Medicare Fee-For Service Provider Enrollment -Hospital Change of Ownership: Data Guidance

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FOREWORD

This document provides background information and data guidance for the Provider Enrollment - Hospital Change of Ownership files. The ensuing sections of this document are organized to provide policy and data context first, followed by a general overview of the data, followed by instructions for performing common data operations and contact information, concluding with data dictionaries and reference tables to characterize the data.

- Section 1, "Background," provides basic background information pertaining to both policy and the source of the Provider Enrollment - Hospital Change of Ownership data. Additionally, key terms are defined in this section.
- Section 2, "Provider Enrollment Hospital Change of Ownership Data Contents," provides an
 overview of the contents of the provider enrollment Hospital change of Ownership files, including
 the scope of the data and descriptions of each file.
- Section 3, "Common Data Operations," gives general methodological instructions for performing common data operations.
- Section 4, "Data Limitations," lists the data limitations that should be kept in mind when using the Hospital Change of Ownership.
- Appendix A, "Hospital CHOW file layout," provides the data dictionary for Hospital Change of Ownership file.
- Appendix B, "Hospital CHOW Owners file layout," provides the data dictionary for Hospital Change of Ownership Owners file.
- Appendix C, "Hospital CHOW NPIs file layout," provides the data dictionary for Hospital Change of Ownership NPI file.
- Appendix D, "CHOW Type Code Reference," lists the types of CHOW
- Appendix E, "State Code Reference," provides reference values to state codes
- Appendix F, "Provider Type Code Reference," provides reference values to provider types
- Appendix G, "Owner Role Code Reference," provides reference values to Ownership and managerial control association values
- Appendix H, "Revision History," tracks updates and additions related to the Hospital Change of Ownership.

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1 BACKGROUND

This section provides background and context for understanding the Provider enrollment Hospital Change of Ownership files. Section 1.1 describes the policy context and goals leading to the release of the data. Section 1.2 provides information on the data source of Hospital Change of Ownership data: The Provider Enrollment, Chain, and Ownership System (PECOS). Section 1.3 defines key terms.

1.1 POLICY CONTEXT

The Public Provider Enrollment Files (PPEF), which were released to the general public for the first time on February 22, 2016, aim to promote and practice data transparency for non-sensitive Medicare information and allow easy access to Medicare provider enrollment data.

As part of CMS' efforts to further improve provider and supplier enrollment data sharing and transparency, CMS is making additional datasets publicly available. Releasing data for Hospital Change of Ownership is part of that effort. This data for Medicare enrolled providers is a subset of information available in the Provider Enrollment, Chain, and Ownership System (PECOS) – the system of record for Medicare provider enrollment. The data contained in these files is self-reported by the provider via the CMS-855A application.¹ These files will provide a clear and transparent way for providers, suppliers, state Medicaid programs, private payers, researchers and any other interested individual or organization to leverage Medicare provider enrollment data on changes of ownership.

1.2 OWNERSHIP

There are several dimensions to the ownership of a provider. The owner can be one or more individuals or can be one or more entities (each defined by its tax identification number). When the direct owner is an organization, it too can have one or more owners, which are labeled "indirect owners." In principle, there can be several layers of owners, with the owner at the top of the organization chart being labeled in federal statute as the "ultimate parent." Any entities below the ultimate parent, which is not identified in these data, are its subsidiaries. Ownership is defined broadly to include individuals and firms that have operational or managerial control.

1.3 DATA SOURCE

The source of this data is the Provider Enrollment, Chain, and Ownership System, or PECOS (pronounced pey-kohs). PECOS is an electronic Medicare enrollment system and national data repository for individual and organizational providers who have enrolled or are enrolling in Medicare.² CMS's Medicare Administrative Contractors (MACs) enroll providers using PECOS. From these enrolling providers, the MACs through PECOS collect information related to the provider's identity, such as SSN or EIN, specialty, qualifications, practice locations, ownership, billing agency information, reassignment of benefits, and related organizations.

