**Hospital Enrollments Data Dictionary**

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| **Term Name** | **Variable Name** | **Description** | **Type** | **Length** |
| Enrollment ID | ENROLLMENT ID | Hospital’s enrollment ID.  An enrollment ID is a unique 15-digit alphanumeric identifier that is assigned to each new provider enrollment application. All enrollment-level information (e.g. enrollment type, enrollment state, provider specialty and reassignment of benefits) is linked through the enrollment ID. | CHAR | 15 |
| Enrollment State | ENROLLMENT STATE | Hospital’s enrollment state, see State Code Reference Table for description of values. | CHAR | 2 |
| Provider Type Code | PROVIDER TYPE CODE | Enrollment application and specialty type code, see Provider Type Code Reference Table for the full list of Part A provider types. | CHAR | 5 |
| Provider Type Text | PROVIDER TYPE TEXT | Description for Provider Type Code. | CHAR | 200 |
| NPI | NPI | Hospital’s National Provider Identifier (NPI).  An NPI is a unique 10-digit numeric identifier that all providers must obtain before enrolling in Medicare. It is assigned to health care providers upon application through the National Plan and Provider Enumeration System (NPPES). | CHAR | 10 |
| Multiple NPI Flag | MULTIPLE NPI FLAG | A flag that indicates whether the hospital has more than 1 NPI (Y/N). If yes, additional NPIs are displayed in the Hospital Additional NPIs file. | CHAR | 1 |
| CCN | CCN | Hospital’s CMS Certification Number (CCN), formerly called an OSCAR Number. | CHAR | 15 |
| Associate ID | ASSOCIATE ID | Hospital’s PECOS Associate Control (PAC) ID.  A PAC ID is a unique 10-digit numeric identifier that is assigned to each individual or organizational provider in PECOS. All entity-level information (e.g. tax identification numbers and provider names) is linked through the PAC ID. A PAC ID may be associated with multiple enrollment IDs if the provider is enrolled multiple times under different circumstances. | CHAR | 10 |
| Organization Name | ORGANIZATION NAME | Hospital’s legal business name. | CHAR | 70 |
| Doing-Business-As Name | DOING BUSINESS AS NAME | Hospital’s doing-business-as name. | CHAR | 70 |
| Incorporation Date | INCORPORATION DATE | Date on which the business is incorporated. | NUM | 8 |
| Incorporation State | INCORPORATION STATE | State in which the business is incorporated, see State Code Reference Table for description of values. | CHAR | 2 |
| Organization Type Structure | ORGANIZATION TYPE STRUCTURE | Hospital’s organization structure type. | CHAR | 60 |
| Organization Other  Type Text | ORGANIZATION OTHER TYPE TEXT | Description of the organization structure if Organization Type Structure is “OTHER”. | CHAR | 60 |
| Proprietary/Non- Profit Flag | PROPRIETARY\_NONPROFIT | “P” if the business is registered as proprietor with the IRS;  "N" if registered as non-profit. | CHAR | 1 |
| Address Line 1 | ADDRESS LINE 1 | Address line 1 of the hospital’s practice location address. | CHAR | 55 |
| Address Line 2 | ADDRESS LINE 2 | Address line 2 of the hospital’s practice location address. | CHAR | 55 |
| City | CITY | City of the hospital’s practice location address. | CHAR | 30 |
| State | STATE | State of the hospital’s practice location address, see State Code Reference Table for description of values. | CHAR | 2 |
| Zip Code | ZIP CODE | Zip code of the hospital’s practice location address. | CHAR | 15 |
| Practice Location Type | PRACTICE LOCATION TYPE | Type of practice location. | CHAR | 32 |
| Location Other Type Text | LOCATION OTHER TYPE  TEXT | Other type of practice location found in the CMS -855 form. | CHAR | 60 |

