

YEAR 9 TABLE DESCRIPTIONS (Proposed)

TABLE	PURPOSE OF TABLE FOR MEDIAN CALCULATION
TABLE_1	Replaced by Table_30 due to structure change.
TABLE_2	Replaced by Table_31 due to structure changes.
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 4/1/2003. 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	Replaced by Table_32 due to structure change.
TABLE_9	NOT USED FOR 2003 RATE YEAR.
TABLE_10	NOT USED FOR 2003 RATE YEAR.
TABLE_11	Replaced by Table_33 due to structure changes.
TABLE_12	Replaced by Table_34 due to structure change.
TABLE_13	Replaced by Table_35 due to structure change.
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	Replaced by Table_36 due to structure change.
TABLE_16	Replaced by Table_37 due to structure change.
TABLE_17	NOT USED FOR 2003 RATE YEAR.
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 02/01/2003 picture date. If the MA Count is zero, the statewide average of 1.21 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 04/01/2003.
TABLE_22	Replaced by Table_38 due to structure change.
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	Replaced by Table_39 due to structure changes.
TABLE_27	NOT USED FOR 2003 RATE YEAR.
TABLE_28	Replaced by TABLE_40 due to structure change.
TABLE_29	Replaced by TABLE_41 due to structure change.
TABLE 30 New in 2003	Static list of Audit_IDs to be used in the median calculation. Denotes those audit reports that have one or more minor movable equipment audit adjustment reversals. Replaces Table_1 due to the following structure change: <ul style="list-style-type: none"> • Field number 8, AuditKey – Character (17) changed to Audit_ID Numeric (11, 0).

[TABLE 31](#) Used to lookup report end dates for each audit number used in the median calculation.
New in 2003 **Replaces Table_2** due to the following structure changes:

- Field 1, CRID Character (5) **changed to** CR_ID Numeric (11, 0).
- Field 2, Audit_ID Numeric (11, 0) **is new**. It was inserted between fields CR_ID and IPN.
- Field 2, IPN Character (6) **moved to** Field 3.
- Field 3, Audit Character (6), **moved to** Field 4.
- Field 4, BegDate Date (8) **moved to** Field 5.
- Field 5, EndDate Date (8) **moved to** Field 6.

[TABLE 32](#) 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. **Replaces Table_8** due to the following structure change:

- Field number 74, AuditKey - Character (17) **changed to** Audit_ID Numeric (11, 0).

[TABLE 33](#) 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. **Replaces Table_11** due to the following structure changes:

- Field 19, MajMovProp Numeric (8, 0) **is new**. It was inserted between fields ReTax and Issued.
- Field 19, Issued - Date (8) **moved to** Field 20.
- Field 20, AuditKey - Character (17) was **replaced by** what is now Field 21, Audit_ID Numeric (11, 0).

[TABLE 34](#) Used to determine Audit_ID for report periods prior to 12/31/1996 and Issue Date for audits with minor movable equipment adjustment reversals. **Replaces Table_12** due to the following structure change:

- Field 6, AuditKey - Character (17) **changed to** Audit_ID – Numeric (11, 0).

[TABLE 35](#) Used to determine reported SNF and ICF allowable costs for report periods prior to 12/31/1996. **Replaces Table_13** due to the following structure change:

- Field 21, TansType - Character (1) **is new**.

[TABLE 36](#) Used to determine audit adjustment amounts for report periods prior to 12/31/1996. If no matching Audit_ID from TABLE_1 is found, no cost adjustments were made. **Replaces Table_15** due to the following structure change:

- Field 7, AuditKey – Character (17) **changed to** Audit_ID – Numeric (11, 0).

[TABLE 37](#) 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. **Replaces Table_16** due to the following structure change:

- Field 7, AuditKey – Character (17) **changed to** Audit_ID – Numeric (11, 0).

