

YEAR 8 TABLE DESCRIPTIONS (Proposed)

| TABLE | PURPOSE OF TABLE FOR MEDIAN CALCULATION |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 and special rehabilitation facilities for peer grouping. |
| TABLE 5 | Used to determine all non-terminated facilities as of 4/1/2002. 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 2002 RATE YEAR. |
| TABLE 10 | NOT USED FOR 2002 RATE YEAR. |
| TABLE 11 | 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 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 and Issue Date for audits with minor movable equipment adjustment reversals. |
| 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 12/31/1996. |
| 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 02/01/2002 picture date. If the MA Count is zero, the statewide average of 1.17 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 04/01/2002. |
| 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](#) 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](#) Used to link to adjid in table_28 to review audit adjustment descriptions.

| YEAR 8 FIELD DESCRIPTIONS | | | | |
|---------------------------|------------|-------------------------------------------------------------------------------------------|--------------------|------------------|
| TABLE | FIELD | FIELD DESCRIPTION | MEDIAN CALCULATION | RATE CALCULATION |
| TABLE 1 | IPN | Internal provider number | ** | |
| TABLE 1 | PROVNAME | Provider name | | |
| TABLE 1 | PNUM | MA provider number | | |
| 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 | 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 | ** | ** |

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|--------------------------|------------|-------------------------------------------------------------------------------------|----|----|
| 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 12/31/1996 and after. | | |
| TABLE 11 | ADJINCR28 | Audited Schedule C, line 28, column B for report end dates of 12/31/1996 and after. | | |
| TABLE 11 | ADJDECR28 | Audited Schedule C, line 28, column C for report end dates of 12/31/1996 and after. | | |
| TABLE 11 | AUDTOTCO28 | Audited Schedule C, line 28, column A for report end dates of 12/31/1996 and after. | | |
| TABLE 11 | AMTALLCN28 | Audited Schedule C, line 28, column E for report end dates of 12/31/1996 and after. | | |
| TABLE 11 | AMTALLRE28 | Audited Schedule C, line 28, column F for report end dates of 12/31/1996 and after. | | |
| TABLE 11 | ALLOWCST29 | Audited Schedule C, line 29, column D for report end dates of 12/31/1996 and after. | | |
| TABLE 11 | ADJINCR29 | Audited Schedule C, line 29, column B for report end dates of 12/31/1996 and after. | | |
| TABLE 11 | ADJDECR29 | Audited Schedule C, line 29, column C for report end dates of 12/31/1996 and after. | | |
| TABLE 11 | AUDTOTCO29 | Audited Schedule C, line 29, column A for report end dates of 12/31/1996 and after. | | |
| TABLE 11 | AMTALLCN29 | Audited Schedule C, line 29, column E for report end dates of 12/31/1996 and after. | | |
| TABLE 11 | AMTALLRE29 | Audited Schedule C, line 29, column F for report end dates of 12/31/1996 and after. | | |
| TABLE 11 | ALLOWCST36 | Audited Schedule C, line 36, column A for report end dates of 12/31/1996 and after. | | |

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|--------------------------|------------|------------------------------------------------------------------------------------|----|----|
| TABLE 11 | RC | Audited NF Resident Care Costs for report end dates of 12/31/1996 and after. | ** | |
| TABLE 11 | ORC | Audited NF Other Resident Care Costs for report end dates of 12/31/1996 and after. | ** | |
| TABLE 11 | ADM | Audited NF Administrative Costs for report end dates of 12/31/1996 and after. | ** | |
| TABLE 11 | RETAX | Audited NF Real Estate Taxes for report end dates of 12/31/1996 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 | 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 | |

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|--------------------------|------------|-------------------------------------------|----|----|
| 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 | ACTPROVCM | Actual Total Facility CMI | | |
| TABLE 18 | ACTMACMI | Actual MA CMI | | |
| TABLE 18 | PAYPROVCM | 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 | PNUM | 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 2002 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_AVDDAYS | 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 | ** |