

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
ACTS_ALGTN	ALGTN_562_SW	VARCHAR2 (1)	N	Allegation 562 Indicator	Indicates if the allegation is associated with the CMS-562.	
ACTS_ALGTN	ALGTN_FNDNG_CD	VARCHAR2 (1)	N	Allegation Finding Code	Indicates the survey team's finding for each allegation against the provider.	ACTS_ALGTN_FNDNG_CD
ACTS_ALGTN	ALGTN_FNDNG_DESC	VARCHAR2 (25)	N	Allegation Finding Description	Indicates the survey team's finding for each allegation against the provider.	ACTS_ALGTN_FNDNG_CD
ACTS_ALGTN	ALGTN_ID	VARCHAR2 (3)	Y	Allegation ID	Unique identifier within a state assigned to an allegation by ACTS.	
ACTS_ALGTN	ALGTN_SUBTYP_CD	VARCHAR2 (2)	N	Allegation Subcategory Code	Indicates the subcategory for applicable allegation categories.	ACTS_ALGTN_SUBTYP_CD
ACTS_ALGTN	ALGTN_SUBTYP_DESC	VARCHAR2 (59)	N	Allegation Subcategory Description	Indicates the subcategory for applicable allegation categories.	ACTS_ALGTN_SUBTYP_CD
ACTS_ALGTN	ALGTN_TYPE_CD	VARCHAR2 (2)	N	Allegation Category Code	Indicates the category of allegation associated with the intake.	ACTS_ALGTN_TYPE_CD
ACTS_ALGTN	ALGTN_TYPE_DESC	VARCHAR2 (54)	N	Allegation Category Description	Indicates the category of allegation associated with the intake.	ACTS_ALGTN_TYPE_CD
ACTS_ALGTN	CTN_SW	VARCHAR2 (1)	N	Citation Indicator	Indicates if there is a federal deficiency linked to the allegation.	
ACTS_ALGTN	EMTALA_SW	VARCHAR2 (1)	N	EMTALA Indicator	Indicates if the allegation category is EMTALA.	
ACTS_ALGTN	INTK_ID	VARCHAR2 (10)	Y	Intake ID	Unique identification number generated by ACTS and assigned to an intake.	
ACTS_ALGTN	RSTRNT_SCLSN_DEATH_SW	VARCHAR2 (1)	N	Restraints Seclusion Death Indicator	Indicates if the allegation category is Restraints/Seclusion - Death.	
ACTS_ALGTN	TRNSPLNT_PGM_TYPE_CD	VARCHAR2 (3)	N	Transplant Program Type Code	Indicates the type of transplant program associated with the allegation.	CSP_TRNSPLNT_PGM_TYPE_CD
ACTS_ALGTN	TRNSPLNT_PGM_TYPE_DESC	VARCHAR2 (43)	N	Transplant Program Type Description	Indicates the type of transplant program associated with the allegation.	CSP_TRNSPLNT_PGM_TYPE_CD
ACTS_ALGTN_CTN	ALGTN_ID	VARCHAR2 (3)	Y	Allegation ID	Unique identifier within a state assigned to an allegation by ACTS.	
ACTS_ALGTN_CTN	BLDG_ID	VARCHAR2 (2)	Y	Building ID	Identifies the building cited, if the citation is a Life Safety Code citation.	
ACTS_ALGTN_CTN	INTK_ID	VARCHAR2 (10)	Y	Intake ID	Unique identification number generated by ACTS and assigned to an intake.	
ACTS_ALGTN_CTN	INVSTGTN_ID	VARCHAR2 (6)	N	Investigation ID	Survey Event ID of the investigation. One or more intakes can be assigned to an Investigation	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
ACTS_ALGTN_CTN	PREX_CD	VARCHAR2 (1)	Y	Prefix Code	Alphabetical prefix added to a Tag Number to identify the regulation set for that tag.	CSP_DFCNCY_PREX_CD
ACTS_ALGTN_CTN	PREX_DESC	VARCHAR2 (79)	N	Prefix Description	Alphabetical prefix added to a Tag Number to identify the regulation set for that tag.	CSP_DFCNCY_PREX_CD
ACTS_ALGTN_CTN	SRC_STATE_CD	VARCHAR2 (2)	N	Source State Code	Two-position state code indicating where the state server is physically located, may not be the	CSP_STATE_CD
ACTS_ALGTN_CTN	SRC_STATE_DESC	VARCHAR2 (30)	N	Source State Description	Two-position state code indicating where the state server is physically located, may not be the	CSP_STATE_CD
ACTS_ALGTN_CTN	TAG_NUM	VARCHAR2 (4)	Y	Tag Code	With Prefix Code, a unique identifier by regulation set of a regulation or portion of a	CSP_DFCNCY_TAG
ACTS_ALGTN_CTN	TAG_NUM_DESC	VARCHAR2 (80)	N	Tag Description	With Prefix Code, a unique identifier by regulation set of a regulation or portion of a	CSP_DFCNCY_TAG
ACTS_ALGTN_QUALN	ALGTN_ID	VARCHAR2 (3)	Y	Allegation ID	Unique identifier within a state assigned to an allegation by ACTS.	
ACTS_ALGTN_QUALN	FNDNG_QUALN_CD	VARCHAR2 (2)	Y	Finding Qualification Code	Indicates the reason(s) for the allegation finding.	ACTS_FNDNG_QUALN_CD
ACTS_ALGTN_QUALN	FNDNG_QUALN_DESC	VARCHAR2 (59)	N	Finding Qualification Description	Indicates the reason(s) for the allegation finding.	ACTS_FNDNG_QUALN_CD
ACTS_ALGTN_QUALN	INTK_ID	VARCHAR2 (10)	Y	Intake ID	Unique identification number generated by ACTS and assigned to an intake.	
ACTS_DEATH_INTK	AO_NOTIFY_DT	DATE (8)	N	AO Notify Date	Date the Accreditation Organization was notified of the death(s). Hospital data available	
ACTS_DEATH_INTK	APRPT_INTRVL_SW	VARCHAR2 (1)	N	Appropriate Intervals Indicator	Indicates if the restraint, seclusion or both order was renewed at appropriate intervals. Hospital	
ACTS_DEATH_INTK	CAUSE_OF_DEATH_TXT	VARCHAR2 (200)	N	Cause of Death Text	Cause of death of the patient information entered by the Regional Office.	
ACTS_DEATH_INTK	CO_NOTIFY_DT	DATE (8)	N	CO Notify Date	Date the CMS Central Office was notified of the death. Hospital data available for intakes prior	
ACTS_DEATH_INTK	DEATH_DT	DATE (8)	N	Death Date	Date of death of the patient.	
ACTS_DEATH_INTK	DEATH_ID	NUMBER (10.0)	Y	Death ID	Unique internal identifier, automatically generated by ACTS.	
ACTS_DEATH_INTK	DEATH_RPT_DT	DATE (8)	N	Death Report Date	Date the death was reported to the Regional Office. Intakes which occurred prior to 07/2013	
ACTS_DEATH_INTK	DEATH_TYPE_CD	VARCHAR2 (2)	N	Death Type Code	Indicates whether a death was associated with the use of restraints, seclusion, or both.	ACTS_DEATH_TYPE_CD

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ACTS_DEATH_INTK	DEATH_TYPE_DESC	VARCHAR2 (19)	N	Death Type Description	Indicates whether a death was associated with the use of restraints, seclusion, or both.	ACTS_DEATH_TYPE_CD
ACTS_DEATH_INTK	DRUG_DOSES_NUM	NUMBER (3.0)	N	Number of Drug Doses	Number of doses of the drug given in a day. Hospital data available for intakes prior to	
ACTS_DEATH_INTK	DRUG_DSG_TXT	VARCHAR2 (25)	N	Drug Dosage Text	Drug dosage from the prescription order.	
ACTS_DEATH_INTK	DRUG_NAME	VARCHAR2 (25)	N	Drug Name	Name of the drug prescribed as a chemical restraint and associated with the death.	
ACTS_DEATH_INTK	DRUG_REACTN_SW	VARCHAR2 (1)	N	Drug Adverse Reaction Indicator	Indicates if the patient experienced an adverse reaction to the drug. Hospital data available for	
ACTS_DEATH_INTK	FACE_TO_FACE_DOCD_SW	VARCHAR2 (1)	N	Face-to-Face Evaluation Documented Indicator	Indicates if one-hour face-to-face observation was documented. Hospital data available for	
ACTS_DEATH_INTK	FIRST_APPLY_DT	DATE (8)	N	Restraint/Seclusion First Applied Date	Date the restraint, seclusion or both was first applied. Data only available for intakes prior to	
ACTS_DEATH_INTK	IMMED_EVALTN_SW	VARCHAR2 (1)	N	Immediate Evaluation Indicator	Indicates if the patient was evaluated immediately after the restraint was removed or	
ACTS_DEATH_INTK	INTK_ID	VARCHAR2 (10)	Y	Intake ID	Unique identification number generated by ACTS and assigned to an intake.	
ACTS_DEATH_INTK	LAST_ASMT_DT	DATE (8)	N	Last Patient Assessment Date	Date on the last documented assessment of the patient's condition/status prior to death.	
ACTS_DEATH_INTK	LAST_ASMT_TIME	VARCHAR2 (5)	N	Last Patient Assessment Time	Time on the last documented assessment of the patient's condition/status prior to death.	
ACTS_DEATH_INTK	MNTR_DT	DATE (8)	N	Patient Last Monitored Date	Date the patient was last monitored prior to death. Hospital data available for intakes prior	
ACTS_DEATH_INTK	MNTR_MTHD_CD	VARCHAR2 (2)	N	Monitoring Method Code	Indicates the method of patient monitoring. Hospital data available for intakes prior to	ACTS_MNTR_MTHD_CD
ACTS_DEATH_INTK	MNTR_MTHD_DESC	VARCHAR2 (22)	N	Monitoring Method Description	Indicates the method of patient monitoring. Hospital data available for intakes prior to	ACTS_MNTR_MTHD_CD
ACTS_DEATH_INTK	MNTR_TIME	VARCHAR2 (5)	N	Patient Last Monitored Time	Time the patient was last monitored prior to death. Hospital data available for intakes prior	
ACTS_DEATH_INTK	PTNT_AGE_NUM	NUMBER (3.0)	N	Patient Age	Patient's age at time of death, calculated by system.	
ACTS_DEATH_INTK	RCNT_ORDR_DT	DATE (8)	N	Last Order Date	Date on the last order for restraint, seclusion or both. Hospital data available for intakes prior to	
ACTS_DEATH_INTK	RO_NOTIFY_DT	DATE (8)	N	RO Notify Date	Date the Regional Office was notified of the death.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
ACTS_DEATH_INTK	RSNS_TXT	VARCHAR2 (500)	N	Notes Text	Information entered by the Regional Office regarding the death associated with	
ACTS_DEATH_INTK	RSTRNT_SCLSN_HR_CNT	NUMBER (4.0)	N	Restraint Seclusion Hour Count	Number of whole hours a patient was in restraints, seclusion, or both before the time of	
ACTS_DEATH_INTK	RSTRNT_SCLSN_MINUTE_CNT	NUMBER (2.0)	N	Restraint Seclusion Minute Count	Number of minutes, in addition to the hour count, a patient was in restraints, seclusion, or	
ACTS_DEATH_INTK	RSTRNT_SCLSN_ORDR_BY_CD	VARCHAR2 (2)	N	Restraint Seclusion Order By Code	Indicates who ordered the restraint, seclusion, or both for the patient. Hospital data available for	ACTS_RSTRNT_SCLSN_ORDR_BY_CD
ACTS_DEATH_INTK	RSTRNT_SCLSN_ORDR_BY_DESC	VARCHAR2 (37)	N	Restraint Seclusion Order By Description	Indicates who ordered the restraint, seclusion, or both for the patient. Hospital data available for	ACTS_RSTRNT_SCLSN_ORDR_BY_CD
ACTS_DEATH_INTK	RSTRNT_SCLSN_ORDR_DT	DATE (8)	N	Restraint Seclusion Order Date	Date the restraint, seclusion, or both had been ordered for the patient. Hospital data available	
ACTS_DEATH_INTK	RSTRNT_SCLSN_ORDR_TIME	VARCHAR2 (5)	N	Restraint Seclusion Order Time	Time the restraint, seclusion, or both had been ordered for the patient. Hospital data available	
ACTS_DEATH_INTK	RSTRNT_SCLSN_STF_TRNG_SW	VARCHAR2 (1)	N	Restraint Seclusion Staff Training Indicator	Indicates if staff involved were trained in emergency safety interventions. Hospital data	
ACTS_DEATH_INTK	RSTRNT_SFT_2PNT_SW	VARCHAR2 (1)	N	Restraint Soft 2 Point Wrist Indicator	Indicates if two-point soft wrist restraint was used alone, without seclusion or chemical	
ACTS_DEATH_INTK	RSTRNT_TYPE_CD	VARCHAR2 (2)	N	Restraint Type Code	Indicates the type of restraint used on the patient prior to death.	ACTS_RSTRNT_TYPE_CD
ACTS_DEATH_INTK	RSTRNT_TYPE_DESC	VARCHAR2 (36)	N	Restraint Type Description	Indicates the type of restraint used on the patient prior to death.	ACTS_RSTRNT_TYPE_CD
ACTS_DEATH_INTK	SA_NOTIFY_DT	DATE (8)	N	SA Notify Date	Date the State Agency was notified of the death.	
ACTS_DEATH_INTK	SENT_PRTCT_ADVNCY_CD	VARCHAR2 (2)	N	Entity Reporting To P&A Code	Indicates the entity reporting death information to Protection & Advocacy for this intake.	ACTS_SENT_PRTCT_ADVNCY_CD
ACTS_DEATH_INTK	SENT_PRTCT_ADVNCY_DESC	VARCHAR2 (18)	N	Entity Reporting To P&A Description	Indicates the entity reporting death information to Protection & Advocacy for this intake.	ACTS_SENT_PRTCT_ADVNCY_CD
ACTS_DEATH_INTK	STATE_PRTCT_ADVNCY_NOTIFY_DT	DATE (8)	N	Entity Sent to P&A Date	Date the Regional Office or provider notified Protection & Advocacy of the death.	
ACTS_DEATH_INTK	VLNT_BHVR_SW	VARCHAR2 (1)	N	Violent Behavior Indicator	Indicates if the restraint/seclusion was used to manage violent or self-destructive behavior.	
ACTS_DEATH_INTK	WHEN_DID_PTNT_DIE_CD	VARCHAR2 (2)	N	When Did Patient Die Code	Indicates the timeframe relative to the restraint seclusion in which the patient died.	ACTS_WHEN_DID_PTNT_DIE_CD
ACTS_DEATH_INTK	WHEN_DID_PTNT_DIE_DESC	VARCHAR2 (84)	N	When Did Patient Die Description	Indicates the timeframe relative to the restraint seclusion in which the patient died.	ACTS_WHEN_DID_PTNT_DIE_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
ACTS_DEATH_INTK_RST RNT	DEATH_ID	NUMBER (10.0)	Y	Death ID	Unique internal identifier, automatically generated by ACTS.	
ACTS_DEATH_INTK_RST RNT	INTK_ID	VARCHAR2 (10)	Y	Intake ID	Unique identification number generated by ACTS and assigned to an intake.	
ACTS_DEATH_INTK_RST RNT	PHYS_RSTRNT_CD	VARCHAR2 (2)	Y	Physical Restraint Code	Indicates a method of physical restraint used on the patient prior to death.	ACTS_PHYS_RSTRNT_CD
ACTS_DEATH_INTK_RST RNT	PHYS_RSTRNT_DESC	VARCHAR2 (42)	N	Physical Restraint Description	Indicates a method of physical restraint used on the patient prior to death.	ACTS_PHYS_RSTRNT_CD
ACTS_DEATH_INTK_RST RNT	RSTRNT_ORDR_ID	NUMBER (2.0)	Y	Restraint Order ID	Numerical order in which physical restraint codes were loaded to the national database.	
ACTS_DEMD_INTK	ACRDTD_SRVY_DT	DATE (8)	N	Accredited Survey Date	Exit date of the most recent accreditation survey.	