[TABLE 38](#) Used to determine hold harmless rate for county facilities. **Replaces Table_22** due to the

New in 2003 following structure changes:

- Field 11, Rate2002 - Numeric (6, 2) **is new**. It was inserted between fields Rate2001 and SNFRate.
- Field 11, SNFRate – Numeric (6, 2) **moved to** Field 12.
- Field 12, ICFRate – Numeric (6, 2) **moved to** Field 13.
- Field 13, ICFMADay – Numeric (8, 0) **moved to** Field 14.
- Field 14, SNFMADay – Numeric (8, 0) **moved to** Field 15.
- Field 15, HHNoInflat – Numeric (6, 2) **moved to** Field 16.
- Field 16, HHRate – Numeric (6, 2) **moved to** Field 17.

[TABLE 39](#)
New in 2003 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). **Replaces Table_26** due to the following structure changes:

- Field 1 is now Audit – Character (5). CRID is not used.
- Field 2 is now Audit_ID – Numeric (11, 0). FieldID is not used.
- Field 3, Amount, **changed to** what is now Field 5, RepCost – Numeric (12, 0).
- Field 3, LineNo – Character (3) **is new**.
- Field 4, CostCtr – Character (70) **is new**.

[TABLE 40a](#)
[TABLE 40b](#)
New in 2003 Used to determine audit adjustment amounts if one or more minor movable equipment audit adjustment reversals were made (see table_1). **NOTE:** Due to size, TABLE_40 consists of two files. **Replaces Table_28** due to the following structure change:

- Field 7, AuditKey – Character (17) **changed to** Audit_ID – Numeric (11, 0).

[TABLE 41](#)
New in 2003 Used to link to AdjID in TABLE_40 to review audit adjustment descriptions. **Replaces Table_29** due to the following structure change:

- Field 4, AuditKey – Character (17) **changed to** Audit_ID – Numeric (11, 0).

TABLE	FIELD NUMBER	FIELD	FIELD DESCRIPTION	MEDIAN CALCULATION	RATE CALCULATION
TABLE	FIELD NUMBER	FIELD	FIELD DESCRIPTION	MEDIAN CALCULATION	RATE CALCULATION
TABLE 3	1	IPN	Internal provider number	**	
TABLE 3	2	CODE	05 Special Rehab	**	
TABLE 3	3	RED	Rate effective date	**	
TABLE 4	1	PNUM	MA provider number		
TABLE 4	2	PROVNAME	Provider name		
TABLE 4	3	OWNERTYPE	Type of ownership	**	**
TABLE 4	4	IPN	Internal provider number	**	**
TABLE 5	1	CHGEFFDATE	Effective date of the change to the summary file	**	**
TABLE 5	2	COUNTY	County code	**	**
TABLE 5	3	ELIGBEGIN	Eligibility begin date - Dormant field		
TABLE 5	4	FISCALYE	Reporting year		
TABLE 5	5	IPN	Internal provider number	**	**
TABLE 5	6	PNUM	MA provider number	**	**
TABLE 5	7	PROVNAME	Provider name		**

TABLE 5	8	PROVSTAT	Provider status	**	**
TABLE 5	9	PROVTYPE	Provider type		**
TABLE 5	10	REASON	Reason for change		
TABLE 5	11	REGCLIENT	Client services region		
TABLE 5	12	REGPRVSVCS	Provider services region		
TABLE 5	13	REGRATES	Rates region		
TABLE 5	14	TYPECONTRL	Type control		
TABLE 5	15	CURRENT	Current record indicator		
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 14	1	AUDIT	Audit number		
TABLE 14	2	PNUM	MA provider number		
TABLE 14	3	PROVNAME	Provider name		
TABLE 14	4	BEGDATE	Report begin date		
TABLE 14	5	ENDDATE	Report end date		
TABLE 14	6	C113AA	Reported Schedule C-1, line 13a, column A		
TABLE 14	7	C113AB	Reported Schedule C-1, line 13a, column B		
TABLE 14	8	C113AC	Reported Schedule C-1, line 13a, column C		
TABLE 14	9	C113AD	Reported Schedule C-1, line 13a, column D		
TABLE 14	10	C113AE	Reported Schedule C-1, line 13a, column E		
TABLE 14	11	C113AF	Reported Schedule C-1, line 13a, column F	**	
TABLE 14	12	C113BA	Reported Schedule C-1, line 13b, column A		
TABLE 14	13	C113BB	Reported Schedule C-1, line 13b, column B		
TABLE 14	14	C113BC	Reported Schedule C-1, line 13b, column C		
TABLE 14	15	C113BD	Reported Schedule C-1, line 13b, column D		
TABLE 14	16	C113BE	Reported Schedule C-1, line 13b, column E		
TABLE 14	17	C113BF	Reported Schedule C-1, line 13b, column F	**	
TABLE 14	18	C113CA	Reported Schedule C-1, line 13c, column A		
TABLE 14	19	C113CB	Reported Schedule C-1, line 13c, column B		
TABLE 14	20	C113CC	Reported Schedule C-1, line 13c, column C		
TABLE 14	21	C113CD	Reported Schedule C-1, line 13c,		

