

REVISED

YEAR 5 TABLE DESCRIPTIONS

TABLE	PURPOSE OF TABLE FOR MEDIAN CALCULATION
TABLE 1	Static list of Auditkeys to be used in the median calculation.
TABLE 2	Used to lookup report end dates for each audit number used in the median calculation.
TABLE 3	Used to determine Special Rehab. facilities, code 5.
TABLE 4	Used to determine hospital-based facilities.
TABLE 5	Used to determine IPN (Internal provider number).Used to determine county code.
TABLE 6	Used to determine MSA by county code.
TABLE 7	Used to determine inflation factors for each report period and the mid point of the rate year.
TABLE 8	Used to determine audited ending beds for report period. Used to determine audited resident and available days for report period.
TABLE 9	Used to determine ending bed size for selected audit numbers. (Audited ending bed size not recorded on audit report) "Active" Schedule A data file.
TABLE 10	Used to determine ending bed size for selected audit numbers. (Audited ending bed size not recorded on audit report) "History" Schedule A data file.
TABLE 11	Used to determine audited NF costs for report periods beginning 12/31/96.
TABLE 12	Used to determine Auditkey for report periods prior to 12/31/96.
TABLE 13	Used to determine reported SNF and ICF allowable costs.
TABLE 14	Used to determine proportion of costs on lines 13, 29, 30, 40, and 41 for report periods prior to 12/31/96 to be allocated between the "a" and "b" portions of these lines. Source document is MA-11, Schedule C-1.
TABLE 15	Used to determine audit adjustment amounts for report periods prior to 12/31/96. If no matching Auditkey from TABLE_1 is found, no cost adjustments were made.
TABLE 16	Used to determine audited allocation percentages for SNF and ICF for report periods prior to 12/31/96.
TABLE 17	Used to determine adjustments of audited NF costs to be moved from one case mix cost category to another for report periods prior to 12/31/96.
TABLE 18	Used to determine the Total Facility CMI and validity status of the CMI for picture dates used in the median calculation.
TABLE 19	Used to determine default CMI values.

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YEAR 5 FIELD DESCRIPTIONS

TABLE	FIELD	FIELD DESCRIPTION	MEDIAN CALCULATION
TABLE 1	IPN	Internal provider number	**
TABLE 1	PROVNAME	Provider name	
TABLE 1	PNUM	MA provider number	
TABLE 1	AUDIT	Audit number	**
TABLE 1	ISSUEDATE	Audit issue date	
TABLE 1	BEGDATE	Report begin date	
TABLE 1	ENDDATE	Report end date	
TABLE 1	AUDITKEY	Internal audit number key	**
TABLE 2	CRID	Internal cost report ID	

TABLE 2	IPN	Internal provider number	**
TABLE 2	AUDIT	Audit number	**
TABLE 2	BEGDATE	Report begin date	
TABLE 2	ENDDATE	Report period end date	**
TABLE 3	IPN	Internal provider number	**
TABLE 3	CODE	01 New Facility; 05 Special Rehab	**
TABLE 3	RED	Rate effective date	**
TABLE 4	PNUM	MA provider number	
TABLE 4	PROVNAME	Provider name	
TABLE 4	OWNERTYPE	Type of ownership	**
TABLE 4	IPN	Internal provider number	**
TABLE 5	CHGEFFDATE	Effective date of the change to the summary file.	
TABLE 5	COUNTY	County code	**
TABLE 5	ELIGBEGIN	Eligibility begin date - Dormant field	
TABLE 5	FISCALYE	Reporting year	
TABLE 5	IPN	Internal provider number	**
TABLE 5	PNUM	MA provider number	**
TABLE 5	PROVNAME	Provider name	
TABLE 5	PROVSTAT	Provider status	
TABLE 5	PROVTYPE	Provider type	
TABLE 5	REASON	Reason for change	
TABLE 5	REGCLIENT	Client services region	
TABLE 5	REGPRVSVCS	Provider services region	
TABLE 5	REGRATES	Rates region	
TABLE 5	TYPECONTRL	Type control	
TABLE 5	CURRENT	Current record indicator	
TABLE 5	RECORDID	Internal record ID	**
TABLE 6	CODE	County code	**
TABLE 6	NAME	County name	
TABLE 6	MSA	Metropolitan statistical area	**
TABLE 7	DATE	Cost report end date	**
TABLE 7	INDEX	DRI inflation index	**
TABLE 7	FACTOR	Dormant field	
TABLE 8	AUDIT	Audit number	
TABLE 8	PNUM	MA provider number	
TABLE 8	ALLCOSTSNF	Audited allowable SNF costs	
TABLE 8	ALLCOSTICF	Audited allowable ICF costs	
TABLE 8	ALLCOSTHC	Audited allowable Residential costs	
TABLE 8	EFFSUB1	Eff. Inc. Sub To Date 1	
TABLE 8	EFFSUB1SNF	SNF Eff. Inc. Sub To Date 1	
TABLE 8	EFFSUB1ICF	ICF Eff. Inc. Sub To Date 1	
TABLE 8	EFFSUB1HC	HC Eff. Inc. Sub To Date 1	

