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*
*           A T T E N T I O N
*
*  THESE POS RECORD SPECIFICATIONS WERE
*  PRODUCED FROM OUR DICTIONARY AT THE
*  SAME TIME AS THE POS DATA FILE THAT
*  YOU REQUESTED. YOU MAY WISH TO CHECK
*  THESE SPECIFICATIONS TO SEE IF ANY
*  CHANGES HAVE OCCURED SINCE YOUR RECEIPT
*  OF ANY PRIOR DOCUMENTATION.
*
*  FILE CREATION DATE = 10/03/2022
*
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DATE: 10/03/2022                POS RECORD LAYOUT                PAGE: 1
                Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

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SHORT DESCRIPTION	LEN	START	END	TYPE
Provider Category Subtype Code	2	1	2	VARCHAR2

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DATE: 10/03/2022                POS RECORD LAYOUT                PAGE: 2
                Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

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SHORT DESCRIPTION	LEN	START	END	TYPE
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Description: Identifies the subtype of the provider, within the primary category. Used in reporting to show the breakdown of provider categories, mainly for hospitals and SNFs.

SAS Name: PRVDR\_CTGRY\_SBTYP\_CD

COBOL Name: PRVDR-CTGRY-SBTYP-CD

VALUES:

- 01=Short Term
- 02=Long Term
- 03=Religious Non-Medical Health Care Institutions
- 04=Psychiatric
- 05=Rehabilitation
- 06=Childrens Hospitals
- 07=Distinct Part Psychiatric Hospital
- 11=Critical Access Hospitals
- 20=Transplant Hospitals
- 22=Medicaid Only Short-Term Hospitals
- 23=Medicaid Only Childrens Hospitals
- 24=Medicaid Only Children's Psychiatric
- 25=Medicaid Only Psychiatric Hospitals
- 26=Medicaid Only Rehabilitation Hospitals
- 27=Medicaid Only Long-Term Hospitals

Provider Category Code 2 3 4 VARCHAR2  
 Description: Identifies the type of provider participating in the Medicare/Medicaid program.  
 SAS Name: PRVDR\_CTGRY\_CD  
 COBOL Name: PRVDR-CTGRY-CD  
 VALUES: 01=Hospital

CHOW Count 2 5 6 NUMBER  
 Description: Number of times this provider has undergone a change of ownership.  
 SAS Name: CHOW\_CNT  
 COBOL Name: CHOW-CNT

CHOW Date 8 7 14 DATE  
 Description: Effective date of the most recent change of ownership for this provider.  
 SAS Name: CHOW\_DT  
 COBOL Name: CHOW-DT

Address: City 28 15 42 VARCHAR2  
 Description: City in which the provider is physically located.  
 SAS Name: CITY\_NAME  
 COBOL Name: CITY-NAME

Compliance: Acceptable POC 1 43 43 VARCHAR2  
 Description: Indicates if a provider is in compliance with program requirements based on an acceptable plan for correction of deficiencies.  
 SAS Name: ACPTBL\_POC\_SW  
 COBOL Name: ACPTBL-POC-SW

Compliance: Status 1 44 44 VARCHAR2  
 Description: Compliance status of a provider at the time of certification survey.  
 SAS Name: CMPLNC\_STUS\_CD  
 COBOL Name: CMPLNC-STUS-CD  
 VALUES: A=IN COMPLIANCE  
 B=NOT IN COMPLIANCE

SSA County Code 3 45 47 VARCHAR2  
 Description: Social Security Administration geographic code indicating the county where the provider is located.

SHORT DESCRIPTION LEN START END TYPE  
 SAS Name: SSA\_CNTY\_CD

COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR  
Description: Cross reference provider number  
SAS Name: CROSS\_REF\_PROVIDER\_NUMBER  
COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date 8 58 65 DATE  
Description: Equal to the exit date of the initial visit of the Health survey for certifications completed after July 28, 2012. For certifications prior to that date, the certification date is equal to the exit date of the initial visit of the Health survey or LSC survey, whichever is later.  
SAS Name: CRTFCTN\_DT  
COBOL Name: CRTFCTN-DT

Eligibility Indicator 1 66 66 VARCHAR2  
Description: Indicates if a facility is eligible to participate in the Medicare and/or Medicaid programs.  
SAS Name: ELGLBTY\_SW  
COBOL Name: ELGLBTY-SW

Facility Name 50 67 116 VARCHAR2  
Description: Name of the provider certified to participate in the Medicare and/or Medicaid programs.  
SAS Name: FAC\_NAME  
COBOL Name: FAC-NAME

Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code 5 117 121 VARCHAR2  
Description: Number assigned to the Medicare Administrative Contractor, intermediary or carrier servicing this provider.  
SAS Name: INTRMDRY\_CARR\_CD  
COBOL Name: INTRMDRY-CARR-CD  
VALUES: 00000=DUMMY FOR MEDICAID HHA  
00010=BLUE CROSS (ALABAMA)  
00011=CAHABA  
00020=BLUE CROSS (ARKANSAS)  
00040=BLUE CROSS (CALIFORNIA)  
00060=BLUE CROSS (CONNECTICUT)  
00070=BLUE CROSS (DELAWARE)  
00090=BLUE CROSS (FLORIDA)  
00101=BLUE CROSS (GEORGIA)  
00121=HEALTH CARE SERVICE CORPORATION  
00122=HCSC - MICHIGAN  
00123=HCSC OF MICHIGAN  
00130=NATIONAL GOVERNMENT SERVICES  
00131=NATIONAL GOVERNMENT SERVICES  
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)

00150=BLUE CROSS (KANSAS)  
 00160=NATIONAL GOVERNMENT SERVICES  
 00180=NATIONAL GOVERNMENT SERVICES  
 00181=NATIONAL GOVERNMENT SERVICES  
 00190=BLUE CROSS (MARYLAND)  
 00200=BLUE CROSS (MASSACHUSETTS)  
 00210=BLUE CROSS (MICHIGAN)  
 00220=BLUE CROSS (MINNESOTA)  
 00230=BLUE CROSS (MISSISSIPPI)  
 00231=BLUE CROSS (LOUISIANA)  
 00233=PINNACLE  
 00241=BLUE CROSS (MISSOURI)  
 00260=BLUE CROSS (NEBRASKA)

DATE: 10/03/2022

POS RECORD LAYOUT

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Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00270=NATIONAL GOVERNMENT SERVICES				
00280=BLUE CROSS (NEW JERSEY)				
00290=BLUE CROSS (NEW MEXICO)				
00308=NATIONAL GOVERNMENT SERVICES				
00310=BLUE CROSS (NORTH CAROLINA)				
00320=NORIDIAN PART A				
00322=NORIDIAN PART A (AK/WA)				
00323=NORIDIAN PART A (ID/OR)				
00325=NORIDIAN				
00332=NATIONAL GOVERNMENT SERVICES				
00340=BLUE CROSS (OKLAHOMA)				
00350=BLUE CROSS (OREGON)				
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				
00468=BLUE CROSS (NORTH CAROLINA FOR PR)				
00510=BLUE SHIELD (ALABAMA)				

00511=CAHABA  
 00512=CAHABA  
 00520=BLUE SHIELD (ARKANSAS)  
 00528=BLUE SHIELD (ARKANSAS/LOUISIANA)  
 00542=BLUE SHIELD (CALIFORNIA)  
 00550=BLUE SHIELD (COLORADO)  
 00570=BLUE SHIELD (DELAWARE)  
 00580=BLUE SHIELD (DISTRICT OF COLUMBIA)  
 00590=BLUE SHIELD (FLORIDA)  
 00621=BLUE SHIELD (ILLINOIS)  
 00630=NATIONAL GOVERNMENT SERVICES  
 00640=BLUE SHIELD (IOWA)  
 00650=BLUE SHIELD (KANSAS)  
 00655=BLUE SHIELD (KANSAS/NEBRASKA)  
 00660=NATIONAL GOVERNMENT SERVICES  
 00690=BLUE SHIELD (MARYLAND)  
 00700=BLUE SHIELD (MASSACHUSETTS)  
 00710=BLUE SHIELD (MICHIGAN)  
 00720=BLUE SHIELD (MINNESOTA)  
 00740=BLUE SHIELD (KANSAS CITY)  
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)  
 00780=BLUE SHIELD (TRI-STATE)  
 00801=BLUE SHIELD (BUFFALO)  
 00803=NATIONAL GOVERNMENT SERVICES  
 00805=NATIONAL GOVERNMENT SERVICES  
 00821=NORIDIAN  
 00824=NORIDIAN GVT SERVICES (CO)  
 00826=NORIDIAN GVT SERVICES (IA)  
 00831=NORIDIAN GVT SERVICES (AK)  
 00832=NORIDIAN GVT SERVICES (AZ)  
 00833=NORIDIAN GVT SERVICES (HI)  
 00834=NORIDIAN GVT SERVICES (NV)  
 00835=NORIDIAN GVT SERVICES (OR)  
 00836=NORIDIAN GVT SERVICES (WA)

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POS RECORD LAYOUT

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Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)				
00865=BLUE SHIELD (PENNSYLVANIA)				
00870=BLUE SHIELD (RHODE ISLAND)				
00880=BLUE SHIELD (SOUTH CAROLINA)				
00883=PALMETTO GBA PART B				
00884=PALMETTO GBA				
00889=NORIDIAN GVT SERVICES (SD)				
00900=BLUE SHIELD (TEXAS)				
00901=TRAILBLAZERS HEALTH ENTERPRISES				

00904=TRAILBLAZER  
00910=BLUE SHIELD (UTAH)  
00930=BLUE SHIELD (WASHINGTON)  
00951=WISCONSIN PHYSICIANS SERVICE  
00952=WPS - ILLINOIS  
00953=WPS - MICHIGAN  
00954=WI PHYSICIAN SERVICES - MN  
00973=BLUE SHIELD (PUERTO RICO)  
00974=BLUE SHIELD (VIRGIN ISLANDS)  
01010=AETNA (PEORIA)  
01020=AETNA (ALASKA)  
01030=AETNA (ARIZONA)  
01040=AETNA (GEORGIA)  
01101=PALMETTO (CALIFORNIA)  
01102=PALMETTO (CALIFORNIA (NORTH))  
01111=Noridian (CA)  
01112=Noridian (NF)  
01120=AETNA (HAWAII)  
01182=Noridian (SF)  
01192=PALMETTO (CALIFORNIA SOUTH)  
01201=PALMETTO (HAWAII)  
01202=PALMETTO (HAWAII)  
01211=Noridian (AS, GU, HI)  
01212=Noridian (AS, GU, HI)  
01290=AETNA (NEVADA)  
01301=PALMETTO (NEVADA)  
01302=PALMETTO (NEVADA)  
01311=Noridian (NV)  
01312=Noridian (NV)  
01360=AETNA (NEW MEXICO)  
01370=AETNA (OKLAHOMA)  
01380=AETNA (OREGON)  
01390=AETNA (WASHINGTON)  
01901=PALMETTO GBA  
01902=PALMETTO GBA  
01911=Noridian (AS, GU, HI, NV)  
02050=OCCIDENTAL (CALIFORNIA)  
02101=Noridian AK  
02102=Noridian AK  
02201=Noridian ID  
02202=Noridian ID  
02301=Noridian OR  
02302=Noridian OR  
02401=Noridian WA  
02402=Noridian WA  
03001=NORIDIAN ADMIN SERVICES  
03101=NORIDAN (ARIZONA)  
03102=NORIDAN (ARIZONA)  
03201=NORIDAN (MONTANA)  
03202=NORIDAN (MONTANA)

03301=NORDIAN (NORTH DAKOTA)  
03302=NORDIAN (NORTH DAKOTA)  
03401=NORIDIAN (SOUTH DAKOTA)  
03402=NORIDIAN (SOUTH DAKOTA)  
03501=NORIDIAN (UTAH)

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POS RECORD LAYOUT

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Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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03502=NORIDIAN (UTAH)				
03601=NORIDIAN (WYOMING)				
03602=NORIDIAN (WYOMING)				
04001=TRAILBLAZER				
04101=TRAILBLAZER (COLORADO)				
04102=TRAILBLAZER (COLORADO)				
04111=NOVITAS (COLORADO)				
04112=NOVITAS (COLORADO)				
04201=TRAILBLAZER (NEW MEXICO)				
04202=TRAILBLAZER (NEW MEXICO)				
04211=NOVITAS (NEW MEXICO)				
04212=NOVITAS (NEW MEXICO)				
04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				
05402=WPS (NEBRASKA)				
05440=EQICOR (TENNESSEE)				
05535=EQICOR (NORTH CAROLINA)				
05901=WISCONSIN PHYSICIANS SERVICE				
06001=NGS (WI)				
06004=National Govt Serv HHH				
06014=NATIONAL GOVERNMENT ERVICES				

06101=NGS (IL)  
 06102=NGS (IL)  
 06201=NGS (MN)  
 06202=NGS (MN)  
 06301=NGS (WI)  
 06302=NGS (WI)  
 07101=Novitas AR  
 07102=Novitas AR  
 07201=Novitas LA  
 07202=Novitas LA  
 07301=Novitas MS  
 07302=Novitas MS  
 08101=WPS IN  
 08102=WPS IN  
 08201=WPS MI  
 08202=WPS MI  
 09101=FIRST COAST (FLORIDA)  
 09102=FIRST COAST (FLORIDA)  
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)  
 09202=FIRST COAST (PUERTO RICO)  
 09302=FIRST COAST (VIRGIN ISLANDS)  
 10071=TRAVELERS (RRB)  
 10101=CAHABA GBA (AL)  
 10102=CAHABA GBA (AL)  
 10111=PALMETTO GBA (Part A) (AL)  
 10112=PALMETTO GBA (AL)

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POS RECORD LAYOUT

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Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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10201=CAHABA GBA (GA)				
10202=CAHABA GBA (GA)				
10211=PALMETTO GBA (GA)				
10212=PALMETTO GBA (GA)				
10230=TRAVELERS (CONNECTICUT)				
10240=TRAVELERS (MINNESOTA)				
10250=TRAVELERS (MISSISSIPPI)				
10301=CAHABA GBA (TN)				
10302=CAHABA GBA (TN)				
10311=PALMETTO GBA (TN)				
10312=PALMETTO GBA (TN)				
10490=TRAVELERS (VIRGINIA)				
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				



11301=PALMETTO GBA (VA)  
11302=PALMETTO GBA (VA)  
11401=PALMETTO GBA (WV)  
11402=PALMETTO GBA (WV)  
11501=PALMETTO GBA (NC)  
11502=PALMETTO GBA (NC)  
12101=Novitas DE  
12102=Novitas DE  
12201=Novitas DC  
12202=Novitas DC  
12301=Novitas MD  
12302=Novitas MD  
12401=Novitas NJ  
12402=Novitas NJ  
12501=Novitas PA  
12502=Novitas PA  
12901=Novitas Solutions DC, DE, MD, PA  
12902=HIGHMARK  
13101=NATIONAL GOVT SERVICES (CONNECTICUT)  
13102=NATIONAL GOVT SERVICES (CONNECTICUT)  
13201=NATIONAL GOVT SERVICES (NEW YORK)  
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)  
13282=NGS (UN)  
13292=NGS (QN)  
14004=NATIONAL HERITAGE (HHA - A)  
14014=NGS (HHA)  
14101=NATIONAL HERITAGE (MAINE)  
14102=NATIONAL HERITAGE (MAINE)  
14111=NGS (ME)  
14112=NGS (ME)  
14201=NATIONAL HERITAGE (MASSACHUSETTS)  
14202=NATIONAL HERITAGE (MASSACHUSETTS)  
14211=NGS (MA)  
14212=NGS (MA)  
14301=NATIONAL HERITAGE (NEW HAMPSHIRE)  
14302=NATIONAL HERITAGE (NEW HAMPSHIRE)  
14311=NGS (NH)  
14312=NGS (NH)  
14330=GROUP HEALTH INC (NEW YORK)  
14401=NATIONAL HERITAGE (RHODE ISLAND)  
14402=NATIONAL HERITAGE (RHODE ISLAND)  
14411=NGS (RI)  
14412=NGS (RI)  
14501=NATIONAL HERITAGE (VERMONT)  
14502=NATIONAL HERITAGE (VERMONT)  
14511=NGS (VT)  
14512=NGS (VT)

Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
15004=CGS Administrators HHH				
15101=CGS (KENTUCKY)				
15102=CGS (KENTUCKY)				
15201=CGS (OHIO)				
15202=CGS (OHIO)				
16360=NATIONWIDE (OHIO)				
16510=NATIONWIDE (WEST VIRGINIA)				
17120=HAWAII MEDICAL SERVICE ASSOCIATION				
21200=MASSACHUSETTS/MAINE				
31142=NATIONAL HERITAGE INSURANCE CO (MAINE)				
31143=NATIONAL HERITAGE INSURANCE CO				
31144=NATIONAL HERITAGE INSURANCE CO				
50333=TRAVELERS (NEW YORK)				
51051=AETNA (PETALUMA)				
51070=AETNA (FARMINGTON)				
51100=AETNA (CLEARWATER)				
51140=AETNA (PEORIA)				
51390=AETNA (FORT WASHINGTON)				
52280=WISCONSIN PHYSICIANS SERVICE				
57400=COOPERATIVA (PUERTO RICO)				
Medicaid Vendor Number	15	122	136	VARCHAR2
Description: Number which may be assigned to a provider by the state Medicaid agency for external control or billing purposes.				
SAS Name: MDCD_VNDR_NUM				
COBOL Name: MDCD-VNDR-NUM				
Original Participation Date	8	137	144	DATE
Description: Date a provider is first approved to provide Medicare and/or Medicaid services.				
SAS Name: ORGNL_PRTCPTN_DT				
COBOL Name: ORGNL-PRTCPTN-DT				
Prior CHOW Date	8	145	152	DATE
Description: Effective date of the previous change of ownership for this provider.				
SAS Name: CHOW_PRIOR_DT				
COBOL Name: CHOW-PRIOR-DT				
Prior Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code	5	153	157	VARCHAR2
Description: Number assigned to the previous Medicare Administrative Contractor, intermediary or carrier servicing this provider.				
SAS Name: INTRMDRY_CARR_PRIOR_CD				
COBOL Name: INTRMDRY-CARR-PRIOR-CD				

VALUES: 00000=DUMMY FOR MEDICAID HHA  
 00010=BLUE CROSS (ALABAMA)  
 00011=CAHABA  
 00020=BLUE CROSS (ARKANSAS)  
 00040=BLUE CROSS (CALIFORNIA)  
 00060=BLUE CROSS (CONNECTICUT)  
 00070=BLUE CROSS (DELAWARE)  
 00090=BLUE CROSS (FLORIDA)  
 00101=BLUE CROSS (GEORGIA)  
 00121=HEALTH CARE SERVICE CORPORATION  
 00122=HCSC - MICHIGAN  
 00123=HCSC OF MICHIGAN  
 00130=NATIONAL GOVERNMENT SERVICES  
 00131=NATIONAL GOVERNMENT SERVICES  
 00140=BLUE CROSS (IOWA/SOUTH DAKOTA)  
 00150=BLUE CROSS (KANSAS)  
 00160=NATIONAL GOVERNMENT SERVICES  
 00180=NATIONAL GOVERNMENT SERVICES

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POS RECORD LAYOUT

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Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00181=NATIONAL GOVERNMENT SERVICES				
00190=BLUE CROSS (MARYLAND)				
00200=BLUE CROSS (MASSACHUSETTS)				
00210=BLUE CROSS (MICHIGAN)				
00220=BLUE CROSS (MINNESOTA)				
00230=BLUE CROSS (MISSISSIPPI)				
00231=BLUE CROSS (LOUISIANA)				
00233=PINNACLE				
00241=BLUE CROSS (MISSOURI)				
00260=BLUE CROSS (NEBRASKA)				
00270=NATIONAL GOVERNMENT SERVICES				
00280=BLUE CROSS (NEW JERSEY)				
00290=BLUE CROSS (NEW MEXICO)				
00308=NATIONAL GOVERNMENT SERVICES				
00310=BLUE CROSS (NORTH CAROLINA)				
00320=NORIDIAN PART A				
00322=NORIDIAN PART A (AK/WA)				
00323=NORIDIAN PART A (ID/OR)				
00325=NORIDIAN				
00332=NATIONAL GOVERNMENT SERVICES				
00340=BLUE CROSS (OKLAHOMA)				
00350=BLUE CROSS (OREGON)				
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				

00366=HIGHMARK MEDICARE SERVICES  
 00370=BLUE CROSS (RHODE ISLAND)  
 00380=BLUE CROSS (SOUTH CAROLINA)  
 00390=BLUE CROSS (TENNESSEE)  
 00400=BLUE CROSS (TEXAS)  
 00410=BLUE CROSS (UTAH)  
 00423=BLUE CROSS (VIRGINIA/WEST VA)  
 00430=BLUE CROSS (WASHINGTON & ALASKA)  
 00450=NATIONAL GOVERNMENT SERVICES  
 00452=NATIONAL GOVERNMENT SERVICES  
 00453=NATIONAL GOVERNMENT SERVICES  
 00454=NATIONAL GOVERNMENT SERVICES  
 00456=NATIONAL GOVERNMENT SERVICES  
 00468=BLUE CROSS (NORTH CAROLINA FOR PR)  
 00510=BLUE SHIELD (ALABAMA)  
 00511=CAHABA  
 00512=CAHABA  
 00520=BLUE SHIELD (ARKANSAS)  
 00528=BLUE SHIELD (ARKANSAS/LOUISIANA)  
 00542=BLUE SHIELD (CALIFORNIA)  
 00550=BLUE SHIELD (COLORADO)  
 00570=BLUE SHIELD (DELAWARE)  
 00580=BLUE SHIELD (DISTRICT OF COLUMBIA)  
 00590=BLUE SHIELD (FLORIDA)  
 00621=BLUE SHIELD (ILLINOIS)  
 00630=NATIONAL GOVERNMENT SERVICES  
 00640=BLUE SHIELD (IOWA)  
 00650=BLUE SHIELD (KANSAS)  
 00655=BLUE SHIELD (KANSAS/NEBRASKA)  
 00660=NATIONAL GOVERNMENT SERVICES  
 00690=BLUE SHIELD (MARYLAND)  
 00700=BLUE SHIELD (MASSACHUSETTS)  
 00710=BLUE SHIELD (MICHIGAN)  
 00720=BLUE SHIELD (MINNESOTA)  
 00740=BLUE SHIELD (KANSAS CITY)  
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)  
 00780=BLUE SHIELD (TRI-STATE)  
 00801=BLUE SHIELD (BUFFALO)  
 00803=NATIONAL GOVERNMENT SERVICES

DATE: 10/03/2022

POS RECORD LAYOUT

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Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00805=NATIONAL GOVERNMENT SERVICES				
00821=NORIDIAN				
00824=NORIDIAN GVT SERVICES (CO)				
00826=NORIDIAN GVT SERVICES (IA)				

00831=NORIDIAN GVT SERVICES (AK)  
00832=NORIDIAN GVT SERVICES (AZ)  
00833=NORIDIAN GVT SERVICES (HI)  
00834=NORIDIAN GVT SERVICES (NV)  
00835=NORIDIAN GVT SERVICES (OR)  
00836=NORIDIAN GVT SERVICES (WA)  
00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)  
00865=BLUE SHIELD (PENNSYLVANIA)  
00870=BLUE SHIELD (RHODE ISLAND)  
00880=BLUE SHIELD (SOUTH CAROLINA)  
00883=PALMETTO GBA PART B  
00884=PALMETTO GBA  
00889=NORIDIAN GVT SERVICES (SD)  
00900=BLUE SHIELD (TEXAS)  
00901=TRAILBLAZERS HEALTH ENTERPRISES  
00904=TRAILBLAZER  
00910=BLUE SHIELD (UTAH)  
00930=BLUE SHIELD (WASHINGTON)  
00951=WISCONSIN PHYSICIANS SERVICE  
00952=WPS - ILLINOIS  
00953=WPS - MICHIGAN  
00954=WI PHYSICIAN SERVICES - MN  
00973=BLUE SHIELD (PUERTO RICO)  
00974=BLUE SHIELD (VIRGIN ISLANDS)  
01010=AETNA (PEORIA)  
01020=AETNA (ALASKA)  
01030=AETNA (ARIZONA)  
01040=AETNA (GEORGIA)  
01101=PALMETTO (CALIFORNIA)  
01102=PALMETTO (CALIFORNIA (NORTH))  
01111=Noridian (CA)  
01112=Noridian (NF)  
01120=AETNA (HAWAII)  
01182=Noridian (SF)  
01192=PALMETTO (CALIFORNIA SOUTH)  
01201=PALMETTO (HAWAII)  
01202=PALMETTO (HAWAII)  
01211=Noridian (AS, GU, HI)  
01212=Noridian (AS, GU, HI)  
01290=AETNA (NEVADA)  
01301=PALMETTO (NEVADA)  
01302=PALMETTO (NEVADA)  
01311=Noridian (NV)  
01312=Noridian (NV)  
01360=AETNA (NEW MEXICO)  
01370=AETNA (OKLAHOMA)  
01380=AETNA (OREGON)  
01390=AETNA (WASHINGTON)  
01901=PALMETTO GBA  
01902=PALMETTO GBA

01911=Noridian (AS, GU, HI, NV)  
02050=OCCIDENTAL (CALIFORNIA)  
02101=Noridian AK  
02102=Noridian AK  
02201=Noridian ID  
02202=Noridian ID  
02301=Noridian OR  
02302=Noridian OR  
02401=Noridian WA  
02402=Noridian WA

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POS RECORD LAYOUT

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Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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03001=NORIDIAN ADMIN SERVICES				
03101=NORIDAN (ARIZONA)				
03102=NORIDAN (ARIZONA)				
03201=NORIDAN (MONTANA)				
03202=NORIDAN (MONTANA)				
03301=NORDIAN (NORTH DAKOTA)				
03302=NORDIAN (NORTH DAKOTA)				
03401=NORIDIAN (SOUTH DAKOTA)				
03402=NORIDIAN (SOUTH DAKOTA)				
03501=NORIDIAN (UTAH)				
03502=NORIDIAN (UTAH)				
03601=NORIDIAN (WYOMING)				
03602=NORIDIAN (WYOMING)				
04001=TRAILBLAZER				
04101=TRAILBLAZER (COLORADO)				
04102=TRAILBLAZER (COLORADO)				
04111=NOVITAS (COLORADO)				
04112=NOVITAS (COLORADO)				
04201=TRAILBLAZER (NEW MEXICO)				
04202=TRAILBLAZER (NEW MEXICO)				
04211=NOVITAS (NEW MEXICO)				
04212=NOVITAS (NEW MEXICO)				
04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				

05102=WPS (IOWA)  
 05130=EQICOR (IDAHO)  
 05201=WPS (KANSAS)  
 05202=WPS (KANSAS)  
 05301=WPS (MISSOURI)  
 05302=WPS (MISSOURI WEST)  
 05392=WPS (MISSOURI EAST)  
 05401=WPS (NEBRASKA)  
 05402=WPS (NEBRASKA)  
 05440=EQICOR (TENNESSEE)  
 05535=EQICOR (NORTH CAROLINA)  
 05901=WISCONSIN PHYSICIANS SERVICE  
 06001=NGS (WI)  
 06004=National Govt Serv HHH  
 06014=NATIONAL GOVERNMENT ERVICES  
 06101=NGS (IL)  
 06102=NGS (IL)  
 06201=NGS (MN)  
 06202=NGS (MN)  
 06301=NGS (WI)  
 06302=NGS (WI)  
 07101=Novitas AR  
 07102=Novitas AR  
 07201=Novitas LA  
 07202=Novitas LA  
 07301=Novitas MS  
 07302=Novitas MS  
 08101=WPS IN  
 08102=WPS IN  
 08201=WPS MI  
 08202=WPS MI

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POS RECORD LAYOUT

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Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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09101=FIRST COAST (FLORIDA)				
09102=FIRST COAST (FLORIDA)				
09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)				
09202=FIRST COAST (PUERTO RICO)				
09302=FIRST COAST (VIRGIN ISLANDS)				
10071=TRAVELERS (RRB)				
10101=CAHABA GBA (AL)				
10102=CAHABA GBA (AL)				
10111=PALMETTO GBA (Part A) (AL)				
10112=PALMETTO GBA (AL)				
10201=CAHABA GBA (GA)				
10202=CAHABA GBA (GA)				

10211=PALMETTO GBA (GA)  
10212=PALMETTO GBA (GA)  
10230=TRAVELERS (CONNECTICUT)  
10240=TRAVELERS (MINNESOTA)  
10250=TRAVELERS (MISSISSIPPI)  
10301=CAHABA GBA (TN)  
10302=CAHABA GBA (TN)  
10311=PALMETTO GBA (TN)  
10312=PALMETTO GBA (TN)  
10490=TRAVELERS (VIRGINIA)  
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT  
11004=PALMETTO HHH C  
11201=PALMETTO GBA (SC)  
11202=PALMETTO GBA (SC)  
11260=GENERAL AMERICAN  
11301=PALMETTO GBA (VA)  
11302=PALMETTO GBA (VA)  
11401=PALMETTO GBA (WV)  
11402=PALMETTO GBA (WV)  
11501=PALMETTO GBA (NC)  
11502=PALMETTO GBA (NC)  
12101=Novitas DE  
12102=Novitas DE  
12201=Novitas DC  
12202=Novitas DC  
12301=Novitas MD  
12302=Novitas MD  
12401=Novitas NJ  
12402=Novitas NJ  
12501=Novitas PA  
12502=Novitas PA  
12901=Novitas Solutions DC, DE, MD, PA  
12902=HIGHMARK  
13101=NATIONAL GOVT SERVICES (CONNECTICUT)  
13102=NATIONAL GOVT SERVICES (CONNECTICUT)  
13201=NATIONAL GOVT SERVICES (NEW YORK)  
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)  
13282=NGS (UN)  
13292=NGS (QN)  
14004=NATIONAL HERITAGE (HHA - A)  
14014=NGS (HHA)  
14101=NATIONAL HERITAGE (MAINE)  
14102=NATIONAL HERITAGE (MAINE)  
14111=NGS (ME)  
14112=NGS (ME)  
14201=NATIONAL HERITAGE (MASSACHUSETTS)  
14202=NATIONAL HERITAGE (MASSACHUSETTS)  
14211=NGS (MA)  
14212=NGS (MA)  
14301=NATIONAL HERITAGE (NEW HAMPSHIRE)



14302=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14311=NGS (NH)

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POS RECORD LAYOUT

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Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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14312=NGS (NH)				
14330=GROUP HEALTH INC (NEW YORK)				
14401=NATIONAL HERITAGE (RHODE ISLAND)				
14402=NATIONAL HERITAGE (RHODE ISLAND)				
14411=NGS (RI)				
14412=NGS (RI)				
14501=NATIONAL HERITAGE (VERMONT)				
14502=NATIONAL HERITAGE (VERMONT)				
14511=NGS (VT)				
14512=NGS (VT)				
15004=CGS Administrators HHH				
15101=CGS (KENTUCKY)				
15102=CGS (KENTUCKY)				
15201=CGS (OHIO)				
15202=CGS (OHIO)				
16360=NATIONWIDE (OHIO)				
16510=NATIONWIDE (WEST VIRGINIA)				
17120=HAWAII MEDICAL SERVICE ASSOCIATION				
21200=MASSACHUSETTS/MAINE				
31142=NATIONAL HERITAGE INSURANCE CO (MAINE)				
31143=NATIONAL HERITAGE INSURANCE CO				
31144=NATIONAL HERITAGE INSURANCE CO				
50333=TRAVELERS (NEW YORK)				
51051=AETNA (PETALUMA)				
51070=AETNA (FARMINGTON)				
51100=AETNA (CLEARWATER)				
51140=AETNA (PEORIA)				
51390=AETNA (FORT WASHINGTON)				
52280=WISCONSIN PHYSICIANS SERVICE				
57400=COOPERATIVA (PUERTO RICO)				

CCN	10	158	167	VARCHAR2
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Description: Six or ten position identification number that is assigned to a certified provider. This is the CMS Certification Number.

SAS Name: PRVDR\_NUM

COBOL Name: PRVDR-NUM

Region Code	2	168	169	VARCHAR2
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Description: Indicates the CMS Regional Office responsible for the certification of the provider.

SAS Name: RGN\_CD  
 COBOL Name: RGN-CD  
 VALUES: 01=Boston  
 02=New York  
 03=Philadelphia  
 04=Atlanta  
 05=Chicago  
 06=Dallas  
 07=Kansas City  
 08=Denver  
 09=San Francisco  
 10=Seattle

Skeleton Record Indicator 1 170 170 VARCHAR2

Description: Indicates if the record is a skeleton record. Only a limited set of data is available for this provider; no survey data exists. Only provider categories 01,17,19,21and 22 can have skeleton providers.

SAS Name: SKLTN\_REC\_SW  
 COBOL Name: SKLTN-REC-SW

State Abbreviation 2 171 172 VARCHAR2

Description: Two-character state abbreviation.

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 Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

SAS Name: STATE\_CD  
 COBOL Name: STATE-CD  
 VALUES: AK=ALASKA  
 AL=ALABAMA  
 AR=ARKANSAS  
 AS=AMERICAN SAMOA  
 AZ=ARIZONA  
 CA=CALIFORNIA  
 CN=CANADA  
 CO=COLORADO  
 CT=CONNECTICUT  
 DC=DISTRICT OF COLUMBIA  
 DE=DELAWARE  
 FL=FLORIDA  
 FN=INTERNATIONAL  
 GA=GEORGIA  
 GU=GUAM  
 HI=HAWAII  
 IA=IOWA  
 ID=IDAHO

IL=ILLINOIS  
 IN=INDIANA  
 KS=KANSAS  
 KY=KENTUCKY  
 LA=LOUISIANA  
 MA=MASSACHUSETTS  
 MD=MARYLAND  
 ME=MAINE  
 MI=MICHIGAN  
 MN=MINNESOTA  
 MO=MISSOURI  
 MP=SAIPAN  
 MS=MISSISSIPPI  
 MT=MONTANA  
 MX=MEXICO  
 NC=NORTH CAROLINA  
 ND=NORTH DAKOTA  
 NE=NEBRASKA  
 NH=NEW HAMPSHIRE  
 NJ=NEW JERSEY  
 NM=NEW MEXICO  
 NV=NEVADA  
 NY=NEW YORK  
 OH=OHIO  
 OK=OKLAHOMA  
 OR=OREGON  
 PA=PENNSYLVANIA  
 PR=PUERTO RICO  
 RI=RHODE ISLAND  
 SC=SOUTH CAROLINA  
 SD=SOUTH DAKOTA  
 TN=TENNESSEE  
 TX=TEXAS  
 UT=UTAH  
 VA=VIRGINIA  
 VI=VIRGIN ISLANDS  
 VT=VERMONT  
 WA=WASHINGTON  
 WI=WISCONSIN  
 WV=WEST VIRGINIA  
 WY=WYOMING

SSA State Code 2 173 174 VARCHAR2  
 Description: Social Security Administration geographic code indicating

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 Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

the state where the provider is located.

SAS Name: SSA\_STATE\_CD  
COBOL Name: SSA-STATE-CD  
VALUES: 01=ALABAMA  
02=ALASKA  
03=ARIZONA  
04=ARKANSAS  
05=CALIFORNIA  
06=COLORADO  
07=CONNECTICUT  
08=DELAWARE  
09=DISTRICT OF COLUMBIA  
10=FLORIDA  
11=GEORGIA  
12=HAWAII  
13=IDAHO  
14=ILLINOIS  
15=INDIANA  
16=IOWA  
17=KANSAS  
18=KENTUCKY  
19=LOUISIANA  
20=MAINE  
21=MARYLAND  
22=MASSACHUSETTS  
23=MICHIGAN  
24=MINNESOTA  
25=MISSISSIPPI  
26=MISSOURI  
27=MONTANA  
28=NEBRASKA  
29=NEVADA  
30=NEW HAMPSHIRE  
31=NEW JERSEY  
32=NEW MEXICO  
33=NEW YORK  
34=NORTH CAROLINA  
35=NORTH DAKOTA  
36=OHIO  
37=OKLAHOMA  
38=OREGON  
39=PENNSYLVANIA  
40=PUERTO RICO  
41=RHODE ISLAND  
42=SOUTH CAROLINA  
43=SOUTH DAKOTA  
44=TENNESSEE  
45=TEXAS  
46=UTAH

47=VERMONT  
 48=VIRGIN ISLANDS  
 49=VIRGINIA  
 50=WASHINGTON  
 51=WEST VIRGINIA  
 52=WISCONSIN  
 53=WYOMING  
 54=AFRICA  
 56=CANADA  
 57=WEST INDIES  
 58=EUROPE  
 59=MEXICO  
 60=OCEANIA  
 61=PHILIPPINES  
 62=SOUTH AMERICA

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POS RECORD LAYOUT

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Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
-------------------	-----	-------	-----	------

63=UNITED STATES POSSESSIONS  
 64=AMERICAN SAMOA  
 65=GUAM  
 66=SAIPAN  
 99=INTERNATIONAL

State Region Code	3	175	177	VARCHAR2
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Description: Identifies the region within a state where the provider is located.

SAS Name: STATE\_RGN\_CD

COBOL Name: STATE-RGN-CD

VALUES:

- AK/001=ALASKA
- AK/LAB=LABORATORIES
- AK/NPH=NON-PARTICIPATING HOSPITAL
- AL/001=ALABAMA
- AL/LAB=LABORATORIES
- AL/NPH=NON-PARTICIPATING HOSPITAL
- AR/001=ARKANSAS
- AR/LAB=LABORATORIES
- AR/NPH=NON-PARTICIPATING HOSPITAL
- AS/001=AMERICAN SAMOA
- AS/LAB=LABORATORY
- AS/NPH=NON-PARTICIPATING HOSPITAL
- AZ/AZ=PHOENIX
- AZ/LAB=ARIZONA LAB
- AZ/NPH=NON-PARTICIPATING HOSPITAL
- AZ/TUC=TUCSON
- CA/001=CALIFORNIA

CA/BAK=BAKERSFIELD  
 CA/BER=SAN BERNARDINO  
 CA/EB=East Bay  
 CA/FR=FRESNO  
 CA/L1=L.A. WEST  
 CA/L2=L.A. NORTH  
 CA/L3=L.A. CENTRAL  
 CA/L4=L.A. EAST  
 CA/L5=SAN GABRIEL  
 CA/LA1=LA Region 1  
 CA/LA2=LA Region 2  
 CA/LA3=LA Region 3  
 CA/LA4=LA Acute/Ancillary  
 CA/LA5=LA HHA/Hospice  
 CA/LA6=LA ICF/DD/Clinics  
 CA/LAB=LABORATORIES  
 CA/M1=LAB. SOUTH  
 CA/M2=LAB. NORTH  
 CA/NPH=NON-PARTICIPATING HOSPITAL  
 CA/ORG=ORANGE  
 CA/RIV=RIVERSIDE  
 CA/S1=SACRAMENTO  
 CA/S3=CHICO  
 CA/SD=SAN DIEGO  
 CA/SF=SAN FRANCISCO  
 CA/SJ=SAN JOSE  
 CA/SR=SANTA ROSA  
 CA/STK=STOCKTON  
 CA/VEN=VENTURA  
 CN/001=CANADA  
 CN/LAB=LABORATORY  
 CN/NPH=NON-PARTICIPATING HOSPITAL  
 CO/001=COLORADO  
 CO/LAB=LABORATORIES  
 CO/NPH=NON-PARTICIPATING HOSPITAL  
 CT/001=CONNECTICUT

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POS RECORD LAYOUT

PAGE: 17

Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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CT/LAB=LABORATORIES  
 CT/NPH=NON-PARTICIPATING HOSPITAL  
 DC/001=DISTRICT OF COLUMBIA  
 DC/LAB=LABORATORIES  
 DC/NPH=NON-PARTICIPATING HOSPITAL  
 DE/001=DELAWARE  
 DE/LAB=LABORATORIES

DE/NPH=NON-PARTICIPATING HOSPITAL  
FL/001=FLORIDA  
FL/FTM=FT. MYERS  
FL/GAI=GAINESVILLE  
FL/JAX=JACKSONVILLE  
FL/LAB=LABORATORIES  
FL/LAN=LANTANA  
FL/LAU=LAUDERHILL  
FL/MIA=MIAMI  
FL/NPH=NON-PARTICIPATING HOSPITAL  
FL/ORL=ORLANDO  
FL/PEN=PENSACOLA  
FL/STP=ST. PETERSBURG  
FL/TAL=TALLAHASSEE  
FL/TAM=TAMPA  
FM/001=FEDERATED STATES OF MICRO  
FM/NPH=NON-PARTICIPATING HOSPITAL  
FN/001=INTERNATIONAL  
FN/LAB=LABORATORIES  
FN/NPH=NON-PARTICIPATING HOSPITAL  
GA/001=GEORGIA  
GA/GAA=GEORGIA ALL  
GA/GAC=GEORGIA CENTRAL  
GA/GAE=GEORGIA EASTERN  
GA/GAN=GEORGIA NORTH  
GA/GAS=GEORGIA SOUTH  
GA/GAW=GEORGIA WESTERN  
GA/LAB=LABORATORIES  
GA/NPH=NON-PARTICIPATING HOSPITAL  
GU/001=GUAM  
GU/LAB=LABORATORIES  
GU/NPH=NON-PARTICIPATING HOSPITAL  
HI/001=HAWAII  
HI/LAB=LABORATORIES  
HI/NPH=NON-PARTICIPATING HOSPITAL  
IA/001=IOWA  
IA/LAB=LABORATORIES  
IA/NPH=NON-PARTICIPATING HOSPITAL  
ID/001=IDAHO  
ID/LAB=LABORATORIES  
ID/NPH=NON-PARTICIPATING HOSPITAL  
IL/001=ILLINOIS  
IL/LAB=LABORATORIES  
IL/NPH=NON-PARTICIPATING HOSPITAL  
IN/001=INDIANA  
IN/LAB=LABORATORIES  
IN/NPH=NON-PARTICIPATING HOSPITAL  
KS/001=KANSAS  
KS/KCK=KANSAS CITY  
KS/KDH=KDHE

KS/LAB=LABORATORIES  
KS/LAW=LAWRENCE  
KS/NC=NORTH CENTRAL KANSAS  
KS/NE=NORTH EAST KANSAS  
KS/NPH=NON-PARTICIPATING HOSPITAL  
KS/NW=NORTH WEST KANSAS  
KS/SC=SOUTH CENTRAL KANSAS

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POS RECORD LAYOUT

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Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
-------------------	-----	-------	-----	------

KS/SE=SOUTH EAST KANSAS				
KS/SW=SOUTH WEST KANSAS				
KS/WST=WEST				
KY/2C1=HOPKINSVILLE				
KY/2C2=LOUISVILLE				
KY/2C3=LONDON				
KY/2C4=LEXINGTON				
KY/LAB=LABORATORIES				
KY/NPH=NON-PARTICIPATING HOSPITAL				
LA/001=LOUISIANA				
LA/LA1=NEW ORLEANS				
LA/LA2=MANDEVILLE				
LA/LA3=LAFAYETTE				
LA/LA4=MONROE				
LA/LA5=SHREVEPORT				
LA/LA6=ALEXANDRIA				
LA/LAB=LABORATORIES				
LA/LB1=CLIA NEW ORLEANS				
LA/LB5=CLIA SHREVEPORT				
LA/LB6=CLIA ALEXANDRIA				
LA/NPH=NON-PARTICIPATING HOSPITAL				
MA/001=MASSACHUSETTS				
MA/LAB=LABORATORIES				
MA/NPH=NON-PARTICIPATING HOSPITAL				
MD/001=MARYLAND				
MD/LAB=LABORATORIES				
MD/NPH=NON-PARTICIPATING HOSPITAL				
ME/001=MAINE				
ME/LAB=LABORATORIES				
ME/NPH=NON-PARTICIPATING HOSPITAL				
MH/001=MARSHALL ISLANDS				
MH/NPH=NON-PARTICIPATING HOSPITAL				
MI/001=MICHIGAN				
MI/LAB=LABORATORIES				
MI/NPH=NON-PARTICIPATING HOSPITAL				
MN/001=MINNESOTA				



MN/LAB=LABORATORIES  
 MN/NPH=NON-PARTICIPATING HOSPITAL  
 MO/001=MISSOURI  
 MO/01=REGION01  
 MO/02=REGION02  
 MO/03=REGION 03  
 MO/04=REGION 04  
 MO/05=REGION 05  
 MO/06=REGION 06  
 MO/07=REGION 07  
 MO/1NH=REGION 1 NH  
 MO/2NH=REGION 2 NH  
 MO/3NH=REGION 3 NH  
 MO/4NH=REGION 4 NH  
 MO/5NH=REGION 5 NH  
 MO/6NH=REGION 6 NH  
 MO/7NH=REGION 7 NH  
 MO/LAB=LABORATORIES  
 MO/MO=STATEWIDE  
 MO/NPH=NON-PARTICIPATING HOSPITAL  
 MP/001=NORTHERN MARIANA ISLANDS  
 MP/LAB=LABORATORIES  
 MP/NPH=NON-PARTICIPATING HOSPITAL  
 MS/001=MISSISSIPPI  
 MS/LAB=LABORATORIES  
 MS/NPH=NON-PARTICIPATING HOSPITAL  
 MT/001=MONTANA  
 MT/LAB=LABORATORIES

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POS RECORD LAYOUT

PAGE: 19

Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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MT/NPH=NON-PARTICIPATING HOSPITAL				
MX/001=MEXICO				
MX/LAB=LABORATORY				
MX/NPH=NON-PARTICIPATING HOSPITAL				
NC/001=NORTH CAROLINA				
NC/LAB=LABORATORIES				
NC/NCC=NORTH CAROLINA CENTRAL				
NC/NCE=NORTH CAROLINA EAST				
NC/NCN=NORTH CAROLINA NORTH				
NC/NCS=NORTH CAROLINA SOUTH				
NC/NCW=NORTH CAROLINA WEST				
NC/NPH=NON-PARTICIPATING HOSPITAL				
ND/001=NORTH DAKOTA				
ND/LAB=LABORATORIES				
ND/NPH=NON-PARTICIPATING HOSPITAL				

NE/001=NEBRASKA  
NE/1=NORTH CENTRAL  
NE/2=CENTRAL  
NE/3=NORTHEAST  
NE/4=SOUTHEAST  
NE/5=WESTERN  
NE/LAB=LABORATORIES  
NE/NPH=NON-PARTICIPATING HOSPITAL  
NH/001=NEW HAMPSHIRE  
NH/LAB=LABORATORIES  
NH/NPH=NON-PARTICIPATING HOSPITAL  
NJ/001=NEW JERSEY  
NJ/LAB=LABORATORIES  
NJ/NPH=NON-PARTICIPATING HOSPITAL  
NM/001=NEW MEXICO  
NM/LAB=LABORATORIES  
NM/NPH=NON-PARTICIPATING HOSPITAL  
NV/001=NEVADA  
NV/CC=CARSON CITY  
NV/LAB=LABORATORIES  
NV/LV=LAS VEGAS  
NV/NPH=NON-PARTICIPATING HOSPITAL  
NY/001=BUFFALO  
NY/002=ROCHESTER  
NY/003=SYRACUSE  
NY/004=ALBANY  
NY/005=NEW ROCHELLE  
NY/006=NEW YORK CITY  
NY/007=SUFFOLK/NASSAU COUNTY  
NY/LAB=LABORATORIES  
NY/NPH=NON-PARTICIPATING HOSPITAL  
OH/001=OHIO  
OH/LAB=LABORATORIES  
OH/NPH=NON-PARTICIPATING HOSPITAL  
OK/001=OKLAHOMA  
OK/LAB=LABORATORIES  
OK/NPH=NON-PARTICIPATING HOSPITAL  
OR/001=OFFICE #1  
OR/002=OFFICE #2  
OR/003=OFFICE #3  
OR/LAB=LABORATORIES  
OR/NPH=NON-PARTICIPATING HOSPITAL  
PA/001=PENNSYLVANIA  
PA/LAB=LABORATORIES  
PA/NPH=NON-PARTICIPATING HOSPITAL  
PR/001=PUERTO RICO  
PR/LAB=LABORATORIES  
PR/NPH=NON-PARTICIPATING HOSPITAL  
PW/001=PALAU

Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
-------------------	-----	-------	-----	------

PW/NPH=NON-PARTICIPATING HOSPITAL				
RI/001=RHODE ISLAND				
RI/LAB=LABORATORIES				
RI/NPH=NON-PARTICIPATING HOSPITAL				
SC/001=SOUTH CAROLINA				
SC/LAB=LABORATORIES				
SC/NPH=NON-PARTICIPATING HOSPITAL				
SD/001=SOUTH DAKOTA				
SD/LAB=LABORATORIES				
SD/NPH=NON-PARTICIPATING HOSPITAL				
TN/001=TENNESSEE				
TN/LAB=LABORATORIES				
TN/NPH=NON-PARTICIPATING HOSPITAL				
TN/TNC=TENNESSEE COOKEVILLE				
TN/TNE=TENNESSEE EASTERN				
TN/TNM=TENNESSEE MIDDLE				
TN/TNW=TENNESSEE WESTERN				
TX/001=TEXAS				
TX/L01=AMARILLO-LTC				
TX/L02=ABILENE-LTC				
TX/L03=ARLINGTON-LTC				
TX/L04=TYLER-LTC				
TX/L05=TEMPLE-LTC				
TX/L06=HOUSTON-LTC				
TX/L07=Austin-LTC				
TX/L08=San Antonio-LTC				
TX/L11=Corpus Christi-LTC				
TX/LAB=LABORATORIES				
TX/NPH=NON-PARTICIPATING HOSPITAL				
TX/TX1=NLTC REG 1, 7, 9, 10				
TX/TX2=NLTC REG 2, 3				
TX/TX4=NLTC REG 6				
TX/TX5=NLTC REG 4, 5				
TX/TX6=NLTC Statewide-Certified Only				
TX/TX8=NLTC REG 8, 11				
UT/001=UTAH				
UT/LAB=LABORATORIES				
UT/NPH=NON-PARTICIPATING HOSPITAL				
VA/001=VIRGINIA				
VA/LAB=LABORATORIES				
VA/NPH=NON-PARTICIPATING HOSPITAL				
VI/001=VIRGIN ISLANDS				
VI/LAB=LABORATORIES				
VI/NPH=NON-PARTICIPATING HOSPITAL				

VT/001=VERMONT  
 VT/LAB=LABORATORIES  
 VT/NPH=NON-PARTICIPATING HOSPITAL  
 WA/001=ALL OTHERS (NON-LTC FAC)  
 WA/D1=SPOKANE & YAKIMA AREAS  
 WA/D1A=District 1, Unit A  
 WA/D1B=District 1, Unit B  
 WA/D1C=District 1, Unit C  
 WA/D1D=District 1, Unit D  
 WA/D1E=District 1, Unit E  
 WA/D1F=District 1, Unit F  
 WA/D2=SPOKANE & SE  
 WA/D2A=District 2, Unit A  
 WA/D2B=District 2, Unit B  
 WA/D2C=District 2, Unit C  
 WA/D2D=District 2, Unit D  
 WA/D2E=District 2, Unit E  
 WA/D2F=District 2, Unit F  
 WA/D2G=District 2, Unit G  
 WA/D2H=District 2, Unit H

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 21

Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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WA/D2I=District 2, Unit I				
WA/D2J=District 2, Unit J				
WA/D2L=District 2, Unit L				
WA/D3=NW WASHINGTON				
WA/D3A=District 3, Unit A				
WA/D3B=District 3, Unit B				
WA/D3C=District 3, Unit C				
WA/D3D=District 3, Unit D				
WA/D3E=District 3, Unit E				
WA/D3F=District 3, Unit F				
WA/D3G=District 3, Unit G				
WA/D3H=District 3, Unit H				
WA/D4A=GREATER SEATTLE AREA				
WA/D4B=S KING COUNTY				
WA/D5A=PIERCE CTY & PENINSULA				
WA/D5B=PIERCE CTY & GRAYS HARBOR				
WA/D6=OLYMPIA AREA				
WA/LAB=LABORATORIES				
WA/NPH=NON-PARTICIPATING HOSPITAL				
WI/001=WISCONSIN				
WI/LAB=LABORATORIES				
WI/NPH=NON-PARTICIPATING HOSPITAL				
WV/001=WEST VIRGINIA				

WV/LAB=LABORATORIES  
 WV/NPH=NON-PARTICIPATING HOSPITAL  
 WY/001=WYOMING  
 WY/LAB=LABORATORIES  
 WY/NPH=NON-PARTICIPATING HOSPITAL

Address: Street 50 178 227 VARCHAR2  
 Description: Street address where the provider is located.  
 SAS Name: ST\_ADR  
 COBOL Name: ST-ADR

Telephone Number 10 228 237 VARCHAR2  
 Description: Telephone number of the provider.  
 SAS Name: PHNE\_NUM  
 COBOL Name: PHNE-NUM

Termination Code 2 238 239 VARCHAR2  
 Description: Indicates the current termination status for the provider.  
 SAS Name: PGM\_TRMNTN\_CD  
 COBOL Name: PGM-TRMNTN-CD  
 VALUES:
 

- 00=ACTIVE PROVIDER
- 01=VOLUNTARY-MERGER, CLOSURE
- 02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT
- 03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION
- 04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL
- 05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ
- 06=INVOLUNTARY-FAILURE TO MEET AGREEMENT
- 07=OTHER-PROVIDER STATUS CHANGE
- 08=NONPAYMENT OF FEES - CLIA Only
- 09=REV/UNSUCCESSFUL PARTICIPATION IN PT - CLIA Only
- 10=REV/OTHER REASON - CLIA Only
- 11=INCOMPLETE CLIA APPLICATION INFORMATION - CLIA Only
- 12=NO LONGER PERFORMING TESTS - CLIA Only
- 13=MULTIPLE TO SINGLE SITE CERTIFICATE - CLIA Only
- 14=SHARED LABORATORY - CLIA Only
- 15=FAILURE TO RENEW WAIVER PPM CERTIFICATE - CLIA Only
- 16=DUPLICATE CLIA NUMBER - CLIA Only
- 17=MAIL RETURNED NO FORWARD ADDRESS CERT ENDED - CLIA Only
- 20=NOTIFICATION BANKRUPTCY - CLIA Only
- 33=ACCREDITATION NOT CONFIRMED - CLIA Only

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 22  
 Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

80=AWAITING STATE APPROVAL  
 99=OIG ACTION - DO NOT ACTIVATE - CLIA Only

Termination or Expiration Date 8 240 247 DATE  
 Description: Date the provider was terminated. For CLIA providers, date the laboratory's certificate was terminated or the expiration date of the current CLIA certificate.  
 SAS Name: TRMNTN\_EXPRTN\_DT  
 COBOL Name: TRMNTN-EXPRTN-DT

Type of Action Code 1 248 248 VARCHAR2  
 Description: Identifies the reason for the certification. Type of action from the official survey record, CMS 1539 form.  
 SAS Name: CRTFCTN\_ACTN\_TYPE\_CD  
 COBOL Name: CRTFCTN-ACTN-TYPE-CD  
 VALUES: 1=INITIAL  
 2=RECERTIFICATION  
 3=TERMINATION  
 4=CHANGE OF OWNERSHIP  
 5=VALIDATION  
 8=FULL SURVEY AFTER COMPLAINT

Ownership Type Code 2 249 250 VARCHAR2  
 Description: Indicates the ownership type of the provider.  
 SAS Name: GNRL\_CNTL\_TYPE\_CD  
 COBOL Name: GNRL-CNTL-TYPE-CD  
 VALUES: 01=CHURCH  
 02=PRIVATE (NOT FOR PROFIT)  
 03=OTHER (SPECIFY)  
 04=PRIVATE (FOR PROFIT)  
 05=FEDERAL  
 06=STATE  
 07=LOCAL  
 08=HOSPITAL DISTRICT OR AUTHORITY  
 09=PHYSICIAN OWNERSHIP  
 10=TRIBAL

Address: ZIP Code 5 251 255 VARCHAR2  
 Description: Five-digit ZIPcode for a provider's physical address.  
 SAS Name: ZIP\_CD  
 COBOL Name: ZIP-CD

FIPS State Code 2 256 257 VARCHAR2  
 Description: FIPS State Code  
 SAS Name: FIPS\_STATE\_CD  
 COBOL Name: FIPS-STATE-CD  
 VALUES: 01=ALABAMA  
 02=ALASKA  
 04=ARIZONA  
 05=ARKANSAS  
 06=CALIFORNIA  
 08=COLORADO

09=CONNECTICUT  
10=DELAWARE  
11=DISTRICT OF COLUMBIA  
12=FLORIDA  
13=GEORGIA  
15=HAWAII  
16=IDAHO  
17=ILLINOIS  
18=INDIANA  
19=IOWA  
20=KANSAS  
21=KENTUCKY

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 23

Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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22=LOUISIANA				
23=MAINE				
24=MARYLAND				
25=MASSACHUSETTS				
26=MICHIGAN				
27=MINNESOTA				
28=MISSISSIPPI				
29=MISSOURI				
30=MONTANA				
31=NEBRASKA				
32=NEVADA				
33=NEW HAMPSHIRE				
34=NEW JERSEY				
35=NEW MEXICO				
36=NEW YORK				
37=NORTH CAROLINA				
38=NORTH DAKOTA				
39=OHIO				
40=OKLAHOMA				
41=OREGON				
42=PENNSYLVANIA				
43=PUERTO RICO				
44=RHODE ISLAND				
45=SOUTH CAROLINA				
46=SOUTH DAKOTA				
47=TENNESSEE				
48=TEXAS				
49=UTAH				
50=VERMONT				
51=VIRGINIA				
53=WASHINGTON				

54=WEST VIRGINIA  
 55=WISCONSIN  
 56=WYOMING  
 60=AMERICAN SAMOA  
 66=GUAM  
 69=SAIPAN/MARIANA IS.  
 78=VIRGIN ISLANDS

FIPS County Code 3 258 260 VARCHAR2  
 Description: FIPS County Code  
 SAS Name: FIPS\_CNTY\_CD  
 COBOL Name: FIPS-CNTY-CD

CBSA Urban Rural Indicator 1 261 261 VARCHAR2  
 Description: CBSA (Core Based Statistical Area) indicates whether the county is defined as Urban or Rural.  
 SAS Name: CBSA\_URBN\_RRL\_IND  
 COBOL Name: CBSA-URBN-RRL-IND

CBSA Code 5 262 266 VARCHAR2  
 Description: CBSA (Core Based Statistical Area) geographic entities defined by the U.S. Office of Management and Budget (OMB) on June 6, 2003 for use by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics. CBSA collectively refers to MSA.  
 SAS Name: CBSA\_CD  
 COBOL Name: CBSA-CD

Accreditation Effective Date 8 267 274 DATE  
 Description: Effective date of the period of accreditation associated with this certification.  
 SAS Name: ACRDTN\_EFCTV\_DT  
 COBOL Name: ACRDTN-EFCTV-DT

Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

Accreditation Expiration Date 8 275 282 DATE  
 Description: Expiration date of the period of accreditation associated with this certification.  
 SAS Name: ACRDTN\_EXPRTN\_DT  
 COBOL Name: ACRDTN-EXPRTN-DT

\*Accreditation Type Code 1 283 283 VARCHAR2  
 Description: Indicates an accrediting organization deeming the provider. If a provider is deemed by multiple



accrediting organizations then the accrediting organization with the earliest active deeming effective date is displayed in this field.

SAS Name: ACRDTN\_TYPE\_CD  
COBOL Name: ACRDTN-TYPE-CD  
VALUES: 0=NOT ACCREDITED  
1=JC  
2=AOA/HFAP  
3=DNV  
7=ACHC  
9=CIHQ

Affiliated Count: Ambulance Services 2 284 285 NUMBER  
Description: Number of affiliated Medicare participating ambulance services.  
SAS Name: TOT\_AFLTD\_AMBLNC\_SRVC\_CNT  
COBOL Name: TOT-AFLTD-AMBLNC-SRVC-CNT

Affiliated Count: ASC 2 286 287 NUMBER  
Description: Number of affiliated Medicare participating ambulatory surgery centers.  
SAS Name: TOT\_AFLTD\_ASC\_CNT  
COBOL Name: TOT-AFLTD-ASC-CNT

Affiliated Count: Co-Located Hospital 2 288 289 NUMBER  
Description: Number of affiliated Medicare participating co-located hospitals.  
SAS Name: TOT\_COLCTD\_HOSP\_CNT  
COBOL Name: TOT-COLCTD-HOSP-CNT

Affiliated Count: ESRD 2 290 291 NUMBER  
Description: Number of affiliated Medicare participating end-stage renal disease units.  
SAS Name: TOT\_AFLTD\_ESRD\_CNT  
COBOL Name: TOT-AFLTD-ESRD-CNT

Affiliated Count: FQHC 2 292 293 NUMBER  
Description: Number of affiliated Medicare participating federally qualified health centers.  
SAS Name: TOT\_AFLTD\_FQHC\_CNT  
COBOL Name: TOT-AFLTD-FQHC-CNT

Affiliated Count: HHA 2 294 295 NUMBER  
Description: Number of affiliated Medicare participating home health agencies.  
SAS Name: TOT\_AFLTD\_HHA\_CNT  
COBOL Name: TOT-AFLTD-HHA-CNT

Affiliated Count: Hospice 2 296 297 NUMBER  
Description: Number of affiliated Medicare participating hospices.

SAS Name: TOT\_AFLTD\_HOSPC\_CNT  
COBOL Name: TOT-AFLTD-HOSPC-CNT

Affiliated Count: OPO 2 298 299 NUMBER

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Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

Description: Number of affiliated Medicare participating organ  
procurement organizations.

SAS Name: TOT\_AFLTD\_OPO\_CNT  
COBOL Name: TOT-AFLTD-OPO-CNT

Affiliated Count: PRTF 2 300 301 NUMBER

Description: Number of affiliated Medicare participating psychiatric  
residential treatment facilities.

SAS Name: TOT\_AFLTD\_PRTF\_CNT  
COBOL Name: TOT-AFLTD-PRTF-CNT

Affiliated Count: RHC 2 302 303 NUMBER

Description: Number of affiliated Medicare participating rural health  
centers.

SAS Name: TOT\_AFLTD\_RHC\_CNT  
COBOL Name: TOT-AFLTD-RHC-CNT

Affiliated Count: SNF 2 304 305 NUMBER

Description: Number of affiliated Medicare participating skilled  
nursing facilities.

SAS Name: TOT\_AFLTD\_SNF\_CNT  
COBOL Name: TOT-AFLTD-SNF-CNT

Affiliated Count: Total 2 306 307 NUMBER

Description: Number of affiliated providers.

SAS Name: AFLTD\_PRVDR\_CNT  
COBOL Name: AFLTD-PRVDR-CNT

Affiliated Resident Program: Allopathic 1 308 308 VARCHAR2

Description: Indicates if the provider has an affiliated allopathic  
resident program.

SAS Name: RSDNT\_PGM\_ALPTHC\_SW  
COBOL Name: RSDNT-PGM-ALPTHC-SW

Affiliated Resident Program: Dental 1 309 309 VARCHAR2

Description: Indicates if the provider has an affiliated dental  
resident program.

SAS Name: RSDNT\_PGM\_DNTL\_SW  
COBOL Name: RSDNT-PGM-DNTL-SW

Affiliated Resident Program: Osteopathic 1 310 310 VARCHAR2  
 Description: Indicates if the provider has an affiliated osteopathic resident program.  
 SAS Name: RSDNT\_PGM\_OSTPTHC\_SW  
 COBOL Name: RSDNT-PGM-OSTPTHC-SW

Affiliated Resident Program: Other 1 311 311 VARCHAR2  
 Description: Indicates if the provider has any other affiliated resident program.  
 SAS Name: RSDNT\_PGM\_OTHR\_SW  
 COBOL Name: RSDNT-PGM-OTHR-SW

Affiliated Resident Program: Podiatric 1 312 312 VARCHAR2  
 Description: Indicates if the provider has an affiliated podiatric resident program.  
 SAS Name: RSDNT\_PGM\_PDTRC\_SW  
 COBOL Name: RSDNT-PGM-PDTRC-SW

Services: Pharmacy Code 1 314 314 CHAR  
 Description: Indicates how pharmaceutical services are provided.  
 SAS Name: PHRMCY\_SRVC\_CD  
 COBOL Name: PHRMCY-SRVC-CD  
 VALUES: 0=NOT PROVIDED  
 1=PROVIDED BY STAFF

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 Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE  
 2=PROVIDED UNDER ARRANGEMENT  
 3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Bed Count Override Indicator 1 325 325 CHAR  
 Description: Indicates if the regional office has approved a significant bed count change from the previous certification.  
 SAS Name: OVRRD\_BED\_CNT\_SW  
 COBOL Name: OVRRD-BED-CNT-SW

Bed Count: Certified 4 326 329 NUMBER  
 Description: Number of beds in Medicare and/or Medicaid certified areas within a facility.  
 SAS Name: CRTFD\_BED\_CNT  
 COBOL Name: CRTFD-BED-CNT

Bed Count: Total 4 373 376 NUMBER  
 Description: Total number of beds in a provider, including those in

non-participating or non-licensed areas.  
SAS Name: BED\_CNT  
COBOL Name: BED-CNT

CAH Psychiatric DPU Indicator 1 381 381 VARCHAR2  
Description: Indicates if a Critical Access Hospital has a psychiatric  
Prospective Payment System-excluded distinct part unit.  
SAS Name: CAH\_PSYCH\_DPU\_SW  
COBOL Name: CAH-PSYCH-DPU-SW

CAH Rehabilitation DPU Indicator 1 382 382 VARCHAR2  
Description: Indicates if a Critical Access Hospital rehabilitation  
unit has a Prospective Payment System-excluded distinct  
part unit.  
SAS Name: CAH\_REHAB\_DPU\_SW  
COBOL Name: CAH-REHAB-DPU-SW

CAH Swing Bed Indicator 1 383 383 VARCHAR2  
Description: Indicates if a Critical Access Hospital has been approved  
to provide nursing home and/or hospital services.  
SAS Name: CAH\_SB\_SW  
COBOL Name: CAH-SB-SW

Cardiac Catheterization Procedure Room Count 4 384 387 NUMBER  
Description: Number of cardiac catheterization procedure rooms.  
SAS Name: CRDC\_CTHRTZTN\_PRCDR\_ROOMS\_CNT  
COBOL Name: CRDC-CTHRTZTN-PRCDR-ROOMS-CNT

Category-specific Facility Type Code 2 388 389 VARCHAR2  
Description: Indicates the category-specific facility type code, for  
certain provider categories only.  
SAS Name: GNRL\_FAC\_TYPE\_CD  
COBOL Name: GNRL-FAC-TYPE-CD  
VALUES: 01=Short - Term  
02=Long - Term  
03=Religious Non-Medical Health Care Institution  
04=Psychiatric  
05=Rehabilitation  
06=Childrens  
07=Distinct Part Psychiatric Hospital  
11=Critical Access Hospitals

CLIA ID Number 1 10 391 400 CHAR  
Description: CLIA ID number 1  
SAS Name: CLIA\_ID\_NUMBER\_1  
COBOL Name: CLIA-ID-NUMBER-1

SHORT DESCRIPTION	LEN	START	END	TYPE
CLIA ID Number 2 Description: CLIA ID number 2 SAS Name: CLIA_ID_NUMBER_2 COBOL Name: CLIA-ID-NUMBER-2	10	401	410	CHAR
CLIA ID Number 3 Description: CLIA ID number 3 SAS Name: CLIA_ID_NUMBER_3 COBOL Name: CLIA-ID-NUMBER-3	10	411	420	CHAR
CLIA ID Number 4 Description: CLIA ID number 4 SAS Name: CLIA_ID_NUMBER_4 COBOL Name: CLIA-ID-NUMBER-4	10	421	430	CHAR
CLIA ID Number 5 Description: CLIA ID number 5 SAS Name: CLIA_ID_NUMBER_5 COBOL Name: CLIA-ID-NUMBER-5	10	431	440	CHAR
Co-Location Indicator Description: Indicates if the facility shares a location with another hospital. SAS Name: COLCTN_STUS_SW COBOL Name: COLCTN-STUS-SW	1	441	441	VARCHAR2
Compliance: 24-Hour RN Waiver Indicator Description: Indicates if a waiver of the 24-hour registered nurse staffing requirements has been recommended for a Skilled Nursing Facility or Nursing Facility. SAS Name: RN_24_HR_WVR_SW COBOL Name: RN-24-HR-WVR-SW	1	442	442	CHAR
Compliance: LSC Waiver Indicator Description: Indicates if a waiver of any life safety code provision has been recommended for a provider. SAS Name: LSC_WVR_SW COBOL Name: LSC-WVR-SW	1	445	445	CHAR
Endoscopy Procedure Room Count Description: Number of endoscopy procedure rooms. SAS Name: ENDSCPY_PRCDR_ROOMS_CNT COBOL Name: ENDSCPY-PRCDR-ROOMS-CNT	4	447	450	NUMBER
Fax Phone Number Description: 10-digit fax phone number of the primary contact or the	10	454	463	VARCHAR2

operator of the provider.  
SAS Name: FAX\_PHNE\_NUM  
COBOL Name: FAX-PHNE-NUM

Fiscal Year End Date (MMDD) 4 464 467 VARCHAR2  
Description: End date, consisting of the month and day, of the provider's fiscal year.  
SAS Name: FY\_END\_MO\_DAY\_CD  
COBOL Name: FY-END-MO-DAY-CD

Medical School Affiliation Code 1 495 495 VARCHAR2  
Description: Type of affiliation that a hospital has with a medical school.  
SAS Name: MDCL\_SCHL\_AFLT\_N\_CD  
COBOL Name: MDCL-SCHL-AFLT\_N-CD  
VALUES: 1=MAJOR  
2=LIMITED

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 28  
Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE  
3=GRADUATE  
4=NO AFFILIATION

Medicare or Medicaid Participating Provider Indicator 1 506 506 VARCHAR2  
Description: Indicates if a provider is participating in the Medicaid or Medicare or both programs.  
SAS Name: MDCD\_MDCR\_PRTCPTG\_PRVDR\_SW  
COBOL Name: MDCD-MDCR-PRTCPTG-PRVDR-SW

Necessary Provider Designation Date 8 552 559 DATE  
Description: Date the provider was designated as a Necessary Provider.  
SAS Name: NCRY\_PRVDR\_DSGNTD\_DT  
COBOL Name: NCRY-PRVDR-DSGNTD-DT

Necessary Provider Indicator 1 560 560 VARCHAR2  
Description: Indicates if the provider is designated as Necessary Provider.  
SAS Name: NCRY\_PRVDR\_DSGNTD\_AS\_SW  
COBOL Name: NCRY-PRVDR-DSGNTD-AS-SW

Necessary Provider Lost Designation Date 8 561 568 DATE  
Description: Date the provider lost designation as a Necessary Provider.  
SAS Name: NCRY\_PRVDR\_LOST\_DT  
COBOL Name: NCRY-PRVDR-LOST-DT

Non-Participating Hospital Meets 1861(e) Indicator 1 569 569 VARCHAR2  
Description: Indicates if a non-participating emergency hospital meets the definition of 'hospital' contained in Section 1861(e) of the Social Security Act.

SAS Name: MEET\_1861\_SW  
COBOL Name: MEET-1861-SW

Non-Participating Hospital Type Code 1 570 570 VARCHAR2  
Description: Indicates if a non-participating hospital is classified as a federal hospital or an emergency non-federal hospital.

SAS Name: NPP\_TYPE\_CD  
COBOL Name: NPP-TYPE-CD  
VALUES: E=Non-Participating Emergency Hospital  
F=Non-Participating Federal Hospital

Off-Site Count: Cancer Hospital Satellites 4 571 574 NUMBER  
Description: Number of off-site satellites of a cancer hospital.

SAS Name: TOT\_OFSITE\_CNCR\_HOSP\_CNT  
COBOL Name: TOT-OFSITE-CNCR-HOSP-CNT

Off-Site Count: Childrens Hospital Satellites 4 575 578 NUMBER  
Description: Number of off-site satellites of a children's hospital.

SAS Name: TOT\_OFSITE\_CHLDRN\_HOSP\_CNT  
COBOL Name: TOT-OFSITE-CHLDRN-HOSP-CNT

Off-Site Count: Emergency Departments 4 579 582 NUMBER  
Description: Number of off-site emergency departments.

SAS Name: TOT\_OFSITE\_EMER\_DEPT\_CNT  
COBOL Name: TOT-OFSITE-EMER-DEPT-CNT

Off-Site Count: Inpatient Remote Locations 4 583 586 NUMBER  
Description: Number of inpatient remote locations.

SAS Name: TOT\_OFSITE\_INPTNT\_LCTN\_CNT  
COBOL Name: TOT-OFSITE-INPTNT-LCTN-CNT

Off-Site Count: LTC Hospital Satellites 4 587 590 NUMBER  
Description: Number of off-site satellites of a long term care

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Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

hospital.  
SAS Name: TOT\_OFSITE\_LTC\_HOSP\_CNT  
COBOL Name: TOT-OFSITE-LTC-HOSP-CNT

Off-Site Count: Ophthalmic Surgery Units 4 591 594 NUMBER

Description: Number of off-site ophthalmic surgery units.  
SAS Name: TOT\_OFSITE\_OPTHLMC\_SRGRY\_CNT  
COBOL Name: TOT-OFSITE-OPHLMC-SRGRY-CNT

Off-Site Count: Other Locations 4 595 598 NUMBER  
Description: Number of other off-site locations.  
SAS Name: TOT\_OFSITE\_OTHR\_LCTN\_CNT  
COBOL Name: TOT-OFSITE-OTHR-LCTN-CNT

Off-Site Count: Psychiatric Hospitals 4 599 602 NUMBER  
Description: Number of off-site psychiatric hospitals.  
SAS Name: TOT\_OFSITE\_PSYCH\_HOSP\_CNT  
COBOL Name: TOT-OFSITE-PSYCH-HOSP-CNT

Off-Site Count: Psychiatric Units 4 603 606 NUMBER  
Description: Number of off-site psychiatric units.  
SAS Name: TOT\_OFSITE\_PSYCH\_UNIT\_CNT  
COBOL Name: TOT-OFSITE-PSYCH-UNIT-CNT

Off-Site Count: Rehabilitation Hospitals 4 607 610 NUMBER  
Description: Number of off-site rehabilitation hospitals.  
SAS Name: TOT\_OFSITE\_REHAB\_HOSP\_CNT  
COBOL Name: TOT-OFSITE-REHAB-HOSP-CNT

Off-Site Count: Rehabilitation Units 4 611 614 NUMBER  
Description: Number of off-site rehabilitation units.  
SAS Name: TOT\_OFSITE\_REHAB\_UNIT\_CNT  
COBOL Name: TOT-OFSITE-REHAB-UNIT-CNT

Off-Site Count: Urgent Care Centers 4 615 618 NUMBER  
Description: Number of off-site urgent care centers.  
SAS Name: TOT\_OFSITE\_URGNT\_CARE\_CNTR\_CNT  
COBOL Name: TOT-OFSITE-URGNT-CARE-CNTR-CNT

Off-Site Location Count 3 619 621 NUMBER  
Description: Number of off-site locations.  
SAS Name: OFSITE\_LCTN\_CNT  
COBOL Name: OFSITE-LCTN-CNT

Operating Room Count 4 622 625 NUMBER  
Description: Number of operating rooms in an ambulatory surgical center.  
SAS Name: OPRTG\_ROOM\_CNT  
COBOL Name: OPRTG-ROOM-CNT

Program Participation Code 1 640 640 CHAR  
Description: Indicates if the provider participates in Medicare, Medicaid, or both programs.  
SAS Name: PGM\_PRTCPTN\_CD  
COBOL Name: PGM-PRTCPTN-CD



VALUES: 1=MEDICARE ONLY  
2=MEDICAID ONLY  
3=MEDICARE AND MEDICAID

Province Code 2 642 643 VARCHAR2  
Description: Canadian province where a non-participating emergency hospital is located.  
SAS Name: PRVNC\_CD  
COBOL Name: PRVNC-CD

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 30  
Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

VALUES: AB=ALBERTA  
BC=BRITISH COLUMBIA  
LB=LABRADOR  
MB=MANITOBA  
NB=NEW BRUNSWICK  
NF=NEWFOUNDLAND  
NS=NOVA SCOTIA  
NT=NORTHWEST TERRITORIES  
ON=ONTARIO  
PE=PRINCE EDWARD ISLAND  
PQ=QUEBEC  
SK=SASKATCHEWAN  
YT=YUKON TERRITORY

Psychiatric Unit Bed Count 3 644 646 NUMBER  
Description: Number of beds in a Prospective Payment System (PPS) -exempt psychiatric unit of a hospital.  
SAS Name: PSYCH\_UNIT\_BED\_CNT  
COBOL Name: PSYCH-UNIT-BED-CNT

Psychiatric Unit Effective Date 8 647 654 DATE  
Description: Date a psychiatric unit of a hospital became exempt from the Prospective Payment System (PPS).  
SAS Name: PSYCH\_UNIT\_EFCTV\_DT  
COBOL Name: PSYCH-UNIT-EFCTV-DT

Psychiatric Unit Indicator 1 655 655 VARCHAR2  
Description: Indicates if a hospital has a Prospective Payment System (PPS) -exempt psychiatric unit.  
SAS Name: PSYCH\_UNIT\_SW  
COBOL Name: PSYCH-UNIT-SW

Psychiatric Unit Termination Code 1 656 656 VARCHAR2  
Description: Indicates the reason that a psychiatric unit of a

hospital is no longer exempt from Prospective Payment System (PPS).

SAS Name: PSYCH\_UNIT\_TRMNTN\_CD

COBOL Name: PSYCH-UNIT-TRMNTN-CD

VALUES: 0=ACTIVE

1=VOLUNTARY-MERGER OR CLOSURE

2=VOLUNTARY-DISSATISFIED WITH REIMBURSEMENT

3=RISK OF INVOLUNTARY TERMINATION

4=VOLUNTARY-OTHER

5=FAILURE TO MEET HEALTH/SAFETY

6=FAILURE TO MEET AGREEMENT

7=PROVIDER STATUS CHANGE

Psychiatric Unit Termination Date 8 657 664 DATE

Description: Date a psychiatric unit of a hospital is no longer exempt from the Prospective Payment System (PPS).

SAS Name: PSYCH\_UNIT\_TRMNTN\_DT

COBOL Name: PSYCH-UNIT-TRMNTN-DT

Rehabilitation Unit Bed Count 3 665 667 NUMBER

Description: Number of beds in a Prospective Payment System (PPS) -exempt rehabilitation unit of a hospital.

SAS Name: REHAB\_UNIT\_BED\_CNT

COBOL Name: REHAB-UNIT-BED-CNT

Rehabilitation Unit Effective Date 8 668 675 DATE

Description: Date a rehabilitation unit of a hospital became exempt from the Prospective Payment System (PPS).

SAS Name: REHAB\_UNIT\_EFCTV\_DT

COBOL Name: REHAB-UNIT-EFCTV-DT

DATE: 10/03/2022

POS RECORD LAYOUT

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Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

Rehabilitation Unit Indicator 1 676 676 VARCHAR2

Description: Indicates if a hospital has a Prospective Payment System (PPS) -exempt rehabilitation unit.

SAS Name: REHAB\_UNIT\_SW

COBOL Name: REHAB-UNIT-SW

Rehabilitation Unit Termination Code 1 677 677 VARCHAR2

Description: Indicates the reason that a rehabilitation unit hospital is no longer exempt from Prospective Payment System (PPS).

SAS Name: REHAB\_UNIT\_TRMNTN\_CD

COBOL Name: REHAB-UNIT-TRMNTN-CD

VALUES: 0=ACTIVE  
1=VOLUNTARY-MERGER OR CLOSURE  
2=VOLUNTARY-DISSATISFIED WITH REIMBURSEMENT  
3=RISK OF INVOLUNTARY TERMINATION  
4=VOLUNTARY-OTHER  
5=FAILURE TO MEET HEALTH/SAFETY  
6=FAILURE TO MEET AGREEMENT  
7=PROVIDER STATUS CHANGE

Rehabilitation Unit Termination Date 8 678 685 DATE  
Description: Date a rehabilitation unit of a hospital is no longer  
exempt from the Prospective Payment System (PPS).  
SAS Name: REHAB\_UNIT\_TRMNTN\_DT  
COBOL Name: REHAB-UNIT-TRMNTN-DT

Related Provider Number 10 686 695 CHAR  
Description: Related provider number  
SAS Name: RELATED\_PROVIDER\_NUMBER  
COBOL Name: RELATED-PROVIDER-NUMBER

Services: Acute Renal Dialysis Code 1 696 696 VARCHAR2  
Description: Indicates how acute renal dialysis services are provided.  
SAS Name: ACUTE\_RNL\_DLYS\_SRVC\_CD  
COBOL Name: ACUTE-RNL-DLYS-SRVC-CD  
VALUES: 0=NOT PROVIDED  
1=PROVIDED BY STAFF  
2=PROVIDED UNDER ARRANGEMENT  
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Adult Inpatient Psychiatric Code 1 697 697 VARCHAR2  
Description: Indicates how adult inpatient psychiatric services are  
provided.  
SAS Name: PSYCH\_SRVC\_CD  
COBOL Name: PSYCH-SRVC-CD  
VALUES: 0=NOT PROVIDED  
1=PROVIDED BY STAFF  
2=PROVIDED UNDER ARRANGEMENT  
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Alcohol and/or Drug Code 1 699 699 VARCHAR2  
Description: Indicates how alcohol and/or drug services are provided.  
SAS Name: ALCHL\_DRUG\_SRVC\_CD  
COBOL Name: ALCHL-DRUG-SRVC-CD  
VALUES: 0=NOT PROVIDED  
1=PROVIDED BY STAFF  
2=PROVIDED UNDER ARRANGEMENT  
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Anesthesia Code 1 700 700 VARCHAR2  
Description: Indicates how anesthesia services are provided.

SAS Name: ANSTHSA\_SRVC\_CD

DATE: 10/03/2022

POS RECORD LAYOUT

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Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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COBOL Name: ANSTHSA-SRVC-CD  
VALUES: 0=NOT PROVIDED  
1=PROVIDED BY STAFF  
2=PROVIDED UNDER ARRANGEMENT  
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Audiology Code	1	702	702	VARCHAR2
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Description: Indicates how audiology services are provided.

SAS Name: AUDLGY\_SRVC\_CD  
COBOL Name: AUDLGY-SRVC-CD  
VALUES: 0=NOT PROVIDED  
1=PROVIDED BY STAFF  
2=PROVIDED UNDER ARRANGEMENT  
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Burn Care Unit Code	1	706	706	VARCHAR2
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Description: Indicates how burn care unit services are provided.

SAS Name: BURN\_CARE\_UNIT\_SRVC\_CD  
COBOL Name: BURN-CARE-UNIT-SRVC-CD  
VALUES: 0=NOT PROVIDED  
1=PROVIDED BY STAFF  
2=PROVIDED UNDER ARRANGEMENT  
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Cardiac Catheterization Lab Code	1	707	707	VARCHAR2
--------------------------------------------	---	-----	-----	----------

Description: Indicates how cardiac catheterization lab services are provided.

SAS Name: CRDC\_CTHRTZTN\_LAB\_SRVC\_CD  
COBOL Name: CRDC-CTHRTZTN-LAB-SRVC-CD  
VALUES: 0=NOT PROVIDED  
1=PROVIDED BY STAFF  
2=PROVIDED UNDER ARRANGEMENT  
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Cardiac Thoracic Surgery Code	1	708	708	VARCHAR2
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Description: Indicates how cardiac thoracic surgery services are provided.

SAS Name: OPEN\_HRT\_SRGRY\_SRVC\_CD  
COBOL Name: OPEN-HRT-SRGRY-SRVC-CD  
VALUES: 0=NOT PROVIDED  
1=PROVIDED BY STAFF  
2=PROVIDED UNDER ARRANGEMENT

3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: CARF Inpatient Rehabilitation Code           1    709   709   VARCHAR2  
Description: Indicates how Commission on Accreditation of  
Rehabilitation Facilities inpatient rehabilitation  
services are provided.  
SAS Name:        CARF\_IP\_REHAB\_SRVC\_CD  
COBOL Name:     CARF-IP-REHAB-SRVC-CD  
VALUES:         0=NOT PROVIDED  
                 1=PROVIDED BY STAFF  
                 2=PROVIDED UNDER ARRANGEMENT  
                 3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Chemotherapy Code                               1    710   710   VARCHAR2  
Description: Indicates how chemotherapy services are provided.  
SAS Name:        CHMTHRPY\_SRVC\_CD  
COBOL Name:     CHMTHRPY-SRVC-CD  
VALUES:         0=NOT PROVIDED  
                 1=PROVIDED BY STAFF  
                 2=PROVIDED UNDER ARRANGEMENT  
                 3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

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Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION                                               LEN   START   END    TYPE

Services: Chiropractic Code                               1    711   711   VARCHAR2  
Description: Indicates how chiropractic services are provided.  
SAS Name:        CHRPRCTIC\_SRVC\_CD  
COBOL Name:     CHRPRCTIC-SRVC-CD  
VALUES:         0=NOT PROVIDED  
                 1=PROVIDED BY STAFF  
                 2=PROVIDED UNDER ARRANGEMENT  
                 3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Clinical Laboratory Code                       1    715   715   VARCHAR2  
Description: Indicates how clinical laboratory services are provided.  
SAS Name:        CL\_SRVC\_CD  
COBOL Name:     CL-SRVC-CD  
VALUES:         0=NOT PROVIDED  
                 1=PROVIDED BY STAFF  
                 2=PROVIDED UNDER ARRANGEMENT  
                 3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Coronary Care Unit Code                        1    716   716   VARCHAR2  
Description: Indicates how Coronary Care Unit services are provided.  
SAS Name:        CRNRY\_CARE\_UNIT\_SRVC\_CD

COBOL Name: CRNRY-CARE-UNIT-SRVC-CD  
 VALUES: 0=NOT PROVIDED  
 1=PROVIDED BY STAFF  
 2=PROVIDED UNDER ARRANGEMENT  
 3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: CT Scan Code 1 718 718 VARCHAR2  
 Description: Indicates how CT scan services are provided.  
 SAS Name: CT\_SCAN\_SRVC\_CD  
 COBOL Name: CT-SCAN-SRVC-CD  
 VALUES: 0=NOT PROVIDED  
 1=PROVIDED BY STAFF  
 2=PROVIDED UNDER ARRANGEMENT  
 3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Dental Code 1 719 719 VARCHAR2  
 Description: Indicates how dental services are provided.  
 SAS Name: DNLT\_SRVC\_CD  
 COBOL Name: DNLT-SRVC-CD  
 VALUES: 0=NOT PROVIDED  
 1=PROVIDED BY STAFF  
 2=PROVIDED UNDER ARRANGEMENT  
 3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Designated Trauma Center Code 1 723 723 VARCHAR2  
 Description: Indicates how designated trauma center services are provided.  
 SAS Name: SHCK\_TRMA\_SRVC\_CD  
 COBOL Name: SHCK-TRMA-SRVC-CD  
 VALUES: 0=NOT PROVIDED  
 1=PROVIDED BY STAFF  
 2=PROVIDED UNDER ARRANGEMENT  
 3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Diagnostic Radiology Code 1 724 724 VARCHAR2  
 Description: Indicates how diagnostic radiology services are provided.  
 SAS Name: DGNSTC\_RDLGY\_SRVC\_CD  
 COBOL Name: DGNSTC-RDLGY-SRVC-CD  
 VALUES: 0=NOT PROVIDED  
 1=PROVIDED BY STAFF  
 2=PROVIDED UNDER ARRANGEMENT  
 3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

SHORT DESCRIPTION LEN START END TYPE

Services: Dietary Code 1 725 725 VARCHAR2  
Description: Indicates how dietary services are provided.  
SAS Name: DTRY\_SRVC\_CD  
COBOL Name: DTRY-SRVC-CD  
VALUES: 0=NOT PROVIDED  
1=PROVIDED BY STAFF  
2=PROVIDED UNDER ARRANGEMENT  
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Emergency Department Code 1 729 729 VARCHAR2  
Description: Indicates how dedicated emergency department services are provided.  
SAS Name: DCTD\_ER\_SRVC\_CD  
COBOL Name: DCTD-ER-SRVC-CD  
VALUES: 0=NOT PROVIDED  
1=PROVIDED BY STAFF  
2=PROVIDED UNDER ARRANGEMENT  
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Emergency Psychiatric Code 1 730 730 VARCHAR2  
Description: Indicates how emergency psychiatric services are provided.  
SAS Name: EMER\_PSYCH\_SRVC\_CD  
COBOL Name: EMER-PSYCH-SRVC-CD  
VALUES: 0=NOT PROVIDED  
1=PROVIDED BY STAFF  
2=PROVIDED UNDER ARRANGEMENT  
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: ESWL Code 1 731 731 VARCHAR2  
Description: Indicates how extracorporeal shockwave lithotripter services are provided.  
SAS Name: XTRCRPRL\_SHCK\_LTHTRPTR\_SRVC\_CD  
COBOL Name: XTRCRPRL-SHCK-LTHTRPTR-SRVC-CD  
VALUES: 0=NOT PROVIDED  
1=PROVIDED BY STAFF  
2=PROVIDED UNDER ARRANGEMENT  
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Forensic Psychiatric Code 1 732 732 VARCHAR2  
Description: Indicates how forensic psychiatric services are provided.  
SAS Name: FRNSC\_PSYCH\_SRVC\_CD  
COBOL Name: FRNSC-PSYCH-SRVC-CD  
VALUES: 0=NOT PROVIDED  
1=PROVIDED BY STAFF  
2=PROVIDED UNDER ARRANGEMENT  
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Geriatric Psychiatric Code 1 733 733 VARCHAR2  
Description: Indicates how geriatric psychiatric services are

provided.  
 SAS Name: GRTRC\_PSYCH\_SRVC\_CD  
 COBOL Name: GRTRC-PSYCH-SRVC-CD  
 VALUES: 0=NOT PROVIDED  
 1=PROVIDED BY STAFF  
 2=PROVIDED UNDER ARRANGEMENT  
 3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Gerontological Specialty Code 1 734 734 VARCHAR2  
 Description: Indicates how gerontological specialty services are provided.

SAS Name: GRNTLGCL\_SPCLTY\_SRVC\_CD  
 COBOL Name: GRNTLGCL-SPCLTY-SRVC-CD  
 VALUES: 0=NOT PROVIDED

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 Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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1=PROVIDED BY STAFF  
 2=PROVIDED UNDER ARRANGEMENT  
 3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Inpatient Surgical Code 1 741 741 VARCHAR2  
 Description: Indicates how inpatient surgical services are provided.

SAS Name: IP\_SRGCL\_SRVC\_CD  
 COBOL Name: IP-SRGCL-SRVC-CD  
 VALUES: 0=NOT PROVIDED  
 1=PROVIDED BY STAFF  
 2=PROVIDED UNDER ARRANGEMENT  
 3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Medical Surgical ICU Code 1 745 745 VARCHAR2  
 Description: Indicates how medical surgical intensive care unit services are provided.

SAS Name: ICU\_SRVC\_CD  
 COBOL Name: ICU-SRVC-CD  
 VALUES: 0=NOT PROVIDED  
 1=PROVIDED BY STAFF  
 2=PROVIDED UNDER ARRANGEMENT  
 3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Medicare Certified Transplant Center Code 1 746 746 VARCHAR2  
 Description: Indicates how Medicare certified transplant center services are provided.

SAS Name: MDCR\_TRNSPLNT\_CNTR\_SRVC\_CD  
 COBOL Name: MDCR-TRNSPLNT-CNTR-SRVC-CD  
 VALUES: 0=NOT PROVIDED



1=PROVIDED BY STAFF  
 2=PROVIDED UNDER ARRANGEMENT  
 3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: MRI Code 1 750 750 VARCHAR2  
 Description: Indicates how magnetic resonance imaging services are provided.  
 SAS Name: MGNTC\_RSNC\_IMG\_SRVC\_CD  
 COBOL Name: MGNTC-RSNC-IMG-SRVC-CD  
 VALUES: 0=NOT PROVIDED  
 1=PROVIDED BY STAFF  
 2=PROVIDED UNDER ARRANGEMENT  
 3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Neonatal ICU Code 1 751 751 VARCHAR2  
 Description: Indicates how neonatal intensive care unit services are provided.  
 SAS Name: NEONTL\_ICU\_SRVC\_CD  
 COBOL Name: NEONTL-ICU-SRVC-CD  
 VALUES: 0=NOT PROVIDED  
 1=PROVIDED BY STAFF  
 2=PROVIDED UNDER ARRANGEMENT  
 3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Neonatal Nursery Code 1 752 752 VARCHAR2  
 Description: Indicates how neonatal nursery services are provided.  
 SAS Name: NEONTL\_NRSRY\_SRVC\_CD  
 COBOL Name: NEONTL-NRSRY-SRVC-CD  
 VALUES: 0=NOT PROVIDED  
 1=PROVIDED BY STAFF  
 2=PROVIDED UNDER ARRANGEMENT  
 3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Neurosurgical Code 1 753 753 VARCHAR2  
 Description: Indicates how neurosurgical services are provided.

SHORT DESCRIPTION	LEN	START	END	TYPE
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SAS Name: NRSRGCL\_SRVC\_CD  
 COBOL Name: NRSRGCL-SRVC-CD  
 VALUES: 0=NOT PROVIDED  
 1=PROVIDED BY STAFF  
 2=PROVIDED UNDER ARRANGEMENT  
 3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Non-Medicare Organ Transplant Code 1 754 754 VARCHAR2

Description: Indicates how non-Medicare certified organ transplant services are provided.

SAS Name: ORGN\_TRNSPLNT\_SRVC\_CD

COBOL Name: ORGN-TRNSPLNT-SRVC-CD

VALUES: 0=NOT PROVIDED  
1=PROVIDED BY STAFF  
2=PROVIDED UNDER ARRANGEMENT  
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Nuclear Medicine Code 1 755 755 VARCHAR2

Description: Indicates how nuclear medicine services are provided.

SAS Name: NUCLR\_MDCN\_SRVC\_CD

COBOL Name: NUCLR-MDCN-SRVC-CD

VALUES: 0=NOT PROVIDED  
1=PROVIDED BY STAFF  
2=PROVIDED UNDER ARRANGEMENT  
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Obstetrics Code 1 764 764 VARCHAR2

Description: Indicates how obstetrics services are provided.

SAS Name: OB\_SRVC\_CD

COBOL Name: OB-SRVC-CD

VALUES: 0=NOT PROVIDED  
1=PROVIDED BY STAFF  
2=PROVIDED UNDER ARRANGEMENT  
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Ophthalmic Surgery Code 1 765 765 VARCHAR2

Description: Indicates how ophthalmic surgery services are provided.

SAS Name: OPHTLMC\_SRGY\_SRVC\_CD

COBOL Name: OPHTLMC-SRGY-SRVC-CD

VALUES: 0=NOT PROVIDED  
1=PROVIDED BY STAFF  
2=PROVIDED UNDER ARRANGEMENT  
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Optometric Code 1 766 766 VARCHAR2

Description: Indicates how optometric services are provided.

SAS Name: OPTMTRC\_SRVC\_CD

COBOL Name: OPTMTRC-SRVC-CD

VALUES: 0=NOT PROVIDED  
1=PROVIDED BY STAFF  
2=PROVIDED UNDER ARRANGEMENT  
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: OR Code 1 767 767 VARCHAR2

Description: Indicates how operating room services are provided.

SAS Name: OPRTG\_ROOM\_SRVC\_CD

COBOL Name: OPRTG-ROOM-SRVC-CD

VALUES: 0=NOT PROVIDED



provided.  
 SAS Name: OP\_REHAB\_SRVC\_CD  
 COBOL Name: OP-REHAB-SRVC-CD  
 VALUES: 0=NOT PROVIDED  
 1=PROVIDED BY STAFF  
 2=PROVIDED UNDER ARRANGEMENT  
 3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Outpatient Surgery Code 1 783 783 VARCHAR2  
 Description: Indicates how outpatient surgery services are provided.  
 SAS Name: OP\_SRGRY\_UNIT\_SRVC\_CD  
 COBOL Name: OP-SRGRY-UNIT-SRVC-CD  
 VALUES: 0=NOT PROVIDED  
 1=PROVIDED BY STAFF  
 2=PROVIDED UNDER ARRANGEMENT  
 3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Pediatric Code 1 784 784 VARCHAR2  
 Description: Indicates how pediatric services are provided.  
 SAS Name: PED\_SRVC\_CD  
 COBOL Name: PED-SRVC-CD  
 VALUES: 0=NOT PROVIDED  
 1=PROVIDED BY STAFF  
 2=PROVIDED UNDER ARRANGEMENT  
 3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Pediatric ICU Code 1 785 785 VARCHAR2

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SHORT DESCRIPTION LEN START END TYPE

Description: Indicates how pediatric ICU services are provided.  
 SAS Name: PED\_ICU\_SRVC\_CD  
 COBOL Name: PED-ICU-SRVC-CD  
 VALUES: 0=NOT PROVIDED  
 1=PROVIDED BY STAFF  
 2=PROVIDED UNDER ARRANGEMENT  
 3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: PET Scan Code 1 788 788 VARCHAR2  
 Description: Indicates how Positron Emissions Tomography scan services are provided.  
 SAS Name: PET\_SCAN\_SRVC\_CD  
 COBOL Name: PET-SCAN-SRVC-CD  
 VALUES: 0=NOT PROVIDED  
 1=PROVIDED BY STAFF  
 2=PROVIDED UNDER ARRANGEMENT

3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Postoperative Recovery Room Code 1 805 805 VARCHAR2

Description: Indicates how postoperative recovery room services are provided.

SAS Name: PSTOPRTV\_RCVRY\_SRVC\_CD

COBOL Name: PSTOPRTV-RCVRY-SRVC-CD

VALUES: 0=NOT PROVIDED  
1=PROVIDED BY STAFF  
2=PROVIDED UNDER ARRANGEMENT  
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Psychiatric Child and/or Adolescent Code 1 806 806 VARCHAR2

Description: Indicates how child and/or adolescent psychiatric services are provided.

SAS Name: CHLD\_ADLSCNT\_PSYCH\_SRVC\_CD

COBOL Name: CHLD-ADLSCNT-PSYCH-SRVC-CD

VALUES: 0=NOT PROVIDED  
1=PROVIDED BY STAFF  
2=PROVIDED UNDER ARRANGEMENT  
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: PT Code 1 813 813 CHAR

Description: Indicates how physical therapy services are provided.

SAS Name: PT\_SRVC\_CD

COBOL Name: PT-SRVC-CD

VALUES: 0=NOT PROVIDED  
1=PROVIDED BY STAFF  
2=PROVIDED UNDER ARRANGEMENT  
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Reconstructive Surgery Code 1 817 817 VARCHAR2

Description: Indicates how reconstructive surgery services are provided.

SAS Name: RCNSTRCTN\_SRGY\_SRVC\_CD

COBOL Name: RCNSTRCTN-SRGY-SRVC-CD

VALUES: 0=NOT PROVIDED  
1=PROVIDED BY STAFF  
2=PROVIDED UNDER ARRANGEMENT  
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Services: Respiratory Care Code 1 821 821 VARCHAR2

Description: Indicates how respiratory care services are provided.

SAS Name: RSPRTRY\_CARE\_SRVC\_CD

COBOL Name: RSPRTRY-CARE-SRVC-CD

VALUES: 0=NOT PROVIDED  
1=PROVIDED BY STAFF  
2=PROVIDED UNDER ARRANGEMENT

Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT				
Services: Social Code	1	826	826	VARCHAR2
Description: Indicates how social services are provided.				
SAS Name: SCL_SRVC_CD				
COBOL Name: SCL-SRVC-CD				
VALUES: 0=NOT PROVIDED				
1=PROVIDED BY STAFF				
2=PROVIDED UNDER ARRANGEMENT				
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT				
Services: Speech Pathology Code	1	833	833	CHAR
Description: Indicates how speech pathology services are provided.				
SAS Name: SPCH_PTHLGY_SRVC_CD				
COBOL Name: SPCH-PTHLGY-SRVC-CD				
VALUES: 0=NOT PROVIDED				
1=PROVIDED BY STAFF				
2=PROVIDED UNDER ARRANGEMENT				
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT				
Services: Surgical ICU Code	1	838	838	VARCHAR2
Description: Indicates how surgical intensive care unit services are provided.				
SAS Name: SRGCL_ICU_SRVC_CD				
COBOL Name: SRGCL-ICU-SRVC-CD				
VALUES: 0=NOT PROVIDED				
1=PROVIDED BY STAFF				
2=PROVIDED UNDER ARRANGEMENT				
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT				
Services: Therapeutic Radiology Code	1	848	848	VARCHAR2
Description: Indicates how therapeutic radiology services are provided.				
SAS Name: THRPTC_RDLGY_SRVC_CD				
COBOL Name: THRPTC-RDLGY-SRVC-CD				
VALUES: 0=NOT PROVIDED				
1=PROVIDED BY STAFF				
2=PROVIDED UNDER ARRANGEMENT				
3=PROVIDED BY STAFF AND UNDER ARRANGEMENT				
Services: Urgent Care Center Code	1	852	852	VARCHAR2
Description: Indicates how urgent care center services are provided.				
SAS Name: URGNT_CARE_SRVC_CD				
COBOL Name: URGNT-CARE-SRVC-CD				
VALUES: 0=NOT PROVIDED				

1=PROVIDED BY STAFF  
 2=PROVIDED UNDER ARRANGEMENT  
 3=PROVIDED BY STAFF AND UNDER ARRANGEMENT

Staff Count Override Indicator 1 861 861 CHAR  
 Description: Indicates if the regional office has approved a significant staff count change from the previous certification.  
 SAS Name: OVRRD\_STFG\_SW  
 COBOL Name: OVRRD-STFG-SW

Staff Count: Other Personnel 8 902 909 NUMBER  
 Description: Number of full-time equivalent other personnel employed by a provider  
 SAS Name: PRSNEL\_OTHR\_CNT  
 COBOL Name: PRSNEL-OTHR-CNT

Staff Count: CRNA 8 950 957 NUMBER  
 Description: Number of full-time equivalent Certified Registered Nurse

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SHORT DESCRIPTION LEN START END TYPE  
  
 Anesthetists employed by a provider.  
 SAS Name: CRNA\_CNT  
 COBOL Name: CRNA-CNT

Staff Count: Dietitian 8 982 989 NUMBER  
 Description: Number of full-time equivalent dietitians employed by a provider.  
 SAS Name: DIETN\_CNT  
 COBOL Name: DIETN-CNT

Staff Count: Lab Technician 8 1094 1101 NUMBER  
 Description: Number of full-time equivalent laboratory technicians employed by a provider.  
 SAS Name: LAB\_TCHNCN\_CNT  
 COBOL Name: LAB-TCHNCN-CNT

Staff Count: LPN/LVN - Employee 8 1110 1117 NUMBER  
 Description: Number of full-time equivalent licensed practical or vocational nurses employed by a provider.  
 SAS Name: LPN\_LVN\_CNT  
 COBOL Name: LPN-LVN-CNT

Staff Count: Medical Social Worker - Employee 8 1174 1181 NUMBER  
 Description: Number of full-time equivalent medical social workers

employed by a provider.  
SAS Name: MDCL\_SCL\_WORKKR\_CNT  
COBOL Name: MDCL-SCL-WORKKR-CNT

Staff Count: Medical Technologist 8 1190 1197 NUMBER  
Description: Number of full-time equivalent medical technologists  
employed by a provider.  
SAS Name: MDCL\_TCHNLGST\_CNT  
COBOL Name: MDCL-TCHNLGST-CNT

Staff Count: Nuclear Medicine Technician 8 1246 1253 NUMBER  
Description: Number of full-time equivalent nuclear medicine  
technicians employed by a provider.  
SAS Name: NUCLR\_MDCN\_TCHNCN\_CNT  
COBOL Name: NUCLR-MDCN-TCHNCN-CNT

Staff Count: Nurse Practitioner 8 1278 1285 NUMBER  
Description: Number of full-time equivalent nurse practitioners  
employed by a provider.  
SAS Name: NRS\_PRCTNR\_CNT  
COBOL Name: NRS-PRCTNR-CNT

Staff Count: OT - Total 8 1310 1317 NUMBER  
Description: Total number of full-time equivalent occupational  
therapists employed by a provider.  
SAS Name: OCPTNL\_THRPST\_CNT  
COBOL Name: OCPTNL-THRPST-CNT

Staff Count: Physician - Employee 8 1542 1549 NUMBER  
Description: Number of full-time equivalent physicians employed by a  
provider.  
SAS Name: PHYSN\_CNT  
COBOL Name: PHYSN-CNT

Staff Count: Physician Assistant 8 1558 1565 NUMBER  
Description: Number of full-time equivalent physician assistants  
employed by a provider.  
SAS Name: PHYSN\_ASTNT\_CNT  
COBOL Name: PHYSN-ASTNT-CNT

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POS RECORD LAYOUT

PAGE: 41

Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

Staff Count: Physician Resident 8 1590 1597 NUMBER  
Description: Number of full-time equivalent physician - residents  
employed by a provider.



SAS Name: RSDNT\_PHYSN\_CNT  
COBOL Name: RSDNT-PHYSN-CNT

Staff Count: Psychologist 8 1622 1629 NUMBER  
Description: Number of full-time equivalent psychologists employed by a provider.  
SAS Name: PSYCHLGST\_CNT  
COBOL Name: PSYCHLGST-CNT

Staff Count: PT 8 1638 1645 NUMBER  
Description: Number of full-time equivalent physical therapists employed by a provider.  
SAS Name: PHYS\_THRPST\_CNT  
COBOL Name: PHYS-THRPST-CNT

Staff Count: Radiology Technician 8 1726 1733 NUMBER  
Description: Number of full-time equivalent radiology technicians employed by a provider.  
SAS Name: RDLGY\_TCHNCN\_CNT  
COBOL Name: RDLGY-TCHNCN-CNT

Staff Count: Registered Pharmacist 8 1734 1741 NUMBER  
Description: Number of full-time equivalent registered pharmacists employed by the provider.  
SAS Name: REG\_PHRMCST\_CNT  
COBOL Name: REG-PHRMCST-CNT

Staff Count: Respiratory Therapist 8 1742 1749 NUMBER  
Description: Number of full-time equivalent respiratory therapists employed by a provider.  
SAS Name: INHLTN\_THRPST\_CNT  
COBOL Name: INHLTN-THRPST-CNT

Staff Count: RN 8 1750 1757 NUMBER  
Description: Number of full-time equivalent registered nurses employed by a provider.  
SAS Name: RN\_CNT  
COBOL Name: RN-CNT

Staff Count: Speech Pathologist/Audiologist 8 1886 1893 NUMBER  
Description: Number of full-time equivalent speech pathologists or audiologists employed by the provider.  
SAS Name: SPCH\_PTHLGST\_AUDLGST\_CNT  
COBOL Name: SPCH-PTHLGST-AUDLGST-CNT

Swing Bed Indicator 1 1967 1967 VARCHAR2  
Description: Indicates if a hospital provides swing bed services (beds can be used for either hospital or long term care services).  
SAS Name: SB\_SW

COBOL Name: SB-SW

Swing Bed Size Code 1 1968 1968 VARCHAR2

Description: Indicates the size of a hospital providing swing bed services (beds can be used for either hospital or long term care services).

SAS Name: SB\_SIZE\_CD

COBOL Name: SB-SIZE-CD

VALUES: 1=49 OR FEWER BEDS  
2=50 TO 99 BEDS  
3=100 OR MORE BEDS

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 42

Hospital, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END

TYPE

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 1

Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"  
(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
Provider Category Subtype Code	2	1	2	VARCHAR2
Description: Identifies the subtype of the provider, within the primary category. Used in reporting to show the breakdown of provider categories, mainly for hospitals and SNFs.				
SAS Name:	PRVDR_CTGRY_SBTYP_CD			
COBOL Name:	PRVDR-CTGRY-SBTYP-CD			
VALUES:	03=Title 18/19			

Provider Category Code 2 3 4 VARCHAR2  
 Description: Identifies the type of provider participating in the Medicare/Medicaid program.  
 SAS Name: PRVDR\_CTGRY\_CD  
 COBOL Name: PRVDR-CTGRY-CD  
 VALUES: 02=Skilled Nursing Facility/Nursing Facility (Dually Certified)

CHOW Count 2 5 6 NUMBER  
 Description: Number of times this provider has undergone a change of ownership.  
 SAS Name: CHOW\_CNT  
 COBOL Name: CHOW-CNT

CHOW Date 8 7 14 DATE  
 Description: Effective date of the most recent change of ownership for this provider.  
 SAS Name: CHOW\_DT  
 COBOL Name: CHOW-DT

Address: City 28 15 42 VARCHAR2  
 Description: City in which the provider is physically located.  
 SAS Name: CITY\_NAME  
 COBOL Name: CITY-NAME

Compliance: Acceptable POC 1 43 43 VARCHAR2  
 Description: Indicates if a provider is in compliance with program requirements based on an acceptable plan for correction of deficiencies.  
 SAS Name: ACPTBL\_POC\_SW  
 COBOL Name: ACPTBL-POC-SW

Compliance: Status 1 44 44 VARCHAR2  
 Description: Compliance status of a provider at the time of certification survey.  
 SAS Name: CMPLNC\_STUS\_CD  
 COBOL Name: CMPLNC-STUS-CD  
 VALUES: A=IN COMPLIANCE  
 B=NOT IN COMPLIANCE

SSA County Code 3 45 47 VARCHAR2  
 Description: Social Security Administration geographic code indicating the county where the provider is located.  
 SAS Name: SSA\_CNTY\_CD  
 COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR  
 Description: Cross reference provider number  
 SAS Name: CROSS\_REF\_PROVIDER\_NUMBER  
 COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date 8 58 65 DATE  
 Description: Equal to the exit date of the initial visit of the Health survey for certifications completed after July 28, 2012.

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 2  
 Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"  
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
For certifications prior to that date, the certification date is equal to the exit date of the initial visit of the Health survey or LSC survey, whichever is later. SAS Name: CRTFCTN_DT COBOL Name: CRTFCTN-DT				
Eligibility Indicator Description: Indicates if a facility is eligible to participate in the Medicare and/or Medicaid programs. SAS Name: ELGBLTY_SW COBOL Name: ELGBLTY-SW	1	66	66	VARCHAR2
Facility Name Description: Name of the provider certified to participate in the Medicare and/or Medicaid programs. SAS Name: FAC_NAME COBOL Name: FAC-NAME	50	67	116	VARCHAR2
Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code Description: Number assigned to the Medicare Administrative Contractor, intermediary or carrier servicing this provider. SAS Name: INTRMDRY_CARR_CD COBOL Name: INTRMDRY-CARR-CD VALUES: 00000=DUMMY FOR MEDICAID HHA 00010=BLUE CROSS (ALABAMA) 00011=CAHABA 00020=BLUE CROSS (ARKANSAS) 00040=BLUE CROSS (CALIFORNIA) 00060=BLUE CROSS (CONNECTICUT) 00070=BLUE CROSS (DELAWARE) 00090=BLUE CROSS (FLORIDA) 00101=BLUE CROSS (GEORGIA) 00121=HEALTH CARE SERVICE CORPORATION 00122=HCSC - MICHIGAN 00123=HCSC OF MICHIGAN 00130=NATIONAL GOVERNMENT SERVICES 00131=NATIONAL GOVERNMENT SERVICES	5	117	121	VARCHAR2

00140=BLUE CROSS (IOWA/SOUTH DAKOTA)  
 00150=BLUE CROSS (KANSAS)  
 00160=NATIONAL GOVERNMENT SERVICES  
 00180=NATIONAL GOVERNMENT SERVICES  
 00181=NATIONAL GOVERNMENT SERVICES  
 00190=BLUE CROSS (MARYLAND)  
 00200=BLUE CROSS (MASSACHUSETTS)  
 00210=BLUE CROSS (MICHIGAN)  
 00220=BLUE CROSS (MINNESOTA)  
 00230=BLUE CROSS (MISSISSIPPI)  
 00231=BLUE CROSS (LOUISIANA)  
 00233=PINNACLE  
 00241=BLUE CROSS (MISSOURI)  
 00260=BLUE CROSS (NEBRASKA)  
 00270=NATIONAL GOVERNMENT SERVICES  
 00280=BLUE CROSS (NEW JERSEY)  
 00290=BLUE CROSS (NEW MEXICO)  
 00308=NATIONAL GOVERNMENT SERVICES  
 00310=BLUE CROSS (NORTH CAROLINA)  
 00320=NORIDIAN PART A  
 00322=NORIDIAN PART A (AK/WA)  
 00323=NORIDIAN PART A (ID/OR)  
 00325=NORIDIAN  
 00332=NATIONAL GOVERNMENT SERVICES

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 3

Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"  
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00340=BLUE CROSS (OKLAHOMA)				
00350=BLUE CROSS (OREGON)				
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				

00468=BLUE CROSS (NORTH CAROLINA FOR PR)  
00510=BLUE SHIELD (ALABAMA)  
00511=CAHABA  
00512=CAHABA  
00520=BLUE SHIELD (ARKANSAS)  
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)  
00542=BLUE SHIELD (CALIFORNIA)  
00550=BLUE SHIELD (COLORADO)  
00570=BLUE SHIELD (DELAWARE)  
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)  
00590=BLUE SHIELD (FLORIDA)  
00621=BLUE SHIELD (ILLINOIS)  
00630=NATIONAL GOVERNMENT SERVICES  
00640=BLUE SHIELD (IOWA)  
00650=BLUE SHIELD (KANSAS)  
00655=BLUE SHIELD (KANSAS/NEBRASKA)  
00660=NATIONAL GOVERNMENT SERVICES  
00690=BLUE SHIELD (MARYLAND)  
00700=BLUE SHIELD (MASSACHUSETTS)  
00710=BLUE SHIELD (MICHIGAN)  
00720=BLUE SHIELD (MINNESOTA)  
00740=BLUE SHIELD (KANSAS CITY)  
00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)  
00780=BLUE SHIELD (TRI-STATE)  
00801=BLUE SHIELD (BUFFALO)  
00803=NATIONAL GOVERNMENT SERVICES  
00805=NATIONAL GOVERNMENT SERVICES  
00821=NORIDIAN  
00824=NORIDIAN GVT SERVICES (CO)  
00826=NORIDIAN GVT SERVICES (IA)  
00831=NORIDIAN GVT SERVICES (AK)  
00832=NORIDIAN GVT SERVICES (AZ)  
00833=NORIDIAN GVT SERVICES (HI)  
00834=NORIDIAN GVT SERVICES (NV)  
00835=NORIDIAN GVT SERVICES (OR)  
00836=NORIDIAN GVT SERVICES (WA)  
00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)  
00865=BLUE SHIELD (PENNSYLVANIA)  
00870=BLUE SHIELD (RHODE ISLAND)  
00880=BLUE SHIELD (SOUTH CAROLINA)  
00883=PALMETTO GBA PART B  
00884=PALMETTO GBA  
00889=NORIDIAN GVT SERVICES (SD)  
00900=BLUE SHIELD (TEXAS)  
00901=TRAILBLAZERS HEALTH ENTERPRISES

SHORT DESCRIPTION

LEN START END TYPE

00904=TRAILBLAZER  
00910=BLUE SHIELD (UTAH)  
00930=BLUE SHIELD (WASHINGTON)  
00951=WISCONSIN PHYSICIANS SERVICE  
00952=WPS - ILLINOIS  
00953=WPS - MICHIGAN  
00954=WI PHYSICIAN SERVICES - MN  
00973=BLUE SHIELD (PUERTO RICO)  
00974=BLUE SHIELD (VIRGIN ISLANDS)  
01010=AETNA (PEORIA)  
01020=AETNA (ALASKA)  
01030=AETNA (ARIZONA)  
01040=AETNA (GEORGIA)  
01101=PALMETTO (CALIFORNIA)  
01102=PALMETTO (CALIFORNIA (NORTH))  
01111=Noridian (CA)  
01112=Noridian (NF)  
01120=AETNA (HAWAII)  
01182=Noridian (SF)  
01192=PALMETTO (CALIFORNIA SOUTH)  
01201=PALMETTO (HAWAII)  
01202=PALMETTO (HAWAII)  
01211=Noridian (AS, GU, HI)  
01212=Noridian (AS, GU, HI)  
01290=AETNA (NEVADA)  
01301=PALMETTO (NEVADA)  
01302=PALMETTO (NEVADA)  
01311=Noridian (NV)  
01312=Noridian (NV)  
01360=AETNA (NEW MEXICO)  
01370=AETNA (OKLAHOMA)  
01380=AETNA (OREGON)  
01390=AETNA (WASHINGTON)  
01901=PALMETTO GBA  
01902=PALMETTO GBA  
01911=Noridian (AS, GU, HI, NV)  
02050=OCCIDENTAL (CALIFORNIA)  
02101=Noridian AK  
02102=Noridian AK  
02201=Noridian ID  
02202=Noridian ID  
02301=Noridian OR  
02302=Noridian OR  
02401=Noridian WA  
02402=Noridian WA  
03001=NORIDIAN ADMIN SERVICES  
03101=NORIDIAN (ARIZONA)



03102=NORIDAN (ARIZONA)  
03201=NORIDAN (MONTANA)  
03202=NORIDAN (MONTANA)  
03301=NORDIAN (NORTH DAKOTA)  
03302=NORDIAN (NORTH DAKOTA)  
03401=NORIDIAN (SOUTH DAKOTA)  
03402=NORIDIAN (SOUTH DAKOTA)  
03501=NORIDIAN (UTAH)  
03502=NORIDIAN (UTAH)  
03601=NORIDIAN (WYOMING)  
03602=NORIDIAN (WYOMING)  
04001=TRAILBLAZER  
04101=TRAILBLAZER (COLORADO)  
04102=TRAILBLAZER (COLORADO)  
04111=NOVITAS (COLORADO)  
04112=NOVITAS (COLORADO)

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 5

Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"  
(SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

04201=TRAILBLAZER (NEW MEXICO)  
04202=TRAILBLAZER (NEW MEXICO)  
04211=NOVITAS (NEW MEXICO)  
04212=NOVITAS (NEW MEXICO)  
04301=TRAILBLAZER (OKLAHOMA)  
04302=TRAILBLAZER (OKLAHOMA)  
04311=NOVITAS (OKLAHOMA)  
04312=NOVITAS (OKLAHOMA)  
04401=TRAILBLAZER (TEXAS)  
04402=TRAILBLAZER (TEXAS)  
04411=NOVITAS (TEXAS)  
04412=NOVITAS (TEXAS)  
04901=MUTUAL LEGACY  
04911=NOVITAS  
05101=WPS (IOWA)  
05102=WPS (IOWA)  
05130=EQICOR (IDAHO)  
05201=WPS (KANSAS)  
05202=WPS (KANSAS)  
05301=WPS (MISSOURI)  
05302=WPS (MISSOURI WEST)  
05392=WPS (MISSOURI EAST)  
05401=WPS (NEBRASKA)  
05402=WPS (NEBRASKA)  
05440=EQICOR (TENNESSEE)  
05535=EQICOR (NORTH CAROLINA)

05901=WISCONSIN PHYSICIANS SERVICE  
 06001=NGS (WI)  
 06004=National Govt Serv HHH  
 06014=NATIONAL GOVERNMENT ERVICES  
 06101=NGS (IL)  
 06102=NGS (IL)  
 06201=NGS (MN)  
 06202=NGS (MN)  
 06301=NGS (WI)  
 06302=NGS (WI)  
 07101=Novitas AR  
 07102=Novitas AR  
 07201=Novitas LA  
 07202=Novitas LA  
 07301=Novitas MS  
 07302=Novitas MS  
 08101=WPS IN  
 08102=WPS IN  
 08201=WPS MI  
 08202=WPS MI  
 09101=FIRST COAST (FLORIDA)  
 09102=FIRST COAST (FLORIDA)  
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)  
 09202=FIRST COAST (PUERTO RICO)  
 09302=FIRST COAST (VIRGIN ISLANDS)  
 10071=TRAVELERS (RRB)  
 10101=CAHABA GBA (AL)  
 10102=CAHABA GBA (AL)  
 10111=PALMETTO GBA (Part A) (AL)  
 10112=PALMETTO GBA (AL)  
 10201=CAHABA GBA (GA)  
 10202=CAHABA GBA (GA)  
 10211=PALMETTO GBA (GA)  
 10212=PALMETTO GBA (GA)  
 10230=TRAVELERS (CONNECTICUT)  
 10240=TRAVELERS (MINNESOTA)  
 10250=TRAVELERS (MISSISSIPPI)

DATE: 10/03/2022

POS RECORD LAYOUT

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Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"  
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
-------------------	-----	-------	-----	------

10301=CAHABA GBA (TN)				
10302=CAHABA GBA (TN)				
10311=PALMETTO GBA (TN)				
10312=PALMETTO GBA (TN)				
10490=TRAVELERS (VIRGINIA)				

10492=TRAVELERS - VIRGINIA SPECIAL PROJECT  
11004=PALMETTO HHH C  
11201=PALMETTO GBA (SC)  
11202=PALMETTO GBA (SC)  
11260=GENERAL AMERICAN  
11301=PALMETTO GBA (VA)  
11302=PALMETTO GBA (VA)  
11401=PALMETTO GBA (WV)  
11402=PALMETTO GBA (WV)  
11501=PALMETTO GBA (NC)  
11502=PALMETTO GBA (NC)  
12101=Novitas DE  
12102=Novitas DE  
12201=Novitas DC  
12202=Novitas DC  
12301=Novitas MD  
12302=Novitas MD  
12401=Novitas NJ  
12402=Novitas NJ  
12501=Novitas PA  
12502=Novitas PA  
12901=Novitas Solutions DC, DE, MD, PA  
12902=HIGHMARK  
13101=NATIONAL GOVT SERVICES (CONNECTICUT)  
13102=NATIONAL GOVT SERVICES (CONNECTICUT)  
13201=NATIONAL GOVT SERVICES (NEW YORK)  
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)  
13282=NGS (UN)  
13292=NGS (QN)  
14004=NATIONAL HERITAGE (HHA - A)  
14014=NGS (HHA)  
14101=NATIONAL HERITAGE (MAINE)  
14102=NATIONAL HERITAGE (MAINE)  
14111=NGS (ME)  
14112=NGS (ME)  
14201=NATIONAL HERITAGE (MASSACHUSETTS)  
14202=NATIONAL HERITAGE (MASSACHUSETTS)  
14211=NGS (MA)  
14212=NGS (MA)  
14301=NATIONAL HERITAGE (NEW HAMPSHIRE)  
14302=NATIONAL HERITAGE (NEW HAMPSHIRE)  
14311=NGS (NH)  
14312=NGS (NH)  
14330=GROUP HEALTH INC (NEW YORK)  
14401=NATIONAL HERITAGE (RHODE ISLAND)  
14402=NATIONAL HERITAGE (RHODE ISLAND)  
14411=NGS (RI)  
14412=NGS (RI)  
14501=NATIONAL HERITAGE (VERMONT)  
14502=NATIONAL HERITAGE (VERMONT)

14511=NGS (VT)  
 14512=NGS (VT)  
 15004=CGS Administrators HHH  
 15101=CGS (KENTUCKY)  
 15102=CGS (KENTUCKY)  
 15201=CGS (OHIO)  
 15202=CGS (OHIO)  
 16360=NATIONWIDE (OHIO)

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 7  
 Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"  
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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16510=NATIONWIDE (WEST VIRGINIA)  
 17120=HAWAII MEDICAL SERVICE ASSOCIATION  
 21200=MASSACHUSETTS/MAINE  
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)  
 31143=NATIONAL HERITAGE INSURANCE CO  
 31144=NATIONAL HERITAGE INSURANCE CO  
 50333=TRAVELERS (NEW YORK)  
 51051=AETNA (PETALUMA)  
 51070=AETNA (FARMINGTON)  
 51100=AETNA (CLEARWATER)  
 51140=AETNA (PEORIA)  
 51390=AETNA (FORT WASHINGTON)  
 52280=WISCONSIN PHYSICIANS SERVICE  
 57400=COOPERATIVA (PUERTO RICO)

Medicaid Vendor Number	15	122	136	VARCHAR2
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Description: Number which may be assigned to a provider by the state Medicaid agency for external control or billing purposes.  
 SAS Name: MDCD\_VNDR\_NUM  
 COBOL Name: MDCD-VNDR-NUM

Original Participation Date	8	137	144	DATE
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Description: Date a provider is first approved to provide Medicare and/or Medicaid services.  
 SAS Name: ORGNL\_PRTCPTN\_DT  
 COBOL Name: ORGNL-PRTCPTN-DT

Prior CHOW Date	8	145	152	DATE
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Description: Effective date of the previous change of ownership for this provider.  
 SAS Name: CHOW\_PRIOR\_DT  
 COBOL Name: CHOW-PRIOR-DT

Prior Medicare Administrative Contractor (MAC) or	5	153	157	VARCHAR2
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Intermediary or Carrier Code

Description: Number assigned to the previous Medicare Administrative Contractor, intermediary or carrier servicing this provider.

SAS Name: INTRMDRY\_CARR\_PRIOR\_CD

COBOL Name: INTRMDRY-CARR-PRIOR-CD

VALUES: 00000=DUMMY FOR MEDICAID HHA  
00010=BLUE CROSS (ALABAMA)  
00011=CAHABA  
00020=BLUE CROSS (ARKANSAS)  
00040=BLUE CROSS (CALIFORNIA)  
00060=BLUE CROSS (CONNECTICUT)  
00070=BLUE CROSS (DELAWARE)  
00090=BLUE CROSS (FLORIDA)  
00101=BLUE CROSS (GEORGIA)  
00121=HEALTH CARE SERVICE CORPORATION  
00122=HCSC - MICHIGAN  
00123=HCSC OF MICHIGAN  
00130=NATIONAL GOVERNMENT SERVICES  
00131=NATIONAL GOVERNMENT SERVICES  
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)  
00150=BLUE CROSS (KANSAS)  
00160=NATIONAL GOVERNMENT SERVICES  
00180=NATIONAL GOVERNMENT SERVICES  
00181=NATIONAL GOVERNMENT SERVICES  
00190=BLUE CROSS (MARYLAND)  
00200=BLUE CROSS (MASSACHUSETTS)  
00210=BLUE CROSS (MICHIGAN)  
00220=BLUE CROSS (MINNESOTA)

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 8

Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"  
(SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

00230=BLUE CROSS (MISSISSIPPI)  
00231=BLUE CROSS (LOUISIANA)  
00233=PINNACLE  
00241=BLUE CROSS (MISSOURI)  
00260=BLUE CROSS (NEBRASKA)  
00270=NATIONAL GOVERNMENT SERVICES  
00280=BLUE CROSS (NEW JERSEY)  
00290=BLUE CROSS (NEW MEXICO)  
00308=NATIONAL GOVERNMENT SERVICES  
00310=BLUE CROSS (NORTH CAROLINA)  
00320=NORIDIAN PART A  
00322=NORIDIAN PART A (AK/WA)  
00323=NORIDIAN PART A (ID/OR)

00325=NORIDIAN  
00332=NATIONAL GOVERNMENT SERVICES  
00340=BLUE CROSS (OKLAHOMA)  
00350=BLUE CROSS (OREGON)  
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)  
00362=BLUE CROSS (INDEPENDENCE)  
00363=BLUE CROSS (WESTERN PENNSYLVANIA)  
00366=HIGHMARK MEDICARE SERVICES  
00370=BLUE CROSS (RHODE ISLAND)  
00380=BLUE CROSS (SOUTH CAROLINA)  
00390=BLUE CROSS (TENNESSEE)  
00400=BLUE CROSS (TEXAS)  
00410=BLUE CROSS (UTAH)  
00423=BLUE CROSS (VIRGINIA/WEST VA)  
00430=BLUE CROSS (WASHINGTON & ALASKA)  
00450=NATIONAL GOVERNMENT SERVICES  
00452=NATIONAL GOVERNMENT SERVICES  
00453=NATIONAL GOVERNMENT SERVICES  
00454=NATIONAL GOVERNMENT SERVICES  
00456=NATIONAL GOVERNMENT SERVICES  
00468=BLUE CROSS (NORTH CAROLINA FOR PR)  
00510=BLUE SHIELD (ALABAMA)  
00511=CAHABA  
00512=CAHABA  
00520=BLUE SHIELD (ARKANSAS)  
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)  
00542=BLUE SHIELD (CALIFORNIA)  
00550=BLUE SHIELD (COLORADO)  
00570=BLUE SHIELD (DELAWARE)  
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)  
00590=BLUE SHIELD (FLORIDA)  
00621=BLUE SHIELD (ILLINOIS)  
00630=NATIONAL GOVERNMENT SERVICES  
00640=BLUE SHIELD (IOWA)  
00650=BLUE SHIELD (KANSAS)  
00655=BLUE SHIELD (KANSAS/NEBRASKA)  
00660=NATIONAL GOVERNMENT SERVICES  
00690=BLUE SHIELD (MARYLAND)  
00700=BLUE SHIELD (MASSACHUSETTS)  
00710=BLUE SHIELD (MICHIGAN)  
00720=BLUE SHIELD (MINNESOTA)  
00740=BLUE SHIELD (KANSAS CITY)  
00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)  
00780=BLUE SHIELD (TRI-STATE)  
00801=BLUE SHIELD (BUFFALO)  
00803=NATIONAL GOVERNMENT SERVICES  
00805=NATIONAL GOVERNMENT SERVICES  
00821=NORIDIAN  
00824=NORIDIAN GVT SERVICES (CO)  
00826=NORIDIAN GVT SERVICES (IA)

Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"  
(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
00831=NORIDIAN GVT SERVICES (AK)				
00832=NORIDIAN GVT SERVICES (AZ)				
00833=NORIDIAN GVT SERVICES (HI)				
00834=NORIDIAN GVT SERVICES (NV)				
00835=NORIDIAN GVT SERVICES (OR)				
00836=NORIDIAN GVT SERVICES (WA)				
00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)				
00865=BLUE SHIELD (PENNSYLVANIA)				
00870=BLUE SHIELD (RHODE ISLAND)				
00880=BLUE SHIELD (SOUTH CAROLINA)				
00883=PALMETTO GBA PART B				
00884=PALMETTO GBA				
00889=NORIDIAN GVT SERVICES (SD)				
00900=BLUE SHIELD (TEXAS)				
00901=TRAILBLAZERS HEALTH ENTERPRISES				
00904=TRAILBLAZER				
00910=BLUE SHIELD (UTAH)				
00930=BLUE SHIELD (WASHINGTON)				
00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH))				
01111=Noridian (CA)				
01112=Noridian (NF)				
01120=AETNA (HAWAII)				
01182=Noridian (SF)				
01192=PALMETTO (CALIFORNIA SOUTH)				
01201=PALMETTO (HAWAII)				
01202=PALMETTO (HAWAII)				
01211=Noridian (AS, GU, HI)				
01212=Noridian (AS, GU, HI)				
01290=AETNA (NEVADA)				
01301=PALMETTO (NEVADA)				
01302=PALMETTO (NEVADA)				

01311=Noridian (NV)  
 01312=Noridian (NV)  
 01360=AETNA (NEW MEXICO)  
 01370=AETNA (OKLAHOMA)  
 01380=AETNA (OREGON)  
 01390=AETNA (WASHINGTON)  
 01901=PALMETTO GBA  
 01902=PALMETTO GBA  
 01911=Noridian (AS, GU, HI, NV)  
 02050=OCCIDENTAL (CALIFORNIA)  
 02101=Noridian AK  
 02102=Noridian AK  
 02201=Noridian ID  
 02202=Noridian ID  
 02301=Noridian OR  
 02302=Noridian OR  
 02401=Noridian WA  
 02402=Noridian WA  
 03001=NORIDIAN ADMIN SERVICES  
 03101=NORIDAN (ARIZONA)  
 03102=NORIDAN (ARIZONA)

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 Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"  
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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03201=NORIDAN (MONTANA)  
 03202=NORIDAN (MONTANA)  
 03301=NORDIAN (NORTH DAKOTA)  
 03302=NORDIAN (NORTH DAKOTA)  
 03401=NORIDIAN (SOUTH DAKOTA)  
 03402=NORIDIAN (SOUTH DAKOTA)  
 03501=NORIDIAN (UTAH)  
 03502=NORIDIAN (UTAH)  
 03601=NORIDIAN (WYOMING)  
 03602=NORIDIAN (WYOMING)  
 04001=TRAILBLAZER  
 04101=TRAILBLAZER (COLORADO)  
 04102=TRAILBLAZER (COLORADO)  
 04111=NOVITAS (COLORADO)  
 04112=NOVITAS (COLORADO)  
 04201=TRAILBLAZER (NEW MEXICO)  
 04202=TRAILBLAZER (NEW MEXICO)  
 04211=NOVITAS (NEW MEXICO)  
 04212=NOVITAS (NEW MEXICO)  
 04301=TRAILBLAZER (OKLAHOMA)  
 04302=TRAILBLAZER (OKLAHOMA)



04311=NOVITAS (OKLAHOMA)  
 04312=NOVITAS (OKLAHOMA)  
 04401=TRAILBLAZER (TEXAS)  
 04402=TRAILBLAZER (TEXAS)  
 04411=NOVITAS (TEXAS)  
 04412=NOVITAS (TEXAS)  
 04901=MUTUAL LEGACY  
 04911=NOVITAS  
 05101=WPS (IOWA)  
 05102=WPS (IOWA)  
 05130=EQICOR (IDAHO)  
 05201=WPS (KANSAS)  
 05202=WPS (KANSAS)  
 05301=WPS (MISSOURI)  
 05302=WPS (MISSOURI WEST)  
 05392=WPS (MISSOURI EAST)  
 05401=WPS (NEBRASKA)  
 05402=WPS (NEBRASKA)  
 05440=EQICOR (TENNESSEE)  
 05535=EQICOR (NORTH CAROLINA)  
 05901=WISCONSIN PHYSICIANS SERVICE  
 06001=NGS (WI)  
 06004=National Govt Serv HHH  
 06014=NATIONAL GOVERNMENT SERVICES  
 06101=NGS (IL)  
 06102=NGS (IL)  
 06201=NGS (MN)  
 06202=NGS (MN)  
 06301=NGS (WI)  
 06302=NGS (WI)  
 07101=Novitas AR  
 07102=Novitas AR  
 07201=Novitas LA  
 07202=Novitas LA  
 07301=Novitas MS  
 07302=Novitas MS  
 08101=WPS IN  
 08102=WPS IN  
 08201=WPS MI  
 08202=WPS MI  
 09101=FIRST COAST (FLORIDA)  
 09102=FIRST COAST (FLORIDA)

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POS RECORD LAYOUT

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Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"  
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)  
09202=FIRST COAST (PUERTO RICO)  
09302=FIRST COAST (VIRGIN ISLANDS)  
10071=TRAVELERS (RRB)  
10101=CAHABA GBA (AL)  
10102=CAHABA GBA (AL)  
10111=PALMETTO GBA (Part A) (AL)  
10112=PALMETTO GBA (AL)  
10201=CAHABA GBA (GA)  
10202=CAHABA GBA (GA)  
10211=PALMETTO GBA (GA)  
10212=PALMETTO GBA (GA)  
10230=TRAVELERS (CONNECTICUT)  
10240=TRAVELERS (MINNESOTA)  
10250=TRAVELERS (MISSISSIPPI)  
10301=CAHABA GBA (TN)  
10302=CAHABA GBA (TN)  
10311=PALMETTO GBA (TN)  
10312=PALMETTO GBA (TN)  
10490=TRAVELERS (VIRGINIA)  
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT  
11004=PALMETTO HHH C  
11201=PALMETTO GBA (SC)  
11202=PALMETTO GBA (SC)  
11260=GENERAL AMERICAN  
11301=PALMETTO GBA (VA)  
11302=PALMETTO GBA (VA)  
11401=PALMETTO GBA (WV)  
11402=PALMETTO GBA (WV)  
11501=PALMETTO GBA (NC)  
11502=PALMETTO GBA (NC)  
12101=Novitas DE  
12102=Novitas DE  
12201=Novitas DC  
12202=Novitas DC  
12301=Novitas MD  
12302=Novitas MD  
12401=Novitas NJ  
12402=Novitas NJ  
12501=Novitas PA  
12502=Novitas PA  
12901=Novitas Solutions DC, DE, MD, PA  
12902=HIGHMARK  
13101=NATIONAL GOVT SERVICES (CONNECTICUT)  
13102=NATIONAL GOVT SERVICES (CONNECTICUT)  
13201=NATIONAL GOVT SERVICES (NEW YORK)  
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)  
13282=NGS (UN)  
13292=NGS (QN)  
14004=NATIONAL HERITAGE (HHA - A)

14014=NGS (HHA)  
 14101=NATIONAL HERITAGE (MAINE)  
 14102=NATIONAL HERITAGE (MAINE)  
 14111=NGS (ME)  
 14112=NGS (ME)  
 14201=NATIONAL HERITAGE (MASSACHUSETTS)  
 14202=NATIONAL HERITAGE (MASSACHUSETTS)  
 14211=NGS (MA)  
 14212=NGS (MA)  
 14301=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14311=NGS (NH)  
 14312=NGS (NH)

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 Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"  
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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14330=GROUP HEALTH INC (NEW YORK)				
14401=NATIONAL HERITAGE (RHODE ISLAND)				
14402=NATIONAL HERITAGE (RHODE ISLAND)				
14411=NGS (RI)				
14412=NGS (RI)				
14501=NATIONAL HERITAGE (VERMONT)				
14502=NATIONAL HERITAGE (VERMONT)				
14511=NGS (VT)				
14512=NGS (VT)				
15004=CGS Administrators HHH				
15101=CGS (KENTUCKY)				
15102=CGS (KENTUCKY)				
15201=CGS (OHIO)				
15202=CGS (OHIO)				
16360=NATIONWIDE (OHIO)				
16510=NATIONWIDE (WEST VIRGINIA)				
17120=HAWAII MEDICAL SERVICE ASSOCIATION				
21200=MASSACHUSETTS/MAINE				
31142=NATIONAL HERITAGE INSURANCE CO (MAINE)				
31143=NATIONAL HERITAGE INSURANCE CO				
31144=NATIONAL HERITAGE INSURANCE CO				
50333=TRAVELERS (NEW YORK)				
51051=AETNA (PETALUMA)				
51070=AETNA (FARMINGTON)				
51100=AETNA (CLEARWATER)				
51140=AETNA (PEORIA)				
51390=AETNA (FORT WASHINGTON)				
52280=WISCONSIN PHYSICIANS SERVICE				
57400=COOPERATIVA (PUERTO RICO)				

CCN 10 158 167 VARCHAR2  
 Description: Six or ten position identification number that is assigned to a certified provider. This is the CMS Certification Number.  
 SAS Name: PRVDR\_NUM  
 COBOL Name: PRVDR-NUM

Region Code 2 168 169 VARCHAR2  
 Description: Indicates the CMS Regional Office responsible for the certification of the provider.  
 SAS Name: RGN\_CD  
 COBOL Name: RGN-CD  
 VALUES: 01=Boston  
 02=New York  
 03=Philadelphia  
 04=Atlanta  
 05=Chicago  
 06=Dallas  
 07=Kansas City  
 08=Denver  
 09=San Francisco  
 10=Seattle

Skeleton Record Indicator 1 170 170 VARCHAR2  
 Description: Indicates if the record is a skeleton record. Only a limited set of data is available for this provider; no survey data exists. Only provider categories 01,17,19,21and 22 can have skeleton providers.  
 SAS Name: SKLTN\_REC\_SW  
 COBOL Name: SKLTN-REC-SW

State Abbreviation 2 171 172 VARCHAR2  
 Description: Two-character state abbreviation.

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 13  
 Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"  
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

SAS Name: STATE\_CD  
 COBOL Name: STATE-CD  
 VALUES: AK=ALASKA  
 AL=ALABAMA  
 AR=ARKANSAS  
 AS=AMERICAN SAMOA  
 AZ=ARIZONA  
 CA=CALIFORNIA

CN=CANADA  
CO=COLORADO  
CT=CONNECTICUT  
DC=DISTRICT OF COLUMBIA  
DE=DELAWARE  
FL=FLORIDA  
FN=INTERNATIONAL  
GA=GEORGIA  
GU=GUAM  
HI=HAWAII  
IA=IOWA  
ID=IDAHO  
IL=ILLINOIS  
IN=INDIANA  
KS=KANSAS  
KY=KENTUCKY  
LA=LOUISIANA  
MA=MASSACHUSETTS  
MD=MARYLAND  
ME=MAINE  
MI=MICHIGAN  
MN=MINNESOTA  
MO=MISSOURI  
MP=SAIPAN  
MS=MISSISSIPPI  
MT=MONTANA  
MX=MEXICO  
NC=NORTH CAROLINA  
ND=NORTH DAKOTA  
NE=NEBRASKA  
NH=NEW HAMPSHIRE  
NJ=NEW JERSEY  
NM=NEW MEXICO  
NV=NEVADA  
NY=NEW YORK  
OH=OHIO  
OK=OKLAHOMA  
OR=OREGON  
PA=PENNSYLVANIA  
PR=PUERTO RICO  
RI=RHODE ISLAND  
SC=SOUTH CAROLINA  
SD=SOUTH DAKOTA  
TN=TENNESSEE  
TX=TEXAS  
UT=UTAH  
VA=VIRGINIA  
VI=VIRGIN ISLANDS  
VT=VERMONT  
WA=WASHINGTON

WI=WISCONSIN  
WV=WEST VIRGINIA  
WY=WYOMING

SSA State Code 2 173 174 VARCHAR2

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 14  
Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"  
(SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

Description: Social Security Administration geographic code indicating  
the state where the provider is located.

SAS Name: SSA\_STATE\_CD

COBOL Name: SSA-STATE-CD

VALUES: 01=ALABAMA  
02=ALASKA  
03=ARIZONA  
04=ARKANSAS  
05=CALIFORNIA  
06=COLORADO  
07=CONNECTICUT  
08=DELAWARE  
09=DISTRICT OF COLUMBIA  
10=FLORIDA  
11=GEORGIA  
12=HAWAII  
13=IDAHO  
14=ILLINOIS  
15=INDIANA  
16=IOWA  
17=KANSAS  
18=KENTUCKY  
19=LOUISIANA  
20=MAINE  
21=MARYLAND  
22=MASSACHUSETTS  
23=MICHIGAN  
24=MINNESOTA  
25=MISSISSIPPI  
26=MISSOURI  
27=MONTANA  
28=NEBRASKA  
29=NEVADA  
30=NEW HAMPSHIRE  
31=NEW JERSEY  
32=NEW MEXICO  
33=NEW YORK

34=NORTH CAROLINA  
 35=NORTH DAKOTA  
 36=OHIO  
 37=OKLAHOMA  
 38=OREGON  
 39=PENNSYLVANIA  
 40=PUERTO RICO  
 41=RHODE ISLAND  
 42=SOUTH CAROLINA  
 43=SOUTH DAKOTA  
 44=TENNESSEE  
 45=TEXAS  
 46=UTAH  
 47=VERMONT  
 48=VIRGIN ISLANDS  
 49=VIRGINIA  
 50=WASHINGTON  
 51=WEST VIRGINIA  
 52=WISCONSIN  
 53=WYOMING  
 54=AFRICA  
 56=CANADA  
 57=WEST INDIES  
 58=EUROPE  
 59=MEXICO  
 60=OCEANIA

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 15  
 Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"  
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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61=PHILIPPINES  
 62=SOUTH AMERICA  
 63=UNITED STATES POSSESSIONS  
 64=AMERICAN SAMOA  
 65=GUAM  
 66=SAIPAN  
 99=INTERNATIONAL

State Region Code	3	175	177	VARCHAR2
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Description: Identifies the region within a state where the provider is located.

SAS Name: STATE\_RGN\_CD

COBOL Name: STATE-RGN-CD

VALUES: AK/001=ALASKA  
 AK/LAB=LABORATORIES  
 AK/NPH=NON-PARTICIPATING HOSPITAL

AL/001=ALABAMA  
AL/LAB=LABORATORIES  
AL/NPH=NON-PARTICIPATING HOSPITAL  
AR/001=ARKANSAS  
AR/LAB=LABORATORIES  
AR/NPH=NON-PARTICIPATING HOSPITAL  
AS/001=AMERICAN SAMOA  
AS/LAB=LABORATORY  
AS/NPH=NON-PARTICIPATING HOSPITAL  
AZ/AZ=PHOENIX  
AZ/LAB=ARIZONA LAB  
AZ/NPH=NON-PARTICIPATING HOSPITAL  
AZ/TUC=TUCSON  
CA/001=CALIFORNIA  
CA/BAK=BAKERSFIELD  
CA/BER=SAN BERNARDINO  
CA/EB=East Bay  
CA/FR=FRESNO  
CA/L1=L.A. WEST  
CA/L2=L.A. NORTH  
CA/L3=L.A. CENTRAL  
CA/L4=L.A. EAST  
CA/L5=SAN GABRIEL  
CA/LA1=LA Region 1  
CA/LA2=LA Region 2  
CA/LA3=LA Region 3  
CA/LA4=LA Acute/Ancillary  
CA/LA5=LA HHA/Hospice  
CA/LA6=LA ICF/DD/CLinics  
CA/LAB=LABORATORIES  
CA/M1=LAB. SOUTH  
CA/M2=LAB. NORTH  
CA/NPH=NON-PARTICIPATING HOSPITAL  
CA/ORG=ORANGE  
CA/RIV=RIVERSIDE  
CA/S1=SACRAMENTO  
CA/S3=CHICO  
CA/SD=SAN DIEGO  
CA/SF=SAN FRANCISCO  
CA/SJ=SAN JOSE  
CA/SR=SANTA ROSA  
CA/STK=STOCKTON  
CA/VEN=VENTURA  
CN/001=CANADA  
CN/LAB=LABORATORY  
CN/NPH=NON-PARTICIPATING HOSPITAL  
CO/001=COLORADO



Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"  
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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CO/LAB=LABORATORIES				
CO/NPH=NON-PARTICIPATING HOSPITAL				
CT/001=CONNECTICUT				
CT/LAB=LABORATORIES				
CT/NPH=NON-PARTICIPATING HOSPITAL				
DC/001=DISTRICT OF COLUMBIA				
DC/LAB=LABORATORIES				
DC/NPH=NON-PARTICIPATING HOSPITAL				
DE/001=DELAWARE				
DE/LAB=LABORATORIES				
DE/NPH=NON-PARTICIPATING HOSPITAL				
FL/001=FLORIDA				
FL/FTM=FT. MYERS				
FL/GAI=GAINESVILLE				
FL/JAX=JACKSONVILLE				
FL/LAB=LABORATORIES				
FL/LAN=LANTANA				
FL/LAU=LAUDERHILL				
FL/MIA=MIAMI				
FL/NPH=NON-PARTICIPATING HOSPITAL				
FL/ORL=ORLANDO				
FL/PEN=PENSACOLA				
FL/STP=ST. PETERSBURG				
FL/TAL=TALLAHASSEE				
FL/TAM=TAMPA				
FM/001=FEDERATED STATES OF MICRO				
FM/NPH=NON-PARTICIPATING HOSPITAL				
FN/001=INTERNATIONAL				
FN/LAB=LABORATORIES				
FN/NPH=NON-PARTICIPATING HOSPITAL				
GA/001=GEORGIA				
GA/GAA=GEORGIA ALL				
GA/GAC=GEORGIA CENTRAL				
GA/GAE=GEORGIA EASTERN				
GA/GAN=GEORGIA NORTH				
GA/GAS=GEORGIA SOUTH				
GA/GAW=GEORGIA WESTERN				
GA/LAB=LABORATORIES				
GA/NPH=NON-PARTICIPATING HOSPITAL				
GU/001=GUAM				
GU/LAB=LABORATORIES				
GU/NPH=NON-PARTICIPATING HOSPITAL				
HI/001=HAWAII				
HI/LAB=LABORATORIES				
HI/NPH=NON-PARTICIPATING HOSPITAL				

IA/001=IOWA  
 IA/LAB=LABORATORIES  
 IA/NPH=NON-PARTICIPATING HOSPITAL  
 ID/001=IDAHO  
 ID/LAB=LABORATORIES  
 ID/NPH=NON-PARTICIPATING HOSPITAL  
 IL/001=ILLINOIS  
 IL/LAB=LABORATORIES  
 IL/NPH=NON-PARTICIPATING HOSPITAL  
 IN/001=INDIANA  
 IN/LAB=LABORATORIES  
 IN/NPH=NON-PARTICIPATING HOSPITAL  
 KS/001=KANSAS  
 KS/KCK=KANSAS CITY  
 KS/KDH=KDHE  
 KS/LAB=LABORATORIES  
 KS/LAW=LAWRENCE  
 KS/NC=NORTH CENTRAL KANSAS

DATE: 10/03/2022

POS RECORD LAYOUT

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Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"  
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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KS/NE=NORTH EAST KANSAS				
KS/NPH=NON-PARTICIPATING HOSPITAL				
KS/NW=NORTH WEST KANSAS				
KS/SC=SOUTH CENTRAL KANSAS				
KS/SE=SOUTH EAST KANSAS				
KS/SW=SOUTH WEST KANSAS				
KS/WST=WEST				
KY/2C1=HOPKINSVILLE				
KY/2C2=LOUISVILLE				
KY/2C3=LONDON				
KY/2C4=LEXINGTON				
KY/LAB=LABORATORIES				
KY/NPH=NON-PARTICIPATING HOSPITAL				
LA/001=LOUISIANA				
LA/LA1=NEW ORLEANS				
LA/LA2=MANDEVILLE				
LA/LA3=LAFAYETTE				
LA/LA4=MONROE				
LA/LA5=SHREVEPORT				
LA/LA6=ALEXANDRIA				
LA/LAB=LABORATORIES				
LA/LB1=CLIA NEW ORLEANS				
LA/LB5=CLIA SHREVEPORT				
LA/LB6=CLIA ALEXANDRIA				

LA/NPH=NON-PARTICIPATING HOSPITAL  
 MA/001=MASSACHUSETTS  
 MA/LAB=LABORATORIES  
 MA/NPH=NON-PARTICIPATING HOSPITAL  
 MD/001=MARYLAND  
 MD/LAB=LABORATORIES  
 MD/NPH=NON-PARTICIPATING HOSPITAL  
 ME/001=MAINE  
 ME/LAB=LABORATORIES  
 ME/NPH=NON-PARTICIPATING HOSPITAL  
 MH/001=MARSHALL ISLANDS  
 MH/NPH=NON-PARTICIPATING HOSPITAL  
 MI/001=MICHIGAN  
 MI/LAB=LABORATORIES  
 MI/NPH=NON-PARTICIPATING HOSPITAL  
 MN/001=MINNESOTA  
 MN/LAB=LABORATORIES  
 MN/NPH=NON-PARTICIPATING HOSPITAL  
 MO/001=MISSOURI  
 MO/01=REGION01  
 MO/02=REGION02  
 MO/03=REGION 03  
 MO/04=REGION 04  
 MO/05=REGION 05  
 MO/06=REGION 06  
 MO/07=REGION 07  
 MO/1NH=REGION 1 NH  
 MO/2NH=REGION 2 NH  
 MO/3NH=REGION 3 NH  
 MO/4NH=REGION 4 NH  
 MO/5NH=REGION 5 NH  
 MO/6NH=REGION 6 NH  
 MO/7NH=REGION 7 NH  
 MO/LAB=LABORATORIES  
 MO/MO=STATEWIDE  
 MO/NPH=NON-PARTICIPATING HOSPITAL  
 MP/001=NORTHERN MARIANA ISLANDS  
 MP/LAB=LABORATORIES  
 MP/NPH=NON-PARTICIPATING HOSPITAL

DATE: 10/03/2022

POS RECORD LAYOUT

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Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"  
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

MS/001=MISSISSIPPI  
 MS/LAB=LABORATORIES  
 MS/NPH=NON-PARTICIPATING HOSPITAL

MT/001=MONTANA  
MT/LAB=LABORATORIES  
MT/NPH=NON-PARTICIPATING HOSPITAL  
MX/001=MEXICO  
MX/LAB=LABORATORY  
MX/NPH=NON-PARTICIPATING HOSPITAL  
NC/001=NORTH CAROLINA  
NC/LAB=LABORATORIES  
NC/NCC=NORTH CAROLINA CENTRAL  
NC/NCE=NORTH CAROLINA EAST  
NC/NCN=NORTH CAROLINA NORTH  
NC/NCS=NORTH CAROLINA SOUTH  
NC/NCW=NORTH CAROLINA WEST  
NC/NPH=NON-PARTICIPATING HOSPITAL  
ND/001=NORTH DAKOTA  
ND/LAB=LABORATORIES  
ND/NPH=NON-PARTICIPATING HOSPITAL  
NE/001=NEBRASKA  
NE/1=NORTH CENTRAL  
NE/2=CENTRAL  
NE/3=NORTHEAST  
NE/4=SOUTHEAST  
NE/5=WESTERN  
NE/LAB=LABORATORIES  
NE/NPH=NON-PARTICIPATING HOSPITAL  
NH/001=NEW HAMPSHIRE  
NH/LAB=LABORATORIES  
NH/NPH=NON-PARTICIPATING HOSPITAL  
NJ/001=NEW JERSEY  
NJ/LAB=LABORATORIES  
NJ/NPH=NON-PARTICIPATING HOSPITAL  
NM/001=NEW MEXICO  
NM/LAB=LABORATORIES  
NM/NPH=NON-PARTICIPATING HOSPITAL  
NV/001=NEVADA  
NV/CC=CARSON CITY  
NV/LAB=LABORATORIES  
NV/LV=LAS VEGAS  
NV/NPH=NON-PARTICIPATING HOSPITAL  
NY/001=BUFFALO  
NY/002=ROCHESTER  
NY/003=SYRACUSE  
NY/004=ALBANY  
NY/005=NEW ROCHELLE  
NY/006=NEW YORK CITY  
NY/007=SUFFOLK/NASSAU COUNTY  
NY/LAB=LABORATORIES  
NY/NPH=NON-PARTICIPATING HOSPITAL  
OH/001=OHIO  
OH/LAB=LABORATORIES

OH/NPH=NON-PARTICIPATING HOSPITAL  
 OK/001=OKLAHOMA  
 OK/LAB=LABORATORIES  
 OK/NPH=NON-PARTICIPATING HOSPITAL  
 OR/001=OFFICE #1  
 OR/002=OFFICE #2  
 OR/003=OFFICE #3  
 OR/LAB=LABORATORIES  
 OR/NPH=NON-PARTICIPATING HOSPITAL  
 PA/001=PENNSYLVANIA

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 19  
 Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"  
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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PA/LAB=LABORATORIES  
 PA/NPH=NON-PARTICIPATING HOSPITAL  
 PR/001=PUERTO RICO  
 PR/LAB=LABORATORIES  
 PR/NPH=NON-PARTICIPATING HOSPITAL  
 PW/001=PALAU  
 PW/NPH=NON-PARTICIPATING HOSPITAL  
 RI/001=RHODE ISLAND  
 RI/LAB=LABORATORIES  
 RI/NPH=NON-PARTICIPATING HOSPITAL  
 SC/001=SOUTH CAROLINA  
 SC/LAB=LABORATORIES  
 SC/NPH=NON-PARTICIPATING HOSPITAL  
 SD/001=SOUTH DAKOTA  
 SD/LAB=LABORATORIES  
 SD/NPH=NON-PARTICIPATING HOSPITAL  
 TN/001=TENNESSEE  
 TN/LAB=LABORATORIES  
 TN/NPH=NON-PARTICIPATING HOSPITAL  
 TN/TNC=TENNESSEE COOKEVILLE  
 TN/TNE=TENNESSEE EASTERN  
 TN/TNM=TENNESSEE MIDDLE  
 TN/TNW=TENNESSEE WESTERN  
 TX/001=TEXAS  
 TX/L01=AMARILLO-LTC  
 TX/L02=ABILENE-LTC  
 TX/L03=ARLINGTON-LTC  
 TX/L04=TYLER-LTC  
 TX/L05=TEMPLE-LTC  
 TX/L06=HOUSTON-LTC  
 TX/L07=Austin-LTC  
 TX/L08=San Antonio-LTC

TX/L11=Corpus Christi-LTC  
 TX/LAB=LABORATORIES  
 TX/NPH=NON-PARTICIPATING HOSPITAL  
 TX/TX1=NLTC REG 1, 7, 9, 10  
 TX/TX2=NLTC REG 2, 3  
 TX/TX4=NLTC REG 6  
 TX/TX5=NLTC REG 4, 5  
 TX/TX6=NLTC Statewide-Certified Only  
 TX/TX8=NLTC REG 8, 11  
 UT/001=UTAH  
 UT/LAB=LABORATORIES  
 UT/NPH=NON-PARTICIPATING HOSPITAL  
 VA/001=VIRGINIA  
 VA/LAB=LABORATORIES  
 VA/NPH=NON-PARTICIPATING HOSPITAL  
 VI/001=VIRGIN ISLANDS  
 VI/LAB=LABORATORIES  
 VI/NPH=NON-PARTICIPATING HOSPITAL  
 VT/001=VERMONT  
 VT/LAB=LABORATORIES  
 VT/NPH=NON-PARTICIPATING HOSPITAL  
 WA/001=ALL OTHERS (NON-LTC FAC)  
 WA/D1=SPOKANE & YAKIMA AREAS  
 WA/D1A=District 1, Unit A  
 WA/D1B=District 1, Unit B  
 WA/D1C=District 1, Unit C  
 WA/D1D=District 1, Unit D  
 WA/D1E=District 1, Unit E  
 WA/D1F=District 1, Unit F  
 WA/D2=SPOKANE & SE  
 WA/D2A=District 2, Unit A

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 20  
 Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"  
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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WA/D2B=District 2, Unit B				
WA/D2C=District 2, Unit C				
WA/D2D=District 2, Unit D				
WA/D2E=District 2, Unit E				
WA/D2F=District 2, Unit F				
WA/D2G=District 2, Unit G				
WA/D2H=District 2, Unit H				
WA/D2I=District 2, Unit I				
WA/D2J=District 2, Unit J				
WA/D2L=District 2, Unit L				
WA/D3=NW WASHINGTON				

WA/D3A=District 3, Unit A  
 WA/D3B=District 3, Unit B  
 WA/D3C=District 3, Unit C  
 WA/D3D=District 3, Unit D  
 WA/D3E=District 3, Unit E  
 WA/D3F=District 3, Unit F  
 WA/D3G=District 3, Unit G  
 WA/D3H=District 3, Unit H  
 WA/D4A=GREATER SEATTLE AREA  
 WA/D4B=S KING COUNTY  
 WA/D5A=PIERCE CTY & PENINSULA  
 WA/D5B=PIERCE CTY & GRAYS HARBOR  
 WA/D6=OLYMPIA AREA  
 WA/LAB=LABORATORIES  
 WA/NPH=NON-PARTICIPATING HOSPITAL  
 WI/001=WISCONSIN  
 WI/LAB=LABORATORIES  
 WI/NPH=NON-PARTICIPATING HOSPITAL  
 WV/001=WEST VIRGINIA  
 WV/LAB=LABORATORIES  
 WV/NPH=NON-PARTICIPATING HOSPITAL  
 WY/001=WYOMING  
 WY/LAB=LABORATORIES  
 WY/NPH=NON-PARTICIPATING HOSPITAL

Address: Street 50 178 227 VARCHAR2  
 Description: Street address where the provider is located.  
 SAS Name: ST\_ADR  
 COBOL Name: ST-ADR

Telephone Number 10 228 237 VARCHAR2  
 Description: Telephone number of the provider.  
 SAS Name: PHNE\_NUM  
 COBOL Name: PHNE-NUM

Termination Code 2 238 239 VARCHAR2  
 Description: Indicates the current termination status for the provider.  
 SAS Name: PGM\_TRMNTN\_CD  
 COBOL Name: PGM-TRMNTN-CD  
 VALUES: 00=ACTIVE PROVIDER  
 01=VOLUNTARY-MERGER, CLOSURE  
 02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT  
 03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION  
 04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL  
 05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ  
 06=INVOLUNTARY-FAILURE TO MEET AGREEMENT  
 07=OTHER-PROVIDER STATUS CHANGE  
 08=NONPAYMENT OF FEES - CLIA Only  
 09=REV/UNSUCCESSFUL PARTICIPATION IN PT - CLIA Only

10=REV/OTHER REASON - CLIA Only  
 11=INCOMPLETE CLIA APPLICATION INFORMATION - CLIA Only

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 21  
 Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"  
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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12=NO LONGER PERFORMING TESTS - CLIA Only  
 13=MULTIPLE TO SINGLE SITE CERTIFICATE - CLIA Only  
 14=SHARED LABORATORY - CLIA Only  
 15=FAILURE TO RENEW WAIVER PPM CERTIFICATE - CLIA Only  
 16=DUPLICATE CLIA NUMBER - CLIA Only  
 17=MAIL RETURNED NO FORWARD ADDRESS CERT ENDED - CLIA Only  
 20=NOTIFICATION BANKRUPTCY - CLIA Only  
 33=ACCREDITATION NOT CONFIRMED - CLIA Only  
 80=AWAITING STATE APPROVAL  
 99=OIG ACTION - DO NOT ACTIVATE - CLIA Only

Termination or Description:	Expiration Date Date the provider was terminated. For CLIA providers, date the laboratory's certificate was terminated or the expiration date of the current CLIA certificate.	8	240	247	DATE
SAS Name:	TRMNTN_EXPRTN_DT				
COBOL Name:	TRMNTN-EXPRTN-DT				

Type of Action Description:	Code Identifies the reason for the certification. Type of action from the official survey record, CMS 1539 form.	1	248	248	VARCHAR2
SAS Name:	CRTFCTN_ACTN_TYPE_CD				
COBOL Name:	CRTFCTN-ACTN-TYPE-CD				
VALUES:	1=INITIAL 2=RECERTIFICATION 3=TERMINATION 4=CHANGE OF OWNERSHIP 5=VALIDATION 8=FULL SURVEY AFTER COMPLAINT				

Ownership Type Description:	Code Indicates the ownership type of the provider.	2	249	250	VARCHAR2
SAS Name:	GNRL_CNTL_TYPE_CD				
COBOL Name:	GNRL-CNTL-TYPE-CD				
VALUES:	01=FOR PROFIT - INDIVIDUAL 02=FOR PROFIT - PARTNERSHIP 03=FOR PROFIT - CORPORATION 04=NONPROFIT - CHURCH RELATED 05=NONPROFIT - CORPORATION 06=NONPROFIT - OTHER				



07=GOVERNMENT - STATE  
 08=GOVERNMENT - COUNTY  
 09=GOVERNMENT - CITY  
 10=GOVERNMENT - CITY/COUNTY  
 11=GOVERNMENT - HOSPITAL DISTRICT  
 12=GOVERNMENT - FEDERAL  
 13=FOR PROFIT - LIMITED LIABILITY CORPORATION

Address: ZIP Code 5 251 255 VARCHAR2  
 Description: Five-digit ZIP code for a provider's physical address.  
 SAS Name: ZIP\_CD  
 COBOL Name: ZIP-CD

FIPS State Code 2 256 257 VARCHAR2  
 Description: FIPS State Code  
 SAS Name: FIPS\_STATE\_CD  
 COBOL Name: FIPS-STATE-CD  
 VALUES: 01=ALABAMA  
 02=ALASKA  
 04=ARIZONA  
 05=ARKANSAS  
 06=CALIFORNIA  
 08=COLORADO

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 22  
 Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"  
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
09=CONNECTICUT				
10=DELAWARE				
11=DISTRICT OF COLUMBIA				
12=FLORIDA				
13=GEORGIA				
15=HAWAII				
16=IDAHO				
17=ILLINOIS				
18=INDIANA				
19=IOWA				
20=KANSAS				
21=KENTUCKY				
22=LOUISIANA				
23=MAINE				
24=MARYLAND				
25=MASSACHUSETTS				
26=MICHIGAN				
27=MINNESOTA				
28=MISSISSIPPI				

29=MISSOURI  
 30=MONTANA  
 31=NEBRASKA  
 32=NEVADA  
 33=NEW HAMPSHIRE  
 34=NEW JERSEY  
 35=NEW MEXICO  
 36=NEW YORK  
 37=NORTH CAROLINA  
 38=NORTH DAKOTA  
 39=OHIO  
 40=OKLAHOMA  
 41=OREGON  
 42=PENNSYLVANIA  
 43=PUERTO RICO  
 44=RHODE ISLAND  
 45=SOUTH CAROLINA  
 46=SOUTH DAKOTA  
 47=TENNESSEE  
 48=TEXAS  
 49=UTAH  
 50=VERMONT  
 51=VIRGINIA  
 53=WASHINGTON  
 54=WEST VIRGINIA  
 55=WISCONSIN  
 56=WYOMING  
 60=AMERICAN SAMOA  
 66=GUAM  
 69=SAIPAN/MARIANA IS.  
 78=VIRGIN ISLANDS

FIPS County Code 3 258 260 VARCHAR2  
 Description: FIPS County Code  
 SAS Name: FIPS\_CNTY\_CD  
 COBOL Name: FIPS-CNTY-CD

CBSA Urban Rural Indicator 1 261 261 VARCHAR2  
 Description: CBSA (Core Based Statistical Area) indicates whether the  
 county is defined as Urban or Rural.  
 SAS Name: CBSA\_URBN\_RRL\_IND  
 COBOL Name: CBSA-URBN-RRL-IND

CBSA Code 5 262 266 VARCHAR2

SHORT DESCRIPTION	LEN	START	END	TYPE
Description: CBSA (Core Based Statistical Area) geographic entities defined by the U.S. Office of Management and Budget (OMB) on June 6, 2003 for use by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics. CBSA collectively refers to MSA. SAS Name: CBSA_CD COBOL Name: CBSA-CD				
Bed Count Override Indicator Description: Indicates if the regional office has approved a significant bed count change from the previous certification. SAS Name: OVRRD_BED_CNT_SW COBOL Name: OVRRD-BED-CNT-SW	1	325	325	CHAR
Bed Count: Certified Description: Number of beds in Medicare and/or Medicaid certified areas within a facility. SAS Name: CRTFD_BED_CNT COBOL Name: CRTFD-BED-CNT	4	326	329	NUMBER
Bed Count: Medicaid NF Description: Number of Medicaid-certified Nursing Facility beds. SAS Name: MDCD_NF_BED_CNT COBOL Name: MDCD-NF-BED-CNT	4	334	337	NUMBER
Bed Count: Medicare SNF Description: Number of Medicare-certified Skilled Nursing Facility beds. SAS Name: MDCR_SNF_BED_CNT COBOL Name: MDCR-SNF-BED-CNT	4	338	341	NUMBER
Bed Count: Medicare/Medicaid SNF Description: Number of dually certified (Medicare/Medicaid) beds in a Skilled Nursing Facility. SAS Name: MDCR_MDCD_SNF_BED_CNT COBOL Name: MDCR-MDCD-SNF-BED-CNT	4	342	345	NUMBER
Bed Count: Special Care - AIDS Description: Number of beds in a special care unit dedicated for residents with AIDS. SAS Name: AIDS_BED_CNT COBOL Name: AIDS-BED-CNT	3	346	348	NUMBER
Bed Count: Special Care - Alzheimers Description: Number of beds in a special care unit dedicated for residents with Alzheimer's disease. SAS Name: ALZHRM_BED_CNT	3	349	351	NUMBER

COBOL Name: ALZHMR-BED-CNT

Bed Count: Special Care - Dialysis 3 352 354 NUMBER  
Description: Number of beds in a special care unit dedicated for residents who require dialysis.  
SAS Name: DLYS\_BED\_CNT  
COBOL Name: DLYS-BED-CNT

Bed Count: Special Care - Disabled Children 3 355 357 NUMBER  
Description: Number of beds in a special care unit dedicated for disabled children.  
SAS Name: DSBL\_CHLDRN\_BED\_CNT  
COBOL Name: DSBL-CHLDRN-BED-CNT

Bed Count: Special Care - Head Trauma 3 358 360 NUMBER

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Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"  
(SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

Description: Number of beds in a special care unit dedicated for residents with head trauma.  
SAS Name: HEAD\_TRMA\_BED\_CNT  
COBOL Name: HEAD-TRMA-BED-CNT

Bed Count: Special Care - Hospice 3 361 363 NUMBER  
Description: Number of beds in a special care unit dedicated for residents who require hospice care.  
SAS Name: HOSPC\_BED\_CNT  
COBOL Name: HOSPC-BED-CNT

Bed Count: Special Care - Huntingtons Disease 3 364 366 NUMBER  
Description: Number of beds in a special care unit dedicated for residents with Huntington's disease.  
SAS Name: HNTGTN\_DEASE\_BED\_CNT  
COBOL Name: HNTGTN-DEASE-BED-CNT

Bed Count: Special Care - Specialized Rehab 3 367 369 NUMBER  
Description: Number of beds in a special care unit dedicated for residents with specialized rehab needs.  
SAS Name: REHAB\_BED\_CNT  
COBOL Name: REHAB-BED-CNT

Bed Count: Special Care - Ventilator 3 370 372 NUMBER  
Description: Number of beds in a special care unit dedicated for residents requiring a ventilator and/or respiratory care.  
SAS Name: VNTLTR\_BED\_CNT

COBOL Name: VNTLTR-BED-CNT

Bed Count: Total 4 373 376 NUMBER  
Description: Total number of beds in a provider, including those in non-participating or non-licensed areas.  
SAS Name: BED\_CNT  
COBOL Name: BED-CNT

Compliance: 24-Hour RN Waiver Indicator 1 442 442 CHAR  
Description: Indicates if a waiver of the 24-hour registered nurse staffing requirements has been recommended for a Skilled Nursing Facility or Nursing Facility.  
SAS Name: RN\_24\_HR\_WVR\_SW  
COBOL Name: RN-24-HR-WVR-SW

Compliance: 7-Day RN Waiver Indicator 1 443 443 VARCHAR2  
Description: Indicates if a waiver of the 7-day registered nurse staffing requirements has been recommended for a Skilled Nursing Facility.  
SAS Name: RN\_7\_DAY\_WVR\_SW  
COBOL Name: RN-7-DAY-WVR-SW

Compliance: Beds Per Room Waiver Indicator 1 444 444 CHAR  
Description: Indicates if a waiver of the beds per room requirement has been recommended for a facility.  
SAS Name: BED\_PER\_ROOM\_WVR\_SW  
COBOL Name: BED-PER-ROOM-WVR-SW

Compliance: LSC Waiver Indicator 1 445 445 CHAR  
Description: Indicates if a waiver of any life safety code provision has been recommended for a provider.  
SAS Name: LSC\_WVR\_SW  
COBOL Name: LSC-WVR-SW

Compliance: Patient Room Size Waiver Indicator 1 446 446 CHAR  
Description: Indicates if a waiver of the patient room size provision

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 25  
Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"  
(SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE  
has been recommended for a provider.  
SAS Name: ROOM\_SIZE\_WVR\_SW  
COBOL Name: ROOM-SIZE-WVR-SW

Experimental Research Conducted Indicator 1 453 453 VARCHAR2  
Description: Indicates if a facility conducts experimental research.