			column D	
TABLE 14	22	C113CE	Reported Schedule C-1, line 13c, column E	
TABLE 14	23	C113CF	Reported Schedule C-1, line 13c, column F	
TABLE 14	24	C129AC	Reported Schedule C-1, line 29a, column C	
TABLE 14	25	C129AD	Reported Schedule C-1, line 29a, column D	
TABLE 14	26	C129AE	Reported Schedule C-1, line 29a, column E	
TABLE 14	27	C129AF	Reported Schedule C-1, line 29a, column F	**
TABLE 14	28	C129BC	Reported Schedule C-1, line 29b, column C	
TABLE 14	29	C129BD	Reported Schedule C-1, line 29b, column D	
TABLE 14	30	C129BE	Reported Schedule C-1, line 29b, column E	
TABLE 14	31	C129BF	Reported Schedule C-1, line 29b, column F	**
TABLE 14	32	C129CC	Reported Schedule C-1, line 29c, column C	
TABLE 14	33	C129CD	Reported Schedule C-1, line 29c, column D	
TABLE 14	34	C129CE	Reported Schedule C-1, line 29c, column E	
TABLE 14	35	C129CF	Reported Schedule C-1, line 29c, column F	
TABLE 14	36	C130AC	Reported Schedule C-1, line 30a, column C	
TABLE 14	37	C130AD	Reported Schedule C-1, line 30a, column D	
TABLE 14	38	C130AE	Reported Schedule C-1, line 30a, column E	
TABLE 14	39	C130AF	Reported Schedule C-1, line 30a, column F	**
TABLE 14	40	C130BC	Reported Schedule C-1, line 30b, column C	
TABLE 14	41	C130BD	Reported Schedule C-1, line 30b, column D	
TABLE 14	42	C130BE	Reported Schedule C-1, line 30b, column E	
TABLE 14	43	C130BF	Reported Schedule C-1, line 30b, column F	**
TABLE 14	44	C130CC	Reported Schedule C-1, line 30c, column C	
TABLE 14	45	C130CD	Reported Schedule C-1, line 30c, column D	
TABLE 14	46	C130CE	Reported Schedule C-1, line 30c, column E	
TABLE 14	47	C130CF	Reported Schedule C-1, line 30c, column F	
TABLE 14	48	C140AC	Reported Schedule C-1, line 40a,	

