

Before the reserved numbers identified above are used, obtain clearance from the Division of Data and Program Analysis in Baltimore.

**Note:** Christian Science sanatoria are not certified by State agencies. The identification numbers for Christian Science sanatoria are assigned by the Boston Regional Office.

**B. Numbering System for Medicaid Providers.**--Title XIX only providers are identified by a six digit alpha-numeric identification number. The first two digits identify the State in which the provider is located. The third position, which is an alphabetical character, identifies the type of facility by level or kind of care being provided. The last three digits make up a sequential number series beginning with 001.

Use the following groups of alpha-numeric numbers for the type of facility as indicated:

A001-A999	Skilled Nursing Facility (Title XIX Only)
B001-B999	Skilled Nursing Facility (Title XIX Only) Expansion of A001-A999
E001-E999	Intermediate Care Facility (Title XIX Only)
F001-F999	Intermediate Care Facility (Title XIX Only) Expansion of E001-E999
G001-G999	Institution for the Mentally Retarded (Title XIX Only)

**C. Special Numbering System for Units of Hospitals that are Excluded from Prospective Payment System (PPS) and Hospitals with SNF Swing-Bed Designation.**--Exclusion from PPS reimbursement for rehabilitation, alcohol/drug, and psychiatric units, and designation for hospitals with swing-bed approval are reflected by the alpha-character in the third position of the provider number. These identification numbers have six digits. The first two digits identify the State in which the provider is located. The third digit (which is alpha) identifies the type of unit or swing-bed designation. The last three digits must be exactly the same as the last three digits of the parent provider. Example:

21-0101 - ABC Hospital  
21-T101 - ABC Hospital Rehabilitation Unit

Assign the following alpha-characters in the third position as indicated:

"S" - Psychiatric Unit  
"T" - Rehabilitation Unit  
"U" - Swing-Bed Hospital Designation  
"V" - Alcohol/Drug Unit

# HCFA RECORD SPECIFICATION

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NAME 10749	SPEC. NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME: HOSPITAL RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
RECORD TYPE	001	X		001	RECD- P = POS. R = SURVEY. S = LIFE SAFTEY CODE.
PROVIDER NUMBER	006	X		002-007	L1 -SIX DIGIT NUM. IDENTIFYING FACILITY. POS 1-2 STATE CODE. POS 3-6 PROV NUM WITHIN STATE. POS 3-4 PROV SERIES WITHIN NUM. POS 5-6 ALWAYS NUMERIC
INTERMEDIARY NO.	005	X		008-012	L31 -FIVE DIGIT NUM. POS 1-2=CONT. INTER. POS 3-4=STATE OF POS 5-6=OFF. IN STATE.
EFFECTIVE DATE OF PARTICIPATION	006	9		013-018	L24 -YYMMDD.
DATE OF CHOW	006	9		019-024	L9 -YYMMDD
SURVEROR DATE	006	9		025-030	L19 -YYMMDD.
STATE SURVEY AGY APPROVAL DATE	006	9		031-036	L20 -YYMMDD.
TERMINATION DATE	006	9		037-042	L28 -YYMMDD.
DETERMINATION APPROVED DATE	006	9		043-048	L33 -YYMMDD.
HSQB/RO RECEIPT DATE	006	9		049-054	L32 -YYMMDD.
CATEGORY	002	9		055-056	L7 -01=GEN. HOSP. 02=PSYCH. HOSP. 03=TB. HOSP. 04=SNF. 05=HHA. 06=IND. LAB. 07=PORT. X-RAY. 08=OUTPATIENT PT/SR 09=ESRD. 10=ICF. 11=ICF/MR. 12=RHC.

## HCFA RECORD SPECIFICATION

2

NAME  
PH0749

SPEC. NUMBER  
HH01-02-002-I  
(REFL HH01-02-001-I DATED 06/02/81)

DATE  
01/29/82

RECORD NAME  
HOSPITAL RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
TYPE OF ACTION	001	9		057	13=PTIP. L8 -1=INITIAL. 2=RECERTIFICATION. 3=RECONSIDERATION. 4=CHOW.
ELIGIBILITY DETERMINATION	001	9		058	L21 -1=ELIGIBLE. 2=NOT ELIGIBLE.
TITLE VI COMPLIANCE	001	X		059	L22 -1=YES BLANK = NO INFO.
STATEMENT OF FINANCIAL SOLVENCY	001	X		060	L23 -1=IN ACCORD. WITH 42 CFR 405.603. 2=DISCLOSURE OF INTEREST OWNERSHIP INFORMATION.
REASON FOR TERMINATION CODE	001	9		061	L30 -1=CLOSURE/MERGER. 2=VOLUNTARY WITHDRAWAL. 3=INVOLUNTARY TERM. 7=FAILURE TO MEET AGREEMENT. 8=NON-PART STATUS CHANGE. 9=LTC STATUS CHANGE.
NOT IN COMPLIANCE	002	X		062-063	L15 -A1=MEETS EMERGENCY SERVICES DEF. A2=DOES NOT MEET ABOVE B1=MEETS 1861 (E)(1) B2 DOES NOT MEET ABOVE C1=MEETS 1861 (I)(1) C2=DOES NOT MEET ABOVE
STATUS OF COMP. WITH PROGRAM REQ.	010	X		064-073	L12 -A=IN COMPLIANCE IF A IN POS 1 POS 2-9 MAY BE: 1=ACCEPTABLE P.O.C. 2=42 CFR 405.1910 ACCESS PROVISION. 3=24 HOUR RN. 4=7 DAY RN RURAL SNF. 5=LIFE SAFETY CODE. 7=MED. DIRECTOR. 8=PAT. ROOM SIZE.

# HCFA RECORD SPECIFICATION

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NAME 749	SPEC. NUMBER HH01-02-002-I (REFL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME: HOSPITAL RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
BLANKS	001	X		074	** -NO DISCRIPTION.
BEDS CERTIFIED	005	9		075-079	L17 -NUMERIC COUNT.
BLANK FIELD	001	X		080	** -NO DISCRIPTION.
BEDS TOTAL	005	9		081-085	L18 -NUMERIC COUNT.
NAME OF FACILITY	038	X		086-123	L3 -NAME OF FACILITY.
STREET ADDRESS	038	X		124-161	L4 -STREET ADDRESS.
CITY AND STATE	033	X		162-194	L5 -CITY STATE.
ZIP CODE	005	9		195-199	L6 -ZIP CODE.
ORBIT CODE	001	9		200	NUM. - PROGRAM GEN. ALL NUMERIC.
TYPE OF FACILITY	002	9		201-202	M12 -01=GEN. SHORT TERM. 02=GEN. LONG TERM. 03=PSYCH. SHORT TERM. 04=PSYCH. LONG TERM. 06=SPECIALTY SHORT TER 07=SPECIALTY LONG TERM 08=CHRISTIAN SCIENCE SANITORIUM.
TYPE OF CONTROL	002	X		203-204	M13 -01=CHURCH. 02=OTHER. 03=PROPRIETARY. 04=STATE. 05=COUNTY. 06=CITY.

# HCFA RECORD SPECIFICATION

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NAME 749	SPEC. NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME **HOSPITAL RECORD**

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
					07=CITY-COUNTY. 08=HOSP. DISTRICT OR AUTHORITY. 09=GOVERNMENT.
STATE	002	9		205-206	M2 - NUMERIC.
COUNTY	003	X		207-209	SF14- NUMERIC.
STATE-REGION	003	X		210-212	M3 - ALPHA-NUMERIC.
OVER1	001	X		213	SF11- NUMERIC.
OVER2	001	X		214	SF12- NUMERIC.
OVER3	001	X		215	SF13- NUMERIC.
PSRO CODE	004	X		216-219	PR8 - SEE PSRO CODE BOOK.
RECORD SIZE	003	9		220-222	PG - PROGRAM GENERATED.
AUTHORIZED OFFICIAL DATE	006	9		223-228	M53 -YYMMDD.
TELEPHONE NO.	010	9		229-238	M7 - NUMERIC
FISCAL YEAR ENDING DATE	004	9		239-242	L35 -YYMMDD.
POS COMMON	026	X		243-268	** -NO DISCRIPTION.
PREVIOUS INTER. NUMBER 1.	005	X		269-273	SF01- PRIOR TO L31.
PREVIOUS INTER. NUMBER 2.	005	X		274-278	SF02- PRIOR TO SF01.
INTER CHG DATE	006	9		279-284	PG - PROGRAM GENERATED.
INTER. TYPE	001	X		285	PG - PROGRAM GENERATED.
RELATED PROV NO.	006	X		286-291	SF20- PROVIDER NO. OF PARENT ORG.
X-REF PROV NO OF CHGD FACILITY	006	X		292-297	SF03- PRIOR TO L1.
STATUS CODE	001	X		298	SF04- A=ACCRETION.

## HCFA RECORD SPECIFICATION

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<b>FILE NAME</b> HH0749	<b>SPEC. NUMBER</b> HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	<b>DATE</b> 01/29/82
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**RECORD NAME**  
HOSPITAL RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
LAST TRANSACTION.	001	X		299	C=CORRECTION. D=DELETION. T=TERMINATED.  PR* - PROGRAMMER REF.
PARTICIPATING NON-PARTICIPATING	001	9		300	PART- 1 = MEDICARE. 2 = MEDICAID. 3 = BOTH. 0 = NEITHER.
FACILITY GROUP	001	9		301	FACG- 1=HOSPITAL. 2=LONG TERM CARE. 3=HOME HEALTH AGENCY. 4=PHYSICAL THERAPY. 5=IND. LAB. 6=X-RAY. 7=ESRD. 8=RURAL HEALTH CLINIC
REGION	002	9		302-303	REG.- 01=BOSTON. 02=NEW YORK. 03=PHILADELPHIA. 04=ATLANTA. 05=CHICAGO. 06=DALLAS. 07=KANSAS CITY. 08=DENVER. 09=SAN FRANCISCO. 10=SEATTLE.
SMSA	003	X		304-306	PRO5- SEE SMSA CODE BOOK.
SMSA SIZE	001	X		307	PR* - PROGRAMMER REF.
ELEGIBILITY	001	X		308	M55 -1=MEDICARE. 2=MEDICAID. 3=BOTH.
CHOW MO	001	X		309	CHOW- A - L = JAN - DEC.
RUNDATE OF ACCRETION	006	9		310-315	DATE- PROGRAM GEN. DATE YYMMDD.
RUN DATE OF LAST ACTION	006	9		316-321	DATE- PROGRAM GEN. DATE YYMMDD.
CHANGE OF	002	9		322-323	NUM.- PROGRAM GEN.

## HCFA RECORD SPECIFICATION

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FILE NAME HH0749	SPEC NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME  
**HOSPITAL RECORD**

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
OWNERSHIP COUNT					ALL NUMERIC.
RESURVEY COUNT	002	9		324-325	NUM. - PROGRAM GEN. ALL NUMERIC.
ERROR COUNT	002	9		326-327	NUM. - PROGRAM GEN. ALL NUMERIC.
OLD CERT. DATE	006	9		328-333	DATE- PROGRAM GEN. DATE YYMMDD.
PARENT ORG INDICATOR	001	X		334	PR07- 0=PARENT ORG. 1=SUBSIDIARY. BLANK=NO AFFILIATION.
CHOW DATE (PRIOR OWNER)	006	9		335-340	DATE- PROGRAM GEN. DATE YYMMDD.
TERM DATE (PRIOR OWNER)	006	9		341-346	DATE- PROGRAM GEN. DATE YYMMDD.
REASON FOR CHANGE	001	X		347	PR* - PROGRAMMER REF.
ELEGIBILITY	001	X		348	PR* - PROGRAMMER REF.
SOURCE REGION	002	9		349-350	REG. - 01=BOSTON. 02=NEW YORK. 03=PHILADELPHIA. 04=ATLANTA. 05=CHICAGO. 06=DALLAS. 07=KANSAS CITY. 08=DENVER. 09=SAN FRANCISCO. 10=SEATTLE.
PSRO	001	X		351	SF41- 0=NO REVIEW. 1=18/19 REVIEW. 2=18 ONLY REVIEW. 3=19 ONLY REVIEW.
SRF SURVEY DATE	006	9		352-357	L34 -YYMMDD.
MEDICAID STATE VENDOR NUMBER	012	X		358-369	L2 -VENDOR NUM MEDICAID ID. NUM.
HSA CODE	005	X		370-374	PR6 - SEE HSA CODE BOOK.

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FILE NAME PH0749	SPEC. NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME  
HOSPITAL RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
BLANKS	003	X		375-377	** -NO DISCRIPTION.
RESIDENT PROGRAM APPROVED AMA ADA AOA ADA	004	X		378-381	M51 <del>1=AMA.</del> <del>2=ADA.</del> <del>3=AOA.</del> <del>4=OTHER.</del> <del>5=NO PROGRAM.</del> 1 IN POS? = APPROPRIATE PROGRAM 0 = NO PROGRAM
BLANKS	019	X		382-400	** -NO DISCRIPTION.
TOTAL BEDS Z	005	9		401-405	L18 -NUMERIC COUNT.
BLANKS Z	020	X		406-425	** -NO DISCRIPTION.
SERVICES PROVIDED OCCURS 36 TIMES.	036	X		426-461	M19 -IF 1 IN POS BELOW SERVICE IS PROVIDED BY STAFF.  IF 2 IN POS BELOW SERVICE IS PROVIDED BY ARRANGEMENT.  POS DISC. 01-BLOOD BANK. 02-CLINICAL LAB. 03-PATHOLOGY LAB. 04-ELECTROCARDIOGRAPH. 05-ELECTROENCEPHALOGRA 06-PHARMACY. 07-OCCUP. THERAPY. 08-PHYS. THER. DEPT. 09-INTENSIVE CARE UNIT 10-ORGANIZED OUT-PATIENT DEPT. 11-EMERG. DEPT. 12-HOME CARE UNIT. 13-OPERATING ROOM. 14-RECOVERY ROOM. 15-MEDICAL SOCIAL SERVICE DEPT. 16-DIAG. X-RAY. 17-NUCLEAR MEDICINE. 18-COBALT/RADIATION THERAPY. 19-PSYCH. INFAT-IENT CARE. 20-REHAB. UNIT. 21-EXTENDED CARE UNIT. 22-RENAL DIALYSIS.



# HCFA RECORD SPECIFICATION

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NAME /49	SPEC. NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME  
**HOSPITAL RECORD**

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
					23-OPEN HEART SURGERY. 24-CORONARY CARE UNIT. 25-ORAL SURGERY DEPT. 26-OB-GYN DEPT. 27-PEDIATRIC DEPT. 28-SPEECH THER. DEPT. 29-PULMANARY FUNCTION DEPT. 30-ORGAN BANK. 31-AMBULATORY PRE-OP. UNIT. 32-NURSERY. 33-SHOCK TRAUMA. 34-36 FUTURE USE.
BLANKS	002	X		462-463	** -NO DISCRIPTION.
PHYSICIAN SALARIED (DECIMAL ASSUMED)	006	9		464-469	M20 - NUMERIC.
BLANKS	010	X		470-479	** -NO DISCRIPTION.
RESIDENT Z (DECIMAL ASSUMED)	006	9		480-485	M24 -NUMERIC.
BLANKS Z	003	X		486-488	** -NO DISCRIPTION.
REGISTERED NURSES (DECIMAL ASSUMED)	006	9		489-494	M27 - NUMERIC.
LPN/LVN Z (DECIMAL ASSUMED)	006	9		495-500	M28 - NUMERIC.
BLANKS Z	042	X		501-542	** -NO DISCRIPTION.
HOSP. LTC COMMON	014	X		543-556	PR* - PROGRAMMER REF.
EXPANSION Z	004	X		557-560	** -NO DISCRIPTION.
BLANKS Z	006	X		561-566	** -NO DISCRIPTION.
PHARMACISTS Z (DECIMAL ASSUMED)	006	9		567-572	M40 -NUMERIC.
SOCIAL WORKER (DECIMAL ASSUMED)	006	9		573-578	M41 - NUMERIC.
OCCUPATIONAL THER.	006	9		579-584	M42 - NUMERIC.