¹ The application form has instructions for filers. <a href="https://www.cms.gov/Medicare/CMS-Forms/CMS-

² Needless to say, people "enroll" in Medicare to receive health care benefits, and providers and suppliers "enroll" to deliver those benefits. The purpose and mechanics of the two enrollment systems are quite different.

1.4 KEY TERMS

Change of Ownership (CHOW): Typically occurs when a Medicare enrolled provider has been purchased by another organization. The previous owner (seller) and new owner (buyer) must report these transactions to CMS. There are three types of CHOWs: Change of Ownership, Acquisition/Merger, and Consolidation.

- Change of Ownership: A CHOW typically occurs when a Medicare provider has been purchased (or leased) by another organization. The CHOW results in the transfer of the old owner's Medicare Identification Number and provider agreement (including any outstanding Medicare debt of the old owner) to the new owner. The regulatory citation for CHOWs can be found at 42 C.F.R. 489.18. If the purchaser (or lessee) elects not to accept a transfer of the provider agreement, then the old agreement should be terminated and the purchaser or lessee is considered a new applicant. Most changes of ownership fall into this category.
- Acquisition/Merger: An acquisition/merger occurs when a currently enrolled Medicare provider
 is purchasing or has been purchased by another enrolled provider. Only the purchaser's
 Medicare Identification Number and tax identification number (TIN) remain. Acquisitions/mergers
 are different from CHOWs. In the case of an acquisition/merger, the seller/former owner's
 Medicare Identification Number dissolves.³ In a CHOW, the seller/former owner's provider
 number typically remains intact and is transferred to the new owner.
- Consolidation: A consolidation occurs when two or more enrolled Medicare providers
 consolidate to form a new business entity. Consolidations are different from acquisitions/mergers.
 In an acquisition/merger, two entities combine but the Medicare Identification Number and tax
 identification number of the purchasing entity remain intact. In a consolidation, the TINs and
 Medicare Identification Numbers of the consolidating entities dissolve and a new TIN and
 Medicare Identification Number are assigned to the new, consolidated entity. Consolidations
 have been rare.

Enrollment ID: A 15-digit unique alphanumeric identifier that is assigned to each new provider enrollment application. All enrollment-level information in PECOS (e.g., enrollment type, enrollment state, provider specialty, reassignment of benefits) is linked through the enrollment ID. Individual enrollment IDs begin with an "I" and organization enrollment IDs begin with an "O".

Medicare Administrative Contractor (MAC): A regional private health care insurer that serves as the primary contact between the Medicare fee-for-service (FFS) program and its providers by performing activities such as enrolling providers and processing claims. There are three types of MACs: Parts A/B, Home Health/Hospice, and Durable Medical Equipment (DME). While MACs oversee a collection of states (jurisdiction), providers typically enroll at the state level.

Direct Ownership Interest: Direct ownership interest means the possession of equity in the capital, the stock, or the profits of the disclosing entity.

Indirect Ownership Interest: Indirect ownership interest means any ownership interest in an entity that has an ownership interest in the disclosing entity. Many organizations that directly own a provider are themselves wholly or partly owned by other organizations (or even individuals). This is often the result of the use of holding companies and parent/ subsidiary relationships. Such organizations and individuals are considered to be "indirect" owners of the provider.

³ If the physical structure of the sold hospital remains intact, it may become an additional campus of the buying hospital.

PECOS Associate Control ID (PAC ID): A 10-digit unique numeric identifier that is assigned to each individual or organization in PECOS. All entity-level information in PECOS (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. Unlike enrollment IDs, there is no provider information embedded within any of the digits of PAC IDs.

Provider: For the purposes of this document, a provider is any entity that submitted an enrollment application through the MACs, in order to bill to Medicare for services. This includes institutional providers like Hospitals and Skilled Nursing Facilities (SNF's).

Provider Enrollment, Chain, and Ownership System (PECOS): The electronic Medicare enrollment system and national data repository for individual and organizational providers who have enrolled or are enrolling in Medicare. PECOS is the data source for this file.

