CMS/SIMS RECORD SPECIFICATION

FILE NAME: ESRD PROVIDER FILE   **DATE:** August 4, 2005 (see end for list of changes)

Field	Size	Location	SIMS Table	SIMS Field	Remarks
1. Provider Master No.	6	1-6	facdir	Provnum	Identification number of provider First 2 digits =Numeric State Code (See Attachment A) Next 4 digits = type of services 0001 - 0899 Short Stay Hospitals 2000 - 2299 Long Term Hospital 2300 - 2499 Hospital-Based Chronic Renal Care Facilities 2500 - 2899 Non-Hospital Renal Disease Treatment Centers 2900 - 2999 Independent Special Purpose Renal Dialysis Facilities 3300 - 3399 Children's Hospitals 3500 - 3699 Renal Disease Treatment Center (Hospital Satellites) 3700-3799 Hospital-based Special Purpose Renal Dialysis Facilities Rule: The first 5 characters of the provnum must be numeric.
2. Provider Name	60	7- 66	facdir	facname	Name of Facility (First 38 characters including blanks)
3. Address 1	80	67- 146	facdir	Mailaddr1/ Physaddr1 (if mailaddr1 is not populated, then use physaddr1)	First line of Facility address (38 Characters Including Blanks)
3a. Address 2	40	147-186	facdir	Mailaddr2/ Physaddr2	Second line of Facility address (38 Characters Including Blanks)
4. City	20	187-206	facdir	Mailcity/ physcity	City of Provider
5. State	2	207-208	facdir	Mailstate/ phystate	State Abbreviation (See Attachment A)
6. Zip	5	209-213	facdir	Mailzip/ physzip	5 Position Zip Code
7. For Future Use	3	214-216			Blank
8. Accepts Pediatrics	1	217	facservices	service	Indicates if the facility accepts pediatric patients Y=Yes N=No
9. Accepts Transients	1	218	Facservices	Service	Indicates if the facility accepts transient patients Y=Yes N=No
10. CAPD	1	219	Facservices	service	Indicates if the facility offers training and support for CAPD (Continuous Ambulatory Peritoneal Dialysis) Y=Yes N=No
11. CCPD	1	220	Facservices	service	Indicates if the facility offers training and support for CCPD (Continuous Cycle Peritoneal Dialysis) Y=Yes N=No

12. Frequent Dialysis at Home	1	221	Facservices	Service	Indicates if the facility offers frequent dialysis at home Y=Yes N=No
13. Frequent Dialysis In-Center	1	222	Facservices	Service	Indicates if the facility offers frequent dialysis in the unit Y=Yes N=No
14. Home Hemodialysis	1	223	Facservices	Service	Indicates if the facility offers home hemodialysis Y=Yes N=No
15. Home IPD	1	224	Facservices	Service	Indicates if the facility offers home IPD (Intermittent Peritoneal Dialysis) Y=Yes N=No
16. In-Center Hemodialysis	1	225	Facservices	Service	Indicates if the facility offers in-center hemodialysis Y=Yes N=No
17. In-Center Peritoneal Dialysis	1	226	Facservices	Service	Indicates if the facility offers in-center peritoneal dialysis Y=Yes N=No
18. Isolation Stations	1	227	Facservices	Service	Indicates if the facility offers isolation stations
19. Nocturnal Hemodialysis	1	228	Facservices	Service	Indicates if the facility offers nocturnal hemodialysis
20. Practices Dialyzer Reuse	1	229	Facservices	Service	Indicates if the facility practices dialyzer reuse Y=Yes N=No
21. Self-Care Training Certified	1	230	Facservices	Service	Indicates if the facility is self-care training certified Y=Yes N=No
22. Shift start after 5 pm	1	231	Facservices	Service	Indicates if the facility has a shift that starts after 5 pm Y=Yes N=No
23. Transplant	1	232	Facservices	Service	Indicates if the facility performs transplants Y=Yes N=No
24. Total HD Stations	4	233-236	Facdir	Hemostatns	Total Number of Hemodialysis Stations at Facility
25. Certification Date	8	237-244	Facdir	Datecert	CCYYMMDD- Date of Medicare certification to provide renal services

