

Medicare Fee-For-Service Provider Enrollment – Home Health Agency (HHA) Change of Ownership: Data Guidance

Version 1.3

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FOREWORD

This document provides background information and data guidance for the Provider Enrollment – Home Health Agency (HHA) Change of Ownership files. The ensuing sections of this document are organized to provide policy and data context first, followed by a general overview of the data, followed by instructions for performing common data operations, and conclude with the limitations of the data to be kept in mind when using the files and contact information for inquiries related to the data.

- Section 1, “Background,” provides basic background information pertaining to both policy and the source of the Provider Enrollment – HHA Change of Ownership data. Additionally, key terms are defined in this section.
- Section 2, “Provider Enrollment – HHA Change of Ownership Data Contents,” provides an overview of the contents of the Provider Enrollment – HHA Change of Ownership 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 – HHA Change of Ownership files.
- Section 6, “Contact Information,” provides information on the point of contact for inquiries relating to the HHA Change of Ownership files.
- Appendix A, “HHA CHOW File Layout,” provides the data dictionary for the HHA Change of Ownership file.
- Appendix B, “HHA CHOW Owners File Layout,” provides the data dictionary for the HHA CHOW Owners file.
- Appendix C, “HHA Additional NPIs File Layout,” provides the data dictionary for the HHA Additional National Provider Identifiers (NPIs) file.
- Appendix D, “State Code Reference,” provides reference values to state codes.
- Appendix E, “Provider Type Code Reference,” provides reference values to provider type codes.
- Appendix F, “Change of Ownership Type Code Reference,” provides reference values to change of ownership 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 – HHA Change of Ownership files.

CONTENTS

The following document provides data guidance on using the Provider Enrollment – HHA Change of Ownership files.

Foreword	i
1 Background	1
1.1 Policy Context	1
1.2 Ownership	1
1.3 Data Source	1
1.4 Key Terms	2
2 Provider Enrollment – HHA Change of Ownership Data Contents	4
2.1 Population	4
2.2 Change of Ownership Data	4
3 Common Data Operations	6
3.1 Identifying All Enrollments for a Buyer/Seller	6
3.2 Identifying Enrollment Provider Type and Specialty	6
3.3 Identifying Ownership Information for a Buyer/Seller	6
3.4 Identifying Ownership Share Arrangement	7
3.5 Identifying Owners Associated with Multiple HHAs	7
3.6 Identifying Additional NPIs for a Provider	7
3.7 Merging Relational Files for Non-Administrative Purposes	7
4 Merging to Non-PECOS Data	9
5 Data Limitations	10
5.1 Multiple NPIs per Enrollment	10
5.2 No Historical Enrollment Information	10
5.3 Additional Enrollment Restrictions	10
5.4 Ownership Share Percentages Not Adding Up As Expected	10
6 Contact Information	11
Appendix A – HHA CHOW File Layout	12
Appendix B – HHA CHOW Owners File Layout	14
Appendix C – HHA Additional NPIs File Layout	16
Appendix D – State Code Reference	17
Appendix E – Provider Type Code Reference	19
Appendix F – Change of Ownership Type Code Reference	20
Appendix G – Owner Role Code Reference	21
Appendix H – Revision History	22

1 BACKGROUND

This section provides background and context for understanding the Provider Enrollment – HHA Change of Ownership files. Section 1.1 describes the policy context and goals leading to the release of the data. Section 1.2 describes provider ownership structures. Section 1.3 provides information on the data source of HHA Change of Ownership data: the Provider Enrollment, Chain, and Ownership System (PECOS). Section 1.4 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 Centers for Medicare and Medicaid Services (CMS) efforts to further improve provider and supplier enrollment data sharing and transparency, CMS is making additional datasets publicly available. Releasing data for HHA Change of Ownership is part of that effort. This data for Medicare-enrolled providers is a subset of information available in PECOS – the system of record for Medicare provider enrollment. The data contained in these files is self-reported by the provider via the CMS-855A application.¹ These files will provide a clear and transparent way for providers, suppliers, state Medicaid programs, private payers, researchers, and any other interested individual or organization to leverage Medicare provider enrollment data on changes of ownership.

1.2 OWNERSHIP

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

1.3 DATA SOURCE

The main source of this data is PECOS (pronounced PAY-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 Social Security Number (SSN) or Employer Identification Number (EIN), specialty, qualifications, practice locations, ownership, billing agency information, reassignment of benefits, and related organizations.