Provider Type: The type of enrollment application submitted by the provider. Institutional providers submit form CMS-855A;

Tax Identification Number (TIN): The unique identifier assigned by the Social Security Administration (SSA) or the Internal Revenue Service (IRS) to a person or organization. For individuals, the TIN is equivalent to the social security number (SSN). For organizations, the TIN is typically the EIN. From a provider enrollment perspective, CMS considers TINs to be protected information and does not release them in public files.

NATIONAL PROVIDER IDENTIFIER (NPI): An NPI is a 10-digit unique numeric identifier for covered health care providers that all providers must obtain before enrolling in Medicare. It is assigned to health care providers upon application through the National Plan and Provider Enumeration System (NPPES).

CMS Certification Number (CCN): A CCN formerly called an OSCAR Number, is the six-digit Medicare certification number issued for a facility by CMS

2 PROVIDER ENROLLMENT – HOSPITAL CHANGE OF OWNERSHIP DATA CONTENTS

This section provides an overview of the contents of the Hospital change of ownership data. Section 2.1 describes the scope (i.e., population) of the data. Section 2.2 describes and explains the general purpose of the relational data files included: Hospital_CHOW, Hospital_CHOW_Owners and Hospital_CHOW_NPIs.

2.1 POPULATION

The Provider enrollment Hospital change of ownership files will include basic enrollment and ownership information for Hospitals who were approved to bill Medicare at the time the file was created and had a change of ownership. The initial data will consist of any Change of Ownership transactions that occurred on or after January 1, 2016, for currently approved Hospital enrollments. This data will focus on effective date of the Change of Ownership and the new and previous owners as they relate to Medicare provider enrollment

2.2 RELATIONAL PROVIDER ENROLLMENT DATA

For each enrollment in the population specified in Section 2.1 (i.e., all approved enrollments), the files contain basic provider enrollment information; CHOW transactions for hospital enrollments, and reported ownership information for the enrollments involved in hospital change of ownership transactions. This information is stored in three separate relational data files. This is due to the one-to-many relationships between enrollment CHOW application information and ownership information and provider NPIs. A brief description of each file's contents is given below, and Section 3 describes common data operations associated with these files.

Hospital_CHOW—This file contains a unique listing of CHOW transactions that occurred on or after January 1, 2016, for currently approved hospital enrollments. The enrollment ID (ENROLLMENT ID — BUYER OR ENROLLMENT ID — SELLER) is the unique number assigned by PECOS to identify provider enrollment applications. The enrollment ID of the buyer is given in the ENROLLMENT ID — BUYER field. The enrollment ID of the seller is given in the ENROLLMENT ID — SELLER field. ENROLLMENT ID — BUYER can be linked to the Hospital_CHOW_Owners file to obtain information on New Owners and ENROLLMENT ID — SELLER to obtain information on Old owners.

The file also includes the PECOS-assigned identifier, PECOS Associate Control ID or PAC ID which is used to identify enrolling providers, Buyer/Seller's legal business name, Buyer/Seller's Doing business as name, enrollment state, provider type, CCN, NPI, Type of Change of Ownership (Change of Ownership (CHOW), Acquisition/Merger, and Consolidation) and effective date of the CHOW transaction.

Hospital_CHOW_Owners— This file contains a unique listing of the associates with ownership interest or managing control in the buyer and seller enrollments involved with transactions in the Hospital_CHOW file. The ENROLLMENT ID can be linked to the ENROLLMENT ID - BUYER or ENROLLMENT ID - SELLER in the Hospital_CHOW file to obtain information on the change of ownership transaction.

This file also includes Individual owners First and Last Name, and Organizational owners Legal Business Name, Organizational owners Doing Business as Name, Organizational owners address, ownership or managing control role, association date, exact percentage of ownership interest, association date of the owner to the organizational entity, Type of ownership Organization and associate level variable (PAC ID)

for Owners from PECOS database that can used to link across. The PAC ID for owners can be used to link across to identify if the same owner is associated with multiple entities.

Hospital_CHOW_NPIs –This file contains the additional National Provider Identifiers (NPIs) found for the buyer and seller enrollments from the Hospital CHOW file, if an enrollment has more than one NPI.

