site Nonresidents Indicator 1 855 855 VARCHAR2

Description: Indicates if vocational services are provided on-site to

nonresidents.

SAS Name: VCTNL_SRVC_ONST_NRSNT_SW
COBOL Name: VCTNL-SRVC-ONST-NRSNT-SW

Services: Vocational On-Site Residents Indicator 1 856 856 VARCHAR2
Description: Indicates if vocational services are provided on-site to residents.

SAS Name: VCTNL_SRVC_ONST_RSDNT_SW
COBOL Name: VCTNL-SRVC-ONST-RSDNT-SW

Services: X-ray Off-Site Residents Indicator 1 857 857 VARCHAR2
Description: Indicates if diagnostic X-ray services are provided off-site to residents.

SAS Name: DGNSTC_XRAY_OFSITE_RSDNT_SW
COBOL Name: DGNSTC-XRAY-OFSITE-RSDNT-SW

Services: X-ray On-Site Nonresidents Indicator 1 858 858 VARCHAR2
Description: Indicates if diagnostic X-ray services are provided on-site to nonresidents.

SAS Name: DGNSTC_XRAY_ONST_NRSNT_SW
COBOL Name: DGNSTC-XRAY-ONST-NRSNT-SW

Services: X-ray On-Site Residents Indicator 1 859 859 VARCHAR2
Description: Indicates if diagnostic X-ray services are provided on-site to residents.

SAS Name: DGNSTC_XRAY_ONST_RSDNT_SW
COBOL Name: DGNSTC-XRAY-ONST-RSDNT-SW

Staff Count Override Indicator 1 861 861 CHAR
Description: Indicates if the regional office has approved a significant staff count change from the previous certification.

SAS Name: OVRRD_STFG_SW
COBOL Name: OVRRD-STFG-SW

Staff Count: Administrative Staff - Contract 8 862 869 NUMBER
Description: Number of full-time equivalent administrative staff under contract to a facility.

SAS Name: PROFNL_ADMIN_CNTRCT_CNT
COBOL Name: PROFNL-ADMIN-CNTRCT-CNT

Staff Count: Administrative Staff - Full-Time 8 870 877 NUMBER
Description: Number of full-time equivalent administrative staff employed on a full-time basis by a facility.

SAS Name: PROFNL_ADMIN_FLTM_CNT
COBOL Name: PROFNL-ADMIN-FLTM-CNT

Staff Count: Administrative Staff - Part-Time 8 878 885 NUMBER
Description: Number of full-time equivalent administrative staff employed on a part-time basis by a facility.

SAS Name: PROFNL_ADMIN_PRTM_CNT
COBOL Name: PROFNL-ADMIN-PRTM-CNT

SHORT DESCRIPTION	LEN	START	END	TYPE
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Staff Count: Certified Nurse Aide - Contract	8	910	917	NUMBER
Description: Number of full-time equivalent certified nurse aides under contract to a facility.				
SAS Name: NRS_AIDE_CNTRCT_CNT				
COBOL Name: NRS-AIDE-CNTRCT-CNT				

Staff Count: Certified Nurse Aide - Full-Time	8	918	925	NUMBER
Description: Number of full-time equivalent certified nurse aides employed full-time by a facility.				
SAS Name: NRS_AIDE_FLTM_CNT				
COBOL Name: NRS-AIDE-FLTM-CNT				

Staff Count: Certified Nurse Aide - Part-Time	8	926	933	NUMBER
Description: Number of full-time equivalent certified nurse aides employed part-time by a facility.				
SAS Name: NRS_AIDE_PRTM_CNT				
COBOL Name: NRS-AIDE-PRTM-CNT				

Staff Count: Dentist - Contract	8	958	965	NUMBER
Description: Number of full-time equivalent dentists under contract to a facility.				
SAS Name: DNTST_CNTRCT_CNT				
COBOL Name: DNTST-CNTRCT-CNT				

Staff Count: Dentist - Full-Time	8	966	973	NUMBER
Description: Number of full-time equivalent dentists employed full time by a facility.				
SAS Name: DNTST_FLTM_CNT				
COBOL Name: DNTST-FLTM-CNT				

Staff Count: Dentist - Part-Time	8	974	981	NUMBER
Description: Number of full-time equivalent dentists employed part time by a facility.				
SAS Name: DNTST_PRTM_CNT				
COBOL Name: DNTST-PRTM-CNT				

Staff Count: Dietitian - Contract	8	990	997	NUMBER
Description: Number of full-time equivalent dietitians under contract to a facility.				
SAS Name: DIETN_CNTRCT_CNT				
COBOL Name: DIETN-CNTRCT-CNT				

Staff Count: Dietitian - Full-Time	8	998	1005	NUMBER
Description: Number of full-time equivalent dietitians employed full time by a facility.				
SAS Name: DIETN_FLTM_CNT				
COBOL Name: DIETN-FLTM-CNT				

Staff Count: Dietitian - Part-Time 8 1006 1013 NUMBER
Description: Number of full-time equivalent dietitians employed part
 time by a facility.
SAS Name: DIETN_PRTM_CNT
COBOL Name: DIETN-PRTM-CNT

Staff Count: Food Service Worker - Contract 8 1022 1029 NUMBER
Description: Number of full-time equivalent food service personnel
 under contract to a facility.
SAS Name: FOOD_SRVC_CNTRCT_CNT
COBOL Name: FOOD-SRVC-CNTRCT-CNT

Staff Count: Food Service Worker - Full-Time 8 1030 1037 NUMBER
Description: Number of full-time equivalent food service personnel
 employed full-time by a facility.
SAS Name: FOOD_SRVC_FLTM_CNT

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COBOL Name: FOOD-SRVC-FLTM-CNT

Staff Count: Food Service Worker - Part-Time 8 1038 1045 NUMBER
Description: Number of full-time equivalent food service personnel
 employed part-time by a facility.
SAS Name: FOOD_SRVC_PRTM_CNT
COBOL Name: FOOD-SRVC-PRTM-CNT

Staff Count: Housekeeping - Contract 8 1070 1077 NUMBER
Description: Number of full-time equivalent housekeeping personnel
 under contract to a facility.
SAS Name: HSEKPNG_CNTRCT_CNT
COBOL Name: HSEKPNG-CNTRCT-CNT

Staff Count: Housekeeping - Full-Time 8 1078 1085 NUMBER
Description: Number of full-time equivalent housekeeping personnel
 employed full-time by a facility.
SAS Name: HSEKPNG_FLTM_CNT
COBOL Name: HSEKPNG-FLTM-CNT

Staff Count: Housekeeping - Part-Time 8 1086 1093 NUMBER
Description: Number of full-time equivalent housekeeping personnel
 employed part-time by a facility.
SAS Name: HSEKPNG_PRTM_CNT
COBOL Name: HSEKPNG-PRTM-CNT

Staff Count: LPN/LVN - Contract 8 1118 1125 NUMBER
Description: Number of full-time equivalent licensed
 practical/vocational nurses under contract to a facility.
SAS Name: LPN_LVN_CNTRCT_CNT
COBOL Name: LPN-LVN-CNTRCT-CNT

Staff Count: LPN/LVN - Full-Time 8 1126 1133 NUMBER
Description: Number of full-time equivalent licensed
practical/vocational nurses employed full-time by a
facility.
SAS Name: LPN_LVN_FLTM_CNT
COBOL Name: LPN-LVN-FLTM-CNT

Staff Count: LPN/LVN - Part-Time 8 1134 1141 NUMBER
Description: Number of full-time equivalent licensed
practical/vocational nurses employed part-time by a
facility.
SAS Name: LPN_LVN_PRTM_CNT
COBOL Name: LPN-LVN-PRTM-CNT

Staff Count: Medical Director - Contract 8 1150 1157 NUMBER
Description: Number of full-time equivalent medical directors under
contract to a facility.
SAS Name: MDCL_DRCTR_CNTRCT_CNT
COBOL Name: MDCL-DRCTR-CNTRCT-CNT

Staff Count: Medical Director - Full-Time 8 1158 1165 NUMBER
Description: Number of full-time equivalent medical directors employed
full-time by a facility.
SAS Name: MDCL_DRCTR_FLTM_CNT
COBOL Name: MDCL-DRCTR-FLTM-CNT

Staff Count: Medical Director - Part-Time 8 1166 1173 NUMBER
Description: Number of full-time equivalent medical directors employed
part-time by a facility.
SAS Name: MDCL_DRCTR_PRTM_CNT
COBOL Name: MDCL-DRCTR-PRTM-CNT

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Staff Count: Medication Aide/Technician - Contract 8 1198 1205 NUMBER
Description: Number of full-time equivalent medication aides/
technicians under contract to a facility.
SAS Name: MDCTN_AIDE_CNTRCT_CNT
COBOL Name: MDCTN-AIDE-CNTRCT-CNT

Staff Count: Medication Aide/Technician - Full-Time 8 1206 1213 NUMBER
Description: Number of full-time equivalent medication aides/
technicians employed full-time by a facility.
SAS Name: MDCTN_AIDE_FLTM_CNT
COBOL Name: MDCTN-AIDE-FLTM-CNT

Staff Count: Medication Aide/Technician - Part-Time 8 1214 1221 NUMBER
Description: Number of full-time equivalent medication aides/

technicians employed part-time by a facility.

SAS Name: MDCTN_AIDE_PRTM_CNT

COBOL Name: MDCTN-AIDE-PRTM-CNT

Staff Count: Mental Health Services - Contract 8 1222 1229 NUMBER

Description: Number of full-time equivalent mental health services
personnel under contract to a facility.

SAS Name: MENTL_HLTH_SRVC_CNTRCT_CNT

COBOL Name: MENTL-HLTH-SRVC-CNTRCT-CNT

Staff Count: Mental Health Services - Full-Time 8 1230 1237 NUMBER

Description: Number of full-time equivalent mental health services
personnel employed full-time by a facility.

SAS Name: MENTL_HLTH_SRVC_FLTM_CNT

COBOL Name: MENTL-HLTH-SRVC-FLTM-CNT

Staff Count: Mental Health Services - Part-Time 8 1238 1245 NUMBER

Description: Number of full-time equivalent mental health services
personnel employed part-time by a facility.

SAS Name: MENTL_HLTH_SRVC_PRTM_CNT

COBOL Name: MENTL-HLTH-SRVC-PRTM-CNT

Staff Count: Nurse Aide in Training - Contract 8 1254 1261 NUMBER

Description: Number of full-time equivalent nurse aides in training
under contract to a facility.

SAS Name: NAT_CNTRCT_CNT

COBOL Name: NAT-CNTRCT-CNT

Staff Count: Nurse Aide in Training - Full-Time 8 1262 1269 NUMBER

Description: Number of full-time equivalent nurse aides in training
employed full-time by a facility.

SAS Name: NAT_FLTM_CNT

COBOL Name: NAT-FLTM-CNT

Staff Count: Nurse Aide in Training - Part-Time 8 1270 1277 NUMBER

Description: Number of full-time equivalent nurse aides in training
employed part-time by a facility.

SAS Name: NAT_PRTM_CNT

COBOL Name: NAT-PRTM-CNT

Staff Count: Nurse With Administrative Duties - 8 1286 1293 NUMBER
Contract

Description: Number of full-time equivalent nurses with administrative
duties under contract to a facility.

SAS Name: NRS_ADMINV_CNTRCT_CNT

COBOL Name: NRS-ADMINV-CNTRCT-CNT

Staff Count: Nurse With Administrative Duties - 8 1294 1301 NUMBER
Full-Time

Description: Number of full-time equivalent nurses with administrative

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duties employed full-time by a facility.

SAS Name: NRS_ADMINV_FLTM_CNT

COBOL Name: NRS-ADMINV-FLTM-CNT

Staff Count: Nurse With Administrative Duties - 8 1302 1309 NUMBER
Part-Time

Description: Number of full-time equivalent nurses with administrative
duties employed part-time by a facility.

SAS Name: NRS_ADMINV_PRTM_CNT

COBOL Name: NRS-ADMINV-PRTM-CNT

Staff Count: OT - Arrangement 8 1318 1325 NUMBER

Description: Number of full-time equivalent occupational therapists
under arrangement to the provider

SAS Name: OCPTNL_THRPST_CNTRCT_CNT

COBOL Name: OCPTNL-THRPST-CNTRCT-CNT

Staff Count: OT - Full-Time 8 1326 1333 NUMBER

Description: Number of full-time equivalent occupational therapists
employed full-time by a facility.

SAS Name: OCPTNL_THRPST_FLTM_CNT

COBOL Name: OCPTNL-THRPST-FLTM-CNT

Staff Count: OT - Part-Time 8 1334 1341 NUMBER

Description: Number of full-time equivalent occupational therapists
employed part-time by a facility.

SAS Name: OCPTNL_THRPST_PRTM_CNT

COBOL Name: OCPTNL-THRPST-PRTM-CNT

Staff Count: OT Aide - Contract 8 1342 1349 NUMBER

Description: Number of full-time equivalent occupational therapy aides
under contract to a facility.

SAS Name: OT_AIDE_CNTRCT_CNT

COBOL Name: OT-AIDE-CNTRCT-CNT

Staff Count: OT Aide - Full-Time 8 1350 1357 NUMBER

Description: Number of full-time equivalent occupational therapy aides
employed full-time by a facility.

SAS Name: OT_AIDE_FLTM_CNT

COBOL Name: OT-AIDE-FLTM-CNT

Staff Count: OT Aide - Part-Time 8 1358 1365 NUMBER

Description: Number of full-time equivalent occupational therapy aides
employed part-time by a facility.

SAS Name: OT_AIDE_PRTM_CNT

COBOL Name: OT-AIDE-PRTM-CNT

Staff Count: OT Assistant - Contract 8 1366 1373 NUMBER

Description: Number of full-time equivalent occupational therapy
assistants under contract to a facility.

SAS Name: OT_ASTNT_CNTRCT_CNT

COBOL Name: OT-ASTNT-CNTRCT-CNT

Staff Count: OT Assistant - Full-Time 8 1374 1381 NUMBER
Description: Number of full-time equivalent occupational therapy
 assistants employed full-time by a facility.
SAS Name: OT_ASTNT_FLTM_CNT
COBOL Name: OT-ASTNT-FLTM-CNT

Staff Count: OT Assistant - Part-Time 8 1382 1389 NUMBER
Description: Number of full-time equivalent occupational therapy
 assistants employed part-time by a facility.
SAS Name: OT_ASTNT_PRTM_CNT
COBOL Name: OT-ASTNT-PRTM-CNT

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Staff Count: Other Activities - Contract 8 1398 1405 NUMBER
Description: Number of full-time equivalent other activities staff
 providing therapeutic services under contract to a
 facility.
SAS Name: ACTVTY_STF_OTHR_CNTRCT_CNT
COBOL Name: ACTVTY-STF-OTHR-CNTRCT-CNT

Staff Count: Other Activities - Full-Time 8 1406 1413 NUMBER
Description: Number of full-time equivalent other activities staff
 providing therapeutic services employed full time by a
 facility.
SAS Name: ACTVTY_STF_OTHR_FLTM_CNT
COBOL Name: ACTVTY-STF-OTHR-FLTM-CNT

Staff Count: Other Activities - Part-Time 8 1414 1421 NUMBER
Description: Number of full-time equivalent other activities staff
 providing therapeutic services employed part time by a
 facility.
SAS Name: ACTVTY_STF_OTHR_PRTM_CNT
COBOL Name: ACTVTY-STF-OTHR-PRTM-CNT

Staff Count: Other Physician - Contract 8 1422 1429 NUMBER
Description: Number of full-time equivalent other physicians under
 contract to a facility.
SAS Name: PHYSN_OTHR_CNTRCT_CNT
COBOL Name: PHYSN-OTHR-CNTRCT-CNT

Staff Count: Other Physician - Full-Time 8 1430 1437 NUMBER
Description: Number of full-time equivalent other physicians employed
 full-time by a facility.
SAS Name: PHYSN_OTHR_FLTM_CNT
COBOL Name: PHYSN-OTHR-FLTM-CNT

Staff Count: Other Physician - Part-Time 8 1438 1445 NUMBER
Description: Number of full-time equivalent other physicians employed
part-time by a facility.
SAS Name: PHYSN_OTHR_PRTM_CNT
COBOL Name: PHYSN-OTHR-PRTM-CNT

Staff Count: Other Social Services - Contract 8 1446 1453 NUMBER
Description: Number of full-time equivalent other social services
staff under contract to a facility.
SAS Name: SCL_SRVC_OTHR_STF_CNTRCT_CNT
COBOL Name: SCL-SRVC-OTHR-STF-CNTRCT-CNT

Staff Count: Other Social Services - Full-Time 8 1454 1461 NUMBER
Description: Number of full-time equivalent other social services
staff employed full time by a facility.
SAS Name: SCL_SRVC_OTHR_STF_FLTM_CNT
COBOL Name: SCL-SRVC-OTHR-STF-FLTM-CNT

Staff Count: Other Social Services - Part-Time 8 1462 1469 NUMBER
Description: Number of full-time equivalent other social services
staff employed part time by a facility.
SAS Name: SCL_SRVC_OTHR_STF_PRTM_CNT
COBOL Name: SCL-SRVC-OTHR-STF-PRTM-CNT

Staff Count: Other Staff - Contract 8 1470 1477 NUMBER
Description: Number of full-time equivalent staff not included in any
other categories under contract to the facility.
SAS Name: STF_OTHR_CNTRCT_CNT
COBOL Name: STF-OTHR-CNTRCT-CNT

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Staff Count: Other Staff - Full-Time	8	1478	1485	NUMBER
Description: Number of full-time equivalent persons not included in any other categories employed full-time by the facility.				
SAS Name: STF_OTHR_FLTM_CNT				
COBOL Name: STF-OTHR-FLTM-CNT				

Staff Count: Other Staff - Part-Time	8	1486	1493	NUMBER
Description: Number of full-time equivalent persons not included in any other categories employed part-time by the facility.				
SAS Name: STF_OTHR_PRTM_CNT				
COBOL Name: STF-OTHR-PRTM-CNT				

Staff Count: Pharmacist - Contract	8	1494	1501	NUMBER
Description: Number of full-time equivalent pharmacists under contract to a facility.				
SAS Name: PHRMCST_CNTRCT_CNT				
COBOL Name: PHRMCST-CNTRCT-CNT				

Staff Count: Pharmacist - Full-Time 8 1502 1509 NUMBER
Description: Number of full-time equivalent pharmacists employed
 full-time by a facility.
SAS Name: PHRMCST_FLTM_CNT
COBOL Name: PHRMCST-FLTM-CNT

Staff Count: Pharmacist - Part-Time 8 1510 1517 NUMBER
Description: Number of full-time equivalent pharmacists employed
 part-time by a facility.
SAS Name: PHRMCST_PRTM_CNT
COBOL Name: PHRMCST-PRTM-CNT

Staff Count: Physical Therapist - Contract 8 1518 1525 NUMBER
Description: Number of full-time equivalent physical therapists under
 contract to a facility.
SAS Name: PHYS_THRPST_CNTRCT_CNT
COBOL Name: PHYS-THRPST-CNTRCT-CNT

Staff Count: Physical Therapist - Full-Time 8 1526 1533 NUMBER
Description: Number of full-time equivalent physical therapists
 employed full-time by a facility.
SAS Name: PHYS_THRPST_FLTM_CNT
COBOL Name: PHYS-THRPST-FLTM-CNT

Staff Count: Physical Therapist - Part-Time 8 1534 1541 NUMBER
Description: Number of full-time equivalent physical therapists
 employed part-time by a facility.
SAS Name: PHYS_THRPST_PRTM_CNT
COBOL Name: PHYS-THRPST-PRTM-CNT

Staff Count: Physician Extender - Contract 8 1566 1573 NUMBER
Description: Number of full-time equivalent physician extenders under
 contract to the facility.
SAS Name: PHYSN_EXT_CNTRCT_CNT
COBOL Name: PHYSN-EXT-CNTRCT-CNT

Staff Count: Physician Extender - Full-Time 8 1574 1581 NUMBER
Description: Number of full-time equivalent physician extenders
 employed full-time by the facility.
SAS Name: PHYSN_EXT_FLTM_CNT
COBOL Name: PHYSN-EXT-FLTM-CNT

Staff Count: Physician Extender - Part-Time 8 1582 1589 NUMBER
Description: Number of full-time equivalent physician extenders
 employed part-time by the facility.
SAS Name: PHYSN_EXT_PRTM_CNT

SHORT DESCRIPTION	LEN	START	END	TYPE
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COBOL Name: PHYSN-EXT-PRTM-CNT

Staff Count: Podiatrist - Contract 8 1598 1605 NUMBER
Description: Number of full-time equivalent podiatrists under contract
to a facility.
SAS Name: PDTRST_CNTRCT_CNT
COBOL Name: PDTRST-CNTRCT-CNT

Staff Count: Podiatrist - Full-Time 8 1606 1613 NUMBER
Description: Number of full-time equivalent podiatrists employed
full-time by a facility.
SAS Name: PDTRST_FLTM_CNT
COBOL Name: PDTRST-FLTM-CNT

Staff Count: Podiatrist - Part-Time 8 1614 1621 NUMBER
Description: Number of full-time equivalent podiatrists employed
part-time by a facility.
SAS Name: PDTRST_PRTM_CNT
COBOL Name: PDTRST-PRTM-CNT

Staff Count: PT Aide - Contract 8 1654 1661 NUMBER
Description: Number of full-time equivalent physical therapy aides
under contract to a facility.
SAS Name: PT_AIDE_CNTRCT_CNT
COBOL Name: PT-AIDE-CNTRCT-CNT

Staff Count: PT Aide - Full-Time 8 1662 1669 NUMBER
Description: Number of full-time equivalent physical therapy aides
employed full-time by a facility.
SAS Name: PT_AIDE_FLTM_CNT
COBOL Name: PT-AIDE-FLTM-CNT

Staff Count: PT Aide - Part-Time 8 1670 1677 NUMBER
Description: Number of full-time equivalent physical therapy aides
employed part-time by a facility.
SAS Name: PT_AIDE_PRTM_CNT
COBOL Name: PT-AIDE-PRTM-CNT

Staff Count: PT Assistant - Contract 8 1678 1685 NUMBER
Description: Number of full-time equivalent physical therapy
assistants under contract to a facility.
SAS Name: PT_ASTNT_CNTRCT_CNT
COBOL Name: PT-ASTNT-CNTRCT-CNT

Staff Count: PT Assistant - Full-Time 8 1686 1693 NUMBER
Description: Number of full-time equivalent physical therapy
assistants employed full-time by a facility.
SAS Name: PT_ASTNT_FLTM_CNT
COBOL Name: PT-ASTNT-FLTM-CNT

Staff Count: PT Assistant - Part-Time 8 1694 1701 NUMBER
Description: Number of full-time equivalent physical therapy
assistants employed part-time by a facility.
SAS Name: PT_ASTNT_PRTM_CNT

COBOL Name: PT-ASTNT-PRTM-CNT

Staff Count: Qualified Activities Professional - 8 1702 1709 NUMBER
Contract

Description: Number of full-time equivalent qualified activities
professionals providing therapeutic services under
contract to a facility.

SAS Name: ACTVTY_PROFNL_CNTRCT_CNT

COBOL Name: ACTVTY-PROFNL-CNTRCT-CNT

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Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Staff Count: Qualified Activities Professional - 8 1710 1717 NUMBER
Full-Time

Description: Number of full-time equivalent qualified activities
professionals providing therapeutic services employed
full time by a facility.

SAS Name: ACTVTY_PROFNL_FLTM_CNT

COBOL Name: ACTVTY-PROFNL-FLTM-CNT

Staff Count: Qualified Activities Professional - 8 1718 1725 NUMBER
Part-Time

Description: Number of full-time equivalent qualified activities
professionals providing therapeutic services employed
part time by a facility.

SAS Name: ACTVTY_PROFNL_PRTM_CNT

COBOL Name: ACTVTY-PROFNL-PRTM-CNT

Staff Count: RN - Contract 8 1758 1765 NUMBER

Description: Number of full-time equivalent registered nurses under
contract to a facility.

SAS Name: RN_CNTRCT_CNT

COBOL Name: RN-CNTRCT-CNT

Staff Count: RN - Full-Time 8 1766 1773 NUMBER

Description: Number of full-time equivalent registered nurses employed
full-time by a facility.

SAS Name: RN_FLTM_CNT

COBOL Name: RN-FLTM-CNT

Staff Count: RN - Part-Time 8 1774 1781 NUMBER

Description: Number of full-time equivalent registered nurses employed
part-time by a facility.

SAS Name: RN_PRTM_CNT

COBOL Name: RN-PRTM-CNT

Staff Count: RN Director of Nursing - Contract 8 1790 1797 NUMBER

Description: Number of full-time equivalent registered nurse directors
of nursing under contract to a facility.

SAS Name: RN_DRCTR_CNTRCT_CNT
COBOL Name: RN-DRCTR-CNTRCT-CNT

Staff Count: RN Director of Nursing - Full-Time 8 1798 1805 NUMBER
Description: Number of full-time equivalent registered nurse directors
of nursing employed full-time by a facility.

SAS Name: RN_DRCTR_FLTM_CNT
COBOL Name: RN-DRCTR-FLTM-CNT

Staff Count: RN Director of Nursing - Part-Time 8 1806 1813 NUMBER
Description: Number of full-time equivalent registered nurse directors
of nursing employed part-time by a facility.

SAS Name: RN_DRCTR_PRTM_CNT
COBOL Name: RN-DRCTR-PRTM-CNT

Staff Count: Social Worker - Contract 8 1822 1829 NUMBER
Description: Number of full-time equivalent social workers under
contract to a facility.

SAS Name: SCL_WORKR_CNTRCT_CNT
COBOL Name: SCL-WORKR-CNTRCT-CNT

Staff Count: Social Worker - Full-Time 8 1830 1837 NUMBER
Description: Number of full-time equivalent social workers employed
full-time by a facility.

SAS Name: SCL_WORKR_FLTM_CNT
COBOL Name: SCL-WORKR-FLTM-CNT

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Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Staff Count: Social Worker - Part-Time	8	1838	1845	NUMBER
Description: Number of full-time equivalent social workers employed part-time by a facility.				

SAS Name: SCL_WORKR_PRTM_CNT
COBOL Name: SCL-WORKR-PRTM-CNT

Staff Count: Speech Pathologist - Contract	8	1854	1861	NUMBER
Description: Number of full-time equivalent speech pathologists under contract to a facility.				

SAS Name: SPCH_PTHLGST_CNTRCT_CNT
COBOL Name: SPCH-PTHLGST-CNTRCT-CNT

Staff Count: Speech Pathologist - Full-Time	8	1862	1869	NUMBER
Description: Number of full-time equivalent speech pathologists employed full-time by a facility.				

SAS Name: SPCH_PTHLGST_FLTM_CNT
COBOL Name: SPCH-PTHLGST-FLTM-CNT

Staff Count: Speech Pathologist - Part-Time	8	1870	1877	NUMBER
Description: Number of full-time equivalent speech pathologists				

employed part-time by a facility.

SAS Name: SPCH_PTHLGST_PRTM_CNT

COBOL Name: SPCH-PTHLGST-PRTM-CNT

Staff Count: Therapeutic Recreational Specialist - 8 1910 1917 NUMBER

Contract

Description: Number of full-time equivalent therapeutic recreation
specialist staff under contract to a facility.

SAS Name: THRPTC_RCRTNL_CNTRCT_CNT

COBOL Name: THRPTC-RCRTNL-CNTRCT-CNT

Staff Count: Therapeutic Recreational Specialist - 8 1918 1925 NUMBER

Full-Time

Description: Number of full-time equivalent therapeutic recreation
specialist staff employed full-time by a facility.

SAS Name: THRPTC_RCRTNL_FLTM_CNT

COBOL Name: THRPTC-RCRTNL-FLTM-CNT

Staff Count: Therapeutic Recreational Specialist - 8 1926 1933 NUMBER

Part-Time

Description: Number of full-time equivalent therapeutic recreation
specialist staff employed full-time by a facility.

SAS Name: THRPTC_RCRTNL_PRTM_CNT

COBOL Name: THRPTC-RCRTNL-PRTM-CNT

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 1

Intermediate Care Facility/Individuals with Intellectual Disabilities,
CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Provider Category Subtype Code	2	1	2	VARCHAR2
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Description: Identifies the subtype of the provider, within the primary category. Used in reporting to show the breakdown of provider categories, mainly for hospitals and SNFs.

SAS Name: PRVDR_CTGRY_SBTYP_CD

COBOL Name: PRVDR-CTGRY-SBTYP-CD

VALUES: 02=Title 19 Only

Provider Category Code 2 3 4 VARCHAR2

Description: Identifies the type of provider participating in the Medicare/Medicaid program.

SAS Name: PRVDR_CTGRY_CD

COBOL Name: PRVDR-CTGRY-CD

VALUES: 11=Intermediate Care Facility/Individuals with Intellectual Disabilities

CHOW Count 2 5 6 NUMBER

Description: Number of times this provider has undergone a change of ownership.

SAS Name: CHOW_CNT

COBOL Name: CHOW-CNT

CHOW Date 8 7 14 DATE

Description: Effective date of the most recent change of ownership for this provider.

SAS Name: CHOW_DT

COBOL Name: CHOW-DT

Address: City 28 15 42 VARCHAR2

Description: City in which the provider is physically located.

SAS Name: CITY_NAME

COBOL Name: CITY-NAME

Compliance: Acceptable POC 1 43 43 VARCHAR2

Description: Indicates if a provider is in compliance with program requirements based on an acceptable plan for correction of deficiencies.

SAS Name: ACPTBL_POC_SW

COBOL Name: ACPTBL-POC-SW

Compliance: Status 1 44 44 VARCHAR2

Description: Compliance status of a provider at the time of certification survey.

SAS Name: CMPLNC_STUS_CD

COBOL Name: CMPLNC-STUS-CD

VALUES: A=IN COMPLIANCE
B=NOT IN COMPLIANCE

SSA County Code 3 45 47 VARCHAR2

Description: Social Security Administration geographic code indicating the county where the provider is located.

SAS Name: SSA_CNTY_CD

COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR

Description: Cross reference provider number
SAS Name: CROSS_REF_PROVIDER_NUMBER
COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date 8 58 65 DATE
Description: Equal to the exit date of the initial visit of the Health survey for certifications completed after July 28, 2012.

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 2
Intermediate Care Facility/Individuals with Intellectual Disabilities,
CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

For certifications prior to that date, the certification date is equal to the exit date of the initial visit of the Health survey or LSC survey, whichever is later.

SAS Name: CRTFCTN_DT
COBOL Name: CRTFCTN-DT

Eligibility Indicator 1 66 66 VARCHAR2
Description: Indicates if a facility is eligible to participate in the Medicare and/or Medicaid programs.
SAS Name: ELGBLTY_SW
COBOL Name: ELGBLTY-SW

Facility Name 50 67 116 VARCHAR2
Description: Name of the provider certified to participate in the Medicare and/or Medicaid programs.
SAS Name: FAC_NAME
COBOL Name: FAC-NAME

Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code 5 117 121 VARCHAR2
Description: Number assigned to the Medicare Administrative Contractor, intermediary or carrier servicing this provider.

SAS Name: INTRMDRY_CARR_CD
COBOL Name: INTRMDRY-CARR-CD

VALUES: 00000=DUMMY FOR MEDICAID HHA
00010=BLUE CROSS (ALABAMA)
00011=CAHABA
00020=BLUE CROSS (ARKANSAS)
00040=BLUE CROSS (CALIFORNIA)
00060=BLUE CROSS (CONNECTICUT)
00070=BLUE CROSS (DELAWARE)
00090=BLUE CROSS (FLORIDA)
00101=BLUE CROSS (GEORGIA)
00121=HEALTH CARE SERVICE CORPORATION
00122=HCSC - MICHIGAN
00123=HCSC OF MICHIGAN
00130=NATIONAL GOVERNMENT SERVICES
00131=NATIONAL GOVERNMENT SERVICES

00140=BLUE CROSS (IOWA/SOUTH DAKOTA)
 00150=BLUE CROSS (KANSAS)
 00160=NATIONAL GOVERNMENT SERVICES
 00180=NATIONAL GOVERNMENT SERVICES
 00181=NATIONAL GOVERNMENT SERVICES
 00190=BLUE CROSS (MARYLAND)
 00200=BLUE CROSS (MASSACHUSETTS)
 00210=BLUE CROSS (MICHIGAN)
 00220=BLUE CROSS (MINNESOTA)
 00230=BLUE CROSS (MISSISSIPPI)
 00231=BLUE CROSS (LOUISIANA)
 00233=PINNACLE
 00241=BLUE CROSS (MISSOURI)
 00260=BLUE CROSS (NEBRASKA)
 00270=NATIONAL GOVERNMENT SERVICES
 00280=BLUE CROSS (NEW JERSEY)
 00290=BLUE CROSS (NEW MEXICO)
 00308=NATIONAL GOVERNMENT SERVICES
 00310=BLUE CROSS (NORTH CAROLINA)
 00320=NORIDIAN PART A
 00322=NORIDIAN PART A (AK/WA)
 00323=NORIDIAN PART A (ID/OR)
 00325=NORIDIAN
 00332=NATIONAL GOVERNMENT SERVICES

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 3
 Intermediate Care Facility/Individuals with Intellectual Disabilities,
 CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00340=BLUE CROSS (OKLAHOMA)				
00350=BLUE CROSS (OREGON)				
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				
00468=BLUE CROSS (NORTH CAROLINA FOR PR)				
00510=BLUE SHIELD (ALABAMA)				
00511=CAHABA				
00512=CAHABA				

00520=BLUE SHIELD (ARKANSAS)
 00528=BLUE SHIELD (ARKANSAS/LOUISIANA)
 00542=BLUE SHIELD (CALIFORNIA)
 00550=BLUE SHIELD (COLORADO)
 00570=BLUE SHIELD (DELAWARE)
 00580=BLUE SHIELD (DISTRICT OF COLUMBIA)
 00590=BLUE SHIELD (FLORIDA)
 00621=BLUE SHIELD (ILLINOIS)
 00630=NATIONAL GOVERNMENT SERVICES
 00640=BLUE SHIELD (IOWA)
 00650=BLUE SHIELD (KANSAS)
 00655=BLUE SHIELD (KANSAS/NEBRASKA)
 00660=NATIONAL GOVERNMENT SERVICES
 00690=BLUE SHIELD (MARYLAND)
 00700=BLUE SHIELD (MASSACHUSETTS)
 00710=BLUE SHIELD (MICHIGAN)
 00720=BLUE SHIELD (MINNESOTA)
 00740=BLUE SHIELD (KANSAS CITY)
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
 00780=BLUE SHIELD (TRI-STATE)
 00801=BLUE SHIELD (BUFFALO)
 00803=NATIONAL GOVERNMENT SERVICES
 00805=NATIONAL GOVERNMENT SERVICES
 00821=NORIDIAN
 00824=NORIDIAN GVT SERVICES (CO)
 00826=NORIDIAN GVT SERVICES (IA)
 00831=NORIDIAN GVT SERVICES (AK)
 00832=NORIDIAN GVT SERVICES (AZ)
 00833=NORIDIAN GVT SERVICES (HI)
 00834=NORIDIAN GVT SERVICES (NV)
 00835=NORIDIAN GVT SERVICES (OR)
 00836=NORIDIAN GVT SERVICES (WA)
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
 00865=BLUE SHIELD (PENNSYLVANIA)
 00870=BLUE SHIELD (RHODE ISLAND)
 00880=BLUE SHIELD (SOUTH CAROLINA)
 00883=PALMETTO GBA PART B
 00884=PALMETTO GBA
 00889=NORIDIAN GVT SERVICES (SD)
 00900=BLUE SHIELD (TEXAS)
 00901=TRAILBLAZERS HEALTH ENTERPRISES

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 4
 Intermediate Care Facility/Individuals with Intellectual Disabilities,
 CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00904=TRAILBLAZER				
00910=BLUE SHIELD (UTAH)				
00930=BLUE SHIELD (WASHINGTON)				
00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				

00953=WPS - MICHIGAN
00954=WI PHYSICIAN SERVICES - MN
00973=BLUE SHIELD (PUERTO RICO)
00974=BLUE SHIELD (VIRGIN ISLANDS)
01010=AETNA (PEORIA)
01020=AETNA (ALASKA)
01030=AETNA (ARIZONA)
01040=AETNA (GEORGIA)
01101=PALMETTO (CALIFORNIA)
01102=PALMETTO (CALIFORNIA (NORTH)
01111=Noridian (CA)
01112=Noridian (NF)
01120=AETNA (HAWAII)
01182=Noridian (SF)
01192=PALMETTO (CALIFORNIA SOUTH)
01201=PALMETTO (HAWAII)
01202=PALMETTO (HAWAII)
01211=Noridian (AS, GU, HI)
01212=Noridian (AS, GU, HI)
01290=AETNA (NEVADA)
01301=PALMETTO (NEVADA)
01302=PALMETTO (NEVADA)
01311=Noridian (NV)
01312=Noridian (NV)
01360=AETNA (NEW MEXICO)
01370=AETNA (OKLAHOMA)
01380=AETNA (OREGON)
01390=AETNA (WASHINGTON)
01901=PALMETTO GBA
01902=PALMETTO GBA
01911=Noridian (AS, GU, HI, NV)
02050=OCCIDENTAL (CALIFORNIA)
02101=Noridian AK
02102=Noridian AK
02201=Noridian ID
02202=Noridian ID
02301=Noridian OR
02302=Noridian OR
02401=Noridian WA
02402=Noridian WA
03001=NORIDIAN ADMIN SERVICES
03101=NORIDAN (ARIZONA)
03102=NORIDAN (ARIZONA)
03201=NORIDAN (MONTANA)
03202=NORIDAN (MONTANA)
03301=NORDIAN (NORTH DAKOTA)
03302=NORDIAN (NORTH DAKOTA)
03401=NORIDIAN (SOUTH DAKOTA)
03402=NORIDIAN (SOUTH DAKOTA)
03501=NORIDIAN (UTAH)
03502=NORIDIAN (UTAH)
03601=NORIDIAN (WYOMING)
03602=NORIDIAN (WYOMING)
04001=TRAILBLAZER

04101=TRAILBLAZER (COLORADO)
04102=TRAILBLAZER (COLORADO)
04111=NOVITAS (COLORADO)
04112=NOVITAS (COLORADO)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 5
Intermediate Care Facility/Individuals with Intellectual Disabilities,
CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04201=TRAILBLAZER (NEW MEXICO)				
04202=TRAILBLAZER (NEW MEXICO)				
04211=NOVITAS (NEW MEXICO)				
04212=NOVITAS (NEW MEXICO)				
04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				
05402=WPS (NEBRASKA)				
05440=EQICOR (TENNESSEE)				
05535=EQICOR (NORTH CAROLINA)				
05901=WISCONSIN PHYSICIANS SERVICE				
06001=NGS (WI)				
06004=National Govt Serv HHH				
06101=NGS (IL)				
06102=NGS (IL)				
06201=NGS (MN)				
06202=NGS (MN)				
06301=NGS (WI)				
06302=NGS (WI)				
07101=Novitas AR				
07102=Novitas AR				
07201=Novitas LA				
07202=Novitas LA				
07301=Novitas MS				
07302=Novitas MS				
08101=WPS IN				

08102=WPS IN
 08201=WPS MI
 08202=WPS MI
 09101=FIRST COAST (FLORIDA)
 09102=FIRST COAST (FLORIDA)
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)
 09202=FIRST COAST (PUERTO RICO)
 09302=FIRST COAST (VIRGIN ISLANDS)
 10071=TRAVELERS (RRB)
 10101=CAHABA GBA (AL)
 10102=CAHABA GBA (AL)
 10111=PALMETTO GBA (Part A) (AL)
 10201=CAHABA GBA (GA)
 10202=CAHABA GBA (GA)
 10211=PALMETTO GBA (GA)
 10230=TRAVELERS (CONNECTICUT)
 10240=TRAVELERS (MINNESOTA)
 10250=TRAVELERS (MISSISSIPPI)
 10301=CAHABA GBA (TN)
 10302=CAHABA GBA (TN)
 10311=PALMETTO GBA (TN)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 6
 Intermediate Care Facility/Individuals with Intellectual Disabilities,
 CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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10490=TRAVELERS (VIRGINIA)				
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				
12102=Novitas DE				
12201=Novitas DC				
12202=Novitas DC				
12301=Novitas MD				
12302=Novitas MD				
12401=Novitas NJ				
12402=Novitas NJ				
12501=Novitas PA				
12502=Novitas PA				
12901=Novitas Solutions DC, DE, MD, PA				
12902=HIGHMARK				
13101=NATIONAL GOVT SERVICES (CONNECTICUT)				

13102=NATIONAL GOVT SERVICES (CONNECTICUT)
 13201=NATIONAL GOVT SERVICES (NEW YORK)
 13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)
 13282=NGS (UN)
 13292=NGS (QN)
 14004=NATIONAL HERITAGE (HHA - A)
 14014=NGS (HHA)
 14101=NATIONAL HERITAGE (MAINE)
 14102=NATIONAL HERITAGE (MAINE)
 14111=NGS (ME)
 14112=NGS (ME)
 14201=NATIONAL HERITAGE (MASSACHUSETTS)
 14202=NATIONAL HERITAGE (MASSACHUSETTS)
 14211=NGS (MA)
 14212=NGS (MA)
 14301=NATIONAL HERITAGE (NEW HAMPSHIRE)
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)
 14311=NGS (NH)
 14312=NGS (NH)
 14330=GROUP HEALTH INC (NEW YORK)
 14401=NATIONAL HERITAGE (RHODE ISLAND)
 14402=NATIONAL HERITAGE (RHODE ISLAND)
 14411=NGS (RI)
 14412=NGS (RI)
 14501=NATIONAL HERITAGE (VERMONT)
 14502=NATIONAL HERITAGE (VERMONT)
 14511=NGS (VT)
 14512=NGS (VT)
 15004=CGS Administrators HHH
 15101=CGS (KENTUCKY)
 15102=CGS (KENTUCKY)
 15201=CGS (OHIO)
 15202=CGS (OHIO)
 16360=NATIONWIDE (OHIO)
 16510=NATIONWIDE (WEST VIRGINIA)
 17120=HAWAII MEDICAL SERVICE ASSOCIATION
 21200=MASSACHUSETTS/MAINE
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 7
 Intermediate Care Facility/Individuals with Intellectual Disabilities,
 CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
31143=NATIONAL HERITAGE INSURANCE CO				
31144=NATIONAL HERITAGE INSURANCE CO				
50333=TRAVELERS (NEW YORK)				
51051=AETNA (PETALUMA)				
51070=AETNA (FARMINGTON)				
51100=AETNA (CLEARWATER)				
51140=AETNA (PEORIA)				
51390=AETNA (FORT WASHINGTON)				

52280=WISCONSIN PHYSICIANS SERVICE
57400=COOPERATIVA (PUERTO RICO)

Medicaid Vendor Number 15 122 136 VARCHAR2
Description: Number which may be assigned to a provider by the state
Medicaid agency for external control or billing purposes.
SAS Name: MD CD_VNDR_NUM
COBOL Name: MD CD-VNDR-NUM

Original Participation Date 8 137 144 DATE
Description: Date a provider is first approved to provide Medicare
and/or Medicaid services.
SAS Name: ORGNL_PRTCPTN_DT
COBOL Name: ORGNL-PRTCPTN-DT

Prior CHOW Date 8 145 152 DATE
Description: Effective date of the previous change of ownership for
this provider.
SAS Name: CHOW_PRIOR_DT
COBOL Name: CHOW-PRIOR-DT

Prior Medicare Administrative Contractor (MAC) or 5 153 157 VARCHAR2
Intermediary or Carrier Code

Description: Number assigned to the previous Medicare Administrative
Contractor, intermediary or carrier servicing this
provider.

SAS Name: INTRMDRY_CARR_PRIOR_CD
COBOL Name: INTRMDRY-CARR-PRIOR-CD

VALUES: 00000=DUMMY FOR MEDICAID HHA
00010=BLUE CROSS (ALABAMA)
00011=CAHABA
00020=BLUE CROSS (ARKANSAS)
00040=BLUE CROSS (CALIFORNIA)
00060=BLUE CROSS (CONNECTICUT)
00070=BLUE CROSS (DELAWARE)
00090=BLUE CROSS (FLORIDA)
00101=BLUE CROSS (GEORGIA)
00121=HEALTH CARE SERVICE CORPORATION
00122=HCSC - MICHIGAN
00123=HCSC OF MICHIGAN
00130=NATIONAL GOVERNMENT SERVICES
00131=NATIONAL GOVERNMENT SERVICES
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)
00150=BLUE CROSS (KANSAS)
00160=NATIONAL GOVERNMENT SERVICES
00180=NATIONAL GOVERNMENT SERVICES
00181=NATIONAL GOVERNMENT SERVICES
00190=BLUE CROSS (MARYLAND)
00200=BLUE CROSS (MASSACHUSETTS)
00210=BLUE CROSS (MICHIGAN)
00220=BLUE CROSS (MINNESOTA)
00230=BLUE CROSS (MISSISSIPPI)
00231=BLUE CROSS (LOUISIANA)
00233=PINNACLE

00241=BLUE CROSS (MISSOURI)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 8
Intermediate Care Facility/Individuals with Intellectual Disabilities,
CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00260=BLUE CROSS (NEBRASKA)				
00270=NATIONAL GOVERNMENT SERVICES				
00280=BLUE CROSS (NEW JERSEY)				
00290=BLUE CROSS (NEW MEXICO)				
00308=NATIONAL GOVERNMENT SERVICES				
00310=BLUE CROSS (NORTH CAROLINA)				
00320=NORIDIAN PART A				
00322=NORIDIAN PART A (AK/WA)				
00323=NORIDIAN PART A (ID/OR)				
00325=NORIDIAN				
00332=NATIONAL GOVERNMENT SERVICES				
00340=BLUE CROSS (OKLAHOMA)				
00350=BLUE CROSS (OREGON)				
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				
00468=BLUE CROSS (NORTH CAROLINA FOR PR)				
00510=BLUE SHIELD (ALABAMA)				
00511=CAHABA				
00512=CAHABA				
00520=BLUE SHIELD (ARKANSAS)				
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)				
00542=BLUE SHIELD (CALIFORNIA)				
00550=BLUE SHIELD (COLORADO)				
00570=BLUE SHIELD (DELAWARE)				
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)				
00590=BLUE SHIELD (FLORIDA)				
00621=BLUE SHIELD (ILLINOIS)				
00630=NATIONAL GOVERNMENT SERVICES				
00640=BLUE SHIELD (IOWA)				
00650=BLUE SHIELD (KANSAS)				
00655=BLUE SHIELD (KANSAS/NEBRASKA)				

00660=NATIONAL GOVERNMENT SERVICES
 00690=BLUE SHIELD (MARYLAND)
 00700=BLUE SHIELD (MASSACHUSETTS)
 00710=BLUE SHIELD (MICHIGAN)
 00720=BLUE SHIELD (MINNESOTA)
 00740=BLUE SHIELD (KANSAS CITY)
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
 00780=BLUE SHIELD (TRI-STATE)
 00801=BLUE SHIELD (BUFFALO)
 00803=NATIONAL GOVERNMENT SERVICES
 00805=NATIONAL GOVERNMENT SERVICES
 00821=NORIDIAN
 00824=NORIDIAN GVT SERVICES (CO)
 00826=NORIDIAN GVT SERVICES (IA)
 00831=NORIDIAN GVT SERVICES (AK)
 00832=NORIDIAN GVT SERVICES (AZ)
 00833=NORIDIAN GVT SERVICES (HI)
 00834=NORIDIAN GVT SERVICES (NV)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 9
 Intermediate Care Facility/Individuals with Intellectual Disabilities,
 CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00835=NORIDIAN GVT SERVICES (OR)				
00836=NORIDIAN GVT SERVICES (WA)				
00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)				
00865=BLUE SHIELD (PENNSYLVANIA)				
00870=BLUE SHIELD (RHODE ISLAND)				
00880=BLUE SHIELD (SOUTH CAROLINA)				
00883=PALMETTO GBA PART B				
00884=PALMETTO GBA				
00889=NORIDIAN GVT SERVICES (SD)				
00900=BLUE SHIELD (TEXAS)				
00901=TRAILBLAZERS HEALTH ENTERPRISES				
00904=TRAILBLAZER				
00910=BLUE SHIELD (UTAH)				
00930=BLUE SHIELD (WASHINGTON)				
00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH)				
01111=Noridian (CA)				
01112=Noridian (NF)				

01120=AETNA (HAWAII)
 01182=Noridian (SF)
 01192=PALMETTO (CALIFORNIA SOUTH)
 01201=PALMETTO (HAWAII)
 01202=PALMETTO (HAWAII)
 01211=Noridian (AS, GU, HI)
 01212=Noridian (AS, GU, HI)
 01290=AETNA (NEVADA)
 01301=PALMETTO (NEVADA)
 01302=PALMETTO (NEVADA)
 01311=Noridian (NV)
 01312=Noridian (NV)
 01360=AETNA (NEW MEXICO)
 01370=AETNA (OKLAHOMA)
 01380=AETNA (OREGON)
 01390=AETNA (WASHINGTON)
 01901=PALMETTO GBA
 01902=PALMETTO GBA
 01911=Noridian (AS, GU, HI, NV)
 02050=OCCIDENTAL (CALIFORNIA)
 02101=Noridian AK
 02102=Noridian AK
 02201=Noridian ID
 02202=Noridian ID
 02301=Noridian OR
 02302=Noridian OR
 02401=Noridian WA
 02402=Noridian WA
 03001=NORIDIAN ADMIN SERVICES
 03101=NORIDAN (ARIZONA)
 03102=NORIDAN (ARIZONA)
 03201=NORIDAN (MONTANA)
 03202=NORIDAN (MONTANA)
 03301=NORDIAN (NORTH DAKOTA)
 03302=NORDIAN (NORTH DAKOTA)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 10

Intermediate Care Facility/Individuals with Intellectual Disabilities,
 CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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03401=NORIDIAN (SOUTH DAKOTA)				
03402=NORIDIAN (SOUTH DAKOTA)				
03501=NORIDIAN (UTAH)				
03502=NORIDIAN (UTAH)				
03601=NORIDIAN (WYOMING)				
03602=NORIDIAN (WYOMING)				
04001=TRAILBLAZER				
04101=TRAILBLAZER (COLORADO)				
04102=TRAILBLAZER (COLORADO)				
04111=NOVITAS (COLORADO)				
04112=NOVITAS (COLORADO)				

04201=TRAILBLAZER (NEW MEXICO)
04202=TRAILBLAZER (NEW MEXICO)
04211=NOVITAS (NEW MEXICO)
04212=NOVITAS (NEW MEXICO)
04301=TRAILBLAZER (OKLAHOMA)
04302=TRAILBLAZER (OKLAHOMA)
04311=NOVITAS (OKLAHOMA)
04312=NOVITAS (OKLAHOMA)
04401=TRAILBLAZER (TEXAS)
04402=TRAILBLAZER (TEXAS)
04411=NOVITAS (TEXAS)
04412=NOVITAS (TEXAS)
04901=MUTUAL LEGACY
04911=NOVITAS
05101=WPS (IOWA)
05102=WPS (IOWA)
05130=EQICOR (IDAHO)
05201=WPS (KANSAS)
05202=WPS (KANSAS)
05301=WPS (MISSOURI)
05302=WPS (MISSOURI WEST)
05392=WPS (MISSOURI EAST)
05401=WPS (NEBRASKA)
05402=WPS (NEBRASKA)
05440=EQICOR (TENNESSEE)
05535=EQICOR (NORTH CAROLINA)
05901=WISCONSIN PHYSICIANS SERVICE
06001=NGS (WI)
06004=National Govt Serv HHH
06101=NGS (IL)
06102=NGS (IL)
06201=NGS (MN)
06202=NGS (MN)
06301=NGS (WI)
06302=NGS (WI)
07101=Novitas AR
07102=Novitas AR
07201=Novitas LA
07202=Novitas LA
07301=Novitas MS
07302=Novitas MS
08101=WPS IN
08102=WPS IN
08201=WPS MI
08202=WPS MI
09101=FIRST COAST (FLORIDA)
09102=FIRST COAST (FLORIDA)
09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)
09202=FIRST COAST (PUERTO RICO)
09302=FIRST COAST (VIRGIN ISLANDS)
10071=TRAVELERS (RRB)
10101=CAHABA GBA (AL)

Intermediate Care Facility/Individuals with Intellectual Disabilities,
CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
10102=CAHABA GBA (AL)				
10111=PALMETTO GBA (Part A) (AL)				
10201=CAHABA GBA (GA)				
10202=CAHABA GBA (GA)				
10211=PALMETTO GBA (GA)				
10230=TRAVELERS (CONNECTICUT)				
10240=TRAVELERS (MINNESOTA)				
10250=TRAVELERS (MISSISSIPPI)				
10301=CAHABA GBA (TN)				
10302=CAHABA GBA (TN)				
10311=PALMETTO GBA (TN)				
10490=TRAVELERS (VIRGINIA)				
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				
12102=Novitas DE				
12201=Novitas DC				
12202=Novitas DC				
12301=Novitas MD				
12302=Novitas MD				
12401=Novitas NJ				
12402=Novitas NJ				
12501=Novitas PA				
12502=Novitas PA				
12901=Novitas Solutions DC, DE, MD, PA				
12902=HIGHMARK				
13101=NATIONAL GOVT SERVICES (CONNECTICUT)				
13102=NATIONAL GOVT SERVICES (CONNECTICUT)				
13201=NATIONAL GOVT SERVICES (NEW YORK)				
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)				
13282=NGS (UN)				
13292=NGS (QN)				
14004=NATIONAL HERITAGE (HHA - A)				
14014=NGS (HHA)				
14101=NATIONAL HERITAGE (MAINE)				
14102=NATIONAL HERITAGE (MAINE)				
14111=NGS (ME)				
14112=NGS (ME)				
14201=NATIONAL HERITAGE (MASSACHUSETTS)				

14202=NATIONAL HERITAGE (MASSACHUSETTS)
 14211=NGS (MA)
 14212=NGS (MA)
 14301=NATIONAL HERITAGE (NEW HAMPSHIRE)
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)
 14311=NGS (NH)
 14312=NGS (NH)
 14330=GROUP HEALTH INC (NEW YORK)
 14401=NATIONAL HERITAGE (RHODE ISLAND)
 14402=NATIONAL HERITAGE (RHODE ISLAND)
 14411=NGS (RI)
 14412=NGS (RI)
 14501=NATIONAL HERITAGE (VERMONT)
 14502=NATIONAL HERITAGE (VERMONT)
 14511=NGS (VT)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 12
 Intermediate Care Facility/Individuals with Intellectual Disabilities,
 CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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14512=NGS (VT)				
15004=CGS Administrators HHH				
15101=CGS (KENTUCKY)				
15102=CGS (KENTUCKY)				
15201=CGS (OHIO)				
15202=CGS (OHIO)				
16360=NATIONWIDE (OHIO)				
16510=NATIONWIDE (WEST VIRGINIA)				
17120=HAWAII MEDICAL SERVICE ASSOCIATION				
21200=MASSACHUSETTS/MAINE				
31142=NATIONAL HERITAGE INSURANCE CO (MAINE)				
31143=NATIONAL HERITAGE INSURANCE CO				
31144=NATIONAL HERITAGE INSURANCE CO				
50333=TRAVELERS (NEW YORK)				
51051=AETNA (PETALUMA)				
51070=AETNA (FARMINGTON)				
51100=AETNA (CLEARWATER)				
51140=AETNA (PEORIA)				
51390=AETNA (FORT WASHINGTON)				
52280=WISCONSIN PHYSICIANS SERVICE				
57400=COOPERATIVA (PUERTO RICO)				

CCN	10	158	167	VARCHAR2
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Description: Six or ten position identification number that is
 assigned to a certified provider. This is the CMS
 Certification Number.

SAS Name: PRVDR_NUM

COBOL Name: PRVDR-NUM

Region Code	2	168	169	VARCHAR2
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Description: Indicates the CMS Regional Office responsible for the

certification of the provider.

SAS Name: RGN_CD

COBOL Name: RGN-CD

VALUES: 01=Boston

02=New York

03=Philadelphia

04=Atlanta

05=Chicago

06=Dallas

07=Kansas City

08=Denver

09=San Francisco

10=Seattle

Skeleton Record Indicator 1 170 170 VARCHAR2

Description: Indicates if the record is a skeleton record. Only a limited set of data is available for this provider; no survey data exists. Only provider categories 01,17,19,21 and 22 can have skeleton providers.

SAS Name: SKLTN_REC_SW

COBOL Name: SKLTN-REC-SW

State Abbreviation 2 171 172 VARCHAR2

Description: Two-character state abbreviation.

SAS Name: STATE_CD

COBOL Name: STATE-CD

VALUES: AK=ALASKA

AL=ALABAMA

AR=ARKANSAS

AS=AMERICAN SAMOA

AZ=ARIZONA

CA=CALIFORNIA

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 13

Intermediate Care Facility/Individuals with Intellectual Disabilities,

CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

CN=CANADA

CO=COLORADO

CT=CONNECTICUT

DC=DISTRICT OF COLUMBIA

DE=DELAWARE

FL=FLORIDA

FN=INTERNATIONAL

GA=GEORGIA

GU=GUAM

HI=HAWAII

IA=IOWA

ID=IDAHO

IL=ILLINOIS

IN=INDIANA

KS=KANSAS
KY=KENTUCKY
LA=LOUISIANA
MA=MASSACHUSETTS
MD=MARYLAND
ME=MAINE
MI=MICHIGAN
MN=MINNESOTA
MO=MISSOURI
MP=SAIPAN
MS=MISSISSIPPI
MT=MONTANA
MX=MEXICO
NC=NORTH CAROLINA
ND=NORTH DAKOTA
NE=NEBRASKA
NH=NEW HAMPSHIRE
NJ=NEW JERSEY
NM=NEW MEXICO
NV=NEVADA
NY=NEW YORK
OH=OHIO
OK=OKLAHOMA
OR=OREGON
PA=PENNSYLVANIA
PR=PUERTO RICO
RI=RHODE ISLAND
SC=SOUTH CAROLINA
SD=SOUTH DAKOTA
TN=TENNESSEE
TX=TEXAS
UT=UTAH
VA=VIRGINIA
VI=VIRGIN ISLANDS
VT=VERMONT
WA=WASHINGTON
WI=WISCONSIN
WV=WEST VIRGINIA
WY=WYOMING

SSA State Code	2	173	174	VARCHAR2
Description: Social Security Administration geographic code indicating the state where the provider is located.				
SAS Name: SSA_STATE_CD				
COBOL Name: SSA-STATE-CD				
VALUES: 01=ALABAMA				
02=ALASKA				
03=ARIZONA				
04=ARKANSAS				

SHORT DESCRIPTION	LEN	START	END	TYPE
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05=	CALIFORNIA			
06=	COLORADO			
07=	CONNECTICUT			
08=	DELAWARE			
09=	DISTRICT OF COLUMBIA			
10=	FLORIDA			
11=	GEORGIA			
12=	HAWAII			
13=	IDAHO			
14=	ILLINOIS			
15=	INDIANA			
16=	IOWA			
17=	KANSAS			
18=	KENTUCKY			
19=	LOUISIANA			
20=	MAINE			
21=	MARYLAND			
22=	MASSACHUSETTS			
23=	MICHIGAN			
24=	MINNESOTA			
25=	MISSISSIPPI			
26=	MISSOURI			
27=	MONTANA			
28=	NEBRASKA			
29=	NEVADA			
30=	NEW HAMPSHIRE			
31=	NEW JERSEY			
32=	NEW MEXICO			
33=	NEW YORK			
34=	NORTH CAROLINA			
35=	NORTH DAKOTA			
36=	OHIO			
37=	OKLAHOMA			
38=	OREGON			
39=	PENNSYLVANIA			
40=	PUERTO RICO			
41=	RHODE ISLAND			
42=	SOUTH CAROLINA			
43=	SOUTH DAKOTA			
44=	TENNESSEE			
45=	TEXAS			
46=	UTAH			
47=	VERMONT			
48=	VIRGIN ISLANDS			
49=	VIRGINIA			
50=	WASHINGTON			
51=	WEST VIRGINIA			
52=	WISCONSIN			
53=	WYOMING			
54=	AFRICA			
56=	CANADA			

57=WEST INDIES
 58=EUROPE
 59=MEXICO
 60=OCEANIA
 61=PHILIPPINES
 62=SOUTH AMERICA
 63=UNITED STATES POSSESSIONS
 64=AMERICAN SAMOA
 65=GUAM
 66=SAIPAN
 99=INTERNATIONAL

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 15

Intermediate Care Facility/Individuals with Intellectual Disabilities,
 CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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State Region Code	3	175	177	VARCHAR2
Description: Identifies the region within a state where the provider is located.				

