1 ATTENTION THESE POS RECORD SPECIFICATIONS WERE PRODUCED FROM OUR DICTIONARY AT THE SAME TIME AS THE POS DATA FILE THAT YOU REQUESTED. YOU MAY WISH TO CHECK THESE SPECIFICATIONS TO SEE IF ANY * CHANGES HAVE OCCURED SINCE YOUR RECEIPT * OF ANY PRIOR DOCUMENTATION. FILE CREATION DATE = 01/01/20081DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 1 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 1 2 C PROV0085 CATEGORY - SUBTYPE OF PROVIDER 2 A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: SHORT TERM 01 02 LONG TERM 03 RELIGIOUS NONMEDICAL HEALTH CARE INSTITUTIONS 04 PSYCHIATRIC 05 REHABILITATION 06 CHILDRENS DISTINCT PART PSYCH HOSPITAL 07 11 CRITICAL ACCESS HOSPITALS 2 3 4 C PROV0075 CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 01 HOSPITALS 2 5 6 N PROV0095 CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT 8 7 14 C PROV0100 CHANGE OF OWNERSHIP DATE 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 43 C PROV0220 1 43 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 44 44 C PROV2715 COMPLIANCE: STATUS

INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE R 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 10 48 57 C PROV0300 NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER. COBOL NAME: CROSS-REF-PROV-NUM 8 58 65 C PROV0500 CURRENT FMS SURVEY DATE CURRENT FMS SURVEY DATE COBOL NAME: FMS-SURVEY-DT-1 66 73 C PROV2740 CURRENT SURVEY DATE 8 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 1 74 74 C PROV0455 ELIGIBILITY CODE INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: ELIG-CD ELIGIBLE TO PARTICIPATE VALUES: 1 NOT ELIGIBLE TO PARTICIPATE 2 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 00010 VALUES: BLUE CROSS (ALABAMA) 00011 CAHABA 00020 BLUE CROSS (ARKANSAS) BLUE CROSS (CALIFORNIA) 00040 BLUE CROSS (CONNECTICUT) 00060 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)

* 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	САНАВА
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)

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 8 145 152 C PARTICIPATION DATE 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) BLUE CROSS (FLORIDA) 00090 BLUE CROSS (GEORGIA) 00101 00121 HEALTH CARE SERVICE CORPORATION 00122 HCSC - MICHIGAN HCSC OF MICHIGAN 00123 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)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 5 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	САНАВА
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

SHORT DESCRIPTION LEN START END TYPE SAS NAME TRAVELERS (NEW YORK) 50333 51051 AETNA (PETALUMA) 51070 AETNA (FARMINGTON) 51100 AETNA (CLEARWATER) 51140 AETNA (PEORIA) 51390 AETNA (FORT WASHINGTON) MUTUAL OF OMAHA 52280 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 176 176 C PROV1720 RECORD TYPE 1 THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD. COBOL NAME: RECORD-TYPE VALUES: ACCEPTED Α Ρ PENDING WORK W 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 BOSTON Ι II NEW YORK 02 III PHILADELPHIA 03 04 IV ATLANTA CHICAGO 05 V 06 VI DALLAS 07 VII KANSAS CITY VIII DENVER 80 IX SAN FRANCISCO 09 10 Х SEATTLE 179 179 C PROV2045 SKELETON RECORD INDICATOR 1 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 ABBREVIATION2180181CPROV3230STATE ABBREVIATIONCOBOL NAME: STATE-ABBREVALASKAALASKA

* 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
КY	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
ОН	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA

PR RI SC SD TN	PUERTO RICO RHODE ISLAND SOUTH CAROLINA SOUTH DAKOTA TENNESSEE
1DATE: 01/01/2008 POS	DDED OR CHANGED SINCE: 10/03/2007 RECORD LAYOUT PAGE: 8 RY = "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) TWO DIGIT CODE INDICATING STA LOCATED. COBOL NAME: SSA-STATE	2 182 183 C PROV2700 TE WHERE FACILITY IS
VALUES: 01	ALABAMA
02	ALASKA
03	ARIZONA
04	ARKANSAS
05	
05	CALIFORNIA
	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	MARILAND MASSACHUSETTS
22	
	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

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

SHORT DESCRIPTION

LEN START END TYPE SAS NAME

35 36 37	NORTH DAKOTA OHIO OKLAHOMA	1				
38	OREGON					
39	PENNSYLVANIA	1				
40	PUERTO RICO					
41	RHODE ISLAND)				
42	SOUTH CAROLI	NA				
43	SOUTH DAKOTA	1				
44	TENNESSEE					
45	TEXAS					
46	UTAH					
47	VERMONT					
48	VIRGIN ISLAN	IDS				
49	VIRGINIA					
50	WASHINGTON					
51	WEST VIRGINI	A				
52	WISCONSIN					
53	WYOMING					
56	CANADA					
59	MEXICO					
64	AMERICAN SAM	IOA				
65	GUAM	-				
66	SAIPAN					
STATE REGION CODE		3	184	186	С	PROV2710
FOR SELECTED STATES, IDENTIFI	ES THE PARTIC	ULAR	REGION			
WITHIN THE STATE WHERE THE FA	CILITY IS LOC	ATED				
COBOL NAME: STATE-REGION-CD						
STREET ADDRESS		50	187	236	С	PROV2720
STREET ADDRESS OF A PROVIDER	THAT IS CERTI	FIED	ТО			
PROVIDE MEDICARE AND/OR MEDIC	AID SERVICES.					
COBOL NAME: STREET-ADDRESS						
TELEPHONE NUMBER		10	237	246	С	PROV1605
THE 10 DIGIT TELEPHONE NUMBER	OF THE PRIMA	RY CO	ONTACT	OR		
THE OPERATOR OF A PROVIDER.						
COBOL NAME: PHONE-NUM						
TERMINATION CODE # 1		2	247	248	С	PROV4770
TERMINATION CODE #1, THE REAS	ON A FACILITY	HAS	BEEN			
TERMINATED FROM THE CLIA, MED	ICARE AND/OR	MEDIC	CAID			
PROGRAMS.						
COBOL NAME: TERM-CD-1						
VALUES: 00	ACTIVE					
01	VOL-MERG,CLO	SE				
02	VOL-REIMBURS					

03 04 05	VOL-RISK INVOL VOL-OTHER INVOL-FAIL REQ				
* INDICATES THIS FIELD HAS BEEN A 1DATE: 01/01/2008 POS HOSPITALS, CATEGO	RECORD LAYOUT				PAGE: 10
SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
06 07	INVOL-AGREEMNT OTH-STATUS CHG				
TERMINATION DATE/EXPIRATION DAT THE DATE THE LABORATORY'S CER THE EXPIRATION DATE OF THE CU FOR OTHER NON-CLIA PROVIDERS, FACILITY WAS TERMINATED. COBOL NAME: EXP-DT-1	TIFICATE TERMINA RRENT CLIA CERTI	ATED OR FICATE.	256	С	PROV4500
TYPE OF ACTION IDENTIFIES THE PURPOSE FOR WH TRANSMITTAL FORM WAS PREPARED COBOL NAME: TYPE-ACTION	ICH THE CERTIFIC			С	PROV2880
VALUES: 1 2 3 4 5 8	INITIAL RECERTIFICATION TERMINATION CHANGE OF OWNER VALIDATION (ACC FULL SURVEY AFT	RSHIP CRD)	LAINT		
TYPE OF CONTROL INDICATES THE NATURE OF THE O A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL VALUES: 01 02 03 04 05 06 07 08	2 RGANIZATION THAT VOLUNTARY NON-F VOLUNTARY NON-F PROPRIETARY GOVERNMENT - FE GOVERNMENT - ST GOVERNMENT - LC GOV HOSP. DI	PROFIT - PROFIT - PROFIT - PROFIT - CDERAL CATE OCAL	ES CHUR PRIV OTHE	CH ATE	PROV2885
ZIP CODE THE FIVE DIGIT POSTAL CODE FO COBOL NAME: ZIP-CD	5 R THE PROVIDER.	260	264	C	PROV2905
FIPS STATE CODE FIPS STATE CODE COBOL NAME: WS-FIPS-STATE	2	265	266	С	FIPSTATE
FIPS COUNTY CODE FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY	3	267	269	С	FIPCNTY
SSA MSA CODE SSA MSA CODE COBOL NAME: WS-SSA-MSA-CD	3	270	272	C	SSAMSACD
SSA MSA SIZE CODE	1	273	273	С	SSAMSASZ

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 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME ACCREDITATION EFFECTIVE DATE 8 274 281 C PROV0000 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 ACCREDITATION EXPIRATION DATE 8 282 289 C PROV0005 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 290 290 C PROV0010 ACCREDITATION INDICATOR 1 INDICATES THE ORGANIZATION THAT IS RESPONSIBLE FOR THE ACCREDITATION OF THE PROVIDER. COBOL NAME: ACCRED-STAT VALUES: 0 NONE 1 JCAHO 2 $\Delta \cap \Delta$ 4 BOTH * BEDS - TOTAL 291 294 N PROV0740 4 TOTAL NUMBER OF BEDS IN A FACILITY, INCLUDING THOSE IN NON-PARTICIPATING OR NON-LICENSED AREAS. COBOL NAME: NUM-BEDS 295 298 N PROV0755 BEDS - TOTAL CERTIFIED 4 NUMBER OF BEDS IN MEDICARE AND/OR MEDICAID CERTIFIED AREAS WITHIN A FACILITY. COBOL NAME: NUM-CERT-BEDS 7.2 299 305 N PROV0760 CERTIFIED RN ANESTHETISTS NUMBER OF FULL-TIME EQUIVALENT CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA) EMPLOYED BY A HOSPITAL. COBOL NAME: NUM-CERT-RN-ANEST 315 C PROV0130 CLIA - HOSP LAB ID #1 10 306 NUMBER ASSIGNED TO A HOSPITAL LABORATORY LICENSED IN ACCORDANCE WITH THE CLINICAL LABORATORY IMPROVEMENT ACT (CLIA). COBOL NAME: CLIA-ID-NUM-A CLIA - HOSP LAB ID #2 316 325 C PROV0135 10 NUMBER ASSIGNED TO A HOSPITAL LABORATORY LICENSED IN ACCORDANCE WITH THE CLINICAL LABORATORY IMPROVEMENT ACT (CLIA). COBOL NAME: CLIA-ID-NUM-B CLIA - HOSP LAB ID #3 10 326 335 C PROV0140 NUMBER ASSIGNED TO A HOSPITAL LABORATORY LICENSED IN ACCORDANCE WITH THE CLINICAL LABORATORY IMPROVEMENT ACT (CLIA).

SSA MSA SIZE CODE

COBOL NAME: CLIA-ID-NUM-C

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 12 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME CLIA - HOSP LAB ID #4 10 336 345 C PROV0145 NUMBER ASSIGNED TO A HOSPITAL LABORATORY LICENSED IN ACCORDANCE WITH THE CLINICAL LABORATORY IMPROVEMENT ACT (CLIA). COBOL NAME: CLIA-ID-NUM-D CLIA - HOSP LAB ID #5 10 346 355 C PROV0150 NUMBER ASSIGNED TO A HOSPITAL LABORATORY LICENSED IN ACCORDANCE WITH THE CLINICAL LABORATORY IMPROVEMENT ACT (CLIA). COBOL NAME: CLIA-ID-NUM-E 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: SCOPE OF SERVICE 357 357 C PROV0280 1 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 COMPLIANCE: TECHNICAL PERSONNEL 1 358 358 C PROV0285 INDICATES IF A WAIVER OF THE TECHNICAL PERSONNEL REQUIREMENT HAS BEEN RECOMMENDED FOR A HOSPITAL. COBOL NAME: COMPL-TECH-PERSNL VALUES: 1 WAIVER RECOMMENDED 359 359 C PROV0290 COMPLIANCE: 24 HR REGISTERED NURSE 1 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 CURRENT SURVEY EVER ACCREDITED 1 360 360 C PROV3545 INDICATES IF THIS PROVIDER WAS AN ACCREDITED HOSPITAL ANYTIME DURING THE CURRENT SURVEY. COBOL NAME: CURRENT-EVER-ACCRED VALUES: N NO Υ YES 361 361 C PROV3555 CURRENT SURVEY EVER NON-ACCRED 1 INDICATES IF THIS PROVIDER WAS A NON-ACCREDITED HOSPITAL ANYTINE DURING THE CURRENT SURVEY. COBOL NAME: CURRENT-EVER-NON-ACCRED VALUES: N NO Υ YES

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 PAGE: 13 1DATE: 01/01/2008 POS RECORD LAYOUT HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 362 362 C PROV3550 CURRENT SURVEY EVER SWINGBED 1 INDICATES IF THIS PROVIDER WAS A SWINGBED HOSPITAL ANYTIME DURING THE CURRENT SURVEY. COBOL NAME: CURRENT-EVER-SWINGBED VALUES: N NO Y YES 8 363 370 C PROV0450 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 7.2 371 377 N PROV0820 DIETICIANS NUMBER OF FULL-TIME EOUIVALENT DIETICIANS EMPLOYED BY A 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 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 389 389 C PROV0645 MEDICAL SCHOOL AFFILIATION 1 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 7.2 390 396 N PROV6290 MEDICAL TECHNOLOGISTS (LAB) NUMBER OF FULL TIME EQUIVALENT MEDICAL LABORATORY TECHNOLOGISTS EMPLOYED BY A HOSPITAL COBOL NAME: NUM-LAB-MED-TECHS MEETS 1861 DEFINITION 397 397 C PROV0670 1 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) NUCLEAR MEDICINE TECHNICIANS 7.2 398 404 N PROV6295 NUMBER OF FULL TIME EQUIVALENT NUCLEAR MEDICINE TECHNICIANS EMPLOYED BY A HOSPITAL. COBOL NAME: NUM-NUCL-MED-TECHS

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 14 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 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 1 419 419 C PROV1575 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 7.2 420 426 N PROV1125 PHYSICAL THERAPISTS THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS EMPLOYED BY A PROVIDER. COBOL NAME: NUM-PHYS-THERAPY 7.2 427 433 N PROV1115 PHYSICIAN ASSISTANTS THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN ASSISTANTS EMPLOYED BY A HOSPITAL OR RURAL HEALTH CLINIC. COBOL NAME: NUM-PHYS-ASSIST PROGRAM PARTICIPATION 1 434 434 C PROV1670 INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE, MEDICAID, OR BOTH PROGRAMS. COBOL NAME: PROG-PARTCI MEDICARE ONLY VALUES: 1 MEDICARE AND MEDICAID 3 PSYCHIATRIC UNIT BEDS 435 437 N PROV1690 3 THE NUMBER OF BEDS IN A PPS EXEMPT PSYCHIATRIC UNIT OF A HOSPITAL. COBOL NAME: PSY-UNIT-BED-SZ 8 438 445 C PROV1695 PSYCHIATRIC UNIT EFFECTIVE DATE THE DATE A PSYCHIATRIC UNIT BECAME EXEMPT FROM THE PROSPECTIVE PAYMENT SYSTEM (PPS). COBOL NAME: PSY-UNIT-EFF-DT PSYCHIATRIC UNIT INDICATOR 446 446 C PROV1700 1 INDICATES IF A HOSPITAL HAS A PPS EXEMPT PSYCHIATRIC UNIT. COBOL NAME: PSY-UNIT-IND VALUES: Y PSYCH UNIT 447 447 C PROV1705 PSYCHIATRIC UNIT TERMINATION CODE 1 INDICATES THE REASON THAT A PSYCHIATRIC UNIT IS NO LONGER EXEMPT FROM PPS. COBOL NAME: PSY-UNIT-TERM-CD VALUES:

* INDICATES THIS FIELD HAS BEEN A DATE: 01/01/2008 POS HOSPITALS, CATEGO	RECORD LAYOU	JT				PAGE: 15
SHORT DESCRIPTION	I	LEN	START	END	TYPE	SAS NAME
0 1 2 3 4 5 6 7	ACTIVE VOLUNTARY-M VOLUNTARY-D RISK OF INVO VOLUNTARY-O FAILURE TO M FAILURE TO M PROVIDER STA	ISSA DLUN THER MEET MEET	FISFIED FARY TEN HEALTH, AGREEMI	WITH RMINAT	FION	URSEMENT
PSYCHIATRIC UNIT TERMINATION DA THE DATE A PSYCHIATRIC UNIT I THE PROSPECTIVE PAYMENT SYSTE COBOL NAME: PSY-UNIT-TERM-DT	S NO LONGER H				С	PROV1710
PSYCHOLOGISTS NUMBER OF FULL TIME EQUIVALEN EMPLOYED BY A HOSPITAL. COBOL NAME: NUM-PSYCHOL	I PSYCHOLOGIS		456	462	Ν	PROV6300
RADIOLOGY TECHNICIANS (DIAGNOST NUMBER OF FULL TIME EQUIVALEN TECHNICIANS EMPLOYED BY A HOS COBOL NAME: NUM-RADIO-TECHS	T DIAGNOSTIC			469	Ν	PROV6305
REGIONAL OVERRIDE #1 (NUMBER BE THIS FIELD IS SET TO "Y" WHEN HAS TO OK A PENDING RECORD IN SCREEN. THIS FIELD ONLY APPLI ODIE DATA ENTRY SYSTEM. COBOL NAME: OVERRIDE-1	THE REGIONAL THE SPECIAL	L OFI FIEI	FICE LDS	470	С	PROV1545
VALUES: Y	RECORD HAS H	BEEN	APPROVI	ED		
REGIONAL OVERRIDE #2 (STAFFING) THIS FIELD IS SET TO "Y" WHEN HAS TO OK A PENDING RECORD IN SCREEN. THIS FIELD ONLY APPL ODIE DATA ENTRY SYSTEM. COBOL NAME: OVERRIDE-2	THE REGIONAL THE SPECIAL	L OFI FIEI	FICE LDS		С	PROV1550
VALUES: Y	RECORD HAS H	BEEN	APPROVI	ED		
REGIONAL OVERRIDE #3 (NURSE - B THIS FIELD IS SET TO "Y" WHEN HAS TO OK A PENDING RECORD IN SCREEN. THIS FIELD ONLY APPL ODIE DATA ENTRY SYSTEM. COBOL NAME: OVERRIDE-3	THE REGIONAL THE SPECIAL	L OFI FIEI	FICE LDS		С	PROV1555
VALUES: Y	RECORD HAS H	BEEN	APPROVI	ED		

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

1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 16 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME REGISTERED NURSES 7.2 473 479 N PROV1145 THE NUMBER OF FULL-TIME EOUIVALENT 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 3 487 489 N PROV1730 REHABILITATION UNIT BEDS THE NUMBER OF BEDS IN A PPS EXEMPT REHABILITATION UNIT OF A HOSPITAL. COBOL NAME: REHAB-UNIT-BED-SZ 8 490 497 C PROV1735 REHABILITATION UNIT EFFECT DATE THE DATE A REHABILITATION UNIT BECAME EXEMPT FROM THE PROSPECTIVE PAYMENT SYSTEM. COBOL NAME: REHAB-UNIT-EFF-DT REHABILITATION UNIT INDICATOR 498 498 C PROV1740 1 INDICATES IF A HOSPITAL HAS A PPS EXEMPT REHABILITATION UNIT. COBOL NAME: REHAB-UNIT-IND VALUES: Y REHAB UNIT REHABILITATION UNIT TERMINAT CODE 1 499 499 C PROV1745 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 VOLUNTARY-MERGER OR CLOSURE 1 VOLUNTARY-DISSATISFIED WITH REIMBURSEMENT 2 RISK OF INVOLUNTARY TERMINATION 3 4 VOLUNTARY-OTHER FAILURE TO MEET HEALTH/SAFETY 5 FAILURE TO MEET AGREEMENT 6 7 PROVIDER STATUS CHANGE 500 507 C PROV1750 REHABILITATION UNIT TERMINAT DATE 8 THIS ELEMENT IS THE DATE THE HOSPITAL'S PSYCHIATRIC UNIT IS NO LONGER EXCLUDED FROM PROSPECTIVE PAYMENT SYSTEM. COBOL NAME: REHAB-UNIT-TERM-DT RESIDENT PROGRAM APPROVED BY ADA 1 508 508 C PROV1805 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 Υ APPROVED

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HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME RESIDENT PROGRAM APPROVED BY AMA 1 509 509 C PROV1810 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 RESIDENT PROGRAM APPROVED BY AOA 1 510 510 C PROV1815 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 Υ APPROVED RESIDENT PROGRAM APPROVED BY OTHER 1 511 C PROV1820 INDICATES IF THE RESIDENT PROGRAM AT A HOSPITAL IS APPROVED BY OTHER PROFESSIONAL ORGANIZATIONS. COBOL NAME: RES-PGM-APPR-OTHER VALUES: N NOT APPROVED Υ APPROVED 7.2 512 518 N PROV1165 RESIDENTS (PHYSICIANS) THE NUMBER OF FULL-TIME EQUIVALENT RESIDENTS (PHYSICIANS) EMPLOYED BY A HOSPITAL. COBOL NAME: NUM-RESID-PHYS 7.2 519 525 N PROV0950 RESPIRATORY THERAPISTS NUMBER OF FULLTIME EQUIVALENT RESPIRATORY THERAPISTS EMPLOYED BY A HOSPITAL. COBOL NAME: NUM-INHAL-THERAPY 1 526 526 C PROV2055 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 1 527 527 C PROV2065 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 PROVIDED BY ARRANGEMENT OR AGREEMENT 2 PROVIDED BY STAFF AND THROUGH AGREEMENT 3

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 18 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 19 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 1 533 533 C PROV6165 SRV: CARDIAC CATHETERIZATION LAB INDICATES HOW CARDIAC CATHETERIZATION LABORATORY SERVICES ARE PROVIDED BY A HOSPITAL. COBOL NAME: SP-CARD-CATH-LAB VALUES: 0 NOT PROVIDED PROVIDED BY STAFF 1 2 PROVIDED BY ARRANGEMENT OR AGREEMENT 3 PROVIDED BY STAFF AND THROUGH AGREEMENT SRV: CARDIO-THORACIC SURGERY 1 534 534 C PROV2285 INDICATES HOW CARDIO-THORACIC SURGERY SERVICES ARE PROVIDED BY A HOSPITAL. COBOL NAME: SP-OPEN-HEART-SURG NOT PROVIDED VALUES: 0 PROVIDED BY STAFF 1 2 PROVIDED BY ARRANGEMENT OR AGREEMENT 3 PROVIDED BY STAFF AND THROUGH AGREEMENT 535 535 C PROV6170 SRV: CHEMOTHERAPY SERVICE 1 INDICATES HOW CHEMOTHERAPY SERVICES ARE PROVIDED BY A HOSPITAL. COBOL NAME: SP-CHEMOTHER VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF 2 PROVIDED BY ARRANGEMENT OR AGREEMENT PROVIDED BY STAFF AND THROUGH AGREEMENT 3 536 536 C PROV2100 SRV: CHIROPRACTIC 1 INDICATES HOW CHIROPRACTICE SERVICES ARE PROVIDED BY A HOSPITAL. COBOL NAME: SP-CHIROPRATIC NOT PROVIDED VALUES: 0 PROVIDED BY STAFF 1 PROVIDED BY ARRANGMENT OR AGREEMENT 2 PROVIDED BY STAFF AND THROUGH AGREEMENT 3 537 537 C PROV6175 SRV: CT SCANNER 1 INDICATES HOW CT SCANNER SERVICES ARE PROVIDED BY A HOSPITAL. COBOL NAME: SP-CT-SCAN 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

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1 538 538 C PROV2120 SRV: DENTAL 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 PROVIDED BY STAFF AND THROUGH AGREEMENT 3 SRV: DIETARY 1 539 539 C PROV2130 INDICATES HOW DIETARY SERVICES ARE PROVIDED BY A HOSPITAL COBOL NAME: SP-DIETARY VALUES: 0 NOT PROVIDED PROVIDED BY STAFF 1 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 PROVIDED BY STAFF 1 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: NOT PROVIDED 0 1 PROVIDED BY STAFF 2 PROVIDED BY ARRANGEMENT OR AGREEMENT PROVIDED BY STAFF AND THROUGH AGREEMENT 3 1 542 542 C PROV6190 SRV: GERONTOLOGICAL SPECIALTY 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 PROVIDED BY STAFF AND THROUGH AGREEMENT 3

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SHORT DESCRIPTION

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 PROVIDED BY STAFF 1 PROVIDED BY ARRANGEMENT OR AGREEMENT 2 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 PROVIDED BY ARRANGEMENT OR AGREEMENT 2 PROVIDED BY STAFF AND THROUGH AGREEMENT 3 1 546 546 C PROV2185 SRV: ICU - MEDICAL/SURGICAL INDICATES HOW ICU - MEDICAL/SURGICAL SERVICES ARE PROVIDED BY A HOSPITAL. COBOL NAME: SP-ICU VALUES: 0 NOT PROVIDED PROVIDED BY STAFF 1 2 PROVIDED BY ARRANGEMENT OR AGREEMENT PROVIDED BY STAFF AND THROUGH AGREEMENT 3 547 547 C PROV6195 SRV: ICU - NEONATAL 1 INDICATES HOW ICU - NEONATAL SERVICES ARE PROVIDED IN A HOSPITAL. COBOL NAME: SP-ICU-NEONATAL 0 NOT PROVIDED VALUES: PROVIDED BY STAFF 1 PROVIDED BY ARRANGEMENT OR AGREEMENT 2 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
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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 PROVIDED BY STAFF 1 2 PROVIDED BY ARRANGEMENT OR AGREEMENT 3 PROVIDED BY STAFF AND THROUGH AGREEMENT 549 549 C PROV6205 SRV: ICU - SURGICAL 1 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 PROVIDED BY STAFF AND THROUGH AGREEMENT 3 SRV: LABORATORY (ANATOMICAL) 550 550 C PROV2205 1 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 PROVIDED BY STAFF 1 2 PROVIDED BY ARRANGEMENT OR AGREEMENT 3 PROVIDED BY STAFF AND THROUGH AGREEMENT SRV: LONG TERM CARE (SWING-BEDS) 552 552 C PROV2215 1 INDICATES HOW LONG TERM CARE (SWING-BEDS) SERVICES ARE PROVIDED IN A HOSPITAL COBOL NAME: SP-LTC-UNIT VALUES: 0 NOT PROVIDED PROVIDED BY STAFF 1 PROVIDED BY ARRANGEMENT OR AGREEMENT 2 PROVIDED BY STAFF AND THROUGH AGREEMENT 3

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 555 555 C PROV6215 1 INDICATES HOW NEUROSURGICAL SERVICES ARE PROVIDED IN A HOSPITAL. COBOL NAME: SP-NEURO-SURG VALUES: 0 NOT PROVIDED PROVIDED BY STAFF 1 2 PROVIDED BY ARRANGEMENT OR AGREEMENT 3 PROVIDED BY STAFF AND THROUGH AGREEMENT 556 556 C PROV2245 SRV: NUCLEAR MEDICINE 1 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 557 557 C PROV2265 SRV: OBSTETRICS 1 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 PAGE: 24 1DATE: 01/01/2008 POS RECORD LAYOUT 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 1 SRV: OPTHALMIC SURGERY 560 560 C PROV6220 INDICATES HOW OPTHALMIC SURGERY SERVICES ARE PROVIDED BY A HOSPITAL. COBOL NAME: SP-OPTHALMIC-SURG VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF PROVIDED BY ARRANGEMENT OR AGREEMENT 2 3 PROVIDED BY STAFF AND THROUGH AGREEMENT 561 561 C PROV2295 SRV: OPTOMETRIC 1 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 562 562 C PROV2310 1 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 565 565 C PROV2350 1 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 PROVIDED BY STAFF AND THROUGH AGREEMENT 3 566 566 C PROV2355 SRV: OUTPATIENT SURGERY UNIT 1 INDICATES HOW OUTPATIENT SURGERY UNIT SERVICES ARE PROVIDED BY A HOSPITAL. COBOL NAME: SP-OUTPAT-SURG NOT PROVIDED VALUES: Ο PROVIDED BY STAFF 1 2 PROVIDED BY ARRANGEMENT OR AGREEMENT 3 PROVIDED BY STAFF AND THROUGH AGREEMENT 567 567 C PROV2360 SRV: PEDIATRIC 1 INDICATES HOW PEDIATRIC SERVICES ARE PROVIDED BY A HOSPITAL. COBOL NAME: SP-PEDIATRIC VALUES: 0 NOT PROVIDED PROVIDED BY STAFF 1 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

PROVIDED BY STAFF 1 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 PROVIDED BY STAFF 1 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 NOT PROVIDED VALUES: 0 PROVIDED BY STAFF 1 2 PROVIDED UNDER ARRANGEMENT 3 COMBINATION 1 571 571 C PROV2410 SRV: POSTOPERATIVE RECOVERY ROOM INDICATES HOW POSTOPERATIVE RECOVERY ROOM SERVICES ARE PROVIDED BY A HOSPITAL. COBOL NAME: SP-POSTOP-REC-RM NOT PROVIDED VALUES: 0 1 PROVIDED BY STAFF 2 PROVIDED BY ARRANGEMENT OR AGREEMENT PROVIDED BY STAFF AND THROUGH AGREEMENT 3 1 572 572 C PROV2415 SRV: PSYCHIATRIC INDICATES HOW PSYCHIATRIC SERVICES ARE PROVIDED BY A HOSPITAL. COBOL NAME: SP-PSYCHIATRIC NOT PROVIDED VALUES: 0 PROVIDED BY STAFF 1 PROVIDED BY ARRANGEMENT OR AGREEMENT 2 PROVIDED BY STAFF AND THROUGH AGREEMENT 3 1 573 573 C PROV6245 SRV: PSYCHIATRIC - FORENSIC INDICATES HOW FORENSIC PSYCHIATRIC SERVICES ARE PROVIDED BY A HOSPITAL. COBOL NAME: SP-PSY-FORENSIC NOT PROVIDED VALUES: 0 * 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) LEN START END TYPE SAS NAME SHORT DESCRIPTION 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 PROVIDED BY ARRANGEMENT OR AGREEMENT 2 3 PROVIDED BY STAFF AND THROUGH AGREEMENT SRV: PSYCHIATRIC - OUTPATIENT 1 575 575 C PROV6255 INDICATES HOW OUTPPATIENT 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 PROVIDED BY STAFF 1 2 PROVIDED BY ARRANGEMENT OR AGREEMENT 3 PROVIDED BY STAFF AND THROUGH AGREEMENT 577 577 C PROV6235 SRV: PSYCHIATRIC-EMERGENCY 1 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) LEN START END TYPE SAS NAME SHORT DESCRIPTION 579 579 C PROV2445 SRV: RADIOLOGY (THERAPEUTIC) 1 INDICATES HOW THERAPEUTIC RADIOLOGY SERVICES ARE PROVIDED BY A HOSPITAL. COBOL NAME: SP-RADIOLOGY-THERAPY VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF PROVIDED BY ARRANGEMENT OR AGREEMENT 2

3 PROVIDED BY STAFF AND THROUGH AGREEMENT 1 SRV: RECONSTRUCTIVE SURGERY 580 580 C PROV6260 INDICATES HOW RECONSTRUCTIVE SURGERY SERVICES ARE PROVIDED BY A HOSPITAL. COBOL NAME: SP-RECON-SURG VALUES: 0 NOT PROVIDED PROVIDED BY STAFF 1 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 NOT PROVIDED VALUES: 0 PROVIDED BY STAFF 1 2 PROVIDED BY ARRANGEMENT OR AGREEMENT 3 PROVIDED BY STAFF AND THROUGH AGREEMENT 582 582 C PROV6265 SRV: REHAB - OUTPATIENT 1 INDICATES HOW OUTPATIENT REHABILITATION SERVICES ARE PROVIDED BY A HOSPITAL. COBOL NAME: SP-REHABIL-OUTPAT VALUES: NOT PROVIDED 0 1 PROVIDED BY STAFF 2 PROVIDED BY ARRANGEMENT OR AGREEMENT PROVIDED BY STAFF AND THROUGH AGREEMENT 3 583 583 C PROV2450 SRV: REHAB INPATIENT (NOT CARF) 1 INDICATES HOW INPATIENT REHABILITIATION (NOT CARF ACCREDITED) SERVICES ARE PROVIDED BY A HOSPITAL. COBOL NAME: SP-REHABIL VALUES: 0 NOT PROVIDED PROVIDED BY STAFF 1 PROVIDED BY ARRANGEMENT OR AGREEMENT 2 PROVIDED BY STAFF AND THROUGH AGREEMENT 3 * 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 584 584 C PROV6185 SRV: SHOCK WAVE LITHOTRIPTER 1 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 PROVIDED BY STAFF AND THROUGH AGREEMENT 3

1 585 585 C PROV2485 SRV: SOCIAL 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 1 587 587 C PROV2190 SRV: SURGICAL SERVICES-INPATIENT INDICATES HOW INPATIENT SURGICAL SERVICES ARE PROVIDED BY A HOSPITAL. COBOL NAME: SP-INPAT-SURG VALUES: 0 NOT PROVIDED PROVIDED BY STAFF 1 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 PROVIDED BY STAFF 1 2 PROVIDED BY ARRANGEMENT OR AGREEMENT 3 PROVIDED BY STAFF AND THROUGH AGREEMENT SRV: TRAUMA CENTER (CERTIFIED) 589 589 C PROV2475 1 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 PROVIDED BY STAFF 1 PROVIDED BY ARRANGEMENT OR AGREEMENT 2 3 PROVIDED BY STAFF AND THROUGH AGREEMENT SRV: URGENT CARE CENTER SERVICES 590 590 C PROV6280 1 INDICATES HOW URGENT CARE CENTER SERVICES ARE PROVIDED BY A HOSPITAL. COBOL NAME: SP-URGENT-CARE VALUES: 0 NOT PROVIDED

PROVIDED BY STAFF 1 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 Υ 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 593 594 C PROV2890 TYPE OF FACILITY 2 INDICATES THE CATEGORY WHICH REPRESENTS THE TYPE OF FACILITY. COBOL NAME: TYPE-FACILITY VALUES: 01 SHORT - TERM 02 LONG - TERM RELIGIOUS NONMEDICAL HEALTH CARE INSTITUTION 03 04 PSYCHIATRIC 05 REHABILITATION 06 CHILDRENS 07 DISTINCT PART PSYCH HOSPITAL 11 CRITICAL ACCESS HOSPITALS 595 595 C PROV0690 TYPE OF NON-PARTICIPATING PROVIDER 1 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 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 7.2 1622 1628 N PROV1015 NURSE PRACTITIONERS NUMBER OF FULL-TIME EQUIVALENT NURSE PRACTITIONERS. COBOL NAME: NUM-NURSE-PRACT PHYSTCIANS 7.2 1639 1645 N PROV1110 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIANS EMPLOYED BY A PROVIDER.