SAS Name:      EXPRMT\_RSRCH\_CNDCTD\_SW  
COBOL Name:    EXPRMT-RSRCH-CNDCTD-SW

Fiscal Year End Date (MMDD)                           4     464    467  VARCHAR2

Description: End date, consisting of the month and day, of the provider's fiscal year.

SAS Name:      FY\_END\_MO\_DAY\_CD  
COBOL Name:    FY-END-MO-DAY-CD

Hospital Based Indicator                           1     483    483  CHAR

Description: Indicates if the provider is based in a hospital.

SAS Name:      HOSP\_BSD\_SW  
COBOL Name:    HOSP-BSD-SW

LTC Cross Ref Provider Number                   10    485    494  CHAR

Description: LTC cross ref provider number

SAS Name:      LTC\_CROSS\_REF\_PROVIDER\_NUMBER  
COBOL Name:    LTC-CROSS-REF-PROVIDER-NUMBER

Multiple Facility Organization Name              38    513    550  CHAR

Description: Name of the multi-facility organization that owns the facility.

SAS Name:      MLT\_FAC\_ORG\_NAME  
COBOL Name:    MLT-FAC-ORG-NAME

Multiple Facility Organization Owned Indicator   1     551    551  CHAR

Description: Indicates if a facility is owned by an organization that owns (or leases) two or more long term care facilities.

SAS Name:      MLT\_OWND\_FAC\_ORG\_SW  
COBOL Name:    MLT-OWND-FAC-ORG-SW

Organized Family Group Indicator                1     626    626  VARCHAR2

Description: Indicates if the facility has an organized group of family members of residents.

SAS Name:      ORGNZ\_FMLY\_MBR\_GRP\_SW  
COBOL Name:    ORGNZ-FMLY-MBR-GRP-SW

Organized Resident Group Indicator              1     627    627  VARCHAR2

Description: Indicates if the facility has an organized residents group.

SAS Name:      ORGNZ\_RSDNT\_GRP\_SW  
COBOL Name:    ORGNZ-RSDNT-GRP-SW

Program Participation Code                       1     640    640  CHAR

Description: Indicates if the provider participates in Medicare, Medicaid, or both programs.

SAS Name:      PGM\_PRTCPTN\_CD  
COBOL Name:    PGM-PRTCPTN-CD  
VALUES:        1=MEDICARE ONLY  
                2=MEDICAID ONLY

3=MEDICARE AND MEDICAID

Related Provider Number 10 686 695 CHAR  
Description: Related provider number  
SAS Name: RELATED\_PROVIDER\_NUMBER  
COBOL Name: RELATED-PROVIDER-NUMBER

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Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"  
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SHORT DESCRIPTION	LEN	START	END	TYPE
Services: Blood Administration Off-Site Residents Indicator Description: Indicates if blood administration and storage services are provided off-site to residents. SAS Name: BLOOD_SRVC_OFSITE_RSDNT_SW COBOL Name: BLOOD-SRVC-OFSITE-RSDNT-SW	1	703	703	VARCHAR2
Services: Blood Administration On-Site Nonresidents Indicator Description: Indicates if blood administration and storage services are provided on-site to nonresidents. SAS Name: BLOOD_SRVC_ONST_NRSNT_SW COBOL Name: BLOOD-SRVC-ONST-NRSNT-SW	1	704	704	VARCHAR2
Services: Blood Administration On-Site Residents Indicator Description: Indicates if blood administration and storage services are provided on-site to residents. SAS Name: BLOOD_SRVC_ONST_RSDNT_SW COBOL Name: BLOOD-SRVC-ONST-RSDNT-SW	1	705	705	VARCHAR2
Services: Clinical Laboratory - Off-Site Residents Indicator Description: Indicates if clinical laboratory services are provided off-site to residents. SAS Name: CL_SRVC_OFSITE_RSDNT_SW COBOL Name: CL-SRVC-OFSITE-RSDNT-SW	1	712	712	VARCHAR2
Services: Clinical Laboratory - On-Site Nonresidents Indicator Description: Indicates if clinical laboratory services are provided on-site to nonresidents. SAS Name: CL_SRVC_ONST_NRSNT_SW COBOL Name: CL-SRVC-ONST-NRSNT-SW	1	713	713	VARCHAR2

Services: Clinical Laboratory - On-Site Residents Indicator 1 714 714 VARCHAR2

Description: Indicates if clinical laboratory services are provided on-site to residents.

SAS Name: CL\_SRVC\_ONST\_RSDNT\_SW

COBOL Name: CL-SRVC-ONST-RSDNT-SW

Services: Dental Off-Site Residents Indicator 1 720 720 VARCHAR2

Description: Indicates if dental services are provided off-site to residents.

SAS Name: DNTL\_SRVC\_OFSITE\_RSDNT\_SW

COBOL Name: DNTL-SRVC-OFSITE-RSDNT-SW

Services: Dental On-Site Nonresidents Indicator 1 721 721 VARCHAR2

Description: Indicates if dental services are provided on-site to nonresidents.

SAS Name: DNTL\_SRVC\_ONST\_NRSNT\_SW

COBOL Name: DNTL-SRVC-ONST-NRSNT-SW

Services: Dental On-Site Residents Indicator 1 722 722 VARCHAR2

Description: Indicates if dental services are provided on-site to residents.

SAS Name: DNTL\_SRVC\_ONST\_RSDNT\_SW

COBOL Name: DNTL-SRVC-ONST-RSDNT-SW

Services: Dietary Off-Site Residents Indicator 1 726 726 VARCHAR2

Description: Indicates if dietary services are provided off-site to residents.

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Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"  
(SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

SAS Name: DTRY\_OFSITE\_RSDNT\_SW

COBOL Name: DTRY-OFSITE-RSDNT-SW

Services: Dietary On-Site Nonresidents Indicator 1 727 727 VARCHAR2

Description: Indicates if dietary services are provided on-site to nonresidents.

SAS Name: DTRY\_ONST\_NRSNT\_SW

COBOL Name: DTRY-ONST-NRSNT-SW

Services: Dietary On-Site Residents Indicator 1 728 728 VARCHAR2

Description: Indicates if dietary services are provided on-site to residents.

SAS Name: DTRY\_ONST\_RSDNT\_SW

COBOL Name: DTRY-ONST-RSDNT-SW



Services: Housekeeping Off-Site Residents Indicator 1 738 738 VARCHAR2  
Description: Indicates if housekeeping services are provided off-site to residents.  
SAS Name: HSEKPNG\_SRVC\_OFSITE\_RSDNT\_SW  
COBOL Name: HSEKPNG-SRVC-OFSITE-RSDNT-SW

Services: Housekeeping On-Site Nonresidents Indicator 1 739 739 VARCHAR2  
Description: Indicates if housekeeping services are provided on-site to nonresidents.  
SAS Name: HSEKPNG\_SRVC\_ONST\_NRSNT\_SW  
COBOL Name: HSEKPNG-SRVC-ONST-NRSNT-SW

Services: Housekeeping On-Site Residents Indicator 1 740 740 VARCHAR2  
Description: Indicates if housekeeping services are provided on-site to residents.  
SAS Name: HSEKPNG\_SRVC\_ONST\_RSDNT\_SW  
COBOL Name: HSEKPNG-SRVC-ONST-RSDNT-SW

Services: Mental Health Off-Site Residents Indicator 1 747 747 VARCHAR2  
Description: Indicates if mental health services are provided off-site to residents.  
SAS Name: MENTL\_HLTH\_OFSITE\_RSDNT\_SW  
COBOL Name: MENTL-HLTH-OFSITE-RSDNT-SW

Services: Mental Health On-Site Nonresidents Indicator 1 748 748 VARCHAR2  
Description: Indicates if mental health services are provided on-site to nonresidents.  
SAS Name: MENTL\_HLTH\_ONST\_NRSNT\_SW  
COBOL Name: MENTL-HLTH-ONST-NRSNT-SW

Services: Mental Health On-Site Residents Indicator 1 749 749 VARCHAR2  
Description: Indicates if mental health services are provided on-site to residents.  
SAS Name: MENTL\_HLTH\_ONST\_RSDNT\_SW  
COBOL Name: MENTL-HLTH-ONST-RSDNT-SW

Services: Nursing Off-Site Residents Indicator 1 760 760 VARCHAR2  
Description: Indicates if nursing services are provided off-site to residents.  
SAS Name: NRSNG\_SRVC\_OFSITE\_RSDNT\_SW  
COBOL Name: NRSNG-SRVC-OFSITE-RSDNT-SW

Services: Nursing On-Site Nonresidents Indicator 1 761 761 VARCHAR2  
Description: Indicates if nursing services are provided on-site to nonresidents.  
SAS Name: NRSNG\_SRVC\_ONST\_NRSNT\_SW  
COBOL Name: NRSNG-SRVC-ONST-NRSNT-SW

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(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
Services: Nursing On-Site Residents Indicator Description: Indicates if nursing services are provided on-site to residents. SAS Name: NRSNG_SRVC_ONST_RSDNT_SW COBOL Name: NRSNG-SRVC-ONST-RSDNT-SW	1	762	762	VARCHAR2
Services: OT Off-Site Residents Indicator Description: Indicates if occupational therapy services are provided off-site to residents. SAS Name: OT_SRVC_OFSITE_RSDNT_SW COBOL Name: OT-SRVC-OFSITE-RSDNT-SW	1	776	776	VARCHAR2
Services: OT On-Site Nonresidents Indicator Description: Indicates if occupational therapy services are provided on-site to nonresidents. SAS Name: OT_SRVC_ONST_NRSNT_SW COBOL Name: OT-SRVC-ONST-NRSNT-SW	1	777	777	VARCHAR2
Services: OT On-Site Residents Indicator Description: Indicates if occupational therapy services are provided on-site to residents. SAS Name: OT_SRVC_ONST_RSDNT_SW COBOL Name: OT-SRVC-ONST-RSDNT-SW	1	778	778	VARCHAR2
Services: Pharmacy Off-Site Residents Indicator Description: Indicates if pharmacy services are provided off-site to residents. SAS Name: PHRMCY_SRVC_OFSITE_RSDNT_SW COBOL Name: PHRMCY-SRVC-OFSITE-RSDNT-SW	1	789	789	VARCHAR2
Services: Pharmacy On-Site Nonresidents Indicator Description: Indicates if pharmacy services are provided on-site to nonresidents. SAS Name: PHRMCY_SRVC_ONST_NRSNT_SW COBOL Name: PHRMCY-SRVC-ONST-NRSNT-SW	1	790	790	VARCHAR2
Services: Pharmacy On-Site Residents Indicator Description: Indicates if pharmacy services are provided on-site to residents. SAS Name: PHRMCY_SRVC_ONST_RSDNT_SW COBOL Name: PHRMCY-SRVC-ONST-RSDNT-SW	1	791	791	VARCHAR2

Services: Physician Extender Off-Site Residents 1 796 796 VARCHAR2  
Indicator

Description: Indicates if physician extender services are provided  
off-site to residents.

SAS Name: PHYSN\_EXT\_SRVC\_OFSITE\_RSDNT\_SW

COBOL Name: PHYSN-EXT-SRVC-OFSITE-RSDNT-SW

Services: Physician Extender On-Site Nonresidents 1 797 797 VARCHAR2  
Indicator

Description: Indicates if physician extender services are provided  
on-site to nonresidents.

SAS Name: PHYSN\_EXT\_SRVC\_ONST\_NRSNT\_SW

COBOL Name: PHYSN-EXT-SRVC-ONST-NRSNT-SW

Services: Physician Extender On-Site Residents 1 798 798 VARCHAR2  
Indicator

Description: Indicates if physician extender services are provided  
on-site to residents.

SAS Name: PHYSN\_EXT\_SRVC\_ONST\_RSDNT\_SW

COBOL Name: PHYSN-EXT-SRVC-ONST-RSDNT-SW

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SHORT DESCRIPTION LEN START END TYPE

Services: Physician Off-Site Residents Indicator 1 799 799 VARCHAR2

Description: Indicates if physician services are provided off-site to  
residents.

SAS Name: PHYSN\_SRVC\_OFSITE\_RSDNT\_SW

COBOL Name: PHYSN-SRVC-OFSITE-RSDNT-SW

Services: Physician On-Site Nonresidents Indicator 1 800 800 VARCHAR2

Description: Indicates if physician services are provided on-site to  
nonresidents.

SAS Name: PHYSN\_SRVC\_ONST\_NRSNT\_SW

COBOL Name: PHYSN-SRVC-ONST-NRSNT-SW

Services: Physician On-Site Residents Indicator 1 801 801 VARCHAR2

Description: Indicates if physician services are provided on-site to  
residents.

SAS Name: PHYSN\_SRVC\_ONST\_RSDNT\_SW

COBOL Name: PHYSN-SRVC-ONST-RSDNT-SW

Services: Podiatry Off-Site Residents Indicator 1 802 802 VARCHAR2

Description: Indicates if podiatry services are provided off-site to  
residents.

SAS Name: PDTRY\_SRVC\_OFSITE\_RSDNT\_SW  
COBOL Name: PDTRY-SRVC-OFSITE-RSDNT-SW

Services: Podiatry On-Site Nonresidents Indicator 1 803 803 VARCHAR2  
Description: Indicates if podiatry services are provided on-site to nonresidents.

SAS Name: PDTRY\_SRVC\_ONST\_NRSDNT\_SW  
COBOL Name: PDTRY-SRVC-ONST-NRSDNT-SW

Services: Podiatry On-Site Residents Indicator 1 804 804 VARCHAR2  
Description: Indicates if podiatry services are provided on-site to residents.

SAS Name: PDTRY\_SRVC\_ONST\_RSDNT\_SW  
COBOL Name: PDTRY-SRVC-ONST-RSDNT-SW

Services: PT Off-Site Residents Indicator 1 814 814 VARCHAR2  
Description: Indicates if physical therapy services are provided off-site to residents.

SAS Name: PT\_OFSITE\_RSDNT\_SW  
COBOL Name: PT-OFSITE-RSDNT-SW

Services: PT On-Site Nonresidents Indicator 1 815 815 VARCHAR2  
Description: Indicates if physical therapy services are provided on-site to nonresidents.

SAS Name: PT\_ONST\_NRSDNT\_SW  
COBOL Name: PT-ONST-NRSDNT-SW

Services: PT On-Site Residents Indicator 1 816 816 VARCHAR2  
Description: Indicates if physical therapy services are provided on-site to residents.

SAS Name: PT\_ONST\_RSDNT\_SW  
COBOL Name: PT-ONST-RSDNT-SW

Services: Social Work Off-Site Residents Indicator 1 827 827 VARCHAR2  
Description: Indicates if social work services are provided off-site to residents.

SAS Name: SCL\_WORK\_SRVC\_OFSITE\_RSDNT\_SW  
COBOL Name: SCL-WORK-SRVC-OFSITE-RSDNT-SW

Services: Social Work On-Site Nonresidents Indicator 1 828 828 VARCHAR2  
Description: Indicates if social work services are provided on-site to

SHORT DESCRIPTION	LEN	START	END	TYPE
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nonresidents.

SAS Name: SCL\_WORK\_SRVC\_ONST\_NRSDNT\_SW  
COBOL Name: SCL-WORK-SRVC-ONST-NRSDNT-SW

Services: Social Work On-Site Residents Indicator 1 829 829 VARCHAR2  
Description: Indicates if social work services are provided on-site to residents.

SAS Name: SCL\_WORK\_SRVC\_ONST\_RSDNT\_SW  
COBOL Name: SCL-WORK-SRVC-ONST-RSDNT-SW

Services: Speech Pathology Off-Site Residents Indicator 1 834 834 VARCHAR2

Description: Indicates if speech/language pathology services are provided off-site to residents.

SAS Name: SPCH\_PTHLGY\_OFSITE\_RSDNT\_SW  
COBOL Name: SPCH-PTHLGY-OFSITE-RSDNT-SW

Services: Speech Pathology On-Site Nonresidents Indicator 1 835 835 VARCHAR2

Description: Indicates if speech/language pathology services are provided on-site to nonresidents.

SAS Name: SPCH\_PTHLGY\_ONST\_NRSDNT\_SW  
COBOL Name: SPCH-PTHLGY-ONST-NRSDNT-SW

Services: Speech Pathology On-Site Residents Indicator 1 836 836 VARCHAR2

Description: Indicates if speech/language pathology services are provided on-site to residents.

SAS Name: SPCH\_PTHLGY\_ONST\_RSDNT\_SW  
COBOL Name: SPCH-PTHLGY-ONST-RSDNT-SW

Services: Therapeutic - Other Activities Staff - Off-Site Residents Indicator 1 839 839 VARCHAR2

Description: Indicates if therapeutic services are provided off-site to residents by other activities staff.

SAS Name: ACTVTY\_OTHR\_OFSITE\_RSDNT\_SW  
COBOL Name: ACTVTY-OTHR-OFSITE-RSDNT-SW

Services: Therapeutic - Other Activities Staff - On-Site Nonresidents Indicator 1 840 840 VARCHAR2

Description: Indicates if therapeutic services are provided on-site to nonresidents by other activities staff.

SAS Name: ACTVTY\_OTHR\_ONST\_NRSDNT\_SW  
COBOL Name: ACTVTY-OTHR-ONST-NRSDNT-SW

Services: Therapeutic - Other Activities Staff - On-Site Residents Indicator 1 841 841 VARCHAR2

Description: Indicates if therapeutic services are provided on-site to residents by other activities staff.

SAS Name: ACTVTY\_OTHR\_ONST\_RSDNT\_SW  
COBOL Name: ACTVTY-OTHR-ONST-RSDNT-SW

Services: Therapeutic - Other Social Services Staff - 1 842 842 VARCHAR2  
Off-Site Residents Indicator

Description: Indicates if other therapeutic social services are provided off-site to residents.

SAS Name: SCL\_SRVC\_OTHR\_OFSITE\_RSDNT\_SW

COBOL Name: SCL-SRVC-OTHR-OFSITE-RSDNT-SW

Services: Therapeutic - Other Social Services Staff - 1 843 843 VARCHAR2  
On-Site Nonresidents Indicator

Description: Indicates if other therapeutic social services are provided on-site to nonresidents.

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SAS Name: SCL\_SRVC\_OTHR\_ONST\_NRSNT\_SW

COBOL Name: SCL-SRVC-OTHR-ONST-NRSNT-SW

Services: Therapeutic - Other Social Services Staff - 1 844 844 VARCHAR2  
On-Site Residents Indicator

Description: Indicates if other therapeutic social services are provided on-site to residents.

SAS Name: SCL\_SRVC\_OTHR\_ONST\_RSDNT\_SW

COBOL Name: SCL-SRVC-OTHR-ONST-RSDNT-SW

Services: Therapeutic - Qualified Activities Professional - Off-Site Residents Indicator 1 845 845 VARCHAR2

Description: Indicates if therapeutic services are provided off-site to residents by qualified activities professionals.

SAS Name: ACTVTY\_OFSITE\_RSDNT\_SW

COBOL Name: ACTVTY-OFSITE-RSDNT-SW

Services: Therapeutic - Qualified Activities Professional - On-Site Nonresidents Indicator 1 846 846 VARCHAR2

Description: Indicates if therapeutic services are provided on-site to nonresidents by qualified activities professionals.

SAS Name: ACTVTY\_ONST\_NRSNT\_SW

COBOL Name: ACTVTY-ONST-NRSNT-SW

Services: Therapeutic - Qualified Activities Professional - On-Site Residents Indicator 1 847 847 VARCHAR2

Description: Indicates if therapeutic services are provided on-site to residents by qualified activities professionals.

SAS Name: ACTVTY\_ONST\_RSDNT\_SW

COBOL Name: ACTVTY-ONST-RSDNT-SW

Services: Therapeutic Recreational Specialty Off-Site 1 849 849 VARCHAR2  
Residents Indicator

Description: Indicates if therapeutic recreation specialist services  
are provided off-site to residents.

SAS Name: THRPTC\_RCRTNL\_OFSITE\_RSDNT\_SW

COBOL Name: THRPTC-RCRTNL-OFSITE-RSDNT-SW

Services: Therapeutic Recreational Specialty On-Site 1 850 850 VARCHAR2  
Nonresidents Indicator

Description: Indicates if therapeutic recreation specialist services  
are provided on-site to nonresidents.

SAS Name: THRPTC\_RCRTNL\_ONST\_NRSNT\_SW

COBOL Name: THRPTC-RCRTNL-ONST-NRSNT-SW

Services: Therapeutic Recreational Specialty On-Site 1 851 851 VARCHAR2  
Residents Indicator

Description: Indicates if therapeutic recreation specialist services  
are provided on-site to residents.

SAS Name: THRPTC\_RCRTNL\_ONST\_RSDNT\_SW

COBOL Name: THRPTC-RCRTNL-ONST-RSDNT-SW

Services: Vocational Off-Site Residents Indicator 1 854 854 VARCHAR2

Description: Indicates if vocational services are provided off-site to  
residents.

SAS Name: VCTNL\_SRVC\_OFSITE\_RSDNT\_SW

COBOL Name: VCTNL-SRVC-OFSITE-RSDNT-SW

Services: Vocational On-Site Nonresidents Indicator 1 855 855 VARCHAR2

Description: Indicates if vocational services are provided on-site to  
nonresidents.

SAS Name: VCTNL\_SRVC\_ONST\_NRSNT\_SW

COBOL Name: VCTNL-SRVC-ONST-NRSNT-SW

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Services: Vocational On-Site Residents Indicator 1 856 856 VARCHAR2

Description: Indicates if vocational services are provided on-site to  
residents.

SAS Name: VCTNL\_SRVC\_ONST\_RSDNT\_SW

COBOL Name: VCTNL-SRVC-ONST-RSDNT-SW

Services: X-ray Off-Site Residents Indicator 1 857 857 VARCHAR2

Description: Indicates if diagnostic X-ray services are provided

off-site to residents.  
 SAS Name: DGNSTC\_XRAY\_OFSITE\_RSDNT\_SW  
 COBOL Name: DGNSTC-XRAY-OFSITE-RSDNT-SW

Services: X-ray On-Site Nonresidents Indicator 1 858 858 VARCHAR2  
 Description: Indicates if diagnostic X-ray services are provided on-site to nonresidents.  
 SAS Name: DGNSTC\_XRAY\_ONST\_NRSRSDNT\_SW  
 COBOL Name: DGNSTC-XRAY-ONST-NRSRSDNT-SW

Services: X-ray On-Site Residents Indicator 1 859 859 VARCHAR2  
 Description: Indicates if diagnostic X-ray services are provided on-site to residents.  
 SAS Name: DGNSTC\_XRAY\_ONST\_RSDNT\_SW  
 COBOL Name: DGNSTC-XRAY-ONST-RSDNT-SW

Staff Count Override Indicator 1 861 861 CHAR  
 Description: Indicates if the regional office has approved a significant staff count change from the previous certification.  
 SAS Name: OVRRD\_STFG\_SW  
 COBOL Name: OVRRD-STFG-SW

Staff Count: Administrative Staff - Contract 8 862 869 NUMBER  
 Description: Number of full-time equivalent administrative staff under contract to a facility.  
 SAS Name: PROFNL\_ADMIN\_CNTRCT\_CNT  
 COBOL Name: PROFNL-ADMIN-CNTRCT-CNT

Staff Count: Administrative Staff - Full-Time 8 870 877 NUMBER  
 Description: Number of full-time equivalent administrative staff employed on a full-time basis by a facility.  
 SAS Name: PROFNL\_ADMIN\_FLTM\_CNT  
 COBOL Name: PROFNL-ADMIN-FLTM-CNT

Staff Count: Administrative Staff - Part-Time 8 878 885 NUMBER  
 Description: Number of full-time equivalent administrative staff employed on a part-time basis by a facility.  
 SAS Name: PROFNL\_ADMIN\_PRTM\_CNT  
 COBOL Name: PROFNL-ADMIN-PRTM-CNT

Staff Count: Certified Nurse Aide - Contract 8 910 917 NUMBER  
 Description: Number of full-time equivalent certified nurse aides under contract to a facility.  
 SAS Name: NRS\_AIDE\_CNTRCT\_CNT  
 COBOL Name: NRS-AIDE-CNTRCT-CNT

Staff Count: Certified Nurse Aide - Full-Time 8 918 925 NUMBER  
 Description: Number of full-time equivalent certified nurse aides employed full-time by a facility.



SAS Name: NRS\_AIDE\_FLTM\_CNT  
COBOL Name: NRS-AIDE-FLTM-CNT

Staff Count: Certified Nurse Aide - Part-Time 8 926 933 NUMBER

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SHORT DESCRIPTION LEN START END TYPE

Description: Number of full-time equivalent certified nurse aides  
employed part-time by a facility.

SAS Name: NRS\_AIDE\_PRTM\_CNT  
COBOL Name: NRS-AIDE-PRTM-CNT

Staff Count: Dentist - Contract 8 958 965 NUMBER

Description: Number of full-time equivalent dentists under contract to  
a facility.

SAS Name: DNTST\_CNTRCT\_CNT  
COBOL Name: DNTST-CNTRCT-CNT

Staff Count: Dentist - Full-Time 8 966 973 NUMBER

Description: Number of full-time equivalent dentists employed full  
time by a facility.

SAS Name: DNTST\_FLTM\_CNT  
COBOL Name: DNTST-FLTM-CNT

Staff Count: Dentist - Part-Time 8 974 981 NUMBER

Description: Number of full-time equivalent dentists employed part  
time by a facility.

SAS Name: DNTST\_PRTM\_CNT  
COBOL Name: DNTST-PRTM-CNT

Staff Count: Dietitian - Contract 8 990 997 NUMBER

Description: Number of full-time equivalent dietitians under contract  
to a facility.

SAS Name: DIETN\_CNTRCT\_CNT  
COBOL Name: DIETN-CNTRCT-CNT

Staff Count: Dietitian - Full-Time 8 998 1005 NUMBER

Description: Number of full-time equivalent dietitians employed full  
time by a facility.

SAS Name: DIETN\_FLTM\_CNT  
COBOL Name: DIETN-FLTM-CNT

Staff Count: Dietitian - Part-Time 8 1006 1013 NUMBER

Description: Number of full-time equivalent dietitians employed part  
time by a facility.

SAS Name: DIETN\_PRTM\_CNT  
COBOL Name: DIETN-PRTM-CNT

Staff Count: Food Service Worker - Contract 8 1022 1029 NUMBER  
Description: Number of full-time equivalent food service personnel  
under contract to a facility.  
SAS Name: FOOD\_SRVC\_CNTRCT\_CNT  
COBOL Name: FOOD-SRVC-CNTRCT-CNT

Staff Count: Food Service Worker - Full-Time 8 1030 1037 NUMBER  
Description: Number of full-time equivalent food service personnel  
employed full-time by a facility.  
SAS Name: FOOD\_SRVC\_FLTM\_CNT  
COBOL Name: FOOD-SRVC-FLTM-CNT

Staff Count: Food Service Worker - Part-Time 8 1038 1045 NUMBER  
Description: Number of full-time equivalent food service personnel  
employed part-time by a facility.  
SAS Name: FOOD\_SRVC\_PRTM\_CNT  
COBOL Name: FOOD-SRVC-PRTM-CNT

Staff Count: Housekeeping - Contract 8 1070 1077 NUMBER  
Description: Number of full-time equivalent housekeeping personnel  
under contract to a facility.  
SAS Name: HSEKPNG\_CNTRCT\_CNT

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SHORT DESCRIPTION LEN START END TYPE

COBOL Name: HSEKPNG-CNTRCT-CNT

Staff Count: Housekeeping - Full-Time 8 1078 1085 NUMBER  
Description: Number of full-time equivalent housekeeping personnel  
employed full-time by a facility.  
SAS Name: HSEKPNG\_FLTM\_CNT  
COBOL Name: HSEKPNG-FLTM-CNT

Staff Count: Housekeeping - Part-Time 8 1086 1093 NUMBER  
Description: Number of full-time equivalent housekeeping personnel  
employed part-time by a facility.  
SAS Name: HSEKPNG\_PRTM\_CNT  
COBOL Name: HSEKPNG-PRTM-CNT

Staff Count: LPN/LVN - Contract 8 1118 1125 NUMBER  
Description: Number of full-time equivalent licensed  
practical/vocational nurses under contract to a facility.

SAS Name: LPN\_LVN\_CNTRCT\_CNT  
COBOL Name: LPN-LVN-CNTRCT-CNT

Staff Count: LPN/LVN - Full-Time 8 1126 1133 NUMBER  
Description: Number of full-time equivalent licensed practical/vocational nurses employed full-time by a facility.

SAS Name: LPN\_LVN\_FLTM\_CNT  
COBOL Name: LPN-LVN-FLTM-CNT

Staff Count: LPN/LVN - Part-Time 8 1134 1141 NUMBER  
Description: Number of full-time equivalent licensed practical/vocational nurses employed part-time by a facility.

SAS Name: LPN\_LVN\_PRTM\_CNT  
COBOL Name: LPN-LVN-PRTM-CNT

Staff Count: Medical Director - Contract 8 1150 1157 NUMBER  
Description: Number of full-time equivalent medical directors under contract to a facility.

SAS Name: MDCL\_DRCTR\_CNTRCT\_CNT  
COBOL Name: MDCL-DRCTR-CNTRCT-CNT

Staff Count: Medical Director - Full-Time 8 1158 1165 NUMBER  
Description: Number of full-time equivalent medical directors employed full-time by a facility.

SAS Name: MDCL\_DRCTR\_FLTM\_CNT  
COBOL Name: MDCL-DRCTR-FLTM-CNT

Staff Count: Medical Director - Part-Time 8 1166 1173 NUMBER  
Description: Number of full-time equivalent medical directors employed part-time by a facility.

SAS Name: MDCL\_DRCTR\_PRTM\_CNT  
COBOL Name: MDCL-DRCTR-PRTM-CNT

Staff Count: Medication Aide/Technician - Contract 8 1198 1205 NUMBER  
Description: Number of full-time equivalent medication aides/technicians under contract to a facility.

SAS Name: MDCTN\_AIDE\_CNTRCT\_CNT  
COBOL Name: MDCTN-AIDE-CNTRCT-CNT

Staff Count: Medication Aide/Technician - Full-Time 8 1206 1213 NUMBER  
Description: Number of full-time equivalent medication aides/technicians employed full-time by a facility.

SAS Name: MDCTN\_AIDE\_FLTM\_CNT  
COBOL Name: MDCTN-AIDE-FLTM-CNT

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SHORT DESCRIPTION	LEN	START	END	TYPE
Staff Count: Medication Aide/Technician - Part-Time	8	1214	1221	NUMBER
Description: Number of full-time equivalent medication aides/ technicians employed part-time by a facility.				
SAS Name:	MDCTN_AIDE_PRTM_CNT			
COBOL Name:	MDCTN-AIDE-PRTM-CNT			
Staff Count: Mental Health Services - Contract	8	1222	1229	NUMBER
Description: Number of full-time equivalent mental health services personnel under contract to a facility.				
SAS Name:	MENTL_HLTH_SRVC_CNTRCT_CNT			
COBOL Name:	MENTL-HLTH-SRVC-CNTRCT-CNT			
Staff Count: Mental Health Services - Full-Time	8	1230	1237	NUMBER
Description: Number of full-time equivalent mental health services personnel employed full-time by a facility.				
SAS Name:	MENTL_HLTH_SRVC_FLTM_CNT			
COBOL Name:	MENTL-HLTH-SRVC-FLTM-CNT			
Staff Count: Mental Health Services - Part-Time	8	1238	1245	NUMBER
Description: Number of full-time equivalent mental health services personnel employed part-time by a facility.				
SAS Name:	MENTL_HLTH_SRVC_PRTM_CNT			
COBOL Name:	MENTL-HLTH-SRVC-PRTM-CNT			
Staff Count: Nurse Aide in Training - Contract	8	1254	1261	NUMBER
Description: Number of full-time equivalent nurse aides in training under contract to a facility.				
SAS Name:	NAT_CNTRCT_CNT			
COBOL Name:	NAT-CNTRCT-CNT			
Staff Count: Nurse Aide in Training - Full-Time	8	1262	1269	NUMBER
Description: Number of full-time equivalent nurse aides in training employed full-time by a facility.				
SAS Name:	NAT_FLTM_CNT			
COBOL Name:	NAT-FLTM-CNT			
Staff Count: Nurse Aide in Training - Part-Time	8	1270	1277	NUMBER
Description: Number of full-time equivalent nurse aides in training employed part-time by a facility.				
SAS Name:	NAT_PRTM_CNT			
COBOL Name:	NAT-PRTM-CNT			
Staff Count: Nurse With Administrative Duties - Contract	8	1286	1293	NUMBER
Description: Number of full-time equivalent nurses with administrative				

duties under contract to a facility.  
SAS Name: NRS\_ADMINV\_CNTRCT\_CNT  
COBOL Name: NRS-ADMINV-CNTRCT-CNT

Staff Count: Nurse With Administrative Duties - 8 1294 1301 NUMBER  
Full-Time

Description: Number of full-time equivalent nurses with administrative  
duties employed full-time by a facility.

SAS Name: NRS\_ADMINV\_FLTM\_CNT  
COBOL Name: NRS-ADMINV-FLTM-CNT

Staff Count: Nurse With Administrative Duties - 8 1302 1309 NUMBER  
Part-Time

Description: Number of full-time equivalent nurses with administrative  
duties employed part-time by a facility.

SAS Name: NRS\_ADMINV\_PRTM\_CNT  
COBOL Name: NRS-ADMINV-PRTM-CNT

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SHORT DESCRIPTION	LEN	START	END	TYPE
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Staff Count: OT - Arrangement	8	1318	1325	NUMBER
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Description: Number of full-time equivalent occupational therapists  
under arrangement to the provider

SAS Name: OCPTNL\_THRPST\_CNTRCT\_CNT  
COBOL Name: OCPTNL-THRPST-CNTRCT-CNT

Staff Count: OT - Full-Time	8	1326	1333	NUMBER
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Description: Number of full-time equivalent occupational therapists  
employed full-time by a facility.

SAS Name: OCPTNL\_THRPST\_FLTM\_CNT  
COBOL Name: OCPTNL-THRPST-FLTM-CNT

Staff Count: OT - Part-Time	8	1334	1341	NUMBER
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Description: Number of full-time equivalent occupational therapists  
employed part-time by a facility.

SAS Name: OCPTNL\_THRPST\_PRTM\_CNT  
COBOL Name: OCPTNL-THRPST-PRTM-CNT

Staff Count: OT Aide - Contract	8	1342	1349	NUMBER
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Description: Number of full-time equivalent occupational therapy aides  
under contract to a facility.

SAS Name: OT\_AIDE\_CNTRCT\_CNT  
COBOL Name: OT-AIDE-CNTRCT-CNT

Staff Count: OT Aide - Full-Time 8 1350 1357 NUMBER  
Description: Number of full-time equivalent occupational therapy aides employed full-time by a facility.  
SAS Name: OT\_AIDE\_FLTM\_CNT  
COBOL Name: OT-AIDE-FLTM-CNT

Staff Count: OT Aide - Part-Time 8 1358 1365 NUMBER  
Description: Number of full-time equivalent occupational therapy aides employed part-time by a facility.  
SAS Name: OT\_AIDE\_PRTM\_CNT  
COBOL Name: OT-AIDE-PRTM-CNT

Staff Count: OT Assistant - Contract 8 1366 1373 NUMBER  
Description: Number of full-time equivalent occupational therapy assistants under contract to a facility.  
SAS Name: OT\_ASTNT\_CNTRCT\_CNT  
COBOL Name: OT-ASTNT-CNTRCT-CNT

Staff Count: OT Assistant - Full-Time 8 1374 1381 NUMBER  
Description: Number of full-time equivalent occupational therapy assistants employed full-time by a facility.  
SAS Name: OT\_ASTNT\_FLTM\_CNT  
COBOL Name: OT-ASTNT-FLTM-CNT

Staff Count: OT Assistant - Part-Time 8 1382 1389 NUMBER  
Description: Number of full-time equivalent occupational therapy assistants employed part-time by a facility.  
SAS Name: OT\_ASTNT\_PRTM\_CNT  
COBOL Name: OT-ASTNT-PRTM-CNT

Staff Count: Other Activities - Contract 8 1398 1405 NUMBER  
Description: Number of full-time equivalent other activities staff providing therapeutic services under contract to a facility.  
SAS Name: ACTVTY\_STF\_OTHR\_CNTRCT\_CNT  
COBOL Name: ACTVTY-STF-OTHR-CNTRCT-CNT

Staff Count: Other Activities - Full-Time 8 1406 1413 NUMBER

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(SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

Description: Number of full-time equivalent other activities staff providing therapeutic services employed full time by a facility.

SAS Name: ACTVTY\_STF\_OTHR\_FLTM\_CNT

COBOL Name: ACTVTY-STF-OTHR-FLTM-CNT

Staff Count: Other Activities - Part-Time 8 1414 1421 NUMBER

Description: Number of full-time equivalent other activities staff providing therapeutic services employed part time by a facility.

SAS Name: ACTVTY-STF-OTHR-PRTM-CNT

COBOL Name: ACTVTY-STF-OTHR-PRTM-CNT

Staff Count: Other Physician - Contract 8 1422 1429 NUMBER

Description: Number of full-time equivalent other physicians under contract to a facility.

SAS Name: PHYSN\_OTHR\_CNTRCT\_CNT

COBOL Name: PHYSN-OTHR-CNTRCT-CNT

Staff Count: Other Physician - Full-Time 8 1430 1437 NUMBER

Description: Number of full-time equivalent other physicians employed full-time by a facility.

SAS Name: PHYSN\_OTHR\_FLTM\_CNT

COBOL Name: PHYSN-OTHR-FLTM-CNT

Staff Count: Other Physician - Part-Time 8 1438 1445 NUMBER

Description: Number of full-time equivalent other physicians employed part-time by a facility.

SAS Name: PHYSN\_OTHR\_PRTM\_CNT

COBOL Name: PHYSN-OTHR-PRTM-CNT

Staff Count: Other Social Services - Contract 8 1446 1453 NUMBER

Description: Number of full-time equivalent other social services staff under contract to a facility.

SAS Name: SCL\_SRVC\_OTHR\_STF\_CNTRCT\_CNT

COBOL Name: SCL-SRVC-OTHR-STF-CNTRCT-CNT

Staff Count: Other Social Services - Full-Time 8 1454 1461 NUMBER

Description: Number of full-time equivalent other social services staff employed full time by a facility.

SAS Name: SCL\_SRVC\_OTHR\_STF\_FLTM\_CNT

COBOL Name: SCL-SRVC-OTHR-STF-FLTM-CNT

Staff Count: Other Social Services - Part-Time 8 1462 1469 NUMBER

Description: Number of full-time equivalent other social services staff employed part time by a facility.

SAS Name: SCL\_SRVC\_OTHR\_STF\_PRTM\_CNT

COBOL Name: SCL-SRVC-OTHR-STF-PRTM-CNT

Staff Count: Other Staff - Contract 8 1470 1477 NUMBER

Description: Number of full-time equivalent staff not included in any other categories under contract to the facility.

SAS Name: STF\_OTHR\_CNTRCT\_CNT

COBOL Name: STF-OTHR-CNTRCT-CNT

Staff Count: Other Staff - Full-Time 8 1478 1485 NUMBER  
Description: Number of full-time equivalent persons not included in  
any other categories employed full-time by the facility.  
SAS Name: STF\_OTHR\_FLTM\_CNT  
COBOL Name: STF-OTHR-FLTM-CNT

Staff Count: Other Staff - Part-Time 8 1486 1493 NUMBER  
Description: Number of full-time equivalent persons not included in

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(SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

any other categories employed part-time by the facility.  
SAS Name: STF\_OTHR\_PRTM\_CNT  
COBOL Name: STF-OTHR-PRTM-CNT

Staff Count: Pharmacist - Contract 8 1494 1501 NUMBER  
Description: Number of full-time equivalent pharmacists under contract  
to a facility.  
SAS Name: PHRMCST\_CNTRCT\_CNT  
COBOL Name: PHRMCST-CNTRCT-CNT

Staff Count: Pharmacist - Full-Time 8 1502 1509 NUMBER  
Description: Number of full-time equivalent pharmacists employed  
full-time by a facility.  
SAS Name: PHRMCST\_FLTM\_CNT  
COBOL Name: PHRMCST-FLTM-CNT

Staff Count: Pharmacist - Part-Time 8 1510 1517 NUMBER  
Description: Number of full-time equivalent pharmacists employed  
part-time by a facility.  
SAS Name: PHRMCST\_PRTM\_CNT  
COBOL Name: PHRMCST-PRTM-CNT

Staff Count: Physical Therapist - Contract 8 1518 1525 NUMBER  
Description: Number of full-time equivalent physical therapists under  
contract to a facility.  
SAS Name: PHYS\_THRPST\_CNTRCT\_CNT  
COBOL Name: PHYS-THRPST-CNTRCT-CNT

Staff Count: Physical Therapist - Full-Time 8 1526 1533 NUMBER  
Description: Number of full-time equivalent physical therapists  
employed full-time by a facility.  
SAS Name: PHYS\_THRPST\_FLTM\_CNT  
COBOL Name: PHYS-THRPST-FLTM-CNT



Staff Count: Physical Therapist - Part-Time 8 1534 1541 NUMBER  
Description: Number of full-time equivalent physical therapists  
employed part-time by a facility.  
SAS Name: PHYS\_THRPST\_PRTM\_CNT  
COBOL Name: PHYS-THRPST-PRTM-CNT

Staff Count: Physician Extender - Contract 8 1566 1573 NUMBER  
Description: Number of full-time equivalent physician extenders under  
contract to the facility.  
SAS Name: PHYSN\_EXT\_CNTRCT\_CNT  
COBOL Name: PHYSN-EXT-CNTRCT-CNT

Staff Count: Physician Extender - Full-Time 8 1574 1581 NUMBER  
Description: Number of full-time equivalent physician extenders  
employed full-time by the facility.  
SAS Name: PHYSN\_EXT\_FLTM\_CNT  
COBOL Name: PHYSN-EXT-FLTM-CNT

Staff Count: Physician Extender - Part-Time 8 1582 1589 NUMBER  
Description: Number of full-time equivalent physician extenders  
employed part-time by the facility.  
SAS Name: PHYSN\_EXT\_PRTM\_CNT  
COBOL Name: PHYSN-EXT-PRTM-CNT

Staff Count: Podiatrist - Contract 8 1598 1605 NUMBER  
Description: Number of full-time equivalent podiatrists under contract  
to a facility.  
SAS Name: PDTRST\_CNTRCT\_CNT  
COBOL Name: PDTRST-CNTRCT-CNT

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SHORT DESCRIPTION LEN START END TYPE

Staff Count: Podiatrist - Full-Time 8 1606 1613 NUMBER  
Description: Number of full-time equivalent podiatrists employed  
full-time by a facility.  
SAS Name: PDTRST\_FLTM\_CNT  
COBOL Name: PDTRST-FLTM-CNT

Staff Count: Podiatrist - Part-Time 8 1614 1621 NUMBER  
Description: Number of full-time equivalent podiatrists employed  
part-time by a facility.  
SAS Name: PDTRST\_PRTM\_CNT  
COBOL Name: PDTRST-PRTM-CNT

Staff Count: PT Aide - Contract 8 1654 1661 NUMBER  
Description: Number of full-time equivalent physical therapy aides  
under contract to a facility.

SAS Name: PT\_AIDE\_CNTRCT\_CNT  
COBOL Name: PT-AIDE-CNTRCT-CNT

Staff Count: PT Aide - Full-Time 8 1662 1669 NUMBER  
Description: Number of full-time equivalent physical therapy aides  
employed full-time by a facility.

SAS Name: PT\_AIDE\_FLTM\_CNT  
COBOL Name: PT-AIDE-FLTM-CNT

Staff Count: PT Aide - Part-Time 8 1670 1677 NUMBER  
Description: Number of full-time equivalent physical therapy aides  
employed part-time by a facility.

SAS Name: PT\_AIDE\_PRTM\_CNT  
COBOL Name: PT-AIDE-PRTM-CNT

Staff Count: PT Assistant - Contract 8 1678 1685 NUMBER  
Description: Number of full-time equivalent physical therapy  
assistants under contract to a facility.

SAS Name: PT\_ASTNT\_CNTRCT\_CNT  
COBOL Name: PT-ASTNT-CNTRCT-CNT

Staff Count: PT Assistant - Full-Time 8 1686 1693 NUMBER  
Description: Number of full-time equivalent physical therapy  
assistants employed full-time by a facility.

SAS Name: PT\_ASTNT\_FLTM\_CNT  
COBOL Name: PT-ASTNT-FLTM-CNT

Staff Count: PT Assistant - Part-Time 8 1694 1701 NUMBER  
Description: Number of full-time equivalent physical therapy  
assistants employed part-time by a facility.

SAS Name: PT\_ASTNT\_PRTM\_CNT  
COBOL Name: PT-ASTNT-PRTM-CNT

Staff Count: Qualified Activities Professional - Contract 8 1702 1709 NUMBER

Description: Number of full-time equivalent qualified activities  
professionals providing therapeutic services under  
contract to a facility.

SAS Name: ACTVTY\_PROFNL\_CNTRCT\_CNT  
COBOL Name: ACTVTY-PROFNL-CNTRCT-CNT

Staff Count: Qualified Activities Professional - Full-Time 8 1710 1717 NUMBER

Description: Number of full-time equivalent qualified activities  
professionals providing therapeutic services employed  
full time by a facility.

SAS Name: ACTVTY\_PROFNL\_FLTM\_CNT

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(SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

COBOL Name: ACTVTY-PROFNL-FLTM-CNT

Staff Count: Qualified Activities Professional - 8 1718 1725 NUMBER  
Part-Time

Description: Number of full-time equivalent qualified activities professionals providing therapeutic services employed part time by a facility.

SAS Name: ACTVTY\_PROFNL\_PRTM\_CNT  
COBOL Name: ACTVTY-PROFNL-PRTM-CNT

Staff Count: RN - Contract 8 1758 1765 NUMBER

Description: Number of full-time equivalent registered nurses under contract to a facility.

SAS Name: RN\_CNTRCT\_CNT  
COBOL Name: RN-CNTRCT-CNT

Staff Count: RN - Full-Time 8 1766 1773 NUMBER

Description: Number of full-time equivalent registered nurses employed full-time by a facility.

SAS Name: RN\_FLTM\_CNT  
COBOL Name: RN-FLTM-CNT

Staff Count: RN - Part-Time 8 1774 1781 NUMBER

Description: Number of full-time equivalent registered nurses employed part-time by a facility.

SAS Name: RN\_PRTM\_CNT  
COBOL Name: RN-PRTM-CNT

Staff Count: RN Director of Nursing - Contract 8 1790 1797 NUMBER

Description: Number of full-time equivalent registered nurse directors of nursing under contract to a facility.

SAS Name: RN\_DRCTR\_CNTRCT\_CNT  
COBOL Name: RN-DRCTR-CNTRCT-CNT

Staff Count: RN Director of Nursing - Full-Time 8 1798 1805 NUMBER

Description: Number of full-time equivalent registered nurse directors of nursing employed full-time by a facility.

SAS Name: RN\_DRCTR\_FLTM\_CNT  
COBOL Name: RN-DRCTR-FLTM-CNT

Staff Count: RN Director of Nursing - Part-Time 8 1806 1813 NUMBER

Description: Number of full-time equivalent registered nurse directors of nursing employed part-time by a facility.  
 SAS Name: RN\_DRCTR\_PRTM\_CNT  
 COBOL Name: RN-DRCTR-PRTM-CNT

Staff Count: Social Worker - Contract 8 1822 1829 NUMBER  
 Description: Number of full-time equivalent social workers under contract to a facility.  
 SAS Name: SCL\_WORKKR\_CNTRCT\_CNT  
 COBOL Name: SCL-WORKKR-CNTRCT-CNT

Staff Count: Social Worker - Full-Time 8 1830 1837 NUMBER  
 Description: Number of full-time equivalent social workers employed full-time by a facility.  
 SAS Name: SCL\_WORKKR\_FLTM\_CNT  
 COBOL Name: SCL-WORKKR-FLTM-CNT

Staff Count: Social Worker - Part-Time 8 1838 1845 NUMBER  
 Description: Number of full-time equivalent social workers employed part-time by a facility.  
 SAS Name: SCL\_WORKKR\_PRTM\_CNT  
 COBOL Name: SCL-WORKKR-PRTM-CNT

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 Skilled Nursing Facility/Nursing Facility (Dually Certified), CATEGORY = "02"  
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Staff Count: Speech Pathologist - Contract	8	1854	1861	NUMBER
Description: Number of full-time equivalent speech pathologists under contract to a facility.				
SAS Name:	SPCH_PTHLGST_CNTRCT_CNT			
COBOL Name:	SPCH-PTHLGST-CNTRCT-CNT			

Staff Count: Speech Pathologist - Full-Time	8	1862	1869	NUMBER
Description: Number of full-time equivalent speech pathologists employed full-time by a facility.				
SAS Name:	SPCH_PTHLGST_FLTM_CNT			
COBOL Name:	SPCH-PTHLGST-FLTM-CNT			

Staff Count: Speech Pathologist - Part-Time	8	1870	1877	NUMBER
Description: Number of full-time equivalent speech pathologists employed part-time by a facility.				
SAS Name:	SPCH_PTHLGST_PRTM_CNT			
COBOL Name:	SPCH-PTHLGST-PRTM-CNT			

Staff Count: Therapeutic Recreational Specialist -	8	1910	1917	NUMBER
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Contract

Description: Number of full-time equivalent therapeutic recreation specialist staff under contract to a facility.

SAS Name: THRPTC\_RCRTNL\_CNTRCT\_CNT

COBOL Name: THRPTC-RCRTNL-CNTRCT-CNT

Staff Count: Therapeutic Recreational Specialist - 8 1918 1925 NUMBER  
Full-Time

Description: Number of full-time equivalent therapeutic recreation specialist staff employed full-time by a facility.

SAS Name: THRPTC\_RCRTNL\_FLTM\_CNT

COBOL Name: THRPTC-RCRTNL-FLTM-CNT

Staff Count: Therapeutic Recreational Specialist - 8 1926 1933 NUMBER  
Part-Time

Description: Number of full-time equivalent therapeutic recreation specialist staff employed full-time by a facility.

SAS Name: THRPTC\_RCRTNL\_PRTM\_CNT

COBOL Name: THRPTC-RCRTNL-PRTM-CNT

SHORT DESCRIPTION

LEN START END TYPE

Provider Category Subtype Code 2 1 2 VARCHAR2

Description: Identifies the subtype of the provider, within the primary category. Used in reporting to show the breakdown of provider categories, mainly for hospitals and SNFs.

SAS Name: PRVDR\_CTGRY\_SBTYP\_CD

COBOL Name: PRVDR-CTGRY-SBTYP-CD

VALUES: 03=Title 18/19

Provider Category Code 2 3 4 VARCHAR2

Description: Identifies the type of provider participating in the Medicare/Medicaid program.

SAS Name: PRVDR\_CTGRY\_CD

COBOL Name: PRVDR-CTGRY-CD

VALUES: 03=Skilled Nursing Facility/Nursing Facility (Distinct Part)

CHOW Count 2 5 6 NUMBER

Description: Number of times this provider has undergone a change of ownership.

SAS Name: CHOW\_CNT

COBOL Name: CHOW-CNT

CHOW Date 8 7 14 DATE

Description: Effective date of the most recent change of ownership for this provider.

SAS Name: CHOW\_DT

COBOL Name: CHOW-DT

Address: City 28 15 42 VARCHAR2

Description: City in which the provider is physically located.

SAS Name: CITY\_NAME

COBOL Name: CITY-NAME

Compliance: Acceptable POC 1 43 43 VARCHAR2

Description: Indicates if a provider is in compliance with program requirements based on an acceptable plan for correction of deficiencies.

SAS Name: ACPTBL\_POC\_SW

COBOL Name: ACPTBL-POC-SW

Compliance: Status 1 44 44 VARCHAR2

Description: Compliance status of a provider at the time of certification survey.

SAS Name: CMPLNC\_STUS\_CD

COBOL Name: CMPLNC-STUS-CD

VALUES: A=IN COMPLIANCE  
B=NOT IN COMPLIANCE

SSA County Code 3 45 47 VARCHAR2  
 Description: Social Security Administration geographic code indicating the county where the provider is located.  
 SAS Name: SSA\_CNTY\_CD  
 COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR  
 Description: Cross reference provider number  
 SAS Name: CROSS\_REF\_PROVIDER\_NUMBER  
 COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date 8 58 65 DATE  
 Description: Equal to the exit date of the initial visit of the Health survey for certifications completed after July 28, 2012.

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 Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"  
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SHORT DESCRIPTION LEN START END TYPE

For certifications prior to that date, the certification date is equal to the exit date of the initial visit of the Health survey or LSC survey, whichever is later.  
 SAS Name: CRTFCTN\_DT  
 COBOL Name: CRTFCTN-DT

Eligibility Indicator 1 66 66 VARCHAR2  
 Description: Indicates if a facility is eligible to participate in the Medicare and/or Medicaid programs.  
 SAS Name: ELGLBTY\_SW  
 COBOL Name: ELGLBTY-SW

Facility Name 50 67 116 VARCHAR2  
 Description: Name of the provider certified to participate in the Medicare and/or Medicaid programs.  
 SAS Name: FAC\_NAME  
 COBOL Name: FAC-NAME

Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code 5 117 121 VARCHAR2  
 Description: Number assigned to the Medicare Administrative Contractor, intermediary or carrier servicing this provider.  
 SAS Name: INTRMDRY\_CARR\_CD  
 COBOL Name: INTRMDRY-CARR-CD  
 VALUES: 00000=DUMMY FOR MEDICAID HHA  
 00010=BLUE CROSS (ALABAMA)  
 00011=CAHABA

00020=BLUE CROSS (ARKANSAS)  
 00040=BLUE CROSS (CALIFORNIA)  
 00060=BLUE CROSS (CONNECTICUT)  
 00070=BLUE CROSS (DELAWARE)  
 00090=BLUE CROSS (FLORIDA)  
 00101=BLUE CROSS (GEORGIA)  
 00121=HEALTH CARE SERVICE CORPORATION  
 00122=HCSC - MICHIGAN  
 00123=HCSC OF MICHIGAN  
 00130=NATIONAL GOVERNMENT SERVICES  
 00131=NATIONAL GOVERNMENT SERVICES  
 00140=BLUE CROSS (IOWA/SOUTH DAKOTA)  
 00150=BLUE CROSS (KANSAS)  
 00160=NATIONAL GOVERNMENT SERVICES  
 00180=NATIONAL GOVERNMENT SERVICES  
 00181=NATIONAL GOVERNMENT SERVICES  
 00190=BLUE CROSS (MARYLAND)  
 00200=BLUE CROSS (MASSACHUSETTS)  
 00210=BLUE CROSS (MICHIGAN)  
 00220=BLUE CROSS (MINNESOTA)  
 00230=BLUE CROSS (MISSISSIPPI)  
 00231=BLUE CROSS (LOUISIANA)  
 00233=PINNACLE  
 00241=BLUE CROSS (MISSOURI)  
 00260=BLUE CROSS (NEBRASKA)  
 00270=NATIONAL GOVERNMENT SERVICES  
 00280=BLUE CROSS (NEW JERSEY)  
 00290=BLUE CROSS (NEW MEXICO)  
 00308=NATIONAL GOVERNMENT SERVICES  
 00310=BLUE CROSS (NORTH CAROLINA)  
 00320=NORIDIAN PART A  
 00322=NORIDIAN PART A (AK/WA)  
 00323=NORIDIAN PART A (ID/OR)  
 00325=NORIDIAN  
 00332=NATIONAL GOVERNMENT SERVICES

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Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"  
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SHORT DESCRIPTION	LEN	START	END	TYPE
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00340=BLUE CROSS (OKLAHOMA)				
00350=BLUE CROSS (OREGON)				
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				



00380=BLUE CROSS (SOUTH CAROLINA)  
00390=BLUE CROSS (TENNESSEE)  
00400=BLUE CROSS (TEXAS)  
00410=BLUE CROSS (UTAH)  
00423=BLUE CROSS (VIRGINIA/WEST VA)  
00430=BLUE CROSS (WASHINGTON & ALASKA)  
00450=NATIONAL GOVERNMENT SERVICES  
00452=NATIONAL GOVERNMENT SERVICES  
00453=NATIONAL GOVERNMENT SERVICES  
00454=NATIONAL GOVERNMENT SERVICES  
00456=NATIONAL GOVERNMENT SERVICES  
00468=BLUE CROSS (NORTH CAROLINA FOR PR)  
00510=BLUE SHIELD (ALABAMA)  
00511=CAHABA  
00512=CAHABA  
00520=BLUE SHIELD (ARKANSAS)  
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)  
00542=BLUE SHIELD (CALIFORNIA)  
00550=BLUE SHIELD (COLORADO)  
00570=BLUE SHIELD (DELAWARE)  
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)  
00590=BLUE SHIELD (FLORIDA)  
00621=BLUE SHIELD (ILLINOIS)  
00630=NATIONAL GOVERNMENT SERVICES  
00640=BLUE SHIELD (IOWA)  
00650=BLUE SHIELD (KANSAS)  
00655=BLUE SHIELD (KANSAS/NEBRASKA)  
00660=NATIONAL GOVERNMENT SERVICES  
00690=BLUE SHIELD (MARYLAND)  
00700=BLUE SHIELD (MASSACHUSETTS)  
00710=BLUE SHIELD (MICHIGAN)  
00720=BLUE SHIELD (MINNESOTA)  
00740=BLUE SHIELD (KANSAS CITY)  
00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)  
00780=BLUE SHIELD (TRI-STATE)  
00801=BLUE SHIELD (BUFFALO)  
00803=NATIONAL GOVERNMENT SERVICES  
00805=NATIONAL GOVERNMENT SERVICES  
00821=NORIDIAN  
00824=NORIDIAN GVT SERVICES (CO)  
00826=NORIDIAN GVT SERVICES (IA)  
00831=NORIDIAN GVT SERVICES (AK)  
00832=NORIDIAN GVT SERVICES (AZ)  
00833=NORIDIAN GVT SERVICES (HI)  
00834=NORIDIAN GVT SERVICES (NV)  
00835=NORIDIAN GVT SERVICES (OR)  
00836=NORIDIAN GVT SERVICES (WA)  
00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)  
00865=BLUE SHIELD (PENNSYLVANIA)  
00870=BLUE SHIELD (RHODE ISLAND)

00880=BLUE SHIELD (SOUTH CAROLINA)  
 00883=PALMETTO GBA PART B  
 00884=PALMETTO GBA  
 00889=NORIDIAN GVT SERVICES (SD)  
 00900=BLUE SHIELD (TEXAS)  
 00901=TRAILBLAZERS HEALTH ENTERPRISES

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 Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"  
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00904=TRAILBLAZER				
00910=BLUE SHIELD (UTAH)				
00930=BLUE SHIELD (WASHINGTON)				
00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH))				
01111=Noridian (CA)				
01112=Noridian (NF)				
01120=AETNA (HAWAII)				
01182=Noridian (SF)				
01192=PALMETTO (CALIFORNIA SOUTH)				
01201=PALMETTO (HAWAII)				
01202=PALMETTO (HAWAII)				
01211=Noridian (AS, GU, HI)				
01212=Noridian (AS, GU, HI)				
01290=AETNA (NEVADA)				
01301=PALMETTO (NEVADA)				
01302=PALMETTO (NEVADA)				
01311=Noridian (NV)				
01312=Noridian (NV)				
01360=AETNA (NEW MEXICO)				
01370=AETNA (OKLAHOMA)				
01380=AETNA (OREGON)				
01390=AETNA (WASHINGTON)				
01901=PALMETTO GBA				
01902=PALMETTO GBA				
01911=Noridian (AS, GU, HI, NV)				

02050=OCCIDENTAL (CALIFORNIA)  
 02101=Noridian AK  
 02102=Noridian AK  
 02201=Noridian ID  
 02202=Noridian ID  
 02301=Noridian OR  
 02302=Noridian OR  
 02401=Noridian WA  
 02402=Noridian WA  
 03001=NORIDIAN ADMIN SERVICES  
 03101=NORIDIAN (ARIZONA)  
 03102=NORIDIAN (ARIZONA)  
 03201=NORIDIAN (MONTANA)  
 03202=NORIDIAN (MONTANA)  
 03301=NORDIAN (NORTH DAKOTA)  
 03302=NORDIAN (NORTH DAKOTA)  
 03401=NORIDIAN (SOUTH DAKOTA)  
 03402=NORIDIAN (SOUTH DAKOTA)  
 03501=NORIDIAN (UTAH)  
 03502=NORIDIAN (UTAH)  
 03601=NORIDIAN (WYOMING)  
 03602=NORIDIAN (WYOMING)  
 04001=TRAILBLAZER  
 04101=TRAILBLAZER (COLORADO)  
 04102=TRAILBLAZER (COLORADO)  
 04111=NOVITAS (COLORADO)  
 04112=NOVITAS (COLORADO)

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POS RECORD LAYOUT

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Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"  
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04201=TRAILBLAZER (NEW MEXICO)				
04202=TRAILBLAZER (NEW MEXICO)				
04211=NOVITAS (NEW MEXICO)				
04212=NOVITAS (NEW MEXICO)				
04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				

05102=WPS (IOWA)  
05130=EQICOR (IDAHO)  
05201=WPS (KANSAS)  
05202=WPS (KANSAS)  
05301=WPS (MISSOURI)  
05302=WPS (MISSOURI WEST)  
05392=WPS (MISSOURI EAST)  
05401=WPS (NEBRASKA)  
05402=WPS (NEBRASKA)  
05440=EQICOR (TENNESSEE)  
05535=EQICOR (NORTH CAROLINA)  
05901=WISCONSIN PHYSICIANS SERVICE  
06001=NGS (WI)  
06004=National Govt Serv HHH  
06014=NATIONAL GOVERNMENT ERVICES  
06101=NGS (IL)  
06102=NGS (IL)  
06201=NGS (MN)  
06202=NGS (MN)  
06301=NGS (WI)  
06302=NGS (WI)  
07101=Novitas AR  
07102=Novitas AR  
07201=Novitas LA  
07202=Novitas LA  
07301=Novitas MS  
07302=Novitas MS  
08101=WPS IN  
08102=WPS IN  
08201=WPS MI  
08202=WPS MI  
09101=FIRST COAST (FLORIDA)  
09102=FIRST COAST (FLORIDA)  
09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)  
09202=FIRST COAST (PUERTO RICO)  
09302=FIRST COAST (VIRGIN ISLANDS)  
10071=TRAVELERS (RRB)  
10101=CAHABA GBA (AL)  
10102=CAHABA GBA (AL)  
10111=PALMETTO GBA (Part A) (AL)  
10112=PALMETTO GBA (AL)  
10201=CAHABA GBA (GA)  
10202=CAHABA GBA (GA)  
10211=PALMETTO GBA (GA)  
10212=PALMETTO GBA (GA)  
10230=TRAVELERS (CONNECTICUT)  
10240=TRAVELERS (MINNESOTA)  
10250=TRAVELERS (MISSISSIPPI)

Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"  
(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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10301=CAHABA GBA (TN)				
10302=CAHABA GBA (TN)				
10311=PALMETTO GBA (TN)				
10312=PALMETTO GBA (TN)				
10490=TRAVELERS (VIRGINIA)				
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				
12102=Novitas DE				
12201=Novitas DC				
12202=Novitas DC				
12301=Novitas MD				
12302=Novitas MD				
12401=Novitas NJ				
12402=Novitas NJ				
12501=Novitas PA				
12502=Novitas PA				
12901=Novitas Solutions DC, DE, MD, PA				
12902=HIGHMARK				
13101=NATIONAL GOVT SERVICES (CONNECTICUT)				
13102=NATIONAL GOVT SERVICES (CONNECTICUT)				
13201=NATIONAL GOVT SERVICES (NEW YORK)				
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)				
13282=NGS (UN)				
13292=NGS (QN)				
14004=NATIONAL HERITAGE (HHA - A)				
14014=NGS (HHA)				
14101=NATIONAL HERITAGE (MAINE)				
14102=NATIONAL HERITAGE (MAINE)				
14111=NGS (ME)				
14112=NGS (ME)				
14201=NATIONAL HERITAGE (MASSACHUSETTS)				
14202=NATIONAL HERITAGE (MASSACHUSETTS)				
14211=NGS (MA)				
14212=NGS (MA)				

14301=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14311=NGS (NH)  
 14312=NGS (NH)  
 14330=GROUP HEALTH INC (NEW YORK)  
 14401=NATIONAL HERITAGE (RHODE ISLAND)  
 14402=NATIONAL HERITAGE (RHODE ISLAND)  
 14411=NGS (RI)  
 14412=NGS (RI)  
 14501=NATIONAL HERITAGE (VERMONT)  
 14502=NATIONAL HERITAGE (VERMONT)  
 14511=NGS (VT)  
 14512=NGS (VT)  
 15004=CGS Administrators HHH  
 15101=CGS (KENTUCKY)  
 15102=CGS (KENTUCKY)  
 15201=CGS (OHIO)  
 15202=CGS (OHIO)  
 16360=NATIONWIDE (OHIO)

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 7  
 Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"  
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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16510=NATIONWIDE (WEST VIRGINIA)  
 17120=HAWAII MEDICAL SERVICE ASSOCIATION  
 21200=MASSACHUSETTS/MAINE  
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)  
 31143=NATIONAL HERITAGE INSURANCE CO  
 31144=NATIONAL HERITAGE INSURANCE CO  
 50333=TRAVELERS (NEW YORK)  
 51051=AETNA (PETALUMA)  
 51070=AETNA (FARMINGTON)  
 51100=AETNA (CLEARWATER)  
 51140=AETNA (PEORIA)  
 51390=AETNA (FORT WASHINGTON)  
 52280=WISCONSIN PHYSICIANS SERVICE  
 57400=COOPERATIVA (PUERTO RICO)

Medicaid Vendor Number	15	122	136	VARCHAR2
Description: Number which may be assigned to a provider by the state Medicaid agency for external control or billing purposes.				
SAS Name:	MDCD_VNDR_NUM			
COBOL Name:	MDCD-VNDR-NUM			

Original Participation Date	8	137	144	DATE
Description: Date a provider is first approved to provide Medicare				

and/or Medicaid services.  
SAS Name: ORGNL\_PRTCPTN\_DT  
COBOL Name: ORGNL-PRTCPTN-DT

Prior CHOW Date 8 145 152 DATE  
Description: Effective date of the previous change of ownership for  
this provider.  
SAS Name: CHOW\_PRIOR\_DT  
COBOL Name: CHOW-PRIOR-DT

Prior Medicare Administrative Contractor (MAC) or 5 153 157 VARCHAR2  
Intermediary or Carrier Code  
Description: Number assigned to the previous Medicare Administrative  
Contractor, intermediary or carrier servicing this  
provider.

SAS Name: INTRMDRY\_CARR\_PRIOR\_CD  
COBOL Name: INTRMDRY-CARR-PRIOR-CD  
VALUES: 00000=DUMMY FOR MEDICAID HHA  
00010=BLUE CROSS (ALABAMA)  
00011=CAHABA  
00020=BLUE CROSS (ARKANSAS)  
00040=BLUE CROSS (CALIFORNIA)  
00060=BLUE CROSS (CONNECTICUT)  
00070=BLUE CROSS (DELAWARE)  
00090=BLUE CROSS (FLORIDA)  
00101=BLUE CROSS (GEORGIA)  
00121=HEALTH CARE SERVICE CORPORATION  
00122=HCSC - MICHIGAN  
00123=HCSC OF MICHIGAN  
00130=NATIONAL GOVERNMENT SERVICES  
00131=NATIONAL GOVERNMENT SERVICES  
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)  
00150=BLUE CROSS (KANSAS)  
00160=NATIONAL GOVERNMENT SERVICES  
00180=NATIONAL GOVERNMENT SERVICES  
00181=NATIONAL GOVERNMENT SERVICES  
00190=BLUE CROSS (MARYLAND)  
00200=BLUE CROSS (MASSACHUSETTS)  
00210=BLUE CROSS (MICHIGAN)  
00220=BLUE CROSS (MINNESOTA)

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 8  
Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"  
(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
00230=BLUE CROSS (MISSISSIPPI)				
00231=BLUE CROSS (LOUISIANA)				

00233=PINNACLE  
00241=BLUE CROSS (MISSOURI)  
00260=BLUE CROSS (NEBRASKA)  
00270=NATIONAL GOVERNMENT SERVICES  
00280=BLUE CROSS (NEW JERSEY)  
00290=BLUE CROSS (NEW MEXICO)  
00308=NATIONAL GOVERNMENT SERVICES  
00310=BLUE CROSS (NORTH CAROLINA)  
00320=NORIDIAN PART A  
00322=NORIDIAN PART A (AK/WA)  
00323=NORIDIAN PART A (ID/OR)  
00325=NORIDIAN  
00332=NATIONAL GOVERNMENT SERVICES  
00340=BLUE CROSS (OKLAHOMA)  
00350=BLUE CROSS (OREGON)  
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)  
00362=BLUE CROSS (INDEPENDENCE)  
00363=BLUE CROSS (WESTERN PENNSYLVANIA)  
00366=HIGHMARK MEDICARE SERVICES  
00370=BLUE CROSS (RHODE ISLAND)  
00380=BLUE CROSS (SOUTH CAROLINA)  
00390=BLUE CROSS (TENNESSEE)  
00400=BLUE CROSS (TEXAS)  
00410=BLUE CROSS (UTAH)  
00423=BLUE CROSS (VIRGINIA/WEST VA)  
00430=BLUE CROSS (WASHINGTON & ALASKA)  
00450=NATIONAL GOVERNMENT SERVICES  
00452=NATIONAL GOVERNMENT SERVICES  
00453=NATIONAL GOVERNMENT SERVICES  
00454=NATIONAL GOVERNMENT SERVICES  
00456=NATIONAL GOVERNMENT SERVICES  
00468=BLUE CROSS (NORTH CAROLINA FOR PR)  
00510=BLUE SHIELD (ALABAMA)  
00511=CAHABA  
00512=CAHABA  
00520=BLUE SHIELD (ARKANSAS)  
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)  
00542=BLUE SHIELD (CALIFORNIA)  
00550=BLUE SHIELD (COLORADO)  
00570=BLUE SHIELD (DELAWARE)  
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)  
00590=BLUE SHIELD (FLORIDA)  
00621=BLUE SHIELD (ILLINOIS)  
00630=NATIONAL GOVERNMENT SERVICES  
00640=BLUE SHIELD (IOWA)  
00650=BLUE SHIELD (KANSAS)  
00655=BLUE SHIELD (KANSAS/NEBRASKA)  
00660=NATIONAL GOVERNMENT SERVICES  
00690=BLUE SHIELD (MARYLAND)  
00700=BLUE SHIELD (MASSACHUSETTS)



00710=BLUE SHIELD (MICHIGAN)  
 00720=BLUE SHIELD (MINNESOTA)  
 00740=BLUE SHIELD (KANSAS CITY)  
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)  
 00780=BLUE SHIELD (TRI-STATE)  
 00801=BLUE SHIELD (BUFFALO)  
 00803=NATIONAL GOVERNMENT SERVICES  
 00805=NATIONAL GOVERNMENT SERVICES  
 00821=NORIDIAN  
 00824=NORIDIAN GVT SERVICES (CO)  
 00826=NORIDIAN GVT SERVICES (IA)

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 9  
 Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"  
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00831=NORIDIAN GVT SERVICES (AK)				
00832=NORIDIAN GVT SERVICES (AZ)				
00833=NORIDIAN GVT SERVICES (HI)				
00834=NORIDIAN GVT SERVICES (NV)				
00835=NORIDIAN GVT SERVICES (OR)				
00836=NORIDIAN GVT SERVICES (WA)				
00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)				
00865=BLUE SHIELD (PENNSYLVANIA)				
00870=BLUE SHIELD (RHODE ISLAND)				
00880=BLUE SHIELD (SOUTH CAROLINA)				
00883=PALMETTO GBA PART B				
00884=PALMETTO GBA				
00889=NORIDIAN GVT SERVICES (SD)				
00900=BLUE SHIELD (TEXAS)				
00901=TRAILBLAZERS HEALTH ENTERPRISES				
00904=TRAILBLAZER				
00910=BLUE SHIELD (UTAH)				
00930=BLUE SHIELD (WASHINGTON)				
00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH))				
01111=Noridian (CA)				

01112=Noridian (NF)  
 01120=AETNA (HAWAII)  
 01182=Noridian (SF)  
 01192=PALMETTO (CALIFORNIA SOUTH)  
 01201=PALMETTO (HAWAII)  
 01202=PALMETTO (HAWAII)  
 01211=Noridian (AS, GU, HI)  
 01212=Noridian (AS, GU, HI)  
 01290=AETNA (NEVADA)  
 01301=PALMETTO (NEVADA)  
 01302=PALMETTO (NEVADA)  
 01311=Noridian (NV)  
 01312=Noridian (NV)  
 01360=AETNA (NEW MEXICO)  
 01370=AETNA (OKLAHOMA)  
 01380=AETNA (OREGON)  
 01390=AETNA (WASHINGTON)  
 01901=PALMETTO GBA  
 01902=PALMETTO GBA  
 01911=Noridian (AS, GU, HI, NV)  
 02050=OCCIDENTAL (CALIFORNIA)  
 02101=Noridian AK  
 02102=Noridian AK  
 02201=Noridian ID  
 02202=Noridian ID  
 02301=Noridian OR  
 02302=Noridian OR  
 02401=Noridian WA  
 02402=Noridian WA  
 03001=NORIDIAN ADMIN SERVICES  
 03101=NORIDAN (ARIZONA)  
 03102=NORIDAN (ARIZONA)

DATE: 10/03/2022

POS RECORD LAYOUT

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Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"  
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

03201=NORIDAN (MONTANA)  
 03202=NORIDAN (MONTANA)  
 03301=NORDIAN (NORTH DAKOTA)  
 03302=NORDIAN (NORTH DAKOTA)  
 03401=NORIDIAN (SOUTH DAKOTA)  
 03402=NORIDIAN (SOUTH DAKOTA)  
 03501=NORIDIAN (UTAH)  
 03502=NORIDIAN (UTAH)  
 03601=NORIDIAN (WYOMING)  
 03602=NORIDIAN (WYOMING)

04001=TRAILBLAZER  
04101=TRAILBLAZER (COLORADO)  
04102=TRAILBLAZER (COLORADO)  
04111=NOVITAS (COLORADO)  
04112=NOVITAS (COLORADO)  
04201=TRAILBLAZER (NEW MEXICO)  
04202=TRAILBLAZER (NEW MEXICO)  
04211=NOVITAS (NEW MEXICO)  
04212=NOVITAS (NEW MEXICO)  
04301=TRAILBLAZER (OKLAHOMA)  
04302=TRAILBLAZER (OKLAHOMA)  
04311=NOVITAS (OKLAHOMA)  
04312=NOVITAS (OKLAHOMA)  
04401=TRAILBLAZER (TEXAS)  
04402=TRAILBLAZER (TEXAS)  
04411=NOVITAS (TEXAS)  
04412=NOVITAS (TEXAS)  
04901=MUTUAL LEGACY  
04911=NOVITAS  
05101=WPS (IOWA)  
05102=WPS (IOWA)  
05130=EQICOR (IDAHO)  
05201=WPS (KANSAS)  
05202=WPS (KANSAS)  
05301=WPS (MISSOURI)  
05302=WPS (MISSOURI WEST)  
05392=WPS (MISSOURI EAST)  
05401=WPS (NEBRASKA)  
05402=WPS (NEBRASKA)  
05440=EQICOR (TENNESSEE)  
05535=EQICOR (NORTH CAROLINA)  
05901=WISCONSIN PHYSICIANS SERVICE  
06001=NGS (WI)  
06004=National Govt Serv HHH  
06014=NATIONAL GOVERNMENT SERVICES  
06101=NGS (IL)  
06102=NGS (IL)  
06201=NGS (MN)  
06202=NGS (MN)  
06301=NGS (WI)  
06302=NGS (WI)  
07101=Novitas AR  
07102=Novitas AR  
07201=Novitas LA  
07202=Novitas LA  
07301=Novitas MS  
07302=Novitas MS  
08101=WPS IN  
08102=WPS IN  
08201=WPS MI

08202=WPS MI  
09101=FIRST COAST (FLORIDA)  
09102=FIRST COAST (FLORIDA)

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 11  
Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"  
(SEE POSITIONS 3-4)

SHORT DESCRIPTION                                              LEN    START    END        TYPE

09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)  
09202=FIRST COAST (PUERTO RICO)  
09302=FIRST COAST (VIRGIN ISLANDS)  
10071=TRAVELERS (RRB)  
10101=CAHABA GBA (AL)  
10102=CAHABA GBA (AL)  
10111=PALMETTO GBA (Part A) (AL)  
10112=PALMETTO GBA (AL)  
10201=CAHABA GBA (GA)  
10202=CAHABA GBA (GA)  
10211=PALMETTO GBA (GA)  
10212=PALMETTO GBA (GA)  
10230=TRAVELERS (CONNECTICUT)  
10240=TRAVELERS (MINNESOTA)  
10250=TRAVELERS (MISSISSIPPI)  
10301=CAHABA GBA (TN)  
10302=CAHABA GBA (TN)  
10311=PALMETTO GBA (TN)  
10312=PALMETTO GBA (TN)  
10490=TRAVELERS (VIRGINIA)  
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT  
11004=PALMETTO HHH C  
11201=PALMETTO GBA (SC)  
11202=PALMETTO GBA (SC)  
11260=GENERAL AMERICAN  
11301=PALMETTO GBA (VA)  
11302=PALMETTO GBA (VA)  
11401=PALMETTO GBA (WV)  
11402=PALMETTO GBA (WV)  
11501=PALMETTO GBA (NC)  
11502=PALMETTO GBA (NC)  
12101=Novitas DE  
12102=Novitas DE  
12201=Novitas DC  
12202=Novitas DC  
12301=Novitas MD  
12302=Novitas MD  
12401=Novitas NJ  
12402=Novitas NJ

12501=Novitas PA  
 12502=Novitas PA  
 12901=Novitas Solutions DC, DE, MD, PA  
 12902=HIGHMARK  
 13101=NATIONAL GOVT SERVICES (CONNECTICUT)  
 13102=NATIONAL GOVT SERVICES (CONNECTICUT)  
 13201=NATIONAL GOVT SERVICES (NEW YORK)  
 13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)  
 13282=NGS (UN)  
 13292=NGS (QN)  
 14004=NATIONAL HERITAGE (HHA - A)  
 14014=NGS (HHA)  
 14101=NATIONAL HERITAGE (MAINE)  
 14102=NATIONAL HERITAGE (MAINE)  
 14111=NGS (ME)  
 14112=NGS (ME)  
 14201=NATIONAL HERITAGE (MASSACHUSETTS)  
 14202=NATIONAL HERITAGE (MASSACHUSETTS)  
 14211=NGS (MA)  
 14212=NGS (MA)  
 14301=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14311=NGS (NH)  
 14312=NGS (NH)

DATE: 10/03/2022

POS RECORD LAYOUT

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Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"  
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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14330=GROUP HEALTH INC (NEW YORK)				
14401=NATIONAL HERITAGE (RHODE ISLAND)				
14402=NATIONAL HERITAGE (RHODE ISLAND)				
14411=NGS (RI)				
14412=NGS (RI)				
14501=NATIONAL HERITAGE (VERMONT)				
14502=NATIONAL HERITAGE (VERMONT)				
14511=NGS (VT)				
14512=NGS (VT)				
15004=CGS Administrators HHH				
15101=CGS (KENTUCKY)				
15102=CGS (KENTUCKY)				
15201=CGS (OHIO)				
15202=CGS (OHIO)				
16360=NATIONWIDE (OHIO)				
16510=NATIONWIDE (WEST VIRGINIA)				
17120=HAWAII MEDICAL SERVICE ASSOCIATION				
21200=MASSACHUSETTS/MAINE				

31142=NATIONAL HERITAGE INSURANCE CO (MAINE)  
 31143=NATIONAL HERITAGE INSURANCE CO  
 31144=NATIONAL HERITAGE INSURANCE CO  
 50333=TRAVELERS (NEW YORK)  
 51051=AETNA (PETALUMA)  
 51070=AETNA (FARMINGTON)  
 51100=AETNA (CLEARWATER)  
 51140=AETNA (PEORIA)  
 51390=AETNA (FORT WASHINGTON)  
 52280=WISCONSIN PHYSICIANS SERVICE  
 57400=COOPERATIVA (PUERTO RICO)

CCN 10 158 167 VARCHAR2

Description: Six or ten position identification number that is assigned to a certified provider. This is the CMS Certification Number.

SAS Name: PRVDR\_NUM

COBOL Name: PRVDR-NUM

Region Code 2 168 169 VARCHAR2

Description: Indicates the CMS Regional Office responsible for the certification of the provider.

SAS Name: RGN\_CD

COBOL Name: RGN-CD

VALUES: 01=Boston  
 02=New York  
 03=Philadelphia  
 04=Atlanta  
 05=Chicago  
 06=Dallas  
 07=Kansas City  
 08=Denver  
 09=San Francisco  
 10=Seattle

Skeleton Record Indicator 1 170 170 VARCHAR2

Description: Indicates if the record is a skeleton record. Only a limited set of data is available for this provider; no survey data exists. Only provider categories 01,17,19,21and 22 can have skeleton providers.

SAS Name: SKLTN\_REC\_SW

COBOL Name: SKLTN-REC-SW

State Abbreviation 2 171 172 VARCHAR2

Description: Two-character state abbreviation.

SHORT DESCRIPTION

LEN START END TYPE

SAS Name: STATE\_CD  
COBOL Name: STATE-CD  
VALUES: AK=ALASKA  
AL=ALABAMA  
AR=ARKANSAS  
AS=AMERICAN SAMOA  
AZ=ARIZONA  
CA=CALIFORNIA  
CN=CANADA  
CO=COLORADO  
CT=CONNECTICUT  
DC=DISTRICT OF COLUMBIA  
DE=DELAWARE  
FL=FLORIDA  
FN=INTERNATIONAL  
GA=GEORGIA  
GU=GUAM  
HI=HAWAII  
IA=IOWA  
ID=IDAHO  
IL=ILLINOIS  
IN=INDIANA  
KS=KANSAS  
KY=KENTUCKY  
LA=LOUISIANA  
MA=MASSACHUSETTS  
MD=MARYLAND  
ME=MAINE  
MI=MICHIGAN  
MN=MINNESOTA  
MO=MISSOURI  
MP=SAIPAN  
MS=MISSISSIPPI  
MT=MONTANA  
MX=MEXICO  
NC=NORTH CAROLINA  
ND=NORTH DAKOTA  
NE=NEBRASKA  
NH=NEW HAMPSHIRE  
NJ=NEW JERSEY  
NM=NEW MEXICO  
NV=NEVADA  
NY=NEW YORK  
OH=OHIO  
OK=OKLAHOMA  
OR=OREGON  
PA=PENNSYLVANIA

PR=PUERTO RICO  
 RI=RHODE ISLAND  
 SC=SOUTH CAROLINA  
 SD=SOUTH DAKOTA  
 TN=TENNESSEE  
 TX=TEXAS  
 UT=UTAH  
 VA=VIRGINIA  
 VI=VIRGIN ISLANDS  
 VT=VERMONT  
 WA=WASHINGTON  
 WI=WISCONSIN  
 WV=WEST VIRGINIA  
 WY=WYOMING

SSA State Code 2 173 174 VARCHAR2

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 14  
 Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"  
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

Description: Social Security Administration geographic code indicating the state where the provider is located.

SAS Name: SSA\_STATE\_CD

COBOL Name: SSA-STATE-CD

VALUES:

- 01=ALABAMA
- 02=ALASKA
- 03=ARIZONA
- 04=ARKANSAS
- 05=CALIFORNIA
- 06=COLORADO
- 07=CONNECTICUT
- 08=DELAWARE
- 09=DISTRICT OF COLUMBIA
- 10=FLORIDA
- 11=GEORGIA
- 12=HAWAII
- 13=IDAHO
- 14=ILLINOIS
- 15=INDIANA
- 16=IOWA
- 17=KANSAS
- 18=KENTUCKY
- 19=LOUISIANA
- 20=MAINE
- 21=MARYLAND
- 22=MASSACHUSETTS



23=MICHIGAN  
 24=MINNESOTA  
 25=MISSISSIPPI  
 26=MISSOURI  
 27=MONTANA  
 28=NEBRASKA  
 29=NEVADA  
 30=NEW HAMPSHIRE  
 31=NEW JERSEY  
 32=NEW MEXICO  
 33=NEW YORK  
 34=NORTH CAROLINA  
 35=NORTH DAKOTA  
 36=OHIO  
 37=OKLAHOMA  
 38=OREGON  
 39=PENNSYLVANIA  
 40=PUERTO RICO  
 41=RHODE ISLAND  
 42=SOUTH CAROLINA  
 43=SOUTH DAKOTA  
 44=TENNESSEE  
 45=TEXAS  
 46=UTAH  
 47=VERMONT  
 48=VIRGIN ISLANDS  
 49=VIRGINIA  
 50=WASHINGTON  
 51=WEST VIRGINIA  
 52=WISCONSIN  
 53=WYOMING  
 54=AFRICA  
 56=CANADA  
 57=WEST INDIES  
 58=EUROPE  
 59=MEXICO  
 60=OCEANIA

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 15

Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"  
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

61=PHILIPPINES  
 62=SOUTH AMERICA  
 63=UNITED STATES POSSESSIONS  
 64=AMERICAN SAMOA  
 65=GUAM

66=SAIPAN  
99=INTERNATIONAL

State Region Code 3 175 177 VARCHAR2

Description: Identifies the region within a state where the provider is located.

SAS Name: STATE\_RGN\_CD

COBOL Name: STATE-RGN-CD

VALUES: AK/001=ALASKA  
AK/LAB=LABORATORIES  
AK/NPH=NON-PARTICIPATING HOSPITAL  
AL/001=ALABAMA  
AL/LAB=LABORATORIES  
AL/NPH=NON-PARTICIPATING HOSPITAL  
AR/001=ARKANSAS  
AR/LAB=LABORATORIES  
AR/NPH=NON-PARTICIPATING HOSPITAL  
AS/001=AMERICAN SAMOA  
AS/LAB=LABORATORY  
AS/NPH=NON-PARTICIPATING HOSPITAL  
AZ/AZ=PHOENIX  
AZ/LAB=ARIZONA LAB  
AZ/NPH=NON-PARTICIPATING HOSPITAL  
AZ/TUC=TUCSON  
CA/001=CALIFORNIA  
CA/BAK=BAKERSFIELD  
CA/BER=SAN BERNARDINO  
CA/EB=East Bay  
CA/FR=FRESNO  
CA/L1=L.A. WEST  
CA/L2=L.A. NORTH  
CA/L3=L.A. CENTRAL  
CA/L4=L.A. EAST  
CA/L5=SAN GABRIEL  
CA/LA1=LA Region 1  
CA/LA2=LA Region 2  
CA/LA3=LA Region 3  
CA/LA4=LA Acute/Ancillary  
CA/LA5=LA HHA/Hospice  
CA/LA6=LA ICF/DD/Clinics  
CA/LAB=LABORATORIES  
CA/M1=LAB. SOUTH  
CA/M2=LAB. NORTH  
CA/NPH=NON-PARTICIPATING HOSPITAL  
CA/ORG=ORANGE  
CA/RIV=RIVERSIDE  
CA/S1=SACRAMENTO  
CA/S3=CHICO  
CA/SD=SAN DIEGO  
CA/SF=SAN FRANCISCO

CA/SJ=SAN JOSE  
CA/SR=SANTA ROSA  
CA/STK=STOCKTON  
CA/VEN=VENTURA  
CN/001=CANADA  
CN/LAB=LABORATORY  
CN/NPH=NON-PARTICIPATING HOSPITAL  
CO/001=COLORADO

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 16

Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"  
(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
-------------------	-----	-------	-----	------

CO/LAB=LABORATORIES				
CO/NPH=NON-PARTICIPATING HOSPITAL				
CT/001=CONNECTICUT				
CT/LAB=LABORATORIES				
CT/NPH=NON-PARTICIPATING HOSPITAL				
DC/001=DISTRICT OF COLUMBIA				
DC/LAB=LABORATORIES				
DC/NPH=NON-PARTICIPATING HOSPITAL				
DE/001=DELAWARE				
DE/LAB=LABORATORIES				
DE/NPH=NON-PARTICIPATING HOSPITAL				
FL/001=FLORIDA				
FL/FTM=FT. MYERS				
FL/GAI=GAINESVILLE				
FL/JAX=JACKSONVILLE				
FL/LAB=LABORATORIES				
FL/LAN=LANTANA				
FL/LAU=LAUDERHILL				
FL/MIA=MIAMI				
FL/NPH=NON-PARTICIPATING HOSPITAL				
FL/ORL=ORLANDO				
FL/PEN=PENSACOLA				
FL/STP=ST. PETERSBURG				
FL/TAL=TALLAHASSEE				
FL/TAM=TAMPA				
FM/001=FEDERATED STATES OF MICRO				
FM/NPH=NON-PARTICIPATING HOSPITAL				
FN/001=INTERNATIONAL				
FN/LAB=LABORATORIES				
FN/NPH=NON-PARTICIPATING HOSPITAL				
GA/001=GEORGIA				
GA/GAA=GEORGIA ALL				
GA/GAC=GEORGIA CENTRAL				
GA/GAE=GEORGIA EASTERN				

GA/GAN=GEORGIA NORTH  
 GA/GAS=GEORGIA SOUTH  
 GA/GAW=GEORGIA WESTERN  
 GA/LAB=LABORATORIES  
 GA/NPH=NON-PARTICIPATING HOSPITAL  
 GU/001=GUAM  
 GU/LAB=LABORATORIES  
 GU/NPH=NON-PARTICIPATING HOSPITAL  
 HI/001=HAWAII  
 HI/LAB=LABORATORIES  
 HI/NPH=NON-PARTICIPATING HOSPITAL  
 IA/001=IOWA  
 IA/LAB=LABORATORIES  
 IA/NPH=NON-PARTICIPATING HOSPITAL  
 ID/001=IDAHO  
 ID/LAB=LABORATORIES  
 ID/NPH=NON-PARTICIPATING HOSPITAL  
 IL/001=ILLINOIS  
 IL/LAB=LABORATORIES  
 IL/NPH=NON-PARTICIPATING HOSPITAL  
 IN/001=INDIANA  
 IN/LAB=LABORATORIES  
 IN/NPH=NON-PARTICIPATING HOSPITAL  
 KS/001=KANSAS  
 KS/KCK=KANSAS CITY  
 KS/KDH=KDHE  
 KS/LAB=LABORATORIES  
 KS/LAW=LAWRENCE  
 KS/NC=NORTH CENTRAL KANSAS

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 17

Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"  
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
-------------------	-----	-------	-----	------

KS/NE=NORTH EAST KANSAS				
KS/NPH=NON-PARTICIPATING HOSPITAL				
KS/NW=NORTH WEST KANSAS				
KS/SC=SOUTH CENTRAL KANSAS				
KS/SE=SOUTH EAST KANSAS				
KS/SW=SOUTH WEST KANSAS				
KS/WST=WEST				
KY/2C1=HOPKINSVILLE				
KY/2C2=LOUISVILLE				
KY/2C3=LONDON				
KY/2C4=LEXINGTON				
KY/LAB=LABORATORIES				
KY/NPH=NON-PARTICIPATING HOSPITAL				

LA/001=LOUISIANA  
LA/LA1=NEW ORLEANS  
LA/LA2=MANDEVILLE  
LA/LA3=LAFAYETTE  
LA/LA4=MONROE  
LA/LA5=SHREVEPORT  
LA/LA6=ALEXANDRIA  
LA/LAB=LABORATORIES  
LA/LB1=CLIA NEW ORLEANS  
LA/LB5=CLIA SHREVEPORT  
LA/LB6=CLIA ALEXANDRIA  
LA/NPH=NON-PARTICIPATING HOSPITAL  
MA/001=MASSACHUSETTS  
MA/LAB=LABORATORIES  
MA/NPH=NON-PARTICIPATING HOSPITAL  
MD/001=MARYLAND  
MD/LAB=LABORATORIES  
MD/NPH=NON-PARTICIPATING HOSPITAL  
ME/001=MAINE  
ME/LAB=LABORATORIES  
ME/NPH=NON-PARTICIPATING HOSPITAL  
MH/001=MARSHALL ISLANDS  
MH/NPH=NON-PARTICIPATING HOSPITAL  
MI/001=MICHIGAN  
MI/LAB=LABORATORIES  
MI/NPH=NON-PARTICIPATING HOSPITAL  
MN/001=MINNESOTA  
MN/LAB=LABORATORIES  
MN/NPH=NON-PARTICIPATING HOSPITAL  
MO/001=MISSOURI  
MO/01=REGION01  
MO/02=REGION02  
MO/03=REGION 03  
MO/04=REGION 04  
MO/05=REGION 05  
MO/06=REGION 06  
MO/07=REGION 07  
MO/1NH=REGION 1 NH  
MO/2NH=REGION 2 NH  
MO/3NH=REGION 3 NH  
MO/4NH=REGION 4 NH  
MO/5NH=REGION 5 NH  
MO/6NH=REGION 6 NH  
MO/7NH=REGION 7 NH  
MO/LAB=LABORATORIES  
MO/MO=STATEWIDE  
MO/NPH=NON-PARTICIPATING HOSPITAL  
MP/001=NORTHERN MARIANA ISLANDS  
MP/LAB=LABORATORIES  
MP/NPH=NON-PARTICIPATING HOSPITAL

Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"  
(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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MS/001=MISSISSIPPI				
MS/LAB=LABORATORIES				
MS/NPH=NON-PARTICIPATING HOSPITAL				
MT/001=MONTANA				
MT/LAB=LABORATORIES				
MT/NPH=NON-PARTICIPATING HOSPITAL				
MX/001=MEXICO				
MX/LAB=LABORATORY				
MX/NPH=NON-PARTICIPATING HOSPITAL				
NC/001=NORTH CAROLINA				
NC/LAB=LABORATORIES				
NC/NCC=NORTH CAROLINA CENTRAL				
NC/NCE=NORTH CAROLINA EAST				
NC/NCN=NORTH CAROLINA NORTH				
NC/NCS=NORTH CAROLINA SOUTH				
NC/NCW=NORTH CAROLINA WEST				
NC/NPH=NON-PARTICIPATING HOSPITAL				
ND/001=NORTH DAKOTA				
ND/LAB=LABORATORIES				
ND/NPH=NON-PARTICIPATING HOSPITAL				
NE/001=NEBRASKA				
NE/1=NORTH CENTRAL				
NE/2=CENTRAL				
NE/3=NORTHEAST				
NE/4=SOUTHEAST				
NE/5=WESTERN				
NE/LAB=LABORATORIES				
NE/NPH=NON-PARTICIPATING HOSPITAL				
NH/001=NEW HAMPSHIRE				
NH/LAB=LABORATORIES				
NH/NPH=NON-PARTICIPATING HOSPITAL				
NJ/001=NEW JERSEY				
NJ/LAB=LABORATORIES				
NJ/NPH=NON-PARTICIPATING HOSPITAL				
NM/001=NEW MEXICO				
NM/LAB=LABORATORIES				
NM/NPH=NON-PARTICIPATING HOSPITAL				
NV/001=NEVADA				
NV/CC=CARSON CITY				
NV/LAB=LABORATORIES				
NV/LV=LAS VEGAS				
NV/NPH=NON-PARTICIPATING HOSPITAL				

NY/001=BUFFALO  
 NY/002=ROCHESTER  
 NY/003=SYRACUSE  
 NY/004=ALBANY  
 NY/005=NEW ROCHELLE  
 NY/006=NEW YORK CITY  
 NY/007=SUFFOLK/NASSAU COUNTY  
 NY/LAB=LABORATORIES  
 NY/NPH=NON-PARTICIPATING HOSPITAL  
 OH/001=OHIO  
 OH/LAB=LABORATORIES  
 OH/NPH=NON-PARTICIPATING HOSPITAL  
 OK/001=OKLAHOMA  
 OK/LAB=LABORATORIES  
 OK/NPH=NON-PARTICIPATING HOSPITAL  
 OR/001=OFFICE #1  
 OR/002=OFFICE #2  
 OR/003=OFFICE #3  
 OR/LAB=LABORATORIES  
 OR/NPH=NON-PARTICIPATING HOSPITAL  
 PA/001=PENNSYLVANIA

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 19

Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"  
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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PA/LAB=LABORATORIES				
PA/NPH=NON-PARTICIPATING HOSPITAL				
PR/001=PUERTO RICO				
PR/LAB=LABORATORIES				
PR/NPH=NON-PARTICIPATING HOSPITAL				
PW/001=PALAU				
PW/NPH=NON-PARTICIPATING HOSPITAL				
RI/001=RHODE ISLAND				
RI/LAB=LABORATORIES				
RI/NPH=NON-PARTICIPATING HOSPITAL				
SC/001=SOUTH CAROLINA				
SC/LAB=LABORATORIES				
SC/NPH=NON-PARTICIPATING HOSPITAL				
SD/001=SOUTH DAKOTA				
SD/LAB=LABORATORIES				
SD/NPH=NON-PARTICIPATING HOSPITAL				
TN/001=TENNESSEE				
TN/LAB=LABORATORIES				
TN/NPH=NON-PARTICIPATING HOSPITAL				
TN/TNC=TENNESSEE COOKEVILLE				
TN/TNE=TENNESSEE EASTERN				

TN/TNM=TENNESSEE MIDDLE  
 TN/TNW=TENNESSEE WESTERN  
 TX/001=TEXAS  
 TX/L01=AMARILLO-LTC  
 TX/L02=ABILENE-LTC  
 TX/L03=ARLINGTON-LTC  
 TX/L04=TYLER-LTC  
 TX/L05=TEMPLE-LTC  
 TX/L06=HOUSTON-LTC  
 TX/L07=Austin-LTC  
 TX/L08=San Antonio-LTC  
 TX/L11=Corpus Christi-LTC  
 TX/LAB=LABORATORIES  
 TX/NPH=NON-PARTICIPATING HOSPITAL  
 TX/TX1=NLTC REG 1, 7, 9, 10  
 TX/TX2=NLTC REG 2, 3  
 TX/TX4=NLTC REG 6  
 TX/TX5=NLTC REG 4, 5  
 TX/TX6=NLTC Statewide-Certified Only  
 TX/TX8=NLTC REG 8, 11  
 UT/001=UTAH  
 UT/LAB=LABORATORIES  
 UT/NPH=NON-PARTICIPATING HOSPITAL  
 VA/001=VIRGINIA  
 VA/LAB=LABORATORIES  
 VA/NPH=NON-PARTICIPATING HOSPITAL  
 VI/001=VIRGIN ISLANDS  
 VI/LAB=LABORATORIES  
 VI/NPH=NON-PARTICIPATING HOSPITAL  
 VT/001=VERMONT  
 VT/LAB=LABORATORIES  
 VT/NPH=NON-PARTICIPATING HOSPITAL  
 WA/001=ALL OTHERS (NON-LTC FAC)  
 WA/D1=SPOKANE & YAKIMA AREAS  
 WA/D1A=District 1, Unit A  
 WA/D1B=District 1, Unit B  
 WA/D1C=District 1, Unit C  
 WA/D1D=District 1, Unit D  
 WA/D1E=District 1, Unit E  
 WA/D1F=District 1, Unit F  
 WA/D2=SPOKANE & SE  
 WA/D2A=District 2, Unit A

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 20

Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"  
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE



WA/D2B=District 2, Unit B  
 WA/D2C=District 2, Unit C  
 WA/D2D=District 2, Unit D  
 WA/D2E=District 2, Unit E  
 WA/D2F=District 2, Unit F  
 WA/D2G=District 2, Unit G  
 WA/D2H=District 2, Unit H  
 WA/D2I=District 2, Unit I  
 WA/D2J=District 2, Unit J  
 WA/D2L=District 2, Unit L  
 WA/D3=NW WASHINGTON  
 WA/D3A=District 3, Unit A  
 WA/D3B=District 3, Unit B  
 WA/D3C=District 3, Unit C  
 WA/D3D=District 3, Unit D  
 WA/D3E=District 3, Unit E  
 WA/D3F=District 3, Unit F  
 WA/D3G=District 3, Unit G  
 WA/D3H=District 3, Unit H  
 WA/D4A=GREATER SEATTLE AREA  
 WA/D4B=S KING COUNTY  
 WA/D5A=PIERCE CTY & PENINSULA  
 WA/D5B=PIERCE CTY & GRAYS HARBOR  
 WA/D6=OLYMPIA AREA  
 WA/LAB=LABORATORIES  
 WA/NPH=NON-PARTICIPATING HOSPITAL  
 WI/001=WISCONSIN  
 WI/LAB=LABORATORIES  
 WI/NPH=NON-PARTICIPATING HOSPITAL  
 WV/001=WEST VIRGINIA  
 WV/LAB=LABORATORIES  
 WV/NPH=NON-PARTICIPATING HOSPITAL  
 WY/001=WYOMING  
 WY/LAB=LABORATORIES  
 WY/NPH=NON-PARTICIPATING HOSPITAL

Address: Street	50	178	227	VARCHAR2
Description: Street address where the provider is located.				
SAS Name: ST_ADR				
COBOL Name: ST-ADR				
Telephone Number	10	228	237	VARCHAR2
Description: Telephone number of the provider.				
SAS Name: PHNE_NUM				
COBOL Name: PHNE-NUM				
Termination Code	2	238	239	VARCHAR2
Description: Indicates the current termination status for the provider.				
SAS Name: PGM_TRMNTN_CD				

COBOL Name: PGM-TRMNTN-CD  
 VALUES: 00=ACTIVE PROVIDER  
 01=VOLUNTARY-MERGER, CLOSURE  
 02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT  
 03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION  
 04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL  
 05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ  
 06=INVOLUNTARY-FAILURE TO MEET AGREEMENT  
 07=OTHER-PROVIDER STATUS CHANGE  
 08=NONPAYMENT OF FEES - CLIA Only  
 09=REV/UNSUCCESSFUL PARTICIPATION IN PT - CLIA Only  
 10=REV/OTHER REASON - CLIA Only  
 11=INCOMPLETE CLIA APPLICATION INFORMATION - CLIA Only

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 21  
 Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"  
 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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12=NO LONGER PERFORMING TESTS - CLIA Only				
13=MULTIPLE TO SINGLE SITE CERTIFICATE - CLIA Only				
14=SHARED LABORATORY - CLIA Only				
15=FAILURE TO RENEW WAIVER PPM CERTIFICATE - CLIA Only				
16=DUPLICATE CLIA NUMBER - CLIA Only				
17=MAIL RETURNED NO FORWARD ADDRESS CERT ENDED - CLIA Only				
20=NOTIFICATION BANKRUPTCY - CLIA Only				
33=ACCREDITATION NOT CONFIRMED - CLIA Only				
80=AWAITING STATE APPROVAL				
99=OIG ACTION - DO NOT ACTIVATE - CLIA Only				

Termination or Expiration Date	8	240	247	DATE
Description:	Date the provider was terminated. For CLIA providers, date the laboratory's certificate was terminated or the expiration date of the current CLIA certificate.			

SAS Name: TRMNTN\_EXPRTN\_DT  
 COBOL Name: TRMNTN-EXPRTN-DT

Type of Action Code	1	248	248	VARCHAR2
Description:	Identifies the reason for the certification. Type of action from the official survey record, CMS 1539 form.			

SAS Name: CRTFCTN\_ACTN\_TYPE\_CD  
 COBOL Name: CRTFCTN-ACTN-TYPE-CD  
 VALUES: 1=INITIAL  
 2=RECERTIFICATION  
 3=TERMINATION  
 4=CHANGE OF OWNERSHIP  
 5=VALIDATION  
 8=FULL SURVEY AFTER COMPLAINT

Ownership Type Code 2 249 250 VARCHAR2

Description: Indicates the ownership type of the provider.

SAS Name: GNRL\_CNTL\_TYPE\_CD

COBOL Name: GNRL-CNTL-TYPE-CD

VALUES: 01=FOR PROFIT - INDIVIDUAL  
02=FOR PROFIT - PARTNERSHIP  
03=FOR PROFIT - CORPORATION  
04=NONPROFIT - CHURCH RELATED  
05=NONPROFIT - CORPORATION  
06=NONPROFIT - OTHER  
07=GOVERNMENT - STATE  
08=GOVERNMENT - COUNTY  
09=GOVERNMENT - CITY  
10=GOVERNMENT - CITY/COUNTY  
11=GOVERNMENT - HOSPITAL DISTRICT  
12=GOVERNMENT - FEDERAL  
13=FOR PROFIT - LIMITED LIABILITY CORPORATION

Address: ZIP Code 5 251 255 VARCHAR2

Description: Five-digit ZIP code for a provider's physical address.

SAS Name: ZIP\_CD

COBOL Name: ZIP-CD

FIPS State Code 2 256 257 VARCHAR2

Description: FIPS State Code

SAS Name: FIPS\_STATE\_CD

COBOL Name: FIPS-STATE-CD

VALUES: 01=ALABAMA  
02=ALASKA  
04=ARIZONA  
05=ARKANSAS  
06=CALIFORNIA  
08=COLORADO

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 22

Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"  
(SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

09=CONNECTICUT  
10=DELAWARE  
11=DISTRICT OF COLUMBIA  
12=FLORIDA  
13=GEORGIA  
15=HAWAII  
16=IDAHO  
17=ILLINOIS

18=INDIANA  
 19=IOWA  
 20=KANSAS  
 21=KENTUCKY  
 22=LOUISIANA  
 23=MAINE  
 24=MARYLAND  
 25=MASSACHUSETTS  
 26=MICHIGAN  
 27=MINNESOTA  
 28=MISSISSIPPI  
 29=MISSOURI  
 30=MONTANA  
 31=NEBRASKA  
 32=NEVADA  
 33=NEW HAMPSHIRE  
 34=NEW JERSEY  
 35=NEW MEXICO  
 36=NEW YORK  
 37=NORTH CAROLINA  
 38=NORTH DAKOTA  
 39=OHIO  
 40=OKLAHOMA  
 41=OREGON  
 42=PENNSYLVANIA  
 43=PUERTO RICO  
 44=RHODE ISLAND  
 45=SOUTH CAROLINA  
 46=SOUTH DAKOTA  
 47=TENNESSEE  
 48=TEXAS  
 49=UTAH  
 50=VERMONT  
 51=VIRGINIA  
 53=WASHINGTON  
 54=WEST VIRGINIA  
 55=WISCONSIN  
 56=WYOMING  
 60=AMERICAN SAMOA  
 66=GUAM  
 69=SAIPAN/MARIANA IS.  
 78=VIRGIN ISLANDS

FIPS County Code	3	258	260	VARCHAR2
Description: FIPS County Code				
SAS Name: FIPS_CNTY_CD				
COBOL Name: FIPS-CNTY-CD				

CBSA Urban Rural Indicator	1	261	261	VARCHAR2
Description: CBSA (Core Based Statistical Area) indicates whether the				

county is defined as Urban or Rural.  
SAS Name: CBSA\_URBN\_RRL\_IND  
COBOL Name: CBSA-URBN-RRL-IND

CBSA Code 5 262 266 VARCHAR2

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 23  
Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"  
(SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

Description: CBSA (Core Based Statistical Area) geographic entities defined by the U.S. Office of Management and Budget (OMB) on June 6, 2003 for use by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics. CBSA collectively refers to MSA.

SAS Name: CBSA\_CD  
COBOL Name: CBSA-CD

Bed Count Override Indicator 1 325 325 CHAR

Description: Indicates if the regional office has approved a significant bed count change from the previous certification.

SAS Name: OVRRD\_BED\_CNT\_SW  
COBOL Name: OVRRD-BED-CNT-SW

Bed Count: Certified 4 326 329 NUMBER

Description: Number of beds in Medicare and/or Medicaid certified areas within a facility.

SAS Name: CRTFD\_BED\_CNT  
COBOL Name: CRTFD-BED-CNT

Bed Count: Medicaid NF 4 334 337 NUMBER

Description: Number of Medicaid-certified Nursing Facility beds.

SAS Name: MD CD\_NF\_BED\_CNT  
COBOL Name: MD CD-NF-BED-CNT

Bed Count: Medicare SNF 4 338 341 NUMBER

Description: Number of Medicare-certified Skilled Nursing Facility beds.

SAS Name: MDCR\_SNF\_BED\_CNT  
COBOL Name: MDCR-SNF-BED-CNT

Bed Count: Medicare/Medicaid SNF 4 342 345 NUMBER

Description: Number of dually certified (Medicare/Medicaid) beds in a Skilled Nursing Facility.

SAS Name: MDCR\_MD CD\_SNF\_BED\_CNT  
COBOL Name: MDCR-MD CD-SNF-BED-CNT

Bed Count: Special Care - AIDS 3 346 348 NUMBER  
Description: Number of beds in a special care unit dedicated for residents with AIDS.  
SAS Name: AIDS\_BED\_CNT  
COBOL Name: AIDS-BED-CNT

Bed Count: Special Care - Alzheimers 3 349 351 NUMBER  
Description: Number of beds in a special care unit dedicated for residents with Alzheimer's disease.  
SAS Name: ALZHMR\_BED\_CNT  
COBOL Name: ALZHMR-BED-CNT

Bed Count: Special Care - Dialysis 3 352 354 NUMBER  
Description: Number of beds in a special care unit dedicated for residents who require dialysis.  
SAS Name: DLYS\_BED\_CNT  
COBOL Name: DLYS-BED-CNT

Bed Count: Special Care - Disabled Children 3 355 357 NUMBER  
Description: Number of beds in a special care unit dedicated for disabled children.  
SAS Name: DSBL\_CHLDRN\_BED\_CNT  
COBOL Name: DSBL-CHLDRN-BED-CNT

Bed Count: Special Care - Head Trauma 3 358 360 NUMBER

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 24  
Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"  
(SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

Description: Number of beds in a special care unit dedicated for residents with head trauma.

SAS Name: HEAD\_TRMA\_BED\_CNT  
COBOL Name: HEAD-TRMA-BED-CNT

Bed Count: Special Care - Hospice 3 361 363 NUMBER  
Description: Number of beds in a special care unit dedicated for residents who require hospice care.  
SAS Name: HOSPC\_BED\_CNT  
COBOL Name: HOSPC-BED-CNT

Bed Count: Special Care - Huntingtons Disease 3 364 366 NUMBER  
Description: Number of beds in a special care unit dedicated for residents with Huntington's disease.  
SAS Name: HNTGTN\_DEASE\_BED\_CNT  
COBOL Name: HNTGTN-DEASE-BED-CNT

Bed Count: Special Care - Specialized Rehab           3    367   369   NUMBER  
Description: Number of beds in a special care unit dedicated for  
                  residents with specialized rehab needs.  
SAS Name:        REHAB\_BED\_CNT  
COBOL Name:     REHAB-BED-CNT

Bed Count: Special Care - Ventilator                   3    370   372   NUMBER  
Description: Number of beds in a special care unit dedicated for  
                  residents requiring a ventilator and/or respiratory care.  
SAS Name:        VNTLTR\_BED\_CNT  
COBOL Name:     VNTLTR-BED-CNT

Bed Count: Total                                           4    373   376   NUMBER  
Description: Total number of beds in a provider, including those in  
                  non-participating or non-licensed areas.  
SAS Name:        BED\_CNT  
COBOL Name:     BED-CNT

Compliance: 24-Hour RN Waiver Indicator               1    442   442   CHAR  
Description: Indicates if a waiver of the 24-hour registered nurse  
                  staffing requirements has been recommended for a Skilled  
                  Nursing Facility or Nursing Facility.  
SAS Name:        RN\_24\_HR\_WVR\_SW  
COBOL Name:     RN-24-HR-WVR-SW

Compliance: 7-Day RN Waiver Indicator                 1    443   443   VARCHAR2  
Description: Indicates if a waiver of the 7-day registered nurse  
                  staffing requirements has been recommended for a Skilled  
                  Nursing Facility.  
SAS Name:        RN\_7\_DAY\_WVR\_SW  
COBOL Name:     RN-7-DAY-WVR-SW

Compliance: Beds Per Room Waiver Indicator           1    444   444   CHAR  
Description: Indicates if a waiver of the beds per room requirement  
                  has been recommended for a facility.  
SAS Name:        BED\_PER\_ROOM\_WVR\_SW  
COBOL Name:     BED-PER-ROOM-WVR-SW

Compliance: LSC Waiver Indicator                      1    445   445   CHAR  
Description: Indicates if a waiver of any life safety code provision  
                  has been recommended for a provider.  
SAS Name:        LSC\_WVR\_SW  
COBOL Name:     LSC-WVR-SW

Compliance: Patient Room Size Waiver Indicator       1    446   446   CHAR  
Description: Indicates if a waiver of the patient room size provision

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SHORT DESCRIPTION	LEN	START	END	TYPE
has been recommended for a provider. SAS Name: ROOM_SIZE_WVR_SW COBOL Name: ROOM-SIZE-WVR-SW				
Experimental Research Conducted Indicator Description: Indicates if a facility conducts experimental research. SAS Name: EXPRMT_RSRCH_CNDCTD_SW COBOL Name: EXPRMT-RSRCH-CNDCTD-SW	1	453	453	VARCHAR2
Fiscal Year End Date (MMDD) Description: End date, consisting of the month and day, of the provider's fiscal year. SAS Name: FY_END_MO_DAY_CD COBOL Name: FY-END-MO-DAY-CD	4	464	467	VARCHAR2
Hospital Based Indicator Description: Indicates if the provider is based in a hospital. SAS Name: HOSP_BSD_SW COBOL Name: HOSP-BSD-SW	1	483	483	CHAR
LTC Cross Ref Provider Number Description: LTC cross ref provider number SAS Name: LTC_CROSS_REF_PROVIDER_NUMBER COBOL Name: LTC-CROSS-REF-PROVIDER-NUMBER	10	485	494	CHAR
Multiple Facility Organization Name Description: Name of the multi-facility organization that owns the facility. SAS Name: MLT_FAC_ORG_NAME COBOL Name: MLT-FAC-ORG-NAME	38	513	550	CHAR
Multiple Facility Organization Owned Indicator Description: Indicates if a facility is owned by an organization that owns (or leases) two or more long term care facilities. SAS Name: MLT_OWND_FAC_ORG_SW COBOL Name: MLT-OWND-FAC-ORG-SW	1	551	551	CHAR
Organized Family Group Indicator Description: Indicates if the facility has an organized group of family members of residents. SAS Name: ORGNZ_FMLY_MBR_GRP_SW COBOL Name: ORGNZ-FMLY-MBR-GRP-SW	1	626	626	VARCHAR2
Organized Resident Group Indicator Description: Indicates if the facility has an organized residents	1	627	627	VARCHAR2



group.  
SAS Name: ORGNZ\_RSDNT\_GRP\_SW  
COBOL Name: ORGNZ-RSDNT-GRP-SW

Program Participation Code 1 640 640 CHAR  
Description: Indicates if the provider participates in Medicare,  
Medicaid, or both programs.  
SAS Name: PGM\_PRTCPTN\_CD  
COBOL Name: PGM-PRTCPTN-CD  
VALUES: 1=MEDICARE ONLY  
2=MEDICAID ONLY  
3=MEDICARE AND MEDICAID

Related Provider Number 10 686 695 CHAR  
Description: Related provider number  
SAS Name: RELATED\_PROVIDER\_NUMBER  
COBOL Name: RELATED-PROVIDER-NUMBER

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SHORT DESCRIPTION	LEN	START	END	TYPE
Services: Blood Administration Off-Site Residents Indicator Description: Indicates if blood administration and storage services are provided off-site to residents. SAS Name: BLOOD_SRVC_OFSITE_RSDNT_SW COBOL Name: BLOOD-SRVC-OFSITE-RSDNT-SW	1	703	703	VARCHAR2
Services: Blood Administration On-Site Nonresidents Indicator Description: Indicates if blood administration and storage services are provided on-site to nonresidents. SAS Name: BLOOD_SRVC_ONST_NRSNT_SW COBOL Name: BLOOD-SRVC-ONST-NRSNT-SW	1	704	704	VARCHAR2
Services: Blood Administration On-Site Residents Indicator Description: Indicates if blood administration and storage services are provided on-site to residents. SAS Name: BLOOD_SRVC_ONST_RSDNT_SW COBOL Name: BLOOD-SRVC-ONST-RSDNT-SW	1	705	705	VARCHAR2
Services: Clinical Laboratory - Off-Site Residents Indicator Description: Indicates if clinical laboratory services are provided	1	712	712	VARCHAR2

off-site to residents.  
SAS Name: CL\_SRVC\_OFSITE\_RSDNT\_SW  
COBOL Name: CL-SRVC-OFSITE-RSDNT-SW

Services: Clinical Laboratory - On-Site Nonresidents 1 713 713 VARCHAR2  
Indicator

Description: Indicates if clinical laboratory services are provided  
on-site to nonresidents.  
SAS Name: CL\_SRVC\_ONST\_NRSNT\_SW  
COBOL Name: CL-SRVC-ONST-NRSNT-SW

Services: Clinical Laboratory - On-Site Residents 1 714 714 VARCHAR2  
Indicator

Description: Indicates if clinical laboratory services are provided  
on-site to residents.  
SAS Name: CL\_SRVC\_ONST\_RSDNT\_SW  
COBOL Name: CL-SRVC-ONST-RSDNT-SW

Services: Dental Off-Site Residents Indicator 1 720 720 VARCHAR2

Description: Indicates if dental services are provided off-site to  
residents.  
SAS Name: DNTL\_SRVC\_OFSITE\_RSDNT\_SW  
COBOL Name: DNTL-SRVC-OFSITE-RSDNT-SW

Services: Dental On-Site Nonresidents Indicator 1 721 721 VARCHAR2

Description: Indicates if dental services are provided on-site to  
nonresidents.  
SAS Name: DNTL\_SRVC\_ONST\_NRSNT\_SW  
COBOL Name: DNTL-SRVC-ONST-NRSNT-SW

Services: Dental On-Site Residents Indicator 1 722 722 VARCHAR2

Description: Indicates if dental services are provided on-site to  
residents.  
SAS Name: DNTL\_SRVC\_ONST\_RSDNT\_SW  
COBOL Name: DNTL-SRVC-ONST-RSDNT-SW

Services: Dietary Off-Site Residents Indicator 1 726 726 VARCHAR2

Description: Indicates if dietary services are provided off-site to  
residents.

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SHORT DESCRIPTION LEN START END TYPE

SAS Name: DTRY\_OFSITE\_RSDNT\_SW  
COBOL Name: DTRY-OFSITE-RSDNT-SW

Services: Dietary On-Site Nonresidents Indicator 1 727 727 VARCHAR2  
Description: Indicates if dietary services are provided on-site to nonresidents.  
SAS Name: DTRY\_ONST\_NRSNT\_SW  
COBOL Name: DTRY-ONST-NRSNT-SW

Services: Dietary On-Site Residents Indicator 1 728 728 VARCHAR2  
Description: Indicates if dietary services are provided on-site to residents.  
SAS Name: DTRY\_ONST\_RSDNT\_SW  
COBOL Name: DTRY-ONST-RSDNT-SW

Services: Housekeeping Off-Site Residents Indicator 1 738 738 VARCHAR2  
Description: Indicates if housekeeping services are provided off-site to residents.  
SAS Name: HSEKPNG\_SRVC\_OFSITE\_RSDNT\_SW  
COBOL Name: HSEKPNG-SRVC-OFSITE-RSDNT-SW

Services: Housekeeping On-Site Nonresidents Indicator 1 739 739 VARCHAR2  
Description: Indicates if housekeeping services are provided on-site to nonresidents.  
SAS Name: HSEKPNG\_SRVC\_ONST\_NRSNT\_SW  
COBOL Name: HSEKPNG-SRVC-ONST-NRSNT-SW

Services: Housekeeping On-Site Residents Indicator 1 740 740 VARCHAR2  
Description: Indicates if housekeeping services are provided on-site to residents.  
SAS Name: HSEKPNG\_SRVC\_ONST\_RSDNT\_SW  
COBOL Name: HSEKPNG-SRVC-ONST-RSDNT-SW

Services: Mental Health Off-Site Residents Indicator 1 747 747 VARCHAR2  
Description: Indicates if mental health services are provided off-site to residents.  
SAS Name: MENTL\_HLTH\_OFSITE\_RSDNT\_SW  
COBOL Name: MENTL-HLTH-OFSITE-RSDNT-SW

Services: Mental Health On-Site Nonresidents Indicator 1 748 748 VARCHAR2  
Description: Indicates if mental health services are provided on-site to nonresidents.  
SAS Name: MENTL\_HLTH\_ONST\_NRSNT\_SW  
COBOL Name: MENTL-HLTH-ONST-NRSNT-SW

Services: Mental Health On-Site Residents Indicator 1 749 749 VARCHAR2  
Description: Indicates if mental health services are provided on-site to residents.  
SAS Name: MENTL\_HLTH\_ONST\_RSDNT\_SW  
COBOL Name: MENTL-HLTH-ONST-RSDNT-SW

Services: Nursing Off-Site Residents Indicator 1 760 760 VARCHAR2

Description: Indicates if nursing services are provided off-site to residents.

SAS Name: NRSNG\_SRVC\_OFSITE\_RSDNT\_SW

COBOL Name: NRSNG-SRVC-OFSITE-RSDNT-SW

Services: Nursing On-Site Nonresidents Indicator 1 761 761 VARCHAR2

Description: Indicates if nursing services are provided on-site to nonresidents.

SAS Name: NRSNG\_SRVC\_ONST\_NRSNT\_SW

COBOL Name: NRSNG-SRVC-ONST-NRSNT-SW

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SHORT DESCRIPTION	LEN	START	END	TYPE
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Services: Nursing On-Site Residents Indicator	1	762	762	VARCHAR2
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Description: Indicates if nursing services are provided on-site to residents.

SAS Name: NRSNG\_SRVC\_ONST\_RSDNT\_SW

COBOL Name: NRSNG-SRVC-ONST-RSDNT-SW

Services: OT Off-Site Residents Indicator	1	776	776	VARCHAR2
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Description: Indicates if occupational therapy services are provided off-site to residents.

SAS Name: OT\_SRVC\_OFSITE\_RSDNT\_SW

COBOL Name: OT-SRVC-OFSITE-RSDNT-SW

Services: OT On-Site Nonresidents Indicator	1	777	777	VARCHAR2
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Description: Indicates if occupational therapy services are provided on-site to nonresidents.

SAS Name: OT\_SRVC\_ONST\_NRSNT\_SW

COBOL Name: OT-SRVC-ONST-NRSNT-SW

Services: OT On-Site Residents Indicator	1	778	778	VARCHAR2
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Description: Indicates if occupational therapy services are provided on-site to residents.

SAS Name: OT\_SRVC\_ONST\_RSDNT\_SW

COBOL Name: OT-SRVC-ONST-RSDNT-SW

Services: Pharmacy Off-Site Residents Indicator	1	789	789	VARCHAR2
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Description: Indicates if pharmacy services are provided off-site to residents.

SAS Name: PHRMCY\_SRVC\_OFSITE\_RSDNT\_SW

COBOL Name: PHRMCY-SRVC-OFSITE-RSDNT-SW

Services: Pharmacy On-Site Nonresidents Indicator	1	790	790	VARCHAR2
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Description: Indicates if pharmacy services are provided on-site to nonresidents.

SAS Name: PHRMCY\_SRVC\_ONST\_NRSDNT\_SW

COBOL Name: PHRMCY-SRVC-ONST-NRSDNT-SW

Services: Pharmacy On-Site Residents Indicator 1 791 791 VARCHAR2

Description: Indicates if pharmacy services are provided on-site to residents.

SAS Name: PHRMCY\_SRVC\_ONST\_RSDNT\_SW

COBOL Name: PHRMCY-SRVC-ONST-RSDNT-SW

Services: Physician Extender Off-Site Residents Indicator 1 796 796 VARCHAR2

Description: Indicates if physician extender services are provided off-site to residents.

SAS Name: PHYSN\_EXT\_SRVC\_OFSITE\_RSDNT\_SW

COBOL Name: PHYSN-EXT-SRVC-OFSITE-RSDNT-SW

Services: Physician Extender On-Site Nonresidents Indicator 1 797 797 VARCHAR2

Description: Indicates if physician extender services are provided on-site to nonresidents.

SAS Name: PHYSN\_EXT\_SRVC\_ONST\_NRSDNT\_SW

COBOL Name: PHYSN-EXT-SRVC-ONST-NRSDNT-SW

Services: Physician Extender On-Site Residents Indicator 1 798 798 VARCHAR2

Description: Indicates if physician extender services are provided on-site to residents.

SAS Name: PHYSN\_EXT\_SRVC\_ONST\_RSDNT\_SW

COBOL Name: PHYSN-EXT-SRVC-ONST-RSDNT-SW

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SHORT DESCRIPTION

LEN START END TYPE

Services: Physician Off-Site Residents Indicator 1 799 799 VARCHAR2

Description: Indicates if physician services are provided off-site to residents.

SAS Name: PHYSN\_SRVC\_OFSITE\_RSDNT\_SW

COBOL Name: PHYSN-SRVC-OFSITE-RSDNT-SW

Services: Physician On-Site Nonresidents Indicator 1 800 800 VARCHAR2

Description: Indicates if physician services are provided on-site to nonresidents.

SAS Name: PHYSN\_SRVC\_ONST\_NRSDNT\_SW

COBOL Name: PHYSN-SRVC-ONST-NRSDNT-SW

Services: Physician On-Site Residents Indicator 1 801 801 VARCHAR2  
Description: Indicates if physician services are provided on-site to residents.

SAS Name: PHYSN\_SRVC\_ONST\_RSDNT\_SW

COBOL Name: PHYSN-SRVC-ONST-RSDNT-SW

Services: Podiatry Off-Site Residents Indicator 1 802 802 VARCHAR2  
Description: Indicates if podiatry services are provided off-site to residents.

SAS Name: PDTRY\_SRVC\_OFSITE\_RSDNT\_SW

COBOL Name: PDTRY-SRVC-OFSITE-RSDNT-SW

Services: Podiatry On-Site Nonresidents Indicator 1 803 803 VARCHAR2  
Description: Indicates if podiatry services are provided on-site to nonresidents.

SAS Name: PDTRY\_SRVC\_ONST\_NRSDNT\_SW

COBOL Name: PDTRY-SRVC-ONST-NRSDNT-SW

Services: Podiatry On-Site Residents Indicator 1 804 804 VARCHAR2  
Description: Indicates if podiatry services are provided on-site to residents.

SAS Name: PDTRY\_SRVC\_ONST\_RSDNT\_SW

COBOL Name: PDTRY-SRVC-ONST-RSDNT-SW

Services: PT Off-Site Residents Indicator 1 814 814 VARCHAR2  
Description: Indicates if physical therapy services are provided off-site to residents.

SAS Name: PT\_OFSITE\_RSDNT\_SW

COBOL Name: PT-OFSITE-RSDNT-SW

Services: PT On-Site Nonresidents Indicator 1 815 815 VARCHAR2  
Description: Indicates if physical therapy services are provided on-site to nonresidents.

SAS Name: PT\_ONST\_NRSDNT\_SW

COBOL Name: PT-ONST-NRSDNT-SW

Services: PT On-Site Residents Indicator 1 816 816 VARCHAR2  
Description: Indicates if physical therapy services are provided on-site to residents.

SAS Name: PT\_ONST\_RSDNT\_SW

COBOL Name: PT-ONST-RSDNT-SW

Services: Social Work Off-Site Residents Indicator 1 827 827 VARCHAR2  
Description: Indicates if social work services are provided off-site to residents.

SAS Name: SCL\_WORK\_SRVC\_OFSITE\_RSDNT\_SW

COBOL Name: SCL-WORK-SRVC-OFSITE-RSDNT-SW

Services: Social Work On-Site Nonresidents Indicator 1 828 828 VARCHAR2  
 Description: Indicates if social work services are provided on-site to

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SHORT DESCRIPTION	LEN	START	END	TYPE
nonresidents. SAS Name: SCL_WORK_SRVC_ONST_NRSDNT_SW COBOL Name: SCL-WORK-SRVC-ONST-NRSDNT-SW				
Services: Social Work On-Site Residents Indicator 1 Description: Indicates if social work services are provided on-site to residents. SAS Name: SCL_WORK_SRVC_ONST_RSDNT_SW COBOL Name: SCL-WORK-SRVC-ONST-RSDNT-SW	829	829		VARCHAR2
Services: Speech Pathology Off-Site Residents Indicator Description: Indicates if speech/language pathology services are provided off-site to residents. SAS Name: SPCH_PTHLGY_OFSITE_RSDNT_SW COBOL Name: SPCH-PTHLGY-OFSITE-RSDNT-SW	1	834	834	VARCHAR2
Services: Speech Pathology On-Site Nonresidents Indicator Description: Indicates if speech/language pathology services are provided on-site to nonresidents. SAS Name: SPCH_PTHLGY_ONST_NRSDNT_SW COBOL Name: SPCH-PTHLGY-ONST-NRSDNT-SW	1	835	835	VARCHAR2
Services: Speech Pathology On-Site Residents Indicator Description: Indicates if speech/language pathology services are provided on-site to residents. SAS Name: SPCH_PTHLGY_ONST_RSDNT_SW COBOL Name: SPCH-PTHLGY-ONST-RSDNT-SW	1	836	836	VARCHAR2
Services: Therapeutic - Other Activities Staff - Off-Site Residents Indicator Description: Indicates if therapeutic services are provided off-site to residents by other activities staff. SAS Name: ACTVTY_OTHR_OFSITE_RSDNT_SW COBOL Name: ACTVTY-OTHR-OFSITE-RSDNT-SW	1	839	839	VARCHAR2
Services: Therapeutic - Other Activities Staff - On-Site Nonresidents Indicator	1	840	840	VARCHAR2

Description: Indicates if therapeutic services are provided on-site to nonresidents by other activities staff.

SAS Name: ACTVTY\_OTHR\_ONST\_NRSNT\_SW

COBOL Name: ACTVTY-OTHR-ONST-NRSNT-SW

Services: Therapeutic - Other Activities Staff - 1 841 841 VARCHAR2  
On-Site Residents Indicator

Description: Indicates if therapeutic services are provided on-site to residents by other activities staff.

SAS Name: ACTVTY\_OTHR\_ONST\_RSDNT\_SW

COBOL Name: ACTVTY-OTHR-ONST-RSDNT-SW

Services: Therapeutic - Other Social Services Staff - 1 842 842 VARCHAR2  
Off-Site Residents Indicator

Description: Indicates if other therapeutic social services are provided off-site to residents.

SAS Name: SCL\_SRVC\_OTHR\_OFSITE\_RSDNT\_SW

COBOL Name: SCL-SRVC-OTHR-OFSITE-RSDNT-SW

Services: Therapeutic - Other Social Services Staff - 1 843 843 VARCHAR2  
On-Site Nonresidents Indicator

Description: Indicates if other therapeutic social services are provided on-site to nonresidents.

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SHORT DESCRIPTION LEN START END TYPE

SAS Name: SCL\_SRVC\_OTHR\_ONST\_NRSNT\_SW

COBOL Name: SCL-SRVC-OTHR-ONST-NRSNT-SW

Services: Therapeutic - Other Social Services Staff - 1 844 844 VARCHAR2  
On-Site Residents Indicator

Description: Indicates if other therapeutic social services are provided on-site to residents.

SAS Name: SCL\_SRVC\_OTHR\_ONST\_RSDNT\_SW

COBOL Name: SCL-SRVC-OTHR-ONST-RSDNT-SW

Services: Therapeutic - Qualified Activities Professional - Off-Site Residents Indicator 1 845 845 VARCHAR2

Description: Indicates if therapeutic services are provided off-site to residents by qualified activities professionals.

SAS Name: ACTVTY\_OFSITE\_RSDNT\_SW

COBOL Name: ACTVTY-OFSITE-RSDNT-SW

Services: Therapeutic - Qualified Activities Professional - On-Site Nonresidents Indicator 1 846 846 VARCHAR2



Description: Indicates if therapeutic services are provided on-site to nonresidents by qualified activities professionals.

SAS Name: ACTVTY\_ONST\_NRSDNT\_SW

COBOL Name: ACTVTY-ONST-NRSDNT-SW

Services: Therapeutic - Qualified Activities 1 847 847 VARCHAR2  
Professional - On-Site Residents Indicator

Description: Indicates if therapeutic services are provided on-site to residents by qualified activities professionals.

SAS Name: ACTVTY\_ONST\_RSDNT\_SW

COBOL Name: ACTVTY-ONST-RSDNT-SW

Services: Therapeutic Recreational Specialty Off-Site 1 849 849 VARCHAR2  
Residents Indicator

Description: Indicates if therapeutic recreation specialist services are provided off-site to residents.

SAS Name: THRPTC\_RCRTNL\_OFSITE\_RSDNT\_SW

COBOL Name: THRPTC-RCRTNL-OFSITE-RSDNT-SW

Services: Therapeutic Recreational Specialty On-Site 1 850 850 VARCHAR2  
Nonresidents Indicator

Description: Indicates if therapeutic recreation specialist services are provided on-site to nonresidents.

SAS Name: THRPTC\_RCRTNL\_ONST\_NRSDNT\_SW

COBOL Name: THRPTC-RCRTNL-ONST-NRSDNT-SW

Services: Therapeutic Recreational Specialty On-Site 1 851 851 VARCHAR2  
Residents Indicator

Description: Indicates if therapeutic recreation specialist services are provided on-site to residents.

SAS Name: THRPTC\_RCRTNL\_ONST\_RSDNT\_SW

COBOL Name: THRPTC-RCRTNL-ONST-RSDNT-SW

Services: Vocational Off-Site Residents Indicator 1 854 854 VARCHAR2

Description: Indicates if vocational services are provided off-site to residents.

SAS Name: VCTNL\_SRVC\_OFSITE\_RSDNT\_SW

COBOL Name: VCTNL-SRVC-OFSITE-RSDNT-SW

Services: Vocational On-Site Nonresidents Indicator 1 855 855 VARCHAR2

Description: Indicates if vocational services are provided on-site to nonresidents.

SAS Name: VCTNL\_SRVC\_ONST\_NRSDNT\_SW

COBOL Name: VCTNL-SRVC-ONST-NRSDNT-SW

SHORT DESCRIPTION	LEN	START	END	TYPE
Services: Vocational On-Site Residents Indicator Description: Indicates if vocational services are provided on-site to residents. SAS Name: VCTNL_SRVC_ONST_RSDNT_SW COBOL Name: VCTNL-SRVC-ONST-RSDNT-SW	1	856	856	VARCHAR2
Services: X-ray Off-Site Residents Indicator Description: Indicates if diagnostic X-ray services are provided off-site to residents. SAS Name: DGNSTC_XRAY_OFSITE_RSDNT_SW COBOL Name: DGNSTC-XRAY-OFSITE-RSDNT-SW	1	857	857	VARCHAR2
Services: X-ray On-Site Nonresidents Indicator Description: Indicates if diagnostic X-ray services are provided on-site to nonresidents. SAS Name: DGNSTC_XRAY_ONST_NRSNT_SW COBOL Name: DGNSTC-XRAY-ONST-NRSNT-SW	1	858	858	VARCHAR2
Services: X-ray On-Site Residents Indicator Description: Indicates if diagnostic X-ray services are provided on-site to residents. SAS Name: DGNSTC_XRAY_ONST_RSDNT_SW COBOL Name: DGNSTC-XRAY-ONST-RSDNT-SW	1	859	859	VARCHAR2
Staff Count Override Indicator Description: Indicates if the regional office has approved a significant staff count change from the previous certification. SAS Name: OVRRD_STFG_SW COBOL Name: OVRRD-STFG-SW	1	861	861	CHAR
Staff Count: Administrative Staff - Contract Description: Number of full-time equivalent administrative staff under contract to a facility. SAS Name: PROFNL_ADMIN_CNTRCT_CNT COBOL Name: PROFNL-ADMIN-CNTRCT-CNT	8	862	869	NUMBER
Staff Count: Administrative Staff - Full-Time Description: Number of full-time equivalent administrative staff employed on a full-time basis by a facility. SAS Name: PROFNL_ADMIN_FLTM_CNT COBOL Name: PROFNL-ADMIN-FLTM-CNT	8	870	877	NUMBER
Staff Count: Administrative Staff - Part-Time Description: Number of full-time equivalent administrative staff employed on a part-time basis by a facility. SAS Name: PROFNL_ADMIN_PRTM_CNT	8	878	885	NUMBER

COBOL Name: PROFNL-ADMIN-PRTM-CNT

Staff Count: Certified Nurse Aide - Contract           8    910   917   NUMBER  
Description: Number of full-time equivalent certified nurse aides  
                  under contract to a facility.  
SAS Name:        NRS\_AIDE\_CNTRCT\_CNT  
COBOL Name:     NRS-AIDE-CNTRCT-CNT

Staff Count: Certified Nurse Aide - Full-Time         8    918   925   NUMBER  
Description: Number of full-time equivalent certified nurse aides  
                  employed full-time by a facility.  
SAS Name:        NRS\_AIDE\_FLTM\_CNT  
COBOL Name:     NRS-AIDE-FLTM-CNT

Staff Count: Certified Nurse Aide - Part-Time         8    926   933   NUMBER

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                                                                  (SEE POSITIONS 3-4)

SHORT DESCRIPTION                                                            LEN   START   END    TYPE

Description: Number of full-time equivalent certified nurse aides  
                  employed part-time by a facility.  
SAS Name:        NRS\_AIDE\_PRTM\_CNT  
COBOL Name:     NRS-AIDE-PRTM-CNT

Staff Count: Dentist - Contract                                         8    958   965   NUMBER  
Description: Number of full-time equivalent dentists under contract to  
                  a facility.  
SAS Name:        DNTST\_CNTRCT\_CNT  
COBOL Name:     DNTST-CNTRCT-CNT

Staff Count: Dentist - Full-Time                                         8    966   973   NUMBER  
Description: Number of full-time equivalent dentists employed full  
                  time by a facility.  
SAS Name:        DNTST\_FLTM\_CNT  
COBOL Name:     DNTST-FLTM-CNT

Staff Count: Dentist - Part-Time                                         8    974   981   NUMBER  
Description: Number of full-time equivalent dentists employed part  
                  time by a facility.  
SAS Name:        DNTST\_PRTM\_CNT  
COBOL Name:     DNTST-PRTM-CNT

Staff Count: Dietitian - Contract                                        8    990   997   NUMBER  
Description: Number of full-time equivalent dietitians under contract  
                  to a facility.  
SAS Name:        DIETN\_CNTRCT\_CNT

COBOL Name: DIETN-CNTRCT-CNT

Staff Count: Dietitian - Full-Time 8 998 1005 NUMBER  
Description: Number of full-time equivalent dietitians employed full time by a facility.  
SAS Name: DIETN\_FLTM\_CNT  
COBOL Name: DIETN-FLTM-CNT

Staff Count: Dietitian - Part-Time 8 1006 1013 NUMBER  
Description: Number of full-time equivalent dietitians employed part time by a facility.  
SAS Name: DIETN\_PRTM\_CNT  
COBOL Name: DIETN-PRTM-CNT

Staff Count: Food Service Worker - Contract 8 1022 1029 NUMBER  
Description: Number of full-time equivalent food service personnel under contract to a facility.  
SAS Name: FOOD\_SRVC\_CNTRCT\_CNT  
COBOL Name: FOOD-SRVC-CNTRCT-CNT

Staff Count: Food Service Worker - Full-Time 8 1030 1037 NUMBER  
Description: Number of full-time equivalent food service personnel employed full-time by a facility.  
SAS Name: FOOD\_SRVC\_FLTM\_CNT  
COBOL Name: FOOD-SRVC-FLTM-CNT

Staff Count: Food Service Worker - Part-Time 8 1038 1045 NUMBER  
Description: Number of full-time equivalent food service personnel employed part-time by a facility.  
SAS Name: FOOD\_SRVC\_PRTM\_CNT  
COBOL Name: FOOD-SRVC-PRTM-CNT

Staff Count: Housekeeping - Contract 8 1070 1077 NUMBER  
Description: Number of full-time equivalent housekeeping personnel under contract to a facility.  
SAS Name: HSEKPNG\_CNTRCT\_CNT

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(SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

COBOL Name: HSEKPNG-CNTRCT-CNT

Staff Count: Housekeeping - Full-Time 8 1078 1085 NUMBER  
Description: Number of full-time equivalent housekeeping personnel employed full-time by a facility.  
SAS Name: HSEKPNG\_FLTM\_CNT

COBOL Name: HSEKPNG-FLTM-CNT

Staff Count: Housekeeping - Part-Time 8 1086 1093 NUMBER  
Description: Number of full-time equivalent housekeeping personnel  
employed part-time by a facility.  
SAS Name: HSEKPNG\_PRTM\_CNT  
COBOL Name: HSEKPNG-PRTM-CNT

Staff Count: LPN/LVN - Contract 8 1118 1125 NUMBER  
Description: Number of full-time equivalent licensed  
practical/vocational nurses under contract to a facility.  
SAS Name: LPN\_LVN\_CNTRCT\_CNT  
COBOL Name: LPN-LVN-CNTRCT-CNT

Staff Count: LPN/LVN - Full-Time 8 1126 1133 NUMBER  
Description: Number of full-time equivalent licensed  
practical/vocational nurses employed full-time by a  
facility.  
SAS Name: LPN\_LVN\_FLTM\_CNT  
COBOL Name: LPN-LVN-FLTM-CNT

Staff Count: LPN/LVN - Part-Time 8 1134 1141 NUMBER  
Description: Number of full-time equivalent licensed  
practical/vocational nurses employed part-time by a  
facility.  
SAS Name: LPN\_LVN\_PRTM\_CNT  
COBOL Name: LPN-LVN-PRTM-CNT

Staff Count: Medical Director - Contract 8 1150 1157 NUMBER  
Description: Number of full-time equivalent medical directors under  
contract to a facility.  
SAS Name: MDCL\_DRCTR\_CNTRCT\_CNT  
COBOL Name: MDCL-DRCTR-CNTRCT-CNT

Staff Count: Medical Director - Full-Time 8 1158 1165 NUMBER  
Description: Number of full-time equivalent medical directors employed  
full-time by a facility.  
SAS Name: MDCL\_DRCTR\_FLTM\_CNT  
COBOL Name: MDCL-DRCTR-FLTM-CNT

Staff Count: Medical Director - Part-Time 8 1166 1173 NUMBER  
Description: Number of full-time equivalent medical directors employed  
part-time by a facility.  
SAS Name: MDCL\_DRCTR\_PRTM\_CNT  
COBOL Name: MDCL-DRCTR-PRTM-CNT

Staff Count: Medication Aide/Technician - Contract 8 1198 1205 NUMBER  
Description: Number of full-time equivalent medication aides/  
technicians under contract to a facility.  
SAS Name: MDCTN\_AIDE\_CNTRCT\_CNT

COBOL Name: MDCTN-AIDE-CNTRCT-CNT

Staff Count: Medication Aide/Technician - Full-Time 8 1206 1213 NUMBER

Description: Number of full-time equivalent medication aides/  
technicians employed full-time by a facility.

SAS Name: MDCTN\_AIDE\_FLTM\_CNT

COBOL Name: MDCTN-AIDE-FLTM-CNT

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Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"  
(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Staff Count: Medication Aide/Technician - Part-Time 8 1214 1221 NUMBER

Description: Number of full-time equivalent medication aides/  
technicians employed part-time by a facility.

SAS Name: MDCTN\_AIDE\_PRTM\_CNT

COBOL Name: MDCTN-AIDE-PRTM-CNT

Staff Count: Mental Health Services - Contract 8 1222 1229 NUMBER

Description: Number of full-time equivalent mental health services  
personnel under contract to a facility.

SAS Name: MENTL\_HLTH\_SRVC\_CNTRCT\_CNT

COBOL Name: MENTL-HLTH-SRVC-CNTRCT-CNT

Staff Count: Mental Health Services - Full-Time 8 1230 1237 NUMBER

Description: Number of full-time equivalent mental health services  
personnel employed full-time by a facility.

SAS Name: MENTL\_HLTH\_SRVC\_FLTM\_CNT

COBOL Name: MENTL-HLTH-SRVC-FLTM-CNT

Staff Count: Mental Health Services - Part-Time 8 1238 1245 NUMBER

Description: Number of full-time equivalent mental health services  
personnel employed part-time by a facility.

SAS Name: MENTL\_HLTH\_SRVC\_PRTM\_CNT

COBOL Name: MENTL-HLTH-SRVC-PRTM-CNT

Staff Count: Nurse Aide in Training - Contract 8 1254 1261 NUMBER

Description: Number of full-time equivalent nurse aides in training  
under contract to a facility.

SAS Name: NAT\_CNTRCT\_CNT

COBOL Name: NAT-CNTRCT-CNT

Staff Count: Nurse Aide in Training - Full-Time 8 1262 1269 NUMBER

Description: Number of full-time equivalent nurse aides in training  
employed full-time by a facility.

SAS Name: NAT\_FLTM\_CNT

COBOL Name: NAT-FLTM-CNT

Staff Count: Nurse Aide in Training - Part-Time 8 1270 1277 NUMBER  
Description: Number of full-time equivalent nurse aides in training  
employed part-time by a facility.

SAS Name: NAT\_PRTM\_CNT

COBOL Name: NAT-PRTM-CNT

Staff Count: Nurse With Administrative Duties - Contract 8 1286 1293 NUMBER

Description: Number of full-time equivalent nurses with administrative  
duties under contract to a facility.

SAS Name: NRS\_ADMINV\_CNTRCT\_CNT

COBOL Name: NRS-ADMINV-CNTRCT-CNT

Staff Count: Nurse With Administrative Duties - Full-Time 8 1294 1301 NUMBER

Description: Number of full-time equivalent nurses with administrative  
duties employed full-time by a facility.

SAS Name: NRS\_ADMINV\_FLTM\_CNT

COBOL Name: NRS-ADMINV-FLTM-CNT

Staff Count: Nurse With Administrative Duties - Part-Time 8 1302 1309 NUMBER

Description: Number of full-time equivalent nurses with administrative  
duties employed part-time by a facility.

SAS Name: NRS\_ADMINV\_PRTM\_CNT

COBOL Name: NRS-ADMINV-PRTM-CNT

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Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"  
(SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

Staff Count: OT - Arrangement 8 1318 1325 NUMBER

Description: Number of full-time equivalent occupational therapists  
under arrangement to the provider

SAS Name: OCPTNL\_THRPST\_CNTRCT\_CNT

COBOL Name: OCPTNL-THRPST-CNTRCT-CNT

Staff Count: OT - Full-Time 8 1326 1333 NUMBER

Description: Number of full-time equivalent occupational therapists  
employed full-time by a facility.

SAS Name: OCPTNL\_THRPST\_FLTM\_CNT

COBOL Name: OCPTNL-THRPST-FLTM-CNT

Staff Count: OT - Part-Time 8 1334 1341 NUMBER

Description: Number of full-time equivalent occupational therapists employed part-time by a facility.

SAS Name: OCPTNL\_THRPST\_PRTM\_CNT

COBOL Name: OCPTNL-THRPST-PRTM-CNT

Staff Count: OT Aide - Contract 8 1342 1349 NUMBER

Description: Number of full-time equivalent occupational therapy aides under contract to a facility.

SAS Name: OT\_AIDE\_CNTRCT\_CNT

COBOL Name: OT-AIDE-CNTRCT-CNT

Staff Count: OT Aide - Full-Time 8 1350 1357 NUMBER

Description: Number of full-time equivalent occupational therapy aides employed full-time by a facility.

SAS Name: OT\_AIDE\_FLTM\_CNT

COBOL Name: OT-AIDE-FLTM-CNT

Staff Count: OT Aide - Part-Time 8 1358 1365 NUMBER

Description: Number of full-time equivalent occupational therapy aides employed part-time by a facility.

SAS Name: OT\_AIDE\_PRTM\_CNT

COBOL Name: OT-AIDE-PRTM-CNT

Staff Count: OT Assistant - Contract 8 1366 1373 NUMBER

Description: Number of full-time equivalent occupational therapy assistants under contract to a facility.

SAS Name: OT\_ASTNT\_CNTRCT\_CNT

COBOL Name: OT-ASTNT-CNTRCT-CNT

Staff Count: OT Assistant - Full-Time 8 1374 1381 NUMBER

Description: Number of full-time equivalent occupational therapy assistants employed full-time by a facility.

SAS Name: OT\_ASTNT\_FLTM\_CNT

COBOL Name: OT-ASTNT-FLTM-CNT

Staff Count: OT Assistant - Part-Time 8 1382 1389 NUMBER

Description: Number of full-time equivalent occupational therapy assistants employed part-time by a facility.

SAS Name: OT\_ASTNT\_PRTM\_CNT

COBOL Name: OT-ASTNT-PRTM-CNT

Staff Count: Other Activities - Contract 8 1398 1405 NUMBER

Description: Number of full-time equivalent other activities staff providing therapeutic services under contract to a facility.

