```
     *********************************************
     *                                           *
     *              A T T E N T I O N             *
     *                                           *
     *    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 = 04/02/2023         *
     *                                           *
     *********************************************
```

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

    SHORT DESCRIPTION   LEN   START END
TYPE

    Provider Category Subtype Code   2   1   2
VARCHAR2

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

    SHORT DESCRIPTION   LEN   START END
TYPE

    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=Short Term
                 02=Long Term
                 03=Religious Non-Medical Health Care Institutions
                 04=Psychiatric
                 05=Rehabilitation
                 06=Childrens Hospitals
                 07=Distinct Part Psychiatric Hospital
                 11=Critical Access Hospitals
                 20=Transplant Hospitals
                 22=Medicaid Only Short-Term Hospitals
                 23=Medicaid Only Childrens Hospitals
                 24=Medicaid Only Children's Psychiatric
                 25=Medicaid Only Psychiatric Hospitals
                 26=Medicaid Only Rehabilitation Hospitals
                 27=Medicaid Only Long-Term Hospitals

```
                      28=Rural Emergency Hospital

     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:      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
```

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

   SHORT DESCRIPTION   LEN   START END
TYPE

                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
                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)
```

                Hospital, CATEGORY = "01" (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)
00835=NORIDIAN GVT SERVICES (OR)
```

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

   SHORT DESCRIPTION   LEN START END
TYPE

```
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)
                        03401=NORIDIAN (SOUTH DAKOTA)
                        03402=NORIDIAN (SOUTH DAKOTA)
```

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

    SHORT DESCRIPTION   LEN   START END
TYPE

```
                        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
                06014=NATIONAL GOVERNMENT ERVICES
                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)
```

```
   SHORT DESCRIPTION                              LEN  START END
TYPE
```

```
                10112=PALMETTO GBA (AL)
                10201=CAHABA GBA (GA)
                10202=CAHABA GBA (GA)
                10211=PALMETTO GBA (GA)
                10212=PALMETTO GBA (GA)
                10230=TRAVELERS (CONNECTICUT)
                10240=TRAVELERS (MINNESOTA)
                10250=TRAVELERS (MISSISSIPPI)
                10301=CAHABA GBA (TN)
                10302=CAHABA GBA (TN)
                10311=PALMETTO GBA (TN)
                10312=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)
```

                 Hospital, CATEGORY = "01" (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)
```

    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
```

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

    SHORT DESCRIPTION   LEN   START END
TYPE

```
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)
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)
```

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

   SHORT DESCRIPTION   LEN   START END
TYPE

```
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)
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
```

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

   SHORT DESCRIPTION   LEN START END
TYPE

                     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)
                     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
06014=NATIONAL GOVERNMENT ERVICES
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
```

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

    SHORT DESCRIPTION   LEN START END
TYPE

```
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)
10112=PALMETTO GBA (AL)
10201=CAHABA GBA (GA)
10202=CAHABA GBA (GA)
10211=PALMETTO GBA (GA)
10212=PALMETTO GBA (GA)
10230=TRAVELERS (CONNECTICUT)
10240=TRAVELERS (MINNESOTA)
10250=TRAVELERS (MISSISSIPPI)
10301=CAHABA GBA (TN)
10302=CAHABA GBA (TN)
10311=PALMETTO GBA (TN)
10312=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)
```

```
   SHORT DESCRIPTION                                LEN  START END
TYPE

                    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)


    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
```

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

```
   SHORT DESCRIPTION                                   LEN   START END
TYPE

     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
                  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

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

   SHORT DESCRIPTION   LEN START END
TYPE

     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
                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
```

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

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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
                  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/STK=STOCKTON
                    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
```

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

    SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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
                    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
```

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

```
   SHORT DESCRIPTION                                 LEN  START END
TYPE

                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
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
```

```
     SHORT DESCRIPTION                                    LEN   START END
TYPE

                        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
                        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
```

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

    SHORT DESCRIPTION   LEN START END
TYPE

```
                    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=Austin-LTC
                    TX/L08=San Antonio-LTC
                    TX/L11=Corpus Christi-LTC
                    TX/LAB=LABORATORIES
                    TX/NPH=NON-PARTICIPATING HOSPITAL
                    TX/TX1=NLTC REG 1, 7, 9, 10
```

```
                    TX/TX2=NLTC REG 2, 3
                    TX/TX4=NLTC REG 6
                    TX/TX5=NLTC REG 4, 5
                    TX/TX6=NLTC Statewide-Certified Only
                    TX/TX8=NLTC REG 8, 11
                    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/D1E=District 1, Unit E
                    WA/D1F=District 1, Unit F
                    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
```

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

   SHORT DESCRIPTION   LEN START END
TYPE

```
                    WA/D2H=District 2, Unit H
                    WA/D2I=District 2, Unit I
                    WA/D2J=District 2, Unit J
                    WA/D2L=District 2, Unit L
                    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/D3F=District 3, Unit F
                    WA/D3G=District 3, Unit G
```

```
                    WA/D3H=District 3, Unit H
                    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


 DATE: 04/02/2023                POS RECORD LAYOUT
PAGE: 22
                 Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION                                   LEN   START END
TYPE

                    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
```

```
        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
```

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

```
   SHORT DESCRIPTION                               LEN   START END
TYPE
                     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
                    60=AMERICAN SAMOA
                    66=GUAM
                    69=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 Effective Date   8   267   274   DATE
       Description: Effective date of the period of accreditation
associated
                    with this certification.
       SAS Name: ACRDTN_EFCTV_DT
```

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

   SHORT DESCRIPTION                              LEN  START END
TYPE

     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
                  7=ACHC
                  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

```
    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
```

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

    SHORT DESCRIPTION                              LEN   START  END
TYPE

    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


    Affiliated Resident Program: Osteopathic           1    310   310
VARCHAR2
     Description: Indicates if the provider has an affiliated osteopathic
                  resident program.
     SAS Name:    RSDNT_PGM_OSTPTHC_SW
     COBOL Name:  RSDNT-PGM-OSTPTHC-SW


    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_PDTRC_SW
     COBOL Name:  RSDNT-PGM-PDTRC-SW


    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
```

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

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                 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
     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
                  12=Rural Emergency Hospitals

    CLIA ID Number 1                                10   391   400  CHAR
     Description: CLIA ID number 1
```

```
   SHORT DESCRIPTION                              LEN   START END
TYPE

     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

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_AFLTN_CD
        COBOL Name: MDCL-SCHL-AFLTN-CD

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

    SHORT DESCRIPTION   LEN   START END
TYPE

        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
        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
```

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

   SHORT DESCRIPTION                             LEN   START END
TYPE

    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_OPTHLMC_SRGRY_CNT
    COBOL Name:  TOT-OFSITE-OPTHLMC-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


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


  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


  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


   Province Code                                     2    642   643
VARCHAR2
       Description: Canadian province where a non-participating emergency
                    hospital is located.
```

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

   SHORT DESCRIPTION                               LEN   START END
TYPE


       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
                  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).

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

   SHORT DESCRIPTION   LEN   START END
TYPE

     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
                   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
```

```
   SHORT DESCRIPTION                                    LEN   START END
TYPE

     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
     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
```

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

```
   SHORT DESCRIPTION                                LEN  START END
TYPE

                  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
     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
```

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


    SHORT DESCRIPTION                              LEN   START END
TYPE


                    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

     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

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

     SHORT DESCRIPTION   LEN   START END
TYPE

          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-TRNSPLNT-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
                 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
```

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

```
    SHORT DESCRIPTION                            LEN   START END
TYPE

    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:    OPTHLMC_SRGY_SRVC_CD
    COBOL Name:  OPTHLMC-SRGY-SRVC-CD
    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
```

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

```
  SHORT DESCRIPTION                                LEN   START END
TYPE

  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
        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
```

```
    SHORT DESCRIPTION                            LEN  START END
TYPE


    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
        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

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

   SHORT DESCRIPTION   LEN   START END
TYPE

                      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


    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

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

   SHORT DESCRIPTION   LEN   START END
TYPE

   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_WORKR_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


  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
```

```
  SHORT DESCRIPTION                            LEN   START END
TYPE


    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.
     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

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

    SHORT DESCRIPTION   LEN START END
TYPE

                    2=50 TO 99 BEDS
                    3=100 OR MORE BEDS

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

   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:        03=Title 18/19

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

   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: 04/02/2023              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:    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
```

                          (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
```

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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
```

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

   SHORT DESCRIPTION   LEN START END
TYPE

```
                    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
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                  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)
```

                        (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN   START END
TYPE

```
                  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)
```

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                    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
                    06014=NATIONAL GOVERNMENT ERVICES
                    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)
                    10112=PALMETTO GBA (AL)
                    10201=CAHABA GBA (GA)
                    10202=CAHABA GBA (GA)
                    10211=PALMETTO GBA (GA)
                    10212=PALMETTO GBA (GA)
                    10230=TRAVELERS (CONNECTICUT)
                    10240=TRAVELERS (MINNESOTA)
                    10250=TRAVELERS (MISSISSIPPI)
```

                         (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
10301=CAHABA GBA (TN)
10302=CAHABA GBA (TN)
10311=PALMETTO GBA (TN)
10312=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)
```

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

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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
                   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)
```

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

    SHORT DESCRIPTION   LEN START END
TYPE

```
                  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)
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)
```

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

   SHORT DESCRIPTION   LEN START END
TYPE

                  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)
                  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)
```

```
   SHORT DESCRIPTION                              LEN  START END
TYPE
```

```
                  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)
                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
                06014=NATIONAL GOVERNMENT ERVICES
                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)
```

 Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY =
"02"

                      (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                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)
10112=PALMETTO GBA (AL)
10201=CAHABA GBA (GA)
10202=CAHABA GBA (GA)
10211=PALMETTO GBA (GA)
10212=PALMETTO GBA (GA)
10230=TRAVELERS (CONNECTICUT)
10240=TRAVELERS (MINNESOTA)
10250=TRAVELERS (MISSISSIPPI)
10301=CAHABA GBA (TN)
10302=CAHABA GBA (TN)
10311=PALMETTO GBA (TN)
10312=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)
```

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

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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)
```

   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.
```

```
 DATE: 04/02/2023              POS RECORD LAYOUT
PAGE: 13
 Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY =
"02"
                            (SEE POSITIONS 3-4)
```

```
   SHORT DESCRIPTION                               LEN   START END
TYPE

      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
                     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

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

```
   SHORT DESCRIPTION                              LEN  START END
TYPE

     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
                  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
```

 Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"

                              (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                                LEN  START END
TYPE
```

```
                         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
                  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/STK=STOCKTON
CA/VEN=VENTURA
CN/001=CANADA
CN/LAB=LABORATORY
CN/NPH=NON-PARTICIPATING HOSPITAL
CO/001=COLORADO
```

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

   SHORT DESCRIPTION   LEN START END
TYPE

```
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
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
```

                              (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN   START END
TYPE

```
                         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
                         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
```

 Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY =
"02"

                          (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
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
                    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
```

    SHORT DESCRIPTION   LEN START END
TYPE

```
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=Austin-LTC
TX/L08=San Antonio-LTC
TX/L11=Corpus Christi-LTC
TX/LAB=LABORATORIES
TX/NPH=NON-PARTICIPATING HOSPITAL
TX/TX1=NLTC REG 1, 7, 9, 10
TX/TX2=NLTC REG 2, 3
TX/TX4=NLTC REG 6
TX/TX5=NLTC REG 4, 5
TX/TX6=NLTC Statewide-Certified Only
TX/TX8=NLTC REG 8, 11
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/D1E=District 1, Unit E
                    WA/D1F=District 1, Unit F
                    WA/D2=SPOKANE & SE
                    WA/D2A=District 2, Unit A
```

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

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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/D2I=District 2, Unit I
                    WA/D2J=District 2, Unit J
                    WA/D2L=District 2, Unit L
                    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/D3F=District 3, Unit F
                    WA/D3G=District 3, Unit G
                    WA/D3H=District 3, Unit H
                    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
```

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


    SHORT DESCRIPTION                             LEN   START END
TYPE

                     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
                   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
```

                              (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN START END
TYPE

```
                    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
                         60=AMERICAN SAMOA
                         66=GUAM
                         69=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
```

```
   SHORT DESCRIPTION                              LEN   START END
TYPE

      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.
     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
```

                          (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                           LEN   START END
TYPE

    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


  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
```

```
 DATE: 04/02/2023              POS RECORD LAYOUT
PAGE: 25
 Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY =
"02"
                              (SEE POSITIONS 3-4)
```

```
   SHORT DESCRIPTION                              LEN   START END
TYPE


                  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


   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
```

```
                              (SEE POSITIONS 3-4)

   SHORT DESCRIPTION                              LEN  START END
TYPE

   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_NRSDNT_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
      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.

