

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

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## FOREWORD

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

- Section 1, “Background,” provides basic background information pertaining to both policy and the source of the Provider Enrollment - Hospital ownership data. Additionally, key terms are defined in this section.
- Section 2, “Provider Enrollment - Hospital Data Contents,” provides an overview of the contents of the provider enrollment Hospital Ownership files, including the scope of the data and descriptions of each file.
- Section 3, “Common Data Operations,” gives general methodological instructions for performing common data operations.
- Section 4, “Merging to Non-PECOS data,” gives suggestions on merging with other data sources.
- Section 5, “Data Limitations,” lists the data limitations that should be kept in mind when using the Hospital Ownership files.
- Appendix A, “Hospital file layout,” provides the data dictionary for Hospital Enrollment file.
- Appendix B, “Hospital Owners file layout,” provides the data dictionary for Hospital Owners file.
- Appendix C, “Hospital NPIs file layout,” provides the data dictionary for Hospital NPI file.
- Appendix D, “Hospital Address file layout,” provides the data dictionary for Hospital addresses
- Appendix E, “State Code Reference,” provides reference values to state codes
- Appendix F, “Provider Type Code Reference,” provides reference values to provider types
- Appendix G, “Owner Role Code Reference,” provides reference values to Ownership and managerial control association values
- Appendix H, “Revision History,” tracks updates and additions related to the Hospital

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## 1 BACKGROUND

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

### 1.1 POLICY CONTEXT

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

As part of CMS' efforts to further improve provider and supplier enrollment data sharing and transparency, on April 20th, 2022 CMS released data for Hospital Change of Ownership. To further this effort, CMS is releasing data for all Hospital and their ownership information. This data for Medicare enrolled providers is a subset of information available in the Provider Enrollment, Chain, and Ownership System (PECOS) – the system of record for Medicare provider enrollment. The data contained in these files is self-reported by the provider via the CMS-855A application.<sup>1</sup> These files will provide a clear and transparent way for providers, suppliers, state Medicaid programs, private payers, researchers and any other interested individual or organization to leverage Medicare provider enrollment data on Hospitals and their ownership and managerial control information.

### 1.2 DATA SOURCE

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

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<sup>1</sup> The application form has instructions for filers. <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS019475>, accessed 3-30-2022. Mnemonically, the file can be found by googling "855A" and "Medicare."

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

EIN, specialty, qualifications, practice locations, ownership, billing agency information, reassignment of benefits, and related organizations.

### 1.3 KEY TERMS

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

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

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

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

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

**Organizational Structure Type:** That is, corporation, limited liability company, partnership, and sole proprietor.

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

**PECOS Associate Control ID (PAC ID):** A 10-digit unique numeric identifier that is assigned to each individual or organization in PECOS. All entity-level information in PECOS (e.g., tax identification numbers and organizational names) is linked through the PAC ID. A PAC ID may be associated with multiple enrollment IDs if the individual or organization enrolled multiple times under different circumstances. Unlike enrollment IDs, there is no provider information embedded within any of the digits of PAC IDs.

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

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

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

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

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

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

The "provider" identification number is now the CMS Certification Number (CCN). Hence, a provider (defined in terms of its TIN) may enroll multiple providers (defined in terms of CCNs).

## 2 PROVIDER ENROLLMENT – HOSPITAL DATA CONTENTS

This section provides an overview of the contents of the Hospital data. Section 2.1 describes the scope (i.e., population) of the data. Section 2.2 describes and explains the general purpose of the relational data files included: HOSPITAL\_Enrollments, HOSPITAL\_All\_Owners, HOSPITAL\_Additional\_NPIs.and HOSPITAL\_Additional\_Addresses

### 2.1 POPULATION

The HOSPITAL Enrollments and HOSPITAL All Owners files include all HOSPITAL enrollment applications, or enrollments, that were approved to bill Medicare as of the PECOS data version used to produce the extract. This includes enrollments for:

- Part A providers with a specialty of 'Hospital'

### 2.2 ENROLLMENT AND OWNERSHIP DATA

Relational Provider Enrollment Data: For each enrollment in the population specified in Section 2.1 (i.e., all approved HOSPITAL enrollments), the HOSPITAL Enrollment and Ownership files contain basic provider enrollment information; practice location city, state, and zip, if applicable; and active ownership information for the enrollment, if applicable. This information is stored in three separate relational data files. This is due to the one-to-many relationships between enrollment application information and ownership information. A brief description of each files' contents is given below, and Section 3 describes common data operations associated with these files.

