Hospital Tables

Lindsay Poirier

3/1/2022

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 221300 |
| Hospital Name | MARTHAS VINEYARD HOSPITAL |
| City | OAK BLUFFS |
| State.Code | MA |
| Fiscal.Year.End.Date | 2018-09-29 |
| CCN.Facility.Type | CAH |
| Rural.Versus.Urban | R |
| Number.of.Beds | 25 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 221303 |
| Hospital Name | ATHOL MEMORIAL HOSPITAL |
| City | ATHOL |
| State.Code | MA |
| Fiscal.Year.End.Date | 2018-09-29 |
| CCN.Facility.Type | CAH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 25 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 220162 |
| Hospital Name | DANA-FARBER CANCER INSTITUTE |
| City | BOSTON |
| State.Code | MA |
| Fiscal.Year.End.Date | 2018-09-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 30 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 222047 |
| Hospital Name | WHITTIER HOSPITAL-BRADFORD |
| City | BRADFORD |
| State.Code | MA |
| Fiscal.Year.End.Date | 2018-09-29 |
| CCN.Facility.Type | LTCH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 60 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 223030 |
| Hospital Name | HEALTHSOUTH REHABILITATION HOSPITAL |
| City | LUDLOW |
| State.Code | MA |
| Fiscal.Year.End.Date | 2018-12-30 |
| CCN.Facility.Type | RH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 53 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 222007 |
| Hospital Name | HEBREW REHABILITATION CENTER |
| City | ROSLINDALE |
| State.Code | MA |
| Fiscal.Year.End.Date | 2018-09-29 |
| CCN.Facility.Type | LTCH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 667 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 222048 |
| Hospital Name | WHITTIER HOSPITAL-WESTBOROUGH |
| City | WESTBOROUGH |
| State.Code | MA |
| Fiscal.Year.End.Date | 2018-09-29 |
| CCN.Facility.Type | LTCH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 88 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 224039 |
| Hospital Name | WHITTIER PAVILION |
| City | HAVERHILL |
| State.Code | MA |
| Fiscal.Year.End.Date | 2018-09-29 |
| CCN.Facility.Type | PH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 71 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 223303 |
| Hospital Name | THE SHRINERS HOSPITAL FOR CHILDREN |
| City | SPRINGFIELD |
| State.Code | MA |
| Fiscal.Year.End.Date | 2018-12-30 |
| CCN.Facility.Type | CH |
| Rural.Versus.Urban | NA |
| Number.of.Beds | NA |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 223304 |
| Hospital Name | THE SHRINERS HOSPITAL FOR CHILDREN |
| City | BOSTON |
| State.Code | MA |
| Fiscal.Year.End.Date | 2018-12-30 |
| CCN.Facility.Type | CH |
| Rural.Versus.Urban | NA |
| Number.of.Beds | NA |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 224001 |
| Hospital Name | TAUNTON STATE HOSPITAL |
| City | TAUNTON |
| State.Code | MA |
| Fiscal.Year.End.Date | 2019-06-29 |
| CCN.Facility.Type | PH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 45 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 222003 |
| Hospital Name | TEWKSBURY HOSPITAL |
| City | TEWKSBURY |
| State.Code | MA |
| Fiscal.Year.End.Date | 2019-06-29 |
| CCN.Facility.Type | LTCH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 540 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 222006 |
| Hospital Name | LEMUEL SHATTUCK HOSPITAL |
| City | JAMAICA PLAIN |
| State.Code | MA |
| Fiscal.Year.End.Date | 2019-06-29 |
| CCN.Facility.Type | LTCH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 260 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 222023 |
| Hospital Name | WESTERN MASSACHUSETTS HOSPITAL |
| City | WESTFIELD |
| State.Code | MA |
| Fiscal.Year.End.Date | 2019-06-29 |
| CCN.Facility.Type | LTCH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 87 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 224028 |
| Hospital Name | CORRIGAN MENTAL HEALTH CENTER |
| City | FALL RIVER |
| State.Code | MA |
| Fiscal.Year.End.Date | 2019-06-29 |
| CCN.Facility.Type | PH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 16 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 224041 |
| Hospital Name | SOUTHCOAST BEHAVIORAL HEALTH |
| City | DARTMOUTH |
| State.Code | MA |
| Fiscal.Year.End.Date | 2018-12-30 |
| CCN.Facility.Type | PH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 120 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 224031 |
| Hospital Name | CAPE COD AND ISLANDS MENTAL HEALTH C |
| City | POCASSET |
| State.Code | MA |
| Fiscal.Year.End.Date | 2019-06-29 |
| CCN.Facility.Type | PH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 16 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 224032 |
| Hospital Name | WORCESTER RECOVERY CENTER AND HOSP |
| City | WORCESTER |
| State.Code | MA |
| Fiscal.Year.End.Date | 2019-06-29 |
| CCN.Facility.Type | PH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 290 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 224040 |
| Hospital Name | DR. SOLOMON CARTER FULLER MENTAL HL |
| City | BOSTON |
| State.Code | MA |
| Fiscal.Year.End.Date | 2019-06-29 |