ACTS_DEMD_INTK	CRNTLY_DEEMD_BY_1_CD	VARCHAR2 (2)	N	Currently Deemed By Code 1	Indicates an accrediting organization selected on the state investigation survey as currently	ACTS_CRNTLY_DEEMD_BY_CD
ACTS_DEMD_INTK	CRNTLY_DEEMD_BY_1_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 1	Indicates an accrediting organization selected on the state investigation survey as currently	ACTS_CRNTLY_DEEMD_BY_CD
ACTS_DEMD_INTK	CRNTLY_DEEMD_BY_2_CD	VARCHAR2 (2)	N	Currently Deemed By Code 2	Indicates an accrediting organization selected on the state investigation survey as currently	ACTS_CRNTLY_DEEMD_BY_CD
ACTS_DEMD_INTK	CRNTLY_DEEMD_BY_2_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 2	Indicates an accrediting organization selected on the state investigation survey as currently	ACTS_CRNTLY_DEEMD_BY_CD
ACTS_DEMD_INTK	CRNTLY_DEEMD_BY_3_CD	VARCHAR2 (2)	N	Currently Deemed By Code 3	Indicates an accrediting organization selected on the state investigation survey as currently	ACTS_CRNTLY_DEEMD_BY_CD
ACTS_DEMD_INTK	CRNTLY_DEEMD_BY_3_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 3	Indicates an accrediting organization selected on the state investigation survey as currently	ACTS_CRNTLY_DEEMD_BY_CD
ACTS_DEMD_INTK	CRNTLY_DEEMD_BY_4_CD	VARCHAR2 (2)	N	Currently Deemed By Code 4	Indicates an accrediting organization selected on the state investigation survey as currently	ACTS_CRNTLY_DEEMD_BY_CD
ACTS_DEMD_INTK	CRNTLY_DEEMD_BY_4_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 4	Indicates an accrediting organization selected on the state investigation survey as currently	ACTS_CRNTLY_DEEMD_BY_CD
ACTS_DEMD_INTK	CRNTLY_DEEMD_BY_5_CD	VARCHAR2 (2)	N	Currently Deemed By Code 5	Indicates an accrediting organization selected on the state investigation survey as currently	ACTS_CRNTLY_DEEMD_BY_CD
ACTS_DEMD_INTK	CRNTLY_DEEMD_BY_5_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 5	Indicates an accrediting organization selected on the state investigation survey as currently	ACTS_CRNTLY_DEEMD_BY_CD
ACTS_DEMD_INTK	CRNTLY_DEEMD_BY_6_CD	VARCHAR2 (2)	N	Currently Deemed By Code 6	Indicates an accrediting organization selected on the state investigation survey as currently	ACTS_CRNTLY_DEEMD_BY_CD

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
ACTS_DEMD_INTK	CRNTLY_DEEMD_BY_6_DES C	VARCHAR2 (23)	N	Currently Deemed By Description 6	Indicates an accrediting organization selected on the state investigation survey as currently	ACTS_CRNTLY_DEEMD_BY_C D
ACTS_DEMD_INTK	INTK_ID	VARCHAR2 (10)	Y	Intake ID	Unique identifier is generated by ACTS and assigned to an intake.	
ACTS_DEMD_INTK	REGLTN_SET_1_CD	VARCHAR2 (30)	N	Regulation set code 1	Identifier of a regulation set used during the investigation survey for the intake.	ASP_REGLTN_SET
ACTS_DEMD_INTK	REGLTN_SET_2_CD	VARCHAR2 (30)	N	Regulation set code 2	Identifier of a regulation set used during the investigation survey for the intake.	ASP_REGLTN_SET
ACTS_DEMD_INTK	REGLTN_SET_3_CD	VARCHAR2 (30)	N	Regulation set code 3	Identifier of a regulation set used during the investigation survey for the intake.	ASP_REGLTN_SET
ACTS_DEMD_INTK	REGLTN_SET_4_CD	VARCHAR2 (30)	N	Regulation set code 4	Identifier of a regulation set used during the investigation survey for the intake.	ASP_REGLTN_SET
ACTS_DEMD_INTK	RGN_TXT	VARCHAR2 (60)	N	RO Region Text	Region information provided by the Regional Office representative who approved or	
ACTS_DEMD_INTK	RO_APRVL_DNL_TXT	VARCHAR2 (20)	N	RO Approval Disapproval Text	Indicates whether a request for an investigation survey was approved or disapproved by the	
ACTS_DEMD_INTK	RO_CMT_TXT	VARCHAR2 (80)	N	RO Comment Text	Comments entered by the Regional Office representative who approved or disapproved the	
ACTS_DEMD_INTK	RO_RPRSNTV_TXT	VARCHAR2 (80)	N	RO Representative Text	Name of the Regional Office representative who approved or disapproved the investigation	
ACTS_DEMD_INTK	RO_SGNTR_DT	DATE (8)	N	RO Signature Date	Date the Regional Office representative who approved or disapproved the investigation	
ACTS_EMTALA_INTK	DAY_23_CNVRSN_DT	DATE (8)	N	23-Day to 90-Day Conversion Date	Date of 90-day termination when converted from a 23-day termination, defaults to 67	
ACTS_EMTALA_INTK	DAY_23_CNVRSN_SW	VARCHAR2 (1)	N	23-Day to 90-Day Conversion Indicator	Indicates if a 23-day termination was converted to a 90-day termination.	
ACTS_EMTALA_INTK	DAY_23_TRMNTN_DT	DATE (8)	N	23-Day Termination Date	Date of the 23-day termination, defaults to 23 calendar days after the Regional Office	
ACTS_EMTALA_INTK	DAY_23_TRMNTN_SW	VARCHAR2 (1)	N	23-Day Termination Indicator	Indicates if the 23-day termination track has been selected for this Emergency Medical	
ACTS_EMTALA_INTK	DAY_90_TRMNTN_DT	DATE (8)	N	90-Day Termination Date	Date of the 90-day termination, defaults to 90 calendar days after the Regional Office	
ACTS_EMTALA_INTK	DAY_90_TRMNTN_SW	VARCHAR2 (1)	N	90-Day Termination Indicator	Indicates if the 90-day termination track has been selected for this Emergency Medical	
ACTS_EMTALA_INTK	DTRMNTN_CD	VARCHAR2 (2)	N	RO EMTALA Determination Code	Identifies the decision made by the Regional Office regarding the Emergency Medical	ACTS_DTRMNTN_CD

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ACTS_EMTALA_INTK	DTRMNTN_DESC	VARCHAR2 (39)	N	RO EMTALA Determination Description	Identifies the decision made by the Regional Office regarding the Emergency Medical	ACTS_DTRMNTN_CD
ACTS_EMTALA_INTK	EXTNSN_GRNT_UNTIL_DT	DATE (8)	N	Extension Granted Until Date	End date of the extension granted to the State Agency by the Regional Office for completion	
ACTS_EMTALA_INTK	INTK_ID	VARCHAR2 (10)	Y	Intake ID	Unique identification number generated by ACTS and assigned to an intake.	
ACTS_EMTALA_INTK	LABOR_EMER_SW	VARCHAR2 (1)	N	EMTALA Type Indicator: Labor	Indicates if the Emergency Medical Treatment And Labor Act (EMTALA) allegation included	
ACTS_EMTALA_INTK	MDCL_EMER_SW	VARCHAR2 (1)	N	EMTALA Type Indicator: Medical	Indicates if the Emergency Medical Treatment And Labor Act (EMTALA) allegation included	
ACTS_EMTALA_INTK	NO_VILTN_DT	DATE (8)	N	RO Confirmed No Violation Date	Date the Regional Office confirmed there was no Emergency Medical Treatment And Labor	
ACTS_EMTALA_INTK	OB_OTHR_EMER_SW	VARCHAR2 (1)	N	EMTALA Type Indicator: Other OB	Indicates if the Emergency Medical Treatment And Labor Act (EMTALA) allegation included	
ACTS_EMTALA_INTK	OIG_RFRL_DT	DATE (8)	N	Referral Date: OIG	Date the Emergency Medical Treatment And Labor Act (EMTALA) complaint/incident was	
ACTS_EMTALA_INTK	OTHR_EMER_SW	VARCHAR2 (1)	N	EMTALA Type Indicator: Other	Indicates if the Emergency Medical Treatment And Labor Act (EMTALA) allegation included	
ACTS_EMTALA_INTK	PSYCH_EMER_SW	VARCHAR2 (1)	N	EMTALA Type Indicator: Psychiatric	Indicates if the Emergency Medical Treatment And Labor Act (EMTALA) allegation included	
ACTS_EMTALA_INTK	QIO_5_DAY_DUE_DT	DATE (8)	N	QIO 5-Day Review Due Date	Date the Quality Improvement Organization 5-day review was due.	
ACTS_EMTALA_INTK	QIO_5_DAY_RCVD_DT	DATE (8)	N	QIO 5-Day Review Received Date	Date the Quality Improvement Organization 5-day review was received.	
ACTS_EMTALA_INTK	QIO_5_DAY_SENT_DT	DATE (8)	N	QIO 5-Day Review Sent Date	Date the Quality Improvement Organization 5-day review was sent.	
ACTS_EMTALA_INTK	QIO_60_DAY_DUE_DT	DATE (8)	N	QIO 60-Day Review Due Date	Date the Quality Improvement Organization 60-day review was due.	
ACTS_EMTALA_INTK	QIO_60_DAY_RCVD_DT	DATE (8)	N	QIO 60-Day Review Received Date	Date the Quality Improvement Organization 60-day review was received.	
ACTS_EMTALA_INTK	QIO_60_DAY_SENT_DT	DATE (8)	N	QIO 60-Day Review Sent Date	Date the Quality Improvement Organization 60-day review was sent.	
ACTS_EMTALA_INTK	QIO_NTFY_SW	VARCHAR2 (1)	N	QIO Referred Indicator	Indicates if the Regional Office has determined the investigation results are to be sent to the	
ACTS_EMTALA_INTK	RFR_OCR_DT	DATE (8)	N	Referral Date: OCR	Date the Emergency Medical Treatment And Labor Act (EMTALA) intake was referred to the	

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ACTS_EMTALA_INTK	RGNL_ADMINR_RGN_TXT	VARCHAR2 (60)	N	RO Region Text	Region information provided by the Regional Office administrator/designee who approved or	
ACTS_EMTALA_INTK	RGNL_ADMINR_SGNTR_TXT	VARCHAR2 (80)	N	RO Administrator Text	Name of the Regional Office administrator/designee who approved or	
ACTS_EMTALA_INTK	RO_CMT_TXT	VARCHAR2 (80)	N	RO Comment Text	Comments entered by the Regional Office representative who approved or disapproved the	
ACTS_EMTALA_INTK	RSLTN_CD	VARCHAR2 (2)	N	EMTALA Resolution Code	Identifies the resolution of the Emergency Medical Treatment And Labor Act (EMTALA)	ACTS_RSLTN_CD
ACTS_EMTALA_INTK	RSLTN_DESC	VARCHAR2 (32)	N	EMTALA Resolution Description	Identifies the resolution of the Emergency Medical Treatment And Labor Act (EMTALA)	ACTS_RSLTN_CD
ACTS_EMTALA_INTK	SRGCL_EMER_SW	VARCHAR2 (1)	N	EMTALA Type Indicator: Surgical	Indicates if the Emergency Medical Treatment And Labor Act (EMTALA) allegation included	
ACTS_EMTALA_INTK	TRMA_EMER_SW	VARCHAR2 (1)	N	EMTALA Type Indicator: Trauma	Indicates if the Emergency Medical Treatment And Labor Act (EMTALA) allegation included	
ACTS_EMTALA_INTK	TRMNTN_DT	DATE (8)	N	Imposed Termination Date	Date on which the termination was imposed.	
ACTS_EMTALA_INTK	VILTN_DT	DATE (8)	N	RO Confirmed Violation Date	Date the Regional Office confirmed the Emergency Medical Treatment And Labor Act	
ACTS_INTK	ACK_DT	DATE (8)	N	Intake Acknowledged Date	Date of written or telephone acknowledgment of the complainant's allegation against the provider	
ACTS_INTK	AGNCY_RFRL_CNT	NUMBER (4.0)	N	Agency Referral Count	Total number of agencies to which an intake has been referred.	
ACTS_INTK	CBER_ID	VARCHAR2 (6)	N	CBER ID	Identifier assigned by Federal Drug Administration Center for Biologics Evaluation	
ACTS_INTK	CIS_ID	VARCHAR2 (10)	N	CIS ID	Optional field where a Centers for Medicare and Medicaid Services Correspondence Inquiry	
ACTS_INTK	CMPLNNT_CNT	NUMBER (4.0)	N	Complainant Count	Total number of complainants entered on an intake.	
ACTS_INTK	DEMD_SW	VARCHAR2 (1)	N	Deemed Indicator	Indicates if the provider was deemed at the time of the intake.	
ACTS_INTK	EMTALA_SW	VARCHAR2 (1)	N	EMTALA Indicator	Indicates if an intake includes an allegation of an Emergency Medical Treatment and Labor Act	
ACTS_INTK	EVNT_DT	DATE (8)	N	Event Date	Date an alleged event occurred or was identified.	
ACTS_INTK	EVNT_SHIFT_TXT	VARCHAR2 (25)	N	Event Shift Text	Work shift during which an alleged event occurred or was identified.	



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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
ACTS_INTK	EVNT_TIME	VARCHAR2 (8)	N	Event Time	Time an alleged event occurred or was identified.	
ACTS_INTK	EVNT_TIME_CD	VARCHAR2 (1)	N	Event Time Code	Specifies AM or PM for the specific time an alleged event occurred or was identified.	CSP_STGRD_SRVY_TIME_CD
ACTS_INTK	EVNT_TIME_DESC	VARCHAR2 (2)	N	Event Time Description	Specifies AM or PM for the specific time an alleged event occurred or was identified.	CSP_STGRD_SRVY_TIME_CD
ACTS_INTK	EXTNRL_CNTL_NUM	VARCHAR2 (12)	N	External Control Number	Optional identifier entered by the State Agency, generally used to record a referring agency's	
ACTS_INTK	FED_REGLTN_SET_SW	VARCHAR2 (1)	N	Federal Regulation Set Indicator	Indicates if a federal regulation set has been selected for the associated investigation.	
ACTS_INTK	FINL_ACTN_DT	DATE (8)	N	Final Action Sign-Off Date	Date all activity related to the complaint or incident was concluded.	
ACTS_INTK	FINL_SW	VARCHAR2 (1)	N	Intake Finalized Indicator	Indicates if the intake has been finalized.	
ACTS_INTK	FWRDD_CMS_DT	DATE (8)	N	Forwarded to RO/MSA Date	Date the intake was forwarded to the Regional Office or Medicaid State Agency.	
ACTS_INTK	FWRDD_CO_DT	DATE (8)	N	Forwarded to CMS CO Date	Date an intake was forwarded to Centers for Medicare and Medicaid Services Central Office.	
ACTS_INTK	FWRDD_CO_SW	VARCHAR2 (1)	N	Forwarded to CMS CO Indicator	Indicates if the intake has been forwarded to Centers for Medicare and Medicaid Services	
ACTS_INTK	FWRDD_RO_SW	VARCHAR2 (1)	N	Forwarded to RO/MSA Indicator	Indicates if the intake has been forwarded to the Regional Office or Medicaid State Agency.	
ACTS_INTK	INTK_ADD_DT	DATE (8)	N	Intake Add Date	Date the intake record was created in ACTS.	
ACTS_INTK	INTK_CLOSED_CD	VARCHAR2 (2)	N	Reason Closed Code	Indicates the reason an intake has been closed. If multiple reasons were selected in ACTS, the	ACTS_INTK_CLOSED_CD
ACTS_INTK	INTK_CLOSED_DESC	VARCHAR2 (43)	N	Reason Closed Description	Indicates the reason an intake has been closed. If multiple reasons were selected in ACTS, the	ACTS_INTK_CLOSED_CD
ACTS_INTK	INTK_CLOSED_DT	DATE (8)	N	Intake Closed Date	Date the intake is closed.	
ACTS_INTK	INTK_ID	VARCHAR2 (10)	Y	Intake ID	Unique identification number generated by ACTS and assigned to an intake.	
