

Hospital All Owners Data Dictionary

| Term Name | Variable Name | Description | Type | Length |
|----------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------|
| Enrollment ID | ENROLLMENT ID | Hospital's enrollment ID. An enrollment ID is a unique 15-digit alphanumeric identifier that is assigned to each new provider enrollment application. All enrollment-level information (e.g. enrollment type, enrollment state, provider specialty and reassignment of benefits) is linked through the enrollment ID. | CHAR | 15 |
| Associate ID | ASSOCIATE ID | Hospital's PECOS Associate Control (PAC) ID. A PAC ID is a unique 10-digit numeric identifier that is assigned to each individual or organizational provider in PECOS. All entity-level information (e.g. tax identification numbers and provider names) is linked through the PAC ID. A PAC ID may be associated with multiple enrollment IDs if the provider is enrolled multiple times under different circumstances. | CHAR | 10 |
| Organization Name | ORGANIZATION NAME | Hospital's legal business name. | CHAR | 70 |
| Owner Associate ID | ASSOCIATE ID - OWNER | PAC ID of the "owner" – an associate with ownership or managing control interest in the hospital enrollment. | CHAR | 10 |
| Owner Type | TYPE - OWNER | Type of owner, "I" for individual and "O" for organization. | CHAR | 1 |
| Owner Role Code | ROLE CODE - OWNER | Owner's role code, see Owner Role Code Reference Table for the full list of owner roles. | CHAR | 2 |
| Owner Role Text | ROLE TEXT - OWNER | Description for Owner Role Code. | CHAR | 100 |
| Association Date | ASSOCIATION DATE - OWNER | Date on which the owner became associated with the hospital. | NUM | 8 |
| Owner First Name | FIRST NAME - OWNER | Individual owner's first name. | CHAR | 25 |
| Owner Middle Name | MIDDLE NAME - OWNER | Individual owner's middle name. | CHAR | 25 |
| Owner Last Name | LAST NAME - OWNER | Individual owner's last name. | CHAR | 35 |
| Owner Title | TITLE - OWNER | Individual owner's title. | CHAR | 35 |
| Owner Organization Name | ORGANIZATION NAME - OWNER | Organizational owner's legal business name. | CHAR | 70 |
| Owner Doing-Business-As Name | DOING BUSINESS AS NAME - OWNER | Organizational owner's doing-business-as name. | CHAR | 70 |
| Owner Address Line 1 | ADDRESS LINE 1 - OWNER | Address line 1 of the organizational owner's mailing address. | CHAR | 55 |
| Owner Address Line 2 | ADDRESS LINE 2 - OWNER | Address line 2 of the organizational owner's mailing address. | CHAR | 55 |
| Owner City | CITY - OWNER | City of the organizational owner's mailing address. | CHAR | 30 |
| Owner State | STATE - OWNER | State of the organizational owner's mailing address, see State Code Reference Table for description of values. | CHAR | 2 |
| Owner Zip Code | ZIP CODE - OWNER | Zip code of the organizational owner's mailing address. | CHAR | 15 |
| Percentage of Ownership | PERCENTAGE OWNERSHIP | Owner's ownership percentage in the hospital enrollment. | NUM | 8 |
| Owner Created for Acquisition | CREATED FOR ACQUISITION - OWNER | A flag that indicates if the organizational owner was solely created to acquire/buy the hospital and/or the hospital's assets (Y/N; blank if not reported). | CHAR | 1 |
| Owner Corporation Flag | CORPORATION - OWNER | A flag that indicates if the owner's organization type is corporation (Y/N; blank if not reported). | CHAR | 1 |
| Owner LLC Flag | LLC - OWNER | A flag that indicates if the owner's organization type is limited liability company (Y/N; blank if not reported). | CHAR | 1 |
| Owner Medical Provider/Supplier Flag | MEDICAL PROVIDER SUPPLIER - OWNER | A flag that indicates if the owner's organization type is medical provider/supplier (Y/N; blank if not reported). | CHAR | 1 |
| Owner Management Services Company Flag | MANAGEMENT SERVICES COMPANY - OWNER | A flag that indicates if the owner's organization type is management services company (Y/N; blank if not reported). | CHAR | 1 |