    SHORT DESCRIPTION   LEN   START END
TYPE

       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_NRSDNT_SW
         COBOL Name:  DTRY-ONST-NRSDNT-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_NRSDNT_SW
         COBOL Name:  HSEKPNG-SRVC-ONST-NRSDNT-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_NRSDNT_SW
         COBOL Name:  MENTL-HLTH-ONST-NRSDNT-SW


    Services: Mental Health On-Site Residents Indicator 1    749    749
VARCHAR2
         Description: Indicates if mental health services are provided on-
site
                      to residents.
```

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     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_NRSDNT_SW
     COBOL Name:  NRSNG-SRVC-ONST-NRSDNT-SW
```

```
                              (SEE POSITIONS 3-4)


   SHORT DESCRIPTION                              LEN   START END
TYPE


   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_NRSDNT_SW
     COBOL Name:  OT-SRVC-ONST-NRSDNT-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
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      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_NRSDNT_SW
      COBOL Name:  PHRMCY-SRVC-ONST-NRSDNT-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   1    796    796
VARCHAR2
   Indicator
      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 1    797    797
VARCHAR2
   Indicator
      Description: Indicates if physician extender services are provided
                  on-site to nonresidents.
      SAS Name:    PHYSN_EXT_SRVC_ONST_NRSDNT_SW
      COBOL Name:  PHYSN-EXT-SRVC-ONST-NRSDNT-SW


   Services: Physician Extender On-Site Residents    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_NRSDNT_SW
        COBOL Name:  PHYSN-SRVC-ONST-NRSDNT-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_NRSDNT_SW
        COBOL Name:  PDTRY-SRVC-ONST-NRSDNT-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_NRSDNT_SW
      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

    SHORT DESCRIPTION   LEN   START END
TYPE

                   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_NRSDNT_SW
     COBOL Name: ACTVTY-OTHR-ONST-NRSDNT-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.

    SHORT DESCRIPTION   LEN   START END
TYPE

     SAS Name: SCL_SRVC_OTHR_ONST_NRSDNT_SW
     COBOL Name: SCL-SRVC-OTHR-ONST-NRSDNT-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_NRSDNT_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

    SHORT DESCRIPTION   LEN   START END
TYPE

    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_NRSDNT_SW
        COBOL Name:  DGNSTC-XRAY-ONST-NRSDNT-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


   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

                          (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN   START END
TYPE

        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
     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
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                        (SEE POSITIONS 3-4)

```
    SHORT DESCRIPTION                                    LEN   START END
TYPE

     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

   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

                          (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

   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
                    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
```

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

```
   SHORT DESCRIPTION                              LEN   START END
TYPE


   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

    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
```

```
 DATE: 04/02/2023              POS RECORD LAYOUT
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 Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY =
"02"
                        (SEE POSITIONS 3-4)
```

```
    SHORT DESCRIPTION                            LEN   START END
TYPE

        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

    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
```

```
 DATE: 04/02/2023              POS RECORD LAYOUT
PAGE: 38
 Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY =
"02"
                              (SEE POSITIONS 3-4)

    SHORT DESCRIPTION                            LEN   START END
TYPE
```

```
                  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
     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
```

    SHORT DESCRIPTION   LEN   START END
TYPE

    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

   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
```

```
   SHORT DESCRIPTION                            LEN   START END
TYPE

      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


    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
```

```
 DATE: 04/02/2023              POS RECORD LAYOUT
PAGE: 41
 Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY =
"02"
                              (SEE POSITIONS 3-4)
```

```
    SHORT DESCRIPTION                                LEN   START END
TYPE


    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
```

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

    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:     03=Title 18/19

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

    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.
```

```
   Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY =
"03"
                            (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       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
```

   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
```

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

    SHORT DESCRIPTION   LEN START END
TYPE

```
                    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)
```

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

    SHORT DESCRIPTION   LEN START END
TYPE

```
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
06014=NATIONAL GOVERNMENT ERVICES
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)
10112=PALMETTO GBA (AL)
10201=CAHABA GBA (GA)
10202=CAHABA GBA (GA)
10211=PALMETTO GBA (GA)
10212=PALMETTO GBA (GA)
10230=TRAVELERS (CONNECTICUT)
10240=TRAVELERS (MINNESOTA)
10250=TRAVELERS (MISSISSIPPI)
```

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

    SHORT DESCRIPTION   LEN   START END
TYPE

                    10301=CAHABA GBA (TN)
                    10302=CAHABA GBA (TN)
                    10311=PALMETTO GBA (TN)
                    10312=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)
```

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

    SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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
                     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)
```

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

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                  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)
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)
```

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

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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)
                    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)
```

   Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY =
"03"

                         (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                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)
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
06014=NATIONAL GOVERNMENT ERVICES
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)
```

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

```
                    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)
                    10112=PALMETTO GBA (AL)
                    10201=CAHABA GBA (GA)
                    10202=CAHABA GBA (GA)
                    10211=PALMETTO GBA (GA)
                    10212=PALMETTO GBA (GA)
                    10230=TRAVELERS (CONNECTICUT)
                    10240=TRAVELERS (MINNESOTA)
                    10250=TRAVELERS (MISSISSIPPI)
                    10301=CAHABA GBA (TN)
                    10302=CAHABA GBA (TN)
                    10311=PALMETTO GBA (TN)
                    10312=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)
```

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

    SHORT DESCRIPTION   LEN START END
TYPE

```
                   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)
```

```
    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.
```

```
 DATE: 04/02/2023               POS RECORD LAYOUT
PAGE: 13
   Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY =
"03"
                           (SEE POSITIONS 3-4)
```

```
    SHORT DESCRIPTION                              LEN   START END
TYPE

      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
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
```

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

   SHORT DESCRIPTION                                 LEN   START END
TYPE

     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
                 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
```

   Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY =
"03"

                              (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN   START END
TYPE

```
                 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
                    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/STK=STOCKTON
                    CA/VEN=VENTURA
                    CN/001=CANADA
                    CN/LAB=LABORATORY
                    CN/NPH=NON-PARTICIPATING HOSPITAL
                    CO/001=COLORADO
```

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

```
                        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
                        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
```

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

   SHORT DESCRIPTION   LEN START END
TYPE

```
                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
                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
```

   Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY =
"03"

                          (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                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
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
```

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

   SHORT DESCRIPTION   LEN START END
TYPE

                    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=Austin-LTC
                    TX/L08=San Antonio-LTC
                    TX/L11=Corpus Christi-LTC
                    TX/LAB=LABORATORIES
                    TX/NPH=NON-PARTICIPATING HOSPITAL
                    TX/TX1=NLTC REG 1, 7, 9, 10
                    TX/TX2=NLTC REG 2, 3
                    TX/TX4=NLTC REG 6
                    TX/TX5=NLTC REG 4, 5
                    TX/TX6=NLTC Statewide-Certified Only
                    TX/TX8=NLTC REG 8, 11
                    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/D1E=District 1, Unit E
                        WA/D1F=District 1, Unit F
                        WA/D2=SPOKANE & SE
                        WA/D2A=District 2, Unit A
```

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

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                        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/D2I=District 2, Unit I
                        WA/D2J=District 2, Unit J
                        WA/D2L=District 2, Unit L
                        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/D3F=District 3, Unit F
                        WA/D3G=District 3, Unit G
                        WA/D3H=District 3, Unit H
                        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
```

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

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                  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
                   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
```

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

```
    SHORT DESCRIPTION                                  LEN   START END
TYPE
                   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
                    60=AMERICAN SAMOA
                    66=GUAM
                    69=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
```

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


   SHORT DESCRIPTION                             LEN  START END
TYPE


      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.
     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
```

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"03"
                              (SEE POSITIONS 3-4)

```
    SHORT DESCRIPTION                             LEN  START END
TYPE

        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
```

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

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                             (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END   TYPE

```
                   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


    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
```

```
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    SHORT DESCRIPTION                                  LEN   START END
TYPE

    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_NRSDNT_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
        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.

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"03"
                        (SEE POSITIONS 3-4)

```
    SHORT DESCRIPTION                           LEN  START END
TYPE

      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_NRSDNT_SW
      COBOL Name:  DTRY-ONST-NRSDNT-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_NRSDNT_SW
      COBOL Name:  HSEKPNG-SRVC-ONST-NRSDNT-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_NRSDNT_SW
        COBOL Name: MENTL-HLTH-ONST-NRSDNT-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_NRSDNT_SW
        COBOL Name: NRSNG-SRVC-ONST-NRSDNT-SW

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"03"
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    SHORT DESCRIPTION   LEN   START END
TYPE

    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_NRSDNT_SW
     COBOL Name:  OT-SRVC-ONST-NRSDNT-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_NRSDNT_SW
     COBOL Name:  PHRMCY-SRVC-ONST-NRSDNT-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  1    796    796
VARCHAR2
    Indicator
     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 1   797    797
VARCHAR2
    Indicator
     Description: Indicates if physician extender services are provided
                  on-site to nonresidents.
     SAS Name:    PHYSN_EXT_SRVC_ONST_NRSDNT_SW
     COBOL Name:  PHYSN-EXT-SRVC-ONST-NRSDNT-SW


    Services: Physician Extender On-Site Residents   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

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   SHORT DESCRIPTION   LEN   START END
TYPE

   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_NRSDNT_SW
       COBOL Name: PHYSN-SRVC-ONST-NRSDNT-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_NRSDNT_SW
       COBOL Name: PDTRY-SRVC-ONST-NRSDNT-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_NRSDNT_SW
      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
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   Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY =
"03"
                             (SEE POSITIONS 3-4)

   SHORT DESCRIPTION                            LEN   START END
TYPE


                   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_NRSDNT_SW
      COBOL Name: ACTVTY-OTHR-ONST-NRSDNT-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

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

   SHORT DESCRIPTION                              LEN   START END
TYPE

     SAS Name:    SCL_SRVC_OTHR_ONST_NRSDNT_SW
     COBOL Name:  SCL-SRVC-OTHR-ONST-NRSDNT-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_NRSDNT_SW
     COBOL Name:  ACTVTY-ONST-NRSDNT-SW
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    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
```

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"03"

eNT-SW

                          (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN   START END
TYPE

    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_NRSDNT_SW
      COBOL Name: DGNSTC-XRAY-ONST-NRSDNT-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.

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      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
```

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 DATE: 04/02/2023            POS RECORD LAYOUT
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   Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY =
"03"
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   SHORT DESCRIPTION                          LEN   START END
TYPE

      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.
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     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
     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
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```
    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
```

   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-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
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   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
```

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"03"

                          (SEE POSITIONS 3-4)


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   SHORT DESCRIPTION                                 LEN   START END
TYPE


   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.
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        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
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     Staff Count: Nurse With Administrative Duties -   8    1294  1301
NUMBER
     Full-Time
        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 -   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
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"03"
                             (SEE POSITIONS 3-4)


   SHORT DESCRIPTION                                LEN   START END
TYPE


     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
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                      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
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"03"
                            (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

      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

    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
```

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

```
    SHORT DESCRIPTION                                LEN   START END
TYPE

                     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
      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
```

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


    SHORT DESCRIPTION                              LEN   START END
TYPE


    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

    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
```

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

    SHORT DESCRIPTION   LEN   START END
TYPE

```
        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

    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

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

    SHORT DESCRIPTION   LEN   START END
TYPE

    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
```

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        Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

    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=Title 18 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:      04=Skilled Nursing 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
```

       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:   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)

        Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

                    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

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                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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        Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION                                    LEN  START END
TYPE

                01951=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)
```

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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)
```

        Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
04301=TRAILBLAZER (OKLAHOMA)
04302=TRAILBLAZER (OKLAHOMA)
04311=NOVITAS (OKLAHOMA)
04312=NOVITAS (OKLAHOMA)
04401=TRAILBLAZER (TEXAS)
04402=TRAILBLAZER (TEXAS)
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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
06014=NATIONAL GOVERNMENT ERVICES
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)
10112=PALMETTO GBA (AL)
10201=CAHABA GBA (GA)
10202=CAHABA GBA (GA)
10211=PALMETTO GBA (GA)
10212=PALMETTO GBA (GA)
10230=TRAVELERS (CONNECTICUT)
10240=TRAVELERS (MINNESOTA)
10250=TRAVELERS (MISSISSIPPI)
10301=CAHABA GBA (TN)
```

```
                    10302=CAHABA GBA (TN)
                    10311=PALMETTO GBA (TN)
                    10312=PALMETTO GBA (TN)
                    10490=TRAVELERS (VIRGINIA)
```

        Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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)
                    31143=NATIONAL HERITAGE INSURANCE CO
                    31144=NATIONAL HERITAGE INSURANCE CO
```

        Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                                  LEN   START END
TYPE

                    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)
                   00260=BLUE CROSS (NEBRASKA)
                   00270=NATIONAL GOVERNMENT SERVICES
                   00280=BLUE CROSS (NEW JERSEY)
```

```
       Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION                               LEN   START END
TYPE
```

```
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)
                         00835=NORIDIAN GVT SERVICES (OR)
                         00836=NORIDIAN GVT SERVICES (WA)
                         00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
                         00865=BLUE SHIELD (PENNSYLVANIA)
```

        Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
                         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)
```

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                    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)
```

        Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                              LEN  START END
TYPE

                    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
06014=NATIONAL GOVERNMENT ERVICES
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)
10112=PALMETTO GBA (AL)
10201=CAHABA GBA (GA)
10202=CAHABA GBA (GA)
```

        Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

```
                      10211=PALMETTO GBA (GA)
                      10212=PALMETTO GBA (GA)
                      10230=TRAVELERS (CONNECTICUT)
                      10240=TRAVELERS (MINNESOTA)
                      10250=TRAVELERS (MISSISSIPPI)
                      10301=CAHABA GBA (TN)
                      10302=CAHABA GBA (TN)
                      10311=PALMETTO GBA (TN)
                      10312=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)
```

        Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                  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
                  CN=CANADA
                  CO=COLORADO
                  CT=CONNECTICUT
                  DC=DISTRICT OF COLUMBIA
```

        Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                                 LEN   START END
TYPE

                  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
                  05=CALIFORNIA
                  06=COLORADO

```
                    07=CONNECTICUT
                    08=DELAWARE
                    09=DISTRICT OF COLUMBIA
```

        Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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


    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
```

```
        Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION                               LEN   START END
TYPE

                    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/STK=STOCKTON
                    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
```

        Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
                    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
```

```
                    KY/2C3=LONDON
                    KY/2C4=LEXINGTON
                    KY/LAB=LABORATORIES
                    KY/NPH=NON-PARTICIPATING HOSPITAL
                    LA/001=LOUISIANA
                    LA/LA1=NEW ORLEANS
                    LA/LA2=MANDEVILLE
```

        Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
                    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
                    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
```

        Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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
                         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
```

        Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
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=Austin-LTC
TX/L08=San Antonio-LTC
TX/L11=Corpus Christi-LTC
TX/LAB=LABORATORIES
TX/NPH=NON-PARTICIPATING HOSPITAL
TX/TX1=NLTC REG 1, 7, 9, 10
TX/TX2=NLTC REG 2, 3
TX/TX4=NLTC REG 6
TX/TX5=NLTC REG 4, 5
TX/TX6=NLTC Statewide-Certified Only
TX/TX8=NLTC REG 8, 11
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/D1E=District 1, Unit E
WA/D1F=District 1, Unit F
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/D2I=District 2, Unit I
WA/D2J=District 2, Unit J
```

```
                    WA/D2L=District 2, Unit L
                    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/D3F=District 3, Unit F
                    WA/D3G=District 3, Unit G
                    WA/D3H=District 3, Unit H
```

        Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                             LEN   START END
TYPE
```

```
                    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
     Description: Identifies the reason for the certification.  Type of
```

        Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                  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
                  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


 DATE: 04/02/2023                POS RECORD LAYOUT
PAGE: 22
        Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION                                LEN   START END
TYPE

                           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
                           60=AMERICAN SAMOA
                           66=GUAM
                           69=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
```

```
        Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION                               LEN   START END
TYPE

     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.
     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
```

        Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

```
    SHORT DESCRIPTION                             LEN   START END
TYPE

   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
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                   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
```

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        Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION                              LEN   START END
TYPE


    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
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        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 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_NRSDNT_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
     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.