ACTS_INTK	INTK_PRTY_1_CD	VARCHAR2 (1)	N	Intake Priority 1 Code	First priority for the intake.	ACTS_INTK_PRTY_CD
ACTS_INTK	INTK_PRTY_1_DESC	VARCHAR2 (60)	N	Intake Priority 1 Description	First priority for the intake.	ACTS_INTK_PRTY_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
ACTS_INTK	INTK_PRTY_2_CD	VARCHAR2 (1)	N	Intake Priority 2 Code	Second priority for the intake.	ACTS_INTK_PRTY_CD
ACTS_INTK	INTK_PRTY_2_DESC	VARCHAR2 (60)	N	Intake Priority 2 Description	Second priority for the intake.	ACTS_INTK_PRTY_CD
ACTS_INTK	INTK_PRTY_3_CD	VARCHAR2 (1)	N	Intake Priority 3 Code	Third priority for the intake.	ACTS_INTK_PRTY_CD
ACTS_INTK	INTK_PRTY_3_DESC	VARCHAR2 (60)	N	Intake Priority 3 Description	Third priority for the intake.	ACTS_INTK_PRTY_CD
ACTS_INTK	INTK_PRTY_4_DESC	VARCHAR2 (60)	N	Intake Priority 4 Description- Obsolete	This field has been deleted.	ACTS_INTK_PRTY_CD
ACTS_INTK	INTK_PRTY_5_DESC	VARCHAR2 (60)	N	Intake Priority 5 Description- Obsolete	This field has been deleted.	ACTS_INTK_PRTY_CD
ACTS_INTK	INTK_STUS_CD	VARCHAR2 (1)	N	Intake Status Code	Indicates the stage of progress for the intake.	ACTS_INTK_STUS_CD
ACTS_INTK	INTK_STUS_DESC	VARCHAR2 (39)	N	Intake Status Description	Indicates the stage of progress for the intake.	ACTS_INTK_STUS_CD
ACTS_INTK	INTK_SUBTYP_CD	VARCHAR2 (1)	N	Intake Subtype Code	Indicates the specific type of complaint or incident.	ACTS_INTK_SUBTYP_CD
ACTS_INTK	INTK_SUBTYP_DESC	VARCHAR2 (60)	N	Intake Subtype Description	Indicates the specific type of complaint or incident.	ACTS_INTK_SUBTYP_CD
ACTS_INTK	INTK_TYPE_CD	VARCHAR2 (2)	N	Intake Type Code	Indicates whether the intake was generated from an entity reported incident or from a complaint.	ACTS_INTK_TYPE_CD
ACTS_INTK	INTK_TYPE_DESC	VARCHAR2 (34)	N	Intake Type Description	Indicates whether the intake was generated from an entity reported incident or from a complaint.	ACTS_INTK_TYPE_CD
ACTS_INTK	INTK_USER_CD	VARCHAR2 (1)	N	Intake Staff Code	Indicates the association (State Agency or CMS Regional Office or CMS Central Office) of the	ACTS_INTK_USER_CD
ACTS_INTK	INTK_USER_DESC	VARCHAR2 (25)	N	Intake Staff Description	Indicates the association (State Agency or CMS Regional Office or CMS Central Office) of the	ACTS_INTK_USER_CD
ACTS_INTK	INVSTGTN_CMPLT_DT	DATE (8)	N	Investigation Completed Date	Date the provider is notified of the results of the investigation.	
ACTS_INTK	INVSTGTN_CMPLT_DT_1ST_CHG_DT	DATE (8)	N	Investigation Completed Date 1st Changed Date	Date the Investigation Completed Date was first changed.	
ACTS_INTK	INVSTGTN_CMPLT_DT_LAST_CHG_DT	DATE (8)	N	Investigation Completed Date Last Changed Date	Date the Investigation Completed Date was last changed.	
ACTS_INTK	INVSTGTN_DAY_NUM	NUMBER (4,0)	N	Investigate Within Days Number	Number of days within which the intake must be investigated.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
ACTS_INTK	INVSTGTN_DUE_DT	DATE (8)	N	Investigation Due By Date	Date by which the investigation of the intake must be completed.	
ACTS_INTK	INVSTGTN_ID	VARCHAR2 (6)	N	Investigation ID	Event ID of the investigation survey to which this intake is assigned. One or more intakes can	
ACTS_INTK	LAB_CLSFCTN_CD	VARCHAR2 (2)	N	CLIA Laboratory Classification Code	Determines if the laboratory is non-exempt, exempt or Veterans Administration.	CSP_LAB_CLSFCTN_CD
ACTS_INTK	LAB_CLSFCTN_DESC	VARCHAR2 (32)	N	CLIA Laboratory Classification Description	Determines if the laboratory is non-exempt, exempt or Veterans Administration.	CSP_LAB_CLSFCTN_CD
ACTS_INTK	LAB_CRTFCT_CD	VARCHAR2 (2)	N	CLIA Certificate Type at Time of Alleged Event Code	CLIA certificate held at the time of the alleged event. Enables the Regional Office Approval	ACTS_LAB_CRTFCT_CD
ACTS_INTK	LAB_CRTFCT_DESC	VARCHAR2 (39)	N	CLIA Certificate Type at Time of Alleged Event Description	CLIA certificate held at the time of the alleged event. Enables the Regional Office Approval	ACTS_LAB_CRTFCT_CD
ACTS_INTK	LAB_RO_APLCTN_TYPE_CD	VARCHAR2 (2)	N	CLIA Certificate Type on RO Approval Code	CLIA certificate type on the RO approval tab, based on CLIA Certificate Type at Time of	ACTS_LAB_RO_APLCTN_TYPE_CD
ACTS_INTK	LINK_1ST_CHG_DT	DATE (8)	N	Investigation First Linked Date	Date an investigation was first linked to this intake.	
ACTS_INTK	LINK_LAST_CHG_DT	DATE (8)	N	Investigation Link Last Changed Date	Date an investigation link was last changed for this intake.	
ACTS_INTK	MD_CD	VARCHAR2 (1)	N	Intake Receipt Method Code	Identifies the method by which the intake was received.	ACTS_MD_CD
ACTS_INTK	MD_DESC	VARCHAR2 (19)	N	Intake Receipt Method Description	Identifies the method by which the intake was received.	ACTS_MD_CD
ACTS_INTK	ODIE_UPLD_SW	VARCHAR2 (1)	N	Investigation Survey Upload Indicator	Indicates if the investigation survey data related to this intake has been uploaded to the national	
ACTS_INTK	ONST_SRVY_SW	VARCHAR2 (1)	N	Onsite Investigation Indicator	Indicates if an onsite investigation has been scheduled or completed.	
ACTS_INTK	ONST_STRT_ONST_EXIT_D Y_CNT	NUMBER (7,0)	N	Day Count: Onsite Start to Onsite Exit	Number of working days from onsite investigation start date to onsite investigation	
ACTS_INTK	OVRAL_ALGTN_SBSTNTD_C D	VARCHAR2 (1)	N	Overall Findings Code	Indicates the overall allegation findings for the intake taking into account all allegations and	ACTS_OVRAL_ALGTN_SBSTNTD_CD
ACTS_INTK	OVRAL_ALGTN_SBSTNTD_D ESC	VARCHAR2 (34)	N	Overall Findings Description	Indicates the overall allegation findings for the intake taking into account all allegations and	ACTS_OVRAL_ALGTN_SBSTNTD_CD
ACTS_INTK	PAST_NON_CMPLNC_SW	VARCHAR2 (1)	N	Past Noncompliance Indicator	Indicates if any tag associated with this intake was cited as past noncompliance.	
ACTS_INTK	PRMRY_CMPLNNT_ANNYMS _SW	VARCHAR2 (1)	N	Primary Complainant Anonymous Indicator	Indicates if the primary complainant is anonymous.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
ACTS_INTK	PRRTY_1ST_CHG_DT	DATE (8)	N	Intake Priority First Entered Date	Date the intake priority was first entered for this intake.	
ACTS_INTK	PRRTY_LAST_CHG_DT	DATE (8)	N	Intake Priority Last Changed Date	Date the intake priority was last changed for this intake.	
ACTS_INTK	PRVDR_INTRNL_NUM	NUMBER (10.0)	N	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
ACTS_INTK	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the CMS	CSP_PRVDR_CMN
ACTS_INTK	RCVD_END_DT	DATE (8)	N	Received End Date	Date the user was supplied with information sufficient to prioritize the intake.	
ACTS_INTK	RCVD_END_DT_1ST_CHG_DT	DATE (8)	N	Received End Date First Entered Date	Date the received end date was first entered for this intake.	
ACTS_INTK	RCVD_END_DT_LAST_CHG_DT	DATE (8)	N	Received End Date Last Changed Date	Date the received end date was last changed for this intake.	
ACTS_INTK	RCVD_END_ONST_EXIT_DAY_CNT	NUMBER (7.0)	N	Day Count: Received End to Onsite Exit	Number of working days from received end date to onsite investigation exit date.	
ACTS_INTK	RCVD_END_ONST_START_DAY_CNT	NUMBER (7.0)	N	Day Count: Received End to Onsite Start	Number of working days from received end date to onsite investigation start date.	
ACTS_INTK	RCVD_END_TIME	VARCHAR2 (8)	N	Received End Time	Time of day the user was supplied with information sufficient to prioritize the intake.	
ACTS_INTK	RCVD_START_CLOSED_DAY_CNT	NUMBER (7.0)	N	Day Count: Received Start to Intake Closed	Number of working days from received start date to intake closed date.	
ACTS_INTK	RCVD_START_DT	DATE (8)	N	Received Start Date	Date the State Agency or Regional Office first received the complaint/incident.	
ACTS_INTK	RCVD_START_ONST_EXIT_DAY_CNT	NUMBER (7.0)	N	Day Count: Received Start to Onsite Exit	Number of working days from received start date to onsite investigation exit date.	
ACTS_INTK	RCVD_START_ONST_START_DAY_CNT	NUMBER (7.0)	N	Day Count: Received Start to Onsite Start	Number of working days from received start date to onsite investigation start date.	
ACTS_INTK	RCVD_START_RCVD_END_DAY_CNT	NUMBER (7.0)	N	Day Count: Received Start to Received End	Number of working days from received start date to received end date.	
ACTS_INTK	RCVD_START_TIME	VARCHAR2 (8)	N	Received Start Time	Time of day the State Agency or Regional Office first received the complaint/incident.	
ACTS_INTK	RFRL_AO_SW	VARCHAR2 (1)	N	Referred to AO Indicator	Indicates if a complaint against a deemed provider or accredited lab has been referred to	
ACTS_INTK	RO_APRVL_DT	DATE (8)	N	EMTALA Request for RO Approval Date	Date of the State Agency request for Regional Office approval for an Emergency Medical	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
ACTS_INTK	RO_DEMD_RQST_DT	DATE (8)	N	Deemed Request for RO Approval Date	Date of the State Agency request for Regional Office approval for an investigation survey of	
ACTS_INTK	RO_DEMD_RQST_RSPNS_DAYS_CNT	NUMBER (4.0)	N	Day Count: RO Deemed Request to RO Deemed Response	Number of working days from RO deemed request date to RO deemed response date.	
ACTS_INTK	RO_DEMD_RSPNS_CD	VARCHAR2 (2)	N	Deemed Response from RO Code	Indicates the decision by the Regional Office regarding the State Agency's request to perform	ACTS_RSPNS_CD
ACTS_INTK	RO_DEMD_RSPNS_DESC	VARCHAR2 (21)	N	Deemed Response from RO Description	Indicates the decision by the Regional Office regarding the State Agency's request to perform	ACTS_RSPNS_CD
ACTS_INTK	RO_DEMD_RSPNS_DT	DATE (8)	N	Deemed Response from RO Date	Date of the decision by the Regional Office regarding the State Agency's request to perform	
ACTS_INTK	RO_DTRMNTN_DRS_CD	VARCHAR2 (2)	N	RO Determination DRS Code	Identifies the Regional Office decision to conduct a survey on a Death Restraint Seclusion	ACTS_RO_RSPNS_CD
ACTS_INTK	RO_DTRMNTN_DRS_DESC	VARCHAR2 (56)	N	RO Determination DRS Description	Identifies the Regional Office decision to conduct a survey on a Death Restraint Seclusion	ACTS_RO_RSPNS_CD
ACTS_INTK	RO_DTRMNTN_DRS_DT	DATE (8)	N	RO Determination DRS Date	Date the Regional Office granted approval to conduct a survey on a Death Restraint Seclusion	
ACTS_INTK	RO_EMETALA_RSPNS_CD	VARCHAR2 (2)	N	EMETALA Response from RO Code	Indicates the decision by the Regional Office regarding the State Agency's request to perform	ACTS_RSPNS_CD
ACTS_INTK	RO_EMETALA_RSPNS_DESC	VARCHAR2 (21)	N	EMETALA Response from RO Description	Indicates the decision by the Regional Office regarding the State Agency's request to perform	ACTS_RSPNS_CD
ACTS_INTK	RO_EMETALA_RSPNS_DT	DATE (8)	N	EMETALA Response from RO Date	Date of the decision by the Regional Office regarding the State Agency's request to perform	
ACTS_INTK	RQST_RO_DEMD_APRVL_1ST_CHG_DT	DATE (8)	N	Deemed Request for RO Approval First Entered Date	Date the State Agency first requested Regional Office approval to perform an investigation	
ACTS_INTK	RQST_RO_DEMD_APRVL_LAST_CHG_DT	DATE (8)	N	Deemed Request for RO Approval Last Changed Date	Date the State Agency last changed the request for Regional Office approval to perform an	
ACTS_INTK	RQST_RO_DEMD_APRVL_SW	VARCHAR2 (1)	N	Deemed Request for RO Approval Indicator	Indicates if the State Agency has requested Regional Office approval to perform an	
ACTS_INTK	RQST_RO_EMETALA_APRVL_SW	VARCHAR2 (1)	N	EMETALA Request for RO Approval Indicator	Indicates if the State Agency has requested Regional Office approval to perform an	
ACTS_INTK	RQST_RO_EMETALA_APV_1ST_CHG_DT	DATE (8)	N	EMETALA Request for RO Approval First Entered Date	Date the State Agency first requested Regional Office approval to perform an Emergency	
ACTS_INTK	RQST_RO_EMETALA_APV_LAST_CHG_DT	DATE (8)	N	EMETALA Request for RO Approval Last Changed Date	Date the State Agency last changed the request for Regional Office approval to perform an	
ACTS_INTK	RSPNSBL_PRTY_ASGND_DT	DATE (8)	N	Responsible Party Assigned Date	Date the intake is first assigned to a responsible party.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
ACTS_INTK	RSTRNT_SCLSN_ALGTN_SW	VARCHAR2 (1)	N	Restraint or Seclusion Allegation Indicator	Indicates if the complaint/incident entered is regarding a death by restraint or seclusion.	
ACTS_INTK	SA_CMPLTD_DT	DATE (8)	N	SA Completed Date	Date the state agency completed their parts necessary for finalization.	
ACTS_INTK	SRC_1_CD	VARCHAR2 (2)	N	Intake Source 1 Code	Identifies one of the entities that reported the complaint/incident. Up to three sources allowed	ACTS_ALGTN_SRC_CD
ACTS_INTK	SRC_1_DESC	VARCHAR2 (42)	N	Intake Source 1 Description	Identifies one of the entities that reported the complaint/incident. Up to three sources allowed	ACTS_ALGTN_SRC_CD
ACTS_INTK	SRC_2_CD	VARCHAR2 (2)	N	Intake Source 2 Code	Identifies one of the entities that reported the complaint/incident. Up to three sources allowed	ACTS_ALGTN_SRC_CD
ACTS_INTK	SRC_2_DESC	VARCHAR2 (42)	N	Intake Source 2 Description	Identifies one of the entities that reported the complaint/incident. Up to three sources allowed	ACTS_ALGTN_SRC_CD
ACTS_INTK	SRC_3_CD	VARCHAR2 (2)	N	Intake Source 3 Code	Identifies one of the entities that reported the complaint/incident. Up to three sources allowed	ACTS_ALGTN_SRC_CD
ACTS_INTK	SRC_3_DESC	VARCHAR2 (42)	N	Intake Source 3 Description	Identifies one of the entities that reported the complaint/incident. Up to three sources allowed	ACTS_ALGTN_SRC_CD
ACTS_INTK	SRC_STATE_CD	VARCHAR2 (2)	N	Source State Code	Two-position state code indicating where the state server is physically located, may not be the	CSP_STATE_CD
ACTS_INTK	SRC_STATE_DESC	VARCHAR2 (30)	N	Source State Description	Two-position state code indicating where the state server is physically located, may not be the	CSP_STATE_CD
ACTS_INTK	SRVY_EXIT_DT	DATE (8)	N	Survey Exit Date	Date the investigation survey ended.	
ACTS_INTK	SRVY_STRT_DT	DATE (8)	N	Survey Start Date	Date the investigation survey started.	
ACTS_INTK	STATE_CMPLNT_ID	VARCHAR2 (16)	N	State Complaint ID	Optional state-defined tracking number assigned to the complaint/incident.	
ACTS_INTK	STD_F_RSPNS_DESC	VARCHAR2 (56)	N	RO Determination Description	Identifies the Regional Office decision to conduct a survey on a Death Restraint Seclusion	ACTS_RO_RSPNS_CD
ACTS_INTK_RLTNSHP	INTK_ID	VARCHAR2 (10)	Y	Intake ID	Unique identification number generated by ACTS and assigned to an intake.	
ACTS_INTK_RLTNSHP	LINK_INTK_ID	VARCHAR2 (10)	Y	Associated Intake ID	Intake ID of an intake which has been associated with this intake.	
ACTS_INTK_TRF	CBER_GAP_RSN_TXT	VARCHAR2 (20)	N	Center for Biologics Evaluation and Research Gap Reason Text	Text describing the reason for CBER (Center for Biologics Evaluation and Reason) place holder	
ACTS_INTK_TRF	CBER_ID	VARCHAR2 (6)	N	Center for Biologics Evaluation and Research ID	Identifies a Transfusion Related Facility record number assigned by FDA's Center for Biologics	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
ACTS_INTK_TRF	CMS_RCV_FDA_RPT_DT	DATE (8)	N	CMS Received FDA Report Date	Date in which CMS received a requested report from the FDA's Center for Biologics Evaluation	
ACTS_INTK_TRF	CMS_RPT_TO_FDA_DT	DATE (8)	N	CMS Report to FDA Date	Date in which the FDA received a requested report from CMS.	