**HOSPITAL\_ENROLLMENTS** – This file contains a unique listing of all HOSPITAL enrollment applications that have been approved to bill Medicare. The enrollment ID (`ENROLLMENT ID`) is the unique number assigned by PECOS to identify provider enrollment applications. This enrollment ID field is used to link between the three data files included in the HOSPITAL Enrollment and Ownership files. This file contains the National Provider Identifier (NPI) associated with the enrollment and the PECOS-assigned identifier, PECOS Associate Control ID or PAC ID (`ASSOCIATE ID`), which is used to identify enrolling providers. This file also includes the enrollment state, type of provider, name, Medicare billing number (`CCN`), and practice location.

**HOSPITAL\_ALL\_OWNERS** – This file contains a unique listing of the associates with active ownership interest or managing control in the HOSPITAL enrollments from the **HOSPITAL\_ENROLLMENTS** file. The `ENROLLMENT ID` can be linked to the `ENROLLMENT ID` in the **HOSPITAL\_ENROLLMENTS** file.

**HOSPITAL\_ADDITIONAL\_NPIS** – This file contains additional NPIs found for the HOSPITAL enrollments from the **HOSPITAL\_ENROLLMENTS** file. The `ENROLLMENT ID` can be linked to the `ENROLLMENT ID` in the **HOSPITAL\_ENROLLMENTS** file.

**HOSPITAL\_ADDITIONAL\_ADDRESSES** – This file contains additional addresses found for the HOSPITAL enrollments from the **HOSPITAL\_ENROLLMENTS** file. The `ENROLLMENT ID` can be linked to the `ENROLLMENT ID` in the **HOSPITAL\_ENROLLMENTS** file.

### 3. COMMON DATA OPERATIONS

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

This section outlines how to use the Hospital Enrollment and Ownership files to perform common data operations. The data operations described below are meant to be illustrative of how to use and link the files described in Section 2. Section 3.1 explains how to identify all enrollments for a provider based on PECOS Associate Control ID (PAC ID). Section 3.2 provides instructions for identifying an enrollment's provider type using the `PROVIDER TYPE CODE` and `PROVIDER TYPE TEXT` fields. Section 3.3 explains how to identify ownership information for a provider found in the **HOSPITAL\_ENROLLMENTS** file. Section 3.4 explains how to identify an owner or managerial control that is associated with multiple organizations. Section 3.5 explains how to identify HOSPITALS additional addresses. Finally, Section 3.6 provides instructions for using the **ADDITIONAL\_NPIS** file.

#### 2.1 IDENTIFYING ALL ENROLLMENTS FOR A PROVIDER

The PECOS Associate Control ID or PAC ID (`ASSOCIATE ID`) is used to identify an enrolling provider (i.e., HOSPITAL). For most enrollment scenarios, the PAC ID maps closely to an SSN for individual providers and an EIN for organizational providers. A provider may enroll multiple times, under different enrollment scenarios. One common example is when a provider enrolls in multiple states to bill to Medicare in multiple

states. For each enrollment, an enrollment ID (`ENROLLMENT ID`) is issued and associated with the PAC ID. Therefore, one PAC ID may be associated with one or more enrollment ID. All enrollments in the `HOSPITAL_ENROLLMENTS` file that share a PAC ID are associated with the same provider.

## 2.2 IDENTIFYING ENROLLMENT PROVIDER TYPE

The `PROVIDER TYPE CODE` and `PROVIDER TYPE TEXT` fields contain information on the type of each provider. The `PROVIDER TYPE CODE` field is structured such that the first two digits encode the type of enrollment submitted when the provider enrolled and the last two digits encode the enrollment specialty (the code pairs are separated by a hyphen). For the HOSPITAL Enrollment and Ownership Files, the enrollment type (first two digits) will always be `'00'` – PART A PROVIDER and the enrollment specialty will always be `'09'` – HOSPITAL.