| CCN.Facility.Type | PH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 60 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 224038 |
| Hospital Name | WALDEN BEHAVIORAL CARE |
| City | WALTHAM |
| State.Code | MA |
| Fiscal.Year.End.Date | 2018-12-30 |
| CCN.Facility.Type | PH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 48 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10001 |
| Hospital Name | SOUTHEAST HEALTH MEDICAL CENTER |
| City | DOTHAN |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-09-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 327 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10005 |
| Hospital Name | MARSHALL MEDICAL CENTER - SOUTH |
| City | BOAZ |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-09-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | R |
| Number.of.Beds | 204 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10006 |
| Hospital Name | NORTH ALABAMA MEDICAL CENTER |
| City | FLORENCE |
| State.Code | AL |
| Fiscal.Year.End.Date | 2019-06-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 233 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10007 |
| Hospital Name | MIZELL MEMORIAL HOSPITAL |
| City | OPP |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-09-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | R |
| Number.of.Beds | 45 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10008 |
| Hospital Name | CRENSHAW COMMUNITY HOSPITAL |
| City | LUVERNE |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-12-30 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | R |
| Number.of.Beds | 29 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10011 |
| Hospital Name | ST. VINCENTS EAST |
| City | BIRMINGHAM |
| State.Code | AL |
| Fiscal.Year.End.Date | 2019-06-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 309 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10012 |
| Hospital Name | DEKALB REGIONAL MEDICAL CENTER |
| City | FORT PAYNE |
| State.Code | AL |
| Fiscal.Year.End.Date | 2019-03-30 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | R |
| Number.of.Beds | 97 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10016 |
| Hospital Name | SHELBY BAPTIST MEDICAL CENTER |
| City | ALABASTER |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-12-30 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 212 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10018 |
| Hospital Name | CALLAHAN EYE FOUNDATION HOSP |
| City | BIRMINGHAM |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-09-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 12 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10019 |
| Hospital Name | HELEN KELLER HOSPITAL |
| City | SHEFFIELD |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-09-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 178 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10021 |
| Hospital Name | DALE MEDICAL CENTER |
| City | OZARK |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-09-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | R |
| Number.of.Beds | 77 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10022 |
| Hospital Name | CHEROKEE MEDICAL CENTER |
| City | CENTRE |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-05-30 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | R |
| Number.of.Beds | 45 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10022 |
| Hospital Name | CHEROKEE MEDICAL CENTER |
| City | CENTRE |
| State.Code | AL |
| Fiscal.Year.End.Date | 2019-06-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | R |
| Number.of.Beds | 45 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10023 |
| Hospital Name | BAPTIST MEDICAL CENTER SOUTH |
| City | MONTGOMERY |
| State.Code | AL |
| Fiscal.Year.End.Date | 2019-06-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 320 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10024 |
| Hospital Name | JACKSON HOSPITAL AND CLINIC INC |
| City | MONTGOMERY |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-12-30 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | R |
| Number.of.Beds | 270 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10029 |
| Hospital Name | EAST ALABAMA MEDICAL CENTER |
| City | OPELIKA |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-09-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 372 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10032 |
| Hospital Name | WEDOWEE HOSPITAL |
| City | WEDOWEE |
| State.Code | AL |
| Fiscal.Year.End.Date | 2017-11-12 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | R |
| Number.of.Beds | 34 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10032 |
| Hospital Name | TANNER MEDICAL CENTER-EAST ALABAMA |
| City | WEDOWEE |
| State.Code | AL |
| Fiscal.Year.End.Date | 2019-01-07 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | R |
| Number.of.Beds | 15 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10032 |
| Hospital Name | TANNER MEDICAL CENTER-EAST ALABAMA |
| City | WEDOWEE |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-06-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | R |
