

Skilled Nursing Facility Enrollments Data Dictionary

Term Name	Variable Name	Description	Type	Length
Enrollment ID	ENROLLMENT_ID	Skilled Nursing Facility'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	Skilled Nursing Facility'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 list of Part A provider types.	CHAR	5
Provider Type Text	PROVIDER_TYPE_TEXT	Description for Provider Type Code.	CHAR	200
NPI	NPI	Skilled Nursing Facility's National Provider Identifier (NPI). 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).	CHAR	10
Multiple NPI Flag	MULTIPLE_NPI_FLAG	A flag that indicates whether the Skilled Nursing Facility has more than 1 NPI (Y/N). If yes, additional NPIs are displayed in the SNF Additional NPIs file.	CHAR	1
CCN	CCN	Skilled Nursing Facility's CMS Certification Number (CCN), formerly called an OSCAR Number.	CHAR	15
Associate ID	ASSOCIATE_ID	Skilled Nursing Facility'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	Skilled Nursing Facility's legal business name.	CHAR	70
Doing-Business-As Name	DOING_BUSINESS_AS_NAME	Skilled Nursing Facility'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 for description of values.	CHAR	2
Organization Type Structure	ORGANIZATION_TYPE_STRUCTURE	Skilled Nursing Facility'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
Nursing Home Provider Name	NURSING_HOME_PROVIDER_NAME	Nursing home provider name.	CHAR	52
Affiliation Entity Name	AFFILIATION_ENTITY_NAME	Skilled Nursing Facility's affiliation entity name.	CHAR	88
Affiliation Entity ID	AFFILIATION_ENTITY_ID	Skilled Nursing Facility's affiliation entity ID.	NUM	8
Address Line 1	ADDRESS_LINE_1	Address line 1 of the Skilled Nursing Facility's practice location address.	CHAR	55
Address Line 2	ADDRESS_LINE_2	Address line 2 of the Skilled Nursing Facility's practice location address.	CHAR	55
City	CITY	City of the Skilled Nursing Facility's practice location address.	CHAR	30

Term Name	Variable Name	Description	Type	Length
State	STATE	State of the Skilled Nursing Facility's practice location address , see State Code Reference Table for description of values.	CHAR	2
Zip Code	ZIP CODE	Zip code of the Skilled Nursing Facility's practice location address.	CHAR	15

State Code Reference Table

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

Code	Description
WA	Washington
WI	Wisconsin
WV	West Virginia
WY	Wyoming

Provider Type Code Reference Table

Code	Description
00-00	PART A PROVIDER - RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTION (RNHCI)
00-01	PART A PROVIDER - COMMUNITY MENTAL HEALTH CENTER
00-02	PART A PROVIDER - COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY
00-03	PART A PROVIDER - END-STAGE RENAL DISEASE FACILITY (ESRD)
00-04	PART A PROVIDER - FEDERALLY QUALIFIED HEALTH CENTER (FQHC)
00-05	PART A PROVIDER - HISTOCOMPATIBILITY LABORATORY
00-06	PART A PROVIDER - HOME HEALTH AGENCY
00-08	PART A PROVIDER - HOSPICE
00-09	PART A PROVIDER - HOSPITAL
00-10	PART A PROVIDER - INDIAN HEALTH SERVICES FACILITY
00-13	PART A PROVIDER - ORGAN PROCUREMENT ORGANIZATION (OPO)
00-14	PART A PROVIDER - OUTPATIENT PHYSICAL THERAPY/OCCUPATIONAL THERAPY/SPEECH PATHOLOGY SERVICES
00-17	PART A PROVIDER - RURAL HEALTH CLINIC
00-18	PART A PROVIDER - SKILLED NURSING FACILITY
00-19	PART A PROVIDER - OTHER
00-24	PART A PROVIDER - RURAL EMERGENCY HOSPITAL
00-85	PART A PROVIDER - CRITICAL ACCESS HOSPITAL