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LE NAME 0749	SPEC NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME: HOSPITAL RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
(DECIMAL ASSUMED)					
SPEECH THER. (DECIMAL ASSUMED)	006	9		585-590	M43 - NUMERIC.
PHYSICAL THER. (DECIMAL ASSUMED)	006	9		591-596	M44 - NUMERIC.
OTHER THER. (DECIMAL ASSUMED)	006	9		597-602	M54 -ALL OTHER.
TOTAL STAFF (DECIMAL ASSUMED)	006	9		603-608	NUM.- PROGRAM GEN. ALL NUMERIC.
HOSP. EXPANSION Z	012	9		609-620	NUM.- PROGRAM GEN. ALL NUMERIC.
AFFILIATION	001	X		621	M49 -1=MAJOR. 2=LIMITED. 3=GRADUATE. 4=NO AFFILIATION.
BLANKS	006	X		622-627	** -NO DISCRIPTION.
ACCREDITATION	001	X		628	L10 -1=JCAH. 2=AOA
CHANGE ACCREDITATION.	001	X		629	L11 -1=GAINED ACCRED. 2=LOST JCAH ACCRED. 3=LOST AOA ACCRED.
EMERGENCY SERVICES APPROVAL DATE	006	9		630-635	SF09-DATE YMMDD.
BLANKS	014	X		636-649	** -NO DISCRIPTION.
JCAH SURVEY DATE	006	9		650-655	SF32- DATE OF L36 ACTION. YMMDD.
JCAH ADA HOSP.	001	X		656	L36 -1=SAMPLE VALIDATION. 2=MONITORING HOSP. BECAUSE OF SURVEY RESULTS. 3=COMPLAINT INVESTIGATION. 4=MONITORING HOSP. BECAUSE OF

HCFA RECORD SPECIFICATION

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E NAME  
0749

SPEC. NUMBER  
HH01-02-002-I  
(REPL HH01-02-001-I DATED 06/02/81)

DATE  
01/29/82

RECORD NAME  
HOSPITAL RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
EMER.	001	X		657	INVESTIGATION RESULTS. SF17- A=NOT ELECTING TO PARTICIPATE. B=ELECTING TO PARTICIPATE.
BLANKS	003	X		658-660	** -NO DISCRPTION.
X-REF PROV.# EMER HOSP FULLY PA	006 RT.	X		661-666	SF19- ALPHA-NUMERIC CROSS REFERENCE PROVIDER NO.

# HCFA RECORD SPECIFICATION

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LE NAME 0749	SPEC. NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME  
**LONG TERM CARE RECORD**

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
RECORD TYPE	001	X		001	RECD- P = POS. R = SURVEY. S = LIFE SAFTEY CODE.
PROVIDER NUMBER	006	X		002-007	L1 -SIX DIGIT NUM. IDENT- IFYING FACILITY. POS 1-2 STATE CODE. POS 3-6 PROV NUM WITHIN STATE. POS 3-4 PROV SERIES WITHIN NUM. POS 5-6 ALWAYS NUMERIC
INTERMEDIARY NO.	005	X		008-012	L31 -FIVE DIGIT NUM. POS 1-2=CONT. INTER. POS 3-4=STATE OF POS 5-6=OFF. IN STATE.
EFFECTIVE DATE OF PARTICIPATION	006	9		013-018	L24 -YYMMDD.
DATE OF CHOW	006	9		019-024	L9 -YYMMDD
SURVEROR DATE	006	9		025-030	L19 -YYMMDD.
STATE SURVEY AGY APPROVAL DATE	006	9		031-036	L20 -YYMMDD.
TERMINATION DATE	006	9		037-042	L28 -YYMMDD.
DETERMINATION APPROVED DATE	006	9		043-048	L33 -YYMMDD.
HSQB/RO RECEIPT DATE	006	9		049-054	L32 -YYMMDD.
CATEGORY	002	9		055-056	L7 -01=GEN. HOSP. 02=PSYCH. HOSP. 03=TB. HOSP. 04=SNF. 05=HHA. 06=IND. LAB. 07=PORT. X-RAY. 08=OUTPATIENT PT/SP. 09=ESRD. 10=ICF. 11=ICF/MR. 12=RHC.

HCFA RECORD SPECIFICATION

12

LE NAME HH0749	SPEC NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 04/02/81)	DATE 01/29/82
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RECORD NAME LONG TERM CARE RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
TYPE OF ACTION	001	9		057	L8 -1=INITIAL. 2=RECERTIFICATION. 3=RECONSIDERATION. 4=CHOW. 13=PTIP.
ELEGIBILITY DETERMINATION	001	9		058	L21 -1=ELIGIBLE. 2=NOT ELIGIBLE.
TITLE VI COMPLIANCE	001	X		059	L22 -1=YES BLANK = NO INFO.
STATEMENT OF FINANCIAL SOLVENCY	001	X		060	L23 -1=IN ACCORD. WITH 42 CFR405.603. 2=DISCLOSURE OF INTEREST OWNERSHIP INFORMATION.
REASON FOR TERMINATION CODE	001	9		061	L30 -1=CLOSURE/MERGER. 2=VOLUNTARY WITHDRAWAL. 3=INVOLUNTARY TERM. 7=FAILURE TO MEET AGREEMENT. 8=NON-PART STATUS CHANGE. 9=LTC STATUS CHANGE.
NOT IN COMPLIANCE	002	X		062-063	L15 -A1=MEETS EMERGENCY SERVICES DEF. A2=DOES NOT MEET ABOVE B1=MEETS 1861 (E)(1) B2 DOES NOT MEET ABOVE C1=MEETS 1861 (I)(1) C2=DOES NOT MEET ABOVE
STATUS OF COMP. WITH PROGRAM REQ.	010	X		064-073	L12 -A=IN COMPLIANCE IF A IN POS 1 POS 2-9 MAY BE: 1=ACCEPTABLE P.O.C. 2=42 CFR 405.1910 ACCESS PROVISION. 3=24 HOUR RN. 4=7 DAY RN RURAL SNF. 5=LIFE SAFETY CODE. 7=MED. DIRECTOR. 8=PAT. ROOM SIZE.

# HCFA RECORD SPECIFICATION

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NAME 0749	SPEC. NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME LONG TERM CARE RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
					9=BEDS PER ROOM. IF B IN POS 2: NOT IN COMP. IF C IN POS 2: DATE YYMMDD IS IN POS 4-9. IF 1 IN LAST POS: L26 INVOKED. IF 2 IN LAST POS: L26 RESCINDED. B=NOT IN COMPLIANCE. C=DEFERED APPROVAL. D=LTC CANCELATION.
BLANKS	001	X		074	** -NO DISCRIPTION.
BEDS CERTIFIED	005	9		075-079	L17 -NUMERIC COUNT.
BLANK FIELD	001	X		080	** -NO DISCRIPTION.
BEDS TOTAL	005	9		081-085	L18 -NUMERIC COUNT.
NAME OF FACILITY	038	X		086-123	L3 -NAME OF FACILITY.
STREET ADDRESS	038	X		124-161	L4 -STREET ADDRESS.
CITY AND STATE	033	X		162-194	L5 -CITY STATE.
ZIP CODE	005	9		195-199	L6 -ZIP CODE.
ORBIT CODE	001	X		200	PR* - PROGRAMMER REF.
TYPE OF FACILITY	002	9		201-202	N14 -01=SNF. 02=SNU OF HOSP. 03=SNU OF REHAB CENTER 04=SNU OF DOMICILIARY CARE UNIT. 05=SNF DISTINCT PART OF SNF. 06=CHRISTIAN SCIANCE S 07=GENERAL ICF. 08=ICF DISTINCT PART OF SNF. 09=SNF/ICF SWING BEP 10=ICF/MR. 12=ICF/MR DISTINCT PART OF HOSP. 13=ICF/MR DISTINCT

HCFA RECORD SPECIFICATION

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FILE NAME HH0749	SPEC. NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME  
LONG TERM CARE RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
					PART OF SNF. 14=ICF DISTINCT PART OF HOSP. 15=ICF DISTINCT PART OF ICF. 16=ICF/MR DISTINCT PART OF ICF/MR.
TYPE OF CONTROL	002	X		203-204	N15 -1=CHURCH. 2=OTHER. 3=PROPRIETARY. 4=STATE. 5=COUNTY. 6=CITY. 7=CITY-COUNTY. 8=HOSP. DISTRICT.
STATE	002	9		205-206	N3 -STATE/COUNTY.
COUNTY	003	X		207-209	SF14- NUMERIC.
STATE-REGION	003	X		210-212	N4 -STATE REGION.
OVER1	001	X		213	SF11- NUMERIC.
OVER2	001	X		214	SF12- NUMERIC.
OVER3	001	X		215	SF13- NUMERIC.
PSRO CODE	004	X		216-219	PR8 - SEE PSRO CODE BOOK.
RECORD SIZE	003	9		220-222	PG - PROGRAM GENERATED.
AUTHORIZED OFFICIAL DATE	006	9		223-228	N28 -YYMMDD.
TELEPHONE NO.	010	9		229-238	N7 - NUMERIC
FISCAL YEAR ENDING DATE	004	9		239-242	L35 -YYMMDD.
POS COMMON	026	X		243-268	** -NO DISCRPTION.
PREVIOUS INTER. NUMBER 1.	005	X		269-273	SF01- PRIOR TO L31.
PREVIOUS INTER. NUMBER 2.	005	X		274-278	SF02- PRIOR TO SF01.

HCFA RECORD SPECIFICATION

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FILE NAME RH0749	SPEC. NUMBER HH01-02-002-I (REFL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME  
LONG TERM CARE RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
INTER CHG DATE	006	9		279-284	PG - PROGRAM GENERATED.
INTER. TYPE	001	X		285	PG - PROGRAM GENERATED.
RELATED PROV NO..	006	X		286-291	SF20- PROVIDER NO. OF PARENT ORG.
X-REF PROV NO OF CHGD FACILITY	006	X		292-297	SF03- PRIOR TO L1.
STATUS CODE	001	X		298	SF04- A=ACCRETION. C=CORRECTION. D=DELETION. T=TERMINATED.
LAST TRANSACTION	001	X		299	PR* - PROGRAMMER REF.
PARTICIPATING NON-PARTICIPATING	001	9		300	PART- 1 = MEDICARE. 2 = MEDICAID. 3 = BOTH. 0 = NEITHER.
FACILITY GROUP	001	9		301	FACG- 1=HOSPITAL. 2=LONG TERM CARE. 3=HOME HEALTH AGENCY. 4=PHYSICAL THERAPY. 5=IND. LAB. 6=X-RAY. 7=ESRD. 8=RURAL HEALTH CLINIC
REGION	002	9		302-303	REG. - 01=BOSTON. 02=NEW YORK. 03=PHILADELPHIA. 04=ATLANTA. 05=CHICAGO. 06=DALLAS. 07=KANSAS CITY. 08=DENVER. 09=SAN FRANCISCO. 10=SEATTLE.
SMSA	003	X		304-306	PR05- SEE SMSA CODE BOOK.
SMSA SIZE	001	X		307	PR* - PROGRAMMER REF.
ELEGIBILITY	001	X		308	N13 -1=MEDICARE. 2=MEDICAID.



HCFA RECORD SPECIFICATION

16

FILE NAME PH0749	SPEC. NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME  
LONG TERM CARE RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
					3=BOTH.
CHOW MO	001	X		309	CHOW- A - L = JAN - DEC.
RUNDATE OF ACCRETION	006	9		310-315	DATE- PROGRAM GEN. DATE YYMMDD.
RUN DATE OF LAST ACTION	006	9		316-321	DATE- PROGRAM GEN. DATE YYMMDD.
CHANGE OF OWNERSHIP COUNT	002	9		322-323	NUM.- PROGRAM GEN. ALL NUMERIC.
RESURVEY COUNT	002	9		324-325	NUM.- PROGRAM GEN. ALL NUMERIC.
ERROR COUNT	002	9		326-327	NUM.- PROGRAM GEN. ALL NUMERIC.
OLD CERT. DATE	006	9		328-333	DATE- PROGRAM GEN. DATE YYMMDD.
PARENT ORG INDICATOR	001	X		334	PRO7- 0=PARENT ORG. 1=SUBSIDIARY. BLANK=NO AFFILIATION.
CHOW DATE (PRIOR OWNER)	006	9		335-340	DATE- PROGRAM GEN. DATE YYMMDD.
TERM DATE (PRIOR OWNER)	006	9		341-346	DATE- PROGRAM GEN. DATE YYMMDD.
REASON FOR CHANGE	001	X		347	PR* - PROGRAMMER REF.
ELEGIBILITY	001	X		348	PR* - PROGRAMMER REF.
SOURCE REGION	002	9		349-350	REG.- 01=BOSTON. 02=NEW YORK. 03=PHILADELPHIA. 04=ATLANTA. 05=CHICAGO. 06=DALLAS. 07=KANSAS CITY. 08=DENVER. 09=SAN FRANCISCO. 10=SEATTLE.
PSRO	001	X		351	SF41- 0=NO REVIEW.

HCFA RECORD SPECIFICATION

17

LE NAME H0749	SPEC. NUMBER HH01-02-002-I (REFL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME  
LONG TERM CARE RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
					1=18/19 REVIEW. 2=18 ONLY REVIEW. 3=19 ONLY REVIEW.
SRF SURVEY DATE	006	9		352-357	L34 -YYMMDD.
MEDICAID STATE VENDOR NUMBER	012	X		358-369	L2 -VENDOR NUM MEDICAID ID. NUM.
HSA CODE	005	X		370-374	PR6 - SEE HSA CODE BOOK.
BLANKS	003	X		375-377	** -NO DISCRIPTION.
BLANKS	004	X		378-381	** -NO DISCRIPTION.
ELIGIBILITY	001	X		382	N13 -1=MEDICARE. 2=MEDICAID. 3=BOTH.
CERT. REG. NURSES (DECIMAL ASSUMED)	006	9		383-388	N17A-NUMERIC COUNT.
CERT. LIC. PRACTICAL NURSES (DECIMAL ASSUMED)	006	9		389-394	N18A-NUMERIC COUNT.
BLANKS Z	042	X		395-436	** -NO DISCRIPTION.
CERTIFIED TOTAL CERTIFIED STAFF (DECIMAL ASSUMED)	006	9		437-442	NUM. - PROGRAM GEN. ALL NUMERIC.
CERT. ALL OTHERS (DECIMAL ASSUMED)	006	9		443-448	NUM. - PROGRAM GEN. ALL NUMERIC.
BLANKS EXPAN.	012	X		449-460	** -NO DISCRIPTION.
SERVICES PROVIDED OCCURS 20 TIMES.	020	X		461-480	N16 -01=NURSING. 02=PHYSICAL THERAPY. 03=O/P PHYSICAL THER. 04=OCCUP. THERAPY. 05=SPEECH PATH. 06=O/P SPEECH PATH. 07=SOCIAL SERVICES 08=RECREATIONAL ACT. 09=PHARMACY. 10=CLINICAL LAB. 11=DIAGNOSTIC X-RAY..

HCFA RECORD SPECIFICATION

18

FILE NAME PH0749	SPEC. NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME LONG TERM CARE RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
					12=ADMINISTRATION AND STORAGE OF BLOOD. 13=DENTISTRY. 14=PODIATRY. 15=OPHTHALMOLOGY. 16=PSYCHOLOGICAL SERVICES.
MEDICAID STATE VENDOR NUMBER.	012	X		481-492	L2 -VENDOR NUM MEDICAID ID. NUM.
COMPLETE DATE FOR ICF/MR LSC COMP.	006	9		493-498	L16 -YYMMDD.
BLANKS	008	X		499-506	** -NO DISCRIPTION.
LTC PERIOD OF CERTIFICATION. (FROM DATE)	006	9		507-512	L13A-LTC PERIOD OF CERTIFICATION START DATE YYMMDD.
LTC PERIOD OF CERTIFICATION. (TO DATE)	006	9		513-518	L13B-ENDING DATE YYMMDD.
LTC CANCELATION DATE	006	9		519-524	L14 -YYMMDD.
LTC AGREEMENT ENDING DATE	006	9		525-530	L25 -YYMMDD.
LTC CANCELATION DATE	006	9		531-536	L26 -YYMMDD.
SNF/ICF AGREEMENT EXTENSION DATE	006	9		537-542	L27 -YYMMDD.
HOSP LTC COMMON	014	X		543-556	** -NO DISCRIPTION.
BLANKS	002	X		557-558	** -NO DISCRIPTION.
TOTAL NUMBER OF BEDS	005	9		559-563	L18 -NUMERIC COUNT.
BLANKS	007	X		564-570	** -NO DISCRIPTION.
TOTAL REG NURSES (DECIMAL ASSUMED)	006	9		571-576	N17B-NUMERIC COUNT.

## HCFA RECORD SPECIFICATION

19

NAME H0749	SPEC. NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME LONG TERM CARE RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
TOTAL LICENSED PRACTICAL NURSES	006	9		577-582	N18B-NUMERIC COUNT.
BLANKS	024	X		583-606	** -NO DISCRIPTION.
LTC EXPANSION	012	X		607-618	** -NO DISCRIPTION.
BLANKS Z	006	9		619-624	** -NO DISCRIPTION.
TOTAL STAFF Z (DECIMAL ASSUMED)	006	9		625-630	NUM.- PROGRAM GEN. ALL NUMERIC.
ALL OTHER (DECIMAL ASSUMED)	006	9		631-636	N27B-NUMERIC COUNT.
MEDICAID TERM DATE	006	9		637-642	SF23- TERMINATES ONLY PART OF FACILITY DATE YYMMDD.
OCR	001	X		643	SF40- 1=FACILITY MEETS O C R TITLE VI.
TITLE XVIII BEDS	004	9		644-647	L37 -NUMERIC COUNT
TITLE 18/19 BEDS	004	9		648-651	L38 -NUMERIC COUNT.
TITLE XVIII BEDS	004	9		652-655	L39 -NUMERIC COUNT.
SNF/ICF SWING BEDS	004	9		656-659	L40 -NUMERIC COUNT.
AGREEMENT DATE	006	9		660-665	L41 -YYMMDD.
BLANK	001	X		666	** -NO DISCRIPTION.

