Medicare Fee-For-Service Provider Enrollment – Hospital: Data Guidance

Version 1.4

February 2025

FOREWORD

This document provides background information and data guidance for the Provider Enrollment – Hospital 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 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 files, including the scope of the data and a description of the files.
- Section 3, "Common Data Operations," gives general methodological instructions for performing common data operations.
- Section 4, "Merging to Non-PECOS data", provides information on other ways of merging this data with other datasets.
- Section 5, "Data Limitations," lists the data limitations that should be kept in mind when using the Provider Enrollment – Hospital files.
- Section 6, "Contact Information", provides information on the points of contact for inquiries relating to the Provider Enrollment – Hospital files.
- Appendix A, "Hospital Enrollments File Layout," provides the data dictionary for Hospital Enrollments file.
- Appendix B, "Hospital All Owners File Layout," provides the data dictionary for Hospital All Owners file.
- Appendix C, "Hospital Additional NPIs File Layout," provides the data dictionary for Hospital Additional NPIs file.
- Appendix D, "Hospital Additional Addresses File Layout," provides the data dictionary for Hospital Additional Addresses file.
- Appendix E, "State Code Reference," provides reference values to state codes.
- Appendix F, "Provider Type Code Reference," provides reference values to provider type codes.
- Appendix G, "Owner Role Code Reference," provides reference values to ownership and managerial control role code values.
- Appendix H, "Revision History," tracks updates and additions related to the Provider Enrollment – Hospital files.

CONTENTS

The following document provides data guidance on using the Provider Enrollment – Hospital files.

1   BACKGROUND

This section provides background and context for understanding the Provider Enrollment – Hospital 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 the hospital data: the Provider Enrollment, Chain, and Ownership System (PECOS). Section 1.3 defines key terms. Finally, Section 1.4 defines affiliated entity methodology.

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 hospitals and their ownership information. This data for Medicare-enrolled hospital providers is a subset of information available in the Provider Enrollment, Chain, and Ownership System (PECOS) – the system of record for Medicare provider enrollment. The data contained in these files is self-reported by the provider via the CMS-855A application.[1] These files will provide a clear and transparent way for providers, suppliers, state Medicaid programs, private payers, researchers, and any other interested individual or organization to leverage Medicare provider enrollment data on hospitals and their ownership and managerial control information.

1.2   DATA SOURCE

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

1.3   KEY TERMS

Enrollment ID: A unique 15-digit 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,

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[1] The application form has instructions for filers. https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS019475, accessed 2023-02-01. Mnemonically, the file can be found by googling "855A" and "Medicare."

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

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.

PECOS Associate Control ID (PAC ID): A unique 10-digit 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 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 of the Provider Enrollment – Hospital files.

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 nursing homes.

However, in performing its certification and survey functions, Medicare uses "provider" in a narrower sense, which is more likely to be a single hospital building. 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).

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 Employer Identification Number (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): A unique 10-digit 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 a 6-digit Medicare certification number issued for a facility by CMS.

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 `ADDITIONAL_ADDRESSES`.

2.1   POPULATION

The Provider Enrollment – Hospital files include all hospital enrollment applications, or enrollments, that were approved to bill Medicare as of the PECOS data version used to produce the files. 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 Provider Enrollment – Hospital files contain basic provider enrollment information; practice location addresses, if applicable; and active ownership information for the enrollment, if applicable. This information is stored in four 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 file's 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 Provider Enrollment – Hospital 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 (or "owners") in the hospital enrollments from the `HOSPITAL_ENROLLMENTS` file. The `ENROLLMENT ID` field can be linked to the `ENROLLMENT ID` field 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` field can be linked to the `ENROLLMENT ID` field in the `HOSPITAL_ENROLLMENTS` file.

`HOSPITAL_ADDITIONAL_ADDRESSES` – This file contains additional practice location addresses found for the hospital enrollments from the `HOSPITAL_ENROLLMENTS` file. The `ENROLLMENT ID` field can be linked to the `ENROLLMENT ID` field in the `HOSPITAL_ENROLLMENTS` file.

