

INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS.

COBOL NAME: STATUS-COMPL

VALUES: A IN COMPLIANCE
B NOT IN COMPLIANCE

COUNTY CODE 3 45 47 C PROV2695
SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED.
COBOL NAME: SSA-COUNTY

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 2
HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CROSS REFERENCE PROVIDER NUMBER NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER. COBOL NAME: CROSS-REF-PROV-NUM	10	48	57	C	PROV0300
CURRENT FMS SURVEY DATE CURRENT FMS SURVEY DATE COBOL NAME: FMS-SURVEY-DT-1	8	58	65	C	PROV0500
CURRENT SURVEY DATE THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER. COBOL NAME: SURVEY-DT-1	8	66	73	C	PROV2740
ELIGIBILITY CODE INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: ELIG-CD VALUES: 1 ELIGIBLE TO PARTICIPATE 2 NOT ELIGIBLE TO PARTICIPATE	1	74	74	C	PROV0455
FACILITY NAME THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: FACILITY-NAME	50	75	124	C	PROV0475
INTERMEDIARY NUMBER A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER SERVICING A PROVIDER OR SUPPLIER. COBOL NAME: INTER-CARRIER-NUM VALUES: 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	5	125	129	C	PROV0605

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)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 3
 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00230					BLUE CROSS (MISSISSIPPI)
00231					BLUE CROSS (LOUISIANA)
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)
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
00468					BLUE CROSS (NORTH CAROLINA FOR PR)
00511					CAHABA
00883					PALMETTO
00952					WPS - ILLINOIS
00953					WPS - MICHIGAN
00954					WI PHYSICIAN SERVICES - MN
01390					AETNA (WASHINGTON)
03001					NORIDIAN ADMIN SERVICES
03102					NORIDIAN ADMIN SERVICES (ARIZONA)
03202					NORIDIAN ADMIN SERVICES (MONTANA)
03302					NORIDIAN ADMIN SERVICES (NORTH DAKOTA)
03402					NORIDIAN ADMIN SERVICES (MONTANA)

03502	NORIDIAN ADMIN SERVICES (UTAH)
03602	NORIDIAN ADMIN SERVICES (WYOMING)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31140	NATIONAL HERITAGE (CA)
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERITAGE INSURANCE
50333	TRAVELERS (NEW YORK)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 4
 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
51051	AETNA (PETALUMA)				
51070	AETNA (FARMINGTON)				
51100	AETNA (CLEARWATER)				
51140	AETNA (PEORIA)				
51390	AETNA (FORT WASHINGTON)				
52280	MUTUAL OF OMAHA				
57400	COOPERATIVA (PUERTO RICO)				
MEDICARE OR MEDICAID VENDOR NUMBER	15	130	144	C	PROV0655
A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES.					
COBOL NAME: MEDICAID-VEND-NUM					
PARTICIPATION DATE	8	145	152	C	PROV1565
THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: PARTCI-DT					
PRIOR CHANGE OF OWNERSHIP	8	153	160	C	PROV1615
THE DATE OF A PRIOR CHANGE OF OWNERSHIP.					
COBOL NAME: PRIOR-CHOW-DT					
PRIOR INTERMEDIARY NUMBER	5	161	165	C	PROV1620
A PREVIOUS INTERMEDIARY NUMBER.WHEN					
COBOL NAME: PRIOR-INTER-CARRIER-NUM					
VALUES:	00010	BLUE CROSS (ALABAMA)			
	00011	CAHABA			
	00020	BLUE CROSS (ARKANSAS)			
	00030	BLUE CROSS (ARIZONA)			
	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	BLUE CROSS (KENTUCKY)			

00180	BLUE CROSS (MAINE)
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)

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

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00241					BLUE CROSS (MISSOURI)
00250					BLUE CROSS (MONTANA)
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					BLUE CROSS (NORTH DAKOTA)
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
00460					BLUE CROSS (WYOMING)
00468					BLUE CROSS (NORTH CAROLINA FOR PR)
00511					CAHABA
00883					PALMETTO
00952					WPS - ILLINOIS
00953					WPS - MICHIGAN
00954					WI PHYSICIAN SERVICES - MN
01390					AETNA (WASHINGTON)
03001					NORIDIAN ADMIN SERVICES
03102					NORIDIAN ADMIN SERVICES (ARIZONA)
03202					NORIDIAN ADMIN SERVICES (MONTANA)
03302					NORIDIAN ADMIN SERVICES (NORTH DAKOTA)
03402					NORIDIAN ADMIN SERVICES (MONTANA)
03502					NORIDIAN ADMIN SERVICES (UTAH)

03602	NORIDIAN ADMIN SERVICES (WYOMING)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31140	NATIONAL HERITAGE (CA)
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERTAGE INSURANCE

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

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
50333					TRAVELERS (NEW YORK)
51051					AETNA (PETALUMA)
51070					AETNA (FARMINGTON)
51100					AETNA (CLEARWATER)
51140					AETNA (PEORIA)
51390					AETNA (FORT WASHINGTON)
52280					MUTUAL OF OMAHA
57400					COOPERATIVA (PUERTO RICO)

PROVIDER NUMBER	10	166	175	C	PROV1680
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A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS ASSIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.
 COBOL NAME: PROV-NUM

RECORD TYPE	1	176	176	C	PROV1720
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THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.
 COBOL NAME: RECORD-TYPE
 VALUES: A ACCEPTED
 P PENDING
 W WORK

REGION CODE	2	177	178	C	PROV1725
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THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED.
 COBOL NAME: REGION
 VALUES: 01 I BOSTON
 02 II NEW YORK
 03 III PHILADELPHIA
 04 IV ATLANTA
 05 V CHICAGO
 06 VI DALLAS
 07 VII KANSAS CITY
 08 VIII DENVER
 09 IX SAN FRANCISCO
 10 X SEATTLE

SKELETON RECORD INDICATOR	1	179	179	C	PROV2045
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INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE FOR THIS PROVIDER.
 COBOL NAME: SKELETON-IND

VALUES: Y YES

STATE ABBREVIATION 2 180 181 C PROV3230
STATE ABBREVIATION
COBOL NAME: STATE-ABBREV
VALUES: AK ALASKA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 7
HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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
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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 8
 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
TX					TEXAS
UT					UTAH
VA					VIRGINIA
VI					VIRGIN ISLANDS
VT					VERMONT
WA					WASHINGTON
WI					WISCONSIN
WV					WEST VIRGINIA
WY					WYOMING

STATE CODE (SSA)	2	182	183	C	PROV2700
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TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS LOCATED.

COBOL NAME: SSA-STATE

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

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

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
51					
52					
53					
56					
59					
64					
65					
66					
STATE REGION CODE	3	184	186	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED					
COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	187	236	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	237	246	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER.					
COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	247	248	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: TERM-CD-1					
VALUES:	00				ACTIVE
	01				VOL-MERG,CLOSE
	02				VOL-REIMBURSE

03 VOL-RISK INVOL
 04 VOL-OTHER
 05 INVOL-FAIL REQ

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 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 10
 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
06 INVOL-AGREEMNT					
07 OTH-STATUS CHG					

TERMINATION DATE/EXPIRATION DATE 1	8	249	256	C	PROV4500
THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE FACILITY WAS TERMINATED.					
COBOL NAME: EXP-DT-1					

TYPE OF ACTION	1	257	257	C	PROV2880
IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED.					
COBOL NAME: TYPE-ACTION					
VALUES:	1	INITIAL			
	2	RECERTIFICATION			
	3	TERMINATION			
	4	CHANGE OF OWNERSHIP			
	5	VALIDATION (ACCRD)			
	8	FULL SURVEY AFTER COMPLAINT			

TYPE OF CONTROL	2	258	259	C	PROV2885
INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES.					
COBOL NAME: TYPE-CONTROL					
VALUES:	01	VOLUNTARY NON-PROFIT - CHURCH			
	02	VOLUNTARY NON-PROFIT - PRIVATE			
	03	VOLUNTARY NON-PROFIT - OTHER			
	04	PROPRIETARY			
	05	GOVERNMENT - FEDERAL			
	06	GOVERNMENT - STATE			
	07	GOVERNMENT - LOCAL			
	08	GOV. - HOSP. DIST. OR AUTH.			

ZIP CODE	5	260	264	C	PROV2905
THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.					
COBOL NAME: ZIP-CD					

FIPS STATE CODE	2	265	266	C	FIPSTATE
FIPS STATE CODE					
COBOL NAME: WS-FIPS-STATE					

FIPS COUNTY CODE	3	267	269	C	FIPCNTY
FIPS COUNTY CODE					
COBOL NAME: WS-FIPS-CNTY					

SSA MSA CODE	3	270	272	C	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD					

SSA MSA SIZE CODE	1	273	273	C	SSAMSASZ
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SSA MSA SIZE CODE
 COBOL NAME: WS-SSA-MSA-SIZE-CD

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

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
ACCREDITATION EFFECTIVE DATE THE EFFECTIVE DATE OF THE CURRENT PERIOD OF ACCREDITATION BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTH CARE ORGANIZATIONS (JCAHO) OR THE AMERICAN OSTEOPATHIC ASSOCIATION (AOA). COBOL NAME: ACCRED-EFF-DT	8	274	281	C	PROV0000
ACCREDITATION EXPIRATION DATE THE EXPIRATION DATE OF THE CURRENT PERIOD OF ACCREDITATION BY THE JOINT COMMITTEE ON ACCREDITATION OF HEALTH CARE ORGANIZATIONS (JCAHO) OR THE AMERICAN OSTEOPATHIC ASSOCIATION (AOA). COBOL NAME: ACCRED-EXP-DT	8	282	289	C	PROV0005
ACCREDITATION INDICATOR INDICATES THE ORGANIZATION THAT IS RESPONSIBLE FOR THE ACCREDITATION OF THE PROVIDER. COBOL NAME: ACCRED-STAT VALUES: 0 NONE 1 JCAHO 2 AOA 4 BOTH	1	290	290	C	PROV0010
* BEDS - TOTAL TOTAL NUMBER OF BEDS IN A FACILITY, INCLUDING THOSE IN NON-PARTICIPATING OR NON-LICENSED AREAS. COBOL NAME: NUM-BEDS	4	291	294	N	PROV0740
BEDS - TOTAL CERTIFIED NUMBER OF BEDS IN MEDICARE AND/OR MEDICAID CERTIFIED AREAS WITHIN A FACILITY. COBOL NAME: NUM-CERT-BEDS	4	295	298	N	PROV0755
CERTIFIED RN ANESTHETISTS NUMBER OF FULL-TIME EQUIVALENT CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA) EMPLOYED BY A HOSPITAL. COBOL NAME: NUM-CERT-RN-ANEST	7.2	299	305	N	PROV0760
CLIA - HOSP LAB ID #1 NUMBER ASSIGNED TO A HOSPITAL LABORATORY LICENSED IN ACCORDANCE WITH THE CLINICAL LABORATORY IMPROVEMENT ACT (CLIA). COBOL NAME: CLIA-ID-NUM-A	10	306	315	C	PROV0130
CLIA - HOSP LAB ID #2 NUMBER ASSIGNED TO A HOSPITAL LABORATORY LICENSED IN ACCORDANCE WITH THE CLINICAL LABORATORY IMPROVEMENT ACT (CLIA). COBOL NAME: CLIA-ID-NUM-B	10	316	325	C	PROV0135
CLIA - HOSP LAB ID #3 NUMBER ASSIGNED TO A HOSPITAL LABORATORY LICENSED IN ACCORDANCE WITH THE CLINICAL LABORATORY IMPROVEMENT ACT (CLIA).	10	326	335	C	PROV0140

COBOL NAME: CLIA-ID-NUM-C

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

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CLIA - HOSP LAB ID #4 NUMBER ASSIGNED TO A HOSPITAL LABORATORY LICENSED IN ACCORDANCE WITH THE CLINICAL LABORATORY IMPROVEMENT ACT (CLIA). COBOL NAME: CLIA-ID-NUM-D	10	336	345	C	PROV0145
CLIA - HOSP LAB ID #5 NUMBER ASSIGNED TO A HOSPITAL LABORATORY LICENSED IN ACCORDANCE WITH THE CLINICAL LABORATORY IMPROVEMENT ACT (CLIA). COBOL NAME: CLIA-ID-NUM-E	10	346	355	C	PROV0150
COMPLIANCE: LIFE SAFETY CODE INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN RECOMMENDED FOR A PROVIDER. COBOL NAME: COMPL-LSC VALUES: 1 WAIVER RECOMMENDED	1	356	356	C	PROV0240
COMPLIANCE: SCOPE OF SERVICE INDICATES IF A WAIVER OF THE SCOPE OF SERVICES REQUIREMENT HAS BEEN RECOMMENDED FOR A HOSPITAL. COBOL NAME: COMPL-SCOPE-OF-SERV VALUES: 1 WAIVER RECOMMENDED	1	357	357	C	PROV0280
COMPLIANCE: TECHNICAL PERSONNEL INDICATES IF A WAIVER OF THE TECHNICAL PERSONNEL REQUIREMENT HAS BEEN RECOMMENDED FOR A HOSPITAL. COBOL NAME: COMPL-TECH-PERSNL VALUES: 1 WAIVER RECOMMENDED	1	358	358	C	PROV0285
COMPLIANCE: 24 HR REGISTERED NURSE INDICATES IF A WAIVER OF THE 24 HOUR REGISTERED NURSE REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY. COBOL NAME: COMPL-24-HR-RN VALUES: 1 WAIVER RECOMMENDED	1	359	359	C	PROV0290
CURRENT SURVEY EVER ACCREDITED INDICATES IF THIS PROVIDER WAS AN ACCREDITED HOSPITAL ANYTIME DURING THE CURRENT SURVEY. COBOL NAME: CURRENT-EVER-ACCRED VALUES: N NO Y YES	1	360	360	C	PROV3545
CURRENT SURVEY EVER NON-ACCRED INDICATES IF THIS PROVIDER WAS A NON-ACCREDITED HOSPITAL ANYTIME DURING THE CURRENT SURVEY. COBOL NAME: CURRENT-EVER-NON-ACCRED VALUES: N NO Y YES	1	361	361	C	PROV3555

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY EVER SWINGBED INDICATES IF THIS PROVIDER WAS A SWINGBED HOSPITAL ANYTIME DURING THE CURRENT SURVEY. COBOL NAME: CURRENT-EVER-SWINGBED VALUES: N NO Y YES	1	362	362	C	PROV3550
DATE OF LAST VALIDATION SURVEY DATE THE LAST VALIDATION SURVEY WAS PERFORMED BY THE STATE AGENCY FOR A JCAH, AOA ACCREDITED HOSPITAL OR OTHER PROVIDER TYPE. COBOL NAME: DT-VALID-SURVEY	8	363	370	C	PROV0450
DIETICIANS NUMBER OF FULL-TIME EQUIVALENT DIETICIANS EMPLOYED BY A FACILITY. COBOL NAME: NUM-DIETICIANS	7.2	371	377	N	PROV0820
FISCAL YEAR ENDING DATE THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR. COBOL NAME: FISC-YR-END-DT	4	378	381	C	PROV0485
LICENSED PRACT/VOCAT NURSES NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL OR VOCATIONAL NURSES EMPLOYED BY A FACILITY. COBOL NAME: NUM-LPN-LVN	7.2	382	388	N	PROV0955
MEDICAL SCHOOL AFFILIATION THE TYPE OF AFFILIATION THAT A HOSPITAL MAY HAVE WITH A MEDICAL SCHOOL. COBOL NAME: MED-SCHL-AFF VALUES: 1 MAJOR 2 LIMITED 3 GRADUATE 4 NO AFFILIATION	1	389	389	C	PROV0645
MEDICAL TECHNOLOGISTS (LAB) NUMBER OF FULL TIME EQUIVALENT MEDICAL LABORATORY TECHNOLOGISTS EMPLOYED BY A HOSPITAL COBOL NAME: NUM-LAB-MED-TECHS	7.2	390	396	N	PROV6290
MEETS 1861 DEFINITION INDICATES IF AN EMERGENCY HOSPITAL MEETS THE DEFINITION OF "HOSPITAL" CONTAINED IN SECTION 1861 OF THE SOCIAL SECURITY ACT. COBOL NAME: MEETS-1861 VALUES: Y MEETS 1861(E)(1)	1	397	397	C	PROV0670
NUCLEAR MEDICINE TECHNICIANS NUMBER OF FULL TIME EQUIVALENT NUCLEAR MEDICINE TECHNICIANS EMPLOYED BY A HOSPITAL. COBOL NAME: NUM-NUCL-MED-TECHS	7.2	398	404	N	PROV6295

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
OCCUPATIONAL THERAPISTS THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A PROVIDER. COBOL NAME: NUM-OCCUP-THERAPISTS	7.2	405	411	N	PROV1050
OTHER PERSONNEL THE NUMBER OF FULL-TIME EQUIVALENT OTHER SALARIED PERSONNEL EMPLOYED BY A FACILITY. COBOL NAME: NUM-OTHER-PERSNL	7.2	412	418	N	PROV1075
PARTICIPATING CODE (Y,N) THIS CODE INDICATES WHETHER A PROVIDER IS PARTICIPATING IN THE MEDICAID OR MEDICARE PROGRAM. COBOL NAME: PARTICIPATING-CD VALUES: N NON-PARTICIPATING PROVIDER Y PARTICIPATING PROVIDER	1	419	419	C	PROV1575
PHYSICAL THERAPISTS THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS EMPLOYED BY A PROVIDER. COBOL NAME: NUM-PHYS-THERAPY	7.2	420	426	N	PROV1125
PHYSICIAN ASSISTANTS THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN ASSISTANTS EMPLOYED BY A HOSPITAL OR RURAL HEALTH CLINIC. COBOL NAME: NUM-PHYS-ASSIST	7.2	427	433	N	PROV1115
PROGRAM PARTICIPATION INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE, MEDICAID, OR BOTH PROGRAMS. COBOL NAME: PROG-PARTCI VALUES: 1 MEDICARE ONLY 3 MEDICARE AND MEDICAID	1	434	434	C	PROV1670
PSYCHIATRIC UNIT BEDS THE NUMBER OF BEDS IN A PPS EXEMPT PSYCHIATRIC UNIT OF A HOSPITAL. COBOL NAME: PSY-UNIT-BED-SZ	3	435	437	N	PROV1690
PSYCHIATRIC UNIT EFFECTIVE DATE THE DATE A PSYCHIATRIC UNIT BECAME EXEMPT FROM THE PROSPECTIVE PAYMENT SYSTEM (PPS). COBOL NAME: PSY-UNIT-EFF-DT	8	438	445	C	PROV1695
PSYCHIATRIC UNIT INDICATOR INDICATES IF A HOSPITAL HAS A PPS EXEMPT PSYCHIATRIC UNIT. COBOL NAME: PSY-UNIT-IND VALUES: Y PSYCH UNIT	1	446	446	C	PROV1700
PSYCHIATRIC UNIT TERMINATION CODE INDICATES THE REASON THAT A PSYCHIATRIC UNIT IS NO LONGER EXEMPT FROM PPS. COBOL NAME: PSY-UNIT-TERM-CD VALUES:	1	447	447	C	PROV1705

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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 THE DATE A PSYCHIATRIC UNIT IS NO LONGER EXEMPT FROM THE PROSPECTIVE PAYMENT SYSTEM. COBOL NAME: PSY-UNIT-TERM-DT	8	448	455	C	PROV1710
PSYCHOLOGISTS NUMBER OF FULL TIME EQUIVALENT PSYCHOLOGISTS EMPLOYED BY A HOSPITAL. COBOL NAME: NUM-PSYCHOL	7.2	456	462	N	PROV6300
RADIOLOGY TECHNICIANS (DIAGNOSTIC) NUMBER OF FULL TIME EQUIVALENT DIAGNOSTIC RADIOLOGY TECHNICIANS EMPLOYED BY A HOSPITAL. COBOL NAME: NUM-RADIO-TECHS	7.2	463	469	N	PROV6305
REGIONAL OVERRIDE #1 (NUMBER BEDS) THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE ODIE DATA ENTRY SYSTEM. COBOL NAME: OVERRIDE-1 VALUES: Y RECORD HAS BEEN APPROVED	1	470	470	C	PROV1545
REGIONAL OVERRIDE #2 (STAFFING) THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE ODIE DATA ENTRY SYSTEM. COBOL NAME: OVERRIDE-2 VALUES: Y RECORD HAS BEEN APPROVED	1	471	471	C	PROV1550
REGIONAL OVERRIDE #3 (NURSE - BED) THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE ODIE DATA ENTRY SYSTEM. COBOL NAME: OVERRIDE-3 VALUES: Y RECORD HAS BEEN APPROVED	1	472	472	C	PROV1555

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
REGISTERED NURSES THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED PROFESSIONAL NURSES EMPLOYED BY A PROVIDER. COBOL NAME: NUM-REG-NURS	7.2	473	479	N	PROV1145
REGISTERED PHARMACISTS THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED PHARMACISTS EMPLOYED BY A PROVIDER. COBOL NAME: NUM-PHARMACIST-REG	7.2	480	486	N	PROV1100
REHABILITATION UNIT BEDS THE NUMBER OF BEDS IN A PPS EXEMPT REHABILITATION UNIT OF A HOSPITAL. COBOL NAME: REHAB-UNIT-BED-SZ	3	487	489	N	PROV1730
REHABILITATION UNIT EFFECT DATE THE DATE A REHABILITATION UNIT BECAME EXEMPT FROM THE PROSPECTIVE PAYMENT SYSTEM. COBOL NAME: REHAB-UNIT-EFF-DT	8	490	497	C	PROV1735
REHABILITATION UNIT INDICATOR INDICATES IF A HOSPITAL HAS A PPS EXEMPT REHABILITATION UNIT. COBOL NAME: REHAB-UNIT-IND VALUES: Y REHAB UNIT	1	498	498	C	PROV1740
REHABILITATION UNIT TERMINAT CODE THIS ELEMENT INDICATES THE REASON FOR A HOSPITAL REHABILITATION UNIT'S TERMINATION OF ITS EXCLUSION STATUS UNDER PROSPECTIVE PAYMENT SYSTEM. COBOL NAME: REHAB-UNIT-TERM-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	1	499	499	C	PROV1745
REHABILITATION UNIT TERMINAT DATE THIS ELEMENT IS THE DATE THE HOSPITAL'S PSYCHIATRIC UNIT IS NO LONGER EXCLUDED FROM PROSPECTIVE PAYMENT SYSTEM. COBOL NAME: REHAB-UNIT-TERM-DT	8	500	507	C	PROV1750
RESIDENT PROGRAM APPROVED BY ADA INDICATES IF THE RESIDENT PROGRAM AT A HOSPITAL IS APPROVED BY THE AMERICAN DENTAL ASSOCIATION COBOL NAME: RES-PGM-APPR-ADA VALUES: N NOT APPROVED Y APPROVED	1	508	508	C	PROV1805

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

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
RESIDENT PROGRAM APPROVED BY AMA INDICATES IF THE RESIDENT PROGRAM AT A HOSPITAL IS APPROVED BY THE AMERICAN MEDICAL ASSOCIATION. COBOL NAME: RES-PGM-APPR-AMA VALUES: N NOT APPROVED Y APPROVED	1	509	509	C	PROV1810
RESIDENT PROGRAM APPROVED BY AOA INDICATES IF THE RESIDENT PROGRAM AT A HOSPITAL IS APPROVED BY THE AMERICAN OSTEOPATHIC ASSOCIATION. COBOL NAME: RES-PGM-APPR-AOA VALUES: N NOT APPROVED Y APPROVED	1	510	510	C	PROV1815
RESIDENT PROGRAM APPROVED BY OTHER INDICATES IF THE RESIDENT PROGRAM AT A HOSPITAL IS APPROVED BY OTHER PROFESSIONAL ORGANIZATIONS. COBOL NAME: RES-PGM-APPR-OTHER VALUES: N NOT APPROVED Y APPROVED	1	511	511	C	PROV1820
RESIDENTS (PHYSICIANS) THE NUMBER OF FULL-TIME EQUIVALENT RESIDENTS (PHYSICIANS) EMPLOYED BY A HOSPITAL. COBOL NAME: NUM-RESID-PHYS	7.2	512	518	N	PROV1165
RESPIRATORY THERAPISTS NUMBER OF FULLTIME EQUIVALENT RESPIRATORY THERAPISTS EMPLOYED BY A HOSPITAL. COBOL NAME: NUM-INHAL-THERAPY	7.2	519	525	N	PROV0950
SRV: ACUTE RENAL DIALYSIS INDICATES HOW ACUTE RENAL DIALYSIS SERVICES ARE PROVIDED IN A HOSPITAL. COBOL NAME: SP-ACUTE-REN-DIAL VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF 2 PROVIDED BY ARRANGEMENT OR AGREEMENT 3 PROVIDED BY STAFF AND THROUGH AGREEMENT	1	526	526	C	PROV2055
SRV: ALCOHOL AND/OR DRUG INDICATES HOW ALCOHOL AND/OR DRUG SERVICES ARE PROVIDED BY A HOSPITAL. COBOL NAME: SP-ALCOH-DRUG VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF 2 PROVIDED BY ARRANGEMENT OR AGREEMENT 3 PROVIDED BY STAFF AND THROUGH AGREEMENT	1	527	527	C	PROV2065

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: AMBULANCE (OWNED)	1	528	528	C	PROV6155
INDICATES HOW AMBULANCE (OWNED) SERVICES ARE PROVIDED BY A HOSPITAL.					
COBOL NAME: SP-AMBUL-OWNED					
VALUES:	0	NOT PROVIDED			
	1	PROVIDED BY STAFF			
	2	PROVIDED BY ARRANGEMENT OR AGREEMENT			
	3	PROVIDED BY STAFF AND THROUGH AGREEMENT			
SRV: ANESTHESIA	1	529	529	C	PROV2070
INDICATES HOW ANESTHESIA SERVICES ARE PROVIDED BY A HOSPITAL.					
COBOL NAME: SP-ANESTH					
VALUES:	0	NOT PROVIDED			
	1	PROVIDED BY STAFF			
	2	PROVIDED BY ARRANGEMENT OR AGREEMENT			
	3	PROVIDED BY STAFF AND THROUGH AGREEMENT			
SRV: AUDIOLOGY	1	530	530	C	PROV6160
INDICATES HOW AUDIOLOGY SERVICES ARE PROVIDED BY A HOSPITAL.					
COBOL NAME: SP-AUDIO					
VALUES:	0	NOT PROVIDED			
	1	PROVIDED BY STAFF			
	2	PROVIDED BY ARRANGEMENT OR AGREEMENT			
	3	PROVIDED BY STAFF AND THROUGH AGREEMENT			
SRV: BLOOD BANK	1	531	531	C	PROV5675
INDICIATES HOW BLOOD BANK SERVICES ARE PROVIDED BY A HOSPITAL.					
COBOL NAME: SP-BLOOD-BANK					
VALUES:	0	NOT PROVIDED			
	1	PROVIDED BY STAFF			
	2	PROVIDED BY ARRANGEMENT OR AGREEMENT			
	3	PROVIDED BY STAFF AND THROUGH AGREEMENT			
SRV: BURN CARE UNIT	1	532	532	C	PROV2090
INDICATES HOW BURN CARE UNIT SERVICES ARE PROVIDED BY A HOSPITAL.					
COBOL NAME: SP-BURN-UNIT					
VALUES:	0	NOT PROVIDED			
	1	PROVIDED BY STAFF			
	2	PROVIDED BY ARRANGEMENT OR AGREEMENT			
	3	PROVIDED BY STAFF AND THROUGH AGREEMENT			

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: CARDIAC CATHETERIZATION LAB INDICATES HOW CARDIAC CATHETERIZATION LABORATORY SERVICES ARE PROVIDED BY A HOSPITAL. COBOL NAME: SP-CARD-CATH-LAB	1	533	533	C	PROV6165
VALUES:	0				NOT PROVIDED
	1				PROVIDED BY STAFF
	2				PROVIDED BY ARRANGEMENT OR AGREEMENT
	3				PROVIDED BY STAFF AND THROUGH AGREEMENT
SRV: CARDIO-THORACIC SURGERY INDICATES HOW CARDIO-THORACIC SURGERY SERVICES ARE PROVIDED BY A HOSPITAL. COBOL NAME: SP-OPEN-HEART-SURG	1	534	534	C	PROV2285
VALUES:	0				NOT PROVIDED
	1				PROVIDED BY STAFF
	2				PROVIDED BY ARRANGEMENT OR AGREEMENT
	3				PROVIDED BY STAFF AND THROUGH AGREEMENT
SRV: CHEMOTHERAPY SERVICE INDICATES HOW CHEMOTHERAPY SERVICES ARE PROVIDED BY A HOSPITAL. COBOL NAME: SP-CHEMOTHER	1	535	535	C	PROV6170
VALUES:	0				NOT PROVIDED
	1				PROVIDED BY STAFF
	2				PROVIDED BY ARRANGEMENT OR AGREEMENT
	3				PROVIDED BY STAFF AND THROUGH AGREEMENT
SRV: CHIROPRACTIC INDICATES HOW CHIROPRACTICE SERVICES ARE PROVIDED BY A HOSPITAL. COBOL NAME: SP-CHIROPRACTIC	1	536	536	C	PROV2100
VALUES:	0				NOT PROVIDED
	1				PROVIDED BY STAFF
	2				PROVIDED BY ARRANGMENT OR AGREEMENT
	3				PROVIDED BY STAFF AND THROUGH AGREEMENT
SRV: CT SCANNER INDICATES HOW CT SCANNER SERVICES ARE PROVIDED BY A HOSPITAL. COBOL NAME: SP-CT-SCAN	1	537	537	C	PROV6175
VALUES:	0				NOT PROVIDED
	1				PROVIDED BY STAFF
	2				PROVIDED BY ARRANGEMENT OR AGREEMENT
	3				PROVIDED BY STAFF AND THROUGH AGREEMENT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 20
HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: DENTAL 1 538 538 C PROV2120
 INDICATES HOW DENTAL SERVICES ARE PROVIDED BY A
 HOSPITAL.

COBOL NAME: SP-DENTAL

VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: DIETARY 1 539 539 C PROV2130
 INDICATES HOW DIETARY SERVICES ARE PROVIDED BY A
 HOSPITAL

COBOL NAME: SP-DIETARY

VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: EMERGENCY DEPT (DEDICATED) 1 540 540 C PROV6180
 INDICATES HOW DEDICATED EMERGENCY DEPARTMENT SERVICES
 ARE PROVIDED BY A HOSPITAL

COBOL NAME: SP-EMERG-DEDICATED

VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: EMERGENCY SERVICES 1 541 541 C PROV2140
 INDICATES HOW EMERGENCY SERVICES ARE PROVIDED
 BY A HOSPITAL.

COBOL NAME: SP-EMERG-DEPT

VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: GERONTOLOGICAL SPECIALTY 1 542 542 C PROV6190
 INDICATES HOW GERONTOLOGICAL SPECIALTY SERVICES
 ARE PROVIDED IN A HOSPITAL.

COBOL NAME: SP-GERON-SPEC

VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 21
 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: HOME HEALTH SERVICES 1 543 543 C PROV2160
 INDICATES HOW HOME HEALTH SERVICES ARE PROVIDED BY A
 HOSPITAL.
 COBOL NAME: SP-HOME-CARE-UNIT
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: HOSPICE 1 544 544 C PROV2175
 INDICATES HOW HOSPICE SERVICES ARE PROVIDED BY A
 HOSPITAL.
 COBOL NAME: SP-HOSPICE
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: ICU - CARDIAC (NON-SURGICAL) 1 545 545 C PROV2110
 INDICATES HOW ICU - CARDIAC (NON-SURGICAL)SERVICES ARE
 PROVIDED BY A HOSPITAL.
 COBOL NAME: SP-CORONARY-CARE
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: ICU - MEDICAL/SURGICAL 1 546 546 C PROV2185
 INDICATES HOW ICU - MEDICAL/SURGICAL SERVICES ARE
 PROVIDED BY A HOSPITAL.
 COBOL NAME: SP-ICU
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: ICU - NEONATAL 1 547 547 C PROV6195
 INDICATES HOW ICU - NEONATAL SERVICES ARE PROVIDED
 IN A HOSPITAL.
 COBOL NAME: SP-ICU-NEONATAL
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 22
 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: ICU - PEDIATRIC	1	548	548	C	PROV6200

INDICATES HOW ICU - PEDIATRIC SERVICES ARE PROVIDED
IN A HOSPITAL.

COBOL NAME: SP-ICU-PEDIATRIC

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: ICU - SURGICAL 1 549 549 C PROV6205

INDICATES HOW ICU - SURGICAL SERVICES ARE PROVIDED
IN A HOSPITAL.

COBOL NAME: SP-ICU-SURG

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: LABORATORY (ANATOMICAL) 1 550 550 C PROV2205

INDICATES HOW ANATOMICAL LABORATORY SERVICES ARE
PROVIDED IN A HOSPITAL.

COBOL NAME: SP-LABORATORY-ANATOM

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: LABORATORY (CLINICAL) 1 551 551 C PROV2210

INDICATES HOW CLINICAL LABORATORY SERVICES ARE PROVIDED
IN A HOSPITAL.

COBOL NAME: SP-LABORATORY-CLINIC

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: LONG TERM CARE (SWING-BEDS) 1 552 552 C PROV2215

INDICATES HOW LONG TERM CARE (SWING-BEDS) SERVICES ARE
PROVIDED IN A HOSPITAL

COBOL NAME: SP-LTC-UNIT

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 23
HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: MAGNETIC RESONANCE IMAGING 1 553 553 C PROV6210

INDICATES HOW MAGNETIC RESONANCE IMAGING (MRI)

SERVICES ARE PROVIDED IN A HOSPITAL.

COBOL NAME: SP-MRI

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: NEONATAL NURSERY 1 554 554 C PROV2235

INDICATES HOW NEONATAL NURSERY SERVICES ARE PROVIDED BY A HOSPITAL.

COBOL NAME: SP-NEONATAL-NURS

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: NEUROSURGICAL SERVICES 1 555 555 C PROV6215

INDICATES HOW NEUROSURGICAL SERVICES ARE PROVIDED IN A HOSPITAL.

COBOL NAME: SP-NEURO-SURG

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: NUCLEAR MEDICINE 1 556 556 C PROV2245

INDICATES HOW NUCLEAR MEDICINE SERVICES ARE PROVIDED BY A HOSPITAL.

COBOL NAME: SP-NUCLEAR-MED

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: OBSTETRICS 1 557 557 C PROV2265

INDICATES HOW OBSTETRIC SERVICES ARE PROVIDED BY A HOSPITAL.

COBOL NAME: SP-OBSTETRICS

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 24
HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: OCCUPATIONAL THERAPY 1 558 558 C PROV2270

INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE PROVIDED.

COBOL NAME: SP-OCCUP-THERAPY

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED UNDER ARRANGEMENT
3 COMBINATION

SRV: OPERATING ROOMS 1 559 559 C PROV2300
INDICATES HOW OPERATING ROOM SERVICES ARE PROVIDED BY A
HOSPITAL.

COBOL NAME: SP-OR-ROOMS

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: OPHTHALMIC SURGERY 1 560 560 C PROV6220
INDICATES HOW OPHTHALMIC SURGERY SERVICES ARE PROVIDED
BY A HOSPITAL.

COBOL NAME: SP-OPHTHALMIC-SURG

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: OPTOMETRIC 1 561 561 C PROV2295
INDICATES HOW OPTOMETRIC SERVICES ARE PROVIDED BY A
HOSPITAL.

COBOL NAME: SP-OPTOMETRIC

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: ORGAN BANK 1 562 562 C PROV2310
INDICATES HOW ORGAN BANK SERVICES ARE PROVIDED BY A
HOSPITAL.

COBOL NAME: SP-ORGAN-BANK

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 25
HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: ORGAN TRANSPLANT 1 563 563 C PROV2315
INDICATES HOW ORGAN TRANSPLANT SERVICES ARE PROVIDED BY
A HOSPITAL.

COBOL NAME: SP-ORGAN-TRANS

VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: ORTHOPEDIC SURGERY 1 564 564 C PROV6225
 INDICATES HOW ORTHOPEDIC SURGERY SERVICES ARE PROVIDED
 BY A HOSPITAL.

COBOL NAME: SP-ORTHOPEDIC-SURG

VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: OUTPATIENT 1 565 565 C PROV2350
 INDICATES HOW OUTPATIENT SERVICES ARE PROVIDED BY A
 HOSPITAL.

COBOL NAME: SP-OUTPAT

VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: OUTPATIENT SURGERY UNIT 1 566 566 C PROV2355
 INDICATES HOW OUTPATIENT SURGERY UNIT SERVICES ARE
 PROVIDED BY A HOSPITAL.

COBOL NAME: SP-OUTPAT-SURG

VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: PEDIATRIC 1 567 567 C PROV2360
 INDICATES HOW PEDIATRIC SERVICES ARE PROVIDED BY A
 HOSPITAL.

COBOL NAME: SP-PEDIATRIC

VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 26
 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: PET SCAN SERVICES 1 568 568 C PROV6230
 INDICATES HOW POSITRON EMISSION TOMOGRAPHY (PET) SCAN
 SERVICES ARE PROVIDED BY A HOSPITAL.

COBOL NAME: SP-POS-EMIS-TOM-SCAN

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: PHARMACY 1 569 569 C PROV2365

INDICATES HOW PHARMACY SERVICES ARE PROVIDED.

COBOL NAME: SP-PHARMACY

VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED UNDER ARRANGEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: PHYSICAL THERAPY 1 570 570 C PROV2370

INDICATES HOW PHYSICAL THERAPY SERVICES ARE PROVIDED.

COBOL NAME: SP-PHYSICAL-THERAPY

VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED UNDER ARRANGEMENT
 3 COMBINATION

SRV: POSTOPERATIVE RECOVERY ROOM 1 571 571 C PROV2410

INDICATES HOW POSTOPERATIVE RECOVERY ROOM SERVICES ARE PROVIDED BY A HOSPITAL.

COBOL NAME: SP-POSTOP-REC-RM

VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: PSYCHIATRIC 1 572 572 C PROV2415

INDICATES HOW PSYCHIATRIC SERVICES ARE PROVIDED BY A HOSPITAL.

COBOL NAME: SP-PSYCHIATRIC

VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: PSYCHIATRIC - FORENSIC 1 573 573 C PROV6245

INDICATES HOW FORENSIC PSYCHIATRIC SERVICES ARE PROVIDED BY A HOSPITAL.

COBOL NAME: SP-PSY-FORENSIC

VALUES: 0 NOT PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 27
 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: PSYCHIATRIC - GERIATRIC 1 574 574 C PROV6250

INDICATES HOW GERIATRIC PSYCHIATRIC SERVICES ARE

PROVIDED BY A HOSPITAL.
 COBOL NAME: SP-PSY-GERIATRIC
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: PSYCHIATRIC - OUTPATIENT 1 575 575 C PROV6255

INDICATES HOW OUTPATIENT PSYCHIATRIC SERVICES ARE
 PROVIDED BY A HOSPITAL.

COBOL NAME: SP-PSY-OUTPAT
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: PSYCHIATRIC CHILD/ADOLESCENT 1 576 576 C PROV6240

INDICATES HOW CHILD/ADOLESCENT PSYCHIATRIC SERVICES ARE
 PROVIDED BY A HOSPITAL.

COBOL NAME: SP-PSY-CHILD-ADOL
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: PSYCHIATRIC-EMERGENCY 1 577 577 C PROV6235

INDICATES HOW EMERGENCY PSYCHIATRIC SERVICES ARE
 PROVIDED BY A HOSPITAL.

COBOL NAME: SP-PSY-EMERG
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: RADIOLOGY (DIAGNOSTIC) 1 578 578 C PROV2440

INDICATES HOW DIAGNOSTIC RADIOLOGY SERVICES ARE
 PROVIDED BY A HOSPITAL.

COBOL NAME: SP-RADIOLOGY-DIAG
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 28
 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: RADIOLOGY (THERAPEUTIC) 1 579 579 C PROV2445

INDICATES HOW THERAPEUTIC RADIOLOGY SERVICES ARE
 PROVIDED BY A HOSPITAL.

COBOL NAME: SP-RADIOLOGY-THERAPY
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT

3

PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: RECONSTRUCTIVE SURGERY 1 580 580 C PROV6260

INDICATES HOW RECONSTRUCTIVE SURGERY SERVICES ARE PROVIDED BY A HOSPITAL.

COBOL NAME: SP-RECON-SURG

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: REHAB - INPATIENT (CARF) 1 581 581 C PROV6270

INDICATES HOW INPATIENT REHABILITATION (CARF ACCREDITED) SERVICES ARE PROVIDED BY A HOSPITAL.

COBOL NAME: SP-REHABIL-CARF

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: REHAB - OUTPATIENT 1 582 582 C PROV6265

INDICATES HOW OUTPATIENT REHABILITATION SERVICES ARE PROVIDED BY A HOSPITAL.

COBOL NAME: SP-REHABIL-OUTPAT

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: REHAB INPATIENT (NOT CARF) 1 583 583 C PROV2450

INDICATES HOW INPATIENT REHABILITATION (NOT CARF ACCREDITED) SERVICES ARE PROVIDED BY A HOSPITAL.

COBOL NAME: SP-REHABIL

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 29
HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: SHOCK WAVE LITHOTRIPTER 1 584 584 C PROV6185

INDICATES HOW EXTRACORPOREAL SHOCK WAVE LITHOTRIPTER SERVICES ARE PROVIDED IN A HOSPITAL.

COBOL NAME: SP-EXTRAC-SHOCK-WAVE

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: SOCIAL 1 585 585 C PROV2485
 INDICATES HOW SOCIAL SERVICES ARE PROVIDED.
 COBOL NAME: SP-SOCIAL
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED UNDER ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: SPEECH PATHOLOGY 1 586 586 C PROV2505
 INDICATES HOW SPEECH PATHOLOGY SERVICES ARE PROVIDED.
 COBOL NAME: SP-SPEECH-PATH
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED UNDER ARRANGEMENT OR AGREEMENT
 3 COMBINATION

SRV: SURGICAL SERVICES-INPATIENT 1 587 587 C PROV2190
 INDICATES HOW INPATIENT SURGICAL SERVICES ARE PROVIDED
 BY A HOSPITAL.
 COBOL NAME: SP-INPAT-SURG
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: TRANSPLANT CENTER, MEDICARE 1 588 588 C PROV6275
 INDICATES HOW MEDICARE CERTIFIED TRANSPLANT CENTER
 SERVICES ARE PROVIDED BY A HOSPITAL.
 COBOL NAME: SP-TRANS-MEDICARE
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: TRAUMA CENTER (CERTIFIED) 1 589 589 C PROV2475
 INDICATES HOW CERTIFIED TRAUMA CENTER SERVICES ARE
 PROVIDED BY A HOSPITAL.
 COBOL NAME: SP-SHOCK-TRAUMA
 VALUES: 0 NOT PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 30
 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
1					PROVIDED BY STAFF
2					PROVIDED BY ARRANGEMENT OR AGREEMENT
3					PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: URGENT CARE CENTER SERVICES 1 590 590 C PROV6280
 INDICATES HOW URGENT CARE CENTER SERVICES ARE
 PROVIDED BY A HOSPITAL.
 COBOL NAME: SP-URGENT-CARE
 VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SWING BED INDICATOR 1 591 591 C PROV2795
 INDICATES IF A HOSPITAL PROVIDES SWING BED SERVICES -
 BEDS CAN BE USED FOR EITHER HOSPITAL OR LONG TERM CARE
 SERVICES.
 COBOL NAME: SWINGBED-IND
 VALUES: N NO
 Y YES

SWING BED SIZE CODE 1 592 592 C PROV2800
 INDICATES THE SIZE OF A HOSPITAL PROVIDING SWING BED
 SERVICES.
 COBOL NAME: SWINGBED-SIZE-CD
 VALUES: 1 49 OR FEWER BEDS
 2 50 TO 99 BEDS

TYPE OF FACILITY 2 593 594 C PROV2890
 INDICATES THE CATEGORY WHICH REPRESENTS THE TYPE OF
 FACILITY.
 COBOL NAME: TYPE-FACILITY
 VALUES: 01 SHORT - TERM
 02 LONG - TERM
 03 RELIGIOUS NONMEDICAL HEALTH CARE INSTITUTION
 04 PSYCHIATRIC
 05 REHABILITATION
 06 CHILDRENS
 07 DISTINCT PART PSYCH HOSPITAL
 11 CRITICAL ACCESS HOSPITALS

TYPE OF NON-PARTICIPATING PROVIDER 1 595 595 C PROV0690
 INDICATES WHETHER A NON-PARTICIPATING HOSPITAL IS
 FEDERAL OR OTHER THAN FEDERAL.
 COBOL NAME: NON-PARTICIPATING-TYPE
 VALUES: E EMERGENCY HOSPITAL NON-FEDERAL
 F EMERGENCY HOSPITAL FEDERAL

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 31
 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SPEECH PATHOLOGISTS, AUDIOLOGISTS THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS OR AUDIOLOGISTS EMPLOYED BY A PROVIDER. COBOL NAME: NUM-SPEECH-PATH-AUDIO	7.2	1454	1460	N	PROV1220
NURSE PRACTITIONERS NUMBER OF FULL-TIME EQUIVALENT NURSE PRACTITIONERS. COBOL NAME: NUM-NURSE-PRACT	7.2	1622	1628	N	PROV1015
PHYSICIANS THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIANS EMPLOYED BY A PROVIDER.	7.2	1639	1645	N	PROV1110

COBOL NAME: NUM-PHYS
 SRV: RESPIRATORY CARE 1 1688 1688 C PROV2455
 INDICATES HOW RESPIRATORY CARE SERVICES ARE PROVIDED.
 COBOL NAME: SP-RESP-CARE
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

MEDICAL SOCIAL WORKERS 7.2 1765 1771 N PROV0975
 NUMBER OF FULL-TIME EQUIVALENT MEDICAL SOCIAL WORKERS
 EMPLOYED BY A HOSPITAL OR HOSPICE.
 COBOL NAME: NUM-MED-SOCIAL-WRKS

FAX PHONE NUMBER 10 2023 2032 C PROV5800
 THE 10 DIGIT FAX PHONE NUMBER OF THE PRIMARY CONTACT OR
 THE OPERATOR OF THE LABORATORY OR HOSPITAL
 COBOL NAME: FAX-NUM

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 1
 SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 03 TITLE 18/19	2	1	2	C	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 02 SNF/NF (DUALY CERTIFIED)	2	3	4	C	PROV0075

CHANGE OF OWNERSHIP COUNTER	2	5	6	N	PROV0095
THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER.					
COBOL NAME: CHOW-CNT					
CHANGE OF OWNERSHIP DATE	8	7	14	C	PROV0100
EFFECTIVE DATE OF A CHANGE OF OWNERSHIP.					
COBOL NAME: CHOW-DT					
CITY	28	15	42	C	PROV3225
CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED.					
COBOL NAME: CITY					
COMPLIANCE: PLAN OF CORRECTION	1	43	43	C	PROV0220
INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES.					
COBOL NAME: COMPL-ACCEPT-PLAN-COR					
VALUES: 1	COMPLIANCE BASED ON ACCEPTABLE POC				
COMPLIANCE: STATUS	1	44	44	C	PROV2715
INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS.					
COBOL NAME: STATUS-COMPL					
VALUES: A	IN COMPLIANCE				
B	NOT IN COMPLIANCE				
COUNTY CODE	3	45	47	C	PROV2695
SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED.					
COBOL NAME: SSA-COUNTY					
CROSS REFERENCE PROVIDER NUMBER	10	48	57	C	PROV0300
NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.					
COBOL NAME: CROSS-REF-PROV-NUM					
CURRENT FMS SURVEY DATE	8	58	65	C	PROV0500
CURRENT FMS SURVEY DATE					
COBOL NAME: FMS-SURVEY-DT-1					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 2
SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE	8	66	73	C	PROV2740
THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER.					
COBOL NAME: SURVEY-DT-1					
ELIGIBILITY CODE	1	74	74	C	PROV0455
INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: ELIG-CD					
VALUES: 1	ELIGIBLE TO PARTICIPATE				
2	NOT ELIGIBLE TO PARTICIPATE				

FACILITY NAME 50 75 124 C PROV0475
 THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO
 PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.
 COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 125 129 C PROV0605
 A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER
 SERVICING A PROVIDER OR SUPPLIER.
 COBOL NAME: INTER-CARRIER-NUM

VALUES: 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)
 00241 BLUE CROSS (MISSOURI)
 00260 BLUE CROSS (NEBRASKA)
 00270 NATIONAL GOVERNMENT SERVICES
 00280 BLUE CROSS (NEW JERSEY)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 3
 SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00290					BLUE CROSS (NEW MEXICO)
00308					NATIONAL GOVERNMENT SERVICES
00310					BLUE CROSS (NORTH CAROLINA)
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
00468	BLUE CROSS (NORTH CAROLINA FOR PR)
00511	CAHABA
00883	PALMETTO
00952	WPS - ILLINOIS
00953	WPS - MICHIGAN
00954	WI PHYSICIAN SERVICES - MN
01390	AETNA (WASHINGTON)
03001	NORIDIAN ADMIN SERVICES
03102	NORIDIAN ADMIN SERVICES (ARIZONA)
03202	NORIDIAN ADMIN SERVICES (MONTANA)
03302	NORIDIAN ADMIN SERVICES (NORTH DAKOTA)
03402	NORIDIAN ADMIN SERVICES (MONTANA)
03502	NORIDIAN ADMIN SERVICES (UTAH)
03602	NORIDIAN ADMIN SERVICES (WYOMING)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31140	NATIONAL HERITAGE (CA)
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERTAGE INSURANCE
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 4
 SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
57400					COOPERATIVA (PUERTO RICO)
MEDICARE OR MEDICAID VENDOR NUMBER	15	130	144	C	PROV0655
A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES.					
COBOL NAME: MEDICAID-VEND-NUM					
PARTICIPATION DATE	8	145	152	C	PROV1565
THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: PARTCI-DT					
PRIOR CHANGE OF OWNERSHIP	8	153	160	C	PROV1615
THE DATE OF A PRIOR CHANGE OF OWNERSHIP.					
COBOL NAME: PRIOR-CHOW-DT					

PRIOR INTERMEDIARY NUMBER 5 161 165 C PROV1620

A PREVIOUS INTERMEDIARY NUMBER.WHEN

COBOL NAME: PRIOR-INTER-CARRIER-NUM

VALUES:	00010	BLUE CROSS (ALABAMA)
	00011	CAHABA
	00020	BLUE CROSS (ARKANSAS)
	00030	BLUE CROSS (ARIZONA)
	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	BLUE CROSS (KENTUCKY)
	00180	BLUE CROSS (MAINE)
	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)
	00241	BLUE CROSS (MISSOURI)
	00250	BLUE CROSS (MONTANA)
	00260	BLUE CROSS (NEBRASKA)
	00270	NATIONAL GOVERNMENT SERVICES
	00280	BLUE CROSS (NEW JERSEY)
	00290	BLUE CROSS (NEW MEXICO)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007

1DATE: 01/01/2008

POS RECORD LAYOUT

PAGE: 5

SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00308					NATIONAL GOVERNMENT SERVICES
00310					BLUE CROSS (NORTH CAROLINA)
00320					BLUE CROSS (NORTH DAKOTA)
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
00460	BLUE CROSS (WYOMING)
00468	BLUE CROSS (NORTH CAROLINA FOR PR)
00511	CAHABA
00883	PALMETTO
00952	WPS - ILLINOIS
00953	WPS - MICHIGAN
00954	WI PHYSICIAN SERVICES - MN
01390	AETNA (WASHINGTON)
03001	NORIDIAN ADMIN SERVICES
03102	NORIDIAN ADMIN SERVICES (ARIZONA)
03202	NORIDIAN ADMIN SERVICES (MONTANA)
03302	NORIDIAN ADMIN SERVICES (NORTH DAKOTA)
03402	NORIDIAN ADMIN SERVICES (MONTANA)
03502	NORIDIAN ADMIN SERVICES (UTAH)
03602	NORIDIAN ADMIN SERVICES (WYOMING)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31140	NATIONAL HERITAGE (CA)
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERTAGE INSURANCE
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 6
 SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
52280					MUTUAL OF OMAHA
57400					COOPERATIVA (PUERTO RICO)
PROVIDER NUMBER	10	166	175	C	PROV1680
A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS-SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.					
COBOL NAME: PROV-NUM					
RECORD TYPE	1	176	176	C	PROV1720
THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.					
COBOL NAME: RECORD-TYPE					
VALUES:	A	ACCEPTED			
	P	PENDING			
	W	WORK			

REGION CODE 2 177 178 C PROV1725

THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

VALUES:	01	I	BOSTON
	02	II	NEW YORK
	03	III	PHILADELPHIA
	04	IV	ATLANTA
	05	V	CHICAGO
	06	VI	DALLAS
	07	VII	KANSAS CITY
	08	VIII	DENVER
	09	IX	SAN FRANCISCO
	10	X	SEATTLE

SKELETON RECORD INDICATOR 1 179 179 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES: Y YES

STATE ABBREVIATION 2 180 181 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES:	AK	ALASKA
	AL	ALABAMA
	AR	ARKANSAS
	AS	AMERICAN SAMOA
	AZ	ARIZONA
	CA	CALIFORNIA
	CN	CANADA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
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 SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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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	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

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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WI	WISCONSIN
WV	WEST VIRGINIA
WY	WYOMING

STATE CODE (SSA)	2	182	183	C	PROV2700
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TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS LOCATED.