COBOL NAME: NUM-PHYS 1 1688 1688 C PROV2455 SRV: RESPIRATORY CARE 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

1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 1 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 2 1 2 C PROV0085 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 3 4 C PROV0075 CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 02 SNF/NF (DUALLY CERTIFIED)

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

2 6 N PROV0095 CHANGE OF OWNERSHIP COUNTER 5 THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT 8 7 14 C PROV0100 CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT 42 C PROV3225 CITY 2.8 15 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 REOUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC COMPLIANCE: STATUS 44 44 C PROV2715 1 INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REOUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE NOT IN COMPLIANCE В 47 C PROV2695 COUNTY CODE 3 45 SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED. COBOL NAME: SSA-COUNTY 10 48 57 C PROV0300 CROSS REFERENCE PROVIDER NUMBER NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER. COBOL NAME: CROSS-REF-PROV-NUM 58 65 C PROV0500 CURRENT FMS SURVEY DATE 8 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 (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) LEN START END TYPE SAS NAME SHORT DESCRIPTION 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 74 C PROV0455 74 ELIGIBILITY CODE 1 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 OF	
	ARE AND/OR MEDICAID PROGRAMS.
COBOL NAME: FACILITY-NAME	
INTERMEDIARY NUMBER	- 5 125 129 C PROV0605
A NUMBER ASSIGNED TO AN I	
SERVICING A PROVIDER OR S	
COBOL NAME: INTER-CARRIER	
VALUES: 00010	BLUE CROSS (ALABAMA)
00011	САНАВА
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 FIFID HAS BE	EEN ADDED OR CHANGED SINCE: 10/03/2007
ATE: 01/01/2008	POS RECORD LAYOUT PAGE: 3
	FIED), 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

HIGHMARK MEDICARE SERVICES

BLUE CROSS (SOUTH CAROLINA)

BLUE CROSS (RHODE ISLAND)

BLUE CROSS (TENNESSEE)

00366

00370

00380

00390

00400 00410 00423 00430 00450 00452 00453 00454 00468	BLUE CROSS (TEXAS) BLUE CROSS (UTAH) BLUE CROSS (VIRGINIA/WEST VA) BLUE CROSS (WASHINGTON & ALASKA) NATIONAL GOVERNMENT SERVICES NATIONAL GOVERNMENT SERVICES NATIONAL GOVERNMENT SERVICES BLUE CROSS (NORTH CAROLINA FOR PR)
00511	САНАВА
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 (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE SAS NAME

57400 COOPERATIVA (PUERTO RICO)

MEDICARE OR MEDICAID VENDOR NUMBER15130144CPROV0655A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE
STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING
PURPOSES.
COBOL NAME: MEDICAID-VEND-NUMPARTICIPATION DATE8145152CPROV1565THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE
MEDICARE AND/OR MEDICAID SERVICES.
COBOL NAME: PARTCI-DT8153160CPROV1615THE DATE OF A PRIOR CHANGE OF OWNERSHIP.
COBOL NAME: PRIOR-CHOW-DT8153160CPROV1615

PRIOR INTERMEDIARY NUMBER		5	161	165	С	PROV1620
A PREVIOUS INTERMEDIARY NUMBER	R.WHEN					
COBOL NAME: PRIOR-INTER-CARRI	ER-NUM					
VALUES: 00010	BLUE CROSS	(ALABA	MA)			
00011	CAHABA					
00020	BLUE CROSS	(ARKAN	SAS)			
00030	BLUE CROSS	(ARIZO	NA)			
00040	BLUE CROSS	(CALIF	ORNIA)			
00060	BLUE CROSS	(CONNE	CTICUT)		
00070	BLUE CROSS	(DELAW	ARE)			
00090	BLUE CROSS	(FLORI	DA)			
00101	BLUE CROSS	(GEORG	IA)			
00121	HEALTH CARE	SERVI	CE CORI	PORAT	ION	
00122	HCSC - MICH	IGAN				
00123	HCSC OF MIC	HIGAN				
00130	NATIONAL GO	VERNME	NT SERV	VICES		
00131	NATIONAL GO	VERNME	NT SERV	VICES		
00140	BLUE CROSS	(IOWA/	SOUTH I	DAKOT	A)	
00150	BLUE CROSS	(KANSA	S)			
00160	BLUE CROSS	(KENTU	CKY)			
00180	BLUE CROSS	(MAINE)			
00181	NATIONAL GO	VERNME	NT SERV	VICES		
00190	BLUE CROSS	(MARYL	AND)			
00200	BLUE CROSS	(MASSA	CHUSET	TS)		
00210	BLUE CROSS	(MICHI	GAN)			
00220	BLUE CROSS	(MINNE	SOTA)			
00230	BLUE CROSS	(MISSI	SSIPPI)		
00231	BLUE CROSS	(LOUIS	IANA)			
00241	BLUE CROSS		,			
00250	BLUE CROSS					
00260	BLUE CROSS					
00270	NATIONAL GOV	VERNME	NT SERV	VICES		
00280	BLUE CROSS	(NEW J	ERSEY)			
00290	BLUE CROSS	(NEW M	EXICO)			

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 5 SNF/NF (DUALLY 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 00430	BLUE CROSS (VIRGINIA/WEST VA) 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 (WICHING) BLUE CROSS (NORTH CAROLINA FOR PR)
00511	Санава
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)

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SHORT DESCRIPTION

LEN START END TYPE SAS NAME

52280	MUTUAL OF OM	AHA
57400	COOPERATIVA	(PUERTO RICO)

10 166 175 C PROV1680 PROVIDER NUMBER 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 176 176 C PROV1720 RECORD TYPE 1 THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD. COBOL NAME: RECORD-TYPE VALUES: A ACCEPTED Ρ PENDING WORK W

2 177 178 C PROV1725 REGION CODE THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION VALUES: 01 Т BOSTON 02 II NEW YORK 03 III PHILADELPHIA 04 IV ATLANTA 05 V CHICAGO VI DALLAS 06 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 2 180 181 C PROV3230 STATE ABBREVIATION STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK ALASKA AL ALABAMA ARKANSAS AR AS AMERICAN SAMOA ΑZ ARIZONA CA CALIFORNIA CNCANADA * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 7 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (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 ΗI HAWAII IA IOWA ID IDAHO IL ILLINOIS IN INDIANA KS KANSAS KΥ KENTUCKY LA LOUISIANA MA MASSACHUSETTS MD MARYLAND

ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
МО	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 A	DDED OR CHANGED SINCE: 10/03/2007
- , - ,	RECORD LAYOUT PAGE: 8 , CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT	DESCRIPTION	

LEN START END TYPE SAS NAME

WI	WISCONSIN
WV	WEST VIRGINIA
WY	WYOMING

2 182 183 C PROV2700 STATE CODE (SSA) 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 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (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

3 184 186 C PROV2710 STATE REGION CODE FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED COBOL NAME: STATE-REGION-CD 50 187 236 C PROV2720 STREET ADDRESS 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 REO 06 INVOL-AGREEMNT

OTH-STATUS CHG

07

1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 10 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 8 249 256 C PROV4500 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-1 257 257 C PROV2880 TYPE OF ACTION 1 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 2 258 259 C PROV2885 TYPE OF CONTROL INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL VALUES: 01 FOR PROFIT - INDIVIDUAL

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

02 03 04 05 06 07 08 09 10 11 12 12 13	FOR PRO NONPROF NONPROF GOVERNM GOVERNM GOVERNM GOVERNM GOVERNM	OFIT - PART DFIT - CORP TT - CHURC TT - CORPC TT - OTHEN ENT - STAT ENT - COUN ENT - CITY ENT - CITY ENT - HOSE ENT - HOSE ENT - FEDE	PORATI CH REL DRATIO R FE NTY Y Y/COUN PITAL ERAL	ON ATED N TY DISTRI		
ZIP CODE		5	260	264	С	PROV2905
THE FIVE DIGIT POSTAL CODE FC COBOL NAME: ZIP-CD	OR THE PR	OVIDER.				
FIPS STATE CODE		2	265	266	С	FIPSTATE
FIPS STATE CODE						
COBOL NAME: WS-FIPS-STATE		2	067	0.50	a	
FIPS COUNTY CODE FIPS COUNTY CODE		3	267	269	C	FIPCNTY
COBOL NAME: WS-FIPS-CNTY						
SSA MSA CODE		3	270	272	С	SSAMSACD
SSA MSA CODE						
COBOL NAME: WS-SSA-MSA-CD SSA MSA SIZE CODE		1	273	273	C	SSAMSASZ
SSA MSA SIZE CODE		-	270	275	Ū	0011101101
COBOL NAME: WS-SSA-MSA-SIZE-C	'D					
* INDICATES THIS FIELD HAS BEEN A 1DATE: 01/01/2008 POS SNF/NF (DUALLY CERTIFIED)	RECORD	LAYOUT				PAGE: 11
SHORT DESCRIPTION		LEN S	START	END	TYPE	SAS NAME
* BEDS - TOTAL				294	Ν	PROV0740
TOTAL NUMBER OF BEDS IN A FAC IN NON-PARTICIPATING OR NON-L	-		THUSE			
COBOL NAME: NUM-BEDS		4	205	200		
BEDS - TOTAL CERTIFIED NUMBER OF BEDS IN MEDICARE AN	ID/OR MED	4 DICAID CERT	295 תדדדת		N	PROV0755
AREAS WITHIN A FACILITY.						
COBOL NAME: NUM-CERT-BEDS						
COMPLIANCE: LIFE SAFETY CODE INDICATES IF A WAIVER OF THE	TTEE CAE	1 TETTY CODE I			С	PROV0240
RECOMMENDED FOR A PROVIDER.	LIFE SAF	EII CODE I	IAS DL	E IN		
COBOL NAME: COMPL-LSC						
VALUES: 1	WAIVER	RECOMMENDE	ED			
COMPLIANCE: 24 HR REGISTERED NU	IRSE	1	359	359	С	PROV0290
INDICATES IF A WAIVER OF THE	24 HOUR	REGISTEREI	O NURS	E	-	
REQUIREMENT HAS BEEN RECOMMEN	IDED FOR	A FACILITY	Y.			
COBOL NAME: COMPL-24-HR-RN VALUES: 1	ͷϫͷϫ	RECOMMEND	75 05			
	MULT V EIV					
FISCAL YEAR ENDING DATE		4	378	381	С	PROV0485

THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR. COBOL NAME: FISC-YR-END-DT 434 434 C PROV1670 PROGRAM PARTICIPATION 1 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 471 471 C PROV1550 REGIONAL OVERRIDE #2 (STAFFING) 1 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 POS RECORD LAYOUT 1DATE: 01/01/2008 PAGE: 12 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME ACTIVITY PROFESSIONAL - CONTRACT 596 602 N PROV0695 7.2 THE NUMBER OF FULL TIME EQUIVALENT ACTIVITIES PROFESSIONALS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-ACT-THER-CONTRACT 7.2 603 609 N PROV0700 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 ACTIVITY PROFESSIONAL - PART TIME 610 616 N PROV0705 7.2 THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES PROFESSIONALS EMPLOYED PART TIME BY A FACILITY. COBOL NAME: NUM-ACT-THER-PART-TIME ADMINISTRATION - CONTRACT 617 623 N PROV0710 7.2 THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-ADMN-CONTRACT 7.2 624 630 N PROV0715 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 7.2 631 637 N PROV0720 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 4 638 641 N PROV1445 BEDS - MEDICARE SNF NUMBER OF MEDICARE CERTIFIED SNF BEDS IN A FACILITY. COBOL NAME: NUM-T18-SNF-BEDS 642 645 N PROV1455 BEDS - NURSING FACILITY 4 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

SHORT DESCRIPTIONLEN START END TYPESAS NAMECHRISTIAN SCIENCE INDICATOR1671671CPROV0110INDICATES IF A PROVIDER IS A CHRISTIAN SCIENCE FACILITY
COBOL NAME: CHRISTIAN-SCIENCE-INDCOBOL</

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

7.2 675 681 N PROV0785 DENTISTS - CONTRACT 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 EOUIVALENT 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 7.2 710 716 N PROV0815 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 * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 14 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME EXPERIMENTAL RESEARCH CONDUCTED 717 717 C PROV0465 1 INDICATES IF A FACILITY USES RESIDENTS TO DEVELOP AND TEST CLINICAL TREATMENTS. COBOL NAME: EXPER-RESEARCH VALUES: Y YES 7.2 718 724 N PROV0860 FOOD SERVICE - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE PERSONNEL UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-FOOD-SRV-CONTRACT 7.2 725 731 N PROV0865 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 FOOD SERVICE - PART TIME 732 738 N PROV0870 7.2 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 7.2 739 745 N PROV0925 HOUSEKEEPING - CONTRACT 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 7.2 753 759 N PROV0935 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 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 781 786 C PROV0640 LTC CROSS REFERENCE PROVIDER # 6 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 POS RECORD LAYOUT 1DATE: 01/01/2008 PAGE: 15 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 7.2 787 793 N PROV0960 MEDICAL DIRECTOR - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS UNDER CONTRCAT TO A FACILITY. COBOL NAME: NUM-MED-CONTRACT 7.2 794 800 N MEDICAL DIRECTOR - FULL TIME 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 7.2 829 835 N PROV0980 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 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 850 887 C PROV0680 38 THE NAME OF THE MULTI-FACILITY ORGANIZATION THAT OWNS THE FACILITY. COBOL NAME: NAME-MULT-FACL-ORG MULTI-FACILITY ORGANIZATION OWNED 888 888 C PROV0675 1 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 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 16 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) LEN START END TYPE SAS NAME SHORT DESCRIPTION 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 910 916 N PROV5150 7.2 THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-NURSE-ADM-CONTRACT 917 923 N PROV5135 NURSES WITH ADMIN DUTIES-FULL TIME 7.2 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 7.2 945 951 N PROV1020 OCCUP THERAPY AIDE - CONTRACT 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 7.2 959 965 N PROV1030 OCCUP THERAPY AIDE - PART TIME 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 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 17 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) 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 7.2 973 979 N PROV5185 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 OCCUP THERAPY ASST - PART TIME 7.2 980 986 N PROV5190 THE NUMBER OF FULL-TIME EOUIVALENT 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 1 994 994 C PROV1535 ORGANIZED FAMILY GROUP INDICATES IF THE FACILITY HAS AN ORGANIZED GROUP OF FAMILY MEMBERS OF RESIDENTS. COBOL NAME: ORG-FAMILY-GRP VALUES: Y YES 1 995 995 C PROV1540 ORGANIZED RESIDENT GROUP INDICATES IF THE FACILITY HAS AN ORGANIZED RESIDENTS GROUP. COBOL NAME: ORG-RESID-GRP VALUES: Y YES

7.2 996 1002 N PROV3265 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 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 7.2 1017 1023 N PROV5270 OTHER ACTIVITIES STAFF-CONTRACT 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 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 18 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 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 7.2 1031 1037 N PROV5305 OTHER ACTIVITIES STAFF-PART TIME NUMBER OF PART TIME STAFF HOURS PROVIDED BY OTHER ACTIV ITIES STAFF. COBOL NAME: NUM-OTH-ACT-PART-TIME 7.2 1038 1044 N PROV1060 OTHER PHYSICIAN - CONTRACT 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 EOUIVALENT OTHER PHYSICIANS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-OTH-PHY-FULL-TIME 7.2 1052 1058 N PROV1070 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 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 7.2 1080 1086 N PROV1085 PHARMACISTS - CONTRACT 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 FOLL ----COBOL NAME: NUM-PHAR-FULL-TIME 7.2 1094 1100 N PROV1095 BY A FACILITY ON A FULL TIME BASIS. PHARMACISTS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-PHAR-PART-TIME 7.2 1101 1107 N PROV5210 PHYS THER ASST - CONTRACT NUMBER OF CONTRACT STAFF HOURS FOR PHYSICAL THERAPY ASS ISTANTS. COBOL NAME: NUM-THER-ASST-CONTRACT * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 19 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 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 7.2 1115 1121 N PROV5205 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 1122 1128 N PROV1430 PHYSICAL THERAPISTS - CONTRACT 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 THEE COBOL NAME: NUM-THER-AID-CONTRACT TIME 7.2 1150 1156 N PROV1420 AIDE UNDER CONTRACT TO A FACILITY. 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 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 7.2 1178 1184 N PROV3260 PHYSICIAN EXTENDER - PART TIME 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 * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 20 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME PODIATRISTS - FULL TIME 7.2 1192 1198 N PROV1135 THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED BY A AFCILITY ON A FULL TIME BASIS. COBOL NAME: NUM-POD-FULL-TIME 7.2 1199 1205 N PROV1140 PODIATRISTS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. BY A FACILITY ON A FILLCOBOL NAME: NUM-POD-PART-TIME11<td PROVIDER BASED FACILITY INDICATES IF A LONG TERM CARE FACILITY IS PROVIDER BASED. COBOL NAME: PROV-BASED-FACILITY VALUES: Y HOSPITAL BASED 7.2 1207 1213 N PROV1150 REGISTERED NURSE - CONTRACT 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 7.2 1221 1227 N PROV1160 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 1228 1237 C PROV1755 RELATED PROVIDER NUMBER 10 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 8 1238 1245 C PROV1825 RESCIND SUSPENSION DATE DATE THAT THE SUPENSION 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 * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 21 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 7.2 1267 1273 N PROV1170 SOCIAL WORKER - CONTRACT THE NUMBER OF FULL-TIME EOUIVALENT 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 7.2 1281 1287 N PROV1180 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 3 1288 1290 N PROV0725 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 1291 1293 N PROV0730 SPECIAL CARE BEDS-ALZHEIMERS THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR REGISTER COBOL NAME: NUM-ALZHEIMERS-BEDS 3 1294 1296 N PROV0800 BY THE FACILITY FOR RESIDENTS WITH ALZEHEIMERS. 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 1297 1299 N PROV0855 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 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 3 1303 1305 N PROV0920 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 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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 22 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 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 7.2 1315 1321 N PROV1190 SPEECH PATHOLOGIST - CONTRACT 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 Υ SERVICE IS PROVIDED 1337 1337 C PROV3385 SRV: ACTIVITIES-ONSITE-NON RES 1 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 Υ SERVICE IS PROVIDED * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 23 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) LEN START END TYPE SAS NAME SHORT DESCRIPTION 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 Υ SERVICE IS PROVIDED 1 1341 1341 C PROV3515 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 Υ SERVICE IS PROVIDED 1 1342 1342 C PROV3495 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 Υ SERVICE IS PROVIDED SRV: CLINICAL LAB-ONSITE-NON RES 1343 1343 C PROV3490 1 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 Υ 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 1 1345 1345 C PROV3435 SRV: DENTAL-OFFSITE-RESIDENTS 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: Ν SERVICE IS NOT PROVIDED Υ SERVICE IS PROVIDED * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 24 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) LEN START END TYPE SAS NAME SHORT DESCRIPTION SRV: DENTAL-ONSITE-RESIDENTS 1 1347 1347 C PROV3425 INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-DENTAL-ON-RES SERVICE IS NOT PROVIDED VALUES: N 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 SERVICE IS PROVIDED Y 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 SERVICE IS PROVIDED Υ 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 Υ SERVICE IS PROVIDED 1 1351 1351 C PROV3535 SRV: HOUSEKEEPING ONSITE-NON RES INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-HOUSE-KP-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Υ SERVICE IS PROVIDED

1 1352 1352 C PROV3540 SRV: HOUSEKEEPING-OFFSITE-RES 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 1353 1353 C PROV3530 SRV: HOUSEKEEPING-ONSITE-RESIDENTS 1 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 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 1354 1354 C PROV3465 SRV: MENTAL HEALTH-OFFSITE-RES 1 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 C PROV3460 INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-MEN-HLTH-ON-NON-RES SERVICE IS NOT PROVIDED VALUES: N Y SERVICE IS PROVIDED 1356 1356 C PROV3455 SRV: MENTAL HEALTH-ONSITE-RESID 1 INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-MEN-HLTH-ON-RES VALUES: N SERVICE IS NOT PROVIDED Υ SERVICE IS PROVIDED 1357 1357 C PROV3315 SRV: NURSING-OFFSITE-RESIDENTS 1 INDICATES IF NURSING SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-NURSING-OFF-RES VALUES: N SERVICE IS NOT PROVIDED SERVICE IS PROVIDED Y 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

1 1359 1359 C PROV3305 SRV: NURSING-ONSITE-RESIDENTS 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 Υ SERVICE IS PROVIDED * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 26 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 1 1361 1361 C PROV3355 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 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 1363 1363 C PROV5255 SRV: OTH ACTIVITIES-OFFSITE TO RES 1 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 Υ SERVICE IS PROVIDED 1365 1365 C PROV5245 SRV: OTH ACTIVITIES-ONSITE RES 1 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 1366 1366 C PROV5285 SRV: OTH SOC SRV-OFFSITE TO RES

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 Υ SERVICE IS PROVIDED * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 27 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) 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 1 1369 1369 C PROV3330 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 SRV: PHARMACY-ONSITE-NON RESIDENTS 1370 1370 C PROV3325 1 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 1371 1371 C PROV3320 1 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 1372 1372 C PROV3300 1 INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-PHYS-EXT-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Υ 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 Υ 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 (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) 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 SERVICE IS NOT PROVIDED VALUES: N Y SERVICE IS PROVIDED SRV: PHYS THER-ONSITE-RESIDENTS 1377 1377 C PROV3365 1 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 1378 1378 C PROV3285 1 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 1379 1379 C PROV3280 1 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 SERVICE IS NOT PROVIDED SERVICE IS PROVIDED VALUES: N Υ 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 (DUALLY CERTIFIED), CATEGORY = "02" (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 Υ SERVICE IS PROVIDED 1 1383 1383 C PROV3440 SRV: PODIATRY-ONSITE-RESIDENTS 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 1384 1384 C PROV3405 SRV: SOCIAL WORK-OFFSITE-RESIDENTS 1 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 Υ 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 Υ SERVICE IS PROVIDED 1388 1388 C PROV3415 SRV: SPEECH PATH-ONSITE-NON RESID 1 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 (DUALLY 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 Υ SERVICE IS PROVIDED SRV: THER REC SPEC-OFFSITE TO RES 1 1390 1390 C PROV5225 INDICATES IF THERAPEUTIC RECRECATION SPECIALIST SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-THER-REC-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Υ 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 Υ SERVICE IS PROVIDED 1 1392 1392 C PROV5215 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 Υ SERVICE IS PROVIDED SRV: VOCATIONAL-OFFSITE-RESIDENTS 1393 1393 C PROV3480 1 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 1394 1394 C PROV3475 SRV: VOCATIONAL-ONSITE-NON RESID 1 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 1395 1395 C PROV3470 SRV: VOCATIONAL-ONSITE-RESIDENTS 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 (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 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 SRV: XRAY-ONSITE-NON RESIDENTS 1 1397 1397 C PROV3505 INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-DIAG-XRAY-ON-NON-RES SERVICE IS NOT PROVIDED VALUES: N Y SERVICE IS PROVIDED SRV: XRAY-ONSITE-RESIDENTS 1398 1398 C PROV3500 1 INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-DIAG-XRAY-ON-RES VALUES: N SERVICE IS NOT PROVIDED SERVICE IS PROVIDED Y 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 7.2 1413 1419 N PROV5235 THER REC SPEC - PART TIME 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 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME CATEGORY - SUBTYPE OF PROVIDER 2 2 C PROV0085 1 A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 03 TITLE 18/19 CATEGORY OF PROVIDER/SUPPLIER 3 4 C PROV0075 2 IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY SNF/NF (DISTINCT PART) VALUES: 03 CHANGE OF OWNERSHIP COUNTER 5 6 N PROV0095 2 THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT 8 7 14 C PROV0100 CHANGE OF OWNERSHIP DATE 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 43 43 С PROV0220 1 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 COMPLIANCE BASED ON ACCEPTABLE POC VALUES: 1 COMPLIANCE: STATUS 44 44 C PROV2715 1 INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE В NOT IN COMPLIANCE 45 47 C PROV2695 COUNTY CODE 3 SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED. COBOL NAME: SSA-COUNTY 10 48 57 C PROV0300 CROSS REFERENCE PROVIDER NUMBER NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.

COBOL NAME: CROSS-REF-PROV-NU CURRENT FMS SURVEY DATE CURRENT FMS SURVEY DATE COBOL NAME: FMS-SURVEY-DT-1	8 58 65 C PROV050	00
	DED OR CHANGED SINCE: 10/03/2007 RECORD LAYOUT PAGE: ATEGORY = "03" (SEE POSITIONS 3-4)	2
SHORT DESCRIPTION	LEN START END TYPE SAS NAM	ЧE
CURRENT SURVEY DATE THE DATE OF THE HEALTH OR LIF WHICHEVER IS LATER. THE "OFF THE PROVIDER.	•	40
COBOL NAME: SURVEY-DT-1 ELIGIBILITY CODE INDICATES IF A FACILITY IS EL THE MEDICARE AND/OR MEDICAID I		55
COBOL NAME: ELIG-CD VALUES: 1 2	ELIGIBLE TO PARTICIPATE NOT ELIGIBLE TO PARTICIPATE	
FACILITY NAME THE NAME OF A PROVIDER OR SUP PARTICIPATE IN THE MEDICARE AN COBOL NAME: FACILITY-NAME		75
		05

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	САНАВА
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)

51140 51390 52280	AETNA (FORT MUTUAL OF (RIA) F WAS OMAHA	GHINGTON A			
* INDICATES THIS FIELD HAS BEEN A 1DATE: 01/01/2008 POS SNF/NF (DISTINCT PART),	RECORD LAYO	DUT				PAGE: 4
SHORT DESCRIPTION		LEN	START	END	TYPE	SAS NAME
57400	COOPERATIV	A (PU	JERTO RI	CO)		
MEDICARE OR MEDICAID VENDOR NUM A NUMBER WHICH MAY BE ASSIGNE STATE MEDICAID AGENCY FOR EXT PURPOSES. COBOL NAME: MEDICAID-VEND-NUM	D TO A FACII ERNAL CONTRO	LITY	BY THE		С	PROV0655
PARTICIPATION DATE THE DATE A FACILITY IS FIRST . MEDICARE AND/OR MEDICAID SERV COBOL NAME: PARTCI-DT	APPROVED TO	-		152	С	PROV1565
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF COBOL NAME: PRIOR-CHOW-DT	OWNERSHIP.	8	153	160	С	PROV1615
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBE COBOL NAME: PRIOR-INTER-CARRI	ER-NUM	-	161	165	С	PROV1620
VALUES: 00010 00011		(ALA	BAMA)			
00020	BLUE CROSS	(ARK	(ANSAS)			
00020 00030 00040	BLUE CROSS	(ARI	ZONA)			
00040	BLUE CROSS	(CAI	IFORNIA)		
00060	BLUE CROSS	(CON	NECTICU	Т)		
00070	BLUE CROSS	(DEI	LAWARE)			
00090	BLUE CROSS	(FLC	ORIDA)			
00101	BLUE CROSS	(GEC	ORGIA)			
00121	HEALTH CARE	E SEF	RVICE CO	RPORA	TION	
00122	HCSC - MICH					
00123	HCSC OF MIC					
00130	NATIONAL GO					
00131	NATIONAL GO					
00140	BLUE CROSS	-		DAKO'	ΓA)	
00150	BLUE CROSS	-	-			
00160	BLUE CROSS	-	-			
00180 00181	BLUE CROSS	-	-		a	
00190	NATIONAL GO BLUE CROSS			RVICE	5	
00200				ጥጥሮ ነ		
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00231	BLUE CROSS	-	-			
00250	BLUE CROSS	-	-			
00250	BLUE CROSS	-	-			

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 CAROLINA) 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	САНАВА
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 51390 AETNA (PEORIA) 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 176 176 C PROV1720 1 THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD. COBOL NAME: RECORD-TYPE VALUES: A ACCEPTED Ρ PENDING W WORK 2 177 178 C PROV1725 REGION CODE THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION VALUES: 01 Ι BOSTON II NEW YORK 02 03 III PHILADELPHIA 04 IV ATLANTA 05 V CHICAGO VI DALLAS 06 VII KANSAS CITY 07 08 VIII DENVER 09 IX SAN FRANCISCO 10 X SEATTLE 1 179 179 C PROV2045 SKELETON RECORD INDICATOR 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 2 180 181 C PROV3230 STATE ABBREVIATION STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK ALASKA AL ALABAMA AR ARKANSAS AS AMERICAN SAMOA ΑZ ARIZONA CA CALIFORNIA

* 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
СТ	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
КY	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
ОН	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 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME WI WISCONSIN WV WEST VIRGINIA WΥ 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 SNF/NF (DISTINCT PART), CATEGORY = "03" (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 184 186 C PROV2710 STATE REGION CODE 3 FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED COBOL NAME: STATE-REGION-CD 187 236 C PROV2720 STREET ADDRESS 50 STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: STREET-ADDRESS 237 246 C PROV1605 TELEPHONE NUMBER 10 THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM 2 247 248 C PROV4770 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 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 PAGE: 10 1DATE: 01/01/2008 POS RECORD LAYOUT SNF/NF (DISTINCT PART), CATEGORY = "03" (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 258 259 C PROV2885 TYPE OF CONTROL 2 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 FOR PROFIT - CORPORATION 03 04 NONPROFIT - CHURCH RELATED NONPROFIT - CORPORATION 05 06 NONPROFIT - OTHER 07 GOVERNMENT - STATE 80 GOVERNMENT - COUNTY 09 GOVERNMENT - CITY 10 GOVERNMENT - CITY/COUNTY GOVERNMENT - HOSPITAL DISTRICT 11 12 GOVERNMENT - FEDERAL 13 LIMITED LIABILITY CORPORATION 5 260 264 C PROV2905 ZIP CODE THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER. COBOL NAME: ZIP-CD 266 C FIPSTATE 2 265 FIPS STATE CODE 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 1 273 273 C SSAMSASZ SSA MSA SIZE CODE SSA MSA SIZE CODE COBOL NAME: WS-SSA-MSA-SIZE-CD

 \star indicates this field has been added or changed since: 10/03/2007

1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 11 SNF/NF (DISTINCT PART), CATEGORY = "03" (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 359 359 C PROV0290 COMPLIANCE: 24 HR REGISTERED NURSE 1 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 1 434 434 C PROV1670 PROGRAM PARTICIPATION INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE, MEDICAID, OR BOTH PROGRAMS. COBOL NAME: PROG-PARTCI VALUES: 1 MEDICARE ONLY 2 MEDICAID ONLY MEDICARE AND MEDICAID 3 1 470 470 C PROV1545 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 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

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME ACTIVITY PROFESSIONAL - CONTRACT 7.2 596 602 N PROV0695 THE NUMBER OF FULL TIME EQUIVALENT ACTIVITIES PROFESSIONALS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-ACT-THER-CONTRACT ACTIVITY PROFESSIONAL - FULL TIME 7.2 603 609 N PROV0700 THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES PROFESSIONALS EMPLOYED FULL TIME BY A FACILITY. COBOL NAME: NUM-ACT-THER-FULL-TIME ACTIVITY PROFESSIONAL - PART TIME 7.2 610 616 N PROV0705 THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES PROFESSIONALS EMPLOYED PART TIME BY A FACILITY. COBOL NAME: NUM-ACT-THER-PART-TIME ADMINISTRATION - CONTRACT 7.2 617 623 N PROV0710 THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-ADMN-CONTRACT 7.2 624 630 N PROV0715 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 ADMINISTRATOR - PART TIME 7.2 631 637 N PROV0720 THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF EMPLOYED ON A PART-TIME BASIS BY A FACILITY. COBOL NAME: NUM-ADMN-PART-TIME 638 641 N PROV1445 BEDS - MEDICARE SNF 4 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 646 649 N PROV1450 4 NUMBER OF BEDS CERTIFIED FOR BOTH MEDICARE AND MEDICAID SKILLED NURSING CARE IN A LONG TERM CARE FACILITY. COBOL NAME: NUM-T1819-SNF-BEDS 7.2 650 656 N PROV1000 CERT NURSE AIDES - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-NURSE-AID-CONTRACT 657 663 N PROV1005 CERT NURSE AIDES - FULL TIME 7.2 THE NUMBER OF FULL-TIME EOUIVALENT CERTIFIED NURSE AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-NURSE-AID-FULL-TIME CERT NURSE AIDES - PART TIME 664 670 N PROV1010 7.2 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 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 13 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

LEN START END TYPE SAS NAME SHORT DESCRIPTION 671 671 C PROV0110 CHRISTIAN SCIENCE INDICATOR 1 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 673 673 C PROV0270 1 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 674 674 C PROV0295 1 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 EOUIVALENT DENTISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-DENTIST-CONTRACT 7.2 682 688 N DENTISTS - FULL TIME 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 696 702 N PROV0805 DIETITIANS - CONTRACT 7.2 THE NUMBER OF FULL-TIME EOUIVALENT UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-DIET-CONTRACT 7.2 703 709 N PROV0810 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 DIETITIANS - PART TIME 7.2 710 716 N PROV0815 THE NUMBER OF FULL-TIME EOUIVALENT DIETITIANS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-DIET-PART-TIME

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

SHORT DESCRIPTION LEN START END TYPE SAS NAME 717 717 C PROV0465 EXPERIMENTAL RESEARCH CONDUCTED 1 INDICATES IF A FACILITY USES RESIDENTS TO DEVELOP AND TEST CLINICAL TREATMENTS. COBOL NAME: EXPER-RESEARCH VALUES: Y YES 7.2 718 724 N PROV0860 FOOD SERVICE - CONTRACT 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 7.2 739 745 N PROV0925 HOUSEKEEPING - CONTRACT 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 7.2 753 759 N PROV0935 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 7.2 760 766 N PROV1465 LPN/LVN - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-VOC-NURSE-CONTRACT 767 773 N PROV1470 LPN/LVN - FULL TIME 7.2 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 # 781 786 C PROV0640 6 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 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4) LEN START END TYPE SAS NAME SHORT DESCRIPTION

7.2 787 793 N PROV0960 MEDICAL DIRECTOR - CONTRACT 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 7.2 836 842 N PROV0985 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 7.2 843 849 N PROV0990 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 38 850 887 C PROV0680 MULTI-FACILITY ORGANIZATION NAME THE NAME OF THE MULTI-FACILITY ORGANIZATION THAT OWNS THE FACILITY. COBOL NAME: NAME-MULT-FACL-ORG 888 888 C PROV0675 MULTI-FACILITY ORGANIZATION OWNED 1 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 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 16 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME

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7.2 889 895 N PROV5165 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 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 7.2 917 923 N PROV5135 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 7.2 924 930 N PROV5145 NURSES WITH ADMIN DUTIES-PART TIME 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 7.2 938 944 N PROV1035 OCCUP THERAPISTS, CONTRACT/ARRANGE THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-OCC-THER-CONTRACT 7.2 945 951 N PROV1020 OCCUP THERAPY AIDE - CONTRACT 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 7.2 959 965 N PROV1030 OCCUP THERAPY AIDE - PART TIME 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 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 17 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTIONLEN START END TYPESAS NAMEOCCUP THERAPY ASST - CONTRACT7.2966972NPROV5195

THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS UNDER CONTRCAT TO A FACILITY. COBOL NAME: NUM-OCC-ASST-CONTRACT 7.2 973 979 N PROV5185 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 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 1 994 994 C PROV1535 ORGANIZED FAMILY GROUP INDICATES IF THE FACILITY HAS AN ORGANIZED GROUP OF FAMILY MEMBERS OF RESIDENTS. COBOL NAME: ORG-FAMILY-GRP VALUES: Y YES ORGANIZED RESIDENT GROUP 995 995 C PROV1540 1 INDICATES IF THE FACILITY HAS AN ORGANIZED RESIDENTS GROUP. COBOL NAME: ORG-RESID-GRP VALUES: Y YES 7.2 996 1002 N PROV3265 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 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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 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)
SHORT DESCRIPTION LEN START END TYPE SAS NAME
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 ACTIV ITIES STAFF. COBOL NAME: NUM-OTH-ACT-PART-TIME OTHER PHYSICIAN - CONTRACT 7.2 1038 1044 N PROV1060 THE NUMBER OF FULL-TIME EOUIVALENT 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 7.2 1080 1086 N PROV1085 PHARMACISTS - CONTRACT 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.