ACTS_INTK_TRF	CMS_RQST_FDA_RPT_DT	DATE (8)	N	CMS Request FDA Report Date	Date in which CMS requested a report from the FDA's Center for Biologics Evaluation and	
ACTS_INTK_TRF	DEATH_DT	DATE (8)	N	Death Date	Date of death for the resident.	
ACTS_INTK_TRF	FAC_NAME_TXT	VARCHAR2 (50)	N	Facility Name	The name of the Facility.	
ACTS_INTK_TRF	FDA_INIT_DT	DATE (8)	N	FDA Initial Date	The initial date when the FDA assigns a CBER ID to the Transfusion Related Fatality.	
ACTS_INTK_TRF	FDA_RQST_CMS_RPT_DT	DATE (7)	N	FDA Request CMS Report Date	The date the FDA requested a report from CMS.	
ACTS_INTK_TRF	INTK_ID	VARCHAR2 (10)	N	Intake ID	A unique identification number that is generated by ACTS and assigned to an intake.	
ACTS_INTK_TRF	INVSTGTN_RPT_DT	DATE (8)	N	Investigation Report Date	The date and time the investigation report was created.	
ACTS_INTK_TRF	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the	
ACTS_INTK_TRF	RO_NTC_DT	DATE (8)	N	Regional Office Notice Date	The date of notification by the Regional Office.	
ACTS_INTK_TRF	RO_RPT_TO_CMS_DT	DATE (8)	N	Regional Office Report to CMS Date	The date the Regional Office Reported to CMS.	
ACTS_INTK_TRF	TRF_CAUSE_TXT	VARCHAR2 (10)	N	Transfusion Cause Text	A text description to detail the cause of the transfusion related fatality.	
ACTS_INTK_TRF	TRF_CLOSE_DT	DATE (7)	N	Ticket Research File Close Date	The date the ticket research file was closed.	
ACTS_INTK_TRF	TRF_FLWP_CD	VARCHAR2 (2)	N	Transfusion Follow Up Code	A code that identifies which Federal Agency is requesting a follow-up investigation.	
ACTS_INTK_TRF	TRF_ID	NUMBER (10.0)	Y	Transfusion ID	A unique identification number that is generated by ACTS and assigned to an ACTS Transfusion	
ACTS_INTK_TRF	TRF_OTHR_CAUSE_TXT	VARCHAR2 (40)	N	Transfusion other Cause Text	A text description to detail other than the primary cause of the transfusion related fatality.	
ACTS_INTK_TRF	TRF_STATUS_CD	VARCHAR2 (1)	N	Transfusion Status Code	A code that identifies whether the transfusion related fatality incident and any investigations	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
ACTS_INTK_TRF	TRF_TXT	CLOB (4000)	N	Transfusion Type Description	A description of the transfusion type.	
ACTS_INTK_TRF	TRF_TYPE_CD	VARCHAR2 (2)	N	Transfusion Type Code	A value assigned to a transfusion related fatality category .	
ACTS_INTK_TRF	UPDT_TS	DATE (7)	N	Update Timestamp	Update Timestamp	
ACTS_INTK_VW	ACK_DT	DATE (8)	N	Intake Acknowledged Date	Date of written or telephone acknowledgment of the complainant's allegation against the provider	
ACTS_INTK_VW	AGNCY_RFRL_CNT	NUMBER (4.0)	N	Agency Referral Count	Total number of agencies to which an intake has been referred.	
ACTS_INTK_VW	CBER_ID	VARCHAR2 (6)	N	CBER ID	Identifier assigned by Federal Drug Administration Center for Biologics Evaluation	
ACTS_INTK_VW	CIS_ID	VARCHAR2 (10)	N	CIS ID	Optional field where a Centers for Medicare and Medicaid Services Correspondence Inquiry	
ACTS_INTK_VW	CMPLNNT_CNT	NUMBER (4.0)	N	Complainant Count	Total number of complainants entered on an intake.	
ACTS_INTK_VW	DEMD_SW	VARCHAR2 (1)	N	Deemed Indicator	Indicates if the provider was deemed at the time of the intake.	
ACTS_INTK_VW	EMTALA_SW	VARCHAR2 (1)	N	EMTALA Indicator	Indicates if an intake includes an allegation of an Emergency Medical Treatment and Labor Act	
ACTS_INTK_VW	EVNT_DT	DATE (8)	N	Event Date	Date an alleged event occurred or was identified.	
ACTS_INTK_VW	EVNT_SHIFT_TXT	VARCHAR2 (25)	N	Event Shift Text	Work shift during which an alleged event occurred or was identified.	
ACTS_INTK_VW	EVNT_TIME	VARCHAR2 (8)	N	Event Time	Time an alleged event occurred or was identified.	
ACTS_INTK_VW	EVNT_TIME_CD	VARCHAR2 (1)	N	Event Time Code	Specifies AM or PM for the specific time an alleged event occurred or was identified.	CSP_STGRD_SRVY_TIME_CD
ACTS_INTK_VW	EVNT_TIME_DESC	VARCHAR2 (2)	N	Event Time Description	Specifies AM or PM for the specific time an alleged event occurred or was identified.	CSP_STGRD_SRVY_TIME_CD
ACTS_INTK_VW	EXTNRL_CNTL_NUM	VARCHAR2 (12)	N	External Control Number	Optional identifier entered by the State Agency, generally used to record a referring agency's	
ACTS_INTK_VW	FED_REGLTN_SET_SW	VARCHAR2 (1)	N	Federal Regulation Set Indicator	Indicates if a federal regulation set has been selected for the associated investigation.	
ACTS_INTK_VW	FINL_ACTN_DT	DATE (8)	N	Final Action Sign-Off Date	Date all activity related to the complaint or incident was concluded.	



## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
ACTS_INTK_VW	FINL_SW	VARCHAR2 (1)	N	Intake Finalized Indicator	Indicates if the intake has been finalized.	
ACTS_INTK_VW	FWRDD_CMS_DT	DATE (8)	N	Forwarded to RO/MSA Date	Date the intake was forwarded to the Regional Office or Medicaid State Agency.	
ACTS_INTK_VW	FWRDD_CO_DT	DATE (8)	N	Forwarded to CMS CO Date	Date an intake was forwarded to Centers for Medicare and Medicaid Services Central Office.	
ACTS_INTK_VW	FWRDD_CO_SW	VARCHAR2 (1)	N	Forwarded to CMS CO Indicator	Indicates if the intake has been forwarded to Centers for Medicare and Medicaid Services	
ACTS_INTK_VW	FWRDD_RO_SW	VARCHAR2 (1)	N	Forwarded to RO/MSA Indicator	Indicates if the intake has been forwarded to the Regional Office or Medicaid State Agency.	
ACTS_INTK_VW	INTK_ADD_DT	DATE (8)	N	Intake Add Date	Date the intake record was created in ACTS.	
ACTS_INTK_VW	INTK_CLOSED_CD	VARCHAR2 (2)	N	Reason Closed Code	Indicates the reason an intake has been closed. If multiple reasons were selected in ACTS, the	ACTS_INTK_CLOSED_CD
ACTS_INTK_VW	INTK_CLOSED_DESC	VARCHAR2 (43)	N	Reason Closed Description	Indicates the reason an intake has been closed. If multiple reasons were selected in ACTS, the	ACTS_INTK_CLOSED_CD
ACTS_INTK_VW	INTK_CLOSED_DT	DATE (8)	N	Intake Closed Date	Date the intake is closed.	
ACTS_INTK_VW	INTK_ID	VARCHAR2 (10)	N	Intake ID	Unique identification number generated by ACTS and assigned to an intake.	
ACTS_INTK_VW	INTK_PRRTY_1_CD	VARCHAR2 (1)	N	Intake Priority 1 Code	First priority for the intake.	ACTS_INTK_PRRTY_CD
ACTS_INTK_VW	INTK_PRRTY_1_DESC	VARCHAR2 (60)	N	Intake Priority 1 Description	First priority for the intake.	ACTS_INTK_PRRTY_CD
ACTS_INTK_VW	INTK_PRRTY_2_CD	VARCHAR2 (1)	N	Intake Priority 2 Code	Second priority for the intake.	ACTS_INTK_PRRTY_CD
ACTS_INTK_VW	INTK_PRRTY_2_DESC	VARCHAR2 (60)	N	Intake Priority 2 Description	Second priority for the intake.	ACTS_INTK_PRRTY_CD
ACTS_INTK_VW	INTK_PRRTY_3_CD	VARCHAR2 (1)	N	Intake Priority 3 Code	Third priority for the intake.	ACTS_INTK_PRRTY_CD
ACTS_INTK_VW	INTK_PRRTY_3_DESC	VARCHAR2 (60)	N	Intake Priority 3 Description	Third priority for the intake.	ACTS_INTK_PRRTY_CD
ACTS_INTK_VW	INTK_PRRTY_4_DESC	VARCHAR2 (60)	N	Intake Priority 4 Description- Obsolete	This field has been deleted.	ACTS_INTK_PRRTY_CD
ACTS_INTK_VW	INTK_PRRTY_5_DESC	VARCHAR2 (60)	N	Intake Priority 5 Description- Obsolete	This field has been deleted.	ACTS_INTK_PRRTY_CD

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
ACTS_INTK_VW	INTK_STUS_CD	VARCHAR2 (1)	N	Intake Status Code	Indicates the stage of progress for the intake.	ACTS_INTK_STUS_CD
ACTS_INTK_VW	INTK_STUS_DESC	VARCHAR2 (39)	N	Intake Status Description	Indicates the stage of progress for the intake.	ACTS_INTK_STUS_CD
ACTS_INTK_VW	INTK_SUBTYP_CD	VARCHAR2 (1)	N	Intake Subtype Code	Indicates the specific type of complaint or incident.	ACTS_INTK_SUBTYP_CD
ACTS_INTK_VW	INTK_SUBTYP_DESC	VARCHAR2 (60)	N	Intake Subtype Description	Indicates the specific type of complaint or incident.	ACTS_INTK_SUBTYP_CD
ACTS_INTK_VW	INTK_TYPE_CD	VARCHAR2 (2)	N	Intake Type Code	Indicates whether the intake was generated from an entity reported incident or from a complaint.	ACTS_INTK_TYPE_CD
ACTS_INTK_VW	INTK_TYPE_DESC	VARCHAR2 (34)	N	Intake Type Description	Indicates whether the intake was generated from an entity reported incident or from a complaint.	ACTS_INTK_TYPE_CD
ACTS_INTK_VW	INTK_USER_CD	VARCHAR2 (1)	N	Intake Staff Code	Indicates the association (State Agency or CMS Regional Office or CMS Central Office) of the	ACTS_INTK_USER_CD
ACTS_INTK_VW	INTK_USER_DESC	VARCHAR2 (25)	N	Intake Staff Description	Indicates the association (State Agency or CMS Regional Office or CMS Central Office) of the	ACTS_INTK_USER_CD
ACTS_INTK_VW	INVSTGTN_CMPLT_DT	DATE (8)	N	Investigation Completed Date	Date the provider is notified of the results of the investigation.	
ACTS_INTK_VW	INVSTGTN_CMPLT_DT_1ST_CHG_DT	DATE (8)	N	Investigation Completed Date 1st Changed Date	Date the Investigation Completed Date was first changed.	
ACTS_INTK_VW	INVSTGTN_CMPLT_DT_LAST_CHG_DT	DATE (8)	N	Investigation Completed Date Last Changed Date	Date the Investigation Completed Date was last changed.	
ACTS_INTK_VW	INVSTGTN_DAY_NUM	NUMBER (4,0)	N	Investigate Within Days Number	Number of days within which the intake must be investigated.	
ACTS_INTK_VW	INVSTGTN_DUE_DT	DATE (8)	N	Investigation Due By Date	Date by which the investigation of the intake must be completed.	
ACTS_INTK_VW	INVSTGTN_ID	VARCHAR2 (6)	N	Investigation ID	Event ID of the investigation survey to which this intake is assigned. One or more intakes can	
ACTS_INTK_VW	LAB_CLSFCTN_CD	VARCHAR2 (2)	N	CLIA Laboratory Classification Code	Determines if the laboratory is non-exempt, exempt or Veterans Administration.	CSP_LAB_CLSFCTN_CD
ACTS_INTK_VW	LAB_CLSFCTN_DESC	VARCHAR2 (32)	N	CLIA Laboratory Classification Description	Determines if the laboratory is non-exempt, exempt or Veterans Administration.	CSP_LAB_CLSFCTN_CD
ACTS_INTK_VW	LAB_CRTFCT_CD	VARCHAR2 (2)	N	CLIA Certificate Type at Time of Alleged Event Code	CLIA certificate held at the time of the alleged event. Enables the Regional Office Approval	ACTS_LAB_CRTFCT_CD
ACTS_INTK_VW	LAB_CRTFCT_DESC	VARCHAR2 (39)	N	CLIA Certificate Type at Time of Alleged Event Description	CLIA certificate held at the time of the alleged event. Enables the Regional Office Approval	ACTS_LAB_CRTFCT_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
ACTS_INTK_VW	LAB_RO_APLCTN_TYPE_CD	VARCHAR2 (2)	N	CLIA Certificate Type on RO Approval Code	CLIA certificate type on the RO approval tab, based on CLIA Certificate Type at Time of	ACTS_LAB_RO_APLCTN_TYPE_CD
ACTS_INTK_VW	LINK_1ST_CHG_DT	DATE (8)	N	Investigation First Linked Date	Date an investigation was first linked to this intake.	
ACTS_INTK_VW	LINK_LAST_CHG_DT	DATE (8)	N	Investigation Link Last Changed Date	Date an investigation link was last changed for this intake.	
ACTS_INTK_VW	MD_CD	VARCHAR2 (1)	N	Intake Receipt Method Code	Identifies the method by which the intake was received.	ACTS_MD_CD
ACTS_INTK_VW	MD_DESC	VARCHAR2 (19)	N	Intake Receipt Method Description	Identifies the method by which the intake was received.	ACTS_MD_CD
ACTS_INTK_VW	ODIE_UPLD_SW	VARCHAR2 (1)	N	Investigation Survey Upload Indicator	Indicates if the investigation survey data related to this intake has been uploaded to the national	
ACTS_INTK_VW	ONST_SRVY_SW	VARCHAR2 (1)	N	Onsite Investigation Indicator	Indicates if an onsite investigation has been scheduled or completed.	
ACTS_INTK_VW	ONST_STRT_ONST_EXIT_DAY_CNT	NUMBER (7.0)	N	Day Count: Onsite Start to Onsite Exit	Number of working days from onsite investigation start date to onsite investigation	
ACTS_INTK_VW	OVRAL_ALGTN_SBSTNTD_CD	VARCHAR2 (1)	N	Overall Findings Code	Indicates the overall allegation findings for the intake taking into account all allegations and	ACTS_OVRAL_ALGTN_SBSTNTD_CD
ACTS_INTK_VW	OVRAL_ALGTN_SBSTNTD_DESC	VARCHAR2 (34)	N	Overall Findings Description	Indicates the overall allegation findings for the intake taking into account all allegations and	ACTS_OVRAL_ALGTN_SBSTNTD_CD
ACTS_INTK_VW	PAST_NON_CMPLNC_SW	VARCHAR2 (1)	N	Past Noncompliance Indicator	Indicates if any tag associated with this intake was cited as past noncompliance.	
ACTS_INTK_VW	PRMRY_CMPLNNT_ANNYMS_SW	VARCHAR2 (1)	N	Primary Complainant Anonymous Indicator	Indicates if the primary complainant is anonymous.	
ACTS_INTK_VW	PRRTY_1ST_CHG_DT	DATE (8)	N	Intake Priority First Entered Date	Date the intake priority was first entered for this intake.	
ACTS_INTK_VW	PRRTY_LAST_CHG_DT	DATE (8)	N	Intake Priority Last Changed Date	Date the intake priority was last changed for this intake.	
ACTS_INTK_VW	PRVDR_INTRNL_NUM	NUMBER (10.0)	N	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
ACTS_INTK_VW	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the CMS	CSP_PRVDR_CMN
ACTS_INTK_VW	RCVD_END_DT	DATE (8)	N	Received End Date	Date the user was supplied with information sufficient to prioritize the intake.	
ACTS_INTK_VW	RCVD_END_DT_1ST_CHG_DT	DATE (8)	N	Received End Date First Entered Date	Date the received end date was first entered for this intake.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
ACTS_INTK_VW	RCVD_END_DT_LAST_CHG_DT	DATE (8)	N	Received End Date Last Changed Date	Date the received end date was last changed for this intake.	
ACTS_INTK_VW	RCVD_END_ONST_EXIT_DAY_CNT	NUMBER (7.0)	N	Day Count: Received End to Onsite Exit	Number of working days from received end date to onsite investigation exit date.	
ACTS_INTK_VW	RCVD_END_ONST_START_DAY_CNT	NUMBER (7.0)	N	Day Count: Received End to Onsite Start	Number of working days from received end date to onsite investigation start date.	