COBOL NAME: SSA-STATE

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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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
56					CANADA
59					MEXICO
64					AMERICAN SAMOA
65					GUAM
66					SAIPAN

STATE REGION CODE	3	184	186	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED					
COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	187	236	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	237	246	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER.					
COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	247	248	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: TERM-CD-1					
VALUES:	00				ACTIVE
	01				VOL-MERG,CLOSE
	02				VOL-REIMBURSE
	03				VOL-RISK INVOL
	04				VOL-OTHER
	05				INVOL-FAIL REQ
	06				INVOL-AGREEMNT
	07				OTH-STATUS CHG

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
TERMINATION DATE/EXPIRATION DATE 1	8	249	256	C	PROV4500
THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE FACILITY WAS TERMINATED.					
COBOL NAME: EXP-DT-1					
TYPE OF ACTION	1	257	257	C	PROV2880
IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED.					
COBOL NAME: TYPE-ACTION					
VALUES:	1				INITIAL
	2				RECERTIFICATION
	3				TERMINATION
	4				CHANGE OF OWNERSHIP
TYPE OF CONTROL	2	258	259	C	PROV2885
INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES.					
COBOL NAME: TYPE-CONTROL					
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	LIMITED LIABILITY CORPORATION

ZIP CODE	5	260	264	C	PROV2905
THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.					
COBOL NAME: ZIP-CD					
FIPS STATE CODE	2	265	266	C	FIPSTATE
FIPS STATE CODE					
COBOL NAME: WS-FIPS-STATE					
FIPS COUNTY CODE	3	267	269	C	FIPCNTY
FIPS COUNTY CODE					
COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	270	272	C	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	273	273	C	SSAMSASZ
SSA MSA SIZE CODE					
COBOL NAME: WS-SSA-MSA-SIZE-CD					

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
* BEDS - TOTAL	4	291	294	N	PROV0740
TOTAL NUMBER OF BEDS IN A FACILITY, INCLUDING THOSE IN NON-PARTICIPATING OR NON-LICENSED AREAS.					
COBOL NAME: NUM-BEDS					
BEDS - TOTAL CERTIFIED	4	295	298	N	PROV0755
NUMBER OF BEDS IN MEDICARE AND/OR MEDICAID CERTIFIED AREAS WITHIN A FACILITY.					
COBOL NAME: NUM-CERT-BEDS					
COMPLIANCE: LIFE SAFETY CODE	1	356	356	C	PROV0240
INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN RECOMMENDED FOR A PROVIDER.					
COBOL NAME: COMPL-LSC					
VALUES: 1 WAIVER RECOMMENDED					
COMPLIANCE: 24 HR REGISTERED NURSE	1	359	359	C	PROV0290
INDICATES IF A WAIVER OF THE 24 HOUR REGISTERED NURSE REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY.					
COBOL NAME: COMPL-24-HR-RN					
VALUES: 1 WAIVER RECOMMENDED					
FISCAL YEAR ENDING DATE	4	378	381	C	PROV0485

THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR.

COBOL NAME: FISC-YR-END-DT

PROGRAM PARTICIPATION 1 434 434 C PROV1670

INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE, MEDICAID, OR BOTH PROGRAMS.

COBOL NAME: PROG-PARTCI

VALUES: 1 MEDICARE ONLY
 2 MEDICAID ONLY
 3 MEDICARE AND MEDICAID

REGIONAL OVERRIDE #1 (NUMBER BEDS) 1 470 470 C PROV1545

THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE ODIE DATA ENTRY SYSTEM.

COBOL NAME: OVERRIDE-1

VALUES: Y RECORD HAS BEEN APPROVED

REGIONAL OVERRIDE #2 (STAFFING) 1 471 471 C PROV1550

THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE ODIE DATA ENTRY SYSTEM.

COBOL NAME: OVERRIDE-2

VALUES: Y RECORD HAS BEEN APPROVED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
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 SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
ACTIVITY PROFESSIONAL - CONTRACT THE NUMBER OF FULL TIME EQUIVALENT ACTIVITIES PROFESSIONALS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-ACT-THER-CONTRACT	7.2	596	602	N	PROV0695
ACTIVITY PROFESSIONAL - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES PROFESSIONALS EMPLOYED FULL TIME BY A FACILITY. COBOL NAME: NUM-ACT-THER-FULL-TIME	7.2	603	609	N	PROV0700
ACTIVITY PROFESSIONAL - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES PROFESSIONALS EMPLOYED PART TIME BY A FACILITY. COBOL NAME: NUM-ACT-THER-PART-TIME	7.2	610	616	N	PROV0705
ADMINISTRATION - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-ADMN-CONTRACT	7.2	617	623	N	PROV0710
ADMINISTRATOR - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF EMPLOYED ON A FULL TIME BASIS BY A FACILITY. COBOL NAME: NUM-ADMN-FULL-TIME	7.2	624	630	N	PROV0715
ADMINISTRATOR - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF	7.2	631	637	N	PROV0720

EMPLOYED ON A PART-TIME BASIS BY A FACILITY.
 COBOL NAME: NUM-ADMN-PART-TIME
 BEDS - MEDICARE SNF 4 638 641 N PROV1445
 NUMBER OF MEDICARE CERTIFIED SNF BEDS IN A FACILITY.
 COBOL NAME: NUM-T18-SNF-BEDS
 BEDS - NURSING FACILITY 4 642 645 N PROV1455
 NUMBER OF MEDICAID CERTIFIED SKILLED NURSING CARE
 BEDS IN A FACILITY.
 COBOL NAME: NUM-T19-SNF-BEDS
 BEDS - SNF/NF 4 646 649 N PROV1450
 NUMBER OF BEDS CERTIFIED FOR BOTH MEDICARE AND MEDICAID
 SKILLED NURSING CARE IN A LONG TERM CARE FACILITY.
 COBOL NAME: NUM-T1819-SNF-BEDS
 CERT NURSE AIDES - CONTRACT 7.2 650 656 N PROV1000
 THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE
 AIDES UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-NURSE-AID-CONTRACT
 CERT NURSE AIDES - FULL TIME 7.2 657 663 N PROV1005
 THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE
 AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-NURSE-AID-FULL-TIME
 CERT NURSE AIDES - PART TIME 7.2 664 670 N PROV1010
 THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE
 AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-NURSE-AID-PART-TIME

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CHRISTIAN SCIENCE INDICATOR INDICATES IF A PROVIDER IS A CHRISTIAN SCIENCE FACILITY COBOL NAME: CHRISTIAN-SCIENCE-IND VALUES: Y CHRISTIAN SCIENCE	1	671	671	C	PROV0110
COMPLIANCE: BEDS PER ROOM WAIVER INDICATES IF A WAIVER OF THE BEDS PER ROOM REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY. COBOL NAME: COMPL-BEDS-PER-ROOM VALUES: 1 WAIVER RECOMMENDED	1	672	672	C	PROV0225
COMPLIANCE: PATIENT ROOM SIZE INDICATES IF A WAIVER OF PATIENT ROOM SIZE HAS BEEN RECOMMENDED FOR A FACILITY. COBOL NAME: COMPL-PATIENT-ROOM-SZ VALUES: 1 WAIVER RECOMMENDED	1	673	673	C	PROV0270
COMPLIANCE: 7 DAY REGISTERED NURSE INDICATES IF A WAIVER OF THE 7 DAY REGISTERED NURSE REQUIREMENTS HAS BEEN RECOMMENDED FOR A SNF OR NF. COBOL NAME: COMPL-7-DAY-RN VALUES: 1 WAIVER RECOMMENDED	1	674	674	C	PROV0295

DENTISTS - CONTRACT	7.2	675	681	N	PROV0785
THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-DENTIST-CONTRACT					
DENTISTS - FULL TIME	7.2	682	688	N	PROV0790
THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-DENTIST-FULL-TIME					
DENTISTS - PART TIME	7.2	689	695	N	PROV0795
THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-DENTIST-PART-TIME					
DIETITIANS - CONTRACT	7.2	696	702	N	PROV0805
THE NUMBER OF FULL-TIME EQUIVALENT UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-DIET-CONTRACT					
DIETITIANS - FULL TIME	7.2	703	709	N	PROV0810
THE NUMBER OF FULL-TIME EQUIVALENT DIETITIANS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-DIET-FULL-TIME					
DIETITIANS - PART TIME	7.2	710	716	N	PROV0815
THE NUMBER OF FULL-TIME EQUIVALENT DIETITIANS EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-DIET-PART-TIME					

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
EXPERIMENTAL RESEARCH CONDUCTED	1	717	717	C	PROV0465
INDICATES IF A FACILITY USES RESIDENTS TO DEVELOP AND TEST CLINICAL TREATMENTS.					
COBOL NAME: EXPER-RESEARCH					
VALUES: Y YES					
FOOD SERVICE - CONTRACT	7.2	718	724	N	PROV0860
THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE PERSONNEL UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-FOOD-SRV-CONTRACT					
FOOD SERVICE - FULL TIME	7.2	725	731	N	PROV0865
THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-FOOD-SRV-FULL-TIME					
FOOD SERVICE - PART TIME	7.2	732	738	N	PROV0870
THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-FOOD-SRV-PART-TIME					
HOUSEKEEPING - CONTRACT	7.2	739	745	N	PROV0925
THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-HOUSE-CONTRACT					
HOUSEKEEPING - FULL TIME	7.2	746	752	N	PROV0930
THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING					

PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-HOUSE-FULL-TIME
 HOUSEKEEPING - PART TIME 7.2 753 759 N PROV0935
 THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING
 PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-HOUSE-PART-TIME
 LPN/LVN - CONTRACT 7.2 760 766 N PROV1465
 THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/
 VOCATIONAL NURSES UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-VOC-NURSE-CONTRACT
 LPN/LVN - FULL TIME 7.2 767 773 N PROV1470
 THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/
 VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A FULL TIME
 BASIS.
 COBOL NAME: NUM-VOC-NURSE-FULL-TIME
 LPN/LVN - PART TIME 7.2 774 780 N PROV1475
 THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/
 VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A PART TIME
 BASIS.
 COBOL NAME: NUM-VOC-NURSE-PART-TIME
 LTC CROSS REFERENCE PROVIDER # 6 781 786 C PROV0640
 THIS CROSS REFERENCE NUMBER IDENTIFIES LTC PROVIDER
 NUMBERS THAT WERE TERMINATED IN 1985 BECAUSE OF POLICY
 CHANGES WHICH STATES THAT SNF/ICF DISTINCT PARTS OR DUA
 LLY CERTIFIED PORTIONS ARE ASSIGNED SINGLE SNF PROV NO.
 COBOL NAME: LTC-CROSS-REF-PROV-NUM
 * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
MEDICAL DIRECTOR - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS UNDER CONTRCAT TO A FACILITY. COBOL NAME: NUM-MED-CONTRACT	7.2	787	793	N	PROV0960
MEDICAL DIRECTOR - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-MED-FULL-TIME	7.2	794	800	N	PROV0965
MEDICAL DIRECTOR - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-MED-PART-TIME	7.2	801	807	N	PROV0970
MEDICATION AIDES/TECHS-CONTRACT THE NUMBER OF FULL-TIMR EQUIVALENT MEDICATION AIDES/ TECHNICIANS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-MED-AID-CONTRACT	7.2	808	814	N	PROV5180
MEDICATION AIDES/TECHS-FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/ TECHNICIANS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-MED-AID-FULL-TIME	7.2	815	821	N	PROV5170
MEDICATION AIDES/TECHS-PART TIME THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/ TECHNICIANS EMPLOYED BYA FACILITY ON A PART TIME BASIS.	7.2	822	828	N	PROV5175

COBOL NAME: NUM-MED-AID-PART-TIME
 MENTAL HEALTH SERVICES - CONTRACT 7.2 829 835 N PROV0980
 THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH
 SERVICES PERSONNEL UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-MEN-HLTH-CONTRACT
 MENTAL HEALTH SERVICES - FULL TIME 7.2 836 842 N PROV0985
 THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH
 SERVICES PERSONNEL EMPLOYED BY A FACILITY ON A FULL
 TIME BASIS.
 COBOL NAME: NUM-MEN-HLTH-FULL-TIME
 MENTAL HEALTH SERVICES - PART TIME 7.2 843 849 N PROV0990
 THE NUMBER OF FULL TIME EQUIVALENT MENTAL HEALTH
 SERVICES PERSONNEL EMPLOYED BY A FACILITY ON A PART
 TIME BASIS.
 COBOL NAME: NUM-MEN-HLTH-PART-TIME
 MULTI-FACILITY ORGANIZATION NAME 38 850 887 C PROV0680
 THE NAME OF THE MULTI-FACILITY ORGANIZATION THAT OWNS
 THE FACILITY.
 COBOL NAME: NAME-MULT-FACL-ORG
 MULTI-FACILITY ORGANIZATION OWNED 1 888 888 C PROV0675
 INDICATES IF A FACILITY IS OWNED BY AN ORGANIZATION
 THAT OWNS (OR LEASES) TWO OR MORE NURSING FACILITIES.
 COBOL NAME: MULT-FACL-ORG
 VALUES:

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
Y					YES
NURSE AIDES IN TRNG - CONTRACT NUMBER OF FULL TIME EQUIVALENT NURSE AIDES IN TRAINING UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-AID-TRNG-CONTRACT	7.2	889	895	N	PROV5165
NURSE AIDES IN TRNG-FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT NURSE AIDES IN TRAINING EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-AID-TRNG-FULL-TIME	7.2	896	902	N	PROV5155
NURSE AIDES IN TRNG-PART TIME THE NUMBER OF FULL-TIME EQUIVALENT NURSE AIDES IN TRAINING EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-AID-TRNG-PART-TIME	7.2	903	909	N	PROV5160
NURSES WITH ADMIN DUTIES-CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-NURSE-ADM-CONTRACT	7.2	910	916	N	PROV5150
NURSES WITH ADMIN DUTIES-FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-NURSE-ADM-FULL-TIME	7.2	917	923	N	PROV5135
NURSES WITH ADMIN DUTIES-PART TIME NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A	7.2	924	930	N	PROV5145

PART TIME BASIS.
 COBOL NAME: NUM-NURSE-ADM-PART-TIME
 OCCUP THERAPIST, FULL TIME, STAFF 7.2 931 937 N PROV1040
 THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL
 THERAPISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-OCC-THER-FULL-TIME
 OCCUP THERAPISTS, CONTRACT/ARRANGE 7.2 938 944 N PROV1035
 THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL
 THERAPISTS UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-OCC-THER-CONTRACT
 OCCUP THERAPY AIDE - CONTRACT 7.2 945 951 N PROV1020
 THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL
 THERAPY AIDES UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-OCC-AID-CONTRACT
 OCCUP THERAPY AIDE - FULL TIME 7.2 952 958 N PROV1025
 THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY
 AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-OCC-AID-FULL-TIME
 OCCUP THERAPY AIDE - PART TIME 7.2 959 965 N PROV1030
 THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY
 AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-OCC-AID-PART-TIME

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
OCCUP THERAPY ASST - CONTRACT THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS UNDER CONTRCAT TO A FACILITY. COBOL NAME: NUM-OCC-ASST-CONTRACT	7.2	966	972	N	PROV5195
OCCUP THERAPY ASST - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-OCC-ASST-FULL-TIME	7.2	973	979	N	PROV5185
OCCUP THERAPY ASST - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-OCC-ASST-PART-TIME	7.2	980	986	N	PROV5190
OCCUPATIONAL THERAPIST - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-OCC-THER-PART-TIME	7.2	987	993	N	PROV1045
ORGANIZED FAMILY GROUP INDICATES IF THE FACILITY HAS AN ORGANIZED GROUP OF FAMILY MEMBERS OF RESIDENTS. COBOL NAME: ORG-FAMILY-GRP VALUES: Y YES	1	994	994	C	PROV1535
ORGANIZED RESIDENT GROUP INDICATES IF THE FACILITY HAS AN ORGANIZED RESIDENTS GROUP. COBOL NAME: ORG-RESID-GRP VALUES: Y YES	1	995	995	C	PROV1540

OTHER - CONTRACT 7.2 996 1002 N PROV3265
 THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED
 IN ANY OTHER CATEGORIES UNDER CONTRACT TO THE FACILITY.
 COBOL NAME: NUM-OTH-CONTRACT

OTHER - FULL TIME 7.2 1003 1009 N PROV3245
 THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED
 IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A
 FULL-TIME BASIS.
 COBOL NAME: NUM-OTH-FULL-TIME

OTHER - PART TIME 7.2 1010 1016 N PROV3255
 THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED
 IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A
 PART-TIME BASIS.
 COBOL NAME: NUM-OTH-PART-TIME

OTHER ACTIVITIES STAFF-CONTRACT 7.2 1017 1023 N PROV5270
 NUMBER OF CONTRACT STAFF HOURS FOR OTHER ACTIVITIES.
 COBOL NAME: NUM-OTH-ACT-CONTRACT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
OTHER ACTIVITIES STAFF-FULL TIME NUMBER OF FULL-TIME STAFF HOURS FOR OTHER ACTIVITIES. COBOL NAME: NUM-OTH-ACT-FULL-TIME	7.2	1024	1030	N	PROV5260
OTHER ACTIVITIES STAFF-PART TIME NUMBER OF PART TIME STAFF HOURS PROVIDED BY OTHER ACTIVITIES STAFF. COBOL NAME: NUM-OTH-ACT-PART-TIME	7.2	1031	1037	N	PROV5305
OTHER PHYSICIAN - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS UNDER CONTRACT TO A FACILITY COBOL NAME: NUM-OTH-PHY-CONTRACT	7.2	1038	1044	N	PROV1060
OTHER PHYSICIAN - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-OTH-PHY-FULL-TIME	7.2	1045	1051	N	PROV1065
OTHER PHYSICIAN - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-OTH-PHY-PART-TIME	7.2	1052	1058	N	PROV1070
OTHR SOCIAL SERV STAFF-CONTRACT NUMBER OF CONTRACT STAFF HOURS PROVIDED BY OTHER SOCIAL SERVICES STAFF. COBOL NAME: NUM-OTH-SOC-CONTRACT	7.2	1059	1065	N	PROV5300
OTHR SOCIAL SERV STAFF-FULL TIME NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY OTHER SOCIAL SERVICES STAFF. COBOL NAME: NUM-OTH-SOC-FULL-TIME	7.2	1066	1072	N	PROV5290
OTHR SOCIAL SERV STAFF-PART TIME	7.2	1073	1079	N	PROV5295

NUMBER OF PART-TIME STAFF HOURS PROVIDED BY OTHER SOCIAL SERVICES STAFF.
 COBOL NAME: NUM-OTH-SOC-PART-TIME
 PHARMACISTS - CONTRACT 7.2 1080 1086 N PROV1085
 THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-PHAR-CONTRACT
 PHARMACISTS - FULL TIME 7.2 1087 1093 N PROV1090
 THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-PHAR-FULL-TIME
 PHARMACISTS - PART TIME 7.2 1094 1100 N PROV1095
 THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-PHAR-PART-TIME
 PHYS THER ASST - CONTRACT 7.2 1101 1107 N PROV5210
 NUMBER OF CONTRACT STAFF HOURS FOR PHYSICAL THERAPY ASSISTANTS.
 COBOL NAME: NUM-THER-ASST-CONTRACT

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PHYS THER ASST - FULL TIME NUMBER OF FULL-TIME STAFF HOURS FOR PHYSICAL THERAPY ASSISTANTS. COBOL NAME: NUM-THER-ASST-FULL-TIME	7.2	1108	1114	N	PROV5200
PHYS THER ASST - PART TIME NUMBER OF PART-TIME STAFF HOURS FOR PHYSICAL THERAPY ASSISTANTS. COBOL NAME: NUM-THER-ASST-PART-TIME	7.2	1115	1121	N	PROV5205
PHYSICAL THERAPISTS - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-THER-CONTRACT	7.2	1122	1128	N	PROV1430
PHYSICAL THERAPISTS - FULL TIME THE NUMBER OF FULL TIME EQUIVALENT PHYSICAL THERAPISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-THER-FULL-TIME	7.2	1129	1135	N	PROV1435
PHYSICAL THERAPISTS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-THER-PART-TIME	7.2	1136	1142	N	PROV1440
PHYSICAL THERAPY AIDE - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY AIDE UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-THER-AID-CONTRACT	7.2	1143	1149	N	PROV1415
PHYSICAL THERAPY AIDE - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY AIDE EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-THER-AID-FULL-TIME	7.2	1150	1156	N	PROV1420
PHYSICAL THERAPY AIDE - PART TIME	7.2	1157	1163	N	PROV1425

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY AIDE EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-THER-AID-PART-TIME
 PHYSICIAN EXTENDER - CONTRACT 7.2 1164 1170 N PROV3270
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS UNDER CONTRACT TO THE FACILITY.
 COBOL NAME: NUM-PHYS-EXT-CONTRACT
 PHYSICIAN EXTENDER - FULL TIME 7.2 1171 1177 N PROV3250
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS EMPLOYED BY THE FACILITY ON A FULL-TIME BASIS.
 COBOL NAME: NUM-PHYS-EXT-FULL-TIME
 PHYSICIAN EXTENDER - PART TIME 7.2 1178 1184 N PROV3260
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS EMPLOYED BY THE FACILITY ON A PART-TIME BASIS.
 COBOL NAME: NUM-PHYS-EXT-PART-TIME
 PODIATRISTS - CONTRACT 7.2 1185 1191 N PROV1130
 THE NUMBER OF FULL TIME EQUIVALENT PODIATRISTS UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-POD-CONTRACT

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PODIATRISTS - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-POD-FULL-TIME	7.2	1192	1198	N	PROV1135
PODIATRISTS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-POD-PART-TIME	7.2	1199	1205	N	PROV1140
PROVIDER BASED FACILITY INDICATES IF A LONG TERM CARE FACILITY IS PROVIDER BASED. COBOL NAME: PROV-BASED-FACILITY VALUES: Y HOSPITAL BASED	1	1206	1206	C	PROV1675
REGISTERED NURSE - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-REG-NURSE-CONTRACT	7.2	1207	1213	N	PROV1150
REGISTERED NURSE - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-REG-NURSE-FULL-TIME	7.2	1214	1220	N	PROV1155
REGISTERED NURSE - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-REG-NURSE-PART-TIME	7.2	1221	1227	N	PROV1160
RELATED PROVIDER NUMBER THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD	10	1228	1237	C	PROV1755

WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.

COBOL NAME: RELATED-PROV-NUM

RESCIND SUSPENSION DATE 8 1238 1245 C PROV1825

DATE THAT THE SUSPENSION OF PAYMENTS FOR NEW ADMISSIONS
TO A LONG TERM CARE FACILITY (LTC) IS RESCINDED.

COBOL NAME: RESC-SUSP-DT

RN DIRECTOR OF NURSING - CONTRACT 7.2 1246 1252 N PROV5130

THE NUMBER OF FULL TIME EQUIVALENT RN DIRECTOR OF NURSING
UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-RN-DON-CONTRACT

RN DIRECTOR OF NURSING - FULL TIME 7.2 1253 1259 N PROV5120

THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF
NURSING EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-RN-DON-FULL-TIME

RN DIRECTOR OF NURSING - PART TIME 7.2 1260 1266 N PROV5140

THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF
NURSING EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-RN-DON-PART-TIME

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SOCIAL WORKER - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-SOCIAL-CONTRACT	7.2	1267	1273	N	PROV1170
SOCIAL WORKER - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-SOCIAL-FULL-TIME	7.2	1274	1280	N	PROV1175
SOCIAL WORKER - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-SOCIAL-PART-TIME	7.2	1281	1287	N	PROV1180
SPECIAL CARE BEDS-AIDS THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH AIDS. COBOL NAME: NUM-AIDS-BEDS	3	1288	1290	N	PROV0725
SPECIAL CARE BEDS-ALZHEIMERS THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH ALZEHEIMERS. COBOL NAME: NUM-ALZHEIMERS-BEDS	3	1291	1293	N	PROV0730
SPECIAL CARE BEDS-DIALYSIS THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS NEEDING DIALYSIS. COBOL NAME: NUM-DIAL-BEDS	3	1294	1296	N	PROV0800
SPECIAL CARE BEDS-DISABLED CHILD THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR DEISCABLED CHILDREN. COBOL NAME: NUM-DIS-CHILD-BEDS	3	1297	1299	N	PROV0855
SPECIAL CARE BEDS-HEAD TRAUMA THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILTY FOR RESIDENTS WITH HEAD TRAUMA.	3	1300	1302	N	PROV0905

COBOL NAME: NUM-HEAD-TRAUMA-BEDS
SPECIAL CARE BEDS-HOSPICE 3 1303 1305 N PROV0920
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED
BY A FACILITY FOR RESIDENTS NEEDING HOSPICE SERVICES.
COBOL NAME: NUM-HOSPICE-BEDS
SPECIAL CARE BEDS-HUNTINGTONS 3 1306 1308 N PROV0940
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED
BY THE FACILITY FOR RESIDENTS WITH HUNTINGTON'S DISEASE
COBOL NAME: NUM-HUNTING-DIS-BEDS
SPECIAL CARE BEDS-SPEC REHAB 3 1309 1311 N PROV1205
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED
BY THE FACILITY FOR RESIDENTS WITH SPECIALIZED REHAB
NEEDS.
COBOL NAME: NUM-SPEC-REHAB-BEDS

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SPECIAL CARE BEDS-VENTILATOR THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH VENTILATOR/ RESPIRATORY CARE NEEDS. COBOL NAME: NUM-VENT-RESP-BEDS	3	1312	1314	N	PROV1460
SPEECH PATHOLOGIST - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-SPCH-PATH-CONTRACT	7.2	1315	1321	N	PROV1190
SPEECH PATHOLOGIST - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT SPPECH PATHOLOGISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-SPCH-PATH-FULL-TIME	7.2	1322	1328	N	PROV1195
SPEECH PATHOLOGIST - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-SPCH-PATH-PART-TIME	7.2	1329	1335	N	PROV1200
SRV: ACTIVITIES-OFFSITE-RESIDENTS INDICATES IF ACTIVITIES SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-ACT-THER-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1336	1336	C	PROV3390
SRV: ACTIVITIES-ONSITE-NON RES INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS. COBOL NAME: SP-ACT-THER-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1337	1337	C	PROV3385
SRV: ACTIVITIES-ONSITE-RESIDENTS	1	1338	1338	C	PROV3380

INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE
TO RESIDENTS.

COBOL NAME: SP-ACT-THER-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: BLOOD ADMIN-OFFSITE-RESIDENTS 1 1339 1339 C PROV3525

INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD
SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-ADM-BLOOD-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

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SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: BLOOD ADMIN-ONSITE-NONRES 1 1340 1340 C PROV3520

INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD
SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.

COBOL NAME: SP-ADM-BLOOD-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: BLOOD ADMIN-ONSITE-RESIDENTS 1 1341 1341 C PROV3515

INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD
SERVICES ARE PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-ADM-BLOOD-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: CLINICAL LAB-OFFSITE-RESIDENT 1 1342 1342 C PROV3495

INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED
OFFSITE TO RESIDENTS.

COBOL NAME: SP-CLIN-LAB-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: CLINICAL LAB-ONSITE-NON RES 1 1343 1343 C PROV3490

INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED
ONSITE TO NON RESIDENTS.

COBOL NAME: SP-CLIN-LAB-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: CLINICAL LAB-ONSITE-RESIDENTS 1 1344 1344 C PROV3485

INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED
ONSITE TO RESIDENTS.

COBOL NAME: SP-CLIN-LAB-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: DENTAL-OFFSITE-RESIDENTS 1 1345 1345 C PROV3435
INDICATES IF DENTAL SERVICES ARE PROVIDED OFFSITE TO
RESIDENTS.
COBOL NAME: SP-DENTAL-OFF-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: DENTAL-ONSITE-NON RESIDENTS 1 1346 1346 C PROV3430
INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO
NON RESIDENTS.
COBOL NAME: SP-DENTAL-ON-NON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
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SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: DENTAL-ONSITE-RESIDENTS 1 1347 1347 C PROV3425
INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO
RESIDENTS.
COBOL NAME: SP-DENTAL-ON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: DIETARY-OFFSITE-RESIDENTS 1 1348 1348 C PROV3345
INDICATES IF DIETARY SERVICES ARE PROVIDED OFFSITE TO
RESIDENTS.
COBOL NAME: SP-DIETARY-OFF-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: DIETARY-ONSITE-NON RESIDENTS 1 1349 1349 C PROV3340
INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO
NON RESIDENTS.
COBOL NAME: SP-DIETARY-ON-NON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: DIETARY-ONSITE-RESIDENTS 1 1350 1350 C PROV3335
INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO
RESIDENTS.
COBOL NAME: SP-DIETARY-ON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING ONSITE-NON RES 1 1351 1351 C PROV3535
INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE
TO NON RESIDENTS.
COBOL NAME: SP-HOUSE-KP-ON-NON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: NURSING-ONSITE-RESIDENTS 1 1359 1359 C PROV3305
 INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO
 RESIDENTS.
 COBOL NAME: SP-NURSING-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: OCCUP THER-OFFSITE-RESIDENTS 1 1360 1360 C PROV3360
 INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED
 OFFSITE TO RESIDENTS.
 COBOL NAME: SP-OCC-THER-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: OCCUP THER-ONSITE-NON RESID INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-OCC-THER-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1361	1361	C	PROV3355
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SRV: OCCUP THER-ONSITE-RESIDENTS INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-OCC-THER-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1362	1362	C	PROV3350
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SRV: OTH ACTIVITIES-OFFSITE TO RES FIELD 3 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY STAFF OFFSITE TO RESIDENTS. COBOL NAME: SP-OTH-ACT-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1363	1363	C	PROV5255
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SRV: OTH ACTIVITIES-ONSITE NONRES FIELD 2 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY STAFF ONSITE TO NONRESIDENTS. COBOL NAME: SP-OTH-ACT-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1364	1364	C	PROV5250
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SRV: OTH ACTIVITIES-ONSITE RES FIELD 1 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY STAFF ONSITE TO RESIDENTS. COBOL NAME: SP-OTH-ACT-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1365	1365	C	PROV5245
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SRV: OTH SOC SRV-OFFSITE TO RES	1	1366	1366	C	PROV5285
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FIELD 3 - INDICATES SERVICES PROVIDED BY OTHER SOCIAL SERVICES STAFF OFFSITE TO RESIDENTS.

COBOL NAME: SP-OTH-SOC-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-ONSITE TO NONRES 1 1367 1367 C PROV5280
INDICATES IF OTHER SOCIAL SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.

COBOL NAME: SP-OTH-SOC-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

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SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: OTH SOC SRV-ONSITE TO RES 1 1368 1368 C PROV5275
FIELD 1 - INDICATES SERVICES PROVIDED BY SOCIAL SERVICE

S STAFF ONSITE TO RESIDENTS.

COBOL NAME: SP-OTH-SOC-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PHARMACY-OFFSITE-RESIDENTS 1 1369 1369 C PROV3330
INDICATES IF PHARMACY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-PHARMACY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PHARMACY-ONSITE-NON RESIDENTS 1 1370 1370 C PROV3325
INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.

COBOL NAME: SP-PHARMACY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PHARMACY-ONSITE-RESIDENTS 1 1371 1371 C PROV3320
INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-PHARMACY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PHYS EXTENDER-OFFSITE-RESID 1 1372 1372 C PROV3300
INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-EXT-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PHYS EXTENDER-ONSITE-NON RES 1 1373 1373 C PROV3295
INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.
 COBOL NAME: SP-PHYS-EXT-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: PHYS EXTENDER-ONSITE-RESIDENT 1 1374 1374 C PROV3290
 INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED
 ONSITE TO RESIDENTS.
 COBOL NAME: SP-PHYS-EXT-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 28
 SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: PHYS THER-OFFSITE-RESIDENTS INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-PHYS-THER-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1375	1375	C	PROV3375
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SRV: PHYS THER-ONSITE-NON RESIDENT INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-PHYS-THER-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1376	1376	C	PROV3370
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SRV: PHYS THER-ONSITE-RESIDENTS INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-PHYS-THER-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1377	1377	C	PROV3365
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SRV: PHYSICIAN-OFFSITE-RESIDENTS INDICATES IF PHYSICIAN SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-PHYS-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1378	1378	C	PROV3285
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SRV: PHYSICIAN-ONSITE-NON RESIDENT INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-PHYS-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1379	1379	C	PROV3280
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SRV: PHYSICIAN-ONSITE-RESIDENTS INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO RESIDENTS.	1	1380	1380	C	PROV3275
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COBOL NAME: SP-PHYS-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: PODIATRY-OFFSITE-RESIDENTS 1 1381 1381 C PROV3450
 INDICATES IF PODIATRY SERVICES ARE PROVIDED OFFSITE TO
 RESIDENTS.

COBOL NAME: SP-PODIATRY-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 29
 SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: PODIATRY-ONSITE-NON RESIDENTS	1	1382	1382	C	PROV3445
INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.					

COBOL NAME: SP-PODIATRY-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: PODIATRY-ONSITE-RESIDENTS	1	1383	1383	C	PROV3440
INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					

COBOL NAME: SP-PODIATRY-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-OFFSITE-RESIDENTS	1	1384	1384	C	PROV3405
INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					

COBOL NAME: SP-MED-SOC-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-ONSITE-NON RESID	1	1385	1385	C	PROV3400
INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.					

COBOL NAME: SP-MED-SOC-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-ONSITE-RESIDENTS	1	1386	1386	C	PROV3395
INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					

COBOL NAME: SP-MED-SOC-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: SPEECH PATH-OFFSITE-RESIDEN	1	1387	1387	C	PROV3420
INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					

COBOL NAME: SP-SPEECH-PH-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: SPEECH PATH-ONSITE-NON RESID 1 1388 1388 C PROV3415
INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE
PROVIDED ONSITE TO NON RESIDENTS.
COBOL NAME: SP-SPEECH-PH-ON-NON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 30
SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: SPEECH PATH-ONSITE-RESIDENTS 1 1389 1389 C PROV3410
INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE
PROVIDED ONSITE TO RESIDENTS.
COBOL NAME: SP-SPEECH-PH-ON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: THER REC SPEC-OFFSITE TO RES 1 1390 1390 C PROV5225
INDICATES IF THERAPEUTIC RECREATION SPECIALIST
SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.
COBOL NAME: SP-THER-REC-OFF-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: THER REC SPEC-ONSITE-NONRES 1 1391 1391 C PROV5220
INDICATES IF THERAPEUTIC RECREATION SPECIALIST
SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.
COBOL NAME: SP-THER-REC-ON-NON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: THER REC SPEC-ONSITE-RESIDENT 1 1392 1392 C PROV5215
INDICATES IF THERAPEUTIC RECREATION SPECIALIST
SERVICES ARE PROVIDED ONSITE TO RESIDENTS.
COBOL NAME: SP-THER-REC-ON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: VOCATIONAL-OFFSITE-RESIDENTS 1 1393 1393 C PROV3480
INDICATES IF VOCATIONAL SERVICES ARE PROVIDED OFFSITE
TO RESIDENTS.
COBOL NAME: SP-VOC-GUID-OFF-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: VOCATIONAL-ONSITE-NON RESID 1 1394 1394 C PROV3475
INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE
TO NON RESIDENTS.
COBOL NAME: SP-VOC-GUID-ON-NON-RES
VALUES: N SERVICE IS NOT PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 1
 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 03 TITLE 18/19	2	1	2	C	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 03 SNF/NF (DISTINCT PART)	2	3	4	C	PROV0075
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT	2	5	6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT	8	7	14	C	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY	28	15	42	C	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC	1	43	43	C	PROV0220
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE B NOT IN COMPLIANCE	1	44	44	C	PROV2715
COUNTY CODE SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED. COBOL NAME: SSA-COUNTY	3	45	47	C	PROV2695
CROSS REFERENCE PROVIDER NUMBER NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.	10	48	57	C	PROV0300

COBOL NAME: CROSS-REF-PROV-NUM
 CURRENT FMS SURVEY DATE 8 58 65 C PROV0500
 CURRENT FMS SURVEY DATE
 COBOL NAME: FMS-SURVEY-DT-1

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 2
 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER. COBOL NAME: SURVEY-DT-1	8	66	73	C	PROV2740
ELIGIBILITY CODE INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: ELIG-CD VALUES: 1 ELIGIBLE TO PARTICIPATE 2 NOT ELIGIBLE TO PARTICIPATE	1	74	74	C	PROV0455
FACILITY NAME THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: FACILITY-NAME	50	75	124	C	PROV0475
INTERMEDIARY NUMBER A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER SERVICING A PROVIDER OR SUPPLIER. COBOL NAME: INTER-CARRIER-NUM VALUES: 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)	5	125	129	C	PROV0605

00231	BLUE CROSS (LOUISIANA)
00241	BLUE CROSS (MISSOURI)
00260	BLUE CROSS (NEBRASKA)
00270	NATIONAL GOVERNMENT SERVICES
00280	BLUE CROSS (NEW JERSEY)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 3
 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00290					BLUE CROSS (NEW MEXICO)
00308					NATIONAL GOVERNMENT SERVICES
00310					BLUE CROSS (NORTH CAROLINA)
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
00468					BLUE CROSS (NORTH CAROLINA FOR PR)
00511					CAHABA
00883					PALMETTO
00952					WPS - ILLINOIS
00953					WPS - MICHIGAN
00954					WI PHYSICIAN SERVICES - MN
01390					AETNA (WASHINGTON)
03001					NORIDIAN ADMIN SERVICES
03102					NORIDIAN ADMIN SERVICES (ARIZONA)
03202					NORIDIAN ADMIN SERVICES (MONTANA)
03302					NORIDIAN ADMIN SERVICES (NORTH DAKOTA)
03402					NORIDIAN ADMIN SERVICES (MONTANA)
03502					NORIDIAN ADMIN SERVICES (UTAH)
03602					NORIDIAN ADMIN SERVICES (WYOMING)
17120					HAWAII MEDICAL SERVICE ASSOCIATION
31140					NATIONAL HERITAGE (CA)
31142					NATIONAL HERITAGE INSURANCE CO (MAINE)
31143					NATIONAL HERITAGE INSURANCE CO
31144					NATIONAL HERITAGE INSURANCE CO
31146					NATIONAL HERTAGE INSURANCE
50333					TRAVELERS (NEW YORK)
51051					AETNA (PETALUMA)
51070					AETNA (FARMINGTON)

51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 4
 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
57400					COOPERATIVA (PUERTO RICO)
MEDICARE OR MEDICAID VENDOR NUMBER A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM	15	130	144	C	PROV0655
PARTICIPATION DATE THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT	8	145	152	C	PROV1565
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT	8	153	160	C	PROV1615
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM VALUES:	5	161	165	C	PROV1620
00010					BLUE CROSS (ALABAMA)
00011					CAHABA
00020					BLUE CROSS (ARKANSAS)
00030					BLUE CROSS (ARIZONA)
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					BLUE CROSS (KENTUCKY)
00180					BLUE CROSS (MAINE)
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)
00241					BLUE CROSS (MISSOURI)
00250					BLUE CROSS (MONTANA)
00260					BLUE CROSS (NEBRASKA)

00270	NATIONAL GOVERNMENT SERVICES
00280	BLUE CROSS (NEW JERSEY)
00290	BLUE CROSS (NEW MEXICO)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 5
 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00308					NATIONAL GOVERNMENT SERVICES
00310					BLUE CROSS (NORTH CAROLINA)
00320					BLUE CROSS (NORTH DAKOTA)
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
00460					BLUE CROSS (WYOMING)
00468					BLUE CROSS (NORTH CAROLINA FOR PR)
00511					CAHABA
00883					PALMETTO
00952					WPS - ILLINOIS
00953					WPS - MICHIGAN
00954					WI PHYSICIAN SERVICES - MN
01390					AETNA (WASHINGTON)
03001					NORIDIAN ADMIN SERVICES
03102					NORIDIAN ADMIN SERVICES (ARIZONA)
03202					NORIDIAN ADMIN SERVICES (MONTANA)
03302					NORIDIAN ADMIN SERVICES (NORTH DAKOTA)
03402					NORIDIAN ADMIN SERVICES (MONTANA)
03502					NORIDIAN ADMIN SERVICES (UTAH)
03602					NORIDIAN ADMIN SERVICES (WYOMING)
17120					HAWAII MEDICAL SERVICE ASSOCIATION
31140					NATIONAL HERITAGE (CA)
31142					NATIONAL HERITAGE INSURANCE CO (MAINE)
31143					NATIONAL HERITAGE INSURANCE CO
31144					NATIONAL HERITAGE INSURANCE CO
31146					NATIONAL HERTAGE INSURANCE
50333					TRAVELERS (NEW YORK)
51051					AETNA (PETALUMA)
51070					AETNA (FARMINGTON)
51100					AETNA (CLEARWATER)

51140 AETNA (PEORIA)
 51390 AETNA (FORT WASHINGTON)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 6
 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
52280					MUTUAL OF OMAHA
57400					COOPERATIVA (PUERTO RICO)

PROVIDER NUMBER 10 166 175 C PROV1680
 A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS-
 SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER
 IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER,
 A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.
 COBOL NAME: PROV-NUM

RECORD TYPE 1 176 176 C PROV1720
 THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.
 COBOL NAME: RECORD-TYPE
 VALUES: A ACCEPTED
 P PENDING
 W WORK

REGION CODE 2 177 178 C PROV1725
 THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE
 STATE IN WHICH THE PROVIDER IS LOCATED.
 COBOL NAME: REGION
 VALUES: 01 I BOSTON
 02 II NEW YORK
 03 III PHILADELPHIA
 04 IV ATLANTA
 05 V CHICAGO
 06 VI DALLAS
 07 VII KANSAS CITY
 08 VIII DENVER
 09 IX SAN FRANCISCO
 10 X SEATTLE

SKELETON RECORD INDICATOR 1 179 179 C PROV2045
 INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
 ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
 FOR THIS PROVIDER.
 COBOL NAME: SKELETON-IND
 VALUES: Y YES

STATE ABBREVIATION 2 180 181 C PROV3230
 STATE ABBREVIATION
 COBOL NAME: STATE-ABBREV
 VALUES: AK ALASKA
 AL ALABAMA
 AR ARKANSAS
 AS AMERICAN SAMOA
 AZ ARIZONA
 CA CALIFORNIA

CN

CANADA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 7
SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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					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

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
WI					WISCONSIN
WV					WEST VIRGINIA
WY					WYOMING

STATE CODE (SSA) 2 182 183 C PROV2700
 TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
 LOCATED.

COBOL NAME: SSA-STATE

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

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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
56					CANADA
59					MEXICO
64					AMERICAN SAMOA
65					GUAM
66					SAIPAN
STATE REGION CODE	3	184	186	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED					
COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	187	236	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	237	246	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER.					
COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	247	248	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: TERM-CD-1					
VALUES:	00				ACTIVE
	01				VOL-MERG,CLOSE
	02				VOL-REIMBURSE
	03				VOL-RISK INVOL
	04				VOL-OTHER
	05				INVOL-FAIL REQ
	06				INVOL-AGREEMNT
	07				OTH-STATUS CHG

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
TERMINATION DATE/EXPIRATION DATE 1 THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE FACILITY WAS TERMINATED. COBOL NAME: EXP-DT-1	8	249	256	C	PROV4500
TYPE OF ACTION IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED. COBOL NAME: TYPE-ACTION VALUES: 1 INITIAL 2 RECERTIFICATION 3 TERMINATION 4 CHANGE OF OWNERSHIP	1	257	257	C	PROV2880
TYPE OF CONTROL INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL 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 LIMITED LIABILITY CORPORATION	2	258	259	C	PROV2885
ZIP CODE THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER. COBOL NAME: ZIP-CD	5	260	264	C	PROV2905
FIPS STATE CODE FIPS STATE CODE COBOL NAME: WS-FIPS-STATE	2	265	266	C	FIPSTATE
FIPS COUNTY CODE FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY	3	267	269	C	FIPCNTY
SSA MSA CODE SSA MSA CODE COBOL NAME: WS-SSA-MSA-CD	3	270	272	C	SSAMSACD
SSA MSA SIZE CODE SSA MSA SIZE CODE COBOL NAME: WS-SSA-MSA-SIZE-CD	1	273	273	C	SSAMSASZ

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
* BEDS - TOTAL TOTAL NUMBER OF BEDS IN A FACILITY, INCLUDING THOSE IN NON-PARTICIPATING OR NON-LICENSED AREAS. COBOL NAME: NUM-BEDS	4	291	294	N	PROV0740
BEDS - TOTAL CERTIFIED NUMBER OF BEDS IN MEDICARE AND/OR MEDICAID CERTIFIED AREAS WITHIN A FACILITY. COBOL NAME: NUM-CERT-BEDS	4	295	298	N	PROV0755
COMPLIANCE: LIFE SAFETY CODE INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN RECOMMENDED FOR A PROVIDER. COBOL NAME: COMPL-LSC VALUES: 1 WAIVER RECOMMENDED	1	356	356	C	PROV0240
COMPLIANCE: 24 HR REGISTERED NURSE INDICATES IF A WAIVER OF THE 24 HOUR REGISTERED NURSE REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY. COBOL NAME: COMPL-24-HR-RN VALUES: 1 WAIVER RECOMMENDED	1	359	359	C	PROV0290
FISCAL YEAR ENDING DATE THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR. COBOL NAME: FISC-YR-END-DT	4	378	381	C	PROV0485
PROGRAM PARTICIPATION INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE, MEDICAID, OR BOTH PROGRAMS. COBOL NAME: PROG-PARTCI VALUES: 1 MEDICARE ONLY 2 MEDICAID ONLY 3 MEDICARE AND MEDICAID	1	434	434	C	PROV1670
REGIONAL OVERRIDE #1 (NUMBER BEDS) THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE ODIE DATA ENTRY SYSTEM. COBOL NAME: OVERRIDE-1 VALUES: Y RECORD HAS BEEN APPROVED	1	470	470	C	PROV1545
REGIONAL OVERRIDE #2 (STAFFING) THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE ODIE DATA ENTRY SYSTEM. COBOL NAME: OVERRIDE-2 VALUES: Y RECORD HAS BEEN APPROVED	1	471	471	C	PROV1550

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
ACTIVITY PROFESSIONAL - CONTRACT THE NUMBER OF FULL TIME EQUIVALENT ACTIVITIES PROFESSIONALS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-ACT-THER-CONTRACT	7.2	596	602	N	PROV0695
ACTIVITY PROFESSIONAL - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES PROFESSIONALS EMPLOYED FULL TIME BY A FACILITY. COBOL NAME: NUM-ACT-THER-FULL-TIME	7.2	603	609	N	PROV0700
ACTIVITY PROFESSIONAL - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES PROFESSIONALS EMPLOYED PART TIME BY A FACILITY. COBOL NAME: NUM-ACT-THER-PART-TIME	7.2	610	616	N	PROV0705
ADMINISTRATION - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-ADMN-CONTRACT	7.2	617	623	N	PROV0710
ADMINISTRATOR - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF EMPLOYED ON A FULL TIME BASIS BY A FACILITY. COBOL NAME: NUM-ADMN-FULL-TIME	7.2	624	630	N	PROV0715
ADMINISTRATOR - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF EMPLOYED ON A PART-TIME BASIS BY A FACILITY. COBOL NAME: NUM-ADMN-PART-TIME	7.2	631	637	N	PROV0720
BEDS - MEDICARE SNF NUMBER OF MEDICARE CERTIFIED SNF BEDS IN A FACILITY. COBOL NAME: NUM-T18-SNF-BEDS	4	638	641	N	PROV1445
BEDS - NURSING FACILITY NUMBER OF MEDICAID CERTIFIED SKILLED NURSING CARE BEDS IN A FACILITY. COBOL NAME: NUM-T19-SNF-BEDS	4	642	645	N	PROV1455
BEDS - SNF/NF NUMBER OF BEDS CERTIFIED FOR BOTH MEDICARE AND MEDICAID SKILLED NURSING CARE IN A LONG TERM CARE FACILITY. COBOL NAME: NUM-T1819-SNF-BEDS	4	646	649	N	PROV1450
CERT NURSE AIDES - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-NURSE-AID-CONTRACT	7.2	650	656	N	PROV1000
CERT NURSE AIDES - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-NURSE-AID-FULL-TIME	7.2	657	663	N	PROV1005
CERT NURSE AIDES - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-NURSE-AID-PART-TIME	7.2	664	670	N	PROV1010

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CHRISTIAN SCIENCE INDICATOR INDICATES IF A PROVIDER IS A CHRISTIAN SCIENCE FACILITY COBOL NAME: CHRISTIAN-SCIENCE-IND VALUES: Y CHRISTIAN SCIENCE	1	671	671	C	PROV0110
COMPLIANCE: BEDS PER ROOM WAIVER INDICATES IF A WAIVER OF THE BEDS PER ROOM REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY. COBOL NAME: COMPL-BEDS-PER-ROOM VALUES: 1 WAIVER RECOMMENDED	1	672	672	C	PROV0225
COMPLIANCE: PATIENT ROOM SIZE INDICATES IF A WAIVER OF PATIENT ROOM SIZE HAS BEEN RECOMMENDED FOR A FACILITY. COBOL NAME: COMPL-PATIENT-ROOM-SZ VALUES: 1 WAIVER RECOMMENDED	1	673	673	C	PROV0270
COMPLIANCE: 7 DAY REGISTERED NURSE INDICATES IF A WAIVER OF THE 7 DAY REGISTERED NURSE REQUIREMENTS HAS BEEN RECOMMENDED FOR A SNF OR NF. COBOL NAME: COMPL-7-DAY-RN VALUES: 1 WAIVER RECOMMENDED	1	674	674	C	PROV0295
DENTISTS - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-DENTIST-CONTRACT	7.2	675	681	N	PROV0785
DENTISTS - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-DENTIST-FULL-TIME	7.2	682	688	N	PROV0790
DENTISTS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-DENTIST-PART-TIME	7.2	689	695	N	PROV0795
DIETITIANS - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-DIET-CONTRACT	7.2	696	702	N	PROV0805
DIETITIANS - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT DIETITIANS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-DIET-FULL-TIME	7.2	703	709	N	PROV0810
DIETITIANS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT DIETITIANS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-DIET-PART-TIME	7.2	710	716	N	PROV0815

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
EXPERIMENTAL RESEARCH CONDUCTED INDICATES IF A FACILITY USES RESIDENTS TO DEVELOP AND TEST CLINICAL TREATMENTS. COBOL NAME: EXPER-RESEARCH VALUES: Y YES	1	717	717	C	PROV0465
FOOD SERVICE - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE PERSONNEL UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-FOOD-SRV-CONTRACT	7.2	718	724	N	PROV0860
FOOD SERVICE - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-FOOD-SRV-FULL-TIME	7.2	725	731	N	PROV0865
FOOD SERVICE - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-FOOD-SRV-PART-TIME	7.2	732	738	N	PROV0870
HOUSEKEEPING - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-HOUSE-CONTRACT	7.2	739	745	N	PROV0925
HOUSEKEEPING - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-HOUSE-FULL-TIME	7.2	746	752	N	PROV0930
HOUSEKEEPING - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-HOUSE-PART-TIME	7.2	753	759	N	PROV0935
LPN/LVN - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-VOC-NURSE-CONTRACT	7.2	760	766	N	PROV1465
LPN/LVN - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-VOC-NURSE-FULL-TIME	7.2	767	773	N	PROV1470
LPN/LVN - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-VOC-NURSE-PART-TIME	7.2	774	780	N	PROV1475
LTC CROSS REFERENCE PROVIDER # THIS CROSS REFERENCE NUMBER IDENTIFIES LTC PROVIDER NUMBERS THAT WERE TERMINATED IN 1985 BECAUSE OF POLICY CHANGES WHICH STATES THAT SNF/ICF DISTINCT PARTS OR DUA LLY CERTIFIED PORTIONS ARE ASSIGNED SINGLE SNF PROV NO. COBOL NAME: LTC-CROSS-REF-PROV-NUM	6	781	786	C	PROV0640

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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MEDICAL DIRECTOR - CONTRACT	7.2	787	793	N	PROV0960
THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS UNDER CONTRCAT TO A FACILITY.					
COBOL NAME: NUM-MED-CONTRACT					
MEDICAL DIRECTOR - FULL TIME	7.2	794	800	N	PROV0965
THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-MED-FULL-TIME					
MEDICAL DIRECTOR - PART TIME	7.2	801	807	N	PROV0970
THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-MED-PART-TIME					
MEDICATION AIDES/TECHS-CONTRACT	7.2	808	814	N	PROV5180
THE NUMBER OF FULL-TIMR EQUIVALENT MEDICATION AIDES/TECHNICIANS UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-MED-AID-CONTRACT					
MEDICATION AIDES/TECHS-FULL TIME	7.2	815	821	N	PROV5170
THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/TECHNICIANS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-MED-AID-FULL-TIME					
MEDICATION AIDES/TECHS-PART TIME	7.2	822	828	N	PROV5175
THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/TECHNICIANS EMPLOYED BYA FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-MED-AID-PART-TIME					
MENTAL HEALTH SERVICES - CONTRACT	7.2	829	835	N	PROV0980
THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-MEN-HLTH-CONTRACT					
MENTAL HEALTH SERVICES - FULL TIME	7.2	836	842	N	PROV0985
THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-MEN-HLTH-FULL-TIME					
MENTAL HEALTH SERVICES - PART TIME	7.2	843	849	N	PROV0990
THE NUMBER OF FULL TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-MEN-HLTH-PART-TIME					
MULTI-FACILITY ORGANIZATION NAME	38	850	887	C	PROV0680
THE NAME OF THE MULTI-FACILITY ORGANIZATION THAT OWNS THE FACILITY.					
COBOL NAME: NAME-MULT-FACL-ORG					
MULTI-FACILITY ORGANIZATION OWNED	1	888	888	C	PROV0675
INDICATES IF A FACILITY IS OWNED BY AN ORGANIZATION THAT OWNS (OR LEASES) TWO OR MORE NURSING FACILITIES.					
COBOL NAME: MULT-FACL-ORG					
VALUES:					