			column C		
TABLE 14	49	C140AD	Reported Schedule C-1, line 40a, column D		
TABLE 14	50	C140AE	Reported Schedule C-1, line 40a, column E		
TABLE 14	51	C140AF	Reported Schedule C-1, line 40a, column F	**	
TABLE 14	52	C140BC	Reported Schedule C-1, line 40b, column C		
TABLE 14	53	C140BD	Reported Schedule C-1, line 40b, column D		
TABLE 14	54	C140BE	Reported Schedule C-1, line 40b, column E		
TABLE 14	55	C140BF	Reported Schedule C-1, line 40b, column F	**	
TABLE 14	56	C140CC	Reported Schedule C-1, line 40c, column C		
TABLE 14	57	C140CD	Reported Schedule C-1, line 40c, column D		
TABLE 14	58	C140CE	Reported Schedule C-1, line 40c, column E		
TABLE 14	59	C140CF	Reported Schedule C-1, line 40c, column F		
TABLE 14	60	C141AC	Reported Schedule C-1, line 41a, column C		
TABLE 14	61	C141AD	Reported Schedule C-1, line 41a, column D		
TABLE 14	62	C141AE	Reported Schedule C-1, line 41a, column E		
TABLE 14	63	C141AF	Reported Schedule C-1, line 41a, column F	**	
TABLE 14	64	C141BC	Reported Schedule C-1, line 41b, column C		
TABLE 14	65	C141BD	Reported Schedule C-1, line 41b, column D		
TABLE 14	66	C141BE	Reported Schedule C-1, line 41b, column E		
TABLE 14	67	C141BF	Reported Schedule C-1, line 41b, column F	**	
TABLE 14	68	C141CC	Reported Schedule C-1, line 41c, column C		
TABLE 14	69	C141CD	Reported Schedule C-1, line 41c, column D		
TABLE 14	70	C141CE	Reported Schedule C-1, line 41c, column E		
TABLE 14	71	C141CF	Reported Schedule C-1, line 41c, column F		
TABLE 18	1	PICTDATE	Picture Date	**	**
TABLE 18	2	ACTPROVCM	Actual Total Facility CMI		
TABLE 18	3	ACTMACMI	Actual MA CMI		
TABLE 18	4	PAYPROVCM	Payment Total Facility CMI	**	
TABLE 18	5	PAYMACMI	Payment MA CMI		**
TABLE 18	6	POSTMARK	RVR or Cert. report postmark date		

TABLE 18	7	REPORTMA	Number of reported MA residents		
TABLE 18	8	REPORTNON	Number of reported non-MA residents		
TABLE 18	9	ACTMA	Number of actual MA residents		
TABLE 18	10	ACTNONMA	Number of actual non-MA residents		
TABLE 18	11	CMILETTER	Dormant field		
TABLE 18	12	ACCEPTED	Acceptance indicator	**	**
TABLE 18	13	IPN	Internal provider number	**	**
TABLE 18	14	PNUM	Provider number		
TABLE 19	1	SUBSCRIPT	Sequential RUG order		
TABLE 19	2	GROUP	Resource Utilization Group		
TABLE 19	3	CMI	Rug group CMI		
TABLE 20	1	IPN	Internal provider number		**
TABLE 20	2	PNUM	Provider number		
TABLE 20	3	SITE	Site number		
TABLE 20	4	INSPECTION	Inspection date		
TABLE 20	5	BEDS	Bed count		
TABLE 20	6	LAND	Land value		**
TABLE 20	7	BLDG	Building value		**
TABLE 20	8	LANDIMPR	Land improvement value		**
TABLE 20	9	SUBTOTAL	Subtotal		
TABLE 20	10	MOVE	Movable equipment value		**
TABLE 20	11	GRANDTOTAL	Grand total		
TABLE 20	12	EFFDATE	Valuation date		**
TABLE 21	1	IPN	Internal provider number		**
TABLE 21	2	EFFDATEB	Bed change effective date		**
TABLE 21	3	CERTIFBEDS	Certified beds		**
TABLE 21	4	MORBEDS	Allowable beds		**
TABLE 23	1	RATEDATE	Rate effective date		**
TABLE 23	2	Y_AVG	Financial yield rate		**
TABLE 24	1	IPN	Internal provider number		**
TABLE 24	2	RED	Rate effective date		**
TABLE 24	3	A_RESDBAYS	Annualized resident days		**
TABLE 24	4	A_AVDBAYS	Annualized available days		**
TABLE 24	5	A_RETAX	Real estate tax		**
TABLE 24	6	EXEMPT	Exempt status		**
TABLE 25	1	IPN	Internal provider number		**
TABLE 25	2	PNUM	Provider number		
TABLE 25	3	REDUCTION	Reduction percent		**
TABLE 25	4	SCOPE	Identifies the subtotals to be reduced		**
TABLE 30	1	IPN	Internal provider number	**	
TABLE 30	2	PROVNAME	Provider name		
TABLE 30	3	PNUM	MA provider number		
TABLE 30	4	AUDIT	Audit number	**	
TABLE 30	5	BEGDATE	Report begin date		
TABLE 30	6	ENDDATE	Report end date		

