TABLE	PURPOSE OF TABLE FOR MEDIAN CALCULATION					
TABLE_6						
TABLE_7	Used to determine inflation factors for each report period and the mid point of the rate year.					
TABLE_23	Used to determine financial yield rate.					
TABLE_37	Used to determine audited allocation percentage for NF for report periods ending 12/31/1996 and after that had one or more minor movable equipment audit adjustment reversals (see table_51). For these records, the NF allocation percent is stored in the SNF field					
TABLE_39	Used to determine reported allowable costs for cost reporting periods ending 12/31/1996 and after if one or more minor movable equipment audit adjustment reversals were made (see table_51).					
TABLE_40	Used to determine audit adjustment amounts if one or more minor movable equipment audit adjustment reversals were made (see table_51).					
TABLE_41	Used to link to AdjID in table_40 to review audit adjustment descriptions.					
TABLE_42	Used to determine special rehabilitation facilities, code 5, for median calculation.					
TABLE_43	Used to determine hospital?based and special rehabilitation facilities for peer grouping.					
TABLE_44	Used to determine all non-terminated facilities as of 4/1/2006. Used to determine the Provider ID (Internal provider ID) and county code for these facilities. Used to determine county facilities.					
TABLE_45	Used to determine the Total Facility CMI and validity status of the CMI for picture dates used in the median calculation. Used to determine the MA CMI for the 02/01/2006 picture date. If the MA Count is zero, the statewide average of 1.33 is used in rates.					
TABLE_46	Used to determine default CMI values.					
TABLE_47	Used to determine appraisal values. If value appears as zero, no appraisal information was available.					
TABLE_48	Used to determine certified and allowable bed information as of 04/01/2006.					
TABLE_49	Used to determine actual and available residents days for facilities not in the median calculation and their exempt status. Used to determine real estate tax amount for facilities not in the median calculation.					
TABLE_50	Used to determine certificate of need overrun amounts and scope. A=All, S=All Except Movable, N=All Except Land.					
TABLE_51	Static list of Audit_ID and report end date for each audit number to be used in the median calculation. Denotes those audit reports that have one or more minor movable equipment audit adjustment reversals.					
TABLE_52	Used to determine audited ending beds for report period. Used to determine audited resident and available days for report period.					
TABLE_53	Used to determine audited NF costs for report periods ending 12/31/1996 and after that have not had any minor movable equipment audit adjustment reversals (see table_51). Used to determine audited NF real estate tax costs for report periods ending 12/31/1996 and after.					
TABLE_54	Used to determine Issue Date for audits with minor movable equipment adjustment reversals.					
TABLE_56	Replaced by Table_58 due to structure change.					
TABLE_57 New in 2005	Stores the Rate reduction multiplier for the Rate Quarter.					