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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Y

YES

NURSE AIDES IN TRNG - CONTRACT	7.2	889	895	N	PROV5165
NUMBER OF FULL TIME EQUIVALENT NURSE AIDES IN TRAINING UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-AID-TRNG-CONTRACT					
NURSE AIDES IN TRNG-FULL TIME	7.2	896	902	N	PROV5155
THE NUMBER OF FULL-TIME EQUIVALENT NURSE AIDES IN TRAINING EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-AID-TRNG-FULL-TIME					
NURSE AIDES IN TRNG-PART TIME	7.2	903	909	N	PROV5160
THE NUMBER OF FULL-TIME EQUIVALENT NURSE AIDES IN TRAINING EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-AID-TRNG-PART-TIME					
NURSES WITH ADMIN DUTIES-CONTRACT	7.2	910	916	N	PROV5150
THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-NURSE-ADM-CONTRACT					
NURSES WITH ADMIN DUTIES-FULL TIME	7.2	917	923	N	PROV5135
THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-NURSE-ADM-FULL-TIME					
NURSES WITH ADMIN DUTIES-PART TIME	7.2	924	930	N	PROV5145
NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-NURSE-ADM-PART-TIME					
OCCUP THERAPIST, FULL TIME, STAFF	7.2	931	937	N	PROV1040
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-OCC-THER-FULL-TIME					
OCCUP THERAPISTS, CONTRACT/ARRANGE	7.2	938	944	N	PROV1035
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-OCC-THER-CONTRACT					
OCCUP THERAPY AIDE - CONTRACT	7.2	945	951	N	PROV1020
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY AIDES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-OCC-AID-CONTRACT					
OCCUP THERAPY AIDE - FULL TIME	7.2	952	958	N	PROV1025
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-OCC-AID-FULL-TIME					
OCCUP THERAPY AIDE - PART TIME	7.2	959	965	N	PROV1030
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-OCC-AID-PART-TIME					

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
OCCUP THERAPY ASST - CONTRACT	7.2	966	972	N	PROV5195

THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS UNDER CONTRCAT TO A FACILITY.
 COBOL NAME: NUM-OCC-ASST-CONTRACT
 OCCUP THERAPY ASST - FULL TIME 7.2 973 979 N PROV5185
 THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-OCC-ASST-FULL-TIME
 OCCUP THERAPY ASST - PART TIME 7.2 980 986 N PROV5190
 THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-OCC-ASST-PART-TIME
 OCCUPATIONAL THERAPIST - PART TIME 7.2 987 993 N PROV1045
 THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-OCC-THER-PART-TIME
 ORGANIZED FAMILY GROUP 1 994 994 C PROV1535
 INDICATES IF THE FACILITY HAS AN ORGANIZED GROUP OF FAMILY MEMBERS OF RESIDENTS.
 COBOL NAME: ORG-FAMILY-GRP
 VALUES: Y YES
 ORGANIZED RESIDENT GROUP 1 995 995 C PROV1540
 INDICATES IF THE FACILITY HAS AN ORGANIZED RESIDENTS GROUP.
 COBOL NAME: ORG-RESID-GRP
 VALUES: Y YES
 OTHER - CONTRACT 7.2 996 1002 N PROV3265
 THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES UNDER CONTRACT TO THE FACILITY.
 COBOL NAME: NUM-OTH-CONTRACT
 OTHER - FULL TIME 7.2 1003 1009 N PROV3245
 THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A FULL-TIME BASIS.
 COBOL NAME: NUM-OTH-FULL-TIME
 OTHER - PART TIME 7.2 1010 1016 N PROV3255
 THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A PART-TIME BASIS.
 COBOL NAME: NUM-OTH-PART-TIME
 OTHER ACTIVITIES STAFF-CONTRACT 7.2 1017 1023 N PROV5270
 NUMBER OF CONTRACT STAFF HOURS FOR OTHER ACTIVITIES.
 COBOL NAME: NUM-OTH-ACT-CONTRACT

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
OTHER ACTIVITIES STAFF-FULL TIME NUMBER OF FULL-TIME STAFF HOURS FOR OTHER ACTIVITIES.	7.2	1024	1030	N	PROV5260

COBOL NAME: NUM-OTH-ACT-FULL-TIME
 OTHER ACTIVITIES STAFF-PART TIME 7.2 1031 1037 N PROV5305
 NUMBER OF PART TIME STAFF HOURS PROVIDED BY OTHER ACTIVITIES STAFF.
 COBOL NAME: NUM-OTH-ACT-PART-TIME
 OTHER PHYSICIAN - CONTRACT 7.2 1038 1044 N PROV1060
 THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS UNDER CONTRACT TO A FACILITY
 COBOL NAME: NUM-OTH-PHY-CONTRACT
 OTHER PHYSICIAN - FULL TIME 7.2 1045 1051 N PROV1065
 THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-OTH-PHY-FULL-TIME
 OTHER PHYSICIAN - PART TIME 7.2 1052 1058 N PROV1070
 THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-OTH-PHY-PART-TIME
 OTHR SOCIAL SERV STAFF-CONTRACT 7.2 1059 1065 N PROV5300
 NUMBER OF CONTRACT STAFF HOURS PROVIDED BY OTHER SOCIAL SERVICES STAFF.
 COBOL NAME: NUM-OTH-SOC-CONTRACT
 OTHR SOCIAL SERV STAFF-FULL TIME 7.2 1066 1072 N PROV5290
 NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY OTHER SOCIAL SERVICES STAFF.
 COBOL NAME: NUM-OTH-SOC-FULL-TIME
 OTHR SOCIAL SERV STAFF-PART TIME 7.2 1073 1079 N PROV5295
 NUMBER OF PART-TIME STAFF HOURS PROVIDED BY OTHER SOCIAL SERVICES STAFF.
 COBOL NAME: NUM-OTH-SOC-PART-TIME
 PHARMACISTS - CONTRACT 7.2 1080 1086 N PROV1085
 THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-PHAR-CONTRACT
 PHARMACISTS - FULL TIME 7.2 1087 1093 N PROV1090
 THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-PHAR-FULL-TIME
 PHARMACISTS - PART TIME 7.2 1094 1100 N PROV1095
 THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-PHAR-PART-TIME
 PHYS THER ASST - CONTRACT 7.2 1101 1107 N PROV5210
 NUMBER OF CONTRACT STAFF HOURS FOR PHYSICAL THERAPY ASSISTANTS.
 COBOL NAME: NUM-THER-ASST-CONTRACT

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PHYS THER ASST - FULL TIME NUMBER OF FULL-TIME STAFF HOURS FOR PHYSICAL THERAPY ASSISTANTS.	7.2	1108	1114	N	PROV5200

COBOL NAME: NUM-THER-ASST-FULL-TIME
 PHYS THER ASST - PART TIME 7.2 1115 1121 N PROV5205
 NUMBER OF PART-TIME STAFF HOURS FOR PHYSICAL THERAPY AS
 SISTANTS.
 COBOL NAME: NUM-THER-ASST-PART-TIME
 PHYSICAL THERAPISTS - CONTRACT 7.2 1122 1128 N PROV1430
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS
 UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-THER-CONTRACT
 PHYSICAL THERAPISTS - FULL TIME 7.2 1129 1135 N PROV1435
 THE NUMBER OF FULL TIME EQUIVALENT PHYSICAL THERAPISTS
 EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-THER-FULL-TIME
 PHYSICAL THERAPISTS - PART TIME 7.2 1136 1142 N PROV1440
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS
 EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-THER-PART-TIME
 PHYSICAL THERAPY AIDE - CONTRACT 7.2 1143 1149 N PROV1415
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY
 AIDE UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-THER-AID-CONTRACT
 PHYSICAL THERAPY AIDE - FULL TIME 7.2 1150 1156 N PROV1420
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY
 AIDE EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-THER-AID-FULL-TIME
 PHYSICAL THERAPY AIDE - PART TIME 7.2 1157 1163 N PROV1425
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY
 AIDE EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-THER-AID-PART-TIME
 PHYSICIAN EXTENDER - CONTRACT 7.2 1164 1170 N PROV3270
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS
 UNDER CONTRACT TO THE FACILITY.
 COBOL NAME: NUM-PHYS-EXT-CONTRACT
 PHYSICIAN EXTENDER - FULL TIME 7.2 1171 1177 N PROV3250
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS
 EMPLOYED BY THE FACILITY ON A FULL-TIME BASIS.
 COBOL NAME: NUM-PHYS-EXT-FULL-TIME
 PHYSICIAN EXTENDER - PART TIME 7.2 1178 1184 N PROV3260
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS
 EMPLOYED BY THE FACILITY ON A PART-TIME BASIS.
 COBOL NAME: NUM-PHYS-EXT-PART-TIME
 PODIATRISTS - CONTRACT 7.2 1185 1191 N PROV1130
 THE NUMBER OF FULL TIME EQUIVALENT PODIATRISTS UNDER
 CONTRACT TO A FACILITY.
 COBOL NAME: NUM-POD-CONTRACT

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PODIATRISTS - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED BY A AFCILITY ON A FULL TIME BASIS. COBOL NAME: NUM-POD-FULL-TIME	7.2	1192	1198	N	PROV1135

PODIATRISTS - PART TIME 7.2 1199 1205 N PROV1140
 THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED
 BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-POD-PART-TIME
 PROVIDER BASED FACILITY 1 1206 1206 C PROV1675
 INDICATES IF A LONG TERM CARE FACILITY IS PROVIDER
 BASED.
 COBOL NAME: PROV-BASED-FACILITY
 VALUES: Y HOSPITAL BASED
 REGISTERED NURSE - CONTRACT 7.2 1207 1213 N PROV1150
 THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES
 UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-REG-NURSE-CONTRACT
 REGISTERED NURSE - FULL TIME 7.2 1214 1220 N PROV1155
 THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES
 EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-REG-NURSE-FULL-TIME
 REGISTERED NURSE - PART TIME 7.2 1221 1227 N PROV1160
 THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES
 EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-REG-NURSE-PART-TIME
 RELATED PROVIDER NUMBER 10 1228 1237 C PROV1755
 THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS
 MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH
 DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD
 WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.
 COBOL NAME: RELATED-PROV-NUM
 RESCIND SUSPENSION DATE 8 1238 1245 C PROV1825
 DATE THAT THE SUSPENSION OF PAYMENTS FOR NEW ADMISSIONS
 TO A LONG TERM CARE FACILITY (LTC) IS RESCINDED.
 COBOL NAME: RESC-SUSP-DT
 RN DIRECTOR OF NURSING - CONTRACT 7.2 1246 1252 N PROV5130
 THE NUMBER OF FULL TIME EQUIVALENT RN DIRECTOR OF NURSI
 NG UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-RN-DON-CONTRACT
 RN DIRECTOR OF NURSING - FULL TIME 7.2 1253 1259 N PROV5120
 THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF
 NURSING EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-RN-DON-FULL-TIME
 RN DIRECTOR OF NURSING - PART TIME 7.2 1260 1266 N PROV5140
 THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF
 NURSING EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-RN-DON-PART-TIME

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SOCIAL WORKER - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-SOCIAL-CONTRACT	7.2	1267	1273	N	PROV1170
SOCIAL WORKER - FULL TIME	7.2	1274	1280	N	PROV1175

THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS
EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
COBOL NAME: NUM-SOCIAL-FULL-TIME

SOCIAL WORKER - PART TIME 7.2 1281 1287 N PROV1180

THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS
EMPLOYED BY A FACILITY ON A PART TIME BASIS.
COBOL NAME: NUM-SOCIAL-PART-TIME

SPECIAL CARE BEDS-AIDS 3 1288 1290 N PROV0725

THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED
BY THE FACILITY FOR RESIDENTS WITH AIDS.
COBOL NAME: NUM-AIDS-BEDS

SPECIAL CARE BEDS-ALZHEIMERS 3 1291 1293 N PROV0730

THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED
BY THE FACILITY FOR RESIDENTS WITH ALZEHEIMERS.
COBOL NAME: NUM-ALZHEIMERS-BEDS

SPECIAL CARE BEDS-DIALYSIS 3 1294 1296 N PROV0800

THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED
BY THE FACILITY FOR RESIDENTS NEEDING DIALYSIS.
COBOL NAME: NUM-DIAL-BEDS

SPECIAL CARE BEDS-DISABLED CHILD 3 1297 1299 N PROV0855

THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED
BY THE FACILITY FOR DEISCABLED CHILDREN.
COBOL NAME: NUM-DIS-CHILD-BEDS

SPECIAL CARE BEDS-HEAD TRAUMA 3 1300 1302 N PROV0905

THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED
BY THE FACILTY FOR RESIDENTS WITH HEAD TRAUMA.
COBOL NAME: NUM-HEAD-TRAUMA-BEDS

SPECIAL CARE BEDS-HOSPICE 3 1303 1305 N PROV0920

THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED
BY A FACILITY FOR RESIDENTS NEEDING HOSPICE SERVICES.
COBOL NAME: NUM-HOSPICE-BEDS

SPECIAL CARE BEDS-HUNTINGTONS 3 1306 1308 N PROV0940

THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED
BY THE FACILITY FOR RESIDENTS WITH HUNTINGTON'S DISEASE
COBOL NAME: NUM-HUNTING-DIS-BEDS

SPECIAL CARE BEDS-SPEC REHAB 3 1309 1311 N PROV1205

THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED
BY THE FACILITY FOR RESIDENTS WITH SPECIALIZED REHAB
NEEDS.
COBOL NAME: NUM-SPEC-REHAB-BEDS

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SPECIAL CARE BEDS-VENTILATOR THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH VENTILATOR/ RESIPIRATORY CARE NEEDS. COBOL NAME: NUM-VENT-RESP-BEDS	3	1312	1314	N	PROV1460
SPEECH PATHOLOGIST - CONTRACT	7.2	1315	1321	N	PROV1190

THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS
 UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-SPCH-PATH-CONTRACT
 SPEECH PATHOLOGIST - FULL TIME 7.2 1322 1328 N PROV1195
 THE NUMBER OF FULL-TIME EQUIVALENT SPPECH PATHOLOGISTS
 EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-SPCH-PATH-FULL-TIME
 SPEECH PATHOLOGIST - PART TIME 7.2 1329 1335 N PROV1200
 THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS
 EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-SPCH-PATH-PART-TIME
 SRV: ACTIVITIES-OFFSITE-RESIDENTS 1 1336 1336 C PROV3390
 INDICATES IF ACTIVITIES SERVICES ARE PROVIDED OFFSITE
 TO RESIDENTS.
 COBOL NAME: SP-ACT-THER-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: ACTIVITIES-ONSITE-NON RES 1 1337 1337 C PROV3385
 INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE
 TO NONRESIDENTS.
 COBOL NAME: SP-ACT-THER-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: ACTIVITIES-ONSITE-RESIDENTS 1 1338 1338 C PROV3380
 INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE
 TO RESIDENTS.
 COBOL NAME: SP-ACT-THER-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: BLOOD ADMIN-OFFSITE-RESIDENTS 1 1339 1339 C PROV3525
 INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD
 SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.
 COBOL NAME: SP-ADM-BLOOD-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: BLOOD ADMIN-ONSITE-NONRES	1	1340	1340	C	PROV3520
INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS. COBOL NAME: SP-ADM-BLOOD-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED					

SRV: BLOOD ADMIN-ONSITE-RESIDENTS 1 1341 1341 C PROV3515
INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD
SERVICES ARE PROVIDED ONSITE TO RESIDENTS.
COBOL NAME: SP-ADM-BLOOD-ON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: CLINICAL LAB-OFFSITE-RESIDENT 1 1342 1342 C PROV3495
INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED
OFFSITE TO RESIDENTS.
COBOL NAME: SP-CLIN-LAB-OFF-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: CLINICAL LAB-ONSITE-NON RES 1 1343 1343 C PROV3490
INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED
ONSITE TO NON RESIDENTS.
COBOL NAME: SP-CLIN-LAB-ON-NON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: CLINICAL LAB-ONSITE-RESIDENTS 1 1344 1344 C PROV3485
INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED
ONSITE TO RESIDENTS.
COBOL NAME: SP-CLIN-LAB-ON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: DENTAL-OFFSITE-RESIDENTS 1 1345 1345 C PROV3435
INDICATES IF DENTAL SERVICES ARE PROVIDED OFFSITE TO
RESIDENTS.
COBOL NAME: SP-DENTAL-OFF-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: DENTAL-ONSITE-NON RESIDENTS 1 1346 1346 C PROV3430
INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO
NON RESIDENTS.
COBOL NAME: SP-DENTAL-ON-NON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: DENTAL-ONSITE-RESIDENTS INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-DENTAL-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1347	1347	C	PROV3425
SRV: DIETARY-OFFSITE-RESIDENTS	1	1348	1348	C	PROV3345

INDICATES IF DIETARY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-DIETARY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: DIETARY-ONSITE-NON RESIDENTS 1 1349 1349 C PROV3340

INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.

COBOL NAME: SP-DIETARY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: DIETARY-ONSITE-RESIDENTS 1 1350 1350 C PROV3335

INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-DIETARY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING ONSITE-NON RES 1 1351 1351 C PROV3535

INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.

COBOL NAME: SP-HOUSE-KP-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING-OFFSITE-RES 1 1352 1352 C PROV3540

INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-HOUSE-KP-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING-ONSITE-RESIDENTS 1 1353 1353 C PROV3530

INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-HOUSE-KP-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

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SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: MENTAL HEALTH-OFFSITE-RES 1 1354 1354 C PROV3465

INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-MEN-HLTH-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-ONSITE-NON RES 1 1355 1355 C PROV3460

INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE

TO NON RESIDENTS.

COBOL NAME: SP-MEN-HLTH-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-ONSITE-RESID 1 1356 1356 C PROV3455

INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-MEN-HLTH-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: NURSING-OFFSITE-RESIDENTS 1 1357 1357 C PROV3315

INDICATES IF NURSING SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-NURSING-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: NURSING-ONSITE-NON RESIDENTS 1 1358 1358 C PROV3310

INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.

COBOL NAME: SP-NURSING-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: NURSING-ONSITE-RESIDENTS 1 1359 1359 C PROV3305

INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-NURSING-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OCCUP THER-OFFSITE-RESIDENTS 1 1360 1360 C PROV3360

INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-OCC-THER-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

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SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: OCCUP THER-ONSITE-NON RESID 1 1361 1361 C PROV3355

INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.

COBOL NAME: SP-OCC-THER-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OCCUP THER-ONSITE-RESIDENTS 1 1362 1362 C PROV3350

INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-OCC-THER-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-OFFSITE TO RES 1 1363 1363 C PROV5255
 FIELD 3 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY
 STAFF OFFSITE TO RESIDENTS.

COBOL NAME: SP-OTH-ACT-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-ONSITE NONRES 1 1364 1364 C PROV5250
 FIELD 2 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY
 STAFF ONSITE TO NONRESIDENTS.

COBOL NAME: SP-OTH-ACT-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-ONSITE RES 1 1365 1365 C PROV5245
 FIELD 1 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY
 STAFF ONSITE TO RESIDENTS.

COBOL NAME: SP-OTH-ACT-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-OFFSITE TO RES 1 1366 1366 C PROV5285
 FIELD 3 - INDICATES SERVICES PROVIDED BY OTHER SOCIAL S
 ERVICES STAFF OFFSITE TO RESIDENTS.

COBOL NAME: SP-OTH-SOC-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-ONSITE TO NONRES 1 1367 1367 C PROV5280
 INDICATES IF OTHER SOCIAL SERVICES ARE PROVIDED ONSITE
 TO NONRESIDENTS.

COBOL NAME: SP-OTH-SOC-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

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SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: OTH SOC SRV-ONSITE TO RES 1 1368 1368 C PROV5275
 FIELD 1 - INDICATES SERVICES PROVIDED BY SOCIAL SERVICE
 S STAFF ONSITE TO RESIDENTS.

COBOL NAME: SP-OTH-SOC-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: PHARMACY-OFFSITE-RESIDENTS 1 1369 1369 C PROV3330
 INDICATES IF PHARMACY SERVICES ARE PROVIDED OFFSITE TO
 RESIDENTS.

COBOL NAME: SP-PHARMACY-OFF-RES

VALUES:	N	SERVICE IS NOT PROVIDED				
	Y	SERVICE IS PROVIDED				
SRV: PHARMACY-ONSITE-NON RESIDENTS	1	1370	1370	C	PROV3325	
INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.						
COBOL NAME: SP-PHARMACY-ON-NON-RES						
VALUES:	N	SERVICE IS NOT PROVIDED				
	Y	SERVICE IS PROVIDED				
SRV: PHARMACY-ONSITE-RESIDENTS	1	1371	1371	C	PROV3320	
INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO RESIDENTS.						
COBOL NAME: SP-PHARMACY-ON-RES						
VALUES:	N	SERVICE IS NOT PROVIDED				
	Y	SERVICE IS PROVIDED				
SRV: PHYS EXTENDER-OFFSITE-RESID	1	1372	1372	C	PROV3300	
INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.						
COBOL NAME: SP-PHYS-EXT-OFF-RES						
VALUES:	N	SERVICE IS NOT PROVIDED				
	Y	SERVICE IS PROVIDED				
SRV: PHYS EXTENDER-ONSITE-NON RES	1	1373	1373	C	PROV3295	
INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.						
COBOL NAME: SP-PHYS-EXT-ON-NON-RES						
VALUES:	N	SERVICE IS NOT PROVIDED				
	Y	SERVICE IS PROVIDED				
SRV: PHYS EXTENDER-ONSITE-RESIDENT	1	1374	1374	C	PROV3290	
INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED ONSITE TO RESIDENTS.						
COBOL NAME: SP-PHYS-EXT-ON-RES						
VALUES:	N	SERVICE IS NOT PROVIDED				
	Y	SERVICE IS PROVIDED				

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: PHYS THER-OFFSITE-RESIDENTS	1	1375	1375	C	PROV3375
INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					
COBOL NAME: SP-PHYS-THER-OFF-RES					
VALUES:	N	SERVICE IS NOT PROVIDED			
	Y	SERVICE IS PROVIDED			
SRV: PHYS THER-ONSITE-NON RESIDENT	1	1376	1376	C	PROV3370
INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.					
COBOL NAME: SP-PHYS-THER-ON-NON-RES					
VALUES:	N	SERVICE IS NOT PROVIDED			

Y SERVICE IS PROVIDED

SRV: PHYS THER-ONSITE-RESIDENTS 1 1377 1377 C PROV3365
INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED
ONSITE TO RESIDENTS.
COBOL NAME: SP-PHYS-THER-ON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PHYSICIAN-OFFSITE-RESIDENTS 1 1378 1378 C PROV3285
INDICATES IF PHYSICIAN SERVICES ARE PROVIDED OFFSITE TO
RESIDENTS.
COBOL NAME: SP-PHYS-OFF-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PHYSICIAN-ONSITE-NON RESIDENT 1 1379 1379 C PROV3280
INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO
NON RESIDENTS.
COBOL NAME: SP-PHYS-ON-NON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PHYSICIAN-ONSITE-RESIDENTS 1 1380 1380 C PROV3275
INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO
RESIDENTS.
COBOL NAME: SP-PHYS-ON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PODIATRY-OFFSITE-RESIDENTS 1 1381 1381 C PROV3450
INDICATES IF PODIATRY SERVICES ARE PROVIDED OFFSITE TO
RESIDENTS.
COBOL NAME: SP-PODIATRY-OFF-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

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SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: PODIATRY-ONSITE-NON RESIDENTS 1 1382 1382 C PROV3445
INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO
NON RESIDENTS.
COBOL NAME: SP-PODIATRY-ON-NON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PODIATRY-ONSITE-RESIDENTS 1 1383 1383 C PROV3440
INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO
RESIDENTS.
COBOL NAME: SP-PODIATRY-ON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-OFFSITE-RESIDENTS 1 1384 1384 C PROV3405
INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED OFFSITE
TO RESIDENTS.

COBOL NAME: SP-MED-SOC-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-ONSITE-NON RESID 1 1385 1385 C PROV3400
INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE
TO NON RESIDENTS.

COBOL NAME: SP-MED-SOC-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-ONSITE-RESIDENTS 1 1386 1386 C PROV3395
INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE
TO RESIDENTS.

COBOL NAME: SP-MED-SOC-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: SPEECH PATH-OFFSITE-RESIDEN 1 1387 1387 C PROV3420
INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE
PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-SPEECH-PH-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: SPEECH PATH-ONSITE-NON RESID 1 1388 1388 C PROV3415
INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE
PROVIDED ONSITE TO NON RESIDENTS.

COBOL NAME: SP-SPEECH-PH-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 30
SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: SPEECH PATH-ONSITE-RESIDENTS 1 1389 1389 C PROV3410
INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE
PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-SPEECH-PH-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: THER REC SPEC-OFFSITE TO RES 1 1390 1390 C PROV5225
INDICATES IF THERAPEUTIC RECREATION SPECIALIST
SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-THER-REC-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: THER REC SPEC-ONSITE-NONRES 1 1391 1391 C PROV5220
 INDICATES IF THERAPEUTIC RECREATION SPECIALIST
 SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.
 COBOL NAME: SP-THER-REC-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: THER REC SPEC-ONSITE-RESIDENT 1 1392 1392 C PROV5215
 INDICATES IF THERAPEUTIC RECREATION SPECIALIST
 SERVICES ARE PROVIDED ONSITE TO RESIDENTS.
 COBOL NAME: SP-THER-REC-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: VOCATIONAL-OFFSITE-RESIDENTS 1 1393 1393 C PROV3480
 INDICATES IF VOCATIONAL SERVICES ARE PROVIDED OFFSITE
 TO RESIDENTS.
 COBOL NAME: SP-VOC-GUID-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: VOCATIONAL-ONSITE-NON RESID 1 1394 1394 C PROV3475
 INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE
 TO NON RESIDENTS.
 COBOL NAME: SP-VOC-GUID-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: VOCATIONAL-ONSITE-RESIDENTS 1 1395 1395 C PROV3470
 INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE TO
 RESIDENTS.
 COBOL NAME: SP-VOC-GUID-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 31
 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: XRAY-OFFSITE-RESIDENTS INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-DIAG-XRAY-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1396	1396	C	PROV3510
SRV: XRAY-ONSITE-NON RESIDENTS INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-DIAG-XRAY-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1397	1397	C	PROV3505
SRV: XRAY-ONSITE-RESIDENTS	1	1398	1398	C	PROV3500

INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED
ONSITE TO RESIDENTS.

COBOL NAME: SP-DIAG-XRAY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

THER REC SPEC - CONTRACT 7.2 1399 1405 N PROV5240
NUMBER OF CONTRACT STAFF HOURS PROVIDED BY THERAPEUTIC
RECREATION SPECIALIST.
COBOL NAME: NUM-THER-REC-CONTRACT
THER REC SPEC - FULL TIME 7.2 1406 1412 N PROV5230
NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY THERAPEUTIC
RECREATION SPECIALIST.
COBOL NAME: NUM-THER-REC-FULL-TIME
THER REC SPEC - PART TIME 7.2 1413 1419 N PROV5235
NUMBER OF PART-TIME STAFF HOURS PROVIDED BY THERAPEUTIC
RECREATION SPECIALIST.
COBOL NAME: NUM-THER-REC-PART-TIME

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 1
SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 TITLE 18 ONLY	2	1	2	C	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 04 SKILLED NURSING FACILITIES	2	3	4	C	PROV0075
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT	2	5	6	N	PROV0095

CHANGE OF OWNERSHIP DATE 8 7 14 C PROV0100
EFFECTIVE DATE OF A CHANGE OF OWNERSHIP.
COBOL NAME: CHOW-DT

CITY 28 15 42 C PROV3225
CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED.
COBOL NAME: CITY

COMPLIANCE: PLAN OF CORRECTION 1 43 43 C PROV0220
INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM
REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION
OF DEFICIENCIES.
COBOL NAME: COMPL-ACCEPT-PLAN-COR
VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC

COMPLIANCE: STATUS 1 44 44 C PROV2715
INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE
WITH PROGRAM REQUIREMENTS.
COBOL NAME: STATUS-COMPL
VALUES: A IN COMPLIANCE
B NOT IN COMPLIANCE

COUNTY CODE 3 45 47 C PROV2695
SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY
IS LOCATED.
COBOL NAME: SSA-COUNTY

CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300
NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.
COBOL NAME: CROSS-REF-PROV-NUM

CURRENT FMS SURVEY DATE 8 58 65 C PROV0500
CURRENT FMS SURVEY DATE
COBOL NAME: FMS-SURVEY-DT-1

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 2
SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CURRENT SURVEY DATE 8 66 73 C PROV2740
THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY,
WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR
THE PROVIDER.
COBOL NAME: SURVEY-DT-1

ELIGIBILITY CODE 1 74 74 C PROV0455
INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN
THE MEDICARE AND/OR MEDICAID PROGRAMS.
COBOL NAME: ELIG-CD
VALUES: 1 ELIGIBLE TO PARTICIPATE
2 NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 50 75 124 C PROV0475
THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO
PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.
COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 125 129 C PROV0605

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER
SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

VALUES:	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)
	00241	BLUE CROSS (MISSOURI)
	00260	BLUE CROSS (NEBRASKA)
	00270	NATIONAL GOVERNMENT SERVICES
	00280	BLUE CROSS (NEW JERSEY)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 3
SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00290					BLUE CROSS (NEW MEXICO)
00308					NATIONAL GOVERNMENT SERVICES
00310					BLUE CROSS (NORTH CAROLINA)
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
00468	BLUE CROSS (NORTH CAROLINA FOR PR)
00511	CAHABA
00883	PALMETTO
00952	WPS - ILLINOIS
00953	WPS - MICHIGAN
00954	WI PHYSICIAN SERVICES - MN
01390	AETNA (WASHINGTON)
03001	NORIDIAN ADMIN SERVICES
03102	NORIDIAN ADMIN SERVICES (ARIZONA)
03202	NORIDIAN ADMIN SERVICES (MONTANA)
03302	NORIDIAN ADMIN SERVICES (NORTH DAKOTA)
03402	NORIDIAN ADMIN SERVICES (MONTANA)
03502	NORIDIAN ADMIN SERVICES (UTAH)
03602	NORIDIAN ADMIN SERVICES (WYOMING)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31140	NATIONAL HERITAGE (CA)
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERTAGE INSURANCE
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 4
SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
57400					COOPERATIVA (PUERTO RICO)
MEDICARE OR MEDICAID VENDOR NUMBER A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM	15	130	144	C	PROV0655
PARTICIPATION DATE THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT	8	145	152	C	PROV1565
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT	8	153	160	C	PROV1615
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM VALUES: 00010 BLUE CROSS (ALABAMA) 00011 CAHABA	5	161	165	C	PROV1620

00020	BLUE CROSS (ARKANSAS)
00030	BLUE CROSS (ARIZONA)
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	BLUE CROSS (KENTUCKY)
00180	BLUE CROSS (MAINE)
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)
00241	BLUE CROSS (MISSOURI)
00250	BLUE CROSS (MONTANA)
00260	BLUE CROSS (NEBRASKA)
00270	NATIONAL GOVERNMENT SERVICES
00280	BLUE CROSS (NEW JERSEY)
00290	BLUE CROSS (NEW MEXICO)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 5
 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00308					NATIONAL GOVERNMENT SERVICES
00310					BLUE CROSS (NORTH CAROLINA)
00320					BLUE CROSS (NORTH DAKOTA)
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
00460	BLUE CROSS (WYOMING)
00468	BLUE CROSS (NORTH CAROLINA FOR PR)
00511	CAHABA
00883	PALMETTO
00952	WPS - ILLINOIS
00953	WPS - MICHIGAN
00954	WI PHYSICIAN SERVICES - MN
01390	AETNA (WASHINGTON)
03001	NORIDIAN ADMIN SERVICES
03102	NORIDIAN ADMIN SERVICES (ARIZONA)
03202	NORIDIAN ADMIN SERVICES (MONTANA)
03302	NORIDIAN ADMIN SERVICES (NORTH DAKOTA)
03402	NORIDIAN ADMIN SERVICES (MONTANA)
03502	NORIDIAN ADMIN SERVICES (UTAH)
03602	NORIDIAN ADMIN SERVICES (WYOMING)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31140	NATIONAL HERITAGE (CA)
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERTAGE INSURANCE
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 6
 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
52280					MUTUAL OF OMAHA
57400					COOPERATIVA (PUERTO RICO)
PROVIDER NUMBER	10	166	175	C	PROV1680
A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS ASSIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER. COBOL NAME: PROV-NUM					
RECORD TYPE	1	176	176	C	PROV1720
THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD. COBOL NAME: RECORD-TYPE					
VALUES:	A	ACCEPTED			
	P	PENDING			
	W	WORK			
REGION CODE	2	177	178	C	PROV1725
THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION					
VALUES:	01	I	BOSTON		

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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 8
 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
WI					WISCONSIN
WV					WEST VIRGINIA
WY					WYOMING

STATE CODE (SSA)	2	182	183	C	PROV2700
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TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
 LOCATED.

COBOL NAME: SSA-STATE

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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 9
 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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
56					CANADA
59					MEXICO
64					AMERICAN SAMOA
65					GUAM
66					SAIPAN

STATE REGION CODE	3	184	186	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	187	236	C	PROV2720

STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.

COBOL NAME: STREET-ADDRESS

TELEPHONE NUMBER 10 237 246 C PROV1605

THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER.

COBOL NAME: PHONE-NUM

TERMINATION CODE # 1 2 247 248 C PROV4770

TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: TERM-CD-1

VALUES: 00 ACTIVE
 01 VOL-MERG,CLOSE
 02 VOL-REIMBURSE
 03 VOL-RISK INVOL
 04 VOL-OTHER
 05 INVOL-FAIL REQ
 06 INVOL-AGREEMNT
 07 OTH-STATUS CHG

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 10
 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

TERMINATION DATE/EXPIRATION DATE 1 8 249 256 C PROV4500

THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE FACILITY WAS TERMINATED.

COBOL NAME: EXP-DT-1

TYPE OF ACTION 1 257 257 C PROV2880

IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED.

COBOL NAME: TYPE-ACTION

VALUES: 1 INITIAL
 2 RECERTIFICATION
 3 TERMINATION
 4 CHANGE OF OWNERSHIP

TYPE OF CONTROL 2 258 259 C PROV2885

INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES.

COBOL NAME: TYPE-CONTROL

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	LIMITED LIABILITY CORPORATION

ZIP CODE	5	260	264	C	PROV2905
THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.					
COBOL NAME: ZIP-CD					
FIPS STATE CODE	2	265	266	C	FIPSTATE
FIPS STATE CODE					
COBOL NAME: WS-FIPS-STATE					
FIPS COUNTY CODE	3	267	269	C	FIPCNTY
FIPS COUNTY CODE					
COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	270	272	C	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	273	273	C	SSAMSASZ
SSA MSA SIZE CODE					
COBOL NAME: WS-SSA-MSA-SIZE-CD					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 11
 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
* BEDS - TOTAL	4	291	294	N	PROV0740
TOTAL NUMBER OF BEDS IN A FACILITY, INCLUDING THOSE IN NON-PARTICIPATING OR NON-LICENSED AREAS.					
COBOL NAME: NUM-BEDS					
BEDS - TOTAL CERTIFIED	4	295	298	N	PROV0755
NUMBER OF BEDS IN MEDICARE AND/OR MEDICAID CERTIFIED AREAS WITHIN A FACILITY.					
COBOL NAME: NUM-CERT-BEDS					
COMPLIANCE: LIFE SAFETY CODE	1	356	356	C	PROV0240
INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN RECOMMENDED FOR A PROVIDER.					
COBOL NAME: COMPL-LSC					
VALUES: 1 WAIVER RECOMMENDED					
COMPLIANCE: 24 HR REGISTERED NURSE	1	359	359	C	PROV0290
INDICATES IF A WAIVER OF THE 24 HOUR REGISTERED NURSE REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY.					
COBOL NAME: COMPL-24-HR-RN					
VALUES: 1 WAIVER RECOMMENDED					
FISCAL YEAR ENDING DATE	4	378	381	C	PROV0485
THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR.					
COBOL NAME: FISC-YR-END-DT					
PROGRAM PARTICIPATION	1	434	434	C	PROV1670
INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE,					

MEDICAID, OR BOTH PROGRAMS.

COBOL NAME: PROG-PARTCI

VALUES: 1 MEDICARE ONLY
2 MEDICAID ONLY
3 MEDICARE AND MEDICAID

REGIONAL OVERRIDE #1 (NUMBER BEDS) 1 470 470 C PROV1545

THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE ODIE DATA ENTRY SYSTEM.

COBOL NAME: OVERRIDE-1

VALUES: Y RECORD HAS BEEN APPROVED

REGIONAL OVERRIDE #2 (STAFFING) 1 471 471 C PROV1550

THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE ODIE DATA ENTRY SYSTEM.

COBOL NAME: OVERRIDE-2

VALUES: Y RECORD HAS BEEN APPROVED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 12
SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
ACTIVITY PROFESSIONAL - CONTRACT THE NUMBER OF FULL TIME EQUIVALENT ACTIVITIES PROFESSIONALS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-ACT-THER-CONTRACT	7.2	596	602	N	PROV0695
ACTIVITY PROFESSIONAL - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES PROFESSIONALS EMPLOYED FULL TIME BY A FACILITY. COBOL NAME: NUM-ACT-THER-FULL-TIME	7.2	603	609	N	PROV0700
ACTIVITY PROFESSIONAL - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES PROFESSIONALS EMPLOYED PART TIME BY A FACILITY. COBOL NAME: NUM-ACT-THER-PART-TIME	7.2	610	616	N	PROV0705
ADMINISTRATION - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-ADMN-CONTRACT	7.2	617	623	N	PROV0710
ADMINISTRATOR - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF EMPLOYED ON A FULL TIME BASIS BY A FACILITY. COBOL NAME: NUM-ADMN-FULL-TIME	7.2	624	630	N	PROV0715
ADMINISTRATOR - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF EMPLOYED ON A PART-TIME BASIS BY A FACILITY. COBOL NAME: NUM-ADMN-PART-TIME	7.2	631	637	N	PROV0720
BEDS - MEDICARE SNF NUMBER OF MEDICARE CERTIFIED SNF BEDS IN A FACILITY. COBOL NAME: NUM-T18-SNF-BEDS	4	638	641	N	PROV1445

BEDS - NURSING FACILITY	4	642	645	N	PROV1455
NUMBER OF MEDICAID CERTIFIED SKILLED NURSING CARE BEDS IN A FACILITY. COBOL NAME: NUM-T19-SNF-BEDS					
BEDS - SNF/NF	4	646	649	N	PROV1450
NUMBER OF BEDS CERTIFIED FOR BOTH MEDICARE AND MEDICAID SKILLED NURSING CARE IN A LONG TERM CARE FACILITY. COBOL NAME: NUM-T1819-SNF-BEDS					
CERT NURSE AIDES - CONTRACT	7.2	650	656	N	PROV1000
THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-NURSE-AID-CONTRACT					
CERT NURSE AIDES - FULL TIME	7.2	657	663	N	PROV1005
THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-NURSE-AID-FULL-TIME					
CERT NURSE AIDES - PART TIME	7.2	664	670	N	PROV1010
THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-NURSE-AID-PART-TIME					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
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 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CHRISTIAN SCIENCE INDICATOR	1	671	671	C	PROV0110
INDICATES IF A PROVIDER IS A CHRISTIAN SCIENCE FACILITY COBOL NAME: CHRISTIAN-SCIENCE-IND VALUES: Y CHRISTIAN SCIENCE					
COMPLIANCE: BEDS PER ROOM WAIVER	1	672	672	C	PROV0225
INDICATES IF A WAIVER OF THE BEDS PER ROOM REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY. COBOL NAME: COMPL-BEDS-PER-ROOM VALUES: 1 WAIVER RECOMMENDED					
COMPLIANCE: PATIENT ROOM SIZE	1	673	673	C	PROV0270
INDICATES IF A WAIVER OF PATIENT ROOM SIZE HAS BEEN RECOMMENDED FOR A FACILITY. COBOL NAME: COMPL-PATIENT-ROOM-SZ VALUES: 1 WAIVER RECOMMENDED					
COMPLIANCE: 7 DAY REGISTERED NURSE	1	674	674	C	PROV0295
INDICATES IF A WAIVER OF THE 7 DAY REGISTERED NURSE REQUIREMENTS HAS BEEN RECOMMENDED FOR A SNF OR NF. COBOL NAME: COMPL-7-DAY-RN VALUES: 1 WAIVER RECOMMENDED					
DENTISTS - CONTRACT	7.2	675	681	N	PROV0785
THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-DENTIST-CONTRACT					
DENTISTS - FULL TIME	7.2	682	688	N	PROV0790

THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED
 BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-DENTIST-FULL-TIME
 DENTISTS - PART TIME 7.2 689 695 N PROV0795
 THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED
 BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-DENTIST-PART-TIME
 DIETITIANS - CONTRACT 7.2 696 702 N PROV0805
 THE NUMBER OF FULL-TIME EQUIVALENT UNDER CONTRACT TO
 A FACILITY.
 COBOL NAME: NUM-DIET-CONTRACT
 DIETITIANS - FULL TIME 7.2 703 709 N PROV0810
 THE NUMBER OF FULL-TIME EQUIVALENT DIETITIANS
 EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-DIET-FULL-TIME
 DIETITIANS - PART TIME 7.2 710 716 N PROV0815
 THE NUMBER OF FULL-TIME EQUIVALENT DIETITIANS EMPLOYED
 BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-DIET-PART-TIME

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 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
EXPERIMENTAL RESEARCH CONDUCTED INDICATES IF A FACILITY USES RESIDENTS TO DEVELOP AND TEST CLINICAL TREATMENTS. COBOL NAME: EXPER-RESEARCH VALUES: Y YES	1	717	717	C	PROV0465
FOOD SERVICE - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE PERSONNEL UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-FOOD-SRV-CONTRACT	7.2	718	724	N	PROV0860
FOOD SERVICE - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-FOOD-SRV-FULL-TIME	7.2	725	731	N	PROV0865
FOOD SERVICE - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-FOOD-SRV-PART-TIME	7.2	732	738	N	PROV0870
HOUSEKEEPING - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-HOUSE-CONTRACT	7.2	739	745	N	PROV0925
HOUSEKEEPING - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-HOUSE-FULL-TIME	7.2	746	752	N	PROV0930
HOUSEKEEPING - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS.	7.2	753	759	N	PROV0935

COBOL NAME: NUM-HOUSE-PART-TIME
 LPN/LVN - CONTRACT 7.2 760 766 N PROV1465
 THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/
 VOCATIONAL NURSES UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-VOC-NURSE-CONTRACT
 LPN/LVN - FULL TIME 7.2 767 773 N PROV1470
 THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/
 VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A FULL TIME
 BASIS.

COBOL NAME: NUM-VOC-NURSE-FULL-TIME
 LPN/LVN - PART TIME 7.2 774 780 N PROV1475
 THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/
 VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A PART TIME
 BASIS.

COBOL NAME: NUM-VOC-NURSE-PART-TIME
 LTC CROSS REFERENCE PROVIDER # 6 781 786 C PROV0640
 THIS CROSS REFERENCE NUMBER IDENTIFIES LTC PROVIDER
 NUMBERS THAT WERE TERMINATED IN 1985 BECAUSE OF POLICY
 CHANGES WHICH STATES THAT SNF/ICF DISTINCT PARTS OR DUA
 LLY CERTIFIED PORTIONS ARE ASSIGNED SINGLE SNF PROV NO.

COBOL NAME: LTC-CROSS-REF-PROV-NUM
 * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 15
 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
MEDICAL DIRECTOR - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS UNDER CONTRCAT TO A FACILITY. COBOL NAME: NUM-MED-CONTRACT	7.2	787	793	N	PROV0960
MEDICAL DIRECTOR - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-MED-FULL-TIME	7.2	794	800	N	PROV0965
MEDICAL DIRECTOR - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-MED-PART-TIME	7.2	801	807	N	PROV0970
MEDICATION AIDES/TECHS-CONTRACT THE NUMBER OF FULL-TIMR EQUIVALENT MEDICATION AIDES/ TECHNICIANS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-MED-AID-CONTRACT	7.2	808	814	N	PROV5180
MEDICATION AIDES/TECHS-FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/ TECHNICIANS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-MED-AID-FULL-TIME	7.2	815	821	N	PROV5170
MEDICATION AIDES/TECHS-PART TIME THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/ TECHNICIANS EMPLOYED BYA FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-MED-AID-PART-TIME	7.2	822	828	N	PROV5175
MENTAL HEALTH SERVICES - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-MEN-HLTH-CONTRACT	7.2	829	835	N	PROV0980

MENTAL HEALTH SERVICES - FULL TIME	7.2	836	842	N	PROV0985
THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-MEN-HLTH-FULL-TIME					
MENTAL HEALTH SERVICES - PART TIME	7.2	843	849	N	PROV0990
THE NUMBER OF FULL TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-MEN-HLTH-PART-TIME					
MULTI-FACILITY ORGANIZATION NAME	38	850	887	C	PROV0680
THE NAME OF THE MULTI-FACILITY ORGANIZATION THAT OWNS THE FACILITY.					
COBOL NAME: NAME-MULT-FACL-ORG					
MULTI-FACILITY ORGANIZATION OWNED	1	888	888	C	PROV0675
INDICATES IF A FACILITY IS OWNED BY AN ORGANIZATION THAT OWNS (OR LEASES) TWO OR MORE NURSING FACILITIES.					
COBOL NAME: MULT-FACL-ORG					
VALUES:					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
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 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
Y					YES
NURSE AIDES IN TRNG - CONTRACT	7.2	889	895	N	PROV5165
NUMBER OF FULL TIME EQUIVALENT NURSE AIDES IN TRAINING UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-AID-TRNG-CONTRACT					
NURSE AIDES IN TRNG-FULL TIME	7.2	896	902	N	PROV5155
THE NUMBER OF FULL-TIME EQUIVALENT NURSE AIDES IN TRAINING EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-AID-TRNG-FULL-TIME					
NURSE AIDES IN TRNG-PART TIME	7.2	903	909	N	PROV5160
THE NUMBER OF FULL-TIME EQUIVALENT NURSE AIDES IN TRAINING EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-AID-TRNG-PART-TIME					
NURSES WITH ADMIN DUTIES-CONTRACT	7.2	910	916	N	PROV5150
THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-NURSE-ADM-CONTRACT					
NURSES WITH ADMIN DUTIES-FULL TIME	7.2	917	923	N	PROV5135
THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-NURSE-ADM-FULL-TIME					
NURSES WITH ADMIN DUTIES-PART TIME	7.2	924	930	N	PROV5145
NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-NURSE-ADM-PART-TIME					
OCCUP THERAPIST, FULL TIME, STAFF	7.2	931	937	N	PROV1040
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					

COBOL NAME: NUM-OCC-THER-FULL-TIME
 OCCUP THERAPISTS, CONTRACT/ARRANGE 7.2 938 944 N PROV1035
 THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL
 THERAPISTS UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-OCC-THER-CONTRACT
 OCCUP THERAPY AIDE - CONTRACT 7.2 945 951 N PROV1020
 THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL
 THERAPY AIDES UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-OCC-AID-CONTRACT
 OCCUP THERAPY AIDE - FULL TIME 7.2 952 958 N PROV1025
 THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY
 AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-OCC-AID-FULL-TIME
 OCCUP THERAPY AIDE - PART TIME 7.2 959 965 N PROV1030
 THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY
 AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-OCC-AID-PART-TIME

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
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 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
OCCUP THERAPY ASST - CONTRACT THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS UNDER CONTRCAT TO A FACILITY. COBOL NAME: NUM-OCC-ASST-CONTRACT	7.2	966	972	N	PROV5195
OCCUP THERAPY ASST - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-OCC-ASST-FULL-TIME	7.2	973	979	N	PROV5185
OCCUP THERAPY ASST - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-OCC-ASST-PART-TIME	7.2	980	986	N	PROV5190
OCCUPATIONAL THERAPIST - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-OCC-THER-PART-TIME	7.2	987	993	N	PROV1045
ORGANIZED FAMILY GROUP INDICATES IF THE FACILITY HAS AN ORGANIZED GROUP OF FAMILY MEMBERS OF RESIDENTS. COBOL NAME: ORG-FAMILY-GRP VALUES: Y YES	1	994	994	C	PROV1535
ORGANIZED RESIDENT GROUP INDICATES IF THE FACILITY HAS AN ORGANIZED RESIDENTS GROUP. COBOL NAME: ORG-RESID-GRP VALUES: Y YES	1	995	995	C	PROV1540
OTHER - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES UNDER CONTRACT TO THE FACILITY. COBOL NAME: NUM-OTH-CONTRACT	7.2	996	1002	N	PROV3265

OTHER - FULL TIME 7.2 1003 1009 N PROV3245
 THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED
 IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A
 FULL-TIME BASIS.
 COBOL NAME: NUM-OTH-FULL-TIME

OTHER - PART TIME 7.2 1010 1016 N PROV3255
 THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED
 IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A
 PART-TIME BASIS.
 COBOL NAME: NUM-OTH-PART-TIME

OTHER ACTIVITIES STAFF-CONTRACT 7.2 1017 1023 N PROV5270
 NUMBER OF CONTRACT STAFF HOURS FOR OTHER ACTIVITIES.
 COBOL NAME: NUM-OTH-ACT-CONTRACT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
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 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
OTHER ACTIVITIES STAFF-FULL TIME NUMBER OF FULL-TIME STAFF HOURS FOR OTHER ACTIVITIES. COBOL NAME: NUM-OTH-ACT-FULL-TIME	7.2	1024	1030	N	PROV5260
OTHER ACTIVITIES STAFF-PART TIME NUMBER OF PART TIME STAFF HOURS PROVIDED BY OTHER ACTIVITIES STAFF. COBOL NAME: NUM-OTH-ACT-PART-TIME	7.2	1031	1037	N	PROV5305
OTHER PHYSICIAN - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS UNDER CONTRACT TO A FACILITY COBOL NAME: NUM-OTH-PHY-CONTRACT	7.2	1038	1044	N	PROV1060
OTHER PHYSICIAN - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-OTH-PHY-FULL-TIME	7.2	1045	1051	N	PROV1065
OTHER PHYSICIAN - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-OTH-PHY-PART-TIME	7.2	1052	1058	N	PROV1070
OTHR SOCIAL SERV STAFF-CONTRACT NUMBER OF CONTRACT STAFF HOURS PROVIDED BY OTHER SOCIAL SERVICES STAFF. COBOL NAME: NUM-OTH-SOC-CONTRACT	7.2	1059	1065	N	PROV5300
OTHR SOCIAL SERV STAFF-FULL TIME NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY OTHER SOCIAL SERVICES STAFF. COBOL NAME: NUM-OTH-SOC-FULL-TIME	7.2	1066	1072	N	PROV5290
OTHR SOCIAL SERV STAFF-PART TIME NUMBER OF PART-TIME STAFF HOURS PROVIDED BY OTHER SOCIAL SERVICES STAFF. COBOL NAME: NUM-OTH-SOC-PART-TIME	7.2	1073	1079	N	PROV5295
PHARMACISTS - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS UNDER	7.2	1080	1086	N	PROV1085

CONTRACT TO A FACILITY.
 COBOL NAME: NUM-PHAR-CONTRACT
 PHARMACISTS - FULL TIME 7.2 1087 1093 N PROV1090
 THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED
 BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-PHAR-FULL-TIME
 PHARMACISTS - PART TIME 7.2 1094 1100 N PROV1095
 THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED
 BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-PHAR-PART-TIME
 PHYS THER ASST - CONTRACT 7.2 1101 1107 N PROV5210
 NUMBER OF CONTRACT STAFF HOURS FOR PHYSICAL THERAPY ASS
 SISTANTS.
 COBOL NAME: NUM-THER-ASST-CONTRACT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
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 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PHYS THER ASST - FULL TIME NUMBER OF FULL-TIME STAFF HOURS FOR PHYSICAL THERAPY AS SISTANTS. COBOL NAME: NUM-THER-ASST-FULL-TIME	7.2	1108	1114	N	PROV5200
PHYS THER ASST - PART TIME NUMBER OF PART-TIME STAFF HOURS FOR PHYSICAL THERAPY AS SISTANTS. COBOL NAME: NUM-THER-ASST-PART-TIME	7.2	1115	1121	N	PROV5205
PHYSICAL THERAPISTS - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-THER-CONTRACT	7.2	1122	1128	N	PROV1430
PHYSICAL THERAPISTS - FULL TIME THE NUMBER OF FULL TIME EQUIVALENT PHYSICAL THERAPISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-THER-FULL-TIME	7.2	1129	1135	N	PROV1435
PHYSICAL THERAPISTS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-THER-PART-TIME	7.2	1136	1142	N	PROV1440
PHYSICAL THERAPY AIDE - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY AIDE UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-THER-AID-CONTRACT	7.2	1143	1149	N	PROV1415
PHYSICAL THERAPY AIDE - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY AIDE EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-THER-AID-FULL-TIME	7.2	1150	1156	N	PROV1420
PHYSICAL THERAPY AIDE - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY AIDE EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-THER-AID-PART-TIME	7.2	1157	1163	N	PROV1425
PHYSICIAN EXTENDER - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS	7.2	1164	1170	N	PROV3270

UNDER CONTRACT TO THE FACILITY.
 COBOL NAME: NUM-PHYS-EXT-CONTRACT
 PHYSICIAN EXTENDER - FULL TIME 7.2 1171 1177 N PROV3250
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS
 EMPLOYED BY THE FACILITY ON A FULL-TIME BASIS.
 COBOL NAME: NUM-PHYS-EXT-FULL-TIME
 PHYSICIAN EXTENDER - PART TIME 7.2 1178 1184 N PROV3260
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS
 EMPLOYED BY THE FACILITY ON A PART-TIME BASIS.
 COBOL NAME: NUM-PHYS-EXT-PART-TIME
 PODIATRISTS - CONTRACT 7.2 1185 1191 N PROV1130
 THE NUMBER OF FULL TIME EQUIVALENT PODIATRISTS UNDER
 CONTRACT TO A FACILITY.
 COBOL NAME: NUM-POD-CONTRACT

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PODIATRISTS - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-POD-FULL-TIME	7.2	1192	1198	N	PROV1135
PODIATRISTS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-POD-PART-TIME	7.2	1199	1205	N	PROV1140
PROVIDER BASED FACILITY INDICATES IF A LONG TERM CARE FACILITY IS PROVIDER BASED. COBOL NAME: PROV-BASED-FACILITY VALUES: Y HOSPITAL BASED	1	1206	1206	C	PROV1675
REGISTERED NURSE - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-REG-NURSE-CONTRACT	7.2	1207	1213	N	PROV1150
REGISTERED NURSE - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-REG-NURSE-FULL-TIME	7.2	1214	1220	N	PROV1155
REGISTERED NURSE - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-REG-NURSE-PART-TIME	7.2	1221	1227	N	PROV1160
RELATED PROVIDER NUMBER THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE. COBOL NAME: RELATED-PROV-NUM	10	1228	1237	C	PROV1755
RESCIND SUSPENSION DATE DATE THAT THE SUSPENSION OF PAYMENTS FOR NEW ADMISSIONS TO A LONG TERM CARE FACILITY (LTC) IS RESCINDED.	8	1238	1245	C	PROV1825

COBOL NAME: RESC-SUSP-DT
 RN DIRECTOR OF NURSING - CONTRACT 7.2 1246 1252 N PROV5130
 THE NUMBER OF FULL TIME EQUIVALENT RN DIRECTOR OF NURSING UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-RN-DON-CONTRACT
 RN DIRECTOR OF NURSING - FULL TIME 7.2 1253 1259 N PROV5120
 THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF NURSING EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-RN-DON-FULL-TIME
 RN DIRECTOR OF NURSING - PART TIME 7.2 1260 1266 N PROV5140
 THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF NURSING EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-RN-DON-PART-TIME

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 21
 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SOCIAL WORKER - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-SOCIAL-CONTRACT	7.2	1267	1273	N	PROV1170
SOCIAL WORKER - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-SOCIAL-FULL-TIME	7.2	1274	1280	N	PROV1175
SOCIAL WORKER - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-SOCIAL-PART-TIME	7.2	1281	1287	N	PROV1180
SPECIAL CARE BEDS-AIDS THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH AIDS. COBOL NAME: NUM-AIDS-BEDS	3	1288	1290	N	PROV0725
SPECIAL CARE BEDS-ALZHEIMERS THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH ALZEHEIMERS. COBOL NAME: NUM-ALZHEIMERS-BEDS	3	1291	1293	N	PROV0730
SPECIAL CARE BEDS-DIALYSIS THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS NEEDING DIALYSIS. COBOL NAME: NUM-DIAL-BEDS	3	1294	1296	N	PROV0800
SPECIAL CARE BEDS-DISABLED CHILD THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR DEISCABLED CHILDREN. COBOL NAME: NUM-DIS-CHILD-BEDS	3	1297	1299	N	PROV0855
SPECIAL CARE BEDS-HEAD TRAUMA THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILTY FOR RESIDENTS WITH HEAD TRAUMA. COBOL NAME: NUM-HEAD-TRAUMA-BEDS	3	1300	1302	N	PROV0905
SPECIAL CARE BEDS-HOSPICE THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY A FACILITY FOR RESIDENTS NEEDING HOSPICE SERVICES. COBOL NAME: NUM-HOSPICE-BEDS	3	1303	1305	N	PROV0920

SRV: BLOOD ADMIN-OFFSITE-RESIDENTS 1 1339 1339 C PROV3525
 INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD
 SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.
 COBOL NAME: SP-ADM-BLOOD-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 23
 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: BLOOD ADMIN-ONSITE-NONRES INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS. COBOL NAME: SP-ADM-BLOOD-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1340	1340	C	PROV3520
SRV: BLOOD ADMIN-ONSITE-RESIDENTS INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-ADM-BLOOD-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1341	1341	C	PROV3515
SRV: CLINICAL LAB-OFFSITE-RESIDENT INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-CLIN-LAB-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1342	1342	C	PROV3495
SRV: CLINICAL LAB-ONSITE-NON RES INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-CLIN-LAB-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1343	1343	C	PROV3490
SRV: CLINICAL LAB-ONSITE-RESIDENTS INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-CLIN-LAB-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1344	1344	C	PROV3485
SRV: DENTAL-OFFSITE-RESIDENTS INDICATES IF DENTAL SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.	1	1345	1345	C	PROV3435

COBOL NAME: SP-DENTAL-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: DENTAL-ONSITE-NON RESIDENTS 1 1346 1346 C PROV3430
 INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO
 NON RESIDENTS.