 DATE: 04/02/2023   POS RECORD LAYOUT
PAGE: 26
        Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN   START END
TYPE

      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_NRSDNT_SW
    COBOL Name:  DTRY-ONST-NRSDNT-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_NRSDNT_SW
    COBOL Name:  HSEKPNG-SRVC-ONST-NRSDNT-SW
```

        Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

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    SHORT DESCRIPTION                                 LEN   START END
TYPE


    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_NRSDNT_SW
    COBOL Name: MENTL-HLTH-ONST-NRSDNT-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_NRSDNT_SW
    COBOL Name: NRSNG-SRVC-ONST-NRSDNT-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_NRSDNT_SW
     COBOL Name: OT-SRVC-ONST-NRSDNT-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

     SHORT DESCRIPTION   LEN   START END
TYPE

                  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_NRSDNT_SW
     COBOL Name: PHRMCY-SRVC-ONST-NRSDNT-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   1   796   796
VARCHAR2
   Indicator
     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 1   797   797
VARCHAR2
   Indicator
     Description: Indicates if physician extender services are provided
                  on-site to nonresidents.

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    SAS Name:    PHYSN_EXT_SRVC_ONST_NRSDNT_SW
    COBOL Name:  PHYSN-EXT-SRVC-ONST-NRSDNT-SW


  Services: Physician Extender On-Site Residents   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_NRSDNT_SW
    COBOL Name:  PHYSN-SRVC-ONST-NRSDNT-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.
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   SHORT DESCRIPTION                           LEN   START END
TYPE


    SAS Name:    PDTRY_SRVC_ONST_NRSDNT_SW
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      COBOL Name:  PDTRY-SRVC-ONST-NRSDNT-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_NRSDNT_SW
      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
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   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
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        Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION                            LEN   START END
TYPE

     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_NRSDNT_SW
     COBOL Name:  ACTVTY-OTHR-ONST-NRSDNT-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_NRSDNT_SW
     COBOL Name: SCL-SRVC-OTHR-ONST-NRSDNT-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_NRSDNT_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

    SHORT DESCRIPTION   LEN   START END
TYPE

    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_NRSDNT_SW
       COBOL Name: DGNSTC-XRAY-ONST-NRSDNT-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

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    SHORT DESCRIPTION   LEN   START END
TYPE

    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
                 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.
```

```
 DATE: 04/02/2023              POS RECORD LAYOUT
PAGE: 33
        Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION                             LEN   START END
TYPE
```

```
    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


    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


 DATE: 04/02/2023              POS RECORD LAYOUT
PAGE: 34
        Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION                              LEN   START END
TYPE


    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


  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.
```
```
        Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION                                LEN   START END
TYPE

     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
                  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

        Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN   START END
TYPE

    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


  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
```

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      Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)


   SHORT DESCRIPTION                             LEN   START END
TYPE


   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.
     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.
```

```
   SHORT DESCRIPTION                             LEN   START END
TYPE


     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

    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
```

```
    SHORT DESCRIPTION                                LEN   START END
TYPE
```

```
      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


   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
```

```
       Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION                            LEN   START END
TYPE


    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


     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
```

            Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

   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=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: 04/02/2023              POS RECORD LAYOUT
PAGE: 2
          Home Health Agency, CATEGORY = "05" (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)
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                    00350=BLUE CROSS (OREGON)


 DATE: 04/02/2023            POS RECORD LAYOUT
PAGE: 3
           Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION                              LEN   START END
TYPE

                    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
```

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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)
```

          Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
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)
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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)
```

        Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
04301=TRAILBLAZER (OKLAHOMA)
04302=TRAILBLAZER (OKLAHOMA)
04311=NOVITAS (OKLAHOMA)
04312=NOVITAS (OKLAHOMA)
04401=TRAILBLAZER (TEXAS)
04402=TRAILBLAZER (TEXAS)
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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
06014=NATIONAL GOVERNMENT ERVICES
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)
10112=PALMETTO GBA (AL)
10201=CAHABA GBA (GA)
10202=CAHABA GBA (GA)
10211=PALMETTO GBA (GA)
10212=PALMETTO GBA (GA)
10230=TRAVELERS (CONNECTICUT)
10240=TRAVELERS (MINNESOTA)
10250=TRAVELERS (MISSISSIPPI)
10301=CAHABA GBA (TN)
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                    10302=CAHABA GBA (TN)
                    10311=PALMETTO GBA (TN)
                    10312=PALMETTO GBA (TN)
                    10490=TRAVELERS (VIRGINIA)
```

          Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN START END
TYPE

```
                    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)
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                  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
```

          Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                              LEN  START END
TYPE

                  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)
                00260=BLUE CROSS (NEBRASKA)
                00270=NATIONAL GOVERNMENT SERVICES
                00280=BLUE CROSS (NEW JERSEY)
```

          Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
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
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```
                  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)
```

         Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
                  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)
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                    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)
```

          Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                                 LEN   START END
TYPE

                    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
06014=NATIONAL GOVERNMENT ERVICES
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)
10112=PALMETTO GBA (AL)
10201=CAHABA GBA (GA)
10202=CAHABA GBA (GA)
```

           Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

```
                    10211=PALMETTO GBA (GA)
                    10212=PALMETTO GBA (GA)
                    10230=TRAVELERS (CONNECTICUT)
                    10240=TRAVELERS (MINNESOTA)
                    10250=TRAVELERS (MISSISSIPPI)
                    10301=CAHABA GBA (TN)
                    10302=CAHABA GBA (TN)
                    10311=PALMETTO GBA (TN)
                    10312=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)
```

          Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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
                    CN=CANADA
                    CO=COLORADO
                    CT=CONNECTICUT
                    DC=DISTRICT OF COLUMBIA
```

         Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                                 LEN   START END
TYPE

                    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
                  05=CALIFORNIA
                  06=COLORADO

```
                    07=CONNECTICUT
                    08=DELAWARE
                    09=DISTRICT OF COLUMBIA
```

            Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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


   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
```

            Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                              LEN  START END
TYPE

                    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/STK=STOCKTON
                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
```

         Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                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
```

```
                       KY/2C3=LONDON
                       KY/2C4=LEXINGTON
                       KY/LAB=LABORATORIES
                       KY/NPH=NON-PARTICIPATING HOSPITAL
                       LA/001=LOUISIANA
                       LA/LA1=NEW ORLEANS
                       LA/LA2=MANDEVILLE
```

           Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN START END
 TYPE

```
                       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
                    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
```

          Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                                 LEN  START END
TYPE
                    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
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
```

          Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
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=Austin-LTC
TX/L08=San Antonio-LTC
TX/L11=Corpus Christi-LTC
TX/LAB=LABORATORIES
TX/NPH=NON-PARTICIPATING HOSPITAL
TX/TX1=NLTC REG 1, 7, 9, 10
TX/TX2=NLTC REG 2, 3
TX/TX4=NLTC REG 6
TX/TX5=NLTC REG 4, 5
TX/TX6=NLTC Statewide-Certified Only
TX/TX8=NLTC REG 8, 11
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/D1E=District 1, Unit E
WA/D1F=District 1, Unit F
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/D2I=District 2, Unit I
WA/D2J=District 2, Unit J
```

```
                        WA/D2L=District 2, Unit L
                        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/D3F=District 3, Unit F
                        WA/D3G=District 3, Unit G
                        WA/D3H=District 3, Unit H
```

            Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                             LEN   START END
TYPE

                        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
     Description: Identifies the reason for the certification.  Type of
```

           Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                                 LEN   START END
TYPE

                  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 - RELIGIOUS AFFILIATION
                  02=VOLUNTARY NON-PROFIT - PRIVATE
                  03=VOLUNTARY NON-PROFIT - OTHER
                  04=PROPRIETARY
                  05=GOVERNMENT - STATE/COUNTY
                  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
```

```
   SHORT DESCRIPTION                              LEN   START END
TYPE

                    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
                    60=AMERICAN SAMOA
                    66=GUAM
                    69=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
```

```
 DATE: 04/02/2023                POS RECORD LAYOUT
PAGE: 23
           Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION                             LEN   START END
TYPE
```

```
                    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.
      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
```

            Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                             LEN   START END
TYPE
```

     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
     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
```
```
          Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION                              LEN   START END
TYPE

                 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
                              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
```

Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

        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
      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_WORKR_CNT
```

            Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                               LEN   START END
TYPE

     COBOL Name:  SCL-WORKR-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


  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
```

Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE
POSITIONS 3-4)

    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: 04/02/2023               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:    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)
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00350=BLUE CROSS (OREGON)

Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE
POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

                  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

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                    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)
```

Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE
POSITIONS 3-4)

```
   SHORT DESCRIPTION                              LEN  START END
TYPE

                    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)
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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)
```

Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE
POSITIONS 3-4)

```
   SHORT DESCRIPTION                              LEN  START END
TYPE

                04301=TRAILBLAZER (OKLAHOMA)
                04302=TRAILBLAZER (OKLAHOMA)
                04311=NOVITAS (OKLAHOMA)
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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
06014=NATIONAL GOVERNMENT ERVICES
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)
10112=PALMETTO GBA (AL)
10201=CAHABA GBA (GA)
10202=CAHABA GBA (GA)
10211=PALMETTO GBA (GA)
10212=PALMETTO GBA (GA)
10230=TRAVELERS (CONNECTICUT)
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                     10240=TRAVELERS (MINNESOTA)
                     10250=TRAVELERS (MISSISSIPPI)
                     10301=CAHABA GBA (TN)
                     10302=CAHABA GBA (TN)
                     10311=PALMETTO GBA (TN)
                     10312=PALMETTO GBA (TN)
                     10490=TRAVELERS (VIRGINIA)
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   SHORT DESCRIPTION                            LEN  START END
TYPE

                     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)
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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
```

Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE
POSITIONS 3-4)

```
   SHORT DESCRIPTION                              LEN  START END
TYPE

                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)
                 00260=BLUE CROSS (NEBRASKA)
                 00270=NATIONAL GOVERNMENT SERVICES
                 00280=BLUE CROSS (NEW JERSEY)
```

Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE
POSITIONS 3-4)

SHORT DESCRIPTION   LEN   START END
TYPE

```
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)
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                    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)
```

Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE
POSITIONS 3-4)

```
    SHORT DESCRIPTION                                LEN  START END
TYPE
                    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)
```

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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)
```

Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
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)
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```
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
06014=NATIONAL GOVERNMENT ERVICES
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)
10112=PALMETTO GBA (AL)
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                    10201=CAHABA GBA (GA)
                    10202=CAHABA GBA (GA)


 DATE: 04/02/2023              POS RECORD LAYOUT
PAGE: 11
Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE
POSITIONS 3-4)

   SHORT DESCRIPTION                               LEN  START END
TYPE
                    10211=PALMETTO GBA (GA)
                    10212=PALMETTO GBA (GA)
                    10230=TRAVELERS (CONNECTICUT)
                    10240=TRAVELERS (MINNESOTA)
                    10250=TRAVELERS (MISSISSIPPI)
                    10301=CAHABA GBA (TN)
                    10302=CAHABA GBA (TN)
                    10311=PALMETTO GBA (TN)
                    10312=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)
```

Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE
POSITIONS 3-4)

```
   SHORT DESCRIPTION                              LEN  START END
TYPE
```

```
                    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
                    CN=CANADA
                    CO=COLORADO
                    CT=CONNECTICUT
                    DC=DISTRICT OF COLUMBIA
```

Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE
POSITIONS 3-4)

```
     SHORT DESCRIPTION                                LEN  START END
TYPE

                    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
                    05=CALIFORNIA
                    06=COLORADO
                    07=CONNECTICUT
                    08=DELAWARE
                    09=DISTRICT OF COLUMBIA
```

Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE
POSITIONS 3-4)

```
   SHORT DESCRIPTION                              LEN  START END
TYPE
                    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
```

    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

Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE
POSITIONS 3-4)

