YEAR 14 TABLE DESCRIPTIONS					
TABLE	PURPOSE OF TABLE FOR MEDIAN CALCULATION				
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_23	Used to determine financial yield rate.				
TABLE_37	NOT USED FOR 2008				
TABLE_39	NOT USED FOR 2008				
TABLE_40	NOT USED FOR 2008				
TABLE_41	NOT USED FOR 2008				
TABLE_42	Used to determine special rehabilitation or hospital-based 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 4/1/2008. 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 02/01/2008 picture date. If the MA Count is zero, the statewide average of 1.44 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 04/01/2008.				
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	Replaced by Table_59 due to structure change.				
TABLE_54	NOT USED FOR 2008				
TABLE_57	Used to determine the final NF Rate.				
TABLE 59	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. Denotes reported costs. Replaces Table_53 due to the following structure changes:				

YEAR 14 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_42	1	PROVID	Internal provider ID	**	

Added Field 9, USEREPORTE - Logical.

TABLE_42	2	CODE	05 Special Rehab	**	
TABLE_42	3	RED	Rate effective date	**	
TABLE_43	1	PROVID	Internal provider ID	**	**
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		Provider status	**	**
TABLE_44	10	PROVTYPE	Provider type		**
TABLE_44	11		Client services region		
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		**
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)).		**
TABLE 45	1	PICTDATE	Picture Date	**	**
TABLE_45	2	ACTPROVCMI	Actual Total Facility CMI		
TABLE_45	3	АСТМАСМІ	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		Dormant field		
		ACCEPTED		**	**
TABLE 45		PROVID	Acceptance indicator	**	**
TABLE 45		PNUM	Internal provider ID Provider number		
		1	1		
TABLE_46	1	SUBSCRIPT	Sequential RUG order	<u> </u>	
TABLE_46	2	GROUP	Resource Utilization Group	<u> </u>	
TABLE_46	3	CMI	Rug group CMI	<u> </u>	**
TABLE 47	1	PROVID	Internal provider ID	<u> </u>	
TABLE 47	2	PNUM	Provider number	<u> </u>	
TABLE_47	3	SITE	Site number	<u> </u>	
TABLE_47	4	INSPECTION	Inspection date	1	
TABLE_47	5	BEDS	Bed count	<u> </u>	**
TABLE_47		LAND	Land value	1	**
TABLE_47	7	BLDG	Building value		**
TABLE_47	8		Land improvement value		**
TABLE_47	9	SUBTOTAL	Subtotal		**
TABLE_47		MOVE	Movable equipment value		**
TABLE_47	11	GRANDTOTAL	Grand total		
TABLE_47		EFFDATE	Valuation date		**
TABLE_48	1	PROVID	Internal provider ID		**
TABLE_48		1	Bed change effective date		**
TABLE_48	3	CERTIFBEDS	Certified beds		**
TABLE_48	4	MORBEDS	Allowable beds		**
TABLE_49	1	PROVID	Internal provider ID		**
TABLE_49	2	RED	Rate effective date		**
TABLE_49	3	A_RESDAYS	Annualized resident days		**
TABLE_49	4	-	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		

		1			
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_57	1	RED	Rate effective date		
TABLE_57	2	MULTIPLIER	The multiplier applied to the NF Rate to determine the 2008 NF Rate.		
TABLE_59	1	AUDIT	Audit number	**	**
TABLE 59	2	RC	Audited NF Resident Care Cost for report end dates of 12/31/1996 and after. If USEREPORTE is true, then the cost is the reported rather than audited figure.	**	
TABLE 59	3	ORC	Audited NF Other Resident Care Costs. If USEREPORTE is true, then the cost is the reported rather than audited figure.	**	
TABLE 59	4	ADM	Audited NF Administrative Costs. If USEREPORTE is true, then the cost is the reported rather than audited figure.	**	
TABLE 59	5	RETAX	Audited NF Real Estate Taxes. If USEREPORTE is true, then the Real Estate Taxes are the reported rather than audited figures.		**
TABLE 59	6	MAJMOVPROP	Audited NF Major Movable Property. If USEREPORTE is true, then the Major Movable Property is the reported rather than audited figure.		**
TABLE_59	7	ISSUED	Audit issue date		
TABLE_59	8	AUDIT_ID	Internal audit number ID	**	
TABLE 59	9	USEREPORTE	Indicates when reported costs instead of audited costs are used.		