SAS Name: STATE_RGN_CD

COBOL Name: STATE-RGN-CD

VALUES: AK/001=ALASKA

AK/LAB=LABORATORIES

AK/NPH=NON-PARTICIPATING HOSPITAL

AL/001=ALABAMA

AL/LAB=LABORATORIES

AL/NPH=NON-PARTICIPATING HOSPITAL

AR/001=ARKANSAS

AR/LAB=LABORATORIES

AR/NPH=NON-PARTICIPATING HOSPITAL

AS/001=AMERICAN SAMOA

AS/LAB=LABORATORY

AS/NPH=NON-PARTICIPATING HOSPITAL

AZ/AZ=PHOENIX

AZ/LAB=ARIZONA LAB

AZ/NPH=NON-PARTICIPATING HOSPITAL

AZ/TUC=TUCSON

CA/001=CALIFORNIA

CA/BAK=BAKERSFIELD

CA/BER=SAN BERNARDINO

CA/EB=East Bay

CA/FR=FRESNO

CA/L1=L.A. WEST

CA/L2=L.A. NORTH

CA/L3=L.A. CENTRAL

CA/L4=L.A. EAST

CA/L5=SAN GABRIEL

CA/LA1=LA Region 1

CA/LA2=LA Region 2

CA/LA3=LA Region 3

CA/LA4=LA Acute/Ancillary
 CA/LA5=LA HHA/Hospice
 CA/LA6=LA ICF/DD/CLinics
 CA/LAB=LABORATORIES
 CA/M1=LAB. SOUTH
 CA/M2=LAB. NORTH
 CA/NPH=NON-PARTICIPATING HOSPITAL
 CA/ORG=ORANGE
 CA/RIV=RIVERSIDE
 CA/S1=SACRAMENTO
 CA/S3=CHICO
 CA/SD=SAN DIEGO
 CA/SF=SAN FRANCISCO
 CA/SJ=SAN JOSE
 CA/SR=SANTA ROSA
 CA/VEN=VENTURA
 CN/001=CANADA
 CN/LAB=LABORATORY
 CN/NPH=NON-PARTICIPATING HOSPITAL
 CO/001=COLORADO
 CO/LAB=LABORATORIES
 CO/NPH=NON-PARTICIPATING HOSPITAL
 CT/001=CONNECTICUT
 CT/LAB=LABORATORIES
 CT/NPH=NON-PARTICIPATING HOSPITAL
 DC/001=DISTRICT OF COLUMBIA
 DC/LAB=LABORATORIES
 DC/NPH=NON-PARTICIPATING HOSPITAL
 DE/001=DELAWARE

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 16

Intermediate Care Facility/Individuals with Intellectual Disabilities,
 CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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DE/LAB=LABORATORIES				
DE/NPH=NON-PARTICIPATING HOSPITAL				
FL/001=FLORIDA				
FL/FTM=FT. MYERS				
FL/GAI=GAINESVILLE				
FL/JAX=JACKSONVILLE				
FL/LAB=LABORATORIES				
FL/LAN=LANTANA				
FL/LAU=LAUDERHILL				
FL/MIA=MIAMI				
FL/NPH=NON-PARTICIPATING HOSPITAL				
FL/ORN=ORLANDO				
FL/PEN=PENSACOLA				
FL/STP=ST. PETERSBURG				
FL/TAL=TALLAHASSEE				
FL/TAM=TAMPA				
FM/001=FEDERATED STATES OF MICRO				

FM/NPH=NON-PARTICIPATING HOSPITAL
 FN/001=INTERNATIONAL
 FN/LAB=LABORATORIES
 FN/NPH=NON-PARTICIPATING HOSPITAL
 GA/001=GEORGIA
 GA/GAA=GEORGIA ALL
 GA/GAC=GEORGIA CENTRAL
 GA/GAE=GEORGIA EASTERN
 GA/GAN=GEORGIA NORTH
 GA/GAS=GEORGIA SOUTH
 GA/GAW=GEORGIA WESTERN
 GA/LAB=LABORATORIES
 GA/NPH=NON-PARTICIPATING HOSPITAL
 GU/001=GUAM
 GU/LAB=LABORATORIES
 GU/NPH=NON-PARTICIPATING HOSPITAL
 HI/001=HAWAII
 HI/LAB=LABORATORIES
 HI/NPH=NON-PARTICIPATING HOSPITAL
 IA/001=IOWA
 IA/LAB=LABORATORIES
 IA/NPH=NON-PARTICIPATING HOSPITAL
 ID/001=IDAHO
 ID/LAB=LABORATORIES
 ID/NPH=NON-PARTICIPATING HOSPITAL
 IL/001=ILLINOIS
 IL/LAB=LABORATORIES
 IL/NPH=NON-PARTICIPATING HOSPITAL
 IN/001=INDIANA
 IN/LAB=LABORATORIES
 IN/NPH=NON-PARTICIPATING HOSPITAL
 KS/001=KANSAS
 KS/KCK=KANSAS CITY
 KS/KDH=KDHE
 KS/LAB=LABORATORIES
 KS/LAW=LAWRENCE
 KS/NC=NORTH CENTRAL KANSAS
 KS/NE=NORTH EAST KANSAS
 KS/NPH=NON-PARTICIPATING HOSPITAL
 KS/NW=NORTH WEST KANSAS
 KS/SC=SOUTH CENTRAL KANSAS
 KS/SE=SOUTH EAST KANSAS
 KS/SW=SOUTH WEST KANSAS
 KS/WST=WEST
 KY/2C1=HOPKINSVILLE
 KY/2C2=LOUISVILLE

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 17

Intermediate Care Facility/Individuals with Intellectual Disabilities,
 CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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KY/2C3=LONDON
KY/2C4=LEXINGTON
KY/LAB=LABORATORIES
KY/NPH=NON-PARTICIPATING HOSPITAL
LA/001=LOUISIANA
LA/LA1=NEW ORLEANS
LA/LA2=MANDEVILLE
LA/LA3=LAFAYETTE
LA/LA4=MONROE
LA/LA5=SHREVEPORT
LA/LA6=ALEXANDRIA
LA/LAB=LABORATORIES
LA/LB1=CLIA NEW ORLEANS
LA/LB5=CLIA SHREVEPORT
LA/LB6=CLIA ALEXANDRIA
LA/NPH=NON-PARTICIPATING HOSPITAL
MA/001=MASSACHUSETTS
MA/LAB=LABORATORIES
MA/NPH=NON-PARTICIPATING HOSPITAL
MD/001=MARYLAND
MD/LAB=LABORATORIES
MD/NPH=NON-PARTICIPATING HOSPITAL
ME/001=MAINE
ME/LAB=LABORATORIES
ME/NPH=NON-PARTICIPATING HOSPITAL
MH/001=MARSHALL ISLANDS
MH/NPH=NON-PARTICIPATING HOSPITAL
MI/001=MICHIGAN
MI/LAB=LABORATORIES
MI/NPH=NON-PARTICIPATING HOSPITAL
MN/001=MINNESOTA
MN/LAB=LABORATORIES
MN/NPH=NON-PARTICIPATING HOSPITAL
MO/001=MISSOURI
MO/01=REGION01
MO/02=REGION02
MO/03=REGION 03
MO/04=REGION 04
MO/05=REGION 05
MO/06=REGION 06
MO/07=REGION 07
MO/1NH=REGION 1 NH
MO/2NH=REGION 2 NH
MO/3NH=REGION 3 NH
MO/4NH=REGION 4 NH
MO/5NH=REGION 5 NH
MO/6NH=REGION 6 NH
MO/7NH=REGION 7 NH
MO/LAB=LABORATORIES
MO/MO=STATEWIDE
MO/NPH=NON-PARTICIPATING HOSPITAL
MP/001=NORTHERN MARIANA ISLANDS
MP/LAB=LABORATORIES
MP/NPH=NON-PARTICIPATING HOSPITAL

MS/001=MISSISSIPPI
 MS/LAB=LABORATORIES
 MS/NPH=NON-PARTICIPATING HOSPITAL
 MT/001=MONTANA
 MT/LAB=LABORATORIES
 MT/NPH=NON-PARTICIPATING HOSPITAL
 MX/001=MEXICO
 MX/LAB=LABORATORY
 MX/NPH=NON-PARTICIPATING HOSPITAL

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 18
 Intermediate Care Facility/Individuals with Intellectual Disabilities,
 CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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NC/001=NORTH CAROLINA				
NC/LAB=LABORATORIES				
NC/NCC=NORTH CAROLINA CENTRAL				
NC/NCE=NORTH CAROLINA EAST				
NC/NCN=NORTH CAROLINA NORTH				
NC/NCS=NORTH CAROLINA SOUTH				
NC/NCW=NORTH CAROLINA WEST				
NC/NPH=NON-PARTICIPATING HOSPITAL				
ND/001=NORTH DAKOTA				
ND/LAB=LABORATORIES				
ND/NPH=NON-PARTICIPATING HOSPITAL				
NE/001=NEBRASKA				
NE/1=NORTH CENTRAL				
NE/2=CENTRAL				
NE/3=NORTHEAST				
NE/4=SOUTHEAST				
NE/5=WESTERN				
NE/LAB=LABORATORIES				
NE/NPH=NON-PARTICIPATING HOSPITAL				
NH/001=NEW HAMPSHIRE				
NH/LAB=LABORATORIES				
NH/NPH=NON-PARTICIPATING HOSPITAL				
NJ/001=NEW JERSEY				
NJ/LAB=LABORATORIES				
NJ/NPH=NON-PARTICIPATING HOSPITAL				
NM/001=NEW MEXICO				
NM/LAB=LABORATORIES				
NM/NPH=NON-PARTICIPATING HOSPITAL				
NV/001=NEVADA				
NV/CC=CARSON CITY				
NV/LAB=LABORATORIES				
NV/LV=LAS VEGAS				
NV/NPH=NON-PARTICIPATING HOSPITAL				
NY/001=BUFFALO				
NY/002=ROCHESTER				
NY/003=SYRACUSE				
NY/004=ALBANY				

NY/005=NEW ROCHELLE
 NY/006=NEW YORK CITY
 NY/007=SUFFOLK/NASSAU COUNTY
 NY/LAB=LABORATORIES
 NY/NPH=NON-PARTICIPATING HOSPITAL
 OH/001=OHIO
 OH/LAB=LABORATORIES
 OH/NPH=NON-PARTICIPATING HOSPITAL
 OK/001=OKLAHOMA
 OK/LAB=LABORATORIES
 OK/NPH=NON-PARTICIPATING HOSPITAL
 OR/001=OFFICE #1
 OR/002=OFFICE #2
 OR/003=OFFICE #3
 OR/LAB=LABORATORIES
 OR/NPH=NON-PARTICIPATING HOSPITAL
 PA/001=PENNSYLVANIA
 PA/LAB=LABORATORIES
 PA/NPH=NON-PARTICIPATING HOSPITAL
 PR/001=PUERTO RICO
 PR/LAB=LABORATORIES
 PR/NPH=NON-PARTICIPATING HOSPITAL
 PW/001=PALAU
 PW/NPH=NON-PARTICIPATING HOSPITAL
 RI/001=RHODE ISLAND
 RI/LAB=LABORATORIES

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 19
 Intermediate Care Facility/Individuals with Intellectual Disabilities,
 CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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RI/NPH=NON-PARTICIPATING HOSPITAL				
SC/001=SOUTH CAROLINA				
SC/LAB=LABORATORIES				
SC/NPH=NON-PARTICIPATING HOSPITAL				
SD/001=SOUTH DAKOTA				
SD/LAB=LABORATORIES				
SD/NPH=NON-PARTICIPATING HOSPITAL				
TN/001=TENNESSEE				
TN/LAB=LABORATORIES				
TN/NPH=NON-PARTICIPATING HOSPITAL				
TN/TNC=TENNESSEE COOKEVILLE				
TN/TNE=TENNESSEE EASTERN				
TN/TNM=TENNESSEE MIDDLE				
TN/TNW=TENNESSEE WESTERN				
TX/001=TEXAS				
TX/L01=AMARILLO-LTC				
TX/L02=ABILENE-LTC				
TX/L03=ARLINGTON-LTC				
TX/L04=TYLER-LTC				
TX/L05=TEMPLE-LTC				

TX/L06=HOUSTON-LTC
 TX/L07=SAN ANTONIO-LTC
 TX/LAB=LABORATORIES
 TX/NPH=NON-PARTICIPATING HOSPITAL
 TX/TX1=LUBBOCK
 TX/TX2=ARLINGTON
 TX/TX3=SAN ANTONIO
 TX/TX4=HOUSTON
 TX/TX5=TYLER
 TX/TX6=AUSTIN
 UT/001=UTAH
 UT/LAB=LABORATORIES
 UT/NPH=NON-PARTICIPATING HOSPITAL
 VA/001=VIRGINIA
 VA/LAB=LABORATORIES
 VA/NPH=NON-PARTICIPATING HOSPITAL
 VI/001=VIRGIN ISLANDS
 VI/LAB=LABORATORIES
 VI/NPH=NON-PARTICIPATING HOSPITAL
 VT/001=VERMONT
 VT/LAB=LABORATORIES
 VT/NPH=NON-PARTICIPATING HOSPITAL
 WA/001=ALL OTHERS (NON-LTC FAC)
 WA/D1=SPOKANE & YAKIMA AREAS
 WA/D1A=District 1, Unit A
 WA/D1B=District 1, Unit B
 WA/D1C=District 1, Unit C
 WA/D1D=District 1, Unit D
 WA/D2=SPOKANE & SE
 WA/D2A=District 2, Unit A
 WA/D2B=District 2, Unit B
 WA/D2C=District 2, Unit C
 WA/D2D=District 2, Unit D
 WA/D2E=District 2, Unit E
 WA/D2F=District 2, Unit F
 WA/D2G=District 2, Unit G
 WA/D2H=District 2, Unit H
 WA/D3=NW WASHINGTON
 WA/D3A=District 3, Unit A
 WA/D3B=District 3, Unit B
 WA/D3C=District 3, Unit C
 WA/D3D=District 3, Unit D
 WA/D3E=District 3, Unit E

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 20

Intermediate Care Facility/Individuals with Intellectual Disabilities,
 CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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WA/D4A=GREATER SEATTLE AREA				
WA/D4B=S KING COUNTY				
WA/D5A=PIERCE CTY & PENINSULA				

WA/D5B=PIERCE CTY & GRAYS HARBOR
WA/D6=OLYMPIA AREA
WA/LAB=LABORATORIES
WA/NPH=NON-PARTICIPATING HOSPITAL
WI/001=WISCONSIN
WI/LAB=LABORATORIES
WI/NPH=NON-PARTICIPATING HOSPITAL
WV/001=WEST VIRGINIA
WV/LAB=LABORATORIES
WV/NPH=NON-PARTICIPATING HOSPITAL
WY/001=WYOMING
WY/LAB=LABORATORIES
WY/NPH=NON-PARTICIPATING HOSPITAL

Address: Street 50 178 227 VARCHAR2
Description: Street address where the provider is located.
SAS Name: ST_ADR
COBOL Name: ST-ADR

Telephone Number 10 228 237 VARCHAR2
Description: Telephone number of the provider.
SAS Name: PHNE_NUM
COBOL Name: PHNE-NUM

Termination Code 2 238 239 VARCHAR2
Description: Indicates the current termination status for the provider.
SAS Name: PGM_TRMNTN_CD
COBOL Name: PGM-TRMNTN-CD
VALUES: 00=ACTIVE PROVIDER
01=VOLUNTARY-MERGER, CLOSURE
02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT
03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION
04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL
05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ
06=INVOLUNTARY-FAILURE TO MEET AGREEMENT
07=OTHER-PROVIDER STATUS CHANGE
08=NONPAYMENT OF FEES - CLIA Only
09=REV/UNSUCCESSFUL PARTICIPATION IN PT - CLIA Only
10=REV/OTHER REASON - CLIA Only
11=INCOMPLETE CLIA APPLICATION INFORMATION - CLIA Only
12=NO LONGER PERFORMING TESTS - CLIA Only
13=MULTIPLE TO SINGLE SITE CERTIFICATE - CLIA Only
14=SHARED LABORATORY - CLIA Only
15=FAILURE TO RENEW WAIVER PPM CERTIFICATE - CLIA Only
16=DUPLICATE CLIA NUMBER - CLIA Only
17=MAIL RETURNED NO FORWARD ADDRESS CERT ENDED - CLIA Only
20=NOTIFICATION BANKRUPTCY - CLIA Only
33=ACCREDITATION NOT CONFIRMED - CLIA Only
80=AWAITING STATE APPROVAL
99=OIG ACTION - DO NOT ACTIVATE - CLIA Only

Termination or Expiration Date 8 240 247 DATE
Description: Date the provider was terminated. For CLIA providers,

date the laboratory's certificate was terminated or the
expiration date of the current CLIA certificate.

SAS Name: TRMNTN_EXPRTN_DT

COBOL Name: TRMNTN-EXPRTN-DT

Type of Action Code 1 248 248 VARCHAR2

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 21

Intermediate Care Facility/Individuals with Intellectual Disabilities,
CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

Description: Identifies the reason for the certification. Type of
action from the official survey record, CMS 1539 form.

SAS Name: CRTFCTN_ACTN_TYPE_CD

COBOL Name: CRTFCTN-ACTN-TYPE-CD

VALUES: 1=INITIAL

 2=RECERTIFICATION

 3=TERMINATION

 4=CHANGE OF OWNERSHIP

 5=VALIDATION

 8=FULL SURVEY AFTER COMPLAINT

Ownership Type Code 2 249 250 VARCHAR2

Description: Indicates the ownership type of the provider.

SAS Name: GNRL_CNTL_TYPE_CD

COBOL Name: GNRL-CNTL-TYPE-CD

VALUES: 01=PRIVATE NON PROFIT

 02=PRIVATE PROPRIETARY

 03=STATE

 04=CITY/TOWN

 05=COUNTY

 06=CITY/COUNTY

 07=OTHER

Address: ZIP Code 5 251 255 VARCHAR2

Description: Five-digit ZIP code for a provider's physical address.

SAS Name: ZIP_CD

COBOL Name: ZIP-CD

FIPS State Code 2 256 257 VARCHAR2

Description: FIPS State Code

SAS Name: FIPS_STATE_CD

COBOL Name: FIPS-STATE-CD

VALUES: 01=ALABAMA

 02=ALASKA

 04=ARIZONA

 05=ARKANSAS

 06=CALIFORNIA

 08=COLORADO

 09=CONNECTICUT

 10=DELAWARE

11=DISTRICT OF COLUMBIA
 12=FLORIDA
 13=GEORGIA
 15=HAWAII
 16=IDAHO
 17=ILLINOIS
 18=INDIANA
 19=IOWA
 20=KANSAS
 21=KENTUCKY
 22=LOUISIANA
 23=MAINE
 24=MARYLAND
 25=MASSACHUSETTS
 26=MICHIGAN
 27=MINNESOTA
 28=MISSISSIPPI
 29=MISSOURI
 30=MONTANA
 31=NEBRASKA
 32=NEVADA
 33=NEW HAMPSHIRE
 34=NEW JERSEY

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 22
 Intermediate Care Facility/Individuals with Intellectual Disabilities,
 CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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35=NEW MEXICO				
36=NEW YORK				
37=NORTH CAROLINA				
38=NORTH DAKOTA				
39=OHIO				
40=OKLAHOMA				
41=OREGON				
42=PENNSYLVANIA				
43=PUERTO RICO				
44=RHODE ISLAND				
45=SOUTH CAROLINA				
46=SOUTH DAKOTA				
47=TENNESSEE				
48=TEXAS				
49=UTAH				
50=VERMONT				
51=VIRGINIA				
53=WASHINGTON				
54=WEST VIRGINIA				
55=WISCONSIN				
56=WYOMING				
64=AMERICAN SAMOA				
65=GUAM				

66=SAIPAN/MARIANA IS.
78=VIRGIN ISLANDS

FIPS County Code	3	258	260	VARCHAR2
Description: FIPS County Code				
SAS Name: FIPS_CNTY_CD				
COBOL Name: FIPS-CNTY-CD				

CBSA Urban Rural Indicator	1	261	261	VARCHAR2
Description: CBSA (Core Based Statistical Area) indicates whether the county is defined as Urban or Rural.				
SAS Name: CBSA_URBN_RRL_IND				
COBOL Name: CBSA-URBN-RRL-IND				

CBSA Code	5	262	266	VARCHAR2
Description:	CBSA (Core Based Statistical Area) geographic entities defined by the U.S. Office of Management and Budget (OMB) on June 6, 2003 for use by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics. CBSA collectively refers to MSA.			
SAS Name:	CBSA_CD			
COBOL Name:	CBSA-CD			

Bed Count Override Indicator	1	325	325	CHAR
Description: Indicates if the regional office has approved a significant bed count change from the previous certification.				
SAS Name: OVRRD_BED_CNT_SW				
COBOL Name: OVRRD-BED-CNT-SW				

Bed Count: Certified	4	326	329	NUMBER
Description: Number of beds in Medicare and/or Medicaid certified areas within a facility.				
SAS Name: CRTFD_BED_CNT				
COBOL Name: CRTFD-BED-CNT				

Bed Count: Certified - Total	4	330	333	NUMBER
Description: Number of certified beds in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).				
SAS Name: ICFIID_BED_CNT				

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 23
Intermediate Care Facility/Individuals with Intellectual Disabilities,
CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
COBOL Name: ICFIID-BED-CNT				

Bed Count: Total	4	373	376	NUMBER
Description: Total number of beds in a provider, including those in non-participating or non-licensed areas.				
SAS Name:	BED_CNT			

COBOL Name: BED-CNT

Compliance: Beds Per Room Waiver Indicator 1 444 444 CHAR

Description: Indicates if a waiver of the beds per room requirement
has been recommended for a facility.

SAS Name: BED_PER_ROOM_WVR_SW

COBOL Name: BED-PER-ROOM-WVR-SW

Compliance: LSC Waiver Indicator 1 445 445 CHAR

Description: Indicates if a waiver of any life safety code provision
has been recommended for a provider.

SAS Name: LSC_WVR_SW

COBOL Name: LSC-WVR-SW

Compliance: Patient Room Size Waiver Indicator 1 446 446 CHAR

Description: Indicates if a waiver of the patient room size provision
has been recommended for a provider.

SAS Name: ROOM_SIZE_WVR_SW

COBOL Name: ROOM-SIZE-WVR-SW

Fiscal Year End Date (MMDD) 4 464 467 VARCHAR2

Description: End date, consisting of the month and day, of the
provider's fiscal year.

SAS Name: FY_END_MO_DAY_CD

COBOL Name: FY-END-MO-DAY-CD

Program Participation Code 1 640 640 CHAR

Description: Indicates if the provider participates in Medicare,
Medicaid, or both programs.

SAS Name: PGM_PRTCPTN_CD

COBOL Name: PGM-PRTCPTN-CD

VALUES: 1=MEDICARE ONLY

2=MEDICAID ONLY

3=MEDICARE AND MEDICAID

Provider Based Facility Indicator 1 641 641 VARCHAR2

Description: Indicates if an Intermediate Care Facility for
Individuals with Intellectual Disabilities (ICF/IID)
facility is provider-based, a distinct part of a
Hospital, Skilled Nursing Facility or Nursing Facility.
Related CCN is found in the Provider Auxiliary Facility
Table.

SAS Name: PRVDR_BSD_FAC_SW

COBOL Name: PRVDR-BSD-FAC-SW

Related Provider Number 10 686 695 CHAR

Description: Related provider number

SAS Name: RELATED_PROVIDER_NUMBER

COBOL Name: RELATED-PROVIDER-NUMBER

Staff Count: Direct Care 8 1014 1021 NUMBER

Description: Number of full-time equivalent direct care personnel
employed by an Intermediate Care Facility for Individuals
with Intellectual Disabilities (ICF/IID).

SAS Name: DRCT_CARE_PRSNEL_CNT
COBOL Name: DRCT-CARE-PRSNEL-CNT

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 24
Intermediate Care Facility/Individuals with Intellectual Disabilities,
CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Staff Count: LPN/LVN - Employee	8	1110	1117	NUMBER
Description: Number of full-time equivalent licensed practical or vocational nurses employed by a provider.				
SAS Name: LPN_LVN_CNT				
COBOL Name: LPN-LVN-CNT				

Staff Count: RN	8	1750	1757	NUMBER
Description: Number of full-time equivalent registered nurses employed by a provider.				
SAS Name: RN_CNT				
COBOL Name: RN-CNT				

Staff Count: Total - Employee	9	1934	1942	NUMBER
Description: Total number of full-time equivalent employees of a provider.				
SAS Name: EMPLEE_CNT				
COBOL Name: EMPLEE-CNT				

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 1
Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Provider Category Subtype Code	2	1	2	VARCHAR2
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Description: Identifies the subtype of the provider, within the primary category. Used in reporting to show the breakdown of provider categories, mainly for hospitals and SNFs.

SAS Name: PRVDR_CTGRY_SBTYP_CD

COBOL Name: PRVDR-CTGRY-SBTYP-CD

VALUES: 01=Rural Health Clinics

Provider Category Code	2	3	4	VARCHAR2
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Description: Identifies the type of provider participating in the Medicare/Medicaid program.

SAS Name: PRVDR_CTGRY_CD

COBOL Name: PRVDR-CTGRY-CD

VALUES: 12=Rural Health Clinic

CHOW Count	2	5	6	NUMBER
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Description: Number of times this provider has undergone a change of ownership.

SAS Name: CHOW_CNT

COBOL Name: CHOW-CNT

CHOW Date	8	7	14	DATE
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Description: Effective date of the most recent change of ownership for this provider.

SAS Name: CHOW_DT

COBOL Name: CHOW-DT

Address: City 28 15 42 VARCHAR2

Description: City in which the provider is physically located.

SAS Name: CITY_NAME

COBOL Name: CITY-NAME

Compliance: Acceptable POC 1 43 43 VARCHAR2

Description: Indicates if a provider is in compliance with program requirements based on an acceptable plan for correction of deficiencies.

SAS Name: ACPTBL_POC_SW

COBOL Name: ACPTBL-POC-SW

Compliance: Status 1 44 44 VARCHAR2

Description: Compliance status of a provider at the time of certification survey.

SAS Name: CMPLNC_STUS_CD

COBOL Name: CMPLNC-STUS-CD

VALUES: A=IN COMPLIANCE

B=NOT IN COMPLIANCE

SSA County Code 3 45 47 VARCHAR2

Description: Social Security Administration geographic code indicating the county where the provider is located.

SAS Name: SSA_CNTY_CD

COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR

Description: Cross reference provider number

SAS Name: CROSS_REF_PROVIDER_NUMBER

COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date 8 58 65 DATE

Description: Equal to the exit date of the initial visit of the Health survey for certifications completed after July 28, 2012.

For certifications prior to that date, the certification

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 2

Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

date is equal to the exit date of the initial visit of the Health survey or LSC survey, whichever is later.

SAS Name: CRTFCTN_DT

COBOL Name: CRTFCTN-DT

Eligibility Indicator 1 66 66 VARCHAR2

Description: Indicates if a facility is eligible to participate in the Medicare and/or Medicaid programs.

SAS Name: ELGBLTY_SW

COBOL Name: ELGBLTY-SW

Facility Name 50 67 116 VARCHAR2

Description: Name of the provider certified to participate in the Medicare and/or Medicaid programs.

SAS Name: FAC_NAME

COBOL Name: FAC-NAME

Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code 5 117 121 VARCHAR2

Description: Number assigned to the Medicare Administrative Contractor, intermediary or carrier servicing this provider.

SAS Name: INTRMDRY_CARR_CD

COBOL Name: INTRMDRY-CARR-CD

VALUES: 00000=DUMMY FOR MEDICAID HHA
00010=BLUE CROSS (ALABAMA)
00011=CAHABA
00020=BLUE CROSS (ARKANSAS)
00040=BLUE CROSS (CALIFORNIA)
00060=BLUE CROSS (CONNECTICUT)
00070=BLUE CROSS (DELAWARE)
00090=BLUE CROSS (FLORIDA)
00101=BLUE CROSS (GEORGIA)
00121=HEALTH CARE SERVICE CORPORATION
00122=HCSC - MICHIGAN
00123=HCSC OF MICHIGAN
00130=NATIONAL GOVERNMENT SERVICES
00131=NATIONAL GOVERNMENT SERVICES
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)
00150=BLUE CROSS (KANSAS)
00160=NATIONAL GOVERNMENT SERVICES
00180=NATIONAL GOVERNMENT SERVICES
00181=NATIONAL GOVERNMENT SERVICES
00190=BLUE CROSS (MARYLAND)
00200=BLUE CROSS (MASSACHUSETTS)
00210=BLUE CROSS (MICHIGAN)
00220=BLUE CROSS (MINNESOTA)
00230=BLUE CROSS (MISSISSIPPI)
00231=BLUE CROSS (LOUISIANA)
00233=PINNACLE
00241=BLUE CROSS (MISSOURI)
00260=BLUE CROSS (NEBRASKA)
00270=NATIONAL GOVERNMENT SERVICES
00280=BLUE CROSS (NEW JERSEY)
00290=BLUE CROSS (NEW MEXICO)
00308=NATIONAL GOVERNMENT SERVICES
00310=BLUE CROSS (NORTH CAROLINA)
00320=NORIDIAN PART A
00322=NORIDIAN PART A (AK/WA)
00323=NORIDIAN PART A (ID/OR)
00325=NORIDIAN
00332=NATIONAL GOVERNMENT SERVICES
00340=BLUE CROSS (OKLAHOMA)
00350=BLUE CROSS (OREGON)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				
00468=BLUE CROSS (NORTH CAROLINA FOR PR)				
00510=BLUE SHIELD (ALABAMA)				
00511=CAHABA				
00512=CAHABA				
00520=BLUE SHIELD (ARKANSAS)				
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)				
00542=BLUE SHIELD (CALIFORNIA)				
00550=BLUE SHIELD (COLORADO)				
00570=BLUE SHIELD (DELAWARE)				
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)				
00590=BLUE SHIELD (FLORIDA)				
00621=BLUE SHIELD (ILLINOIS)				
00630=NATIONAL GOVERNMENT SERVICES				
00640=BLUE SHIELD (IOWA)				
00650=BLUE SHIELD (KANSAS)				
00655=BLUE SHIELD (KANSAS/NEBRASKA)				
00660=NATIONAL GOVERNMENT SERVICES				
00690=BLUE SHIELD (MARYLAND)				
00700=BLUE SHIELD (MASSACHUSETTS)				
00710=BLUE SHIELD (MICHIGAN)				
00720=BLUE SHIELD (MINNESOTA)				
00740=BLUE SHIELD (KANSAS CITY)				
00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)				
00780=BLUE SHIELD (TRI-STATE)				
00801=BLUE SHIELD (BUFFALO)				
00803=NATIONAL GOVERNMENT SERVICES				
00805=NATIONAL GOVERNMENT SERVICES				
00821=NORIDIAN				
00824=NORIDIAN GVT SERVICES (CO)				
00826=NORIDIAN GVT SERVICES (IA)				
00831=NORIDIAN GVT SERVICES (AK)				

00832=NORIDIAN GVT SERVICES (AZ)
 00833=NORIDIAN GVT SERVICES (HI)
 00834=NORIDIAN GVT SERVICES (NV)
 00835=NORIDIAN GVT SERVICES (OR)
 00836=NORIDIAN GVT SERVICES (WA)
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
 00865=BLUE SHIELD (PENNSYLVANIA)
 00870=BLUE SHIELD (RHODE ISLAND)
 00880=BLUE SHIELD (SOUTH CAROLINA)
 00883=PALMETTO GBA PART B
 00884=PALMETTO GBA
 00889=NORIDIAN GVT SERVICES (SD)
 00900=BLUE SHIELD (TEXAS)
 00901=TRAILBLAZERS HEALTH ENTERPRISES
 00904=TRAILBLAZER
 00910=BLUE SHIELD (UTAH)
 00930=BLUE SHIELD (WASHINGTON)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 4
 Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH)				
01111=Noridian (CA)				
01112=Noridian (NF)				
01120=AETNA (HAWAII)				
01182=Noridian (SF)				
01192=PALMETTO (CALIFORNIA SOUTH)				
01201=PALMETTO (HAWAII)				
01202=PALMETTO (HAWAII)				
01211=Noridian (AS, GU, HI)				
01212=Noridian (AS, GU, HI)				
01290=AETNA (NEVADA)				
01301=PALMETTO (NEVADA)				
01302=PALMETTO (NEVADA)				
01311=Noridian (NV)				
01312=Noridian (NV)				
01360=AETNA (NEW MEXICO)				
01370=AETNA (OKLAHOMA)				
01380=AETNA (OREGON)				
01390=AETNA (WASHINGTON)				

01901=PALMETTO GBA
 01902=PALMETTO GBA
 01911=Noridian (AS, GU, HI, NV)
 02050=OCCIDENTAL (CALIFORNIA)
 02101=Noridian AK
 02102=Noridian AK
 02201=Noridian ID
 02202=Noridian ID
 02301=Noridian OR
 02302=Noridian OR
 02401=Noridian WA
 02402=Noridian WA
 03001=NORIDIAN ADMIN SERVICES
 03101=NORIDAN (ARIZONA)
 03102=NORIDAN (ARIZONA)
 03201=NORIDAN (MONTANA)
 03202=NORIDAN (MONTANA)
 03301=NORDIAN (NORTH DAKOTA)
 03302=NORDIAN (NORTH DAKOTA)
 03401=NORIDIAN (SOUTH DAKOTA)
 03402=NORIDIAN (SOUTH DAKOTA)
 03501=NORIDIAN (UTAH)
 03502=NORIDIAN (UTAH)
 03601=NORIDIAN (WYOMING)
 03602=NORIDIAN (WYOMING)
 04001=TRAILBLAZER
 04101=TRAILBLAZER (COLORADO)
 04102=TRAILBLAZER (COLORADO)
 04111=NOVITAS (COLORADO)
 04112=NOVITAS (COLORADO)
 04201=TRAILBLAZER (NEW MEXICO)
 04202=TRAILBLAZER (NEW MEXICO)
 04211=NOVITAS (NEW MEXICO)
 04212=NOVITAS (NEW MEXICO)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 5
 Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				

05201=WPS (KANSAS)
05202=WPS (KANSAS)
05301=WPS (MISSOURI)
05302=WPS (MISSOURI WEST)
05392=WPS (MISSOURI EAST)
05401=WPS (NEBRASKA)
05402=WPS (NEBRASKA)
05440=EQICOR (TENNESSEE)
05535=EQICOR (NORTH CAROLINA)
05901=WISCONSIN PHYSICIANS SERVICE
06001=NGS (WI)
06004=National Govt Serv HHH
06101=NGS (IL)
06102=NGS (IL)
06201=NGS (MN)
06202=NGS (MN)
06301=NGS (WI)
06302=NGS (WI)
07101=Novitas AR
07102=Novitas AR
07201=Novitas LA
07202=Novitas LA
07301=Novitas MS
07302=Novitas MS
08101=WPS IN
08102=WPS IN
08201=WPS MI
08202=WPS MI
09101=FIRST COAST (FLORIDA)
09102=FIRST COAST (FLORIDA)
09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)
09202=FIRST COAST (PUERTO RICO)
09302=FIRST COAST (VIRGIN ISLANDS)
10071=TRAVELERS (RRB)
10101=CAHABA GBA (AL)
10102=CAHABA GBA (AL)
10111=PALMETTO GBA (Part A) (AL)
10201=CAHABA GBA (GA)
10202=CAHABA GBA (GA)
10211=PALMETTO GBA (GA)
10230=TRAVELERS (CONNECTICUT)
10240=TRAVELERS (MINNESOTA)
10250=TRAVELERS (MISSISSIPPI)
10301=CAHABA GBA (TN)
10302=CAHABA GBA (TN)
10311=PALMETTO GBA (TN)
10490=TRAVELERS (VIRGINIA)
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT
11004=PALMETTO HHH C
11201=PALMETTO GBA (SC)
11202=PALMETTO GBA (SC)

SHORT DESCRIPTION	LEN	START	END	TYPE
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				
12102=Novitas DE				
12201=Novitas DC				
12202=Novitas DC				
12301=Novitas MD				
12302=Novitas MD				
12401=Novitas NJ				
12402=Novitas NJ				
12501=Novitas PA				
12502=Novitas PA				
12901=Novitas Solutions DC, DE, MD, PA				
12902=HIGHMARK				
13101=NATIONAL GOVT SERVICES (CONNECTICUT)				
13102=NATIONAL GOVT SERVICES (CONNECTICUT)				
13201=NATIONAL GOVT SERVICES (NEW YORK)				
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)				
13282=NGS (UN)				
13292=NGS (QN)				
14004=NATIONAL HERITAGE (HHA - A)				
14014=NGS (HHA)				
14101=NATIONAL HERITAGE (MAINE)				
14102=NATIONAL HERITAGE (MAINE)				
14111=NGS (ME)				
14112=NGS (ME)				
14201=NATIONAL HERITAGE (MASSACHUSETTS)				
14202=NATIONAL HERITAGE (MASSACHUSETTS)				
14211=NGS (MA)				
14212=NGS (MA)				
14301=NATIONAL HERITAGE (NEW HAMPSHIRE)				
14302=NATIONAL HERITAGE (NEW HAMPSHIRE)				
14311=NGS (NH)				
14312=NGS (NH)				
14330=GROUP HEALTH INC (NEW YORK)				
14401=NATIONAL HERITAGE (RHODE ISLAND)				
14402=NATIONAL HERITAGE (RHODE ISLAND)				
14411=NGS (RI)				
14412=NGS (RI)				
14501=NATIONAL HERITAGE (VERMONT)				
14502=NATIONAL HERITAGE (VERMONT)				
14511=NGS (VT)				
14512=NGS (VT)				
15004=CGS Administrators HHH				
15101=CGS (KENTUCKY)				

15102=CGS (KENTUCKY)
 15201=CGS (OHIO)
 15202=CGS (OHIO)
 16360=NATIONWIDE (OHIO)
 16510=NATIONWIDE (WEST VIRGINIA)
 17120=HAWAII MEDICAL SERVICE ASSOCIATION
 21200=MASSACHUSETTS/MAINE
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)
 31143=NATIONAL HERITAGE INSURANCE CO
 31144=NATIONAL HERITAGE INSURANCE CO
 50333=TRAVELERS (NEW YORK)
 51051=AETNA (PETALUMA)
 51070=AETNA (FARMINGTON)
 51100=AETNA (CLEARWATER)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 7
 Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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51140=AETNA (PEORIA)
 51390=AETNA (FORT WASHINGTON)
 52280=WISCONSIN PHYSICIANS SERVICE
 57400=COOPERATIVA (PUERTO RICO)

Medicaid Vendor Number 15 122 136 VARCHAR2
 Description: Number which may be assigned to a provider by the state
 Medicaid agency for external control or billing purposes.
 SAS Name: MDCD_VNDR_NUM
 COBOL Name: MDCD-VNDR-NUM

Original Participation Date 8 137 144 DATE
 Description: Date a provider is first approved to provide Medicare
 and/or Medicaid services.
 SAS Name: ORGNL_PRTCPTN_DT
 COBOL Name: ORGNL-PRTCPTN-DT

Prior CHOW Date 8 145 152 DATE
 Description: Effective date of the previous change of ownership for
 this provider.
 SAS Name: CHOW_PRIOR_DT
 COBOL Name: CHOW-PRIOR-DT

Prior Medicare Administrative Contractor (MAC) or 5 153 157 VARCHAR2
 Intermediary or Carrier Code
 Description: Number assigned to the previous Medicare Administrative
 Contractor, intermediary or carrier servicing this
 provider.
 SAS Name: INTRMDRY_CARR_PRIOR_CD
 COBOL Name: INTRMDRY-CARR-PRIOR-CD
 VALUES: 00000=DUMMY FOR MEDICAID HHA
 00010=BLUE CROSS (ALABAMA)
 00011=CAHABA

00020=BLUE CROSS (ARKANSAS)
 00040=BLUE CROSS (CALIFORNIA)
 00060=BLUE CROSS (CONNECTICUT)
 00070=BLUE CROSS (DELAWARE)
 00090=BLUE CROSS (FLORIDA)
 00101=BLUE CROSS (GEORGIA)
 00121=HEALTH CARE SERVICE CORPORATION
 00122=HCSC - MICHIGAN
 00123=HCSC OF MICHIGAN
 00130=NATIONAL GOVERNMENT SERVICES
 00131=NATIONAL GOVERNMENT SERVICES
 00140=BLUE CROSS (IOWA/SOUTH DAKOTA)
 00150=BLUE CROSS (KANSAS)
 00160=NATIONAL GOVERNMENT SERVICES
 00180=NATIONAL GOVERNMENT SERVICES
 00181=NATIONAL GOVERNMENT SERVICES
 00190=BLUE CROSS (MARYLAND)
 00200=BLUE CROSS (MASSACHUSETTS)
 00210=BLUE CROSS (MICHIGAN)
 00220=BLUE CROSS (MINNESOTA)
 00230=BLUE CROSS (MISSISSIPPI)
 00231=BLUE CROSS (LOUISIANA)
 00233=PINNACLE
 00241=BLUE CROSS (MISSOURI)
 00260=BLUE CROSS (NEBRASKA)
 00270=NATIONAL GOVERNMENT SERVICES
 00280=BLUE CROSS (NEW JERSEY)
 00290=BLUE CROSS (NEW MEXICO)
 00308=NATIONAL GOVERNMENT SERVICES
 00310=BLUE CROSS (NORTH CAROLINA)
 00320=NORIDIAN PART A

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 8
 Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00322=NORIDIAN PART A (AK/WA)				
00323=NORIDIAN PART A (ID/OR)				
00325=NORIDIAN				
00332=NATIONAL GOVERNMENT SERVICES				
00340=BLUE CROSS (OKLAHOMA)				
00350=BLUE CROSS (OREGON)				
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				

00430=BLUE CROSS (WASHINGTON & ALASKA)
 00450=NATIONAL GOVERNMENT SERVICES
 00452=NATIONAL GOVERNMENT SERVICES
 00453=NATIONAL GOVERNMENT SERVICES
 00454=NATIONAL GOVERNMENT SERVICES
 00456=NATIONAL GOVERNMENT SERVICES
 00468=BLUE CROSS (NORTH CAROLINA FOR PR)
 00510=BLUE SHIELD (ALABAMA)
 00511=CAHABA
 00512=CAHABA
 00520=BLUE SHIELD (ARKANSAS)
 00528=BLUE SHIELD (ARKANSAS/LOUISIANA)
 00542=BLUE SHIELD (CALIFORNIA)
 00550=BLUE SHIELD (COLORADO)
 00570=BLUE SHIELD (DELAWARE)
 00580=BLUE SHIELD (DISTRICT OF COLUMBIA)
 00590=BLUE SHIELD (FLORIDA)
 00621=BLUE SHIELD (ILLINOIS)
 00630=NATIONAL GOVERNMENT SERVICES
 00640=BLUE SHIELD (IOWA)
 00650=BLUE SHIELD (KANSAS)
 00655=BLUE SHIELD (KANSAS/NEBRASKA)
 00660=NATIONAL GOVERNMENT SERVICES
 00690=BLUE SHIELD (MARYLAND)
 00700=BLUE SHIELD (MASSACHUSETTS)
 00710=BLUE SHIELD (MICHIGAN)
 00720=BLUE SHIELD (MINNESOTA)
 00740=BLUE SHIELD (KANSAS CITY)
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
 00780=BLUE SHIELD (TRI-STATE)
 00801=BLUE SHIELD (BUFFALO)
 00803=NATIONAL GOVERNMENT SERVICES
 00805=NATIONAL GOVERNMENT SERVICES
 00821=NORIDIAN
 00824=NORIDIAN GVT SERVICES (CO)
 00826=NORIDIAN GVT SERVICES (IA)
 00831=NORIDIAN GVT SERVICES (AK)
 00832=NORIDIAN GVT SERVICES (AZ)
 00833=NORIDIAN GVT SERVICES (HI)
 00834=NORIDIAN GVT SERVICES (NV)
 00835=NORIDIAN GVT SERVICES (OR)
 00836=NORIDIAN GVT SERVICES (WA)
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
 00865=BLUE SHIELD (PENNSYLVANIA)
 00870=BLUE SHIELD (RHODE ISLAND)
 00880=BLUE SHIELD (SOUTH CAROLINA)
 00883=PALMETTO GBA PART B
 00884=PALMETTO GBA

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 9
 Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00889=NORIDIAN GVT SERVICES (SD)
00900=BLUE SHIELD (TEXAS)
00901=TRAILBLAZERS HEALTH ENTERPRISES
00904=TRAILBLAZER
00910=BLUE SHIELD (UTAH)
00930=BLUE SHIELD (WASHINGTON)
00951=WISCONSIN PHYSICIANS SERVICE
00952=WPS - ILLINOIS
00953=WPS - MICHIGAN
00954=WI PHYSICIAN SERVICES - MN
00973=BLUE SHIELD (PUERTO RICO)
00974=BLUE SHIELD (VIRGIN ISLANDS)
01010=AETNA (PEORIA)
01020=AETNA (ALASKA)
01030=AETNA (ARIZONA)
01040=AETNA (GEORGIA)
01101=PALMETTO (CALIFORNIA)
01102=PALMETTO (CALIFORNIA (NORTH)
01111=Noridian (CA)
01112=Noridian (NF)
01120=AETNA (HAWAII)
01182=Noridian (SF)
01192=PALMETTO (CALIFORNIA SOUTH)
01201=PALMETTO (HAWAII)
01202=PALMETTO (HAWAII)
01211=Noridian (AS, GU, HI)
01212=Noridian (AS, GU, HI)
01290=AETNA (NEVADA)
01301=PALMETTO (NEVADA)
01302=PALMETTO (NEVADA)
01311=Noridian (NV)
01312=Noridian (NV)
01360=AETNA (NEW MEXICO)
01370=AETNA (OKLAHOMA)
01380=AETNA (OREGON)
01390=AETNA (WASHINGTON)
01901=PALMETTO GBA
01902=PALMETTO GBA
01911=Noridian (AS, GU, HI, NV)
02050=OCCIDENTAL (CALIFORNIA)
02101=Noridian AK
02102=Noridian AK
02201=Noridian ID
02202=Noridian ID
02301=Noridian OR
02302=Noridian OR
02401=Noridian WA
02402=Noridian WA
03001=NORIDIAN ADMIN SERVICES
03101=NORIDAN (ARIZONA)
03102=NORIDAN (ARIZONA)
03201=NORIDAN (MONTANA)
03202=NORIDAN (MONTANA)

03301=NORDIAN (NORTH DAKOTA)
 03302=NORDIAN (NORTH DAKOTA)
 03401=NORIDIAN (SOUTH DAKOTA)
 03402=NORIDIAN (SOUTH DAKOTA)
 03501=NORIDIAN (UTAH)
 03502=NORIDIAN (UTAH)
 03601=NORIDIAN (WYOMING)
 03602=NORIDIAN (WYOMING)
 04001=TRAILBLAZER
 04101=TRAILBLAZER (COLORADO)
 04102=TRAILBLAZER (COLORADO)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 10
 Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04111=NOVITAS (COLORADO)				
04112=NOVITAS (COLORADO)				
04201=TRAILBLAZER (NEW MEXICO)				
04202=TRAILBLAZER (NEW MEXICO)				
04211=NOVITAS (NEW MEXICO)				
04212=NOVITAS (NEW MEXICO)				
04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				
05402=WPS (NEBRASKA)				
05440=EQICOR (TENNESSEE)				
05535=EQICOR (NORTH CAROLINA)				
05901=WISCONSIN PHYSICIANS SERVICE				
06001=NGS (WI)				
06004=National Govt Serv HHH				
06101=NGS (IL)				
06102=NGS (IL)				
06201=NGS (MN)				
06202=NGS (MN)				
06301=NGS (WI)				

06302=NGS (WI)
 07101=Novitas AR
 07102=Novitas AR
 07201=Novitas LA
 07202=Novitas LA
 07301=Novitas MS
 07302=Novitas MS
 08101=WPS IN
 08102=WPS IN
 08201=WPS MI
 08202=WPS MI
 09101=FIRST COAST (FLORIDA)
 09102=FIRST COAST (FLORIDA)
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)
 09202=FIRST COAST (PUERTO RICO)
 09302=FIRST COAST (VIRGIN ISLANDS)
 10071=TRAVELERS (RRB)
 10101=CAHABA GBA (AL)
 10102=CAHABA GBA (AL)
 10111=PALMETTO GBA (Part A) (AL)
 10201=CAHABA GBA (GA)
 10202=CAHABA GBA (GA)
 10211=PALMETTO GBA (GA)
 10230=TRAVELERS (CONNECTICUT)
 10240=TRAVELERS (MINNESOTA)
 10250=TRAVELERS (MISSISSIPPI)
 10301=CAHABA GBA (TN)
 10302=CAHABA GBA (TN)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 11
 Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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10311=PALMETTO GBA (TN)				
10490=TRAVELERS (VIRGINIA)				
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				
12102=Novitas DE				
12201=Novitas DC				
12202=Novitas DC				
12301=Novitas MD				
12302=Novitas MD				

12401=Novitas NJ
 12402=Novitas NJ
 12501=Novitas PA
 12502=Novitas PA
 12901=Novitas Solutions DC, DE, MD, PA
 12902=HIGHMARK
 13101=NATIONAL GOVT SERVICES (CONNECTICUT)
 13102=NATIONAL GOVT SERVICES (CONNECTICUT)
 13201=NATIONAL GOVT SERVICES (NEW YORK)
 13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)
 13282=NGS (UN)
 13292=NGS (QN)
 14004=NATIONAL HERITAGE (HHA - A)
 14014=NGS (HHA)
 14101=NATIONAL HERITAGE (MAINE)
 14102=NATIONAL HERITAGE (MAINE)
 14111=NGS (ME)
 14112=NGS (ME)
 14201=NATIONAL HERITAGE (MASSACHUSETTS)
 14202=NATIONAL HERITAGE (MASSACHUSETTS)
 14211=NGS (MA)
 14212=NGS (MA)
 14301=NATIONAL HERITAGE (NEW HAMPSHIRE)
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)
 14311=NGS (NH)
 14312=NGS (NH)
 14330=GROUP HEALTH INC (NEW YORK)
 14401=NATIONAL HERITAGE (RHODE ISLAND)
 14402=NATIONAL HERITAGE (RHODE ISLAND)
 14411=NGS (RI)
 14412=NGS (RI)
 14501=NATIONAL HERITAGE (VERMONT)
 14502=NATIONAL HERITAGE (VERMONT)
 14511=NGS (VT)
 14512=NGS (VT)
 15004=CGS Administrators HHH
 15101=CGS (KENTUCKY)
 15102=CGS (KENTUCKY)
 15201=CGS (OHIO)
 15202=CGS (OHIO)
 16360=NATIONWIDE (OHIO)
 16510=NATIONWIDE (WEST VIRGINIA)
 17120=HAWAII MEDICAL SERVICE ASSOCIATION
 21200=MASSACHUSETTS/MAINE
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 12
 Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
31143=NATIONAL HERITAGE INSURANCE CO				
31144=NATIONAL HERITAGE INSURANCE CO				

50333=TRAVELERS (NEW YORK)
51051=AETNA (PETALUMA)
51070=AETNA (FARMINGTON)
51100=AETNA (CLEARWATER)
51140=AETNA (PEORIA)
51390=AETNA (FORT WASHINGTON)
52280=WISCONSIN PHYSICIANS SERVICE
57400=COOPERATIVA (PUERTO RICO)

CCN 10 158 167 VARCHAR2

Description: Six or ten position identification number that is assigned to a certified provider. This is the CMS Certification Number.

SAS Name: PRVDR_NUM

COBOL Name: PRVDR-NUM

Region Code 2 168 169 VARCHAR2

Description: Indicates the CMS Regional Office responsible for the certification of the provider.

SAS Name: RGN_CD

COBOL Name: RGN-CD

VALUES: 01=Boston

02=New York

03=Philadelphia

04=Atlanta

05=Chicago

06=Dallas

07=Kansas City

08=Denver

09=San Francisco

10=Seattle

Skeleton Record Indicator 1 170 170 VARCHAR2

Description: Indicates if the record is a skeleton record. Only a limited set of data is available for this provider; no survey data exists. Only provider categories 01,17,19,21and 22 can have skeleton providers.

SAS Name: SKLTN_REC_SW

COBOL Name: SKLTN-REC-SW

State Abbreviation 2 171 172 VARCHAR2

Description: Two-character state abbreviation.

SAS Name: STATE_CD

COBOL Name: STATE-CD

VALUES: AK=ALASKA

AL=ALABAMA

AR=ARKANSAS

AS=AMERICAN SAMOA

AZ=ARIZONA

CA=CALIFORNIA

CN=CANADA

CO=COLORADO

CT=CONNECTICUT

DC=DISTRICT OF COLUMBIA

DE=DELAWARE
FL=FLORIDA
FN=INTERNATIONAL
GA=GEORGIA
GU=GUAM
HI=HAWAII
IA=IOWA
ID=IDAHO

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 13
Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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IL=ILLINOIS				
IN=INDIANA				
KS=KANSAS				
KY=KENTUCKY				
LA=LOUISIANA				
MA=MASSACHUSETTS				
MD=MARYLAND				
ME=MAINE				
MI=MICHIGAN				
MN=MINNESOTA				
MO=MISSOURI				
MP=SAIPAN				
MS=MISSISSIPPI				
MT=MONTANA				
MX=MEXICO				
NC=NORTH CAROLINA				
ND=NORTH DAKOTA				
NE=NEBRASKA				
NH=NEW HAMPSHIRE				
NJ=NEW JERSEY				
NM=NEW MEXICO				
NV=NEVADA				
NY=NEW YORK				
OH=OHIO				
OK=OKLAHOMA				
OR=OREGON				
PA=PENNSYLVANIA				
PR=PUERTO RICO				
RI=RHODE ISLAND				
SC=SOUTH CAROLINA				
SD=SOUTH DAKOTA				
TN=TENNESSEE				
TX=TEXAS				
UT=UTAH				
VA=VIRGINIA				
VI=VIRGIN ISLANDS				
VT=VERMONT				
WA=WASHINGTON				
WI=WISCONSIN				

WV=WEST VIRGINIA
WY=WYOMING

SSA State Code	2	173	174	VARCHAR2
Description: Social Security Administration geographic code indicating the state where the provider is located.				

SAS Name: SSA_STATE_CD

COBOL Name: SSA-STATE-CD

VALUES: 01=ALABAMA

02=ALASKA

03=ARIZONA

04=ARKANSAS

05=CALIFORNIA

06=COLORADO

07=CONNECTICUT

08=DELAWARE

09=DISTRICT OF COLUMBIA

10=FLORIDA

11=GEORGIA

12=HAWAII

13=IDAHO

14=ILLINOIS

15=INDIANA

16=IOWA

17=KANSAS

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 14
Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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18=KENTUCKY

19=LOUISIANA

20=MAINE

21=MARYLAND

22=MASSACHUSETTS

23=MICHIGAN

24=MINNESOTA

25=MISSISSIPPI

26=MISSOURI

27=MONTANA

28=NEBRASKA

29=NEVADA

30=NEW HAMPSHIRE

31=NEW JERSEY

32=NEW MEXICO

33=NEW YORK

34=NORTH CAROLINA

35=NORTH DAKOTA

36=OHIO

37=OKLAHOMA

38=OREGON

39=PENNSYLVANIA

40=PUERTO RICO
 41=RHODE ISLAND
 42=SOUTH CAROLINA
 43=SOUTH DAKOTA
 44=TENNESSEE
 45=TEXAS
 46=UTAH
 47=VERMONT
 48=VIRGIN ISLANDS
 49=VIRGINIA
 50=WASHINGTON
 51=WEST VIRGINIA
 52=WISCONSIN
 53=WYOMING
 54=AFRICA
 56=CANADA
 57=WEST INDIES
 58=EUROPE
 59=MEXICO
 60=OCEANIA
 61=PHILIPPINES
 62=SOUTH AMERICA
 63=UNITED STATES POSSESSIONS
 64=AMERICAN SAMOA
 65=GUAM
 66=SAIPAN
 99=INTERNATIONAL

State Region Code 3 175 177 VARCHAR2
 Description: Identifies the region within a state where the provider
 is located.