 BY A FACILITY ON A FOLL

 COBOL NAME: NUM-PHAR-FULL-TIME

 7.2

 1094

 1100

 N

 PROV1095

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

 * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007
 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 19 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)
 SHORT DESCRIPTION LEN START END TYPE SAS NAME
 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 PHYSICAL THERAPISTS - CONTRACT 7.2 1122 1128 N PROV1430 THE NUMBER OF FULL-TIME EOUIVALENT 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-CONTRACTPHYSICIAN EXTENDER - FULL TIME7.27.211711177NPROV3250 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS EMPLOYED BY THE FACILITY ON A FULL-TIME BASIS. COBOL NAME: NUM-PHYS-EXT-FULL-TIME 7.2 1178 1184 N PROV3260 PHYSICIAN EXTENDER - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS EMPLOYED BY THE FACILITY ON A PART-TIME BASIS. COBOL NAME: NUM-PHYS-EXT-PART-TIME 7.2 1185 1191 N PROV1130 PODIATRISTS - CONTRACT THE NUMBER OF FULL TIME EQUIVALENT PODIATRISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-POD-CONTRACT * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 20 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME PODIATRISTS - FULL TIME 7.2 1192 1198 N PROV1135 THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED BY A AFCILITY 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 1206 1206 C PROV1675 PROVIDER BASED FACILITY 1 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 10 1228 1237 C PROV1755 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 RESCIND SUSPENSION DATE 8 1238 1245 C PROV1825 DATE THAT THE SUPENSION 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 7.2 1253 1259 N PROV5120 RN DIRECTOR OF NURSING - FULL TIME 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 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 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 7.2 1281 1287 N PROV1180 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 3 1288 1290 N PROV0725 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 1291 1293 N PROV0730 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 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 3 SPECIAL CARE BEDS-HEAD TRAUMA 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 3 1306 1308 N PROV0940 SPECIAL CARE BEDS-HUNTINGTONS 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 3 1309 1311 N PROV1205 SPECIAL CARE BEDS-SPEC REHAB 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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 22 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 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 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 1 1336 1336 C PROV3390 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 Υ 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 Υ SERVICE IS PROVIDED 1338 1338 C PROV3380 SRV: ACTIVITIES-ONSITE-RESIDENTS 1 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 1339 1339 C PROV3525 SRV: BLOOD ADMIN-OFFSITE-RESIDENTS 1 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 Υ SERVICE IS PROVIDED

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

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

1 1341 1341 C PROV3515 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 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 1343 1343 C PROV3490 1 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 SERVICE IS PROVIDED Y 1344 1344 C PROV3485 SRV: CLINICAL LAB-ONSITE-RESIDENTS 1 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 1346 1346 C PROV3430 1 INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-DENTAL-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED SERVICE IS PROVIDED Y * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 24 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 1 1347 1347 C PROV3425 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 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 SERVICE IS NOT PROVIDED VALUES: N Y SERVICE IS PROVIDED 1 1352 1352 C PROV3540 SRV: HOUSEKEEPING-OFFSITE-RES 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 1353 1353 C PROV3530 1 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 SNF/NF (DISTINCT PART), CATEGORY = "03" (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 Υ 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 Υ 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 1358 1358 C PROV3310 1 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 SERVICE IS NOT PROVIDED VALUES: N Υ 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 SNF/NF (DISTINCT PART), CATEGORY = "03" (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 SERVICE IS NOT PROVIDED VALUES: N Υ SERVICE IS PROVIDED SRV: OTH ACTIVITIES-OFFSITE TO RES 1363 1363 C PROV5255 1 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 Υ 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 Υ SERVICE IS PROVIDED 1 1366 1366 C PROV5285 SRV: OTH SOC SRV-OFFSITE TO RES 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 1367 1367 C PROV5280 SRV: OTH SOC SRV-ONSITE TO NONRES 1 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 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME SRV: OTH SOC SRV-ONSITE TO RES 1368 1368 C PROV5275 1 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 1 1370 1370 C PROV3325 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 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 1372 1372 C PROV3300 1 INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-PHYS-EXT-OFF-RES SERVICE IS NOT PROVIDED VALUES: N 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 Υ SERVICE IS PROVIDED SRV: PHYS EXTENDER-ONSITE-RESIDENT 1374 1374 C PROV3290 1 INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-PHYS-EXT-ON-RES VALUES: N SERVICE IS NOT PROVIDED Υ 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 (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4) 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 Υ 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 1 1377 1377 C PROV3365 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 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 SERVICE IS PROVIDED v * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 29 SNF/NF (DISTINCT PART), CATEGORY = "03" (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 SERVICE IS NOT PROVIDED VALUES: N Υ SERVICE IS PROVIDED 1 1383 1383 C PROV3440 SRV: PODIATRY-ONSITE-RESIDENTS INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-PODIATRY-ON-RES VALUES: N SERVICE IS NOT PROVIDED Υ SERVICE IS PROVIDED

1 1384 1384 C PROV3405 SRV: SOCIAL WORK-OFFSITE-RESIDENTS 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 1385 1385 C PROV3400 1 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 1386 1386 C PROV3395 1 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 1387 1387 C PROV3420 SRV: SPEECH PATH-OFFSITE-RESIDEN 1 INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-SPEECH-PH-OFF-RES VALUES: N SERVICE IS NOT PROVIDED SERVICE IS PROVIDED Y 1 1388 1388 C PROV3415 SRV: SPEECH PATH-ONSITE-NON RESID 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 Υ 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 1 1389 1389 C PROV3410 SRV: SPEECH PATH-ONSITE-RESIDENTS INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-SPEECH-PH-ON-RES SERVICE IS NOT PROVIDED VALUES: N SERVICE IS PROVIDED Y 1390 1390 C PROV5225 SRV: THER REC SPEC-OFFSITE TO RES 1 INDICATES IF THERAPEUTIC RECRECATION 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 1391 1391 C PROV5220 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 SERVICE IS NOT PROVIDED VALUES: N 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 Υ SERVICE IS PROVIDED SRV: VOCATIONAL-OFFSITE-RESIDENTS 1393 1393 C PROV3480 1 INDICATES IF VOCATIONAL SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-VOC-GUID-OFF-RES VALUES: N SERVICE IS NOT PROVIDED SERVICE IS PROVIDED Y 1394 1394 C PROV3475 SRV: VOCATIONAL-ONSITE-NON RESID 1 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 PAGE: 31 1DATE: 01/01/2008 POS RECORD LAYOUT SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 1 1396 1396 C PROV3510 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 Υ SERVICE IS PROVIDED 1397 1397 C PROV3505 SRV: XRAY-ONSITE-NON RESIDENTS 1 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 1398 1398 C PROV3500 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 SERVICE IS PROVIDED Y 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 POS RECORD LAYOUT PAGE: 1 1DATE: 01/01/2008 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 2 1 2 C PROV0085 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 3 4 C PROV0075 CATEGORY OF PROVIDER/SUPPLIER 2 IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 04 SKILLED NURSING FACILITIES 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

8 7 14 C PROV0100 CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT 15 42 C PROV3225 CITY 28 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 В NOT IN COMPLIANCE COUNTY CODE 47 C PROV2695 3 45 SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED. COBOL NAME: SSA-COUNTY 10 48 CROSS REFERENCE PROVIDER NUMBER 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 66 73 C PROV2740 8 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 74 74 C PROV0455 1 INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: ELIG-CD ELIGIBLE TO PARTICIPATE VALUES: 1 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 5 125 129 C PROV0605 INTERMEDIARY NUMBER

A NUMBER ASSIGNED TO AN INTERN	MEDIARY OR CARRIER
SERVICING A PROVIDER OR SUPPLE	IER.
COBOL NAME: INTER-CARRIER-NUM	
VALUES: 00010	BLUE CROSS (ALABAMA)
00011	САНАВА
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 00230	BLUE CROSS (MINNESOTA)
00230	BLUE CROSS (MISSISSIPPI) BLUE CROSS (LOUISIANA)
00231	BLUE CROSS (HOUISIANA) BLUE CROSS (MISSOURI)
00241	BLUE CROSS (MISSOURI) BLUE CROSS (NEBRASKA)
00270	NATIONAL GOVERNMENT SERVICES
00280	BLUE CROSS (NEW JERSEY)
00200	TTCH CKOSS (NEW CHCSEI)

* 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 00308 00310	BLUE CROSS (NEW MEXICO) NATIONAL GOVERNMENT SERVICES 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	САНАВА
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
THIS FIELD HAS BEEN AN	DDED OR CHANGED SINCE: 10/03/2007
2000 000	

* 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 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 153 160 C PROV1615 8 PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT 5 161 165 C PROV1620 PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM VALUES: 00010 BLUE CROSS (ALABAMA) CAHABA 00011

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	САНАВА
00883	PALMETTO
00952	WPS - ILLINOIS
00952	
	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 (CELEARWATER)
51390	AETNA (FORT WASHINGTON)
1DATE: 01/01/2008 POS	DEED OR CHANGED SINCE: 10/03/2007 RECORD LAYOUT PAGE: 6 CATEGORY = "04" (SEE POSITIONS 3-4)
SHORT DESCRIPTION	LEN START END TYPE SAS NAME
52280 57400	MUTUAL OF OMAHA COOPERATIVA (PUERTO RICO)
PROVIDER NUMBER A SIX OR TEN POSITION IDENTIFI SIGNED TO A CERTIFIED PROVIDER IS ISSUED A 6 POSITION NUMERIC A SUPPLIER IS ISSUED A 10 POSI COBOL NAME: PROV-NUM	R OR SUPPLIER. A PROVIDER C OR ALPHANUMERIC NUMBER,
RECORD TYPE THIS INDICATOR SPECIFIES THE (COBOL NAME: RECORD-TYPE VALUES: A P W	1 176 176 C PROV1720 CURRENT STATUS OF RECORD. ACCEPTED PENDING WORK
REGION CODE THE HCFA REGIONAL OFFICE HAVIN STATE IN WHICH THE PROVIDER IS COBOL NAME: REGION VALUES: 01	

02 II NEW YORK III PHILADELPHIA 03 04 IV ATLANTA CHICAGO V 05 VI DALLAS 06 07 VII KANSAS CITY 80 VIII DENVER 09 IX SAN FRANCISCO 10 Х 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: ALASKA AK AL ALABAMA AR ARKANSAS AS AMERICAN SAMOA ΑZ ARIZONA CA CALIFORNIA CNCANADA * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 7 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME CO COLORADO СТ CONNECTICUT DC DISTRICT OF COLUMBIA DE DELAWARE FLFLORIDA GEORGIA GΑ GU GUAM ΗI HAWAII IΑ IOWA ID IDAHO TT. ILLINOIS IN INDIANA KS KANSAS KΥ KENTUCKY LA LOUISIANA MA MASSACHUSETTS MD MARYLAND ME MAINE ΜI 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
ОН	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 A	ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS	ADDED OR CHANGED SINCE: 10/03/2007 S RECORD LAYOUT PAGE: 8 S, CATEGORY = "04" (SEE POSITIONS 3-4)
1DATE: 01/01/2008 POS	S RECORD LAYOUT PAGE: 8
1DATE: 01/01/2008 POS SKILLED NURSING FACILITIES SHORT DESCRIPTION	S RECORD LAYOUT PAGE: 8 S, CATEGORY = "04" (SEE POSITIONS 3-4) LEN START END TYPE SAS NAME
1DATE: 01/01/2008 POS SKILLED NURSING FACILITIES SHORT DESCRIPTION WI	S RECORD LAYOUT PAGE: 8 S, CATEGORY = "04" (SEE POSITIONS 3-4) LEN START END TYPE SAS NAME WISCONSIN
1DATE: 01/01/2008 POS SKILLED NURSING FACILITIES SHORT DESCRIPTION WI WV	S RECORD LAYOUT PAGE: 8 S, CATEGORY = "04" (SEE POSITIONS 3-4) LEN START END TYPE SAS NAME WISCONSIN WEST VIRGINIA
1DATE: 01/01/2008 POS SKILLED NURSING FACILITIES SHORT DESCRIPTION WI	S RECORD LAYOUT PAGE: 8 S, CATEGORY = "04" (SEE POSITIONS 3-4) LEN START END TYPE SAS NAME WISCONSIN
1DATE: 01/01/2008 POS SKILLED NURSING FACILITIES SHORT DESCRIPTION WI WV WY	S RECORD LAYOUT PAGE: 8 S, CATEGORY = "04" (SEE POSITIONS 3-4) LEN START END TYPE SAS NAME WISCONSIN WEST VIRGINIA WYOMING
1DATE: 01/01/2008 POS SKILLED NURSING FACILITIES SHORT DESCRIPTION WI WV WY STATE CODE (SSA)	S RECORD LAYOUT PAGE: 8 S, CATEGORY = "04" (SEE POSITIONS 3-4) LEN START END TYPE SAS NAME WISCONSIN WEST VIRGINIA WYOMING 2 182 183 C PROV2700
1DATE: 01/01/2008 POS SKILLED NURSING FACILITIES SHORT DESCRIPTION WI WV WY STATE CODE (SSA) TWO DIGIT CODE INDICATING STA	S RECORD LAYOUT PAGE: 8 S, CATEGORY = "04" (SEE POSITIONS 3-4) LEN START END TYPE SAS NAME WISCONSIN WEST VIRGINIA WYOMING 2 182 183 C PROV2700
1DATE: 01/01/2008 POS SKILLED NURSING FACILITIES SHORT DESCRIPTION WI WV WY STATE CODE (SSA) TWO DIGIT CODE INDICATING STA LOCATED.	S RECORD LAYOUT PAGE: 8 S, CATEGORY = "04" (SEE POSITIONS 3-4) LEN START END TYPE SAS NAME WISCONSIN WEST VIRGINIA WYOMING 2 182 183 C PROV2700
1DATE: 01/01/2008 POS SKILLED NURSING FACILITIES SHORT DESCRIPTION WI WV WY STATE CODE (SSA) TWO DIGIT CODE INDICATING STA LOCATED. COBOL NAME: SSA-STATE	S RECORD LAYOUT PAGE: 8 S, CATEGORY = "04" (SEE POSITIONS 3-4) LEN START END TYPE SAS NAME WISCONSIN WEST VIRGINIA WYOMING 2 182 183 C PROV2700 ATE WHERE FACILITY IS
1DATE: 01/01/2008 POS SKILLED NURSING FACILITIES SHORT DESCRIPTION WI WV WY STATE CODE (SSA) TWO DIGIT CODE INDICATING STA LOCATED. COBOL NAME: SSA-STATE VALUES: 01	S RECORD LAYOUT PAGE: 8 S, CATEGORY = "04" (SEE POSITIONS 3-4) LEN START END TYPE SAS NAME WISCONSIN WEST VIRGINIA WYOMING 2 182 183 C PROV2700 ATE WHERE FACILITY IS ALABAMA
1DATE: 01/01/2008 POS SKILLED NURSING FACILITIES SHORT DESCRIPTION WI WV WY STATE CODE (SSA) TWO DIGIT CODE INDICATING STA LOCATED. COBOL NAME: SSA-STATE VALUES: 01 02	S RECORD LAYOUT PAGE: 8 S, CATEGORY = "04" (SEE POSITIONS 3-4) LEN START END TYPE SAS NAME WISCONSIN WEST VIRGINIA WYOMING 2 182 183 C PROV2700 ATE WHERE FACILITY IS ALABAMA ALASKA
1DATE: 01/01/2008 POS SKILLED NURSING FACILITIES SHORT DESCRIPTION WI WV WY STATE CODE (SSA) TWO DIGIT CODE INDICATING STA LOCATED. COBOL NAME: SSA-STATE VALUES: 01 02 03	S RECORD LAYOUT PAGE: 8 S, CATEGORY = "04" (SEE POSITIONS 3-4) LEN START END TYPE SAS NAME WISCONSIN WEST VIRGINIA WYOMING 2 182 183 C PROV2700 ATE WHERE FACILITY IS ALABAMA ALASKA ARIZONA
1DATE: 01/01/2008 POS SKILLED NURSING FACILITIES SHORT DESCRIPTION WI WV WY STATE CODE (SSA) TWO DIGIT CODE INDICATING STA LOCATED. COBOL NAME: SSA-STATE VALUES: 01 02 03 04	S RECORD LAYOUT PAGE: 8 S, CATEGORY = "04" (SEE POSITIONS 3-4) LEN START END TYPE SAS NAME WISCONSIN WEST VIRGINIA WYOMING 2 182 183 C PROV2700 ATE WHERE FACILITY IS ALABAMA ALASKA
1DATE: 01/01/2008 POS SKILLED NURSING FACILITIES SHORT DESCRIPTION WI WV WY STATE CODE (SSA) TWO DIGIT CODE INDICATING STA LOCATED. COBOL NAME: SSA-STATE VALUES: 01 02 03	S RECORD LAYOUT PAGE: 8 S, CATEGORY = "04" (SEE POSITIONS 3-4) LEN START END TYPE SAS NAME WISCONSIN WEST VIRGINIA WYOMING 2 182 183 C PROV2700 ATE WHERE FACILITY IS ALABAMA ALASKA ARIZONA
1DATE: 01/01/2008 POS SKILLED NURSING FACILITIES SHORT DESCRIPTION WI WV WY STATE CODE (SSA) TWO DIGIT CODE INDICATING STA LOCATED. COBOL NAME: SSA-STATE VALUES: 01 02 03 04	S RECORD LAYOUT PAGE: 8 S, CATEGORY = "04" (SEE POSITIONS 3-4) LEN START END TYPE SAS NAME WISCONSIN WEST VIRGINIA WYOMING 2 182 183 C PROV2700 ATE WHERE FACILITY IS ALABAMA ALASKA ARIZONA ARKANSAS
1DATE: 01/01/2008 POS SKILLED NURSING FACILITIES SHORT DESCRIPTION WI WV WY STATE CODE (SSA) TWO DIGIT CODE INDICATING STA LOCATED. COBOL NAME: SSA-STATE VALUES: 01 02 03 04 05	S RECORD LAYOUT PAGE: 8 S, CATEGORY = "04" (SEE POSITIONS 3-4) LEN START END TYPE SAS NAME WISCONSIN WEST VIRGINIA WYOMING 2 182 183 C PROV2700 ATE WHERE FACILITY IS ALABAMA ALASKA ARIZONA ARKANSAS CALIFORNIA
1DATE: 01/01/2008 POS SKILLED NURSING FACILITIES SHORT DESCRIPTION WI WV WY STATE CODE (SSA) TWO DIGIT CODE INDICATING STA LOCATED. COBOL NAME: SSA-STATE VALUES: 01 02 03 04 05 06	S RECORD LAYOUT PAGE: 8 S, CATEGORY = "04" (SEE POSITIONS 3-4) LEN START END TYPE SAS NAME WISCONSIN WEST VIRGINIA WYOMING 2 182 183 C PROV2700 ATE WHERE FACILITY IS ALABAMA ALASKA ARIZONA ARKANSAS CALIFORNIA COLORADO
1DATE: 01/01/2008 POS SKILLED NURSING FACILITIES SHORT DESCRIPTION WI WV WY STATE CODE (SSA) TWO DIGIT CODE INDICATING STA LOCATED. COBOL NAME: SSA-STATE VALUES: 01 02 03 04 05 06 07	S RECORD LAYOUT PAGE: 8 S, CATEGORY = "04" (SEE POSITIONS 3-4) LEN START END TYPE SAS NAME WISCONSIN WEST VIRGINIA WYOMING 2 182 183 C PROV2700 ATE WHERE FACILITY IS ALABAMA ALASKA ARIZONA ARKANSAS CALIFORNIA COLORADO CONNECTICUT
1DATE: 01/01/2008 POS SKILLED NURSING FACILITIES SHORT DESCRIPTION WI WV WY STATE CODE (SSA) TWO DIGIT CODE INDICATING STA LOCATED. COBOL NAME: SSA-STATE VALUES: 01 02 03 04 05 06 07 08 09	S RECORD LAYOUT PAGE: 8 S, CATEGORY = "04" (SEE POSITIONS 3-4) LEN START END TYPE SAS NAME WISCONSIN WEST VIRGINIA WYOMING 2 182 183 C PROV2700 ATE WHERE FACILITY IS ALABAMA ALASKA ARIZONA ARKANSAS CALIFORNIA COLORADO CONNECTICUT DELAWARE DISTRICT OF COLUMBIA
1DATE: 01/01/2008 POS SKILLED NURSING FACILITIES SHORT DESCRIPTION WI WV WY STATE CODE (SSA) TWO DIGIT CODE INDICATING STA LOCATED. COBOL NAME: SSA-STATE VALUES: 01 02 03 04 05 06 07 08 09 10	S RECORD LAYOUT PAGE: 8 S, CATEGORY = "04" (SEE POSITIONS 3-4) LEN START END TYPE SAS NAME WISCONSIN WEST VIRGINIA WYOMING 2 182 183 C PROV2700 ATE WHERE FACILITY IS ALABAMA ALASKA ARIZONA ARKANSAS CALIFORNIA COLORADO CONNECTICUT DELAWARE DISTRICT OF COLUMBIA FLORIDA
1DATE: 01/01/2008 POS SKILLED NURSING FACILITIES SHORT DESCRIPTION WI WV WY STATE CODE (SSA) TWO DIGIT CODE INDICATING STA LOCATED. COBOL NAME: SSA-STATE VALUES: 01 02 03 04 05 06 07 08 09 10 11	S RECORD LAYOUT PAGE: 8 S, CATEGORY = "04" (SEE POSITIONS 3-4) LEN START END TYPE SAS NAME WISCONSIN WEST VIRGINIA WYOMING 2 182 183 C PROV2700 ATE WHERE FACILITY IS ALABAMA ALASKA ARIZONA ARKANSAS CALIFORNIA COLORADO CONNECTICUT DELAWARE DISTRICT OF COLUMBIA FLORIDA GEORGIA
1DATE: 01/01/2008 POS SKILLED NURSING FACILITIES SHORT DESCRIPTION WI WV WY STATE CODE (SSA) TWO DIGIT CODE INDICATING STA LOCATED. COBOL NAME: SSA-STATE VALUES: 01 02 03 04 05 06 07 08 09 10 11 12	S RECORD LAYOUT PAGE: 8 S, CATEGORY = "04" (SEE POSITIONS 3-4) LEN START END TYPE SAS NAME WISCONSIN WEST VIRGINIA WYOMING 2 182 183 C PROV2700 ATE WHERE FACILITY IS ALABAMA ALASKA ARIZONA ARKANSAS CALIFORNIA COLORADO CONNECTICUT DELAWARE DISTRICT OF COLUMBIA FLORIDA GEORGIA HAWAII
1DATE: 01/01/2008 POS SKILLED NURSING FACILITIES SHORT DESCRIPTION WI WV WY STATE CODE (SSA) TWO DIGIT CODE INDICATING STA LOCATED. COBOL NAME: SSA-STATE VALUES: 01 02 03 04 05 06 07 08 09 10 11 12 13	S RECORD LAYOUT PAGE: 8 S, CATEGORY = "04" (SEE POSITIONS 3-4) LEN START END TYPE SAS NAME WISCONSIN WEST VIRGINIA WYOMING 2 182 183 C PROV2700 ATE WHERE FACILITY IS ALABAMA ALASKA ARIZONA ARKANSAS CALIFORNIA COLORADO CONNECTICUT DELAWARE DISTRICT OF COLUMBIA FLORIDA GEORGIA HAWAII IDAHO
1DATE: 01/01/2008 POS SKILLED NURSING FACILITIES SHORT DESCRIPTION WI WV WY STATE CODE (SSA) TWO DIGIT CODE INDICATING STA LOCATED. COBOL NAME: SSA-STATE VALUES: 01 02 03 04 05 06 07 08 09 10 11 12	S RECORD LAYOUT PAGE: 8 S, CATEGORY = "04" (SEE POSITIONS 3-4) LEN START END TYPE SAS NAME WISCONSIN WEST VIRGINIA WYOMING 2 182 183 C PROV2700 ATE WHERE FACILITY IS ALABAMA ALASKA ARIZONA ARKANSAS CALIFORNIA COLORADO CONNECTICUT DELAWARE DISTRICT OF COLUMBIA FLORIDA GEORGIA HAWAII

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 1	END	TYPE	SAS NAME
41	RHODE ISLAND				
41 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	С	PROV2710
FOR SELECTED STATES, IDENTIFIE	S THE PARTICULA	R REGION			
WITHIN THE STATE WHERE THE FAC	CILITY IS LOCATE	D			
COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	187	236	С	PROV2720
	50	±07	250	0	110000/20

STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: STREET-ADDRESS 10 237 246 C PROV1605 TELEPHONE NUMBER THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM 247 248 C PROV4770 TERMINATION CODE # 1 2 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 8 249 256 C PROV4500 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 1 257 257 C PROV2880 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 258 259 C PROV2885 TYPE OF CONTROL 2 INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL FOR PROFIT - INDIVIDUAL VALUES: 01 02 FOR PROFIT - PARTNERSHIP 03 FOR PROFIT - CORPORATION 04 NONPROFIT - CHURCH RELATED 05 NONPROFIT - CORPORATION NONPROFIT - OTHER 06

07 GOVERNMENT - STATE GOVERNMENT - COUNTY 08 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 1 273 273 C SSAMSASZ SSA MSA SIZE CODE 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 291 294 N PROV0740 4 TOTAL NUMBER OF BEDS IN A FACILITY, INCLUDING THOSE IN NON-PARTICIPATING OR NON-LICENSED AREAS. COBOL NAME: NUM-BEDS BEDS - TOTAL CERTIFIED 295 298 N PROV0755 4 NUMBER OF BEDS IN MEDICARE AND/OR MEDICAID CERTIFIED AREAS WITHIN A FACILITY. COBOL NAME: NUM-CERT-BEDS 1 356 356 C PROV0240 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 COMPLIANCE: 24 HR REGISTERED NURSE 359 359 C PROV0290 1 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 4 378 381 C PROV0485 FISCAL YEAR ENDING DATE THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR. COBOL NAME: FISC-YR-END-DT 1 434 434 C PROV1670 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 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 7.2 596 602 N PROV0695 THE NUMBER OF FULL TIME EQUIVALENT ACTIVITIES PROFESSIONALS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-ACT-THER-CONTRACT 603 609 N PROV0700 ACTIVITY PROFESSIONAL - FULL TIME 7.2 THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES PROFESSIONALS EMPLOYED FULL TIME BY A FACILITY. COBOL NAME: NUM-ACT-THER-FULL-TIME ACTIVITY PROFESSIONAL - PART TIME 7.2 610 616 N PROV0705 THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES PROFESSIONALS EMPLOYED PART TIME BY A FACILITY. COBOL NAME: NUM-ACT-THER-PART-TIME 7.2 617 623 N PROV0710 ADMINISTRATION - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-ADMN-CONTRACT ADMINISTRATOR - FULL TIME 7.2 624 630 N PROV0715 THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF EMPLOYED ON A FULL TIME BASIS BY A FACILITY. COBOL NAME: NUM-ADMN-FULL-TIME 7.2 631 637 N PROV0720 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 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 7.2 650 656 N PROV1000 CERT NURSE AIDES - CONTRACT 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 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 13 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 1 671 671 C PROV0110 CHRISTIAN SCIENCE INDICATOR 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 674 674 C PROV0295 1 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 7.2 675 681 N PROV0785 DENTISTS - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-DENTIST-CONTRACT 7.2 682 688 N PROV0790 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 7.2 689 695 N PROV0795 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 7.2 696 702 N PROV0805 DIETITIANS - CONTRACT 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 * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 14 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4) 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 7.2 725 731 N PROV0865 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 7.2 732 738 N PROV0870 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 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 7.2 746 752 N PROV0930 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 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 7.2 760 766 N PROV1465 LPN/LVN - CONTRACT 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 BASTS. 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 BASTS 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 7.2 787 793 N PROV0960 MEDICAL DIRECTOR - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS UNDER CONTRCAT TO A FACILITY. COBOL NAME: NUM-MED-CONTRACT 7.2 794 800 N PROV0965 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 7.2 801 807 N PROV0970 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 7.2 808 814 N PROV5180 MEDICATION AIDES/TECHS-CONTRACT THE NUMBER OF FULL-TIMR EQUIVALENT MEDICATION AIDES/ TECHNICIANS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-MED-AID-CONTRACT 7.2 815 821 N PROV5170 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 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: * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 PAGE: 16 1DATE: 01/01/2008 POS RECORD LAYOUT 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 896 902 N PROV5155 7.2 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 903 909 N PROV5160 NURSE AIDES IN TRNG-PART TIME 7.2 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 7.2 924 930 N PROV5145 NURSES WITH ADMIN DUTIES-PART TIME 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 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 17 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4) 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 7.2 987 993 N PROV1045 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 994 994 C PROV1535 ORGANIZED FAMILY GROUP 1 INDICATES IF THE FACILITY HAS AN ORGANIZED GROUP OF FAMILY MEMBERS OF RESIDENTS. COBOL NAME: ORG-FAMILY-GRP VALUES: Y YES ORGANIZED RESIDENT GROUP 995 995 C PROV1540 1 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 EOUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES UNDER CONTRACT TO THE FACILITY. COBOL NAME: NUM-OTH-CONTRACT

7.2 1003 1009 N PROV3245 OTHER - FULL TIME 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 EOUIVALENT 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 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 18 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 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 ACTIV ITIES 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 7.2 1052 1058 N PROV1070 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 1059 1065 N PROV5300 OTHR SOCIAL SERV STAFF-CONTRACT NUMBER OF CONTRACT STAFF HOURS PROVIDED BY OTHER SOCIAL SERVICES STAFF. COBOL NAME: NUM-OTH-SOC-CONTRACT 7.2 1066 1072 N PROV5290 OTHR SOCIAL SERV STAFF-FULL TIME 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 7.2 1080 1086 N PROV1085 PHARMACISTS - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS UNDER

CONTRACT TO A FACILITY. 7.2 1087 1093 N PROV1090 COBOL NAME: NUM-PHAR-CONTRACT PHARMACISTS - FULL TIME 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 * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 19 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 7.2 1108 1114 N PROV5200 PHYS THER ASST - FULL TIME 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-TIMEPHYSICAL THERAPISTS - CONTRACT7.211221128NPROV1430 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-THER-CONTRACT 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 7.2 1136 1142 N PROV1440 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 1143 1149 N PROV1415 PHYSICAL THERAPY AIDE - CONTRACT 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 7.2 1171 1177 N PROV3250 PHYSICIAN EXTENDER - FULL TIME 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 * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 20 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 7.2 1192 1198 N PROV1135 PODIATRISTS - FULL TIME THE NUMBER OF FULL-TIME EOUIVALENT PODIATRISTS EMPLOYED BY A AFCILITY ON A FULL TIME BASIS. COBOL NAME: NUM-POD-FULL-TIME 7.2 1199 1205 N PROV1140 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 PROVIDER BASED FACILITY 1206 1206 C PROV1675 1 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 EOUIVALENT 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 SUPENSION 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 EOUIVALENT 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 7.2 1267 1273 N PROV1170 SOCIAL WORKER - CONTRACT 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 7.2 1281 1287 N PROV1180 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 3 1288 1290 N PROV0725 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 1291 1293 N PROV0730 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 1294 1296 N PROV0800 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 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 3 1300 1302 N PROV0905 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 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-HUNTINGTONS313061308 NPROV0940THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATEDBY THE FACILITY FOR RESIDENTS WITH HUNTINGTON'S DISEASECOBOL NAME: NUM-HUNTING-DIS-BEDSSPECIAL CARE BEDS-SPEC REHAB313091311 NPROV1205THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATEDBY THE FACILITY FOR RESIDENTS WITH SPECIALIZED REHABNEEDS.COBOL NAME: NUM-SPEC-REHAB-BEDSCOBOL NAME: NUM-SPEC-REHAB-BEDSCOBOL NAME: NUM-SPEC-REHAB-BEDS

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 22 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 1312 1314 N PROV1460 SPECIAL CARE BEDS-VENTILATOR 3 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 SPEECH PATHOLOGIST - FULL TIME 7.2 1322 1328 N PROV1195 THE NUMBER OF FULL-TIME EOUIVALENT 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 SERVICE IS PROVIDED Υ 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 SERVICE IS NOT PROVIDED VALUES: N Υ SERVICE IS PROVIDED 1338 1338 C PROV3380 SRV: ACTIVITIES-ONSITE-RESIDENTS 1 INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-ACT-THER-ON-RES VALUES: N SERVICE IS NOT PROVIDED Υ SERVICE IS PROVIDED

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 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 SERVICE IS NOT PROVIDED VALUES: N Υ SERVICE IS PROVIDED SRV: CLINICAL LAB-OFFSITE-RESIDENT 1342 1342 C PROV3495 1 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 1343 1343 C PROV3490 1 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 1344 1344 C PROV3485 SRV: CLINICAL LAB-ONSITE-RESIDENTS 1 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.

SRV: BLOOD ADMIN-OFFSITE-RESIDENTS

1 1339 1339 C PROV3525

COBOL NAME: SP-DENTAL-OFF-RES SERVICE IS NOT PROVIDED VALUES: N Υ 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 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 SERVICE IS PROVIDED Υ 1 1348 1348 C PROV3345 SRV: DIETARY-OFFSITE-RESIDENTS 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 1349 1349 C PROV3340 SRV: DIETARY-ONSITE-NON RESIDENTS 1 INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-DIETARY-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Υ SERVICE IS PROVIDED 1 1350 1350 C PROV3335 SRV: DIETARY-ONSITE-RESIDENTS 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 Υ 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 Υ 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 Υ SERVICE IS PROVIDED 1 1357 1357 C PROV3315 SRV: NURSING-OFFSITE-RESIDENTS 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 1 1358 1358 C PROV3310 SRV: NURSING-ONSITE-NON RESIDENTS 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 1 1360 1360 C PROV3360 SRV: OCCUP THER-OFFSITE-RESIDENTS 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 SERVICE IS PROVIDED Y 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 SERVICE IS PROVIDED Υ SRV: OTH ACTIVITIES-ONSITE RES 1365 1365 C PROV5245 1 FIELD 1 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY STAFF ONSITE TO RESIDENTS. COBOL NAME: SP-OTH-ACT-ON-RES SERVICE IS NOT PROVIDED VALUES: N Υ SERVICE IS PROVIDED 1 1366 1366 C PROV5285 SRV: OTH SOC SRV-OFFSITE TO RES 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 Υ SERVICE IS PROVIDED

1 1367 1367 C PROV5280 SRV: OTH SOC SRV-ONSITE TO NONRES 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 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 1369 1369 C PROV3330 1 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 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 SERVICE IS NOT PROVIDED VALUES: N Υ SERVICE IS PROVIDED 1371 1371 C PROV3320 SRV: PHARMACY-ONSITE-RESIDENTS 1 INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-PHARMACY-ON-RES VALUES: N SERVICE IS NOT PROVIDED Υ SERVICE IS PROVIDED 1372 1372 C PROV3300 SRV: PHYS EXTENDER-OFFSITE-RESID 1 INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-PHYS-EXT-OFF-RES SERVICE IS NOT PROVIDED VALUES: N SERVICE IS PROVIDED Y 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 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4) 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 SERVICE IS PROVIDED Y 1376 1376 C PROV3370 SRV: PHYS THER-ONSITE-NON RESIDENT 1 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 SERVICE IS NOT PROVIDED VALUES: N Υ SERVICE IS PROVIDED 1380 1380 C PROV3275 SRV: PHYSICIAN-ONSITE-RESIDENTS 1 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 * 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 SERVICE IS NOT PROVIDED VALUES: N Y SERVICE IS PROVIDED SRV: SOCIAL WORK-ONSITE-NON RESID 1385 1385 C PROV3400 1 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 1387 1387 C PROV3420 1 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 Υ 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 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 1390 1390 C PROV5225 1 INDICATES IF THERAPEUTIC RECRECATION 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 SERVICE IS NOT PROVIDED VALUES: N 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 1393 1393 C PROV3480 1 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 1394 1394 C PROV3475 1 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 Υ 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 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 Υ SERVICE IS PROVIDED 1 1397 1397 C PROV3505 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 Υ SERVICE IS PROVIDED 1398 1398 C PROV3500 SRV: XRAY-ONSITE-RESIDENTS 1 INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-DIAG-XRAY-ON-RES VALUES: N SERVICE IS NOT PROVIDED Υ 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 7.2 1406 1412 N PROV5230 THER REC SPEC - FULL TIME 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 HOME HEALTH AGENCIES, CATEGORY = "05" (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 HOME HEALTH AGENCY 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: 05 HOME HEALTH AGENCIES 2 5 6 N PROV0095 CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT 8 7 14 C PROV0100 CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT 15 42 C PROV3225 CITY 28 CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY 43 43 C PROV0220 COMPLIANCE: PLAN OF CORRECTION 1 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 44 44 C PROV2715 1 INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REOUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE R NOT IN COMPLIANCE 45 47 C PROV2695 COUNTY CODE 3 SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED. COBOL NAME: SSA-COUNTY 57 C PROV0300 CROSS REFERENCE PROVIDER NUMBER 10 48 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 PAGE: 2 POS RECORD LAYOUT HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 73 C PROV2740 CURRENT SURVEY DATE 8 66 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 74 74 C PROV0455 1 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 75 124 C PROV0475 50 FACILITY NAME THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: FACILITY-NAME 5 125 129 C PROV0605 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) BLUE CROSS (KANSAS) 00150 00180 NATIONAL GOVERNMENT SERVICES NATIONAL GOVERNMENT SERVICES 00181 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) BLUE CROSS (TEXAS) 00400 BLUE CROSS (UTAH) 00410 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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 PAGE: 3 1DATE: 01/01/2008 POS RECORD LAYOUT HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 01390 AETNA (WASHINGTON) 03001 NORIDIAN ADMIN SERVICES 03102 NORIDIAN ADMIN SERVICES (ARIZONA) NORIDIAN ADMIN SERVICES (ARIZONA) NORIDIAN ADMIN SERVICES (MONTANA) NORIDIAN ADMIN SERVICES (NORTH DAKOTA) NORIDIAN ADMIN SERVICES (MONTANA) NORIDIAN ADMIN SERVICES (UTAH) NORIDIAN ADMIN SERVICES (WYOMING) NATIONAL HERITAGE (CA) 03202 03302 03402 03502 03602 31140 31142 NATIONAL HERITAGE INSURANCE CO (MAINE) 31143 NATIONAL HERITAGE INSURANCE CO 31144 NATIONAL HERITAGE INSURANCE CO NATIONAL HERITAGE INSURANCE NATIONAL HERTAGE INSURANCE AETNA (PETALUMA) AETNA (CLEARWATER) 31146 51051 51100 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 145 152 C PROV1565 PARTICIPATION DATE 8 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 5 161 165 C PROV1620 PRIOR INTERMEDIARY NUMBER 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 HCSC - MICHIGAN 00122 HCSC OF MICHIGAN HCSC OF MICHIGAN NATIONAL GOVERNMENT SERVICES BLUE CROSS (IOWA/SOUTH DAKOTA BLUE CROSS (KANSAS) 00123 00131 00140 BLUE CROSS (IOWA/SOUTH DAKOTA) 00150 00180 BLUE CROSS (MAINE) NATIONAL GOVERNMENT SERVICES BLUE CROSS (MISSISSIPPI) BLUE CROSS (NEW MEXICO) 00181 00230 00290