HCFA RECORD SPECIFICATION

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FILE NAME FH0749	SPEC NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME  
HOME HEALTH AGENCY RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
RECORD TYPE	001	X		001	RECD- P = POS. R = SURVEY. S = LIFE SAFETY CODE
PROVIDER NUMBER	006	X		002-007	L1 -SIX DIGIT NUM. IDENTIFYING FACILITY. POS 1-2 STATE CODE. POS 3-6 PROV NUM WITHIN STATE. POS 3-4 PROV SERIES WITHIN NUM. POS 5-6 ALWAYS NUMERIC
INTERMEDIARY NO.	005	X		008-012	L31 -FIVE DIGIT NUM. POS 1-2=CONT. INTER. POS 3-4=STATE OF POS 5-6=OFF. IN STATE.
EFFECTIVE DATE OF PARTICIPATION	006	9		013-018	L24 -YYMMDD.
DATE OF CHOW	006	9		019-024	L9 -YYMMDD
SURVEROR DATE	006	9		025-030	L19 -YYMMDD.
STATE SURVEY AGY APPROVAL DATE	006	9		031-036	L20 -YYMMDD.
TERMINATION DATE	006	9		037-042	L28 -YYMMDD.
DETERMINATION APPROVED DATE	006	9		043-048	L33 -YYMMDD.
HQGB/RO RECEIPT DATE	006	9		049-054	L32 -YYMMDD.
CATEGORY	002	9		055-056	L7 -01=GEN. HOSP. 02=PSYCH. HOSP. 03=TB. HOSP. 04=SNF. 05=HHA. 06=IND. LAB. 07=PORT. X-RAY. 08=OUTPATIENT PT/SP. 09=ESRD. 10=ICF. 11=ICF/MR. 12=RHC.

HCFA RECORD SPECIFICATION

21

FILE NAME P40749	SPEC. NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME HOME HEALTH AGENCY RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
TYPE OF ACTION	001	9		057	13=PTIP. L8 -1=INITIAL. 2=RECERTIFICATION. 3=RECONSIDERATION. 4=CHOW.
ELEGIBILITY DETERMINATION	001	9		058	L21 -1=ELIGIBLE. 2=NOT ELIGIBLE.
TITLE VI COMPLIANCE	001	X		059	L22 -1=YES BLANK = NO INFO.
STATEMENT OF FINANCIAL SOLVENCY	001	X		060	L23 -1=IN ACCORD. WITH 42 CFR405.603. 2=DISCLOSURE OF INTEREST OWNERSHIP INFORMATION.
REASON FOR TERMINATION CODE	001	9		061	L30 -1=CLOSURE/MERGER. 2=VOLUNTARY WITHDRAWAL 3=INVOLUNTARY TERM. 7=FAILURE TO MEET AGREEMENT. 8=NON-PART STATUS CHANGE. 9=LTC STATUS CHANGE.
NOT IN COMPLIANCE	002	X		062-063	L15 -A1=MEETS EMERGENCY SERVICES DEF. A2=DOES NOT MEET ABOVE B1=MEETS 1861 (E)(1) B2 DOES NOT MEET ABOVE C1=MEETS 1861 (I)(1) C2=DOES NOT MEET ABOVE
STATUS OF COMP. WITH PROGRAM REQ.	010	X		064-073	L12 -A=IN COMPLIANCE IF A IN POS 1 POS 2-9 MAY BE: 1=ACCEPTABLE P.O.C. 2=42 CFR 405.1910 ACCESS PROVISION. 3=24 HOUR RN. 4=7 DAY RN RURAL SNF. 5=LIFE SAFETY CODE. 7=MED. DIRECTOR. 8=PAT. ROOM SIZE.

HCFA RECORD SPECIFICATION

22

FILE NAME FH0749	SPEC. NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME  
HOME HEALTH AGENCY RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
					9=BEDS PER ROOM. IF B IN POS 2: NOT IN COMP. IF C IN POS 2: DATE YYMMDD IS IN POS 4-9. IF 1 IN LAST POS: L26 INVOKED. IF 2 IN LAST POS: L26 RESCINDED. B=NOT IN COMPLIANCE. C=DEFERED APPROVAL. D=LTC CANCELATION.
BLANKS	001	X		074	** -NO DISCRIPTION.
BEDS CERTIFIED	005	9		075-079	L17 -NUMERIC COUNT.
BLANK FIELD	001	X		080	** -NO DISCRIPTION.
BEDS TOTAL	005	9		081-085	L18 -NUMERIC COUNT.
NAME OF FACILITY	038	X		086-123	L3 -NAME OF FACILITY.
STREET ADDRESS	038	X		124-161	L4 -STREET ADDRESS.
CITY AND STATE	033	X		162-194	L5 -CITY STATE.
ZIP CODE	005	9		195-199	L6 -ZIP CODE.
ORBIT CODE	001	X		200	PR* - PROGRAMMER REF.
TYPE OF FACILITY	002	9		201-202	P10 -1=VISITING NURSE ASSOC 2=COMB GOVERN. VOLUNTARY AGENCY. 3=OFF. HEALTH AGENCY. 4=REHAB. FAC. BASED PR 5=HOSP. BASED PROG. 6=SNF BASED PROG. 7=PRIVATE NON-PROFIT.
TYPE OF CONTROL	002	X		203-204	P11 -01=VOLUNTARY NON-PROFI OTHER THAN CHURCH. 02=VOLUNTARY NON-PROFI CHURCH. 03=STATE GOVERNMENT. 04=LOCAL GOVERNMENT. 05=COMBINATION GOVERN

HCFA RECORD SPECIFICATION

23

LE NAME 0749	SPEC NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME  
HOME HEALTH AGENCY RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
					AND VOLUNTARY. 06=PROPRIETARY. 10=PRIVATE NON-PROFIT.
STATE	002	9		205-206	P2 -STATE/COUNTY.
COUNTY	003	X		207-209	SF14- NUMERIC.
STATE-REGION	003	X		210-212	P3 -STATE REGION.
OVER1	001	X		213	SF11- NUMERIC.
OVER2	001	X		214	SF12- NUMERIC.
OVER3	001	X		215	SF13- NUMERIC.
PSRO CODE	004	X		216-219	PR8 - SEE PSRO CODE BOOK.
RECORD SIZE	003	9		220-222	PG - PROGRAM GENERATED.
AUTHORIZED OFFICIAL DATE	006	9		223-228	P22 -YYMMDD.
TELEPHONE NO.	010	9		229-238	P6 - NUMERIC.
FISCAL YEAR ENDING DATE	004	9		239-242	L35 -YYMMDD.
POS COMMON	026	X		243-268	** -NO DISCRIPTION.
PREVIOUS INTER. NUMBER 1.	005	X		269-273	SF01- PRIOR TO L31.
PREVIOUS INTER. NUMBER 2.	005	X		274-278	SF02- PRIOR TO SF01.
INTER CHG DATE	006	9		279-284	PG - PROGRAM GENERATED.
INTER. TYPE	001	X		285	PG - PROGRAM GENERATED.
RELATED PROV NO.	006	X		286-291	SF20- PROVIDER NO. OF PARENT ORG.
X-REF PROV NO OF CHGD FACILITY	006	X		292-297	SF03- PRIOR TO L1.
STATUS CODE	001	X		298	SF04- A=ACCRETION. C=CORRECTION.



HCFA RECORD SPECIFICATION

24

FILE NAME PH0749	SPEC. NUMBER HH01-02-002-I (REFL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME HOME HEALTH AGENCY RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
LAST TRANSACTION	001	X		299	D=DELETION. T=TERMINATED. PR* - PROGRAMMER REF.
PARTICIPATING NON-PARTICIPATING	001	9		300	PART- 1 = MEDICARE. 2 = MEDICAID. 3 = BOTH. 0 = NEITHER.
FACILITY GROUP	001	9		301	FACG- 1=HOSPITAL. 2=LONG TERM CARE. 3=HOME HEALTH AGENCY. 4=PHYSICAL THERAPY. 5=IND. LAB. 6=X-RAY. 7=ESRD. 8=RURAL HEALTH CLINIC
REGION	002	9		302-303	REG. - 01=BOSTON. 02=NEW YORK. 03=PHILADELPHIA. 04=ATLANTA. 05=CHICAGO. 06=DALLAS. 07=KANSAS CITY. 08=DENVER. 09=SAN FRANCISCO. 10=SEATTLE.
SMSA	003	X		304-306	PR05- SEE SMSA CODE BOOK.
SMSA SIZE	001	X		307	PR* - PROGRAMMER REF.
ELIGIBILITY	001	X		308	P23 -1=MEDICARE. 2=MEDICAID. 3=BOTH.
CHOW MO	001	X		309	CHOW- A - L = JAN - DEC.
RUNDATE OF ACCRETION	006	9		310-315	DATE- PROGRAM GEN. DATE YYMMDD.
UN DATE OF LAST ACTION	006	9		316-321	DATE- PROGRAM GEN. DATE YYMMDD.
CHANGE OF OWNERSHIP COUNT	002	9		322-323	NUM. - PROGRAM GEN. ALL NUMERIC.

## HCFA RECORD SPECIFICATION

25

T NAME H0749	SPEC NUMBER HH01-02-002-1 (REPL HH01-02-001-1 DATED 06/02/81)	DATE 01/29/82
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RECORD NAME HOME HEALTH AGENCY RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
RESURVEY COUNT	002	9		324-325	NUM.- PROGRAM GEN. ALL NUMERIC.
ERROR COUNT	002	9		326-327	NUM.- PROGRAM GEN. ALL NUMERIC.
OLD CERT. DATE	006	9		328-333	DATE- PROGRAM GEN. DATE YYMMDD.
PARENT ORG INDICATOR	001	X		334	PR07- 0=PARENT ORG. 1=SUBSIDIARY. BLANK=NO AFFILIATION.
CHOW DATE (PRIOR OWNER)	006	9		335-340	DATE- PROGRAM GEN. DATE YYMMDD.
TERM DATE (PRIOR OWNER)	006	9		341-346	DATE- PROGRAM GEN. DATE YYMMDD.
REASON FOR CHANGE	001	X		347	PR* - PROGRAMMER REF.
ELEGIBILITY	001	X		348	PR* - PROGRAMMER REF.
SOURCE REGION	002	9		349-350	REG. - 01=BOSTON. 02=NEW YORK. 03=PHILADELPHIA. 04=ATLANTA. 05=CHICAGO. 06=DALLAS. 07=KANSAS CITY. 08=DENVER. 09=SAN FRANCISCO. 10=SEATTLE.
BLANK	001	X		351	PR* - PROGRAMMER REF.
SRF SURVEY DATE	006	9		352-357	L34 -YYMMDD.
MEDICAID STATE VENDOR NUMBER	012	X		358-369	L2 -VENDOR NUM MEDICAID ID. NUM.
HSA CODE	005	X		370-374	PR6 - SEE HSA CODE BOOK.
BLANKS	003	X		375-377	** -NO DISCRIPTION.
BLANKS	003	X		378-380	** -NO DISCRIPTION.
GEO	001	X		381	PR9 -GEO. AREA COVERED:

HCFA RECORD SPECIFICATION

26

FILE NAME PH0749	SPEC. NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME  
HOME HEALTH AGENCY RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
					1=LESS THAN COUNTYWIDE 2=SINGLE COUNTY. 3=MULTI-COUNTY. 4=UNKNOWN.
BLANK	001	X		382	** -NO DISCRPTION.
REGISTERED NURSES (DECIMAL ASSUMED)	006	9		383-388	P13 -NUMERIC COUNT.
LIC. PRACTICAL NURSES. (DECIMAL ASSUMED)	006	9		389-394	P14 -NUMERIC COUNT.
PHYSICAL THER. (DECIMAL ASSUMED)	006	9		395-400	P15 -NUMERIC COUNT.
OCCUPATIONAL THER (DECIMAL ASSUMED)	006	9		401-406	P16 -NUMERIC COUNT.
SPEECH PATH. OR AUDIOLOGIST (DECIMAL ASSUMED)	006	9		407-412	P17 -NUMERIC COUNT.
HEALTH AIDES (DECIMAL ASSUMED)	006	9		413-418	P18 -NUMERIC COUNT.
TOTAL STAFF (DECIMAL ASSUMED)	006	9		419-424	NUM.- PROGRAM GEN. ALL NUMERIC.
ALL OTHERS	006	9		425-430	P20 -NUMERIC COUNT.
SERVICES PROVIDED OCCURS 14 TIMES.	014	X		431-444	P12 -01=NURSING CARE. 02=PHYSICAL THERAPY. 03=OCCUP. THERAPY. 04=SPEECH THERAPY. 05=MED. SOCIAL SERVICE 06=HOME HEALTH AIDE- HOMEMAKER SERVICE. 07=INTERNS & RESIDENTS 08=NUTRITIONAL GUIDE. 09=PHARMACEUTICAL SERVICE. 10=APPLIANCES AND EQUIP. SERVICES. 11=VOCATIONAL GUIDE. 12=OTHER.

HCFA RECORD SPECIFICATION

27

FILE NAME HH0749	SPEC. NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME  
HOME HEALTH AGENCY RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
BLANKS	222	X		445-666	** -NO DISCRPTION.

HCFA RECORD SPECIFICATION

28

FILE NAME PH0749	SPEC NUMBER HH01-02-002-I (REFL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME  
**PHYSICAL THERAPY RECORD**

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
RECORD TYPE	001	X		001	RECD- P = POS. R = SURVEY. S = LIFE SAFTEY CODE
PROVIDER NUMBER	006	X		002-007	L1 -SIX DIGIT NUM. IDENTIFYING FACILITY. POS 1-2 STATE CODE. POS 3-6 PROV NUM WITHIN STATE. POS 3-4 PROV SERIES WITHIN NUM. POS 5-6 ALWAYS NUMERIC
INTERMEDIARY NO.	005	X		008-012	L31 -FIVE DIGIT NUM. POS 1-2=CONT. INTER. POS 3-4=STATE OF POS 5-6=OFF. IN STATE.
EFFECTIVE DATE OF PARTICIPATION	006	9		013-018	L24 -YYMMDD.
DATE OF CHOW	006	9		019-024	L9 -YYMMDD
SURVEROR DATE	006	9		025-030	L19 -YYMMDD.
STATE SURVEY AGY APPROVAL DATE	006	9		031-036	L20 -YYMMDD.
TERMINATION DATE	006	9		037-042	L28 -YYMMDD.
DETERMINATION APPROVED DATE	006	9		043-048	L33 -YYMMDD.
HSQB/RO RECEIPT DATE	006	9		049-054	L32 -YYMMDD.
CATEGORY	002	9		055-056	L7 -01=GEN. HOSP. 02=PSYCH. HOSP. 03=TB. HOSP. 04=SNF. 05=HHA. 06=IND. LAB. 07=PORT. X-RAY. 08=OUTPATIENT FT/SP. 09=ESRD. 10=ICF. 11=ICF/MR. 12=RHC.

## HCFA RECORD SPECIFICATION

29

<b>FILE NAME</b> PH0749	<b>SPEC. NUMBER</b> HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	<b>DATE</b> 01/29/82
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**RECORD NAME**  
PHYSICAL THERAPY RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
TYPE OF ACTION	001	9		057	L8 13=PTIP. -1=INITIAL. 2=RECERTIFICATION. 3=RECONSIDERATION. 4=CHOW.
ELIGIBILITY DETERMINATION	001	9		058	L21 -1=ELIGIBLE. 2=NOT ELIGIBLE.
TITLE VI COMPLIANCE	001	X		059	L22 -1=YES BLANK = NO INFO.
STATEMENT OF FINANCIAL SOLVENCY	001	X		060	L23 -1=IN ACCORD. WITH 42 CFR405.603. 2=DISCLOSURE OF INTEREST OWNERSHIP INFORMATION.
REASON FOR TERMINATION CODE	001	9		061	L30 -1=CLOSURE/MERGER. 2=VOLUNTARY WITHDRAWAL 3=INVOLUNTARY TERM. 7=FAILURE TO MEET AGREEMENT. 8=NON-PART STATUS CHANGE. 9=LTC STATUS CHANGE.
NOT IN COMPLIANCE	002	X		062-063	L15 -A1=MEETS EMERGENCY SERVICES DEF. A2=DOES NOT MEET ABOVE B1=MEETS 1861 (E)(1) B2 DOES NOT MEET ABOVE C1=MEETS 1861 (I)(1) C2=DOES NOT MEET ABOVE
STATUS OF COMP. WITH PROGRAM REQ.	010	X		064-073	L12 -A=IN COMPLIANCE IF A IN POS 1 POS 2-9 MAY BE: 1=ACCEPTABLE P.O.C. 2=42 CFR 405.1910 ACCESS PROVISION. 3=24 HOUR RN. 4=7 DAY RN RURAL SNF. 5=LIFE SAFETY CODE. 7=MED. DIRECTOR. 8=FAT. ROOM SIZE.