SAS Name: STATE_RGN_CD

COBOL Name: STATE-RGN-CD

VALUES: AK/001=ALASKA
 AK/LAB=LABORATORIES
 AK/NPH=NON-PARTICIPATING HOSPITAL
 AL/001=ALABAMA
 AL/LAB=LABORATORIES
 AL/NPH=NON-PARTICIPATING HOSPITAL
 AR/001=ARKANSAS
 AR/LAB=LABORATORIES
 AR/NPH=NON-PARTICIPATING HOSPITAL

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 15
 Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
-------------------	-----	-------	-----	------

AS/001=AMERICAN SAMOA				
AS/LAB=LABORATORY				
AS/NPH=NON-PARTICIPATING HOSPITAL				
AZ/AZ=PHOENIX				
AZ/LAB=ARIZONA LAB				

AZ/NPH=NON-PARTICIPATING HOSPITAL
AZ/TUC=TUCSON
CA/001=CALIFORNIA
CA/BAK=BAKERSFIELD
CA/BER=SAN BERNARDINO
CA/EB=East Bay
CA/FR=FRESNO
CA/L1=L.A. WEST
CA/L2=L.A. NORTH
CA/L3=L.A. CENTRAL
CA/L4=L.A. EAST
CA/L5=SAN GABRIEL
CA/LA1=LA Region 1
CA/LA2=LA Region 2
CA/LA3=LA Region 3
CA/LA4=LA Acute/Ancillary
CA/LA5=LA HHA/Hospice
CA/LA6=LA ICF/DD/CLinics
CA/LAB=LABORATORIES
CA/M1=LAB. SOUTH
CA/M2=LAB. NORTH
CA/NPH=NON-PARTICIPATING HOSPITAL
CA/ORG=ORANGE
CA/RIV=RIVERSIDE
CA/S1=SACRAMENTO
CA/S3=CHICO
CA/SD=SAN DIEGO
CA/SF=SAN FRANCISCO
CA/SJ=SAN JOSE
CA/SR=SANTA ROSA
CA/VEN=VENTURA
CN/001=CANADA
CN/LAB=LABORATORY
CN/NPH=NON-PARTICIPATING HOSPITAL
CO/001=COLORADO
CO/LAB=LABORATORIES
CO/NPH=NON-PARTICIPATING HOSPITAL
CT/001=CONNECTICUT
CT/LAB=LABORATORIES
CT/NPH=NON-PARTICIPATING HOSPITAL
DC/001=DISTRICT OF COLUMBIA
DC/LAB=LABORATORIES
DC/NPH=NON-PARTICIPATING HOSPITAL
DE/001=DELAWARE
DE/LAB=LABORATORIES
DE/NPH=NON-PARTICIPATING HOSPITAL
FL/001=FLORIDA
FL/FTM=FT. MYERS
FL/GAI=GAINESVILLE
FL/JAX=JACKSONVILLE
FL/LAB=LABORATORIES
FL/LAN=LANTANA
FL/LAU=LAUDERHILL
FL/MIA=MIAMI

FL/NPH=NON-PARTICIPATING HOSPITAL
FL/ORL=ORLANDO
FL/PEN=PENSACOLA
FL/STP=ST. PETERSBURG
FL/TAL=TALLAHASSEE

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 16
Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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FL/TAM=TAMPA				
FM/001=FEDERATED STATES OF MICRO				
FM/NPH=NON-PARTICIPATING HOSPITAL				
FN/001=INTERNATIONAL				
FN/LAB=LABORATORIES				
FN/NPH=NON-PARTICIPATING HOSPITAL				
GA/001=GEORGIA				
GA/GAA=GEORGIA ALL				
GA/GAC=GEORGIA CENTRAL				
GA/GAE=GEORGIA EASTERN				
GA/GAN=GEORGIA NORTH				
GA/GAS=GEORGIA SOUTH				
GA/GAW=GEORGIA WESTERN				
GA/LAB=LABORATORIES				
GA/NPH=NON-PARTICIPATING HOSPITAL				
GU/001=GUAM				
GU/LAB=LABORATORIES				
GU/NPH=NON-PARTICIPATING HOSPITAL				
HI/001=HAWAII				
HI/LAB=LABORATORIES				
HI/NPH=NON-PARTICIPATING HOSPITAL				
IA/001=IOWA				
IA/LAB=LABORATORIES				
IA/NPH=NON-PARTICIPATING HOSPITAL				
ID/001=IDAHO				
ID/LAB=LABORATORIES				
ID/NPH=NON-PARTICIPATING HOSPITAL				
IL/001=ILLINOIS				
IL/LAB=LABORATORIES				
IL/NPH=NON-PARTICIPATING HOSPITAL				
IN/001=INDIANA				
IN/LAB=LABORATORIES				
IN/NPH=NON-PARTICIPATING HOSPITAL				
KS/001=KANSAS				
KS/KCK=KANSAS CITY				
KS/KDH=KDHE				
KS/LAB=LABORATORIES				
KS/LAW=LAWRENCE				
KS/NC=NORTH CENTRAL KANSAS				
KS/NE=NORTH EAST KANSAS				
KS/NPH=NON-PARTICIPATING HOSPITAL				
KS/NW=NORTH WEST KANSAS				

KS/SC=SOUTH CENTRAL KANSAS
 KS/SE=SOUTH EAST KANSAS
 KS/SW=SOUTH WEST KANSAS
 KS/WST=WEST
 KY/2C1=HOPKINSVILLE
 KY/2C2=LOUISVILLE
 KY/2C3=LONDON
 KY/2C4=LEXINGTON
 KY/LAB=LABORATORIES
 KY/NPH=NON-PARTICIPATING HOSPITAL
 LA/001=LOUISIANA
 LA/LA1=NEW ORLEANS
 LA/LA2=MANDEVILLE
 LA/LA3=LAFAYETTE
 LA/LA4=MONROE
 LA/LA5=SHREVEPORT
 LA/LA6=ALEXANDRIA
 LA/LAB=LABORATORIES
 LA/LB1=CLIA NEW ORLEANS
 LA/LB5=CLIA SHREVEPORT
 LA/LB6=CLIA ALEXANDRIA
 LA/NPH=NON-PARTICIPATING HOSPITAL

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 17
 Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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MA/001=MASSACHUSETTS				
MA/LAB=LABORATORIES				
MA/NPH=NON-PARTICIPATING HOSPITAL				
MD/001=MARYLAND				
MD/LAB=LABORATORIES				
MD/NPH=NON-PARTICIPATING HOSPITAL				
ME/001=MAINE				
ME/LAB=LABORATORIES				
ME/NPH=NON-PARTICIPATING HOSPITAL				
MH/001=MARSHALL ISLANDS				
MH/NPH=NON-PARTICIPATING HOSPITAL				
MI/001=MICHIGAN				
MI/LAB=LABORATORIES				
MI/NPH=NON-PARTICIPATING HOSPITAL				
MN/001=MINNESOTA				
MN/LAB=LABORATORIES				
MN/NPH=NON-PARTICIPATING HOSPITAL				
MO/001=MISSOURI				
MO/01=REGION01				
MO/02=REGION02				
MO/03=REGION 03				
MO/04=REGION 04				
MO/05=REGION 05				
MO/06=REGION 06				
MO/07=REGION 07				

MO/1NH=REGION 1 NH
 MO/2NH=REGION 2 NH
 MO/3NH=REGION 3 NH
 MO/4NH=REGION 4 NH
 MO/5NH=REGION 5 NH
 MO/6NH=REGION 6 NH
 MO/7NH=REGION 7 NH
 MO/LAB=LABORATORIES
 MO/MO=STATEWIDE
 MO/NPH=NON-PARTICIPATING HOSPITAL
 MP/001=NORTHERN MARIANA ISLANDS
 MP/LAB=LABORATORIES
 MP/NPH=NON-PARTICIPATING HOSPITAL
 MS/001=MISSISSIPPI
 MS/LAB=LABORATORIES
 MS/NPH=NON-PARTICIPATING HOSPITAL
 MT/001=MONTANA
 MT/LAB=LABORATORIES
 MT/NPH=NON-PARTICIPATING HOSPITAL
 MX/001=MEXICO
 MX/LAB=LABORATORY
 MX/NPH=NON-PARTICIPATING HOSPITAL
 NC/001=NORTH CAROLINA
 NC/LAB=LABORATORIES
 NC/NCC=NORTH CAROLINA CENTRAL
 NC/NCE=NORTH CAROLINA EAST
 NC/NCN=NORTH CAROLINA NORTH
 NC/NCS=NORTH CAROLINA SOUTH
 NC/NCW=NORTH CAROLINA WEST
 NC/NPH=NON-PARTICIPATING HOSPITAL
 ND/001=NORTH DAKOTA
 ND/LAB=LABORATORIES
 ND/NPH=NON-PARTICIPATING HOSPITAL
 NE/001=NEBRASKA
 NE/1=NORTH CENTRAL
 NE/2=CENTRAL
 NE/3=NORTHEAST
 NE/4=SOUTHEAST
 NE/5=WESTERN

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 18
 Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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NE/LAB=LABORATORIES				
NE/NPH=NON-PARTICIPATING HOSPITAL				
NH/001=NEW HAMPSHIRE				
NH/LAB=LABORATORIES				
NH/NPH=NON-PARTICIPATING HOSPITAL				
NJ/001=NEW JERSEY				
NJ/LAB=LABORATORIES				
NJ/NPH=NON-PARTICIPATING HOSPITAL				

NM/001=NEW MEXICO
NM/LAB=LABORATORIES
NM/NPH=NON-PARTICIPATING HOSPITAL
NV/001=NEVADA
NV/CC=CARSON CITY
NV/LAB=LABORATORIES
NV/LV=LAS VEGAS
NV/NPH=NON-PARTICIPATING HOSPITAL
NY/001=BUFFALO
NY/002=ROCHESTER
NY/003=SYRACUSE
NY/004=ALBANY
NY/005=NEW ROCHELLE
NY/006=NEW YORK CITY
NY/007=SUFFOLK/NASSAU COUNTY
NY/LAB=LABORATORIES
NY/NPH=NON-PARTICIPATING HOSPITAL
OH/001=OHIO
OH/LAB=LABORATORIES
OH/NPH=NON-PARTICIPATING HOSPITAL
OK/001=OKLAHOMA
OK/LAB=LABORATORIES
OK/NPH=NON-PARTICIPATING HOSPITAL
OR/001=OFFICE #1
OR/002=OFFICE #2
OR/003=OFFICE #3
OR/LAB=LABORATORIES
OR/NPH=NON-PARTICIPATING HOSPITAL
PA/001=PENNSYLVANIA
PA/LAB=LABORATORIES
PA/NPH=NON-PARTICIPATING HOSPITAL
PR/001=PUERTO RICO
PR/LAB=LABORATORIES
PR/NPH=NON-PARTICIPATING HOSPITAL
PW/001=PALAU
PW/NPH=NON-PARTICIPATING HOSPITAL
RI/001=RHODE ISLAND
RI/LAB=LABORATORIES
RI/NPH=NON-PARTICIPATING HOSPITAL
SC/001=SOUTH CAROLINA
SC/LAB=LABORATORIES
SC/NPH=NON-PARTICIPATING HOSPITAL
SD/001=SOUTH DAKOTA
SD/LAB=LABORATORIES
SD/NPH=NON-PARTICIPATING HOSPITAL
TN/001=TENNESSEE
TN/LAB=LABORATORIES
TN/NPH=NON-PARTICIPATING HOSPITAL
TN/TNC=TENNESSEE COOKEVILLE
TN/TNE=TENNESSEE EASTERN
TN/TNM=TENNESSEE MIDDLE
TN/TNW=TENNESSEE WESTERN
TX/001=TEXAS
TX/L01=AMARILLO-LTC

TX/L02=ABILENE-LTC
TX/L03=ARLINGTON-LTC

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 19
Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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TX/L04=TYLER-LTC				
TX/L05=TEMPLE-LTC				
TX/L06=HOUSTON-LTC				
TX/L07=SAN ANTONIO-LTC				
TX/LAB=LABORATORIES				
TX/NPH=NON-PARTICIPATING HOSPITAL				
TX/TX1=LUBBOCK				
TX/TX2=ARLINGTON				
TX/TX3=SAN ANTONIO				
TX/TX4=HOUSTON				
TX/TX5=TYLER				
TX/TX6=AUSTIN				
UT/001=UTAH				
UT/LAB=LABORATORIES				
UT/NPH=NON-PARTICIPATING HOSPITAL				
VA/001=VIRGINIA				
VA/LAB=LABORATORIES				
VA/NPH=NON-PARTICIPATING HOSPITAL				
VI/001=VIRGIN ISLANDS				
VI/LAB=LABORATORIES				
VI/NPH=NON-PARTICIPATING HOSPITAL				
VT/001=VERMONT				
VT/LAB=LABORATORIES				
VT/NPH=NON-PARTICIPATING HOSPITAL				
WA/001=ALL OTHERS (NON-LTC FAC)				
WA/D1=SPOKANE & YAKIMA AREAS				
WA/D1A=District 1, Unit A				
WA/D1B=District 1, Unit B				
WA/D1C=District 1, Unit C				
WA/D1D=District 1, Unit D				
WA/D2=SPOKANE & SE				
WA/D2A=District 2, Unit A				
WA/D2B=District 2, Unit B				
WA/D2C=District 2, Unit C				
WA/D2D=District 2, Unit D				
WA/D2E=District 2, Unit E				
WA/D2F=District 2, Unit F				
WA/D2G=District 2, Unit G				
WA/D2H=District 2, Unit H				
WA/D3=NW WASHINGTON				
WA/D3A=District 3, Unit A				
WA/D3B=District 3, Unit B				
WA/D3C=District 3, Unit C				
WA/D3D=District 3, Unit D				
WA/D3E=District 3, Unit E				

WA/D4A=GREATER SEATTLE AREA
 WA/D4B=S KING COUNTY
 WA/D5A=PIERCE CTY & PENINSULA
 WA/D5B=PIERCE CTY & GRAYS HARBOR
 WA/D6=OLYMPIA AREA
 WA/LAB=LABORATORIES
 WA/NPH=NON-PARTICIPATING HOSPITAL
 WI/001=WISCONSIN
 WI/LAB=LABORATORIES
 WI/NPH=NON-PARTICIPATING HOSPITAL
 WV/001=WEST VIRGINIA
 WV/LAB=LABORATORIES
 WV/NPH=NON-PARTICIPATING HOSPITAL
 WY/001=WYOMING
 WY/LAB=LABORATORIES
 WY/NPH=NON-PARTICIPATING HOSPITAL

Address: Street 50 178 227 VARCHAR2
 Description: Street address where the provider is located.

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 20
 Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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SAS Name: ST_ADR
 COBOL Name: ST-ADR

Telephone Number 10 228 237 VARCHAR2
 Description: Telephone number of the provider.
 SAS Name: PHNE_NUM
 COBOL Name: PHNE-NUM

Termination Code 2 238 239 VARCHAR2
 Description: Indicates the current termination status for the provider.

SAS Name: PGM_TRMNTN_CD
 COBOL Name: PGM-TRMNTN-CD

VALUES: 00=ACTIVE PROVIDER
 01=VOLUNTARY-MERGER, CLOSURE
 02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT
 03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION
 04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL
 05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ
 06=INVOLUNTARY-FAILURE TO MEET AGREEMENT
 07=OTHER-PROVIDER STATUS CHANGE
 08=NONPAYMENT OF FEES - CLIA Only
 09=REV/UNSUCCESSFUL PARTICIPATION IN PT - CLIA Only
 10=REV/OTHER REASON - CLIA Only
 11=INCOMPLETE CLIA APPLICATION INFORMATION - CLIA Only
 12=NO LONGER PERFORMING TESTS - CLIA Only
 13=MULTIPLE TO SINGLE SITE CERTIFICATE - CLIA Only
 14=SHARED LABORATORY - CLIA Only

15=FAILURE TO RENEW WAIVER PPM CERTIFICATE - CLIA Only
 16=DUPLICATE CLIA NUMBER - CLIA Only
 17=MAIL RETURNED NO FORWARD ADDRESS CERT ENDED - CLIA Only
 20=NOTIFICATION BANKRUPTCY - CLIA Only
 33=ACCREDITATION NOT CONFIRMED - CLIA Only
 80=AWAITING STATE APPROVAL
 99=OIG ACTION - DO NOT ACTIVATE - CLIA Only

Termination or Expiration Date 8 240 247 DATE
 Description: Date the provider was terminated. For CLIA providers,
 date the laboratory's certificate was terminated or the
 expiration date of the current CLIA certificate.
 SAS Name: TRMNTN_EXPRTN_DT
 COBOL Name: TRMNTN-EXPRTN-DT

Type of Action Code 1 248 248 VARCHAR2
 Description: Identifies the reason for the certification. Type of
 action from the official survey record, CMS 1539 form.
 SAS Name: CRTFCTN_ACTN_TYPE_CD
 COBOL Name: CRTFCTN-ACTN-TYPE-CD
 VALUES: 1=INITIAL
 2=RECERTIFICATION
 3=TERMINATION
 4=CHANGE OF OWNERSHIP
 5=VALIDATION
 8=FULL SURVEY AFTER COMPLAINT

Ownership Type Code 2 249 250 VARCHAR2
 Description: Indicates the ownership type of the provider.
 SAS Name: GNRL_CNTL_TYPE_CD
 COBOL Name: GNRL-CNTL-TYPE-CD
 VALUES: 03=STATE GOVERNMENT
 04=LOCAL GOVERNMENT
 05=FEDERAL GOVERNMENT
 1A=FOR PROFIT INDIVIDUAL
 1B=FOR PROFIT CORPORATION

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 21
 Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE
 1C=FOR PROFIT PARTNERSHIP
 2A=NON PROFIT INDIVIDUAL
 2B=NON PROFIT CORPORATION
 2C=NON PROFIT PARTNERSHIP

Address: ZIP Code 5 251 255 VARCHAR2
 Description: Five-digit ZIP code for a provider's physical address.
 SAS Name: ZIP_CD
 COBOL Name: ZIP-CD

FIPS State Code 2 256 257 VARCHAR2

Description: FIPS State Code
SAS Name: FIPS_STATE_CD
COBOL Name: FIPS-STATE-CD
VALUES: 01=ALABAMA
02=ALASKA
04=ARIZONA
05=ARKANSAS
06=CALIFORNIA
08=COLORADO
09=CONNECTICUT
10=DELAWARE
11=DISTRICT OF COLUMBIA
12=FLORIDA
13=GEORGIA
15=HAWAII
16=IDAHO
17=ILLINOIS
18=INDIANA
19=IOWA
20=KANSAS
21=KENTUCKY
22=LOUISIANA
23=MAINE
24=MARYLAND
25=MASSACHUSETTS
26=MICHIGAN
27=MINNESOTA
28=MISSISSIPPI
29=MISSOURI
30=MONTANA
31=NEBRASKA
32=NEVADA
33=NEW HAMPSHIRE
34=NEW JERSEY
35=NEW MEXICO
36=NEW YORK
37=NORTH CAROLINA
38=NORTH DAKOTA
39=OHIO
40=OKLAHOMA
41=OREGON
42=PENNSYLVANIA
43=PUERTO RICO
44=RHODE ISLAND
45=SOUTH CAROLINA
46=SOUTH DAKOTA
47=TENNESSEE
48=TEXAS
49=UTAH
50=VERMONT
51=VIRGINIA
53=WASHINGTON
54=WEST VIRGINIA

SHORT DESCRIPTION	LEN	START	END	TYPE
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55=WISCONSIN
56=WYOMING
64=AMERICAN SAMOA
65=GUAM
66=SAIPAN/MARIANA IS.
78=VIRGIN ISLANDS

FIPS County Code	3	258	260	VARCHAR2
Description: FIPS County Code				
SAS Name: FIPS_CNTY_CD				
COBOL Name: FIPS-CNTY-CD				

CBSA Urban Rural Indicator	1	261	261	VARCHAR2
Description: CBSA (Core Based Statistical Area) indicates whether the county is defined as Urban or Rural.				
SAS Name: CBSA_URBN_RRL_IND				
COBOL Name: CBSA-URBN-RRL-IND				

CBSA Code	5	262	266	VARCHAR2
Description: CBSA (Core Based Statistical Area) geographic entities defined by the U.S. Office of Management and Budget (OMB) on June 6, 2003 for use by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics. CBSA collectively refers to MSA.				
SAS Name: CBSA_CD				
COBOL Name: CBSA-CD				

*Accreditation Type Code	1	283	283	VARCHAR2
Description: Indicates an accrediting organization deeming the provider. If a provider is deemed by multiple accrediting organizations then the accrediting organization with the earliest active deeming effective date is displayed in this field.				
SAS Name: ACRDTN_TYPE_CD				
COBOL Name: ACRDTN-TYPE-CD				
VALUES: 0=UNACCREDITED				
1=AAAASF				
2=TCT				

Fiscal Year End Date (MMDD)	4	464	467	VARCHAR2
Description: End date, consisting of the month and day, of the provider's fiscal year.				
SAS Name: FY_END_MO_DAY_CD				
COBOL Name: FY-END-MO-DAY-CD				

Hospital Based Indicator	1	483	483	CHAR
Description: Indicates if the provider is based in a hospital.				
SAS Name: HOSP_BSD_SW				

COBOL Name: HOSP-BSD-SW

Parent Provider Number 10 628 637 CHAR

Description: Parent provider number

SAS Name: PARENT_PROVIDER_NUMBER

COBOL Name: PARENT-PROVIDER-NUMBER

Related Provider Number 10 686 695 CHAR

Description: Related provider number

SAS Name: RELATED_PROVIDER_NUMBER

COBOL Name: RELATED-PROVIDER-NUMBER

Staff Count: Other Personnel 8 902 909 NUMBER

Description: Number of full-time equivalent other personnel employed
by a provider

SAS Name: PRSNEL_OTHR_CNT

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 23

Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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COBOL Name: PRSNEL-OTHR-CNT

Staff Count: Nurse Practitioner 8 1278 1285 NUMBER

Description: Number of full-time equivalent nurse practitioners
employed by a provider.

SAS Name: NRS_PRCTNR_CNT

COBOL Name: NRS-PRCTNR-CNT

Staff Count: Physician - Employee 8 1542 1549 NUMBER

Description: Number of full-time equivalent physicians employed by a
provider.

SAS Name: PHYSN_CNT

COBOL Name: PHYSN-CNT

Staff Count: Physician Assistant 8 1558 1565 NUMBER

Description: Number of full-time equivalent physician assistants
employed by a provider.

SAS Name: PHYSN_ASTNT_CNT

COBOL Name: PHYSN-ASTNT-CNT

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 1
Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Provider Category Subtype Code	2	1	2	VARCHAR2
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Description: Identifies the subtype of the provider, within the primary category. Used in reporting to show the breakdown of provider categories, mainly for hospitals and SNFs.

SAS Name: PRVDR_CTGRY_SBTYP_CD

COBOL Name: PRVDR-CTGRY-SBTYP-CD

VALUES: 01=Comprehensive Outpatient

Provider Category Code	2	3	4	VARCHAR2
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Description: Identifies the type of provider participating in the Medicare/Medicaid program.

SAS Name: PRVDR_CTGRY_CD

COBOL Name: PRVDR-CTGRY-CD

VALUES: 14=Comprehensive Outpatient Rehab Facility

CHOW Count 2 5 6 NUMBER

Description: Number of times this provider has undergone a change of ownership.

SAS Name: CHOW_CNT

COBOL Name: CHOW-CNT

CHOW Date 8 7 14 DATE

Description: Effective date of the most recent change of ownership for this provider.

SAS Name: CHOW_DT

COBOL Name: CHOW-DT

Address: City 28 15 42 VARCHAR2

Description: City in which the provider is physically located.

SAS Name: CITY_NAME

COBOL Name: CITY-NAME

Compliance: Acceptable POC 1 43 43 VARCHAR2

Description: Indicates if a provider is in compliance with program requirements based on an acceptable plan for correction of deficiencies.

SAS Name: ACPTBL_POC_SW

COBOL Name: ACPTBL-POC-SW

Compliance: Status 1 44 44 VARCHAR2

Description: Compliance status of a provider at the time of certification survey.

SAS Name: CMPLNC_STUS_CD

COBOL Name: CMPLNC-STUS-CD

VALUES: A=IN COMPLIANCE

B=NOT IN COMPLIANCE

SSA County Code 3 45 47 VARCHAR2

Description: Social Security Administration geographic code indicating the county where the provider is located.

SAS Name: SSA_CNTY_CD

COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR

Description: Cross reference provider number

SAS Name: CROSS_REF_PROVIDER_NUMBER

COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date 8 58 65 DATE

Description: Equal to the exit date of the initial visit of the Health survey for certifications completed after July 28, 2012. For certifications prior to that date, the certification

SHORT DESCRIPTION	LEN	START	END	TYPE
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date is equal to the exit date of the initial visit of
the Health survey or LSC survey, whichever is later.

SAS Name: CRTFCTN_DT

COBOL Name: CRTFCTN-DT

Eligibility Indicator	1	66	66	VARCHAR2
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Description: Indicates if a facility is eligible to participate in the
Medicare and/or Medicaid programs.

SAS Name: ELGBLTY_SW

COBOL Name: ELGBLTY-SW

Facility Name	50	67	116	VARCHAR2
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Description: Name of the provider certified to participate in the
Medicare and/or Medicaid programs.

SAS Name: FAC_NAME

COBOL Name: FAC-NAME

Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code	5	117	121	VARCHAR2
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Description: Number assigned to the Medicare Administrative
Contractor, intermediary or carrier servicing this
provider.

SAS Name: INTRMDRY_CARR_CD

COBOL Name: INTRMDRY-CARR-CD

VALUES: 00000=DUMMY FOR MEDICAID HHA
00010=BLUE CROSS (ALABAMA)
00011=CAHABA
00020=BLUE CROSS (ARKANSAS)
00040=BLUE CROSS (CALIFORNIA)
00060=BLUE CROSS (CONNECTICUT)
00070=BLUE CROSS (DELAWARE)
00090=BLUE CROSS (FLORIDA)
00101=BLUE CROSS (GEORGIA)
00121=HEALTH CARE SERVICE CORPORATION
00122=HCSC - MICHIGAN
00123=HCSC OF MICHIGAN
00130=NATIONAL GOVERNMENT SERVICES
00131=NATIONAL GOVERNMENT SERVICES
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)
00150=BLUE CROSS (KANSAS)
00160=NATIONAL GOVERNMENT SERVICES
00180=NATIONAL GOVERNMENT SERVICES
00181=NATIONAL GOVERNMENT SERVICES
00190=BLUE CROSS (MARYLAND)
00200=BLUE CROSS (MASSACHUSETTS)
00210=BLUE CROSS (MICHIGAN)
00220=BLUE CROSS (MINNESOTA)
00230=BLUE CROSS (MISSISSIPPI)
00231=BLUE CROSS (LOUISIANA)
00233=PINNACLE
00241=BLUE CROSS (MISSOURI)

00260=BLUE CROSS (NEBRASKA)
 00270=NATIONAL GOVERNMENT SERVICES
 00280=BLUE CROSS (NEW JERSEY)
 00290=BLUE CROSS (NEW MEXICO)
 00308=NATIONAL GOVERNMENT SERVICES
 00310=BLUE CROSS (NORTH CAROLINA)
 00320=NORIDIAN PART A
 00322=NORIDIAN PART A (AK/WA)
 00323=NORIDIAN PART A (ID/OR)
 00325=NORIDIAN
 00332=NATIONAL GOVERNMENT SERVICES
 00340=BLUE CROSS (OKLAHOMA)
 00350=BLUE CROSS (OREGON)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 3
 Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				
00468=BLUE CROSS (NORTH CAROLINA FOR PR)				
00510=BLUE SHIELD (ALABAMA)				
00511=CAHABA				
00512=CAHABA				
00520=BLUE SHIELD (ARKANSAS)				
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)				
00542=BLUE SHIELD (CALIFORNIA)				
00550=BLUE SHIELD (COLORADO)				
00570=BLUE SHIELD (DELAWARE)				
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)				
00590=BLUE SHIELD (FLORIDA)				
00621=BLUE SHIELD (ILLINOIS)				
00630=NATIONAL GOVERNMENT SERVICES				
00640=BLUE SHIELD (IOWA)				
00650=BLUE SHIELD (KANSAS)				
00655=BLUE SHIELD (KANSAS/NEBRASKA)				
00660=NATIONAL GOVERNMENT SERVICES				
00690=BLUE SHIELD (MARYLAND)				

00700=BLUE SHIELD (MASSACHUSETTS)
 00710=BLUE SHIELD (MICHIGAN)
 00720=BLUE SHIELD (MINNESOTA)
 00740=BLUE SHIELD (KANSAS CITY)
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
 00780=BLUE SHIELD (TRI-STATE)
 00801=BLUE SHIELD (BUFFALO)
 00803=NATIONAL GOVERNMENT SERVICES
 00805=NATIONAL GOVERNMENT SERVICES
 00821=NORIDIAN
 00824=NORIDIAN GVT SERVICES (CO)
 00826=NORIDIAN GVT SERVICES (IA)
 00831=NORIDIAN GVT SERVICES (AK)
 00832=NORIDIAN GVT SERVICES (AZ)
 00833=NORIDIAN GVT SERVICES (HI)
 00834=NORIDIAN GVT SERVICES (NV)
 00835=NORIDIAN GVT SERVICES (OR)
 00836=NORIDIAN GVT SERVICES (WA)
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
 00865=BLUE SHIELD (PENNSYLVANIA)
 00870=BLUE SHIELD (RHODE ISLAND)
 00880=BLUE SHIELD (SOUTH CAROLINA)
 00883=PALMETTO GBA PART B
 00884=PALMETTO GBA
 00889=NORIDIAN GVT SERVICES (SD)
 00900=BLUE SHIELD (TEXAS)
 00901=TRAILBLAZERS HEALTH ENTERPRISES
 00904=TRAILBLAZER
 00910=BLUE SHIELD (UTAH)
 00930=BLUE SHIELD (WASHINGTON)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 4
 Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH)				
01111=Noridian (CA)				
01112=Noridian (NF)				
01120=AETNA (HAWAII)				
01182=Noridian (SF)				
01192=PALMETTO (CALIFORNIA SOUTH)				

01201=PALMETTO (HAWAII)
 01202=PALMETTO (HAWAII)
 01211=Noridian (AS, GU, HI)
 01212=Noridian (AS, GU, HI)
 01290=AETNA (NEVADA)
 01301=PALMETTO (NEVADA)
 01302=PALMETTO (NEVADA)
 01311=Noridian (NV)
 01312=Noridian (NV)
 01360=AETNA (NEW MEXICO)
 01370=AETNA (OKLAHOMA)
 01380=AETNA (OREGON)
 01390=AETNA (WASHINGTON)
 01901=PALMETTO GBA
 01902=PALMETTO GBA
 01911=Noridian (AS, GU, HI, NV)
 02050=OCCIDENTAL (CALIFORNIA)
 02101=Noridian AK
 02102=Noridian AK
 02201=Noridian ID
 02202=Noridian ID
 02301=Noridian OR
 02302=Noridian OR
 02401=Noridian WA
 02402=Noridian WA
 03001=NORIDIAN ADMIN SERVICES
 03101=NORIDAN (ARIZONA)
 03102=NORIDAN (ARIZONA)
 03201=NORIDAN (MONTANA)
 03202=NORIDAN (MONTANA)
 03301=NORDIAN (NORTH DAKOTA)
 03302=NORDIAN (NORTH DAKOTA)
 03401=NORIDIAN (SOUTH DAKOTA)
 03402=NORIDIAN (SOUTH DAKOTA)
 03501=NORIDIAN (UTAH)
 03502=NORIDIAN (UTAH)
 03601=NORIDIAN (WYOMING)
 03602=NORIDIAN (WYOMING)
 04001=TRAILBLAZER
 04101=TRAILBLAZER (COLORADO)
 04102=TRAILBLAZER (COLORADO)
 04111=NOVITAS (COLORADO)
 04112=NOVITAS (COLORADO)
 04201=TRAILBLAZER (NEW MEXICO)
 04202=TRAILBLAZER (NEW MEXICO)
 04211=NOVITAS (NEW MEXICO)
 04212=NOVITAS (NEW MEXICO)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 5
 Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04301=TRAILBLAZER (OKLAHOMA)
04302=TRAILBLAZER (OKLAHOMA)
04311=NOVITAS (OKLAHOMA)
04312=NOVITAS (OKLAHOMA)
04401=TRAILBLAZER (TEXAS)
04402=TRAILBLAZER (TEXAS)
04411=NOVITAS (TEXAS)
04412=NOVITAS (TEXAS)
04901=MUTUAL LEGACY
04911=NOVITAS
05101=WPS (IOWA)
05102=WPS (IOWA)
05130=EQICOR (IDAHO)
05201=WPS (KANSAS)
05202=WPS (KANSAS)
05301=WPS (MISSOURI)
05302=WPS (MISSOURI WEST)
05392=WPS (MISSOURI EAST)
05401=WPS (NEBRASKA)
05402=WPS (NEBRASKA)
05440=EQICOR (TENNESSEE)
05535=EQICOR (NORTH CAROLINA)
05901=WISCONSIN PHYSICIANS SERVICE
06001=NGS (WI)
06004=National Govt Serv HHH
06101=NGS (IL)
06102=NGS (IL)
06201=NGS (MN)
06202=NGS (MN)
06301=NGS (WI)
06302=NGS (WI)
07101=Novitas AR
07102=Novitas AR
07201=Novitas LA
07202=Novitas LA
07301=Novitas MS
07302=Novitas MS
08101=WPS IN
08102=WPS IN
08201=WPS MI
08202=WPS MI
09101=FIRST COAST (FLORIDA)
09102=FIRST COAST (FLORIDA)
09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)
09202=FIRST COAST (PUERTO RICO)
09302=FIRST COAST (VIRGIN ISLANDS)
10071=TRAVELERS (RRB)
10101=CAHABA GBA (AL)
10102=CAHABA GBA (AL)
10111=PALMETTO GBA (Part A) (AL)
10201=CAHABA GBA (GA)
10202=CAHABA GBA (GA)
10211=PALMETTO GBA (GA)
10230=TRAVELERS (CONNECTICUT)

10240=TRAVELERS (MINNESOTA)
 10250=TRAVELERS (MISSISSIPPI)
 10301=CAHABA GBA (TN)
 10302=CAHABA GBA (TN)
 10311=PALMETTO GBA (TN)
 10490=TRAVELERS (VIRGINIA)
 10492=TRAVELERS - VIRGINIA SPECIAL PROJECT
 11004=PALMETTO HHH C
 11201=PALMETTO GBA (SC)
 11202=PALMETTO GBA (SC)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 6
 Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				
12102=Novitas DE				
12201=Novitas DC				
12202=Novitas DC				
12301=Novitas MD				
12302=Novitas MD				
12401=Novitas NJ				
12402=Novitas NJ				
12501=Novitas PA				
12502=Novitas PA				
12901=Novitas Solutions DC, DE, MD, PA				
12902=HIGHMARK				
13101=NATIONAL GOVT SERVICES (CONNECTICUT)				
13102=NATIONAL GOVT SERVICES (CONNECTICUT)				
13201=NATIONAL GOVT SERVICES (NEW YORK)				
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)				
13282=NGS (UN)				
13292=NGS (QN)				
14004=NATIONAL HERITAGE (HHA - A)				
14014=NGS (HHA)				
14101=NATIONAL HERITAGE (MAINE)				
14102=NATIONAL HERITAGE (MAINE)				
14111=NGS (ME)				
14112=NGS (ME)				
14201=NATIONAL HERITAGE (MASSACHUSETTS)				
14202=NATIONAL HERITAGE (MASSACHUSETTS)				
14211=NGS (MA)				
14212=NGS (MA)				
14301=NATIONAL HERITAGE (NEW HAMPSHIRE)				
14302=NATIONAL HERITAGE (NEW HAMPSHIRE)				

14311=NGS (NH)
 14312=NGS (NH)
 14330=GROUP HEALTH INC (NEW YORK)
 14401=NATIONAL HERITAGE (RHODE ISLAND)
 14402=NATIONAL HERITAGE (RHODE ISLAND)
 14411=NGS (RI)
 14412=NGS (RI)
 14501=NATIONAL HERITAGE (VERMONT)
 14502=NATIONAL HERITAGE (VERMONT)
 14511=NGS (VT)
 14512=NGS (VT)
 15004=CGS Administrators HHH
 15101=CGS (KENTUCKY)
 15102=CGS (KENTUCKY)
 15201=CGS (OHIO)
 15202=CGS (OHIO)
 16360=NATIONWIDE (OHIO)
 16510=NATIONWIDE (WEST VIRGINIA)
 17120=HAWAII MEDICAL SERVICE ASSOCIATION
 21200=MASSACHUSETTS/MAINE
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)
 31143=NATIONAL HERITAGE INSURANCE CO
 31144=NATIONAL HERITAGE INSURANCE CO
 50333=TRAVELERS (NEW YORK)
 51051=AETNA (PETALUMA)
 51070=AETNA (FARMINGTON)
 51100=AETNA (CLEARWATER)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 7
 Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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51140=AETNA (PEORIA)
 51390=AETNA (FORT WASHINGTON)
 52280=WISCONSIN PHYSICIANS SERVICE
 57400=COOPERATIVA (PUERTO RICO)

Medicaid Vendor Number	15	122	136	VARCHAR2
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Description: Number which may be assigned to a provider by the state
 Medicaid agency for external control or billing purposes.

SAS Name: MDCD_VNDR_NUM

COBOL Name: MDCD-VNDR-NUM

Original Participation Date	8	137	144	DATE
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Description: Date a provider is first approved to provide Medicare
 and/or Medicaid services.

SAS Name: ORGNL_PRTCPTN_DT

COBOL Name: ORGNL-PRTCPTN-DT

Prior CHOW Date	8	145	152	DATE
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Description: Effective date of the previous change of ownership for
 this provider.

SAS Name: CHOW_PRIOR_DT
COBOL Name: CHOW-PRIOR-DT

Prior Medicare Administrative Contractor (MAC) or 5 153 157 VARCHAR2
Intermediary or Carrier Code

Description: Number assigned to the previous Medicare Administrative
Contractor, intermediary or carrier servicing this
provider.

SAS Name: INTRMDRY_CARR_PRIOR_CD

COBOL Name: INTRMDRY-CARR-PRIOR-CD

VALUES: 00000=DUMMY FOR MEDICAID HHA
00010=BLUE CROSS (ALABAMA)
00011=CAHABA
00020=BLUE CROSS (ARKANSAS)
00040=BLUE CROSS (CALIFORNIA)
00060=BLUE CROSS (CONNECTICUT)
00070=BLUE CROSS (DELAWARE)
00090=BLUE CROSS (FLORIDA)
00101=BLUE CROSS (GEORGIA)
00121=HEALTH CARE SERVICE CORPORATION
00122=HCSC - MICHIGAN
00123=HCSC OF MICHIGAN
00130=NATIONAL GOVERNMENT SERVICES
00131=NATIONAL GOVERNMENT SERVICES
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)
00150=BLUE CROSS (KANSAS)
00160=NATIONAL GOVERNMENT SERVICES
00180=NATIONAL GOVERNMENT SERVICES
00181=NATIONAL GOVERNMENT SERVICES
00190=BLUE CROSS (MARYLAND)
00200=BLUE CROSS (MASSACHUSETTS)
00210=BLUE CROSS (MICHIGAN)
00220=BLUE CROSS (MINNESOTA)
00230=BLUE CROSS (MISSISSIPPI)
00231=BLUE CROSS (LOUISIANA)
00233=PINNACLE
00241=BLUE CROSS (MISSOURI)
00260=BLUE CROSS (NEBRASKA)
00270=NATIONAL GOVERNMENT SERVICES
00280=BLUE CROSS (NEW JERSEY)
00290=BLUE CROSS (NEW MEXICO)
00308=NATIONAL GOVERNMENT SERVICES
00310=BLUE CROSS (NORTH CAROLINA)
00320=NORIDIAN PART A

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 8
Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00322=NORIDIAN PART A (AK/WA)				
00323=NORIDIAN PART A (ID/OR)				
00325=NORIDIAN				

00332=NATIONAL GOVERNMENT SERVICES
00340=BLUE CROSS (OKLAHOMA)
00350=BLUE CROSS (OREGON)
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)
00362=BLUE CROSS (INDEPENDENCE)
00363=BLUE CROSS (WESTERN PENNSYLVANIA)
00366=HIGHMARK MEDICARE SERVICES
00370=BLUE CROSS (RHODE ISLAND)
00380=BLUE CROSS (SOUTH CAROLINA)
00390=BLUE CROSS (TENNESSEE)
00400=BLUE CROSS (TEXAS)
00410=BLUE CROSS (UTAH)
00423=BLUE CROSS (VIRGINIA/WEST VA)
00430=BLUE CROSS (WASHINGTON & ALASKA)
00450=NATIONAL GOVERNMENT SERVICES
00452=NATIONAL GOVERNMENT SERVICES
00453=NATIONAL GOVERNMENT SERVICES
00454=NATIONAL GOVERNMENT SERVICES
00456=NATIONAL GOVERNMENT SERVICES
00468=BLUE CROSS (NORTH CAROLINA FOR PR)
00510=BLUE SHIELD (ALABAMA)
00511=CAHABA
00512=CAHABA
00520=BLUE SHIELD (ARKANSAS)
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)
00542=BLUE SHIELD (CALIFORNIA)
00550=BLUE SHIELD (COLORADO)
00570=BLUE SHIELD (DELAWARE)
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)
00590=BLUE SHIELD (FLORIDA)
00621=BLUE SHIELD (ILLINOIS)
00630=NATIONAL GOVERNMENT SERVICES
00640=BLUE SHIELD (IOWA)
00650=BLUE SHIELD (KANSAS)
00655=BLUE SHIELD (KANSAS/NEBRASKA)
00660=NATIONAL GOVERNMENT SERVICES
00690=BLUE SHIELD (MARYLAND)
00700=BLUE SHIELD (MASSACHUSETTS)
00710=BLUE SHIELD (MICHIGAN)
00720=BLUE SHIELD (MINNESOTA)
00740=BLUE SHIELD (KANSAS CITY)
00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
00780=BLUE SHIELD (TRI-STATE)
00801=BLUE SHIELD (BUFFALO)
00803=NATIONAL GOVERNMENT SERVICES
00805=NATIONAL GOVERNMENT SERVICES
00821=NORIDIAN
00824=NORIDIAN GVT SERVICES (CO)
00826=NORIDIAN GVT SERVICES (IA)
00831=NORIDIAN GVT SERVICES (AK)
00832=NORIDIAN GVT SERVICES (AZ)
00833=NORIDIAN GVT SERVICES (HI)
00834=NORIDIAN GVT SERVICES (NV)
00835=NORIDIAN GVT SERVICES (OR)

00836=NORIDIAN GVT SERVICES (WA)
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
 00865=BLUE SHIELD (PENNSYLVANIA)
 00870=BLUE SHIELD (RHODE ISLAND)
 00880=BLUE SHIELD (SOUTH CAROLINA)
 00883=PALMETTO GBA PART B
 00884=PALMETTO GBA

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 9
 Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00889=NORIDIAN GVT SERVICES (SD)				
00900=BLUE SHIELD (TEXAS)				
00901=TRAILBLAZERS HEALTH ENTERPRISES				
00904=TRAILBLAZER				
00910=BLUE SHIELD (UTAH)				
00930=BLUE SHIELD (WASHINGTON)				
00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH)				
01111=Noridian (CA)				
01112=Noridian (NF)				
01120=AETNA (HAWAII)				
01182=Noridian (SF)				
01192=PALMETTO (CALIFORNIA SOUTH)				
01201=PALMETTO (HAWAII)				
01202=PALMETTO (HAWAII)				
01211=Noridian (AS, GU, HI)				
01212=Noridian (AS, GU, HI)				
01290=AETNA (NEVADA)				
01301=PALMETTO (NEVADA)				
01302=PALMETTO (NEVADA)				
01311=Noridian (NV)				
01312=Noridian (NV)				
01360=AETNA (NEW MEXICO)				
01370=AETNA (OKLAHOMA)				
01380=AETNA (OREGON)				
01390=AETNA (WASHINGTON)				
01901=PALMETTO GBA				
01902=PALMETTO GBA				
01911=Noridian (AS, GU, HI, NV)				
02050=OCCIDENTAL (CALIFORNIA)				

02101=Noridian AK
 02102=Noridian AK
 02201=Noridian ID
 02202=Noridian ID
 02301=Noridian OR
 02302=Noridian OR
 02401=Noridian WA
 02402=Noridian WA
 03001=NORIDIAN ADMIN SERVICES
 03101=NORIDAN (ARIZONA)
 03102=NORIDAN (ARIZONA)
 03201=NORIDAN (MONTANA)
 03202=NORIDAN (MONTANA)
 03301=NORDIAN (NORTH DAKOTA)
 03302=NORDIAN (NORTH DAKOTA)
 03401=NORIDIAN (SOUTH DAKOTA)
 03402=NORIDIAN (SOUTH DAKOTA)
 03501=NORIDIAN (UTAH)
 03502=NORIDIAN (UTAH)
 03601=NORIDIAN (WYOMING)
 03602=NORIDIAN (WYOMING)
 04001=TRAILBLAZER
 04101=TRAILBLAZER (COLORADO)
 04102=TRAILBLAZER (COLORADO)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 10
 Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04111=NOVITAS (COLORADO)				
04112=NOVITAS (COLORADO)				
04201=TRAILBLAZER (NEW MEXICO)				
04202=TRAILBLAZER (NEW MEXICO)				
04211=NOVITAS (NEW MEXICO)				
04212=NOVITAS (NEW MEXICO)				
04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				

05392=WPS (MISSOURI EAST)
 05401=WPS (NEBRASKA)
 05402=WPS (NEBRASKA)
 05440=EQICOR (TENNESSEE)
 05535=EQICOR (NORTH CAROLINA)
 05901=WISCONSIN PHYSICIANS SERVICE
 06001=NGS (WI)
 06004=National Govt Serv HHH
 06101=NGS (IL)
 06102=NGS (IL)
 06201=NGS (MN)
 06202=NGS (MN)
 06301=NGS (WI)
 06302=NGS (WI)
 07101=Novitas AR
 07102=Novitas AR
 07201=Novitas LA
 07202=Novitas LA
 07301=Novitas MS
 07302=Novitas MS
 08101=WPS IN
 08102=WPS IN
 08201=WPS MI
 08202=WPS MI
 09101=FIRST COAST (FLORIDA)
 09102=FIRST COAST (FLORIDA)
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)
 09202=FIRST COAST (PUERTO RICO)
 09302=FIRST COAST (VIRGIN ISLANDS)
 10071=TRAVELERS (RRB)
 10101=CAHABA GBA (AL)
 10102=CAHABA GBA (AL)
 10111=PALMETTO GBA (Part A) (AL)
 10201=CAHABA GBA (GA)
 10202=CAHABA GBA (GA)
 10211=PALMETTO GBA (GA)
 10230=TRAVELERS (CONNECTICUT)
 10240=TRAVELERS (MINNESOTA)
 10250=TRAVELERS (MISSISSIPPI)
 10301=CAHABA GBA (TN)
 10302=CAHABA GBA (TN)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 11
 Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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10311=PALMETTO GBA (TN)				
10490=TRAVELERS (VIRGINIA)				
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				

11260=GENERAL AMERICAN
11301=PALMETTO GBA (VA)
11302=PALMETTO GBA (VA)
11401=PALMETTO GBA (WV)
11402=PALMETTO GBA (WV)
11501=PALMETTO GBA (NC)
11502=PALMETTO GBA (NC)
12101=Novitas DE
12102=Novitas DE
12201=Novitas DC
12202=Novitas DC
12301=Novitas MD
12302=Novitas MD
12401=Novitas NJ
12402=Novitas NJ
12501=Novitas PA
12502=Novitas PA
12901=Novitas Solutions DC, DE, MD, PA
12902=HIGHMARK
13101=NATIONAL GOVT SERVICES (CONNECTICUT)
13102=NATIONAL GOVT SERVICES (CONNECTICUT)
13201=NATIONAL GOVT SERVICES (NEW YORK)
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)
13282=NGS (UN)
13292=NGS (QN)
14004=NATIONAL HERITAGE (HHA - A)
14014=NGS (HHA)
14101=NATIONAL HERITAGE (MAINE)
14102=NATIONAL HERITAGE (MAINE)
14111=NGS (ME)
14112=NGS (ME)
14201=NATIONAL HERITAGE (MASSACHUSETTS)
14202=NATIONAL HERITAGE (MASSACHUSETTS)
14211=NGS (MA)
14212=NGS (MA)
14301=NATIONAL HERITAGE (NEW HAMPSHIRE)
14302=NATIONAL HERITAGE (NEW HAMPSHIRE)
14311=NGS (NH)
14312=NGS (NH)
14330=GROUP HEALTH INC (NEW YORK)
14401=NATIONAL HERITAGE (RHODE ISLAND)
14402=NATIONAL HERITAGE (RHODE ISLAND)
14411=NGS (RI)
14412=NGS (RI)
14501=NATIONAL HERITAGE (VERMONT)
14502=NATIONAL HERITAGE (VERMONT)
14511=NGS (VT)
14512=NGS (VT)
15004=CGS Administrators HHH
15101=CGS (KENTUCKY)
15102=CGS (KENTUCKY)
15201=CGS (OHIO)
15202=CGS (OHIO)
16360=NATIONWIDE (OHIO)

16510=NATIONWIDE (WEST VIRGINIA)
17120=HAWAII MEDICAL SERVICE ASSOCIATION
21200=MASSACHUSETTS/MAINE
31142=NATIONAL HERITAGE INSURANCE CO (MAINE)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 12
Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

31143=NATIONAL HERITAGE INSURANCE CO
31144=NATIONAL HERITAGE INSURANCE CO
50333=TRAVELERS (NEW YORK)
51051=AETNA (PETALUMA)
51070=AETNA (FARMINGTON)
51100=AETNA (CLEARWATER)
51140=AETNA (PEORIA)
51390=AETNA (FORT WASHINGTON)
52280=WISCONSIN PHYSICIANS SERVICE
57400=COOPERATIVA (PUERTO RICO)

CCN 10 158 167 VARCHAR2

Description: Six or ten position identification number that is
assigned to a certified provider. This is the CMS
Certification Number.

SAS Name: PRVDR_NUM

COBOL Name: PRVDR-NUM

Region Code 2 168 169 VARCHAR2

Description: Indicates the CMS Regional Office responsible for the
certification of the provider.

SAS Name: RGN_CD

COBOL Name: RGN-CD

VALUES: 01=Boston

02=New York

03=Philadelphia

04=Atlanta

05=Chicago

06=Dallas

07=Kansas City

08=Denver

09=San Francisco

10=Seattle

Skeleton Record Indicator 1 170 170 VARCHAR2

Description: Indicates if the record is a skeleton record. Only a
limited set of data is available for this provider; no
survey data exists. Only provider categories
01,17,19,21 and 22 can have skeleton providers.

SAS Name: SKLTN_REC_SW

COBOL Name: SKLTN-REC-SW

State Abbreviation 2 171 172 VARCHAR2

Description: Two-character state abbreviation.

SAS Name: STATE_CD

COBOL Name: STATE-CD

VALUES: AK=ALASKA

AL=ALABAMA

AR=ARKANSAS

AS=AMERICAN SAMOA

AZ=ARIZONA

CA=CALIFORNIA

CN=CANADA

CO=COLORADO

CT=CONNECTICUT

DC=DISTRICT OF COLUMBIA

DE=DELAWARE

FL=FLORIDA

FN=INTERNATIONAL

GA=GEORGIA

GU=GUAM

HI=HAWAII

IA=IOWA

ID=IDAHO

DATE: 10/06/2020

POS RECORD LAYOUT

PAGE: 13

Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

IL=ILLINOIS

IN=INDIANA

KS=KANSAS

KY=KENTUCKY

LA=LOUISIANA

MA=MASSACHUSETTS

MD=MARYLAND

ME=MAINE

MI=MICHIGAN

MN=MINNESOTA

MO=MISSOURI

MP=SAIPAN

MS=MISSISSIPPI

MT=MONTANA

MX=MEXICO

NC=NORTH CAROLINA

ND=NORTH DAKOTA

NE=NEBRASKA

NH=NEW HAMPSHIRE

NJ=NEW JERSEY

NM=NEW MEXICO

NV=NEVADA

NY=NEW YORK

OH=OHIO

OK=OKLAHOMA

OR=OREGON

PA=PENNSYLVANIA
PR=PUERTO RICO
RI=RHODE ISLAND
SC=SOUTH CAROLINA
SD=SOUTH DAKOTA
TN=TENNESSEE
TX=TEXAS
UT=UTAH
VA=VIRGINIA
VI=VIRGIN ISLANDS
VT=VERMONT
WA=WASHINGTON
WI=WISCONSIN
WV=WEST VIRGINIA
WY=WYOMING

SSA State Code 2 173 174 VARCHAR2

Description: Social Security Administration geographic code indicating the state where the provider is located.

SAS Name: SSA_STATE_CD

COBOL Name: SSA-STATE-CD

VALUES: 01=ALABAMA

02=ALASKA

03=ARIZONA

04=ARKANSAS

05=CALIFORNIA

06=COLORADO

07=CONNECTICUT

08=DELAWARE

09=DISTRICT OF COLUMBIA

10=FLORIDA

11=GEORGIA

12=HAWAII

13=IDAHO

14=ILLINOIS

15=INDIANA

16=IOWA

17=KANSAS

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 14

Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

18=KENTUCKY

19=LOUISIANA

20=MAINE

21=MARYLAND

22=MASSACHUSETTS

23=MICHIGAN

24=MINNESOTA

25=MISSISSIPPI

26=MISSOURI

27=MONTANA
28=NEBRASKA
29=NEVADA
30=NEW HAMPSHIRE
31=NEW JERSEY
32=NEW MEXICO
33=NEW YORK
34=NORTH CAROLINA
35=NORTH DAKOTA
36=OHIO
37=OKLAHOMA
38=OREGON
39=PENNSYLVANIA
40=PUERTO RICO
41=RHODE ISLAND
42=SOUTH CAROLINA
43=SOUTH DAKOTA
44=TENNESSEE
45=TEXAS
46=UTAH
47=VERMONT
48=VIRGIN ISLANDS
49=VIRGINIA
50=WASHINGTON
51=WEST VIRGINIA
52=WISCONSIN
53=WYOMING
54=AFRICA
56=CANADA
57=WEST INDIES
58=EUROPE
59=MEXICO
60=OCEANIA
61=PHILIPPINES
62=SOUTH AMERICA
63=UNITED STATES POSSESSIONS
64=AMERICAN SAMOA
65=GUAM
66=SAIPAN
99=INTERNATIONAL

State Region Code	3	175	177	VARCHAR2
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Description: Identifies the region within a state where the provider is located.