## 2.3 IDENTIFYING OWNERSHIP FOR A PROVIDER

To identify the associates with ownership interest or managing control in the HOSPITAL enrollments from the `HOSPITAL_ENROLLMENTS` file, the `ENROLLMENT ID` can be linked to the `ENROLLMENT ID` in the `HOSPITAL_ALL_OWNERS` file, where the `ASSOCIATE ID - OWNER` is the unique identifier for the associate with an ownership interest in or managing control of the enrollment, and the `ROLE TEXT - OWNER` describes this relationship.

## 2.4 IDENTIFYING AN OWNER OR MANAGERIAL CONTROL THAT IS ASSOCIATED WITH MULTIPLE ORGANIZATIONS

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

## 2.5 IDENTIFYING ADDITIONAL ADDRESSES FOR A HOSPITAL

To identify additional addresses for HOSPITALs, link the `ENROLLMENT ID` in the `ADDITIONAL_ADDRESSES` file to retrieve additional addresses not displayed in the `HOSPITAL_ENROLLMENTS` file.

## 2.6 IDENTIFYING ADDITIONAL NPIS FOR A PROVIDER

If a Hospital enrollment has `MULTIPLE NPI FLAG` set to yes (“Y”) in the `HOSPITAL_ENROLLMENTS` file, then the enrollment can be linked to the `ENROLLMENT ID` in the `ADDITIONAL_NPIS` file to retrieve additional NPIs not displayed in the `HOSPITAL_ENROLLMENTS` file.

## 2.7 IDENTIFYING ALL ENROLLMENTS FOR A PROVIDER

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

## 2.8 IDENTIFYING ENROLLMENT PROVIDER TYPE AND SPECIALTY

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

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

- ‘00’ – PART A PROVIDER

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

Each enrollment is associated with only one enrollment type. However, depending on the enrollment type, each enrollment may have an unlimited number of specialties.

Therefore, an enrollment may be associated with multiple PROVIDER TYPE CODE values.

## 2.9 IDENTIFYING OWNERSHIP INFORMATION

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

## 2.10 IDENTIFYING AN OWNER THAT IS ASSOCIATED WITH MULTIPLE ORGANIZATIONS

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

## 3 MERGING TO NON-PECOS DATA

The data in these files can be enhanced by merging them to non-PECOS data. For instance, Medicare Cost Reports<sup>3</sup> can be linked to these files using the Medicare provider ID (CCN). Cost reports are submitted by HOSPITALS annually and subsequently are made available to the public. They include variables such as total revenue and costs.

CMS's Public Use Files (PUFs) can also be merged into these non-PECOS data for other information, including profit status, quality measures, star-ratings, provider certification, and other provider characteristics.

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<sup>3</sup> <https://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/Cost-Reports>, accessed 3-31-2022.  
[http://resdac.umn.edu/sites/resdac.umn.edu/files/Introduction%20to%20Medicare%20Cost%20Reports%20\(Slides\)\\_0.pdf](http://resdac.umn.edu/sites/resdac.umn.edu/files/Introduction%20to%20Medicare%20Cost%20Reports%20(Slides)_0.pdf), accessed 3-31-2022.

## 4 DATA LIMITATIONS

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

### 4.1 MULTIPLE NPIS PER ENROLLMENT

Organizational providers often have valid enrollment scenarios that would necessitate multiple NPIs per enrollment. For ease of use and to keep the **HOSPITAL\_ENROLLMENTS** file unique by enrollment ID, the **HOSPITAL\_ENROLLMENTS** file lists just a single NPI per HOSPITAL enrollment. CP 575 NPIs are prioritized when available.

The **HOSPITAL\_ENROLLMENTS** file does include a **MULTIPLE NPI FLAG** to highlight if an enrollment has multiple NPIs, and those additional NPIs can be found in the **ADDITIONAL\_NPIS** file.

### 4.2 NO HISTORICAL ENROLLMENT INFORMATION

The provider enrollment data included in the HOSPITAL Enrollment and Ownership files do not contain historical enrollment information. While PECOS contains a complete history of provider enrollment data, the HOSPITAL Enrollment and Ownership files are restricted to data considered to be current.

### 4.3 ADDITIONAL ENROLLMENT RESTRICTIONS

In addition to restricting to Hospital enrollments that are currently approved to bill in Medicare, if applicable, the files may omit a small number of enrollments with PECOS data quality issues such as missing critical enrollment information.