2.3 MERGING RELATIONAL FILES FOR NON-ADMINISTRATIVE PURPOSES

Many of the data used in health services research were originally constructed for an administrative purpose. For instance, claims for health care services are, of course, constructed for payment purposes, but claim databases are a mainstay of health services research.

Although it is easy to envision CCN as pertaining to an entire hospital with a single campus, two complexities should be kept in mind. First, special units within a hospital have their separate CCNs. When the third position of a CCN is a letter, that indicates which type of special unit the CCN represents (e.g., psychiatric and rehabilitation). In the CHOW data, the sale of a hospital with psychiatric and rehabilitation units is represented as three transactions, even though those special units could not be sold separately. A user of this file might want to remove those duplicate records.

Second, some hospitals have several campuses that may be several miles apart, each campus having operating rooms and ICU beds.⁴ When one hospital "acquires" another, the sold hospital is incorporated into the CCN of the buyer, which may decide to treat the acquired hospital as an additional campus.

Because the same hospital cannot be sold twice in the same day, the combination of the CCN and the effective date of a CHOW (EFFECTIVE DATE) should uniquely identify the transaction. To create such a file, one might drop a small percentage of the data points in Hospital_CHOW. This modified file could then be merged (one-to-many) with Hospital_CHOW_Owners.⁵

3 COMMON DATA OPERATIONS

This section outlines how to use the Hospital Change of Ownership files to perform common data operations. The data operations described below are meant to be illustrative of how to use and link the files described in Section 2. Section 3.1 explains how to identify all enrollments for a buyer based on PECOS Associate Control ID (PAC ID). Section 3.2 provides instructions for identifying an enrollment's provider type and specialty using the PROVIDER TYPE CODE and PROVIDER TYPE TEXT fields. Section 3.3 provides instructions for identifying ownership information for a buyer. Section 3.4 provides instructions for identifying ownership information for a seller. Finally, Section 3.5 explains how to identify an owner that is associated with multiple organizations.

3.1 IDENTIFYING ALL ENROLLMENTS FOR A BUYER

The PECOS Associate Control ID or PAC ID (ASSOCIATE ID - BUYER) is used to identify an enrolled provider. For most enrollment scenarios, the PAC ID maps closely to an SSN for individual providers and an EIN for organizational providers. A provider may enroll multiple times, under different enrollment scenarios. One common example is when a provider enrolls in multiple states to bill to Medicare in multiple states. For each enrollment, an enrollment ID (ENROLLMENT ID - BUYER) is issued and associated with the PAC ID. Therefore, one PAC ID may be associated with one or more enrollment ID. All enrollments in the Hospital_CHOW file that share a PAC ID are associated with the same provider.

⁴ This is in addition to "physician offices" that are owned by hospitals.

⁵ If one is merging using ENROLLMENT ID, Hospital_CHOW needs to be made unique in terms of both the buyer and the seller application IDs.

3.2 IDENTIFYING ENROLLMENT PROVIDER TYPE AND SPECIALTY

The PROVIDER TYPE CODE and PROVIDER TYPE TEXT fields contain information on the type and specialty of each provider. The PROVIDER_TYPE_CD field, which has 4-digits, is structured such that the first two digits encode the type of enrollment submitted when the provider enrolled, and the last two digits encode the enrollment specialty (the code pairs are separated by a hyphen).

The enrollment type (first two digits) can take the following value:

• '00' - PART A PROVIDER

The specialty code (last two digits) takes on values specific to the enrollment type. The provider type code reference table in the appendix gives the possible values for these fields.

Each enrollment is associated with only one enrollment type. However, depending on the enrollment type, each enrollment may have an unlimited number of specialties. Therefore, an enrollment may be associated with multiple PROVIDER TYPE CODE values.

3.3 IDENTIFYING OWNERSHIP INFORMATION FOR A BUYER

To identify the associates with ownership interest or managing control for the buyers that are involved with a specific transaction, the <code>ENROLLMENT ID - BUYER</code> from Hospital_CHOW can be linked to the <code>ENROLLMENT ID</code> in the ownership file Hospital_CHOW_Owners where the <code>ASSOCIATE ID - OWNER</code> is the unique identifier for the associate with an ownership interest in or managing control of the enrollment, and the ROLE TEXT - OWNER describes this relationship.