SAS Name: ACTVTY\_STF\_OTHR\_CNTRCT\_CNT

COBOL Name: ACTVTY-STF-OTHR-CNTRCT-CNT

Staff Count: Other Activities - Full-Time 8 1406 1413 NUMBER



Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"  
(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
Description: Number of full-time equivalent other activities staff providing therapeutic services employed full time by a facility. SAS Name: ACTVTY_STF_OTHR_FLTM_CNT COBOL Name: ACTVTY-STF-OTHR-FLTM-CNT				
Staff Count: Other Activities - Part-Time Description: Number of full-time equivalent other activities staff providing therapeutic services employed part time by a facility. SAS Name: ACTVTY_STF_OTHR_PRTM_CNT COBOL Name: ACTVTY-STF-OTHR-PRTM-CNT	8	1414	1421	NUMBER
Staff Count: Other Physician - Contract Description: Number of full-time equivalent other physicians under contract to a facility. SAS Name: PHYSN_OTHR_CNTRCT_CNT COBOL Name: PHYSN-OTHR-CNTRCT-CNT	8	1422	1429	NUMBER
Staff Count: Other Physician - Full-Time Description: Number of full-time equivalent other physicians employed full-time by a facility. SAS Name: PHYSN_OTHR_FLTM_CNT COBOL Name: PHYSN-OTHR-FLTM-CNT	8	1430	1437	NUMBER
Staff Count: Other Physician - Part-Time Description: Number of full-time equivalent other physicians employed part-time by a facility. SAS Name: PHYSN_OTHR_PRTM_CNT COBOL Name: PHYSN-OTHR-PRTM-CNT	8	1438	1445	NUMBER
Staff Count: Other Social Services - Contract Description: Number of full-time equivalent other social services staff under contract to a facility. SAS Name: SCL_SRVC_OTHR_STF_CNTRCT_CNT COBOL Name: SCL-SRVC-OTHR-STF-CNTRCT-CNT	8	1446	1453	NUMBER
Staff Count: Other Social Services - Full-Time Description: Number of full-time equivalent other social services staff employed full time by a facility. SAS Name: SCL_SRVC_OTHR_STF_FLTM_CNT COBOL Name: SCL-SRVC-OTHR-STF-FLTM-CNT	8	1454	1461	NUMBER

Staff Count: Other Social Services - Part-Time 8 1462 1469 NUMBER  
 Description: Number of full-time equivalent other social services  
 staff employed part time by a facility.  
 SAS Name: SCL\_SRVC\_OTHR\_STF\_PRTM\_CNT  
 COBOL Name: SCL-SRVC-OTHR-STF-PRTM-CNT

Staff Count: Other Staff - Contract 8 1470 1477 NUMBER  
 Description: Number of full-time equivalent staff not included in any  
 other categories under contract to the facility.  
 SAS Name: STF\_OTHR\_CNTRCT\_CNT  
 COBOL Name: STF-OTHR-CNTRCT-CNT

Staff Count: Other Staff - Full-Time 8 1478 1485 NUMBER  
 Description: Number of full-time equivalent persons not included in  
 any other categories employed full-time by the facility.  
 SAS Name: STF\_OTHR\_FLTM\_CNT  
 COBOL Name: STF-OTHR-FLTM-CNT

Staff Count: Other Staff - Part-Time 8 1486 1493 NUMBER  
 Description: Number of full-time equivalent persons not included in

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 (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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any other categories employed part-time by the facility.				
SAS Name: STF_OTHR_PRTM_CNT				
COBOL Name: STF-OTHR-PRTM-CNT				

Staff Count: Pharmacist - Contract 8 1494 1501 NUMBER  
 Description: Number of full-time equivalent pharmacists under contract  
 to a facility.  
 SAS Name: PHRMCSST\_CNTRCT\_CNT  
 COBOL Name: PHRMCSST-CNTRCT-CNT

Staff Count: Pharmacist - Full-Time 8 1502 1509 NUMBER  
 Description: Number of full-time equivalent pharmacists employed  
 full-time by a facility.  
 SAS Name: PHRMCSST\_FLTM\_CNT  
 COBOL Name: PHRMCSST-FLTM-CNT

Staff Count: Pharmacist - Part-Time 8 1510 1517 NUMBER  
 Description: Number of full-time equivalent pharmacists employed  
 part-time by a facility.  
 SAS Name: PHRMCSST\_PRTM\_CNT  
 COBOL Name: PHRMCSST-PRTM-CNT

Staff Count: Physical Therapist - Contract           8    1518  1525 NUMBER  
Description: Number of full-time equivalent physical therapists under  
                  contract to a facility.  
SAS Name:     PHYS\_THRPST\_CNTRCT\_CNT  
COBOL Name:  PHYS-THRPST-CNTRCT-CNT

Staff Count: Physical Therapist - Full-Time           8    1526  1533 NUMBER  
Description: Number of full-time equivalent physical therapists  
                  employed full-time by a facility.  
SAS Name:     PHYS\_THRPST\_FLTM\_CNT  
COBOL Name:  PHYS-THRPST-FLTM-CNT

Staff Count: Physical Therapist - Part-Time           8    1534  1541 NUMBER  
Description: Number of full-time equivalent physical therapists  
                  employed part-time by a facility.  
SAS Name:     PHYS\_THRPST\_PRTM\_CNT  
COBOL Name:  PHYS-THRPST-PRTM-CNT

Staff Count: Physician Extender - Contract           8    1566  1573 NUMBER  
Description: Number of full-time equivalent physician extenders under  
                  contract to the facility.  
SAS Name:     PHYSN\_EXT\_CNTRCT\_CNT  
COBOL Name:  PHYSN-EXT-CNTRCT-CNT

Staff Count: Physician Extender - Full-Time           8    1574  1581 NUMBER  
Description: Number of full-time equivalent physician extenders  
                  employed full-time by the facility.  
SAS Name:     PHYSN\_EXT\_FLTM\_CNT  
COBOL Name:  PHYSN-EXT-FLTM-CNT

Staff Count: Physician Extender - Part-Time           8    1582  1589 NUMBER  
Description: Number of full-time equivalent physician extenders  
                  employed part-time by the facility.  
SAS Name:     PHYSN\_EXT\_PRTM\_CNT  
COBOL Name:  PHYSN-EXT-PRTM-CNT

Staff Count: Podiatrist - Contract                    8    1598  1605 NUMBER  
Description: Number of full-time equivalent podiatrists under contract  
                  to a facility.  
SAS Name:     PDTRST\_CNTRCT\_CNT  
COBOL Name:  PDTRST-CNTRCT-CNT

SHORT DESCRIPTION	LEN	START	END	TYPE
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Staff Count: Podiatrist - Full-Time 8 1606 1613 NUMBER  
Description: Number of full-time equivalent podiatrists employed  
full-time by a facility.  
SAS Name: PDTRST\_FLTM\_CNT  
COBOL Name: PDTRST-FLTM-CNT

Staff Count: Podiatrist - Part-Time 8 1614 1621 NUMBER  
Description: Number of full-time equivalent podiatrists employed  
part-time by a facility.  
SAS Name: PDTRST\_PRTM\_CNT  
COBOL Name: PDTRST-PRTM-CNT

Staff Count: PT Aide - Contract 8 1654 1661 NUMBER  
Description: Number of full-time equivalent physical therapy aides  
under contract to a facility.  
SAS Name: PT\_AIDE\_CNTRCT\_CNT  
COBOL Name: PT-AIDE-CNTRCT-CNT

Staff Count: PT Aide - Full-Time 8 1662 1669 NUMBER  
Description: Number of full-time equivalent physical therapy aides  
employed full-time by a facility.  
SAS Name: PT\_AIDE\_FLTM\_CNT  
COBOL Name: PT-AIDE-FLTM-CNT

Staff Count: PT Aide - Part-Time 8 1670 1677 NUMBER  
Description: Number of full-time equivalent physical therapy aides  
employed part-time by a facility.  
SAS Name: PT\_AIDE\_PRTM\_CNT  
COBOL Name: PT-AIDE-PRTM-CNT

Staff Count: PT Assistant - Contract 8 1678 1685 NUMBER  
Description: Number of full-time equivalent physical therapy  
assistants under contract to a facility.  
SAS Name: PT\_ASTNT\_CNTRCT\_CNT  
COBOL Name: PT-ASTNT-CNTRCT-CNT

Staff Count: PT Assistant - Full-Time 8 1686 1693 NUMBER  
Description: Number of full-time equivalent physical therapy  
assistants employed full-time by a facility.  
SAS Name: PT\_ASTNT\_FLTM\_CNT  
COBOL Name: PT-ASTNT-FLTM-CNT

Staff Count: PT Assistant - Part-Time 8 1694 1701 NUMBER  
Description: Number of full-time equivalent physical therapy  
assistants employed part-time by a facility.  
SAS Name: PT\_ASTNT\_PRTM\_CNT  
COBOL Name: PT-ASTNT-PRTM-CNT

Staff Count: Qualified Activities Professional - Contract 8 1702 1709 NUMBER

Description: Number of full-time equivalent qualified activities professionals providing therapeutic services under contract to a facility.

SAS Name: ACTVTY\_PROFNL\_CNTRCT\_CNT

COBOL Name: ACTVTY-PROFNL-CNTRCT-CNT

Staff Count: Qualified Activities Professional - 8 1710 1717 NUMBER  
Full-Time

Description: Number of full-time equivalent qualified activities professionals providing therapeutic services employed full time by a facility.

SAS Name: ACTVTY\_PROFNL\_FLTM\_CNT

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Skilled Nursing Facility/Nursing Facility (Distinct Part), CATEGORY = "03"  
(SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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COBOL Name: ACTVTY-PROFNL-FLTM-CNT

Staff Count: Qualified Activities Professional - 8 1718 1725 NUMBER  
Part-Time

Description: Number of full-time equivalent qualified activities professionals providing therapeutic services employed part time by a facility.

SAS Name: ACTVTY\_PROFNL\_PRTM\_CNT

COBOL Name: ACTVTY-PROFNL-PRTM-CNT

Staff Count: RN - Contract 8 1758 1765 NUMBER

Description: Number of full-time equivalent registered nurses under contract to a facility.

SAS Name: RN\_CNTRCT\_CNT

COBOL Name: RN-CNTRCT-CNT

Staff Count: RN - Full-Time 8 1766 1773 NUMBER

Description: Number of full-time equivalent registered nurses employed full-time by a facility.

SAS Name: RN\_FLTM\_CNT

COBOL Name: RN-FLTM-CNT

Staff Count: RN - Part-Time 8 1774 1781 NUMBER

Description: Number of full-time equivalent registered nurses employed part-time by a facility.

SAS Name: RN\_PRTM\_CNT

COBOL Name: RN-PRTM-CNT

Staff Count: RN Director of Nursing - Contract 8 1790 1797 NUMBER

Description: Number of full-time equivalent registered nurse directors

of nursing under contract to a facility.  
SAS Name: RN\_DRCTR\_CNTRCT\_CNT  
COBOL Name: RN-DRCTR-CNTRCT-CNT

Staff Count: RN Director of Nursing - Full-Time 8 1798 1805 NUMBER  
Description: Number of full-time equivalent registered nurse directors  
of nursing employed full-time by a facility.  
SAS Name: RN\_DRCTR\_FLTM\_CNT  
COBOL Name: RN-DRCTR-FLTM-CNT

Staff Count: RN Director of Nursing - Part-Time 8 1806 1813 NUMBER  
Description: Number of full-time equivalent registered nurse directors  
of nursing employed part-time by a facility.  
SAS Name: RN\_DRCTR\_PRTM\_CNT  
COBOL Name: RN-DRCTR-PRTM-CNT

Staff Count: Social Worker - Contract 8 1822 1829 NUMBER  
Description: Number of full-time equivalent social workers under  
contract to a facility.  
SAS Name: SCL\_WORKR\_CNTRCT\_CNT  
COBOL Name: SCL-WORKR-CNTRCT-CNT

Staff Count: Social Worker - Full-Time 8 1830 1837 NUMBER  
Description: Number of full-time equivalent social workers employed  
full-time by a facility.  
SAS Name: SCL\_WORKR\_FLTM\_CNT  
COBOL Name: SCL-WORKR-FLTM-CNT

Staff Count: Social Worker - Part-Time 8 1838 1845 NUMBER  
Description: Number of full-time equivalent social workers employed  
part-time by a facility.  
SAS Name: SCL\_WORKR\_PRTM\_CNT  
COBOL Name: SCL-WORKR-PRTM-CNT

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(SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

Staff Count: Speech Pathologist - Contract 8 1854 1861 NUMBER  
Description: Number of full-time equivalent speech pathologists under  
contract to a facility.  
SAS Name: SPCH\_PTHLGST\_CNTRCT\_CNT  
COBOL Name: SPCH-PTHLGST-CNTRCT-CNT

Staff Count: Speech Pathologist - Full-Time 8 1862 1869 NUMBER  
Description: Number of full-time equivalent speech pathologists

employed full-time by a facility.  
SAS Name: SPCH\_PTHLGST\_FLTM\_CNT  
COBOL Name: SPCH-PTHLGST-FLTM-CNT

Staff Count: Speech Pathologist - Part-Time 8 1870 1877 NUMBER  
Description: Number of full-time equivalent speech pathologists  
employed part-time by a facility.  
SAS Name: SPCH\_PTHLGST\_PRTM\_CNT  
COBOL Name: SPCH-PTHLGST-PRTM-CNT

Staff Count: Therapeutic Recreational Specialist - 8 1910 1917 NUMBER  
Contract  
Description: Number of full-time equivalent therapeutic recreation  
specialist staff under contract to a facility.  
SAS Name: THRPTC\_RCRTNL\_CNTRCT\_CNT  
COBOL Name: THRPTC-RCRTNL-CNTRCT-CNT

Staff Count: Therapeutic Recreational Specialist - 8 1918 1925 NUMBER  
Full-Time  
Description: Number of full-time equivalent therapeutic recreation  
specialist staff employed full-time by a facility.  
SAS Name: THRPTC\_RCRTNL\_FLTM\_CNT  
COBOL Name: THRPTC-RCRTNL-FLTM-CNT

Staff Count: Therapeutic Recreational Specialist - 8 1926 1933 NUMBER  
Part-Time  
Description: Number of full-time equivalent therapeutic recreation  
specialist staff employed full-time by a facility.  
SAS Name: THRPTC\_RCRTNL\_PRTM\_CNT  
COBOL Name: THRPTC-RCRTNL-PRTM-CNT

Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
Provider Category Subtype Code	2	1	2	VARCHAR2
Description: Identifies the subtype of the provider, within the primary category. Used in reporting to show the breakdown of provider categories, mainly for hospitals and SNFs.				
SAS Name: PRVDR_CTGRY_SBTYP_CD				
COBOL Name: PRVDR-CTGRY-SBTYP-CD				
VALUES: 01=Title 18 Only				
Provider Category Code	2	3	4	VARCHAR2
Description: Identifies the type of provider participating in the Medicare/Medicaid program.				
SAS Name: PRVDR_CTGRY_CD				
COBOL Name: PRVDR-CTGRY-CD				
VALUES: 04=Skilled Nursing Facility				
CHOW Count	2	5	6	NUMBER
Description: Number of times this provider has undergone a change of ownership.				
SAS Name: CHOW_CNT				
COBOL Name: CHOW-CNT				
CHOW Date	8	7	14	DATE
Description: Effective date of the most recent change of ownership for this provider.				
SAS Name: CHOW_DT				
COBOL Name: CHOW-DT				
Address: City	28	15	42	VARCHAR2
Description: City in which the provider is physically located.				
SAS Name: CITY_NAME				
COBOL Name: CITY-NAME				
Compliance: Acceptable POC	1	43	43	VARCHAR2
Description: Indicates if a provider is in compliance with program requirements based on an acceptable plan for correction of deficiencies.				
SAS Name: ACPTBL_POC_SW				



COBOL Name: ACPTBL-POC-SW

Compliance: Status 1 44 44 VARCHAR2  
Description: Compliance status of a provider at the time of certification survey.  
SAS Name: CMLNC\_STUS\_CD  
COBOL Name: CMLNC-STUS-CD  
VALUES: A=IN COMPLIANCE  
B=NOT IN COMPLIANCE

SSA County Code 3 45 47 VARCHAR2  
Description: Social Security Administration geographic code indicating the county where the provider is located.  
SAS Name: SSA\_CNTY\_CD  
COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR  
Description: Cross reference provider number  
SAS Name: CROSS\_REF\_PROVIDER\_NUMBER  
COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date 8 58 65 DATE  
Description: Equal to the exit date of the initial visit of the Health survey for certifications completed after July 28, 2012. For certifications prior to that date, the certification

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Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

date is equal to the exit date of the initial visit of the Health survey or LSC survey, whichever is later.  
SAS Name: CRTFCTN\_DT  
COBOL Name: CRTFCTN-DT

Eligibility Indicator 1 66 66 VARCHAR2  
Description: Indicates if a facility is eligible to participate in the Medicare and/or Medicaid programs.  
SAS Name: ELGLTY\_SW  
COBOL Name: ELGLTY-SW

Facility Name 50 67 116 VARCHAR2  
Description: Name of the provider certified to participate in the Medicare and/or Medicaid programs.  
SAS Name: FAC\_NAME  
COBOL Name: FAC-NAME

Medicare Administrative Contractor (MAC) or 5 117 121 VARCHAR2

Intermediary or Carrier Code

Description: Number assigned to the Medicare Administrative Contractor, intermediary or carrier servicing this provider.

SAS Name: INTRMDRY\_CARR\_CD

COBOL Name: INTRMDRY-CARR-CD

VALUES: 00000=DUMMY FOR MEDICAID HHA  
00010=BLUE CROSS (ALABAMA)  
00011=CAHABA  
00020=BLUE CROSS (ARKANSAS)  
00040=BLUE CROSS (CALIFORNIA)  
00060=BLUE CROSS (CONNECTICUT)  
00070=BLUE CROSS (DELAWARE)  
00090=BLUE CROSS (FLORIDA)  
00101=BLUE CROSS (GEORGIA)  
00121=HEALTH CARE SERVICE CORPORATION  
00122=HCSC - MICHIGAN  
00123=HCSC OF MICHIGAN  
00130=NATIONAL GOVERNMENT SERVICES  
00131=NATIONAL GOVERNMENT SERVICES  
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)  
00150=BLUE CROSS (KANSAS)  
00160=NATIONAL GOVERNMENT SERVICES  
00180=NATIONAL GOVERNMENT SERVICES  
00181=NATIONAL GOVERNMENT SERVICES  
00190=BLUE CROSS (MARYLAND)  
00200=BLUE CROSS (MASSACHUSETTS)  
00210=BLUE CROSS (MICHIGAN)  
00220=BLUE CROSS (MINNESOTA)  
00230=BLUE CROSS (MISSISSIPPI)  
00231=BLUE CROSS (LOUISIANA)  
00233=PINNACLE  
00241=BLUE CROSS (MISSOURI)  
00260=BLUE CROSS (NEBRASKA)  
00270=NATIONAL GOVERNMENT SERVICES  
00280=BLUE CROSS (NEW JERSEY)  
00290=BLUE CROSS (NEW MEXICO)  
00308=NATIONAL GOVERNMENT SERVICES  
00310=BLUE CROSS (NORTH CAROLINA)  
00320=NORIDIAN PART A  
00322=NORIDIAN PART A (AK/WA)  
00323=NORIDIAN PART A (ID/OR)  
00325=NORIDIAN  
00332=NATIONAL GOVERNMENT SERVICES  
00340=BLUE CROSS (OKLAHOMA)  
00350=BLUE CROSS (OREGON)

SHORT DESCRIPTION

LEN START END TYPE

00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)  
00362=BLUE CROSS (INDEPENDENCE)  
00363=BLUE CROSS (WESTERN PENNSYLVANIA)  
00366=HIGHMARK MEDICARE SERVICES  
00370=BLUE CROSS (RHODE ISLAND)  
00380=BLUE CROSS (SOUTH CAROLINA)  
00390=BLUE CROSS (TENNESSEE)  
00400=BLUE CROSS (TEXAS)  
00410=BLUE CROSS (UTAH)  
00423=BLUE CROSS (VIRGINIA/WEST VA)  
00430=BLUE CROSS (WASHINGTON & ALASKA)  
00450=NATIONAL GOVERNMENT SERVICES  
00452=NATIONAL GOVERNMENT SERVICES  
00453=NATIONAL GOVERNMENT SERVICES  
00454=NATIONAL GOVERNMENT SERVICES  
00456=NATIONAL GOVERNMENT SERVICES  
00468=BLUE CROSS (NORTH CAROLINA FOR PR)  
00510=BLUE SHIELD (ALABAMA)  
00511=CAHABA  
00512=CAHABA  
00520=BLUE SHIELD (ARKANSAS)  
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)  
00542=BLUE SHIELD (CALIFORNIA)  
00550=BLUE SHIELD (COLORADO)  
00570=BLUE SHIELD (DELAWARE)  
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)  
00590=BLUE SHIELD (FLORIDA)  
00621=BLUE SHIELD (ILLINOIS)  
00630=NATIONAL GOVERNMENT SERVICES  
00640=BLUE SHIELD (IOWA)  
00650=BLUE SHIELD (KANSAS)  
00655=BLUE SHIELD (KANSAS/NEBRASKA)  
00660=NATIONAL GOVERNMENT SERVICES  
00690=BLUE SHIELD (MARYLAND)  
00700=BLUE SHIELD (MASSACHUSETTS)  
00710=BLUE SHIELD (MICHIGAN)  
00720=BLUE SHIELD (MINNESOTA)  
00740=BLUE SHIELD (KANSAS CITY)  
00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)  
00780=BLUE SHIELD (TRI-STATE)  
00801=BLUE SHIELD (BUFFALO)  
00803=NATIONAL GOVERNMENT SERVICES  
00805=NATIONAL GOVERNMENT SERVICES  
00821=NORIDIAN  
00824=NORIDIAN GVT SERVICES (CO)  
00826=NORIDIAN GVT SERVICES (IA)  
00831=NORIDIAN GVT SERVICES (AK)

00832=NORIDIAN GVT SERVICES (AZ)  
 00833=NORIDIAN GVT SERVICES (HI)  
 00834=NORIDIAN GVT SERVICES (NV)  
 00835=NORIDIAN GVT SERVICES (OR)  
 00836=NORIDIAN GVT SERVICES (WA)  
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)  
 00865=BLUE SHIELD (PENNSYLVANIA)  
 00870=BLUE SHIELD (RHODE ISLAND)  
 00880=BLUE SHIELD (SOUTH CAROLINA)  
 00883=PALMETTO GBA PART B  
 00884=PALMETTO GBA  
 00889=NORIDIAN GVT SERVICES (SD)  
 00900=BLUE SHIELD (TEXAS)  
 00901=TRAILBLAZERS HEALTH ENTERPRISES  
 00904=TRAILBLAZER  
 00910=BLUE SHIELD (UTAH)  
 00930=BLUE SHIELD (WASHINGTON)

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 4

Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH))				
01111=Noridian (CA)				
01112=Noridian (NF)				
01120=AETNA (HAWAII)				
01182=Noridian (SF)				
01192=PALMETTO (CALIFORNIA SOUTH)				
01201=PALMETTO (HAWAII)				
01202=PALMETTO (HAWAII)				
01211=Noridian (AS, GU, HI)				
01212=Noridian (AS, GU, HI)				
01290=AETNA (NEVADA)				
01301=PALMETTO (NEVADA)				
01302=PALMETTO (NEVADA)				
01311=Noridian (NV)				
01312=Noridian (NV)				

01360=AETNA (NEW MEXICO)  
 01370=AETNA (OKLAHOMA)  
 01380=AETNA (OREGON)  
 01390=AETNA (WASHINGTON)  
 01901=PALMETTO GBA  
 01902=PALMETTO GBA  
 01911=Noridian (AS, GU, HI, NV)  
 02050=OCCIDENTAL (CALIFORNIA)  
 02101=Noridian AK  
 02102=Noridian AK  
 02201=Noridian ID  
 02202=Noridian ID  
 02301=Noridian OR  
 02302=Noridian OR  
 02401=Noridian WA  
 02402=Noridian WA  
 03001=NORIDIAN ADMIN SERVICES  
 03101=NORIDIAN (ARIZONA)  
 03102=NORIDIAN (ARIZONA)  
 03201=NORIDIAN (MONTANA)  
 03202=NORIDIAN (MONTANA)  
 03301=NORIDIAN (NORTH DAKOTA)  
 03302=NORIDIAN (NORTH DAKOTA)  
 03401=NORIDIAN (SOUTH DAKOTA)  
 03402=NORIDIAN (SOUTH DAKOTA)  
 03501=NORIDIAN (UTAH)  
 03502=NORIDIAN (UTAH)  
 03601=NORIDIAN (WYOMING)  
 03602=NORIDIAN (WYOMING)  
 04001=TRAILBLAZER  
 04101=TRAILBLAZER (COLORADO)  
 04102=TRAILBLAZER (COLORADO)  
 04111=NOVITAS (COLORADO)  
 04112=NOVITAS (COLORADO)  
 04201=TRAILBLAZER (NEW MEXICO)  
 04202=TRAILBLAZER (NEW MEXICO)  
 04211=NOVITAS (NEW MEXICO)  
 04212=NOVITAS (NEW MEXICO)

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POS RECORD LAYOUT

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Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

04301=TRAILBLAZER (OKLAHOMA)  
 04302=TRAILBLAZER (OKLAHOMA)  
 04311=NOVITAS (OKLAHOMA)  
 04312=NOVITAS (OKLAHOMA)  
 04401=TRAILBLAZER (TEXAS)

04402=TRAILBLAZER (TEXAS)  
04411=NOVITAS (TEXAS)  
04412=NOVITAS (TEXAS)  
04901=MUTUAL LEGACY  
04911=NOVITAS  
05101=WPS (IOWA)  
05102=WPS (IOWA)  
05130=EQICOR (IDAHO)  
05201=WPS (KANSAS)  
05202=WPS (KANSAS)  
05301=WPS (MISSOURI)  
05302=WPS (MISSOURI WEST)  
05392=WPS (MISSOURI EAST)  
05401=WPS (NEBRASKA)  
05402=WPS (NEBRASKA)  
05440=EQICOR (TENNESSEE)  
05535=EQICOR (NORTH CAROLINA)  
05901=WISCONSIN PHYSICIANS SERVICE  
06001=NGS (WI)  
06004=National Govt Serv HHH  
06014=NATIONAL GOVERNMENT SERVICES  
06101=NGS (IL)  
06102=NGS (IL)  
06201=NGS (MN)  
06202=NGS (MN)  
06301=NGS (WI)  
06302=NGS (WI)  
07101=Novitas AR  
07102=Novitas AR  
07201=Novitas LA  
07202=Novitas LA  
07301=Novitas MS  
07302=Novitas MS  
08101=WPS IN  
08102=WPS IN  
08201=WPS MI  
08202=WPS MI  
09101=FIRST COAST (FLORIDA)  
09102=FIRST COAST (FLORIDA)  
09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)  
09202=FIRST COAST (PUERTO RICO)  
09302=FIRST COAST (VIRGIN ISLANDS)  
10071=TRAVELERS (RRB)  
10101=CAHABA GBA (AL)  
10102=CAHABA GBA (AL)  
10111=PALMETTO GBA (Part A) (AL)  
10112=PALMETTO GBA (AL)  
10201=CAHABA GBA (GA)  
10202=CAHABA GBA (GA)  
10211=PALMETTO GBA (GA)

10212=PALMETTO GBA (GA)  
10230=TRAVELERS (CONNECTICUT)  
10240=TRAVELERS (MINNESOTA)  
10250=TRAVELERS (MISSISSIPPI)  
10301=CAHABA GBA (TN)  
10302=CAHABA GBA (TN)  
10311=PALMETTO GBA (TN)  
10312=PALMETTO GBA (TN)  
10490=TRAVELERS (VIRGINIA)

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POS RECORD LAYOUT

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Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				
12102=Novitas DE				
12201=Novitas DC				
12202=Novitas DC				
12301=Novitas MD				
12302=Novitas MD				
12401=Novitas NJ				
12402=Novitas NJ				
12501=Novitas PA				
12502=Novitas PA				
12901=Novitas Solutions DC, DE, MD, PA				
12902=HIGHMARK				
13101=NATIONAL GOVT SERVICES (CONNECTICUT)				
13102=NATIONAL GOVT SERVICES (CONNECTICUT)				
13201=NATIONAL GOVT SERVICES (NEW YORK)				
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)				
13282=NGS (UN)				
13292=NGS (QN)				
14004=NATIONAL HERITAGE (HHA - A)				
14014=NGS (HHA)				
14101=NATIONAL HERITAGE (MAINE)				
14102=NATIONAL HERITAGE (MAINE)				
14111=NGS (ME)				

14112=NGS (ME)  
 14201=NATIONAL HERITAGE (MASSACHUSETTS)  
 14202=NATIONAL HERITAGE (MASSACHUSETTS)  
 14211=NGS (MA)  
 14212=NGS (MA)  
 14301=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14311=NGS (NH)  
 14312=NGS (NH)  
 14330=GROUP HEALTH INC (NEW YORK)  
 14401=NATIONAL HERITAGE (RHODE ISLAND)  
 14402=NATIONAL HERITAGE (RHODE ISLAND)  
 14411=NGS (RI)  
 14412=NGS (RI)  
 14501=NATIONAL HERITAGE (VERMONT)  
 14502=NATIONAL HERITAGE (VERMONT)  
 14511=NGS (VT)  
 14512=NGS (VT)  
 15004=CGS Administrators HHH  
 15101=CGS (KENTUCKY)  
 15102=CGS (KENTUCKY)  
 15201=CGS (OHIO)  
 15202=CGS (OHIO)  
 16360=NATIONWIDE (OHIO)  
 16510=NATIONWIDE (WEST VIRGINIA)  
 17120=HAWAII MEDICAL SERVICE ASSOCIATION  
 21200=MASSACHUSETTS/MAINE  
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)  
 31143=NATIONAL HERITAGE INSURANCE CO  
 31144=NATIONAL HERITAGE INSURANCE CO

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POS RECORD LAYOUT

PAGE: 7

Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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50333=TRAVELERS (NEW YORK)  
 51051=AETNA (PETALUMA)  
 51070=AETNA (FARMINGTON)  
 51100=AETNA (CLEARWATER)  
 51140=AETNA (PEORIA)  
 51390=AETNA (FORT WASHINGTON)  
 52280=WISCONSIN PHYSICIANS SERVICE  
 57400=COOPERATIVA (PUERTO RICO)

Medicaid Vendor Number	15	122	136	VARCHAR2
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Description: Number which may be assigned to a provider by the state Medicaid agency for external control or billing purposes.

SAS Name: MDCD\_VNDR\_NUM



COBOL Name: MDCD-VNDR-NUM

Original Participation Date 8 137 144 DATE

Description: Date a provider is first approved to provide Medicare and/or Medicaid services.

SAS Name: ORGNL\_PRTCPTN\_DT

COBOL Name: ORGNL-PRTCPTN-DT

Prior CHOW Date 8 145 152 DATE

Description: Effective date of the previous change of ownership for this provider.

SAS Name: CHOW\_PRIOR\_DT

COBOL Name: CHOW-PRIOR-DT

Prior Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code 5 153 157 VARCHAR2

Description: Number assigned to the previous Medicare Administrative Contractor, intermediary or carrier servicing this provider.

SAS Name: INTRMDRY\_CARR\_PRIOR\_CD

COBOL Name: INTRMDRY-CARR-PRIOR-CD

VALUES: 00000=DUMMY FOR MEDICAID HHA  
00010=BLUE CROSS (ALABAMA)  
00011=CAHABA  
00020=BLUE CROSS (ARKANSAS)  
00040=BLUE CROSS (CALIFORNIA)  
00060=BLUE CROSS (CONNECTICUT)  
00070=BLUE CROSS (DELAWARE)  
00090=BLUE CROSS (FLORIDA)  
00101=BLUE CROSS (GEORGIA)  
00121=HEALTH CARE SERVICE CORPORATION  
00122=HCSC - MICHIGAN  
00123=HCSC OF MICHIGAN  
00130=NATIONAL GOVERNMENT SERVICES  
00131=NATIONAL GOVERNMENT SERVICES  
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)  
00150=BLUE CROSS (KANSAS)  
00160=NATIONAL GOVERNMENT SERVICES  
00180=NATIONAL GOVERNMENT SERVICES  
00181=NATIONAL GOVERNMENT SERVICES  
00190=BLUE CROSS (MARYLAND)  
00200=BLUE CROSS (MASSACHUSETTS)  
00210=BLUE CROSS (MICHIGAN)  
00220=BLUE CROSS (MINNESOTA)  
00230=BLUE CROSS (MISSISSIPPI)  
00231=BLUE CROSS (LOUISIANA)  
00233=PINNACLE  
00241=BLUE CROSS (MISSOURI)  
00260=BLUE CROSS (NEBRASKA)  
00270=NATIONAL GOVERNMENT SERVICES

00280=BLUE CROSS (NEW JERSEY)

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 8

Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
-------------------	-----	-------	-----	------

00290=BLUE CROSS (NEW MEXICO)				
00308=NATIONAL GOVERNMENT SERVICES				
00310=BLUE CROSS (NORTH CAROLINA)				
00320=NORIDIAN PART A				
00322=NORIDIAN PART A (AK/WA)				
00323=NORIDIAN PART A (ID/OR)				
00325=NORIDIAN				
00332=NATIONAL GOVERNMENT SERVICES				
00340=BLUE CROSS (OKLAHOMA)				
00350=BLUE CROSS (OREGON)				
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				
00468=BLUE CROSS (NORTH CAROLINA FOR PR)				
00510=BLUE SHIELD (ALABAMA)				
00511=CAHABA				
00512=CAHABA				
00520=BLUE SHIELD (ARKANSAS)				
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)				
00542=BLUE SHIELD (CALIFORNIA)				
00550=BLUE SHIELD (COLORADO)				
00570=BLUE SHIELD (DELAWARE)				
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)				
00590=BLUE SHIELD (FLORIDA)				
00621=BLUE SHIELD (ILLINOIS)				
00630=NATIONAL GOVERNMENT SERVICES				
00640=BLUE SHIELD (IOWA)				
00650=BLUE SHIELD (KANSAS)				
00655=BLUE SHIELD (KANSAS/NEBRASKA)				

00660=NATIONAL GOVERNMENT SERVICES  
 00690=BLUE SHIELD (MARYLAND)  
 00700=BLUE SHIELD (MASSACHUSETTS)  
 00710=BLUE SHIELD (MICHIGAN)  
 00720=BLUE SHIELD (MINNESOTA)  
 00740=BLUE SHIELD (KANSAS CITY)  
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)  
 00780=BLUE SHIELD (TRI-STATE)  
 00801=BLUE SHIELD (BUFFALO)  
 00803=NATIONAL GOVERNMENT SERVICES  
 00805=NATIONAL GOVERNMENT SERVICES  
 00821=NORIDIAN  
 00824=NORIDIAN GVT SERVICES (CO)  
 00826=NORIDIAN GVT SERVICES (IA)  
 00831=NORIDIAN GVT SERVICES (AK)  
 00832=NORIDIAN GVT SERVICES (AZ)  
 00833=NORIDIAN GVT SERVICES (HI)  
 00834=NORIDIAN GVT SERVICES (NV)  
 00835=NORIDIAN GVT SERVICES (OR)  
 00836=NORIDIAN GVT SERVICES (WA)  
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)  
 00865=BLUE SHIELD (PENNSYLVANIA)

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POS RECORD LAYOUT

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Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00870=BLUE SHIELD (RHODE ISLAND)				
00880=BLUE SHIELD (SOUTH CAROLINA)				
00883=PALMETTO GBA PART B				
00884=PALMETTO GBA				
00889=NORIDIAN GVT SERVICES (SD)				
00900=BLUE SHIELD (TEXAS)				
00901=TRAILBLAZERS HEALTH ENTERPRISES				
00904=TRAILBLAZER				
00910=BLUE SHIELD (UTAH)				
00930=BLUE SHIELD (WASHINGTON)				
00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				

01102=PALMETTO (CALIFORNIA (NORTH))  
 01111=Noridian (CA)  
 01112=Noridian (NF)  
 01120=AETNA (HAWAII)  
 01182=Noridian (SF)  
 01192=PALMETTO (CALIFORNIA SOUTH)  
 01201=PALMETTO (HAWAII)  
 01202=PALMETTO (HAWAII)  
 01211=Noridian (AS, GU, HI)  
 01212=Noridian (AS, GU, HI)  
 01290=AETNA (NEVADA)  
 01301=PALMETTO (NEVADA)  
 01302=PALMETTO (NEVADA)  
 01311=Noridian (NV)  
 01312=Noridian (NV)  
 01360=AETNA (NEW MEXICO)  
 01370=AETNA (OKLAHOMA)  
 01380=AETNA (OREGON)  
 01390=AETNA (WASHINGTON)  
 01901=PALMETTO GBA  
 01902=PALMETTO GBA  
 01911=Noridian (AS, GU, HI, NV)  
 02050=OCCIDENTAL (CALIFORNIA)  
 02101=Noridian AK  
 02102=Noridian AK  
 02201=Noridian ID  
 02202=Noridian ID  
 02301=Noridian OR  
 02302=Noridian OR  
 02401=Noridian WA  
 02402=Noridian WA  
 03001=NORIDIAN ADMIN SERVICES  
 03101=NORIDIAN (ARIZONA)  
 03102=NORIDIAN (ARIZONA)  
 03201=NORIDIAN (MONTANA)  
 03202=NORIDIAN (MONTANA)  
 03301=NORIDIAN (NORTH DAKOTA)  
 03302=NORIDIAN (NORTH DAKOTA)  
 03401=NORIDIAN (SOUTH DAKOTA)  
 03402=NORIDIAN (SOUTH DAKOTA)  
 03501=NORIDIAN (UTAH)  
 03502=NORIDIAN (UTAH)  
 03601=NORIDIAN (WYOMING)

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 10

Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

03602=NORIDIAN (WYOMING)  
04001=TRAILBLAZER  
04101=TRAILBLAZER (COLORADO)  
04102=TRAILBLAZER (COLORADO)  
04111=NOVITAS (COLORADO)  
04112=NOVITAS (COLORADO)  
04201=TRAILBLAZER (NEW MEXICO)  
04202=TRAILBLAZER (NEW MEXICO)  
04211=NOVITAS (NEW MEXICO)  
04212=NOVITAS (NEW MEXICO)  
04301=TRAILBLAZER (OKLAHOMA)  
04302=TRAILBLAZER (OKLAHOMA)  
04311=NOVITAS (OKLAHOMA)  
04312=NOVITAS (OKLAHOMA)  
04401=TRAILBLAZER (TEXAS)  
04402=TRAILBLAZER (TEXAS)  
04411=NOVITAS (TEXAS)  
04412=NOVITAS (TEXAS)  
04901=MUTUAL LEGACY  
04911=NOVITAS  
05101=WPS (IOWA)  
05102=WPS (IOWA)  
05130=EQICOR (IDAHO)  
05201=WPS (KANSAS)  
05202=WPS (KANSAS)  
05301=WPS (MISSOURI)  
05302=WPS (MISSOURI WEST)  
05392=WPS (MISSOURI EAST)  
05401=WPS (NEBRASKA)  
05402=WPS (NEBRASKA)  
05440=EQICOR (TENNESSEE)  
05535=EQICOR (NORTH CAROLINA)  
05901=WISCONSIN PHYSICIANS SERVICE  
06001=NGS (WI)  
06004=National Govt Serv HHH  
06014=NATIONAL GOVERNMENT SERVICES  
06101=NGS (IL)  
06102=NGS (IL)  
06201=NGS (MN)  
06202=NGS (MN)  
06301=NGS (WI)  
06302=NGS (WI)  
07101=Novitas AR  
07102=Novitas AR  
07201=Novitas LA  
07202=Novitas LA  
07301=Novitas MS  
07302=Novitas MS  
08101=WPS IN  
08102=WPS IN



12501=Novitas PA  
 12502=Novitas PA  
 12901=Novitas Solutions DC, DE, MD, PA  
 12902=HIGHMARK  
 13101=NATIONAL GOVT SERVICES (CONNECTICUT)  
 13102=NATIONAL GOVT SERVICES (CONNECTICUT)  
 13201=NATIONAL GOVT SERVICES (NEW YORK)  
 13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)  
 13282=NGS (UN)  
 13292=NGS (QN)  
 14004=NATIONAL HERITAGE (HHA - A)  
 14014=NGS (HHA)  
 14101=NATIONAL HERITAGE (MAINE)  
 14102=NATIONAL HERITAGE (MAINE)  
 14111=NGS (ME)  
 14112=NGS (ME)  
 14201=NATIONAL HERITAGE (MASSACHUSETTS)  
 14202=NATIONAL HERITAGE (MASSACHUSETTS)  
 14211=NGS (MA)  
 14212=NGS (MA)  
 14301=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14311=NGS (NH)  
 14312=NGS (NH)  
 14330=GROUP HEALTH INC (NEW YORK)  
 14401=NATIONAL HERITAGE (RHODE ISLAND)  
 14402=NATIONAL HERITAGE (RHODE ISLAND)  
 14411=NGS (RI)  
 14412=NGS (RI)  
 14501=NATIONAL HERITAGE (VERMONT)  
 14502=NATIONAL HERITAGE (VERMONT)  
 14511=NGS (VT)  
 14512=NGS (VT)  
 15004=CGS Administrators HHH  
 15101=CGS (KENTUCKY)

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POS RECORD LAYOUT

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Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
-------------------	-----	-------	-----	------

15102=CGS (KENTUCKY)				
15201=CGS (OHIO)				
15202=CGS (OHIO)				
16360=NATIONWIDE (OHIO)				
16510=NATIONWIDE (WEST VIRGINIA)				
17120=HAWAII MEDICAL SERVICE ASSOCIATION				
21200=MASSACHUSETTS/MAINE				
31142=NATIONAL HERITAGE INSURANCE CO (MAINE)				

31143=NATIONAL HERITAGE INSURANCE CO  
31144=NATIONAL HERITAGE INSURANCE CO  
50333=TRAVELERS (NEW YORK)  
51051=AETNA (PETALUMA)  
51070=AETNA (FARMINGTON)  
51100=AETNA (CLEARWATER)  
51140=AETNA (PEORIA)  
51390=AETNA (FORT WASHINGTON)  
52280=WISCONSIN PHYSICIANS SERVICE  
57400=COOPERATIVA (PUERTO RICO)

CCN 10 158 167 VARCHAR2

Description: Six or ten position identification number that is assigned to a certified provider. This is the CMS Certification Number.

SAS Name: PRVDR\_NUM

COBOL Name: PRVDR-NUM

Region Code 2 168 169 VARCHAR2

Description: Indicates the CMS Regional Office responsible for the certification of the provider.

SAS Name: RGN\_CD

COBOL Name: RGN-CD

VALUES: 01=Boston  
02=New York  
03=Philadelphia  
04=Atlanta  
05=Chicago  
06=Dallas  
07=Kansas City  
08=Denver  
09=San Francisco  
10=Seattle

Skeleton Record Indicator 1 170 170 VARCHAR2

Description: Indicates if the record is a skeleton record. Only a limited set of data is available for this provider; no survey data exists. Only provider categories 01,17,19,21 and 22 can have skeleton providers.

SAS Name: SKLTN\_REC\_SW

COBOL Name: SKLTN-REC-SW

State Abbreviation 2 171 172 VARCHAR2

Description: Two-character state abbreviation.

SAS Name: STATE\_CD

COBOL Name: STATE-CD

VALUES: AK=ALASKA  
AL=ALABAMA  
AR=ARKANSAS  
AS=AMERICAN SAMOA



AZ=ARIZONA  
CA=CALIFORNIA  
CN=CANADA  
CO=COLORADO  
CT=CONNECTICUT  
DC=DISTRICT OF COLUMBIA

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POS RECORD LAYOUT

PAGE: 13

Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
-------------------	-----	-------	-----	------

DE=DELAWARE  
FL=FLORIDA  
FN=INTERNATIONAL  
GA=GEORGIA  
GU=GUAM  
HI=HAWAII  
IA=IOWA  
ID=IDAHO  
IL=ILLINOIS  
IN=INDIANA  
KS=KANSAS  
KY=KENTUCKY  
LA=LOUISIANA  
MA=MASSACHUSETTS  
MD=MARYLAND  
ME=MAINE  
MI=MICHIGAN  
MN=MINNESOTA  
MO=MISSOURI  
MP=SAIPAN  
MS=MISSISSIPPI  
MT=MONTANA  
MX=MEXICO  
NC=NORTH CAROLINA  
ND=NORTH DAKOTA  
NE=NEBRASKA  
NH=NEW HAMPSHIRE  
NJ=NEW JERSEY  
NM=NEW MEXICO  
NV=NEVADA  
NY=NEW YORK  
OH=OHIO  
OK=OKLAHOMA  
OR=OREGON  
PA=PENNSYLVANIA  
PR=PUERTO RICO  
RI=RHODE ISLAND

SC=SOUTH CAROLINA  
 SD=SOUTH DAKOTA  
 TN=TENNESSEE  
 TX=TEXAS  
 UT=UTAH  
 VA=VIRGINIA  
 VI=VIRGIN ISLANDS  
 VT=VERMONT  
 WA=WASHINGTON  
 WI=WISCONSIN  
 WV=WEST VIRGINIA  
 WY=WYOMING

SSA State Code 2 173 174 VARCHAR2

Description: Social Security Administration geographic code indicating the state where the provider is located.

SAS Name: SSA\_STATE\_CD

COBOL Name: SSA-STATE-CD

VALUES:

- 01=ALABAMA
- 02=ALASKA
- 03=ARIZONA
- 04=ARKANSAS
- 05=CALIFORNIA
- 06=COLORADO
- 07=CONNECTICUT
- 08=DELAWARE
- 09=DISTRICT OF COLUMBIA

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POS RECORD LAYOUT

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Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
-------------------	-----	-------	-----	------

10=FLORIDA				
11=GEORGIA				
12=HAWAII				
13=IDAHO				
14=ILLINOIS				
15=INDIANA				
16=IOWA				
17=KANSAS				
18=KENTUCKY				
19=LOUISIANA				
20=MAINE				
21=MARYLAND				
22=MASSACHUSETTS				
23=MICHIGAN				
24=MINNESOTA				
25=MISSISSIPPI				



Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
-------------------	-----	-------	-----	------

AK/LAB=LABORATORIES				
AK/NPH=NON-PARTICIPATING HOSPITAL				
AL/001=ALABAMA				
AL/LAB=LABORATORIES				
AL/NPH=NON-PARTICIPATING HOSPITAL				
AR/001=ARKANSAS				
AR/LAB=LABORATORIES				
AR/NPH=NON-PARTICIPATING HOSPITAL				
AS/001=AMERICAN SAMOA				
AS/LAB=LABORATORY				
AS/NPH=NON-PARTICIPATING HOSPITAL				
AZ/AZ=PHOENIX				
AZ/LAB=ARIZONA LAB				
AZ/NPH=NON-PARTICIPATING HOSPITAL				
AZ/TUC=TUCSON				
CA/001=CALIFORNIA				
CA/BAK=BAKERSFIELD				
CA/BER=SAN BERNARDINO				
CA/EB=East Bay				
CA/FR=FRESNO				
CA/L1=L.A. WEST				
CA/L2=L.A. NORTH				
CA/L3=L.A. CENTRAL				
CA/L4=L.A. EAST				
CA/L5=SAN GABRIEL				
CA/LA1=LA Region 1				
CA/LA2=LA Region 2				
CA/LA3=LA Region 3				
CA/LA4=LA Acute/Ancillary				
CA/LA5=LA HHA/Hospice				
CA/LA6=LA ICF/DD/Clinics				
CA/LAB=LABORATORIES				
CA/M1=LAB. SOUTH				
CA/M2=LAB. NORTH				
CA/NPH=NON-PARTICIPATING HOSPITAL				
CA/ORG=ORANGE				
CA/RIV=RIVERSIDE				
CA/S1=SACRAMENTO				
CA/S3=CHICO				
CA/SD=SAN DIEGO				
CA/SF=SAN FRANCISCO				
CA/SJ=SAN JOSE				
CA/SR=SANTA ROSA				
CA/STK=STOCKTON				
CA/VEN=VENTURA				

CN/001=CANADA  
 CN/LAB=LABORATORY  
 CN/NPH=NON-PARTICIPATING HOSPITAL  
 CO/001=COLORADO  
 CO/LAB=LABORATORIES  
 CO/NPH=NON-PARTICIPATING HOSPITAL  
 CT/001=CONNECTICUT  
 CT/LAB=LABORATORIES  
 CT/NPH=NON-PARTICIPATING HOSPITAL  
 DC/001=DISTRICT OF COLUMBIA  
 DC/LAB=LABORATORIES  
 DC/NPH=NON-PARTICIPATING HOSPITAL  
 DE/001=DELAWARE  
 DE/LAB=LABORATORIES  
 DE/NPH=NON-PARTICIPATING HOSPITAL  
 FL/001=FLORIDA  
 FL/FTM=FT. MYERS  
 FL/GAI=GAINESVILLE  
 FL/JAX=JACKSONVILLE

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POS RECORD LAYOUT

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Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
-------------------	-----	-------	-----	------

FL/LAB=LABORATORIES				
FL/LAN=LANTANA				
FL/LAU=LAUDERHILL				
FL/MIA=MIAMI				
FL/NPH=NON-PARTICIPATING HOSPITAL				
FL/ORL=ORLANDO				
FL/PEN=PENSACOLA				
FL/STP=ST. PETERSBURG				
FL/TAL=TALLAHASSEE				
FL/TAM=TAMPA				
FM/001=FEDERATED STATES OF MICRO				
FM/NPH=NON-PARTICIPATING HOSPITAL				
FN/001=INTERNATIONAL				
FN/LAB=LABORATORIES				
FN/NPH=NON-PARTICIPATING HOSPITAL				
GA/001=GEORGIA				
GA/GAA=GEORGIA ALL				
GA/GAC=GEORGIA CENTRAL				
GA/GAE=GEORGIA EASTERN				
GA/GAN=GEORGIA NORTH				
GA/GAS=GEORGIA SOUTH				
GA/GAW=GEORGIA WESTERN				
GA/LAB=LABORATORIES				
GA/NPH=NON-PARTICIPATING HOSPITAL				

GU/001=GUAM  
 GU/LAB=LABORATORIES  
 GU/NPH=NON-PARTICIPATING HOSPITAL  
 HI/001=HAWAII  
 HI/LAB=LABORATORIES  
 HI/NPH=NON-PARTICIPATING HOSPITAL  
 IA/001=IOWA  
 IA/LAB=LABORATORIES  
 IA/NPH=NON-PARTICIPATING HOSPITAL  
 ID/001=IDAHO  
 ID/LAB=LABORATORIES  
 ID/NPH=NON-PARTICIPATING HOSPITAL  
 IL/001=ILLINOIS  
 IL/LAB=LABORATORIES  
 IL/NPH=NON-PARTICIPATING HOSPITAL  
 IN/001=INDIANA  
 IN/LAB=LABORATORIES  
 IN/NPH=NON-PARTICIPATING HOSPITAL  
 KS/001=KANSAS  
 KS/KCK=KANSAS CITY  
 KS/KDH=KDHE  
 KS/LAB=LABORATORIES  
 KS/LAW=LAWRENCE  
 KS/NC=NORTH CENTRAL KANSAS  
 KS/NE=NORTH EAST KANSAS  
 KS/NPH=NON-PARTICIPATING HOSPITAL  
 KS/NW=NORTH WEST KANSAS  
 KS/SC=SOUTH CENTRAL KANSAS  
 KS/SE=SOUTH EAST KANSAS  
 KS/SW=SOUTH WEST KANSAS  
 KS/WST=WEST  
 KY/2C1=HOPKINSVILLE  
 KY/2C2=LOUISVILLE  
 KY/2C3=LONDON  
 KY/2C4=LEXINGTON  
 KY/LAB=LABORATORIES  
 KY/NPH=NON-PARTICIPATING HOSPITAL  
 LA/001=LOUISIANA  
 LA/LA1=NEW ORLEANS  
 LA/LA2=MANDEVILLE

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POS RECORD LAYOUT

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Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

LA/LA3=LAFAYETTE  
 LA/LA4=MONROE  
 LA/LA5=SHREVEPORT

LA/LA6=ALEXANDRIA  
LA/LAB=LABORATORIES  
LA/LB1=CLIA NEW ORLEANS  
LA/LB5=CLIA SHREVEPORT  
LA/LB6=CLIA ALEXANDRIA  
LA/NPH=NON-PARTICIPATING HOSPITAL  
MA/001=MASSACHUSETTS  
MA/LAB=LABORATORIES  
MA/NPH=NON-PARTICIPATING HOSPITAL  
MD/001=MARYLAND  
MD/LAB=LABORATORIES  
MD/NPH=NON-PARTICIPATING HOSPITAL  
ME/001=MAINE  
ME/LAB=LABORATORIES  
ME/NPH=NON-PARTICIPATING HOSPITAL  
MH/001=MARSHALL ISLANDS  
MH/NPH=NON-PARTICIPATING HOSPITAL  
MI/001=MICHIGAN  
MI/LAB=LABORATORIES  
MI/NPH=NON-PARTICIPATING HOSPITAL  
MN/001=MINNESOTA  
MN/LAB=LABORATORIES  
MN/NPH=NON-PARTICIPATING HOSPITAL  
MO/001=MISSOURI  
MO/01=REGION01  
MO/02=REGION02  
MO/03=REGION 03  
MO/04=REGION 04  
MO/05=REGION 05  
MO/06=REGION 06  
MO/07=REGION 07  
MO/1NH=REGION 1 NH  
MO/2NH=REGION 2 NH  
MO/3NH=REGION 3 NH  
MO/4NH=REGION 4 NH  
MO/5NH=REGION 5 NH  
MO/6NH=REGION 6 NH  
MO/7NH=REGION 7 NH  
MO/LAB=LABORATORIES  
MO/MO=STATEWIDE  
MO/NPH=NON-PARTICIPATING HOSPITAL  
MP/001=NORTHERN MARIANA ISLANDS  
MP/LAB=LABORATORIES  
MP/NPH=NON-PARTICIPATING HOSPITAL  
MS/001=MISSISSIPPI  
MS/LAB=LABORATORIES  
MS/NPH=NON-PARTICIPATING HOSPITAL  
MT/001=MONTANA  
MT/LAB=LABORATORIES  
MT/NPH=NON-PARTICIPATING HOSPITAL

MX/001=MEXICO  
MX/LAB=LABORATORY  
MX/NPH=NON-PARTICIPATING HOSPITAL  
NC/001=NORTH CAROLINA  
NC/LAB=LABORATORIES  
NC/NCC=NORTH CAROLINA CENTRAL  
NC/NCE=NORTH CAROLINA EAST  
NC/NCN=NORTH CAROLINA NORTH  
NC/NCS=NORTH CAROLINA SOUTH  
NC/NCW=NORTH CAROLINA WEST  
NC/NPH=NON-PARTICIPATING HOSPITAL

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POS RECORD LAYOUT

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Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
-------------------	-----	-------	-----	------

ND/001=NORTH DAKOTA				
ND/LAB=LABORATORIES				
ND/NPH=NON-PARTICIPATING HOSPITAL				
NE/001=NEBRASKA				
NE/1=NORTH CENTRAL				
NE/2=CENTRAL				
NE/3=NORTHEAST				
NE/4=SOUTHEAST				
NE/5=WESTERN				
NE/LAB=LABORATORIES				
NE/NPH=NON-PARTICIPATING HOSPITAL				
NH/001=NEW HAMPSHIRE				
NH/LAB=LABORATORIES				
NH/NPH=NON-PARTICIPATING HOSPITAL				
NJ/001=NEW JERSEY				
NJ/LAB=LABORATORIES				
NJ/NPH=NON-PARTICIPATING HOSPITAL				
NM/001=NEW MEXICO				
NM/LAB=LABORATORIES				
NM/NPH=NON-PARTICIPATING HOSPITAL				
NV/001=NEVADA				
NV/CC=CARSON CITY				
NV/LAB=LABORATORIES				
NV/LV=LAS VEGAS				
NV/NPH=NON-PARTICIPATING HOSPITAL				
NY/001=BUFFALO				
NY/002=ROCHESTER				
NY/003=SYRACUSE				
NY/004=ALBANY				
NY/005=NEW ROCHELLE				
NY/006=NEW YORK CITY				
NY/007=SUFFOLK/NASSAU COUNTY				





TX/L06=HOUSTON-LTC  
TX/L07=Austin-LTC  
TX/L08=San Antonio-LTC  
TX/L11=Corpus Christi-LTC  
TX/LAB=LABORATORIES  
TX/NPH=NON-PARTICIPATING HOSPITAL  
TX/TX1=NLTC REG 1, 7, 9, 10  
TX/TX2=NLTC REG 2, 3  
TX/TX4=NLTC REG 6  
TX/TX5=NLTC REG 4, 5  
TX/TX6=NLTC Statewide-Certified Only  
TX/TX8=NLTC REG 8, 11  
UT/001=UTAH  
UT/LAB=LABORATORIES  
UT/NPH=NON-PARTICIPATING HOSPITAL  
VA/001=VIRGINIA  
VA/LAB=LABORATORIES  
VA/NPH=NON-PARTICIPATING HOSPITAL  
VI/001=VIRGIN ISLANDS  
VI/LAB=LABORATORIES  
VI/NPH=NON-PARTICIPATING HOSPITAL  
VT/001=VERMONT  
VT/LAB=LABORATORIES  
VT/NPH=NON-PARTICIPATING HOSPITAL  
WA/001=ALL OTHERS (NON-LTC FAC)  
WA/D1=SPOKANE & YAKIMA AREAS  
WA/D1A=District 1, Unit A  
WA/D1B=District 1, Unit B  
WA/D1C=District 1, Unit C  
WA/D1D=District 1, Unit D  
WA/D1E=District 1, Unit E  
WA/D1F=District 1, Unit F  
WA/D2=SPOKANE & SE  
WA/D2A=District 2, Unit A  
WA/D2B=District 2, Unit B  
WA/D2C=District 2, Unit C  
WA/D2D=District 2, Unit D  
WA/D2E=District 2, Unit E  
WA/D2F=District 2, Unit F  
WA/D2G=District 2, Unit G  
WA/D2H=District 2, Unit H  
WA/D2I=District 2, Unit I  
WA/D2J=District 2, Unit J  
WA/D2L=District 2, Unit L  
WA/D3=NW WASHINGTON  
WA/D3A=District 3, Unit A  
WA/D3B=District 3, Unit B  
WA/D3C=District 3, Unit C  
WA/D3D=District 3, Unit D  
WA/D3E=District 3, Unit E

WA/D3F=District 3, Unit F  
 WA/D3G=District 3, Unit G  
 WA/D3H=District 3, Unit H

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 Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
WA/D4A=GREATER SEATTLE AREA				
WA/D4B=S KING COUNTY				
WA/D5A=PIERCE CTY & PENINSULA				
WA/D5B=PIERCE CTY & GRAYS HARBOR				
WA/D6=OLYMPIA AREA				
WA/LAB=LABORATORIES				
WA/NPH=NON-PARTICIPATING HOSPITAL				
WI/001=WISCONSIN				
WI/LAB=LABORATORIES				
WI/NPH=NON-PARTICIPATING HOSPITAL				
WV/001=WEST VIRGINIA				
WV/LAB=LABORATORIES				
WV/NPH=NON-PARTICIPATING HOSPITAL				
WY/001=WYOMING				
WY/LAB=LABORATORIES				
WY/NPH=NON-PARTICIPATING HOSPITAL				
Address: Street	50	178	227	VARCHAR2
Description: Street address where the provider is located.				
SAS Name: ST_ADR				
COBOL Name: ST-ADR				
Telephone Number	10	228	237	VARCHAR2
Description: Telephone number of the provider.				
SAS Name: PHNE_NUM				
COBOL Name: PHNE-NUM				
Termination Code	2	238	239	VARCHAR2
Description: Indicates the current termination status for the provider.				
SAS Name: PGM_TRMNTN_CD				
COBOL Name: PGM-TRMNTN-CD				
VALUES:				
00=ACTIVE PROVIDER				
01=VOLUNTARY-MERGER, CLOSURE				
02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT				
03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION				
04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL				
05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ				
06=INVOLUNTARY-FAILURE TO MEET AGREEMENT				
07=OTHER-PROVIDER STATUS CHANGE				

08=NONPAYMENT OF FEES - CLIA Only  
 09=REV/UNSUCCESSFUL PARTICIPATION IN PT - CLIA Only  
 10=REV/OTHER REASON - CLIA Only  
 11=INCOMPLETE CLIA APPLICATION INFORMATION - CLIA Only  
 12=NO LONGER PERFORMING TESTS - CLIA Only  
 13=MULTIPLE TO SINGLE SITE CERTIFICATE - CLIA Only  
 14=SHARED LABORATORY - CLIA Only  
 15=FAILURE TO RENEW WAIVER PPM CERTIFICATE - CLIA Only  
 16=DUPLICATE CLIA NUMBER - CLIA Only  
 17=MAIL RETURNED NO FORWARD ADDRESS CERT ENDED - CLIA Only  
 20=NOTIFICATION BANKRUPTCY - CLIA Only  
 33=ACCREDITATION NOT CONFIRMED - CLIA Only  
 80=AWAITING STATE APPROVAL  
 99=OIG ACTION - DO NOT ACTIVATE - CLIA Only

Termination or Expiration Date 8 240 247 DATE  
 Description: Date the provider was terminated. For CLIA providers, date the laboratory's certificate was terminated or the expiration date of the current CLIA certificate.  
 SAS Name: TRMNTN\_EXPRTN\_DT  
 COBOL Name: TRMNTN-EXPRTN-DT

Type of Action Code 1 248 248 VARCHAR2  
 Description: Identifies the reason for the certification. Type of

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 Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

action from the official survey record, CMS 1539 form.  
 SAS Name: CRTFCTN\_ACTN\_TYPE\_CD  
 COBOL Name: CRTFCTN-ACTN-TYPE-CD  
 VALUES: 1=INITIAL  
 2=RECERTIFICATION  
 3=TERMINATION  
 4=CHANGE OF OWNERSHIP  
 5=VALIDATION  
 8=FULL SURVEY AFTER COMPLAINT

Ownership Type Code 2 249 250 VARCHAR2  
 Description: Indicates the ownership type of the provider.  
 SAS Name: GNRL\_CNTL\_TYPE\_CD  
 COBOL Name: GNRL-CNTL-TYPE-CD  
 VALUES: 01=FOR PROFIT - INDIVIDUAL  
 02=FOR PROFIT - PARTNERSHIP  
 03=FOR PROFIT - CORPORATION  
 04=NONPROFIT - CHURCH RELATED  
 05=NONPROFIT - CORPORATION

06=NONPROFIT - OTHER  
 07=GOVERNMENT - STATE  
 08=GOVERNMENT - COUNTY  
 09=GOVERNMENT - CITY  
 10=GOVERNMENT - CITY/COUNTY  
 11=GOVERNMENT - HOSPITAL DISTRICT  
 12=GOVERNMENT - FEDERAL  
 13=FOR PROFIT - LIMITED LIABILITY CORPORATION

Address: ZIP Code 5 251 255 VARCHAR2  
 Description: Five-digit ZIP code for a provider's physical address.  
 SAS Name: ZIP\_CD  
 COBOL Name: ZIP-CD

FIPS State Code 2 256 257 VARCHAR2

Description: FIPS State Code  
 SAS Name: FIPS\_STATE\_CD  
 COBOL Name: FIPS-STATE-CD  
 VALUES:

- 01=ALABAMA
- 02=ALASKA
- 04=ARIZONA
- 05=ARKANSAS
- 06=CALIFORNIA
- 08=COLORADO
- 09=CONNECTICUT
- 10=DELAWARE
- 11=DISTRICT OF COLUMBIA
- 12=FLORIDA
- 13=GEORGIA
- 15=HAWAII
- 16=IDAHO
- 17=ILLINOIS
- 18=INDIANA
- 19=IOWA
- 20=KANSAS
- 21=KENTUCKY
- 22=LOUISIANA
- 23=MAINE
- 24=MARYLAND
- 25=MASSACHUSETTS
- 26=MICHIGAN
- 27=MINNESOTA
- 28=MISSISSIPPI
- 29=MISSOURI
- 30=MONTANA

SHORT DESCRIPTION

LEN START END TYPE

- 31=NEBRASKA
- 32=NEVADA
- 33=NEW HAMPSHIRE
- 34=NEW JERSEY
- 35=NEW MEXICO
- 36=NEW YORK
- 37=NORTH CAROLINA
- 38=NORTH DAKOTA
- 39=OHIO
- 40=OKLAHOMA
- 41=OREGON
- 42=PENNSYLVANIA
- 43=PUERTO RICO
- 44=RHODE ISLAND
- 45=SOUTH CAROLINA
- 46=SOUTH DAKOTA
- 47=TENNESSEE
- 48=TEXAS
- 49=UTAH
- 50=VERMONT
- 51=VIRGINIA
- 53=WASHINGTON
- 54=WEST VIRGINIA
- 55=WISCONSIN
- 56=WYOMING
- 60=AMERICAN SAMOA
- 66=GUAM
- 69=SAIPAN/MARIANA IS.
- 78=VIRGIN ISLANDS

FIPS County Code 3 258 260 VARCHAR2

Description: FIPS County Code

SAS Name: FIPS\_CNTY\_CD

COBOL Name: FIPS-CNTY-CD

CBSA Urban Rural Indicator 1 261 261 VARCHAR2

Description: CBSA (Core Based Statistical Area) indicates whether the county is defined as Urban or Rural.

SAS Name: CBSA\_URBN\_RRL\_IND

COBOL Name: CBSA-URBN-RRL-IND

CBSA Code 5 262 266 VARCHAR2

Description: CBSA (Core Based Statistical Area) geographic entities defined by the U.S. Office of Management and Budget (OMB) on June 6, 2003 for use by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics. CBSA collectively refers to MSA.

SAS Name: CBSA\_CD

COBOL Name: CBSA-CD

Bed Count Override Indicator 1 325 325 CHAR

Description: Indicates if the regional office has approved a significant bed count change from the previous certification.

SAS Name: OVRRD\_BED\_CNT\_SW

COBOL Name: OVRRD-BED-CNT-SW

Bed Count: Certified 4 326 329 NUMBER

Description: Number of beds in Medicare and/or Medicaid certified areas within a facility.

SAS Name: CRTFD\_BED\_CNT

COBOL Name: CRTFD-BED-CNT

Bed Count: Medicaid NF 4 334 337 NUMBER

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SHORT DESCRIPTION LEN START END TYPE

Description: Number of Medicaid-certified Nursing Facility beds.

SAS Name: MDCD\_NF\_BED\_CNT

COBOL Name: MDCD-NF-BED-CNT

Bed Count: Medicare SNF 4 338 341 NUMBER

Description: Number of Medicare-certified Skilled Nursing Facility beds.

SAS Name: MDCR\_SNF\_BED\_CNT

COBOL Name: MDCR-SNF-BED-CNT

Bed Count: Medicare/Medicaid SNF 4 342 345 NUMBER

Description: Number of dually certified (Medicare/Medicaid) beds in a Skilled Nursing Facility.

SAS Name: MDCR\_MDCD\_SNF\_BED\_CNT

COBOL Name: MDCR-MDCD-SNF-BED-CNT

Bed Count: Special Care - AIDS 3 346 348 NUMBER

Description: Number of beds in a special care unit dedicated for residents with AIDS.

SAS Name: AIDS\_BED\_CNT

COBOL Name: AIDS-BED-CNT

Bed Count: Special Care - Alzheimers 3 349 351 NUMBER

Description: Number of beds in a special care unit dedicated for residents with Alzheimer's disease.

SAS Name: ALZHMR\_BED\_CNT

COBOL Name: ALZHMR-BED-CNT

Bed Count: Special Care - Dialysis 3 352 354 NUMBER  
Description: Number of beds in a special care unit dedicated for residents who require dialysis.  
SAS Name: DLYS\_BED\_CNT  
COBOL Name: DLYS-BED-CNT

Bed Count: Special Care - Disabled Children 3 355 357 NUMBER  
Description: Number of beds in a special care unit dedicated for disabled children.  
SAS Name: DSBL\_CHLDRN\_BED\_CNT  
COBOL Name: DSBL-CHLDRN-BED-CNT

Bed Count: Special Care - Head Trauma 3 358 360 NUMBER  
Description: Number of beds in a special care unit dedicated for residents with head trauma.  
SAS Name: HEAD\_TRMA\_BED\_CNT  
COBOL Name: HEAD-TRMA-BED-CNT

Bed Count: Special Care - Hospice 3 361 363 NUMBER  
Description: Number of beds in a special care unit dedicated for residents who require hospice care.  
SAS Name: HOSPC\_BED\_CNT  
COBOL Name: HOSPC-BED-CNT

Bed Count: Special Care - Huntingtons Disease 3 364 366 NUMBER  
Description: Number of beds in a special care unit dedicated for residents with Huntington's disease.  
SAS Name: HNTGTN\_DEASE\_BED\_CNT  
COBOL Name: HNTGTN-DEASE-BED-CNT

Bed Count: Special Care - Specialized Rehab 3 367 369 NUMBER  
Description: Number of beds in a special care unit dedicated for residents with specialized rehab needs.  
SAS Name: REHAB\_BED\_CNT  
COBOL Name: REHAB-BED-CNT

SHORT DESCRIPTION	LEN	START	END	TYPE
Bed Count: Special Care - Ventilator	3	370	372	NUMBER
Description: Number of beds in a special care unit dedicated for residents requiring a ventilator and/or respiratory care.				
SAS Name: VNTLTR_BED_CNT				
COBOL Name: VNTLTR-BED-CNT				



Bed Count: Total 4 373 376 NUMBER  
 Description: Total number of beds in a provider, including those in non-participating or non-licensed areas.  
 SAS Name: BED\_CNT  
 COBOL Name: BED-CNT

Compliance: 24-Hour RN Waiver Indicator 1 442 442 CHAR  
 Description: Indicates if a waiver of the 24-hour registered nurse staffing requirements has been recommended for a Skilled Nursing Facility or Nursing Facility.  
 SAS Name: RN\_24\_HR\_WVR\_SW  
 COBOL Name: RN-24-HR-WVR-SW

Compliance: 7-Day RN Waiver Indicator 1 443 443 VARCHAR2  
 Description: Indicates if a waiver of the 7-day registered nurse staffing requirements has been recommended for a Skilled Nursing Facility.  
 SAS Name: RN\_7\_DAY\_WVR\_SW  
 COBOL Name: RN-7-DAY-WVR-SW

Compliance: Beds Per Room Waiver Indicator 1 444 444 CHAR  
 Description: Indicates if a waiver of the beds per room requirement has been recommended for a facility.  
 SAS Name: BED\_PER\_ROOM\_WVR\_SW  
 COBOL Name: BED-PER-ROOM-WVR-SW

Compliance: LSC Waiver Indicator 1 445 445 CHAR  
 Description: Indicates if a waiver of any life safety code provision has been recommended for a provider.  
 SAS Name: LSC\_WVR\_SW  
 COBOL Name: LSC-WVR-SW

Compliance: Patient Room Size Waiver Indicator 1 446 446 CHAR  
 Description: Indicates if a waiver of the patient room size provision has been recommended for a provider.  
 SAS Name: ROOM\_SIZE\_WVR\_SW  
 COBOL Name: ROOM-SIZE-WVR-SW

Experimental Research Conducted Indicator 1 453 453 VARCHAR2  
 Description: Indicates if a facility conducts experimental research.  
 SAS Name: EXPRMT\_RSRCH\_CNDCTD\_SW  
 COBOL Name: EXPRMT-RSRCH-CNDCTD-SW

Fiscal Year End Date (MMDD) 4 464 467 VARCHAR2  
 Description: End date, consisting of the month and day, of the provider's fiscal year.  
 SAS Name: FY\_END\_MO\_DAY\_CD  
 COBOL Name: FY-END-MO-DAY-CD

Hospital Based Indicator 1 483 483 CHAR

Description: Indicates if the provider is based in a hospital.

SAS Name: HOSP\_BSD\_SW

COBOL Name: HOSP-BSD-SW

LTC Cross Ref Provider Number 10 485 494 CHAR

Description: LTC cross ref provider number

SAS Name: LTC\_CROSS\_REF\_PROVIDER\_NUMBER

COBOL Name: LTC-CROSS-REF-PROVIDER-NUMBER

DATE: 10/03/2022

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SHORT DESCRIPTION LEN START END TYPE

Multiple Facility Organization Name 38 513 550 CHAR

Description: Name of the multi-facility organization that owns the facility.

SAS Name: MLT\_FAC\_ORG\_NAME

COBOL Name: MLT-FAC-ORG-NAME

Multiple Facility Organization Owned Indicator 1 551 551 CHAR

Description: Indicates if a facility is owned by an organization that owns (or leases) two or more long term care facilities.

SAS Name: MLT\_OWND\_FAC\_ORG\_SW

COBOL Name: MLT-OWND-FAC-ORG-SW

Organized Family Group Indicator 1 626 626 VARCHAR2

Description: Indicates if the facility has an organized group of family members of residents.

SAS Name: ORGNZ\_FMLY\_MBR\_GRP\_SW

COBOL Name: ORGNZ-FMLY-MBR-GRP-SW

Organized Resident Group Indicator 1 627 627 VARCHAR2

Description: Indicates if the facility has an organized residents group.

SAS Name: ORGNZ\_RSDNT\_GRP\_SW

COBOL Name: ORGNZ-RSDNT-GRP-SW

Program Participation Code 1 640 640 CHAR

Description: Indicates if the provider participates in Medicare, Medicaid, or both programs.

SAS Name: PGM\_PRTCPTN\_CD

COBOL Name: PGM-PRTCPTN-CD

VALUES: 1=MEDICARE ONLY

2=MEDICAID ONLY

3=MEDICARE AND MEDICAID

Related Provider Number 10 686 695 CHAR

Description: Related provider number  
SAS Name: RELATED\_PROVIDER\_NUMBER  
COBOL Name: RELATED-PROVIDER-NUMBER

Services: Blood Administration Off-Site Residents 1 703 703 VARCHAR2  
Indicator

Description: Indicates if blood administration and storage services  
are provided off-site to residents.  
SAS Name: BLOOD\_SRVC\_OFSITE\_RSDNT\_SW  
COBOL Name: BLOOD-SRVC-OFSITE-RSDNT-SW

Services: Blood Administration On-Site Nonresidents 1 704 704 VARCHAR2  
Indicator

Description: Indicates if blood administration and storage services  
are provided on-site to nonresidents.  
SAS Name: BLOOD\_SRVC\_ONST\_NRSNT\_SW  
COBOL Name: BLOOD-SRVC-ONST-NRSNT-SW

Services: Blood Administration On-Site Residents 1 705 705 VARCHAR2  
Indicator

Description: Indicates if blood administration and storage services  
are provided on-site to residents.  
SAS Name: BLOOD\_SRVC\_ONST\_RSDNT\_SW  
COBOL Name: BLOOD-SRVC-ONST-RSDNT-SW

Services: Clinical Laboratory - Off-Site Residents 1 712 712 VARCHAR2  
Indicator

Description: Indicates if clinical laboratory services are provided  
off-site to residents.

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SHORT DESCRIPTION LEN START END TYPE

SAS Name: CL\_SRVC\_OFSITE\_RSDNT\_SW  
COBOL Name: CL-SRVC-OFSITE-RSDNT-SW

Services: Clinical Laboratory - On-Site Nonresidents 1 713 713 VARCHAR2  
Indicator

Description: Indicates if clinical laboratory services are provided  
on-site to nonresidents.  
SAS Name: CL\_SRVC\_ONST\_NRSNT\_SW  
COBOL Name: CL-SRVC-ONST-NRSNT-SW

Services: Clinical Laboratory - On-Site Residents 1 714 714 VARCHAR2  
Indicator

Description: Indicates if clinical laboratory services are provided  
on-site to residents.

SAS Name: CL\_SRVC\_ONST\_RSDNT\_SW  
COBOL Name: CL-SRVC-ONST-RSDNT-SW

Services: Dental Off-Site Residents Indicator 1 720 720 VARCHAR2  
Description: Indicates if dental services are provided off-site to residents.

SAS Name: DNTL\_SRVC\_OFSITE\_RSDNT\_SW  
COBOL Name: DNTL-SRVC-OFSITE-RSDNT-SW

Services: Dental On-Site Nonresidents Indicator 1 721 721 VARCHAR2  
Description: Indicates if dental services are provided on-site to nonresidents.

SAS Name: DNTL\_SRVC\_ONST\_NRSRSDNT\_SW  
COBOL Name: DNTL-SRVC-ONST-NRSRSDNT-SW

Services: Dental On-Site Residents Indicator 1 722 722 VARCHAR2  
Description: Indicates if dental services are provided on-site to residents.

SAS Name: DNTL\_SRVC\_ONST\_RSDNT\_SW  
COBOL Name: DNTL-SRVC-ONST-RSDNT-SW

Services: Dietary Off-Site Residents Indicator 1 726 726 VARCHAR2  
Description: Indicates if dietary services are provided off-site to residents.

SAS Name: DTRY\_OFSITE\_RSDNT\_SW  
COBOL Name: DTRY-OFSITE-RSDNT-SW

Services: Dietary On-Site Nonresidents Indicator 1 727 727 VARCHAR2  
Description: Indicates if dietary services are provided on-site to nonresidents.

SAS Name: DTRY\_ONST\_NRSRSDNT\_SW  
COBOL Name: DTRY-ONST-NRSRSDNT-SW

Services: Dietary On-Site Residents Indicator 1 728 728 VARCHAR2  
Description: Indicates if dietary services are provided on-site to residents.

SAS Name: DTRY\_ONST\_RSDNT\_SW  
COBOL Name: DTRY-ONST-RSDNT-SW

Services: Housekeeping Off-Site Residents Indicator 1 738 738 VARCHAR2  
Description: Indicates if housekeeping services are provided off-site to residents.

SAS Name: HSEKPNG\_SRVC\_OFSITE\_RSDNT\_SW  
COBOL Name: HSEKPNG-SRVC-OFSITE-RSDNT-SW

Services: Housekeeping On-Site Nonresidents Indicator 1 739 739 VARCHAR2  
Description: Indicates if housekeeping services are provided on-site to nonresidents.

SAS Name: HSEKPNG\_SRVC\_ONST\_NRSRSDNT\_SW  
COBOL Name: HSEKPNG-SRVC-ONST-NRSRSDNT-SW

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SHORT DESCRIPTION	LEN	START	END	TYPE
Services: Housekeeping On-Site Residents Indicator	1	740	740	VARCHAR2
Description: Indicates if housekeeping services are provided on-site to residents.				
SAS Name: HSEKPNG_SRVC_ONST_RSDNT_SW				
COBOL Name: HSEKPNG-SRVC-ONST-RSDNT-SW				
Services: Mental Health Off-Site Residents Indicator	1	747	747	VARCHAR2
Description: Indicates if mental health services are provided off-site to residents.				
SAS Name: MENTL_HLTH_OFSITE_RSDNT_SW				
COBOL Name: MENTL-HLTH-OFSITE-RSDNT-SW				
Services: Mental Health On-Site Nonresidents Indicator	1	748	748	VARCHAR2
Description: Indicates if mental health services are provided on-site to nonresidents.				
SAS Name: MENTL_HLTH_ONST_NRSNT_SW				
COBOL Name: MENTL-HLTH-ONST-NRSNT-SW				
Services: Mental Health On-Site Residents Indicator	1	749	749	VARCHAR2
Description: Indicates if mental health services are provided on-site to residents.				
SAS Name: MENTL_HLTH_ONST_RSDNT_SW				
COBOL Name: MENTL-HLTH-ONST-RSDNT-SW				
Services: Nursing Off-Site Residents Indicator	1	760	760	VARCHAR2
Description: Indicates if nursing services are provided off-site to residents.				
SAS Name: NRSNG_SRVC_OFSITE_RSDNT_SW				
COBOL Name: NRSNG-SRVC-OFSITE-RSDNT-SW				
Services: Nursing On-Site Nonresidents Indicator	1	761	761	VARCHAR2
Description: Indicates if nursing services are provided on-site to nonresidents.				
SAS Name: NRSNG_SRVC_ONST_NRSNT_SW				
COBOL Name: NRSNG-SRVC-ONST-NRSNT-SW				
Services: Nursing On-Site Residents Indicator	1	762	762	VARCHAR2
Description: Indicates if nursing services are provided on-site to residents.				
SAS Name: NRSNG_SRVC_ONST_RSDNT_SW				
COBOL Name: NRSNG-SRVC-ONST-RSDNT-SW				

Services: OT Off-Site Residents Indicator 1 776 776 VARCHAR2  
Description: Indicates if occupational therapy services are provided  
off-site to residents.  
SAS Name: OT\_SRVC\_OFSITE\_RSDNT\_SW  
COBOL Name: OT-SRVC-OFSITE-RSDNT-SW

Services: OT On-Site Nonresidents Indicator 1 777 777 VARCHAR2  
Description: Indicates if occupational therapy services are provided  
on-site to nonresidents.  
SAS Name: OT\_SRVC\_ONST\_NRSNT\_SW  
COBOL Name: OT-SRVC-ONST-NRSNT-SW

Services: OT On-Site Residents Indicator 1 778 778 VARCHAR2  
Description: Indicates if occupational therapy services are provided  
on-site to residents.  
SAS Name: OT\_SRVC\_ONST\_RSDNT\_SW  
COBOL Name: OT-SRVC-ONST-RSDNT-SW

Services: Pharmacy Off-Site Residents Indicator 1 789 789 VARCHAR2  
Description: Indicates if pharmacy services are provided off-site to

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SHORT DESCRIPTION LEN START END TYPE

residents.  
SAS Name: PHRMCY\_SRVC\_OFSITE\_RSDNT\_SW  
COBOL Name: PHRMCY-SRVC-OFSITE-RSDNT-SW

Services: Pharmacy On-Site Nonresidents Indicator 1 790 790 VARCHAR2  
Description: Indicates if pharmacy services are provided on-site to  
nonresidents.  
SAS Name: PHRMCY\_SRVC\_ONST\_NRSNT\_SW  
COBOL Name: PHRMCY-SRVC-ONST-NRSNT-SW

Services: Pharmacy On-Site Residents Indicator 1 791 791 VARCHAR2  
Description: Indicates if pharmacy services are provided on-site to  
residents.  
SAS Name: PHRMCY\_SRVC\_ONST\_RSDNT\_SW  
COBOL Name: PHRMCY-SRVC-ONST-RSDNT-SW

Services: Physician Extender Off-Site Residents Indicator 1 796 796 VARCHAR2  
Description: Indicates if physician extender services are provided  
off-site to residents.  
SAS Name: PHYSN\_EXT\_SRVC\_OFSITE\_RSDNT\_SW  
COBOL Name: PHYSN-EXT-SRVC-OFSITE-RSDNT-SW

Services: Physician Extender On-Site Nonresidents 1 797 797 VARCHAR2  
Indicator

Description: Indicates if physician extender services are provided  
on-site to nonresidents.

SAS Name: PHYSN\_EXT\_SRVC\_ONST\_NRSDNT\_SW

COBOL Name: PHYSN-EXT-SRVC-ONST-NRSDNT-SW

Services: Physician Extender On-Site Residents 1 798 798 VARCHAR2  
Indicator

Description: Indicates if physician extender services are provided  
on-site to residents.

SAS Name: PHYSN\_EXT\_SRVC\_ONST\_RSDNT\_SW

COBOL Name: PHYSN-EXT-SRVC-ONST-RSDNT-SW

Services: Physician Off-Site Residents Indicator 1 799 799 VARCHAR2

Description: Indicates if physician services are provided off-site to  
residents.

SAS Name: PHYSN\_SRVC\_OFSITE\_RSDNT\_SW

COBOL Name: PHYSN-SRVC-OFSITE-RSDNT-SW

Services: Physician On-Site Nonresidents Indicator 1 800 800 VARCHAR2

Description: Indicates if physician services are provided on-site to  
nonresidents.

SAS Name: PHYSN\_SRVC\_ONST\_NRSDNT\_SW

COBOL Name: PHYSN-SRVC-ONST-NRSDNT-SW

Services: Physician On-Site Residents Indicator 1 801 801 VARCHAR2

Description: Indicates if physician services are provided on-site to  
residents.

SAS Name: PHYSN\_SRVC\_ONST\_RSDNT\_SW

COBOL Name: PHYSN-SRVC-ONST-RSDNT-SW

Services: Podiatry Off-Site Residents Indicator 1 802 802 VARCHAR2

Description: Indicates if podiatry services are provided off-site to  
residents.

SAS Name: PDTRY\_SRVC\_OFSITE\_RSDNT\_SW

COBOL Name: PDTRY-SRVC-OFSITE-RSDNT-SW

Services: Podiatry On-Site Nonresidents Indicator 1 803 803 VARCHAR2

Description: Indicates if podiatry services are provided on-site to  
nonresidents.

SHORT DESCRIPTION

LEN START END TYPE

SAS Name: PDTRY\_SRVC\_ONST\_NRSDNT\_SW

COBOL Name: PDTRY-SRVC-ONST-NRSDNT-SW

Services: Podiatry On-Site Residents Indicator 1 804 804 VARCHAR2  
Description: Indicates if podiatry services are provided on-site to residents.

SAS Name: PDTRY\_SRVC\_ONST\_RSDNT\_SW

COBOL Name: PDTRY-SRVC-ONST-RSDNT-SW

Services: PT Off-Site Residents Indicator 1 814 814 VARCHAR2  
Description: Indicates if physical therapy services are provided off-site to residents.

SAS Name: PT\_OFSITE\_RSDNT\_SW

COBOL Name: PT-OFSITE-RSDNT-SW

Services: PT On-Site Nonresidents Indicator 1 815 815 VARCHAR2  
Description: Indicates if physical therapy services are provided on-site to nonresidents.

SAS Name: PT\_ONST\_NRSDNT\_SW

COBOL Name: PT-ONST-NRSDNT-SW

Services: PT On-Site Residents Indicator 1 816 816 VARCHAR2  
Description: Indicates if physical therapy services are provided on-site to residents.

SAS Name: PT\_ONST\_RSDNT\_SW

COBOL Name: PT-ONST-RSDNT-SW

Services: Social Work Off-Site Residents Indicator 1 827 827 VARCHAR2  
Description: Indicates if social work services are provided off-site to residents.

SAS Name: SCL\_WORK\_SRVC\_OFSITE\_RSDNT\_SW

COBOL Name: SCL-WORK-SRVC-OFSITE-RSDNT-SW

Services: Social Work On-Site Nonresidents Indicator 1 828 828 VARCHAR2  
Description: Indicates if social work services are provided on-site to nonresidents.

SAS Name: SCL\_WORK\_SRVC\_ONST\_NRSDNT\_SW

COBOL Name: SCL-WORK-SRVC-ONST-NRSDNT-SW

Services: Social Work On-Site Residents Indicator 1 829 829 VARCHAR2  
Description: Indicates if social work services are provided on-site to residents.

SAS Name: SCL\_WORK\_SRVC\_ONST\_RSDNT\_SW

COBOL Name: SCL-WORK-SRVC-ONST-RSDNT-SW

Services: Speech Pathology Off-Site Residents Indicator 1 834 834 VARCHAR2

Description: Indicates if speech/language pathology services are provided off-site to residents.

SAS Name: SPCH\_PTHLGY\_OFSITE\_RSDNT\_SW

COBOL Name: SPCH-PTHLGY-OFSITE-RSDNT-SW



Services: Speech Pathology On-Site Nonresidents 1 835 835 VARCHAR2  
Indicator

Description: Indicates if speech/language pathology services are provided on-site to nonresidents.

SAS Name: SPCH\_PTHLGY\_ONST\_NRSDNT\_SW

COBOL Name: SPCH-PTHLGY-ONST-NRSDNT-SW

Services: Speech Pathology On-Site Residents 1 836 836 VARCHAR2  
Indicator

Description: Indicates if speech/language pathology services are provided on-site to residents.

SAS Name: SPCH\_PTHLGY\_ONST\_RSDNT\_SW

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SHORT DESCRIPTION LEN START END TYPE

COBOL Name: SPCH-PTHLGY-ONST-RSDNT-SW

Services: Therapeutic - Other Activities Staff - 1 839 839 VARCHAR2  
Off-Site Residents Indicator

Description: Indicates if therapeutic services are provided off-site to residents by other activities staff.

SAS Name: ACTVTY\_OTHR\_OFSITE\_RSDNT\_SW

COBOL Name: ACTVTY-OTHR-OFSITE-RSDNT-SW

Services: Therapeutic - Other Activities Staff - 1 840 840 VARCHAR2  
On-Site Nonresidents Indicator

Description: Indicates if therapeutic services are provided on-site to nonresidents by other activities staff.

SAS Name: ACTVTY\_OTHR\_ONST\_NRSDNT\_SW

COBOL Name: ACTVTY-OTHR-ONST-NRSDNT-SW

Services: Therapeutic - Other Activities Staff - 1 841 841 VARCHAR2  
On-Site Residents Indicator

Description: Indicates if therapeutic services are provided on-site to residents by other activities staff.

SAS Name: ACTVTY\_OTHR\_ONST\_RSDNT\_SW

COBOL Name: ACTVTY-OTHR-ONST-RSDNT-SW

Services: Therapeutic - Other Social Services Staff - 1 842 842 VARCHAR2  
Off-Site Residents Indicator

Description: Indicates if other therapeutic social services are provided off-site to residents.

SAS Name: SCL\_SRVC\_OTHR\_OFSITE\_RSDNT\_SW

COBOL Name: SCL-SRVC-OTHR-OFSITE-RSDNT-SW

Services: Therapeutic - Other Social Services Staff - 1 843 843 VARCHAR2  
On-Site Nonresidents Indicator

Description: Indicates if other therapeutic social services are provided on-site to nonresidents.

SAS Name: SCL\_SRVC\_OTHR\_ONST\_NRSNT\_SW

COBOL Name: SCL-SRVC-OTHR-ONST-NRSNT-SW

Services: Therapeutic - Other Social Services Staff - 1 844 844 VARCHAR2  
On-Site Residents Indicator

Description: Indicates if other therapeutic social services are provided on-site to residents.

SAS Name: SCL\_SRVC\_OTHR\_ONST\_RSDNT\_SW

COBOL Name: SCL-SRVC-OTHR-ONST-RSDNT-SW

Services: Therapeutic - Qualified Activities 1 845 845 VARCHAR2  
Professional - Off-Site Residents Indicator

Description: Indicates if therapeutic services are provided off-site to residents by qualified activities professionals.

SAS Name: ACTVTY\_OFSITE\_RSDNT\_SW

COBOL Name: ACTVTY-OFSITE-RSDNT-SW

Services: Therapeutic - Qualified Activities 1 846 846 VARCHAR2  
Professional - On-Site Nonresidents Indicator

Description: Indicates if therapeutic services are provided on-site to nonresidents by qualified activities professionals.

SAS Name: ACTVTY\_ONST\_NRSNT\_SW

COBOL Name: ACTVTY-ONST-NRSNT-SW

Services: Therapeutic - Qualified Activities 1 847 847 VARCHAR2  
Professional - On-Site Residents Indicator

Description: Indicates if therapeutic services are provided on-site to residents by qualified activities professionals.

SAS Name: ACTVTY\_ONST\_RSDNT\_SW

COBOL Name: ACTVTY-ONST-RSDNT-SW

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SHORT DESCRIPTION LEN START END TYPE

Services: Therapeutic Recreational Specialty Off-Site 1 849 849 VARCHAR2  
Residents Indicator

Description: Indicates if therapeutic recreation specialist services are provided off-site to residents.

SAS Name: THRPTC\_RCRTNL\_OFSITE\_RSDNT\_SW

COBOL Name: THRPTC-RCRTNL-OFSITE-RSDNT-SW

Services: Therapeutic Recreational Specialty On-Site 1 850 850 VARCHAR2

Nonresidents Indicator

Description: Indicates if therapeutic recreation specialist services are provided on-site to nonresidents.

SAS Name: THRPTC\_RCRTNL\_ONST\_NRSDNT\_SW

COBOL Name: THRPTC-RCRTNL-ONST-NRSDNT-SW

Services: Therapeutic Recreational Specialty On-Site 1 851 851 VARCHAR2  
Residents Indicator

Description: Indicates if therapeutic recreation specialist services are provided on-site to residents.

SAS Name: THRPTC\_RCRTNL\_ONST\_RSDNT\_SW

COBOL Name: THRPTC-RCRTNL-ONST-RSDNT-SW

Services: Vocational Off-Site Residents Indicator 1 854 854 VARCHAR2

Description: Indicates if vocational services are provided off-site to residents.

SAS Name: VCTNL\_SRVC\_OFSITE\_RSDNT\_SW

COBOL Name: VCTNL-SRVC-OFSITE-RSDNT-SW

Services: Vocational On-Site Nonresidents Indicator 1 855 855 VARCHAR2

Description: Indicates if vocational services are provided on-site to nonresidents.

SAS Name: VCTNL\_SRVC\_ONST\_NRSDNT\_SW

COBOL Name: VCTNL-SRVC-ONST-NRSDNT-SW

Services: Vocational On-Site Residents Indicator 1 856 856 VARCHAR2

Description: Indicates if vocational services are provided on-site to residents.

SAS Name: VCTNL\_SRVC\_ONST\_RSDNT\_SW

COBOL Name: VCTNL-SRVC-ONST-RSDNT-SW

Services: X-ray Off-Site Residents Indicator 1 857 857 VARCHAR2

Description: Indicates if diagnostic X-ray services are provided off-site to residents.

SAS Name: DGNSTC\_XRAY\_OFSITE\_RSDNT\_SW

COBOL Name: DGNSTC-XRAY-OFSITE-RSDNT-SW

Services: X-ray On-Site Nonresidents Indicator 1 858 858 VARCHAR2

Description: Indicates if diagnostic X-ray services are provided on-site to nonresidents.

SAS Name: DGNSTC\_XRAY\_ONST\_NRSDNT\_SW

COBOL Name: DGNSTC-XRAY-ONST-NRSDNT-SW

Services: X-ray On-Site Residents Indicator 1 859 859 VARCHAR2

Description: Indicates if diagnostic X-ray services are provided on-site to residents.

SAS Name: DGNSTC\_XRAY\_ONST\_RSDNT\_SW

COBOL Name: DGNSTC-XRAY-ONST-RSDNT-SW

Staff Count Override Indicator 1 861 861 CHAR

Description: Indicates if the regional office has approved a significant staff count change from the previous certification.

SAS Name: OVRRD\_STFG\_SW

COBOL Name: OVRRD-STFG-SW

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POS RECORD LAYOUT

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Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
Staff Count: Administrative Staff - Contract Description: Number of full-time equivalent administrative staff under contract to a facility. SAS Name: PROFNL_ADMIN_CNTRCT_CNT COBOL Name: PROFNL-ADMIN-CNTRCT-CNT	8	862	869	NUMBER
Staff Count: Administrative Staff - Full-Time Description: Number of full-time equivalent administrative staff employed on a full-time basis by a facility. SAS Name: PROFNL_ADMIN_FLTM_CNT COBOL Name: PROFNL-ADMIN-FLTM-CNT	8	870	877	NUMBER
Staff Count: Administrative Staff - Part-Time Description: Number of full-time equivalent administrative staff employed on a part-time basis by a facility. SAS Name: PROFNL_ADMIN_PRTM_CNT COBOL Name: PROFNL-ADMIN-PRTM-CNT	8	878	885	NUMBER
Staff Count: Certified Nurse Aide - Contract Description: Number of full-time equivalent certified nurse aides under contract to a facility. SAS Name: NRS_AIDE_CNTRCT_CNT COBOL Name: NRS-AIDE-CNTRCT-CNT	8	910	917	NUMBER
Staff Count: Certified Nurse Aide - Full-Time Description: Number of full-time equivalent certified nurse aides employed full-time by a facility. SAS Name: NRS_AIDE_FLTM_CNT COBOL Name: NRS-AIDE-FLTM-CNT	8	918	925	NUMBER
Staff Count: Certified Nurse Aide - Part-Time Description: Number of full-time equivalent certified nurse aides employed part-time by a facility. SAS Name: NRS_AIDE_PRTM_CNT COBOL Name: NRS-AIDE-PRTM-CNT	8	926	933	NUMBER
Staff Count: Dentist - Contract	8	958	965	NUMBER

Description: Number of full-time equivalent dentists under contract to a facility.

SAS Name: DNTST\_CNTRCT\_CNT

COBOL Name: DNTST-CNTRCT-CNT

Staff Count: Dentist - Full-Time 8 966 973 NUMBER

Description: Number of full-time equivalent dentists employed full time by a facility.

SAS Name: DNTST\_FLTM\_CNT

COBOL Name: DNTST-FLTM-CNT

Staff Count: Dentist - Part-Time 8 974 981 NUMBER

Description: Number of full-time equivalent dentists employed part time by a facility.

SAS Name: DNTST\_PRTM\_CNT

COBOL Name: DNTST-PRTM-CNT

Staff Count: Dietitian - Contract 8 990 997 NUMBER

Description: Number of full-time equivalent dietitians under contract to a facility.

SAS Name: DIETN\_CNTRCT\_CNT

COBOL Name: DIETN-CNTRCT-CNT

Staff Count: Dietitian - Full-Time 8 998 1005 NUMBER

Description: Number of full-time equivalent dietitians employed full time by a facility.

DATE: 10/03/2022

POS RECORD LAYOUT

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Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

SAS Name: DIETN\_FLTM\_CNT

COBOL Name: DIETN-FLTM-CNT

Staff Count: Dietitian - Part-Time 8 1006 1013 NUMBER

Description: Number of full-time equivalent dietitians employed part time by a facility.

SAS Name: DIETN\_PRTM\_CNT

COBOL Name: DIETN-PRTM-CNT

Staff Count: Food Service Worker - Contract 8 1022 1029 NUMBER

Description: Number of full-time equivalent food service personnel under contract to a facility.

SAS Name: FOOD\_SRVC\_CNTRCT\_CNT

COBOL Name: FOOD-SRVC-CNTRCT-CNT

Staff Count: Food Service Worker - Full-Time 8 1030 1037 NUMBER

Description: Number of full-time equivalent food service personnel

employed full-time by a facility.  
SAS Name: FOOD\_SRVC\_FLTM\_CNT  
COBOL Name: FOOD-SRVC-FLTM-CNT

Staff Count: Food Service Worker - Part-Time 8 1038 1045 NUMBER  
Description: Number of full-time equivalent food service personnel  
employed part-time by a facility.  
SAS Name: FOOD\_SRVC\_PRTM\_CNT  
COBOL Name: FOOD-SRVC-PRTM-CNT

Staff Count: Housekeeping - Contract 8 1070 1077 NUMBER  
Description: Number of full-time equivalent housekeeping personnel  
under contract to a facility.  
SAS Name: HSEKPNG\_CNTRCT\_CNT  
COBOL Name: HSEKPNG-CNTRCT-CNT

Staff Count: Housekeeping - Full-Time 8 1078 1085 NUMBER  
Description: Number of full-time equivalent housekeeping personnel  
employed full-time by a facility.  
SAS Name: HSEKPNG\_FLTM\_CNT  
COBOL Name: HSEKPNG-FLTM-CNT

Staff Count: Housekeeping - Part-Time 8 1086 1093 NUMBER  
Description: Number of full-time equivalent housekeeping personnel  
employed part-time by a facility.  
SAS Name: HSEKPNG\_PRTM\_CNT  
COBOL Name: HSEKPNG-PRTM-CNT

Staff Count: LPN/LVN - Contract 8 1118 1125 NUMBER  
Description: Number of full-time equivalent licensed  
practical/vocational nurses under contract to a facility.  
SAS Name: LPN\_LVN\_CNTRCT\_CNT  
COBOL Name: LPN-LVN-CNTRCT-CNT

Staff Count: LPN/LVN - Full-Time 8 1126 1133 NUMBER  
Description: Number of full-time equivalent licensed  
practical/vocational nurses employed full-time by a  
facility.  
SAS Name: LPN\_LVN\_FLTM\_CNT  
COBOL Name: LPN-LVN-FLTM-CNT

Staff Count: LPN/LVN - Part-Time 8 1134 1141 NUMBER  
Description: Number of full-time equivalent licensed  
practical/vocational nurses employed part-time by a  
facility.  
SAS Name: LPN\_LVN\_PRTM\_CNT  
COBOL Name: LPN-LVN-PRTM-CNT

Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
Staff Count: Medical Director - Contract	8	1150	1157	NUMBER
Description: Number of full-time equivalent medical directors under contract to a facility.				
SAS Name: MDCL_DRCTR_CNTRCT_CNT				
COBOL Name: MDCL-DRCTR-CNTRCT-CNT				
Staff Count: Medical Director - Full-Time	8	1158	1165	NUMBER
Description: Number of full-time equivalent medical directors employed full-time by a facility.				
SAS Name: MDCL_DRCTR_FLTM_CNT				
COBOL Name: MDCL-DRCTR-FLTM-CNT				
Staff Count: Medical Director - Part-Time	8	1166	1173	NUMBER
Description: Number of full-time equivalent medical directors employed part-time by a facility.				
SAS Name: MDCL_DRCTR_PRTM_CNT				
COBOL Name: MDCL-DRCTR-PRTM-CNT				
Staff Count: Medication Aide/Technician - Contract	8	1198	1205	NUMBER
Description: Number of full-time equivalent medication aides/technicians under contract to a facility.				
SAS Name: MDCTN_AIDE_CNTRCT_CNT				
COBOL Name: MDCTN-AIDE-CNTRCT-CNT				
Staff Count: Medication Aide/Technician - Full-Time	8	1206	1213	NUMBER
Description: Number of full-time equivalent medication aides/technicians employed full-time by a facility.				
SAS Name: MDCTN_AIDE_FLTM_CNT				
COBOL Name: MDCTN-AIDE-FLTM-CNT				
Staff Count: Medication Aide/Technician - Part-Time	8	1214	1221	NUMBER
Description: Number of full-time equivalent medication aides/technicians employed part-time by a facility.				
SAS Name: MDCTN_AIDE_PRTM_CNT				
COBOL Name: MDCTN-AIDE-PRTM-CNT				
Staff Count: Mental Health Services - Contract	8	1222	1229	NUMBER
Description: Number of full-time equivalent mental health services personnel under contract to a facility.				
SAS Name: MENTL_HLTH_SRVC_CNTRCT_CNT				
COBOL Name: MENTL-HLTH-SRVC-CNTRCT-CNT				
Staff Count: Mental Health Services - Full-Time	8	1230	1237	NUMBER
Description: Number of full-time equivalent mental health services personnel employed full-time by a facility.				

SAS Name: MENTL\_HLTH\_SRVC\_FLTM\_CNT  
COBOL Name: MENTL-HLTH-SRVC-FLTM-CNT

Staff Count: Mental Health Services - Part-Time 8 1238 1245 NUMBER  
Description: Number of full-time equivalent mental health services  
personnel employed part-time by a facility.

SAS Name: MENTL\_HLTH\_SRVC\_PRTM\_CNT  
COBOL Name: MENTL-HLTH-SRVC-PRTM-CNT

Staff Count: Nurse Aide in Training - Contract 8 1254 1261 NUMBER  
Description: Number of full-time equivalent nurse aides in training  
under contract to a facility.

SAS Name: NAT\_CNTRCT\_CNT  
COBOL Name: NAT-CNTRCT-CNT

Staff Count: Nurse Aide in Training - Full-Time 8 1262 1269 NUMBER  
Description: Number of full-time equivalent nurse aides in training  
employed full-time by a facility.

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SHORT DESCRIPTION	LEN	START	END	TYPE
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SAS Name: NAT\_FLTM\_CNT  
COBOL Name: NAT-FLTM-CNT

Staff Count: Nurse Aide in Training - Part-Time 8 1270 1277 NUMBER  
Description: Number of full-time equivalent nurse aides in training  
employed part-time by a facility.

SAS Name: NAT\_PRTM\_CNT  
COBOL Name: NAT-PRTM-CNT

Staff Count: Nurse With Administrative Duties - Contract 8 1286 1293 NUMBER  
Contract

Description: Number of full-time equivalent nurses with administrative  
duties under contract to a facility.

SAS Name: NRS\_ADMINV\_CNTRCT\_CNT  
COBOL Name: NRS-ADMINV-CNTRCT-CNT

Staff Count: Nurse With Administrative Duties - Full-Time 8 1294 1301 NUMBER  
Full-Time

Description: Number of full-time equivalent nurses with administrative  
duties employed full-time by a facility.

SAS Name: NRS\_ADMINV\_FLTM\_CNT  
COBOL Name: NRS-ADMINV-FLTM-CNT

Staff Count: Nurse With Administrative Duties - Part-Time 8 1302 1309 NUMBER  
Part-Time



Description: Number of full-time equivalent nurses with administrative duties employed part-time by a facility.

SAS Name: NRS\_ADMINV\_PRTM\_CNT

COBOL Name: NRS-ADMINV-PRTM-CNT

Staff Count: OT - Arrangement 8 1318 1325 NUMBER

Description: Number of full-time equivalent occupational therapists under arrangement to the provider

SAS Name: OCPTNL\_THRPST\_CNTRCT\_CNT

COBOL Name: OCPTNL-THRPST-CNTRCT-CNT

Staff Count: OT - Full-Time 8 1326 1333 NUMBER

Description: Number of full-time equivalent occupational therapists employed full-time by a facility.

SAS Name: OCPTNL\_THRPST\_FLTM\_CNT

COBOL Name: OCPTNL-THRPST-FLTM-CNT

Staff Count: OT - Part-Time 8 1334 1341 NUMBER

Description: Number of full-time equivalent occupational therapists employed part-time by a facility.

SAS Name: OCPTNL\_THRPST\_PRTM\_CNT

COBOL Name: OCPTNL-THRPST-PRTM-CNT

Staff Count: OT Aide - Contract 8 1342 1349 NUMBER

Description: Number of full-time equivalent occupational therapy aides under contract to a facility.

SAS Name: OT\_AIDE\_CNTRCT\_CNT

COBOL Name: OT-AIDE-CNTRCT-CNT

Staff Count: OT Aide - Full-Time 8 1350 1357 NUMBER

Description: Number of full-time equivalent occupational therapy aides employed full-time by a facility.

SAS Name: OT\_AIDE\_FLTM\_CNT

COBOL Name: OT-AIDE-FLTM-CNT

Staff Count: OT Aide - Part-Time 8 1358 1365 NUMBER

Description: Number of full-time equivalent occupational therapy aides employed part-time by a facility.

SAS Name: OT\_AIDE\_PRTM\_CNT

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Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

COBOL Name: OT-AIDE-PRTM-CNT

Staff Count: OT Assistant - Contract 8 1366 1373 NUMBER

Description: Number of full-time equivalent occupational therapy

assistants under contract to a facility.  
SAS Name: OT\_ASTNT\_CNTRCT\_CNT  
COBOL Name: OT-ASTNT-CNTRCT-CNT

Staff Count: OT Assistant - Full-Time 8 1374 1381 NUMBER  
Description: Number of full-time equivalent occupational therapy assistants employed full-time by a facility.  
SAS Name: OT\_ASTNT\_FLTM\_CNT  
COBOL Name: OT-ASTNT-FLTM-CNT

Staff Count: OT Assistant - Part-Time 8 1382 1389 NUMBER  
Description: Number of full-time equivalent occupational therapy assistants employed part-time by a facility.  
SAS Name: OT\_ASTNT\_PRTM\_CNT  
COBOL Name: OT-ASTNT-PRTM-CNT

Staff Count: Other Activities - Contract 8 1398 1405 NUMBER  
Description: Number of full-time equivalent other activities staff providing therapeutic services under contract to a facility.  
SAS Name: ACTVTY\_STF\_OTHR\_CNTRCT\_CNT  
COBOL Name: ACTVTY-STF-OTHR-CNTRCT-CNT

Staff Count: Other Activities - Full-Time 8 1406 1413 NUMBER  
Description: Number of full-time equivalent other activities staff providing therapeutic services employed full time by a facility.  
SAS Name: ACTVTY\_STF\_OTHR\_FLTM\_CNT  
COBOL Name: ACTVTY-STF-OTHR-FLTM-CNT

Staff Count: Other Activities - Part-Time 8 1414 1421 NUMBER  
Description: Number of full-time equivalent other activities staff providing therapeutic services employed part time by a facility.  
SAS Name: ACTVTY\_STF\_OTHR\_PRTM\_CNT  
COBOL Name: ACTVTY-STF-OTHR-PRTM-CNT

Staff Count: Other Physician - Contract 8 1422 1429 NUMBER  
Description: Number of full-time equivalent other physicians under contract to a facility.  
SAS Name: PHYSN\_OTHR\_CNTRCT\_CNT  
COBOL Name: PHYSN-OTHR-CNTRCT-CNT

Staff Count: Other Physician - Full-Time 8 1430 1437 NUMBER  
Description: Number of full-time equivalent other physicians employed full-time by a facility.  
SAS Name: PHYSN\_OTHR\_FLTM\_CNT  
COBOL Name: PHYSN-OTHR-FLTM-CNT

Staff Count: Other Physician - Part-Time 8 1438 1445 NUMBER

Description: Number of full-time equivalent other physicians employed part-time by a facility.

SAS Name: PHYSN\_OTHR\_PRTM\_CNT

COBOL Name: PHYSN-OTHR-PRTM-CNT

Staff Count: Other Social Services - Contract 8 1446 1453 NUMBER

Description: Number of full-time equivalent other social services staff under contract to a facility.

SAS Name: SCL\_SRVC\_OTHR\_STF\_CNTRCT\_CNT

COBOL Name: SCL-SRVC-OTHR-STF-CNTRCT-CNT

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POS RECORD LAYOUT

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Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Staff Count: Other Social Services - Full-Time	8	1454	1461	NUMBER
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Description: Number of full-time equivalent other social services staff employed full time by a facility.

SAS Name: SCL\_SRVC\_OTHR\_STF\_FLTM\_CNT

COBOL Name: SCL-SRVC-OTHR-STF-FLTM-CNT

Staff Count: Other Social Services - Part-Time	8	1462	1469	NUMBER
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Description: Number of full-time equivalent other social services staff employed part time by a facility.

SAS Name: SCL\_SRVC\_OTHR\_STF\_PRTM\_CNT

COBOL Name: SCL-SRVC-OTHR-STF-PRTM-CNT

Staff Count: Other Staff - Contract	8	1470	1477	NUMBER
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Description: Number of full-time equivalent staff not included in any other categories under contract to the facility.

SAS Name: STF\_OTHR\_CNTRCT\_CNT

COBOL Name: STF-OTHR-CNTRCT-CNT

Staff Count: Other Staff - Full-Time	8	1478	1485	NUMBER
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Description: Number of full-time equivalent persons not included in any other categories employed full-time by the facility.

SAS Name: STF\_OTHR\_FLTM\_CNT

COBOL Name: STF-OTHR-FLTM-CNT

Staff Count: Other Staff - Part-Time	8	1486	1493	NUMBER
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Description: Number of full-time equivalent persons not included in any other categories employed part-time by the facility.

SAS Name: STF\_OTHR\_PRTM\_CNT

COBOL Name: STF-OTHR-PRTM-CNT

Staff Count: Pharmacist - Contract	8	1494	1501	NUMBER
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Description: Number of full-time equivalent pharmacists under contract

to a facility.  
SAS Name: PHRMCST\_CNTRCT\_CNT  
COBOL Name: PHRMCST-CNTRCT-CNT

Staff Count: Pharmacist - Full-Time 8 1502 1509 NUMBER  
Description: Number of full-time equivalent pharmacists employed  
full-time by a facility.  
SAS Name: PHRMCST\_FLTM\_CNT  
COBOL Name: PHRMCST-FLTM-CNT

Staff Count: Pharmacist - Part-Time 8 1510 1517 NUMBER  
Description: Number of full-time equivalent pharmacists employed  
part-time by a facility.  
SAS Name: PHRMCST\_PRTM\_CNT  
COBOL Name: PHRMCST-PRTM-CNT

Staff Count: Physical Therapist - Contract 8 1518 1525 NUMBER  
Description: Number of full-time equivalent physical therapists under  
contract to a facility.  
SAS Name: PHYS\_THRPST\_CNTRCT\_CNT  
COBOL Name: PHYS-THRPST-CNTRCT-CNT

Staff Count: Physical Therapist - Full-Time 8 1526 1533 NUMBER  
Description: Number of full-time equivalent physical therapists  
employed full-time by a facility.  
SAS Name: PHYS\_THRPST\_FLTM\_CNT  
COBOL Name: PHYS-THRPST-FLTM-CNT

Staff Count: Physical Therapist - Part-Time 8 1534 1541 NUMBER  
Description: Number of full-time equivalent physical therapists  
employed part-time by a facility.

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Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

SAS Name: PHYS\_THRPST\_PRTM\_CNT  
COBOL Name: PHYS-THRPST-PRTM-CNT

Staff Count: Physician Extender - Contract 8 1566 1573 NUMBER  
Description: Number of full-time equivalent physician extenders under  
contract to the facility.  
SAS Name: PHYSN\_EXT\_CNTRCT\_CNT  
COBOL Name: PHYSN-EXT-CNTRCT-CNT

Staff Count: Physician Extender - Full-Time 8 1574 1581 NUMBER  
Description: Number of full-time equivalent physician extenders  
employed full-time by the facility.

SAS Name: PHYSN\_EXT\_FLTM\_CNT  
COBOL Name: PHYSN-EXT-FLTM-CNT

Staff Count: Physician Extender - Part-Time 8 1582 1589 NUMBER  
Description: Number of full-time equivalent physician extenders  
employed part-time by the facility.

SAS Name: PHYSN\_EXT\_PRTM\_CNT  
COBOL Name: PHYSN-EXT-PRTM-CNT

Staff Count: Podiatrist - Contract 8 1598 1605 NUMBER  
Description: Number of full-time equivalent podiatrists under contract  
to a facility.

SAS Name: PDTRST\_CNTRCT\_CNT  
COBOL Name: PDTRST-CNTRCT-CNT

Staff Count: Podiatrist - Full-Time 8 1606 1613 NUMBER  
Description: Number of full-time equivalent podiatrists employed  
full-time by a facility.

SAS Name: PDTRST\_FLTM\_CNT  
COBOL Name: PDTRST-FLTM-CNT

Staff Count: Podiatrist - Part-Time 8 1614 1621 NUMBER  
Description: Number of full-time equivalent podiatrists employed  
part-time by a facility.

SAS Name: PDTRST\_PRTM\_CNT  
COBOL Name: PDTRST-PRTM-CNT

Staff Count: PT Aide - Contract 8 1654 1661 NUMBER  
Description: Number of full-time equivalent physical therapy aides  
under contract to a facility.

SAS Name: PT\_AIDE\_CNTRCT\_CNT  
COBOL Name: PT-AIDE-CNTRCT-CNT

Staff Count: PT Aide - Full-Time 8 1662 1669 NUMBER  
Description: Number of full-time equivalent physical therapy aides  
employed full-time by a facility.

SAS Name: PT\_AIDE\_FLTM\_CNT  
COBOL Name: PT-AIDE-FLTM-CNT

Staff Count: PT Aide - Part-Time 8 1670 1677 NUMBER  
Description: Number of full-time equivalent physical therapy aides  
employed part-time by a facility.

SAS Name: PT\_AIDE\_PRTM\_CNT  
COBOL Name: PT-AIDE-PRTM-CNT

Staff Count: PT Assistant - Contract 8 1678 1685 NUMBER  
Description: Number of full-time equivalent physical therapy  
assistants under contract to a facility.

SAS Name: PT\_ASTNT\_CNTRCT\_CNT  
COBOL Name: PT-ASTNT-CNTRCT-CNT

Staff Count: PT Assistant - Full-Time 8 1686 1693 NUMBER

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Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

Description: Number of full-time equivalent physical therapy assistants employed full-time by a facility.

SAS Name: PT\_ASTNT\_FLTM\_CNT

COBOL Name: PT-ASTNT-FLTM-CNT

Staff Count: PT Assistant - Part-Time 8 1694 1701 NUMBER

Description: Number of full-time equivalent physical therapy assistants employed part-time by a facility.

SAS Name: PT\_ASTNT\_PRTM\_CNT

COBOL Name: PT-ASTNT-PRTM-CNT

Staff Count: Qualified Activities Professional - Contract 8 1702 1709 NUMBER

Description: Number of full-time equivalent qualified activities professionals providing therapeutic services under contract to a facility.

SAS Name: ACTVTY\_PROFNL\_CNTRCT\_CNT

COBOL Name: ACTVTY-PROFNL-CNTRCT-CNT

Staff Count: Qualified Activities Professional - Full-Time 8 1710 1717 NUMBER

Description: Number of full-time equivalent qualified activities professionals providing therapeutic services employed full time by a facility.

SAS Name: ACTVTY\_PROFNL\_FLTM\_CNT

COBOL Name: ACTVTY-PROFNL-FLTM-CNT

Staff Count: Qualified Activities Professional - Part-Time 8 1718 1725 NUMBER

Description: Number of full-time equivalent qualified activities professionals providing therapeutic services employed part time by a facility.

SAS Name: ACTVTY\_PROFNL\_PRTM\_CNT

COBOL Name: ACTVTY-PROFNL-PRTM-CNT

Staff Count: RN - Contract 8 1758 1765 NUMBER

Description: Number of full-time equivalent registered nurses under contract to a facility.

SAS Name: RN\_CNTRCT\_CNT

COBOL Name: RN-CNTRCT-CNT

Staff Count: RN - Full-Time 8 1766 1773 NUMBER  
Description: Number of full-time equivalent registered nurses employed full-time by a facility.  
SAS Name: RN\_FLTM\_CNT  
COBOL Name: RN-FLTM-CNT

Staff Count: RN - Part-Time 8 1774 1781 NUMBER  
Description: Number of full-time equivalent registered nurses employed part-time by a facility.  
SAS Name: RN\_PRTM\_CNT  
COBOL Name: RN-PRTM-CNT

Staff Count: RN Director of Nursing - Contract 8 1790 1797 NUMBER  
Description: Number of full-time equivalent registered nurse directors of nursing under contract to a facility.  
SAS Name: RN\_DRCTR\_CNTRCT\_CNT  
COBOL Name: RN-DRCTR-CNTRCT-CNT

Staff Count: RN Director of Nursing - Full-Time 8 1798 1805 NUMBER  
Description: Number of full-time equivalent registered nurse directors of nursing employed full-time by a facility.  
SAS Name: RN\_DRCTR\_FLTM\_CNT  
COBOL Name: RN-DRCTR-FLTM-CNT

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Skilled Nursing Facility, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Staff Count: RN Director of Nursing - Part-Time 8 1806 1813 NUMBER  
Description: Number of full-time equivalent registered nurse directors of nursing employed part-time by a facility.  
SAS Name: RN\_DRCTR\_PRTM\_CNT  
COBOL Name: RN-DRCTR-PRTM-CNT

Staff Count: Social Worker - Contract 8 1822 1829 NUMBER  
Description: Number of full-time equivalent social workers under contract to a facility.  
SAS Name: SCL\_WORKR\_CNTRCT\_CNT  
COBOL Name: SCL-WORKR-CNTRCT-CNT

Staff Count: Social Worker - Full-Time 8 1830 1837 NUMBER  
Description: Number of full-time equivalent social workers employed full-time by a facility.  
SAS Name: SCL\_WORKR\_FLTM\_CNT  
COBOL Name: SCL-WORKR-FLTM-CNT

Staff Count: Social Worker - Part-Time 8 1838 1845 NUMBER

Description: Number of full-time equivalent social workers employed part-time by a facility.

SAS Name: SCL\_WORKKR\_PRTM\_CNT

COBOL Name: SCL-WORKKR-PRTM-CNT

Staff Count: Speech Pathologist - Contract 8 1854 1861 NUMBER

Description: Number of full-time equivalent speech pathologists under contract to a facility.

SAS Name: SPCH\_PTHLGST\_CNTRCT\_CNT

COBOL Name: SPCH-PTHLGST-CNTRCT-CNT

Staff Count: Speech Pathologist - Full-Time 8 1862 1869 NUMBER

Description: Number of full-time equivalent speech pathologists employed full-time by a facility.

SAS Name: SPCH\_PTHLGST\_FLTM\_CNT

COBOL Name: SPCH-PTHLGST-FLTM-CNT

Staff Count: Speech Pathologist - Part-Time 8 1870 1877 NUMBER

Description: Number of full-time equivalent speech pathologists employed part-time by a facility.

SAS Name: SPCH\_PTHLGST\_PRTM\_CNT

COBOL Name: SPCH-PTHLGST-PRTM-CNT

Staff Count: Therapeutic Recreational Specialist - Contract 8 1910 1917 NUMBER

Description: Number of full-time equivalent therapeutic recreation specialist staff under contract to a facility.

SAS Name: THRPTC\_RCRTNL\_CNTRCT\_CNT

COBOL Name: THRPTC-RCRTNL-CNTRCT-CNT

Staff Count: Therapeutic Recreational Specialist - Full-Time 8 1918 1925 NUMBER

Description: Number of full-time equivalent therapeutic recreation specialist staff employed full-time by a facility.

SAS Name: THRPTC\_RCRTNL\_FLTM\_CNT

COBOL Name: THRPTC-RCRTNL-FLTM-CNT

Staff Count: Therapeutic Recreational Specialist - Part-Time 8 1926 1933 NUMBER

Description: Number of full-time equivalent therapeutic recreation specialist staff employed full-time by a facility.

SAS Name: THRPTC\_RCRTNL\_PRTM\_CNT

COBOL Name: THRPTC-RCRTNL-PRTM-CNT





SSA County Code 3 45 47 VARCHAR2  
 Description: Social Security Administration geographic code indicating the county where the provider is located.  
 SAS Name: SSA\_CNTY\_CD  
 COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR  
 Description: Cross reference provider number  
 SAS Name: CROSS\_REF\_PROVIDER\_NUMBER  
 COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date 8 58 65 DATE  
 Description: Equal to the exit date of the initial visit of the Health survey for certifications completed after July 28, 2012. For certifications prior to that date, the certification

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 Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

date is equal to the exit date of the initial visit of the Health survey or LSC survey, whichever is later.  
 SAS Name: CRTFCTN\_DT  
 COBOL Name: CRTFCTN-DT

Eligibility Indicator 1 66 66 VARCHAR2  
 Description: Indicates if a facility is eligible to participate in the Medicare and/or Medicaid programs.  
 SAS Name: ELGBLTY\_SW  
 COBOL Name: ELGBLTY-SW

Facility Name 50 67 116 VARCHAR2  
 Description: Name of the provider certified to participate in the Medicare and/or Medicaid programs.  
 SAS Name: FAC\_NAME  
 COBOL Name: FAC-NAME

Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code 5 117 121 VARCHAR2  
 Description: Number assigned to the Medicare Administrative Contractor, intermediary or carrier servicing this provider.  
 SAS Name: INTRMDRY\_CARR\_CD  
 COBOL Name: INTRMDRY-CARR-CD  
 VALUES: 00000=DUMMY FOR MEDICAID HHA  
 00010=BLUE CROSS (ALABAMA)  
 00011=CAHABA  
 00020=BLUE CROSS (ARKANSAS)

00040=BLUE CROSS (CALIFORNIA)  
 00060=BLUE CROSS (CONNECTICUT)  
 00070=BLUE CROSS (DELAWARE)  
 00090=BLUE CROSS (FLORIDA)  
 00101=BLUE CROSS (GEORGIA)  
 00121=HEALTH CARE SERVICE CORPORATION  
 00122=HCSC - MICHIGAN  
 00123=HCSC OF MICHIGAN  
 00130=NATIONAL GOVERNMENT SERVICES  
 00131=NATIONAL GOVERNMENT SERVICES  
 00140=BLUE CROSS (IOWA/SOUTH DAKOTA)  
 00150=BLUE CROSS (KANSAS)  
 00160=NATIONAL GOVERNMENT SERVICES  
 00180=NATIONAL GOVERNMENT SERVICES  
 00181=NATIONAL GOVERNMENT SERVICES  
 00190=BLUE CROSS (MARYLAND)  
 00200=BLUE CROSS (MASSACHUSETTS)  
 00210=BLUE CROSS (MICHIGAN)  
 00220=BLUE CROSS (MINNESOTA)  
 00230=BLUE CROSS (MISSISSIPPI)  
 00231=BLUE CROSS (LOUISIANA)  
 00233=PINNACLE  
 00241=BLUE CROSS (MISSOURI)  
 00260=BLUE CROSS (NEBRASKA)  
 00270=NATIONAL GOVERNMENT SERVICES  
 00280=BLUE CROSS (NEW JERSEY)  
 00290=BLUE CROSS (NEW MEXICO)  
 00308=NATIONAL GOVERNMENT SERVICES  
 00310=BLUE CROSS (NORTH CAROLINA)  
 00320=NORIDIAN PART A  
 00322=NORIDIAN PART A (AK/WA)  
 00323=NORIDIAN PART A (ID/OR)  
 00325=NORIDIAN  
 00332=NATIONAL GOVERNMENT SERVICES  
 00340=BLUE CROSS (OKLAHOMA)  
 00350=BLUE CROSS (OREGON)

DATE: 10/03/2022

POS RECORD LAYOUT

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Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				

00400=BLUE CROSS (TEXAS)  
00410=BLUE CROSS (UTAH)  
00423=BLUE CROSS (VIRGINIA/WEST VA)  
00430=BLUE CROSS (WASHINGTON & ALASKA)  
00450=NATIONAL GOVERNMENT SERVICES  
00452=NATIONAL GOVERNMENT SERVICES  
00453=NATIONAL GOVERNMENT SERVICES  
00454=NATIONAL GOVERNMENT SERVICES  
00456=NATIONAL GOVERNMENT SERVICES  
00468=BLUE CROSS (NORTH CAROLINA FOR PR)  
00510=BLUE SHIELD (ALABAMA)  
00511=CAHABA  
00512=CAHABA  
00520=BLUE SHIELD (ARKANSAS)  
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)  
00542=BLUE SHIELD (CALIFORNIA)  
00550=BLUE SHIELD (COLORADO)  
00570=BLUE SHIELD (DELAWARE)  
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)  
00590=BLUE SHIELD (FLORIDA)  
00621=BLUE SHIELD (ILLINOIS)  
00630=NATIONAL GOVERNMENT SERVICES  
00640=BLUE SHIELD (IOWA)  
00650=BLUE SHIELD (KANSAS)  
00655=BLUE SHIELD (KANSAS/NEBRASKA)  
00660=NATIONAL GOVERNMENT SERVICES  
00690=BLUE SHIELD (MARYLAND)  
00700=BLUE SHIELD (MASSACHUSETTS)  
00710=BLUE SHIELD (MICHIGAN)  
00720=BLUE SHIELD (MINNESOTA)  
00740=BLUE SHIELD (KANSAS CITY)  
00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)  
00780=BLUE SHIELD (TRI-STATE)  
00801=BLUE SHIELD (BUFFALO)  
00803=NATIONAL GOVERNMENT SERVICES  
00805=NATIONAL GOVERNMENT SERVICES  
00821=NORIDIAN  
00824=NORIDIAN GVT SERVICES (CO)  
00826=NORIDIAN GVT SERVICES (IA)  
00831=NORIDIAN GVT SERVICES (AK)  
00832=NORIDIAN GVT SERVICES (AZ)  
00833=NORIDIAN GVT SERVICES (HI)  
00834=NORIDIAN GVT SERVICES (NV)  
00835=NORIDIAN GVT SERVICES (OR)  
00836=NORIDIAN GVT SERVICES (WA)  
00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)  
00865=BLUE SHIELD (PENNSYLVANIA)  
00870=BLUE SHIELD (RHODE ISLAND)  
00880=BLUE SHIELD (SOUTH CAROLINA)  
00883=PALMETTO GBA PART B

00884=PALMETTO GBA  
 00889=NORIDIAN GVT SERVICES (SD)  
 00900=BLUE SHIELD (TEXAS)  
 00901=TRAILBLAZERS HEALTH ENTERPRISES  
 00904=TRAILBLAZER  
 00910=BLUE SHIELD (UTAH)  
 00930=BLUE SHIELD (WASHINGTON)

DATE: 10/03/2022

POS RECORD LAYOUT

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Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH))				
01111=Noridian (CA)				
01112=Noridian (NF)				
01120=AETNA (HAWAII)				
01182=Noridian (SF)				
01192=PALMETTO (CALIFORNIA SOUTH)				
01201=PALMETTO (HAWAII)				
01202=PALMETTO (HAWAII)				
01211=Noridian (AS, GU, HI)				
01212=Noridian (AS, GU, HI)				
01290=AETNA (NEVADA)				
01301=PALMETTO (NEVADA)				
01302=PALMETTO (NEVADA)				
01311=Noridian (NV)				
01312=Noridian (NV)				
01360=AETNA (NEW MEXICO)				
01370=AETNA (OKLAHOMA)				
01380=AETNA (OREGON)				
01390=AETNA (WASHINGTON)				
01901=PALMETTO GBA				
01902=PALMETTO GBA				
01911=Noridian (AS, GU, HI, NV)				
02050=OCCIDENTAL (CALIFORNIA)				
02101=Noridian AK				
02102=Noridian AK				

02201=Noridian ID  
 02202=Noridian ID  
 02301=Noridian OR  
 02302=Noridian OR  
 02401=Noridian WA  
 02402=Noridian WA  
 03001=NORIDIAN ADMIN SERVICES  
 03101=NORIDIAN (ARIZONA)  
 03102=NORIDIAN (ARIZONA)  
 03201=NORIDIAN (MONTANA)  
 03202=NORIDIAN (MONTANA)  
 03301=NORDIAN (NORTH DAKOTA)  
 03302=NORDIAN (NORTH DAKOTA)  
 03401=NORIDIAN (SOUTH DAKOTA)  
 03402=NORIDIAN (SOUTH DAKOTA)  
 03501=NORIDIAN (UTAH)  
 03502=NORIDIAN (UTAH)  
 03601=NORIDIAN (WYOMING)  
 03602=NORIDIAN (WYOMING)  
 04001=TRAILBLAZER  
 04101=TRAILBLAZER (COLORADO)  
 04102=TRAILBLAZER (COLORADO)  
 04111=NOVITAS (COLORADO)  
 04112=NOVITAS (COLORADO)  
 04201=TRAILBLAZER (NEW MEXICO)  
 04202=TRAILBLAZER (NEW MEXICO)  
 04211=NOVITAS (NEW MEXICO)  
 04212=NOVITAS (NEW MEXICO)

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POS RECORD LAYOUT

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Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				

05301=WPS (MISSOURI)  
05302=WPS (MISSOURI WEST)  
05392=WPS (MISSOURI EAST)  
05401=WPS (NEBRASKA)  
05402=WPS (NEBRASKA)  
05440=EQICOR (TENNESSEE)  
05535=EQICOR (NORTH CAROLINA)  
05901=WISCONSIN PHYSICIANS SERVICE  
06001=NGS (WI)  
06004=National Govt Serv HHH  
06014=NATIONAL GOVERNMENT SERVICES  
06101=NGS (IL)  
06102=NGS (IL)  
06201=NGS (MN)  
06202=NGS (MN)  
06301=NGS (WI)  
06302=NGS (WI)  
07101=Novitas AR  
07102=Novitas AR  
07201=Novitas LA  
07202=Novitas LA  
07301=Novitas MS  
07302=Novitas MS  
08101=WPS IN  
08102=WPS IN  
08201=WPS MI  
08202=WPS MI  
09101=FIRST COAST (FLORIDA)  
09102=FIRST COAST (FLORIDA)  
09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)  
09202=FIRST COAST (PUERTO RICO)  
09302=FIRST COAST (VIRGIN ISLANDS)  
10071=TRAVELERS (RRB)  
10101=CAHABA GBA (AL)  
10102=CAHABA GBA (AL)  
10111=PALMETTO GBA (Part A) (AL)  
10112=PALMETTO GBA (AL)  
10201=CAHABA GBA (GA)  
10202=CAHABA GBA (GA)  
10211=PALMETTO GBA (GA)  
10212=PALMETTO GBA (GA)  
10230=TRAVELERS (CONNECTICUT)  
10240=TRAVELERS (MINNESOTA)  
10250=TRAVELERS (MISSISSIPPI)  
10301=CAHABA GBA (TN)  
10302=CAHABA GBA (TN)  
10311=PALMETTO GBA (TN)  
10312=PALMETTO GBA (TN)  
10490=TRAVELERS (VIRGINIA)

Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				
12102=Novitas DE				
12201=Novitas DC				
12202=Novitas DC				
12301=Novitas MD				
12302=Novitas MD				
12401=Novitas NJ				
12402=Novitas NJ				
12501=Novitas PA				
12502=Novitas PA				
12901=Novitas Solutions DC, DE, MD, PA				
12902=HIGHMARK				
13101=NATIONAL GOVT SERVICES (CONNECTICUT)				
13102=NATIONAL GOVT SERVICES (CONNECTICUT)				
13201=NATIONAL GOVT SERVICES (NEW YORK)				
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)				
13282=NGS (UN)				
13292=NGS (QN)				
14004=NATIONAL HERITAGE (HHA - A)				
14014=NGS (HHA)				
14101=NATIONAL HERITAGE (MAINE)				
14102=NATIONAL HERITAGE (MAINE)				
14111=NGS (ME)				
14112=NGS (ME)				
14201=NATIONAL HERITAGE (MASSACHUSETTS)				
14202=NATIONAL HERITAGE (MASSACHUSETTS)				
14211=NGS (MA)				
14212=NGS (MA)				
14301=NATIONAL HERITAGE (NEW HAMPSHIRE)				
14302=NATIONAL HERITAGE (NEW HAMPSHIRE)				
14311=NGS (NH)				
14312=NGS (NH)				
14330=GROUP HEALTH INC (NEW YORK)				



14401=NATIONAL HERITAGE (RHODE ISLAND)  
 14402=NATIONAL HERITAGE (RHODE ISLAND)  
 14411=NGS (RI)  
 14412=NGS (RI)  
 14501=NATIONAL HERITAGE (VERMONT)  
 14502=NATIONAL HERITAGE (VERMONT)  
 14511=NGS (VT)  
 14512=NGS (VT)  
 15004=CGS Administrators HHH  
 15101=CGS (KENTUCKY)  
 15102=CGS (KENTUCKY)  
 15201=CGS (OHIO)  
 15202=CGS (OHIO)  
 16360=NATIONWIDE (OHIO)  
 16510=NATIONWIDE (WEST VIRGINIA)  
 17120=HAWAII MEDICAL SERVICE ASSOCIATION  
 21200=MASSACHUSETTS/MAINE  
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)  
 31143=NATIONAL HERITAGE INSURANCE CO  
 31144=NATIONAL HERITAGE INSURANCE CO

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POS RECORD LAYOUT

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Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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50333=TRAVELERS (NEW YORK)  
 51051=AETNA (PETALUMA)  
 51070=AETNA (FARMINGTON)  
 51100=AETNA (CLEARWATER)  
 51140=AETNA (PEORIA)  
 51390=AETNA (FORT WASHINGTON)  
 52280=WISCONSIN PHYSICIANS SERVICE  
 57400=COOPERATIVA (PUERTO RICO)

Medicaid Vendor Number	15	122	136	VARCHAR2
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Description: Number which may be assigned to a provider by the state Medicaid agency for external control or billing purposes.

SAS Name: MDCD\_VNDR\_NUM

COBOL Name: MDCD-VNDR-NUM

Original Participation Date	8	137	144	DATE
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Description: Date a provider is first approved to provide Medicare and/or Medicaid services.

SAS Name: ORGNL\_PRTCPTN\_DT

COBOL Name: ORGNL-PRTCPTN-DT

Prior CHOW Date	8	145	152	DATE
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Description: Effective date of the previous change of ownership for

this provider.  
SAS Name: CHOW\_PRIOR\_DT  
COBOL Name: CHOW-PRIOR-DT

Prior Medicare Administrative Contractor (MAC) or 5 153 157 VARCHAR2  
Intermediary or Carrier Code

Description: Number assigned to the previous Medicare Administrative Contractor, intermediary or carrier servicing this provider.

SAS Name: INTRMDRY\_CARR\_PRIOR\_CD  
COBOL Name: INTRMDRY-CARR-PRIOR-CD  
VALUES: 00000=DUMMY FOR MEDICAID HHA  
00010=BLUE CROSS (ALABAMA)  
00011=CAHABA  
00020=BLUE CROSS (ARKANSAS)  
00040=BLUE CROSS (CALIFORNIA)  
00060=BLUE CROSS (CONNECTICUT)  
00070=BLUE CROSS (DELAWARE)  
00090=BLUE CROSS (FLORIDA)  
00101=BLUE CROSS (GEORGIA)  
00121=HEALTH CARE SERVICE CORPORATION  
00122=HCSC - MICHIGAN  
00123=HCSC OF MICHIGAN  
00130=NATIONAL GOVERNMENT SERVICES  
00131=NATIONAL GOVERNMENT SERVICES  
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)  
00150=BLUE CROSS (KANSAS)  
00160=NATIONAL GOVERNMENT SERVICES  
00180=NATIONAL GOVERNMENT SERVICES  
00181=NATIONAL GOVERNMENT SERVICES  
00190=BLUE CROSS (MARYLAND)  
00200=BLUE CROSS (MASSACHUSETTS)  
00210=BLUE CROSS (MICHIGAN)  
00220=BLUE CROSS (MINNESOTA)  
00230=BLUE CROSS (MISSISSIPPI)  
00231=BLUE CROSS (LOUISIANA)  
00233=PINNACLE  
00241=BLUE CROSS (MISSOURI)  
00260=BLUE CROSS (NEBRASKA)  
00270=NATIONAL GOVERNMENT SERVICES  
00280=BLUE CROSS (NEW JERSEY)

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 8  
Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

00290=BLUE CROSS (NEW MEXICO)  
00308=NATIONAL GOVERNMENT SERVICES

00310=BLUE CROSS (NORTH CAROLINA)  
00320=NORIDIAN PART A  
00322=NORIDIAN PART A (AK/WA)  
00323=NORIDIAN PART A (ID/OR)  
00325=NORIDIAN  
00332=NATIONAL GOVERNMENT SERVICES  
00340=BLUE CROSS (OKLAHOMA)  
00350=BLUE CROSS (OREGON)  
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)  
00362=BLUE CROSS (INDEPENDENCE)  
00363=BLUE CROSS (WESTERN PENNSYLVANIA)  
00366=HIGHMARK MEDICARE SERVICES  
00370=BLUE CROSS (RHODE ISLAND)  
00380=BLUE CROSS (SOUTH CAROLINA)  
00390=BLUE CROSS (TENNESSEE)  
00400=BLUE CROSS (TEXAS)  
00410=BLUE CROSS (UTAH)  
00423=BLUE CROSS (VIRGINIA/WEST VA)  
00430=BLUE CROSS (WASHINGTON & ALASKA)  
00450=NATIONAL GOVERNMENT SERVICES  
00452=NATIONAL GOVERNMENT SERVICES  
00453=NATIONAL GOVERNMENT SERVICES  
00454=NATIONAL GOVERNMENT SERVICES  
00456=NATIONAL GOVERNMENT SERVICES  
00468=BLUE CROSS (NORTH CAROLINA FOR PR)  
00510=BLUE SHIELD (ALABAMA)  
00511=CAHABA  
00512=CAHABA  
00520=BLUE SHIELD (ARKANSAS)  
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)  
00542=BLUE SHIELD (CALIFORNIA)  
00550=BLUE SHIELD (COLORADO)  
00570=BLUE SHIELD (DELAWARE)  
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)  
00590=BLUE SHIELD (FLORIDA)  
00621=BLUE SHIELD (ILLINOIS)  
00630=NATIONAL GOVERNMENT SERVICES  
00640=BLUE SHIELD (IOWA)  
00650=BLUE SHIELD (KANSAS)  
00655=BLUE SHIELD (KANSAS/NEBRASKA)  
00660=NATIONAL GOVERNMENT SERVICES  
00690=BLUE SHIELD (MARYLAND)  
00700=BLUE SHIELD (MASSACHUSETTS)  
00710=BLUE SHIELD (MICHIGAN)  
00720=BLUE SHIELD (MINNESOTA)  
00740=BLUE SHIELD (KANSAS CITY)  
00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)  
00780=BLUE SHIELD (TRI-STATE)  
00801=BLUE SHIELD (BUFFALO)  
00803=NATIONAL GOVERNMENT SERVICES

00805=NATIONAL GOVERNMENT SERVICES  
 00821=NORIDIAN  
 00824=NORIDIAN GVT SERVICES (CO)  
 00826=NORIDIAN GVT SERVICES (IA)  
 00831=NORIDIAN GVT SERVICES (AK)  
 00832=NORIDIAN GVT SERVICES (AZ)  
 00833=NORIDIAN GVT SERVICES (HI)  
 00834=NORIDIAN GVT SERVICES (NV)  
 00835=NORIDIAN GVT SERVICES (OR)  
 00836=NORIDIAN GVT SERVICES (WA)  
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)  
 00865=BLUE SHIELD (PENNSYLVANIA)

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POS RECORD LAYOUT

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Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00870=BLUE SHIELD (RHODE ISLAND)				
00880=BLUE SHIELD (SOUTH CAROLINA)				
00883=PALMETTO GBA PART B				
00884=PALMETTO GBA				
00889=NORIDIAN GVT SERVICES (SD)				
00900=BLUE SHIELD (TEXAS)				
00901=TRAILBLAZERS HEALTH ENTERPRISES				
00904=TRAILBLAZER				
00910=BLUE SHIELD (UTAH)				
00930=BLUE SHIELD (WASHINGTON)				
00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH))				
01111=Noridian (CA)				
01112=Noridian (NF)				
01120=AETNA (HAWAII)				
01182=Noridian (SF)				
01192=PALMETTO (CALIFORNIA SOUTH)				
01201=PALMETTO (HAWAII)				
01202=PALMETTO (HAWAII)				
01211=Noridian (AS, GU, HI)				
01212=Noridian (AS, GU, HI)				

01290=AETNA (NEVADA)  
 01301=PALMETTO (NEVADA)  
 01302=PALMETTO (NEVADA)  
 01311=Noridian (NV)  
 01312=Noridian (NV)  
 01360=AETNA (NEW MEXICO)  
 01370=AETNA (OKLAHOMA)  
 01380=AETNA (OREGON)  
 01390=AETNA (WASHINGTON)  
 01901=PALMETTO GBA  
 01902=PALMETTO GBA  
 01911=Noridian (AS, GU, HI, NV)  
 02050=OCCIDENTAL (CALIFORNIA)  
 02101=Noridian AK  
 02102=Noridian AK  
 02201=Noridian ID  
 02202=Noridian ID  
 02301=Noridian OR  
 02302=Noridian OR  
 02401=Noridian WA  
 02402=Noridian WA  
 03001=NORIDIAN ADMIN SERVICES  
 03101=NORIDIAN (ARIZONA)  
 03102=NORIDIAN (ARIZONA)  
 03201=NORIDIAN (MONTANA)  
 03202=NORIDIAN (MONTANA)  
 03301=NORDIAN (NORTH DAKOTA)  
 03302=NORDIAN (NORTH DAKOTA)  
 03401=NORIDIAN (SOUTH DAKOTA)  
 03402=NORIDIAN (SOUTH DAKOTA)  
 03501=NORIDIAN (UTAH)  
 03502=NORIDIAN (UTAH)  
 03601=NORIDIAN (WYOMING)

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 10

Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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03602=NORIDIAN (WYOMING)				
04001=TRAILBLAZER				
04101=TRAILBLAZER (COLORADO)				
04102=TRAILBLAZER (COLORADO)				
04111=NOVITAS (COLORADO)				
04112=NOVITAS (COLORADO)				
04201=TRAILBLAZER (NEW MEXICO)				
04202=TRAILBLAZER (NEW MEXICO)				
04211=NOVITAS (NEW MEXICO)				
04212=NOVITAS (NEW MEXICO)				

04301=TRAILBLAZER (OKLAHOMA)  
04302=TRAILBLAZER (OKLAHOMA)  
04311=NOVITAS (OKLAHOMA)  
04312=NOVITAS (OKLAHOMA)  
04401=TRAILBLAZER (TEXAS)  
04402=TRAILBLAZER (TEXAS)  
04411=NOVITAS (TEXAS)  
04412=NOVITAS (TEXAS)  
04901=MUTUAL LEGACY  
04911=NOVITAS  
05101=WPS (IOWA)  
05102=WPS (IOWA)  
05130=EQICOR (IDAHO)  
05201=WPS (KANSAS)  
05202=WPS (KANSAS)  
05301=WPS (MISSOURI)  
05302=WPS (MISSOURI WEST)  
05392=WPS (MISSOURI EAST)  
05401=WPS (NEBRASKA)  
05402=WPS (NEBRASKA)  
05440=EQICOR (TENNESSEE)  
05535=EQICOR (NORTH CAROLINA)  
05901=WISCONSIN PHYSICIANS SERVICE  
06001=NGS (WI)  
06004=National Govt Serv HHH  
06014=NATIONAL GOVERNMENT SERVICES  
06101=NGS (IL)  
06102=NGS (IL)  
06201=NGS (MN)  
06202=NGS (MN)  
06301=NGS (WI)  
06302=NGS (WI)  
07101=Novitas AR  
07102=Novitas AR  
07201=Novitas LA  
07202=Novitas LA  
07301=Novitas MS  
07302=Novitas MS  
08101=WPS IN  
08102=WPS IN  
08201=WPS MI  
08202=WPS MI  
09101=FIRST COAST (FLORIDA)  
09102=FIRST COAST (FLORIDA)  
09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)  
09202=FIRST COAST (PUERTO RICO)  
09302=FIRST COAST (VIRGIN ISLANDS)  
10071=TRAVELERS (RRB)  
10101=CAHABA GBA (AL)  
10102=CAHABA GBA (AL)

10111=PALMETTO GBA (Part A) (AL)  
10112=PALMETTO GBA (AL)  
10201=CAHABA GBA (GA)  
10202=CAHABA GBA (GA)

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POS RECORD LAYOUT

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Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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10211=PALMETTO GBA (GA)				
10212=PALMETTO GBA (GA)				
10230=TRAVELERS (CONNECTICUT)				
10240=TRAVELERS (MINNESOTA)				
10250=TRAVELERS (MISSISSIPPI)				
10301=CAHABA GBA (TN)				
10302=CAHABA GBA (TN)				
10311=PALMETTO GBA (TN)				
10312=PALMETTO GBA (TN)				
10490=TRAVELERS (VIRGINIA)				
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				
12102=Novitas DE				
12201=Novitas DC				
12202=Novitas DC				
12301=Novitas MD				
12302=Novitas MD				
12401=Novitas NJ				
12402=Novitas NJ				
12501=Novitas PA				
12502=Novitas PA				
12901=Novitas Solutions DC, DE, MD, PA				
12902=HIGHMARK				
13101=NATIONAL GOVT SERVICES (CONNECTICUT)				
13102=NATIONAL GOVT SERVICES (CONNECTICUT)				
13201=NATIONAL GOVT SERVICES (NEW YORK)				
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)				
13282=NGS (UN)				
13292=NGS (QN)				

14004=NATIONAL HERITAGE (HHA - A)  
 14014=NGS (HHA)  
 14101=NATIONAL HERITAGE (MAINE)  
 14102=NATIONAL HERITAGE (MAINE)  
 14111=NGS (ME)  
 14112=NGS (ME)  
 14201=NATIONAL HERITAGE (MASSACHUSETTS)  
 14202=NATIONAL HERITAGE (MASSACHUSETTS)  
 14211=NGS (MA)  
 14212=NGS (MA)  
 14301=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14311=NGS (NH)  
 14312=NGS (NH)  
 14330=GROUP HEALTH INC (NEW YORK)  
 14401=NATIONAL HERITAGE (RHODE ISLAND)  
 14402=NATIONAL HERITAGE (RHODE ISLAND)  
 14411=NGS (RI)  
 14412=NGS (RI)  
 14501=NATIONAL HERITAGE (VERMONT)  
 14502=NATIONAL HERITAGE (VERMONT)  
 14511=NGS (VT)  
 14512=NGS (VT)  
 15004=CGS Administrators HHH  
 15101=CGS (KENTUCKY)

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POS RECORD LAYOUT

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Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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15102=CGS (KENTUCKY)				
15201=CGS (OHIO)				
15202=CGS (OHIO)				
16360=NATIONWIDE (OHIO)				
16510=NATIONWIDE (WEST VIRGINIA)				
17120=HAWAII MEDICAL SERVICE ASSOCIATION				
21200=MASSACHUSETTS/MAINE				
31142=NATIONAL HERITAGE INSURANCE CO (MAINE)				
31143=NATIONAL HERITAGE INSURANCE CO				
31144=NATIONAL HERITAGE INSURANCE CO				
50333=TRAVELERS (NEW YORK)				
51051=AETNA (PETALUMA)				
51070=AETNA (FARMINGTON)				
51100=AETNA (CLEARWATER)				
51140=AETNA (PEORIA)				
51390=AETNA (FORT WASHINGTON)				
52280=WISCONSIN PHYSICIANS SERVICE				
57400=COOPERATIVA (PUERTO RICO)				



CCN 10 158 167 VARCHAR2  
Description: Six or ten position identification number that is assigned to a certified provider. This is the CMS Certification Number.  
SAS Name: PRVDR\_NUM  
COBOL Name: PRVDR-NUM

Region Code 2 168 169 VARCHAR2  
Description: Indicates the CMS Regional Office responsible for the certification of the provider.  
SAS Name: RGN\_CD  
COBOL Name: RGN-CD  
VALUES: 01=Boston  
02=New York  
03=Philadelphia  
04=Atlanta  
05=Chicago  
06=Dallas  
07=Kansas City  
08=Denver  
09=San Francisco  
10=Seattle

Skeleton Record Indicator 1 170 170 VARCHAR2  
Description: Indicates if the record is a skeleton record. Only a limited set of data is available for this provider; no survey data exists. Only provider categories 01,17,19,21and 22 can have skeleton providers.  
SAS Name: SKLTN\_REC\_SW  
COBOL Name: SKLTN-REC-SW

State Abbreviation 2 171 172 VARCHAR2  
Description: Two-character state abbreviation.  
SAS Name: STATE\_CD  
COBOL Name: STATE-CD  
VALUES: AK=ALASKA  
AL=ALABAMA  
AR=ARKANSAS  
AS=AMERICAN SAMOA  
AZ=ARIZONA  
CA=CALIFORNIA  
CN=CANADA  
CO=COLORADO  
CT=CONNECTICUT  
DC=DISTRICT OF COLUMBIA

SHORT DESCRIPTION

LEN START END TYPE

DE=DELAWARE  
FL=FLORIDA  
FN=INTERNATIONAL  
GA=GEORGIA  
GU=GUAM  
HI=HAWAII  
IA=IOWA  
ID=IDAHO  
IL=ILLINOIS  
IN=INDIANA  
KS=KANSAS  
KY=KENTUCKY  
LA=LOUISIANA  
MA=MASSACHUSETTS  
MD=MARYLAND  
ME=MAINE  
MI=MICHIGAN  
MN=MINNESOTA  
MO=MISSOURI  
MP=SAIPAN  
MS=MISSISSIPPI  
MT=MONTANA  
MX=MEXICO  
NC=NORTH CAROLINA  
ND=NORTH DAKOTA  
NE=NEBRASKA  
NH=NEW HAMPSHIRE  
NJ=NEW JERSEY  
NM=NEW MEXICO  
NV=NEVADA  
NY=NEW YORK  
OH=OHIO  
OK=OKLAHOMA  
OR=OREGON  
PA=PENNSYLVANIA  
PR=PUERTO RICO  
RI=RHODE ISLAND  
SC=SOUTH CAROLINA  
SD=SOUTH DAKOTA  
TN=TENNESSEE  
TX=TEXAS  
UT=UTAH  
VA=VIRGINIA  
VI=VIRGIN ISLANDS  
VT=VERMONT  
WA=WASHINGTON  
WI=WISCONSIN

WV=WEST VIRGINIA  
WY=WYOMING

SSA State Code 2 173 174 VARCHAR2

Description: Social Security Administration geographic code indicating the state where the provider is located.