TABLE 30	7	ISSUED	Audit issue date	
TABLE 30	8	AUDIT_ID	Internal audit number ID	**
TABLE 30	9	MME_ADJUST	TRUE if one or more minor movable equipment audit adjustment reversals were made.	**
TABLE 31	1	CR_ID	Internal cost report ID. Used to link to table_39.dbf to obtain reported allowable costs.	**
TABLE 31	2	AUDIT_ID	Internal audit number ID	**
TABLE 31	3	IPN	Internal provider number	**
TABLE 31	4	AUDIT	Audit number	**
TABLE 31	5	BEGDATE	Report begin date	
TABLE 31	6	ENDDATE	Report period end date	**
TABLE 32	1	AUDIT	Audit number	
TABLE 32	2	PNUM	MA provider number	
TABLE 32	3	ALLCOSTSNF	Audited allowable SNF costs	
TABLE 32	4	ALLCOSTICF	Audited allowable ICF costs	
TABLE 32	5	ALLCOSTHC	Audited allowable Residential costs	
TABLE 32	6	EFFSUB1	Eff. Inc. Sub To Date 1	
TABLE 32	7	EFFSUB1SNF	SNF Eff. Inc. Sub To Date 1	
TABLE 32	8	EFFSUB1ICF	ICF Eff. Inc. Sub To Date 1	
TABLE 32	9	EFFSUB1HC	HC Eff. Inc. Sub To Date 1	
TABLE 32	10	EFFSUB2	Eff. Inc. Sub To Date 2	
TABLE 32	11	EFFSUB2SNF	SNF Eff. Inc. Sub To Date 2	
TABLE 32	12	EFFSUB2ICF	ICF Eff. Inc. Sub To Date 2	
TABLE 32	13	EFFSUB2HC	HC Eff. Inc. Sub To Date 2	
TABLE 32	14	PPSUB1	Private Pay Sub To Date 1	
TABLE 32	15	PPSUB1SNF	SNF Private Pay Sub To Date 1	
TABLE 32	16	PPSUB1ICF	ICF Private Pay Sub To Date 1	
TABLE 32	17	PPSUB1HC	HC Private Pay Sub To Date 1	
TABLE 32	18	MADAYSSNF1	MA Days SNF Sub To Date 1	
TABLE 32	19	MADAYSICF1	MA Days ICF Sub To Date 1	
TABLE 32	20	MADAYSHC1	MA Days Heavy Care Sub To Date 1	
TABLE 32	21	MEDPTBSNF1	SNF Medicare Part B Sub To Date 1	
TABLE 32	22	MEDPTBICF1	ICF Medicare Part B Sub To Date 1	
TABLE 32	23	MEDPTBHC1	HC Medicare Part B Sub To Date 1	
TABLE 32	24	PPSUB2	Private Pay Sub To Date 2	
TABLE 32	25	PPSUB2SNF	SNF Private Pay Sub To Date 2	
TABLE 32	26	PPSUB2ICF	ICF Private Pay Sub To Date 2	
TABLE 32	27	PPSUB2HC	HC Private Pay Sub To Date 2	
TABLE 32	28	MADAYSSNF2	MA Days SNF Sub To Date 2	
TABLE 32	29	MADAYSICF2	MA Days ICF Sub To Date 2	
TABLE 32	30	MADAYSHC2	MA Days Heavy Care Sub To Date 2	
TABLE 32	31	MEDPTBSNF2	SNF Medicare Part B Sub To Date 2	
TABLE 32	32	MEDPTBICF2	ICF Medicare Part B Sub To Date 2	
TABLE 32	33	MEDPTBHC2	HC Medicare Part B Sub To Date 2	
TABLE 32	34	BEDBEGSNF	Audited beginning SNF beds	