TABLE 8	EFFSUB2	Eff. Inc. Sub To Date 2	
TABLE 8	EFFSUB2SNF	SNF Eff. Inc. Sub To Date 2	
TABLE 8	EFFSUB2ICF	ICF Eff. Inc. Sub To Date 2	
TABLE 8	EFFSUB2HC	HC Eff. Inc. Sub To Date 2	
TABLE 8	PPSUB1	Private Pay Sub To Date 1	
TABLE 8	PPSUB1SNF	SNF Private Pay Sub To Date 1	
TABLE 8	PPSUB1ICF	ICF Private Pay Sub To Date 1	
TABLE 8	PPSUB1HC	HC Private Pay Sub To Date 1	
TABLE 8	MADAYSSNF1	MA Days SNF Sub To Date 1	
TABLE 8	MADAYSICF1	MA Days ICF Sub To Date 1	
TABLE 8	MADAYSHC1	MA Days Heavy Care Sub To Date 1	
TABLE 8	MEDPTBSNF1	SNF Medicare Part B Sub To Date 1	
TABLE 8	MEDPTBICF1	ICF Medicare Part B Sub To Date 1	
TABLE 8	MEDPTBHC1	HC Medicare Part B Sub To Date 1	
TABLE 8	PPSUB2	Private Pay Sub To Date 2	
TABLE 8	PPSUB2SNF	SNF Private Pay Sub To Date 2	
TABLE 8	PPSUB2ICF	ICF Private Pay Sub To Date 2	
TABLE 8	PPSUB2HC	HC Private Pay Sub To Date 2	
TABLE 8	MADAYSSNF2	MA Days SNF Sub To Date 2	
TABLE 8	MADAYSICF2	MA Days ICF Sub To Date 2	
TABLE 8	MADAYSHC2	MA Days Heavy Care Sub To Date 2	
TABLE 8	MEDPTBSNF2	SNF Medicare Part B Sub To Date 2	
TABLE 8	MEDPTBICF2	ICF Medicare Part B Sub To Date 2	
TABLE 8	MEDPTBHC2	HC Medicare Part B Sub To Date 2	
TABLE 8	BEDBEGSNF	Audited beginning SNF beds	
TABLE 8	BEDBEGICF	Audited beginning ICF beds	
TABLE 8	BEDBEGOTHR	Audited beginning OTHER beds	
TABLE 8	BEDENDSNF	Audited ending SNF or NF beds	**
TABLE 8	BEDENDICF	Audited ending ICF beds	**
TABLE 8	BEDENDOTH	Audited ending OTHER beds	
TABLE 8	ACTPDAYSNF	Audited actual SNF or NF resident days	**
TABLE 8	ACTPDAYICF	Audited actual ICF resident days	**
TABLE 8	ACTPDAYOTH	Audited actual OTHER resident days	
TABLE 8	MAPATSUB1	MA Patient Day Date 1	
TABLE 8	MASUB1SNF	MA Days SNF Sub To Date 1	
TABLE 8	MASUB1ICF	MA Days ICF Sub To Date 1	
TABLE 8	MASUB1HC	MA Days Heavy Care Sub To Date 1	
TABLE 8	MAPATSUB2	MA Patient Day Date 2	
TABLE 8	MASUB2SNF	MA Days SNF Sub To Date 2	
TABLE 8	MASUB2ICF	MA Days ICF Sub To Date 2	
TABLE 8	MASUB2HC	MA Days Heavy Care Sub To Date 2	
TABLE 8	MAPATSUB3	MA Patient Day Date 3	