## 6. CONTACT INFORMATION

Please contact provider enrollment oversight group at CMS/CPI [CMS Provider Enrollment Data Requests [ProviderEnrollmentDataRequests@cms.hhs.gov](mailto:ProviderEnrollmentDataRequests@cms.hhs.gov) for questions and suggestions related to these data files.

### APPENDIX A – HOSPITAL ENROLLMENTS FILE LAYOUT

#### Hospital Enrollments Data Dictionary

Term Name	Variable Name	Description	Type	Length
Enrollment ID	ENROLLMENT ID	Hospital's enrollment ID.  An enrollment ID is a unique 15-digit alphanumeric identifier that is assigned to each new provider enrollment application. All enrollment-level information (e.g. enrollment type, enrollment state, provider specialty and reassignment of benefits) is linked through the enrollment ID.	CHAR	15
Enrollment State	ENROLLMENT STATE	Hospital's enrollment state, see State Code Reference Table for description of values.	CHAR	2
Provider Type Code	PROVIDER TYPE CODE	Enrollment application and specialty type code, see Provider Type Code Reference Table for the full	CHAR	5

Term Name	Variable Name	Description	Type	Length
		list of Part A provider types.		
Provider Type Text	PROVIDER TYPE TEXT	Description for Provider Type Code.	CHAR	200
NPI	NPI	<p>Hospital's National Provider Identifier (NPI).</p> <p>An NPI is a unique 10-digit numeric identifier that all providers must obtain before enrolling in Medicare. It is assigned to health care providers upon application through the National Plan and Provider Enumeration System (NPPES).</p>	CHAR	10
Multiple NPI Flag	MULTIPLE NPI FLAG	A flag that indicates whether the hospital has more than 1 NPI (Y/N). If yes, additional NPIs are displayed in the Hospital Additional NPIs file.	CHAR	1
CCN	CCN	Hospital's CMS Certification Number (CCN), formerly called an OSCAR Number.	CHAR	15

<b>Term Name</b>	<b>Variable Name</b>	<b>Description</b>	<b>Type</b>	<b>Length</b>
Associate ID	ASSOCIATE ID	<p>Hospital's PECOS Associate Control (PAC) ID.</p> <p>A PAC ID is a unique 10-digit numeric identifier that is assigned to each individual or organizational provider in PECOS. All entity-level information (e.g. tax identification numbers and provider names) is linked through the PAC ID. A PAC ID may be associated with multiple enrollment IDs if the provider is enrolled multiple times under different circumstances.</p>	CHAR	10
Organization Name	ORGANIZATION NAME	Hospital's legal business name.	CHAR	70
Doing-Business-As Name	DOING BUSINESS AS NAME	Hospital's doing-business-as name.	CHAR	70
Incorporation Date	INCORPORATION DATE	Date on which the business is incorporated.	NUM	8
Incorporation State	INCORPORATION STATE	State in which the business is incorporated, see State Code Reference Table	CHAR	2

Term Name	Variable Name	Description	Type	Length
		for description of values.		
Organization Type Structure	ORGANIZATION TYPE STRUCTURE	Hospital's organization structure type.	CHAR	60
Organization Other Type Text	ORGANIZATION OTHER TYPE TEXT	Description of the organization structure if Organization Type Structure is "OTHER".	CHAR	60
Proprietary/Non-Profit Flag	PROPRIETARY_NONPROFIT	"P" if the business is registered as proprietor with the IRS; "N" if registered as non-profit.	CHAR	1
Address Line 1	ADDRESS LINE 1	Address line 1 of the hospital's practice location address.	CHAR	55
Address Line 2	ADDRESS LINE 2	Address line 2 of the hospital's practice location address.	CHAR	55
City	CITY	City of the hospital's practice location address.	CHAR	30
State	STATE	State of the hospital's practice location address, see State Code Reference Table for description of values.	CHAR	2