TABLE 32	35	BEDBEGICF	Audited beginning ICF beds		
TABLE 32	36	BEDBEGOTHR	Audited beginning OTHER beds		
TABLE 32	37	BEDENDSNF	Audited ending SNF or NF beds	**	
TABLE 32	38	BEDENDICF	Audited ending ICF beds	**	
TABLE 32	39	BEDENDOTH	Audited ending OTHER beds		
TABLE 32	40	ACTPDAYSNF	Audited actual SNF or NF resident days	**	**
TABLE 32	41	ACTPDAYICF	Audited actual ICF resident days	**	**
TABLE 32	42	ACTPDAYOTH	Audited actual OTHER resident days		
TABLE 32	43	MAPATSUB1	MA Patient Day Date 1		
TABLE 32	44	MASUB1SNF	MA Days SNF Sub To Date 1		
TABLE 32	45	MASUB1ICF	MA Days ICF Sub To Date 1		
TABLE 32	46	MASUB1HC	MA Days Heavy Care Sub To Date 1		
TABLE 32	47	MAPATSUB2	MA Patient Day Date 2		
TABLE 32	48	MASUB2SNF	MA Days SNF Sub To Date 2		
TABLE 32	49	MASUB2ICF	MA Days ICF Sub To Date 2		
TABLE 32	50	MASUB2HC	MA Days Heavy Care Sub To Date 2		
TABLE 32	51	MAPATSUB3	MA Patient Day Date 3		
TABLE 32	52	MASUB3SNF	MA Days SNF Sub To Date 3		
TABLE 32	53	MASUB3ICF	MA Days ICF Sub To Date 3		
TABLE 32	54	MASUB3HC	MA Days Heavy Care Sub To Date 3		
TABLE 32	55	GA12SNF	12% General Administrative Exp. Limitation SNF	**	
TABLE 32	56	GA12ICF	12% General Administrative Exp. Limitation ICF	**	
TABLE 32	57	AVAILSNF	Audited available SNF or NF resident days	**	**
TABLE 32	58	AVAILICF	Audited available ICF resident days	**	**
TABLE 32	59	AVAILOTH	Audited available OTHER resident days		
TABLE 32	60	EFFSUB3	Eff. Inc. Sub To Date 3		
TABLE 32	61	EFFSUB3SNF	SNF Eff. Inc. Sub To Date 3		
TABLE 32	62	EFFSUB3ICF	ICF Eff. Inc. Sub To Date 3		
TABLE 32	63	EFFSUB3HC	HC Eff. Inc. Sub To Date 3		
TABLE 32	64	PPSUB3	Private Pay Sub To Date 3		
TABLE 32	65	PPSUB3SNF	SNF Private Pay Sub To Date 3		
TABLE 32	66	PPSUB3ICF	ICF Private Pay Sub To Date 3		
TABLE 32	67	PPSUB3HC	HC Private Pay Sub To Date 3		
TABLE 32	68	MADAYSSNF3	MA Days SNF Sub To Date 3		
TABLE 32	69	MADAYSICF3	MA Days ICF Sub To Date 3		
TABLE 32	70	MADAYSHC3	MA Days Heavy Care Sub To Date 3		
TABLE 32	71	MEDPTBSNF3	SNF Medicare Part B Sub To Date 3		
TABLE 32	72	MEDPTBICF3	ICF Medicare Part B Sub To Date 3		
TABLE 32	73	MEDPTBHC3	HC Medicare Part B Sub To Date 3		
TABLE 32	74	AUDIT_ID	Internal audit number ID	**	
TABLE 33	1	AUDIT	Audit number	**	**
TABLE 33	2	ALLOWCST28	Audited Schedule C, line 28, column		