SAS Name: SSA\_STATE\_CD

COBOL Name: SSA-STATE-CD

VALUES: 01=ALABAMA  
02=ALASKA  
03=ARIZONA  
04=ARKANSAS  
05=CALIFORNIA  
06=COLORADO  
07=CONNECTICUT  
08=DELAWARE  
09=DISTRICT OF COLUMBIA

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POS RECORD LAYOUT

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Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

10=FLORIDA  
11=GEORGIA  
12=HAWAII  
13=IDAHO  
14=ILLINOIS  
15=INDIANA  
16=IOWA  
17=KANSAS  
18=KENTUCKY  
19=LOUISIANA  
20=MAINE  
21=MARYLAND  
22=MASSACHUSETTS  
23=MICHIGAN  
24=MINNESOTA  
25=MISSISSIPPI  
26=MISSOURI  
27=MONTANA  
28=NEBRASKA  
29=NEVADA  
30=NEW HAMPSHIRE  
31=NEW JERSEY  
32=NEW MEXICO  
33=NEW YORK  
34=NORTH CAROLINA  
35=NORTH DAKOTA



AR/001=ARKANSAS  
AR/LAB=LABORATORIES  
AR/NPH=NON-PARTICIPATING HOSPITAL  
AS/001=AMERICAN SAMOA  
AS/LAB=LABORATORY  
AS/NPH=NON-PARTICIPATING HOSPITAL  
AZ/AZ=PHOENIX  
AZ/LAB=ARIZONA LAB  
AZ/NPH=NON-PARTICIPATING HOSPITAL  
AZ/TUC=TUCSON  
CA/001=CALIFORNIA  
CA/BAK=BAKERSFIELD  
CA/BER=SAN BERNARDINO  
CA/EB=East Bay  
CA/FR=FRESNO  
CA/L1=L.A. WEST  
CA/L2=L.A. NORTH  
CA/L3=L.A. CENTRAL  
CA/L4=L.A. EAST  
CA/L5=SAN GABRIEL  
CA/LA1=LA Region 1  
CA/LA2=LA Region 2  
CA/LA3=LA Region 3  
CA/LA4=LA Acute/Ancillary  
CA/LA5=LA HHA/Hospice  
CA/LA6=LA ICF/DD/Clinics  
CA/LAB=LABORATORIES  
CA/M1=LAB. SOUTH  
CA/M2=LAB. NORTH  
CA/NPH=NON-PARTICIPATING HOSPITAL  
CA/ORG=ORANGE  
CA/RIV=RIVERSIDE  
CA/S1=SACRAMENTO  
CA/S3=CHICO  
CA/SD=SAN DIEGO  
CA/SF=SAN FRANCISCO  
CA/SJ=SAN JOSE  
CA/SR=SANTA ROSA  
CA/STK=STOCKTON  
CA/VEN=VENTURA  
CN/001=CANADA  
CN/LAB=LABORATORY  
CN/NPH=NON-PARTICIPATING HOSPITAL  
CO/001=COLORADO  
CO/LAB=LABORATORIES  
CO/NPH=NON-PARTICIPATING HOSPITAL  
CT/001=CONNECTICUT  
CT/LAB=LABORATORIES  
CT/NPH=NON-PARTICIPATING HOSPITAL  
DC/001=DISTRICT OF COLUMBIA

DC/LAB=LABORATORIES  
 DC/NPH=NON-PARTICIPATING HOSPITAL  
 DE/001=DELAWARE  
 DE/LAB=LABORATORIES  
 DE/NPH=NON-PARTICIPATING HOSPITAL  
 FL/001=FLORIDA  
 FL/FTM=FT. MYERS  
 FL/GAI=GAINESVILLE  
 FL/JAX=JACKSONVILLE

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POS RECORD LAYOUT

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Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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FL/LAB=LABORATORIES				
FL/LAN=LANTANA				
FL/LAU=LAUDERHILL				
FL/MIA=MIAMI				
FL/NPH=NON-PARTICIPATING HOSPITAL				
FL/ORL=ORLANDO				
FL/PEN=PENSACOLA				
FL/STP=ST. PETERSBURG				
FL/TAL=TALLAHASSEE				
FL/TAM=TAMPA				
FM/001=FEDERATED STATES OF MICRO				
FM/NPH=NON-PARTICIPATING HOSPITAL				
FN/001=INTERNATIONAL				
FN/LAB=LABORATORIES				
FN/NPH=NON-PARTICIPATING HOSPITAL				
GA/001=GEORGIA				
GA/GAA=GEORGIA ALL				
GA/GAC=GEORGIA CENTRAL				
GA/GAE=GEORGIA EASTERN				
GA/GAN=GEORGIA NORTH				
GA/GAS=GEORGIA SOUTH				
GA/GAW=GEORGIA WESTERN				
GA/LAB=LABORATORIES				
GA/NPH=NON-PARTICIPATING HOSPITAL				
GU/001=GUAM				
GU/LAB=LABORATORIES				
GU/NPH=NON-PARTICIPATING HOSPITAL				
HI/001=HAWAII				
HI/LAB=LABORATORIES				
HI/NPH=NON-PARTICIPATING HOSPITAL				
IA/001=IOWA				
IA/LAB=LABORATORIES				
IA/NPH=NON-PARTICIPATING HOSPITAL				
ID/001=IDAHO				

ID/LAB=LABORATORIES  
 ID/NPH=NON-PARTICIPATING HOSPITAL  
 IL/001=ILLINOIS  
 IL/LAB=LABORATORIES  
 IL/NPH=NON-PARTICIPATING HOSPITAL  
 IN/001=INDIANA  
 IN/LAB=LABORATORIES  
 IN/NPH=NON-PARTICIPATING HOSPITAL  
 KS/001=KANSAS  
 KS/KCK=KANSAS CITY  
 KS/KDH=KDHE  
 KS/LAB=LABORATORIES  
 KS/LAW=LAWRENCE  
 KS/NC=NORTH CENTRAL KANSAS  
 KS/NE=NORTH EAST KANSAS  
 KS/NPH=NON-PARTICIPATING HOSPITAL  
 KS/NW=NORTH WEST KANSAS  
 KS/SC=SOUTH CENTRAL KANSAS  
 KS/SE=SOUTH EAST KANSAS  
 KS/SW=SOUTH WEST KANSAS  
 KS/WST=WEST  
 KY/2C1=HOPKINSVILLE  
 KY/2C2=LOUISVILLE  
 KY/2C3=LONDON  
 KY/2C4=LEXINGTON  
 KY/LAB=LABORATORIES  
 KY/NPH=NON-PARTICIPATING HOSPITAL  
 LA/001=LOUISIANA  
 LA/LA1=NEW ORLEANS  
 LA/LA2=MANDEVILLE

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POS RECORD LAYOUT

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Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
-------------------	-----	-------	-----	------

LA/LA3=LAFAYETTE  
 LA/LA4=MONROE  
 LA/LA5=SHREVEPORT  
 LA/LA6=ALEXANDRIA  
 LA/LAB=LABORATORIES  
 LA/LB1=CLIA NEW ORLEANS  
 LA/LB5=CLIA SHREVEPORT  
 LA/LB6=CLIA ALEXANDRIA  
 LA/NPH=NON-PARTICIPATING HOSPITAL  
 MA/001=MASSACHUSETTS  
 MA/LAB=LABORATORIES  
 MA/NPH=NON-PARTICIPATING HOSPITAL  
 MD/001=MARYLAND

MD/LAB=LABORATORIES  
MD/NPH=NON-PARTICIPATING HOSPITAL  
ME/001=MAINE  
ME/LAB=LABORATORIES  
ME/NPH=NON-PARTICIPATING HOSPITAL  
MH/001=MARSHALL ISLANDS  
MH/NPH=NON-PARTICIPATING HOSPITAL  
MI/001=MICHIGAN  
MI/LAB=LABORATORIES  
MI/NPH=NON-PARTICIPATING HOSPITAL  
MN/001=MINNESOTA  
MN/LAB=LABORATORIES  
MN/NPH=NON-PARTICIPATING HOSPITAL  
MO/001=MISSOURI  
MO/01=REGION01  
MO/02=REGION02  
MO/03=REGION 03  
MO/04=REGION 04  
MO/05=REGION 05  
MO/06=REGION 06  
MO/07=REGION 07  
MO/1NH=REGION 1 NH  
MO/2NH=REGION 2 NH  
MO/3NH=REGION 3 NH  
MO/4NH=REGION 4 NH  
MO/5NH=REGION 5 NH  
MO/6NH=REGION 6 NH  
MO/7NH=REGION 7 NH  
MO/LAB=LABORATORIES  
MO/MO=STATEWIDE  
MO/NPH=NON-PARTICIPATING HOSPITAL  
MP/001=NORTHERN MARIANA ISLANDS  
MP/LAB=LABORATORIES  
MP/NPH=NON-PARTICIPATING HOSPITAL  
MS/001=MISSISSIPPI  
MS/LAB=LABORATORIES  
MS/NPH=NON-PARTICIPATING HOSPITAL  
MT/001=MONTANA  
MT/LAB=LABORATORIES  
MT/NPH=NON-PARTICIPATING HOSPITAL  
MX/001=MEXICO  
MX/LAB=LABORATORY  
MX/NPH=NON-PARTICIPATING HOSPITAL  
NC/001=NORTH CAROLINA  
NC/LAB=LABORATORIES  
NC/NCC=NORTH CAROLINA CENTRAL  
NC/NCE=NORTH CAROLINA EAST  
NC/NCN=NORTH CAROLINA NORTH  
NC/NCS=NORTH CAROLINA SOUTH  
NC/NCW=NORTH CAROLINA WEST





OR/003=OFFICE #3  
 OR/LAB=LABORATORIES  
 OR/NPH=NON-PARTICIPATING HOSPITAL  
 PA/001=PENNSYLVANIA  
 PA/LAB=LABORATORIES  
 PA/NPH=NON-PARTICIPATING HOSPITAL  
 PR/001=PUERTO RICO  
 PR/LAB=LABORATORIES  
 PR/NPH=NON-PARTICIPATING HOSPITAL  
 PW/001=PALAU  
 PW/NPH=NON-PARTICIPATING HOSPITAL  
 RI/001=RHODE ISLAND  
 RI/LAB=LABORATORIES  
 RI/NPH=NON-PARTICIPATING HOSPITAL  
 SC/001=SOUTH CAROLINA  
 SC/LAB=LABORATORIES  
 SC/NPH=NON-PARTICIPATING HOSPITAL  
 SD/001=SOUTH DAKOTA  
 SD/LAB=LABORATORIES  
 SD/NPH=NON-PARTICIPATING HOSPITAL  
 TN/001=TENNESSEE  
 TN/LAB=LABORATORIES

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POS RECORD LAYOUT

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Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
TN/NPH=NON-PARTICIPATING HOSPITAL				
TN/TNC=TENNESSEE COOKEVILLE				
TN/TNE=TENNESSEE EASTERN				
TN/TNM=TENNESSEE MIDDLE				
TN/TNW=TENNESSEE WESTERN				
TX/001=TEXAS				
TX/L01=AMARILLO-LTC				
TX/L02=ABILENE-LTC				
TX/L03=ARLINGTON-LTC				
TX/L04=TYLER-LTC				
TX/L05=TEMPLE-LTC				
TX/L06=HOUSTON-LTC				
TX/L07=Austin-LTC				
TX/L08=San Antonio-LTC				
TX/L11=Corpus Christi-LTC				
TX/LAB=LABORATORIES				
TX/NPH=NON-PARTICIPATING HOSPITAL				
TX/TX1=NLTC REG 1, 7, 9, 10				
TX/TX2=NLTC REG 2, 3				
TX/TX4=NLTC REG 6				
TX/TX5=NLTC REG 4, 5				

TX/TX6=NLTC Statewide-Certified Only  
 TX/TX8=NLTC REG 8, 11  
 UT/001=UTAH  
 UT/LAB=LABORATORIES  
 UT/NPH=NON-PARTICIPATING HOSPITAL  
 VA/001=VIRGINIA  
 VA/LAB=LABORATORIES  
 VA/NPH=NON-PARTICIPATING HOSPITAL  
 VI/001=VIRGIN ISLANDS  
 VI/LAB=LABORATORIES  
 VI/NPH=NON-PARTICIPATING HOSPITAL  
 VT/001=VERMONT  
 VT/LAB=LABORATORIES  
 VT/NPH=NON-PARTICIPATING HOSPITAL  
 WA/001=ALL OTHERS (NON-LTC FAC)  
 WA/D1=SPOKANE & YAKIMA AREAS  
 WA/D1A=District 1, Unit A  
 WA/D1B=District 1, Unit B  
 WA/D1C=District 1, Unit C  
 WA/D1D=District 1, Unit D  
 WA/D1E=District 1, Unit E  
 WA/D1F=District 1, Unit F  
 WA/D2=SPOKANE & SE  
 WA/D2A=District 2, Unit A  
 WA/D2B=District 2, Unit B  
 WA/D2C=District 2, Unit C  
 WA/D2D=District 2, Unit D  
 WA/D2E=District 2, Unit E  
 WA/D2F=District 2, Unit F  
 WA/D2G=District 2, Unit G  
 WA/D2H=District 2, Unit H  
 WA/D2I=District 2, Unit I  
 WA/D2J=District 2, Unit J  
 WA/D2L=District 2, Unit L  
 WA/D3=NW WASHINGTON  
 WA/D3A=District 3, Unit A  
 WA/D3B=District 3, Unit B  
 WA/D3C=District 3, Unit C  
 WA/D3D=District 3, Unit D  
 WA/D3E=District 3, Unit E  
 WA/D3F=District 3, Unit F  
 WA/D3G=District 3, Unit G  
 WA/D3H=District 3, Unit H

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POS RECORD LAYOUT

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Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END

TYPE

WA/D4A=GREATER SEATTLE AREA  
 WA/D4B=S KING COUNTY  
 WA/D5A=PIERCE CTY & PENINSULA  
 WA/D5B=PIERCE CTY & GRAYS HARBOR  
 WA/D6=OLYMPIA AREA  
 WA/LAB=LABORATORIES  
 WA/NPH=NON-PARTICIPATING HOSPITAL  
 WI/001=WISCONSIN  
 WI/LAB=LABORATORIES  
 WI/NPH=NON-PARTICIPATING HOSPITAL  
 WV/001=WEST VIRGINIA  
 WV/LAB=LABORATORIES  
 WV/NPH=NON-PARTICIPATING HOSPITAL  
 WY/001=WYOMING  
 WY/LAB=LABORATORIES  
 WY/NPH=NON-PARTICIPATING HOSPITAL

Address: Street 50 178 227 VARCHAR2  
 Description: Street address where the provider is located.  
 SAS Name: ST\_ADR  
 COBOL Name: ST-ADR

Telephone Number 10 228 237 VARCHAR2  
 Description: Telephone number of the provider.  
 SAS Name: PHNE\_NUM  
 COBOL Name: PHNE-NUM

Termination Code 2 238 239 VARCHAR2  
 Description: Indicates the current termination status for the provider.  
 SAS Name: PGM\_TRMNTN\_CD  
 COBOL Name: PGM-TRMNTN-CD  
 VALUES: 00=ACTIVE PROVIDER  
 01=VOLUNTARY-MERGER, CLOSURE  
 02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT  
 03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION  
 04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL  
 05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ  
 06=INVOLUNTARY-FAILURE TO MEET AGREEMENT  
 07=OTHER-PROVIDER STATUS CHANGE  
 08=NONPAYMENT OF FEES - CLIA Only  
 09=REV/UNSUCCESSFUL PARTICIPATION IN PT - CLIA Only  
 10=REV/OTHER REASON - CLIA Only  
 11=INCOMPLETE CLIA APPLICATION INFORMATION - CLIA Only  
 12=NO LONGER PERFORMING TESTS - CLIA Only  
 13=MULTIPLE TO SINGLE SITE CERTIFICATE - CLIA Only  
 14=SHARED LABORATORY - CLIA Only  
 15=FAILURE TO RENEW WAIVER PPM CERTIFICATE - CLIA Only  
 16=DUPLICATE CLIA NUMBER - CLIA Only  
 17=MAIL RETURNED NO FORWARD ADDRESS CERT ENDED - CLIA Only

20=NOTIFICATION BANKRUPTCY - CLIA Only  
 33=ACCREDITATION NOT CONFIRMED - CLIA Only  
 80=AWAITING STATE APPROVAL  
 99=OIG ACTION - DO NOT ACTIVATE - CLIA Only

Termination or Expiration Date 8 240 247 DATE  
 Description: Date the provider was terminated. For CLIA providers,  
 date the laboratory's certificate was terminated or the  
 expiration date of the current CLIA certificate.  
 SAS Name: TRMNTN\_EXPRTN\_DT  
 COBOL Name: TRMNTN-EXPRTN-DT

Type of Action Code 1 248 248 VARCHAR2  
 Description: Identifies the reason for the certification. Type of

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 Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

action from the official survey record, CMS 1539 form.  
 SAS Name: CRTFCTN\_ACTN\_TYPE\_CD  
 COBOL Name: CRTFCTN-ACTN-TYPE-CD  
 VALUES: 1=INITIAL  
 2=RECERTIFICATION  
 3=TERMINATION  
 4=CHANGE OF OWNERSHIP  
 5=VALIDATION  
 8=FULL SURVEY AFTER COMPLAINT

Ownership Type Code 2 249 250 VARCHAR2  
 Description: Indicates the ownership type of the provider.  
 SAS Name: GNRL\_CNTL\_TYPE\_CD  
 COBOL Name: GNRL-CNTL-TYPE-CD  
 VALUES: 01=VOLUNTARY NON PROFIT - RELIGIOUS AFFILIATION  
 02=VOLUNTARY NON-PROFIT - PRIVATE  
 03=VOLUNTARY NON-PROFIT - OTHER  
 04=PROPRIETARY  
 05=GOVERNMENT - STATE/COUNTY  
 06=GOVERNMENT - COMBINATION GOVT & VOLUNTARY  
 07=GOVERNMENT - LOCAL

Address: ZIP Code 5 251 255 VARCHAR2  
 Description: Five-digit ZIP code for a provider's physical address.  
 SAS Name: ZIP\_CD  
 COBOL Name: ZIP-CD

FIPS State Code 2 256 257 VARCHAR2  
 Description: FIPS State Code

SAS Name: FIPS\_STATE\_CD  
 COBOL Name: FIPS-STATE-CD  
 VALUES: 01=ALABAMA  
 02=ALASKA  
 04=ARIZONA  
 05=ARKANSAS  
 06=CALIFORNIA  
 08=COLORADO  
 09=CONNECTICUT  
 10=DELAWARE  
 11=DISTRICT OF COLUMBIA  
 12=FLORIDA  
 13=GEORGIA  
 15=HAWAII  
 16=IDAHO  
 17=ILLINOIS  
 18=INDIANA  
 19=IOWA  
 20=KANSAS  
 21=KENTUCKY  
 22=LOUISIANA  
 23=MAINE  
 24=MARYLAND  
 25=MASSACHUSETTS  
 26=MICHIGAN  
 27=MINNESOTA  
 28=MISSISSIPPI  
 29=MISSOURI  
 30=MONTANA  
 31=NEBRASKA  
 32=NEVADA  
 33=NEW HAMPSHIRE  
 34=NEW JERSEY  
 35=NEW MEXICO  
 36=NEW YORK

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 22

Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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37=NORTH CAROLINA				
38=NORTH DAKOTA				
39=OHIO				
40=OKLAHOMA				
41=OREGON				
42=PENNSYLVANIA				
43=PUERTO RICO				
44=RHODE ISLAND				

45=SOUTH CAROLINA  
 46=SOUTH DAKOTA  
 47=TENNESSEE  
 48=TEXAS  
 49=UTAH  
 50=VERMONT  
 51=VIRGINIA  
 53=WASHINGTON  
 54=WEST VIRGINIA  
 55=WISCONSIN  
 56=WYOMING  
 60=AMERICAN SAMOA  
 66=GUAM  
 69=SAIPAN/MARIANA IS.  
 78=VIRGIN ISLANDS

FIPS County Code 3 258 260 VARCHAR2  
 Description: FIPS County Code  
 SAS Name: FIPS\_CNTY\_CD  
 COBOL Name: FIPS-CNTY-CD

CBSA Urban Rural Indicator 1 261 261 VARCHAR2  
 Description: CBSA (Core Based Statistical Area) indicates whether the county is defined as Urban or Rural.  
 SAS Name: CBSA\_URBN\_RRL\_IND  
 COBOL Name: CBSA-URBN-RRL-IND

CBSA Code 5 262 266 VARCHAR2  
 Description: CBSA (Core Based Statistical Area) geographic entities defined by the U.S. Office of Management and Budget (OMB) on June 6, 2003 for use by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics. CBSA collectively refers to MSA.  
 SAS Name: CBSA\_CD  
 COBOL Name: CBSA-CD

\*Accreditation Type Code 1 283 283 VARCHAR2  
 Description: Indicates an accrediting organization deeming the provider. If a provider is deemed by multiple accrediting organizations then the accrediting organization with the earliest active deeming effective date is displayed in this field.  
 SAS Name: ACRDTN\_TYPE\_CD  
 COBOL Name: ACRDTN-TYPE-CD  
 VALUES: 0=UNACCREDITED  
 1=JC  
 2=CHAP  
 3=ACHC

Services: Laboratory Code 1 313 313 CHAR

Description: Indicates how laboratory services are provided.  
 SAS Name: LAB\_SRVC\_CD  
 COBOL Name: LAB-SRVC-CD  
 VALUES: 0=NOT PROVIDED  
 1=PROVIDED BY STAFF  
 2=PROVIDED UNDER ARRANGEMENT

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 23  
 Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION                                              LEN    START    END    TYPE

3=COMBINATION

Services: Pharmacy Code                                              1    314    314    CHAR

Description: Indicates how pharmaceutical services are provided.  
 SAS Name: PHRMCY\_SRVC\_CD  
 COBOL Name: PHRMCY-SRVC-CD  
 VALUES: 0=NOT PROVIDED  
 1=PROVIDED BY STAFF  
 2=PROVIDED UNDER ARRANGEMENT  
 3=COMBINATION

Branch Count                                                              3    377    379    NUMBER

Description: Number of branches operated by the home health agency.  
 SAS Name: BRNCH\_CNT  
 COBOL Name: BRNCH-CNT

Branch Operation Indicator                                              1    380    380    VARCHAR2

Description: Indicates if the home health agency operates any  
 branches.  
 SAS Name: BRNCH\_OPRTN\_SW  
 COBOL Name: BRNCH-OPRTN-SW

Category-specific Facility Type Code                                              2    388    389    VARCHAR2

Description: Indicates the category-specific facility type code, for  
 certain provider categories only.  
 SAS Name: GNRL\_FAC\_TYPE\_CD  
 COBOL Name: GNRL-FAC-TYPE-CD  
 VALUES: 01=Visiting Nurse Association  
 02=Combination Government Voluntary  
 03=Official Health Agency  
 04=Rehabilitation Facility Based Program  
 05=Hospital Based Program  
 06=Skilled Nursing Facility Based Program  
 07=Other

CHOW Indicator                                                              1    390    390    VARCHAR2

Description: Indicates if the home health agency has undergone a



change of ownership since the last survey.  
 SAS Name: CHOW\_SW  
 COBOL Name: CHOW-SW

Fiscal Year End Date (MMDD) 4 464 467 VARCHAR2  
 Description: End date, consisting of the month and day, of the provider's fiscal year.  
 SAS Name: FY\_END\_MO\_DAY\_CD  
 COBOL Name: FY-END-MO-DAY-CD

HHA Qualified For OPT Indicator 1 479 479 VARCHAR2  
 Description: Indicates if a home health agency is qualified to provide outpatient physical therapy/speech services.  
 SAS Name: HHA\_QLFYD\_OPT\_SPCH\_SW  
 COBOL Name: HHA-QLFYD-OPT-SPCH-SW

Home Health Aide Training Program Code 1 480 480 VARCHAR2  
 Description: Indicates how the agency provides home health aide training and competency evaluation programs.  
 SAS Name: HH\_AIDE\_TRNG\_PGM\_CD  
 COBOL Name: HH-AIDE-TRNG-PGM-CD  
 VALUES: 1=HOME HEALTH AIDE TRAINING  
 2=HOME HEALTH AIDE COMPETENCY EVALUATION PROG.  
 3=HOME HEALTH AIDE TRAINING/COMPETENCY PROGRAMS  
 4=NEITHER

Hospice Indicator 1 482 482 VARCHAR2

SHORT DESCRIPTION LEN START END TYPE

Description: Indicates if the home health agency also participates in the Medicare program as a hospice.  
 SAS Name: MDCR\_HOSPC\_SW  
 COBOL Name: MDCR-HOSPC-SW

Medicare Hospice Provider Num 10 496 505 CHAR  
 Description: Medicare hospice provider number  
 SAS Name: MEDICARE\_HOSPICE\_PROVIDER\_NUM  
 COBOL Name: MEDICARE-HOSPICE-PROVIDER-NUM

Medicare Medicaid Prvdr Number 6 507 512 CHAR  
 Description: Medicare/Medicaid provider number  
 SAS Name: MEDICARE\_MEDICAID\_PRVDR\_NUMBER  
 COBOL Name: MEDICARE-MEDICAID-PRVDR-NUMBER

Program Participation Code 1 640 640 CHAR

Description: Indicates if the provider participates in Medicare, Medicaid, or both programs.

SAS Name: PGM\_PRTCPTN\_CD

COBOL Name: PGM-PRTCPTN-CD

VALUES: 1=MEDICARE ONLY  
2=MEDICAID ONLY  
3=MEDICARE AND MEDICAID

Related Provider Number 10 686 695 CHAR

Description: Related provider number

SAS Name: RELATED\_PROVIDER\_NUMBER

COBOL Name: RELATED-PROVIDER-NUMBER

Services: Home Health Aide Code 1 698 698 CHAR

Description: Indicates how home health aide services are provided.

SAS Name: HH\_AIDE\_SRVC\_CD

COBOL Name: HH-AIDE-SRVC-CD

VALUES: 0=NOT PROVIDED  
1=PROVIDED BY STAFF  
2=PROVIDED UNDER ARRANGEMENT  
3=COMBINATION

Services: Appliance and Equipment Code 1 701 701 VARCHAR2

Description: Indicates how appliance and equipment services are provided by a home health agency.

SAS Name: APLNC\_EQUIP\_SRVC\_CD

COBOL Name: APLNC-EQUIP-SRVC-CD

VALUES: 0=NOT PROVIDED  
1=PROVIDED BY STAFF  
2=PROVIDED UNDER ARRANGEMENT  
3=COMBINATION

Services: Interns and Residents Code 1 742 742 VARCHAR2

Description: Indicates how intern and resident services are provided by a home health agency.

SAS Name: INTRN\_RSDNT\_SRVC\_CD

COBOL Name: INTRN-RSDNT-SRVC-CD

VALUES: 0=NOT PROVIDED  
1=PROVIDED BY STAFF  
2=PROVIDED UNDER ARRANGEMENT  
3=COMBINATION

Services: Medical Social Code 1 743 743 CHAR

Description: Indicates how medical social services are provided.

SAS Name: MDCL\_SCL\_SRVC\_CD

COBOL Name: MDCL-SCL-SRVC-CD

VALUES: 0=NOT PROVIDED  
1=PROVIDED BY STAFF

Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
2=PROVIDED UNDER ARRANGEMENT 3=COMBINATION				
Services: Nursing Code	1	759	759	CHAR
Description: Indicates how nursing services are provided.				
SAS Name:	NRSNG_SRVC_CD			
COBOL Name:	NRSNG-SRVC-CD			
VALUES:	0=NOT PROVIDED			
	1=PROVIDED BY STAFF			
	2=PROVIDED UNDER ARRANGEMENT			
	3=COMBINATION			
Services: Nutritional Guidance Code	1	763	763	VARCHAR2
Description: Indicates how nutritional guidance services are provided by a home health agency.				
SAS Name:	NTRTNL_GDNC_SRVC_CD			
COBOL Name:	NTRTNL-GDNC-SRVC-CD			
VALUES:	0=NOT PROVIDED			
	1=PROVIDED BY STAFF			
	2=PROVIDED UNDER ARRANGEMENT			
	3=COMBINATION			
Services: OT Code	1	775	775	CHAR
Description: Indicates how occupational therapy services are provided.				
SAS Name:	OT_SRVC_CD			
COBOL Name:	OT-SRVC-CD			
VALUES:	0=NOT PROVIDED			
	1=PROVIDED BY STAFF			
	2=PROVIDED UNDER ARRANGEMENT			
	3=COMBINATION			
Services: Other Code	1	779	779	CHAR
Description: Indicates how other services are provided.				
SAS Name:	OTHR_SRVC_CD			
COBOL Name:	OTHR-SRVC-CD			
VALUES:	0=NOT PROVIDED			
	1=PROVIDED BY STAFF			
	2=PROVIDED UNDER ARRANGEMENT			
	3=COMBINATION			
Services: PT Code	1	813	813	CHAR
Description: Indicates how physical therapy services are provided.				
SAS Name:	PT_SRVC_CD			
COBOL Name:	PT-SRVC-CD			
VALUES:	0=NOT PROVIDED			

1=PROVIDED BY STAFF  
2=PROVIDED UNDER ARRANGEMENT  
3=COMBINATION

Services: Speech Therapy Code 1 837 837 VARCHAR2  
Description: Indicates how speech therapy services are provided by the  
home health agency.  
SAS Name: SPCH\_THRPY\_SRVC\_CD  
COBOL Name: SPCH-THRPY-SRVC-CD  
VALUES: 0=NOT PROVIDED  
1=PROVIDED BY STAFF  
2=PROVIDED UNDER ARRANGEMENT  
3=COMBINATION

Services: Vocational Guidance Code 1 853 853 VARCHAR2  
Description: Indicates how vocational guidance services are provided  
by the home health agency.  
SAS Name: VCTNL\_GDNC\_SRVC\_CD  
COBOL Name: VCTNL-GDNC-SRVC-CD

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 26  
Home Health Agency, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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VALUES: 0=NOT PROVIDED  
1=PROVIDED BY STAFF  
2=PROVIDED UNDER ARRANGEMENT  
3=COMBINATION

Staff Count Override Indicator 1 861 861 CHAR  
Description: Indicates if the regional office has approved a  
significant staff count change from the previous  
certification.  
SAS Name: OVRRD\_STFG\_SW  
COBOL Name: OVRRD-STFG-SW

Staff Count: Other Personnel 8 902 909 NUMBER  
Description: Number of full-time equivalent other personnel employed  
by a provider  
SAS Name: PRSNEL\_OTHR\_CNT  
COBOL Name: PRSNEL-OTHR-CNT

Staff Count: Dietitian 8 982 989 NUMBER  
Description: Number of full-time equivalent dietitians employed by a  
provider.  
SAS Name: DIETN\_CNT  
COBOL Name: DIETN-CNT

Staff Count: Home Health Aide 8 1046 1053 NUMBER  
Description: Number of full-time equivalent home health aides employed  
by a home health agency.  
SAS Name: HH\_AIDE\_CNT  
COBOL Name: HH-AIDE-CNT

Staff Count: LPN/LVN - Employee 8 1110 1117 NUMBER  
Description: Number of full-time equivalent licensed practical or  
vocational nurses employed by a provider.  
SAS Name: LPN\_LVN\_CNT  
COBOL Name: LPN-LVN-CNT

Staff Count: OT - Total 8 1310 1317 NUMBER  
Description: Total number of full-time equivalent occupational  
therapists employed by a provider.  
SAS Name: OCPTNL\_THRPST\_CNT  
COBOL Name: OCPTNL-THRPST-CNT

Staff Count: PT 8 1630 1637 NUMBER  
Description: Number of full-time equivalent physical therapists  
employed by a provider.  
SAS Name: PHYS\_THRPST\_STF\_CNT  
COBOL Name: PHYS-THRPST-STF-CNT

Staff Count: Registered Pharmacist 8 1734 1741 NUMBER  
Description: Number of full-time equivalent registered pharmacists  
employed by the provider.  
SAS Name: REG\_PHRMCST\_CNT  
COBOL Name: REG-PHRMCST-CNT

Staff Count: RN 8 1750 1757 NUMBER  
Description: Number of full-time equivalent registered nurses employed  
by a provider.  
SAS Name: RN\_CNT  
COBOL Name: RN-CNT

Staff Count: Social Worker 8 1814 1821 NUMBER  
Description: Number of full-time equivalent social workers employed by  
the provider.  
SAS Name: SCL\_WORKKR\_CNT

SHORT DESCRIPTION LEN START END TYPE

COBOL Name: SCL-WORKKR-CNT

Staff Count: Speech Pathologist/Audiologist 8 1886 1893 NUMBER

Description: Number of full-time equivalent speech pathologists or audiologists employed by the provider.

SAS Name: SPCH\_PTHLGST\_AUDLGST\_CNT

COBOL Name: SPCH-PTHLGST-AUDLGST-CNT

Subunit Count 3 1952 1954 NUMBER

Description: Number of subunits operated by the home health agency.

SAS Name: SBUNIT\_CNT

COBOL Name: SBUNIT-CNT

Subunit Indicator 1 1955 1955 VARCHAR2

Description: Indicates if the home health agency is a subunit of another agency.

SAS Name: SBUNIT\_SW

COBOL Name: SBUNIT-SW

Subunit Operation Indicator 1 1956 1956 VARCHAR2

Description: Indicates if the home health agency operates any subunits.

SAS Name: SBUNIT\_OPRTN\_SW

COBOL Name: SBUNIT-OPRTN-SW

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 1

Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
Provider Category Subtype Code	2	1	2	VARCHAR2
Description: Identifies the subtype of the provider, within the primary category. Used in reporting to show the breakdown of provider categories, mainly for hospitals and SNFs.				
SAS Name: PRVDR_CTGRY_SBTYP_CD				
COBOL Name: PRVDR-CTGRY-SBTYP-CD				
VALUES: 01=Psychiatric Residential Treatment				
Provider Category Code	2	3	4	VARCHAR2
Description: Identifies the type of provider participating in the Medicare/Medicaid program.				
SAS Name: PRVDR_CTGRY_CD				
COBOL Name: PRVDR-CTGRY-CD				
VALUES: 06=Psychiatric Residential Treatment Facility				
CHOW Count	2	5	6	NUMBER
Description: Number of times this provider has undergone a change of ownership.				
SAS Name: CHOW_CNT				
COBOL Name: CHOW-CNT				
CHOW Date	8	7	14	DATE
Description: Effective date of the most recent change of ownership for this provider.				
SAS Name: CHOW_DT				
COBOL Name: CHOW-DT				
Address: City	28	15	42	VARCHAR2
Description: City in which the provider is physically located.				
SAS Name: CITY_NAME				

COBOL Name: CITY-NAME

Compliance: Acceptable POC 1 43 43 VARCHAR2

Description: Indicates if a provider is in compliance with program requirements based on an acceptable plan for correction of deficiencies.

SAS Name: ACPTBL\_POC\_SW

COBOL Name: ACPTBL-POC-SW

Compliance: Status 1 44 44 VARCHAR2

Description: Compliance status of a provider at the time of certification survey.

SAS Name: CMPLNC\_STUS\_CD

COBOL Name: CMPLNC-STUS-CD

VALUES: A=IN COMPLIANCE  
B=NOT IN COMPLIANCE

SSA County Code 3 45 47 VARCHAR2

Description: Social Security Administration geographic code indicating the county where the provider is located.

SAS Name: SSA\_CNTY\_CD

COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR

Description: Cross reference provider number

SAS Name: CROSS\_REF\_PROVIDER\_NUMBER

COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date 8 58 65 DATE

Description: Equal to the exit date of the initial visit of the Health survey for certifications completed after July 28, 2012. For certifications prior to that date, the certification

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 2  
Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

date is equal to the exit date of the initial visit of the Health survey or LSC survey, whichever is later.

SAS Name: CRTFCTN\_DT

COBOL Name: CRTFCTN-DT

Eligibility Indicator 1 66 66 VARCHAR2

Description: Indicates if a facility is eligible to participate in the Medicare and/or Medicaid programs.

SAS Name: ELGBLTY\_SW

COBOL Name: ELGBLTY-SW



Facility Name 50 67 116 VARCHAR2  
Description: Name of the provider certified to participate in the Medicare and/or Medicaid programs.  
SAS Name: FAC\_NAME  
COBOL Name: FAC-NAME

Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code 5 117 121 VARCHAR2

Description: Number assigned to the Medicare Administrative Contractor, intermediary or carrier servicing this provider.

SAS Name: INTRMDRY\_CARR\_CD

COBOL Name: INTRMDRY-CARR-CD

VALUES: 00000=DUMMY FOR MEDICAID HHA  
00010=BLUE CROSS (ALABAMA)  
00011=CAHABA  
00020=BLUE CROSS (ARKANSAS)  
00040=BLUE CROSS (CALIFORNIA)  
00060=BLUE CROSS (CONNECTICUT)  
00070=BLUE CROSS (DELAWARE)  
00090=BLUE CROSS (FLORIDA)  
00101=BLUE CROSS (GEORGIA)  
00121=HEALTH CARE SERVICE CORPORATION  
00122=HCSC - MICHIGAN  
00123=HCSC OF MICHIGAN  
00130=NATIONAL GOVERNMENT SERVICES  
00131=NATIONAL GOVERNMENT SERVICES  
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)  
00150=BLUE CROSS (KANSAS)  
00160=NATIONAL GOVERNMENT SERVICES  
00180=NATIONAL GOVERNMENT SERVICES  
00181=NATIONAL GOVERNMENT SERVICES  
00190=BLUE CROSS (MARYLAND)  
00200=BLUE CROSS (MASSACHUSETTS)  
00210=BLUE CROSS (MICHIGAN)  
00220=BLUE CROSS (MINNESOTA)  
00230=BLUE CROSS (MISSISSIPPI)  
00231=BLUE CROSS (LOUISIANA)  
00233=PINNACLE  
00241=BLUE CROSS (MISSOURI)  
00260=BLUE CROSS (NEBRASKA)  
00270=NATIONAL GOVERNMENT SERVICES  
00280=BLUE CROSS (NEW JERSEY)  
00290=BLUE CROSS (NEW MEXICO)  
00308=NATIONAL GOVERNMENT SERVICES  
00310=BLUE CROSS (NORTH CAROLINA)  
00320=NORIDIAN PART A  
00322=NORIDIAN PART A (AK/WA)  
00323=NORIDIAN PART A (ID/OR)  
00325=NORIDIAN

00332=NATIONAL GOVERNMENT SERVICES  
00340=BLUE CROSS (OKLAHOMA)  
00350=BLUE CROSS (OREGON)

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 3  
Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION                      LEN    START    END        TYPE

00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)  
00362=BLUE CROSS (INDEPENDENCE)  
00363=BLUE CROSS (WESTERN PENNSYLVANIA)  
00366=HIGHMARK MEDICARE SERVICES  
00370=BLUE CROSS (RHODE ISLAND)  
00380=BLUE CROSS (SOUTH CAROLINA)  
00390=BLUE CROSS (TENNESSEE)  
00400=BLUE CROSS (TEXAS)  
00410=BLUE CROSS (UTAH)  
00423=BLUE CROSS (VIRGINIA/WEST VA)  
00430=BLUE CROSS (WASHINGTON & ALASKA)  
00450=NATIONAL GOVERNMENT SERVICES  
00452=NATIONAL GOVERNMENT SERVICES  
00453=NATIONAL GOVERNMENT SERVICES  
00454=NATIONAL GOVERNMENT SERVICES  
00456=NATIONAL GOVERNMENT SERVICES  
00468=BLUE CROSS (NORTH CAROLINA FOR PR)  
00510=BLUE SHIELD (ALABAMA)  
00511=CAHABA  
00512=CAHABA  
00520=BLUE SHIELD (ARKANSAS)  
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)  
00542=BLUE SHIELD (CALIFORNIA)  
00550=BLUE SHIELD (COLORADO)  
00570=BLUE SHIELD (DELAWARE)  
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)  
00590=BLUE SHIELD (FLORIDA)  
00621=BLUE SHIELD (ILLINOIS)  
00630=NATIONAL GOVERNMENT SERVICES  
00640=BLUE SHIELD (IOWA)  
00650=BLUE SHIELD (KANSAS)  
00655=BLUE SHIELD (KANSAS/NEBRASKA)  
00660=NATIONAL GOVERNMENT SERVICES  
00690=BLUE SHIELD (MARYLAND)  
00700=BLUE SHIELD (MASSACHUSETTS)  
00710=BLUE SHIELD (MICHIGAN)  
00720=BLUE SHIELD (MINNESOTA)  
00740=BLUE SHIELD (KANSAS CITY)  
00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)  
00780=BLUE SHIELD (TRI-STATE)

00801=BLUE SHIELD (BUFFALO)  
 00803=NATIONAL GOVERNMENT SERVICES  
 00805=NATIONAL GOVERNMENT SERVICES  
 00821=NORIDIAN  
 00824=NORIDIAN GVT SERVICES (CO)  
 00826=NORIDIAN GVT SERVICES (IA)  
 00831=NORIDIAN GVT SERVICES (AK)  
 00832=NORIDIAN GVT SERVICES (AZ)  
 00833=NORIDIAN GVT SERVICES (HI)  
 00834=NORIDIAN GVT SERVICES (NV)  
 00835=NORIDIAN GVT SERVICES (OR)  
 00836=NORIDIAN GVT SERVICES (WA)  
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)  
 00865=BLUE SHIELD (PENNSYLVANIA)  
 00870=BLUE SHIELD (RHODE ISLAND)  
 00880=BLUE SHIELD (SOUTH CAROLINA)  
 00883=PALMETTO GBA PART B  
 00884=PALMETTO GBA  
 00889=NORIDIAN GVT SERVICES (SD)  
 00900=BLUE SHIELD (TEXAS)  
 00901=TRAILBLAZERS HEALTH ENTERPRISES  
 00904=TRAILBLAZER  
 00910=BLUE SHIELD (UTAH)  
 00930=BLUE SHIELD (WASHINGTON)

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 4  
 Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH))				
01111=Noridian (CA)				
01112=Noridian (NF)				
01120=AETNA (HAWAII)				
01182=Noridian (SF)				
01192=PALMETTO (CALIFORNIA SOUTH)				
01201=PALMETTO (HAWAII)				
01202=PALMETTO (HAWAII)				

01211=Noridian (AS, GU, HI)  
01212=Noridian (AS, GU, HI)  
01290=AETNA (NEVADA)  
01301=PALMETTO (NEVADA)  
01302=PALMETTO (NEVADA)  
01311=Noridian (NV)  
01312=Noridian (NV)  
01360=AETNA (NEW MEXICO)  
01370=AETNA (OKLAHOMA)  
01380=AETNA (OREGON)  
01390=AETNA (WASHINGTON)  
01901=PALMETTO GBA  
01902=PALMETTO GBA  
01911=Noridian (AS, GU, HI, NV)  
02050=OCCIDENTAL (CALIFORNIA)  
02101=Noridian AK  
02102=Noridian AK  
02201=Noridian ID  
02202=Noridian ID  
02301=Noridian OR  
02302=Noridian OR  
02401=Noridian WA  
02402=Noridian WA  
03001=NORIDIAN ADMIN SERVICES  
03101=NORIDAN (ARIZONA)  
03102=NORIDAN (ARIZONA)  
03201=NORIDAN (MONTANA)  
03202=NORIDAN (MONTANA)  
03301=NORDIAN (NORTH DAKOTA)  
03302=NORDIAN (NORTH DAKOTA)  
03401=NORIDIAN (SOUTH DAKOTA)  
03402=NORIDIAN (SOUTH DAKOTA)  
03501=NORIDIAN (UTAH)  
03502=NORIDIAN (UTAH)  
03601=NORIDIAN (WYOMING)  
03602=NORIDIAN (WYOMING)  
04001=TRAILBLAZER  
04101=TRAILBLAZER (COLORADO)  
04102=TRAILBLAZER (COLORADO)  
04111=NOVITAS (COLORADO)  
04112=NOVITAS (COLORADO)  
04201=TRAILBLAZER (NEW MEXICO)  
04202=TRAILBLAZER (NEW MEXICO)  
04211=NOVITAS (NEW MEXICO)  
04212=NOVITAS (NEW MEXICO)

## SHORT DESCRIPTION

LEN START END TYPE

04301=TRAILBLAZER (OKLAHOMA)  
04302=TRAILBLAZER (OKLAHOMA)  
04311=NOVITAS (OKLAHOMA)  
04312=NOVITAS (OKLAHOMA)  
04401=TRAILBLAZER (TEXAS)  
04402=TRAILBLAZER (TEXAS)  
04411=NOVITAS (TEXAS)  
04412=NOVITAS (TEXAS)  
04901=MUTUAL LEGACY  
04911=NOVITAS  
05101=WPS (IOWA)  
05102=WPS (IOWA)  
05130=EQICOR (IDAHO)  
05201=WPS (KANSAS)  
05202=WPS (KANSAS)  
05301=WPS (MISSOURI)  
05302=WPS (MISSOURI WEST)  
05392=WPS (MISSOURI EAST)  
05401=WPS (NEBRASKA)  
05402=WPS (NEBRASKA)  
05440=EQICOR (TENNESSEE)  
05535=EQICOR (NORTH CAROLINA)  
05901=WISCONSIN PHYSICIANS SERVICE  
06001=NGS (WI)  
06004=National Govt Serv HHH  
06014=NATIONAL GOVERNMENT ERVICES  
06101=NGS (IL)  
06102=NGS (IL)  
06201=NGS (MN)  
06202=NGS (MN)  
06301=NGS (WI)  
06302=NGS (WI)  
07101=Novitas AR  
07102=Novitas AR  
07201=Novitas LA  
07202=Novitas LA  
07301=Novitas MS  
07302=Novitas MS  
08101=WPS IN  
08102=WPS IN  
08201=WPS MI  
08202=WPS MI  
09101=FIRST COAST (FLORIDA)  
09102=FIRST COAST (FLORIDA)  
09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)  
09202=FIRST COAST (PUERTO RICO)  
09302=FIRST COAST (VIRGIN ISLANDS)  
10071=TRAVELERS (RRB)

10101=CAHABA GBA (AL)  
 10102=CAHABA GBA (AL)  
 10111=PALMETTO GBA (Part A) (AL)  
 10112=PALMETTO GBA (AL)  
 10201=CAHABA GBA (GA)  
 10202=CAHABA GBA (GA)  
 10211=PALMETTO GBA (GA)  
 10212=PALMETTO GBA (GA)  
 10230=TRAVELERS (CONNECTICUT)  
 10240=TRAVELERS (MINNESOTA)  
 10250=TRAVELERS (MISSISSIPPI)  
 10301=CAHABA GBA (TN)  
 10302=CAHABA GBA (TN)  
 10311=PALMETTO GBA (TN)  
 10312=PALMETTO GBA (TN)  
 10490=TRAVELERS (VIRGINIA)

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 6  
 Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				
12102=Novitas DE				
12201=Novitas DC				
12202=Novitas DC				
12301=Novitas MD				
12302=Novitas MD				
12401=Novitas NJ				
12402=Novitas NJ				
12501=Novitas PA				
12502=Novitas PA				
12901=Novitas Solutions DC, DE, MD, PA				
12902=HIGHMARK				
13101=NATIONAL GOVT SERVICES (CONNECTICUT)				
13102=NATIONAL GOVT SERVICES (CONNECTICUT)				
13201=NATIONAL GOVT SERVICES (NEW YORK)				
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)				

13282=NGS (UN)  
 13292=NGS (QN)  
 14004=NATIONAL HERITAGE (HHA - A)  
 14014=NGS (HHA)  
 14101=NATIONAL HERITAGE (MAINE)  
 14102=NATIONAL HERITAGE (MAINE)  
 14111=NGS (ME)  
 14112=NGS (ME)  
 14201=NATIONAL HERITAGE (MASSACHUSETTS)  
 14202=NATIONAL HERITAGE (MASSACHUSETTS)  
 14211=NGS (MA)  
 14212=NGS (MA)  
 14301=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14311=NGS (NH)  
 14312=NGS (NH)  
 14330=GROUP HEALTH INC (NEW YORK)  
 14401=NATIONAL HERITAGE (RHODE ISLAND)  
 14402=NATIONAL HERITAGE (RHODE ISLAND)  
 14411=NGS (RI)  
 14412=NGS (RI)  
 14501=NATIONAL HERITAGE (VERMONT)  
 14502=NATIONAL HERITAGE (VERMONT)  
 14511=NGS (VT)  
 14512=NGS (VT)  
 15004=CGS Administrators HHH  
 15101=CGS (KENTUCKY)  
 15102=CGS (KENTUCKY)  
 15201=CGS (OHIO)  
 15202=CGS (OHIO)  
 16360=NATIONWIDE (OHIO)  
 16510=NATIONWIDE (WEST VIRGINIA)  
 17120=HAWAII MEDICAL SERVICE ASSOCIATION  
 21200=MASSACHUSETTS/MAINE  
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)  
 31143=NATIONAL HERITAGE INSURANCE CO  
 31144=NATIONAL HERITAGE INSURANCE CO

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 7  
 Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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50333=TRAVELERS (NEW YORK)				
51051=AETNA (PETALUMA)				
51070=AETNA (FARMINGTON)				
51100=AETNA (CLEARWATER)				
51140=AETNA (PEORIA)				
51390=AETNA (FORT WASHINGTON)				

52280=WISCONSIN PHYSICIANS SERVICE  
57400=COOPERATIVA (PUERTO RICO)

Medicaid Vendor Number 15 122 136 VARCHAR2  
Description: Number which may be assigned to a provider by the state  
Medicaid agency for external control or billing purposes.  
SAS Name: MDCD\_VNDR\_NUM  
COBOL Name: MDCD-VNDR-NUM

Original Participation Date 8 137 144 DATE  
Description: Date a provider is first approved to provide Medicare  
and/or Medicaid services.  
SAS Name: ORGNL\_PRTCPTN\_DT  
COBOL Name: ORGNL-PRTCPTN-DT

Prior CHOW Date 8 145 152 DATE  
Description: Effective date of the previous change of ownership for  
this provider.  
SAS Name: CHOW\_PRIOR\_DT  
COBOL Name: CHOW-PRIOR-DT

Prior Medicare Administrative Contractor (MAC) or 5 153 157 VARCHAR2  
Intermediary or Carrier Code  
Description: Number assigned to the previous Medicare Administrative  
Contractor, intermediary or carrier servicing this  
provider.  
SAS Name: INTRMDRY\_CARR\_PRIOR\_CD  
COBOL Name: INTRMDRY-CARR-PRIOR-CD  
VALUES:  
00000=DUMMY FOR MEDICAID HHA  
00010=BLUE CROSS (ALABAMA)  
00011=CAHABA  
00020=BLUE CROSS (ARKANSAS)  
00040=BLUE CROSS (CALIFORNIA)  
00060=BLUE CROSS (CONNECTICUT)  
00070=BLUE CROSS (DELAWARE)  
00090=BLUE CROSS (FLORIDA)  
00101=BLUE CROSS (GEORGIA)  
00121=HEALTH CARE SERVICE CORPORATION  
00122=HCSC - MICHIGAN  
00123=HCSC OF MICHIGAN  
00130=NATIONAL GOVERNMENT SERVICES  
00131=NATIONAL GOVERNMENT SERVICES  
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)  
00150=BLUE CROSS (KANSAS)  
00160=NATIONAL GOVERNMENT SERVICES  
00180=NATIONAL GOVERNMENT SERVICES  
00181=NATIONAL GOVERNMENT SERVICES  
00190=BLUE CROSS (MARYLAND)  
00200=BLUE CROSS (MASSACHUSETTS)  
00210=BLUE CROSS (MICHIGAN)



00220=BLUE CROSS (MINNESOTA)  
 00230=BLUE CROSS (MISSISSIPPI)  
 00231=BLUE CROSS (LOUISIANA)  
 00233=PINNACLE  
 00241=BLUE CROSS (MISSOURI)  
 00260=BLUE CROSS (NEBRASKA)  
 00270=NATIONAL GOVERNMENT SERVICES  
 00280=BLUE CROSS (NEW JERSEY)

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 8  
 Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00290=BLUE CROSS (NEW MEXICO)				
00308=NATIONAL GOVERNMENT SERVICES				
00310=BLUE CROSS (NORTH CAROLINA)				
00320=NORIDIAN PART A				
00322=NORIDIAN PART A (AK/WA)				
00323=NORIDIAN PART A (ID/OR)				
00325=NORIDIAN				
00332=NATIONAL GOVERNMENT SERVICES				
00340=BLUE CROSS (OKLAHOMA)				
00350=BLUE CROSS (OREGON)				
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				
00468=BLUE CROSS (NORTH CAROLINA FOR PR)				
00510=BLUE SHIELD (ALABAMA)				
00511=CAHABA				
00512=CAHABA				
00520=BLUE SHIELD (ARKANSAS)				
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)				
00542=BLUE SHIELD (CALIFORNIA)				
00550=BLUE SHIELD (COLORADO)				
00570=BLUE SHIELD (DELAWARE)				

00580=BLUE SHIELD (DISTRICT OF COLUMBIA)  
 00590=BLUE SHIELD (FLORIDA)  
 00621=BLUE SHIELD (ILLINOIS)  
 00630=NATIONAL GOVERNMENT SERVICES  
 00640=BLUE SHIELD (IOWA)  
 00650=BLUE SHIELD (KANSAS)  
 00655=BLUE SHIELD (KANSAS/NEBRASKA)  
 00660=NATIONAL GOVERNMENT SERVICES  
 00690=BLUE SHIELD (MARYLAND)  
 00700=BLUE SHIELD (MASSACHUSETTS)  
 00710=BLUE SHIELD (MICHIGAN)  
 00720=BLUE SHIELD (MINNESOTA)  
 00740=BLUE SHIELD (KANSAS CITY)  
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)  
 00780=BLUE SHIELD (TRI-STATE)  
 00801=BLUE SHIELD (BUFFALO)  
 00803=NATIONAL GOVERNMENT SERVICES  
 00805=NATIONAL GOVERNMENT SERVICES  
 00821=NORIDIAN  
 00824=NORIDIAN GVT SERVICES (CO)  
 00826=NORIDIAN GVT SERVICES (IA)  
 00831=NORIDIAN GVT SERVICES (AK)  
 00832=NORIDIAN GVT SERVICES (AZ)  
 00833=NORIDIAN GVT SERVICES (HI)  
 00834=NORIDIAN GVT SERVICES (NV)  
 00835=NORIDIAN GVT SERVICES (OR)  
 00836=NORIDIAN GVT SERVICES (WA)  
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)  
 00865=BLUE SHIELD (PENNSYLVANIA)

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 9  
 Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00870=BLUE SHIELD (RHODE ISLAND)				
00880=BLUE SHIELD (SOUTH CAROLINA)				
00883=PALMETTO GBA PART B				
00884=PALMETTO GBA				
00889=NORIDIAN GVT SERVICES (SD)				
00900=BLUE SHIELD (TEXAS)				
00901=TRAILBLAZERS HEALTH ENTERPRISES				
00904=TRAILBLAZER				
00910=BLUE SHIELD (UTAH)				
00930=BLUE SHIELD (WASHINGTON)				
00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				

00973=BLUE SHIELD (PUERTO RICO)  
00974=BLUE SHIELD (VIRGIN ISLANDS)  
01010=AETNA (PEORIA)  
01020=AETNA (ALASKA)  
01030=AETNA (ARIZONA)  
01040=AETNA (GEORGIA)  
01101=PALMETTO (CALIFORNIA)  
01102=PALMETTO (CALIFORNIA (NORTH))  
01111=Noridian (CA)  
01112=Noridian (NF)  
01120=AETNA (HAWAII)  
01182=Noridian (SF)  
01192=PALMETTO (CALIFORNIA SOUTH)  
01201=PALMETTO (HAWAII)  
01202=PALMETTO (HAWAII)  
01211=Noridian (AS, GU, HI)  
01212=Noridian (AS, GU, HI)  
01290=AETNA (NEVADA)  
01301=PALMETTO (NEVADA)  
01302=PALMETTO (NEVADA)  
01311=Noridian (NV)  
01312=Noridian (NV)  
01360=AETNA (NEW MEXICO)  
01370=AETNA (OKLAHOMA)  
01380=AETNA (OREGON)  
01390=AETNA (WASHINGTON)  
01901=PALMETTO GBA  
01902=PALMETTO GBA  
01911=Noridian (AS, GU, HI, NV)  
02050=OCCIDENTAL (CALIFORNIA)  
02101=Noridian AK  
02102=Noridian AK  
02201=Noridian ID  
02202=Noridian ID  
02301=Noridian OR  
02302=Noridian OR  
02401=Noridian WA  
02402=Noridian WA  
03001=NORIDIAN ADMIN SERVICES  
03101=NORIDIAN (ARIZONA)  
03102=NORIDIAN (ARIZONA)  
03201=NORIDIAN (MONTANA)  
03202=NORIDIAN (MONTANA)  
03301=NORIDIAN (NORTH DAKOTA)  
03302=NORIDIAN (NORTH DAKOTA)  
03401=NORIDIAN (SOUTH DAKOTA)  
03402=NORIDIAN (SOUTH DAKOTA)  
03501=NORIDIAN (UTAH)  
03502=NORIDIAN (UTAH)  
03601=NORIDIAN (WYOMING)

SHORT DESCRIPTION                                              LEN    START    END        TYPE

03602=NORIDIAN (WYOMING)  
 04001=TRAILBLAZER  
 04101=TRAILBLAZER (COLORADO)  
 04102=TRAILBLAZER (COLORADO)  
 04111=NOVITAS (COLORADO)  
 04112=NOVITAS (COLORADO)  
 04201=TRAILBLAZER (NEW MEXICO)  
 04202=TRAILBLAZER (NEW MEXICO)  
 04211=NOVITAS (NEW MEXICO)  
 04212=NOVITAS (NEW MEXICO)  
 04301=TRAILBLAZER (OKLAHOMA)  
 04302=TRAILBLAZER (OKLAHOMA)  
 04311=NOVITAS (OKLAHOMA)  
 04312=NOVITAS (OKLAHOMA)  
 04401=TRAILBLAZER (TEXAS)  
 04402=TRAILBLAZER (TEXAS)  
 04411=NOVITAS (TEXAS)  
 04412=NOVITAS (TEXAS)  
 04901=MUTUAL LEGACY  
 04911=NOVITAS  
 05101=WPS (IOWA)  
 05102=WPS (IOWA)  
 05130=EQICOR (IDAHO)  
 05201=WPS (KANSAS)  
 05202=WPS (KANSAS)  
 05301=WPS (MISSOURI)  
 05302=WPS (MISSOURI WEST)  
 05392=WPS (MISSOURI EAST)  
 05401=WPS (NEBRASKA)  
 05402=WPS (NEBRASKA)  
 05440=EQICOR (TENNESSEE)  
 05535=EQICOR (NORTH CAROLINA)  
 05901=WISCONSIN PHYSICIANS SERVICE  
 06001=NGS (WI)  
 06004=National Govt Serv HHH  
 06014=NATIONAL GOVERNMENT ERVICES  
 06101=NGS (IL)  
 06102=NGS (IL)  
 06201=NGS (MN)  
 06202=NGS (MN)  
 06301=NGS (WI)  
 06302=NGS (WI)  
 07101=Novitas AR

07102=Novitas AR  
 07201=Novitas LA  
 07202=Novitas LA  
 07301=Novitas MS  
 07302=Novitas MS  
 08101=WPS IN  
 08102=WPS IN  
 08201=WPS MI  
 08202=WPS MI  
 09101=FIRST COAST (FLORIDA)  
 09102=FIRST COAST (FLORIDA)  
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)  
 09202=FIRST COAST (PUERTO RICO)  
 09302=FIRST COAST (VIRGIN ISLANDS)  
 10071=TRAVELERS (RRB)  
 10101=CAHABA GBA (AL)  
 10102=CAHABA GBA (AL)  
 10111=PALMETTO GBA (Part A) (AL)  
 10112=PALMETTO GBA (AL)  
 10201=CAHABA GBA (GA)  
 10202=CAHABA GBA (GA)

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 11  
 Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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10211=PALMETTO GBA (GA)				
10212=PALMETTO GBA (GA)				
10230=TRAVELERS (CONNECTICUT)				
10240=TRAVELERS (MINNESOTA)				
10250=TRAVELERS (MISSISSIPPI)				
10301=CAHABA GBA (TN)				
10302=CAHABA GBA (TN)				
10311=PALMETTO GBA (TN)				
10312=PALMETTO GBA (TN)				
10490=TRAVELERS (VIRGINIA)				
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				

12102=Novitas DE  
 12201=Novitas DC  
 12202=Novitas DC  
 12301=Novitas MD  
 12302=Novitas MD  
 12401=Novitas NJ  
 12402=Novitas NJ  
 12501=Novitas PA  
 12502=Novitas PA  
 12901=Novitas Solutions DC, DE, MD, PA  
 12902=HIGHMARK  
 13101=NATIONAL GOVT SERVICES (CONNECTICUT)  
 13102=NATIONAL GOVT SERVICES (CONNECTICUT)  
 13201=NATIONAL GOVT SERVICES (NEW YORK)  
 13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)  
 13282=NGS (UN)  
 13292=NGS (QN)  
 14004=NATIONAL HERITAGE (HHA - A)  
 14014=NGS (HHA)  
 14101=NATIONAL HERITAGE (MAINE)  
 14102=NATIONAL HERITAGE (MAINE)  
 14111=NGS (ME)  
 14112=NGS (ME)  
 14201=NATIONAL HERITAGE (MASSACHUSETTS)  
 14202=NATIONAL HERITAGE (MASSACHUSETTS)  
 14211=NGS (MA)  
 14212=NGS (MA)  
 14301=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14311=NGS (NH)  
 14312=NGS (NH)  
 14330=GROUP HEALTH INC (NEW YORK)  
 14401=NATIONAL HERITAGE (RHODE ISLAND)  
 14402=NATIONAL HERITAGE (RHODE ISLAND)  
 14411=NGS (RI)  
 14412=NGS (RI)  
 14501=NATIONAL HERITAGE (VERMONT)  
 14502=NATIONAL HERITAGE (VERMONT)  
 14511=NGS (VT)  
 14512=NGS (VT)  
 15004=CGS Administrators HHH  
 15101=CGS (KENTUCKY)

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 12  
 Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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15102=CGS (KENTUCKY)				
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15201=CGS (OHIO)  
 15202=CGS (OHIO)  
 16360=NATIONWIDE (OHIO)  
 16510=NATIONWIDE (WEST VIRGINIA)  
 17120=HAWAII MEDICAL SERVICE ASSOCIATION  
 21200=MASSACHUSETTS/MAINE  
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)  
 31143=NATIONAL HERITAGE INSURANCE CO  
 31144=NATIONAL HERITAGE INSURANCE CO  
 50333=TRAVELERS (NEW YORK)  
 51051=AETNA (PETALUMA)  
 51070=AETNA (FARMINGTON)  
 51100=AETNA (CLEARWATER)  
 51140=AETNA (PEORIA)  
 51390=AETNA (FORT WASHINGTON)  
 52280=WISCONSIN PHYSICIANS SERVICE  
 57400=COOPERATIVA (PUERTO RICO)

CCN 10 158 167 VARCHAR2  
 Description: Six or ten position identification number that is assigned to a certified provider. This is the CMS Certification Number.  
 SAS Name: PRVDR\_NUM  
 COBOL Name: PRVDR-NUM

Region Code 2 168 169 VARCHAR2  
 Description: Indicates the CMS Regional Office responsible for the certification of the provider.  
 SAS Name: RGN\_CD  
 COBOL Name: RGN-CD  
 VALUES: 01=Boston  
 02=New York  
 03=Philadelphia  
 04=Atlanta  
 05=Chicago  
 06=Dallas  
 07=Kansas City  
 08=Denver  
 09=San Francisco  
 10=Seattle

Skeleton Record Indicator 1 170 170 VARCHAR2  
 Description: Indicates if the record is a skeleton record. Only a limited set of data is available for this provider; no survey data exists. Only provider categories 01,17,19,21and 22 can have skeleton providers.  
 SAS Name: SKLTN\_REC\_SW  
 COBOL Name: SKLTN-REC-SW

State Abbreviation 2 171 172 VARCHAR2

Description: Two-character state abbreviation.

SAS Name: STATE\_CD

COBOL Name: STATE-CD

VALUES: AK=ALASKA  
AL=ALABAMA  
AR=ARKANSAS  
AS=AMERICAN SAMOA  
AZ=ARIZONA  
CA=CALIFORNIA  
CN=CANADA  
CO=COLORADO  
CT=CONNECTICUT  
DC=DISTRICT OF COLUMBIA

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 13  
Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION                                              LEN    START    END    TYPE

DE=DELAWARE  
FL=FLORIDA  
FN=INTERNATIONAL  
GA=GEORGIA  
GU=GUAM  
HI=HAWAII  
IA=IOWA  
ID=IDAHO  
IL=ILLINOIS  
IN=INDIANA  
KS=KANSAS  
KY=KENTUCKY  
LA=LOUISIANA  
MA=MASSACHUSETTS  
MD=MARYLAND  
ME=MAINE  
MI=MICHIGAN  
MN=MINNESOTA  
MO=MISSOURI  
MP=SAIPAN  
MS=MISSISSIPPI  
MT=MONTANA  
MX=MEXICO  
NC=NORTH CAROLINA  
ND=NORTH DAKOTA  
NE=NEBRASKA  
NH=NEW HAMPSHIRE  
NJ=NEW JERSEY  
NM=NEW MEXICO  
NV=NEVADA



NY=NEW YORK  
 OH=OHIO  
 OK=OKLAHOMA  
 OR=OREGON  
 PA=PENNSYLVANIA  
 PR=PUERTO RICO  
 RI=RHODE ISLAND  
 SC=SOUTH CAROLINA  
 SD=SOUTH DAKOTA  
 TN=TENNESSEE  
 TX=TEXAS  
 UT=UTAH  
 VA=VIRGINIA  
 VI=VIRGIN ISLANDS  
 VT=VERMONT  
 WA=WASHINGTON  
 WI=WISCONSIN  
 WV=WEST VIRGINIA  
 WY=WYOMING

SSA State Code 2 173 174 VARCHAR2

Description: Social Security Administration geographic code indicating the state where the provider is located.

SAS Name: SSA\_STATE\_CD

COBOL Name: SSA-STATE-CD

VALUES: 01=ALABAMA  
 02=ALASKA  
 03=ARIZONA  
 04=ARKANSAS  
 05=CALIFORNIA  
 06=COLORADO  
 07=CONNECTICUT  
 08=DELAWARE  
 09=DISTRICT OF COLUMBIA

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 14  
 Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

10=FLORIDA  
 11=GEORGIA  
 12=HAWAII  
 13=IDAHO  
 14=ILLINOIS  
 15=INDIANA  
 16=IOWA  
 17=KANSAS  
 18=KENTUCKY

19=LOUISIANA  
20=MAINE  
21=MARYLAND  
22=MASSACHUSETTS  
23=MICHIGAN  
24=MINNESOTA  
25=MISSISSIPPI  
26=MISSOURI  
27=MONTANA  
28=NEBRASKA  
29=NEVADA  
30=NEW HAMPSHIRE  
31=NEW JERSEY  
32=NEW MEXICO  
33=NEW YORK  
34=NORTH CAROLINA  
35=NORTH DAKOTA  
36=OHIO  
37=OKLAHOMA  
38=OREGON  
39=PENNSYLVANIA  
40=PUERTO RICO  
41=RHODE ISLAND  
42=SOUTH CAROLINA  
43=SOUTH DAKOTA  
44=TENNESSEE  
45=TEXAS  
46=UTAH  
47=VERMONT  
48=VIRGIN ISLANDS  
49=VIRGINIA  
50=WASHINGTON  
51=WEST VIRGINIA  
52=WISCONSIN  
53=WYOMING  
54=AFRICA  
56=CANADA  
57=WEST INDIES  
58=EUROPE  
59=MEXICO  
60=OCEANIA  
61=PHILIPPINES  
62=SOUTH AMERICA  
63=UNITED STATES POSSESSIONS  
64=AMERICAN SAMOA  
65=GUAM  
66=SAIPAN  
99=INTERNATIONAL

State Region Code

3 175 177 VARCHAR2

Description: Identifies the region within a state where the provider is located.

SAS Name: STATE\_RGN\_CD  
COBOL Name: STATE-RGN-CD  
VALUES: AK/001=ALASKA

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 15  
Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION                                              LEN    START    END        TYPE

AK/LAB=LABORATORIES  
AK/NPH=NON-PARTICIPATING HOSPITAL  
AL/001=ALABAMA  
AL/LAB=LABORATORIES  
AL/NPH=NON-PARTICIPATING HOSPITAL  
AR/001=ARKANSAS  
AR/LAB=LABORATORIES  
AR/NPH=NON-PARTICIPATING HOSPITAL  
AS/001=AMERICAN SAMOA  
AS/LAB=LABORATORY  
AS/NPH=NON-PARTICIPATING HOSPITAL  
AZ/AZ=PHOENIX  
AZ/LAB=ARIZONA LAB  
AZ/NPH=NON-PARTICIPATING HOSPITAL  
AZ/TUC=TUCSON  
CA/001=CALIFORNIA  
CA/BAK=BAKERSFIELD  
CA/BER=SAN BERNARDINO  
CA/EB=East Bay  
CA/FR=FRESNO  
CA/L1=L.A. WEST  
CA/L2=L.A. NORTH  
CA/L3=L.A. CENTRAL  
CA/L4=L.A. EAST  
CA/L5=SAN GABRIEL  
CA/LA1=LA Region 1  
CA/LA2=LA Region 2  
CA/LA3=LA Region 3  
CA/LA4=LA Acute/Ancillary  
CA/LA5=LA HHA/Hospice  
CA/LA6=LA ICF/DD/Clinics  
CA/LAB=LABORATORIES  
CA/M1=LAB. SOUTH  
CA/M2=LAB. NORTH  
CA/NPH=NON-PARTICIPATING HOSPITAL  
CA/ORG=ORANGE  
CA/RIV=RIVERSIDE  
CA/S1=SACRAMENTO

CA/S3=CHICO  
 CA/SD=SAN DIEGO  
 CA/SF=SAN FRANCISCO  
 CA/SJ=SAN JOSE  
 CA/SR=SANTA ROSA  
 CA/STK=STOCKTON  
 CA/VEN=VENTURA  
 CN/001=CANADA  
 CN/LAB=LABORATORY  
 CN/NPH=NON-PARTICIPATING HOSPITAL  
 CO/001=COLORADO  
 CO/LAB=LABORATORIES  
 CO/NPH=NON-PARTICIPATING HOSPITAL  
 CT/001=CONNECTICUT  
 CT/LAB=LABORATORIES  
 CT/NPH=NON-PARTICIPATING HOSPITAL  
 DC/001=DISTRICT OF COLUMBIA  
 DC/LAB=LABORATORIES  
 DC/NPH=NON-PARTICIPATING HOSPITAL  
 DE/001=DELAWARE  
 DE/LAB=LABORATORIES  
 DE/NPH=NON-PARTICIPATING HOSPITAL  
 FL/001=FLORIDA  
 FL/FTM=FT. MYERS  
 FL/GAI=GAINESVILLE  
 FL/JAX=JACKSONVILLE

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 16  
 Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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FL/LAB=LABORATORIES  
 FL/LAN=LANTANA  
 FL/LAU=LAUDERHILL  
 FL/MIA=MIAMI  
 FL/NPH=NON-PARTICIPATING HOSPITAL  
 FL/ORL=ORLANDO  
 FL/PEN=PENSACOLA  
 FL/STP=ST. PETERSBURG  
 FL/TAL=TALLAHASSEE  
 FL/TAM=TAMPA  
 FM/001=FEDERATED STATES OF MICRO  
 FM/NPH=NON-PARTICIPATING HOSPITAL  
 FN/001=INTERNATIONAL  
 FN/LAB=LABORATORIES  
 FN/NPH=NON-PARTICIPATING HOSPITAL  
 GA/001=GEORGIA  
 GA/GAA=GEORGIA ALL

GA/GAC=GEORGIA CENTRAL  
GA/GAE=GEORGIA EASTERN  
GA/GAN=GEORGIA NORTH  
GA/GAS=GEORGIA SOUTH  
GA/GAW=GEORGIA WESTERN  
GA/LAB=LABORATORIES  
GA/NPH=NON-PARTICIPATING HOSPITAL  
GU/001=GUAM  
GU/LAB=LABORATORIES  
GU/NPH=NON-PARTICIPATING HOSPITAL  
HI/001=HAWAII  
HI/LAB=LABORATORIES  
HI/NPH=NON-PARTICIPATING HOSPITAL  
IA/001=IOWA  
IA/LAB=LABORATORIES  
IA/NPH=NON-PARTICIPATING HOSPITAL  
ID/001=IDAHO  
ID/LAB=LABORATORIES  
ID/NPH=NON-PARTICIPATING HOSPITAL  
IL/001=ILLINOIS  
IL/LAB=LABORATORIES  
IL/NPH=NON-PARTICIPATING HOSPITAL  
IN/001=INDIANA  
IN/LAB=LABORATORIES  
IN/NPH=NON-PARTICIPATING HOSPITAL  
KS/001=KANSAS  
KS/KCK=KANSAS CITY  
KS/KDH=KDHE  
KS/LAB=LABORATORIES  
KS/LAW=LAWRENCE  
KS/NC=NORTH CENTRAL KANSAS  
KS/NE=NORTH EAST KANSAS  
KS/NPH=NON-PARTICIPATING HOSPITAL  
KS/NW=NORTH WEST KANSAS  
KS/SC=SOUTH CENTRAL KANSAS  
KS/SE=SOUTH EAST KANSAS  
KS/SW=SOUTH WEST KANSAS  
KS/WST=WEST  
KY/2C1=HOPKINSVILLE  
KY/2C2=LOUISVILLE  
KY/2C3=LONDON  
KY/2C4=LEXINGTON  
KY/LAB=LABORATORIES  
KY/NPH=NON-PARTICIPATING HOSPITAL  
LA/001=LOUISIANA  
LA/LA1=NEW ORLEANS  
LA/LA2=MANDEVILLE

Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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LA/LA3=LAFAYETTE				
LA/LA4=MONROE				
LA/LA5=SHREVEPORT				
LA/LA6=ALEXANDRIA				
LA/LAB=LABORATORIES				
LA/LB1=CLIA NEW ORLEANS				
LA/LB5=CLIA SHREVEPORT				
LA/LB6=CLIA ALEXANDRIA				
LA/NPH=NON-PARTICIPATING HOSPITAL				
MA/001=MASSACHUSETTS				
MA/LAB=LABORATORIES				
MA/NPH=NON-PARTICIPATING HOSPITAL				
MD/001=MARYLAND				
MD/LAB=LABORATORIES				
MD/NPH=NON-PARTICIPATING HOSPITAL				
ME/001=MAINE				
ME/LAB=LABORATORIES				
ME/NPH=NON-PARTICIPATING HOSPITAL				
MH/001=MARSHALL ISLANDS				
MH/NPH=NON-PARTICIPATING HOSPITAL				
MI/001=MICHIGAN				
MI/LAB=LABORATORIES				
MI/NPH=NON-PARTICIPATING HOSPITAL				
MN/001=MINNESOTA				
MN/LAB=LABORATORIES				
MN/NPH=NON-PARTICIPATING HOSPITAL				
MO/001=MISSOURI				
MO/01=REGION01				
MO/02=REGION02				
MO/03=REGION 03				
MO/04=REGION 04				
MO/05=REGION 05				
MO/06=REGION 06				
MO/07=REGION 07				
MO/1NH=REGION 1 NH				
MO/2NH=REGION 2 NH				
MO/3NH=REGION 3 NH				
MO/4NH=REGION 4 NH				
MO/5NH=REGION 5 NH				
MO/6NH=REGION 6 NH				
MO/7NH=REGION 7 NH				
MO/LAB=LABORATORIES				
MO/MO=STATEWIDE				
MO/NPH=NON-PARTICIPATING HOSPITAL				
MP/001=NORTHERN MARIANA ISLANDS				
MP/LAB=LABORATORIES				

MP/NPH=NON-PARTICIPATING HOSPITAL  
 MS/001=MISSISSIPPI  
 MS/LAB=LABORATORIES  
 MS/NPH=NON-PARTICIPATING HOSPITAL  
 MT/001=MONTANA  
 MT/LAB=LABORATORIES  
 MT/NPH=NON-PARTICIPATING HOSPITAL  
 MX/001=MEXICO  
 MX/LAB=LABORATORY  
 MX/NPH=NON-PARTICIPATING HOSPITAL  
 NC/001=NORTH CAROLINA  
 NC/LAB=LABORATORIES  
 NC/NCC=NORTH CAROLINA CENTRAL  
 NC/NCE=NORTH CAROLINA EAST  
 NC/NCN=NORTH CAROLINA NORTH  
 NC/NCS=NORTH CAROLINA SOUTH  
 NC/NCW=NORTH CAROLINA WEST  
 NC/NPH=NON-PARTICIPATING HOSPITAL

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 18  
 Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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ND/001=NORTH DAKOTA  
 ND/LAB=LABORATORIES  
 ND/NPH=NON-PARTICIPATING HOSPITAL  
 NE/001=NEBRASKA  
 NE/1=NORTH CENTRAL  
 NE/2=CENTRAL  
 NE/3=NORTHEAST  
 NE/4=SOUTHEAST  
 NE/5=WESTERN  
 NE/LAB=LABORATORIES  
 NE/NPH=NON-PARTICIPATING HOSPITAL  
 NH/001=NEW HAMPSHIRE  
 NH/LAB=LABORATORIES  
 NH/NPH=NON-PARTICIPATING HOSPITAL  
 NJ/001=NEW JERSEY  
 NJ/LAB=LABORATORIES  
 NJ/NPH=NON-PARTICIPATING HOSPITAL  
 NM/001=NEW MEXICO  
 NM/LAB=LABORATORIES  
 NM/NPH=NON-PARTICIPATING HOSPITAL  
 NV/001=NEVADA  
 NV/CC=CARSON CITY  
 NV/LAB=LABORATORIES  
 NV/LV=LAS VEGAS  
 NV/NPH=NON-PARTICIPATING HOSPITAL

NY/001=BUFFALO  
 NY/002=ROCHESTER  
 NY/003=SYRACUSE  
 NY/004=ALBANY  
 NY/005=NEW ROCHELLE  
 NY/006=NEW YORK CITY  
 NY/007=SUFFOLK/NASSAU COUNTY  
 NY/LAB=LABORATORIES  
 NY/NPH=NON-PARTICIPATING HOSPITAL  
 OH/001=OHIO  
 OH/LAB=LABORATORIES  
 OH/NPH=NON-PARTICIPATING HOSPITAL  
 OK/001=OKLAHOMA  
 OK/LAB=LABORATORIES  
 OK/NPH=NON-PARTICIPATING HOSPITAL  
 OR/001=OFFICE #1  
 OR/002=OFFICE #2  
 OR/003=OFFICE #3  
 OR/LAB=LABORATORIES  
 OR/NPH=NON-PARTICIPATING HOSPITAL  
 PA/001=PENNSYLVANIA  
 PA/LAB=LABORATORIES  
 PA/NPH=NON-PARTICIPATING HOSPITAL  
 PR/001=PUERTO RICO  
 PR/LAB=LABORATORIES  
 PR/NPH=NON-PARTICIPATING HOSPITAL  
 PW/001=PALAU  
 PW/NPH=NON-PARTICIPATING HOSPITAL  
 RI/001=RHODE ISLAND  
 RI/LAB=LABORATORIES  
 RI/NPH=NON-PARTICIPATING HOSPITAL  
 SC/001=SOUTH CAROLINA  
 SC/LAB=LABORATORIES  
 SC/NPH=NON-PARTICIPATING HOSPITAL  
 SD/001=SOUTH DAKOTA  
 SD/LAB=LABORATORIES  
 SD/NPH=NON-PARTICIPATING HOSPITAL  
 TN/001=TENNESSEE  
 TN/LAB=LABORATORIES

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 19  
 Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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TN/NPH=NON-PARTICIPATING HOSPITAL				
TN/TNC=TENNESSEE COOKEVILLE				
TN/TNE=TENNESSEE EASTERN				
TN/TNM=TENNESSEE MIDDLE				



TN/TNW=TENNESSEE WESTERN  
TX/001=TEXAS  
TX/L01=AMARILLO-LTC  
TX/L02=ABILENE-LTC  
TX/L03=ARLINGTON-LTC  
TX/L04=TYLER-LTC  
TX/L05=TEMPLE-LTC  
TX/L06=HOUSTON-LTC  
TX/L07=Austin-LTC  
TX/L08=San Antonio-LTC  
TX/L11=Corpus Christi-LTC  
TX/LAB=LABORATORIES  
TX/NPH=NON-PARTICIPATING HOSPITAL  
TX/TX1=NLTC REG 1, 7, 9, 10  
TX/TX2=NLTC REG 2, 3  
TX/TX4=NLTC REG 6  
TX/TX5=NLTC REG 4, 5  
TX/TX6=NLTC Statewide-Certified Only  
TX/TX8=NLTC REG 8, 11  
UT/001=UTAH  
UT/LAB=LABORATORIES  
UT/NPH=NON-PARTICIPATING HOSPITAL  
VA/001=VIRGINIA  
VA/LAB=LABORATORIES  
VA/NPH=NON-PARTICIPATING HOSPITAL  
VI/001=VIRGIN ISLANDS  
VI/LAB=LABORATORIES  
VI/NPH=NON-PARTICIPATING HOSPITAL  
VT/001=VERMONT  
VT/LAB=LABORATORIES  
VT/NPH=NON-PARTICIPATING HOSPITAL  
WA/001=ALL OTHERS (NON-LTC FAC)  
WA/D1=SPOKANE & YAKIMA AREAS  
WA/D1A=District 1, Unit A  
WA/D1B=District 1, Unit B  
WA/D1C=District 1, Unit C  
WA/D1D=District 1, Unit D  
WA/D1E=District 1, Unit E  
WA/D1F=District 1, Unit F  
WA/D2=SPOKANE & SE  
WA/D2A=District 2, Unit A  
WA/D2B=District 2, Unit B  
WA/D2C=District 2, Unit C  
WA/D2D=District 2, Unit D  
WA/D2E=District 2, Unit E  
WA/D2F=District 2, Unit F  
WA/D2G=District 2, Unit G  
WA/D2H=District 2, Unit H  
WA/D2I=District 2, Unit I  
WA/D2J=District 2, Unit J

WA/D2L=District 2, Unit L  
 WA/D3=NW WASHINGTON  
 WA/D3A=District 3, Unit A  
 WA/D3B=District 3, Unit B  
 WA/D3C=District 3, Unit C  
 WA/D3D=District 3, Unit D  
 WA/D3E=District 3, Unit E  
 WA/D3F=District 3, Unit F  
 WA/D3G=District 3, Unit G  
 WA/D3H=District 3, Unit H

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 20  
 Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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WA/D4A=GREATER SEATTLE AREA  
 WA/D4B=S KING COUNTY  
 WA/D5A=PIERCE CTY & PENINSULA  
 WA/D5B=PIERCE CTY & GRAYS HARBOR  
 WA/D6=OLYMPIA AREA  
 WA/LAB=LABORATORIES  
 WA/NPH=NON-PARTICIPATING HOSPITAL  
 WI/001=WISCONSIN  
 WI/LAB=LABORATORIES  
 WI/NPH=NON-PARTICIPATING HOSPITAL  
 WV/001=WEST VIRGINIA  
 WV/LAB=LABORATORIES  
 WV/NPH=NON-PARTICIPATING HOSPITAL  
 WY/001=WYOMING  
 WY/LAB=LABORATORIES  
 WY/NPH=NON-PARTICIPATING HOSPITAL

Address: Street	50	178	227	VARCHAR2
Description: Street address where the provider is located.				
SAS Name:	ST_ADR			
COBOL Name:	ST-ADR			

Telephone Number	10	228	237	VARCHAR2
Description: Telephone number of the provider.				
SAS Name:	PHNE_NUM			
COBOL Name:	PHNE-NUM			

Termination Code	2	238	239	VARCHAR2
Description: Indicates the current termination status for the provider.				
SAS Name:	PGM_TRMNTN_CD			
COBOL Name:	PGM-TRMNTN-CD			
VALUES:	00=ACTIVE PROVIDER			

01=VOLUNTARY-MERGER, CLOSURE  
 02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT  
 03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION  
 04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL  
 05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ  
 06=INVOLUNTARY-FAILURE TO MEET AGREEMENT  
 07=OTHER-PROVIDER STATUS CHANGE  
 08=NONPAYMENT OF FEES - CLIA Only  
 09=REV/UNSUCCESSFUL PARTICIPATION IN PT - CLIA Only  
 10=REV/OTHER REASON - CLIA Only  
 11=INCOMPLETE CLIA APPLICATION INFORMATION - CLIA Only  
 12=NO LONGER PERFORMING TESTS - CLIA Only  
 13=MULTIPLE TO SINGLE SITE CERTIFICATE - CLIA Only  
 14=SHARED LABORATORY - CLIA Only  
 15=FAILURE TO RENEW WAIVER PPM CERTIFICATE - CLIA Only  
 16=DUPLICATE CLIA NUMBER - CLIA Only  
 17=MAIL RETURNED NO FORWARD ADDRESS CERT ENDED - CLIA Only  
 20=NOTIFICATION BANKRUPTCY - CLIA Only  
 33=ACCREDITATION NOT CONFIRMED - CLIA Only  
 80=AWAITING STATE APPROVAL  
 99=OIG ACTION - DO NOT ACTIVATE - CLIA Only

Termination or Expiration Date 8 240 247 DATE  
 Description: Date the provider was terminated. For CLIA providers, date the laboratory's certificate was terminated or the expiration date of the current CLIA certificate.  
 SAS Name: TRMNTN\_EXPRTN\_DT  
 COBOL Name: TRMNTN-EXPRTN-DT

Type of Action Code 1 248 248 VARCHAR2  
 Description: Identifies the reason for the certification. Type of

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 21  
 Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE  
 action from the official survey record, CMS 1539 form.  
 SAS Name: CRTFCTN\_ACTN\_TYPE\_CD  
 COBOL Name: CRTFCTN-ACTN-TYPE-CD  
 VALUES: 1=INITIAL  
 2=RECERTIFICATION  
 3=TERMINATION  
 4=CHANGE OF OWNERSHIP  
 5=VALIDATION  
 8=FULL SURVEY AFTER COMPLAINT

Ownership Type Code 2 249 250 VARCHAR2  
 Description: Indicates the ownership type of the provider.

SAS Name: GNRL\_CNTL\_TYPE\_CD  
COBOL Name: GNRL-CNTL-TYPE-CD  
VALUES: 01=PRIVATE NON PROFIT  
02=PROPRIETARY  
03=RELIGIOUS AFFILIATION  
04=VOL. NON-PROF. - RELIGIOUS AFF.  
05=FOR PROFIT  
06=NOT FOR PROFIT  
07=CORPORATION  
08=STATE  
09=LOCAL GOVERNMENT

Address: ZIP Code 5 251 255 VARCHAR2  
Description: Five-digit ZIP code for a provider's physical address.  
SAS Name: ZIP\_CD  
COBOL Name: ZIP-CD

FIPS State Code 2 256 257 VARCHAR2  
Description: FIPS State Code  
SAS Name: FIPS\_STATE\_CD  
COBOL Name: FIPS-STATE-CD  
VALUES: 01=ALABAMA  
02=ALASKA  
04=ARIZONA  
05=ARKANSAS  
06=CALIFORNIA  
08=COLORADO  
09=CONNECTICUT  
10=DELAWARE  
11=DISTRICT OF COLUMBIA  
12=FLORIDA  
13=GEORGIA  
15=HAWAII  
16=IDAHO  
17=ILLINOIS  
18=INDIANA  
19=IOWA  
20=KANSAS  
21=KENTUCKY  
22=LOUISIANA  
23=MAINE  
24=MARYLAND  
25=MASSACHUSETTS  
26=MICHIGAN  
27=MINNESOTA  
28=MISSISSIPPI  
29=MISSOURI  
30=MONTANA  
31=NEBRASKA  
32=NEVADA

33=NEW HAMPSHIRE  
 34=NEW JERSEY

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 22  
 Psychiatric Residential Treatment Facility, CATEGORY = "06" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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35=NEW MEXICO  
 36=NEW YORK  
 37=NORTH CAROLINA  
 38=NORTH DAKOTA  
 39=OHIO  
 40=OKLAHOMA  
 41=OREGON  
 42=PENNSYLVANIA  
 43=PUERTO RICO  
 44=RHODE ISLAND  
 45=SOUTH CAROLINA  
 46=SOUTH DAKOTA  
 47=TENNESSEE  
 48=TEXAS  
 49=UTAH  
 50=VERMONT  
 51=VIRGINIA  
 53=WASHINGTON  
 54=WEST VIRGINIA  
 55=WISCONSIN  
 56=WYOMING  
 60=AMERICAN SAMOA  
 66=GUAM  
 69=SAIPAN/MARIANA IS.  
 78=VIRGIN ISLANDS

FIPS County Code	3	258	260	VARCHAR2
Description: FIPS County Code				
SAS Name: FIPS_CNTY_CD				
COBOL Name: FIPS-CNTY-CD				

CBSA Urban Rural Indicator	1	261	261	VARCHAR2
Description: CBSA (Core Based Statistical Area) indicates whether the county is defined as Urban or Rural.				
SAS Name: CBSA_URBN_RRL_IND				
COBOL Name: CBSA-URBN-RRL-IND				

CBSA Code	5	262	266	VARCHAR2
Description: CBSA (Core Based Statistical Area) geographic entities defined by the U.S. Office of Management and Budget (OMB) on June 6, 2003 for use by Federal statistical agencies				

in collecting, tabulating, and publishing Federal statistics. CBSA collectively refers to MSA.

SAS Name: CBSA\_CD  
COBOL Name: CBSA-CD

Bed Count: Total 4 373 376 NUMBER  
Description: Total number of beds in a provider, including those in non-participating or non-licensed areas.  
SAS Name: BED\_CNT  
COBOL Name: BED-CNT

Fiscal Year End Date (MMDD) 4 464 467 VARCHAR2  
Description: End date, consisting of the month and day, of the provider's fiscal year.  
SAS Name: FY\_END\_MO\_DAY\_CD  
COBOL Name: FY-END-MO-DAY-CD

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 1  
Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
Provider Category Subtype Code	2	1	2	VARCHAR2
Description: Identifies the subtype of the provider, within the primary category. Used in reporting to show the breakdown of provider categories, mainly for hospitals and SNFs.				
SAS Name: PRVDR_CTGRY_SBTYP_CD				
COBOL Name: PRVDR-CTGRY-SBTYP-CD				
VALUES: 01=X-Ray				
Provider Category Code	2	3	4	VARCHAR2
Description: Identifies the type of provider participating in the Medicare/Medicaid program.				
SAS Name: PRVDR_CTGRY_CD				
COBOL Name: PRVDR-CTGRY-CD				
VALUES: 07=Portable X-Ray Supplier				
CHOW Count	2	5	6	NUMBER
Description: Number of times this provider has undergone a change of ownership.				

SAS Name: CHOW\_CNT  
COBOL Name: CHOW-CNT

CHOW Date 8 7 14 DATE  
Description: Effective date of the most recent change of ownership for this provider.

SAS Name: CHOW\_DT  
COBOL Name: CHOW-DT

Address: City 28 15 42 VARCHAR2  
Description: City in which the provider is physically located.

SAS Name: CITY\_NAME  
COBOL Name: CITY-NAME

Compliance: Acceptable POC 1 43 43 VARCHAR2  
Description: Indicates if a provider is in compliance with program requirements based on an acceptable plan for correction of deficiencies.

SAS Name: ACPTBL\_POC\_SW  
COBOL Name: ACPTBL-POC-SW

Compliance: Status 1 44 44 VARCHAR2  
Description: Compliance status of a provider at the time of certification survey.

SAS Name: CMPLNC\_STUS\_CD  
COBOL Name: CMPLNC-STUS-CD  
VALUES: A=IN COMPLIANCE  
B=NOT IN COMPLIANCE

SSA County Code 3 45 47 VARCHAR2  
Description: Social Security Administration geographic code indicating the county where the provider is located.

SAS Name: SSA\_CNTY\_CD  
COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR  
Description: Cross reference provider number

SAS Name: CROSS\_REF\_PROVIDER\_NUMBER  
COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date 8 58 65 DATE  
Description: Equal to the exit date of the initial visit of the Health survey for certifications completed after July 28, 2012. For certifications prior to that date, the certification

SHORT DESCRIPTION LEN START END TYPE

date is equal to the exit date of the initial visit of the Health survey or LSC survey, whichever is later.

SAS Name: CRTFCTN\_DT

COBOL Name: CRTFCTN-DT

Eligibility Indicator 1 66 66 VARCHAR2

Description: Indicates if a facility is eligible to participate in the Medicare and/or Medicaid programs.

SAS Name: ELGLTY\_SW

COBOL Name: ELGLTY-SW

Facility Name 50 67 116 VARCHAR2

Description: Name of the provider certified to participate in the Medicare and/or Medicaid programs.

SAS Name: FAC\_NAME

COBOL Name: FAC-NAME

Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code 5 117 121 VARCHAR2

Description: Number assigned to the Medicare Administrative Contractor, intermediary or carrier servicing this provider.

SAS Name: INTRMDRY\_CARR\_CD

COBOL Name: INTRMDRY-CARR-CD

VALUES: 00000=DUMMY FOR MEDICAID HHA  
00010=BLUE CROSS (ALABAMA)  
00011=CAHABA  
00020=BLUE CROSS (ARKANSAS)  
00040=BLUE CROSS (CALIFORNIA)  
00060=BLUE CROSS (CONNECTICUT)  
00070=BLUE CROSS (DELAWARE)  
00090=BLUE CROSS (FLORIDA)  
00101=BLUE CROSS (GEORGIA)  
00121=HEALTH CARE SERVICE CORPORATION  
00122=HCSC - MICHIGAN  
00123=HCSC OF MICHIGAN  
00130=NATIONAL GOVERNMENT SERVICES  
00131=NATIONAL GOVERNMENT SERVICES  
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)  
00150=BLUE CROSS (KANSAS)  
00160=NATIONAL GOVERNMENT SERVICES  
00180=NATIONAL GOVERNMENT SERVICES  
00181=NATIONAL GOVERNMENT SERVICES  
00190=BLUE CROSS (MARYLAND)  
00200=BLUE CROSS (MASSACHUSETTS)  
00210=BLUE CROSS (MICHIGAN)  
00220=BLUE CROSS (MINNESOTA)  
00230=BLUE CROSS (MISSISSIPPI)  
00231=BLUE CROSS (LOUISIANA)





00630=NATIONAL GOVERNMENT SERVICES  
 00640=BLUE SHIELD (IOWA)  
 00650=BLUE SHIELD (KANSAS)  
 00655=BLUE SHIELD (KANSAS/NEBRASKA)  
 00660=NATIONAL GOVERNMENT SERVICES  
 00690=BLUE SHIELD (MARYLAND)  
 00700=BLUE SHIELD (MASSACHUSETTS)  
 00710=BLUE SHIELD (MICHIGAN)  
 00720=BLUE SHIELD (MINNESOTA)  
 00740=BLUE SHIELD (KANSAS CITY)  
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)  
 00780=BLUE SHIELD (TRI-STATE)  
 00801=BLUE SHIELD (BUFFALO)  
 00803=NATIONAL GOVERNMENT SERVICES  
 00805=NATIONAL GOVERNMENT SERVICES  
 00821=NORIDIAN  
 00824=NORIDIAN GVT SERVICES (CO)  
 00826=NORIDIAN GVT SERVICES (IA)  
 00831=NORIDIAN GVT SERVICES (AK)  
 00832=NORIDIAN GVT SERVICES (AZ)  
 00833=NORIDIAN GVT SERVICES (HI)  
 00834=NORIDIAN GVT SERVICES (NV)  
 00835=NORIDIAN GVT SERVICES (OR)  
 00836=NORIDIAN GVT SERVICES (WA)  
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)  
 00865=BLUE SHIELD (PENNSYLVANIA)  
 00870=BLUE SHIELD (RHODE ISLAND)  
 00880=BLUE SHIELD (SOUTH CAROLINA)  
 00883=PALMETTO GBA PART B  
 00884=PALMETTO GBA  
 00889=NORIDIAN GVT SERVICES (SD)  
 00900=BLUE SHIELD (TEXAS)  
 00901=TRAILBLAZERS HEALTH ENTERPRISES  
 00904=TRAILBLAZER  
 00910=BLUE SHIELD (UTAH)  
 00930=BLUE SHIELD (WASHINGTON)

DATE: 10/03/2022

POS RECORD LAYOUT

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Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				

01020=AETNA (ALASKA)  
01030=AETNA (ARIZONA)  
01040=AETNA (GEORGIA)  
01101=PALMETTO (CALIFORNIA)  
01102=PALMETTO (CALIFORNIA (NORTH))  
01111=Noridian (CA)  
01112=Noridian (NF)  
01120=AETNA (HAWAII)  
01182=Noridian (SF)  
01192=PALMETTO (CALIFORNIA SOUTH)  
01201=PALMETTO (HAWAII)  
01202=PALMETTO (HAWAII)  
01211=Noridian (AS, GU, HI)  
01212=Noridian (AS, GU, HI)  
01290=AETNA (NEVADA)  
01301=PALMETTO (NEVADA)  
01302=PALMETTO (NEVADA)  
01311=Noridian (NV)  
01312=Noridian (NV)  
01360=AETNA (NEW MEXICO)  
01370=AETNA (OKLAHOMA)  
01380=AETNA (OREGON)  
01390=AETNA (WASHINGTON)  
01901=PALMETTO GBA  
01902=PALMETTO GBA  
01911=Noridian (AS, GU, HI, NV)  
02050=OCCIDENTAL (CALIFORNIA)  
02101=Noridian AK  
02102=Noridian AK  
02201=Noridian ID  
02202=Noridian ID  
02301=Noridian OR  
02302=Noridian OR  
02401=Noridian WA  
02402=Noridian WA  
03001=NORIDIAN ADMIN SERVICES  
03101=NORIDIAN (ARIZONA)  
03102=NORIDIAN (ARIZONA)  
03201=NORIDIAN (MONTANA)  
03202=NORIDIAN (MONTANA)  
03301=NORDIAN (NORTH DAKOTA)  
03302=NORDIAN (NORTH DAKOTA)  
03401=NORIDIAN (SOUTH DAKOTA)  
03402=NORIDIAN (SOUTH DAKOTA)  
03501=NORIDIAN (UTAH)  
03502=NORIDIAN (UTAH)  
03601=NORIDIAN (WYOMING)  
03602=NORIDIAN (WYOMING)  
04001=TRAILBLAZER  
04101=TRAILBLAZER (COLORADO)

04102=TRAILBLAZER (COLORADO)  
 04111=NOVITAS (COLORADO)  
 04112=NOVITAS (COLORADO)  
 04201=TRAILBLAZER (NEW MEXICO)  
 04202=TRAILBLAZER (NEW MEXICO)  
 04211=NOVITAS (NEW MEXICO)  
 04212=NOVITAS (NEW MEXICO)

DATE: 10/03/2022

POS RECORD LAYOUT

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Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				
05402=WPS (NEBRASKA)				
05440=EQICOR (TENNESSEE)				
05535=EQICOR (NORTH CAROLINA)				
05901=WISCONSIN PHYSICIANS SERVICE				
06001=NGS (WI)				
06004=National Govt Serv HHH				
06014=NATIONAL GOVERNMENT ERVICES				
06101=NGS (IL)				
06102=NGS (IL)				
06201=NGS (MN)				
06202=NGS (MN)				
06301=NGS (WI)				
06302=NGS (WI)				
07101=Novitas AR				
07102=Novitas AR				
07201=Novitas LA				
07202=Novitas LA				

07301=Novitas MS  
 07302=Novitas MS  
 08101=WPS IN  
 08102=WPS IN  
 08201=WPS MI  
 08202=WPS MI  
 09101=FIRST COAST (FLORIDA)  
 09102=FIRST COAST (FLORIDA)  
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)  
 09202=FIRST COAST (PUERTO RICO)  
 09302=FIRST COAST (VIRGIN ISLANDS)  
 10071=TRAVELERS (RRB)  
 10101=CAHABA GBA (AL)  
 10102=CAHABA GBA (AL)  
 10111=PALMETTO GBA (Part A) (AL)  
 10112=PALMETTO GBA (AL)  
 10201=CAHABA GBA (GA)  
 10202=CAHABA GBA (GA)  
 10211=PALMETTO GBA (GA)  
 10212=PALMETTO GBA (GA)  
 10230=TRAVELERS (CONNECTICUT)  
 10240=TRAVELERS (MINNESOTA)  
 10250=TRAVELERS (MISSISSIPPI)  
 10301=CAHABA GBA (TN)  
 10302=CAHABA GBA (TN)  
 10311=PALMETTO GBA (TN)  
 10312=PALMETTO GBA (TN)  
 10490=TRAVELERS (VIRGINIA)

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POS RECORD LAYOUT

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Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				
12102=Novitas DE				
12201=Novitas DC				
12202=Novitas DC				

12301=Novitas MD  
12302=Novitas MD  
12401=Novitas NJ  
12402=Novitas NJ  
12501=Novitas PA  
12502=Novitas PA  
12901=Novitas Solutions DC, DE, MD, PA  
12902=HIGHMARK  
13101=NATIONAL GOVT SERVICES (CONNECTICUT)  
13102=NATIONAL GOVT SERVICES (CONNECTICUT)  
13201=NATIONAL GOVT SERVICES (NEW YORK)  
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)  
13282=NGS (UN)  
13292=NGS (QN)  
14004=NATIONAL HERITAGE (HHA - A)  
14014=NGS (HHA)  
14101=NATIONAL HERITAGE (MAINE)  
14102=NATIONAL HERITAGE (MAINE)  
14111=NGS (ME)  
14112=NGS (ME)  
14201=NATIONAL HERITAGE (MASSACHUSETTS)  
14202=NATIONAL HERITAGE (MASSACHUSETTS)  
14211=NGS (MA)  
14212=NGS (MA)  
14301=NATIONAL HERITAGE (NEW HAMPSHIRE)  
14302=NATIONAL HERITAGE (NEW HAMPSHIRE)  
14311=NGS (NH)  
14312=NGS (NH)  
14330=GROUP HEALTH INC (NEW YORK)  
14401=NATIONAL HERITAGE (RHODE ISLAND)  
14402=NATIONAL HERITAGE (RHODE ISLAND)  
14411=NGS (RI)  
14412=NGS (RI)  
14501=NATIONAL HERITAGE (VERMONT)  
14502=NATIONAL HERITAGE (VERMONT)  
14511=NGS (VT)  
14512=NGS (VT)  
15004=CGS Administrators HHH  
15101=CGS (KENTUCKY)  
15102=CGS (KENTUCKY)  
15201=CGS (OHIO)  
15202=CGS (OHIO)  
16360=NATIONWIDE (OHIO)  
16510=NATIONWIDE (WEST VIRGINIA)  
17120=HAWAII MEDICAL SERVICE ASSOCIATION  
21200=MASSACHUSETTS/MAINE  
31142=NATIONAL HERITAGE INSURANCE CO (MAINE)  
31143=NATIONAL HERITAGE INSURANCE CO  
31144=NATIONAL HERITAGE INSURANCE CO

Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
50333=TRAVELERS (NEW YORK)				
51051=AETNA (PETALUMA)				
51070=AETNA (FARMINGTON)				
51100=AETNA (CLEARWATER)				
51140=AETNA (PEORIA)				
51390=AETNA (FORT WASHINGTON)				
52280=WISCONSIN PHYSICIANS SERVICE				
57400=COOPERATIVA (PUERTO RICO)				
Medicaid Vendor Number	15	122	136	VARCHAR2
Description: Number which may be assigned to a provider by the state Medicaid agency for external control or billing purposes.				
SAS Name:	MDCD_VNDR_NUM			
COBOL Name:	MDCD-VNDR-NUM			
Original Participation Date	8	137	144	DATE
Description: Date a provider is first approved to provide Medicare and/or Medicaid services.				
SAS Name:	ORGNL_PRTCPTN_DT			
COBOL Name:	ORGNL-PRTCPTN-DT			
Prior CHOW Date	8	145	152	DATE
Description: Effective date of the previous change of ownership for this provider.				
SAS Name:	CHOW_PRIOR_DT			
COBOL Name:	CHOW-PRIOR-DT			
Prior Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code	5	153	157	VARCHAR2
Description: Number assigned to the previous Medicare Administrative Contractor, intermediary or carrier servicing this provider.				
SAS Name:	INTRMDRY_CARR_PRIOR_CD			
COBOL Name:	INTRMDRY-CARR-PRIOR-CD			
VALUES:	00000=DUMMY FOR MEDICAID HHA			
	00010=BLUE CROSS (ALABAMA)			
	00011=CAHABA			
	00020=BLUE CROSS (ARKANSAS)			
	00040=BLUE CROSS (CALIFORNIA)			
	00060=BLUE CROSS (CONNECTICUT)			
	00070=BLUE CROSS (DELAWARE)			
	00090=BLUE CROSS (FLORIDA)			
	00101=BLUE CROSS (GEORGIA)			
	00121=HEALTH CARE SERVICE CORPORATION			

00122=HCSC - MICHIGAN  
 00123=HCSC OF MICHIGAN  
 00130=NATIONAL GOVERNMENT SERVICES  
 00131=NATIONAL GOVERNMENT SERVICES  
 00140=BLUE CROSS (IOWA/SOUTH DAKOTA)  
 00150=BLUE CROSS (KANSAS)  
 00160=NATIONAL GOVERNMENT SERVICES  
 00180=NATIONAL GOVERNMENT SERVICES  
 00181=NATIONAL GOVERNMENT SERVICES  
 00190=BLUE CROSS (MARYLAND)  
 00200=BLUE CROSS (MASSACHUSETTS)  
 00210=BLUE CROSS (MICHIGAN)  
 00220=BLUE CROSS (MINNESOTA)  
 00230=BLUE CROSS (MISSISSIPPI)  
 00231=BLUE CROSS (LOUISIANA)  
 00233=PINNACLE  
 00241=BLUE CROSS (MISSOURI)  
 00260=BLUE CROSS (NEBRASKA)  
 00270=NATIONAL GOVERNMENT SERVICES  
 00280=BLUE CROSS (NEW JERSEY)

DATE: 10/03/2022

POS RECORD LAYOUT

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Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00290=BLUE CROSS (NEW MEXICO)				
00308=NATIONAL GOVERNMENT SERVICES				
00310=BLUE CROSS (NORTH CAROLINA)				
00320=NORIDIAN PART A				
00322=NORIDIAN PART A (AK/WA)				
00323=NORIDIAN PART A (ID/OR)				
00325=NORIDIAN				
00332=NATIONAL GOVERNMENT SERVICES				
00340=BLUE CROSS (OKLAHOMA)				
00350=BLUE CROSS (OREGON)				
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				



00453=NATIONAL GOVERNMENT SERVICES  
 00454=NATIONAL GOVERNMENT SERVICES  
 00456=NATIONAL GOVERNMENT SERVICES  
 00468=BLUE CROSS (NORTH CAROLINA FOR PR)  
 00510=BLUE SHIELD (ALABAMA)  
 00511=CAHABA  
 00512=CAHABA  
 00520=BLUE SHIELD (ARKANSAS)  
 00528=BLUE SHIELD (ARKANSAS/LOUISIANA)  
 00542=BLUE SHIELD (CALIFORNIA)  
 00550=BLUE SHIELD (COLORADO)  
 00570=BLUE SHIELD (DELAWARE)  
 00580=BLUE SHIELD (DISTRICT OF COLUMBIA)  
 00590=BLUE SHIELD (FLORIDA)  
 00621=BLUE SHIELD (ILLINOIS)  
 00630=NATIONAL GOVERNMENT SERVICES  
 00640=BLUE SHIELD (IOWA)  
 00650=BLUE SHIELD (KANSAS)  
 00655=BLUE SHIELD (KANSAS/NEBRASKA)  
 00660=NATIONAL GOVERNMENT SERVICES  
 00690=BLUE SHIELD (MARYLAND)  
 00700=BLUE SHIELD (MASSACHUSETTS)  
 00710=BLUE SHIELD (MICHIGAN)  
 00720=BLUE SHIELD (MINNESOTA)  
 00740=BLUE SHIELD (KANSAS CITY)  
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)  
 00780=BLUE SHIELD (TRI-STATE)  
 00801=BLUE SHIELD (BUFFALO)  
 00803=NATIONAL GOVERNMENT SERVICES  
 00805=NATIONAL GOVERNMENT SERVICES  
 00821=NORIDIAN  
 00824=NORIDIAN GVT SERVICES (CO)  
 00826=NORIDIAN GVT SERVICES (IA)  
 00831=NORIDIAN GVT SERVICES (AK)  
 00832=NORIDIAN GVT SERVICES (AZ)  
 00833=NORIDIAN GVT SERVICES (HI)  
 00834=NORIDIAN GVT SERVICES (NV)  
 00835=NORIDIAN GVT SERVICES (OR)  
 00836=NORIDIAN GVT SERVICES (WA)  
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)  
 00865=BLUE SHIELD (PENNSYLVANIA)

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POS RECORD LAYOUT

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Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

00870=BLUE SHIELD (RHODE ISLAND)  
 00880=BLUE SHIELD (SOUTH CAROLINA)

00883=PALMETTO GBA PART B  
00884=PALMETTO GBA  
00889=NORIDIAN GVT SERVICES (SD)  
00900=BLUE SHIELD (TEXAS)  
00901=TRAILBLAZERS HEALTH ENTERPRISES  
00904=TRAILBLAZER  
00910=BLUE SHIELD (UTAH)  
00930=BLUE SHIELD (WASHINGTON)  
00951=WISCONSIN PHYSICIANS SERVICE  
00952=WPS - ILLINOIS  
00953=WPS - MICHIGAN  
00954=WI PHYSICIAN SERVICES - MN  
00973=BLUE SHIELD (PUERTO RICO)  
00974=BLUE SHIELD (VIRGIN ISLANDS)  
01010=AETNA (PEORIA)  
01020=AETNA (ALASKA)  
01030=AETNA (ARIZONA)  
01040=AETNA (GEORGIA)  
01101=PALMETTO (CALIFORNIA)  
01102=PALMETTO (CALIFORNIA (NORTH))  
01111=Noridian (CA)  
01112=Noridian (NF)  
01120=AETNA (HAWAII)  
01182=Noridian (SF)  
01192=PALMETTO (CALIFORNIA SOUTH)  
01201=PALMETTO (HAWAII)  
01202=PALMETTO (HAWAII)  
01211=Noridian (AS, GU, HI)  
01212=Noridian (AS, GU, HI)  
01290=AETNA (NEVADA)  
01301=PALMETTO (NEVADA)  
01302=PALMETTO (NEVADA)  
01311=Noridian (NV)  
01312=Noridian (NV)  
01360=AETNA (NEW MEXICO)  
01370=AETNA (OKLAHOMA)  
01380=AETNA (OREGON)  
01390=AETNA (WASHINGTON)  
01901=PALMETTO GBA  
01902=PALMETTO GBA  
01911=Noridian (AS, GU, HI, NV)  
02050=OCCIDENTAL (CALIFORNIA)  
02101=Noridian AK  
02102=Noridian AK  
02201=Noridian ID  
02202=Noridian ID  
02301=Noridian OR  
02302=Noridian OR  
02401=Noridian WA  
02402=Noridian WA

03001=NORIDIAN ADMIN SERVICES  
 03101=NORIDAN (ARIZONA)  
 03102=NORIDAN (ARIZONA)  
 03201=NORIDAN (MONTANA)  
 03202=NORIDAN (MONTANA)  
 03301=NORDIAN (NORTH DAKOTA)  
 03302=NORDIAN (NORTH DAKOTA)  
 03401=NORIDIAN (SOUTH DAKOTA)  
 03402=NORIDIAN (SOUTH DAKOTA)  
 03501=NORIDIAN (UTAH)  
 03502=NORIDIAN (UTAH)  
 03601=NORIDIAN (WYOMING)

DATE: 10/03/2022

POS RECORD LAYOUT

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Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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03602=NORIDIAN (WYOMING)				
04001=TRAILBLAZER				
04101=TRAILBLAZER (COLORADO)				
04102=TRAILBLAZER (COLORADO)				
04111=NOVITAS (COLORADO)				
04112=NOVITAS (COLORADO)				
04201=TRAILBLAZER (NEW MEXICO)				
04202=TRAILBLAZER (NEW MEXICO)				
04211=NOVITAS (NEW MEXICO)				
04212=NOVITAS (NEW MEXICO)				
04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				
05402=WPS (NEBRASKA)				
05440=EQICOR (TENNESSEE)				

05535=EQICOR (NORTH CAROLINA)  
 05901=WISCONSIN PHYSICIANS SERVICE  
 06001=NGS (WI)  
 06004=National Govt Serv HHH  
 06014=NATIONAL GOVERNMENT ERVICES  
 06101=NGS (IL)  
 06102=NGS (IL)  
 06201=NGS (MN)  
 06202=NGS (MN)  
 06301=NGS (WI)  
 06302=NGS (WI)  
 07101=Novitas AR  
 07102=Novitas AR  
 07201=Novitas LA  
 07202=Novitas LA  
 07301=Novitas MS  
 07302=Novitas MS  
 08101=WPS IN  
 08102=WPS IN  
 08201=WPS MI  
 08202=WPS MI  
 09101=FIRST COAST (FLORIDA)  
 09102=FIRST COAST (FLORIDA)  
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)  
 09202=FIRST COAST (PUERTO RICO)  
 09302=FIRST COAST (VIRGIN ISLANDS)  
 10071=TRAVELERS (RRB)  
 10101=CAHABA GBA (AL)  
 10102=CAHABA GBA (AL)  
 10111=PALMETTO GBA (Part A) (AL)  
 10112=PALMETTO GBA (AL)  
 10201=CAHABA GBA (GA)  
 10202=CAHABA GBA (GA)

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POS RECORD LAYOUT

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Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
10211=PALMETTO GBA (GA)				
10212=PALMETTO GBA (GA)				
10230=TRAVELERS (CONNECTICUT)				
10240=TRAVELERS (MINNESOTA)				
10250=TRAVELERS (MISSISSIPPI)				
10301=CAHABA GBA (TN)				
10302=CAHABA GBA (TN)				
10311=PALMETTO GBA (TN)				
10312=PALMETTO GBA (TN)				
10490=TRAVELERS (VIRGINIA)				

10492=TRAVELERS - VIRGINIA SPECIAL PROJECT  
11004=PALMETTO HHH C  
11201=PALMETTO GBA (SC)  
11202=PALMETTO GBA (SC)  
11260=GENERAL AMERICAN  
11301=PALMETTO GBA (VA)  
11302=PALMETTO GBA (VA)  
11401=PALMETTO GBA (WV)  
11402=PALMETTO GBA (WV)  
11501=PALMETTO GBA (NC)  
11502=PALMETTO GBA (NC)  
12101=Novitas DE  
12102=Novitas DE  
12201=Novitas DC  
12202=Novitas DC  
12301=Novitas MD  
12302=Novitas MD  
12401=Novitas NJ  
12402=Novitas NJ  
12501=Novitas PA  
12502=Novitas PA  
12901=Novitas Solutions DC, DE, MD, PA  
12902=HIGHMARK  
13101=NATIONAL GOVT SERVICES (CONNECTICUT)  
13102=NATIONAL GOVT SERVICES (CONNECTICUT)  
13201=NATIONAL GOVT SERVICES (NEW YORK)  
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)  
13282=NGS (UN)  
13292=NGS (QN)  
14004=NATIONAL HERITAGE (HHA - A)  
14014=NGS (HHA)  
14101=NATIONAL HERITAGE (MAINE)  
14102=NATIONAL HERITAGE (MAINE)  
14111=NGS (ME)  
14112=NGS (ME)  
14201=NATIONAL HERITAGE (MASSACHUSETTS)  
14202=NATIONAL HERITAGE (MASSACHUSETTS)  
14211=NGS (MA)  
14212=NGS (MA)  
14301=NATIONAL HERITAGE (NEW HAMPSHIRE)  
14302=NATIONAL HERITAGE (NEW HAMPSHIRE)  
14311=NGS (NH)  
14312=NGS (NH)  
14330=GROUP HEALTH INC (NEW YORK)  
14401=NATIONAL HERITAGE (RHODE ISLAND)  
14402=NATIONAL HERITAGE (RHODE ISLAND)  
14411=NGS (RI)  
14412=NGS (RI)  
14501=NATIONAL HERITAGE (VERMONT)  
14502=NATIONAL HERITAGE (VERMONT)

14511=NGS (VT)  
 14512=NGS (VT)  
 15004=CGS Administrators HHH  
 15101=CGS (KENTUCKY)

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 Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION                                              LEN    START    END    TYPE

15102=CGS (KENTUCKY)  
 15201=CGS (OHIO)  
 15202=CGS (OHIO)  
 16360=NATIONWIDE (OHIO)  
 16510=NATIONWIDE (WEST VIRGINIA)  
 17120=HAWAII MEDICAL SERVICE ASSOCIATION  
 21200=MASSACHUSETTS/MAINE  
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)  
 31143=NATIONAL HERITAGE INSURANCE CO  
 31144=NATIONAL HERITAGE INSURANCE CO  
 50333=TRAVELERS (NEW YORK)  
 51051=AETNA (PETALUMA)  
 51070=AETNA (FARMINGTON)  
 51100=AETNA (CLEARWATER)  
 51140=AETNA (PEORIA)  
 51390=AETNA (FORT WASHINGTON)  
 52280=WISCONSIN PHYSICIANS SERVICE  
 57400=COOPERATIVA (PUERTO RICO)

CCN                                                                                              10    158    167    VARCHAR2

Description: Six or ten position identification number that is assigned to a certified provider. This is the CMS Certification Number.

SAS Name:    PRVDR\_NUM  
 COBOL Name: PRVDR-NUM

Region Code                                                                                              2    168    169    VARCHAR2

Description: Indicates the CMS Regional Office responsible for the certification of the provider.

SAS Name:    RGN\_CD  
 COBOL Name: RGN-CD  
 VALUES:    01=Boston  
                   02=New York  
                   03=Philadelphia  
                   04=Atlanta  
                   05=Chicago  
                   06=Dallas  
                   07=Kansas City  
                   08=Denver

09=San Francisco  
10=Seattle

Skeleton Record Indicator 1 170 170 VARCHAR2  
Description: Indicates if the record is a skeleton record. Only a limited set of data is available for this provider; no survey data exists. Only provider categories 01,17,19,21and 22 can have skeleton providers.  
SAS Name: SKLTN\_REC\_SW  
COBOL Name: SKLTN-REC-SW

State Abbreviation 2 171 172 VARCHAR2  
Description: Two-character state abbreviation.  
SAS Name: STATE\_CD  
COBOL Name: STATE-CD  
VALUES: AK=ALASKA  
AL=ALABAMA  
AR=ARKANSAS  
AS=AMERICAN SAMOA  
AZ=ARIZONA  
CA=CALIFORNIA  
CN=CANADA  
CO=COLORADO  
CT=CONNECTICUT  
DC=DISTRICT OF COLUMBIA

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Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
DE=DELAWARE				
FL=FLORIDA				
FN=INTERNATIONAL				
GA=GEORGIA				
GU=GUAM				
HI=HAWAII				
IA=IOWA				
ID=IDAHO				
IL=ILLINOIS				
IN=INDIANA				
KS=KANSAS				
KY=KENTUCKY				
LA=LOUISIANA				
MA=MASSACHUSETTS				
MD=MARYLAND				
ME=MAINE				
MI=MICHIGAN				
MN=MINNESOTA				

MO=MISSOURI  
MP=SAIPAN  
MS=MISSISSIPPI  
MT=MONTANA  
MX=MEXICO  
NC=NORTH CAROLINA  
ND=NORTH DAKOTA  
NE=NEBRASKA  
NH=NEW HAMPSHIRE  
NJ=NEW JERSEY  
NM=NEW MEXICO  
NV=NEVADA  
NY=NEW YORK  
OH=OHIO  
OK=OKLAHOMA  
OR=OREGON  
PA=PENNSYLVANIA  
PR=PUERTO RICO  
RI=RHODE ISLAND  
SC=SOUTH CAROLINA  
SD=SOUTH DAKOTA  
TN=TENNESSEE  
TX=TEXAS  
UT=UTAH  
VA=VIRGINIA  
VI=VIRGIN ISLANDS  
VT=VERMONT  
WA=WASHINGTON  
WI=WISCONSIN  
WV=WEST VIRGINIA  
WY=WYOMING

SSA State Code 2 173 174 VARCHAR2

Description: Social Security Administration geographic code indicating the state where the provider is located.

SAS Name: SSA\_STATE\_CD

COBOL Name: SSA-STATE-CD

VALUES:  
01=ALABAMA  
02=ALASKA  
03=ARIZONA  
04=ARKANSAS  
05=CALIFORNIA  
06=COLORADO  
07=CONNECTICUT  
08=DELAWARE  
09=DISTRICT OF COLUMBIA



SHORT DESCRIPTION

LEN START END TYPE

10=FLORIDA  
11=GEORGIA  
12=HAWAII  
13=IDAHO  
14=ILLINOIS  
15=INDIANA  
16=IOWA  
17=KANSAS  
18=KENTUCKY  
19=LOUISIANA  
20=MAINE  
21=MARYLAND  
22=MASSACHUSETTS  
23=MICHIGAN  
24=MINNESOTA  
25=MISSISSIPPI  
26=MISSOURI  
27=MONTANA  
28=NEBRASKA  
29=NEVADA  
30=NEW HAMPSHIRE  
31=NEW JERSEY  
32=NEW MEXICO  
33=NEW YORK  
34=NORTH CAROLINA  
35=NORTH DAKOTA  
36=OHIO  
37=OKLAHOMA  
38=OREGON  
39=PENNSYLVANIA  
40=PUERTO RICO  
41=RHODE ISLAND  
42=SOUTH CAROLINA  
43=SOUTH DAKOTA  
44=TENNESSEE  
45=TEXAS  
46=UTAH  
47=VERMONT  
48=VIRGIN ISLANDS  
49=VIRGINIA  
50=WASHINGTON  
51=WEST VIRGINIA  
52=WISCONSIN  
53=WYOMING  
54=AFRICA  
56=CANADA  
57=WEST INDIES

58=EUROPE  
 59=MEXICO  
 60=OCEANIA  
 61=PHILIPPINES  
 62=SOUTH AMERICA  
 63=UNITED STATES POSSESSIONS  
 64=AMERICAN SAMOA  
 65=GUAM  
 66=SAIPAN  
 99=INTERNATIONAL

State Region Code 3 175 177 VARCHAR2  
 Description: Identifies the region within a state where the provider  
 is located.  
 SAS Name: STATE\_RGN\_CD  
 COBOL Name: STATE-RGN-CD  
 VALUES: AK/001=ALASKA

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 Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
AK/LAB=LABORATORIES				
AK/NPH=NON-PARTICIPATING HOSPITAL				
AL/001=ALABAMA				
AL/LAB=LABORATORIES				
AL/NPH=NON-PARTICIPATING HOSPITAL				
AR/001=ARKANSAS				
AR/LAB=LABORATORIES				
AR/NPH=NON-PARTICIPATING HOSPITAL				
AS/001=AMERICAN SAMOA				
AS/LAB=LABORATORY				
AS/NPH=NON-PARTICIPATING HOSPITAL				
AZ/AZ=PHOENIX				
AZ/LAB=ARIZONA LAB				
AZ/NPH=NON-PARTICIPATING HOSPITAL				
AZ/TUC=TUCSON				
CA/001=CALIFORNIA				
CA/BAK=BAKERSFIELD				
CA/BER=SAN BERNARDINO				
CA/EB=East Bay				
CA/FR=FRESNO				
CA/L1=L.A. WEST				
CA/L2=L.A. NORTH				
CA/L3=L.A. CENTRAL				
CA/L4=L.A. EAST				
CA/L5=SAN GABRIEL				
CA/LA1=LA Region 1				

CA/LA2=LA Region 2  
 CA/LA3=LA Region 3  
 CA/LA4=LA Acute/Ancillary  
 CA/LA5=LA HHA/Hospice  
 CA/LA6=LA ICF/DD/Clinics  
 CA/LAB=LABORATORIES  
 CA/M1=LAB. SOUTH  
 CA/M2=LAB. NORTH  
 CA/NPH=NON-PARTICIPATING HOSPITAL  
 CA/ORG=ORANGE  
 CA/RIV=RIVERSIDE  
 CA/S1=SACRAMENTO  
 CA/S3=CHICO  
 CA/SD=SAN DIEGO  
 CA/SF=SAN FRANCISCO  
 CA/SJ=SAN JOSE  
 CA/SR=SANTA ROSA  
 CA/STK=STOCKTON  
 CA/VEN=VENTURA  
 CN/001=CANADA  
 CN/LAB=LABORATORY  
 CN/NPH=NON-PARTICIPATING HOSPITAL  
 CO/001=COLORADO  
 CO/LAB=LABORATORIES  
 CO/NPH=NON-PARTICIPATING HOSPITAL  
 CT/001=CONNECTICUT  
 CT/LAB=LABORATORIES  
 CT/NPH=NON-PARTICIPATING HOSPITAL  
 DC/001=DISTRICT OF COLUMBIA  
 DC/LAB=LABORATORIES  
 DC/NPH=NON-PARTICIPATING HOSPITAL  
 DE/001=DELAWARE  
 DE/LAB=LABORATORIES  
 DE/NPH=NON-PARTICIPATING HOSPITAL  
 FL/001=FLORIDA  
 FL/FTM=FT. MYERS  
 FL/GAI=GAINESVILLE  
 FL/JAX=JACKSONVILLE

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POS RECORD LAYOUT

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Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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FL/LAB=LABORATORIES				
FL/LAN=LANTANA				
FL/LAU=LAUDERHILL				
FL/MIA=MIAMI				
FL/NPH=NON-PARTICIPATING HOSPITAL				

FL/ORL=ORLANDO  
FL/PEN=PENSACOLA  
FL/STP=ST. PETERSBURG  
FL/TAL=TALLAHASSEE  
FL/TAM=TAMPA  
FM/001=FEDERATED STATES OF MICRO  
FM/NPH=NON-PARTICIPATING HOSPITAL  
FN/001=INTERNATIONAL  
FN/LAB=LABORATORIES  
FN/NPH=NON-PARTICIPATING HOSPITAL  
GA/001=GEORGIA  
GA/GAA=GEORGIA ALL  
GA/GAC=GEORGIA CENTRAL  
GA/GAE=GEORGIA EASTERN  
GA/GAN=GEORGIA NORTH  
GA/GAS=GEORGIA SOUTH  
GA/GAW=GEORGIA WESTERN  
GA/LAB=LABORATORIES  
GA/NPH=NON-PARTICIPATING HOSPITAL  
GU/001=GUAM  
GU/LAB=LABORATORIES  
GU/NPH=NON-PARTICIPATING HOSPITAL  
HI/001=HAWAII  
HI/LAB=LABORATORIES  
HI/NPH=NON-PARTICIPATING HOSPITAL  
IA/001=IOWA  
IA/LAB=LABORATORIES  
IA/NPH=NON-PARTICIPATING HOSPITAL  
ID/001=IDAHO  
ID/LAB=LABORATORIES  
ID/NPH=NON-PARTICIPATING HOSPITAL  
IL/001=ILLINOIS  
IL/LAB=LABORATORIES  
IL/NPH=NON-PARTICIPATING HOSPITAL  
IN/001=INDIANA  
IN/LAB=LABORATORIES  
IN/NPH=NON-PARTICIPATING HOSPITAL  
KS/001=KANSAS  
KS/KCK=KANSAS CITY  
KS/KDH=KDHE  
KS/LAB=LABORATORIES  
KS/LAW=LAWRENCE  
KS/NC=NORTH CENTRAL KANSAS  
KS/NE=NORTH EAST KANSAS  
KS/NPH=NON-PARTICIPATING HOSPITAL  
KS/NW=NORTH WEST KANSAS  
KS/SC=SOUTH CENTRAL KANSAS  
KS/SE=SOUTH EAST KANSAS  
KS/SW=SOUTH WEST KANSAS  
KS/WST=WEST

KY/2C1=HOPKINSVILLE  
KY/2C2=LOUISVILLE  
KY/2C3=LONDON  
KY/2C4=LEXINGTON  
KY/LAB=LABORATORIES  
KY/NPH=NON-PARTICIPATING HOSPITAL  
LA/001=LOUISIANA  
LA/LA1=NEW ORLEANS  
LA/LA2=MANDEVILLE

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POS RECORD LAYOUT

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Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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LA/LA3=LAFAYETTE				
LA/LA4=MONROE				
LA/LA5=SHREVEPORT				
LA/LA6=ALEXANDRIA				
LA/LAB=LABORATORIES				
LA/LB1=CLIA NEW ORLEANS				
LA/LB5=CLIA SHREVEPORT				
LA/LB6=CLIA ALEXANDRIA				
LA/NPH=NON-PARTICIPATING HOSPITAL				
MA/001=MASSACHUSETTS				
MA/LAB=LABORATORIES				
MA/NPH=NON-PARTICIPATING HOSPITAL				
MD/001=MARYLAND				
MD/LAB=LABORATORIES				
MD/NPH=NON-PARTICIPATING HOSPITAL				
ME/001=MAINE				
ME/LAB=LABORATORIES				
ME/NPH=NON-PARTICIPATING HOSPITAL				
MH/001=MARSHALL ISLANDS				
MH/NPH=NON-PARTICIPATING HOSPITAL				
MI/001=MICHIGAN				
MI/LAB=LABORATORIES				
MI/NPH=NON-PARTICIPATING HOSPITAL				
MN/001=MINNESOTA				
MN/LAB=LABORATORIES				
MN/NPH=NON-PARTICIPATING HOSPITAL				
MO/001=MISSOURI				
MO/01=REGION01				
MO/02=REGION02				
MO/03=REGION 03				
MO/04=REGION 04				
MO/05=REGION 05				
MO/06=REGION 06				
MO/07=REGION 07				

MO/1NH=REGION 1 NH  
 MO/2NH=REGION 2 NH  
 MO/3NH=REGION 3 NH  
 MO/4NH=REGION 4 NH  
 MO/5NH=REGION 5 NH  
 MO/6NH=REGION 6 NH  
 MO/7NH=REGION 7 NH  
 MO/LAB=LABORATORIES  
 MO/MO=STATEWIDE  
 MO/NPH=NON-PARTICIPATING HOSPITAL  
 MP/001=NORTHERN MARIANA ISLANDS  
 MP/LAB=LABORATORIES  
 MP/NPH=NON-PARTICIPATING HOSPITAL  
 MS/001=MISSISSIPPI  
 MS/LAB=LABORATORIES  
 MS/NPH=NON-PARTICIPATING HOSPITAL  
 MT/001=MONTANA  
 MT/LAB=LABORATORIES  
 MT/NPH=NON-PARTICIPATING HOSPITAL  
 MX/001=MEXICO  
 MX/LAB=LABORATORY  
 MX/NPH=NON-PARTICIPATING HOSPITAL  
 NC/001=NORTH CAROLINA  
 NC/LAB=LABORATORIES  
 NC/NCC=NORTH CAROLINA CENTRAL  
 NC/NCE=NORTH CAROLINA EAST  
 NC/NCN=NORTH CAROLINA NORTH  
 NC/NCS=NORTH CAROLINA SOUTH  
 NC/NCW=NORTH CAROLINA WEST  
 NC/NPH=NON-PARTICIPATING HOSPITAL

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POS RECORD LAYOUT

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Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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ND/001=NORTH DAKOTA  
 ND/LAB=LABORATORIES  
 ND/NPH=NON-PARTICIPATING HOSPITAL  
 NE/001=NEBRASKA  
 NE/1=NORTH CENTRAL  
 NE/2=CENTRAL  
 NE/3=NORTHEAST  
 NE/4=SOUTHEAST  
 NE/5=WESTERN  
 NE/LAB=LABORATORIES  
 NE/NPH=NON-PARTICIPATING HOSPITAL  
 NH/001=NEW HAMPSHIRE  
 NH/LAB=LABORATORIES

NH/NPH=NON-PARTICIPATING HOSPITAL  
NJ/001=NEW JERSEY  
NJ/LAB=LABORATORIES  
NJ/NPH=NON-PARTICIPATING HOSPITAL  
NM/001=NEW MEXICO  
NM/LAB=LABORATORIES  
NM/NPH=NON-PARTICIPATING HOSPITAL  
NV/001=NEVADA  
NV/CC=CARSON CITY  
NV/LAB=LABORATORIES  
NV/LV=LAS VEGAS  
NV/NPH=NON-PARTICIPATING HOSPITAL  
NY/001=BUFFALO  
NY/002=ROCHESTER  
NY/003=SYRACUSE  
NY/004=ALBANY  
NY/005=NEW ROCHELLE  
NY/006=NEW YORK CITY  
NY/007=SUFFOLK/NASSAU COUNTY  
NY/LAB=LABORATORIES  
NY/NPH=NON-PARTICIPATING HOSPITAL  
OH/001=OHIO  
OH/LAB=LABORATORIES  
OH/NPH=NON-PARTICIPATING HOSPITAL  
OK/001=OKLAHOMA  
OK/LAB=LABORATORIES  
OK/NPH=NON-PARTICIPATING HOSPITAL  
OR/001=OFFICE #1  
OR/002=OFFICE #2  
OR/003=OFFICE #3  
OR/LAB=LABORATORIES  
OR/NPH=NON-PARTICIPATING HOSPITAL  
PA/001=PENNSYLVANIA  
PA/LAB=LABORATORIES  
PA/NPH=NON-PARTICIPATING HOSPITAL  
PR/001=PUERTO RICO  
PR/LAB=LABORATORIES  
PR/NPH=NON-PARTICIPATING HOSPITAL  
PW/001=PALAU  
PW/NPH=NON-PARTICIPATING HOSPITAL  
RI/001=RHODE ISLAND  
RI/LAB=LABORATORIES  
RI/NPH=NON-PARTICIPATING HOSPITAL  
SC/001=SOUTH CAROLINA  
SC/LAB=LABORATORIES  
SC/NPH=NON-PARTICIPATING HOSPITAL  
SD/001=SOUTH DAKOTA  
SD/LAB=LABORATORIES  
SD/NPH=NON-PARTICIPATING HOSPITAL  
TN/001=TENNESSEE

TN/LAB=LABORATORIES

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POS RECORD LAYOUT

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Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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TN/NPH=NON-PARTICIPATING HOSPITAL				
TN/TNC=TENNESSEE COOKEVILLE				
TN/TNE=TENNESSEE EASTERN				
TN/TNM=TENNESSEE MIDDLE				
TN/TNW=TENNESSEE WESTERN				
TX/001=TEXAS				
TX/L01=AMARILLO-LTC				
TX/L02=ABILENE-LTC				
TX/L03=ARLINGTON-LTC				
TX/L04=TYLER-LTC				
TX/L05=TEMPLE-LTC				
TX/L06=HOUSTON-LTC				
TX/L07=Austin-LTC				
TX/L08=San Antonio-LTC				
TX/L11=Corpus Christi-LTC				
TX/LAB=LABORATORIES				
TX/NPH=NON-PARTICIPATING HOSPITAL				
TX/TX1=NLTC REG 1, 7, 9, 10				
TX/TX2=NLTC REG 2, 3				
TX/TX4=NLTC REG 6				
TX/TX5=NLTC REG 4, 5				
TX/TX6=NLTC Statewide-Certified Only				
TX/TX8=NLTC REG 8, 11				
UT/001=UTAH				
UT/LAB=LABORATORIES				
UT/NPH=NON-PARTICIPATING HOSPITAL				
VA/001=VIRGINIA				
VA/LAB=LABORATORIES				
VA/NPH=NON-PARTICIPATING HOSPITAL				
VI/001=VIRGIN ISLANDS				
VI/LAB=LABORATORIES				
VI/NPH=NON-PARTICIPATING HOSPITAL				
VT/001=VERMONT				
VT/LAB=LABORATORIES				
VT/NPH=NON-PARTICIPATING HOSPITAL				
WA/001=ALL OTHERS (NON-LTC FAC)				
WA/D1=SPOKANE & YAKIMA AREAS				
WA/D1A=District 1, Unit A				
WA/D1B=District 1, Unit B				
WA/D1C=District 1, Unit C				
WA/D1D=District 1, Unit D				
WA/D1E=District 1, Unit E				



WA/D1F=District 1, Unit F  
 WA/D2=SPOKANE & SE  
 WA/D2A=District 2, Unit A  
 WA/D2B=District 2, Unit B  
 WA/D2C=District 2, Unit C  
 WA/D2D=District 2, Unit D  
 WA/D2E=District 2, Unit E  
 WA/D2F=District 2, Unit F  
 WA/D2G=District 2, Unit G  
 WA/D2H=District 2, Unit H  
 WA/D2I=District 2, Unit I  
 WA/D2J=District 2, Unit J  
 WA/D2L=District 2, Unit L  
 WA/D3=NW WASHINGTON  
 WA/D3A=District 3, Unit A  
 WA/D3B=District 3, Unit B  
 WA/D3C=District 3, Unit C  
 WA/D3D=District 3, Unit D  
 WA/D3E=District 3, Unit E  
 WA/D3F=District 3, Unit F  
 WA/D3G=District 3, Unit G  
 WA/D3H=District 3, Unit H

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POS RECORD LAYOUT

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Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
WA/D4A=GREATER SEATTLE AREA				
WA/D4B=S KING COUNTY				
WA/D5A=PIERCE CTY & PENINSULA				
WA/D5B=PIERCE CTY & GRAYS HARBOR				
WA/D6=OLYMPIA AREA				
WA/LAB=LABORATORIES				
WA/NPH=NON-PARTICIPATING HOSPITAL				
WI/001=WISCONSIN				
WI/LAB=LABORATORIES				
WI/NPH=NON-PARTICIPATING HOSPITAL				
WV/001=WEST VIRGINIA				
WV/LAB=LABORATORIES				
WV/NPH=NON-PARTICIPATING HOSPITAL				
WY/001=WYOMING				
WY/LAB=LABORATORIES				
WY/NPH=NON-PARTICIPATING HOSPITAL				

Address: Street 50 178 227 VARCHAR2

Description: Street address where the provider is located.

SAS Name: ST\_ADR

COBOL Name: ST-ADR

Telephone Number 10 228 237 VARCHAR2  
 Description: Telephone number of the provider.  
 SAS Name: PHNE\_NUM  
 COBOL Name: PHNE-NUM

Termination Code 2 238 239 VARCHAR2  
 Description: Indicates the current termination status for the provider.  
 SAS Name: PGM\_TRMNTN\_CD  
 COBOL Name: PGM-TRMNTN-CD  
 VALUES: 00=ACTIVE PROVIDER  
 01=VOLUNTARY-MERGER, CLOSURE  
 02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT  
 03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION  
 04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL  
 05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ  
 06=INVOLUNTARY-FAILURE TO MEET AGREEMENT  
 07=OTHER-PROVIDER STATUS CHANGE  
 08=NONPAYMENT OF FEES - CLIA Only  
 09=REV/UNSUCCESSFUL PARTICIPATION IN PT - CLIA Only  
 10=REV/OTHER REASON - CLIA Only  
 11=INCOMPLETE CLIA APPLICATION INFORMATION - CLIA Only  
 12=NO LONGER PERFORMING TESTS - CLIA Only  
 13=MULTIPLE TO SINGLE SITE CERTIFICATE - CLIA Only  
 14=SHARED LABORATORY - CLIA Only  
 15=FAILURE TO RENEW WAIVER PPM CERTIFICATE - CLIA Only  
 16=DUPLICATE CLIA NUMBER - CLIA Only  
 17=MAIL RETURNED NO FORWARD ADDRESS CERT ENDED - CLIA Only  
 20=NOTIFICATION BANKRUPTCY - CLIA Only  
 33=ACCREDITATION NOT CONFIRMED - CLIA Only  
 80=AWAITING STATE APPROVAL  
 99=OIG ACTION - DO NOT ACTIVATE - CLIA Only

Termination or Expiration Date 8 240 247 DATE  
 Description: Date the provider was terminated. For CLIA providers, date the laboratory's certificate was terminated or the expiration date of the current CLIA certificate.  
 SAS Name: TRMNTN\_EXPRTN\_DT  
 COBOL Name: TRMNTN-EXPRTN-DT

Type of Action Code 1 248 248 VARCHAR2  
 Description: Identifies the reason for the certification. Type of

SHORT DESCRIPTION LEN START END TYPE

action from the official survey record, CMS 1539 form.  
SAS Name: CRTFCTN\_ACTN\_TYPE\_CD  
COBOL Name: CRTFCTN-ACTN-TYPE-CD  
VALUES: 1=INITIAL  
2=RECERTIFICATION  
3=TERMINATION  
4=CHANGE OF OWNERSHIP  
5=VALIDATION  
8=FULL SURVEY AFTER COMPLAINT

Ownership Type Code 2 249 250 VARCHAR2  
Description: Indicates the ownership type of the provider.  
SAS Name: GNRL\_CNTL\_TYPE\_CD  
COBOL Name: GNRL-CNTL-TYPE-CD  
VALUES: 01=INDIVIDUAL  
02=PARTNERSHIP  
03=CORPORATION  
04=OTHER THAN PRIVATE

Address: ZIP Code 5 251 255 VARCHAR2  
Description: Five-digit ZIP code for a provider's physical address.  
SAS Name: ZIP\_CD  
COBOL Name: ZIP-CD

FIPS State Code 2 256 257 VARCHAR2  
Description: FIPS State Code  
SAS Name: FIPS\_STATE\_CD  
COBOL Name: FIPS-STATE-CD  
VALUES: 01=ALABAMA  
02=ALASKA  
04=ARIZONA  
05=ARKANSAS  
06=CALIFORNIA  
08=COLORADO  
09=CONNECTICUT  
10=DELAWARE  
11=DISTRICT OF COLUMBIA  
12=FLORIDA  
13=GEORGIA  
15=HAWAII  
16=IDAHO  
17=ILLINOIS  
18=INDIANA  
19=IOWA  
20=KANSAS  
21=KENTUCKY  
22=LOUISIANA  
23=MAINE  
24=MARYLAND  
25=MASSACHUSETTS



SAS Name: CBSA\_URBN\_RRL\_IND  
COBOL Name: CBSA-URBN-RRL-IND

CBSA Code 5 262 266 VARCHAR2  
Description: CBSA (Core Based Statistical Area) geographic entities defined by the U.S. Office of Management and Budget (OMB) on June 6, 2003 for use by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics. CBSA collectively refers to MSA.  
SAS Name: CBSA\_CD  
COBOL Name: CBSA-CD

Fiscal Year End Date (MMDD) 4 464 467 VARCHAR2  
Description: End date, consisting of the month and day, of the provider's fiscal year.  
SAS Name: FY\_END\_MO\_DAY\_CD  
COBOL Name: FY-END-MO-DAY-CD

Staff Count: Other Personnel 8 902 909 NUMBER  
Description: Number of full-time equivalent other personnel employed by a provider  
SAS Name: PRSNEL\_OTHR\_CNT  
COBOL Name: PRSNEL-OTHR-CNT

Technologist Count: 24-Month Radiologic School 8 1969 1976 NUMBER  
Description: Number of full-time equivalent technologists who are graduates of a 24-month approved school of radiologic technology.  
SAS Name: TCHNLGST\_2\_YR\_RDLGC\_CNT  
COBOL Name: TCHNLGST-2-YR-RDLGC-CNT

Technologist Count: Associate Degree 8 1977 1984 NUMBER  
Description: Number of full-time equivalent technologists with an Associate degree in radiologic technology.  
SAS Name: TCHNLGST\_ASCT\_DGR\_CNT

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 23  
Portable X-Ray Supplier, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

COBOL Name: TCHNLGST-ASCT-DGR-CNT

Technologist Count: BS or BA Degree 8 1985 1992 NUMBER  
Description: Number of full-time equivalent technologists with a Bachelor of Science or Bachelor of Arts degree in radiologic technology.  
SAS Name: TCHNLGST\_BS\_BA\_DGR\_CNT  
COBOL Name: TCHNLGST-BS-BA-DGR-CNT



DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 1

Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
Provider Category Subtype Code	2	1	2	VARCHAR2
Description: Identifies the subtype of the provider, within the primary category. Used in reporting to show the breakdown of provider categories, mainly for hospitals and SNFs.				
SAS Name: PRVDR_CTGRY_SBTYP_CD				
COBOL Name: PRVDR-CTGRY-SBTYP-CD				
VALUES: 01=OPT or Speech Pathology				
Provider Category Code	2	3	4	VARCHAR2
Description: Identifies the type of provider participating in the Medicare/Medicaid program.				
SAS Name: PRVDR_CTGRY_CD				
COBOL Name: PRVDR-CTGRY-CD				
VALUES: 08=Outpatient Physical Therapy/Speech Pathology				
CHOW Count	2	5	6	NUMBER
Description: Number of times this provider has undergone a change of ownership.				
SAS Name: CHOW_CNT				
COBOL Name: CHOW-CNT				
CHOW Date	8	7	14	DATE
Description: Effective date of the most recent change of ownership for this provider.				
SAS Name: CHOW_DT				
COBOL Name: CHOW-DT				
Address: City	28	15	42	VARCHAR2
Description: City in which the provider is physically located.				
SAS Name: CITY_NAME				
COBOL Name: CITY-NAME				
Compliance: Acceptable POC	1	43	43	VARCHAR2
Description: Indicates if a provider is in compliance with program				

requirements based on an acceptable plan for correction of deficiencies.

SAS Name: ACPTBL\_POC\_SW  
COBOL Name: ACPTBL-POC-SW

Compliance: Status 1 44 44 VARCHAR2  
Description: Compliance status of a provider at the time of certification survey.  
SAS Name: CMPLNC\_STUS\_CD  
COBOL Name: CMPLNC-STUS-CD  
VALUES: A=IN COMPLIANCE  
B=NOT IN COMPLIANCE

SSA County Code 3 45 47 VARCHAR2  
Description: Social Security Administration geographic code indicating the county where the provider is located.  
SAS Name: SSA\_CNTY\_CD  
COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR  
Description: Cross reference provider number  
SAS Name: CROSS\_REF\_PROVIDER\_NUMBER  
COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date 8 58 65 DATE  
Description: Equal to the exit date of the initial visit of the Health survey for certifications completed after July 28, 2012.

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 2  
Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

For certifications prior to that date, the certification date is equal to the exit date of the initial visit of the Health survey or LSC survey, whichever is later.

SAS Name: CRTFCTN\_DT  
COBOL Name: CRTFCTN-DT

Eligibility Indicator 1 66 66 VARCHAR2  
Description: Indicates if a facility is eligible to participate in the Medicare and/or Medicaid programs.  
SAS Name: ELGBLTY\_SW  
COBOL Name: ELGBLTY-SW

Facility Name 50 67 116 VARCHAR2  
Description: Name of the provider certified to participate in the Medicare and/or Medicaid programs.



SAS Name: FAC\_NAME  
COBOL Name: FAC-NAME

Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code 5 117 121 VARCHAR2

Description: Number assigned to the Medicare Administrative Contractor, intermediary or carrier servicing this provider.

SAS Name: INTRMDRY\_CARR\_CD

COBOL Name: INTRMDRY-CARR-CD

VALUES: 00000=DUMMY FOR MEDICAID HHA  
00010=BLUE CROSS (ALABAMA)  
00011=CAHABA  
00020=BLUE CROSS (ARKANSAS)  
00040=BLUE CROSS (CALIFORNIA)  
00060=BLUE CROSS (CONNECTICUT)  
00070=BLUE CROSS (DELAWARE)  
00090=BLUE CROSS (FLORIDA)  
00101=BLUE CROSS (GEORGIA)  
00121=HEALTH CARE SERVICE CORPORATION  
00122=HCSC - MICHIGAN  
00123=HCSC OF MICHIGAN  
00130=NATIONAL GOVERNMENT SERVICES  
00131=NATIONAL GOVERNMENT SERVICES  
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)  
00150=BLUE CROSS (KANSAS)  
00160=NATIONAL GOVERNMENT SERVICES  
00180=NATIONAL GOVERNMENT SERVICES  
00181=NATIONAL GOVERNMENT SERVICES  
00190=BLUE CROSS (MARYLAND)  
00200=BLUE CROSS (MASSACHUSETTS)  
00210=BLUE CROSS (MICHIGAN)  
00220=BLUE CROSS (MINNESOTA)  
00230=BLUE CROSS (MISSISSIPPI)  
00231=BLUE CROSS (LOUISIANA)  
00233=PINNACLE  
00241=BLUE CROSS (MISSOURI)  
00260=BLUE CROSS (NEBRASKA)  
00270=NATIONAL GOVERNMENT SERVICES  
00280=BLUE CROSS (NEW JERSEY)  
00290=BLUE CROSS (NEW MEXICO)  
00308=NATIONAL GOVERNMENT SERVICES  
00310=BLUE CROSS (NORTH CAROLINA)  
00320=NORIDIAN PART A  
00322=NORIDIAN PART A (AK/WA)  
00323=NORIDIAN PART A (ID/OR)  
00325=NORIDIAN  
00332=NATIONAL GOVERNMENT SERVICES

Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
00340=BLUE CROSS (OKLAHOMA)				
00350=BLUE CROSS (OREGON)				
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				
00468=BLUE CROSS (NORTH CAROLINA FOR PR)				
00510=BLUE SHIELD (ALABAMA)				
00511=CAHABA				
00512=CAHABA				
00520=BLUE SHIELD (ARKANSAS)				
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)				
00542=BLUE SHIELD (CALIFORNIA)				
00550=BLUE SHIELD (COLORADO)				
00570=BLUE SHIELD (DELAWARE)				
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)				
00590=BLUE SHIELD (FLORIDA)				
00621=BLUE SHIELD (ILLINOIS)				
00630=NATIONAL GOVERNMENT SERVICES				
00640=BLUE SHIELD (IOWA)				
00650=BLUE SHIELD (KANSAS)				
00655=BLUE SHIELD (KANSAS/NEBRASKA)				
00660=NATIONAL GOVERNMENT SERVICES				
00690=BLUE SHIELD (MARYLAND)				
00700=BLUE SHIELD (MASSACHUSETTS)				
00710=BLUE SHIELD (MICHIGAN)				
00720=BLUE SHIELD (MINNESOTA)				
00740=BLUE SHIELD (KANSAS CITY)				
00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)				
00780=BLUE SHIELD (TRI-STATE)				
00801=BLUE SHIELD (BUFFALO)				
00803=NATIONAL GOVERNMENT SERVICES				

00805=NATIONAL GOVERNMENT SERVICES  
 00821=NORIDIAN  
 00824=NORIDIAN GVT SERVICES (CO)  
 00826=NORIDIAN GVT SERVICES (IA)  
 00831=NORIDIAN GVT SERVICES (AK)  
 00832=NORIDIAN GVT SERVICES (AZ)  
 00833=NORIDIAN GVT SERVICES (HI)  
 00834=NORIDIAN GVT SERVICES (NV)  
 00835=NORIDIAN GVT SERVICES (OR)  
 00836=NORIDIAN GVT SERVICES (WA)  
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)  
 00865=BLUE SHIELD (PENNSYLVANIA)  
 00870=BLUE SHIELD (RHODE ISLAND)  
 00880=BLUE SHIELD (SOUTH CAROLINA)  
 00883=PALMETTO GBA PART B  
 00884=PALMETTO GBA  
 00889=NORIDIAN GVT SERVICES (SD)  
 00900=BLUE SHIELD (TEXAS)  
 00901=TRAILBLAZERS HEALTH ENTERPRISES

DATE: 10/03/2022

POS RECORD LAYOUT

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Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00904=TRAILBLAZER				
00910=BLUE SHIELD (UTAH)				
00930=BLUE SHIELD (WASHINGTON)				
00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH))				
01111=Noridian (CA)				
01112=Noridian (NF)				
01120=AETNA (HAWAII)				
01182=Noridian (SF)				
01192=PALMETTO (CALIFORNIA SOUTH)				
01201=PALMETTO (HAWAII)				
01202=PALMETTO (HAWAII)				
01211=Noridian (AS, GU, HI)				

01212=Noridian (AS, GU, HI)  
 01290=AETNA (NEVADA)  
 01301=PALMETTO (NEVADA)  
 01302=PALMETTO (NEVADA)  
 01311=Noridian (NV)  
 01312=Noridian (NV)  
 01360=AETNA (NEW MEXICO)  
 01370=AETNA (OKLAHOMA)  
 01380=AETNA (OREGON)  
 01390=AETNA (WASHINGTON)  
 01901=PALMETTO GBA  
 01902=PALMETTO GBA  
 01911=Noridian (AS, GU, HI, NV)  
 02050=OCCIDENTAL (CALIFORNIA)  
 02101=Noridian AK  
 02102=Noridian AK  
 02201=Noridian ID  
 02202=Noridian ID  
 02301=Noridian OR  
 02302=Noridian OR  
 02401=Noridian WA  
 02402=Noridian WA  
 03001=NORIDIAN ADMIN SERVICES  
 03101=NORIDAN (ARIZONA)  
 03102=NORIDAN (ARIZONA)  
 03201=NORIDAN (MONTANA)  
 03202=NORIDAN (MONTANA)  
 03301=NORDIAN (NORTH DAKOTA)  
 03302=NORDIAN (NORTH DAKOTA)  
 03401=NORIDIAN (SOUTH DAKOTA)  
 03402=NORIDIAN (SOUTH DAKOTA)  
 03501=NORIDIAN (UTAH)  
 03502=NORIDIAN (UTAH)  
 03601=NORIDIAN (WYOMING)  
 03602=NORIDIAN (WYOMING)  
 04001=TRAILBLAZER  
 04101=TRAILBLAZER (COLORADO)  
 04102=TRAILBLAZER (COLORADO)  
 04111=NOVITAS (COLORADO)  
 04112=NOVITAS (COLORADO)

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POS RECORD LAYOUT

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Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

04201=TRAILBLAZER (NEW MEXICO)  
 04202=TRAILBLAZER (NEW MEXICO)

04211=NOVITAS (NEW MEXICO)  
04212=NOVITAS (NEW MEXICO)  
04301=TRAILBLAZER (OKLAHOMA)  
04302=TRAILBLAZER (OKLAHOMA)  
04311=NOVITAS (OKLAHOMA)  
04312=NOVITAS (OKLAHOMA)  
04401=TRAILBLAZER (TEXAS)  
04402=TRAILBLAZER (TEXAS)  
04411=NOVITAS (TEXAS)  
04412=NOVITAS (TEXAS)  
04901=MUTUAL LEGACY  
04911=NOVITAS  
05101=WPS (IOWA)  
05102=WPS (IOWA)  
05130=EQICOR (IDAHO)  
05201=WPS (KANSAS)  
05202=WPS (KANSAS)  
05301=WPS (MISSOURI)  
05302=WPS (MISSOURI WEST)  
05392=WPS (MISSOURI EAST)  
05401=WPS (NEBRASKA)  
05402=WPS (NEBRASKA)  
05440=EQICOR (TENNESSEE)  
05535=EQICOR (NORTH CAROLINA)  
05901=WISCONSIN PHYSICIANS SERVICE  
06001=NGS (WI)  
06004=National Govt Serv HHH  
06014=NATIONAL GOVERNMENT SERVICES  
06101=NGS (IL)  
06102=NGS (IL)  
06201=NGS (MN)  
06202=NGS (MN)  
06301=NGS (WI)  
06302=NGS (WI)  
07101=Novitas AR  
07102=Novitas AR  
07201=Novitas LA  
07202=Novitas LA  
07301=Novitas MS  
07302=Novitas MS  
08101=WPS IN  
08102=WPS IN  
08201=WPS MI  
08202=WPS MI  
09101=FIRST COAST (FLORIDA)  
09102=FIRST COAST (FLORIDA)  
09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)  
09202=FIRST COAST (PUERTO RICO)  
09302=FIRST COAST (VIRGIN ISLANDS)  
10071=TRAVELERS (RRB)



13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)  
 13282=NGS (UN)  
 13292=NGS (QN)  
 14004=NATIONAL HERITAGE (HHA - A)  
 14014=NGS (HHA)  
 14101=NATIONAL HERITAGE (MAINE)  
 14102=NATIONAL HERITAGE (MAINE)  
 14111=NGS (ME)  
 14112=NGS (ME)  
 14201=NATIONAL HERITAGE (MASSACHUSETTS)  
 14202=NATIONAL HERITAGE (MASSACHUSETTS)  
 14211=NGS (MA)  
 14212=NGS (MA)  
 14301=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14311=NGS (NH)  
 14312=NGS (NH)  
 14330=GROUP HEALTH INC (NEW YORK)  
 14401=NATIONAL HERITAGE (RHODE ISLAND)  
 14402=NATIONAL HERITAGE (RHODE ISLAND)  
 14411=NGS (RI)  
 14412=NGS (RI)  
 14501=NATIONAL HERITAGE (VERMONT)  
 14502=NATIONAL HERITAGE (VERMONT)  
 14511=NGS (VT)  
 14512=NGS (VT)  
 15004=CGS Administrators HHH  
 15101=CGS (KENTUCKY)  
 15102=CGS (KENTUCKY)  
 15201=CGS (OHIO)  
 15202=CGS (OHIO)  
 16360=NATIONWIDE (OHIO)

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POS RECORD LAYOUT

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Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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16510=NATIONWIDE (WEST VIRGINIA)				
17120=HAWAII MEDICAL SERVICE ASSOCIATION				
21200=MASSACHUSETTS/MAINE				
31142=NATIONAL HERITAGE INSURANCE CO (MAINE)				
31143=NATIONAL HERITAGE INSURANCE CO				
31144=NATIONAL HERITAGE INSURANCE CO				
50333=TRAVELERS (NEW YORK)				
51051=AETNA (PETALUMA)				
51070=AETNA (FARMINGTON)				
51100=AETNA (CLEARWATER)				

51140=AETNA (PEORIA)  
51390=AETNA (FORT WASHINGTON)  
52280=WISCONSIN PHYSICIANS SERVICE  
57400=COOPERATIVA (PUERTO RICO)

Medicaid Vendor Number 15 122 136 VARCHAR2  
Description: Number which may be assigned to a provider by the state  
Medicaid agency for external control or billing purposes.  
SAS Name: MDCD\_VNDR\_NUM  
COBOL Name: MDCD-VNDR-NUM

Original Participation Date 8 137 144 DATE  
Description: Date a provider is first approved to provide Medicare  
and/or Medicaid services.  
SAS Name: ORGNL\_PRTCPTN\_DT  
COBOL Name: ORGNL-PRTCPTN-DT

Prior CHOW Date 8 145 152 DATE  
Description: Effective date of the previous change of ownership for  
this provider.  
SAS Name: CHOW\_PRIOR\_DT  
COBOL Name: CHOW-PRIOR-DT

Prior Medicare Administrative Contractor (MAC) or 5 153 157 VARCHAR2  
Intermediary or Carrier Code  
Description: Number assigned to the previous Medicare Administrative  
Contractor, intermediary or carrier servicing this  
provider.  
SAS Name: INTRMDRY\_CARR\_PRIOR\_CD  
COBOL Name: INTRMDRY-CARR-PRIOR-CD  
VALUES: 00000=DUMMY FOR MEDICAID HHA  
00010=BLUE CROSS (ALABAMA)  
00011=CAHABA  
00020=BLUE CROSS (ARKANSAS)  
00040=BLUE CROSS (CALIFORNIA)  
00060=BLUE CROSS (CONNECTICUT)  
00070=BLUE CROSS (DELAWARE)  
00090=BLUE CROSS (FLORIDA)  
00101=BLUE CROSS (GEORGIA)  
00121=HEALTH CARE SERVICE CORPORATION  
00122=HCSC - MICHIGAN  
00123=HCSC OF MICHIGAN  
00130=NATIONAL GOVERNMENT SERVICES  
00131=NATIONAL GOVERNMENT SERVICES  
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)  
00150=BLUE CROSS (KANSAS)  
00160=NATIONAL GOVERNMENT SERVICES  
00180=NATIONAL GOVERNMENT SERVICES  
00181=NATIONAL GOVERNMENT SERVICES  
00190=BLUE CROSS (MARYLAND)



00200=BLUE CROSS (MASSACHUSETTS)  
00210=BLUE CROSS (MICHIGAN)  
00220=BLUE CROSS (MINNESOTA)

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POS RECORD LAYOUT

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Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS  
3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00230=BLUE CROSS (MISSISSIPPI)				
00231=BLUE CROSS (LOUISIANA)				
00233=PINNACLE				
00241=BLUE CROSS (MISSOURI)				
00260=BLUE CROSS (NEBRASKA)				
00270=NATIONAL GOVERNMENT SERVICES				
00280=BLUE CROSS (NEW JERSEY)				
00290=BLUE CROSS (NEW MEXICO)				
00308=NATIONAL GOVERNMENT SERVICES				
00310=BLUE CROSS (NORTH CAROLINA)				
00320=NORIDIAN PART A				
00322=NORIDIAN PART A (AK/WA)				
00323=NORIDIAN PART A (ID/OR)				
00325=NORIDIAN				
00332=NATIONAL GOVERNMENT SERVICES				
00340=BLUE CROSS (OKLAHOMA)				
00350=BLUE CROSS (OREGON)				
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				
00468=BLUE CROSS (NORTH CAROLINA FOR PR)				
00510=BLUE SHIELD (ALABAMA)				
00511=CAHABA				
00512=CAHABA				
00520=BLUE SHIELD (ARKANSAS)				
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)				

00542=BLUE SHIELD (CALIFORNIA)  
 00550=BLUE SHIELD (COLORADO)  
 00570=BLUE SHIELD (DELAWARE)  
 00580=BLUE SHIELD (DISTRICT OF COLUMBIA)  
 00590=BLUE SHIELD (FLORIDA)  
 00621=BLUE SHIELD (ILLINOIS)  
 00630=NATIONAL GOVERNMENT SERVICES  
 00640=BLUE SHIELD (IOWA)  
 00650=BLUE SHIELD (KANSAS)  
 00655=BLUE SHIELD (KANSAS/NEBRASKA)  
 00660=NATIONAL GOVERNMENT SERVICES  
 00690=BLUE SHIELD (MARYLAND)  
 00700=BLUE SHIELD (MASSACHUSETTS)  
 00710=BLUE SHIELD (MICHIGAN)  
 00720=BLUE SHIELD (MINNESOTA)  
 00740=BLUE SHIELD (KANSAS CITY)  
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)  
 00780=BLUE SHIELD (TRI-STATE)  
 00801=BLUE SHIELD (BUFFALO)  
 00803=NATIONAL GOVERNMENT SERVICES  
 00805=NATIONAL GOVERNMENT SERVICES  
 00821=NORIDIAN  
 00824=NORIDIAN GVT SERVICES (CO)  
 00826=NORIDIAN GVT SERVICES (IA)

DATE: 10/03/2022

POS RECORD LAYOUT

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Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00831=NORIDIAN GVT SERVICES (AK)				
00832=NORIDIAN GVT SERVICES (AZ)				
00833=NORIDIAN GVT SERVICES (HI)				
00834=NORIDIAN GVT SERVICES (NV)				
00835=NORIDIAN GVT SERVICES (OR)				
00836=NORIDIAN GVT SERVICES (WA)				
00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)				
00865=BLUE SHIELD (PENNSYLVANIA)				
00870=BLUE SHIELD (RHODE ISLAND)				
00880=BLUE SHIELD (SOUTH CAROLINA)				
00883=PALMETTO GBA PART B				
00884=PALMETTO GBA				
00889=NORIDIAN GVT SERVICES (SD)				
00900=BLUE SHIELD (TEXAS)				
00901=TRAILBLAZERS HEALTH ENTERPRISES				
00904=TRAILBLAZER				
00910=BLUE SHIELD (UTAH)				
00930=BLUE SHIELD (WASHINGTON)				

00951=WISCONSIN PHYSICIANS SERVICE  
00952=WPS - ILLINOIS  
00953=WPS - MICHIGAN  
00954=WI PHYSICIAN SERVICES - MN  
00973=BLUE SHIELD (PUERTO RICO)  
00974=BLUE SHIELD (VIRGIN ISLANDS)  
01010=AETNA (PEORIA)  
01020=AETNA (ALASKA)  
01030=AETNA (ARIZONA)  
01040=AETNA (GEORGIA)  
01101=PALMETTO (CALIFORNIA)  
01102=PALMETTO (CALIFORNIA (NORTH))  
01111=Noridian (CA)  
01112=Noridian (NF)  
01120=AETNA (HAWAII)  
01182=Noridian (SF)  
01192=PALMETTO (CALIFORNIA SOUTH)  
01201=PALMETTO (HAWAII)  
01202=PALMETTO (HAWAII)  
01211=Noridian (AS, GU, HI)  
01212=Noridian (AS, GU, HI)  
01290=AETNA (NEVADA)  
01301=PALMETTO (NEVADA)  
01302=PALMETTO (NEVADA)  
01311=Noridian (NV)  
01312=Noridian (NV)  
01360=AETNA (NEW MEXICO)  
01370=AETNA (OKLAHOMA)  
01380=AETNA (OREGON)  
01390=AETNA (WASHINGTON)  
01901=PALMETTO GBA  
01902=PALMETTO GBA  
01911=Noridian (AS, GU, HI, NV)  
02050=OCCIDENTAL (CALIFORNIA)  
02101=Noridian AK  
02102=Noridian AK  
02201=Noridian ID  
02202=Noridian ID  
02301=Noridian OR  
02302=Noridian OR  
02401=Noridian WA  
02402=Noridian WA  
03001=NORIDIAN ADMIN SERVICES  
03101=NORIDAN (ARIZONA)  
03102=NORIDAN (ARIZONA)

SHORT DESCRIPTION

LEN START END TYPE

03201=NORIDAN (MONTANA)  
03202=NORIDAN (MONTANA)  
03301=NORDIAN (NORTH DAKOTA)  
03302=NORDIAN (NORTH DAKOTA)  
03401=NORIDIAN (SOUTH DAKOTA)  
03402=NORIDIAN (SOUTH DAKOTA)  
03501=NORIDIAN (UTAH)  
03502=NORIDIAN (UTAH)  
03601=NORIDIAN (WYOMING)  
03602=NORIDIAN (WYOMING)  
04001=TRAILBLAZER  
04101=TRAILBLAZER (COLORADO)  
04102=TRAILBLAZER (COLORADO)  
04111=NOVITAS (COLORADO)  
04112=NOVITAS (COLORADO)  
04201=TRAILBLAZER (NEW MEXICO)  
04202=TRAILBLAZER (NEW MEXICO)  
04211=NOVITAS (NEW MEXICO)  
04212=NOVITAS (NEW MEXICO)  
04301=TRAILBLAZER (OKLAHOMA)  
04302=TRAILBLAZER (OKLAHOMA)  
04311=NOVITAS (OKLAHOMA)  
04312=NOVITAS (OKLAHOMA)  
04401=TRAILBLAZER (TEXAS)  
04402=TRAILBLAZER (TEXAS)  
04411=NOVITAS (TEXAS)  
04412=NOVITAS (TEXAS)  
04901=MUTUAL LEGACY  
04911=NOVITAS  
05101=WPS (IOWA)  
05102=WPS (IOWA)  
05130=EQICOR (IDAHO)  
05201=WPS (KANSAS)  
05202=WPS (KANSAS)  
05301=WPS (MISSOURI)  
05302=WPS (MISSOURI WEST)  
05392=WPS (MISSOURI EAST)  
05401=WPS (NEBRASKA)  
05402=WPS (NEBRASKA)  
05440=EQICOR (TENNESSEE)  
05535=EQICOR (NORTH CAROLINA)  
05901=WISCONSIN PHYSICIANS SERVICE  
06001=NGS (WI)  
06004=National Govt Serv HHH  
06014=NATIONAL GOVERNMENT SERVICES  
06101=NGS (IL)  
06102=NGS (IL)

06201=NGS (MN)  
06202=NGS (MN)  
06301=NGS (WI)  
06302=NGS (WI)  
07101=Novitas AR  
07102=Novitas AR  
07201=Novitas LA  
07202=Novitas LA  
07301=Novitas MS  
07302=Novitas MS  
08101=WPS IN  
08102=WPS IN  
08201=WPS MI  
08202=WPS MI  
09101=FIRST COAST (FLORIDA)  
09102=FIRST COAST (FLORIDA)

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Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS  
3-4)

SHORT DESCRIPTION                                                  LEN    START    END        TYPE

09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)  
09202=FIRST COAST (PUERTO RICO)  
09302=FIRST COAST (VIRGIN ISLANDS)  
10071=TRAVELERS (RRB)  
10101=CAHABA GBA (AL)  
10102=CAHABA GBA (AL)  
10111=PALMETTO GBA (Part A) (AL)  
10112=PALMETTO GBA (AL)  
10201=CAHABA GBA (GA)  
10202=CAHABA GBA (GA)  
10211=PALMETTO GBA (GA)  
10212=PALMETTO GBA (GA)  
10230=TRAVELERS (CONNECTICUT)  
10240=TRAVELERS (MINNESOTA)  
10250=TRAVELERS (MISSISSIPPI)  
10301=CAHABA GBA (TN)  
10302=CAHABA GBA (TN)  
10311=PALMETTO GBA (TN)  
10312=PALMETTO GBA (TN)  
10490=TRAVELERS (VIRGINIA)  
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT  
11004=PALMETTO HHH C  
11201=PALMETTO GBA (SC)  
11202=PALMETTO GBA (SC)  
11260=GENERAL AMERICAN  
11301=PALMETTO GBA (VA)

11302=PALMETTO GBA (VA)  
 11401=PALMETTO GBA (WV)  
 11402=PALMETTO GBA (WV)  
 11501=PALMETTO GBA (NC)  
 11502=PALMETTO GBA (NC)  
 12101=Novitas DE  
 12102=Novitas DE  
 12201=Novitas DC  
 12202=Novitas DC  
 12301=Novitas MD  
 12302=Novitas MD  
 12401=Novitas NJ  
 12402=Novitas NJ  
 12501=Novitas PA  
 12502=Novitas PA  
 12901=Novitas Solutions DC, DE, MD, PA  
 12902=HIGHMARK  
 13101=NATIONAL GOVT SERVICES (CONNECTICUT)  
 13102=NATIONAL GOVT SERVICES (CONNECTICUT)  
 13201=NATIONAL GOVT SERVICES (NEW YORK)  
 13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)  
 13282=NGS (UN)  
 13292=NGS (QN)  
 14004=NATIONAL HERITAGE (HHA - A)  
 14014=NGS (HHA)  
 14101=NATIONAL HERITAGE (MAINE)  
 14102=NATIONAL HERITAGE (MAINE)  
 14111=NGS (ME)  
 14112=NGS (ME)  
 14201=NATIONAL HERITAGE (MASSACHUSETTS)  
 14202=NATIONAL HERITAGE (MASSACHUSETTS)  
 14211=NGS (MA)  
 14212=NGS (MA)  
 14301=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14311=NGS (NH)  
 14312=NGS (NH)

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POS RECORD LAYOUT

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Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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14330=GROUP HEALTH INC (NEW YORK)				
14401=NATIONAL HERITAGE (RHODE ISLAND)				
14402=NATIONAL HERITAGE (RHODE ISLAND)				
14411=NGS (RI)				
14412=NGS (RI)				

14501=NATIONAL HERITAGE (VERMONT)  
 14502=NATIONAL HERITAGE (VERMONT)  
 14511=NGS (VT)  
 14512=NGS (VT)  
 15004=CGS Administrators HHH  
 15101=CGS (KENTUCKY)  
 15102=CGS (KENTUCKY)  
 15201=CGS (OHIO)  
 15202=CGS (OHIO)  
 16360=NATIONWIDE (OHIO)  
 16510=NATIONWIDE (WEST VIRGINIA)  
 17120=HAWAII MEDICAL SERVICE ASSOCIATION  
 21200=MASSACHUSETTS/MAINE  
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)  
 31143=NATIONAL HERITAGE INSURANCE CO  
 31144=NATIONAL HERITAGE INSURANCE CO  
 50333=TRAVELERS (NEW YORK)  
 51051=AETNA (PETALUMA)  
 51070=AETNA (FARMINGTON)  
 51100=AETNA (CLEARWATER)  
 51140=AETNA (PEORIA)  
 51390=AETNA (FORT WASHINGTON)  
 52280=WISCONSIN PHYSICIANS SERVICE  
 57400=COOPERATIVA (PUERTO RICO)

CCN 10 158 167 VARCHAR2  
 Description: Six or ten position identification number that is assigned to a certified provider. This is the CMS Certification Number.  
 SAS Name: PRVDR\_NUM  
 COBOL Name: PRVDR-NUM

Region Code 2 168 169 VARCHAR2  
 Description: Indicates the CMS Regional Office responsible for the certification of the provider.  
 SAS Name: RGN\_CD  
 COBOL Name: RGN-CD  
 VALUES: 01=Boston  
 02=New York  
 03=Philadelphia  
 04=Atlanta  
 05=Chicago  
 06=Dallas  
 07=Kansas City  
 08=Denver  
 09=San Francisco  
 10=Seattle

Skeleton Record Indicator 1 170 170 VARCHAR2  
 Description: Indicates if the record is a skeleton record. Only a

limited set of data is available for this provider; no survey data exists. Only provider categories 01,17,19,21 and 22 can have skeleton providers.