ACTS_INTK_VW	RCVD_END_TIME	VARCHAR2 (8)	N	Received End Time	Time of day the user was supplied with information sufficient to prioritize the intake.	
ACTS_INTK_VW	RCVD_START_CLOSED_DAY_CNT	NUMBER (7.0)	N	Day Count: Received Start to Intake Closed	Number of working days from received start date to intake closed date.	
ACTS_INTK_VW	RCVD_START_DT	DATE (8)	N	Received Start Date	Date the State Agency or Regional Office first received the complaint/incident.	
ACTS_INTK_VW	RCVD_START_ONST_EXIT_DAY_CNT	NUMBER (7.0)	N	Day Count: Received Start to Onsite Exit	Number of working days from received start date to onsite investigation exit date.	
ACTS_INTK_VW	RCVD_START_ONST_START_DAY_CNT	NUMBER (7.0)	N	Day Count: Received Start to Onsite Start	Number of working days from received start date to onsite investigation start date.	
ACTS_INTK_VW	RCVD_START_RCVD_END_DAY_CNT	NUMBER (7.0)	N	Day Count: Received Start to Received End	Number of working days from received start date to received end date.	
ACTS_INTK_VW	RCVD_START_TIME	VARCHAR2 (8)	N	Received Start Time	Time of day the State Agency or Regional Office first received the complaint/incident.	
ACTS_INTK_VW	RFRL_AO_SW	VARCHAR2 (1)	N	Referred to AO Indicator	Indicates if a complaint against a deemed provider or accredited lab has been referred to	
ACTS_INTK_VW	RO_APRVL_DT	DATE (8)	N	EMTALA Request for RO Approval Date	Date of the State Agency request for Regional Office approval for an Emergency Medical	
ACTS_INTK_VW	RO_DEMD_RQST_DT	DATE (8)	N	Deemed Request for RO Approval Date	Date of the State Agency request for Regional Office approval for an investigation survey of	
ACTS_INTK_VW	RO_DEMD_RQST_RSPNS_DAYS_CNT	NUMBER (4.0)	N	Day Count: RO Deemed Request to RO Deemed Response	Number of working days from RO deemed request date to RO deemed response date.	
ACTS_INTK_VW	RO_DEMD_RSPNS_CD	VARCHAR2 (2)	N	Deemed Response from RO Code	Indicates the decision by the Regional Office regarding the State Agency's request to perform	ACTS_RSPNS_CD
ACTS_INTK_VW	RO_DEMD_RSPNS_DESC	VARCHAR2 (21)	N	Deemed Response from RO Description	Indicates the decision by the Regional Office regarding the State Agency's request to perform	ACTS_RSPNS_CD
ACTS_INTK_VW	RO_DEMD_RSPNS_DT	DATE (8)	N	Deemed Response from RO Date	Date of the decision by the Regional Office regarding the State Agency's request to perform	
ACTS_INTK_VW	RO_DTRMNTN_DRS_CD	VARCHAR2 (2)	N	RO Determination DRS Code	Identifies the Regional Office decision to conduct a survey on a Death Restraint Seclusion	ACTS_RO_RSPNS_CD

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
ACTS_INTK_VW	RO_DTRMNTN_DRS_DESC	VARCHAR2 (56)	N	RO Determination DRS Description	Identifies the Regional Office decision to conduct a survey on a Death Restraint Seclusion	ACTS_RO_RSPNS_CD
ACTS_INTK_VW	RO_DTRMNTN_DRS_DT	DATE (8)	N	RO Determination DRS Date	Date the Regional Office granted approval to conduct a survey on a Death Restraint Seclusion	
ACTS_INTK_VW	RO_EMETALA_RSPNS_CD	VARCHAR2 (2)	N	EMTALA Response from RO Code	Indicates the decision by the Regional Office regarding the State Agency's request to perform	ACTS_RSPNS_CD
ACTS_INTK_VW	RO_EMETALA_RSPNS_DESC	VARCHAR2 (21)	N	EMTALA Response from RO Description	Indicates the decision by the Regional Office regarding the State Agency's request to perform	ACTS_RSPNS_CD
ACTS_INTK_VW	RO_EMETALA_RSPNS_DT	DATE (8)	N	EMTALA Response from RO Date	Date of the decision by the Regional Office regarding the State Agency's request to perform	
ACTS_INTK_VW	RQST_RO_DEMD_APRVL_1ST_CHG_DT	DATE (8)	N	Deemed Request for RO Approval First Entered Date	Date the State Agency first requested Regional Office approval to perform an investigation	
ACTS_INTK_VW	RQST_RO_DEMD_APRVL_LAST_CHG_DT	DATE (8)	N	Deemed Request for RO Approval Last Changed Date	Date the State Agency last changed the request for Regional Office approval to perform an	
ACTS_INTK_VW	RQST_RO_DEMD_APRVL_SW	VARCHAR2 (1)	N	Deemed Request for RO Approval Indicator	Indicates if the State Agency has requested Regional Office approval to perform an	
ACTS_INTK_VW	RQST_RO_EMETALA_APRVL_SW	VARCHAR2 (1)	N	EMTALA Request for RO Approval Indicator	Indicates if the State Agency has requested Regional Office approval to perform an	
ACTS_INTK_VW	RQST_RO_EMETALA_APV_1ST_CHG_DT	DATE (8)	N	EMTALA Request for RO Approval First Entered Date	Date the State Agency first requested Regional Office approval to perform an Emergency	
ACTS_INTK_VW	RQST_RO_EMETALA_APV_LAST_CHG_DT	DATE (8)	N	EMTALA Request for RO Approval Last Changed Date	Date the State Agency last changed the request for Regional Office approval to perform an	
ACTS_INTK_VW	RSPNSBL_PRTY_ASGND_DT	DATE (8)	N	Responsible Party Assigned Date	Date the intake is first assigned to a responsible party.	
ACTS_INTK_VW	RSTRNT_SCLSN_ALGTN_SW	VARCHAR2 (1)	N	Restraint or Seclusion Allegation Indicator	Indicates if the complaint/incident entered is regarding a death by restraint or seclusion.	
ACTS_INTK_VW	SA_CMPLTD_DT	DATE (8)	N	SA Completed Date	Date the state agency completed their parts necessary for finalization.	
ACTS_INTK_VW	SRC_1_CD	VARCHAR2 (2)	N	Intake Source 1 Code	Identifies one of the entities that reported the complaint/incident. Up to three sources allowed	ACTS_ALGTN_SRC_CD
ACTS_INTK_VW	SRC_1_DESC	VARCHAR2 (42)	N	Intake Source 1 Description	Identifies one of the entities that reported the complaint/incident. Up to three sources allowed	ACTS_ALGTN_SRC_CD
ACTS_INTK_VW	SRC_2_CD	VARCHAR2 (2)	N	Intake Source 2 Code	Identifies one of the entities that reported the complaint/incident. Up to three sources allowed	ACTS_ALGTN_SRC_CD
ACTS_INTK_VW	SRC_2_DESC	VARCHAR2 (42)	N	Intake Source 2 Description	Identifies one of the entities that reported the complaint/incident. Up to three sources allowed	ACTS_ALGTN_SRC_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
ACTS_INTK_VW	SRC_3_CD	VARCHAR2 (2)	N	Intake Source 3 Code	Identifies one of the entities that reported the complaint/incident. Up to three sources allowed	ACTS_ALGTN_SRC_CD
ACTS_INTK_VW	SRC_3_DESC	VARCHAR2 (42)	N	Intake Source 3 Description	Identifies one of the entities that reported the complaint/incident. Up to three sources allowed	ACTS_ALGTN_SRC_CD
ACTS_INTK_VW	SRC_STATE_CD	VARCHAR2 (2)	N	Source State Code	Two-position state code indicating where the state server is physically located, may not be the	CSP_STATE_CD
ACTS_INTK_VW	SRC_STATE_DESC	VARCHAR2 (30)	N	Source State Description	Two-position state code indicating where the state server is physically located, may not be the	CSP_STATE_CD
ACTS_INTK_VW	SRVY_EXIT_DT	DATE (8)	N	Survey Exit Date	Date the investigation survey ended.	
ACTS_INTK_VW	SRVY_STRT_DT	DATE (8)	N	Survey Start Date	Date the investigation survey started.	
ACTS_INTK_VW	STATE_CMPLNT_ID	VARCHAR2 (16)	N	State Complaint ID	Optional state-defined tracking number assigned to the complaint/incident.	
ACTS_INTK_VW	STD_F_RSPNS_DESC	VARCHAR2 (56)	N	RO Determination Description	Identifies the Regional Office decision to conduct a survey on a Death Restraint Seclusion	ACTS_RO_RSPNS_CD
ACTS_INVSTGTN	CMPLNC_DT	DATE (8)	N	Compliance Date	Date the provider is found to be in compliance.	
ACTS_INVSTGTN	CMPLNT_SENT_SW	VARCHAR2 (1)	N	Investigation Survey Uploaded Indicator	Indicates whether the investigation survey has been uploaded to the national database.	
ACTS_INVSTGTN	DLT_SW	VARCHAR2 (1)	N	Investigation Survey Deleted Indicator	Indicates if the Regional Office deleted an investigation survey that had previously been	
ACTS_INVSTGTN	ENFRMNT_CASE_SW	VARCHAR2 (1)	N	Enforcement Case Indicator	Indicates whether the provider was already on an Enforcement track, or whether Enforcement	
ACTS_INVSTGTN	EXIT_DT	DATE (8)	N	Exit Date	Date the survey visit ended.	
ACTS_INVSTGTN	FINL_SGND_DT	DATE (8)	N	Final Action Sign-Off Date	Date all activity related to the complaint or incident was concluded.	
ACTS_INVSTGTN	FOSS_SW	VARCHAR2 (1)	N	FOSS Indicator	Indicates if the investigation survey is subject to the Federal Oversight and Support Survey	
ACTS_INVSTGTN	FRWD_RO_DT	DATE (8)	N	Forwarded to RO/MSA Date	Date the investigation was sent to the Regional Office or Medicaid State Agency for review.	
ACTS_INVSTGTN	FRWD_RO_SW	VARCHAR2 (1)	N	Forwarded to RO/MSA Indicator	indicates whether an investigation was sent to the Regional Office or Medicaid State Agency	
ACTS_INVSTGTN	FWRDD_CO_DT	DATE (8)	N	Forwarded to CO Date	Date the investigation was sent to the Central Office for review.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
ACTS_INVSTGTN	FWRDD_CO_SW	VARCHAR2 (1)	N	Forwarded to CO Indicator	indicates whether an investigation was sent to the Central Office for review.	
ACTS_INVSTGTN	INVSTGTN_CREAT_DT	DATE (8)	N	Investigation Create Date	Date the investigation survey was created.	
ACTS_INVSTGTN	INVSTGTN_ID	VARCHAR2 (6)	Y	Investigation ID	Survey Event ID of the investigation. One or more intakes can be assigned to an Investigation	
ACTS_INVSTGTN	INVSTGT_BY_CD	VARCHAR2 (1)	N	Investigated By Code	Indicates which entity conducted the investigation.	ACTS_INVSTGT_BY_CD
ACTS_INVSTGTN	INVSTGT_BY_DESC	VARCHAR2 (29)	N	Investigated By Description	Indicates which entity conducted the investigation.	ACTS_INVSTGT_BY_CD
ACTS_INVSTGTN	KIT_ACPTD_SW	VARCHAR2 (1)	N	Investigation Survey Successful Upload Indicator	Indicates if the investigation survey has had at least one successful upload transaction to the	
ACTS_INVSTGTN	POC_DUE_DT	DATE (8)	N	POC Due Date	Date the provider's Plan Of Correction is due.	
ACTS_INVSTGTN	PRNT_INVSTGTN_ID	VARCHAR2 (6)	N	Parent Investigation ID	Unique identifier of the Investigation ID of the original or parent investigation survey, for	
ACTS_INVSTGTN	PRTY_NOTIFY_1_CD	VARCHAR2 (2)	N	Party Notify 1 Code	Indicates the first party notified of the results of the investigation.	ACTS_PRTY_NOTIFY_CD
ACTS_INVSTGTN	PRTY_NOTIFY_1_DESC	VARCHAR2 (24)	N	Party Notify 1 Description	Indicates the first party notified of the results of the investigation.	ACTS_PRTY_NOTIFY_CD
ACTS_INVSTGTN	PRTY_NOTIFY_1_DT	DATE (8)	N	Party Notify 1 Date	Date the first party was notified of the results of the investigation.	
ACTS_INVSTGTN	PRTY_NOTIFY_2_CD	VARCHAR2 (2)	N	Party Notify 2 Code	Indicates the second party notified of the results of the investigation.	ACTS_PRTY_NOTIFY_CD
ACTS_INVSTGTN	PRTY_NOTIFY_2_DESC	VARCHAR2 (24)	N	Party Notify 2 Description	Indicates the second party notified of the results of the investigation.	ACTS_PRTY_NOTIFY_CD
ACTS_INVSTGTN	PRTY_NOTIFY_2_DT	DATE (8)	N	Party Notify 2 Date	Date the second party was notified of the results of the investigation.	
ACTS_INVSTGTN	PRTY_NOTIFY_3_CD	VARCHAR2 (2)	N	Party Notify 3 Code	Indicates the third party notified of the results of the investigation.	ACTS_PRTY_NOTIFY_CD
ACTS_INVSTGTN	PRTY_NOTIFY_3_DESC	VARCHAR2 (24)	N	Party Notify 3 Description	Indicates the third party notified of the results of the investigation.	ACTS_PRTY_NOTIFY_CD
ACTS_INVSTGTN	PRTY_NOTIFY_3_DT	DATE (8)	N	Party Notify 3 Date	Date the third party was notified of the results of the investigation.	
ACTS_INVSTGTN	PRVDR_INTRNL_NUM	NUMBER (10.0)	N	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
ACTS_INVSTGTN	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the CMS	CSP_PRVDR_CMN
ACTS_INVSTGTN	RCVD_RO_DT	DATE (8)	N	RO Receipt Date	Date the Regional Office first opens the intake after the Forwarded to RO/MSA Date is entered	
ACTS_INVSTGTN	RO_RCVD_INVSTGTN_PCKT_DT	DATE (8)	N	RO Received Investigation Packet Date	Date the Regional Office received the investigation packet.	
ACTS_INVSTGTN	SA_CMPLTD_DT	DATE (8)	N	SA Completed Date	Date the state agency completed their parts necessary for finalization.	
ACTS_INVSTGTN	SRC_STATE_CD	VARCHAR2 (2)	Y	Source State Code	Two-position state code indicating where the state server is physically located, may not be the	CSP_STATE_CD
ACTS_INVSTGTN	SRC_STATE_DESC	VARCHAR2 (30)	N	Source State Description	Two-position state code indicating where the state server is physically located, may not be the	CSP_STATE_CD
ACTS_INVSTGTN	TOT_BLDG_CNT	NUMBER (2.0)	N	Number of Buildings Count	Total number of buildings for a hospital at the time of the Life Safety Code investigation	
ACTS_INVSTGTN	TRMNTN_RQRD_SW	VARCHAR2 (1)	N	COP with IJ indicator	Indicates if there was an immediate jeopardy citation recorded for this investigation.	
ACTS_PROPD_ACTN	FED_STATE_CD	VARCHAR2 (1)	N	Federal State Code	Indicates that the proposed action is Federal.	CSP_FED_STATE_CD
ACTS_PROPD_ACTN	FED_STATE_DESC	VARCHAR2 (7)	N	Federal State Description	Displays whether a Proposed Action is for a Federal or a State Deficiency.	CSP_FED_STATE_CD
ACTS_PROPD_ACTN	IMPS_DT	DATE (8)	N	Imposed Action Letter Date	Date of the letter sent by the Regional Office officially informing the provider of the	
ACTS_PROPD_ACTN	INCLD_562_SW	VARCHAR2 (1)	N	Included on 562 Indicator-Obsolete	This field has been deleted.	
ACTS_PROPD_ACTN	INVSTGTN_ID	VARCHAR2 (6)	Y	Investigation ID	Survey Event ID of the investigation. One or more intakes can be assigned to an Investigation	
ACTS_PROPD_ACTN	PROPD_ACTN_DT	DATE (8)	N	Proposed Action Notice Date	Date the notice of proposed action or compliance was sent to the provider.	