    SHORT DESCRIPTION   LEN   START END
TYPE

```
                       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/STK=STOCKTON
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


 DATE: 04/02/2023              POS RECORD LAYOUT
PAGE: 16
Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE
POSITIONS 3-4)

   SHORT DESCRIPTION                              LEN  START END
TYPE

                    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
                KY/2C3=LONDON
                KY/2C4=LEXINGTON
                KY/LAB=LABORATORIES
                KY/NPH=NON-PARTICIPATING HOSPITAL
                LA/001=LOUISIANA
                LA/LA1=NEW ORLEANS
                LA/LA2=MANDEVILLE
```

Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE
POSITIONS 3-4)

```
   SHORT DESCRIPTION                              LEN   START END
TYPE

                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
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
```

    SHORT DESCRIPTION   LEN   START END
TYPE

```
                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
```

```
                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
```

Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE
POSITIONS 3-4)

```
    SHORT DESCRIPTION                                LEN   START END
TYPE
```

```
                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=Austin-LTC
                TX/L08=San Antonio-LTC
                TX/L11=Corpus Christi-LTC
                TX/LAB=LABORATORIES
                TX/NPH=NON-PARTICIPATING HOSPITAL
                TX/TX1=NLTC REG 1, 7, 9, 10
                TX/TX2=NLTC REG 2, 3
                TX/TX4=NLTC REG 6
                TX/TX5=NLTC REG 4, 5
                TX/TX6=NLTC Statewide-Certified Only
                TX/TX8=NLTC REG 8, 11
                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/D1E=District 1, Unit E
                    WA/D1F=District 1, Unit F
                    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/D2I=District 2, Unit I
                    WA/D2J=District 2, Unit J
                    WA/D2L=District 2, Unit L
                    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/D3F=District 3, Unit F
                    WA/D3G=District 3, Unit G
                    WA/D3H=District 3, Unit H
```

Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE
POSITIONS 3-4)

```
   SHORT DESCRIPTION                                  LEN  START END
TYPE

                    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
```

     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
       Description: Identifies the reason for the certification. Type of

Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE
POSITIONS 3-4)

    SHORT DESCRIPTION   LEN   START END
TYPE

                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
                 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
```

Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE
POSITIONS 3-4)

```
    SHORT DESCRIPTION                              LEN   START END
TYPE

                    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
```

```
                    60=AMERICAN SAMOA
                    66=GUAM
                    69=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
```

```
   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=X-Ray

   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:      07=Portable X-Ray Supplier

   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

         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: 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)
```

Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION   LEN START END
TYPE

```
                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)
```

        Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
                    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)
```

         Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                  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
06014=NATIONAL GOVERNMENT ERVICES
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)
10112=PALMETTO GBA (AL)
10201=CAHABA GBA (GA)
10202=CAHABA GBA (GA)
10211=PALMETTO GBA (GA)
10212=PALMETTO GBA (GA)
10230=TRAVELERS (CONNECTICUT)
10240=TRAVELERS (MINNESOTA)
10250=TRAVELERS (MISSISSIPPI)
10301=CAHABA GBA (TN)
10302=CAHABA GBA (TN)
10311=PALMETTO GBA (TN)
10312=PALMETTO GBA (TN)
10490=TRAVELERS (VIRGINIA)
```

          Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

                    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)
                   31143=NATIONAL HERITAGE INSURANCE CO
                   31144=NATIONAL HERITAGE INSURANCE CO
```

         Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN   START END
TYPE

```
                   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)
                   00260=BLUE CROSS (NEBRASKA)
                   00270=NATIONAL GOVERNMENT SERVICES
                   00280=BLUE CROSS (NEW JERSEY)
```

         Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                                 LEN   START END
TYPE

                   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)
                     00835=NORIDIAN GVT SERVICES (OR)
                     00836=NORIDIAN GVT SERVICES (WA)
                     00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
                     00865=BLUE SHIELD (PENNSYLVANIA)
```

        Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
                     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)
                03401=NORIDIAN (SOUTH DAKOTA)
                03402=NORIDIAN (SOUTH DAKOTA)
                03501=NORIDIAN (UTAH)
                03502=NORIDIAN (UTAH)
                03601=NORIDIAN (WYOMING)
```

          Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN START END
TYPE

```
                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
06014=NATIONAL GOVERNMENT ERVICES
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)
10112=PALMETTO GBA (AL)
10201=CAHABA GBA (GA)
10202=CAHABA GBA (GA)
```

        Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
                05211=PALMETTO GBA (GA)
                05212=PALMETTO GBA (GA)
```

```
10230=TRAVELERS (CONNECTICUT)
10240=TRAVELERS (MINNESOTA)
10250=TRAVELERS (MISSISSIPPI)
10301=CAHABA GBA (TN)
10302=CAHABA GBA (TN)
10311=PALMETTO GBA (TN)
10312=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)
```

         Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                              LEN  START END
TYPE
```

```
                      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
                   CN=CANADA
                   CO=COLORADO
                   CT=CONNECTICUT
                   DC=DISTRICT OF COLUMBIA
```
```
        Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION                                  LEN  START END
TYPE

                   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
                  05=CALIFORNIA
                  06=COLORADO
                  07=CONNECTICUT
                  08=DELAWARE
                  09=DISTRICT OF COLUMBIA

          Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

                    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

    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
```

```
        Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION                              LEN   START END
TYPE

                    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/STK=STOCKTON
                    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
```

         Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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
KY/2C3=LONDON
KY/2C4=LEXINGTON
KY/LAB=LABORATORIES
KY/NPH=NON-PARTICIPATING HOSPITAL
LA/001=LOUISIANA
```

```
                    LA/LA1=NEW ORLEANS
                    LA/LA2=MANDEVILLE


 DATE: 04/02/2023              POS RECORD LAYOUT
PAGE: 17
          Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION                              LEN  START END
TYPE
                    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
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
```

         Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
                 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
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
```

         Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                                  LEN   START END
TYPE

                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=Austin-LTC
TX/L08=San Antonio-LTC
TX/L11=Corpus Christi-LTC
TX/LAB=LABORATORIES
TX/NPH=NON-PARTICIPATING HOSPITAL
TX/TX1=NLTC REG 1, 7, 9, 10
TX/TX2=NLTC REG 2, 3
TX/TX4=NLTC REG 6
TX/TX5=NLTC REG 4, 5
TX/TX6=NLTC Statewide-Certified Only
TX/TX8=NLTC REG 8, 11
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/D1E=District 1, Unit E
WA/D1F=District 1, Unit F
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/D2I=District 2, Unit I
WA/D2J=District 2, Unit J
WA/D2L=District 2, Unit L
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/D3F=District 3, Unit F
                      WA/D3G=District 3, Unit G
                      WA/D3H=District 3, Unit H
```

         Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                      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
     Description: Identifies the reason for the certification.  Type of
```

```
 DATE: 04/02/2023              POS RECORD LAYOUT
PAGE: 21
        Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION                                 LEN   START END
TYPE
```

```
                  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


   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
```

          Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

                    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
                    60=AMERICAN SAMOA
                    66=GUAM
                    69=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

```
   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
```

```
         Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION                                LEN   START END
TYPE

      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
```

  Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE
POSITIONS
                                3-4)

```
     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=OPT or Speech Pathology

    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:      08=Outpatient Physical Therapy/Speech Pathology

    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.

  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: 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
```

Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (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
```

  Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE
POSITIONS
                                3-4)

    SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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)
```

  Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE
POSITIONS
                                  3-4)

    SHORT DESCRIPTION   LEN START END
TYPE

```
                    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
06014=NATIONAL GOVERNMENT ERVICES
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)
10112=PALMETTO GBA (AL)
10201=CAHABA GBA (GA)
10202=CAHABA GBA (GA)
10211=PALMETTO GBA (GA)
10212=PALMETTO GBA (GA)
10230=TRAVELERS (CONNECTICUT)
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```
                    10240=TRAVELERS (MINNESOTA)
                    10250=TRAVELERS (MISSISSIPPI)


 DATE: 04/02/2023              POS RECORD LAYOUT
PAGE: 6
  Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE
POSITIONS
                                 3-4)

   SHORT DESCRIPTION                             LEN  START END
TYPE

                    10301=CAHABA GBA (TN)
                    10302=CAHABA GBA (TN)
                    10311=PALMETTO GBA (TN)
                    10312=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)
```

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                        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)
```

  Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE
POSITIONS
                                  3-4)

```
    SHORT DESCRIPTION                              LEN   START END
TYPE

                        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
                     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)
```

  Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE
POSITIONS
                                 3-4)

```
                        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)
                        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)
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                    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)
```

  Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS
                                  3-4)

    SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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)
                    01020=AETNA (ALASKA)
                    01030=AETNA (ARIZONA)
                    01040=AETNA (GEORGIA)
                    01101=PALMETTO (CALIFORNIA)
                    01102=PALMETTO (CALIFORNIA (NORTH)
                    01111=Noridian (CA)
```

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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)
```

  Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS
                                3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
                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)
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
06014=NATIONAL GOVERNMENT ERVICES
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)
```

  Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE
POSITIONS
                                3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

                    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)
                    10112=PALMETTO GBA (AL)
                    10201=CAHABA GBA (GA)
                    10202=CAHABA GBA (GA)
                    10211=PALMETTO GBA (GA)
                    10212=PALMETTO GBA (GA)
                    10230=TRAVELERS (CONNECTICUT)
                    10240=TRAVELERS (MINNESOTA)
                    10250=TRAVELERS (MISSISSIPPI)
                    10301=CAHABA GBA (TN)
                    10302=CAHABA GBA (TN)
                    10311=PALMETTO GBA (TN)
                    10312=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)
```
  Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS
                                    3-4)

```
   SHORT DESCRIPTION                              LEN  START END
TYPE
                    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)


   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.
```

  Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS

                                         3-4)

```
   SHORT DESCRIPTION                             LEN   START END
TYPE


      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
              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
```

```
  Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE
POSITIONS
                                   3-4)

   SHORT DESCRIPTION                                   LEN   START END
TYPE

     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
               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
```

  Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE
POSITIONS
                                        3-4)

```
   SHORT DESCRIPTION                            LEN   START END
TYPE

                    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
              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/STK=STOCKTON
              CA/VEN=VENTURA
              CN/001=CANADA
              CN/LAB=LABORATORY
              CN/NPH=NON-PARTICIPATING HOSPITAL
              CO/001=COLORADO
```

  Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE
POSITIONS
                                        3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

                    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
                    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
```

  Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE
POSITIONS
                                    3-4)

    SHORT DESCRIPTION   LEN   START END
TYPE

```
                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
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
```

  Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE
POSITIONS
                                     3-4)

    SHORT DESCRIPTION   LEN   START END
TYPE

```
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
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
```

  Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE
POSITIONS
                                  3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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=Austin-LTC
                    TX/L08=San Antonio-LTC
                    TX/L11=Corpus Christi-LTC
                    TX/LAB=LABORATORIES
                    TX/NPH=NON-PARTICIPATING HOSPITAL
                    TX/TX1=NLTC REG 1, 7, 9, 10
                    TX/TX2=NLTC REG 2, 3
                    TX/TX4=NLTC REG 6
                    TX/TX5=NLTC REG 4, 5
```

```
                    TX/TX6=NLTC Statewide-Certified Only
                    TX/TX8=NLTC REG 8, 11
                    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/D1E=District 1, Unit E
                    WA/D1F=District 1, Unit F
                    WA/D2=SPOKANE & SE
                    WA/D2A=District 2, Unit A
```

  Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE
POSITIONS
                                  3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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/D2I=District 2, Unit I
                    WA/D2J=District 2, Unit J
                    WA/D2L=District 2, Unit L
                    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/D3F=District 3, Unit F
                    WA/D3G=District 3, Unit G
                    WA/D3H=District 3, Unit H
```

```
                    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
```

  Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE
POSITIONS
                              3-4)

                   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 OTHER THAN CHURCH
                    02=VOLUNTARY NON PROFIT CHURCH
                    03=STATE GOVERNMENT
                    04=LOCAL GOVERNMENT
                    05=COMBINATION GOVERNMENT & VOLUNTARY
                    06=PROPRIETARY

     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
```

  Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE
POSITIONS
                                  3-4)

```
   SHORT DESCRIPTION                                LEN   START END
TYPE
```

```
                    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
                              60=AMERICAN SAMOA
                              66=GUAM
                              69=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

  Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE
POSITIONS
                                    3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
  *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
                  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
     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


  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


  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
```

```
   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


   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
```

  Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE
POSITIONS
                                     3-4)

```
   SHORT DESCRIPTION                                 LEN   START END
TYPE

   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
      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
        COBOL Name:  SPCH-PTHLGST-CNT
```

```
     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=End Stage Renal Disease

   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:      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
```

```
    End Stage Renal Disease Facility, CATEGORY = "09" (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)
```

End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-
4)

    SHORT DESCRIPTION   LEN   START END
TYPE

                    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)
```

     End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-
4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
                    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)
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                    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)
```

     End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-
4)

```
   SHORT DESCRIPTION                                LEN  START END
TYPE
                    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
06014=NATIONAL GOVERNMENT ERVICES
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)
10112=PALMETTO GBA (AL)
10201=CAHABA GBA (GA)
10202=CAHABA GBA (GA)
10211=PALMETTO GBA (GA)
10212=PALMETTO GBA (GA)
10230=TRAVELERS (CONNECTICUT)
10240=TRAVELERS (MINNESOTA)
10250=TRAVELERS (MISSISSIPPI)
10301=CAHABA GBA (TN)
10302=CAHABA GBA (TN)
10311=PALMETTO GBA (TN)
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                    10312=PALMETTO GBA (TN)
                    10490=TRAVELERS (VIRGINIA)


 DATE: 04/02/2023              POS RECORD LAYOUT
PAGE: 6
     End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-
4)