26. Certification Type	1	245	Facdir	Facility_code	Code Indicating Type of Facility Certification Certification type used for Facility Survey Purposes 1=Transplant Center Only 2=Dialysis Center (usually a hospital rendering full spectrum of dialysis services including laboratory tests.) 3=Dialysis Facility Hospital (A unit separate from but located within the hospital. Renders dialysis services but not full spectrum.) 4=Dialysis Facility (Not a hospital. Renders dialysis services but not full spectrum. Also referred to as independent facilities.) 5=Transplant and Dialysis Center (A hospital rendering transplants and full spectrum of dialysis services.) 6=Special Purpose Facility (There are no approved facilities in this category. Therefore, definition has been omitted.) 7=Inpatient Care Only (Hospitals approved as a dialysis center but usually does 80% of dialysis on inpatient basis.) This extract excludes providers with a NULL certification code.
27. Termination Date	8	246-253	Facdir	Dateclosed	CCYYMMDD Date Medicare certification terminated (blank if not terminated)
28. ESRD Current Network	2	254-255	Facdir	Networknum	Identifies ESRD Network to which provider is assigned (01-18) (Attachment A)
29. Region	2	256-257	Facdir	region	CMS Regional Office Code (01-10) (Attachment A)
30. For Future use	2	258-259			Blank
31. SSA County Code	3	260-262			Blank
32. For Future Use	4	263-266			Blank
33. Cross Refer No.	6	267-272	Facdir	Altprovnum/ Provnum (If altprovnum is a 2300 series number, then use provnum, otherwise use altprovnum)	Provider number issued by MMACS for hospitals only Rules: ❑ Altprovnum must be 6 characters, otherwise set the value to blank. ❑ The first 5 characters of the altprovnum must be numeric, otherwise set the value to blank. ❑ Provnum and altprovnum cannot be the same value. If so, then the altprovnum value is set to blank.
34. Telephone Number	10	273-282	Facdir	phone	Area Code plus phone number of facility
35. For Future Use	2	283-284			Blank
36. Type Ownership	20	285-304	Facdir	profitnon	Profit NonProfit

37. Change Date	8	305-312	Facdir	Repldatemodified	CCYYMMYY of last change to record

Rules for extracting data from SIMS and presenting it in the ESRD Provider Public Use File:

- ❑ Parameter: as-of-date – will be included in filename
- ❑ Results should include all open, active Medicare-certified ESRD providers. No closed facilities at the as-of-date. No facilities with certification dates in the future (after the as-of-date). Open date not criteria if the certification date meets requirements.
- ❑ Facility must have a certification date and certification code.
- ❑ Include 2300 facilities, and show the parent hospital number in Field 1 (Provider Master No.) Show the 2300 number (altprovnum) in Field 35 (Cross Reference No.).
- ❑ Include facilities with REBUS certification codes 1-7 (all certification codes).
- ❑ Shared Provider Numbers: Where there are multiple SIMS providers with the same provider number, show them sorted by REBUS certification code (ascending), then by certification date (ascending), then by state, then by city.
- ❑ This extract excludes providers with the following provider types (facdir.provtype):
    - o Pending Cert
    - o Other
    - o DME SUPPLIER

Add the following text in the file:

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NOTE:

This file includes all open, active providers certified by Medicare under the ESRD program except as specified in this note.

- • VA (Department of Veterans' Affairs) providers are included only if they are certified by Medicare under the ESRD program.
- • ESRD providers whose Medicare certification has terminated are not included.
- • ESRD providers who are known to have closed are not included.

In the past, this Public Use File has provided only one entry for each CMS provider number. This listing shows multiple entries if there are different phone numbers, addresses, staff physicians, and/or patient populations.

The address shown is the facility's mailing address.

The services shown are those reported by the facility. The number of hemodialysis stations is as reported by the facility.

This file does not include closed providers. Please contact CMS (e-mail ESRD_CROWN@cms.hhs.gov) if you need similar information on closed providers.

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CHANGE HISTORY

20050804 Changes to the CMS Record Specification:

1) The "SIMS field" entry for Field 1, "Provider Master Number," has been removed. The CMS ESRD Provider Public Use File as published shows the provider number required by the CMS ESRD program.

2) At the end of the table, the heading "Notes" has been replaced by the heading "Rules for extracting data from SIMS and presenting it in the ESRD Provider Public Use File."

3) The fourth bullet in that section has been changed to show that the parent hospital number is shown in Field 1 and the unit's own 2300 number is shown in Field 35 (Cross-Reference Number) for units with xx23xx CMS provider numbers.