COBOL NAME: SP-DENTAL-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 24
 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: DENTAL-ONSITE-RESIDENTS	1	1347	1347	C	PROV3425
INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					

COBOL NAME: SP-DENTAL-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: DIETARY-OFFSITE-RESIDENTS	1	1348	1348	C	PROV3345
INDICATES IF DIETARY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					

COBOL NAME: SP-DIETARY-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: DIETARY-ONSITE-NON RESIDENTS	1	1349	1349	C	PROV3340
INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.					

COBOL NAME: SP-DIETARY-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: DIETARY-ONSITE-RESIDENTS	1	1350	1350	C	PROV3335
INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					

COBOL NAME: SP-DIETARY-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING ONSITE-NON RES	1	1351	1351	C	PROV3535
INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.					

COBOL NAME: SP-HOUSE-KP-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING-OFFSITE-RES	1	1352	1352	C	PROV3540
INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					

COBOL NAME: SP-HOUSE-KP-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING-ONSITE-RESIDENTS 1 1353 1353 C PROV3530
INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE
TO RESIDENTS.

COBOL NAME: SP-HOUSE-KP-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 25
SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: MENTAL HEALTH-OFFSITE-RES 1 1354 1354 C PROV3465
INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED
OFFSITE TO RESIDENTS.

COBOL NAME: SP-MEN-HLTH-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-ONSITE-NON RES 1 1355 1355 C PROV3460
INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE
TO NON RESIDENTS.

COBOL NAME: SP-MEN-HLTH-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-ONSITE-RESID 1 1356 1356 C PROV3455
INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE
TO RESIDENTS.

COBOL NAME: SP-MEN-HLTH-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: NURSING-OFFSITE-RESIDENTS 1 1357 1357 C PROV3315
INDICATES IF NURSING SERVICES ARE PROVIDED OFFSITE TO
RESIDENTS.

COBOL NAME: SP-NURSING-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: NURSING-ONSITE-NON RESIDENTS 1 1358 1358 C PROV3310
INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO
NON RESIDENTS.

COBOL NAME: SP-NURSING-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: NURSING-ONSITE-RESIDENTS 1 1359 1359 C PROV3305
INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO
RESIDENTS.

COBOL NAME: SP-NURSING-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OCCUP THER-OFFSITE-RESIDENTS 1 1360 1360 C PROV3360
INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED
OFFSITE TO RESIDENTS.
COBOL NAME: SP-OCC-THER-OFF-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 26
SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: OCCUP THER-ONSITE-NON RESID 1 1361 1361 C PROV3355
INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED
ONSITE TO NON RESIDENTS.
COBOL NAME: SP-OCC-THER-ON-NON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OCCUP THER-ONSITE-RESIDENTS 1 1362 1362 C PROV3350
INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED
ONSITE TO RESIDENTS.
COBOL NAME: SP-OCC-THER-ON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-OFFSITE TO RES 1 1363 1363 C PROV5255
FIELD 3 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY
STAFF OFFSITE TO RESIDENTS.
COBOL NAME: SP-OTH-ACT-OFF-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-ONSITE NONRES 1 1364 1364 C PROV5250
FIELD 2 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY
STAFF ONSITE TO NONRESIDENTS.
COBOL NAME: SP-OTH-ACT-ON-NON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-ONSITE RES 1 1365 1365 C PROV5245
FIELD 1 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY
STAFF ONSITE TO RESIDENTS.
COBOL NAME: SP-OTH-ACT-ON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-OFFSITE TO RES 1 1366 1366 C PROV5285
FIELD 3 - INDICATES SERVICES PROVIDED BY OTHER SOCIAL S
ERVICES STAFF OFFSITE TO RESIDENTS.
COBOL NAME: SP-OTH-SOC-OFF-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-ONSITE TO NONRES 1 1367 1367 C PROV5280
 INDICATES IF OTHER SOCIAL SERVICES ARE PROVIDED ONSITE
 TO NONRESIDENTS.
 COBOL NAME: SP-OTH-SOC-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 27
 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: OTH SOC SRV-ONSITE TO RES FIELD 1 - INDICATES SERVICES PROVIDED BY SOCIAL SERVICE S STAFF ONSITE TO RESIDENTS. COBOL NAME: SP-OTH-SOC-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1368	1368	C	PROV5275
SRV: PHARMACY-OFFSITE-RESIDENTS INDICATES IF PHARMACY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-PHARMACY-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1369	1369	C	PROV3330
SRV: PHARMACY-ONSITE-NON RESIDENTS INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-PHARMACY-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1370	1370	C	PROV3325
SRV: PHARMACY-ONSITE-RESIDENTS INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-PHARMACY-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1371	1371	C	PROV3320
SRV: PHYS EXTENDER-OFFSITE-RESID INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-PHYS-EXT-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1372	1372	C	PROV3300
SRV: PHYS EXTENDER-ONSITE-NON RES INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-PHYS-EXT-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1373	1373	C	PROV3295

SRV: PHYS EXTENDER-ONSITE-RESIDENT 1 1374 1374 C PROV3290
 INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED
 ONSITE TO RESIDENTS.
 COBOL NAME: SP-PHYS-EXT-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 28
 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: PHYS THER-OFFSITE-RESIDENTS INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-PHYS-THER-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1375	1375	C	PROV3375
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SRV: PHYS THER-ONSITE-NON RESIDENT INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-PHYS-THER-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1376	1376	C	PROV3370
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SRV: PHYS THER-ONSITE-RESIDENTS INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-PHYS-THER-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1377	1377	C	PROV3365
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SRV: PHYSICIAN-OFFSITE-RESIDENTS INDICATES IF PHYSICIAN SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-PHYS-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1378	1378	C	PROV3285
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SRV: PHYSICIAN-ONSITE-NON RESIDENT INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-PHYS-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1379	1379	C	PROV3280
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SRV: PHYSICIAN-ONSITE-RESIDENTS INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-PHYS-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1380	1380	C	PROV3275
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SRV: PODIATRY-OFFSITE-RESIDENTS	1	1381	1381	C	PROV3450
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INDICATES IF PODIATRY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-PODIATRY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 29
SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: PODIATRY-ONSITE-NON RESIDENTS 1 1382 1382 C PROV3445
INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.
COBOL NAME: SP-PODIATRY-ON-NON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PODIATRY-ONSITE-RESIDENTS 1 1383 1383 C PROV3440
INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO RESIDENTS.
COBOL NAME: SP-PODIATRY-ON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-OFFSITE-RESIDENTS 1 1384 1384 C PROV3405
INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.
COBOL NAME: SP-MED-SOC-OFF-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-ONSITE-NON RESID 1 1385 1385 C PROV3400
INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.
COBOL NAME: SP-MED-SOC-ON-NON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-ONSITE-RESIDENTS 1 1386 1386 C PROV3395
INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE TO RESIDENTS.
COBOL NAME: SP-MED-SOC-ON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: SPEECH PATH-OFFSITE-RESIDEN 1 1387 1387 C PROV3420
INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.
COBOL NAME: SP-SPEECH-PH-OFF-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: SPEECH PATH-ONSITE-NON RESID 1 1388 1388 C PROV3415
INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE

PROVIDED ONSITE TO NON RESIDENTS.
 COBOL NAME: SP-SPEECH-PH-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 30
 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: SPEECH PATH-ONSITE-RESIDENTS INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-SPEECH-PH-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1389	1389	C	PROV3410
SRV: THER REC SPEC-OFFSITE TO RES INDICATES IF THERAPEUTIC RECREATION SPECIALIST SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-THER-REC-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1390	1390	C	PROV5225
SRV: THER REC SPEC-ONSITE-NONRES INDICATES IF THERAPEUTIC RECREATION SPECIALIST SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS. COBOL NAME: SP-THER-REC-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1391	1391	C	PROV5220
SRV: THER REC SPEC-ONSITE-RESIDENT INDICATES IF THERAPEUTIC RECREATION SPECIALIST SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-THER-REC-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1392	1392	C	PROV5215
SRV: VOCATIONAL-OFFSITE-RESIDENTS INDICATES IF VOCATIONAL SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-VOC-GUID-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1393	1393	C	PROV3480
SRV: VOCATIONAL-ONSITE-NON RESID INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-VOC-GUID-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1394	1394	C	PROV3475
SRV: VOCATIONAL-ONSITE-RESIDENTS INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE TO RESIDENTS.	1	1395	1395	C	PROV3470

COBOL NAME: SP-VOC-GUID-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 31
 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: XRAY-OFFSITE-RESIDENTS INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-DIAG-XRAY-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1396	1396	C	PROV3510
SRV: XRAY-ONSITE-NON RESIDENTS INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-DIAG-XRAY-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1397	1397	C	PROV3505
SRV: XRAY-ONSITE-RESIDENTS INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-DIAG-XRAY-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1398	1398	C	PROV3500
THER REC SPEC - CONTRACT NUMBER OF CONTRACT STAFF HOURS PROVIDED BY THERAPEUTIC RECREATION SPECIALIST. COBOL NAME: NUM-THER-REC-CONTRACT	7.2	1399	1405	N	PROV5240
THER REC SPEC - FULL TIME NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY THERAPEUTIC RECREATION SPECIALIST. COBOL NAME: NUM-THER-REC-FULL-TIME	7.2	1406	1412	N	PROV5230
THER REC SPEC - PART TIME NUMBER OF PART-TIME STAFF HOURS PROVIDED BY THERAPEUTIC RECREATION SPECIALIST. COBOL NAME: NUM-THER-REC-PART-TIME	7.2	1413	1419	N	PROV5235

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 1
 HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 HOME HEALTH AGENCY	2	1	2	C	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 05 HOME HEALTH AGENCIES	2	3	4	C	PROV0075
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT	2	5	6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT	8	7	14	C	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY	28	15	42	C	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC	1	43	43	C	PROV0220
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE B NOT IN COMPLIANCE	1	44	44	C	PROV2715
COUNTY CODE SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED. COBOL NAME: SSA-COUNTY	3	45	47	C	PROV2695
CROSS REFERENCE PROVIDER NUMBER NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER. COBOL NAME: CROSS-REF-PROV-NUM	10	48	57	C	PROV0300
CURRENT FMS SURVEY DATE CURRENT FMS SURVEY DATE COBOL NAME: FMS-SURVEY-DT-1	8	58	65	C	PROV0500

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER. COBOL NAME: SURVEY-DT-1	8	66	73	C	PROV2740
ELIGIBILITY CODE INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: ELIG-CD VALUES: 1 ELIGIBLE TO PARTICIPATE 2 NOT ELIGIBLE TO PARTICIPATE	1	74	74	C	PROV0455
FACILITY NAME THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: FACILITY-NAME	50	75	124	C	PROV0475
INTERMEDIARY NUMBER A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER SERVICING A PROVIDER OR SUPPLIER. COBOL NAME: INTER-CARRIER-NUM VALUES: 00000 DUMMY FOR MEDICAID HHA 00011 CAHABA 00040 BLUE CROSS (CALIFORNIA) 00121 HEALTH CARE SERVICE CORPORATION 00122 HCSC - MICHIGAN 00123 HCSC OF MICHIGAN 00131 NATIONAL GOVERNMENT SERVICES 00140 BLUE CROSS (IOWA/SOUTH DAKOTA) 00150 BLUE CROSS (KANSAS) 00180 NATIONAL GOVERNMENT SERVICES 00181 NATIONAL GOVERNMENT SERVICES 00230 BLUE CROSS (MISSISSIPPI) 00290 BLUE CROSS (NEW MEXICO) 00332 NATIONAL GOVERNMENT SERVICES 00362 BLUE CROSS (INDEPENDENCE) 00366 HIGHMARK MEDICARE SERVICES 00370 BLUE CROSS (RHODE ISLAND) 00380 BLUE CROSS (SOUTH CAROLINA) 00400 BLUE CROSS (TEXAS) 00410 BLUE CROSS (UTAH) 00450 NATIONAL GOVERNMENT SERVICES 00452 NATIONAL GOVERNMENT SERVICES 00454 NATIONAL GOVERNMENT SERVICES 00511 CAHABA 00883 PALMETTO 00952 WPS - ILLINOIS 00953 WPS - MICHIGAN 00954 WI PHYSICIAN SERVICES - MN	5	125	129	C	PROV0605

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
01390					AETNA (WASHINGTON)
03001					NORIDIAN ADMIN SERVICES
03102					NORIDIAN ADMIN SERVICES (ARIZONA)
03202					NORIDIAN ADMIN SERVICES (MONTANA)
03302					NORIDIAN ADMIN SERVICES (NORTH DAKOTA)
03402					NORIDIAN ADMIN SERVICES (MONTANA)
03502					NORIDIAN ADMIN SERVICES (UTAH)
03602					NORIDIAN ADMIN SERVICES (WYOMING)
31140					NATIONAL HERITAGE (CA)
31142					NATIONAL HERITAGE INSURANCE CO (MAINE)
31143					NATIONAL HERITAGE INSURANCE CO
31144					NATIONAL HERITAGE INSURANCE CO
31146					NATIONAL HERTAGE INSURANCE
51051					AETNA (PETALUMA)
51100					AETNA (CLEARWATER)
51390					AETNA (FORT WASHINGTON)
52280					MUTUAL OF OMAHA
57400					COOPERATIVA (PUERTO RICO)
MEDICARE OR MEDICAID VENDOR NUMBER	15	130	144	C	PROV0655
A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES.					
COBOL NAME: MEDICAID-VEND-NUM					
PARTICIPATION DATE	8	145	152	C	PROV1565
THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: PARTCI-DT					
PRIOR CHANGE OF OWNERSHIP	8	153	160	C	PROV1615
THE DATE OF A PRIOR CHANGE OF OWNERSHIP.					
COBOL NAME: PRIOR-CHOW-DT					
PRIOR INTERMEDIARY NUMBER	5	161	165	C	PROV1620
A PREVIOUS INTERMEDIARY NUMBER.WHEN					
COBOL NAME: PRIOR-INTER-CARRIER-NUM					
VALUES:	00000				DUMMY FOR MEDICAID HHA
	00011				CAHABA
	00030				BLUE CROSS (ARIZONA)
	00040				BLUE CROSS (CALIFORNIA)
	00121				HEALTH CARE SERVICE CORPORATION
	00122				HCSC - MICHIGAN
	00123				HCSC OF MICHIGAN
	00131				NATIONAL GOVERNMENT SERVICES
	00140				BLUE CROSS (IOWA/SOUTH DAKOTA)
	00150				BLUE CROSS (KANSAS)
	00180				BLUE CROSS (MAINE)
	00181				NATIONAL GOVERNMENT SERVICES
	00230				BLUE CROSS (MISSISSIPPI)
	00290				BLUE CROSS (NEW MEXICO)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00332					NATIONAL GOVERNMENT SERVICES
00362					BLUE CROSS (INDEPENDENCE)
00366					HIGHMARK MEDICARE SERVICES
00370					BLUE CROSS (RHODE ISLAND)
00380					BLUE CROSS (SOUTH CAROLINA)
00400					BLUE CROSS (TEXAS)
00410					BLUE CROSS (UTAH)
00450					NATIONAL GOVERNMENT SERVICES
00452					NATIONAL GOVERNMENT SERVICES
00453					NATIONAL GOVERNMENT SERVICES
00454					NATIONAL GOVERNMENT SERVICES
00511					CAHABA
00883					PALMETTO
00952					WPS - ILLINOIS
00953					WPS - MICHIGAN
00954					WI PHYSICIAN SERVICES - MN
01390					AETNA (WASHINGTON)
03001					NORIDIAN ADMIN SERVICES
03102					NORIDIAN ADMIN SERVICES (ARIZONA)
03202					NORIDIAN ADMIN SERVICES (MONTANA)
03302					NORIDIAN ADMIN SERVICES (NORTH DAKOTA)
03402					NORIDIAN ADMIN SERVICES (MONTANA)
03502					NORIDIAN ADMIN SERVICES (UTAH)
03602					NORIDIAN ADMIN SERVICES (WYOMING)
31140					NATIONAL HERITAGE (CA)
31142					NATIONAL HERITAGE INSURANCE CO (MAINE)
31143					NATIONAL HERITAGE INSURANCE CO
31144					NATIONAL HERITAGE INSURANCE CO
31146					NATIONAL HERTAGE INSURANCE
51051					AETNA (PETALUMA)
51100					AETNA (CLEARWATER)
51390					AETNA (FORT WASHINGTON)
52280					MUTUAL OF OMAHA
57400					COOPERATIVA (PUERTO RICO)

PROVIDER NUMBER 10 166 175 C PROV1680
 A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS-
 SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER
 IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER,
 A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.
 COBOL NAME: PROV-NUM

RECORD TYPE 1 176 176 C PROV1720
 THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.
 COBOL NAME: RECORD-TYPE
 VALUES: A ACCEPTED
 P PENDING
 W WORK

SHORT DESCRIPTION LEN START END TYPE SAS NAME

REGION CODE 2 177 178 C PROV1725

THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE
 STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

VALUES: 01 I BOSTON
 02 II NEW YORK
 03 III PHILADELPHIA
 04 IV ATLANTA
 05 V CHICAGO
 06 VI DALLAS
 07 VII KANSAS CITY
 08 VIII DENVER
 09 IX SAN FRANCISCO
 10 X SEATTLE

SKELETON RECORD INDICATOR 1 179 179 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
 ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
 FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES: Y YES

STATE ABBREVIATION 2 180 181 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

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
 GA GEORGIA
 GU GUAM
 HI HAWAII
 IA IOWA
 ID IDAHO
 IL ILLINOIS
 IN INDIANA
 KS KANSAS
 KY KENTUCKY
 LA LOUISIANA
 MA MASSACHUSETTS

HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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

STATE CODE (SSA) 2 182 183 C PROV2700

TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS LOCATED.

COBOL NAME: SSA-STATE

VALUES:	
01	ALABAMA
02	ALASKA
03	ARIZONA
04	ARKANSAS
05	CALIFORNIA
06	COLORADO
07	CONNECTICUT
08	DELAWARE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007

HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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
56					CANADA
59					MEXICO
64					AMERICAN SAMOA

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
65					GUAM
66					SAIPAN
STATE REGION CODE	3	184	186	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED					
COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	187	236	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	237	246	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER.					
COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	247	248	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: TERM-CD-1					
VALUES:	00				ACTIVE
	01				VOL-MERG,CLOSE
	02				VOL-REIMBURSE
	03				VOL-RISK INVOL
	04				VOL-OTHER
	05				INVOL-FAIL REQ
	06				INVOL-AGREEMNT
	07				OTH-STATUS CHG
TERMINATION DATE/EXPIRATION DATE 1	8	249	256	C	PROV4500
THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE FACILITY WAS TERMINATED.					
COBOL NAME: EXP-DT-1					
TYPE OF ACTION	1	257	257	C	PROV2880
IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED.					
COBOL NAME: TYPE-ACTION					
VALUES:	1				INITIAL
	2				RECERTIFICATION
	3				TERMINATION
	4				CHANGE OF OWNERSHIP
	5				VALIDATION (ACCRD)
	8				FULL SURVEY AFTER COMPLAINT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT
 HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
TYPE OF CONTROL	2	258	259	C	PROV2885
INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES.					
COBOL NAME: TYPE-CONTROL					
VALUES:	01				VOL. NON-PROF. - RELIGIOUS AFF.
	02				VOLUNTARY NON-PROFIT - PRIVATE
	03				VOLUNTARY NON-PROFIT - OTHER
	04				PROPRIETARY
	05				GOVERNMENT - STATE/COUNTY
	06				GOVERNMENT - COMB. GOVT & VOL.
	07				GOVERNMENT - LOCAL
ZIP CODE	5	260	264	C	PROV2905
THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.					
COBOL NAME: ZIP-CD					
FIPS STATE CODE	2	265	266	C	FIPSTATE
FIPS STATE CODE					
COBOL NAME: WS-FIPS-STATE					
FIPS COUNTY CODE	3	267	269	C	FIPCNTY
FIPS COUNTY CODE					
COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	270	272	C	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	273	273	C	SSAMSASZ
SSA MSA SIZE CODE					
COBOL NAME: WS-SSA-MSA-SIZE-CD					
ACCREDITATION INDICATOR	1	290	290	C	PROV0010
INDICATES THE ORGANIZATION THAT IS RESPONSIBLE FOR THE ACCREDITATION OF THE PROVIDER.					
COBOL NAME: ACCRED-STAT					
VALUES:	0				NONE
	1				JCAHO
	2				CHAP
	3				ACHC
DATE OF LAST VALIDATION SURVEY	8	363	370	C	PROV0450
DATE THE LAST VALIDATION SURVEY WAS PERFORMED BY THE STATE AGENCY FOR A JCAH, AOA ACCREDITED HOSPITAL OR OTHER PROVIDER TYPE.					
COBOL NAME: DT-VALID-SURVEY					
DIETICIANS	7.2	371	377	N	PROV0820
NUMBER OF FULL-TIME EQUIVALENT DIETICIANS EMPLOYED BY A FACILITY.					
COBOL NAME: NUM-DIETICIANS					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 10
HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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FISCAL YEAR ENDING DATE	4	378	381	C	PROV0485
THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR.					
COBOL NAME: FISC-YR-END-DT					
LICENSED PRACT/VOCAT NURSES	7.2	382	388	N	PROV0955
NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL OR VOCATIONAL NURSES EMPLOYED BY A FACILITY.					
COBOL NAME: NUM-LPN-LVN					
OCCUPATIONAL THERAPISTS	7.2	405	411	N	PROV1050
THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A PROVIDER.					
COBOL NAME: NUM-OCCUP-THERAPISTS					
OTHER PERSONNEL	7.2	412	418	N	PROV1075
THE NUMBER OF FULL-TIME EQUIVALENT OTHER SALARIED PERSONNEL EMPLOYED BY A FACILITY.					
COBOL NAME: NUM-OTHER-PERSNL					
PROGRAM PARTICIPATION	1	434	434	C	PROV1670
INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE, MEDICAID, OR BOTH PROGRAMS.					
COBOL NAME: PROG-PARTCI					
VALUES:	1	MEDICARE ONLY			
	2	MEDICAID ONLY			
	3	MEDICARE AND MEDICAID			
REGIONAL OVERRIDE #2 (STAFFING)	1	471	471	C	PROV1550
THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE ODIE DATA ENTRY SYSTEM.					
COBOL NAME: OVERRIDE-2					
VALUES:	Y	RECORD HAS BEEN APPROVED			
REGISTERED NURSES	7.2	473	479	N	PROV1145
THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED PROFESSIONAL NURSES EMPLOYED BY A PROVIDER.					
COBOL NAME: NUM-REG-NURS					
REGISTERED PHARMACISTS	7.2	480	486	N	PROV1100
THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED PHARMACISTS EMPLOYED BY A PROVIDER.					
COBOL NAME: NUM-PHARMACIST-REG					
SRV: OCCUPATIONAL THERAPY	1	558	558	C	PROV2270
INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE PROVIDED.					
COBOL NAME: SP-OCCUP-THERAPY					
VALUES:	0	NOT PROVIDED			
	1	PROVIDED BY STAFF			
	2	PROVIDED UNDER ARRANGEMENT			
	3	COMBINATION			

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 11
 HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: PHARMACY 1 569 569 C PROV2365

INDICATES HOW PHARMACY SERVICES ARE PROVIDED.

COBOL NAME: SP-PHARMACY

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED UNDER ARRANGEMENT
3 COMBINATION

SRV: PHYSICAL THERAPY 1 570 570 C PROV2370

INDICATES HOW PHYSICAL THERAPY SERVICES ARE PROVIDED.

COBOL NAME: SP-PHYSICAL-THERAPY

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED UNDER ARRANGEMENT
3 COMBINATION

TYPE OF FACILITY 2 593 594 C PROV2890

INDICATES THE CATEGORY WHICH REPRESENTS THE TYPE OF FACILITY.

COBOL NAME: TYPE-FACILITY

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

RELATED PROVIDER NUMBER 10 1228 1237 C PROV1755

THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.

COBOL NAME: RELATED-PROV-NUM

AIDE TRAINING/COMPETENCY PROGRAMS 1 1420 1420 C PROV0555

INDICATES HOW THE AGENCY PROVIDES HOME HEALTH AIDE TRAINING AND COMPETENCY EVALUATION PROGRAMS.

COBOL NAME: HHA-PROVIDES-DIRECT

VALUES: 1 AIDE TRAINING
2 COMPETENCY EVALUATION PROG.
3 AIDE TRAINING AND COMPETENCY PROG.
4 NEITHER

BRANCH OPERATION INDICATOR 1 1421 1421 C PROV1525

INDICATES IF THE AGENCY OPERATES ANY BRANCHES.

COBOL NAME: OPERS-BRANCHES

VALUES: N NO
Y YES

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 12
HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

BRANCHES 3 1422 1424 N PROV0745

THE NUMBER OF BRANCHES OPERATED BY THE AGENCY.
 COBOL NAME: NUM-BRANCHES
 CHANGE OF OWNERSHIP INDICATOR 1 1425 1425 C PROV0105
 INDICATES IF A HOME HEALTH AGENCY HAS UNDERGONE A
 CHANGE OF OWNERSHIP SINCE THE LAST SURVEY.
 COBOL NAME: CHOW-IND
 VALUES: N NO
 Y YES

HHA QUALIFIED FOR OPT 1 1426 1426 C PROV0560
 INDICATES IF A HOME HEALTH AGENCY IS QUALIFIED TO
 PROVIDE OUTPATIENT PHYSICAL THERAPY/SPEECH SERVICES.
 COBOL NAME: HHA-QUAL-FOR-OPT
 VALUES: N NO
 Y YES

HOME HEALTH AIDES 7.2 1427 1433 N PROV0910
 NUMBER OF FULL-TIME EQUIVALENT HOME HEALTH AIDES
 EMPLOYED BY A HOME HEALTH AGENCY OR HOSPICE.
 COBOL NAME: NUM-HOME-HEALTH-AIDES

HOSPICE INDICATOR 1 1434 1434 C PROV0665
 INDICATES IF THE HOME HEALTH AGENCY ALSO PARTICIPATES
 IN THE MEDICARE PROGRAM AS A HOSPICE.
 COBOL NAME: MEDICARE-CERT-HOSPICE
 VALUES: N NO
 Y YES

MEDICARE HOSPICE PROVIDER NUMBER 6 1435 1440 C PROV0570
 IF THE AGENCY ALSO PARTICIPATES IN THE MEDICARE PROGRAM
 AS A HOSPICE, THE HOSPICE PROVIDER NUMBER.
 COBOL NAME: HOSPICE-PROV-NUM

MEDICARE/MEDICAID PROVIDER NUMBER 6 1441 1446 C PROV0650
 IF THE AGENCY IS BASED IN ANOTHER MEDICARE OR MEDICAID
 FACILITY, THE PROVIDER NUMBER OF THAT FACILITY.
 COBOL NAME: MEDICAID-CARE-VEND-NUM

SOCIAL WORKERS 7.2 1447 1453 N PROV1185
 THE NUMBER OF FULL TIME EQUIVALENT SOCIAL WORKERS
 EMPLOYED BY THE AGENCY.
 COBOL NAME: NUM-SOCIAL-WRKS

SPEECH PATHOLOGISTS, AUDIOLOGISTS 7.2 1454 1460 N PROV1220
 THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS
 OR AUDIOLOGISTS EMPLOYED BY A PROVIDER.
 COBOL NAME: NUM-SPEECH-PATH-AUDIO

SRV: APPLIANCE AND EQUIPMENT 1 1461 1461 C PROV2075
 INDICATES HOW APPLIANCE AND EQUIPMENT SERVICES ARE
 PROVIDED BY A HOME HEALTH AGENCY.
 COBOL NAME: SP-APPLIANCE-EQUIP
 VALUES:

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 13
 HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
0					NOT PROVIDED
1					PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT
 3 COMBINATION

SRV: HOME HEALTH AIDE/HOMEMAKER 1 1462 1462 C PROV2155

INDICATES HOW HOME HEALTH AIDE SERVICES ARE PROVIDED
 BY A HOME HEALTH AGENCY.

COBOL NAME: SP-HH-AIDE-HOMEMAKER

VALUES: 0 NOT PROVIDED
 1 PROVIDED BY AGENCY STAFF
 2 PROVIDED UNDER ARRANGEMENT
 3 COMBINATION

SRV: INTERNS AND RESIDENTS 1 1463 1463 C PROV2195

INDICATES HOW INTERN AND RESIDENT SERVICES ARE PROVIDED
 BY A HOME HEALTH AGENCY.

COBOL NAME: SP-INTERNS-RESIDENTS

VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED UNDER ARRANGEMENT
 3 COMBINATION

SRV: MEDICAL SOCIAL 1 1464 1464 C PROV2220

INDICATES HOW MEDICAL SOCIAL SERVICES ARE PROVIDED

COBOL NAME: SP-MEDICAL-SOCIAL

VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED UNDER ARRANGEMENT
 3 COMBINATION

SRV: NURSING 1 1465 1465 C PROV2250

INDICATES HOW NURSING SERVICES ARE PROVIDED.

COBOL NAME: SP-NURSING

VALUES: 1 PROVIDED BY STAFF
 2 PROVIDED UNDER ARRANGEMENT
 3 COMBINATION

SRV: NUTRITIONAL GUIDANCE 1 1466 1466 C PROV2255

INDICATES HOW NUTRITIONAL GUIDANCE SERVICES ARE
 PROVIDED.

COBOL NAME: SP-NUTRITION-GUIDANCE

VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED UNDER ARRANGEMENT
 3 COMBINATION

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 14
 HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: OTHER 1 1467 1467 C PROV2340

INDICATES HOW OTHER (NOT SPECIFIED) SERVICES ARE
 PROVIDED.

COBOL NAME: SP-OTHER

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED UNDER ARRANGEMENT
	3	COMBINATION

SRV: SPEECH THERAPY 1 1468 1468 C PROV2520

INDICATES HOW SPEECH THERAPY SERVICES ARE PROVIDED.

COBOL NAME: SP-SPEECH-THERAPY

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED UNDER ARRANGEMENT
	3	COMBINATION

SRV: VOCATIONAL GUIDANCE 1 1469 1469 C PROV2535

INDICATES HOW VOCATIONAL GUIDANCE SERVICES ARE PROVIDED

COBOL NAME: SP-VOCAT-GUIDANCE

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY AGENCY STAFF
	2	PROVIDED UNDER ARRANGEMENT
	3	COMBINATION

SUBUNIT INDICATOR 1 1470 1470 C PROV2725

INDICATES IF THE AGENCY IS A SUBUNIT OF ANOTHER AGENCY.

COBOL NAME: SUBUNIT-IND

VALUES:	N	NO
	Y	YES

SUBUNIT OPERATION INDICATOR 1 1471 1471 C PROV1530

INDICATES IF THE AGENCY OPERATES ANY SUBUNITS.

COBOL NAME: OPERS-SUBUNITS

VALUES:	N	NO
	Y	YES

SUBUNITS 3 1472 1474 N PROV1240

THE NUMBER OF SUBUNITS OPERATED BY THE AGENCY.

COBOL NAME: NUM-SUBUNITS

SURETY BOND INDICATOR 1 1475 1475 C PROV5680

SURETY BOND INDICATOR, VALID VALUES ARE "N" OR "Y" OR "W"

COBOL NAME: SURETY-BOND-IND

VALUES:	N	NO
	W	WAIVER
	Y	YES

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 15
 HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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PHYSICAL THERAPISTS ON STAFF 7.2 1505 1511 N PROV1120

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS EMPLOYED BY AN OUTPATIENT PHYSICAL THERAPY PROVIDER OR A HOME HEALTH AGENCY PROVIDER.

COBOL NAME: NUM-PHYS-THERAPISTS
 SRV: LABORATORY 1 1720 1720 C PROV2200
 INDICATES HOW LABORATORY SERVICES ARE PROVIDED.
 COBOL NAME: SP-LABORATORY
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED UNDER ARRANGEMENT
 3 COMBINATION

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 1
 PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER	2	1	2	C	PROV0085
A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS.					
COBOL NAME: CATEGORY-SUBTYPE-IND					
VALUES: 01	X-RAY				

CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 07	2	3	4	C	PROV0075
PORTABLE X-RAY SUPPLIERS					
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT	2	5	6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT	8	7	14	C	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY	28	15	42	C	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1	1	43	43	C	PROV0220
COMPLIANCE BASED ON ACCEPTABLE POC					
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE B NOT IN COMPLIANCE	1	44	44	C	PROV2715
COUNTY CODE SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED. COBOL NAME: SSA-COUNTY	3	45	47	C	PROV2695
CROSS REFERENCE PROVIDER NUMBER NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER. COBOL NAME: CROSS-REF-PROV-NUM	10	48	57	C	PROV0300
CURRENT FMS SURVEY DATE CURRENT FMS SURVEY DATE COBOL NAME: FMS-SURVEY-DT-1	8	58	65	C	PROV0500

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 2
PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER. COBOL NAME: SURVEY-DT-1	8	66	73	C	PROV2740
ELIGIBILITY CODE	1	74	74	C	PROV0455

INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1 ELIGIBLE TO PARTICIPATE
2 NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 50 75 124 C PROV0475
THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.
COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 125 129 C PROV0605
A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER SERVICING A PROVIDER OR SUPPLIER.
COBOL NAME: INTER-CARRIER-NUM

VALUES: 00011 CAHABA
00122 HCSC - MICHIGAN
00131 NATIONAL GOVERNMENT SERVICES
00181 NATIONAL GOVERNMENT SERVICES
00452 NATIONAL GOVERNMENT SERVICES
00453 NATIONAL GOVERNMENT SERVICES
00454 NATIONAL GOVERNMENT SERVICES
00510 BLUE SHIELD (ALABAMA)
00511 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)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 3
PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00780					BLUE SHIELD (TRI-STATE)
00801					BLUE SHIELD (BUFFALO)
00803					NATIONAL GOVERNMENT SERVICES
00805					NATIONAL GOVERNMENT SERVICES
00860					BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
00865					BLUE SHIELD (PENNSYLVANIA)
00870					BLUE SHIELD (RHODE ISLAND)

00880	BLUE SHIELD (SOUTH CAROLINA)
00883	PALMETTO
00900	BLUE SHIELD (TEXAS)
00901	TRAILBLAZERS HEALTH ENTERPRISES
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)
01120	AETNA (HAWAII)
01290	AETNA (NEVADA)
01360	AETNA (NEW MEXICO)
01370	AETNA (OKLAHOMA)
01380	AETNA (OREGON)
01390	AETNA (WASHINGTON)
02050	OCCIDENTAL (CALIFORNIA)
05130	EQICOR (IDAHO)
05440	EQICOR (TENNESSEE)
05535	EQICOR (NORTH CAROLINA)
10071	TRAVELERS (RRB)
10230	TRAVELERS (CONNECTICUT)
10240	TRAVELERS (MINNESOTA)
10250	TRAVELERS (MISSISSIPPI)
10490	TRAVELERS (VIRGINIA)
10492	TRAVELERS - VIRGINIA SPECIAL PROJECT
11260	GENERAL AMERICAN
14330	GROUP HEALTH INC (NEW YORK)
16360	NATIONWIDE (OHIO)
16510	NATIONWIDE (WEST VIRGINIA)
21200	MASSACHUSETTS/MAINE
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERTAGE INSURANCE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 4
PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
MEDICARE OR MEDICAID VENDOR NUMBER A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM	15	130	144	C	PROV0655
PARTICIPATION DATE THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.	8	145	152	C	PROV1565

COBOL NAME: PARTCI-DT
 PRIOR CHANGE OF OWNERSHIP 8 153 160 C PROV1615
 THE DATE OF A PRIOR CHANGE OF OWNERSHIP.

COBOL NAME: PRIOR-CHOW-DT
 PRIOR INTERMEDIARY NUMBER 5 161 165 C PROV1620
 A PREVIOUS INTERMEDIARY NUMBER.WHEN

COBOL NAME: PRIOR-INTER-CARRIER-NUM

VALUES: 00011 CAHABA
 00122 HCSC - MICHIGAN
 00131 NATIONAL GOVERNMENT SERVICES
 00181 NATIONAL GOVERNMENT SERVICES
 00452 NATIONAL GOVERNMENT SERVICES
 00453 NATIONAL GOVERNMENT SERVICES
 00454 NATIONAL GOVERNMENT SERVICES
 00510 BLUE SHIELD (ALABAMA)
 00511 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)
 00751 BLUE SHIELD (MONTANA)
 00770 BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
 00780 BLUE SHIELD (TRI-STATE)
 00801 BLUE SHIELD (BUFFALO)
 00803 NATIONAL GOVERNMENT SERVICES
 00805 NATIONAL GOVERNMENT SERVICES

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 5
 PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00820					BLUE SHIELD (NORTH DAKOTA)
00825					BLUE SHIELD (NORTH DAKOTA/WYOMING)
00860					BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
00865					BLUE SHIELD (PENNSYLVANIA)
00870					BLUE SHIELD (RHODE ISLAND)
00880					BLUE SHIELD (SOUTH CAROLINA)
00883					PALMETTO
00900					BLUE SHIELD (TEXAS)
00901					TRAILBLAZERS HEALTH ENTERPRISES

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)
01120	AETNA (HAWAII)
01290	AETNA (NEVADA)
01360	AETNA (NEW MEXICO)
01370	AETNA (OKLAHOMA)
01380	AETNA (OREGON)
01390	AETNA (WASHINGTON)
02050	OCCIDENTAL (CALIFORNIA)
05130	EQICOR (IDAHO)
05440	EQICOR (TENNESSEE)
05535	EQICOR (NORTH CAROLINA)
10071	TRAVELERS (RRB)
10230	TRAVELERS (CONNECTICUT)
10240	TRAVELERS (MINNESOTA)
10250	TRAVELERS (MISSISSIPPI)
10490	TRAVELERS (VIRGINIA)
10492	TRAVELERS - VIRGINIA SPECIAL PROJECT
11260	GENERAL AMERICAN
14330	GROUP HEALTH INC (NEW YORK)
16360	NATIONWIDE (OHIO)
16510	NATIONWIDE (WEST VIRGINIA)
21200	MASSACHUSETTS/MAINE
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERTAGE INSURANCE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 6
 PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PROVIDER NUMBER	10	166	175	C	PROV1680
A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS ASSIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.					
COBOL NAME: PROV-NUM					
RECORD TYPE	1	176	176	C	PROV1720
THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.					
COBOL NAME: RECORD-TYPE					
VALUES: A	ACCEPTED				

P PENDING
W WORK

REGION CODE 2 177 178 C PROV1725

THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE
STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

VALUES:	01	I	BOSTON
	02	II	NEW YORK
	03	III	PHILADELPHIA
	04	IV	ATLANTA
	05	V	CHICAGO
	06	VI	DALLAS
	07	VII	KANSAS CITY
	08	VIII	DENVER
	09	IX	SAN FRANCISCO
	10	X	SEATTLE

SKELETON RECORD INDICATOR 1 179 179 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES: Y YES

STATE ABBREVIATION 2 180 181 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES:	AK	ALASKA
	AL	ALABAMA
	AR	ARKANSAS
	AS	AMERICAN SAMOA
	AZ	ARIZONA
	CA	CALIFORNIA
	CN	CANADA
	CO	COLORADO
	CT	CONNECTICUT
	DC	DISTRICT OF COLUMBIA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007

1DATE: 01/01/2008

POS RECORD LAYOUT

PAGE: 7

PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

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	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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 8
 PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
STATE CODE (SSA)	2	182	183	C	PROV2700
TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS LOCATED.					
COBOL NAME: SSA-STATE					
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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 9
 PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
45					TEXAS
46					UTAH
47					VERMONT
48					VIRGIN ISLANDS
49					VIRGINIA
50					WASHINGTON
51					WEST VIRGINIA
52					WISCONSIN
53					WYOMING
56					CANADA
59					MEXICO
64					AMERICAN SAMOA
65					GUAM

STATE REGION CODE	3	184	186	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED					
COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	187	236	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	237	246	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER.					
COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	247	248	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: TERM-CD-1					
VALUES:	00				ACTIVE
	01				VOL-MERG,CLOSE
	02				VOL-REIMBURSE
	03				VOL-RISK INVOL
	04				VOL-OTHER
	05				INVOL-FAIL REQ
	06				INVOL-AGREEMNT
	07				OTH-STATUS CHG
TERMINATION DATE/EXPIRATION DATE 1	8	249	256	C	PROV4500
THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE FACILITY WAS TERMINATED.					
COBOL NAME: EXP-DT-1					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 10
 PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
TYPE OF ACTION	1	257	257	C	PROV2880
IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED.					
COBOL NAME: TYPE-ACTION					
VALUES:	1				INITIAL
	2				RECERTIFICATION
	3				TERMINATION
	4				CHANGE OF OWNERSHIP
TYPE OF CONTROL	2	258	259	C	PROV2885
INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES.					
COBOL NAME: TYPE-CONTROL					
VALUES:	01				INDIVIDUAL

02	PARTNERSHIP
03	CORPORATION
04	OTHER THAN PRIVATE

ZIP CODE	5	260	264	C	PROV2905
THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.					
COBOL NAME: ZIP-CD					
FIPS STATE CODE	2	265	266	C	FIPSTATE
FIPS STATE CODE					
COBOL NAME: WS-FIPS-STATE					
FIPS COUNTY CODE	3	267	269	C	FIPCNTY
FIPS COUNTY CODE					
COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	270	272	C	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	273	273	C	SSAMSASZ
SSA MSA SIZE CODE					
COBOL NAME: WS-SSA-MSA-SIZE-CD					
FISCAL YEAR ENDING DATE	4	378	381	C	PROV0485
THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR.					
COBOL NAME: FISC-YR-END-DT					
OTHER PERSONNEL	7.2	412	418	N	PROV1075
THE NUMBER OF FULL-TIME EQUIVALENT OTHER SALARIED PERSONNEL EMPLOYED BY A FACILITY.					
COBOL NAME: NUM-OTHER-PERSNL					
DIRECTOR QUALIFICATIONS	1	1476	1476	C	PROV1715
INDICATES THE QUALIFICATIONS OF THE DIRECTOR OF A SUPPLIER OF PORTABLE X-RAY SERVICES.					
COBOL NAME: QUAL-OF-DIRECTOR					
VALUES:	1	PHYSICIAN			
	2	PHD/SCD			
	3	MS/MA			

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 11
 PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
4					BS/BA
5					OTHER
TECHNOLOGISTS - ASSOC DEGREE	7.2	1477	1483	N	PROV0735
THE NUMBER OF TECHNOLOGISTS WITH ASSOCIATE DEGREES IN RADIOLOGIC TECHNOLOGY.					
COBOL NAME: NUM-AS-RADIO-TECH					
TECHNOLOGISTS - BS/BA DEGREE	7.2	1484	1490	N	PROV0750
NUMBER OF TECHNOLOGISTS WITH BACHELOR OF SCIENCE OR BACHELOR OF ARTS DEGREES IN RADIOLOGIC TECHNOLOGY.					
COBOL NAME: NUM-BS-BA-RAD-TECH					
TECHNOLOGISTS - 2 YEAR RADIOLOGY	7.2	1491	1497	N	PROV1515
THE NUMBER OF FULL-TIME EQUIVALENT TECHNOLOGISTS EMPLOYED BY A PORTABLE X-RAY PROVIDER WHO ARE GRADUATES OF A TWO YEAR APPROVED SCHOOL OF RADIOLOGIC TECHNOLOGY.					

COBOL NAME: NUM-2YR-RADIO-TECH

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 1
OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 OPT OR SPECH PATHOLOGY	2	1	2	C	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 08 OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY	2	3	4	C	PROV0075
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT	2	5	6	N	PROV0095

CHANGE OF OWNERSHIP DATE	8	7	14	C	PROV0100
EFFECTIVE DATE OF A CHANGE OF OWNERSHIP.					
COBOL NAME: CHOW-DT					
CITY	28	15	42	C	PROV3225
CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED.					
COBOL NAME: CITY					
COMPLIANCE: PLAN OF CORRECTION	1	43	43	C	PROV0220
INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES.					
COBOL NAME: COMPL-ACCEPT-PLAN-COR					
VALUES: 1	COMPLIANCE BASED ON ACCEPTABLE POC				
COMPLIANCE: STATUS	1	44	44	C	PROV2715
INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS.					
COBOL NAME: STATUS-COMPL					
VALUES: A	IN COMPLIANCE				
B	NOT IN COMPLIANCE				
COUNTY CODE	3	45	47	C	PROV2695
SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED.					
COBOL NAME: SSA-COUNTY					
CROSS REFERENCE PROVIDER NUMBER	10	48	57	C	PROV0300
NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.					
COBOL NAME: CROSS-REF-PROV-NUM					
CURRENT FMS SURVEY DATE	8	58	65	C	PROV0500
CURRENT FMS SURVEY DATE					
COBOL NAME: FMS-SURVEY-DT-1					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 2
 OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE	8	66	73	C	PROV2740
THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER.					
COBOL NAME: SURVEY-DT-1					
ELIGIBILITY CODE	1	74	74	C	PROV0455
INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: ELIG-CD					
VALUES: 1	ELIGIBLE TO PARTICIPATE				
2	NOT ELIGIBLE TO PARTICIPATE				
FACILITY NAME	50	75	124	C	PROV0475
THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: FACILITY-NAME					
INTERMEDIARY NUMBER	5	125	129	C	PROV0605

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER
SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

VALUES:	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)
	00241	BLUE CROSS (MISSOURI)
	00260	BLUE CROSS (NEBRASKA)
	00270	NATIONAL GOVERNMENT SERVICES
	00280	BLUE CROSS (NEW JERSEY)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007

1DATE: 01/01/2008

POS RECORD LAYOUT

PAGE: 3

OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00290					BLUE CROSS (NEW MEXICO)
00308					NATIONAL GOVERNMENT SERVICES
00310					BLUE CROSS (NORTH CAROLINA)
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
00468	BLUE CROSS (NORTH CAROLINA FOR PR)
00510	BLUE SHIELD (ALABAMA)
00511	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
00860	BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 4
OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00865					BLUE SHIELD (PENNSYLVANIA)
00870					BLUE SHIELD (RHODE ISLAND)
00880					BLUE SHIELD (SOUTH CAROLINA)
00883					PALMETTO
00900					BLUE SHIELD (TEXAS)
00901					TRAILBLAZERS HEALTH ENTERPRISES
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)
01120					AETNA (HAWAII)

01290	AETNA (NEVADA)
01360	AETNA (NEW MEXICO)
01370	AETNA (OKLAHOMA)
01380	AETNA (OREGON)
01390	AETNA (WASHINGTON)
02050	OCCIDENTAL (CALIFORNIA)
03001	NORIDIAN ADMIN SERVICES
03102	NORIDIAN ADMIN SERVICES (ARIZONA)
03202	NORIDIAN ADMIN SERVICES (MONTANA)
03302	NORIDIAN ADMIN SERVICES (NORTH DAKOTA)
03402	NORIDIAN ADMIN SERVICES (MONTANA)
03502	NORIDIAN ADMIN SERVICES (UTAH)
03602	NORIDIAN ADMIN SERVICES (WYOMING)
05130	EQICOR (IDAHO)
05440	EQICOR (TENNESSEE)
05535	EQICOR (NORTH CAROLINA)
10071	TRAVELERS (RRB)
10230	TRAVELERS (CONNECTICUT)
10240	TRAVELERS (MINNESOTA)
10250	TRAVELERS (MISSISSIPPI)
10490	TRAVELERS (VIRGINIA)
10492	TRAVELERS - VIRGINIA SPECIAL PROJECT
11260	GENERAL AMERICAN
14330	GROUP HEALTH INC (NEW YORK)
16360	NATIONWIDE (OHIO)
16510	NATIONWIDE (WEST VIRGINIA)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
21200	MASSACHUSETTS/MAINE
31140	NATIONAL HERITAGE (CA)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 5
 OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
31142					NATIONAL HERITAGE INSURANCE CO (MAINE)
31143					NATIONAL HERITAGE INSURANCE CO
31144					NATIONAL HERITAGE INSURANCE CO
31146					NATIONAL HERTAGE INSURANCE
50333					TRAVELERS (NEW YORK)
51051					AETNA (PETALUMA)
51070					AETNA (FARMINGTON)
51100					AETNA (CLEARWATER)
51140					AETNA (PEORIA)
51390					AETNA (FORT WASHINGTON)
52280					MUTUAL OF OMAHA
57400					COOPERATIVA (PUERTO RICO)

MEDICARE OR MEDICAID VENDOR NUMBER	15	130	144	C	PROV0655
A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES.					
COBOL NAME: MEDICAID-VEND-NUM					

PARTICIPATION DATE	8	145	152	C	PROV1565
THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE					

MEDICARE AND/OR MEDICAID SERVICES.