3.4 IDENTIFYING OWNERSHIP INFORMATION FOR A SELLER

To identify the associates with ownership interest or managing control for the sellers that are involved with a specific transaction, the ENROLLMENT ID - SELLER from Hospital_CHOW can be linked to the ENROLLMENT ID in the ownership file Hospital_CHOW_Owners where the ASSOCIATE ID - OWNER is the unique identifier for the associate with an ownership interest in or managing control of the enrollment, and the ROLE TEXT - OWNER describes this relationship.

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3.5 IDENTIFYING AN OWNER THAT IS ASSOCIATED WITH MULTIPLE ORGANIZATIONS

To additionally identify the associates with ownership interest or managing control across multiple Organizations within the Hospital_CHOW_Owners file, the ASSOCIATE ID - OWNER which is the unique identifier for the associate with an ownership interest in or managing control of the enrollment, can be used. All enrollments that share the ASSOCIATE ID - OWNER have that owner in common. However, the association role and date may vary. The resulting file can be aggregated to the entity level by grouping at ASSOCIATE ID to obtain unique Organizations the owner is associated with.

4 MERGING TO NON-PECOS DATA

The data in these files can be enhanced by merging them to non-PECOS data. Here are two files that could be merged using the CCN:

Medicare Cost Reports⁶ can be linked to these files using the Medicare provider ID (CCN). Cost reports are submitted by hospitals and SNFs annually and subsequently are made available to the public. They include variables such as total revenue and costs and number of beds.

The Agency for Healthcare Research and Quality (AHRQ) has published its Compendium of Healthcare Systems. Its hospital linkage file has assigned hospitals participating in Medicare to health care systems (or to no system). Using the CCN, this file can be linked to the PECOS files to find which hospitals were in a given healthcare system.

5 DATA LIMITATIONS

Although the Hospital Change of Ownership marks an unprecedented release of provider enrollment data, the extract has a few limitations that are worth noting. These data limitations are detailed below.

5.1 ADDITIONAL ENROLLMENT RESTRICTIONS

In addition to restricting the Provider enrollment Hospital Change of Ownership to Hospital enrollments that are currently approved to bill or order and refer only in Medicare and had a change of ownership since Jan 1, 2016, the files omit a small number of enrollments known to have PECOS data quality issues. Data quality issues include, but are not limited to:

- Missing a Buyer or Seller enrollment
- Organizational enrollments without required key information

⁶ https://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/Cost-Reports, accessed 3-31-2022.

http://resdac.umn.edu/sites/resdac.umn.edu/files/Introduction%20to%20Medicare%20Cost%20Reports%20(Slides) 0.pdf, accessed 3-31-2022.

⁷ https://www.ahrq.gov/chsp/data-resources/compendium-2018.html, accessed 3-30-2022.

6. CONTACT INFORMATION

Please contact provider enrollment oversight group at CMS/CPI [CMS Provider Enrollment Data Requests <u>ProviderEnrollmentDataRequests@cms.hhs.gov</u> for questions and suggestions related to these data files.

APPENDIX A - HOSPITAL CHOW FILE LAYOUT

#	Name	Description	Туре	Length
1	ENROLLMENT ID - BUYER	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 buyer/new owner's enrollment ID.	CHAR	15
2	ENROLLMENT STATE - BUYER	Buyer/new owner's enrollment state, abbreviated location, see State - Reference tab for description of values.	CHAR	2
3	PROVIDER TYPE CODE - BUYER	Provider enrollment application and enrollment specialty type of the buyer/new owner, see Provider Type - Reference for description of values.	CHAR	5
4	PROVIDER TYPE TEXT - BUYER	Provider enrollment application and enrollment specialty type description of the buyer/new owner, see Provider Type - Reference for description of values.	CHAR	220
5	NPI - BUYER	Buyer/new owner's National Provider Identifier (NPI). An NPI is a 10-digit unique numeric identifier that all providers must obtain before enrolling in Medicare. It is assigned to health care providers upon application through the National Plan and Provider Enumeration System (NPPES). If a buyer/new owner has more than on NPI, then one NPI is displayed in this field and the additional NPIs are displayed in the Hospital CHOW NPIs file.	CHAR	10
6	MULTIPLE NPI FLAG - BUYER	Indicates if the buyer/new owner has more than one NPI (Y/N). If so, the additional NPIs are displayed in the Hospital CHOW NPIs file.	CHAR	1
7	CCN - BUYER	Buyer/new owner's CMS Certification Number (CCN), formerly called an OSCAR Number.	CHAR	15