| Term Name | Variable Name | Description | Type | Length |
|-------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------|--------|
| Owner Medical Staffing Company Flag | MEDICAL STAFFING COMPANY - OWNER | A flag that indicates if the owner's organization type is medical staffing company (Y/N; blank if not reported). | CHAR | 1 |
| Owner Holding CompanyFlag | HOLDING COMPANY - OWNER | A flag that indicates if the owner's organization type is holding company (Y/N; blank if not reported). | CHAR | 1 |
| Owner Investment Firm Flag | INVESTMENT FIRM - OWNER | A flag that indicates if the owner's organization type is investment firm (Y/N; blank if not reported). | CHAR | 1 |
| Owner Financial Institution Flag | FINANCIAL INSTITUTION - OWNER | A flag that indicates if the owner's organization type is bank or other financial institution (Y/N; blank if not reported). | CHAR | 1 |
| Owner Consulting Firm Flag | CONSULTING FIRM - OWNER | A flag that indicates if the owner's organization type is consulting firm (Y/N; blank if not reported). | CHAR | 1 |
| Owner For Profit Flag | FOR PROFIT - OWNER | A flag that indicates if the owner's organization type is for profit (Y/N; blank if not reported). | CHAR | 1 |
| Owner Non-Profit Flag | NON PROFIT - OWNER | A flag that indicates if the owner's organization type is non-profit (Y/N; blank if not reported). | CHAR | 1 |
| Owner Other Type Flag | OTHER TYPE - OWNER | A flag that indicates if the owner's organization type is not listed on the CMS form (Y/N; blank if not reported). | CHAR | 1 |
| Owner Other Type Text | OTHER TYPE TEXT - OWNER | Other type of owner's organization that is not listed on the CMS form. | CHAR | 40 |

Owner Role Code Reference Table

| Code | Description |
|------|-------------------------------------------|
| 01 | 5% OR MORE OWNERSHIP INTEREST |
| 03 | PARTNER |
| 25 | CONTRACTED MANAGING EMPLOYEE |
| 34 | 5% OR GREATER DIRECT OWNERSHIP INTEREST |
| 35 | 5% OR GREATER INDIRECT OWNERSHIP INTEREST |
| 36 | 5% OR GREATER MORTGAGE INTEREST |
| 37 | 5% OR GREATER SECURITY INTEREST |
| 38 | GENERAL PARTNERSHIP INTEREST |
| 39 | LIMITED PARTNERSHIP INTEREST |
| 40 | OFFICER |
| 41 | DIRECTOR |
| 42 | W-2 MANAGING EMPLOYEE |
| 43 | OPERATIONAL/MANAGERIAL CONTROL |
| 44 | OTHER |

State Code Reference Table

| Code | Description |
|------|---------------------------|
| AK | Alaska |
| AL | Alabama |
| AR | Arkansas |
| AS | American Samoa |
| AZ | Arizona |
| CA | California |
| CO | Colorado |
| CT | Connecticut |
| DC | District of Columbia |
| DE | Delaware |
| FL | Florida |
| GA | Georgia |
| GU | Guam |
| HI | Hawaii |
| IA | Iowa |
| ID | Idaho |
| IL | Illinois |
| IN | Indiana |
| KS | Kansas |
| KY | Kentucky |
| LA | Louisiana |
| MA | Massachusetts |
| MD | Maryland |
| ME | Maine |
| MI | Michigan |
| MN | Minnesota |
| MO | Missouri |
| MP | Mariana Islands, Northern |
| MS | Mississippi |
| MT | Montana |
| NC | North Carolina |
| ND | North Dakota |
| NE | Nebraska |
| NH | New Hampshire |
| NJ | New Jersey |
| NM | New Mexico |
| NV | Nevada |
| NY | New York |
| OH | Ohio |
| OK | Oklahoma |
| OR | Oregon |
| PA | Pennsylvania |
| PR | Puerto Rico |
| PW | Palau |
| RI | Rhode Island |
| SC | South Carolina |
| SD | South Dakota |
| TN | Tennessee |
| TX | Texas |
| UT | Utah |
| VA | Virginia |
| VI | Virgin Islands |
| VT | Vermont |

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