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

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	САНАВА
	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)
۲ s	JUMBER	10 166 175 C PROV1680

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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 PAGE: 5 1DATE: 01/01/2008 POS RECORD LAYOUT HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4) 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 BOSTON VALUES: 01 Т 02 II NEW YORK 03 III PHILADELPHIA 04 IV ATLANTA 05 V CHICAGO VI DALLAS 06 VII KANSAS CITY 07 08 VIII DENVER 09 IX SAN FRANCISCO 10 X SEATTLE 179 179 C PROV2045 SKELETON RECORD INDICATOR 1 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 2 180 181 C PROV3230 STATE ABBREVIATION STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: ALASKA AK AL ALABAMA AR ARKANSAS AS AMERICAN SAMOA ΑZ ARIZONA CA CALIFORNIA CNCANADA CO COLORADO CT CONNECTICUT DC DISTRICT OF COLUMBIA DE DELAWARE FL FLORIDA GΑ GEORGIA GU GUAM ΗТ HAWAII IA IOWA ID IDAHO ΙL ILLINOIS ININDIANA KS KANSAS KΥ KENTUCKY LA LOUISIANA MA MASSACHUSETTS

 \star indicates this field has been added or changed since: 10/03/2007

1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 6 HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

MAINE

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
ОН	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	
LOCATED.	
COBOL NAME: SSA-STATE	
VALUES: 01	ALABAMA
02	ALASKA
03	ARIZONA
04	ARKANSAS
05	CALIFORNIA
06	COLORADO
07	CONNECTICUT
08	DELAWARE
00	
* INDICATES THIS FIELD HAS B	EEN ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008	POS RECORD LAYOUT PAGE: 7

SHORT DESCRIPTION

MD

ME

LEN START END TYPE SAS NAME

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	MARILAND MASSACHUSETTS
23	MICHIGAN
24	MICHIGAN MINNESOTA
25	MINNESOIA MISSISSIPPI
26	MISSISSIPPI MISSOURI
27	
28	MONTANA
	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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 8 HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

LEN START END TYPE SAS NAME SHORT DESCRIPTION 65 GUAM SAIPAN 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 VOL-MERG, CLOSE 01 02 VOL-REIMBURSE 03 VOL-RISK INVOL 04 VOL-OTHER 05 INVOL-FAIL REQ 06 INVOL-AGREEMNT 07 OTH-STATUS CHG 249 256 C PROV4500 TERMINATION DATE/EXPIRATION DATE 1 8 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 1 257 257 C PROV2880 TYPE OF ACTION IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED. COBOL NAME: TYPE-ACTION 1 VALUES: 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 PAGE: 9 HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME 2 258 259 C PROV2885 TYPE OF CONTROL 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 3 267 269 C FIPCNTY FIPS COUNTY CODE FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY 3 SSA MSA CODE 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 1 290 290 C PROV0010 ACCREDITATION INDICATOR 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 8 363 370 C PROV0450 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 7.2 371 377 N PROV0820 DIETICIANS 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

378 381 C PROV0485 FISCAL YEAR ENDING DATE 4 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 EOUIVALENT 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 MEDICAID ONLY 2 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 RECORD HAS BEEN APPROVED VALUES: Y 7.2 473 479 N PROV1145 REGISTERED NURSES THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED PROFESSIONAL NURSES EMPLOYED BY A PROVIDER. COBOL NAME: NUM-REG-NURS 7.2 480 486 N PROV1100 REGISTERED PHARMACISTS THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED PHARMACISTS EMPLOYED BY A PROVIDER. COBOL NAME: NUM-PHARMACIST-REG 1 558 558 C PROV2270 SRV: OCCUPATIONAL THERAPY INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE PROVIDED. COBOL NAME: SP-OCCUP-THERAPY VALUES: 0 NOT PROVIDED PROVIDED BY STAFF 1 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) LEN START END TYPE SAS NAME SHORT DESCRIPTION

1 569 569 C PROV2365 SRV: PHARMACY INDICATES HOW PHARMACY SERVICES ARE PROVIDED. COBOL NAME: SP-PHARMACY VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF 2 PROVIDED UNDER ARRANGEMENT 3 COMBINATION 570 570 C PROV2370 SRV: PHYSICAL THERAPY 1 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 COMBINATION GOVERNMENT VOLUNTARY 02 03 OFFICIAL HEALTH AGENCY 04 REHABILITATION FACILITY BASED PROGRAM 05 HOSPITAL BASED PROGRAM SKILLED NURSING FACILITY BASED PROGRAM 06 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 1420 1420 C PROV0555 1 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 1 1421 1421 C PROV1525 BRANCH OPERATION INDICATOR INDICATES IF THE AGENCY OPERATES ANY BRANCHES. COBOL NAME: OPERS-BRANCHES VALUES: N NO Υ YES * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 PAGE: 12 1DATE: 01/01/2008 POS RECORD LAYOUT HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 3 1422 1424 N PROV0745 BRANCHES

THE NUMBER OF BRANCHES OPERATED BY THE AGENCY. COBOL NAME: NUM-BRANCHES 1 1425 1425 C PROV0105 CHANGE OF OWNERSHIP INDICATOR 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 OUALIFIED 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: Ν 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 1434 1434 C PROV0665 HOSPICE INDICATOR 1 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 7.2 1447 1453 N PROV1185 SOCIAL WORKERS THE NUMBER OF FULL TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY THE AGENCY. COBOL NAME: NUM-SOCIAL-WRKS 7.2 1454 1460 N PROV1220 SPEECH PATHOLOGISTS, AUDIOLOGISTS THE NUMBER OF FULL-TIME EOUIVALENT SPEECH PATHOLOGISTS OR AUDIOLOGISTS EMPLOYED BY A PROVIDER. COBOL NAME: NUM-SPEECH-PATH-AUDIO 1 1461 1461 C PROV2075 SRV: APPLIANCE AND EQUIPMENT 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 1 1462 1462 C PROV2155 SRV: HOME HEALTH AIDE/HOMEMAKER INDICATES HOW HOME HEALTH AIDE SERVICES ARE PROVIDED BY A HOME HEALTH AGENCY. COBOL NAME: SP-HH-AIDE-HOMEMAKER VALUES: 0 NOT PROVIDED PROVIDED BY AGENCY STAFF 1 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 1 1464 1464 C PROV2220 SRV: MEDICAL SOCIAL INDICATES HOW MEDICAL SOCIAL SERVICES ARE PROVIDED COBOL NAME: SP-MEDICAL-SOCIAL NOT PROVIDED VALUES: 0 1 PROVIDED BY STAFF 2 PROVIDED UNDER ARRANGEMENT 3 COMBINATION 1 1465 1465 C PROV2250 SRV: NURSING INDICATES HOW NURSING SERVICES ARE PROVIDED. COBOL NAME: SP-NURSING VALUES: 1 PROVIDED BY STAFF 2 PROVIDED UNDER ARRANGEMENT 3 COMBINATION 1 1466 1466 C PROV2255 SRV: NUTRITIONAL GUIDANCE INDICATES HOW NUTRITIONAL GUIDANCE SERVICES ARE PROVIDED. COBOL NAME: SP-NUTRITION-GUIDANCE VALUES: 0 NOT PROVIDED PROVIDED BY STAFF 1 2 PROVIDED UNDER ARRANGEMENT 3 COMBINATION * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 PAGE: 14 1DATE: 01/01/2008 POS RECORD LAYOUT 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 1 1470 1470 C PROV2725 SUBUNIT INDICATOR INDICATES IF THE AGENCY IS A SUBUNIT OF ANOTHER AGENCY. COBOL NAME: SUBUNIT-IND VALUES: N NO Υ 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 1472 1474 N PROV1240 3 THE NUMBER OF SUBUNITS OPERATED BY THE AGENCY. COBOL NAME: NUM-SUBUNITS SURETY BOND INDICATOR 1475 1475 C PROV5680 1 SURETY BOND INDICATOR, VALID VALUES ARE "N" OR "Y" OR "W" COBOL NAME: SURETY-BOND-IND VALUES: Ν NO W WAIVER Υ 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 PHYSICAL THERAPISTS ON STAFF 7.2 1505 1511 N PROV1120 THE NUMBER OF FULL-TIME EOUIVALENT 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 PRO	IDED BY STAFF
2 PRO	IDED UNDER ARRANGEMENT
3 COM	BINATION

 * 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 PROV085 A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 X-RAY

2 3 4 C PROV0075 CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 07 PORTABLE X-RAY SUPPLIERS 2 5 6 N PROV0095 CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT 8 7 14 C PROV0100 CHANGE OF OWNERSHIP DATE 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 43 43 C PROV0220 1 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 44 44 C PROV2715 1 INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REOUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE В NOT IN COMPLIANCE 45 47 C PROV2695 COUNTY CODE 3 SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY TS LOCATED. COBOL NAME: SSA-COUNTY 10 48 57 C PROV0300 CROSS REFERENCE PROVIDER NUMBER 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 PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4) LEN START END TYPE SAS NAME SHORT DESCRIPTION

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: 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) CAHABA 00511 00520 BLUE SHIELD (ARKANSAS) 00528 BLUE SHIELD (ARKANSAS/LOUISIANA) BLUE SHIELD (CALIFORNIA) 00542 00550 BLUE SHIELD (COLORADO) BLUE SHIELD (DELAWARE) 00570 00580 BLUE SHIELD (DISTRICT OF COLUMBIA) 00590 BLUE SHIELD (FLORIDA) BLUE SHIELD (ILLINOIS) 00621 00630 NATIONAL GOVERNMENT SERVICES 00640 BLUE SHIELD (IOWA) 00650 BLUE SHIELD (KANSAS) 00655 BLUE SHIELD (KANSAS/NEBRASKA) NATIONAL GOVERNMENT SERVICES 00660 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)

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 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	R.WHEN
COBOL NAME: PRIOR-INTER-CARRIE	ER-NUM
VALUES: 00011	САНАВА
00122	HCSC - MICHIGAN
00131	NATIONAL GOVERNMENT SERVICES
00181	NATIONAL GOVERNMENT SERVICES
	NATIONAL GOVERNMENT SERVICES
00453	NATIONAL GOVERNMENT SERVICES
	NATIONAL GOVERNMENT SERVICES
00510	BLUE SHIELD (ALABAMA)
00511	САНАВА
	BLUE SHIELD (ARKANSAS)
	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 AD	DDED 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	עייסאות (אוסדיים)
	BLUE SHIELD (NORTH DAKOTA) BLUE SHIELD (NORTH DAKOTA/WYOMING)
00825	BLUE SHIELD (NORTH DAROTA/WIOMING) BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
00865	BLUE SHIELD (PENNSYLVANIA/NEW JERSEI) BLUE SHIELD (PENNSYLVANIA)
	BLUE SHIELD (PENNSILVANIA) BLUE SHIELD (RHODE ISLAND)
	BLUE SHIELD (RHODE ISLAND) BLUE SHIELD (SOUTH CAROLINA)
00880	PALMETTO
	BLUE SHIELD (TEXAS)
00900	
UUUUL	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 PAGE: 6 1DATE: 01/01/2008 POS RECORD LAYOUT 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 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

Ρ PENDING W WORK 2 177 178 C PROV1725 REGION CODE THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION VALUES: 01 Т BOSTON II NEW YORK 02 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 2 180 181 C PROV3230 STATE ABBREVIATION STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK ALASKA AL ALABAMA AR ARKANSAS AS AMERICAN SAMOA ΑZ ARIZONA CA CALIFORNIA CNCANADA CO COLORADO СТ 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 GΑ GEORGIA GU GUAM ΗI HAWAII ΙA IOWA ID IDAHO IL ILLINOIS IN INDIANA KS KANSAS KΥ 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
1DATE: 01/01/2008 POS	DDED OR CHANGED SINCE: 10/03/2007 RECORD LAYOUT PAGE: 8 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 STA	IE 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
00	

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

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

SAIPAN

66

3 184 186 C PROV2710 STATE REGION CODE 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 ACTIVE VALUES: 00 01 VOL-MERG, CLOSE 02 VOL-REIMBURSE 03 VOL-RISK INVOL 04 VOL-OTHER 05 INVOL-FAIL REO 06 INVOL-AGREEMNT 07 OTH-STATUS CHG 249 256 C PROV4500 TERMINATION DATE/EXPIRATION DATE 1 8 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 257 257 C PROV2880 TYPE OF ACTION 1 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 258 259 C PROV2885 TYPE OF CONTROL 2 INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL VALUES: 01 INDIVIDUAL

02 03 04	PARTNERSHIP CORPORATION OTHER THAN PRIVATE	
ZIP CODE THE FIVE DIGIT POSTAL CODE FO	5 260 264 C PROV2905	
COBOL NAME: ZIP-CD FIPS STATE CODE	2 265 266 C FIPSTATE	
FIPS STATE CODE COBOL NAME: WS-FIPS-STATE		
FIPS COUNTY CODE FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY	3 267 269 C FIPCNTY	
SSA MSA CODE SSA MSA CODE	3 270 272 C SSAMSACD	
COBOL NAME: WS-SSA-MSA-CD SSA MSA SIZE CODE SSA MSA SIZE CODE	1 273 273 C SSAMSASZ	
COBOL NAME: WS-SSA-MSA-SIZE-CI FISCAL YEAR ENDING DATE	2 4 378 381 C PROV0485	
THE ENDING DATE (MONTH AND DAY YEAR.	() OF A FACILITY'S FISCAL	
COBOL NAME: FISC-YR-END-DT OTHER PERSONNEL THE NUMBER OF FULL-TIME EQUIV PERSONNEL EMPLOYED BY A FACIL		
COBOL NAME: NUM-OTHER-PERSNL DIRECTOR QUALIFICATIONS INDICATES THE QUALIFICATIONS (SUPPLIER OF PORTABLE X-RAY SE COBOL NAME: QUAL-OF-DIRECTOR		
	PHYSICIAN PHD/SCD MS/MA	
1DATE: 01/01/2008 POS	DDED OR CHANGED SINCE: 10/03/2007 RECORD LAYOUT PAGE: 11 CATEGORY = "07" (SEE POSITIONS 3-4)	
SHORT DESCRIPTION	LEN START END TYPE SAS NAME	
4 5	BS/BA OTHER	
TECHNOLOGISTS - ASSOC DEGREE THE NUMBER OF TECHNOLOGISTS W RADIOLOGIC TECHNOLOGY. COBOL NAME: NUM-AS-RADIO-TECH	ITH ASSOCIATE DEGREES IN	
TECHNOLOGISTS - BS/BA DEGREE NUMBER OF TECHNOLOGISTS WITH I OR BACHELOR OF ARTS DEGREES II COBOL NAME: NUM-BS-BA-RAD-TEC	7.2 1484 1490 N PROV0750 BACHELOR OF SCIENCE N RADIOLOGIC TECHNOLOGY.	
TECHNOLOGISTS - 2 YEAR RADIOLOG THE NUMBER OF FULL-TIME EQUIV EMPLOYED BY A PORTABLE X-RAY OF A TWO YEAR APPROVED SCHOOL	7.2 1491 1497 N PROV1515 ALENT TECHNOLOGISTS PROVIDER WHO ARE GRADUATES	

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 OPT OR SPECH PATHOLOGY 3 4 C PROV0075 CATEGORY OF PROVIDER/SUPPLIER 2 IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 08 OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY 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

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

PAGE: 1

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

1DATE: 01/01/2008 POS RECORD LAYOUT

8 7 14 C PROV0100 CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT 15 42 C PROV3225 CITY 28 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 В NOT IN COMPLIANCE COUNTY CODE 47 C PROV2695 3 45 SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED. COBOL NAME: SSA-COUNTY 10 48 CROSS REFERENCE PROVIDER NUMBER 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

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 66 73 C PROV2740 8 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 74 74 C PROV0455 1 INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: ELIG-CD ELIGIBLE TO PARTICIPATE VALUES: 1 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 5 125 129 C PROV0605 INTERMEDIARY NUMBER

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

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

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	САНАВА
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

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)
	LD 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
21140	
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)

NATIONAL HERITAGE INSURANCE CO

NATIONAL HERITAGE INSURANCE CO

NATIONAL HERTAGE INSURANCE

TRAVELERS (NEW YORK)

AETNA (CLEARWATER)

AETNA (FORT WASHINGTON)

COOPERATIVA (PUERTO RICO)

AETNA (PETALUMA) AETNA (FARMINGTON)

AETNA (PEORIA)

MUTUAL OF OMAHA

15 130 144 C PROV0655 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 8 145 152 C PROV1565 PARTICIPATION DATE THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE

31143

31144

31146

50333

51051

51070 51100

51140

51390

52280

57400

MEDICARE AND/OR MEDICAID SERVI	CES.					
COBOL NAME: PARTCI-DT						
PRIOR CHANGE OF OWNERSHIP	8	3 1	153	160	С	PROV1615
THE DATE OF A PRIOR CHANGE OF	OWNERSHIP.					
COBOL NAME: PRIOR-CHOW-DT						
PRIOR INTERMEDIARY NUMBER	5	5 1	161	165	С	PROV1620
A PREVIOUS INTERMEDIARY NUMBER	.WHEN					
COBOL NAME: PRIOR-INTER-CARRIE	R-NUM					
VALUES: 00010	BLUE CROSS (A	ALABAMA	<i>Y</i>)			
00011	CAHABA					
00020	BLUE CROSS (A	ARKANSA	AS)			
00030	BLUE CROSS (A	ARIZONA	<i>Y</i>)			
00040	BLUE CROSS (C	CALIFOR	RNIA)			
00060	BLUE CROSS (C	CONNECT	FICUT)			
00070	BLUE CROSS (D	DELAWAR	RE)			
00090	BLUE CROSS (F	FLORIDA	<i>Y</i>)			
00101	BLUE CROSS (G	GEORGIA	<i>Y</i>)			
00121	HEALTH CARE S	SERVICE	E CORF	ORATI	ION	
00122	HCSC - MICHIG	GAN				
00123	HCSC OF MICHI	IGAN				
00130	NATIONAL GOVE	ERNMENT	r serv	/ICES		
00131	NATIONAL GOVE	ERNMENT	r serv	/ICES		
00140	BLUE CROSS (I	IOWA/SC	DUTH I	DAKOTA	7)	
00150	BLUE CROSS (K	KANSAS)			
00160	BLUE CROSS (K	KENTUCH	(Y)			
00180	BLUE CROSS (M	MAINE)				
00181	NATIONAL GOVE	ERNMENT	r serv	VICES		
00190	BLUE CROSS (M	MARYLAN	ND)			
				0 / 0 0		

* 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

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	САНАВА
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 PAGE: 7 1DATE: 01/01/2008 POS RECORD LAYOUT

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

SHORT DESCRIPTION

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 00951 00952 00953 00954 00973 00974	BLUE SHIELD (WASHINGTON) WISCONSIN PHYSICIANS SERVICE WPS - ILLINOIS WPS - MICHIGAN WI PHYSICIAN SERVICES - MN BLUE SHIELD (PUERTO RICO) 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

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 Þ 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 Ι BOSTON II 02 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-LEN START END TYPE SAS NAME SHORT DESCRIPTION 04 IV ATLANTA 05 V CHICAGO VI DALLAS 06 VII KANSAS CITY 07 80 VIII DENVER 09 IX SAN FRANCISCO 10 X SEATTLE 1 179 179 C PROV2045 SKELETON RECORD INDICATOR 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 2 180 181 C PROV3230 STATE ABBREVIATION STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK ALASKA AT. ALABAMA AR ARKANSAS AS AMERICAN SAMOA ΑZ AR T ZONA CA CALIFORNIA

CN	CANADA
CO	COLORADO
СТ	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
КY	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

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

TM VW KM	J	WISCONSIN WEST VIRGINI WYOMING	A				
STATE CODE (SS TWO DIGIT CO	SA) DDE INDICATING STAT		2 LITY	182 IS	183	С	PROV2700
LOCATED.							
COBOL NAME:	SSA-STATE						
VALUES: 01	1	ALABAMA					
02	2	ALASKA					
03	3	ARIZONA					
04	1	ARKANSAS					
05	5	CALIFORNIA					
06	5	COLORADO					
07	7	CONNECTICUT					
80	3	DELAWARE					
09	9	DISTRICT OF	COLUM	BIA			
10	C	FLORIDA					
11	1	GEORGIA					
12		HAWAII					
13		IDAHO					
14	-	ILLINOIS					
15	5	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

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 VTRGINIA 50 WASHINGTON 51 WEST VIRGINIA 52 WISCONSIN 53 WYOMING 56 CANADA 59 MEXICO 64 AMERICAN SAMOA 65 GUAM 66 SAIPAN STATE REGION CODE 184 186 C PROV2710 3 FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED COBOL NAME: STATE-REGION-CD * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 12 OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-SHORT DESCRIPTION LEN START END TYPE SAS NAME 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 2 247 248 C PROV4770 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 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 1 249 256 C PROV4500 8 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-1 257 257 C PROV2880 TYPE OF ACTION 1 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 5 260 264 C PROV2905 ZIP CODE THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER. COBOL NAME: ZIP-CD 2 265 266 C FIPSTATE FIPS STATE CODE FIPS STATE CODE COBOL NAME: WS-FIPS-STATE 3 267 269 C FIPCNTY FIPS COUNTY CODE FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY 3 270 272 C SSAMSACD SSA MSA CODE SSA MSA CODE COBOL NAME: WS-SSA-MSA-CD 1 273 273 C SSAMSASZ SSA MSA SIZE CODE 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 7.2 405 411 N PROV1050 OCCUPATIONAL THERAPISTS THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A PROVIDER. COBOL NAME: NUM-OCCUP-THERAPISTS 7.2 420 426 N PROV1125 PHYSICAL THERAPISTS THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS EMPLOYED BY A PROVIDER. COBOL NAME: NUM-PHYS-THERAPY 1 558 558 C PROV2270 SRV: OCCUPATIONAL THERAPY

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 ∩4 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 EOUIVALENT SPEECH PATHOLOGISTS OR AUDIOLOGISTS EMPLOYED BY A PROVIDER.

COBOL NAME: NUM-SPEECH-PATH-AUDIO 7.2 1498 1504 N PROV1105 PHYSICAL THERAPIST - ARRANGEMENT 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 - TOTAL7.215191525 NPROV1210THE TOTAL NUMBER OF FULL-TIME EQUIVALENT SPEECHPATHOLOGISTS ON STAFF AND BY ARRANGEMENT IN ANOUTPATIENT PHYSICAL THERAPY FACILITY.COBOL NAME: NUM-SPEECH-PATH

SHORT DESCRIPTION LEN START END TYPE SAS NAME 2 C PROV0085 CATEGORY - SUBTYPE OF PROVIDER 2 1 A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 END STAGE RENAL DISEASE 4 C PROV0075 CATEGORY OF PROVIDER/SUPPLIER 2 3 IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 09 END STAGE RENAL DISEASE FACILITIES 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 8 7 14 C PROV0100 CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT CITY 2.8 15 42 C PROV3225 CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY COMPLIANCE: PLAN OF CORRECTION С 1 43 43 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 44 44 C PROV2715 1 INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE

* 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)

WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE B NOT IN COMPLIANCE COUNTY CODE 45 47 C PROV2695 3 SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED. COBOL NAME: SSA-COUNTY 10 48 CROSS REFERENCE PROVIDER NUMBER 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 66 73 C PROV2740 CURRENT SURVEY DATE 8 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 1 74 74 C PROV0455 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 NOT ELIGIBLE TO PARTICIPATE 2 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) BLUE CROSS (CALIFORNIA) 00040 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

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 03502 03602 17120 31140 31142 31143 31144 31146 50333 51051 51070 51100 51100 51140 51390	NORIDIAN ADMIN SERVICES (MONTANA) NORIDIAN ADMIN SERVICES (UTAH) NORIDIAN ADMIN SERVICES (WYOMING) HAWAII MEDICAL SERVICE ASSOCIATION NATIONAL HERITAGE (CA) NATIONAL HERITAGE INSURANCE CO (MAINE) NATIONAL HERITAGE INSURANCE CO NATIONAL HERITAGE INSURANCE CO NATIONAL HERITAGE INSURANCE CO NATIONAL HERITAGE INSURANCE CO NATIONAL HERITAGE INSURANCE TRAVELERS (NEW YORK) AETNA (PETALUMA) AETNA (FARMINGTON) AETNA (FORT WASHINGTON)
1DATE: 01/01/2008 POS	DDED OR CHANGED SINCE: 10/03/2007 RECORD LAYOUT PAGE: 4 TIES, 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 NUM A NUMBER WHICH MAY BE ASSIGNE STATE MEDICAID AGENCY FOR EXT PURPOSES. COBOL NAME: MEDICAID-VEND-NUM	D TO A FACILITY BY THE ERNAL CONTROL OR BILLING
PARTICIPATION DATE THE DATE A FACILITY IS FIRST MEDICARE AND/OR MEDICAID SERV COBOL NAME: PARTCI-DT	8 145 152 C PROV1565 APPROVED TO PROVIDE
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF COBOL NAME: PRIOR-CHOW-DT	8 153 160 C PROV1615 OWNERSHIP.
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBE COBOL NAME: PRIOR-INTER-CARRI	
VALUES: 00010 00011 00020 00030 00040 00060 00070 00090 00101 00121 00122 00123 00123 00130 00131 00140 00150	BLUE CROSS (ALABAMA) CAHABA BLUE CROSS (ARKANSAS) BLUE CROSS (ARIZONA) BLUE CROSS (CALIFORNIA) BLUE CROSS (CALIFORNIA) BLUE CROSS (CONNECTICUT) BLUE CROSS (DELAWARE) BLUE CROSS (DELAWARE) BLUE CROSS (FLORIDA) BLUE CROSS (FLORIDA) BLUE CROSS (GEORGIA) HEALTH CARE SERVICE CORPORATION HCSC - MICHIGAN NATIONAL GOVERNMENT SERVICES NATIONAL GOVERNMENT SERVICES BLUE CROSS (IOWA/SOUTH DAKOTA) BLUE CROSS (KANSAS)

00160	BLUE CROSS	(KENTUCKY)
00180	BLUE CROSS	(MAINE)
00181	NATIONAL GOV	VERNMENT 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 GOV	VERNMENT 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

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	САНАВА
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) * 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 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 176 176 C PROV1720 RECORD TYPE 1 THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD. COBOL NAME: RECORD-TYPE ACCEPTED VALUES: A Ρ PENDING W WORK 2 177 178 C PROV1725 REGION CODE THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION VALUES: 01 I BOSTON II NEW YORK 02 03 III PHILADELPHIA 04 IV ATLANTA 05 V CHICAGO VI DALLAS 06 VII KANSAS CITY 07 80 VIII DENVER IX SAN FRANCISCO 09 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 2 180 181 C PROV3230 STATE ABBREVIATION STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK ALASKA AL ALABAMA AR ARKANSAS AS AMERICAN SAMOA ΑZ 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

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
КY	KENTUCKY
LA	LOUISIANA
МА	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
МО	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 OERSET
NV	NEW MEXICO NEVADA
NY	NEW YORK
OH	OHIO OKLANOMA
OK	OKLAHOMA

	OREGON PENNSYLVANIA PUERTO RICO RHODE ISLAND SOUTH CAROLINA SOUTH DAKOTA TENNESSEE TEXAS UTAH VIRGINIA VIRGIN ISLANDS DDED OR CHANGED SINCE: 10/03/2007 RECORD LAYOUT PAGE: 8
END STAGE RENAL DISEASE FACILI	TIES, CATEGORY = "09" (SEE POSITIONS 3-4)
SHORT DESCRIPTION	LEN START END TYPE SAS NAME
VT WA WI WV WY	VERMONT WASHINGTON WISCONSIN WEST VIRGINIA WYOMING
STATE CODE (SSA) TWO DIGIT CODE INDICATING STA LOCATED. COBOL NAME: SSA-STATE VALUES: 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	2 182 183 C PROV2700 TE WHERE FACILITY IS ALABAMA ALASKA ARIZONA ARKANSAS CALIFORNIA COLORADO CONNECTICUT DELAWARE DISTRICT OF COLUMBIA FLORIDA GEORGIA HAWAII IDAHO ILLINOIS INDIANA IOWA KANSAS KENTUCKY LOUISIANA MAINE MARYLAND MASSACHUSETTS MICHIGAN MINNESOTA MISSISSIPPI MISSOURI MONTANA 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 SOUTH CAROLINA 42 43 SOUTH DAKOTA 44 TENNESSEE 45 TEXAS 46 UTAH 47 VERMONT 48 VIRGIN ISLANDS VIRGINIA 49 50 WASHINGTON 51 WEST VIRGINIA 52 WISCONSIN 53 WYOMING 56 CANADA 59 MEXICO 64 AMERICAN SAMOA 65 GUAM SAIPAN 66 3 184 186 C PROV2710 STATE REGION CODE FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED COBOL NAME: STATE-REGION-CD 236 C PROV2720 STREET ADDRESS 50 187 STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: STREET-ADDRESS TELEPHONE NUMBER 237 246 C PROV1605 10 THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM 2 247 248 C PROV4770 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 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 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-1 257 257 C PROV2880 TYPE OF ACTION 1 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 258 259 C PROV2885 TYPE OF CONTROL 2 INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL VALUES: 01 FOR PROFIT NOT FOR PROFIT 02 03 PUBLIC 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 270 3 272 C SSA MSA CODE 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 DIETICIANS 7.2 371 377 N PROV0820 NUMBER OF FULL-TIME EQUIVALENT DIETICIANS EMPLOYED BY A

FACILITY. COBOL NAME: NUM-DIETICIANS 4 378 381 C PROV0485 FISCAL YEAR ENDING DATE 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 7.2 412 418 N PROV1075 THE NUMBER OF FULL-TIME EQUIVALENT OTHER SALARIED PERSONNEL EMPLOYED BY A FACILITY. COBOL NAME: NUM-OTHER-PERSNL 7.2 473 479 N PROV1145 REGISTERED NURSES THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED PROFESSIONAL NURSES EMPLOYED BY A PROVIDER. COBOL NAME: NUM-REG-NURS 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 1 888 888 C PROV0675 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 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 7.2 1447 1453 N PROV1185 SOCIAL WORKERS THE NUMBER OF FULL TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY THE AGENCY. COBOL NAME: NUM-SOCIAL-WRKS ESRD NETWORK # 2 1526 1527 C PROV0685 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 FLORTDA 80 ALABAMA, MISSISSIPPI AND TENNESSEE INDIANA, KENTUCKY AND OHIO 09

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

17COUNTIES IN NORTHERN CALIF, HAWAII, AS, GUAM18COUNTIES 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 1531 1533 N PROV1230 3 THE TOTAL NUMBER OF HEMODIALYSIS STATIONS IN AN END STAGE RENAL DISEASE (ESRD) FACILITY. COBOL NAME: NUM-STATIONS-HEMO 1534 1536 N PROV2855 STATIONS - TOTAL 3 THE TOTAL NUMBER OF APPROVED DIALYSIS STATIONS IN AN END STAGE RENAL DIALYSIS FACILITY. COBOL NAME: TOT-STATIONS 1 1704 1704 C PROV0565 HOSPITAL BASED INDICATOR 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 2 2 C PROV0085 1 A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 02 TITLE 19 ONLY 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: 10 NURSING FACILITIES CHANGE OF OWNERSHIP COUNTER 2 5 б N PROV0095 THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT 7 14 С CHANGE OF OWNERSHIP DATE 8 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 С 1 43 43 PROV0220 INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REOUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: COMPLIANCE BASED ON ACCEPTABLE POC 1 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 NOT IN COMPLIANCE В 47 C PROV2695 COUNTY CODE 3 45 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

8 58 65 C PROV0500 CURRENT FMS SURVEY DATE CURRENT FMS SURVEY DATE COBOL NAME: FMS-SURVEY-DT-1 * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 PAGE: 2 1DATE: 01/01/2008 POS RECORD LAYOUT NURSING FACILITIES, CATEGORY = "10" (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 74 74 C PROV0455 1 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 75 124 C PROV0475 FACILITY NAME 50 THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: FACILITY-NAME 5 125 129 C PROV0605 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 WPS - ILLINOIS 00952 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 8 145 152 C PROV1565 PARTICIPATION DATE 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

5 161 165 C PROV1620 PRIOR INTERMEDIARY NUMBER 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 PAGE: 3 1DATE: 01/01/2008 POS RECORD LAYOUT NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 00454 NATIONAL GOVERNMENT SERVICES 00511 CAHABA 00883 PALMETTO WPS - ILLINOIS 00952 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 1 176 176 C PROV1720 RECORD TYPE THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD. COBOL NAME: RECORD-TYPE VALUES: A ACCEPTED Ρ PENDING W WORK 177 178 C PROV1725 2 REGION CODE THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION VALUES: 01 BOSTON Ι II NEW YORK 02 III PHILADELPHIA 03 IV ATLANTA 04 CHICAGO 05 V 06 VI DALLAS 07 VII KANSAS CITY 80 VIII DENVER 09 IX SAN FRANCISCO 10 Х SEATTLE 1 179 179 C PROV2045 SKELETON RECORD INDICATOR 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

	DDED OR CHANGED SINCE: 10/03/2007
	RECORD LAYOUT PAGE: 4 TEGORY = "10" (SEE POSITIONS 3-4)
NORSING FACILITIES, CA	IEGORI - IU (SEE POSITIONS 5-4)
SHORT DESCRIPTION	LEN START END TYPE SAS NAME
STATE ABBREVIATION STATE ABBREVIATION	2 180 181 C PROV3230
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 OH	NEW YORK
OK	OHIO OKLAHOMA
OR	OREGON
UK	OVEO II

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)

LEN START END TYPE SAS NAME SHORT DESCRIPTION RI RHODE ISLAND SC SOUTH CAROLINA SD SOUTH DAKOTA TNTENNESSEE ТΧ TEXAS UT UTAH VA VIRGINIA VI VIRGIN ISLANDS VT VERMONT WA WASHINGTON WI WISCONSIN WV WEST VIRGINIA WΥ 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 DISTRICT OF COLUMBIA 09 10 FLORIDA 11 GEORGIA 12 HAWAII 13 IDAHO 14 ILLINOIS 15 INDIANA 16 IOWA 17 KANSAS KENTUCKY 18 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
CHARE DECION CODE	3 184 186 C PROV2710
STATE REGION CODE	
FOR SELECTED STATES, IDENTIFI	
WITHIN THE STATE WHERE THE FA	ACILITY IS LOCATED
COBOL NAME: STATE-REGION-CD	
STREET ADDRESS	50 187 236 C PROV2720
STREET ADDRESS OF A PROVIDER	
PROVIDE MEDICARE AND/OR MEDIC	CAID SERVICES.
COBOL NAME: STREET-ADDRESS	
TELEPHONE NUMBER	10 237 246 C PROV1605
THE 10 DIGIT TELEPHONE NUMBER	R 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 REAS	SON A FACILITY HAS BEEN
TERMINATED FROM THE CLIA, MED	DICARE AND/OR MEDICAID
PROGRAMS.	
COBOL NAME: TERM-CD-1	
VALUES: 00	ACTIVE
01	VOL-MERG, CLOSE

30

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 PAGE: 7 1DATE: 01/01/2008 POS RECORD LAYOUT NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4) 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 8 249 256 C PROV4500 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 TYPE OF ACTION 257 257 C PROV2880 1 IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED. COBOL NAME: TYPE-ACTION VALUES: 1 INITIAL 2 RECERTIFICATION TERMINATION 3 4 CHANGE OF OWNERSHIP 2 258 259 C PROV2885 TYPE OF CONTROL INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL FOR PROFIT - INDIVIDUAL VALUES: 01 FOR PROFIT - PARTNERSHIP 02 FOR PROFIT - CORPORATION 03 04 NONPROFIT - CHURCH RELATED 05 NONPROFIT - CORPORATION NONPROFIT - OTHER 06 07 GOVERNMENT - STATE GOVERNMENT - COUNTY 80 09 GOVERNMENT - CITY GOVERNMENT - CITY/COUNTY 10 GOVERNMENT - HOSPITAL DISTRICT 11 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 2 265 266 C FIPSTATE FIPS STATE CODE FIPS STATE CODE COBOL NAME: WS-FIPS-STATE FIPS COUNTY CODE 3 267 269 C FIPCNTY FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY

3 270 272 C SSAMSACD SSA MSA CODE * 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 1 273 273 C SSAMSASZ SSA MSA SIZE CODE SSA MSA SIZE CODE COBOL NAME: WS-SSA-MSA-SIZE-CD * 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 295 298 N PROV0755 4 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 378 381 C PROV0485 FISCAL YEAR ENDING DATE 4 THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR. COBOL NAME: FISC-YR-END-DT 434 434 C PROV1670 PROGRAM PARTICIPATION 1 INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE, MEDICAID, OR BOTH PROGRAMS. COBOL NAME: PROG-PARTCI VALUES: 2 MEDICAID ONLY 1 470 470 C PROV1545 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 1 471 471 C PROV1550 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:

* 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

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

1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 10 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME Y RECORD HAS BEEN APPROVED 7.2 596 602 N PROV0695 ACTIVITY PROFESSIONAL - CONTRACT THE NUMBER OF FULL TIME EQUIVALENT ACTIVITIES PROFESSIONALS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-ACT-THER-CONTRACT ACTIVITY PROFESSIONAL - FULL TIME 7.2 603 609 N PROV0700 THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES PROFESSIONALS EMPLOYED FULL TIME BY A FACILITY. COBOL NAME: NUM-ACT-THER-FULL-TIME 7.2 610 616 N PROV0705 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 ADMINISTRATION - CONTRACT 7.2 617 623 N PROV0710 THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-ADMN-CONTRACT 7.2 624 630 N PROV0715 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 ADMINISTRATOR - PART TIME 7.2 631 637 N PROV0720 THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF EMPLOYED ON A PART-TIME BASIS BY A FACILITY. EMPLOYED ON A PART TIMECOBOL NAME: NUM-ADMN-PART-TIME4642645NNN<td BEDS - NURSING FACILITY NUMBER OF MEDICAID CERTIFIED SKILLED NURSING CARE BEDS IN A FACILITY. COBOL NAME: NUM-T19-SNF-BEDSCERT NURSE AIDES - CONTRACT7.27.2650656NPROV1000 THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES UNDER CONTRACT TO A CONTRACT COBOL NAME: NUM-NURSE-AID-CONTRACT 7.2 657 663 N PROV1005 AIDES UNDER CONTRACT TO A FACILITY. 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 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 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 F

NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 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 7.2 682 688 N PROV0790 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 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 7.2 696 702 N PROV0805 DIETITIANS - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-DIET-CONTRACT 7.2 703 709 N PROV0810 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 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 EXPERIMENTAL RESEARCH CONDUCTED 717 717 C PROV0465 1 INDICATES IF A FACILITY USES RESIDENTS TO DEVELOP AND TEST CLINICAL TREATMENTS. COBOL NAME: EXPER-RESEARCH VALUES: Y YES 7.2 718 724 N PROV0860 FOOD SERVICE - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE

PERSONNEL UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-FOOD-SRV-CONTRACT

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

LEN START END TYPE SAS NAME SHORT DESCRIPTION 7.2 725 731 N PROV0865 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 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 7.2 739 745 N HOUSEKEEPING - CONTRACT 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 767 773 N PROV1470 LPN/LVN - FULL TIME 7.2 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 7.2 774 780 N PROV1475 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 781 786 C PROV0640 LTC CROSS REFERENCE PROVIDER # 6 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 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 794 800 N PROV0965 MEDICAL DIRECTOR - FULL TIME 7.2 THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-MED-FULL-TIME

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

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
MEDICAL DIRECTOR - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT MEI	DICAL DI		807	Ν	PROV0970
EMPLOYED BY A FACILITY ON A PART TIME COBOL NAME: NUM-MED-PART-TIME					
MEDICATION AIDES/TECHS-CONTRACT THE NUMBER OF FULL-TIMR EQUIVALENT MEI TECHNICIANS UNDER CONTRACT TO A FACILI	DICATION		814	Ν	PROV5180
COBOL NAME: NUM-MED-AID-CONTRACT MEDICATION AIDES/TECHS-FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT MEI				N	PROV5170
TECHNICIANS EMPLOYED BY A FACILITY ON BASIS.					
COBOL NAME: NUM-MED-AID-FULL-TIME MEDICATION AIDES/TECHS-PART TIME THE NUMBER OF FULL-TIME EQUIVALENT MEI			828	Ν	PROV5175
TECHNICIANS EMPLOYED BYA FACILITY ON A BASIS.	A PART T	IME			
COBOL NAME: NUM-MED-AID-PART-TIME MENTAL HEALTH SERVICES - CONTRACT	7.2	829	835	Ν	PROV0980
THE NUMBER OF FULL-TIME EQUIVALENT MEN SERVICES PERSONNEL UNDER CONTRACT TO A COBOL NAME: NUM-MEN-HLTH-CONTRACT	A FACILI	ΓY.			
MENTAL HEALTH SERVICES - FULL TIME	7.2	836	842	Ν	PROV0985
THE NUMBER OF FULL-TIME EQUIVALENT MEN SERVICES PERSONNEL EMPLOYED BY A FACII TIME BASIS.					
COBOL NAME: NUM-MEN-HLTH-FULL-TIME MENTAL HEALTH SERVICES - PART TIME	7.2	843	849	Ν	PROV0990
THE NUMBER OF FULL TIME EQUIVALENT MEN SERVICES PERSONNEL EMPLOYED BY A FACII TIME BASIS.					
COBOL NAME: NUM-MEN-HLTH-PART-TIME MULTI-FACILITY ORGANIZATION NAME	38	850	887	С	PROV0680
THE NAME OF THE MULTI-FACILITY ORGANIZ THE FACILITY. COBOL NAME: NAME-MULT-FACL-ORG					
	N ORGANI	ZATION		С	PROV0675
VALUES: Y YES					
NURSE AIDES IN TRNG - CONTRACT NUMBER OF FULL TIME EQUIVALENT NURSE A UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-AID-TRNG-CONTRACT				Ν	PROV5165

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

SHORT DESCRIPTION

7.2 896 902 N PROV5155 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 7.2 903 909 N PROV5160 NURSE AIDES IN TRNG-PART TIME THE NUMBER OF FULL-TIME EOUIVALENT NURSE AIDES IN TRAINING EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-AID-TRNG-PART-TIME 7.2 910 916 N PROV5150 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 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 7.2 945 951 N PROV1020 OCCUP THERAPY AIDE - CONTRACT 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 7.2 959 965 N PROV1030 OCCUP THERAPY AIDE - PART TIME 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 7.2 966 972 N PROV5195 OCCUP THERAPY ASST - CONTRACT THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS UNDER CONTRCAT TO A FACILITY. COBOL NAME: NUM-OCC-ASST-CONTRACT

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

SHORT DESCRIPTION

7.2 973 979 N PROV5185 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 7.2 980 986 N PROV5190 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 7.2 987 993 N PROV1045 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 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 1 995 995 C PROV1540 ORGANIZED RESIDENT GROUP 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 ACTIV ITIES STAFF. COBOL NAME: NUM-OTH-ACT-PART-TIME * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 PAGE: 16 1DATE: 01/01/2008 POS RECORD LAYOUT NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4) 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 7.2 1052 1058 N PROV1070 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 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 7.2 1073 1079 N PROV5295 OTHR SOCIAL SERV STAFF-PART TIME 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.

 BY A FACILITY ON A FOLL

 COBOL NAME: NUM-PHAR-FULL-TIME

 7.2

 1094

 1100

 N PROV1095

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

 BY A FACILITY ON A THEE

 COBOL NAME: NUM-PHAR-PART-TIME

 COBOL NAME: NUM-PHAR-PART-TIME

 7.2

 1101

 7.2

 1101

 1107

 N

 PROV5210

 PHYS THER ASST - CONTRACT NUMBER OF CONTRACT STAFF HOURS FOR PHYSICAL THERAPY ASS ISTANTS. COBOL NAME: NUM-THER-ASST-CONTRACT 7.2 1108 1114 N PROV5200 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 1115 1121 N PROV5205 PHYS THER ASST - PART TIME NUMBER OF PART-TIME STAFF HOURS FOR PHYSICAL THERAPY AS STRATZIS COBOL NAME: NUM-THER-ASST-PART-TIME * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 17 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4) 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 7.2 1129 1135 N PROV1435 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 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 7.2 1164 1170 N PROV3270 PHYSICIAN EXTENDER - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS UNDER CONTRACT TO THE FACILITY. COBOL NAME: NUM-PHYS-EXT-CONTRACT 7.2 1171 1177 N PROV3250 PHYSICIAN EXTENDER - FULL TIME THE NUMBER OF FULL-TIME EOUIVALENT 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 7.2 1192 1198 N PROV1135 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 1199 1205 N PROV1140 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 * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 PAGE: 18 1DATE: 01/01/2008 POS RECORD LAYOUT NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 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 EOUIVALENT 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 1238 1245 C PROV1825 RESCIND SUSPENSION DATE 8 DATE THAT THE SUPENSION 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 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 7.2 1274 1280 N PROV1175 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 * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 19 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4) 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 3 1291 1293 N PROV0730 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 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 3 1306 1308 N PROV0940 SPECIAL CARE BEDS-HUNTINGTONS 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 SPECH 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 SERVICE IS PROVIDED Y 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 1338 1338 C PROV3380 1 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 SERVICE IS NOT PROVIDED VALUES: N Υ SERVICE IS PROVIDED 1 1341 1341 C PROV3515 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 * 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) LEN START END TYPE SAS NAME SHORT DESCRIPTION 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 SERVICE IS PROVIDED Y 1343 1343 C PROV3490 SRV: CLINICAL LAB-ONSITE-NON RES 1 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 1345 1345 C PROV3435 1 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 Υ 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 1 1348 1348 C PROV3345 SRV: DIETARY-OFFSITE-RESIDENTS 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 PAGE: 22 1DATE: 01/01/2008 POS RECORD LAYOUT NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME Ν SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED 1 1349 1349 C PROV3340 SRV: DIETARY-ONSITE-NON RESIDENTS 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 1 1350 1350 C PROV3335 SRV: DIETARY-ONSITE-RESIDENTS INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-DIETARY-ON-RES VALUES: N SERVICE IS NOT PROVIDED SERVICE IS PROVIDED Y 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 1352 1352 C PROV3540 1 INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-HOUSE-KP-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Υ SERVICE IS PROVIDED 1 1353 1353 C PROV3530 SRV: HOUSEKEEPING-ONSITE-RESIDENTS 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 PAGE: 23 1DATE: 01/01/2008 POS RECORD LAYOUT NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 1 1355 1355 C PROV3460 SRV: MENTAL HEALTH-ONSITE-NON RES 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 1359 1359 C PROV3305 SRV: NURSING-ONSITE-RESIDENTS 1 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 1361 1361 C PROV3355 1 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 Υ 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 1362 1362 C PROV3350 1 INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-OCC-THER-ON-RES VALUES: N SERVICE IS NOT PROVIDED Υ 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 Υ 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 Υ 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 1368 1368 C PROV5275 1 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 1369 1369 C PROV3330 SRV: PHARMACY-OFFSITE-RESIDENTS 1 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 Υ SERVICE IS PROVIDED SRV: PHARMACY-ONSITE-RESIDENTS 1371 1371 C PROV3320 1 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 Υ 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 Υ SERVICE IS PROVIDED 1374 1374 C PROV3290 SRV: PHYS EXTENDER-ONSITE-RESIDENT 1 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 1375 1375 C PROV3375 SRV: PHYS THER-OFFSITE-RESIDENTS 1 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 Υ SERVICE IS PROVIDED 1378 1378 C PROV3285 SRV: PHYSICIAN-OFFSITE-RESIDENTS 1 INDICATES IF PHYSICIAN SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-PHYS-OFF-RES VALUES: N SERVICE IS NOT PROVIDED SERVICE IS PROVIDED Y 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 Υ SERVICE IS PROVIDED SRV: PHYSICIAN-ONSITE-RESIDENTS 1380 1380 C PROV3275 1 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 SERVICE IS NOT PROVIDED VALUES: N Υ SERVICE IS PROVIDED * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 PAGE: 27 1DATE: 01/01/2008 POS RECORD LAYOUT 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 1 1385 1385 C PROV3400 SRV: SOCIAL WORK-ONSITE-NON RESID 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: Ν 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 Υ 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 1 1389 1389 C PROV3410 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 SERVICE IS PROVIDED v * 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 1 1390 1390 C PROV5225 SRV: THER REC SPEC-OFFSITE TO RES INDICATES IF THERAPEUTIC RECRECATION SPECIALIST SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-THER-REC-OFF-RES SERVICE IS NOT PROVIDED VALUES: N Υ SERVICE IS PROVIDED 1391 1391 C PROV5220 SRV: THER REC SPEC-ONSITE-NONRES 1 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 Υ SERVICE IS PROVIDED

1 1392 1392 C PROV5215 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 SRV: VOCATIONAL-OFFSITE-RESIDENTS 1393 1393 C PROV3480 1 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 1395 1395 C PROV3470 1 SRV: VOCATIONAL-ONSITE-RESIDENTS 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 1 1396 1396 C PROV3510 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 Υ SERVICE IS PROVIDED * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 PAGE: 29 1DATE: 01/01/2008 POS RECORD LAYOUT NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 1 1397 1397 C PROV3505 SRV: XRAY-ONSITE-NON RESIDENTS INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-DIAG-XRAY-ON-NON-RES SERVICE IS NOT PROVIDED VALUES: N SERVICE IS PROVIDED Y 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 INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-SHORT DESCRIPTION LEN START END TYPE SAS NAME 2 1 2 C PROV0085 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 3 4 C PROV0075 CATEGORY OF PROVIDER/SUPPLIER 2 IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 11 INTERMEDIATE CARE FACILITY-MENTALLY RETARDED 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 8 7 14 C PROV0100 CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT 28 15 42 C PROV3225 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 REOUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC COMPLIANCE: STATUS 44 44 C PROV2715 1 INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE NOT IN COMPLIANCE В 47 C PROV2695 COUNTY CODE 3 45 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 73 C PROV2740 CURRENT SURVEY DATE 8 66

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 74 74 C PROV0455 1 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

5 125 129 C PROV0605 INTERMEDIARY NUMBER A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER SERVICING A PROVIDER OR SUPPLIER. COBOL NAME: INTER-CARRIER-NUM NATIONAL GOVERNMENT SERVICES VALUES: 00452 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 130 144 C PROV0655 15 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 145 152 C PROV1565 8 THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT 8 153 160 C PROV1615 PRIOR CHANGE OF OWNERSHIP 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) NATIONAL HERITAGE INSURANCE CO (MAINE) 31142 NATIONAL HERITAGE INSURANCE CO 31143 31146 NATIONAL HERTAGE INSURANCE 166 175 C PROV1680 PROVIDER NUMBER 10 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

1 176 176 C PROV1720 RECORD TYPE THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD. COBOL NAME: RECORD-TYPE VALUES: А ACCEPTED Þ PENDING W WORK 177 178 C PROV1725 REGION CODE 2 THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION VALUES: 01 BOSTON Т 02 II NEW YORK 03 III PHILADELPHIA 04 IV ATLANTA 05 V CHICAGO VI DALLAS 06 VII KANSAS CITY 07 08 VIII DENVER 09 IX SAN FRANCISCO 10 Х SEATTLE SKELETON RECORD INDICATOR 179 179 C PROV2045 1 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 POS RECORD LAYOUT 1DATE: 01/01/2008 PAGE: 4 INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-SHORT DESCRIPTION LEN START END TYPE SAS NAME 2 180 181 C PROV3230 STATE ABBREVIATION STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK ALASKA AL ALABAMA AR ARKANSAS AS AMERICAN SAMOA ΑZ ARIZONA CA CALIFORNIA CNCANADA CO COLORADO СТ CONNECTICUT DISTRICT OF COLUMBIA DC DE DELAWARE FLFLORIDA GΑ GEORGIA GU GUAM ΗI HAWAII

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	С	PROV2700
TWO DIGIT CODE INDICATING LOCATED.	STATE WHERE FACILITY	IS			
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: 5
INTERMEDIATE CARE	FACILITY-MENTALLY RETARDED, CAT	TEGORY = "11" (SEE POSITIONS 3-

IA	IOWA
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
КY	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

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 SATPAN 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 247 248 C PROV4770 TERMINATION CODE # 1 2 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 VOL-MERG, CLOSE 01 * 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 REO 06 INVOL-AGREEMNT 07 OTH-STATUS CHG 249 256 C PROV4500 TERMINATION DATE/EXPIRATION DATE 1 8 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-1 257 257 C PROV2880 TYPE OF ACTION 1 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

258 259 C PROV2885 TYPE OF CONTROL 2 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 CITY/TOWN 04 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 3 FIPS COUNTY CODE 267 269 C FIPCNTY FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY 3 270 272 C SSAMSACD SSA MSA CODE SSA MSA CODE COBOL NAME: WS-SSA-MSA-CD 1 273 273 C SSAMSASZ SSA MSA SIZE CODE SSA MSA SIZE CODE COBOL NAME: WS-SSA-MSA-SIZE-CD * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 POS RECORD LAYOUT 1DATE: 01/01/2008 PAGE: 8 INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-SHORT DESCRIPTION LEN START END TYPE SAS NAME 291 294 N PROV0740 * BEDS - TOTAL 4 TOTAL NUMBER OF BEDS IN A FACILITY, INCLUDING THOSE IN NON-PARTICIPATING OR NON-LICENSED AREAS. COBOL NAME: NUM-BEDS 4 295 298 N PROV0755 BEDS - TOTAL CERTIFIED NUMBER OF BEDS IN MEDICARE AND/OR MEDICAID CERTIFIED AREAS WITHIN A FACILITY. COBOL NAME: NUM-CERT-BEDS 1 356 356 C PROV0240 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 378 381 C PROV0485 FISCAL YEAR ENDING DATE 4 THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR. COBOL NAME: FISC-YR-END-DT 7.2 382 388 N PROV0955 LICENSED PRACT/VOCAT NURSES NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL OR VOCATIONAL NURSES EMPLOYED BY A FACILITY. COBOL NAME: NUM-LPN-LVN

1 434 434 C PROV1670 PROGRAM PARTICIPATION 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

WAIVER RECOMMENDED

HAS BEEN RECOMMENDED FOR A FACILITY. COBOL NAME: COMPL-BEDS-PER-ROOM

VALUES: 1

* 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 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 1206 1206 C PROV1675 PROVIDER BASED FACILITY 1 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 RELATED PROVIDER NUMBER 1228 1237 C PROV1755 10 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 SUPENSION OF PAYMENTS FOR NEW ADMISSIONS TO A LONG TERM CARE FACILITY (LTC) IS RESCINDED. COBOL NAME: RESC-SUSP-DT 8 1537 1544 C PROV0030 ADMISSION SUSPENSION DATE

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 FACILI TY'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 1572 1579 C PROV0630 8 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-LEN START END TYPE SAS NAME SHORT DESCRIPTION PRIOR ADMISSION SUSPENSION DATE 8 1580 1587 C PROV1610 PREVIOUS DATE A SUSPENSION OF ADMISSIONS WAS INVOKED FOR A PROVIDER. COBOL NAME: PRIOR-ADMIN-SUSP-DT PRIOR LTC END DATE 8 1588 1595 C PROV1630 THE LAST DATE OF A CERTIFIED LONG TERM CARE FACILITY'S TIME LIMITED AGREEMENT FOR A PRIOR SURVEY. COBOL NAME: PRIOR-LTC-END-DT PRIOR LTC EXTENSION DATE 8 1596 1603 C PROV1635 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 PRIOR RESCIND SUSPENSION DATE 8 1604 1611 C PROV1640 THE EFFECTIVE DATE OF A PREVIOUS SUSPENSION OF ADMISSIONS TO A LTC FACILITY. COBOL NAME: PRIOR-RESC-SUSP-DT 9.2 1612 1620 N PROV2850 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

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 POS RECORD LAYOUT PAGE: 1 1DATE: 01/01/2008 RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME CATEGORY - SUBTYPE OF PROVIDER 2 2 C PROV0085 1 A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 RURAL HEALTH CLINICS 3 4 C PROV0075 CATEGORY OF PROVIDER/SUPPLIER 2 IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 12 RURAL HEALTH CLINICS 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 7 14 C PROV0100 CHANGE OF OWNERSHIP DATE 8 EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT CITY 15 42 C PROV3225 28 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 REOUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE В NOT IN COMPLIANCE 3 45 COUNTY CODE 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) LEN START END TYPE SAS NAME SHORT DESCRIPTION CURRENT SURVEY DATE 66 73 C PROV2740 8 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 74 74 C PROV0455 ELIGIBILITY CODE 1 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 125 129 C PROV0605 5 A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER SERVICING A PROVIDER OR SUPPLIER. COBOL NAME: INTER-CARRIER-NUM BLUE CROSS (ALABAMA) VALUES: 00010 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

NORI	DESCRIPTION	

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	САНАВА
00883	PALMETTO
00952	WPS - ILLINOIS
00953	WPS - MICHIGAN
00954	WI PHYSICIAN SERVICES - MN

01390 03001 03102 03202 03302 03402 03502 03602 17120 31142 31143 31144 31146 50333 51051 51070 51100 51140 51390 52280 57400	AETNA (WASHINGTON) NORIDIAN ADMIN SERVICES NORIDIAN ADMIN SERVICES (ARIZONA) NORIDIAN ADMIN SERVICES (MONTANA) NORIDIAN ADMIN SERVICES (MONTANA) NORIDIAN ADMIN SERVICES (MONTANA) NORIDIAN ADMIN SERVICES (UTAH) NORIDIAN ADMIN SERVICES (UTAH) NORIDIAN ADMIN SERVICES (WYOMING) HAWAII MEDICAL SERVICE ASSOCIATION NATIONAL HERITAGE INSURANCE CO (MAINE) NATIONAL HERITAGE INSURANCE CO NATIONAL HERITAGE INSURANCE CO NATIONAL HERITAGE INSURANCE CO NATIONAL HERITAGE INSURANCE CO NATIONAL HERITAGE INSURANCE TRAVELERS (NEW YORK) AETNA (PETALUMA) AETNA (FARMINGTON) AETNA (FORT WASHINGTON) MUTUAL OF OMAHA COOPERATIVA (PUERTO RICO)
* TNDTCATES THIS FIFID HAS BEFN Z	ADDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS	S RECORD LAYOUT PAGE: 4 CATEGORY = "12" (SEE POSITIONS 3-4)
SHORT DESCRIPTION	LEN START END TYPE SAS NAME
MEDICARE OR MEDICAID VENDOR NUM A NUMBER WHICH MAY BE ASSIGNE STATE MEDICAID AGENCY FOR EXT PURPOSES.	ED TO A FACILITY BY THE FERNAL CONTROL OR BILLING
COBOL NAME: MEDICAID-VEND-NUM PARTICIPATION DATE THE DATE A FACILITY IS FIRST MEDICARE AND/OR MEDICAID SERV	8 145 152 C PROV1565 APPROVED TO PROVIDE
COBOL NAME: PARTCI-DT PRIOR CHANGE OF OWNERSHIP	8 153 160 C PROV1615
THE DATE OF A PRIOR CHANGE OF COBOL NAME: PRIOR-CHOW-DT	
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBE COBOL NAME: PRIOR-INTER-CARRI	
VALUES: 00010	BLUE CROSS (ALABAMA)
00011 00020	CAHABA 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 00122	HEALTH CARE SERVICE CORPORATION HCSC - MICHIGAN
00122 00123	HCSC - MICHIGAN HCSC OF MICHIGAN
00123	NATIONAL GOVERNMENT SERVICES

00131 00140 00150 00160 00180 00190 00200 00210 00220 00230 00231 00241 00250 00260 00260 00270 00280 00290 00308 00310	NATIONAL GOVERNMENT SERVICES BLUE CROSS (IOWA/SOUTH DAKOTA) BLUE CROSS (KANSAS) BLUE CROSS (KENTUCKY) BLUE CROSS (MAINE) NATIONAL GOVERNMENT SERVICES BLUE CROSS (MARYLAND) BLUE CROSS (MARYLAND) BLUE CROSS (MASSACHUSETTS) BLUE CROSS (MICHIGAN) BLUE CROSS (MICHIGAN) BLUE CROSS (MINNESOTA) BLUE CROSS (MISSISSIPPI) BLUE CROSS (MISSISSIPPI) BLUE CROSS (MISSOURI) BLUE CROSS (MONTANA) BLUE CROSS (NEBRASKA) NATIONAL GOVERNMENT SERVICES BLUE CROSS (NEW JERSEY) BLUE CROSS (NEW MEXICO) NATIONAL GOVERNMENT SERVICES BLUE CROSS (NORTH CAROLINA)
1DATE: 01/01/2008 POS	ADDED OR CHANGED SINCE: 10/03/2007 S RECORD LAYOUT PAGE: 5 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 00452	NATIONAL GOVERNMENT SERVICES
00452	NATIONAL GOVERNMENT SERVICES NATIONAL GOVERNMENT SERVICES
00455	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 03302 03402 03502 03602 17120 31142 31143 31144 31146 50333 51051 51070 51100 51140 51390 52280 57400	NORIDIAN ADMIN SERVICES (MONTANA) NORIDIAN ADMIN SERVICES (NORTH DAKOTA) NORIDIAN ADMIN SERVICES (MONTANA) NORIDIAN ADMIN SERVICES (UTAH) NORIDIAN ADMIN SERVICES (WYOMING) HAWAII MEDICAL SERVICE ASSOCIATION NATIONAL HERITAGE INSURANCE CO (MAINE) NATIONAL HERITAGE INSURANCE CO NATIONAL HERITAGE INSURANCE CO NATIONAL HERITAGE INSURANCE CO NATIONAL HERITAGE INSURANCE CO NATIONAL HERITAGE INSURANCE TRAVELERS (NEW YORK) AETNA (PETALUMA) AETNA (FARMINGTON) AETNA (CLEARWATER) AETNA (FORT WASHINGTON) MUTUAL OF OMAHA COOPERATIVA (PUERTO RICO)
1DATE: 01/01/2008 P	ADDED OR CHANGED SINCE: 10/03/2007 OS RECORD LAYOUT PAGE: 6 CATEGORY = "12" (SEE POSITIONS 3-4)
SHORT DESCRIPTION	LEN START END TYPE SAS NAME
SIGNED TO A CERTIFIED PROVI IS ISSUED A 6 POSITION NUME	10 166 175 C PROV1680 IFICATION NUMBER THAT IS AS- DER OR SUPPLIER. A PROVIDER RIC OR ALPHANUMERIC NUMBER, OSITION ALPHANUMERIC NUMBER.
RECORD TYPE	1 176 176 C PROV1720
THIS INDICATOR SPECIFIES TH COBOL NAME: RECORD-TYPE	E CURRENT STATUS OF RECORD.
VALUES: A	ACCEPTED
P	PENDING
W	WORK
REGION CODE THE HCFA REGIONAL OFFICE HA STATE IN WHICH THE PROVIDER COBOL NAME: REGION VALUES: 01 02 03 04 05 06 07 08 09 10	2 177 178 C PROV1725 VING RESPONSIBILITY FOR THE IS LOCATED. I BOSTON II NEW YORK III PHILADELPHIA IV ATLANTA V CHICAGO VI DALLAS VII KANSAS CITY VIII DENVER IX SAN FRANCISCO X SEATTLE
SKELETON RECORD INDICATOR INDICATES RECORD IS A SKELE	1 179 179 C PROV2045 TON RECORD. THIS MEANS

ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE FOR THIS PROVIDER. COBOL NAME: SKELETON-IND VALUES: Y YES

2 180 181 C PROV3230 STATE ABBREVIATION STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK ALASKA AL ALABAMA AR ARKANSAS AS AMERICAN SAMOA ΑZ ARIZONA CA CALIFORNIA CN CANADA CO COLORADO СТ 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

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SIA SIA NOIS NA AS JCKY SIANA
IOIS NNA AS JCKY SIANA
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AS JCKY SIANA
JCKY SIANA
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CHUSETTS
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I DAKOTA
ASKA
IAMPSHIRE
FRSEY
IEXICO
A
ORK

OK OR PA PR RI SC SD	OKLAHOMA OREGON PENNSYLVANIA PUERTO RICO RHODE ISLAND SOUTH CAROLINA SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA
VI	VIRGIN ISLANDS
VT WA	VERMONT WASHINGTON
WI	WISCONSIN
WV	WEST VIRGINIA
WY	WYOMING
1DATE: 01/01/2008 POS	ADDED OR CHANGED SINCE: 10/03/2007 S RECORD LAYOUT PAGE: 8 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 STA LOCATED. COBOL NAME: SSA-STATE	
VALUES: 01	ALABAMA
02	ALASKA
03	ARIZONA
04	ARKANSAS
05	
0.5	CALIFORNIA
06	CALIFORNIA COLORADO
06 07	
06 07 08	COLORADO CONNECTICUT DELAWARE
06 07 08 09	COLORADO CONNECTICUT DELAWARE DISTRICT OF COLUMBIA
06 07 08 09 10	COLORADO CONNECTICUT DELAWARE DISTRICT OF COLUMBIA FLORIDA
06 07 08 09 10 11	COLORADO CONNECTICUT DELAWARE DISTRICT OF COLUMBIA FLORIDA GEORGIA
06 07 08 09 10 11 12	COLORADO CONNECTICUT DELAWARE DISTRICT OF COLUMBIA FLORIDA GEORGIA HAWAII
06 07 08 09 10 11 12 13	COLORADO CONNECTICUT DELAWARE DISTRICT OF COLUMBIA FLORIDA GEORGIA HAWAII IDAHO
06 07 08 09 10 11 12 13 14	COLORADO CONNECTICUT DELAWARE DISTRICT OF COLUMBIA FLORIDA GEORGIA HAWAII IDAHO ILLINOIS
06 07 08 09 10 11 12 13 14 15	COLORADO CONNECTICUT DELAWARE DISTRICT OF COLUMBIA FLORIDA GEORGIA HAWAII IDAHO ILLINOIS INDIANA
06 07 08 09 10 11 12 13 14 15 16	COLORADO CONNECTICUT DELAWARE DISTRICT OF COLUMBIA FLORIDA GEORGIA HAWAII IDAHO ILLINOIS INDIANA IOWA
06 07 08 09 10 11 12 13 14 15	COLORADO CONNECTICUT DELAWARE DISTRICT OF COLUMBIA FLORIDA GEORGIA HAWAII IDAHO ILLINOIS INDIANA
06 07 08 09 10 11 12 13 14 15 16 17	COLORADO CONNECTICUT DELAWARE DISTRICT OF COLUMBIA FLORIDA GEORGIA HAWAII IDAHO ILLINOIS INDIANA IOWA KANSAS
06 07 08 09 10 11 12 13 14 15 16 17 18	COLORADO CONNECTICUT DELAWARE DISTRICT OF COLUMBIA FLORIDA GEORGIA HAWAII IDAHO ILLINOIS INDIANA IOWA KANSAS KENTUCKY
06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21	COLORADO CONNECTICUT DELAWARE DISTRICT OF COLUMBIA FLORIDA GEORGIA HAWAII IDAHO ILLINOIS INDIANA IOWA KANSAS KENTUCKY LOUISIANA
06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22	COLORADO CONNECTICUT DELAWARE DISTRICT OF COLUMBIA FLORIDA GEORGIA HAWAII IDAHO ILLINOIS INDIANA IOWA KANSAS KENTUCKY LOUISIANA MAINE MARYLAND MASSACHUSETTS
06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23	COLORADO CONNECTICUT DELAWARE DISTRICT OF COLUMBIA FLORIDA GEORGIA HAWAII IDAHO ILLINOIS INDIANA IOWA KANSAS KENTUCKY LOUISIANA MAINE MARYLAND MASSACHUSETTS MICHIGAN
06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	COLORADO CONNECTICUT DELAWARE DISTRICT OF COLUMBIA FLORIDA GEORGIA HAWAII IDAHO ILLINOIS INDIANA IOWA KANSAS KENTUCKY LOUISIANA MAINE MARYLAND MASSACHUSETTS MICHIGAN MINNESOTA
06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	COLORADO CONNECTICUT DELAWARE DISTRICT OF COLUMBIA FLORIDA GEORGIA HAWAII IDAHO ILLINOIS INDIANA IOWA KANSAS KENTUCKY LOUISIANA MAINE MARYLAND MASSACHUSETTS MICHIGAN MINNESOTA MISSISSIPPI
06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26	COLORADO CONNECTICUT DELAWARE DISTRICT OF COLUMBIA FLORIDA GEORGIA HAWAII IDAHO ILLINOIS INDIANA IOWA KANSAS KENTUCKY LOUISIANA MAINE MARYLAND MASSACHUSETTS MICHIGAN MINNESOTA MISSISSIPPI MISSOURI
06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	COLORADO CONNECTICUT DELAWARE DISTRICT OF COLUMBIA FLORIDA GEORGIA HAWAII IDAHO ILLINOIS INDIANA IOWA KANSAS KENTUCKY LOUISIANA MAINE MARYLAND MASSACHUSETTS MICHIGAN MINNESOTA MISSISSIPPI

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 VIRGINIA 49 50 WASHINGTON 51 WEST VIRGINIA 52 WISCONSIN 53 WYOMING 56 CANADA 59 MEXICO 64 AMERICAN SAMOA 65 GUAM SAIPAN 66 3 184 186 C PROV2710 STATE REGION CODE FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED COBOL NAME: STATE-REGION-CD 236 C PROV2720 STREET ADDRESS 50 187 STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: STREET-ADDRESS TELEPHONE NUMBER 237 246 C PROV1605 10 THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM 2 247 248 C PROV4770 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 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 RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 257 257 C PROV2880 TYPE OF ACTION 1 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 258 259 C PROV2885 TYPE OF CONTROL 2 INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL VALUES: 03 STATE GOVERNMENT 04 LOCAL GOVERNMENT 05 FEDERAL GOVERNMENT 1A FOR PROFIT INDIVIDUAL FOR PROFIT CORPORATION 1B 1CFOR PROFIT PARTNERSHIP NON PROFIT INDIVIDUAL 2A 2B NON PROFIT CORPORATION 2C NON PROFIT PARTNERSHIP ZIP CODE 5 260 264 C PROV2905 THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER. COBOL NAME: ZIP-CD 2 265 266 C FIPSTATE FIPS STATE CODE FIPS STATE CODE COBOL NAME: WS-FIPS-STATE 3 269 C FIPCNTY FIPS COUNTY CODE 267 FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY 3 270 272 C SSAMSACD SSA MSA CODE SSA MSA CODE

COBOL NAME: WS-SSA-MSA-CD 1 273 273 C SSAMSASZ SSA MSA SIZE CODE 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 7.2 427 433 N PROV1115 PHYSICIAN ASSISTANTS THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN ASSISTANTS EMPLOYED BY A HOSPITAL OR RURAL HEALTH CLINIC. COBOL NAME: NUM-PHYS-ASSIST FEDERAL PROGRAM SUPPORT 1 1621 1621 C PROV0480 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 Υ YES NURSE PRACTITIONERS 7.2 1622 1628 N PROV1015 NUMBER OF FULL-TIME EQUIVALENT NURSE PRACTITIONERS. COBOL NAME: NUM-NURSE-PRACT 1629 1638 C PROV1560 PARENT PROVIDER NUMBER 10 THE IDENTIFICATION NUMBER OF THE PARENT PROVIDER WHEN A PROVIDER IS PART OF AN EXISTING MEDICARE PROVIDER. COBOL NAME: PARENT-PROV-NUM 7.2 1639 1645 N PROV1110 PHYSICIANS THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIANS EMPLOYED BY A PROVIDER. COBOL NAME: NUM-PHYS TITLE OF FEDERAL PROGRAM 1646 1671 C PROV2845 2.6 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

* 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 2 1 2 C PROV0085 A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE CATEGORY OF PROVIDER/SUPPLIER 3 4 C PROV0075 2 IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 13 PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE 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 8 7 14 C PROV0100 CHANGE OF OWNERSHIP DATE 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 43 C PROV0220 1 43 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 В NOT IN COMPLIANCE