| Number.of.Beds | 15 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10033 |
| Hospital Name | UNIVERSITY OF ALABAMA HOSPITAL |
| City | BIRMINGHAM |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-09-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 1063 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10034 |
| Hospital Name | COMMUNITY HOSPITAL INC. |
| City | TALLASSEE |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-09-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 37 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10035 |
| Hospital Name | CULLMAN REGIONAL |
| City | CULLMAN |
| State.Code | AL |
| Fiscal.Year.End.Date | 2019-06-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | R |
| Number.of.Beds | 145 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10036 |
| Hospital Name | ANDALUSIA REGIONAL HOSPITAL |
| City | ANDALUSIA |
| State.Code | AL |
| Fiscal.Year.End.Date | 2019-03-30 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | R |
| Number.of.Beds | 83 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10038 |
| Hospital Name | STRINGFELLOW MEMORIAL HOSPITAL |
| City | ANNISTON |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-09-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 125 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10039 |
| Hospital Name | HUNTSVILLE HOSPITAL |
| City | HUNTSVILLE |
| State.Code | AL |
| Fiscal.Year.End.Date | 2019-06-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 877 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10040 |
| Hospital Name | GADSDEN REGIONAL MEDICAL CENTER |
| City | GADSDEN |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-09-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 222 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10044 |
| Hospital Name | MARION REGIONAL MEDICAL CENTER |
| City | HAMILTON |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-09-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | R |
| Number.of.Beds | 36 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10045 |
| Hospital Name | FAYETTE MEDICAL CENTER |
| City | FAYETTE |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-09-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | R |
| Number.of.Beds | 45 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10046 |
| Hospital Name | RIVERVIEW REGIONAL MEDICAL CENTER |
| City | GADSDEN |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-12-30 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 256 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10047 |
| Hospital Name | GEORGIANA HOSPITAL |
| City | GEORGIANA |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-12-30 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | R |
| Number.of.Beds | 22 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10049 |
| Hospital Name | MEDICAL CENTER ENTERPRISE |
| City | ENTERPRISE |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-12-30 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | R |
| Number.of.Beds | 99 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10051 |
| Hospital Name | GREENE COUNTY HOSPITAL |
| City | EUTAW |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-09-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | R |
| Number.of.Beds | 20 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10052 |
| Hospital Name | LAKE MARTIN COMMUNITY HOSPITAL |
| City | DADEVILLE |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-12-30 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | R |
| Number.of.Beds | 46 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10055 |
| Hospital Name | FLOWERS HOSPITAL |
| City | DOTHAN |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-09-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 235 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10056 |
| Hospital Name | ST VINCENTS BIRMINGHAM |
| City | BIRMINGHAM |
| State.Code | AL |
| Fiscal.Year.End.Date | 2019-06-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 400 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10058 |
| Hospital Name | BIBB MEDICAL CENTER |
| City | CENTREVILLE |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-09-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 25 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10059 |
| Hospital Name | LAWRENCE MEDICAL CENTER |
| City | MOULTON |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-09-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 43 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10061 |
| Hospital Name | HIGHLANDS MEDICAL CENTER |
| City | SCOTTSBORO |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-09-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | R |
| Number.of.Beds | 168 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10062 |
| Hospital Name | WIREGRASS MEDICAL CENTER |
| City | GENEVA |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-09-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 73 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10065 |
| Hospital Name | RUSSELL MEDICAL CENTER |