ACTS_PROPD_ACTN	PROPD_ACTN_ID	NUMBER (10.0)	Y	Proposed Action ID	Unique identifier, by state, assigned by the ASPEN system for each proposed action. To	
ACTS_PROPD_ACTN	PROPD_ACTN_TYPE_CD	VARCHAR2 (2)	N	Proposed Action Code	Indicates the proposed action(s) per investigation survey.	ACTS_PROPD_ACTN_TYPE_CD
ACTS_PROPD_ACTN	PROPD_ACTN_TYPE_DESC	VARCHAR2 (57)	N	Proposed Action Description	Indicates the proposed action(s) per investigation survey.	ACTS_PROPD_ACTN_TYPE_CD
ACTS_PROPD_ACTN	PRVDR_CTGRY_CD	VARCHAR2 (2)	N	Provider Category Code	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD



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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
ACTS_PROPD_ACTN	PRVDR_CTGRY_DESC	VARCHAR2 (70)	N	Provider Category Description	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
ACTS_PROPD_ACTN	SRC_STATE_CD	VARCHAR2 (2)	Y	Source State Code	Two-position state code indicating where the state server is physically located, may not be the	CSP_STATE_CD
ACTS_PROPD_ACTN	SRC_STATE_DESC	VARCHAR2 (30)	N	Source State Description	Two-position state code indicating where the state server is physically located, may not be the	CSP_STATE_CD
AEM_BASIS	BASIS_CD	VARCHAR2 (2)	N	Basis for Adverse Action Code	Indicates the reason for or finding that causes an enforcement action.	AEM_BASIS_CD
AEM_BASIS	BASIS_DESC	VARCHAR2 (83)	N	Basis for Adverse Action Description	Indicates the reason for or finding that causes an enforcement action.	AEM_BASIS_CD
AEM_BASIS	BASIS_INTRNL_ID	NUMBER (10.0)	Y	Basis Internal ID	Unique internal identifier for the basis record.	
AEM_BASIS	ENFRGMT_INTRNL_ID	VARCHAR2 (6)	Y	AEM Case ID	System generated number that uniquely identifies an Enforcement Case. Generated by	
AEM_BASIS	EVNT_ID	VARCHAR2 (6)	N	ASPEN Event ID	Unique identifier, by state, assigned by the ASPEN system for each survey visit. To make	
AEM_CASE	BLT_FROM_HSTRY_SW	VARCHAR2 (1)	N	OSCAR Enforcement System Indicator	Indicates if this enforcement case was originally entered in the OSCAR enforcement system. All	
AEM_CASE	CASE_CMPLNC_DUE_DT	DATE (8)	N	Correction Due Date for Opportunity to Correct	Date the correction(s) are due for an opportunity to correct case. Date by which the SA will	
AEM_CASE	CASE_CREATD_DT	DATE (8)	N	Enforcement Case Created Date	Date the enforcement case was created.	
AEM_CASE	CASE_STUS_CD	VARCHAR2 (2)	N	Case Status Code	Indicates the status of the enforcement case.	AEM_CASE_STUS_CD
AEM_CASE	CASE_STUS_DESC	VARCHAR2 (27)	N	Case Status Description	Indicates the status of the enforcement case.	AEM_CASE_STUS_CD
AEM_CASE	CHAIN_ID	VARCHAR2 (2)	N	Chain ID	Identifies the chain with which a provider is associated.	AEM_CHAIN
AEM_CASE	CHAIN_ID_DESC	VARCHAR2 (28)	N	Chain ID Description	Identifies the chain with which a provider is associated.	AEM_CHAIN
AEM_CASE	CMPLNT_VISIT_SW	VARCHAR2 (1)	N	Complaint Survey Indicator	Indicates if the enforcement case includes at least one complaint visit.	
AEM_CASE	CMP_CASE_NUM	VARCHAR2 (15)	N	CMPTS Case Number	Unique identifier from Civil Money Penalty Tracking System(CMPTS). CMPTS Case	
AEM_CASE	CMP_DOJ_RSPNS_DUE_DT	DATE (8)	N	DOJ Response Due Date	Date by which the Department of Justice response should be received by Centers for	

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
AEM_CASE	CMP_DOJ_RSPNS_RCVD_DT	DATE (8)	N	DOJ Response Received Date	Date Centers for Medicare and Medicaid Services received a response from the	
AEM_CASE	CMP_EFCT_AMT	NUMBER (9.2)	N	CMP In Effect Amount	Total amount of all Federal Civil Money Penalties on the enforcement case that are in	
AEM_CASE	CMP_EFCT_APL_AMT	NUMBER (9.2)	N	CMP In Effect or Under Appeal Amount	Total amount of all Federal Civil Money Penalties on the enforcement case that are in	
AEM_CASE	CMP_FED_RCVD_AMT	NUMBER (9.2)	N	CMP Payments Received Amount	Total of all Federal Civil Money Penalty payments received on the enforcement case.	
AEM_CASE	CMP_FINCL_COND_ASMT_C MPLT_DT	DATE (8)	N	CMP Financial Condition Assessment Complete Date	Date a Financial Condition Assessment of the provider was completed.	
AEM_CASE	CMP_IMPSTN_NTC_DT	DATE (8)	N	CMP Imposition First Notice Date	Date of the first written notice of an imposition of a Civil Money Penalty by the Regional Office	
AEM_CASE	CMP_MDCD_RSDNT_AMT	NUMBER (9.2)	N	CMP Medicaid Amount	Total Civil Money Penalty Medicaid amount. Calculated by the system based on the Civil	
AEM_CASE	CMP_MDCD_RSDNT_CNT	NUMBER (4.0)	N	CMP Medicaid Resident Count	Number of Medicaid residents in the facility at the cycle start date.	
AEM_CASE	CMP_MDCD_RSDNT_PCT	NUMBER (3.0)	N	CMP Medicaid Percentage	Percentage of the total Civil Money Penalty allocated to Medicaid. For Nursing Homes,	
AEM_CASE	CMP_MDCR_RSDNT_AMT	NUMBER (9.2)	N	CMP Medicare Amount	Total Civil Money Penalty Medicare amount. Calculated by the system based on the CMP	
AEM_CASE	CMP_MDCR_RSDNT_CNT	NUMBER (4.0)	N	CMP Medicare Resident Count	Number of Medicare residents in the facility at the cycle start date.	
AEM_CASE	CMP_MDCR_RSDNT_PCT	NUMBER (3.0)	N	CMP Medicare Percentage	Percentage of the total Civil Money Penalty allocated to Medicare. For Nursing Homes,	
AEM_CASE	CMP_RFR_DOJ_DT	DATE (8)	N	CMP Referred to DOJ Date	Date the Civil Money Penalty is referred to the Department of Justice by Centers for Medicare	
AEM_CASE	CRTFCTN_VISIT_SW	VARCHAR2 (1)	N	Case Certification Visit Indicator	Indicates if the enforcement case includes at least one certification visit.	
AEM_CASE	DAYS_45_DT	DATE (8)	N	Day 45 Date	Date 45 days after the enforcement date.	
AEM_CASE	DAY_23_DT	DATE (8)	N	Day 23 Date	Date 23 calendar days after the exit date of the survey during which the earliest active	
AEM_CASE	DBL_G_IND_SW	VARCHAR2 (1)	N	Double G Indicator	Indicates if the provider's deficiency history lead to a Double G determination for this	
AEM_CASE	DNL_DT	DATE (8)	N	Denial Date	Date of denial of a certificate or the addition of (sub)specialty.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
AEM_CASE	DRCTR_1ST_NAME	VARCHAR2 (20)	N	Lab Director First Name	Lab Director First Name at the time of the enforcement case.	
AEM_CASE	DRCTR_LAST_NAME	VARCHAR2 (20)	N	Lab Director Last Name	Lab Director Last Name at the time of the enforcement case.	
AEM_CASE	DRCTR_MDL_INITL_NAME	VARCHAR2 (1)	N	Lab Director Middle Initial	Lab Director Middle Initial at the time of the enforcement case.	
AEM_CASE	EARLY_INTRVTN_SW	VARCHAR2 (1)	N	Case Type Indicator: Early Intervention	Indicates if the beginning type of an enforcement case is early intervention. Applies	
AEM_CASE	ENFRGMT_CASE_CLS_DT	DATE (8)	N	Case Closed Date	Date the enforcement case was closed.	
AEM_CASE	ENFRGMT_CYC_STRT_DT	DATE (8)	N	Enforcement Cycle Start Date	Date the enforcement case started.	
AEM_CASE	ENFRGMT_DT	DATE (8)	N	Enforcement Date	Date of earliest contact with the laboratory that results in an enforcement action record.	
AEM_CASE	ENFRGMT_INTRNL_ID	VARCHAR2 (6)	Y	AEM Case ID	System generated number that uniquely identifies an Enforcement Case. Generated by	
AEM_CASE	ENFRGMT_PBLC_NTC_APR1_DT	DATE (8)	N	Public Notice Date: First	Date of the first public notice of provider termination.	
AEM_CASE	ENFRGMT_PBLC_NTC_APR2_DT	DATE (8)	N	Public Notice Date: Second	Date of the second public notice of provider termination.	
AEM_CASE	ENFRGMT_RQST_PBLC_NTC_1_DT	DATE (8)	N	Public Notice Request Date: First	Date the first public notice of provider termination was requested.	
AEM_CASE	ENFRGMT_RQST_PBLC_NTC_2_DT	DATE (8)	N	Public Notice Request Date: Second	Date the second public notice of provider termination was requested.	
AEM_CASE	ESCRO_OUTCM_NTC_DT	DATE (8)	N	Escrow Outcome Notice Date	Date the Regional Office sent notification to the Nursing Home about the disposition of money in	
AEM_CASE	ESCRO_PYMTS_RCVD_AMT	NUMBER (12.2)	N	Escrow Payments Received Amount	Amount of escrow payments received.	
AEM_CASE	EVNT_TYPE_CD	VARCHAR2 (2)	N	Type of Event Code	Indicates the type of event, survey, Proficiency Testing review or action by Inspector General	AEM_EVNT_TYPE_CD
AEM_CASE	EVNT_TYPE_DESC	VARCHAR2 (38)	N	Type of Event Description	Indicates the type of event, survey, Proficiency Testing review or action by Inspector General	AEM_EVNT_TYPE_CD
AEM_CASE	FAC_ALG_CMPLNC_DT	DATE (8)	N	Provider Alleges Compliance Date	Date the provider alleges compliance. Calculated by the system based on the provider's	
AEM_CASE	HLTH_1ST_EVNT_ID	VARCHAR2 (6)	N	Health Survey Event ID	ASPEN event identifier of the earliest Health survey associated with the enforcement case. To	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
AEM_CASE	HLTH_1ST_EXIT_DT	DATE (8)	N	Health Survey Exit Date	Exit date of the earliest Health survey associated with the enforcement case.	
AEM_CASE	IDR_SW	VARCHAR2 (1)	N	IDR Tag Changed Indicator	Indicates if Informal Dispute Resolution changed or removed a tag on the enforcement	
AEM_CASE	IJ_DSCVRD_DT	DATE (8)	N	Immediate Jeopardy Discovered Date	Date that Immediate Jeopardy was found.	
AEM_CASE	IJ_RMVD_DT	DATE (8)	N	Immediate Jeopardy Removed Date	Date that Immediate Jeopardy was removed.	
AEM_CASE	IJ_STUS_CD	VARCHAR2 (1)	N	Case Immediate Jeopardy Status Code	Indicates the overall Immediate Jeopardy (IJ) status of the enforcement case. Set to Current if	AEM_IJ_STUS_CD
AEM_CASE	IJ_STUS_DESC	VARCHAR2 (10)	N	Case Immediate Jeopardy Status Description	Indicates the overall Immediate Jeopardy (IJ) status of the enforcement case. Set to Current if	AEM_IJ_STUS_CD
AEM_CASE	IMPS_CLOSE_AO_ACTN_SW	VARCHAR2 (1)	N	Close Imposed AO Action Indicator	Indicates if Central Office closed the Accreditation Organization imposed	
AEM_CASE	LSC_1ST_EVNT_ID	VARCHAR2 (6)	N	LSC Survey Event ID	ASPEN event identifier of the earliest Life Safety Code survey associated with the	
AEM_CASE	LSC_1ST_EXIT_DT	DATE (8)	N	LSC Exit Date	Exit date of the earliest Life Safety Code survey associated with the enforcement case.	
AEM_CASE	MOS_12_DT	DATE (8)	N	12 Month Date	Date 12 months after the Enforcement Date.	
AEM_CASE	MO_3_DT	DATE (8)	N	Three Month Date	Date three months after the cycle start date of the enforcement case.	
AEM_CASE	MO_6_DT	DATE (8)	N	Six Month Date	Date six months after the cycle start date of the enforcement case.	
AEM_CASE	NATCEP_5K_CMP_ASSESSD_SW	VARCHAR2 (1)	N	NATCEP Loss Trigger: \$5000 CMP Assessed	Indicates if Nurse Aide Training and Competency Evaluation Program (NATCEP)	
AEM_CASE	NATCEP_CLOSE_FAC_SW	VARCHAR2 (1)	N	NATCEP Loss Trigger: Facility Close (T19)	Indicates if Nurse Aide Training and Competency Evaluation Program (NATCEP)	
AEM_CASE	NATCEP_DNY_PAY_SW	VARCHAR2 (1)	N	NATCEP Loss Trigger: Deny Pay for All or New Admissions	Indicates if Nurse Aide Training and Competency Evaluation Program (NATCEP)	
AEM_CASE	NATCEP_IJ_TRMNTN_SW	VARCHAR2 (1)	N	NATCEP Loss Trigger: IJ Termination (T18) or Termination (T19)	Indicates if Nurse Aide Training and Competency Evaluation Program (NATCEP)	
AEM_CASE	NATCEP_LOSS_CD	VARCHAR2 (1)	N	NATCEP Loss: Status Code	Indicates status of Nurse Aide Training and Competency Evaluation Program (NATCEP)	AEM_NATCEP_LOSS_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
AEM_CASE	NATCEP_LOSS_DESC	VARCHAR2 (22)	N	NATCEP Loss: Status Description	Indicates status of Nurse Aide Training and Competency Evaluation Program (NATCEP)	AEM_NATCEP_LOSS_CD
AEM_CASE	NATCEP_LOSS_EFCTV_DT	DATE (8)	N	NATCEP Loss Date: Start	Start date of two-year Nurse Aide Training and Competency Evaluation Program (NATCEP)	
AEM_CASE	NATCEP_LOSS_END_DT	DATE (8)	N	NATCEP Loss Date: End	End date of two-year Nurse Aide Training and Competency Evaluation Program (NATCEP)	
AEM_CASE	NATCEP_RN_WVR_SW	VARCHAR2 (1)	N	NATCEP Loss Trigger: RN Waiver	Indicates if Nurse Aide Training and Competency Evaluation Program (NATCEP)	
AEM_CASE	NATCEP_RSTR_CHOW_DT	DATE (8)	N	NATCEP Restored Date: CHOW - Case	Date the Nurse Aide Training and Competency Evaluation Program is restored based on Change	
AEM_CASE	NATCEP_STATE_PRHBTN_WVR_SW	VARCHAR2 (1)	N	NATCEP Loss: State Waiver Indicator	Indicates if the State Agency has granted a waiver of Nurse Aide Training and Competency	
AEM_CASE	NATCEP_SUBJ_TO_EXTND_SW	VARCHAR2 (1)	N	NATCEP Loss Trigger: Subject to Extended or Partial Extended Survey (SQ)	Indicates if Nurse Aide Training and Competency Evaluation Program (NATCEP)	
AEM_CASE	NATCEP_TEMP_MGR_SW	VARCHAR2 (1)	N	NATCEP Loss Trigger: Temporary Manager	Indicates if Nurse Aide Training and Competency Evaluation Program (NATCEP)	
AEM_CASE	NATCEP_TRNSFR_RSDNT_SW	VARCHAR2 (1)	N	NATCEP Loss Trigger: Transfer Residents (T19)	Indicates if Nurse Aide Training and Competency Evaluation Program (NATCEP)	
AEM_CASE	NATCEP_WVR_NTC_DT	DATE (8)	N	NATCEP Loss: State Waiver Notice Date	Date the State Agency sent notice of waiver of Nurse Aide Training and Competency	
AEM_CASE	NATCEP_WVR_NTC_END_DT	DATE (8)	N	NATCEP Loss: State Waiver End Date	End date the state waiver of Nurse Aide Training and Competency Evaluation Program	
AEM_CASE	NATCEP_WVR_WTHDRWN_TXT	VARCHAR2 (50)	N	NATCEP Loss: State Waiver Withdrawn Reason	Reason for withdrawal of the state waiver of Nurse Aide Training and Competency	
AEM_CASE	NO_OPRNTY_TO_CRCT_SW	VARCHAR2 (1)	N	Case Type Indicator: No Opportunity To Correct	Indicates if the beginning case type of the enforcement case was No Opportunity To	
AEM_CASE	OPRTNTY_TO_CRCT_SW	VARCHAR2 (1)	N	Case Type Indicator: Opportunity To Correct	Indicates if the beginning case type of the enforcement case was Opportunity To Correct.	
AEM_CASE	PAST_NONCMLNC_SW	VARCHAR2 (1)	N	Case Type Indicator: Past Non-Compliance	Indicates if the beginning case type of the enforcement case was Past Non-Compliance.	