TABLE 8	MASUB3SNF	MA Days SNF Sub To Date 3	
TABLE 8	MASUB3ICF	MA Days ICF Sub To Date 3	
TABLE 8	MASUB3HC	MA Days Heavy Care Sub To Date 3	
TABLE 8	GA12SNF	12% General Administrative Exp. Limitation SNF	
TABLE 8	GA12ICF	12% General Administrative Exp. Limitation ICF	
TABLE 8	AVAILSNF	Audited available SNF or NF resident days	**
TABLE 8	AVAILICF	Audited available ICF resident days	**
TABLE 8	AVAILOTH	Audited available OTHER resident days	
TABLE 8	EFFSUB3	Eff. Inc. Sub To Date 3	
TABLE 8	EFFSUB3SNF	SNF Eff. Inc. Sub To Date 3	
TABLE 8	EFFSUB3ICF	ICF Eff. Inc. Sub To Date 3	
TABLE 8	EFFSUB3HC	HC Eff. Inc. Sub To Date 3	
TABLE 8	PPSUB3	Private Pay Sub To Date 3	
TABLE 8	PPSUB3SNF	SNF Private Pay Sub To Date 3	
TABLE 8	PPSUB3ICF	ICF Private Pay Sub To Date 3	
TABLE 8	PPSUB3HC	HC Private Pay Sub To Date 3	
TABLE 8	MADAYSSNF3	MA Days SNF Sub To Date 3	
TABLE 8	MADAYSICF3	MA Days ICF Sub To Date 3	
TABLE 8	MADAYSHC3	MA Days Heavy Care Sub To Date 3	
TABLE 8	MEDPTBSNF3	SNF Medicare Part B Sub To Date 3	
TABLE 8	MEDPTBICF3	ICF Medicare Part B Sub To Date 3	
TABLE 8	MEDPTBHC3	HC Medicare Part B Sub To Date 3	
TABLE 8	AUDITKEY	Internal audit number key	**
TABLE 9	FACILITY	Provider name	
TABLE 9	RPTFROM	Report from	
TABLE 9	RPTTO	Report to	
TABLE 9	MANO	MA number	
TABLE 9	MACKD	MA number check digit	
TABLE 9	ORGTYPE	Organization type	
TABLE 9	SNFTOTPDY	SNF total actual patient days	
TABLE 9	ICFTOTPDY	ICF total actual patient days	
TABLE 9	RESTOTPDY	Residential total actual patient days	
TABLE 9	STATUS	Active/inactive indicator	
TABLE 9	SYSTIME	System time record was added	
TABLE 9	SYSDATE	System date record was added	
TABLE 9	CLERK	Clerk ID of user who added record	
TABLE 9	TRANTYPE	Type of transaction	
TABLE 9	LICEN	Approved as	
TABLE 9	CARECERT	Level of Care certification	
TABLE 9	ACCNTG	Accounting basis	
TABLE 9	RECDATE	Date MA-11 was received	
TABLE 9	SNFBGCBEDS	SNF certified beds at beginning of period	

