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 list of Part A provider types.	CHAR	5
Provider Type Text	PROVIDER TYPE TEXT	Description for Provider Type Code.	CHAR	200
NPI	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
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
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
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 for description of values.	CHAR	2
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
Zip Code	ZIP CODE	Zip code of the hospital's practice location address.	CHAR	15
Practice Location Type	PRACTICE LOCATION TYPE	Type of practice location.	CHAR	32
Location Other Type Text	LOCATION OTHER TYPE TEXT	Other type of practice location found in the CMS-855 form.	CHAR	60

Term Name	Variable Name	Description	Type	Length
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 (Y/N; blank if not reported).	CHAR	1
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
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
REH Conversion Flag	REH CONVERSION FLAG	A flag that indicates whether the provider is a former hospital or CAH that converted to an REH (Y/N).	CHAR	1
REH Conversion Date	REH CONVERSION DATE	Date on which the hospital or CAH enrollment converted into an REH.	NUM	8
CAH or Hospital CCN	CAH OR HOSPITAL CCN	The CCN(s) associated with the deactivated hospital or CAH enrollment that converted into an REH.	CHAR	50

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