45 47 C PROV2695 COUNTY CODE 3 SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED. COBOL NAME: SSA-COUNTY 10 CROSS REFERENCE PROVIDER NUMBER 48 57 C PROV0300 NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER. COBOL NAME: CROSS-REF-PROV-NUM 8 58 65 C PROV0500 CURRENT FMS SURVEY DATE 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 66 73 C PROV2740 CURRENT SURVEY DATE 8 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 74 74 C PROV0455 1 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 75 124 C PROV0475 FACILITY NAME 50 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 00452 NATIONAL GOVERNMENT SERVICES 00454 NATIONAL GOVERNMENT SERVICES 00510 BLUE SHIELD (ALABAMA) 00511 CAHABA 00520 BLUE SHIELD (ARKANSAS) BLUE SHIELD (ARKANSAS/LOUISIANA) 00528 BLUE SHIELD (CALIFORNIA) 00542 BLUE SHIELD (COLORADO) 00550 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 00660 00690 00700 00710 00720 00740 00770 00770 00780 00801 00803	BLUE SHIELD (KANSAS/NEBRASKA) NATIONAL GOVERNMENT SERVICES BLUE SHIELD (MARYLAND) BLUE SHIELD (MARYLAND) BLUE SHIELD (MICHIGAN) BLUE SHIELD (MICHIGAN) BLUE SHIELD (MINNESOTA) BLUE SHIELD (MINNESOTA) BLUE SHIELD (KANSAS CITY) BLUE SHIELD (NEW HAMPSHIRE/VERMONT) BLUE SHIELD (TRI-STATE) BLUE SHIELD (BUFFALO) NATIONAL GOVERNMENT SERVICES
* INDICATES THIS FIELD HAS BEEN A	DDED OR CHANGED SINCE: 10/03/2007
1DATE: 01/01/2008 POS	RECORD LAYOUT PAGE: 3
PHYSICAL THERAPISTS IN INDEPENDEN	T 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 01360	AETNA (NEVADA) AETNA (NEW MEXICO)
01370	AETNA (NEW MEXICO) AETNA (OKLAHOMA)
01380	AETNA (ORLAHOMA) 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 130 144 C PROV0655 15 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 160 C 8 153 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 NATIONAL GOVERNMENT SERVICES 00452 NATIONAL GOVERNMENT SERVICES 00454 BLUE SHIELD (ALABAMA) 00510 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) BLUE SHIELD (ILLINOIS) 00621 NATIONAL GOVERNMENT SERVICES 00630 BLUE SHIELD (IOWA) 00640 00650 BLUE SHIELD (KANSAS) 00655 BLUE SHIELD (KANSAS/NEBRASKA) NATIONAL GOVERNMENT SERVICES 00660 00690 BLUE SHIELD (MARYLAND) BLUE SHIELD (MASSACHUSETTS) 00700 00710 BLUE SHIELD (MICHIGAN) 00720 BLUE SHIELD (MINNESOTA) 00740 BLUE SHIELD (KANSAS CITY)

	BLUE SHIELD (NORTH DAKOTA/WYOMING)
00860	BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
* INDICATES THIS FIELD HAS BEEN A	DDED OR CHANGED SINCE: 10/03/2007
DATE: 01/01/2008 POS	RECORD LAYOUT PAGE: 5
PHYSICAL THERAPISTS IN INDEPENDEN	T 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 02050	AETNA (WASHINGTON) OCCIDENTAL (CALIFORNIA)
05130	EQICOR (IDAHO)
05440	EQICOR (IDANO) 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)

00770BLUE SHIELD (NEW HAMPSHIRE/VERMONT)00780BLUE SHIELD (TRI-STATE)00801BLUE SHIELD (BUFFALO)00803NATIONAL GOVERNMENT SERVICES00805NATIONAL GOVERNMENT SERVICES00820BLUE SHIELD (NORTH DAKOTA)00825BLUE SHIELD (NORTH DAKOTA/WYOMING)00860BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)	00751	BLUE SHIELD (MONTANA)
00801BLUE SHIELD (BUFFALO)00803NATIONAL GOVERNMENT SERVICES00805NATIONAL GOVERNMENT SERVICES00820BLUE SHIELD (NORTH DAKOTA)00825BLUE SHIELD (NORTH DAKOTA/WYOMING)	00770	BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
00803NATIONAL GOVERNMENT SERVICES00805NATIONAL GOVERNMENT SERVICES00820BLUE SHIELD (NORTH DAKOTA)00825BLUE SHIELD (NORTH DAKOTA/WYOMING)	00780	BLUE SHIELD (TRI-STATE)
00805NATIONAL GOVERNMENT SERVICES00820BLUE SHIELD (NORTH DAKOTA)00825BLUE SHIELD (NORTH DAKOTA/WYOMING)	00801	BLUE SHIELD (BUFFALO)
00820BLUE SHIELD (NORTH DAKOTA)00825BLUE SHIELD (NORTH DAKOTA/WYOMING)	00803	NATIONAL GOVERNMENT SERVICES
00825 BLUE SHIELD (NORTH DAKOTA/WYOMING)	00805	NATIONAL GOVERNMENT SERVICES
	00820	BLUE SHIELD (NORTH DAKOTA)
00860 BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)	00825	BLUE SHIELD (NORTH DAKOTA/WYOMING)
	00860	BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)

31143 NATIONAL HERITAGE INSURANCE CO 31146 NATIONAL HERTAGE INSURANCE 166 175 C PROV1680 PROVIDER NUMBER 10 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 Ρ PENDING W WORK 2 177 178 C PROV1725 REGION CODE THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION VALUES: 01 I BOSTON II NEW YORK 02 III PHILADELPHIA 03 04 IV ATLANTA 05 V CHICAGO 06 VI DALLAS 07 VII KANSAS CITY VIII DENVER 08 IX SAN FRANCISCO 09 10 Х SEATTLE 1 179 179 C PROV2045 SKELETON RECORD INDICATOR 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 ΑZ ARIZONA CA CALIFORNIA CN CANADA CO COLORADO CTCONNECTICUT

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

ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
КY	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)2182183CPROV2700TWO DIGIT CODE INDICATING STATE WHERE FACILITY ISLOCATED.COBOL NAME: SSA-STATEVALUES:01ALABAMA

* 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

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
11	TEININEOOEE

45 46 47 48 49	TEXAS UTAH VERMONT VIRGIN ISLANDS VIRGINIA
1DATE: 01/01/2008 POS	DDED OR CHANGED SINCE: 10/03/2007 RECORD LAYOUT PAGE: 9 T PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4
SHORT DESCRIPTION	LEN START END TYPE SAS NAME
50 51 52 53 56 59 64 65 66	WASHINGTON WEST VIRGINIA WISCONSIN WYOMING CANADA MEXICO AMERICAN SAMOA GUAM SAIPAN
STATE REGION CODE FOR SELECTED STATES, IDENTIFI WITHIN THE STATE WHERE THE FA COBOL NAME: STATE-REGION-CD	
STREET ADDRESS STREET ADDRESS OF A PROVIDER PROVIDE MEDICARE AND/OR MEDIC COBOL NAME: STREET-ADDRESS	
TELEPHONE NUMBER THE 10 DIGIT TELEPHONE NUMBER THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM	10 237 246 C PROV1605 OF THE PRIMARY CONTACT OR
TERMINATION CODE # 1 TERMINATION CODE #1, THE REAS TERMINATED FROM THE CLIA, MED PROGRAMS.	
COBOL NAME: TERM-CD-1 VALUES: 00 01 02 03 04 05 06 07	ACTIVE VOL-MERG,CLOSE VOL-REIMBURSE VOL-RISK INVOL VOL-OTHER INVOL-FAIL REQ INVOL-AGREEMNT OTH-STATUS CHG
TERMINATION DATE/EXPIRATION DAT THE DATE THE LABORATORY'S CER THE EXPIRATION DATE OF THE CU FOR OTHER NON-CLIA PROVIDERS, FACILITY WAS TERMINATED. COBOL NAME: EXP-DT-1	TIFICATE TERMINATED OR IRRENT CLIA CERTIFICATE.
TYPE OF ACTION IDENTIFIES THE PURPOSE FOR WE	1 257 257 C PROV2880 WICH THE CERTIFICATION AND

TRANSMITTAL FORM WAS PREPARED. COBOL NAME: TYPE-ACTION VALUES: 1 INITIAL 2 RECERTIFICATION * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 PAGE: 10 1DATE: 01/01/2008 POS RECORD LAYOUT PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4 SHORT DESCRIPTION LEN START END TYPE SAS NAME 3 TERMINATION 4 CHANGE OF OWNERSHIP 2 258 259 C PROV2885 TYPE OF CONTROL INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL 5 260 264 C PROV2905 ZIP CODE THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER. COBOL NAME: ZIP-CD 2 265 266 C FIPSTATE FIPS STATE CODE FIPS STATE CODE COBOL NAME: WS-FIPS-STATE 267 269 C FIPCNTY 3 FIPS COUNTY CODE 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 1 273 273 C SSAMSASZ SSA MSA SIZE CODE 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 2 1 2 C PROV0085 A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND COMPREHENSIVE OUTPATIENT VALUES: 01 CATEGORY OF PROVIDER/SUPPLIER 2 3 4 С PROV0075 IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 14 COMPREHENSIVE OUTPATIENT REHAB FACILITIES CHANGE OF OWNERSHIP COUNTER 2 5 6 Ν 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 С 8 7 14 PROV0100 EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT 15 42 С CITY 28 PROV3225 CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY 43 COMPLIANCE: PLAN OF CORRECTION 43 C PROV0220 1 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 44 44 С PROV2715 1 INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: А IN COMPLIANCE R NOT IN COMPLIANCE 47 C COUNTY CODE 3 45 PROV2695 SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED. COBOL NAME: SSA-COUNTY 57 CROSS REFERENCE PROVIDER NUMBER 10 48 С 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 COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4) LEN START END TYPE SAS NAME SHORT DESCRIPTION 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 74 74 C PROV0455 1 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 75 124 C PROV0475 FACILITY NAME 50 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 00010 VALUES: BLUE CROSS (ALABAMA) 00011 CAHABA 00020 BLUE CROSS (ARKANSAS) 00040 BLUE CROSS (CALIFORNIA) 00060 BLUE CROSS (CONNECTICUT) BLUE CROSS (DELAWARE) 00070 BLUE CROSS (FLORIDA) 00090 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 NATIONAL GOVERNMENT SERVICES 00181 BLUE CROSS (MARYLAND) 00190 BLUE CROSS (MASSACHUSETTS) 00200 00210 BLUE CROSS (MICHIGAN) 00220 BLUE CROSS (MINNESOTA) 00230 BLUE CROSS (MISSISSIPPI) BLUE CROSS (LOUISIANA) 00231 00241 BLUE CROSS (MISSOURI) 00260 BLUE CROSS (NEBRASKA) 00270 NATIONAL GOVERNMENT SERVICES

* 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

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	САНАВА
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 51300	AETNA (PEORIA)
51390 52280	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 COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (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 5 161 165 C PROV1620 PRIOR INTERMEDIARY NUMBER 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) BLUE CROSS (CALIFORNIA) 00040 00060 BLUE CROSS (CONNECTICUT) 00070 BLUE CROSS (DELAWARE) 00090 BLUE CROSS (FLORIDA) 00101 BLUE CROSS (GEORGIA) 00121 HEALTH CARE SERVICE CORPORATION HCSC - MICHIGAN 00122 HCSC OF MICHIGAN HCSC OF MICHIGAN NATIONAL GOVERNMENT SERVICES NATIONAL GOVERNMENT SERVICES BLUE CROSS (IOWA/SOUTH DAKOTA) 00123 00130 00131 00140 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) BLUE CROSS (MINNESOTA) 00220 BLUE CROSS (MISSISSIPPI) 00230 BLUE CROSS (LOUISIANA) 00231 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

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 (OREGON) (IDANO CLAIMS) 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
	PALMETTO
00883	
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 CO
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 PAGE: 6 1DATE: 01/01/2008 POS RECORD LAYOUT COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (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 Ρ PENDING W WORK 177 178 C PROV1725 REGION CODE 2 THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION VALUES: 01 I BOSTON II NEW YORK 02 III PHILADELPHIA 03 IV ATLANTA 04 05 V CHICAGO VI DALLAS 06 07 VII KANSAS CITY 08 VIII DENVER 09 IX SAN FRANCISCO 10 SEATTLE Х 179 179 C PROV2045 SKELETON RECORD INDICATOR 1 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 2 180 181 C PROV3230 STATE ABBREVIATION STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK ALASKA AL ALABAMA AR ARKANSAS AS AMERICAN SAMOA ΑZ ARIZONA CA CALIFORNIA CNCANADA

 \star indicates this field has been added or changed since: 10/03/2007

1DATE: 01/01/2008POS RECORD LAYOUTPAGE: 7COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

CO	COLORADO
СТ	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
КY	KENTUCKY
LA	LOUISIANA
МА	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
	NEW MEXICO NEVADA
NV	
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

COMPREHENSIVE OUTPATIENT REHAB F.	ACILITIES, CATEGORY = "14" (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 ST.	ATE 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 11	FLORIDA
	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)

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 FOR SELECTED STATES, IDENTIFIE WITHIN THE STATE WHERE THE FAC COBOL NAME: STATE-REGION-CD STREET ADDRESS STREET ADDRESS OF A PROVIDER T PROVIDE MEDICARE AND/OR MEDICA COBOL NAME: STREET-ADDRESS TELEPHONE NUMBER THE 10 DIGIT TELEPHONE NUMBER THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM TERMINATION CODE # 1	CILITY IS LOCATED 50 187 236 C PROV2720 CHAT IS CERTIFIED TO AID SERVICES. 10 237 246 C PROV1605 OF THE PRIMARY CONTACT OR 2 247 248 C PROV4770
TERMINATION CODE #1, THE REASC TERMINATED FROM THE CLIA, MEDI	
PROGRAMS. COBOL NAME: TERM-CD-1	CARE AND/OR MEDICALD
COBOL NAME: TERM-CD-1	ACTIVE
COBOL NAME: TERM-CD-1 VALUES: 00	
COBOL NAME: TERM-CD-1 VALUES: 00 01 02	ACTIVE VOL-MERG,CLOSE VOL-REIMBURSE
COBOL NAME: TERM-CD-1 VALUES: 00 01 02 03	ACTIVE VOL-MERG,CLOSE
COBOL NAME: TERM-CD-1 VALUES: 00 01 02 03	ACTIVE VOL-MERG,CLOSE VOL-REIMBURSE
COBOL NAME: TERM-CD-1 VALUES: 00 01 02 03 04	ACTIVE VOL-MERG,CLOSE VOL-REIMBURSE VOL-RISK INVOL
COBOL NAME: TERM-CD-1 VALUES: 00 01 02 03 04	ACTIVE VOL-MERG,CLOSE VOL-REIMBURSE VOL-RISK INVOL VOL-OTHER

* 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)

LEN START END TYPE SAS NAME SHORT DESCRIPTION 8 249 256 C PROV4500 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-1 257 257 C PROV2880 TYPE OF ACTION 1 IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED. COBOL NAME: TYPE-ACTION VALUES: 1 INITIAL 2 RECERTIFICATION TERMINATION 3 CHANGE OF OWNERSHIP 4 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 CHURCH 03 NON PROFIT OTHER GOVERNMENT 04 5 260 264 C PROV2905 ZIP CODE THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER. COBOL NAME: ZIP-CD 2 265 266 C FIPSTATE FIPS STATE CODE FIPS STATE CODE COBOL NAME: WS-FIPS-STATE 3 267 269 C FIPCNTY FIPS COUNTY CODE FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY 270 272 C SSAMSACD SSA MSA CODE 3 SSA MSA CODE COBOL NAME: WS-SSA-MSA-CD 1 273 273 C SSAMSASZ SSA MSA SIZE CODE 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 SRV: OCCUPATIONAL THERAPY 1 558 558 C PROV2270 INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE PROVIDED. COBOL NAME: SP-OCCUP-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: 11 COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

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: PROVIDED BY EMPLOYEES 1 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 NOT PROVIDED VALUES: 0 PROVIDED BY EMPLOYEES 1 2 PROVIDED UNDER ARRANGEMENT OR AGREEMENT 3 PROVIDED BY INDEPENDENT CONTRACTOR 586 586 C PROV2505 SRV: SPEECH PATHOLOGY 1 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 1228 1237 C PROV1755 RELATED PROVIDER NUMBER 10 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 1465 1465 C PROV2250 1 INDICATES HOW NURSING SERVICES ARE PROVIDED. COBOL NAME: SP-NURSING VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF 2 PROVIDED UNDER ARRANGEMENT 3 COMBINATION 10 1629 1638 C PROV1560 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

* 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

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 1673 1673 C PROV6140 SRV: NURSING #2 1 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 PROVIDED UNDER ARRANGEMENT 2 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 PROVIDED BY INDEPENDENT CONTRACTOR 3 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 1677 1677 C PROV2325 SRV: ORTHOTIC/PROSTHETIC 1 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

3 PROVIDED BY INDEPENDENT CONTRACTOR SRV: ORTHOTIC/PROSTHETIC #2 1 1678 1678 C PROV2330 INDICATES HOW ORTHOTIC/PROSTHETIC SERVICES ARE PROVIDED BY A COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY. COBOL NAME: SP-ORTHOTIC-PROSTHET-2 VALUES: 0 NOT PROVIDED 1 PROVIDED BY EMPLOYEES PROVIDED UNDER ARRANGEMENT 2 3 PROVIDED BY INDEPENDENT CONTRACTOR 1679 1679 C PROV2335 SRV: ORTHOTIC/PROSTHETIC #3 1 INDICATES HOW ORTHOTIC/PROSTHETIC SERVICES ARE PROVIDED BY A COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY. COBOL NAME: SP-ORTHOTIC-PROSTHET-3 NOT PROVIDED VALUES: 0 PROVIDED BY EMPLOYEES 1 2 PROVIDED UNDER ARRANGEMENT 3 PROVIDED BY INDEPENDENT CONTRACTOR SRV: PHYSICAL THERAPY #2 1680 1680 C PROV2375 1 INDICATES HOW PHYSICAL THERAPY SERVICES ARE PROVIDED. COBOL NAME: SP-PHYSICAL-THERAPY-2 VALUES: PROVIDED BY EMPLOYEES 1 2 PROVIDED UNDER ARRANGEMENT PROVIDED BY INDEPENDENT CONTRACTOR 3 SRV: PHYSICAL THERAPY #3 1681 1681 C PROV2380 1 INDICATES HOW PHYSICAL THERAPY SERVICES ARE PROVIDED. COBOL NAME: SP-PHYSICAL-THERAPY-3 VALUES: 1 PROVIDED BY EMPLOYEES 2 PROVIDED UNDER ARRANGEMENT 3 PROVIDED BY INDEPENDENT CONTRACTOR 1682 1682 C PROV2385 SRV: PHYSICIAN 1 INDICATES HOW PHYSICIAN SERVICES ARE PROVIDED. COBOL NAME: SP-PHYSICIAN VALUES: 1 PROVIDED BY EMPLOYEES 2 PROVIDED UNDER ARRANGEMENT 3 PROVIDED BY INDEPENDENT CONTRACTOR SRV: PHYSICIAN #2 1683 1683 C PROV2390 1 INDICATES HOW PHYSICIAN SERVICES ARE PROVIDED. COBOL NAME: SP-PHYSICIAN-2 VALUES: 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: 14 COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME SRV: PHYSICIAN #3 1 1684 1684 C PROV2395 INDICATES HOW PHYSICIAN SERVICES ARE PROVIDED.

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: NOT PROVIDED 0 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 1687 1687 C PROV2430 SRV: PSYCHOLOGICAL #3 1 INDICATES HOW PSYCHOLOGICAL SERVICES ARE PROVIDED. COBOL NAME: SP-PSYCHOLOGICAL-3 VALUES: 0 NOT PROVIDED 1 PROVIDED BY EMPLOYEES 2 PROVIDED UNDER ARRANGEMENT PROVIDED BY INDEPENDENT CONTRACTOR 3 1 1688 1688 C PROV2455 SRV: RESPIRATORY CARE INDICATES HOW RESPIRATORY CARE SERVICES ARE PROVIDED. COBOL NAME: SP-RESP-CARE VALUES: NOT PROVIDED 0 1 PROVIDED BY EMPLOYEES 2 PROVIDED BY ARRANGEMENT OR AGREEMENT PROVIDED BY INDEPENDENT CONTRACTOR 3 SRV: RESPIRATORY CARE #2 1689 1689 C PROV2460 1 INDICATES HOW RESPIRATORY CARE SERVICES ARE PROVIDED. COBOL NAME: SP-RESP-CARE-2 VALUES: 0 NOT PROVIDED PROVIDED BY EMPLOYEES 1 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 1693 1693 C PROV2510 1 INDICATES HOW SPEECH PATHOLOGY SERVICES ARE PROVIDED. COBOL NAME: SP-SPEECH-PATH-2 NOT PROVIDED VALUES: 0 1 PROVIDED BY EMPLOYEES 2 PROVIDED UNDER ARRANGEMENT PROVIDED BY INDEPENDENT CONTRACTOR 3 1 1694 1694 C PROV2515 SRV: SPEECH PATHOLOGY #3 INDICATES HOW SPEECH PATHOLOGY SERVICES ARE PROVIDED. COBOL NAME: SP-SPEECH-PATH-3 0 VALUES: NOT PROVIDED 1 PROVIDED BY EMPLOYEES 2 PROVIDED UNDER ARRANGEMENT PROVIDED BY INDEPENDENT CONTRACTOR 3

* 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 2 1 2 C PROV0085
A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED
NURSING FACILITIES AND HOSPITALS.
COBOL NAME: CATEGORY-SUBTYPE-IND

VALUES: 01 AMBULATORY SURGICAL CENTER 2 3 4 C PROV0075 CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 15 AMBULATORY SURGICAL CENTERS Ν CHANGE OF OWNERSHIP COUNTER 2 5 6 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 С PROV3225 CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY 43 C PROV0220 COMPLIANCE: PLAN OF CORRECTION 43 1 INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REOUIREMENTS 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 REOUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE R NOT IN COMPLIANCE 45 47 C PROV2695 COUNTY CODE 3 SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED. COBOL NAME: SSA-COUNTY CROSS REFERENCE PROVIDER NUMBER 48 57 C 10 PROV0300 NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER. COBOL NAME: CROSS-REF-PROV-NUM 58 65 C PROV0500 CURRENT FMS SURVEY DATE 8 CURRENT FMS SURVEY DATE COBOL NAME: FMS-SURVEY-DT-1 * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 POS RECORD LAYOUT 1DATE: 01/01/2008 PAGE: 2 AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTIONLENSTARTENDTYPESAS NAMECURRENT SURVEY DATE86673CPROV2740THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY,
WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR
THE PROVIDER.
COBOL NAME: SURVEY-DT-186673C

1 74 74 C PROV0455 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 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) BLUE CROSS (CONNECTICUT) BLUE CROSS (DELAWARE) BLUE CROSS (FLORIDA) BLUE CROSS (GEORGIA) HEALTH CARE SERVICE CORPORATION HCSC - MICHIGAN NATIONAL GOVERNMENT SERVICES NATIONAL GOVERNMENT SERVICES BLUE CROSS (IOWA/SOUTH DAKOTA) BLUE CROSS (KANSAS) NATIONAL GOVERNMENT SERVICES NATIONAL GOVERNMENT SERVICES 00070 00090 00101 00121 00122 00123 00130 00131 00140 00150 00160 00180 NATIONAL GOVERNMENT SERVICES 00181 NATIONAL GOVERNMENT SERVICES 00190 BLUE CROSS (MARYLAND) 00200 BLUE CROSS (MASSACHUSETTS) BLUE CROSS (MICHIGAN) BLUE CROSS (MINNESOTA) BLUE CROSS (MISSISSIPPI) 00210 00220 00230 00231 BLUE CROSS (LOUISIANA) 00241 BLUE CROSS (MISSOURI) BLUE CROSS (NEBRASKA) 00260 NATIONAL GOVERNMENT SERVICES 00270 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

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 00362	BLUE CROSS (OREGON) (IDAHO CLAIMS) 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 00580	BLUE SHIELD (DELAWARE) BLUE SHIELD (DISTRICT OF COLUMBIA)
00590	BLUE SHIELD (DISTRICT OF COLOMBIA) BLUE SHIELD (FLORIDA)
00590	BLUE SHIELD (ILLINOIS)
00630	NATIONAL GOVERNMENT SERVICES
00640	BLUE SHIELD (IOWA)
00650	BLUE SHIELD (IOWA) BLUE SHIELD (KANSAS)
00655	BLUE SHIELD (KANSAS) BLUE SHIELD (KANSAS/NEBRASKA)
00660	NATIONAL GOVERNMENT SERVICES
00690	BLUE SHIELD (MARYLAND)
00700	BLUE SHIELD (MARSACHUSETTS)
00710	BLUE SHIELD (MICHIGAN)
00720	BLUE SHIELD (MINNESOTA)
00740	BLUE SHIELD (MINNESOTA) 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)
00000	

* 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

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	MANALI MEDICAL SERVICE ASSOCIATION MASSACHUSETTS/MAINE
31140	NATIONAL HERITAGE (CA)
5	

* 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

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)

	AETNA (PEORIA) AETNA (FORT WASHINGTON) MUTUAL OF OMAHA COOPERATIVA (PUERTO RICO)	
MEDICARE OR MEDICAID VENDOR NUME A NUMBER WHICH MAY BE ASSIGNED STATE MEDICAID AGENCY FOR EXTE PURPOSES.	TO A FACILITY BY THE	C PROV0655
COBOL NAME: MEDICAID-VEND-NUM PARTICIPATION DATE THE DATE A FACILITY IS FIRST A MEDICARE AND/OR MEDICAID SERVI COBOL NAME: PARTCI-DT		C PROV1565
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF COBOL NAME: PRIOR-CHOW-DT		C PROV1615
PRIOR INTERMEDIARY NUMBER	5 161 165	C PROV1620
A PREVIOUS INTERMEDIARY NUMBER	.WHEN	
COBOL NAME: PRIOR-INTER-CARRIE	R-NUM	
VALUES: 00010	BLUE CROSS (ALABAMA)	
00011	САНАВА	
	BLUE CROSS (ARKANSAS)	
	BLUE CROSS (ARIZONA)	
	BLUE CROSS (CALIFORNIA)	
00060	BLUE CROSS (CONNECTICUT)	
00070	BLUE CROSS (DELAWARE)	
00090	BLUE CROSS (FLORIDA)	
00101	BLUE CROSS (GEORGIA)	
00121	HEALTH CARE SERVICE CORPORAT	FION
00122	HCSC - MICHIGAN	
00123	ICSC OF MICHIGAN	
00130	NATIONAL GOVERNMENT SERVICES	
	NATIONAL GOVERNMENT SERVICES	
00140		
	BLUE CROSS (IOWA/SOUTH DAKO	IA)
00150	BLUE CROSS (KANSAS)	
00160	BLUE CROSS (KENTUCKY)	
	BLUE CROSS (MAINE)	
00181	NATIONAL GOVERNMENT SERVICES	5
00190	BLUE CROSS (MARYLAND)	
	DED OR CHANGED SINCE: 10/03 RECORD LAYOUT , CATEGORY = "15" (SEE POSI3	PAGE: 6
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	3LUE CROSS (NEBRASKA)	~
00270	NATIONAL GOVERNMENT SERVICES	5

00280	BLUE CROSS (NEW JERSEY)
00200	BLUE CROSS (NEW DERSET) BLUE CROSS (NEW MEXICO)
00200	NATIONAL GOVERNMENT SERVICES
00310	BLUE CROSS (NORTH CAROLINA)
00320	BLUE CROSS (NORTH DAKOTA)
00320	NATIONAL GOVERNMENT SERVICES
00332	BLUE CROSS (OKLAHOMA)
00340	BLUE CROSS (ORLAHOMA) BLUE CROSS (OREGON)
00350	BLUE CROSS (OREGON) BLUE CROSS (OREGON) (IDAHO CLAIMS)
00362	BLUE CROSS (UREGON) (IDAHO CLAIMS) BLUE CROSS (INDEPENDENCE)
00362	BLUE CROSS (INDEPENDENCE) 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	САНАВА
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

00660	NATIC	ONAL GOV	VERNMENT 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 17120 21200 31140 31142 31143 31144 31146 50333 51051 51070 51100 51140 51390 52280 57400	HAWA MASS NATI NATI NATI NATI TRAV AETN AETN AETN AETN AETN MUTU	IONWIDE (WEST VIRGINIA) AII MEDICAL SERVICE ASSOCIATION SACHUSETTS/MAINE IONAL HERITAGE (CA) IONAL HERITAGE INSURANCE CO (MAINE) IONAL HERITAGE INSURANCE CO IONAL HERITAGE INSURANCE CO IONAL HERTAGE INSURANCE VELERS (NEW YORK) NA (PETALUMA) NA (FARMINGTON) NA (CLEARWATER) NA (PEORIA) NA (FORT WASHINGTON) JAL OF OMAHA PERATIVA (PUERTO RICO)
PROVIDER NUMBER A SIX OR TEN POSITION IDENT SIGNED TO A CERTIFIED PROVI IS ISSUED A 6 POSITION NUME A SUPPLIER IS ISSUED A 10 PO COBOL NAME: PROV-NUM	DER OR RIC OR	SUPPLIER. A PROVIDER ALPHANUMERIC NUMBER,
RECORD TYPE		1 176 176 C PROV1720
THIS INDICATOR SPECIFIES TH	E CURRE	ENT STATUS OF RECORD.
COBOL NAME: RECORD-TYPE	ACCE	
VALUES: A P	ACCE PEND	EPTED
e W	WORK	-
		-
REGION CODE THE HCFA REGIONAL OFFICE HA STATE IN WHICH THE PROVIDER COBOL NAME: REGION VALUES: 01 02		BOSTON
03	III	PHILADELPHIA
1DATE: 01/01/2008 PO AMBULATORY SURGICAL CENT	OS RECO	OR CHANGED SINCE: 10/03/2007 ORD LAYOUT PAGE: 9 ATEGORY = "15" (SEE POSITIONS 3-4)
SHORT DESCRIPTION		LEN START END TYPE SAS NAME
04	IV	ATLANTA
05	V	
06	VI	
07		KANSAS CITY
08		I DENVER
09		SAN FRANCISCO
10	Х	SEATTLE
SKELETON RECORD INDICATOR		1 179 179 C PROV2045
INDICATES RECORD IS A SKELE ONLY A LIMITED SET OF THE P		
FOR THIS PROVIDER.	NOVIDER	A DATA TO AVALUADILE

COBOL NAME: SKELETON-IND VALUES: Y	YES					
STATE ABBREVIATION		2	180	181	С	PROV3230
STATE ABBREVIATION						
COBOL NAME: STATE-ABBREV						
VALUES: AK	ALASKA					
AL	ALABAMA					
AR	ARKANSAS					
AS	AMERICAN SA	MOA				
AZ	ARIZONA					
CA	CALIFORNIA					
CN	CANADA					
CO	COLORADO					
CT	CONNECTICUT					
DC	DISTRICT OF	COLUM	IBIA			
DE	DELAWARE					
FL	FLORIDA					
GA	GEORGIA					
GU	GUAM					
HI	HAWAII					
IA	IOWA					
ID	IDAHO					
IL	ILLINOIS					
IN	INDIANA					
KS	KANSAS					
ΚY	KENTUCKY					
LA	LOUISIANA					
MA	MASSACHUSET	TS				
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

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
ОН	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 STA	TE 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 A	DDED OR CHANGED SINCE: 10/03/2007
	RECORD LAYOUT PAGE: 11
	S, CATEGORY = "15" (SEE POSITIONS 3-4)
SHORT DESCRIPTION	LEN START END TYPE SAS NAME
16	IOWA

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				
65	GUAM				
66	SAIPAN				
STATE REGION CODE FOR SELECTED STATES, IDENTIFI WITHIN THE STATE WHERE THE FAC COBOL NAME: STATE-REGION-CD	ES THE PARTICUL	AR REGIO		С	PROV2710
* INDICATES THIS FIELD HAS BEEN A 1DATE: 01/01/2008 POS AMBULATORY SURGICAL CENTER	RECORD LAYOUT				PAGE: 12
SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
STREET ADDRESS STREET ADDRESS OF A PROVIDER ' PROVIDE MEDICARE AND/OR MEDICA	THAT IS CERTIFI		236	С	PROV2720
COBOL NAME: STREET-ADDRESS TELEPHONE NUMBER THE 10 DIGIT TELEPHONE NUMBER THE OPERATOR OF A PROVIDER.				С	PROV1605
COBOL NAME: PHONE-NUM TERMINATION CODE # 1 TERMINATION CODE #1, THE REAS TERMINATED FROM THE CLIA, MED PROGRAMS. COBOL NAME: TERM-CD-1	ON A FACILITY H ICARE AND/OR ME	AS BEEN	248	С	PROV4770
VALUES: 00	ACTIVE				
01	VOL-MERG, CLOSE				

02 VOL-REIMBURSE 03 VOL-RISK INVOL 04 VOL-OTHER 05 INVOL-FAIL REO 06 INVOL-AGREEMNT 07 OTH-STATUS CHG 8 249 256 C PROV4500 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 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 POS RECORD LAYOUT 1DATE: 01/01/2008 PAGE: 13 AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 260 264 C PROV2905 ZIP CODE 5 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 3 270 272 C SSAMSACD SSA MSA CODE 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 1 290 290 C PROV0010 ACCREDITATION INDICATOR

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 8 363 370 C PROV0450 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 4 378 381 C PROV0485 FISCAL YEAR ENDING DATE THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR. COBOL NAME: FISC-YR-END-DT 1 569 569 C PROV2365 SRV: PHARMACY INDICATES HOW PHARMACY SERVICES ARE PROVIDED. COBOL NAME: SP-PHARMACY PROVIDED DIRECTLY BY THE FACILITY VALUES: 1 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

1 1703 1703 C PROV0550 FREE STANDING INDICATOR (ASC) 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 1 1704 1704 C PROV0565 HOSPITAL BASED INDICATOR 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 1708 1708 C PROV2145 SPEC: FOOT 1 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 1709 1709 C PROV2150 SPEC: GENERAL 1 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 Y NOT OFFERED OFFERED 1 1712 1712 C PROV2290 SPEC: OPTHAMOLOGY INDICATES IF OPTHAMOLOGY SURGERY IS OFFERED BY AN AMBULATORY SURGICAL CENTER. COBOL NAME: SP-OPTHAMOLOGY-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 1 1714 1714 C PROV2320 SPEC: ORTHOPEDIC INDICATES IF ORTHOPEDIC SURGERY IS OFFERED BY AN AMBULATORY SURGICAL CENTER. COBOL NAME: SP-ORTHOPEDIC NOT OFFERED VALUES: N Υ OFFERED SPEC: OTOLARYNGOLOGY 1 1715 1715 C PROV2345 INDICATES IF OTOLARYNGOLOGY SURGERY IS OFFERED BY AN AMBULATORY SURGICAL CENTER. COBOL NAME: SP-OTOLARYRGOLOGY 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) LEN START END TYPE SAS NAME SHORT DESCRIPTION 1716 1716 C PROV2400 SPEC: PLASTIC 1 INDICATES IF PLASTIC SURGERY IS OFFERED BY AN AMBULATORY SURGICAL CENTER. COBOL NAME: SP-PLASTIC VALUES: N NOT OFFERED Υ 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 1 1719 1719 C PROV2135 SRV: EKG INDICATES IF EKG SERVICES ARE PROVIDED BY AN AMBULATORY SURGICAL CENTER. COBOL NAME: SP-EKG VALUES: 0 NOT PROVIDED PROVIDED DIRECTLY BY THE FACILITY 1 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 PROVIDED DIRECTLY BY THE FACILITY VALUES: 1 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 PROVIDED DIRECTLY BY THE FACILITY VALUES: 1 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) 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 HOSPICE 2 3 4 C PROV0075 CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 16 HOSPICES 5 6 N PROV0095 CHANGE OF OWNERSHIP COUNTER 2 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 28 15 42 C PROV3225 CITY

CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY 1 43 43 C PROV0220 COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REOUIREMENTS 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: А IN COMPLIANCE В NOT IN COMPLIANCE COUNTY CODE 45 47 C PROV2695 3 SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED. COBOL NAME: SSA-COUNTY 48 57 C PROV0300 CROSS REFERENCE PROVIDER NUMBER 10 NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER. COBOL NAME: CROSS-REF-PROV-NUM 8 58 65 C PROV0500 CURRENT FMS SURVEY DATE 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) LEN START END TYPE SAS NAME SHORT DESCRIPTION 73 C PROV2740 CURRENT SURVEY DATE 66 8 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 74 74 C PROV0455 ELIGIBILITY CODE 1 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 75 124 C PROV0475 50 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	САНАВА
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

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	САНАВА
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 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 152 C PROV1565 PARTICIPATION DATE 8 145 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 HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

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	САНАВА

51390	PALMETTO WPS - ILLINOIS WPS - MICHIGAN WI PHYSICIAN SERVICES - MN AETNA (WASHINGTON) NORIDIAN ADMIN SERVICES NORIDIAN ADMIN SERVICES (ARIZONA) NORIDIAN ADMIN SERVICES (MONTANA) NORIDIAN ADMIN SERVICES (NORTH DAKOTA) NORIDIAN ADMIN SERVICES (MONTANA) NORIDIAN ADMIN SERVICES (UTAH) NORIDIAN ADMIN SERVICES (UTAH) NORIDIAN ADMIN SERVICES (WYOMING) HAWAII MEDICAL SERVICE ASSOCIATION NATIONAL HERITAGE (CA) NATIONAL HERITAGE INSURANCE CO (MAINE) NATIONAL HERITAGE INSURANCE CO NATIONAL HERITAGE INSURANCE TRAVELERS (NEW YORK) AETNA (FARMINGTON) AETNA (FARMINGTON) AETNA (FORT WASHINGTON) ADDED OR CHANGED SINCE: 10/03/2007		
1DATE: 01/01/2008 POS	S RECORD LAYOUT PAGE: 6 RY = "16" (SEE POSITIONS 3-4)		
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 THIS INDICATOR SPECIFIES THE COBOL NAME: RECORD-TYPE VALUES: A	1 176 176 C PROV1720 CURRENT STATUS OF RECORD. ACCEPTED		
VALUES: A P W	PENDING WORK		
REGION CODE THE HCFA REGIONAL OFFICE HAVE STATE IN WHICH THE PROVIDER E COBOL NAME: REGION VALUES: 01 02 03 04	IS LOCATED. I BOSTON II NEW YORK III PHILADELPHIA		
04 05	IV ATLANTA V CHICAGO		

06 VI DALLAS VII KANSAS CITY 07 80 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 CNCANADA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 7 HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

CO	COLORADO
СТ	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
ТХ	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 PAGE: 9
PAGE: 9 1DATE: 01/01/2008 POS RECORD LAYOUT HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

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
REGION CODE	3 184 186 C PROV2710
SELECTED STATES, IDENTIFIE	
IN THE STATE WHERE THE FAC	CILITY IS LOCATED

STATE REGION CODE	3	184	186	С	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	С	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO					
PROVIDE MEDICARE AND/OR MEDICAID SEF	RVICES.				
COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	237	246	С	PROV1605

THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM 247 248 C PROV4770 TERMINATION CODE # 1 2 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 REO 06 INVOL-AGREEMNT 07 OTH-STATUS CHG * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 PAGE: 10 1DATE: 01/01/2008 POS RECORD LAYOUT HOSPICES, CATEGORY = "16" (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-1 257 257 C PROV2880 TYPE OF ACTION 1 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 - INDIVIDUAL PROPRIETARY - PARTNERSHIP 05 06 PROPRIETARY - CORPORATION 07 PROPRIETARY - OTHER GOVERNMENT - STATE 08

09 GOVERNMENT - COUNTY GOVERNMENT - CITY 10 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 NONE VALUES: 0 1 JCAHO 2 CHAP 356 356 C PROV0240 COMPLIANCE: LIFE SAFETY CODE 1 INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN RECOMMENDED FOR A PROVIDER. COBOL NAME: COMPL-LSC VALUES: 1 WAIVER RECOMMENDED 8 363 370 C PROV0450 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 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 7.2 382 388 N PROV0955 LICENSED PRACT/VOCAT NURSES 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 7.2 473 479 N PROV1145 REGISTERED NURSES THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED PROFESSIONAL NURSES EMPLOYED BY A PROVIDER. COBOL NAME: NUM-REG-NURS 1 558 558 C PROV2270 SRV: OCCUPATIONAL THERAPY INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE PROVIDED. COBOL NAME: SP-OCCUP-THERAPY VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF 2 PROVIDED UNDER ARRANGEMENT 2 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 PROVIDED UNDER ARRANGEMENT 2 3 COMBINATION 1 586 586 C PROV2505 SRV: SPEECH PATHOLOGY 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 2 593 594 C PROV2890 TYPE OF FACILITY 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 EOUIVALENT HOME HEALTH AIDES EMPLOYED BY A HOME HEALTH AGENCY OR HOSPICE.