COBOL NAME: PARTCI-DT
 PRIOR CHANGE OF OWNERSHIP 8 153 160 C PROV1615
 THE DATE OF A PRIOR CHANGE OF OWNERSHIP.

COBOL NAME: PRIOR-CHOW-DT
 PRIOR INTERMEDIARY NUMBER 5 161 165 C PROV1620
 A PREVIOUS INTERMEDIARY NUMBER.WHEN

COBOL NAME: PRIOR-INTER-CARRIER-NUM
 VALUES: 00010 BLUE CROSS (ALABAMA)
 00011 CAHABA
 00020 BLUE CROSS (ARKANSAS)
 00030 BLUE CROSS (ARIZONA)
 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 BLUE CROSS (KENTUCKY)
 00180 BLUE CROSS (MAINE)
 00181 NATIONAL GOVERNMENT SERVICES
 00190 BLUE CROSS (MARYLAND)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 6
 OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00200					BLUE CROSS (MASSACHUSETTS)
00210					BLUE CROSS (MICHIGAN)
00220					BLUE CROSS (MINNESOTA)
00230					BLUE CROSS (MISSISSIPPI)
00231					BLUE CROSS (LOUISIANA)
00241					BLUE CROSS (MISSOURI)
00250					BLUE CROSS (MONTANA)
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					BLUE CROSS (NORTH DAKOTA)
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
00460	BLUE CROSS (WYOMING)
00468	BLUE CROSS (NORTH CAROLINA FOR PR)
00510	BLUE SHIELD (ALABAMA)
00511	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)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 7
 OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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)
00751					BLUE SHIELD (MONTANA)
00770					BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
00780					BLUE SHIELD (TRI-STATE)
00801					BLUE SHIELD (BUFFALO)
00803					NATIONAL GOVERNMENT SERVICES
00805					NATIONAL GOVERNMENT SERVICES
00820					BLUE SHIELD (NORTH DAKOTA)
00825					BLUE SHIELD (NORTH DAKOTA/WYOMING)
00860					BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
00865					BLUE SHIELD (PENNSYLVANIA)
00870					BLUE SHIELD (RHODE ISLAND)
00880					BLUE SHIELD (SOUTH CAROLINA)
00883					PALMETTO
00900					BLUE SHIELD (TEXAS)
00901					TRAILBLAZERS HEALTH ENTERPRISES
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)
01120	AETNA (HAWAII)
01290	AETNA (NEVADA)
01360	AETNA (NEW MEXICO)
01370	AETNA (OKLAHOMA)
01380	AETNA (OREGON)
01390	AETNA (WASHINGTON)
02050	OCCIDENTAL (CALIFORNIA)
03001	NORIDIAN ADMIN SERVICES
03102	NORIDIAN ADMIN SERVICES (ARIZONA)
03202	NORIDIAN ADMIN SERVICES (MONTANA)
03302	NORIDIAN ADMIN SERVICES (NORTH DAKOTA)
03402	NORIDIAN ADMIN SERVICES (MONTANA)
03502	NORIDIAN ADMIN SERVICES (UTAH)
03602	NORIDIAN ADMIN SERVICES (WYOMING)
05130	EQICOR (IDAHO)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 8
 OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
05440					EQICOR (TENNESSEE)
05535					EQICOR (NORTH CAROLINA)
10071					TRAVELERS (RRB)
10230					TRAVELERS (CONNECTICUT)
10240					TRAVELERS (MINNESOTA)
10250					TRAVELERS (MISSISSIPPI)
10490					TRAVELERS (VIRGINIA)
10492					TRAVELERS - VIRGINIA SPECIAL PROJECT
11260					GENERAL AMERICAN
14330					GROUP HEALTH INC (NEW YORK)
16360					NATIONWIDE (OHIO)
16510					NATIONWIDE (WEST VIRGINIA)
17120					HAWAII MEDICAL SERVICE ASSOCIATION
21200					MASSACHUSETTS/MAINE
31140					NATIONAL HERITAGE (CA)
31142					NATIONAL HERITAGE INSURANCE CO (MAINE)
31143					NATIONAL HERITAGE INSURANCE CO
31144					NATIONAL HERITAGE INSURANCE CO
31146					NATIONAL HERTAGE INSURANCE
50333					TRAVELERS (NEW YORK)
51051					AETNA (PETALUMA)
51070					AETNA (FARMINGTON)
51100					AETNA (CLEARWATER)

51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA
57400	COOPERATIVA (PUERTO RICO)

PROVIDER NUMBER 10 166 175 C PROV1680

A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS ASSIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.
COBOL NAME: PROV-NUM

RECORD TYPE 1 176 176 C PROV1720

THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.
COBOL NAME: RECORD-TYPE

VALUES:	A	ACCEPTED
	P	PENDING
	W	WORK

REGION CODE 2 177 178 C PROV1725

THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

VALUES:	01	I	BOSTON
	02	II	NEW YORK
	03	III	PHILADELPHIA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 9
 OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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04	IV	ATLANTA
05	V	CHICAGO
06	VI	DALLAS
07	VII	KANSAS CITY
08	VIII	DENVER
09	IX	SAN FRANCISCO
10	X	SEATTLE

SKELETON RECORD INDICATOR 1 179 179 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES:	Y	YES
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STATE ABBREVIATION 2 180 181 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

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
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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 10
 OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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

STATE CODE (SSA) 2 182 183 C PROV2700
TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
LOCATED.

COBOL NAME: SSA-STATE

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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 11
OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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

COBOL NAME: EXP-DT-1
 TYPE OF ACTION 1 257 257 C PROV2880
 IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND
 TRANSMITTAL FORM WAS PREPARED.
 COBOL NAME: TYPE-ACTION
 VALUES: 1 INITIAL
 2 RECERTIFICATION
 3 TERMINATION
 4 CHANGE OF OWNERSHIP

TYPE OF CONTROL 2 258 259 C PROV2885
 INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES
 A PROVIDER OF SERVICES.
 COBOL NAME: TYPE-CONTROL
 VALUES: 01 VOL. NON-PROF. NOT CHURCH
 02 VOLUNTARY NON PROFIT CHURCH
 03 STATE GOVERNMENT
 04 LOCAL GOVERNMENT
 05 COMBINATION GOVERNMENT & VOL.
 06 PROPRIETARY

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 13
 OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
ZIP CODE THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER. COBOL NAME: ZIP-CD	5	260	264	C	PROV2905
FIPS STATE CODE FIPS STATE CODE COBOL NAME: WS-FIPS-STATE	2	265	266	C	FIPSTATE
FIPS COUNTY CODE FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY	3	267	269	C	FIPCNTY
SSA MSA CODE SSA MSA CODE COBOL NAME: WS-SSA-MSA-CD	3	270	272	C	SSAMSACD
SSA MSA SIZE CODE SSA MSA SIZE CODE COBOL NAME: WS-SSA-MSA-SIZE-CD	1	273	273	C	SSAMSASZ
FISCAL YEAR ENDING DATE THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR. COBOL NAME: FISC-YR-END-DT	4	378	381	C	PROV0485
OCCUPATIONAL THERAPISTS THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A PROVIDER. COBOL NAME: NUM-OCCUP-THERAPISTS	7.2	405	411	N	PROV1050
PHYSICAL THERAPISTS THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS EMPLOYED BY A PROVIDER. COBOL NAME: NUM-PHYS-THERAPY	7.2	420	426	N	PROV1125
SRV: OCCUPATIONAL THERAPY	1	558	558	C	PROV2270

INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE PROVIDED.

COBOL NAME: SP-OCCUP-THERAPY

VALUES: 0 NOT PROVIDED
1 PROVIDED

SRV: PHYSICAL THERAPY 1 570 570 C PROV2370

INDICATES HOW PHYSICAL THERAPY SERVICES ARE PROVIDED.

COBOL NAME: SP-PHYSICAL-THERAPY

VALUES: 0 NOT PROVIDED
1 PROVIDED

SRV: SPEECH PATHOLOGY 1 586 586 C PROV2505

INDICATES HOW SPEECH PATHOLOGY SERVICES ARE PROVIDED.

COBOL NAME: SP-SPEECH-PATH

VALUES: 0 NOT PROVIDED
1 PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 14
 OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION LEN START END TYPE SAS NAME

TYPE OF FACILITY 2 593 594 C PROV2890

INDICATES THE CATEGORY WHICH REPRESENTS THE TYPE OF FACILITY.

COBOL NAME: TYPE-FACILITY

VALUES: 01 HOSPITAL
02 SKILLED NURSING FACILITY
03 HOME HEALTH AGENCY
04 REHABILITATION AGENCY
05 PUBLIC CLINIC
06 PRIVATE CLINIC
07 PUBLIC HEALTH AGENCY

OCCUP THERAPIST, FULL TIME, STAFF 7.2 931 937 N PROV1040

THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-OCC-THER-FULL-TIME

OCCUP THERAPISTS, CONTRACT/ARRANGE 7.2 938 944 N PROV1035

THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-OCC-THER-CONTRACT

RELATED PROVIDER NUMBER 10 1228 1237 C PROV1755

THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.

COBOL NAME: RELATED-PROV-NUM

SPEECH PATHOLOGISTS, AUDIOLOGISTS 7.2 1454 1460 N PROV1220

THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS OR AUDIOLOGISTS EMPLOYED BY A PROVIDER.

COBOL NAME: NUM-SPEECH-PATH-AUDIO
 PHYSICAL THERAPIST - ARRANGEMENT 7.2 1498 1504 N PROV1105
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS
 EMPLOYED BY ARRANGEMENT IN AN OUTPATIENT PHYSICAL
 THERAPY FACILITY.
 COBOL NAME: NUM-PHY-THER-ARGNM
 PHYSICAL THERAPISTS ON STAFF 7.2 1505 1511 N PROV1120
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS
 EMPLOYED BY AN OUTPATIENT PHYSICAL THERAPY PROVIDER OR
 A HOME HEALTH AGENCY PROVIDER.
 COBOL NAME: NUM-PHYS-THERAPISTS
 SPEECH PATHOLOGISTS - ARRANGEMENT 7.2 1512 1518 N PROV1215
 THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS
 EMPLOYED BY ARRANGEMENT IN AN OUTPATIENT PHYSICAL
 THERAPY FACILITY.
 COBOL NAME: NUM-SPEECH-PATH-AR

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 15
 OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SPEECH PATHOLOGISTS - TOTAL THE TOTAL NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS ON STAFF AND BY ARRANGEMENT IN AN OUTPATIENT PHYSICAL THERAPY FACILITY. COBOL NAME: NUM-SPEECH-PATH	7.2	1519	1525	N	PROV1210

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 1
 END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 END STAGE RENAL DISEASE	2	1	2	C	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 09 END STAGE RENAL DISEASE FACILITIES	2	3	4	C	PROV0075
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT	2	5	6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT	8	7	14	C	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY	28	15	42	C	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC	1	43	43	C	PROV0220
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE	1	44	44	C	PROV2715

WITH PROGRAM REQUIREMENTS.

COBOL NAME: STATUS-COMPL

VALUES: A IN COMPLIANCE
B NOT IN COMPLIANCE

COUNTY CODE 3 45 47 C PROV2695
SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY
IS LOCATED.
COBOL NAME: SSA-COUNTY
CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300
NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.
COBOL NAME: CROSS-REF-PROV-NUM
CURRENT FMS SURVEY DATE 8 58 65 C PROV0500
CURRENT FMS SURVEY DATE
COBOL NAME: FMS-SURVEY-DT-1

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 2
END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME
CURRENT SURVEY DATE 8 66 73 C PROV2740
THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY,
WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR
THE PROVIDER.
COBOL NAME: SURVEY-DT-1
ELIGIBILITY CODE 1 74 74 C PROV0455
INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN
THE MEDICARE AND/OR MEDICAID PROGRAMS.
COBOL NAME: ELIG-CD
VALUES: 1 ELIGIBLE TO PARTICIPATE
2 NOT ELIGIBLE TO PARTICIPATE
FACILITY NAME 50 75 124 C PROV0475
THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO
PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.
COBOL NAME: FACILITY-NAME
INTERMEDIARY NUMBER 5 125 129 C PROV0605
A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER
SERVICING A PROVIDER OR SUPPLIER.
COBOL NAME: INTER-CARRIER-NUM
VALUES: 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)
00241	BLUE CROSS (MISSOURI)
00260	BLUE CROSS (NEBRASKA)
00270	NATIONAL GOVERNMENT SERVICES
00280	BLUE CROSS (NEW JERSEY)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 3
 END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00290					BLUE CROSS (NEW MEXICO)
00308					NATIONAL GOVERNMENT SERVICES
00310					BLUE CROSS (NORTH CAROLINA)
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
00468					BLUE CROSS (NORTH CAROLINA FOR PR)
00511					CAHABA
00883					PALMETTO
00901					TRAILBLAZERS HEALTH ENTERPRISES
00952					WPS - ILLINOIS
00953					WPS - MICHIGAN
00954					WI PHYSICIAN SERVICES - MN
01390					AETNA (WASHINGTON)
03001					NORIDIAN ADMIN SERVICES
03102					NORIDIAN ADMIN SERVICES (ARIZONA)
03202					NORIDIAN ADMIN SERVICES (MONTANA)
03302					NORIDIAN ADMIN SERVICES (NORTH DAKOTA)

03402	NORIDIAN ADMIN SERVICES (MONTANA)
03502	NORIDIAN ADMIN SERVICES (UTAH)
03602	NORIDIAN ADMIN SERVICES (WYOMING)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31140	NATIONAL HERITAGE (CA)
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERTAGE INSURANCE
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 4
 END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
52280					MUTUAL OF OMAHA
57400					COOPERATIVA (PUERTO RICO)

MEDICARE OR MEDICAID VENDOR NUMBER	15	130	144	C	PROV0655
A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES.					

COBOL NAME: MEDICAID-VEND-NUM

PARTICIPATION DATE	8	145	152	C	PROV1565
THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					

COBOL NAME: PARTCI-DT

PRIOR CHANGE OF OWNERSHIP	8	153	160	C	PROV1615
THE DATE OF A PRIOR CHANGE OF OWNERSHIP.					

COBOL NAME: PRIOR-CHOW-DT

PRIOR INTERMEDIARY NUMBER	5	161	165	C	PROV1620
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A PREVIOUS INTERMEDIARY NUMBER.WHEN

COBOL NAME: PRIOR-INTER-CARRIER-NUM

VALUES: 00010	BLUE CROSS (ALABAMA)
00011	CAHABA
00020	BLUE CROSS (ARKANSAS)
00030	BLUE CROSS (ARIZONA)
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	BLUE CROSS (KENTUCKY)
00180	BLUE CROSS (MAINE)
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)
00241	BLUE CROSS (MISSOURI)
00250	BLUE CROSS (MONTANA)
00260	BLUE CROSS (NEBRASKA)
00270	NATIONAL GOVERNMENT SERVICES
00280	BLUE CROSS (NEW JERSEY)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 5
 END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00290					BLUE CROSS (NEW MEXICO)
00308					NATIONAL GOVERNMENT SERVICES
00310					BLUE CROSS (NORTH CAROLINA)
00320					BLUE CROSS (NORTH DAKOTA)
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
00460					BLUE CROSS (WYOMING)
00468					BLUE CROSS (NORTH CAROLINA FOR PR)
00511					CAHABA
00883					PALMETTO
00901					TRAILBLAZERS HEALTH ENTERPRISES
00952					WPS - ILLINOIS
00953					WPS - MICHIGAN
00954					WI PHYSICIAN SERVICES - MN
01390					AETNA (WASHINGTON)
03001					NORIDIAN ADMIN SERVICES
03102					NORIDIAN ADMIN SERVICES (ARIZONA)
03202					NORIDIAN ADMIN SERVICES (MONTANA)
03302					NORIDIAN ADMIN SERVICES (NORTH DAKOTA)

03402	NORIDIAN ADMIN SERVICES (MONTANA)
03502	NORIDIAN ADMIN SERVICES (UTAH)
03602	NORIDIAN ADMIN SERVICES (WYOMING)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31140	NATIONAL HERITAGE (CA)
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERITAGE INSURANCE
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 6
 END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
51140					AETNA (PEORIA)
51390					AETNA (FORT WASHINGTON)
52280					MUTUAL OF OMAHA
57400					COOPERATIVA (PUERTO RICO)

PROVIDER NUMBER	10	166	175	C	PROV1680
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A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS ASSIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.
 COBOL NAME: PROV-NUM

RECORD TYPE	1	176	176	C	PROV1720
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THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.
 COBOL NAME: RECORD-TYPE
 VALUES: A ACCEPTED
 P PENDING
 W WORK

REGION CODE	2	177	178	C	PROV1725
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THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED.
 COBOL NAME: REGION
 VALUES: 01 I BOSTON
 02 II NEW YORK
 03 III PHILADELPHIA
 04 IV ATLANTA
 05 V CHICAGO
 06 VI DALLAS
 07 VII KANSAS CITY
 08 VIII DENVER
 09 IX SAN FRANCISCO
 10 X SEATTLE

SKELETON RECORD INDICATOR	1	179	179	C	PROV2045
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INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE

FOR THIS PROVIDER.
COBOL NAME: SKELETON-IND
VALUES: Y

YES

STATE ABBREVIATION 2 180 181 C PROV3230

STATE ABBREVIATION
COBOL NAME: STATE-ABBREV

VALUES: AK ALASKA
AL ALABAMA
AR ARKANSAS
AS AMERICAN SAMOA
AZ ARIZONA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 7
END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CA CALIFORNIA
CN CANADA
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 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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 8
 END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
VT					VERMONT
WA					WASHINGTON
WI					WISCONSIN
WV					WEST VIRGINIA
WY					WYOMING

STATE CODE (SSA)	2	182	183	C	PROV2700
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TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS LOCATED.

COBOL NAME: SSA-STATE

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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 9
 END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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				
56	CANADA				
59	MEXICO				
64	AMERICAN SAMOA				
65	GUAM				
66	SAIPAN				

STATE REGION CODE	3	184	186	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED					
COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	187	236	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	237	246	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER.					
COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	247	248	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: TERM-CD-1					
VALUES: 00					ACTIVE

01	VOL-MERG,CLOSE
02	VOL-REIMBURSE
03	VOL-RISK INVOL
04	VOL-OTHER
05	INVOL-FAIL REQ
06	INVOL-AGREEMNT
07	OTH-STATUS CHG

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 10
 END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
TERMINATION DATE/EXPIRATION DATE 1 THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE FACILITY WAS TERMINATED. COBOL NAME: EXP-DT-1	8	249	256	C	PROV4500
TYPE OF ACTION IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED. COBOL NAME: TYPE-ACTION VALUES: 1 INITIAL 2 RECERTIFICATION 3 TERMINATION 4 CHANGE OF OWNERSHIP	1	257	257	C	PROV2880
TYPE OF CONTROL INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL VALUES: 01 FOR PROFIT 02 NOT FOR PROFIT 03 PUBLIC	2	258	259	C	PROV2885
ZIP CODE THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER. COBOL NAME: ZIP-CD	5	260	264	C	PROV2905
FIPS STATE CODE FIPS STATE CODE COBOL NAME: WS-FIPS-STATE	2	265	266	C	FIPSTATE
FIPS COUNTY CODE FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY	3	267	269	C	FIPCNTY
SSA MSA CODE SSA MSA CODE COBOL NAME: WS-SSA-MSA-CD	3	270	272	C	SSAMSACD
SSA MSA SIZE CODE SSA MSA SIZE CODE COBOL NAME: WS-SSA-MSA-SIZE-CD	1	273	273	C	SSAMSASZ
DIETICIANS NUMBER OF FULL-TIME EQUIVALENT DIETICIANS EMPLOYED BY A	7.2	371	377	N	PROV0820

FACILITY.
 COBOL NAME: NUM-DIETICIANS
 FISCAL YEAR ENDING DATE 4 378 381 C PROV0485
 THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL
 YEAR.
 COBOL NAME: FISC-YR-END-DT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 11
 END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
OTHER PERSONNEL THE NUMBER OF FULL-TIME EQUIVALENT OTHER SALARIED PERSONNEL EMPLOYED BY A FACILITY. COBOL NAME: NUM-OTHER-PERSNL	7.2	412	418	N	PROV1075
REGISTERED NURSES THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED PROFESSIONAL NURSES EMPLOYED BY A PROVIDER. COBOL NAME: NUM-REG-NURS	7.2	473	479	N	PROV1145
MULTI-FACILITY ORGANIZATION NAME THE NAME OF THE MULTI-FACILITY ORGANIZATION THAT OWNS THE FACILITY. COBOL NAME: NAME-MULT-FACL-ORG	38	850	887	C	PROV0680
MULTI-FACILITY ORGANIZATION OWNED INDICATES IF A FACILITY IS OWNED BY AN ORGANIZATION THAT OWNS (OR LEASES) TWO OR MORE NURSING FACILITIES. COBOL NAME: MULT-FACL-ORG VALUES: Y YES	1	888	888	C	PROV0675
RELATED PROVIDER NUMBER THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE. COBOL NAME: RELATED-PROV-NUM	10	1228	1237	C	PROV1755
SOCIAL WORKERS THE NUMBER OF FULL TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY THE AGENCY. COBOL NAME: NUM-SOCIAL-WRKS	7.2	1447	1453	N	PROV1185
ESRD NETWORK # THE NUMBER OF THE NETWORK TO WHICH THE END STAGE RENAL DIALYSIS FACILITY IS ASSIGNED. COBOL NAME: NETWORK-NUM VALUES: 01 CONN-MAINE-MASS-NEW HAMP-RHODE ISLAND-VERMONT 02 NEW YORK 03 NEW JERSEY, PUERTO RICO AND VIRGIN ISLAND 04 DELAWARE AND PENNSYLVANIA 05 DIST OF COLUM-MARYLAND-VIRGINIA-WEST VIRGINIA 06 GEORGIA, SOUTH CAROLINA AND NORTH CAROLINA 07 FLORIDA 08 ALABAMA, MISSISSIPPI AND TENNESSEE 09 INDIANA, KENTUCKY AND OHIO	2	1526	1527	C	PROV0685

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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 12
 END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
17 COUNTIES IN NORTHERN CALIF, HAWAII, AS, GUAM					
18 COUNTIES IN SOUTHERN CALIFORNIA					
NUMBER OF PATIENTS TUE. 4TH SHIFT	3	1528	1530	N	PROV5540
NUMBER OF PATIENTS TUE. 4TH SHIFT					
COBOL NAME: NUM-PATIENT-TUE-SHIFT-4					
STATIONS - HEMODIALYSIS	3	1531	1533	N	PROV1230
THE TOTAL NUMBER OF HEMODIALYSIS STATIONS IN AN END					
STAGE RENAL DISEASE (ESRD) FACILITY.					
COBOL NAME: NUM-STATIONS-HEMO					
STATIONS - TOTAL	3	1534	1536	N	PROV2855
THE TOTAL NUMBER OF APPROVED DIALYSIS STATIONS IN AN					
END STAGE RENAL DIALYSIS FACILITY.					
COBOL NAME: TOT-STATIONS					
HOSPITAL BASED INDICATOR	1	1704	1704	C	PROV0565
HOSPITAL BASED INDICATOR					
COBOL NAME: HOSP-BASED-IND					
VALUES: Y					HOSPITAL BASED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 1
 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 02 TITLE 19 ONLY	2	1	2	C	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 10 NURSING FACILITIES	2	3	4	C	PROV0075
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT	2	5	6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT	8	7	14	C	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY	28	15	42	C	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC	1	43	43	C	PROV0220
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE B NOT IN COMPLIANCE	1	44	44	C	PROV2715
COUNTY CODE SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED. COBOL NAME: SSA-COUNTY	3	45	47	C	PROV2695
CROSS REFERENCE PROVIDER NUMBER NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER. COBOL NAME: CROSS-REF-PROV-NUM	10	48	57	C	PROV0300

CURRENT FMS SURVEY DATE 8 58 65 C PROV0500
 CURRENT FMS SURVEY DATE
 COBOL NAME: FMS-SURVEY-DT-1

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 2
 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER. COBOL NAME: SURVEY-DT-1	8	66	73	C	PROV2740
ELIGIBILITY CODE INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: ELIG-CD VALUES: 1 ELIGIBLE TO PARTICIPATE 2 NOT ELIGIBLE TO PARTICIPATE	1	74	74	C	PROV0455
FACILITY NAME THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: FACILITY-NAME	50	75	124	C	PROV0475
INTERMEDIARY NUMBER A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER SERVICING A PROVIDER OR SUPPLIER. COBOL NAME: INTER-CARRIER-NUM VALUES: 00452 NATIONAL GOVERNMENT SERVICES 00454 NATIONAL GOVERNMENT SERVICES 00511 CAHABA 00883 PALMETTO 00952 WPS - ILLINOIS 00953 WPS - MICHIGAN 00954 WI PHYSICIAN SERVICES - MN 01390 AETNA (WASHINGTON) 31142 NATIONAL HERITAGE INSURANCE CO (MAINE) 31143 NATIONAL HERITAGE INSURANCE CO 31146 NATIONAL HERTAGE INSURANCE	5	125	129	C	PROV0605
MEDICARE OR MEDICAID VENDOR NUMBER A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM	15	130	144	C	PROV0655
PARTICIPATION DATE THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT	8	145	152	C	PROV1565
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT	8	153	160	C	PROV1615

PRIOR INTERMEDIARY NUMBER 5 161 165 C PROV1620
 A PREVIOUS INTERMEDIARY NUMBER.WHEN
 COBOL NAME: PRIOR-INTER-CARRIER-NUM
 VALUES: 00452 NATIONAL GOVERNMENT SERVICES

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
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 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00454					NATIONAL GOVERNMENT SERVICES
00511					CAHABA
00883					PALMETTO
00952					WPS - ILLINOIS
00953					WPS - MICHIGAN
00954					WI PHYSICIAN SERVICES - MN
01390					AETNA (WASHINGTON)
31142					NATIONAL HERITAGE INSURANCE CO (MAINE)
31143					NATIONAL HERITAGE INSURANCE CO
31146					NATIONAL HERTAGE INSURANCE

PROVIDER NUMBER 10 166 175 C PROV1680
 A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS-
 SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER
 IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER,
 A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.
 COBOL NAME: PROV-NUM

RECORD TYPE 1 176 176 C PROV1720
 THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.
 COBOL NAME: RECORD-TYPE
 VALUES: A ACCEPTED
 P PENDING
 W WORK

REGION CODE 2 177 178 C PROV1725
 THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE
 STATE IN WHICH THE PROVIDER IS LOCATED.
 COBOL NAME: REGION
 VALUES: 01 I BOSTON
 02 II NEW YORK
 03 III PHILADELPHIA
 04 IV ATLANTA
 05 V CHICAGO
 06 VI DALLAS
 07 VII KANSAS CITY
 08 VIII DENVER
 09 IX SAN FRANCISCO
 10 X SEATTLE

SKELETON RECORD INDICATOR 1 179 179 C PROV2045
 INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
 ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
 FOR THIS PROVIDER.
 COBOL NAME: SKELETON-IND
 VALUES: Y YES

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 4
 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
STATE ABBREVIATION	2	180	181	C	PROV3230

STATE ABBREVIATION
 COBOL NAME: STATE-ABBREV

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
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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 5
NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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

STATE CODE (SSA) 2 182 183 C PROV2700
TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
LOCATED.

COBOL NAME: SSA-STATE

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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 6
 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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
56					CANADA
59					MEXICO
64					AMERICAN SAMOA
65					GUAM
66					SAIPAN
STATE REGION CODE	3	184	186	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED					
COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	187	236	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	237	246	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER.					
COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	247	248	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: TERM-CD-1					
VALUES:	00				ACTIVE
	01				VOL-MERG,CLOSE

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
02					VOL-REIMBURSE
03					VOL-RISK INVOL
04					VOL-OTHER
05					INVOL-FAIL REQ
06					INVOL-AGREEMNT
07					OTH-STATUS CHG
TERMINATION DATE/EXPIRATION DATE 1	8	249	256	C	PROV4500
THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE FACILITY WAS TERMINATED.					
COBOL NAME: EXP-DT-1					
TYPE OF ACTION	1	257	257	C	PROV2880
IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED.					
COBOL NAME: TYPE-ACTION					
VALUES:	1				INITIAL
	2				RECERTIFICATION
	3				TERMINATION
	4				CHANGE OF OWNERSHIP
TYPE OF CONTROL	2	258	259	C	PROV2885
INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES.					
COBOL NAME: TYPE-CONTROL					
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				LIMITED LIABILITY CORPORATION
ZIP CODE	5	260	264	C	PROV2905
THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.					
COBOL NAME: ZIP-CD					
FIPS STATE CODE	2	265	266	C	FIPSTATE
FIPS STATE CODE					
COBOL NAME: WS-FIPS-STATE					
FIPS COUNTY CODE	3	267	269	C	FIPCNTY
FIPS COUNTY CODE					
COBOL NAME: WS-FIPS-CNTY					

SSA MSA CODE 3 270 272 C SSAMSACD
 * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 8
 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SSA MSA CODE COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE SSA MSA SIZE CODE COBOL NAME: WS-SSA-MSA-SIZE-CD	1	273	273	C	SSAMSASZ
* BEDS - TOTAL TOTAL NUMBER OF BEDS IN A FACILITY, INCLUDING THOSE IN NON-PARTICIPATING OR NON-LICENSED AREAS. COBOL NAME: NUM-BEDS	4	291	294	N	PROV0740
BEDS - TOTAL CERTIFIED NUMBER OF BEDS IN MEDICARE AND/OR MEDICAID CERTIFIED AREAS WITHIN A FACILITY. COBOL NAME: NUM-CERT-BEDS	4	295	298	N	PROV0755
COMPLIANCE: LIFE SAFETY CODE INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN RECOMMENDED FOR A PROVIDER. COBOL NAME: COMPL-LSC VALUES: 1 WAIVER RECOMMENDED	1	356	356	C	PROV0240
COMPLIANCE: 24 HR REGISTERED NURSE INDICATES IF A WAIVER OF THE 24 HOUR REGISTERED NURSE REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY. COBOL NAME: COMPL-24-HR-RN VALUES: 1 WAIVER RECOMMENDED	1	359	359	C	PROV0290
FISCAL YEAR ENDING DATE THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR. COBOL NAME: FISC-YR-END-DT	4	378	381	C	PROV0485
PROGRAM PARTICIPATION INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE, MEDICAID, OR BOTH PROGRAMS. COBOL NAME: PROG-PARTCI VALUES: 2 MEDICAID ONLY	1	434	434	C	PROV1670
REGIONAL OVERRIDE #1 (NUMBER BEDS) THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE ODIE DATA ENTRY SYSTEM. COBOL NAME: OVERRIDE-1 VALUES: Y RECORD HAS BEEN APPROVED	1	470	470	C	PROV1545
REGIONAL OVERRIDE #2 (STAFFING) THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE ODIE DATA ENTRY SYSTEM. COBOL NAME: OVERRIDE-2 VALUES:	1	471	471	C	PROV1550

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 9
NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007

NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
Y	RECORD HAS BEEN APPROVED				
ACTIVITY PROFESSIONAL - CONTRACT THE NUMBER OF FULL TIME EQUIVALENT ACTIVITIES PROFESSIONALS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-ACT-THER-CONTRACT	7.2	596	602	N	PROV0695
ACTIVITY PROFESSIONAL - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES PROFESSIONALS EMPLOYED FULL TIME BY A FACILITY. COBOL NAME: NUM-ACT-THER-FULL-TIME	7.2	603	609	N	PROV0700
ACTIVITY PROFESSIONAL - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES PROFESSIONALS EMPLOYED PART TIME BY A FACILITY. COBOL NAME: NUM-ACT-THER-PART-TIME	7.2	610	616	N	PROV0705
ADMINISTRATION - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-ADMN-CONTRACT	7.2	617	623	N	PROV0710
ADMINISTRATOR - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF EMPLOYED ON A FULL TIME BASIS BY A FACILITY. COBOL NAME: NUM-ADMN-FULL-TIME	7.2	624	630	N	PROV0715
ADMINISTRATOR - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF EMPLOYED ON A PART-TIME BASIS BY A FACILITY. COBOL NAME: NUM-ADMN-PART-TIME	7.2	631	637	N	PROV0720
BEDS - NURSING FACILITY NUMBER OF MEDICAID CERTIFIED SKILLED NURSING CARE BEDS IN A FACILITY. COBOL NAME: NUM-T19-SNF-BEDS	4	642	645	N	PROV1455
CERT NURSE AIDES - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-NURSE-AID-CONTRACT	7.2	650	656	N	PROV1000
CERT NURSE AIDES - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-NURSE-AID-FULL-TIME	7.2	657	663	N	PROV1005
CERT NURSE AIDES - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-NURSE-AID-PART-TIME	7.2	664	670	N	PROV1010
COMPLIANCE: BEDS PER ROOM WAIVER INDICATES IF A WAIVER OF THE BEDS PER ROOM REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY. COBOL NAME: COMPL-BEDS-PER-ROOM VALUES: 1 WAIVER RECOMMENDED	1	672	672	C	PROV0225

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007

NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
COMPLIANCE: PATIENT ROOM SIZE INDICATES IF A WAIVER OF PATIENT ROOM SIZE HAS BEEN RECOMMENDED FOR A FACILITY. COBOL NAME: COMPL-PATIENT-ROOM-SZ VALUES: 1 WAIVER RECOMMENDED	1	673	673	C	PROV0270
COMPLIANCE: 7 DAY REGISTERED NURSE INDICATES IF A WAIVER OF THE 7 DAY REGISTERED NURSE REQUIREMENTS HAS BEEN RECOMMENDED FOR A SNF OR NF. COBOL NAME: COMPL-7-DAY-RN VALUES: 1 WAIVER RECOMMENDED	1	674	674	C	PROV0295
DENTISTS - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-DENTIST-CONTRACT	7.2	675	681	N	PROV0785
DENTISTS - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-DENTIST-FULL-TIME	7.2	682	688	N	PROV0790
DENTISTS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-DENTIST-PART-TIME	7.2	689	695	N	PROV0795
DIETITIANS - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-DIET-CONTRACT	7.2	696	702	N	PROV0805
DIETITIANS - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT DIETITIANS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-DIET-FULL-TIME	7.2	703	709	N	PROV0810
DIETITIANS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT DIETITIANS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-DIET-PART-TIME	7.2	710	716	N	PROV0815
EXPERIMENTAL RESEARCH CONDUCTED INDICATES IF A FACILITY USES RESIDENTS TO DEVELOP AND TEST CLINICAL TREATMENTS. COBOL NAME: EXPER-RESEARCH VALUES: Y YES	1	717	717	C	PROV0465
FOOD SERVICE - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE PERSONNEL UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-FOOD-SRV-CONTRACT	7.2	718	724	N	PROV0860

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
FOOD SERVICE - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-FOOD-SRV-FULL-TIME	7.2	725	731	N	PROV0865
FOOD SERVICE - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-FOOD-SRV-PART-TIME	7.2	732	738	N	PROV0870
HOUSEKEEPING - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-HOUSE-CONTRACT	7.2	739	745	N	PROV0925
HOUSEKEEPING - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-HOUSE-FULL-TIME	7.2	746	752	N	PROV0930
HOUSEKEEPING - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-HOUSE-PART-TIME	7.2	753	759	N	PROV0935
LPN/LVN - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-VOC-NURSE-CONTRACT	7.2	760	766	N	PROV1465
LPN/LVN - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-VOC-NURSE-FULL-TIME	7.2	767	773	N	PROV1470
LPN/LVN - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-VOC-NURSE-PART-TIME	7.2	774	780	N	PROV1475
LTC CROSS REFERENCE PROVIDER # THIS CROSS REFERENCE NUMBER IDENTIFIES LTC PROVIDER NUMBERS THAT WERE TERMINATED IN 1985 BECAUSE OF POLICY CHANGES WHICH STATES THAT SNF/ICF DISTINCT PARTS OR DUA LLY CERTIFIED PORTIONS ARE ASSIGNED SINGLE SNF PROV NO. COBOL NAME: LTC-CROSS-REF-PROV-NUM	6	781	786	C	PROV0640
MEDICAL DIRECTOR - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS UNDER CONTRCAT TO A FACILITY. COBOL NAME: NUM-MED-CONTRACT	7.2	787	793	N	PROV0960
MEDICAL DIRECTOR - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-MED-FULL-TIME	7.2	794	800	N	PROV0965

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
MEDICAL DIRECTOR - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-MED-PART-TIME	7.2	801	807	N	PROV0970
MEDICATION AIDES/TECHS-CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/ TECHNICIANS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-MED-AID-CONTRACT	7.2	808	814	N	PROV5180
MEDICATION AIDES/TECHS-FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/ TECHNICIANS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-MED-AID-FULL-TIME	7.2	815	821	N	PROV5170
MEDICATION AIDES/TECHS-PART TIME THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/ TECHNICIANS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-MED-AID-PART-TIME	7.2	822	828	N	PROV5175
MENTAL HEALTH SERVICES - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-MEN-HLTH-CONTRACT	7.2	829	835	N	PROV0980
MENTAL HEALTH SERVICES - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-MEN-HLTH-FULL-TIME	7.2	836	842	N	PROV0985
MENTAL HEALTH SERVICES - PART TIME THE NUMBER OF FULL TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-MEN-HLTH-PART-TIME	7.2	843	849	N	PROV0990
MULTI-FACILITY ORGANIZATION NAME THE NAME OF THE MULTI-FACILITY ORGANIZATION THAT OWNS THE FACILITY. COBOL NAME: NAME-MULT-FACL-ORG	38	850	887	C	PROV0680
MULTI-FACILITY ORGANIZATION OWNED INDICATES IF A FACILITY IS OWNED BY AN ORGANIZATION THAT OWNS (OR LEASES) TWO OR MORE NURSING FACILITIES. COBOL NAME: MULT-FACL-ORG VALUES: Y YES	1	888	888	C	PROV0675
NURSE AIDES IN TRNG - CONTRACT NUMBER OF FULL TIME EQUIVALENT NURSE AIDES IN TRAINING UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-AID-TRNG-CONTRACT	7.2	889	895	N	PROV5165

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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NURSE AIDES IN TRNG-FULL TIME	7.2	896	902	N	PROV5155
THE NUMBER OF FULL-TIME EQUIVALENT NURSE AIDES IN TRAINING EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-AID-TRNG-FULL-TIME					
NURSE AIDES IN TRNG-PART TIME	7.2	903	909	N	PROV5160
THE NUMBER OF FULL-TIME EQUIVALENT NURSE AIDES IN TRAINING EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-AID-TRNG-PART-TIME					
NURSES WITH ADMIN DUTIES-CONTRACT	7.2	910	916	N	PROV5150
THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-NURSE-ADM-CONTRACT					
NURSES WITH ADMIN DUTIES-FULL TIME	7.2	917	923	N	PROV5135
THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-NURSE-ADM-FULL-TIME					
NURSES WITH ADMIN DUTIES-PART TIME	7.2	924	930	N	PROV5145
NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-NURSE-ADM-PART-TIME					
OCCUP THERAPIST, FULL TIME, STAFF	7.2	931	937	N	PROV1040
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-OCC-THER-FULL-TIME					
OCCUP THERAPISTS, CONTRACT/ARRANGE	7.2	938	944	N	PROV1035
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-OCC-THER-CONTRACT					
OCCUP THERAPY AIDE - CONTRACT	7.2	945	951	N	PROV1020
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY AIDES UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-OCC-AID-CONTRACT					
OCCUP THERAPY AIDE - FULL TIME	7.2	952	958	N	PROV1025
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-OCC-AID-FULL-TIME					
OCCUP THERAPY AIDE - PART TIME	7.2	959	965	N	PROV1030
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-OCC-AID-PART-TIME					
OCCUP THERAPY ASST - CONTRACT	7.2	966	972	N	PROV5195
THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS UNDER CONTRCAT TO A FACILITY.					
COBOL NAME: NUM-OCC-ASST-CONTRACT					

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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OCCUP THERAPY ASST - FULL TIME	7.2	973	979	N	PROV5185
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-OCC-ASST-FULL-TIME					
OCCUP THERAPY ASST - PART TIME	7.2	980	986	N	PROV5190
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-OCC-ASST-PART-TIME					
OCCUPATIONAL THERAPIST - PART TIME	7.2	987	993	N	PROV1045
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-OCC-THER-PART-TIME					
ORGANIZED FAMILY GROUP	1	994	994	C	PROV1535
INDICATES IF THE FACILITY HAS AN ORGANIZED GROUP OF FAMILY MEMBERS OF RESIDENTS.					
COBOL NAME: ORG-FAMILY-GRP					
VALUES: Y	YES				
ORGANIZED RESIDENT GROUP	1	995	995	C	PROV1540
INDICATES IF THE FACILITY HAS AN ORGANIZED RESIDENTS GROUP.					
COBOL NAME: ORG-RESID-GRP					
VALUES: Y	YES				
OTHER - CONTRACT	7.2	996	1002	N	PROV3265
THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES UNDER CONTRACT TO THE FACILITY.					
COBOL NAME: NUM-OTH-CONTRACT					
OTHER - FULL TIME	7.2	1003	1009	N	PROV3245
THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A FULL-TIME BASIS.					
COBOL NAME: NUM-OTH-FULL-TIME					
OTHER - PART TIME	7.2	1010	1016	N	PROV3255
THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A PART-TIME BASIS.					
COBOL NAME: NUM-OTH-PART-TIME					
OTHER ACTIVITIES STAFF-CONTRACT	7.2	1017	1023	N	PROV5270
NUMBER OF CONTRACT STAFF HOURS FOR OTHER ACTIVITIES.					
COBOL NAME: NUM-OTH-ACT-CONTRACT					
OTHER ACTIVITIES STAFF-FULL TIME	7.2	1024	1030	N	PROV5260
NUMBER OF FULL-TIME STAFF HOURS FOR OTHER ACTIVITIES.					
COBOL NAME: NUM-OTH-ACT-FULL-TIME					
OTHER ACTIVITIES STAFF-PART TIME	7.2	1031	1037	N	PROV5305
NUMBER OF PART TIME STAFF HOURS PROVIDED BY OTHER ACTIVITIES STAFF.					
COBOL NAME: NUM-OTH-ACT-PART-TIME					

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
OTHER PHYSICIAN - CONTRACT	7.2	1038	1044	N	PROV1060

THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS
 UNDER CONTRACT TO A FACILITY
 COBOL NAME: NUM-OTH-PHY-CONTRACT
 OTHER PHYSICIAN - FULL TIME 7.2 1045 1051 N PROV1065
 THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS
 EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-OTH-PHY-FULL-TIME
 OTHER PHYSICIAN - PART TIME 7.2 1052 1058 N PROV1070
 THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS
 EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-OTH-PHY-PART-TIME
 OTHR SOCIAL SERV STAFF-CONTRACT 7.2 1059 1065 N PROV5300
 NUMBER OF CONTRACT STAFF HOURS PROVIDED BY OTHER SOCIAL
 SERVICES STAFF.
 COBOL NAME: NUM-OTH-SOC-CONTRACT
 OTHR SOCIAL SERV STAFF-FULL TIME 7.2 1066 1072 N PROV5290
 NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY OTHER SOCIA
 L SERVICES STAFF.
 COBOL NAME: NUM-OTH-SOC-FULL-TIME
 OTHR SOCIAL SERV STAFF-PART TIME 7.2 1073 1079 N PROV5295
 NUMBER OF PART-TIME STAFF HOURS PROVIDED BY OTHER SOCIA
 L SERVICES STAFF.
 COBOL NAME: NUM-OTH-SOC-PART-TIME
 PHARMACISTS - CONTRACT 7.2 1080 1086 N PROV1085
 THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS UNDER
 CONTRACT TO A FACILITY.
 COBOL NAME: NUM-PHAR-CONTRACT
 PHARMACISTS - FULL TIME 7.2 1087 1093 N PROV1090
 THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED
 BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-PHAR-FULL-TIME
 PHARMACISTS - PART TIME 7.2 1094 1100 N PROV1095
 THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED
 BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-PHAR-PART-TIME
 PHYS THER ASST - CONTRACT 7.2 1101 1107 N PROV5210
 NUMBER OF CONTRACT STAFF HOURS FOR PHYSICAL THERAPY ASS
 ISTANTS.
 COBOL NAME: NUM-THER-ASST-CONTRACT
 PHYS THER ASST - FULL TIME 7.2 1108 1114 N PROV5200
 NUMBER OF FULL-TIME STAFF HOURS FOR PHYSICAL THERAPY AS
 SISTANTS.
 COBOL NAME: NUM-THER-ASST-FULL-TIME
 PHYS THER ASST - PART TIME 7.2 1115 1121 N PROV5205
 NUMBER OF PART-TIME STAFF HOURS FOR PHYSICAL THERAPY AS
 SISTANTS.
 COBOL NAME: NUM-THER-ASST-PART-TIME

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PHYSICAL THERAPISTS - CONTRACT	7.2	1122	1128	N	PROV1430
THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS					

UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-THER-CONTRACT
 PHYSICAL THERAPISTS - FULL TIME 7.2 1129 1135 N PROV1435
 THE NUMBER OF FULL TIME EQUIVALENT PHYSICAL THERAPISTS
 EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-THER-FULL-TIME
 PHYSICAL THERAPISTS - PART TIME 7.2 1136 1142 N PROV1440
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS
 EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-THER-PART-TIME
 PHYSICAL THERAPY AIDE - CONTRACT 7.2 1143 1149 N PROV1415
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY
 AIDE UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-THER-AID-CONTRACT
 PHYSICAL THERAPY AIDE - FULL TIME 7.2 1150 1156 N PROV1420
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY
 AIDE EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-THER-AID-FULL-TIME
 PHYSICAL THERAPY AIDE - PART TIME 7.2 1157 1163 N PROV1425
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY
 AIDE EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-THER-AID-PART-TIME
 PHYSICIAN EXTENDER - CONTRACT 7.2 1164 1170 N PROV3270
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS
 UNDER CONTRACT TO THE FACILITY.
 COBOL NAME: NUM-PHYS-EXT-CONTRACT
 PHYSICIAN EXTENDER - FULL TIME 7.2 1171 1177 N PROV3250
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS
 EMPLOYED BY THE FACILITY ON A FULL-TIME BASIS.
 COBOL NAME: NUM-PHYS-EXT-FULL-TIME
 PHYSICIAN EXTENDER - PART TIME 7.2 1178 1184 N PROV3260
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS
 EMPLOYED BY THE FACILITY ON A PART-TIME BASIS.
 COBOL NAME: NUM-PHYS-EXT-PART-TIME
 PODIATRISTS - CONTRACT 7.2 1185 1191 N PROV1130
 THE NUMBER OF FULL TIME EQUIVALENT PODIATRISTS UNDER
 CONTRACT TO A FACILITY.
 COBOL NAME: NUM-POD-CONTRACT
 PODIATRISTS - FULL TIME 7.2 1192 1198 N PROV1135
 THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED
 BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-POD-FULL-TIME
 PODIATRISTS - PART TIME 7.2 1199 1205 N PROV1140
 THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED
 BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-POD-PART-TIME

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PROVIDER BASED FACILITY INDICATES IF A LONG TERM CARE FACILITY IS PROVIDER BASED.	1	1206	1206	C	PROV1675

COBOL NAME: PROV-BASED-FACILITY
 VALUES: Y HOSPITAL BASED

REGISTERED NURSE - CONTRACT	7.2	1207	1213	N	PROV1150
THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-REG-NURSE-CONTRACT					
REGISTERED NURSE - FULL TIME	7.2	1214	1220	N	PROV1155
THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-REG-NURSE-FULL-TIME					
REGISTERED NURSE - PART TIME	7.2	1221	1227	N	PROV1160
THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-REG-NURSE-PART-TIME					
RELATED PROVIDER NUMBER	10	1228	1237	C	PROV1755
THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE. COBOL NAME: RELATED-PROV-NUM					
RESCIND SUSPENSION DATE	8	1238	1245	C	PROV1825
DATE THAT THE SUSPENSION OF PAYMENTS FOR NEW ADMISSIONS TO A LONG TERM CARE FACILITY (LTC) IS RESCINDED. COBOL NAME: RESC-SUSP-DT					
RN DIRECTOR OF NURSING - CONTRACT	7.2	1246	1252	N	PROV5130
THE NUMBER OF FULL TIME EQUIVALENT RN DIRECTOR OF NURSING UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-RN-DON-CONTRACT					
RN DIRECTOR OF NURSING - FULL TIME	7.2	1253	1259	N	PROV5120
THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF NURSING EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-RN-DON-FULL-TIME					
RN DIRECTOR OF NURSING - PART TIME	7.2	1260	1266	N	PROV5140
THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF NURSING EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-RN-DON-PART-TIME					
SOCIAL WORKER - CONTRACT	7.2	1267	1273	N	PROV1170
THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-SOCIAL-CONTRACT					
SOCIAL WORKER - FULL TIME	7.2	1274	1280	N	PROV1175
THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-SOCIAL-FULL-TIME					

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SOCIAL WORKER - PART TIME	7.2	1281	1287	N	PROV1180
THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-SOCIAL-PART-TIME					

SPECIAL CARE BEDS-AIDS	3	1288	1290	N	PROV0725
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH AIDS.					
COBOL NAME: NUM-AIDS-BEDS					
SPECIAL CARE BEDS-ALZHEIMERS	3	1291	1293	N	PROV0730
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH ALZEHEIMERS.					
COBOL NAME: NUM-ALZHEIMERS-BEDS					
SPECIAL CARE BEDS-DIALYSIS	3	1294	1296	N	PROV0800
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS NEEDING DIALYSIS.					
COBOL NAME: NUM-DIAL-BEDS					
SPECIAL CARE BEDS-DISABLED CHILD	3	1297	1299	N	PROV0855
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR DEISCABLED CHILDREN.					
COBOL NAME: NUM-DIS-CHILD-BEDS					
SPECIAL CARE BEDS-HEAD TRAUMA	3	1300	1302	N	PROV0905
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILTY FOR RESIDENTS WITH HEAD TRAUMA.					
COBOL NAME: NUM-HEAD-TRAUMA-BEDS					
SPECIAL CARE BEDS-HOSPICE	3	1303	1305	N	PROV0920
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY A FACILITY FOR RESIDENTS NEEDING HOSPICE SERVICES.					
COBOL NAME: NUM-HOSPICE-BEDS					
SPECIAL CARE BEDS-HUNTINGTONS	3	1306	1308	N	PROV0940
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH HUNTINGTON'S DISEASE					
COBOL NAME: NUM-HUNTING-DIS-BEDS					
SPECIAL CARE BEDS-SPEC REHAB	3	1309	1311	N	PROV1205
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH SPECIALIZED REHAB NEEDS.					
COBOL NAME: NUM-SPEC-REHAB-BEDS					
SPECIAL CARE BEDS-VENTILATOR	3	1312	1314	N	PROV1460
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH VENTILATOR/ RESIPIRATORY CARE NEEDS.					
COBOL NAME: NUM-VENT-RESP-BEDS					
SPEECH PATHOLOGIST - CONTRACT	7.2	1315	1321	N	PROV1190
THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-SPCH-PATH-CONTRACT					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 20
 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SPEECH PATHOLOGIST - FULL TIME	7.2	1322	1328	N	PROV1195
THE NUMBER OF FULL-TIME EQUIVALENT SPPECH PATHOLOGISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-SPCH-PATH-FULL-TIME					
SPEECH PATHOLOGIST - PART TIME	7.2	1329	1335	N	PROV1200

THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS
EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-SPCH-PATH-PART-TIME

SRV: ACTIVITIES-OFFSITE-RESIDENTS 1 1336 1336 C PROV3390

INDICATES IF ACTIVITIES SERVICES ARE PROVIDED OFFSITE
TO RESIDENTS.

COBOL NAME: SP-ACT-THER-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: ACTIVITIES-ONSITE-NON RES 1 1337 1337 C PROV3385

INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE
TO NONRESIDENTS.

COBOL NAME: SP-ACT-THER-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: ACTIVITIES-ONSITE-RESIDENTS 1 1338 1338 C PROV3380

INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE
TO RESIDENTS.

COBOL NAME: SP-ACT-THER-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: BLOOD ADMIN-OFFSITE-RESIDENTS 1 1339 1339 C PROV3525

INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD
SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-ADM-BLOOD-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: BLOOD ADMIN-ONSITE-NONRES 1 1340 1340 C PROV3520

INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD
SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.

COBOL NAME: SP-ADM-BLOOD-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: BLOOD ADMIN-ONSITE-RESIDENTS 1 1341 1341 C PROV3515

INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD
SERVICES ARE PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-ADM-BLOOD-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 21
NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

Y SERVICE IS PROVIDED

SRV: CLINICAL LAB-OFFSITE-RESIDENT 1 1342 1342 C PROV3495

INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED
OFFSITE TO RESIDENTS.

COBOL NAME: SP-CLIN-LAB-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: CLINICAL LAB-ONSITE-NON RES 1 1343 1343 C PROV3490

INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED
ONSITE TO NON RESIDENTS.

COBOL NAME: SP-CLIN-LAB-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: CLINICAL LAB-ONSITE-RESIDENTS 1 1344 1344 C PROV3485

INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED
ONSITE TO RESIDENTS.

COBOL NAME: SP-CLIN-LAB-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: DENTAL-OFFSITE-RESIDENTS 1 1345 1345 C PROV3435

INDICATES IF DENTAL SERVICES ARE PROVIDED OFFSITE TO
RESIDENTS.