TABLE <u>58</u> New in 2006	Used to determine hold harmless rate for county facilities. Replaces Table_56 due to the following structure changes: Added Field 14, RATE2005 - Numeric (6,2) 					

YEAR 12 FIELD DESCRIPTIONS						
TABLE	FIELD NUMBER	FIELD	FIELD DESCRIPTION	MEDIAN CALCULATION	RATE CALCULATION	
TABLE_6	1	CODE	County code	**	**	
TABLE_6	2	NAME	County name			
TABLE_6	3	MSA	Metropolitan statistical area	**	**	
TABLE_7	1	DATE	Cost report end date	**		
TABLE_7	2	INDEX	DRI inflation index	**		
TABLE_7	3	FACTOR	Dormant field			
TABLE_23	1	RATEDATE	Rate effective date		**	
TABLE_23	2	Y_AVG	Financial yield rate		**	
TABLE_37	1	AUDIT	Audit number			

			1		1
TABLE_37	2	LINENO	Audited Schedule C line number	**	**
TABLE 37	3	COSTCTR	Audited Schedule C cost center description	**	
TABLE_37	4	SNF	Audited SNF allocation percent. Audited NF allocation percent for cost report periods ending 12/31/1996 and after.	**	**
TABLE_37	5	ICF	Audited ICF allocation percent	**	**
TABLE_37	6	RESIDENT	Audited Residential allocation percent		
TABLE_37	7	AUDIT_ID	Internal audit number ID	**	**
TABLE_39	1	AUDIT	Internal cost report ID	**	
TABLE_39	2	AUDIT_ID	Internal audit number ID	**	
TABLE_39	3	LINENO	MA-11 Schedule C line number	**	
TABLE_39	4	COSTCTR	Cost center		
TABLE_39	5	REPCOST	Reported cost from MA-11 Schedule C, Column F		
TABLE_40	1	AUDIT	Audit number	**	
TABLE_40	2	ADJID	Audit adjustment number	**	
TABLE_40	3	SCHEDULE	Cost report schedule		
TABLE_40	4	LINENO	Cost report line number, Schedule C	**	
TABLE_40	5	ADJUSTMENT	Audit adjustment amount	**	
TABLE_40	6	WORKPAPER	Audit adjustment workpaper		
TABLE_40	7	AUDIT_ID	Internal audit number ID	**	I
TABLE_40	8	MME_ADJUST	Minor Movable Equipment audit adjustment reversal/addition indicator	**	
TABLE_40	9	ISDELETED	Minor Movable Equipment audit adjustment reversal indicator	**	
TABLE_41	1	AUDIT	Audit number		
TABLE_41	2	ADJID	Audit adjustment number	**	
TABLE_41	3	DESCRIPT	Audit adjustment description		
TABLE_41	4	AUDIT_ID	Internal audit number ID	**	
TABLE_42	1	PROVID	Internal provider ID	**	
TABLE_42	2	CODE	05 Special Rehab	**	
TABLE_42	3	RED	Rate effective date	**	
TABLE_43	1	PROVID	Internal provider number	**	**
TABLE_43	2	PNUM	MA provider number		
TABLE_43	3	OWNERTYPE	Type of ownership	**	**
TABLE_44	1	PROVID	Internal provider ID	**	**
TABLE_44	2	RATEEFFDTE	Effective date of the rate period.Note: If this field is empty, it is because this provider was selected for Median Calculation purposes only. This Provider was <u>not</u> selected for Rate Calculation purposes because it was Terminated <u>on or after</u> April 1 and <u>before</u> July 1 of the Rate Setting Year.	**	**
TABLE_44	3	RATEENDDTE	End date of the rate period.	**	**
TABLE_44	4	PNUM	MA provider number	**	**
TABLE_44	5	PROVNAME	Provider name		**
TABLE_44	6	COUNTY	County code	**	**
TABLE_44	7	ELIGBEGIN	Eligibility begin date - Dormant field		
TABLE_44	8	FISCALYE	Reporting year		
TABLE_44	9	PROVSTAT	Provider status	**	**
TABLE_44	10	PROVTYPE			**
		1			