			D for report end dates of 12/31/1996 and after.	
TABLE 33	3	ADJINCR28	Audited Schedule C, line 28, column B for report end dates of 12/31/1996 and after.	
TABLE 33	4	ADJDECR28	Audited Schedule C, line 28, column C for report end dates of 12/31/1996 and after.	
TABLE 33	5	AUDTOTCO28	Audited Schedule C, line 28, column A for report end dates of 12/31/1996 and after.	
TABLE 33	6	AMTALLCN28	Audited Schedule C, line 28, column E for report end dates of 12/31/1996 and after.	
TABLE 33	7	AMTALLRE28	Audited Schedule C, line 28, column F for report end dates of 12/31/1996 and after.	
TABLE 33	8	ALLOWCST29	Audited Schedule C, line 29, column D for report end dates of 12/31/1996 and after.	
TABLE 33	9	ADJINCR29	Audited Schedule C, line 29, column B for report end dates of 12/31/1996 and after.	
TABLE 33	10	ADJDECR29	Audited Schedule C, line 29, column C for report end dates of 12/31/1996 and after.	
TABLE 33	11	AUDTOTCO29	Audited Schedule C, line 29, column A for report end dates of 12/31/1996 and after.	
TABLE 33	12	AMTALLCN29	Audited Schedule C, line 29, column E for report end dates of 12/31/1996 and after.	
TABLE 33	13	AMTALLRE29	Audited Schedule C, line 29, column F for report end dates of 12/31/1996 and after.	
TABLE 33	14	ALLOWCST36	Audited Schedule C, line 36, column A for report end dates of 12/31/1996 and after.	
TABLE 33	15	RC	Audited NF Resident Care Costs for report end dates of 12/31/1996 and after.	**
TABLE 33	16	ORC	Audited NF Other Resident Care Costs for report end dates of 12/31/1996 and after.	**
TABLE 33	17	ADM	Audited NF Administrative Costs for report end dates of 12/31/1996 and after.	**
TABLE 33	18	RETAX	Audited NF Real Estate Taxes for report end dates of 12/31/1996 and after.	**
TABLE 33	19	MAJMOVPROP	Audited NF Major Movable Property for report end dates of 6/30/2001 and after.	**
TABLE 33	20	ISSUED	Audit issue date	
TABLE 33	21	AUDIT_ID	Internal audit number ID	**
TABLE 34	1	IPN	Internal provider number	

TABLE 34	2	PNUM	MA provider number		
TABLE 34	3	PROVNAME	Provider name		
TABLE 34	4	AUDIT	Audit number	**	
TABLE 34	5	ISSUED	Audit issue date	**	
TABLE 34	6	AUDIT_ID	Internal audit number ID	**	
TABLE 35	1	AUDITNO	Audit number	**	
TABLE 35	2	LINENO	Schedule C line number	**	**
TABLE 35	3	COSTCTR	Cost center description		
TABLE 35	4	TOTEXP	Total expenses		
TABLE 35	5	ADJ1	Dormant field		
TABLE 35	6	ADJ2	Dormant field		
TABLE 35	7	SNF	Reported SNF allocation		
TABLE 35	8	ICF	Reported ICF allocation		
TABLE 35	9	RESOTHER	Reported Residential allocation		
TABLE 35	10	ALLOCBAS	Allocation basis		
TABLE 35	11	SALARIES	Reported salaries		
TABLE 35	12	FRINGEBEN	Reported fringe benefits		
TABLE 35	13	OTHER	Reported other expenses		
TABLE 35	14	ALLOWCST	Reported allowable costs	**	**
TABLE 35	15	AMTALLCSNF	Reported SNF allowable costs		
TABLE 35	16	AMTALLCICF	Reported ICF allowable costs		
TABLE 35	17	AMTALLCRES	Reported Residential allowable costs		
TABLE 35	18	SYSTIME	System time		
TABLE 35	19	SYSDATE	System date		
TABLE 35	20	CLERKID	Clerk ID		
TABLE 35	21	TRANSTYPE	Transaction type		
TABLE 36	1	AUDIT	Audit number		
TABLE 36	2	ADJID	Audit adjustment number		
TABLE 36	3	SCHEDULE	Audit schedule to be adjusted		
TABLE 36	4	LINENO	Audited Schedule C line number	**	**
TABLE 36	5	ADJUSTMENT	Audit adjustment amount	**	**
TABLE 36	6	WORKPAPER	Audit workpaper		
TABLE 36	7	AUDIT_ID	Internal audit number ID	**	**
TABLE 37	1	AUDIT	Audit number		
TABLE 37	2	LINENO	Audited Schedule C line number	**	**
TABLE 37	3	COSTCTR	Audited Schedule C cost center description	**	
TABLE 37	4	SNF	Audited SNF allocation percent. Audited NF allocation percent for cost report periods ending 12/31/1996 and after.	**	**
TABLE 37	5	ICF	Audited ICF allocation percent	**	**
TABLE 37	6	RESIDENT	Audited Residential allocation percent		
TABLE 37	7	AUDIT_ID	Internal audit number ID	**	**
TABLE 38	1	IPN	Internal provider number		**
TABLE 38	2	PNUM	Provider number		
TABLE 38	3	PROVNAME	Provider name		