COBOL NAME: SP-DENTAL-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: DENTAL-ONSITE-NON RESIDENTS 1 1346 1346 C PROV3430

INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO
NON RESIDENTS.

COBOL NAME: SP-DENTAL-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: DENTAL-ONSITE-RESIDENTS 1 1347 1347 C PROV3425

INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO
RESIDENTS.

COBOL NAME: SP-DENTAL-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: DIETARY-OFFSITE-RESIDENTS 1 1348 1348 C PROV3345

INDICATES IF DIETARY SERVICES ARE PROVIDED OFFSITE TO
RESIDENTS.

COBOL NAME: SP-DIETARY-OFF-RES

VALUES:

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 22
NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: DIETARY-ONSITE-NON RESIDENTS 1 1349 1349 C PROV3340

INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO
NON RESIDENTS.

COBOL NAME: SP-DIETARY-ON-NON-RES

VALUES:	N	SERVICE IS NOT PROVIDED				
	Y	SERVICE IS PROVIDED				
SRV:	DIETARY-ONSITE-RESIDENTS	1	1350	1350	C	PROV3335
	INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					
	COBOL NAME: SP-DIETARY-ON-RES					
VALUES:	N	SERVICE IS NOT PROVIDED				
	Y	SERVICE IS PROVIDED				
SRV:	HOUSEKEEPING ONSITE-NON RES	1	1351	1351	C	PROV3535
	INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.					
	COBOL NAME: SP-HOUSE-KP-ON-NON-RES					
VALUES:	N	SERVICE IS NOT PROVIDED				
	Y	SERVICE IS PROVIDED				
SRV:	HOUSEKEEPING-OFFSITE-RES	1	1352	1352	C	PROV3540
	INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					
	COBOL NAME: SP-HOUSE-KP-OFF-RES					
VALUES:	N	SERVICE IS NOT PROVIDED				
	Y	SERVICE IS PROVIDED				
SRV:	HOUSEKEEPING-ONSITE-RESIDENTS	1	1353	1353	C	PROV3530
	INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					
	COBOL NAME: SP-HOUSE-KP-ON-RES					
VALUES:	N	SERVICE IS NOT PROVIDED				
	Y	SERVICE IS PROVIDED				
SRV:	MENTAL HEALTH-OFFSITE-RES	1	1354	1354	C	PROV3465
	INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					
	COBOL NAME: SP-MEN-HLTH-OFF-RES					
VALUES:	N	SERVICE IS NOT PROVIDED				
	Y	SERVICE IS PROVIDED				

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 23
 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: MENTAL HEALTH-ONSITE-NON RES	1	1355	1355	C	PROV3460
INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.					
COBOL NAME: SP-MEN-HLTH-ON-NON-RES					
VALUES:	N	SERVICE IS NOT PROVIDED			
	Y	SERVICE IS PROVIDED			
SRV: MENTAL HEALTH-ONSITE-RESID	1	1356	1356	C	PROV3455

INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-MEN-HLTH-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: NURSING-OFFSITE-RESIDENTS 1 1357 1357 C PROV3315

INDICATES IF NURSING SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-NURSING-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: NURSING-ONSITE-NON RESIDENTS 1 1358 1358 C PROV3310

INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.

COBOL NAME: SP-NURSING-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: NURSING-ONSITE-RESIDENTS 1 1359 1359 C PROV3305

INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-NURSING-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OCCUP THER-OFFSITE-RESIDENTS 1 1360 1360 C PROV3360

INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-OCC-THER-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OCCUP THER-ONSITE-NON RESID 1 1361 1361 C PROV3355

INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.

COBOL NAME: SP-OCC-THER-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 24
NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: OCCUP THER-ONSITE-RESIDENTS 1 1362 1362 C PROV3350

INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-OCC-THER-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-OFFSITE TO RES 1 1363 1363 C PROV5255

FIELD 3 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY

STAFF OFFSITE TO RESIDENTS.
 COBOL NAME: SP-OTH-ACT-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-ONSITE NONRES 1 1364 1364 C PROV5250
 FIELD 2 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY
 STAFF ONSITE TO NONRESIDENTS.
 COBOL NAME: SP-OTH-ACT-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-ONSITE RES 1 1365 1365 C PROV5245
 FIELD 1 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY
 STAFF ONSITE TO RESIDENTS.
 COBOL NAME: SP-OTH-ACT-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-OFFSITE TO RES 1 1366 1366 C PROV5285
 FIELD 3 - INDICATES SERVICES PROVIDED BY OTHER SOCIAL S
 ERVICES STAFF OFFSITE TO RESIDENTS.
 COBOL NAME: SP-OTH-SOC-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-ONSITE TO NONRES 1 1367 1367 C PROV5280
 INDICATES IF OTHER SOCIAL SERVICES ARE PROVIDED ONSITE
 TO NONRESIDENTS.
 COBOL NAME: SP-OTH-SOC-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-ONSITE TO RES 1 1368 1368 C PROV5275
 FIELD 1 - INDICATES SERVICES PROVIDED BY SOCIAL SERVICE
 S STAFF ONSITE TO RESIDENTS.
 COBOL NAME: SP-OTH-SOC-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 25
 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: PHARMACY-OFFSITE-RESIDENTS INDICATES IF PHARMACY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-PHARMACY-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1369	1369	C	PROV3330
SRV: PHARMACY-ONSITE-NON RESIDENTS INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.	1	1370	1370	C	PROV3325

COBOL NAME: SP-PHARMACY-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: PHARMACY-ONSITE-RESIDENTS 1 1371 1371 C PROV3320
 INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO
 RESIDENTS.

COBOL NAME: SP-PHARMACY-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: PHYS EXTENDER-OFFSITE-RESID 1 1372 1372 C PROV3300
 INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED
 OFFSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-EXT-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: PHYS EXTENDER-ONSITE-NON RES 1 1373 1373 C PROV3295
 INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED
 ONSITE TO NON RESIDENTS.

COBOL NAME: SP-PHYS-EXT-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: PHYS EXTENDER-ONSITE-RESIDENT 1 1374 1374 C PROV3290
 INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED
 ONSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-EXT-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: PHYS THER-OFFSITE-RESIDENTS 1 1375 1375 C PROV3375
 INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED
 OFFSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-THER-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 26
 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: PHYS THER-ONSITE-NON RESIDENT 1 1376 1376 C PROV3370
 INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED
 ONSITE TO NON RESIDENTS.

COBOL NAME: SP-PHYS-THER-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: PHYS THER-ONSITE-RESIDENTS 1 1377 1377 C PROV3365
 INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED
 ONSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-THER-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PHYSICIAN-OFFSITE-RESIDENTS 1 1378 1378 C PROV3285
INDICATES IF PHYSICIAN SERVICES ARE PROVIDED OFFSITE TO
RESIDENTS.

COBOL NAME: SP-PHYS-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PHYSICIAN-ONSITE-NON RESIDENT 1 1379 1379 C PROV3280
INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO
NON RESIDENTS.

COBOL NAME: SP-PHYS-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PHYSICIAN-ONSITE-RESIDENTS 1 1380 1380 C PROV3275
INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO
RESIDENTS.

COBOL NAME: SP-PHYS-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PODIATRY-OFFSITE-RESIDENTS 1 1381 1381 C PROV3450
INDICATES IF PODIATRY SERVICES ARE PROVIDED OFFSITE TO
RESIDENTS.

COBOL NAME: SP-PODIATRY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PODIATRY-ONSITE-NON RESIDENTS 1 1382 1382 C PROV3445
INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO
NON RESIDENTS.

COBOL NAME: SP-PODIATRY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 27
NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: PODIATRY-ONSITE-RESIDENTS 1 1383 1383 C PROV3440
INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO
RESIDENTS.

COBOL NAME: SP-PODIATRY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-OFFSITE-RESIDENTS 1 1384 1384 C PROV3405
INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED OFFSITE
TO RESIDENTS.

COBOL NAME: SP-MED-SOC-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-ONSITE-NON RESID 1 1385 1385 C PROV3400
INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE
TO NON RESIDENTS.
COBOL NAME: SP-MED-SOC-ON-NON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-ONSITE-RESIDENTS 1 1386 1386 C PROV3395
INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE
TO RESIDENTS.
COBOL NAME: SP-MED-SOC-ON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: SPEECH PATH-OFFSITE-RESIDEN 1 1387 1387 C PROV3420
INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE
PROVIDED OFFSITE TO RESIDENTS.
COBOL NAME: SP-SPEECH-PH-OFF-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: SPEECH PATH-ONSITE-NON RESID 1 1388 1388 C PROV3415
INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE
PROVIDED ONSITE TO NON RESIDENTS.
COBOL NAME: SP-SPEECH-PH-ON-NON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: SPEECH PATH-ONSITE-RESIDENTS 1 1389 1389 C PROV3410
INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE
PROVIDED ONSITE TO RESIDENTS.
COBOL NAME: SP-SPEECH-PH-ON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 28
NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: THER REC SPEC-OFFSITE TO RES 1 1390 1390 C PROV5225
INDICATES IF THERAPEUTIC RECREATION SPECIALIST
SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.
COBOL NAME: SP-THER-REC-OFF-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: THER REC SPEC-ONSITE-NONRES 1 1391 1391 C PROV5220
INDICATES IF THERAPEUTIC RECREATION SPECIALIST
SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.
COBOL NAME: SP-THER-REC-ON-NON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: THER REC SPEC-ONSITE-RESIDENT 1 1392 1392 C PROV5215
 INDICATES IF THERAPEUTIC RECREATION SPECIALIST
 SERVICES ARE PROVIDED ONSITE TO RESIDENTS.
 COBOL NAME: SP-THER-REC-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: VOCATIONAL-OFFSITE-RESIDENTS 1 1393 1393 C PROV3480
 INDICATES IF VOCATIONAL SERVICES ARE PROVIDED OFFSITE
 TO RESIDENTS.
 COBOL NAME: SP-VOC-GUID-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: VOCATIONAL-ONSITE-NON RESID 1 1394 1394 C PROV3475
 INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE
 TO NON RESIDENTS.
 COBOL NAME: SP-VOC-GUID-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: VOCATIONAL-ONSITE-RESIDENTS 1 1395 1395 C PROV3470
 INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE TO
 RESIDENTS.
 COBOL NAME: SP-VOC-GUID-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: XRAY-OFFSITE-RESIDENTS 1 1396 1396 C PROV3510
 INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED
 OFFSITE TO RESIDENTS.
 COBOL NAME: SP-DIAG-XRAY-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 29
 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: XRAY-ONSITE-NON RESIDENTS INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-DIAG-XRAY-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1397	1397	C	PROV3505
SRV: XRAY-ONSITE-RESIDENTS INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-DIAG-XRAY-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1398	1398	C	PROV3500

THER REC SPEC - CONTRACT 7.2 1399 1405 N PROV5240
 NUMBER OF CONTRACT STAFF HOURS PROVIDED BY THERAPEUTIC
 RECREATION SPECIALIST.
 COBOL NAME: NUM-THER-REC-CONTRACT
 THER REC SPEC - FULL TIME 7.2 1406 1412 N PROV5230
 NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY THERAPEUTIC
 RECREATION SPECIALIST.
 COBOL NAME: NUM-THER-REC-FULL-TIME
 THER REC SPEC - PART TIME 7.2 1413 1419 N PROV5235
 NUMBER OF PART-TIME STAFF HOURS PROVIDED BY THERAPEUTIC
 RECREATION SPECIALIST.
 COBOL NAME: NUM-THER-REC-PART-TIME

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 1
 INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 02 TITLE 19 ONLY	2	1	2	C	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 11 INTERMEDIATE CARE FACILITY-MENTALLY RETARDED	2	3	4	C	PROV0075
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER.	2	5	6	N	PROV0095

COBOL NAME: CHOW-CNT
 CHANGE OF OWNERSHIP DATE 8 7 14 C PROV0100
 EFFECTIVE DATE OF A CHANGE OF OWNERSHIP.
 COBOL NAME: CHOW-DT
 CITY 28 15 42 C PROV3225
 CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED.
 COBOL NAME: CITY
 COMPLIANCE: PLAN OF CORRECTION 1 43 43 C PROV0220
 INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM
 REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION
 OF DEFICIENCIES.
 COBOL NAME: COMPL-ACCEPT-PLAN-COR
 VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC

 COMPLIANCE: STATUS 1 44 44 C PROV2715
 INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE
 WITH PROGRAM REQUIREMENTS.
 COBOL NAME: STATUS-COMPL
 VALUES: A IN COMPLIANCE
 B NOT IN COMPLIANCE

 COUNTY CODE 3 45 47 C PROV2695
 SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY
 IS LOCATED.
 COBOL NAME: SSA-COUNTY
 CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300
 NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.
 COBOL NAME: CROSS-REF-PROV-NUM
 CURRENT FMS SURVEY DATE 8 58 65 C PROV0500
 CURRENT FMS SURVEY DATE
 COBOL NAME: FMS-SURVEY-DT-1

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 2
 INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER. COBOL NAME: SURVEY-DT-1	8	66	73	C	PROV2740
ELIGIBILITY CODE INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: ELIG-CD VALUES: 1 ELIGIBLE TO PARTICIPATE 2 NOT ELIGIBLE TO PARTICIPATE	1	74	74	C	PROV0455
FACILITY NAME THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: FACILITY-NAME	50	75	124	C	PROV0475

INTERMEDIARY NUMBER 5 125 129 C PROV0605
 A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER
 SERVICING A PROVIDER OR SUPPLIER.
 COBOL NAME: INTER-CARRIER-NUM
 VALUES: 00452 NATIONAL GOVERNMENT SERVICES
 00454 NATIONAL GOVERNMENT SERVICES
 00511 CAHABA
 00883 PALMETTO
 00952 WPS - ILLINOIS
 00953 WPS - MICHIGAN
 00954 WI PHYSICIAN SERVICES - MN
 01390 AETNA (WASHINGTON)
 31142 NATIONAL HERITAGE INSURANCE CO (MAINE)
 31143 NATIONAL HERITAGE INSURANCE CO
 31146 NATIONAL HERTAGE INSURANCE

MEDICARE OR MEDICAID VENDOR NUMBER 15 130 144 C PROV0655
 A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE
 STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING
 PURPOSES.

COBOL NAME: MEDICAID-VEND-NUM
 PARTICIPATION DATE 8 145 152 C PROV1565
 THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE
 MEDICARE AND/OR MEDICAID SERVICES.
 COBOL NAME: PARTCI-DT

PRIOR CHANGE OF OWNERSHIP 8 153 160 C PROV1615
 THE DATE OF A PRIOR CHANGE OF OWNERSHIP.
 COBOL NAME: PRIOR-CHOW-DT

PRIOR INTERMEDIARY NUMBER 5 161 165 C PROV1620
 A PREVIOUS INTERMEDIARY NUMBER.WHEN
 COBOL NAME: PRIOR-INTER-CARRIER-NUM
 VALUES: 00452 NATIONAL GOVERNMENT SERVICES

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 3
 INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00454					NATIONAL GOVERNMENT SERVICES
00511					CAHABA
00883					PALMETTO
00952					WPS - ILLINOIS
00953					WPS - MICHIGAN
00954					WI PHYSICIAN SERVICES - MN
01390					AETNA (WASHINGTON)
31142					NATIONAL HERITAGE INSURANCE CO (MAINE)
31143					NATIONAL HERITAGE INSURANCE CO
31146					NATIONAL HERTAGE INSURANCE

PROVIDER NUMBER 10 166 175 C PROV1680
 A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS-
 SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER
 IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER,
 A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.
 COBOL NAME: PROV-NUM

RECORD TYPE 1 176 176 C PROV1720
 THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.
 COBOL NAME: RECORD-TYPE
 VALUES: A ACCEPTED
 P PENDING
 W WORK

REGION CODE 2 177 178 C PROV1725
 THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE
 STATE IN WHICH THE PROVIDER IS LOCATED.
 COBOL NAME: REGION
 VALUES: 01 I BOSTON
 02 II NEW YORK
 03 III PHILADELPHIA
 04 IV ATLANTA
 05 V CHICAGO
 06 VI DALLAS
 07 VII KANSAS CITY
 08 VIII DENVER
 09 IX SAN FRANCISCO
 10 X SEATTLE

SKELETON RECORD INDICATOR 1 179 179 C PROV2045
 INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
 ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
 FOR THIS PROVIDER.
 COBOL NAME: SKELETON-IND
 VALUES: Y YES

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 4
 INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION LEN START END TYPE SAS NAME
 STATE ABBREVIATION 2 180 181 C PROV3230
 STATE ABBREVIATION
 COBOL NAME: STATE-ABBREV
 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
 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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 5
 INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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

STATE CODE (SSA) 2 182 183 C PROV2700
 TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
 LOCATED.
 COBOL NAME: SSA-STATE
 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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 6
 INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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
56	CANADA
59	MEXICO
64	AMERICAN SAMOA
65	GUAM
66	SAIPAN

STATE REGION CODE	3	184	186	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED					
COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	187	236	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	237	246	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER.					
COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	247	248	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: TERM-CD-1					
VALUES:	00				ACTIVE
	01				VOL-MERG,CLOSE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 7
 INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
02					VOL-REIMBURSE
03					VOL-RISK INVOL
04					VOL-OTHER
05					INVOL-FAIL REQ
06					INVOL-AGREEMNT
07					OTH-STATUS CHG
TERMINATION DATE/EXPIRATION DATE 1	8	249	256	C	PROV4500
THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE FACILITY WAS TERMINATED.					
COBOL NAME: EXP-DT-1					
TYPE OF ACTION	1	257	257	C	PROV2880
IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED.					
COBOL NAME: TYPE-ACTION					
VALUES:	1				INITIAL
	2				RECERTIFICATION
	3				TERMINATION
	4				CHANGE OF OWNERSHIP

TYPE OF CONTROL 2 258 259 C PROV2885
 INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES
 A PROVIDER OF SERVICES.
 COBOL NAME: TYPE-CONTROL
 VALUES: 01 PRIVATE NON PROFIT
 02 PRIVATE PROPRIETARY
 03 STATE
 04 CITY/TOWN
 05 COUNTY
 06 CITY/COUNTY
 07 OTHER

ZIP CODE 5 260 264 C PROV2905
 THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.
 COBOL NAME: ZIP-CD
 FIPS STATE CODE 2 265 266 C FIPSTATE
 FIPS STATE CODE
 COBOL NAME: WS-FIPS-STATE
 FIPS COUNTY CODE 3 267 269 C FIPCNTY
 FIPS COUNTY CODE
 COBOL NAME: WS-FIPS-CNTY
 SSA MSA CODE 3 270 272 C SSAMSACD
 SSA MSA CODE
 COBOL NAME: WS-SSA-MSA-CD
 SSA MSA SIZE CODE 1 273 273 C SSAMSASZ
 SSA MSA SIZE CODE
 COBOL NAME: WS-SSA-MSA-SIZE-CD

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 8
 INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
* BEDS - TOTAL TOTAL NUMBER OF BEDS IN A FACILITY, INCLUDING THOSE IN NON-PARTICIPATING OR NON-LICENSED AREAS. COBOL NAME: NUM-BEDS	4	291	294	N	PROV0740
BEDS - TOTAL CERTIFIED NUMBER OF BEDS IN MEDICARE AND/OR MEDICAID CERTIFIED AREAS WITHIN A FACILITY. COBOL NAME: NUM-CERT-BEDS	4	295	298	N	PROV0755
COMPLIANCE: LIFE SAFETY CODE INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN RECOMMENDED FOR A PROVIDER. COBOL NAME: COMPL-LSC VALUES: 1 WAIVER RECOMMENDED	1	356	356	C	PROV0240
FISCAL YEAR ENDING DATE THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR. COBOL NAME: FISC-YR-END-DT	4	378	381	C	PROV0485
LICENSED PRACT/VOCAT NURSES NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL OR VOCATIONAL NURSES EMPLOYED BY A FACILITY. COBOL NAME: NUM-LPN-LVN	7.2	382	388	N	PROV0955

PROGRAM PARTICIPATION 1 434 434 C PROV1670
 INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE,
 MEDICAID, OR BOTH PROGRAMS.
 COBOL NAME: PROG-PARTCI
 VALUES: 2 MEDICAID ONLY

REGIONAL OVERRIDE #1 (NUMBER BEDS) 1 470 470 C PROV1545
 THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE
 HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS
 SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE
 ODIE DATA ENTRY SYSTEM.
 COBOL NAME: OVERRIDE-1
 VALUES: Y RECORD HAS BEEN APPROVED

REGISTERED NURSES 7.2 473 479 N PROV1145
 THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED
 PROFESSIONAL NURSES EMPLOYED BY A PROVIDER.
 COBOL NAME: NUM-REG-NURS

COMPLIANCE: BEDS PER ROOM WAIVER 1 672 672 C PROV0225
 INDICATES IF A WAIVER OF THE BEDS PER ROOM REQUIREMENT
 HAS BEEN RECOMMENDED FOR A FACILITY.
 COBOL NAME: COMPL-BEDS-PER-ROOM
 VALUES: 1 WAIVER RECOMMENDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 9
 INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
COMPLIANCE: PATIENT ROOM SIZE INDICATES IF A WAIVER OF PATIENT ROOM SIZE HAS BEEN RECOMMENDED FOR A FACILITY. COBOL NAME: COMPL-PATIENT-ROOM-SZ VALUES: 1 WAIVER RECOMMENDED	1	673	673	C	PROV0270
PROVIDER BASED FACILITY INDICATES IF A LONG TERM CARE FACILITY IS PROVIDER BASED. COBOL NAME: PROV-BASED-FACILITY VALUES: Y DISTINCT PART OF A HOSPITAL, SNF OR ICF	1	1206	1206	C	PROV1675
RELATED PROVIDER NUMBER THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE. COBOL NAME: RELATED-PROV-NUM	10	1228	1237	C	PROV1755
RESCIND SUSPENSION DATE DATE THAT THE SUSPENSION OF PAYMENTS FOR NEW ADMISSIONS TO A LONG TERM CARE FACILITY (LTC) IS RESCINDED. COBOL NAME: RESC-SUSP-DT	8	1238	1245	C	PROV1825
ADMISSION SUSPENSION DATE	8	1537	1544	C	PROV0030

THE DATE THAT PAYMENTS FOR NEW ADMISSIONS IN A LONG TERM CARE FACILITY WILL BE DENIED IF AN INTERMEDIATE SANCTION IS TAKEN AGAINST THE FACILITY.

COBOL NAME: ADMIN-SUSP-DT

BEDS - ICF/MR 4 1545 1548 N PROV0945

NUMBER OF CERTIFIED BEDS IN AN INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED.

COBOL NAME: NUM-ICF-MR-BEDS

DIRECT CARE PERSONNEL 7.2 1549 1555 N PROV0780

NUMBER OF FULL-TIME EQUIVALENT DIRECT CARE PERSONNEL EMPLOYED BY AN INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED.

COBOL NAME: NUM-DCARE-PERSNL

LTC AGREEMENT BEGINNING DATE 8 1556 1563 C PROV0620

THE BEGINNING DATE OF A CERTIFIED LONG TERM CARE FACILITY'S TIME LIMITED AGREEMENT.

COBOL NAME: LTC-AGREE-BEGIN-DT

LTC AGREEMENT ENDING DATE 8 1564 1571 C PROV0625

THE ENDING DATE OF A CERTIFIED LONG TERM CARE FACILITY'S TIME LIMITED AGREEMENT.

COBOL NAME: LTC-AGREE-END-DT

LTC AGREEMENT EXTENSION DATE 8 1572 1579 C PROV0630

THE LAST DATE OF AN EXTENSION OF A CERTIFIED LONG TERM CARE FACILITY'S TIME LIMITED AGREEMENT.

COBOL NAME: LTC-AGREE-EXT-DT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 10
 INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PRIOR ADMISSION SUSPENSION DATE PREVIOUS DATE A SUSPENSION OF ADMISSIONS WAS INVOKED FOR A PROVIDER. COBOL NAME: PRIOR-ADMIN-SUSP-DT	8	1580	1587	C	PROV1610
PRIOR LTC END DATE THE LAST DATE OF A CERTIFIED LONG TERM CARE FACILITY'S TIME LIMITED AGREEMENT FOR A PRIOR SURVEY. COBOL NAME: PRIOR-LTC-END-DT	8	1588	1595	C	PROV1630
PRIOR LTC EXTENSION DATE THE LAST DATE OF AN EXTENSION OF A CERTIFIED LONG TERM CARE FACILITY'S TIME LIMITED AGREEMENT FOR A PRIOR SURVEY. COBOL NAME: PRIOR-LTC-EXT-DT	8	1596	1603	C	PROV1635
PRIOR RESCIND SUSPENSION DATE THE EFFECTIVE DATE OF A PREVIOUS SUSPENSION OF ADMISSIONS TO A LTC FACILITY. COBOL NAME: PRIOR-RESC-SUSP-DT	8	1604	1611	C	PROV1640
TOTAL # OF EMPLOYEES THE TOTAL NUMBER OF FULL-TIME EMPLOYEES IN A HOSPICE OR AN INTERMEDIATE CARE FACILITY/MENTAL RETARDATION FACILITY. COBOL NAME: TOT-EMPLOYEES	9.2	1612	1620	N	PROV2850

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 1
 RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 RURAL HEALTH CLINICS	2	1	2	C	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 12 RURAL HEALTH CLINICS	2	3	4	C	PROV0075
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT	2	5	6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT	8	7	14	C	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY	28	15	42	C	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION	1	43	43	C	PROV0220

OF DEFICIENCIES.

COBOL NAME: COMPL-ACCEPT-PLAN-COR

VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC

COMPLIANCE: STATUS 1 44 44 C PROV2715

INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS.

COBOL NAME: STATUS-COMPL

VALUES: A IN COMPLIANCE
B NOT IN COMPLIANCE

COUNTY CODE 3 45 47 C PROV2695

SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED.

COBOL NAME: SSA-COUNTY

CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300

NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.

COBOL NAME: CROSS-REF-PROV-NUM

CURRENT FMS SURVEY DATE 8 58 65 C PROV0500

CURRENT FMS SURVEY DATE

COBOL NAME: FMS-SURVEY-DT-1

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 2
RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CURRENT SURVEY DATE 8 66 73 C PROV2740

THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER.

COBOL NAME: SURVEY-DT-1

ELIGIBILITY CODE 1 74 74 C PROV0455

INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1 ELIGIBLE TO PARTICIPATE
2 NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 50 75 124 C PROV0475

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 125 129 C PROV0605

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

VALUES: 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)
00241	BLUE CROSS (MISSOURI)
00260	BLUE CROSS (NEBRASKA)
00270	NATIONAL GOVERNMENT SERVICES
00280	BLUE CROSS (NEW JERSEY)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 3
 RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00290					BLUE CROSS (NEW MEXICO)
00308					NATIONAL GOVERNMENT SERVICES
00310					BLUE CROSS (NORTH CAROLINA)
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
00468					BLUE CROSS (NORTH CAROLINA FOR PR)
00511					CAHABA
00883					PALMETTO
00952					WPS - ILLINOIS
00953					WPS - MICHIGAN
00954					WI PHYSICIAN SERVICES - MN

01390	AETNA (WASHINGTON)
03001	NORIDIAN ADMIN SERVICES
03102	NORIDIAN ADMIN SERVICES (ARIZONA)
03202	NORIDIAN ADMIN SERVICES (MONTANA)
03302	NORIDIAN ADMIN SERVICES (NORTH DAKOTA)
03402	NORIDIAN ADMIN SERVICES (MONTANA)
03502	NORIDIAN ADMIN SERVICES (UTAH)
03602	NORIDIAN ADMIN SERVICES (WYOMING)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERTAGE INSURANCE
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA
57400	COOPERATIVA (PUERTO RICO)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 4
 RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
MEDICARE OR MEDICAID VENDOR NUMBER A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM	15	130	144	C	PROV0655
PARTICIPATION DATE THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT	8	145	152	C	PROV1565
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT	8	153	160	C	PROV1615
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM VALUES:	5	161	165	C	PROV1620
00010					BLUE CROSS (ALABAMA)
00011					CAHABA
00020					BLUE CROSS (ARKANSAS)
00030					BLUE CROSS (ARIZONA)
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	BLUE CROSS (KENTUCKY)
00180	BLUE CROSS (MAINE)
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)
00241	BLUE CROSS (MISSOURI)
00250	BLUE CROSS (MONTANA)
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)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 5
 RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00320					BLUE CROSS (NORTH DAKOTA)
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
00460					BLUE CROSS (WYOMING)
00468					BLUE CROSS (NORTH CAROLINA FOR PR)
00511					CAHABA
00883					PALMETTO
00952					WPS - ILLINOIS
00953					WPS - MICHIGAN
00954					WI PHYSICIAN SERVICES - MN
01390					AETNA (WASHINGTON)
03001					NORIDIAN ADMIN SERVICES
03102					NORIDIAN ADMIN SERVICES (ARIZONA)

03202	NORIDIAN ADMIN SERVICES (MONTANA)
03302	NORIDIAN ADMIN SERVICES (NORTH DAKOTA)
03402	NORIDIAN ADMIN SERVICES (MONTANA)
03502	NORIDIAN ADMIN SERVICES (UTAH)
03602	NORIDIAN ADMIN SERVICES (WYOMING)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERTAGE INSURANCE
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA
57400	COOPERATIVA (PUERTO RICO)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 6
 RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PROVIDER NUMBER	10	166	175	C	PROV1680
A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS-SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER. COBOL NAME: PROV-NUM					
RECORD TYPE	1	176	176	C	PROV1720
THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD. COBOL NAME: RECORD-TYPE					
VALUES:	A	ACCEPTED			
	P	PENDING			
	W	WORK			
REGION CODE	2	177	178	C	PROV1725
THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION					
VALUES:	01	I BOSTON			
	02	II NEW YORK			
	03	III PHILADELPHIA			
	04	IV ATLANTA			
	05	V CHICAGO			
	06	VI DALLAS			
	07	VII KANSAS CITY			
	08	VIII DENVER			
	09	IX SAN FRANCISCO			
	10	X SEATTLE			
SKELETON RECORD INDICATOR	1	179	179	C	PROV2045
INDICATES RECORD IS A SKELETON RECORD. THIS MEANS					

ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES: Y YES

STATE ABBREVIATION 2 180 181 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES: AK ALASKA
AL ALABAMA
AR ARKANSAS
AS AMERICAN SAMOA
AZ ARIZONA
CA CALIFORNIA
CN CANADA
CO COLORADO
CT CONNECTICUT
DC DISTRICT OF COLUMBIA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 7
RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

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 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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 8
 RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
STATE CODE (SSA)	2	182	183	C	PROV2700
TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS LOCATED.					
COBOL NAME: SSA-STATE					
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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 9
 RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
45	TEXAS				
46	UTAH				
47	VERMONT				
48	VIRGIN ISLANDS				
49	VIRGINIA				
50	WASHINGTON				
51	WEST VIRGINIA				
52	WISCONSIN				
53	WYOMING				
56	CANADA				
59	MEXICO				
64	AMERICAN SAMOA				
65	GUAM				
66	SAIPAN				
STATE REGION CODE	3	184	186	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED					
COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	187	236	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	237	246	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER.					
COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	247	248	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: TERM-CD-1					
VALUES: 00					ACTIVE

COBOL NAME: WS-SSA-MSA-CD
 SSA MSA SIZE CODE 1 273 273 C SSAMSASZ
 SSA MSA SIZE CODE
 COBOL NAME: WS-SSA-MSA-SIZE-CD
 FISCAL YEAR ENDING DATE 4 378 381 C PROV0485
 THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL
 YEAR.
 COBOL NAME: FISC-YR-END-DT
 OTHER PERSONNEL 7.2 412 418 N PROV1075
 THE NUMBER OF FULL-TIME EQUIVALENT OTHER SALARIED
 PERSONNEL EMPLOYED BY A FACILITY.
 COBOL NAME: NUM-OTHER-PERSNL

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 11
 RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PHYSICIAN ASSISTANTS THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN ASSISTANTS EMPLOYED BY A HOSPITAL OR RURAL HEALTH CLINIC. COBOL NAME: NUM-PHYS-ASSIST	7.2	427	433	N	PROV1115
FEDERAL PROGRAM SUPPORT INDICATES IF A CLINIC IS RECEIVING SUPPORT FROM A FEDERAL PROGRAM TO PROVIDE HEALTH SERVICES IN A MEDICALLY UNDERSERVED AREA OR IN AN AREA WITH A SHORTAGE OF PRIMARY CARE HEALTH MANPOWER. COBOL NAME: FED-PROG-SUPPORT VALUES: N NO Y YES	1	1621	1621	C	PROV0480
NURSE PRACTITIONERS NUMBER OF FULL-TIME EQUIVALENT NURSE PRACTITIONERS. COBOL NAME: NUM-NURSE-PRACT	7.2	1622	1628	N	PROV1015
PARENT PROVIDER NUMBER THE IDENTIFICATION NUMBER OF THE PARENT PROVIDER WHEN A PROVIDER IS PART OF AN EXISTING MEDICARE PROVIDER. COBOL NAME: PARENT-PROV-NUM	10	1629	1638	C	PROV1560
PHYSICIANS THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIANS EMPLOYED BY A PROVIDER. COBOL NAME: NUM-PHYS	7.2	1639	1645	N	PROV1110
TITLE OF FEDERAL PROGRAM THE NAME OF A FEDERAL PROGRAM WHICH PROVIDES SUPPORT TO A RURAL HEALTH CLINIC TO PROVIDE SERVICES IN A MEDICALLY UNDERSERVED AREA OR AN AREA WITH A SHORTAGE OF PRIMARY CARE HEALTH MANPOWER. COBOL NAME: TITL-FED-PROGR VALUES: COMM HLTH PRG (330)COMMUNITY HEALTH PROGRAM (330) INDIAN HEALTH SERV INDIAN HEALTH SERVICE MIGRT HLTH PRG (329)MIGRANT HEALTH PROGRAM (329) NATNL HEALTH SRV DELNATIONAL HEALTH SERVICE DELIVERY PROGRAM RURAL OUTREACH DEMORURAL OUTREACH DEMO GRANT PROGRAM	26	1646	1671	C	PROV2845

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 1
 PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE	2	1	2	C	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 13 PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE	2	3	4	C	PROV0075
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT	2	5	6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT	8	7	14	C	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY	28	15	42	C	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC	1	43	43	C	PROV0220
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE B NOT IN COMPLIANCE	1	44	44	C	PROV2715

COUNTY CODE 3 45 47 C PROV2695
 SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY
 IS LOCATED.
 COBOL NAME: SSA-COUNTY
 CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300
 NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.
 COBOL NAME: CROSS-REF-PROV-NUM
 CURRENT FMS SURVEY DATE 8 58 65 C PROV0500
 CURRENT FMS SURVEY DATE
 COBOL NAME: FMS-SURVEY-DT-1

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 2
 PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER. COBOL NAME: SURVEY-DT-1	8	66	73	C	PROV2740
ELIGIBILITY CODE INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: ELIG-CD VALUES: 1 ELIGIBLE TO PARTICIPATE 2 NOT ELIGIBLE TO PARTICIPATE	1	74	74	C	PROV0455
FACILITY NAME THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: FACILITY-NAME	50	75	124	C	PROV0475
INTERMEDIARY NUMBER A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER SERVICING A PROVIDER OR SUPPLIER. COBOL NAME: INTER-CARRIER-NUM VALUES: 00011 CAHABA 00122 HCSC - MICHIGAN 00452 NATIONAL GOVERNMENT SERVICES 00454 NATIONAL GOVERNMENT SERVICES 00510 BLUE SHIELD (ALABAMA) 00511 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)	5	125	129	C	PROV0605

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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 3
 PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00805					NATIONAL GOVERNMENT SERVICES
00860					BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
00865					BLUE SHIELD (PENNSYLVANIA)
00870					BLUE SHIELD (RHODE ISLAND)
00880					BLUE SHIELD (SOUTH CAROLINA)
00883					PALMETTO
00900					BLUE SHIELD (TEXAS)
00901					TRAILBLAZERS HEALTH ENTERPRISES
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)
01120					AETNA (HAWAII)
01290					AETNA (NEVADA)
01360					AETNA (NEW MEXICO)
01370					AETNA (OKLAHOMA)
01380					AETNA (OREGON)
01390					AETNA (WASHINGTON)
02050					OCCIDENTAL (CALIFORNIA)
05130					EQICOR (IDAHO)
05440					EQICOR (TENNESSEE)
05535					EQICOR (NORTH CAROLINA)
10071					TRAVELERS (RRB)
10230					TRAVELERS (CONNECTICUT)
10240					TRAVELERS (MINNESOTA)
10250					TRAVELERS (MISSISSIPPI)
10490					TRAVELERS (VIRGINIA)
10492					TRAVELERS - VIRGINIA SPECIAL PROJECT
11260					GENERAL AMERICAN
14330					GROUP HEALTH INC (NEW YORK)

16360	NATIONWIDE (OHIO)
16510	NATIONWIDE (WEST VIRGINIA)
21200	MASSACHUSETTS/MAINE
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERTAGE INSURANCE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 4
 PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
MEDICARE OR MEDICAID VENDOR NUMBER A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM	15	130	144	C	PROV0655
PARTICIPATION DATE THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT	8	145	152	C	PROV1565
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT	8	153	160	C	PROV1615
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM VALUES:	5	161	165	C	PROV1620
00011	CAHABA				
00122	HCSC - MICHIGAN				
00452	NATIONAL GOVERNMENT SERVICES				
00454	NATIONAL GOVERNMENT SERVICES				
00510	BLUE SHIELD (ALABAMA)				
00511	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)				

00751	BLUE SHIELD (MONTANA)
00770	BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
00780	BLUE SHIELD (TRI-STATE)
00801	BLUE SHIELD (BUFFALO)
00803	NATIONAL GOVERNMENT SERVICES
00805	NATIONAL GOVERNMENT SERVICES
00820	BLUE SHIELD (NORTH DAKOTA)
00825	BLUE SHIELD (NORTH DAKOTA/WYOMING)
00860	BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 5
 PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00865					BLUE SHIELD (PENNSYLVANIA)
00870					BLUE SHIELD (RHODE ISLAND)
00880					BLUE SHIELD (SOUTH CAROLINA)
00883					PALMETTO
00900					BLUE SHIELD (TEXAS)
00901					TRAILBLAZERS HEALTH ENTERPRISES
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)
01120					AETNA (HAWAII)
01290					AETNA (NEVADA)
01360					AETNA (NEW MEXICO)
01370					AETNA (OKLAHOMA)
01380					AETNA (OREGON)
01390					AETNA (WASHINGTON)
02050					OCCIDENTAL (CALIFORNIA)
05130					EQICOR (IDAHO)
05440					EQICOR (TENNESSEE)
05535					EQICOR (NORTH CAROLINA)
10071					TRAVELERS (RRB)
10230					TRAVELERS (CONNECTICUT)
10240					TRAVELERS (MINNESOTA)
10250					TRAVELERS (MISSISSIPPI)
10490					TRAVELERS (VIRGINIA)
10492					TRAVELERS - VIRGINIA SPECIAL PROJECT
11260					GENERAL AMERICAN
14330					GROUP HEALTH INC (NEW YORK)
16360					NATIONWIDE (OHIO)
16510					NATIONWIDE (WEST VIRGINIA)
21200					MASSACHUSETTS/MAINE
31142					NATIONAL HERITAGE INSURANCE CO (MAINE)

31143 NATIONAL HERITAGE INSURANCE CO
31146 NATIONAL HERTAGE INSURANCE

PROVIDER NUMBER 10 166 175 C PROV1680
A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS-
SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER
IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER,
A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.
COBOL NAME: PROV-NUM

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 6
PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME
RECORD TYPE 1 176 176 C PROV1720
THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.
COBOL NAME: RECORD-TYPE
VALUES: A ACCEPTED
P PENDING
W WORK

REGION CODE 2 177 178 C PROV1725
THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE
STATE IN WHICH THE PROVIDER IS LOCATED.
COBOL NAME: REGION
VALUES: 01 I BOSTON
02 II NEW YORK
03 III PHILADELPHIA
04 IV ATLANTA
05 V CHICAGO
06 VI DALLAS
07 VII KANSAS CITY
08 VIII DENVER
09 IX SAN FRANCISCO
10 X SEATTLE

SKELETON RECORD INDICATOR 1 179 179 C PROV2045
INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
FOR THIS PROVIDER.
COBOL NAME: SKELETON-IND
VALUES: Y YES

STATE ABBREVIATION 2 180 181 C PROV3230
STATE ABBREVIATION
COBOL NAME: STATE-ABBREV
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
GA	GEORGIA
GU	GUAM
HI	HAWAII
IA	IOWA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 7
 PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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

STATE CODE (SSA) 2 182 183 C PROV2700
 TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
 LOCATED.
 COBOL NAME: SSA-STATE
 VALUES: 01 ALABAMA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 8
 PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 9
 PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
50					
51					
52					
53					
56					
59					
64					
65					
66					

STATE REGION CODE	3	184	186	C	PROV2710
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FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED
 COBOL NAME: STATE-REGION-CD

STREET ADDRESS	50	187	236	C	PROV2720
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STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.
 COBOL NAME: STREET-ADDRESS

TELEPHONE NUMBER	10	237	246	C	PROV1605
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THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER.
 COBOL NAME: PHONE-NUM

TERMINATION CODE # 1	2	247	248	C	PROV4770
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TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS.
 COBOL NAME: TERM-CD-1

VALUES:

00	ACTIVE
01	VOL-MERG,CLOSE
02	VOL-REIMBURSE
03	VOL-RISK INVOL
04	VOL-OTHER
05	INVOL-FAIL REQ
06	INVOL-AGREEMNT
07	OTH-STATUS CHG

TERMINATION DATE/EXPIRATION DATE 1	8	249	256	C	PROV4500
------------------------------------	---	-----	-----	---	----------

THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE FACILITY WAS TERMINATED.
 COBOL NAME: EXP-DT-1

TYPE OF ACTION	1	257	257	C	PROV2880
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IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND

TRANSMITTAL FORM WAS PREPARED.

COBOL NAME: TYPE-ACTION

VALUES: 1
2

INITIAL

RECERTIFICATION

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 10
PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
3					
4					
TERMINATION					
CHANGE OF OWNERSHIP					
TYPE OF CONTROL	2	258	259	C	PROV2885
INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL					
ZIP CODE	5	260	264	C	PROV2905
THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER. COBOL NAME: ZIP-CD					
FIPS STATE CODE	2	265	266	C	FIPSTATE
FIPS STATE CODE COBOL NAME: WS-FIPS-STATE					
FIPS COUNTY CODE	3	267	269	C	FIPCNTY
FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	270	272	C	SSAMSACD
SSA MSA CODE COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	273	273	C	SSAMSASZ
SSA MSA SIZE CODE COBOL NAME: WS-SSA-MSA-SIZE-CD					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 1
 COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01	2	1	2	C	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 14	2	3	4	C	PROV0075
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT	2	5	6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT	8	7	14	C	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY	28	15	42	C	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1	1	43	43	C	PROV0220
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE B NOT IN COMPLIANCE	1	44	44	C	PROV2715
COUNTY CODE SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED. COBOL NAME: SSA-COUNTY	3	45	47	C	PROV2695
CROSS REFERENCE PROVIDER NUMBER NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER. COBOL NAME: CROSS-REF-PROV-NUM	10	48	57	C	PROV0300
CURRENT FMS SURVEY DATE CURRENT FMS SURVEY DATE COBOL NAME: FMS-SURVEY-DT-1	8	58	65	C	PROV0500

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 2
 COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER. COBOL NAME: SURVEY-DT-1	8	66	73	C	PROV2740
ELIGIBILITY CODE INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: ELIG-CD VALUES: 1 ELIGIBLE TO PARTICIPATE 2 NOT ELIGIBLE TO PARTICIPATE	1	74	74	C	PROV0455
FACILITY NAME THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: FACILITY-NAME	50	75	124	C	PROV0475
INTERMEDIARY NUMBER A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER SERVICING A PROVIDER OR SUPPLIER. COBOL NAME: INTER-CARRIER-NUM VALUES: 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) 00241 BLUE CROSS (MISSOURI) 00260 BLUE CROSS (NEBRASKA) 00270 NATIONAL GOVERNMENT SERVICES	5	125	129	C	PROV0605

00280

BLUE CROSS (NEW JERSEY)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 3
COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00290					BLUE CROSS (NEW MEXICO)
00308					NATIONAL GOVERNMENT SERVICES
00310					BLUE CROSS (NORTH CAROLINA)
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
00468					BLUE CROSS (NORTH CAROLINA FOR PR)
00511					CAHABA
00883					PALMETTO
00952					WPS - ILLINOIS
00953					WPS - MICHIGAN
00954					WI PHYSICIAN SERVICES - MN
01390					AETNA (WASHINGTON)
03001					NORIDIAN ADMIN SERVICES
03102					NORIDIAN ADMIN SERVICES (ARIZONA)
03202					NORIDIAN ADMIN SERVICES (MONTANA)
03302					NORIDIAN ADMIN SERVICES (NORTH DAKOTA)
03402					NORIDIAN ADMIN SERVICES (MONTANA)
03502					NORIDIAN ADMIN SERVICES (UTAH)
03602					NORIDIAN ADMIN SERVICES (WYOMING)
17120					HAWAII MEDICAL SERVICE ASSOCIATION
31140					NATIONAL HERITAGE (CA)
31142					NATIONAL HERITAGE INSURANCE CO (MAINE)
31143					NATIONAL HERITAGE INSURANCE CO
31144					NATIONAL HERITAGE INSURANCE CO
31146					NATIONAL HERTAGE INSURANCE
50333					TRAVELERS (NEW YORK)
51051					AETNA (PETALUMA)
51070					AETNA (FARMINGTON)
51100					AETNA (CLEARWATER)
51140					AETNA (PEORIA)
51390					AETNA (FORT WASHINGTON)
52280					MUTUAL OF OMAHA

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
57400					COOPERATIVA (PUERTO RICO)
MEDICARE OR MEDICAID VENDOR NUMBER A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM	15	130	144	C	PROV0655
PARTICIPATION DATE THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT	8	145	152	C	PROV1565
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT	8	153	160	C	PROV1615
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM VALUES:	5	161	165	C	PROV1620
00010					BLUE CROSS (ALABAMA)
00011					CAHABA
00020					BLUE CROSS (ARKANSAS)
00030					BLUE CROSS (ARIZONA)
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					BLUE CROSS (KENTUCKY)
00180					BLUE CROSS (MAINE)
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)
00241					BLUE CROSS (MISSOURI)
00250					BLUE CROSS (MONTANA)
00260					BLUE CROSS (NEBRASKA)
00270					NATIONAL GOVERNMENT SERVICES
00280					BLUE CROSS (NEW JERSEY)
00290					BLUE CROSS (NEW MEXICO)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 5
 COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00308					NATIONAL GOVERNMENT SERVICES
00310					BLUE CROSS (NORTH CAROLINA)
00320					BLUE CROSS (NORTH DAKOTA)
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
00460					BLUE CROSS (WYOMING)
00468					BLUE CROSS (NORTH CAROLINA FOR PR)
00511					CAHABA
00883					PALMETTO
00952					WPS - ILLINOIS
00953					WPS - MICHIGAN
00954					WI PHYSICIAN SERVICES - MN
01390					AETNA (WASHINGTON)
03001					NORIDIAN ADMIN SERVICES
03102					NORIDIAN ADMIN SERVICES (ARIZONA)
03202					NORIDIAN ADMIN SERVICES (MONTANA)
03302					NORIDIAN ADMIN SERVICES (NORTH DAKOTA)
03402					NORIDIAN ADMIN SERVICES (MONTANA)
03502					NORIDIAN ADMIN SERVICES (UTAH)
03602					NORIDIAN ADMIN SERVICES (WYOMING)
17120					HAWAII MEDICAL SERVICE ASSOCIATION
31140					NATIONAL HERITAGE (CA)
31142					NATIONAL HERITAGE INSURANCE CO (MAINE)
31143					NATIONAL HERITAGE INSURANCE CO
31144					NATIONAL HERITAGE INSURANCE CO
31146					NATIONAL HERTAGE INSURANCE
50333					TRAVELERS (NEW YORK)
51051					AETNA (PETALUMA)
51070					AETNA (FARMINGTON)
51100					AETNA (CLEARWATER)
51140					AETNA (PEORIA)
51390					AETNA (FORT WASHINGTON)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
52280 57400					MUTUAL OF OMAHA COOPERATIVA (PUERTO RICO)
PROVIDER NUMBER	10	166	175	C	PROV1680
A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS-SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER. COBOL NAME: PROV-NUM					
RECORD TYPE	1	176	176	C	PROV1720
THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD. COBOL NAME: RECORD-TYPE					
VALUES:	A				ACCEPTED
	P				PENDING
	W				WORK
REGION CODE	2	177	178	C	PROV1725
THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION					
VALUES:	01	I			BOSTON
	02	II			NEW YORK
	03	III			PHILADELPHIA
	04	IV			ATLANTA
	05	V			CHICAGO
	06	VI			DALLAS
	07	VII			KANSAS CITY
	08	VIII			DENVER
	09	IX			SAN FRANCISCO
	10	X			SEATTLE
SKELETON RECORD INDICATOR	1	179	179	C	PROV2045
INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE FOR THIS PROVIDER. COBOL NAME: SKELETON-IND					
VALUES:	Y				YES
STATE ABBREVIATION	2	180	181	C	PROV3230
STATE ABBREVIATION COBOL NAME: STATE-ABBREV					
VALUES:	AK				ALASKA
	AL				ALABAMA
	AR				ARKANSAS
	AS				AMERICAN SAMOA
	AZ				ARIZONA
	CA				CALIFORNIA
	CN				CANADA

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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					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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007

COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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WI					WISCONSIN
WV					WEST VIRGINIA
WY					WYOMING

STATE CODE (SSA)	2	182	183	C	PROV2700
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TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS LOCATED.

COBOL NAME: SSA-STATE

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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007

1DATE: 01/01/2008

POS RECORD LAYOUT

PAGE: 9

COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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
56					CANADA
59					MEXICO
64					AMERICAN SAMOA
65					GUAM
66					SAIPAN

STATE REGION CODE	3	184	186	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED					
COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	187	236	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	237	246	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER.					
COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	247	248	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: TERM-CD-1					
VALUES:	00				ACTIVE
	01				VOL-MERG,CLOSE
	02				VOL-REIMBURSE
	03				VOL-RISK INVOL
	04				VOL-OTHER
	05				INVOL-FAIL REQ
	06				INVOL-AGREEMNT
	07				OTH-STATUS CHG

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 10
 COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
TERMINATION DATE/EXPIRATION DATE 1 THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE FACILITY WAS TERMINATED. COBOL NAME: EXP-DT-1	8	249	256	C	PROV4500
TYPE OF ACTION IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED. COBOL NAME: TYPE-ACTION VALUES: 1 INITIAL 2 RECERTIFICATION 3 TERMINATION 4 CHANGE OF OWNERSHIP	1	257	257	C	PROV2880
TYPE OF CONTROL INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL VALUES: 01 PROPRIETARY 02 NON PROFIT CHURCH 03 NON PROFIT OTHER 04 GOVERNMENT	2	258	259	C	PROV2885
ZIP CODE THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER. COBOL NAME: ZIP-CD	5	260	264	C	PROV2905
FIPS STATE CODE FIPS STATE CODE COBOL NAME: WS-FIPS-STATE	2	265	266	C	FIPSTATE
FIPS COUNTY CODE FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY	3	267	269	C	FIPCNTY
SSA MSA CODE SSA MSA CODE COBOL NAME: WS-SSA-MSA-CD	3	270	272	C	SSAMSACD
SSA MSA SIZE CODE SSA MSA SIZE CODE COBOL NAME: WS-SSA-MSA-SIZE-CD	1	273	273	C	SSAMSASZ
FISCAL YEAR ENDING DATE THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR. COBOL NAME: FISC-YR-END-DT	4	378	381	C	PROV0485
SRV: OCCUPATIONAL THERAPY INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE PROVIDED. COBOL NAME: SP-OCCUP-THERAPY VALUES: 0 NOT PROVIDED	1	558	558	C	PROV2270

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 11
COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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1	PROVIDED BY EMPLOYEES
2	PROVIDED UNDER ARRANGEMENT
3	PROVIDED BY INDEPENDENT CONTRACTOR

SRV: PHYSICAL THERAPY 1 570 570 C PROV2370
 INDICATES HOW PHYSICAL THERAPY SERVICES ARE PROVIDED.
 COBOL NAME: SP-PHYSICAL-THERAPY
 VALUES: 1 PROVIDED BY EMPLOYEES
 2 PROVIDED UNDER ARRANGEMENT
 3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: SOCIAL 1 585 585 C PROV2485
 INDICATES HOW SOCIAL SERVICES ARE PROVIDED.
 COBOL NAME: SP-SOCIAL
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY EMPLOYEES
 2 PROVIDED UNDER ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: SPEECH PATHOLOGY 1 586 586 C PROV2505
 INDICATES HOW SPEECH PATHOLOGY SERVICES ARE PROVIDED.
 COBOL NAME: SP-SPEECH-PATH
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY EMPLOYEES
 2 PROVIDED UNDER ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY INDEPENDENT CONTRACTOR

RELATED PROVIDER NUMBER 10 1228 1237 C PROV1755
 THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS
 MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH
 DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD
 WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.
 COBOL NAME: RELATED-PROV-NUM

SRV: NURSING 1 1465 1465 C PROV2250
 INDICATES HOW NURSING SERVICES ARE PROVIDED.
 COBOL NAME: SP-NURSING
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED UNDER ARRANGEMENT
 3 COMBINATION

PARENT PROVIDER NUMBER 10 1629 1638 C PROV1560
 THE IDENTIFICATION NUMBER OF THE PARENT PROVIDER WHEN A
 PROVIDER IS PART OF AN EXISTING MEDICARE PROVIDER.
 COBOL NAME: PARENT-PROV-NUM

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 12
 COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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PARTICIPATION MEDICARE OPT/SP 1 1672 1672 C PROV1570

INDICATES IF A COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY ALSO PARTICIPATES IN MEDICARE AS A PROVIDER OF OUTPATIENT PHYSICAL THERAPY AND/OR SPEECH PATHOLOGY.