TABLE 9	ICFBGCBEDS	ICF certified beds at beginning of period	
TABLE 9	RESBGCBEDS	Residential certified beds at beginning of period	
TABLE 9	SNFEDCBEDS	SNF certified beds at end of period	**
TABLE 9	ICFEDCBEDS	ICF certified beds at end of period	**
TABLE 9	RESEDCBEDS	Residential certified beds at end of period	
TABLE 9	SNFINCDEC	SNF date of increase/decrease	
TABLE 9	ICFINCDEC	ICF date of increase/decrease	
TABLE 9	SNFDIS	SNF discharges	
TABLE 9	ICFDIS	ICF discharges	
TABLE 9	RESDIS	Residential discharges	
TABLE 9	MASNFDIS	MA SNF Discharges	
TABLE 9	MAICFDIS	MA ICF Discharges	
TABLE 9	MASNFJANJN	MA SNF patient days January 1 to June 30	
TABLE 9	MAICFJANJN	MA ICF patient days January 1 to June 30	
TABLE 9	MASNFJLYDE	MA SNF patient days July 1 to December 31	
TABLE 9	MAICFJLYDE	MA ICF patient days July 1 to December 31	
TABLE 9	MASNFCOPAY	MA SNF copay days	
TABLE 9	MAICFCOPAY	MA ICF copay days	
TABLE 9	MATOTDYSNF	MA SNF total days of care	
TABLE 9	MATOTDYICF	MA ICF total days of care	
TABLE 9	SNFTOCBEDV	SNF total certified bed days available for period	
TABLE 9	ICFTOCBEDV	ICF total certified bed days available for period	
TABLE 9	RESTOCBEDV	Residential total certified bed days available for period	
TABLE 9	SNFMAAVGMO	SNF monthly average of MA patients	
TABLE 9	ICFMAAVGMO	ICF monthly average of MA patients	
TABLE 9	SNFOCCUP	SNF percent occupancy	
TABLE 9	ICFOCCUP	ICF percent occupancy	
TABLE 9	RESOCCUP	Residential percent occupancy	
TABLE 9	SNFPDAYSOC	SNF patient days at 90% occupancy	
TABLE 9	ICFPDAYSOC	ICF patient days at 90% occupancy	
TABLE 9	RESPDAYSOC	Residential patient days at 90% occupancy	
TABLE 9	SNFNOCPD	SNF net operating cost per diem	
TABLE 9	ICFNOCPD	ICF net operating cost per diem	
TABLE 9	SNFDEPPD	SNF depreciation per diem	
TABLE 9	ICFDEPPD	ICF depreciation per diem	
TABLE 9	SNFINTCAP	SNF interest on capital indebtedness per diem	
TABLE 9	ICFINTCAP	ICF interest on capital indebtedness per diem	
TABLE 9	SNFTOTPD	SNF total per diem	
TABLE 9	ICFTOTPD	ICF total per diem	
TABLE 9	SNFTOTMAPA	SNF total cost for MA patients	
TABLE 9	ICFTOTMAPA	ICF total cost for MA patients	
TABLE 9	SNFMAPT B	SNF Medicare Part B revenues for MA patients	

TABLE 9	ICFMAPTB	ICF Medicare Part B revenues for MA patients	
TABLE 9	SYSTIME2	System time record was added	
TABLE 9	SYSDATE2	System date record was added	
TABLE 9	CLERK2	Clerk ID of user who added record	
TABLE 9	TRANTYPE2	Type of transaction	
TABLE 9	MAHVYICJAN	Heavy care ICF patient days January 1 to June 30	
TABLE 9	MAHVYICJUL	Heavy care ICF patient days July 1 to December 31	
TABLE 9	MAHVYICOP	Heavy care ICF copay days	
TABLE 9	MATOTICHVY	Heavy care ICF total days of care	
TABLE 9	HVYICTOTPD	Heavy care ICF total per diem	
TABLE 9	HVYICTOTMA	Heavy care ICF total cost for MA patients	
TABLE 9	MAHVYSNCJA	Heavy care SNF patient days January 1 to June 30	
TABLE 9	MAHVYSNCJU	Heavy care SNF patient days July 1 to December 31	
TABLE 9	MAHVYSNCCO	Heavy care SNF copay days	
TABLE 9	MATOTSNCHV	Heavy care SNF total days of care	
TABLE 9	HVYSNCTOTP	Heavy care SNF total per diem	
TABLE 9	HVYSNCTOMA	Heavy care SNF total cost for MA patients	
TABLE 9	ADM	Administrator's salary	
TABLE 9	ASSTASCADM	Assistant/associate administrator's salary	
TABLE 9	HOUSKPDIR	Director of housekeeping's salary	
TABLE 9	DIETICIAN	Chief of dietitian's salary	
TABLE 9	NURSEDIR	Director of nursing's salary	
TABLE 9	FISCCHIEF	Chief fiscal personnel's salary	
TABLE 9	MAINTSPV	Maintenance supervisor's salary	
TABLE 9	SYSTIME3	System time record was added	
TABLE 9	SYSDATE3	System date record was added	
TABLE 9	CLERK3	Clerk ID of user who added record	
TABLE 9	TRANTYPE3	Transaction type	
TABLE 9	FACCODE	MA provider number	
TABLE 9	AUDIT	Audit number	**
TABLE 10	FACILITY	Facility name	
TABLE 10	RPTFROM	Report period from date	
TABLE 10	RPTTO	Report period to date	
TABLE 10	MANO	Provider number	
TABLE 10	MACKD	MA number check digit	
TABLE 10	LICEN	Approved as	
TABLE 10	CARECERT	Level of Care certification	
TABLE 10	SNFBGCBEDS	SNF certified beds at beginning of period	
TABLE 10	ICFBGCBEDS	ICF certified beds at beginning of period	
TABLE 10	RESBGCBEDS	Residential certified beds at beginning of period	
TABLE 10	SNFEDCBEDS	SNF certified beds at end of period	**
TABLE 10	ICFEDCBEDS	ICF certified beds at end of period	**