   SHORT DESCRIPTION                              LEN  START END
TYPE
                    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)
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                    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
```

    End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-
4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
                    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)
                   00260=BLUE CROSS (NEBRASKA)
                   00270=NATIONAL GOVERNMENT SERVICES
                   00280=BLUE CROSS (NEW JERSEY)
```

    End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-
4)

```
   SHORT DESCRIPTION                                  LEN  START END
TYPE
```

```
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)
                    00835=NORIDIAN GVT SERVICES (OR)
                    00836=NORIDIAN GVT SERVICES (WA)
                    00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
                    00865=BLUE SHIELD (PENNSYLVANIA)
```

     End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-
4)

```
   SHORT DESCRIPTION                                      LEN   START END
TYPE
```

```
                    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)
                    03401=NORIDIAN (SOUTH DAKOTA)
                    03402=NORIDIAN (SOUTH DAKOTA)
                    03501=NORIDIAN (UTAH)
                    03502=NORIDIAN (UTAH)
                    03601=NORIDIAN (WYOMING)
```

     End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-
4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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
06014=NATIONAL GOVERNMENT ERVICES
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)
10112=PALMETTO GBA (AL)
10201=CAHABA GBA (GA)
10202=CAHABA GBA (GA)
```

     End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-
4)

    SHORT DESCRIPTION   LEN START END
TYPE

                    10211=PALMETTO GBA (GA)
                    10212=PALMETTO GBA (GA)
                    10230=TRAVELERS (CONNECTICUT)
                    10240=TRAVELERS (MINNESOTA)
                    10250=TRAVELERS (MISSISSIPPI)
                    10301=CAHABA GBA (TN)
                    10302=CAHABA GBA (TN)
                    10311=PALMETTO GBA (TN)
                    10312=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)
```

     End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-
4)

```
   SHORT DESCRIPTION                                LEN   START END
TYPE
                    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
                   CN=CANADA
                   CO=COLORADO
                   CT=CONNECTICUT
                   DC=DISTRICT OF COLUMBIA
```

```
    End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-
4)

   SHORT DESCRIPTION                                 LEN   START END
TYPE

                   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
                        05=CALIFORNIA
                        06=COLORADO
                        07=CONNECTICUT
                        08=DELAWARE
                        09=DISTRICT OF COLUMBIA
```

     End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-
4)

```
   SHORT DESCRIPTION                             LEN   START END
TYPE
```

```
                        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
```

```
    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
```

    End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-
4)

```
    SHORT DESCRIPTION                              LEN   START END
TYPE
```

```
                      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/STK=STOCKTON
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
```

     End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-
4)

    SHORT DESCRIPTION   LEN   START END
TYPE

                    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
                    KY/2C3=LONDON
                    KY/2C4=LEXINGTON
                    KY/LAB=LABORATORIES
                    KY/NPH=NON-PARTICIPATING HOSPITAL
                    LA/001=LOUISIANA
                    LA/LA1=NEW ORLEANS
                    LA/LA2=MANDEVILLE
```

     End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-
4)

```
    SHORT DESCRIPTION                                  LEN  START END
TYPE
                    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
                    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
```

     End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-
4)

```
   SHORT DESCRIPTION                                LEN  START END
TYPE

                    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
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
```

     End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-
4)

    SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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=Austin-LTC
                    TX/L08=San Antonio-LTC
                    TX/L11=Corpus Christi-LTC
                    TX/LAB=LABORATORIES
                    TX/NPH=NON-PARTICIPATING HOSPITAL
                    TX/TX1=NLTC REG 1, 7, 9, 10
                    TX/TX2=NLTC REG 2, 3
                    TX/TX4=NLTC REG 6
                    TX/TX5=NLTC REG 4, 5
                    TX/TX6=NLTC Statewide-Certified Only
                    TX/TX8=NLTC REG 8, 11
                    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/D1E=District 1, Unit E
                    WA/D1F=District 1, Unit F
                    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/D2I=District 2, Unit I
                    WA/D2J=District 2, Unit J
                    WA/D2L=District 2, Unit L
                    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/D3F=District 3, Unit F
                    WA/D3G=District 3, Unit G
                    WA/D3H=District 3, Unit H
```

End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                           LEN   START END
TYPE
```

```
                    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
     Description: Identifies the reason for the certification.  Type of
```

End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                                    LEN   START END
TYPE


                   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
                   02=NOT FOR PROFIT
                   03=PUBLIC


   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
```

     End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-
4)

    SHORT DESCRIPTION   LEN   START END
TYPE

```
                        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
                        60=AMERICAN SAMOA
                        66=GUAM
                        69=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=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_NTWRK_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
```

```
     End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-
4)
```

                    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
   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      1    735   735
VARCHAR2
   Indicator
      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
```

```
    End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-
4)

   SHORT DESCRIPTION                               LEN   START END
TYPE

   Services: Peritoneal Dialysis Home Training/Support 1    786   786
VARCHAR2
   Indicator
      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
      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
     Description: Number of licensed practical nurses.
     SAS Name:    LPN_CNT
     COBOL Name:  LPN-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_WORKR_CNT
     COBOL Name:  SCL-WORKR-CNT


  Staff Count: Technical Staff                         8    1894 1901
NUMBER
     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
     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
     Description: Total number of approved dialysis stations in an
                  end-stage renal disease facility.
     SAS Name:    DLYS_STN_CNT
     COBOL Name:  DLYS-STN-CNT
```

                Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

    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: 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: 10=Nursing 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:    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)
```

    SHORT DESCRIPTION   LEN START END
TYPE

                    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)
```

            Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
                    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

                    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
06014=NATIONAL GOVERNMENT ERVICES
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)
10112=PALMETTO GBA (AL)
10201=CAHABA GBA (GA)
10202=CAHABA GBA (GA)
10211=PALMETTO GBA (GA)
10212=PALMETTO GBA (GA)
10230=TRAVELERS (CONNECTICUT)
10240=TRAVELERS (MINNESOTA)
10250=TRAVELERS (MISSISSIPPI)
10301=CAHABA GBA (TN)
10302=CAHABA GBA (TN)
10311=PALMETTO GBA (TN)
10312=PALMETTO GBA (TN)
```

10490=TRAVELERS (VIRGINIA)

           Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

                   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)
                   31143=NATIONAL HERITAGE INSURANCE CO
                   31144=NATIONAL HERITAGE INSURANCE CO
```

               Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                   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)
                     00260=BLUE CROSS (NEBRASKA)
                     00270=NATIONAL GOVERNMENT SERVICES
                     00280=BLUE CROSS (NEW JERSEY)
```

            Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                                LEN   START END
TYPE

                     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)
                    00835=NORIDIAN GVT SERVICES (OR)
                    00836=NORIDIAN GVT SERVICES (WA)
                    00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
                    00865=BLUE SHIELD (PENNSYLVANIA)
```

             Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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)
03401=NORIDIAN (SOUTH DAKOTA)
03402=NORIDIAN (SOUTH DAKOTA)
03501=NORIDIAN (UTAH)
03502=NORIDIAN (UTAH)
03601=NORIDIAN (WYOMING)
```

          Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
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
06014=NATIONAL GOVERNMENT ERVICES
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)
10112=PALMETTO GBA (AL)
10201=CAHABA GBA (GA)
10202=CAHABA GBA (GA)
```

            Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
10211=PALMETTO GBA (GA)
10212=PALMETTO GBA (GA)
10230=TRAVELERS (CONNECTICUT)
10240=TRAVELERS (MINNESOTA)
10250=TRAVELERS (MISSISSIPPI)
10301=CAHABA GBA (TN)
10302=CAHABA GBA (TN)
10311=PALMETTO GBA (TN)
10312=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)
```

              Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                                  LEN  START END
TYPE
```

```
                        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
                    CN=CANADA
                    CO=COLORADO
                    CT=CONNECTICUT
                    DC=DISTRICT OF COLUMBIA
```

```
   SHORT DESCRIPTION                                 LEN   START END
TYPE

                    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
                   05=CALIFORNIA
                   06=COLORADO
                   07=CONNECTICUT
                   08=DELAWARE
                   09=DISTRICT OF COLUMBIA

               Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN START END
TYPE

                    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


   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
```

            Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                              LEN   START END
TYPE

                    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/STK=STOCKTON
                  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
```

          Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                              LEN   START END
TYPE

                  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
KY/2C3=LONDON
KY/2C4=LEXINGTON
KY/LAB=LABORATORIES
```

```
                    KY/NPH=NON-PARTICIPATING HOSPITAL
                    LA/001=LOUISIANA
                    LA/LA1=NEW ORLEANS
                    LA/LA2=MANDEVILLE


 DATE: 04/02/2023                POS RECORD LAYOUT
PAGE: 17
             Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION                                LEN  START END
TYPE

                    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
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
```

            Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
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
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
```

Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                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=Austin-LTC
TX/L08=San Antonio-LTC
TX/L11=Corpus Christi-LTC
TX/LAB=LABORATORIES
TX/NPH=NON-PARTICIPATING HOSPITAL
TX/TX1=NLTC REG 1, 7, 9, 10
TX/TX2=NLTC REG 2, 3
TX/TX4=NLTC REG 6
TX/TX5=NLTC REG 4, 5
TX/TX6=NLTC Statewide-Certified Only
TX/TX8=NLTC REG 8, 11
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/D1E=District 1, Unit E
WA/D1F=District 1, Unit F
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/D2I=District 2, Unit I
WA/D2J=District 2, Unit J
WA/D2L=District 2, Unit L
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/D3F=District 3, Unit F
                   WA/D3G=District 3, Unit G
                   WA/D3H=District 3, Unit H
```

             Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN   START END
TYPE

```
                   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
      Description: Identifies the reason for the certification.  Type of
```

```
   SHORT DESCRIPTION                              LEN   START END
TYPE

                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
                 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
```

            Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

                    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
                    60=AMERICAN SAMOA
                    66=GUAM
                    69=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
```
```
             Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION                                  LEN   START END
TYPE

     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.
      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
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        COBOL Name:  REHAB-BED-CNT
```

```
            Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION                            LEN  START END
TYPE

    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

   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
```

```
            Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION                             LEN   START END
TYPE


   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 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_NRSDNT_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
      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.

            Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN   START END
TYPE

    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

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        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_NRSDNT_SW
        COBOL Name:  DTRY-ONST-NRSDNT-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_NRSDNT_SW
        COBOL Name:  HSEKPNG-SRVC-ONST-NRSDNT-SW
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            Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)


    SHORT DESCRIPTION                               LEN   START END
TYPE


    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
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                    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_NRSDNT_SW
    COBOL Name:    MENTL-HLTH-ONST-NRSDNT-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_NRSDNT_SW
    COBOL Name:    NRSNG-SRVC-ONST-NRSDNT-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_NRSDNT_SW
```

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        COBOL Name:  OT-SRVC-ONST-NRSDNT-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
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```
   SHORT DESCRIPTION                               LEN   START END
TYPE


                   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_NRSDNT_SW
      COBOL Name:  PHRMCY-SRVC-ONST-NRSDNT-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   1    796    796
VARCHAR2
   Indicator
      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 1    797    797
VARCHAR2
   Indicator
      Description: Indicates if physician extender services are provided
                   on-site to nonresidents.
      SAS Name:    PHYSN_EXT_SRVC_ONST_NRSDNT_SW
      COBOL Name:  PHYSN-EXT-SRVC-ONST-NRSDNT-SW
```

Services: Physician Extender On-Site Residents   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_NRSDNT_SW
      COBOL Name: PHYSN-SRVC-ONST-NRSDNT-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.

    SHORT DESCRIPTION   LEN   START END
TYPE

      SAS Name: PDTRY_SRVC_ONST_NRSDNT_SW
      COBOL Name: PDTRY-SRVC-ONST-NRSDNT-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_NRSDNT_SW
     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_NRSDNT_SW
    COBOL Name: ACTVTY-OTHR-ONST-NRSDNT-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

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   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_NRSDNT_SW
     COBOL Name:  SCL-SRVC-OTHR-ONST-NRSDNT-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_NRSDNT_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
```

              Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN   START END
TYPE

    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_NRSDNT_SW
     COBOL Name: DGNSTC-XRAY-ONST-NRSDNT-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

            Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

   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
                  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
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                        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.
```

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   SHORT DESCRIPTION                             LEN   START END
TYPE


     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

    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
```

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    SHORT DESCRIPTION                                 LEN   START END
TYPE


    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

    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.

