YEAR 7 TABLE DESCRIPTIONS (Revised-Proposed)

TABLE_1	Static list of Auditkeys to be used in the median calculation. Denotes those audit reports that have one or more minor movable equipment audit adjustment reversals.
TABLE_2	Used to lookup report end dates for each audit number used in the median calculation.
TABLE_3	Used to determine special rehabilitation facilities, code 5, for median calculation.
TABLE_4	Used to determine hospital-based for median and rate calculation and special rehabilitation facilities for rate calculation.
TABLE_5	Used to determine all non-terminated facilities as of 4/1/2001. Used to determine the IPN (Internal provider number) and county code for these facilities. Used to determine county facilities.
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. Used to determine 12% administrative limit for report periods prior to 12/31/1996.
TABLE_9	NOT USED FOR 2001 RATE YEAR.
TABLE_10	NOT USED FOR 2001 RATE YEAR.
TABLE_11	Used to determine audited NF costs for report periods ending 12/31/1996 and after that have not had any monor movable equipment audit adjustment reversals (see TABLE_1). Used to determine audited NF real estate tax costs for report periods ending 12/31/1996 and after.
TABLE_12	Used to determine Auditkey for report periods prior to 12/31/1996.
TABLE_13	Used to determine reported SNF and ICF allowable costs for report periods prior to 12/31/1996.
TABLE_14	Used to determine proportion of costs on lines 13, 29, 30, 40, and 41 for report periods prior to 12/31/1996 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 12/31/1996. 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 12/31/1996. 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_1). For these records, the NF allocation percent is stored in the SNF fields.
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. Used to determine the MA CMI for the 02/01/2001 picture date. If the MA Count is zero, the statewide average of 1.14 is used in rates.
TABLE_19	Used to determine default CMI values.
TABLE_20	Used to determine appraisal values. If value appears as zero, no appraisal information was available.
TABLE_21	Used to determine certified and allowable bed information as of 04/01/2001.
TABLE_22	Used to determine hold harmless rate for county facilities.
TABLE_23	Used to determine financial yield rate.
TABLE_24	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_25	Used to determine certificate of need overrun amounts and scope. A=All, S=All Except Movable, N=All Except Land.
TABLE_26	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_1).
TABLE_27	EXCEL SPREADSHEET. Used to link to fieldid in TABLE_26 to determine cost report line item and description.

TABLE_28	Used to determine audit adjustment amounts if one or more minor movable equipment audit adjustment reversals were made (see TABLE_1).
TABLE_29	EXCEL SPREADSHEET. Used to link to adjid in TABLE_28 to review audit adjustment descriptions.

YEAR 7 FIELD DESCRIPTIONS

TABLE	FIELD	FIELD DESCRIPTION	MEDIAN CALCULATION	RATE CALCULATION
TABLE_1	IPN	Internal provider number	**	
TABLE_1	PROVNAME	Provider name		
TABLE_1	AUDIT	Audit number	**	
TABLE_1	BEGDATE	Report begin date		
TABLE_1	ENDDATE	Report end date		
TABLE_1	ISSUED	Audit issue date		
TABLE_1	AUDITKEY	Internal audit number key	**	
TABLE_1	MME_ADJUST	TRUE if one or more minor movable equipment audit adjustment reversals were made.	**	
TABLE_2	CRID	Internal cost report ID. Used to link to TABLE_26.dbf to obtain reported allowable costs.	**	
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	05 Special Rehab	**	
TABLE_3	RED	Rate effective date	**	
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	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_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	PROVNAME	Provider name		
TABLE_12	AUDIT	Audit number	**	
TABLE_12	ISSUED	Audit issue date	**	
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	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. Audited NF allocation percent for cost report periods ending 12/31/1996 and after.	**	**
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_20	IPN	Internal provider number		**
TABLE_20	PNUM	Provider number		
TABLE_20	SITE	Site number		
TABLE_20	INSPECTION	Inspection date		
TABLE_20	BEDS	Bed count		
TABLE_20	LAND	Land value		**
TABLE_20	BLDG	Building value		**
TABLE_20	LANDIMPROV	Land improvement value		**
TABLE_20	SUBTOTAL	Subtotal		
TABLE_20	MOVE	Movable equipment value		**
TABLE_20	GRANDTOTAL	Grand total		
TABLE_20	EFFDATE	Valuation date		**
TABLE_21	IPN	Internal provider number		**
TABLE_21	EFFDATEB	Bed change effective date		**
TABLE_21	CERTIFBEDS	Certified beds		**
TABLE_21	MORBEDS	Allowable beds		**
TABLE_22	IPN	Internal provider number		**
TABLE_22	PROVNAME	Provider name		
TABLE_22	RATE95	Rate year 1995 hold harmless rate		
TABLE_22	RATE96	Rate year 1996 hold harmless rate		

TABLE_22	RATE97	Rate year 1997 hold harmless rate		
TABLE_22	RATE98	Rate year 1998 hold harmless rate		
TABLE_22	RATE99	Rate year 1999 hold harmless rate		
TABLE_22	RATE2000	Rate year 2000 hold harmless rate		
TABLE_22	SNFRATE	Pre case mix SNF rate		**
TABLE_22	ICFRATE	Pre case mix ICF rate		**
TABLE_22	ICFMADAYS	ICF MA days		**
TABLE_22	SNFMADAYS	SNF MA days		**
TABLE_22	HHNOINFLAT	Blended pre case mix rate		**
TABLE_22	HHRATE	Rate year 2001 hold harmless rate		**
TABLE_23	RATEDATE	Rate effective date		**
TABLE_23	Y_AVG	Financial yield rate		**
TABLE_24	IPN	Internal provider number		**
TABLE_24	RED	Rate effective date		**
TABLE_24	A_RESDAYS	Annualized resident days		**
TABLE_24	A_AVDAYS	Annualized available days		**
TABLE_24	A_RETAX	Real estate tax		**
TABLE_24	EXEMPT	Exempt status		**
TABLE_25	IPN	Internal provider number		**
TABLE_25	PNUM	Provider number		
TABLE_25	REDUCTION	Reduction percent		**
TABLE_26	CRID	Internal cost report ID	**	
TABLE_26	FIELDID	Internal field ID	**	
TABLE_26	AMOUNT	Amount	**	
TABLE_27	FIELDID	Internal field ID	**	
TABLE_27	WORKSHEET	Cost report schedule		
TABLE_27	FROW	Cost report line number, Schedule C	**	
TABLE_27	FCOL	Cost report column, Schedule C	**	
TABLE_27	DESCRIPT	Cost report column F description, Schedule C		
TABLE_27	LONGDESCR	Cost report row description, Schedule C		
TABLE_28	AUDIT	Audit number	**	
TABLE_28	ADJID	Internal adjustment ID	**	
TABLE_28	SCHEDULE	Cost report schedule		
TABLE_28	LINENO	Cost report line number, Schedule C	**	
TABLE_28	ADJUSTMENT	Audit adjustment amount	**	
TABLE_28	WORKPAPER	Audit adjustment workpaper		
TABLE_28	AUDITKEY	Internal Audit Number Key	**	
TABLE_28	MME_ADJUST	Minor Movable Equipment audit adjustment reversal/addition indicator	**	
TABLE_28	ISDELETED	Minor Movable Equipment audit adjustment reversal indicator	**	
TABLE_29	AUDIT	Audit number		
TABLE_29	ADJID	Internal adjustment ID	**	
TABLE_29	DESCRIPT	Audit adjustment description		
TABLE_29	AUDITKEY	Internal Audit Number Key	**	