<b>Term Name</b>	<b>Variable Name</b>	<b>Description</b>	<b>Type</b>	<b>Length</b>
Zip Code	ZIP CODE	Zip code of the hospital's practice location address.	CHAR	15
Practice Location Type	PRACTICE LOCATION TYPE	Type of hospital's practice location for a given address.	CHAR	32
Location Other Type Text	LOCATION OTHER TYPE TEXT	Description of the other practice location type.	CHAR	60
Subgroup – General Flag	SUBGROUP – GENERAL	A flag that indicates if the hospital's subgroup/unit is general (Y/N; blank if not reported).	CHAR	1
Subgroup – Acute Care Flag	SUBGROUP – ACUTE CARE	A flag that indicates if the hospital's subgroup/unit is acute care (Y/N; blank if not reported).	CHAR	1
Subgroup – Alcohol/Drug Flag	SUBGROUP – ALCOHOL DRUG	A flag that indicates if the hospital's subgroup/unit is alcohol/drug (Y/N; blank if not reported).	CHAR	1
Subgroup – Children's Hospital Flag	SUBGROUP – CHILDRENS	A flag that indicates if the hospital's subgroup/unit is children's hospital	CHAR	1

Term Name	Variable Name	Description	Type	Length
		(Y/N; blank if not reported).		
Subgroup – Long-Term Flag	SUBGROUP - LONG-TERM	A flag that indicates if the hospital's subgroup/unit is long-term (Y/N; blank if not reported).	CHAR	1
Subgroup – Psychiatric Flag	SUBGROUP - PSYCHIATRIC	A flag that indicates if the hospital's subgroup/unit is psychiatric (Y/N; blank if not reported).	CHAR	1
Subgroup – Rehabilitation Flag	SUBGROUP - REHABILITATION	A flag that indicates if the hospital's subgroup/unit is rehabilitation (Y/N; blank if not reported).	CHAR	1
Subgroup – Short-Term Flag	SUBGROUP - SHORT-TERM	A flag that indicates if the hospital's subgroup/unit is short-term (Y/N; blank if not reported).	CHAR	1
Subgroup – Swing-Bed Approved Flag	SUBGROUP - SWING-BED APPROVED	A flag that indicates if the hospital's subgroup/unit is swing-bed approved (Y/N; blank if not reported).	CHAR	1

<b>Term Name</b>	<b>Variable Name</b>	<b>Description</b>	<b>Type</b>	<b>Length</b>
Subgroup – Psychiatric Unit Flag	SUBGROUP – PSYCHIATRIC UNIT	A flag that indicates if the hospital’s subgroup/unit is psychiatric unit (Y/N; blank if not reported).	CHAR	1
Subgroup – Rehabilitation Unit Flag	SUBGROUP – REHABILITATION UNIT	A flag that indicates if the hospital’s subgroup/unit is rehabilitation unit (Y/N; blank if not reported).	CHAR	1
Subgroup – Specialty Hospital Flag	SUBGROUP – SPECIALTY HOSPITAL	A flag that indicates if the hospital’s subgroup/unit is specialty hospital (Y/N; blank if not reported).	CHAR	1
Subgroup – Other Flag	SUBGROUP – OTHER	A flag that indicates if the hospital’s subgroup/unit is not listed on the CMS form (Y/N; blank if not reported).	CHAR	1
Subgroup – Other Text	SUBGROUP – OTHER TEXT	Other type of hospital subgroup/unit that is not listed on the CMS form.	CHAR	60

APPENDIX B – HOSPITAL OWNERS FILE LAYOUT

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

**Hospital All Owners Data Dictionary**

Term Name	Variable Name	Description	Type	Length
Enrollment ID	ENROLLMENT ID	Hospital’s enrollment ID.  An enrollment ID is a unique 15-digit alphanumeric identifier that is assigned to each new provider enrollment application. All enrollment-level information (e.g. enrollment type, enrollment state, provider specialty and reassignment of benefits) is linked through the enrollment ID.	CHAR	15
Associate ID	ASSOCIATE ID	Hospital’s PECOS Associate Control (PAC) ID.  A PAC ID is a unique 10-digit numeric identifier that is assigned to each individual or organizational provider in PECOS. All entity-level information (e.g. tax identification numbers and provider names) is linked through the PAC ID. A PAC ID may be associated with multiple enrollment IDs if the provider is enrolled multiple times under different circumstances.	CHAR	10
Organization Name	ORGANIZATION NAME	Hospital’s legal business name.	CHAR	70
Owner Associate ID	ASSOCIATE ID – OWNER	PAC ID of the “owner” – an associate with ownership or managing control interest in the hospital enrollment.	CHAR	10