TABLE 10	RESEDCBEDS	Residential certified beds at end of period	
TABLE 10	SNFTOCBEDV	SNF total certified bed day available for period	
TABLE 10	ICFTOCBEDV	ICF total certified bed day available for period	
TABLE 10	RESTOCBEDV	Residential total certified bed day available for period	
TABLE 10	SNFOCCUP	SNF percent occupancy	
TABLE 10	ICFOCCUP	ICF percent occupancy	
TABLE 10	RESOCCUP	Residential percent occupancy	
TABLE 10	SNFPDAYSOC	SNF patient days at 90% occupancy	
TABLE 10	ICFPDAYSOC	ICF patient days at 90% occupancy	
TABLE 10	RESPDAYSOC	Residential patient days at 90% occupancy	
TABLE 10	ORGTYPE	Type of organization	
TABLE 10	SNFTOTPDY	SNF total actual patient days	
TABLE 10	ICFTOTPDY	ICF total actual patient days	
TABLE 10	RESTOTPDY	Residential total actual patient days	
TABLE 10	STATUS	Active/inactive indicator	
TABLE 10	SYSTIME	System time record was added	
TABLE 10	SYSDATE	System date record was added	
TABLE 10	CLERK	Clerk ID of user who added record	
TABLE 10	TRANTYPE	Transaction type	
TABLE 10	SNFMAPT B	SNF Medicare Part B Revenues for MA patients	
TABLE 10	ICFMAPT B	ICF Medicare Part B Revenues for MA patients	
TABLE 10	AUDIT	Audit number	**
TABLE 11	AUDIT	Audit number	**
TABLE 11	ALLOWCST28	Audited Schedule C, line 28, column D for report end dates of 12/31/96 and after.	
TABLE 11	ADJINCR28	Audited Schedule C, line 28, column B for report end dates of 12/31/96 and after.	
TABLE 11	ADJDECR28	Audited Schedule C, line 28, column C for report end dates of 12/31/96 and after.	
TABLE 11	AUDTOTCO28	Audited Schedule C, line 28, column A for report end dates of 12/31/96 and after.	
TABLE 11	AMTALLCN28	Audited Schedule C, line 28, column E for report end dates of 12/31/96 and after.	
TABLE 11	AMTALLRE28	Audited Schedule C, line 28, column F for report end dates of 12/31/96 and after.	
TABLE 11	ALLOWCST29	Audited Schedule C, line 29, column D for report end dates of 12/31/96 and after.	
TABLE 11	ADJINCR29	Audited Schedule C, line 29, column B for report end dates of 12/31/96 and after.	
TABLE 11	ADJDECR29	Audited Schedule C, line 29, column C for report end dates of 12/31/96 and after.	
TABLE 11	AUDTOTCO29	Audited Schedule C, line 29, column A for report end dates of 12/31/96 and after.	
TABLE 11	AMTALLCN29	Audited Schedule C, line 29, column E for report end dates of 12/31/96 and after.	
TABLE 11	AMTALLRE29	Audited Schedule C, line 29, column F for report end dates of 12/31/96 and after.	