¹ The application form has instructions for filers. <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS019475>, accessed 2026-06-23. Mnemonically, the file can be found by googling “855A” and “Medicare.”

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

1.4 KEY TERMS

Change of Ownership: Typically occurs when a Medicare-enrolled provider has been purchased by another organization. The previous owner (or “seller”) and the new owner (or “buyer”) must report these transactions to CMS. There are three types of changes of ownership: change of ownership (CHOW), acquisition/merger, and consolidation.

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

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 healthcare insurer that serves as the primary contact between the Medicare Fee-For-Service (FFS) program and its providers by performing activities such as enrolling providers and processing claims. There are three types of MACs: Parts A/B, Home Health/Hospice, and Durable Medical Equipment (DME). While MACs oversee a collection of states (jurisdiction), providers typically enroll at the state level.

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

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

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., TINs, 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. Defined in terms of its TIN Number, this includes institutional providers such as HHAs.

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 – HHA Change of Ownership files.

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 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): A unique 10-digit numeric identifier for covered healthcare providers that all providers must obtain before enrolling in Medicare. It is assigned to healthcare 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 – HHA CHANGE OF OWNERSHIP DATA CONTENTS

This section provides an overview of the contents of the HHA Change of Ownership data. Section 2.1 describes the scope (i.e., population) of the data. Section 2.2 describes and explains the general purpose of the relational data files included: **HHA_CHOW**, **HHA_CHOW_OWNERS**, and **HHA_ADDITIONAL_NPIS**.

2.1 POPULATION

The Provider Enrollment – HHA Change of Ownership files will include basic enrollment and ownership information for HHAs that were approved to bill Medicare and had a change of ownership at the time the files were created. The initial data will consist of any change of ownership transactions that occurred on or after January 1, 2016, for currently approved HHA enrollments. This date is given in the **EFFECTIVE DATE** field in the **HHA_CHOW** file. For the buyer and seller enrollments that engaged in change of ownership transactions, the files also include their active ownership information as they relate to Medicare provider enrollment. The files do not contain historical enrollment information, and only capture currently active enrollments as of the PECOS data version.

2.2 CHANGE OF OWNERSHIP DATA

For each enrollment in the population specified in Section 2.1 (i.e., all approved HHA enrollments that had a change of ownership), the files contain basic provider enrollment information; change of ownership transaction information, and reported ownership information. This information is stored in three separate relational data files. This is due to the one-to-many relationships between enrollment and change of ownership application information, and ownership information and provider NPIs. A brief description of each file's contents is given below.

HHA_CHOW – This file contains a unique listing of change of ownership transactions that occurred on or after January 1, 2016, for currently approved HHA enrollments. The enrollment ID of the buyer is given in the **ENROLLMENT ID – BUYER** field. The enrollment ID of the seller is given in the **ENROLLMENT ID – SELLER** field. The **ENROLLMENT ID – BUYER** field can be linked to the **ENROLLMENT ID** field in the **HHA_CHOW_OWNERS** file to obtain information on the new owners, and the **ENROLLMENT ID – SELLER** field can be linked to the **ENROLLMENT ID** field to obtain information on the old owners.

The file also includes the PECOS-assigned identifier, PAC ID, which is used to identify enrolling providers, buyer/seller's legal business name, buyer/seller's doing-business-as name, enrollment state, provider type, CCN, NPI, type of change of ownership (CHOW, acquisition/merger, and consolidation) and effective date of the change of ownership transaction. The PAC ID of the buyer is given in the **ASSOCIATE ID – BUYER** field, and the PAC ID of the seller is given in the **ASSOCIATE ID – SELLER** field.

HHA_CHOW_OWNERS – This file contains a unique listing of the associates with active ownership interest or managing control in the buyer or seller enrollments involved in change of ownership transactions in the **HHA_CHOW** file. The **ENROLLMENT ID** field can be linked to the **ENROLLMENT ID – BUYER** or **ENROLLMENT ID – SELLER** field in the **HHA_CHOW** file to obtain information on the change of ownership transaction.

This file also includes individual owner's first, middle, and last names, organizational owner's legal business name and doing-business-as name, mailing/business address (for organizational owners only), ownership or managing control role, owner's association date to the HHA enrollment, percentage of ownership interest, and organization type of owner, along with the associate level variable (PAC ID) for

owners from PECOS database. The owner PAC ID is given in the `ASSOCIATE ID - OWNER` field in the `HHA_CHOW_OWNERS` file and can be used to identify owners associated with multiple HHA enrollments.