COBOL NAME: PARTIC-OPT-SP

VALUES: N NO
Y YES

SRV: NURSING #2 1 1673 1673 C PROV6140

INDICATES HOW NURSING SERVICES ARE PROVIDED

COBOL NAME: SP-NURSING-2

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED UNDER ARRANGEMENT
3 COMBINATION

SRV: NURSING #3 1 1674 1674 C PROV6145

INDICATES HOW NURSING SERVICES ARE PROVIDED

COBOL NAME: SP-NURSING-3

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED UNDER ARRANGEMENT
3 COMBINATION

SRV: OCCUPATIONAL THERAPY #2 1 1675 1675 C PROV2275

INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE PROVIDED.

COBOL NAME: SP-OCCUP-THERAPY-2

VALUES: 0 NOT PROVIDED
1 PROVIDED BY EMPLOYEES
2 PROVIDED UNDER ARRANGEMENT
3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: OCCUPATIONAL THERAPY #3 1 1676 1676 C PROV2280

INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE PROVIDED.

COBOL NAME: SP-OCCUP-THERAPY-3

VALUES: 0 NOT PROVIDED
1 PROVIDED BY EMPLOYEES
2 PROVIDED UNDER ARRANGEMENT
3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: ORTHOTIC/PROSTHETIC 1 1677 1677 C PROV2325

INDICATES HOW ORTHOTIC/PROSTHETIC SERVICES ARE PROVIDED BY A COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY.

COBOL NAME: SP-ORTHOTIC-PROSTHET

VALUES: 0 NOT PROVIDED
1 PROVIDED BY EMPLOYEES

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 13
COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

2 PROVIDED UNDER ARRANGEMENT

COBOL NAME: SP-PHYSICIAN-3

VALUES: 1 PROVIDED BY EMPLOYEES
2 PROVIDED UNDER ARRANGEMENT
3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: PSYCHOLOGICAL 1 1685 1685 C PROV2420

INDICATES HOW PSYCHOLOGICAL SERVICES ARE PROVIDED.

COBOL NAME: SP-PSYCHOLOGICAL

VALUES: 0 NOT PROVIDED
1 PROVIDED BY EMPLOYEES
2 PROVIDED UNDER ARRANGEMENT
3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: PSYCHOLOGICAL #2 1 1686 1686 C PROV2425

INDICATES HOW PSYCHOLOGICAL SERVICES ARE PROVIDED.

COBOL NAME: SP-PSYCHOLOGICAL-2

VALUES: 0 NOT PROVIDED
1 PROVIDED BY EMPLOYEES
2 PROVIDED UNDER ARRANGEMENT
3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: PSYCHOLOGICAL #3 1 1687 1687 C PROV2430

INDICATES HOW PSYCHOLOGICAL SERVICES ARE PROVIDED.

COBOL NAME: SP-PSYCHOLOGICAL-3

VALUES: 0 NOT PROVIDED
1 PROVIDED BY EMPLOYEES
2 PROVIDED UNDER ARRANGEMENT
3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: RESPIRATORY CARE 1 1688 1688 C PROV2455

INDICATES HOW RESPIRATORY CARE SERVICES ARE PROVIDED.

COBOL NAME: SP-RESP-CARE

VALUES: 0 NOT PROVIDED
1 PROVIDED BY EMPLOYEES
2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: RESPIRATORY CARE #2 1 1689 1689 C PROV2460

INDICATES HOW RESPIRATORY CARE SERVICES ARE PROVIDED.

COBOL NAME: SP-RESP-CARE-2

VALUES: 0 NOT PROVIDED
1 PROVIDED BY EMPLOYEES
2 PROVIDED UNDER ARRANGEMENT
3 PROVIDED BY INDEPENDENT CONTRACTOR

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 15
COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: RESPIRATORY CARE #3 1 1690 1690 C PROV2465

INDICATES HOW RESPIRATORY CARE SERVICES ARE PROVIDED.

COBOL NAME: SP-RESP-CARE-3

VALUES: 0 NOT PROVIDED
 1 PROVIDED BY EMPLOYEES
 2 PROVIDED UNDER ARRANGEMENT
 3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: SOCIAL #2 1 1691 1691 C PROV2490
 INDICATES HOW SOCIAL SERVICES ARE PROVIDED.
 COBOL NAME: SP-SOCIAL-2
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY EMPLOYEES
 2 PROVIDED UNDER ARRANGEMENT
 3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: SOCIAL #3 1 1692 1692 C PROV2495
 INDICATES HOW SOCIAL SERVICES ARE PROVIDED.
 COBOL NAME: SP-SOCIAL-3
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY EMPLOYEES
 2 PROVIDED UNDER ARRANGEMENT
 3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: SPEECH PATHOLOGY #2 1 1693 1693 C PROV2510
 INDICATES HOW SPEECH PATHOLOGY SERVICES ARE PROVIDED.
 COBOL NAME: SP-SPEECH-PATH-2
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY EMPLOYEES
 2 PROVIDED UNDER ARRANGEMENT
 3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: SPEECH PATHOLOGY #3 1 1694 1694 C PROV2515
 INDICATES HOW SPEECH PATHOLOGY SERVICES ARE PROVIDED.
 COBOL NAME: SP-SPEECH-PATH-3
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY EMPLOYEES
 2 PROVIDED UNDER ARRANGEMENT
 3 PROVIDED BY INDEPENDENT CONTRACTOR

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 1
 AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND	2	1	2	C	PROV0085

VALUES: 01 AMBULATORY SURGICAL CENTER

CATEGORY OF PROVIDER/SUPPLIER 2 3 4 C PROV0075
IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE
PROVIDER OR SUPPLIER.
COBOL NAME: CATEGORY
VALUES: 15 AMBULATORY SURGICAL CENTERS

CHANGE OF OWNERSHIP COUNTER 2 5 6 N PROV0095
THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS
TAKEN PLACE FOR A PARTICULAR PROVIDER.
COBOL NAME: CHOW-CNT

CHANGE OF OWNERSHIP DATE 8 7 14 C PROV0100
EFFECTIVE DATE OF A CHANGE OF OWNERSHIP.
COBOL NAME: CHOW-DT

CITY 28 15 42 C PROV3225
CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED.
COBOL NAME: CITY

COMPLIANCE: PLAN OF CORRECTION 1 43 43 C PROV0220
INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM
REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION
OF DEFICIENCIES.
COBOL NAME: COMPL-ACCEPT-PLAN-COR
VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC

COMPLIANCE: STATUS 1 44 44 C PROV2715
INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE
WITH PROGRAM REQUIREMENTS.
COBOL NAME: STATUS-COMPL
VALUES: A IN COMPLIANCE
B NOT IN COMPLIANCE

COUNTY CODE 3 45 47 C PROV2695
SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY
IS LOCATED.
COBOL NAME: SSA-COUNTY

CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300
NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.
COBOL NAME: CROSS-REF-PROV-NUM

CURRENT FMS SURVEY DATE 8 58 65 C PROV0500
CURRENT FMS SURVEY DATE
COBOL NAME: FMS-SURVEY-DT-1

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 2
AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE	8	66	73	C	PROV2740
THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER.					
COBOL NAME: SURVEY-DT-1					

ELIGIBILITY CODE 1 74 74 C PROV0455
 INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN
 THE MEDICARE AND/OR MEDICAID PROGRAMS.
 COBOL NAME: ELIG-CD
 VALUES: 1 ELIGIBLE TO PARTICIPATE
 2 NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 50 75 124 C PROV0475
 THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO
 PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.
 COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 125 129 C PROV0605
 A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER
 SERVICING A PROVIDER OR SUPPLIER.
 COBOL NAME: INTER-CARRIER-NUM

VALUES: 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)
 00241 BLUE CROSS (MISSOURI)
 00260 BLUE CROSS (NEBRASKA)
 00270 NATIONAL GOVERNMENT SERVICES
 00280 BLUE CROSS (NEW JERSEY)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 3
 AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00290					BLUE CROSS (NEW MEXICO)
00308					NATIONAL GOVERNMENT SERVICES
00310					BLUE CROSS (NORTH CAROLINA)
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
00468	BLUE CROSS (NORTH CAROLINA FOR PR)
00510	BLUE SHIELD (ALABAMA)
00511	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
00860	BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 4
 AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00865					BLUE SHIELD (PENNSYLVANIA)
00870					BLUE SHIELD (RHODE ISLAND)
00880					BLUE SHIELD (SOUTH CAROLINA)
00883					PALMETTO
00900					BLUE SHIELD (TEXAS)
00901					TRAILBLAZERS HEALTH ENTERPRISES
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)
01120	AETNA (HAWAII)
01290	AETNA (NEVADA)
01360	AETNA (NEW MEXICO)
01370	AETNA (OKLAHOMA)
01380	AETNA (OREGON)
01390	AETNA (WASHINGTON)
02050	OCCIDENTAL (CALIFORNIA)
03001	NORIDIAN ADMIN SERVICES
03102	NORIDIAN ADMIN SERVICES (ARIZONA)
03202	NORIDIAN ADMIN SERVICES (MONTANA)
03302	NORIDIAN ADMIN SERVICES (NORTH DAKOTA)
03402	NORIDIAN ADMIN SERVICES (MONTANA)
03502	NORIDIAN ADMIN SERVICES (UTAH)
03602	NORIDIAN ADMIN SERVICES (WYOMING)
05130	EQICOR (IDAHO)
05440	EQICOR (TENNESSEE)
05535	EQICOR (NORTH CAROLINA)
10071	TRAVELERS (RRB)
10230	TRAVELERS (CONNECTICUT)
10240	TRAVELERS (MINNESOTA)
10250	TRAVELERS (MISSISSIPPI)
10490	TRAVELERS (VIRGINIA)
10492	TRAVELERS - VIRGINIA SPECIAL PROJECT
11260	GENERAL AMERICAN
14330	GROUP HEALTH INC (NEW YORK)
16360	NATIONWIDE (OHIO)
16510	NATIONWIDE (WEST VIRGINIA)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
21200	MASSACHUSETTS/MAINE
31140	NATIONAL HERITAGE (CA)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 5
 AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
31142					NATIONAL HERITAGE INSURANCE CO (MAINE)
31143					NATIONAL HERITAGE INSURANCE CO
31144					NATIONAL HERITAGE INSURANCE CO
31146					NATIONAL HERTAGE INSURANCE
50333					TRAVELERS (NEW YORK)
51051					AETNA (PETALUMA)
51070					AETNA (FARMINGTON)
51100					AETNA (CLEARWATER)

00280	BLUE CROSS (NEW JERSEY)
00290	BLUE CROSS (NEW MEXICO)
00308	NATIONAL GOVERNMENT SERVICES
00310	BLUE CROSS (NORTH CAROLINA)
00320	BLUE CROSS (NORTH DAKOTA)
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
00460	BLUE CROSS (WYOMING)
00468	BLUE CROSS (NORTH CAROLINA FOR PR)
00510	BLUE SHIELD (ALABAMA)
00511	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)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 7
 AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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)
00751					BLUE SHIELD (MONTANA)
00770					BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
00780					BLUE SHIELD (TRI-STATE)
00801					BLUE SHIELD (BUFFALO)

00803	NATIONAL GOVERNMENT SERVICES
00805	NATIONAL GOVERNMENT SERVICES
00820	BLUE SHIELD (NORTH DAKOTA)
00825	BLUE SHIELD (NORTH DAKOTA/WYOMING)
00860	BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
00865	BLUE SHIELD (PENNSYLVANIA)
00870	BLUE SHIELD (RHODE ISLAND)
00880	BLUE SHIELD (SOUTH CAROLINA)
00883	PALMETTO
00900	BLUE SHIELD (TEXAS)
00901	TRAILBLAZERS HEALTH ENTERPRISES
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)
01120	AETNA (HAWAII)
01290	AETNA (NEVADA)
01360	AETNA (NEW MEXICO)
01370	AETNA (OKLAHOMA)
01380	AETNA (OREGON)
01390	AETNA (WASHINGTON)
02050	OCCIDENTAL (CALIFORNIA)
03001	NORIDIAN ADMIN SERVICES
03102	NORIDIAN ADMIN SERVICES (ARIZONA)
03202	NORIDIAN ADMIN SERVICES (MONTANA)
03302	NORIDIAN ADMIN SERVICES (NORTH DAKOTA)
03402	NORIDIAN ADMIN SERVICES (MONTANA)
03502	NORIDIAN ADMIN SERVICES (UTAH)
03602	NORIDIAN ADMIN SERVICES (WYOMING)
05130	EQICOR (IDAHO)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 8
 AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
05440					EQICOR (TENNESSEE)
05535					EQICOR (NORTH CAROLINA)
10071					TRAVELERS (RRB)
10230					TRAVELERS (CONNECTICUT)
10240					TRAVELERS (MINNESOTA)
10250					TRAVELERS (MISSISSIPPI)
10490					TRAVELERS (VIRGINIA)
10492					TRAVELERS - VIRGINIA SPECIAL PROJECT
11260					GENERAL AMERICAN
14330					GROUP HEALTH INC (NEW YORK)
16360					NATIONWIDE (OHIO)

16510	NATIONWIDE (WEST VIRGINIA)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
21200	MASSACHUSETTS/MAINE
31140	NATIONAL HERITAGE (CA)
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERITAGE INSURANCE
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA
57400	COOPERATIVA (PUERTO RICO)

PROVIDER NUMBER 10 166 175 C PROV1680
 A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS ASSIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.
 COBOL NAME: PROV-NUM

RECORD TYPE 1 176 176 C PROV1720
 THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.
 COBOL NAME: RECORD-TYPE
 VALUES: A ACCEPTED
 P PENDING
 W WORK

REGION CODE 2 177 178 C PROV1725
 THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED.
 COBOL NAME: REGION
 VALUES: 01 I BOSTON
 02 II NEW YORK
 03 III PHILADELPHIA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 9
 AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
04	IV				ATLANTA
05	V				CHICAGO
06	VI				DALLAS
07	VII				KANSAS CITY
08	VIII				DENVER
09	IX				SAN FRANCISCO
10	X				SEATTLE

SKELETON RECORD INDICATOR 1 179 179 C PROV2045
 INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES: Y YES

STATE ABBREVIATION 2 180 181 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

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
	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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007

1DATE: 01/01/2008

POS RECORD LAYOUT

PAGE: 10

AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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

02	VOL-REIMBURSE
03	VOL-RISK INVOL
04	VOL-OTHER
05	INVOL-FAIL REQ
06	INVOL-AGREEMNT
07	OTH-STATUS CHG

TERMINATION DATE/EXPIRATION DATE 1 8 249 256 C PROV4500
 THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR
 THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE.
 FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE
 FACILITY WAS TERMINATED.

COBOL NAME: EXP-DT-1

TYPE OF ACTION 1 257 257 C PROV2880
 IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND
 TRANSMITTAL FORM WAS PREPARED.

COBOL NAME: TYPE-ACTION

VALUES: 1 INITIAL
 2 RECERTIFICATION
 3 TERMINATION
 4 CHANGE OF OWNERSHIP
 5 VALIDATION (ACCRD)
 8 FULL SURVEY AFTER COMPLAINT

TYPE OF CONTROL 2 258 259 C PROV2885
 INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES
 A PROVIDER OF SERVICES.

COBOL NAME: TYPE-CONTROL

VALUES: 01 PROPRIETARY
 02 NON PROFIT
 03 GOVERNMENT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 13
 AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
ZIP CODE THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER. COBOL NAME: ZIP-CD	5	260	264	C	PROV2905
FIPS STATE CODE FIPS STATE CODE COBOL NAME: WS-FIPS-STATE	2	265	266	C	FIPSTATE
FIPS COUNTY CODE FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY	3	267	269	C	FIPCNTY
SSA MSA CODE SSA MSA CODE COBOL NAME: WS-SSA-MSA-CD	3	270	272	C	SSAMSACD
SSA MSA SIZE CODE SSA MSA SIZE CODE COBOL NAME: WS-SSA-MSA-SIZE-CD	1	273	273	C	SSAMSASZ
ACCREDITATION INDICATOR	1	290	290	C	PROV0010

INDICATES THE ORGANIZATION THAT IS RESPONSIBLE FOR THE ACCREDITATION OF THE PROVIDER.

COBOL NAME: ACCRED-STAT

VALUES: 0 NONE
1 JCAHO
2 AAAHC
3 AAAASF
4 AOA

COMPLIANCE: LIFE SAFETY CODE 1 356 356 C PROV0240
INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN RECOMMENDED FOR A PROVIDER.

COBOL NAME: COMPL-LSC

VALUES: 1 WAIVER RECOMMENDED

DATE OF LAST VALIDATION SURVEY 8 363 370 C PROV0450
DATE THE LAST VALIDATION SURVEY WAS PERFORMED BY THE STATE AGENCY FOR A JCAH, AOA ACCREDITED HOSPITAL OR OTHER PROVIDER TYPE.

COBOL NAME: DT-VALID-SURVEY

FISCAL YEAR ENDING DATE 4 378 381 C PROV0485
THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR.

COBOL NAME: FISC-YR-END-DT

SRV: PHARMACY 1 569 569 C PROV2365
INDICATES HOW PHARMACY SERVICES ARE PROVIDED.

COBOL NAME: SP-PHARMACY

VALUES: 1 PROVIDED DIRECTLY BY THE FACILITY
2 PROVIDED THROUGH AN OUTSIDE SOURCE
3 COMBINATION

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 14
AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

RELATED PROVIDER NUMBER 10 1228 1237 C PROV1755
THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.

COBOL NAME: RELATED-PROV-NUM

SRV: OTHER 1 1467 1467 C PROV2340
INDICATES HOW OTHER (NOT SPECIFIED) SERVICES ARE PROVIDED.

COBOL NAME: SP-OTHER

VALUES: N NOT OFFERED
Y OFFERED

DATE CENTER BEGAN PROVIDING SERV 8 1695 1702 C PROV0415
THE DATE AN AMBULATORY SURGICAL CENTER (ASC) BEGAN PROVIDING HEALTH CARE SERVICES.

COBOL NAME: DT-SERVICE-BEGAN

FREE STANDING INDICATOR (ASC) 1 1703 1703 C PROV0550
 INDICATES IF THE AMBULATORY SURGICAL CENTER IS FREE
 STANDING. THIS INDICATOR IS USED BY SOME STANDARD
 REPORTS TO GET CERTAIN PROVIDER RANGES.
 COBOL NAME: FREE-STAND-IND
 VALUES: Y YES FREE STANDING

HOSPITAL BASED INDICATOR 1 1704 1704 C PROV0565
 HOSPITAL BASED INDICATOR
 COBOL NAME: HOSP-BASED-IND
 VALUES: 1 HOSPITAL BASED

OPERATING ROOMS 2 1705 1706 N PROV1055
 THE NUMBER OF OPERATING ROOMS IN AN AMBULATORY SURGICAL
 CENTER.
 COBOL NAME: NUM-OPERATING-ROOMS

SPEC: CARDIOVASCULAR 1 1707 1707 C PROV2095
 INDICATES IF CARDIOVASCULAR SURGERY IS OFFERED BY AN
 AMBULATORY SURGICAL CENTER.
 COBOL NAME: SP-CARDIOVASCULAR
 VALUES: N NOT OFFERED
 Y OFFERED

SPEC: FOOT 1 1708 1708 C PROV2145
 INDICATES IF FOOT SURGERY IS OFFERED BY AN AMBULATORY
 SURGICAL CENTER.
 COBOL NAME: SP-FOOT
 VALUES: N NOT OFFERED
 Y OFFERED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 15
 AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SPEC: GENERAL 1 1709 1709 C PROV2150
 INDICATES IF GENERAL SURGERY IS OFFERED BY AN
 AMBULATORY SURGICAL CENTER.
 COBOL NAME: SP-GENERAL
 VALUES: N NOT OFFERED
 Y OFFERED

SPEC: NEUROLOGICAL 1 1710 1710 C PROV2240
 INDICATES IF NEUROLOGICAL SURGERY IS OFFERED BY AN
 AMBULATORY SURGICAL CENTER.
 COBOL NAME: SP-NEUROLOGICAL
 VALUES: N NOT OFFERED
 Y OFFERED

SPEC: OBSTETRICS/GYNECOLOGY 1 1711 1711 C PROV2260
 INDICATES IF OBSTETRICS/GYNECOLOGY SURGERY IS OFFERED
 BY AN AMBULATORY SURGICAL CENTER.
 COBOL NAME: SP-OBSTETR-GYNECOL

VALUES: N NOT OFFERED
Y OFFERED

SPEC: OPHTHAMOLOGY 1 1712 1712 C PROV2290
INDICATES IF OPHTHAMOLOGY SURGERY IS OFFERED BY AN
AMBULATORY SURGICAL CENTER.
COBOL NAME: SP-OPHTHAMOLOGY-SURG
VALUES: N NOT OFFERED
Y OFFERED

SPEC: ORAL 1 1713 1713 C PROV2305
INDICATES IF ORAL SURGERY IS OFFERED BY AN AMBULATORY
SURGICAL CENTER.
COBOL NAME: SP-ORAL
VALUES: N NOT OFFERED
Y OFFERED

SPEC: ORTHOPEDIC 1 1714 1714 C PROV2320
INDICATES IF ORTHOPEDIC SURGERY IS OFFERED BY AN
AMBULATORY SURGICAL CENTER.
COBOL NAME: SP-ORTHOPEDIC
VALUES: N NOT OFFERED
Y OFFERED

SPEC: OTOLARYNGOLOGY 1 1715 1715 C PROV2345
INDICATES IF OTOLARYNGOLOGY SURGERY IS OFFERED BY AN
AMBULATORY SURGICAL CENTER.
COBOL NAME: SP-OTOLARYNGOLOGY
VALUES: N NOT OFFERED
Y OFFERED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 16
AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME
SPEC: PLASTIC 1 1716 1716 C PROV2400
INDICATES IF PLASTIC SURGERY IS OFFERED BY AN
AMBULATORY SURGICAL CENTER.
COBOL NAME: SP-PLASTIC
VALUES: N NOT OFFERED
Y OFFERED

SPEC: THORACIC 1 1717 1717 C PROV2525
INDICATES IF THORACIC SURGERY IS OFFERED BY AN
AMBULATORY SURGICAL CENTER.
COBOL NAME: SP-THORACIC
VALUES: N NOT OFFERED
Y OFFERED

SPEC: UROLOGY 1 1718 1718 C PROV2530
INDICATES IF UROLOGY SURGERY IS OFFERED BY AN
AMBULATORY SURGICAL CENTER.
COBOL NAME: SP-UROLOGY
VALUES: N NOT OFFERED

Y OFFERED

SRV: EKG 1 1719 1719 C PROV2135

INDICATES IF EKG SERVICES ARE PROVIDED BY AN AMBULATORY SURGICAL CENTER.

COBOL NAME: SP-EKG

VALUES: 0 NOT PROVIDED
1 PROVIDED DIRECTLY BY THE FACILITY
2 PROVIDED THROUGH AN OUTSIDE SOURCE
3 COMBINATION

SRV: LABORATORY 1 1720 1720 C PROV2200

INDICATES HOW LABORATORY SERVICES ARE PROVIDED.

COBOL NAME: SP-LABORATORY

VALUES: 1 PROVIDED DIRECTLY BY THE FACILITY
2 PROVIDED THROUGH AN OUTSIDE SOURCE
3 COMBINATION

SRV: RADIOLOGY 1 1721 1721 C PROV2435

INDICATES HOW RADIOLOGY SERVICES ARE PROVIDED.

COBOL NAME: SP-RADIOLOGY

VALUES: 1 PROVIDED DIRECTLY BY THE FACILITY
2 PROVIDED THROUGH AN OUTSIDE SOURCE
3 COMBINATION

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 1
HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

Table with columns: SHORT DESCRIPTION, LEN, START, END, TYPE, SAS NAME. Rows include: CATEGORY - SUBTYPE OF PROVIDER, CATEGORY OF PROVIDER/SUPPLIER, CHANGE OF OWNERSHIP COUNTER, CHANGE OF OWNERSHIP DATE, CITY.

CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED.
 COBOL NAME: CITY
 COMPLIANCE: PLAN OF CORRECTION 1 43 43 C PROV0220
 INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM
 REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION
 OF DEFICIENCIES.
 COBOL NAME: COMPL-ACCEPT-PLAN-COR
 VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC

COMPLIANCE: STATUS 1 44 44 C PROV2715
 INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE
 WITH PROGRAM REQUIREMENTS.
 COBOL NAME: STATUS-COMPL
 VALUES: A IN COMPLIANCE
 B NOT IN COMPLIANCE

COUNTY CODE 3 45 47 C PROV2695
 SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY
 IS LOCATED.
 COBOL NAME: SSA-COUNTY

CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300
 NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.
 COBOL NAME: CROSS-REF-PROV-NUM

CURRENT FMS SURVEY DATE 8 58 65 C PROV0500
 CURRENT FMS SURVEY DATE
 COBOL NAME: FMS-SURVEY-DT-1

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 2
 HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER. COBOL NAME: SURVEY-DT-1	8	66	73	C	PROV2740
ELIGIBILITY CODE INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: ELIG-CD VALUES: 1 ELIGIBLE TO PARTICIPATE 2 NOT ELIGIBLE TO PARTICIPATE	1	74	74	C	PROV0455
FACILITY NAME THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: FACILITY-NAME	50	75	124	C	PROV0475
INTERMEDIARY NUMBER A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER SERVICING A PROVIDER OR SUPPLIER. COBOL NAME: INTER-CARRIER-NUM VALUES: 00010 BLUE CROSS (ALABAMA)	5	125	129	C	PROV0605

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)
00241	BLUE CROSS (MISSOURI)
00260	BLUE CROSS (NEBRASKA)
00270	NATIONAL GOVERNMENT SERVICES
00280	BLUE CROSS (NEW JERSEY)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 3
 HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00290					BLUE CROSS (NEW MEXICO)
00308					NATIONAL GOVERNMENT SERVICES
00310					BLUE CROSS (NORTH CAROLINA)
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
00468					BLUE CROSS (NORTH CAROLINA FOR PR)

00511	CAHABA
00883	PALMETTO
00952	WPS - ILLINOIS
00953	WPS - MICHIGAN
00954	WI PHYSICIAN SERVICES - MN
01390	AETNA (WASHINGTON)
03001	NORIDIAN ADMIN SERVICES
03102	NORIDIAN ADMIN SERVICES (ARIZONA)
03202	NORIDIAN ADMIN SERVICES (MONTANA)
03302	NORIDIAN ADMIN SERVICES (NORTH DAKOTA)
03402	NORIDIAN ADMIN SERVICES (MONTANA)
03502	NORIDIAN ADMIN SERVICES (UTAH)
03602	NORIDIAN ADMIN SERVICES (WYOMING)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31140	NATIONAL HERITAGE (CA)
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERTAGE INSURANCE
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 4
 HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
57400					COOPERATIVA (PUERTO RICO)
MEDICARE OR MEDICAID VENDOR NUMBER A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM	15	130	144	C	PROV0655
PARTICIPATION DATE THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT	8	145	152	C	PROV1565
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT	8	153	160	C	PROV1615
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM VALUES:	5	161	165	C	PROV1620
00010					BLUE CROSS (ALABAMA)
00011					CAHABA
00020					BLUE CROSS (ARKANSAS)
00030					BLUE CROSS (ARIZONA)
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	BLUE CROSS (KENTUCKY)
00180	BLUE CROSS (MAINE)
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)
00241	BLUE CROSS (MISSOURI)
00250	BLUE CROSS (MONTANA)
00260	BLUE CROSS (NEBRASKA)
00270	NATIONAL GOVERNMENT SERVICES
00280	BLUE CROSS (NEW JERSEY)
00290	BLUE CROSS (NEW MEXICO)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 5
 HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00308					NATIONAL GOVERNMENT SERVICES
00310					BLUE CROSS (NORTH CAROLINA)
00320					BLUE CROSS (NORTH DAKOTA)
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
00460					BLUE CROSS (WYOMING)
00468					BLUE CROSS (NORTH CAROLINA FOR PR)
00511					CAHABA

00883	PALMETTO
00952	WPS - ILLINOIS
00953	WPS - MICHIGAN
00954	WI PHYSICIAN SERVICES - MN
01390	AETNA (WASHINGTON)
03001	NORIDIAN ADMIN SERVICES
03102	NORIDIAN ADMIN SERVICES (ARIZONA)
03202	NORIDIAN ADMIN SERVICES (MONTANA)
03302	NORIDIAN ADMIN SERVICES (NORTH DAKOTA)
03402	NORIDIAN ADMIN SERVICES (MONTANA)
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03602	NORIDIAN ADMIN SERVICES (WYOMING)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31140	NATIONAL HERITAGE (CA)
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
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50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 6
 HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
52280					MUTUAL OF OMAHA
57400					COOPERATIVA (PUERTO RICO)

PROVIDER NUMBER	10	166	175	C	PROV1680
A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS ASSIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.					
COBOL NAME: PROV-NUM					

RECORD TYPE	1	176	176	C	PROV1720
THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.					
COBOL NAME: RECORD-TYPE					
VALUES:	A	ACCEPTED			
	P	PENDING			
	W	WORK			

REGION CODE	2	177	178	C	PROV1725
THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED.					
COBOL NAME: REGION					
VALUES:	01	I	BOSTON		
	02	II	NEW YORK		
	03	III	PHILADELPHIA		
	04	IV	ATLANTA		
	05	V	CHICAGO		

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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 8
 HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
WI					WISCONSIN
WV					WEST VIRGINIA
WY					WYOMING

STATE CODE (SSA)	2	182	183	C	PROV2700
TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS LOCATED.					
COBOL NAME: SSA-STATE					
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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 9
 HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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
56					CANADA
59					MEXICO
64					AMERICAN SAMOA
65					GUAM
66					SAIPAN

STATE REGION CODE	3	184	186	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED					
COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	187	236	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	237	246	C	PROV1605

09	GOVERNMENT - COUNTY
10	GOVERNMENT - CITY
11	GOVERNMENT - CITY-COUNTY
12	COMBINATION GOV. & NONPROFIT
13	OTHER

ZIP CODE	5	260	264	C	PROV2905
THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.					
COBOL NAME: ZIP-CD					
FIPS STATE CODE	2	265	266	C	FIPSTATE
FIPS STATE CODE					
COBOL NAME: WS-FIPS-STATE					
FIPS COUNTY CODE	3	267	269	C	FIPCNTY
FIPS COUNTY CODE					
COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	270	272	C	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	273	273	C	SSAMSASZ
SSA MSA SIZE CODE					
COBOL NAME: WS-SSA-MSA-SIZE-CD					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 11
 HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
ACCREDITATION INDICATOR	1	290	290	C	PROV0010
INDICATES THE ORGANIZATION THAT IS RESPONSIBLE FOR THE ACCREDITATION OF THE PROVIDER.					
COBOL NAME: ACCRED-STAT					
VALUES:	0	NONE			
	1	JCAHO			
	2	CHAP			
COMPLIANCE: LIFE SAFETY CODE	1	356	356	C	PROV0240
INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN RECOMMENDED FOR A PROVIDER.					
COBOL NAME: COMPL-LSC					
VALUES:	1	WAIVER RECOMMENDED			
DATE OF LAST VALIDATION SURVEY	8	363	370	C	PROV0450
DATE THE LAST VALIDATION SURVEY WAS PERFORMED BY THE STATE AGENCY FOR A JCAH, AOA ACCREDITED HOSPITAL OR OTHER PROVIDER TYPE.					
COBOL NAME: DT-VALID-SURVEY					
FISCAL YEAR ENDING DATE	4	378	381	C	PROV0485
THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR.					
COBOL NAME: FISC-YR-END-DT					
LICENSED PRACT/VOCAT NURSES	7.2	382	388	N	PROV0955
NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL OR VOCATIONAL NURSES EMPLOYED BY A FACILITY.					
COBOL NAME: NUM-LPN-LVN					
OTHER PERSONNEL	7.2	412	418	N	PROV1075
THE NUMBER OF FULL-TIME EQUIVALENT OTHER SALARIED PERSONNEL EMPLOYED BY A FACILITY.					

COBOL NAME: NUM-OTHER-PERSNL
 REGISTERED NURSES 7.2 473 479 N PROV1145
 THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED
 PROFESSIONAL NURSES EMPLOYED BY A PROVIDER.

COBOL NAME: NUM-REG-NURS
 SRV: OCCUPATIONAL THERAPY 1 558 558 C PROV2270
 INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE
 PROVIDED.

COBOL NAME: SP-OCCUP-THERAPY
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED UNDER ARRANGEMENT
 3 COMBINATION

SRV: PHYSICAL THERAPY 1 570 570 C PROV2370
 INDICATES HOW PHYSICAL THERAPY SERVICES ARE PROVIDED.
 COBOL NAME: SP-PHYSICAL-THERAPY
 VALUES: 0 NOT PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 12
 HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
1					PROVIDED BY STAFF
2					PROVIDED UNDER ARRANGEMENT
3					COMBINATION

SRV: SPEECH PATHOLOGY 1 586 586 C PROV2505
 INDICATES HOW SPEECH PATHOLOGY SERVICES ARE PROVIDED.
 COBOL NAME: SP-SPEECH-PATH
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED UNDER ARRANGEMENT OR AGREEMENT
 3 COMBINATION

TYPE OF FACILITY 2 593 594 C PROV2890
 INDICATES THE CATEGORY WHICH REPRESENTS THE TYPE OF
 FACILITY.
 COBOL NAME: TYPE-FACILITY
 VALUES: 01 HOSPITAL
 02 SKILLED NURSING FACILITY
 03 NURSING FACILITY
 04 HOME HEALTH AGENCY
 05 FREESTANDING HOSPICE

RELATED PROVIDER NUMBER 10 1228 1237 C PROV1755
 THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS
 MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH
 DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD
 WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.
 COBOL NAME: RELATED-PROV-NUM

HOME HEALTH AIDES 7.2 1427 1433 N PROV0910
 NUMBER OF FULL-TIME EQUIVALENT HOME HEALTH AIDES
 EMPLOYED BY A HOME HEALTH AGENCY OR HOSPICE.

COBOL NAME: NUM-HOME-HEALTH-AIDES
 SRV: MEDICAL SOCIAL 1 1464 1464 C PROV2220
 INDICATES HOW MEDICAL SOCIAL SERVICES ARE PROVIDED
 COBOL NAME: SP-MEDICAL-SOCIAL
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED UNDER ARRANGEMENT
 3 COMBINATION

SRV: NURSING 1 1465 1465 C PROV2250
 INDICATES HOW NURSING SERVICES ARE PROVIDED.
 COBOL NAME: SP-NURSING
 VALUES: 1 PROVIDED BY STAFF
 3 COMBINATION

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 13
 HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME
 SRV: OTHER 1 1467 1467 C PROV2340
 INDICATES HOW OTHER (NOT SPECIFIED) SERVICES ARE PROVIDED.
 COBOL NAME: SP-OTHER
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED UNDER ARRANGEMENT
 3 COMBINATION

TOTAL # OF EMPLOYEES 9.2 1612 1620 N PROV2850
 THE TOTAL NUMBER OF FULL-TIME EMPLOYEES IN A HOSPICE OR AN INTERMEDIATE CARE FACILITY/MENTAL RETARDATION FACILITY.
 COBOL NAME: TOT-EMPLOYEES

PHYSICIANS 7.2 1639 1645 N PROV1110
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIANS EMPLOYED BY A PROVIDER.
 COBOL NAME: NUM-PHYS

SRV: PHYSICIAN 1 1682 1682 C PROV2385
 INDICATES HOW PHYSICIAN SERVICES ARE PROVIDED.
 COBOL NAME: SP-PHYSICIAN
 VALUES: 1 PROVIDED BY STAFF
 2 PROVIDED UNDER ARRANGEMENT
 3 COMBINATION

ACUTE/RESPITE CARE INDICATOR 1 1722 1722 C PROV0015
 INDICATES IF THE HOSPICE PROVIDES ACUTE AND/OR RESPITE SHORT TERM INPATIENT CARE.
 COBOL NAME: ACUTE-RESPITE
 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

COUNSELORS - STAFF	7.2	1723	1729	N	PROV1225
THE NUMBER OF FULL-TIME EQUIVALENT COUNSELORS EMPLOYED BY A HOSPICE.					
COBOL NAME: NUM-STAFF-COUNSL					
COUNSELORS - VOLUNTEER	7.2	1730	1736	N	PROV1480
THE NUMBER OF FULL-TIME EQUIVALENT VOLUNTEER COUNSELORS IN A HOSPICE.					
COBOL NAME: NUM-VOL-COUNSL					
HOME HEALTH AIDES - VOLUNTEER	7.2	1737	1743	N	PROV1485
THE NUMBER OF FULL-TIME EQUIVALENT VOLUNTEER HOME HEALTH AIDES IN A HOSPICE.					
COBOL NAME: NUM-VOL-HHA					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 14
 HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
HOMEMAKERS - STAFF	7.2	1744	1750	N	PROV0915
THE NUMBER OF FULL-TIME EQUIVALENT HOMEMAKERS EMPLOYED BY A HOSPICE.					
COBOL NAME: NUM-HOMEMAKERS					
HOMEMAKERS - VOLUNTEER	7.2	1751	1757	N	PROV1490
THE NUMBER OF FULL-TIME EQUIVALENT HOMEMAKERS IN A HOSPICE.					
COBOL NAME: NUM-VOL-HOMEMKR					
LPNS/LVNS - VOLUNTEER	7.2	1758	1764	N	PROV1495
THE NUMBER OF FULL-TIME EQUIVALENT VOLUNTEER LICENSED PRACTICAL/VOCATIONAL NURSES IN A HOSPICE.					
COBOL NAME: NUM-VOL-LPN-LVN					
MEDICAL SOCIAL WORKERS	7.2	1765	1771	N	PROV0975
NUMBER OF FULL-TIME EQUIVALENT MEDICAL SOCIAL WORKERS EMPLOYED BY A HOSPITAL OR HOSPICE.					
COBOL NAME: NUM-MED-SOCIAL-WRKS					
MEDICAL SOCIAL WORKERS - VOLUNTEER	7.2	1772	1778	N	PROV1510
THE NUMBER OF FULL-TIME EQUIVALENT VOLUNTEER MEDICAL SOCIAL WORKERS IN A HOSPICE.					
COBOL NAME: NUM-VOL-SOC-WORK					
PHYSICIANS - VOLUNTEER	7.2	1779	1785	N	PROV1500
THE NUMBER OF FULL-TIME EQUIVALENT VOLUNTEER PHYSICIANS IN A HOSPICE.					
COBOL NAME: NUM-VOL-PHYS					
REGISTERED NURSES - VOLUNTEER	7.2	1786	1792	N	PROV1505
THE NUMBER OF FULL-TIME EQUIVALENT VOLUNTEER REGISTERED NURSES IN A HOSPICE.					
COBOL NAME: NUM-VOL-REG-NURS					
SRV: COUNSELING	1	1793	1793	C	PROV2115
INDICATES HOW COUNSELING SERVICES ARE PROVIDED BY A HOSPICE.					
COBOL NAME: SP-COUNSELING					
VALUES: 0	NOT PROVIDED				

1 PROVIDED BY STAFF
 2 PROVIDED UNDER ARRANGEMENT
 3 COMBINATION

SRV: HOME HEALTH AIDE 1 1794 1794 C PROV2165
 INDICATES HOW HOME HEALTH AIDE SERVICES ARE PROVIDED BY
 A HOSPICE.
 COBOL NAME: SP-HOME-HEALTH-AIDE
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED UNDER ARRANGEMENT
 3 COMBINATION

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 15
 HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: HOMEMAKER 1 1795 1795 C PROV2170
 INDICATES HOW HOMEMAKER SERVICES ARE PROVIDED BY A
 HOSPICE.
 COBOL NAME: SP-HOMEMAKER
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED UNDER ARRANGEMENT
 3 COMBINATION

SRV: MEDICAL SUPPLIES 1 1796 1796 C PROV2225
 INDICATES HOW MEDICAL SUPPLIES SERVICES ARE PROVIDED BY
 A HOSPICE.
 COBOL NAME: SP-MEDICAL-SUPPLIES
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED UNDER ARRANGEMENT
 3 COMBINATION

SRV: SHORT TERM INPATIENT CARE 1 1797 1797 C PROV2480
 INDICATES HOW SHORT TERM INPATIENT CARE SERVICES ARE
 PROVIDED BY A HOSPICE.
 COBOL NAME: SP-SHORT-TERM-INCARE
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED UNDER ARRANGEMENT
 3 COMBINATION

VOLUNTEERS - OTHER 7.2 1798 1804 N PROV1080
 THE NUMBER OF FULL-TIME EQUIVALENT OTHER VOLUNTEERS IN
 A HOSPICE.
 COBOL NAME: NUM-OTHER-VOLS

VOLUNTEERS - TOTAL 9.2 1805 1813 N PROV2860
 THE NUMBER OF FULL-TIME VOLUNTEERS IN A HOSPICE.
 COBOL NAME: TOT-VOLS

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 1
 ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 ORGAN PROCUREMENT	2	1	2	C	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 17 ORGAN PROCUREMENT ORGANIZATIONS	2	3	4	C	PROV0075
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT	2	5	6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT	8	7	14	C	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY	28	15	42	C	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC	1	43	43	C	PROV0220
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE B NOT IN COMPLIANCE	1	44	44	C	PROV2715

COUNTY CODE 3 45 47 C PROV2695
 SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY
 IS LOCATED.
 COBOL NAME: SSA-COUNTY
 CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300
 NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.
 COBOL NAME: CROSS-REF-PROV-NUM
 CURRENT FMS SURVEY DATE 8 58 65 C PROV0500
 CURRENT FMS SURVEY DATE
 COBOL NAME: FMS-SURVEY-DT-1

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 2
 ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER. COBOL NAME: SURVEY-DT-1	8	66	73	C	PROV2740
ELIGIBILITY CODE INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: ELIG-CD VALUES: 1 ELIGIBLE TO PARTICIPATE 2 NOT ELIGIBLE TO PARTICIPATE	1	74	74	C	PROV0455
FACILITY NAME THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: FACILITY-NAME	50	75	124	C	PROV0475
INTERMEDIARY NUMBER A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER SERVICING A PROVIDER OR SUPPLIER. COBOL NAME: INTER-CARRIER-NUM VALUES: 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	5	125	129	C	PROV0605

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)
00241	BLUE CROSS (MISSOURI)
00260	BLUE CROSS (NEBRASKA)
00270	NATIONAL GOVERNMENT SERVICES
00280	BLUE CROSS (NEW JERSEY)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 3
 ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00290					BLUE CROSS (NEW MEXICO)
00308					NATIONAL GOVERNMENT SERVICES
00310					BLUE CROSS (NORTH CAROLINA)
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
00468					BLUE CROSS (NORTH CAROLINA FOR PR)
00511					CAHABA
00883					PALMETTO
00952					WPS - ILLINOIS
00953					WPS - MICHIGAN
00954					WI PHYSICIAN SERVICES - MN
01390					AETNA (WASHINGTON)
03001					NORIDIAN ADMIN SERVICES
03102					NORIDIAN ADMIN SERVICES (ARIZONA)
03202					NORIDIAN ADMIN SERVICES (MONTANA)
03302					NORIDIAN ADMIN SERVICES (NORTH DAKOTA)
03402					NORIDIAN ADMIN SERVICES (MONTANA)
03502					NORIDIAN ADMIN SERVICES (UTAH)
03602					NORIDIAN ADMIN SERVICES (WYOMING)
17120					HAWAII MEDICAL SERVICE ASSOCIATION
31140					NATIONAL HERITAGE (CA)

31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERTAGE INSURANCE
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 4
 ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
57400					COOPERATIVA (PUERTO RICO)
MEDICARE OR MEDICAID VENDOR NUMBER A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM	15	130	144	C	PROV0655
PARTICIPATION DATE THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT	8	145	152	C	PROV1565
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT	8	153	160	C	PROV1615
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM VALUES:	5	161	165	C	PROV1620
00010					BLUE CROSS (ALABAMA)
00011					CAHABA
00020					BLUE CROSS (ARKANSAS)
00030					BLUE CROSS (ARIZONA)
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					BLUE CROSS (KENTUCKY)
00180					BLUE CROSS (MAINE)
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)
00241	BLUE CROSS (MISSOURI)
00250	BLUE CROSS (MONTANA)
00260	BLUE CROSS (NEBRASKA)
00270	NATIONAL GOVERNMENT SERVICES
00280	BLUE CROSS (NEW JERSEY)
00290	BLUE CROSS (NEW MEXICO)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 5
 ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00308					NATIONAL GOVERNMENT SERVICES
00310					BLUE CROSS (NORTH CAROLINA)
00320					BLUE CROSS (NORTH DAKOTA)
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
00460					BLUE CROSS (WYOMING)
00468					BLUE CROSS (NORTH CAROLINA FOR PR)
00511					CAHABA
00883					PALMETTO
00952					WPS - ILLINOIS
00953					WPS - MICHIGAN
00954					WI PHYSICIAN SERVICES - MN
01390					AETNA (WASHINGTON)
03001					NORIDIAN ADMIN SERVICES
03102					NORIDIAN ADMIN SERVICES (ARIZONA)
03202					NORIDIAN ADMIN SERVICES (MONTANA)
03302					NORIDIAN ADMIN SERVICES (NORTH DAKOTA)
03402					NORIDIAN ADMIN SERVICES (MONTANA)
03502					NORIDIAN ADMIN SERVICES (UTAH)
03602					NORIDIAN ADMIN SERVICES (WYOMING)
17120					HAWAII MEDICAL SERVICE ASSOCIATION
31140					NATIONAL HERITAGE (CA)
31142					NATIONAL HERITAGE INSURANCE CO (MAINE)

31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERTAGE INSURANCE
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 6
 ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
52280					MUTUAL OF OMAHA
57400					COOPERATIVA (PUERTO RICO)

PROVIDER NUMBER	10	166	175	C	PROV1680
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A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS ASSIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.
 COBOL NAME: PROV-NUM

RECORD TYPE	1	176	176	C	PROV1720
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THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.
 COBOL NAME: RECORD-TYPE

VALUES:	A	ACCEPTED
	P	PENDING
	W	WORK

REGION CODE	2	177	178	C	PROV1725
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THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED.
 COBOL NAME: REGION

VALUES:	01	I	BOSTON
	02	II	NEW YORK
	03	III	PHILADELPHIA
	04	IV	ATLANTA
	05	V	CHICAGO
	06	VI	DALLAS
	07	VII	KANSAS CITY
	08	VIII	DENVER
	09	IX	SAN FRANCISCO
	10	X	SEATTLE

SKELETON RECORD INDICATOR	1	179	179	C	PROV2045
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INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE FOR THIS PROVIDER.
 COBOL NAME: SKELETON-IND

VALUES:	Y	YES
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STATE ABBREVIATION	2	180	181	C	PROV3230
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STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES:	AK	ALASKA
	AL	ALABAMA
	AR	ARKANSAS
	AS	AMERICAN SAMOA
	AZ	ARIZONA
	CA	CALIFORNIA
	CN	CANADA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 7
ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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					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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 8
 ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
WI					WISCONSIN
WV					WEST VIRGINIA
WY					WYOMING

STATE CODE (SSA)	2	182	183	C	PROV2700
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TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS LOCATED.