Term Name	Variable Name	Description	Type	Length
Owner Type	TYPE - OWNER	Type of owner, "I" for individual and "O" for organization.	CHAR	1
Owner Role Code	ROLE CODE - OWNER	Owner's role code, see Owner Role Code Reference Table for the full list of owner roles.	CHAR	2
Owner Role Text	ROLE TEXT - OWNER	Description for Owner Role Code.	CHAR	100
Association Date	ASSOCIATION DATE - OWNER	Date on which the owner became associated with the hospital.	NUM	8
Owner First Name	FIRST NAME - OWNER	Individual owner's first name.	CHAR	25
Owner Middle Name	MIDDLE NAME - OWNER	Individual owner's middle name.	CHAR	25
Owner Last Name	LAST NAME - OWNER	Individual owner's last name.	CHAR	35
Owner Title	TITLE - OWNER	Individual owner's title.	CHAR	35
Owner Organization Name	ORGANIZATION NAME - OWNER	Organizational owner's legal business name.	CHAR	70
Owner Doing-Business-As Name	DOING BUSINESS AS NAME - OWNER	Organizational owner's doing-business-as name.	CHAR	70
Owner Address Line 1	ADDRESS LINE 1 - OWNER	Address line 1 of the organizational owner's mailing address.	CHAR	55
Owner Address Line 2	ADDRESS LINE 2 - OWNER	Address line 2 of the organizational owner's mailing address.	CHAR	55
Owner City	CITY - OWNER	City of the organizational owner's mailing address.	CHAR	30
Owner State	STATE - OWNER	State of the organizational owner's mailing address, see	CHAR	2

Term Name	Variable Name	Description	Type	Length
		State Code Reference Table for description of values.		
Owner Zip Code	ZIP CODE - OWNER	Zip code of the organizational owner's mailing address.	CHAR	15
Percentage of Ownership	PERCENTAGE OWNERSHIP	Owner's ownership percentage in the hospital enrollment.	NUM	8
Owner Created for Acquisition	CREATED FOR ACQUISITION - OWNER	A flag that indicates if the organizational owner was solely created to acquire/buy the hospital and/or the hospital's assets (Y/N; blank if not reported).	CHAR	1
Owner Corporation Flag	CORPORATION - OWNER	A flag that indicates if the owner's organization type is corporation (Y/N; blank if not reported).	CHAR	1
Owner LLC Flag	LLC - OWNER	A flag that indicates if the owner's organization type is limited liability company (Y/N; blank if not reported).	CHAR	1
Owner Medical Provider/Supplier Flag	MEDICAL PROVIDER SUPPLIER - OWNER	A flag that indicates if the owner's organization type is medical provider/supplier (Y/N; blank if not reported).	CHAR	1
Owner Management Services Company Flag	MANAGEMENT SERVICES COMPANY - OWNER	A flag that indicates if the owner's organization type is management services company (Y/N; blank if not reported).	CHAR	1
Owner Medical Staffing Company Flag	MEDICAL STAFFING COMPANY - OWNER	A flag that indicates if the owner's organization type is medical staffing company (Y/N; blank if not reported).	CHAR	1
Owner Holding Company Flag	HOLDING COMPANY - OWNER	A flag that indicates if the owner's organization type is	CHAR	1

Term Name	Variable Name	Description	Type	Length
		holding company (Y/N; blank if not reported).		
Owner Investment Firm Flag	INVESTMENT FIRM - OWNER	A flag that indicates if the owner's organization type is investment firm (Y/N; blank if not reported).	CHAR	1
Owner Financial Institution Flag	FINANCIAL INSTITUTION - OWNER	A flag that indicates if the owner's organization type is bank or other financial institution (Y/N; blank if not reported).	CHAR	1
Owner Consulting Firm Flag	CONSULTING FIRM - OWNER	A flag that indicates if the owner's organization type is consulting firm (Y/N; blank if not reported).	CHAR	1
Owner For Profit Flag	FOR PROFIT - OWNER	A flag that indicates if the owner's organization type is for profit (Y/N; blank if not reported).	CHAR	1
Owner Non-Profit Flag	NON PROFIT - OWNER	A flag that indicates if the owner's organization type is non-profit (Y/N; blank if not reported).	CHAR	1
Owner Other Type Flag	OTHER TYPE - OWNER	A flag that indicates if the owner's organization type is not listed on the CMS form (Y/N; blank if not reported).	CHAR	1
Owner Other Type Text	OTHER TYPE TEXT - OWNER	Other type of owner's organization that is not listed on the CMS form.	CHAR	40