3 COMMON DATA OPERATIONS

This section outlines how to use the Provider Enrollment – 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 explains how to identify an owner or managerial control that is associated with multiple organizations. Finally, Sections 3.5 and 3.6 provide instructions for using the **HOSPITAL_ADDITIONAL_NPIS** and **HOSPITAL_ADDITIONAL_ADDRESSES** file.

3.1 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.

3.2 IDENTIFYING ENROLLMENT PROVIDER TYPE AND SPECIALTY

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 Provider Enrollment – Hospital files, the enrollment type (first two digits) will always be '00' (`PART A PROVIDER`) and the enrollment specialty will be '09' (`HOSPITAL`), '24' (`RURAL EMERGENCY HOSPITAL`), or '85' (`CRITICAL ACCESS HOSPITAL`). The specialty codes '24' (`RURAL EMERGENCY HOSPITAL`) and '85' (`CRITICAL ACCESS HOSPITAL`) were added starting with the July 2023 version of the datasets.

3.3 IDENTIFYING OWNERSHIP INFORMATION 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` field can be linked to the `ENROLLMENT ID` field in the **HOSPITAL_ALL_OWNERS** file, where the `ASSOCIATE ID – OWNER` field is the unique identifier for the associate with an ownership interest in or managing control of the enrollment, and the `ROLE TEXT – OWNER` field describes this relationship.

3.4 IDENTIFYING OWNERS ASSOCIATED WITH MULTIPLE HOSPITALS

To additionally identify the associates with ownership interest or managing control across multiple organizations within the **HOSPITAL_ALL_OWNERS** file, the `ASSOCIATE ID – OWNER` field, which contains the unique identifier for the associate with an ownership interest in or managing control of the enrollment, can be used. All enrollments that share `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 the `ASSOCIATE ID - OWNER` level to obtain all hospitals the owner is associated with.

3.5 IDENTIFYING ADDITIONAL NPIS FOR A PROVIDER

If an enrollment has the `MULTIPLE NPI FLAG` field set to yes ('Y') in the **HOSPITAL_ENROLLMENTS** file, then the enrollment can be linked to the `ENROLLMENT ID` field in the **HOSPITAL_ADDITIONAL_NPIS** file to retrieve additional NPIs not displayed in the **HOSPITAL_ENROLLMENTS** file.

3.6 IDENTIFYING ADDITIONAL ADDRESSES FOR A PROVIDER

If an enrollment has multiple practice location addresses, then the enrollment can be linked to the `ENROLLMENT ID` field in the **HOSPITAL_ADDITIONAL_ADDRESSES** file to retrieve additional addresses not displayed in the **HOSPITAL_ENROLLMENTS** file.

3.7 IDENTIFYING REH CONVERSION

Rural hospitals and Critical Access Hospitals (CAHs) can choose to convert to a Rural Emergency Hospital (REH).[3] Starting with the July 2023 datasets, in the **HOSPITAL_ENROLLMENTS** file, if an enrollment has an enrollment specialty of REH, then:

- the `REH CONVERSION FLAG` field will be set to yes ('Y'),
- the date of conversion (from hospital or CAH to REH) can be found in the `REH CONVERSION DATE` field, and
- the end-dated CCN of the enrollment's corresponding deactivated hospital or CAH can be found in the `CAH OR HOSPITAL CCN` field.

The earliest approved status of the REH enrollment will be set as the date of conversion. If the enrollment's corresponding deactivated hospital or CAH enrollment is associated with multiple end-dated CCNs, the CCN with latest end date is displayed. If an REH enrollment is found to be associated with multiple deactivated CAH or hospital enrollments, the end-dated CCNs with the latest end date for each CAH or hospital enrollment will be displayed, concatenated by "|".