| City | ALEXANDER CITY |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-12-30 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | R |
| Number.of.Beds | 34 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10069 |
| Hospital Name | SEAR |
| City | EUFAULA |
| State.Code | AL |
| Fiscal.Year.End.Date | 2017-11-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | R |
| Number.of.Beds | 30 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10069 |
| Hospital Name | MEDICAL CENTER BARBOUR |
| City | EUFAULA |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-12-30 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | R |
| Number.of.Beds | 30 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10073 |
| Hospital Name | CLAY COUNTY HOSPITAL |
| City | ASHLAND |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-09-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | R |
| Number.of.Beds | 46 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10078 |
| Hospital Name | NORTHEAST ALABAMA REGIONAL MED CTR |
| City | ANNISTON |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-09-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 250 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10079 |
| Hospital Name | ATHENS LIMESTONE |
| City | ATHENS |
| State.Code | AL |
| Fiscal.Year.End.Date | 2019-06-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 66 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10083 |
| Hospital Name | SOUTH BALDWIN REGIONAL MEDICAL CENTE |
| City | FOLEY |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-09-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 112 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10085 |
| Hospital Name | DECATUR MORGAN - DECATUR CAMPUS |
| City | DECATUR |
| State.Code | AL |
| Fiscal.Year.End.Date | 2019-03-30 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 222 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10086 |
| Hospital Name | NORTHWEST MEDICAL CENTER |
| City | WINFIELD |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-12-30 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | R |
| Number.of.Beds | 61 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10087 |
| Hospital Name | USA HEALTH UNIVERSITY HOSPITAL |
| City | MOBILE |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-09-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 149 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10089 |
| Hospital Name | WALKER BAPTIST MEDICAL CENTER |
| City | JASPER |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-12-30 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 207 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10090 |
| Hospital Name | PROVIDENCE HOSPITAL |
| City | MOBILE |
| State.Code | AL |
| Fiscal.Year.End.Date | 2019-06-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 349 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10091 |
| Hospital Name | GROVE HILL MEMORIAL HOSPITAL |
| City | GROVE HILL |
| State.Code | AL |
| Fiscal.Year.End.Date | 2019-06-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | R |
| Number.of.Beds | 21 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10092 |
| Hospital Name | DCH REGIONAL MEDICAL CENTER |
| City | TUSCALOOSA |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-09-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 497 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10095 |
| Hospital Name | HALE COUNTY HOSPITAL |
| City | GREENSBORO |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-09-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 28 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10097 |
| Hospital Name | ELMORE COMMUNITY HOSPITAL |
| City | WETUMPKA |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-12-30 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 33 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10099 |
| Hospital Name | D W MCMILLAN MEMORIAL HOSPITAL |
| City | BREWTON |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-09-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | R |
| Number.of.Beds | 46 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10100 |
| Hospital Name | THOMAS HOSPITAL |
| City | FAIRHOPE |
| State.Code | AL |
| Fiscal.Year.End.Date | 2019-03-30 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | R |
| Number.of.Beds | 129 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10101 |
| Hospital Name | CITIZENS BAPTIST MEDICAL CENTER |
| City | TALLADEGA |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-12-30 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 85 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10102 |
| Hospital Name | JOHN PAUL JONES HOSPITAL |
| City | CAMDEN |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-09-29 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | R |
| Number.of.Beds | 21 |

|  |  |
| --- | --- |
| Variable Name | Value |
| Provider.CCN | 10103 |
| Hospital Name | PRINCETON BAPTIST MEDICAL CENTER |
| City | BIRMINGHAM |
| State.Code | AL |
| Fiscal.Year.End.Date | 2018-12-30 |
| CCN.Facility.Type | STH |
| Rural.Versus.Urban | U |
| Number.of.Beds | 279 |