## HCFA RECORD SPECIFICATION

30

FILE NAME PH0749	SPEC. NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME **PHYSICAL THERAPY RECORD**

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
					9=BEDS PER ROOM. IF B IN POS 2: NOT IN COMP. IF C IN POS 2: DATE YYMMDD IS IN POS 4-9. IF 1 IN LAST POS: L26 INVOKED. IF 2 IN LAST POS: L26 RESCINDED. B=NOT IN COMPLIANCE. C=DEFERED APPROVAL. D=LTC CANCELATION.
BLANKS	001	X		074	** -NO DISCRIPTION.
BEDS CERTIFIED	005	9		075-079	L17 -NUMERIC COUNT.
BLANK FIELD	001	X		080	** -NO DISCRIPTION.
BEDS TOTAL	005	9		081-085	L18 -NUMERIC COUNT.
NAME OF FACILITY	038	X		086-123	L3 -NAME OF FACILITY.
STREET ADDRESS	038	X		124-161	L4 -STREET ADDRESS.
CITY AND STATE	033	X		162-194	L5 -CITY STATE.
ZIP CODE	005	9		195-199	L6 -ZIP CODE.
ORBIT CODE	001	X		200	PR* - PROGRAMMER REF.
TYPE OF FACILITY	002	9		201-202	R9 -1=HOSPITAL. 2=SNF. 3=HHA. 4=REHAB. AGENCY. 5=PUBLIC CLINIC. 6=PRIVATE CLINIC. 7=PUBLIC HEALTH AGENCY
TYPE OF CONTROL	002	X		203-204	R10 -1=VOLUNTARY NON-PROFIT OTHER THAN CHURCH. 2=VOLUNTARY NON-PROFIT CHURCH. 3=STATE GOVERNMENT. 4=LOCAL GOVERNMENT. 5=COMBINATION GOVT & VOLUNTARY.

## HCFA RECORD SPECIFICATION

31

FILE NAME PH0749	SPEC. NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME  
**PHYSICAL THERAPY RECORD**

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
					6=PROPRIETARY.
STATE	002	9		205-206	R2 -STATE/COUNTY.
COUNTY	003	X		207-209	SF14- NUMERIC.
STATE-REGION	003	X		210-212	R3 -STATE REGION.
OVER1	001	X		213	SF11- NUMERIC.
OVER2	001	X		214	SF12- NUMERIC.
OVER3	001	X		215	SF13- NUMERIC.
PSRO CODE	004	X		216-219	PR8 - SEE PSRO CODE BOOK.
RECORD SIZE	003	9		220-222	PG - PROGRAM GENERATED.
AUTHORIZED OFFICIAL DATE	006	9		223-228	R17 -YYMMD1.
TELEPHONE NO.	010	9		229-238	RH4 -NUMERIC.
FISCAL YEAR ENDING DATE	004	9		239-242	L35 -YYMMD.
POS COMMON	026	X		243-268	** -NO DISCRIPTION.
PREVIOUS INTER. NUMBER 1.	005	X		269-273	SF01- PRIOR TO L31.
PREVIOUS INTER. NUMBER 2.	005	X		274-278	SF02- PRIOR TO SF01.
INTER CHG DATE	006	9		279-284	PG - PROGRAM GENERATED.
INTER. TYPE	001	X		285	PG - PROGRAM GENERATED.
RELATED PROV NO.	006	X		286-291	SF20- PROVIDER NO. OF PARENT ORG.
X-REF PROV NO OF CHGD FACILITY	006	X		292-297	SF03- PRIOR TO L1.
STATUS CODE	001	X		298	SF04- A=ACCRETION. C=CORRECTION. D=DELETION. T=TERMINATED.



HCFA RECORD SPECIFICATION

32

FILE NAME PH0749	SPEC NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME  
PHYSICAL THERAPY RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
LAST TRANSACTION	001	X		299	PR* - PROGRAMMER REF.
PARTICIPATING NON-PARTICIPATING	001	9		300	PART- 1 = MEDICARE. 2 = MEDICAID. 3 = BOTH. 0 = NEITHER.
FACILITY GROUP	001	9		301	FACG- 1=HOSPITAL. 2=LONG TERM CARE. 3=HOME HEALTH AGENCY. 4=PHYSICAL THERAPY. 5=IND. LAB. 6=X-RAY. 7=ESRD. 8=RURAL HEALTH CLINIC
REGION	002	9		302-303	REG.- 01=BOSTON. 02=NEW YORK. 03=PHILADELPHIA. 04=ATLANTA. 05=CHICAGO. 06=DALLAS. 07=KANSAS CITY. 08=DENVER. 09=SAN FRANCISCO. 10=SEATTLE.
SMSA	003	X		304-306	PRO5- SEE SMSA CODE BOOK.
SMSA SIZE	001	X		307	PR* - PROGRAMMER REF.
ELEGIBILITY	001	X		308	R22 -1=MEDICARE. 2=MEDICAID. 3=BOTH.
CHOW MO	001	X		309	CHOW- A - L = JAN - DEC.
RUNDATE OF ACCRETION	006	9		310-315	DATE- PROGRAM GEN. DATE YYYYMMDD.
RUN DATE OF LAST ACTION	006	9		316-321	DATE- PROGRAM GEN. DATE YYYYMMDD.
CHANGE OF OWNERSHIP COUNT	002	9		322-323	NUM.- PROGRAM GEN. ALL NUMERIC.
RESURVEY COUNT	002	9		324-325	NUM.- PROGRAM GEN. ALL NUMERIC.

## HCFA RECORD SPECIFICATION

33

FILE NAME PH0749	SPEC NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME —  
 PHYSICAL THERAPY RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
ERROR COUNT	002	9		326-327	NUM.- PROGRAM GEN. ALL NUMERIC.
OLD CERT. DATE	006	9		328-333	DATE- PROGRAM GEN. DATE YYMMDD.
PARENT ORG INDICATOR	001	X		334	PR07- 0=PARENT ORG. 1=SUBSIDIARY. BLANK=NO AFFILIATION.
CHOW DATE (PRIOR OWNER)	006	9		335-340	DATE- PROGRAM GEN. DATE YYMMDD.
TERM DATE (PRIOR OWNER)	006	9		341-346	DATE- PROGRAM GEN. DATE YYMMDD.
REASON FOR CHANGE	001	X		347	PR* - PROGRAMMER REF.
LEGIBILITY	001	X		348	PR* - PROGRAMMER REF.
SOURCE REGION	002	9		349-350	REG.- 01=BOSTON. 02=NEW YORK. 03=PHILADELPHIA. 04=ATLANTA. 05=CHICAGO. 06=DALLAS. 07=KANSAS CITY. 08=DENVER. 09=SAN FRANCISCO. 10=SEATTLE.
BLANK	001	X		351	PR* - PROGRAMMER REF.
SRF SURVEY DATE	006	9		352-357	L34 -YYMMDD.
MEDICAID STATE VENDOR NUMBER	012	X		358-369	L2 -VENDOR NUM MEDICAID ID. NUM.
HSA CODE	005	X		370-374	PR6 - SEE HSA CODE BOOK.
BLANKS	003	X		375-377	** -NO DISCRIPTION.
BLANKS	005	X		378-382	** -NO DISCRIPTION.
TOTAL PHYS. THER. (DECIMAL ASSUMED)	006	9		383-388	R13 -TOTAL R14 & R15.
PHYSICAL THER.	006	9		389-394	R14 -NUMERIC COUNT.

HCFA RECORD SPECIFICATION

34

FILE NAME

RH0749

SPEC. NUMBER

HH01-02-002-I

DATE

01/29/82

(REFL HH01-02-001-I DATED 06/02/81)

RECORD NAME

PHYSICAL THERAPY RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
ON STAFF. (DECIMAL ASSUMED)					
PHYSICAL THER. BY ARRANGEMENT. (DECIMAL ASSUMED)	006	9		395-400	R15 -NUMERIC COUNT.
TOTAL SPEECH PATHOLOGISTS. (DECIMAL ASSUMED)	006	9		401-406	R19 -TOTAL R20 & R21.
SPEECH PATH. ON STAFF. (DECIMAL ASSUMED)	006	9		407-412	R20 -NUMERIC COUNT.
SPEECH PATH. BY ARRANGEMENT. (DECIMAL ASSUMED)	006	9		413-418	R21 -NUMERIC COUNT.
SERVICES	001	X		419	S18 -NUMERIC COUNT.
BLANK	001	X		420	** -NO DISCRIPTION.
BLANKS	246	X		421-666	** -NO DISCRIPTION.

HCFA RECORD SPECIFICATION

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FILE NAME  
PH0749

SPEC NUMBER  
HH01-02-002-I  
(REPL HH01-02-001-I DATED 06/02/81)

DATE  
01/29/82

ORD NAME  
INDEPENDANT LABORATORY RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
RECORD TYPE	001	X		001	.RECD- P = POS. R = SURVEY. S = LIFE SAFTEY CODE.
PROVIDER NUMBER	006	X		002-007	L1 -SIX DIGIT NUM. IDENTIFYING FACILITY. POS 1-2 STATE CODE. POS 3-6 PROV NUM WITHIN STATE. POS 3-4 PROV SERIES WITHIN NUM. POS 5-6 ALWAYS NUMERIC
INTERMEDIARY NO.	005	X		008-012	L31 -FIVE DIGIT NUM. POS 1-2=CONT. INTER. POS 3-4=STATE OF POS 5-6=OFF. IN STATE.
EFFECTIVE DATE OF PARTICIPATION	006	9		013-018	L24 -YYMMDD.
DATE OF CHOW	006	9		019-024	L9 -YYMMDD
SURVEROR DATE	006	9		025-030	L19 -YYMMDD.
STATE SURVEY AGY APPROVAL DATE	006	9		031-036	L20 -YYMMDD.
TERMINATION DATE	006	9		037-042	L28 -YYMMDD.
DETERMINATION APPROVED DATE	006	9		043-048	L33 -YYMMDD.
HSCB/RO RECEIPT DATE	006	9		049-054	L32 -YYMMDD.
CATEGORY	002	9		055-056	L7 -01=GEN. HOSP. 02=PSYCH. HOSP. 03=TB. HOSP. 04=GNF. 05=HHA. 06=IND. LAB. 07=PORT. X-RAY. 08=OUTPATIENT PT/SF. 09=ESRD. 10=ICF. 11=ICF/MR. 12=RHC.

## HCFA RECORD SPECIFICATION

36

FILE NAME PH0749	SPEC. NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME  
INDEPENDANT LABORATORY RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
TYPE OF ACTION	001	9		057	13=PTIP. L8 -1=INITIAL. 2=RECERTIFICATION. 3=RECONSIDERATION. 4=CHOW.
ELEGIBILITY DETERMINATION	001	9		058	L21 -1=ELIGIBLE. 2=NOT ELIGIBLE.
TITLE VI COMPLIANCE	001	X		059	L22 -1=YES BLANK = NO INFO.
STATEMENT OF FINANCIAL SOLVENCY	001	X		060	L23 -1=IN ACCORD. WITH 42 CFR405.603. 2=DISCLOSURE OF INTEREST OWNERSHIP INFORMATION.
REASON FOR TERMINATION CODE	001	9		061	L30 -1=CLOSURE/MERGER. 2=VOLUNTARY WITHDRAWAL 3=INVOLUNTARY TERM. 7=FAILURE TO MEET AGREEMENT. 8=NON-PART STATUS CHANGE. 9=LTC STATUS CHANGE.
NOT IN COMPLIANCE	002	X		062-063	L15 -A1=MEETS EMERGENCY SERVICES DEF. A2=DOES NOT MEET ABOVE B1=MEETS 1861 (E)(1) B2 DOES NOT MEET ABOVE C1=MEETS 1861 (I)(1) C2=DOES NOT MEET ABOVE
STATUS OF COMP. WITH PROGRAM REQMNTS	010 TS	X		064-073	L12 -A=IN COMPLIANCE IF A IN POS 1 POS 2-9 MAY BE: 1=ACCEPTABLE P.O.C. 2=42 CFR 405.1910 ACCESS PROVISION. 3=24 HOUR RN. 4=7 DAY RN RURAL SNF. 5=LIFE SAFETY CODE. 7=MED. DIRECTOR. 8=PAT. ROOM SIZE.

HCFA RECORD SPECIFICATION

37

FILE NAME  
FH0749

SPEC NUMBER  
HH01-02-002-I  
(REPL HH01-02-001-I DATED 06/02/81)

DATE  
01/29/82

RECORD NAME

INDEPENDANT LABORATORY RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
					9=BEDS PER ROOM. IF B IN POS 2: NOT IN COMP. IF C IN POS 2: DATE YYMMDD IS IN POS 4-9. IF 1 IN LAST POS: L26 INVOKED. IF 2 IN LAST POS: L26 RESCINDED. B=NOT IN COMPLIANCE. C=DEFERED APPROVAL. D=LTC CANCELATION.
BLANKS	001	X		074	** -NO DISCRIPTION.
BEDS CERTIFIED	005	9		075-079	L17 -NUMERIC COUNT.
BLANK FIELD	001	X		080	** -NO DISCRIPTION.
BEDS TOTAL	005	9		081-085	L18 -NUMERIC COUNT.
NAME OF FACILITY	038	X		086-123	L3 -NAME OF FACILITY.
STREET ADDRESS	038	X		124-161	L4 -STREET ADDRESS.
CITY AND STATE	033	X		162-194	L5 -CITY STATE.
ZIP CODE	005	9		195-199	L6 -ZIP CODE.
ORBIT CODE	001	X		200	PR* - PROGRAMMER REF.
TYPE OF FACILITY	002	9		201-202	PR* - PROGRAMMER REF.
TYPE OF CONTROL	002	X		203-204	E5 -01=PRIVATE. 02=STATE. 03=CITY. 04=COUNTY. 05=CITY-COUNTY. 06=OTHER.
STATE	002	9		205-206	E3 -STATE/COUNTY.
COUNTY	003	X		207-209	EF14- NUMERIC.
STATE-REGION	003	X		210-212	E295-NO DISCRIPTION.

## HCFA RECORD SPECIFICATION

38

FILE NAME HH0749	SPEC. NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME  
**INDEPENDANT LABORATORY RECORD**

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
OVER1	001	X		213	SF11- NUMERIC.
OVER2	001	X		214	SF12- NUMERIC.
OVER3	001	X		215	SF13- NUMERIC.
PSRO CODE	004	X		216-219	PR8 - SEE PSRO CODE BOOK.
RECORD SIZE	003	9		220-222	PG - PROGRAM GENERATED.
AUTHORIZED OFFICIAL DATE	006	9		223-228	DATE- PROGRAM GEN. DATE YYMMDD.
TELEPHONE NO.	010	9		229-238	NUM.- PROGRAM GEN. ALL NUMERIC.
FISCAL YEAR ENDING DATE	004	9		239-242	L35 -YYMMDD.
POS COMMON	026	X		243-268	** -NO DISCRIPTION.
PREVIOUS INTER. NUMBER 1.	005	X		269-273	SF01- PRIOR TO L31.
PREVIOUS INTER. NUMBER 2.	005	X		274-278	SF02- PRIOR TO SF01.
INTER CHG DATE	006	9		279-284	PG - PROGRAM GENERATED.
INTER. TYPE	001	X		285	PG - PROGRAM GENERATED.
RELATED PROV NO.	006	X		286-291	SF20- PROVIDER NO. OF PARENT ORG.
X-REF PROV NO OF CHGD FACILITY	006	X		292-297	SF03- PRIOR TO L1.
STATUS CODE	001	X		298	SF04- A=ACCRETION. C=CORRECTION. D=DELETION. T=TERMINATED.
AST TRANSACTION	001	X		299	PR* - PROGRAMMER REF..
PARTICIPATING NON-PARTICIPATING	001	9		300	PART- 1 = MEDICARE. 2 = MEDICAID. 3 = BOTH. 0 = NEITHER.

HCFA RECORD SPECIFICATION

39

FILE NAME FH0749	SPEC NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME  
INDEPENDANT LABORATORY RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
FACILITY GROUP	001	9		301	FACG- 1=HOSPITAL. 2=LONG TERM CARE. 3=HOME HEALTH AGENCY. 4=PHYSICAL THERAPY. 5=IND. LAB. 6=X-RAY. 7=ESRD. 8=RURAL HEALTH CLINIC
REGION	002	9		302-303	REG.- 01=BOSTON. 02=NEW YORK. 03=PHILADELPHIA. 04=ATLANTA. 05=CHICAGO. 06=DALLAS. 07=KANSAS CITY. 08=DENVER. 09=SAN FRANCISCO. 10=SEATTLE.
SMSA	003	X		304-306	PRO5- SEE SMSA CODE BOOK.
SMSA SIZE	001	X		307	PR* - PROGRAMMER REF.
ELEGIBILITY	001	X		308	PR* - PROGRAMMER REF.
CHOW MO	001	X		309	CHOW- A - L = JAN - DEC.
RUNDATE OF ACCRETION	006	9		310-315	DATE- PROGRAM GEN. DATE YYMMDD.
RUN DATE OF LAST ACTION	006	9		316-321	DATE- PROGRAM GEN. DATE YYMMDD.
CHANGE OF OWNERSHIP COUNT	002	9		322-323	NUM.- PROGRAM GEN. ALL NUMERIC.
RESURVEY COUNT	002	9		324-325	NUM.- PROGRAM GEN. ALL NUMERIC.
ERROR COUNT	002	9		326-327	NUM.- PROGRAM GEN. ALL NUMERIC.
OLD CERT. DATE	006	9		328-333	DATE- PROGRAM GEN. DATE YYMMDD.
PARENT ORG INDICATOR	001	X		334	PRO7- 0=PARENT ORG. 1=SUBSIDIARY.