COBOL NAME: NUM-HOME-HEALTH-AIDES 1 1464 1464 C PROV2220 SRV: MEDICAL SOCIAL INDICATES HOW MEDICAL SOCIAL SERVICES ARE PROVIDED COBOL NAME: SP-MEDICAL-SOCIAL 0 NOT PROVIDED VALUES: 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 1 1467 1467 C PROV2340 SRV: OTHER 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 9.2 1612 1620 N PROV2850 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 7.2 1639 1645 N PROV1110 PHYSICIANS THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIANS EMPLOYED BY A PROVIDER. COBOL NAME: NUM-PHYS 1 1682 1682 C PROV2385 SRV: PHYSICIAN INDICATES HOW PHYSICIAN SERVICES ARE PROVIDED. COBOL NAME: SP-PHYSICIAN VALUES: 1 PROVIDED BY STAFF 2 PROVIDED UNDER ARRANGEMENT 3 COMBINATION 1722 1722 C PROV0015 ACUTE/RESPITE CARE INDICATOR 1 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 В SHORT TERM INPATIENT RESPITE CARE PROV IN HSP ST INPATIENT ACUTE & RESPITE CARE PROV IN HSP С

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) LEN START END TYPE SAS NAME SHORT DESCRIPTION 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 7.2 1758 1764 N PROV1495 LPNS/LVNS - VOLUNTEER THE NUMBER OF FULL-TIME EQUIVALENT VOLUNTEER LICENSED PRACTICAL/VOCATIONAL NURSES IN A HOSPICE. COBOL NAME: NUM-VOL-LPN-LVN 7.2 1765 1771 N PROV0975 MEDICAL SOCIAL WORKERS 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 1 1793 1793 C PROV2115 SRV: COUNSELING INDICATES HOW COUNSELING SERVICES ARE PROVIDED BY A HOSPICE. COBOL NAME: SP-COUNSELING VALUES: 0 NOT PROVIDED

PROVIDED BY STAFF 1 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) LEN START END TYPE SAS NAME SHORT DESCRIPTION 1795 1795 C PROV2170 SRV: HOMEMAKER 1 INDICATES HOW HOMEMAKER SERVICES ARE PROVIDED BY A HOSPICE. COBOL NAME: SP-HOMEMAKER VALUES: 0 NOT PROVIDED PROVIDED BY STAFF 1 2 PROVIDED UNDER ARRANGEMENT 3 COMBINATION 1796 1796 C PROV2225 SRV: MEDICAL SUPPLIES 1 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 1 1797 1797 C PROV2480 SRV: SHORT TERM INPATIENT CARE 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 7.2 1798 1804 N PROV1080 VOLUNTEERS - OTHER 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 2 2 C PROV0085 1 A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 ORGAN PROCUREMENT 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: 17 ORGAN PROCUREMENT ORGANIZATIONS CHANGE OF OWNERSHIP COUNTER 5 6 N PROV0095 2 THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT 8 7 14 CHANGE OF OWNERSHIP DATE C PROV0100 EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT CITY 28 15 42 С 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 44 44 C PROV2715 COMPLIANCE: STATUS 1 INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: А IN COMPLIANCE В NOT IN COMPLIANCE

45 47 C PROV2695 COUNTY CODE 3 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 8 58 65 C PROV0500 CURRENT FMS SURVEY DATE 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 66 73 C PROV2740 8 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 74 74 C PROV0455 ELIGIBILITY CODE 1 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 50 75 124 C PROV0475 FACILITY NAME 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) BLUE CROSS (DELAWARE) 00070 BLUE CROSS (FLORIDA) 00090 BLUE CROSS (GEORGIA) 00101 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) BLUE CROSS (KANSAS) 00150 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 ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

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)

1DATE: 01/01/2008 POS	NATIONAL HERITAGE INSURANCE CO (MAINE) NATIONAL HERITAGE INSURANCE CO NATIONAL HERITAGE INSURANCE CO NATIONAL HERTAGE INSURANCE TRAVELERS (NEW YORK) AETNA (PETALUMA) AETNA (FARMINGTON) AETNA (FARMINGTON) AETNA (CLEARWATER) AETNA (FORT WASHINGTON) MUTUAL OF OMAHA ADDED OR CHANGED SINCE: 10/03/2007 S RECORD LAYOUT PAGE: 4 CONS, CATEGORY = "17" (SEE POSITIONS 3-4)
SHORT DESCRIPTION	LEN START END TYPE SAS NAME
57400	COOPERATIVA (PUERTO RICO)
MEDICARE OR MEDICAID VENDOR NUM A NUMBER WHICH MAY BE ASSIGNE STATE MEDICAID AGENCY FOR EXT PURPOSES. COBOL NAME: MEDICAID-VEND-NUM	D TO A FACILITY BY THE TERNAL CONTROL OR BILLING
PARTICIPATION DATE THE DATE A FACILITY IS FIRST MEDICARE AND/OR MEDICAID SERV COBOL NAME: PARTCI-DT	8 145 152 C PROV1565 APPROVED TO PROVIDE
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF COBOL NAME: PRIOR-CHOW-DT	8 153 160 C PROV1615 OWNERSHIP.
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBE COBOL NAME: PRIOR-INTER-CARRI VALUES: 00010 00011 00020 00030 00040 00060 00070 00090 00101 00121 00122 00123 00130 00131 00140 00150 00160 00180 00181 00190 00200	

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

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	САНАВА
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 HEF	RITAGE INSURANCE CO
31144 NATIONAL HER	RITAGE INSURANCE CO
31146 NATIONAL HER	RTAGE INSURANCE
50333 TRAVELERS (1	NEW YORK)
51051 AETNA (PETAI	LUMA)
51070 AETNA (FARM)	INGTON)
51100 AETNA (CLEAF	RWATER)
51140 AETNA (PEORI	IA)
51390 AETNA (FORT	WASHINGTON)
* INDICATES THIS FIELD HAS BEEN ADDED OR CHANC	GED 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) 166 175 C PROV1680 PROVIDER NUMBER 10 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: ACCEPTED A Ρ PENDING W WORK 177 178 C PROV1725 REGION CODE 2 THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION VALUES: I BOSTON 01 02 II NEW YORK 03 III PHILADELPHIA 04 IV ATLANTA 05 V CHICAGO VI DALLAS 06 VII KANSAS CITY 07 80 VIII DENVER 09 IX SAN FRANCISCO 10 SEATTLE Х SKELETON RECORD INDICATOR 179 179 C PROV2045 1 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 NAM	IE: 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

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
КY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
МТ	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
ОН	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

34

LEN START END TYPE SAS NAME

WI	WISCONSIN
WV	WEST VIRGINIA
WY	WYOMING

2 182 183 C PROV2700 STATE CODE (SSA) 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 80 DELAWARE 09 DISTRICT OF COLUMBIA 10 FLORIDA 11 GEORGIA 12 HAWAII 13 IDAHO 14 ILLINOIS 15 INDIANA IOWA 16 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 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 RHODE ISLAND 41 SOUTH CAROLINA 42 43 SOUTH DAKOTA 44 TENNESSEE 45 TEXAS 46 UTAH 47 VERMONT 48 VIRGIN ISLANDS 49 VIRGINIA 50 WASHINGTON WEST VIRGINIA 51 52 WISCONSIN 53 WYOMING 56 CANADA 59 MEXICO 64 AMERICAN SAMOA 65 GUAM 66 SAIPAN 184 186 C PROV2710 STATE REGION CODE 3 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 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-1 257 257 C PROV2880 TYPE OF ACTION 1 IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED. COBOL NAME: TYPE-ACTION VALUES: 1 INITIAL 3 TERMINATION 258 259 C PROV2885 TYPE OF CONTROL 2 INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL 5 260 264 C PROV2905 ZIP CODE 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 267 269 C FIPCNTY 3 FIPS COUNTY CODE FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY 3 270 272 C SSAMSACD SSA MSA CODE SSA MSA CODE COBOL NAME: WS-SSA-MSA-CD 1 273 273 C SSAMSASZ SSA MSA SIZE CODE SSA MSA SIZE CODE COBOL NAME: WS-SSA-MSA-SIZE-CD

07

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 PAGE: 1 1DATE: 01/01/2008 POS RECORD LAYOUT COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (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 COMMUNITY MENTAL HEALTH CENTERS CATEGORY OF PROVIDER/SUPPLIER 3 4 C PROV0075 2 IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 19 COMMUNITY MENTAL HEALTH CENTERS CHANGE OF OWNERSHIP COUNTER N 2 5 6 PROV0095 THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT 8 7 14 CHANGE OF OWNERSHIP DATE 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 43 43 C PROV0220 1 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 44 44 C PROV2715 1 INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE NOT IN COMPLIANCE В COUNTY CODE 45 47 C PROV2695 3 SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED. COBOL NAME: SSA-COUNTY CROSS REFERENCE PROVIDER NUMBER 57 10 48 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

* 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 8 66 73 C PROV2740 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 ELIGIBILITY CODE 74 74 C PROV0455 1 INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: ELIG-CD ELIGIBLE TO PARTICIPATE VALUES: 1 2 NOT ELIGIBLE TO PARTICIPATE 50 75 124 C PROV0475 FACILITY NAME 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) BLUE CROSS (CONNECTICUT) 00060 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) NATIONAL GOVERNMENT SERVICES 00160 NATIONAL GOVERNMENT SERVICES 00180 NATIONAL GOVERNMENT SERVICES 00181 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 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)
	NATIONAL GOVERNMENT SERVICES
00332	
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
	NATIONAL HERITAGE (CA)
31140	
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 (FEORIA) AETNA (FORT WASHINGTON)
31320	ATIMA (FORI WASHINGIUN)

* 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 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 8 153 160 C PROV1615 PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT 5 161 165 C PROV1620 PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM VALUES: 00010 BLUE CROSS (ALABAMA) 00011 CAHABA 00020 BLUE CROSS (ARKANSAS) BLUE CROSS (ARIZONA) 00030 00040 BLUE CROSS (CALIFORNIA) 00060 BLUE CROSS (CONNECTICUT) 00070 BLUE CROSS (DELAWARE) 00090 BLUE CROSS (FLORIDA) 00101 BLUE CROSS (GEORGIA) HEALTH CARE SERVICE CORPORATION HCSC - MICHIGAN HCSC OF MICHIGAN NATIONAL GOVERNMENT SERVICES NATIONAL GOVERNMENT SERVICES BLUE CROSS (IOWA/SOUTH DAKOTA) 00121 00122 00123 00130 00131 00140 00150 BLUE CROSS (KANSAS) 00160 BLUE CROSS (KENTUCKY) 00180 BLUE CROSS (MAINE) 00181 NATIONAL GOVERNMENT SERVICES 00190 BLUE CROSS (MARYLAND) 00200 BLUE CROSS (MASSACHUSETTS) BLUE CROSS (MICHIGAN) 00210 BLUE CROSS (MINNESOTA) 00220 BLUE CROSS (MISSISSIPPI) 00230 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)

MUTUAL OF OMAHA

52280

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 5 COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (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	САНАВА
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 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 Ρ PENDING W WORK 2 177 178 C PROV1725 REGION CODE THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION VALUES: 01 I BOSTON II NEW YORK 02 III PHILADELPHIA 03 04 IV ATLANTA 05 V CHICAGO 06 VI DALLAS 07 VII KANSAS CITY VIII DENVER 08 IX SAN FRANCISCO 09 10 Х SEATTLE 1 179 179 C PROV2045 SKELETON RECORD INDICATOR 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 2 180 181 C PROV3230 STATE ABBREVIATION STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK ALASKA AL ALABAMA AR ARKANSAS AS AMERICAN SAMOA ΑZ ARIZONA CA CALIFORNIA CN CANADA CO COLORADO CTCONNECTICUT

* 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 DE FL GA GU HI IA ID IL	DISTRICT OF COLUMBIA DELAWARE FLORIDA GEORGIA GUAM HAWAII IOWA IDAHO 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 NJ	NEW HAMPSHIRE						
NM	NEW JERSEY						
NV	NEW MEXICO NEVADA						
NY	NEVADA NEW YORK						
ОН	OHIO						
OK	OKLAHOMA						
OR	OREGON						
PA	PENNSYLVANIA						
PR	PUERTO RICO						
RI	RHODE ISLAND						
SC	SOUTH CAROLINA						
SD	SOUTH DAKOTA						
TN	TENNESSEE						
ТХ	TEXAS						
UT	UTAH						
VA	VIRGINIA						
VI	VIRGIN ISLANDS						
VT	VERMONT						
WA	WASHINGTON						
WI	WISCONSIN						
WV	WEST VIRGINIA						

*	INDICATES	THIS	GLIATA	HAS	BEEN	ADDED	OR	CHANGED	SINCE:	10/03/2007
	TINDICATED	TUTO	гтапр	IIAD	אוינינים	ADDBD	OIC.	CITANGED	OTINCE.	10/05/2007

1DATE: 01/01/2008 POS COMMUNITY MENTAL HEALTH CENT	S RECORD LAYOUT PAGE: 8 TERS, CATEGORY = "19" (SEE POSITIONS 3-4)
SHORT DESCRIPTION	LEN START END TYPE SAS NAME
WY	WYOMING
STATE CODE (SSA) TWO DIGIT CODE INDICATING STA LOCATED.	2 182 183 C PROV2700 ATE WHERE FACILITY IS
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	MICHIGAN MINNESOTA
25	MINNESOTA MISSISSIPPI
25	MISSISSIPPI MISSOURI
20	MISSOURI MONTANA
28	NEBRASKA
29	NEVADA
30 31	NEW HAMPSHIRE
	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

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 184 186 C PROV2710 STATE REGION CODE 3 FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED COBOL NAME: STATE-REGION-CD 187 236 C PROV2720 STREET ADDRESS 50 STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: STREET-ADDRESS 237 246 C PROV1605 TELEPHONE NUMBER 10 THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM TERMINATION CODE # 1 247 248 C PROV4770 2 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 04VOL-OTHER 05 INVOL-FAIL REQ 06 INVOL-AGREEMNT 07 OTH-STATUS CHG TERMINATION DATE/EXPIRATION DATE 1 249 256 C PROV4500 8 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)

LEN START END TYPE SAS NAME SHORT DESCRIPTION 257 257 C PROV2880 TYPE OF ACTION 1 IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED. COBOL NAME: TYPE-ACTION VALUES: 1 TNTTTAL 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 PROPRIETARY 02 CHURCH RELATED 03 NONPROFIT CORPORATION 04 OTHER NONPROFIT 05 STATE 06 LOCAL 07 FEDERAL 260 264 C PROV2905 ZIP CODE 5 THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER. COBOL NAME: ZIP-CD 2 FIPS STATE CODE 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 3 SSA MSA CODE 270 272 C SSAMSACD SSA MSA CODE COBOL NAME: WS-SSA-MSA-CD SSA MSA SIZE CODE 273 273 C SSAMSASZ 1 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

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

SHORT DESCRIPTION LEN START END TYPE SAS NAME 2 1 2 C PROV0085 CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 FEDERALLY OUALIFIED HEALTH CENTERS 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: 21 FEDERALLY QUALIFIED HEALTH CENTERS CHANGE OF OWNERSHIP COUNTER 5 6 N PROV0095 2 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 42 C PROV3225 28 15 CTTY CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY COMPLIANCE: PLAN OF CORRECTION 43 43 C PROV0220 1 INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REOUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC COMPLIANCE: STATUS 44 44 C PROV2715 1 INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE В NOT IN COMPLIANCE 47 C PROV2695 COUNTY CODE 3 45 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 FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

66 73 C PROV2740 CURRENT SURVEY DATE 8 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 74 74 C PROV0455 ELIGIBILITY CODE 1 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 BLUE CROSS (ALABAMA) VALUES: 00010 00011 CAHABA 00020 BLUE CROSS (ARKANSAS) 00040 BLUE CROSS (CALIFORNIA) BLUE CROSS (CALIFORNIA) BLUE CROSS (CONNECTICUT) BLUE CROSS (DELAWARE) BLUE CROSS (FLORIDA) BLUE CROSS (GEORGIA) HEALTH CARE SERVICE CORPORATION 00060 00070 00090 00101 00121 00121 HCSC - MICHIGAN 00123 HCSC OF MICHIGAN 00130 NATIONAL GOVERNMENT SERVICES NATIONAL GOVERNMENT SERVICES BLUE CROSS (IOWA/SOUTH DAKOTA) BLUE CROSS (KANSAS) NATIONAL GOVERNMENT SERVICES NATIONAL GOVERNMENT SERVICES NATIONAL GOVERNMENT SERVICES BLUE CROSS (MARYLAND) BLUE CROSS (MASSACHUSETTS) BLUE CROSS (MICHIGAN) BLUE CROSS (MINNESOTA) BLUE CROSS (MISSISSIPPI) BLUE CROSS (LOUISIANA) NATIONAL GOVERNMENT SERVICES 00131 00140 00150 00160 00180 00181 00190 00200 00210 00220 00230 00231 BLUE CROSS (LOUISIANA) 00241 BLUE CROSS (MISSOURI) BLUE CROSS (NEBRASKA) NATIONAL GOVERNMENT SERVICES BLUE CROSS (NEW JERSEY) 00260 00270 00280

* 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

BLUE CROSS (NEW MEXICO) 00290 00308 NATIONAL GOVERNMENT SERVICES 00310 BLUE CROSS (NORTH CAROLINA) 00332 NATIONAL GOVERNMENT SERVICES 00340 BLUE CROSS (OKLAHOMA) BLUE CROSS (OREGON) 00350 00351 BLUE CROSS (OREGON) (IDAHO CLAIMS) 00362 BLUE CROSS (INDEPENDENCE) BLUE CROSS (WESTERN PENNSYLVANIA) HIGHMARK MEDICARE SERVICES BLUE CROSS (RHODE ISLAND) 00363 00366 00370 00380 BLUE CROSS (SOUTH CAROLINA) 00390 BLUE CROSS (TENNESSEE) 00400 BLUE CROSS (TEXAS) 00410 BLUE CROSS (UTAH) BLUE CROSS (VIRGINIA/WEST VA) 00423 00430 BLUE CROSS (WASHINGTON & ALASKA) 00450 NATIONAL GOVERNMENT SERVICES 00452 NATIONAL GOVERNMENT SERVICES NATIONAL GOVERNMENT SERVICES NATIONAL GOVERNMENT SERVICES BLUE CROSS (NORTH CAROLINA FOR PR) 00453 00454 00468 00511 CAHABA 00883 PALMETTO 00952 WPS - ILLINOIS 00953 WPS - MICHIGAN 00954 WI PHYSICIAN SERVICES - MN 01390 AETNA (WASHINGTON) 03001 NORIDIAN ADMIN SERVICES NORIDIAN ADMIN SERVICES NORIDIAN ADMIN SERVICES (ARIZONA) NORIDIAN ADMIN SERVICES (MONTANA) NORIDIAN ADMIN SERVICES (NORTH DAKOTA) 03102 03202 03302 03402 NORIDIAN ADMIN SERVICES (MONTANA) NORIDIAN ADMIN SERVICES (MONTANA) NORIDIAN ADMIN SERVICES (UTAH) NORIDIAN ADMIN SERVICES (UYOMING) HAWAII MEDICAL SERVICE ASSOCIATION NATIONAL HERITAGE (CA) NATIONAL HERITAGE INSURANCE CO (MAINE) NATIONAL HERITAGE INSURANCE CO NATIONAL HERITAGE INSURANCE CO NATIONAL HERITAGE INSURANCE CO NATIONAL HERITAGE INSURANCE CO 03502 03602 17120 31140 31142 31143 31144 31146 TRAVELERS (NEW YORK) 50333 51051 AETNA (PETALUMA) AETNA (FARMINGTON) 51070 51100 AETNA (CLEARWATER) 51140 AETNA (PEORIA) AETNA (FORT WASHINGTON) 51390 MUTUAL OF OMAHA 52280

* 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 PROVÓ655 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: PRICI-DT PRIOR CHANGE OF OWNERSHIP 8 153 160 C PROV1615 THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRICO-CHOW-DT PRIOR INTERMEDIARY NUMBER 5 161 165 C PROV1620 A PREVIOUS INTERMEDIARY NUMBER. WHEN COBOL NAME: PRICO-CHOW-DT PRIOR INTERMEDIARY NUMBER. HUEN COBOL NAME: PRICO-CHOW-DT 00010 BLUE CROSS (ALABAMA) 00011 CAHABA 00020 BLUE CROSS (ALABAMA) 00040 BLUE CROSS (CALIFORNIA) 00040 BLUE CROSS (CALIFORNIA) 00040 BLUE CROSS (CALIFORNIA) 00040 BLUE CROSS (IDELAWARE) 00070 BLUE CROSS (IDELAWARE) 00070 BLUE CROSS (IDELAWARE) 00070 BLUE CROSS (IDELAWARE) 00070 BLUE CROSS (IDELAWARE) 00121 HEALTH CARE SERVICE COMPORATION 00122 HCSC - MICHIGAN 00123 HCSC OF MICHIGAN 00130 NATIONAL GOVERNMENT SERVICES 00131 NATIONAL GOVERNMENT SERVICES 00140 BLUE CROSS (INANASA) 00160 BLUE CROSS (INANASA) 00171 BLUE CROSS (INANASA) 00181 NATIONAL GOVERNMENT SERVICES 00181 BLUE CROSS (MINESOTA) 00220 BLUE CROSS (MISSISSIPPI) 00220 BLUE CROSS (MISSISSIPPI) 00220 BLUE CROSS (MISSISSIPPI) 00220 BLUE CROSS (MISSISSIPPI) 00220 BLUE CROSS (MISSISSIP) 00220 BLUE CROSS (MISSISSIP							
A NUMBER WILCH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING FURPOSES. CODOL NAME: MEDICAID-VEND-NUM PARTICITATION DATE 8 145 152 C PROV1565 THE DATE A FACILITY 15 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 CHANGE OF OWNERSHIP. 00011 ELUE CROSS (ALKARNSAS) 00101 BLUE CROSS (CANECTICUT) 00070 BLUE CROSS (CANECTICUT) 00070 BLUE CROSS (CONNECTICUT) 00070 BLUE CROSS (CONNECTICUT) 00070 BLUE CROSS (FLORIDA) 00121 HEALTH CARE SERVICE CORPORATION 00122 HESC - MICHIGAN 00123 HCSC OF MICHIGAN 00123 HCSC OF MICHIGAN 00124 HEALTH CARE SERVICES 00131 NATIONAL GOVERNMENT SERVICES 00130 NATIONAL GOVERNMENT SERVICES 00140 BLUE CROSS (MANSAS) 00150 BLUE CROSS (MANSAS) 00160 BLUE CROSS (MANSAS) 00160 BLUE CROSS (MANSAS) 00210 BLUE CROSS (MANSAS) 00210 BLUE CROSS (MANSAS) 00220 BLUE CROSS (MARVIAND) 00220 BLUE CROSS (MARVIAND) 00231 BLUE CROSS (MINESOTA) 00231 BLUE CROSS (MONTANA) 00241 BLUE CROSS (MISSISSIPPI) 00230 BLUE CROSS (MONTANA) 00241 BLUE CROSS (MONTANA) 00241 BLUE CROSS (MONTANA) 00250 BLUE CROSS (MONTANA) 00260 BLUE CROSS (MONTANA) 00270 NATIONAL GOVERN				"21" (8	SEE PO	OSITI	-
A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COROL 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-CHON-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 (CALIFORNIA) 00040 BLUE CROSS (CALIFORNIA) 00060 BLUE CROSS (CALIFORNIA) 00060 BLUE CROSS (CALIFORNIA) 00060 BLUE CROSS (CALIFORNIA) 00101 CHABA 00101 CHABA 00102 BLUE CROSS (CALIFORNIA) 00102 BLUE CROSS (GEORGIA) 00101 BLUE CROSS (GEORGIA) 00121 HEALTH CARE SERVICE CORPORATION 00122 HCSC - MICHIGAN 00133 HCSC OF MICHIGAN 00130 NATIONAL GOVERNMENT SERVICES 00131 BLUE CROSS (MARSAS) 00160 BLUE CROSS (MARSAS) 00160 BLUE CROSS (MAINE) 00120 BLUE CROSS (MISSISSITS) 00210 BLUE CROSS (MISSISTS) 00220 BLUE CROSS (MISSISTS) 00230 BLUE CROSS (MISSISTS) 00230 BLUE CROSS (MISSISTS) 00240 BLUE CROSS (MISSIST) 00250 BLUE CROSS (MISSIST) 00220 BLUE				INCE:	10/03	3/200'	
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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: PARTOL-DT PRIOR CHANCE 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) 00020 BLUE CROSS (ALABAMA) 00020 BLUE CROSS (CALIFORNIA) 00030 BLUE CROSS (CALIFORNIA) 00040 BLUE CROSS (CALIFORNIA) 00040 BLUE CROSS (CALIFORNIA) 000660 BLUE CROSS (FLORNIA) 00070 BLUE CROSS (FLORNIA) 00121 HEALTH CARE SERVICE CORPORATION 00122 HCSC - MICHIGAN 00123 HCSC OF MICHIGAN 00123 HCSC OF MICHIGAN 00124 HCSC S (IDOLAMARE) 00123 HCSC OF MICHIGAN 00130 NATIONAL GOVERNMENT SERVICES 00131 NATIONAL GOVERNMENT SERVICES 00131 NATIONAL GOVERNMENT SERVICES 00140 BLUE CROSS (MANES) 00160 BLUE CROSS (MANES) 00160 BLUE CROSS (MANES) 00160 BLUE CROSS (MANES) 00121 HEALTH CARE SERVICE CORPORATION 00122 HCSC - MICHIGAN 00123 HCSC OF MICHIGAN 00124 HCSC S (MICHIGAN 00125 BLUE CROSS (MANEST SERVICES 00131 NATIONAL GOVERNMENT SERVICES 00131 NATIONAL GOVERNMENT SERVICES 00140 BLUE CROSS (MANES) 00160 BLUE CROSS (MANEST 00160 BLUE CROSS (MANEST 00160 BLUE CROSS (MANEST 00160 BLUE CROSS (MANEST 00160 BLUE CROSS (MANEST 00170 BLUE CROSS (MANEST 00181 BLUE CROSS (MANEST 00181 BLUE CROSS (MANEST 00181 BLUE CROSS (MANEST 00181 BLUE CROSS (MANEST 00190 BLUE CROSS (MANEST 00190 BLUE CROSS (MANEST 00220 BLUE CROSS (MANESTA) 00220 BLUE CROSS (MASSACHUSETTS) 00220 BLUE CROSS (MASSACHUSETTS) 00220 BLUE CROSS (MASSACHUSETTS) 00220 BLUE CR			-	-			
A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICALD AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICALD-VEND-NUM PARTICIPATION DATE 8 145 152 C PROV1565 THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICALD SERVICES. COBOL NAME: PARTCI-DT PRIOR CHANCE OF OWNERSHIP 8 153 160 C PROV1615 THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PIOR-CHOM-DT PRIOR INTERMEDIARY NUMBER 5 161 165 C PROV1620 A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM VALUES: 00010 ELUE CROSS (ALABAMA) 00011 CAHABA 00020 ELUE CROSS (ALIFORNIA) 00060 ELUE CROSS (ALIFORNIA) 00060 ELUE CROSS (CONNECTICUT) 00070 ELUE CROSS (CONNECTICUT) 00070 ELUE CROSS (JELAWARE) 00090 ELUE CROSS (GEORGIA) 00121 HEALTH CARE SERVICE CORPORATION 00122 HCSC - MICHIGAN 00123 HCSC OF MICHIGAN 00123 HCSC OF MICHIGAN 00124 HCSC OF MICHIGAN 00123 HCSC OF MICHIGAN 00130 NATIONAL GOVERNMENT SERVICES 00131 NATIONAL GOVERNMENT SERVICES 00131 NATIONAL GOVERNMENT SERVICES 00131 NATIONAL GOVERNMENT SERVICES 00130 RATIONAL GOVERNMENT SERVICES 00140 ELUE CROSS (IMA/SOUTH DAKOTA) 00150 ELUE CROSS (MARYLAND) 00160 ELUE CROSS (MARYLAND) 00160 ELUE CROSS (MARYLAND) 00120 ELUE CROSS (MARYLAND) 00210 ELUE CROSS (MARYLAND) 00220 ELUE CROSS (MINNESOTA) 00231 ELUE CROSS (MINNESOTA) 00241 ELUE CROSS (MINNESOTA) 00241 ELUE CROSS (MONTANA) 00240 ELUE CROSS (MONTANA) 02400 ELUE CROSS (MONTA						5	
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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)
	BLUE CROSS (TEXAS) BLUE CROSS (UTAH)
00410	BLUE CROSS (UIAH) BLUE CROSS (VIRGINIA/WEST VA)
00423	
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	САНАВА
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 (MAINE)
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)

FEDERALLY	QUALIFIED	HEALTH	CENTERS,	CATEGORY	=	"21"	(SEE	POSITIO	NS 3-	-4)
SHORT DESCI	א∩דיייתדכ			ד ביא	т	פיייסעייס	ENT) TYPE	CAC	សកស្ត
SHOKI DESCI	XIPIION				4	SIARI	LINL) IIFE	SAS	INAME

52280	MUTUAL OF ON	ИАНА	
57400	COOPERATIVA	(PUERTO	RICO)

10 166 175 C PROV1680 PROVIDER NUMBER 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: А ACCEPTED Ρ PENDING TAT 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 VI DALLAS 06 VII KANSAS CITY 07 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 2 180 181 C PROV3230 STATE ABBREVIATION STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK ALASKA AL ALABAMA AR ARKANSAS AS AMERICAN SAMOA ΑZ ARIZONA CA CALIFORNIA CN CANADA CO COLORADO СТ 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

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.

пт				HAWALL
IA				IOWA
ID				IDAHO
IL				ILLINOIS
IN				INDIANA
KS				KANSAS
ΚY				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 CAROLINA SOUTH DAKOTA
SD TN				TENNESSEE
TX				TEXAS
UT				UTAH
VA				VIRGINIA
VI				VIRGIN ISLANDS
VT				VERMONT
WA				WASHINGTON
WI				WISCONSIN
WV				WEST VIRGINIA
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COBOL NAM	E: SSA-STATE	
	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 2 247 248 C PROV4770 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 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 249 256 C PROV4500 TERMINATION DATE/EXPIRATION DATE 1 8 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 257 257 C PROV2880 TYPE OF ACTION 1 IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED. COBOL NAME: TYPE-ACTION VALUES: 1 TNTTTAL 3 TERMINATION

2 258 259 C PROV2885 TYPE OF CONTROL INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL RELIGIOUS AFFILIATION VALUES: 01 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 3 270 272 C SSAMSACD SSA MSA CODE SSA MSA CODE COBOL NAME: WS-SSA-MSA-CD 1 273 273 C SSAMSASZ SSA MSA SIZE CODE 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 1814 1814 C PROV3710 FEDERALLY FUNDED HEALTH CENTER 1 INDICATED WHETHER THIS FOHC IS FEDERALLY FUNDED. COBOL NAME: FED-FUNDED-FFHC NO VALUES: N 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 1815 1820 C PROV3705 FQHC APPROVED RHC PROVIDER # 6 APPROVED FQHC'S RELATED RHC PROVIDER NUMBER. COBOL NAME: APPROVED-RHC-PROV-NUM 1 1821 1821 C PROV3700 FOHC APPROVED RURAL HEALTH CLINIC INDICATES IF THE FOHC WAS A MEDICARE CERTIFIED RURAL HEALTH CLINIC. COBOL NAME: APPROVED-MEDICARE-RHC VALUES: N NΟ

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 1DATE: 01/01/2008 PAGE: 1 POS RECORD LAYOUT CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 2 1 2 C PROV0085 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 3 4 C PROV0075 CATEGORY OF PROVIDER/SUPPLIER

IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER.