The `REH CONVERSION FLAG` can be used to identify enrollments that are an REH enrollment that converted from a previously rural hospital or CAH. The `CAH OR HOSPITAL CCN` can be used to identify the pre-conversion CAH or rural hospital enrollment's information in a pre-conversion version of the **HOSPITAL_ENROLLMENTS** file. To identify pre-conversion versions of the **HOSPITAL_ENROLLMENTS** file containing the enrollment information of the pre-conversion CAH or rural hospital enrollment of interest, the `REH CONVERSION DATE` can be used to identify the cutoff point. For instance, if the `REH CONVERSION DATE` of a previously rural hospital indicates that the enrollment converted on February 10, 2023, then users can look up the January 2023 version of the **HOSPITAL_ENROLLMENTS** file to find enrollment information of the pre-conversion rural hospital.

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[3] https://www.cms.gov/files/document/qso-23-07-reh.pdf, accessed 2023-06-15.

4   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[4] 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' 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.

5   DATA LIMITATIONS

Although the Provider Enrollment – Hospital files mark an unprecedented release of provider enrollment data, they have a few limitations that are worth noting. These data limitations are detailed below.

5.1   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. CP575 NPIs are prioritized when available.

The `HOSPITAL_ENROLLMENTS` file does include a `MULTIPLE NPI FLAG` to indicate if an enrollment has multiple NPIs, and those additional NPIs can be found in the `HOSPITAL_ADDITIONAL_NPIS` file.

5.2   NO HISTORICAL ENROLLMENT INFORMATION

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

5.3   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.

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[4] https://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/Cost-Reports, accessed 2023-02-01.
http://resdac.umn.edu/sites/resdac.umn.edu/files/Introduction%20to%20Medicare%20Cost%20Reports%20(Slides)_0.pdf, accessed 2023-02-01.

6 CONTACT INFORMATION

Please contact Provider Enrollment Oversight Group at CMS/CPI at
ProviderEnrollmentDataRequests@cms.hhs.gov for questions and suggestions related to these files.

APPENDIX A – HOSPITAL ENROLLMENTS FILE LAYOUT

#	Name	Description	Type	Length
1	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
2	ENROLLMENT STATE	Hospital's enrollment state, see State Code Reference Table for description of values.	CHAR	2
3	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
4	PROVIDER TYPE TEXT	Description for Provider Type Code.	CHAR	200
5	NPI	Hospital'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
6	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
7	CCN	Hospital's CMS Certification Number (CCN), formerly called an OSCAR Number.	CHAR	15
8	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
9	ORGANIZATION NAME	Hospital's legal business name.	CHAR	70
10	DOING BUSINESS AS NAME	Hospital's doing-business-as name.	CHAR	70
11	INCORPORATION DATE	Date on which the business is incorporated.	NUM	8
12	INCORPORATION STATE	State in which the business is incorporated, see State Code Reference Table for description of values.	CHAR	2
13	ORGANIZATION TYPE STRUCTURE	Hospital's organization structure type.	CHAR	60
14	ORGANIZATION OTHER TYPE TEXT	Description of the organization structure if Organization Type Structure is "OTHER".	CHAR	60
15	PROPRIETARY NONPROFIT	"P" if the business is registered as proprietor with the IRS; "N" if registered as non-profit.	CHAR	1
16	ADDRESS LINE 1	Address line 1 of the hospital's practice location address.	CHAR	55
17	ADDRESS LINE 2	Address line 2 of the hospital's practice location address.	CHAR	55

