## YEAR 18 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_44	Used to determine all non-terminated facilities as of 4/1/2012. Used to determine the Provider ID (Internal provider ID) and county code for these facilities. Used to determine county facilities.			
<u>TABLE_46_</u> 512	Used to determine default RUG III 5.12 44 Group CMI values.			
TABLE_48	Used to determine certified and allowable bed information as of 04/01/2012.			
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_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 2012 – 2013)			
<u>TABLE_52</u>	Used to determine audited ending beds for report period. Used to determine audited resident and available days for report period.			
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_61	Replaced by Table_63 due to structure change.			
TABLE_62	Used to determine the Total Facility CMI and validity status of the RUG III 5.12 44 Group normalized CMI for picture dates used in the median calculation. Used to determine the MA CMI for the 02/01/2012 picture date. If the MA Count is zero, the statewide average of 1.01 is used in rates.			
TABLE 63 New for 2012	Used to identify the Budget Adjustment Factor for the final NF Rate and the percent of the resident care adjusted base rate to use in the rate calculation. <b>Replaces Table_61</b> due to the following structure changes: <b>Deleted</b> Field 3, NONCNTYPCT			

## YEAR 18 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 <u>not</u> selected	**	**

TABLE	FIELD NUMBER	FIELD	FIELD DESCRIPTION	MEDIAN CALCULATION	RATE CALCULATION
			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 – The date the facility began participating in the MA program or 1/1/1972, the default date if the facility was already in the MA program when NIS was implemented. If this date is <b>after</b> 7/1/2010 – when the phase-in of the RUG III 5.12 44 Group CMI values began – then the Resident Care component of the NF Rate does <b>not</b> include an adjusted base rate.		**
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_46_ 512	1	SUBSCRIPT	Sequential RUG order		
TABLE_46_ 512	2	GROUP	Resource Utilization Group		
TABLE_46_ 512	3	СМІ	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	FIELD NUMBER	FIELD	FIELD DESCRIPTION	MEDIAN CALCULATION	RATE CALCULATION
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.	**	
TABLE_52	1	AUDIT	Audit number		
TABLE_52	2	PNUM	MA provider number		
TABLE_52	3	BEDBEGSNF	Audited beginning SNF or NF 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_62	1	PICTDATE	Picture Date	**	**
TABLE_62	2	PAYPROVCMI	Payment Total Facility CMI	**	
TABLE_62	3	PAYMACMI	Payment MA CMI		**
TABLE_62	4	ACTMA	Number of actual MA residents	**	**
TABLE_62	5	ACTNONMA	Number of actual non-MA residents	**	
TABLE_62	6	PROVID	Internal provider ID	**	**

TABLE	FIELD NUMBER	FIELD	FIELD DESCRIPTION	MEDIAN CALCULATION	RATE CALCULATION
TABLE_62	7	PNUM	Provider number		
TABLE_62	8	VALID	Valid indicator	**	**
TABLE_63	1	RED	Rate effective date		
TABLE_63	2	MULTIPLIER	The multiplier applied to the NF Rate to determine the 2012 NF Rate.		**
TABLE_63	3	RUG501PCT	The portion of the blended resident care rate that is of the RUG III 5.01 44 Group rate.		**