SAS Name: SKLTN\_REC\_SW  
COBOL Name: SKLTN-REC-SW

State Abbreviation 2 171 172 VARCHAR2  
Description: Two-character state abbreviation.

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Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

SAS Name: STATE\_CD  
COBOL Name: STATE-CD  
VALUES: AK=ALASKA  
AL=ALABAMA  
AR=ARKANSAS  
AS=AMERICAN SAMOA  
AZ=ARIZONA  
CA=CALIFORNIA  
CN=CANADA  
CO=COLORADO  
CT=CONNECTICUT  
DC=DISTRICT OF COLUMBIA  
DE=DELAWARE  
FL=FLORIDA  
FN=INTERNATIONAL  
GA=GEORGIA  
GU=GUAM  
HI=HAWAII  
IA=IOWA  
ID=IDAHO  
IL=ILLINOIS  
IN=INDIANA  
KS=KANSAS  
KY=KENTUCKY  
LA=LOUISIANA  
MA=MASSACHUSETTS  
MD=MARYLAND  
ME=MAINE  
MI=MICHIGAN  
MN=MINNESOTA  
MO=MISSOURI  
MP=SAIPAN  
MS=MISSISSIPPI  
MT=MONTANA



MX=MEXICO  
 NC=NORTH CAROLINA  
 ND=NORTH DAKOTA  
 NE=NEBRASKA  
 NH=NEW HAMPSHIRE  
 NJ=NEW JERSEY  
 NM=NEW MEXICO  
 NV=NEVADA  
 NY=NEW YORK  
 OH=OHIO  
 OK=OKLAHOMA  
 OR=OREGON  
 PA=PENNSYLVANIA  
 PR=PUERTO RICO  
 RI=RHODE ISLAND  
 SC=SOUTH CAROLINA  
 SD=SOUTH DAKOTA  
 TN=TENNESSEE  
 TX=TEXAS  
 UT=UTAH  
 VA=VIRGINIA  
 VI=VIRGIN ISLANDS  
 VT=VERMONT  
 WA=WASHINGTON  
 WI=WISCONSIN  
 WV=WEST VIRGINIA  
 WY=WYOMING

SSA State Code 2 173 174 VARCHAR2

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 Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS  
 3-4)

SHORT DESCRIPTION LEN START END TYPE

Description: Social Security Administration geographic code indicating the state where the provider is located.

SAS Name: SSA\_STATE\_CD

COBOL Name: SSA-STATE-CD

VALUES: 01=ALABAMA  
 02=ALASKA  
 03=ARIZONA  
 04=ARKANSAS  
 05=CALIFORNIA  
 06=COLORADO  
 07=CONNECTICUT  
 08=DELAWARE  
 09=DISTRICT OF COLUMBIA

10=FLORIDA  
11=GEORGIA  
12=HAWAII  
13=IDAHO  
14=ILLINOIS  
15=INDIANA  
16=IOWA  
17=KANSAS  
18=KENTUCKY  
19=LOUISIANA  
20=MAINE  
21=MARYLAND  
22=MASSACHUSETTS  
23=MICHIGAN  
24=MINNESOTA  
25=MISSISSIPPI  
26=MISSOURI  
27=MONTANA  
28=NEBRASKA  
29=NEVADA  
30=NEW HAMPSHIRE  
31=NEW JERSEY  
32=NEW MEXICO  
33=NEW YORK  
34=NORTH CAROLINA  
35=NORTH DAKOTA  
36=OHIO  
37=OKLAHOMA  
38=OREGON  
39=PENNSYLVANIA  
40=PUERTO RICO  
41=RHODE ISLAND  
42=SOUTH CAROLINA  
43=SOUTH DAKOTA  
44=TENNESSEE  
45=TEXAS  
46=UTAH  
47=VERMONT  
48=VIRGIN ISLANDS  
49=VIRGINIA  
50=WASHINGTON  
51=WEST VIRGINIA  
52=WISCONSIN  
53=WYOMING  
54=AFRICA  
56=CANADA  
57=WEST INDIES  
58=EUROPE  
59=MEXICO  
60=OCEANIA

SHORT DESCRIPTION	LEN	START	END	TYPE
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61=PHILIPPINES				
62=SOUTH AMERICA				
63=UNITED STATES POSSESSIONS				
64=AMERICAN SAMOA				
65=GUAM				
66=SAIPAN				
99=INTERNATIONAL				

State Region Code	3	175	177	VARCHAR2
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Description: Identifies the region within a state where the provider is located.

SAS Name: STATE\_RGN\_CD

COBOL Name: STATE-RGN-CD

VALUES:

- AK/001=ALASKA
- AK/LAB=LABORATORIES
- AK/NPH=NON-PARTICIPATING HOSPITAL
- AL/001=ALABAMA
- AL/LAB=LABORATORIES
- AL/NPH=NON-PARTICIPATING HOSPITAL
- AR/001=ARKANSAS
- AR/LAB=LABORATORIES
- AR/NPH=NON-PARTICIPATING HOSPITAL
- AS/001=AMERICAN SAMOA
- AS/LAB=LABORATORY
- AS/NPH=NON-PARTICIPATING HOSPITAL
- AZ/AZ=PHOENIX
- AZ/LAB=ARIZONA LAB
- AZ/NPH=NON-PARTICIPATING HOSPITAL
- AZ/TUC=TUCSON
- CA/001=CALIFORNIA
- CA/BAK=BAKERSFIELD
- CA/BER=SAN BERNARDINO
- CA/EB=East Bay
- CA/FR=FRESNO
- CA/L1=L.A. WEST
- CA/L2=L.A. NORTH
- CA/L3=L.A. CENTRAL
- CA/L4=L.A. EAST
- CA/L5=SAN GABRIEL
- CA/LA1=LA Region 1
- CA/LA2=LA Region 2
- CA/LA3=LA Region 3

CA/LA4=LA Acute/Ancillary  
 CA/LA5=LA HHA/Hospice  
 CA/LA6=LA ICF/DD/CLinics  
 CA/LAB=LABORATORIES  
 CA/M1=LAB. SOUTH  
 CA/M2=LAB. NORTH  
 CA/NPH=NON-PARTICIPATING HOSPITAL  
 CA/ORG=ORANGE  
 CA/RIV=RIVERSIDE  
 CA/S1=SACRAMENTO  
 CA/S3=CHICO  
 CA/SD=SAN DIEGO  
 CA/SF=SAN FRANCISCO  
 CA/SJ=SAN JOSE  
 CA/SR=SANTA ROSA  
 CA/STK=STOCKTON  
 CA/VEN=VENTURA  
 CN/001=CANADA  
 CN/LAB=LABORATORY  
 CN/NPH=NON-PARTICIPATING HOSPITAL  
 CO/001=COLORADO

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POS RECORD LAYOUT

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Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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CO/LAB=LABORATORIES				
CO/NPH=NON-PARTICIPATING HOSPITAL				
CT/001=CONNECTICUT				
CT/LAB=LABORATORIES				
CT/NPH=NON-PARTICIPATING HOSPITAL				
DC/001=DISTRICT OF COLUMBIA				
DC/LAB=LABORATORIES				
DC/NPH=NON-PARTICIPATING HOSPITAL				
DE/001=DELAWARE				
DE/LAB=LABORATORIES				
DE/NPH=NON-PARTICIPATING HOSPITAL				
FL/001=FLORIDA				
FL/FTM=FT. MYERS				
FL/GAI=GAINESVILLE				
FL/JAX=JACKSONVILLE				
FL/LAB=LABORATORIES				
FL/LAN=LANTANA				
FL/LAU=LAUDERHILL				
FL/MIA=MIAMI				
FL/NPH=NON-PARTICIPATING HOSPITAL				
FL/ORL=ORLANDO				

FL/PEN=PENSACOLA  
 FL/STP=ST. PETERSBURG  
 FL/TAL=TALLAHASSEE  
 FL/TAM=TAMPA  
 FM/001=FEDERATED STATES OF MICRO  
 FM/NPH=NON-PARTICIPATING HOSPITAL  
 FN/001=INTERNATIONAL  
 FN/LAB=LABORATORIES  
 FN/NPH=NON-PARTICIPATING HOSPITAL  
 GA/001=GEORGIA  
 GA/GAA=GEORGIA ALL  
 GA/GAC=GEORGIA CENTRAL  
 GA/GAE=GEORGIA EASTERN  
 GA/GAN=GEORGIA NORTH  
 GA/GAS=GEORGIA SOUTH  
 GA/GAW=GEORGIA WESTERN  
 GA/LAB=LABORATORIES  
 GA/NPH=NON-PARTICIPATING HOSPITAL  
 GU/001=GUAM  
 GU/LAB=LABORATORIES  
 GU/NPH=NON-PARTICIPATING HOSPITAL  
 HI/001=HAWAII  
 HI/LAB=LABORATORIES  
 HI/NPH=NON-PARTICIPATING HOSPITAL  
 IA/001=IOWA  
 IA/LAB=LABORATORIES  
 IA/NPH=NON-PARTICIPATING HOSPITAL  
 ID/001=IDAHO  
 ID/LAB=LABORATORIES  
 ID/NPH=NON-PARTICIPATING HOSPITAL  
 IL/001=ILLINOIS  
 IL/LAB=LABORATORIES  
 IL/NPH=NON-PARTICIPATING HOSPITAL  
 IN/001=INDIANA  
 IN/LAB=LABORATORIES  
 IN/NPH=NON-PARTICIPATING HOSPITAL  
 KS/001=KANSAS  
 KS/KCK=KANSAS CITY  
 KS/KDH=KDHE  
 KS/LAB=LABORATORIES  
 KS/LAW=LAWRENCE  
 KS/NC=NORTH CENTRAL KANSAS

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POS RECORD LAYOUT

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Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

KS/NE=NORTH EAST KANSAS  
KS/NPH=NON-PARTICIPATING HOSPITAL  
KS/NW=NORTH WEST KANSAS  
KS/SC=SOUTH CENTRAL KANSAS  
KS/SE=SOUTH EAST KANSAS  
KS/SW=SOUTH WEST KANSAS  
KS/WST=WEST  
KY/2C1=HOPKINSVILLE  
KY/2C2=LOUISVILLE  
KY/2C3=LONDON  
KY/2C4=LEXINGTON  
KY/LAB=LABORATORIES  
KY/NPH=NON-PARTICIPATING HOSPITAL  
LA/001=LOUISIANA  
LA/LA1=NEW ORLEANS  
LA/LA2=MANDEVILLE  
LA/LA3=LAFAYETTE  
LA/LA4=MONROE  
LA/LA5=SHREVEPORT  
LA/LA6=ALEXANDRIA  
LA/LAB=LABORATORIES  
LA/LB1=CLIA NEW ORLEANS  
LA/LB5=CLIA SHREVEPORT  
LA/LB6=CLIA ALEXANDRIA  
LA/NPH=NON-PARTICIPATING HOSPITAL  
MA/001=MASSACHUSETTS  
MA/LAB=LABORATORIES  
MA/NPH=NON-PARTICIPATING HOSPITAL  
MD/001=MARYLAND  
MD/LAB=LABORATORIES  
MD/NPH=NON-PARTICIPATING HOSPITAL  
ME/001=MAINE  
ME/LAB=LABORATORIES  
ME/NPH=NON-PARTICIPATING HOSPITAL  
MH/001=MARSHALL ISLANDS  
MH/NPH=NON-PARTICIPATING HOSPITAL  
MI/001=MICHIGAN  
MI/LAB=LABORATORIES  
MI/NPH=NON-PARTICIPATING HOSPITAL  
MN/001=MINNESOTA  
MN/LAB=LABORATORIES  
MN/NPH=NON-PARTICIPATING HOSPITAL  
MO/001=MISSOURI  
MO/01=REGION01  
MO/02=REGION02  
MO/03=REGION 03  
MO/04=REGION 04  
MO/05=REGION 05  
MO/06=REGION 06  
MO/07=REGION 07



NH/LAB=LABORATORIES  
 NH/NPH=NON-PARTICIPATING HOSPITAL  
 NJ/001=NEW JERSEY  
 NJ/LAB=LABORATORIES  
 NJ/NPH=NON-PARTICIPATING HOSPITAL  
 NM/001=NEW MEXICO  
 NM/LAB=LABORATORIES  
 NM/NPH=NON-PARTICIPATING HOSPITAL  
 NV/001=NEVADA  
 NV/CC=CARSON CITY  
 NV/LAB=LABORATORIES  
 NV/LV=LAS VEGAS  
 NV/NPH=NON-PARTICIPATING HOSPITAL  
 NY/001=BUFFALO  
 NY/002=ROCHESTER  
 NY/003=SYRACUSE  
 NY/004=ALBANY  
 NY/005=NEW ROCHELLE  
 NY/006=NEW YORK CITY  
 NY/007=SUFFOLK/NASSAU COUNTY  
 NY/LAB=LABORATORIES  
 NY/NPH=NON-PARTICIPATING HOSPITAL  
 OH/001=OHIO  
 OH/LAB=LABORATORIES  
 OH/NPH=NON-PARTICIPATING HOSPITAL  
 OK/001=OKLAHOMA  
 OK/LAB=LABORATORIES  
 OK/NPH=NON-PARTICIPATING HOSPITAL  
 OR/001=OFFICE #1  
 OR/002=OFFICE #2  
 OR/003=OFFICE #3  
 OR/LAB=LABORATORIES  
 OR/NPH=NON-PARTICIPATING HOSPITAL  
 PA/001=PENNSYLVANIA

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POS RECORD LAYOUT

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Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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PA/LAB=LABORATORIES  
 PA/NPH=NON-PARTICIPATING HOSPITAL  
 PR/001=PUERTO RICO  
 PR/LAB=LABORATORIES  
 PR/NPH=NON-PARTICIPATING HOSPITAL  
 PW/001=PALAU  
 PW/NPH=NON-PARTICIPATING HOSPITAL  
 RI/001=RHODE ISLAND



RI/LAB=LABORATORIES  
RI/NPH=NON-PARTICIPATING HOSPITAL  
SC/001=SOUTH CAROLINA  
SC/LAB=LABORATORIES  
SC/NPH=NON-PARTICIPATING HOSPITAL  
SD/001=SOUTH DAKOTA  
SD/LAB=LABORATORIES  
SD/NPH=NON-PARTICIPATING HOSPITAL  
TN/001=TENNESSEE  
TN/LAB=LABORATORIES  
TN/NPH=NON-PARTICIPATING HOSPITAL  
TN/TNC=TENNESSEE COOKEVILLE  
TN/TNE=TENNESSEE EASTERN  
TN/TNM=TENNESSEE MIDDLE  
TN/TNW=TENNESSEE WESTERN  
TX/001=TEXAS  
TX/L01=AMARILLO-LTC  
TX/L02=ABILENE-LTC  
TX/L03=ARLINGTON-LTC  
TX/L04=TYLER-LTC  
TX/L05=TEMPLE-LTC  
TX/L06=HOUSTON-LTC  
TX/L07=Austin-LTC  
TX/L08=San Antonio-LTC  
TX/L11=Corpus Christi-LTC  
TX/LAB=LABORATORIES  
TX/NPH=NON-PARTICIPATING HOSPITAL  
TX/TX1=NLTC REG 1, 7, 9, 10  
TX/TX2=NLTC REG 2, 3  
TX/TX4=NLTC REG 6  
TX/TX5=NLTC REG 4, 5  
TX/TX6=NLTC Statewide-Certified Only  
TX/TX8=NLTC REG 8, 11  
UT/001=UTAH  
UT/LAB=LABORATORIES  
UT/NPH=NON-PARTICIPATING HOSPITAL  
VA/001=VIRGINIA  
VA/LAB=LABORATORIES  
VA/NPH=NON-PARTICIPATING HOSPITAL  
VI/001=VIRGIN ISLANDS  
VI/LAB=LABORATORIES  
VI/NPH=NON-PARTICIPATING HOSPITAL  
VT/001=VERMONT  
VT/LAB=LABORATORIES  
VT/NPH=NON-PARTICIPATING HOSPITAL  
WA/001=ALL OTHERS (NON-LTC FAC)  
WA/D1=SPOKANE & YAKIMA AREAS  
WA/D1A=District 1, Unit A  
WA/D1B=District 1, Unit B  
WA/D1C=District 1, Unit C



Description: Street address where the provider is located.  
 SAS Name: ST\_ADR  
 COBOL Name: ST-ADR

Telephone Number 10 228 237 VARCHAR2  
 Description: Telephone number of the provider.  
 SAS Name: PHNE\_NUM  
 COBOL Name: PHNE-NUM

Termination Code 2 238 239 VARCHAR2  
 Description: Indicates the current termination status for the provider.  
 SAS Name: PGM\_TRMNTN\_CD  
 COBOL Name: PGM-TRMNTN-CD  
 VALUES:  
 00=ACTIVE PROVIDER  
 01=VOLUNTARY-MERGER, CLOSURE  
 02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT  
 03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION  
 04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL  
 05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ  
 06=INVOLUNTARY-FAILURE TO MEET AGREEMENT  
 07=OTHER-PROVIDER STATUS CHANGE  
 08=NONPAYMENT OF FEES - CLIA Only  
 09=REV/UNSUCCESSFUL PARTICIPATION IN PT - CLIA Only  
 10=REV/OTHER REASON - CLIA Only  
 11=INCOMPLETE CLIA APPLICATION INFORMATION - CLIA Only

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 Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
12=NO LONGER PERFORMING TESTS - CLIA Only				
13=MULTIPLE TO SINGLE SITE CERTIFICATE - CLIA Only				
14=SHARED LABORATORY - CLIA Only				
15=FAILURE TO RENEW WAIVER PPM CERTIFICATE - CLIA Only				
16=DUPLICATE CLIA NUMBER - CLIA Only				
17=MAIL RETURNED NO FORWARD ADDRESS CERT ENDED - CLIA Only				
20=NOTIFICATION BANKRUPTCY - CLIA Only				
33=ACCREDITATION NOT CONFIRMED - CLIA Only				
80=AWAITING STATE APPROVAL				
99=OIG ACTION - DO NOT ACTIVATE - CLIA Only				

Termination or Expiration Date 8 240 247 DATE  
 Description: Date the provider was terminated. For CLIA providers, date the laboratory's certificate was terminated or the expiration date of the current CLIA certificate.  
 SAS Name: TRMNTN\_EXPRTN\_DT

COBOL Name: TRMNTN-EXPRTN-DT

Type of Action Code 1 248 248 VARCHAR2

Description: Identifies the reason for the certification. Type of action from the official survey record, CMS 1539 form.

SAS Name: CRTFCTN\_ACTN\_TYPE\_CD

COBOL Name: CRTFCTN-ACTN-TYPE-CD

VALUES: 1=INITIAL  
2=RECERTIFICATION  
3=TERMINATION  
4=CHANGE OF OWNERSHIP  
5=VALIDATION  
8=FULL SURVEY AFTER COMPLAINT

Ownership Type Code 2 249 250 VARCHAR2

Description: Indicates the ownership type of the provider.

SAS Name: GNRL\_CNTL\_TYPE\_CD

COBOL Name: GNRL-CNTL-TYPE-CD

VALUES: 01=VOLUNTARY NON PROFIT OTHER THAN CHURCH  
02=VOLUNTARY NON PROFIT CHURCH  
03=STATE GOVERNMENT  
04=LOCAL GOVERNMENT  
05=COMBINATION GOVERNMENT & VOLUNTARY  
06=PROPRIETARY

Address: ZIP Code 5 251 255 VARCHAR2

Description: Five-digit ZIP code for a provider's physical address.

SAS Name: ZIP\_CD

COBOL Name: ZIP-CD

FIPS State Code 2 256 257 VARCHAR2

Description: FIPS State Code

SAS Name: FIPS\_STATE\_CD

COBOL Name: FIPS-STATE-CD

VALUES: 01=ALABAMA  
02=ALASKA  
04=ARIZONA  
05=ARKANSAS  
06=CALIFORNIA  
08=COLORADO  
09=CONNECTICUT  
10=DELAWARE  
11=DISTRICT OF COLUMBIA  
12=FLORIDA  
13=GEORGIA  
15=HAWAII  
16=IDAHO

Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
17=ILLINOIS				
18=INDIANA				
19=IOWA				
20=KANSAS				
21=KENTUCKY				
22=LOUISIANA				
23=MAINE				
24=MARYLAND				
25=MASSACHUSETTS				
26=MICHIGAN				
27=MINNESOTA				
28=MISSISSIPPI				
29=MISSOURI				
30=MONTANA				
31=NEBRASKA				
32=NEVADA				
33=NEW HAMPSHIRE				
34=NEW JERSEY				
35=NEW MEXICO				
36=NEW YORK				
37=NORTH CAROLINA				
38=NORTH DAKOTA				
39=OHIO				
40=OKLAHOMA				
41=OREGON				
42=PENNSYLVANIA				
43=PUERTO RICO				
44=RHODE ISLAND				
45=SOUTH CAROLINA				
46=SOUTH DAKOTA				
47=TENNESSEE				
48=TEXAS				
49=UTAH				
50=VERMONT				
51=VIRGINIA				
53=WASHINGTON				
54=WEST VIRGINIA				
55=WISCONSIN				
56=WYOMING				
60=AMERICAN SAMOA				
66=GUAM				
69=SAIPAN/MARIANA IS.				
78=VIRGIN ISLANDS				
FIPS County Code	3	258	260	VARCHAR2

Description: FIPS County Code  
SAS Name: FIPS\_CNTY\_CD  
COBOL Name: FIPS-CNTY-CD

CBSA Urban Rural Indicator 1 261 261 VARCHAR2  
Description: CBSA (Core Based Statistical Area) indicates whether the county is defined as Urban or Rural.  
SAS Name: CBSA\_URBN\_RRL\_IND  
COBOL Name: CBSA-URBN-RRL-IND

CBSA Code 5 262 266 VARCHAR2  
Description: CBSA (Core Based Statistical Area) geographic entities defined by the U.S. Office of Management and Budget (OMB) on June 6, 2003 for use by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics. CBSA collectively refers to MSA.  
SAS Name: CBSA\_CD  
COBOL Name: CBSA-CD

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Outpatient Physical Therapy/Speech Pathology, CATEGORY = "08" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

\*Accreditation Type Code 1 283 283 VARCHAR2  
Description: Indicates an accrediting organization deeming the provider. If a provider is deemed by multiple accrediting organizations then the accrediting organization with the earliest active deeming effective date is displayed in this field.  
SAS Name: ACRDTN\_TYPE\_CD  
COBOL Name: ACRDTN-TYPE-CD  
VALUES: 0=UNACCREDITED  
1=AAAASF

Category-specific Facility Type Code 2 388 389 VARCHAR2  
Description: Indicates the category-specific facility type code, for certain provider categories only.  
SAS Name: GNRL\_FAC\_TYPE\_CD  
COBOL Name: GNRL-FAC-TYPE-CD  
VALUES: 01=Hospital  
02=Skilled Nursing Facility  
03=Home Health Agency  
04=Rehabilitation Agency  
05=Public Clinic  
06=Private Clinic  
07=Public Health Agency

Fiscal Year End Date (MMDD) 4 464 467 VARCHAR2  
 Description: End date, consisting of the month and day, of the provider's fiscal year.  
 SAS Name: FY\_END\_MO\_DAY\_CD  
 COBOL Name: FY-END-MO-DAY-CD

Related Provider Number 10 686 695 CHAR  
 Description: Related provider number  
 SAS Name: RELATED\_PROVIDER\_NUMBER  
 COBOL Name: RELATED-PROVIDER-NUMBER

Services: OT Code 1 775 775 CHAR  
 Description: Indicates how occupational therapy services are provided.  
 SAS Name: OT\_SRVC\_CD  
 COBOL Name: OT-SRVC-CD  
 VALUES: 0=Not Provided  
 1=Provided

Services: PT Code 1 813 813 CHAR  
 Description: Indicates how physical therapy services are provided.  
 SAS Name: PT\_SRVC\_CD  
 COBOL Name: PT-SRVC-CD  
 VALUES: 0=Not Provided  
 1=Provided

Services: Speech Pathology Code 1 833 833 CHAR  
 Description: Indicates how speech pathology services are provided.  
 SAS Name: SPCH\_PTHLGY\_SRVC\_CD  
 COBOL Name: SPCH-PTHLGY-SRVC-CD  
 VALUES: 0=Not Provided  
 1=Provided

Staff Count: OT - Total 8 1310 1317 NUMBER  
 Description: Total number of full-time equivalent occupational therapists employed by a provider.  
 SAS Name: OCPTNL\_THRPST\_CNT  
 COBOL Name: OCPTNL-THRPST-CNT

SHORT DESCRIPTION LEN START END TYPE

Staff Count: OT - Arrangement 8 1318 1325 NUMBER  
 Description: Number of full-time equivalent occupational therapists under arrangement to the provider

SAS Name: OCPTNL\_THRPST\_CNTRCT\_CNT  
COBOL Name: OCPTNL-THRPST-CNTRCT-CNT

Staff Count: OT - Full-Time 8 1326 1333 NUMBER  
Description: Number of full-time equivalent occupational therapists  
employed full-time by a facility.  
SAS Name: OCPTNL\_THRPST\_FLTM\_CNT  
COBOL Name: OCPTNL-THRPST-FLTM-CNT

Staff Count: PT 8 1630 1637 NUMBER  
Description: Number of full-time equivalent physical therapists  
employed by a provider.  
SAS Name: PHYS\_THRPST\_STF\_CNT  
COBOL Name: PHYS-THRPST-STF-CNT

Staff Count: PT 8 1638 1645 NUMBER  
Description: Number of full-time equivalent physical therapists  
employed by a provider.  
SAS Name: PHYS\_THRPST\_CNT  
COBOL Name: PHYS-THRPST-CNT

Staff Count: PT - Arrangement 8 1646 1653 NUMBER  
Description: Total number of full-time equivalent physical therapists  
at the outpatient physical therapy facility.  
SAS Name: PHYS\_THRPST\_ARNGMT\_CNT  
COBOL Name: PHYS-THRPST-ARNGMT-CNT

Staff Count: Speech Pathologist - Arrangement 8 1846 1853 NUMBER  
Description: Number of full-time equivalent speech pathologists under  
arrangement to the outpatient physical therapy facility.  
SAS Name: SPCH\_PTHLGST\_ARNGMT\_CNT  
COBOL Name: SPCH-PTHLGST-ARNGMT-CNT

Staff Count: Speech Pathologist - Full-Time 8 1862 1869 NUMBER  
Description: Number of full-time equivalent speech pathologists  
employed full-time by a facility.  
SAS Name: SPCH\_PTHLGST\_FLTM\_CNT  
COBOL Name: SPCH-PTHLGST-FLTM-CNT

Staff Count: Speech Pathologist - Total 8 1878 1885 NUMBER  
Description: Total number of full-time equivalent speech pathologists  
at the outpatient physical therapy facility.  
SAS Name: SPCH\_PTHLGST\_CNT  
COBOL Name: SPCH-PTHLGST-CNT



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POS RECORD LAYOUT

PAGE: 1

End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
Provider Category Subtype Code	2	1	2	VARCHAR2
Description: Identifies the subtype of the provider, within the primary category. Used in reporting to show the breakdown of provider categories, mainly for hospitals and SNFs.				
SAS Name: PRVDR_CTGRY_SBTYP_CD				
COBOL Name: PRVDR-CTGRY-SBTYP-CD				
VALUES: 01=End Stage Renal Disease				
Provider Category Code	2	3	4	VARCHAR2
Description: Identifies the type of provider participating in the Medicare/Medicaid program.				
SAS Name: PRVDR_CTGRY_CD				
COBOL Name: PRVDR-CTGRY-CD				
VALUES: 09=End Stage Renal Disease Facility				
CHOW Count	2	5	6	NUMBER
Description: Number of times this provider has undergone a change of ownership.				
SAS Name: CHOW_CNT				
COBOL Name: CHOW-CNT				
CHOW Date	8	7	14	DATE
Description: Effective date of the most recent change of ownership for this provider.				
SAS Name: CHOW_DT				
COBOL Name: CHOW-DT				
Address: City	28	15	42	VARCHAR2
Description: City in which the provider is physically located.				
SAS Name: CITY_NAME				
COBOL Name: CITY-NAME				

Compliance: Acceptable POC 1 43 43 VARCHAR2  
 Description: Indicates if a provider is in compliance with program requirements based on an acceptable plan for correction of deficiencies.  
 SAS Name: ACPTBL\_POC\_SW  
 COBOL Name: ACPTBL-POC-SW

Compliance: Status 1 44 44 VARCHAR2  
 Description: Compliance status of a provider at the time of certification survey.  
 SAS Name: CMPLNC\_STUS\_CD  
 COBOL Name: CMPLNC-STUS-CD  
 VALUES: A=IN COMPLIANCE  
 B=NOT IN COMPLIANCE

SSA County Code 3 45 47 VARCHAR2  
 Description: Social Security Administration geographic code indicating the county where the provider is located.  
 SAS Name: SSA\_CNTY\_CD  
 COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR  
 Description: Cross reference provider number  
 SAS Name: CROSS\_REF\_PROVIDER\_NUMBER  
 COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date 8 58 65 DATE  
 Description: Equal to the exit date of the initial visit of the Health survey for certifications completed after July 28, 2012. For certifications prior to that date, the certification

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 End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE  
 date is equal to the exit date of the initial visit of the Health survey or LSC survey, whichever is later.  
 SAS Name: CRTFCTN\_DT  
 COBOL Name: CRTFCTN-DT

Eligibility Indicator 1 66 66 VARCHAR2  
 Description: Indicates if a facility is eligible to participate in the Medicare and/or Medicaid programs.  
 SAS Name: ELGLTY\_SW  
 COBOL Name: ELGLTY-SW

Facility Name 50 67 116 VARCHAR2

Description: Name of the provider certified to participate in the Medicare and/or Medicaid programs.

SAS Name: FAC\_NAME

COBOL Name: FAC-NAME

Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code 5 117 121 VARCHAR2

Description: Number assigned to the Medicare Administrative Contractor, intermediary or carrier servicing this provider.

SAS Name: INTRMDRY\_CARR\_CD

COBOL Name: INTRMDRY-CARR-CD

VALUES: 00000=DUMMY FOR MEDICAID HHA  
00010=BLUE CROSS (ALABAMA)  
00011=CAHABA  
00020=BLUE CROSS (ARKANSAS)  
00040=BLUE CROSS (CALIFORNIA)  
00060=BLUE CROSS (CONNECTICUT)  
00070=BLUE CROSS (DELAWARE)  
00090=BLUE CROSS (FLORIDA)  
00101=BLUE CROSS (GEORGIA)  
00121=HEALTH CARE SERVICE CORPORATION  
00122=HCSC - MICHIGAN  
00123=HCSC OF MICHIGAN  
00130=NATIONAL GOVERNMENT SERVICES  
00131=NATIONAL GOVERNMENT SERVICES  
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)  
00150=BLUE CROSS (KANSAS)  
00160=NATIONAL GOVERNMENT SERVICES  
00180=NATIONAL GOVERNMENT SERVICES  
00181=NATIONAL GOVERNMENT SERVICES  
00190=BLUE CROSS (MARYLAND)  
00200=BLUE CROSS (MASSACHUSETTS)  
00210=BLUE CROSS (MICHIGAN)  
00220=BLUE CROSS (MINNESOTA)  
00230=BLUE CROSS (MISSISSIPPI)  
00231=BLUE CROSS (LOUISIANA)  
00233=PINNACLE  
00241=BLUE CROSS (MISSOURI)  
00260=BLUE CROSS (NEBRASKA)  
00270=NATIONAL GOVERNMENT SERVICES  
00280=BLUE CROSS (NEW JERSEY)  
00290=BLUE CROSS (NEW MEXICO)  
00308=NATIONAL GOVERNMENT SERVICES  
00310=BLUE CROSS (NORTH CAROLINA)  
00320=NORIDIAN PART A  
00322=NORIDIAN PART A (AK/WA)  
00323=NORIDIAN PART A (ID/OR)  
00325=NORIDIAN  
00332=NATIONAL GOVERNMENT SERVICES

00340=BLUE CROSS (OKLAHOMA)  
00350=BLUE CROSS (OREGON)

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End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION                                              LEN    START    END        TYPE

00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)  
00362=BLUE CROSS (INDEPENDENCE)  
00363=BLUE CROSS (WESTERN PENNSYLVANIA)  
00366=HIGHMARK MEDICARE SERVICES  
00370=BLUE CROSS (RHODE ISLAND)  
00380=BLUE CROSS (SOUTH CAROLINA)  
00390=BLUE CROSS (TENNESSEE)  
00400=BLUE CROSS (TEXAS)  
00410=BLUE CROSS (UTAH)  
00423=BLUE CROSS (VIRGINIA/WEST VA)  
00430=BLUE CROSS (WASHINGTON & ALASKA)  
00450=NATIONAL GOVERNMENT SERVICES  
00452=NATIONAL GOVERNMENT SERVICES  
00453=NATIONAL GOVERNMENT SERVICES  
00454=NATIONAL GOVERNMENT SERVICES  
00456=NATIONAL GOVERNMENT SERVICES  
00468=BLUE CROSS (NORTH CAROLINA FOR PR)  
00510=BLUE SHIELD (ALABAMA)  
00511=CAHABA  
00512=CAHABA  
00520=BLUE SHIELD (ARKANSAS)  
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)  
00542=BLUE SHIELD (CALIFORNIA)  
00550=BLUE SHIELD (COLORADO)  
00570=BLUE SHIELD (DELAWARE)  
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)  
00590=BLUE SHIELD (FLORIDA)  
00621=BLUE SHIELD (ILLINOIS)  
00630=NATIONAL GOVERNMENT SERVICES  
00640=BLUE SHIELD (IOWA)  
00650=BLUE SHIELD (KANSAS)  
00655=BLUE SHIELD (KANSAS/NEBRASKA)  
00660=NATIONAL GOVERNMENT SERVICES  
00690=BLUE SHIELD (MARYLAND)  
00700=BLUE SHIELD (MASSACHUSETTS)  
00710=BLUE SHIELD (MICHIGAN)  
00720=BLUE SHIELD (MINNESOTA)  
00740=BLUE SHIELD (KANSAS CITY)  
00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)  
00780=BLUE SHIELD (TRI-STATE)  
00801=BLUE SHIELD (BUFFALO)

00803=NATIONAL GOVERNMENT SERVICES  
 00805=NATIONAL GOVERNMENT SERVICES  
 00821=NORIDIAN  
 00824=NORIDIAN GVT SERVICES (CO)  
 00826=NORIDIAN GVT SERVICES (IA)  
 00831=NORIDIAN GVT SERVICES (AK)  
 00832=NORIDIAN GVT SERVICES (AZ)  
 00833=NORIDIAN GVT SERVICES (HI)  
 00834=NORIDIAN GVT SERVICES (NV)  
 00835=NORIDIAN GVT SERVICES (OR)  
 00836=NORIDIAN GVT SERVICES (WA)  
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)  
 00865=BLUE SHIELD (PENNSYLVANIA)  
 00870=BLUE SHIELD (RHODE ISLAND)  
 00880=BLUE SHIELD (SOUTH CAROLINA)  
 00883=PALMETTO GBA PART B  
 00884=PALMETTO GBA  
 00889=NORIDIAN GVT SERVICES (SD)  
 00900=BLUE SHIELD (TEXAS)  
 00901=TRAILBLAZERS HEALTH ENTERPRISES  
 00904=TRAILBLAZER  
 00910=BLUE SHIELD (UTAH)  
 00930=BLUE SHIELD (WASHINGTON)

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POS RECORD LAYOUT

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End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH))				
01111=Noridian (CA)				
01112=Noridian (NF)				
01120=AETNA (HAWAII)				
01182=Noridian (SF)				
01192=PALMETTO (CALIFORNIA SOUTH)				
01201=PALMETTO (HAWAII)				
01202=PALMETTO (HAWAII)				
01211=Noridian (AS, GU, HI)				

01212=Noridian (AS, GU, HI)  
 01290=AETNA (NEVADA)  
 01301=PALMETTO (NEVADA)  
 01302=PALMETTO (NEVADA)  
 01311=Noridian (NV)  
 01312=Noridian (NV)  
 01360=AETNA (NEW MEXICO)  
 01370=AETNA (OKLAHOMA)  
 01380=AETNA (OREGON)  
 01390=AETNA (WASHINGTON)  
 01901=PALMETTO GBA  
 01902=PALMETTO GBA  
 01911=Noridian (AS, GU, HI, NV)  
 02050=OCCIDENTAL (CALIFORNIA)  
 02101=Noridian AK  
 02102=Noridian AK  
 02201=Noridian ID  
 02202=Noridian ID  
 02301=Noridian OR  
 02302=Noridian OR  
 02401=Noridian WA  
 02402=Noridian WA  
 03001=NORIDIAN ADMIN SERVICES  
 03101=NORIDAN (ARIZONA)  
 03102=NORIDAN (ARIZONA)  
 03201=NORIDAN (MONTANA)  
 03202=NORIDAN (MONTANA)  
 03301=NORDIAN (NORTH DAKOTA)  
 03302=NORDIAN (NORTH DAKOTA)  
 03401=NORIDIAN (SOUTH DAKOTA)  
 03402=NORIDIAN (SOUTH DAKOTA)  
 03501=NORIDIAN (UTAH)  
 03502=NORIDIAN (UTAH)  
 03601=NORIDIAN (WYOMING)  
 03602=NORIDIAN (WYOMING)  
 04001=TRAILBLAZER  
 04101=TRAILBLAZER (COLORADO)  
 04102=TRAILBLAZER (COLORADO)  
 04111=NOVITAS (COLORADO)  
 04112=NOVITAS (COLORADO)  
 04201=TRAILBLAZER (NEW MEXICO)  
 04202=TRAILBLAZER (NEW MEXICO)  
 04211=NOVITAS (NEW MEXICO)  
 04212=NOVITAS (NEW MEXICO)

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POS RECORD LAYOUT

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End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

04301=TRAILBLAZER (OKLAHOMA)  
04302=TRAILBLAZER (OKLAHOMA)  
04311=NOVITAS (OKLAHOMA)  
04312=NOVITAS (OKLAHOMA)  
04401=TRAILBLAZER (TEXAS)  
04402=TRAILBLAZER (TEXAS)  
04411=NOVITAS (TEXAS)  
04412=NOVITAS (TEXAS)  
04901=MUTUAL LEGACY  
04911=NOVITAS  
05101=WPS (IOWA)  
05102=WPS (IOWA)  
05130=EQICOR (IDAHO)  
05201=WPS (KANSAS)  
05202=WPS (KANSAS)  
05301=WPS (MISSOURI)  
05302=WPS (MISSOURI WEST)  
05392=WPS (MISSOURI EAST)  
05401=WPS (NEBRASKA)  
05402=WPS (NEBRASKA)  
05440=EQICOR (TENNESSEE)  
05535=EQICOR (NORTH CAROLINA)  
05901=WISCONSIN PHYSICIANS SERVICE  
06001=NGS (WI)  
06004=National Govt Serv HHH  
06014=NATIONAL GOVERNMENT SERVICES  
06101=NGS (IL)  
06102=NGS (IL)  
06201=NGS (MN)  
06202=NGS (MN)  
06301=NGS (WI)  
06302=NGS (WI)  
07101=Novitas AR  
07102=Novitas AR  
07201=Novitas LA  
07202=Novitas LA  
07301=Novitas MS  
07302=Novitas MS  
08101=WPS IN  
08102=WPS IN  
08201=WPS MI  
08202=WPS MI  
09101=FIRST COAST (FLORIDA)  
09102=FIRST COAST (FLORIDA)  
09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)  
09202=FIRST COAST (PUERTO RICO)  
09302=FIRST COAST (VIRGIN ISLANDS)  
10071=TRAVELERS (RRB)  
10101=CAHABA GBA (AL)

10102=CAHABA GBA (AL)  
 10111=PALMETTO GBA (Part A) (AL)  
 10112=PALMETTO GBA (AL)  
 10201=CAHABA GBA (GA)  
 10202=CAHABA GBA (GA)  
 10211=PALMETTO GBA (GA)  
 10212=PALMETTO GBA (GA)  
 10230=TRAVELERS (CONNECTICUT)  
 10240=TRAVELERS (MINNESOTA)  
 10250=TRAVELERS (MISSISSIPPI)  
 10301=CAHABA GBA (TN)  
 10302=CAHABA GBA (TN)  
 10311=PALMETTO GBA (TN)  
 10312=PALMETTO GBA (TN)  
 10490=TRAVELERS (VIRGINIA)

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 6  
 End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				
12102=Novitas DE				
12201=Novitas DC				
12202=Novitas DC				
12301=Novitas MD				
12302=Novitas MD				
12401=Novitas NJ				
12402=Novitas NJ				
12501=Novitas PA				
12502=Novitas PA				
12901=Novitas Solutions DC, DE, MD, PA				
12902=HIGHMARK				
13101=NATIONAL GOVT SERVICES (CONNECTICUT)				
13102=NATIONAL GOVT SERVICES (CONNECTICUT)				
13201=NATIONAL GOVT SERVICES (NEW YORK)				
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)				
13282=NGS (UN)				



13292=NGS (QN)  
 14004=NATIONAL HERITAGE (HHA - A)  
 14014=NGS (HHA)  
 14101=NATIONAL HERITAGE (MAINE)  
 14102=NATIONAL HERITAGE (MAINE)  
 14111=NGS (ME)  
 14112=NGS (ME)  
 14201=NATIONAL HERITAGE (MASSACHUSETTS)  
 14202=NATIONAL HERITAGE (MASSACHUSETTS)  
 14211=NGS (MA)  
 14212=NGS (MA)  
 14301=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14311=NGS (NH)  
 14312=NGS (NH)  
 14330=GROUP HEALTH INC (NEW YORK)  
 14401=NATIONAL HERITAGE (RHODE ISLAND)  
 14402=NATIONAL HERITAGE (RHODE ISLAND)  
 14411=NGS (RI)  
 14412=NGS (RI)  
 14501=NATIONAL HERITAGE (VERMONT)  
 14502=NATIONAL HERITAGE (VERMONT)  
 14511=NGS (VT)  
 14512=NGS (VT)  
 15004=CGS Administrators HHH  
 15101=CGS (KENTUCKY)  
 15102=CGS (KENTUCKY)  
 15201=CGS (OHIO)  
 15202=CGS (OHIO)  
 16360=NATIONWIDE (OHIO)  
 16510=NATIONWIDE (WEST VIRGINIA)  
 17120=HAWAII MEDICAL SERVICE ASSOCIATION  
 21200=MASSACHUSETTS/MAINE  
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)  
 31143=NATIONAL HERITAGE INSURANCE CO  
 31144=NATIONAL HERITAGE INSURANCE CO

DATE: 10/03/2022

POS RECORD LAYOUT

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End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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50333=TRAVELERS (NEW YORK)				
51051=AETNA (PETALUMA)				
51070=AETNA (FARMINGTON)				
51100=AETNA (CLEARWATER)				
51140=AETNA (PEORIA)				
51390=AETNA (FORT WASHINGTON)				
52280=WISCONSIN PHYSICIANS SERVICE				

57400=COOPERATIVA (PUERTO RICO)

Medicaid Vendor Number 15 122 136 VARCHAR2

Description: Number which may be assigned to a provider by the state Medicaid agency for external control or billing purposes.

SAS Name: MDCD\_VNDR\_NUM

COBOL Name: MDCD-VNDR-NUM

Original Participation Date 8 137 144 DATE

Description: Date a provider is first approved to provide Medicare and/or Medicaid services.

SAS Name: ORGNL\_PRTCPTN\_DT

COBOL Name: ORGNL-PRTCPTN-DT

Prior CHOW Date 8 145 152 DATE

Description: Effective date of the previous change of ownership for this provider.

SAS Name: CHOW\_PRIOR\_DT

COBOL Name: CHOW-PRIOR-DT

Prior Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code 5 153 157 VARCHAR2

Description: Number assigned to the previous Medicare Administrative Contractor, intermediary or carrier servicing this provider.

SAS Name: INTRMDRY\_CARR\_PRIOR\_CD

COBOL Name: INTRMDRY-CARR-PRIOR-CD

VALUES: 00000=DUMMY FOR MEDICAID HHA  
00010=BLUE CROSS (ALABAMA)  
00011=CAHABA  
00020=BLUE CROSS (ARKANSAS)  
00040=BLUE CROSS (CALIFORNIA)  
00060=BLUE CROSS (CONNECTICUT)  
00070=BLUE CROSS (DELAWARE)  
00090=BLUE CROSS (FLORIDA)  
00101=BLUE CROSS (GEORGIA)  
00121=HEALTH CARE SERVICE CORPORATION  
00122=HCSC - MICHIGAN  
00123=HCSC OF MICHIGAN  
00130=NATIONAL GOVERNMENT SERVICES  
00131=NATIONAL GOVERNMENT SERVICES  
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)  
00150=BLUE CROSS (KANSAS)  
00160=NATIONAL GOVERNMENT SERVICES  
00180=NATIONAL GOVERNMENT SERVICES  
00181=NATIONAL GOVERNMENT SERVICES  
00190=BLUE CROSS (MARYLAND)  
00200=BLUE CROSS (MASSACHUSETTS)  
00210=BLUE CROSS (MICHIGAN)  
00220=BLUE CROSS (MINNESOTA)

00230=BLUE CROSS (MISSISSIPPI)  
 00231=BLUE CROSS (LOUISIANA)  
 00233=PINNACLE  
 00241=BLUE CROSS (MISSOURI)  
 00260=BLUE CROSS (NEBRASKA)  
 00270=NATIONAL GOVERNMENT SERVICES  
 00280=BLUE CROSS (NEW JERSEY)

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 8

End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
00290=BLUE CROSS (NEW MEXICO)				
00308=NATIONAL GOVERNMENT SERVICES				
00310=BLUE CROSS (NORTH CAROLINA)				
00320=NORIDIAN PART A				
00322=NORIDIAN PART A (AK/WA)				
00323=NORIDIAN PART A (ID/OR)				
00325=NORIDIAN				
00332=NATIONAL GOVERNMENT SERVICES				
00340=BLUE CROSS (OKLAHOMA)				
00350=BLUE CROSS (OREGON)				
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				
00468=BLUE CROSS (NORTH CAROLINA FOR PR)				
00510=BLUE SHIELD (ALABAMA)				
00511=CAHABA				
00512=CAHABA				
00520=BLUE SHIELD (ARKANSAS)				
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)				
00542=BLUE SHIELD (CALIFORNIA)				
00550=BLUE SHIELD (COLORADO)				
00570=BLUE SHIELD (DELAWARE)				
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)				

00590=BLUE SHIELD (FLORIDA)  
 00621=BLUE SHIELD (ILLINOIS)  
 00630=NATIONAL GOVERNMENT SERVICES  
 00640=BLUE SHIELD (IOWA)  
 00650=BLUE SHIELD (KANSAS)  
 00655=BLUE SHIELD (KANSAS/NEBRASKA)  
 00660=NATIONAL GOVERNMENT SERVICES  
 00690=BLUE SHIELD (MARYLAND)  
 00700=BLUE SHIELD (MASSACHUSETTS)  
 00710=BLUE SHIELD (MICHIGAN)  
 00720=BLUE SHIELD (MINNESOTA)  
 00740=BLUE SHIELD (KANSAS CITY)  
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)  
 00780=BLUE SHIELD (TRI-STATE)  
 00801=BLUE SHIELD (BUFFALO)  
 00803=NATIONAL GOVERNMENT SERVICES  
 00805=NATIONAL GOVERNMENT SERVICES  
 00821=NORIDIAN  
 00824=NORIDIAN GVT SERVICES (CO)  
 00826=NORIDIAN GVT SERVICES (IA)  
 00831=NORIDIAN GVT SERVICES (AK)  
 00832=NORIDIAN GVT SERVICES (AZ)  
 00833=NORIDIAN GVT SERVICES (HI)  
 00834=NORIDIAN GVT SERVICES (NV)  
 00835=NORIDIAN GVT SERVICES (OR)  
 00836=NORIDIAN GVT SERVICES (WA)  
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)  
 00865=BLUE SHIELD (PENNSYLVANIA)

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POS RECORD LAYOUT

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End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00870=BLUE SHIELD (RHODE ISLAND)				
00880=BLUE SHIELD (SOUTH CAROLINA)				
00883=PALMETTO GBA PART B				
00884=PALMETTO GBA				
00889=NORIDIAN GVT SERVICES (SD)				
00900=BLUE SHIELD (TEXAS)				
00901=TRAILBLAZERS HEALTH ENTERPRISES				
00904=TRAILBLAZER				
00910=BLUE SHIELD (UTAH)				
00930=BLUE SHIELD (WASHINGTON)				
00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				

00974=BLUE SHIELD (VIRGIN ISLANDS)  
01010=AETNA (PEORIA)  
01020=AETNA (ALASKA)  
01030=AETNA (ARIZONA)  
01040=AETNA (GEORGIA)  
01101=PALMETTO (CALIFORNIA)  
01102=PALMETTO (CALIFORNIA (NORTH))  
01111=Noridian (CA)  
01112=Noridian (NF)  
01120=AETNA (HAWAII)  
01182=Noridian (SF)  
01192=PALMETTO (CALIFORNIA SOUTH)  
01201=PALMETTO (HAWAII)  
01202=PALMETTO (HAWAII)  
01211=Noridian (AS, GU, HI)  
01212=Noridian (AS, GU, HI)  
01290=AETNA (NEVADA)  
01301=PALMETTO (NEVADA)  
01302=PALMETTO (NEVADA)  
01311=Noridian (NV)  
01312=Noridian (NV)  
01360=AETNA (NEW MEXICO)  
01370=AETNA (OKLAHOMA)  
01380=AETNA (OREGON)  
01390=AETNA (WASHINGTON)  
01901=PALMETTO GBA  
01902=PALMETTO GBA  
01911=Noridian (AS, GU, HI, NV)  
02050=OCCIDENTAL (CALIFORNIA)  
02101=Noridian AK  
02102=Noridian AK  
02201=Noridian ID  
02202=Noridian ID  
02301=Noridian OR  
02302=Noridian OR  
02401=Noridian WA  
02402=Noridian WA  
03001=NORIDIAN ADMIN SERVICES  
03101=NORIDIAN (ARIZONA)  
03102=NORIDIAN (ARIZONA)  
03201=NORIDIAN (MONTANA)  
03202=NORIDIAN (MONTANA)  
03301=NORIDIAN (NORTH DAKOTA)  
03302=NORIDIAN (NORTH DAKOTA)  
03401=NORIDIAN (SOUTH DAKOTA)  
03402=NORIDIAN (SOUTH DAKOTA)  
03501=NORIDIAN (UTAH)  
03502=NORIDIAN (UTAH)  
03601=NORIDIAN (WYOMING)

End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
03602=NORIDIAN (WYOMING)				
04001=TRAILBLAZER				
04101=TRAILBLAZER (COLORADO)				
04102=TRAILBLAZER (COLORADO)				
04111=NOVITAS (COLORADO)				
04112=NOVITAS (COLORADO)				
04201=TRAILBLAZER (NEW MEXICO)				
04202=TRAILBLAZER (NEW MEXICO)				
04211=NOVITAS (NEW MEXICO)				
04212=NOVITAS (NEW MEXICO)				
04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				
05402=WPS (NEBRASKA)				
05440=EQICOR (TENNESSEE)				
05535=EQICOR (NORTH CAROLINA)				
05901=WISCONSIN PHYSICIANS SERVICE				
06001=NGS (WI)				
06004=National Govt Serv HHH				
06014=NATIONAL GOVERNMENT ERVICES				
06101=NGS (IL)				
06102=NGS (IL)				
06201=NGS (MN)				
06202=NGS (MN)				
06301=NGS (WI)				
06302=NGS (WI)				
07101=Novitas AR				
07102=Novitas AR				

07201=Novitas LA  
 07202=Novitas LA  
 07301=Novitas MS  
 07302=Novitas MS  
 08101=WPS IN  
 08102=WPS IN  
 08201=WPS MI  
 08202=WPS MI  
 09101=FIRST COAST (FLORIDA)  
 09102=FIRST COAST (FLORIDA)  
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)  
 09202=FIRST COAST (PUERTO RICO)  
 09302=FIRST COAST (VIRGIN ISLANDS)  
 10071=TRAVELERS (RRB)  
 10101=CAHABA GBA (AL)  
 10102=CAHABA GBA (AL)  
 10111=PALMETTO GBA (Part A) (AL)  
 10112=PALMETTO GBA (AL)  
 10201=CAHABA GBA (GA)  
 10202=CAHABA GBA (GA)

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POS RECORD LAYOUT

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End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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10211=PALMETTO GBA (GA)				
10212=PALMETTO GBA (GA)				
10230=TRAVELERS (CONNECTICUT)				
10240=TRAVELERS (MINNESOTA)				
10250=TRAVELERS (MISSISSIPPI)				
10301=CAHABA GBA (TN)				
10302=CAHABA GBA (TN)				
10311=PALMETTO GBA (TN)				
10312=PALMETTO GBA (TN)				
10490=TRAVELERS (VIRGINIA)				
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				
12102=Novitas DE				

12201=Novitas DC  
 12202=Novitas DC  
 12301=Novitas MD  
 12302=Novitas MD  
 12401=Novitas NJ  
 12402=Novitas NJ  
 12501=Novitas PA  
 12502=Novitas PA  
 12901=Novitas Solutions DC, DE, MD, PA  
 12902=HIGHMARK  
 13101=NATIONAL GOVT SERVICES (CONNECTICUT)  
 13102=NATIONAL GOVT SERVICES (CONNECTICUT)  
 13201=NATIONAL GOVT SERVICES (NEW YORK)  
 13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)  
 13282=NGS (UN)  
 13292=NGS (QN)  
 14004=NATIONAL HERITAGE (HHA - A)  
 14014=NGS (HHA)  
 14101=NATIONAL HERITAGE (MAINE)  
 14102=NATIONAL HERITAGE (MAINE)  
 14111=NGS (ME)  
 14112=NGS (ME)  
 14201=NATIONAL HERITAGE (MASSACHUSETTS)  
 14202=NATIONAL HERITAGE (MASSACHUSETTS)  
 14211=NGS (MA)  
 14212=NGS (MA)  
 14301=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14311=NGS (NH)  
 14312=NGS (NH)  
 14330=GROUP HEALTH INC (NEW YORK)  
 14401=NATIONAL HERITAGE (RHODE ISLAND)  
 14402=NATIONAL HERITAGE (RHODE ISLAND)  
 14411=NGS (RI)  
 14412=NGS (RI)  
 14501=NATIONAL HERITAGE (VERMONT)  
 14502=NATIONAL HERITAGE (VERMONT)  
 14511=NGS (VT)  
 14512=NGS (VT)  
 15004=CGS Administrators HHH  
 15101=CGS (KENTUCKY)

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 12

End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

15102=CGS (KENTUCKY)

15201=CGS (OHIO)



15202=CGS (OHIO)  
 16360=NATIONWIDE (OHIO)  
 16510=NATIONWIDE (WEST VIRGINIA)  
 17120=HAWAII MEDICAL SERVICE ASSOCIATION  
 21200=MASSACHUSETTS/MAINE  
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)  
 31143=NATIONAL HERITAGE INSURANCE CO  
 31144=NATIONAL HERITAGE INSURANCE CO  
 50333=TRAVELERS (NEW YORK)  
 51051=AETNA (PETALUMA)  
 51070=AETNA (FARMINGTON)  
 51100=AETNA (CLEARWATER)  
 51140=AETNA (PEORIA)  
 51390=AETNA (FORT WASHINGTON)  
 52280=WISCONSIN PHYSICIANS SERVICE  
 57400=COOPERATIVA (PUERTO RICO)

CCN 10 158 167 VARCHAR2  
 Description: Six or ten position identification number that is assigned to a certified provider. This is the CMS Certification Number.  
 SAS Name: PRVDR\_NUM  
 COBOL Name: PRVDR-NUM

Region Code 2 168 169 VARCHAR2  
 Description: Indicates the CMS Regional Office responsible for the certification of the provider.  
 SAS Name: RGN\_CD  
 COBOL Name: RGN-CD  
 VALUES: 01=Boston  
 02=New York  
 03=Philadelphia  
 04=Atlanta  
 05=Chicago  
 06=Dallas  
 07=Kansas City  
 08=Denver  
 09=San Francisco  
 10=Seattle

Skeleton Record Indicator 1 170 170 VARCHAR2  
 Description: Indicates if the record is a skeleton record. Only a limited set of data is available for this provider; no survey data exists. Only provider categories 01,17,19,21and 22 can have skeleton providers.  
 SAS Name: SKLTN\_REC\_SW  
 COBOL Name: SKLTN-REC-SW

State Abbreviation 2 171 172 VARCHAR2  
 Description: Two-character state abbreviation.

SAS Name: STATE\_CD  
COBOL Name: STATE-CD  
VALUES: AK=ALASKA  
AL=ALABAMA  
AR=ARKANSAS  
AS=AMERICAN SAMOA  
AZ=ARIZONA  
CA=CALIFORNIA  
CN=CANADA  
CO=COLORADO  
CT=CONNECTICUT  
DC=DISTRICT OF COLUMBIA

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 13  
End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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DE=DELAWARE				
FL=FLORIDA				
FN=INTERNATIONAL				
GA=GEORGIA				
GU=GUAM				
HI=HAWAII				
IA=IOWA				
ID=IDAHO				
IL=ILLINOIS				
IN=INDIANA				
KS=KANSAS				
KY=KENTUCKY				
LA=LOUISIANA				
MA=MASSACHUSETTS				
MD=MARYLAND				
ME=MAINE				
MI=MICHIGAN				
MN=MINNESOTA				
MO=MISSOURI				
MP=SAIPAN				
MS=MISSISSIPPI				
MT=MONTANA				
MX=MEXICO				
NC=NORTH CAROLINA				
ND=NORTH DAKOTA				
NE=NEBRASKA				
NH=NEW HAMPSHIRE				
NJ=NEW JERSEY				
NM=NEW MEXICO				
NV=NEVADA				
NY=NEW YORK				

OH=OHIO  
 OK=OKLAHOMA  
 OR=OREGON  
 PA=PENNSYLVANIA  
 PR=PUERTO RICO  
 RI=RHODE ISLAND  
 SC=SOUTH CAROLINA  
 SD=SOUTH DAKOTA  
 TN=TENNESSEE  
 TX=TEXAS  
 UT=UTAH  
 VA=VIRGINIA  
 VI=VIRGIN ISLANDS  
 VT=VERMONT  
 WA=WASHINGTON  
 WI=WISCONSIN  
 WV=WEST VIRGINIA  
 WY=WYOMING

SSA State Code 2 173 174 VARCHAR2

Description: Social Security Administration geographic code indicating the state where the provider is located.

SAS Name: SSA\_STATE\_CD

COBOL Name: SSA-STATE-CD

VALUES: 01=ALABAMA  
 02=ALASKA  
 03=ARIZONA  
 04=ARKANSAS  
 05=CALIFORNIA  
 06=COLORADO  
 07=CONNECTICUT  
 08=DELAWARE  
 09=DISTRICT OF COLUMBIA

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POS RECORD LAYOUT

PAGE: 14

End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

10=FLORIDA  
 11=GEORGIA  
 12=HAWAII  
 13=IDAHO  
 14=ILLINOIS  
 15=INDIANA  
 16=IOWA  
 17=KANSAS  
 18=KENTUCKY  
 19=LOUISIANA

20=MAINE  
21=MARYLAND  
22=MASSACHUSETTS  
23=MICHIGAN  
24=MINNESOTA  
25=MISSISSIPPI  
26=MISSOURI  
27=MONTANA  
28=NEBRASKA  
29=NEVADA  
30=NEW HAMPSHIRE  
31=NEW JERSEY  
32=NEW MEXICO  
33=NEW YORK  
34=NORTH CAROLINA  
35=NORTH DAKOTA  
36=OHIO  
37=OKLAHOMA  
38=OREGON  
39=PENNSYLVANIA  
40=PUERTO RICO  
41=RHODE ISLAND  
42=SOUTH CAROLINA  
43=SOUTH DAKOTA  
44=TENNESSEE  
45=TEXAS  
46=UTAH  
47=VERMONT  
48=VIRGIN ISLANDS  
49=VIRGINIA  
50=WASHINGTON  
51=WEST VIRGINIA  
52=WISCONSIN  
53=WYOMING  
54=AFRICA  
56=CANADA  
57=WEST INDIES  
58=EUROPE  
59=MEXICO  
60=OCEANIA  
61=PHILIPPINES  
62=SOUTH AMERICA  
63=UNITED STATES POSSESSIONS  
64=AMERICAN SAMOA  
65=GUAM  
66=SAIPAN  
99=INTERNATIONAL

State Region Code

3 175 177 VARCHAR2

Description: Identifies the region within a state where the provider

is located.  
SAS Name: STATE\_RGN\_CD  
COBOL Name: STATE-RGN-CD  
VALUES: AK/001=ALASKA

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 15  
End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

AK/LAB=LABORATORIES  
AK/NPH=NON-PARTICIPATING HOSPITAL  
AL/001=ALABAMA  
AL/LAB=LABORATORIES  
AL/NPH=NON-PARTICIPATING HOSPITAL  
AR/001=ARKANSAS  
AR/LAB=LABORATORIES  
AR/NPH=NON-PARTICIPATING HOSPITAL  
AS/001=AMERICAN SAMOA  
AS/LAB=LABORATORY  
AS/NPH=NON-PARTICIPATING HOSPITAL  
AZ/AZ=PHOENIX  
AZ/LAB=ARIZONA LAB  
AZ/NPH=NON-PARTICIPATING HOSPITAL  
AZ/TUC=TUCSON  
CA/001=CALIFORNIA  
CA/BAK=BAKERSFIELD  
CA/BER=SAN BERNARDINO  
CA/EB=East Bay  
CA/FR=FRESNO  
CA/L1=L.A. WEST  
CA/L2=L.A. NORTH  
CA/L3=L.A. CENTRAL  
CA/L4=L.A. EAST  
CA/L5=SAN GABRIEL  
CA/LA1=LA Region 1  
CA/LA2=LA Region 2  
CA/LA3=LA Region 3  
CA/LA4=LA Acute/Ancillary  
CA/LA5=LA HHA/Hospice  
CA/LA6=LA ICF/DD/Clinics  
CA/LAB=LABORATORIES  
CA/M1=LAB. SOUTH  
CA/M2=LAB. NORTH  
CA/NPH=NON-PARTICIPATING HOSPITAL  
CA/ORG=ORANGE  
CA/RIV=RIVERSIDE  
CA/S1=SACRAMENTO  
CA/S3=CHICO

CA/SD=SAN DIEGO  
 CA/SF=SAN FRANCISCO  
 CA/SJ=SAN JOSE  
 CA/SR=SANTA ROSA  
 CA/STK=STOCKTON  
 CA/VEN=VENTURA  
 CN/001=CANADA  
 CN/LAB=LABORATORY  
 CN/NPH=NON-PARTICIPATING HOSPITAL  
 CO/001=COLORADO  
 CO/LAB=LABORATORIES  
 CO/NPH=NON-PARTICIPATING HOSPITAL  
 CT/001=CONNECTICUT  
 CT/LAB=LABORATORIES  
 CT/NPH=NON-PARTICIPATING HOSPITAL  
 DC/001=DISTRICT OF COLUMBIA  
 DC/LAB=LABORATORIES  
 DC/NPH=NON-PARTICIPATING HOSPITAL  
 DE/001=DELAWARE  
 DE/LAB=LABORATORIES  
 DE/NPH=NON-PARTICIPATING HOSPITAL  
 FL/001=FLORIDA  
 FL/FTM=FT. MYERS  
 FL/GAI=GAINESVILLE  
 FL/JAX=JACKSONVILLE

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POS RECORD LAYOUT

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End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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FL/LAB=LABORATORIES				
FL/LAN=LANTANA				
FL/LAU=LAUDERHILL				
FL/MIA=MIAMI				
FL/NPH=NON-PARTICIPATING HOSPITAL				
FL/ORL=ORLANDO				
FL/PEN=PENSACOLA				
FL/STP=ST. PETERSBURG				
FL/TAL=TALLAHASSEE				
FL/TAM=TAMPA				
FM/001=FEDERATED STATES OF MICRO				
FM/NPH=NON-PARTICIPATING HOSPITAL				
FN/001=INTERNATIONAL				
FN/LAB=LABORATORIES				
FN/NPH=NON-PARTICIPATING HOSPITAL				
GA/001=GEORGIA				
GA/GAA=GEORGIA ALL				
GA/GAC=GEORGIA CENTRAL				

GA/GAE=GEORGIA EASTERN  
GA/GAN=GEORGIA NORTH  
GA/GAS=GEORGIA SOUTH  
GA/GAW=GEORGIA WESTERN  
GA/LAB=LABORATORIES  
GA/NPH=NON-PARTICIPATING HOSPITAL  
GU/001=GUAM  
GU/LAB=LABORATORIES  
GU/NPH=NON-PARTICIPATING HOSPITAL  
HI/001=HAWAII  
HI/LAB=LABORATORIES  
HI/NPH=NON-PARTICIPATING HOSPITAL  
IA/001=IOWA  
IA/LAB=LABORATORIES  
IA/NPH=NON-PARTICIPATING HOSPITAL  
ID/001=IDAHO  
ID/LAB=LABORATORIES  
ID/NPH=NON-PARTICIPATING HOSPITAL  
IL/001=ILLINOIS  
IL/LAB=LABORATORIES  
IL/NPH=NON-PARTICIPATING HOSPITAL  
IN/001=INDIANA  
IN/LAB=LABORATORIES  
IN/NPH=NON-PARTICIPATING HOSPITAL  
KS/001=KANSAS  
KS/KCK=KANSAS CITY  
KS/KDH=KDHE  
KS/LAB=LABORATORIES  
KS/LAW=LAWRENCE  
KS/NC=NORTH CENTRAL KANSAS  
KS/NE=NORTH EAST KANSAS  
KS/NPH=NON-PARTICIPATING HOSPITAL  
KS/NW=NORTH WEST KANSAS  
KS/SC=SOUTH CENTRAL KANSAS  
KS/SE=SOUTH EAST KANSAS  
KS/SW=SOUTH WEST KANSAS  
KS/WST=WEST  
KY/2C1=HOPKINSVILLE  
KY/2C2=LOUISVILLE  
KY/2C3=LONDON  
KY/2C4=LEXINGTON  
KY/LAB=LABORATORIES  
KY/NPH=NON-PARTICIPATING HOSPITAL  
LA/001=LOUISIANA  
LA/LA1=NEW ORLEANS  
LA/LA2=MANDEVILLE

SHORT DESCRIPTION

LEN START END TYPE

LA/LA3=LAFAYETTE  
LA/LA4=MONROE  
LA/LA5=SHREVEPORT  
LA/LA6=ALEXANDRIA  
LA/LAB=LABORATORIES  
LA/LB1=CLIA NEW ORLEANS  
LA/LB5=CLIA SHREVEPORT  
LA/LB6=CLIA ALEXANDRIA  
LA/NPH=NON-PARTICIPATING HOSPITAL  
MA/001=MASSACHUSETTS  
MA/LAB=LABORATORIES  
MA/NPH=NON-PARTICIPATING HOSPITAL  
MD/001=MARYLAND  
MD/LAB=LABORATORIES  
MD/NPH=NON-PARTICIPATING HOSPITAL  
ME/001=MAINE  
ME/LAB=LABORATORIES  
ME/NPH=NON-PARTICIPATING HOSPITAL  
MH/001=MARSHALL ISLANDS  
MH/NPH=NON-PARTICIPATING HOSPITAL  
MI/001=MICHIGAN  
MI/LAB=LABORATORIES  
MI/NPH=NON-PARTICIPATING HOSPITAL  
MN/001=MINNESOTA  
MN/LAB=LABORATORIES  
MN/NPH=NON-PARTICIPATING HOSPITAL  
MO/001=MISSOURI  
MO/01=REGION01  
MO/02=REGION02  
MO/03=REGION 03  
MO/04=REGION 04  
MO/05=REGION 05  
MO/06=REGION 06  
MO/07=REGION 07  
MO/1NH=REGION 1 NH  
MO/2NH=REGION 2 NH  
MO/3NH=REGION 3 NH  
MO/4NH=REGION 4 NH  
MO/5NH=REGION 5 NH  
MO/6NH=REGION 6 NH  
MO/7NH=REGION 7 NH  
MO/LAB=LABORATORIES  
MO/MO=STATEWIDE  
MO/NPH=NON-PARTICIPATING HOSPITAL  
MP/001=NORTHERN MARIANA ISLANDS  
MP/LAB=LABORATORIES  
MP/NPH=NON-PARTICIPATING HOSPITAL



MS/001=MISSISSIPPI  
 MS/LAB=LABORATORIES  
 MS/NPH=NON-PARTICIPATING HOSPITAL  
 MT/001=MONTANA  
 MT/LAB=LABORATORIES  
 MT/NPH=NON-PARTICIPATING HOSPITAL  
 MX/001=MEXICO  
 MX/LAB=LABORATORY  
 MX/NPH=NON-PARTICIPATING HOSPITAL  
 NC/001=NORTH CAROLINA  
 NC/LAB=LABORATORIES  
 NC/NCC=NORTH CAROLINA CENTRAL  
 NC/NCE=NORTH CAROLINA EAST  
 NC/NCN=NORTH CAROLINA NORTH  
 NC/NCS=NORTH CAROLINA SOUTH  
 NC/NCW=NORTH CAROLINA WEST  
 NC/NPH=NON-PARTICIPATING HOSPITAL

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 End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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ND/001=NORTH DAKOTA  
 ND/LAB=LABORATORIES  
 ND/NPH=NON-PARTICIPATING HOSPITAL  
 NE/001=NEBRASKA  
 NE/1=NORTH CENTRAL  
 NE/2=CENTRAL  
 NE/3=NORTHEAST  
 NE/4=SOUTHEAST  
 NE/5=WESTERN  
 NE/LAB=LABORATORIES  
 NE/NPH=NON-PARTICIPATING HOSPITAL  
 NH/001=NEW HAMPSHIRE  
 NH/LAB=LABORATORIES  
 NH/NPH=NON-PARTICIPATING HOSPITAL  
 NJ/001=NEW JERSEY  
 NJ/LAB=LABORATORIES  
 NJ/NPH=NON-PARTICIPATING HOSPITAL  
 NM/001=NEW MEXICO  
 NM/LAB=LABORATORIES  
 NM/NPH=NON-PARTICIPATING HOSPITAL  
 NV/001=NEVADA  
 NV/CC=CARSON CITY  
 NV/LAB=LABORATORIES  
 NV/LV=LAS VEGAS  
 NV/NPH=NON-PARTICIPATING HOSPITAL  
 NY/001=BUFFALO

NY/002=ROCHESTER  
 NY/003=SYRACUSE  
 NY/004=ALBANY  
 NY/005=NEW ROCHELLE  
 NY/006=NEW YORK CITY  
 NY/007=SUFFOLK/NASSAU COUNTY  
 NY/LAB=LABORATORIES  
 NY/NPH=NON-PARTICIPATING HOSPITAL  
 OH/001=OHIO  
 OH/LAB=LABORATORIES  
 OH/NPH=NON-PARTICIPATING HOSPITAL  
 OK/001=OKLAHOMA  
 OK/LAB=LABORATORIES  
 OK/NPH=NON-PARTICIPATING HOSPITAL  
 OR/001=OFFICE #1  
 OR/002=OFFICE #2  
 OR/003=OFFICE #3  
 OR/LAB=LABORATORIES  
 OR/NPH=NON-PARTICIPATING HOSPITAL  
 PA/001=PENNSYLVANIA  
 PA/LAB=LABORATORIES  
 PA/NPH=NON-PARTICIPATING HOSPITAL  
 PR/001=PUERTO RICO  
 PR/LAB=LABORATORIES  
 PR/NPH=NON-PARTICIPATING HOSPITAL  
 PW/001=PALAU  
 PW/NPH=NON-PARTICIPATING HOSPITAL  
 RI/001=RHODE ISLAND  
 RI/LAB=LABORATORIES  
 RI/NPH=NON-PARTICIPATING HOSPITAL  
 SC/001=SOUTH CAROLINA  
 SC/LAB=LABORATORIES  
 SC/NPH=NON-PARTICIPATING HOSPITAL  
 SD/001=SOUTH DAKOTA  
 SD/LAB=LABORATORIES  
 SD/NPH=NON-PARTICIPATING HOSPITAL  
 TN/001=TENNESSEE  
 TN/LAB=LABORATORIES

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POS RECORD LAYOUT

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End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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TN/NPH=NON-PARTICIPATING HOSPITAL				
TN/TNC=TENNESSEE COOKEVILLE				
TN/TNE=TENNESSEE EASTERN				
TN/TNM=TENNESSEE MIDDLE				
TN/TNW=TENNESSEE WESTERN				

TX/001=TEXAS  
TX/L01=AMARILLO-LTC  
TX/L02=ABILENE-LTC  
TX/L03=ARLINGTON-LTC  
TX/L04=TYLER-LTC  
TX/L05=TEMPLE-LTC  
TX/L06=HOUSTON-LTC  
TX/L07=Austin-LTC  
TX/L08=San Antonio-LTC  
TX/L11=Corpus Christi-LTC  
TX/LAB=LABORATORIES  
TX/NPH=NON-PARTICIPATING HOSPITAL  
TX/TX1=NLTC REG 1, 7, 9, 10  
TX/TX2=NLTC REG 2, 3  
TX/TX4=NLTC REG 6  
TX/TX5=NLTC REG 4, 5  
TX/TX6=NLTC Statewide-Certified Only  
TX/TX8=NLTC REG 8, 11  
UT/001=UTAH  
UT/LAB=LABORATORIES  
UT/NPH=NON-PARTICIPATING HOSPITAL  
VA/001=VIRGINIA  
VA/LAB=LABORATORIES  
VA/NPH=NON-PARTICIPATING HOSPITAL  
VI/001=VIRGIN ISLANDS  
VI/LAB=LABORATORIES  
VI/NPH=NON-PARTICIPATING HOSPITAL  
VT/001=VERMONT  
VT/LAB=LABORATORIES  
VT/NPH=NON-PARTICIPATING HOSPITAL  
WA/001=ALL OTHERS (NON-LTC FAC)  
WA/D1=SPOKANE & YAKIMA AREAS  
WA/D1A=District 1, Unit A  
WA/D1B=District 1, Unit B  
WA/D1C=District 1, Unit C  
WA/D1D=District 1, Unit D  
WA/D1E=District 1, Unit E  
WA/D1F=District 1, Unit F  
WA/D2=SPOKANE & SE  
WA/D2A=District 2, Unit A  
WA/D2B=District 2, Unit B  
WA/D2C=District 2, Unit C  
WA/D2D=District 2, Unit D  
WA/D2E=District 2, Unit E  
WA/D2F=District 2, Unit F  
WA/D2G=District 2, Unit G  
WA/D2H=District 2, Unit H  
WA/D2I=District 2, Unit I  
WA/D2J=District 2, Unit J  
WA/D2L=District 2, Unit L

WA/D3=NW WASHINGTON  
 WA/D3A=District 3, Unit A  
 WA/D3B=District 3, Unit B  
 WA/D3C=District 3, Unit C  
 WA/D3D=District 3, Unit D  
 WA/D3E=District 3, Unit E  
 WA/D3F=District 3, Unit F  
 WA/D3G=District 3, Unit G  
 WA/D3H=District 3, Unit H

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POS RECORD LAYOUT

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End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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WA/D4A=GREATER SEATTLE AREA  
 WA/D4B=S KING COUNTY  
 WA/D5A=PIERCE CTY & PENINSULA  
 WA/D5B=PIERCE CTY & GRAYS HARBOR  
 WA/D6=OLYMPIA AREA  
 WA/LAB=LABORATORIES  
 WA/NPH=NON-PARTICIPATING HOSPITAL  
 WI/001=WISCONSIN  
 WI/LAB=LABORATORIES  
 WI/NPH=NON-PARTICIPATING HOSPITAL  
 WV/001=WEST VIRGINIA  
 WV/LAB=LABORATORIES  
 WV/NPH=NON-PARTICIPATING HOSPITAL  
 WY/001=WYOMING  
 WY/LAB=LABORATORIES  
 WY/NPH=NON-PARTICIPATING HOSPITAL

Address: Street	50	178	227	VARCHAR2
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Description: Street address where the provider is located.

SAS Name: ST\_ADR

COBOL Name: ST-ADR

Telephone Number	10	228	237	VARCHAR2
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Description: Telephone number of the provider.

SAS Name: PHNE\_NUM

COBOL Name: PHNE-NUM

Termination Code	2	238	239	VARCHAR2
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Description: Indicates the current termination status for the provider.

SAS Name: PGM\_TRMNTN\_CD

COBOL Name: PGM-TRMNTN-CD

VALUES: 00=ACTIVE PROVIDER  
 01=VOLUNTARY-MERGER, CLOSURE

02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT  
 03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION  
 04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL  
 05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ  
 06=INVOLUNTARY-FAILURE TO MEET AGREEMENT  
 07=OTHER-PROVIDER STATUS CHANGE  
 08=NONPAYMENT OF FEES - CLIA Only  
 09=REV/UNSUCCESSFUL PARTICIPATION IN PT - CLIA Only  
 10=REV/OTHER REASON - CLIA Only  
 11=INCOMPLETE CLIA APPLICATION INFORMATION - CLIA Only  
 12=NO LONGER PERFORMING TESTS - CLIA Only  
 13=MULTIPLE TO SINGLE SITE CERTIFICATE - CLIA Only  
 14=SHARED LABORATORY - CLIA Only  
 15=FAILURE TO RENEW WAIVER PPM CERTIFICATE - CLIA Only  
 16=DUPLICATE CLIA NUMBER - CLIA Only  
 17=MAIL RETURNED NO FORWARD ADDRESS CERT ENDED - CLIA Only  
 20=NOTIFICATION BANKRUPTCY - CLIA Only  
 33=ACCREDITATION NOT CONFIRMED - CLIA Only  
 80=AWAITING STATE APPROVAL  
 99=OIG ACTION - DO NOT ACTIVATE - CLIA Only

Termination or Expiration Date 8 240 247 DATE  
 Description: Date the provider was terminated. For CLIA providers, date the laboratory's certificate was terminated or the expiration date of the current CLIA certificate.  
 SAS Name: TRMNTN\_EXPRTN\_DT  
 COBOL Name: TRMNTN-EXPRTN-DT

Type of Action Code 1 248 248 VARCHAR2  
 Description: Identifies the reason for the certification. Type of

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 End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE  
 action from the official survey record, CMS 1539 form.  
 SAS Name: CRTFCTN\_ACTN\_TYPE\_CD  
 COBOL Name: CRTFCTN-ACTN-TYPE-CD  
 VALUES: 1=INITIAL  
 2=RECERTIFICATION  
 3=TERMINATION  
 4=CHANGE OF OWNERSHIP  
 5=VALIDATION  
 8=FULL SURVEY AFTER COMPLAINT

Ownership Type Code 2 249 250 VARCHAR2  
 Description: Indicates the ownership type of the provider.  
 SAS Name: GNRL\_CNTL\_TYPE\_CD

COBOL Name: GNRL-CNTL-TYPE-CD  
VALUES: 01=FOR PROFIT  
02=NOT FOR PROFIT  
03=PUBLIC

Address: ZIP Code 5 251 255 VARCHAR2  
Description: Five-digit ZIP code for a provider's physical address.  
SAS Name: ZIP\_CD  
COBOL Name: ZIP-CD

FIPS State Code 2 256 257 VARCHAR2

Description: FIPS State Code  
SAS Name: FIPS\_STATE\_CD  
COBOL Name: FIPS-STATE-CD  
VALUES: 01=ALABAMA  
02=ALASKA  
04=ARIZONA  
05=ARKANSAS  
06=CALIFORNIA  
08=COLORADO  
09=CONNECTICUT  
10=DELAWARE  
11=DISTRICT OF COLUMBIA  
12=FLORIDA  
13=GEORGIA  
15=HAWAII  
16=IDAHO  
17=ILLINOIS  
18=INDIANA  
19=IOWA  
20=KANSAS  
21=KENTUCKY  
22=LOUISIANA  
23=MAINE  
24=MARYLAND  
25=MASSACHUSETTS  
26=MICHIGAN  
27=MINNESOTA  
28=MISSISSIPPI  
29=MISSOURI  
30=MONTANA  
31=NEBRASKA  
32=NEVADA  
33=NEW HAMPSHIRE  
34=NEW JERSEY  
35=NEW MEXICO  
36=NEW YORK  
37=NORTH CAROLINA  
38=NORTH DAKOTA  
39=OHIO

40=OKLAHOMA

DATE: 10/03/2022

POS RECORD LAYOUT

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End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
41=OREGON				
42=PENNSYLVANIA				
43=PUERTO RICO				
44=RHODE ISLAND				
45=SOUTH CAROLINA				
46=SOUTH DAKOTA				
47=TENNESSEE				
48=TEXAS				
49=UTAH				
50=VERMONT				
51=VIRGINIA				
53=WASHINGTON				
54=WEST VIRGINIA				
55=WISCONSIN				
56=WYOMING				
60=AMERICAN SAMOA				
66=GUAM				
69=SAIPAN/MARIANA IS.				
78=VIRGIN ISLANDS				
FIPS County Code	3	258	260	VARCHAR2
Description: FIPS County Code				
SAS Name: FIPS_CNTY_CD				
COBOL Name: FIPS-CNTY-CD				
CBSA Urban Rural Indicator	1	261	261	VARCHAR2
Description: CBSA (Core Based Statistical Area) indicates whether the county is defined as Urban or Rural.				
SAS Name: CBSA_URBN_RRL_IND				
COBOL Name: CBSA-URBN-RRL-IND				
CBSA Code	5	262	266	VARCHAR2
Description: CBSA (Core Based Statistical Area) geographic entities defined by the U.S. Office of Management and Budget (OMB) on June 6, 2003 for use by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics. CBSA collectively refers to MSA.				
SAS Name: CBSA_CD				
COBOL Name: CBSA-CD				
*Accreditation Type Code	1	283	283	VARCHAR2
Description: Indicates an accrediting organization deeming the				

provider. If a provider is deemed by multiple accrediting organizations then the accrediting organization with the earliest active deeming effective date is displayed in this field.

SAS Name: ACRDTN\_TYPE\_CD  
 COBOL Name: ACRDTN-TYPE-CD  
 VALUES: 0=UNACCREDITED  
 1=NDAC  
 3=ACHC

ESRD Network Number 2 451 452 VARCHAR2

Description: Number of the network to which the end-stage renal disease facility is assigned.

SAS Name: ESRD\_NTWRK\_NUM  
 COBOL Name: ESRD-NTWRK-NUM  
 VALUES: 01=CONN-MAINE-MASS-NEW HAMP-RHODE ISLAND-VERMONT  
 02=NEW YORK  
 03=NEW JERSEY, PUERTO RICO AND VIRGIN ISLAND  
 04=DELAWARE AND PENNSYLVANIA  
 05=DIST OF COLUM-MARYLAND-VIRGINIA-WEST VIRGINIA  
 06=GEORGIA, SOUTH CAROLINA AND NORTH CAROLINA  
 07=FLORIDA

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 End Stage Renal Disease Facility, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

08=ALABAMA, MISSISSIPPI AND TENNESSEE  
 09=INDIANA, KENTUCKY AND OHIO  
 10=ILLINOIS  
 11=MICH-MINN-NORTH DAKOTA-SOUTH DAKOTA-WISCONSIN  
 12=IOWA, KANSAS, MISSOURI AND NEBRASKA  
 13=ARKANSAS, LOUISIANA AND OKLAHOMA  
 14=TEXAS  
 15=ARIZONA-COLO-NEVADA-NEW MEXI-UTAH AND WYOMING  
 16=ALASKA, IDAHO, MONTANA, OREGON AND WASHINGTON  
 17=COUNTIES IN NORTHERN CALIF, HAWAII, AS, GUAM  
 18=COUNTIES IN SOUTHERN CALIFORNIA

Fiscal Year End Date (MMDD) 4 464 467 VARCHAR2

Description: End date, consisting of the month and day, of the provider's fiscal year.

SAS Name: FY\_END\_MO\_DAY\_CD  
 COBOL Name: FY-END-MO-DAY-CD

Home Training and Support services only HD and PD 1 481 481 VARCHAR2  
 indicator-Obsolete June 2017

Description: This field has been deleted.



SAS Name: HOME\_TRNG\_SPRT\_ONLY\_SRVC\_SW  
COBOL Name: HOME-TRNG-SPRT-ONLY-SRVC-SW

Hospital Based Indicator 1 483 483 CHAR  
Description: Indicates if the provider is based in a hospital.  
SAS Name: HOSP\_BSD\_SW  
COBOL Name: HOSP-BSD-SW

In-Center Nocturnal Hemodialysis Services Indicator 1 484 484 VARCHAR2  
Description: Indicates if in-center nocturnal hemodialysis services  
are provided.  
SAS Name: INCNTR\_NCTRNL\_SRVC\_SW  
COBOL Name: INCNTR-NCTRNL-SRVC-SW

Multiple Facility Organization Name 38 513 550 CHAR  
Description: Name of the multi-facility organization that owns the  
facility.  
SAS Name: MLT\_FAC\_ORG\_NAME  
COBOL Name: MLT-FAC-ORG-NAME

Multiple Facility Organization Owned Indicator 1 551 551 CHAR  
Description: Indicates if a facility is owned by an organization that  
owns (or leases) two or more long term care facilities.  
SAS Name: MLT\_OWND\_FAC\_ORG\_SW  
COBOL Name: MLT-OWND-FAC-ORG-SW

Related Provider Number 10 686 695 CHAR  
Description: Related provider number  
SAS Name: RELATED\_PROVIDER\_NUMBER  
COBOL Name: RELATED-PROVIDER-NUMBER

Services: Hemodialysis Home Training/Support Indicator 1 735 735 VARCHAR2  
Description: Indicates if the facility provides home training and  
support for hemodialysis.  
SAS Name: SP\_HOME\_TRNG\_SPRT\_HD\_SW  
COBOL Name: SP-HOME-TRNG-SPRT-HD-SW

Services: Hemodialysis Indicator 1 736 736 VARCHAR2  
Description: Indicates if hemodialysis service is provided.  
SAS Name: HMDLYS\_SRVC\_SW  
COBOL Name: HMDLYS-SRVC-SW

SHORT DESCRIPTION LEN START END TYPE

Services: Peritoneal Dialysis Home Training/Support 1 786 786 VARCHAR2  
Indicator

Description: Indicates if the facility provides home training and support for peritoneal dialysis.

SAS Name: SP\_HOME\_TRNG\_SPRT\_PD\_SW

COBOL Name: SP-HOME-TRNG-SPRT-PD-SW

Services: Peritoneal Dialysis Indicator 1 787 787 VARCHAR2

Description: Indicates if peritoneal dialysis service is provided.

SAS Name: PRTNL\_DLYS\_SRVC\_SW

COBOL Name: PRTNL-DLYS-SRVC-SW

Staff Count: Other Personnel 8 902 909 NUMBER

Description: Number of full-time equivalent other personnel employed by a provider

SAS Name: PRSNEL\_OTHR\_CNT

COBOL Name: PRSNEL-OTHR-CNT

Staff Count: Dietitian 8 982 989 NUMBER

Description: Number of full-time equivalent dietitians employed by a provider.

SAS Name: DIETN\_CNT

COBOL Name: DIETN-CNT

Staff Count: LPN 8 1102 1109 NUMBER

Description: Number of licensed practical nurses.

SAS Name: LPN\_CNT

COBOL Name: LPN-CNT

Staff Count: RN 8 1750 1757 NUMBER

Description: Number of full-time equivalent registered nurses employed by a provider.

SAS Name: RN\_CNT

COBOL Name: RN-CNT

Staff Count: Social Worker 8 1814 1821 NUMBER

Description: Number of full-time equivalent social workers employed by the provider.

SAS Name: SCL\_WORKKR\_CNT

COBOL Name: SCL-WORKKR-CNT

Staff Count: Technical Staff 8 1894 1901 NUMBER

Description: Number of full-time equivalent technical staff (water, machine) employed by a facility.

SAS Name: TCHNCL\_STF\_NUM

COBOL Name: TCHNCL-STF-NUM

Staff Count: Technician 8 1902 1909 NUMBER

Description: Number of full-time equivalent technicians employed by a facility.

SAS Name: TCHNCN\_CNT  
COBOL Name: TCHNCN-CNT

Total Approved Stations 3 1993 1995 NUMBER  
Description: Total number of approved dialysis stations in an  
end-stage renal disease facility.  
SAS Name: DLYS\_STN\_CNT  
COBOL Name: DLYS-STN-CNT

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 1  
Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
Provider Category Subtype Code	2	1	2	VARCHAR2
Description: Identifies the subtype of the provider, within the primary category. Used in reporting to show the breakdown of provider categories, mainly for hospitals and SNFs.				
SAS Name: PRVDR_CTGRY_SBTYP_CD				
COBOL Name: PRVDR-CTGRY-SBTYP-CD				
VALUES: 02=Title 19 Only				
Provider Category Code	2	3	4	VARCHAR2
Description: Identifies the type of provider participating in the Medicare/Medicaid program.				
SAS Name: PRVDR_CTGRY_CD				
COBOL Name: PRVDR-CTGRY-CD				
VALUES: 10=Nursing Facility				
CHOW Count	2	5	6	NUMBER
Description: Number of times this provider has undergone a change of ownership.				
SAS Name: CHOW_CNT				
COBOL Name: CHOW-CNT				
CHOW Date	8	7	14	DATE
Description: Effective date of the most recent change of ownership for this provider.				
SAS Name: CHOW_DT				
COBOL Name: CHOW-DT				

Address: City 28 15 42 VARCHAR2  
Description: City in which the provider is physically located.  
SAS Name: CITY\_NAME  
COBOL Name: CITY-NAME

Compliance: Acceptable POC 1 43 43 VARCHAR2  
Description: Indicates if a provider is in compliance with program requirements based on an acceptable plan for correction of deficiencies.  
SAS Name: ACPTBL\_POC\_SW  
COBOL Name: ACPTBL-POC-SW

Compliance: Status 1 44 44 VARCHAR2  
Description: Compliance status of a provider at the time of certification survey.  
SAS Name: CMPLNC\_STUS\_CD  
COBOL Name: CMPLNC-STUS-CD  
VALUES: A=IN COMPLIANCE  
B=NOT IN COMPLIANCE

SSA County Code 3 45 47 VARCHAR2  
Description: Social Security Administration geographic code indicating the county where the provider is located.  
SAS Name: SSA\_CNTY\_CD  
COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR  
Description: Cross reference provider number  
SAS Name: CROSS\_REF\_PROVIDER\_NUMBER  
COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date 8 58 65 DATE  
Description: Equal to the exit date of the initial visit of the Health survey for certifications completed after July 28, 2012. For certifications prior to that date, the certification

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 2  
Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

date is equal to the exit date of the initial visit of the Health survey or LSC survey, whichever is later.  
SAS Name: CRTFCTN\_DT  
COBOL Name: CRTFCTN-DT

Eligibility Indicator 1 66 66 VARCHAR2  
Description: Indicates if a facility is eligible to participate in the Medicare and/or Medicaid programs.

SAS Name: ELGBLTY\_SW  
COBOL Name: ELGBLTY-SW

Facility Name 50 67 116 VARCHAR2  
Description: Name of the provider certified to participate in the Medicare and/or Medicaid programs.  
SAS Name: FAC\_NAME  
COBOL Name: FAC-NAME

Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code 5 117 121 VARCHAR2  
Description: Number assigned to the Medicare Administrative Contractor, intermediary or carrier servicing this provider.

SAS Name: INTRMDRY\_CARR\_CD  
COBOL Name: INTRMDRY-CARR-CD  
VALUES: 00000=DUMMY FOR MEDICAID HHA  
00010=BLUE CROSS (ALABAMA)  
00011=CAHABA  
00020=BLUE CROSS (ARKANSAS)  
00040=BLUE CROSS (CALIFORNIA)  
00060=BLUE CROSS (CONNECTICUT)  
00070=BLUE CROSS (DELAWARE)  
00090=BLUE CROSS (FLORIDA)  
00101=BLUE CROSS (GEORGIA)  
00121=HEALTH CARE SERVICE CORPORATION  
00122=HCSC - MICHIGAN  
00123=HCSC OF MICHIGAN  
00130=NATIONAL GOVERNMENT SERVICES  
00131=NATIONAL GOVERNMENT SERVICES  
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)  
00150=BLUE CROSS (KANSAS)  
00160=NATIONAL GOVERNMENT SERVICES  
00180=NATIONAL GOVERNMENT SERVICES  
00181=NATIONAL GOVERNMENT SERVICES  
00190=BLUE CROSS (MARYLAND)  
00200=BLUE CROSS (MASSACHUSETTS)  
00210=BLUE CROSS (MICHIGAN)  
00220=BLUE CROSS (MINNESOTA)  
00230=BLUE CROSS (MISSISSIPPI)  
00231=BLUE CROSS (LOUISIANA)  
00233=PINNACLE  
00241=BLUE CROSS (MISSOURI)  
00260=BLUE CROSS (NEBRASKA)  
00270=NATIONAL GOVERNMENT SERVICES  
00280=BLUE CROSS (NEW JERSEY)  
00290=BLUE CROSS (NEW MEXICO)  
00308=NATIONAL GOVERNMENT SERVICES  
00310=BLUE CROSS (NORTH CAROLINA)  
00320=NORIDIAN PART A

00322=NORIDIAN PART A (AK/WA)  
00323=NORIDIAN PART A (ID/OR)  
00325=NORIDIAN  
00332=NATIONAL GOVERNMENT SERVICES  
00340=BLUE CROSS (OKLAHOMA)  
00350=BLUE CROSS (OREGON)

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 3

Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				
00468=BLUE CROSS (NORTH CAROLINA FOR PR)				
00510=BLUE SHIELD (ALABAMA)				
00511=CAHABA				
00512=CAHABA				
00520=BLUE SHIELD (ARKANSAS)				
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)				
00542=BLUE SHIELD (CALIFORNIA)				
00550=BLUE SHIELD (COLORADO)				
00570=BLUE SHIELD (DELAWARE)				
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)				
00590=BLUE SHIELD (FLORIDA)				
00621=BLUE SHIELD (ILLINOIS)				
00630=NATIONAL GOVERNMENT SERVICES				
00640=BLUE SHIELD (IOWA)				
00650=BLUE SHIELD (KANSAS)				
00655=BLUE SHIELD (KANSAS/NEBRASKA)				
00660=NATIONAL GOVERNMENT SERVICES				
00690=BLUE SHIELD (MARYLAND)				
00700=BLUE SHIELD (MASSACHUSETTS)				
00710=BLUE SHIELD (MICHIGAN)				
00720=BLUE SHIELD (MINNESOTA)				

00740=BLUE SHIELD (KANSAS CITY)  
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)  
 00780=BLUE SHIELD (TRI-STATE)  
 00801=BLUE SHIELD (BUFFALO)  
 00803=NATIONAL GOVERNMENT SERVICES  
 00805=NATIONAL GOVERNMENT SERVICES  
 00821=NORIDIAN  
 00824=NORIDIAN GVT SERVICES (CO)  
 00826=NORIDIAN GVT SERVICES (IA)  
 00831=NORIDIAN GVT SERVICES (AK)  
 00832=NORIDIAN GVT SERVICES (AZ)  
 00833=NORIDIAN GVT SERVICES (HI)  
 00834=NORIDIAN GVT SERVICES (NV)  
 00835=NORIDIAN GVT SERVICES (OR)  
 00836=NORIDIAN GVT SERVICES (WA)  
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)  
 00865=BLUE SHIELD (PENNSYLVANIA)  
 00870=BLUE SHIELD (RHODE ISLAND)  
 00880=BLUE SHIELD (SOUTH CAROLINA)  
 00883=PALMETTO GBA PART B  
 00884=PALMETTO GBA  
 00889=NORIDIAN GVT SERVICES (SD)  
 00900=BLUE SHIELD (TEXAS)  
 00901=TRAILBLAZERS HEALTH ENTERPRISES  
 00904=TRAILBLAZER  
 00910=BLUE SHIELD (UTAH)  
 00930=BLUE SHIELD (WASHINGTON)

DATE: 10/03/2022

POS RECORD LAYOUT

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Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH))				
01111=Noridian (CA)				
01112=Noridian (NF)				
01120=AETNA (HAWAII)				
01182=Noridian (SF)				

01192=PALMETTO (CALIFORNIA SOUTH)  
01201=PALMETTO (HAWAII)  
01202=PALMETTO (HAWAII)  
01211=Noridian (AS, GU, HI)  
01212=Noridian (AS, GU, HI)  
01290=AETNA (NEVADA)  
01301=PALMETTO (NEVADA)  
01302=PALMETTO (NEVADA)  
01311=Noridian (NV)  
01312=Noridian (NV)  
01360=AETNA (NEW MEXICO)  
01370=AETNA (OKLAHOMA)  
01380=AETNA (OREGON)  
01390=AETNA (WASHINGTON)  
01901=PALMETTO GBA  
01902=PALMETTO GBA  
01911=Noridian (AS, GU, HI, NV)  
02050=OCCIDENTAL (CALIFORNIA)  
02101=Noridian AK  
02102=Noridian AK  
02201=Noridian ID  
02202=Noridian ID  
02301=Noridian OR  
02302=Noridian OR  
02401=Noridian WA  
02402=Noridian WA  
03001=NORIDIAN ADMIN SERVICES  
03101=NORIDIAN (ARIZONA)  
03102=NORIDIAN (ARIZONA)  
03201=NORIDIAN (MONTANA)  
03202=NORIDIAN (MONTANA)  
03301=NORIDIAN (NORTH DAKOTA)  
03302=NORIDIAN (NORTH DAKOTA)  
03401=NORIDIAN (SOUTH DAKOTA)  
03402=NORIDIAN (SOUTH DAKOTA)  
03501=NORIDIAN (UTAH)  
03502=NORIDIAN (UTAH)  
03601=NORIDIAN (WYOMING)  
03602=NORIDIAN (WYOMING)  
04001=TRAILBLAZER  
04101=TRAILBLAZER (COLORADO)  
04102=TRAILBLAZER (COLORADO)  
04111=NOVITAS (COLORADO)  
04112=NOVITAS (COLORADO)  
04201=TRAILBLAZER (NEW MEXICO)  
04202=TRAILBLAZER (NEW MEXICO)  
04211=NOVITAS (NEW MEXICO)  
04212=NOVITAS (NEW MEXICO)



Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				
05402=WPS (NEBRASKA)				
05440=EQICOR (TENNESSEE)				
05535=EQICOR (NORTH CAROLINA)				
05901=WISCONSIN PHYSICIANS SERVICE				
06001=NGS (WI)				
06004=National Govt Serv HHH				
06014=NATIONAL GOVERNMENT ERVICES				
06101=NGS (IL)				
06102=NGS (IL)				
06201=NGS (MN)				
06202=NGS (MN)				
06301=NGS (WI)				
06302=NGS (WI)				
07101=Novitas AR				
07102=Novitas AR				
07201=Novitas LA				
07202=Novitas LA				
07301=Novitas MS				
07302=Novitas MS				
08101=WPS IN				
08102=WPS IN				
08201=WPS MI				
08202=WPS MI				
09101=FIRST COAST (FLORIDA)				
09102=FIRST COAST (FLORIDA)				
09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)				

09202=FIRST COAST (PUERTO RICO)  
 09302=FIRST COAST (VIRGIN ISLANDS)  
 10071=TRAVELERS (RRB)  
 10101=CAHABA GBA (AL)  
 10102=CAHABA GBA (AL)  
 10111=PALMETTO GBA (Part A) (AL)  
 10112=PALMETTO GBA (AL)  
 10201=CAHABA GBA (GA)  
 10202=CAHABA GBA (GA)  
 10211=PALMETTO GBA (GA)  
 10212=PALMETTO GBA (GA)  
 10230=TRAVELERS (CONNECTICUT)  
 10240=TRAVELERS (MINNESOTA)  
 10250=TRAVELERS (MISSISSIPPI)  
 10301=CAHABA GBA (TN)  
 10302=CAHABA GBA (TN)  
 10311=PALMETTO GBA (TN)  
 10312=PALMETTO GBA (TN)  
 10490=TRAVELERS (VIRGINIA)

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POS RECORD LAYOUT

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Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				
12102=Novitas DE				
12201=Novitas DC				
12202=Novitas DC				
12301=Novitas MD				
12302=Novitas MD				
12401=Novitas NJ				
12402=Novitas NJ				
12501=Novitas PA				
12502=Novitas PA				
12901=Novitas Solutions DC, DE, MD, PA				
12902=HIGHMARK				
13101=NATIONAL GOVT SERVICES (CONNECTICUT)				

13102=NATIONAL GOVT SERVICES (CONNECTICUT)  
 13201=NATIONAL GOVT SERVICES (NEW YORK)  
 13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)  
 13282=NGS (UN)  
 13292=NGS (QN)  
 14004=NATIONAL HERITAGE (HHA - A)  
 14014=NGS (HHA)  
 14101=NATIONAL HERITAGE (MAINE)  
 14102=NATIONAL HERITAGE (MAINE)  
 14111=NGS (ME)  
 14112=NGS (ME)  
 14201=NATIONAL HERITAGE (MASSACHUSETTS)  
 14202=NATIONAL HERITAGE (MASSACHUSETTS)  
 14211=NGS (MA)  
 14212=NGS (MA)  
 14301=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14311=NGS (NH)  
 14312=NGS (NH)  
 14330=GROUP HEALTH INC (NEW YORK)  
 14401=NATIONAL HERITAGE (RHODE ISLAND)  
 14402=NATIONAL HERITAGE (RHODE ISLAND)  
 14411=NGS (RI)  
 14412=NGS (RI)  
 14501=NATIONAL HERITAGE (VERMONT)  
 14502=NATIONAL HERITAGE (VERMONT)  
 14511=NGS (VT)  
 14512=NGS (VT)  
 15004=CGS Administrators HHH  
 15101=CGS (KENTUCKY)  
 15102=CGS (KENTUCKY)  
 15201=CGS (OHIO)  
 15202=CGS (OHIO)  
 16360=NATIONWIDE (OHIO)  
 16510=NATIONWIDE (WEST VIRGINIA)  
 17120=HAWAII MEDICAL SERVICE ASSOCIATION  
 21200=MASSACHUSETTS/MAINE  
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)  
 31143=NATIONAL HERITAGE INSURANCE CO  
 31144=NATIONAL HERITAGE INSURANCE CO

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POS RECORD LAYOUT

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Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END

TYPE

50333=TRAVELERS (NEW YORK)  
 51051=AETNA (PETALUMA)  
 51070=AETNA (FARMINGTON)

51100=AETNA (CLEARWATER)  
51140=AETNA (PEORIA)  
51390=AETNA (FORT WASHINGTON)  
52280=WISCONSIN PHYSICIANS SERVICE  
57400=COOPERATIVA (PUERTO RICO)

Medicaid Vendor Number 15 122 136 VARCHAR2

Description: Number which may be assigned to a provider by the state Medicaid agency for external control or billing purposes.

SAS Name: MDCD\_VNDR\_NUM

COBOL Name: MDCD-VNDR-NUM

Original Participation Date 8 137 144 DATE

Description: Date a provider is first approved to provide Medicare and/or Medicaid services.

SAS Name: ORGNL\_PRTCPTN\_DT

COBOL Name: ORGNL-PRTCPTN-DT

Prior CHOW Date 8 145 152 DATE

Description: Effective date of the previous change of ownership for this provider.

SAS Name: CHOW\_PRIOR\_DT

COBOL Name: CHOW-PRIOR-DT

Prior Medicare Administrative Contractor (MAC) or 5 153 157 VARCHAR2  
Intermediary or Carrier Code

Description: Number assigned to the previous Medicare Administrative Contractor, intermediary or carrier servicing this provider.

SAS Name: INTRMDRY\_CARR\_PRIOR\_CD

COBOL Name: INTRMDRY-CARR-PRIOR-CD

VALUES: 00000=DUMMY FOR MEDICAID HHA  
00010=BLUE CROSS (ALABAMA)  
00011=CAHABA  
00020=BLUE CROSS (ARKANSAS)  
00040=BLUE CROSS (CALIFORNIA)  
00060=BLUE CROSS (CONNECTICUT)  
00070=BLUE CROSS (DELAWARE)  
00090=BLUE CROSS (FLORIDA)  
00101=BLUE CROSS (GEORGIA)  
00121=HEALTH CARE SERVICE CORPORATION  
00122=HCSC - MICHIGAN  
00123=HCSC OF MICHIGAN  
00130=NATIONAL GOVERNMENT SERVICES  
00131=NATIONAL GOVERNMENT SERVICES  
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)  
00150=BLUE CROSS (KANSAS)  
00160=NATIONAL GOVERNMENT SERVICES  
00180=NATIONAL GOVERNMENT SERVICES  
00181=NATIONAL GOVERNMENT SERVICES

00190=BLUE CROSS (MARYLAND)  
 00200=BLUE CROSS (MASSACHUSETTS)  
 00210=BLUE CROSS (MICHIGAN)  
 00220=BLUE CROSS (MINNESOTA)  
 00230=BLUE CROSS (MISSISSIPPI)  
 00231=BLUE CROSS (LOUISIANA)  
 00233=PINNACLE  
 00241=BLUE CROSS (MISSOURI)  
 00260=BLUE CROSS (NEBRASKA)  
 00270=NATIONAL GOVERNMENT SERVICES  
 00280=BLUE CROSS (NEW JERSEY)

DATE: 10/03/2022

POS RECORD LAYOUT

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Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00290=BLUE CROSS (NEW MEXICO)				
00308=NATIONAL GOVERNMENT SERVICES				
00310=BLUE CROSS (NORTH CAROLINA)				
00320=NORIDIAN PART A				
00322=NORIDIAN PART A (AK/WA)				
00323=NORIDIAN PART A (ID/OR)				
00325=NORIDIAN				
00332=NATIONAL GOVERNMENT SERVICES				
00340=BLUE CROSS (OKLAHOMA)				
00350=BLUE CROSS (OREGON)				
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				
00468=BLUE CROSS (NORTH CAROLINA FOR PR)				
00510=BLUE SHIELD (ALABAMA)				
00511=CAHABA				
00512=CAHABA				
00520=BLUE SHIELD (ARKANSAS)				
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)				

00542=BLUE SHIELD (CALIFORNIA)  
 00550=BLUE SHIELD (COLORADO)  
 00570=BLUE SHIELD (DELAWARE)  
 00580=BLUE SHIELD (DISTRICT OF COLUMBIA)  
 00590=BLUE SHIELD (FLORIDA)  
 00621=BLUE SHIELD (ILLINOIS)  
 00630=NATIONAL GOVERNMENT SERVICES  
 00640=BLUE SHIELD (IOWA)  
 00650=BLUE SHIELD (KANSAS)  
 00655=BLUE SHIELD (KANSAS/NEBRASKA)  
 00660=NATIONAL GOVERNMENT SERVICES  
 00690=BLUE SHIELD (MARYLAND)  
 00700=BLUE SHIELD (MASSACHUSETTS)  
 00710=BLUE SHIELD (MICHIGAN)  
 00720=BLUE SHIELD (MINNESOTA)  
 00740=BLUE SHIELD (KANSAS CITY)  
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)  
 00780=BLUE SHIELD (TRI-STATE)  
 00801=BLUE SHIELD (BUFFALO)  
 00803=NATIONAL GOVERNMENT SERVICES  
 00805=NATIONAL GOVERNMENT SERVICES  
 00821=NORIDIAN  
 00824=NORIDIAN GVT SERVICES (CO)  
 00826=NORIDIAN GVT SERVICES (IA)  
 00831=NORIDIAN GVT SERVICES (AK)  
 00832=NORIDIAN GVT SERVICES (AZ)  
 00833=NORIDIAN GVT SERVICES (HI)  
 00834=NORIDIAN GVT SERVICES (NV)  
 00835=NORIDIAN GVT SERVICES (OR)  
 00836=NORIDIAN GVT SERVICES (WA)  
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)  
 00865=BLUE SHIELD (PENNSYLVANIA)

DATE: 10/03/2022

POS RECORD LAYOUT

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Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00870=BLUE SHIELD (RHODE ISLAND)				
00880=BLUE SHIELD (SOUTH CAROLINA)				
00883=PALMETTO GBA PART B				
00884=PALMETTO GBA				
00889=NORIDIAN GVT SERVICES (SD)				
00900=BLUE SHIELD (TEXAS)				
00901=TRAILBLAZERS HEALTH ENTERPRISES				
00904=TRAILBLAZER				
00910=BLUE SHIELD (UTAH)				
00930=BLUE SHIELD (WASHINGTON)				
00951=WISCONSIN PHYSICIANS SERVICE				

00952=WPS - ILLINOIS  
00953=WPS - MICHIGAN  
00954=WI PHYSICIAN SERVICES - MN  
00973=BLUE SHIELD (PUERTO RICO)  
00974=BLUE SHIELD (VIRGIN ISLANDS)  
01010=AETNA (PEORIA)  
01020=AETNA (ALASKA)  
01030=AETNA (ARIZONA)  
01040=AETNA (GEORGIA)  
01101=PALMETTO (CALIFORNIA)  
01102=PALMETTO (CALIFORNIA (NORTH))  
01111=Noridian (CA)  
01112=Noridian (NF)  
01120=AETNA (HAWAII)  
01182=Noridian (SF)  
01192=PALMETTO (CALIFORNIA SOUTH)  
01201=PALMETTO (HAWAII)  
01202=PALMETTO (HAWAII)  
01211=Noridian (AS, GU, HI)  
01212=Noridian (AS, GU, HI)  
01290=AETNA (NEVADA)  
01301=PALMETTO (NEVADA)  
01302=PALMETTO (NEVADA)  
01311=Noridian (NV)  
01312=Noridian (NV)  
01360=AETNA (NEW MEXICO)  
01370=AETNA (OKLAHOMA)  
01380=AETNA (OREGON)  
01390=AETNA (WASHINGTON)  
01901=PALMETTO GBA  
01902=PALMETTO GBA  
01911=Noridian (AS, GU, HI, NV)  
02050=OCCIDENTAL (CALIFORNIA)  
02101=Noridian AK  
02102=Noridian AK  
02201=Noridian ID  
02202=Noridian ID  
02301=Noridian OR  
02302=Noridian OR  
02401=Noridian WA  
02402=Noridian WA  
03001=NORIDIAN ADMIN SERVICES  
03101=NORIDIAN (ARIZONA)  
03102=NORIDIAN (ARIZONA)  
03201=NORIDIAN (MONTANA)  
03202=NORIDIAN (MONTANA)  
03301=NORIDIAN (NORTH DAKOTA)  
03302=NORIDIAN (NORTH DAKOTA)  
03401=NORIDIAN (SOUTH DAKOTA)  
03402=NORIDIAN (SOUTH DAKOTA)





06301=NGS (WI)  
 06302=NGS (WI)  
 07101=Novitas AR  
 07102=Novitas AR  
 07201=Novitas LA  
 07202=Novitas LA  
 07301=Novitas MS  
 07302=Novitas MS  
 08101=WPS IN  
 08102=WPS IN  
 08201=WPS MI  
 08202=WPS MI  
 09101=FIRST COAST (FLORIDA)  
 09102=FIRST COAST (FLORIDA)  
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)  
 09202=FIRST COAST (PUERTO RICO)  
 09302=FIRST COAST (VIRGIN ISLANDS)  
 10071=TRAVELERS (RRB)  
 10101=CAHABA GBA (AL)  
 10102=CAHABA GBA (AL)  
 10111=PALMETTO GBA (Part A) (AL)  
 10112=PALMETTO GBA (AL)  
 10201=CAHABA GBA (GA)  
 10202=CAHABA GBA (GA)

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 11

Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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10211=PALMETTO GBA (GA)				
10212=PALMETTO GBA (GA)				
10230=TRAVELERS (CONNECTICUT)				
10240=TRAVELERS (MINNESOTA)				
10250=TRAVELERS (MISSISSIPPI)				
10301=CAHABA GBA (TN)				
10302=CAHABA GBA (TN)				
10311=PALMETTO GBA (TN)				
10312=PALMETTO GBA (TN)				
10490=TRAVELERS (VIRGINIA)				
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				

11501=PALMETTO GBA (NC)  
11502=PALMETTO GBA (NC)  
12101=Novitas DE  
12102=Novitas DE  
12201=Novitas DC  
12202=Novitas DC  
12301=Novitas MD  
12302=Novitas MD  
12401=Novitas NJ  
12402=Novitas NJ  
12501=Novitas PA  
12502=Novitas PA  
12901=Novitas Solutions DC, DE, MD, PA  
12902=HIGHMARK  
13101=NATIONAL GOVT SERVICES (CONNECTICUT)  
13102=NATIONAL GOVT SERVICES (CONNECTICUT)  
13201=NATIONAL GOVT SERVICES (NEW YORK)  
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)  
13282=NGS (UN)  
13292=NGS (QN)  
14004=NATIONAL HERITAGE (HHA - A)  
14014=NGS (HHA)  
14101=NATIONAL HERITAGE (MAINE)  
14102=NATIONAL HERITAGE (MAINE)  
14111=NGS (ME)  
14112=NGS (ME)  
14201=NATIONAL HERITAGE (MASSACHUSETTS)  
14202=NATIONAL HERITAGE (MASSACHUSETTS)  
14211=NGS (MA)  
14212=NGS (MA)  
14301=NATIONAL HERITAGE (NEW HAMPSHIRE)  
14302=NATIONAL HERITAGE (NEW HAMPSHIRE)  
14311=NGS (NH)  
14312=NGS (NH)  
14330=GROUP HEALTH INC (NEW YORK)  
14401=NATIONAL HERITAGE (RHODE ISLAND)  
14402=NATIONAL HERITAGE (RHODE ISLAND)  
14411=NGS (RI)  
14412=NGS (RI)  
14501=NATIONAL HERITAGE (VERMONT)  
14502=NATIONAL HERITAGE (VERMONT)  
14511=NGS (VT)  
14512=NGS (VT)  
15004=CGS Administrators HHH  
15101=CGS (KENTUCKY)

SHORT DESCRIPTION	LEN	START	END	TYPE
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15102=CGS (KENTUCKY)  
 15201=CGS (OHIO)  
 15202=CGS (OHIO)  
 16360=NATIONWIDE (OHIO)  
 16510=NATIONWIDE (WEST VIRGINIA)  
 17120=HAWAII MEDICAL SERVICE ASSOCIATION  
 21200=MASSACHUSETTS/MAINE  
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)  
 31143=NATIONAL HERITAGE INSURANCE CO  
 31144=NATIONAL HERITAGE INSURANCE CO  
 50333=TRAVELERS (NEW YORK)  
 51051=AETNA (PETALUMA)  
 51070=AETNA (FARMINGTON)  
 51100=AETNA (CLEARWATER)  
 51140=AETNA (PEORIA)  
 51390=AETNA (FORT WASHINGTON)  
 52280=WISCONSIN PHYSICIANS SERVICE  
 57400=COOPERATIVA (PUERTO RICO)

CCN	10	158	167	VARCHAR2
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Description: Six or ten position identification number that is assigned to a certified provider. This is the CMS Certification Number.

SAS Name: PRVDR\_NUM  
 COBOL Name: PRVDR-NUM

Region Code	2	168	169	VARCHAR2
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Description: Indicates the CMS Regional Office responsible for the certification of the provider.

SAS Name: RGN\_CD  
 COBOL Name: RGN-CD  
 VALUES: 01=Boston  
           02=New York  
           03=Philadelphia  
           04=Atlanta  
           05=Chicago  
           06=Dallas  
           07=Kansas City  
           08=Denver  
           09=San Francisco  
           10=Seattle

Skeleton Record Indicator	1	170	170	VARCHAR2
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Description: Indicates if the record is a skeleton record. Only a limited set of data is available for this provider; no survey data exists. Only provider categories 01,17,19,21and 22 can have skeleton providers.

SAS Name: SKLTN\_REC\_SW

COBOL Name: SKLTN-REC-SW

State Abbreviation 2 171 172 VARCHAR2

Description: Two-character state abbreviation.

SAS Name: STATE\_CD

COBOL Name: STATE-CD

VALUES: AK=ALASKA  
AL=ALABAMA  
AR=ARKANSAS  
AS=AMERICAN SAMOA  
AZ=ARIZONA  
CA=CALIFORNIA  
CN=CANADA  
CO=COLORADO  
CT=CONNECTICUT  
DC=DISTRICT OF COLUMBIA

DATE: 10/03/2022

POS RECORD LAYOUT

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Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

DE=DELAWARE  
FL=FLORIDA  
FN=INTERNATIONAL  
GA=GEORGIA  
GU=GUAM  
HI=HAWAII  
IA=IOWA  
ID=IDAHO  
IL=ILLINOIS  
IN=INDIANA  
KS=KANSAS  
KY=KENTUCKY  
LA=LOUISIANA  
MA=MASSACHUSETTS  
MD=MARYLAND  
ME=MAINE  
MI=MICHIGAN  
MN=MINNESOTA  
MO=MISSOURI  
MP=SAIPAN  
MS=MISSISSIPPI  
MT=MONTANA  
MX=MEXICO  
NC=NORTH CAROLINA  
ND=NORTH DAKOTA  
NE=NEBRASKA  
NH=NEW HAMPSHIRE

NJ=NEW JERSEY  
 NM=NEW MEXICO  
 NV=NEVADA  
 NY=NEW YORK  
 OH=OHIO  
 OK=OKLAHOMA  
 OR=OREGON  
 PA=PENNSYLVANIA  
 PR=PUERTO RICO  
 RI=RHODE ISLAND  
 SC=SOUTH CAROLINA  
 SD=SOUTH DAKOTA  
 TN=TENNESSEE  
 TX=TEXAS  
 UT=UTAH  
 VA=VIRGINIA  
 VI=VIRGIN ISLANDS  
 VT=VERMONT  
 WA=WASHINGTON  
 WI=WISCONSIN  
 WV=WEST VIRGINIA  
 WY=WYOMING

SSA State Code 2 173 174 VARCHAR2

Description: Social Security Administration geographic code indicating the state where the provider is located.

SAS Name: SSA\_STATE\_CD

COBOL Name: SSA-STATE-CD

VALUES: 01=ALABAMA  
 02=ALASKA  
 03=ARIZONA  
 04=ARKANSAS  
 05=CALIFORNIA  
 06=COLORADO  
 07=CONNECTICUT  
 08=DELAWARE  
 09=DISTRICT OF COLUMBIA

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 14

Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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10=FLORIDA  
 11=GEORGIA  
 12=HAWAII  
 13=IDAHO  
 14=ILLINOIS  
 15=INDIANA

16=IOWA  
17=KANSAS  
18=KENTUCKY  
19=LOUISIANA  
20=MAINE  
21=MARYLAND  
22=MASSACHUSETTS  
23=MICHIGAN  
24=MINNESOTA  
25=MISSISSIPPI  
26=MISSOURI  
27=MONTANA  
28=NEBRASKA  
29=NEVADA  
30=NEW HAMPSHIRE  
31=NEW JERSEY  
32=NEW MEXICO  
33=NEW YORK  
34=NORTH CAROLINA  
35=NORTH DAKOTA  
36=OHIO  
37=OKLAHOMA  
38=OREGON  
39=PENNSYLVANIA  
40=PUERTO RICO  
41=RHODE ISLAND  
42=SOUTH CAROLINA  
43=SOUTH DAKOTA  
44=TENNESSEE  
45=TEXAS  
46=UTAH  
47=VERMONT  
48=VIRGIN ISLANDS  
49=VIRGINIA  
50=WASHINGTON  
51=WEST VIRGINIA  
52=WISCONSIN  
53=WYOMING  
54=AFRICA  
56=CANADA  
57=WEST INDIES  
58=EUROPE  
59=MEXICO  
60=OCEANIA  
61=PHILIPPINES  
62=SOUTH AMERICA  
63=UNITED STATES POSSESSIONS  
64=AMERICAN SAMOA  
65=GUAM  
66=SAIPAN

99=INTERNATIONAL

State Region Code 3 175 177 VARCHAR2

Description: Identifies the region within a state where the provider is located.

SAS Name: STATE\_RGN\_CD

COBOL Name: STATE-RGN-CD

VALUES: AK/001=ALASKA

DATE: 10/03/2022

POS RECORD LAYOUT

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Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
-------------------	-----	-------	-----	------

AK/LAB=LABORATORIES				
AK/NPH=NON-PARTICIPATING HOSPITAL				
AL/001=ALABAMA				
AL/LAB=LABORATORIES				
AL/NPH=NON-PARTICIPATING HOSPITAL				
AR/001=ARKANSAS				
AR/LAB=LABORATORIES				
AR/NPH=NON-PARTICIPATING HOSPITAL				
AS/001=AMERICAN SAMOA				
AS/LAB=LABORATORY				
AS/NPH=NON-PARTICIPATING HOSPITAL				
AZ/AZ=PHOENIX				
AZ/LAB=ARIZONA LAB				
AZ/NPH=NON-PARTICIPATING HOSPITAL				
AZ/TUC=TUCSON				
CA/001=CALIFORNIA				
CA/BAK=BAKERSFIELD				
CA/BER=SAN BERNARDINO				
CA/EB=East Bay				
CA/FR=FRESNO				
CA/L1=L.A. WEST				
CA/L2=L.A. NORTH				
CA/L3=L.A. CENTRAL				
CA/L4=L.A. EAST				
CA/L5=SAN GABRIEL				
CA/LA1=LA Region 1				
CA/LA2=LA Region 2				
CA/LA3=LA Region 3				
CA/LA4=LA Acute/Ancillary				
CA/LA5=LA HHA/Hospice				
CA/LA6=LA ICF/DD/CLinics				
CA/LAB=LABORATORIES				
CA/M1=LAB. SOUTH				
CA/M2=LAB. NORTH				
CA/NPH=NON-PARTICIPATING HOSPITAL				

CA/ORG=ORANGE  
 CA/RIV=RIVERSIDE  
 CA/S1=SACRAMENTO  
 CA/S3=CHICO  
 CA/SD=SAN DIEGO  
 CA/SF=SAN FRANCISCO  
 CA/SJ=SAN JOSE  
 CA/SR=SANTA ROSA  
 CA/STK=STOCKTON  
 CA/VEN=VENTURA  
 CN/001=CANADA  
 CN/LAB=LABORATORY  
 CN/NPH=NON-PARTICIPATING HOSPITAL  
 CO/001=COLORADO  
 CO/LAB=LABORATORIES  
 CO/NPH=NON-PARTICIPATING HOSPITAL  
 CT/001=CONNECTICUT  
 CT/LAB=LABORATORIES  
 CT/NPH=NON-PARTICIPATING HOSPITAL  
 DC/001=DISTRICT OF COLUMBIA  
 DC/LAB=LABORATORIES  
 DC/NPH=NON-PARTICIPATING HOSPITAL  
 DE/001=DELAWARE  
 DE/LAB=LABORATORIES  
 DE/NPH=NON-PARTICIPATING HOSPITAL  
 FL/001=FLORIDA  
 FL/FTM=FT. MYERS  
 FL/GAI=GAINESVILLE  
 FL/JAX=JACKSONVILLE

DATE: 10/03/2022

POS RECORD LAYOUT

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Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
-------------------	-----	-------	-----	------

FL/LAB=LABORATORIES				
FL/LAN=LANTANA				
FL/LAU=LAUDERHILL				
FL/MIA=MIAMI				
FL/NPH=NON-PARTICIPATING HOSPITAL				
FL/ORL=ORLANDO				
FL/PEN=PENSACOLA				
FL/STP=ST. PETERSBURG				
FL/TAL=TALLAHASSEE				
FL/TAM=TAMPA				
FM/001=FEDERATED STATES OF MICRO				
FM/NPH=NON-PARTICIPATING HOSPITAL				
FN/001=INTERNATIONAL				
FN/LAB=LABORATORIES				



FN/NPH=NON-PARTICIPATING HOSPITAL  
GA/001=GEORGIA  
GA/GAA=GEORGIA ALL  
GA/GAC=GEORGIA CENTRAL  
GA/GAE=GEORGIA EASTERN  
GA/GAN=GEORGIA NORTH  
GA/GAS=GEORGIA SOUTH  
GA/GAW=GEORGIA WESTERN  
GA/LAB=LABORATORIES  
GA/NPH=NON-PARTICIPATING HOSPITAL  
GU/001=GUAM  
GU/LAB=LABORATORIES  
GU/NPH=NON-PARTICIPATING HOSPITAL  
HI/001=HAWAII  
HI/LAB=LABORATORIES  
HI/NPH=NON-PARTICIPATING HOSPITAL  
IA/001=IOWA  
IA/LAB=LABORATORIES  
IA/NPH=NON-PARTICIPATING HOSPITAL  
ID/001=IDAHO  
ID/LAB=LABORATORIES  
ID/NPH=NON-PARTICIPATING HOSPITAL  
IL/001=ILLINOIS  
IL/LAB=LABORATORIES  
IL/NPH=NON-PARTICIPATING HOSPITAL  
IN/001=INDIANA  
IN/LAB=LABORATORIES  
IN/NPH=NON-PARTICIPATING HOSPITAL  
KS/001=KANSAS  
KS/KCK=KANSAS CITY  
KS/KDH=KDHE  
KS/LAB=LABORATORIES  
KS/LAW=LAWRENCE  
KS/NC=NORTH CENTRAL KANSAS  
KS/NE=NORTH EAST KANSAS  
KS/NPH=NON-PARTICIPATING HOSPITAL  
KS/NW=NORTH WEST KANSAS  
KS/SC=SOUTH CENTRAL KANSAS  
KS/SE=SOUTH EAST KANSAS  
KS/SW=SOUTH WEST KANSAS  
KS/WST=WEST  
KY/2C1=HOPKINSVILLE  
KY/2C2=LOUISVILLE  
KY/2C3=LONDON  
KY/2C4=LEXINGTON  
KY/LAB=LABORATORIES  
KY/NPH=NON-PARTICIPATING HOSPITAL  
LA/001=LOUISIANA  
LA/LA1=NEW ORLEANS  
LA/LA2=MANDEVILLE

Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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LA/LA3=LAFAYETTE				
LA/LA4=MONROE				
LA/LA5=SHREVEPORT				
LA/LA6=ALEXANDRIA				
LA/LAB=LABORATORIES				
LA/LB1=CLIA NEW ORLEANS				
LA/LB5=CLIA SHREVEPORT				
LA/LB6=CLIA ALEXANDRIA				
LA/NPH=NON-PARTICIPATING HOSPITAL				
MA/001=MASSACHUSETTS				
MA/LAB=LABORATORIES				
MA/NPH=NON-PARTICIPATING HOSPITAL				
MD/001=MARYLAND				
MD/LAB=LABORATORIES				
MD/NPH=NON-PARTICIPATING HOSPITAL				
ME/001=MAINE				
ME/LAB=LABORATORIES				
ME/NPH=NON-PARTICIPATING HOSPITAL				
MH/001=MARSHALL ISLANDS				
MH/NPH=NON-PARTICIPATING HOSPITAL				
MI/001=MICHIGAN				
MI/LAB=LABORATORIES				
MI/NPH=NON-PARTICIPATING HOSPITAL				
MN/001=MINNESOTA				
MN/LAB=LABORATORIES				
MN/NPH=NON-PARTICIPATING HOSPITAL				
MO/001=MISSOURI				
MO/01=REGION01				
MO/02=REGION02				
MO/03=REGION 03				
MO/04=REGION 04				
MO/05=REGION 05				
MO/06=REGION 06				
MO/07=REGION 07				
MO/1NH=REGION 1 NH				
MO/2NH=REGION 2 NH				
MO/3NH=REGION 3 NH				
MO/4NH=REGION 4 NH				
MO/5NH=REGION 5 NH				
MO/6NH=REGION 6 NH				
MO/7NH=REGION 7 NH				
MO/LAB=LABORATORIES				
MO/MO=STATEWIDE				

MO/NPH=NON-PARTICIPATING HOSPITAL  
 MP/001=NORTHERN MARIANA ISLANDS  
 MP/LAB=LABORATORIES  
 MP/NPH=NON-PARTICIPATING HOSPITAL  
 MS/001=MISSISSIPPI  
 MS/LAB=LABORATORIES  
 MS/NPH=NON-PARTICIPATING HOSPITAL  
 MT/001=MONTANA  
 MT/LAB=LABORATORIES  
 MT/NPH=NON-PARTICIPATING HOSPITAL  
 MX/001=MEXICO  
 MX/LAB=LABORATORY  
 MX/NPH=NON-PARTICIPATING HOSPITAL  
 NC/001=NORTH CAROLINA  
 NC/LAB=LABORATORIES  
 NC/NCC=NORTH CAROLINA CENTRAL  
 NC/NCE=NORTH CAROLINA EAST  
 NC/NCN=NORTH CAROLINA NORTH  
 NC/NCS=NORTH CAROLINA SOUTH  
 NC/NCW=NORTH CAROLINA WEST  
 NC/NPH=NON-PARTICIPATING HOSPITAL

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 18

Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
-------------------	-----	-------	-----	------

ND/001=NORTH DAKOTA				
ND/LAB=LABORATORIES				
ND/NPH=NON-PARTICIPATING HOSPITAL				
NE/001=NEBRASKA				
NE/1=NORTH CENTRAL				
NE/2=CENTRAL				
NE/3=NORTHEAST				
NE/4=SOUTHEAST				
NE/5=WESTERN				
NE/LAB=LABORATORIES				
NE/NPH=NON-PARTICIPATING HOSPITAL				
NH/001=NEW HAMPSHIRE				
NH/LAB=LABORATORIES				
NH/NPH=NON-PARTICIPATING HOSPITAL				
NJ/001=NEW JERSEY				
NJ/LAB=LABORATORIES				
NJ/NPH=NON-PARTICIPATING HOSPITAL				
NM/001=NEW MEXICO				
NM/LAB=LABORATORIES				
NM/NPH=NON-PARTICIPATING HOSPITAL				
NV/001=NEVADA				
NV/CC=CARSON CITY				

NV/LAB=LABORATORIES  
 NV/LV=LAS VEGAS  
 NV/NPH=NON-PARTICIPATING HOSPITAL  
 NY/001=BUFFALO  
 NY/002=ROCHESTER  
 NY/003=SYRACUSE  
 NY/004=ALBANY  
 NY/005=NEW ROCHELLE  
 NY/006=NEW YORK CITY  
 NY/007=SUFFOLK/NASSAU COUNTY  
 NY/LAB=LABORATORIES  
 NY/NPH=NON-PARTICIPATING HOSPITAL  
 OH/001=OHIO  
 OH/LAB=LABORATORIES  
 OH/NPH=NON-PARTICIPATING HOSPITAL  
 OK/001=OKLAHOMA  
 OK/LAB=LABORATORIES  
 OK/NPH=NON-PARTICIPATING HOSPITAL  
 OR/001=OFFICE #1  
 OR/002=OFFICE #2  
 OR/003=OFFICE #3  
 OR/LAB=LABORATORIES  
 OR/NPH=NON-PARTICIPATING HOSPITAL  
 PA/001=PENNSYLVANIA  
 PA/LAB=LABORATORIES  
 PA/NPH=NON-PARTICIPATING HOSPITAL  
 PR/001=PUERTO RICO  
 PR/LAB=LABORATORIES  
 PR/NPH=NON-PARTICIPATING HOSPITAL  
 PW/001=PALAU  
 PW/NPH=NON-PARTICIPATING HOSPITAL  
 RI/001=RHODE ISLAND  
 RI/LAB=LABORATORIES  
 RI/NPH=NON-PARTICIPATING HOSPITAL  
 SC/001=SOUTH CAROLINA  
 SC/LAB=LABORATORIES  
 SC/NPH=NON-PARTICIPATING HOSPITAL  
 SD/001=SOUTH DAKOTA  
 SD/LAB=LABORATORIES  
 SD/NPH=NON-PARTICIPATING HOSPITAL  
 TN/001=TENNESSEE  
 TN/LAB=LABORATORIES

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POS RECORD LAYOUT

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Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END

TYPE

TN/NPH=NON-PARTICIPATING HOSPITAL

TN/TNC=TENNESSEE COOKEVILLE  
TN/TNE=TENNESSEE EASTERN  
TN/TNM=TENNESSEE MIDDLE  
TN/TNW=TENNESSEE WESTERN  
TX/001=TEXAS  
TX/L01=AMARILLO-LTC  
TX/L02=ABILENE-LTC  
TX/L03=ARLINGTON-LTC  
TX/L04=TYLER-LTC  
TX/L05=TEMPLE-LTC  
TX/L06=HOUSTON-LTC  
TX/L07=Austin-LTC  
TX/L08=San Antonio-LTC  
TX/L11=Corpus Christi-LTC  
TX/LAB=LABORATORIES  
TX/NPH=NON-PARTICIPATING HOSPITAL  
TX/TX1=NLTC REG 1, 7, 9, 10  
TX/TX2=NLTC REG 2, 3  
TX/TX4=NLTC REG 6  
TX/TX5=NLTC REG 4, 5  
TX/TX6=NLTC Statewide-Certified Only  
TX/TX8=NLTC REG 8, 11  
UT/001=UTAH  
UT/LAB=LABORATORIES  
UT/NPH=NON-PARTICIPATING HOSPITAL  
VA/001=VIRGINIA  
VA/LAB=LABORATORIES  
VA/NPH=NON-PARTICIPATING HOSPITAL  
VI/001=VIRGIN ISLANDS  
VI/LAB=LABORATORIES  
VI/NPH=NON-PARTICIPATING HOSPITAL  
VT/001=VERMONT  
VT/LAB=LABORATORIES  
VT/NPH=NON-PARTICIPATING HOSPITAL  
WA/001=ALL OTHERS (NON-LTC FAC)  
WA/D1=SPOKANE & YAKIMA AREAS  
WA/D1A=District 1, Unit A  
WA/D1B=District 1, Unit B  
WA/D1C=District 1, Unit C  
WA/D1D=District 1, Unit D  
WA/D1E=District 1, Unit E  
WA/D1F=District 1, Unit F  
WA/D2=SPOKANE & SE  
WA/D2A=District 2, Unit A  
WA/D2B=District 2, Unit B  
WA/D2C=District 2, Unit C  
WA/D2D=District 2, Unit D  
WA/D2E=District 2, Unit E  
WA/D2F=District 2, Unit F  
WA/D2G=District 2, Unit G



SAS Name: PGM\_TRMNTN\_CD  
 COBOL Name: PGM-TRMNTN-CD  
 VALUES: 00=ACTIVE PROVIDER  
 01=VOLUNTARY-MERGER, CLOSURE  
 02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT  
 03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION  
 04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL  
 05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ  
 06=INVOLUNTARY-FAILURE TO MEET AGREEMENT  
 07=OTHER-PROVIDER STATUS CHANGE  
 08=NONPAYMENT OF FEES - CLIA Only  
 09=REV/UNSUCCESSFUL PARTICIPATION IN PT - CLIA Only  
 10=REV/OTHER REASON - CLIA Only  
 11=INCOMPLETE CLIA APPLICATION INFORMATION - CLIA Only  
 12=NO LONGER PERFORMING TESTS - CLIA Only  
 13=MULTIPLE TO SINGLE SITE CERTIFICATE - CLIA Only  
 14=SHARED LABORATORY - CLIA Only  
 15=FAILURE TO RENEW WAIVER PPM CERTIFICATE - CLIA Only  
 16=DUPLICATE CLIA NUMBER - CLIA Only  
 17=MAIL RETURNED NO FORWARD ADDRESS CERT ENDED - CLIA Only  
 20=NOTIFICATION BANKRUPTCY - CLIA Only  
 33=ACCREDITATION NOT CONFIRMED - CLIA Only  
 80=AWAITING STATE APPROVAL  
 99=OIG ACTION - DO NOT ACTIVATE - CLIA Only

Termination or Expiration Date 8 240 247 DATE  
 Description: Date the provider was terminated. For CLIA providers, date the laboratory's certificate was terminated or the expiration date of the current CLIA certificate.

SAS Name: TRMNTN\_EXPRTN\_DT  
 COBOL Name: TRMNTN-EXPRTN-DT

Type of Action Code 1 248 248 VARCHAR2  
 Description: Identifies the reason for the certification. Type of

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 Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

action from the official survey record, CMS 1539 form.  
 SAS Name: CRTFCTN\_ACTN\_TYPE\_CD  
 COBOL Name: CRTFCTN-ACTN-TYPE-CD  
 VALUES: 1=INITIAL  
 2=RECERTIFICATION  
 3=TERMINATION  
 4=CHANGE OF OWNERSHIP  
 5=VALIDATION  
 8=FULL SURVEY AFTER COMPLAINT

Ownership Type Code 2 249 250 VARCHAR2

Description: Indicates the ownership type of the provider.

SAS Name: GNRL\_CNTL\_TYPE\_CD

COBOL Name: GNRL-CNTL-TYPE-CD

VALUES: 01=FOR PROFIT - INDIVIDUAL  
02=FOR PROFIT - PARTNERSHIP  
03=FOR PROFIT - CORPORATION  
04=NONPROFIT - CHURCH RELATED  
05=NONPROFIT - CORPORATION  
06=NONPROFIT - OTHER  
07=GOVERNMENT - STATE  
08=GOVERNMENT - COUNTY  
09=GOVERNMENT - CITY  
10=GOVERNMENT - CITY/COUNTY  
11=GOVERNMENT - HOSPITAL DISTRICT  
12=GOVERNMENT - FEDERAL  
13=FOR PROFIT - LIMITED LIABILITY CORPORATION

Address: ZIP Code 5 251 255 VARCHAR2

Description: Five-digit ZIP code for a provider's physical address.

SAS Name: ZIP\_CD

COBOL Name: ZIP-CD

FIPS State Code 2 256 257 VARCHAR2

Description: FIPS State Code

SAS Name: FIPS\_STATE\_CD

COBOL Name: FIPS-STATE-CD

VALUES: 01=ALABAMA  
02=ALASKA  
04=ARIZONA  
05=ARKANSAS  
06=CALIFORNIA  
08=COLORADO  
09=CONNECTICUT  
10=DELAWARE  
11=DISTRICT OF COLUMBIA  
12=FLORIDA  
13=GEORGIA  
15=HAWAII  
16=IDAHO  
17=ILLINOIS  
18=INDIANA  
19=IOWA  
20=KANSAS  
21=KENTUCKY  
22=LOUISIANA  
23=MAINE  
24=MARYLAND  
25=MASSACHUSETTS



26=MICHIGAN  
 27=MINNESOTA  
 28=MISSISSIPPI  
 29=MISSOURI  
 30=MONTANA

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POS RECORD LAYOUT

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Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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31=NEBRASKA  
 32=NEVADA  
 33=NEW HAMPSHIRE  
 34=NEW JERSEY  
 35=NEW MEXICO  
 36=NEW YORK  
 37=NORTH CAROLINA  
 38=NORTH DAKOTA  
 39=OHIO  
 40=OKLAHOMA  
 41=OREGON  
 42=PENNSYLVANIA  
 43=PUERTO RICO  
 44=RHODE ISLAND  
 45=SOUTH CAROLINA  
 46=SOUTH DAKOTA  
 47=TENNESSEE  
 48=TEXAS  
 49=UTAH  
 50=VERMONT  
 51=VIRGINIA  
 53=WASHINGTON  
 54=WEST VIRGINIA  
 55=WISCONSIN  
 56=WYOMING  
 60=AMERICAN SAMOA  
 66=GUAM  
 69=SAIPAN/MARIANA IS.  
 78=VIRGIN ISLANDS

FIPS County Code	3	258	260	VARCHAR2
Description: FIPS County Code				
SAS Name: FIPS_CNTY_CD				
COBOL Name: FIPS-CNTY-CD				

CBSA Urban Rural Indicator	1	261	261	VARCHAR2
Description: CBSA (Core Based Statistical Area) indicates whether the county is defined as Urban or Rural.				

SAS Name: CBSA\_URBN\_RRL\_IND  
COBOL Name: CBSA-URBN-RRL-IND

CBSA Code 5 262 266 VARCHAR2  
Description: CBSA (Core Based Statistical Area) geographic entities defined by the U.S. Office of Management and Budget (OMB) on June 6, 2003 for use by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics. CBSA collectively refers to MSA.  
SAS Name: CBSA\_CD  
COBOL Name: CBSA-CD

Bed Count Override Indicator 1 325 325 CHAR  
Description: Indicates if the regional office has approved a significant bed count change from the previous certification.  
SAS Name: OVRRD\_BED\_CNT\_SW  
COBOL Name: OVRRD-BED-CNT-SW

Bed Count: Certified 4 326 329 NUMBER  
Description: Number of beds in Medicare and/or Medicaid certified areas within a facility.  
SAS Name: CRTFD\_BED\_CNT  
COBOL Name: CRTFD-BED-CNT

Bed Count: Medicaid NF 4 334 337 NUMBER

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Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

Description: Number of Medicaid-certified Nursing Facility beds.  
SAS Name: MDCD\_NF\_BED\_CNT  
COBOL Name: MDCD-NF-BED-CNT

Bed Count: Medicare SNF 4 338 341 NUMBER  
Description: Number of Medicare-certified Skilled Nursing Facility beds.  
SAS Name: MDCR\_SNF\_BED\_CNT  
COBOL Name: MDCR-SNF-BED-CNT

Bed Count: Medicare/Medicaid SNF 4 342 345 NUMBER  
Description: Number of dually certified (Medicare/Medicaid) beds in a Skilled Nursing Facility.  
SAS Name: MDCR\_MDCD\_SNF\_BED\_CNT  
COBOL Name: MDCR-MDCD-SNF-BED-CNT

Bed Count: Special Care - AIDS 3 346 348 NUMBER

Description: Number of beds in a special care unit dedicated for residents with AIDS.

SAS Name: AIDS\_BED\_CNT

COBOL Name: AIDS-BED-CNT

Bed Count: Special Care - Alzheimers 3 349 351 NUMBER

Description: Number of beds in a special care unit dedicated for residents with Alzheimer's disease.

SAS Name: ALZHRM\_BED\_CNT

COBOL Name: ALZHRM-BED-CNT

Bed Count: Special Care - Dialysis 3 352 354 NUMBER

Description: Number of beds in a special care unit dedicated for residents who require dialysis.

SAS Name: DLYS\_BED\_CNT

COBOL Name: DLYS-BED-CNT

Bed Count: Special Care - Disabled Children 3 355 357 NUMBER

Description: Number of beds in a special care unit dedicated for disabled children.

SAS Name: DSBL\_CHLDRN\_BED\_CNT

COBOL Name: DSBL-CHLDRN-BED-CNT

Bed Count: Special Care - Head Trauma 3 358 360 NUMBER

Description: Number of beds in a special care unit dedicated for residents with head trauma.

SAS Name: HEAD\_TRMA\_BED\_CNT

COBOL Name: HEAD-TRMA-BED-CNT

Bed Count: Special Care - Hospice 3 361 363 NUMBER

Description: Number of beds in a special care unit dedicated for residents who require hospice care.

SAS Name: HOSPC\_BED\_CNT

COBOL Name: HOSPC-BED-CNT

Bed Count: Special Care - Huntingtons Disease 3 364 366 NUMBER

Description: Number of beds in a special care unit dedicated for residents with Huntington's disease.

SAS Name: HNTGTN\_DEASE\_BED\_CNT

COBOL Name: HNTGTN-DEASE-BED-CNT

Bed Count: Special Care - Specialized Rehab 3 367 369 NUMBER

Description: Number of beds in a special care unit dedicated for residents with specialized rehab needs.

SAS Name: REHAB\_BED\_CNT

COBOL Name: REHAB-BED-CNT

Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
<p>Bed Count: Special Care - Ventilator</p> <p>Description: Number of beds in a special care unit dedicated for residents requiring a ventilator and/or respiratory care.</p> <p>SAS Name: VNTLTR_BED_CNT</p> <p>COBOL Name: VNTLTR-BED-CNT</p>	3	370	372	NUMBER
<p>Bed Count: Total</p> <p>Description: Total number of beds in a provider, including those in non-participating or non-licensed areas.</p> <p>SAS Name: BED_CNT</p> <p>COBOL Name: BED-CNT</p>	4	373	376	NUMBER
<p>Compliance: 24-Hour RN Waiver Indicator</p> <p>Description: Indicates if a waiver of the 24-hour registered nurse staffing requirements has been recommended for a Skilled Nursing Facility or Nursing Facility.</p> <p>SAS Name: RN_24_HR_WVR_SW</p> <p>COBOL Name: RN-24-HR-WVR-SW</p>	1	442	442	CHAR
<p>Compliance: 7-Day RN Waiver Indicator</p> <p>Description: Indicates if a waiver of the 7-day registered nurse staffing requirements has been recommended for a Skilled Nursing Facility.</p> <p>SAS Name: RN_7_DAY_WVR_SW</p> <p>COBOL Name: RN-7-DAY-WVR-SW</p>	1	443	443	VARCHAR2
<p>Compliance: Beds Per Room Waiver Indicator</p> <p>Description: Indicates if a waiver of the beds per room requirement has been recommended for a facility.</p> <p>SAS Name: BED_PER_ROOM_WVR_SW</p> <p>COBOL Name: BED-PER-ROOM-WVR-SW</p>	1	444	444	CHAR
<p>Compliance: LSC Waiver Indicator</p> <p>Description: Indicates if a waiver of any life safety code provision has been recommended for a provider.</p> <p>SAS Name: LSC_WVR_SW</p> <p>COBOL Name: LSC-WVR-SW</p>	1	445	445	CHAR
<p>Compliance: Patient Room Size Waiver Indicator</p> <p>Description: Indicates if a waiver of the patient room size provision has been recommended for a provider.</p> <p>SAS Name: ROOM_SIZE_WVR_SW</p> <p>COBOL Name: ROOM-SIZE-WVR-SW</p>	1	446	446	CHAR
<p>Experimental Research Conducted Indicator</p> <p>Description: Indicates if a facility conducts experimental research.</p>	1	453	453	VARCHAR2

SAS Name: EXPRMT\_RSRCH\_CNDCTD\_SW  
COBOL Name: EXPRMT-RSRCH-CNDCTD-SW

Fiscal Year End Date (MMDD) 4 464 467 VARCHAR2  
Description: End date, consisting of the month and day, of the provider's fiscal year.  
SAS Name: FY\_END\_MO\_DAY\_CD  
COBOL Name: FY-END-MO-DAY-CD

Hospital Based Indicator 1 483 483 CHAR  
Description: Indicates if the provider is based in a hospital.  
SAS Name: HOSP\_BSD\_SW  
COBOL Name: HOSP-BSD-SW

LTC Cross Ref Provider Number 10 485 494 CHAR  
Description: LTC cross ref provider number  
SAS Name: LTC\_CROSS\_REF\_PROVIDER\_NUMBER  
COBOL Name: LTC-CROSS-REF-PROVIDER-NUMBER

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Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

Multiple Facility Organization Name 38 513 550 CHAR  
Description: Name of the multi-facility organization that owns the facility.  
SAS Name: MLT\_FAC\_ORG\_NAME  
COBOL Name: MLT-FAC-ORG-NAME

Multiple Facility Organization Owned Indicator 1 551 551 CHAR  
Description: Indicates if a facility is owned by an organization that owns (or leases) two or more long term care facilities.  
SAS Name: MLT\_OWND\_FAC\_ORG\_SW  
COBOL Name: MLT-OWND-FAC-ORG-SW

Organized Family Group Indicator 1 626 626 VARCHAR2  
Description: Indicates if the facility has an organized group of family members of residents.  
SAS Name: ORGNZ\_FMLY\_MBR\_GRP\_SW  
COBOL Name: ORGNZ-FMLY-MBR-GRP-SW

Organized Resident Group Indicator 1 627 627 VARCHAR2  
Description: Indicates if the facility has an organized residents group.  
SAS Name: ORGNZ\_RSDNT\_GRP\_SW  
COBOL Name: ORGNZ-RSDNT-GRP-SW

Program Participation Code 1 640 640 CHAR  
 Description: Indicates if the provider participates in Medicare,  
 Medicaid, or both programs.  
 SAS Name: PGM\_PRTCPTN\_CD  
 COBOL Name: PGM-PRTCPTN-CD  
 VALUES: 1=MEDICARE ONLY  
 2=MEDICAID ONLY  
 3=MEDICARE AND MEDICAID

Related Provider Number 10 686 695 CHAR  
 Description: Related provider number  
 SAS Name: RELATED\_PROVIDER\_NUMBER  
 COBOL Name: RELATED-PROVIDER-NUMBER

Services: Blood Administration Off-Site Residents 1 703 703 VARCHAR2  
 Indicator  
 Description: Indicates if blood administration and storage services  
 are provided off-site to residents.  
 SAS Name: BLOOD\_SRVC\_OFSITE\_RSDNT\_SW  
 COBOL Name: BLOOD-SRVC-OFSITE-RSDNT-SW

Services: Blood Administration On-Site Nonresidents 1 704 704 VARCHAR2  
 Indicator  
 Description: Indicates if blood administration and storage services  
 are provided on-site to nonresidents.  
 SAS Name: BLOOD\_SRVC\_ONST\_NRSNT\_SW  
 COBOL Name: BLOOD-SRVC-ONST-NRSNT-SW

Services: Blood Administration On-Site Residents 1 705 705 VARCHAR2  
 Indicator  
 Description: Indicates if blood administration and storage services  
 are provided on-site to residents.  
 SAS Name: BLOOD\_SRVC\_ONST\_RSDNT\_SW  
 COBOL Name: BLOOD-SRVC-ONST-RSDNT-SW

Services: Clinical Laboratory - Off-Site Residents 1 712 712 VARCHAR2  
 Indicator  
 Description: Indicates if clinical laboratory services are provided  
 off-site to residents.

SHORT DESCRIPTION LEN START END TYPE  
 SAS Name: CL\_SRVC\_OFSITE\_RSDNT\_SW  
 COBOL Name: CL-SRVC-OFSITE-RSDNT-SW

Services: Clinical Laboratory - On-Site Nonresidents 1 713 713 VARCHAR2

Indicator

Description: Indicates if clinical laboratory services are provided on-site to nonresidents.

SAS Name: CL\_SRVC\_ONST\_NRSDNT\_SW

COBOL Name: CL-SRVC-ONST-NRSDNT-SW

Services: Clinical Laboratory - On-Site Residents 1 714 714 VARCHAR2

Indicator

Description: Indicates if clinical laboratory services are provided on-site to residents.

SAS Name: CL\_SRVC\_ONST\_RSDNT\_SW

COBOL Name: CL-SRVC-ONST-RSDNT-SW

Services: Dental Off-Site Residents Indicator 1 720 720 VARCHAR2

Description: Indicates if dental services are provided off-site to residents.

SAS Name: DNTL\_SRVC\_OFSITE\_RSDNT\_SW

COBOL Name: DNTL-SRVC-OFSITE-RSDNT-SW

Services: Dental On-Site Nonresidents Indicator 1 721 721 VARCHAR2

Description: Indicates if dental services are provided on-site to nonresidents.

SAS Name: DNTL\_SRVC\_ONST\_NRSDNT\_SW

COBOL Name: DNTL-SRVC-ONST-NRSDNT-SW

Services: Dental On-Site Residents Indicator 1 722 722 VARCHAR2

Description: Indicates if dental services are provided on-site to residents.

SAS Name: DNTL\_SRVC\_ONST\_RSDNT\_SW

COBOL Name: DNTL-SRVC-ONST-RSDNT-SW

Services: Dietary Off-Site Residents Indicator 1 726 726 VARCHAR2

Description: Indicates if dietary services are provided off-site to residents.

SAS Name: DTRY\_OFSITE\_RSDNT\_SW

COBOL Name: DTRY-OFSITE-RSDNT-SW

Services: Dietary On-Site Nonresidents Indicator 1 727 727 VARCHAR2

Description: Indicates if dietary services are provided on-site to nonresidents.

SAS Name: DTRY\_ONST\_NRSDNT\_SW

COBOL Name: DTRY-ONST-NRSDNT-SW

Services: Dietary On-Site Residents Indicator 1 728 728 VARCHAR2

Description: Indicates if dietary services are provided on-site to residents.

SAS Name: DTRY\_ONST\_RSDNT\_SW

COBOL Name: DTRY-ONST-RSDNT-SW

Services: Housekeeping Off-Site Residents Indicator 1 738 738 VARCHAR2

Description: Indicates if housekeeping services are provided off-site to residents.

SAS Name: HSEKPNG\_SRVC\_OFSITE\_RSDNT\_SW

COBOL Name: HSEKPNG-SRVC-OFSITE-RSDNT-SW

Services: Housekeeping On-Site Nonresidents Indicator 1 739 739 VARCHAR2

Description: Indicates if housekeeping services are provided on-site to nonresidents.

SAS Name: HSEKPNG\_SRVC\_ONST\_NRSNT\_SW

COBOL Name: HSEKPNG-SRVC-ONST-NRSNT-SW

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POS RECORD LAYOUT

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Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Services: Housekeeping On-Site Residents Indicator 1	740	740		VARCHAR2
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Description: Indicates if housekeeping services are provided on-site to residents.

SAS Name: HSEKPNG\_SRVC\_ONST\_RSDNT\_SW

COBOL Name: HSEKPNG-SRVC-ONST-RSDNT-SW

Services: Mental Health Off-Site Residents Indicator 1	747	747		VARCHAR2
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Description: Indicates if mental health services are provided off-site to residents.

SAS Name: MENTL\_HLTH\_OFSITE\_RSDNT\_SW

COBOL Name: MENTL-HLTH-OFSITE-RSDNT-SW

Services: Mental Health On-Site Nonresidents Indicator	1	748	748	VARCHAR2
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Description: Indicates if mental health services are provided on-site to nonresidents.

SAS Name: MENTL\_HLTH\_ONST\_NRSNT\_SW

COBOL Name: MENTL-HLTH-ONST-NRSNT-SW

Services: Mental Health On-Site Residents Indicator 1	749	749		VARCHAR2
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Description: Indicates if mental health services are provided on-site to residents.

SAS Name: MENTL\_HLTH\_ONST\_RSDNT\_SW

COBOL Name: MENTL-HLTH-ONST-RSDNT-SW

Services: Nursing Off-Site Residents Indicator	1	760	760	VARCHAR2
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Description: Indicates if nursing services are provided off-site to residents.

SAS Name: NRSNG\_SRVC\_OFSITE\_RSDNT\_SW

COBOL Name: NRSNG-SRVC-OFSITE-RSDNT-SW

Services: Nursing On-Site Nonresidents Indicator	1	761	761	VARCHAR2
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Description: Indicates if nursing services are provided on-site to nonresidents.

SAS Name: NRSNG\_SRVC\_ONST\_NRSDNT\_SW

COBOL Name: NRSNG-SRVC-ONST-NRSDNT-SW

Services: Nursing On-Site Residents Indicator 1 762 762 VARCHAR2

Description: Indicates if nursing services are provided on-site to residents.

SAS Name: NRSNG\_SRVC\_ONST\_RSDNT\_SW

COBOL Name: NRSNG-SRVC-ONST-RSDNT-SW

Services: OT Off-Site Residents Indicator 1 776 776 VARCHAR2

Description: Indicates if occupational therapy services are provided off-site to residents.

SAS Name: OT\_SRVC\_OFSITE\_RSDNT\_SW

COBOL Name: OT-SRVC-OFSITE-RSDNT-SW

Services: OT On-Site Nonresidents Indicator 1 777 777 VARCHAR2

Description: Indicates if occupational therapy services are provided on-site to nonresidents.

SAS Name: OT\_SRVC\_ONST\_NRSDNT\_SW

COBOL Name: OT-SRVC-ONST-NRSDNT-SW

Services: OT On-Site Residents Indicator 1 778 778 VARCHAR2

Description: Indicates if occupational therapy services are provided on-site to residents.

SAS Name: OT\_SRVC\_ONST\_RSDNT\_SW

COBOL Name: OT-SRVC-ONST-RSDNT-SW

Services: Pharmacy Off-Site Residents Indicator 1 789 789 VARCHAR2

Description: Indicates if pharmacy services are provided off-site to

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POS RECORD LAYOUT

PAGE: 28

Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

residents.

SAS Name: PHRMCY\_SRVC\_OFSITE\_RSDNT\_SW

COBOL Name: PHRMCY-SRVC-OFSITE-RSDNT-SW

Services: Pharmacy On-Site Nonresidents Indicator 1 790 790 VARCHAR2

Description: Indicates if pharmacy services are provided on-site to nonresidents.

SAS Name: PHRMCY\_SRVC\_ONST\_NRSDNT\_SW

COBOL Name: PHRMCY-SRVC-ONST-NRSDNT-SW

Services: Pharmacy On-Site Residents Indicator 1 791 791 VARCHAR2

Description: Indicates if pharmacy services are provided on-site to

residents.  
SAS Name: PHRMCY\_SRVC\_ONST\_RSDNT\_SW  
COBOL Name: PHRMCY-SRVC-ONST-RSDNT-SW

Services: Physician Extender Off-Site Residents Indicator 1 796 796 VARCHAR2

Description: Indicates if physician extender services are provided off-site to residents.  
SAS Name: PHYSN\_EXT\_SRVC\_OFSITE\_RSDNT\_SW  
COBOL Name: PHYSN-EXT-SRVC-OFSITE-RSDNT-SW

Services: Physician Extender On-Site Nonresidents Indicator 1 797 797 VARCHAR2

Description: Indicates if physician extender services are provided on-site to nonresidents.  
SAS Name: PHYSN\_EXT\_SRVC\_ONST\_NRSRSDNT\_SW  
COBOL Name: PHYSN-EXT-SRVC-ONST-NRSRSDNT-SW

Services: Physician Extender On-Site Residents Indicator 1 798 798 VARCHAR2

Description: Indicates if physician extender services are provided on-site to residents.  
SAS Name: PHYSN\_EXT\_SRVC\_ONST\_RSDNT\_SW  
COBOL Name: PHYSN-EXT-SRVC-ONST-RSDNT-SW

Services: Physician Off-Site Residents Indicator 1 799 799 VARCHAR2

Description: Indicates if physician services are provided off-site to residents.  
SAS Name: PHYSN\_SRVC\_OFSITE\_RSDNT\_SW  
COBOL Name: PHYSN-SRVC-OFSITE-RSDNT-SW

Services: Physician On-Site Nonresidents Indicator 1 800 800 VARCHAR2

Description: Indicates if physician services are provided on-site to nonresidents.  
SAS Name: PHYSN\_SRVC\_ONST\_NRSRSDNT\_SW  
COBOL Name: PHYSN-SRVC-ONST-NRSRSDNT-SW

Services: Physician On-Site Residents Indicator 1 801 801 VARCHAR2

Description: Indicates if physician services are provided on-site to residents.  
SAS Name: PHYSN\_SRVC\_ONST\_RSDNT\_SW  
COBOL Name: PHYSN-SRVC-ONST-RSDNT-SW

Services: Podiatry Off-Site Residents Indicator 1 802 802 VARCHAR2

Description: Indicates if podiatry services are provided off-site to residents.  
SAS Name: PDTRY\_SRVC\_OFSITE\_RSDNT\_SW  
COBOL Name: PDTRY-SRVC-OFSITE-RSDNT-SW

Services: Podiatry On-Site Nonresidents Indicator 1 803 803 VARCHAR2

Description: Indicates if podiatry services are provided on-site to nonresidents.

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Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
SAS Name: PDTRY_SRVC_ONST_NRSDNT_SW COBOL Name: PDTRY-SRVC-ONST-NRSDNT-SW				
Services: Podiatry On-Site Residents Indicator Description: Indicates if podiatry services are provided on-site to residents.	1	804	804	VARCHAR2
SAS Name: PDTRY_SRVC_ONST_RSDNT_SW COBOL Name: PDTRY-SRVC-ONST-RSDNT-SW				
Services: PT Off-Site Residents Indicator Description: Indicates if physical therapy services are provided off-site to residents.	1	814	814	VARCHAR2
SAS Name: PT_OFSITE_RSDNT_SW COBOL Name: PT-OFSITE-RSDNT-SW				
Services: PT On-Site Nonresidents Indicator Description: Indicates if physical therapy services are provided on-site to nonresidents.	1	815	815	VARCHAR2
SAS Name: PT_ONST_NRSDNT_SW COBOL Name: PT-ONST-NRSDNT-SW				
Services: PT On-Site Residents Indicator Description: Indicates if physical therapy services are provided on-site to residents.	1	816	816	VARCHAR2
SAS Name: PT_ONST_RSDNT_SW COBOL Name: PT-ONST-RSDNT-SW				
Services: Social Work Off-Site Residents Indicator Description: Indicates if social work services are provided off-site to residents.	1	827	827	VARCHAR2
SAS Name: SCL_WORK_SRVC_OFSITE_RSDNT_SW COBOL Name: SCL-WORK-SRVC-OFSITE-RSDNT-SW				
Services: Social Work On-Site Nonresidents Indicator Description: Indicates if social work services are provided on-site to nonresidents.	1	828	828	VARCHAR2
SAS Name: SCL_WORK_SRVC_ONST_NRSDNT_SW COBOL Name: SCL-WORK-SRVC-ONST-NRSDNT-SW				
Services: Social Work On-Site Residents Indicator Description: Indicates if social work services are provided on-site to	1	829	829	VARCHAR2

residents.  
SAS Name: SCL\_WORK\_SRVC\_ONST\_RSDNT\_SW  
COBOL Name: SCL-WORK-SRVC-ONST-RSDNT-SW

Services: Speech Pathology Off-Site Residents 1 834 834 VARCHAR2  
Indicator

Description: Indicates if speech/language pathology services are provided off-site to residents.