<u>TABLE_44</u> <u>TABLE_44</u> <u>TABLE_44</u>	7 8 9	ELIGBEGIN FISCALYE PROVSTAT	Eligibility begin date - Dormant field Reporting year		**

			1		
TABLE_44	12	REGPRVSVCS	Provider services region		
TABLE_44	13	REGRATES	Rates region		
TABLE_44	14	TYPECONTRL	Type control		
TABLE_44	15	SPECLREHAB	Special Rehabilitation indicator	**	
TABLE_44	16	HOSPBASED	Hospital-Based indicator	**	
TABLE_44	17	HOLDHARM	Hold Harmless indicator		**
TABLE_44	18	CON	Certificate of Need indicator		**
TABLE_44	19	CONREDUCT	Certificate of Need Reduction percent	ĺ	**
TABLE_44	20	CONSCOPE	 Certificate of Need Scope. If 1, multiply the value of each appraisal component, Land, Land Improvements, Building, and Movable Property by (1 - the Certificate of Need Reduction Percent (CONREDUCT)). If 2, multiply the value of each appraisal component EXCEPT Movable Property by (1 - the Certificate of Need Reduction Percent (CONREDUCT)). If 3, multiply the value of each appraisal component EXCEPT Land by (1 - the Certificate of Need Reduction Percent (CONREDUCT)). If 3, multiply the value of each appraisal component EXCEPT Land by (1 - the Certificate of Need Reduction Percent (CONREDUCT)). 		**
TABLE_45	1	PICTDATE	Picture Date	**	**
TABLE_45	2	ACTPROVCMI	Actual Total Facility CMI		
TABLE_45	3	ACTMACMI	Actual MA CMI		
TABLE_45	4	PAYPROVCMI	Payment Total Facility CMI	**	
TABLE_45	5	PAYMACMI	Payment MA CMI		**
TABLE 45	6	POSTMARK	RVR or Cert. report postmark date		
TABLE 45	7	REPORTMA	Number of reported MA residents		
TABLE_45	8	REPORTNON	Number of reported non?MA residents		
TABLE 45	9	АСТМА	Number of actual MA residents		
TABLE 45	10	ACTNONMA	Number of actual non?MA residents		
TABLE_45	11	CMILETTER	Dormant field		
TABLE_45	12	ACCEPTED	Acceptance indicator	**	**
TABLE_45	13	PROVID	Internal provider ID	**	**
TABLE_45	13	PNUM	Provider number	l	
		SUBSCRIPT	Sequential RUG order		
TABLE_46	1	1	· ·		
TABLE_46	2	GROUP	Resource Utilization Group		
TABLE_46	3	CMI	Rug group CMI		**
TABLE_47	1	PROVID	Internal provider ID		
TABLE_47	2	PNUM	Provider number		
TABLE_47	3	SITE	Site number		
TABLE_47	4	INSPECTION	Inspection date		
TABLE_47	5	BEDS	Bed count		
TABLE_47	6	LAND	Land value		**
TABLE_47	7	BLDG	Building value		**
TABLE_47	8	LANDIMPR	Land improvement value		**
TABLE_47	9	SUBTOTAL	Subtotal		
TABLE_47	10	MOVE	Movable equipment value		**
TABLE_47	11	GRANDTOTAL	Grand total		

TABLE_47TABLE_48TABLE_48TABLE_48TABLE_48TABLE_49TABLE_49TABLE_49TABLE_49TABLE_49TABLE_49	12 1 2 3 4 1 2	EFFDATE PROVID EFFDATEB CERTIFBEDS MORBEDS	Valuation date Internal provider ID Bed change effective date Certified beds		** ** **
TABLE_48 TABLE_48 TABLE_48 TABLE_48 TABLE_49 TABLE_49 TABLE_49 TABLE_49	2 3 4 1	EFFDATEB CERTIFBEDS	Bed change effective date		
TABLE_48 TABLE_48 TABLE_49 TABLE_49 TABLE_49 TABLE_49	3 4 1	CERTIFBEDS			**
TABLE_48TABLE_49TABLE_49TABLE_49TABLE_49	4		Certified beds		
TABLE_49 TABLE_49 TABLE_49 TABLE_49	1	MORBEDS			**
TABLE_49 TABLE_49			Allowable beds		**
TABLE_49	2	PROVID	Internal provider ID		**
	2	RED	Rate effective date		**
TABLE_49	3	A_RESDAYS	Annualized resident days		**
	4	A_AVDAYS	Annualized available days		**
TABLE_49	5	A_RETAX	Real estate tax		**