8	ASSOCIATE ID - BUYER	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 buyer/new owner's PAC ID.	CHAR	10
9	ORGANIZATION NAME - BUYER	Legal Business Name (LBN) of the buyer/new owner.	CHAR	70
10	DOING BUSINESS AS NAME - BUYER	Doing Business As (DBA) Name of the buyer/new owner.	CHAR	150
11	CHOW TYPE CODE	Indicates whether the associated information is related to a change of ownership, acquisition/merger, or consolidation. See CHOW Type - Reference for description of values.	CHAR	2
12	CHOW TYPE TEXT	Change of Ownership type description, see CHOW Type - Reference for description of values.	CHAR	20
13	EFFECTIVE DATE	Date the change of ownership (CHOW), acquisition/merger, or consolidation is effective. This date can be past, present, or future. Only CHOWs with an effective date on or after 1/1/2016 are included in the Hospital CHOW file.	NUM	8
14	ENROLLMENT ID - SELLER	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 seller/former owner's enrollment ID.	CHAR	15
15	ENROLLMENT STATE - SELLER	Seller/former owner's enrollment state, abbreviated location, see State - Reference tab for description of values.	CHAR	2
16	PROVIDER TYPE CODE - SELLER	Provider enrollment application and enrollment specialty type of the seller/former owner, see Provider Type - Reference for description of values.	CHAR	5
17	PROVIDER TYPE TEXT - SELLER	Provider enrollment application and enrollment specialty type description of the seller/former owner, see Provider Type - Reference for description of values.	CHAR	220

18	NPI - SELLER	Seller/former owner's National Provider Identifier (NPI) An NPI is a 10-digit unique numeric identifier that all providers must obtain before enrolling in Medicare. It is assigned to health care providers upon application through the National Plan and Provider Enumeration System (NPPES). If a seller/former owner has more than on NPI, then one NPI is displayed in this field and the additional NPIs are captured in the Hospital CHOW NPIs file.	CHAR	10
19	MULTIPLE NPI FLAG - SELLER	Indicates if the seller/former owner has more than one NPI (Y/N). If so, the additional NPIs are displayed in the Hospital CHOW NPIs file.	CHAR	1
20	CCN - SELLER	Seller/former owner's CMS Certification Number (CCN), formerly called an OSCAR Number.	CHAR	15
21	ASSOCIATE ID - SELLER	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 seller/former owner's PAC ID.	CHAR	10
22	ORGANIZATION NAME - SELLER	Legal Business Name (LBN) of the seller/former owner.	CHAR	70
23	DOING BUSINESS AS NAME - SELLER	Doing Business As (DBA) Name of the seller/former owner.	CHAR	150

APPENDIX B – HOSPITAL CHOW OWNERS FILE LAYOUT

Variables 9-12 pertain only to individual owners; variables 13-19,21-34 pertain only to organizational owners

#	Name	Description	Туре	Length
1	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
2	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
3	ORGANIZATION NAME	Legal Business Name (LBN) of the provider that engaged in a CHOW.	CHAR	70

4	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. 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 associate with ownership or managing control interest in the hospital.	CHAR	10
5	TYPE - OWNER	Identifies whether the associate is an individual ("I") or organization ("O").	CHAR	1
6	ROLE CODE - OWNER	Unique value that identifies the associate's role, see Owner Role - Reference for description of values.	CHAR	2
7	ROLE TEXT - OWNER	Role description of the associate, see Owner Role - Reference for description of values.	CHAR	100
8	ASSOCIATION DATE - OWNER	Date the associate became associated with the hospital.	NUM	8
9	FIRST NAME - OWNER	Individual associate's first name.	CHAR	25
10	MIDDLE NAME - OWNER	Individual associate's middle name.	CHAR	25
11	LAST NAME - OWNER	Individual associate's last name.	CHAR	35
12	TITLE - OWNER	Title of the associate with an ownership or managing control interest in the hospital.	CHAR	35
13	ORGANIZATION NAME - OWNER	Organizational associate's legal business name.	CHAR	70