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| **Term Name** | **Variable Name** | **Description** | **Type** | **Length** |
| Subgroup – General Flag | SUBGROUP – GENERAL | A flag that indicates if the hospital’s subgroup/unit is general (Y/N; blank if not reported). | CHAR | 1 |
| Subgroup – Acute Care Flag | SUBGROUP – ACUTE CARE | A flag that indicates if the hospital’s subgroup/unit is acute care (Y/N; blank if not reported). | CHAR | 1 |
| Subgroup – Alcohol/Drug Flag | SUBGROUP – ALCOHOL DRUG | A flag that indicates if the hospital’s subgroup/unit is alcohol/drug (Y/N; blank if not reported). | CHAR | 1 |
| Subgroup – Children’s Hospital  Flag | SUBGROUP – CHILDRENS | A flag that indicates if the hospital’s subgroup/unit is children’s hospital (Y/N; blank if not reported). | CHAR | 1 |
| Subgroup – Long­Term Flag | SUBGROUP – LONG-TERM | A flag that indicates if the hospital’s subgroup/unit is long - term (Y/N; blank if not reported). | CHAR | 1 |
| Subgroup –  Psychiatric Flag | SUBGROUP -  PSYCHIATRIC | A flag that indicates if the hospital’s subgroup/unit is psychiatric (Y/N; blank if not reported). | CHAR | 1 |
| Subgroup –  Rehabilitation Flag | SUBGROUP -  REHABILITATION | A flag that indicates if the hospital’s subgroup/unit is rehabilitation (Y/N; blank if not reported). | CHAR | 1 |
| Subgroup – Short­Term Flag | SUBGROUP – SHORT-TERM | A flag that indicates if the hospital’s subgroup/unit is short­term (Y/N; blank if not reported). | CHAR | 1 |
| Subgroup – Swing­Bed Approved Flag | SUBGROUP – SWING-BED  APPROVED | A flag that indicates if the hospital’s subgroup/unit is swing - bed approved (Y/N; blank if not reported). | CHAR | 1 |
| Subgroup – Psychiatric Unit  Flag | SUBGROUP –  PSYCHIATRIC UNIT | A flag that indicates if the hospital’s subgroup/unit is psychiatric unit (Y/N; blank if not reported). | CHAR | 1 |
| Subgroup –  Rehabilitation Unit  Flag | SUBGROUP –  REHABILITATION UNIT | A flag that indicates if the hospital’s subgroup/unit is rehabilitation unit (Y/N; blank if not reported). | CHAR | 1 |
| Subgroup – Specialty Hospital  Flag | SUBGROUP – SPECIALTY  HOSPITAL | A flag that indicates if the hospital’s subgroup/unit is specialty hospital (Y/N; blank if not reported). | CHAR | 1 |
| Subgroup – Other Flag | SUBGROUP – OTHER | A flag that indicates if the hospital’s subgroup/unit is not listed on the CMS form (Y/N; blank if not reported). | CHAR | 1 |
| Subgroup – Other Text | SUBGROUP – OTHER TEXT | Other type of hospital subgroup/unit that is not listed on the CMS form. | CHAR | 60 |

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| **Code** | **Description** |
| AK | Alaska |
| AL | Alabama |
| AR | Arkansas |
| AS | American Samoa |
| AZ | Arizona |
| CA | California |
| CO | Colorado |
| CT | Connecticut |
| DC | District of Columbia |
| DE | Delaware |
| FL | Florida |
| 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 | Mariana Islands, Northern |
| MS | Mississippi |
| MT | Montana |
| 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 |
| PW | Palau |
| RI | Rhode Island |
| SC | South Carolina |
| SD | South Dakota |
| TN | Tennessee |
| TX | Texas |
| UT | Utah |
| VA | Virginia |
| VI | Virgin Islands |
| VT | Vermont |

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| **Code** | **Description** |
| WA | Washington |
| WI | Wisconsin |
| WV | West Virginia |
| WY | Wyoming |

**Provider Type Code Reference Table**

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| **Code** | **Description** |
| 00-00 | PART A PROVIDER - RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTION (RNHCI) |
| 00-01 | PART A PROVIDER - COMMUNITY MENTAL HEALTH CENTER |
| 00-02 | PART A PROVIDER - COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY |
| 00-03 | PART A PROVIDER - END-STAGE RENAL DISEASE FACILITY (ESRD) |
| 00-04 | PART A PROVIDER - FEDERALLY QUALIFIED HEALTH CENTER (FQHC) |
| 00-05 | PART A PROVIDER - HISTOCOMPATIBILITY LABORATORY |
| 00-06 | PART A PROVIDER - HOME HEALTH AGENCY |
| 00-08 | PART A PROVIDER - HOSPICE |
| 00-09 | PART A PROVIDER - HOSPITAL |
| 00-10 | PART A PROVIDER - INDIAN HEALTH SERVICES FACILITY |
| 00-13 | PART A PROVIDER - ORGAN PROCUREMENT ORGANIZATION (OPO) |
| 00-14 | PART A PROVIDER - OUTPATIENT PHYSICAL THERAPY/OCCUPATIONAL THERAPY/SPEECH PATHOLOGY SERVICES |
| 00-17 | PART A PROVIDER - RURAL HEALTH CLINIC |
| 00-18 | PART A PROVIDER - SKILLED NURSING FACILITY |
| 00-19 | PART A PROVIDER - OTHER |
| 00-85 | PART A PROVIDER - CRITICAL ACCESS HOSPITAL |