APPENDIX C – HOSPITAL NPIS FILE LAYOUT

#	Name	Description	Type	Length
1	ENROLLMENT ID	<p>Provider enrollment ID from PECOS database used to link across tables.</p> <p>An Enrollment ID is a 15-digit unique alphanumeric identifier that is assigned to each new provider enrollment application. All enrollment-level information (e.g., enrollment type, enrollment state, provider specialty and reassignment of benefits) is linked through the Enrollment ID.</p> <p>This variable is the enrollment ID of the provider.</p>	CHAR	15
2	NPI	<p>Provider's National Provider Identifier (NPI).</p> <p>An NPI is a 10-digit unique numeric identifier that all providers must obtain before enrolling in Medicare. It is assigned to health care providers upon application through the National Plan and Provider Enumeration System (NPPES).</p> <p>This variable stores the additional NPI found for Hospital enrollment IDs from the Hospital Enrollment file.</p>	CHAR	10

**APPENDIX D – HOSPITAL ADDITIONAL ADDRESS REFERENCE**

<b>Term Name</b>	<b>Variable Name</b>	<b>Description</b>	<b>Type</b>	<b>Length</b>
Enrollment ID	ENROLLMENT ID	Hospital's enrollment ID.  An enrollment ID is a unique 15-digit alphanumeric identifier that is assigned to each new provider enrollment application. All enrollment-level information (e.g. enrollment type, enrollment state, provider specialty and reassignment of benefits) is linked through the enrollment ID.	CHAR	15
Address Line 1	ADDRESS LINE 1	Address line 1 of the hospital's practice location address.	CHAR	55
Address Line 2	ADDRESS LINE 2	Address line 2 of the hospital's practice location address.	CHAR	55
City	CITY	City of the hospital's practice location address.	CHAR	30
State	STATE	State of the hospital's practice location address, see State Code Reference Table for description of values.	CHAR	2
Zip Code	ZIP CODE	Zip code of the hospital's practice location address.	CHAR	15
Practice Location Type	PRACTICE LOCATION TYPE	Type of hospital's practice location for a given address.	CHAR	32
Location Other Type Text	LOCATION OTHER TYPE TEXT	Description of the other practice location type.	CHAR	60

APPENDIX E – STATE CODE REFERENCE

<b>Value</b>	<b>Description</b>
AK	Alaska
AL	Alabama
AR	Arkansas
AS	American Samoa
AZ	Arizona
CA	California
CO	Colorado
CT	Connecticut
DC	District of Columbia
DE	Delaware
FL	Florida
GA	Georgia
GU	Guam
HI	Hawaii
IA	Iowa
ID	Idaho
IL	Illinois
IN	Indiana
KS	Kansas
KY	Kentucky
LA	Louisiana
MA	Massachusetts
MD	Maryland
ME	Maine
MI	Michigan
MN	Minnesota
MO	Missouri
MP	Mariana Islands, Northern
MS	Mississippi
MT	Montana
NC	North Carolina
ND	North Dakota
NE	Nebraska
NH	New Hampshire
NJ	New Jersey
NM	New Mexico
NV	Nevada
NY	New York
OH	Ohio
OK	Oklahoma
OR	Oregon

<b>Value</b>	<b>Description</b>
PA	Pennsylvania
PR	Puerto Rico
PW	Palau
RI	Rhode Island
SC	South Carolina
SD	South Dakota
TN	Tennessee
TX	Texas
UT	Utah
VA	Virginia
VI	Virgin Islands
VT	Vermont
WA	Washington
WI	Wisconsin
WV	West Virginia
WY	Wyoming

APPENDIX F – PROVIDER TYPE CODE REFERENCE

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

APPENDIX G – OWNER ROLE CODE REFERENCE

**Owner Role Code Reference Table**

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

APPENDIX H – REVISION HISTORY

<b>Revision</b>	<b>Date</b>	<b>Name</b>	<b>Description of Modification</b>
1	2022-11-22	CPI-PEOG	Baseline document.
2	2022-12-08	CPI-DPDA	508 Compliance Review.