COBOL NAME: SSA-STATE

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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 9
 ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
51					
52					
53					
56					
59					
64					
65					
66					

STATE REGION CODE	3	184	186	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED					
COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	187	236	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	237	246	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER.					
COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	247	248	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: TERM-CD-1					
VALUES:	00				ACTIVE
	01				VOL-MERG,CLOSE
	02				VOL-REIMBURSE
	03				VOL-RISK INVOL
	04				VOL-OTHER
	05				INVOL-FAIL REQ
	06				INVOL-AGREEMNT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 10
 ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
TERMINATION DATE/EXPIRATION DATE 1 THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE FACILITY WAS TERMINATED. COBOL NAME: EXP-DT-1	8	249	256	C	PROV4500
TYPE OF ACTION IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED. COBOL NAME: TYPE-ACTION VALUES: 1 INITIAL 3 TERMINATION	1	257	257	C	PROV2880
TYPE OF CONTROL INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL	2	258	259	C	PROV2885
ZIP CODE THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER. COBOL NAME: ZIP-CD	5	260	264	C	PROV2905
FIPS STATE CODE FIPS STATE CODE COBOL NAME: WS-FIPS-STATE	2	265	266	C	FIPSTATE
FIPS COUNTY CODE FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY	3	267	269	C	FIPCNTY
SSA MSA CODE SSA MSA CODE COBOL NAME: WS-SSA-MSA-CD	3	270	272	C	SSAMSACD
SSA MSA SIZE CODE SSA MSA SIZE CODE COBOL NAME: WS-SSA-MSA-SIZE-CD	1	273	273	C	SSAMSASZ

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 1
 COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 COMMUNITY MENTAL HEALTH CENTERS	2	1	2	C	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 19 COMMUNITY MENTAL HEALTH CENTERS	2	3	4	C	PROV0075
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT	2	5	6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT	8	7	14	C	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY	28	15	42	C	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC	1	43	43	C	PROV0220
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE B NOT IN COMPLIANCE	1	44	44	C	PROV2715
COUNTY CODE SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED. COBOL NAME: SSA-COUNTY	3	45	47	C	PROV2695
CROSS REFERENCE PROVIDER NUMBER NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER. COBOL NAME: CROSS-REF-PROV-NUM	10	48	57	C	PROV0300
CURRENT FMS SURVEY DATE CURRENT FMS SURVEY DATE	8	58	65	C	PROV0500

COBOL NAME: FMS-SURVEY-DT-1

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 2
COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER. COBOL NAME: SURVEY-DT-1	8	66	73	C	PROV2740
ELIGIBILITY CODE INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: ELIG-CD VALUES: 1 ELIGIBLE TO PARTICIPATE 2 NOT ELIGIBLE TO PARTICIPATE	1	74	74	C	PROV0455
FACILITY NAME THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: FACILITY-NAME	50	75	124	C	PROV0475
INTERMEDIARY NUMBER A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER SERVICING A PROVIDER OR SUPPLIER. COBOL NAME: INTER-CARRIER-NUM VALUES: 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) 00241 BLUE CROSS (MISSOURI) 00260 BLUE CROSS (NEBRASKA)	5	125	129	C	PROV0605

00270 NATIONAL GOVERNMENT SERVICES
00280 BLUE CROSS (NEW JERSEY)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 3
COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00290					BLUE CROSS (NEW MEXICO)
00308					NATIONAL GOVERNMENT SERVICES
00310					BLUE CROSS (NORTH CAROLINA)
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
00468					BLUE CROSS (NORTH CAROLINA FOR PR)
00511					CAHABA
00883					PALMETTO
00952					WPS - ILLINOIS
00953					WPS - MICHIGAN
00954					WI PHYSICIAN SERVICES - MN
01390					AETNA (WASHINGTON)
03001					NORIDIAN ADMIN SERVICES
03102					NORIDIAN ADMIN SERVICES (ARIZONA)
03202					NORIDIAN ADMIN SERVICES (MONTANA)
03302					NORIDIAN ADMIN SERVICES (NORTH DAKOTA)
03402					NORIDIAN ADMIN SERVICES (MONTANA)
03502					NORIDIAN ADMIN SERVICES (UTAH)
03602					NORIDIAN ADMIN SERVICES (WYOMING)
17120					HAWAII MEDICAL SERVICE ASSOCIATION
31140					NATIONAL HERITAGE (CA)
31142					NATIONAL HERITAGE INSURANCE CO (MAINE)
31143					NATIONAL HERITAGE INSURANCE CO
31144					NATIONAL HERITAGE INSURANCE CO
31146					NATIONAL HERTAGE INSURANCE
50333					TRAVELERS (NEW YORK)
51051					AETNA (PETALUMA)
51070					AETNA (FARMINGTON)
51100					AETNA (CLEARWATER)
51140					AETNA (PEORIA)
51390					AETNA (FORT WASHINGTON)

52280

MUTUAL OF OMAHA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 4
 COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
57400					COOPERATIVA (PUERTO RICO)
MEDICARE OR MEDICAID VENDOR NUMBER A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM	15	130	144	C	PROV0655
PARTICIPATION DATE THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT	8	145	152	C	PROV1565
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT	8	153	160	C	PROV1615
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM VALUES:	5	161	165	C	PROV1620
00010					BLUE CROSS (ALABAMA)
00011					CAHABA
00020					BLUE CROSS (ARKANSAS)
00030					BLUE CROSS (ARIZONA)
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					BLUE CROSS (KENTUCKY)
00180					BLUE CROSS (MAINE)
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)
00241					BLUE CROSS (MISSOURI)
00250					BLUE CROSS (MONTANA)
00260					BLUE CROSS (NEBRASKA)
00270					NATIONAL GOVERNMENT SERVICES
00280					BLUE CROSS (NEW JERSEY)
00290					BLUE CROSS (NEW MEXICO)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00308					NATIONAL GOVERNMENT SERVICES
00310					BLUE CROSS (NORTH CAROLINA)
00320					BLUE CROSS (NORTH DAKOTA)
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
00460					BLUE CROSS (WYOMING)
00468					BLUE CROSS (NORTH CAROLINA FOR PR)
00511					CAHABA
00883					PALMETTO
00952					WPS - ILLINOIS
00953					WPS - MICHIGAN
00954					WI PHYSICIAN SERVICES - MN
01390					AETNA (WASHINGTON)
03001					NORIDIAN ADMIN SERVICES
03102					NORIDIAN ADMIN SERVICES (ARIZONA)
03202					NORIDIAN ADMIN SERVICES (MONTANA)
03302					NORIDIAN ADMIN SERVICES (NORTH DAKOTA)
03402					NORIDIAN ADMIN SERVICES (MONTANA)
03502					NORIDIAN ADMIN SERVICES (UTAH)
03602					NORIDIAN ADMIN SERVICES (WYOMING)
17120					HAWAII MEDICAL SERVICE ASSOCIATION
31140					NATIONAL HERITAGE (CA)
31142					NATIONAL HERITAGE INSURANCE CO (MAINE)
31143					NATIONAL HERITAGE INSURANCE CO
31144					NATIONAL HERITAGE INSURANCE CO
31146					NATIONAL HERTAGE INSURANCE
50333					TRAVELERS (NEW YORK)
51051					AETNA (PETALUMA)
51070					AETNA (FARMINGTON)
51100					AETNA (CLEARWATER)
51140					AETNA (PEORIA)
51390					AETNA (FORT WASHINGTON)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 6
 COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
52280					MUTUAL OF OMAHA
57400					COOPERATIVA (PUERTO RICO)

PROVIDER NUMBER	10	166	175	C	PROV1680
A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS ASSIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.					
COBOL NAME: PROV-NUM					

RECORD TYPE	1	176	176	C	PROV1720
THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.					
COBOL NAME: RECORD-TYPE					
VALUES:	A	ACCEPTED			
	P	PENDING			
	W	WORK			

REGION CODE	2	177	178	C	PROV1725
THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED.					
COBOL NAME: REGION					
VALUES:	01	I	BOSTON		
	02	II	NEW YORK		
	03	III	PHILADELPHIA		
	04	IV	ATLANTA		
	05	V	CHICAGO		
	06	VI	DALLAS		
	07	VII	KANSAS CITY		
	08	VIII	DENVER		
	09	IX	SAN FRANCISCO		
	10	X	SEATTLE		

SKELETON RECORD INDICATOR	1	179	179	C	PROV2045
INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE FOR THIS PROVIDER.					
COBOL NAME: SKELETON-IND					

STATE ABBREVIATION	2	180	181	C	PROV3230
STATE ABBREVIATION					
COBOL NAME: STATE-ABBREV					
VALUES:	AK	ALASKA			
	AL	ALABAMA			
	AR	ARKANSAS			
	AS	AMERICAN SAMOA			
	AZ	ARIZONA			
	CA	CALIFORNIA			
	CN	CANADA			
	CO	COLORADO			
	CT	CONNECTICUT			

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 7
 COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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					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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007

COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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
56					CANADA
59					MEXICO
64					AMERICAN SAMOA
65					GUAM
66					SAIPAN
STATE REGION CODE	3	184	186	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED					
COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	187	236	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	237	246	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER.					
COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	247	248	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: TERM-CD-1					
VALUES:	00				ACTIVE
	01				VOL-MERG,CLOSE
	02				VOL-REIMBURSE
	03				VOL-RISK INVOL
	04				VOL-OTHER
	05				INVOL-FAIL REQ
	06				INVOL-AGREEMNT
	07				OTH-STATUS CHG
TERMINATION DATE/EXPIRATION DATE 1	8	249	256	C	PROV4500
THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE FACILITY WAS TERMINATED.					
COBOL NAME: EXP-DT-1					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007

1DATE: 01/01/2008

POS RECORD LAYOUT

PAGE: 10

COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
TYPE OF ACTION IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED. COBOL NAME: TYPE-ACTION VALUES: 1 INITIAL 3 TERMINATION	1	257	257	C	PROV2880
TYPE OF CONTROL INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL VALUES: 01 PROPRIETARY 02 CHURCH RELATED 03 NONPROFIT CORPORATION 04 OTHER NONPROFIT 05 STATE 06 LOCAL 07 FEDERAL	2	258	259	C	PROV2885
ZIP CODE THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER. COBOL NAME: ZIP-CD	5	260	264	C	PROV2905
FIPS STATE CODE FIPS STATE CODE COBOL NAME: WS-FIPS-STATE	2	265	266	C	FIPSTATE
FIPS COUNTY CODE FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY	3	267	269	C	FIPCNTY
SSA MSA CODE SSA MSA CODE COBOL NAME: WS-SSA-MSA-CD	3	270	272	C	SSAMSACD
SSA MSA SIZE CODE SSA MSA SIZE CODE COBOL NAME: WS-SSA-MSA-SIZE-CD	1	273	273	C	SSAMSASZ
RELATED PROVIDER NUMBER THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE. COBOL NAME: RELATED-PROV-NUM	10	1228	1237	C	PROV1755

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01	2	1	2	C	PROV0085
					FEDERALLY QUALIFIED HEALTH CENTERS
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 21	2	3	4	C	PROV0075
					FEDERALLY QUALIFIED HEALTH CENTERS
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT	2	5	6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT	8	7	14	C	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY	28	15	42	C	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1	1	43	43	C	PROV0220
					COMPLIANCE BASED ON ACCEPTABLE POC
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A B	1	44	44	C	PROV2715
					IN COMPLIANCE NOT IN COMPLIANCE
COUNTY CODE SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED. COBOL NAME: SSA-COUNTY	3	45	47	C	PROV2695
CROSS REFERENCE PROVIDER NUMBER NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER. COBOL NAME: CROSS-REF-PROV-NUM	10	48	57	C	PROV0300
CURRENT FMS SURVEY DATE CURRENT FMS SURVEY DATE COBOL NAME: FMS-SURVEY-DT-1	8	58	65	C	PROV0500

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 2
FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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CURRENT SURVEY DATE 8 66 73 C PROV2740
 THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY,
 WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR
 THE PROVIDER.

COBOL NAME: SURVEY-DT-1

ELIGIBILITY CODE 1 74 74 C PROV0455
 INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN
 THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1 ELIGIBLE TO PARTICIPATE
 2 NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 50 75 124 C PROV0475
 THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO
 PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 125 129 C PROV0605
 A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER
 SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

VALUES: 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)
 00241 BLUE CROSS (MISSOURI)
 00260 BLUE CROSS (NEBRASKA)
 00270 NATIONAL GOVERNMENT SERVICES
 00280 BLUE CROSS (NEW JERSEY)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007

1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 3
 FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

00290	BLUE CROSS (NEW MEXICO)
00308	NATIONAL GOVERNMENT SERVICES
00310	BLUE CROSS (NORTH CAROLINA)
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
00468	BLUE CROSS (NORTH CAROLINA FOR PR)
00511	CAHABA
00883	PALMETTO
00952	WPS - ILLINOIS
00953	WPS - MICHIGAN
00954	WI PHYSICIAN SERVICES - MN
01390	AETNA (WASHINGTON)
03001	NORIDIAN ADMIN SERVICES
03102	NORIDIAN ADMIN SERVICES (ARIZONA)
03202	NORIDIAN ADMIN SERVICES (MONTANA)
03302	NORIDIAN ADMIN SERVICES (NORTH DAKOTA)
03402	NORIDIAN ADMIN SERVICES (MONTANA)
03502	NORIDIAN ADMIN SERVICES (UTAH)
03602	NORIDIAN ADMIN SERVICES (WYOMING)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31140	NATIONAL HERITAGE (CA)
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERTAGE INSURANCE
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 4
 FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
57400					COOPERATIVA (PUERTO RICO)

MEDICARE OR MEDICAID VENDOR NUMBER	15	130	144	C	PROV0655
A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES.					
COBOL NAME: MEDICAID-VEND-NUM					
PARTICIPATION DATE	8	145	152	C	PROV1565
THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: PARTCI-DT					
PRIOR CHANGE OF OWNERSHIP	8	153	160	C	PROV1615
THE DATE OF A PRIOR CHANGE OF OWNERSHIP.					
COBOL NAME: PRIOR-CHOW-DT					
PRIOR INTERMEDIARY NUMBER	5	161	165	C	PROV1620
A PREVIOUS INTERMEDIARY NUMBER.WHEN					
COBOL NAME: PRIOR-INTER-CARRIER-NUM					
VALUES:	00010	BLUE CROSS (ALABAMA)			
	00011	CAHABA			
	00020	BLUE CROSS (ARKANSAS)			
	00030	BLUE CROSS (ARIZONA)			
	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	BLUE CROSS (KENTUCKY)			
	00180	BLUE CROSS (MAINE)			
	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)			
	00241	BLUE CROSS (MISSOURI)			
	00250	BLUE CROSS (MONTANA)			
	00260	BLUE CROSS (NEBRASKA)			
	00270	NATIONAL GOVERNMENT SERVICES			
	00280	BLUE CROSS (NEW JERSEY)			
	00290	BLUE CROSS (NEW MEXICO)			

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 5
FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00308					NATIONAL GOVERNMENT SERVICES
00310					BLUE CROSS (NORTH CAROLINA)

00320	BLUE CROSS (NORTH DAKOTA)
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
00460	BLUE CROSS (WYOMING)
00468	BLUE CROSS (NORTH CAROLINA FOR PR)
00511	CAHABA
00883	PALMETTO
00952	WPS - ILLINOIS
00953	WPS - MICHIGAN
00954	WI PHYSICIAN SERVICES - MN
01390	AETNA (WASHINGTON)
03001	NORIDIAN ADMIN SERVICES
03102	NORIDIAN ADMIN SERVICES (ARIZONA)
03202	NORIDIAN ADMIN SERVICES (MONTANA)
03302	NORIDIAN ADMIN SERVICES (NORTH DAKOTA)
03402	NORIDIAN ADMIN SERVICES (MONTANA)
03502	NORIDIAN ADMIN SERVICES (UTAH)
03602	NORIDIAN ADMIN SERVICES (WYOMING)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31140	NATIONAL HERITAGE (CA)
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERTAGE INSURANCE
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 6
 FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
52280					MUTUAL OF OMAHA
57400					COOPERATIVA (PUERTO RICO)

PROVIDER NUMBER 10 166 175 C PROV1680

A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS ASSIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.
COBOL NAME: PROV-NUM

RECORD TYPE 1 176 176 C PROV1720

THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.
COBOL NAME: RECORD-TYPE

VALUES: A ACCEPTED
P PENDING
W WORK

REGION CODE 2 177 178 C PROV1725

THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED.
COBOL NAME: REGION

VALUES: 01 I BOSTON
02 II NEW YORK
03 III PHILADELPHIA
04 IV ATLANTA
05 V CHICAGO
06 VI DALLAS
07 VII KANSAS CITY
08 VIII DENVER
09 IX SAN FRANCISCO
10 X SEATTLE

SKELETON RECORD INDICATOR 1 179 179 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE FOR THIS PROVIDER.
COBOL NAME: SKELETON-IND

STATE ABBREVIATION 2 180 181 C PROV3230

STATE ABBREVIATION
COBOL NAME: STATE-ABBREV

VALUES: AK ALASKA
AL ALABAMA
AR ARKANSAS
AS AMERICAN SAMOA
AZ ARIZONA
CA CALIFORNIA
CN CANADA
CO COLORADO
CT CONNECTICUT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 7
FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

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	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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 8
 FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
WY					WYOMING
STATE CODE (SSA)	2	182	183	C	PROV2700
TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS LOCATED.					

COBOL NAME: SSA-STATE

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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 9
FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
	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
56	CANADA
59	MEXICO
64	AMERICAN SAMOA
65	GUAM
66	SAIPAN

STATE REGION CODE 3 184 186 C PROV2710

FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION
WITHIN THE STATE WHERE THE FACILITY IS LOCATED

COBOL NAME: STATE-REGION-CD

STREET ADDRESS 50 187 236 C PROV2720

STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO
PROVIDE MEDICARE AND/OR MEDICAID SERVICES.

COBOL NAME: STREET-ADDRESS

TELEPHONE NUMBER 10 237 246 C PROV1605

THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR
THE OPERATOR OF A PROVIDER.

COBOL NAME: PHONE-NUM

TERMINATION CODE # 1 2 247 248 C PROV4770

TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN
TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID
PROGRAMS.

COBOL NAME: TERM-CD-1

VALUES:	00	ACTIVE
	01	VOL-MERG,CLOSE
	02	VOL-REIMBURSE
	03	VOL-RISK INVOL
	04	VOL-OTHER
	05	INVOL-FAIL REQ
	06	INVOL-AGREEMNT
	07	OTH-STATUS CHG

TERMINATION DATE/EXPIRATION DATE 1 8 249 256 C PROV4500

THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR
THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE.

FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE
FACILITY WAS TERMINATED.

COBOL NAME: EXP-DT-1

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007

1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 10

FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

TYPE OF ACTION 1 257 257 C PROV2880

IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND
TRANSMITTAL FORM WAS PREPARED.

COBOL NAME: TYPE-ACTION

VALUES:	1	INITIAL
	3	TERMINATION

TYPE OF CONTROL	2	258	259	C	PROV2885
INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES.					
COBOL NAME: TYPE-CONTROL					
VALUES:	01	RELIGIOUS AFFILIATION			
	02	PRIVATE			
	03	OTHER			
	04	PROPRIETARY			
	05	GOVERNMENT - STATE/COUNTY			
	06	GOVERNMENT - COMB. GOVT & VOL.			
ZIP CODE	5	260	264	C	PROV2905
THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.					
COBOL NAME: ZIP-CD					
FIPS STATE CODE	2	265	266	C	FIPSTATE
FIPS STATE CODE					
COBOL NAME: WS-FIPS-STATE					
FIPS COUNTY CODE	3	267	269	C	FIPCNTY
FIPS COUNTY CODE					
COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	270	272	C	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	273	273	C	SSAMSASZ
SSA MSA SIZE CODE					
COBOL NAME: WS-SSA-MSA-SIZE-CD					
RELATED PROVIDER NUMBER	10	1228	1237	C	PROV1755
THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.					
COBOL NAME: RELATED-PROV-NUM					
FEDERALLY FUNDED HEALTH CENTER	1	1814	1814	C	PROV3710
INDICATED WHETHER THIS FQHC IS FEDERALLY FUNDED.					
COBOL NAME: FED-FUNDED-FFHC					
VALUES:	N	NO			
	Y	YES			

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 11
FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
FQHC APPROVED RHC PROVIDER #	6	1815	1820	C	PROV3705
APPROVED FQHC'S RELATED RHC PROVIDER NUMBER.					
COBOL NAME: APPROVED-RHC-PROV-NUM					
FQHC APPROVED RURAL HEALTH CLINIC	1	1821	1821	C	PROV3700
INDICATES IF THE FQHC WAS A MEDICARE CERTIFIED RURAL HEALTH CLINIC.					
COBOL NAME: APPROVED-MEDICARE-RHC					
VALUES:	N	NO			

Y

YES

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 1
CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 CLIA88 LABORATORY	2	1	2	C	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER.	2	3	4	C	PROV0075

COBOL NAME: CATEGORY

VALUES: 22

CLIA88 LABORATORIES

CHANGE OF OWNERSHIP COUNTER 2 5 6 N PROV0095

THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER.

COBOL NAME: CHOW-CNT

CHANGE OF OWNERSHIP DATE 8 7 14 C PROV0100

EFFECTIVE DATE OF A CHANGE OF OWNERSHIP.

COBOL NAME: CHOW-DT

CITY 28 15 42 C PROV3225

CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED.

COBOL NAME: CITY

COMPLIANCE: PLAN OF CORRECTION 1 43 43 C PROV0220

INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES.

COBOL NAME: COMPL-ACCEPT-PLAN-COR

VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC

COMPLIANCE: STATUS 1 44 44 C PROV2715

INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS.

COBOL NAME: STATUS-COMPL

VALUES: A IN COMPLIANCE
B NOT IN COMPLIANCE

COUNTY CODE 3 45 47 C PROV2695

SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED.

COBOL NAME: SSA-COUNTY

CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300

NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.

COBOL NAME: CROSS-REF-PROV-NUM

CURRENT FMS SURVEY DATE 8 58 65 C PROV0500

CURRENT FMS SURVEY DATE

COBOL NAME: FMS-SURVEY-DT-1

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007

1DATE: 01/01/2008

POS RECORD LAYOUT

PAGE: 2

CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CURRENT SURVEY DATE 8 66 73 C PROV2740

THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER.

COBOL NAME: SURVEY-DT-1

ELIGIBILITY CODE 1 74 74 C PROV0455

INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1 ELIGIBLE TO PARTICIPATE

FACILITY NAME	50	75	124	C	PROV0475
THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: FACILITY-NAME					
INTERMEDIARY NUMBER	5	125	129	C	PROV0605
A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER SERVICING A PROVIDER OR SUPPLIER.					
COBOL NAME: INTER-CARRIER-NUM					
VALUES:	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)			
	00241	BLUE CROSS (MISSOURI)			
	00260	BLUE CROSS (NEBRASKA)			
	00270	NATIONAL GOVERNMENT SERVICES			
	00280	BLUE CROSS (NEW JERSEY)			

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007

1DATE: 01/01/2008

POS RECORD LAYOUT

PAGE: 3

CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00290					BLUE CROSS (NEW MEXICO)
00308					NATIONAL GOVERNMENT SERVICES
00310					BLUE CROSS (NORTH CAROLINA)
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
00468	BLUE CROSS (NORTH CAROLINA FOR PR)
00510	BLUE SHIELD (ALABAMA)
00511	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
00860	BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 4
 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00865					BLUE SHIELD (PENNSYLVANIA)
00870					BLUE SHIELD (RHODE ISLAND)
00880					BLUE SHIELD (SOUTH CAROLINA)
00883					PALMETTO
00900					BLUE SHIELD (TEXAS)
00901					TRAILBLAZERS HEALTH ENTERPRISES
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)
01120	AETNA (HAWAII)
01290	AETNA (NEVADA)
01360	AETNA (NEW MEXICO)
01370	AETNA (OKLAHOMA)
01380	AETNA (OREGON)
01390	AETNA (WASHINGTON)
02050	OCCIDENTAL (CALIFORNIA)
03001	NORIDIAN ADMIN SERVICES
03102	NORIDIAN ADMIN SERVICES (ARIZONA)
03202	NORIDIAN ADMIN SERVICES (MONTANA)
03302	NORIDIAN ADMIN SERVICES (NORTH DAKOTA)
03402	NORIDIAN ADMIN SERVICES (MONTANA)
03502	NORIDIAN ADMIN SERVICES (UTAH)
03602	NORIDIAN ADMIN SERVICES (WYOMING)
05130	EQICOR (IDAHO)
05440	EQICOR (TENNESSEE)
05535	EQICOR (NORTH CAROLINA)
10071	TRAVELERS (RRB)
10230	TRAVELERS (CONNECTICUT)
10240	TRAVELERS (MINNESOTA)
10250	TRAVELERS (MISSISSIPPI)
10490	TRAVELERS (VIRGINIA)
10492	TRAVELERS - VIRGINIA SPECIAL PROJECT
11260	GENERAL AMERICAN
14330	GROUP HEALTH INC (NEW YORK)
16360	NATIONWIDE (OHIO)
16510	NATIONWIDE (WEST VIRGINIA)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
21200	MASSACHUSETTS/MAINE
31140	NATIONAL HERITAGE (CA)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 5
 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
31142					NATIONAL HERITAGE INSURANCE CO (MAINE)
31143					NATIONAL HERITAGE INSURANCE CO
31144					NATIONAL HERITAGE INSURANCE CO
31146					NATIONAL HERTAGE INSURANCE
50333					TRAVELERS (NEW YORK)
51051					AETNA (PETALUMA)
51070					AETNA (FARMINGTON)
51100					AETNA (CLEARWATER)
51140					AETNA (PEORIA)
51390					AETNA (FORT WASHINGTON)
52280					MUTUAL OF OMAHA
57400					COOPERATIVA (PUERTO RICO)

MEDICARE OR MEDICAID VENDOR NUMBER 15 130 144 C PROV0655
 A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE
 STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING
 PURPOSES.
 COBOL NAME: MEDICAID-VEND-NUM

PARTICIPATION DATE 8 145 152 C PROV1565
 THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE
 MEDICARE AND/OR MEDICAID SERVICES.
 COBOL NAME: PARTCI-DT

PRIOR CHANGE OF OWNERSHIP 8 153 160 C PROV1615
 THE DATE OF A PRIOR CHANGE OF OWNERSHIP.
 COBOL NAME: PRIOR-CHOW-DT

PRIOR INTERMEDIARY NUMBER 5 161 165 C PROV1620
 A PREVIOUS INTERMEDIARY NUMBER.WHEN
 COBOL NAME: PRIOR-INTER-CARRIER-NUM

VALUES: 00010 BLUE CROSS (ALABAMA)
 00011 CAHABA
 00020 BLUE CROSS (ARKANSAS)
 00030 BLUE CROSS (ARIZONA)
 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 BLUE CROSS (KENTUCKY)
 00180 BLUE CROSS (MAINE)
 00181 NATIONAL GOVERNMENT SERVICES
 00190 BLUE CROSS (MARYLAND)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 6
 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00200					BLUE CROSS (MASSACHUSETTS)
00210					BLUE CROSS (MICHIGAN)
00220					BLUE CROSS (MINNESOTA)
00230					BLUE CROSS (MISSISSIPPI)
00231					BLUE CROSS (LOUISIANA)
00241					BLUE CROSS (MISSOURI)
00250					BLUE CROSS (MONTANA)
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					BLUE CROSS (NORTH DAKOTA)

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
00460	BLUE CROSS (WYOMING)
00468	BLUE CROSS (NORTH CAROLINA FOR PR)
00510	BLUE SHIELD (ALABAMA)
00511	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)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 7
CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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)
00751					BLUE SHIELD (MONTANA)
00770					BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
00780					BLUE SHIELD (TRI-STATE)
00801					BLUE SHIELD (BUFFALO)
00803					NATIONAL GOVERNMENT SERVICES
00805					NATIONAL GOVERNMENT SERVICES
00820					BLUE SHIELD (NORTH DAKOTA)
00825					BLUE SHIELD (NORTH DAKOTA/WYOMING)
00860					BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)

00865	BLUE SHIELD (PENNSYLVANIA)
00870	BLUE SHIELD (RHODE ISLAND)
00880	BLUE SHIELD (SOUTH CAROLINA)
00883	PALMETTO
00900	BLUE SHIELD (TEXAS)
00901	TRAILBLAZERS HEALTH ENTERPRISES
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)
01120	AETNA (HAWAII)
01290	AETNA (NEVADA)
01360	AETNA (NEW MEXICO)
01370	AETNA (OKLAHOMA)
01380	AETNA (OREGON)
01390	AETNA (WASHINGTON)
02050	OCCIDENTAL (CALIFORNIA)
03001	NORIDIAN ADMIN SERVICES
03102	NORIDIAN ADMIN SERVICES (ARIZONA)
03202	NORIDIAN ADMIN SERVICES (MONTANA)
03302	NORIDIAN ADMIN SERVICES (NORTH DAKOTA)
03402	NORIDIAN ADMIN SERVICES (MONTANA)
03502	NORIDIAN ADMIN SERVICES (UTAH)
03602	NORIDIAN ADMIN SERVICES (WYOMING)
05130	EQICOR (IDAHO)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 8
 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
05440					EQICOR (TENNESSEE)
05535					EQICOR (NORTH CAROLINA)
10071					TRAVELERS (RRB)
10230					TRAVELERS (CONNECTICUT)
10240					TRAVELERS (MINNESOTA)
10250					TRAVELERS (MISSISSIPPI)
10490					TRAVELERS (VIRGINIA)
10492					TRAVELERS - VIRGINIA SPECIAL PROJECT
11260					GENERAL AMERICAN
14330					GROUP HEALTH INC (NEW YORK)
16360					NATIONWIDE (OHIO)
16510					NATIONWIDE (WEST VIRGINIA)
17120					HAWAII MEDICAL SERVICE ASSOCIATION
21200					MASSACHUSETTS/MAINE
31140					NATIONAL HERITAGE (CA)
31142					NATIONAL HERITAGE INSURANCE CO (MAINE)

31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERTAGE INSURANCE
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA
57400	COOPERATIVA (PUERTO RICO)

PROVIDER NUMBER 10 166 175 C PROV1680
 A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS-
 SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER
 IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER,
 A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.
 COBOL NAME: PROV-NUM

RECORD TYPE 1 176 176 C PROV1720
 THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.
 COBOL NAME: RECORD-TYPE
 VALUES: A ACCEPTED
 D DELETED
 N NOT-A-LAB
 P PENDING
 T TEMPORARY (CLIA ONLY)
 W WORK

REGION CODE 2 177 178 C PROV1725
 THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE
 STATE IN WHICH THE PROVIDER IS LOCATED.
 COBOL NAME: REGION
 VALUES:

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 9
 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
01	I				BOSTON
02	II				NEW YORK
03	III				PHILADELPHIA
04	IV				ATLANTA
05	V				CHICAGO
06	VI				DALLAS
07	VII				KANSAS CITY
08	VIII				DENVER
09	IX				SAN FRANCISCO
10	X				SEATTLE

SKELETON RECORD INDICATOR 1 179 179 C PROV2045
 INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
 ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
 FOR THIS PROVIDER.
 COBOL NAME: SKELETON-IND
 VALUES: Y YES

STATE ABBREVIATION 2 180 181 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES: 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
FN FOREIGN
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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 10
CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
MO					MISSOURI
MP					SAIPAN
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
RI					RHODE ISLAND

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
64	AMERICAN SAMOA
65	GUAM
66	SAIPAN
99	FOREIGN

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 12
 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
STATE REGION CODE FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED COBOL NAME: STATE-REGION-CD	3	184	186	C	PROV2710
STREET ADDRESS STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: STREET-ADDRESS	50	187	236	C	PROV2720
TELEPHONE NUMBER THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM	10	237	246	C	PROV1605
TERMINATION CODE # 1 TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: TERM-CD-1	2	247	248	C	PROV4770
VALUES:	00				ACTIVE
	01				VOL-MERG,CLOSE
	02				VOL-REIMBURSE

03	VOL-RISK INVOL
04	VOL-OTHER
05	INVOL-FAIL REQ
06	INVOL-AGREEMNT
07	OTH-STATUS CHG
08	NONPAYMENT OF FEES
09	REV/UNSUCCESSFUL PARTICIPATION IN PT
10	REV/OTHER REASON
11	INCOMPLETE CLIA APPLICATION INFORMATION
12	NO LONGER PERFORMING TESTS
13	MULTIPLE TO SINGLE SITE CERTIFICATE
14	SHARED LABORATORY
15	FAILURE TO RENEW WAIVER PPMP CERTIFICATE
16	DUPLICATE CLIA NUMBER
17	UNDELIVERABLE
20	NOTIFICATION BANKRUPTCY
33	LAB NOT AFFILIATED WITH ACCRED ORGANIZATION
80	AWAITING STATE APPROVAL
99	OIG ACTION - DO NOT ACTIVATE

TERMINATION DATE/EXPIRATION DATE 1 8 249 256 C PROV4500
 THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR
 THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE.
 FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE
 FACILITY WAS TERMINATED.
 COBOL NAME: EXP-DT-1

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 13
 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
TYPE OF ACTION	1	257	257	C	PROV2880
IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED.					
COBOL NAME: TYPE-ACTION					
VALUES:	1	INITIAL			
	2	RECERTIFICATION			
	3	TERMINATION			
	4	CHANGE OF OWNERSHIP			
	5	CLIA VALIDATION			
	6	ONSITE SURVEY DUE TO FLEXIBLE SURVEY			

TYPE OF CONTROL	2	258	259	C	PROV2885
INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES.					
COBOL NAME: TYPE-CONTROL					
VALUES:	01	RELIGIOUS AFFILIATION			
	02	PRIVATE			
	03	OTHER			
	04	PROPRIETARY			
	05	GOVERNMENT - CITY			
	06	GOVERNMENT - COUNTY			

07	GOVERNMENT - STATE
08	GOVERNMENT - FEDERAL
09	GOVERNMENT - OTHER
10	UNKNOWN

ZIP CODE	5	260	264	C	PROV2905
THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.					
COBOL NAME: ZIP-CD					
FIPS STATE CODE	2	265	266	C	FIPSTATE
FIPS STATE CODE					
COBOL NAME: WS-FIPS-STATE					
FIPS COUNTY CODE	3	267	269	C	FIPCNTY
FIPS COUNTY CODE					
COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	270	272	C	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	273	273	C	SSAMSASZ
SSA MSA SIZE CODE					
COBOL NAME: WS-SSA-MSA-SIZE-CD					
DATE OF LAST VALIDATION SURVEY	8	363	370	C	PROV0450
DATE THE LAST VALIDATION SURVEY WAS PERFORMED					
BY THE STATE AGENCY FOR A JCAH, AOA ACCREDITED					
HOSPITAL OR OTHER PROVIDER TYPE.					
COBOL NAME: DT-VALID-SURVEY					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 14
 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
FISCAL YEAR ENDING DATE	4	378	381	C	PROV0485
THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR.					
COBOL NAME: FISC-YR-END-DT					
TYPE OF FACILITY	2	593	594	C	PROV2890
INDICATES THE CATEGORY WHICH REPRESENTS THE TYPE OF FACILITY.					
COBOL NAME: TYPE-FACILITY					
VALUES:	01	AMBULATORY SURGERY CENTER			
	02	COMMUNITY CLINIC			
	03	COMPREHENSIVE OUTPATIENT REHAB			
	04	ANCILLARY TEST SITE			
	05	END STAGE RENAL DISEASE DIALYSIS			
	06	HEALTH FAIR			
	07	HEALTH MAINTENANCE ORGANIZATION			
	08	HOME HEALTH AGENCY			
	09	HOSPICE			
	10	HOSPITAL			
	11	INDEPENDENT			
	12	INDUSTRIAL			
	13	INSURANCE			
	14	INTERM. CARE FACIL. MENTALLY RETARDED			

ACCREDITED BY JCAHO 1 1827 1827 C PROV4195
INDICATES IF THE LAB IS ACCREDITED BY THE JOINT
COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATION.
THIS INFORMATION IS FROM THE LABORATORY'S HCFA-116.
COBOL NAME: ACCRED-JCAHO-IND
VALUES: X YES

ACCREDITED Y MATCH DATE AABB 8 1828 1835 C PROV5040
THE DATE THE AMERICAN ASSOCIATION OF BLOOD BANKS
NOTIFIES HCFA THAT LAB IS ACCREDITED WITH AABB. THE
EARLIEST Y MATCH DATE INITIATES THE BILLING OF THE
CERTIFICATE OF ACCREDITATION FEES.
COBOL NAME: ACCRED-AABB-DT

ACCREDITED Y MATCH DATE AOA 8 1836 1843 C PROV5045
THE DATE THE LAB WAS ACCREDITED BY THE AMERICAN
OSTEOPATHIC ASSOCIATION. THIS INFORMATION IS SUPPLIED
BY THE ACCREDITING ORGANIZATION.
COBOL NAME: ACCRED-AOA-DT

ACCREDITED Y MATCH DATE ASHI 8 1844 1851 C PROV5055
THE DATE THE LAB WAS ACCREDITED BY THE AMERICAN SOCIETY
FOR HISTOCOMPATIBILITY AND IMMUNOGENETICS. THIS
INFORMATION IS SUPPLIED BY THE ACCREDITING ORGANIZATION
COBOL NAME: ACCRED-ASHI-DT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 16
CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
ACCREDITED Y MATCH DATE CAP THE DATE THE COLLEGE OF AMERICAN PATHOLOGIST NOTIFIES HCFA THAT LAB IS ACCREDITED BY CAP. THE EARLIEST Y MATCH DATE INITIATES THE BILLING FOR THE CERTIFICATE OF ACCREDITATION FEES. COBOL NAME: ACCRED-CAP-DT	8	1852	1859	C	PROV5060
ACCREDITED Y MATCH DATE COLA THE DATE THE COMMISSION ON OFFICE LABORATORY ACCREDITATION NOTIFIES HCFA THAT LAB IS ACCREDITED WITH COLA. THE EARLIEST Y MATCH DATE INITIATES THE BILLING OF THE CERTIFICATE OF ACCREDITATION FEES COBOL NAME: ACCRED-COLA-DT	8	1860	1867	C	PROV5065
ACCREDITED Y MATCH DATE JCAHO THE DATE THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS NOTIFIES HCFA THAT LAB IS ACCREDITED. THE EARLIEST Y MATCH DATE INITIATES THE BILLING OF THE CERTIFICATE OF ACCREDITATION FEES COBOL NAME: ACCRED-JCAHO-DT	8	1868	1875	C	PROV5070
ACCREDITED Y MATCH IND AABB INDICATES IF THE LAB IS ACCREDITED BY THE AMERICAN ASSOCIATION OF BLOOD BANKS. THIS INFORMATION IS SUPPLIED BY THE ACCREDITING ORGANIZATION. COBOL NAME: ACCRED-AABB-MATCH-IND VALUES: Y YES	1	1876	1876	C	PROV4970

ACCREDITED Y MATCH IND AOA 1 1877 1877 C PROV4975
INDICATES IF THE LAB IS ACCREDITED BY THE AMERICAN
OSTEOPATHIC ASSOCIATION. THIS INFORMATION IS SUPPLIED
BY THE ACCREDITING ORGANIZATION.
COBOL NAME: ACCRED-AOA-MATCH-IND
VALUES: Y YES

ACCREDITED Y MATCH IND ASHI 1 1878 1878 C PROV4985
INDICATES IF THE LAB IS ACCREDITED BY THE AMERICAN
SOCIETY FOR HISTOCOMPATIBILITY AND IMMUNOGENETICS.
THIS INFORMATION IS SUPPLIED BY THE ACCREDITING
ORGANIZATION.
COBOL NAME: ACCRED-ASHI-MATCH-IND
VALUES: Y YES

ACCREDITED Y MATCH IND CAP 1 1879 1879 C PROV4990
INDICATES IF THE LAB IS ACCREDITED BY COLLEGE OF
AMERICAN PATHOLOGISTS. THIS INFORMATION IS SUPPLIED BY
THE ACCREDITING ORGANIZATION.
COBOL NAME: ACCRED-CAP-MATCH-IND
VALUES: Y YES

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 17
CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
ACCREDITED Y MATCH IND COLA INDICATES IF THE LAB IS ACCREDITED BY THE COMMISSION ON OFFICE LABORATORY ACCREDITATION. THIS INFORMATION IS SUPPLIED BY THE ACCREDITING ORGANIZATION. COBOL NAME: ACCRED-COLA-MATCH-IND VALUES: Y YES	1	1880	1880	C	PROV4960
ACCREDITED Y MATCH IND JCAHO INDICATES IF LAB IS ACCREDITED BY THE JOINT COMMISSION ON ACCREDITAION OF HEALTHCARE ORGANIZATIONS. THIS INFORMATION IS SUPPLIED BY THE ACCREDITING ORGANIZATION. COBOL NAME: ACCRED-JCAHO-MATCH-IND VALUES: Y YES	1	1881	1881	C	PROV4995
AFFILIATED PROVIDER #1 AFFILIATED PROVIDER #1 COBOL NAME: AFFIL-PROV-NUM-1	10	1882	1891	C	PROV4240
AFFILIATED PROVIDER #2 AFFILIATED PROVIDER #2 COBOL NAME: AFFIL-PROV-NUM-2	10	1892	1901	C	PROV4245
AFFILIATED PROVIDER #3 AFFILIATED PROVIDER #3 COBOL NAME: AFFIL-PROV-NUM-3	10	1902	1911	C	PROV4250
AFFILIATED PROVIDER #4	10	1912	1921	C	PROV4255

AFFILIATED PROVIDER #4
 COBOL NAME: AFFIL-PROV-NUM-4
 AFFILIATED PROVIDER #5 10 1922 1931 C PROV4260
 AFFILIATED PROVIDER #5
 COBOL NAME: AFFIL-PROV-NUM-5
 AFFILIATED PROVIDER #6 10 1932 1941 C PROV4265
 AFFILIATED PROVIDER #6
 COBOL NAME: AFFIL-PROV-NUM-6
 AFFILIATED PROVIDER #7 10 1942 1951 C PROV4270
 AFFILIATED PROVIDER #7
 COBOL NAME: AFFIL-PROV-NUM-7
 AFFILIATED PROVIDER #8 10 1952 1961 C PROV4275
 AFFILIATED PROVIDER #8
 COBOL NAME: AFFIL-PROV-NUM-8
 APPLICATION ACCRED ANNUAL TEST VOL 9 1962 1970 N PROV4390
 ACCREDITED ANNUAL TEST VOLUME. THIS FIELD IS CALCULATED
 USING THE CLIA APPLICATION DATA.
 COBOL NAME: APPL-ACCR-ANN-TEST-VOL
 APPLICATION ACCRED SCHEDULE CODE 1 1971 1971 C PROV4365
 ACCREDITATION SCHEDULE CODE. THIS SCHEDULE IS FIGURED
 USING THE CLIA APPLICATION DATA.
 COBOL NAME: APPL-ACCRED-SCHED-CD
 VALUES: A SPEC COUNT < 4 (2,001 TO 10,000 TOT. VOL.)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 18
 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
B					SPEC COUNT > 3 (2,001 TO 10,000 TOT. VOL.)
C					SPEC COUNT < 4 (10,001 TO 25,000 TOT. VOL.)
D					SPEC COUNT > 3 (10,001 TO 25,000 TOT. VOL.)
E					SPEC COUNT > 0 (25,001 TO 50,000 TOT. VOL.)
F					SPEC COUNT > 0 (50,001 TO 75,000 TOT. VOL.)
G					SPEC COUNT > 0 (75,001 TO 100,000 TOT. VOL.)
H					SPEC COUNT > 0 (100,001 TO 500,000 TOT. VOL.)
I					SPEC COUNT > 0 (500,001 TO 1,000,000 TOT. VOL.)
J					SPEC COUNT > 0 (1,000,001 OR MORE TOT. VOL.)
V					TOTAL VOLUME: 1 TO 2,000

APPLICATION RECEIVED DATE 8 1972 1979 C PROV4340
 APPLICATION RECEIVED DATE. THE DATE THE APPLICATION WAS
 ADDED OR THE 109 DATA WAS UPDATED WITH APPLICATION DATA
 COBOL NAME: APPL-RECEIVED-DT
 APPLICATION TOTAL ANNUAL TEST VOL 11 1980 1990 N PROV4325
 APPLICATION TOTAL ANNUAL TEST VOLUME. THIS FIELD IS
 CALCULATED USING CLIA APPLICATION DATA.
 COBOL NAME: APPL-TOT-ANN-TEST-VOL
 APPLICATION TYPE 1 1991 1991 C PROV4695
 THE TYPE OF CLIA CERTIFICATE APPLIED FOR BY A LAB
 COBOL NAME: TYPE-APPLICATION
 VALUES: 1 COMP
 2 WAIV
 3 ACCR
 4 PPMP

CERT TYPE CODE # 1 1 1992 1992 C PROV3810
 A CODE THAT IDENTIFIES THE TYPE OF LABORATORY
 CERTIFICATE CURRENTLY IN EFFECT
 COBOL NAME: CERT-TYPE-CD-1
 VALUES: 1 COMPLIANCE
 2 WAIVER
 3 ACCREDITATION
 4 MICROSCOPY
 5 PARTIAL ACC
 9 REGISTRATION

CERTIFICATE MAILED DATE 1 8 1993 2000 C PROV4700
 CERTIFICATE MAILED DATE 1
 COBOL NAME: CERT-MAILED-DT-1
 CLIA CERT. EFFECTIVE DATE # 1 8 2001 2008 C PROV3860
 DATE THE CURRENT LABORATORY CERTIFICATE IS EFFECTIVE,
 DETERMINED BY THE APPROVAL DATE OF THE CERTIFICATE
 APPLICATION UNLESS OVERRIDDEN.
 COBOL NAME: EFF-DT-1

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 19
 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CLIA MEDICARE NUMBER CLIA MEDICARE NUMBER COBOL NAME: CLIA-MEDICARE-NUM	12	2009	2020	C	PROV4885
CURRENT LABORATORY CLASSIFICATION CLIA LABORATORY CLASSIFICATION DETERMINES IF LAB IS CLIA EXEMPT, VA LABORATORY OR STANDARD LABORATORY COBOL NAME: CLIA-LAB-CLASS-CD VALUES: 00 CLIA LABORATORY 05 CLIA EXEMPT 10 VA LABORATORY	2	2021	2022	C	PROV5935
FAX PHONE NUMBER THE 10 DIGIT FAX PHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF THE LABORATORY OR HOSPITAL COBOL NAME: FAX-NUM	10	2023	2032	C	PROV5800
LABORATORY CLASSIFICATION 1 CLIA LABORATORY CLASSIFICATION DETERMINES IF LAB IS CLIA EXEMPT, VA LABORATORY OR STANDARD LABORATORY COBOL NAME: CLIA-LAB-CLASS-CD-1 VALUES: 00 NON EXEMPT LAB 05 EXEMPT LAB 10 VA LAB	2	2033	2034	C	PROV5945
LABORATORY CLASSIFICATION 10 CLIA LABORATORY CLASSIFICATION DETERMINES IF LAB IS CLIA EXEMPT, VA LABORATORY OR STANDARD LABORATORY COBOL NAME: CLIA-LAB-CLASS-CD-10	2	2035	2036	C	PROV5940

VALUES: 00 CLIA LABORATORY
 05 CLIA EXEMPT
 10 VA LABORATORY

LABORATORY CLASSIFICATION 2 2 2037 2038 C PROV5955
 CLIA LABORATORY CLASSIFICATION DETERMINES IF LAB
 IS CLIA EXEMPT, VA LABORATORY OR STANDARD LABORATORY
 COBOL NAME: CLIA-LAB-CLASS-CD-2
 VALUES: 00 CLIA LABORATORY
 05 CLIA EXEMPT
 10 VA LABORATORY

LABORATORY CLASSIFICATION 3 2 2039 2040 C PROV5965
 CLIA LABORATORY CLASSIFICATION DETERMINES IF LAB
 IS CLIA EXEMPT, VA LABORATORY OR STANDARD LABORATORY
 COBOL NAME: CLIA-LAB-CLASS-CD-3
 VALUES: 00 CLIA LABORATORY
 05 CLIA EXEMPT
 10 VA LABORATORY

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 20
 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
LABORATORY CLASSIFICATION 4 CLIA LABORATORY CLASSIFICATION DETERMINES IF LAB IS CLIA EXEMPT, VA LABORATORY OR STANDARD LABORATORY COBOL NAME: CLIA-LAB-CLASS-CD-4 VALUES: 00 CLIA LABORATORY 05 CLIA EXEMPT 10 VA LABORATORY	2	2041	2042	C	PROV5990
LABORATORY CLASSIFICATION 5 CLIA LABORATORY CLASSIFICATION DETERMINES IF LAB IS CLIA EXEMPT, VA LABORATORY OR STANDARD LABORATORY COBOL NAME: CLIA-LAB-CLASS-CD-5 VALUES: 00 CLIA LABORATORY 05 CLIA EXEMPT 10 VA LABORATORY	2	2043	2044	C	PROV5985
LABORATORY CLASSIFICATION 6 CLIA LABORATORY CLASSIFICATION DETERMINES IF LAB IS CLIA EXEMPT, VA LABORATORY OR STANDARD LABORATORY COBOL NAME: CLIA-LAB-CLASS-CD-6 VALUES: 00 CLIA LABORATORY 05 CLIA EXEMPT 10 VA LABORATORY	2	2045	2046	C	PROV5975
LABORATORY CLASSIFICATION 7 CLIA LABORATORY CLASSIFICATION DETERMINES IF LAB IS CLIA EXEMPT, VA LABORATORY OR STANDARD LABORATORY COBOL NAME: CLIA-LAB-CLASS-CD-7	2	2047	2048	C	PROV5970

VALUES: 00 CLIA LABORATORY
 05 CLIA EXEMPT
 10 VA LABORATORY

LABORATORY CLASSIFICATION 8 2 2049 2050 C PROV5960
 CLIA LABORATORY CLASSIFICATION DETERMINES IS LAB IS
 CLIA EXEMPT, VA LABORATORY OR STANDARD LABORATORY
 COBOL NAME: CLIA-LAB-CLASS-CD-8
 VALUES: 00 CLIA LABORATORY
 05 CLIA EXEMPT
 10 VA LABORATORY

LABORATORY CLASSIFICATION 9 2 2051 2052 C PROV5950
 CLIA LABORATORY CLASSIFICATION DETERMINES IF LAB IS
 CLIA EXEMPT, VA LABORATORY OR STANDARD LABORATORY
 COBOL NAME: CLIA-LAB-CLASS-CD-9
 VALUES: 00 CLIA LABORATORY
 05 CLIA EXEMPT
 10 VA LABORATORY

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 21
 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
MULTIPLE SITE CERTIFICATE IND INDICATES IF A LAB HAS APPLIED FOR ONE CERTIFICATE FOR MULTIPLE SITES. COBOL NAME: MULTI-SITE-IND VALUES: N NO Y YES	1	2053	2053	C	PROV4175
NON-PROFIT CODE NON-PROFIT CODE INDICATOR COBOL NAME: NON-PROFIT-IND VALUES: N NO Y YES	1	2054	2054	C	PROV4190
NUMBER NON-WAIVED INDIVIDUALS TOTAL NUMBER NON-WAIVED INDIVIDUALS LISTED ON PAGE 4 OF THE HCFA-116. COBOL NAME: TOT-NUM-NON-WAIVED-IND	9	2055	2063	N	PROV4330
NUMBER OF CLINICAL CONSULTANTS NUMBER OF CLINICAL CONSULTANTS AS REPORTED ON THE LABORATORY APPLICATION FORM HCFA-116 COBOL NAME: NUM-CLIN-CONSULT	4	2064	2067	N	PROV4295
NUMBER OF DIRECTORS NUMBER OF DIRECTORS COBOL NAME: NUM-DIRECTORS	4	2068	2071	N	PROV4290
NUMBER OF GENERAL SUPERVISORS NUMBER OF GENERAL SUPERVISORS AS REPORTED ON THE LABORATORY APPLICATION FORM HCFA-116 COBOL NAME: NUM-GEN-SUPER	4	2072	2075	N	PROV4310
NUMBER OF LAB SITES	4	2076	2079	N	PROV4180

THE TOTAL NUMBER OF LAB SITES FOR WHICH A LAB HAS
 APPLIED FOR A SINGLE CERTIFICATE.

COBOL NAME: TOT-NUM-SITES
 NUMBER OF LABS DIRECTLY AFFILIATED 1 2080 2080 N PROV4235
 NUMBER OF LABORATORIES DIRECTLY AFFILIATED
 COBOL NAME: NUM-AFFIL-LABS
 NUMBER OF TECHNICAL CONSULTANTS 4 2081 2084 N PROV4300
 NUMBER OF TECHNICAL CONSULTANTS
 AS REPORTED ON THE LABORATORY APPLICATION FORM HCFA-116
 COBOL NAME: NUM-TECH-CONSULT
 NUMBER OF TECHNICAL SUPERVISORS 4 2085 2088 N PROV4305
 NUMBER OF TECHNICAL SUPERVISORS
 AS REPORTED ON THE LABORATORY APPLICATION FORM HCFA-116
 COBOL NAME: NUM-TECH-SUPER
 NUMBER OF TESTING PERSONNEL 4 2089 2092 N PROV4315
 NUMBER OF TEST PERSONNEL
 AS REPORTED ON THE LABORATORY APPLICAITON FORM HCFA-116
 COBOL NAME: NUM-TEST-PERSONNEL

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 22
 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
NUMBER WAIVED INDIVIDUALS TOTAL NUMBER OF INDIVIDUALS INVOLVED IN WAIVED LABORATORY TESTING AS REPORTED ON THE LABORATORY APPLICATION FORM HCFA 116 COBOL NAME: TOT-NUM-WAIVED-IND	6	2093	2098	N	PROV4285
PENDING LABORATORY CLASSIFICATION CLIA LABORATORY CLASSIFICATION DETERMINES IF LAB IS CLIA EXEMPT, VA LABORATORY OR STANDARD LABORATORY COBOL NAME: PEND-CLIA-LAB-CLASS-CD	2	2099	2100	C	PROV5980
PREVIOUSLY REGULATED INDICATOR INDICATES IF THE LABORATORY WAS LICENSED UNDER CLIA 67 OR PARTICPATED IN THE MEDICARE/MEDICAID PROGRAMS. COBOL NAME: CLIA67-IND VALUES: N NO Y YES	1	2101	2101	C	PROV3610
SHARED LAB CROSS REFERENCE # SHARED LAB CROSS REFERENCE # COBOL NAME: SHARED-LAB-XREF-NUM	10	2102	2111	C	PROV4890
SHARED LAB INDICATOR SHARED LAB INDICATOR COBOL NAME: SHARED-LAB-IND VALUES: Y YES	1	2112	2112	C	PROV4880
SURVEY CERTIFICATE SCHEDULE CODE 1557 CERTIFICATE SCHEDULE CODE. THIS CODE IS SYSTEM GENERATED AND IS BASED ON THE TEST VOLUME AND SPECIAL TIES ENTERED INTO ODIE FOLLOWING THE SURVEY. CLIA FEES ARE BASED ON THE SCHEDULE CODES. COBOL NAME: SURV-CERT-SCHED-CD	1	2113	2113	C	PROV4470

VALUES: A SPEC COUNT < 4 (2,001 TO 10,000 TOT. VOL.)
 B SPEC COUNT > 3 (2,001 TO 10,000 TOT. VOL.)
 C SPEC COUNT < 4 (10,001 TO 25,000 TOT. VOL.)
 D SPEC COUNT > 3 (10,001 TO 25,000 TOT. VOL.)
 E SPEC COUNT > 0 (25,001 TO 50,000 TOT. VOL.)
 F SPEC COUNT > 0 (50,001 TO 75,000 TOT. VOL.)
 G SPEC COUNT > 0 (75,001 TO 100,000 TOT. VOL.)
 H SPEC COUNT > 0 (100,001 TO 500,000 TOT. VOL.)
 I SPEC COUNT > 0 (500,001 TO 1,000,000 TOT VOL.)
 J SPEC COUNT > 0 (1,000,001 OR MORE TOT. VOL.)
 V TOTAL VOLUME: 1 TO 2,000

SURVEY COMPLIANCE SCHEDULE CODE 1 2114 2114 C PROV4475
 1557 COMPLIANCE SCHEDULE CODE THIS CODE IS SYSTEM
 GENERATED AND IS BASED ON THE NUMBER OF TESTS AND
 SPECIALTIES ENTERED INTO ODIE FOLLOWING THE SURVEY.
 CLIA FEES ARE BASED ON THE SCHEDULE CODES.
 COBOL NAME: SURV-COMPL-SCHED-CD
 VALUES:

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 23
 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
A					SPEC COUNT < 4 (2,001 TO 10,000 TOT. VOL.)
B					SPEC COUNT > 3 (2,001 TO 10,000 TOT. VOL.)
C					SPEC COUNT < 4 (10,001 TO 25,000 TOT. VOL.)
D					SPEC COUNT > 3 (10,001 TO 25,000 TOT. VOL.)
E					SPEC COUNT > 0 (25,001 TO 50,000 TOT. VOL.)
F					SPEC COUNT > 0 (50,001 TO 75,000 TOT. VOL.)
G					SPEC COUNT > 0 (75,001 TO 100,000 TOT. VOL.)
H					SPEC COUNT > 0 (100,001 TO 500,000 TOT. VOL.)
I					SPEC COUNT > 0 (500,001 TO 1,000,000 TOT VOL.)
J					SPEC COUNT > 0 (1,000,001 OR MORE TOT. VOL.)
V					TOTAL VOLUME: 1 TO 2,000

SURVEY TEST VOLUME TOTAL 9 2115 2123 N PROV4460
 SURVEY TEST VOLUME TOTAL. THE NUMBER OF TESTS PERFORMED
 ANNUALLY IN A LABORATORY. THIS INFORMATION IS
 COLLECTED AT THE TIME OF THE STATE SURVEY AGENCY
 INSPECTION.

COBOL NAME: SURV-TOT-ANN-TEST-VOL
 TERMINATION CODE 2 2124 2125 C PROV5805
 THE REASON A LABORATORY'S CLIA CERTIFICATE HAS ENDED
 COBOL NAME: TERM-CD

VALUES: 00 ACTIVE
 01 VOL-MERG,CLOSE
 02 VOL-REIMBURSE
 03 VOL-RISK INVOL
 04 VOL-OTHER
 05 INVOL-FAIL REQ
 06 INVOL-AGREEMNT
 07 OTH-STATUS CHG
 08 NONPAYMENT OF FEES
 09 REV/UNSUCCESSFUL PARTICIPATION IN PT

10	REV/OTHER REASON
11	INCOMPLETE CLIA APPLICATION INFORMATION
12	NO LONGER PERFORMING TESTS
13	MULTIPLE TO SINGLE SITE CERTIFICATE
14	SHARED LABORATORY
15	FAILURE TO RENEW WAIVER PPMP CERTIFICATE
16	DUPLICATE CLIA NUMBER
17	UNDELIVERABLE
20	NOTIFICATION BANKRUPTCY
33	LAB NOT AFFILIATED WITH ACCRED ORGANIZATION
80	AWAITING STATE APPROVAL
99	OIG ACTION - DO NOT ACTIVATE

TOTAL WAIVED TEST VOL	9	2126	2134 N	PROV4280
TOTAL WAIVED TEST VOLUMES				
COBOL NAME: TOT-ANN-TEST-VOL-WAIVED				

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007