COBOL NAME: CATEGORY VALUES: 22 CLIA88 LABORATORIES 2 5 6 N PROV0095 CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT 8 7 14 C PROV0100 CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT 15 42 C PROV3225 CITY 28 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 44 44 C PROV2715 COMPLIANCE: STATUS 1 INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REOUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE в NOT IN COMPLIANCE 3 45 47 C PROV2695 COUNTY CODE 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 58 65 C PROV0500 CURRENT FMS SURVEY DATE 8 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 66 73 C PROV2740 CURRENT SURVEY DATE 8 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 1 74 74 C PROV0455 ELIGIBILITY CODE INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: ELIG-CD

ELIGIBLE TO PARTICIPATE

VALUES: 1

2 NOT ELIGIBLE TO PARTICIPATE 50 75 124 C PROV0475 FACILITY NAME 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) BLUE CROSS (FLORIDA) 00090 00101 BLUE CROSS (GEORGIA) 00121 HEALTH CARE SERVICE CORPORATION HEALTH CARE SERVICE CORPORATION HCSC - MICHIGAN HCSC OF MICHIGAN NATIONAL GOVERNMENT SERVICES BLUE CROSS (IOWA/SOUTH DAKOTA) BLUE CROSS (KANSAS) NATIONAL GOVERNMENT SERVICES NATIONAL GOVERNMENT SERVICES NATIONAL GOVERNMENT SERVICES BLUE CROSS (MARYLAND) BLUE CROSS (MASSACHUSETTS) BLUE CROSS (MICHIGAN) 00122 00123 00130 00131 00140 00150 00160 00180 00181 00190 00200 00210 BLUE CROSS (MICHIGAN) 00220 BLUE CROSS (MINNESOTA) 00230 BLUE CROSS (MISSISSIPPI) 00231 BLUE CROSS (LOUISIANA) 00241 BLUE CROSS (MISSOURI) BLUE CROSS (NEBRASKA) NATIONAL GOVERNMENT SERVICES 00260 00270 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 BLUE CROSS (NORTH CAROLINA) 00310 NATIONAL GOVERNMENT SERVICES 00332 BLUE CROSS (OKLAHOMA) BLUE CROSS (OREGON) BLUE CROSS (OREGON) (IDAHO CLAIMS) BLUE CROSS (INDEPENDENCE) BLUE CROSS (WESTERN PENNSYLVANIA) HIGHMARK MEDICARE SERVICES 00340 BLUE CROSS (OKLAHOMA) 00350 00351 00362 00363

BLUE CROSS (RHODE ISLAND)

00366 00370

00200	
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	САНАВА
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)
	PECE SHIPPE (LEWISTERWIK/NEW CEROEI)

* 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)

LEN START END TYPE SAS NAME

SHORT DESCRIPTION

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 00974 01010 01020 01030 01040 01120 01290 01360 01370 01380 01390	BLUE SHIELD (PUERTO RICO) BLUE SHIELD (VIRGIN ISLANDS) AETNA (PEORIA) AETNA (ALASKA) AETNA (ARIZONA) AETNA (GEORGIA) AETNA (HAWAII) AETNA (NEVADA) AETNA (NEW MEXICO) AETNA (OKLAHOMA) AETNA (OREGON) 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 31140	MASSACHUSETTS/MAINE			
21140	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)

15 130 144 C PROV0655 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 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) BLUE CROSS (CALIFORNIA) BLUE CROSS (CONNECTICUT) BLUE CROSS (DELAWARE) BLUE CROSS (FLORIDA) BLUE CROSS (GEORGIA) HEALTH CARE SERVICE CORPORATION HCSC - MICHIGAN HCSC OF MICHIGAN NATIONAL GOVERNMENT SERVICES NATIONAL GOVERNMENT SERVICES BLUE CROSS (IOWA/SOUTH DAKOTA) BLUE CROSS (KANSAS) 00060 00070 00090 00101 00121 00122 00123 00130 00131 00140 BLUE CROSS (KANSAS) 00150 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) BLUE CROSS (LOUISIANA) 00231 BLUE CROSS (MISSOURI) BLUE CROSS (MONTANA) BLUE CROSS (NEBRASKA) NATIONAL GOVERNMENT SERVICES 00241 00250 00260 00270 00280 BLUE CROSS (NEW JERSEY) 00290 BLUE CROSS (NEW MEXICO) NATIONAL GOVERNMENT SERVICES BLUE CROSS (NORTH CAROLINA) 00308

BLUE CROSS (NORTH DAKOTA)

00310 00320

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	САНАВА
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 PAGE: 7 1DATE: 01/01/2008 POS RECORD LAYOUT CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRI

S NAME

RIPTION	LEN START END TYPE SAS N
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

0 = 4.4.0	
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)

NATIONAL HERITAGE INSURANCE CO 31143 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 NOT-A-LAB Ν Ρ PENDING т TEMPORARY (CLIA ONLY) τλΤ 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 PAGE: 9 1DATE: 01/01/2008 POS RECORD LAYOUT CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 01 BOSTON Ι II NEW YORK 02 III PHILADELPHIA 03 IV ATLANTA 04 CHICAGO 05 V VI DALLAS 06 07 VII KANSAS CITY 80 VIII DENVER 09 IX SAN FRANCISCO 10 Х SEATTLE 1 179 179 C PROV2045 SKELETON RECORD INDICATOR 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	С	PROV3230
STATE ABBREVIATION						
COBOL NAME: STATE-ABBREV						
VALUES: AK	ALASKA					
AL	ALABAMA					
AR	ARKANSAS					
AS	AMERICAN	SAMOA				
AZ	ARIZONA					
CA	CALIFORNI	A				
CO	COLORADO					
СТ	CONNECTIC	UT				
DC	DISTRICT	OF COLUI	MBIA			
DE	DELAWARE					
FL	FLORIDA					
FN	FOREIGN					
GA	GEORGIA					
GU	GUAM					
HI	HAWAII					
IA	IOWA					
ID	IDAHO					
IL	ILLINOIS					
IN	INDIANA					
KS	KANSAS					
КY	KENTUCKY					
LA	LOUISIANA					
MA	MASSACHUS	ETTS				
MD	MARYLAND					
ME	MAINE					
MI	MICHIGAN					

* 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)

MINNESOTA

SHORT DESCRIPTION

MN

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
ОН	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 STAT	TE 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
* INDICATES THIS FIELD HAS BEEN AI	DDED OR CHANGED SINCE: 10/03/2007

INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/20071DATE: 01/01/2008POS RECORD LAYOUTCLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT	DESCRIPTION

LEN START END TYPE SAS NAME

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
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 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 187 236 C PROV2720 STREET ADDRESS 50 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 248 C PROV4770 2 247 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 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 257 257 C PROV2880 TYPE OF ACTION 1 IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED. COBOL NAME: TYPE-ACTION VALUES: INITIAL 1 2 RECERTIFICATION 3 TERMINATION 4 CHANGE OF OWNERSHIP CLIA VALIDATION 5 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: RELIGIOUS AFFILIATION 01 02 PRIVATE 03 OTHER 04 PROPRIETARY 05 GOVERNMENT - CITY GOVERNMENT - COUNTY 06

08 GOV 09 GOV	ERNMENT – STAT ERNMENT – FEDE ERNMENT – OTHE NOWN	RAL			
ZIP CODE THE FIVE DIGIT POSTAL CODE FOR TH COBOL NAME: ZIP-CD	5 E PROVIDER.	260	264	С	PROV2905
FIPS STATE CODE FIPS STATE CODE COBOL NAME: WS-FIPS-STATE	2	265	266	С	FIPSTATE
FIPS COUNTY CODE FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY	3	267	269	С	FIPCNTY
SSA MSA CODE SSA MSA CODE COBOL NAME: WS-SSA-MSA-CD	3	270	272	С	SSAMSACD
SSA MSA SIZE CODE SSA MSA SIZE CODE COBOL NAME: WS-SSA-MSA-SIZE-CD	1	273	273	С	SSAMSASZ
DATE OF LAST VALIDATION SURVEY DATE THE LAST VALIDATION SURVEY W BY THE STATE AGENCY FOR A JCAH, A HOSPITAL OR OTHER PROVIDER TYPE. COBOL NAME: DT-VALID-SURVEY		363	370	С	PROV0450

* 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 378 381 C PROV0485 4 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 AMBULATORY SURGERY CENTER VALUES: 01 02 COMMUNITY CLINIC 03 COMPREHENSIVE OUTPATIENT REHAB 04 ANCILLARY TEST SITE 05 END STAGE RENAL DISEASE DIALYSIS 06 HEALTH FAIR 07 HEALTH MAINTENANCE ORGANIZATION 80 HOME HEALTH AGENCY 09 HOSPICE 10 HOSPITAL 11 INDEPENDENT 12 INDUSTRIAL 13 INSURANCE INTERM. CARE FACIL. MENTALLY RETARDED 14

15 MOBILE UNIT 16 PHARMACY 17 SCHOOL/STUDENT HEALTH SERVICE 18 SKILLED NURSING/NURSING FACILITY 19 PHYSICIAN OFFICE 20 OTHER PRACTITIONER 21 TISSUE BANK/REPOSITORIES 2.2 BLOOD BANKS 23 RURAL HEALTH CLINIC 24 FEDERALLY OUALIFIED HEALTH CENTER 25 AMBULANCE 26 PUBLIC HEALTH LABORATORY 27 OTHER ACCREDITED BY AABB 1 1822 1822 C PROV4205 INDICATES IF THE LAB IS ACCREDITED THE AMERICAN ASSOCIATION OF BLOOD BANKS. THIS INFORMATION IS FROM THE LABORATORY'S HCFA-116. COBOL NAME: ACCRED-AABB-IND VALUES: X YES 1823 1823 C PROV4200 ACCREDITED BY AOA 1 INDICATES IF THE LAB IS ACCREDITED BY THE AMERICAN OSTEOPATHIC ASSOCIATION. THIS INFORMATION IS FROM THE LABORATORY'S HCFA-116. COBOL NAME: ACCRED-AOA-IND VALUES: * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 10/03/2007 1DATE: 01/01/2008 POS RECORD LAYOUT PAGE: 15 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME Х YES ACCREDITED BY ASHI 1824 1824 C PROV4225 1 INDICATES IF THE LAB IS ACCREDITED BY THE AMERICAN SOCIETY FOR HISTOCOMPATIBILITY AND IMMUNOGENETICS. THIS INFORMATION IS FROM THE LABORATORY'S HCFA-116. COBOL NAME: ACCRED-ASHI-IND VALUES: X YES 1 1825 1825 C PROV4210 ACCREDITED BY CAP INDICATES IF THE LAB IS ACCREDITED BY THE COLLEGE OF AMERICAN PATHOLOGISTS. THIS INFORMATION IS FROM THE LABORATORY'S HCFA-116. COBOL NAME: ACCRED-CAP-IND VALUES: X YES ACCREDITED BY COLA 1 1826 1826 C PROV4215 INDICATES IF THE LAB IS ACCREDITED BY THE COMMISSION ON OFFICE LABORATORY ACCREDITATION. THIS INFORMATION IS FROM THE LABORATORY'S HCFA-116. COBOL NAME: ACCRED-COLA-IND VALUES: X YES

1 1827 1827 C PROV4195 ACCREDITED BY JCAHO 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 1844 1851 C PROV5055 8 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 1852 1859 C PROV5060 8 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 ACCREDITED Y MATCH DATE COLA 8 1860 1867 C PROV5065 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 ACCREDITED Y MATCH DATE JCAHO 1868 1875 C PROV5070 8 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 1 1876 1876 C PROV4970 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

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 1 1880 1880 C PROV4960 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

ACCREDITED Y MATCH IND JCAHO 1 1881 1881 C PROV4995 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

AFFILIATED PROVIDER #1 AFFILIATED PROVIDER #1 COBOL NAME: AFFIL-PROV-NUM-1 AFFILIATED PROVIDER #2 COBOL NAME: AFFIL-PROV-NUM-2 AFFILIATED PROVIDER #3 AFFILIATED PROVIDER #3 COBOL NAME: AFFIL-PROV-NUM-3 AFFILIATED PROVIDER #4 10 1912 1921 C PROV4255

AFFILIATED PROVIDER #4 COBOL NAME: AFFIL-PROV-NUM-4						
AFFILIATED PROVIDER #5		10	1000	1021	C	PROV4260
AFFILIATED PROVIDER #5		ΤŪ	1722	TJJT	C	FROVEZOO
COBOL NAME: AFFIL-PROV-NUM-5						
AFFILIATED PROVIDER #6		10	1932	1941	С	PROV4265
AFFILIATED PROVIDER #6		± 0	1950	1711	C	11001200
COBOL NAME: AFFIL-PROV-NUM-6						
AFFILIATED PROVIDER #7		10	1942	1951	С	PROV4270
AFFILIATED PROVIDER #7						
COBOL NAME: AFFIL-PROV-NUM-7						
AFFILIATED PROVIDER #8		10	1952	1961	С	PROV4275
AFFILIATED PROVIDER #8						
COBOL NAME: AFFIL-PROV-NUM-8						
APPLICATION ACCRED ANNUAL TEST					Ν	PROV4390
ACCREDITED ANNUAL TEST VOLUME		IS	CALCULAT	ED		
USING THE CLIA APPLICATION DA						
COBOL NAME: APPL-ACCR-ANN-TES		_				
APPLICATION ACCRED SCHEDULE COL					С	PROV4365
ACCREDITATION SCHEDULE CODE.		LE I	S FIGURE	D		
USING THE CLIA APPLICATION DA						
COBOL NAME: APPL-ACCRED-SCHEI		- 1	(0.001	mo 1.0	000	
VALUES: A	SPEC COUNT	< 4	(2,001	10 10	,000 -	TOT. VOL.)
* INDICATES THIS FIELD HAS BEEN A	אגאי פר השחתע	ันฐาว	SINCE:	10/03	/2007	
	S RECORD LAYO		SINCE.	10/05/	2007	PAGE: 18
CLIA88 LABORATORIES, C			SEE POST	TTONS	3-4)	
		- 、	222 1001		5 -7	
SHORT DESCRIPTION		LEN	START	END 7	FYPE	SAS NAME
SHORT DESCRIPTION		LEN	START	END 7	ΓΥΡΕ	SAS NAME
В	SPEC COUNT	> 3	(2,001	т0 10	,000 '	TOT. VOL.)
B C	SPEC COUNT SPEC COUNT	> 3 < 4	(2,001 (10,001	T0 10 . TO 2!	,000 ' 5,000	TOT. VOL.) TOT. VOL.)
B C D	SPEC COUNT SPEC COUNT SPEC COUNT	> 3 < 4 > 3	(2,001 (10,001 (10,001	T0 10 . TO 2! . TO 2!	,000 ' 5,000 5,000	TOT. VOL.) TOT. VOL.) TOT. VOL.)
B C D E	SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT	> 3 < 4 > 3 > 0	(2,001 (10,001 (10,001 (25,001	T0 10 T0 2! T0 2! T0 50	,000 5,000 5,000 ,000	TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.)
B C D E F	SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT	> 3 < 4 > 3 > 0 > 0	(2,001 (10,001 (10,001 (25,001 (50,001	T0 10 T0 29 T0 29 T0 50 T0 50	,000 ' 5,000 5,000 ,000 ' ,000 '	TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.)
B C D E F G	SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT	> 3 < 4 > 3 > 0 > 0 > 0 > 0	(2,001 (10,001 (10,001 (25,001 (50,001 (75,001	T0 10 T0 2 T0 2 T0 50 T0 50 T0 75 T0 10	,000 5,000 5,000 ,000 ,000 ,000	TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.)
B C D E F G H	SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT	> 3 < 4 > 3 > 0 > 0 > 0 > 0 > 0 > 0	(2,001 (10,001 (10,001 (25,001 (50,001 (75,001 (100,001	T0 10 T0 29 T0 29 T0 50 T0 75 T0 100 T0 100	,000 ' 5,000 5,000 ,000 ' ,000 ' ,000 ' 0,000	TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) 0 TOT. VOL.)
B C D E F G H I	SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT	<pre>> 3 < 4 > 3 > 0 > 0</pre>	(2,001 (10,001 (10,001 (25,001 (50,001 (75,001 (100,001 (500,001	T0 10 T0 2 T0 2 T0 50 T0 75 T0 100 T0 100 T0 10	,000 ' 5,000 5,000 ' ,000 ' ,000 ' ,000 ' 0,000 ' ,000,	TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) 0 TOT. VOL.) 000 TOT VOL)
B C D E F G H I J	SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT	<pre>> 3 < 4 > 3 > 0 > 0</pre>	(2,001 (10,001 (25,001 (50,001 (75,001 (100,001 (500,001 (1,000,0	T0 10 T0 29 T0 50 T0 75 T0 100 T0 50 T0 100 T0 100	,000 ' 5,000 5,000 ' ,000 ' ,000 ' ,000 ' 0,000 ' ,000,	TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) 0 TOT. VOL.) 000 TOT VOL)
B C D E F G H I	SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT	<pre>> 3 < 4 > 3 > 0 > 0</pre>	(2,001 (10,001 (25,001 (50,001 (75,001 (100,001 (500,001 (1,000,0	T0 10 T0 29 T0 50 T0 75 T0 100 T0 50 T0 100 T0 100	,000 ' 5,000 5,000 ' ,000 ' ,000 ' ,000 ' 0,000 ' ,000,	TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) 0 TOT. VOL.) 000 TOT VOL)
B C D E F G H I J V	SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT	> 3 < 4 > 0 > 0 > 0 > 0 > 0 > 0 > 0 > 0 = 1	(2,001 (10,001 (25,001 (50,001 (75,001 (100,001 (1,000,001 (1,000,00 TO 2,000	T0 10 TO 29 TO 50 TO 75 TO 100 TO 50 TO 100 TO 100 TO 100 001 OR	,000 5,000 5,000 ,000 ,000 0,000 0,000 ,000, MORE	TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) 0 TOT. VOL.) 000 TOT VOL) TOT. VOL.)
B C D E F G H I J V APPLICATION RECEIVED DATE	SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT TOTAL VOLUM	> 3 < 4 > 0 > 0 > 0 > 0 > 0 > 0 = 0 E: 1	(2,001 (10,001 (25,001 (50,001 (75,001 (100,001 (1,000,001 (1,000,00 TO 2,000	T0 10 TO 29 TO 50 TO 75 TO 100 TO 50 TO 100 TO 10 001 OR 00 1979	,000 5,000 5,000 ,000 ,000 0,000 0,000 ,000, MORE	TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) 0 TOT. VOL.) 000 TOT VOL)
B C D E F G H I J V	SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT TOTAL VOLUM	> 3 < 4 > 3 > 0 > 0 > 0 > 0 > 0 > 0 = : 1 8 PPLI	(2,001 (10,001 (25,001 (50,001 (75,001 (100,001 (1,000,0 TO 2,00 1972 CATION W	T0 10 TO 29 TO 50 TO 75 TO 100 TO 50 TO 100 TO 1 001 OR 00 1979 JAS	,000 5,000 5,000 ,000 ,000 0,000 ,000 ,	TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) 0 TOT. VOL.) 000 TOT VOL) TOT. VOL.)
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B C D E F G H I J V APPLICATION RECEIVED DATE APPLICATION RECEIVED DATE. TH ADDED OR THE 109 DATA WAS UPI COBOL NAME: APPL-RECEIVED-DT	SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT TOTAL VOLUM HE DATE THE A DATED WITH AP	> 3 < 4 > 3 > 0 > 0 > 0 > 0 > 0 > 0 = 11	(2,001 (10,001 (25,001 (50,001 (75,001 (100,001 (500,001 (1,000,00 TO 2,000 1972 CATION W ATION DA 1980	T0 10 TO 29 TO 50 TO 75 TO 100 TO 50 TO 100 TO 50 TO 10 00 1979 IAS	,000 5,000 ,000 ,000 ,000 ,000 ,000 ,00	TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) 0 TOT. VOL.) 000 TOT VOL) TOT. VOL.) PROV4340
B C D E F G H I J V APPLICATION RECEIVED DATE APPLICATION RECEIVED DATE. TH ADDED OR THE 109 DATA WAS UPI COBOL NAME: APPL-RECEIVED-DT APPLICATION TOTAL ANNUAL TEST V	SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT TOTAL VOLUM HE DATE THE A DATED WITH AP	> 3 < 4 > 3 > 0 > 0 > 0 > 0 > 0 > 0 = 11	(2,001 (10,001 (25,001 (50,001 (75,001 (100,001 (500,001 (1,000,00 TO 2,000 1972 CATION W ATION DA 1980	T0 10 TO 29 TO 50 TO 75 TO 100 TO 50 TO 100 TO 50 TO 10 00 1979 IAS	,000 5,000 ,000 ,000 ,000 ,000 ,000 ,00	TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) 0 TOT. VOL.) 000 TOT VOL) TOT. VOL.) PROV4340
B C D E F G H I J V APPLICATION RECEIVED DATE APPLICATION RECEIVED DATE. TH ADDED OR THE 109 DATA WAS UPI COBOL NAME: APPL-RECEIVED-DT APPLICATION TOTAL ANNUAL TEST V APPLICATION TOTAL ANNUAL TEST V	SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT TOTAL VOLUM HE DATE THE A DATED WITH AP VOL TVOLUME. TH ATION DATA.	> 3 < 4 > 3 > 0 > 0 > 0 > 0 > 0 > 0 = 11	(2,001 (10,001 (25,001 (50,001 (75,001 (100,001 (500,001 (1,000,00 TO 2,000 1972 CATION W ATION DA 1980	T0 10 TO 29 TO 50 TO 75 TO 100 TO 50 TO 100 TO 50 TO 10 00 1979 IAS	,000 5,000 ,000 ,000 ,000 ,000 ,000 ,00	TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) 0 TOT. VOL.) 000 TOT VOL) TOT. VOL.) PROV4340
B C D E F G H I J V APPLICATION RECEIVED DATE APPLICATION RECEIVED DATE. TH ADDED OR THE 109 DATA WAS UPI COBOL NAME: APPL-RECEIVED-DT APPLICATION TOTAL ANNUAL TEST CALCULATED USING CLIA APPLICA	SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT TOTAL VOLUM HE DATE THE A DATED WITH AP VOL TVOLUME. TH ATION DATA.	> 3 < 4 > 3 > 0 > 0 > 0 > 0 > 0 > 0 = 11	(2,001 (10,001 (10,001 (25,001 (50,001 (100,001 (1,000,00 (1,000,00 (1,000,00 (1,000,00 (1,000,00 (1,000,00 (1,000,00 (1,000,00 (1,000,00) (1,0	T0 10 TO 29 TO 50 TO 75 TO 100 TO 50 TO 100 TO 10 00 TO 1 00 1979 IAS TA 1990	,000 5,000 ,000 ,000 0,000 ,000 ,000 ,0	TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) 0 TOT. VOL.) 000 TOT VOL) TOT. VOL.) PROV4340
B C D E F G H I J V APPLICATION RECEIVED DATE APPLICATION RECEIVED DATE. TH ADDED OR THE 109 DATA WAS UPI COBOL NAME: APPL-RECEIVED-DT APPLICATION TOTAL ANNUAL TEST CALCULATED USING CLIA APPLICA COBOL NAME: APPL-TOT-ANN-TEST	SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT TOTAL VOLUM HE DATE THE A DATED WITH AP VOL VOLUME. TH ATION DATA.	> 3 < 4 > 3 > 0 > 0 > 0 > 0 > 0 > 0 > 0 > 0 = : 1 RPPLIC IS F 1	(2,001 (10,001 (10,001 (25,001 (50,001 (100,001 (1,000,00 (1,000,00 (1,000,00 (1,000,00 (1,000,00 (1,000,00 (1,000,00 (1,000,00 (1,000,00 (1,000,00) (1,00	T0 10 TO 29 TO 50 TO 75 TO 100 TO 50 TO 100 TO 10 00 TO 1 00 1979 IAS TA 1990	,000 5,000 ,000 ,000 0,000 ,000 ,000 ,0	<pre>TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) 0 TOT. VOL.) 000 TOT VOL) TOT. VOL.) PROV4340 PROV4325</pre>
B C D E F G H I J V APPLICATION RECEIVED DATE APPLICATION RECEIVED DATE. TH ADDED OR THE 109 DATA WAS UPI COBOL NAME: APPL-RECEIVED-DT APPLICATION TOTAL ANNUAL TEST CALCULATED USING CLIA APPLICA COBOL NAME: APPL-TOT-ANN-TEST APPLICATION TYPE	SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT TOTAL VOLUM HE DATE THE A DATED WITH AP VOL VOLUME. TH ATION DATA.	> 3 < 4 > 3 > 0 > 0 > 0 > 0 > 0 > 0 > 0 > 0 = : 1 RPPLIC IS F 1	(2,001 (10,001 (10,001 (25,001 (50,001 (100,001 (1,000,00 (1,000,00 (1,000,00 (1,000,00 (1,000,00 (1,000,00 (1,000,00 (1,000,00 (1,000,00 (1,000,00) (1,00	T0 10 TO 29 TO 50 TO 75 TO 100 TO 50 TO 100 TO 10 00 TO 1 00 1979 IAS TA 1990	,000 5,000 ,000 ,000 0,000 ,000 ,000 ,0	<pre>TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) 0 TOT. VOL.) 000 TOT VOL) TOT. VOL.) PROV4340 PROV4325</pre>
B C D E F G H I J V APPLICATION RECEIVED DATE APPLICATION RECEIVED DATE. TH ADDED OR THE 109 DATA WAS UPI COBOL NAME: APPL-RECEIVED-DT APPLICATION TOTAL ANNUAL TEST CALCULATED USING CLIA APPLICA COBOL NAME: APPL-TOT-ANN-TEST APPLICATION TYPE THE TYPE OF CLIA CERTIFICATE	SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT TOTAL VOLUM HE DATE THE A DATED WITH AP VOL VOLUME. TH ATION DATA.	> 3 < 4 > 3 > 0 > 0 > 0 > 0 > 0 > 0 > 0 > 0 = : 1 RPPLIC IS F 1	(2,001 (10,001 (10,001 (25,001 (50,001 (100,001 (1,000,00 (1,000,00 (1,000,00 (1,000,00 (1,000,00 (1,000,00 (1,000,00 (1,000,00 (1,000,00 (1,000,00) (1,00	T0 10 TO 29 TO 50 TO 75 TO 100 TO 50 TO 100 TO 10 00 TO 1 00 1979 IAS TA 1990	,000 5,000 ,000 ,000 0,000 ,000 ,000 ,0	<pre>TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) 0 TOT. VOL.) 000 TOT VOL) TOT. VOL.) PROV4340 PROV4325</pre>
B C D E F G H I J V APPLICATION RECEIVED DATE APPLICATION RECEIVED DATE. TH ADDED OR THE 109 DATA WAS UPI COBOL NAME: APPL-RECEIVED-DT APPLICATION TOTAL ANNUAL TEST CALCULATED USING CLIA APPLICAT COBOL NAME: APPL-TOT-ANN-TEST APPLICATION TYPE THE TYPE OF CLIA CERTIFICATE COBOL NAME: TYPE-APPLICATION VALUES: 1 2	SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT TOTAL VOLUM HE DATE THE A DATED WITH AP VOL VOLUME. TH ATION DATA. C-VOL APPLIED FOR	> 3 < 4 > 3 > 0 > 0 > 0 > 0 > 0 > 0 > 0 > 0 = : 1 RPPLIC IS F 1	(2,001 (10,001 (10,001 (25,001 (50,001 (100,001 (1,000,00 (1,000,00 (1,000,00 (1,000,00 (1,000,00 (1,000,00 (1,000,00 (1,000,00 (1,000,00 (1,000,00) (1,00	T0 10 TO 29 TO 50 TO 75 TO 100 TO 50 TO 100 TO 10 00 TO 1 00 1979 IAS TA 1990	,000 5,000 ,000 ,000 0,000 ,000 ,000 ,0	<pre>TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) 0 TOT. VOL.) 000 TOT VOL) TOT. VOL.) PROV4340 PROV4325</pre>
B C D E F G H I J V APPLICATION RECEIVED DATE APPLICATION RECEIVED DATE. TH ADDED OR THE 109 DATA WAS UPI COBOL NAME: APPL-RECEIVED-DT APPLICATION TOTAL ANNUAL TEST CALCULATED USING CLIA APPLICA COBOL NAME: APPL-TOT-ANN-TEST APPLICATION TYPE THE TYPE OF CLIA CERTIFICATE COBOL NAME: TYPE-APPLICATION VALUES: 1 2 3	SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT TOTAL VOLUM HE DATE THE A DATED WITH AP VOL VOLUME. TH ATION DATA. C-VOL APPLIED FOR COMP WAIV ACCR	> 3 < 4 > 3 > 0 > 0 > 0 > 0 > 0 > 0 > 0 > 0 = : 1 RPPLIC IS F 1	(2,001 (10,001 (10,001 (25,001 (50,001 (100,001 (1,000,00 (1,000,00 (1,000,00 (1,000,00 (10,000,00 (10,000,00 (10,000,00 (10,000,00 (10,000,00) (10,000,00) (10,001 (10,000 (10,001 (10,000) (10,000 (10,000 (10,000) (10,000 (10,000) (10,000 (10,000)	T0 10 TO 29 TO 50 TO 75 TO 100 TO 50 TO 100 TO 10 00 TO 1 00 1979 IAS TA 1990	,000 5,000 ,000 ,000 0,000 ,000 ,000 ,0	<pre>TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) 0 TOT. VOL.) 000 TOT VOL) TOT. VOL.) PROV4340 PROV4325</pre>
B C D E F G H I J V APPLICATION RECEIVED DATE APPLICATION RECEIVED DATE. TH ADDED OR THE 109 DATA WAS UPI COBOL NAME: APPL-RECEIVED-DT APPLICATION TOTAL ANNUAL TEST CALCULATED USING CLIA APPLICAT COBOL NAME: APPL-TOT-ANN-TEST APPLICATION TYPE THE TYPE OF CLIA CERTIFICATE COBOL NAME: TYPE-APPLICATION VALUES: 1 2	SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT SPEC COUNT TOTAL VOLUM HE DATE THE A DATED WITH AP VOL VOLUME. TH ATION DATA. C-VOL APPLIED FOR COMP WAIV	> 3 < 4 > 3 > 0 > 0 > 0 > 0 > 0 > 0 > 0 > 0 = : 1 RPPLIC IS F 1	(2,001 (10,001 (10,001 (25,001 (50,001 (100,001 (1,000,00 (1,000,00 (1,000,00 (1,000,00 (10,000,00 (10,000,00 (10,000,00 (10,000,00 (10,000,00) (10,000,00) (10,001 (10,000 (10,001 (10,000) (10,000 (10,000 (10,000) (10,000 (10,000) (10,000 (10,000)	T0 10 TO 29 TO 50 TO 75 TO 100 TO 50 TO 100 TO 10 00 TO 1 00 1979 IAS TA 1990	,000 5,000 ,000 ,000 0,000 ,000 ,000 ,0	<pre>TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) TOT. VOL.) 0 TOT. VOL.) 000 TOT VOL) TOT. VOL.) PROV4340 PROV4325</pre>

1 1992 1992 C PROV3810 CERT TYPE CODE # 1 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 g REGISTRATION CERTIFICATE MAILED DATE 1 8 1993 2000 C PROV4700 CERTIFICATE MAILED DATE 1 COBOL NAME: CERT-MAILED-DT-1 8 2001 2008 C PROV3860 CLIA CERT. EFFECTIVE DATE # 1 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 12 2009 2020 C PROV4885 CLIA MEDICARE NUMBER COBOL NAME: CLIA-MEDICARE-NUM CURRENT LABORATORY CLASSSIFICATION 2 2021 2022 C PROV5935 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 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 LABORATORY CLASSIFICATION 1 2 2033 2034 C PROV5945 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 LABORATORY CLASSIFICATION 10 2 2035 2036 C PROV5940 CLIA LABORTORY CLASSIFICATION DETERMINES IF LAB IS CLIA EXEMPT, VA LABORATORY OR STANDARD LABORATORY COBOL NAME: CLIA-LAB-CLASS-CD-10

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 DESCRIPTIONLENSTARTENDTYPESASNAMELABORATORY CLASSIFICATION 4220412042CPROV5990CLIA 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

10VA LABORATORYLABORATORY CLASSIFICATION 5220432044 CPROV5985CLIA LABORATORY CLASSIFICATION DETERMINES IF LAB ISCLIA EXEMPT, VA LABORATORY OR STANDARD LABORATARYCOBOL NAME: CLIA-LAB-CLASS-CD-5VALUES:00CLIA LABORATORY05CLIA EXEMPT

LABORATORY CLASSIFICATION 6 2 2045 2046 C PROV5975 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

VA LABORATORY

LABORATORY CLASSIFICATION 7 2 2047 2048 C PROV5970 CLIA LABORATORY CLASSIFICATION DETERMINES IF LAB IS CLIA EXEMPT, VA LABORATORY OR STANDARD LABORATORY COBOL NAME: CLIA-LAB-CLASS-CD-7

VALUES: 00 CLIA LABORATORY 05 CLIA EXEMPT 10 VA LABORATORY LABORATORY CLASSIFICATION 8 2049 2050 C PROV5960 2 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 PAGE: 21 1DATE: 01/01/2008 POS RECORD LAYOUT CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME MULTIPLE SITE CERTIFICATE IND 1 2053 2053 C PROV4175 INDICATES IF A LAB HAS APPLIED FOR ONE CERTIFICATE FOR MULTIPLE SITES. COBOL NAME: MULTI-SITE-IND VALUES: N NO Υ YES NON-PROFIT CODE 1 2054 2054 C PROV4190 NON-PROFIT CODE INDICATOR COBOL NAME: NON-PROFIT-IND VALUES: N NO Y YES NUMBER NON-WAIVED INDIVIDUALS 9 2055 2063 N PROV4330 TOTAL NUMBER NON-WAIVED INDIVIDUALS LISTED ON PAGE 4 OF THE HCFA-116. COBOL NAME: TOT-NUM-NON-WAIVED-IND NUMBER OF CLINICAL CONSULTANTS 4 2064 2067 N PROV4295 NUMBER OF CLINICAL CONSULTANTS AS REPORTED ON THE LABORATORY APPLICATION FORM HCFA-116 COBOL NAME: NUM-CLIN-CONSULT 4 2068 2071 N PROV4290 NUMBER OF DIRECTORS NUMBER OF DIRECTORS COBOL NAME: NUM-DIRECTORS 4 2072 2075 N PROV4310 NUMBER OF GENERAL SUPERVISORS NUMBER OF GENERAL SUPERVISORS AS REPORTED ON THE LABORATORY APPLICATION FORM HCFA-116 COBOL NAME: NUM-GEN-SUPER 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 1 2080 2080 N PROV4235 NUMBER OF LABS DIRECTLY AFFILIATED 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 NUMBER OF TECHNICAL SUPERVISORS 4 2085 2088 N PROV4305 AS REPORTED ON THE LAST COBOL NAME: NUM-TECH-CONSULT NUMBER OF TECHNICAL SUPERVISORS AS REPORTED ON THE LABORATORY APPLICATION FORM HCFA-116 COBOL NAME: NUM-TECH-SUPER 4 2089 2092 N PROV4315 NUMBER OF TESTING PERSONNEL 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 6 2093 2098 N PROV4285 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 2 2099 2100 C PROV5980 PENDING LABORATORY CLASSIFICATION CLIA LABORATORY CLASSIFICATION DETERMINES IF LAB IS CLIA EXEMPT, VA LABORATORY OR STANDARD LABORATORY COBOL NAME: PEND-CLIA-LAB-CLASS-CD 2101 2101 C PROV3610 PREVIOUSLY REGULATED INDICATOR 1 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 10 2102 2111 C PROV4890 SHARED LAB CROSS REFERENCE # SHARED LAB CROSS REFERENCE # COBOL NAME: SHARED-LAB-XREF-NUM 1 2112 2112 C PROV4880 SHARED LAB INDICATOR SHARED LAB INDICATOR COBOL NAME: SHARED-LAB-IND VALUES: Y YES 1 2113 2113 C PROV4470 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

VALUES: A B C D E F G H I J V	<pre>SPEC COUNT < 4 (2,001 TO 10,000 TOT. VOL.) SPEC COUNT > 3 (2,001 TO 10,000 TOT. VOL.) SPEC COUNT < 4 (10,001 TO 25,000 TOT. VOL.) SPEC COUNT > 3 (10,001 TO 25,000 TOT. VOL.) SPEC COUNT > 0 (25,001 TO 50,000 TOT. VOL.) SPEC COUNT > 0 (50,001 TO 75,000 TOT. VOL.) SPEC COUNT > 0 (100,001 TO 100,000 TOT. VOL.) SPEC COUNT > 0 (100,001 TO 500,000 TOT. VOL.) SPEC COUNT > 0 (1,000,001 TO 1,000,000 TOT VOL) SPEC COUNT > 0 (1,000,001 OR MORE TOT. VOL.) TOTAL VOLUME: 1 TO 2,000</pre>
SURVEY COMPLIANCE SCHEDULE CODE 1557 COMPLIANCE SCHEDULE CODE GENERATED AND IS BASED ON THE SPECIALTIES ENTERED INTO ODIE CLIA FEES ARE BASED ON THE SC COBOL NAME: SURV-COMPL-SCHED- VALUES:	THIS CODE IS SYSTEM NUMBER OF TESTS AND FOLLOWING THE SURVEY. HEDULE CODES. CD
1DATE: 01/01/2008 POS	DDED OR CHANGED SINCE: 10/03/2007 RECORD LAYOUT PAGE: 23 PATEGORY = "22" (SEE POSITIONS 3-4)
SHORT DESCRIPTION	LEN START END TYPE SAS NAME
А	SPEC COUNT < 4 (2,001 TO 10,000 TOT. VOL.)
В	SPEC COUNT > 3 (2,001 TO 10,000 TOT. VOL.)
С	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	
ANNUALLY IN A LABORATORY. TH	
COLLECTED AT THE TIME OF THE INSPECTION.	STATE SURVEY AGENCY
COBOL NAME: SURV-TOT-ANN-TEST	
TERMINATION CODE	2 2124 2125 C PROV5805
THE REASON A LABORATORY'S CLI	
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 VOL921262134 NPROV4280TOTAL WAIVED TEST VOLUMES
COBOL NAME: TOT-ANN-TEST-VOL-WAIVED921262134 NPROV4280

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