SAS Name: STATE_RGN_CD

COBOL Name: STATE-RGN-CD

VALUES: AK/001=ALASKA

AK/LAB=LABORATORIES

AK/NPH=NON-PARTICIPATING HOSPITAL

AL/001=ALABAMA

AL/LAB=LABORATORIES

AL/NPH=NON-PARTICIPATING HOSPITAL

AR/001=ARKANSAS

AR/LAB=LABORATORIES

SHORT DESCRIPTION	LEN	START	END	TYPE
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AS/001=AMERICAN SAMOA				
AS/LAB=LABORATORY				
AS/NPH=NON-PARTICIPATING HOSPITAL				
AZ/AZ=PHOENIX				
AZ/LAB=ARIZONA LAB				
AZ/NPH=NON-PARTICIPATING HOSPITAL				
AZ/TUC=TUCSON				
CA/001=CALIFORNIA				
CA/BAK=BAKERSFIELD				
CA/BER=SAN BERNARDINO				
CA/EB=East Bay				
CA/FR=FRESNO				
CA/L1=L.A. WEST				
CA/L2=L.A. NORTH				
CA/L3=L.A. CENTRAL				
CA/L4=L.A. EAST				
CA/L5=SAN GABRIEL				
CA/LA1=LA Region 1				
CA/LA2=LA Region 2				
CA/LA3=LA Region 3				
CA/LA4=LA Acute/Ancillary				
CA/LA5=LA HHA/Hospice				
CA/LA6=LA ICF/DD/CLinics				
CA/LAB=LABORATORIES				
CA/M1=LAB. SOUTH				
CA/M2=LAB. NORTH				
CA/NPH=NON-PARTICIPATING HOSPITAL				
CA/ORG=ORANGE				
CA/RIV=RIVERSIDE				
CA/S1=SACRAMENTO				
CA/S3=CHICO				
CA/SD=SAN DIEGO				
CA/SF=SAN FRANCISCO				
CA/SJ=SAN JOSE				
CA/SR=SANTA ROSA				
CA/VEN=VENTURA				
CN/001=CANADA				
CN/LAB=LABORATORY				
CN/NPH=NON-PARTICIPATING HOSPITAL				
CO/001=COLORADO				
CO/LAB=LABORATORIES				
CO/NPH=NON-PARTICIPATING HOSPITAL				
CT/001=CONNECTICUT				
CT/LAB=LABORATORIES				
CT/NPH=NON-PARTICIPATING HOSPITAL				
DC/001=DISTRICT OF COLUMBIA				

DC/LAB=LABORATORIES
DC/NPH=NON-PARTICIPATING HOSPITAL
DE/001=DELAWARE
DE/LAB=LABORATORIES
DE/NPH=NON-PARTICIPATING HOSPITAL
FL/001=FLORIDA
FL/FTM=FT. MYERS
FL/GAI=GAINESVILLE
FL/JAX=JACKSONVILLE
FL/LAB=LABORATORIES
FL/LAN=LANTANA
FL/LAU=LAUDERHILL
FL/MIA=MIAMI
FL/NPH=NON-PARTICIPATING HOSPITAL
FL/ORL=ORLANDO
FL/PEN=PENSACOLA
FL/STP=ST. PETERSBURG
FL/TAL=TALLAHASSEE

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 16
Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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FL/TAM=TAMPA				
FM/001=FEDERATED STATES OF MICRO				
FM/NPH=NON-PARTICIPATING HOSPITAL				
FN/001=INTERNATIONAL				
FN/LAB=LABORATORIES				
FN/NPH=NON-PARTICIPATING HOSPITAL				
GA/001=GEORGIA				
GA/GAA=GEORGIA ALL				
GA/GAC=GEORGIA CENTRAL				
GA/GAE=GEORGIA EASTERN				
GA/GAN=GEORGIA NORTH				
GA/GAS=GEORGIA SOUTH				
GA/GAW=GEORGIA WESTERN				
GA/LAB=LABORATORIES				
GA/NPH=NON-PARTICIPATING HOSPITAL				
GU/001=GUAM				
GU/LAB=LABORATORIES				
GU/NPH=NON-PARTICIPATING HOSPITAL				
HI/001=HAWAII				
HI/LAB=LABORATORIES				
HI/NPH=NON-PARTICIPATING HOSPITAL				
IA/001=IOWA				
IA/LAB=LABORATORIES				
IA/NPH=NON-PARTICIPATING HOSPITAL				
ID/001=IDAHO				
ID/LAB=LABORATORIES				
ID/NPH=NON-PARTICIPATING HOSPITAL				
IL/001=ILLINOIS				
IL/LAB=LABORATORIES				

IL/NPH=NON-PARTICIPATING HOSPITAL
 IN/001=INDIANA
 IN/LAB=LABORATORIES
 IN/NPH=NON-PARTICIPATING HOSPITAL
 KS/001=KANSAS
 KS/KCK=KANSAS CITY
 KS/KDH=KDHE
 KS/LAB=LABORATORIES
 KS/LAW=LAWRENCE
 KS/NC=NORTH CENTRAL KANSAS
 KS/NE=NORTH EAST KANSAS
 KS/NPH=NON-PARTICIPATING HOSPITAL
 KS/NW=NORTH WEST KANSAS
 KS/SC=SOUTH CENTRAL KANSAS
 KS/SE=SOUTH EAST KANSAS
 KS/SW=SOUTH WEST KANSAS
 KS/WST=WEST
 KY/2C1=HOPKINSVILLE
 KY/2C2=LOUISVILLE
 KY/2C3=LONDON
 KY/2C4=LEXINGTON
 KY/LAB=LABORATORIES
 KY/NPH=NON-PARTICIPATING HOSPITAL
 LA/001=LOUISIANA
 LA/LA1=NEW ORLEANS
 LA/LA2=MANDEVILLE
 LA/LA3=LAFAYETTE
 LA/LA4=MONROE
 LA/LA5=SHREVEPORT
 LA/LA6=ALEXANDRIA
 LA/LAB=LABORATORIES
 LA/LB1=CLIA NEW ORLEANS
 LA/LB5=CLIA SHREVEPORT
 LA/LB6=CLIA ALEXANDRIA
 LA/NPH=NON-PARTICIPATING HOSPITAL

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 17
 Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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MA/001=MASSACHUSETTS
 MA/LAB=LABORATORIES
 MA/NPH=NON-PARTICIPATING HOSPITAL
 MD/001=MARYLAND
 MD/LAB=LABORATORIES
 MD/NPH=NON-PARTICIPATING HOSPITAL
 ME/001=MAINE
 ME/LAB=LABORATORIES
 ME/NPH=NON-PARTICIPATING HOSPITAL
 MH/001=MARSHALL ISLANDS
 MH/NPH=NON-PARTICIPATING HOSPITAL
 MI/001=MICHIGAN

MI/LAB=LABORATORIES
MI/NPH=NON-PARTICIPATING HOSPITAL
MN/001=MINNESOTA
MN/LAB=LABORATORIES
MN/NPH=NON-PARTICIPATING HOSPITAL
MO/001=MISSOURI
MO/01=REGION01
MO/02=REGION02
MO/03=REGION 03
MO/04=REGION 04
MO/05=REGION 05
MO/06=REGION 06
MO/07=REGION 07
MO/1NH=REGION 1 NH
MO/2NH=REGION 2 NH
MO/3NH=REGION 3 NH
MO/4NH=REGION 4 NH
MO/5NH=REGION 5 NH
MO/6NH=REGION 6 NH
MO/7NH=REGION 7 NH
MO/LAB=LABORATORIES
MO/MO=STATEWIDE
MO/NPH=NON-PARTICIPATING HOSPITAL
MP/001=NORTHERN MARIANA ISLANDS
MP/LAB=LABORATORIES
MP/NPH=NON-PARTICIPATING HOSPITAL
MS/001=MISSISSIPPI
MS/LAB=LABORATORIES
MS/NPH=NON-PARTICIPATING HOSPITAL
MT/001=MONTANA
MT/LAB=LABORATORIES
MT/NPH=NON-PARTICIPATING HOSPITAL
MX/001=MEXICO
MX/LAB=LABORATORY
MX/NPH=NON-PARTICIPATING HOSPITAL
NC/001=NORTH CAROLINA
NC/LAB=LABORATORIES
NC/NCC=NORTH CAROLINA CENTRAL
NC/NCE=NORTH CAROLINA EAST
NC/NCN=NORTH CAROLINA NORTH
NC/NCS=NORTH CAROLINA SOUTH
NC/NCW=NORTH CAROLINA WEST
NC/NPH=NON-PARTICIPATING HOSPITAL
ND/001=NORTH DAKOTA
ND/LAB=LABORATORIES
ND/NPH=NON-PARTICIPATING HOSPITAL
NE/001=NEBRASKA
NE/1=NORTH CENTRAL
NE/2=CENTRAL
NE/3=NORTHEAST
NE/4=SOUTHEAST
NE/5=WESTERN

SHORT DESCRIPTION LEN START END TYPE

NE/LAB=LABORATORIES
 NE/NPH=NON-PARTICIPATING HOSPITAL
 NH/001=NEW HAMPSHIRE
 NH/LAB=LABORATORIES
 NH/NPH=NON-PARTICIPATING HOSPITAL
 NJ/001=NEW JERSEY
 NJ/LAB=LABORATORIES
 NJ/NPH=NON-PARTICIPATING HOSPITAL
 NM/001=NEW MEXICO
 NM/LAB=LABORATORIES
 NM/NPH=NON-PARTICIPATING HOSPITAL
 NV/001=NEVADA
 NV/CC=CARSON CITY
 NV/LAB=LABORATORIES
 NV/LV=LAS VEGAS
 NV/NPH=NON-PARTICIPATING HOSPITAL
 NY/001=BUFFALO
 NY/002=ROCHESTER
 NY/003=SYRACUSE
 NY/004=ALBANY
 NY/005=NEW ROCHELLE
 NY/006=NEW YORK CITY
 NY/007=SUFFOLK/NASSAU COUNTY
 NY/LAB=LABORATORIES
 NY/NPH=NON-PARTICIPATING HOSPITAL
 OH/001=OHIO
 OH/LAB=LABORATORIES
 OH/NPH=NON-PARTICIPATING HOSPITAL
 OK/001=OKLAHOMA
 OK/LAB=LABORATORIES
 OK/NPH=NON-PARTICIPATING HOSPITAL
 OR/001=OFFICE #1
 OR/002=OFFICE #2
 OR/003=OFFICE #3
 OR/LAB=LABORATORIES
 OR/NPH=NON-PARTICIPATING HOSPITAL
 PA/001=PENNSYLVANIA
 PA/LAB=LABORATORIES
 PA/NPH=NON-PARTICIPATING HOSPITAL
 PR/001=PUERTO RICO
 PR/LAB=LABORATORIES
 PR/NPH=NON-PARTICIPATING HOSPITAL
 PW/001=PALAU
 PW/NPH=NON-PARTICIPATING HOSPITAL
 RI/001=RHODE ISLAND
 RI/LAB=LABORATORIES
 RI/NPH=NON-PARTICIPATING HOSPITAL
 SC/001=SOUTH CAROLINA
 SC/LAB=LABORATORIES

SC/NPH=NON-PARTICIPATING HOSPITAL
 SD/001=SOUTH DAKOTA
 SD/LAB=LABORATORIES
 SD/NPH=NON-PARTICIPATING HOSPITAL
 TN/001=TENNESSEE
 TN/LAB=LABORATORIES
 TN/NPH=NON-PARTICIPATING HOSPITAL
 TN/TNC=TENNESSEE COOKEVILLE
 TN/TNE=TENNESSEE EASTERN
 TN/TNM=TENNESSEE MIDDLE
 TN/TNW=TENNESSEE WESTERN
 TX/001=TEXAS
 TX/L01=AMARILLO-LTC
 TX/L02=ABILENE-LTC
 TX/L03=ARLINGTON-LTC

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 19
 Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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TX/L04=TYLER-LTC				
TX/L05=TEMPLE-LTC				
TX/L06=HOUSTON-LTC				
TX/L07=SAN ANTONIO-LTC				
TX/LAB=LABORATORIES				
TX/NPH=NON-PARTICIPATING HOSPITAL				
TX/TX1=LUBBOCK				
TX/TX2=ARLINGTON				
TX/TX3=SAN ANTONIO				
TX/TX4=HOUSTON				
TX/TX5=TYLER				
TX/TX6=AUSTIN				
UT/001=UTAH				
UT/LAB=LABORATORIES				
UT/NPH=NON-PARTICIPATING HOSPITAL				
VA/001=VIRGINIA				
VA/LAB=LABORATORIES				
VA/NPH=NON-PARTICIPATING HOSPITAL				
VI/001=VIRGIN ISLANDS				
VI/LAB=LABORATORIES				
VI/NPH=NON-PARTICIPATING HOSPITAL				
VT/001=VERMONT				
VT/LAB=LABORATORIES				
VT/NPH=NON-PARTICIPATING HOSPITAL				
WA/001=ALL OTHERS (NON-LTC FAC)				
WA/D1=SPOKANE & YAKIMA AREAS				
WA/D1A=District 1, Unit A				
WA/D1B=District 1, Unit B				
WA/D1C=District 1, Unit C				
WA/D1D=District 1, Unit D				
WA/D2=SPOKANE & SE				
WA/D2A=District 2, Unit A				

WA/D2B=District 2, Unit B
 WA/D2C=District 2, Unit C
 WA/D2D=District 2, Unit D
 WA/D2E=District 2, Unit E
 WA/D2F=District 2, Unit F
 WA/D2G=District 2, Unit G
 WA/D2H=District 2, Unit H
 WA/D3=NW WASHINGTON
 WA/D3A=District 3, Unit A
 WA/D3B=District 3, Unit B
 WA/D3C=District 3, Unit C
 WA/D3D=District 3, Unit D
 WA/D3E=District 3, Unit E
 WA/D4A=GREATER SEATTLE AREA
 WA/D4B=S KING COUNTY
 WA/D5A=PIERCE CTY & PENINSULA
 WA/D5B=PIERCE CTY & GRAYS HARBOR
 WA/D6=OLYMPIA AREA
 WA/LAB=LABORATORIES
 WA/NPH=NON-PARTICIPATING HOSPITAL
 WI/001=WISCONSIN
 WI/LAB=LABORATORIES
 WI/NPH=NON-PARTICIPATING HOSPITAL
 WV/001=WEST VIRGINIA
 WV/LAB=LABORATORIES
 WV/NPH=NON-PARTICIPATING HOSPITAL
 WY/001=WYOMING
 WY/LAB=LABORATORIES
 WY/NPH=NON-PARTICIPATING HOSPITAL

Address: Street 50 178 227 VARCHAR2
 Description: Street address where the provider is located.

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 Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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SAS Name: ST_ADR
 COBOL Name: ST-ADR

Telephone Number 10 228 237 VARCHAR2
 Description: Telephone number of the provider.
 SAS Name: PHNE_NUM
 COBOL Name: PHNE-NUM

Termination Code 2 238 239 VARCHAR2
 Description: Indicates the current termination status for the provider.
 SAS Name: PGM_TRMNTN_CD
 COBOL Name: PGM-TRMNTN-CD
 VALUES: 00=ACTIVE PROVIDER
 01=VOLUNTARY-MERGER, CLOSURE

02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT
 03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION
 04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL
 05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ
 06=INVOLUNTARY-FAILURE TO MEET AGREEMENT
 07=OTHER-PROVIDER STATUS CHANGE
 08=NONPAYMENT OF FEES - CLIA Only
 09=REV/UNSUCCESSFUL PARTICIPATION IN PT - CLIA Only
 10=REV/OTHER REASON - CLIA Only
 11=INCOMPLETE CLIA APPLICATION INFORMATION - CLIA Only
 12=NO LONGER PERFORMING TESTS - CLIA Only
 13=MULTIPLE TO SINGLE SITE CERTIFICATE - CLIA Only
 14=SHARED LABORATORY - CLIA Only
 15=FAILURE TO RENEW WAIVER PPM CERTIFICATE - CLIA Only
 16=DUPLICATE CLIA NUMBER - CLIA Only
 17=MAIL RETURNED NO FORWARD ADDRESS CERT ENDED - CLIA Only
 20=NOTIFICATION BANKRUPTCY - CLIA Only
 33=ACCREDITATION NOT CONFIRMED - CLIA Only
 80=AWAITING STATE APPROVAL
 99=OIG ACTION - DO NOT ACTIVATE - CLIA Only

Termination or Expiration Date 8 240 247 DATE
 Description: Date the provider was terminated. For CLIA providers,
 date the laboratory's certificate was terminated or the
 expiration date of the current CLIA certificate.
 SAS Name: TRMNTN_EXPRTN_DT
 COBOL Name: TRMNTN-EXPRTN-DT

Type of Action Code 1 248 248 VARCHAR2
 Description: Identifies the reason for the certification. Type of
 action from the official survey record, CMS 1539 form.
 SAS Name: CRTFCTN_ACTN_TYPE_CD
 COBOL Name: CRTFCTN-ACTN-TYPE-CD
 VALUES: 1=INITIAL
 2=RECERTIFICATION
 3=TERMINATION
 4=CHANGE OF OWNERSHIP
 5=VALIDATION
 8=FULL SURVEY AFTER COMPLAINT

Ownership Type Code 2 249 250 VARCHAR2
 Description: Indicates the ownership type of the provider.
 SAS Name: GNRL_CNTL_TYPE_CD
 COBOL Name: GNRL-CTL-TYPE-CD
 VALUES: 01=PROPRIETARY
 02=NON PROFIT CHURCH
 03=NON PROFIT OTHER
 04=GOVERNMENT

SHORT DESCRIPTION	LEN	START	END	TYPE
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Address: ZIP Code	5	251	255	VARCHAR2
Description: Five-digit ZIP code for a provider's physical address.				
SAS Name: ZIP_CD				
COBOL Name: ZIP-CD				

FIPS State Code	2	256	257	VARCHAR2
Description: FIPS State Code				
SAS Name: FIPS_STATE_CD				
COBOL Name: FIPS-STATE-CD				
VALUES: 01=ALABAMA				

02=ALASKA
04=ARIZONA
05=ARKANSAS
06=CALIFORNIA
08=COLORADO
09=CONNECTICUT
10=DELAWARE
11=DISTRICT OF COLUMBIA
12=FLORIDA
13=GEORGIA
15=HAWAII
16=IDAHO
17=ILLINOIS
18=INDIANA
19=IOWA
20=KANSAS
21=KENTUCKY
22=LOUISIANA
23=MAINE
24=MARYLAND
25=MASSACHUSETTS
26=MICHIGAN
27=MINNESOTA
28=MISSISSIPPI
29=MISSOURI
30=MONTANA
31=NEBRASKA
32=NEVADA
33=NEW HAMPSHIRE
34=NEW JERSEY
35=NEW MEXICO
36=NEW YORK
37=NORTH CAROLINA
38=NORTH DAKOTA
39=OHIO
40=OKLAHOMA
41=OREGON
42=PENNSYLVANIA
43=PUERTO RICO
44=RHODE ISLAND
45=SOUTH CAROLINA
46=SOUTH DAKOTA

47=TENNESSEE
48=TEXAS
49=UTAH
50=VERMONT
51=VIRGINIA
53=WASHINGTON
54=WEST VIRGINIA
55=WISCONSIN
56=WYOMING
64=AMERICAN SAMOA
65=GUAM
66=SAIPAN/MARIANA IS.

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Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

78=VIRGIN ISLANDS

FIPS County Code 3 258 260 VARCHAR2

Description: FIPS County Code

SAS Name: FIPS_CNTY_CD

COBOL Name: FIPS-CNTY-CD

CBSA Urban Rural Indicator 1 261 261 VARCHAR2

Description: CBSA (Core Based Statistical Area) indicates whether the
county is defined as Urban or Rural.

SAS Name: CBSA_URBN_RRL_IND

COBOL Name: CBSA-URBN-RRL-IND

CBSA Code 5 262 266 VARCHAR2

Description: CBSA (Core Based Statistical Area) geographic entities
defined by the U.S. Office of Management and Budget (OMB)
on June 6, 2003 for use by Federal statistical agencies
in collecting, tabulating, and publishing Federal
statistics. CBSA collectively refers to MSA.

SAS Name: CBSA_CD

COBOL Name: CBSA-CD

*Accreditation Type Code 1 283 283 VARCHAR2

Description: Indicates an accrediting organization deeming the
provider. If a provider is deemed by multiple
accrediting organizations then the accrediting
organization with the earliest active deeming effective
date is displayed in this field.

SAS Name: ACRDTN_TYPE_CD

COBOL Name: ACRDTN-TYPE-CD

VALUES: 0=UNACCREDITED

1=CARF

2=ACCREDISOURCE

Fiscal Year End Date (MMDD) 4 464 467 VARCHAR2

Description: End date, consisting of the month and day, of the provider's fiscal year.

SAS Name: FY_END_MO_DAY_CD

COBOL Name: FY-END-MO-DAY-CD

Parent Provider Number 10 628 637 CHAR

Description: Parent provider number

SAS Name: PARENT_PROVIDER_NUMBER

COBOL Name: PARENT-PROVIDER-NUMBER

Participation Medicare OPT/SP Indicator 1 639 639 VARCHAR2

Description: Indicates if this comprehensive outpatient rehabilitation facility also participates in Medicare as a provider of outpatient physical therapy and/or speech pathology.

SAS Name: MDCR_PRTCPTN_OP_PT_SPCH_SW

COBOL Name: MDCR-PRTCPTN-OP-PT-SPCH-SW

Related Provider Number 10 686 695 CHAR

Description: Related provider number

SAS Name: RELATED_PROVIDER_NUMBER

COBOL Name: RELATED-PROVIDER-NUMBER

Services: Nursing - Employee Indicator 1 756 756 VARCHAR2

Description: Indicates if nursing services are provided by employees.

SAS Name: NRSNG_SRVC_EMPLEE_SW

COBOL Name: NRSNG-SRVC-EMPLEE-SW

Services: Nursing - Independent Contractor Indicator 1 757 757 VARCHAR2

Description: Indicates if nursing services are provided by independent

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Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

contractors.

SAS Name: NRSNG_SRVC_CNTRCTR_SW

COBOL Name: NRSNG-SRVC-CNTRCTR-SW

Services: Nursing - Under Arrangement Indicator 1 758 758 VARCHAR2

Description: Indicates if nursing services are provided under arrangement.

SAS Name: NRSNG_SRVC_ARNGMT_SW

COBOL Name: NRSNG-SRVC-ARNGMT-SW

Services: Orthotic / Prosthetic - Employee Indicator 1 769 769 VARCHAR2

Description: Indicates if orthotic prosthetic services are provided by employees.

SAS Name: ORTHTC_PRSTHTC_EMPLEE_SW

COBOL Name: ORTHTC-PRSTHTC-EMPLEE-SW

Services: Orthotic / Prosthetic - Independent 1 770 770 VARCHAR2

Contractor Indicator

Description: Indicates if orthotic prosthetic services are provided by independent contractors.

SAS Name: ORTHTC_PRSTHTC_CNTRCTR_SW

COBOL Name: ORTHTC-PRSTHTC-CNTRCTR-SW

Services: Orthotic / Prosthetic - Under Arrangement 1 771 771 VARCHAR2
Indicator

Description: Indicates if orthotic/prosthetic services are provided under arrangement.

SAS Name: ORTHTC_PRSTHTC_ARNGMT_SW

COBOL Name: ORTHTC-PRSTHTC-ARNGMT-SW

Services: OT - Employee Indicator 1 772 772 VARCHAR2

Description: Indicates if occupational therapy services are provided by employees.

SAS Name: OT_EMPLEE_SW

COBOL Name: OT-EMPLEE-SW

Services: OT - Independent Contractor Indicator 1 773 773 VARCHAR2

Description: Indicates if occupational therapy services are provided by independent contractors.

SAS Name: OT_CNTRCTR_SW

COBOL Name: OT-CNTRCTR-SW

Services: OT - Under Arrangement Indicator 1 774 774 VARCHAR2

Description: Indicates if occupational therapy services are provided under arrangement.

SAS Name: OT_ARNGMT_SW

COBOL Name: OT-ARNGMT-SW

Services: Physician - Employee Indicator 1 792 792 VARCHAR2

Description: Indicates if physician services are provided by employees.

SAS Name: PHYSN_EMPLEE_SW

COBOL Name: PHYSN-EMPLEE-SW

Services: Physician - Independent Contractor 1 793 793 VARCHAR2
Indicator

Description: Indicates if physician services are provided by independent contractors.

SAS Name: PHYSN_CNTRCTR_SW

COBOL Name: PHYSN-CNTRCTR-SW

Services: Physician - Under Arrangement Indicator 1 794 794 VARCHAR2

Description: Indicates if physician services are provided under arrangement.

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Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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SAS Name: PHYSN_ARNGMT_SW

COBOL Name: PHYSN-ARNGMT-SW

Services: Psychological - Employee Indicator 1 807 807 VARCHAR2

Description: Indicates if psychological services are provided by employees.

SAS Name: PSYCHLGCL_EMPLEE_SW

COBOL Name: PSYCHLGCL-EMPLEE-SW

Services: Psychological - Independent Contractor 1 808 808 VARCHAR2

Indicator

Description: Indicates if psychological services are provided by independent contractors.

SAS Name: PSYCHLGCL_CNTRCTR_SW

COBOL Name: PSYCHLGCL-CNTRCTR-SW

Services: Psychological - Under Arrangement Indicator 1 809 809 VARCHAR2

Description: Indicates if psychological services are provided under arrangement.

SAS Name: PSYCHLGCL_ARNGMT_SW

COBOL Name: PSYCHLGCL-ARNGMT-SW

Services: PT - Employee Indicator 1 810 810 VARCHAR2

Description: Indicates if physical therapy services are provided by employees.

SAS Name: PT_EMPLEE_SW

COBOL Name: PT-EMPLEE-SW

Services: PT - Independent Contractor Indicator 1 811 811 VARCHAR2

Description: Indicates if physical therapy services are provided by independent contractors.

SAS Name: PT_CNTRCTR_SW

COBOL Name: PT-CNTRCTR-SW

Services: PT - Under Arrangement Indicator 1 812 812 VARCHAR2

Description: Indicates if physical therapy services are provided under arrangement.

SAS Name: PT_ARNGMT_SW

COBOL Name: PT-ARNGMT-SW

Services: Respiratory Care - Employee Indicator 1 818 818 VARCHAR2

Description: Indicates if respiratory care services are provided by employees.

SAS Name: RSPRTRY_CARE_EMPLEE_SW

COBOL Name: RSPRTRY-CARE-EMPLEE-SW

Services: Respiratory Care - Independent Contractor 1 819 819 VARCHAR2

Indicator

Description: Indicates if respiratory care services are provided by independent contractors.

SAS Name: RSPRTRY_CARE_CNTRCTR_SW

COBOL Name: RSPRTRY-CARE-CNTRCTR-SW

Services: Respiratory Care - Under Arrangement 1 820 820 VARCHAR2

Indicator

Description: Indicates if respiratory care services are provided under arrangement.

SAS Name: RSPRTRY_CARE_ARNGMT_SW

COBOL Name: RSPRTRY-CARE-ARNGMT-SW

Services: Social - Employee Indicator 1 823 823 VARCHAR2

Description: Indicates if social services are provided by employees.

SAS Name: SCL_EMPLEE_SW

COBOL Name: SCL-EMPLEE-SW

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POS RECORD LAYOUT

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Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

Services: Social - Independent Contractor Indicator 1 824 824 VARCHAR2

Description: Indicates if social services are provided by independent contractors.

SAS Name: SCL_CNTRCTR_SW

COBOL Name: SCL-CNTRCTR-SW

Services: Social - Under Arrangement Indicator 1 825 825 VARCHAR2

Description: Indicates if social services are provided under arrangement.

SAS Name: SCL_ARNGMT_SW

COBOL Name: SCL-ARNGMT-SW

Services: Speech Pathology - Employee Indicator 1 830 830 VARCHAR2

Description: Indicates if speech pathology services are provided by employees.

SAS Name: SPCH_PTHLGY_EMPLEE_SW

COBOL Name: SPCH-PTHLGY-EMPLEE-SW

Services: Speech Pathology - Independent Contractor Indicator 1 831 831 VARCHAR2

Description: Indicates if speech pathology services are provided by independent contractors.

SAS Name: SPCH_PTHLGY_CNTRCTR_SW

COBOL Name: SPCH-PTHLGY-CNTRCTR-SW

Services: Speech Pathology - Under Arrangement Indicator 1 832 832 VARCHAR2

Description: Indicates if speech pathology services are provided under arrangement.

SAS Name: SPCH_PTHLGY_ARNGMT_SW

COBOL Name: SPCH-PTHLGY-ARNGMT-SW

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 1
Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Provider Category Subtype Code	2	1	2	VARCHAR2
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Description: Identifies the subtype of the provider, within the primary category. Used in reporting to show the breakdown of provider categories, mainly for hospitals and SNFs.

SAS Name: PRVDR_CTGRY_SBTYP_CD

COBOL Name: PRVDR-CTGRY-SBTYP-CD

VALUES: 01=Ambulatory Surgical Center

Provider Category Code	2	3	4	VARCHAR2
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Description: Identifies the type of provider participating in the Medicare/Medicaid program.

SAS Name: PRVDR_CTGRY_CD

COBOL Name: PRVDR-CTGRY-CD

VALUES: 15=Ambulatory Surgical Center

CHOW Count	2	5	6	NUMBER
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Description: Number of times this provider has undergone a change of ownership.

SAS Name: CHOW_CNT

COBOL Name: CHOW-CNT

CHOW Date 8 7 14 DATE

Description: Effective date of the most recent change of ownership for this provider.

SAS Name: CHOW_DT

COBOL Name: CHOW-DT

Address: City 28 15 42 VARCHAR2

Description: City in which the provider is physically located.

SAS Name: CITY_NAME

COBOL Name: CITY-NAME

Compliance: Acceptable POC 1 43 43 VARCHAR2

Description: Indicates if a provider is in compliance with program requirements based on an acceptable plan for correction of deficiencies.

SAS Name: ACPTBL_POC_SW

COBOL Name: ACPTBL-POC-SW

Compliance: Status 1 44 44 VARCHAR2

Description: Compliance status of a provider at the time of certification survey.

SAS Name: CMPLNC_STUS_CD

COBOL Name: CMPLNC-STUS-CD

VALUES: A=IN COMPLIANCE

B=NOT IN COMPLIANCE

SSA County Code 3 45 47 VARCHAR2

Description: Social Security Administration geographic code indicating the county where the provider is located.

SAS Name: SSA_CNTY_CD

COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR

Description: Cross reference provider number

SAS Name: CROSS_REF_PROVIDER_NUMBER

COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date 8 58 65 DATE

Description: Equal to the exit date of the initial visit of the Health survey for certifications completed after July 28, 2012. For certifications prior to that date, the certification

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Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

date is equal to the exit date of the initial visit of the Health survey or LSC survey, whichever is later.

SAS Name: CRTFCTN_DT

COBOL Name: CRTFCTN-DT

Eligibility Indicator 1 66 66 VARCHAR2
Description: Indicates if a facility is eligible to participate in the Medicare and/or Medicaid programs.
SAS Name: ELGBLTY_SW
COBOL Name: ELGBLTY-SW

Facility Name 50 67 116 VARCHAR2
Description: Name of the provider certified to participate in the Medicare and/or Medicaid programs.
SAS Name: FAC_NAME
COBOL Name: FAC-NAME

Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code 5 117 121 VARCHAR2
Description: Number assigned to the Medicare Administrative Contractor, intermediary or carrier servicing this provider.

SAS Name: INTRMDRY_CARR_CD
COBOL Name: INTRMDRY-CARR-CD

VALUES: 00000=DUMMY FOR MEDICAID HHA
00010=BLUE CROSS (ALABAMA)
00011=CAHABA
00020=BLUE CROSS (ARKANSAS)
00040=BLUE CROSS (CALIFORNIA)
00060=BLUE CROSS (CONNECTICUT)
00070=BLUE CROSS (DELAWARE)
00090=BLUE CROSS (FLORIDA)
00101=BLUE CROSS (GEORGIA)
00121=HEALTH CARE SERVICE CORPORATION
00122=HCSC - MICHIGAN
00123=HCSC OF MICHIGAN
00130=NATIONAL GOVERNMENT SERVICES
00131=NATIONAL GOVERNMENT SERVICES
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)
00150=BLUE CROSS (KANSAS)
00160=NATIONAL GOVERNMENT SERVICES
00180=NATIONAL GOVERNMENT SERVICES
00181=NATIONAL GOVERNMENT SERVICES
00190=BLUE CROSS (MARYLAND)
00200=BLUE CROSS (MASSACHUSETTS)
00210=BLUE CROSS (MICHIGAN)
00220=BLUE CROSS (MINNESOTA)
00230=BLUE CROSS (MISSISSIPPI)
00231=BLUE CROSS (LOUISIANA)
00233=PINNACLE
00241=BLUE CROSS (MISSOURI)
00260=BLUE CROSS (NEBRASKA)
00270=NATIONAL GOVERNMENT SERVICES
00280=BLUE CROSS (NEW JERSEY)
00290=BLUE CROSS (NEW MEXICO)
00308=NATIONAL GOVERNMENT SERVICES
00310=BLUE CROSS (NORTH CAROLINA)
00320=NORIDIAN PART A

00322=NORIDIAN PART A (AK/WA)
00323=NORIDIAN PART A (ID/OR)
00325=NORIDIAN
00332=NATIONAL GOVERNMENT SERVICES
00340=BLUE CROSS (OKLAHOMA)
00350=BLUE CROSS (OREGON)

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Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				
00468=BLUE CROSS (NORTH CAROLINA FOR PR)				
00510=BLUE SHIELD (ALABAMA)				
00511=CAHABA				
00512=CAHABA				
00520=BLUE SHIELD (ARKANSAS)				
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)				
00542=BLUE SHIELD (CALIFORNIA)				
00550=BLUE SHIELD (COLORADO)				
00570=BLUE SHIELD (DELAWARE)				
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)				
00590=BLUE SHIELD (FLORIDA)				
00621=BLUE SHIELD (ILLINOIS)				
00630=NATIONAL GOVERNMENT SERVICES				
00640=BLUE SHIELD (IOWA)				
00650=BLUE SHIELD (KANSAS)				
00655=BLUE SHIELD (KANSAS/NEBRASKA)				
00660=NATIONAL GOVERNMENT SERVICES				
00690=BLUE SHIELD (MARYLAND)				
00700=BLUE SHIELD (MASSACHUSETTS)				
00710=BLUE SHIELD (MICHIGAN)				
00720=BLUE SHIELD (MINNESOTA)				
00740=BLUE SHIELD (KANSAS CITY)				
00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)				
00780=BLUE SHIELD (TRI-STATE)				
00801=BLUE SHIELD (BUFFALO)				

00803=NATIONAL GOVERNMENT SERVICES
 00805=NATIONAL GOVERNMENT SERVICES
 00821=NORIDIAN
 00824=NORIDIAN GVT SERVICES (CO)
 00826=NORIDIAN GVT SERVICES (IA)
 00831=NORIDIAN GVT SERVICES (AK)
 00832=NORIDIAN GVT SERVICES (AZ)
 00833=NORIDIAN GVT SERVICES (HI)
 00834=NORIDIAN GVT SERVICES (NV)
 00835=NORIDIAN GVT SERVICES (OR)
 00836=NORIDIAN GVT SERVICES (WA)
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
 00865=BLUE SHIELD (PENNSYLVANIA)
 00870=BLUE SHIELD (RHODE ISLAND)
 00880=BLUE SHIELD (SOUTH CAROLINA)
 00883=PALMETTO GBA PART B
 00884=PALMETTO GBA
 00889=NORIDIAN GVT SERVICES (SD)
 00900=BLUE SHIELD (TEXAS)
 00901=TRAILBLAZERS HEALTH ENTERPRISES
 00904=TRAILBLAZER
 00910=BLUE SHIELD (UTAH)
 00930=BLUE SHIELD (WASHINGTON)

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 Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH)				
01111=Noridian (CA)				
01112=Noridian (NF)				
01120=AETNA (HAWAII)				
01182=Noridian (SF)				
01192=PALMETTO (CALIFORNIA SOUTH)				
01201=PALMETTO (HAWAII)				
01202=PALMETTO (HAWAII)				
01211=Noridian (AS, GU, HI)				
01212=Noridian (AS, GU, HI)				
01290=AETNA (NEVADA)				
01301=PALMETTO (NEVADA)				
01302=PALMETTO (NEVADA)				

01311=Noridian (NV)
 01312=Noridian (NV)
 01360=AETNA (NEW MEXICO)
 01370=AETNA (OKLAHOMA)
 01380=AETNA (OREGON)
 01390=AETNA (WASHINGTON)
 01901=PALMETTO GBA
 01902=PALMETTO GBA
 01911=Noridian (AS, GU, HI, NV)
 02050=OCCIDENTAL (CALIFORNIA)
 02101=Noridian AK
 02102=Noridian AK
 02201=Noridian ID
 02202=Noridian ID
 02301=Noridian OR
 02302=Noridian OR
 02401=Noridian WA
 02402=Noridian WA
 03001=NORIDIAN ADMIN SERVICES
 03101=NORIDAN (ARIZONA)
 03102=NORIDAN (ARIZONA)
 03201=NORIDAN (MONTANA)
 03202=NORIDAN (MONTANA)
 03301=NORDIAN (NORTH DAKOTA)
 03302=NORDIAN (NORTH DAKOTA)
 03401=NORIDIAN (SOUTH DAKOTA)
 03402=NORIDIAN (SOUTH DAKOTA)
 03501=NORIDIAN (UTAH)
 03502=NORIDIAN (UTAH)
 03601=NORIDIAN (WYOMING)
 03602=NORIDIAN (WYOMING)
 04001=TRAILBLAZER
 04101=TRAILBLAZER (COLORADO)
 04102=TRAILBLAZER (COLORADO)
 04111=NOVITAS (COLORADO)
 04112=NOVITAS (COLORADO)
 04201=TRAILBLAZER (NEW MEXICO)
 04202=TRAILBLAZER (NEW MEXICO)
 04211=NOVITAS (NEW MEXICO)
 04212=NOVITAS (NEW MEXICO)

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 Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				

04412=NOVITAS (TEXAS)
04901=MUTUAL LEGACY
04911=NOVITAS
05101=WPS (IOWA)
05102=WPS (IOWA)
05130=EQICOR (IDAHO)
05201=WPS (KANSAS)
05202=WPS (KANSAS)
05301=WPS (MISSOURI)
05302=WPS (MISSOURI WEST)
05392=WPS (MISSOURI EAST)
05401=WPS (NEBRASKA)
05402=WPS (NEBRASKA)
05440=EQICOR (TENNESSEE)
05535=EQICOR (NORTH CAROLINA)
05901=WISCONSIN PHYSICIANS SERVICE
06001=NGS (WI)
06004=National Govt Serv HHH
06101=NGS (IL)
06102=NGS (IL)
06201=NGS (MN)
06202=NGS (MN)
06301=NGS (WI)
06302=NGS (WI)
07101=Novitas AR
07102=Novitas AR
07201=Novitas LA
07202=Novitas LA
07301=Novitas MS
07302=Novitas MS
08101=WPS IN
08102=WPS IN
08201=WPS MI
08202=WPS MI
09101=FIRST COAST (FLORIDA)
09102=FIRST COAST (FLORIDA)
09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)
09202=FIRST COAST (PUERTO RICO)
09302=FIRST COAST (VIRGIN ISLANDS)
10071=TRAVELERS (RRB)
10101=CAHABA GBA (AL)
10102=CAHABA GBA (AL)
10111=PALMETTO GBA (Part A) (AL)
10201=CAHABA GBA (GA)
10202=CAHABA GBA (GA)
10211=PALMETTO GBA (GA)
10230=TRAVELERS (CONNECTICUT)
10240=TRAVELERS (MINNESOTA)
10250=TRAVELERS (MISSISSIPPI)
10301=CAHABA GBA (TN)
10302=CAHABA GBA (TN)
10311=PALMETTO GBA (TN)
10490=TRAVELERS (VIRGINIA)
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT

11004=PALMETTO HHH C
11201=PALMETTO GBA (SC)
11202=PALMETTO GBA (SC)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 6
Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				
12102=Novitas DE				
12201=Novitas DC				
12202=Novitas DC				
12301=Novitas MD				
12302=Novitas MD				
12401=Novitas NJ				
12402=Novitas NJ				
12501=Novitas PA				
12502=Novitas PA				
12901=Novitas Solutions DC, DE, MD, PA				
12902=HIGHMARK				
13101=NATIONAL GOVT SERVICES (CONNECTICUT)				
13102=NATIONAL GOVT SERVICES (CONNECTICUT)				
13201=NATIONAL GOVT SERVICES (NEW YORK)				
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)				
13282=NGS (UN)				
13292=NGS (QN)				
14004=NATIONAL HERITAGE (HHA - A)				
14014=NGS (HHA)				
14101=NATIONAL HERITAGE (MAINE)				
14102=NATIONAL HERITAGE (MAINE)				
14111=NGS (ME)				
14112=NGS (ME)				
14201=NATIONAL HERITAGE (MASSACHUSETTS)				
14202=NATIONAL HERITAGE (MASSACHUSETTS)				
14211=NGS (MA)				
14212=NGS (MA)				
14301=NATIONAL HERITAGE (NEW HAMPSHIRE)				
14302=NATIONAL HERITAGE (NEW HAMPSHIRE)				
14311=NGS (NH)				
14312=NGS (NH)				
14330=GROUP HEALTH INC (NEW YORK)				
14401=NATIONAL HERITAGE (RHODE ISLAND)				
14402=NATIONAL HERITAGE (RHODE ISLAND)				
14411=NGS (RI)				
14412=NGS (RI)				

14501=NATIONAL HERITAGE (VERMONT)
 14502=NATIONAL HERITAGE (VERMONT)
 14511=NGS (VT)
 14512=NGS (VT)
 15004=CGS Administrators HHH
 15101=CGS (KENTUCKY)
 15102=CGS (KENTUCKY)
 15201=CGS (OHIO)
 15202=CGS (OHIO)
 16360=NATIONWIDE (OHIO)
 16510=NATIONWIDE (WEST VIRGINIA)
 17120=HAWAII MEDICAL SERVICE ASSOCIATION
 21200=MASSACHUSETTS/MAINE
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)
 31143=NATIONAL HERITAGE INSURANCE CO
 31144=NATIONAL HERITAGE INSURANCE CO
 50333=TRAVELERS (NEW YORK)
 51051=AETNA (PETALUMA)
 51070=AETNA (FARMINGTON)
 51100=AETNA (CLEARWATER)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 7
 Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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51140=AETNA (PEORIA)
 51390=AETNA (FORT WASHINGTON)
 52280=WISCONSIN PHYSICIANS SERVICE
 57400=COOPERATIVA (PUERTO RICO)

Medicaid Vendor Number	15	122	136	VARCHAR2
Description: Number which may be assigned to a provider by the state Medicaid agency for external control or billing purposes.				
SAS Name:	MDCD_VNDR_NUM			
COBOL Name:	MDCD-VNDR-NUM			

Original Participation Date	8	137	144	DATE
Description: Date a provider is first approved to provide Medicare and/or Medicaid services.				
SAS Name:	ORGNL_PRTCPTN_DT			
COBOL Name:	ORGNL-PRTCPTN-DT			

Prior CHOW Date	8	145	152	DATE
Description: Effective date of the previous change of ownership for this provider.				
SAS Name:	CHOW_PRIOR_DT			
COBOL Name:	CHOW-PRIOR-DT			

Prior Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code	5	153	157	VARCHAR2
Description: Number assigned to the previous Medicare Administrative Contractor, intermediary or carrier servicing this				

provider.

SAS Name: INTRMDRY_CARR_PRIOR_CD

COBOL Name: INTRMDRY-CARR-PRIOR-CD

VALUES: 00000=DUMMY FOR MEDICAID HHA

00010=BLUE CROSS (ALABAMA)

00011=CAHABA

00020=BLUE CROSS (ARKANSAS)

00040=BLUE CROSS (CALIFORNIA)

00060=BLUE CROSS (CONNECTICUT)

00070=BLUE CROSS (DELAWARE)

00090=BLUE CROSS (FLORIDA)

00101=BLUE CROSS (GEORGIA)

00121=HEALTH CARE SERVICE CORPORATION

00122=HCSC - MICHIGAN

00123=HCSC OF MICHIGAN

00130=NATIONAL GOVERNMENT SERVICES

00131=NATIONAL GOVERNMENT SERVICES

00140=BLUE CROSS (IOWA/SOUTH DAKOTA)

00150=BLUE CROSS (KANSAS)

00160=NATIONAL GOVERNMENT SERVICES

00180=NATIONAL GOVERNMENT SERVICES

00181=NATIONAL GOVERNMENT SERVICES

00190=BLUE CROSS (MARYLAND)

00200=BLUE CROSS (MASSACHUSETTS)

00210=BLUE CROSS (MICHIGAN)

00220=BLUE CROSS (MINNESOTA)

00230=BLUE CROSS (MISSISSIPPI)

00231=BLUE CROSS (LOUISIANA)

00233=PINNACLE

00241=BLUE CROSS (MISSOURI)

00260=BLUE CROSS (NEBRASKA)

00270=NATIONAL GOVERNMENT SERVICES

00280=BLUE CROSS (NEW JERSEY)

00290=BLUE CROSS (NEW MEXICO)

00308=NATIONAL GOVERNMENT SERVICES

00310=BLUE CROSS (NORTH CAROLINA)

00320=NORIDIAN PART A

DATE: 10/06/2020

POS RECORD LAYOUT

PAGE: 8

Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

00322=NORIDIAN PART A (AK/WA)

00323=NORIDIAN PART A (ID/OR)

00325=NORIDIAN

00332=NATIONAL GOVERNMENT SERVICES

00340=BLUE CROSS (OKLAHOMA)

00350=BLUE CROSS (OREGON)

00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)

00362=BLUE CROSS (INDEPENDENCE)

00363=BLUE CROSS (WESTERN PENNSYLVANIA)

00366=HIGHMARK MEDICARE SERVICES

00370=BLUE CROSS (RHODE ISLAND)
00380=BLUE CROSS (SOUTH CAROLINA)
00390=BLUE CROSS (TENNESSEE)
00400=BLUE CROSS (TEXAS)
00410=BLUE CROSS (UTAH)
00423=BLUE CROSS (VIRGINIA/WEST VA)
00430=BLUE CROSS (WASHINGTON & ALASKA)
00450=NATIONAL GOVERNMENT SERVICES
00452=NATIONAL GOVERNMENT SERVICES
00453=NATIONAL GOVERNMENT SERVICES
00454=NATIONAL GOVERNMENT SERVICES
00456=NATIONAL GOVERNMENT SERVICES
00468=BLUE CROSS (NORTH CAROLINA FOR PR)
00510=BLUE SHIELD (ALABAMA)
00511=CAHABA
00512=CAHABA
00520=BLUE SHIELD (ARKANSAS)
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)
00542=BLUE SHIELD (CALIFORNIA)
00550=BLUE SHIELD (COLORADO)
00570=BLUE SHIELD (DELAWARE)
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)
00590=BLUE SHIELD (FLORIDA)
00621=BLUE SHIELD (ILLINOIS)
00630=NATIONAL GOVERNMENT SERVICES
00640=BLUE SHIELD (IOWA)
00650=BLUE SHIELD (KANSAS)
00655=BLUE SHIELD (KANSAS/NEBRASKA)
00660=NATIONAL GOVERNMENT SERVICES
00690=BLUE SHIELD (MARYLAND)
00700=BLUE SHIELD (MASSACHUSETTS)
00710=BLUE SHIELD (MICHIGAN)
00720=BLUE SHIELD (MINNESOTA)
00740=BLUE SHIELD (KANSAS CITY)
00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
00780=BLUE SHIELD (TRI-STATE)
00801=BLUE SHIELD (BUFFALO)
00803=NATIONAL GOVERNMENT SERVICES
00805=NATIONAL GOVERNMENT SERVICES
00821=NORIDIAN
00824=NORIDIAN GVT SERVICES (CO)
00826=NORIDIAN GVT SERVICES (IA)
00831=NORIDIAN GVT SERVICES (AK)
00832=NORIDIAN GVT SERVICES (AZ)
00833=NORIDIAN GVT SERVICES (HI)
00834=NORIDIAN GVT SERVICES (NV)
00835=NORIDIAN GVT SERVICES (OR)
00836=NORIDIAN GVT SERVICES (WA)
00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
00865=BLUE SHIELD (PENNSYLVANIA)
00870=BLUE SHIELD (RHODE ISLAND)
00880=BLUE SHIELD (SOUTH CAROLINA)
00883=PALMETTO GBA PART B
00884=PALMETTO GBA

SHORT DESCRIPTION	LEN	START	END	TYPE
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00889=NORIDIAN GVT SERVICES (SD)				
00900=BLUE SHIELD (TEXAS)				
00901=TRAILBLAZERS HEALTH ENTERPRISES				
00904=TRAILBLAZER				
00910=BLUE SHIELD (UTAH)				
00930=BLUE SHIELD (WASHINGTON)				
00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH)				
01111=Noridian (CA)				
01112=Noridian (NF)				
01120=AETNA (HAWAII)				
01182=Noridian (SF)				
01192=PALMETTO (CALIFORNIA SOUTH)				
01201=PALMETTO (HAWAII)				
01202=PALMETTO (HAWAII)				
01211=Noridian (AS, GU, HI)				
01212=Noridian (AS, GU, HI)				
01290=AETNA (NEVADA)				
01301=PALMETTO (NEVADA)				
01302=PALMETTO (NEVADA)				
01311=Noridian (NV)				
01312=Noridian (NV)				
01360=AETNA (NEW MEXICO)				
01370=AETNA (OKLAHOMA)				
01380=AETNA (OREGON)				
01390=AETNA (WASHINGTON)				
01901=PALMETTO GBA				
01902=PALMETTO GBA				
01911=Noridian (AS, GU, HI, NV)				
02050=OCCIDENTAL (CALIFORNIA)				
02101=Noridian AK				
02102=Noridian AK				
02201=Noridian ID				
02202=Noridian ID				
02301=Noridian OR				
02302=Noridian OR				
02401=Noridian WA				

02402=Noridian WA
 03001=NORIDIAN ADMIN SERVICES
 03101=NORIDAN (ARIZONA)
 03102=NORIDAN (ARIZONA)
 03201=NORIDAN (MONTANA)
 03202=NORIDAN (MONTANA)
 03301=NORDIAN (NORTH DAKOTA)
 03302=NORDIAN (NORTH DAKOTA)
 03401=NORIDIAN (SOUTH DAKOTA)
 03402=NORIDIAN (SOUTH DAKOTA)
 03501=NORIDIAN (UTAH)
 03502=NORIDIAN (UTAH)
 03601=NORIDIAN (WYOMING)
 03602=NORIDIAN (WYOMING)
 04001=TRAILBLAZER
 04101=TRAILBLAZER (COLORADO)
 04102=TRAILBLAZER (COLORADO)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 10
 Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04111=NOVITAS (COLORADO)				
04112=NOVITAS (COLORADO)				
04201=TRAILBLAZER (NEW MEXICO)				
04202=TRAILBLAZER (NEW MEXICO)				
04211=NOVITAS (NEW MEXICO)				
04212=NOVITAS (NEW MEXICO)				
04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				
05402=WPS (NEBRASKA)				
05440=EQICOR (TENNESSEE)				
05535=EQICOR (NORTH CAROLINA)				
05901=WISCONSIN PHYSICIANS SERVICE				
06001=NGS (WI)				

06004=National Govt Serv HHH
 06101=NGS (IL)
 06102=NGS (IL)
 06201=NGS (MN)
 06202=NGS (MN)
 06301=NGS (WI)
 06302=NGS (WI)
 07101=Novitas AR
 07102=Novitas AR
 07201=Novitas LA
 07202=Novitas LA
 07301=Novitas MS
 07302=Novitas MS
 08101=WPS IN
 08102=WPS IN
 08201=WPS MI
 08202=WPS MI
 09101=FIRST COAST (FLORIDA)
 09102=FIRST COAST (FLORIDA)
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)
 09202=FIRST COAST (PUERTO RICO)
 09302=FIRST COAST (VIRGIN ISLANDS)
 10071=TRAVELERS (RRB)
 10101=CAHABA GBA (AL)
 10102=CAHABA GBA (AL)
 10111=PALMETTO GBA (Part A) (AL)
 10201=CAHABA GBA (GA)
 10202=CAHABA GBA (GA)
 10211=PALMETTO GBA (GA)
 10230=TRAVELERS (CONNECTICUT)
 10240=TRAVELERS (MINNESOTA)
 10250=TRAVELERS (MISSISSIPPI)
 10301=CAHABA GBA (TN)
 10302=CAHABA GBA (TN)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 11
 Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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10311=PALMETTO GBA (TN)				
10490=TRAVELERS (VIRGINIA)				
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				

12101=Novitas DE
12102=Novitas DE
12201=Novitas DC
12202=Novitas DC
12301=Novitas MD
12302=Novitas MD
12401=Novitas NJ
12402=Novitas NJ
12501=Novitas PA
12502=Novitas PA
12901=Novitas Solutions DC, DE, MD, PA
12902=HIGHMARK
13101=NATIONAL GOVT SERVICES (CONNECTICUT)
13102=NATIONAL GOVT SERVICES (CONNECTICUT)
13201=NATIONAL GOVT SERVICES (NEW YORK)
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)
13282=NGS (UN)
13292=NGS (QN)
14004=NATIONAL HERITAGE (HHA - A)
14014=NGS (HHA)
14101=NATIONAL HERITAGE (MAINE)
14102=NATIONAL HERITAGE (MAINE)
14111=NGS (ME)
14112=NGS (ME)
14201=NATIONAL HERITAGE (MASSACHUSETTS)
14202=NATIONAL HERITAGE (MASSACHUSETTS)
14211=NGS (MA)
14212=NGS (MA)
14301=NATIONAL HERITAGE (NEW HAMPSHIRE)
14302=NATIONAL HERITAGE (NEW HAMPSHIRE)
14311=NGS (NH)
14312=NGS (NH)
14330=GROUP HEALTH INC (NEW YORK)
14401=NATIONAL HERITAGE (RHODE ISLAND)
14402=NATIONAL HERITAGE (RHODE ISLAND)
14411=NGS (RI)
14412=NGS (RI)
14501=NATIONAL HERITAGE (VERMONT)
14502=NATIONAL HERITAGE (VERMONT)
14511=NGS (VT)
14512=NGS (VT)
15004=CGS Administrators HHH
15101=CGS (KENTUCKY)
15102=CGS (KENTUCKY)
15201=CGS (OHIO)
15202=CGS (OHIO)
16360=NATIONWIDE (OHIO)
16510=NATIONWIDE (WEST VIRGINIA)
17120=HAWAII MEDICAL SERVICE ASSOCIATION
21200=MASSACHUSETTS/MAINE
31142=NATIONAL HERITAGE INSURANCE CO (MAINE)

SHORT DESCRIPTION LEN START END TYPE

31143=NATIONAL HERITAGE INSURANCE CO
31144=NATIONAL HERITAGE INSURANCE CO
50333=TRAVELERS (NEW YORK)
51051=AETNA (PETALUMA)
51070=AETNA (FARMINGTON)
51100=AETNA (CLEARWATER)
51140=AETNA (PEORIA)
51390=AETNA (FORT WASHINGTON)
52280=WISCONSIN PHYSICIANS SERVICE
57400=COOPERATIVA (PUERTO RICO)

CCN 10 158 167 VARCHAR2

Description: Six or ten position identification number that is
 assigned to a certified provider. This is the CMS
 Certification Number.

SAS Name: PRVDR_NUM

COBOL Name: PRVDR-NUM

Region Code 2 168 169 VARCHAR2

Description: Indicates the CMS Regional Office responsible for the
 certification of the provider.

SAS Name: RGN_CD

COBOL Name: RGN-CD

VALUES: 01=Boston

 02=New York

 03=Philadelphia

 04=Atlanta

 05=Chicago

 06=Dallas

 07=Kansas City

 08=Denver

 09=San Francisco

 10=Seattle

Skeleton Record Indicator 1 170 170 VARCHAR2

Description: Indicates if the record is a skeleton record. Only a
 limited set of data is available for this provider; no
 survey data exists. Only provider categories
 01,17,19,21and 22 can have skeleton providers.

SAS Name: SKLTN_REC_SW

COBOL Name: SKLTN-REC-SW

State Abbreviation 2 171 172 VARCHAR2

Description: Two-character state abbreviation.

SAS Name: STATE_CD

COBOL Name: STATE-CD

VALUES: AK=ALASKA

 AL=ALABAMA

 AR=ARKANSAS

 AS=AMERICAN SAMOA

AZ=ARIZONA
CA=CALIFORNIA
CN=CANADA
CO=COLORADO
CT=CONNECTICUT
DC=DISTRICT OF COLUMBIA
DE=DELAWARE
FL=FLORIDA
FN=INTERNATIONAL
GA=GEORGIA
GU=GUAM
HI=HAWAII
IA=IOWA
ID=IDAHO

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 13
Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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IL=ILLINOIS				
IN=INDIANA				
KS=KANSAS				
KY=KENTUCKY				
LA=LOUISIANA				
MA=MASSACHUSETTS				
MD=MARYLAND				
ME=MAINE				
MI=MICHIGAN				
MN=MINNESOTA				
MO=MISSOURI				
MP=SAIPAN				
MS=MISSISSIPPI				
MT=MONTANA				
MX=MEXICO				
NC=NORTH CAROLINA				
ND=NORTH DAKOTA				
NE=NEBRASKA				
NH=NEW HAMPSHIRE				
NJ=NEW JERSEY				
NM=NEW MEXICO				
NV=NEVADA				
NY=NEW YORK				
OH=OHIO				
OK=OKLAHOMA				
OR=OREGON				
PA=PENNSYLVANIA				
PR=PUERTO RICO				
RI=RHODE ISLAND				
SC=SOUTH CAROLINA				
SD=SOUTH DAKOTA				
TN=TENNESSEE				
TX=TEXAS				

UT=UTAH
VA=VIRGINIA
VI=VIRGIN ISLANDS
VT=VERMONT
WA=WASHINGTON
WI=WISCONSIN
WV=WEST VIRGINIA
WY=WYOMING

SSA State Code 2 173 174 VARCHAR2

Description: Social Security Administration geographic code indicating
the state where the provider is located.

SAS Name: SSA_STATE_CD

COBOL Name: SSA-STATE-CD

VALUES: 01=ALABAMA

02=ALASKA

03=ARIZONA

04=ARKANSAS

05=CALIFORNIA

06=COLORADO

07=CONNECTICUT

08=DELAWARE

09=DISTRICT OF COLUMBIA

10=FLORIDA

11=GEORGIA

12=HAWAII

13=IDAHO

14=ILLINOIS

15=INDIANA

16=IOWA

17=KANSAS

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 14
Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

18=KENTUCKY

19=LOUISIANA

20=MAINE

21=MARYLAND

22=MASSACHUSETTS

23=MICHIGAN

24=MINNESOTA

25=MISSISSIPPI

26=MISSOURI

27=MONTANA

28=NEBRASKA

29=NEVADA

30=NEW HAMPSHIRE

31=NEW JERSEY

32=NEW MEXICO

33=NEW YORK

34=NORTH CAROLINA
 35=NORTH DAKOTA
 36=OHIO
 37=OKLAHOMA
 38=OREGON
 39=PENNSYLVANIA
 40=PUERTO RICO
 41=RHODE ISLAND
 42=SOUTH CAROLINA
 43=SOUTH DAKOTA
 44=TENNESSEE
 45=TEXAS
 46=UTAH
 47=VERMONT
 48=VIRGIN ISLANDS
 49=VIRGINIA
 50=WASHINGTON
 51=WEST VIRGINIA
 52=WISCONSIN
 53=WYOMING
 54=AFRICA
 56=CANADA
 57=WEST INDIES
 58=EUROPE
 59=MEXICO
 60=OCEANIA
 61=PHILIPPINES
 62=SOUTH AMERICA
 63=UNITED STATES POSSESSIONS
 64=AMERICAN SAMOA
 65=GUAM
 66=SAIPAN
 99=INTERNATIONAL

State Region Code 3 175 177 VARCHAR2
 Description: Identifies the region within a state where the provider
 is located.