#	Name	Description	Type	Length
18	CITY	City of the hospital's practice location address.	CHAR	30
19	STATE	State of the hospital's practice location address, see State Code Reference Table for description of values.	CHAR	2
20	ZIP CODE	Zip code of the hospital's practice location address.	CHAR	15
21	PRACTICE LOCATION TYPE	Type of practice location.	CHAR	32
22	LOCATION OTHER TYPE TEXT	Other type of practice location found in the CMS-855 form.	CHAR	60
23	SUBGROUP – GENERAL	A flag that indicates if the hospital's subgroup/unit is general (Y/N; blank if not reported).	CHAR	1
24	SUBGROUP – ACUTE CARE	A flag that indicates if the hospital's subgroup/unit is acute care (Y/N; blank if not reported).	CHAR	1
25	SUBGROUP – ALCOHOL DRUG	A flag that indicates if the hospital's subgroup/unit is alcohol/drug (Y/N; blank if not reported).	CHAR	1
26	SUBGROUP – CHILDRENS	A flag that indicates if the hospital's subgroup/unit is children's hospital (Y/N; blank if not reported).	CHAR	1
27	SUBGROUP – LONG-TERM	A flag that indicates if the hospital's subgroup/unit is long-term (Y/N; blank if not reported).	CHAR	1
28	SUBGROUP – PSYCHIATRIC	A flag that indicates if the hospital's subgroup/unit is psychiatric (Y/N; blank if not reported).	CHAR	1
29	SUBGROUP – REHABILITATION	A flag that indicates if the hospital's subgroup/unit is rehabilitation (Y/N; blank if not reported).	CHAR	1
30	SUBGROUP – SHORT-TERM	A flag that indicates if the hospital's subgroup/unit is short-term (Y/N; blank if not reported).	CHAR	1
31	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
32	SUBGROUP – PSYCHIATRIC UNIT	A flag that indicates if the hospital's subgroup/unit is psychiatric unit (Y/N; blank if not reported).	CHAR	1
33	SUBGROUP – REHABILITATION UNIT	A flag that indicates if the hospital's subgroup/unit is rehabilitation unit (Y/N; blank if not reported).	CHAR	1
34	SUBGROUP – SPECIALTY HOSPITAL	A flag that indicates if the hospital's subgroup/unit is specialty hospital (Y/N; blank if not reported).	CHAR	1
35	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
36	SUBGROUP – OTHER TEXT	Other type of hospital subgroup/unit that is not listed on the CMS form.	CHAR	60
37	REH CONVERSION FLAG	A flag that indicates whether the provider is a former hospital or CAH that converted to an REH (Y/N). If yes, the REH CONVERSION DATE and the CAH OR HOSPITAL CCN fields will be populated.	CHAR	1
38	REH CONVERSION DATE	Date on which the hospital or CAH enrollment converted into an REH.	NUM	8
39	CAH OR HOSPITAL CCN	The CCN(s) associated with the deactivated hospital or CAH enrollment that converted into an REH.	CHAR	50

APPENDIX B – HOSPITAL ALL OWNERS FILE LAYOUT

#	Name	Description	Type	Length
1	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
2	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
3	ORGANIZATION NAME	Hospital's legal business name.	CHAR	70
4	ASSOCIATE ID – OWNER	PAC ID of the "owner" – an associate with ownership or managing control interest in the hospital enrollment.	CHAR	10
5	TYPE – OWNER	Type of owner, "I" for individual and "O" for organization.	CHAR	1
6	ROLE CODE – OWNER	Owner's role code, see Owner Role Code Reference Table for the full list of owner roles.	CHAR	2
7	ROLE TEXT – OWNER	Description for Owner Role Code.	CHAR	100
8	ASSOCIATION DATE – OWNER	Date on which the owner became associated with the hospital.	NUM	8
9	FIRST NAME – OWNER	Individual owner's first name.	CHAR	25
10	MIDDLE NAME – OWNER	Individual owner's middle name.	CHAR	25
11	LAST NAME – OWNER	Individual owner's last name.	CHAR	35
12	TITLE – OWNER	Individual owner's title.	CHAR	35
13	ORGANIZATION NAME – OWNER	Organizational owner's legal business name.	CHAR	70
14	DOING BUSINESS AS NAME – OWNER	Organizational owner's doing-business-as name.	CHAR	70
15	ADDRESS LINE 1 – OWNER	Address line 1 of the organizational owner's mailing address or business address.	CHAR	55
16	ADDRESS LINE 2 – OWNER	Address line 2 of the organizational owner's mailing address or business address.	CHAR	55
17	CITY – OWNER	City of the organizational owner's mailing address or business address.	CHAR	30
18	STATE – OWNER	State of the organizational owner's mailing address or business address, see State Code Reference Table for description of values.	CHAR	2
19	ZIP CODE – OWNER	Zip code of the organizational owner's mailing address or business address.	CHAR	15
20	PERCENTAGE OWNERSHIP	Owner's ownership percentage in the hospital enrollment.	NUM	8