AEM_CASE	PGM_TRMNTN_CD	VARCHAR2 (2)	N	Termination Code	Indicates the termination status of the provider at the time the case is created in ASPEN	CSP_TRMNTN_CD
AEM_CASE	PGM_TRMNTN_DESC	VARCHAR2 (45)	N	Termination Description	Indicates the termination status of the provider at the time the case is created in ASPEN	CSP_TRMNTN_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
AEM_CASE	PGM_TRMNTN_DT	DATE (8)	N	Termination or Expiration Date	Date the provider was terminated. For CLIA providers, date the laboratory's certificate was	
AEM_CASE	PRMRY_NATCEP_CD	VARCHAR2 (1)	N	NATCEP Loss Trigger: Primary Code	Indicates which of the Nurse Aide Training and Competency Evaluation Program(NATCEP)	AEM_PRMRY_NATCEP_CD
AEM_CASE	PRMRY_NATCEP_DESC	VARCHAR2 (45)	N	NATCEP Loss Trigger: Primary Description	Indicates which of the Nurse Aide Training and Competency Evaluation Program(NATCEP)	AEM_PRMRY_NATCEP_CD
AEM_CASE	PRPSD_BY_AO_DT	DATE (8)	N	AO Proposed Actions Notification Date	Date the Accreditation Organization notified the laboratory of proposed adverse actions, entered	
AEM_CASE	PRPSD_BY_RO_DT	DATE (8)	N	RO Proposed Sanctions Notification Date	Date the Regional Office notified the laboratory of proposed sanctions or adverse actions.	
AEM_CASE	PRPSD_BY_STATE_DT	DATE (8)	N	SA Proposed Sanctions Notification Date	Date the State Agency notified the Regional Office of proposed sanctions or adverse actions.	
AEM_CASE	PRVDR_CTGRY_CD	VARCHAR2 (2)	N	Provider Category Code	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
AEM_CASE	PRVDR_CTGRY_DESC	VARCHAR2 (79)	N	Provider Category Description	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
AEM_CASE	PRVDR_INTRNL_NUM	NUMBER (10.0)	N	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
AEM_CASE	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the CMS	
AEM_CASE	PUBL_TO_RGSTRY_SW	VARCHAR2 (1)	N	Published to Registry Indicator	Indicates if this enforcement case was published to the registry.	
AEM_CASE	RGSTRY_NOTE_TXT	VARCHAR2 (400)	N	Registry Notes	Text of comments for the registry.	
AEM_CASE	RLS_SPCL_CASE_TO_STATE_SW	VARCHAR2 (1)	N	Release Special Case to State Indicator	Indicates the region has released this special enforcement case to the state.	
AEM_CASE	RO_1ST_NTC_DT	DATE (8)	N	RO First Notice Date	Date the Regional Office sent the first notice to the facility from the enforcement case. Letters	
AEM_CASE	RO_RCVD_DT	DATE (8)	N	Initial Transfer to RO Date	Date the enforcement case was transferred from the State Agency to the Regional Office.	
AEM_CASE	RPET_DFCNCY_SW	VARCHAR2 (1)	N	Repeat Citation Indicator	Indicates if this enforcement case includes one or more citations found on both the current and	
AEM_CASE	RVISIT_1_DT	DATE (8)	N	OSCAR Revisit 1 Date	Date of the first revisit for the enforcement case for cases originally entered in the OSCAR CLIA	
AEM_CASE	RVISIT_2_DT	DATE (8)	N	OSCAR Revisit 2 Date	Date of the second revisit for the enforcement case for cases originally entered in the OSCAR	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
AEM_CASE	RVISIT_3_DT	DATE (8)	N	OSCAR Revisit 3 Date	Date of the third revisit for the enforcement case for cases originally entered in the OSCAR CLIA	
AEM_CASE	SBSTNTL_CMPLNC_DT	DATE (8)	N	Substantial Compliance Date	Date the provider came into substantial compliance. Calculated once all applicable	
AEM_CASE	SPCL_CASE_TYPE_CD	VARCHAR2 (2)	N	Special Case Type Code	Code identifying the type of special enforcement case.	AEM_SPCL_CASE_TYPE_CD
AEM_CASE	SQC_SW	VARCHAR2 (1)	N	SQC Indicator	Indicates if there is a Substandard Quality of Care tag cited in a visit connected to this	
AEM_CASE	STATE_1ST_NTC_DT	DATE (8)	N	SA First Notice Date	Date the State Agency sent the first notice to the facility from the enforcement case. Letters	
AEM_CASE	STATE_IJ_CALL_DT	DATE (8)	N	IJ Call From State Date	Date the Regional Office received a call from the State Agency notifying them of the	
AEM_CASE	STATE_SW	VARCHAR2 (1)	N	State Licensure Regulation Set Indicator	Indicates if the enforcement case includes a state licensure regulation set.	
AEM_CASE	STRT_EXIT_DT	DATE (8)	N	Start Exit Date	Date the enforcement case started.	
AEM_CASE	STRT_SRVY_EVNT_ID	VARCHAR2 (6)	N	Starting Survey Event ID	Event identifier of the starting survey for the enforcement case. To make unique national	
AEM_CASE	TTA_ANALYTES_TXT	VARCHAR2 (100)	N	TTA Analytes	List of analytes requiring Training and Technical Assistance (TTA).	
AEM_CASE	TTA_BGN_DT	DATE (8)	N	TTA Date: Begin	Date the laboratory began receiving Training and Technical Assistance (TTA).	
AEM_CASE	TTA_CMPLTD_SW	VARCHAR2 (1)	N	TTA Completed Indicator	Indicates if the State Agency has accepted the laboratory's Allegation of Compliance which	
AEM_CASE	TTA_CMPLTN_DT	DATE (8)	N	TTA Date: Actual End	Date the Training and Technical Assistance (TTA) actually ends based on State Agency	
AEM_CASE	TTA_END_DT	DATE (8)	N	TTA Date: Proposed End	Date proposed by Regional Office as the end of Training and Technical Assistance (TTA).	
AEM_CASE	TTA_PRPSD_DT	DATE (8)	N	TTA Proposed to Lab Date	Date the need for training and technical assistance is proposed to the laboratory.	
AEM_CASE	USER_OVRRD_SBSTNTL_CMPLNC_SW	VARCHAR2 (1)	N	User Override Substantial Compliance Date Indicator	Indicates if a user overrides the substantial compliance date.	
AEM_CASE_OWNR_RLTN SHP	ENFRMNT_INTRNL_ID	VARCHAR2 (6)	Y	AEM Case ID	System generated number that uniquely identifies an Enforcement Case. Generated by	
AEM_CASE_OWNR_RLTN SHP	OWNER_ID	NUMBER (10.0)	Y	Owner ID	Unique internal record identifier for the owner record.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
AEM_CASE_OWNRLTN SHP	STATE_CD	VARCHAR2 (2)	Y	State Abbreviation	Two-character state abbreviation.	CSP_STATE_CD
AEM_CASE_RGSTRY_NO TES_VW	ENFRMNT_INTRNL_ID	VARCHAR2 (6)	N	AEM Case ID	System generated number that uniquely identifies an Enforcement Case. Generated by	
AEM_CASE_RGSTRY_NO TES_VW	RGSTRY_NOTE_TXT	VARCHAR2 (400)	N	Registry Notes	Text of comments for the registry.	
AEM_CMPTS_ADJSTMT	ADJSTD_CLIA_AMT	NUMBER (12.2)	N	Adjusted CLIA Amounts	Historical record of the total CMP amount(s) in effect at the time of the adjustment for a CLIA	
AEM_CMPTS_ADJSTMT	ADJSTD_INTRST_AMT	NUMBER (12.2)	N	Adjusted Interest Amounts	Historical record of the total Medicare and Medicaid interest amount(s) of CMPs in effect	
AEM_CMPTS_ADJSTMT	ADJSTD_MDCD_AMT	NUMBER (12.2)	N	Adjusted Medicaid Amount	Historical record of the Medicaid amount(s) of all CMPs in effect at the time of adjustment.	
AEM_CMPTS_ADJSTMT	ADJSTD_MDCR_AMT	NUMBER (12.2)	N	Adjusted Medicare Amount	Historical record of the Medicare amount(s) of all CMPs in effect at the time of adjustment.	
AEM_CMPTS_ADJSTMT	ADJSTD_TOT_AMT	NUMBER (14.2)	N	Adjusted Total Amount	Historical record of the total CMP amount(s) and interest amount(s) of CMPs in effect at the	
AEM_CMPTS_ADJSTMT	ADJSTMT_ADD_DT	DATE (8)	Y	Adjustment Add Date	Indicates the date and time a CMP adjustment was added to the CMPTS case.	
AEM_CMPTS_ADJSTMT	CMPTS_ID	VARCHAR2 (6)	Y	CMPTS ID	Uniquely identifies a CMPTS case. For nursing homes, CMPTS ID is Enforcement Internal ID	
AEM_CMPTS_ADJSTMT	CMPTS_STUS_CD	VARCHAR2 (1)	N	Adjustment Status Code	Reason for each adjustment of CMPTS amount.	AEM_CMPTS_STUS_CD
AEM_CMPTS_ADJSTMT	CMPTS_STUS_DESC	VARCHAR2 ()	N	Adjustment Status Description	Reason for each adjustment of CMPTS amount.	AEM_CMPTS_STUS_CD
AEM_CMPTS_ADJSTMT	ESCRO_AMT	NUMBER (12.2)	N	Adjusted Escrow Amount	Historical record of the total CMPs in effect with a collection status of In Escrow, at the time	
AEM_CMPTS_ADJSTMT	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
AEM_CMPTS_ADJSTMT	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the	
AEM_CMPTS_CLCTN	ADD_DT	DATE (8)	N	Payment Add Date	Historical record of the date each payment record was created.	
AEM_CMPTS_CLCTN	CHK_NUM	VARCHAR2 (10)	N	Check Number	Historical record of the check number associated with each payment.	
AEM_CMPTS_CLCTN	CLCTN_STUS_CD	VARCHAR2 (1)	N	Payment Status Code	Historical record of the payment status for each payment.	AEM_CLCTN_STUS_CD



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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
AEM_CMPTS_CLCTN	CLCTN_STUS_DESC	VARCHAR2 ()	N	Payment Status Description	Historical record of the payment status for each payment.	AEM_CLCTN_STUS_CD
AEM_CMPTS_CLCTN	CLIA_AMT	NUMBER (12.2)	N	CLIA Payment Amount	Historical record of CLIA amount collected for each payment. Payment amount minus Interest	
AEM_CMPTS_CLCTN	CMPTS_ID	VARCHAR2 (6)	Y	CMPTS ID	Uniquely identifies a CMPTS case. For nursing homes, CMPTS ID is Enforcement Internal ID	
AEM_CMPTS_CLCTN	DPST_TCKT_NUM	VARCHAR2 (10)	N	Deposit Ticket Number	Historical record of deposit ticket number associated with each payment.	
AEM_CMPTS_CLCTN	ESCRO_INTRST_TOT_AMT	NUMBER (12.2)	N	Escrow Interest Amount	Historical record of total interest accrued per payment on amount in escrow. For each record	
AEM_CMPTS_CLCTN	FINL_DCSN_DT	DATE (8)	N	Escrow Final Decision Date	Date the RO enters the Escrow Outcome Notice Date on the CMP tab of the enforcement case.	
AEM_CMPTS_CLCTN	INTRST_AMT	NUMBER (12.2)	N	Interest Amount Collected	Historical record of the portion of each payment applied to interest due.	
AEM_CMPTS_CLCTN	INTRST_TO_FAC_AMT	NUMBER (12.2)	N	Interest to Facility Amount	Historical record of accrued interest returned to the facility, associated with each payment placed	
AEM_CMPTS_CLCTN	IN_ESCRO_AMT	NUMBER (12.2)	N	Escrow Payment Amount	Historical record of payments placed into escrow.	
AEM_CMPTS_CLCTN	IN_ESCRO_DT	DATE (8)	N	Escrow Payment Date	Historical record of dates payments were placed into escrow.	
AEM_CMPTS_CLCTN	IN_ESCRO_SW	VARCHAR2 (1)	N	Escrow Payment Indicator	Historical record indicating if the payment was placed in escrow.	
AEM_CMPTS_CLCTN	MDCD_AMT	NUMBER (12.2)	N	Medicaid Payment Amount	Historical record of the portion of each payment applied to Medicaid amount due.	
AEM_CMPTS_CLCTN	MDCD_INTRST_RTN_AMT	NUMBER (12.2)	N	Medicaid Interest Retained Amount	Historical record of accrued interest retained by Medicaid, associated with each payment placed	
AEM_CMPTS_CLCTN	MDCR_AMT	NUMBER (12.2)	N	Medicare Payment Amount	Historical record of the portion of each payment applied to Medicare amount due.	
AEM_CMPTS_CLCTN	MDCR_INTRST_RTN_AMT	NUMBER (12.2)	N	Medicare Interest Retained Amount	Historical record of accrued interest retained by Medicare, associated with each payment placed	
AEM_CMPTS_CLCTN	OUT_ESCRO_DT	DATE (8)	N	Out Escrow Date	Historical record associated with each payment of date monies were removed from escrow.	
AEM_CMPTS_CLCTN	OUT_ESCRO_TOT_AMT	NUMBER (12.2)	N	Out Escrow Total Amount	Historical record of total amount associated with each payment removed from escrow.	
AEM_CMPTS_CLCTN	PGM_USE_RTN_AMT	NUMBER (17.2)	N	Program Use Retained Amount	Amount of the CMP payment that is retained for program use, which is 90% of the total Medicare	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
AEM_CMPTS_CLCTN	PMT_CLCT_DT	DATE (8)	N	Payment Received Date	Historical record of date each payment received by OFM.	
AEM_CMPTS_CLCTN	PMT_DUE_DT	DATE (8)	Y	Payment Due Date	Historical record of date each payment due.	
AEM_CMPTS_CLCTN	PRNCPAL_TO_FAC_AMT	NUMBER (12.2)	N	Principal to Facility Total Amount	Historical record associated with each payment of amount of principal returned to facility.	
AEM_CMPTS_CLCTN	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
AEM_CMPTS_CLCTN	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the	
AEM_CMPTS_CLCTN	RPRT_RCPT_NUM	VARCHAR2 (10)	N	Report Receipt Number	Historical record of the report receipt number associated with each payment.	
AEM_CMPTS_CLCTN	TOT_INSTLMT_AMT	NUMBER (14.2)	N	Total Payment Amount	Historical record of amount of each payment.	
AEM_CMPTS_CLCTN	TRUST_FUND_RTN_AMT	NUMBER (17.2)	N	Trust Fund Retained Amount	Amount of the CMP payment retained for trust fund use, which is 10% of the total Medicare	
AEM_CMPTS_CLCTN	UPDT_DT	DATE (8)	N	Payment Update Date	Historical record of date each payment record was updated.	
AEM_CMPTS_MSTR	ACTL_INSTLMT_NUM	NUMBER (3.0)	N	Actual Number of Installments	Indicates the actual number of installments for a CMPTS case.	
AEM_CMPTS_MSTR	ADD_DT	DATE (8)	N	CMPTS Add Date	Date the CMPTS case was created.	
AEM_CMPTS_MSTR	ADJSTD_CLIA_AMT	NUMBER (12.2)	N	Last Adjusted CLIA Amount	Total of current CMP amount(s) in effect for a CLIA Enforcement case. If no adjustments	
AEM_CMPTS_MSTR	ADJSTD_INTRST_AMT	NUMBER (12.2)	N	Last Adjusted Interest Amount	Total of Medicare and Medicaid interest amount(s) for current CMPs in effect for an	
AEM_CMPTS_MSTR	ADJSTD_MDCD_AMT	NUMBER (12.2)	N	Last Adjusted Medicaid Amount	Most recent Adjusted Medicaid Amount for the CMPTS case. If no adjustments, value is 0.	
AEM_CMPTS_MSTR	ADJSTD_MDCR_AMT	NUMBER (12.2)	N	Last Adjusted Medicare Amount	Most recent Adjusted Medicare Amount for the CMPTS case. If no adjustments, value is 0.	
AEM_CMPTS_MSTR	ADJSTD_TOT_AMT	NUMBER (14.2)	N	Last Adjusted Total Amount	Total of CMP amount(s) and interest amount(s) for current CMPs in effect for an Enforcement	
AEM_CMPTS_MSTR	CASE_NUM	VARCHAR2 (3)	N	Case Number	Sequential number by region by fiscal year assigned to a CMPTS case. The fourth	
AEM_CMPTS_MSTR	CLIA_AMT	NUMBER (12.2)	N	CLIA Total Amount	Total amount minus total interest is CLIA Amount. Total amount for CLIA for a CMPTS	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
AEM_CMPTS_MSTR	CMPNT_TYPE_CD	VARCHAR2 (3)	N	Component Type Code	Provider type of the facility penalized in the CMPTS case . The third component of the	AEM_CMPNT_TYPE_CD
AEM_CMPTS_MSTR	CMPNT_TYPE_DESC	VARCHAR2 ()	N	Component Type Description	Provider type of the facility penalized in the CMPTS case . The third component of the	AEM_CMPNT_TYPE_CD
AEM_CMPTS_MSTR	CMPTS_ID	VARCHAR2 (6)	Y	CMPTS ID	Uniquely identifies a CMPTS case. For nursing homes, CMPTS ID is Enforcement Internal ID	
AEM_CMPTS_MSTR	CMPTS_STUS_CD	VARCHAR2 (1)	N	Last Adjustment Status Code	Reason for most recent adjustment of CMPTS amount.	AEM_CMPTS_STUS_CD
AEM_CMPTS_MSTR	CMPTS_STUS_DESC	VARCHAR2 ()	N	Last Adjustment Status Description	Reason for most recent adjustment of CMPTS amount.	AEM_CMPTS_STUS_CD
AEM_CMPTS_MSTR	CREATD_WTH_ESCRO_SW	VARCHAR2 (1)	N	Created With Escrow Indicator	Indicates if the case was created after the availability of escrow option, 01/01/2012.	