SAS Name: STATE_RGN_CD

COBOL Name: STATE-RGN-CD

VALUES: AK/001=ALASKA
 AK/LAB=LABORATORIES
 AK/NPH=NON-PARTICIPATING HOSPITAL
 AL/001=ALABAMA
 AL/LAB=LABORATORIES
 AL/NPH=NON-PARTICIPATING HOSPITAL
 AR/001=ARKANSAS
 AR/LAB=LABORATORIES
 AR/NPH=NON-PARTICIPATING HOSPITAL

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 15
 Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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AS/001=AMERICAN SAMOA
AS/LAB=LABORATORY
AS/NPH=NON-PARTICIPATING HOSPITAL
AZ/AZ=PHOENIX
AZ/LAB=ARIZONA LAB
AZ/NPH=NON-PARTICIPATING HOSPITAL
AZ/TUC=TUCSON
CA/001=CALIFORNIA
CA/BAK=BAKERSFIELD
CA/BER=SAN BERNARDINO
CA/EB=East Bay
CA/FR=FRESNO
CA/L1=L.A. WEST
CA/L2=L.A. NORTH
CA/L3=L.A. CENTRAL
CA/L4=L.A. EAST
CA/L5=SAN GABRIEL
CA/LA1=LA Region 1
CA/LA2=LA Region 2
CA/LA3=LA Region 3
CA/LA4=LA Acute/Ancillary
CA/LA5=LA HHA/Hospice
CA/LA6=LA ICF/DD/CLinics
CA/LAB=LABORATORIES
CA/M1=LAB. SOUTH
CA/M2=LAB. NORTH
CA/NPH=NON-PARTICIPATING HOSPITAL
CA/ORG=ORANGE
CA/RIV=RIVERSIDE
CA/S1=SACRAMENTO
CA/S3=CHICO
CA/SD=SAN DIEGO
CA/SF=SAN FRANCISCO
CA/SJ=SAN JOSE
CA/SR=SANTA ROSA
CA/VEN=VENTURA
CN/001=CANADA
CN/LAB=LABORATORY
CN/NPH=NON-PARTICIPATING HOSPITAL
CO/001=COLORADO
CO/LAB=LABORATORIES
CO/NPH=NON-PARTICIPATING HOSPITAL
CT/001=CONNECTICUT
CT/LAB=LABORATORIES
CT/NPH=NON-PARTICIPATING HOSPITAL
DC/001=DISTRICT OF COLUMBIA
DC/LAB=LABORATORIES
DC/NPH=NON-PARTICIPATING HOSPITAL
DE/001=DELAWARE
DE/LAB=LABORATORIES
DE/NPH=NON-PARTICIPATING HOSPITAL
FL/001=FLORIDA
FL/FTM=FT. MYERS

FL/GAI=GAINESVILLE
FL/JAX=JACKSONVILLE
FL/LAB=LABORATORIES
FL/LAN=LANTANA
FL/LAU=LAUDERHILL
FL/MIA=MIAMI
FL/NPH=NON-PARTICIPATING HOSPITAL
FL/ORL=ORLANDO
FL/PEN=PENSACOLA
FL/STP=ST. PETERSBURG
FL/TAL=TALLAHASSEE

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 16
Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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FL/TAM=TAMPA				
FM/001=FEDERATED STATES OF MICRO				
FM/NPH=NON-PARTICIPATING HOSPITAL				
FN/001=INTERNATIONAL				
FN/LAB=LABORATORIES				
FN/NPH=NON-PARTICIPATING HOSPITAL				
GA/001=GEORGIA				
GA/GAA=GEORGIA ALL				
GA/GAC=GEORGIA CENTRAL				
GA/GAE=GEORGIA EASTERN				
GA/GAN=GEORGIA NORTH				
GA/GAS=GEORGIA SOUTH				
GA/GAW=GEORGIA WESTERN				
GA/LAB=LABORATORIES				
GA/NPH=NON-PARTICIPATING HOSPITAL				
GU/001=GUAM				
GU/LAB=LABORATORIES				
GU/NPH=NON-PARTICIPATING HOSPITAL				
HI/001=HAWAII				
HI/LAB=LABORATORIES				
HI/NPH=NON-PARTICIPATING HOSPITAL				
IA/001=IOWA				
IA/LAB=LABORATORIES				
IA/NPH=NON-PARTICIPATING HOSPITAL				
ID/001=IDAHO				
ID/LAB=LABORATORIES				
ID/NPH=NON-PARTICIPATING HOSPITAL				
IL/001=ILLINOIS				
IL/LAB=LABORATORIES				
IL/NPH=NON-PARTICIPATING HOSPITAL				
IN/001=INDIANA				
IN/LAB=LABORATORIES				
IN/NPH=NON-PARTICIPATING HOSPITAL				
KS/001=KANSAS				
KS/KCK=KANSAS CITY				
KS/KDH=KDHE				

KS/LAB=LABORATORIES
 KS/LAW=LAWRENCE
 KS/NC=NORTH CENTRAL KANSAS
 KS/NE=NORTH EAST KANSAS
 KS/NPH=NON-PARTICIPATING HOSPITAL
 KS/NW=NORTH WEST KANSAS
 KS/SC=SOUTH CENTRAL KANSAS
 KS/SE=SOUTH EAST KANSAS
 KS/SW=SOUTH WEST KANSAS
 KS/WST=WEST
 KY/2C1=HOPKINSVILLE
 KY/2C2=LOUISVILLE
 KY/2C3=LONDON
 KY/2C4=LEXINGTON
 KY/LAB=LABORATORIES
 KY/NPH=NON-PARTICIPATING HOSPITAL
 LA/001=LOUISIANA
 LA/LA1=NEW ORLEANS
 LA/LA2=MANDEVILLE
 LA/LA3=LAFAYETTE
 LA/LA4=MONROE
 LA/LA5=SHREVEPORT
 LA/LA6=ALEXANDRIA
 LA/LAB=LABORATORIES
 LA/LB1=CLIA NEW ORLEANS
 LA/LB5=CLIA SHREVEPORT
 LA/LB6=CLIA ALEXANDRIA
 LA/NPH=NON-PARTICIPATING HOSPITAL

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 17
 Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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MA/001=MASSACHUSETTS
 MA/LAB=LABORATORIES
 MA/NPH=NON-PARTICIPATING HOSPITAL
 MD/001=MARYLAND
 MD/LAB=LABORATORIES
 MD/NPH=NON-PARTICIPATING HOSPITAL
 ME/001=MAINE
 ME/LAB=LABORATORIES
 ME/NPH=NON-PARTICIPATING HOSPITAL
 MH/001=MARSHALL ISLANDS
 MH/NPH=NON-PARTICIPATING HOSPITAL
 MI/001=MICHIGAN
 MI/LAB=LABORATORIES
 MI/NPH=NON-PARTICIPATING HOSPITAL
 MN/001=MINNESOTA
 MN/LAB=LABORATORIES
 MN/NPH=NON-PARTICIPATING HOSPITAL
 MO/001=MISSOURI
 MO/01=REGION01

MO/02=REGION 02
 MO/03=REGION 03
 MO/04=REGION 04
 MO/05=REGION 05
 MO/06=REGION 06
 MO/07=REGION 07
 MO/1NH=REGION 1 NH
 MO/2NH=REGION 2 NH
 MO/3NH=REGION 3 NH
 MO/4NH=REGION 4 NH
 MO/5NH=REGION 5 NH
 MO/6NH=REGION 6 NH
 MO/7NH=REGION 7 NH
 MO/LAB=LABORATORIES
 MO/MO=STATEWIDE
 MO/NPH=NON-PARTICIPATING HOSPITAL
 MP/001=NORTHERN MARIANA ISLANDS
 MP/LAB=LABORATORIES
 MP/NPH=NON-PARTICIPATING HOSPITAL
 MS/001=MISSISSIPPI
 MS/LAB=LABORATORIES
 MS/NPH=NON-PARTICIPATING HOSPITAL
 MT/001=MONTANA
 MT/LAB=LABORATORIES
 MT/NPH=NON-PARTICIPATING HOSPITAL
 MX/001=MEXICO
 MX/LAB=LABORATORY
 MX/NPH=NON-PARTICIPATING HOSPITAL
 NC/001=NORTH CAROLINA
 NC/LAB=LABORATORIES
 NC/NCC=NORTH CAROLINA CENTRAL
 NC/NCE=NORTH CAROLINA EAST
 NC/NCN=NORTH CAROLINA NORTH
 NC/NCS=NORTH CAROLINA SOUTH
 NC/NCW=NORTH CAROLINA WEST
 NC/NPH=NON-PARTICIPATING HOSPITAL
 ND/001=NORTH DAKOTA
 ND/LAB=LABORATORIES
 ND/NPH=NON-PARTICIPATING HOSPITAL
 NE/001=NEBRASKA
 NE/1=NORTH CENTRAL
 NE/2=CENTRAL
 NE/3=NORTHEAST
 NE/4=SOUTHEAST
 NE/5=WESTERN

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 18
 Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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NE/LAB=LABORATORIES				
NE/NPH=NON-PARTICIPATING HOSPITAL				

NH/001=NEW HAMPSHIRE
NH/LAB=LABORATORIES
NH/NPH=NON-PARTICIPATING HOSPITAL
NJ/001=NEW JERSEY
NJ/LAB=LABORATORIES
NJ/NPH=NON-PARTICIPATING HOSPITAL
NM/001=NEW MEXICO
NM/LAB=LABORATORIES
NM/NPH=NON-PARTICIPATING HOSPITAL
NV/001=NEVADA
NV/CC=CARSON CITY
NV/LAB=LABORATORIES
NV/LV=LAS VEGAS
NV/NPH=NON-PARTICIPATING HOSPITAL
NY/001=BUFFALO
NY/002=ROCHESTER
NY/003=SYRACUSE
NY/004=ALBANY
NY/005=NEW ROCHELLE
NY/006=NEW YORK CITY
NY/007=SUFFOLK/NASSAU COUNTY
NY/LAB=LABORATORIES
NY/NPH=NON-PARTICIPATING HOSPITAL
OH/001=OHIO
OH/LAB=LABORATORIES
OH/NPH=NON-PARTICIPATING HOSPITAL
OK/001=OKLAHOMA
OK/LAB=LABORATORIES
OK/NPH=NON-PARTICIPATING HOSPITAL
OR/001=OFFICE #1
OR/002=OFFICE #2
OR/003=OFFICE #3
OR/LAB=LABORATORIES
OR/NPH=NON-PARTICIPATING HOSPITAL
PA/001=PENNSYLVANIA
PA/LAB=LABORATORIES
PA/NPH=NON-PARTICIPATING HOSPITAL
PR/001=PUERTO RICO
PR/LAB=LABORATORIES
PR/NPH=NON-PARTICIPATING HOSPITAL
PW/001=PALAU
PW/NPH=NON-PARTICIPATING HOSPITAL
RI/001=RHODE ISLAND
RI/LAB=LABORATORIES
RI/NPH=NON-PARTICIPATING HOSPITAL
SC/001=SOUTH CAROLINA
SC/LAB=LABORATORIES
SC/NPH=NON-PARTICIPATING HOSPITAL
SD/001=SOUTH DAKOTA
SD/LAB=LABORATORIES
SD/NPH=NON-PARTICIPATING HOSPITAL
TN/001=TENNESSEE
TN/LAB=LABORATORIES
TN/NPH=NON-PARTICIPATING HOSPITAL

TN/TNC=TENNESSEE COOKEVILLE
 TN/TNE=TENNESSEE EASTERN
 TN/TNM=TENNESSEE MIDDLE
 TN/TNW=TENNESSEE WESTERN
 TX/001=TEXAS
 TX/L01=AMARILLO-LTC
 TX/L02=ABILENE-LTC
 TX/L03=ARLINGTON-LTC

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 19
 Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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TX/L04=TYLER-LTC				
TX/L05=TEMPLE-LTC				
TX/L06=HOUSTON-LTC				
TX/L07=SAN ANTONIO-LTC				
TX/LAB=LABORATORIES				
TX/NPH=NON-PARTICIPATING HOSPITAL				
TX/TX1=LUBBOCK				
TX/TX2=ARLINGTON				
TX/TX3=SAN ANTONIO				
TX/TX4=HOUSTON				
TX/TX5=TYLER				
TX/TX6=AUSTIN				
UT/001=UTAH				
UT/LAB=LABORATORIES				
UT/NPH=NON-PARTICIPATING HOSPITAL				
VA/001=VIRGINIA				
VA/LAB=LABORATORIES				
VA/NPH=NON-PARTICIPATING HOSPITAL				
VI/001=VIRGIN ISLANDS				
VI/LAB=LABORATORIES				
VI/NPH=NON-PARTICIPATING HOSPITAL				
VT/001=VERMONT				
VT/LAB=LABORATORIES				
VT/NPH=NON-PARTICIPATING HOSPITAL				
WA/001=ALL OTHERS (NON-LTC FAC)				
WA/D1=SPOKANE & YAKIMA AREAS				
WA/D1A=District 1, Unit A				
WA/D1B=District 1, Unit B				
WA/D1C=District 1, Unit C				
WA/D1D=District 1, Unit D				
WA/D2=SPOKANE & SE				
WA/D2A=District 2, Unit A				
WA/D2B=District 2, Unit B				
WA/D2C=District 2, Unit C				
WA/D2D=District 2, Unit D				
WA/D2E=District 2, Unit E				
WA/D2F=District 2, Unit F				
WA/D2G=District 2, Unit G				
WA/D2H=District 2, Unit H				

WA/D3=NW WASHINGTON
 WA/D3A=District 3, Unit A
 WA/D3B=District 3, Unit B
 WA/D3C=District 3, Unit C
 WA/D3D=District 3, Unit D
 WA/D3E=District 3, Unit E
 WA/D4A=GREATER SEATTLE AREA
 WA/D4B=S KING COUNTY
 WA/D5A=PIERCE CTY & PENINSULA
 WA/D5B=PIERCE CTY & GRAYS HARBOR
 WA/D6=OLYMPIA AREA
 WA/LAB=LABORATORIES
 WA/NPH=NON-PARTICIPATING HOSPITAL
 WI/001=WISCONSIN
 WI/LAB=LABORATORIES
 WI/NPH=NON-PARTICIPATING HOSPITAL
 WV/001=WEST VIRGINIA
 WV/LAB=LABORATORIES
 WV/NPH=NON-PARTICIPATING HOSPITAL
 WY/001=WYOMING
 WY/LAB=LABORATORIES
 WY/NPH=NON-PARTICIPATING HOSPITAL

Address: Street 50 178 227 VARCHAR2
 Description: Street address where the provider is located.

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 20
 Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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SAS Name: ST_ADR
 COBOL Name: ST-ADR

Telephone Number 10 228 237 VARCHAR2
 Description: Telephone number of the provider.
 SAS Name: PHNE_NUM
 COBOL Name: PHNE-NUM

Termination Code 2 238 239 VARCHAR2
 Description: Indicates the current termination status for the provider.

SAS Name: PGM_TRMNTN_CD
 COBOL Name: PGM-TRMNTN-CD

VALUES: 00=ACTIVE PROVIDER
 01=VOLUNTARY-MERGER, CLOSURE
 02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT
 03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION
 04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL
 05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ
 06=INVOLUNTARY-FAILURE TO MEET AGREEMENT
 07=OTHER-PROVIDER STATUS CHANGE
 08=NONPAYMENT OF FEES - CLIA Only

Termination or Expiration Date	8	240	247	DATE
Description: Date the provider was terminated. For CLIA providers, date the laboratory's certificate was terminated or the expiration date of the current CLIA certificate.				
SAS Name:	TRMNTN_EXPRTN_DT			
COBOL Name:	TRMNTN-EXPRTN-DT			

Ownership Type Code	2	249	250	VARCHAR2
Description: Indicates the ownership type of the provider.				
SAS Name: GNRL_CNTL_TYPE_CD				
COBOL Name: GNRL-CNTL-TYPE-CD				
VALUES: 01=PROPRIETARY				
02=NON PROFIT				
03=GOVERNMENT				

Description: Five-digit ZIP code for a provider's physical address.
SAS Name: ZIP_CD
COBOL Name: ZIP-CD

Description: FIPS State Code
SAS Name: FIPS_STATE_CD
COBOL Name: FIPS-STATE-CD
VALUES: 01=ALABAMA
02=ALASKA
04=ARIZONA
05=ARKANSAS
06=CALIFORNIA
08=COLORADO
09=CONNECTICUT
10=DELAWARE
11=DISTRICT OF COLUMBIA
12=FLORIDA
13=GEORGIA
15=HAWAII
16=IDAHO
17=ILLINOIS
18=INDIANA
19=IOWA
20=KANSAS
21=KENTUCKY
22=LOUISIANA
23=MAINE
24=MARYLAND
25=MASSACHUSETTS
26=MICHIGAN
27=MINNESOTA
28=MISSISSIPPI
29=MISSOURI
30=MONTANA
31=NEBRASKA
32=NEVADA
33=NEW HAMPSHIRE
34=NEW JERSEY
35=NEW MEXICO
36=NEW YORK
37=NORTH CAROLINA
38=NORTH DAKOTA
39=OHIO
40=OKLAHOMA
41=OREGON
42=PENNSYLVANIA
43=PUERTO RICO
44=RHODE ISLAND
45=SOUTH CAROLINA
46=SOUTH DAKOTA
47=TENNESSEE
48=TEXAS
49=UTAH
50=VERMONT
51=VIRGINIA
53=WASHINGTON
54=WEST VIRGINIA
55=WISCONSIN

56=WYOMING
64=AMERICAN SAMOA
65=GUAM
66=SAIPAN/MARIANA IS.
78=VIRGIN ISLANDS

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 22
Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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FIPS County Code	3	258	260	VARCHAR2
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Description: FIPS County Code

SAS Name: FIPS_CNTY_CD

COBOL Name: FIPS-CNTY-CD

CBSA Urban Rural Indicator	1	261	261	VARCHAR2
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Description: CBSA (Core Based Statistical Area) indicates whether the county is defined as Urban or Rural.

SAS Name: CBSA_URBN_RRL_IND

COBOL Name: CBSA-URBN-RRL-IND

CBSA Code	5	262	266	VARCHAR2
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Description: CBSA (Core Based Statistical Area) geographic entities defined by the U.S. Office of Management and Budget (OMB) on June 6, 2003 for use by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics. CBSA collectively refers to MSA.

SAS Name: CBSA_CD

COBOL Name: CBSA-CD

*Accreditation Type Code	1	283	283	VARCHAR2
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Description: Indicates an accrediting organization deeming the provider. If a provider is deemed by multiple accrediting organizations then the accrediting organization with the earliest active deeming effective date is displayed in this field.

SAS Name: ACRDTN_TYPE_CD

COBOL Name: ACRDTN-TYPE-CD

VALUES: 0=UNACCREDITED

1=JC

2=AAAHC

3=AAAASF

4=AOA/HFAP

5=DNV GL

6=IMQ

Services: Laboratory Code	1	313	313	CHAR
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Description: Indicates how laboratory services are provided.

SAS Name: LAB_SRVC_CD

COBOL Name: LAB-SRVC-CD

VALUES: 0=NOT PROVIDED

1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT
3=COMBINATION
4=NOT PROVIDED

Services: Pharmacy Code 1 314 314 CHAR
Description: Indicates how pharmaceutical services are provided.
SAS Name: PHRMCY_SRVC_CD
COBOL Name: PHRMCY-SRVC-CD
VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT
3=COMBINATION
4=NOT PROVIDED

Ancillary Services: Radiology Code 1 315 315 VARCHAR2
Description: Indicates how radiology services are provided.
SAS Name: RDLGY_SRVC_CD
COBOL Name: RDLGY-SRVC-CD
VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 23
Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE
3=COMBINATION
4=NOT PROVIDED

ASC Begin Service Date 8 316 323 DATE
Description: Date an ambulatory surgical center began providing health care services.
SAS Name: ASC_BGN_SRVC_DT
COBOL Name: ASC-BGN-SRVC-DT

ASC Free Standing Indicator 1 324 324 VARCHAR2
Description: Indicates if the ambulatory surgical center is freestanding.
SAS Name: FREESTNDNG_ASC_SW
COBOL Name: FREESTNDNG-ASC-SW

Compliance: LSC Waiver Indicator 1 445 445 CHAR
Description: Indicates if a waiver of any life safety code provision has been recommended for a provider.
SAS Name: LSC_WVR_SW
COBOL Name: LSC-WVR-SW

Fiscal Year End Date (MMDD) 4 464 467 VARCHAR2
Description: End date, consisting of the month and day, of the provider's fiscal year.
SAS Name: FY_END_MO_DAY_CD

COBOL Name: FY-END-MO-DAY-CD

Hospital Based Indicator 1 483 483 CHAR

Description: Indicates if the provider is based in a hospital.

SAS Name: HOSP_BSD_SW

COBOL Name: HOSP-BSD-SW

Operating Room Count 4 622 625 NUMBER

Description: Number of operating rooms in an ambulatory surgical center.

SAS Name: OPRTG_ROOM_CNT

COBOL Name: OPRTG-ROOM-CNT

Related Provider Number 10 686 695 CHAR

Description: Related provider number

SAS Name: RELATED_PROVIDER_NUMBER

COBOL Name: RELATED-PROVIDER-NUMBER

Surgical Specialty: Dental Indicator 1 1957 1957 VARCHAR2

Description: Indicates if dental surgery is offered by an ambulatory surgical center.

SAS Name: DNTL_SRGRY_SW

COBOL Name: DNTL-SRGRY-SW

Surgical Specialty: Ear/Nose/Throat Indicator 1 1958 1958 VARCHAR2

Description: Indicates if ear, nose and throat surgery is offered by an ambulatory surgical center.

SAS Name: OTLRYNGLGY_SRGRY_SW

COBOL Name: OTLRYNGLGY-SRGRY-SW

Surgical Specialty: Endoscopy Indicator 1 1959 1959 VARCHAR2

Description: Indicates if endoscopy surgery is offered by an ambulatory surgical center.

SAS Name: ENDSCPY_SRGRY_SW

COBOL Name: ENDSCPY-SRGRY-SW

Surgical Specialty: Obstetrics / Gynecology Indicator 1 1960 1960 VARCHAR2

Description: Indicates if obstetrics/gynecology surgery is offered by an ambulatory surgical center.

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 24
Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

SAS Name: OB_GYN_SRGRY_SW

COBOL Name: OB-GYN-SRGRY-SW

Surgical Specialty: Ophthalmologic Indicator 1 1961 1961 VARCHAR2

Description: Indicates if ophthalmologic surgery is offered by an ambulatory surgical center.

SAS Name: OPTHMLGY_SRGRY_SW

COBOL Name: OPTHMLGY-SRGRY-SW

Surgical Specialty: Orthopedic Indicator 1 1962 1962 VARCHAR2

Description: Indicates if orthopedic surgery is offered by an
ambulatory surgical center.

SAS Name: ORTHPDC_SRGRY_SW

COBOL Name: ORTHPDC-SRGRY-SW

Surgical Specialty: Other Indicator 1 1963 1963 VARCHAR2

Description: Indicates if other surgery types are performed at an
ambulatory surgical center.

SAS Name: OTHR_SRGRY_SW

COBOL Name: OTHR-SRGRY-SW

Surgical Specialty: Pain Indicator 1 1964 1964 VARCHAR2

Description: Indicates if pain surgery is offered by an ambulatory
surgical center.

SAS Name: PAIN_SRGRY_SW

COBOL Name: PAIN-SRGRY-SW

Surgical Specialty: Plastic / Reconstructive 1 1965 1965 VARCHAR2
Indicator

Description: Indicates if plastic and reconstructive surgery is
offered by an ambulatory surgical center.

SAS Name: PLSTC_SRGRY_SW

COBOL Name: PLSTC-SRGRY-SW

Surgical Specialty: Podiatry Indicator 1 1966 1966 VARCHAR2

Description: Indicates if podiatric surgery is offered by an
ambulatory surgical center.

SAS Name: FT_SRGRY_SW

COBOL Name: FT-SRGRY-SW

SHORT DESCRIPTION	LEN	START	END	TYPE
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Provider Category Subtype Code	2	1	2	VARCHAR2
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Description: Identifies the subtype of the provider, within the primary category. Used in reporting to show the breakdown of provider categories, mainly for hospitals and SNFs.

SAS Name: PRVDR_CTGRY_SBTYP_CD

COBOL Name: PRVDR-CTGRY-SBTYP-CD

VALUES: 01=Hospice

Provider Category Code	2	3	4	VARCHAR2
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Description: Identifies the type of provider participating in the Medicare/Medicaid program.

SAS Name: PRVDR_CTGRY_CD

COBOL Name: PRVDR-CTGRY-CD

VALUES: 16=Hospice

CHOW Count	2	5	6	NUMBER
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Description: Number of times this provider has undergone a change of ownership.

SAS Name: CHOW_CNT

COBOL Name: CHOW-CNT

CHOW Date	8	7	14	DATE
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Description: Effective date of the most recent change of ownership for this provider.

SAS Name: CHOW_DT

COBOL Name: CHOW-DT

Address: City	28	15	42	VARCHAR2
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Description: City in which the provider is physically located.

SAS Name: CITY_NAME

COBOL Name: CITY-NAME

Compliance: Acceptable POC	1	43	43	VARCHAR2
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Description: Indicates if a provider is in compliance with program requirements based on an acceptable plan for correction of deficiencies.

SAS Name: ACPTBL_POC_SW

COBOL Name: ACPTBL-POC-SW

Compliance: Status	1	44	44	VARCHAR2
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Description: Compliance status of a provider at the time of certification survey.

SAS Name: CMPLNC_STUS_CD

COBOL Name: CMPLNC-STUS-CD
VALUES: A=IN COMPLIANCE
B=NOT IN COMPLIANCE

SSA County Code 3 45 47 VARCHAR2
Description: Social Security Administration geographic code indicating
the county where the provider is located.
SAS Name: SSA_CNTY_CD
COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR
Description: Cross reference provider number
SAS Name: CROSS_REF_PROVIDER_NUMBER
COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date 8 58 65 DATE
Description: Equal to the exit date of the initial visit of the Health
survey for certifications completed after July 28, 2012.
For certifications prior to that date, the certification

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 2
Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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date is equal to the exit date of the initial visit of
the Health survey or LSC survey, whichever is later.

SAS Name: CRTFCTN_DT
COBOL Name: CRTFCTN-DT

Eligibility Indicator 1 66 66 VARCHAR2
Description: Indicates if a facility is eligible to participate in the
Medicare and/or Medicaid programs.
SAS Name: ELGBLTY_SW
COBOL Name: ELGBLTY-SW

Facility Name 50 67 116 VARCHAR2
Description: Name of the provider certified to participate in the
Medicare and/or Medicaid programs.
SAS Name: FAC_NAME
COBOL Name: FAC-NAME

Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code 5 117 121 VARCHAR2
Description: Number assigned to the Medicare Administrative
Contractor, intermediary or carrier servicing this
provider.
SAS Name: INTRMDRY_CARR_CD
COBOL Name: INTRMDRY-CARR-CD
VALUES: 00000=DUMMY FOR MEDICAID HHA
00010=BLUE CROSS (ALABAMA)
00011=CAHABA
00020=BLUE CROSS (ARKANSAS)

00040=BLUE CROSS (CALIFORNIA)
 00060=BLUE CROSS (CONNECTICUT)
 00070=BLUE CROSS (DELAWARE)
 00090=BLUE CROSS (FLORIDA)
 00101=BLUE CROSS (GEORGIA)
 00121=HEALTH CARE SERVICE CORPORATION
 00122=HCSC - MICHIGAN
 00123=HCSC OF MICHIGAN
 00130=NATIONAL GOVERNMENT SERVICES
 00131=NATIONAL GOVERNMENT SERVICES
 00140=BLUE CROSS (IOWA/SOUTH DAKOTA)
 00150=BLUE CROSS (KANSAS)
 00160=NATIONAL GOVERNMENT SERVICES
 00180=NATIONAL GOVERNMENT SERVICES
 00181=NATIONAL GOVERNMENT SERVICES
 00190=BLUE CROSS (MARYLAND)
 00200=BLUE CROSS (MASSACHUSETTS)
 00210=BLUE CROSS (MICHIGAN)
 00220=BLUE CROSS (MINNESOTA)
 00230=BLUE CROSS (MISSISSIPPI)
 00231=BLUE CROSS (LOUISIANA)
 00233=PINNACLE
 00241=BLUE CROSS (MISSOURI)
 00260=BLUE CROSS (NEBRASKA)
 00270=NATIONAL GOVERNMENT SERVICES
 00280=BLUE CROSS (NEW JERSEY)
 00290=BLUE CROSS (NEW MEXICO)
 00308=NATIONAL GOVERNMENT SERVICES
 00310=BLUE CROSS (NORTH CAROLINA)
 00320=NORIDIAN PART A
 00322=NORIDIAN PART A (AK/WA)
 00323=NORIDIAN PART A (ID/OR)
 00325=NORIDIAN
 00332=NATIONAL GOVERNMENT SERVICES
 00340=BLUE CROSS (OKLAHOMA)
 00350=BLUE CROSS (OREGON)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 3
 Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				

00450=NATIONAL GOVERNMENT SERVICES
00452=NATIONAL GOVERNMENT SERVICES
00453=NATIONAL GOVERNMENT SERVICES
00454=NATIONAL GOVERNMENT SERVICES
00456=NATIONAL GOVERNMENT SERVICES
00468=BLUE CROSS (NORTH CAROLINA FOR PR)
00510=BLUE SHIELD (ALABAMA)
00511=CAHABA
00512=CAHABA
00520=BLUE SHIELD (ARKANSAS)
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)
00542=BLUE SHIELD (CALIFORNIA)
00550=BLUE SHIELD (COLORADO)
00570=BLUE SHIELD (DELAWARE)
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)
00590=BLUE SHIELD (FLORIDA)
00621=BLUE SHIELD (ILLINOIS)
00630=NATIONAL GOVERNMENT SERVICES
00640=BLUE SHIELD (IOWA)
00650=BLUE SHIELD (KANSAS)
00655=BLUE SHIELD (KANSAS/NEBRASKA)
00660=NATIONAL GOVERNMENT SERVICES
00690=BLUE SHIELD (MARYLAND)
00700=BLUE SHIELD (MASSACHUSETTS)
00710=BLUE SHIELD (MICHIGAN)
00720=BLUE SHIELD (MINNESOTA)
00740=BLUE SHIELD (KANSAS CITY)
00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
00780=BLUE SHIELD (TRI-STATE)
00801=BLUE SHIELD (BUFFALO)
00803=NATIONAL GOVERNMENT SERVICES
00805=NATIONAL GOVERNMENT SERVICES
00821=NORIDIAN
00824=NORIDIAN GVT SERVICES (CO)
00826=NORIDIAN GVT SERVICES (IA)
00831=NORIDIAN GVT SERVICES (AK)
00832=NORIDIAN GVT SERVICES (AZ)
00833=NORIDIAN GVT SERVICES (HI)
00834=NORIDIAN GVT SERVICES (NV)
00835=NORIDIAN GVT SERVICES (OR)
00836=NORIDIAN GVT SERVICES (WA)
00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
00865=BLUE SHIELD (PENNSYLVANIA)
00870=BLUE SHIELD (RHODE ISLAND)
00880=BLUE SHIELD (SOUTH CAROLINA)
00883=PALMETTO GBA PART B
00884=PALMETTO GBA
00889=NORIDIAN GVT SERVICES (SD)
00900=BLUE SHIELD (TEXAS)
00901=TRAILBLAZERS HEALTH ENTERPRISES
00904=TRAILBLAZER
00910=BLUE SHIELD (UTAH)
00930=BLUE SHIELD (WASHINGTON)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH)				
01111=Noridian (CA)				
01112=Noridian (NF)				
01120=AETNA (HAWAII)				
01182=Noridian (SF)				
01192=PALMETTO (CALIFORNIA SOUTH)				
01201=PALMETTO (HAWAII)				
01202=PALMETTO (HAWAII)				
01211=Noridian (AS, GU, HI)				
01212=Noridian (AS, GU, HI)				
01290=AETNA (NEVADA)				
01301=PALMETTO (NEVADA)				
01302=PALMETTO (NEVADA)				
01311=Noridian (NV)				
01312=Noridian (NV)				
01360=AETNA (NEW MEXICO)				
01370=AETNA (OKLAHOMA)				
01380=AETNA (OREGON)				
01390=AETNA (WASHINGTON)				
01901=PALMETTO GBA				
01902=PALMETTO GBA				
01911=Noridian (AS, GU, HI, NV)				
02050=OCCIDENTAL (CALIFORNIA)				
02101=Noridian AK				
02102=Noridian AK				
02201=Noridian ID				
02202=Noridian ID				
02301=Noridian OR				
02302=Noridian OR				
02401=Noridian WA				
02402=Noridian WA				
03001=NORIDIAN ADMIN SERVICES				
03101=NORIDAN (ARIZONA)				
03102=NORIDAN (ARIZONA)				
03201=NORIDAN (MONTANA)				
03202=NORIDAN (MONTANA)				
03301=NORDIAN (NORTH DAKOTA)				

03302=NORDIAN (NORTH DAKOTA)
 03401=NORIDIAN (SOUTH DAKOTA)
 03402=NORIDIAN (SOUTH DAKOTA)
 03501=NORIDIAN (UTAH)
 03502=NORIDIAN (UTAH)
 03601=NORIDIAN (WYOMING)
 03602=NORIDIAN (WYOMING)
 04001=TRAILBLAZER
 04101=TRAILBLAZER (COLORADO)
 04102=TRAILBLAZER (COLORADO)
 04111=NOVITAS (COLORADO)
 04112=NOVITAS (COLORADO)
 04201=TRAILBLAZER (NEW MEXICO)
 04202=TRAILBLAZER (NEW MEXICO)
 04211=NOVITAS (NEW MEXICO)
 04212=NOVITAS (NEW MEXICO)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 5
 Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				
05402=WPS (NEBRASKA)				
05440=EQICOR (TENNESSEE)				
05535=EQICOR (NORTH CAROLINA)				
05901=WISCONSIN PHYSICIANS SERVICE				
06001=NGS (WI)				
06004=National Govt Serv HHH				
06101=NGS (IL)				
06102=NGS (IL)				
06201=NGS (MN)				
06202=NGS (MN)				
06301=NGS (WI)				
06302=NGS (WI)				

07101=Novitas AR
 07102=Novitas AR
 07201=Novitas LA
 07202=Novitas LA
 07301=Novitas MS
 07302=Novitas MS
 08101=WPS IN
 08102=WPS IN
 08201=WPS MI
 08202=WPS MI
 09101=FIRST COAST (FLORIDA)
 09102=FIRST COAST (FLORIDA)
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)
 09202=FIRST COAST (PUERTO RICO)
 09302=FIRST COAST (VIRGIN ISLANDS)
 10071=TRAVELERS (RRB)
 10101=CAHABA GBA (AL)
 10102=CAHABA GBA (AL)
 10111=PALMETTO GBA (Part A) (AL)
 10201=CAHABA GBA (GA)
 10202=CAHABA GBA (GA)
 10211=PALMETTO GBA (GA)
 10230=TRAVELERS (CONNECTICUT)
 10240=TRAVELERS (MINNESOTA)
 10250=TRAVELERS (MISSISSIPPI)
 10301=CAHABA GBA (TN)
 10302=CAHABA GBA (TN)
 10311=PALMETTO GBA (TN)
 10490=TRAVELERS (VIRGINIA)
 10492=TRAVELERS - VIRGINIA SPECIAL PROJECT
 11004=PALMETTO HHH C
 11201=PALMETTO GBA (SC)
 11202=PALMETTO GBA (SC)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 6
 Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				
12102=Novitas DE				
12201=Novitas DC				
12202=Novitas DC				
12301=Novitas MD				
12302=Novitas MD				
12401=Novitas NJ				

12402=Novitas NJ
 12501=Novitas PA
 12502=Novitas PA
 12901=Novitas Solutions DC, DE, MD, PA
 12902=HIGHMARK
 13101=NATIONAL GOVT SERVICES (CONNECTICUT)
 13102=NATIONAL GOVT SERVICES (CONNECTICUT)
 13201=NATIONAL GOVT SERVICES (NEW YORK)
 13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)
 13282=NGS (UN)
 13292=NGS (QN)
 14004=NATIONAL HERITAGE (HHA - A)
 14014=NGS (HHA)
 14101=NATIONAL HERITAGE (MAINE)
 14102=NATIONAL HERITAGE (MAINE)
 14111=NGS (ME)
 14112=NGS (ME)
 14201=NATIONAL HERITAGE (MASSACHUSETTS)
 14202=NATIONAL HERITAGE (MASSACHUSETTS)
 14211=NGS (MA)
 14212=NGS (MA)
 14301=NATIONAL HERITAGE (NEW HAMPSHIRE)
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)
 14311=NGS (NH)
 14312=NGS (NH)
 14330=GROUP HEALTH INC (NEW YORK)
 14401=NATIONAL HERITAGE (RHODE ISLAND)
 14402=NATIONAL HERITAGE (RHODE ISLAND)
 14411=NGS (RI)
 14412=NGS (RI)
 14501=NATIONAL HERITAGE (VERMONT)
 14502=NATIONAL HERITAGE (VERMONT)
 14511=NGS (VT)
 14512=NGS (VT)
 15004=CGS Administrators HHH
 15101=CGS (KENTUCKY)
 15102=CGS (KENTUCKY)
 15201=CGS (OHIO)
 15202=CGS (OHIO)
 16360=NATIONWIDE (OHIO)
 16510=NATIONWIDE (WEST VIRGINIA)
 17120=HAWAII MEDICAL SERVICE ASSOCIATION
 21200=MASSACHUSETTS/MAINE
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)
 31143=NATIONAL HERITAGE INSURANCE CO
 31144=NATIONAL HERITAGE INSURANCE CO
 50333=TRAVELERS (NEW YORK)
 51051=AETNA (PETALUMA)
 51070=AETNA (FARMINGTON)
 51100=AETNA (CLEARWATER)

SHORT DESCRIPTION	LEN	START	END	TYPE
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51140=AETNA (PEORIA)
 51390=AETNA (FORT WASHINGTON)
 52280=WISCONSIN PHYSICIANS SERVICE
 57400=COOPERATIVA (PUERTO RICO)

Medicaid Vendor Number	15	122	136	VARCHAR2
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Description: Number which may be assigned to a provider by the state
 Medicaid agency for external control or billing purposes.
 SAS Name: MDCD_VNDR_NUM
 COBOL Name: MDCD-VNDR-NUM

Original Participation Date	8	137	144	DATE
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Description: Date a provider is first approved to provide Medicare
 and/or Medicaid services.
 SAS Name: ORGNL_PRTCPTN_DT
 COBOL Name: ORGNL-PRTCPTN-DT

Prior CHOW Date	8	145	152	DATE
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Description: Effective date of the previous change of ownership for
 this provider.
 SAS Name: CHOW_PRIOR_DT
 COBOL Name: CHOW-PRIOR-DT

Prior Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code	5	153	157	VARCHAR2
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Description: Number assigned to the previous Medicare Administrative
 Contractor, intermediary or carrier servicing this
 provider.

SAS Name: INTRMDRY_CARR_PRIOR_CD
 COBOL Name: INTRMDRY-CARR-PRIOR-CD
 VALUES: 00000=DUMMY FOR MEDICAID HHA
 00010=BLUE CROSS (ALABAMA)
 00011=CAHABA
 00020=BLUE CROSS (ARKANSAS)
 00040=BLUE CROSS (CALIFORNIA)
 00060=BLUE CROSS (CONNECTICUT)
 00070=BLUE CROSS (DELAWARE)
 00090=BLUE CROSS (FLORIDA)
 00101=BLUE CROSS (GEORGIA)
 00121=HEALTH CARE SERVICE CORPORATION
 00122=HCSC - MICHIGAN
 00123=HCSC OF MICHIGAN
 00130=NATIONAL GOVERNMENT SERVICES
 00131=NATIONAL GOVERNMENT SERVICES
 00140=BLUE CROSS (IOWA/SOUTH DAKOTA)
 00150=BLUE CROSS (KANSAS)
 00160=NATIONAL GOVERNMENT SERVICES
 00180=NATIONAL GOVERNMENT SERVICES
 00181=NATIONAL GOVERNMENT SERVICES
 00190=BLUE CROSS (MARYLAND)
 00200=BLUE CROSS (MASSACHUSETTS)

00210=BLUE CROSS (MICHIGAN)
 00220=BLUE CROSS (MINNESOTA)
 00230=BLUE CROSS (MISSISSIPPI)
 00231=BLUE CROSS (LOUISIANA)
 00233=PINNACLE
 00241=BLUE CROSS (MISSOURI)
 00260=BLUE CROSS (NEBRASKA)
 00270=NATIONAL GOVERNMENT SERVICES
 00280=BLUE CROSS (NEW JERSEY)
 00290=BLUE CROSS (NEW MEXICO)
 00308=NATIONAL GOVERNMENT SERVICES
 00310=BLUE CROSS (NORTH CAROLINA)
 00320=NORIDIAN PART A

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 8
 Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00322=NORIDIAN PART A (AK/WA)				
00323=NORIDIAN PART A (ID/OR)				
00325=NORIDIAN				
00332=NATIONAL GOVERNMENT SERVICES				
00340=BLUE CROSS (OKLAHOMA)				
00350=BLUE CROSS (OREGON)				
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				
00468=BLUE CROSS (NORTH CAROLINA FOR PR)				
00510=BLUE SHIELD (ALABAMA)				
00511=CAHABA				
00512=CAHABA				
00520=BLUE SHIELD (ARKANSAS)				
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)				
00542=BLUE SHIELD (CALIFORNIA)				
00550=BLUE SHIELD (COLORADO)				
00570=BLUE SHIELD (DELAWARE)				
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)				
00590=BLUE SHIELD (FLORIDA)				
00621=BLUE SHIELD (ILLINOIS)				

00630=NATIONAL GOVERNMENT SERVICES
 00640=BLUE SHIELD (IOWA)
 00650=BLUE SHIELD (KANSAS)
 00655=BLUE SHIELD (KANSAS/NEBRASKA)
 00660=NATIONAL GOVERNMENT SERVICES
 00690=BLUE SHIELD (MARYLAND)
 00700=BLUE SHIELD (MASSACHUSETTS)
 00710=BLUE SHIELD (MICHIGAN)
 00720=BLUE SHIELD (MINNESOTA)
 00740=BLUE SHIELD (KANSAS CITY)
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
 00780=BLUE SHIELD (TRI-STATE)
 00801=BLUE SHIELD (BUFFALO)
 00803=NATIONAL GOVERNMENT SERVICES
 00805=NATIONAL GOVERNMENT SERVICES
 00821=NORIDIAN
 00824=NORIDIAN GVT SERVICES (CO)
 00826=NORIDIAN GVT SERVICES (IA)
 00831=NORIDIAN GVT SERVICES (AK)
 00832=NORIDIAN GVT SERVICES (AZ)
 00833=NORIDIAN GVT SERVICES (HI)
 00834=NORIDIAN GVT SERVICES (NV)
 00835=NORIDIAN GVT SERVICES (OR)
 00836=NORIDIAN GVT SERVICES (WA)
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
 00865=BLUE SHIELD (PENNSYLVANIA)
 00870=BLUE SHIELD (RHODE ISLAND)
 00880=BLUE SHIELD (SOUTH CAROLINA)
 00883=PALMETTO GBA PART B
 00884=PALMETTO GBA

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 9
 Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00889=NORIDIAN GVT SERVICES (SD)				
00900=BLUE SHIELD (TEXAS)				
00901=TRAILBLAZERS HEALTH ENTERPRISES				
00904=TRAILBLAZER				
00910=BLUE SHIELD (UTAH)				
00930=BLUE SHIELD (WASHINGTON)				
00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				

01102=PALMETTO (CALIFORNIA (NORTH))
 01111=Noridian (CA)
 01112=Noridian (NF)
 01120=AETNA (HAWAII)
 01182=Noridian (SF)
 01192=PALMETTO (CALIFORNIA SOUTH)
 01201=PALMETTO (HAWAII)
 01202=PALMETTO (HAWAII)
 01211=Noridian (AS, GU, HI)
 01212=Noridian (AS, GU, HI)
 01290=AETNA (NEVADA)
 01301=PALMETTO (NEVADA)
 01302=PALMETTO (NEVADA)
 01311=Noridian (NV)
 01312=Noridian (NV)
 01360=AETNA (NEW MEXICO)
 01370=AETNA (OKLAHOMA)
 01380=AETNA (OREGON)
 01390=AETNA (WASHINGTON)
 01901=PALMETTO GBA
 01902=PALMETTO GBA
 01911=Noridian (AS, GU, HI, NV)
 02050=OCCIDENTAL (CALIFORNIA)
 02101=Noridian AK
 02102=Noridian AK
 02201=Noridian ID
 02202=Noridian ID
 02301=Noridian OR
 02302=Noridian OR
 02401=Noridian WA
 02402=Noridian WA
 03001=NORIDIAN ADMIN SERVICES
 03101=NORIDIAN (ARIZONA)
 03102=NORIDIAN (ARIZONA)
 03201=NORIDIAN (MONTANA)
 03202=NORIDIAN (MONTANA)
 03301=NORIDIAN (NORTH DAKOTA)
 03302=NORIDIAN (NORTH DAKOTA)
 03401=NORIDIAN (SOUTH DAKOTA)
 03402=NORIDIAN (SOUTH DAKOTA)
 03501=NORIDIAN (UTAH)
 03502=NORIDIAN (UTAH)
 03601=NORIDIAN (WYOMING)
 03602=NORIDIAN (WYOMING)
 04001=TRAILBLAZER
 04101=TRAILBLAZER (COLORADO)
 04102=TRAILBLAZER (COLORADO)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 10
 Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04111=NOVITAS (COLORADO)
04112=NOVITAS (COLORADO)
04201=TRAILBLAZER (NEW MEXICO)
04202=TRAILBLAZER (NEW MEXICO)
04211=NOVITAS (NEW MEXICO)
04212=NOVITAS (NEW MEXICO)
04301=TRAILBLAZER (OKLAHOMA)
04302=TRAILBLAZER (OKLAHOMA)
04311=NOVITAS (OKLAHOMA)
04312=NOVITAS (OKLAHOMA)
04401=TRAILBLAZER (TEXAS)
04402=TRAILBLAZER (TEXAS)
04411=NOVITAS (TEXAS)
04412=NOVITAS (TEXAS)
04901=MUTUAL LEGACY
04911=NOVITAS
05101=WPS (IOWA)
05102=WPS (IOWA)
05130=EQICOR (IDAHO)
05201=WPS (KANSAS)
05202=WPS (KANSAS)
05301=WPS (MISSOURI)
05302=WPS (MISSOURI WEST)
05392=WPS (MISSOURI EAST)
05401=WPS (NEBRASKA)
05402=WPS (NEBRASKA)
05440=EQICOR (TENNESSEE)
05535=EQICOR (NORTH CAROLINA)
05901=WISCONSIN PHYSICIANS SERVICE
06001=NGS (WI)
06004=National Govt Serv HHH
06101=NGS (IL)
06102=NGS (IL)
06201=NGS (MN)
06202=NGS (MN)
06301=NGS (WI)
06302=NGS (WI)
07101=Novitas AR
07102=Novitas AR
07201=Novitas LA
07202=Novitas LA
07301=Novitas MS
07302=Novitas MS
08101=WPS IN
08102=WPS IN
08201=WPS MI
08202=WPS MI
09101=FIRST COAST (FLORIDA)
09102=FIRST COAST (FLORIDA)
09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)
09202=FIRST COAST (PUERTO RICO)
09302=FIRST COAST (VIRGIN ISLANDS)
10071=TRAVELERS (RRB)
10101=CAHABA GBA (AL)

10102=CAHABA GBA (AL)
 10111=PALMETTO GBA (Part A) (AL)
 10201=CAHABA GBA (GA)
 10202=CAHABA GBA (GA)
 10211=PALMETTO GBA (GA)
 10230=TRAVELERS (CONNECTICUT)
 10240=TRAVELERS (MINNESOTA)
 10250=TRAVELERS (MISSISSIPPI)
 10301=CAHABA GBA (TN)
 10302=CAHABA GBA (TN)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 11
 Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
10311=PALMETTO GBA (TN)				
10490=TRAVELERS (VIRGINIA)				
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				
12102=Novitas DE				
12201=Novitas DC				
12202=Novitas DC				
12301=Novitas MD				
12302=Novitas MD				
12401=Novitas NJ				
12402=Novitas NJ				
12501=Novitas PA				
12502=Novitas PA				
12901=Novitas Solutions DC, DE, MD, PA				
12902=HIGHMARK				
13101=NATIONAL GOVT SERVICES (CONNECTICUT)				
13102=NATIONAL GOVT SERVICES (CONNECTICUT)				
13201=NATIONAL GOVT SERVICES (NEW YORK)				
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)				
13282=NGS (UN)				
13292=NGS (QN)				
14004=NATIONAL HERITAGE (HHA - A)				
14014=NGS (HHA)				
14101=NATIONAL HERITAGE (MAINE)				
14102=NATIONAL HERITAGE (MAINE)				
14111=NGS (ME)				
14112=NGS (ME)				

14201=NATIONAL HERITAGE (MASSACHUSETTS)
 14202=NATIONAL HERITAGE (MASSACHUSETTS)
 14211=NGS (MA)
 14212=NGS (MA)
 14301=NATIONAL HERITAGE (NEW HAMPSHIRE)
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)
 14311=NGS (NH)
 14312=NGS (NH)
 14330=GROUP HEALTH INC (NEW YORK)
 14401=NATIONAL HERITAGE (RHODE ISLAND)
 14402=NATIONAL HERITAGE (RHODE ISLAND)
 14411=NGS (RI)
 14412=NGS (RI)
 14501=NATIONAL HERITAGE (VERMONT)
 14502=NATIONAL HERITAGE (VERMONT)
 14511=NGS (VT)
 14512=NGS (VT)
 15004=CGS Administrators HHH
 15101=CGS (KENTUCKY)
 15102=CGS (KENTUCKY)
 15201=CGS (OHIO)
 15202=CGS (OHIO)
 16360=NATIONWIDE (OHIO)
 16510=NATIONWIDE (WEST VIRGINIA)
 17120=HAWAII MEDICAL SERVICE ASSOCIATION
 21200=MASSACHUSETTS/MAINE
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 12
 Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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31143=NATIONAL HERITAGE INSURANCE CO				
31144=NATIONAL HERITAGE INSURANCE CO				
50333=TRAVELERS (NEW YORK)				
51051=AETNA (PETALUMA)				
51070=AETNA (FARMINGTON)				
51100=AETNA (CLEARWATER)				
51140=AETNA (PEORIA)				
51390=AETNA (FORT WASHINGTON)				
52280=WISCONSIN PHYSICIANS SERVICE				
57400=COOPERATIVA (PUERTO RICO)				

CCN	10	158	167	VARCHAR2
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Description: Six or ten position identification number that is
 assigned to a certified provider. This is the CMS
 Certification Number.

SAS Name: PRVDR_NUM

COBOL Name: PRVDR-NUM

Region Code	2	168	169	VARCHAR2
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Description: Indicates the CMS Regional Office responsible for the

certification of the provider.

SAS Name: RGN_CD

COBOL Name: RGN-CD

VALUES: 01=Boston

02=New York

03=Philadelphia

04=Atlanta

05=Chicago

06=Dallas

07=Kansas City

08=Denver

09=San Francisco

10=Seattle

Skeleton Record Indicator 1 170 170 VARCHAR2

Description: Indicates if the record is a skeleton record. Only a limited set of data is available for this provider; no survey data exists. Only provider categories 01,17,19,21and 22 can have skeleton providers.

SAS Name: SKLTN_REC_SW

COBOL Name: SKLTN-REC-SW

State Abbreviation 2 171 172 VARCHAR2

Description: Two-character state abbreviation.

SAS Name: STATE_CD

COBOL Name: STATE-CD

VALUES: AK=ALASKA

AL=ALABAMA

AR=ARKANSAS

AS=AMERICAN SAMOA

AZ=ARIZONA

CA=CALIFORNIA

CN=CANADA

CO=COLORADO

CT=CONNECTICUT

DC=DISTRICT OF COLUMBIA

DE=DELAWARE

FL=FLORIDA

FN=INTERNATIONAL

GA=GEORGIA

GU=GUAM

HI=HAWAII

IA=IOWA

ID=IDAHO

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 13

Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

IL=ILLINOIS

IN=INDIANA

KS=KANSAS

KY=KENTUCKY
LA=LOUISIANA
MA=MASSACHUSETTS
MD=MARYLAND
ME=MAINE
MI=MICHIGAN
MN=MINNESOTA
MO=MISSOURI
MP=SAIPAN
MS=MISSISSIPPI
MT=MONTANA
MX=MEXICO
NC=NORTH CAROLINA
ND=NORTH DAKOTA
NE=NEBRASKA
NH=NEW HAMPSHIRE
NJ=NEW JERSEY
NM=NEW MEXICO
NV=NEVADA
NY=NEW YORK
OH=OHIO
OK=OKLAHOMA
OR=OREGON
PA=PENNSYLVANIA
PR=PUERTO RICO
RI=RHODE ISLAND
SC=SOUTH CAROLINA
SD=SOUTH DAKOTA
TN=TENNESSEE
TX=TEXAS
UT=UTAH
VA=VIRGINIA
VI=VIRGIN ISLANDS
VT=VERMONT
WA=WASHINGTON
WI=WISCONSIN
WV=WEST VIRGINIA
WY=WYOMING

SSA State Code	2	173	174	VARCHAR2
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Description: Social Security Administration geographic code indicating the state where the provider is located.

SAS Name: SSA_STATE_CD

COBOL Name: SSA-STATE-CD

VALUES: 01=ALABAMA

02=ALASKA

03=ARIZONA

04=ARKANSAS

05=CALIFORNIA

06=COLORADO

07=CONNECTICUT

08=DELAWARE

09=DISTRICT OF COLUMBIA

10=FLORIDA

11=GEORGIA
12=HAWAII
13=IDAHO
14=ILLINOIS
15=INDIANA
16=IOWA
17=KANSAS

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 14
Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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18=KENTUCKY				
19=LOUISIANA				
20=MAINE				
21=MARYLAND				
22=MASSACHUSETTS				
23=MICHIGAN				
24=MINNESOTA				
25=MISSISSIPPI				
26=MISSOURI				
27=MONTANA				
28=NEBRASKA				
29=NEVADA				
30=NEW HAMPSHIRE				
31=NEW JERSEY				
32=NEW MEXICO				
33=NEW YORK				
34=NORTH CAROLINA				
35=NORTH DAKOTA				
36=OHIO				
37=OKLAHOMA				
38=OREGON				
39=PENNSYLVANIA				
40=PUERTO RICO				
41=RHODE ISLAND				
42=SOUTH CAROLINA				
43=SOUTH DAKOTA				
44=TENNESSEE				
45=TEXAS				
46=UTAH				
47=VERMONT				
48=VIRGIN ISLANDS				
49=VIRGINIA				
50=WASHINGTON				
51=WEST VIRGINIA				
52=WISCONSIN				
53=WYOMING				
54=AFRICA				
56=CANADA				
57=WEST INDIES				
58=EUROPE				

59=MEXICO
60=OCEANIA
61=PHILIPPINES
62=SOUTH AMERICA
63=UNITED STATES POSSESSIONS
64=AMERICAN SAMOA
65=GUAM
66=SAIPAN
99=INTERNATIONAL

State Region Code	3	175	177	VARCHAR2
Description: Identifies the region within a state where the provider is located.				