    SHORT DESCRIPTION   LEN   START END
TYPE

    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
              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
```

    SHORT DESCRIPTION   LEN   START END
TYPE

    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


    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
```

```
    SHORT DESCRIPTION                            LEN   START END
TYPE


    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.
       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

     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
```

```
   SHORT DESCRIPTION                             LEN   START END
TYPE

      Description: Number of full-time equivalent physical therapy
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                          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


   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
```

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    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
```

```
    SHORT DESCRIPTION                            LEN   START END
TYPE


    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


     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
```

     Intermediate Care Facility/Individuals with Intellectual
Disabilities,
                  CATEGORY = "11" (SEE POSITIONS 3-4)

   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: 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.

     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      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)
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                    00323=NORIDIAN PART A (ID/OR)
                    00325=NORIDIAN
                    00332=NATIONAL GOVERNMENT SERVICES
```

     Intermediate Care Facility/Individuals with Intellectual
Disabilities,
                    CATEGORY = "11" (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)
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                    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
```

     Intermediate Care Facility/Individuals with Intellectual
Disabilities,
                    CATEGORY = "11" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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)
```

     Intermediate Care Facility/Individuals with Intellectual
Disabilities,
                  CATEGORY = "11" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
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
06014=NATIONAL GOVERNMENT ERVICES
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)
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                    10111=PALMETTO GBA (Part A) (AL)
                    10112=PALMETTO GBA (AL)
                    10201=CAHABA GBA (GA)
                    10202=CAHABA GBA (GA)
                    10211=PALMETTO GBA (GA)
                    10212=PALMETTO GBA (GA)
                    10230=TRAVELERS (CONNECTICUT)
                    10240=TRAVELERS (MINNESOTA)
                    10250=TRAVELERS (MISSISSIPPI)
```

     Intermediate Care Facility/Individuals with Intellectual
Disabilities,
                    CATEGORY = "11" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                    10301=CAHABA GBA (TN)
                    10302=CAHABA GBA (TN)
                    10311=PALMETTO GBA (TN)
                    10312=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)
```

     Intermediate Care Facility/Individuals with Intellectual
Disabilities,
                  CATEGORY = "11" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
                    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
                  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)
```

     Intermediate Care Facility/Individuals with Intellectual
Disabilities,
                    CATEGORY = "11" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

                    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)
                    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)
```

     Intermediate Care Facility/Individuals with Intellectual
Disabilities,
                    CATEGORY = "11" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
                    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)
```

```
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)
```

     Intermediate Care Facility/Individuals with Intellectual
Disabilities,
                  CATEGORY = "11" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
                  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)
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
06014=NATIONAL GOVERNMENT ERVICES
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)
```

```
   SHORT DESCRIPTION                                   LEN  START END
TYPE
```

```
                        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)
                        10112=PALMETTO GBA (AL)
                        10201=CAHABA GBA (GA)
                        10202=CAHABA GBA (GA)
                        10211=PALMETTO GBA (GA)
                        10212=PALMETTO GBA (GA)
                        10230=TRAVELERS (CONNECTICUT)
                        10240=TRAVELERS (MINNESOTA)
                        10250=TRAVELERS (MISSISSIPPI)
                        10301=CAHABA GBA (TN)
                        10302=CAHABA GBA (TN)
                        10311=PALMETTO GBA (TN)
                        10312=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)
```

     Intermediate Care Facility/Individuals with Intellectual
Disabilities,
                    CATEGORY = "11" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
                    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)
```

   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.

```
   SHORT DESCRIPTION                                    LEN   START END
TYPE

        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
                     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
```

     Intermediate Care Facility/Individuals with Intellectual
Disabilities,
                     CATEGORY = "11" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN   START END
TYPE

     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
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
```

     Intermediate Care Facility/Individuals with Intellectual
Disabilities,
                    CATEGORY = "11" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
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
                     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/STK=STOCKTON
                     CA/VEN=VENTURA
                     CN/001=CANADA
```

```
                    CN/LAB=LABORATORY
                    CN/NPH=NON-PARTICIPATING HOSPITAL
                    CO/001=COLORADO
```

 DATE: 04/02/2023   POS RECORD LAYOUT
PAGE: 16
     Intermediate Care Facility/Individuals with Intellectual
Disabilities,
                    CATEGORY = "11" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
                    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
                    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
```

     Intermediate Care Facility/Individuals with Intellectual
Disabilities,
                    CATEGORY = "11" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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
                    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
```

     Intermediate Care Facility/Individuals with Intellectual
Disabilities,
                    CATEGORY = "11" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
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
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
```

```
   SHORT DESCRIPTION                              LEN  START END
TYPE
```

```
                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=Austin-LTC
                TX/L08=San Antonio-LTC
                TX/L11=Corpus Christi-LTC
                TX/LAB=LABORATORIES
```

```
                       TX/NPH=NON-PARTICIPATING HOSPITAL
                       TX/TX1=NLTC REG 1, 7, 9, 10
                       TX/TX2=NLTC REG 2, 3
                       TX/TX4=NLTC REG 6
                       TX/TX5=NLTC REG 4, 5
                       TX/TX6=NLTC Statewide-Certified Only
                       TX/TX8=NLTC REG 8, 11
                       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/D1E=District 1, Unit E
                       WA/D1F=District 1, Unit F
                       WA/D2=SPOKANE & SE
                       WA/D2A=District 2, Unit A
```

     Intermediate Care Facility/Individuals with Intellectual
Disabilities,
                    CATEGORY = "11" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                       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/D2I=District 2, Unit I
                       WA/D2J=District 2, Unit J
                       WA/D2L=District 2, Unit L
                       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/D3F=District 3, Unit F
                     WA/D3G=District 3, Unit G
                     WA/D3H=District 3, Unit H
                     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
```

     Intermediate Care Facility/Individuals with Intellectual
Disabilities,
                    CATEGORY = "11" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN START END
TYPE

                    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=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
```

```
     Intermediate Care Facility/Individuals with Intellectual
Disabilities,
                 CATEGORY = "11" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION                           LEN   START END
TYPE

                      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
                    60=AMERICAN SAMOA
                    66=GUAM
                    69=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

     Intermediate Care Facility/Individuals with Intellectual
Disabilities,

```
                    CATEGORY = "11" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION                              LEN   START END
TYPE


      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
      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)
```

```
     Intermediate Care Facility/Individuals with Intellectual
Disabilities,
                 CATEGORY = "11" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION                               LEN   START END
TYPE

                    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
```

```
    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
```

```
     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=Rural Health Clinics

     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:      12=Rural Health Clinic

     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
```

            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      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)
```

```
          Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)
```

```
                        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)
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                  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)
```

              Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                                 LEN  START END
TYPE
                  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)
```

          Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                              LEN  START END
TYPE

                    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
06014=NATIONAL GOVERNMENT ERVICES
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)
10112=PALMETTO GBA (AL)
10201=CAHABA GBA (GA)
10202=CAHABA GBA (GA)
10211=PALMETTO GBA (GA)
10212=PALMETTO GBA (GA)
10230=TRAVELERS (CONNECTICUT)
10240=TRAVELERS (MINNESOTA)
10250=TRAVELERS (MISSISSIPPI)
10301=CAHABA GBA (TN)
10302=CAHABA GBA (TN)
10311=PALMETTO GBA (TN)
10312=PALMETTO GBA (TN)
10490=TRAVELERS (VIRGINIA)
```

              Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN   START END
TYPE

                    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)

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                    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
```

            Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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)
                   00260=BLUE CROSS (NEBRASKA)
                   00270=NATIONAL GOVERNMENT SERVICES
                   00280=BLUE CROSS (NEW JERSEY)
```

```
          Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION                                LEN  START END
TYPE

                   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)
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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)
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                      00835=NORIDIAN GVT SERVICES (OR)
                      00836=NORIDIAN GVT SERVICES (WA)
                      00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
                      00865=BLUE SHIELD (PENNSYLVANIA)
```

            Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN START END
TYPE

```
                      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)
                03401=NORIDIAN (SOUTH DAKOTA)
                03402=NORIDIAN (SOUTH DAKOTA)
                03501=NORIDIAN (UTAH)
                03502=NORIDIAN (UTAH)
                03601=NORIDIAN (WYOMING)
```

          Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
                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
                    06014=NATIONAL GOVERNMENT ERVICES
                    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)
                    10112=PALMETTO GBA (AL)
                    10201=CAHABA GBA (GA)
                    10202=CAHABA GBA (GA)
```

          Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                    10211=PALMETTO GBA (GA)
                    10212=PALMETTO GBA (GA)
                    10230=TRAVELERS (CONNECTICUT)
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```
10240=TRAVELERS (MINNESOTA)
10250=TRAVELERS (MISSISSIPPI)
10301=CAHABA GBA (TN)
10302=CAHABA GBA (TN)
10311=PALMETTO GBA (TN)
10312=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)
```

```
   SHORT DESCRIPTION                                   LEN   START END
TYPE

                      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
                   CN=CANADA
                   CO=COLORADO
                   CT=CONNECTICUT
                   DC=DISTRICT OF COLUMBIA
```

```
          Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION                              LEN   START END
TYPE

                   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
                   05=CALIFORNIA
                   06=COLORADO
                   07=CONNECTICUT
                   08=DELAWARE
                   09=DISTRICT OF COLUMBIA
```

                Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN START END
TYPE

                    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


   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
```

            Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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/STK=STOCKTON
                    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
```

            Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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
KY/2C3=LONDON
KY/2C4=LEXINGTON
KY/LAB=LABORATORIES
KY/NPH=NON-PARTICIPATING HOSPITAL
LA/001=LOUISIANA
```

```
                    LA/LA1=NEW ORLEANS
                    LA/LA2=MANDEVILLE


 DATE: 04/02/2023              POS RECORD LAYOUT
PAGE: 17
          Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION                            LEN   START END
TYPE
                    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
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
```

            Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
                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
                       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
```

          Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                              LEN   START END
TYPE

                       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=Austin-LTC
TX/L08=San Antonio-LTC
TX/L11=Corpus Christi-LTC
TX/LAB=LABORATORIES
TX/NPH=NON-PARTICIPATING HOSPITAL
TX/TX1=NLTC REG 1, 7, 9, 10
TX/TX2=NLTC REG 2, 3
TX/TX4=NLTC REG 6
TX/TX5=NLTC REG 4, 5
TX/TX6=NLTC Statewide-Certified Only
TX/TX8=NLTC REG 8, 11
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/D1E=District 1, Unit E
WA/D1F=District 1, Unit F
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/D2I=District 2, Unit I
WA/D2J=District 2, Unit J
WA/D2L=District 2, Unit L
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/D3F=District 3, Unit F
                    WA/D3G=District 3, Unit G
                    WA/D3H=District 3, Unit H
```

            Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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
   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
                    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
```

             Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN   START END
TYPE

                    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
                    60=AMERICAN SAMOA
                    66=GUAM
                    69=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

   SHORT DESCRIPTION   LEN   START END
TYPE

   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
      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
```

```
     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=Comprehensive Outpatient

     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:      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
```

  Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (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)
```

Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

```
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)
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                 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)
```

  Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS
3-4)

```
    SHORT DESCRIPTION                            LEN  START END
TYPE

                 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)
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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)
```

  Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS
3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
04301=TRAILBLAZER (OKLAHOMA)
04302=TRAILBLAZER (OKLAHOMA)
04311=NOVITAS (OKLAHOMA)
04312=NOVITAS (OKLAHOMA)
04401=TRAILBLAZER (TEXAS)
04402=TRAILBLAZER (TEXAS)
04411=NOVITAS (TEXAS)
04412=NOVITAS (TEXAS)
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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
06014=NATIONAL GOVERNMENT ERVICES
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)
10112=PALMETTO GBA (AL)
10201=CAHABA GBA (GA)
10202=CAHABA GBA (GA)
10211=PALMETTO GBA (GA)
10212=PALMETTO GBA (GA)
10230=TRAVELERS (CONNECTICUT)
10240=TRAVELERS (MINNESOTA)
10250=TRAVELERS (MISSISSIPPI)
10301=CAHABA GBA (TN)
10302=CAHABA GBA (TN)
10311=PALMETTO GBA (TN)
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                    10312=PALMETTO GBA (TN)
                    10490=TRAVELERS (VIRGINIA)


 DATE: 04/02/2023              POS RECORD LAYOUT
PAGE: 6
  Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS
3-4)

    SHORT DESCRIPTION                            LEN   START END
TYPE

                    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)
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                   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
```

  Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS
3-4)

```
    SHORT DESCRIPTION                              LEN  START END
TYPE

                   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)
                     00260=BLUE CROSS (NEBRASKA)
                     00270=NATIONAL GOVERNMENT SERVICES
                     00280=BLUE CROSS (NEW JERSEY)
```

```
  Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS
3-4)


    SHORT DESCRIPTION                                 LEN  START END
TYPE
```

```
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
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                    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)
```

  Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS
3-4)

    SHORT DESCRIPTION   LEN START END
TYPE

```
                    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)
                    03401=NORIDIAN (SOUTH DAKOTA)
                    03402=NORIDIAN (SOUTH DAKOTA)
                    03501=NORIDIAN (UTAH)
                    03502=NORIDIAN (UTAH)
                    03601=NORIDIAN (WYOMING)
```

  Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS
3-4)

    SHORT DESCRIPTION   LEN START END
TYPE

```
                    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
06014=NATIONAL GOVERNMENT ERVICES
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)
10112=PALMETTO GBA (AL)
10201=CAHABA GBA (GA)
10202=CAHABA GBA (GA)
```

  Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS
3-4)

    SHORT DESCRIPTION   LEN START END
TYPE

                    10211=PALMETTO GBA (GA)
                    10212=PALMETTO GBA (GA)
                    10230=TRAVELERS (CONNECTICUT)
                    10240=TRAVELERS (MINNESOTA)
                    10250=TRAVELERS (MISSISSIPPI)
                    10301=CAHABA GBA (TN)
                    10302=CAHABA GBA (TN)
                    10311=PALMETTO GBA (TN)
                    10312=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)
```

  Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS
3-4)

```
    SHORT DESCRIPTION                               LEN   START END
TYPE

                    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
                     CN=CANADA
                     CO=COLORADO
                     CT=CONNECTICUT
                     DC=DISTRICT OF COLUMBIA
```

```
  Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS
3-4)

    SHORT DESCRIPTION                                  LEN   START END
TYPE

                     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
                       05=CALIFORNIA
                       06=COLORADO
                       07=CONNECTICUT
                       08=DELAWARE
                       09=DISTRICT OF COLUMBIA
```

  Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS
3-4)

```
    SHORT DESCRIPTION                              LEN   START END
TYPE
                       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
```

    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

  Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS
3-4)

    SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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/STK=STOCKTON
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
```

  Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS
3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

                    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
                    KY/2C3=LONDON
                    KY/2C4=LEXINGTON
                    KY/LAB=LABORATORIES
                    KY/NPH=NON-PARTICIPATING HOSPITAL
                    LA/001=LOUISIANA
                    LA/LA1=NEW ORLEANS
                    LA/LA2=MANDEVILLE
```

  Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS
3-4)

```
    SHORT DESCRIPTION                                  LEN   START END
TYPE
                    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
                    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
```

  Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS
3-4)

    SHORT DESCRIPTION   LEN START END
TYPE

```
                    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
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
```

  Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS
3-4)

    SHORT DESCRIPTION   LEN START END
TYPE

```
                    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=Austin-LTC
                    TX/L08=San Antonio-LTC
                    TX/L11=Corpus Christi-LTC
                    TX/LAB=LABORATORIES
                    TX/NPH=NON-PARTICIPATING HOSPITAL
                    TX/TX1=NLTC REG 1, 7, 9, 10
                    TX/TX2=NLTC REG 2, 3
                    TX/TX4=NLTC REG 6
                    TX/TX5=NLTC REG 4, 5
                    TX/TX6=NLTC Statewide-Certified Only
                    TX/TX8=NLTC REG 8, 11
                    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/D1E=District 1, Unit E
                  WA/D1F=District 1, Unit F
                  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/D2I=District 2, Unit I
                  WA/D2J=District 2, Unit J
                  WA/D2L=District 2, Unit L
                  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/D3F=District 3, Unit F
                  WA/D3G=District 3, Unit G
                  WA/D3H=District 3, Unit H
```

  Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS
3-4)

    SHORT DESCRIPTION   LEN START END
TYPE

```
                  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
    Description: Identifies the reason for the certification.  Type of
```

```
  Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS
3-4)

    SHORT DESCRIPTION                                    LEN   START END
TYPE

                   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=PROPRIETARY
                   02=NON PROFIT CHURCH
                   03=NON PROFIT OTHER
                   04=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
```

  Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS
3-4)

    SHORT DESCRIPTION   LEN   START END
TYPE

```
                            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
                            60=AMERICAN SAMOA
                            66=GUAM
                            69=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=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
```

  Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS
3-4)

```
   SHORT DESCRIPTION                              LEN   START  END
TYPE

   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
                  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.
```

```
  Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS
3-4)

   SHORT DESCRIPTION                                 LEN   START END
TYPE

     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.
        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
```

  Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS
3-4)

```
    SHORT DESCRIPTION                            LEN   START END
TYPE


    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

    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 1   831   831
VARCHAR2
  Indicator
    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    1    832   832
VARCHAR2
  Indicator
    Description: Indicates if speech pathology services are provided
under
                 arrangement.
    SAS Name:    SPCH_PTHLGY_ARNGMT_SW
    COBOL Name:  SPCH-PTHLGY-ARNGMT-SW
```

```
       Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

   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=Ambulatory Surgical Center


    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:      15=Ambulatory Surgical Center


    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:    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)
```

        Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
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)
```

        Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
                    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)
```

        Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
                    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
                06014=NATIONAL GOVERNMENT ERVICES
                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)
                10112=PALMETTO GBA (AL)
                10201=CAHABA GBA (GA)
                10202=CAHABA GBA (GA)
                10211=PALMETTO GBA (GA)
                10212=PALMETTO GBA (GA)
                10230=TRAVELERS (CONNECTICUT)
                10240=TRAVELERS (MINNESOTA)
                10250=TRAVELERS (MISSISSIPPI)
                10301=CAHABA GBA (TN)
                10302=CAHABA GBA (TN)
                10311=PALMETTO GBA (TN)
                10312=PALMETTO GBA (TN)
                10490=TRAVELERS (VIRGINIA)
```

       Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                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)
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```
                17120=HAWAII MEDICAL SERVICE ASSOCIATION
                21200=MASSACHUSETTS/MAINE
                31142=NATIONAL HERITAGE INSURANCE CO (MAINE)
                31143=NATIONAL HERITAGE INSURANCE CO
                31144=NATIONAL HERITAGE INSURANCE CO
```

       Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                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)
00260=BLUE CROSS (NEBRASKA)
00270=NATIONAL GOVERNMENT SERVICES
00280=BLUE CROSS (NEW JERSEY)
```

        Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
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)
                    00835=NORIDIAN GVT SERVICES (OR)
                    00836=NORIDIAN GVT SERVICES (WA)
                    00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
                    00865=BLUE SHIELD (PENNSYLVANIA)
```

        Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
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)
03401=NORIDIAN (SOUTH DAKOTA)
03402=NORIDIAN (SOUTH DAKOTA)
03501=NORIDIAN (UTAH)
03502=NORIDIAN (UTAH)
03601=NORIDIAN (WYOMING)
```

        Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
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
06014=NATIONAL GOVERNMENT ERVICES
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)
10112=PALMETTO GBA (AL)
10201=CAHABA GBA (GA)
10202=CAHABA GBA (GA)
```

         Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
10211=PALMETTO GBA (GA)
10212=PALMETTO GBA (GA)
10230=TRAVELERS (CONNECTICUT)
10240=TRAVELERS (MINNESOTA)
10250=TRAVELERS (MISSISSIPPI)
10301=CAHABA GBA (TN)
10302=CAHABA GBA (TN)
10311=PALMETTO GBA (TN)
10312=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)
```

```
    SHORT DESCRIPTION                              LEN  START END
TYPE

                    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
                  CN=CANADA
                  CO=COLORADO
                  CT=CONNECTICUT
                  DC=DISTRICT OF COLUMBIA
```

```
      Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION                                LEN  START END
TYPE
                  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
                  05=CALIFORNIA
                  06=COLORADO
                  07=CONNECTICUT
                  08=DELAWARE
                  09=DISTRICT OF COLUMBIA
```

```
       Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION                               LEN   START END
TYPE

                  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
```

       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

          Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN   START END
TYPE

                       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/STK=STOCKTON
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
```

        Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN   START END
TYPE

```
                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
KY/2C3=LONDON
KY/2C4=LEXINGTON
KY/LAB=LABORATORIES
KY/NPH=NON-PARTICIPATING HOSPITAL
LA/001=LOUISIANA
LA/LA1=NEW ORLEANS
LA/LA2=MANDEVILLE
```

        Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
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
```

```
                  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
```

        Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
                  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
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
```

        Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                               LEN  START END
TYPE

                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=Austin-LTC
                TX/L08=San Antonio-LTC
                TX/L11=Corpus Christi-LTC
                TX/LAB=LABORATORIES
                TX/NPH=NON-PARTICIPATING HOSPITAL
                TX/TX1=NLTC REG 1, 7, 9, 10
```

```
                    TX/TX2=NLTC REG 2, 3
                    TX/TX4=NLTC REG 6
                    TX/TX5=NLTC REG 4, 5
                    TX/TX6=NLTC Statewide-Certified Only
                    TX/TX8=NLTC REG 8, 11
                    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/D1E=District 1, Unit E
                    WA/D1F=District 1, Unit F
                    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/D2I=District 2, Unit I
                    WA/D2J=District 2, Unit J
                    WA/D2L=District 2, Unit L
                    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/D3F=District 3, Unit F
                    WA/D3G=District 3, Unit G
                    WA/D3H=District 3, Unit H
```

        Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
                        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
     Description: Identifies the reason for the certification.  Type of
```

```
       Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION                                 LEN  START END
TYPE

                  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=PROPRIETARY
                  02=NON PROFIT
                  03=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
```

      Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                              LEN   START END
TYPE

              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
                    60=AMERICAN SAMOA
                    66=GUAM
                    69=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=AAAHC
                  3=AAAASF
                  4=AOA/HFAP
                  5=DNV
```

```
                      6=IMQ
                      7=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
```
```
         Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)


    SHORT DESCRIPTION                                  LEN   START END
TYPE


                      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
                     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
```

```
   SHORT DESCRIPTION                              LEN   START END
TYPE


     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.
        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


   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=Hospice

   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:      16=Hospice

   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: 04/02/2023              POS RECORD LAYOUT
PAGE: 2
                  Hospice, CATEGORY = "16" (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)
```

                    Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN START END
TYPE

```
                    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)
```

                 Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
                 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)
```

Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

```
                      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
                      06014=NATIONAL GOVERNMENT ERVICES
                      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)
                10112=PALMETTO GBA (AL)
                10201=CAHABA GBA (GA)
                10202=CAHABA GBA (GA)
                10211=PALMETTO GBA (GA)
                10212=PALMETTO GBA (GA)
                10230=TRAVELERS (CONNECTICUT)
                10240=TRAVELERS (MINNESOTA)
                10250=TRAVELERS (MISSISSIPPI)
                10301=CAHABA GBA (TN)
                10302=CAHABA GBA (TN)
                10311=PALMETTO GBA (TN)
                10312=PALMETTO GBA (TN)
                10490=TRAVELERS (VIRGINIA)
```

                    Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN START END
TYPE

```
                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)
                    31143=NATIONAL HERITAGE INSURANCE CO
                    31144=NATIONAL HERITAGE INSURANCE CO
```

                 Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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)
                  00260=BLUE CROSS (NEBRASKA)
```

```
                    00270=NATIONAL GOVERNMENT SERVICES
                    00280=BLUE CROSS (NEW JERSEY)
```

                    Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN START END
TYPE

```
                    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)
00835=NORIDIAN GVT SERVICES (OR)
00836=NORIDIAN GVT SERVICES (WA)
00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
00865=BLUE SHIELD (PENNSYLVANIA)
```

                   Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
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)
03401=NORIDIAN (SOUTH DAKOTA)
03402=NORIDIAN (SOUTH DAKOTA)
03501=NORIDIAN (UTAH)
03502=NORIDIAN (UTAH)
03601=NORIDIAN (WYOMING)
```

                Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
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
06014=NATIONAL GOVERNMENT ERVICES
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)
                10112=PALMETTO GBA (AL)
                10201=CAHABA GBA (GA)
                10202=CAHABA GBA (GA)
```

                Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN START END
TYPE

```
                10211=PALMETTO GBA (GA)
                10212=PALMETTO GBA (GA)
                10230=TRAVELERS (CONNECTICUT)
                10240=TRAVELERS (MINNESOTA)
                10250=TRAVELERS (MISSISSIPPI)
                10301=CAHABA GBA (TN)
                10302=CAHABA GBA (TN)
                10311=PALMETTO GBA (TN)
                10312=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)
```

                    Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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
                     CN=CANADA
                     CO=COLORADO
                     CT=CONNECTICUT
                     DC=DISTRICT OF COLUMBIA
```

                    Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

```
     SHORT DESCRIPTION                                    LEN  START END
TYPE

                          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
                   05=CALIFORNIA
                   06=COLORADO
                   07=CONNECTICUT
                   08=DELAWARE
                   09=DISTRICT OF COLUMBIA
```

```
   SHORT DESCRIPTION                            LEN  START END
TYPE

                   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
```

```
   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
```

```
                  Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)


   SHORT DESCRIPTION                               LEN   START END
TYPE

                  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/STK=STOCKTON
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

                  Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

                    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
                    KY/2C3=LONDON
                    KY/2C4=LEXINGTON
                    KY/LAB=LABORATORIES
                    KY/NPH=NON-PARTICIPATING HOSPITAL
                    LA/001=LOUISIANA
                    LA/LA1=NEW ORLEANS
                    LA/LA2=MANDEVILLE
```

                    Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                                LEN  START END
TYPE
```

```
                    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
                    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
```

                    Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

```
    SHORT DESCRIPTION                               LEN   START END
TYPE

                    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
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
```

                    Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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=Austin-LTC
                    TX/L08=San Antonio-LTC
                    TX/L11=Corpus Christi-LTC
                    TX/LAB=LABORATORIES
                    TX/NPH=NON-PARTICIPATING HOSPITAL
                    TX/TX1=NLTC REG 1, 7, 9, 10
                    TX/TX2=NLTC REG 2, 3
                    TX/TX4=NLTC REG 6
                    TX/TX5=NLTC REG 4, 5
                    TX/TX6=NLTC Statewide-Certified Only
                    TX/TX8=NLTC REG 8, 11
                    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/D1E=District 1, Unit E
                          WA/D1F=District 1, Unit F
                          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/D2I=District 2, Unit I
                          WA/D2J=District 2, Unit J
                          WA/D2L=District 2, Unit L
                          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/D3F=District 3, Unit F
                          WA/D3G=District 3, Unit G
                          WA/D3H=District 3, Unit H
```

                    Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                                  LEN  START END
TYPE

                          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
      Description: Identifies the reason for the certification.  Type of
```

```
                   Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)
```

```
                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
                 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
```

                    Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                              LEN  START END
TYPE

                    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
                    60=AMERICAN SAMOA
                    66=GUAM
                    69=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

   Category-specific Facility Type Code            2    388   389
VARCHAR2
```

```
   SHORT DESCRIPTION                                    LEN   START END
TYPE

     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.
      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
```

```
   SHORT DESCRIPTION                              LEN   START END
TYPE


   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


   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
```

```
                 Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION                              LEN   START END
TYPE

                  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
                 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
```

```
   SHORT DESCRIPTION                             LEN   START END
TYPE

    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
                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
```

```
    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=Organ Procurement

    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:      17=Organ Procurement Organization

    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
```

```
     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
```

```
     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
                  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)
```

     Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                              LEN  START END
TYPE
```

```
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)
```

     Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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)
```

     Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
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
06014=NATIONAL GOVERNMENT ERVICES
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)
10112=PALMETTO GBA (AL)
10201=CAHABA GBA (GA)
10202=CAHABA GBA (GA)
10211=PALMETTO GBA (GA)
10212=PALMETTO GBA (GA)
10230=TRAVELERS (CONNECTICUT)
10240=TRAVELERS (MINNESOTA)
10250=TRAVELERS (MISSISSIPPI)
10301=CAHABA GBA (TN)
10302=CAHABA GBA (TN)
10311=PALMETTO GBA (TN)
10312=PALMETTO GBA (TN)
10490=TRAVELERS (VIRGINIA)
```

     Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

