

Hospital CHOW Ownership Data Dictionary

Term Name	Variable Name	Description	Type	Length
Enrollment ID	ENROLLMENT ID	Provider enrollment ID from PECOS database used to link across tables. An Enrollment ID is a 15-digit unique alphanumeric identifier that is assigned to each new provider enrollment application. All enrollment-level information (e.g., enrollment type, enrollment state, provider specialty and reassignment of benefits) is linked through the Enrollment ID. This variable is the enrollment ID of the provider that engaged in a CHOW.	CHAR	15
Associate ID	ASSOCIATE ID	Provider associate level variable (PAC ID) from PECOS database used to link across tables. A PAC ID is a 10-digit unique numeric identifier that is assigned to each individual or organization in PECOS. All entity-level information (e.g., tax identification numbers and organizational names) is linked through the PAC ID. A PAC ID may be associated with multiple Enrollment IDs if the individual or organization enrolled multiple times under different circumstances. This variable is the PAC ID of the provider that engaged in a CHOW.	CHAR	10
Organization Name	ORGANIZATION NAME	Legal Business Name (LBN) of the provider that engaged in a CHOW.	CHAR	70
Associate ID of Owner	ASSOCIATE ID - OWNER	Provider associate level variable (PAC ID) from PECOS database used to link across tables. A PAC ID is a 10-digit unique numeric identifier that is assigned to each individual or organization in PECOS. All entity-level information (e.g., tax identification numbers and organizational names) is linked through the PAC ID. PAC ID may be associated with multiple Enrollment IDs if the individual or organization enrolled multiple times under different circumstances. This variable is the PAC ID of the associate with ownership or managing control interest in the SNF.	CHAR	10
Owner Type	TYPE - OWNER	Identifies whether the associate is an individual ("I") or organization ("O").	CHAR	1
Owner's Role Code	ROLE CODE - OWNER	Unique value that identifies the associate's role, see Owner Role - Reference for description of values.	CHAR	2
Owner's Role Text	ROLE TEXT - OWNER	Role description of the associate, see Owner Role - Reference for description of values.	CHAR	100

Term Name	Variable Name	Description	Type	Length
Associate Date	ASSOCIATION DATE - OWNER	Date the associate became associated with the SNF.	NUM	8
Owner First Name	FIRST NAME - OWNER	Individual associate's first name.	CHAR	25
Owner Middle Name	MIDDLE NAME - OWNER	Individual associate's middle name.	CHAR	25
Owner Last Name	LAST NAME - OWNER	Individual associate's last name.	CHAR	35
Owner's Title	TITLE - OWNER	Title of the associate with an ownership or managing control interest in the SNF.	CHAR	35
Owner's Organization Name	ORGANIZATION NAME - OWNER	Organizational associate's legal business name.	CHAR	70
Owner's Doing Business As Name	DOING BUSINESS AS NAME - OWNER	Organizational associate's doing business as name.	CHAR	150
Owner's Address Line 1	ADDRESS LINE 1 - OWNER	Address line 1 of the associate's mailing address.	CHAR	55
Owner's Address Line 2	ADDRESS LINE 2 - OWNER	Address line 2 of the associate's mailing address.	CHAR	55

Term Name	Variable Name	Description	Type	Length
Owner's City	CITY - OWNER	City name of the associate's mailing address.	CHAR	30
Owner's State	STATE - OWNER	Associates mailing address state, abbreviated location, see State Reference table for description of values.	CHAR	2
Owner's Zip Code	ZIP CODE - OWNER	Zip code of the associate's mailing address.	CHAR	15
Percentage of Ownership	PERCENTAGE OWNERSHIP	Associate's ownership percentage in the SNF.	NUM	8
Owner Created for Acquisition	CREATED FOR ACQUISITION - OWNER	Indicates whether the organizational associate was solely created to acquire/buy the SNF and/or the SNF's assets (Y/N).	CHAR	1
Owner Corporation	CORPORATION - OWNER	Indicates if the associate's organization type is corporation (Y/N).	CHAR	1
Owner LLC	LLC - OWNER	Indicates if the associate's organization type is limited liability company (Y/N).	CHAR	1
Owner Medical Provider Supplier	MEDICAL PROVIDER SUPPLIER - OWNER	Indicates if the associate's organization type is medical provider/supplier(Y/N).	CHAR	1
Owner Management Services Comp	MANAGEMENT SERVICES COMPANY - OWNER	Indicates if the associate's organization type is management services company(Y/N).	CHAR	1

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

State Reference Table

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

Value	Description
VT	Vermont
WA	Washington
WI	Wisconsin
WV	West Virginia
WY	Wyoming

Provider Type Reference Table

Value	Description
00-00	PART A PROVIDER - RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTION (RNHCI)
00-01	PART A PROVIDER - COMMUNITY MENTAL HEALTH CENTER
00-02	PART A PROVIDER - COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY
00-03	PART A PROVIDER - END-STAGE RENAL DISEASE FACILITY (ESRD)
00-04	PART A PROVIDER - FEDERALLY QUALIFIED HEALTH CENTER (FQHC)
00-05	PART A PROVIDER - HISTOCOMPATIBILITY LABORATORY
00-06	PART A PROVIDER - HOME HEALTH AGENCY
00-08	PART A PROVIDER - HOSPICE
00-09	PART A PROVIDER - HOSPITAL
00-10	PART A PROVIDER - INDIAN HEALTH SERVICES FACILITY
00-13	PART A PROVIDER - ORGAN PROCUREMENT ORGANIZATION (OPO)
00-14	PART A PROVIDER - OUTPATIENT PHYSICAL THERAPY/OCCUPATIONAL THERAPY/SPEECH PATHOLOGY SERVICES
00-17	PART A PROVIDER - RURAL HEALTH CLINIC
00-18	PART A PROVIDER - SKILLED NURSING FACILITY
00-19	PART A PROVIDER - OTHER
00-85	PART A PROVIDER - CRITICAL ACCESS HOSPITAL

CHOW Type Code Reference Table

Value	Description
AM	Acquisition/Merger
CH	Change of Ownership
CO	Consolidation

Owner Role Code Reference Table

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