## HCFA RECORD SPECIFICATION

40

FILE NAME PH0749	SPEC. NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME  
INDEPENDANT LABORATORY RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
					BLANK=NO AFFILIATION.
CHOW DATE (PRIOR OWNER)	006	9		335-340	DATE- PROGRAM GEN. DATE YYMMDD.
TERM DATE (PRIOR OWNER)	006	9		341-346	DATE- PROGRAM GEN. DATE YYMMDD.
REASON FOR CHANGE	001	X		347	PR* - PROGRAMMER REF.
ELEGIBILITY	001	X		348	PR* - PROGRAMMER REF.
SOURCE REGION	002	9		349-350	REG.- 01=BOSTON. 02=NEW YORK. 03=PHILADELPHIA. 04=ATLANTA. 05=CHICAGO. 06=DALLAS. 07=KANSAS CITY. 08=DENVER. 09=SAN FRANCISCO. 10=SEATTLE.
BLANK	001	X		351	PR* - PROGRAMMER REF.
SRF SURVEY DATE	006	9		352-357	L34 -YYMMDD.
MEDICAID STATE VENDOR NUMBER	012	X		358-369	L2 -VENDOR NUM MEDICAID ID. NUM.
HSA CODE	005	X		370-374	PR6 - SEE HSA CODE BOOK.
BLANKS	003	X		375-377	** -NO DISCRIPTION.
BLANKS	003	X		378-380	** -NO DISCRIPTION.
CLIA ID. NUMBER	006	X		381-386	E2 -CLIA ID. NO.
NO. DIRECTOR	005	X		387-391	E7 -FIVE FIELDS EACH ONE DIGIT. 1-PATHOLOGIST AP/CP 2-PHYSICIAN BOARD. 3-DENTIST (ORAL PATH). 4-DOCTORAL DEGREE. 5-GRANDFATHER.
NO GENERAL SUPRS	005	X		392-396	E8 -FIVE FIELDS EACH ONE DIGIT.

HCFA RECORD SPECIFICATION

41

FILE NAME PH0749	SPEC. NUMBER HH01-02-002-I (REFL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME  
INDEPENDANT LABORATORY RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
NO. TECH. SUPERS	013	9		397-409	E9 -THIRTEEN FIELDS EACH ONE DIGIT. 1-PHYSICIAN/DOCTORAL. 2-MASTERS DEGREE. 3-CLT + 6 YRS EXPER. 4-CYTOTECHNOLOGY SUPRV 5-GRANDFATHER.
SERVICES PROVIDED	029	X		410-438	E14 -29 FIELDS (ALSO LB6) 1 IN POS = CERTIFIED 0 IN POS = NOT CERTIFIED 1-100 MICROBIOLOGY. 2-110 BACTERIOLOGY. 3-120 MICROBIOLOGY. 4-130 PARASITOLOGY. 5-140 VIROLOGY. 6-150 OTHER. 7-200 SEROLOGY. 8-210 SYPHILIS. 9-220 OTHER. 10-300 CHEMISTRY. 11-310 ROUTINE. 12-320 CLONICAL MICROS 13-330 OTHER. 14-400 HEMATOLOGY. 15-500 IMMUNOHEMATOLOGY 16-510 BLOD GR. + RH T 17-520 RH TITERS. 18-530 CROSS MATCHING. 19-540 OTHER. 20-600 PATHOLOGY. 21-610 TISSUE. 22-620 ORAL. 23-630 DIAGNOSTIC PATH

**HCFA RECORD SPECIFICATION**

42

<b>FILE NAME</b> PH0749	<b>SPEC NUMBER</b> HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	<b>DATE</b> 01/29/82
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**RECORD NAME**  
INDEPENDANT LABORATORY RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
					24-700 PHYSIOLOGICAL T 25-710 EKG SERVICES. 26-800 RADIOBIOASSAY. 27-010 HISTOCOMPATIBIL 28-29 BLANKS.
NO. TECHNOLOGISTS OCCURS 6 TIMES.	012	9		439-450	E10 -SIX FIELDS EACH TWO DIGITS. 1-B.S./M.T. 2-3 COLLEGE + 1 TRAINI 3-B.S./B.A.. 4-90 CREDITS + 1 YR TR 5-GRANDFATHER. 6-PES EXAMINATION.
CYTOTECHNOLOGISTS OCCURS 3 TIMES.	006	9		451-456	E11 -THREE FIELDS EACH TWO DIGITS. 1-TWO YRS COLLEGE. 2-H.S. + 6 MTHS TRAINI 3-PES EXAMINATION.
NO. TECHNICIANS OCCURS 6 TIMES.	012	9		457-468	E12 -SIX FIELDS EACH TWO DIGITS. 1-SIXTY CREDITS. 2-H.S. + 1 YR TRAINING 3-H.S. + 2 YRS EXPER. 4-MILITARY. 5-GRANDFATHER. 6-PES EXAMINATION.
TRAINEES	002	9		469-470	E13 -H.S. (FULL TIME EQUIV.
SPECIALTIES ADDED OCCURS 5 TIMES.	015	9		471-485	E296-FROM 1 TO 5 THREE DIGIT SERVICE CODES TAKEN FROM E14.
DATE SPECIALTY ADD	006	9		486-491	E298-DATE YYMMDD.
SPECIALTY DELETED OCCURS 5 TIMES.	015	9		492-506	E297-FROM 1 TO 5 THREE DIGIT SERVICE CODES TAKEN FROM E14.
DATE SPECIALTY DLT	006	9		507-512	E299-DATE YYMMDD.
BLANKS	004	X		513-516	** -NO DISCRIPTION.
BLANKS	150	X		517-666	** -NO DISCRIPTION.

## HCFA RECORD SPECIFICATION

43

FILE NAME 40749	SPEC. NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME: **PORTABLE X-RAY RECORD**

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
RECORD TYPE	001	X		001	RECD- P = POS. R = SURVEY. S = LIFE SAFTEY CODE
PROVIDER NUMBER	006	X		002-007	L1 -SIX DIGIT NUM. IDENTIFYING FACILITY. POS 1-2 STATE CODE. POS 3-6 PROV NUM WITHIN STATE. POS 3-4 PROV SERIES WITHIN NUM. POS 5-6 ALWAYS NUMERIC
INTERMEDIARY NO.	005	X		008-012	L31 -FIVE DIGIT NUM. POS 1-2=CONT. INTER. POS 3-4=STATE OF POS 5-6=OFF. IN STATE.
EFFECTIVE DATE OF PARTICIPATION	006		9	013-018	L24 -YYMMDD.
DATE OF CHOW	006		9	019-024	L9 -YYMMDD
SURVEROR DATE	006		9	025-030	L19 -YYMMDD.
STATE SURVEY AGY APPROVAL DATE	006		9	031-036	L20 -YYMMDD.
TERMINATION DATE	006		9	037-042	L28 -YYMMDD.
DETERMINATION APPROVED DATE	006		9	043-048	L33 -YYMMDD.
HSGB/RO RECEIPT DATE	006		9	049-054	L32 -YYMMDD.
CATEGORY	002		9	055-056	L7 -01=GEN. HOSP. 02=PSYCH. HOSP. 03=TB. HOSP. 04=SNF. 05=HHA. 06=IND. LAB. 07=PORT. X-RAY. 08=OUTPATIENT PT/SP. 09=ESRD. 10=ICF. 11=ICF/MR. 12=RHC.

### HCFA RECORD SPECIFICATION

44

FILE NAME PH0749	SPEC. NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME  
**PORTABLE X-RAY RECORD**

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
TYPE OF ACTION	001	9		057	13=PTIP. L8 -1=INITIAL. 2=RECERTIFICATION. 3=RECONSIDERATION. 4=CHOW.
ELEGIBILITY DETERMINATION	001	9		058	L21 -1=ELIGIBLE. 2=NOT ELIGIBLE.
TITLE VI COMPLIANCE	001	X		059	L22 -1=YES BLANK = NO INFO.
STATEMENT OF FINANCIAL SOLVENCY	001	X		060	L23 -1=IN ACCORD. WITH 42 CFR405.603. 2=DISCLOSURE OF INTEREST OWNERSHIP INFORMATION.
REASON FOR TERMINATION CODE	001	9		061	L30 -1=CLOSURE/MERGER. 2=VOLUNTARY WITHDRAWAL. 3=INVOLUNTARY TERM. 7=FAILURE TO MEET AGREEMENT. 8=NON-PART STATUS CHANGE. 9=LTC STATUS CHANGE.
NOT IN COMPLIANCE	002	X		062-063	L15 -A1=MEETS EMERGENCY SERVICES DEF. A2=DOES NOT MEET ABOVE B1=MEETS 1861 (E)(1) B2 DOES NOT MEET ABOVE C1=MEETS 1861 (I)(1) C2=DOES NOT MEET ABOVE
STATUS OF COMP. WITH PROGRAM REQ.	010	X		064-073	L12 -A=IN COMPLIANCE IF A IN POS 1 POS 2-9 MAY BE: 1=ACCEPTABLE F.O.C. 2=42 CFR 405.1910 ACCESS PROVISION. 3=24 HOUR RN. 4=7 DAY RN RURAL SNF. 5=LIFE SAFETY CODE. 7=MED. DIRECTOR. 8=PAT. ROOM SIZE.

HCFA RECORD SPECIFICATION

45

FILE NAME BH0749	SPEC NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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ORD NAME PORTABLE X-RAY RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
					9=BEDS PER ROOM. IF B IN POS 2: NOT IN COMP. IF C IN POS 2: DATE YYMMDD IS IN POS 4-9. IF 1 IN LAST POS: L26 INVOKED. IF 2 IN LAST POS: L26 RESCINDED. B=NOT IN COMPLIANCE. C=DEFERED APPROVAL. D=LTC CANCELTION.
BLANKS	001	X		074	** -NO DISCRIPTION.
BEDS CERTIFIED	005	9		075-079	L17 -NUMERIC COUNT.
BLANK FIELD	001	X		080	** -NO DISCRIPTION.
BEDS TOTAL	005	9		081-085	L18 -NUMERIC COUNT.
NAME OF FACILITY	038	X		086-123	L3 -NAME OF FACILITY.
STREET ADDRESS	038	X		124-161	L4 -STREET ADDRESS.
CITY AND STATE	033	X		162-194	L5 -CITY STATE.
ZIP CODE	005	9		195-199	L6 -ZIP CODE.
ORBIT CODE	001	X		200	PR* - PROGRAMMER REF.
TYPE OF FACILITY	002	9		201-202	PR* - PROGRAMMER REF.
TYPE OF CONTROL	002	X		203-204	S14 -1=INDIVIDUAL. 2=PARTNERSHIP. 3=CORPORATION. 4=OTHER THAN PRIVATE.
STATE	002	9		205-206	S2 -STATE/COUNTY.
COUNTY	003	X		207-209	SF14- NUMERIC.
STATE-REGION	003	X		210-212	S3 -STATE REGION.
OVER1	001	X		213	SF11- NUMERIC.

HCFA RECORD SPECIFICATION

46

FILE NAME FH0749	SPEC NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME  
PORTABLE X-RAY RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
OVER2	001	X		214	SF12- NUMERIC.
OVER3	001	X		215	SF13- NUMERIC.
PSRO CODE	004	X		216-219	FR8 - SEE PSRO CODE BOOK.
RECORD SIZE	003	9		220-222	PG - PROGRAM GENERATED.
AUTHORIZED OFFICIAL DATE	006	9		223-228	S20 -YYMMDD.
TELEPHONE NO.	010	9		229-238	S6 - NUMERIC
FISCAL YEAR ENDING DATE	004	9		239-242	L35 -YYMMDD.
POS COMMON	026	X		243-268	** -NO DISCRIPTION.
PREVIOUS INTER. NUMBER 1.	005	X		269-273	SF01- PRIOR TO L31.
PREVIOUS INTER. NUMBER 2.	005	X		274-278	SF02- PRIOR TO SF01.
INTER CHG DATE	006	9		279-284	PG - PROGRAM GENERATED.
INTER. TYPE	001	X		285	PG - PROGRAM GENERATED.
RELATED PROV NO.	006	X		286-291	SF20- PROVIDER NO. OF PARENT ORG.
X-REF PROV NO OF CHGD FACILITY	006	X		292-297	SF03- PRIOR TO L1.
STATUS CODE	001	X		298	SF04- A=ACCRETION. C=CORRECTION. D=DELETION. T=TERMINATED.
LAST TRANSACTION	001	X		299	PR* - PROGRAMMER REF.
PARTICIPATING NON-PARTICIPATING	001	9		300	PART- 1 = MEDICARE. 2 = MEDICAID. 3 = BOTH. 0 = NEITHER.
FACILITY GROUP	001	9		301	FACG- 1=HOSPITAL. 2=LONG TERM CARE.

HCFA RECORD SPECIFICATION

47

FILE NAME  
FH0749

SPEC. NUMBER  
HH01-02-002-I

DATE  
01/29/82

(REPL HH01-02-001-I DATED 06/02/81)

CORD NAME

PORTABLE X-RAY RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
REGION	002	9		302-303	REG. - 01=BOSTON. 02=NEW YORK. 03=PHILADELPHIA. 04=ATLANTA. 05=CHICAGO. 06=DALLAS. 07=KANSAS CITY. 08=DENVER. 09=SAN FRANCISCO. 10=SEATTLE.
SMSA	003	X		304-306	PR05- SEE SMSA CODE BOOK.
MSA SIZE	001	X		307	PR* - PROGRAMMER REF.
ELEGIBILITY	001	X		308	PR* - PROGRAMMER REF.
CHOW MO	001	X		309	CHOW- A - L = JAN - DEC.
RUNDATE OF ACCRETION	006	9		310-315	DATE- PROGRAM GEN. DATE YYMMDD.
RUN DATE OF LAST ACTION	006	9		316-321	DATE- PROGRAM GEN. DATE YYMMDD.
CHANGE OF OWNERSHIP COUNT	002	9		322-323	NUM. - PROGRAM GEN. ALL NUMERIC.
RESURVEY COUNT	002	9		324-325	NUM. - PROGRAM GEN. ALL NUMERIC.
ERROR COUNT	002	9		326-327	NUM. - PROGRAM GEN. ALL NUMERIC.
OLD CERT. DATE	006	9		328-333	DATE- PROGRAM GEN. DATE YYMMDD.
PARENT ORG INDICATOR	001	X		334	PR07- 0=PARENT ORG. 1=SUBSIDIARY. BLANK=NO AFFILIATION.



# HCFA RECORD SPECIFICATION

48

FILE NAME FH0749	SPEC. NUMBER HH01-02-002-I (REFL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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CORD NAME  
**PORTABLE X-RAY RECORD**

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TR	SZ		
CHOW DATE (PRIOR OWNER)	006	9		335-340	DATE- PROGRAM GEN. DATE YYMMDD.
TERM DATE (PRIOR OWNER)	006	9		341-346	DATE- PROGRAM GEN. DATE YYMMDD.
REASON FOR CHANGE	001	X		347	PR* - PROGRAMMER REF.
ELEGIBILITY	001	X		348	PR* - PROGRAMMER REF.
SOURCE REGION	002	9		349-350	REG.- 01=BOSTON. 02=NEW YORK. 03=PHILADELPHIA. 04=ATLANTA. 05=CHICAGO. 06=DALLAS. 07=KANSAS CITY. 08=DENVER. 09=SAN FRANCISCO. 10=SEATTLE.
BLANK	001	X		351	PR* - PROGRAMMER REF.
SRF SURVEY DATE	006	9		352-357	L34 -YYMMDD.
MEDICAID STATE VENDOR NUMBER	012	X		358-369	L2 -VENDOR NUM MEDICAID ID. NUM.
HSA CODE	005	X		370-374	PR6 - SEE HSA CODE BOOK.
BLANKS	003	X		375-377	** -NO DISCRIPTION.
BLANKS	003	X		378-380	** -NO DISCRIPTION.
QUAL	001	X		381	S7 -1=PHYSICIAN. 2=PH.D/SC.D. 3=M.S/M.A. 4=B.S/B.A. 5=OTHER.
BS/BA RADIOLOGIC TECHNICIAN. (DECIMAL ASSUMED).	006	9		382-387	S15 -NUMERIC COUNT.
SSOC. DEGREE RADIOLOGIC TECH. (DECIMAL ASSUMED).	006	9		388-393	S16 -NUMERIC COUNT.