14	DOING BUSINESS AS NAME - OWNER	Organizational associate's doing business as name.	CHAR	150
15	ADDRESS LINE 1 - OWNER	Address line 1 of the associate's mailing address.	CHAR	55
16	ADDRESS LINE 2 - OWNER	Address line 2 of the associate's mailing address.	CHAR	55
17	CITY - OWNER	City name of the associate's mailing address.	CHAR	30
18	STATE - OWNER	Associate's mailing address state, abbreviated location, see State - Reference tab for description of values.	CHAR	2
19	ZIP CODE - OWNER	Zip code of the associate's mailing address.	CHAR	15
20	PERCENTAGE OWNERSHIP	Associate's ownership percentage in the hospital.	NUM	8
21	CREATED FOR ACQUISITION - OWNER	Indicates whether the organizational associate was solely created to acquire/buy the hospital and/or the hospital's assets (Y/N).	CHAR	1
22	CORPORATION - OWNER	Indicates if the associate's organization type is corporation (Y/N).	CHAR	1
23	LLC - OWNER	Indicates if the associate's organization type is limited liability company (Y/N).	CHAR	1
24	MEDICAL PROVIDER SUPPLIER - OWNER	Indicates if the associate's organization type is medical provider/supplier (Y/N).	CHAR	1
25	MANAGEMENT SERVICES COMPANY - OWNER	Indicates if the associate's organization type is management services company (Y/N).	CHAR	1
26	MEDICAL STAFFING COMPANY - OWNER	Indicates if the associate's organization type is medical staffing company (Y/N).	CHAR	1
27	HOLDING COMPANY - OWNER	Indicates if the associate's organization type is holding company (Y/N).	CHAR	1

28	INVESTMENT FIRM - OWNER	Indicates if the associate's organization type is investment firm (Y/N).	CHAR	1
29	FINANCIAL INSTITUTION - OWNER	Indicates if the associate's organization type is bank or other financial institution (Y/N).	CHAR	1
30	CONSULTING FIRM - OWNER	Indicates if the associate's organization type is consulting firm (Y/N).	CHAR	1
31	FOR PROFIT - OWNER	Indicates if the associate's organization type is for-profit (Y/N).	CHAR	1
32	NON PROFIT - OWNER	Indicates if the associate's organization type is non-profit (Y/N).	CHAR	1
33	OTHER TYPE - OWNER	Indicates if the associate's organization type is not listed on the CMS form (Y/N).	CHAR	1
34	OTHER TYPE TEXT - OWNER	Other type of associate's organization that is not listed on the CMS form.	CHAR	40

APPENDIX C - HOSPITAL CHOW NPIS FILE LAYOUT

#	Name	Description	Туре	Length
1	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
2	NPI	Buyer/new owner's National Provider Identifier (NPI). An NPI is a 10-digit unique numeric identifier that all providers must obtain before enrolling in Medicare. It is assigned to health care providers upon application through the National Plan and Provider Enumeration System (NPPES). This variable stores the additional NPI found for buyer/new owner and seller/former owner enrollment IDs from the Hospital CHOW file.	CHAR	10

APPENDIX D - CHOW TYPE CODE REFERENCE

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

APPENDIX E – STATE CODE REFERENCE

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	lowa
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
VT	Vermont
WA	Washington
WI	Wisconsin
WV	West Virginia
WY	Wyoming

APPENDIX F – PROVIDER TYPE CODE REFERENCE

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

APPENDIX F – OWNER ROLE CODE REFERENCE

Value	Description	
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

APPENDIX G – REVISION HISTORY

Revision	Date	Name	Description of Modification
1	2022-03-22	CPI-PEOG	Baseline document.