SAS Name: SPCH\_PTHLGY\_OFSITE\_RSDNT\_SW  
COBOL Name: SPCH-PTHLGY-OFSITE-RSDNT-SW

Services: Speech Pathology On-Site Nonresidents 1 835 835 VARCHAR2  
Indicator

Description: Indicates if speech/language pathology services are provided on-site to nonresidents.

SAS Name: SPCH\_PTHLGY\_ONST\_NRSNT\_SW  
COBOL Name: SPCH-PTHLGY-ONST-NRSNT-SW

Services: Speech Pathology On-Site Residents 1 836 836 VARCHAR2  
Indicator

Description: Indicates if speech/language pathology services are provided on-site to residents.

SAS Name: SPCH\_PTHLGY\_ONST\_RSDNT\_SW

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 30  
Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

COBOL Name: SPCH-PTHLGY-ONST-RSDNT-SW

Services: Therapeutic - Other Activities Staff - 1 839 839 VARCHAR2  
Off-Site Residents Indicator

Description: Indicates if therapeutic services are provided off-site to residents by other activities staff.

SAS Name: ACTVTY\_OTHR\_OFSITE\_RSDNT\_SW  
COBOL Name: ACTVTY-OTHR-OFSITE-RSDNT-SW

Services: Therapeutic - Other Activities Staff - 1 840 840 VARCHAR2  
On-Site Nonresidents Indicator

Description: Indicates if therapeutic services are provided on-site to nonresidents by other activities staff.

SAS Name: ACTVTY\_OTHR\_ONST\_NRSNT\_SW  
COBOL Name: ACTVTY-OTHR-ONST-NRSNT-SW

Services: Therapeutic - Other Activities Staff - 1 841 841 VARCHAR2  
On-Site Residents Indicator

Description: Indicates if therapeutic services are provided on-site to residents by other activities staff.

SAS Name: ACTVTY\_OTHR\_ONST\_RSDNT\_SW  
COBOL Name: ACTVTY-OTHR-ONST-RSDNT-SW

Services: Therapeutic - Other Social Services Staff - 1 842 842 VARCHAR2  
Off-Site Residents Indicator

Description: Indicates if other therapeutic social services are provided off-site to residents.

SAS Name: SCL\_SRVC\_OTHR\_OFSITE\_RSDNT\_SW  
COBOL Name: SCL-SRVC-OTHR-OFSITE-RSDNT-SW

Services: Therapeutic - Other Social Services Staff - 1 843 843 VARCHAR2  
On-Site Nonresidents Indicator

Description: Indicates if other therapeutic social services are provided on-site to nonresidents.

SAS Name: SCL\_SRVC\_OTHR\_ONST\_NRSNT\_SW  
COBOL Name: SCL-SRVC-OTHR-ONST-NRSNT-SW

Services: Therapeutic - Other Social Services Staff - 1 844 844 VARCHAR2  
On-Site Residents Indicator

Description: Indicates if other therapeutic social services are provided on-site to residents.

SAS Name: SCL\_SRVC\_OTHR\_ONST\_RSDNT\_SW  
COBOL Name: SCL-SRVC-OTHR-ONST-RSDNT-SW

Services: Therapeutic - Qualified Activities Professional - Off-Site Residents Indicator 1 845 845 VARCHAR2

Description: Indicates if therapeutic services are provided off-site to residents by qualified activities professionals.

SAS Name: ACTVTY\_OFSITE\_RSDNT\_SW  
COBOL Name: ACTVTY-OFSITE-RSDNT-SW

Services: Therapeutic - Qualified Activities Professional - On-Site Nonresidents Indicator 1 846 846 VARCHAR2

Description: Indicates if therapeutic services are provided on-site to nonresidents by qualified activities professionals.

SAS Name: ACTVTY\_ONST\_NRSNT\_SW  
COBOL Name: ACTVTY-ONST-NRSNT-SW

Services: Therapeutic - Qualified Activities Professional - On-Site Residents Indicator 1 847 847 VARCHAR2

Description: Indicates if therapeutic services are provided on-site to residents by qualified activities professionals.

SAS Name: ACTVTY\_ONST\_RSDNT\_SW  
COBOL Name: ACTVTY-ONST-RSDNT-SW

SHORT DESCRIPTION LEN START END TYPE

Services: Therapeutic Recreational Specialty Off-Site 1 849 849 VARCHAR2  
Residents Indicator

Description: Indicates if therapeutic recreation specialist services  
are provided off-site to residents.

SAS Name: THRPTC\_RCRTNL\_OFSITE\_RSDNT\_SW

COBOL Name: THRPTC-RCRTNL-OFSITE-RSDNT-SW

Services: Therapeutic Recreational Specialty On-Site 1 850 850 VARCHAR2  
Nonresidents Indicator

Description: Indicates if therapeutic recreation specialist services  
are provided on-site to nonresidents.

SAS Name: THRPTC\_RCRTNL\_ONST\_NRSNT\_SW

COBOL Name: THRPTC-RCRTNL-ONST-NRSNT-SW

Services: Therapeutic Recreational Specialty On-Site 1 851 851 VARCHAR2  
Residents Indicator

Description: Indicates if therapeutic recreation specialist services  
are provided on-site to residents.

SAS Name: THRPTC\_RCRTNL\_ONST\_RSDNT\_SW

COBOL Name: THRPTC-RCRTNL-ONST-RSDNT-SW

Services: Vocational Off-Site Residents Indicator 1 854 854 VARCHAR2

Description: Indicates if vocational services are provided off-site to  
residents.

SAS Name: VCTNL\_SRVC\_OFSITE\_RSDNT\_SW

COBOL Name: VCTNL-SRVC-OFSITE-RSDNT-SW

Services: Vocational On-Site Nonresidents Indicator 1 855 855 VARCHAR2

Description: Indicates if vocational services are provided on-site to  
nonresidents.

SAS Name: VCTNL\_SRVC\_ONST\_NRSNT\_SW

COBOL Name: VCTNL-SRVC-ONST-NRSNT-SW

Services: Vocational On-Site Residents Indicator 1 856 856 VARCHAR2

Description: Indicates if vocational services are provided on-site to  
residents.

SAS Name: VCTNL\_SRVC\_ONST\_RSDNT\_SW

COBOL Name: VCTNL-SRVC-ONST-RSDNT-SW

Services: X-ray Off-Site Residents Indicator 1 857 857 VARCHAR2

Description: Indicates if diagnostic X-ray services are provided  
off-site to residents.

SAS Name: DGNSTC\_XRAY\_OFSITE\_RSDNT\_SW

COBOL Name: DGNSTC-XRAY-OFSITE-RSDNT-SW

Services: X-ray On-Site Nonresidents Indicator 1 858 858 VARCHAR2

Description: Indicates if diagnostic X-ray services are provided  
on-site to nonresidents.

SAS Name: DGNSTC\_XRAY\_ONST\_NRSDNT\_SW  
COBOL Name: DGNSTC-XRAY-ONST-NRSDNT-SW

Services: X-ray On-Site Residents Indicator 1 859 859 VARCHAR2  
Description: Indicates if diagnostic X-ray services are provided on-site to residents.

SAS Name: DGNSTC\_XRAY\_ONST\_RSDNT\_SW  
COBOL Name: DGNSTC-XRAY-ONST-RSDNT-SW

Staff Count Override Indicator 1 861 861 CHAR  
Description: Indicates if the regional office has approved a significant staff count change from the previous certification.

SAS Name: OVRRD\_STFG\_SW  
COBOL Name: OVRRD-STFG-SW

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 32  
Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

Staff Count: Administrative Staff - Contract 8 862 869 NUMBER  
Description: Number of full-time equivalent administrative staff under contract to a facility.

SAS Name: PROFNL\_ADMIN\_CNTRCT\_CNT  
COBOL Name: PROFNL-ADMIN-CNTRCT-CNT

Staff Count: Administrative Staff - Full-Time 8 870 877 NUMBER  
Description: Number of full-time equivalent administrative staff employed on a full-time basis by a facility.

SAS Name: PROFNL\_ADMIN\_FLTM\_CNT  
COBOL Name: PROFNL-ADMIN-FLTM-CNT

Staff Count: Administrative Staff - Part-Time 8 878 885 NUMBER  
Description: Number of full-time equivalent administrative staff employed on a part-time basis by a facility.

SAS Name: PROFNL\_ADMIN\_PRTM\_CNT  
COBOL Name: PROFNL-ADMIN-PRTM-CNT

Staff Count: Certified Nurse Aide - Contract 8 910 917 NUMBER  
Description: Number of full-time equivalent certified nurse aides under contract to a facility.

SAS Name: NRS\_AIDE\_CNTRCT\_CNT  
COBOL Name: NRS-AIDE-CNTRCT-CNT

Staff Count: Certified Nurse Aide - Full-Time 8 918 925 NUMBER  
Description: Number of full-time equivalent certified nurse aides employed full-time by a facility.

SAS Name: NRS\_AIDE\_FLTM\_CNT  
COBOL Name: NRS-AIDE-FLTM-CNT

Staff Count: Certified Nurse Aide - Part-Time 8 926 933 NUMBER  
Description: Number of full-time equivalent certified nurse aides  
employed part-time by a facility.

SAS Name: NRS\_AIDE\_PRTM\_CNT  
COBOL Name: NRS-AIDE-PRTM-CNT

Staff Count: Dentist - Contract 8 958 965 NUMBER  
Description: Number of full-time equivalent dentists under contract to  
a facility.

SAS Name: DNTST\_CNTRCT\_CNT  
COBOL Name: DNTST-CNTRCT-CNT

Staff Count: Dentist - Full-Time 8 966 973 NUMBER  
Description: Number of full-time equivalent dentists employed full  
time by a facility.

SAS Name: DNTST\_FLTM\_CNT  
COBOL Name: DNTST-FLTM-CNT

Staff Count: Dentist - Part-Time 8 974 981 NUMBER  
Description: Number of full-time equivalent dentists employed part  
time by a facility.

SAS Name: DNTST\_PRTM\_CNT  
COBOL Name: DNTST-PRTM-CNT

Staff Count: Dietitian - Contract 8 990 997 NUMBER  
Description: Number of full-time equivalent dietitians under contract  
to a facility.

SAS Name: DIETN\_CNTRCT\_CNT  
COBOL Name: DIETN-CNTRCT-CNT

Staff Count: Dietitian - Full-Time 8 998 1005 NUMBER  
Description: Number of full-time equivalent dietitians employed full  
time by a facility.

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 33  
Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

SAS Name: DIETN\_FLTM\_CNT  
COBOL Name: DIETN-FLTM-CNT

Staff Count: Dietitian - Part-Time 8 1006 1013 NUMBER  
Description: Number of full-time equivalent dietitians employed part  
time by a facility.

SAS Name: DIETN\_PRTM\_CNT



COBOL Name: DIETN-PRTM-CNT

Staff Count: Food Service Worker - Contract 8 1022 1029 NUMBER  
Description: Number of full-time equivalent food service personnel  
under contract to a facility.  
SAS Name: FOOD\_SRVC\_CNTRCT\_CNT  
COBOL Name: FOOD-SRVC-CNTRCT-CNT

Staff Count: Food Service Worker - Full-Time 8 1030 1037 NUMBER  
Description: Number of full-time equivalent food service personnel  
employed full-time by a facility.  
SAS Name: FOOD\_SRVC\_FLTM\_CNT  
COBOL Name: FOOD-SRVC-FLTM-CNT

Staff Count: Food Service Worker - Part-Time 8 1038 1045 NUMBER  
Description: Number of full-time equivalent food service personnel  
employed part-time by a facility.  
SAS Name: FOOD\_SRVC\_PRTM\_CNT  
COBOL Name: FOOD-SRVC-PRTM-CNT

Staff Count: Housekeeping - Contract 8 1070 1077 NUMBER  
Description: Number of full-time equivalent housekeeping personnel  
under contract to a facility.  
SAS Name: HSEKPNG\_CNTRCT\_CNT  
COBOL Name: HSEKPNG-CNTRCT-CNT

Staff Count: Housekeeping - Full-Time 8 1078 1085 NUMBER  
Description: Number of full-time equivalent housekeeping personnel  
employed full-time by a facility.  
SAS Name: HSEKPNG\_FLTM\_CNT  
COBOL Name: HSEKPNG-FLTM-CNT

Staff Count: Housekeeping - Part-Time 8 1086 1093 NUMBER  
Description: Number of full-time equivalent housekeeping personnel  
employed part-time by a facility.  
SAS Name: HSEKPNG\_PRTM\_CNT  
COBOL Name: HSEKPNG-PRTM-CNT

Staff Count: LPN/LVN - Contract 8 1118 1125 NUMBER  
Description: Number of full-time equivalent licensed  
practical/vocational nurses under contract to a facility.  
SAS Name: LPN\_LVN\_CNTRCT\_CNT  
COBOL Name: LPN-LVN-CNTRCT-CNT

Staff Count: LPN/LVN - Full-Time 8 1126 1133 NUMBER  
Description: Number of full-time equivalent licensed  
practical/vocational nurses employed full-time by a  
facility.  
SAS Name: LPN\_LVN\_FLTM\_CNT  
COBOL Name: LPN-LVN-FLTM-CNT

Staff Count: LPN/LVN - Part-Time 8 1134 1141 NUMBER  
 Description: Number of full-time equivalent licensed practical/vocational nurses employed part-time by a facility.  
 SAS Name: LPN\_LVN\_PRTM\_CNT  
 COBOL Name: LPN-LVN-PRTM-CNT

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 34  
 Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

Staff Count: Medical Director - Contract 8 1150 1157 NUMBER  
 Description: Number of full-time equivalent medical directors under contract to a facility.  
 SAS Name: MDCL\_DRCTR\_CNTRCT\_CNT  
 COBOL Name: MDCL-DRCTR-CNTRCT-CNT

Staff Count: Medical Director - Full-Time 8 1158 1165 NUMBER  
 Description: Number of full-time equivalent medical directors employed full-time by a facility.  
 SAS Name: MDCL\_DRCTR\_FLTM\_CNT  
 COBOL Name: MDCL-DRCTR-FLTM-CNT

Staff Count: Medical Director - Part-Time 8 1166 1173 NUMBER  
 Description: Number of full-time equivalent medical directors employed part-time by a facility.  
 SAS Name: MDCL\_DRCTR\_PRTM\_CNT  
 COBOL Name: MDCL-DRCTR-PRTM-CNT

Staff Count: Medication Aide/Technician - Contract 8 1198 1205 NUMBER  
 Description: Number of full-time equivalent medication aides/technicians under contract to a facility.  
 SAS Name: MDCTN\_AIDE\_CNTRCT\_CNT  
 COBOL Name: MDCTN-AIDE-CNTRCT-CNT

Staff Count: Medication Aide/Technician - Full-Time 8 1206 1213 NUMBER  
 Description: Number of full-time equivalent medication aides/technicians employed full-time by a facility.  
 SAS Name: MDCTN\_AIDE\_FLTM\_CNT  
 COBOL Name: MDCTN-AIDE-FLTM-CNT

Staff Count: Medication Aide/Technician - Part-Time 8 1214 1221 NUMBER  
 Description: Number of full-time equivalent medication aides/technicians employed part-time by a facility.  
 SAS Name: MDCTN\_AIDE\_PRTM\_CNT  
 COBOL Name: MDCTN-AIDE-PRTM-CNT

Staff Count: Mental Health Services - Contract 8 1222 1229 NUMBER  
Description: Number of full-time equivalent mental health services  
personnel under contract to a facility.  
SAS Name: MENTL\_HLTH\_SRVC\_CNTRCT\_CNT  
COBOL Name: MENTL-HLTH-SRVC-CNTRCT-CNT

Staff Count: Mental Health Services - Full-Time 8 1230 1237 NUMBER  
Description: Number of full-time equivalent mental health services  
personnel employed full-time by a facility.  
SAS Name: MENTL\_HLTH\_SRVC\_FLTM\_CNT  
COBOL Name: MENTL-HLTH-SRVC-FLTM-CNT

Staff Count: Mental Health Services - Part-Time 8 1238 1245 NUMBER  
Description: Number of full-time equivalent mental health services  
personnel employed part-time by a facility.  
SAS Name: MENTL\_HLTH\_SRVC\_PRTM\_CNT  
COBOL Name: MENTL-HLTH-SRVC-PRTM-CNT

Staff Count: Nurse Aide in Training - Contract 8 1254 1261 NUMBER  
Description: Number of full-time equivalent nurse aides in training  
under contract to a facility.  
SAS Name: NAT\_CNTRCT\_CNT  
COBOL Name: NAT-CNTRCT-CNT

Staff Count: Nurse Aide in Training - Full-Time 8 1262 1269 NUMBER  
Description: Number of full-time equivalent nurse aides in training  
employed full-time by a facility.

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 35  
Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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SAS Name: NAT\_FLTM\_CNT  
COBOL Name: NAT-FLTM-CNT

Staff Count: Nurse Aide in Training - Part-Time 8 1270 1277 NUMBER  
Description: Number of full-time equivalent nurse aides in training  
employed part-time by a facility.  
SAS Name: NAT\_PRTM\_CNT  
COBOL Name: NAT-PRTM-CNT

Staff Count: Nurse With Administrative Duties - Contract 8 1286 1293 NUMBER  
Description: Number of full-time equivalent nurses with administrative  
duties under contract to a facility.  
SAS Name: NRS\_ADMINV\_CNTRCT\_CNT  
COBOL Name: NRS-ADMINV-CNTRCT-CNT

Staff Count: Nurse With Administrative Duties - 8 1294 1301 NUMBER  
Full-Time

Description: Number of full-time equivalent nurses with administrative duties employed full-time by a facility.

SAS Name: NRS\_ADMINV\_FLTM\_CNT

COBOL Name: NRS-ADMINV-FLTM-CNT

Staff Count: Nurse With Administrative Duties - 8 1302 1309 NUMBER  
Part-Time

Description: Number of full-time equivalent nurses with administrative duties employed part-time by a facility.

SAS Name: NRS\_ADMINV\_PRTM\_CNT

COBOL Name: NRS-ADMINV-PRTM-CNT

Staff Count: OT - Arrangement 8 1318 1325 NUMBER

Description: Number of full-time equivalent occupational therapists under arrangement to the provider

SAS Name: OCPTNL\_THRPST\_CNTRCT\_CNT

COBOL Name: OCPTNL-THRPST-CNTRCT-CNT

Staff Count: OT - Full-Time 8 1326 1333 NUMBER

Description: Number of full-time equivalent occupational therapists employed full-time by a facility.

SAS Name: OCPTNL\_THRPST\_FLTM\_CNT

COBOL Name: OCPTNL-THRPST-FLTM-CNT

Staff Count: OT - Part-Time 8 1334 1341 NUMBER

Description: Number of full-time equivalent occupational therapists employed part-time by a facility.

SAS Name: OCPTNL\_THRPST\_PRTM\_CNT

COBOL Name: OCPTNL-THRPST-PRTM-CNT

Staff Count: OT Aide - Contract 8 1342 1349 NUMBER

Description: Number of full-time equivalent occupational therapy aides under contract to a facility.

SAS Name: OT\_AIDE\_CNTRCT\_CNT

COBOL Name: OT-AIDE-CNTRCT-CNT

Staff Count: OT Aide - Full-Time 8 1350 1357 NUMBER

Description: Number of full-time equivalent occupational therapy aides employed full-time by a facility.

SAS Name: OT\_AIDE\_FLTM\_CNT

COBOL Name: OT-AIDE-FLTM-CNT

Staff Count: OT Aide - Part-Time 8 1358 1365 NUMBER

Description: Number of full-time equivalent occupational therapy aides employed part-time by a facility.

SAS Name: OT\_AIDE\_PRTM\_CNT

Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
COBOL Name: OT-AIDE-PRTM-CNT				
Staff Count: OT Assistant - Contract	8	1366	1373	NUMBER
Description: Number of full-time equivalent occupational therapy assistants under contract to a facility.				
SAS Name: OT_ASTNT_CNTRCT_CNT				
COBOL Name: OT-ASTNT-CNTRCT-CNT				
Staff Count: OT Assistant - Full-Time	8	1374	1381	NUMBER
Description: Number of full-time equivalent occupational therapy assistants employed full-time by a facility.				
SAS Name: OT_ASTNT_FLTM_CNT				
COBOL Name: OT-ASTNT-FLTM-CNT				
Staff Count: OT Assistant - Part-Time	8	1382	1389	NUMBER
Description: Number of full-time equivalent occupational therapy assistants employed part-time by a facility.				
SAS Name: OT_ASTNT_PRTM_CNT				
COBOL Name: OT-ASTNT-PRTM-CNT				
Staff Count: Other Activities - Contract	8	1398	1405	NUMBER
Description: Number of full-time equivalent other activities staff providing therapeutic services under contract to a facility.				
SAS Name: ACTVTY_STF_OTHR_CNTRCT_CNT				
COBOL Name: ACTVTY-STF-OTHR-CNTRCT-CNT				
Staff Count: Other Activities - Full-Time	8	1406	1413	NUMBER
Description: Number of full-time equivalent other activities staff providing therapeutic services employed full time by a facility.				
SAS Name: ACTVTY_STF_OTHR_FLTM_CNT				
COBOL Name: ACTVTY-STF-OTHR-FLTM-CNT				
Staff Count: Other Activities - Part-Time	8	1414	1421	NUMBER
Description: Number of full-time equivalent other activities staff providing therapeutic services employed part time by a facility.				
SAS Name: ACTVTY_STF_OTHR_PRTM_CNT				
COBOL Name: ACTVTY-STF-OTHR-PRTM-CNT				
Staff Count: Other Physician - Contract	8	1422	1429	NUMBER
Description: Number of full-time equivalent other physicians under contract to a facility.				

SAS Name: PHYSN\_OTHR\_CNTRCT\_CNT  
COBOL Name: PHYSN-OTHR-CNTRCT-CNT

Staff Count: Other Physician - Full-Time 8 1430 1437 NUMBER  
Description: Number of full-time equivalent other physicians employed  
full-time by a facility.

SAS Name: PHYSN\_OTHR\_FLTM\_CNT  
COBOL Name: PHYSN-OTHR-FLTM-CNT

Staff Count: Other Physician - Part-Time 8 1438 1445 NUMBER  
Description: Number of full-time equivalent other physicians employed  
part-time by a facility.

SAS Name: PHYSN\_OTHR\_PRTM\_CNT  
COBOL Name: PHYSN-OTHR-PRTM-CNT

Staff Count: Other Social Services - Contract 8 1446 1453 NUMBER  
Description: Number of full-time equivalent other social services  
staff under contract to a facility.

SAS Name: SCL\_SRVC\_OTHR\_STF\_CNTRCT\_CNT  
COBOL Name: SCL-SRVC-OTHR-STF-CNTRCT-CNT

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 37  
Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Staff Count: Other Social Services - Full-Time 8 1454 1461 NUMBER  
Description: Number of full-time equivalent other social services  
staff employed full time by a facility.

SAS Name: SCL\_SRVC\_OTHR\_STF\_FLTM\_CNT  
COBOL Name: SCL-SRVC-OTHR-STF-FLTM-CNT

Staff Count: Other Social Services - Part-Time 8 1462 1469 NUMBER  
Description: Number of full-time equivalent other social services  
staff employed part time by a facility.

SAS Name: SCL\_SRVC\_OTHR\_STF\_PRTM\_CNT  
COBOL Name: SCL-SRVC-OTHR-STF-PRTM-CNT

Staff Count: Other Staff - Contract 8 1470 1477 NUMBER  
Description: Number of full-time equivalent staff not included in any  
other categories under contract to the facility.

SAS Name: STF\_OTHR\_CNTRCT\_CNT  
COBOL Name: STF-OTHR-CNTRCT-CNT

Staff Count: Other Staff - Full-Time 8 1478 1485 NUMBER  
Description: Number of full-time equivalent persons not included in  
any other categories employed full-time by the facility.

SAS Name: STF\_OTHR\_FLTM\_CNT

COBOL Name: STF-OTHR-FLTM-CNT

Staff Count: Other Staff - Part-Time 8 1486 1493 NUMBER  
Description: Number of full-time equivalent persons not included in  
any other categories employed part-time by the facility.  
SAS Name: STF\_OTHR\_PRTM\_CNT  
COBOL Name: STF-OTHR-PRTM-CNT

Staff Count: Pharmacist - Contract 8 1494 1501 NUMBER  
Description: Number of full-time equivalent pharmacists under contract  
to a facility.  
SAS Name: PHRMCST\_CNTRCT\_CNT  
COBOL Name: PHRMCST-CNTRCT-CNT

Staff Count: Pharmacist - Full-Time 8 1502 1509 NUMBER  
Description: Number of full-time equivalent pharmacists employed  
full-time by a facility.  
SAS Name: PHRMCST\_FLTM\_CNT  
COBOL Name: PHRMCST-FLTM-CNT

Staff Count: Pharmacist - Part-Time 8 1510 1517 NUMBER  
Description: Number of full-time equivalent pharmacists employed  
part-time by a facility.  
SAS Name: PHRMCST\_PRTM\_CNT  
COBOL Name: PHRMCST-PRTM-CNT

Staff Count: Physical Therapist - Contract 8 1518 1525 NUMBER  
Description: Number of full-time equivalent physical therapists under  
contract to a facility.  
SAS Name: PHYS\_THRPST\_CNTRCT\_CNT  
COBOL Name: PHYS-THRPST-CNTRCT-CNT

Staff Count: Physical Therapist - Full-Time 8 1526 1533 NUMBER  
Description: Number of full-time equivalent physical therapists  
employed full-time by a facility.  
SAS Name: PHYS\_THRPST\_FLTM\_CNT  
COBOL Name: PHYS-THRPST-FLTM-CNT

Staff Count: Physical Therapist - Part-Time 8 1534 1541 NUMBER  
Description: Number of full-time equivalent physical therapists  
employed part-time by a facility.

SHORT DESCRIPTION LEN START END TYPE

SAS Name: PHYS\_THRPST\_PRTM\_CNT  
COBOL Name: PHYS-THRPST-PRTM-CNT

Staff Count: Physician Extender - Contract           8    1566  1573 NUMBER  
Description: Number of full-time equivalent physician extenders under  
                  contract to the facility.

SAS Name:     PHYSN\_EXT\_CNTRCT\_CNT  
COBOL Name:  PHYSN-EXT-CNTRCT-CNT

Staff Count: Physician Extender - Full-Time         8    1574  1581 NUMBER  
Description: Number of full-time equivalent physician extenders  
                  employed full-time by the facility.

SAS Name:     PHYSN\_EXT\_FLTM\_CNT  
COBOL Name:  PHYSN-EXT-FLTM-CNT

Staff Count: Physician Extender - Part-Time         8    1582  1589 NUMBER  
Description: Number of full-time equivalent physician extenders  
                  employed part-time by the facility.

SAS Name:     PHYSN\_EXT\_PRTM\_CNT  
COBOL Name:  PHYSN-EXT-PRTM-CNT

Staff Count: Podiatrist - Contract                   8    1598  1605 NUMBER  
Description: Number of full-time equivalent podiatrists under contract  
                  to a facility.

SAS Name:     PDTRST\_CNTRCT\_CNT  
COBOL Name:  PDTRST-CNTRCT-CNT

Staff Count: Podiatrist - Full-Time                   8    1606  1613 NUMBER  
Description: Number of full-time equivalent podiatrists employed  
                  full-time by a facility.

SAS Name:     PDTRST\_FLTM\_CNT  
COBOL Name:  PDTRST-FLTM-CNT

Staff Count: Podiatrist - Part-Time                   8    1614  1621 NUMBER  
Description: Number of full-time equivalent podiatrists employed  
                  part-time by a facility.

SAS Name:     PDTRST\_PRTM\_CNT  
COBOL Name:  PDTRST-PRTM-CNT

Staff Count: PT Aide - Contract                     8    1654  1661 NUMBER  
Description: Number of full-time equivalent physical therapy aides  
                  under contract to a facility.

SAS Name:     PT\_AIDE\_CNTRCT\_CNT  
COBOL Name:  PT-AIDE-CNTRCT-CNT

Staff Count: PT Aide - Full-Time                     8    1662  1669 NUMBER  
Description: Number of full-time equivalent physical therapy aides  
                  employed full-time by a facility.

SAS Name:     PT\_AIDE\_FLTM\_CNT  
COBOL Name:  PT-AIDE-FLTM-CNT

Staff Count: PT Aide - Part-Time                     8    1670  1677 NUMBER



Description: Number of full-time equivalent physical therapy aides employed part-time by a facility.

SAS Name: PT\_AIDE\_PRTM\_CNT

COBOL Name: PT-AIDE-PRTM-CNT

Staff Count: PT Assistant - Contract 8 1678 1685 NUMBER

Description: Number of full-time equivalent physical therapy assistants under contract to a facility.

SAS Name: PT\_ASTNT\_CNTRCT\_CNT

COBOL Name: PT-ASTNT-CNTRCT-CNT

Staff Count: PT Assistant - Full-Time 8 1686 1693 NUMBER

DATE: 10/03/2022

POS RECORD LAYOUT

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Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

Description: Number of full-time equivalent physical therapy assistants employed full-time by a facility.

SAS Name: PT\_ASTNT\_FLTM\_CNT

COBOL Name: PT-ASTNT-FLTM-CNT

Staff Count: PT Assistant - Part-Time 8 1694 1701 NUMBER

Description: Number of full-time equivalent physical therapy assistants employed part-time by a facility.

SAS Name: PT\_ASTNT\_PRTM\_CNT

COBOL Name: PT-ASTNT-PRTM-CNT

Staff Count: Qualified Activities Professional - Contract 8 1702 1709 NUMBER

Description: Number of full-time equivalent qualified activities professionals providing therapeutic services under contract to a facility.

SAS Name: ACTVTY\_PROFNL\_CNTRCT\_CNT

COBOL Name: ACTVTY-PROFNL-CNTRCT-CNT

Staff Count: Qualified Activities Professional - Full-Time 8 1710 1717 NUMBER

Description: Number of full-time equivalent qualified activities professionals providing therapeutic services employed full time by a facility.

SAS Name: ACTVTY\_PROFNL\_FLTM\_CNT

COBOL Name: ACTVTY-PROFNL-FLTM-CNT

Staff Count: Qualified Activities Professional - Part-Time 8 1718 1725 NUMBER

Description: Number of full-time equivalent qualified activities professionals providing therapeutic services employed

part time by a facility.  
SAS Name: ACTVTY\_PROFNL\_PRTM\_CNT  
COBOL Name: ACTVTY-PROFNL-PRTM-CNT

Staff Count: RN - Contract 8 1758 1765 NUMBER  
Description: Number of full-time equivalent registered nurses under contract to a facility.  
SAS Name: RN\_CNTRCT\_CNT  
COBOL Name: RN-CNTRCT-CNT

Staff Count: RN - Full-Time 8 1766 1773 NUMBER  
Description: Number of full-time equivalent registered nurses employed full-time by a facility.  
SAS Name: RN\_FLTM\_CNT  
COBOL Name: RN-FLTM-CNT

Staff Count: RN - Part-Time 8 1774 1781 NUMBER  
Description: Number of full-time equivalent registered nurses employed part-time by a facility.  
SAS Name: RN\_PRTM\_CNT  
COBOL Name: RN-PRTM-CNT

Staff Count: RN Director of Nursing - Contract 8 1790 1797 NUMBER  
Description: Number of full-time equivalent registered nurse directors of nursing under contract to a facility.  
SAS Name: RN\_DRCTR\_CNTRCT\_CNT  
COBOL Name: RN-DRCTR-CNTRCT-CNT

Staff Count: RN Director of Nursing - Full-Time 8 1798 1805 NUMBER  
Description: Number of full-time equivalent registered nurse directors of nursing employed full-time by a facility.  
SAS Name: RN\_DRCTR\_FLTM\_CNT  
COBOL Name: RN-DRCTR-FLTM-CNT

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Nursing Facility, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

Staff Count: RN Director of Nursing - Part-Time 8 1806 1813 NUMBER  
Description: Number of full-time equivalent registered nurse directors of nursing employed part-time by a facility.  
SAS Name: RN\_DRCTR\_PRTM\_CNT  
COBOL Name: RN-DRCTR-PRTM-CNT

Staff Count: Social Worker - Contract 8 1822 1829 NUMBER  
Description: Number of full-time equivalent social workers under contract to a facility.

SAS Name: SCL\_WORKR\_CNTRCT\_CNT  
COBOL Name: SCL-WORKR-CNTRCT-CNT

Staff Count: Social Worker - Full-Time 8 1830 1837 NUMBER  
Description: Number of full-time equivalent social workers employed  
full-time by a facility.

SAS Name: SCL\_WORKR\_FLTM\_CNT  
COBOL Name: SCL-WORKR-FLTM-CNT

Staff Count: Social Worker - Part-Time 8 1838 1845 NUMBER  
Description: Number of full-time equivalent social workers employed  
part-time by a facility.

SAS Name: SCL\_WORKR\_PRTM\_CNT  
COBOL Name: SCL-WORKR-PRTM-CNT

Staff Count: Speech Pathologist - Contract 8 1854 1861 NUMBER  
Description: Number of full-time equivalent speech pathologists under  
contract to a facility.

SAS Name: SPCH\_PTHLGST\_CNTRCT\_CNT  
COBOL Name: SPCH-PTHLGST-CNTRCT-CNT

Staff Count: Speech Pathologist - Full-Time 8 1862 1869 NUMBER  
Description: Number of full-time equivalent speech pathologists  
employed full-time by a facility.

SAS Name: SPCH\_PTHLGST\_FLTM\_CNT  
COBOL Name: SPCH-PTHLGST-FLTM-CNT

Staff Count: Speech Pathologist - Part-Time 8 1870 1877 NUMBER  
Description: Number of full-time equivalent speech pathologists  
employed part-time by a facility.

SAS Name: SPCH\_PTHLGST\_PRTM\_CNT  
COBOL Name: SPCH-PTHLGST-PRTM-CNT

Staff Count: Therapeutic Recreational Specialist - Contract 8 1910 1917 NUMBER  
Contract

Description: Number of full-time equivalent therapeutic recreation  
specialist staff under contract to a facility.

SAS Name: THRPTC\_RCRTNL\_CNTRCT\_CNT  
COBOL Name: THRPTC-RCRTNL-CNTRCT-CNT

Staff Count: Therapeutic Recreational Specialist - Full-Time 8 1918 1925 NUMBER  
Full-Time

Description: Number of full-time equivalent therapeutic recreation  
specialist staff employed full-time by a facility.

SAS Name: THRPTC\_RCRTNL\_FLTM\_CNT  
COBOL Name: THRPTC-RCRTNL-FLTM-CNT

Staff Count: Therapeutic Recreational Specialist - Part-Time 8 1926 1933 NUMBER  
Part-Time

Description: Number of full-time equivalent therapeutic recreation

specialist staff employed full-time by a facility.  
 SAS Name: THRPTC\_RCRTNL\_PRTM\_CNT  
 COBOL Name: THRPTC-RCRTNL-PRTM-CNT

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 1  
 Intermediate Care Facility/Individuals with Intellectual Disabilities,  
 CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION                                              LEN    START    END    TYPE

Provider Category Subtype Code                                              2    1    2    VARCHAR2  
 Description: Identifies the subtype of the provider, within the primary category. Used in reporting to show the breakdown of provider categories, mainly for hospitals and SNFs.  
 SAS Name: PRVDR\_CTGRY\_SBTYP\_CD  
 COBOL Name: PRVDR-CTGRY-SBTYP-CD  
 VALUES: 02=Title 19 Only

Provider Category Code                                              2    3    4    VARCHAR2  
 Description: Identifies the type of provider participating in the Medicare/Medicaid program.  
 SAS Name: PRVDR\_CTGRY\_CD  
 COBOL Name: PRVDR-CTGRY-CD  
 VALUES: 11=Intermediate Care Facility/Individuals with Intellectual

Disabilities

CHOW Count                                              2    5    6    NUMBER  
 Description: Number of times this provider has undergone a change of ownership.  
 SAS Name: CHOW\_CNT  
 COBOL Name: CHOW-CNT

CHOW Date                                              8    7    14    DATE  
 Description: Effective date of the most recent change of ownership for this provider.  
 SAS Name: CHOW\_DT  
 COBOL Name: CHOW-DT

Address: City                                              28    15    42    VARCHAR2  
 Description: City in which the provider is physically located.  
 SAS Name: CITY\_NAME  
 COBOL Name: CITY-NAME

Compliance: Acceptable POC                                              1    43    43    VARCHAR2  
 Description: Indicates if a provider is in compliance with program requirements based on an acceptable plan for correction

of deficiencies.  
SAS Name: ACPTBL\_POC\_SW  
COBOL Name: ACPTBL-POC-SW

Compliance: Status 1 44 44 VARCHAR2  
Description: Compliance status of a provider at the time of certification survey.  
SAS Name: CMPLNC\_STUS\_CD  
COBOL Name: CMPLNC-STUS-CD  
VALUES: A=IN COMPLIANCE  
B=NOT IN COMPLIANCE

SSA County Code 3 45 47 VARCHAR2  
Description: Social Security Administration geographic code indicating the county where the provider is located.  
SAS Name: SSA\_CNTY\_CD  
COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR  
Description: Cross reference provider number  
SAS Name: CROSS\_REF\_PROVIDER\_NUMBER  
COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date 8 58 65 DATE  
Description: Equal to the exit date of the initial visit of the Health survey for certifications completed after July 28, 2012.

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 2  
Intermediate Care Facility/Individuals with Intellectual Disabilities,  
CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

For certifications prior to that date, the certification date is equal to the exit date of the initial visit of the Health survey or LSC survey, whichever is later.  
SAS Name: CRTFCTN\_DT  
COBOL Name: CRTFCTN-DT

Eligibility Indicator 1 66 66 VARCHAR2  
Description: Indicates if a facility is eligible to participate in the Medicare and/or Medicaid programs.  
SAS Name: ELGBLTY\_SW  
COBOL Name: ELGBLTY-SW

Facility Name 50 67 116 VARCHAR2  
Description: Name of the provider certified to participate in the Medicare and/or Medicaid programs.  
SAS Name: FAC\_NAME

COBOL Name: FAC-NAME

Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code 5 117 121 VARCHAR2

Description: Number assigned to the Medicare Administrative Contractor, intermediary or carrier servicing this provider.

SAS Name: INTRMDRY\_CARR\_CD

COBOL Name: INTRMDRY-CARR-CD

VALUES: 00000=DUMMY FOR MEDICAID HHA  
00010=BLUE CROSS (ALABAMA)  
00011=CAHABA  
00020=BLUE CROSS (ARKANSAS)  
00040=BLUE CROSS (CALIFORNIA)  
00060=BLUE CROSS (CONNECTICUT)  
00070=BLUE CROSS (DELAWARE)  
00090=BLUE CROSS (FLORIDA)  
00101=BLUE CROSS (GEORGIA)  
00121=HEALTH CARE SERVICE CORPORATION  
00122=HCSC - MICHIGAN  
00123=HCSC OF MICHIGAN  
00130=NATIONAL GOVERNMENT SERVICES  
00131=NATIONAL GOVERNMENT SERVICES  
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)  
00150=BLUE CROSS (KANSAS)  
00160=NATIONAL GOVERNMENT SERVICES  
00180=NATIONAL GOVERNMENT SERVICES  
00181=NATIONAL GOVERNMENT SERVICES  
00190=BLUE CROSS (MARYLAND)  
00200=BLUE CROSS (MASSACHUSETTS)  
00210=BLUE CROSS (MICHIGAN)  
00220=BLUE CROSS (MINNESOTA)  
00230=BLUE CROSS (MISSISSIPPI)  
00231=BLUE CROSS (LOUISIANA)  
00233=PINNACLE  
00241=BLUE CROSS (MISSOURI)  
00260=BLUE CROSS (NEBRASKA)  
00270=NATIONAL GOVERNMENT SERVICES  
00280=BLUE CROSS (NEW JERSEY)  
00290=BLUE CROSS (NEW MEXICO)  
00308=NATIONAL GOVERNMENT SERVICES  
00310=BLUE CROSS (NORTH CAROLINA)  
00320=NORIDIAN PART A  
00322=NORIDIAN PART A (AK/WA)  
00323=NORIDIAN PART A (ID/OR)  
00325=NORIDIAN  
00332=NATIONAL GOVERNMENT SERVICES

Intermediate Care Facility/Individuals with Intellectual Disabilities,  
 CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
00340=BLUE CROSS (OKLAHOMA)				
00350=BLUE CROSS (OREGON)				
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				
00468=BLUE CROSS (NORTH CAROLINA FOR PR)				
00510=BLUE SHIELD (ALABAMA)				
00511=CAHABA				
00512=CAHABA				
00520=BLUE SHIELD (ARKANSAS)				
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)				
00542=BLUE SHIELD (CALIFORNIA)				
00550=BLUE SHIELD (COLORADO)				
00570=BLUE SHIELD (DELAWARE)				
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)				
00590=BLUE SHIELD (FLORIDA)				
00621=BLUE SHIELD (ILLINOIS)				
00630=NATIONAL GOVERNMENT SERVICES				
00640=BLUE SHIELD (IOWA)				
00650=BLUE SHIELD (KANSAS)				
00655=BLUE SHIELD (KANSAS/NEBRASKA)				
00660=NATIONAL GOVERNMENT SERVICES				
00690=BLUE SHIELD (MARYLAND)				
00700=BLUE SHIELD (MASSACHUSETTS)				
00710=BLUE SHIELD (MICHIGAN)				
00720=BLUE SHIELD (MINNESOTA)				
00740=BLUE SHIELD (KANSAS CITY)				
00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)				
00780=BLUE SHIELD (TRI-STATE)				
00801=BLUE SHIELD (BUFFALO)				
00803=NATIONAL GOVERNMENT SERVICES				
00805=NATIONAL GOVERNMENT SERVICES				

00821=NORIDIAN  
 00824=NORIDIAN GVT SERVICES (CO)  
 00826=NORIDIAN GVT SERVICES (IA)  
 00831=NORIDIAN GVT SERVICES (AK)  
 00832=NORIDIAN GVT SERVICES (AZ)  
 00833=NORIDIAN GVT SERVICES (HI)  
 00834=NORIDIAN GVT SERVICES (NV)  
 00835=NORIDIAN GVT SERVICES (OR)  
 00836=NORIDIAN GVT SERVICES (WA)  
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)  
 00865=BLUE SHIELD (PENNSYLVANIA)  
 00870=BLUE SHIELD (RHODE ISLAND)  
 00880=BLUE SHIELD (SOUTH CAROLINA)  
 00883=PALMETTO GBA PART B  
 00884=PALMETTO GBA  
 00889=NORIDIAN GVT SERVICES (SD)  
 00900=BLUE SHIELD (TEXAS)  
 00901=TRAILBLAZERS HEALTH ENTERPRISES

DATE: 10/03/2022

POS RECORD LAYOUT

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Intermediate Care Facility/Individuals with Intellectual Disabilities,  
 CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00904=TRAILBLAZER				
00910=BLUE SHIELD (UTAH)				
00930=BLUE SHIELD (WASHINGTON)				
00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH))				
01111=Noridian (CA)				
01112=Noridian (NF)				
01120=AETNA (HAWAII)				
01182=Noridian (SF)				
01192=PALMETTO (CALIFORNIA SOUTH)				
01201=PALMETTO (HAWAII)				
01202=PALMETTO (HAWAII)				
01211=Noridian (AS, GU, HI)				
01212=Noridian (AS, GU, HI)				



01290=AETNA (NEVADA)  
 01301=PALMETTO (NEVADA)  
 01302=PALMETTO (NEVADA)  
 01311=Noridian (NV)  
 01312=Noridian (NV)  
 01360=AETNA (NEW MEXICO)  
 01370=AETNA (OKLAHOMA)  
 01380=AETNA (OREGON)  
 01390=AETNA (WASHINGTON)  
 01901=PALMETTO GBA  
 01902=PALMETTO GBA  
 01911=Noridian (AS, GU, HI, NV)  
 02050=OCCIDENTAL (CALIFORNIA)  
 02101=Noridian AK  
 02102=Noridian AK  
 02201=Noridian ID  
 02202=Noridian ID  
 02301=Noridian OR  
 02302=Noridian OR  
 02401=Noridian WA  
 02402=Noridian WA  
 03001=NORIDIAN ADMIN SERVICES  
 03101=NORIDAN (ARIZONA)  
 03102=NORIDAN (ARIZONA)  
 03201=NORIDAN (MONTANA)  
 03202=NORIDAN (MONTANA)  
 03301=NORDIAN (NORTH DAKOTA)  
 03302=NORDIAN (NORTH DAKOTA)  
 03401=NORIDIAN (SOUTH DAKOTA)  
 03402=NORIDIAN (SOUTH DAKOTA)  
 03501=NORIDIAN (UTAH)  
 03502=NORIDIAN (UTAH)  
 03601=NORIDIAN (WYOMING)  
 03602=NORIDIAN (WYOMING)  
 04001=TRAILBLAZER  
 04101=TRAILBLAZER (COLORADO)  
 04102=TRAILBLAZER (COLORADO)  
 04111=NOVITAS (COLORADO)  
 04112=NOVITAS (COLORADO)

DATE: 10/03/2022

POS RECORD LAYOUT

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Intermediate Care Facility/Individuals with Intellectual Disabilities,  
 CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04201=TRAILBLAZER (NEW MEXICO)				
04202=TRAILBLAZER (NEW MEXICO)				
04211=NOVITAS (NEW MEXICO)				

04212=NOVITAS (NEW MEXICO)  
04301=TRAILBLAZER (OKLAHOMA)  
04302=TRAILBLAZER (OKLAHOMA)  
04311=NOVITAS (OKLAHOMA)  
04312=NOVITAS (OKLAHOMA)  
04401=TRAILBLAZER (TEXAS)  
04402=TRAILBLAZER (TEXAS)  
04411=NOVITAS (TEXAS)  
04412=NOVITAS (TEXAS)  
04901=MUTUAL LEGACY  
04911=NOVITAS  
05101=WPS (IOWA)  
05102=WPS (IOWA)  
05130=EQICOR (IDAHO)  
05201=WPS (KANSAS)  
05202=WPS (KANSAS)  
05301=WPS (MISSOURI)  
05302=WPS (MISSOURI WEST)  
05392=WPS (MISSOURI EAST)  
05401=WPS (NEBRASKA)  
05402=WPS (NEBRASKA)  
05440=EQICOR (TENNESSEE)  
05535=EQICOR (NORTH CAROLINA)  
05901=WISCONSIN PHYSICIANS SERVICE  
06001=NGS (WI)  
06004=National Govt Serv HHH  
06014=NATIONAL GOVERNMENT ERVICES  
06101=NGS (IL)  
06102=NGS (IL)  
06201=NGS (MN)  
06202=NGS (MN)  
06301=NGS (WI)  
06302=NGS (WI)  
07101=Novitas AR  
07102=Novitas AR  
07201=Novitas LA  
07202=Novitas LA  
07301=Novitas MS  
07302=Novitas MS  
08101=WPS IN  
08102=WPS IN  
08201=WPS MI  
08202=WPS MI  
09101=FIRST COAST (FLORIDA)  
09102=FIRST COAST (FLORIDA)  
09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)  
09202=FIRST COAST (PUERTO RICO)  
09302=FIRST COAST (VIRGIN ISLANDS)  
10071=TRAVELERS (RRB)  
10101=CAHABA GBA (AL)

10102=CAHABA GBA (AL)  
 10111=PALMETTO GBA (Part A) (AL)  
 10112=PALMETTO GBA (AL)  
 10201=CAHABA GBA (GA)  
 10202=CAHABA GBA (GA)  
 10211=PALMETTO GBA (GA)  
 10212=PALMETTO GBA (GA)  
 10230=TRAVELERS (CONNECTICUT)  
 10240=TRAVELERS (MINNESOTA)  
 10250=TRAVELERS (MISSISSIPPI)

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POS RECORD LAYOUT

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Intermediate Care Facility/Individuals with Intellectual Disabilities,  
 CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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10301=CAHABA GBA (TN)				
10302=CAHABA GBA (TN)				
10311=PALMETTO GBA (TN)				
10312=PALMETTO GBA (TN)				
10490=TRAVELERS (VIRGINIA)				
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				
12102=Novitas DE				
12201=Novitas DC				
12202=Novitas DC				
12301=Novitas MD				
12302=Novitas MD				
12401=Novitas NJ				
12402=Novitas NJ				
12501=Novitas PA				
12502=Novitas PA				
12901=Novitas Solutions DC, DE, MD, PA				
12902=HIGHMARK				
13101=NATIONAL GOVT SERVICES (CONNECTICUT)				
13102=NATIONAL GOVT SERVICES (CONNECTICUT)				
13201=NATIONAL GOVT SERVICES (NEW YORK)				
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)				

13282=NGS (UN)  
 13292=NGS (QN)  
 14004=NATIONAL HERITAGE (HHA - A)  
 14014=NGS (HHA)  
 14101=NATIONAL HERITAGE (MAINE)  
 14102=NATIONAL HERITAGE (MAINE)  
 14111=NGS (ME)  
 14112=NGS (ME)  
 14201=NATIONAL HERITAGE (MASSACHUSETTS)  
 14202=NATIONAL HERITAGE (MASSACHUSETTS)  
 14211=NGS (MA)  
 14212=NGS (MA)  
 14301=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14311=NGS (NH)  
 14312=NGS (NH)  
 14330=GROUP HEALTH INC (NEW YORK)  
 14401=NATIONAL HERITAGE (RHODE ISLAND)  
 14402=NATIONAL HERITAGE (RHODE ISLAND)  
 14411=NGS (RI)  
 14412=NGS (RI)  
 14501=NATIONAL HERITAGE (VERMONT)  
 14502=NATIONAL HERITAGE (VERMONT)  
 14511=NGS (VT)  
 14512=NGS (VT)  
 15004=CGS Administrators HHH  
 15101=CGS (KENTUCKY)  
 15102=CGS (KENTUCKY)  
 15201=CGS (OHIO)  
 15202=CGS (OHIO)  
 16360=NATIONWIDE (OHIO)

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POS RECORD LAYOUT

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Intermediate Care Facility/Individuals with Intellectual Disabilities,  
 CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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16510=NATIONWIDE (WEST VIRGINIA)				
17120=HAWAII MEDICAL SERVICE ASSOCIATION				
21200=MASSACHUSETTS/MAINE				
31142=NATIONAL HERITAGE INSURANCE CO (MAINE)				
31143=NATIONAL HERITAGE INSURANCE CO				
31144=NATIONAL HERITAGE INSURANCE CO				
50333=TRAVELERS (NEW YORK)				
51051=AETNA (PETALUMA)				
51070=AETNA (FARMINGTON)				
51100=AETNA (CLEARWATER)				
51140=AETNA (PEORIA)				

51390=AETNA (FORT WASHINGTON)  
52280=WISCONSIN PHYSICIANS SERVICE  
57400=COOPERATIVA (PUERTO RICO)

Medicaid Vendor Number 15 122 136 VARCHAR2  
Description: Number which may be assigned to a provider by the state  
Medicaid agency for external control or billing purposes.  
SAS Name: MDCD\_VNDR\_NUM  
COBOL Name: MDCD-VNDR-NUM

Original Participation Date 8 137 144 DATE  
Description: Date a provider is first approved to provide Medicare  
and/or Medicaid services.  
SAS Name: ORGNL\_PRTCPTN\_DT  
COBOL Name: ORGNL-PRTCPTN-DT

Prior CHOW Date 8 145 152 DATE  
Description: Effective date of the previous change of ownership for  
this provider.  
SAS Name: CHOW\_PRIOR\_DT  
COBOL Name: CHOW-PRIOR-DT

Prior Medicare Administrative Contractor (MAC) or 5 153 157 VARCHAR2  
Intermediary or Carrier Code  
Description: Number assigned to the previous Medicare Administrative  
Contractor, intermediary or carrier servicing this  
provider.  
SAS Name: INTRMDRY\_CARR\_PRIOR\_CD  
COBOL Name: INTRMDRY-CARR-PRIOR-CD  
VALUES:  
00000=DUMMY FOR MEDICAID HHA  
00010=BLUE CROSS (ALABAMA)  
00011=CAHABA  
00020=BLUE CROSS (ARKANSAS)  
00040=BLUE CROSS (CALIFORNIA)  
00060=BLUE CROSS (CONNECTICUT)  
00070=BLUE CROSS (DELAWARE)  
00090=BLUE CROSS (FLORIDA)  
00101=BLUE CROSS (GEORGIA)  
00121=HEALTH CARE SERVICE CORPORATION  
00122=HCSC - MICHIGAN  
00123=HCSC OF MICHIGAN  
00130=NATIONAL GOVERNMENT SERVICES  
00131=NATIONAL GOVERNMENT SERVICES  
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)  
00150=BLUE CROSS (KANSAS)  
00160=NATIONAL GOVERNMENT SERVICES  
00180=NATIONAL GOVERNMENT SERVICES  
00181=NATIONAL GOVERNMENT SERVICES  
00190=BLUE CROSS (MARYLAND)  
00200=BLUE CROSS (MASSACHUSETTS)

00210=BLUE CROSS (MICHIGAN)  
00220=BLUE CROSS (MINNESOTA)

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 8  
Intermediate Care Facility/Individuals with Intellectual Disabilities,  
CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION                                              LEN    START    END        TYPE

00230=BLUE CROSS (MISSISSIPPI)  
00231=BLUE CROSS (LOUISIANA)  
00233=PINNACLE  
00241=BLUE CROSS (MISSOURI)  
00260=BLUE CROSS (NEBRASKA)  
00270=NATIONAL GOVERNMENT SERVICES  
00280=BLUE CROSS (NEW JERSEY)  
00290=BLUE CROSS (NEW MEXICO)  
00308=NATIONAL GOVERNMENT SERVICES  
00310=BLUE CROSS (NORTH CAROLINA)  
00320=NORIDIAN PART A  
00322=NORIDIAN PART A (AK/WA)  
00323=NORIDIAN PART A (ID/OR)  
00325=NORIDIAN  
00332=NATIONAL GOVERNMENT SERVICES  
00340=BLUE CROSS (OKLAHOMA)  
00350=BLUE CROSS (OREGON)  
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)  
00362=BLUE CROSS (INDEPENDENCE)  
00363=BLUE CROSS (WESTERN PENNSYLVANIA)  
00366=HIGHMARK MEDICARE SERVICES  
00370=BLUE CROSS (RHODE ISLAND)  
00380=BLUE CROSS (SOUTH CAROLINA)  
00390=BLUE CROSS (TENNESSEE)  
00400=BLUE CROSS (TEXAS)  
00410=BLUE CROSS (UTAH)  
00423=BLUE CROSS (VIRGINIA/WEST VA)  
00430=BLUE CROSS (WASHINGTON & ALASKA)  
00450=NATIONAL GOVERNMENT SERVICES  
00452=NATIONAL GOVERNMENT SERVICES  
00453=NATIONAL GOVERNMENT SERVICES  
00454=NATIONAL GOVERNMENT SERVICES  
00456=NATIONAL GOVERNMENT SERVICES  
00468=BLUE CROSS (NORTH CAROLINA FOR PR)  
00510=BLUE SHIELD (ALABAMA)  
00511=CAHABA  
00512=CAHABA  
00520=BLUE SHIELD (ARKANSAS)  
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)  
00542=BLUE SHIELD (CALIFORNIA)

00550=BLUE SHIELD (COLORADO)  
 00570=BLUE SHIELD (DELAWARE)  
 00580=BLUE SHIELD (DISTRICT OF COLUMBIA)  
 00590=BLUE SHIELD (FLORIDA)  
 00621=BLUE SHIELD (ILLINOIS)  
 00630=NATIONAL GOVERNMENT SERVICES  
 00640=BLUE SHIELD (IOWA)  
 00650=BLUE SHIELD (KANSAS)  
 00655=BLUE SHIELD (KANSAS/NEBRASKA)  
 00660=NATIONAL GOVERNMENT SERVICES  
 00690=BLUE SHIELD (MARYLAND)  
 00700=BLUE SHIELD (MASSACHUSETTS)  
 00710=BLUE SHIELD (MICHIGAN)  
 00720=BLUE SHIELD (MINNESOTA)  
 00740=BLUE SHIELD (KANSAS CITY)  
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)  
 00780=BLUE SHIELD (TRI-STATE)  
 00801=BLUE SHIELD (BUFFALO)  
 00803=NATIONAL GOVERNMENT SERVICES  
 00805=NATIONAL GOVERNMENT SERVICES  
 00821=NORIDIAN  
 00824=NORIDIAN GVT SERVICES (CO)  
 00826=NORIDIAN GVT SERVICES (IA)

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POS RECORD LAYOUT

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Intermediate Care Facility/Individuals with Intellectual Disabilities,  
 CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00831=NORIDIAN GVT SERVICES (AK)				
00832=NORIDIAN GVT SERVICES (AZ)				
00833=NORIDIAN GVT SERVICES (HI)				
00834=NORIDIAN GVT SERVICES (NV)				
00835=NORIDIAN GVT SERVICES (OR)				
00836=NORIDIAN GVT SERVICES (WA)				
00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)				
00865=BLUE SHIELD (PENNSYLVANIA)				
00870=BLUE SHIELD (RHODE ISLAND)				
00880=BLUE SHIELD (SOUTH CAROLINA)				
00883=PALMETTO GBA PART B				
00884=PALMETTO GBA				
00889=NORIDIAN GVT SERVICES (SD)				
00900=BLUE SHIELD (TEXAS)				
00901=TRAILBLAZERS HEALTH ENTERPRISES				
00904=TRAILBLAZER				
00910=BLUE SHIELD (UTAH)				
00930=BLUE SHIELD (WASHINGTON)				
00951=WISCONSIN PHYSICIANS SERVICE				

00952=WPS - ILLINOIS  
00953=WPS - MICHIGAN  
00954=WI PHYSICIAN SERVICES - MN  
00973=BLUE SHIELD (PUERTO RICO)  
00974=BLUE SHIELD (VIRGIN ISLANDS)  
01010=AETNA (PEORIA)  
01020=AETNA (ALASKA)  
01030=AETNA (ARIZONA)  
01040=AETNA (GEORGIA)  
01101=PALMETTO (CALIFORNIA)  
01102=PALMETTO (CALIFORNIA (NORTH))  
01111=Noridian (CA)  
01112=Noridian (NF)  
01120=AETNA (HAWAII)  
01182=Noridian (SF)  
01192=PALMETTO (CALIFORNIA SOUTH)  
01201=PALMETTO (HAWAII)  
01202=PALMETTO (HAWAII)  
01211=Noridian (AS, GU, HI)  
01212=Noridian (AS, GU, HI)  
01290=AETNA (NEVADA)  
01301=PALMETTO (NEVADA)  
01302=PALMETTO (NEVADA)  
01311=Noridian (NV)  
01312=Noridian (NV)  
01360=AETNA (NEW MEXICO)  
01370=AETNA (OKLAHOMA)  
01380=AETNA (OREGON)  
01390=AETNA (WASHINGTON)  
01901=PALMETTO GBA  
01902=PALMETTO GBA  
01911=Noridian (AS, GU, HI, NV)  
02050=OCCIDENTAL (CALIFORNIA)  
02101=Noridian AK  
02102=Noridian AK  
02201=Noridian ID  
02202=Noridian ID  
02301=Noridian OR  
02302=Noridian OR  
02401=Noridian WA  
02402=Noridian WA  
03001=NORIDIAN ADMIN SERVICES  
03101=NORIDAN (ARIZONA)  
03102=NORIDAN (ARIZONA)



## SHORT DESCRIPTION

LEN START END TYPE

03201=NORIDAN (MONTANA)  
03202=NORIDAN (MONTANA)  
03301=NORDIAN (NORTH DAKOTA)  
03302=NORDIAN (NORTH DAKOTA)  
03401=NORIDIAN (SOUTH DAKOTA)  
03402=NORIDIAN (SOUTH DAKOTA)  
03501=NORIDIAN (UTAH)  
03502=NORIDIAN (UTAH)  
03601=NORIDIAN (WYOMING)  
03602=NORIDIAN (WYOMING)  
04001=TRAILBLAZER  
04101=TRAILBLAZER (COLORADO)  
04102=TRAILBLAZER (COLORADO)  
04111=NOVITAS (COLORADO)  
04112=NOVITAS (COLORADO)  
04201=TRAILBLAZER (NEW MEXICO)  
04202=TRAILBLAZER (NEW MEXICO)  
04211=NOVITAS (NEW MEXICO)  
04212=NOVITAS (NEW MEXICO)  
04301=TRAILBLAZER (OKLAHOMA)  
04302=TRAILBLAZER (OKLAHOMA)  
04311=NOVITAS (OKLAHOMA)  
04312=NOVITAS (OKLAHOMA)  
04401=TRAILBLAZER (TEXAS)  
04402=TRAILBLAZER (TEXAS)  
04411=NOVITAS (TEXAS)  
04412=NOVITAS (TEXAS)  
04901=MUTUAL LEGACY  
04911=NOVITAS  
05101=WPS (IOWA)  
05102=WPS (IOWA)  
05130=EQICOR (IDAHO)  
05201=WPS (KANSAS)  
05202=WPS (KANSAS)  
05301=WPS (MISSOURI)  
05302=WPS (MISSOURI WEST)  
05392=WPS (MISSOURI EAST)  
05401=WPS (NEBRASKA)  
05402=WPS (NEBRASKA)  
05440=EQICOR (TENNESSEE)  
05535=EQICOR (NORTH CAROLINA)  
05901=WISCONSIN PHYSICIANS SERVICE  
06001=NGS (WI)  
06004=National Govt Serv HHH  
06014=NATIONAL GOVERNMENT ERVICES  
06101=NGS (IL)  
06102=NGS (IL)  
06201=NGS (MN)



11401=PALMETTO GBA (WV)  
 11402=PALMETTO GBA (WV)  
 11501=PALMETTO GBA (NC)  
 11502=PALMETTO GBA (NC)  
 12101=Novitas DE  
 12102=Novitas DE  
 12201=Novitas DC  
 12202=Novitas DC  
 12301=Novitas MD  
 12302=Novitas MD  
 12401=Novitas NJ  
 12402=Novitas NJ  
 12501=Novitas PA  
 12502=Novitas PA  
 12901=Novitas Solutions DC, DE, MD, PA  
 12902=HIGHMARK  
 13101=NATIONAL GOVT SERVICES (CONNECTICUT)  
 13102=NATIONAL GOVT SERVICES (CONNECTICUT)  
 13201=NATIONAL GOVT SERVICES (NEW YORK)  
 13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)  
 13282=NGS (UN)  
 13292=NGS (QN)  
 14004=NATIONAL HERITAGE (HHA - A)  
 14014=NGS (HHA)  
 14101=NATIONAL HERITAGE (MAINE)  
 14102=NATIONAL HERITAGE (MAINE)  
 14111=NGS (ME)  
 14112=NGS (ME)  
 14201=NATIONAL HERITAGE (MASSACHUSETTS)  
 14202=NATIONAL HERITAGE (MASSACHUSETTS)  
 14211=NGS (MA)  
 14212=NGS (MA)  
 14301=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14311=NGS (NH)  
 14312=NGS (NH)

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POS RECORD LAYOUT

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Intermediate Care Facility/Individuals with Intellectual Disabilities,  
 CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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14330=GROUP HEALTH INC (NEW YORK)				
14401=NATIONAL HERITAGE (RHODE ISLAND)				
14402=NATIONAL HERITAGE (RHODE ISLAND)				
14411=NGS (RI)				
14412=NGS (RI)				
14501=NATIONAL HERITAGE (VERMONT)				

14502=NATIONAL HERITAGE (VERMONT)  
 14511=NGS (VT)  
 14512=NGS (VT)  
 15004=CGS Administrators HHH  
 15101=CGS (KENTUCKY)  
 15102=CGS (KENTUCKY)  
 15201=CGS (OHIO)  
 15202=CGS (OHIO)  
 16360=NATIONWIDE (OHIO)  
 16510=NATIONWIDE (WEST VIRGINIA)  
 17120=HAWAII MEDICAL SERVICE ASSOCIATION  
 21200=MASSACHUSETTS/MAINE  
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)  
 31143=NATIONAL HERITAGE INSURANCE CO  
 31144=NATIONAL HERITAGE INSURANCE CO  
 50333=TRAVELERS (NEW YORK)  
 51051=AETNA (PETALUMA)  
 51070=AETNA (FARMINGTON)  
 51100=AETNA (CLEARWATER)  
 51140=AETNA (PEORIA)  
 51390=AETNA (FORT WASHINGTON)  
 52280=WISCONSIN PHYSICIANS SERVICE  
 57400=COOPERATIVA (PUERTO RICO)

CCN 10 158 167 VARCHAR2  
 Description: Six or ten position identification number that is assigned to a certified provider. This is the CMS Certification Number.

SAS Name: PRVDR\_NUM  
 COBOL Name: PRVDR-NUM

Region Code 2 168 169 VARCHAR2  
 Description: Indicates the CMS Regional Office responsible for the certification of the provider.

SAS Name: RGN\_CD  
 COBOL Name: RGN-CD  
 VALUES: 01=Boston  
 02=New York  
 03=Philadelphia  
 04=Atlanta  
 05=Chicago  
 06=Dallas  
 07=Kansas City  
 08=Denver  
 09=San Francisco  
 10=Seattle

Skeleton Record Indicator 1 170 170 VARCHAR2  
 Description: Indicates if the record is a skeleton record. Only a limited set of data is available for this provider; no

survey data exists. Only provider categories  
01,17,19,21and 22 can have skeleton providers.

SAS Name: SKLTN\_REC\_SW  
COBOL Name: SKLTN-REC-SW

State Abbreviation 2 171 172 VARCHAR2  
Description: Two-character state abbreviation.

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Intermediate Care Facility/Individuals with Intellectual Disabilities,  
CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

SAS Name: STATE\_CD  
COBOL Name: STATE-CD  
VALUES: AK=ALASKA  
AL=ALABAMA  
AR=ARKANSAS  
AS=AMERICAN SAMOA  
AZ=ARIZONA  
CA=CALIFORNIA  
CN=CANADA  
CO=COLORADO  
CT=CONNECTICUT  
DC=DISTRICT OF COLUMBIA  
DE=DELAWARE  
FL=FLORIDA  
FN=INTERNATIONAL  
GA=GEORGIA  
GU=GUAM  
HI=HAWAII  
IA=IOWA  
ID=IDAHO  
IL=ILLINOIS  
IN=INDIANA  
KS=KANSAS  
KY=KENTUCKY  
LA=LOUISIANA  
MA=MASSACHUSETTS  
MD=MARYLAND  
ME=MAINE  
MI=MICHIGAN  
MN=MINNESOTA  
MO=MISSOURI  
MP=SAIPAN  
MS=MISSISSIPPI  
MT=MONTANA  
MX=MEXICO



11=GEORGIA  
12=HAWAII  
13=IDAHO  
14=ILLINOIS  
15=INDIANA  
16=IOWA  
17=KANSAS  
18=KENTUCKY  
19=LOUISIANA  
20=MAINE  
21=MARYLAND  
22=MASSACHUSETTS  
23=MICHIGAN  
24=MINNESOTA  
25=MISSISSIPPI  
26=MISSOURI  
27=MONTANA  
28=NEBRASKA  
29=NEVADA  
30=NEW HAMPSHIRE  
31=NEW JERSEY  
32=NEW MEXICO  
33=NEW YORK  
34=NORTH CAROLINA  
35=NORTH DAKOTA  
36=OHIO  
37=OKLAHOMA  
38=OREGON  
39=PENNSYLVANIA  
40=PUERTO RICO  
41=RHODE ISLAND  
42=SOUTH CAROLINA  
43=SOUTH DAKOTA  
44=TENNESSEE  
45=TEXAS  
46=UTAH  
47=VERMONT  
48=VIRGIN ISLANDS  
49=VIRGINIA  
50=WASHINGTON  
51=WEST VIRGINIA  
52=WISCONSIN  
53=WYOMING  
54=AFRICA  
56=CANADA  
57=WEST INDIES  
58=EUROPE  
59=MEXICO  
60=OCEANIA

Intermediate Care Facility/Individuals with Intellectual Disabilities,  
CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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61=PHILIPPINES  
62=SOUTH AMERICA  
63=UNITED STATES POSSESSIONS  
64=AMERICAN SAMOA  
65=GUAM  
66=SAIPAN  
99=INTERNATIONAL

State Region Code	3	175	177	VARCHAR2
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Description: Identifies the region within a state where the provider is located.

SAS Name: STATE\_RGN\_CD

COBOL Name: STATE-RGN-CD

VALUES:

- AK/001=ALASKA
- AK/LAB=LABORATORIES
- AK/NPH=NON-PARTICIPATING HOSPITAL
- AL/001=ALABAMA
- AL/LAB=LABORATORIES
- AL/NPH=NON-PARTICIPATING HOSPITAL
- AR/001=ARKANSAS
- AR/LAB=LABORATORIES
- AR/NPH=NON-PARTICIPATING HOSPITAL
- AS/001=AMERICAN SAMOA
- AS/LAB=LABORATORY
- AS/NPH=NON-PARTICIPATING HOSPITAL
- AZ/AZ=PHOENIX
- AZ/LAB=ARIZONA LAB
- AZ/NPH=NON-PARTICIPATING HOSPITAL
- AZ/TUC=TUCSON
- CA/001=CALIFORNIA
- CA/BAK=BAKERSFIELD
- CA/BER=SAN BERNARDINO
- CA/EB=East Bay
- CA/FR=FRESNO
- CA/L1=L.A. WEST
- CA/L2=L.A. NORTH
- CA/L3=L.A. CENTRAL
- CA/L4=L.A. EAST
- CA/L5=SAN GABRIEL
- CA/LA1=LA Region 1
- CA/LA2=LA Region 2
- CA/LA3=LA Region 3
- CA/LA4=LA Acute/Ancillary



CA/LA5=LA HHA/Hospice  
 CA/LA6=LA ICF/DD/CLinics  
 CA/LAB=LABORATORIES  
 CA/M1=LAB. SOUTH  
 CA/M2=LAB. NORTH  
 CA/NPH=NON-PARTICIPATING HOSPITAL  
 CA/ORG=ORANGE  
 CA/RIV=RIVERSIDE  
 CA/S1=SACRAMENTO  
 CA/S3=CHICO  
 CA/SD=SAN DIEGO  
 CA/SF=SAN FRANCISCO  
 CA/SJ=SAN JOSE  
 CA/SR=SANTA ROSA  
 CA/STK=STOCKTON  
 CA/VEN=VENTURA  
 CN/001=CANADA  
 CN/LAB=LABORATORY  
 CN/NPH=NON-PARTICIPATING HOSPITAL  
 CO/001=COLORADO

DATE: 10/03/2022

POS RECORD LAYOUT

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Intermediate Care Facility/Individuals with Intellectual Disabilities,  
 CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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CO/LAB=LABORATORIES				
CO/NPH=NON-PARTICIPATING HOSPITAL				
CT/001=CONNECTICUT				
CT/LAB=LABORATORIES				
CT/NPH=NON-PARTICIPATING HOSPITAL				
DC/001=DISTRICT OF COLUMBIA				
DC/LAB=LABORATORIES				
DC/NPH=NON-PARTICIPATING HOSPITAL				
DE/001=DELAWARE				
DE/LAB=LABORATORIES				
DE/NPH=NON-PARTICIPATING HOSPITAL				
FL/001=FLORIDA				
FL/FTM=FT. MYERS				
FL/GAI=GAINESVILLE				
FL/JAX=JACKSONVILLE				
FL/LAB=LABORATORIES				
FL/LAN=LANTANA				
FL/LAU=LAUDERHILL				
FL/MIA=MIAMI				
FL/NPH=NON-PARTICIPATING HOSPITAL				
FL/ORL=ORLANDO				
FL/PEN=PENSACOLA				

FL/STP=ST. PETERSBURG  
 FL/TAL=TALLAHASSEE  
 FL/TAM=TAMPA  
 FM/001=FEDERATED STATES OF MICRO  
 FM/NPH=NON-PARTICIPATING HOSPITAL  
 FN/001=INTERNATIONAL  
 FN/LAB=LABORATORIES  
 FN/NPH=NON-PARTICIPATING HOSPITAL  
 GA/001=GEORGIA  
 GA/GAA=GEORGIA ALL  
 GA/GAC=GEORGIA CENTRAL  
 GA/GAE=GEORGIA EASTERN  
 GA/GAN=GEORGIA NORTH  
 GA/GAS=GEORGIA SOUTH  
 GA/GAW=GEORGIA WESTERN  
 GA/LAB=LABORATORIES  
 GA/NPH=NON-PARTICIPATING HOSPITAL  
 GU/001=GUAM  
 GU/LAB=LABORATORIES  
 GU/NPH=NON-PARTICIPATING HOSPITAL  
 HI/001=HAWAII  
 HI/LAB=LABORATORIES  
 HI/NPH=NON-PARTICIPATING HOSPITAL  
 IA/001=IOWA  
 IA/LAB=LABORATORIES  
 IA/NPH=NON-PARTICIPATING HOSPITAL  
 ID/001=IDAHO  
 ID/LAB=LABORATORIES  
 ID/NPH=NON-PARTICIPATING HOSPITAL  
 IL/001=ILLINOIS  
 IL/LAB=LABORATORIES  
 IL/NPH=NON-PARTICIPATING HOSPITAL  
 IN/001=INDIANA  
 IN/LAB=LABORATORIES  
 IN/NPH=NON-PARTICIPATING HOSPITAL  
 KS/001=KANSAS  
 KS/KCK=KANSAS CITY  
 KS/KDH=KDHE  
 KS/LAB=LABORATORIES  
 KS/LAW=LAWRENCE  
 KS/NC=NORTH CENTRAL KANSAS

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 17  
 Intermediate Care Facility/Individuals with Intellectual Disabilities,  
 CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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KS/NE=NORTH EAST KANSAS

KS/NPH=NON-PARTICIPATING HOSPITAL  
KS/NW=NORTH WEST KANSAS  
KS/SC=SOUTH CENTRAL KANSAS  
KS/SE=SOUTH EAST KANSAS  
KS/SW=SOUTH WEST KANSAS  
KS/WST=WEST  
KY/2C1=HOPKINSVILLE  
KY/2C2=LOUISVILLE  
KY/2C3=LONDON  
KY/2C4=LEXINGTON  
KY/LAB=LABORATORIES  
KY/NPH=NON-PARTICIPATING HOSPITAL  
LA/001=LOUISIANA  
LA/LA1=NEW ORLEANS  
LA/LA2=MANDEVILLE  
LA/LA3=LAFAYETTE  
LA/LA4=MONROE  
LA/LA5=SHREVEPORT  
LA/LA6=ALEXANDRIA  
LA/LAB=LABORATORIES  
LA/LB1=CLIA NEW ORLEANS  
LA/LB5=CLIA SHREVEPORT  
LA/LB6=CLIA ALEXANDRIA  
LA/NPH=NON-PARTICIPATING HOSPITAL  
MA/001=MASSACHUSETTS  
MA/LAB=LABORATORIES  
MA/NPH=NON-PARTICIPATING HOSPITAL  
MD/001=MARYLAND  
MD/LAB=LABORATORIES  
MD/NPH=NON-PARTICIPATING HOSPITAL  
ME/001=MAINE  
ME/LAB=LABORATORIES  
ME/NPH=NON-PARTICIPATING HOSPITAL  
MH/001=MARSHALL ISLANDS  
MH/NPH=NON-PARTICIPATING HOSPITAL  
MI/001=MICHIGAN  
MI/LAB=LABORATORIES  
MI/NPH=NON-PARTICIPATING HOSPITAL  
MN/001=MINNESOTA  
MN/LAB=LABORATORIES  
MN/NPH=NON-PARTICIPATING HOSPITAL  
MO/001=MISSOURI  
MO/01=REGION01  
MO/02=REGION02  
MO/03=REGION 03  
MO/04=REGION 04  
MO/05=REGION 05  
MO/06=REGION 06  
MO/07=REGION 07  
MO/1NH=REGION 1 NH

MO/2NH=REGION 2 NH  
 MO/3NH=REGION 3 NH  
 MO/4NH=REGION 4 NH  
 MO/5NH=REGION 5 NH  
 MO/6NH=REGION 6 NH  
 MO/7NH=REGION 7 NH  
 MO/LAB=LABORATORIES  
 MO/MO=STATEWIDE  
 MO/NPH=NON-PARTICIPATING HOSPITAL  
 MP/001=NORTHERN MARIANA ISLANDS  
 MP/LAB=LABORATORIES  
 MP/NPH=NON-PARTICIPATING HOSPITAL

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 18  
 Intermediate Care Facility/Individuals with Intellectual Disabilities,  
 CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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MS/001=MISSISSIPPI				
MS/LAB=LABORATORIES				
MS/NPH=NON-PARTICIPATING HOSPITAL				
MT/001=MONTANA				
MT/LAB=LABORATORIES				
MT/NPH=NON-PARTICIPATING HOSPITAL				
MX/001=MEXICO				
MX/LAB=LABORATORY				
MX/NPH=NON-PARTICIPATING HOSPITAL				
NC/001=NORTH CAROLINA				
NC/LAB=LABORATORIES				
NC/NCC=NORTH CAROLINA CENTRAL				
NC/NCE=NORTH CAROLINA EAST				
NC/NCN=NORTH CAROLINA NORTH				
NC/NCS=NORTH CAROLINA SOUTH				
NC/NCW=NORTH CAROLINA WEST				
NC/NPH=NON-PARTICIPATING HOSPITAL				
ND/001=NORTH DAKOTA				
ND/LAB=LABORATORIES				
ND/NPH=NON-PARTICIPATING HOSPITAL				
NE/001=NEBRASKA				
NE/1=NORTH CENTRAL				
NE/2=CENTRAL				
NE/3=NORTHEAST				
NE/4=SOUTHEAST				
NE/5=WESTERN				
NE/LAB=LABORATORIES				
NE/NPH=NON-PARTICIPATING HOSPITAL				
NH/001=NEW HAMPSHIRE				
NH/LAB=LABORATORIES				

NH/NPH=NON-PARTICIPATING HOSPITAL  
 NJ/001=NEW JERSEY  
 NJ/LAB=LABORATORIES  
 NJ/NPH=NON-PARTICIPATING HOSPITAL  
 NM/001=NEW MEXICO  
 NM/LAB=LABORATORIES  
 NM/NPH=NON-PARTICIPATING HOSPITAL  
 NV/001=NEVADA  
 NV/CC=CARSON CITY  
 NV/LAB=LABORATORIES  
 NV/LV=LAS VEGAS  
 NV/NPH=NON-PARTICIPATING HOSPITAL  
 NY/001=BUFFALO  
 NY/002=ROCHESTER  
 NY/003=SYRACUSE  
 NY/004=ALBANY  
 NY/005=NEW ROCHELLE  
 NY/006=NEW YORK CITY  
 NY/007=SUFFOLK/NASSAU COUNTY  
 NY/LAB=LABORATORIES  
 NY/NPH=NON-PARTICIPATING HOSPITAL  
 OH/001=OHIO  
 OH/LAB=LABORATORIES  
 OH/NPH=NON-PARTICIPATING HOSPITAL  
 OK/001=OKLAHOMA  
 OK/LAB=LABORATORIES  
 OK/NPH=NON-PARTICIPATING HOSPITAL  
 OR/001=OFFICE #1  
 OR/002=OFFICE #2  
 OR/003=OFFICE #3  
 OR/LAB=LABORATORIES  
 OR/NPH=NON-PARTICIPATING HOSPITAL  
 PA/001=PENNSYLVANIA

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 19

Intermediate Care Facility/Individuals with Intellectual Disabilities,  
 CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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PA/LAB=LABORATORIES				
PA/NPH=NON-PARTICIPATING HOSPITAL				
PR/001=PUERTO RICO				
PR/LAB=LABORATORIES				
PR/NPH=NON-PARTICIPATING HOSPITAL				
PW/001=PALAU				
PW/NPH=NON-PARTICIPATING HOSPITAL				
RI/001=RHODE ISLAND				
RI/LAB=LABORATORIES				

RI/NPH=NON-PARTICIPATING HOSPITAL  
SC/001=SOUTH CAROLINA  
SC/LAB=LABORATORIES  
SC/NPH=NON-PARTICIPATING HOSPITAL  
SD/001=SOUTH DAKOTA  
SD/LAB=LABORATORIES  
SD/NPH=NON-PARTICIPATING HOSPITAL  
TN/001=TENNESSEE  
TN/LAB=LABORATORIES  
TN/NPH=NON-PARTICIPATING HOSPITAL  
TN/TNC=TENNESSEE COOKEVILLE  
TN/TNE=TENNESSEE EASTERN  
TN/TNM=TENNESSEE MIDDLE  
TN/TNW=TENNESSEE WESTERN  
TX/001=TEXAS  
TX/L01=AMARILLO-LTC  
TX/L02=ABILENE-LTC  
TX/L03=ARLINGTON-LTC  
TX/L04=TYLER-LTC  
TX/L05=TEMPLE-LTC  
TX/L06=HOUSTON-LTC  
TX/L07=Austin-LTC  
TX/L08=San Antonio-LTC  
TX/L11=Corpus Christi-LTC  
TX/LAB=LABORATORIES  
TX/NPH=NON-PARTICIPATING HOSPITAL  
TX/TX1=NLTC REG 1, 7, 9, 10  
TX/TX2=NLTC REG 2, 3  
TX/TX4=NLTC REG 6  
TX/TX5=NLTC REG 4, 5  
TX/TX6=NLTC Statewide-Certified Only  
TX/TX8=NLTC REG 8, 11  
UT/001=UTAH  
UT/LAB=LABORATORIES  
UT/NPH=NON-PARTICIPATING HOSPITAL  
VA/001=VIRGINIA  
VA/LAB=LABORATORIES  
VA/NPH=NON-PARTICIPATING HOSPITAL  
VI/001=VIRGIN ISLANDS  
VI/LAB=LABORATORIES  
VI/NPH=NON-PARTICIPATING HOSPITAL  
VT/001=VERMONT  
VT/LAB=LABORATORIES  
VT/NPH=NON-PARTICIPATING HOSPITAL  
WA/001=ALL OTHERS (NON-LTC FAC)  
WA/D1=SPOKANE & YAKIMA AREAS  
WA/D1A=District 1, Unit A  
WA/D1B=District 1, Unit B  
WA/D1C=District 1, Unit C  
WA/D1D=District 1, Unit D

WA/D1E=District 1, Unit E  
 WA/D1F=District 1, Unit F  
 WA/D2=SPOKANE & SE  
 WA/D2A=District 2, Unit A

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 20  
 Intermediate Care Facility/Individuals with Intellectual Disabilities,  
 CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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WA/D2B=District 2, Unit B				
WA/D2C=District 2, Unit C				
WA/D2D=District 2, Unit D				
WA/D2E=District 2, Unit E				
WA/D2F=District 2, Unit F				
WA/D2G=District 2, Unit G				
WA/D2H=District 2, Unit H				
WA/D2I=District 2, Unit I				
WA/D2J=District 2, Unit J				
WA/D2L=District 2, Unit L				
WA/D3=NW WASHINGTON				
WA/D3A=District 3, Unit A				
WA/D3B=District 3, Unit B				
WA/D3C=District 3, Unit C				
WA/D3D=District 3, Unit D				
WA/D3E=District 3, Unit E				
WA/D3F=District 3, Unit F				
WA/D3G=District 3, Unit G				
WA/D3H=District 3, Unit H				
WA/D4A=GREATER SEATTLE AREA				
WA/D4B=S KING COUNTY				
WA/D5A=PIERCE CTY & PENINSULA				
WA/D5B=PIERCE CTY & GRAYS HARBOR				
WA/D6=OLYMPIA AREA				
WA/LAB=LABORATORIES				
WA/NPH=NON-PARTICIPATING HOSPITAL				
WI/001=WISCONSIN				
WI/LAB=LABORATORIES				
WI/NPH=NON-PARTICIPATING HOSPITAL				
WV/001=WEST VIRGINIA				
WV/LAB=LABORATORIES				
WV/NPH=NON-PARTICIPATING HOSPITAL				
WY/001=WYOMING				
WY/LAB=LABORATORIES				
WY/NPH=NON-PARTICIPATING HOSPITAL				

Address: Street	50	178	227	VARCHAR2
Description: Street address where the provider is located.				

SAS Name: ST\_ADR  
COBOL Name: ST-ADR

Telephone Number 10 228 237 VARCHAR2  
Description: Telephone number of the provider.  
SAS Name: PHNE\_NUM  
COBOL Name: PHNE-NUM

Termination Code 2 238 239 VARCHAR2  
Description: Indicates the current termination status for the provider.  
SAS Name: PGM\_TRMNTN\_CD  
COBOL Name: PGM-TRMNTN-CD  
VALUES: 00=ACTIVE PROVIDER  
01=VOLUNTARY-MERGER, CLOSURE  
02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT  
03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION  
04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL  
05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ  
06=INVOLUNTARY-FAILURE TO MEET AGREEMENT  
07=OTHER-PROVIDER STATUS CHANGE  
08=NONPAYMENT OF FEES - CLIA Only  
09=REV/UNSUCCESSFUL PARTICIPATION IN PT - CLIA Only  
10=REV/OTHER REASON - CLIA Only  
11=INCOMPLETE CLIA APPLICATION INFORMATION - CLIA Only

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 21  
Intermediate Care Facility/Individuals with Intellectual Disabilities,  
CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
12=NO LONGER PERFORMING TESTS - CLIA Only				
13=MULTIPLE TO SINGLE SITE CERTIFICATE - CLIA Only				
14=SHARED LABORATORY - CLIA Only				
15=FAILURE TO RENEW WAIVER PPM CERTIFICATE - CLIA Only				
16=DUPLICATE CLIA NUMBER - CLIA Only				
17=MAIL RETURNED NO FORWARD ADDRESS CERT ENDED - CLIA Only				
20=NOTIFICATION BANKRUPTCY - CLIA Only				
33=ACCREDITATION NOT CONFIRMED - CLIA Only				
80=AWAITING STATE APPROVAL				
99=OIG ACTION - DO NOT ACTIVATE - CLIA Only				

Termination or Expiration Date 8 240 247 DATE  
Description: Date the provider was terminated. For CLIA providers, date the laboratory's certificate was terminated or the expiration date of the current CLIA certificate.  
SAS Name: TRMNTN\_EXPRTN\_DT  
COBOL Name: TRMNTN-EXPRTN-DT



Type of Action Code 1 248 248 VARCHAR2  
Description: Identifies the reason for the certification. Type of  
action from the official survey record, CMS 1539 form.  
SAS Name: CRTFCTN\_ACTN\_TYPE\_CD  
COBOL Name: CRTFCTN-ACTN-TYPE-CD  
VALUES: 1=INITIAL  
2=RECERTIFICATION  
3=TERMINATION  
4=CHANGE OF OWNERSHIP  
5=VALIDATION  
8=FULL SURVEY AFTER COMPLAINT

Ownership Type Code 2 249 250 VARCHAR2  
Description: Indicates the ownership type of the provider.  
SAS Name: GNRL\_CNTL\_TYPE\_CD  
COBOL Name: GNRL-CNTL-TYPE-CD  
VALUES: 01=PRIVATE NON PROFIT  
02=PRIVATE PROPRIETARY  
03=STATE  
04=CITY/TOWN  
05=COUNTY  
06=CITY/COUNTY  
07=OTHER

Address: ZIP Code 5 251 255 VARCHAR2  
Description: Five-digit ZIP code for a provider's physical address.  
SAS Name: ZIP\_CD  
COBOL Name: ZIP-CD

FIPS State Code 2 256 257 VARCHAR2  
Description: FIPS State Code  
SAS Name: FIPS\_STATE\_CD  
COBOL Name: FIPS-STATE-CD  
VALUES: 01=ALABAMA  
02=ALASKA  
04=ARIZONA  
05=ARKANSAS  
06=CALIFORNIA  
08=COLORADO  
09=CONNECTICUT  
10=DELAWARE  
11=DISTRICT OF COLUMBIA  
12=FLORIDA  
13=GEORGIA  
15=HAWAII

CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
16=IDAHO				
17=ILLINOIS				
18=INDIANA				
19=IOWA				
20=KANSAS				
21=KENTUCKY				
22=LOUISIANA				
23=MAINE				
24=MARYLAND				
25=MASSACHUSETTS				
26=MICHIGAN				
27=MINNESOTA				
28=MISSISSIPPI				
29=MISSOURI				
30=MONTANA				
31=NEBRASKA				
32=NEVADA				
33=NEW HAMPSHIRE				
34=NEW JERSEY				
35=NEW MEXICO				
36=NEW YORK				
37=NORTH CAROLINA				
38=NORTH DAKOTA				
39=OHIO				
40=OKLAHOMA				
41=OREGON				
42=PENNSYLVANIA				
43=PUERTO RICO				
44=RHODE ISLAND				
45=SOUTH CAROLINA				
46=SOUTH DAKOTA				
47=TENNESSEE				
48=TEXAS				
49=UTAH				
50=VERMONT				
51=VIRGINIA				
53=WASHINGTON				
54=WEST VIRGINIA				
55=WISCONSIN				
56=WYOMING				
60=AMERICAN SAMOA				
66=GUAM				
69=SAIPAN/MARIANA IS.				
78=VIRGIN ISLANDS				

FIPS County Code

3 258 260 VARCHAR2

Description: FIPS County Code  
SAS Name: FIPS\_CNTY\_CD  
COBOL Name: FIPS-CNTY-CD

CBSA Urban Rural Indicator 1 261 261 VARCHAR2  
Description: CBSA (Core Based Statistical Area) indicates whether the county is defined as Urban or Rural.  
SAS Name: CBSA\_URBN\_RRL\_IND  
COBOL Name: CBSA-URBN-RRL-IND

CBSA Code 5 262 266 VARCHAR2  
Description: CBSA (Core Based Statistical Area) geographic entities defined by the U.S. Office of Management and Budget (OMB) on June 6, 2003 for use by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics. CBSA collectively refers to MSA.  
SAS Name: CBSA\_CD

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 23  
Intermediate Care Facility/Individuals with Intellectual Disabilities,  
CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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COBOL Name: CBSA-CD

Bed Count Override Indicator 1 325 325 CHAR  
Description: Indicates if the regional office has approved a significant bed count change from the previous certification.  
SAS Name: OVRRD\_BED\_CNT\_SW  
COBOL Name: OVRRD-BED-CNT-SW

Bed Count: Certified 4 326 329 NUMBER  
Description: Number of beds in Medicare and/or Medicaid certified areas within a facility.  
SAS Name: CRTFD\_BED\_CNT  
COBOL Name: CRTFD-BED-CNT

Bed Count: Certified - Total 4 330 333 NUMBER  
Description: Number of certified beds in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).  
SAS Name: ICFIID\_BED\_CNT  
COBOL Name: ICFIID-BED-CNT

Bed Count: Total 4 373 376 NUMBER  
Description: Total number of beds in a provider, including those in non-participating or non-licensed areas.  
SAS Name: BED\_CNT

COBOL Name: BED-CNT

Compliance: Beds Per Room Waiver Indicator 1 444 444 CHAR  
Description: Indicates if a waiver of the beds per room requirement  
has been recommended for a facility.  
SAS Name: BED\_PER\_ROOM\_WVR\_SW  
COBOL Name: BED-PER-ROOM-WVR-SW

Compliance: LSC Waiver Indicator 1 445 445 CHAR  
Description: Indicates if a waiver of any life safety code provision  
has been recommended for a provider.  
SAS Name: LSC\_WVR\_SW  
COBOL Name: LSC-WVR-SW

Compliance: Patient Room Size Waiver Indicator 1 446 446 CHAR  
Description: Indicates if a waiver of the patient room size provision  
has been recommended for a provider.  
SAS Name: ROOM\_SIZE\_WVR\_SW  
COBOL Name: ROOM-SIZE-WVR-SW

Fiscal Year End Date (MMDD) 4 464 467 VARCHAR2  
Description: End date, consisting of the month and day, of the  
provider's fiscal year.  
SAS Name: FY\_END\_MO\_DAY\_CD  
COBOL Name: FY-END-MO-DAY-CD

Program Participation Code 1 640 640 CHAR  
Description: Indicates if the provider participates in Medicare,  
Medicaid, or both programs.  
SAS Name: PGM\_PRTCPTN\_CD  
COBOL Name: PGM-PRTCPTN-CD  
VALUES: 1=MEDICARE ONLY  
2=MEDICAID ONLY  
3=MEDICARE AND MEDICAID

Provider Based Facility Indicator 1 641 641 VARCHAR2  
Description: Indicates if an Intermediate Care Facility for  
Individuals with Intellectual Disabilities (ICF/IID)

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 24  
Intermediate Care Facility/Individuals with Intellectual Disabilities,  
CATEGORY = "11" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
facility is provider-based, a distinct part of a Hospital, Skilled Nursing Facility or Nursing Facility. Related CCN is found in the Provider Auxiliary Facility Table.				

SAS Name: PRVDR\_BSD\_FAC\_SW  
COBOL Name: PRVDR-BSD-FAC-SW

Related Provider Number 10 686 695 CHAR  
Description: Related provider number  
SAS Name: RELATED\_PROVIDER\_NUMBER  
COBOL Name: RELATED-PROVIDER-NUMBER

Staff Count: Direct Care 8 1014 1021 NUMBER  
Description: Number of full-time equivalent direct care personnel  
employed by an Intermediate Care Facility for Individuals  
with Intellectual Disabilities (ICF/IID).  
SAS Name: DRCT\_CARE\_PRSNEL\_CNT  
COBOL Name: DRCT-CARE-PRSNEL-CNT

Staff Count: LPN/LVN - Employee 8 1110 1117 NUMBER  
Description: Number of full-time equivalent licensed practical or  
vocational nurses employed by a provider.  
SAS Name: LPN\_LVN\_CNT  
COBOL Name: LPN-LVN-CNT

Staff Count: RN 8 1750 1757 NUMBER  
Description: Number of full-time equivalent registered nurses employed  
by a provider.  
SAS Name: RN\_CNT  
COBOL Name: RN-CNT

Staff Count: Total - Employee 9 1934 1942 NUMBER  
Description: Total number of full-time equivalent employees of a  
provider.  
SAS Name: EMPLEE\_CNT  
COBOL Name: EMPLEE-CNT

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 1

Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
Provider Category Subtype Code	2	1	2	VARCHAR2
Description: Identifies the subtype of the provider, within the primary category. Used in reporting to show the breakdown of provider categories, mainly for hospitals and SNFs.				
SAS Name: PRVDR_CTGRY_SBTYP_CD				
COBOL Name: PRVDR-CTGRY-SBTYP-CD				
VALUES: 01=Rural Health Clinics				
Provider Category Code	2	3	4	VARCHAR2
Description: Identifies the type of provider participating in the Medicare/Medicaid program.				
SAS Name: PRVDR_CTGRY_CD				
COBOL Name: PRVDR-CTGRY-CD				
VALUES: 12=Rural Health Clinic				
CHOW Count	2	5	6	NUMBER
Description: Number of times this provider has undergone a change of ownership.				
SAS Name: CHOW_CNT				
COBOL Name: CHOW-CNT				
CHOW Date	8	7	14	DATE
Description: Effective date of the most recent change of ownership for this provider.				
SAS Name: CHOW_DT				
COBOL Name: CHOW-DT				
Address: City	28	15	42	VARCHAR2
Description: City in which the provider is physically located.				
SAS Name: CITY_NAME				
COBOL Name: CITY-NAME				

Compliance: Acceptable POC 1 43 43 VARCHAR2  
 Description: Indicates if a provider is in compliance with program requirements based on an acceptable plan for correction of deficiencies.  
 SAS Name: ACPTBL\_POC\_SW  
 COBOL Name: ACPTBL-POC-SW

Compliance: Status 1 44 44 VARCHAR2  
 Description: Compliance status of a provider at the time of certification survey.  
 SAS Name: CMPLNC\_STUS\_CD  
 COBOL Name: CMPLNC-STUS-CD  
 VALUES: A=IN COMPLIANCE  
 B=NOT IN COMPLIANCE

SSA County Code 3 45 47 VARCHAR2  
 Description: Social Security Administration geographic code indicating the county where the provider is located.  
 SAS Name: SSA\_CNTY\_CD  
 COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR  
 Description: Cross reference provider number  
 SAS Name: CROSS\_REF\_PROVIDER\_NUMBER  
 COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date 8 58 65 DATE  
 Description: Equal to the exit date of the initial visit of the Health survey for certifications completed after July 28, 2012. For certifications prior to that date, the certification

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 2  
 Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE  
 date is equal to the exit date of the initial visit of the Health survey or LSC survey, whichever is later.  
 SAS Name: CRTFCTN\_DT  
 COBOL Name: CRTFCTN-DT

Eligibility Indicator 1 66 66 VARCHAR2  
 Description: Indicates if a facility is eligible to participate in the Medicare and/or Medicaid programs.  
 SAS Name: ELGLTY\_SW  
 COBOL Name: ELGLTY-SW

Facility Name 50 67 116 VARCHAR2  
 Description: Name of the provider certified to participate in the

Medicare and/or Medicaid programs.  
SAS Name: FAC\_NAME  
COBOL Name: FAC-NAME

Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code 5 117 121 VARCHAR2

Description: Number assigned to the Medicare Administrative Contractor, intermediary or carrier servicing this provider.

SAS Name: INTRMDRY\_CARR\_CD

COBOL Name: INTRMDRY-CARR-CD

VALUES: 00000=DUMMY FOR MEDICAID HHA  
00010=BLUE CROSS (ALABAMA)  
00011=CAHABA  
00020=BLUE CROSS (ARKANSAS)  
00040=BLUE CROSS (CALIFORNIA)  
00060=BLUE CROSS (CONNECTICUT)  
00070=BLUE CROSS (DELAWARE)  
00090=BLUE CROSS (FLORIDA)  
00101=BLUE CROSS (GEORGIA)  
00121=HEALTH CARE SERVICE CORPORATION  
00122=HCSC - MICHIGAN  
00123=HCSC OF MICHIGAN  
00130=NATIONAL GOVERNMENT SERVICES  
00131=NATIONAL GOVERNMENT SERVICES  
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)  
00150=BLUE CROSS (KANSAS)  
00160=NATIONAL GOVERNMENT SERVICES  
00180=NATIONAL GOVERNMENT SERVICES  
00181=NATIONAL GOVERNMENT SERVICES  
00190=BLUE CROSS (MARYLAND)  
00200=BLUE CROSS (MASSACHUSETTS)  
00210=BLUE CROSS (MICHIGAN)  
00220=BLUE CROSS (MINNESOTA)  
00230=BLUE CROSS (MISSISSIPPI)  
00231=BLUE CROSS (LOUISIANA)  
00233=PINNACLE  
00241=BLUE CROSS (MISSOURI)  
00260=BLUE CROSS (NEBRASKA)  
00270=NATIONAL GOVERNMENT SERVICES  
00280=BLUE CROSS (NEW JERSEY)  
00290=BLUE CROSS (NEW MEXICO)  
00308=NATIONAL GOVERNMENT SERVICES  
00310=BLUE CROSS (NORTH CAROLINA)  
00320=NORIDIAN PART A  
00322=NORIDIAN PART A (AK/WA)  
00323=NORIDIAN PART A (ID/OR)  
00325=NORIDIAN  
00332=NATIONAL GOVERNMENT SERVICES  
00340=BLUE CROSS (OKLAHOMA)





00805=NATIONAL GOVERNMENT SERVICES  
 00821=NORIDIAN  
 00824=NORIDIAN GVT SERVICES (CO)  
 00826=NORIDIAN GVT SERVICES (IA)  
 00831=NORIDIAN GVT SERVICES (AK)  
 00832=NORIDIAN GVT SERVICES (AZ)  
 00833=NORIDIAN GVT SERVICES (HI)  
 00834=NORIDIAN GVT SERVICES (NV)  
 00835=NORIDIAN GVT SERVICES (OR)  
 00836=NORIDIAN GVT SERVICES (WA)  
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)  
 00865=BLUE SHIELD (PENNSYLVANIA)  
 00870=BLUE SHIELD (RHODE ISLAND)  
 00880=BLUE SHIELD (SOUTH CAROLINA)  
 00883=PALMETTO GBA PART B  
 00884=PALMETTO GBA  
 00889=NORIDIAN GVT SERVICES (SD)  
 00900=BLUE SHIELD (TEXAS)  
 00901=TRAILBLAZERS HEALTH ENTERPRISES  
 00904=TRAILBLAZER  
 00910=BLUE SHIELD (UTAH)  
 00930=BLUE SHIELD (WASHINGTON)

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 4

Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH))				
01111=Noridian (CA)				
01112=Noridian (NF)				
01120=AETNA (HAWAII)				
01182=Noridian (SF)				
01192=PALMETTO (CALIFORNIA SOUTH)				
01201=PALMETTO (HAWAII)				
01202=PALMETTO (HAWAII)				
01211=Noridian (AS, GU, HI)				
01212=Noridian (AS, GU, HI)				

01290=AETNA (NEVADA)  
 01301=PALMETTO (NEVADA)  
 01302=PALMETTO (NEVADA)  
 01311=Noridian (NV)  
 01312=Noridian (NV)  
 01360=AETNA (NEW MEXICO)  
 01370=AETNA (OKLAHOMA)  
 01380=AETNA (OREGON)  
 01390=AETNA (WASHINGTON)  
 01901=PALMETTO GBA  
 01902=PALMETTO GBA  
 01911=Noridian (AS, GU, HI, NV)  
 02050=OCCIDENTAL (CALIFORNIA)  
 02101=Noridian AK  
 02102=Noridian AK  
 02201=Noridian ID  
 02202=Noridian ID  
 02301=Noridian OR  
 02302=Noridian OR  
 02401=Noridian WA  
 02402=Noridian WA  
 03001=NORIDIAN ADMIN SERVICES  
 03101=NORIDIAN (ARIZONA)  
 03102=NORIDIAN (ARIZONA)  
 03201=NORIDIAN (MONTANA)  
 03202=NORIDIAN (MONTANA)  
 03301=NORDIAN (NORTH DAKOTA)  
 03302=NORDIAN (NORTH DAKOTA)  
 03401=NORIDIAN (SOUTH DAKOTA)  
 03402=NORIDIAN (SOUTH DAKOTA)  
 03501=NORIDIAN (UTAH)  
 03502=NORIDIAN (UTAH)  
 03601=NORIDIAN (WYOMING)  
 03602=NORIDIAN (WYOMING)  
 04001=TRAILBLAZER  
 04101=TRAILBLAZER (COLORADO)  
 04102=TRAILBLAZER (COLORADO)  
 04111=NOVITAS (COLORADO)  
 04112=NOVITAS (COLORADO)  
 04201=TRAILBLAZER (NEW MEXICO)  
 04202=TRAILBLAZER (NEW MEXICO)  
 04211=NOVITAS (NEW MEXICO)  
 04212=NOVITAS (NEW MEXICO)

DATE: 10/03/2022

POS RECORD LAYOUT

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Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END

TYPE

04301=TRAILBLAZER (OKLAHOMA)  
04302=TRAILBLAZER (OKLAHOMA)  
04311=NOVITAS (OKLAHOMA)  
04312=NOVITAS (OKLAHOMA)  
04401=TRAILBLAZER (TEXAS)  
04402=TRAILBLAZER (TEXAS)  
04411=NOVITAS (TEXAS)  
04412=NOVITAS (TEXAS)  
04901=MUTUAL LEGACY  
04911=NOVITAS  
05101=WPS (IOWA)  
05102=WPS (IOWA)  
05130=EQICOR (IDAHO)  
05201=WPS (KANSAS)  
05202=WPS (KANSAS)  
05301=WPS (MISSOURI)  
05302=WPS (MISSOURI WEST)  
05392=WPS (MISSOURI EAST)  
05401=WPS (NEBRASKA)  
05402=WPS (NEBRASKA)  
05440=EQICOR (TENNESSEE)  
05535=EQICOR (NORTH CAROLINA)  
05901=WISCONSIN PHYSICIANS SERVICE  
06001=NGS (WI)  
06004=National Govt Serv HHH  
06014=NATIONAL GOVERNMENT SERVICES  
06101=NGS (IL)  
06102=NGS (IL)  
06201=NGS (MN)  
06202=NGS (MN)  
06301=NGS (WI)  
06302=NGS (WI)  
07101=Novitas AR  
07102=Novitas AR  
07201=Novitas LA  
07202=Novitas LA  
07301=Novitas MS  
07302=Novitas MS  
08101=WPS IN  
08102=WPS IN  
08201=WPS MI  
08202=WPS MI  
09101=FIRST COAST (FLORIDA)  
09102=FIRST COAST (FLORIDA)  
09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)  
09202=FIRST COAST (PUERTO RICO)  
09302=FIRST COAST (VIRGIN ISLANDS)  
10071=TRAVELERS (RRB)  
10101=CAHABA GBA (AL)  
10102=CAHABA GBA (AL)

10111=PALMETTO GBA (Part A) (AL)  
 10112=PALMETTO GBA (AL)  
 10201=CAHABA GBA (GA)  
 10202=CAHABA GBA (GA)  
 10211=PALMETTO GBA (GA)  
 10212=PALMETTO GBA (GA)  
 10230=TRAVELERS (CONNECTICUT)  
 10240=TRAVELERS (MINNESOTA)  
 10250=TRAVELERS (MISSISSIPPI)  
 10301=CAHABA GBA (TN)  
 10302=CAHABA GBA (TN)  
 10311=PALMETTO GBA (TN)  
 10312=PALMETTO GBA (TN)  
 10490=TRAVELERS (VIRGINIA)

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POS RECORD LAYOUT

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Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				
12102=Novitas DE				
12201=Novitas DC				
12202=Novitas DC				
12301=Novitas MD				
12302=Novitas MD				
12401=Novitas NJ				
12402=Novitas NJ				
12501=Novitas PA				
12502=Novitas PA				
12901=Novitas Solutions DC, DE, MD, PA				
12902=HIGHMARK				
13101=NATIONAL GOVT SERVICES (CONNECTICUT)				
13102=NATIONAL GOVT SERVICES (CONNECTICUT)				
13201=NATIONAL GOVT SERVICES (NEW YORK)				
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)				
13282=NGS (UN)				
13292=NGS (QN)				

14004=NATIONAL HERITAGE (HHA - A)  
 14014=NGS (HHA)  
 14101=NATIONAL HERITAGE (MAINE)  
 14102=NATIONAL HERITAGE (MAINE)  
 14111=NGS (ME)  
 14112=NGS (ME)  
 14201=NATIONAL HERITAGE (MASSACHUSETTS)  
 14202=NATIONAL HERITAGE (MASSACHUSETTS)  
 14211=NGS (MA)  
 14212=NGS (MA)  
 14301=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14311=NGS (NH)  
 14312=NGS (NH)  
 14330=GROUP HEALTH INC (NEW YORK)  
 14401=NATIONAL HERITAGE (RHODE ISLAND)  
 14402=NATIONAL HERITAGE (RHODE ISLAND)  
 14411=NGS (RI)  
 14412=NGS (RI)  
 14501=NATIONAL HERITAGE (VERMONT)  
 14502=NATIONAL HERITAGE (VERMONT)  
 14511=NGS (VT)  
 14512=NGS (VT)  
 15004=CGS Administrators HHH  
 15101=CGS (KENTUCKY)  
 15102=CGS (KENTUCKY)  
 15201=CGS (OHIO)  
 15202=CGS (OHIO)  
 16360=NATIONWIDE (OHIO)  
 16510=NATIONWIDE (WEST VIRGINIA)  
 17120=HAWAII MEDICAL SERVICE ASSOCIATION  
 21200=MASSACHUSETTS/MAINE  
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)  
 31143=NATIONAL HERITAGE INSURANCE CO  
 31144=NATIONAL HERITAGE INSURANCE CO

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POS RECORD LAYOUT

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Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
-------------------	-----	-------	-----	------

50333=TRAVELERS (NEW YORK)				
51051=AETNA (PETALUMA)				
51070=AETNA (FARMINGTON)				
51100=AETNA (CLEARWATER)				
51140=AETNA (PEORIA)				
51390=AETNA (FORT WASHINGTON)				
52280=WISCONSIN PHYSICIANS SERVICE				
57400=COOPERATIVA (PUERTO RICO)				

Medicaid Vendor Number 15 122 136 VARCHAR2  
Description: Number which may be assigned to a provider by the state  
Medicaid agency for external control or billing purposes.  
SAS Name: MDCD\_VNDR\_NUM  
COBOL Name: MDCD-VNDR-NUM

Original Participation Date 8 137 144 DATE  
Description: Date a provider is first approved to provide Medicare  
and/or Medicaid services.  
SAS Name: ORGNL\_PRTCPTN\_DT  
COBOL Name: ORGNL-PRTCPTN-DT

Prior CHOW Date 8 145 152 DATE  
Description: Effective date of the previous change of ownership for  
this provider.  
SAS Name: CHOW\_PRIOR\_DT  
COBOL Name: CHOW-PRIOR-DT

Prior Medicare Administrative Contractor (MAC) or 5 153 157 VARCHAR2  
Intermediary or Carrier Code

Description: Number assigned to the previous Medicare Administrative  
Contractor, intermediary or carrier servicing this  
provider.

SAS Name: INTRMDRY\_CARR\_PRIOR\_CD  
COBOL Name: INTRMDRY-CARR-PRIOR-CD  
VALUES: 00000=DUMMY FOR MEDICAID HHA  
00010=BLUE CROSS (ALABAMA)  
00011=CAHABA  
00020=BLUE CROSS (ARKANSAS)  
00040=BLUE CROSS (CALIFORNIA)  
00060=BLUE CROSS (CONNECTICUT)  
00070=BLUE CROSS (DELAWARE)  
00090=BLUE CROSS (FLORIDA)  
00101=BLUE CROSS (GEORGIA)  
00121=HEALTH CARE SERVICE CORPORATION  
00122=HCSC - MICHIGAN  
00123=HCSC OF MICHIGAN  
00130=NATIONAL GOVERNMENT SERVICES  
00131=NATIONAL GOVERNMENT SERVICES  
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)  
00150=BLUE CROSS (KANSAS)  
00160=NATIONAL GOVERNMENT SERVICES  
00180=NATIONAL GOVERNMENT SERVICES  
00181=NATIONAL GOVERNMENT SERVICES  
00190=BLUE CROSS (MARYLAND)  
00200=BLUE CROSS (MASSACHUSETTS)  
00210=BLUE CROSS (MICHIGAN)  
00220=BLUE CROSS (MINNESOTA)  
00230=BLUE CROSS (MISSISSIPPI)

00231=BLUE CROSS (LOUISIANA)  
00233=PINNACLE  
00241=BLUE CROSS (MISSOURI)  
00260=BLUE CROSS (NEBRASKA)  
00270=NATIONAL GOVERNMENT SERVICES  
00280=BLUE CROSS (NEW JERSEY)

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POS RECORD LAYOUT

PAGE: 8

Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00290=BLUE CROSS (NEW MEXICO)				
00308=NATIONAL GOVERNMENT SERVICES				
00310=BLUE CROSS (NORTH CAROLINA)				
00320=NORIDIAN PART A				
00322=NORIDIAN PART A (AK/WA)				
00323=NORIDIAN PART A (ID/OR)				
00325=NORIDIAN				
00332=NATIONAL GOVERNMENT SERVICES				
00340=BLUE CROSS (OKLAHOMA)				
00350=BLUE CROSS (OREGON)				
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				
00468=BLUE CROSS (NORTH CAROLINA FOR PR)				
00510=BLUE SHIELD (ALABAMA)				
00511=CAHABA				
00512=CAHABA				
00520=BLUE SHIELD (ARKANSAS)				
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)				
00542=BLUE SHIELD (CALIFORNIA)				
00550=BLUE SHIELD (COLORADO)				
00570=BLUE SHIELD (DELAWARE)				
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)				
00590=BLUE SHIELD (FLORIDA)				



00621=BLUE SHIELD (ILLINOIS)  
 00630=NATIONAL GOVERNMENT SERVICES  
 00640=BLUE SHIELD (IOWA)  
 00650=BLUE SHIELD (KANSAS)  
 00655=BLUE SHIELD (KANSAS/NEBRASKA)  
 00660=NATIONAL GOVERNMENT SERVICES  
 00690=BLUE SHIELD (MARYLAND)  
 00700=BLUE SHIELD (MASSACHUSETTS)  
 00710=BLUE SHIELD (MICHIGAN)  
 00720=BLUE SHIELD (MINNESOTA)  
 00740=BLUE SHIELD (KANSAS CITY)  
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)  
 00780=BLUE SHIELD (TRI-STATE)  
 00801=BLUE SHIELD (BUFFALO)  
 00803=NATIONAL GOVERNMENT SERVICES  
 00805=NATIONAL GOVERNMENT SERVICES  
 00821=NORIDIAN  
 00824=NORIDIAN GVT SERVICES (CO)  
 00826=NORIDIAN GVT SERVICES (IA)  
 00831=NORIDIAN GVT SERVICES (AK)  
 00832=NORIDIAN GVT SERVICES (AZ)  
 00833=NORIDIAN GVT SERVICES (HI)  
 00834=NORIDIAN GVT SERVICES (NV)  
 00835=NORIDIAN GVT SERVICES (OR)  
 00836=NORIDIAN GVT SERVICES (WA)  
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)  
 00865=BLUE SHIELD (PENNSYLVANIA)

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POS RECORD LAYOUT

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Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00870=BLUE SHIELD (RHODE ISLAND)				
00880=BLUE SHIELD (SOUTH CAROLINA)				
00883=PALMETTO GBA PART B				
00884=PALMETTO GBA				
00889=NORIDIAN GVT SERVICES (SD)				
00900=BLUE SHIELD (TEXAS)				
00901=TRAILBLAZERS HEALTH ENTERPRISES				
00904=TRAILBLAZER				
00910=BLUE SHIELD (UTAH)				
00930=BLUE SHIELD (WASHINGTON)				
00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				

01010=AETNA (PEORIA)  
01020=AETNA (ALASKA)  
01030=AETNA (ARIZONA)  
01040=AETNA (GEORGIA)  
01101=PALMETTO (CALIFORNIA)  
01102=PALMETTO (CALIFORNIA (NORTH))  
01111=Noridian (CA)  
01112=Noridian (NF)  
01120=AETNA (HAWAII)  
01182=Noridian (SF)  
01192=PALMETTO (CALIFORNIA SOUTH)  
01201=PALMETTO (HAWAII)  
01202=PALMETTO (HAWAII)  
01211=Noridian (AS, GU, HI)  
01212=Noridian (AS, GU, HI)  
01290=AETNA (NEVADA)  
01301=PALMETTO (NEVADA)  
01302=PALMETTO (NEVADA)  
01311=Noridian (NV)  
01312=Noridian (NV)  
01360=AETNA (NEW MEXICO)  
01370=AETNA (OKLAHOMA)  
01380=AETNA (OREGON)  
01390=AETNA (WASHINGTON)  
01901=PALMETTO GBA  
01902=PALMETTO GBA  
01911=Noridian (AS, GU, HI, NV)  
02050=OCCIDENTAL (CALIFORNIA)  
02101=Noridian AK  
02102=Noridian AK  
02201=Noridian ID  
02202=Noridian ID  
02301=Noridian OR  
02302=Noridian OR  
02401=Noridian WA  
02402=Noridian WA  
03001=NORIDIAN ADMIN SERVICES  
03101=NORIDIAN (ARIZONA)  
03102=NORIDIAN (ARIZONA)  
03201=NORIDIAN (MONTANA)  
03202=NORIDIAN (MONTANA)  
03301=NORDIAN (NORTH DAKOTA)  
03302=NORDIAN (NORTH DAKOTA)  
03401=NORIDIAN (SOUTH DAKOTA)  
03402=NORIDIAN (SOUTH DAKOTA)  
03501=NORIDIAN (UTAH)  
03502=NORIDIAN (UTAH)  
03601=NORIDIAN (WYOMING)

Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
03602=NORIDIAN (WYOMING)				
04001=TRAILBLAZER				
04101=TRAILBLAZER (COLORADO)				
04102=TRAILBLAZER (COLORADO)				
04111=NOVITAS (COLORADO)				
04112=NOVITAS (COLORADO)				
04201=TRAILBLAZER (NEW MEXICO)				
04202=TRAILBLAZER (NEW MEXICO)				
04211=NOVITAS (NEW MEXICO)				
04212=NOVITAS (NEW MEXICO)				
04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				
05402=WPS (NEBRASKA)				
05440=EQICOR (TENNESSEE)				
05535=EQICOR (NORTH CAROLINA)				
05901=WISCONSIN PHYSICIANS SERVICE				
06001=NGS (WI)				
06004=National Govt Serv HHH				
06014=NATIONAL GOVERNMENT ERVICES				
06101=NGS (IL)				
06102=NGS (IL)				
06201=NGS (MN)				
06202=NGS (MN)				
06301=NGS (WI)				
06302=NGS (WI)				
07101=Novitas AR				
07102=Novitas AR				
07201=Novitas LA				

07202=Novitas LA  
 07301=Novitas MS  
 07302=Novitas MS  
 08101=WPS IN  
 08102=WPS IN  
 08201=WPS MI  
 08202=WPS MI  
 09101=FIRST COAST (FLORIDA)  
 09102=FIRST COAST (FLORIDA)  
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)  
 09202=FIRST COAST (PUERTO RICO)  
 09302=FIRST COAST (VIRGIN ISLANDS)  
 10071=TRAVELERS (RRB)  
 10101=CAHABA GBA (AL)  
 10102=CAHABA GBA (AL)  
 10111=PALMETTO GBA (Part A) (AL)  
 10112=PALMETTO GBA (AL)  
 10201=CAHABA GBA (GA)  
 10202=CAHABA GBA (GA)

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POS RECORD LAYOUT

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Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
10211=PALMETTO GBA (GA)				
10212=PALMETTO GBA (GA)				
10230=TRAVELERS (CONNECTICUT)				
10240=TRAVELERS (MINNESOTA)				
10250=TRAVELERS (MISSISSIPPI)				
10301=CAHABA GBA (TN)				
10302=CAHABA GBA (TN)				
10311=PALMETTO GBA (TN)				
10312=PALMETTO GBA (TN)				
10490=TRAVELERS (VIRGINIA)				
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				
12102=Novitas DE				
12201=Novitas DC				

12202=Novitas DC  
 12301=Novitas MD  
 12302=Novitas MD  
 12401=Novitas NJ  
 12402=Novitas NJ  
 12501=Novitas PA  
 12502=Novitas PA  
 12901=Novitas Solutions DC, DE, MD, PA  
 12902=HIGHMARK  
 13101=NATIONAL GOVT SERVICES (CONNECTICUT)  
 13102=NATIONAL GOVT SERVICES (CONNECTICUT)  
 13201=NATIONAL GOVT SERVICES (NEW YORK)  
 13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)  
 13282=NGS (UN)  
 13292=NGS (QN)  
 14004=NATIONAL HERITAGE (HHA - A)  
 14014=NGS (HHA)  
 14101=NATIONAL HERITAGE (MAINE)  
 14102=NATIONAL HERITAGE (MAINE)  
 14111=NGS (ME)  
 14112=NGS (ME)  
 14201=NATIONAL HERITAGE (MASSACHUSETTS)  
 14202=NATIONAL HERITAGE (MASSACHUSETTS)  
 14211=NGS (MA)  
 14212=NGS (MA)  
 14301=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14311=NGS (NH)  
 14312=NGS (NH)  
 14330=GROUP HEALTH INC (NEW YORK)  
 14401=NATIONAL HERITAGE (RHODE ISLAND)  
 14402=NATIONAL HERITAGE (RHODE ISLAND)  
 14411=NGS (RI)  
 14412=NGS (RI)  
 14501=NATIONAL HERITAGE (VERMONT)  
 14502=NATIONAL HERITAGE (VERMONT)  
 14511=NGS (VT)  
 14512=NGS (VT)  
 15004=CGS Administrators HHH  
 15101=CGS (KENTUCKY)

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 12

Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END

TYPE

15102=CGS (KENTUCKY)

15201=CGS (OHIO)

15202=CGS (OHIO)

16360=NATIONWIDE (OHIO)  
 16510=NATIONWIDE (WEST VIRGINIA)  
 17120=HAWAII MEDICAL SERVICE ASSOCIATION  
 21200=MASSACHUSETTS/MAINE  
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)  
 31143=NATIONAL HERITAGE INSURANCE CO  
 31144=NATIONAL HERITAGE INSURANCE CO  
 50333=TRAVELERS (NEW YORK)  
 51051=AETNA (PETALUMA)  
 51070=AETNA (FARMINGTON)  
 51100=AETNA (CLEARWATER)  
 51140=AETNA (PEORIA)  
 51390=AETNA (FORT WASHINGTON)  
 52280=WISCONSIN PHYSICIANS SERVICE  
 57400=COOPERATIVA (PUERTO RICO)

CCN 10 158 167 VARCHAR2  
 Description: Six or ten position identification number that is assigned to a certified provider. This is the CMS Certification Number.  
 SAS Name: PRVDR\_NUM  
 COBOL Name: PRVDR-NUM

Region Code 2 168 169 VARCHAR2  
 Description: Indicates the CMS Regional Office responsible for the certification of the provider.  
 SAS Name: RGN\_CD  
 COBOL Name: RGN-CD  
 VALUES: 01=Boston  
 02=New York  
 03=Philadelphia  
 04=Atlanta  
 05=Chicago  
 06=Dallas  
 07=Kansas City  
 08=Denver  
 09=San Francisco  
 10=Seattle

Skeleton Record Indicator 1 170 170 VARCHAR2  
 Description: Indicates if the record is a skeleton record. Only a limited set of data is available for this provider; no survey data exists. Only provider categories 01,17,19,21and 22 can have skeleton providers.  
 SAS Name: SKLTN\_REC\_SW  
 COBOL Name: SKLTN-REC-SW

State Abbreviation 2 171 172 VARCHAR2  
 Description: Two-character state abbreviation.  
 SAS Name: STATE\_CD

COBOL Name: STATE-CD  
VALUES: AK=ALASKA  
AL=ALABAMA  
AR=ARKANSAS  
AS=AMERICAN SAMOA  
AZ=ARIZONA  
CA=CALIFORNIA  
CN=CANADA  
CO=COLORADO  
CT=CONNECTICUT  
DC=DISTRICT OF COLUMBIA

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 13  
Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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DE=DELAWARE				
FL=FLORIDA				
FN=INTERNATIONAL				
GA=GEORGIA				
GU=GUAM				
HI=HAWAII				
IA=IOWA				
ID=IDAHO				
IL=ILLINOIS				
IN=INDIANA				
KS=KANSAS				
KY=KENTUCKY				
LA=LOUISIANA				
MA=MASSACHUSETTS				
MD=MARYLAND				
ME=MAINE				
MI=MICHIGAN				
MN=MINNESOTA				
MO=MISSOURI				
MP=SAIPAN				
MS=MISSISSIPPI				
MT=MONTANA				
MX=MEXICO				
NC=NORTH CAROLINA				
ND=NORTH DAKOTA				
NE=NEBRASKA				
NH=NEW HAMPSHIRE				
NJ=NEW JERSEY				
NM=NEW MEXICO				
NV=NEVADA				
NY=NEW YORK				
OH=OHIO				

OK=OKLAHOMA  
 OR=OREGON  
 PA=PENNSYLVANIA  
 PR=PUERTO RICO  
 RI=RHODE ISLAND  
 SC=SOUTH CAROLINA  
 SD=SOUTH DAKOTA  
 TN=TENNESSEE  
 TX=TEXAS  
 UT=UTAH  
 VA=VIRGINIA  
 VI=VIRGIN ISLANDS  
 VT=VERMONT  
 WA=WASHINGTON  
 WI=WISCONSIN  
 WV=WEST VIRGINIA  
 WY=WYOMING

SSA State Code 2 173 174 VARCHAR2

Description: Social Security Administration geographic code indicating the state where the provider is located.

SAS Name: SSA\_STATE\_CD

COBOL Name: SSA-STATE-CD

VALUES:

- 01=ALABAMA
- 02=ALASKA
- 03=ARIZONA
- 04=ARKANSAS
- 05=CALIFORNIA
- 06=COLORADO
- 07=CONNECTICUT
- 08=DELAWARE
- 09=DISTRICT OF COLUMBIA

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 14

Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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- 10=FLORIDA
- 11=GEORGIA
- 12=HAWAII
- 13=IDAHO
- 14=ILLINOIS
- 15=INDIANA
- 16=IOWA
- 17=KANSAS
- 18=KENTUCKY
- 19=LOUISIANA
- 20=MAINE





SAS Name: STATE\_RGN\_CD  
COBOL Name: STATE-RGN-CD  
VALUES: AK/001=ALASKA

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Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

AK/LAB=LABORATORIES  
AK/NPH=NON-PARTICIPATING HOSPITAL  
AL/001=ALABAMA  
AL/LAB=LABORATORIES  
AL/NPH=NON-PARTICIPATING HOSPITAL  
AR/001=ARKANSAS  
AR/LAB=LABORATORIES  
AR/NPH=NON-PARTICIPATING HOSPITAL  
AS/001=AMERICAN SAMOA  
AS/LAB=LABORATORY  
AS/NPH=NON-PARTICIPATING HOSPITAL  
AZ/AZ=PHOENIX  
AZ/LAB=ARIZONA LAB  
AZ/NPH=NON-PARTICIPATING HOSPITAL  
AZ/TUC=TUCSON  
CA/001=CALIFORNIA  
CA/BAK=BAKERSFIELD  
CA/BER=SAN BERNARDINO  
CA/EB=East Bay  
CA/FR=FRESNO  
CA/L1=L.A. WEST  
CA/L2=L.A. NORTH  
CA/L3=L.A. CENTRAL  
CA/L4=L.A. EAST  
CA/L5=SAN GABRIEL  
CA/LA1=LA Region 1  
CA/LA2=LA Region 2  
CA/LA3=LA Region 3  
CA/LA4=LA Acute/Ancillary  
CA/LA5=LA HHA/Hospice  
CA/LA6=LA ICF/DD/Clinics  
CA/LAB=LABORATORIES  
CA/M1=LAB. SOUTH  
CA/M2=LAB. NORTH  
CA/NPH=NON-PARTICIPATING HOSPITAL  
CA/ORG=ORANGE  
CA/RIV=RIVERSIDE  
CA/S1=SACRAMENTO  
CA/S3=CHICO  
CA/SD=SAN DIEGO

CA/SF=SAN FRANCISCO  
 CA/SJ=SAN JOSE  
 CA/SR=SANTA ROSA  
 CA/STK=STOCKTON  
 CA/VEN=VENTURA  
 CN/001=CANADA  
 CN/LAB=LABORATORY  
 CN/NPH=NON-PARTICIPATING HOSPITAL  
 CO/001=COLORADO  
 CO/LAB=LABORATORIES  
 CO/NPH=NON-PARTICIPATING HOSPITAL  
 CT/001=CONNECTICUT  
 CT/LAB=LABORATORIES  
 CT/NPH=NON-PARTICIPATING HOSPITAL  
 DC/001=DISTRICT OF COLUMBIA  
 DC/LAB=LABORATORIES  
 DC/NPH=NON-PARTICIPATING HOSPITAL  
 DE/001=DELAWARE  
 DE/LAB=LABORATORIES  
 DE/NPH=NON-PARTICIPATING HOSPITAL  
 FL/001=FLORIDA  
 FL/FTM=FT. MYERS  
 FL/GAI=GAINESVILLE  
 FL/JAX=JACKSONVILLE

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POS RECORD LAYOUT

PAGE: 16

Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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FL/LAB=LABORATORIES				
FL/LAN=LANTANA				
FL/LAU=LAUDERHILL				
FL/MIA=MIAMI				
FL/NPH=NON-PARTICIPATING HOSPITAL				
FL/ORL=ORLANDO				
FL/PEN=PENSACOLA				
FL/STP=ST. PETERSBURG				
FL/TAL=TALLAHASSEE				
FL/TAM=TAMPA				
FM/001=FEDERATED STATES OF MICRO				
FM/NPH=NON-PARTICIPATING HOSPITAL				
FN/001=INTERNATIONAL				
FN/LAB=LABORATORIES				
FN/NPH=NON-PARTICIPATING HOSPITAL				
GA/001=GEORGIA				
GA/GAA=GEORGIA ALL				
GA/GAC=GEORGIA CENTRAL				
GA/GAE=GEORGIA EASTERN				

GA/GAN=GEORGIA NORTH  
GA/GAS=GEORGIA SOUTH  
GA/GAW=GEORGIA WESTERN  
GA/LAB=LABORATORIES  
GA/NPH=NON-PARTICIPATING HOSPITAL  
GU/001=GUAM  
GU/LAB=LABORATORIES  
GU/NPH=NON-PARTICIPATING HOSPITAL  
HI/001=HAWAII  
HI/LAB=LABORATORIES  
HI/NPH=NON-PARTICIPATING HOSPITAL  
IA/001=IOWA  
IA/LAB=LABORATORIES  
IA/NPH=NON-PARTICIPATING HOSPITAL  
ID/001=IDAHO  
ID/LAB=LABORATORIES  
ID/NPH=NON-PARTICIPATING HOSPITAL  
IL/001=ILLINOIS  
IL/LAB=LABORATORIES  
IL/NPH=NON-PARTICIPATING HOSPITAL  
IN/001=INDIANA  
IN/LAB=LABORATORIES  
IN/NPH=NON-PARTICIPATING HOSPITAL  
KS/001=KANSAS  
KS/KCK=KANSAS CITY  
KS/KDH=KDHE  
KS/LAB=LABORATORIES  
KS/LAW=LAWRENCE  
KS/NC=NORTH CENTRAL KANSAS  
KS/NE=NORTH EAST KANSAS  
KS/NPH=NON-PARTICIPATING HOSPITAL  
KS/NW=NORTH WEST KANSAS  
KS/SC=SOUTH CENTRAL KANSAS  
KS/SE=SOUTH EAST KANSAS  
KS/SW=SOUTH WEST KANSAS  
KS/WST=WEST  
KY/2C1=HOPKINSVILLE  
KY/2C2=LOUISVILLE  
KY/2C3=LONDON  
KY/2C4=LEXINGTON  
KY/LAB=LABORATORIES  
KY/NPH=NON-PARTICIPATING HOSPITAL  
LA/001=LOUISIANA  
LA/LA1=NEW ORLEANS  
LA/LA2=MANDEVILLE

SHORT DESCRIPTION

LEN START END TYPE

LA/LA3=LAFAYETTE  
LA/LA4=MONROE  
LA/LA5=SHREVEPORT  
LA/LA6=ALEXANDRIA  
LA/LAB=LABORATORIES  
LA/LB1=CLIA NEW ORLEANS  
LA/LB5=CLIA SHREVEPORT  
LA/LB6=CLIA ALEXANDRIA  
LA/NPH=NON-PARTICIPATING HOSPITAL  
MA/001=MASSACHUSETTS  
MA/LAB=LABORATORIES  
MA/NPH=NON-PARTICIPATING HOSPITAL  
MD/001=MARYLAND  
MD/LAB=LABORATORIES  
MD/NPH=NON-PARTICIPATING HOSPITAL  
ME/001=MAINE  
ME/LAB=LABORATORIES  
ME/NPH=NON-PARTICIPATING HOSPITAL  
MH/001=MARSHALL ISLANDS  
MH/NPH=NON-PARTICIPATING HOSPITAL  
MI/001=MICHIGAN  
MI/LAB=LABORATORIES  
MI/NPH=NON-PARTICIPATING HOSPITAL  
MN/001=MINNESOTA  
MN/LAB=LABORATORIES  
MN/NPH=NON-PARTICIPATING HOSPITAL  
MO/001=MISSOURI  
MO/01=REGION01  
MO/02=REGION02  
MO/03=REGION 03  
MO/04=REGION 04  
MO/05=REGION 05  
MO/06=REGION 06  
MO/07=REGION 07  
MO/1NH=REGION 1 NH  
MO/2NH=REGION 2 NH  
MO/3NH=REGION 3 NH  
MO/4NH=REGION 4 NH  
MO/5NH=REGION 5 NH  
MO/6NH=REGION 6 NH  
MO/7NH=REGION 7 NH  
MO/LAB=LABORATORIES  
MO/MO=STATEWIDE  
MO/NPH=NON-PARTICIPATING HOSPITAL  
MP/001=NORTHERN MARIANA ISLANDS  
MP/LAB=LABORATORIES  
MP/NPH=NON-PARTICIPATING HOSPITAL  
MS/001=MISSISSIPPI

MS/LAB=LABORATORIES  
 MS/NPH=NON-PARTICIPATING HOSPITAL  
 MT/001=MONTANA  
 MT/LAB=LABORATORIES  
 MT/NPH=NON-PARTICIPATING HOSPITAL  
 MX/001=MEXICO  
 MX/LAB=LABORATORY  
 MX/NPH=NON-PARTICIPATING HOSPITAL  
 NC/001=NORTH CAROLINA  
 NC/LAB=LABORATORIES  
 NC/NCC=NORTH CAROLINA CENTRAL  
 NC/NCE=NORTH CAROLINA EAST  
 NC/NCN=NORTH CAROLINA NORTH  
 NC/NCS=NORTH CAROLINA SOUTH  
 NC/NCW=NORTH CAROLINA WEST  
 NC/NPH=NON-PARTICIPATING HOSPITAL

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POS RECORD LAYOUT

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Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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ND/001=NORTH DAKOTA  
 ND/LAB=LABORATORIES  
 ND/NPH=NON-PARTICIPATING HOSPITAL  
 NE/001=NEBRASKA  
 NE/1=NORTH CENTRAL  
 NE/2=CENTRAL  
 NE/3=NORTHEAST  
 NE/4=SOUTHEAST  
 NE/5=WESTERN  
 NE/LAB=LABORATORIES  
 NE/NPH=NON-PARTICIPATING HOSPITAL  
 NH/001=NEW HAMPSHIRE  
 NH/LAB=LABORATORIES  
 NH/NPH=NON-PARTICIPATING HOSPITAL  
 NJ/001=NEW JERSEY  
 NJ/LAB=LABORATORIES  
 NJ/NPH=NON-PARTICIPATING HOSPITAL  
 NM/001=NEW MEXICO  
 NM/LAB=LABORATORIES  
 NM/NPH=NON-PARTICIPATING HOSPITAL  
 NV/001=NEVADA  
 NV/CC=CARSON CITY  
 NV/LAB=LABORATORIES  
 NV/LV=LAS VEGAS  
 NV/NPH=NON-PARTICIPATING HOSPITAL  
 NY/001=BUFFALO  
 NY/002=ROCHESTER

NY/003=SYRACUSE  
 NY/004=ALBANY  
 NY/005=NEW ROCHELLE  
 NY/006=NEW YORK CITY  
 NY/007=SUFFOLK/NASSAU COUNTY  
 NY/LAB=LABORATORIES  
 NY/NPH=NON-PARTICIPATING HOSPITAL  
 OH/001=OHIO  
 OH/LAB=LABORATORIES  
 OH/NPH=NON-PARTICIPATING HOSPITAL  
 OK/001=OKLAHOMA  
 OK/LAB=LABORATORIES  
 OK/NPH=NON-PARTICIPATING HOSPITAL  
 OR/001=OFFICE #1  
 OR/002=OFFICE #2  
 OR/003=OFFICE #3  
 OR/LAB=LABORATORIES  
 OR/NPH=NON-PARTICIPATING HOSPITAL  
 PA/001=PENNSYLVANIA  
 PA/LAB=LABORATORIES  
 PA/NPH=NON-PARTICIPATING HOSPITAL  
 PR/001=PUERTO RICO  
 PR/LAB=LABORATORIES  
 PR/NPH=NON-PARTICIPATING HOSPITAL  
 PW/001=PALAU  
 PW/NPH=NON-PARTICIPATING HOSPITAL  
 RI/001=RHODE ISLAND  
 RI/LAB=LABORATORIES  
 RI/NPH=NON-PARTICIPATING HOSPITAL  
 SC/001=SOUTH CAROLINA  
 SC/LAB=LABORATORIES  
 SC/NPH=NON-PARTICIPATING HOSPITAL  
 SD/001=SOUTH DAKOTA  
 SD/LAB=LABORATORIES  
 SD/NPH=NON-PARTICIPATING HOSPITAL  
 TN/001=TENNESSEE  
 TN/LAB=LABORATORIES

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 19

Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
TN/NPH=NON-PARTICIPATING HOSPITAL				
TN/TNC=TENNESSEE COOKEVILLE				
TN/TNE=TENNESSEE EASTERN				
TN/TNM=TENNESSEE MIDDLE				
TN/TNW=TENNESSEE WESTERN				
TX/001=TEXAS				

TX/L01=AMARILLO-LTC  
TX/L02=ABILENE-LTC  
TX/L03=ARLINGTON-LTC  
TX/L04=TYLER-LTC  
TX/L05=TEMPLE-LTC  
TX/L06=HOUSTON-LTC  
TX/L07=Austin-LTC  
TX/L08=San Antonio-LTC  
TX/L11=Corpus Christi-LTC  
TX/LAB=LABORATORIES  
TX/NPH=NON-PARTICIPATING HOSPITAL  
TX/TX1=NLTC REG 1, 7, 9, 10  
TX/TX2=NLTC REG 2, 3  
TX/TX4=NLTC REG 6  
TX/TX5=NLTC REG 4, 5  
TX/TX6=NLTC Statewide-Certified Only  
TX/TX8=NLTC REG 8, 11  
UT/001=UTAH  
UT/LAB=LABORATORIES  
UT/NPH=NON-PARTICIPATING HOSPITAL  
VA/001=VIRGINIA  
VA/LAB=LABORATORIES  
VA/NPH=NON-PARTICIPATING HOSPITAL  
VI/001=VIRGIN ISLANDS  
VI/LAB=LABORATORIES  
VI/NPH=NON-PARTICIPATING HOSPITAL  
VT/001=VERMONT  
VT/LAB=LABORATORIES  
VT/NPH=NON-PARTICIPATING HOSPITAL  
WA/001=ALL OTHERS (NON-LTC FAC)  
WA/D1=SPOKANE & YAKIMA AREAS  
WA/D1A=District 1, Unit A  
WA/D1B=District 1, Unit B  
WA/D1C=District 1, Unit C  
WA/D1D=District 1, Unit D  
WA/D1E=District 1, Unit E  
WA/D1F=District 1, Unit F  
WA/D2=SPOKANE & SE  
WA/D2A=District 2, Unit A  
WA/D2B=District 2, Unit B  
WA/D2C=District 2, Unit C  
WA/D2D=District 2, Unit D  
WA/D2E=District 2, Unit E  
WA/D2F=District 2, Unit F  
WA/D2G=District 2, Unit G  
WA/D2H=District 2, Unit H  
WA/D2I=District 2, Unit I  
WA/D2J=District 2, Unit J  
WA/D2L=District 2, Unit L  
WA/D3=NW WASHINGTON



WA/D3A=District 3, Unit A  
 WA/D3B=District 3, Unit B  
 WA/D3C=District 3, Unit C  
 WA/D3D=District 3, Unit D  
 WA/D3E=District 3, Unit E  
 WA/D3F=District 3, Unit F  
 WA/D3G=District 3, Unit G  
 WA/D3H=District 3, Unit H

DATE: 10/03/2022

POS RECORD LAYOUT

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Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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WA/D4A=GREATER SEATTLE AREA  
 WA/D4B=S KING COUNTY  
 WA/D5A=PIERCE CTY & PENINSULA  
 WA/D5B=PIERCE CTY & GRAYS HARBOR  
 WA/D6=OLYMPIA AREA  
 WA/LAB=LABORATORIES  
 WA/NPH=NON-PARTICIPATING HOSPITAL  
 WI/001=WISCONSIN  
 WI/LAB=LABORATORIES  
 WI/NPH=NON-PARTICIPATING HOSPITAL  
 WV/001=WEST VIRGINIA  
 WV/LAB=LABORATORIES  
 WV/NPH=NON-PARTICIPATING HOSPITAL  
 WY/001=WYOMING  
 WY/LAB=LABORATORIES  
 WY/NPH=NON-PARTICIPATING HOSPITAL

Address: Street	50	178	227	VARCHAR2
Description: Street address where the provider is located.				
SAS Name:	ST_ADR			
COBOL Name:	ST-ADR			

Telephone Number	10	228	237	VARCHAR2
Description: Telephone number of the provider.				
SAS Name:	PHNE_NUM			
COBOL Name:	PHNE-NUM			

Termination Code	2	238	239	VARCHAR2
Description: Indicates the current termination status for the provider.				
SAS Name:	PGM_TRMNTN_CD			
COBOL Name:	PGM-TRMNTN-CD			
VALUES:	00=ACTIVE PROVIDER			
	01=VOLUNTARY-MERGER, CLOSURE			
	02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT			

03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION  
 04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL  
 05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ  
 06=INVOLUNTARY-FAILURE TO MEET AGREEMENT  
 07=OTHER-PROVIDER STATUS CHANGE  
 08=NONPAYMENT OF FEES - CLIA Only  
 09=REV/UNSUCCESSFUL PARTICIPATION IN PT - CLIA Only  
 10=REV/OTHER REASON - CLIA Only  
 11=INCOMPLETE CLIA APPLICATION INFORMATION - CLIA Only  
 12=NO LONGER PERFORMING TESTS - CLIA Only  
 13=MULTIPLE TO SINGLE SITE CERTIFICATE - CLIA Only  
 14=SHARED LABORATORY - CLIA Only  
 15=FAILURE TO RENEW WAIVER PPM CERTIFICATE - CLIA Only  
 16=DUPLICATE CLIA NUMBER - CLIA Only  
 17=MAIL RETURNED NO FORWARD ADDRESS CERT ENDED - CLIA Only  
 20=NOTIFICATION BANKRUPTCY - CLIA Only  
 33=ACCREDITATION NOT CONFIRMED - CLIA Only  
 80=AWAITING STATE APPROVAL  
 99=OIG ACTION - DO NOT ACTIVATE - CLIA Only

Termination or Expiration Date 8 240 247 DATE  
 Description: Date the provider was terminated. For CLIA providers, date the laboratory's certificate was terminated or the expiration date of the current CLIA certificate.  
 SAS Name: TRMNTN\_EXPRTN\_DT  
 COBOL Name: TRMNTN-EXPRTN-DT

Type of Action Code 1 248 248 VARCHAR2  
 Description: Identifies the reason for the certification. Type of

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 21  
 Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE  
 action from the official survey record, CMS 1539 form.  
 SAS Name: CRTFCTN\_ACTN\_TYPE\_CD  
 COBOL Name: CRTFCTN-ACTN-TYPE-CD  
 VALUES: 1=INITIAL  
 2=RECERTIFICATION  
 3=TERMINATION  
 4=CHANGE OF OWNERSHIP  
 5=VALIDATION  
 8=FULL SURVEY AFTER COMPLAINT

Ownership Type Code 2 249 250 VARCHAR2  
 Description: Indicates the ownership type of the provider.  
 SAS Name: GNRL\_CNTL\_TYPE\_CD  
 COBOL Name: GNRL-CNTL-TYPE-CD



Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
35=NEW MEXICO				
36=NEW YORK				
37=NORTH CAROLINA				
38=NORTH DAKOTA				
39=OHIO				
40=OKLAHOMA				
41=OREGON				
42=PENNSYLVANIA				
43=PUERTO RICO				
44=RHODE ISLAND				
45=SOUTH CAROLINA				
46=SOUTH DAKOTA				
47=TENNESSEE				
48=TEXAS				
49=UTAH				
50=VERMONT				
51=VIRGINIA				
53=WASHINGTON				
54=WEST VIRGINIA				
55=WISCONSIN				
56=WYOMING				
60=AMERICAN SAMOA				
66=GUAM				
69=SAIPAN/MARIANA IS.				
78=VIRGIN ISLANDS				
FIPS County Code	3	258	260	VARCHAR2
Description: FIPS County Code				
SAS Name: FIPS_CNTY_CD				
COBOL Name: FIPS-CNTY-CD				
CBSA Urban Rural Indicator	1	261	261	VARCHAR2
Description: CBSA (Core Based Statistical Area) indicates whether the county is defined as Urban or Rural.				
SAS Name: CBSA_URBN_RRL_IND				
COBOL Name: CBSA-URBN-RRL-IND				
CBSA Code	5	262	266	VARCHAR2
Description: CBSA (Core Based Statistical Area) geographic entities defined by the U.S. Office of Management and Budget (OMB) on June 6, 2003 for use by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics. CBSA collectively refers to MSA.				

SAS Name: CBSA\_CD  
COBOL Name: CBSA-CD

\*Accreditation Type Code 1 283 283 VARCHAR2  
Description: Indicates an accrediting organization deeming the provider. If a provider is deemed by multiple accrediting organizations then the accrediting organization with the earliest active deeming effective date is displayed in this field.  
SAS Name: ACRDTN\_TYPE\_CD  
COBOL Name: ACRDTN-TYPE-CD  
VALUES: 0=UNACCREDITED  
1=AAAASF  
2=TCT

Fiscal Year End Date (MMDD) 4 464 467 VARCHAR2  
Description: End date, consisting of the month and day, of the provider's fiscal year.  
SAS Name: FY\_END\_MO\_DAY\_CD  
COBOL Name: FY-END-MO-DAY-CD

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 23  
Rural Health Clinic, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Hospital Based Indicator	1	483	483	CHAR
Description: Indicates if the provider is based in a hospital.				
SAS Name:	HOSP_BSD_SW			
COBOL Name:	HOSP-BSD-SW			

Parent Provider Number	10	628	637	CHAR
Description: Parent provider number				
SAS Name:	PARENT_PROVIDER_NUMBER			
COBOL Name:	PARENT-PROVIDER-NUMBER			

Related Provider Number	10	686	695	CHAR
Description: Related provider number				
SAS Name:	RELATED_PROVIDER_NUMBER			
COBOL Name:	RELATED-PROVIDER-NUMBER			

Staff Count: Other Personnel	8	902	909	NUMBER
Description: Number of full-time equivalent other personnel employed by a provider				
SAS Name:	PRSNEL_OTHR_CNT			
COBOL Name:	PRSNEL-OTHR-CNT			

Staff Count: Nurse Practitioner	8	1278	1285	NUMBER
---------------------------------	---	------	------	--------

Description: Number of full-time equivalent nurse practitioners employed by a provider.

SAS Name: NRS\_PRCTNR\_CNT

COBOL Name: NRS-PRCTNR-CNT

Staff Count: Physician - Employee 8 1542 1549 NUMBER

Description: Number of full-time equivalent physicians employed by a provider.

SAS Name: PHYSN\_CNT

COBOL Name: PHYSN-CNT

Staff Count: Physician Assistant 8 1558 1565 NUMBER

Description: Number of full-time equivalent physician assistants employed by a provider.

SAS Name: PHYSN\_ASTNT\_CNT

COBOL Name: PHYSN-ASTNT-CNT

SHORT DESCRIPTION

LEN START END TYPE



the county where the provider is located.  
SAS Name: SSA\_CNTY\_CD  
COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR  
Description: Cross reference provider number  
SAS Name: CROSS\_REF\_PROVIDER\_NUMBER  
COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date 8 58 65 DATE  
Description: Equal to the exit date of the initial visit of the Health survey for certifications completed after July 28, 2012. For certifications prior to that date, the certification

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 2  
Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

date is equal to the exit date of the initial visit of the Health survey or LSC survey, whichever is later.  
SAS Name: CRTFCTN\_DT  
COBOL Name: CRTFCTN-DT

Eligibility Indicator 1 66 66 VARCHAR2  
Description: Indicates if a facility is eligible to participate in the Medicare and/or Medicaid programs.  
SAS Name: ELGBLTY\_SW  
COBOL Name: ELGBLTY-SW

Facility Name 50 67 116 VARCHAR2  
Description: Name of the provider certified to participate in the Medicare and/or Medicaid programs.  
SAS Name: FAC\_NAME  
COBOL Name: FAC-NAME

Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code 5 117 121 VARCHAR2  
Description: Number assigned to the Medicare Administrative Contractor, intermediary or carrier servicing this provider.  
SAS Name: INTRMDRY\_CARR\_CD  
COBOL Name: INTRMDRY-CARR-CD  
VALUES: 00000=DUMMY FOR MEDICAID HHA  
00010=BLUE CROSS (ALABAMA)  
00011=CAHABA  
00020=BLUE CROSS (ARKANSAS)  
00040=BLUE CROSS (CALIFORNIA)  
00060=BLUE CROSS (CONNECTICUT)



00070=BLUE CROSS (DELAWARE)  
 00090=BLUE CROSS (FLORIDA)  
 00101=BLUE CROSS (GEORGIA)  
 00121=HEALTH CARE SERVICE CORPORATION  
 00122=HCSC - MICHIGAN  
 00123=HCSC OF MICHIGAN  
 00130=NATIONAL GOVERNMENT SERVICES  
 00131=NATIONAL GOVERNMENT SERVICES  
 00140=BLUE CROSS (IOWA/SOUTH DAKOTA)  
 00150=BLUE CROSS (KANSAS)  
 00160=NATIONAL GOVERNMENT SERVICES  
 00180=NATIONAL GOVERNMENT SERVICES  
 00181=NATIONAL GOVERNMENT SERVICES  
 00190=BLUE CROSS (MARYLAND)  
 00200=BLUE CROSS (MASSACHUSETTS)  
 00210=BLUE CROSS (MICHIGAN)  
 00220=BLUE CROSS (MINNESOTA)  
 00230=BLUE CROSS (MISSISSIPPI)  
 00231=BLUE CROSS (LOUISIANA)  
 00233=PINNACLE  
 00241=BLUE CROSS (MISSOURI)  
 00260=BLUE CROSS (NEBRASKA)  
 00270=NATIONAL GOVERNMENT SERVICES  
 00280=BLUE CROSS (NEW JERSEY)  
 00290=BLUE CROSS (NEW MEXICO)  
 00308=NATIONAL GOVERNMENT SERVICES  
 00310=BLUE CROSS (NORTH CAROLINA)  
 00320=NORIDIAN PART A  
 00322=NORIDIAN PART A (AK/WA)  
 00323=NORIDIAN PART A (ID/OR)  
 00325=NORIDIAN  
 00332=NATIONAL GOVERNMENT SERVICES  
 00340=BLUE CROSS (OKLAHOMA)  
 00350=BLUE CROSS (OREGON)

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 3

Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)  
 00362=BLUE CROSS (INDEPENDENCE)  
 00363=BLUE CROSS (WESTERN PENNSYLVANIA)  
 00366=HIGHMARK MEDICARE SERVICES  
 00370=BLUE CROSS (RHODE ISLAND)  
 00380=BLUE CROSS (SOUTH CAROLINA)  
 00390=BLUE CROSS (TENNESSEE)  
 00400=BLUE CROSS (TEXAS)  
 00410=BLUE CROSS (UTAH)

00423=BLUE CROSS (VIRGINIA/WEST VA)  
00430=BLUE CROSS (WASHINGTON & ALASKA)  
00450=NATIONAL GOVERNMENT SERVICES  
00452=NATIONAL GOVERNMENT SERVICES  
00453=NATIONAL GOVERNMENT SERVICES  
00454=NATIONAL GOVERNMENT SERVICES  
00456=NATIONAL GOVERNMENT SERVICES  
00468=BLUE CROSS (NORTH CAROLINA FOR PR)  
00510=BLUE SHIELD (ALABAMA)  
00511=CAHABA  
00512=CAHABA  
00520=BLUE SHIELD (ARKANSAS)  
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)  
00542=BLUE SHIELD (CALIFORNIA)  
00550=BLUE SHIELD (COLORADO)  
00570=BLUE SHIELD (DELAWARE)  
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)  
00590=BLUE SHIELD (FLORIDA)  
00621=BLUE SHIELD (ILLINOIS)  
00630=NATIONAL GOVERNMENT SERVICES  
00640=BLUE SHIELD (IOWA)  
00650=BLUE SHIELD (KANSAS)  
00655=BLUE SHIELD (KANSAS/NEBRASKA)  
00660=NATIONAL GOVERNMENT SERVICES  
00690=BLUE SHIELD (MARYLAND)  
00700=BLUE SHIELD (MASSACHUSETTS)  
00710=BLUE SHIELD (MICHIGAN)  
00720=BLUE SHIELD (MINNESOTA)  
00740=BLUE SHIELD (KANSAS CITY)  
00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)  
00780=BLUE SHIELD (TRI-STATE)  
00801=BLUE SHIELD (BUFFALO)  
00803=NATIONAL GOVERNMENT SERVICES  
00805=NATIONAL GOVERNMENT SERVICES  
00821=NORIDIAN  
00824=NORIDIAN GVT SERVICES (CO)  
00826=NORIDIAN GVT SERVICES (IA)  
00831=NORIDIAN GVT SERVICES (AK)  
00832=NORIDIAN GVT SERVICES (AZ)  
00833=NORIDIAN GVT SERVICES (HI)  
00834=NORIDIAN GVT SERVICES (NV)  
00835=NORIDIAN GVT SERVICES (OR)  
00836=NORIDIAN GVT SERVICES (WA)  
00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)  
00865=BLUE SHIELD (PENNSYLVANIA)  
00870=BLUE SHIELD (RHODE ISLAND)  
00880=BLUE SHIELD (SOUTH CAROLINA)  
00883=PALMETTO GBA PART B  
00884=PALMETTO GBA  
00889=NORIDIAN GVT SERVICES (SD)

00900=BLUE SHIELD (TEXAS)  
 00901=TRAILBLAZERS HEALTH ENTERPRISES  
 00904=TRAILBLAZER  
 00910=BLUE SHIELD (UTAH)  
 00930=BLUE SHIELD (WASHINGTON)

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 4

Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH))				
01111=Noridian (CA)				
01112=Noridian (NF)				
01120=AETNA (HAWAII)				
01182=Noridian (SF)				
01192=PALMETTO (CALIFORNIA SOUTH)				
01201=PALMETTO (HAWAII)				
01202=PALMETTO (HAWAII)				
01211=Noridian (AS, GU, HI)				
01212=Noridian (AS, GU, HI)				
01290=AETNA (NEVADA)				
01301=PALMETTO (NEVADA)				
01302=PALMETTO (NEVADA)				
01311=Noridian (NV)				
01312=Noridian (NV)				
01360=AETNA (NEW MEXICO)				
01370=AETNA (OKLAHOMA)				
01380=AETNA (OREGON)				
01390=AETNA (WASHINGTON)				
01901=PALMETTO GBA				
01902=PALMETTO GBA				
01911=Noridian (AS, GU, HI, NV)				
02050=OCCIDENTAL (CALIFORNIA)				
02101=Noridian AK				
02102=Noridian AK				
02201=Noridian ID				
02202=Noridian ID				

02301=Noridian OR  
 02302=Noridian OR  
 02401=Noridian WA  
 02402=Noridian WA  
 03001=NORIDIAN ADMIN SERVICES  
 03101=NORIDAN (ARIZONA)  
 03102=NORIDAN (ARIZONA)  
 03201=NORIDAN (MONTANA)  
 03202=NORIDAN (MONTANA)  
 03301=NORDIAN (NORTH DAKOTA)  
 03302=NORDIAN (NORTH DAKOTA)  
 03401=NORIDIAN (SOUTH DAKOTA)  
 03402=NORIDIAN (SOUTH DAKOTA)  
 03501=NORIDIAN (UTAH)  
 03502=NORIDIAN (UTAH)  
 03601=NORIDIAN (WYOMING)  
 03602=NORIDIAN (WYOMING)  
 04001=TRAILBLAZER  
 04101=TRAILBLAZER (COLORADO)  
 04102=TRAILBLAZER (COLORADO)  
 04111=NOVITAS (COLORADO)  
 04112=NOVITAS (COLORADO)  
 04201=TRAILBLAZER (NEW MEXICO)  
 04202=TRAILBLAZER (NEW MEXICO)  
 04211=NOVITAS (NEW MEXICO)  
 04212=NOVITAS (NEW MEXICO)

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 5  
 Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04301=TRAILBLAZER (OKLAHOMA)  
 04302=TRAILBLAZER (OKLAHOMA)  
 04311=NOVITAS (OKLAHOMA)  
 04312=NOVITAS (OKLAHOMA)  
 04401=TRAILBLAZER (TEXAS)  
 04402=TRAILBLAZER (TEXAS)  
 04411=NOVITAS (TEXAS)  
 04412=NOVITAS (TEXAS)  
 04901=MUTUAL LEGACY  
 04911=NOVITAS  
 05101=WPS (IOWA)  
 05102=WPS (IOWA)  
 05130=EQICOR (IDAHO)  
 05201=WPS (KANSAS)  
 05202=WPS (KANSAS)  
 05301=WPS (MISSOURI)  
 05302=WPS (MISSOURI WEST)

05392=WPS (MISSOURI EAST)  
05401=WPS (NEBRASKA)  
05402=WPS (NEBRASKA)  
05440=EQICOR (TENNESSEE)  
05535=EQICOR (NORTH CAROLINA)  
05901=WISCONSIN PHYSICIANS SERVICE  
06001=NGS (WI)  
06004=National Govt Serv HHH  
06014=NATIONAL GOVERNMENT SERVICES  
06101=NGS (IL)  
06102=NGS (IL)  
06201=NGS (MN)  
06202=NGS (MN)  
06301=NGS (WI)  
06302=NGS (WI)  
07101=Novitas AR  
07102=Novitas AR  
07201=Novitas LA  
07202=Novitas LA  
07301=Novitas MS  
07302=Novitas MS  
08101=WPS IN  
08102=WPS IN  
08201=WPS MI  
08202=WPS MI  
09101=FIRST COAST (FLORIDA)  
09102=FIRST COAST (FLORIDA)  
09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)  
09202=FIRST COAST (PUERTO RICO)  
09302=FIRST COAST (VIRGIN ISLANDS)  
10071=TRAVELERS (RRB)  
10101=CAHABA GBA (AL)  
10102=CAHABA GBA (AL)  
10111=PALMETTO GBA (Part A) (AL)  
10112=PALMETTO GBA (AL)  
10201=CAHABA GBA (GA)  
10202=CAHABA GBA (GA)  
10211=PALMETTO GBA (GA)  
10212=PALMETTO GBA (GA)  
10230=TRAVELERS (CONNECTICUT)  
10240=TRAVELERS (MINNESOTA)  
10250=TRAVELERS (MISSISSIPPI)  
10301=CAHABA GBA (TN)  
10302=CAHABA GBA (TN)  
10311=PALMETTO GBA (TN)  
10312=PALMETTO GBA (TN)  
10490=TRAVELERS (VIRGINIA)



14411=NGS (RI)  
 14412=NGS (RI)  
 14501=NATIONAL HERITAGE (VERMONT)  
 14502=NATIONAL HERITAGE (VERMONT)  
 14511=NGS (VT)  
 14512=NGS (VT)  
 15004=CGS Administrators HHH  
 15101=CGS (KENTUCKY)  
 15102=CGS (KENTUCKY)  
 15201=CGS (OHIO)  
 15202=CGS (OHIO)  
 16360=NATIONWIDE (OHIO)  
 16510=NATIONWIDE (WEST VIRGINIA)  
 17120=HAWAII MEDICAL SERVICE ASSOCIATION  
 21200=MASSACHUSETTS/MAINE  
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)  
 31143=NATIONAL HERITAGE INSURANCE CO  
 31144=NATIONAL HERITAGE INSURANCE CO

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 7  
 Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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50333=TRAVELERS (NEW YORK)  
 51051=AETNA (PETALUMA)  
 51070=AETNA (FARMINGTON)  
 51100=AETNA (CLEARWATER)  
 51140=AETNA (PEORIA)  
 51390=AETNA (FORT WASHINGTON)  
 52280=WISCONSIN PHYSICIANS SERVICE  
 57400=COOPERATIVA (PUERTO RICO)

Medicaid Vendor Number	15	122	136	VARCHAR2
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Description: Number which may be assigned to a provider by the state Medicaid agency for external control or billing purposes.

SAS Name: MDCD\_VNDR\_NUM

COBOL Name: MDCD-VNDR-NUM

Original Participation Date	8	137	144	DATE
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Description: Date a provider is first approved to provide Medicare and/or Medicaid services.

SAS Name: ORGNL\_PRTCPTN\_DT

COBOL Name: ORGNL-PRTCPTN-DT

Prior CHOW Date	8	145	152	DATE
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Description: Effective date of the previous change of ownership for this provider.