SAS Name: STATE_RGN_CD

COBOL Name: STATE-RGN-CD

VALUES: AK/001=ALASKA

AK/LAB=LABORATORIES

AK/NPH=NON-PARTICIPATING HOSPITAL

AL/001=ALABAMA

AL/LAB=LABORATORIES

AL/NPH=NON-PARTICIPATING HOSPITAL

AR/001=ARKANSAS

AR/LAB=LABORATORIES

AR/NPH=NON-PARTICIPATING HOSPITAL

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 15
Hospice. CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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AS/001=AMERICAN SAMOA

AS/LAB=LABORATORY

AS/NPH=NON-PARTICIPATING HOSPITAL

AZ/AZ=PHOENIX

AZ/LAB=ARIZONA LAB

AZ/NPH=NON-PARTICIPATING HOSPITAL

AZ/TUC=TUCSON

CA/001=CALIFORNIA

CA/BAK=BAKERSFIELD

CA/BER=SAN BERNARDINO

CA/EB=East Bay

CA/FR=FRESNO

CA/L1=L.A. WEST

CA/L2=L.A. NORTH

CA/L3=L.A. CENTRAL

CA/14=L.A. EAST

CA/L5=SAN GABRIEL

CA/LA1=LA Region 1

CA/LA2=LA Region 2

CA/LA3=LA Region 3

CA/LA4=LA Acute/Ancillary

CA/LA5=LA HHA/Hospice

CA/LA6=LA ICF/DD/CLinics

CA/LAB=LABORATORIES
 CA/M1=LAB. SOUTH
 CA/M2=LAB. NORTH
 CA/NPH=NON-PARTICIPATING HOSPITAL
 CA/ORG=ORANGE
 CA/RIV=RIVERSIDE
 CA/S1=SACRAMENTO
 CA/S3=CHICO
 CA/SD=SAN DIEGO
 CA/SF=SAN FRANCISCO
 CA/SJ=SAN JOSE
 CA/SR=SANTA ROSA
 CA/VEN=VENTURA
 CN/001=CANADA
 CN/LAB=LABORATORY
 CN/NPH=NON-PARTICIPATING HOSPITAL
 CO/001=COLORADO
 CO/LAB=LABORATORIES
 CO/NPH=NON-PARTICIPATING HOSPITAL
 CT/001=CONNECTICUT
 CT/LAB=LABORATORIES
 CT/NPH=NON-PARTICIPATING HOSPITAL
 DC/001=DISTRICT OF COLUMBIA
 DC/LAB=LABORATORIES
 DC/NPH=NON-PARTICIPATING HOSPITAL
 DE/001=DELAWARE
 DE/LAB=LABORATORIES
 DE/NPH=NON-PARTICIPATING HOSPITAL
 FL/001=FLORIDA
 FL/FTM=FT. MYERS
 FL/GAI=GAINESVILLE
 FL/JAX=JACKSONVILLE
 FL/LAB=LABORATORIES
 FL/LAN=LANTANA
 FL/LAU=LAUDERHILL
 FL/MIA=MIAMI
 FL/NPH=NON-PARTICIPATING HOSPITAL
 FL/ORL=ORLANDO
 FL/PEN=PENSACOLA
 FL/STP=ST. PETERSBURG
 FL/TAL=TALLAHASSEE

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 16
 Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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FL/TAM=TAMPA
 FM/001=FEDERATED STATES OF MICRO
 FM/NPH=NON-PARTICIPATING HOSPITAL
 FN/001=INTERNATIONAL
 FN/LAB=LABORATORIES
 FN/NPH=NON-PARTICIPATING HOSPITAL

GA/001=GEORGIA
GA/GAA=GEORGIA ALL
GA/GAC=GEORGIA CENTRAL
GA/GAE=GEORGIA EASTERN
GA/GAN=GEORGIA NORTH
GA/GAS=GEORGIA SOUTH
GA/GAW=GEORGIA WESTERN
GA/LAB=LABORATORIES
GA/NPH=NON-PARTICIPATING HOSPITAL
GU/001=GUAM
GU/LAB=LABORATORIES
GU/NPH=NON-PARTICIPATING HOSPITAL
HI/001=HAWAII
HI/LAB=LABORATORIES
HI/NPH=NON-PARTICIPATING HOSPITAL
IA/001=IOWA
IA/LAB=LABORATORIES
IA/NPH=NON-PARTICIPATING HOSPITAL
ID/001=IDAHO
ID/LAB=LABORATORIES
ID/NPH=NON-PARTICIPATING HOSPITAL
IL/001=ILLINOIS
IL/LAB=LABORATORIES
IL/NPH=NON-PARTICIPATING HOSPITAL
IN/001=INDIANA
IN/LAB=LABORATORIES
IN/NPH=NON-PARTICIPATING HOSPITAL
KS/001=KANSAS
KS/KCK=KANSAS CITY
KS/KDH=KDHE
KS/LAB=LABORATORIES
KS/LAW=LAWRENCE
KS/NC=NORTH CENTRAL KANSAS
KS/NE=NORTH EAST KANSAS
KS/NPH=NON-PARTICIPATING HOSPITAL
KS/NW=NORTH WEST KANSAS
KS/SC=SOUTH CENTRAL KANSAS
KS/SE=SOUTH EAST KANSAS
KS/SW=SOUTH WEST KANSAS
KS/WST=WEST
KY/2C1=HOPKINSVILLE
KY/2C2=LOUISVILLE
KY/2C3=LONDON
KY/2C4=LEXINGTON
KY/LAB=LABORATORIES
KY/NPH=NON-PARTICIPATING HOSPITAL
LA/001=LOUISIANA
LA/LA1=NEW ORLEANS
LA/LA2=MANDEVILLE
LA/LA3=LAFAYETTE
LA/LA4=MONROE
LA/LA5=SHREVEPORT
LA/LA6=ALEXANDRIA
LA/LAB=LABORATORIES

LA/LB1=CLIA NEW ORLEANS
LA/LB5=CLIA SHREVEPORT
LA/LB6=CLIA ALEXANDRIA
LA/NPH=NON-PARTICIPATING HOSPITAL

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 17
Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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MA/001=MASSACHUSETTS				
MA/LAB=LABORATORIES				
MA/NPH=NON-PARTICIPATING HOSPITAL				
MD/001=MARYLAND				
MD/LAB=LABORATORIES				
MD/NPH=NON-PARTICIPATING HOSPITAL				
ME/001=MAINE				
ME/LAB=LABORATORIES				
ME/NPH=NON-PARTICIPATING HOSPITAL				
MH/001=MARSHALL ISLANDS				
MH/NPH=NON-PARTICIPATING HOSPITAL				
MI/001=MICHIGAN				
MI/LAB=LABORATORIES				
MI/NPH=NON-PARTICIPATING HOSPITAL				
MN/001=MINNESOTA				
MN/LAB=LABORATORIES				
MN/NPH=NON-PARTICIPATING HOSPITAL				
MO/001=MISSOURI				
MO/01=REGION01				
MO/02=REGION02				
MO/03=REGION 03				
MO/04=REGION 04				
MO/05=REGION 05				
MO/06=REGION 06				
MO/07=REGION 07				
MO/1NH=REGION 1 NH				
MO/2NH=REGION 2 NH				
MO/3NH=REGION 3 NH				
MO/4NH=REGION 4 NH				
MO/5NH=REGION 5 NH				
MO/6NH=REGION 6 NH				
MO/7NH=REGION 7 NH				
MO/LAB=LABORATORIES				
MO/MO=STATEWIDE				
MO/NPH=NON-PARTICIPATING HOSPITAL				
MP/001=NORTHERN MARIANA ISLANDS				
MP/LAB=LABORATORIES				
MP/NPH=NON-PARTICIPATING HOSPITAL				
MS/001=MISSISSIPPI				
MS/LAB=LABORATORIES				
MS/NPH=NON-PARTICIPATING HOSPITAL				
MT/001=MONTANA				
MT/LAB=LABORATORIES				

MT/NPH=NON-PARTICIPATING HOSPITAL
 MX/001=MEXICO
 MX/LAB=LABORATORY
 MX/NPH=NON-PARTICIPATING HOSPITAL
 NC/001=NORTH CAROLINA
 NC/LAB=LABORATORIES
 NC/NCC=NORTH CAROLINA CENTRAL
 NC/NCE=NORTH CAROLINA EAST
 NC/NCN=NORTH CAROLINA NORTH
 NC/NCS=NORTH CAROLINA SOUTH
 NC/NCW=NORTH CAROLINA WEST
 NC/NPH=NON-PARTICIPATING HOSPITAL
 ND/001=NORTH DAKOTA
 ND/LAB=LABORATORIES
 ND/NPH=NON-PARTICIPATING HOSPITAL
 NE/001=NEBRASKA
 NE/1=NORTH CENTRAL
 NE/2=CENTRAL
 NE/3=NORTHEAST
 NE/4=SOUTHEAST
 NE/5=WESTERN

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 18
 Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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NE/LAB=LABORATORIES				
NE/NPH=NON-PARTICIPATING HOSPITAL				
NH/001=NEW HAMPSHIRE				
NH/LAB=LABORATORIES				
NH/NPH=NON-PARTICIPATING HOSPITAL				
NJ/001=NEW JERSEY				
NJ/LAB=LABORATORIES				
NJ/NPH=NON-PARTICIPATING HOSPITAL				
NM/001=NEW MEXICO				
NM/LAB=LABORATORIES				
NM/NPH=NON-PARTICIPATING HOSPITAL				
NV/001=NEVADA				
NV/CC=CARSON CITY				
NV/LAB=LABORATORIES				
NV/LV=LAS VEGAS				
NV/NPH=NON-PARTICIPATING HOSPITAL				
NY/001=BUFFALO				
NY/002=ROCHESTER				
NY/003=SYRACUSE				
NY/004=ALBANY				
NY/005=NEW ROCHELLE				
NY/006=NEW YORK CITY				
NY/007=SUFFOLK/NASSAU COUNTY				
NY/LAB=LABORATORIES				
NY/NPH=NON-PARTICIPATING HOSPITAL				
OH/001=OHIO				

OH/LAB=LABORATORIES
 OH/NPH=NON-PARTICIPATING HOSPITAL
 OK/001=OKLAHOMA
 OK/LAB=LABORATORIES
 OK/NPH=NON-PARTICIPATING HOSPITAL
 OR/001=OFFICE #1
 OR/002=OFFICE #2
 OR/003=OFFICE #3
 OR/LAB=LABORATORIES
 OR/NPH=NON-PARTICIPATING HOSPITAL
 PA/001=PENNSYLVANIA
 PA/LAB=LABORATORIES
 PA/NPH=NON-PARTICIPATING HOSPITAL
 PR/001=PUERTO RICO
 PR/LAB=LABORATORIES
 PR/NPH=NON-PARTICIPATING HOSPITAL
 PW/001=PALAU
 PW/NPH=NON-PARTICIPATING HOSPITAL
 RI/001=RHODE ISLAND
 RI/LAB=LABORATORIES
 RI/NPH=NON-PARTICIPATING HOSPITAL
 SC/001=SOUTH CAROLINA
 SC/LAB=LABORATORIES
 SC/NPH=NON-PARTICIPATING HOSPITAL
 SD/001=SOUTH DAKOTA
 SD/LAB=LABORATORIES
 SD/NPH=NON-PARTICIPATING HOSPITAL
 TN/001=TENNESSEE
 TN/LAB=LABORATORIES
 TN/NPH=NON-PARTICIPATING HOSPITAL
 TN/TNC=TENNESSEE COOKEVILLE
 TN/TNE=TENNESSEE EASTERN
 TN/TNM=TENNESSEE MIDDLE
 TN/TNW=TENNESSEE WESTERN
 TX/001=TEXAS
 TX/L01=AMARILLO-LTC
 TX/L02=ABILENE-LTC
 TX/L03=ARLINGTON-LTC

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 19
 Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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TX/L04=TYLER-LTC				
TX/L05=TEMPLE-LTC				
TX/L06=HOUSTON-LTC				
TX/L07=SAN ANTONIO-LTC				
TX/LAB=LABORATORIES				
TX/NPH=NON-PARTICIPATING HOSPITAL				
TX/TX1=LUBBOCK				
TX/TX2=ARLINGTON				
TX/TX3=SAN ANTONIO				

TX/TX4=HOUSTON
 TX/TX5=TYLER
 TX/TX6=AUSTIN
 UT/001=UTAH
 UT/LAB=LABORATORIES
 UT/NPH=NON-PARTICIPATING HOSPITAL
 VA/001=VIRGINIA
 VA/LAB=LABORATORIES
 VA/NPH=NON-PARTICIPATING HOSPITAL
 VI/001=VIRGIN ISLANDS
 VI/LAB=LABORATORIES
 VI/NPH=NON-PARTICIPATING HOSPITAL
 VT/001=VERMONT
 VT/LAB=LABORATORIES
 VT/NPH=NON-PARTICIPATING HOSPITAL
 WA/001=ALL OTHERS (NON-LTC FAC)
 WA/D1=SPOKANE & YAKIMA AREAS
 WA/D1A=District 1, Unit A
 WA/D1B=District 1, Unit B
 WA/D1C=District 1, Unit C
 WA/D1D=District 1, Unit D
 WA/D2=SPOKANE & SE
 WA/D2A=District 2, Unit A
 WA/D2B=District 2, Unit B
 WA/D2C=District 2, Unit C
 WA/D2D=District 2, Unit D
 WA/D2E=District 2, Unit E
 WA/D2F=District 2, Unit F
 WA/D2G=District 2, Unit G
 WA/D2H=District 2, Unit H
 WA/D3=NW WASHINGTON
 WA/D3A=District 3, Unit A
 WA/D3B=District 3, Unit B
 WA/D3C=District 3, Unit C
 WA/D3D=District 3, Unit D
 WA/D3E=District 3, Unit E
 WA/D4A=GREATER SEATTLE AREA
 WA/D4B=S KING COUNTY
 WA/D5A=PIERCE CTY & PENINSULA
 WA/D5B=PIERCE CTY & GRAYS HARBOR
 WA/D6=OLYMPIA AREA
 WA/LAB=LABORATORIES
 WA/NPH=NON-PARTICIPATING HOSPITAL
 WI/001=WISCONSIN
 WI/LAB=LABORATORIES
 WI/NPH=NON-PARTICIPATING HOSPITAL
 WV/001=WEST VIRGINIA
 WV/LAB=LABORATORIES
 WV/NPH=NON-PARTICIPATING HOSPITAL
 WY/001=WYOMING
 WY/LAB=LABORATORIES
 WY/NPH=NON-PARTICIPATING HOSPITAL

Address: Street 50 178 227 VARCHAR2

Description: Street address where the provider is located.

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 20
Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

SAS Name: ST_ADR
COBOL Name: ST-ADR

Telephone Number 10 228 237 VARCHAR2

Description: Telephone number of the provider.

SAS Name: PHNE_NUM
COBOL Name: PHNE-NUM

Termination Code 2 238 239 VARCHAR2

Description: Indicates the current termination status for the
provider.

SAS Name: PGM_TRMNTN_CD
COBOL Name: PGM-TRMNTN-CD

VALUES: 00=ACTIVE PROVIDER

01=VOLUNTARY-MERGER, CLOSURE

02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT

03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION

04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL

05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ

06=INVOLUNTARY-FAILURE TO MEET AGREEMENT

07=OTHER-PROVIDER STATUS CHANGE

08=NONPAYMENT OF FEES - CLIA Only

09=REV/UNSUCCESSFUL PARTICIPATION IN PT - CLIA Only

10=REV/OTHER REASON - CLIA Only

11=INCOMPLETE CLIA APPLICATION INFORMATION - CLIA Only

12=NO LONGER PERFORMING TESTS - CLIA Only

13=MULTIPLE TO SINGLE SITE CERTIFICATE - CLIA Only

14=SHARED LABORATORY - CLIA Only

15=FAILURE TO RENEW WAIVER PPM CERTIFICATE - CLIA Only

16=DUPLICATE CLIA NUMBER - CLIA Only

17=MAIL RETURNED NO FORWARD ADDRESS CERT ENDED - CLIA Only

20=NOTIFICATION BANKRUPTCY - CLIA Only

33=ACCREDITATION NOT CONFIRMED - CLIA Only

80=AWAITING STATE APPROVAL

99=OIG ACTION - DO NOT ACTIVATE - CLIA Only

Termination or Expiration Date 8 240 247 DATE

Description: Date the provider was terminated. For CLIA providers,
date the laboratory's certificate was terminated or the
expiration date of the current CLIA certificate.

SAS Name: TRMNTN_EXPRTN_DT
COBOL Name: TRMNTN-EXPRTN-DT

Type of Action Code 1 248 248 VARCHAR2

Description: Identifies the reason for the certification. Type of
action from the official survey record, CMS 1539 form.

SAS Name: CRTFCTN_ACTN_TYPE_CD
COBOL Name: CRTFCTN-ACTN-TYPE-CD
VALUES: 1=INITIAL
2=RECERTIFICATION
3=TERMINATION
4=CHANGE OF OWNERSHIP
5=VALIDATION
8=FULL SURVEY AFTER COMPLAINT

Ownership Type Code 2 249 250 VARCHAR2

Description: Indicates the ownership type of the provider.

SAS Name: GNRL_CNTL_TYPE_CD

COBOL Name: GNRL-CNTL-TYPE-CD

VALUES: 01=VOLUNTARY NON-PROFIT - CHURCH
02=VOLUNTARY NON-PROFIT - PRIVATE
03=VOLUNTARY NON-PROFIT - OTHER
04=PROPRIETARY - INDIVIDUAL
05=PROPRIETARY - PARTNERSHIP

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 21
Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

06=PROPRIETARY - CORPORATION
07=PROPRIETARY - OTHER
08=GOVERNMENT - STATE
09=GOVERNMENT - COUNTY
10=GOVERNMENT - CITY
11=GOVERNMENT - CITY-COUNTY
12=COMBINATION GOVERNMENT & NONPROFIT
13=OTHER

Address: ZIP Code 5 251 255 VARCHAR2

Description: Five-digit ZIP code for a provider's physical address.

SAS Name: ZIP_CD

COBOL Name: ZIP-CD

FIPS State Code 2 256 257 VARCHAR2

Description: FIPS State Code

SAS Name: FIPS_STATE_CD

COBOL Name: FIPS-STATE-CD

VALUES: 01=ALABAMA
02=ALASKA
04=ARIZONA
05=ARKANSAS
06=CALIFORNIA
08=COLORADO
09=CONNECTICUT
10=DELAWARE
11=DISTRICT OF COLUMBIA
12=FLORIDA
13=GEORGIA

15=HAWAII
 16=IDAHO
 17=ILLINOIS
 18=INDIANA
 19=IOWA
 20=KANSAS
 21=KENTUCKY
 22=LOUISIANA
 23=MAINE
 24=MARYLAND
 25=MASSACHUSETTS
 26=MICHIGAN
 27=MINNESOTA
 28=MISSISSIPPI
 29=MISSOURI
 30=MONTANA
 31=NEBRASKA
 32=NEVADA
 33=NEW HAMPSHIRE
 34=NEW JERSEY
 35=NEW MEXICO
 36=NEW YORK
 37=NORTH CAROLINA
 38=NORTH DAKOTA
 39=OHIO
 40=OKLAHOMA
 41=OREGON
 42=PENNSYLVANIA
 43=PUERTO RICO
 44=RHODE ISLAND
 45=SOUTH CAROLINA
 46=SOUTH DAKOTA
 47=TENNESSEE
 48=TEXAS
 49=UTAH

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 22
 Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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50=VERMONT
 51=VIRGINIA
 53=WASHINGTON
 54=WEST VIRGINIA
 55=WISCONSIN
 56=WYOMING
 64=AMERICAN SAMOA
 65=GUAM
 66=SAIPAN/MARIANA IS.
 78=VIRGIN ISLANDS

FIPS County Code	3	258	260	VARCHAR2
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Description: FIPS County Code
SAS Name: FIPS_CNTY_CD
COBOL Name: FIPS-CNTY-CD

CBSA Urban Rural Indicator 1 261 261 VARCHAR2
Description: CBSA (Core Based Statistical Area) indicates whether the county is defined as Urban or Rural.
SAS Name: CBSA_URBN_RRL_IND
COBOL Name: CBSA-URBN-RRL-IND

CBSA Code 5 262 266 VARCHAR2
Description: CBSA (Core Based Statistical Area) geographic entities defined by the U.S. Office of Management and Budget (OMB) on June 6, 2003 for use by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics. CBSA collectively refers to MSA.
SAS Name: CBSA_CD
COBOL Name: CBSA-CD

*Accreditation Type Code 1 283 283 VARCHAR2
Description: Indicates an accrediting organization deeming the provider. If a provider is deemed by multiple accrediting organizations then the accrediting organization with the earliest active deeming effective date is displayed in this field.
SAS Name: ACRDTN_TYPE_CD
COBOL Name: ACRDTN-TYPE-CD
VALUES: 0=UNACCREDITED
1=JC
2=CHAP
3=ACHC

Category-specific Facility Type Code 2 388 389 VARCHAR2
Description: Indicates the category-specific facility type code, for certain provider categories only.
SAS Name: GNRL_FAC_TYPE_CD
COBOL Name: GNRL-FAC-TYPE-CD
VALUES: 01=Hospital
02=Skilled Nursing Facility
03=Nursing Facility
04=Home Health Agency
05=Freestanding Hospice

Compliance: LSC Waiver Indicator 1 445 445 CHAR
Description: Indicates if a waiver of any life safety code provision has been recommended for a provider.
SAS Name: LSC_WVR_SW
COBOL Name: LSC-WVR-SW

Fiscal Year End Date (MMDD) 4 464 467 VARCHAR2
Description: End date, consisting of the month and day, of the provider's fiscal year.

SHORT DESCRIPTION LEN START END TYPE

SAS Name: FY_END_MO_DAY_CD
COBOL Name: FY-END-MO-DAY-CD

Related Provider Number 10 686 695 CHAR

Description: Related provider number
SAS Name: RELATED_PROVIDER_NUMBER
COBOL Name: RELATED-PROVIDER-NUMBER

Services: Home Health Aide Code 1 698 698 CHAR

Description: Indicates how home health aide services are provided.
SAS Name: HH_AIDE_SRVC_CD
COBOL Name: HH-AIDE-SRVC-CD
VALUES: 0=NOT PROVIDED
 1=PROVIDED BY STAFF
 2=PROVIDED UNDER ARRANGEMENT
 3=COMBINATION

Services: Counseling Code 1 717 717 VARCHAR2

Description: Indicates how counseling services are provided by the hospice.
SAS Name: CNSLNG_SRVC_CD
COBOL Name: CNSLNG-SRVC-CD
VALUES: 0=NOT PROVIDED
 1=PROVIDED BY STAFF
 2=PROVIDED UNDER ARRANGEMENT
 3=COMBINATION

Services: Homemaker Code 1 737 737 VARCHAR2

Description: Indicates how homemaker services are provided by the hospice.
SAS Name: HMMKR_SRVC_CD
COBOL Name: HMMKR-SRVC-CD
VALUES: 0=NOT PROVIDED
 1=PROVIDED BY STAFF
 2=PROVIDED UNDER ARRANGEMENT
 3=COMBINATION

Services: Medical Social Code 1 743 743 CHAR

Description: Indicates how medical social services are provided.
SAS Name: MDCL_SCL_SRVC_CD
COBOL Name: MDCL-SCL-SRVC-CD
VALUES: 0=NOT PROVIDED
 1=PROVIDED BY STAFF
 2=PROVIDED UNDER ARRANGEMENT
 3=COMBINATION

Services: Medical Supplies Code 1 744 744 VARCHAR2

Description: Indicates how medical supply services are provided by the hospice.

SAS Name: MDCL_SUPLY_SRVC_CD
COBOL Name: MDCL-SUPLY-SRVC-CD
VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT
3=COMBINATION

Services: Nursing Code 1 759 759 CHAR
Description: Indicates how nursing services are provided.
SAS Name: NRSNG_SRVC_CD
COBOL Name: NRSNG-SRVC-CD
VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT
3=COMBINATION

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Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Services: OT Code 1 775 775 CHAR
Description: Indicates how occupational therapy services are provided.
SAS Name: OT_SRVC_CD
COBOL Name: OT-SRVC-CD
VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT
3=COMBINATION

Services: Other Code 1 779 779 CHAR
Description: Indicates how other services are provided.
SAS Name: OTHR_SRVC_CD
COBOL Name: OTHR-SRVC-CD
VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT
3=COMBINATION

Services: Physician Code 1 795 795 VARCHAR2
Description: Indicates how physician services are provided by the hospice.
SAS Name: PHYSN_SRVC_CD
COBOL Name: PHYSN-SRVC-CD
VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT
3=COMBINATION

Services: PT Code 1 813 813 CHAR
Description: Indicates how physical therapy services are provided.
SAS Name: PT_SRVC_CD

COBOL Name: PT-SRVC-CD
VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT
3=COMBINATION

Services: Short Term Inpatient Care Code 1 822 822 VARCHAR2

Description: Indicates how short term inpatient care services are provided by the hospice.

SAS Name: SHRT_TERM_IP_SRVC_CD
COBOL Name: SHRT-TERM-IP-SRVC-CD
VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT
3=COMBINATION

Services: Speech Pathology Code 1 833 833 CHAR

Description: Indicates how speech pathology services are provided.

SAS Name: SPCH_PTHLGY_SRVC_CD
COBOL Name: SPCH-PTHLGY-SRVC-CD
VALUES: 0=NOT PROVIDED
1=PROVIDED BY STAFF
2=PROVIDED UNDER ARRANGEMENT
3=COMBINATION

Short Term Inpatient Acute/Respite Care Code 1 860 860 VARCHAR2

Description: Indicates the type of short-term inpatient care provided by the hospice.

SAS Name: ACUTE_RESP_CARE_CD
COBOL Name: ACUTE-RESP-CARE-CD
VALUES: A=SHORT TERM INPATIENT ACUTE CARE PROV'D IN HSP
B=SHORT TERM INPATIENT RESPITE CARE PROV IN HSP

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 25
Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
C=ST INPATIENT ACUTE & RESPITE CARE PROV IN HSP				

Staff Count: Aide - Employee 8 886 893 NUMBER

Description: Number of full-time equivalent aides employed by the hospice.

SAS Name: HH_AIDE_EMPLEE_CNT
COBOL Name: HH-AIDE-EMPLEE-CNT

Staff Count: Aide - Volunteer 8 894 901 NUMBER

Description: Number of full-time equivalent aides volunteering in a hospice.

SAS Name: HH_AIDE_VLNTR_CNT
COBOL Name: HH-AIDE-VLNTR-CNT

Staff Count: Other Personnel 8 902 909 NUMBER

Description: Number of full-time equivalent other personnel employed
by a provider

SAS Name: PRSNEL_OTHR_CNT

COBOL Name: PRSNEL-OTHR-CNT

Staff Count: Counselor - Employee 8 934 941 NUMBER

Description: Number of full-time equivalent counselors employed by the
hospice.

SAS Name: CNSLR_EMPLEE_CNT

COBOL Name: CNSLR-EMPLEE-CNT

Staff Count: Counselor - Volunteer 8 942 949 NUMBER

Description: Number of full-time equivalent counselors volunteering in
a Hospice.

SAS Name: CNSLR_VLNTR_CNT

COBOL Name: CNSLR-VLNTR-CNT

Staff Count: Homemaker - Employee 8 1054 1061 NUMBER

Description: Number of full-time equivalent homemakers employed by the
hospice.

SAS Name: HMMKR_EMPLEE_CNT

COBOL Name: HMMKR-EMPLEE-CNT

Staff Count: Homemaker - Volunteer 8 1062 1069 NUMBER

Description: Number of full-time equivalent homemaker volunteering in
a hospice.

SAS Name: HMMKR_VLNTR_CNT

COBOL Name: HMMKR-VLNTR-CNT

Staff Count: LPN/LVN - Employee 8 1110 1117 NUMBER

Description: Number of full-time equivalent licensed practical or
vocational nurses employed by a provider.

SAS Name: LPN_LVN_CNT

COBOL Name: LPN-LVN-CNT

Staff Count: LPN/LVN - Volunteer 8 1142 1149 NUMBER

Description: Number of full-time equivalent licensed practical or
vocational nurses volunteering in the hospice.

SAS Name: LPN_LVN_VLNTR_CNT

COBOL Name: LPN-LVN-VLNTR-CNT

Staff Count: Medical Social Worker - Employee 8 1174 1181 NUMBER

Description: Number of full-time equivalent medical social workers
employed by a provider.

SAS Name: MDCL_SCL_WORKR_CNT

COBOL Name: MDCL-SCL-WORKR-CNT

Staff Count: Medical Social Worker - Volunteer 8 1182 1189 NUMBER

Description: Number of full-time equivalent medical social workers

SHORT DESCRIPTION	LEN	START	END	TYPE
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volunteering in the hospice.

SAS Name: MDCL_SCL_WORKR_VLNTR_CNT

COBOL Name: MDCL-SCL-WORKR-VLNTR-CNT

Staff Count: Other - Volunteer 8 1390 1397 NUMBER

Description: Number of full-time equivalent others volunteering in the hospice.

SAS Name: VLNTR_OTHR_CNT

COBOL Name: VLNTR-OTHR-CNT

Staff Count: Physician - Employee 8 1542 1549 NUMBER

Description: Number of full-time equivalent physicians employed by a provider.

SAS Name: PHYSN_CNT

COBOL Name: PHYSN-CNT

Staff Count: Physician - Volunteer 8 1550 1557 NUMBER

Description: Number of full-time equivalent physicians volunteering in a hospice.

SAS Name: PHYSN_VLNTR_CNT

COBOL Name: PHYSN-VLNTR-CNT

Staff Count: RN 8 1750 1757 NUMBER

Description: Number of full-time equivalent registered nurses employed by a provider.

SAS Name: RN_CNT

COBOL Name: RN-CNT

Staff Count: RN - Volunteer 8 1782 1789 NUMBER

Description: Number of full-time equivalent registered nurses volunteering in a hospice.

SAS Name: RN_VLNTR_CNT

COBOL Name: RN-VLNTR-CNT

Staff Count: Total - Employee 9 1934 1942 NUMBER

Description: Total number of full-time equivalent employees of a provider.

SAS Name: EMPLEE_CNT

COBOL Name: EMPLEE-CNT

Staff Count: Total - Volunteer 9 1943 1951 NUMBER

Description: Number of full-time equivalent volunteers in the hospice.

SAS Name: VLNTR_CNT

COBOL Name: VLNTR-CNT

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 1
Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Provider Category Subtype Code	2	1	2	VARCHAR2
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Description: Identifies the subtype of the provider, within the primary category. Used in reporting to show the breakdown of provider categories, mainly for hospitals and SNFs.

SAS Name: PRVDR_CTGRY_SBTYP_CD

COBOL Name: PRVDR-CTGRY-SBTYP-CD

VALUES: 01=Organ Procurement

Provider Category Code	2	3	4	VARCHAR2
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Description: Identifies the type of provider participating in the Medicare/Medicaid program.

SAS Name: PRVDR_CTGRY_CD

COBOL Name: PRVDR-CTGRY-CD

VALUES: 17=Organ Procurement Organization

CHOW Count	2	5	6	NUMBER
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Description: Number of times this provider has undergone a change of ownership.

SAS Name: CHOW_CNT

COBOL Name: CHOW-CNT

CHOW Date	8	7	14	DATE
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Description: Effective date of the most recent change of ownership for this provider.

SAS Name: CHOW_DT

COBOL Name: CHOW-DT

Address: City	28	15	42	VARCHAR2
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Description: City in which the provider is physically located.

SAS Name: CITY_NAME

COBOL Name: CITY-NAME

Compliance: Acceptable POC	1	43	43	VARCHAR2
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Description: Indicates if a provider is in compliance with program requirements based on an acceptable plan for correction of deficiencies.

SAS Name: ACPTBL_POC_SW

COBOL Name: ACPTBL-POC-SW

Compliance: Status 1 44 44 VARCHAR2

Description: Compliance status of a provider at the time of certification survey.

SAS Name: CMPLNC_STUS_CD

COBOL Name: CMPLNC-STUS-CD

VALUES: A=IN COMPLIANCE

B=NOT IN COMPLIANCE

SSA County Code 3 45 47 VARCHAR2

Description: Social Security Administration geographic code indicating the county where the provider is located.

SAS Name: SSA_CNTY_CD

COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR

Description: Cross reference provider number

SAS Name: CROSS_REF_PROVIDER_NUMBER

COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date 8 58 65 DATE

Description: Equal to the exit date of the initial visit of the Health survey for certifications completed after July 28, 2012.

For certifications prior to that date, the certification

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 2

Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

date is equal to the exit date of the initial visit of the Health survey or LSC survey, whichever is later.

SAS Name: CRTFCTN_DT

COBOL Name: CRTFCTN-DT

Eligibility Indicator 1 66 66 VARCHAR2

Description: Indicates if a facility is eligible to participate in the Medicare and/or Medicaid programs.

SAS Name: ELGBLTY_SW

COBOL Name: ELGBLTY-SW

Facility Name 50 67 116 VARCHAR2

Description: Name of the provider certified to participate in the Medicare and/or Medicaid programs.

SAS Name: FAC_NAME

COBOL Name: FAC-NAME

Medicare Administrative Contractor (MAC) or 5 117 121 VARCHAR2

Intermediary or Carrier Code

Description: Number assigned to the Medicare Administrative Contractor, intermediary or carrier servicing this provider.

SAS Name: INTRMDRY_CARR_CD

COBOL Name: INTRMDRY-CARR-CD

VALUES: 00000=DUMMY FOR MEDICAID HHA
00010=BLUE CROSS (ALABAMA)
00011=CAHABA
00020=BLUE CROSS (ARKANSAS)
00040=BLUE CROSS (CALIFORNIA)
00060=BLUE CROSS (CONNECTICUT)
00070=BLUE CROSS (DELAWARE)
00090=BLUE CROSS (FLORIDA)
00101=BLUE CROSS (GEORGIA)
00121=HEALTH CARE SERVICE CORPORATION
00122=HCSC - MICHIGAN
00123=HCSC OF MICHIGAN
00130=NATIONAL GOVERNMENT SERVICES
00131=NATIONAL GOVERNMENT SERVICES
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)
00150=BLUE CROSS (KANSAS)
00160=NATIONAL GOVERNMENT SERVICES
00180=NATIONAL GOVERNMENT SERVICES
00181=NATIONAL GOVERNMENT SERVICES
00190=BLUE CROSS (MARYLAND)
00200=BLUE CROSS (MASSACHUSETTS)
00210=BLUE CROSS (MICHIGAN)
00220=BLUE CROSS (MINNESOTA)
00230=BLUE CROSS (MISSISSIPPI)
00231=BLUE CROSS (LOUISIANA)
00233=PINNACLE
00241=BLUE CROSS (MISSOURI)
00260=BLUE CROSS (NEBRASKA)
00270=NATIONAL GOVERNMENT SERVICES
00280=BLUE CROSS (NEW JERSEY)
00290=BLUE CROSS (NEW MEXICO)
00308=NATIONAL GOVERNMENT SERVICES
00310=BLUE CROSS (NORTH CAROLINA)
00320=NORIDIAN PART A
00322=NORIDIAN PART A (AK/WA)
00323=NORIDIAN PART A (ID/OR)
00325=NORIDIAN
00332=NATIONAL GOVERNMENT SERVICES
00340=BLUE CROSS (OKLAHOMA)
00350=BLUE CROSS (OREGON)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 3
Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
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00362=BLUE CROSS (INDEPENDENCE)
00363=BLUE CROSS (WESTERN PENNSYLVANIA)
00366=HIGHMARK MEDICARE SERVICES
00370=BLUE CROSS (RHODE ISLAND)
00380=BLUE CROSS (SOUTH CAROLINA)
00390=BLUE CROSS (TENNESSEE)
00400=BLUE CROSS (TEXAS)
00410=BLUE CROSS (UTAH)
00423=BLUE CROSS (VIRGINIA/WEST VA)
00430=BLUE CROSS (WASHINGTON & ALASKA)
00450=NATIONAL GOVERNMENT SERVICES
00452=NATIONAL GOVERNMENT SERVICES
00453=NATIONAL GOVERNMENT SERVICES
00454=NATIONAL GOVERNMENT SERVICES
00456=NATIONAL GOVERNMENT SERVICES
00468=BLUE CROSS (NORTH CAROLINA FOR PR)
00510=BLUE SHIELD (ALABAMA)
00511=CAHABA
00512=CAHABA
00520=BLUE SHIELD (ARKANSAS)
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)
00542=BLUE SHIELD (CALIFORNIA)
00550=BLUE SHIELD (COLORADO)
00570=BLUE SHIELD (DELAWARE)
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)
00590=BLUE SHIELD (FLORIDA)
00621=BLUE SHIELD (ILLINOIS)
00630=NATIONAL GOVERNMENT SERVICES
00640=BLUE SHIELD (IOWA)
00650=BLUE SHIELD (KANSAS)
00655=BLUE SHIELD (KANSAS/NEBRASKA)
00660=NATIONAL GOVERNMENT SERVICES
00690=BLUE SHIELD (MARYLAND)
00700=BLUE SHIELD (MASSACHUSETTS)
00710=BLUE SHIELD (MICHIGAN)
00720=BLUE SHIELD (MINNESOTA)
00740=BLUE SHIELD (KANSAS CITY)
00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
00780=BLUE SHIELD (TRI-STATE)
00801=BLUE SHIELD (BUFFALO)
00803=NATIONAL GOVERNMENT SERVICES
00805=NATIONAL GOVERNMENT SERVICES
00821=NORIDIAN
00824=NORIDIAN GVT SERVICES (CO)
00826=NORIDIAN GVT SERVICES (IA)
00831=NORIDIAN GVT SERVICES (AK)
00832=NORIDIAN GVT SERVICES (AZ)
00833=NORIDIAN GVT SERVICES (HI)
00834=NORIDIAN GVT SERVICES (NV)
00835=NORIDIAN GVT SERVICES (OR)
00836=NORIDIAN GVT SERVICES (WA)
00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
00865=BLUE SHIELD (PENNSYLVANIA)
00870=BLUE SHIELD (RHODE ISLAND)

00880=BLUE SHIELD (SOUTH CAROLINA)
 00883=PALMETTO GBA PART B
 00884=PALMETTO GBA
 00889=NORIDIAN GVT SERVICES (SD)
 00900=BLUE SHIELD (TEXAS)
 00901=TRAILBLAZERS HEALTH ENTERPRISES
 00904=TRAILBLAZER
 00910=BLUE SHIELD (UTAH)
 00930=BLUE SHIELD (WASHINGTON)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 4
 Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00951=	WISCONSIN PHYSICIANS SERVICE			
00952=	WPS - ILLINOIS			
00953=	WPS - MICHIGAN			
00954=	WI PHYSICIAN SERVICES - MN			
00973=	BLUE SHIELD (PUERTO RICO)			
00974=	BLUE SHIELD (VIRGIN ISLANDS)			
01010=	AETNA (PEORIA)			
01020=	AETNA (ALASKA)			
01030=	AETNA (ARIZONA)			
01040=	AETNA (GEORGIA)			
01101=	PALMETTO (CALIFORNIA)			
01102=	PALMETTO (CALIFORNIA (NORTH)			
01111=	Noridian (CA)			
01112=	Noridian (NF)			
01120=	AETNA (HAWAII)			
01182=	Noridian (SF)			
01192=	PALMETTO (CALIFORNIA SOUTH)			
01201=	PALMETTO (HAWAII)			
01202=	PALMETTO (HAWAII)			
01211=	Noridian (AS, GU, HI)			
01212=	Noridian (AS, GU, HI)			
01290=	AETNA (NEVADA)			
01301=	PALMETTO (NEVADA)			
01302=	PALMETTO (NEVADA)			
01311=	Noridian (NV)			
01312=	Noridian (NV)			
01360=	AETNA (NEW MEXICO)			
01370=	AETNA (OKLAHOMA)			
01380=	AETNA (OREGON)			
01390=	AETNA (WASHINGTON)			
01901=	PALMETTO GBA			
01902=	PALMETTO GBA			
01911=	Noridian (AS, GU, HI, NV)			
02050=	OCCIDENTAL (CALIFORNIA)			
02101=	Noridian AK			
02102=	Noridian AK			
02201=	Noridian ID			
02202=	Noridian ID			

02301=Noridian OR
 02302=Noridian OR
 02401=Noridian WA
 02402=Noridian WA
 03001=NORIDIAN ADMIN SERVICES
 03101=NORIDAN (ARIZONA)
 03102=NORIDAN (ARIZONA)
 03201=NORIDAN (MONTANA)
 03202=NORIDAN (MONTANA)
 03301=NORDIAN (NORTH DAKOTA)
 03302=NORDIAN (NORTH DAKOTA)
 03401=NORIDIAN (SOUTH DAKOTA)
 03402=NORIDIAN (SOUTH DAKOTA)
 03501=NORIDIAN (UTAH)
 03502=NORIDIAN (UTAH)
 03601=NORIDIAN (WYOMING)
 03602=NORIDIAN (WYOMING)
 04001=TRAILBLAZER
 04101=TRAILBLAZER (COLORADO)
 04102=TRAILBLAZER (COLORADO)
 04111=NOVITAS (COLORADO)
 04112=NOVITAS (COLORADO)
 04201=TRAILBLAZER (NEW MEXICO)
 04202=TRAILBLAZER (NEW MEXICO)
 04211=NOVITAS (NEW MEXICO)
 04212=NOVITAS (NEW MEXICO)

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 Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				
05402=WPS (NEBRASKA)				
05440=EQICOR (TENNESSEE)				

05535=EQICOR (NORTH CAROLINA)
 05901=WISCONSIN PHYSICIANS SERVICE
 06001=NGS (WI)
 06004=National Govt Serv HHH
 06101=NGS (IL)
 06102=NGS (IL)
 06201=NGS (MN)
 06202=NGS (MN)
 06301=NGS (WI)
 06302=NGS (WI)
 07101=Novitas AR
 07102=Novitas AR
 07201=Novitas LA
 07202=Novitas LA
 07301=Novitas MS
 07302=Novitas MS
 08101=WPS IN
 08102=WPS IN
 08201=WPS MI
 08202=WPS MI
 09101=FIRST COAST (FLORIDA)
 09102=FIRST COAST (FLORIDA)
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)
 09202=FIRST COAST (PUERTO RICO)
 09302=FIRST COAST (VIRGIN ISLANDS)
 10071=TRAVELERS (RRB)
 10101=CAHABA GBA (AL)
 10102=CAHABA GBA (AL)
 10111=PALMETTO GBA (Part A) (AL)
 10201=CAHABA GBA (GA)
 10202=CAHABA GBA (GA)
 10211=PALMETTO GBA (GA)
 10230=TRAVELERS (CONNECTICUT)
 10240=TRAVELERS (MINNESOTA)
 10250=TRAVELERS (MISSISSIPPI)
 10301=CAHABA GBA (TN)
 10302=CAHABA GBA (TN)
 10311=PALMETTO GBA (TN)
 10490=TRAVELERS (VIRGINIA)
 10492=TRAVELERS - VIRGINIA SPECIAL PROJECT
 11004=PALMETTO HHH C
 11201=PALMETTO GBA (SC)
 11202=PALMETTO GBA (SC)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 6
 Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				

11402=PALMETTO GBA (WV)
11501=PALMETTO GBA (NC)
11502=PALMETTO GBA (NC)
12101=Novitas DE
12102=Novitas DE
12201=Novitas DC
12202=Novitas DC
12301=Novitas MD
12302=Novitas MD
12401=Novitas NJ
12402=Novitas NJ
12501=Novitas PA
12502=Novitas PA
12901=Novitas Solutions DC, DE, MD, PA
12902=HIGHMARK
13101=NATIONAL GOVT SERVICES (CONNECTICUT)
13102=NATIONAL GOVT SERVICES (CONNECTICUT)
13201=NATIONAL GOVT SERVICES (NEW YORK)
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)
13282=NGS (UN)
13292=NGS (QN)
14004=NATIONAL HERITAGE (HHA - A)
14014=NGS (HHA)
14101=NATIONAL HERITAGE (MAINE)
14102=NATIONAL HERITAGE (MAINE)
14111=NGS (ME)
14112=NGS (ME)
14201=NATIONAL HERITAGE (MASSACHUSETTS)
14202=NATIONAL HERITAGE (MASSACHUSETTS)
14211=NGS (MA)
14212=NGS (MA)
14301=NATIONAL HERITAGE (NEW HAMPSHIRE)
14302=NATIONAL HERITAGE (NEW HAMPSHIRE)
14311=NGS (NH)
14312=NGS (NH)
14330=GROUP HEALTH INC (NEW YORK)
14401=NATIONAL HERITAGE (RHODE ISLAND)
14402=NATIONAL HERITAGE (RHODE ISLAND)
14411=NGS (RI)
14412=NGS (RI)
14501=NATIONAL HERITAGE (VERMONT)
14502=NATIONAL HERITAGE (VERMONT)
14511=NGS (VT)
14512=NGS (VT)
15004=CGS Administrators HHH
15101=CGS (KENTUCKY)
15102=CGS (KENTUCKY)
15201=CGS (OHIO)
15202=CGS (OHIO)
16360=NATIONWIDE (OHIO)
16510=NATIONWIDE (WEST VIRGINIA)
17120=HAWAII MEDICAL SERVICE ASSOCIATION
21200=MASSACHUSETTS/MAINE
31142=NATIONAL HERITAGE INSURANCE CO (MAINE)

31143=NATIONAL HERITAGE INSURANCE CO
 31144=NATIONAL HERITAGE INSURANCE CO
 50333=TRAVELERS (NEW YORK)
 51051=AETNA (PETALUMA)
 51070=AETNA (FARMINGTON)
 51100=AETNA (CLEARWATER)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 7
 Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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51140=AETNA (PEORIA)
 51390=AETNA (FORT WASHINGTON)
 52280=WISCONSIN PHYSICIANS SERVICE
 57400=COOPERATIVA (PUERTO RICO)

Medicaid Vendor Number	15	122	136	VARCHAR2
Description: Number which may be assigned to a provider by the state Medicaid agency for external control or billing purposes.				
SAS Name: MD CD_VNDR_NUM				
COBOL Name: MD CD-VNDR-NUM				

Original Participation Date	8	137	144	DATE
Description: Date a provider is first approved to provide Medicare and/or Medicaid services.				
SAS Name: ORGNL_PRTCPTN_DT				
COBOL Name: ORGNL-PRTCPTN-DT				

Prior CHOW Date	8	145	152	DATE
Description: Effective date of the previous change of ownership for this provider.				
SAS Name: CHOW_PRIOR_DT				
COBOL Name: CHOW-PRIOR-DT				

Prior Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code	5	153	157	VARCHAR2
Description: Number assigned to the previous Medicare Administrative Contractor, intermediary or carrier servicing this provider.				
SAS Name: INTRMDRY_CARR_PRIOR_CD				
COBOL Name: INTRMDRY-CARR-PRIOR-CD				
VALUES: 00000=DUMMY FOR MEDICAID HHA				
00010=BLUE CROSS (ALABAMA)				
00011=CAHABA				
00020=BLUE CROSS (ARKANSAS)				
00040=BLUE CROSS (CALIFORNIA)				
00060=BLUE CROSS (CONNECTICUT)				
00070=BLUE CROSS (DELAWARE)				
00090=BLUE CROSS (FLORIDA)				
00101=BLUE CROSS (GEORGIA)				
00121=HEALTH CARE SERVICE CORPORATION				
00122=HCSC - MICHIGAN				

00123=HCSC OF MICHIGAN
 00130=NATIONAL GOVERNMENT SERVICES
 00131=NATIONAL GOVERNMENT SERVICES
 00140=BLUE CROSS (IOWA/SOUTH DAKOTA)
 00150=BLUE CROSS (KANSAS)
 00160=NATIONAL GOVERNMENT SERVICES
 00180=NATIONAL GOVERNMENT SERVICES
 00181=NATIONAL GOVERNMENT SERVICES
 00190=BLUE CROSS (MARYLAND)
 00200=BLUE CROSS (MASSACHUSETTS)
 00210=BLUE CROSS (MICHIGAN)
 00220=BLUE CROSS (MINNESOTA)
 00230=BLUE CROSS (MISSISSIPPI)
 00231=BLUE CROSS (LOUISIANA)
 00233=PINNACLE
 00241=BLUE CROSS (MISSOURI)
 00260=BLUE CROSS (NEBRASKA)
 00270=NATIONAL GOVERNMENT SERVICES
 00280=BLUE CROSS (NEW JERSEY)
 00290=BLUE CROSS (NEW MEXICO)
 00308=NATIONAL GOVERNMENT SERVICES
 00310=BLUE CROSS (NORTH CAROLINA)
 00320=NORIDIAN PART A

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 8
 Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00322=NORIDIAN PART A (AK/WA)				
00323=NORIDIAN PART A (ID/OR)				
00325=NORIDIAN				
00332=NATIONAL GOVERNMENT SERVICES				
00340=BLUE CROSS (OKLAHOMA)				
00350=BLUE CROSS (OREGON)				
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				
00468=BLUE CROSS (NORTH CAROLINA FOR PR)				
00510=BLUE SHIELD (ALABAMA)				

00511=CAHABA
 00512=CAHABA
 00520=BLUE SHIELD (ARKANSAS)
 00528=BLUE SHIELD (ARKANSAS/LOUISIANA)
 00542=BLUE SHIELD (CALIFORNIA)
 00550=BLUE SHIELD (COLORADO)
 00570=BLUE SHIELD (DELAWARE)
 00580=BLUE SHIELD (DISTRICT OF COLUMBIA)
 00590=BLUE SHIELD (FLORIDA)
 00621=BLUE SHIELD (ILLINOIS)
 00630=NATIONAL GOVERNMENT SERVICES
 00640=BLUE SHIELD (IOWA)
 00650=BLUE SHIELD (KANSAS)
 00655=BLUE SHIELD (KANSAS/NEBRASKA)
 00660=NATIONAL GOVERNMENT SERVICES
 00690=BLUE SHIELD (MARYLAND)
 00700=BLUE SHIELD (MASSACHUSETTS)
 00710=BLUE SHIELD (MICHIGAN)
 00720=BLUE SHIELD (MINNESOTA)
 00740=BLUE SHIELD (KANSAS CITY)
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
 00780=BLUE SHIELD (TRI-STATE)
 00801=BLUE SHIELD (BUFFALO)
 00803=NATIONAL GOVERNMENT SERVICES
 00805=NATIONAL GOVERNMENT SERVICES
 00821=NORIDIAN
 00824=NORIDIAN GVT SERVICES (CO)
 00826=NORIDIAN GVT SERVICES (IA)
 00831=NORIDIAN GVT SERVICES (AK)
 00832=NORIDIAN GVT SERVICES (AZ)
 00833=NORIDIAN GVT SERVICES (HI)
 00834=NORIDIAN GVT SERVICES (NV)
 00835=NORIDIAN GVT SERVICES (OR)
 00836=NORIDIAN GVT SERVICES (WA)
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
 00865=BLUE SHIELD (PENNSYLVANIA)
 00870=BLUE SHIELD (RHODE ISLAND)
 00880=BLUE SHIELD (SOUTH CAROLINA)
 00883=PALMETTO GBA PART B
 00884=PALMETTO GBA

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 9
 Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00889=NORIDIAN GVT SERVICES (SD)				
00900=BLUE SHIELD (TEXAS)				
00901=TRAILBLAZERS HEALTH ENTERPRISES				
00904=TRAILBLAZER				
00910=BLUE SHIELD (UTAH)				
00930=BLUE SHIELD (WASHINGTON)				
00951=WISCONSIN PHYSICIANS SERVICE				

00952=WPS - ILLINOIS
00953=WPS - MICHIGAN
00954=WI PHYSICIAN SERVICES - MN
00973=BLUE SHIELD (PUERTO RICO)
00974=BLUE SHIELD (VIRGIN ISLANDS)
01010=AETNA (PEORIA)
01020=AETNA (ALASKA)
01030=AETNA (ARIZONA)
01040=AETNA (GEORGIA)
01101=PALMETTO (CALIFORNIA)
01102=PALMETTO (CALIFORNIA (NORTH))
01111=Noridian (CA)
01112=Noridian (NF)
01120=AETNA (HAWAII)
01182=Noridian (SF)
01192=PALMETTO (CALIFORNIA SOUTH)
01201=PALMETTO (HAWAII)
01202=PALMETTO (HAWAII)
01211=Noridian (AS, GU, HI)
01212=Noridian (AS, GU, HI)
01290=AETNA (NEVADA)
01301=PALMETTO (NEVADA)
01302=PALMETTO (NEVADA)
01311=Noridian (NV)
01312=Noridian (NV)
01360=AETNA (NEW MEXICO)
01370=AETNA (OKLAHOMA)
01380=AETNA (OREGON)
01390=AETNA (WASHINGTON)
01901=PALMETTO GBA
01902=PALMETTO GBA
01911=Noridian (AS, GU, HI, NV)
02050=OCCIDENTAL (CALIFORNIA)
02101=Noridian AK
02102=Noridian AK
02201=Noridian ID
02202=Noridian ID
02301=Noridian OR
02302=Noridian OR
02401=Noridian WA
02402=Noridian WA
03001=NORIDIAN ADMIN SERVICES
03101=NORIDAN (ARIZONA)
03102=NORIDAN (ARIZONA)
03201=NORIDAN (MONTANA)
03202=NORIDAN (MONTANA)
03301=NORDIAN (NORTH DAKOTA)
03302=NORDIAN (NORTH DAKOTA)
03401=NORIDIAN (SOUTH DAKOTA)
03402=NORIDIAN (SOUTH DAKOTA)
03501=NORIDIAN (UTAH)
03502=NORIDIAN (UTAH)
03601=NORIDIAN (WYOMING)
03602=NORIDIAN (WYOMING)

04001=TRAILBLAZER
04101=TRAILBLAZER (COLORADO)
04102=TRAILBLAZER (COLORADO)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 10
Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04111=NOVITAS (COLORADO)				
04112=NOVITAS (COLORADO)				
04201=TRAILBLAZER (NEW MEXICO)				
04202=TRAILBLAZER (NEW MEXICO)				
04211=NOVITAS (NEW MEXICO)				
04212=NOVITAS (NEW MEXICO)				
04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				
05402=WPS (NEBRASKA)				
05440=EQICOR (TENNESSEE)				
05535=EQICOR (NORTH CAROLINA)				
05901=WISCONSIN PHYSICIANS SERVICE				
06001=NGS (WI)				
06004=National Govt Serv HHH				
06101=NGS (IL)				
06102=NGS (IL)				
06201=NGS (MN)				
06202=NGS (MN)				
06301=NGS (WI)				
06302=NGS (WI)				
07101=Novitas AR				
07102=Novitas AR				
07201=Novitas LA				
07202=Novitas LA				
07301=Novitas MS				
07302=Novitas MS				
08101=WPS IN				

08102=WPS IN
 08201=WPS MI
 08202=WPS MI
 09101=FIRST COAST (FLORIDA)
 09102=FIRST COAST (FLORIDA)
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)
 09202=FIRST COAST (PUERTO RICO)
 09302=FIRST COAST (VIRGIN ISLANDS)
 10071=TRAVELERS (RRB)
 10101=CAHABA GBA (AL)
 10102=CAHABA GBA (AL)
 10111=PALMETTO GBA (Part A) (AL)
 10201=CAHABA GBA (GA)
 10202=CAHABA GBA (GA)
 10211=PALMETTO GBA (GA)
 10230=TRAVELERS (CONNECTICUT)
 10240=TRAVELERS (MINNESOTA)
 10250=TRAVELERS (MISSISSIPPI)
 10301=CAHABA GBA (TN)
 10302=CAHABA GBA (TN)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 11
 Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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10311=PALMETTO GBA (TN)				
10490=TRAVELERS (VIRGINIA)				
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				
12102=Novitas DE				
12201=Novitas DC				
12202=Novitas DC				
12301=Novitas MD				
12302=Novitas MD				
12401=Novitas NJ				
12402=Novitas NJ				
12501=Novitas PA				
12502=Novitas PA				
12901=Novitas Solutions DC, DE, MD, PA				
12902=HIGHMARK				
13101=NATIONAL GOVT SERVICES (CONNECTICUT)				
13102=NATIONAL GOVT SERVICES (CONNECTICUT)				

13201=NATIONAL GOVT SERVICES (NEW YORK)
 13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)
 13282=NGS (UN)
 13292=NGS (QN)
 14004=NATIONAL HERITAGE (HHA - A)
 14014=NGS (HHA)
 14101=NATIONAL HERITAGE (MAINE)
 14102=NATIONAL HERITAGE (MAINE)
 14111=NGS (ME)
 14112=NGS (ME)
 14201=NATIONAL HERITAGE (MASSACHUSETTS)
 14202=NATIONAL HERITAGE (MASSACHUSETTS)
 14211=NGS (MA)
 14212=NGS (MA)
 14301=NATIONAL HERITAGE (NEW HAMPSHIRE)
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)
 14311=NGS (NH)
 14312=NGS (NH)
 14330=GROUP HEALTH INC (NEW YORK)
 14401=NATIONAL HERITAGE (RHODE ISLAND)
 14402=NATIONAL HERITAGE (RHODE ISLAND)
 14411=NGS (RI)
 14412=NGS (RI)
 14501=NATIONAL HERITAGE (VERMONT)
 14502=NATIONAL HERITAGE (VERMONT)
 14511=NGS (VT)
 14512=NGS (VT)
 15004=CGS Administrators HHH
 15101=CGS (KENTUCKY)
 15102=CGS (KENTUCKY)
 15201=CGS (OHIO)
 15202=CGS (OHIO)
 16360=NATIONWIDE (OHIO)
 16510=NATIONWIDE (WEST VIRGINIA)
 17120=HAWAII MEDICAL SERVICE ASSOCIATION
 21200=MASSACHUSETTS/MAINE
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 12
 Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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31143=NATIONAL HERITAGE INSURANCE CO				
31144=NATIONAL HERITAGE INSURANCE CO				
50333=TRAVELERS (NEW YORK)				
51051=AETNA (PETALUMA)				
51070=AETNA (FARMINGTON)				
51100=AETNA (CLEARWATER)				
51140=AETNA (PEORIA)				
51390=AETNA (FORT WASHINGTON)				
52280=WISCONSIN PHYSICIANS SERVICE				
57400=COOPERATIVA (PUERTO RICO)				

CCN 10 158 167 VARCHAR2

Description: Six or ten position identification number that is assigned to a certified provider. This is the CMS Certification Number.

SAS Name: PRVDR_NUM

COBOL Name: PRVDR-NUM

Region Code 2 168 169 VARCHAR2

Description: Indicates the CMS Regional Office responsible for the certification of the provider.

SAS Name: RGN_CD

COBOL Name: RGN-CD

VALUES: 01=Boston

02=New York

03=Philadelphia

04=Atlanta

05=Chicago

06=Dallas

07=Kansas City

08=Denver

09=San Francisco

10=Seattle

Skeleton Record Indicator 1 170 170 VARCHAR2

Description: Indicates if the record is a skeleton record. Only a limited set of data is available for this provider; no survey data exists. Only provider categories 01,17,19,21and 22 can have skeleton providers.

SAS Name: SKLTN_REC_SW

COBOL Name: SKLTN-REC-SW

State Abbreviation 2 171 172 VARCHAR2

Description: Two-character state abbreviation.

SAS Name: STATE_CD

COBOL Name: STATE-CD

VALUES: AK=ALASKA

AL=ALABAMA

AR=ARKANSAS

AS=AMERICAN SAMOA

AZ=ARIZONA

CA=CALIFORNIA

CN=CANADA

CO=COLORADO

CT=CONNECTICUT

DC=DISTRICT OF COLUMBIA

DE=DELAWARE

FL=FLORIDA

FN=INTERNATIONAL

GA=GEORGIA

GU=GUAM

HI=HAWAII

IA=IOWA

ID=IDAHO

SHORT DESCRIPTION LEN START END TYPE

IL=ILLINOIS
 IN=INDIANA
 KS=KANSAS
 KY=KENTUCKY
 LA=LOUISIANA
 MA=MASSACHUSETTS
 MD=MARYLAND
 ME=MAINE
 MI=MICHIGAN
 MN=MINNESOTA
 MO=MISSOURI
 MP=SAIPAN
 MS=MISSISSIPPI
 MT=MONTANA
 MX=MEXICO
 NC=NORTH CAROLINA
 ND=NORTH DAKOTA
 NE=NEBRASKA
 NH=NEW HAMPSHIRE
 NJ=NEW JERSEY
 NM=NEW MEXICO
 NV=NEVADA
 NY=NEW YORK
 OH=OHIO
 OK=OKLAHOMA
 OR=OREGON
 PA=PENNSYLVANIA
 PR=PUERTO RICO
 RI=RHODE ISLAND
 SC=SOUTH CAROLINA
 SD=SOUTH DAKOTA
 TN=TENNESSEE
 TX=TEXAS
 UT=UTAH
 VA=VIRGINIA
 VI=VIRGIN ISLANDS
 VT=VERMONT
 WA=WASHINGTON
 WI=WISCONSIN
 WV=WEST VIRGINIA
 WY=WYOMING

SSA State Code 2 173 174 VARCHAR2
 Description: Social Security Administration geographic code indicating
 the state where the provider is located.
 SAS Name: SSA_STATE_CD
 COBOL Name: SSA-STATE-CD

VALUES: 01=ALABAMA
02=ALASKA
03=ARIZONA
04=ARKANSAS
05=CALIFORNIA
06=COLORADO
07=CONNECTICUT
08=DELAWARE
09=DISTRICT OF COLUMBIA
10=FLORIDA
11=GEORGIA
12=HAWAII
13=IDAHO
14=ILLINOIS
15=INDIANA
16=IOWA
17=KANSAS

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 14
Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
-------------------	-----	-------	-----	------

18=KENTUCKY				
19=LOUISIANA				
20=MAINE				
21=MARYLAND				
22=MASSACHUSETTS				
23=MICHIGAN				
24=MINNESOTA				
25=MISSISSIPPI				
26=MISSOURI				
27=MONTANA				
28=NEBRASKA				
29=NEVADA				
30=NEW HAMPSHIRE				
31=NEW JERSEY				
32=NEW MEXICO				
33=NEW YORK				
34=NORTH CAROLINA				
35=NORTH DAKOTA				
36=OHIO				
37=OKLAHOMA				
38=OREGON				
39=PENNSYLVANIA				
40=PUERTO RICO				
41=RHODE ISLAND				
42=SOUTH CAROLINA				
43=SOUTH DAKOTA				
44=TENNESSEE				
45=TEXAS				
46=UTAH				
47=VERMONT				

48=VIRGIN ISLANDS

49=VIRGINIA

50=WASHINGTON

51=WEST VIRGINIA

52=WISCONSIN

53=WYOMING

54=AFRICA

56=CANADA

57=WEST INDIES

58=EUROPE

59=MEXICO

60=OCEANIA

61=PHILIPPINES

62=SOUTH AMERICA

63=UNITED STATES POSSESSIONS

64=AMERICAN SAMOA

65=GUAM

66=SAIPAN

99=INTERNATIONAL

State Region Code	3	175	177	VARCHAR2
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Description: Identifies the region within a state where the provider is located.

