YEAR 4 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.

YEAR 4 FIELD DESCRIPTIONS

TABLE	FIELD	FIELD DESCRIPTION	MEDIAN CALCULATION
TABLE_1	IPN	Internal provider number	**
TABLE_1	PNUM	MA provider number	
TABLE_1	AUDIT	Audit number	**
TABLE_1	PROVNAME	Provider name	
TABLE_1	BEGDATE	Report begin date	
TABLE_1	ENDDATE	Report end date	
TABLE_1	ISSUEDATE	Audit issue 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_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	SNFMAPTB	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	MAHVYICCOP	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	SNFMAPTB	SNF Medicare Part B Revenues for MA patients	
TABLE_10	ICFMAPTB	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	SOURCE	Audit source	
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	ACTPROVCMI	Actual Total Facility CMI	
TABLE_18	ACTMACMI	Actual MA CMI	
TABLE_18	PAYPROVCMI	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	**