HCFA RECORD SPECIFICATION

49

FILE NAME PH0749	SPEC. NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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CORD NAME

PORTABLE X-RAY RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
GRADUATE OF 24 MO RADIOLOGIC TECH. (DECIMAL ASSUMED).	006	9		394-399	S17 -NUMERIC COUNT.
ALL OTHER TECH. (DECIMAL ASSUMED).	006	9		400-405	S18 -NUMERIC COUNT.
BLANKS	027	X		406-432	** -NO DISCRPTION.
BLANKS	234			433-666	** -NO DISCRPTION.

HCFA RECORD SPECIFICATION

50

FILE NAME PH0749	SPEC. NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RD NAME  
END STAGE RENAL DISEASE

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
RECORD TYPE	001	X		001	RECD- P = POS. R = SURVEY. S = LIFE SAFTEY CODE.
PROVIDER NUMBER	006	X		002-007	LC1 -MEDICARE ESRD NO.
INTERMEDIARY NO.	005	X		008-012	LC7 -INTERMEDIARY NO.
EFFECTIVE DATE OF PARTICIPATION	006	9		013-018	LC25-DATE YYMMDD.
DATE OF CHOW	006	9		019-024	LC9 -DATE YYMMDD.
SURVEROR DATE	006	9		025-030	LC16-DATE YYMMDD.
STATE SURVEY AGY APPROVAL DATE	006	9		031-036	LC17-DATE YYMMDD.
TERMINATION DATE	006	9		037-042	LC26-DATE YYMMDD.
TERMINATION APPROVED DATE	006	9		-043-048	LC28-DATE YYMMDD.
HSQB/RO RECEIPT DATE	006	9		049-054	MA5 -DATE YYMMDD.
CATEGORY	002	9		055-056	L7 -01=GEN. HOSP. 02=PSYCH. HOSP. 03=TB. HOSP. 04=SNF. 05=HHA. 06=IND. LAB. 07=PORT. X-RAY. 08=OUTPATIENT PT/SP. 09=ESRD. 10=ICF. 11=ICF/MR. 12=RHC. 13=PTIP.
TYPE OF ACTION	001	9		057	LC10-1=INITIAL. 2=RECERTIFICATION. 3=RECONSIDERATION. 4=CHANGE OF OWNERSHIP.
ELEGIBILITY DETERMINATION	001	9		058	L21 -1=ELIGIBLE. 2=NOT ELIGIBLE.

HCFA RECORD SPECIFICATION

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FILE NAME  
PH0749

SPEC NUMBER  
HH01-02-002-I  
(REPL HH01-02-001-I DATED 06/02/81)

DATE  
01/29/82

RE DNAME  
END STAGE RENAL DESEASE

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
TITLE VI COMPLIANCE	001	X		059	L22 -1=YES BLANK = NO INFO.
STATEMENT OF FINANCIAL SOLVENCY	001	X		060	L23 -1=IN ACCORD. WITH 42 CFR405.603. 2=DISCLOSURE OF INTEREST OWNERSHIP INFORMATION.
REASON FOR TERMINATION CODE	001	9		061	LC27-TERMINATION CODE.
NOT IN COMPLIANCE	002	X		062-063	L15 -A1=MEETS EMERGENCY SERVICES DEF. A2=DOES NOT MEET ABOVE B1=MEETS 1861 (E)(1) B2 DOES NOT MEET ABOVE C1=MEETS 1861 (I)(1) C2=DOES NOT MEET ABOVE
STATUS OF COMP. WITH PROGRAM REQ.	010	X		064-073	L12 -A=IN COMPLIANCE IF A IN POS 1 POS 2-9 MAY BE: 1=ACCEPTABLE P.O.C. 2=42 CFR 405.1910 ACCESS PROVISION. 3=24 HOUR RN. 4=7 DAY RN RURAL SNF. 5=LIFE SAFETY CODE. 7=MED. DIRECTOR. 8=PAT. ROOM SIZE. 9=BEDS PER ROOM. IF B IN POS 2: NOT IN COMP. IF C IN POS 2: DATE YYMMDD IS IN POS 4-9. IF 1 IN LAST POS: L26 INVOKED. IF 2 IN LAST POS: L26 RESCINDED. B=NOT IN COMPLIANCE. C=DEFERED APPROVAL. D=LTC CANCELTION.
BLANKS	001	X		074	** -NO DISCRIPTION.

HCFA RECORD SPECIFICATION

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FILE NAME PH0729	SPEC. NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME  
END STAGE RENAL DISEASE

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
APPROVED STATIONS	005	9		075-079	LC19A TOTAL.
BLANK FIELD	001	X		080	** -NO DISCRPTION.
BEDS TOTAL	005	9		081-085	L18 -NUMERIC COUNT.
NAME OF FACILITY	038	X		086-123	LC3 -FACILITY NAME.
STREET ADDRESS	038	X		124-161	LC4 -STREET ADDRESS.
CITY AND STATE	038	X		162-194	LC5 -CITY COUNTY STATE.
ZIP CODE	005	9		195-199	LC6 -ZIP CODE.
ORBIT CODE	001	X		200	PR* - PROGRAMMER REF.
TYPE OF FACILITY	002	9		201-202	MA20-NO DISCRPTION.
TYPE OF CONTROL	002	X		203-204	MA18-01=INDIVIDUAL FOR PROFIT. 02=PARTNER -IP FOR PROFIT. 03=CORPORATION FOR PROFIT. 04=OTHER FOR PROFIT. 05=INDIVIDUAL NOT FOR PROFIT. 06=PARTNERSHIP NOT FOR PROFIT. 07=CORPORATION NOT FOR PROFIT. 08=OTHER NOT FOR PROFIT. 09=GOVT NON-FED STATE. 10=GOVT NON-FED COUNTY 11=GOVT NON-FED CITY. 12=GOVT NON-FED CITY-COUNTY. 13=GOVT NON-FED HOSP. DISTRICT/AUTHORITY. 14=GOVT NON-FED OTHER 15=GOVT FED. VET. ADM 16=GOVT FED. PHS HOSP 17=GOVT FED. MILITARY 18=GOVT FED. OTHER.

HCFA RECORD SPECIFICATION

53

FILE NAME PH0749	SPEC. NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME END STAGE RENAL DISEASE

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
STATE	002	9		205-206	MA7 -NUMERIC.
COUNTY	003	X		207-209	SF14- NUMERIC.
STATE-REGION	003	X		210-212	MA6 -ALPHA-NUMERIC.
OVER1	001	X		213	SF11- NUMERIC.
OVER2	001	X		214	SF12- NUMERIC.
OVER3	001	X		215	SF13- NUMERIC.
PSRO CODE	004	X		216-219	PR8 - SEE PSRO CODE BOOK.
RECORD SIZE	003	9		220-222	PG - PROGRAM GENERATED.
AUTHORIZED OFFICIAL DATE	006	9		223-228	MA19-FATE YYMMDD.
TELEPHONE NO.	010	9		229-238	MA11-NUMERIC.
FISCAL YEAR ENDING DATE	004	9		239-242	MA12-DATE YYMMDD.
POS COMMON	026	X		243-268	** -NO DISCRIPTION.
PREVIOUS INTER. NUMBER 1.	005	X		269-273	SF01- PRIOR TO L31.
PREVIOUS INTER. NUMBER 2.	005	X		274-278	SF02- PRIOR TO SF01.
INTER CHG DATE	006	9		279-284	PG - PROGRAM GENERATED.
INTER. TYPE	001	X		285	PG - PROGRAM GENERATED.
RELATED PROV NO.	006	X		286-291	LC2 -MEDICARE HOSP. NO.
X-REF PROV NO OF CHGD FACILITY	006	X		292-297	SF03- PRIOR TO L1.
STATUS CODE	001	X		298	SF04- A=ACCRETION. C=CORRECTION. D=DELETION. T=TERMINATED.
LAST TRANSACTION	001	X		299	PR* - PROGRAMMER REF.

HCFA RECORD SPECIFICATION

54

FILE NAME FH0749	SPEC NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME  
END STAGE RENAL DESEASE

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
PARTICIPATING NON-PARTICIPATING	001	9		300	PART- 1 = MEDICARE. 2 = MEDICAID. 3 = BOTH. 0 = NEITHER.
FACILITY GROUP	001	9		301	FACG- 1=HOSPITAL. 2=LONG TERM CARE. 3=HOME HEALTH AGENCY. 4=PHYSICAL THERAPY. 5=IND. LAB. 6=X-RAY. 7=ESRD. 8=RURAL HEALTH CLINIC
REGION	002	9		302-303	REG. - 01=BOSTON. 02=NEW YORK. 03=PHILADELPHIA. 04=ATLANTA. 05=CHICAGO. 06=DALLAS. 07=KANSAS CITY. 08=DENVER. 09=SAN FRANCISCO. 10=SEATTLE.
SMSA	003	X		304-306	PR05- SEE SMSA CODE BOOK.
SMSA SIZE	001	X		307	PR* - PROGRAMMER REF.
ELEGIBILITY	001	X		308	P23 -1=MEDICARE. 2=MEDICAID. 3=BOTH.
CHOW MO	001	X		309	CHOW- A - L = JAN - DEC.
RUNDATE OF ACCRETION	006	9		310-315	DATE- PROGRAM GEN. DATE YYMMDD.
RUN DATE OF LAST ACTION	006	9		316-321	DATE- PROGRAM GEN. DATE YYMMDD.
CHANGE OF OWNERSHIP COUNT	002	9		322-323	NUM. - PROGRAM GEN. ALL NUMERIC.
RESURVEY COUNT	002	9		324-325	NUM. - PROGRAM GEN. ALL NUMERIC.
ERROR COUNT	002	9		326-327	NUM. - PROGRAM GEN.

HCFA RECORD SPECIFICATION

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FILE NAME PH0749	SPEC NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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R JRD NAME  
END STAGE RENAL DESEASE

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
OLD CERT. DATE	006	9		328-333	ALL NUMERIC. DATE- PROGRAM GEN. DATE YYMMDD.
PARENT ORG INDICATOR	001	X		334	PR07- 0=PARENT ORG. 1=SUBSIDIARY. BLANK=NO AFFILIATION.
CHOW DATE (PRIOR OWNER)	006	9		335-340	DATE- PROGRAM GEN. DATE YYMMDD.
TERM DATE (PRIOR OWNER)	006	9		341-346	DATE- PROGRAM GEN. DATE YYMMDD.
REASON FOR CHANGE	001	X		347	PR* - PROGRAMMER REF.
ELEGIBILITY	001	X		348	PR* - PROGRAMMER REF.
SOURCE REGION	002	9		349-350	REG. - 01=BOSTON. 02=NEW YORK. 03=PHILADELPHIA. 04=ATLANTA. 05=CHICAGO. 06=DALLAS. 07=KANSAS CITY. 08=DENVER. 09=SAN FRANCISCO. 10=SEATTLE.
BLANK	001	X		351	PR* - PROGRAMMER REF.
SRF SURVEY DATE	006	9		352-357	L34 -YYMMDD.
MEDICAID STATE VENDOR NUMBER	012	X		358-369	L2 -VENDOR NUM MEDICAID ID. NUM.
HSA CODE	005	X		370-374	PR6 - SEE HSA CODE BOOK.
BLANKS	003	X		375-377	** -NO DISCRIPTION.
BLANKS	005	X		378-382	** -NO DISCRIPTION.
TOTAL APPROVED STATIONS.	003	X		383-385	L19A-NO DISCRIPTION.
HEMODIALYSIS STATIONS.	003	9		386-388	L19B-NO DISCRIPTION.



HCFA RECORD SPECIFICATION

56

FILE NAME  
PH0749

SPEC NUMBER  
HH01-02-002-I  
(REPL HH01-02-001-I DATED 06/02/81)

DATE  
01/29/82

RECORD NAME  
END STAGE RENAL DESEASE

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
PERITONEAL STATIONS Z.	003	9		389-391	L19C-NO DISCRIPTION.
NETWORK	002	X		392-393	LCS -NETWORK NO.
ACT	001	X		394	LC11-1=ADVANCE APPROVAL. 2=EXPANSION. 3=REDUCTION. 4=VOL. WITHDRAWAL. 5=CHANGE OF LOCATION. 6=INFO ONLY. 7=RECERT (EXPANSION.) 8=RECERT (REDUCTION). 9=RECERT (CHANGE OF LOCATION).
TRAN	001	X		395	LC12-A=ELIGIBLE TO SUPPLY. B=ELIGIBILITY BASED ON PLAN OF CORRECTION. C=ELIGIBILITY BASED ON CFR 405.2102(R)(5) D=HISTOCOMPATIBILITY LAB. ARRANGEMENTS CFR 405.217(D). E=NOT ELIGIBLE TO SUPPLY SERVICES.
ASSIS	001	X		396	LC13-SAME AS LC12.
SELFD	001	X		397	LC14-SAME AS LC12.
	004	X		398-401	SF34- RESERVED.
PATIENT DIALYSIS TRAINING.	001	X		402	LC15-SAME AS LC12.
FINDINGS ON COMP ABCDEFG.	007	X		403-409	LC18-(A)-MUR TRANSPLANT CFR 405.2130(A): 1+CONDITIONAL. 2=UNCONDITIONAL. 3=EXCEPTION. 5=NOT MET. (B)-MUR DIALYSIS CFR 405.2130(B): SAME AS (A). (C)-MUR DIALYSIS CFR 405.2130(C): SAME AS (A).

HCFA RECORD SPECIFICATION

57

FILE NAME FH0749	SPEC. NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME  
END STAGE RENAL DISEASE

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
					(D)-PROVIDER STATUS CFR 405.2131: 4=MET. 5=NOT MET. (E)-FULLFILLS SERVICE NEEDS IN NETWORK CFR 405.2132: SAME AS (D). (F)-FURNISHING DATA CFR 405.2133: SAME AS (D). (G)-MEMBERSHIP IN NETWORK CFR 405.2134: SAME AS (D).
CODE-DATE RENAL TRANSPLANT CENTER.	007	X		410-416	LC20-POS 1 CAN CONTAIN: A=ELIGIBLE B=NOT ELIGIBLE. C=VOL. WITHDRAWAL. D=TERMINATION. REMAINING 6 POS ARE DATE YYMMDD.
CODE-DATE RENAL DIALYSIS CENTER.	007	X		417-423	LC21-SAME AS LC20.
CODE-RENAL DIALYSIS FACILITY.	007	X		424-430	LC22-SAME AS LC20.
CODE-RENAL SELF DIALYSIS.	007	X		431-437	LC23-SAME AS LC20.
CODE-DATE PATIENT DIALYSIS TRAINING.	007	X		438-444	LC24-SAME AS LC20.
DATE STATE AGENCY RECEIPT.	006	9		445-450	MA4 -DATE YYMMDD.
PARENT ORG. NUMBER	008	X		451-458	MA13-ALPHA-NUMERIC.
ADM	001	X		459	MA15-1=HOSP. ADMIN. HOSP. LOCATED.. 2=HOSP. ADMIN. NON-HOSP. LOCATED. 3=NON-HOSP. ADMIN. HOSP. LOCATED. 4=NON-HOSP. ADMIN.

HCFA RECORD SPECIFICATION

58

FILE NAME  
PH0749

SPEC. NUMBER  
HH01-02-002-I  
(REFL HH01-02-001-I DATED 06/02/81)

DATE  
01/29/82

RECORD NAME  
END STAGE RENAL DISEASE

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
EXP	001	X		460	NON-HOSP. LOCATED. MA16-1=INITIAL. 2=EXPANSION. 3=CHQW. 4=CHANGE OF LOCATION.
AFFILIATION	001	X		461	MA21-NO DISCRIPTION.
NAME OF CHIEF ADMIN. OFFICER.	026	X		462-487	MA14-ALPHA.
BLANKS	005	X		488-492	** -NO DISCRIPTION.
BLANKS	174	X		493-666	** -NO DISCRIPTION.

HCFA RECORD SPECIFICATION

59

FILE NAME PH0749	SPEC. NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME  
RURAL HEALTH CLINIC RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
RECORD TYPE	001	X		001	RECD- P = POS. R = SURVEY. S = LIFE SAFTEY CODE
PROVIDER NUMBER	006	X		002-007	L1 -SIX DIGIT NUM. IDENTIFYING FACILITY. POS 1-2 STATE CODE. POS 3-6 PROV NUM WITHIN STATE. POS 3-4 PROV SERIES WITHIN NUM. POS 5-6 ALWAYS NUMERIC
INTERMEDIARY NO.	005	X		008-012	L31 -FIVE DIGIT NUM. POS 1-2=CONT. INTER. POS 3-4=STATE OF POS 5-6=OFF. IN STATE.
EFFECTIVE DATE OF PARTICIPATION	006	9		013-018	L24 -YYMMDD.
DATE OF CHOW	006	9		019-024	L9 -YYMMDD
SURVEROR DATE	006	9		025-030	L19 -YYMMDD.
STATE SURVEY AGY APPROVAL DATE	006	9		031-036	L20 -YYMMDD.
TERMINATION DATE	006	9		037-042	L28 -YYMMDD.
DETERMINATION APPROVED DATE	006	9		043-048	L33 -YYMMDD.
HSQE/RO RECEIPT DATE	006	9		049-054	L32 -YYMMDD.
CATEGORY	002	9		055-056	L7 -01=GEN. HOSP. 02=PSYCH. HOSP. 03=TB. HOSP. 04=SNF. 05=HHA. 06=IND. LAB. 07=PORT. X-RAY. 08=OUTPATIENT PT/SP. 09=ESRD. 10=ICF. 11=ICF/MR. 12=RHC.