HHA_ADDITIONAL_NPIS – This file contains the additional NPIs found for the buyer and seller enrollments from the `HHA_CHOW` file with more than one NPI. These buyer/seller enrollments with multiple NPIs are flagged with the `MULTIPLE NPI FLAG - BUYER/SELLER` fields in the `HHA_CHOW` file.

3 COMMON DATA OPERATIONS

This section outlines how to use the Provider Enrollment – HHA Change of Ownership files to perform common data operations. The data operations described below are meant to be illustrative of how to use and link the files described in Section 2. Section 3.1 explains how to identify all enrollments for a buyer or seller based on PECOS Associate Control ID (PAC ID). Section 3.2 provides instructions for identifying an enrollment's provider type and specialty using the `PROVIDER TYPE CODE – BUYER/SELLER` and `PROVIDER TYPE TEXT – BUYER/SELLER` fields. Section 3.3 provides instructions for identifying ownership information for a buyer/seller. Section 3.4 describes how to identify the ownership arrangement for a provider with multiple entities with direct ownership interest. Section 3.5 explains how to identify an owner or managerial control that is associated with multiple organizations. Section 3.6 provides instructions for using the `HHA_ADDITIONAL_NPIS` file. Section 3.7 demonstrates how to structure the data for non-administrative purposes.

3.1 IDENTIFYING ALL ENROLLMENTS FOR A BUYER/SELLER

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

3.2 IDENTIFYING ENROLLMENT PROVIDER TYPE AND SPECIALTY

The `PROVIDER TYPE CODE – BUYER/SELLER` and `PROVIDER TYPE TEXT – BUYER/SELLER` fields contain information on the type and specialty of each provider. The `PROVIDER TYPE CODE – BUYER/SELLER` fields, which are five digits long, are 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 of the `PROVIDER TYPE CODE – BUYER/SELLER` fields) will be '00' – PART A PROVIDER for HHAs.

The specialty code (last two digits of the `PROVIDER TYPE CODE – BUYER/SELLER` fields) takes on values specific to the enrollment type. See the data dictionary for the full list of specialty codes and descriptions for Part A providers.

3.3 IDENTIFYING OWNERSHIP INFORMATION FOR A BUYER/SELLER

To identify the associates with ownership interest or managing control for the buyer/seller that are involved with a specific transaction, the `ENROLLMENT ID – BUYER/SELLER` field from the `HHA_CHOW` file can be linked to the `ENROLLMENT ID` field in the `HHA_CHOW_OWNERS` file, where the `ASSOCIATE ID – OWNER` field contains the unique identifier for the associate with an ownership interest in or managing control of the buyer/seller enrollment, and the `ROLE TEXT – OWNER` field describes the type of ownership interest or managing control.

Additionally, associates with ownership interest or managing control may take their respective control of the same provider at different times. To identify when each owning or managing entity became associated with the provider, the user can use the `ASSOCIATION DATE - OWNER` field.

3.4 IDENTIFYING OWNERSHIP SHARE ARRANGEMENT

To identify the ownership arrangement for a select enrollment, users can filter the `ROLE CODE - OWNER` field to values '34' (i.e., 5% or Greater Direct Ownership Interest) and '35' (i.e., 5% or Greater Indirect Ownership Interest). Refer to Section 1.4 for definitions of direct and indirect ownership.

For each entity with ownership, the `HHA_CHOW_OWNERS` file contains the owner's ownership percentage in the HHA enrollment in the `PERCENTAGE OWNERSHIP` field. In cases where there are multiple entities with direct ownership over the same provider, the sum of the respective entities' `PERCENTAGE OWNERSHIP` field should generally total 100%. When adding up the direct ownership percentage of each `ASSOCIATE ID - OWNER` (i.e., owning entity), users should only retain the `PERCENTAGE OWNERSHIP` of one `ENROLLMENT ID` per `ASSOCIATE ID` (i.e., enrolling provider) to avoid aggregating duplicate information, as each enrollment under the same provider should report the same ownership breakdown.³

3.5 IDENTIFYING OWNERS ASSOCIATED WITH MULTIPLE HHAS

To additionally identify the associates with ownership interest or managing control across multiple organizations within the `HHA_CHOW_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 HHAs the owner is associated with.

3.6 IDENTIFYING ADDITIONAL NPIS FOR A PROVIDER

If a buyer or seller enrollment has the `MULTIPLE NPI FLAG - BUYER/SELLER` field set to yes ('Y') in the `HHA_CHOW` file, then the enrollment can be linked to the `ENROLLMENT ID` field in the `HHA_ADDITIONAL_NPIS` file to retrieve additional NPIs not displayed in the `HHA_CHOW` file.