SAS Name: CHOW\_PRIOR\_DT

COBOL Name: CHOW-PRIOR-DT

Prior Medicare Administrative Contractor (MAC) or 5 153 157 VARCHAR2  
Intermediary or Carrier Code

Description: Number assigned to the previous Medicare Administrative Contractor, intermediary or carrier servicing this provider.

SAS Name: INTRMDRY\_CARR\_PRIOR\_CD

COBOL Name: INTRMDRY-CARR-PRIOR-CD

VALUES: 00000=DUMMY FOR MEDICAID HHA  
00010=BLUE CROSS (ALABAMA)  
00011=CAHABA  
00020=BLUE CROSS (ARKANSAS)  
00040=BLUE CROSS (CALIFORNIA)  
00060=BLUE CROSS (CONNECTICUT)  
00070=BLUE CROSS (DELAWARE)  
00090=BLUE CROSS (FLORIDA)  
00101=BLUE CROSS (GEORGIA)  
00121=HEALTH CARE SERVICE CORPORATION  
00122=HCSC - MICHIGAN  
00123=HCSC OF MICHIGAN  
00130=NATIONAL GOVERNMENT SERVICES  
00131=NATIONAL GOVERNMENT SERVICES  
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)  
00150=BLUE CROSS (KANSAS)  
00160=NATIONAL GOVERNMENT SERVICES  
00180=NATIONAL GOVERNMENT SERVICES  
00181=NATIONAL GOVERNMENT SERVICES  
00190=BLUE CROSS (MARYLAND)  
00200=BLUE CROSS (MASSACHUSETTS)  
00210=BLUE CROSS (MICHIGAN)  
00220=BLUE CROSS (MINNESOTA)  
00230=BLUE CROSS (MISSISSIPPI)  
00231=BLUE CROSS (LOUISIANA)  
00233=PINNACLE  
00241=BLUE CROSS (MISSOURI)  
00260=BLUE CROSS (NEBRASKA)  
00270=NATIONAL GOVERNMENT SERVICES  
00280=BLUE CROSS (NEW JERSEY)

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 8

Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

00290=BLUE CROSS (NEW MEXICO)  
00308=NATIONAL GOVERNMENT SERVICES  
00310=BLUE CROSS (NORTH CAROLINA)  
00320=NORIDIAN PART A



00322=NORIDIAN PART A (AK/WA)  
00323=NORIDIAN PART A (ID/OR)  
00325=NORIDIAN  
00332=NATIONAL GOVERNMENT SERVICES  
00340=BLUE CROSS (OKLAHOMA)  
00350=BLUE CROSS (OREGON)  
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)  
00362=BLUE CROSS (INDEPENDENCE)  
00363=BLUE CROSS (WESTERN PENNSYLVANIA)  
00366=HIGHMARK MEDICARE SERVICES  
00370=BLUE CROSS (RHODE ISLAND)  
00380=BLUE CROSS (SOUTH CAROLINA)  
00390=BLUE CROSS (TENNESSEE)  
00400=BLUE CROSS (TEXAS)  
00410=BLUE CROSS (UTAH)  
00423=BLUE CROSS (VIRGINIA/WEST VA)  
00430=BLUE CROSS (WASHINGTON & ALASKA)  
00450=NATIONAL GOVERNMENT SERVICES  
00452=NATIONAL GOVERNMENT SERVICES  
00453=NATIONAL GOVERNMENT SERVICES  
00454=NATIONAL GOVERNMENT SERVICES  
00456=NATIONAL GOVERNMENT SERVICES  
00468=BLUE CROSS (NORTH CAROLINA FOR PR)  
00510=BLUE SHIELD (ALABAMA)  
00511=CAHABA  
00512=CAHABA  
00520=BLUE SHIELD (ARKANSAS)  
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)  
00542=BLUE SHIELD (CALIFORNIA)  
00550=BLUE SHIELD (COLORADO)  
00570=BLUE SHIELD (DELAWARE)  
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)  
00590=BLUE SHIELD (FLORIDA)  
00621=BLUE SHIELD (ILLINOIS)  
00630=NATIONAL GOVERNMENT SERVICES  
00640=BLUE SHIELD (IOWA)  
00650=BLUE SHIELD (KANSAS)  
00655=BLUE SHIELD (KANSAS/NEBRASKA)  
00660=NATIONAL GOVERNMENT SERVICES  
00690=BLUE SHIELD (MARYLAND)  
00700=BLUE SHIELD (MASSACHUSETTS)  
00710=BLUE SHIELD (MICHIGAN)  
00720=BLUE SHIELD (MINNESOTA)  
00740=BLUE SHIELD (KANSAS CITY)  
00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)  
00780=BLUE SHIELD (TRI-STATE)  
00801=BLUE SHIELD (BUFFALO)  
00803=NATIONAL GOVERNMENT SERVICES  
00805=NATIONAL GOVERNMENT SERVICES  
00821=NORIDIAN

00824=NORIDIAN GVT SERVICES (CO)  
 00826=NORIDIAN GVT SERVICES (IA)  
 00831=NORIDIAN GVT SERVICES (AK)  
 00832=NORIDIAN GVT SERVICES (AZ)  
 00833=NORIDIAN GVT SERVICES (HI)  
 00834=NORIDIAN GVT SERVICES (NV)  
 00835=NORIDIAN GVT SERVICES (OR)  
 00836=NORIDIAN GVT SERVICES (WA)  
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)  
 00865=BLUE SHIELD (PENNSYLVANIA)

DATE: 10/03/2022

POS RECORD LAYOUT

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Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00870=BLUE SHIELD (RHODE ISLAND)				
00880=BLUE SHIELD (SOUTH CAROLINA)				
00883=PALMETTO GBA PART B				
00884=PALMETTO GBA				
00889=NORIDIAN GVT SERVICES (SD)				
00900=BLUE SHIELD (TEXAS)				
00901=TRAILBLAZERS HEALTH ENTERPRISES				
00904=TRAILBLAZER				
00910=BLUE SHIELD (UTAH)				
00930=BLUE SHIELD (WASHINGTON)				
00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH))				
01111=Noridian (CA)				
01112=Noridian (NF)				
01120=AETNA (HAWAII)				
01182=Noridian (SF)				
01192=PALMETTO (CALIFORNIA SOUTH)				
01201=PALMETTO (HAWAII)				
01202=PALMETTO (HAWAII)				
01211=Noridian (AS, GU, HI)				
01212=Noridian (AS, GU, HI)				
01290=AETNA (NEVADA)				
01301=PALMETTO (NEVADA)				

01302=PALMETTO (NEVADA)  
 01311=Noridian (NV)  
 01312=Noridian (NV)  
 01360=AETNA (NEW MEXICO)  
 01370=AETNA (OKLAHOMA)  
 01380=AETNA (OREGON)  
 01390=AETNA (WASHINGTON)  
 01901=PALMETTO GBA  
 01902=PALMETTO GBA  
 01911=Noridian (AS, GU, HI, NV)  
 02050=OCCIDENTAL (CALIFORNIA)  
 02101=Noridian AK  
 02102=Noridian AK  
 02201=Noridian ID  
 02202=Noridian ID  
 02301=Noridian OR  
 02302=Noridian OR  
 02401=Noridian WA  
 02402=Noridian WA  
 03001=NORIDIAN ADMIN SERVICES  
 03101=NORIDIAN (ARIZONA)  
 03102=NORIDIAN (ARIZONA)  
 03201=NORIDIAN (MONTANA)  
 03202=NORIDIAN (MONTANA)  
 03301=NORDIAN (NORTH DAKOTA)  
 03302=NORDIAN (NORTH DAKOTA)  
 03401=NORIDIAN (SOUTH DAKOTA)  
 03402=NORIDIAN (SOUTH DAKOTA)  
 03501=NORIDIAN (UTAH)  
 03502=NORIDIAN (UTAH)  
 03601=NORIDIAN (WYOMING)

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 10

Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

03602=NORIDIAN (WYOMING)  
 04001=TRAILBLAZER  
 04101=TRAILBLAZER (COLORADO)  
 04102=TRAILBLAZER (COLORADO)  
 04111=NOVITAS (COLORADO)  
 04112=NOVITAS (COLORADO)  
 04201=TRAILBLAZER (NEW MEXICO)  
 04202=TRAILBLAZER (NEW MEXICO)  
 04211=NOVITAS (NEW MEXICO)  
 04212=NOVITAS (NEW MEXICO)  
 04301=TRAILBLAZER (OKLAHOMA)  
 04302=TRAILBLAZER (OKLAHOMA)

04311=NOVITAS (OKLAHOMA)  
04312=NOVITAS (OKLAHOMA)  
04401=TRAILBLAZER (TEXAS)  
04402=TRAILBLAZER (TEXAS)  
04411=NOVITAS (TEXAS)  
04412=NOVITAS (TEXAS)  
04901=MUTUAL LEGACY  
04911=NOVITAS  
05101=WPS (IOWA)  
05102=WPS (IOWA)  
05130=EQICOR (IDAHO)  
05201=WPS (KANSAS)  
05202=WPS (KANSAS)  
05301=WPS (MISSOURI)  
05302=WPS (MISSOURI WEST)  
05392=WPS (MISSOURI EAST)  
05401=WPS (NEBRASKA)  
05402=WPS (NEBRASKA)  
05440=EQICOR (TENNESSEE)  
05535=EQICOR (NORTH CAROLINA)  
05901=WISCONSIN PHYSICIANS SERVICE  
06001=NGS (WI)  
06004=National Govt Serv HHH  
06014=NATIONAL GOVERNMENT SERVICES  
06101=NGS (IL)  
06102=NGS (IL)  
06201=NGS (MN)  
06202=NGS (MN)  
06301=NGS (WI)  
06302=NGS (WI)  
07101=Novitas AR  
07102=Novitas AR  
07201=Novitas LA  
07202=Novitas LA  
07301=Novitas MS  
07302=Novitas MS  
08101=WPS IN  
08102=WPS IN  
08201=WPS MI  
08202=WPS MI  
09101=FIRST COAST (FLORIDA)  
09102=FIRST COAST (FLORIDA)  
09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)  
09202=FIRST COAST (PUERTO RICO)  
09302=FIRST COAST (VIRGIN ISLANDS)  
10071=TRAVELERS (RRB)  
10101=CAHABA GBA (AL)  
10102=CAHABA GBA (AL)  
10111=PALMETTO GBA (Part A) (AL)  
10112=PALMETTO GBA (AL)

10201=CAHABA GBA (GA)  
10202=CAHABA GBA (GA)

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 11  
Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION                                              LEN    START    END        TYPE

10211=PALMETTO GBA (GA)  
10212=PALMETTO GBA (GA)  
10230=TRAVELERS (CONNECTICUT)  
10240=TRAVELERS (MINNESOTA)  
10250=TRAVELERS (MISSISSIPPI)  
10301=CAHABA GBA (TN)  
10302=CAHABA GBA (TN)  
10311=PALMETTO GBA (TN)  
10312=PALMETTO GBA (TN)  
10490=TRAVELERS (VIRGINIA)  
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT  
11004=PALMETTO HHH C  
11201=PALMETTO GBA (SC)  
11202=PALMETTO GBA (SC)  
11260=GENERAL AMERICAN  
11301=PALMETTO GBA (VA)  
11302=PALMETTO GBA (VA)  
11401=PALMETTO GBA (WV)  
11402=PALMETTO GBA (WV)  
11501=PALMETTO GBA (NC)  
11502=PALMETTO GBA (NC)  
12101=Novitas DE  
12102=Novitas DE  
12201=Novitas DC  
12202=Novitas DC  
12301=Novitas MD  
12302=Novitas MD  
12401=Novitas NJ  
12402=Novitas NJ  
12501=Novitas PA  
12502=Novitas PA  
12901=Novitas Solutions DC, DE, MD, PA  
12902=HIGHMARK  
13101=NATIONAL GOVT SERVICES (CONNECTICUT)  
13102=NATIONAL GOVT SERVICES (CONNECTICUT)  
13201=NATIONAL GOVT SERVICES (NEW YORK)  
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)  
13282=NGS (UN)  
13292=NGS (QN)  
14004=NATIONAL HERITAGE (HHA - A)  
14014=NGS (HHA)

14101=NATIONAL HERITAGE (MAINE)  
 14102=NATIONAL HERITAGE (MAINE)  
 14111=NGS (ME)  
 14112=NGS (ME)  
 14201=NATIONAL HERITAGE (MASSACHUSETTS)  
 14202=NATIONAL HERITAGE (MASSACHUSETTS)  
 14211=NGS (MA)  
 14212=NGS (MA)  
 14301=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14311=NGS (NH)  
 14312=NGS (NH)  
 14330=GROUP HEALTH INC (NEW YORK)  
 14401=NATIONAL HERITAGE (RHODE ISLAND)  
 14402=NATIONAL HERITAGE (RHODE ISLAND)  
 14411=NGS (RI)  
 14412=NGS (RI)  
 14501=NATIONAL HERITAGE (VERMONT)  
 14502=NATIONAL HERITAGE (VERMONT)  
 14511=NGS (VT)  
 14512=NGS (VT)  
 15004=CGS Administrators HHH  
 15101=CGS (KENTUCKY)

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 12  
 Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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15102=CGS (KENTUCKY)				
15201=CGS (OHIO)				
15202=CGS (OHIO)				
16360=NATIONWIDE (OHIO)				
16510=NATIONWIDE (WEST VIRGINIA)				
17120=HAWAII MEDICAL SERVICE ASSOCIATION				
21200=MASSACHUSETTS/MAINE				
31142=NATIONAL HERITAGE INSURANCE CO (MAINE)				
31143=NATIONAL HERITAGE INSURANCE CO				
31144=NATIONAL HERITAGE INSURANCE CO				
50333=TRAVELERS (NEW YORK)				
51051=AETNA (PETALUMA)				
51070=AETNA (FARMINGTON)				
51100=AETNA (CLEARWATER)				
51140=AETNA (PEORIA)				
51390=AETNA (FORT WASHINGTON)				
52280=WISCONSIN PHYSICIANS SERVICE				
57400=COOPERATIVA (PUERTO RICO)				

CCN

10 158 167 VARCHAR2

Description: Six or ten position identification number that is assigned to a certified provider. This is the CMS Certification Number.

SAS Name: PRVDR\_NUM

COBOL Name: PRVDR-NUM

Region Code 2 168 169 VARCHAR2

Description: Indicates the CMS Regional Office responsible for the certification of the provider.

SAS Name: RGN\_CD

COBOL Name: RGN-CD

VALUES: 01=Boston  
02=New York  
03=Philadelphia  
04=Atlanta  
05=Chicago  
06=Dallas  
07=Kansas City  
08=Denver  
09=San Francisco  
10=Seattle

Skeleton Record Indicator 1 170 170 VARCHAR2

Description: Indicates if the record is a skeleton record. Only a limited set of data is available for this provider; no survey data exists. Only provider categories 01,17,19,21and 22 can have skeleton providers.

SAS Name: SKLTN\_REC\_SW

COBOL Name: SKLTN-REC-SW

State Abbreviation 2 171 172 VARCHAR2

Description: Two-character state abbreviation.

SAS Name: STATE\_CD

COBOL Name: STATE-CD

VALUES: AK=ALASKA  
AL=ALABAMA  
AR=ARKANSAS  
AS=AMERICAN SAMOA  
AZ=ARIZONA  
CA=CALIFORNIA  
CN=CANADA  
CO=COLORADO  
CT=CONNECTICUT  
DC=DISTRICT OF COLUMBIA

DE=DELAWARE  
FL=FLORIDA  
FN=INTERNATIONAL  
GA=GEORGIA  
GU=GUAM  
HI=HAWAII  
IA=IOWA  
ID=IDAHO  
IL=ILLINOIS  
IN=INDIANA  
KS=KANSAS  
KY=KENTUCKY  
LA=LOUISIANA  
MA=MASSACHUSETTS  
MD=MARYLAND  
ME=MAINE  
MI=MICHIGAN  
MN=MINNESOTA  
MO=MISSOURI  
MP=SAIPAN  
MS=MISSISSIPPI  
MT=MONTANA  
MX=MEXICO  
NC=NORTH CAROLINA  
ND=NORTH DAKOTA  
NE=NEBRASKA  
NH=NEW HAMPSHIRE  
NJ=NEW JERSEY  
NM=NEW MEXICO  
NV=NEVADA  
NY=NEW YORK  
OH=OHIO  
OK=OKLAHOMA  
OR=OREGON  
PA=PENNSYLVANIA  
PR=PUERTO RICO  
RI=RHODE ISLAND  
SC=SOUTH CAROLINA  
SD=SOUTH DAKOTA  
TN=TENNESSEE  
TX=TEXAS  
UT=UTAH  
VA=VIRGINIA  
VI=VIRGIN ISLANDS  
VT=VERMONT  
WA=WASHINGTON  
WI=WISCONSIN  
WV=WEST VIRGINIA  
WY=WYOMING



SSA State Code 2 173 174 VARCHAR2

Description: Social Security Administration geographic code indicating the state where the provider is located.

SAS Name: SSA\_STATE\_CD

COBOL Name: SSA-STATE-CD

VALUES: 01=ALABAMA  
02=ALASKA  
03=ARIZONA  
04=ARKANSAS  
05=CALIFORNIA  
06=COLORADO  
07=CONNECTICUT  
08=DELAWARE  
09=DISTRICT OF COLUMBIA

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 14

Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

10=FLORIDA  
11=GEORGIA  
12=HAWAII  
13=IDAHO  
14=ILLINOIS  
15=INDIANA  
16=IOWA  
17=KANSAS  
18=KENTUCKY  
19=LOUISIANA  
20=MAINE  
21=MARYLAND  
22=MASSACHUSETTS  
23=MICHIGAN  
24=MINNESOTA  
25=MISSISSIPPI  
26=MISSOURI  
27=MONTANA  
28=NEBRASKA  
29=NEVADA  
30=NEW HAMPSHIRE  
31=NEW JERSEY  
32=NEW MEXICO  
33=NEW YORK  
34=NORTH CAROLINA  
35=NORTH DAKOTA  
36=OHIO  
37=OKLAHOMA



AR/NPH=NON-PARTICIPATING HOSPITAL  
AS/001=AMERICAN SAMOA  
AS/LAB=LABORATORY  
AS/NPH=NON-PARTICIPATING HOSPITAL  
AZ/AZ=PHOENIX  
AZ/LAB=ARIZONA LAB  
AZ/NPH=NON-PARTICIPATING HOSPITAL  
AZ/TUC=TUCSON  
CA/001=CALIFORNIA  
CA/BAK=BAKERSFIELD  
CA/BER=SAN BERNARDINO  
CA/EB=East Bay  
CA/FR=FRESNO  
CA/L1=L.A. WEST  
CA/L2=L.A. NORTH  
CA/L3=L.A. CENTRAL  
CA/L4=L.A. EAST  
CA/L5=SAN GABRIEL  
CA/LA1=LA Region 1  
CA/LA2=LA Region 2  
CA/LA3=LA Region 3  
CA/LA4=LA Acute/Ancillary  
CA/LA5=LA HHA/Hospice  
CA/LA6=LA ICF/DD/Clinics  
CA/LAB=LABORATORIES  
CA/M1=LAB. SOUTH  
CA/M2=LAB. NORTH  
CA/NPH=NON-PARTICIPATING HOSPITAL  
CA/ORG=ORANGE  
CA/RIV=RIVERSIDE  
CA/S1=SACRAMENTO  
CA/S3=CHICO  
CA/SD=SAN DIEGO  
CA/SF=SAN FRANCISCO  
CA/SJ=SAN JOSE  
CA/SR=SANTA ROSA  
CA/STK=STOCKTON  
CA/VEN=VENTURA  
CN/001=CANADA  
CN/LAB=LABORATORY  
CN/NPH=NON-PARTICIPATING HOSPITAL  
CO/001=COLORADO  
CO/LAB=LABORATORIES  
CO/NPH=NON-PARTICIPATING HOSPITAL  
CT/001=CONNECTICUT  
CT/LAB=LABORATORIES  
CT/NPH=NON-PARTICIPATING HOSPITAL  
DC/001=DISTRICT OF COLUMBIA  
DC/LAB=LABORATORIES  
DC/NPH=NON-PARTICIPATING HOSPITAL

DE/001=DELAWARE  
 DE/LAB=LABORATORIES  
 DE/NPH=NON-PARTICIPATING HOSPITAL  
 FL/001=FLORIDA  
 FL/FTM=FT. MYERS  
 FL/GAI=GAINESVILLE  
 FL/JAX=JACKSONVILLE

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 16

Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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FL/LAB=LABORATORIES				
FL/LAN=LANTANA				
FL/LAU=LAUDERHILL				
FL/MIA=MIAMI				
FL/NPH=NON-PARTICIPATING HOSPITAL				
FL/ORL=ORLANDO				
FL/PEN=PENSACOLA				
FL/STP=ST. PETERSBURG				
FL/TAL=TALLAHASSEE				
FL/TAM=TAMPA				
FM/001=FEDERATED STATES OF MICRO				
FM/NPH=NON-PARTICIPATING HOSPITAL				
FN/001=INTERNATIONAL				
FN/LAB=LABORATORIES				
FN/NPH=NON-PARTICIPATING HOSPITAL				
GA/001=GEORGIA				
GA/GAA=GEORGIA ALL				
GA/GAC=GEORGIA CENTRAL				
GA/GAE=GEORGIA EASTERN				
GA/GAN=GEORGIA NORTH				
GA/GAS=GEORGIA SOUTH				
GA/GAW=GEORGIA WESTERN				
GA/LAB=LABORATORIES				
GA/NPH=NON-PARTICIPATING HOSPITAL				
GU/001=GUAM				
GU/LAB=LABORATORIES				
GU/NPH=NON-PARTICIPATING HOSPITAL				
HI/001=HAWAII				
HI/LAB=LABORATORIES				
HI/NPH=NON-PARTICIPATING HOSPITAL				
IA/001=IOWA				
IA/LAB=LABORATORIES				
IA/NPH=NON-PARTICIPATING HOSPITAL				
ID/001=IDAHO				
ID/LAB=LABORATORIES				
ID/NPH=NON-PARTICIPATING HOSPITAL				

IL/001=ILLINOIS  
 IL/LAB=LABORATORIES  
 IL/NPH=NON-PARTICIPATING HOSPITAL  
 IN/001=INDIANA  
 IN/LAB=LABORATORIES  
 IN/NPH=NON-PARTICIPATING HOSPITAL  
 KS/001=KANSAS  
 KS/KCK=KANSAS CITY  
 KS/KDH=KDHE  
 KS/LAB=LABORATORIES  
 KS/LAW=LAWRENCE  
 KS/NC=NORTH CENTRAL KANSAS  
 KS/NE=NORTH EAST KANSAS  
 KS/NPH=NON-PARTICIPATING HOSPITAL  
 KS/NW=NORTH WEST KANSAS  
 KS/SC=SOUTH CENTRAL KANSAS  
 KS/SE=SOUTH EAST KANSAS  
 KS/SW=SOUTH WEST KANSAS  
 KS/WST=WEST  
 KY/2C1=HOPKINSVILLE  
 KY/2C2=LOUISVILLE  
 KY/2C3=LONDON  
 KY/2C4=LEXINGTON  
 KY/LAB=LABORATORIES  
 KY/NPH=NON-PARTICIPATING HOSPITAL  
 LA/001=LOUISIANA  
 LA/LA1=NEW ORLEANS  
 LA/LA2=MANDEVILLE

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 17  
 Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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LA/LA3=LAFAYETTE  
 LA/LA4=MONROE  
 LA/LA5=SHREVEPORT  
 LA/LA6=ALEXANDRIA  
 LA/LAB=LABORATORIES  
 LA/LB1=CLIA NEW ORLEANS  
 LA/LB5=CLIA SHREVEPORT  
 LA/LB6=CLIA ALEXANDRIA  
 LA/NPH=NON-PARTICIPATING HOSPITAL  
 MA/001=MASSACHUSETTS  
 MA/LAB=LABORATORIES  
 MA/NPH=NON-PARTICIPATING HOSPITAL  
 MD/001=MARYLAND  
 MD/LAB=LABORATORIES  
 MD/NPH=NON-PARTICIPATING HOSPITAL

ME/001=MAINE  
ME/LAB=LABORATORIES  
ME/NPH=NON-PARTICIPATING HOSPITAL  
MH/001=MARSHALL ISLANDS  
MH/NPH=NON-PARTICIPATING HOSPITAL  
MI/001=MICHIGAN  
MI/LAB=LABORATORIES  
MI/NPH=NON-PARTICIPATING HOSPITAL  
MN/001=MINNESOTA  
MN/LAB=LABORATORIES  
MN/NPH=NON-PARTICIPATING HOSPITAL  
MO/001=MISSOURI  
MO/01=REGION01  
MO/02=REGION02  
MO/03=REGION 03  
MO/04=REGION 04  
MO/05=REGION 05  
MO/06=REGION 06  
MO/07=REGION 07  
MO/1NH=REGION 1 NH  
MO/2NH=REGION 2 NH  
MO/3NH=REGION 3 NH  
MO/4NH=REGION 4 NH  
MO/5NH=REGION 5 NH  
MO/6NH=REGION 6 NH  
MO/7NH=REGION 7 NH  
MO/LAB=LABORATORIES  
MO/MO=STATEWIDE  
MO/NPH=NON-PARTICIPATING HOSPITAL  
MP/001=NORTHERN MARIANA ISLANDS  
MP/LAB=LABORATORIES  
MP/NPH=NON-PARTICIPATING HOSPITAL  
MS/001=MISSISSIPPI  
MS/LAB=LABORATORIES  
MS/NPH=NON-PARTICIPATING HOSPITAL  
MT/001=MONTANA  
MT/LAB=LABORATORIES  
MT/NPH=NON-PARTICIPATING HOSPITAL  
MX/001=MEXICO  
MX/LAB=LABORATORY  
MX/NPH=NON-PARTICIPATING HOSPITAL  
NC/001=NORTH CAROLINA  
NC/LAB=LABORATORIES  
NC/NCC=NORTH CAROLINA CENTRAL  
NC/NCE=NORTH CAROLINA EAST  
NC/NCN=NORTH CAROLINA NORTH  
NC/NCS=NORTH CAROLINA SOUTH  
NC/NCW=NORTH CAROLINA WEST  
NC/NPH=NON-PARTICIPATING HOSPITAL

SHORT DESCRIPTION	LEN	START	END	TYPE
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ND/001=NORTH DAKOTA				
ND/LAB=LABORATORIES				
ND/NPH=NON-PARTICIPATING HOSPITAL				
NE/001=NEBRASKA				
NE/1=NORTH CENTRAL				
NE/2=CENTRAL				
NE/3=NORTHEAST				
NE/4=SOUTHEAST				
NE/5=WESTERN				
NE/LAB=LABORATORIES				
NE/NPH=NON-PARTICIPATING HOSPITAL				
NH/001=NEW HAMPSHIRE				
NH/LAB=LABORATORIES				
NH/NPH=NON-PARTICIPATING HOSPITAL				
NJ/001=NEW JERSEY				
NJ/LAB=LABORATORIES				
NJ/NPH=NON-PARTICIPATING HOSPITAL				
NM/001=NEW MEXICO				
NM/LAB=LABORATORIES				
NM/NPH=NON-PARTICIPATING HOSPITAL				
NV/001=NEVADA				
NV/CC=CARSON CITY				
NV/LAB=LABORATORIES				
NV/LV=LAS VEGAS				
NV/NPH=NON-PARTICIPATING HOSPITAL				
NY/001=BUFFALO				
NY/002=ROCHESTER				
NY/003=SYRACUSE				
NY/004=ALBANY				
NY/005=NEW ROCHELLE				
NY/006=NEW YORK CITY				
NY/007=SUFFOLK/NASSAU COUNTY				
NY/LAB=LABORATORIES				
NY/NPH=NON-PARTICIPATING HOSPITAL				
OH/001=OHIO				
OH/LAB=LABORATORIES				
OH/NPH=NON-PARTICIPATING HOSPITAL				
OK/001=OKLAHOMA				
OK/LAB=LABORATORIES				
OK/NPH=NON-PARTICIPATING HOSPITAL				
OR/001=OFFICE #1				
OR/002=OFFICE #2				
OR/003=OFFICE #3				
OR/LAB=LABORATORIES				

OR/NPH=NON-PARTICIPATING HOSPITAL  
 PA/001=PENNSYLVANIA  
 PA/LAB=LABORATORIES  
 PA/NPH=NON-PARTICIPATING HOSPITAL  
 PR/001=PUERTO RICO  
 PR/LAB=LABORATORIES  
 PR/NPH=NON-PARTICIPATING HOSPITAL  
 PW/001=PALAU  
 PW/NPH=NON-PARTICIPATING HOSPITAL  
 RI/001=RHODE ISLAND  
 RI/LAB=LABORATORIES  
 RI/NPH=NON-PARTICIPATING HOSPITAL  
 SC/001=SOUTH CAROLINA  
 SC/LAB=LABORATORIES  
 SC/NPH=NON-PARTICIPATING HOSPITAL  
 SD/001=SOUTH DAKOTA  
 SD/LAB=LABORATORIES  
 SD/NPH=NON-PARTICIPATING HOSPITAL  
 TN/001=TENNESSEE  
 TN/LAB=LABORATORIES

DATE: 10/03/2022

POS RECORD LAYOUT

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Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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TN/NPH=NON-PARTICIPATING HOSPITAL				
TN/TNC=TENNESSEE COOKEVILLE				
TN/TNE=TENNESSEE EASTERN				
TN/TNM=TENNESSEE MIDDLE				
TN/TNW=TENNESSEE WESTERN				
TX/001=TEXAS				
TX/L01=AMARILLO-LTC				
TX/L02=ABILENE-LTC				
TX/L03=ARLINGTON-LTC				
TX/L04=TYLER-LTC				
TX/L05=TEMPLE-LTC				
TX/L06=HOUSTON-LTC				
TX/L07=Austin-LTC				
TX/L08=San Antonio-LTC				
TX/L11=Corpus Christi-LTC				
TX/LAB=LABORATORIES				
TX/NPH=NON-PARTICIPATING HOSPITAL				
TX/TX1=NLTC REG 1, 7, 9, 10				
TX/TX2=NLTC REG 2, 3				
TX/TX4=NLTC REG 6				
TX/TX5=NLTC REG 4, 5				
TX/TX6=NLTC Statewide-Certified Only				
TX/TX8=NLTC REG 8, 11				



UT/001=UTAH  
 UT/LAB=LABORATORIES  
 UT/NPH=NON-PARTICIPATING HOSPITAL  
 VA/001=VIRGINIA  
 VA/LAB=LABORATORIES  
 VA/NPH=NON-PARTICIPATING HOSPITAL  
 VI/001=VIRGIN ISLANDS  
 VI/LAB=LABORATORIES  
 VI/NPH=NON-PARTICIPATING HOSPITAL  
 VT/001=VERMONT  
 VT/LAB=LABORATORIES  
 VT/NPH=NON-PARTICIPATING HOSPITAL  
 WA/001=ALL OTHERS (NON-LTC FAC)  
 WA/D1=SPOKANE & YAKIMA AREAS  
 WA/D1A=District 1, Unit A  
 WA/D1B=District 1, Unit B  
 WA/D1C=District 1, Unit C  
 WA/D1D=District 1, Unit D  
 WA/D1E=District 1, Unit E  
 WA/D1F=District 1, Unit F  
 WA/D2=SPOKANE & SE  
 WA/D2A=District 2, Unit A  
 WA/D2B=District 2, Unit B  
 WA/D2C=District 2, Unit C  
 WA/D2D=District 2, Unit D  
 WA/D2E=District 2, Unit E  
 WA/D2F=District 2, Unit F  
 WA/D2G=District 2, Unit G  
 WA/D2H=District 2, Unit H  
 WA/D2I=District 2, Unit I  
 WA/D2J=District 2, Unit J  
 WA/D2L=District 2, Unit L  
 WA/D3=NW WASHINGTON  
 WA/D3A=District 3, Unit A  
 WA/D3B=District 3, Unit B  
 WA/D3C=District 3, Unit C  
 WA/D3D=District 3, Unit D  
 WA/D3E=District 3, Unit E  
 WA/D3F=District 3, Unit F  
 WA/D3G=District 3, Unit G  
 WA/D3H=District 3, Unit H

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 20

Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

WA/D4A=GREATER SEATTLE AREA

WA/D4B=S KING COUNTY

WA/D5A=PIERCE CTY & PENINSULA  
 WA/D5B=PIERCE CTY & GRAYS HARBOR  
 WA/D6=OLYMPIA AREA  
 WA/LAB=LABORATORIES  
 WA/NPH=NON-PARTICIPATING HOSPITAL  
 WI/001=WISCONSIN  
 WI/LAB=LABORATORIES  
 WI/NPH=NON-PARTICIPATING HOSPITAL  
 WV/001=WEST VIRGINIA  
 WV/LAB=LABORATORIES  
 WV/NPH=NON-PARTICIPATING HOSPITAL  
 WY/001=WYOMING  
 WY/LAB=LABORATORIES  
 WY/NPH=NON-PARTICIPATING HOSPITAL

Address: Street 50 178 227 VARCHAR2  
 Description: Street address where the provider is located.  
 SAS Name: ST\_ADR  
 COBOL Name: ST-ADR

Telephone Number 10 228 237 VARCHAR2  
 Description: Telephone number of the provider.  
 SAS Name: PHNE\_NUM  
 COBOL Name: PHNE-NUM

Termination Code 2 238 239 VARCHAR2  
 Description: Indicates the current termination status for the provider.  
 SAS Name: PGM\_TRMNTN\_CD  
 COBOL Name: PGM-TRMNTN-CD  
 VALUES:
 

- 00=ACTIVE PROVIDER
- 01=VOLUNTARY-MERGER, CLOSURE
- 02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT
- 03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION
- 04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL
- 05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ
- 06=INVOLUNTARY-FAILURE TO MEET AGREEMENT
- 07=OTHER-PROVIDER STATUS CHANGE
- 08=NONPAYMENT OF FEES - CLIA Only
- 09=REV/UNSUCCESSFUL PARTICIPATION IN PT - CLIA Only
- 10=REV/OTHER REASON - CLIA Only
- 11=INCOMPLETE CLIA APPLICATION INFORMATION - CLIA Only
- 12=NO LONGER PERFORMING TESTS - CLIA Only
- 13=MULTIPLE TO SINGLE SITE CERTIFICATE - CLIA Only
- 14=SHARED LABORATORY - CLIA Only
- 15=FAILURE TO RENEW WAIVER PPM CERTIFICATE - CLIA Only
- 16=DUPLICATE CLIA NUMBER - CLIA Only
- 17=MAIL RETURNED NO FORWARD ADDRESS CERT ENDED - CLIA Only
- 20=NOTIFICATION BANKRUPTCY - CLIA Only
- 33=ACCREDITATION NOT CONFIRMED - CLIA Only



05=ARKANSAS  
 06=CALIFORNIA  
 08=COLORADO  
 09=CONNECTICUT  
 10=DELAWARE  
 11=DISTRICT OF COLUMBIA  
 12=FLORIDA  
 13=GEORGIA  
 15=HAWAII  
 16=IDAHO  
 17=ILLINOIS  
 18=INDIANA  
 19=IOWA  
 20=KANSAS  
 21=KENTUCKY  
 22=LOUISIANA  
 23=MAINE  
 24=MARYLAND  
 25=MASSACHUSETTS  
 26=MICHIGAN  
 27=MINNESOTA  
 28=MISSISSIPPI  
 29=MISSOURI  
 30=MONTANA  
 31=NEBRASKA  
 32=NEVADA  
 33=NEW HAMPSHIRE  
 34=NEW JERSEY  
 35=NEW MEXICO  
 36=NEW YORK  
 37=NORTH CAROLINA  
 38=NORTH DAKOTA  
 39=OHIO

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 22

Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

40=OKLAHOMA  
 41=OREGON  
 42=PENNSYLVANIA  
 43=PUERTO RICO  
 44=RHODE ISLAND  
 45=SOUTH CAROLINA  
 46=SOUTH DAKOTA  
 47=TENNESSEE  
 48=TEXAS  
 49=UTAH

50=VERMONT  
 51=VIRGINIA  
 53=WASHINGTON  
 54=WEST VIRGINIA  
 55=WISCONSIN  
 56=WYOMING  
 60=AMERICAN SAMOA  
 66=GUAM  
 69=SAIPAN/MARIANA IS.  
 78=VIRGIN ISLANDS

FIPS County Code	3	258	260	VARCHAR2
Description: FIPS County Code				
SAS Name: FIPS_CNTY_CD				
COBOL Name: FIPS-CNTY-CD				
CBSA Urban Rural Indicator	1	261	261	VARCHAR2
Description: CBSA (Core Based Statistical Area) indicates whether the county is defined as Urban or Rural.				
SAS Name: CBSA_URBN_RRL_IND				
COBOL Name: CBSA-URBN-RRL-IND				
CBSA Code	5	262	266	VARCHAR2
Description: CBSA (Core Based Statistical Area) geographic entities defined by the U.S. Office of Management and Budget (OMB) on June 6, 2003 for use by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics. CBSA collectively refers to MSA.				
SAS Name: CBSA_CD				
COBOL Name: CBSA-CD				
*Accreditation Type Code	1	283	283	VARCHAR2
Description: Indicates an accrediting organization deeming the provider. If a provider is deemed by multiple accrediting organizations then the accrediting organization with the earliest active deeming effective date is displayed in this field.				
SAS Name: ACRDTN_TYPE_CD				
COBOL Name: ACRDTN-TYPE-CD				
VALUES: 0=UNACCREDITED				
1=CARF				
2=ACCREDISOURCE				
Fiscal Year End Date (MMDD)	4	464	467	VARCHAR2
Description: End date, consisting of the month and day, of the provider's fiscal year.				
SAS Name: FY_END_MO_DAY_CD				
COBOL Name: FY-END-MO-DAY-CD				
Parent Provider Number	10	628	637	CHAR

Description: Parent provider number  
SAS Name: PARENT\_PROVIDER\_NUMBER  
COBOL Name: PARENT-PROVIDER-NUMBER

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 23  
Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
Participation Medicare OPT/SP Indicator Description: Indicates if this comprehensive outpatient rehabilitation facility also participates in Medicare as a provider of outpatient physical therapy and/or speech pathology. SAS Name: MDCR_PRTCPTN_OP_PT_SPCH_SW COBOL Name: MDCR-PRTCPTN-OP-PT-SPCH-SW	1	639	639	VARCHAR2
Related Provider Number Description: Related provider number SAS Name: RELATED_PROVIDER_NUMBER COBOL Name: RELATED-PROVIDER-NUMBER	10	686	695	CHAR
Services: Nursing - Employee Indicator Description: Indicates if nursing services are provided by employees. SAS Name: NRSNG_SRVC_EMPLEE_SW COBOL Name: NRSNG-SRVC-EMPLEE-SW	1	756	756	VARCHAR2
Services: Nursing - Independent Contractor Indicator Description: Indicates if nursing services are provided by independent contractors. SAS Name: NRSNG_SRVC_CNTRCTR_SW COBOL Name: NRSNG-SRVC-CNTRCTR-SW	1	757	757	VARCHAR2
Services: Nursing - Under Arrangement Indicator Description: Indicates if nursing services are provided under arrangement. SAS Name: NRSNG_SRVC_ARNGMT_SW COBOL Name: NRSNG-SRVC-ARNGMT-SW	1	758	758	VARCHAR2
Services: Orthotic / Prosthetic - Employee Indicator Description: Indicates if orthotic prosthetic services are provided by employees. SAS Name: ORTHTC_PRSTHTC_EMPLEE_SW COBOL Name: ORTHTC-PRSTHTC-EMPLEE-SW	1	769	769	VARCHAR2
Services: Orthotic / Prosthetic - Independent Contractor Indicator Description: Indicates if orthotic prosthetic services are provided by independent contractors.	1	770	770	VARCHAR2

SAS Name: ORTHTC\_PRSTHTC\_CNTRCTR\_SW  
COBOL Name: ORTHTC-PRSTHTC-CNTRCTR-SW

Services: Orthotic / Prosthetic - Under Arrangement Indicator 1 771 771 VARCHAR2

Description: Indicates if orthotic/prosthetic services are provided under arrangement.

SAS Name: ORTHTC\_PRSTHTC\_ARNGMT\_SW  
COBOL Name: ORTHTC-PRSTHTC-ARNGMT-SW

Services: OT - Employee Indicator 1 772 772 VARCHAR2

Description: Indicates if occupational therapy services are provided by employees.

SAS Name: OT\_EMPLEE\_SW  
COBOL Name: OT-EMPLEE-SW

Services: OT - Independent Contractor Indicator 1 773 773 VARCHAR2

Description: Indicates if occupational therapy services are provided by independent contractors.

SAS Name: OT\_CNTRCTR\_SW  
COBOL Name: OT-CNTRCTR-SW

Services: OT - Under Arrangement Indicator 1 774 774 VARCHAR2

Description: Indicates if occupational therapy services are provided under arrangement.

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 24  
Comprehensive Outpatient Rehab Facility, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

SAS Name: OT\_ARNGMT\_SW  
COBOL Name: OT-ARNGMT-SW

Services: Physician - Employee Indicator 1 792 792 VARCHAR2

Description: Indicates if physician services are provided by employees.

SAS Name: PHYSN\_EMPLEE\_SW  
COBOL Name: PHYSN-EMPLEE-SW

Services: Physician - Independent Contractor Indicator 1 793 793 VARCHAR2

Description: Indicates if physician services are provided by independent contractors.

SAS Name: PHYSN\_CNTRCTR\_SW  
COBOL Name: PHYSN-CNTRCTR-SW

Services: Physician - Under Arrangement Indicator 1 794 794 VARCHAR2

Description: Indicates if physician services are provided under

arrangement.  
SAS Name: PHYSN\_ARNGMT\_SW  
COBOL Name: PHYSN-ARNGMT-SW

Services: Psychological - Employee Indicator 1 807 807 VARCHAR2  
Description: Indicates if psychological services are provided by employees.  
SAS Name: PSYCHLGCL\_EMPLEE\_SW  
COBOL Name: PSYCHLGCL-EMPLEE-SW

Services: Psychological - Independent Contractor Indicator 1 808 808 VARCHAR2  
Description: Indicates if psychological services are provided by independent contractors.  
SAS Name: PSYCHLGCL\_CNTRCTR\_SW  
COBOL Name: PSYCHLGCL-CNTRCTR-SW

Services: Psychological - Under Arrangement Indicator 1 809 809 VARCHAR2  
Description: Indicates if psychological services are provided under arrangement.  
SAS Name: PSYCHLGCL\_ARNGMT\_SW  
COBOL Name: PSYCHLGCL-ARNGMT-SW

Services: PT - Employee Indicator 1 810 810 VARCHAR2  
Description: Indicates if physical therapy services are provided by employees.  
SAS Name: PT\_EMPLEE\_SW  
COBOL Name: PT-EMPLEE-SW

Services: PT - Independent Contractor Indicator 1 811 811 VARCHAR2  
Description: Indicates if physical therapy services are provided by independent contractors.  
SAS Name: PT\_CNTRCTR\_SW  
COBOL Name: PT-CNTRCTR-SW

Services: PT - Under Arrangement Indicator 1 812 812 VARCHAR2  
Description: Indicates if physical therapy services are provided under arrangement.  
SAS Name: PT\_ARNGMT\_SW  
COBOL Name: PT-ARNGMT-SW

Services: Respiratory Care - Employee Indicator 1 818 818 VARCHAR2  
Description: Indicates if respiratory care services are provided by employees.  
SAS Name: RSPRTRY\_CARE\_EMPLEE\_SW  
COBOL Name: RSPRTRY-CARE-EMPLEE-SW



SHORT DESCRIPTION	LEN	START	END	TYPE
Services: Respiratory Care - Independent Contractor Indicator Description: Indicates if respiratory care services are provided by independent contractors. SAS Name: RSPRTRY_CARE_CNTRCTR_SW COBOL Name: RSPRTRY-CARE-CNTRCTR-SW	1	819	819	VARCHAR2
Services: Respiratory Care - Under Arrangement Indicator Description: Indicates if respiratory care services are provided under arrangement. SAS Name: RSPRTRY_CARE_ARNGMT_SW COBOL Name: RSPRTRY-CARE-ARNGMT-SW	1	820	820	VARCHAR2
Services: Social - Employee Indicator Description: Indicates if social services are provided by employees. SAS Name: SCL_EMPLEE_SW COBOL Name: SCL-EMPLEE-SW	1	823	823	VARCHAR2
Services: Social - Independent Contractor Indicator Description: Indicates if social services are provided by independent contractors. SAS Name: SCL_CNTRCTR_SW COBOL Name: SCL-CNTRCTR-SW	1	824	824	VARCHAR2
Services: Social - Under Arrangement Indicator Description: Indicates if social services are provided under arrangement. SAS Name: SCL_ARNGMT_SW COBOL Name: SCL-ARNGMT-SW	1	825	825	VARCHAR2
Services: Speech Pathology - Employee Indicator Description: Indicates if speech pathology services are provided by employees. SAS Name: SPCH_PTHLGY_EMPLEE_SW COBOL Name: SPCH-PTHLGY-EMPLEE-SW	1	830	830	VARCHAR2
Services: Speech Pathology - Independent Contractor Indicator Description: Indicates if speech pathology services are provided by independent contractors. SAS Name: SPCH_PTHLGY_CNTRCTR_SW COBOL Name: SPCH-PTHLGY-CNTRCTR-SW	1	831	831	VARCHAR2
Services: Speech Pathology - Under Arrangement Indicator	1	832	832	VARCHAR2



SAS Name: CHOW\_DT  
COBOL Name: CHOW-DT

Address: City 28 15 42 VARCHAR2  
Description: City in which the provider is physically located.  
SAS Name: CITY\_NAME  
COBOL Name: CITY-NAME

Compliance: Acceptable POC 1 43 43 VARCHAR2  
Description: Indicates if a provider is in compliance with program requirements based on an acceptable plan for correction of deficiencies.  
SAS Name: ACPTBL\_POC\_SW  
COBOL Name: ACPTBL-POC-SW

Compliance: Status 1 44 44 VARCHAR2  
Description: Compliance status of a provider at the time of certification survey.  
SAS Name: CMPLNC\_STUS\_CD  
COBOL Name: CMPLNC-STUS-CD  
VALUES: A=IN COMPLIANCE  
B=NOT IN COMPLIANCE

SSA County Code 3 45 47 VARCHAR2  
Description: Social Security Administration geographic code indicating the county where the provider is located.  
SAS Name: SSA\_CNTY\_CD  
COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR  
Description: Cross reference provider number  
SAS Name: CROSS\_REF\_PROVIDER\_NUMBER  
COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date 8 58 65 DATE  
Description: Equal to the exit date of the initial visit of the Health survey for certifications completed after July 28, 2012. For certifications prior to that date, the certification

SHORT DESCRIPTION LEN START END TYPE

date is equal to the exit date of the initial visit of the Health survey or LSC survey, whichever is later.  
SAS Name: CRTFCTN\_DT  
COBOL Name: CRTFCTN-DT

Eligibility Indicator 1 66 66 VARCHAR2

Description: Indicates if a facility is eligible to participate in the Medicare and/or Medicaid programs.

SAS Name: ELGBLTY\_SW

COBOL Name: ELGBLTY-SW

Facility Name 50 67 116 VARCHAR2

Description: Name of the provider certified to participate in the Medicare and/or Medicaid programs.

SAS Name: FAC\_NAME

COBOL Name: FAC-NAME

Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code 5 117 121 VARCHAR2

Description: Number assigned to the Medicare Administrative Contractor, intermediary or carrier servicing this provider.

SAS Name: INTRMDRY\_CARR\_CD

COBOL Name: INTRMDRY-CARR-CD

VALUES: 00000=DUMMY FOR MEDICAID HHA  
00010=BLUE CROSS (ALABAMA)  
00011=CAHABA  
00020=BLUE CROSS (ARKANSAS)  
00040=BLUE CROSS (CALIFORNIA)  
00060=BLUE CROSS (CONNECTICUT)  
00070=BLUE CROSS (DELAWARE)  
00090=BLUE CROSS (FLORIDA)  
00101=BLUE CROSS (GEORGIA)  
00121=HEALTH CARE SERVICE CORPORATION  
00122=HCSC - MICHIGAN  
00123=HCSC OF MICHIGAN  
00130=NATIONAL GOVERNMENT SERVICES  
00131=NATIONAL GOVERNMENT SERVICES  
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)  
00150=BLUE CROSS (KANSAS)  
00160=NATIONAL GOVERNMENT SERVICES  
00180=NATIONAL GOVERNMENT SERVICES  
00181=NATIONAL GOVERNMENT SERVICES  
00190=BLUE CROSS (MARYLAND)  
00200=BLUE CROSS (MASSACHUSETTS)  
00210=BLUE CROSS (MICHIGAN)  
00220=BLUE CROSS (MINNESOTA)  
00230=BLUE CROSS (MISSISSIPPI)  
00231=BLUE CROSS (LOUISIANA)  
00233=PINNACLE  
00241=BLUE CROSS (MISSOURI)  
00260=BLUE CROSS (NEBRASKA)  
00270=NATIONAL GOVERNMENT SERVICES  
00280=BLUE CROSS (NEW JERSEY)  
00290=BLUE CROSS (NEW MEXICO)

00308=NATIONAL GOVERNMENT SERVICES  
 00310=BLUE CROSS (NORTH CAROLINA)  
 00320=NORIDIAN PART A  
 00322=NORIDIAN PART A (AK/WA)  
 00323=NORIDIAN PART A (ID/OR)  
 00325=NORIDIAN  
 00332=NATIONAL GOVERNMENT SERVICES  
 00340=BLUE CROSS (OKLAHOMA)  
 00350=BLUE CROSS (OREGON)

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 3

Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				
00468=BLUE CROSS (NORTH CAROLINA FOR PR)				
00510=BLUE SHIELD (ALABAMA)				
00511=CAHABA				
00512=CAHABA				
00520=BLUE SHIELD (ARKANSAS)				
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)				
00542=BLUE SHIELD (CALIFORNIA)				
00550=BLUE SHIELD (COLORADO)				
00570=BLUE SHIELD (DELAWARE)				
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)				
00590=BLUE SHIELD (FLORIDA)				
00621=BLUE SHIELD (ILLINOIS)				
00630=NATIONAL GOVERNMENT SERVICES				
00640=BLUE SHIELD (IOWA)				
00650=BLUE SHIELD (KANSAS)				
00655=BLUE SHIELD (KANSAS/NEBRASKA)				
00660=NATIONAL GOVERNMENT SERVICES				
00690=BLUE SHIELD (MARYLAND)				

00700=BLUE SHIELD (MASSACHUSETTS)  
 00710=BLUE SHIELD (MICHIGAN)  
 00720=BLUE SHIELD (MINNESOTA)  
 00740=BLUE SHIELD (KANSAS CITY)  
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)  
 00780=BLUE SHIELD (TRI-STATE)  
 00801=BLUE SHIELD (BUFFALO)  
 00803=NATIONAL GOVERNMENT SERVICES  
 00805=NATIONAL GOVERNMENT SERVICES  
 00821=NORIDIAN  
 00824=NORIDIAN GVT SERVICES (CO)  
 00826=NORIDIAN GVT SERVICES (IA)  
 00831=NORIDIAN GVT SERVICES (AK)  
 00832=NORIDIAN GVT SERVICES (AZ)  
 00833=NORIDIAN GVT SERVICES (HI)  
 00834=NORIDIAN GVT SERVICES (NV)  
 00835=NORIDIAN GVT SERVICES (OR)  
 00836=NORIDIAN GVT SERVICES (WA)  
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)  
 00865=BLUE SHIELD (PENNSYLVANIA)  
 00870=BLUE SHIELD (RHODE ISLAND)  
 00880=BLUE SHIELD (SOUTH CAROLINA)  
 00883=PALMETTO GBA PART B  
 00884=PALMETTO GBA  
 00889=NORIDIAN GVT SERVICES (SD)  
 00900=BLUE SHIELD (TEXAS)  
 00901=TRAILBLAZERS HEALTH ENTERPRISES  
 00904=TRAILBLAZER  
 00910=BLUE SHIELD (UTAH)  
 00930=BLUE SHIELD (WASHINGTON)

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 4

Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

00951=WISCONSIN PHYSICIANS SERVICE  
 00952=WPS - ILLINOIS  
 00953=WPS - MICHIGAN  
 00954=WI PHYSICIAN SERVICES - MN  
 00973=BLUE SHIELD (PUERTO RICO)  
 00974=BLUE SHIELD (VIRGIN ISLANDS)  
 01010=AETNA (PEORIA)  
 01020=AETNA (ALASKA)  
 01030=AETNA (ARIZONA)  
 01040=AETNA (GEORGIA)  
 01101=PALMETTO (CALIFORNIA)  
 01102=PALMETTO (CALIFORNIA (NORTH))  
 01111=Noridian (CA)

01112=Noridian (NF)  
01120=AETNA (HAWAII)  
01182=Noridian (SF)  
01192=PALMETTO (CALIFORNIA SOUTH)  
01201=PALMETTO (HAWAII)  
01202=PALMETTO (HAWAII)  
01211=Noridian (AS, GU, HI)  
01212=Noridian (AS, GU, HI)  
01290=AETNA (NEVADA)  
01301=PALMETTO (NEVADA)  
01302=PALMETTO (NEVADA)  
01311=Noridian (NV)  
01312=Noridian (NV)  
01360=AETNA (NEW MEXICO)  
01370=AETNA (OKLAHOMA)  
01380=AETNA (OREGON)  
01390=AETNA (WASHINGTON)  
01901=PALMETTO GBA  
01902=PALMETTO GBA  
01911=Noridian (AS, GU, HI, NV)  
02050=OCCIDENTAL (CALIFORNIA)  
02101=Noridian AK  
02102=Noridian AK  
02201=Noridian ID  
02202=Noridian ID  
02301=Noridian OR  
02302=Noridian OR  
02401=Noridian WA  
02402=Noridian WA  
03001=NORIDIAN ADMIN SERVICES  
03101=NORIDAN (ARIZONA)  
03102=NORIDAN (ARIZONA)  
03201=NORIDAN (MONTANA)  
03202=NORIDAN (MONTANA)  
03301=NORDIAN (NORTH DAKOTA)  
03302=NORDIAN (NORTH DAKOTA)  
03401=NORIDIAN (SOUTH DAKOTA)  
03402=NORIDIAN (SOUTH DAKOTA)  
03501=NORIDIAN (UTAH)  
03502=NORIDIAN (UTAH)  
03601=NORIDIAN (WYOMING)  
03602=NORIDIAN (WYOMING)  
04001=TRAILBLAZER  
04101=TRAILBLAZER (COLORADO)  
04102=TRAILBLAZER (COLORADO)  
04111=NOVITAS (COLORADO)  
04112=NOVITAS (COLORADO)  
04201=TRAILBLAZER (NEW MEXICO)  
04202=TRAILBLAZER (NEW MEXICO)  
04211=NOVITAS (NEW MEXICO)

04212=NOVITAS (NEW MEXICO)

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 5

Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				
05402=WPS (NEBRASKA)				
05440=EQICOR (TENNESSEE)				
05535=EQICOR (NORTH CAROLINA)				
05901=WISCONSIN PHYSICIANS SERVICE				
06001=NGS (WI)				
06004=National Govt Serv HHH				
06014=NATIONAL GOVERNMENT ERVICES				
06101=NGS (IL)				
06102=NGS (IL)				
06201=NGS (MN)				
06202=NGS (MN)				
06301=NGS (WI)				
06302=NGS (WI)				
07101=Novitas AR				
07102=Novitas AR				
07201=Novitas LA				
07202=Novitas LA				
07301=Novitas MS				
07302=Novitas MS				
08101=WPS IN				
08102=WPS IN				
08201=WPS MI				
08202=WPS MI				



09101=FIRST COAST (FLORIDA)  
 09102=FIRST COAST (FLORIDA)  
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)  
 09202=FIRST COAST (PUERTO RICO)  
 09302=FIRST COAST (VIRGIN ISLANDS)  
 10071=TRAVELERS (RRB)  
 10101=CAHABA GBA (AL)  
 10102=CAHABA GBA (AL)  
 10111=PALMETTO GBA (Part A) (AL)  
 10112=PALMETTO GBA (AL)  
 10201=CAHABA GBA (GA)  
 10202=CAHABA GBA (GA)  
 10211=PALMETTO GBA (GA)  
 10212=PALMETTO GBA (GA)  
 10230=TRAVELERS (CONNECTICUT)  
 10240=TRAVELERS (MINNESOTA)  
 10250=TRAVELERS (MISSISSIPPI)  
 10301=CAHABA GBA (TN)  
 10302=CAHABA GBA (TN)  
 10311=PALMETTO GBA (TN)  
 10312=PALMETTO GBA (TN)  
 10490=TRAVELERS (VIRGINIA)

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 6

Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				
12102=Novitas DE				
12201=Novitas DC				
12202=Novitas DC				
12301=Novitas MD				
12302=Novitas MD				
12401=Novitas NJ				
12402=Novitas NJ				
12501=Novitas PA				
12502=Novitas PA				

12901=Novitas Solutions DC, DE, MD, PA  
 12902=HIGHMARK  
 13101=NATIONAL GOVT SERVICES (CONNECTICUT)  
 13102=NATIONAL GOVT SERVICES (CONNECTICUT)  
 13201=NATIONAL GOVT SERVICES (NEW YORK)  
 13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)  
 13282=NGS (UN)  
 13292=NGS (QN)  
 14004=NATIONAL HERITAGE (HHA - A)  
 14014=NGS (HHA)  
 14101=NATIONAL HERITAGE (MAINE)  
 14102=NATIONAL HERITAGE (MAINE)  
 14111=NGS (ME)  
 14112=NGS (ME)  
 14201=NATIONAL HERITAGE (MASSACHUSETTS)  
 14202=NATIONAL HERITAGE (MASSACHUSETTS)  
 14211=NGS (MA)  
 14212=NGS (MA)  
 14301=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14311=NGS (NH)  
 14312=NGS (NH)  
 14330=GROUP HEALTH INC (NEW YORK)  
 14401=NATIONAL HERITAGE (RHODE ISLAND)  
 14402=NATIONAL HERITAGE (RHODE ISLAND)  
 14411=NGS (RI)  
 14412=NGS (RI)  
 14501=NATIONAL HERITAGE (VERMONT)  
 14502=NATIONAL HERITAGE (VERMONT)  
 14511=NGS (VT)  
 14512=NGS (VT)  
 15004=CGS Administrators HHH  
 15101=CGS (KENTUCKY)  
 15102=CGS (KENTUCKY)  
 15201=CGS (OHIO)  
 15202=CGS (OHIO)  
 16360=NATIONWIDE (OHIO)  
 16510=NATIONWIDE (WEST VIRGINIA)  
 17120=HAWAII MEDICAL SERVICE ASSOCIATION  
 21200=MASSACHUSETTS/MAINE  
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)  
 31143=NATIONAL HERITAGE INSURANCE CO  
 31144=NATIONAL HERITAGE INSURANCE CO

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 7

Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

50333=TRAVELERS (NEW YORK)  
51051=AETNA (PETALUMA)  
51070=AETNA (FARMINGTON)  
51100=AETNA (CLEARWATER)  
51140=AETNA (PEORIA)  
51390=AETNA (FORT WASHINGTON)  
52280=WISCONSIN PHYSICIANS SERVICE  
57400=COOPERATIVA (PUERTO RICO)

Medicaid Vendor Number 15 122 136 VARCHAR2  
Description: Number which may be assigned to a provider by the state  
Medicaid agency for external control or billing purposes.  
SAS Name: MDCD\_VNDR\_NUM  
COBOL Name: MDCD-VNDR-NUM

Original Participation Date 8 137 144 DATE  
Description: Date a provider is first approved to provide Medicare  
and/or Medicaid services.  
SAS Name: ORGNL\_PRTCPTN\_DT  
COBOL Name: ORGNL-PRTCPTN-DT

Prior CHOW Date 8 145 152 DATE  
Description: Effective date of the previous change of ownership for  
this provider.  
SAS Name: CHOW\_PRIOR\_DT  
COBOL Name: CHOW-PRIOR-DT

Prior Medicare Administrative Contractor (MAC) or 5 153 157 VARCHAR2  
Intermediary or Carrier Code  
Description: Number assigned to the previous Medicare Administrative  
Contractor, intermediary or carrier servicing this  
provider.  
SAS Name: INTRMDRY\_CARR\_PRIOR\_CD  
COBOL Name: INTRMDRY-CARR-PRIOR-CD  
VALUES: 00000=DUMMY FOR MEDICAID HHA  
00010=BLUE CROSS (ALABAMA)  
00011=CAHABA  
00020=BLUE CROSS (ARKANSAS)  
00040=BLUE CROSS (CALIFORNIA)  
00060=BLUE CROSS (CONNECTICUT)  
00070=BLUE CROSS (DELAWARE)  
00090=BLUE CROSS (FLORIDA)  
00101=BLUE CROSS (GEORGIA)  
00121=HEALTH CARE SERVICE CORPORATION  
00122=HCSC - MICHIGAN  
00123=HCSC OF MICHIGAN  
00130=NATIONAL GOVERNMENT SERVICES  
00131=NATIONAL GOVERNMENT SERVICES  
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)  
00150=BLUE CROSS (KANSAS)

00160=NATIONAL GOVERNMENT SERVICES  
 00180=NATIONAL GOVERNMENT SERVICES  
 00181=NATIONAL GOVERNMENT SERVICES  
 00190=BLUE CROSS (MARYLAND)  
 00200=BLUE CROSS (MASSACHUSETTS)  
 00210=BLUE CROSS (MICHIGAN)  
 00220=BLUE CROSS (MINNESOTA)  
 00230=BLUE CROSS (MISSISSIPPI)  
 00231=BLUE CROSS (LOUISIANA)  
 00233=PINNACLE  
 00241=BLUE CROSS (MISSOURI)  
 00260=BLUE CROSS (NEBRASKA)  
 00270=NATIONAL GOVERNMENT SERVICES  
 00280=BLUE CROSS (NEW JERSEY)

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 8

Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00290=BLUE CROSS (NEW MEXICO)				
00308=NATIONAL GOVERNMENT SERVICES				
00310=BLUE CROSS (NORTH CAROLINA)				
00320=NORIDIAN PART A				
00322=NORIDIAN PART A (AK/WA)				
00323=NORIDIAN PART A (ID/OR)				
00325=NORIDIAN				
00332=NATIONAL GOVERNMENT SERVICES				
00340=BLUE CROSS (OKLAHOMA)				
00350=BLUE CROSS (OREGON)				
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				
00468=BLUE CROSS (NORTH CAROLINA FOR PR)				
00510=BLUE SHIELD (ALABAMA)				
00511=CAHABA				

00512=CAHABA  
 00520=BLUE SHIELD (ARKANSAS)  
 00528=BLUE SHIELD (ARKANSAS/LOUISIANA)  
 00542=BLUE SHIELD (CALIFORNIA)  
 00550=BLUE SHIELD (COLORADO)  
 00570=BLUE SHIELD (DELAWARE)  
 00580=BLUE SHIELD (DISTRICT OF COLUMBIA)  
 00590=BLUE SHIELD (FLORIDA)  
 00621=BLUE SHIELD (ILLINOIS)  
 00630=NATIONAL GOVERNMENT SERVICES  
 00640=BLUE SHIELD (IOWA)  
 00650=BLUE SHIELD (KANSAS)  
 00655=BLUE SHIELD (KANSAS/NEBRASKA)  
 00660=NATIONAL GOVERNMENT SERVICES  
 00690=BLUE SHIELD (MARYLAND)  
 00700=BLUE SHIELD (MASSACHUSETTS)  
 00710=BLUE SHIELD (MICHIGAN)  
 00720=BLUE SHIELD (MINNESOTA)  
 00740=BLUE SHIELD (KANSAS CITY)  
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)  
 00780=BLUE SHIELD (TRI-STATE)  
 00801=BLUE SHIELD (BUFFALO)  
 00803=NATIONAL GOVERNMENT SERVICES  
 00805=NATIONAL GOVERNMENT SERVICES  
 00821=NORIDIAN  
 00824=NORIDIAN GVT SERVICES (CO)  
 00826=NORIDIAN GVT SERVICES (IA)  
 00831=NORIDIAN GVT SERVICES (AK)  
 00832=NORIDIAN GVT SERVICES (AZ)  
 00833=NORIDIAN GVT SERVICES (HI)  
 00834=NORIDIAN GVT SERVICES (NV)  
 00835=NORIDIAN GVT SERVICES (OR)  
 00836=NORIDIAN GVT SERVICES (WA)  
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)  
 00865=BLUE SHIELD (PENNSYLVANIA)

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POS RECORD LAYOUT

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Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00870=BLUE SHIELD (RHODE ISLAND)				
00880=BLUE SHIELD (SOUTH CAROLINA)				
00883=PALMETTO GBA PART B				
00884=PALMETTO GBA				
00889=NORIDIAN GVT SERVICES (SD)				
00900=BLUE SHIELD (TEXAS)				
00901=TRAILBLAZERS HEALTH ENTERPRISES				
00904=TRAILBLAZER				

00910=BLUE SHIELD (UTAH)  
00930=BLUE SHIELD (WASHINGTON)  
00951=WISCONSIN PHYSICIANS SERVICE  
00952=WPS - ILLINOIS  
00953=WPS - MICHIGAN  
00954=WI PHYSICIAN SERVICES - MN  
00973=BLUE SHIELD (PUERTO RICO)  
00974=BLUE SHIELD (VIRGIN ISLANDS)  
01010=AETNA (PEORIA)  
01020=AETNA (ALASKA)  
01030=AETNA (ARIZONA)  
01040=AETNA (GEORGIA)  
01101=PALMETTO (CALIFORNIA)  
01102=PALMETTO (CALIFORNIA (NORTH))  
01111=Noridian (CA)  
01112=Noridian (NF)  
01120=AETNA (HAWAII)  
01182=Noridian (SF)  
01192=PALMETTO (CALIFORNIA SOUTH)  
01201=PALMETTO (HAWAII)  
01202=PALMETTO (HAWAII)  
01211=Noridian (AS, GU, HI)  
01212=Noridian (AS, GU, HI)  
01290=AETNA (NEVADA)  
01301=PALMETTO (NEVADA)  
01302=PALMETTO (NEVADA)  
01311=Noridian (NV)  
01312=Noridian (NV)  
01360=AETNA (NEW MEXICO)  
01370=AETNA (OKLAHOMA)  
01380=AETNA (OREGON)  
01390=AETNA (WASHINGTON)  
01901=PALMETTO GBA  
01902=PALMETTO GBA  
01911=Noridian (AS, GU, HI, NV)  
02050=OCCIDENTAL (CALIFORNIA)  
02101=Noridian AK  
02102=Noridian AK  
02201=Noridian ID  
02202=Noridian ID  
02301=Noridian OR  
02302=Noridian OR  
02401=Noridian WA  
02402=Noridian WA  
03001=NORIDIAN ADMIN SERVICES  
03101=NORIDAN (ARIZONA)  
03102=NORIDAN (ARIZONA)  
03201=NORIDAN (MONTANA)  
03202=NORIDAN (MONTANA)  
03301=NORDIAN (NORTH DAKOTA)

03302=NORDIAN (NORTH DAKOTA)  
03401=NORIDIAN (SOUTH DAKOTA)  
03402=NORIDIAN (SOUTH DAKOTA)  
03501=NORIDIAN (UTAH)  
03502=NORIDIAN (UTAH)  
03601=NORIDIAN (WYOMING)

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POS RECORD LAYOUT

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Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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03602=NORIDIAN (WYOMING)				
04001=TRAILBLAZER				
04101=TRAILBLAZER (COLORADO)				
04102=TRAILBLAZER (COLORADO)				
04111=NOVITAS (COLORADO)				
04112=NOVITAS (COLORADO)				
04201=TRAILBLAZER (NEW MEXICO)				
04202=TRAILBLAZER (NEW MEXICO)				
04211=NOVITAS (NEW MEXICO)				
04212=NOVITAS (NEW MEXICO)				
04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				
05402=WPS (NEBRASKA)				
05440=EQICOR (TENNESSEE)				
05535=EQICOR (NORTH CAROLINA)				
05901=WISCONSIN PHYSICIANS SERVICE				
06001=NGS (WI)				
06004=National Govt Serv HHH				
06014=NATIONAL GOVERNMENT ERVICES				
06101=NGS (IL)				





11302=PALMETTO GBA (VA)  
11401=PALMETTO GBA (WV)  
11402=PALMETTO GBA (WV)  
11501=PALMETTO GBA (NC)  
11502=PALMETTO GBA (NC)  
12101=Novitas DE  
12102=Novitas DE  
12201=Novitas DC  
12202=Novitas DC  
12301=Novitas MD  
12302=Novitas MD  
12401=Novitas NJ  
12402=Novitas NJ  
12501=Novitas PA  
12502=Novitas PA  
12901=Novitas Solutions DC, DE, MD, PA  
12902=HIGHMARK  
13101=NATIONAL GOVT SERVICES (CONNECTICUT)  
13102=NATIONAL GOVT SERVICES (CONNECTICUT)  
13201=NATIONAL GOVT SERVICES (NEW YORK)  
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)  
13282=NGS (UN)  
13292=NGS (QN)  
14004=NATIONAL HERITAGE (HHA - A)  
14014=NGS (HHA)  
14101=NATIONAL HERITAGE (MAINE)  
14102=NATIONAL HERITAGE (MAINE)  
14111=NGS (ME)  
14112=NGS (ME)  
14201=NATIONAL HERITAGE (MASSACHUSETTS)  
14202=NATIONAL HERITAGE (MASSACHUSETTS)  
14211=NGS (MA)  
14212=NGS (MA)  
14301=NATIONAL HERITAGE (NEW HAMPSHIRE)  
14302=NATIONAL HERITAGE (NEW HAMPSHIRE)  
14311=NGS (NH)  
14312=NGS (NH)  
14330=GROUP HEALTH INC (NEW YORK)  
14401=NATIONAL HERITAGE (RHODE ISLAND)  
14402=NATIONAL HERITAGE (RHODE ISLAND)  
14411=NGS (RI)  
14412=NGS (RI)  
14501=NATIONAL HERITAGE (VERMONT)  
14502=NATIONAL HERITAGE (VERMONT)  
14511=NGS (VT)  
14512=NGS (VT)  
15004=CGS Administrators HHH  
15101=CGS (KENTUCKY)

Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
15102=CGS (KENTUCKY)				
15201=CGS (OHIO)				
15202=CGS (OHIO)				
16360=NATIONWIDE (OHIO)				
16510=NATIONWIDE (WEST VIRGINIA)				
17120=HAWAII MEDICAL SERVICE ASSOCIATION				
21200=MASSACHUSETTS/MAINE				
31142=NATIONAL HERITAGE INSURANCE CO (MAINE)				
31143=NATIONAL HERITAGE INSURANCE CO				
31144=NATIONAL HERITAGE INSURANCE CO				
50333=TRAVELERS (NEW YORK)				
51051=AETNA (PETALUMA)				
51070=AETNA (FARMINGTON)				
51100=AETNA (CLEARWATER)				
51140=AETNA (PEORIA)				
51390=AETNA (FORT WASHINGTON)				
52280=WISCONSIN PHYSICIANS SERVICE				
57400=COOPERATIVA (PUERTO RICO)				
CCN	10	158	167	VARCHAR2
Description: Six or ten position identification number that is assigned to a certified provider. This is the CMS Certification Number.				
SAS Name: PRVDR_NUM				
COBOL Name: PRVDR-NUM				
Region Code	2	168	169	VARCHAR2
Description: Indicates the CMS Regional Office responsible for the certification of the provider.				
SAS Name: RGN_CD				
COBOL Name: RGN-CD				
VALUES:				
01=Boston				
02=New York				
03=Philadelphia				
04=Atlanta				
05=Chicago				
06=Dallas				
07=Kansas City				
08=Denver				
09=San Francisco				
10=Seattle				
Skeleton Record Indicator	1	170	170	VARCHAR2
Description: Indicates if the record is a skeleton record. Only a limited set of data is available for this provider; no				

survey data exists. Only provider categories  
01,17,19,21and 22 can have skeleton providers.

SAS Name: SKLTN\_REC\_SW  
COBOL Name: SKLTN-REC-SW

State Abbreviation 2 171 172 VARCHAR2

Description: Two-character state abbreviation.

SAS Name: STATE\_CD

COBOL Name: STATE-CD

VALUES: AK=ALASKA  
AL=ALABAMA  
AR=ARKANSAS  
AS=AMERICAN SAMOA  
AZ=ARIZONA  
CA=CALIFORNIA  
CN=CANADA  
CO=COLORADO  
CT=CONNECTICUT  
DC=DISTRICT OF COLUMBIA

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POS RECORD LAYOUT

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Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

DE=DELAWARE  
FL=FLORIDA  
FN=INTERNATIONAL  
GA=GEORGIA  
GU=GUAM  
HI=HAWAII  
IA=IOWA  
ID=IDAHO  
IL=ILLINOIS  
IN=INDIANA  
KS=KANSAS  
KY=KENTUCKY  
LA=LOUISIANA  
MA=MASSACHUSETTS  
MD=MARYLAND  
ME=MAINE  
MI=MICHIGAN  
MN=MINNESOTA  
MO=MISSOURI  
MP=SAIPAN  
MS=MISSISSIPPI  
MT=MONTANA  
MX=MEXICO  
NC=NORTH CAROLINA

ND=NORTH DAKOTA  
 NE=NEBRASKA  
 NH=NEW HAMPSHIRE  
 NJ=NEW JERSEY  
 NM=NEW MEXICO  
 NV=NEVADA  
 NY=NEW YORK  
 OH=OHIO  
 OK=OKLAHOMA  
 OR=OREGON  
 PA=PENNSYLVANIA  
 PR=PUERTO RICO  
 RI=RHODE ISLAND  
 SC=SOUTH CAROLINA  
 SD=SOUTH DAKOTA  
 TN=TENNESSEE  
 TX=TEXAS  
 UT=UTAH  
 VA=VIRGINIA  
 VI=VIRGIN ISLANDS  
 VT=VERMONT  
 WA=WASHINGTON  
 WI=WISCONSIN  
 WV=WEST VIRGINIA  
 WY=WYOMING

SSA State Code 2 173 174 VARCHAR2

Description: Social Security Administration geographic code indicating the state where the provider is located.

SAS Name: SSA\_STATE\_CD

COBOL Name: SSA-STATE-CD

VALUES:

- 01=ALABAMA
- 02=ALASKA
- 03=ARIZONA
- 04=ARKANSAS
- 05=CALIFORNIA
- 06=COLORADO
- 07=CONNECTICUT
- 08=DELAWARE
- 09=DISTRICT OF COLUMBIA

DATE: 10/03/2022

POS RECORD LAYOUT

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Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

10=FLORIDA  
 11=GEORGIA  
 12=HAWAII

13=IDAHO  
14=ILLINOIS  
15=INDIANA  
16=IOWA  
17=KANSAS  
18=KENTUCKY  
19=LOUISIANA  
20=MAINE  
21=MARYLAND  
22=MASSACHUSETTS  
23=MICHIGAN  
24=MINNESOTA  
25=MISSISSIPPI  
26=MISSOURI  
27=MONTANA  
28=NEBRASKA  
29=NEVADA  
30=NEW HAMPSHIRE  
31=NEW JERSEY  
32=NEW MEXICO  
33=NEW YORK  
34=NORTH CAROLINA  
35=NORTH DAKOTA  
36=OHIO  
37=OKLAHOMA  
38=OREGON  
39=PENNSYLVANIA  
40=PUERTO RICO  
41=RHODE ISLAND  
42=SOUTH CAROLINA  
43=SOUTH DAKOTA  
44=TENNESSEE  
45=TEXAS  
46=UTAH  
47=VERMONT  
48=VIRGIN ISLANDS  
49=VIRGINIA  
50=WASHINGTON  
51=WEST VIRGINIA  
52=WISCONSIN  
53=WYOMING  
54=AFRICA  
56=CANADA  
57=WEST INDIES  
58=EUROPE  
59=MEXICO  
60=OCEANIA  
61=PHILIPPINES  
62=SOUTH AMERICA  
63=UNITED STATES POSSESSIONS



CA/M1=LAB. SOUTH  
 CA/M2=LAB. NORTH  
 CA/NPH=NON-PARTICIPATING HOSPITAL  
 CA/ORG=ORANGE  
 CA/RIV=RIVERSIDE  
 CA/S1=SACRAMENTO  
 CA/S3=CHICO  
 CA/SD=SAN DIEGO  
 CA/SF=SAN FRANCISCO  
 CA/SJ=SAN JOSE  
 CA/SR=SANTA ROSA  
 CA/STK=STOCKTON  
 CA/VEN=VENTURA  
 CN/001=CANADA  
 CN/LAB=LABORATORY  
 CN/NPH=NON-PARTICIPATING HOSPITAL  
 CO/001=COLORADO  
 CO/LAB=LABORATORIES  
 CO/NPH=NON-PARTICIPATING HOSPITAL  
 CT/001=CONNECTICUT  
 CT/LAB=LABORATORIES  
 CT/NPH=NON-PARTICIPATING HOSPITAL  
 DC/001=DISTRICT OF COLUMBIA  
 DC/LAB=LABORATORIES  
 DC/NPH=NON-PARTICIPATING HOSPITAL  
 DE/001=DELAWARE  
 DE/LAB=LABORATORIES  
 DE/NPH=NON-PARTICIPATING HOSPITAL  
 FL/001=FLORIDA  
 FL/FTM=FT. MYERS  
 FL/GAI=GAINESVILLE  
 FL/JAX=JACKSONVILLE

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POS RECORD LAYOUT

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Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

FL/LAB=LABORATORIES  
 FL/LAN=LANTANA  
 FL/LAU=LAUDERHILL  
 FL/MIA=MIAMI  
 FL/NPH=NON-PARTICIPATING HOSPITAL  
 FL/ORL=ORLANDO  
 FL/PEN=PENSACOLA  
 FL/STP=ST. PETERSBURG  
 FL/TAL=TALLAHASSEE  
 FL/TAM=TAMPA  
 FM/001=FEDERATED STATES OF MICRO

FM/NPH=NON-PARTICIPATING HOSPITAL  
FN/001=INTERNATIONAL  
FN/LAB=LABORATORIES  
FN/NPH=NON-PARTICIPATING HOSPITAL  
GA/001=GEORGIA  
GA/GAA=GEORGIA ALL  
GA/GAC=GEORGIA CENTRAL  
GA/GAE=GEORGIA EASTERN  
GA/GAN=GEORGIA NORTH  
GA/GAS=GEORGIA SOUTH  
GA/GAW=GEORGIA WESTERN  
GA/LAB=LABORATORIES  
GA/NPH=NON-PARTICIPATING HOSPITAL  
GU/001=GUAM  
GU/LAB=LABORATORIES  
GU/NPH=NON-PARTICIPATING HOSPITAL  
HI/001=HAWAII  
HI/LAB=LABORATORIES  
HI/NPH=NON-PARTICIPATING HOSPITAL  
IA/001=IOWA  
IA/LAB=LABORATORIES  
IA/NPH=NON-PARTICIPATING HOSPITAL  
ID/001=IDAHO  
ID/LAB=LABORATORIES  
ID/NPH=NON-PARTICIPATING HOSPITAL  
IL/001=ILLINOIS  
IL/LAB=LABORATORIES  
IL/NPH=NON-PARTICIPATING HOSPITAL  
IN/001=INDIANA  
IN/LAB=LABORATORIES  
IN/NPH=NON-PARTICIPATING HOSPITAL  
KS/001=KANSAS  
KS/KCK=KANSAS CITY  
KS/KDH=KDHE  
KS/LAB=LABORATORIES  
KS/LAW=LAWRENCE  
KS/NC=NORTH CENTRAL KANSAS  
KS/NE=NORTH EAST KANSAS  
KS/NPH=NON-PARTICIPATING HOSPITAL  
KS/NW=NORTH WEST KANSAS  
KS/SC=SOUTH CENTRAL KANSAS  
KS/SE=SOUTH EAST KANSAS  
KS/SW=SOUTH WEST KANSAS  
KS/WST=WEST  
KY/2C1=HOPKINSVILLE  
KY/2C2=LOUISVILLE  
KY/2C3=LONDON  
KY/2C4=LEXINGTON  
KY/LAB=LABORATORIES  
KY/NPH=NON-PARTICIPATING HOSPITAL



LA/001=LOUISIANA  
LA/LA1=NEW ORLEANS  
LA/LA2=MANDEVILLE

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 17  
Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION                      LEN    START    END        TYPE

LA/LA3=LAFAYETTE  
LA/LA4=MONROE  
LA/LA5=SHREVEPORT  
LA/LA6=ALEXANDRIA  
LA/LAB=LABORATORIES  
LA/LB1=CLIA NEW ORLEANS  
LA/LB5=CLIA SHREVEPORT  
LA/LB6=CLIA ALEXANDRIA  
LA/NPH=NON-PARTICIPATING HOSPITAL  
MA/001=MASSACHUSETTS  
MA/LAB=LABORATORIES  
MA/NPH=NON-PARTICIPATING HOSPITAL  
MD/001=MARYLAND  
MD/LAB=LABORATORIES  
MD/NPH=NON-PARTICIPATING HOSPITAL  
ME/001=MAINE  
ME/LAB=LABORATORIES  
ME/NPH=NON-PARTICIPATING HOSPITAL  
MH/001=MARSHALL ISLANDS  
MH/NPH=NON-PARTICIPATING HOSPITAL  
MI/001=MICHIGAN  
MI/LAB=LABORATORIES  
MI/NPH=NON-PARTICIPATING HOSPITAL  
MN/001=MINNESOTA  
MN/LAB=LABORATORIES  
MN/NPH=NON-PARTICIPATING HOSPITAL  
MO/001=MISSOURI  
MO/01=REGION01  
MO/02=REGION02  
MO/03=REGION 03  
MO/04=REGION 04  
MO/05=REGION 05  
MO/06=REGION 06  
MO/07=REGION 07  
MO/1NH=REGION 1 NH  
MO/2NH=REGION 2 NH  
MO/3NH=REGION 3 NH  
MO/4NH=REGION 4 NH  
MO/5NH=REGION 5 NH  
MO/6NH=REGION 6 NH

MO/7NH=REGION 7 NH  
 MO/LAB=LABORATORIES  
 MO/MO=STATEWIDE  
 MO/NPH=NON-PARTICIPATING HOSPITAL  
 MP/001=NORTHERN MARIANA ISLANDS  
 MP/LAB=LABORATORIES  
 MP/NPH=NON-PARTICIPATING HOSPITAL  
 MS/001=MISSISSIPPI  
 MS/LAB=LABORATORIES  
 MS/NPH=NON-PARTICIPATING HOSPITAL  
 MT/001=MONTANA  
 MT/LAB=LABORATORIES  
 MT/NPH=NON-PARTICIPATING HOSPITAL  
 MX/001=MEXICO  
 MX/LAB=LABORATORY  
 MX/NPH=NON-PARTICIPATING HOSPITAL  
 NC/001=NORTH CAROLINA  
 NC/LAB=LABORATORIES  
 NC/NCC=NORTH CAROLINA CENTRAL  
 NC/NCE=NORTH CAROLINA EAST  
 NC/NCN=NORTH CAROLINA NORTH  
 NC/NCS=NORTH CAROLINA SOUTH  
 NC/NCW=NORTH CAROLINA WEST  
 NC/NPH=NON-PARTICIPATING HOSPITAL

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POS RECORD LAYOUT

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Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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ND/001=NORTH DAKOTA  
 ND/LAB=LABORATORIES  
 ND/NPH=NON-PARTICIPATING HOSPITAL  
 NE/001=NEBRASKA  
 NE/1=NORTH CENTRAL  
 NE/2=CENTRAL  
 NE/3=NORTHEAST  
 NE/4=SOUTHEAST  
 NE/5=WESTERN  
 NE/LAB=LABORATORIES  
 NE/NPH=NON-PARTICIPATING HOSPITAL  
 NH/001=NEW HAMPSHIRE  
 NH/LAB=LABORATORIES  
 NH/NPH=NON-PARTICIPATING HOSPITAL  
 NJ/001=NEW JERSEY  
 NJ/LAB=LABORATORIES  
 NJ/NPH=NON-PARTICIPATING HOSPITAL  
 NM/001=NEW MEXICO  
 NM/LAB=LABORATORIES

NM/NPH=NON-PARTICIPATING HOSPITAL  
NV/001=NEVADA  
NV/CC=CARSON CITY  
NV/LAB=LABORATORIES  
NV/LV=LAS VEGAS  
NV/NPH=NON-PARTICIPATING HOSPITAL  
NY/001=BUFFALO  
NY/002=ROCHESTER  
NY/003=SYRACUSE  
NY/004=ALBANY  
NY/005=NEW ROCHELLE  
NY/006=NEW YORK CITY  
NY/007=SUFFOLK/NASSAU COUNTY  
NY/LAB=LABORATORIES  
NY/NPH=NON-PARTICIPATING HOSPITAL  
OH/001=OHIO  
OH/LAB=LABORATORIES  
OH/NPH=NON-PARTICIPATING HOSPITAL  
OK/001=OKLAHOMA  
OK/LAB=LABORATORIES  
OK/NPH=NON-PARTICIPATING HOSPITAL  
OR/001=OFFICE #1  
OR/002=OFFICE #2  
OR/003=OFFICE #3  
OR/LAB=LABORATORIES  
OR/NPH=NON-PARTICIPATING HOSPITAL  
PA/001=PENNSYLVANIA  
PA/LAB=LABORATORIES  
PA/NPH=NON-PARTICIPATING HOSPITAL  
PR/001=PUERTO RICO  
PR/LAB=LABORATORIES  
PR/NPH=NON-PARTICIPATING HOSPITAL  
PW/001=PALAU  
PW/NPH=NON-PARTICIPATING HOSPITAL  
RI/001=RHODE ISLAND  
RI/LAB=LABORATORIES  
RI/NPH=NON-PARTICIPATING HOSPITAL  
SC/001=SOUTH CAROLINA  
SC/LAB=LABORATORIES  
SC/NPH=NON-PARTICIPATING HOSPITAL  
SD/001=SOUTH DAKOTA  
SD/LAB=LABORATORIES  
SD/NPH=NON-PARTICIPATING HOSPITAL  
TN/001=TENNESSEE  
TN/LAB=LABORATORIES

## SHORT DESCRIPTION

LEN START END TYPE

TN/NPH=NON-PARTICIPATING HOSPITAL  
TN/TNC=TENNESSEE COOKEVILLE  
TN/TNE=TENNESSEE EASTERN  
TN/TNM=TENNESSEE MIDDLE  
TN/TNW=TENNESSEE WESTERN  
TX/001=TEXAS  
TX/L01=AMARILLO-LTC  
TX/L02=ABILENE-LTC  
TX/L03=ARLINGTON-LTC  
TX/L04=TYLER-LTC  
TX/L05=TEMPLE-LTC  
TX/L06=HOUSTON-LTC  
TX/L07=Austin-LTC  
TX/L08=San Antonio-LTC  
TX/L11=Corpus Christi-LTC  
TX/LAB=LABORATORIES  
TX/NPH=NON-PARTICIPATING HOSPITAL  
TX/TX1=NLTC REG 1, 7, 9, 10  
TX/TX2=NLTC REG 2, 3  
TX/TX4=NLTC REG 6  
TX/TX5=NLTC REG 4, 5  
TX/TX6=NLTC Statewide-Certified Only  
TX/TX8=NLTC REG 8, 11  
UT/001=UTAH  
UT/LAB=LABORATORIES  
UT/NPH=NON-PARTICIPATING HOSPITAL  
VA/001=VIRGINIA  
VA/LAB=LABORATORIES  
VA/NPH=NON-PARTICIPATING HOSPITAL  
VI/001=VIRGIN ISLANDS  
VI/LAB=LABORATORIES  
VI/NPH=NON-PARTICIPATING HOSPITAL  
VT/001=VERMONT  
VT/LAB=LABORATORIES  
VT/NPH=NON-PARTICIPATING HOSPITAL  
WA/001=ALL OTHERS (NON-LTC FAC)  
WA/D1=SPOKANE & YAKIMA AREAS  
WA/D1A=District 1, Unit A  
WA/D1B=District 1, Unit B  
WA/D1C=District 1, Unit C  
WA/D1D=District 1, Unit D  
WA/D1E=District 1, Unit E  
WA/D1F=District 1, Unit F  
WA/D2=SPOKANE & SE  
WA/D2A=District 2, Unit A  
WA/D2B=District 2, Unit B  
WA/D2C=District 2, Unit C  
WA/D2D=District 2, Unit D



Termination Code 2 238 239 VARCHAR2

Description: Indicates the current termination status for the provider.

SAS Name: PGM\_TRMNTN\_CD

COBOL Name: PGM-TRMNTN-CD

VALUES: 00=ACTIVE PROVIDER  
01=VOLUNTARY-MERGER, CLOSURE  
02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT  
03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION  
04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL  
05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ  
06=INVOLUNTARY-FAILURE TO MEET AGREEMENT  
07=OTHER-PROVIDER STATUS CHANGE  
08=NONPAYMENT OF FEES - CLIA Only  
09=REV/UNSUCCESSFUL PARTICIPATION IN PT - CLIA Only  
10=REV/OTHER REASON - CLIA Only  
11=INCOMPLETE CLIA APPLICATION INFORMATION - CLIA Only  
12=NO LONGER PERFORMING TESTS - CLIA Only  
13=MULTIPLE TO SINGLE SITE CERTIFICATE - CLIA Only  
14=SHARED LABORATORY - CLIA Only  
15=FAILURE TO RENEW WAIVER PPM CERTIFICATE - CLIA Only  
16=DUPLICATE CLIA NUMBER - CLIA Only  
17=MAIL RETURNED NO FORWARD ADDRESS CERT ENDED - CLIA Only  
20=NOTIFICATION BANKRUPTCY - CLIA Only  
33=ACCREDITATION NOT CONFIRMED - CLIA Only  
80=AWAITING STATE APPROVAL  
99=OIG ACTION - DO NOT ACTIVATE - CLIA Only

Termination or Expiration Date 8 240 247 DATE

Description: Date the provider was terminated. For CLIA providers, date the laboratory's certificate was terminated or the expiration date of the current CLIA certificate.

SAS Name: TRMNTN\_EXPRTN\_DT

COBOL Name: TRMNTN-EXPRTN-DT

Type of Action Code 1 248 248 VARCHAR2

Description: Identifies the reason for the certification. Type of

SHORT DESCRIPTION LEN START END TYPE

action from the official survey record, CMS 1539 form.  
SAS Name: CRTFCTN\_ACTN\_TYPE\_CD  
COBOL Name: CRTFCTN-ACTN-TYPE-CD  
VALUES: 1=INITIAL  
2=RECERTIFICATION  
3=TERMINATION

4=CHANGE OF OWNERSHIP  
5=VALIDATION  
8=FULL SURVEY AFTER COMPLAINT

Ownership Type Code 2 249 250 VARCHAR2  
Description: Indicates the ownership type of the provider.  
SAS Name: GNRL\_CNTL\_TYPE\_CD  
COBOL Name: GNRL-CNTL-TYPE-CD  
VALUES: 01=PROPRIETARY  
02=NON PROFIT  
03=GOVERNMENT

Address: ZIP Code 5 251 255 VARCHAR2  
Description: Five-digit ZIP code for a provider's physical address.  
SAS Name: ZIP\_CD  
COBOL Name: ZIP-CD

FIPS State Code 2 256 257 VARCHAR2  
Description: FIPS State Code  
SAS Name: FIPS\_STATE\_CD  
COBOL Name: FIPS-STATE-CD  
VALUES: 01=ALABAMA  
02=ALASKA  
04=ARIZONA  
05=ARKANSAS  
06=CALIFORNIA  
08=COLORADO  
09=CONNECTICUT  
10=DELAWARE  
11=DISTRICT OF COLUMBIA  
12=FLORIDA  
13=GEORGIA  
15=HAWAII  
16=IDAHO  
17=ILLINOIS  
18=INDIANA  
19=IOWA  
20=KANSAS  
21=KENTUCKY  
22=LOUISIANA  
23=MAINE  
24=MARYLAND  
25=MASSACHUSETTS  
26=MICHIGAN  
27=MINNESOTA  
28=MISSISSIPPI  
29=MISSOURI  
30=MONTANA  
31=NEBRASKA  
32=NEVADA

33=NEW HAMPSHIRE  
 34=NEW JERSEY  
 35=NEW MEXICO  
 36=NEW YORK  
 37=NORTH CAROLINA  
 38=NORTH DAKOTA  
 39=OHIO  
 40=OKLAHOMA

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POS RECORD LAYOUT

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Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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41=OREGON  
 42=PENNSYLVANIA  
 43=PUERTO RICO  
 44=RHODE ISLAND  
 45=SOUTH CAROLINA  
 46=SOUTH DAKOTA  
 47=TENNESSEE  
 48=TEXAS  
 49=UTAH  
 50=VERMONT  
 51=VIRGINIA  
 53=WASHINGTON  
 54=WEST VIRGINIA  
 55=WISCONSIN  
 56=WYOMING  
 60=AMERICAN SAMOA  
 66=GUAM  
 69=SAIPAN/MARIANA IS.  
 78=VIRGIN ISLANDS

FIPS County Code	3	258	260	VARCHAR2
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Description: FIPS County Code  
 SAS Name: FIPS\_CNTY\_CD  
 COBOL Name: FIPS-CNTY-CD

CBSA Urban Rural Indicator	1	261	261	VARCHAR2
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Description: CBSA (Core Based Statistical Area) indicates whether the county is defined as Urban or Rural.  
 SAS Name: CBSA\_URBN\_RRL\_IND  
 COBOL Name: CBSA-URBN-RRL-IND

CBSA Code	5	262	266	VARCHAR2
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Description: CBSA (Core Based Statistical Area) geographic entities defined by the U.S. Office of Management and Budget (OMB) on June 6, 2003 for use by Federal statistical agencies



in collecting, tabulating, and publishing Federal statistics. CBSA collectively refers to MSA.

SAS Name: CBSA\_CD  
COBOL Name: CBSA-CD

\*Accreditation Type Code 1 283 283 VARCHAR2

Description: Indicates an accrediting organization deeming the provider. If a provider is deemed by multiple accrediting organizations then the accrediting organization with the earliest active deeming effective date is displayed in this field.

SAS Name: ACRDTN\_TYPE\_CD  
COBOL Name: ACRDTN-TYPE-CD  
VALUES: 0=UNACCREDITED  
1=JC  
2=AAAHHC  
3=AAAASF  
4=AOA/HFAP  
5=DNV  
6=IMQ  
7=ACHC

Services: Laboratory Code 1 313 313 CHAR

Description: Indicates how laboratory services are provided.

SAS Name: LAB\_SRVC\_CD  
COBOL Name: LAB-SRVC-CD  
VALUES: 0=NOT PROVIDED  
1=PROVIDED BY STAFF  
2=PROVIDED UNDER ARRANGEMENT

SHORT DESCRIPTION LEN START END TYPE

3=COMBINATION  
4=NOT PROVIDED

Services: Pharmacy Code 1 314 314 CHAR

Description: Indicates how pharmaceutical services are provided.

SAS Name: PHRMCY\_SRVC\_CD  
COBOL Name: PHRMCY-SRVC-CD  
VALUES: 0=NOT PROVIDED  
1=PROVIDED BY STAFF  
2=PROVIDED UNDER ARRANGEMENT  
3=COMBINATION  
4=NOT PROVIDED

Ancillary Services: Radiology Code 1 315 315 VARCHAR2

Description: Indicates how radiology services are provided.

SAS Name: RDLGY\_SRVC\_CD

COBOL Name: RDLGY-SRVC-CD

VALUES: 0=NOT PROVIDED  
1=PROVIDED BY STAFF  
2=PROVIDED UNDER ARRANGEMENT  
3=COMBINATION  
4=NOT PROVIDED

ASC Begin Service Date 8 316 323 DATE  
Description: Date an ambulatory surgical center began providing health care services.

SAS Name: ASC\_BGN\_SRVC\_DT

COBOL Name: ASC-BGN-SRVC-DT

ASC Free Standing Indicator 1 324 324 VARCHAR2  
Description: Indicates if the ambulatory surgical center is freestanding.

SAS Name: FREESTNDNG\_ASC\_SW

COBOL Name: FREESTNDNG-ASC-SW

Compliance: LSC Waiver Indicator 1 445 445 CHAR  
Description: Indicates if a waiver of any life safety code provision has been recommended for a provider.

SAS Name: LSC\_WVR\_SW

COBOL Name: LSC-WVR-SW

Fiscal Year End Date (MMDD) 4 464 467 VARCHAR2  
Description: End date, consisting of the month and day, of the provider's fiscal year.

SAS Name: FY\_END\_MO\_DAY\_CD

COBOL Name: FY-END-MO-DAY-CD

Hospital Based Indicator 1 483 483 CHAR  
Description: Indicates if the provider is based in a hospital.

SAS Name: HOSP\_BSD\_SW

COBOL Name: HOSP-BSD-SW

Operating Room Count 4 622 625 NUMBER  
Description: Number of operating rooms in an ambulatory surgical center.

SAS Name: OPRTG\_ROOM\_CNT

COBOL Name: OPRTG-ROOM-CNT

Related Provider Number 10 686 695 CHAR  
Description: Related provider number

SAS Name: RELATED\_PROVIDER\_NUMBER

COBOL Name: RELATED-PROVIDER-NUMBER

Surgical Specialty: Dental Indicator 1 1957 1957 VARCHAR2

Ambulatory Surgical Center, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
Description: Indicates if dental surgery is offered by an ambulatory surgical center. SAS Name: DNTL_SRGRY_SW COBOL Name: DNTL-SRGRY-SW				
Surgical Specialty: Ear/Nose/Throat Indicator Description: Indicates if ear, nose and throat surgery is offered by an ambulatory surgical center. SAS Name: OTLRYNGLGY_SRGRY_SW COBOL Name: OTLRYNGLGY-SRGRY-SW	1	1958	1958	VARCHAR2
Surgical Specialty: Endoscopy Indicator Description: Indicates if endoscopy surgery is offered by an ambulatory surgical center. SAS Name: ENDSCPY_SRGRY_SW COBOL Name: ENDSCPY-SRGRY-SW	1	1959	1959	VARCHAR2
Surgical Specialty: Obstetrics / Gynecology Indicator Description: Indicates if obstetrics/gynecology surgery is offered by an ambulatory surgical center. SAS Name: OB_GYN_SRGRY_SW COBOL Name: OB-GYN-SRGRY-SW	1	1960	1960	VARCHAR2
Surgical Specialty: Ophthalmologic Indicator Description: Indicates if ophthalmologic surgery is offered by an ambulatory surgical center. SAS Name: OPTHMLGY_SRGRY_SW COBOL Name: OPTHMLGY-SRGRY-SW	1	1961	1961	VARCHAR2
Surgical Specialty: Orthopedic Indicator Description: Indicates if orthopedic surgery is offered by an ambulatory surgical center. SAS Name: ORTHPDC_SRGRY_SW COBOL Name: ORTHPDC-SRGRY-SW	1	1962	1962	VARCHAR2
Surgical Specialty: Other Indicator Description: Indicates if other surgery types are performed at an ambulatory surgical center. SAS Name: OTHR_SRGRY_SW COBOL Name: OTHR-SRGRY-SW	1	1963	1963	VARCHAR2
Surgical Specialty: Pain Indicator Description: Indicates if pain surgery is offered by an ambulatory	1	1964	1964	VARCHAR2

surgical center.  
SAS Name: PAIN\_SRGRY\_SW  
COBOL Name: PAIN-SRGRY-SW

Surgical Specialty: Plastic / Reconstructive 1 1965 1965 VARCHAR2  
Indicator

Description: Indicates if plastic and reconstructive surgery is offered by an ambulatory surgical center.

SAS Name: PLSTC\_SRGRY\_SW  
COBOL Name: PLSTC-SRGRY-SW

Surgical Specialty: Podiatry Indicator 1 1966 1966 VARCHAR2

Description: Indicates if podiatric surgery is offered by an ambulatory surgical center.

SAS Name: FT\_SRGRY\_SW  
COBOL Name: FT-SRGRY-SW

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POS RECORD LAYOUT

PAGE: 1

Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
Provider Category Subtype Code	2	1	2	VARCHAR2

Description: Identifies the subtype of the provider, within the primary category. Used in reporting to show the breakdown of provider categories, mainly for hospitals and SNFs.

SAS Name: PRVDR\_CTGRY\_SBTYP\_CD  
COBOL Name: PRVDR-CTGRY-SBTYP-CD  
VALUES: 01=Hospice

Provider Category Code	2	3	4	VARCHAR2
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Description: Identifies the type of provider participating in the Medicare/Medicaid program.

SAS Name: PRVDR\_CTGRY\_CD  
COBOL Name: PRVDR-CTGRY-CD  
VALUES: 16=Hospice

CHOW Count	2	5	6	NUMBER
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Description: Number of times this provider has undergone a change of ownership.

SAS Name: CHOW\_CNT  
COBOL Name: CHOW-CNT

CHOW Date 8 7 14 DATE  
 Description: Effective date of the most recent change of ownership for this provider.  
 SAS Name: CHOW\_DT  
 COBOL Name: CHOW-DT

Address: City 28 15 42 VARCHAR2  
 Description: City in which the provider is physically located.  
 SAS Name: CITY\_NAME  
 COBOL Name: CITY-NAME

Compliance: Acceptable POC 1 43 43 VARCHAR2  
 Description: Indicates if a provider is in compliance with program requirements based on an acceptable plan for correction of deficiencies.  
 SAS Name: ACPTBL\_POC\_SW  
 COBOL Name: ACPTBL-POC-SW

Compliance: Status 1 44 44 VARCHAR2  
 Description: Compliance status of a provider at the time of certification survey.  
 SAS Name: CMPLNC\_STUS\_CD  
 COBOL Name: CMPLNC-STUS-CD  
 VALUES: A=IN COMPLIANCE  
 B=NOT IN COMPLIANCE

SSA County Code 3 45 47 VARCHAR2  
 Description: Social Security Administration geographic code indicating the county where the provider is located.  
 SAS Name: SSA\_CNTY\_CD  
 COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR  
 Description: Cross reference provider number  
 SAS Name: CROSS\_REF\_PROVIDER\_NUMBER  
 COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date 8 58 65 DATE  
 Description: Equal to the exit date of the initial visit of the Health survey for certifications completed after July 28, 2012. For certifications prior to that date, the certification

SHORT DESCRIPTION LEN START END TYPE

date is equal to the exit date of the initial visit of

the Health survey or LSC survey, whichever is later.  
SAS Name: CRTFCTN\_DT  
COBOL Name: CRTFCTN-DT

Eligibility Indicator 1 66 66 VARCHAR2  
Description: Indicates if a facility is eligible to participate in the Medicare and/or Medicaid programs.  
SAS Name: ELGBLTY\_SW  
COBOL Name: ELGBLTY-SW

Facility Name 50 67 116 VARCHAR2  
Description: Name of the provider certified to participate in the Medicare and/or Medicaid programs.  
SAS Name: FAC\_NAME  
COBOL Name: FAC-NAME

Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code 5 117 121 VARCHAR2  
Description: Number assigned to the Medicare Administrative Contractor, intermediary or carrier servicing this provider.  
SAS Name: INTRMDRY\_CARR\_CD  
COBOL Name: INTRMDRY-CARR-CD  
VALUES: 00000=DUMMY FOR MEDICAID HHA  
00010=BLUE CROSS (ALABAMA)  
00011=CAHABA  
00020=BLUE CROSS (ARKANSAS)  
00040=BLUE CROSS (CALIFORNIA)  
00060=BLUE CROSS (CONNECTICUT)  
00070=BLUE CROSS (DELAWARE)  
00090=BLUE CROSS (FLORIDA)  
00101=BLUE CROSS (GEORGIA)  
00121=HEALTH CARE SERVICE CORPORATION  
00122=HCSC - MICHIGAN  
00123=HCSC OF MICHIGAN  
00130=NATIONAL GOVERNMENT SERVICES  
00131=NATIONAL GOVERNMENT SERVICES  
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)  
00150=BLUE CROSS (KANSAS)  
00160=NATIONAL GOVERNMENT SERVICES  
00180=NATIONAL GOVERNMENT SERVICES  
00181=NATIONAL GOVERNMENT SERVICES  
00190=BLUE CROSS (MARYLAND)  
00200=BLUE CROSS (MASSACHUSETTS)  
00210=BLUE CROSS (MICHIGAN)  
00220=BLUE CROSS (MINNESOTA)  
00230=BLUE CROSS (MISSISSIPPI)  
00231=BLUE CROSS (LOUISIANA)  
00233=PINNACLE  
00241=BLUE CROSS (MISSOURI)

00260=BLUE CROSS (NEBRASKA)  
 00270=NATIONAL GOVERNMENT SERVICES  
 00280=BLUE CROSS (NEW JERSEY)  
 00290=BLUE CROSS (NEW MEXICO)  
 00308=NATIONAL GOVERNMENT SERVICES  
 00310=BLUE CROSS (NORTH CAROLINA)  
 00320=NORIDIAN PART A  
 00322=NORIDIAN PART A (AK/WA)  
 00323=NORIDIAN PART A (ID/OR)  
 00325=NORIDIAN  
 00332=NATIONAL GOVERNMENT SERVICES  
 00340=BLUE CROSS (OKLAHOMA)  
 00350=BLUE CROSS (OREGON)

DATE: 10/03/2022

POS RECORD LAYOUT

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Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				
00468=BLUE CROSS (NORTH CAROLINA FOR PR)				
00510=BLUE SHIELD (ALABAMA)				
00511=CAHABA				
00512=CAHABA				
00520=BLUE SHIELD (ARKANSAS)				
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)				
00542=BLUE SHIELD (CALIFORNIA)				
00550=BLUE SHIELD (COLORADO)				
00570=BLUE SHIELD (DELAWARE)				
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)				
00590=BLUE SHIELD (FLORIDA)				
00621=BLUE SHIELD (ILLINOIS)				
00630=NATIONAL GOVERNMENT SERVICES				
00640=BLUE SHIELD (IOWA)				

00650=BLUE SHIELD (KANSAS)  
 00655=BLUE SHIELD (KANSAS/NEBRASKA)  
 00660=NATIONAL GOVERNMENT SERVICES  
 00690=BLUE SHIELD (MARYLAND)  
 00700=BLUE SHIELD (MASSACHUSETTS)  
 00710=BLUE SHIELD (MICHIGAN)  
 00720=BLUE SHIELD (MINNESOTA)  
 00740=BLUE SHIELD (KANSAS CITY)  
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)  
 00780=BLUE SHIELD (TRI-STATE)  
 00801=BLUE SHIELD (BUFFALO)  
 00803=NATIONAL GOVERNMENT SERVICES  
 00805=NATIONAL GOVERNMENT SERVICES  
 00821=NORIDIAN  
 00824=NORIDIAN GVT SERVICES (CO)  
 00826=NORIDIAN GVT SERVICES (IA)  
 00831=NORIDIAN GVT SERVICES (AK)  
 00832=NORIDIAN GVT SERVICES (AZ)  
 00833=NORIDIAN GVT SERVICES (HI)  
 00834=NORIDIAN GVT SERVICES (NV)  
 00835=NORIDIAN GVT SERVICES (OR)  
 00836=NORIDIAN GVT SERVICES (WA)  
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)  
 00865=BLUE SHIELD (PENNSYLVANIA)  
 00870=BLUE SHIELD (RHODE ISLAND)  
 00880=BLUE SHIELD (SOUTH CAROLINA)  
 00883=PALMETTO GBA PART B  
 00884=PALMETTO GBA  
 00889=NORIDIAN GVT SERVICES (SD)  
 00900=BLUE SHIELD (TEXAS)  
 00901=TRAILBLAZERS HEALTH ENTERPRISES  
 00904=TRAILBLAZER  
 00910=BLUE SHIELD (UTAH)  
 00930=BLUE SHIELD (WASHINGTON)

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POS RECORD LAYOUT

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Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				



01040=AETNA (GEORGIA)  
01101=PALMETTO (CALIFORNIA)  
01102=PALMETTO (CALIFORNIA (NORTH))  
01111=Noridian (CA)  
01112=Noridian (NF)  
01120=AETNA (HAWAII)  
01182=Noridian (SF)  
01192=PALMETTO (CALIFORNIA SOUTH)  
01201=PALMETTO (HAWAII)  
01202=PALMETTO (HAWAII)  
01211=Noridian (AS, GU, HI)  
01212=Noridian (AS, GU, HI)  
01290=AETNA (NEVADA)  
01301=PALMETTO (NEVADA)  
01302=PALMETTO (NEVADA)  
01311=Noridian (NV)  
01312=Noridian (NV)  
01360=AETNA (NEW MEXICO)  
01370=AETNA (OKLAHOMA)  
01380=AETNA (OREGON)  
01390=AETNA (WASHINGTON)  
01901=PALMETTO GBA  
01902=PALMETTO GBA  
01911=Noridian (AS, GU, HI, NV)  
02050=OCCIDENTAL (CALIFORNIA)  
02101=Noridian AK  
02102=Noridian AK  
02201=Noridian ID  
02202=Noridian ID  
02301=Noridian OR  
02302=Noridian OR  
02401=Noridian WA  
02402=Noridian WA  
03001=NORIDIAN ADMIN SERVICES  
03101=NORIDIAN (ARIZONA)  
03102=NORIDIAN (ARIZONA)  
03201=NORIDIAN (MONTANA)  
03202=NORIDIAN (MONTANA)  
03301=NORIDIAN (NORTH DAKOTA)  
03302=NORIDIAN (NORTH DAKOTA)  
03401=NORIDIAN (SOUTH DAKOTA)  
03402=NORIDIAN (SOUTH DAKOTA)  
03501=NORIDIAN (UTAH)  
03502=NORIDIAN (UTAH)  
03601=NORIDIAN (WYOMING)  
03602=NORIDIAN (WYOMING)  
04001=TRAILBLAZER  
04101=TRAILBLAZER (COLORADO)  
04102=TRAILBLAZER (COLORADO)  
04111=NOVITAS (COLORADO)

04112=NOVITAS (COLORADO)  
04201=TRAILBLAZER (NEW MEXICO)  
04202=TRAILBLAZER (NEW MEXICO)  
04211=NOVITAS (NEW MEXICO)  
04212=NOVITAS (NEW MEXICO)

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POS RECORD LAYOUT

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Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				
05402=WPS (NEBRASKA)				
05440=EQICOR (TENNESSEE)				
05535=EQICOR (NORTH CAROLINA)				
05901=WISCONSIN PHYSICIANS SERVICE				
06001=NGS (WI)				
06004=National Govt Serv HHH				
06014=NATIONAL GOVERNMENT ERVICES				
06101=NGS (IL)				
06102=NGS (IL)				
06201=NGS (MN)				
06202=NGS (MN)				
06301=NGS (WI)				
06302=NGS (WI)				
07101=Novitas AR				
07102=Novitas AR				
07201=Novitas LA				
07202=Novitas LA				
07301=Novitas MS				
07302=Novitas MS				

08101=WPS IN  
 08102=WPS IN  
 08201=WPS MI  
 08202=WPS MI  
 09101=FIRST COAST (FLORIDA)  
 09102=FIRST COAST (FLORIDA)  
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)  
 09202=FIRST COAST (PUERTO RICO)  
 09302=FIRST COAST (VIRGIN ISLANDS)  
 10071=TRAVELERS (RRB)  
 10101=CAHABA GBA (AL)  
 10102=CAHABA GBA (AL)  
 10111=PALMETTO GBA (Part A) (AL)  
 10112=PALMETTO GBA (AL)  
 10201=CAHABA GBA (GA)  
 10202=CAHABA GBA (GA)  
 10211=PALMETTO GBA (GA)  
 10212=PALMETTO GBA (GA)  
 10230=TRAVELERS (CONNECTICUT)  
 10240=TRAVELERS (MINNESOTA)  
 10250=TRAVELERS (MISSISSIPPI)  
 10301=CAHABA GBA (TN)  
 10302=CAHABA GBA (TN)  
 10311=PALMETTO GBA (TN)  
 10312=PALMETTO GBA (TN)  
 10490=TRAVELERS (VIRGINIA)

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POS RECORD LAYOUT

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Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				
12102=Novitas DE				
12201=Novitas DC				
12202=Novitas DC				
12301=Novitas MD				
12302=Novitas MD				

12401=Novitas NJ  
12402=Novitas NJ  
12501=Novitas PA  
12502=Novitas PA  
12901=Novitas Solutions DC, DE, MD, PA  
12902=HIGHMARK  
13101=NATIONAL GOVT SERVICES (CONNECTICUT)  
13102=NATIONAL GOVT SERVICES (CONNECTICUT)  
13201=NATIONAL GOVT SERVICES (NEW YORK)  
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)  
13282=NGS (UN)  
13292=NGS (QN)  
14004=NATIONAL HERITAGE (HHA - A)  
14014=NGS (HHA)  
14101=NATIONAL HERITAGE (MAINE)  
14102=NATIONAL HERITAGE (MAINE)  
14111=NGS (ME)  
14112=NGS (ME)  
14201=NATIONAL HERITAGE (MASSACHUSETTS)  
14202=NATIONAL HERITAGE (MASSACHUSETTS)  
14211=NGS (MA)  
14212=NGS (MA)  
14301=NATIONAL HERITAGE (NEW HAMPSHIRE)  
14302=NATIONAL HERITAGE (NEW HAMPSHIRE)  
14311=NGS (NH)  
14312=NGS (NH)  
14330=GROUP HEALTH INC (NEW YORK)  
14401=NATIONAL HERITAGE (RHODE ISLAND)  
14402=NATIONAL HERITAGE (RHODE ISLAND)  
14411=NGS (RI)  
14412=NGS (RI)  
14501=NATIONAL HERITAGE (VERMONT)  
14502=NATIONAL HERITAGE (VERMONT)  
14511=NGS (VT)  
14512=NGS (VT)  
15004=CGS Administrators HHH  
15101=CGS (KENTUCKY)  
15102=CGS (KENTUCKY)  
15201=CGS (OHIO)  
15202=CGS (OHIO)  
16360=NATIONWIDE (OHIO)  
16510=NATIONWIDE (WEST VIRGINIA)  
17120=HAWAII MEDICAL SERVICE ASSOCIATION  
21200=MASSACHUSETTS/MAINE  
31142=NATIONAL HERITAGE INSURANCE CO (MAINE)  
31143=NATIONAL HERITAGE INSURANCE CO  
31144=NATIONAL HERITAGE INSURANCE CO

Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
50333=TRAVELERS (NEW YORK)				
51051=AETNA (PETALUMA)				
51070=AETNA (FARMINGTON)				
51100=AETNA (CLEARWATER)				
51140=AETNA (PEORIA)				
51390=AETNA (FORT WASHINGTON)				
52280=WISCONSIN PHYSICIANS SERVICE				
57400=COOPERATIVA (PUERTO RICO)				
Medicaid Vendor Number	15	122	136	VARCHAR2
Description: Number which may be assigned to a provider by the state Medicaid agency for external control or billing purposes.				
SAS Name: MDCD_VNDR_NUM				
COBOL Name: MDCD-VNDR-NUM				
Original Participation Date	8	137	144	DATE
Description: Date a provider is first approved to provide Medicare and/or Medicaid services.				
SAS Name: ORGNL_PRTCPTN_DT				
COBOL Name: ORGNL-PRTCPTN-DT				
Prior CHOW Date	8	145	152	DATE
Description: Effective date of the previous change of ownership for this provider.				
SAS Name: CHOW_PRIOR_DT				
COBOL Name: CHOW-PRIOR-DT				
Prior Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code	5	153	157	VARCHAR2
Description: Number assigned to the previous Medicare Administrative Contractor, intermediary or carrier servicing this provider.				
SAS Name: INTRMDRY_CARR_PRIOR_CD				
COBOL Name: INTRMDRY-CARR-PRIOR-CD				
VALUES:				
00000=DUMMY FOR MEDICAID HHA				
00010=BLUE CROSS (ALABAMA)				
00011=CAHABA				
00020=BLUE CROSS (ARKANSAS)				
00040=BLUE CROSS (CALIFORNIA)				
00060=BLUE CROSS (CONNECTICUT)				
00070=BLUE CROSS (DELAWARE)				
00090=BLUE CROSS (FLORIDA)				
00101=BLUE CROSS (GEORGIA)				
00121=HEALTH CARE SERVICE CORPORATION				
00122=HCSC - MICHIGAN				
00123=HCSC OF MICHIGAN				

00130=NATIONAL GOVERNMENT SERVICES  
 00131=NATIONAL GOVERNMENT SERVICES  
 00140=BLUE CROSS (IOWA/SOUTH DAKOTA)  
 00150=BLUE CROSS (KANSAS)  
 00160=NATIONAL GOVERNMENT SERVICES  
 00180=NATIONAL GOVERNMENT SERVICES  
 00181=NATIONAL GOVERNMENT SERVICES  
 00190=BLUE CROSS (MARYLAND)  
 00200=BLUE CROSS (MASSACHUSETTS)  
 00210=BLUE CROSS (MICHIGAN)  
 00220=BLUE CROSS (MINNESOTA)  
 00230=BLUE CROSS (MISSISSIPPI)  
 00231=BLUE CROSS (LOUISIANA)  
 00233=PINNACLE  
 00241=BLUE CROSS (MISSOURI)  
 00260=BLUE CROSS (NEBRASKA)  
 00270=NATIONAL GOVERNMENT SERVICES  
 00280=BLUE CROSS (NEW JERSEY)

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 8

Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00290=BLUE CROSS (NEW MEXICO)				
00308=NATIONAL GOVERNMENT SERVICES				
00310=BLUE CROSS (NORTH CAROLINA)				
00320=NORIDIAN PART A				
00322=NORIDIAN PART A (AK/WA)				
00323=NORIDIAN PART A (ID/OR)				
00325=NORIDIAN				
00332=NATIONAL GOVERNMENT SERVICES				
00340=BLUE CROSS (OKLAHOMA)				
00350=BLUE CROSS (OREGON)				
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				

00456=NATIONAL GOVERNMENT SERVICES  
 00468=BLUE CROSS (NORTH CAROLINA FOR PR)  
 00510=BLUE SHIELD (ALABAMA)  
 00511=CAHABA  
 00512=CAHABA  
 00520=BLUE SHIELD (ARKANSAS)  
 00528=BLUE SHIELD (ARKANSAS/LOUISIANA)  
 00542=BLUE SHIELD (CALIFORNIA)  
 00550=BLUE SHIELD (COLORADO)  
 00570=BLUE SHIELD (DELAWARE)  
 00580=BLUE SHIELD (DISTRICT OF COLUMBIA)  
 00590=BLUE SHIELD (FLORIDA)  
 00621=BLUE SHIELD (ILLINOIS)  
 00630=NATIONAL GOVERNMENT SERVICES  
 00640=BLUE SHIELD (IOWA)  
 00650=BLUE SHIELD (KANSAS)  
 00655=BLUE SHIELD (KANSAS/NEBRASKA)  
 00660=NATIONAL GOVERNMENT SERVICES  
 00690=BLUE SHIELD (MARYLAND)  
 00700=BLUE SHIELD (MASSACHUSETTS)  
 00710=BLUE SHIELD (MICHIGAN)  
 00720=BLUE SHIELD (MINNESOTA)  
 00740=BLUE SHIELD (KANSAS CITY)  
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)  
 00780=BLUE SHIELD (TRI-STATE)  
 00801=BLUE SHIELD (BUFFALO)  
 00803=NATIONAL GOVERNMENT SERVICES  
 00805=NATIONAL GOVERNMENT SERVICES  
 00821=NORIDIAN  
 00824=NORIDIAN GVT SERVICES (CO)  
 00826=NORIDIAN GVT SERVICES (IA)  
 00831=NORIDIAN GVT SERVICES (AK)  
 00832=NORIDIAN GVT SERVICES (AZ)  
 00833=NORIDIAN GVT SERVICES (HI)  
 00834=NORIDIAN GVT SERVICES (NV)  
 00835=NORIDIAN GVT SERVICES (OR)  
 00836=NORIDIAN GVT SERVICES (WA)  
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)  
 00865=BLUE SHIELD (PENNSYLVANIA)

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POS RECORD LAYOUT

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Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00870=BLUE SHIELD (RHODE ISLAND)				
00880=BLUE SHIELD (SOUTH CAROLINA)				
00883=PALMETTO GBA PART B				
00884=PALMETTO GBA				

00889=NORIDIAN GVT SERVICES (SD)  
00900=BLUE SHIELD (TEXAS)  
00901=TRAILBLAZERS HEALTH ENTERPRISES  
00904=TRAILBLAZER  
00910=BLUE SHIELD (UTAH)  
00930=BLUE SHIELD (WASHINGTON)  
00951=WISCONSIN PHYSICIANS SERVICE  
00952=WPS - ILLINOIS  
00953=WPS - MICHIGAN  
00954=WI PHYSICIAN SERVICES - MN  
00973=BLUE SHIELD (PUERTO RICO)  
00974=BLUE SHIELD (VIRGIN ISLANDS)  
01010=AETNA (PEORIA)  
01020=AETNA (ALASKA)  
01030=AETNA (ARIZONA)  
01040=AETNA (GEORGIA)  
01101=PALMETTO (CALIFORNIA)  
01102=PALMETTO (CALIFORNIA (NORTH))  
01111=Noridian (CA)  
01112=Noridian (NF)  
01120=AETNA (HAWAII)  
01182=Noridian (SF)  
01192=PALMETTO (CALIFORNIA SOUTH)  
01201=PALMETTO (HAWAII)  
01202=PALMETTO (HAWAII)  
01211=Noridian (AS, GU, HI)  
01212=Noridian (AS, GU, HI)  
01290=AETNA (NEVADA)  
01301=PALMETTO (NEVADA)  
01302=PALMETTO (NEVADA)  
01311=Noridian (NV)  
01312=Noridian (NV)  
01360=AETNA (NEW MEXICO)  
01370=AETNA (OKLAHOMA)  
01380=AETNA (OREGON)  
01390=AETNA (WASHINGTON)  
01901=PALMETTO GBA  
01902=PALMETTO GBA  
01911=Noridian (AS, GU, HI, NV)  
02050=OCCIDENTAL (CALIFORNIA)  
02101=Noridian AK  
02102=Noridian AK  
02201=Noridian ID  
02202=Noridian ID  
02301=Noridian OR  
02302=Noridian OR  
02401=Noridian WA  
02402=Noridian WA  
03001=NORIDIAN ADMIN SERVICES  
03101=NORIDIAN (ARIZONA)



03102=NORIDAN (ARIZONA)  
 03201=NORIDAN (MONTANA)  
 03202=NORIDAN (MONTANA)  
 03301=NORDIAN (NORTH DAKOTA)  
 03302=NORDIAN (NORTH DAKOTA)  
 03401=NORIDIAN (SOUTH DAKOTA)  
 03402=NORIDIAN (SOUTH DAKOTA)  
 03501=NORIDIAN (UTAH)  
 03502=NORIDIAN (UTAH)  
 03601=NORIDIAN (WYOMING)

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 10

Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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03602=NORIDIAN (WYOMING)				
04001=TRAILBLAZER				
04101=TRAILBLAZER (COLORADO)				
04102=TRAILBLAZER (COLORADO)				
04111=NOVITAS (COLORADO)				
04112=NOVITAS (COLORADO)				
04201=TRAILBLAZER (NEW MEXICO)				
04202=TRAILBLAZER (NEW MEXICO)				
04211=NOVITAS (NEW MEXICO)				
04212=NOVITAS (NEW MEXICO)				
04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				
05402=WPS (NEBRASKA)				
05440=EQICOR (TENNESSEE)				
05535=EQICOR (NORTH CAROLINA)				
05901=WISCONSIN PHYSICIANS SERVICE				

06001=NGS (WI)  
 06004=National Govt Serv HHH  
 06014=NATIONAL GOVERNMENT ERVICES  
 06101=NGS (IL)  
 06102=NGS (IL)  
 06201=NGS (MN)  
 06202=NGS (MN)  
 06301=NGS (WI)  
 06302=NGS (WI)  
 07101=Novitas AR  
 07102=Novitas AR  
 07201=Novitas LA  
 07202=Novitas LA  
 07301=Novitas MS  
 07302=Novitas MS  
 08101=WPS IN  
 08102=WPS IN  
 08201=WPS MI  
 08202=WPS MI  
 09101=FIRST COAST (FLORIDA)  
 09102=FIRST COAST (FLORIDA)  
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)  
 09202=FIRST COAST (PUERTO RICO)  
 09302=FIRST COAST (VIRGIN ISLANDS)  
 10071=TRAVELERS (RRB)  
 10101=CAHABA GBA (AL)  
 10102=CAHABA GBA (AL)  
 10111=PALMETTO GBA (Part A) (AL)  
 10112=PALMETTO GBA (AL)  
 10201=CAHABA GBA (GA)  
 10202=CAHABA GBA (GA)

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POS RECORD LAYOUT

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Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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10211=PALMETTO GBA (GA)				
10212=PALMETTO GBA (GA)				
10230=TRAVELERS (CONNECTICUT)				
10240=TRAVELERS (MINNESOTA)				
10250=TRAVELERS (MISSISSIPPI)				
10301=CAHABA GBA (TN)				
10302=CAHABA GBA (TN)				
10311=PALMETTO GBA (TN)				
10312=PALMETTO GBA (TN)				
10490=TRAVELERS (VIRGINIA)				
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				

11201=PALMETTO GBA (SC)  
11202=PALMETTO GBA (SC)  
11260=GENERAL AMERICAN  
11301=PALMETTO GBA (VA)  
11302=PALMETTO GBA (VA)  
11401=PALMETTO GBA (WV)  
11402=PALMETTO GBA (WV)  
11501=PALMETTO GBA (NC)  
11502=PALMETTO GBA (NC)  
12101=Novitas DE  
12102=Novitas DE  
12201=Novitas DC  
12202=Novitas DC  
12301=Novitas MD  
12302=Novitas MD  
12401=Novitas NJ  
12402=Novitas NJ  
12501=Novitas PA  
12502=Novitas PA  
12901=Novitas Solutions DC, DE, MD, PA  
12902=HIGHMARK  
13101=NATIONAL GOVT SERVICES (CONNECTICUT)  
13102=NATIONAL GOVT SERVICES (CONNECTICUT)  
13201=NATIONAL GOVT SERVICES (NEW YORK)  
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)  
13282=NGS (UN)  
13292=NGS (QN)  
14004=NATIONAL HERITAGE (HHA - A)  
14014=NGS (HHA)  
14101=NATIONAL HERITAGE (MAINE)  
14102=NATIONAL HERITAGE (MAINE)  
14111=NGS (ME)  
14112=NGS (ME)  
14201=NATIONAL HERITAGE (MASSACHUSETTS)  
14202=NATIONAL HERITAGE (MASSACHUSETTS)  
14211=NGS (MA)  
14212=NGS (MA)  
14301=NATIONAL HERITAGE (NEW HAMPSHIRE)  
14302=NATIONAL HERITAGE (NEW HAMPSHIRE)  
14311=NGS (NH)  
14312=NGS (NH)  
14330=GROUP HEALTH INC (NEW YORK)  
14401=NATIONAL HERITAGE (RHODE ISLAND)  
14402=NATIONAL HERITAGE (RHODE ISLAND)  
14411=NGS (RI)  
14412=NGS (RI)  
14501=NATIONAL HERITAGE (VERMONT)  
14502=NATIONAL HERITAGE (VERMONT)  
14511=NGS (VT)  
14512=NGS (VT)



Skeleton Record Indicator 1 170 170 VARCHAR2  
 Description: Indicates if the record is a skeleton record. Only a limited set of data is available for this provider; no survey data exists. Only provider categories 01,17,19,21 and 22 can have skeleton providers.  
 SAS Name: SKLTN\_REC\_SW  
 COBOL Name: SKLTN-REC-SW

State Abbreviation 2 171 172 VARCHAR2  
 Description: Two-character state abbreviation.  
 SAS Name: STATE\_CD  
 COBOL Name: STATE-CD  
 VALUES: AK=ALASKA  
 AL=ALABAMA  
 AR=ARKANSAS  
 AS=AMERICAN SAMOA  
 AZ=ARIZONA  
 CA=CALIFORNIA  
 CN=CANADA  
 CO=COLORADO  
 CT=CONNECTICUT  
 DC=DISTRICT OF COLUMBIA

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 13  
 Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
DE=DELAWARE				
FL=FLORIDA				
FN=INTERNATIONAL				
GA=GEORGIA				
GU=GUAM				
HI=HAWAII				
IA=IOWA				
ID=IDAHO				
IL=ILLINOIS				
IN=INDIANA				
KS=KANSAS				
KY=KENTUCKY				
LA=LOUISIANA				
MA=MASSACHUSETTS				
MD=MARYLAND				
ME=MAINE				
MI=MICHIGAN				
MN=MINNESOTA				
MO=MISSOURI				
MP=SAIPAN				

MS=MISSISSIPPI  
 MT=MONTANA  
 MX=MEXICO  
 NC=NORTH CAROLINA  
 ND=NORTH DAKOTA  
 NE=NEBRASKA  
 NH=NEW HAMPSHIRE  
 NJ=NEW JERSEY  
 NM=NEW MEXICO  
 NV=NEVADA  
 NY=NEW YORK  
 OH=OHIO  
 OK=OKLAHOMA  
 OR=OREGON  
 PA=PENNSYLVANIA  
 PR=PUERTO RICO  
 RI=RHODE ISLAND  
 SC=SOUTH CAROLINA  
 SD=SOUTH DAKOTA  
 TN=TENNESSEE  
 TX=TEXAS  
 UT=UTAH  
 VA=VIRGINIA  
 VI=VIRGIN ISLANDS  
 VT=VERMONT  
 WA=WASHINGTON  
 WI=WISCONSIN  
 WV=WEST VIRGINIA  
 WY=WYOMING

SSA State Code 2 173 174 VARCHAR2

Description: Social Security Administration geographic code indicating the state where the provider is located.

SAS Name: SSA\_STATE\_CD

COBOL Name: SSA-STATE-CD

VALUES: 01=ALABAMA  
 02=ALASKA  
 03=ARIZONA  
 04=ARKANSAS  
 05=CALIFORNIA  
 06=COLORADO  
 07=CONNECTICUT  
 08=DELAWARE  
 09=DISTRICT OF COLUMBIA

SHORT DESCRIPTION

LEN START END

TYPE

10=FLORIDA  
11=GEORGIA  
12=HAWAII  
13=IDAHO  
14=ILLINOIS  
15=INDIANA  
16=IOWA  
17=KANSAS  
18=KENTUCKY  
19=LOUISIANA  
20=MAINE  
21=MARYLAND  
22=MASSACHUSETTS  
23=MICHIGAN  
24=MINNESOTA  
25=MISSISSIPPI  
26=MISSOURI  
27=MONTANA  
28=NEBRASKA  
29=NEVADA  
30=NEW HAMPSHIRE  
31=NEW JERSEY  
32=NEW MEXICO  
33=NEW YORK  
34=NORTH CAROLINA  
35=NORTH DAKOTA  
36=OHIO  
37=OKLAHOMA  
38=OREGON  
39=PENNSYLVANIA  
40=PUERTO RICO  
41=RHODE ISLAND  
42=SOUTH CAROLINA  
43=SOUTH DAKOTA  
44=TENNESSEE  
45=TEXAS  
46=UTAH  
47=VERMONT  
48=VIRGIN ISLANDS  
49=VIRGINIA  
50=WASHINGTON  
51=WEST VIRGINIA  
52=WISCONSIN  
53=WYOMING  
54=AFRICA  
56=CANADA  
57=WEST INDIES  
58=EUROPE  
59=MEXICO





CA/LA4=LA Acute/Ancillary  
 CA/LA5=LA HHA/Hospice  
 CA/LA6=LA ICF/DD/Clinics  
 CA/LAB=LABORATORIES  
 CA/M1=LAB. SOUTH  
 CA/M2=LAB. NORTH  
 CA/NPH=NON-PARTICIPATING HOSPITAL  
 CA/ORG=ORANGE  
 CA/RIV=RIVERSIDE  
 CA/S1=SACRAMENTO  
 CA/S3=CHICO  
 CA/SD=SAN DIEGO  
 CA/SF=SAN FRANCISCO  
 CA/SJ=SAN JOSE  
 CA/SR=SANTA ROSA  
 CA/STK=STOCKTON  
 CA/VEN=VENTURA  
 CN/001=CANADA  
 CN/LAB=LABORATORY  
 CN/NPH=NON-PARTICIPATING HOSPITAL  
 CO/001=COLORADO  
 CO/LAB=LABORATORIES  
 CO/NPH=NON-PARTICIPATING HOSPITAL  
 CT/001=CONNECTICUT  
 CT/LAB=LABORATORIES  
 CT/NPH=NON-PARTICIPATING HOSPITAL  
 DC/001=DISTRICT OF COLUMBIA  
 DC/LAB=LABORATORIES  
 DC/NPH=NON-PARTICIPATING HOSPITAL  
 DE/001=DELAWARE  
 DE/LAB=LABORATORIES  
 DE/NPH=NON-PARTICIPATING HOSPITAL  
 FL/001=FLORIDA  
 FL/FTM=FT. MYERS  
 FL/GAI=GAINESVILLE  
 FL/JAX=JACKSONVILLE

DATE: 10/03/2022

POS RECORD LAYOUT

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Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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FL/LAB=LABORATORIES				
FL/LAN=LANTANA				
FL/LAU=LAUDERHILL				
FL/MIA=MIAMI				
FL/NPH=NON-PARTICIPATING HOSPITAL				
FL/ORL=ORLANDO				
FL/PEN=PENSACOLA				

FL/STP=ST. PETERSBURG  
FL/TAL=TALLAHASSEE  
FL/TAM=TAMPA  
FM/001=FEDERATED STATES OF MICRO  
FM/NPH=NON-PARTICIPATING HOSPITAL  
FN/001=INTERNATIONAL  
FN/LAB=LABORATORIES  
FN/NPH=NON-PARTICIPATING HOSPITAL  
GA/001=GEORGIA  
GA/GAA=GEORGIA ALL  
GA/GAC=GEORGIA CENTRAL  
GA/GAE=GEORGIA EASTERN  
GA/GAN=GEORGIA NORTH  
GA/GAS=GEORGIA SOUTH  
GA/GAW=GEORGIA WESTERN  
GA/LAB=LABORATORIES  
GA/NPH=NON-PARTICIPATING HOSPITAL  
GU/001=GUAM  
GU/LAB=LABORATORIES  
GU/NPH=NON-PARTICIPATING HOSPITAL  
HI/001=HAWAII  
HI/LAB=LABORATORIES  
HI/NPH=NON-PARTICIPATING HOSPITAL  
IA/001=IOWA  
IA/LAB=LABORATORIES  
IA/NPH=NON-PARTICIPATING HOSPITAL  
ID/001=IDAHO  
ID/LAB=LABORATORIES  
ID/NPH=NON-PARTICIPATING HOSPITAL  
IL/001=ILLINOIS  
IL/LAB=LABORATORIES  
IL/NPH=NON-PARTICIPATING HOSPITAL  
IN/001=INDIANA  
IN/LAB=LABORATORIES  
IN/NPH=NON-PARTICIPATING HOSPITAL  
KS/001=KANSAS  
KS/KCK=KANSAS CITY  
KS/KDH=KDHE  
KS/LAB=LABORATORIES  
KS/LAW=LAWRENCE  
KS/NC=NORTH CENTRAL KANSAS  
KS/NE=NORTH EAST KANSAS  
KS/NPH=NON-PARTICIPATING HOSPITAL  
KS/NW=NORTH WEST KANSAS  
KS/SC=SOUTH CENTRAL KANSAS  
KS/SE=SOUTH EAST KANSAS  
KS/SW=SOUTH WEST KANSAS  
KS/WST=WEST  
KY/2C1=HOPKINSVILLE  
KY/2C2=LOUISVILLE

KY/2C3=LONDON  
KY/2C4=LEXINGTON  
KY/LAB=LABORATORIES  
KY/NPH=NON-PARTICIPATING HOSPITAL  
LA/001=LOUISIANA  
LA/LA1=NEW ORLEANS  
LA/LA2=MANDEVILLE

DATE: 10/03/2022

POS RECORD LAYOUT  
Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

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SHORT DESCRIPTION	LEN	START	END	TYPE
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LA/LA3=LAFAYETTE				
LA/LA4=MONROE				
LA/LA5=SHREVEPORT				
LA/LA6=ALEXANDRIA				
LA/LAB=LABORATORIES				
LA/LB1=CLIA NEW ORLEANS				
LA/LB5=CLIA SHREVEPORT				
LA/LB6=CLIA ALEXANDRIA				
LA/NPH=NON-PARTICIPATING HOSPITAL				
MA/001=MASSACHUSETTS				
MA/LAB=LABORATORIES				
MA/NPH=NON-PARTICIPATING HOSPITAL				
MD/001=MARYLAND				
MD/LAB=LABORATORIES				
MD/NPH=NON-PARTICIPATING HOSPITAL				
ME/001=MAINE				
ME/LAB=LABORATORIES				
ME/NPH=NON-PARTICIPATING HOSPITAL				
MH/001=MARSHALL ISLANDS				
MH/NPH=NON-PARTICIPATING HOSPITAL				
MI/001=MICHIGAN				
MI/LAB=LABORATORIES				
MI/NPH=NON-PARTICIPATING HOSPITAL				
MN/001=MINNESOTA				
MN/LAB=LABORATORIES				
MN/NPH=NON-PARTICIPATING HOSPITAL				
MO/001=MISSOURI				
MO/01=REGION01				
MO/02=REGION02				
MO/03=REGION 03				
MO/04=REGION 04				
MO/05=REGION 05				
MO/06=REGION 06				
MO/07=REGION 07				
MO/1NH=REGION 1 NH				
MO/2NH=REGION 2 NH				

MO/3NH=REGION 3 NH  
 MO/4NH=REGION 4 NH  
 MO/5NH=REGION 5 NH  
 MO/6NH=REGION 6 NH  
 MO/7NH=REGION 7 NH  
 MO/LAB=LABORATORIES  
 MO/MO=STATEWIDE  
 MO/NPH=NON-PARTICIPATING HOSPITAL  
 MP/001=NORTHERN MARIANA ISLANDS  
 MP/LAB=LABORATORIES  
 MP/NPH=NON-PARTICIPATING HOSPITAL  
 MS/001=MISSISSIPPI  
 MS/LAB=LABORATORIES  
 MS/NPH=NON-PARTICIPATING HOSPITAL  
 MT/001=MONTANA  
 MT/LAB=LABORATORIES  
 MT/NPH=NON-PARTICIPATING HOSPITAL  
 MX/001=MEXICO  
 MX/LAB=LABORATORY  
 MX/NPH=NON-PARTICIPATING HOSPITAL  
 NC/001=NORTH CAROLINA  
 NC/LAB=LABORATORIES  
 NC/NCC=NORTH CAROLINA CENTRAL  
 NC/NCE=NORTH CAROLINA EAST  
 NC/NCN=NORTH CAROLINA NORTH  
 NC/NCS=NORTH CAROLINA SOUTH  
 NC/NCW=NORTH CAROLINA WEST  
 NC/NPH=NON-PARTICIPATING HOSPITAL

DATE: 10/03/2022

POS RECORD LAYOUT

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Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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ND/001=NORTH DAKOTA  
 ND/LAB=LABORATORIES  
 ND/NPH=NON-PARTICIPATING HOSPITAL  
 NE/001=NEBRASKA  
 NE/1=NORTH CENTRAL  
 NE/2=CENTRAL  
 NE/3=NORTHEAST  
 NE/4=SOUTHEAST  
 NE/5=WESTERN  
 NE/LAB=LABORATORIES  
 NE/NPH=NON-PARTICIPATING HOSPITAL  
 NH/001=NEW HAMPSHIRE  
 NH/LAB=LABORATORIES  
 NH/NPH=NON-PARTICIPATING HOSPITAL  
 NJ/001=NEW JERSEY

NJ/LAB=LABORATORIES  
NJ/NPH=NON-PARTICIPATING HOSPITAL  
NM/001=NEW MEXICO  
NM/LAB=LABORATORIES  
NM/NPH=NON-PARTICIPATING HOSPITAL  
NV/001=NEVADA  
NV/CC=CARSON CITY  
NV/LAB=LABORATORIES  
NV/LV=LAS VEGAS  
NV/NPH=NON-PARTICIPATING HOSPITAL  
NY/001=BUFFALO  
NY/002=ROCHESTER  
NY/003=SYRACUSE  
NY/004=ALBANY  
NY/005=NEW ROCHELLE  
NY/006=NEW YORK CITY  
NY/007=SUFFOLK/NASSAU COUNTY  
NY/LAB=LABORATORIES  
NY/NPH=NON-PARTICIPATING HOSPITAL  
OH/001=OHIO  
OH/LAB=LABORATORIES  
OH/NPH=NON-PARTICIPATING HOSPITAL  
OK/001=OKLAHOMA  
OK/LAB=LABORATORIES  
OK/NPH=NON-PARTICIPATING HOSPITAL  
OR/001=OFFICE #1  
OR/002=OFFICE #2  
OR/003=OFFICE #3  
OR/LAB=LABORATORIES  
OR/NPH=NON-PARTICIPATING HOSPITAL  
PA/001=PENNSYLVANIA  
PA/LAB=LABORATORIES  
PA/NPH=NON-PARTICIPATING HOSPITAL  
PR/001=PUERTO RICO  
PR/LAB=LABORATORIES  
PR/NPH=NON-PARTICIPATING HOSPITAL  
PW/001=PALAU  
PW/NPH=NON-PARTICIPATING HOSPITAL  
RI/001=RHODE ISLAND  
RI/LAB=LABORATORIES  
RI/NPH=NON-PARTICIPATING HOSPITAL  
SC/001=SOUTH CAROLINA  
SC/LAB=LABORATORIES  
SC/NPH=NON-PARTICIPATING HOSPITAL  
SD/001=SOUTH DAKOTA  
SD/LAB=LABORATORIES  
SD/NPH=NON-PARTICIPATING HOSPITAL  
TN/001=TENNESSEE  
TN/LAB=LABORATORIES



WA/D2A=District 2, Unit A  
 WA/D2B=District 2, Unit B  
 WA/D2C=District 2, Unit C  
 WA/D2D=District 2, Unit D  
 WA/D2E=District 2, Unit E  
 WA/D2F=District 2, Unit F  
 WA/D2G=District 2, Unit G  
 WA/D2H=District 2, Unit H  
 WA/D2I=District 2, Unit I  
 WA/D2J=District 2, Unit J  
 WA/D2L=District 2, Unit L  
 WA/D3=NW WASHINGTON  
 WA/D3A=District 3, Unit A  
 WA/D3B=District 3, Unit B  
 WA/D3C=District 3, Unit C  
 WA/D3D=District 3, Unit D  
 WA/D3E=District 3, Unit E  
 WA/D3F=District 3, Unit F  
 WA/D3G=District 3, Unit G  
 WA/D3H=District 3, Unit H

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POS RECORD LAYOUT

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Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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WA/D4A=GREATER SEATTLE AREA  
 WA/D4B=S KING COUNTY  
 WA/D5A=PIERCE CTY & PENINSULA  
 WA/D5B=PIERCE CTY & GRAYS HARBOR  
 WA/D6=OLYMPIA AREA  
 WA/LAB=LABORATORIES  
 WA/NPH=NON-PARTICIPATING HOSPITAL  
 WI/001=WISCONSIN  
 WI/LAB=LABORATORIES  
 WI/NPH=NON-PARTICIPATING HOSPITAL  
 WV/001=WEST VIRGINIA  
 WV/LAB=LABORATORIES  
 WV/NPH=NON-PARTICIPATING HOSPITAL  
 WY/001=WYOMING  
 WY/LAB=LABORATORIES  
 WY/NPH=NON-PARTICIPATING HOSPITAL

Address: Street	50	178	227	VARCHAR2
Description: Street address where the provider is located.				
SAS Name:	ST_ADR			
COBOL Name:	ST-ADR			

Telephone Number	10	228	237	VARCHAR2
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Description: Telephone number of the provider.  
SAS Name: PHNE\_NUM  
COBOL Name: PHNE-NUM

Termination Code 2 238 239 VARCHAR2

Description: Indicates the current termination status for the provider.

SAS Name: PGM\_TRMNTN\_CD

COBOL Name: PGM-TRMNTN-CD

VALUES: 00=ACTIVE PROVIDER  
01=VOLUNTARY-MERGER, CLOSURE  
02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT  
03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION  
04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL  
05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ  
06=INVOLUNTARY-FAILURE TO MEET AGREEMENT  
07=OTHER-PROVIDER STATUS CHANGE  
08=NONPAYMENT OF FEES - CLIA Only  
09=REV/UNSUCCESSFUL PARTICIPATION IN PT - CLIA Only  
10=REV/OTHER REASON - CLIA Only  
11=INCOMPLETE CLIA APPLICATION INFORMATION - CLIA Only  
12=NO LONGER PERFORMING TESTS - CLIA Only  
13=MULTIPLE TO SINGLE SITE CERTIFICATE - CLIA Only  
14=SHARED LABORATORY - CLIA Only  
15=FAILURE TO RENEW WAIVER PPM CERTIFICATE - CLIA Only  
16=DUPLICATE CLIA NUMBER - CLIA Only  
17=MAIL RETURNED NO FORWARD ADDRESS CERT ENDED - CLIA Only  
20=NOTIFICATION BANKRUPTCY - CLIA Only  
33=ACCREDITATION NOT CONFIRMED - CLIA Only  
80=AWAITING STATE APPROVAL  
99=OIG ACTION - DO NOT ACTIVATE - CLIA Only

Termination or Expiration Date 8 240 247 DATE

Description: Date the provider was terminated. For CLIA providers, date the laboratory's certificate was terminated or the expiration date of the current CLIA certificate.

SAS Name: TRMNTN\_EXPRTN\_DT

COBOL Name: TRMNTN-EXPRTN-DT

Type of Action Code 1 248 248 VARCHAR2

Description: Identifies the reason for the certification. Type of

SHORT DESCRIPTION LEN START END TYPE

action from the official survey record, CMS 1539 form.

SAS Name: CRTFCTN\_ACTN\_TYPE\_CD



COBOL Name: CRTFCTN-ACTN-TYPE-CD  
VALUES: 1=INITIAL  
2=RECERTIFICATION  
3=TERMINATION  
4=CHANGE OF OWNERSHIP  
5=VALIDATION  
8=FULL SURVEY AFTER COMPLAINT

Ownership Type Code 2 249 250 VARCHAR2

Description: Indicates the ownership type of the provider.

SAS Name: GNRL\_CNTL\_TYPE\_CD

COBOL Name: GNRL-CNTL-TYPE-CD

VALUES: 01=VOLUNTARY NON-PROFIT - CHURCH  
02=VOLUNTARY NON-PROFIT - PRIVATE  
03=VOLUNTARY NON-PROFIT - OTHER  
04=PROPRIETARY - INDIVIDUAL  
05=PROPRIETARY - PARTNERSHIP  
06=PROPRIETARY - CORPORATION  
07=PROPRIETARY - OTHER  
08=GOVERNMENT - STATE  
09=GOVERNMENT - COUNTY  
10=GOVERNMENT - CITY  
11=GOVERNMENT - CITY-COUNTY  
12=COMBINATION GOVERNMENT & NONPROFIT  
13=OTHER

Address: ZIP Code 5 251 255 VARCHAR2

Description: Five-digit ZIP code for a provider's physical address.

SAS Name: ZIP\_CD

COBOL Name: ZIP-CD

FIPS State Code 2 256 257 VARCHAR2

Description: FIPS State Code

SAS Name: FIPS\_STATE\_CD

COBOL Name: FIPS-STATE-CD

VALUES: 01=ALABAMA  
02=ALASKA  
04=ARIZONA  
05=ARKANSAS  
06=CALIFORNIA  
08=COLORADO  
09=CONNECTICUT  
10=DELAWARE  
11=DISTRICT OF COLUMBIA  
12=FLORIDA  
13=GEORGIA  
15=HAWAII  
16=IDAHO  
17=ILLINOIS  
18=INDIANA

19=IOWA  
 20=KANSAS  
 21=KENTUCKY  
 22=LOUISIANA  
 23=MAINE  
 24=MARYLAND  
 25=MASSACHUSETTS  
 26=MICHIGAN  
 27=MINNESOTA  
 28=MISSISSIPPI  
 29=MISSOURI  
 30=MONTANA

DATE: 10/03/2022

POS RECORD LAYOUT

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Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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31=NEBRASKA  
 32=NEVADA  
 33=NEW HAMPSHIRE  
 34=NEW JERSEY  
 35=NEW MEXICO  
 36=NEW YORK  
 37=NORTH CAROLINA  
 38=NORTH DAKOTA  
 39=OHIO  
 40=OKLAHOMA  
 41=OREGON  
 42=PENNSYLVANIA  
 43=PUERTO RICO  
 44=RHODE ISLAND  
 45=SOUTH CAROLINA  
 46=SOUTH DAKOTA  
 47=TENNESSEE  
 48=TEXAS  
 49=UTAH  
 50=VERMONT  
 51=VIRGINIA  
 53=WASHINGTON  
 54=WEST VIRGINIA  
 55=WISCONSIN  
 56=WYOMING  
 60=AMERICAN SAMOA  
 66=GUAM  
 69=SAIPAN/MARIANA IS.  
 78=VIRGIN ISLANDS

FIPS County Code

3 258 260 VARCHAR2

Description: FIPS County Code  
SAS Name: FIPS\_CNTY\_CD  
COBOL Name: FIPS-CNTY-CD

CBSA Urban Rural Indicator 1 261 261 VARCHAR2  
Description: CBSA (Core Based Statistical Area) indicates whether the county is defined as Urban or Rural.  
SAS Name: CBSA\_URBN\_RRL\_IND  
COBOL Name: CBSA-URBN-RRL-IND

CBSA Code 5 262 266 VARCHAR2  
Description: CBSA (Core Based Statistical Area) geographic entities defined by the U.S. Office of Management and Budget (OMB) on June 6, 2003 for use by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics. CBSA collectively refers to MSA.  
SAS Name: CBSA\_CD  
COBOL Name: CBSA-CD

\*Accreditation Type Code 1 283 283 VARCHAR2  
Description: Indicates an accrediting organization deeming the provider. If a provider is deemed by multiple accrediting organizations then the accrediting organization with the earliest active deeming effective date is displayed in this field.  
SAS Name: ACRDTN\_TYPE\_CD  
COBOL Name: ACRDTN-TYPE-CD  
VALUES: 0=UNACCREDITED  
1=JC  
2=CHAP  
3=ACHC

Category-specific Facility Type Code 2 388 389 VARCHAR2

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Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

Description: Indicates the category-specific facility type code, for certain provider categories only.  
SAS Name: GNRL\_FAC\_TYPE\_CD  
COBOL Name: GNRL-FAC-TYPE-CD  
VALUES: 01=Hospital  
02=Skilled Nursing Facility  
03=Nursing Facility  
04=Home Health Agency  
05=Freestanding Hospice

Compliance: LSC Waiver Indicator 1 445 445 CHAR  
 Description: Indicates if a waiver of any life safety code provision  
 has been recommended for a provider.  
 SAS Name: LSC\_WVR\_SW  
 COBOL Name: LSC-WVR-SW

Fiscal Year End Date (MMDD) 4 464 467 VARCHAR2  
 Description: End date, consisting of the month and day, of the  
 provider's fiscal year.  
 SAS Name: FY\_END\_MO\_DAY\_CD  
 COBOL Name: FY-END-MO-DAY-CD

Related Provider Number 10 686 695 CHAR  
 Description: Related provider number  
 SAS Name: RELATED\_PROVIDER\_NUMBER  
 COBOL Name: RELATED-PROVIDER-NUMBER

Services: Home Health Aide Code 1 698 698 CHAR  
 Description: Indicates how home health aide services are provided.  
 SAS Name: HH\_AIDE\_SRVC\_CD  
 COBOL Name: HH-AIDE-SRVC-CD  
 VALUES: 0=NOT PROVIDED  
 1=PROVIDED BY STAFF  
 2=PROVIDED UNDER ARRANGEMENT  
 3=COMBINATION

Services: Counseling Code 1 717 717 VARCHAR2  
 Description: Indicates how counseling services are provided by the  
 hospice.  
 SAS Name: CNSLNG\_SRVC\_CD  
 COBOL Name: CNSLNG-SRVC-CD  
 VALUES: 0=NOT PROVIDED  
 1=PROVIDED BY STAFF  
 2=PROVIDED UNDER ARRANGEMENT  
 3=COMBINATION

Services: Homemaker Code 1 737 737 VARCHAR2  
 Description: Indicates how homemaker services are provided by the  
 hospice.  
 SAS Name: HMMKR\_SRVC\_CD  
 COBOL Name: HMMKR-SRVC-CD  
 VALUES: 0=NOT PROVIDED  
 1=PROVIDED BY STAFF  
 2=PROVIDED UNDER ARRANGEMENT  
 3=COMBINATION

Services: Medical Social Code 1 743 743 CHAR  
 Description: Indicates how medical social services are provided.  
 SAS Name: MDCL\_SCL\_SRVC\_CD  
 COBOL Name: MDCL-SCL-SRVC-CD

VALUES: 0=NOT PROVIDED  
 1=PROVIDED BY STAFF  
 2=PROVIDED UNDER ARRANGEMENT  
 3=COMBINATION

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 24  
 Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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Services: Medical Supplies Code	1	744	744	VARCHAR2
Description: Indicates how medical supply services are provided by the hospice.				
SAS Name: MDCL_SUPLY_SRVC_CD				
COBOL Name: MDCL-SUPLY-SRVC-CD				
VALUES: 0=NOT PROVIDED				
1=PROVIDED BY STAFF				
2=PROVIDED UNDER ARRANGEMENT				
3=COMBINATION				

Services: Nursing Code	1	759	759	CHAR
Description: Indicates how nursing services are provided.				
SAS Name: NRSNG_SRVC_CD				
COBOL Name: NRSNG-SRVC-CD				
VALUES: 0=NOT PROVIDED				
1=PROVIDED BY STAFF				
2=PROVIDED UNDER ARRANGEMENT				
3=COMBINATION				

Services: OT Code	1	775	775	CHAR
Description: Indicates how occupational therapy services are provided.				
SAS Name: OT_SRVC_CD				
COBOL Name: OT-SRVC-CD				
VALUES: 0=NOT PROVIDED				
1=PROVIDED BY STAFF				
2=PROVIDED UNDER ARRANGEMENT				
3=COMBINATION				

Services: Other Code	1	779	779	CHAR
Description: Indicates how other services are provided.				
SAS Name: OTHR_SRVC_CD				
COBOL Name: OTHR-SRVC-CD				
VALUES: 0=NOT PROVIDED				
1=PROVIDED BY STAFF				
2=PROVIDED UNDER ARRANGEMENT				
3=COMBINATION				

Services: Physician Code	1	795	795	VARCHAR2
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Description: Indicates how physician services are provided by the hospice.

SAS Name: PHYSN\_SRVC\_CD

COBOL Name: PHYSN-SRVC-CD

VALUES: 0=NOT PROVIDED  
1=PROVIDED BY STAFF  
2=PROVIDED UNDER ARRANGEMENT  
3=COMBINATION

Services: PT Code 1 813 813 CHAR

Description: Indicates how physical therapy services are provided.

SAS Name: PT\_SRVC\_CD

COBOL Name: PT-SRVC-CD

VALUES: 0=NOT PROVIDED  
1=PROVIDED BY STAFF  
2=PROVIDED UNDER ARRANGEMENT  
3=COMBINATION

Services: Short Term Inpatient Care Code 1 822 822 VARCHAR2

Description: Indicates how short term inpatient care services are provided by the hospice.

SAS Name: SHRT\_TERM\_IP\_SRVC\_CD

COBOL Name: SHRT-TERM-IP-SRVC-CD

VALUES: 0=NOT PROVIDED  
1=PROVIDED BY STAFF

DATE: 10/03/2022

POS RECORD LAYOUT

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Hospice, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

2=PROVIDED UNDER ARRANGEMENT  
3=COMBINATION

Services: Speech Pathology Code 1 833 833 CHAR

Description: Indicates how speech pathology services are provided.

SAS Name: SPCH\_PTHLGY\_SRVC\_CD

COBOL Name: SPCH-PTHLGY-SRVC-CD

VALUES: 0=NOT PROVIDED  
1=PROVIDED BY STAFF  
2=PROVIDED UNDER ARRANGEMENT  
3=COMBINATION

Short Term Inpatient Acute/Respite Care Code 1 860 860 VARCHAR2

Description: Indicates the type of short-term inpatient care provided by the hospice.

SAS Name: ACUTE\_RESP\_CARE\_CD

COBOL Name: ACUTE-RESP-CARE-CD

VALUES: A=SHORT TERM INPATIENT ACUTE CARE PROV'D IN HSP

B=SHORT TERM INPATIENT RESPITE CARE PROV IN HSP  
C=ST INPATIENT ACUTE & RESPITE CARE PROV IN HSP

Staff Count: Aide - Employee 8 886 893 NUMBER  
Description: Number of full-time equivalent aides employed by the hospice.  
SAS Name: HH\_AIDE\_EMPLEE\_CNT  
COBOL Name: HH-AIDE-EMPLEE-CNT

Staff Count: Aide - Volunteer 8 894 901 NUMBER  
Description: Number of full-time equivalent aides volunteering in a hospice.  
SAS Name: HH\_AIDE\_VLNTR\_CNT  
COBOL Name: HH-AIDE-VLNTR-CNT

Staff Count: Other Personnel 8 902 909 NUMBER  
Description: Number of full-time equivalent other personnel employed by a provider  
SAS Name: PRSNEL\_OTHR\_CNT  
COBOL Name: PRSNEL-OTHR-CNT

Staff Count: Counselor - Employee 8 934 941 NUMBER  
Description: Number of full-time equivalent counselors employed by the hospice.  
SAS Name: CNSLR\_EMPLEE\_CNT  
COBOL Name: CNSLR-EMPLEE-CNT

Staff Count: Counselor - Volunteer 8 942 949 NUMBER  
Description: Number of full-time equivalent counselors volunteering in a Hospice.  
SAS Name: CNSLR\_VLNTR\_CNT  
COBOL Name: CNSLR-VLNTR-CNT

Staff Count: Homemaker - Employee 8 1054 1061 NUMBER  
Description: Number of full-time equivalent homemakers employed by the hospice.  
SAS Name: HMMKR\_EMPLEE\_CNT  
COBOL Name: HMMKR-EMPLEE-CNT

Staff Count: Homemaker - Volunteer 8 1062 1069 NUMBER  
Description: Number of full-time equivalent homemaker volunteering in a hospice.  
SAS Name: HMMKR\_VLNTR\_CNT  
COBOL Name: HMMKR-VLNTR-CNT

Staff Count: LPN/LVN - Employee 8 1110 1117 NUMBER

SHORT DESCRIPTION	LEN	START	END	TYPE
Description: Number of full-time equivalent licensed practical or vocational nurses employed by a provider. SAS Name: LPN_LVN_CNT COBOL Name: LPN-LVN-CNT				
Staff Count: LPN/LVN - Volunteer	8	1142	1149	NUMBER
Description: Number of full-time equivalent licensed practical or vocational nurses volunteering in the hospice. SAS Name: LPN_LVN_VLNTR_CNT COBOL Name: LPN-LVN-VLNTR-CNT				
Staff Count: Medical Social Worker - Employee	8	1174	1181	NUMBER
Description: Number of full-time equivalent medical social workers employed by a provider. SAS Name: MDCL_SCL_WORKR_CNT COBOL Name: MDCL-SCL-WORKR-CNT				
Staff Count: Medical Social Worker - Volunteer	8	1182	1189	NUMBER
Description: Number of full-time equivalent medical social workers volunteering in the hospice. SAS Name: MDCL_SCL_WORKR_VLNTR_CNT COBOL Name: MDCL-SCL-WORKR-VLNTR-CNT				
Staff Count: Other - Volunteer	8	1390	1397	NUMBER
Description: Number of full-time equivalent others volunteering in the hospice. SAS Name: VLNTR_OTHR_CNT COBOL Name: VLNTR-OTHR-CNT				
Staff Count: Physician - Employee	8	1542	1549	NUMBER
Description: Number of full-time equivalent physicians employed by a provider. SAS Name: PHYSN_CNT COBOL Name: PHYSN-CNT				
Staff Count: Physician - Volunteer	8	1550	1557	NUMBER
Description: Number of full-time equivalent physicians volunteering in a hospice. SAS Name: PHYSN_VLNTR_CNT COBOL Name: PHYSN-VLNTR-CNT				
Staff Count: RN	8	1750	1757	NUMBER
Description: Number of full-time equivalent registered nurses employed by a provider. SAS Name: RN_CNT COBOL Name: RN-CNT				



Staff Count: RN - Volunteer 8 1782 1789 NUMBER  
 Description: Number of full-time equivalent registered nurses  
 volunteering in a hospice.  
 SAS Name: RN\_VLNTR\_CNT  
 COBOL Name: RN-VLNTR-CNT

Staff Count: Total - Employee 9 1934 1942 NUMBER  
 Description: Total number of full-time equivalent employees of a  
 provider.  
 SAS Name: EMPLEE\_CNT  
 COBOL Name: EMPLEE-CNT

Staff Count: Total - Volunteer 9 1943 1951 NUMBER  
 Description: Number of full-time equivalent volunteers in the hospice.  
 SAS Name: VLNTR\_CNT  
 COBOL Name: VLNTR-CNT

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 1  
 Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
Provider Category Subtype Code	2	1	2	VARCHAR2
Description: Identifies the subtype of the provider, within the primary category. Used in reporting to show the breakdown of provider categories, mainly for hospitals and SNFs.				
SAS Name: PRVDR_CTGRY_SBTYP_CD				
COBOL Name: PRVDR-CTGRY-SBTYP-CD				
VALUES: 01=Organ Procurement				
Provider Category Code	2	3	4	VARCHAR2
Description: Identifies the type of provider participating in the Medicare/Medicaid program.				
SAS Name: PRVDR_CTGRY_CD				
COBOL Name: PRVDR-CTGRY-CD				
VALUES: 17=Organ Procurement Organization				
CHOW Count	2	5	6	NUMBER
Description: Number of times this provider has undergone a change of ownership.				
SAS Name: CHOW_CNT				
COBOL Name: CHOW-CNT				
CHOW Date	8	7	14	DATE
Description: Effective date of the most recent change of ownership for this provider.				