HCFA RECORD SPECIFICATION

60

FILE NAME  
PH0749

SPEC. NUMBER  
HH01-02-002-I  
(REFL HH01-02-001-I DATED 06/02/81)

DATE  
01/29/82

RECORD NAME  
RURAL HEALTH CLINIC RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
TYPE OF ACTION	001	9		057	13=FTIP. L8 -1=INITIAL. 2=RECERTIFICATION. 3=RECONSIDERATION. 4=CHOW.
ELEGIBILITY DETERMINATION	001	9		058	L21 -1=ELIGIBLE. 2=NOT ELIGIBLE.
TITLE VI COMPLIANCE	001	X		059	L22 -1=YES BLANK = NO INFO.
STATEMENT OF FINANCIAL SOLVENCY	001	X		060	L23 -1=IN ACCORD. WITH 42 CFR405.603. 2=DISCLOSURE OF INTEREST OWNERSHIP INFORMATION.
REASON FOR TERMINATION CODE	001	9		061	L30 -1=CLOSURE/MERGER. 2=VOLUNTARY WITHDRAWAL 3=INVOLUNTARY TERM. 7=FAILURE TO MEET AGREEMENT. 8=NON-PART STATUS CHANGE. 9=LTC STATUS CHANGE.
NOT IN COMPLIANCE	002	X		062-063	L15 -A1=MEETS EMERGENCY SERVICES DEF. A2=DOES NOT MEET ABOVE B1=MEETS 1861 (E)(1) B2 DOES NOT MEET ABOVE C1=MEETS 1861 (I)(1) C2=DOES NOT MEET ABOVE
STATUS OF COMP. WITH PROGRAM REQ.	010	X		064-073	L12 -A=IN COMPLIANCE IF A IN POS 1 POS 2-9 MAY BE: 1=ACCEPTABLE P.O.C. 2=42 CFR 405.1910 ACCESS PROVISION. 3=24 HOUR RN. 4=7 DAY RN RURAL SNF. 5=LIFE SAFETY CODE. 7=MED. DIRECTOR. 8=PAT. ROOM SIZE.

HCFA RECORD SPECIFICATION

61

FILE NAME PH0749	SPEC. NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RL ORG NAME RURAL HEALTH CLINIC RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
					9=BEDS PER ROOM. IF B IN POS 2: NOT IN COMP. IF C IN POS 2: DATE YYMMDD IS IN POS 4-9. IF 1 IN LAST POS: L26 INVOKED. IF 2 IN LAST POS: L26 RESCINDED. B=NOT IN COMPLIANCE. C=DEFERED APPROVAL. D=LTC CANCELATION.
BLANKS	001	X		074	** -NO DISCRIPTION.
BEDS CERTIFIED	005		9	075-079	L17 -NUMERIC COUNT.
BLANK FIELD	001	X		080	** -NO DISCRIPTION.
BEDS TOTAL	005		9	081-085	L18 -NUMERIC COUNT.
NAME OF FACILITY	038	X		086-123	L3 -NAME OF FACILITY.
STREET ADDRESS	038	X		124-161	L4 -STREET ADDRESS.
CITY AND STATE	033	X		162-194	L5 -CITY STATE.
ZIP CODE	005		9	195-199	L6 -ZIP CODE.
ORBIT CODE	001	X		200	PR* - PROGRAMMER REF.
TYPE OF FACILITY	002		9	201-202	PR* - PROGRAMMER REF.
TYPE OF CONTROL	002	X		203-204	RH10-A1=INDIVIDUAL PROFIT. A2=NON-PROFIT INDIVIDUAL. B1=PROFIT CORP. B2=NON-PROFIT CORP. C1=PROFIT PARTNERSHIP. C2=NON-PROFIT PARTNERSHIP. D3=GOVT. STATE. D4=GOVT. LOCAL. D5=GOVT. FEDERAL.

## HCFA RECORD SPECIFICATION

62

FILE NAME PH0749	SPEC. NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME  
RURAL HEALTH CLINIC RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
STATE	002	9		205-206	PR -NO DISCRIPTION.
COUNTY	003	X		207-209	SF14- NUMERIC.
STATE-REGION	003	X		210-212	RH2 -ALPHA-NUMERIC.
OVER1	001	X		213	SF11- NUMERIC.
OVER2	001	X		214	SF12- NUMERIC.
OVER3	001	X		215	SF13- NUMERIC.
PSRO CODE	004	X		216-219	FR8 - SEE PSRO CODE BOOK.
RECORD SIZE	003	9		220-222	PG - PROGRAM GENERATED.
AUTHORIZED OFFICIAL DATE	006	9		223-228	RH15-DATE YYMMDD.
TELEPHONE NO.	010	9		229-238	RH4 -NUMERIC.
FISCAL YEAR ENDING DATE	004	9		239-242	L35 -YYMMDD.
POS COMMON	026	X		243-268	** -NO DISCRIPTION.
PREVIOUS INTER. NUMBER 1.	005	X		269-273	SF01- PRIOR TO L31.
PREVIOUS INTER. NUMBER 2.	005	X		274-278	SF02- PRIOR TO SF01.
INTER CHG DATE	006	9		279-284	PG - PROGRAM GENERATED.
INTER. TYPE	001	X		285	PG - PROGRAM GENERATED.
RELATED PROV NO.	006	X		286-291	SF20- PROVIDER NO. OF PARENT ORG.
X-REF PROV NO OF CHGD FACILITY	006	X		292-297	SF03- PRIOR TO L1.
STATUS CODE	001	X		298	SF04- A=ACCRETION. C=CORRECTION. D=DELETION. T=TERMINATED.
LAST TRANSACTION	001	X		299	FR* - PROGRAMMER REF

# HCFA RECORD SPECIFICATION

63

FILE NAME PH0749	SPEC NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME: RURAL HEALTH CLINIC RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
PARTICIPATING NON-PARTICIPATING	001	9		300	PART- 1 = MEDICARE. 2 = MEDICAID. 3 = BOTH. 0 = NEITHER.
FACILITY GROUP	001	9		301	FACG- 1=HOSPITAL. 2=LONG TERM CARE. 3=HOME HEALTH AGENCY. 4=PHYSICAL THERAPY. 5=IND. LAB. 6=X-RAY. 7=ESRD. 8=RURAL HEALTH CLINIC
REGION	002	9		302-303	REG.- 01=BOSTON. 02=NEW YORK. 03=PHILADELPHIA. 04=ATLANTA. 05=CHICAGO. 06=DALLAS. 07=KANSAS CITY. 08=DENVER. 09=SAN FRANCISCO. 10=SEATTLE.
SMSA	003	X		304-306	PR05- SEE SMSA CODE BOOK.
SMSA SIZE	001	X		307	PR* - PROGRAMMER REF.
ELEGIBILITY	001	X		308	PR* - PROGRAMMER REF.
CHOW MO	001	X		309	CHOW- A - L = JAN - DEC.
RUNDATE OF ACCRETION	006	9		310-315	DATE- PROGRAM GEN. DATE YYMMDD.
RUN DATE OF LAST ACTION	006	9		316-321	DATE- PROGRAM GEN. DATE YYMMDD.
CHANGE OF OWNERSHIP COUNT	002	9		322-323	NUM.- PROGRAM GEN. ALL NUMERIC.
RESURVEY COUNT	002	9		324-325	NUM.- PROGRAM GEN. ALL NUMERIC.
ERROR COUNT	002	9		326-327	NUM.- PROGRAM GEN. ALL NUMERIC.



HCFA RECORD SPECIFICATION

64

FILE NAME PH0749	SPEC. NUMBER HH01-02-002-I (REFL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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RECORD NAME  
RURAL HEALTH CLINIC RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
OLD CERT. DATE	006	9		328-333	DATE- PROGRAM GEN. DATE YYMMDD.
PARENT ORG INDICATOR	001	X		334	PR07- 0=PARENT ORG. 1=SUBSIDIARY. BLANK=NO AFFILIATION.
CHOW DATE (PRIOR OWNER)	006	9		335-340	DATE- PROGRAM GEN. DATE YYMMDD.
TERM DATE (PRIOR OWNER)	006	9		341-346	DATE- PROGRAM GEN. DATE YYMMDD.
REASON FOR CHANGE	001	X		347	PR* - PROGRAMMER REF.
ELEGIBILITY	001	X		348	PR* - PROGRAMMER REF.
SOURCE REGION	002	9		349-350	REG.- 01=BOSTON. 02=NEW YORK. 03=PHILADELPHIA. 04=ATLANTA. 05=CHICAGO. 06=DALLAS. 07=KANSAS CITY. 08=DENVER. 09=SAN FRANCISCO. 10=SEATTLE.
BLANK	001	X		351	PR* - PROGRAMMER REF.
SRF SURVEY DATE	006	9		352-357	L34 -YYMMDD.
MEDICAID STATE VENDOR NUMBER	012	X		358-369	L2 -VENDOR NUM MEDICAID ID. NUM.
HSA CODE	005	X		370-374	PR6 - SEE HSA CODE BOOK.
BLANKS	003	X		375-377	** -NO DISCRPTION.
BLANKS	003	X		378-380	** -NO DISCRPTION.
PHYSICIAN (DECIMAL ASSUMED)	004	9		381-384	RH6 -NUMERIC COUNT.
NURSE FRACTIONER (DECIMAL ASSUMED)	004	9		385-388	RH7 -NUMERIC COUNT.
PHYSICIAN ASSIST.	004	9		389-392	RH8 -NUMERIC COUNT.

HCFA RECORD SPECIFICATION

65

FILE NAME PH0749	SPEC NUMBER HH01-02-002-I (REPL HH01-02-001-I DATED 06/02/81)	DATE 01/29/82
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ORD NAME  
RURAL HEALTH CLINIC RECORD

FIELD	DEC. SIZE	USAGE		LOCATION	REMARKS
		TP	SZ		
(DECIMAL ASSUMED)					
OTHER (DECIMAL ASSUMED)	004	9		393-396	RH9 -NUMERIC COUNT.
CLINIC SITE	006	9		397-402	RH11-ALPHA-NUMERIC.
FED	001	X		403	RH17-NO DESCRIPTION.
TITLE FED. PROGRAM	026	X		404-429	RH13-ALPHA.
FXT	001	X		430	RH14-*****
BLANKS	002	X		431-432	** -NO DESCRIPTION.
BLANKS	234	X		433-666	** -NO DESCRIPTION.

POF: 4322  
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VSAM RECORD KEY				EFFECT. DATE OF PART. L31	DATE OF CHOW L9	SUR-VEYOR DATE L19	SA APPROV. DATE L20	TERM. DATE L28	P-TERM. REV. DATE L33	HSQ/AD RECEIPT DATE L32	C.A.T. L7	STATUS OF Compl. L12	CERT. BEDS L17	TOTAL BEDS L18	NAME L3
CRG-62	STATE	CLASS	Prov. No.												

2-7X1896										STREET ADDRESS					CITY AND STATE				
OF FACILITY										L4					L5				

ZIP CODE L6	STATE M3	SWR REG CODE M4	SSS L12	PSRO CODE PR3	REC SIZE PG	Author. OFFICIAL M29	TELEPHONE NUMBER M7	FY END DATE L35	DATE L33 ENTERED PG SF24	PREV. INTER NO. 1 SF01	PREV. INTER NO. 2 SF02	INTER. CHG. DATE PG YYMMDD	RELATED PROV. No. SF20 M8	X P N C S

REF. NO. OF NO. FAC F03	STATE PR3	RUN DATE OF ACCRETION PG YYMMDD	RUN DATE OF LAST ACTION PG YYMMDD	OLD CERT. DATE YYMMDD	PRIOR OWNER CHOW DATE PG YYMMDD	TERM DATE PG YYMMDD	SRF SURVEY DATE L34 YYMMDD	MEDICAID/ STATE VENDOR NUMBER L2	FIPS	RESID. PGM AAAA MBOB AAAA M12	CLIA 1 M6-A	CLIA 2 M6-B

CLIA 3 M6-C	CLIA 4 M6-D	CLIA 5 M6-E	EFFECT. DATE ACCRED. M1	EXPIR. DATE ACCRED. M2	SERVICES PROVIDED M14										Z PHYSICIAN M15	Z RN'S M16	Z PHARMA CISTS M17	Z OCCUPATIONAL THERP. M18	Z PHYSICAL THERP. M19				
					1	2	3	4	5	6	7	8	9	10	11	12	13	14					

Z RESIDENTS M20	Z LPN/LVN M21	Z SOCIAL WORKER M22	Z SPEECH THERP. M23	Z PHYSICIAN ASSIST. M24	Z INHALATION THERP. M25	Z DIETITIAN M26	Z CRNA M27	Z ALL OTHERS M28	Z TOTAL STAFF PG	'S' PSYCH EFFECT DATE SF-49 YYMMDD	'S' PSYCH TERM DATE SF-52 YYMMDD	'T' RENAB EFFECT DATE SF50 YYMMDD	'T' RENAB TERM DATE SF54 YYMMDD	'V' BED SF57

TYPE OF HOSPITAL M10	'V' ALCOHOL EFFECT. DATE SF58 YYMMDD	'V' ALCOHOL TERM. DATE SF60 YYMMDD	PPS OLD PROV. NUMBER PG	EMERGENCY SERVICES APPROV. DATE SF09 YYMMDD	DATE OF JCAH SURVEY SF32 YYMMDD	X-REF PROVIDER NUMBER EMERG. FULLY PAID SF19
						HOSPITAL

12/7/86

PROVIDER E NUMBER L1	INTER NO. L3	EFFECTIVE DATE OF PARTICIP TION L24	DATE OF CHOW L9	SURVEYOR DATE L19	STATE SURVEY AGY APP DATE L20	TERM DATE L28	DETERM APP DATE L33	HSQB/RO RECEIPT I DATE	CATE GORY L7	CLINIC L21	TYPE L22	FORM L23	STATUS OF COMPLIANCE WITH PROG REQUIREMENTS L12	BEDS CERTIF IED L17	BEDS TOTAL L18	NAME OF L3
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FACILITY	STREET ADDRESS L4	CITY AND STATE L5	FUTURE 2IP EXPLAN L6	CODE L6
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TP YA PC RL OI FTY	ST ATE	CO UNTY	SR TE AG TY EO N	PSRO CODE PRB	REC SIZ PG	AUTHORIZED OFFICIAL DATE	TELEPHONE NUMBER	FISCAL YR END DATE L35	PMF TRAN SF18	POS COMMON	PREVIOUS INTER. NUMBER 1 SF01	PREVIOUS INTER. NUMBER 2 SF02	INTER CHG DATE PG	RELATED PROVIDER NUMBER SF20	X-REF PROVID NUMBER OF CHG FACILIT SF03
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REG ION P G	SA P S	SE L S	RUN DATE OF ACCRE TION PG	RUN DATE OF LAST ACTION PG	OLD CERT DATE PG	PRIOR OWNER CHOW DATE PG	TERM DATE PG	SRF SURVEY DATE L34	MEDICAID/ STATE VENDOR NO L2	HSA CODE PR6	RESIDENT PROGRAM APPROVAL M51
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Z BEDS TOTAL L18	SERVICES PROVIDED M19															Z PHYSICIAN SALARIED M20	Z RESIDENT M24	Z REGIST- ERED NURSES M27	Z LPH/LVN M28
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SF46	SF49	SF52	SF48	SF50	SF54	SF5	SF54	SF5	HOSP . LTC COMMON	EXPLAN	Z PHARMA- CISTS M40	Z SOCIAL WORKER M41	Z OCCUPA- TIONAL M42	Z SPEECH M43	Z PHYSICAL M44	Z OTHER M54
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Z TOTAL FAC PG	HOSP EXPANSION SF60	EMERGENCY SERVICES APPROVAL DATE SF09	JCAH SURVEY DATE PG	X-REF PROV EMER HOSP FULLY PART	POS RECORD: HOSPITAL DATE: 6/30/81 SIZE: 666 DATE FORMAT= YMMDD BLOCKED: 8 *DUPLICATE FLD TO ALLOW OLD PROG TO ACCESS DATA IN OLD LOCATION WILL BE STORED UNTIL 12/81
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PROVIDER NUMBER L1	INT NC L3	EFFECTIVE DATE OF PARTICIPATION L24	DATE OF CHOW L9	SURVEYOR DATE L19	STATE SURVEY AGY APP DATE L20	TERM DATE L28	DETERM APP DATE L33	HOSP/RO REC DATE	CATEGORY	CLERICAL	REGISTRATION	STATUS OF COMPLIANCE WITH PROG REQUIREMENTS L12	BEDS CERTIFIED L17	BEDS TOTAL L18	NAME OF L3
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FACILITY	STREET ADDRESS L4	CITY AND STATE L5	FUTURE ZIP EXPAN CODE L6	ZIP CODE L6
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STATE	COUNTY	SR AGY	PSRO CODE PRB	REC SIZE PG	AUTHORIZED OFFICIAL DATE N28	TELEPHONE NUMBER N7	FISCAL YEAR END DATE L35	IND. SF 24 PG	DATE L33 ENTERED YYMMDD	PREVIOUS INTER. NUMBER 1 SF01	PREVIOUS INTER. NUMBER 2 SF02	INTER CHO DATE PG	RELATED PROVIDER NUMBER SF20 N8	X-REF PROVIDE NUMBER OF CHG FACILIT SF03
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ACCTION GROUP	SA	MSA	CLIC	RUN DATE OF ACCRE TION PG	RUN DATE OF LAST ACTION PG	PC RO RUN AT PG	OLD CERT DATE PG	PRIOR OWNER CHOW DATE PG	TERM DATE PG	SR SURVEY DATE L34	MEDICAID/ STATE VENDOR NO L2	FIPS	2	2	2
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LTC EXPANSION	SERVICES PROVIDED N16	MEDICAID/ STATE VENDOR NO L2	CROSS REFERENC NUMBER SF69
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ADMISSION SUSPENSION DATE L44	RESOUND SUSPENSION DATE L45	RETAINED ADM SUSPENSION DATE SF67	LTC AGREE- MENT ENDING DATE L25	RETAINED SUSPENSION RESOUND DATE SF69	SNF/ICF AGREE- MENT EXTENS- ION DATE L27	HOSP - LTC COMMON	TOTAL NUMBER OF BEDS L18	TOTAL REGIST ERED NURSES N17B	TOTAL LICENSED PRACTI- CAL NURSES/LN N18B	ICE BEDS L43	ICE BEDS L42	AIDS ORDERLBS N12	DIREC CORE N19
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LTC EXPANSION	Z TOTAL STAFF	Z ALL OTHER	MEDICAID TERM DATE	1A BEDS L37	18/19 BEDS L38	19 ICE BEDS L39	SNF/ICF SWING BEDS L40	AGREE- MENT DATE I.A1	POS RECORDS LONG TERM CARE FACILITIES
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DATE: 886 / DATE FORMAT= YYMMDD  
 SIZE: 886 / A -DECIMAL  
 \*DUPLICATE FLD TO ALLOW OLD PROGRAMS