COBOL Name: STATE-RGN-CD

VALUES: AK/001=ALASKA

AK/LAB=LABORATORIES

AK/NPH=NON-PARTICIPATING HOSPITAL

AL/001=ALABAMA

AL/LAB=LABORATORIES

AL/NPH=NON-PARTICIPATING HOSPITAL

AR/001=ARKANSAS

AR/LAB=LABORATORIES

AR/NPH=NON-PARTICIPATING HOSPITAL

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 15

Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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AS/001=AMERICAN SAMOA

AS/LAB=LABORATORY

AS/NPH=NON-PARTICIPATING HOSPITAL

AZ/AZ=PHOENIX

AZ/LAB=ARIZONA LAB

AZ/NPH=NON-PARTICIPATING HOSPITAL

AZ/TUC=TUCSON

CA/001=CALIFORNIA

CA/BAK=BAKERSFIELD

CA/BER=SAN BERNARDINO

CA/EB=East Bay

CA/FR=FRESNO

CA/L1=L.A. WEST

CA/L2=L.A. NORTH
CA/L3=L.A. CENTRAL
CA/L4=L.A. EAST
CA/L5=SAN GABRIEL
CA/LA1=LA Region 1
CA/LA2=LA Region 2
CA/LA3=LA Region 3
CA/LA4=LA Acute/Ancillary
CA/LA5=LA HHA/Hospice
CA/LA6=LA ICF/DD/CLinics
CA/LAB=LABORATORIES
CA/M1=LAB. SOUTH
CA/M2=LAB. NORTH
CA/NPH=NON-PARTICIPATING HOSPITAL
CA/ORG=ORANGE
CA/RIV=RIVERSIDE
CA/S1=SACRAMENTO
CA/S3=CHICO
CA/SD=SAN DIEGO
CA/SF=SAN FRANCISCO
CA/SJ=SAN JOSE
CA/SR=SANTA ROSA
CA/VEN=VENTURA
CN/001=CANADA
CN/LAB=LABORATORY
CN/NPH=NON-PARTICIPATING HOSPITAL
CO/001=COLORADO
CO/LAB=LABORATORIES
CO/NPH=NON-PARTICIPATING HOSPITAL
CT/001=CONNECTICUT
CT/LAB=LABORATORIES
CT/NPH=NON-PARTICIPATING HOSPITAL
DC/001=DISTRICT OF COLUMBIA
DC/LAB=LABORATORIES
DC/NPH=NON-PARTICIPATING HOSPITAL
DE/001=DELAWARE
DE/LAB=LABORATORIES
DE/NPH=NON-PARTICIPATING HOSPITAL
FL/001=FLORIDA
FL/FTM=FT. MYERS
FL/GAI=GAINESVILLE
FL/JAX=JACKSONVILLE
FL/LAB=LABORATORIES
FL/LAN=LANTANA
FL/LAU=LAUDERHILL
FL/MIA=MIAMI
FL/NPH=NON-PARTICIPATING HOSPITAL
FL/ORL=ORLANDO
FL/PEN=PENSACOLA
FL/STP=ST. PETERSBURG
FL/TAL=TALLAHASSEE

SHORT DESCRIPTION	LEN	START	END	TYPE
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FL/TAM=TAMPA				
FM/001=FEDERATED STATES OF MICRO				
FM/NPH=NON-PARTICIPATING HOSPITAL				
FN/001=INTERNATIONAL				
FN/LAB=LABORATORIES				
FN/NPH=NON-PARTICIPATING HOSPITAL				
GA/001=GEORGIA				
GA/GAA=GEORGIA ALL				
GA/GAC=GEORGIA CENTRAL				
GA/GAE=GEORGIA EASTERN				
GA/GAN=GEORGIA NORTH				
GA/GAS=GEORGIA SOUTH				
GA/GAW=GEORGIA WESTERN				
GA/LAB=LABORATORIES				
GA/NPH=NON-PARTICIPATING HOSPITAL				
GU/001=GUAM				
GU/LAB=LABORATORIES				
GU/NPH=NON-PARTICIPATING HOSPITAL				
HI/001=HAWAII				
HI/LAB=LABORATORIES				
HI/NPH=NON-PARTICIPATING HOSPITAL				
IA/001=IOWA				
IA/LAB=LABORATORIES				
IA/NPH=NON-PARTICIPATING HOSPITAL				
ID/001=IDAHO				
ID/LAB=LABORATORIES				
ID/NPH=NON-PARTICIPATING HOSPITAL				
IL/001=ILLINOIS				
IL/LAB=LABORATORIES				
IL/NPH=NON-PARTICIPATING HOSPITAL				
IN/001=INDIANA				
IN/LAB=LABORATORIES				
IN/NPH=NON-PARTICIPATING HOSPITAL				
KS/001=KANSAS				
KS/KCK=KANSAS CITY				
KS/KDH=KDHE				
KS/LAB=LABORATORIES				
KS/LAW=LAWRENCE				
KS/NC=NORTH CENTRAL KANSAS				
KS/NE=NORTH EAST KANSAS				
KS/NPH=NON-PARTICIPATING HOSPITAL				
KS/NW=NORTH WEST KANSAS				
KS/SC=SOUTH CENTRAL KANSAS				
KS/SE=SOUTH EAST KANSAS				
KS/SW=SOUTH WEST KANSAS				
KS/WST=WEST				
KY/2C1=HOPKINSVILLE				
KY/2C2=LOUISVILLE				
KY/2C3=LONDON				
KY/2C4=LEXINGTON				

KY/LAB=LABORATORIES
 KY/NPH=NON-PARTICIPATING HOSPITAL
 LA/001=LOUISIANA
 LA/LA1=NEW ORLEANS
 LA/LA2=MANDEVILLE
 LA/LA3=LAFAYETTE
 LA/LA4=MONROE
 LA/LA5=SHREVEPORT
 LA/LA6=ALEXANDRIA
 LA/LAB=LABORATORIES
 LA/LB1=CLIA NEW ORLEANS
 LA/LB5=CLIA SHREVEPORT
 LA/LB6=CLIA ALEXANDRIA
 LA/NPH=NON-PARTICIPATING HOSPITAL

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 17
 Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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MA/001=MASSACHUSETTS				
MA/LAB=LABORATORIES				
MA/NPH=NON-PARTICIPATING HOSPITAL				
MD/001=MARYLAND				
MD/LAB=LABORATORIES				
MD/NPH=NON-PARTICIPATING HOSPITAL				
ME/001=MAINE				
ME/LAB=LABORATORIES				
ME/NPH=NON-PARTICIPATING HOSPITAL				
MH/001=MARSHALL ISLANDS				
MH/NPH=NON-PARTICIPATING HOSPITAL				
MI/001=MICHIGAN				
MI/LAB=LABORATORIES				
MI/NPH=NON-PARTICIPATING HOSPITAL				
MN/001=MINNESOTA				
MN/LAB=LABORATORIES				
MN/NPH=NON-PARTICIPATING HOSPITAL				
MO/001=MISSOURI				
MO/01=REGION01				
MO/02=REGION02				
MO/03=REGION 03				
MO/04=REGION 04				
MO/05=REGION 05				
MO/06=REGION 06				
MO/07=REGION 07				
MO/1NH=REGION 1 NH				
MO/2NH=REGION 2 NH				
MO/3NH=REGION 3 NH				
MO/4NH=REGION 4 NH				
MO/5NH=REGION 5 NH				
MO/6NH=REGION 6 NH				
MO/7NH=REGION 7 NH				
MO/LAB=LABORATORIES				

MO/MO=STATEWIDE
 MO/NPH=NON-PARTICIPATING HOSPITAL
 MP/001=NORTHERN MARIANA ISLANDS
 MP/LAB=LABORATORIES
 MP/NPH=NON-PARTICIPATING HOSPITAL
 MS/001=MISSISSIPPI
 MS/LAB=LABORATORIES
 MS/NPH=NON-PARTICIPATING HOSPITAL
 MT/001=MONTANA
 MT/LAB=LABORATORIES
 MT/NPH=NON-PARTICIPATING HOSPITAL
 MX/001=MEXICO
 MX/LAB=LABORATORY
 MX/NPH=NON-PARTICIPATING HOSPITAL
 NC/001=NORTH CAROLINA
 NC/LAB=LABORATORIES
 NC/NCC=NORTH CAROLINA CENTRAL
 NC/NCE=NORTH CAROLINA EAST
 NC/NCN=NORTH CAROLINA NORTH
 NC/NCS=NORTH CAROLINA SOUTH
 NC/NCW=NORTH CAROLINA WEST
 NC/NPH=NON-PARTICIPATING HOSPITAL
 ND/001=NORTH DAKOTA
 ND/LAB=LABORATORIES
 ND/NPH=NON-PARTICIPATING HOSPITAL
 NE/001=NEBRASKA
 NE/1=NORTH CENTRAL
 NE/2=CENTRAL
 NE/3=NORTHEAST
 NE/4=SOUTHEAST
 NE/5=WESTERN

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 18
 Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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NE/LAB=LABORATORIES				
NE/NPH=NON-PARTICIPATING HOSPITAL				
NH/001=NEW HAMPSHIRE				
NH/LAB=LABORATORIES				
NH/NPH=NON-PARTICIPATING HOSPITAL				
NJ/001=NEW JERSEY				
NJ/LAB=LABORATORIES				
NJ/NPH=NON-PARTICIPATING HOSPITAL				
NM/001=NEW MEXICO				
NM/LAB=LABORATORIES				
NM/NPH=NON-PARTICIPATING HOSPITAL				
NV/001=NEVADA				
NV/CC=CARSON CITY				
NV/LAB=LABORATORIES				
NV/LV=LAS VEGAS				
NV/NPH=NON-PARTICIPATING HOSPITAL				

NY/001=BUFFALO
 NY/002=ROCHESTER
 NY/003=SYRACUSE
 NY/004=ALBANY
 NY/005=NEW ROCHELLE
 NY/006=NEW YORK CITY
 NY/007=SUFFOLK/NASSAU COUNTY
 NY/LAB=LABORATORIES
 NY/NPH=NON-PARTICIPATING HOSPITAL
 OH/001=OHIO
 OH/LAB=LABORATORIES
 OH/NPH=NON-PARTICIPATING HOSPITAL
 OK/001=OKLAHOMA
 OK/LAB=LABORATORIES
 OK/NPH=NON-PARTICIPATING HOSPITAL
 OR/001=OFFICE #1
 OR/002=OFFICE #2
 OR/003=OFFICE #3
 OR/LAB=LABORATORIES
 OR/NPH=NON-PARTICIPATING HOSPITAL
 PA/001=PENNSYLVANIA
 PA/LAB=LABORATORIES
 PA/NPH=NON-PARTICIPATING HOSPITAL
 PR/001=PUERTO RICO
 PR/LAB=LABORATORIES
 PR/NPH=NON-PARTICIPATING HOSPITAL
 PW/001=PALAU
 PW/NPH=NON-PARTICIPATING HOSPITAL
 RI/001=RHODE ISLAND
 RI/LAB=LABORATORIES
 RI/NPH=NON-PARTICIPATING HOSPITAL
 SC/001=SOUTH CAROLINA
 SC/LAB=LABORATORIES
 SC/NPH=NON-PARTICIPATING HOSPITAL
 SD/001=SOUTH DAKOTA
 SD/LAB=LABORATORIES
 SD/NPH=NON-PARTICIPATING HOSPITAL
 TN/001=TENNESSEE
 TN/LAB=LABORATORIES
 TN/NPH=NON-PARTICIPATING HOSPITAL
 TN/TNC=TENNESSEE COOKEVILLE
 TN/TNE=TENNESSEE EASTERN
 TN/TNM=TENNESSEE MIDDLE
 TN/TNW=TENNESSEE WESTERN
 TX/001=TEXAS
 TX/L01=AMARILLO-LTC
 TX/L02=ABILENE-LTC
 TX/L03=ARLINGTON-LTC

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 19
 Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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TX/L04=TYLER-LTC
TX/L05=TEMPLE-LTC
TX/L06=HOUSTON-LTC
TX/L07=SAN ANTONIO-LTC
TX/LAB=LABORATORIES
TX/NPH=NON-PARTICIPATING HOSPITAL
TX/TX1=LUBBOCK
TX/TX2=ARLINGTON
TX/TX3=SAN ANTONIO
TX/TX4=HOUSTON
TX/TX5=TYLER
TX/TX6=AUSTIN
UT/001=UTAH
UT/LAB=LABORATORIES
UT/NPH=NON-PARTICIPATING HOSPITAL
VA/001=VIRGINIA
VA/LAB=LABORATORIES
VA/NPH=NON-PARTICIPATING HOSPITAL
VI/001=VIRGIN ISLANDS
VI/LAB=LABORATORIES
VI/NPH=NON-PARTICIPATING HOSPITAL
VT/001=VERMONT
VT/LAB=LABORATORIES
VT/NPH=NON-PARTICIPATING HOSPITAL
WA/001=ALL OTHERS (NON-LTC FAC)
WA/D1=SPOKANE & YAKIMA AREAS
WA/D1A=District 1, Unit A
WA/D1B=District 1, Unit B
WA/D1C=District 1, Unit C
WA/D1D=District 1, Unit D
WA/D2=SPOKANE & SE
WA/D2A=District 2, Unit A
WA/D2B=District 2, Unit B
WA/D2C=District 2, Unit C
WA/D2D=District 2, Unit D
WA/D2E=District 2, Unit E
WA/D2F=District 2, Unit F
WA/D2G=District 2, Unit G
WA/D2H=District 2, Unit H
WA/D3=NW WASHINGTON
WA/D3A=District 3, Unit A
WA/D3B=District 3, Unit B
WA/D3C=District 3, Unit C
WA/D3D=District 3, Unit D
WA/D3E=District 3, Unit E
WA/D4A=GREATER SEATTLE AREA
WA/D4B=S KING COUNTY
WA/D5A=PIERCE CTY & PENINSULA
WA/D5B=PIERCE CTY & GRAYS HARBOR
WA/D6=OLYMPIA AREA
WA/LAB=LABORATORIES
WA/NPH=NON-PARTICIPATING HOSPITAL
WI/001=WISCONSIN

WI/LAB=LABORATORIES
WI/NPH=NON-PARTICIPATING HOSPITAL
WV/001=WEST VIRGINIA
WV/LAB=LABORATORIES
WV/NPH=NON-PARTICIPATING HOSPITAL
WY/001=WYOMING
WY/LAB=LABORATORIES
WY/NPH=NON-PARTICIPATING HOSPITAL

Address: Street 50 178 227 VARCHAR2
Description: Street address where the provider is located.

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Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

SAS Name: ST_ADR
COBOL Name: ST-ADR

Telephone Number 10 228 237 VARCHAR2
Description: Telephone number of the provider.
SAS Name: PHNE_NUM
COBOL Name: PHNE-NUM

Termination Code 2 238 239 VARCHAR2
Description: Indicates the current termination status for the
provider.

SAS Name: PGM_TRMNTN_CD
COBOL Name: PGM-TRMNTN-CD

VALUES: 00=ACTIVE PROVIDER
01=VOLUNTARY-MERGER, CLOSURE
02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT
03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION
04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL
05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ
06=INVOLUNTARY-FAILURE TO MEET AGREEMENT
07=OTHER-PROVIDER STATUS CHANGE
08=NONPAYMENT OF FEES - CLIA Only
09=REV/UNSUCCESSFUL PARTICIPATION IN PT - CLIA Only
10=REV/OTHER REASON - CLIA Only
11=INCOMPLETE CLIA APPLICATION INFORMATION - CLIA Only
12=NO LONGER PERFORMING TESTS - CLIA Only
13=MULTIPLE TO SINGLE SITE CERTIFICATE - CLIA Only
14=SHARED LABORATORY - CLIA Only
15=FAILURE TO RENEW WAIVER PPM CERTIFICATE - CLIA Only
16=DUPLICATE CLIA NUMBER - CLIA Only
17=MAIL RETURNED NO FORWARD ADDRESS CERT ENDED - CLIA Only
20=NOTIFICATION BANKRUPTCY - CLIA Only
33=ACCREDITATION NOT CONFIRMED - CLIA Only
80=AWAITING STATE APPROVAL
99=OIG ACTION - DO NOT ACTIVATE - CLIA Only

Termination or Expiration Date 8 240 247 DATE
Description: Date the provider was terminated. For CLIA providers,
 date the laboratory's certificate was terminated or the
 expiration date of the current CLIA certificate.
SAS Name: TRMNTN_EXPRTN_DT
COBOL Name: TRMNTN-EXPRTN-DT

Type of Action Code 1 248 248 VARCHAR2
Description: Identifies the reason for the certification. Type of
 action from the official survey record, CMS 1539 form.
SAS Name: CRTFCTN_ACTN_TYPE_CD
COBOL Name: CRTFCTN-ACTN-TYPE-CD
VALUES: 1=INITIAL
 2=RECERTIFICATION
 3=TERMINATION
 4=CHANGE OF OWNERSHIP
 5=VALIDATION
 8=FULL SURVEY AFTER COMPLAINT

Ownership Type Code 2 249 250 VARCHAR2
Description: Indicates the ownership type of the provider.
SAS Name: GNRL_CNTL_TYPE_CD
COBOL Name: GNRL-CNTL-TYPE-CD

Address: ZIP Code 5 251 255 VARCHAR2
Description: Five-digit ZIP code for a provider's physical address.
SAS Name: ZIP_CD
COBOL Name: ZIP-CD

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 21
Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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FIPS State Code	2	256	257	VARCHAR2
Description: FIPS State Code				
SAS Name: FIPS_STATE_CD				
COBOL Name: FIPS-STATE-CD				
VALUES: 01=ALABAMA				
02=ALASKA				
04=ARIZONA				
05=ARKANSAS				
06=CALIFORNIA				
08=COLORADO				
09=CONNECTICUT				
10=DELAWARE				
11=DISTRICT OF COLUMBIA				
12=FLORIDA				
13=GEORGIA				
15=HAWAII				
16=IDAHO				
17=ILLINOIS				

18=INDIANA
 19=IOWA
 20=KANSAS
 21=KENTUCKY
 22=LOUISIANA
 23=MAINE
 24=MARYLAND
 25=MASSACHUSETTS
 26=MICHIGAN
 27=MINNESOTA
 28=MISSISSIPPI
 29=MISSOURI
 30=MONTANA
 31=NEBRASKA
 32=NEVADA
 33=NEW HAMPSHIRE
 34=NEW JERSEY
 35=NEW MEXICO
 36=NEW YORK
 37=NORTH CAROLINA
 38=NORTH DAKOTA
 39=OHIO
 40=OKLAHOMA
 41=OREGON
 42=PENNSYLVANIA
 43=PUERTO RICO
 44=RHODE ISLAND
 45=SOUTH CAROLINA
 46=SOUTH DAKOTA
 47=TENNESSEE
 48=TEXAS
 49=UTAH
 50=VERMONT
 51=VIRGINIA
 53=WASHINGTON
 54=WEST VIRGINIA
 55=WISCONSIN
 56=WYOMING
 64=AMERICAN SAMOA
 65=GUAM
 66=SAIPAN/MARIANA IS.
 78=VIRGIN ISLANDS

FIPS County Code 3 258 260 VARCHAR2

Description: FIPS County Code

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 22
 Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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SAS Name: FIPS_CNTY_CD
 COBOL Name: FIPS-CNTY-CD

CBSA Urban Rural Indicator 1 261 261 VARCHAR2
Description: CBSA (Core Based Statistical Area) indicates whether the
 county is defined as Urban or Rural.
SAS Name: CBSA_URBN_RRL_IND
COBOL Name: CBSA-URBN-RRL-IND

CBSA Code 5 262 266 VARCHAR2
Description: CBSA (Core Based Statistical Area) geographic entities
 defined by the U.S. Office of Management and Budget (OMB)
 on June 6, 2003 for use by Federal statistical agencies
 in collecting, tabulating, and publishing Federal
 statistics. CBSA collectively refers to MSA.
SAS Name: CBSA_CD
COBOL Name: CBSA-CD

Fiscal Year End Date (MMDD) 4 464 467 VARCHAR2
Description: End date, consisting of the month and day, of the
 provider's fiscal year.
SAS Name: FY_END_MO_DAY_CD
COBOL Name: FY-END-MO-DAY-CD

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 1
Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Provider Category Subtype Code	2	1	2	VARCHAR2
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Description: Identifies the subtype of the provider, within the primary category. Used in reporting to show the breakdown of provider categories, mainly for hospitals and SNFs.

SAS Name: PRVDR_CTGRY_SBTYP_CD

COBOL Name: PRVDR-CTGRY-SBTYP-CD

VALUES: 01=Community Mental Health Center

Provider Category Code	2	3	4	VARCHAR2
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Description: Identifies the type of provider participating in the Medicare/Medicaid program.

SAS Name: PRVDR_CTGRY_CD

COBOL Name: PRVDR-CTGRY-CD

VALUES: 19=Community Mental Health Center

CHOW Count	2	5	6	NUMBER
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Description: Number of times this provider has undergone a change of ownership.

SAS Name: CHOW_CNT

COBOL Name: CHOW-CNT

CHOW Date	8	7	14	DATE
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Description: Effective date of the most recent change of ownership for this provider.

SAS Name: CHOW_DT

COBOL Name: CHOW-DT

Address: City	28	15	42	VARCHAR2
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Description: City in which the provider is physically located.

SAS Name: CITY_NAME

COBOL Name: CITY-NAME

Compliance: Acceptable POC	1	43	43	VARCHAR2
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Description: Indicates if a provider is in compliance with program requirements based on an acceptable plan for correction of deficiencies.

SAS Name: ACPTBL_POC_SW

COBOL Name: ACPTBL-POC-SW

Compliance: Status 1 44 44 VARCHAR2

Description: Compliance status of a provider at the time of certification survey.

SAS Name: CMPLNC_STUS_CD

COBOL Name: CMPLNC-STUS-CD

VALUES: A=IN COMPLIANCE
B=NOT IN COMPLIANCE

SSA County Code 3 45 47 VARCHAR2

Description: Social Security Administration geographic code indicating the county where the provider is located.

SAS Name: SSA_CNTY_CD

COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR

Description: Cross reference provider number

SAS Name: CROSS_REF_PROVIDER_NUMBER

COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date 8 58 65 DATE

Description: Equal to the exit date of the initial visit of the Health survey for certifications completed after July 28, 2012.
For certifications prior to that date, the certification

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 2
Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

date is equal to the exit date of the initial visit of the Health survey or LSC survey, whichever is later.

SAS Name: CRTFCTN_DT

COBOL Name: CRTFCTN-DT

Eligibility Indicator 1 66 66 VARCHAR2

Description: Indicates if a facility is eligible to participate in the Medicare and/or Medicaid programs.

SAS Name: ELGLTY_SW

COBOL Name: ELGLTY-SW

Facility Name 50 67 116 VARCHAR2

Description: Name of the provider certified to participate in the Medicare and/or Medicaid programs.

SAS Name: FAC_NAME

COBOL Name: FAC-NAME

Medicare Administrative Contractor (MAC) or 5 117 121 VARCHAR2

Intermediary or Carrier Code

Description: Number assigned to the Medicare Administrative Contractor, intermediary or carrier servicing this provider.

SAS Name: INTRMDRY_CARR_CD
 COBOL Name: INTRMDRY-CARR-CD
 VALUES: 00000=DUMMY FOR MEDICAID HHA
 00010=BLUE CROSS (ALABAMA)
 00011=CAHABA
 00020=BLUE CROSS (ARKANSAS)
 00040=BLUE CROSS (CALIFORNIA)
 00060=BLUE CROSS (CONNECTICUT)
 00070=BLUE CROSS (DELAWARE)
 00090=BLUE CROSS (FLORIDA)
 00101=BLUE CROSS (GEORGIA)
 00121=HEALTH CARE SERVICE CORPORATION
 00122=HCSC - MICHIGAN
 00123=HCSC OF MICHIGAN
 00130=NATIONAL GOVERNMENT SERVICES
 00131=NATIONAL GOVERNMENT SERVICES
 00140=BLUE CROSS (IOWA/SOUTH DAKOTA)
 00150=BLUE CROSS (KANSAS)
 00160=NATIONAL GOVERNMENT SERVICES
 00180=NATIONAL GOVERNMENT SERVICES
 00181=NATIONAL GOVERNMENT SERVICES
 00190=BLUE CROSS (MARYLAND)
 00200=BLUE CROSS (MASSACHUSETTS)
 00210=BLUE CROSS (MICHIGAN)
 00220=BLUE CROSS (MINNESOTA)
 00230=BLUE CROSS (MISSISSIPPI)
 00231=BLUE CROSS (LOUISIANA)
 00233=PINNACLE
 00241=BLUE CROSS (MISSOURI)
 00260=BLUE CROSS (NEBRASKA)
 00270=NATIONAL GOVERNMENT SERVICES
 00280=BLUE CROSS (NEW JERSEY)
 00290=BLUE CROSS (NEW MEXICO)
 00308=NATIONAL GOVERNMENT SERVICES
 00310=BLUE CROSS (NORTH CAROLINA)
 00320=NORIDIAN PART A
 00322=NORIDIAN PART A (AK/WA)
 00323=NORIDIAN PART A (ID/OR)
 00325=NORIDIAN
 00332=NATIONAL GOVERNMENT SERVICES
 00340=BLUE CROSS (OKLAHOMA)
 00350=BLUE CROSS (OREGON)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 3
 Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				

00380=BLUE CROSS (SOUTH CAROLINA)
00390=BLUE CROSS (TENNESSEE)
00400=BLUE CROSS (TEXAS)
00410=BLUE CROSS (UTAH)
00423=BLUE CROSS (VIRGINIA/WEST VA)
00430=BLUE CROSS (WASHINGTON & ALASKA)
00450=NATIONAL GOVERNMENT SERVICES
00452=NATIONAL GOVERNMENT SERVICES
00453=NATIONAL GOVERNMENT SERVICES
00454=NATIONAL GOVERNMENT SERVICES
00456=NATIONAL GOVERNMENT SERVICES
00468=BLUE CROSS (NORTH CAROLINA FOR PR)
00510=BLUE SHIELD (ALABAMA)
00511=CAHABA
00512=CAHABA
00520=BLUE SHIELD (ARKANSAS)
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)
00542=BLUE SHIELD (CALIFORNIA)
00550=BLUE SHIELD (COLORADO)
00570=BLUE SHIELD (DELAWARE)
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)
00590=BLUE SHIELD (FLORIDA)
00621=BLUE SHIELD (ILLINOIS)
00630=NATIONAL GOVERNMENT SERVICES
00640=BLUE SHIELD (IOWA)
00650=BLUE SHIELD (KANSAS)
00655=BLUE SHIELD (KANSAS/NEBRASKA)
00660=NATIONAL GOVERNMENT SERVICES
00690=BLUE SHIELD (MARYLAND)
00700=BLUE SHIELD (MASSACHUSETTS)
00710=BLUE SHIELD (MICHIGAN)
00720=BLUE SHIELD (MINNESOTA)
00740=BLUE SHIELD (KANSAS CITY)
00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
00780=BLUE SHIELD (TRI-STATE)
00801=BLUE SHIELD (BUFFALO)
00803=NATIONAL GOVERNMENT SERVICES
00805=NATIONAL GOVERNMENT SERVICES
00821=NORIDIAN
00824=NORIDIAN GVT SERVICES (CO)
00826=NORIDIAN GVT SERVICES (IA)
00831=NORIDIAN GVT SERVICES (AK)
00832=NORIDIAN GVT SERVICES (AZ)
00833=NORIDIAN GVT SERVICES (HI)
00834=NORIDIAN GVT SERVICES (NV)
00835=NORIDIAN GVT SERVICES (OR)
00836=NORIDIAN GVT SERVICES (WA)
00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
00865=BLUE SHIELD (PENNSYLVANIA)
00870=BLUE SHIELD (RHODE ISLAND)
00880=BLUE SHIELD (SOUTH CAROLINA)
00883=PALMETTO GBA PART B
00884=PALMETTO GBA
00889=NORIDIAN GVT SERVICES (SD)

00900=BLUE SHIELD (TEXAS)
00901=TRAILBLAZERS HEALTH ENTERPRISES
00904=TRAILBLAZER
00910=BLUE SHIELD (UTAH)
00930=BLUE SHIELD (WASHINGTON)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 4
Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH)				
01111=Noridian (CA)				
01112=Noridian (NF)				
01120=AETNA (HAWAII)				
01182=Noridian (SF)				
01192=PALMETTO (CALIFORNIA SOUTH)				
01201=PALMETTO (HAWAII)				
01202=PALMETTO (HAWAII)				
01211=Noridian (AS, GU, HI)				
01212=Noridian (AS, GU, HI)				
01290=AETNA (NEVADA)				
01301=PALMETTO (NEVADA)				
01302=PALMETTO (NEVADA)				
01311=Noridian (NV)				
01312=Noridian (NV)				
01360=AETNA (NEW MEXICO)				
01370=AETNA (OKLAHOMA)				
01380=AETNA (OREGON)				
01390=AETNA (WASHINGTON)				
01901=PALMETTO GBA				
01902=PALMETTO GBA				
01911=Noridian (AS, GU, HI, NV)				
02050=OCCIDENTAL (CALIFORNIA)				
02101=Noridian AK				
02102=Noridian AK				
02201=Noridian ID				
02202=Noridian ID				
02301=Noridian OR				
02302=Noridian OR				
02401=Noridian WA				
02402=Noridian WA				

03001=NORIDIAN ADMIN SERVICES
 03101=NORIDAN (ARIZONA)
 03102=NORIDAN (ARIZONA)
 03201=NORIDAN (MONTANA)
 03202=NORIDAN (MONTANA)
 03301=NORDIAN (NORTH DAKOTA)
 03302=NORDIAN (NORTH DAKOTA)
 03401=NORIDIAN (SOUTH DAKOTA)
 03402=NORIDIAN (SOUTH DAKOTA)
 03501=NORIDIAN (UTAH)
 03502=NORIDIAN (UTAH)
 03601=NORIDIAN (WYOMING)
 03602=NORIDIAN (WYOMING)
 04001=TRAILBLAZER
 04101=TRAILBLAZER (COLORADO)
 04102=TRAILBLAZER (COLORADO)
 04111=NOVITAS (COLORADO)
 04112=NOVITAS (COLORADO)
 04201=TRAILBLAZER (NEW MEXICO)
 04202=TRAILBLAZER (NEW MEXICO)
 04211=NOVITAS (NEW MEXICO)
 04212=NOVITAS (NEW MEXICO)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 5
 Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				
05402=WPS (NEBRASKA)				
05440=EQICOR (TENNESSEE)				
05535=EQICOR (NORTH CAROLINA)				
05901=WISCONSIN PHYSICIANS SERVICE				
06001=NGS (WI)				
06004=National Govt Serv HHH				

06101=NGS (IL)
 06102=NGS (IL)
 06201=NGS (MN)
 06202=NGS (MN)
 06301=NGS (WI)
 06302=NGS (WI)
 07101=Novitas AR
 07102=Novitas AR
 07201=Novitas LA
 07202=Novitas LA
 07301=Novitas MS
 07302=Novitas MS
 08101=WPS IN
 08102=WPS IN
 08201=WPS MI
 08202=WPS MI
 09101=FIRST COAST (FLORIDA)
 09102=FIRST COAST (FLORIDA)
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)
 09202=FIRST COAST (PUERTO RICO)
 09302=FIRST COAST (VIRGIN ISLANDS)
 10071=TRAVELERS (RRB)
 10101=CAHABA GBA (AL)
 10102=CAHABA GBA (AL)
 10111=PALMETTO GBA (Part A) (AL)
 10201=CAHABA GBA (GA)
 10202=CAHABA GBA (GA)
 10211=PALMETTO GBA (GA)
 10230=TRAVELERS (CONNECTICUT)
 10240=TRAVELERS (MINNESOTA)
 10250=TRAVELERS (MISSISSIPPI)
 10301=CAHABA GBA (TN)
 10302=CAHABA GBA (TN)
 10311=PALMETTO GBA (TN)
 10490=TRAVELERS (VIRGINIA)
 10492=TRAVELERS - VIRGINIA SPECIAL PROJECT
 11004=PALMETTO HHH C
 11201=PALMETTO GBA (SC)
 11202=PALMETTO GBA (SC)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 6
 Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				

12102=Novitas DE
12201=Novitas DC
12202=Novitas DC
12301=Novitas MD
12302=Novitas MD
12401=Novitas NJ
12402=Novitas NJ
12501=Novitas PA
12502=Novitas PA
12901=Novitas Solutions DC, DE, MD, PA
12902=HIGHMARK
13101=NATIONAL GOVT SERVICES (CONNECTICUT)
13102=NATIONAL GOVT SERVICES (CONNECTICUT)
13201=NATIONAL GOVT SERVICES (NEW YORK)
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)
13282=NGS (UN)
13292=NGS (QN)
14004=NATIONAL HERITAGE (HHA - A)
14014=NGS (HHA)
14101=NATIONAL HERITAGE (MAINE)
14102=NATIONAL HERITAGE (MAINE)
14111=NGS (ME)
14112=NGS (ME)
14201=NATIONAL HERITAGE (MASSACHUSETTS)
14202=NATIONAL HERITAGE (MASSACHUSETTS)
14211=NGS (MA)
14212=NGS (MA)
14301=NATIONAL HERITAGE (NEW HAMPSHIRE)
14302=NATIONAL HERITAGE (NEW HAMPSHIRE)
14311=NGS (NH)
14312=NGS (NH)
14330=GROUP HEALTH INC (NEW YORK)
14401=NATIONAL HERITAGE (RHODE ISLAND)
14402=NATIONAL HERITAGE (RHODE ISLAND)
14411=NGS (RI)
14412=NGS (RI)
14501=NATIONAL HERITAGE (VERMONT)
14502=NATIONAL HERITAGE (VERMONT)
14511=NGS (VT)
14512=NGS (VT)
15004=CGS Administrators HHH
15101=CGS (KENTUCKY)
15102=CGS (KENTUCKY)
15201=CGS (OHIO)
15202=CGS (OHIO)
16360=NATIONWIDE (OHIO)
16510=NATIONWIDE (WEST VIRGINIA)
17120=HAWAII MEDICAL SERVICE ASSOCIATION
21200=MASSACHUSETTS/MAINE
31142=NATIONAL HERITAGE INSURANCE CO (MAINE)
31143=NATIONAL HERITAGE INSURANCE CO
31144=NATIONAL HERITAGE INSURANCE CO
50333=TRAVELERS (NEW YORK)
51051=AETNA (PETALUMA)

51070=AETNA (FARMINGTON)
51100=AETNA (CLEARWATER)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 7
Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

51140=AETNA (PEORIA)
51390=AETNA (FORT WASHINGTON)
52280=WISCONSIN PHYSICIANS SERVICE
57400=COOPERATIVA (PUERTO RICO)

Medicaid Vendor Number 15 122 136 VARCHAR2
Description: Number which may be assigned to a provider by the state
Medicaid agency for external control or billing purposes.
SAS Name: MDCD_VNDR_NUM
COBOL Name: MDCD-VNDR-NUM

Original Participation Date 8 137 144 DATE
Description: Date a provider is first approved to provide Medicare
and/or Medicaid services.
SAS Name: ORGNL_PRTCPTN_DT
COBOL Name: ORGNL-PRTCPTN-DT

Prior CHOW Date 8 145 152 DATE
Description: Effective date of the previous change of ownership for
this provider.
SAS Name: CHOW_PRIOR_DT
COBOL Name: CHOW-PRIOR-DT

Prior Medicare Administrative Contractor (MAC) or 5 153 157 VARCHAR2
Intermediary or Carrier Code
Description: Number assigned to the previous Medicare Administrative
Contractor, intermediary or carrier servicing this
provider.
SAS Name: INTRMDRY_CARR_PRIOR_CD
COBOL Name: INTRMDRY-CARR-PRIOR-CD
VALUES: 00000=DUMMY FOR MEDICAID HHA
00010=BLUE CROSS (ALABAMA)
00011=CAHABA
00020=BLUE CROSS (ARKANSAS)
00040=BLUE CROSS (CALIFORNIA)
00060=BLUE CROSS (CONNECTICUT)
00070=BLUE CROSS (DELAWARE)
00090=BLUE CROSS (FLORIDA)
00101=BLUE CROSS (GEORGIA)
00121=HEALTH CARE SERVICE CORPORATION
00122=HCSC - MICHIGAN
00123=HCSC OF MICHIGAN
00130=NATIONAL GOVERNMENT SERVICES
00131=NATIONAL GOVERNMENT SERVICES
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)

00150=BLUE CROSS (KANSAS)
 00160=NATIONAL GOVERNMENT SERVICES
 00180=NATIONAL GOVERNMENT SERVICES
 00181=NATIONAL GOVERNMENT SERVICES
 00190=BLUE CROSS (MARYLAND)
 00200=BLUE CROSS (MASSACHUSETTS)
 00210=BLUE CROSS (MICHIGAN)
 00220=BLUE CROSS (MINNESOTA)
 00230=BLUE CROSS (MISSISSIPPI)
 00231=BLUE CROSS (LOUISIANA)
 00233=PINNACLE
 00241=BLUE CROSS (MISSOURI)
 00260=BLUE CROSS (NEBRASKA)
 00270=NATIONAL GOVERNMENT SERVICES
 00280=BLUE CROSS (NEW JERSEY)
 00290=BLUE CROSS (NEW MEXICO)
 00308=NATIONAL GOVERNMENT SERVICES
 00310=BLUE CROSS (NORTH CAROLINA)
 00320=NORIDIAN PART A

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 8
 Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00322=NORIDIAN PART A (AK/WA)				
00323=NORIDIAN PART A (ID/OR)				
00325=NORIDIAN				
00332=NATIONAL GOVERNMENT SERVICES				
00340=BLUE CROSS (OKLAHOMA)				
00350=BLUE CROSS (OREGON)				
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				
00468=BLUE CROSS (NORTH CAROLINA FOR PR)				
00510=BLUE SHIELD (ALABAMA)				
00511=CAHABA				
00512=CAHABA				
00520=BLUE SHIELD (ARKANSAS)				
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)				

00542=BLUE SHIELD (CALIFORNIA)
 00550=BLUE SHIELD (COLORADO)
 00570=BLUE SHIELD (DELAWARE)
 00580=BLUE SHIELD (DISTRICT OF COLUMBIA)
 00590=BLUE SHIELD (FLORIDA)
 00621=BLUE SHIELD (ILLINOIS)
 00630=NATIONAL GOVERNMENT SERVICES
 00640=BLUE SHIELD (IOWA)
 00650=BLUE SHIELD (KANSAS)
 00655=BLUE SHIELD (KANSAS/NEBRASKA)
 00660=NATIONAL GOVERNMENT SERVICES
 00690=BLUE SHIELD (MARYLAND)
 00700=BLUE SHIELD (MASSACHUSETTS)
 00710=BLUE SHIELD (MICHIGAN)
 00720=BLUE SHIELD (MINNESOTA)
 00740=BLUE SHIELD (KANSAS CITY)
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
 00780=BLUE SHIELD (TRI-STATE)
 00801=BLUE SHIELD (BUFFALO)
 00803=NATIONAL GOVERNMENT SERVICES
 00805=NATIONAL GOVERNMENT SERVICES
 00821=NORIDIAN
 00824=NORIDIAN GVT SERVICES (CO)
 00826=NORIDIAN GVT SERVICES (IA)
 00831=NORIDIAN GVT SERVICES (AK)
 00832=NORIDIAN GVT SERVICES (AZ)
 00833=NORIDIAN GVT SERVICES (HI)
 00834=NORIDIAN GVT SERVICES (NV)
 00835=NORIDIAN GVT SERVICES (OR)
 00836=NORIDIAN GVT SERVICES (WA)
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
 00865=BLUE SHIELD (PENNSYLVANIA)
 00870=BLUE SHIELD (RHODE ISLAND)
 00880=BLUE SHIELD (SOUTH CAROLINA)
 00883=PALMETTO GBA PART B
 00884=PALMETTO GBA

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 9
 Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00889=NORIDIAN GVT SERVICES (SD)				
00900=BLUE SHIELD (TEXAS)				
00901=TRAILBLAZERS HEALTH ENTERPRISES				
00904=TRAILBLAZER				
00910=BLUE SHIELD (UTAH)				
00930=BLUE SHIELD (WASHINGTON)				
00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				

00974=BLUE SHIELD (VIRGIN ISLANDS)
01010=AETNA (PEORIA)
01020=AETNA (ALASKA)
01030=AETNA (ARIZONA)
01040=AETNA (GEORGIA)
01101=PALMETTO (CALIFORNIA)
01102=PALMETTO (CALIFORNIA (NORTH)
01111=Noridian (CA)
01112=Noridian (NF)
01120=AETNA (HAWAII)
01182=Noridian (SF)
01192=PALMETTO (CALIFORNIA SOUTH)
01201=PALMETTO (HAWAII)
01202=PALMETTO (HAWAII)
01211=Noridian (AS, GU, HI)
01212=Noridian (AS, GU, HI)
01290=AETNA (NEVADA)
01301=PALMETTO (NEVADA)
01302=PALMETTO (NEVADA)
01311=Noridian (NV)
01312=Noridian (NV)
01360=AETNA (NEW MEXICO)
01370=AETNA (OKLAHOMA)
01380=AETNA (OREGON)
01390=AETNA (WASHINGTON)
01901=PALMETTO GBA
01902=PALMETTO GBA
01911=Noridian (AS, GU, HI, NV)
02050=OCCIDENTAL (CALIFORNIA)
02101=Noridian AK
02102=Noridian AK
02201=Noridian ID
02202=Noridian ID
02301=Noridian OR
02302=Noridian OR
02401=Noridian WA
02402=Noridian WA
03001=NORIDIAN ADMIN SERVICES
03101=NORIDAN (ARIZONA)
03102=NORIDAN (ARIZONA)
03201=NORIDAN (MONTANA)
03202=NORIDAN (MONTANA)
03301=NORDIAN (NORTH DAKOTA)
03302=NORDIAN (NORTH DAKOTA)
03401=NORIDIAN (SOUTH DAKOTA)
03402=NORIDIAN (SOUTH DAKOTA)
03501=NORIDIAN (UTAH)
03502=NORIDIAN (UTAH)
03601=NORIDIAN (WYOMING)
03602=NORIDIAN (WYOMING)
04001=TRAILBLAZER
04101=TRAILBLAZER (COLORADO)
04102=TRAILBLAZER (COLORADO)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04111=NOVITAS (COLORADO)				
04112=NOVITAS (COLORADO)				
04201=TRAILBLAZER (NEW MEXICO)				
04202=TRAILBLAZER (NEW MEXICO)				
04211=NOVITAS (NEW MEXICO)				
04212=NOVITAS (NEW MEXICO)				
04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				
05402=WPS (NEBRASKA)				
05440=EQICOR (TENNESSEE)				
05535=EQICOR (NORTH CAROLINA)				
05901=WISCONSIN PHYSICIANS SERVICE				
06001=NGS (WI)				
06004=National Govt Serv HHH				
06101=NGS (IL)				
06102=NGS (IL)				
06201=NGS (MN)				
06202=NGS (MN)				
06301=NGS (WI)				
06302=NGS (WI)				
07101=Novitas AR				
07102=Novitas AR				
07201=Novitas LA				
07202=Novitas LA				
07301=Novitas MS				
07302=Novitas MS				
08101=WPS IN				
08102=WPS IN				
08201=WPS MI				
08202=WPS MI				
09101=FIRST COAST (FLORIDA)				

09102=FIRST COAST (FLORIDA)
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)
 09202=FIRST COAST (PUERTO RICO)
 09302=FIRST COAST (VIRGIN ISLANDS)
 10071=TRAVELERS (RRB)
 10101=CAHABA GBA (AL)
 10102=CAHABA GBA (AL)
 10111=PALMETTO GBA (Part A) (AL)
 10201=CAHABA GBA (GA)
 10202=CAHABA GBA (GA)
 10211=PALMETTO GBA (GA)
 10230=TRAVELERS (CONNECTICUT)
 10240=TRAVELERS (MINNESOTA)
 10250=TRAVELERS (MISSISSIPPI)
 10301=CAHABA GBA (TN)
 10302=CAHABA GBA (TN)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 11
 Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
10311=PALMETTO GBA (TN)				
10490=TRAVELERS (VIRGINIA)				
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				
12102=Novitas DE				
12201=Novitas DC				
12202=Novitas DC				
12301=Novitas MD				
12302=Novitas MD				
12401=Novitas NJ				
12402=Novitas NJ				
12501=Novitas PA				
12502=Novitas PA				
12901=Novitas Solutions DC, DE, MD, PA				
12902=HIGHMARK				
13101=NATIONAL GOVT SERVICES (CONNECTICUT)				
13102=NATIONAL GOVT SERVICES (CONNECTICUT)				
13201=NATIONAL GOVT SERVICES (NEW YORK)				
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)				
13282=NGS (UN)				
13292=NGS (QN)				

14004=NATIONAL HERITAGE (HHA - A)
 14014=NGS (HHA)
 14101=NATIONAL HERITAGE (MAINE)
 14102=NATIONAL HERITAGE (MAINE)
 14111=NGS (ME)
 14112=NGS (ME)
 14201=NATIONAL HERITAGE (MASSACHUSETTS)
 14202=NATIONAL HERITAGE (MASSACHUSETTS)
 14211=NGS (MA)
 14212=NGS (MA)
 14301=NATIONAL HERITAGE (NEW HAMPSHIRE)
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)
 14311=NGS (NH)
 14312=NGS (NH)
 14330=GROUP HEALTH INC (NEW YORK)
 14401=NATIONAL HERITAGE (RHODE ISLAND)
 14402=NATIONAL HERITAGE (RHODE ISLAND)
 14411=NGS (RI)
 14412=NGS (RI)
 14501=NATIONAL HERITAGE (VERMONT)
 14502=NATIONAL HERITAGE (VERMONT)
 14511=NGS (VT)
 14512=NGS (VT)
 15004=CGS Administrators HHH
 15101=CGS (KENTUCKY)
 15102=CGS (KENTUCKY)
 15201=CGS (OHIO)
 15202=CGS (OHIO)
 16360=NATIONWIDE (OHIO)
 16510=NATIONWIDE (WEST VIRGINIA)
 17120=HAWAII MEDICAL SERVICE ASSOCIATION
 21200=MASSACHUSETTS/MAINE
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 12
 Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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31143=NATIONAL HERITAGE INSURANCE CO				
31144=NATIONAL HERITAGE INSURANCE CO				
50333=TRAVELERS (NEW YORK)				
51051=AETNA (PETALUMA)				
51070=AETNA (FARMINGTON)				
51100=AETNA (CLEARWATER)				
51140=AETNA (PEORIA)				
51390=AETNA (FORT WASHINGTON)				
52280=WISCONSIN PHYSICIANS SERVICE				
57400=COOPERATIVA (PUERTO RICO)				

CCN 10 158 167 VARCHAR2

Description: Six or ten position identification number that is
 assigned to a certified provider. This is the CMS

Certification Number.
SAS Name: PRVDR_NUM
COBOL Name: PRVDR-NUM

Region Code 2 168 169 VARCHAR2
Description: Indicates the CMS Regional Office responsible for the certification of the provider.
SAS Name: RGN_CD
COBOL Name: RGN-CD
VALUES: 01=Boston
02=New York
03=Philadelphia
04=Atlanta
05=Chicago
06=Dallas
07=Kansas City
08=Denver
09=San Francisco
10=Seattle

Skeleton Record Indicator 1 170 170 VARCHAR2
Description: Indicates if the record is a skeleton record. Only a limited set of data is available for this provider; no survey data exists. Only provider categories 01,17,19,21and 22 can have skeleton providers.
SAS Name: SKLTN_REC_SW
COBOL Name: SKLTN-REC-SW

State Abbreviation 2 171 172 VARCHAR2
Description: Two-character state abbreviation.
SAS Name: STATE_CD
COBOL Name: STATE-CD
VALUES: AK=ALASKA
AL=ALABAMA
AR=ARKANSAS
AS=AMERICAN SAMOA
AZ=ARIZONA
CA=CALIFORNIA
CN=CANADA
CO=COLORADO
CT=CONNECTICUT
DC=DISTRICT OF COLUMBIA
DE=DELAWARE
FL=FLORIDA
FN=INTERNATIONAL
GA=GEORGIA
GU=GUAM
HI=HAWAII
IA=IOWA
ID=IDAHO

SHORT DESCRIPTION	LEN	START	END	TYPE
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IL=ILLINOIS				
IN=INDIANA				
KS=KANSAS				
KY=KENTUCKY				
LA=LOUISIANA				
MA=MASSACHUSETTS				
MD=MARYLAND				
ME=MAINE				
MI=MICHIGAN				
MN=MINNESOTA				
MO=MISSOURI				
MP=SAIPAN				
MS=MISSISSIPPI				
MT=MONTANA				
MX=MEXICO				
NC=NORTH CAROLINA				
ND=NORTH DAKOTA				
NE=NEBRASKA				
NH=NEW HAMPSHIRE				
NJ=NEW JERSEY				
NM=NEW MEXICO				
NV=NEVADA				
NY=NEW YORK				
OH=OHIO				
OK=OKLAHOMA				
OR=OREGON				
PA=PENNSYLVANIA				
PR=PUERTO RICO				
RI=RHODE ISLAND				
SC=SOUTH CAROLINA				
SD=SOUTH DAKOTA				
TN=TENNESSEE				
TX=TEXAS				
UT=UTAH				
VA=VIRGINIA				
VI=VIRGIN ISLANDS				
VT=VERMONT				
WA=WASHINGTON				
WI=WISCONSIN				
WV=WEST VIRGINIA				
WY=WYOMING				

SSA State Code	2	173	174	VARCHAR2
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Description: Social Security Administration geographic code indicating the state where the provider is located.

SAS Name: SSA_STATE_CD

COBOL Name: SSA-STATE-CD

VALUES: 01=ALABAMA

02=ALASKA

03=ARIZONA

04=ARKANSAS

05=CALIFORNIA
06=COLORADO
07=CONNECTICUT
08=DELAWARE
09=DISTRICT OF COLUMBIA
10=FLORIDA
11=GEORGIA
12=HAWAII
13=IDAHO
14=ILLINOIS
15=INDIANA
16=IOWA
17=KANSAS

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 14
Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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18=KENTUCKY				
19=LOUISIANA				
20=MAINE				
21=MARYLAND				
22=MASSACHUSETTS				
23=MICHIGAN				
24=MINNESOTA				
25=MISSISSIPPI				
26=MISSOURI				
27=MONTANA				
28=NEBRASKA				
29=NEVADA				
30=NEW HAMPSHIRE				
31=NEW JERSEY				
32=NEW MEXICO				
33=NEW YORK				
34=NORTH CAROLINA				
35=NORTH DAKOTA				
36=OHIO				
37=OKLAHOMA				
38=OREGON				
39=PENNSYLVANIA				
40=PUERTO RICO				
41=RHODE ISLAND				
42=SOUTH CAROLINA				
43=SOUTH DAKOTA				
44=TENNESSEE				
45=TEXAS				
46=UTAH				
47=VERMONT				
48=VIRGIN ISLANDS				
49=VIRGINIA				
50=WASHINGTON				
51=WEST VIRGINIA				

99=INTERNATIONAL

Description: Identifies the region within a state where the provider is located.

SAS Name: STATE_RGN_CD

COBOL Name: STATE-RGN-CD

VALUES: AK/001=ALASKA

AK/LAB=LABORATORIES

AK/NPH=NON-PARTICIPATING HOSPITAL

AL/001=ALABAMA

AL/LAB=LABORATORIES

AL/NPH=NON-PARTICIPATING HOSPITAL

AR/001=ARKANSAS

AR/LAB=LABORATORIES

AR/NPH=NON-PARTICIPATING HOSPITAL

Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
-------------------	-----	-------	-----	------

AS/001=AMERICAN SAMOA

AS/LAB=LABORATORY

AS/NPH=NON-PARTICIPATING HOSPITAL

AZ/AZ=PHOENIX

AZ/LAB=ARIZONA LAB

AZ/NPH=NON-PARTICIPATING HOSPITAL

AZ/TUC=TUCSON

CA/001=CALIFORNIA

CA/BAK=BAKERSFIELD

CA/BER=SAN BERNARDINO

CA/EB=East Bay

CA/FR=FRESNO

CA/L1=L.A. WEST

CA/L2=L.A. NORTH

CA/L3=L.A. CENTRAL

CA/L4=L.A. EAST

CA/L5=SAN GABRIEL

CA/LA1=LA Region 1
 CA/LA2=LA Region 2
 CA/LA3=LA Region 3
 CA/LA4=LA Acute/Ancillary
 CA/LA5=LA HHA/Hospice
 CA/LA6=LA ICF/DD/CLinics
 CA/LAB=LABORATORIES
 CA/M1=LAB. SOUTH
 CA/M2=LAB. NORTH
 CA/NPH=NON-PARTICIPATING HOSPITAL
 CA/ORG=ORANGE
 CA/RIV=RIVERSIDE
 CA/S1=SACRAMENTO
 CA/S3=CHICO
 CA/SD=SAN DIEGO
 CA/SF=SAN FRANCISCO
 CA/SJ=SAN JOSE
 CA/SR=SANTA ROSA
 CA/VEN=VENTURA
 CN/001=CANADA
 CN/LAB=LABORATORY
 CN/NPH=NON-PARTICIPATING HOSPITAL
 CO/001=COLORADO
 CO/LAB=LABORATORIES
 CO/NPH=NON-PARTICIPATING HOSPITAL
 CT/001=CONNECTICUT
 CT/LAB=LABORATORIES
 CT/NPH=NON-PARTICIPATING HOSPITAL
 DC/001=DISTRICT OF COLUMBIA
 DC/LAB=LABORATORIES
 DC/NPH=NON-PARTICIPATING HOSPITAL
 DE/001=DELAWARE
 DE/LAB=LABORATORIES
 DE/NPH=NON-PARTICIPATING HOSPITAL
 FL/001=FLORIDA
 FL/FTM=FT. MYERS
 FL/GAI=GAINESVILLE
 FL/JAX=JACKSONVILLE
 FL/LAB=LABORATORIES
 FL/LAN=LANTANA
 FL/LAU=LAUDERHILL
 FL/MIA=MIAMI
 FL/NPH=NON-PARTICIPATING HOSPITAL
 FL/ORL=ORLANDO
 FL/PEN=PENSACOLA
 FL/STP=ST. PETERSBURG
 FL/TAL=TALLAHASSEE

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 16
 Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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FL/TAM=TAMPA
FM/001=FEDERATED STATES OF MICRO
FM/NPH=NON-PARTICIPATING HOSPITAL
FN/001=INTERNATIONAL
FN/LAB=LABORATORIES
FN/NPH=NON-PARTICIPATING HOSPITAL
GA/001=GEORGIA
GA/GAA=GEORGIA ALL
GA/GAC=GEORGIA CENTRAL
GA/GAE=GEORGIA EASTERN
GA/GAN=GEORGIA NORTH
GA/GAS=GEORGIA SOUTH
GA/GAW=GEORGIA WESTERN
GA/LAB=LABORATORIES
GA/NPH=NON-PARTICIPATING HOSPITAL
GU/001=GUAM
GU/LAB=LABORATORIES
GU/NPH=NON-PARTICIPATING HOSPITAL
HI/001=HAWAII
HI/LAB=LABORATORIES
HI/NPH=NON-PARTICIPATING HOSPITAL
IA/001=IOWA
IA/LAB=LABORATORIES
IA/NPH=NON-PARTICIPATING HOSPITAL
ID/001=IDAHO
ID/LAB=LABORATORIES
ID/NPH=NON-PARTICIPATING HOSPITAL
IL/001=ILLINOIS
IL/LAB=LABORATORIES
IL/NPH=NON-PARTICIPATING HOSPITAL
IN/001=INDIANA
IN/LAB=LABORATORIES
IN/NPH=NON-PARTICIPATING HOSPITAL
KS/001=KANSAS
KS/KCK=KANSAS CITY
KS/KDH=KDHE
KS/LAB=LABORATORIES
KS/LAW=LAWRENCE
KS/NC=NORTH CENTRAL KANSAS
KS/NE=NORTH EAST KANSAS
KS/NPH=NON-PARTICIPATING HOSPITAL
KS/NW=NORTH WEST KANSAS
KS/SC=SOUTH CENTRAL KANSAS
KS/SE=SOUTH EAST KANSAS
KS/SW=SOUTH WEST KANSAS
KS/WST=WEST
KY/2C1=HOPKINSVILLE
KY/2C2=LOUISVILLE
KY/2C3=LONDON
KY/2C4=LEXINGTON
KY/LAB=LABORATORIES
KY/NPH=NON-PARTICIPATING HOSPITAL
LA/001=LOUISIANA
LA/LA1=NEW ORLEANS

LA/LA2=MANDEVILLE
 LA/LA3=LAFAYETTE
 LA/LA4=MONROE
 LA/LA5=SHREVEPORT
 LA/LA6=ALEXANDRIA
 LA/LAB=LABORATORIES
 LA/LB1=CLIA NEW ORLEANS
 LA/LB5=CLIA SHREVEPORT
 LA/LB6=CLIA ALEXANDRIA
 LA/NPH=NON-PARTICIPATING HOSPITAL

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 17
 Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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MA/001=MASSACHUSETTS				
MA/LAB=LABORATORIES				
MA/NPH=NON-PARTICIPATING HOSPITAL				
MD/001=MARYLAND				
MD/LAB=LABORATORIES				
MD/NPH=NON-PARTICIPATING HOSPITAL				
ME/001=MAINE				
ME/LAB=LABORATORIES				
ME/NPH=NON-PARTICIPATING HOSPITAL				
MH/001=MARSHALL ISLANDS				
MH/NPH=NON-PARTICIPATING HOSPITAL				
MI/001=MICHIGAN				
MI/LAB=LABORATORIES				
MI/NPH=NON-PARTICIPATING HOSPITAL				
MN/001=MINNESOTA				
MN/LAB=LABORATORIES				
MN/NPH=NON-PARTICIPATING HOSPITAL				
MO/001=MISSOURI				
MO/01=REGION01				
MO/02=REGION02				
MO/03=REGION 03				
MO/04=REGION 04				
MO/05=REGION 05				
MO/06=REGION 06				
MO/07=REGION 07				
MO/1NH=REGION 1 NH				
MO/2NH=REGION 2 NH				
MO/3NH=REGION 3 NH				
MO/4NH=REGION 4 NH				
MO/5NH=REGION 5 NH				
MO/6NH=REGION 6 NH				
MO/7NH=REGION 7 NH				
MO/LAB=LABORATORIES				
MO/MO=STATEWIDE				
MO/NPH=NON-PARTICIPATING HOSPITAL				
MP/001=NORTHERN MARIANA ISLANDS				
MP/LAB=LABORATORIES				

MP/NPH=NON-PARTICIPATING HOSPITAL
 MS/001=MISSISSIPPI
 MS/LAB=LABORATORIES
 MS/NPH=NON-PARTICIPATING HOSPITAL
 MT/001=MONTANA
 MT/LAB=LABORATORIES
 MT/NPH=NON-PARTICIPATING HOSPITAL
 MX/001=MEXICO
 MX/LAB=LABORATORY
 MX/NPH=NON-PARTICIPATING HOSPITAL
 NC/001=NORTH CAROLINA
 NC/LAB=LABORATORIES
 NC/NCC=NORTH CAROLINA CENTRAL
 NC/NCE=NORTH CAROLINA EAST
 NC/NCN=NORTH CAROLINA NORTH
 NC/NCS=NORTH CAROLINA SOUTH
 NC/NCW=NORTH CAROLINA WEST
 NC/NPH=NON-PARTICIPATING HOSPITAL
 ND/001=NORTH DAKOTA
 ND/LAB=LABORATORIES
 ND/NPH=NON-PARTICIPATING HOSPITAL
 NE/001=NEBRASKA
 NE/1=NORTH CENTRAL
 NE/2=CENTRAL
 NE/3=NORTHEAST
 NE/4=SOUTHEAST
 NE/5=WESTERN

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 18
 Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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NE/LAB=LABORATORIES				
NE/NPH=NON-PARTICIPATING HOSPITAL				
NH/001=NEW HAMPSHIRE				
NH/LAB=LABORATORIES				
NH/NPH=NON-PARTICIPATING HOSPITAL				
NJ/001=NEW JERSEY				
NJ/LAB=LABORATORIES				
NJ/NPH=NON-PARTICIPATING HOSPITAL				
NM/001=NEW MEXICO				
NM/LAB=LABORATORIES				
NM/NPH=NON-PARTICIPATING HOSPITAL				
NV/001=NEVADA				
NV/CC=CARSON CITY				
NV/LAB=LABORATORIES				
NV/LV=LAS VEGAS				
NV/NPH=NON-PARTICIPATING HOSPITAL				
NY/001=BUFFALO				
NY/002=ROCHESTER				
NY/003=SYRACUSE				
NY/004=ALBANY				

NY/005=NEW ROCHELLE
 NY/006=NEW YORK CITY
 NY/007=SUFFOLK/NASSAU COUNTY
 NY/LAB=LABORATORIES
 NY/NPH=NON-PARTICIPATING HOSPITAL
 OH/001=OHIO
 OH/LAB=LABORATORIES
 OH/NPH=NON-PARTICIPATING HOSPITAL
 OK/001=OKLAHOMA
 OK/LAB=LABORATORIES
 OK/NPH=NON-PARTICIPATING HOSPITAL
 OR/001=OFFICE #1
 OR/002=OFFICE #2
 OR/003=OFFICE #3
 OR/LAB=LABORATORIES
 OR/NPH=NON-PARTICIPATING HOSPITAL
 PA/001=PENNSYLVANIA
 PA/LAB=LABORATORIES
 PA/NPH=NON-PARTICIPATING HOSPITAL
 PR/001=PUERTO RICO
 PR/LAB=LABORATORIES
 PR/NPH=NON-PARTICIPATING HOSPITAL
 PW/001=PALAU
 PW/NPH=NON-PARTICIPATING HOSPITAL
 RI/001=RHODE ISLAND
 RI/LAB=LABORATORIES
 RI/NPH=NON-PARTICIPATING HOSPITAL
 SC/001=SOUTH CAROLINA
 SC/LAB=LABORATORIES
 SC/NPH=NON-PARTICIPATING HOSPITAL
 SD/001=SOUTH DAKOTA
 SD/LAB=LABORATORIES
 SD/NPH=NON-PARTICIPATING HOSPITAL
 TN/001=TENNESSEE
 TN/LAB=LABORATORIES
 TN/NPH=NON-PARTICIPATING HOSPITAL
 TN/TNC=TENNESSEE COOKEVILLE
 TN/TNE=TENNESSEE EASTERN
 TN/TNM=TENNESSEE MIDDLE
 TN/TNW=TENNESSEE WESTERN
 TX/001=TEXAS
 TX/L01=AMARILLO-LTC
 TX/L02=ABILENE-LTC
 TX/L03=ARLINGTON-LTC

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 19
 Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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TX/L04=TYLER-LTC				
TX/L05=TEMPLE-LTC				
TX/L06=HOUSTON-LTC				

TX/L07=SAN ANTONIO-LTC
TX/LAB=LABORATORIES
TX/NPH=NON-PARTICIPATING HOSPITAL
TX/TX1=LUBBOCK
TX/TX2=ARLINGTON
TX/TX3=SAN ANTONIO
TX/TX4=HOUSTON
TX/TX5=TYLER
TX/TX6=AUSTIN
UT/001=UTAH
UT/LAB=LABORATORIES
UT/NPH=NON-PARTICIPATING HOSPITAL
VA/001=VIRGINIA
VA/LAB=LABORATORIES
VA/NPH=NON-PARTICIPATING HOSPITAL
VI/001=VIRGIN ISLANDS
VI/LAB=LABORATORIES
VI/NPH=NON-PARTICIPATING HOSPITAL
VT/001=VERMONT
VT/LAB=LABORATORIES
VT/NPH=NON-PARTICIPATING HOSPITAL
WA/001=ALL OTHERS (NON-LTC FAC)
WA/D1=SPOKANE & YAKIMA AREAS
WA/D1A=District 1, Unit A
WA/D1B=District 1, Unit B
WA/D1C=District 1, Unit C
WA/D1D=District 1, Unit D
WA/D2=SPOKANE & SE
WA/D2A=District 2, Unit A
WA/D2B=District 2, Unit B
WA/D2C=District 2, Unit C
WA/D2D=District 2, Unit D
WA/D2E=District 2, Unit E
WA/D2F=District 2, Unit F
WA/D2G=District 2, Unit G
WA/D2H=District 2, Unit H
WA/D3=NW WASHINGTON
WA/D3A=District 3, Unit A
WA/D3B=District 3, Unit B
WA/D3C=District 3, Unit C
WA/D3D=District 3, Unit D
WA/D3E=District 3, Unit E
WA/D4A=GREATER SEATTLE AREA
WA/D4B=S KING COUNTY
WA/D5A=PIERCE CTY & PENINSULA
WA/D5B=PIERCE CTY & GRAYS HARBOR
WA/D6=OLYMPIA AREA
WA/LAB=LABORATORIES
WA/NPH=NON-PARTICIPATING HOSPITAL
WI/001=WISCONSIN
WI/LAB=LABORATORIES
WI/NPH=NON-PARTICIPATING HOSPITAL
WV/001=WEST VIRGINIA
WV/LAB=LABORATORIES

WV/NPH=NON-PARTICIPATING HOSPITAL
WY/001=WYOMING
WY/LAB=LABORATORIES
WY/NPH=NON-PARTICIPATING HOSPITAL

Address: Street 50 178 227 VARCHAR2
Description: Street address where the provider is located.