#	Name	Description	Type	Length
21	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
22	CORPORATION – OWNER	A flag that indicates if the owner's organization type is corporation (Y/N; blank if not reported).	CHAR	1
23	LLC – OWNER	A flag that indicates if the owner's organization type is limited liability company (Y/N; blank if not reported).	CHAR	1
24	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
25	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
26	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
27	HOLDING COMPANY – OWNER	A flag that indicates if the owner's organization type is holding company (Y/N; blank if not reported).	CHAR	1
28	INVESTMENT FIRM – OWNER	A flag that indicates if the owner's organization type is investment firm (Y/N; blank if not reported).	CHAR	1
29	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
30	CONSULTING FIRM – OWNER	A flag that indicates if the owner's organization type is consulting firm (Y/N; blank if not reported).	CHAR	1
31	FOR PROFIT – OWNER	A flag that indicates if the owner's organization type is for profit (Y/N; blank if not reported).	CHAR	1
32	NON PROFIT – OWNER	A flag that indicates if the owner's organization type is non-profit (Y/N; blank if not reported).	CHAR	1
33	PRIVATE EQUITY COMPANY – OWNER	A flag that indicates if the owner's organization type is private equity company (Y if reported; blank if not reported).	CHAR	1
34	REIT – OWNER	A flag that indicates if the owner's organization type is real estate investment trust (REIT) (Y if reported; blank if not reported).	CHAR	1
35	CHAIN HOME OFFICE – OWNER	A flag that indicates if the owner's organization type is chain home office (Y if reported; blank if not reported).	CHAR	1
36	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
37	OTHER TYPE TEXT – OWNER	Other type of owner's organization that is not listed on the CMS form.	CHAR	40
38	OWNED BY ANOTHER ORG OR IND – OWNER	A flag that indicates if the owner's organization itself is owned by any other organization or individual (Y/N; blank if not reported).	CHAR	1

APPENDIX C – HOSPITAL ADDITIONAL NPIS FILE LAYOUT

#	Name	Description	Type	Length
1	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
2	NPI	Hospital'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

APPENDIX D – HOSPITAL ADDITIONAL ADDRESSES FILE LAYOUT

#	Name	Description	Type	Length
1	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
2	ADDRESS LINE 1	Address line 1 of the hospital's practice location address.	CHAR	55
3	ADDRESS LINE 2	Address line 2 of the hospital's practice location address.	CHAR	55
4	CITY	City of the hospital's practice location address.	CHAR	30
5	STATE	State of the hospital's practice location address, see State Code Reference Table for description of values.	CHAR	2
6	ZIP CODE	Zip code of the hospital's practice location address.	CHAR	15
7	PRACTICE LOCATION TYPE	Type of practice location.	CHAR	32
8	LOCATION OTHER TYPE TEXT	Other type of practice location found in the CMS-855 form.	CHAR	60

APPENDIX E – STATE CODE REFERENCE

Value	Description
AK	Alaska
AL	Alabama
AR	Arkansas
AS	American Samoa
AZ	Arizona
CA	California
CO	Colorado
CT	Connecticut
DC	District of Columbia
DE	Delaware
FL	Florida
GA	Georgia
GU	Guam
HI	Hawaii
IA	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

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

APPENDIX F – PROVIDER TYPE CODE REFERENCE

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

APPENDIX G – OWNER ROLE CODE REFERENCE

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

APPENDIX H – REVISION HISTORY

Revision	Date	Name	Description of Modification
1	2022-11-22	CPI-PEOG	Baseline document.
2	2022-12-08	CPI-DPDA	508 Compliance
3	2023-02-01	CPI-PEOG	Minor formatting and typo fixes.
4	2023-06-16	CPI-PEOG	Added descriptions for the new provider specialty added, REH and CAH, in section 3.7, and the provider type code reference for REH in Appendices A and F.
5	2025-02-28	CPI-PEOG	Added three new hospital owner's organization types and flag for whether a hospital's owner is owned by another organization/individual (Appendix B).