SAS Name: CHOW\_DT  
COBOL Name: CHOW-DT

Address: City 28 15 42 VARCHAR2  
Description: City in which the provider is physically located.  
SAS Name: CITY\_NAME  
COBOL Name: CITY-NAME

Compliance: Acceptable POC 1 43 43 VARCHAR2  
Description: Indicates if a provider is in compliance with program requirements based on an acceptable plan for correction of deficiencies.  
SAS Name: ACPTBL\_POC\_SW  
COBOL Name: ACPTBL-POC-SW

Compliance: Status 1 44 44 VARCHAR2  
Description: Compliance status of a provider at the time of certification survey.  
SAS Name: CMPLNC\_STUS\_CD  
COBOL Name: CMPLNC-STUS-CD  
VALUES: A=IN COMPLIANCE  
B=NOT IN COMPLIANCE

SSA County Code 3 45 47 VARCHAR2  
Description: Social Security Administration geographic code indicating the county where the provider is located.  
SAS Name: SSA\_CNTY\_CD  
COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR  
Description: Cross reference provider number  
SAS Name: CROSS\_REF\_PROVIDER\_NUMBER  
COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date 8 58 65 DATE  
Description: Equal to the exit date of the initial visit of the Health survey for certifications completed after July 28, 2012. For certifications prior to that date, the certification

SHORT DESCRIPTION LEN START END TYPE

date is equal to the exit date of the initial visit of the Health survey or LSC survey, whichever is later.  
SAS Name: CRTFCTN\_DT  
COBOL Name: CRTFCTN-DT

Eligibility Indicator 1 66 66 VARCHAR2  
Description: Indicates if a facility is eligible to participate in the Medicare and/or Medicaid programs.  
SAS Name: ELGBLTY\_SW  
COBOL Name: ELGBLTY-SW

Facility Name 50 67 116 VARCHAR2  
Description: Name of the provider certified to participate in the Medicare and/or Medicaid programs.  
SAS Name: FAC\_NAME  
COBOL Name: FAC-NAME

Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code 5 117 121 VARCHAR2

Description: Number assigned to the Medicare Administrative Contractor, intermediary or carrier servicing this provider.

SAS Name: INTRMDRY\_CARR\_CD

COBOL Name: INTRMDRY-CARR-CD

VALUES: 00000=DUMMY FOR MEDICAID HHA  
00010=BLUE CROSS (ALABAMA)  
00011=CAHABA  
00020=BLUE CROSS (ARKANSAS)  
00040=BLUE CROSS (CALIFORNIA)  
00060=BLUE CROSS (CONNECTICUT)  
00070=BLUE CROSS (DELAWARE)  
00090=BLUE CROSS (FLORIDA)  
00101=BLUE CROSS (GEORGIA)  
00121=HEALTH CARE SERVICE CORPORATION  
00122=HCSC - MICHIGAN  
00123=HCSC OF MICHIGAN  
00130=NATIONAL GOVERNMENT SERVICES  
00131=NATIONAL GOVERNMENT SERVICES  
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)  
00150=BLUE CROSS (KANSAS)  
00160=NATIONAL GOVERNMENT SERVICES  
00180=NATIONAL GOVERNMENT SERVICES  
00181=NATIONAL GOVERNMENT SERVICES  
00190=BLUE CROSS (MARYLAND)  
00200=BLUE CROSS (MASSACHUSETTS)  
00210=BLUE CROSS (MICHIGAN)  
00220=BLUE CROSS (MINNESOTA)  
00230=BLUE CROSS (MISSISSIPPI)  
00231=BLUE CROSS (LOUISIANA)  
00233=PINNACLE  
00241=BLUE CROSS (MISSOURI)  
00260=BLUE CROSS (NEBRASKA)  
00270=NATIONAL GOVERNMENT SERVICES  
00280=BLUE CROSS (NEW JERSEY)  
00290=BLUE CROSS (NEW MEXICO)

00308=NATIONAL GOVERNMENT SERVICES  
 00310=BLUE CROSS (NORTH CAROLINA)  
 00320=NORIDIAN PART A  
 00322=NORIDIAN PART A (AK/WA)  
 00323=NORIDIAN PART A (ID/OR)  
 00325=NORIDIAN  
 00332=NATIONAL GOVERNMENT SERVICES  
 00340=BLUE CROSS (OKLAHOMA)  
 00350=BLUE CROSS (OREGON)

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 3

Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				
00468=BLUE CROSS (NORTH CAROLINA FOR PR)				
00510=BLUE SHIELD (ALABAMA)				
00511=CAHABA				
00512=CAHABA				
00520=BLUE SHIELD (ARKANSAS)				
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)				
00542=BLUE SHIELD (CALIFORNIA)				
00550=BLUE SHIELD (COLORADO)				
00570=BLUE SHIELD (DELAWARE)				
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)				
00590=BLUE SHIELD (FLORIDA)				
00621=BLUE SHIELD (ILLINOIS)				
00630=NATIONAL GOVERNMENT SERVICES				
00640=BLUE SHIELD (IOWA)				
00650=BLUE SHIELD (KANSAS)				
00655=BLUE SHIELD (KANSAS/NEBRASKA)				
00660=NATIONAL GOVERNMENT SERVICES				
00690=BLUE SHIELD (MARYLAND)				

00700=BLUE SHIELD (MASSACHUSETTS)  
 00710=BLUE SHIELD (MICHIGAN)  
 00720=BLUE SHIELD (MINNESOTA)  
 00740=BLUE SHIELD (KANSAS CITY)  
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)  
 00780=BLUE SHIELD (TRI-STATE)  
 00801=BLUE SHIELD (BUFFALO)  
 00803=NATIONAL GOVERNMENT SERVICES  
 00805=NATIONAL GOVERNMENT SERVICES  
 00821=NORIDIAN  
 00824=NORIDIAN GVT SERVICES (CO)  
 00826=NORIDIAN GVT SERVICES (IA)  
 00831=NORIDIAN GVT SERVICES (AK)  
 00832=NORIDIAN GVT SERVICES (AZ)  
 00833=NORIDIAN GVT SERVICES (HI)  
 00834=NORIDIAN GVT SERVICES (NV)  
 00835=NORIDIAN GVT SERVICES (OR)  
 00836=NORIDIAN GVT SERVICES (WA)  
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)  
 00865=BLUE SHIELD (PENNSYLVANIA)  
 00870=BLUE SHIELD (RHODE ISLAND)  
 00880=BLUE SHIELD (SOUTH CAROLINA)  
 00883=PALMETTO GBA PART B  
 00884=PALMETTO GBA  
 00889=NORIDIAN GVT SERVICES (SD)  
 00900=BLUE SHIELD (TEXAS)  
 00901=TRAILBLAZERS HEALTH ENTERPRISES  
 00904=TRAILBLAZER  
 00910=BLUE SHIELD (UTAH)  
 00930=BLUE SHIELD (WASHINGTON)

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POS RECORD LAYOUT

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Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

00951=WISCONSIN PHYSICIANS SERVICE  
 00952=WPS - ILLINOIS  
 00953=WPS - MICHIGAN  
 00954=WI PHYSICIAN SERVICES - MN  
 00973=BLUE SHIELD (PUERTO RICO)  
 00974=BLUE SHIELD (VIRGIN ISLANDS)  
 01010=AETNA (PEORIA)  
 01020=AETNA (ALASKA)  
 01030=AETNA (ARIZONA)  
 01040=AETNA (GEORGIA)  
 01101=PALMETTO (CALIFORNIA)  
 01102=PALMETTO (CALIFORNIA (NORTH))  
 01111=Noridian (CA)

01112=Noridian (NF)  
01120=AETNA (HAWAII)  
01182=Noridian (SF)  
01192=PALMETTO (CALIFORNIA SOUTH)  
01201=PALMETTO (HAWAII)  
01202=PALMETTO (HAWAII)  
01211=Noridian (AS, GU, HI)  
01212=Noridian (AS, GU, HI)  
01290=AETNA (NEVADA)  
01301=PALMETTO (NEVADA)  
01302=PALMETTO (NEVADA)  
01311=Noridian (NV)  
01312=Noridian (NV)  
01360=AETNA (NEW MEXICO)  
01370=AETNA (OKLAHOMA)  
01380=AETNA (OREGON)  
01390=AETNA (WASHINGTON)  
01901=PALMETTO GBA  
01902=PALMETTO GBA  
01911=Noridian (AS, GU, HI, NV)  
02050=OCCIDENTAL (CALIFORNIA)  
02101=Noridian AK  
02102=Noridian AK  
02201=Noridian ID  
02202=Noridian ID  
02301=Noridian OR  
02302=Noridian OR  
02401=Noridian WA  
02402=Noridian WA  
03001=NORIDIAN ADMIN SERVICES  
03101=NORIDAN (ARIZONA)  
03102=NORIDAN (ARIZONA)  
03201=NORIDAN (MONTANA)  
03202=NORIDAN (MONTANA)  
03301=NORDIAN (NORTH DAKOTA)  
03302=NORDIAN (NORTH DAKOTA)  
03401=NORIDIAN (SOUTH DAKOTA)  
03402=NORIDIAN (SOUTH DAKOTA)  
03501=NORIDIAN (UTAH)  
03502=NORIDIAN (UTAH)  
03601=NORIDIAN (WYOMING)  
03602=NORIDIAN (WYOMING)  
04001=TRAILBLAZER  
04101=TRAILBLAZER (COLORADO)  
04102=TRAILBLAZER (COLORADO)  
04111=NOVITAS (COLORADO)  
04112=NOVITAS (COLORADO)  
04201=TRAILBLAZER (NEW MEXICO)  
04202=TRAILBLAZER (NEW MEXICO)  
04211=NOVITAS (NEW MEXICO)



09101=FIRST COAST (FLORIDA)  
 09102=FIRST COAST (FLORIDA)  
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)  
 09202=FIRST COAST (PUERTO RICO)  
 09302=FIRST COAST (VIRGIN ISLANDS)  
 10071=TRAVELERS (RRB)  
 10101=CAHABA GBA (AL)  
 10102=CAHABA GBA (AL)  
 10111=PALMETTO GBA (Part A) (AL)  
 10112=PALMETTO GBA (AL)  
 10201=CAHABA GBA (GA)  
 10202=CAHABA GBA (GA)  
 10211=PALMETTO GBA (GA)  
 10212=PALMETTO GBA (GA)  
 10230=TRAVELERS (CONNECTICUT)  
 10240=TRAVELERS (MINNESOTA)  
 10250=TRAVELERS (MISSISSIPPI)  
 10301=CAHABA GBA (TN)  
 10302=CAHABA GBA (TN)  
 10311=PALMETTO GBA (TN)  
 10312=PALMETTO GBA (TN)  
 10490=TRAVELERS (VIRGINIA)

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POS RECORD LAYOUT

PAGE: 6

Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				
12102=Novitas DE				
12201=Novitas DC				
12202=Novitas DC				
12301=Novitas MD				
12302=Novitas MD				
12401=Novitas NJ				
12402=Novitas NJ				
12501=Novitas PA				
12502=Novitas PA				



12901=Novitas Solutions DC, DE, MD, PA  
 12902=HIGHMARK  
 13101=NATIONAL GOVT SERVICES (CONNECTICUT)  
 13102=NATIONAL GOVT SERVICES (CONNECTICUT)  
 13201=NATIONAL GOVT SERVICES (NEW YORK)  
 13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)  
 13282=NGS (UN)  
 13292=NGS (QN)  
 14004=NATIONAL HERITAGE (HHA - A)  
 14014=NGS (HHA)  
 14101=NATIONAL HERITAGE (MAINE)  
 14102=NATIONAL HERITAGE (MAINE)  
 14111=NGS (ME)  
 14112=NGS (ME)  
 14201=NATIONAL HERITAGE (MASSACHUSETTS)  
 14202=NATIONAL HERITAGE (MASSACHUSETTS)  
 14211=NGS (MA)  
 14212=NGS (MA)  
 14301=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14311=NGS (NH)  
 14312=NGS (NH)  
 14330=GROUP HEALTH INC (NEW YORK)  
 14401=NATIONAL HERITAGE (RHODE ISLAND)  
 14402=NATIONAL HERITAGE (RHODE ISLAND)  
 14411=NGS (RI)  
 14412=NGS (RI)  
 14501=NATIONAL HERITAGE (VERMONT)  
 14502=NATIONAL HERITAGE (VERMONT)  
 14511=NGS (VT)  
 14512=NGS (VT)  
 15004=CGS Administrators HHH  
 15101=CGS (KENTUCKY)  
 15102=CGS (KENTUCKY)  
 15201=CGS (OHIO)  
 15202=CGS (OHIO)  
 16360=NATIONWIDE (OHIO)  
 16510=NATIONWIDE (WEST VIRGINIA)  
 17120=HAWAII MEDICAL SERVICE ASSOCIATION  
 21200=MASSACHUSETTS/MAINE  
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)  
 31143=NATIONAL HERITAGE INSURANCE CO  
 31144=NATIONAL HERITAGE INSURANCE CO

DATE: 10/03/2022

POS RECORD LAYOUT

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Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

50333=TRAVELERS (NEW YORK)  
 51051=AETNA (PETALUMA)  
 51070=AETNA (FARMINGTON)  
 51100=AETNA (CLEARWATER)  
 51140=AETNA (PEORIA)  
 51390=AETNA (FORT WASHINGTON)  
 52280=WISCONSIN PHYSICIANS SERVICE  
 57400=COOPERATIVA (PUERTO RICO)

Medicaid Vendor Number 15 122 136 VARCHAR2  
 Description: Number which may be assigned to a provider by the state  
 Medicaid agency for external control or billing purposes.  
 SAS Name: MDCD\_VNDR\_NUM  
 COBOL Name: MDCD-VNDR-NUM

Original Participation Date 8 137 144 DATE  
 Description: Date a provider is first approved to provide Medicare  
 and/or Medicaid services.  
 SAS Name: ORGNL\_PRTCPTN\_DT  
 COBOL Name: ORGNL-PRTCPTN-DT

Prior CHOW Date 8 145 152 DATE  
 Description: Effective date of the previous change of ownership for  
 this provider.  
 SAS Name: CHOW\_PRIOR\_DT  
 COBOL Name: CHOW-PRIOR-DT

Prior Medicare Administrative Contractor (MAC) or  
 Intermediary or Carrier Code 5 153 157 VARCHAR2  
 Description: Number assigned to the previous Medicare Administrative  
 Contractor, intermediary or carrier servicing this  
 provider.  
 SAS Name: INTRMDRY\_CARR\_PRIOR\_CD  
 COBOL Name: INTRMDRY-CARR-PRIOR-CD  
 VALUES: 00000=DUMMY FOR MEDICAID HHA  
 00010=BLUE CROSS (ALABAMA)  
 00011=CAHABA  
 00020=BLUE CROSS (ARKANSAS)  
 00040=BLUE CROSS (CALIFORNIA)  
 00060=BLUE CROSS (CONNECTICUT)  
 00070=BLUE CROSS (DELAWARE)  
 00090=BLUE CROSS (FLORIDA)  
 00101=BLUE CROSS (GEORGIA)  
 00121=HEALTH CARE SERVICE CORPORATION  
 00122=HCSC - MICHIGAN  
 00123=HCSC OF MICHIGAN  
 00130=NATIONAL GOVERNMENT SERVICES  
 00131=NATIONAL GOVERNMENT SERVICES  
 00140=BLUE CROSS (IOWA/SOUTH DAKOTA)  
 00150=BLUE CROSS (KANSAS)

00160=NATIONAL GOVERNMENT SERVICES  
 00180=NATIONAL GOVERNMENT SERVICES  
 00181=NATIONAL GOVERNMENT SERVICES  
 00190=BLUE CROSS (MARYLAND)  
 00200=BLUE CROSS (MASSACHUSETTS)  
 00210=BLUE CROSS (MICHIGAN)  
 00220=BLUE CROSS (MINNESOTA)  
 00230=BLUE CROSS (MISSISSIPPI)  
 00231=BLUE CROSS (LOUISIANA)  
 00233=PINNACLE  
 00241=BLUE CROSS (MISSOURI)  
 00260=BLUE CROSS (NEBRASKA)  
 00270=NATIONAL GOVERNMENT SERVICES  
 00280=BLUE CROSS (NEW JERSEY)

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 8

Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00290=BLUE CROSS (NEW MEXICO)				
00308=NATIONAL GOVERNMENT SERVICES				
00310=BLUE CROSS (NORTH CAROLINA)				
00320=NORIDIAN PART A				
00322=NORIDIAN PART A (AK/WA)				
00323=NORIDIAN PART A (ID/OR)				
00325=NORIDIAN				
00332=NATIONAL GOVERNMENT SERVICES				
00340=BLUE CROSS (OKLAHOMA)				
00350=BLUE CROSS (OREGON)				
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				
00468=BLUE CROSS (NORTH CAROLINA FOR PR)				
00510=BLUE SHIELD (ALABAMA)				
00511=CAHABA				

00512=CAHABA  
 00520=BLUE SHIELD (ARKANSAS)  
 00528=BLUE SHIELD (ARKANSAS/LOUISIANA)  
 00542=BLUE SHIELD (CALIFORNIA)  
 00550=BLUE SHIELD (COLORADO)  
 00570=BLUE SHIELD (DELAWARE)  
 00580=BLUE SHIELD (DISTRICT OF COLUMBIA)  
 00590=BLUE SHIELD (FLORIDA)  
 00621=BLUE SHIELD (ILLINOIS)  
 00630=NATIONAL GOVERNMENT SERVICES  
 00640=BLUE SHIELD (IOWA)  
 00650=BLUE SHIELD (KANSAS)  
 00655=BLUE SHIELD (KANSAS/NEBRASKA)  
 00660=NATIONAL GOVERNMENT SERVICES  
 00690=BLUE SHIELD (MARYLAND)  
 00700=BLUE SHIELD (MASSACHUSETTS)  
 00710=BLUE SHIELD (MICHIGAN)  
 00720=BLUE SHIELD (MINNESOTA)  
 00740=BLUE SHIELD (KANSAS CITY)  
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)  
 00780=BLUE SHIELD (TRI-STATE)  
 00801=BLUE SHIELD (BUFFALO)  
 00803=NATIONAL GOVERNMENT SERVICES  
 00805=NATIONAL GOVERNMENT SERVICES  
 00821=NORIDIAN  
 00824=NORIDIAN GVT SERVICES (CO)  
 00826=NORIDIAN GVT SERVICES (IA)  
 00831=NORIDIAN GVT SERVICES (AK)  
 00832=NORIDIAN GVT SERVICES (AZ)  
 00833=NORIDIAN GVT SERVICES (HI)  
 00834=NORIDIAN GVT SERVICES (NV)  
 00835=NORIDIAN GVT SERVICES (OR)  
 00836=NORIDIAN GVT SERVICES (WA)  
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)  
 00865=BLUE SHIELD (PENNSYLVANIA)

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POS RECORD LAYOUT

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Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00870=BLUE SHIELD (RHODE ISLAND)				
00880=BLUE SHIELD (SOUTH CAROLINA)				
00883=PALMETTO GBA PART B				
00884=PALMETTO GBA				
00889=NORIDIAN GVT SERVICES (SD)				
00900=BLUE SHIELD (TEXAS)				
00901=TRAILBLAZERS HEALTH ENTERPRISES				
00904=TRAILBLAZER				

00910=BLUE SHIELD (UTAH)  
00930=BLUE SHIELD (WASHINGTON)  
00951=WISCONSIN PHYSICIANS SERVICE  
00952=WPS - ILLINOIS  
00953=WPS - MICHIGAN  
00954=WI PHYSICIAN SERVICES - MN  
00973=BLUE SHIELD (PUERTO RICO)  
00974=BLUE SHIELD (VIRGIN ISLANDS)  
01010=AETNA (PEORIA)  
01020=AETNA (ALASKA)  
01030=AETNA (ARIZONA)  
01040=AETNA (GEORGIA)  
01101=PALMETTO (CALIFORNIA)  
01102=PALMETTO (CALIFORNIA (NORTH))  
01111=Noridian (CA)  
01112=Noridian (NF)  
01120=AETNA (HAWAII)  
01182=Noridian (SF)  
01192=PALMETTO (CALIFORNIA SOUTH)  
01201=PALMETTO (HAWAII)  
01202=PALMETTO (HAWAII)  
01211=Noridian (AS, GU, HI)  
01212=Noridian (AS, GU, HI)  
01290=AETNA (NEVADA)  
01301=PALMETTO (NEVADA)  
01302=PALMETTO (NEVADA)  
01311=Noridian (NV)  
01312=Noridian (NV)  
01360=AETNA (NEW MEXICO)  
01370=AETNA (OKLAHOMA)  
01380=AETNA (OREGON)  
01390=AETNA (WASHINGTON)  
01901=PALMETTO GBA  
01902=PALMETTO GBA  
01911=Noridian (AS, GU, HI, NV)  
02050=OCCIDENTAL (CALIFORNIA)  
02101=Noridian AK  
02102=Noridian AK  
02201=Noridian ID  
02202=Noridian ID  
02301=Noridian OR  
02302=Noridian OR  
02401=Noridian WA  
02402=Noridian WA  
03001=NORIDIAN ADMIN SERVICES  
03101=NORIDAN (ARIZONA)  
03102=NORIDAN (ARIZONA)  
03201=NORIDAN (MONTANA)  
03202=NORIDAN (MONTANA)  
03301=NORDIAN (NORTH DAKOTA)

03302=NORDIAN (NORTH DAKOTA)  
 03401=NORIDIAN (SOUTH DAKOTA)  
 03402=NORIDIAN (SOUTH DAKOTA)  
 03501=NORIDIAN (UTAH)  
 03502=NORIDIAN (UTAH)  
 03601=NORIDIAN (WYOMING)

DATE: 10/03/2022

POS RECORD LAYOUT

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Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
03602=NORIDIAN (WYOMING)				
04001=TRAILBLAZER				
04101=TRAILBLAZER (COLORADO)				
04102=TRAILBLAZER (COLORADO)				
04111=NOVITAS (COLORADO)				
04112=NOVITAS (COLORADO)				
04201=TRAILBLAZER (NEW MEXICO)				
04202=TRAILBLAZER (NEW MEXICO)				
04211=NOVITAS (NEW MEXICO)				
04212=NOVITAS (NEW MEXICO)				
04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				
05402=WPS (NEBRASKA)				
05440=EQICOR (TENNESSEE)				
05535=EQICOR (NORTH CAROLINA)				
05901=WISCONSIN PHYSICIANS SERVICE				
06001=NGS (WI)				
06004=National Govt Serv HHH				
06014=NATIONAL GOVERNMENT ERVICES				
06101=NGS (IL)				

06102=NGS (IL)  
 06201=NGS (MN)  
 06202=NGS (MN)  
 06301=NGS (WI)  
 06302=NGS (WI)  
 07101=Novitas AR  
 07102=Novitas AR  
 07201=Novitas LA  
 07202=Novitas LA  
 07301=Novitas MS  
 07302=Novitas MS  
 08101=WPS IN  
 08102=WPS IN  
 08201=WPS MI  
 08202=WPS MI  
 09101=FIRST COAST (FLORIDA)  
 09102=FIRST COAST (FLORIDA)  
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)  
 09202=FIRST COAST (PUERTO RICO)  
 09302=FIRST COAST (VIRGIN ISLANDS)  
 10071=TRAVELERS (RRB)  
 10101=CAHABA GBA (AL)  
 10102=CAHABA GBA (AL)  
 10111=PALMETTO GBA (Part A) (AL)  
 10112=PALMETTO GBA (AL)  
 10201=CAHABA GBA (GA)  
 10202=CAHABA GBA (GA)

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POS RECORD LAYOUT

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Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
10211=PALMETTO GBA (GA)				
10212=PALMETTO GBA (GA)				
10230=TRAVELERS (CONNECTICUT)				
10240=TRAVELERS (MINNESOTA)				
10250=TRAVELERS (MISSISSIPPI)				
10301=CAHABA GBA (TN)				
10302=CAHABA GBA (TN)				
10311=PALMETTO GBA (TN)				
10312=PALMETTO GBA (TN)				
10490=TRAVELERS (VIRGINIA)				
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				

11302=PALMETTO GBA (VA)  
11401=PALMETTO GBA (WV)  
11402=PALMETTO GBA (WV)  
11501=PALMETTO GBA (NC)  
11502=PALMETTO GBA (NC)  
12101=Novitas DE  
12102=Novitas DE  
12201=Novitas DC  
12202=Novitas DC  
12301=Novitas MD  
12302=Novitas MD  
12401=Novitas NJ  
12402=Novitas NJ  
12501=Novitas PA  
12502=Novitas PA  
12901=Novitas Solutions DC, DE, MD, PA  
12902=HIGHMARK  
13101=NATIONAL GOVT SERVICES (CONNECTICUT)  
13102=NATIONAL GOVT SERVICES (CONNECTICUT)  
13201=NATIONAL GOVT SERVICES (NEW YORK)  
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)  
13282=NGS (UN)  
13292=NGS (QN)  
14004=NATIONAL HERITAGE (HHA - A)  
14014=NGS (HHA)  
14101=NATIONAL HERITAGE (MAINE)  
14102=NATIONAL HERITAGE (MAINE)  
14111=NGS (ME)  
14112=NGS (ME)  
14201=NATIONAL HERITAGE (MASSACHUSETTS)  
14202=NATIONAL HERITAGE (MASSACHUSETTS)  
14211=NGS (MA)  
14212=NGS (MA)  
14301=NATIONAL HERITAGE (NEW HAMPSHIRE)  
14302=NATIONAL HERITAGE (NEW HAMPSHIRE)  
14311=NGS (NH)  
14312=NGS (NH)  
14330=GROUP HEALTH INC (NEW YORK)  
14401=NATIONAL HERITAGE (RHODE ISLAND)  
14402=NATIONAL HERITAGE (RHODE ISLAND)  
14411=NGS (RI)  
14412=NGS (RI)  
14501=NATIONAL HERITAGE (VERMONT)  
14502=NATIONAL HERITAGE (VERMONT)  
14511=NGS (VT)  
14512=NGS (VT)  
15004=CGS Administrators HHH  
15101=CGS (KENTUCKY)



Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
15102=CGS (KENTUCKY)				
15201=CGS (OHIO)				
15202=CGS (OHIO)				
16360=NATIONWIDE (OHIO)				
16510=NATIONWIDE (WEST VIRGINIA)				
17120=HAWAII MEDICAL SERVICE ASSOCIATION				
21200=MASSACHUSETTS/MAINE				
31142=NATIONAL HERITAGE INSURANCE CO (MAINE)				
31143=NATIONAL HERITAGE INSURANCE CO				
31144=NATIONAL HERITAGE INSURANCE CO				
50333=TRAVELERS (NEW YORK)				
51051=AETNA (PETALUMA)				
51070=AETNA (FARMINGTON)				
51100=AETNA (CLEARWATER)				
51140=AETNA (PEORIA)				
51390=AETNA (FORT WASHINGTON)				
52280=WISCONSIN PHYSICIANS SERVICE				
57400=COOPERATIVA (PUERTO RICO)				
CCN	10	158	167	VARCHAR2
Description: Six or ten position identification number that is assigned to a certified provider. This is the CMS Certification Number.				
SAS Name: PRVDR_NUM				
COBOL Name: PRVDR-NUM				
Region Code	2	168	169	VARCHAR2
Description: Indicates the CMS Regional Office responsible for the certification of the provider.				
SAS Name: RGN_CD				
COBOL Name: RGN-CD				
VALUES:				
01=Boston				
02=New York				
03=Philadelphia				
04=Atlanta				
05=Chicago				
06=Dallas				
07=Kansas City				
08=Denver				
09=San Francisco				
10=Seattle				
Skeleton Record Indicator	1	170	170	VARCHAR2
Description: Indicates if the record is a skeleton record. Only a limited set of data is available for this provider; no				

survey data exists. Only provider categories  
01,17,19,21and 22 can have skeleton providers.

SAS Name: SKLTN\_REC\_SW  
COBOL Name: SKLTN-REC-SW

State Abbreviation 2 171 172 VARCHAR2

Description: Two-character state abbreviation.

SAS Name: STATE\_CD

COBOL Name: STATE-CD

VALUES: AK=ALASKA  
AL=ALABAMA  
AR=ARKANSAS  
AS=AMERICAN SAMOA  
AZ=ARIZONA  
CA=CALIFORNIA  
CN=CANADA  
CO=COLORADO  
CT=CONNECTICUT  
DC=DISTRICT OF COLUMBIA

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POS RECORD LAYOUT

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Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

DE=DELAWARE  
FL=FLORIDA  
FN=INTERNATIONAL  
GA=GEORGIA  
GU=GUAM  
HI=HAWAII  
IA=IOWA  
ID=IDAHO  
IL=ILLINOIS  
IN=INDIANA  
KS=KANSAS  
KY=KENTUCKY  
LA=LOUISIANA  
MA=MASSACHUSETTS  
MD=MARYLAND  
ME=MAINE  
MI=MICHIGAN  
MN=MINNESOTA  
MO=MISSOURI  
MP=SAIPAN  
MS=MISSISSIPPI  
MT=MONTANA  
MX=MEXICO  
NC=NORTH CAROLINA

ND=NORTH DAKOTA  
 NE=NEBRASKA  
 NH=NEW HAMPSHIRE  
 NJ=NEW JERSEY  
 NM=NEW MEXICO  
 NV=NEVADA  
 NY=NEW YORK  
 OH=OHIO  
 OK=OKLAHOMA  
 OR=OREGON  
 PA=PENNSYLVANIA  
 PR=PUERTO RICO  
 RI=RHODE ISLAND  
 SC=SOUTH CAROLINA  
 SD=SOUTH DAKOTA  
 TN=TENNESSEE  
 TX=TEXAS  
 UT=UTAH  
 VA=VIRGINIA  
 VI=VIRGIN ISLANDS  
 VT=VERMONT  
 WA=WASHINGTON  
 WI=WISCONSIN  
 WV=WEST VIRGINIA  
 WY=WYOMING

SSA State Code 2 173 174 VARCHAR2

Description: Social Security Administration geographic code indicating the state where the provider is located.

SAS Name: SSA\_STATE\_CD

COBOL Name: SSA-STATE-CD

VALUES: 01=ALABAMA  
 02=ALASKA  
 03=ARIZONA  
 04=ARKANSAS  
 05=CALIFORNIA  
 06=COLORADO  
 07=CONNECTICUT  
 08=DELAWARE  
 09=DISTRICT OF COLUMBIA

DATE: 10/03/2022

POS RECORD LAYOUT

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Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

10=FLORIDA  
 11=GEORGIA  
 12=HAWAII

13=IDAHO  
14=ILLINOIS  
15=INDIANA  
16=IOWA  
17=KANSAS  
18=KENTUCKY  
19=LOUISIANA  
20=MAINE  
21=MARYLAND  
22=MASSACHUSETTS  
23=MICHIGAN  
24=MINNESOTA  
25=MISSISSIPPI  
26=MISSOURI  
27=MONTANA  
28=NEBRASKA  
29=NEVADA  
30=NEW HAMPSHIRE  
31=NEW JERSEY  
32=NEW MEXICO  
33=NEW YORK  
34=NORTH CAROLINA  
35=NORTH DAKOTA  
36=OHIO  
37=OKLAHOMA  
38=OREGON  
39=PENNSYLVANIA  
40=PUERTO RICO  
41=RHODE ISLAND  
42=SOUTH CAROLINA  
43=SOUTH DAKOTA  
44=TENNESSEE  
45=TEXAS  
46=UTAH  
47=VERMONT  
48=VIRGIN ISLANDS  
49=VIRGINIA  
50=WASHINGTON  
51=WEST VIRGINIA  
52=WISCONSIN  
53=WYOMING  
54=AFRICA  
56=CANADA  
57=WEST INDIES  
58=EUROPE  
59=MEXICO  
60=OCEANIA  
61=PHILIPPINES  
62=SOUTH AMERICA  
63=UNITED STATES POSSESSIONS



CA/M1=LAB. SOUTH  
 CA/M2=LAB. NORTH  
 CA/NPH=NON-PARTICIPATING HOSPITAL  
 CA/ORG=ORANGE  
 CA/RIV=RIVERSIDE  
 CA/S1=SACRAMENTO  
 CA/S3=CHICO  
 CA/SD=SAN DIEGO  
 CA/SF=SAN FRANCISCO  
 CA/SJ=SAN JOSE  
 CA/SR=SANTA ROSA  
 CA/STK=STOCKTON  
 CA/VEN=VENTURA  
 CN/001=CANADA  
 CN/LAB=LABORATORY  
 CN/NPH=NON-PARTICIPATING HOSPITAL  
 CO/001=COLORADO  
 CO/LAB=LABORATORIES  
 CO/NPH=NON-PARTICIPATING HOSPITAL  
 CT/001=CONNECTICUT  
 CT/LAB=LABORATORIES  
 CT/NPH=NON-PARTICIPATING HOSPITAL  
 DC/001=DISTRICT OF COLUMBIA  
 DC/LAB=LABORATORIES  
 DC/NPH=NON-PARTICIPATING HOSPITAL  
 DE/001=DELAWARE  
 DE/LAB=LABORATORIES  
 DE/NPH=NON-PARTICIPATING HOSPITAL  
 FL/001=FLORIDA  
 FL/FTM=FT. MYERS  
 FL/GAI=GAINESVILLE  
 FL/JAX=JACKSONVILLE

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POS RECORD LAYOUT

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Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

FL/LAB=LABORATORIES  
 FL/LAN=LANTANA  
 FL/LAU=LAUDERHILL  
 FL/MIA=MIAMI  
 FL/NPH=NON-PARTICIPATING HOSPITAL  
 FL/ORL=ORLANDO  
 FL/PEN=PENSACOLA  
 FL/STP=ST. PETERSBURG  
 FL/TAL=TALLAHASSEE  
 FL/TAM=TAMPA  
 FM/001=FEDERATED STATES OF MICRO

FM/NPH=NON-PARTICIPATING HOSPITAL  
FN/001=INTERNATIONAL  
FN/LAB=LABORATORIES  
FN/NPH=NON-PARTICIPATING HOSPITAL  
GA/001=GEORGIA  
GA/GAA=GEORGIA ALL  
GA/GAC=GEORGIA CENTRAL  
GA/GAE=GEORGIA EASTERN  
GA/GAN=GEORGIA NORTH  
GA/GAS=GEORGIA SOUTH  
GA/GAW=GEORGIA WESTERN  
GA/LAB=LABORATORIES  
GA/NPH=NON-PARTICIPATING HOSPITAL  
GU/001=GUAM  
GU/LAB=LABORATORIES  
GU/NPH=NON-PARTICIPATING HOSPITAL  
HI/001=HAWAII  
HI/LAB=LABORATORIES  
HI/NPH=NON-PARTICIPATING HOSPITAL  
IA/001=IOWA  
IA/LAB=LABORATORIES  
IA/NPH=NON-PARTICIPATING HOSPITAL  
ID/001=IDAHO  
ID/LAB=LABORATORIES  
ID/NPH=NON-PARTICIPATING HOSPITAL  
IL/001=ILLINOIS  
IL/LAB=LABORATORIES  
IL/NPH=NON-PARTICIPATING HOSPITAL  
IN/001=INDIANA  
IN/LAB=LABORATORIES  
IN/NPH=NON-PARTICIPATING HOSPITAL  
KS/001=KANSAS  
KS/KCK=KANSAS CITY  
KS/KDH=KDHE  
KS/LAB=LABORATORIES  
KS/LAW=LAWRENCE  
KS/NC=NORTH CENTRAL KANSAS  
KS/NE=NORTH EAST KANSAS  
KS/NPH=NON-PARTICIPATING HOSPITAL  
KS/NW=NORTH WEST KANSAS  
KS/SC=SOUTH CENTRAL KANSAS  
KS/SE=SOUTH EAST KANSAS  
KS/SW=SOUTH WEST KANSAS  
KS/WST=WEST  
KY/2C1=HOPKINSVILLE  
KY/2C2=LOUISVILLE  
KY/2C3=LONDON  
KY/2C4=LEXINGTON  
KY/LAB=LABORATORIES  
KY/NPH=NON-PARTICIPATING HOSPITAL





MO/7NH=REGION 7 NH  
 MO/LAB=LABORATORIES  
 MO/MO=STATEWIDE  
 MO/NPH=NON-PARTICIPATING HOSPITAL  
 MP/001=NORTHERN MARIANA ISLANDS  
 MP/LAB=LABORATORIES  
 MP/NPH=NON-PARTICIPATING HOSPITAL  
 MS/001=MISSISSIPPI  
 MS/LAB=LABORATORIES  
 MS/NPH=NON-PARTICIPATING HOSPITAL  
 MT/001=MONTANA  
 MT/LAB=LABORATORIES  
 MT/NPH=NON-PARTICIPATING HOSPITAL  
 MX/001=MEXICO  
 MX/LAB=LABORATORY  
 MX/NPH=NON-PARTICIPATING HOSPITAL  
 NC/001=NORTH CAROLINA  
 NC/LAB=LABORATORIES  
 NC/NCC=NORTH CAROLINA CENTRAL  
 NC/NCE=NORTH CAROLINA EAST  
 NC/NCN=NORTH CAROLINA NORTH  
 NC/NCS=NORTH CAROLINA SOUTH  
 NC/NCW=NORTH CAROLINA WEST  
 NC/NPH=NON-PARTICIPATING HOSPITAL

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POS RECORD LAYOUT

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Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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ND/001=NORTH DAKOTA				
ND/LAB=LABORATORIES				
ND/NPH=NON-PARTICIPATING HOSPITAL				
NE/001=NEBRASKA				
NE/1=NORTH CENTRAL				
NE/2=CENTRAL				
NE/3=NORTHEAST				
NE/4=SOUTHEAST				
NE/5=WESTERN				
NE/LAB=LABORATORIES				
NE/NPH=NON-PARTICIPATING HOSPITAL				
NH/001=NEW HAMPSHIRE				
NH/LAB=LABORATORIES				
NH/NPH=NON-PARTICIPATING HOSPITAL				
NJ/001=NEW JERSEY				
NJ/LAB=LABORATORIES				
NJ/NPH=NON-PARTICIPATING HOSPITAL				
NM/001=NEW MEXICO				
NM/LAB=LABORATORIES				

NM/NPH=NON-PARTICIPATING HOSPITAL  
NV/001=NEVADA  
NV/CC=CARSON CITY  
NV/LAB=LABORATORIES  
NV/LV=LAS VEGAS  
NV/NPH=NON-PARTICIPATING HOSPITAL  
NY/001=BUFFALO  
NY/002=ROCHESTER  
NY/003=SYRACUSE  
NY/004=ALBANY  
NY/005=NEW ROCHELLE  
NY/006=NEW YORK CITY  
NY/007=SUFFOLK/NASSAU COUNTY  
NY/LAB=LABORATORIES  
NY/NPH=NON-PARTICIPATING HOSPITAL  
OH/001=OHIO  
OH/LAB=LABORATORIES  
OH/NPH=NON-PARTICIPATING HOSPITAL  
OK/001=OKLAHOMA  
OK/LAB=LABORATORIES  
OK/NPH=NON-PARTICIPATING HOSPITAL  
OR/001=OFFICE #1  
OR/002=OFFICE #2  
OR/003=OFFICE #3  
OR/LAB=LABORATORIES  
OR/NPH=NON-PARTICIPATING HOSPITAL  
PA/001=PENNSYLVANIA  
PA/LAB=LABORATORIES  
PA/NPH=NON-PARTICIPATING HOSPITAL  
PR/001=PUERTO RICO  
PR/LAB=LABORATORIES  
PR/NPH=NON-PARTICIPATING HOSPITAL  
PW/001=PALAU  
PW/NPH=NON-PARTICIPATING HOSPITAL  
RI/001=RHODE ISLAND  
RI/LAB=LABORATORIES  
RI/NPH=NON-PARTICIPATING HOSPITAL  
SC/001=SOUTH CAROLINA  
SC/LAB=LABORATORIES  
SC/NPH=NON-PARTICIPATING HOSPITAL  
SD/001=SOUTH DAKOTA  
SD/LAB=LABORATORIES  
SD/NPH=NON-PARTICIPATING HOSPITAL  
TN/001=TENNESSEE  
TN/LAB=LABORATORIES

## SHORT DESCRIPTION

LEN START END TYPE

TN/NPH=NON-PARTICIPATING HOSPITAL  
TN/TNC=TENNESSEE COOKEVILLE  
TN/TNE=TENNESSEE EASTERN  
TN/TNM=TENNESSEE MIDDLE  
TN/TNW=TENNESSEE WESTERN  
TX/001=TEXAS  
TX/L01=AMARILLO-LTC  
TX/L02=ABILENE-LTC  
TX/L03=ARLINGTON-LTC  
TX/L04=TYLER-LTC  
TX/L05=TEMPLE-LTC  
TX/L06=HOUSTON-LTC  
TX/L07=Austin-LTC  
TX/L08=San Antonio-LTC  
TX/L11=Corpus Christi-LTC  
TX/LAB=LABORATORIES  
TX/NPH=NON-PARTICIPATING HOSPITAL  
TX/TX1=NLTC REG 1, 7, 9, 10  
TX/TX2=NLTC REG 2, 3  
TX/TX4=NLTC REG 6  
TX/TX5=NLTC REG 4, 5  
TX/TX6=NLTC Statewide-Certified Only  
TX/TX8=NLTC REG 8, 11  
UT/001=UTAH  
UT/LAB=LABORATORIES  
UT/NPH=NON-PARTICIPATING HOSPITAL  
VA/001=VIRGINIA  
VA/LAB=LABORATORIES  
VA/NPH=NON-PARTICIPATING HOSPITAL  
VI/001=VIRGIN ISLANDS  
VI/LAB=LABORATORIES  
VI/NPH=NON-PARTICIPATING HOSPITAL  
VT/001=VERMONT  
VT/LAB=LABORATORIES  
VT/NPH=NON-PARTICIPATING HOSPITAL  
WA/001=ALL OTHERS (NON-LTC FAC)  
WA/D1=SPOKANE & YAKIMA AREAS  
WA/D1A=District 1, Unit A  
WA/D1B=District 1, Unit B  
WA/D1C=District 1, Unit C  
WA/D1D=District 1, Unit D  
WA/D1E=District 1, Unit E  
WA/D1F=District 1, Unit F  
WA/D2=SPOKANE & SE  
WA/D2A=District 2, Unit A  
WA/D2B=District 2, Unit B  
WA/D2C=District 2, Unit C  
WA/D2D=District 2, Unit D

WA/D2E=District 2, Unit E  
 WA/D2F=District 2, Unit F  
 WA/D2G=District 2, Unit G  
 WA/D2H=District 2, Unit H  
 WA/D2I=District 2, Unit I  
 WA/D2J=District 2, Unit J  
 WA/D2L=District 2, Unit L  
 WA/D3=NW WASHINGTON  
 WA/D3A=District 3, Unit A  
 WA/D3B=District 3, Unit B  
 WA/D3C=District 3, Unit C  
 WA/D3D=District 3, Unit D  
 WA/D3E=District 3, Unit E  
 WA/D3F=District 3, Unit F  
 WA/D3G=District 3, Unit G  
 WA/D3H=District 3, Unit H

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 Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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WA/D4A=GREATER SEATTLE AREA  
 WA/D4B=S KING COUNTY  
 WA/D5A=PIERCE CTY & PENINSULA  
 WA/D5B=PIERCE CTY & GRAYS HARBOR  
 WA/D6=OLYMPIA AREA  
 WA/LAB=LABORATORIES  
 WA/NPH=NON-PARTICIPATING HOSPITAL  
 WI/001=WISCONSIN  
 WI/LAB=LABORATORIES  
 WI/NPH=NON-PARTICIPATING HOSPITAL  
 WV/001=WEST VIRGINIA  
 WV/LAB=LABORATORIES  
 WV/NPH=NON-PARTICIPATING HOSPITAL  
 WY/001=WYOMING  
 WY/LAB=LABORATORIES  
 WY/NPH=NON-PARTICIPATING HOSPITAL

Address: Street	50	178	227	VARCHAR2
Description: Street address where the provider is located.				
SAS Name:	ST_ADR			
COBOL Name:	ST-ADR			

Telephone Number	10	228	237	VARCHAR2
Description: Telephone number of the provider.				
SAS Name:	PHNE_NUM			
COBOL Name:	PHNE-NUM			

Termination Code 2 238 239 VARCHAR2

Description: Indicates the current termination status for the provider.

SAS Name: PGM\_TRMNTN\_CD

COBOL Name: PGM-TRMNTN-CD

VALUES: 00=ACTIVE PROVIDER  
01=VOLUNTARY-MERGER, CLOSURE  
02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT  
03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION  
04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL  
05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ  
06=INVOLUNTARY-FAILURE TO MEET AGREEMENT  
07=OTHER-PROVIDER STATUS CHANGE  
08=NONPAYMENT OF FEES - CLIA Only  
09=REV/UNSUCCESSFUL PARTICIPATION IN PT - CLIA Only  
10=REV/OTHER REASON - CLIA Only  
11=INCOMPLETE CLIA APPLICATION INFORMATION - CLIA Only  
12=NO LONGER PERFORMING TESTS - CLIA Only  
13=MULTIPLE TO SINGLE SITE CERTIFICATE - CLIA Only  
14=SHARED LABORATORY - CLIA Only  
15=FAILURE TO RENEW WAIVER PPM CERTIFICATE - CLIA Only  
16=DUPLICATE CLIA NUMBER - CLIA Only  
17=MAIL RETURNED NO FORWARD ADDRESS CERT ENDED - CLIA Only  
20=NOTIFICATION BANKRUPTCY - CLIA Only  
33=ACCREDITATION NOT CONFIRMED - CLIA Only  
80=AWAITING STATE APPROVAL  
99=OIG ACTION - DO NOT ACTIVATE - CLIA Only

Termination or Expiration Date 8 240 247 DATE

Description: Date the provider was terminated. For CLIA providers, date the laboratory's certificate was terminated or the expiration date of the current CLIA certificate.

SAS Name: TRMNTN\_EXPRTN\_DT

COBOL Name: TRMNTN-EXPRTN-DT

Type of Action Code 1 248 248 VARCHAR2

Description: Identifies the reason for the certification. Type of

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Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

action from the official survey record, CMS 1539 form.  
SAS Name: CRTFCTN\_ACTN\_TYPE\_CD  
COBOL Name: CRTFCTN-ACTN-TYPE-CD  
VALUES: 1=INITIAL  
2=RECERTIFICATION  
3=TERMINATION

4=CHANGE OF OWNERSHIP  
5=VALIDATION  
8=FULL SURVEY AFTER COMPLAINT

Ownership Type Code 2 249 250 VARCHAR2  
Description: Indicates the ownership type of the provider.  
SAS Name: GNRL\_CNTL\_TYPE\_CD  
COBOL Name: GNRL-CNTL-TYPE-CD

Address: ZIP Code 5 251 255 VARCHAR2  
Description: Five-digit ZIP code for a provider's physical address.  
SAS Name: ZIP\_CD  
COBOL Name: ZIP-CD

FIPS State Code 2 256 257 VARCHAR2

Description: FIPS State Code  
SAS Name: FIPS\_STATE\_CD  
COBOL Name: FIPS-STATE-CD  
VALUES:  
01=ALABAMA  
02=ALASKA  
04=ARIZONA  
05=ARKANSAS  
06=CALIFORNIA  
08=COLORADO  
09=CONNECTICUT  
10=DELAWARE  
11=DISTRICT OF COLUMBIA  
12=FLORIDA  
13=GEORGIA  
15=HAWAII  
16=IDAHO  
17=ILLINOIS  
18=INDIANA  
19=IOWA  
20=KANSAS  
21=KENTUCKY  
22=LOUISIANA  
23=MAINE  
24=MARYLAND  
25=MASSACHUSETTS  
26=MICHIGAN  
27=MINNESOTA  
28=MISSISSIPPI  
29=MISSOURI  
30=MONTANA  
31=NEBRASKA  
32=NEVADA  
33=NEW HAMPSHIRE  
34=NEW JERSEY  
35=NEW MEXICO

36=NEW YORK  
 37=NORTH CAROLINA  
 38=NORTH DAKOTA  
 39=OHIO  
 40=OKLAHOMA  
 41=OREGON  
 42=PENNSYLVANIA  
 43=PUERTO RICO

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POS RECORD LAYOUT

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Organ Procurement Organization, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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44=RHODE ISLAND  
 45=SOUTH CAROLINA  
 46=SOUTH DAKOTA  
 47=TENNESSEE  
 48=TEXAS  
 49=UTAH  
 50=VERMONT  
 51=VIRGINIA  
 53=WASHINGTON  
 54=WEST VIRGINIA  
 55=WISCONSIN  
 56=WYOMING  
 60=AMERICAN SAMOA  
 66=GUAM  
 69=SAIPAN/MARIANA IS.  
 78=VIRGIN ISLANDS

FIPS County Code	3	258	260	VARCHAR2
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Description: FIPS County Code

SAS Name: FIPS\_CNTY\_CD

COBOL Name: FIPS-CNTY-CD

CBSA Urban Rural Indicator	1	261	261	VARCHAR2
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Description: CBSA (Core Based Statistical Area) indicates whether the county is defined as Urban or Rural.

SAS Name: CBSA\_URBN\_RRL\_IND

COBOL Name: CBSA-URBN-RRL-IND

CBSA Code	5	262	266	VARCHAR2
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Description: CBSA (Core Based Statistical Area) geographic entities defined by the U.S. Office of Management and Budget (OMB) on June 6, 2003 for use by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics. CBSA collectively refers to MSA.

SAS Name: CBSA\_CD

COBOL Name: CBSA-CD

Fiscal Year End Date (MMDD) 4 464 467 VARCHAR2  
Description: End date, consisting of the month and day, of the  
provider's fiscal year.  
SAS Name: FY\_END\_MO\_DAY\_CD  
COBOL Name: FY-END-MO-DAY-CD

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 1  
Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
Provider Category Subtype Code	2	1	2	VARCHAR2
Description: Identifies the subtype of the provider, within the primary category. Used in reporting to show the breakdown of provider categories, mainly for hospitals and SNFs.				
SAS Name: PRVDR_CTGRY_SBTYP_CD				
COBOL Name: PRVDR-CTGRY-SBTYP-CD				
VALUES: 01=Community Mental Health Center				

Provider Category Code	2	3	4	VARCHAR2
Description: Identifies the type of provider participating in the Medicare/Medicaid program.				
SAS Name: PRVDR_CTGRY_CD				



COBOL Name: PRVDR-CTGRY-CD  
VALUES: 19=Community Mental Health Center

CHOW Count 2 5 6 NUMBER  
Description: Number of times this provider has undergone a change of ownership.  
SAS Name: CHOW\_CNT  
COBOL Name: CHOW-CNT

CHOW Date 8 7 14 DATE  
Description: Effective date of the most recent change of ownership for this provider.  
SAS Name: CHOW\_DT  
COBOL Name: CHOW-DT

Address: City 28 15 42 VARCHAR2  
Description: City in which the provider is physically located.  
SAS Name: CITY\_NAME  
COBOL Name: CITY-NAME

Compliance: Acceptable POC 1 43 43 VARCHAR2  
Description: Indicates if a provider is in compliance with program requirements based on an acceptable plan for correction of deficiencies.  
SAS Name: ACPTBL\_POC\_SW  
COBOL Name: ACPTBL-POC-SW

Compliance: Status 1 44 44 VARCHAR2  
Description: Compliance status of a provider at the time of certification survey.  
SAS Name: CMPLNC\_STUS\_CD  
COBOL Name: CMPLNC-STUS-CD  
VALUES: A=IN COMPLIANCE  
B=NOT IN COMPLIANCE

SSA County Code 3 45 47 VARCHAR2  
Description: Social Security Administration geographic code indicating the county where the provider is located.  
SAS Name: SSA\_CNTY\_CD  
COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR  
Description: Cross reference provider number  
SAS Name: CROSS\_REF\_PROVIDER\_NUMBER  
COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date 8 58 65 DATE  
Description: Equal to the exit date of the initial visit of the Health survey for certifications completed after July 28, 2012. For certifications prior to that date, the certification

Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
<p>date is equal to the exit date of the initial visit of the Health survey or LSC survey, whichever is later.</p> <p>SAS Name: CRTFCTN_DT COBOL Name: CRTFCTN-DT</p>				
<p>Eligibility Indicator</p> <p>Description: Indicates if a facility is eligible to participate in the Medicare and/or Medicaid programs.</p> <p>SAS Name: ELGBLTY_SW COBOL Name: ELGBLTY-SW</p>	1	66	66	VARCHAR2
<p>Facility Name</p> <p>Description: Name of the provider certified to participate in the Medicare and/or Medicaid programs.</p> <p>SAS Name: FAC_NAME COBOL Name: FAC-NAME</p>	50	67	116	VARCHAR2
<p>Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code</p> <p>Description: Number assigned to the Medicare Administrative Contractor, intermediary or carrier servicing this provider.</p> <p>SAS Name: INTRMDRY_CARR_CD COBOL Name: INTRMDRY-CARR-CD VALUES:</p> <p>00000=DUMMY FOR MEDICAID HHA 00010=BLUE CROSS (ALABAMA) 00011=CAHABA 00020=BLUE CROSS (ARKANSAS) 00040=BLUE CROSS (CALIFORNIA) 00060=BLUE CROSS (CONNECTICUT) 00070=BLUE CROSS (DELAWARE) 00090=BLUE CROSS (FLORIDA) 00101=BLUE CROSS (GEORGIA) 00121=HEALTH CARE SERVICE CORPORATION 00122=HCSC - MICHIGAN 00123=HCSC OF MICHIGAN 00130=NATIONAL GOVERNMENT SERVICES 00131=NATIONAL GOVERNMENT SERVICES 00140=BLUE CROSS (IOWA/SOUTH DAKOTA) 00150=BLUE CROSS (KANSAS) 00160=NATIONAL GOVERNMENT SERVICES 00180=NATIONAL GOVERNMENT SERVICES 00181=NATIONAL GOVERNMENT SERVICES</p>	5	117	121	VARCHAR2

00190=BLUE CROSS (MARYLAND)  
 00200=BLUE CROSS (MASSACHUSETTS)  
 00210=BLUE CROSS (MICHIGAN)  
 00220=BLUE CROSS (MINNESOTA)  
 00230=BLUE CROSS (MISSISSIPPI)  
 00231=BLUE CROSS (LOUISIANA)  
 00233=PINNACLE  
 00241=BLUE CROSS (MISSOURI)  
 00260=BLUE CROSS (NEBRASKA)  
 00270=NATIONAL GOVERNMENT SERVICES  
 00280=BLUE CROSS (NEW JERSEY)  
 00290=BLUE CROSS (NEW MEXICO)  
 00308=NATIONAL GOVERNMENT SERVICES  
 00310=BLUE CROSS (NORTH CAROLINA)  
 00320=NORIDIAN PART A  
 00322=NORIDIAN PART A (AK/WA)  
 00323=NORIDIAN PART A (ID/OR)  
 00325=NORIDIAN  
 00332=NATIONAL GOVERNMENT SERVICES  
 00340=BLUE CROSS (OKLAHOMA)  
 00350=BLUE CROSS (OREGON)

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 3

Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				
00430=BLUE CROSS (WASHINGTON & ALASKA)				
00450=NATIONAL GOVERNMENT SERVICES				
00452=NATIONAL GOVERNMENT SERVICES				
00453=NATIONAL GOVERNMENT SERVICES				
00454=NATIONAL GOVERNMENT SERVICES				
00456=NATIONAL GOVERNMENT SERVICES				
00468=BLUE CROSS (NORTH CAROLINA FOR PR)				
00510=BLUE SHIELD (ALABAMA)				
00511=CAHABA				
00512=CAHABA				
00520=BLUE SHIELD (ARKANSAS)				
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)				

00542=BLUE SHIELD (CALIFORNIA)  
 00550=BLUE SHIELD (COLORADO)  
 00570=BLUE SHIELD (DELAWARE)  
 00580=BLUE SHIELD (DISTRICT OF COLUMBIA)  
 00590=BLUE SHIELD (FLORIDA)  
 00621=BLUE SHIELD (ILLINOIS)  
 00630=NATIONAL GOVERNMENT SERVICES  
 00640=BLUE SHIELD (IOWA)  
 00650=BLUE SHIELD (KANSAS)  
 00655=BLUE SHIELD (KANSAS/NEBRASKA)  
 00660=NATIONAL GOVERNMENT SERVICES  
 00690=BLUE SHIELD (MARYLAND)  
 00700=BLUE SHIELD (MASSACHUSETTS)  
 00710=BLUE SHIELD (MICHIGAN)  
 00720=BLUE SHIELD (MINNESOTA)  
 00740=BLUE SHIELD (KANSAS CITY)  
 00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)  
 00780=BLUE SHIELD (TRI-STATE)  
 00801=BLUE SHIELD (BUFFALO)  
 00803=NATIONAL GOVERNMENT SERVICES  
 00805=NATIONAL GOVERNMENT SERVICES  
 00821=NORIDIAN  
 00824=NORIDIAN GVT SERVICES (CO)  
 00826=NORIDIAN GVT SERVICES (IA)  
 00831=NORIDIAN GVT SERVICES (AK)  
 00832=NORIDIAN GVT SERVICES (AZ)  
 00833=NORIDIAN GVT SERVICES (HI)  
 00834=NORIDIAN GVT SERVICES (NV)  
 00835=NORIDIAN GVT SERVICES (OR)  
 00836=NORIDIAN GVT SERVICES (WA)  
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)  
 00865=BLUE SHIELD (PENNSYLVANIA)  
 00870=BLUE SHIELD (RHODE ISLAND)  
 00880=BLUE SHIELD (SOUTH CAROLINA)  
 00883=PALMETTO GBA PART B  
 00884=PALMETTO GBA  
 00889=NORIDIAN GVT SERVICES (SD)  
 00900=BLUE SHIELD (TEXAS)  
 00901=TRAILBLAZERS HEALTH ENTERPRISES  
 00904=TRAILBLAZER  
 00910=BLUE SHIELD (UTAH)  
 00930=BLUE SHIELD (WASHINGTON)

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 4

Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

00951=WISCONSIN PHYSICIANS SERVICE

00952=WPS - ILLINOIS  
00953=WPS - MICHIGAN  
00954=WI PHYSICIAN SERVICES - MN  
00973=BLUE SHIELD (PUERTO RICO)  
00974=BLUE SHIELD (VIRGIN ISLANDS)  
01010=AETNA (PEORIA)  
01020=AETNA (ALASKA)  
01030=AETNA (ARIZONA)  
01040=AETNA (GEORGIA)  
01101=PALMETTO (CALIFORNIA)  
01102=PALMETTO (CALIFORNIA (NORTH))  
01111=Noridian (CA)  
01112=Noridian (NF)  
01120=AETNA (HAWAII)  
01182=Noridian (SF)  
01192=PALMETTO (CALIFORNIA SOUTH)  
01201=PALMETTO (HAWAII)  
01202=PALMETTO (HAWAII)  
01211=Noridian (AS, GU, HI)  
01212=Noridian (AS, GU, HI)  
01290=AETNA (NEVADA)  
01301=PALMETTO (NEVADA)  
01302=PALMETTO (NEVADA)  
01311=Noridian (NV)  
01312=Noridian (NV)  
01360=AETNA (NEW MEXICO)  
01370=AETNA (OKLAHOMA)  
01380=AETNA (OREGON)  
01390=AETNA (WASHINGTON)  
01901=PALMETTO GBA  
01902=PALMETTO GBA  
01911=Noridian (AS, GU, HI, NV)  
02050=OCCIDENTAL (CALIFORNIA)  
02101=Noridian AK  
02102=Noridian AK  
02201=Noridian ID  
02202=Noridian ID  
02301=Noridian OR  
02302=Noridian OR  
02401=Noridian WA  
02402=Noridian WA  
03001=NORIDIAN ADMIN SERVICES  
03101=NORIDAN (ARIZONA)  
03102=NORIDAN (ARIZONA)  
03201=NORIDAN (MONTANA)  
03202=NORIDAN (MONTANA)  
03301=NORDIAN (NORTH DAKOTA)  
03302=NORDIAN (NORTH DAKOTA)  
03401=NORIDIAN (SOUTH DAKOTA)  
03402=NORIDIAN (SOUTH DAKOTA)

03501=NORIDIAN (UTAH)  
 03502=NORIDIAN (UTAH)  
 03601=NORIDIAN (WYOMING)  
 03602=NORIDIAN (WYOMING)  
 04001=TRAILBLAZER  
 04101=TRAILBLAZER (COLORADO)  
 04102=TRAILBLAZER (COLORADO)  
 04111=NOVITAS (COLORADO)  
 04112=NOVITAS (COLORADO)  
 04201=TRAILBLAZER (NEW MEXICO)  
 04202=TRAILBLAZER (NEW MEXICO)  
 04211=NOVITAS (NEW MEXICO)  
 04212=NOVITAS (NEW MEXICO)

DATE: 10/03/2022

POS RECORD LAYOUT

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Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				
05401=WPS (NEBRASKA)				
05402=WPS (NEBRASKA)				
05440=EQICOR (TENNESSEE)				
05535=EQICOR (NORTH CAROLINA)				
05901=WISCONSIN PHYSICIANS SERVICE				
06001=NGS (WI)				
06004=National Govt Serv HHH				
06014=NATIONAL GOVERNMENT ERVICES				
06101=NGS (IL)				
06102=NGS (IL)				
06201=NGS (MN)				
06202=NGS (MN)				

06301=NGS (WI)  
 06302=NGS (WI)  
 07101=Novitas AR  
 07102=Novitas AR  
 07201=Novitas LA  
 07202=Novitas LA  
 07301=Novitas MS  
 07302=Novitas MS  
 08101=WPS IN  
 08102=WPS IN  
 08201=WPS MI  
 08202=WPS MI  
 09101=FIRST COAST (FLORIDA)  
 09102=FIRST COAST (FLORIDA)  
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)  
 09202=FIRST COAST (PUERTO RICO)  
 09302=FIRST COAST (VIRGIN ISLANDS)  
 10071=TRAVELERS (RRB)  
 10101=CAHABA GBA (AL)  
 10102=CAHABA GBA (AL)  
 10111=PALMETTO GBA (Part A) (AL)  
 10112=PALMETTO GBA (AL)  
 10201=CAHABA GBA (GA)  
 10202=CAHABA GBA (GA)  
 10211=PALMETTO GBA (GA)  
 10212=PALMETTO GBA (GA)  
 10230=TRAVELERS (CONNECTICUT)  
 10240=TRAVELERS (MINNESOTA)  
 10250=TRAVELERS (MISSISSIPPI)  
 10301=CAHABA GBA (TN)  
 10302=CAHABA GBA (TN)  
 10311=PALMETTO GBA (TN)  
 10312=PALMETTO GBA (TN)  
 10490=TRAVELERS (VIRGINIA)

DATE: 10/03/2022

POS RECORD LAYOUT

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Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				

11501=PALMETTO GBA (NC)  
11502=PALMETTO GBA (NC)  
12101=Novitas DE  
12102=Novitas DE  
12201=Novitas DC  
12202=Novitas DC  
12301=Novitas MD  
12302=Novitas MD  
12401=Novitas NJ  
12402=Novitas NJ  
12501=Novitas PA  
12502=Novitas PA  
12901=Novitas Solutions DC, DE, MD, PA  
12902=HIGHMARK  
13101=NATIONAL GOVT SERVICES (CONNECTICUT)  
13102=NATIONAL GOVT SERVICES (CONNECTICUT)  
13201=NATIONAL GOVT SERVICES (NEW YORK)  
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)  
13282=NGS (UN)  
13292=NGS (QN)  
14004=NATIONAL HERITAGE (HHA - A)  
14014=NGS (HHA)  
14101=NATIONAL HERITAGE (MAINE)  
14102=NATIONAL HERITAGE (MAINE)  
14111=NGS (ME)  
14112=NGS (ME)  
14201=NATIONAL HERITAGE (MASSACHUSETTS)  
14202=NATIONAL HERITAGE (MASSACHUSETTS)  
14211=NGS (MA)  
14212=NGS (MA)  
14301=NATIONAL HERITAGE (NEW HAMPSHIRE)  
14302=NATIONAL HERITAGE (NEW HAMPSHIRE)  
14311=NGS (NH)  
14312=NGS (NH)  
14330=GROUP HEALTH INC (NEW YORK)  
14401=NATIONAL HERITAGE (RHODE ISLAND)  
14402=NATIONAL HERITAGE (RHODE ISLAND)  
14411=NGS (RI)  
14412=NGS (RI)  
14501=NATIONAL HERITAGE (VERMONT)  
14502=NATIONAL HERITAGE (VERMONT)  
14511=NGS (VT)  
14512=NGS (VT)  
15004=CGS Administrators HHH  
15101=CGS (KENTUCKY)  
15102=CGS (KENTUCKY)  
15201=CGS (OHIO)  
15202=CGS (OHIO)  
16360=NATIONWIDE (OHIO)  
16510=NATIONWIDE (WEST VIRGINIA)





00040=BLUE CROSS (CALIFORNIA)  
 00060=BLUE CROSS (CONNECTICUT)  
 00070=BLUE CROSS (DELAWARE)  
 00090=BLUE CROSS (FLORIDA)  
 00101=BLUE CROSS (GEORGIA)  
 00121=HEALTH CARE SERVICE CORPORATION  
 00122=HCSC - MICHIGAN  
 00123=HCSC OF MICHIGAN  
 00130=NATIONAL GOVERNMENT SERVICES  
 00131=NATIONAL GOVERNMENT SERVICES  
 00140=BLUE CROSS (IOWA/SOUTH DAKOTA)  
 00150=BLUE CROSS (KANSAS)  
 00160=NATIONAL GOVERNMENT SERVICES  
 00180=NATIONAL GOVERNMENT SERVICES  
 00181=NATIONAL GOVERNMENT SERVICES  
 00190=BLUE CROSS (MARYLAND)  
 00200=BLUE CROSS (MASSACHUSETTS)  
 00210=BLUE CROSS (MICHIGAN)  
 00220=BLUE CROSS (MINNESOTA)  
 00230=BLUE CROSS (MISSISSIPPI)  
 00231=BLUE CROSS (LOUISIANA)  
 00233=PINNACLE  
 00241=BLUE CROSS (MISSOURI)  
 00260=BLUE CROSS (NEBRASKA)  
 00270=NATIONAL GOVERNMENT SERVICES  
 00280=BLUE CROSS (NEW JERSEY)

DATE: 10/03/2022

POS RECORD LAYOUT

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Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00290=BLUE CROSS (NEW MEXICO)				
00308=NATIONAL GOVERNMENT SERVICES				
00310=BLUE CROSS (NORTH CAROLINA)				
00320=NORIDIAN PART A				
00322=NORIDIAN PART A (AK/WA)				
00323=NORIDIAN PART A (ID/OR)				
00325=NORIDIAN				
00332=NATIONAL GOVERNMENT SERVICES				
00340=BLUE CROSS (OKLAHOMA)				
00350=BLUE CROSS (OREGON)				
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				

00400=BLUE CROSS (TEXAS)  
00410=BLUE CROSS (UTAH)  
00423=BLUE CROSS (VIRGINIA/WEST VA)  
00430=BLUE CROSS (WASHINGTON & ALASKA)  
00450=NATIONAL GOVERNMENT SERVICES  
00452=NATIONAL GOVERNMENT SERVICES  
00453=NATIONAL GOVERNMENT SERVICES  
00454=NATIONAL GOVERNMENT SERVICES  
00456=NATIONAL GOVERNMENT SERVICES  
00468=BLUE CROSS (NORTH CAROLINA FOR PR)  
00510=BLUE SHIELD (ALABAMA)  
00511=CAHABA  
00512=CAHABA  
00520=BLUE SHIELD (ARKANSAS)  
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)  
00542=BLUE SHIELD (CALIFORNIA)  
00550=BLUE SHIELD (COLORADO)  
00570=BLUE SHIELD (DELAWARE)  
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)  
00590=BLUE SHIELD (FLORIDA)  
00621=BLUE SHIELD (ILLINOIS)  
00630=NATIONAL GOVERNMENT SERVICES  
00640=BLUE SHIELD (IOWA)  
00650=BLUE SHIELD (KANSAS)  
00655=BLUE SHIELD (KANSAS/NEBRASKA)  
00660=NATIONAL GOVERNMENT SERVICES  
00690=BLUE SHIELD (MARYLAND)  
00700=BLUE SHIELD (MASSACHUSETTS)  
00710=BLUE SHIELD (MICHIGAN)  
00720=BLUE SHIELD (MINNESOTA)  
00740=BLUE SHIELD (KANSAS CITY)  
00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)  
00780=BLUE SHIELD (TRI-STATE)  
00801=BLUE SHIELD (BUFFALO)  
00803=NATIONAL GOVERNMENT SERVICES  
00805=NATIONAL GOVERNMENT SERVICES  
00821=NORIDIAN  
00824=NORIDIAN GVT SERVICES (CO)  
00826=NORIDIAN GVT SERVICES (IA)  
00831=NORIDIAN GVT SERVICES (AK)  
00832=NORIDIAN GVT SERVICES (AZ)  
00833=NORIDIAN GVT SERVICES (HI)  
00834=NORIDIAN GVT SERVICES (NV)  
00835=NORIDIAN GVT SERVICES (OR)  
00836=NORIDIAN GVT SERVICES (WA)  
00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)  
00865=BLUE SHIELD (PENNSYLVANIA)

Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
00870=BLUE SHIELD (RHODE ISLAND)				
00880=BLUE SHIELD (SOUTH CAROLINA)				
00883=PALMETTO GBA PART B				
00884=PALMETTO GBA				
00889=NORIDIAN GVT SERVICES (SD)				
00900=BLUE SHIELD (TEXAS)				
00901=TRAILBLAZERS HEALTH ENTERPRISES				
00904=TRAILBLAZER				
00910=BLUE SHIELD (UTAH)				
00930=BLUE SHIELD (WASHINGTON)				
00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH))				
01111=Noridian (CA)				
01112=Noridian (NF)				
01120=AETNA (HAWAII)				
01182=Noridian (SF)				
01192=PALMETTO (CALIFORNIA SOUTH)				
01201=PALMETTO (HAWAII)				
01202=PALMETTO (HAWAII)				
01211=Noridian (AS, GU, HI)				
01212=Noridian (AS, GU, HI)				
01290=AETNA (NEVADA)				
01301=PALMETTO (NEVADA)				
01302=PALMETTO (NEVADA)				
01311=Noridian (NV)				
01312=Noridian (NV)				
01360=AETNA (NEW MEXICO)				
01370=AETNA (OKLAHOMA)				
01380=AETNA (OREGON)				
01390=AETNA (WASHINGTON)				
01901=PALMETTO GBA				
01902=PALMETTO GBA				
01911=Noridian (AS, GU, HI, NV)				
02050=OCCIDENTAL (CALIFORNIA)				
02101=Noridian AK				
02102=Noridian AK				

02201=Noridian ID  
 02202=Noridian ID  
 02301=Noridian OR  
 02302=Noridian OR  
 02401=Noridian WA  
 02402=Noridian WA  
 03001=NORIDIAN ADMIN SERVICES  
 03101=NORIDIAN (ARIZONA)  
 03102=NORIDIAN (ARIZONA)  
 03201=NORIDIAN (MONTANA)  
 03202=NORIDIAN (MONTANA)  
 03301=NORDIAN (NORTH DAKOTA)  
 03302=NORDIAN (NORTH DAKOTA)  
 03401=NORIDIAN (SOUTH DAKOTA)  
 03402=NORIDIAN (SOUTH DAKOTA)  
 03501=NORIDIAN (UTAH)  
 03502=NORIDIAN (UTAH)  
 03601=NORIDIAN (WYOMING)

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POS RECORD LAYOUT

PAGE: 10

Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

03602=NORIDIAN (WYOMING)  
 04001=TRAILBLAZER  
 04101=TRAILBLAZER (COLORADO)  
 04102=TRAILBLAZER (COLORADO)  
 04111=NOVITAS (COLORADO)  
 04112=NOVITAS (COLORADO)  
 04201=TRAILBLAZER (NEW MEXICO)  
 04202=TRAILBLAZER (NEW MEXICO)  
 04211=NOVITAS (NEW MEXICO)  
 04212=NOVITAS (NEW MEXICO)  
 04301=TRAILBLAZER (OKLAHOMA)  
 04302=TRAILBLAZER (OKLAHOMA)  
 04311=NOVITAS (OKLAHOMA)  
 04312=NOVITAS (OKLAHOMA)  
 04401=TRAILBLAZER (TEXAS)  
 04402=TRAILBLAZER (TEXAS)  
 04411=NOVITAS (TEXAS)  
 04412=NOVITAS (TEXAS)  
 04901=MUTUAL LEGACY  
 04911=NOVITAS  
 05101=WPS (IOWA)  
 05102=WPS (IOWA)  
 05130=EQICOR (IDAHO)  
 05201=WPS (KANSAS)  
 05202=WPS (KANSAS)

05301=WPS (MISSOURI)  
 05302=WPS (MISSOURI WEST)  
 05392=WPS (MISSOURI EAST)  
 05401=WPS (NEBRASKA)  
 05402=WPS (NEBRASKA)  
 05440=EQICOR (TENNESSEE)  
 05535=EQICOR (NORTH CAROLINA)  
 05901=WISCONSIN PHYSICIANS SERVICE  
 06001=NGS (WI)  
 06004=National Govt Serv HHH  
 06014=NATIONAL GOVERNMENT ERVICES  
 06101=NGS (IL)  
 06102=NGS (IL)  
 06201=NGS (MN)  
 06202=NGS (MN)  
 06301=NGS (WI)  
 06302=NGS (WI)  
 07101=Novitas AR  
 07102=Novitas AR  
 07201=Novitas LA  
 07202=Novitas LA  
 07301=Novitas MS  
 07302=Novitas MS  
 08101=WPS IN  
 08102=WPS IN  
 08201=WPS MI  
 08202=WPS MI  
 09101=FIRST COAST (FLORIDA)  
 09102=FIRST COAST (FLORIDA)  
 09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)  
 09202=FIRST COAST (PUERTO RICO)  
 09302=FIRST COAST (VIRGIN ISLANDS)  
 10071=TRAVELERS (RRB)  
 10101=CAHABA GBA (AL)  
 10102=CAHABA GBA (AL)  
 10111=PALMETTO GBA (Part A) (AL)  
 10112=PALMETTO GBA (AL)  
 10201=CAHABA GBA (GA)  
 10202=CAHABA GBA (GA)

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 11

Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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10211=PALMETTO GBA (GA)				
10212=PALMETTO GBA (GA)				
10230=TRAVELERS (CONNECTICUT)				
10240=TRAVELERS (MINNESOTA)				

10250=TRAVELERS (MISSISSIPPI)  
10301=CAHABA GBA (TN)  
10302=CAHABA GBA (TN)  
10311=PALMETTO GBA (TN)  
10312=PALMETTO GBA (TN)  
10490=TRAVELERS (VIRGINIA)  
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT  
11004=PALMETTO HHH C  
11201=PALMETTO GBA (SC)  
11202=PALMETTO GBA (SC)  
11260=GENERAL AMERICAN  
11301=PALMETTO GBA (VA)  
11302=PALMETTO GBA (VA)  
11401=PALMETTO GBA (WV)  
11402=PALMETTO GBA (WV)  
11501=PALMETTO GBA (NC)  
11502=PALMETTO GBA (NC)  
12101=Novitas DE  
12102=Novitas DE  
12201=Novitas DC  
12202=Novitas DC  
12301=Novitas MD  
12302=Novitas MD  
12401=Novitas NJ  
12402=Novitas NJ  
12501=Novitas PA  
12502=Novitas PA  
12901=Novitas Solutions DC, DE, MD, PA  
12902=HIGHMARK  
13101=NATIONAL GOVT SERVICES (CONNECTICUT)  
13102=NATIONAL GOVT SERVICES (CONNECTICUT)  
13201=NATIONAL GOVT SERVICES (NEW YORK)  
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)  
13282=NGS (UN)  
13292=NGS (QN)  
14004=NATIONAL HERITAGE (HHA - A)  
14014=NGS (HHA)  
14101=NATIONAL HERITAGE (MAINE)  
14102=NATIONAL HERITAGE (MAINE)  
14111=NGS (ME)  
14112=NGS (ME)  
14201=NATIONAL HERITAGE (MASSACHUSETTS)  
14202=NATIONAL HERITAGE (MASSACHUSETTS)  
14211=NGS (MA)  
14212=NGS (MA)  
14301=NATIONAL HERITAGE (NEW HAMPSHIRE)  
14302=NATIONAL HERITAGE (NEW HAMPSHIRE)  
14311=NGS (NH)  
14312=NGS (NH)  
14330=GROUP HEALTH INC (NEW YORK)

14401=NATIONAL HERITAGE (RHODE ISLAND)  
 14402=NATIONAL HERITAGE (RHODE ISLAND)  
 14411=NGS (RI)  
 14412=NGS (RI)  
 14501=NATIONAL HERITAGE (VERMONT)  
 14502=NATIONAL HERITAGE (VERMONT)  
 14511=NGS (VT)  
 14512=NGS (VT)  
 15004=CGS Administrators HHH  
 15101=CGS (KENTUCKY)

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 12  
 Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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15102=CGS (KENTUCKY)  
 15201=CGS (OHIO)  
 15202=CGS (OHIO)  
 16360=NATIONWIDE (OHIO)  
 16510=NATIONWIDE (WEST VIRGINIA)  
 17120=HAWAII MEDICAL SERVICE ASSOCIATION  
 21200=MASSACHUSETTS/MAINE  
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)  
 31143=NATIONAL HERITAGE INSURANCE CO  
 31144=NATIONAL HERITAGE INSURANCE CO  
 50333=TRAVELERS (NEW YORK)  
 51051=AETNA (PETALUMA)  
 51070=AETNA (FARMINGTON)  
 51100=AETNA (CLEARWATER)  
 51140=AETNA (PEORIA)  
 51390=AETNA (FORT WASHINGTON)  
 52280=WISCONSIN PHYSICIANS SERVICE  
 57400=COOPERATIVA (PUERTO RICO)

CCN	10	158	167	VARCHAR2
-----	----	-----	-----	----------

Description: Six or ten position identification number that is assigned to a certified provider. This is the CMS Certification Number.

SAS Name: PRVDR\_NUM

COBOL Name: PRVDR-NUM

Region Code	2	168	169	VARCHAR2
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Description: Indicates the CMS Regional Office responsible for the certification of the provider.

SAS Name: RGN\_CD

COBOL Name: RGN-CD

VALUES: 01=Boston  
 02=New York



03=Philadelphia  
 04=Atlanta  
 05=Chicago  
 06=Dallas  
 07=Kansas City  
 08=Denver  
 09=San Francisco  
 10=Seattle

Skeleton Record Indicator 1 170 170 VARCHAR2

Description: Indicates if the record is a skeleton record. Only a limited set of data is available for this provider; no survey data exists. Only provider categories 01,17,19,21and 22 can have skeleton providers.

SAS Name: SKLTN\_REC\_SW

COBOL Name: SKLTN-REC-SW

State Abbreviation 2 171 172 VARCHAR2

Description: Two-character state abbreviation.

SAS Name: STATE\_CD

COBOL Name: STATE-CD

VALUES: AK=ALASKA  
 AL=ALABAMA  
 AR=ARKANSAS  
 AS=AMERICAN SAMOA  
 AZ=ARIZONA  
 CA=CALIFORNIA  
 CN=CANADA  
 CO=COLORADO  
 CT=CONNECTICUT  
 DC=DISTRICT OF COLUMBIA

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 13

Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

DE=DELAWARE  
 FL=FLORIDA  
 FN=INTERNATIONAL  
 GA=GEORGIA  
 GU=GUAM  
 HI=HAWAII  
 IA=IOWA  
 ID=IDAHO  
 IL=ILLINOIS  
 IN=INDIANA  
 KS=KANSAS  
 KY=KENTUCKY

LA=LOUISIANA  
MA=MASSACHUSETTS  
MD=MARYLAND  
ME=MAINE  
MI=MICHIGAN  
MN=MINNESOTA  
MO=MISSOURI  
MP=SAIPAN  
MS=MISSISSIPPI  
MT=MONTANA  
MX=MEXICO  
NC=NORTH CAROLINA  
ND=NORTH DAKOTA  
NE=NEBRASKA  
NH=NEW HAMPSHIRE  
NJ=NEW JERSEY  
NM=NEW MEXICO  
NV=NEVADA  
NY=NEW YORK  
OH=OHIO  
OK=OKLAHOMA  
OR=OREGON  
PA=PENNSYLVANIA  
PR=PUERTO RICO  
RI=RHODE ISLAND  
SC=SOUTH CAROLINA  
SD=SOUTH DAKOTA  
TN=TENNESSEE  
TX=TEXAS  
UT=UTAH  
VA=VIRGINIA  
VI=VIRGIN ISLANDS  
VT=VERMONT  
WA=WASHINGTON  
WI=WISCONSIN  
WV=WEST VIRGINIA  
WY=WYOMING

SSA State Code 2 173 174 VARCHAR2

Description: Social Security Administration geographic code indicating the state where the provider is located.

SAS Name: SSA\_STATE\_CD

COBOL Name: SSA-STATE-CD

VALUES: 01=ALABAMA  
02=ALASKA  
03=ARIZONA  
04=ARKANSAS  
05=CALIFORNIA  
06=COLORADO  
07=CONNECTICUT

08=DELAWARE  
09=DISTRICT OF COLUMBIA

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 14  
Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION                                              LEN    START    END        TYPE

10=FLORIDA  
11=GEORGIA  
12=HAWAII  
13=IDAHO  
14=ILLINOIS  
15=INDIANA  
16=IOWA  
17=KANSAS  
18=KENTUCKY  
19=LOUISIANA  
20=MAINE  
21=MARYLAND  
22=MASSACHUSETTS  
23=MICHIGAN  
24=MINNESOTA  
25=MISSISSIPPI  
26=MISSOURI  
27=MONTANA  
28=NEBRASKA  
29=NEVADA  
30=NEW HAMPSHIRE  
31=NEW JERSEY  
32=NEW MEXICO  
33=NEW YORK  
34=NORTH CAROLINA  
35=NORTH DAKOTA  
36=OHIO  
37=OKLAHOMA  
38=OREGON  
39=PENNSYLVANIA  
40=PUERTO RICO  
41=RHODE ISLAND  
42=SOUTH CAROLINA  
43=SOUTH DAKOTA  
44=TENNESSEE  
45=TEXAS  
46=UTAH  
47=VERMONT  
48=VIRGIN ISLANDS  
49=VIRGINIA  
50=WASHINGTON

51=WEST VIRGINIA  
 52=WISCONSIN  
 53=WYOMING  
 54=AFRICA  
 56=CANADA  
 57=WEST INDIES  
 58=EUROPE  
 59=MEXICO  
 60=OCEANIA  
 61=PHILIPPINES  
 62=SOUTH AMERICA  
 63=UNITED STATES POSSESSIONS  
 64=AMERICAN SAMOA  
 65=GUAM  
 66=SAIPAN  
 99=INTERNATIONAL

State Region Code 3 175 177 VARCHAR2  
 Description: Identifies the region within a state where the provider  
 is located.  
 SAS Name: STATE\_RGN\_CD  
 COBOL Name: STATE-RGN-CD  
 VALUES: AK/001=ALASKA

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 15  
 Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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AK/LAB=LABORATORIES				
AK/NPH=NON-PARTICIPATING HOSPITAL				
AL/001=ALABAMA				
AL/LAB=LABORATORIES				
AL/NPH=NON-PARTICIPATING HOSPITAL				
AR/001=ARKANSAS				
AR/LAB=LABORATORIES				
AR/NPH=NON-PARTICIPATING HOSPITAL				
AS/001=AMERICAN SAMOA				
AS/LAB=LABORATORY				
AS/NPH=NON-PARTICIPATING HOSPITAL				
AZ/AZ=PHOENIX				
AZ/LAB=ARIZONA LAB				
AZ/NPH=NON-PARTICIPATING HOSPITAL				
AZ/TUC=TUCSON				
CA/001=CALIFORNIA				
CA/BAK=BAKERSFIELD				
CA/BER=SAN BERNARDINO				
CA/EB=East Bay				
CA/FR=FRESNO				

CA/L1=L.A. WEST  
 CA/L2=L.A. NORTH  
 CA/L3=L.A. CENTRAL  
 CA/L4=L.A. EAST  
 CA/L5=SAN GABRIEL  
 CA/LA1=LA Region 1  
 CA/LA2=LA Region 2  
 CA/LA3=LA Region 3  
 CA/LA4=LA Acute/Ancillary  
 CA/LA5=LA HHA/Hospice  
 CA/LA6=LA ICF/DD/CLinics  
 CA/LAB=LABORATORIES  
 CA/M1=LAB. SOUTH  
 CA/M2=LAB. NORTH  
 CA/NPH=NON-PARTICIPATING HOSPITAL  
 CA/ORG=ORANGE  
 CA/RIV=RIVERSIDE  
 CA/S1=SACRAMENTO  
 CA/S3=CHICO  
 CA/SD=SAN DIEGO  
 CA/SF=SAN FRANCISCO  
 CA/SJ=SAN JOSE  
 CA/SR=SANTA ROSA  
 CA/STK=STOCKTON  
 CA/VEN=VENTURA  
 CN/001=CANADA  
 CN/LAB=LABORATORY  
 CN/NPH=NON-PARTICIPATING HOSPITAL  
 CO/001=COLORADO  
 CO/LAB=LABORATORIES  
 CO/NPH=NON-PARTICIPATING HOSPITAL  
 CT/001=CONNECTICUT  
 CT/LAB=LABORATORIES  
 CT/NPH=NON-PARTICIPATING HOSPITAL  
 DC/001=DISTRICT OF COLUMBIA  
 DC/LAB=LABORATORIES  
 DC/NPH=NON-PARTICIPATING HOSPITAL  
 DE/001=DELAWARE  
 DE/LAB=LABORATORIES  
 DE/NPH=NON-PARTICIPATING HOSPITAL  
 FL/001=FLORIDA  
 FL/FTM=FT. MYERS  
 FL/GAI=GAINESVILLE  
 FL/JAX=JACKSONVILLE

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 16

Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

FL/LAB=LABORATORIES  
FL/LAN=LANTANA  
FL/LAU=LAUDERHILL  
FL/MIA=MIAMI  
FL/NPH=NON-PARTICIPATING HOSPITAL  
FL/ORL=ORLANDO  
FL/PEN=PENSACOLA  
FL/STP=ST. PETERSBURG  
FL/TAL=TALLAHASSEE  
FL/TAM=TAMPA  
FM/001=FEDERATED STATES OF MICRO  
FM/NPH=NON-PARTICIPATING HOSPITAL  
FN/001=INTERNATIONAL  
FN/LAB=LABORATORIES  
FN/NPH=NON-PARTICIPATING HOSPITAL  
GA/001=GEORGIA  
GA/GAA=GEORGIA ALL  
GA/GAC=GEORGIA CENTRAL  
GA/GAE=GEORGIA EASTERN  
GA/GAN=GEORGIA NORTH  
GA/GAS=GEORGIA SOUTH  
GA/GAW=GEORGIA WESTERN  
GA/LAB=LABORATORIES  
GA/NPH=NON-PARTICIPATING HOSPITAL  
GU/001=GUAM  
GU/LAB=LABORATORIES  
GU/NPH=NON-PARTICIPATING HOSPITAL  
HI/001=HAWAII  
HI/LAB=LABORATORIES  
HI/NPH=NON-PARTICIPATING HOSPITAL  
IA/001=IOWA  
IA/LAB=LABORATORIES  
IA/NPH=NON-PARTICIPATING HOSPITAL  
ID/001=IDAHO  
ID/LAB=LABORATORIES  
ID/NPH=NON-PARTICIPATING HOSPITAL  
IL/001=ILLINOIS  
IL/LAB=LABORATORIES  
IL/NPH=NON-PARTICIPATING HOSPITAL  
IN/001=INDIANA  
IN/LAB=LABORATORIES  
IN/NPH=NON-PARTICIPATING HOSPITAL  
KS/001=KANSAS  
KS/KCK=KANSAS CITY  
KS/KDH=KDHE  
KS/LAB=LABORATORIES  
KS/LAW=LAWRENCE  
KS/NC=NORTH CENTRAL KANSAS  
KS/NE=NORTH EAST KANSAS

KS/NPH=NON-PARTICIPATING HOSPITAL  
 KS/NW=NORTH WEST KANSAS  
 KS/SC=SOUTH CENTRAL KANSAS  
 KS/SE=SOUTH EAST KANSAS  
 KS/SW=SOUTH WEST KANSAS  
 KS/WST=WEST  
 KY/2C1=HOPKINSVILLE  
 KY/2C2=LOUISVILLE  
 KY/2C3=LONDON  
 KY/2C4=LEXINGTON  
 KY/LAB=LABORATORIES  
 KY/NPH=NON-PARTICIPATING HOSPITAL  
 LA/001=LOUISIANA  
 LA/LA1=NEW ORLEANS  
 LA/LA2=MANDEVILLE

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 17  
 Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
-------------------	-----	-------	-----	------

LA/LA3=LAFAYETTE				
LA/LA4=MONROE				
LA/LA5=SHREVEPORT				
LA/LA6=ALEXANDRIA				
LA/LAB=LABORATORIES				
LA/LB1=CLIA NEW ORLEANS				
LA/LB5=CLIA SHREVEPORT				
LA/LB6=CLIA ALEXANDRIA				
LA/NPH=NON-PARTICIPATING HOSPITAL				
MA/001=MASSACHUSETTS				
MA/LAB=LABORATORIES				
MA/NPH=NON-PARTICIPATING HOSPITAL				
MD/001=MARYLAND				
MD/LAB=LABORATORIES				
MD/NPH=NON-PARTICIPATING HOSPITAL				
ME/001=MAINE				
ME/LAB=LABORATORIES				
ME/NPH=NON-PARTICIPATING HOSPITAL				
MH/001=MARSHALL ISLANDS				
MH/NPH=NON-PARTICIPATING HOSPITAL				
MI/001=MICHIGAN				
MI/LAB=LABORATORIES				
MI/NPH=NON-PARTICIPATING HOSPITAL				
MN/001=MINNESOTA				
MN/LAB=LABORATORIES				
MN/NPH=NON-PARTICIPATING HOSPITAL				
MO/001=MISSOURI				
MO/01=REGION01				

MO/02=REGION02  
 MO/03=REGION 03  
 MO/04=REGION 04  
 MO/05=REGION 05  
 MO/06=REGION 06  
 MO/07=REGION 07  
 MO/1NH=REGION 1 NH  
 MO/2NH=REGION 2 NH  
 MO/3NH=REGION 3 NH  
 MO/4NH=REGION 4 NH  
 MO/5NH=REGION 5 NH  
 MO/6NH=REGION 6 NH  
 MO/7NH=REGION 7 NH  
 MO/LAB=LABORATORIES  
 MO/MO=STATEWIDE  
 MO/NPH=NON-PARTICIPATING HOSPITAL  
 MP/001=NORTHERN MARIANA ISLANDS  
 MP/LAB=LABORATORIES  
 MP/NPH=NON-PARTICIPATING HOSPITAL  
 MS/001=MISSISSIPPI  
 MS/LAB=LABORATORIES  
 MS/NPH=NON-PARTICIPATING HOSPITAL  
 MT/001=MONTANA  
 MT/LAB=LABORATORIES  
 MT/NPH=NON-PARTICIPATING HOSPITAL  
 MX/001=MEXICO  
 MX/LAB=LABORATORY  
 MX/NPH=NON-PARTICIPATING HOSPITAL  
 NC/001=NORTH CAROLINA  
 NC/LAB=LABORATORIES  
 NC/NCC=NORTH CAROLINA CENTRAL  
 NC/NCE=NORTH CAROLINA EAST  
 NC/NCN=NORTH CAROLINA NORTH  
 NC/NCS=NORTH CAROLINA SOUTH  
 NC/NCW=NORTH CAROLINA WEST  
 NC/NPH=NON-PARTICIPATING HOSPITAL

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 18

Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
-------------------	-----	-------	-----	------

ND/001=NORTH DAKOTA  
 ND/LAB=LABORATORIES  
 ND/NPH=NON-PARTICIPATING HOSPITAL  
 NE/001=NEBRASKA  
 NE/1=NORTH CENTRAL  
 NE/2=CENTRAL  
 NE/3=NORTHEAST



NE/4=SOUTHEAST  
NE/5=WESTERN  
NE/LAB=LABORATORIES  
NE/NPH=NON-PARTICIPATING HOSPITAL  
NH/001=NEW HAMPSHIRE  
NH/LAB=LABORATORIES  
NH/NPH=NON-PARTICIPATING HOSPITAL  
NJ/001=NEW JERSEY  
NJ/LAB=LABORATORIES  
NJ/NPH=NON-PARTICIPATING HOSPITAL  
NM/001=NEW MEXICO  
NM/LAB=LABORATORIES  
NM/NPH=NON-PARTICIPATING HOSPITAL  
NV/001=NEVADA  
NV/CC=CARSON CITY  
NV/LAB=LABORATORIES  
NV/LV=LAS VEGAS  
NV/NPH=NON-PARTICIPATING HOSPITAL  
NY/001=BUFFALO  
NY/002=ROCHESTER  
NY/003=SYRACUSE  
NY/004=ALBANY  
NY/005=NEW ROCHELLE  
NY/006=NEW YORK CITY  
NY/007=SUFFOLK/NASSAU COUNTY  
NY/LAB=LABORATORIES  
NY/NPH=NON-PARTICIPATING HOSPITAL  
OH/001=OHIO  
OH/LAB=LABORATORIES  
OH/NPH=NON-PARTICIPATING HOSPITAL  
OK/001=OKLAHOMA  
OK/LAB=LABORATORIES  
OK/NPH=NON-PARTICIPATING HOSPITAL  
OR/001=OFFICE #1  
OR/002=OFFICE #2  
OR/003=OFFICE #3  
OR/LAB=LABORATORIES  
OR/NPH=NON-PARTICIPATING HOSPITAL  
PA/001=PENNSYLVANIA  
PA/LAB=LABORATORIES  
PA/NPH=NON-PARTICIPATING HOSPITAL  
PR/001=PUERTO RICO  
PR/LAB=LABORATORIES  
PR/NPH=NON-PARTICIPATING HOSPITAL  
PW/001=PALAU  
PW/NPH=NON-PARTICIPATING HOSPITAL  
RI/001=RHODE ISLAND  
RI/LAB=LABORATORIES  
RI/NPH=NON-PARTICIPATING HOSPITAL  
SC/001=SOUTH CAROLINA

SC/LAB=LABORATORIES  
 SC/NPH=NON-PARTICIPATING HOSPITAL  
 SD/001=SOUTH DAKOTA  
 SD/LAB=LABORATORIES  
 SD/NPH=NON-PARTICIPATING HOSPITAL  
 TN/001=TENNESSEE  
 TN/LAB=LABORATORIES

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 19

Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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TN/NPH=NON-PARTICIPATING HOSPITAL				
TN/TNC=TENNESSEE COOKEVILLE				
TN/TNE=TENNESSEE EASTERN				
TN/TNM=TENNESSEE MIDDLE				
TN/TNW=TENNESSEE WESTERN				
TX/001=TEXAS				
TX/L01=AMARILLO-LTC				
TX/L02=ABILENE-LTC				
TX/L03=ARLINGTON-LTC				
TX/L04=TYLER-LTC				
TX/L05=TEMPLE-LTC				
TX/L06=HOUSTON-LTC				
TX/L07=Austin-LTC				
TX/L08=San Antonio-LTC				
TX/L11=Corpus Christi-LTC				
TX/LAB=LABORATORIES				
TX/NPH=NON-PARTICIPATING HOSPITAL				
TX/TX1=NLTC REG 1, 7, 9, 10				
TX/TX2=NLTC REG 2, 3				
TX/TX4=NLTC REG 6				
TX/TX5=NLTC REG 4, 5				
TX/TX6=NLTC Statewide-Certified Only				
TX/TX8=NLTC REG 8, 11				
UT/001=UTAH				
UT/LAB=LABORATORIES				
UT/NPH=NON-PARTICIPATING HOSPITAL				
VA/001=VIRGINIA				
VA/LAB=LABORATORIES				
VA/NPH=NON-PARTICIPATING HOSPITAL				
VI/001=VIRGIN ISLANDS				
VI/LAB=LABORATORIES				
VI/NPH=NON-PARTICIPATING HOSPITAL				
VT/001=VERMONT				
VT/LAB=LABORATORIES				
VT/NPH=NON-PARTICIPATING HOSPITAL				
WA/001=ALL OTHERS (NON-LTC FAC)				

WA/D1=SPOKANE & YAKIMA AREAS  
 WA/D1A=District 1, Unit A  
 WA/D1B=District 1, Unit B  
 WA/D1C=District 1, Unit C  
 WA/D1D=District 1, Unit D  
 WA/D1E=District 1, Unit E  
 WA/D1F=District 1, Unit F  
 WA/D2=SPOKANE & SE  
 WA/D2A=District 2, Unit A  
 WA/D2B=District 2, Unit B  
 WA/D2C=District 2, Unit C  
 WA/D2D=District 2, Unit D  
 WA/D2E=District 2, Unit E  
 WA/D2F=District 2, Unit F  
 WA/D2G=District 2, Unit G  
 WA/D2H=District 2, Unit H  
 WA/D2I=District 2, Unit I  
 WA/D2J=District 2, Unit J  
 WA/D2L=District 2, Unit L  
 WA/D3=NW WASHINGTON  
 WA/D3A=District 3, Unit A  
 WA/D3B=District 3, Unit B  
 WA/D3C=District 3, Unit C  
 WA/D3D=District 3, Unit D  
 WA/D3E=District 3, Unit E  
 WA/D3F=District 3, Unit F  
 WA/D3G=District 3, Unit G  
 WA/D3H=District 3, Unit H

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POS RECORD LAYOUT

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Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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WA/D4A=GREATER SEATTLE AREA				
WA/D4B=S KING COUNTY				
WA/D5A=PIERCE CTY & PENINSULA				
WA/D5B=PIERCE CTY & GRAYS HARBOR				
WA/D6=OLYMPIA AREA				
WA/LAB=LABORATORIES				
WA/NPH=NON-PARTICIPATING HOSPITAL				
WI/001=WISCONSIN				
WI/LAB=LABORATORIES				
WI/NPH=NON-PARTICIPATING HOSPITAL				
WV/001=WEST VIRGINIA				
WV/LAB=LABORATORIES				
WV/NPH=NON-PARTICIPATING HOSPITAL				
WY/001=WYOMING				
WY/LAB=LABORATORIES				

WY/NPH=NON-PARTICIPATING HOSPITAL

Address: Street 50 178 227 VARCHAR2  
 Description: Street address where the provider is located.  
 SAS Name: ST\_ADR  
 COBOL Name: ST-ADR

Telephone Number 10 228 237 VARCHAR2  
 Description: Telephone number of the provider.  
 SAS Name: PHNE\_NUM  
 COBOL Name: PHNE-NUM

Termination Code 2 238 239 VARCHAR2  
 Description: Indicates the current termination status for the provider.  
 SAS Name: PGM\_TRMNTN\_CD  
 COBOL Name: PGM-TRMNTN-CD  
 VALUES: 00=ACTIVE PROVIDER  
 01=VOLUNTARY-MERGER, CLOSURE  
 02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT  
 03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION  
 04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL  
 05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ  
 06=INVOLUNTARY-FAILURE TO MEET AGREEMENT  
 07=OTHER-PROVIDER STATUS CHANGE  
 08=NONPAYMENT OF FEES - CLIA Only  
 09=REV/UNSUCCESSFUL PARTICIPATION IN PT - CLIA Only  
 10=REV/OTHER REASON - CLIA Only  
 11=INCOMPLETE CLIA APPLICATION INFORMATION - CLIA Only  
 12=NO LONGER PERFORMING TESTS - CLIA Only  
 13=MULTIPLE TO SINGLE SITE CERTIFICATE - CLIA Only  
 14=SHARED LABORATORY - CLIA Only  
 15=FAILURE TO RENEW WAIVER PPM CERTIFICATE - CLIA Only  
 16=DUPLICATE CLIA NUMBER - CLIA Only  
 17=MAIL RETURNED NO FORWARD ADDRESS CERT ENDED - CLIA Only  
 20=NOTIFICATION BANKRUPTCY - CLIA Only  
 33=ACCREDITATION NOT CONFIRMED - CLIA Only  
 80=AWAITING STATE APPROVAL  
 99=OIG ACTION - DO NOT ACTIVATE - CLIA Only

Termination or Expiration Date 8 240 247 DATE  
 Description: Date the provider was terminated. For CLIA providers, date the laboratory's certificate was terminated or the expiration date of the current CLIA certificate.  
 SAS Name: TRMNTN\_EXPRTN\_DT  
 COBOL Name: TRMNTN-EXPRTN-DT

Type of Action Code 1 248 248 VARCHAR2  
 Description: Identifies the reason for the certification. Type of

Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
action from the official survey record, CMS 1539 form. SAS Name: CRTFCTN_ACTN_TYPE_CD COBOL Name: CRTFCTN-ACTN-TYPE-CD VALUES: 1=INITIAL 2=RECERTIFICATION 3=TERMINATION 4=CHANGE OF OWNERSHIP 5=VALIDATION 8=FULL SURVEY AFTER COMPLAINT				
Ownership Type Code Description: Indicates the ownership type of the provider. SAS Name: GNRL_CNTL_TYPE_CD COBOL Name: GNRL-CNTL-TYPE-CD VALUES: 01=PROPRIETARY 02=CHURCH RELATED 03=NONPROFIT CORPORATION 04=OTHER NONPROFIT 05=STATE 06=LOCAL 07=FEDERAL	2	249	250	VARCHAR2
Address: ZIP Code Description: Five-digit ZIP code for a provider's physical address. SAS Name: ZIP_CD COBOL Name: ZIP-CD	5	251	255	VARCHAR2
FIPS State Code Description: FIPS State Code SAS Name: FIPS_STATE_CD COBOL Name: FIPS-STATE-CD VALUES: 01=ALABAMA 02=ALASKA 04=ARIZONA 05=ARKANSAS 06=CALIFORNIA 08=COLORADO 09=CONNECTICUT 10=DELAWARE 11=DISTRICT OF COLUMBIA 12=FLORIDA 13=GEORGIA 15=HAWAII 16=IDAHO	2	256	257	VARCHAR2

17=ILLINOIS  
18=INDIANA  
19=IOWA  
20=KANSAS  
21=KENTUCKY  
22=LOUISIANA  
23=MAINE  
24=MARYLAND  
25=MASSACHUSETTS  
26=MICHIGAN  
27=MINNESOTA  
28=MISSISSIPPI  
29=MISSOURI  
30=MONTANA  
31=NEBRASKA  
32=NEVADA  
33=NEW HAMPSHIRE  
34=NEW JERSEY  
35=NEW MEXICO  
36=NEW YORK

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POS RECORD LAYOUT

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Community Mental Health Center, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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37=NORTH CAROLINA				
38=NORTH DAKOTA				
39=OHIO				
40=OKLAHOMA				
41=OREGON				
42=PENNSYLVANIA				
43=PUERTO RICO				
44=RHODE ISLAND				
45=SOUTH CAROLINA				
46=SOUTH DAKOTA				
47=TENNESSEE				
48=TEXAS				
49=UTAH				
50=VERMONT				
51=VIRGINIA				
53=WASHINGTON				
54=WEST VIRGINIA				
55=WISCONSIN				
56=WYOMING				
60=AMERICAN SAMOA				
66=GUAM				
69=SAIPAN/MARIANA IS.				
78=VIRGIN ISLANDS				

FIPS County Code	3	258	260	VARCHAR2
Description: FIPS County Code				
SAS Name: FIPS_CNTY_CD				
COBOL Name: FIPS-CNTY-CD				
CBSA Urban Rural Indicator	1	261	261	VARCHAR2
Description: CBSA (Core Based Statistical Area) indicates whether the county is defined as Urban or Rural.				
SAS Name: CBSA_URBN_RRL_IND				
COBOL Name: CBSA-URBN-RRL-IND				
CBSA Code	5	262	266	VARCHAR2
Description: CBSA (Core Based Statistical Area) geographic entities defined by the U.S. Office of Management and Budget (OMB) on June 6, 2003 for use by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics. CBSA collectively refers to MSA.				
SAS Name: CBSA_CD				
COBOL Name: CBSA-CD				
Fiscal Year End Date (MMDD)	4	464	467	VARCHAR2
Description: End date, consisting of the month and day, of the provider's fiscal year.				
SAS Name: FY_END_MO_DAY_CD				
COBOL Name: FY-END-MO-DAY-CD				
Related Provider Number	10	686	695	CHAR
Description: Related provider number				
SAS Name: RELATED_PROVIDER_NUMBER				
COBOL Name: RELATED-PROVIDER-NUMBER				

SHORT DESCRIPTION	LEN	START	END	TYPE
Provider Category Subtype Code	2	1	2	VARCHAR2

Description: Identifies the subtype of the provider, within the primary category. Used in reporting to show the breakdown of provider categories, mainly for hospitals and SNFs.

SAS Name: PRVDR\_CTGRY\_SBTYP\_CD

COBOL Name: PRVDR-CTGRY-SBTYP-CD

VALUES: 01=Federally Qualified Health Center

Provider Category Code 2 3 4 VARCHAR2

Description: Identifies the type of provider participating in the Medicare/Medicaid program.

SAS Name: PRVDR\_CTGRY\_CD

COBOL Name: PRVDR-CTGRY-CD

VALUES: 21=Federally Qualified Health Center

CHOW Count 2 5 6 NUMBER

Description: Number of times this provider has undergone a change of ownership.

SAS Name: CHOW\_CNT

COBOL Name: CHOW-CNT

CHOW Date 8 7 14 DATE

Description: Effective date of the most recent change of ownership for this provider.

SAS Name: CHOW\_DT

COBOL Name: CHOW-DT

Address: City 28 15 42 VARCHAR2

Description: City in which the provider is physically located.

SAS Name: CITY\_NAME

COBOL Name: CITY-NAME

Compliance: Acceptable POC 1 43 43 VARCHAR2

Description: Indicates if a provider is in compliance with program requirements based on an acceptable plan for correction of deficiencies.

SAS Name: ACPTBL\_POC\_SW

COBOL Name: ACPTBL-POC-SW

Compliance: Status 1 44 44 VARCHAR2

Description: Compliance status of a provider at the time of certification survey.

SAS Name: CMPLNC\_STUS\_CD

COBOL Name: CMPLNC-STUS-CD

VALUES: A=IN COMPLIANCE

B=NOT IN COMPLIANCE

SSA County Code 3 45 47 VARCHAR2

Description: Social Security Administration geographic code indicating the county where the provider is located.



SAS Name: SSA\_CNTY\_CD  
COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR  
Description: Cross reference provider number  
SAS Name: CROSS\_REF\_PROVIDER\_NUMBER  
COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date 8 58 65 DATE  
Description: Equal to the exit date of the initial visit of the Health survey for certifications completed after July 28, 2012. For certifications prior to that date, the certification

DATE: 10/03/2022 POS RECORD LAYOUT PAGE: 2  
Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

date is equal to the exit date of the initial visit of the Health survey or LSC survey, whichever is later.  
SAS Name: CRTFCTN\_DT  
COBOL Name: CRTFCTN-DT

Eligibility Indicator 1 66 66 VARCHAR2  
Description: Indicates if a facility is eligible to participate in the Medicare and/or Medicaid programs.  
SAS Name: ELGBLTY\_SW  
COBOL Name: ELGBLTY-SW

Facility Name 50 67 116 VARCHAR2  
Description: Name of the provider certified to participate in the Medicare and/or Medicaid programs.  
SAS Name: FAC\_NAME  
COBOL Name: FAC-NAME

Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code 5 117 121 VARCHAR2  
Description: Number assigned to the Medicare Administrative Contractor, intermediary or carrier servicing this provider.  
SAS Name: INTRMDRY\_CARR\_CD  
COBOL Name: INTRMDRY-CARR-CD  
VALUES: 00000=DUMMY FOR MEDICAID HHA  
00010=BLUE CROSS (ALABAMA)  
00011=CAHABA  
00020=BLUE CROSS (ARKANSAS)  
00040=BLUE CROSS (CALIFORNIA)  
00060=BLUE CROSS (CONNECTICUT)  
00070=BLUE CROSS (DELAWARE)

00090=BLUE CROSS (FLORIDA)  
 00101=BLUE CROSS (GEORGIA)  
 00121=HEALTH CARE SERVICE CORPORATION  
 00122=HCSC - MICHIGAN  
 00123=HCSC OF MICHIGAN  
 00130=NATIONAL GOVERNMENT SERVICES  
 00131=NATIONAL GOVERNMENT SERVICES  
 00140=BLUE CROSS (IOWA/SOUTH DAKOTA)  
 00150=BLUE CROSS (KANSAS)  
 00160=NATIONAL GOVERNMENT SERVICES  
 00180=NATIONAL GOVERNMENT SERVICES  
 00181=NATIONAL GOVERNMENT SERVICES  
 00190=BLUE CROSS (MARYLAND)  
 00200=BLUE CROSS (MASSACHUSETTS)  
 00210=BLUE CROSS (MICHIGAN)  
 00220=BLUE CROSS (MINNESOTA)  
 00230=BLUE CROSS (MISSISSIPPI)  
 00231=BLUE CROSS (LOUISIANA)  
 00233=PINNACLE  
 00241=BLUE CROSS (MISSOURI)  
 00260=BLUE CROSS (NEBRASKA)  
 00270=NATIONAL GOVERNMENT SERVICES  
 00280=BLUE CROSS (NEW JERSEY)  
 00290=BLUE CROSS (NEW MEXICO)  
 00308=NATIONAL GOVERNMENT SERVICES  
 00310=BLUE CROSS (NORTH CAROLINA)  
 00320=NORIDIAN PART A  
 00322=NORIDIAN PART A (AK/WA)  
 00323=NORIDIAN PART A (ID/OR)  
 00325=NORIDIAN  
 00332=NATIONAL GOVERNMENT SERVICES  
 00340=BLUE CROSS (OKLAHOMA)  
 00350=BLUE CROSS (OREGON)

DATE: 10/03/2022

POS RECORD LAYOUT

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Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362=BLUE CROSS (INDEPENDENCE)				
00363=BLUE CROSS (WESTERN PENNSYLVANIA)				
00366=HIGHMARK MEDICARE SERVICES				
00370=BLUE CROSS (RHODE ISLAND)				
00380=BLUE CROSS (SOUTH CAROLINA)				
00390=BLUE CROSS (TENNESSEE)				
00400=BLUE CROSS (TEXAS)				
00410=BLUE CROSS (UTAH)				
00423=BLUE CROSS (VIRGINIA/WEST VA)				

00430=BLUE CROSS (WASHINGTON & ALASKA)  
00450=NATIONAL GOVERNMENT SERVICES  
00452=NATIONAL GOVERNMENT SERVICES  
00453=NATIONAL GOVERNMENT SERVICES  
00454=NATIONAL GOVERNMENT SERVICES  
00456=NATIONAL GOVERNMENT SERVICES  
00468=BLUE CROSS (NORTH CAROLINA FOR PR)  
00510=BLUE SHIELD (ALABAMA)  
00511=CAHABA  
00512=CAHABA  
00520=BLUE SHIELD (ARKANSAS)  
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)  
00542=BLUE SHIELD (CALIFORNIA)  
00550=BLUE SHIELD (COLORADO)  
00570=BLUE SHIELD (DELAWARE)  
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)  
00590=BLUE SHIELD (FLORIDA)  
00621=BLUE SHIELD (ILLINOIS)  
00630=NATIONAL GOVERNMENT SERVICES  
00640=BLUE SHIELD (IOWA)  
00650=BLUE SHIELD (KANSAS)  
00655=BLUE SHIELD (KANSAS/NEBRASKA)  
00660=NATIONAL GOVERNMENT SERVICES  
00690=BLUE SHIELD (MARYLAND)  
00700=BLUE SHIELD (MASSACHUSETTS)  
00710=BLUE SHIELD (MICHIGAN)  
00720=BLUE SHIELD (MINNESOTA)  
00740=BLUE SHIELD (KANSAS CITY)  
00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)  
00780=BLUE SHIELD (TRI-STATE)  
00801=BLUE SHIELD (BUFFALO)  
00803=NATIONAL GOVERNMENT SERVICES  
00805=NATIONAL GOVERNMENT SERVICES  
00821=NORIDIAN  
00824=NORIDIAN GVT SERVICES (CO)  
00826=NORIDIAN GVT SERVICES (IA)  
00831=NORIDIAN GVT SERVICES (AK)  
00832=NORIDIAN GVT SERVICES (AZ)  
00833=NORIDIAN GVT SERVICES (HI)  
00834=NORIDIAN GVT SERVICES (NV)  
00835=NORIDIAN GVT SERVICES (OR)  
00836=NORIDIAN GVT SERVICES (WA)  
00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)  
00865=BLUE SHIELD (PENNSYLVANIA)  
00870=BLUE SHIELD (RHODE ISLAND)  
00880=BLUE SHIELD (SOUTH CAROLINA)  
00883=PALMETTO GBA PART B  
00884=PALMETTO GBA  
00889=NORIDIAN GVT SERVICES (SD)  
00900=BLUE SHIELD (TEXAS)



02302=Noridian OR  
 02401=Noridian WA  
 02402=Noridian WA  
 03001=NORIDIAN ADMIN SERVICES  
 03101=NORIDIAN (ARIZONA)  
 03102=NORIDIAN (ARIZONA)  
 03201=NORIDIAN (MONTANA)  
 03202=NORIDIAN (MONTANA)  
 03301=NORIDIAN (NORTH DAKOTA)  
 03302=NORIDIAN (NORTH DAKOTA)  
 03401=NORIDIAN (SOUTH DAKOTA)  
 03402=NORIDIAN (SOUTH DAKOTA)  
 03501=NORIDIAN (UTAH)  
 03502=NORIDIAN (UTAH)  
 03601=NORIDIAN (WYOMING)  
 03602=NORIDIAN (WYOMING)  
 04001=TRAILBLAZER  
 04101=TRAILBLAZER (COLORADO)  
 04102=TRAILBLAZER (COLORADO)  
 04111=NOVITAS (COLORADO)  
 04112=NOVITAS (COLORADO)  
 04201=TRAILBLAZER (NEW MEXICO)  
 04202=TRAILBLAZER (NEW MEXICO)  
 04211=NOVITAS (NEW MEXICO)  
 04212=NOVITAS (NEW MEXICO)

DATE: 10/03/2022

POS RECORD LAYOUT

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Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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04301=TRAILBLAZER (OKLAHOMA)				
04302=TRAILBLAZER (OKLAHOMA)				
04311=NOVITAS (OKLAHOMA)				
04312=NOVITAS (OKLAHOMA)				
04401=TRAILBLAZER (TEXAS)				
04402=TRAILBLAZER (TEXAS)				
04411=NOVITAS (TEXAS)				
04412=NOVITAS (TEXAS)				
04901=MUTUAL LEGACY				
04911=NOVITAS				
05101=WPS (IOWA)				
05102=WPS (IOWA)				
05130=EQICOR (IDAHO)				
05201=WPS (KANSAS)				
05202=WPS (KANSAS)				
05301=WPS (MISSOURI)				
05302=WPS (MISSOURI WEST)				
05392=WPS (MISSOURI EAST)				

05401=WPS (NEBRASKA)  
05402=WPS (NEBRASKA)  
05440=EQICOR (TENNESSEE)  
05535=EQICOR (NORTH CAROLINA)  
05901=WISCONSIN PHYSICIANS SERVICE  
06001=NGS (WI)  
06004=National Govt Serv HHH  
06014=NATIONAL GOVERNMENT ERVICES  
06101=NGS (IL)  
06102=NGS (IL)  
06201=NGS (MN)  
06202=NGS (MN)  
06301=NGS (WI)  
06302=NGS (WI)  
07101=Novitas AR  
07102=Novitas AR  
07201=Novitas LA  
07202=Novitas LA  
07301=Novitas MS  
07302=Novitas MS  
08101=WPS IN  
08102=WPS IN  
08201=WPS MI  
08202=WPS MI  
09101=FIRST COAST (FLORIDA)  
09102=FIRST COAST (FLORIDA)  
09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)  
09202=FIRST COAST (PUERTO RICO)  
09302=FIRST COAST (VIRGIN ISLANDS)  
10071=TRAVELERS (RRB)  
10101=CAHABA GBA (AL)  
10102=CAHABA GBA (AL)  
10111=PALMETTO GBA (Part A) (AL)  
10112=PALMETTO GBA (AL)  
10201=CAHABA GBA (GA)  
10202=CAHABA GBA (GA)  
10211=PALMETTO GBA (GA)  
10212=PALMETTO GBA (GA)  
10230=TRAVELERS (CONNECTICUT)  
10240=TRAVELERS (MINNESOTA)  
10250=TRAVELERS (MISSISSIPPI)  
10301=CAHABA GBA (TN)  
10302=CAHABA GBA (TN)  
10311=PALMETTO GBA (TN)  
10312=PALMETTO GBA (TN)  
10490=TRAVELERS (VIRGINIA)

SHORT DESCRIPTION

LEN START END TYPE

10492=TRAVELERS - VIRGINIA SPECIAL PROJECT  
11004=PALMETTO HHH C  
11201=PALMETTO GBA (SC)  
11202=PALMETTO GBA (SC)  
11260=GENERAL AMERICAN  
11301=PALMETTO GBA (VA)  
11302=PALMETTO GBA (VA)  
11401=PALMETTO GBA (WV)  
11402=PALMETTO GBA (WV)  
11501=PALMETTO GBA (NC)  
11502=PALMETTO GBA (NC)  
12101=Novitas DE  
12102=Novitas DE  
12201=Novitas DC  
12202=Novitas DC  
12301=Novitas MD  
12302=Novitas MD  
12401=Novitas NJ  
12402=Novitas NJ  
12501=Novitas PA  
12502=Novitas PA  
12901=Novitas Solutions DC, DE, MD, PA  
12902=HIGHMARK  
13101=NATIONAL GOVT SERVICES (CONNECTICUT)  
13102=NATIONAL GOVT SERVICES (CONNECTICUT)  
13201=NATIONAL GOVT SERVICES (NEW YORK)  
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)  
13282=NGS (UN)  
13292=NGS (QN)  
14004=NATIONAL HERITAGE (HHA - A)  
14014=NGS (HHA)  
14101=NATIONAL HERITAGE (MAINE)  
14102=NATIONAL HERITAGE (MAINE)  
14111=NGS (ME)  
14112=NGS (ME)  
14201=NATIONAL HERITAGE (MASSACHUSETTS)  
14202=NATIONAL HERITAGE (MASSACHUSETTS)  
14211=NGS (MA)  
14212=NGS (MA)  
14301=NATIONAL HERITAGE (NEW HAMPSHIRE)  
14302=NATIONAL HERITAGE (NEW HAMPSHIRE)  
14311=NGS (NH)  
14312=NGS (NH)  
14330=GROUP HEALTH INC (NEW YORK)  
14401=NATIONAL HERITAGE (RHODE ISLAND)  
14402=NATIONAL HERITAGE (RHODE ISLAND)  
14411=NGS (RI)

14412=NGS (RI)  
 14501=NATIONAL HERITAGE (VERMONT)  
 14502=NATIONAL HERITAGE (VERMONT)  
 14511=NGS (VT)  
 14512=NGS (VT)  
 15004=CGS Administrators HHH  
 15101=CGS (KENTUCKY)  
 15102=CGS (KENTUCKY)  
 15201=CGS (OHIO)  
 15202=CGS (OHIO)  
 16360=NATIONWIDE (OHIO)  
 16510=NATIONWIDE (WEST VIRGINIA)  
 17120=HAWAII MEDICAL SERVICE ASSOCIATION  
 21200=MASSACHUSETTS/MAINE  
 31142=NATIONAL HERITAGE INSURANCE CO (MAINE)  
 31143=NATIONAL HERITAGE INSURANCE CO  
 31144=NATIONAL HERITAGE INSURANCE CO

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 Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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50333=TRAVELERS (NEW YORK)  
 51051=AETNA (PETALUMA)  
 51070=AETNA (FARMINGTON)  
 51100=AETNA (CLEARWATER)  
 51140=AETNA (PEORIA)  
 51390=AETNA (FORT WASHINGTON)  
 52280=WISCONSIN PHYSICIANS SERVICE  
 57400=COOPERATIVA (PUERTO RICO)

Medicaid Vendor Number	15	122	136	VARCHAR2
Description: Number which may be assigned to a provider by the state Medicaid agency for external control or billing purposes.				

SAS Name: MDCD\_VNDR\_NUM  
 COBOL Name: MDCD-VNDR-NUM

Original Participation Date	8	137	144	DATE
Description: Date a provider is first approved to provide Medicare and/or Medicaid services.				

SAS Name: ORGNL\_PRTCPTN\_DT  
 COBOL Name: ORGNL-PRTCPTN-DT

Prior CHOW Date	8	145	152	DATE
Description: Effective date of the previous change of ownership for this provider.				

SAS Name: CHOW\_PRIOR\_DT  
 COBOL Name: CHOW-PRIOR-DT



Prior Medicare Administrative Contractor (MAC) or 5 153 157 VARCHAR2  
Intermediary or Carrier Code

Description: Number assigned to the previous Medicare Administrative Contractor, intermediary or carrier servicing this provider.

SAS Name: INTRMDRY\_CARR\_PRIOR\_CD

COBOL Name: INTRMDRY-CARR-PRIOR-CD

VALUES: 00000=DUMMY FOR MEDICAID HHA  
00010=BLUE CROSS (ALABAMA)  
00011=CAHABA  
00020=BLUE CROSS (ARKANSAS)  
00040=BLUE CROSS (CALIFORNIA)  
00060=BLUE CROSS (CONNECTICUT)  
00070=BLUE CROSS (DELAWARE)  
00090=BLUE CROSS (FLORIDA)  
00101=BLUE CROSS (GEORGIA)  
00121=HEALTH CARE SERVICE CORPORATION  
00122=HCSC - MICHIGAN  
00123=HCSC OF MICHIGAN  
00130=NATIONAL GOVERNMENT SERVICES  
00131=NATIONAL GOVERNMENT SERVICES  
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)  
00150=BLUE CROSS (KANSAS)  
00160=NATIONAL GOVERNMENT SERVICES  
00180=NATIONAL GOVERNMENT SERVICES  
00181=NATIONAL GOVERNMENT SERVICES  
00190=BLUE CROSS (MARYLAND)  
00200=BLUE CROSS (MASSACHUSETTS)  
00210=BLUE CROSS (MICHIGAN)  
00220=BLUE CROSS (MINNESOTA)  
00230=BLUE CROSS (MISSISSIPPI)  
00231=BLUE CROSS (LOUISIANA)  
00233=PINNACLE  
00241=BLUE CROSS (MISSOURI)  
00260=BLUE CROSS (NEBRASKA)  
00270=NATIONAL GOVERNMENT SERVICES  
00280=BLUE CROSS (NEW JERSEY)

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 8

Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

00290=BLUE CROSS (NEW MEXICO)  
00308=NATIONAL GOVERNMENT SERVICES  
00310=BLUE CROSS (NORTH CAROLINA)  
00320=NORIDIAN PART A  
00322=NORIDIAN PART A (AK/WA)

00323=NORIDIAN PART A (ID/OR)  
00325=NORIDIAN  
00332=NATIONAL GOVERNMENT SERVICES  
00340=BLUE CROSS (OKLAHOMA)  
00350=BLUE CROSS (OREGON)  
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)  
00362=BLUE CROSS (INDEPENDENCE)  
00363=BLUE CROSS (WESTERN PENNSYLVANIA)  
00366=HIGHMARK MEDICARE SERVICES  
00370=BLUE CROSS (RHODE ISLAND)  
00380=BLUE CROSS (SOUTH CAROLINA)  
00390=BLUE CROSS (TENNESSEE)  
00400=BLUE CROSS (TEXAS)  
00410=BLUE CROSS (UTAH)  
00423=BLUE CROSS (VIRGINIA/WEST VA)  
00430=BLUE CROSS (WASHINGTON & ALASKA)  
00450=NATIONAL GOVERNMENT SERVICES  
00452=NATIONAL GOVERNMENT SERVICES  
00453=NATIONAL GOVERNMENT SERVICES  
00454=NATIONAL GOVERNMENT SERVICES  
00456=NATIONAL GOVERNMENT SERVICES  
00468=BLUE CROSS (NORTH CAROLINA FOR PR)  
00510=BLUE SHIELD (ALABAMA)  
00511=CAHABA  
00512=CAHABA  
00520=BLUE SHIELD (ARKANSAS)  
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)  
00542=BLUE SHIELD (CALIFORNIA)  
00550=BLUE SHIELD (COLORADO)  
00570=BLUE SHIELD (DELAWARE)  
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)  
00590=BLUE SHIELD (FLORIDA)  
00621=BLUE SHIELD (ILLINOIS)  
00630=NATIONAL GOVERNMENT SERVICES  
00640=BLUE SHIELD (IOWA)  
00650=BLUE SHIELD (KANSAS)  
00655=BLUE SHIELD (KANSAS/NEBRASKA)  
00660=NATIONAL GOVERNMENT SERVICES  
00690=BLUE SHIELD (MARYLAND)  
00700=BLUE SHIELD (MASSACHUSETTS)  
00710=BLUE SHIELD (MICHIGAN)  
00720=BLUE SHIELD (MINNESOTA)  
00740=BLUE SHIELD (KANSAS CITY)  
00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)  
00780=BLUE SHIELD (TRI-STATE)  
00801=BLUE SHIELD (BUFFALO)  
00803=NATIONAL GOVERNMENT SERVICES  
00805=NATIONAL GOVERNMENT SERVICES  
00821=NORIDIAN  
00824=NORIDIAN GVT SERVICES (CO)

00826=NORIDIAN GVT SERVICES (IA)  
 00831=NORIDIAN GVT SERVICES (AK)  
 00832=NORIDIAN GVT SERVICES (AZ)  
 00833=NORIDIAN GVT SERVICES (HI)  
 00834=NORIDIAN GVT SERVICES (NV)  
 00835=NORIDIAN GVT SERVICES (OR)  
 00836=NORIDIAN GVT SERVICES (WA)  
 00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)  
 00865=BLUE SHIELD (PENNSYLVANIA)

DATE: 10/03/2022

POS RECORD LAYOUT

PAGE: 9

Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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00870=BLUE SHIELD (RHODE ISLAND)				
00880=BLUE SHIELD (SOUTH CAROLINA)				
00883=PALMETTO GBA PART B				
00884=PALMETTO GBA				
00889=NORIDIAN GVT SERVICES (SD)				
00900=BLUE SHIELD (TEXAS)				
00901=TRAILBLAZERS HEALTH ENTERPRISES				
00904=TRAILBLAZER				
00910=BLUE SHIELD (UTAH)				
00930=BLUE SHIELD (WASHINGTON)				
00951=WISCONSIN PHYSICIANS SERVICE				
00952=WPS - ILLINOIS				
00953=WPS - MICHIGAN				
00954=WI PHYSICIAN SERVICES - MN				
00973=BLUE SHIELD (PUERTO RICO)				
00974=BLUE SHIELD (VIRGIN ISLANDS)				
01010=AETNA (PEORIA)				
01020=AETNA (ALASKA)				
01030=AETNA (ARIZONA)				
01040=AETNA (GEORGIA)				
01101=PALMETTO (CALIFORNIA)				
01102=PALMETTO (CALIFORNIA (NORTH))				
01111=Noridian (CA)				
01112=Noridian (NF)				
01120=AETNA (HAWAII)				
01182=Noridian (SF)				
01192=PALMETTO (CALIFORNIA SOUTH)				
01201=PALMETTO (HAWAII)				
01202=PALMETTO (HAWAII)				
01211=Noridian (AS, GU, HI)				
01212=Noridian (AS, GU, HI)				
01290=AETNA (NEVADA)				
01301=PALMETTO (NEVADA)				
01302=PALMETTO (NEVADA)				

01311=Noridian (NV)  
 01312=Noridian (NV)  
 01360=AETNA (NEW MEXICO)  
 01370=AETNA (OKLAHOMA)  
 01380=AETNA (OREGON)  
 01390=AETNA (WASHINGTON)  
 01901=PALMETTO GBA  
 01902=PALMETTO GBA  
 01911=Noridian (AS, GU, HI, NV)  
 02050=OCCIDENTAL (CALIFORNIA)  
 02101=Noridian AK  
 02102=Noridian AK  
 02201=Noridian ID  
 02202=Noridian ID  
 02301=Noridian OR  
 02302=Noridian OR  
 02401=Noridian WA  
 02402=Noridian WA  
 03001=NORIDIAN ADMIN SERVICES  
 03101=NORIDAN (ARIZONA)  
 03102=NORIDAN (ARIZONA)  
 03201=NORIDAN (MONTANA)  
 03202=NORIDAN (MONTANA)  
 03301=NORDIAN (NORTH DAKOTA)  
 03302=NORDIAN (NORTH DAKOTA)  
 03401=NORIDIAN (SOUTH DAKOTA)  
 03402=NORIDIAN (SOUTH DAKOTA)  
 03501=NORIDIAN (UTAH)  
 03502=NORIDIAN (UTAH)  
 03601=NORIDIAN (WYOMING)

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POS RECORD LAYOUT

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Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

03602=NORIDIAN (WYOMING)  
 04001=TRAILBLAZER  
 04101=TRAILBLAZER (COLORADO)  
 04102=TRAILBLAZER (COLORADO)  
 04111=NOVITAS (COLORADO)  
 04112=NOVITAS (COLORADO)  
 04201=TRAILBLAZER (NEW MEXICO)  
 04202=TRAILBLAZER (NEW MEXICO)  
 04211=NOVITAS (NEW MEXICO)  
 04212=NOVITAS (NEW MEXICO)  
 04301=TRAILBLAZER (OKLAHOMA)  
 04302=TRAILBLAZER (OKLAHOMA)  
 04311=NOVITAS (OKLAHOMA)

04312=NOVITAS (OKLAHOMA)  
04401=TRAILBLAZER (TEXAS)  
04402=TRAILBLAZER (TEXAS)  
04411=NOVITAS (TEXAS)  
04412=NOVITAS (TEXAS)  
04901=MUTUAL LEGACY  
04911=NOVITAS  
05101=WPS (IOWA)  
05102=WPS (IOWA)  
05130=EQICOR (IDAHO)  
05201=WPS (KANSAS)  
05202=WPS (KANSAS)  
05301=WPS (MISSOURI)  
05302=WPS (MISSOURI WEST)  
05392=WPS (MISSOURI EAST)  
05401=WPS (NEBRASKA)  
05402=WPS (NEBRASKA)  
05440=EQICOR (TENNESSEE)  
05535=EQICOR (NORTH CAROLINA)  
05901=WISCONSIN PHYSICIANS SERVICE  
06001=NGS (WI)  
06004=National Govt Serv HHH  
06014=NATIONAL GOVERNMENT SERVICES  
06101=NGS (IL)  
06102=NGS (IL)  
06201=NGS (MN)  
06202=NGS (MN)  
06301=NGS (WI)  
06302=NGS (WI)  
07101=Novitas AR  
07102=Novitas AR  
07201=Novitas LA  
07202=Novitas LA  
07301=Novitas MS  
07302=Novitas MS  
08101=WPS IN  
08102=WPS IN  
08201=WPS MI  
08202=WPS MI  
09101=FIRST COAST (FLORIDA)  
09102=FIRST COAST (FLORIDA)  
09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)  
09202=FIRST COAST (PUERTO RICO)  
09302=FIRST COAST (VIRGIN ISLANDS)  
10071=TRAVELERS (RRB)  
10101=CAHABA GBA (AL)  
10102=CAHABA GBA (AL)  
10111=PALMETTO GBA (Part A) (AL)  
10112=PALMETTO GBA (AL)  
10201=CAHABA GBA (GA)



14102=NATIONAL HERITAGE (MAINE)  
 14111=NGS (ME)  
 14112=NGS (ME)  
 14201=NATIONAL HERITAGE (MASSACHUSETTS)  
 14202=NATIONAL HERITAGE (MASSACHUSETTS)  
 14211=NGS (MA)  
 14212=NGS (MA)  
 14301=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14302=NATIONAL HERITAGE (NEW HAMPSHIRE)  
 14311=NGS (NH)  
 14312=NGS (NH)  
 14330=GROUP HEALTH INC (NEW YORK)  
 14401=NATIONAL HERITAGE (RHODE ISLAND)  
 14402=NATIONAL HERITAGE (RHODE ISLAND)  
 14411=NGS (RI)  
 14412=NGS (RI)  
 14501=NATIONAL HERITAGE (VERMONT)  
 14502=NATIONAL HERITAGE (VERMONT)  
 14511=NGS (VT)  
 14512=NGS (VT)  
 15004=CGS Administrators HHH  
 15101=CGS (KENTUCKY)

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POS RECORD LAYOUT

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Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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15102=CGS (KENTUCKY)				
15201=CGS (OHIO)				
15202=CGS (OHIO)				
16360=NATIONWIDE (OHIO)				
16510=NATIONWIDE (WEST VIRGINIA)				
17120=HAWAII MEDICAL SERVICE ASSOCIATION				
21200=MASSACHUSETTS/MAINE				
31142=NATIONAL HERITAGE INSURANCE CO (MAINE)				
31143=NATIONAL HERITAGE INSURANCE CO				
31144=NATIONAL HERITAGE INSURANCE CO				
50333=TRAVELERS (NEW YORK)				
51051=AETNA (PETALUMA)				
51070=AETNA (FARMINGTON)				
51100=AETNA (CLEARWATER)				
51140=AETNA (PEORIA)				
51390=AETNA (FORT WASHINGTON)				
52280=WISCONSIN PHYSICIANS SERVICE				
57400=COOPERATIVA (PUERTO RICO)				

CCN

10 158 167 VARCHAR2

Description: Six or ten position identification number that is

assigned to a certified provider. This is the CMS Certification Number.

SAS Name: PRVDR\_NUM  
COBOL Name: PRVDR-NUM

Region Code 2 168 169 VARCHAR2

Description: Indicates the CMS Regional Office responsible for the certification of the provider.

SAS Name: RGN\_CD  
COBOL Name: RGN-CD  
VALUES: 01=Boston  
02=New York  
03=Philadelphia  
04=Atlanta  
05=Chicago  
06=Dallas  
07=Kansas City  
08=Denver  
09=San Francisco  
10=Seattle

Skeleton Record Indicator 1 170 170 VARCHAR2

Description: Indicates if the record is a skeleton record. Only a limited set of data is available for this provider; no survey data exists. Only provider categories 01,17,19,21 and 22 can have skeleton providers.

SAS Name: SKLTN\_REC\_SW  
COBOL Name: SKLTN-REC-SW

State Abbreviation 2 171 172 VARCHAR2

Description: Two-character state abbreviation.

SAS Name: STATE\_CD  
COBOL Name: STATE-CD  
VALUES: AK=ALASKA  
AL=ALABAMA  
AR=ARKANSAS  
AS=AMERICAN SAMOA  
AZ=ARIZONA  
CA=CALIFORNIA  
CN=CANADA  
CO=COLORADO  
CT=CONNECTICUT  
DC=DISTRICT OF COLUMBIA

SHORT DESCRIPTION

LEN START END TYPE



DE=DELAWARE  
FL=FLORIDA  
FN=INTERNATIONAL  
GA=GEORGIA  
GU=GUAM  
HI=HAWAII  
IA=IOWA  
ID=IDAHO  
IL=ILLINOIS  
IN=INDIANA  
KS=KANSAS  
KY=KENTUCKY  
LA=LOUISIANA  
MA=MASSACHUSETTS  
MD=MARYLAND  
ME=MAINE  
MI=MICHIGAN  
MN=MINNESOTA  
MO=MISSOURI  
MP=SAIPAN  
MS=MISSISSIPPI  
MT=MONTANA  
MX=MEXICO  
NC=NORTH CAROLINA  
ND=NORTH DAKOTA  
NE=NEBRASKA  
NH=NEW HAMPSHIRE  
NJ=NEW JERSEY  
NM=NEW MEXICO  
NV=NEVADA  
NY=NEW YORK  
OH=OHIO  
OK=OKLAHOMA  
OR=OREGON  
PA=PENNSYLVANIA  
PR=PUERTO RICO  
RI=RHODE ISLAND  
SC=SOUTH CAROLINA  
SD=SOUTH DAKOTA  
TN=TENNESSEE  
TX=TEXAS  
UT=UTAH  
VA=VIRGINIA  
VI=VIRGIN ISLANDS  
VT=VERMONT  
WA=WASHINGTON  
WI=WISCONSIN  
WV=WEST VIRGINIA  
WY=WYOMING

SSA State Code 2 173 174 VARCHAR2

Description: Social Security Administration geographic code indicating the state where the provider is located.

SAS Name: SSA\_STATE\_CD

COBOL Name: SSA-STATE-CD

VALUES: 01=ALABAMA  
02=ALASKA  
03=ARIZONA  
04=ARKANSAS  
05=CALIFORNIA  
06=COLORADO  
07=CONNECTICUT  
08=DELAWARE  
09=DISTRICT OF COLUMBIA

DATE: 10/03/2022

POS RECORD LAYOUT

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Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

10=FLORIDA  
11=GEORGIA  
12=HAWAII  
13=IDAHO  
14=ILLINOIS  
15=INDIANA  
16=IOWA  
17=KANSAS  
18=KENTUCKY  
19=LOUISIANA  
20=MAINE  
21=MARYLAND  
22=MASSACHUSETTS  
23=MICHIGAN  
24=MINNESOTA  
25=MISSISSIPPI  
26=MISSOURI  
27=MONTANA  
28=NEBRASKA  
29=NEVADA  
30=NEW HAMPSHIRE  
31=NEW JERSEY  
32=NEW MEXICO  
33=NEW YORK  
34=NORTH CAROLINA  
35=NORTH DAKOTA  
36=OHIO  
37=OKLAHOMA  
38=OREGON



AS/001=AMERICAN SAMOA  
AS/LAB=LABORATORY  
AS/NPH=NON-PARTICIPATING HOSPITAL  
AZ/AZ=PHOENIX  
AZ/LAB=ARIZONA LAB  
AZ/NPH=NON-PARTICIPATING HOSPITAL  
AZ/TUC=TUCSON  
CA/001=CALIFORNIA  
CA/BAK=BAKERSFIELD  
CA/BER=SAN BERNARDINO  
CA/EB=East Bay  
CA/FR=FRESNO  
CA/L1=L.A. WEST  
CA/L2=L.A. NORTH  
CA/L3=L.A. CENTRAL  
CA/L4=L.A. EAST  
CA/L5=SAN GABRIEL  
CA/LA1=LA Region 1  
CA/LA2=LA Region 2  
CA/LA3=LA Region 3  
CA/LA4=LA Acute/Ancillary  
CA/LA5=LA HHA/Hospice  
CA/LA6=LA ICF/DD/Clinics  
CA/LAB=LABORATORIES  
CA/M1=LAB. SOUTH  
CA/M2=LAB. NORTH  
CA/NPH=NON-PARTICIPATING HOSPITAL  
CA/ORG=ORANGE  
CA/RIV=RIVERSIDE  
CA/S1=SACRAMENTO  
CA/S3=CHICO  
CA/SD=SAN DIEGO  
CA/SF=SAN FRANCISCO  
CA/SJ=SAN JOSE  
CA/SR=SANTA ROSA  
CA/STK=STOCKTON  
CA/VEN=VENTURA  
CN/001=CANADA  
CN/LAB=LABORATORY  
CN/NPH=NON-PARTICIPATING HOSPITAL  
CO/001=COLORADO  
CO/LAB=LABORATORIES  
CO/NPH=NON-PARTICIPATING HOSPITAL  
CT/001=CONNECTICUT  
CT/LAB=LABORATORIES  
CT/NPH=NON-PARTICIPATING HOSPITAL  
DC/001=DISTRICT OF COLUMBIA  
DC/LAB=LABORATORIES  
DC/NPH=NON-PARTICIPATING HOSPITAL  
DE/001=DELAWARE

DE/LAB=LABORATORIES  
DE/NPH=NON-PARTICIPATING HOSPITAL  
FL/001=FLORIDA  
FL/FTM=FT. MYERS  
FL/GAI=GAINESVILLE  
FL/JAX=JACKSONVILLE

DATE: 10/03/2022

POS RECORD LAYOUT

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Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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FL/LAB=LABORATORIES				
FL/LAN=LANTANA				
FL/LAU=LAUDERHILL				
FL/MIA=MIAMI				
FL/NPH=NON-PARTICIPATING HOSPITAL				
FL/ORL=ORLANDO				
FL/PEN=PENSACOLA				
FL/STP=ST. PETERSBURG				
FL/TAL=TALLAHASSEE				
FL/TAM=TAMPA				
FM/001=FEDERATED STATES OF MICRO				
FM/NPH=NON-PARTICIPATING HOSPITAL				
FN/001=INTERNATIONAL				
FN/LAB=LABORATORIES				
FN/NPH=NON-PARTICIPATING HOSPITAL				
GA/001=GEORGIA				
GA/GAA=GEORGIA ALL				
GA/GAC=GEORGIA CENTRAL				
GA/GAE=GEORGIA EASTERN				
GA/GAN=GEORGIA NORTH				
GA/GAS=GEORGIA SOUTH				
GA/GAW=GEORGIA WESTERN				
GA/LAB=LABORATORIES				
GA/NPH=NON-PARTICIPATING HOSPITAL				
GU/001=GUAM				
GU/LAB=LABORATORIES				
GU/NPH=NON-PARTICIPATING HOSPITAL				
HI/001=HAWAII				
HI/LAB=LABORATORIES				
HI/NPH=NON-PARTICIPATING HOSPITAL				
IA/001=IOWA				
IA/LAB=LABORATORIES				
IA/NPH=NON-PARTICIPATING HOSPITAL				
ID/001=IDAHO				
ID/LAB=LABORATORIES				
ID/NPH=NON-PARTICIPATING HOSPITAL				
IL/001=ILLINOIS				

IL/LAB=LABORATORIES  
 IL/NPH=NON-PARTICIPATING HOSPITAL  
 IN/001=INDIANA  
 IN/LAB=LABORATORIES  
 IN/NPH=NON-PARTICIPATING HOSPITAL  
 KS/001=KANSAS  
 KS/KCK=KANSAS CITY  
 KS/KDH=KDHE  
 KS/LAB=LABORATORIES  
 KS/LAW=LAWRENCE  
 KS/NC=NORTH CENTRAL KANSAS  
 KS/NE=NORTH EAST KANSAS  
 KS/NPH=NON-PARTICIPATING HOSPITAL  
 KS/NW=NORTH WEST KANSAS  
 KS/SC=SOUTH CENTRAL KANSAS  
 KS/SE=SOUTH EAST KANSAS  
 KS/SW=SOUTH WEST KANSAS  
 KS/WST=WEST  
 KY/2C1=HOPKINSVILLE  
 KY/2C2=LOUISVILLE  
 KY/2C3=LONDON  
 KY/2C4=LEXINGTON  
 KY/LAB=LABORATORIES  
 KY/NPH=NON-PARTICIPATING HOSPITAL  
 LA/001=LOUISIANA  
 LA/LA1=NEW ORLEANS  
 LA/LA2=MANDEVILLE

DATE: 10/03/2022                      POS RECORD LAYOUT                      PAGE: 17  
 Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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LA/LA3=LAFAYETTE				
LA/LA4=MONROE				
LA/LA5=SHREVEPORT				
LA/LA6=ALEXANDRIA				
LA/LAB=LABORATORIES				
LA/LB1=CLIA NEW ORLEANS				
LA/LB5=CLIA SHREVEPORT				
LA/LB6=CLIA ALEXANDRIA				
LA/NPH=NON-PARTICIPATING HOSPITAL				
MA/001=MASSACHUSETTS				
MA/LAB=LABORATORIES				
MA/NPH=NON-PARTICIPATING HOSPITAL				
MD/001=MARYLAND				
MD/LAB=LABORATORIES				
MD/NPH=NON-PARTICIPATING HOSPITAL				
ME/001=MAINE				

ME/LAB=LABORATORIES  
ME/NPH=NON-PARTICIPATING HOSPITAL  
MH/001=MARSHALL ISLANDS  
MH/NPH=NON-PARTICIPATING HOSPITAL  
MI/001=MICHIGAN  
MI/LAB=LABORATORIES  
MI/NPH=NON-PARTICIPATING HOSPITAL  
MN/001=MINNESOTA  
MN/LAB=LABORATORIES  
MN/NPH=NON-PARTICIPATING HOSPITAL  
MO/001=MISSOURI  
MO/01=REGION01  
MO/02=REGION02  
MO/03=REGION 03  
MO/04=REGION 04  
MO/05=REGION 05  
MO/06=REGION 06  
MO/07=REGION 07  
MO/1NH=REGION 1 NH  
MO/2NH=REGION 2 NH  
MO/3NH=REGION 3 NH  
MO/4NH=REGION 4 NH  
MO/5NH=REGION 5 NH  
MO/6NH=REGION 6 NH  
MO/7NH=REGION 7 NH  
MO/LAB=LABORATORIES  
MO/MO=STATEWIDE  
MO/NPH=NON-PARTICIPATING HOSPITAL  
MP/001=NORTHERN MARIANA ISLANDS  
MP/LAB=LABORATORIES  
MP/NPH=NON-PARTICIPATING HOSPITAL  
MS/001=MISSISSIPPI  
MS/LAB=LABORATORIES  
MS/NPH=NON-PARTICIPATING HOSPITAL  
MT/001=MONTANA  
MT/LAB=LABORATORIES  
MT/NPH=NON-PARTICIPATING HOSPITAL  
MX/001=MEXICO  
MX/LAB=LABORATORY  
MX/NPH=NON-PARTICIPATING HOSPITAL  
NC/001=NORTH CAROLINA  
NC/LAB=LABORATORIES  
NC/NCC=NORTH CAROLINA CENTRAL  
NC/NCE=NORTH CAROLINA EAST  
NC/NCN=NORTH CAROLINA NORTH  
NC/NCS=NORTH CAROLINA SOUTH  
NC/NCW=NORTH CAROLINA WEST  
NC/NPH=NON-PARTICIPATING HOSPITAL

Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
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ND/001=NORTH DAKOTA				
ND/LAB=LABORATORIES				
ND/NPH=NON-PARTICIPATING HOSPITAL				
NE/001=NEBRASKA				
NE/1=NORTH CENTRAL				
NE/2=CENTRAL				
NE/3=NORTHEAST				
NE/4=SOUTHEAST				
NE/5=WESTERN				
NE/LAB=LABORATORIES				
NE/NPH=NON-PARTICIPATING HOSPITAL				
NH/001=NEW HAMPSHIRE				
NH/LAB=LABORATORIES				
NH/NPH=NON-PARTICIPATING HOSPITAL				
NJ/001=NEW JERSEY				
NJ/LAB=LABORATORIES				
NJ/NPH=NON-PARTICIPATING HOSPITAL				
NM/001=NEW MEXICO				
NM/LAB=LABORATORIES				
NM/NPH=NON-PARTICIPATING HOSPITAL				
NV/001=NEVADA				
NV/CC=CARSON CITY				
NV/LAB=LABORATORIES				
NV/LV=LAS VEGAS				
NV/NPH=NON-PARTICIPATING HOSPITAL				
NY/001=BUFFALO				
NY/002=ROCHESTER				
NY/003=SYRACUSE				
NY/004=ALBANY				
NY/005=NEW ROCHELLE				
NY/006=NEW YORK CITY				
NY/007=SUFFOLK/NASSAU COUNTY				
NY/LAB=LABORATORIES				
NY/NPH=NON-PARTICIPATING HOSPITAL				
OH/001=OHIO				
OH/LAB=LABORATORIES				
OH/NPH=NON-PARTICIPATING HOSPITAL				
OK/001=OKLAHOMA				
OK/LAB=LABORATORIES				
OK/NPH=NON-PARTICIPATING HOSPITAL				
OR/001=OFFICE #1				
OR/002=OFFICE #2				
OR/003=OFFICE #3				
OR/LAB=LABORATORIES				
OR/NPH=NON-PARTICIPATING HOSPITAL				



PA/001=PENNSYLVANIA  
 PA/LAB=LABORATORIES  
 PA/NPH=NON-PARTICIPATING HOSPITAL  
 PR/001=PUERTO RICO  
 PR/LAB=LABORATORIES  
 PR/NPH=NON-PARTICIPATING HOSPITAL  
 PW/001=PALAU  
 PW/NPH=NON-PARTICIPATING HOSPITAL  
 RI/001=RHODE ISLAND  
 RI/LAB=LABORATORIES  
 RI/NPH=NON-PARTICIPATING HOSPITAL  
 SC/001=SOUTH CAROLINA  
 SC/LAB=LABORATORIES  
 SC/NPH=NON-PARTICIPATING HOSPITAL  
 SD/001=SOUTH DAKOTA  
 SD/LAB=LABORATORIES  
 SD/NPH=NON-PARTICIPATING HOSPITAL  
 TN/001=TENNESSEE  
 TN/LAB=LABORATORIES

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POS RECORD LAYOUT

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Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
TN/NPH=NON-PARTICIPATING HOSPITAL				
TN/TNC=TENNESSEE COOKEVILLE				
TN/TNE=TENNESSEE EASTERN				
TN/TNM=TENNESSEE MIDDLE				
TN/TNW=TENNESSEE WESTERN				
TX/001=TEXAS				
TX/L01=AMARILLO-LTC				
TX/L02=ABILENE-LTC				
TX/L03=ARLINGTON-LTC				
TX/L04=TYLER-LTC				
TX/L05=TEMPLE-LTC				
TX/L06=HOUSTON-LTC				
TX/L07=Austin-LTC				
TX/L08=San Antonio-LTC				
TX/L11=Corpus Christi-LTC				
TX/LAB=LABORATORIES				
TX/NPH=NON-PARTICIPATING HOSPITAL				
TX/TX1=NLTC REG 1, 7, 9, 10				
TX/TX2=NLTC REG 2, 3				
TX/TX4=NLTC REG 6				
TX/TX5=NLTC REG 4, 5				
TX/TX6=NLTC Statewide-Certified Only				
TX/TX8=NLTC REG 8, 11				
UT/001=UTAH				

UT/LAB=LABORATORIES  
 UT/NPH=NON-PARTICIPATING HOSPITAL  
 VA/001=VIRGINIA  
 VA/LAB=LABORATORIES  
 VA/NPH=NON-PARTICIPATING HOSPITAL  
 VI/001=VIRGIN ISLANDS  
 VI/LAB=LABORATORIES  
 VI/NPH=NON-PARTICIPATING HOSPITAL  
 VT/001=VERMONT  
 VT/LAB=LABORATORIES  
 VT/NPH=NON-PARTICIPATING HOSPITAL  
 WA/001=ALL OTHERS (NON-LTC FAC)  
 WA/D1=SPOKANE & YAKIMA AREAS  
 WA/D1A=District 1, Unit A  
 WA/D1B=District 1, Unit B  
 WA/D1C=District 1, Unit C  
 WA/D1D=District 1, Unit D  
 WA/D1E=District 1, Unit E  
 WA/D1F=District 1, Unit F  
 WA/D2=SPOKANE & SE  
 WA/D2A=District 2, Unit A  
 WA/D2B=District 2, Unit B  
 WA/D2C=District 2, Unit C  
 WA/D2D=District 2, Unit D  
 WA/D2E=District 2, Unit E  
 WA/D2F=District 2, Unit F  
 WA/D2G=District 2, Unit G  
 WA/D2H=District 2, Unit H  
 WA/D2I=District 2, Unit I  
 WA/D2J=District 2, Unit J  
 WA/D2L=District 2, Unit L  
 WA/D3=NW WASHINGTON  
 WA/D3A=District 3, Unit A  
 WA/D3B=District 3, Unit B  
 WA/D3C=District 3, Unit C  
 WA/D3D=District 3, Unit D  
 WA/D3E=District 3, Unit E  
 WA/D3F=District 3, Unit F  
 WA/D3G=District 3, Unit G  
 WA/D3H=District 3, Unit H

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POS RECORD LAYOUT

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Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

WA/D4A=GREATER SEATTLE AREA  
 WA/D4B=S KING COUNTY  
 WA/D5A=PIERCE CTY & PENINSULA

WA/D5B=PIERCE CTY & GRAYS HARBOR  
 WA/D6=OLYMPIA AREA  
 WA/LAB=LABORATORIES  
 WA/NPH=NON-PARTICIPATING HOSPITAL  
 WI/001=WISCONSIN  
 WI/LAB=LABORATORIES  
 WI/NPH=NON-PARTICIPATING HOSPITAL  
 WV/001=WEST VIRGINIA  
 WV/LAB=LABORATORIES  
 WV/NPH=NON-PARTICIPATING HOSPITAL  
 WY/001=WYOMING  
 WY/LAB=LABORATORIES  
 WY/NPH=NON-PARTICIPATING HOSPITAL

Address: Street 50 178 227 VARCHAR2  
 Description: Street address where the provider is located.  
 SAS Name: ST\_ADR  
 COBOL Name: ST-ADR

Telephone Number 10 228 237 VARCHAR2  
 Description: Telephone number of the provider.  
 SAS Name: PHNE\_NUM  
 COBOL Name: PHNE-NUM

Termination Code 2 238 239 VARCHAR2  
 Description: Indicates the current termination status for the provider.  
 SAS Name: PGM\_TRMNTN\_CD  
 COBOL Name: PGM-TRMNTN-CD  
 VALUES:
 

- 00=ACTIVE PROVIDER
- 01=VOLUNTARY-MERGER, CLOSURE
- 02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT
- 03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION
- 04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL
- 05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ
- 06=INVOLUNTARY-FAILURE TO MEET AGREEMENT
- 07=OTHER-PROVIDER STATUS CHANGE
- 08=NONPAYMENT OF FEES - CLIA Only
- 09=REV/UNSUCCESSFUL PARTICIPATION IN PT - CLIA Only
- 10=REV/OTHER REASON - CLIA Only
- 11=INCOMPLETE CLIA APPLICATION INFORMATION - CLIA Only
- 12=NO LONGER PERFORMING TESTS - CLIA Only
- 13=MULTIPLE TO SINGLE SITE CERTIFICATE - CLIA Only
- 14=SHARED LABORATORY - CLIA Only
- 15=FAILURE TO RENEW WAIVER PPM CERTIFICATE - CLIA Only
- 16=DUPLICATE CLIA NUMBER - CLIA Only
- 17=MAIL RETURNED NO FORWARD ADDRESS CERT ENDED - CLIA Only
- 20=NOTIFICATION BANKRUPTCY - CLIA Only
- 33=ACCREDITATION NOT CONFIRMED - CLIA Only
- 80=AWAITING STATE APPROVAL

99=OIG ACTION - DO NOT ACTIVATE - CLIA Only

Termination or Expiration Date 8 240 247 DATE  
Description: Date the provider was terminated. For CLIA providers, date the laboratory's certificate was terminated or the expiration date of the current CLIA certificate.  
SAS Name: TRMNTN\_EXPRTN\_DT  
COBOL Name: TRMNTN-EXPRTN-DT

Type of Action Code 1 248 248 VARCHAR2  
Description: Identifies the reason for the certification. Type of

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Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

action from the official survey record, CMS 1539 form.  
SAS Name: CRTFCTN\_ACTN\_TYPE\_CD  
COBOL Name: CRTFCTN-ACTN-TYPE-CD  
VALUES: 1=INITIAL  
2=RECERTIFICATION  
3=TERMINATION  
4=CHANGE OF OWNERSHIP  
5=VALIDATION  
8=FULL SURVEY AFTER COMPLAINT

Ownership Type Code 2 249 250 VARCHAR2  
Description: Indicates the ownership type of the provider.  
SAS Name: GNRL\_CNTL\_TYPE\_CD  
COBOL Name: GNRL-CNTL-TYPE-CD  
VALUES: 01=RELIGIOUS AFFILIATION  
02=PRIVATE  
03=OTHER  
04=PROPRIETARY  
05=GOVERNMENT - STATE/COUNTY  
06=GOVERNMENT - COMBINATION GOVT & VOLUNTARY

Address: ZIP Code 5 251 255 VARCHAR2  
Description: Five-digit ZIP code for a provider's physical address.  
SAS Name: ZIP\_CD  
COBOL Name: ZIP-CD

FIPS State Code 2 256 257 VARCHAR2  
Description: FIPS State Code  
SAS Name: FIPS\_STATE\_CD  
COBOL Name: FIPS-STATE-CD  
VALUES: 01=ALABAMA  
02=ALASKA

04=ARIZONA  
05=ARKANSAS  
06=CALIFORNIA  
08=COLORADO  
09=CONNECTICUT  
10=DELAWARE  
11=DISTRICT OF COLUMBIA  
12=FLORIDA  
13=GEORGIA  
15=HAWAII  
16=IDAHO  
17=ILLINOIS  
18=INDIANA  
19=IOWA  
20=KANSAS  
21=KENTUCKY  
22=LOUISIANA  
23=MAINE  
24=MARYLAND  
25=MASSACHUSETTS  
26=MICHIGAN  
27=MINNESOTA  
28=MISSISSIPPI  
29=MISSOURI  
30=MONTANA  
31=NEBRASKA  
32=NEVADA  
33=NEW HAMPSHIRE  
34=NEW JERSEY  
35=NEW MEXICO  
36=NEW YORK  
37=NORTH CAROLINA

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POS RECORD LAYOUT

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Federally Qualified Health Center, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE

38=NORTH DAKOTA  
39=OHIO  
40=OKLAHOMA  
41=OREGON  
42=PENNSYLVANIA  
43=PUERTO RICO  
44=RHODE ISLAND  
45=SOUTH CAROLINA  
46=SOUTH DAKOTA  
47=TENNESSEE  
48=TEXAS

49=UTAH  
 50=VERMONT  
 51=VIRGINIA  
 53=WASHINGTON  
 54=WEST VIRGINIA  
 55=WISCONSIN  
 56=WYOMING  
 60=AMERICAN SAMOA  
 66=GUAM  
 69=SAIPAN/MARIANA IS.  
 78=VIRGIN ISLANDS

FIPS County Code 3 258 260 VARCHAR2  
 Description: FIPS County Code  
 SAS Name: FIPS\_CNTY\_CD  
 COBOL Name: FIPS-CNTY-CD

CBSA Urban Rural Indicator 1 261 261 VARCHAR2  
 Description: CBSA (Core Based Statistical Area) indicates whether the county is defined as Urban or Rural.  
 SAS Name: CBSA\_URBN\_RRL\_IND  
 COBOL Name: CBSA-URBN-RRL-IND

CBSA Code 5 262 266 VARCHAR2  
 Description: CBSA (Core Based Statistical Area) geographic entities defined by the U.S. Office of Management and Budget (OMB) on June 6, 2003 for use by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics. CBSA collectively refers to MSA.  
 SAS Name: CBSA\_CD  
 COBOL Name: CBSA-CD

FQHC Approved RHC Provider Num 10 468 477 CHAR  
 Description: FQHC approved provider number  
 SAS Name: FQHC\_APPROVED\_RHC\_PROVIDER\_NUM  
 COBOL Name: FQHC-APPROVED-RHC-PROVIDER-NUM

FQHC Federally Funded Indicator 1 478 478 VARCHAR2  
 Description: Indicates whether this facility receives federal funds.  
 SAS Name: FED\_FUNDD\_FQHC\_SW  
 COBOL Name: FED-FUNDD-FQHC-SW

Part of RHC Indicator 1 638 638 VARCHAR2  
 Description: Indicates if the facility is part of a Medicare approved Rural Health Clinic.  
 SAS Name: FQHC\_APRVD\_RHC\_SW  
 COBOL Name: FQHC-APRVD-RHC-SW

Related Provider Number 10 686 695 CHAR  
 Description: Related provider number

SAS Name: RELATED\_PROVIDER\_NUMBER  
COBOL Name: RELATED-PROVIDER-NUMBER