TABLE 38	4	RATE95	Rate year 1995 hold harmless rate	
TABLE 38	5	RATE96	Rate year 1996 hold harmless rate	
TABLE 38	6	RATE97	Rate year 1997 hold harmless rate	
TABLE 38	7	RATE98	Rate year 1998 hold harmless rate	
TABLE 38	8	RATE99	Rate year 1999 hold harmless rate	
TABLE 38	9	RATE2000	Rate year 2000 hold harmless rate	
TABLE 38	10	RATE2001	Rate year 2001 hold harmless rate	
TABLE 38	11	RATE2002	Rate year 2002 hold harmless rate	
TABLE 38	12	SNFRATE	Pre case mix SNF rate	**
TABLE 38	13	ICFRATE	Pre case mix ICF rate	**
TABLE 38	14	ICFMADAYS	ICF MA days	**
TABLE 38	15	SNFMADAYS	SNF MA days	**
TABLE 38	16	HHNOINFLAT	Blended pre case mix rate	**
TABLE 38	17	HHRATE	Rate year 2003 hold harmless rate	**
TABLE 39	1	AUDIT	Internal cost report ID	**
TABLE 39	2	AUDIT_ID	Internal audit number ID	**
TABLE 39	3	LINENO	MA-11 Schedule C line number	**
TABLE 39	4	COSTCTR	Cost center	
TABLE 39	5	REPCOST	Reported cost from MA-11 Schedule C, Column F	
TABLE 40a TABLE 40b	1	AUDIT	Audit number	**
TABLE 40a TABLE 40b	2	ADJID	Audit adjustment number	**
TABLE 40a TABLE 40b	3	SCHEDULE	Cost report schedule	
TABLE 40a TABLE 40b	4	LINENO	Cost report line number, Schedule C	**
TABLE 40a TABLE 40b	5	ADJUSTMENT	Audit adjustment amount	**
TABLE 40a TABLE 40b	6	WORKPAPER	Audit adjustment workpaper	
TABLE 40a TABLE 40b	7	AUDIT_ID	Internal audit number ID	**
TABLE 40a TABLE 40b	8	MME_ADJUST	Minor Movable Equipment audit adjustment reversal/addition indicator	**
TABLE 40a TABLE 40b	9	ISDELETED	Minor Movable Equipment audit adjustment reversal indicator	**
TABLE 41	1	AUDIT	Audit number	
TABLE 41	2	ADJID	Audit adjustment number	**
TABLE 41	3	DESCRIPT	Audit adjustment description	
TABLE 41	4	AUDIT_ID	Internal audit number ID	**