YEAR 15 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_42	**Not used for 2009.** Same information is in Table_44.
TABLE_43	**Not used for 2009.** Same information is in Table_44.
TABLE_44	Used to determine all non-terminated facilities as of 4/1/2009. 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 02/01/2009 picture date. If the MA Count is zero, the statewide average of 1.50 is used in rates.
TABLE_46	Used to determine default CMI values.
TABLE_47	**Not used for 2009.**
TABLE_48	Used to determine certified and allowable bed information as of 04/01/2009.
TABLE_49	Used to determine actual and available resident 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	**Not used for 2009.** Same information is in Table_44.
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. (None for 2009 – 2010)
TABLE_52	Used to determine audited ending beds for report period. Used to determine audited resident and available days for report period.
TABLE_57	**Replaced by Table_60** due to structure change.
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.
TABLE_60 **New for 2009**	Used to identify the Budget Adjustment Factor for the NF Rate. Also identifies the portion of the allocated median that comes from the median that is calculated without county providers. **Replaces Table_53** due to the following structure changes: ▪ **Added** Field 3, NONCNTYPCT – Decimal.

YEAR 15 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_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 not selected for Rate Calculation purposes because it was Terminated on or after April 1 and before 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	FIELD NUMBER	FIELD	FIELD DESCRIPTION	MEDIAN CALCULATION	RATE CALCULATION
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	Provider type		**
TABLE_44	11	REGCLIENT	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.		
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	ACTMA	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	14	PNUM	Provider number		
TABLE_46	1	SUBSCRIPT	Sequential RUG order		
TABLE_46	2	GROUP	Resource Utilization Group		
TABLE_46	3	CMI	Rug group CMI	**	**
TABLE_48	1	PROVID	Internal provider ID		**
TABLE_48	2	EFFDATEB	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	A_AVDAYS	Annualized available days		**
TABLE_49	5	A_RETAX	Real estate tax		**
TABLE_49	6	EXEMPT	Exempt status		**
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	FIELD NUMBER	FIELD	FIELD DESCRIPTION	MEDIAN CALCULATION	RATE CALCULATION
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.	**	
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_59	1	AUDIT	Audit number	**	**
TABLE_59	2	ISSUED	Audit issue date		
TABLE_59	3	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	4	ORC	Audited NF Other Resident Care Costs. If USEREPORTE is true, then the cost is the reported rather than audited figure.	**	
TABLE_59	5	ADM	Audited NF Administrative Costs. If USEREPORTE is true, then the cost is the reported rather than audited figure.	**	
TABLE_59	6	RETAX	Audited NF Real Estate Taxes. If USEREPORTE is true, then the Real Estate Taxes are the reported rather than audited figures.		**
TABLE_59	7	MAJMOVPROP	Audited NF Major Movable Property. If USEREPORTE is true, then the Major Movable Property is the reported rather than audited figure.		**
TABLE_59	8	AUDIT_ID	Internal audit number ID	**	
TABLE_59	9	USEREPORTE	Indicates when reported costs instead of audited costs are used.		
TABLE_60	1	RED	Rate effective date		
TABLE_60	2	MULTIPLIER	The multiplier applied to the NF Rate to determine the 2009 NF Rate.		
TABLE_60	3	NONCNTYPCT	The portion of the allocated median that comes from the median that is calculated without county providers.	**	