TABLE 11	ALLOWCST36	Audited Schedule C, line 36, column A for report end dates of 12/31/96 and after.	
TABLE 11	RC	Audited NF Resident Care Costs for report end dates of 12/31/96 and after.	**
TABLE 11	ORC	Audited NF Other Resident Care Costs for report end dates of 12/31/96 and after.	**
TABLE 11	ADM	Audited NF Administrative Costs for report end dates of 12/31/96 and after.	**
TABLE 11	RETAX	Audited NF Real Estate Taxes for report end dates of 12/31/96 and after.	
TABLE 11	ISSUED	Audit issue date	
TABLE 12	IPN	Internal provider number	
TABLE 12	PNUM	MA provider number	
TABLE 12	PROVNAME	Provider name	
TABLE 12	AUDIT	Audit number	**
TABLE 12	ISSUED	Audit issue date	**
TABLE 12	AUDITKEY	Internal audit number key	**
TABLE 13	AUDITNO	Audit number	**
TABLE 13	LINENO	Schedule C line number	**
TABLE 13	COSTCTR	Cost center description	
TABLE 13	TOTEXP	Total expenses	
TABLE 13	ADJ1	Dormant field	
TABLE 13	ADJ2	Dormant field	
TABLE 13	SNF	Reported SNF allocation	
TABLE 13	ICF	Reported ICF allocation	
TABLE 13	RESOTHER	Reported Residential allocation	
TABLE 13	ALLOCBAS	Allocation basis	
TABLE 13	SALARIES	Reported salaries	
TABLE 13	FRINGEBEN	Reported fringe benefits	
TABLE 13	OTHER	Reported other expenses	
TABLE 13	ALLOWCST	Reported allowable costs	**
TABLE 13	AMTALLCSNF	Reported SNF allowable costs	
TABLE 13	AMTALLCICF	Reported ICF allowable costs	
TABLE 13	AMTALLCRES	Reported Residential allowable costs	
TABLE 13	SYSTIME	System time	
TABLE 13	SYSDATE	System date	
TABLE 13	CLERKID	Clerk ID	
TABLE 13	TRANSTYPE	Transaction type	
TABLE 14	AUDIT	Audit number	
TABLE 14	PNUM	MA provider number	
TABLE 14	PROVNAME	Provider name	
TABLE 14	BEGDATE	Report begin date	
TABLE 14	ENDDATE	Report end date	
TABLE 14	C113AA	Reported Schedule C-1, line 13a, column A	

TABLE 14	C113AB	Reported Schedule C-1, line 13a, column B	
TABLE 14	C113AC	Reported Schedule C-1, line 13a, column C	
TABLE 14	C113AD	Reported Schedule C-1, line 13a, column D	
TABLE 14	C113AE	Reported Schedule C-1, line 13a, column E	
TABLE 14	C113AF	Reported Schedule C-1, line 13a, column F	**
TABLE 14	C113BA	Reported Schedule C-1, line 13b, column A	
TABLE 14	C113BB	Reported Schedule C-1, line 13b, column B	
TABLE 14	C113BC	Reported Schedule C-1, line 13b, column C	
TABLE 14	C113BD	Reported Schedule C-1, line 13b, column D	
TABLE 14	C113BE	Reported Schedule C-1, line 13b, column E	
TABLE 14	C113BF	Reported Schedule C-1, line 13b, column F	**
TABLE 14	C113CA	Reported Schedule C-1, line 13c, column A	
TABLE 14	C113CB	Reported Schedule C-1, line 13c, column B	
TABLE 14	C113CC	Reported Schedule C-1, line 13c, column C	
TABLE 14	C113CD	Reported Schedule C-1, line 13c, column D	
TABLE 14	C113CE	Reported Schedule C-1, line 13c, column E	
TABLE 14	C113CF	Reported Schedule C-1, line 13c, column F	
TABLE 14	C129AC	Reported Schedule C-1, line 29a, column C	
TABLE 14	C129AD	Reported Schedule C-1, line 29a, column D	
TABLE 14	C129AE	Reported Schedule C-1, line 29a, column E	
TABLE 14	C129AF	Reported Schedule C-1, line 29a, column F	**
TABLE 14	C129BC	Reported Schedule C-1, line 29b, column C	
TABLE 14	C129BD	Reported Schedule C-1, line 29b, column D	
TABLE 14	C129BE	Reported Schedule C-1, line 29b, column E	
TABLE 14	C129BF	Reported Schedule C-1, line 29b, column F	**
TABLE 14	C129CC	Reported Schedule C-1, line 29c, column C	
TABLE 14	C129CD	Reported Schedule C-1, line 29c, column D	
TABLE 14	C129CE	Reported Schedule C-1, line 29c, column E	
TABLE 14	C129CF	Reported Schedule C-1, line 29c, column F	
TABLE 14	C130AC	Reported Schedule C-1, line 30a, column C	
TABLE 14	C130AD	Reported Schedule C-1, line 30a, column D	
TABLE 14	C130AE	Reported Schedule C-1, line 30a, column E	
TABLE 14	C130AF	Reported Schedule C-1, line 30a, column F	**
TABLE 14	C130BC	Reported Schedule C-1, line 30b, column C	
TABLE 14	C130BD	Reported Schedule C-1, line 30b, column D	
TABLE 14	C130BE	Reported Schedule C-1, line 30b, column E	
TABLE 14	C130BF	Reported Schedule C-1, line 30b, column F	**
TABLE 14	C130CC	Reported Schedule C-1, line 30c, column C	
TABLE 14	C130CD	Reported Schedule C-1, line 30c, column D	
TABLE 14	C130CE	Reported Schedule C-1, line 30c, column E	
TABLE 14	C130CF	Reported Schedule C-1, line 30c, column F	
TABLE 14	C140AC	Reported Schedule C-1, line 40a, column C	