```
      SHORT DESCRIPTION                                  LEN   START END
TYPE

                    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)
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                    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
```

     Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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)
                     00260=BLUE CROSS (NEBRASKA)
                     00270=NATIONAL GOVERNMENT SERVICES
                     00280=BLUE CROSS (NEW JERSEY)
```

```
   SHORT DESCRIPTION                              LEN  START END
TYPE

                     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)
00835=NORIDIAN GVT SERVICES (OR)
00836=NORIDIAN GVT SERVICES (WA)
00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
```

```
                          00865=BLUE SHIELD (PENNSYLVANIA)


 DATE: 04/02/2023              POS RECORD LAYOUT
PAGE: 9
     Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION                                  LEN  START END
TYPE

                          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)
                    03401=NORIDIAN (SOUTH DAKOTA)
                    03402=NORIDIAN (SOUTH DAKOTA)
                    03501=NORIDIAN (UTAH)
                    03502=NORIDIAN (UTAH)
                    03601=NORIDIAN (WYOMING)
```

      Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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
                    06014=NATIONAL GOVERNMENT ERVICES
                    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)
                    10112=PALMETTO GBA (AL)
                    10201=CAHABA GBA (GA)
                    10202=CAHABA GBA (GA)
```

     Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
                    10211=PALMETTO GBA (GA)
                    10212=PALMETTO GBA (GA)
                    10230=TRAVELERS (CONNECTICUT)
                    10240=TRAVELERS (MINNESOTA)
                    10250=TRAVELERS (MISSISSIPPI)
                    10301=CAHABA GBA (TN)
```

```
10302=CAHABA GBA (TN)
10311=PALMETTO GBA (TN)
10312=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)
```

     Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN   START END
TYPE

```
                         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
                   CN=CANADA
                   CO=COLORADO
                   CT=CONNECTICUT
                   DC=DISTRICT OF COLUMBIA
```

     Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                                 LEN   START END
TYPE

                   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
                     05=CALIFORNIA
                     06=COLORADO
                     07=CONNECTICUT
                     08=DELAWARE
                     09=DISTRICT OF COLUMBIA
```

      Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

```
     SHORT DESCRIPTION                                    LEN  START END
TYPE

                    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


   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
```

     Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                                 LEN   START END
TYPE

                    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/STK=STOCKTON
                        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
```

      Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
                        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
KY/2C3=LONDON
KY/2C4=LEXINGTON
KY/LAB=LABORATORIES
KY/NPH=NON-PARTICIPATING HOSPITAL
LA/001=LOUISIANA
LA/LA1=NEW ORLEANS
LA/LA2=MANDEVILLE
```

      Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN START END
TYPE

                    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
                    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
```

      Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
                    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
                    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
```

     Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
                    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=Austin-LTC
TX/L08=San Antonio-LTC
TX/L11=Corpus Christi-LTC
TX/LAB=LABORATORIES
TX/NPH=NON-PARTICIPATING HOSPITAL
TX/TX1=NLTC REG 1, 7, 9, 10
TX/TX2=NLTC REG 2, 3
TX/TX4=NLTC REG 6
TX/TX5=NLTC REG 4, 5
TX/TX6=NLTC Statewide-Certified Only
TX/TX8=NLTC REG 8, 11
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/D1E=District 1, Unit E
WA/D1F=District 1, Unit F
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/D2I=District 2, Unit I
WA/D2J=District 2, Unit J
WA/D2L=District 2, Unit L
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/D3F=District 3, Unit F
WA/D3G=District 3, Unit G
```

      Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

                    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
      Description: Identifies the reason for the certification.  Type of
```

```
      Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION                                 LEN   START END
TYPE

                  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

  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
```

      Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

                    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
                    60=AMERICAN SAMOA
                    66=GUAM
                    69=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

    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

      Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

    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=Community Mental Health Center

    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: 19=Community Mental Health Center

    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
```

```
       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:     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)
```

     Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                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)
```

     Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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)
```

      Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
                    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
                    06014=NATIONAL GOVERNMENT ERVICES
                    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)
                    10112=PALMETTO GBA (AL)
                    10201=CAHABA GBA (GA)
                    10202=CAHABA GBA (GA)
                    10211=PALMETTO GBA (GA)
                    10212=PALMETTO GBA (GA)
                    10230=TRAVELERS (CONNECTICUT)
                    10240=TRAVELERS (MINNESOTA)
                    10250=TRAVELERS (MISSISSIPPI)
                    10301=CAHABA GBA (TN)
                    10302=CAHABA GBA (TN)
                    10311=PALMETTO GBA (TN)
                    10312=PALMETTO GBA (TN)
                    10490=TRAVELERS (VIRGINIA)
```

     Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
                    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)
31143=NATIONAL HERITAGE INSURANCE CO
31144=NATIONAL HERITAGE INSURANCE CO
```

     Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
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)
                    00260=BLUE CROSS (NEBRASKA)
                    00270=NATIONAL GOVERNMENT SERVICES
                    00280=BLUE CROSS (NEW JERSEY)
```

```
     Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION                              LEN  START END
TYPE

                    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)
00835=NORIDIAN GVT SERVICES (OR)
00836=NORIDIAN GVT SERVICES (WA)
00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
00865=BLUE SHIELD (PENNSYLVANIA)
```

     Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
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)
                  03401=NORIDIAN (SOUTH DAKOTA)
                  03402=NORIDIAN (SOUTH DAKOTA)
                  03501=NORIDIAN (UTAH)
                  03502=NORIDIAN (UTAH)
                  03601=NORIDIAN (WYOMING)
```

     Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

```
     SHORT DESCRIPTION                                      LEN  START END
TYPE

                    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
                    06014=NATIONAL GOVERNMENT ERVICES
                    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)
                     10112=PALMETTO GBA (AL)
                     10201=CAHABA GBA (GA)
                     10202=CAHABA GBA (GA)
```

     Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
                     10211=PALMETTO GBA (GA)
                     10212=PALMETTO GBA (GA)
                     10230=TRAVELERS (CONNECTICUT)
                     10240=TRAVELERS (MINNESOTA)
                     10250=TRAVELERS (MISSISSIPPI)
                     10301=CAHABA GBA (TN)
                     10302=CAHABA GBA (TN)
                     10311=PALMETTO GBA (TN)
                     10312=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)
```

     Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
                    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
                  CN=CANADA
                  CO=COLORADO
                  CT=CONNECTICUT
```

      Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE
                   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
                   05=CALIFORNIA
                   06=COLORADO
                   07=CONNECTICUT
                   08=DELAWARE
                   09=DISTRICT OF COLUMBIA
```

```
      Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION                              LEN   START END
TYPE
                   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
```

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

     Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

                     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/STK=STOCKTON
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
```

      Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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
KY/2C3=LONDON
KY/2C4=LEXINGTON
KY/LAB=LABORATORIES
KY/NPH=NON-PARTICIPATING HOSPITAL
LA/001=LOUISIANA
LA/LA1=NEW ORLEANS
LA/LA2=MANDEVILLE
```

      Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
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
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
```

     Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
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
                     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
```

      Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
                     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=Austin-LTC
                     TX/L08=San Antonio-LTC
                     TX/L11=Corpus Christi-LTC
                     TX/LAB=LABORATORIES
                     TX/NPH=NON-PARTICIPATING HOSPITAL
                     TX/TX1=NLTC REG 1, 7, 9, 10
                     TX/TX2=NLTC REG 2, 3
                     TX/TX4=NLTC REG 6
                     TX/TX5=NLTC REG 4, 5
                     TX/TX6=NLTC Statewide-Certified Only
                     TX/TX8=NLTC REG 8, 11
                     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/D1E=District 1, Unit E
                    WA/D1F=District 1, Unit F
                    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/D2I=District 2, Unit I
                    WA/D2J=District 2, Unit J
                    WA/D2L=District 2, Unit L
                    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/D3F=District 3, Unit F
                    WA/D3G=District 3, Unit G
                    WA/D3H=District 3, Unit H
```

     Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
                    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
      Description: Identifies the reason for the certification.  Type of
```

      Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

    SHORT DESCRIPTION   LEN   START END
TYPE

                  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=PROPRIETARY
                  02=CHURCH RELATED
                  03=NONPROFIT CORPORATION
                  04=OTHER NONPROFIT
                  05=STATE
                  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
```

      Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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
                    60=AMERICAN SAMOA
                    66=GUAM
                    69=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

    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
```

    Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-
4)

```
     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=Federally Qualified Health Center

     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:      21=Federally Qualified Health Center

     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: 04/02/2023   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)
```

Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-
4)

    SHORT DESCRIPTION   LEN   START END
TYPE

                        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)

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                  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)
```

     Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-
4)

    SHORT DESCRIPTION   LEN START END
TYPE

```
                  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)
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                    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)
```

     Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-
4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
                    04301=TRAILBLAZER (OKLAHOMA)
                    04302=TRAILBLAZER (OKLAHOMA)
                    04311=NOVITAS (OKLAHOMA)
                    04312=NOVITAS (OKLAHOMA)
                    04401=TRAILBLAZER (TEXAS)
                    04402=TRAILBLAZER (TEXAS)
                    04411=NOVITAS (TEXAS)
                    04412=NOVITAS (TEXAS)
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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
06014=NATIONAL GOVERNMENT ERVICES
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)
10112=PALMETTO GBA (AL)
10201=CAHABA GBA (GA)
10202=CAHABA GBA (GA)
10211=PALMETTO GBA (GA)
10212=PALMETTO GBA (GA)
10230=TRAVELERS (CONNECTICUT)
10240=TRAVELERS (MINNESOTA)
10250=TRAVELERS (MISSISSIPPI)
10301=CAHABA GBA (TN)
10302=CAHABA GBA (TN)
10311=PALMETTO GBA (TN)
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                    10312=PALMETTO GBA (TN)
                    10490=TRAVELERS (VIRGINIA)


 DATE: 04/02/2023              POS RECORD LAYOUT
PAGE: 6
     Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-
4)


   SHORT DESCRIPTION                             LEN  START END
TYPE

                    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)
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                    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
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Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

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   SHORT DESCRIPTION                              LEN   START END
TYPE

                    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
```

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    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)
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    Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

```
    SHORT DESCRIPTION                              LEN  START END
TYPE
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```
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
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                    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)
```

     Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-
4)

    SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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)
```

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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)
```

     Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
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)
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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
06014=NATIONAL GOVERNMENT ERVICES
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)
10112=PALMETTO GBA (AL)
10201=CAHABA GBA (GA)
10202=CAHABA GBA (GA)
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     Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-
4)

    SHORT DESCRIPTION   LEN START END
TYPE

                    10211=PALMETTO GBA (GA)
                    10212=PALMETTO GBA (GA)
                    10230=TRAVELERS (CONNECTICUT)
                    10240=TRAVELERS (MINNESOTA)
                    10250=TRAVELERS (MISSISSIPPI)
                    10301=CAHABA GBA (TN)
                    10302=CAHABA GBA (TN)
                    10311=PALMETTO GBA (TN)
                    10312=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)
```

     Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-
4)

   SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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
                  CN=CANADA
                  CO=COLORADO
                  CT=CONNECTICUT
                  DC=DISTRICT OF COLUMBIA
```

     Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-
4)

```
   SHORT DESCRIPTION                                   LEN  START END
TYPE

                  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
                       05=CALIFORNIA
                       06=COLORADO
                       07=CONNECTICUT
                       08=DELAWARE
                       09=DISTRICT OF COLUMBIA
```

     Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-
4)

```
   SHORT DESCRIPTION                               LEN  START END
TYPE
                       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


    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
```

```
      Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-
4)

    SHORT DESCRIPTION                              LEN   START END
TYPE

                    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/STK=STOCKTON
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
```

     Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-
4)

   SHORT DESCRIPTION   LEN START END
TYPE

                    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
                    KY/2C3=LONDON
                    KY/2C4=LEXINGTON
                    KY/LAB=LABORATORIES
                    KY/NPH=NON-PARTICIPATING HOSPITAL
                    LA/001=LOUISIANA
                    LA/LA1=NEW ORLEANS
                    LA/LA2=MANDEVILLE
```

     Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                               LEN   START END
TYPE
                    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
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
```

     Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-
4)

   SHORT DESCRIPTION   LEN START END
TYPE

```
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
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
```

     Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-
4)

    SHORT DESCRIPTION   LEN   START END
TYPE

```
                    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=Austin-LTC
                    TX/L08=San Antonio-LTC
                    TX/L11=Corpus Christi-LTC
                    TX/LAB=LABORATORIES
                    TX/NPH=NON-PARTICIPATING HOSPITAL
                    TX/TX1=NLTC REG 1, 7, 9, 10
                    TX/TX2=NLTC REG 2, 3
                    TX/TX4=NLTC REG 6
                    TX/TX5=NLTC REG 4, 5
                    TX/TX6=NLTC Statewide-Certified Only
                    TX/TX8=NLTC REG 8, 11
                    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/D1E=District 1, Unit E
                WA/D1F=District 1, Unit F
                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/D2I=District 2, Unit I
                WA/D2J=District 2, Unit J
                WA/D2L=District 2, Unit L
                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/D3F=District 3, Unit F
                WA/D3G=District 3, Unit G
                WA/D3H=District 3, Unit H
```

     Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-
4)

    SHORT DESCRIPTION   LEN START END
TYPE

```
                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
        Description: Identifies the reason for the certification.  Type of
```

```
    Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-
4)

    SHORT DESCRIPTION                                    LEN   START END
TYPE

                    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
                   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
```

Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

```
   SHORT DESCRIPTION                            LEN  START END
TYPE
```

```
                    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
                    60=AMERICAN SAMOA
                    66=GUAM
                    69=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


    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
```