3.7 MERGING RELATIONAL FILES FOR NON-ADMINISTRATIVE PURPOSES

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

For some non-administrative purposes, the Change of Ownership database would ideally be structured as follows: because the same HHA cannot be sold twice on the same day, the combination of the CCN and the effective date of a change of ownership (`EFFECTIVE DATE`) would uniquely identify a change of

³ Please note some caveats with this approach. Providers may submit updated ownership information for each of their Medicare enrollments. MACs process each new ownership change application separately. As a result, while each application is being processed, some enrollments may report more updated ownership information, while other enrollments may not.

ownership transaction. To create such a file, one might drop a small percentage of the data points in the **HHA_CHOW** file. This modified file could then be merged (one-to-many) with the **HHA_CHOW_OWNERS** file.⁴

⁴ If one is merging using the **ENROLLMENT ID** field, the **HHA_CHOW** file needs to be made unique in terms of both the buyer and the seller application IDs.

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 Reports⁵ can be linked to these files using the Medicare provider ID (CCN). Cost reports are submitted by HHAs 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 <https://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/Cost-Reports>, accessed 2026-06-23.
<https://resdac.org/articles/medicare-cost-report-data-structure>, accessed 2026-06-23.

5 DATA LIMITATIONS

Although the HHA Change of Ownership 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 **HHA_CHOW** file unique by enrollment ID, the **HHA_CHOW** file lists just a single NPI per HHA enrollment. CP575 NPIs are prioritized when available.

The **HHA_CHOW** file does include `MULTIPLE NPI FLAG - BUYER/SELLER` to indicate if an enrollment has multiple NPIs, and those additional NPIs can be found in the **HHA_ADDITIONAL_NPIS** file.

5.2 NO HISTORICAL ENROLLMENT INFORMATION

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

5.3 ADDITIONAL ENROLLMENT RESTRICTIONS

In addition to restricting to HHA enrollments that are currently approved to bill in Medicare and had a change of ownership since January 1, 2016, the files omit a small number of enrollments known to have PECOS data quality issues. Data quality issues include, but are not limited to:

- Change of ownership records missing a buyer or seller enrollment
- Enrollments without required key information

5.4 OWNERSHIP SHARE PERCENTAGES NOT ADDING UP AS EXPECTED

The **HHA_CHOW_OWNERS** file summarizes the ownership arrangement for each HHA enrollment, identifying each owner's ownership percentage in the enrollment. As mentioned in Section 3.4, in cases where there are multiple entities with direct ownership over the same provider, the sum of the respective entities' ownership should generally total 100%. However, there are cases where the combined ownership percentages may be greater than 100% as a result of data quality issues and anomalies within PECOS data, including for the following two reasons.

First, the data is self-reported by providers and are, therefore, subject to user input error. Second, there could be contrasting ownership shares submitted by owning entities. A new owner may report an updated ownership percentage, reducing the ownership percentages of other active owner(s). The other owner(s) may not report their new ownership percentages, or these percentages may not yet be reflected in PECOS. MACs are tasked with ensuring that the total percentage does not exceed 100%; however, some cases may slip through. Additionally, these issues may appear in the data while the MACs process and review the Medicare enrollment applications.

6 CONTACT INFORMATION

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

APPENDIX A – HHA CHOW FILE LAYOUT

#	Name	Description	Type	Length
1	ENROLLMENT ID - BUYER	Enrollment ID of the buyer/new owner in a change of ownership. 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 - BUYER	Buyer/new owner's enrollment state, see State Code Reference Table for description of values.	CHAR	2
3	PROVIDER TYPE CODE - BUYER	Buyer/new owner's 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 - BUYER	Description for Buyer Type Code.	CHAR	200
5	NPI - BUYER	Buyer/new owner'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 healthcare providers upon application through the National Plan and Provider Enumeration System (NPPES). If a buyer/new owner has multiple NPIs, 1 NPI is displayed in this field and the additional NPIs are displayed in the HHA Change of Ownership – Additional NPIs file.	CHAR	10
6	MULTIPLE NPI FLAG - BUYER	A flag that indicates whether the buyer/new owner has more than 1 NPI (Y/N). If yes, additional NPIs are displayed in the HHA Change of Ownership – Additional NPIs file.	CHAR	1
7	CCN - BUYER	Buyer/new owner's CMS Certification Number (CCN), formerly called an OSCAR Number.	CHAR	15
8	ASSOCIATE ID - BUYER	Buyer/new owner'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 - BUYER	Buyer/new owner's legal business name.	CHAR	70
10	DOING BUSINESS AS NAME - BUYER	Buyer/new owner's doing-business-as name.	CHAR	70
11	CHOW TYPE CODE	Change of ownership type code, see Change of Ownership Type Code Reference Table for the full list of change of ownership types.	CHAR	2
12	CHOW TYPE TEXT	Description for Change of Ownership Type Code.	CHAR	20
13	EFFECTIVE DATE	Date on which the change of ownership became effective. Only changes of ownership with an effective date on or after 1/1/2016 are included in the file.	NUM	8