TABLE 14	C140AD	Reported Schedule C-1, line 40a, column D	
TABLE 14	C140AE	Reported Schedule C-1, line 40a, column E	
TABLE 14	C140AF	Reported Schedule C-1, line 40a, column F	**
TABLE 14	C140BC	Reported Schedule C-1, line 40b, column C	
TABLE 14	C140BD	Reported Schedule C-1, line 40b, column D	
TABLE 14	C140BE	Reported Schedule C-1, line 40b, column E	
TABLE 14	C140BF	Reported Schedule C-1, line 40b, column F	**
TABLE 14	C140CC	Reported Schedule C-1, line 40c, column C	
TABLE 14	C140CD	Reported Schedule C-1, line 40c, column D	
TABLE 14	C140CE	Reported Schedule C-1, line 40c, column E	
TABLE 14	C140CF	Reported Schedule C-1, line 40c, column F	
TABLE 14	C141AC	Reported Schedule C-1, line 41a, column C	
TABLE 14	C141AD	Reported Schedule C-1, line 41a, column D	
TABLE 14	C141AE	Reported Schedule C-1, line 41a, column E	
TABLE 14	C141AF	Reported Schedule C-1, line 41a, column F	**
TABLE 14	C141BC	Reported Schedule C-1, line 41b, column C	
TABLE 14	C141BD	Reported Schedule C-1, line 41b, column D	
TABLE 14	C141BE	Reported Schedule C-1, line 41b, column E	
TABLE 14	C141BF	Reported Schedule C-1, line 41b, column F	**
TABLE 14	C141CC	Reported Schedule C-1, line 41c, column C	
TABLE 14	C141CD	Reported Schedule C-1, line 41c, column D	
TABLE 14	C141CE	Reported Schedule C-1, line 41c, column E	
TABLE 14	C141CF	Reported Schedule C-1, line 41c, column F	
TABLE 15	AUDIT	Audit number	
TABLE 15	ADJID	Audit adjustment number	
TABLE 15	SCHEDULE	Audit schedule to be adjusted	
TABLE 15	LINENO	Audited Schedule C line number	**
TABLE 15	ADJUSTMENT	Audit adjustment amount	**
TABLE 15	WORKPAPER	Audit workpaper	
TABLE 15	AUDITKEY	Internal audit number key	**
TABLE 16	AUDIT	Audit number	
TABLE 16	LINENO	Audited Schedule C line number	**
TABLE 16	COSTCTR	Audited Schedule C cost center description	**
TABLE 16	SNF	Audited SNF allocation percent	**
TABLE 16	ICF	Audited ICF allocation percent	**
TABLE 16	RESIDENT	Audited Residential allocation percent	
TABLE 16	AUDITKEY	Internal audit number key	**
TABLE 17	AUDIT	Audit number	**
TABLE 17	PNUM	MA provider number	
TABLE 17	LINENO	Case Mix Cost Category; 021 Resident Care; 028 Other Resident Care; 029 Administrative	**
TABLE 17	COLUMN	Dormant field	

TABLE 17	ADJUSTMENT	Amount of cost category adjustment	**
TABLE 18	PICTDATE	Picture Date	**
TABLE 18	ACTPROVCM	Actual Total Facility CMI	
TABLE 18	ACTMACMI	Actual MA CMI	
TABLE 18	PAYPROVCM	Payment Total Facility CMI	**
TABLE 18	PAYMACMI	Payment MA CMI	
TABLE 18	POSTMARK	RVR or Cert. report postmark date	
TABLE 18	REPORTMA	Number of reported MA residents	
TABLE 18	REPORTNON	Number of reported non-MA residents	
TABLE 18	ACTMA	Number of actual MA residents	
TABLE 18	ACTNONMA	Number of actual non-MA residents	
TABLE 18	CMILETTER	Dormant field	
TABLE 18	ACCEPTED	Acceptance indicator	
TABLE 18	IPN	Internal provider number	**
TABLE 18	PNUM	Provider number	
TABLE 19	SUBSCRIPT	Sequential RUG order	
TABLE 19	GROUP	Resource Utilization Group	
TABLE 19	CMI	Nursing-only PA-specific Case Mix Index	