PROVIDER NUMBER L1	INTER NO. L2	EFFECTIVE DATE OF PARTICIPATION L24	DATE OF CHOW L9	SURVEYOR DATE L19	STATE SURVEY AGY APP DATE L20	TERM DATE L28	DETERM APP DATE L33	HSEQ/RO RECEIPT L DATE	CATEGORY	ACTIVITY	STATUS OF COMPLIANCE WITH PROG REQUIREMENTS L12	MEDS CERTIFIED L17	BEDS TOTAL L18	NAME L3
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FACILITY	STREET ADDRESS L4	CITY AND STATE L5	FUTURE ZIP EXPAN CODE L6	ZIP CODE L6
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TELEPHONE NUMBER N7	PSRO CODE PR8	REC SIZE PG	AUTHORIZED OFFICIAL DATE N28	POS COMMON	PREVIOUS INTER. NUMBER 1 SF01	PREVIOUS INTER. NUMBER 2 SF02	INTER CHG DATE PG	RELATED PROVIDER NUMBER SF20	X-REP PROVIDE NUMBER OF CHG FACILIT SF03
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SRF SURVEY DATE L34	MEDICAID/ STATE VENDOR NO L2	HSA CODE PR6	CERTIFIED REGISTERED NURSES N17A	CERTIFIED LICENSED PRACTICAL NURSES N18A	OLD CERT DATE PG	CHOW DATE PG	TERM DATE PG	PRIOR OWNER	SRF SURVEY DATE L34	MEDICAID/ STATE VENDOR NO L2	HSA CODE PR6	CERTIFIED REGISTERED NURSES N17A	CERTIFIED LICENSED PRACTICAL NURSES N18A
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CERTIFIED TOTAL CERTIFIED STAFF PG	CERTIFIED ALL OTHERS N27A	LTC EXPANSION	SERVICES PROVIDED N16	MEDICAID/ STATE VENDOR NO L2	COMPLETE DATE FOR LIC/MR LSC COM L16
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LTC PERIOD OF CERTIFICATION	LTC CANCELLATION DATE L14	LTC AGREEMENT ENDING DATE L25	LTC CANCELLATION DATE L26	SNF/ICF AGREEMENT EXTENSION DATE L27	HOSP . LTC COMMON	TOTAL NUMBER OF BEDS L18 *	TOTAL REGISTERED NURSES N17B	TOTAL LICENSED PRACTICAL NURSES N18B
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LTC EXPANSION	TOTAL STAFF PG	ALL OTHER N27B	MEDICAID TERM DATE SF23	1R BEDS L37	18/19 BEDS L38	19 BEDS L39	SNF/ICF SWING BEDS L40	AGREEMENT DATE L41	POS RECORD: LONG TERM CARE FACILITIES DATE: 6/30/81 SIZE: 666 DATE FORMAT= YMMDD BLOCKED: 8 * = DECIMAL **DUPLICATE FLD TO ALLOW OLD PROGRA TO ACCESS DATA IN OLD LOCATION WILL BE STORED UNTIL 12/81 3 BEDS BILLED ON INITIALS (LR=1)
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PROVIDER NUMBER L1	INTER NO. 1	EFFECTIVE DATE OF PARTICIPATION L24	DATE OF CHOW L9	SURVEYOR DATE L19	STATE SURVEY AGENCY APP DATE L20	TERM DATE L28	DETERM APP DATE L33	HSD/RD RECEIPT DATE DATE	CATEGORY	ACTIVITY	STATUS OF COMPLIANCE WITH PROG REQUIREMENTS L12	BEDS CERTIFIED L17	BEDS TOTAL L18	NAME OF L3			
005	010	015	020	025	030	035	040	045	050	055	065	070	075	080	085	090	095

FACILITY	STREET ADDRESS L4	CITY AND STATE L5	FUTURE ZIP L6	ZIP CODE L6														
101	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195

TELEPHONE NUMBER P6	FISCAL YFAR END DATE L35 MMDD	POS COMMON	PREVIOUS INTER. NUMBER 1 SF01	PREVIOUS INTER. NUMBER 2 SF02	INTER CHG DATE PG	PARENT ORGAN PROVIDER NUMBER SF20	X-REF PROVIDE NUMBER OF CHG FACILIT SF03									
220	225	230	235	240	245	250	255	260	265	270	275	280	285	290	295	300

OLD CERT DATE PG	PRIOR OWNER CHOW DATE PG	TERM DATE PG	SRF SURVEY DATE L34	MEDICAID/ STATE VENDOR NO L2	HSA CODE PR6	Z REGISTERED NURSES P13	Z LICENSED PRACTICAL NURSES P14	Z PHYSICAL THERAPIST P15						
330	335	340	345	350	355	360	365	370	375	380	385	390	395	400

Z OCCUPATIONAL THERAPIST P16	Z SPEECH PATH OR AUDIOLOGIST P17	Z HEALTH AIDES P18	Z TOTAL STAFF PG	Z ALL OTHERS P20	SERVICES PROVIDED 1 2 3 4 5 6 7 8 9 10 11 12 P12														
405	410	415	420	425	430	435	440	445	450	455	460	465	470	475	480	485	490	495	500

505	510	515	520	525	530	535	540	545	550	555	560	565	570	575	580	585	590	595	600
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POS RECORD: HOME HEALTH AGENCY POS ONLY RECORDS SIZE: 666 DATE: 063081 SIZE: 444 (MMACS Master Record) BLOCKED: 8  
 DATE FIELD FORMAT: YYMMDD ▲ = DECIMAL Z = ZERO FILLED ON INITIALS (L8=1) AND RESURVEYS (L8=2)  
 \* - DUPLICATE FIELD TO ALLOW OLD PROGRAMS TO ACCESS DATA IN OLD LOCATION

PROVIDER NUMBER L1	INTER NO. L	EFFECTIVE DATE OF PARTICIPATION L24	DATE OF CHOW L9	SURVEYOR DATE L19	STATE SURVEY AGY APP DATE L20	TERM DATE L28	DETERM APP DATE L33	HSQB/RO RECEIPT I DATE	CATEGORY	ACTIVITY	STATUS OF COMPLIANCE WITH PROG REQUIREMENTS L12	BEDS CERTIFIED L17	BEDS TOTAL L18	NAME F L3				
FACILITY		STREET ADDRESS L4				CITY AND STATE L5				FUTURE EXPAN L6	ZIP CODE L6							
TY PC ST L OI FT Y	TC YO PN FT W OO FI S 14	STATE COUNTY	SR TE AG TI EO N	NO V FR I Z S F I	PSRO CODE PR8	REC SIZE PG	AUTHORIZED OFFICIAL DATE S20	TELEPHONE NUMBER S6	FISCAL YPAR END DATE L35	POS COMMON	PREVIOUS INTER. NUMBER 1 SF01	PREVIOUS INTER. NUMBER 2 SF02	INTER CHG DATE PG	RELATED PROVIDER NUMBER SF20	X-REF PROVIDE NUMBER OF CHG FACILIT SF03			
FAC GROUP	BMSA PRF	SILIG S22	CHOW DATE OF ACCRE TION PG	RUN DATE OF LAST ACTION PG	SERTS V. 2	XREFS PG	FC RO RU ON RT PG	OLD CERT DATE PG	PRIOR OWNER		SR OF UG RI CO FN PG	SRF SURVEY DATE L34	MEDICAID/ STATE VENDOR NO L2	HSA CODE PR6	QUA L S 7	% BS/BA RADIO-LOGIC TECH S15	% ASSOC DEGREE RADIO-LOGIC TECH S16	% GRADUATE OF 24 MO RADIO-LOGIC TECH S17
									CHOW DATE PG	TERM DATE PG								
Z ALL OTHER TECH S18																		

POS RECORD: PORTABLE X-RAY POS ONLY RECORD SIZE: 664 DATE: 063081 SIZE: 432 (MHACS Master Record) BLOCKED: 8  
 DATE FIELD FORMAT: YYMMDD  
 ▲ = DECIMAL  
 ○ = ZERO FILLED ON INITIALS (L8=1) AND RESURVEYS (L8=2)  
 \* DUPLICATE FIELD TO ALLOW OLD PROGRAMS TO ACCESS DATA IN OLD LOCATION



PROVIDER NUMBER L1	INTER NC L3	EFFECTIVE DATE OF PARTICIPATION L24	DATE OF CHOW L9	SURVEYOR DATE L19	STATE SURVEY AGY APP DATE L20	TERM DATE L28	DETERM APP DATE L33	HSQR/RO RECEIPT L DATE	CATEGORY	STATUS OF COMPLIANCE WITH PROG REQUIREMENTS L12	BEDS CERTIFIED L17	BEDS TOTAL L18	NAME			
													L3			
FACILITY			STREET ADDRESS L4						CITY AND STATE L5				FUTURE ZIP EXPAN CODE L6	ZIP CODE L6		
TY PC FIL OI FT Y	YO PNT R OO FI. RH 10	STATE C O S U N T Y	SR TAG T I E O N	PSRO CODE PR8	REC SIZE PG	AUTHORIZED OFFICIAL DATE RH15	TELEPHONE NUMBER RH4	FISCAL YEAR END DATE L35	POS COMMON	PREVIOUS INTER. NUMBER 1 SF01	PREVIOUS INTER. NUMBER 2 SF02	INTER CHG DATE PG	RELATED PROVIDER NUMBER SF70	X-REF PROVIDE NUMFR OF CHG FACILIT SF03		
								MMDD								
REGION GROUP	SSA PRS	SLIC	RUN DATE OF ACCRE TION PG	RUN DATE OF LAST ACTION PG	OLD CERT DATE	PRIOR OWNER CHOW DATE PG	TERM DATE PG	SR OF UR I CO EN	SRF SURVEY DATE L34	MEDICAID/ STATE VENDOR NO L2	HSA CODE PR6	PHYSICIAN RH6	NURSE PRAC TITIONER RH7	PHYSICIAN ASSISTANT RH8	OTHER RH9	CLINIC SITE RH11
TITLE OF FEDERAL PROGRAM													RH13			

POS RECORD: RURAL HEALTH CLINIC DATE: 063081 SIZE: 432 (MMACS Master Record)  
 DATE FIELD FORMAT: YMMDD POS ONLY RECORD SIZE: 666 BLOCKED: 8  
 ▲ = DECIMAL  
 Z = ZERO FILLED ON INITIALS (L8=1) AND RESURVEYS (L8=2)

RECORD ID	PROVIDER NUMBER	INTER NO.	EFFECTIVE DATE OF PARTICIPATION	DATE OF CHOW	SURVEYOR DATE	STATE SURVEY AGENCY DATE	TERM DATE	DETERM APP DATE	HSQR/RO RECEIPT	CATEGORY	ACTIVITY	STATUS OF COMPLIANCE WITH PROG REQUIREMENTS	BEDS CERTIFIED	BEDS TOTAL	NAME OF	
	L1	LC1	L24 LC25	LC9	LC16	LC17	LC26	L33 LC28	MA5 DATE	L11 L12 L13	L14 L15 L16	L12	LC19A	L18	LC3 L3	
FACILITY		STREET ADDRESS				L4 LC4	CITY AND STATE				L5 LC5	FUTURE ZIP EXPAN CODE		L6 LC6		
TYPE	COUNTY	SRTEAGTI	OFFICIAL DATE	TELEPHONE NUMBER	FISCAL YEAR END DATE	POS COMMON	PREVIOUS INTER. NUMBER	PREVIOUS INTER. NUMBER 2	INTER CHG DATE PG	RELATED PROVIDER NUMBER	X-REF PROVIDER NUMBER OF CHG FACILITY					
PC	MA	MAN	MA19	MA11	MA 12		SF01	SF02	PG	LC2	SF03					
LOCATION	SR	DATE OF ACCRE	DATE OF LAST ACTION	OLD CERT DATE	PRIOR OWNER	SR SURVEY DATE	MEDICAID/ STATE VENDOR NO	HSA CODE								
GROUP	PR	PG	PG	PG	CHOW DATE TERM DATE	L34	L2	PR6								
FINDINGS ON COMP	DATE RENAL TRANS-PLANT CENTER	DATE RENAL DIALYSIS CENTER	DATE RENAL DIALYSIS FACILITY	DATE SELF-DIALYSIS	DATE PATIENT DIALYSIS TRAINING	DATE STATE AGENCY RECEIPT	PARENT ORGAN NUMBER	NAME OF CHIEF ADMINISTRATIVE OFFICIER								
LC18	LC20	LC21	LC22	LC23	LC24	MA4	MA13	MA14								

POS RECORD:

FND STAGE RENAL DISEASE  
REN ONLY RECORD SIZE 666

DATE: 063081

SIZE: 492 (MMAS Master Record)  
BLOCKFD: R

DATE FIELD FORMAT: YYMMDD

DECIMAL  
ZERO FILLED ON INITIALS (L8=1) AND  
RESURVEYS (L8=2)

Duplicate fields to allow old programs to access data in old location





NUMBER L1	NO. L31	DATE OF PARTICIPATION L24	CHOW L9	DATE L19	SURVEY AGY APP DATE L20	DATE L28	APP DATE L33	RECEIPT L32	ATEGORY	CLIC	COMPLIANCE WITH PROG REQUIREMENTS L12	VOL PH19B	OTHER VOL PH18B	NAME OF L3				
FACILITY				STREET ADDRESS L4				CITY AND STATE L5				FUTURE ZIP EXPAN L6	ZIP CODE L6					
TYPE	STATE	COUNTY	SR AGY	PSRO CODE	REC SIZE PG	AUTHORIZED OFFICIAL DATE	TELEPHONE NUMBER	FISCAL YEAR END DATE	PMF TRAN	COUN SELOR	HOME HLTH AID	HOME MAKER	PREVIOUS INTER. NUMBER 1	PREVIOUS INTER. NUMBER 2	INTER CHG DATE PG	PARENT ORGN	X-REF PROVIDE NUMBER OF CHG FACILIT	
REGION	SM SA	SL SA	CLIC	RUN DATE OF ACCRETION PG	RUN DATE OF LAST ACTION PG	CHOW DATE PG	OLD CERT DATE PG	PRIOR OWNER	SR SURVEY DATE	MED SOC WKER	LPN LVN	REG NURSE	HSA CODE PR6	PHYS CLEAN	COUN SELORS	Z REGIST-ERED NURSES	Z LICENSED PRACTI-CAL NURSES	Z PHYSICIAN
Z MEDICAL SOCIAL WORKER	Z HOME MAKERS	Z HEALTH AIDES	Z TOTAL STAFF	Z ALL OTHERS	SERVICES PROVID													
					1	2	3	4	5	6	7	8	9	10	11			

POS RECORD: **HOSPICE**      POS ONLY RECORD SIZE: 666      DATE: **2/17/84**      SIZE: 444 (MMCS MASTER RECORD)  
 DATE FIELD FORMAT: YYMMDD      BLOCKED: 8  
 ▲ = DECIMAL  
 Z = ZERO FILLED ON INITIALS (L8=1) AND RESURVEYS (L8=2)

ATTACHMENT "C"

Conversion Table

1

2