#	Name	Description	Type	Length
14	ENROLLMENT ID - SELLER	Enrollment ID of the seller/former owner in a change of ownership. 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
15	ENROLLMENT STATE - SELLER	Seller/former owner's enrollment state, see State Code Reference Table for description of values.	CHAR	2
16	PROVIDER TYPE CODE - SELLER	Seller/former owner's enrollment application and specialty type code, see Provider Type Code Reference Table for the full list of Part A provider types.	CHAR	5
17	PROVIDER TYPE TEXT - SELLER	Description for Seller Type Code.	CHAR	200
18	NPI - SELLER	Seller/former owner'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 healthcare providers upon application through the National Plan and Provider Enumeration System (NPPES). If a seller/former owner has multiple NPIs, 1 NPI is displayed in this field and the additional NPIs are displayed in the HHA Change of Ownership – Additional NPIs file.	CHAR	10
19	MULTIPLE NPI FLAG - SELLER	A flag that indicates whether the seller/former owner has more than 1 NPI (Y/N). If yes, additional NPIs are displayed in the HHA Change of Ownership – Additional NPIs file.	CHAR	1
20	CCN - SELLER	Seller/former owner's CMS Certification Number (CCN), formerly called an OSCAR Number.	CHAR	15
21	ASSOCIATE ID - SELLER	Seller/former owner'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
22	ORGANIZATION NAME - SELLER	Seller/former owner's legal business name.	CHAR	70
23	DOING BUSINESS AS NAME - SELLER	Seller/former owner's doing-business-as name.	CHAR	70

APPENDIX B – HHA CHOW OWNERS FILE LAYOUT

#	Name	Description	Type	Length
1	ENROLLMENT ID	Enrollment ID of the HHA that engaged in a change of ownership. 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	PECOS Associate Control (PAC) ID of the HHA that engaged in a change of ownership. 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	Legal business name of the HHA that engaged in a change of ownership.	CHAR	70
4	ASSOCIATE ID - OWNER	PAC ID of the “owner” – an associate with ownership or managing control interest in the HHA 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 HHA.	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	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

#	Name	Description	Type	Length
20	PERCENTAGE OWNERSHIP	Owner's ownership percentage in the HHA enrollment.	NUM	8
21	CREATED FOR ACQUISITION - OWNER	A flag that indicates if the organizational owner was solely created to acquire/buy the HHA and/or the HHA'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 nonprofit (Y/N; blank if not reported).	CHAR	1
33	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
34	OTHER TYPE TEXT - OWNER	Other type of owner's organization that is not listed on the CMS form.	CHAR	40

APPENDIX C – HHA ADDITIONAL NPIS FILE LAYOUT

#	Name	Description	Type	Length
1	ENROLLMENT ID	HHA'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	HHA'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 healthcare providers upon application through the National Plan and Provider Enumeration System (NPPES).	CHAR	10

APPENDIX D – 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 E – 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
00-34	PART A PROVIDER - OPIOID TREATMENT PROGRAM
00-85	PART A PROVIDER - CRITICAL ACCESS HOSPITAL

APPENDIX F – CHANGE OF OWNERSHIP TYPE CODE REFERENCE

Code	Description
AM	Acquisition/Merger
CH	Change of Ownership (CHOW)
CO	Consolidation

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	2023-03-03	CPI-PEOG	Baseline document.
2	2023-07-05	CPI-PEOG	Added provider type code reference for a new provider specialty, rural emergency hospital, in Appendix E.
3	2026-07-17	CPI-PEOG	Added new sections on identifying ownership arrangements for enrollments with multiple owners (Section 3.4) and the limitations of doing so (Section 5.2), as well as made minor formatting fixes.