TABLE_49	6	EXEMPT	Exempt status		**
TABLE_50	1	PROVID	Internal provider ID		**
TABLE_50	2	PNUM	Provider number		
TABLE_50	3	REDUCTION	Reduction percent		**
TABLE_50	4	SCOPE	Identifies the subtotals to be reduced		**
TABLE_51	1	PROVID	Internal provider ID	**	
TABLE_51	2	PROVNAME	Provider name		
TABLE_51	3	PNUM	MA provider number		
TABLE_51	4	AUDIT	Audit number	**	
TABLE_51	5	BEGDATE	Report begin date		
TABLE_51	6	ENDDATE	Report end date		
TABLE_51	7	ISSUED	Audit issue date		
TABLE_51	8	AUDIT_ID	Internal audit number ID	**	
TABLE_51	9	MME_ADJUST	TRUE if one or more minor movable equipment audit adjustment reversals were made.	**	
TABLE_51	10	CR_ID	Internal cost report ID. Used to link to table_39.dbf to obtain reported allowable costs.	**	
TABLE_52	1	AUDIT	Audit number		
TABLE_52	2	PNUM	MA provider number		
TABLE_52	3	BEDBEGSNF	Audited beginning SNF beds		
TABLE_52	4	BEDBEGOTHR	Audited beginning OTHER beds		
TABLE_52	5	BEDENDSNF	Audited ending SNF or NF beds	**	
TABLE_52	6	BEDENDOTH	Audited ending OTHER beds		
TABLE_52	7	ACTPDAYSNF	Audited actual SNF or NF resident days	**	**
TABLE_52	8	ACTPDAYOTH	Audited actual OTHER resident days		
TABLE_52	9	AVAILSNF	Audited available SNF or NF resident days	**	**
TABLE_52	10	AVAILOTH	Audited available OTHER resident days		
TABLE_52	11	AUDIT_ID	Internal audit number ID	**	
TABLE_53	1	AUDIT	Audit number	**	**
TABLE_53	2	RC	Audited NF Resident Care Costs for report end dates of 12/31/1996 and after.	**	
TABLE_53	3	ORC	Audited NF Other Resident Care Costs.	**	
TABLE_53	4	ADM	Audited NF Administrative Costs.	**	
TABLE_53	5	RETAX	Audited NF Real Estate Taxes.		**
TABLE_53	6	MAJMOVPROP	Audited NF Major Movable Property for report end dates of 6/30/2001 and after.		**
TABLE_53	7	ISSUED	Audit issue date		
TABLE_53	8	AUDIT_ID	Internal audit number ID	**	

TABLE_54	1	PROVID	Internal provider ID		
TABLE_54	2	PNUM	MA provider number		
TABLE_54	3	PROVNAME	Provider name		
TABLE_54	4	AUDIT	Audit number	**	
TABLE_54	5	ISSUED	Audit issue date	**	
TABLE_54	6	AUDIT_ID	Internal audit number ID	**	
TABLE_57	1	RED	Rate effective date		
TABLE_57	2	MULTIPLIER	The multiplier applied to the NF Rate to determine the 2005 Rate.		
TABLE_58	1	PROVID	Internal provider ID		**
TABLE_58	2	PNUM	Provider number		
TABLE_58	3	PROVNAME	Provider name		
TABLE_58	4	RATE95	Rate year 1995 hold harmless rate		
TABLE_58	5	RATE96	Rate year 1996 hold harmless rate		
TABLE_58	6	RATE97	Rate year 1997 hold harmless rate		
TABLE_58	7	RATE98	Rate year 1998 hold harmless rate		
TABLE_58	8	RATE99	Rate year 1999 hold harmless rate		
TABLE_58	9	RATE2000	Rate year 2000 hold harmless rate		
TABLE_58	10	RATE2001	Rate year 2001 hold harmless rate		
TABLE_58	11	RATE2002	Rate year 2002 hold harmless rate		
TABLE_58	12	RATE2003	Rate year 2003 hold harmless rate		
TABLE_58	13	RATE2004	Rate year 2004 hold harmless rate		
TABLE_58	14	SNFRATE	Pre case mix SNF rate		**
TABLE_58	15	ICFRATE	Pre case mix ICF rate		**
TABLE_58	16	ICFMADAYS	ICF MA days		**
TABLE_58	17	SNFMADAYS	SNF MA days		**
TABLE_58	18	HHNOINFLAT	Blended pre case mix rate		**
TABLE_58	19	HHRATE	Rate year 2006 hold harmless rate		**