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 20
Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

SAS Name: ST_ADR
COBOL Name: ST-ADR

Telephone Number 10 228 237 VARCHAR2
Description: Telephone number of the provider.
SAS Name: PHNE_NUM
COBOL Name: PHNE-NUM

Termination Code 2 238 239 VARCHAR2
Description: Indicates the current termination status for the
provider.

SAS Name: PGM_TRMNTN_CD
COBOL Name: PGM-TRMNTN-CD
VALUES: 00=ACTIVE PROVIDER

01=VOLUNTARY-MERGER, CLOSURE
02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT
03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION
04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL
05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ
06=INVOLUNTARY-FAILURE TO MEET AGREEMENT
07=OTHER-PROVIDER STATUS CHANGE
08=NONPAYMENT OF FEES - CLIA Only
09=REV/UNSUCCESSFUL PARTICIPATION IN PT - CLIA Only
10=REV/OTHER REASON - CLIA Only
11=INCOMPLETE CLIA APPLICATION INFORMATION - CLIA Only
12=NO LONGER PERFORMING TESTS - CLIA Only
13=MULTIPLE TO SINGLE SITE CERTIFICATE - CLIA Only
14=SHARED LABORATORY - CLIA Only
15=FAILURE TO RENEW WAIVER PPM CERTIFICATE - CLIA Only
16=DUPLICATE CLIA NUMBER - CLIA Only
17=MAIL RETURNED NO FORWARD ADDRESS CERT ENDED - CLIA Only
20=NOTIFICATION BANKRUPTCY - CLIA Only
33=ACCREDITATION NOT CONFIRMED - CLIA Only
80=AWAITING STATE APPROVAL
99=OIG ACTION - DO NOT ACTIVATE - CLIA Only

Termination or Expiration Date 8 240 247 DATE
Description: Date the provider was terminated. For CLIA providers,
date the laboratory's certificate was terminated or the
expiration date of the current CLIA certificate.

SAS Name: TRMNTN_EXPRTN_DT
COBOL Name: TRMNTN-EXPRTN-DT

Type of Action Code 1 248 248 VARCHAR2

Description: Identifies the reason for the certification. Type of action from the official survey record, CMS 1539 form.

SAS Name: CRTFCTN_ACTN_TYPE_CD

COBOL Name: CRTFCTN-ACTN-TYPE-CD

VALUES: 1=INITIAL
2=RECERTIFICATION
3=TERMINATION
4=CHANGE OF OWNERSHIP
5=VALIDATION
8=FULL SURVEY AFTER COMPLAINT

Ownership Type Code 2 249 250 VARCHAR2

Description: Indicates the ownership type of the provider.

SAS Name: GNRL_CNTL_TYPE_CD

COBOL Name: GNRL-CTL-TYPE-CD

VALUES: 01=PROPRIETARY
02=CHURCH RELATED
03=NONPROFIT CORPORATION
04=OTHER NONPROFIT
05=STATE

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 21
Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

06=LOCAL
07=FEDERAL

Address: ZIP Code 5 251 255 VARCHAR2

Description: Five-digit ZIP code for a provider's physical address.

SAS Name: ZIP_CD

COBOL Name: ZIP-CD

FIPS State Code 2 256 257 VARCHAR2

Description: FIPS State Code

SAS Name: FIPS_STATE_CD

COBOL Name: FIPS-STATE-CD

VALUES: 01=ALABAMA
02=ALASKA
04=ARIZONA
05=ARKANSAS
06=CALIFORNIA
08=COLORADO
09=CONNECTICUT
10=DELAWARE
11=DISTRICT OF COLUMBIA
12=FLORIDA
13=GEORGIA

15=HAWAII
 16=IDAHO
 17=ILLINOIS
 18=INDIANA
 19=IOWA
 20=KANSAS
 21=KENTUCKY
 22=LOUISIANA
 23=MAINE
 24=MARYLAND
 25=MASSACHUSETTS
 26=MICHIGAN
 27=MINNESOTA
 28=MISSISSIPPI
 29=MISSOURI
 30=MONTANA
 31=NEBRASKA
 32=NEVADA
 33=NEW HAMPSHIRE
 34=NEW JERSEY
 35=NEW MEXICO
 36=NEW YORK
 37=NORTH CAROLINA
 38=NORTH DAKOTA
 39=OHIO
 40=OKLAHOMA
 41=OREGON
 42=PENNSYLVANIA
 43=PUERTO RICO
 44=RHODE ISLAND
 45=SOUTH CAROLINA
 46=SOUTH DAKOTA
 47=TENNESSEE
 48=TEXAS
 49=UTAH
 50=VERMONT
 51=VIRGINIA
 53=WASHINGTON
 54=WEST VIRGINIA
 55=WISCONSIN
 56=WYOMING

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 22
 Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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64=AMERICAN SAMOA
 65=GUAM
 66=SAIPAN/MARIANA IS.
 78=VIRGIN ISLANDS

FIPS County Code	3	258	260	VARCHAR2
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Description: FIPS County Code
SAS Name: FIPS_CNTY_CD
COBOL Name: FIPS-CNTY-CD

CBSA Urban Rural Indicator 1 261 261 VARCHAR2
Description: CBSA (Core Based Statistical Area) indicates whether the county is defined as Urban or Rural.
SAS Name: CBSA_URBN_RRL_IND
COBOL Name: CBSA-URBN-RRL-IND

CBSA Code 5 262 266 VARCHAR2
Description: CBSA (Core Based Statistical Area) geographic entities defined by the U.S. Office of Management and Budget (OMB) on June 6, 2003 for use by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics. CBSA collectively refers to MSA.
SAS Name: CBSA_CD
COBOL Name: CBSA-CD

Fiscal Year End Date (MMDD) 4 464 467 VARCHAR2
Description: End date, consisting of the month and day, of the provider's fiscal year.
SAS Name: FY_END_MO_DAY_CD
COBOL Name: FY-END-MO-DAY-CD

Related Provider Number 10 686 695 CHAR
Description: Related provider number
SAS Name: RELATED_PROVIDER_NUMBER
COBOL Name: RELATED-PROVIDER-NUMBER

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 1
Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Provider Category Subtype Code	2	1	2	VARCHAR2
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Description: Identifies the subtype of the provider, within the primary category. Used in reporting to show the breakdown of provider categories, mainly for hospitals and SNFs.

SAS Name: PRVDR_CTGRY_SBTYP_CD

COBOL Name: PRVDR-CTGRY-SBTYP-CD

VALUES: 01=Federally Qualified Health Center

Provider Category Code	2	3	4	VARCHAR2
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Description: Identifies the type of provider participating in the Medicare/Medicaid program.

SAS Name: PRVDR_CTGRY_CD

COBOL Name: PRVDR-CTGRY-CD

VALUES: 21=Federally Qualified Health Center

CHOW Count	2	5	6	NUMBER
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Description: Number of times this provider has undergone a change of ownership.

SAS Name: CHOW_CNT

COBOL Name: CHOW-CNT

CHOW Date	8	7	14	DATE
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Description: Effective date of the most recent change of ownership for this provider.

SAS Name: CHOW_DT

COBOL Name: CHOW-DT

Address: City	28	15	42	VARCHAR2
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Description: City in which the provider is physically located.

SAS Name: CITY_NAME

COBOL Name: CITY-NAME

Compliance: Acceptable POC	1	43	43	VARCHAR2
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Description: Indicates if a provider is in compliance with program requirements based on an acceptable plan for correction of deficiencies.

SAS Name: ACPTBL_POC_SW

COBOL Name: ACPTBL-POC-SW

Compliance: Status	1	44	44	VARCHAR2
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Description: Compliance status of a provider at the time of

certification survey.

SAS Name: CMPLNC_STUS_CD
COBOL Name: CMPLNC-STUS-CD
VALUES: A=IN COMPLIANCE
B=NOT IN COMPLIANCE

SSA County Code 3 45 47 VARCHAR2
Description: Social Security Administration geographic code indicating
the county where the provider is located.
SAS Name: SSA_CNTY_CD
COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR
Description: Cross reference provider number
SAS Name: CROSS_REF_PROVIDER_NUMBER
COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date 8 58 65 DATE
Description: Equal to the exit date of the initial visit of the Health
survey for certifications completed after July 28, 2012.
For certifications prior to that date, the certification

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 2
Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

date is equal to the exit date of the initial visit of
the Health survey or LSC survey, whichever is later.

SAS Name: CRTFCTN_DT
COBOL Name: CRTFCTN-DT

Eligibility Indicator 1 66 66 VARCHAR2
Description: Indicates if a facility is eligible to participate in the
Medicare and/or Medicaid programs.
SAS Name: ELGBLTY_SW
COBOL Name: ELGBLTY-SW

Facility Name 50 67 116 VARCHAR2
Description: Name of the provider certified to participate in the
Medicare and/or Medicaid programs.
SAS Name: FAC_NAME
COBOL Name: FAC-NAME

Medicare Administrative Contractor (MAC) or 5 117 121 VARCHAR2
Intermediary or Carrier Code
Description: Number assigned to the Medicare Administrative
Contractor, intermediary or carrier servicing this
provider.
SAS Name: INTRMDRY_CARR_CD
COBOL Name: INTRMDRY-CARR-CD
VALUES: 00000=DUMMY FOR MEDICAID HHA
00010=BLUE CROSS (ALABAMA)

00011=CAHABA
 00020=BLUE CROSS (ARKANSAS)
 00040=BLUE CROSS (CALIFORNIA)
 00060=BLUE CROSS (CONNECTICUT)
 00070=BLUE CROSS (DELAWARE)
 00090=BLUE CROSS (FLORIDA)
 00101=BLUE CROSS (GEORGIA)
 00121=HEALTH CARE SERVICE CORPORATION
 00122=HCSC - MICHIGAN
 00123=HCSC OF MICHIGAN
 00130=NATIONAL GOVERNMENT SERVICES
 00131=NATIONAL GOVERNMENT SERVICES
 00140=BLUE CROSS (IOWA/SOUTH DAKOTA)
 00150=BLUE CROSS (KANSAS)
 00160=NATIONAL GOVERNMENT SERVICES
 00180=NATIONAL GOVERNMENT SERVICES
 00181=NATIONAL GOVERNMENT SERVICES
 00190=BLUE CROSS (MARYLAND)
 00200=BLUE CROSS (MASSACHUSETTS)
 00210=BLUE CROSS (MICHIGAN)
 00220=BLUE CROSS (MINNESOTA)
 00230=BLUE CROSS (MISSISSIPPI)
 00231=BLUE CROSS (LOUISIANA)
 00233=PINNACLE
 00241=BLUE CROSS (MISSOURI)
 00260=BLUE CROSS (NEBRASKA)
 00270=NATIONAL GOVERNMENT SERVICES
 00280=BLUE CROSS (NEW JERSEY)
 00290=BLUE CROSS (NEW MEXICO)
 00308=NATIONAL GOVERNMENT SERVICES
 00310=BLUE CROSS (NORTH CAROLINA)
 00320=NORIDIAN PART A
 00322=NORIDIAN PART A (AK/WA)
 00323=NORIDIAN PART A (ID/OR)
 00325=NORIDIAN
 00332=NATIONAL GOVERNMENT SERVICES
 00340=BLUE CROSS (OKLAHOMA)
 00350=BLUE CROSS (OREGON)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 3
 Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				

00423=BLUE CROSS (VIRGINIA/WEST VA)
00430=BLUE CROSS (WASHINGTON & ALASKA)
00450=NATIONAL GOVERNMENT SERVICES
00452=NATIONAL GOVERNMENT SERVICES
00453=NATIONAL GOVERNMENT SERVICES
00454=NATIONAL GOVERNMENT SERVICES
00456=NATIONAL GOVERNMENT SERVICES
00468=BLUE CROSS (NORTH CAROLINA FOR PR)
00510=BLUE SHIELD (ALABAMA)
00511=CAHABA
00512=CAHABA
00520=BLUE SHIELD (ARKANSAS)
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)
00542=BLUE SHIELD (CALIFORNIA)
00550=BLUE SHIELD (COLORADO)
00570=BLUE SHIELD (DELAWARE)
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)
00590=BLUE SHIELD (FLORIDA)
00621=BLUE SHIELD (ILLINOIS)
00630=NATIONAL GOVERNMENT SERVICES
00640=BLUE SHIELD (IOWA)
00650=BLUE SHIELD (KANSAS)
00655=BLUE SHIELD (KANSAS/NEBRASKA)
00660=NATIONAL GOVERNMENT SERVICES
00690=BLUE SHIELD (MARYLAND)
00700=BLUE SHIELD (MASSACHUSETTS)
00710=BLUE SHIELD (MICHIGAN)
00720=BLUE SHIELD (MINNESOTA)
00740=BLUE SHIELD (KANSAS CITY)
00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
00780=BLUE SHIELD (TRI-STATE)
00801=BLUE SHIELD (BUFFALO)
00803=NATIONAL GOVERNMENT SERVICES
00805=NATIONAL GOVERNMENT SERVICES
00821=NORIDIAN
00824=NORIDIAN GVT SERVICES (CO)
00826=NORIDIAN GVT SERVICES (IA)
00831=NORIDIAN GVT SERVICES (AK)
00832=NORIDIAN GVT SERVICES (AZ)
00833=NORIDIAN GVT SERVICES (HI)
00834=NORIDIAN GVT SERVICES (NV)
00835=NORIDIAN GVT SERVICES (OR)
00836=NORIDIAN GVT SERVICES (WA)
00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
00865=BLUE SHIELD (PENNSYLVANIA)
00870=BLUE SHIELD (RHODE ISLAND)
00880=BLUE SHIELD (SOUTH CAROLINA)
00883=PALMETTO GBA PART B
00884=PALMETTO GBA
00889=NORIDIAN GVT SERVICES (SD)
00900=BLUE SHIELD (TEXAS)
00901=TRAILBLAZERS HEALTH ENTERPRISES
00904=TRAILBLAZER
00910=BLUE SHIELD (UTAH)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 4
 Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH)				
01111=Noridian (CA)				
01112=Noridian (NF)				
01120=AETNA (HAWAII)				
01182=Noridian (SF)				
01192=PALMETTO (CALIFORNIA SOUTH)				
01201=PALMETTO (HAWAII)				
01202=PALMETTO (HAWAII)				
01211=Noridian (AS, GU, HI)				
01212=Noridian (AS, GU, HI)				
01290=AETNA (NEVADA)				
01301=PALMETTO (NEVADA)				
01302=PALMETTO (NEVADA)				
01311=Noridian (NV)				
01312=Noridian (NV)				
01360=AETNA (NEW MEXICO)				
01370=AETNA (OKLAHOMA)				
01380=AETNA (OREGON)				
01390=AETNA (WASHINGTON)				
01901=PALMETTO GBA				
01902=PALMETTO GBA				
01911=Noridian (AS, GU, HI, NV)				
02050=OCCIDENTAL (CALIFORNIA)				
02101=Noridian AK				
02102=Noridian AK				
02201=Noridian ID				
02202=Noridian ID				
02301=Noridian OR				
02302=Noridian OR				
02401=Noridian WA				
02402=Noridian WA				
03001=NORIDIAN ADMIN SERVICES				
03101=NORIDAN (ARIZONA)				
03102=NORIDAN (ARIZONA)				
03201=NORIDAN (MONTANA)				

03202=NORIDAN (MONTANA)
 03301=NORDIAN (NORTH DAKOTA)
 03302=NORDIAN (NORTH DAKOTA)
 03401=NORIDIAN (SOUTH DAKOTA)
 03402=NORIDIAN (SOUTH DAKOTA)
 03501=NORIDIAN (UTAH)
 03502=NORIDIAN (UTAH)
 03601=NORIDIAN (WYOMING)
 03602=NORIDIAN (WYOMING)
 04001=TRAILBLAZER
 04101=TRAILBLAZER (COLORADO)
 04102=TRAILBLAZER (COLORADO)
 04111=NOVITAS (COLORADO)
 04112=NOVITAS (COLORADO)
 04201=TRAILBLAZER (NEW MEXICO)
 04202=TRAILBLAZER (NEW MEXICO)
 04211=NOVITAS (NEW MEXICO)
 04212=NOVITAS (NEW MEXICO)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 5
 Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				
05402=WPS (NEBRASKA)				
05440=EQICOR (TENNESSEE)				
05535=EQICOR (NORTH CAROLINA)				
05901=WISCONSIN PHYSICIANS SERVICE				
06001=NGS (WI)				
06004=National Govt Serv HHH				
06101=NGS (IL)				
06102=NGS (IL)				
06201=NGS (MN)				
06202=NGS (MN)				

06301=NGS (WI)
 06302=NGS (WI)
 07101=Novitas AR
 07102=Novitas AR
 07201=Novitas LA
 07202=Novitas LA
 07301=Novitas MS
 07302=Novitas MS
 08101=WPS IN
 08102=WPS IN
 08201=WPS MI
 08202=WPS MI
 09101=FIRST COAST (FLORIDA)
 09102=FIRST COAST (FLORIDA)
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)
 09202=FIRST COAST (PUERTO RICO)
 09302=FIRST COAST (VIRGIN ISLANDS)
 10071=TRAVELERS (RRB)
 10101=CAHABA GBA (AL)
 10102=CAHABA GBA (AL)
 10111=PALMETTO GBA (Part A) (AL)
 10201=CAHABA GBA (GA)
 10202=CAHABA GBA (GA)
 10211=PALMETTO GBA (GA)
 10230=TRAVELERS (CONNECTICUT)
 10240=TRAVELERS (MINNESOTA)
 10250=TRAVELERS (MISSISSIPPI)
 10301=CAHABA GBA (TN)
 10302=CAHABA GBA (TN)
 10311=PALMETTO GBA (TN)
 10490=TRAVELERS (VIRGINIA)
 10492=TRAVELERS - VIRGINIA SPECIAL PROJECT
 11004=PALMETTO HHH C
 11201=PALMETTO GBA (SC)
 11202=PALMETTO GBA (SC)

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 Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				
12102=Novitas DE				
12201=Novitas DC				
12202=Novitas DC				
12301=Novitas MD				

12302=Novitas MD
12401=Novitas NJ
12402=Novitas NJ
12501=Novitas PA
12502=Novitas PA
12901=Novitas Solutions DC, DE, MD, PA
12902=HIGHMARK
13101=NATIONAL GOVT SERVICES (CONNECTICUT)
13102=NATIONAL GOVT SERVICES (CONNECTICUT)
13201=NATIONAL GOVT SERVICES (NEW YORK)
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)
13282=NGS (UN)
13292=NGS (QN)
14004=NATIONAL HERITAGE (HHA - A)
14014=NGS (HHA)
14101=NATIONAL HERITAGE (MAINE)
14102=NATIONAL HERITAGE (MAINE)
14111=NGS (ME)
14112=NGS (ME)
14201=NATIONAL HERITAGE (MASSACHUSETTS)
14202=NATIONAL HERITAGE (MASSACHUSETTS)
14211=NGS (MA)
14212=NGS (MA)
14301=NATIONAL HERITAGE (NEW HAMPSHIRE)
14302=NATIONAL HERITAGE (NEW HAMPSHIRE)
14311=NGS (NH)
14312=NGS (NH)
14330=GROUP HEALTH INC (NEW YORK)
14401=NATIONAL HERITAGE (RHODE ISLAND)
14402=NATIONAL HERITAGE (RHODE ISLAND)
14411=NGS (RI)
14412=NGS (RI)
14501=NATIONAL HERITAGE (VERMONT)
14502=NATIONAL HERITAGE (VERMONT)
14511=NGS (VT)
14512=NGS (VT)
15004=CGS Administrators HHH
15101=CGS (KENTUCKY)
15102=CGS (KENTUCKY)
15201=CGS (OHIO)
15202=CGS (OHIO)
16360=NATIONWIDE (OHIO)
16510=NATIONWIDE (WEST VIRGINIA)
17120=HAWAII MEDICAL SERVICE ASSOCIATION
21200=MASSACHUSETTS/MAINE
31142=NATIONAL HERITAGE INSURANCE CO (MAINE)
31143=NATIONAL HERITAGE INSURANCE CO
31144=NATIONAL HERITAGE INSURANCE CO
50333=TRAVELERS (NEW YORK)
51051=AETNA (PETALUMA)
51070=AETNA (FARMINGTON)
51100=AETNA (CLEARWATER)

SHORT DESCRIPTION LEN START END TYPE

51140=AETNA (PEORIA)
 51390=AETNA (FORT WASHINGTON)
 52280=WISCONSIN PHYSICIANS SERVICE
 57400=COOPERATIVA (PUERTO RICO)

Medicaid Vendor Number 15 122 136 VARCHAR2
 Description: Number which may be assigned to a provider by the state
 Medicaid agency for external control or billing purposes.
 SAS Name: MDCD_VNDR_NUM
 COBOL Name: MDCD-VNDR-NUM

Original Participation Date 8 137 144 DATE
 Description: Date a provider is first approved to provide Medicare
 and/or Medicaid services.
 SAS Name: ORGNL_PRTCPTN_DT
 COBOL Name: ORGNL-PRTCPTN-DT

Prior CHOW Date 8 145 152 DATE
 Description: Effective date of the previous change of ownership for
 this provider.
 SAS Name: CHOW_PRIOR_DT
 COBOL Name: CHOW-PRIOR-DT

Prior Medicare Administrative Contractor (MAC) or 5 153 157 VARCHAR2
 Intermediary or Carrier Code
 Description: Number assigned to the previous Medicare Administrative
 Contractor, intermediary or carrier servicing this
 provider.

SAS Name: INTRMDRY_CARR_PRIOR_CD
 COBOL Name: INTRMDRY-CARR-PRIOR-CD
 VALUES: 00000=DUMMY FOR MEDICAID HHA
 00010=BLUE CROSS (ALABAMA)
 00011=CAHABA
 00020=BLUE CROSS (ARKANSAS)
 00040=BLUE CROSS (CALIFORNIA)
 00060=BLUE CROSS (CONNECTICUT)
 00070=BLUE CROSS (DELAWARE)
 00090=BLUE CROSS (FLORIDA)
 00101=BLUE CROSS (GEORGIA)
 00121=HEALTH CARE SERVICE CORPORATION
 00122=HCSC - MICHIGAN
 00123=HCSC OF MICHIGAN
 00130=NATIONAL GOVERNMENT SERVICES
 00131=NATIONAL GOVERNMENT SERVICES
 00140=BLUE CROSS (IOWA/SOUTH DAKOTA)
 00150=BLUE CROSS (KANSAS)
 00160=NATIONAL GOVERNMENT SERVICES
 00180=NATIONAL GOVERNMENT SERVICES
 00181=NATIONAL GOVERNMENT SERVICES

00190=BLUE CROSS (MARYLAND)
 00200=BLUE CROSS (MASSACHUSETTS)
 00210=BLUE CROSS (MICHIGAN)
 00220=BLUE CROSS (MINNESOTA)
 00230=BLUE CROSS (MISSISSIPPI)
 00231=BLUE CROSS (LOUISIANA)
 00233=PINNACLE
 00241=BLUE CROSS (MISSOURI)
 00260=BLUE CROSS (NEBRASKA)
 00270=NATIONAL GOVERNMENT SERVICES
 00280=BLUE CROSS (NEW JERSEY)
 00290=BLUE CROSS (NEW MEXICO)
 00308=NATIONAL GOVERNMENT SERVICES
 00310=BLUE CROSS (NORTH CAROLINA)
 00320=NORIDIAN PART A

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 8
 Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00322=NORIDIAN PART A (AK/WA)				
00323=NORIDIAN PART A (ID/OR)				
00325=NORIDIAN				
00332=NATIONAL GOVERNMENT SERVICES				
00340=BLUE CROSS (OKLAHOMA)				
00350=BLUE CROSS (OREGON)				
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				
00468=BLUE CROSS (NORTH CAROLINA FOR PR)				
00510=BLUE SHIELD (ALABAMA)				
00511=CAHABA				
00512=CAHABA				
00520=BLUE SHIELD (ARKANSAS)				
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)				
00542=BLUE SHIELD (CALIFORNIA)				
00550=BLUE SHIELD (COLORADO)				
00570=BLUE SHIELD (DELAWARE)				
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)				

00590=BLUE SHIELD (FLORIDA)
 00621=BLUE SHIELD (ILLINOIS)
 00630=NATIONAL GOVERNMENT SERVICES
 00640=BLUE SHIELD (IOWA)
 00650=BLUE SHIELD (KANSAS)
 00655=BLUE SHIELD (KANSAS/NEBRASKA)
 00660=NATIONAL GOVERNMENT SERVICES
 00690=BLUE SHIELD (MARYLAND)
 00700=BLUE SHIELD (MASSACHUSETTS)
 00710=BLUE SHIELD (MICHIGAN)
 00720=BLUE SHIELD (MINNESOTA)
 00740=BLUE SHIELD (KANSAS CITY)
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
 00780=BLUE SHIELD (TRI-STATE)
 00801=BLUE SHIELD (BUFFALO)
 00803=NATIONAL GOVERNMENT SERVICES
 00805=NATIONAL GOVERNMENT SERVICES
 00821=NORIDIAN
 00824=NORIDIAN GVT SERVICES (CO)
 00826=NORIDIAN GVT SERVICES (IA)
 00831=NORIDIAN GVT SERVICES (AK)
 00832=NORIDIAN GVT SERVICES (AZ)
 00833=NORIDIAN GVT SERVICES (HI)
 00834=NORIDIAN GVT SERVICES (NV)
 00835=NORIDIAN GVT SERVICES (OR)
 00836=NORIDIAN GVT SERVICES (WA)
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
 00865=BLUE SHIELD (PENNSYLVANIA)
 00870=BLUE SHIELD (RHODE ISLAND)
 00880=BLUE SHIELD (SOUTH CAROLINA)
 00883=PALMETTO GBA PART B
 00884=PALMETTO GBA

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 9
 Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00889=NORIDIAN GVT SERVICES (SD)				
00900=BLUE SHIELD (TEXAS)				
00901=TRAILBLAZERS HEALTH ENTERPRISES				
00904=TRAILBLAZER				
00910=BLUE SHIELD (UTAH)				
00930=BLUE SHIELD (WASHINGTON)				
00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				

01040=AETNA (GEORGIA)
01101=PALMETTO (CALIFORNIA)
01102=PALMETTO (CALIFORNIA (NORTH)
01111=Noridian (CA)
01112=Noridian (NF)
01120=AETNA (HAWAII)
01182=Noridian (SF)
01192=PALMETTO (CALIFORNIA SOUTH)
01201=PALMETTO (HAWAII)
01202=PALMETTO (HAWAII)
01211=Noridian (AS, GU, HI)
01212=Noridian (AS, GU, HI)
01290=AETNA (NEVADA)
01301=PALMETTO (NEVADA)
01302=PALMETTO (NEVADA)
01311=Noridian (NV)
01312=Noridian (NV)
01360=AETNA (NEW MEXICO)
01370=AETNA (OKLAHOMA)
01380=AETNA (OREGON)
01390=AETNA (WASHINGTON)
01901=PALMETTO GBA
01902=PALMETTO GBA
01911=Noridian (AS, GU, HI, NV)
02050=OCCIDENTAL (CALIFORNIA)
02101=Noridian AK
02102=Noridian AK
02201=Noridian ID
02202=Noridian ID
02301=Noridian OR
02302=Noridian OR
02401=Noridian WA
02402=Noridian WA
03001=NORIDIAN ADMIN SERVICES
03101=NORIDAN (ARIZONA)
03102=NORIDAN (ARIZONA)
03201=NORIDAN (MONTANA)
03202=NORIDAN (MONTANA)
03301=NORDIAN (NORTH DAKOTA)
03302=NORDIAN (NORTH DAKOTA)
03401=NORIDIAN (SOUTH DAKOTA)
03402=NORIDIAN (SOUTH DAKOTA)
03501=NORIDIAN (UTAH)
03502=NORIDIAN (UTAH)
03601=NORIDIAN (WYOMING)
03602=NORIDIAN (WYOMING)
04001=TRAILBLAZER
04101=TRAILBLAZER (COLORADO)
04102=TRAILBLAZER (COLORADO)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04111=NOVITAS (COLORADO)				
04112=NOVITAS (COLORADO)				
04201=TRAILBLAZER (NEW MEXICO)				
04202=TRAILBLAZER (NEW MEXICO)				
04211=NOVITAS (NEW MEXICO)				
04212=NOVITAS (NEW MEXICO)				
04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				
05402=WPS (NEBRASKA)				
05440=EQICOR (TENNESSEE)				
05535=EQICOR (NORTH CAROLINA)				
05901=WISCONSIN PHYSICIANS SERVICE				
06001=NGS (WI)				
06004=National Govt Serv HHH				
06101=NGS (IL)				
06102=NGS (IL)				
06201=NGS (MN)				
06202=NGS (MN)				
06301=NGS (WI)				
06302=NGS (WI)				
07101=Novitas AR				
07102=Novitas AR				
07201=Novitas LA				
07202=Novitas LA				
07301=Novitas MS				
07302=Novitas MS				
08101=WPS IN				
08102=WPS IN				
08201=WPS MI				
08202=WPS MI				
09101=FIRST COAST (FLORIDA)				
09102=FIRST COAST (FLORIDA)				
09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)				
09202=FIRST COAST (PUERTO RICO)				
09302=FIRST COAST (VIRGIN ISLANDS)				

10071=TRAVELERS (RRB)
 10101=CAHABA GBA (AL)
 10102=CAHABA GBA (AL)
 10111=PALMETTO GBA (Part A) (AL)
 10201=CAHABA GBA (GA)
 10202=CAHABA GBA (GA)
 10211=PALMETTO GBA (GA)
 10230=TRAVELERS (CONNECTICUT)
 10240=TRAVELERS (MINNESOTA)
 10250=TRAVELERS (MISSISSIPPI)
 10301=CAHABA GBA (TN)
 10302=CAHABA GBA (TN)

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 11
 Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
10311=PALMETTO GBA (TN)				
10490=TRAVELERS (VIRGINIA)				
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				
12102=Novitas DE				
12201=Novitas DC				
12202=Novitas DC				
12301=Novitas MD				
12302=Novitas MD				
12401=Novitas NJ				
12402=Novitas NJ				
12501=Novitas PA				
12502=Novitas PA				
12901=Novitas Solutions DC, DE, MD, PA				
12902=HIGHMARK				
13101=NATIONAL GOVT SERVICES (CONNECTICUT)				
13102=NATIONAL GOVT SERVICES (CONNECTICUT)				
13201=NATIONAL GOVT SERVICES (NEW YORK)				
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)				
13282=NGS (UN)				
13292=NGS (QN)				
14004=NATIONAL HERITAGE (HHA - A)				
14014=NGS (HHA)				
14101=NATIONAL HERITAGE (MAINE)				
14102=NATIONAL HERITAGE (MAINE)				

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 12
Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

31143=NATIONAL HERITAGE INSURANCE CO
31144=NATIONAL HERITAGE INSURANCE CO
50333=TRAVELERS (NEW YORK)
51051=AETNA (PETALUMA)
51070=AETNA (FARMINGTON)
51100=AETNA (CLEARWATER)
51140=AETNA (PEORIA)
51390=AETNA (FORT WASHINGTON)
52280=WISCONSIN PHYSICIANS SERVICE
57400=COOPERATIVA (PUERTO RICO)

Description: Six or ten position identification number that is assigned to a certified provider. This is the CMS Certification Number.

COBOL Name: PRVDR-NUM

Region Code 2 168 169 VARCHAR2
Description: Indicates the CMS Regional Office responsible for the certification of the provider.
SAS Name: RGN_CD
COBOL Name: RGN-CD
VALUES: 01=Boston
02=New York
03=Philadelphia
04=Atlanta
05=Chicago
06=Dallas
07=Kansas City
08=Denver
09=San Francisco
10=Seattle

Skeleton Record Indicator 1 170 170 VARCHAR2
Description: Indicates if the record is a skeleton record. Only a limited set of data is available for this provider; no survey data exists. Only provider categories 01,17,19,21and 22 can have skeleton providers.
SAS Name: SKLTN_REC_SW
COBOL Name: SKLTN-REC-SW

State Abbreviation 2 171 172 VARCHAR2
Description: Two-character state abbreviation.
SAS Name: STATE_CD
COBOL Name: STATE-CD
VALUES: AK=ALASKA
AL=ALABAMA
AR=ARKANSAS
AS=AMERICAN SAMOA
AZ=ARIZONA
CA=CALIFORNIA
CN=CANADA
CO=COLORADO
CT=CONNECTICUT
DC=DISTRICT OF COLUMBIA
DE=DELAWARE
FL=FLORIDA
FN=INTERNATIONAL
GA=GEORGIA
GU=GUAM
HI=HAWAII
IA=IOWA
ID=IDAHO

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 13
Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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IL=ILLINOIS				
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IN=INDIANA
KS=KANSAS
KY=KENTUCKY
LA=LOUISIANA
MA=MASSACHUSETTS
MD=MARYLAND
ME=MAINE
MI=MICHIGAN
MN=MINNESOTA
MO=MISSOURI
MP=SAIPAN
MS=MISSISSIPPI
MT=MONTANA
MX=MEXICO
NC=NORTH CAROLINA
ND=NORTH DAKOTA
NE=NEBRASKA
NH=NEW HAMPSHIRE
NJ=NEW JERSEY
NM=NEW MEXICO
NV=NEVADA
NY=NEW YORK
OH=OHIO
OK=OKLAHOMA
OR=OREGON
PA=PENNSYLVANIA
PR=PUERTO RICO
RI=RHODE ISLAND
SC=SOUTH CAROLINA
SD=SOUTH DAKOTA
TN=TENNESSEE
TX=TEXAS
UT=UTAH
VA=VIRGINIA
VI=VIRGIN ISLANDS
VT=VERMONT
WA=WASHINGTON
WI=WISCONSIN
WV=WEST VIRGINIA
WY=WYOMING

SSA State Code	2	173	174	VARCHAR2
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Description: Social Security Administration geographic code indicating the state where the provider is located.

SAS Name: SSA_STATE_CD

COBOL Name: SSA-STATE-CD

VALUES: 01=ALABAMA

02=ALASKA

03=ARIZONA

04=ARKANSAS

05=CALIFORNIA

06=COLORADO

07=CONNECTICUT

08=DELAWARE

09=DISTRICT OF COLUMBIA
10=FLORIDA
11=GEORGIA
12=HAWAII
13=IDAHO
14=ILLINOIS
15=INDIANA
16=IOWA
17=KANSAS

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 14
Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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18=KENTUCKY				
19=LOUISIANA				
20=MAINE				
21=MARYLAND				
22=MASSACHUSETTS				
23=MICHIGAN				
24=MINNESOTA				
25=MISSISSIPPI				
26=MISSOURI				
27=MONTANA				
28=NEBRASKA				
29=NEVADA				
30=NEW HAMPSHIRE				
31=NEW JERSEY				
32=NEW MEXICO				
33=NEW YORK				
34=NORTH CAROLINA				
35=NORTH DAKOTA				
36=OHIO				
37=OKLAHOMA				
38=OREGON				
39=PENNSYLVANIA				
40=PUERTO RICO				
41=RHODE ISLAND				
42=SOUTH CAROLINA				
43=SOUTH DAKOTA				
44=TENNESSEE				
45=TEXAS				
46=UTAH				
47=VERMONT				
48=VIRGIN ISLANDS				
49=VIRGINIA				
50=WASHINGTON				
51=WEST VIRGINIA				
52=WISCONSIN				
53=WYOMING				
54=AFRICA				
56=CANADA				

99=INTERNATIONAL

Description: Identifies the region within a state where the provider is located.

AR/NPH=NON-PARTICIPATING HOSPITAL

Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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CA/LA4=LA Acute/Ancillary

CA/LA5=LA HHA/Hospice
 CA/LA6=LA ICF/DD/CLinics
 CA/LAB=LABORATORIES
 CA/M1=LAB. SOUTH
 CA/M2=LAB. NORTH
 CA/NPH=NON-PARTICIPATING HOSPITAL
 CA/ORG=ORANGE
 CA/RIV=RIVERSIDE
 CA/S1=SACRAMENTO
 CA/S3=CHICO
 CA/SD=SAN DIEGO
 CA/SF=SAN FRANCISCO
 CA/SJ=SAN JOSE
 CA/SR=SANTA ROSA
 CA/VEN=VENTURA
 CN/001=CANADA
 CN/LAB=LABORATORY
 CN/NPH=NON-PARTICIPATING HOSPITAL
 CO/001=COLORADO
 CO/LAB=LABORATORIES
 CO/NPH=NON-PARTICIPATING HOSPITAL
 CT/001=CONNECTICUT
 CT/LAB=LABORATORIES
 CT/NPH=NON-PARTICIPATING HOSPITAL
 DC/001=DISTRICT OF COLUMBIA
 DC/LAB=LABORATORIES
 DC/NPH=NON-PARTICIPATING HOSPITAL
 DE/001=DELAWARE
 DE/LAB=LABORATORIES
 DE/NPH=NON-PARTICIPATING HOSPITAL
 FL/001=FLORIDA
 FL/FTM=FT. MYERS
 FL/GAI=GAINESVILLE
 FL/JAX=JACKSONVILLE
 FL/LAB=LABORATORIES
 FL/LAN=LANTANA
 FL/LAU=LAUDERHILL
 FL/MIA=MIAMI
 FL/NPH=NON-PARTICIPATING HOSPITAL
 FL/ORL=ORLANDO
 FL/PEN=PENSACOLA
 FL/STP=ST. PETERSBURG
 FL/TAL=TALLAHASSEE

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 16
 Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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FL/TAM=TAMPA
 FM/001=FEDERATED STATES OF MICRO
 FM/NPH=NON-PARTICIPATING HOSPITAL
 FN/001=INTERNATIONAL

FN/LAB=LABORATORIES
FN/NPH=NON-PARTICIPATING HOSPITAL
GA/001=GEORGIA
GA/GAA=GEORGIA ALL
GA/GAC=GEORGIA CENTRAL
GA/GAE=GEORGIA EASTERN
GA/GAN=GEORGIA NORTH
GA/GAS=GEORGIA SOUTH
GA/GAW=GEORGIA WESTERN
GA/LAB=LABORATORIES
GA/NPH=NON-PARTICIPATING HOSPITAL
GU/001=GUAM
GU/LAB=LABORATORIES
GU/NPH=NON-PARTICIPATING HOSPITAL
HI/001=HAWAII
HI/LAB=LABORATORIES
HI/NPH=NON-PARTICIPATING HOSPITAL
IA/001=IOWA
IA/LAB=LABORATORIES
IA/NPH=NON-PARTICIPATING HOSPITAL
ID/001=IDAHO
ID/LAB=LABORATORIES
ID/NPH=NON-PARTICIPATING HOSPITAL
IL/001=ILLINOIS
IL/LAB=LABORATORIES
IL/NPH=NON-PARTICIPATING HOSPITAL
IN/001=INDIANA
IN/LAB=LABORATORIES
IN/NPH=NON-PARTICIPATING HOSPITAL
KS/001=KANSAS
KS/KCK=KANSAS CITY
KS/KDH=KDHE
KS/LAB=LABORATORIES
KS/LAW=LAWRENCE
KS/NC=NORTH CENTRAL KANSAS
KS/NE=NORTH EAST KANSAS
KS/NPH=NON-PARTICIPATING HOSPITAL
KS/NW=NORTH WEST KANSAS
KS/SC=SOUTH CENTRAL KANSAS
KS/SE=SOUTH EAST KANSAS
KS/SW=SOUTH WEST KANSAS
KS/WST=WEST
KY/2C1=HOPKINSVILLE
KY/2C2=LOUISVILLE
KY/2C3=LONDON
KY/2C4=LEXINGTON
KY/LAB=LABORATORIES
KY/NPH=NON-PARTICIPATING HOSPITAL
LA/001=LOUISIANA
LA/LA1=NEW ORLEANS
LA/LA2=MANDEVILLE
LA/LA3=LAFAYETTE
LA/LA4=MONROE
LA/LA5=SHREVEPORT

LA/LA6=ALEXANDRIA
 LA/LAB=LABORATORIES
 LA/LB1=CLIA NEW ORLEANS
 LA/LB5=CLIA SHREVEPORT
 LA/LB6=CLIA ALEXANDRIA
 LA/NPH=NON-PARTICIPATING HOSPITAL

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 17
 Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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MA/001=MASSACHUSETTS				
MA/LAB=LABORATORIES				
MA/NPH=NON-PARTICIPATING HOSPITAL				
MD/001=MARYLAND				
MD/LAB=LABORATORIES				
MD/NPH=NON-PARTICIPATING HOSPITAL				
ME/001=MAINE				
ME/LAB=LABORATORIES				
ME/NPH=NON-PARTICIPATING HOSPITAL				
MH/001=MARSHALL ISLANDS				
MH/NPH=NON-PARTICIPATING HOSPITAL				
MI/001=MICHIGAN				
MI/LAB=LABORATORIES				
MI/NPH=NON-PARTICIPATING HOSPITAL				
MN/001=MINNESOTA				
MN/LAB=LABORATORIES				
MN/NPH=NON-PARTICIPATING HOSPITAL				
MO/001=MISSOURI				
MO/01=REGION01				
MO/02=REGION02				
MO/03=REGION 03				
MO/04=REGION 04				
MO/05=REGION 05				
MO/06=REGION 06				
MO/07=REGION 07				
MO/1NH=REGION 1 NH				
MO/2NH=REGION 2 NH				
MO/3NH=REGION 3 NH				
MO/4NH=REGION 4 NH				
MO/5NH=REGION 5 NH				
MO/6NH=REGION 6 NH				
MO/7NH=REGION 7 NH				
MO/LAB=LABORATORIES				
MO/MO=STATEWIDE				
MO/NPH=NON-PARTICIPATING HOSPITAL				
MP/001=NORTHERN MARIANA ISLANDS				
MP/LAB=LABORATORIES				
MP/NPH=NON-PARTICIPATING HOSPITAL				
MS/001=MISSISSIPPI				
MS/LAB=LABORATORIES				
MS/NPH=NON-PARTICIPATING HOSPITAL				

MT/001=MONTANA
 MT/LAB=LABORATORIES
 MT/NPH=NON-PARTICIPATING HOSPITAL
 MX/001=MEXICO
 MX/LAB=LABORATORY
 MX/NPH=NON-PARTICIPATING HOSPITAL
 NC/001=NORTH CAROLINA
 NC/LAB=LABORATORIES
 NC/NCC=NORTH CAROLINA CENTRAL
 NC/NCE=NORTH CAROLINA EAST
 NC/NCN=NORTH CAROLINA NORTH
 NC/NCS=NORTH CAROLINA SOUTH
 NC/NCW=NORTH CAROLINA WEST
 NC/NPH=NON-PARTICIPATING HOSPITAL
 ND/001=NORTH DAKOTA
 ND/LAB=LABORATORIES
 ND/NPH=NON-PARTICIPATING HOSPITAL
 NE/001=NEBRASKA
 NE/1=NORTH CENTRAL
 NE/2=CENTRAL
 NE/3=NORTHEAST
 NE/4=SOUTHEAST
 NE/5=WESTERN

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 Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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NE/LAB=LABORATORIES				
NE/NPH=NON-PARTICIPATING HOSPITAL				
NH/001=NEW HAMPSHIRE				
NH/LAB=LABORATORIES				
NH/NPH=NON-PARTICIPATING HOSPITAL				
NJ/001=NEW JERSEY				
NJ/LAB=LABORATORIES				
NJ/NPH=NON-PARTICIPATING HOSPITAL				
NM/001=NEW MEXICO				
NM/LAB=LABORATORIES				
NM/NPH=NON-PARTICIPATING HOSPITAL				
NV/001=NEVADA				
NV/CC=CARSON CITY				
NV/LAB=LABORATORIES				
NV/LV=LAS VEGAS				
NV/NPH=NON-PARTICIPATING HOSPITAL				
NY/001=BUFFALO				
NY/002=ROCHESTER				
NY/003=SYRACUSE				
NY/004=ALBANY				
NY/005=NEW ROCHELLE				
NY/006=NEW YORK CITY				
NY/007=SUFFOLK/NASSAU COUNTY				
NY/LAB=LABORATORIES				

NY/NPH=NON-PARTICIPATING HOSPITAL
 OH/001=OHIO
 OH/LAB=LABORATORIES
 OH/NPH=NON-PARTICIPATING HOSPITAL
 OK/001=OKLAHOMA
 OK/LAB=LABORATORIES
 OK/NPH=NON-PARTICIPATING HOSPITAL
 OR/001=OFFICE #1
 OR/002=OFFICE #2
 OR/003=OFFICE #3
 OR/LAB=LABORATORIES
 OR/NPH=NON-PARTICIPATING HOSPITAL
 PA/001=PENNSYLVANIA
 PA/LAB=LABORATORIES
 PA/NPH=NON-PARTICIPATING HOSPITAL
 PR/001=PUERTO RICO
 PR/LAB=LABORATORIES
 PR/NPH=NON-PARTICIPATING HOSPITAL
 PW/001=PALAU
 PW/NPH=NON-PARTICIPATING HOSPITAL
 RI/001=RHODE ISLAND
 RI/LAB=LABORATORIES
 RI/NPH=NON-PARTICIPATING HOSPITAL
 SC/001=SOUTH CAROLINA
 SC/LAB=LABORATORIES
 SC/NPH=NON-PARTICIPATING HOSPITAL
 SD/001=SOUTH DAKOTA
 SD/LAB=LABORATORIES
 SD/NPH=NON-PARTICIPATING HOSPITAL
 TN/001=TENNESSEE
 TN/LAB=LABORATORIES
 TN/NPH=NON-PARTICIPATING HOSPITAL
 TN/TNC=TENNESSEE COOKEVILLE
 TN/TNE=TENNESSEE EASTERN
 TN/TNM=TENNESSEE MIDDLE
 TN/TNW=TENNESSEE WESTERN
 TX/001=TEXAS
 TX/L01=AMARILLO-LTC
 TX/L02=ABILENE-LTC
 TX/L03=ARLINGTON-LTC

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 19
 Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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TX/L04=TYLER-LTC				
TX/L05=TEMPLE-LTC				
TX/L06=HOUSTON-LTC				
TX/L07=SAN ANTONIO-LTC				
TX/LAB=LABORATORIES				
TX/NPH=NON-PARTICIPATING HOSPITAL				
TX/TX1=LUBBOCK				

TX/TX2=ARLINGTON
TX/TX3=SAN ANTONIO
TX/TX4=HOUSTON
TX/TX5=TYLER
TX/TX6=AUSTIN
UT/001=UTAH
UT/LAB=LABORATORIES
UT/NPH=NON-PARTICIPATING HOSPITAL
VA/001=VIRGINIA
VA/LAB=LABORATORIES
VA/NPH=NON-PARTICIPATING HOSPITAL
VI/001=VIRGIN ISLANDS
VI/LAB=LABORATORIES
VI/NPH=NON-PARTICIPATING HOSPITAL
VT/001=VERMONT
VT/LAB=LABORATORIES
VT/NPH=NON-PARTICIPATING HOSPITAL
WA/001=ALL OTHERS (NON-LTC FAC)
WA/D1=SPOKANE & YAKIMA AREAS
WA/D1A=District 1, Unit A
WA/D1B=District 1, Unit B
WA/D1C=District 1, Unit C
WA/D1D=District 1, Unit D
WA/D2=SPOKANE & SE
WA/D2A=District 2, Unit A
WA/D2B=District 2, Unit B
WA/D2C=District 2, Unit C
WA/D2D=District 2, Unit D
WA/D2E=District 2, Unit E
WA/D2F=District 2, Unit F
WA/D2G=District 2, Unit G
WA/D2H=District 2, Unit H
WA/D3=NW WASHINGTON
WA/D3A=District 3, Unit A
WA/D3B=District 3, Unit B
WA/D3C=District 3, Unit C
WA/D3D=District 3, Unit D
WA/D3E=District 3, Unit E
WA/D4A=GREATER SEATTLE AREA
WA/D4B=S KING COUNTY
WA/D5A=PIERCE CTY & PENINSULA
WA/D5B=PIERCE CTY & GRAYS HARBOR
WA/D6=OLYMPIA AREA
WA/LAB=LABORATORIES
WA/NPH=NON-PARTICIPATING HOSPITAL
WI/001=WISCONSIN
WI/LAB=LABORATORIES
WI/NPH=NON-PARTICIPATING HOSPITAL
WV/001=WEST VIRGINIA
WV/LAB=LABORATORIES
WV/NPH=NON-PARTICIPATING HOSPITAL
WY/001=WYOMING
WY/LAB=LABORATORIES
WY/NPH=NON-PARTICIPATING HOSPITAL

Address: Street 50 178 227 VARCHAR2

Description: Street address where the provider is located.

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 20
Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

SAS Name: ST_ADR
COBOL Name: ST-ADR

Telephone Number 10 228 237 VARCHAR2

Description: Telephone number of the provider.

SAS Name: PHNE_NUM
COBOL Name: PHNE-NUM

Termination Code 2 238 239 VARCHAR2

Description: Indicates the current termination status for the
provider.

SAS Name: PGM_TRMNTN_CD
COBOL Name: PGM-TRMNTN-CD
VALUES: 00=ACTIVE PROVIDER

01=VOLUNTARY-MERGER, CLOSURE
02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT
03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION
04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL
05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ
06=INVOLUNTARY-FAILURE TO MEET AGREEMENT
07=OTHER-PROVIDER STATUS CHANGE
08=NONPAYMENT OF FEES - CLIA Only
09=REV/UNSUCCESSFUL PARTICIPATION IN PT - CLIA Only
10=REV/OTHER REASON - CLIA Only
11=INCOMPLETE CLIA APPLICATION INFORMATION - CLIA Only
12=NO LONGER PERFORMING TESTS - CLIA Only
13=MULTIPLE TO SINGLE SITE CERTIFICATE - CLIA Only
14=SHARED LABORATORY - CLIA Only
15=FAILURE TO RENEW WAIVER PPM CERTIFICATE - CLIA Only
16=DUPLICATE CLIA NUMBER - CLIA Only
17=MAIL RETURNED NO FORWARD ADDRESS CERT ENDED - CLIA Only
20=NOTIFICATION BANKRUPTCY - CLIA Only
33=ACCREDITATION NOT CONFIRMED - CLIA Only
80=AWAITING STATE APPROVAL
99=OIG ACTION - DO NOT ACTIVATE - CLIA Only

Termination or Expiration Date 8 240 247 DATE

Description: Date the provider was terminated. For CLIA providers,
date the laboratory's certificate was terminated or the
expiration date of the current CLIA certificate.

SAS Name: TRMNTN_EXPRTN_DT
COBOL Name: TRMNTN-EXPRTN-DT

Type of Action Code 1 248 248 VARCHAR2

Description: Identifies the reason for the certification. Type of action from the official survey record, CMS 1539 form.

SAS Name: CRTFCTN_ACTN_TYPE_CD

COBOL Name: CRTFCTN-ACTN-TYPE-CD

VALUES: 1=INITIAL

2=RECERTIFICATION

3=TERMINATION

4=CHANGE OF OWNERSHIP

5=VALIDATION

8=FULL SURVEY AFTER COMPLAINT

Ownership Type Code 2 249 250 VARCHAR2

Description: Indicates the ownership type of the provider.

SAS Name: GNRL_CNTL_TYPE_CD

COBOL Name: GNRL-CNTL-TYPE-CD

VALUES: 01=RELIGIOUS AFFILIATION

02=PRIVATE

03=OTHER

04=PROPRIETARY

05=GOVERNMENT - STATE/COUNTY

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 21

Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

06=GOVERNMENT - COMBINATION GOVT & VOLUNTARY

Address: ZIP Code 5 251 255 VARCHAR2

Description: Five-digit ZIP code for a provider's physical address.

SAS Name: ZIP_CD

COBOL Name: ZIP-CD

FIPS State Code 2 256 257 VARCHAR2

Description: FIPS State Code

SAS Name: FIPS_STATE_CD

COBOL Name: FIPS-STATE-CD

VALUES: 01=ALABAMA

02=ALASKA

04=ARIZONA

05=ARKANSAS

06=CALIFORNIA

08=COLORADO

09=CONNECTICUT

10=DELAWARE

11=DISTRICT OF COLUMBIA

12=FLORIDA

13=GEORGIA

15=HAWAII

16=IDAHO

17=ILLINOIS

18=INDIANA

19=IOWA

20=KANSAS
 21=KENTUCKY
 22=LOUISIANA
 23=MAINE
 24=MARYLAND
 25=MASSACHUSETTS
 26=MICHIGAN
 27=MINNESOTA
 28=MISSISSIPPI
 29=MISSOURI
 30=MONTANA
 31=NEBRASKA
 32=NEVADA
 33=NEW HAMPSHIRE
 34=NEW JERSEY
 35=NEW MEXICO
 36=NEW YORK
 37=NORTH CAROLINA
 38=NORTH DAKOTA
 39=OHIO
 40=OKLAHOMA
 41=OREGON
 42=PENNSYLVANIA
 43=PUERTO RICO
 44=RHODE ISLAND
 45=SOUTH CAROLINA
 46=SOUTH DAKOTA
 47=TENNESSEE
 48=TEXAS
 49=UTAH
 50=VERMONT
 51=VIRGINIA
 53=WASHINGTON
 54=WEST VIRGINIA
 55=WISCONSIN
 56=WYOMING
 64=AMERICAN SAMOA

DATE: 10/06/2020 POS RECORD LAYOUT PAGE: 22
 Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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65=GUAM
 66=SAIPAN/MARIANA IS.
 78=VIRGIN ISLANDS

FIPS County Code	3	258	260	VARCHAR2
Description: FIPS County Code				
SAS Name: FIPS_CNTY_CD				
COBOL Name: FIPS-CNTY-CD				

CBSA Urban Rural Indicator	1	261	261	VARCHAR2
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Description: CBSA (Core Based Statistical Area) indicates whether the county is defined as Urban or Rural.

SAS Name: CBSA_URBN_RRL_IND

COBOL Name: CBSA-URBN-RRL-IND

CBSA Code 5 262 266 VARCHAR2

Description: CBSA (Core Based Statistical Area) geographic entities defined by the U.S. Office of Management and Budget (OMB) on June 6, 2003 for use by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics. CBSA collectively refers to MSA.

SAS Name: CBSA_CD

COBOL Name: CBSA-CD

FQHC Approved RHC Provider Num 10 468 477 CHAR

Description: FQHC approved provider number

SAS Name: FQHC_APPROVED_RHC_PROVIDER_NUM

COBOL Name: FQHC-APPROVED-RHC-PROVIDER-NUM

FQHC Federally Funded Indicator 1 478 478 VARCHAR2

Description: Indicates whether this facility receives federal funds.

SAS Name: FED_FUNDD_FQHC_SW

COBOL Name: FED-FUNDD-FQHC-SW

Part of RHC Indicator 1 638 638 VARCHAR2

Description: Indicates if the facility is part of a Medicare approved Rural Health Clinic.

SAS Name: FQHC_APRVD_RHC_SW

COBOL Name: FQHC-APRVD-RHC-SW

Related Provider Number 10 686 695 CHAR

Description: Related provider number

SAS Name: RELATED_PROVIDER_NUMBER

COBOL Name: RELATED-PROVIDER-NUMBER