AEM_CMPTS_MSTR	DDCT_FROM_SUM_OWED_SW	VARCHAR2 (1)	N	Deduct From Sum Owed Indicator	Indicates the CMP amount will be deducted from the total amount owed to the facility by	
AEM_CMPTS_MSTR	DRCTR_1ST_NAME	VARCHAR2 (25)	N	Director First Name	First name of the director of the facility or lab involved in the CMPTS case.	
AEM_CMPTS_MSTR	DRCTR_LAST_NAME	VARCHAR2 (21)	N	Director Last Name	Last name of the director of the facility or lab involved in the CMPTS case.	
AEM_CMPTS_MSTR	DRCTR_MDL_INITL_NAME	VARCHAR2 (1)	N	Director Middle Initial	Middle initial of the director of the facility or lab involved in the CMPTS case.	
AEM_CMPTS_MSTR	ENFRGMT_INTRNL_ID	VARCHAR2 (6)	N	AEM Case ID	Unique identifier assigned in the AEM system to the Enforcement Case that resulted in a CMPTS	
AEM_CMPTS_MSTR	ESCRO_AMT	NUMBER (12.2)	N	Last Escrow Amount	Total CMPs in effect with a collection status of In Escrow, at the time of most recent	
AEM_CMPTS_MSTR	ESCRO_INTRST_ACRUD_TO T_AMT	NUMBER (12.2)	N	Total Escrow Interest Amount	Total interest accrued on amount in escrow. Total escrow interest amount is sum of all	
AEM_CMPTS_MSTR	ESCRO_OUTCM_NTC_DT	DATE (8)	N	Escrow Outcome Notice Date	Date Regional Office notified the facility of disposition of escrow funds.	
AEM_CMPTS_MSTR	ESCRO_RTN_TOT_AMT	NUMBER (12.2)	N	Total Escrow Retained Amount	Total amount retained by CMS from escrow account. Total Escrow Retained Amount is sum	
AEM_CMPTS_MSTR	FY_DT	VARCHAR2 (8)	N	Fiscal Year Date	Indicates the fiscal year that the CMPTS case was initiated. The first component of the	
AEM_CMPTS_MSTR	INTRST_AMT	NUMBER (12.2)	N	Total Interest Due Amount	Total interest due to date on CMPs.	
AEM_CMPTS_MSTR	INTRST_RTRN_TO_FAC_TOT _AMT	NUMBER (12.2)	N	Total Interest to Facility Amount	Total accrued interest returned to the facility. Total Interest to Facility Amount is sum of	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
AEM_CMPTS_MSTR	MDCD_AMT	NUMBER (12.2)	N	Current Medicaid Amount	Last Adjusted Medicaid Amount, if no adjustments it is the Original Medicaid Amount.	
AEM_CMPTS_MSTR	MDCD_RCPNT_CNT	NUMBER (5.0)	N	Medicaid Resident Count	Indicates the count of Medicaid residents.	
AEM_CMPTS_MSTR	MDCR_AMT	NUMBER (12.2)	N	Current Medicare Amount	Last Adjusted Medicare Amount, if no adjustments it is the Original Medicare Amount.	
AEM_CMPTS_MSTR	MDCR_BENE_CNT	NUMBER (5.0)	N	Medicare Resident Count	Indicates the count of Medicare residents.	
AEM_CMPTS_MSTR	MDCR_MDCD_INTRST_ACR UD_TOT_AMT	NUMBER (12.2)	N	Medicare / Medicaid Interest Accrued Amount	Total Medicaid / Medicare interest accrued and retained on amounts in escrow.	
AEM_CMPTS_MSTR	OLD_CMPTS_SYS_SW	VARCHAR2 (1)	N	Old CMPTS Indicator	Indicates that the CMPTS transaction was created in the mainframe CMPTS system.	
AEM_CMPTS_MSTR	ORGNL_CLIA_AMT	NUMBER (12.2)	N	Original CLIA Amount	Amount due to CLIA at initiation of CMPTS activity.	
AEM_CMPTS_MSTR	ORGNL_INTRST_AMT	NUMBER (12.2)	N	Original Interest Amount	Interest amount due at initiation of CMPTS activity.	
AEM_CMPTS_MSTR	ORGNL_MDCD_AMT	NUMBER (12.2)	N	Original Medicaid Amount	Amount due to Medicaid for all CMPs in effect at initiation of CMPTS activity. Excludes CMPs	
AEM_CMPTS_MSTR	ORGNL_MDCR_AMT	NUMBER (12.2)	N	Original Medicare Amount	Amount due to Medicare for all CMPs in effect at initiation of CMPTS activity. Excludes CMPs	
AEM_CMPTS_MSTR	ORGNL_TOT_AMT	NUMBER (14.2)	N	Original Total Amount	Total amount due at initiation of CMPTS activity.	
AEM_CMPTS_MSTR	PRNCPAL_RTRN_TO_FAC_T OT_AMT	NUMBER (12.2)	N	Principal Returned to Facility Amount	Total principal returned to facility.	
AEM_CMPTS_MSTR	PRPSD_INSTLMT_AMT	NUMBER (12.2)	N	Proposed Installment Amount	Total CMP Amount divided by the Proposed Installment Number.	
AEM_CMPTS_MSTR	PRPSD_INSTLMT_NUM	NUMBER (3.0)	N	Proposed Installment Number	Number of installments proposed resolve the Total CMP Amount.	
AEM_CMPTS_MSTR	PRVDR_CTGRY_CD	VARCHAR2 (2)	N	Provider Category Code	Indicates the type of provider involved with the CMPTS transaction.	CSP_PRVDR_CTGRY_CD
AEM_CMPTS_MSTR	PRVDR_CTGRY_DESC	VARCHAR2 (70)	N	Provider Category Description	Indicates the type of provider involved with the CMPTS transaction.	CSP_PRVDR_CTGRY_CD
AEM_CMPTS_MSTR	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
AEM_CMPTS_MSTR	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
AEM_CMPTS_MSTR	RGN_CD	VARCHAR2 (2)	N	Region Code	The regional location of the provider.	CSP_CMS_RGN_CD
AEM_CMPTS_MSTR	RGN_DESC	VARCHAR2 ()	N	Region Description	The regional location of the provider.	CSP_CMS_RGN_CD
AEM_CMPTS_MSTR	RMRK_LAST_UPDT_DT	DATE (8)	N	Remark Last Update Date	Date the Remark Text was last updated.	
AEM_CMPTS_MSTR	RO_CNTCT_1ST_NAME	VARCHAR2 (15)	N	RO Contact First Name	Regional Office contact's first name.	
AEM_CMPTS_MSTR	RO_CNTCT_LAST_NAME	VARCHAR2 (25)	N	RO Contact Last Name	Regional Office contact's last name.	
AEM_CMPTS_MSTR	RO_CNTCT_PHNE_NUM	NUMBER (10.0)	N	RO Contact Phone Number	Regional Office contact's phone number.	
AEM_CMPTS_MSTR	SENT_TO_OFST_AMT	NUMBER (12.2)	N	Sent to Offset Amount	Indicates the Civil Money Penalty (CMP) amount sent to Offset (total).	
AEM_CMPTS_MSTR	SENT_TO_OFST_DT	DATE (8)	N	Sent to Offset Date	Date the Civil Money Penalty (CMP) was sent To Offset (earliest)	
AEM_CMPTS_MSTR	SENT_TO_TREAS_AMT	NUMBER (12.2)	N	Sent to Treasury Amount	Indicates the Civil Money Penalty (CMP) amount sent to Treasury (total).	
AEM_CMPTS_MSTR	SENT_TO_TREAS_DT	DATE (8)	N	Sent to Treasury Date	Date the Civil Money Penalty (CMP) was sent To Treasury (earliest)	
AEM_CMPTS_MSTR	SRVY_DT	DATE (8)	N	Survey Date	Date of survey with citations resulting in the Enforcement Case.	
AEM_CMPTS_MSTR	SSA_STATE_CD	VARCHAR2 (2)	N	SSA State Code	Geographic code assigned by the Social Security Administration indicating the state of the	CSP_SSA_STATE_CD
AEM_CMPTS_MSTR	SSA_STATE_DESC	VARCHAR2 ()	N	SSA State Description	Geographic code assigned by the Social Security Administration indicating the state of the	CSP_SSA_STATE_CD
AEM_CMPTS_MSTR	TOT_CMP_AMT	NUMBER (14.2)	N	Current CMP Amount	Last Adjusted Total Amount, if no adjustments it is the Original Total Amount.	
AEM_CMPTS_MSTR	TOT_CMP_BAL_AMT	NUMBER (14.2)	N	Current CMP Balance	Outstanding balance of all CMPs.	
AEM_CMPTS_MSTR	TOT_CMP_PD_AMT	NUMBER (14.2)	N	Total CMP Paid Amount	Amount paid to date on all CMPs. When paid in full, Total CMP Paid Amount equals Current	
AEM_CMPTS_MSTR	TRMNTN_RVK_DT	DATE (8)	N	Termination Revoked Date	Date the termination action was revoked.	
AEM_CMPTS_MSTR	TRMNTN_RVK_SW	VARCHAR2 (1)	N	Termination Revoked Indicator	Indicates if the termination action was revoked.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
AEM_CMPTS_MSTR	UPDT_DT	DATE (8)	N	CMPTS Update Date	Date the CMPTS case was last updated.	
AEM_CMPTS_MSTR	W9_RCVD_DT	DATE (8)	N	W9 Received Date	Date W9 (Request for Taxpayer Identification Number and Certification Form) was received	
AEM_CMPTS_MSTR	XREF_CASE_NUM	VARCHAR2 (12)	N	Cross Reference CMPTS Case Number	Case number of a related CMPTS case.	
AEM_CMPTS_RMRK	CMPTS_ID	VARCHAR2 (6)	Y	CMPTS ID	Uniquely identifies a CMPTS case. For nursing homes, CMPTS ID is Enforcement Internal ID	
AEM_CMPTS_RMRK	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
AEM_CMPTS_RMRK	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the	
AEM_CMPTS_RMRK	RMRK_ID	NUMBER (6.0)	Y	CMPTS Remark Identifier	Uniquely identifies each remark entered for a CMPTS case.	
AEM_CMPTS_RMRK	RMRK_TXT	VARCHAR2 (76)	N	CMPTS Remark Text	CMPTS case notes.	
AEM_OWNR	DBA_NAME	VARCHAR2 (50)	N	Owner Doing Business As Name	Trade name under which owner conducts business.	
AEM_OWNR	END_DT	DATE (8)	N	Ownership End Date	Date the owner relationship with the laboratory ended.	
AEM_OWNR	FINCL_CTGRY_CD	VARCHAR2 (2)	N	Financial Category Code	Indicates the financial category of the owner of the laboratory.	AEM_FINCL_CTGRY_CD
AEM_OWNR	OWNRSH_PTYPE_CD	VARCHAR2 (2)	N	Ownership Type Code	Indicates the ownership type of the owner of the laboratory.	CSP_GNRL_CNTL_TYPE_CD
AEM_OWNR	OWNR_ADR	VARCHAR2 (50)	N	Owner Address: Street	Owning entity's street address.	
AEM_OWNR	OWNR_CITY_NAME	VARCHAR2 (20)	N	Owner Address: City	Owning entity's city.	
AEM_OWNR	OWNR_EMAIL_ADR	VARCHAR2 (60)	N	Owner Email	Owning entity's email address.	
AEM_OWNR	OWNR_ID	NUMBER (10.0)	Y	Owner ID	Unique internal record identifier for the owner record.	
AEM_OWNR	OWNR_NAME	VARCHAR2 (50)	N	Owner Name	Legal name of the owner of the laboratory.	
AEM_OWNR	OWNR_OF_CD	VARCHAR2 (2)	N	Owner Of Code	Indicates the extent of the ownership of the laboratory.	AEM_OWNR_OF_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
AEM_OWNR	OWNR_PHNE_NUM	VARCHAR2 (13)	N	Owner Telephone	Owning entity's telephone number.	
AEM_OWNR	OWNR_STATE_CD	VARCHAR2 (2)	N	Owner Address: State	Owning entity's geographical state.	CSP_STATE_CD
AEM_OWNR	OWNR_ZIP_CD	VARCHAR2 (5)	N	Owner Address: Zip Code	Owning entity's zip code.	
AEM_OWNR	PRVDR_CTGRY_CD	VARCHAR2 (2)	N	Provider Category Code	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
AEM_OWNR	STATE_CD	VARCHAR2 (2)	Y	State Abbreviation	Two-character state abbreviation.	CSP_STATE_CD
AEM_OWNR	STRT_DT	DATE (8)	N	Ownership Start Date	Date the owner relationship with the laboratory began.	
AEM_RGSTRY_CTGRY	ENFRMNT_INTRNL_ID	VARCHAR2 (6)	Y	AEM Case ID	System generated number that uniquely identifies an Enforcement Case. Generated by	
AEM_RGSTRY_CTGRY	RGSTRY_CTGRY_CD	VARCHAR2 (2)	N	Registry Category Code	Indicates the category of the Registry under which the laboratory's sanction is listed.	AEM_RGSTRY_CTGRY_CD
AEM_RGSTRY_CTGRY	RGSTRY_CTGRY_DESC	VARCHAR2 (51)	N	Registry Category Description	Indicates the category of the Registry under which the laboratory's sanction is listed.	AEM_RGSTRY_CTGRY_CD
AEM_RGSTRY_CTGRY	RGSTRY_CTGRY_ID	NUMBER (10.0)	Y	Registry Category ID	Unique internal identifier for the registry category record.	
AEM_RGSTRY_CTGRY	RGSTRY_YR	VARCHAR2 (4)	N	Registry Year	Identifies in which calendar year the enforcement action was imposed.	
AEM_RGSTRY_CTGRY_V W	ENFRMNT_INTRNL_ID	VARCHAR2 (6)	N	AEM Case ID	System generated number that uniquely identifies an Enforcement Case. Generated by	
AEM_RGSTRY_CTGRY_V W	RGSTRY_CTGRY_CD	VARCHAR2 (2)	N	Registry Category Code	Indicates the category of the Registry under which the laboratory's sanction is listed.	AEM_RGSTRY_CTGRY_CD
AEM_RGSTRY_CTGRY_V W	RGSTRY_CTGRY_DESC	VARCHAR2 (51)	N	Registry Category Description	Indicates the category of the Registry under which the laboratory's sanction is listed.	AEM_RGSTRY_CTGRY_CD
AEM_RGSTRY_CTGRY_V W	RGSTRY_CTGRY_ID	NUMBER (10.0)	N	Registry Category ID	Unique internal identifier for the registry category record.	
AEM_RGSTRY_CTGRY_V W	RGSTRY_YR	VARCHAR2 (4)	N	Registry Year	Identifies in which calendar year the enforcement action was imposed.	
AEM_RGSTRY_RSN	ENFRMNT_INTRNL_ID	VARCHAR2 (6)	Y	AEM Case ID	System generated number that uniquely identifies an Enforcement Case. Generated by	
AEM_RGSTRY_RSN	RGSTRY_CTGRY_ID	NUMBER (10.0)	Y	Registry Category ID	Unique internal identifier of the associated Registry category record.	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
AEM_RGSTRY_RSN	RGSTRY_RSN_CD	VARCHAR2 (2)	Y	Registry Reason Code	Indicates the condition discovered that results in the imposed adverse action.	AEM_RGSTRY_RSN_CD
AEM_RGSTRY_RSN	RGSTRY_RSN_DESC	VARCHAR2 (65)	N	Registry Reason Description	Indicates the condition discovered that results in the imposed adverse action.	AEM_RGSTRY_RSN_CD
AEM_RGSTRY_RSN_VW	ENFRMNT_INTRNL_ID	VARCHAR2 (6)	N	AEM Case ID	System generated number that uniquely identifies an Enforcement Case. Generated by	
AEM_RGSTRY_RSN_VW	RGSTRY_CTGRY_ID	NUMBER (10.0)	N	Registry Category ID	Unique internal identifier of the associated Registry category record.	
AEM_RGSTRY_RSN_VW	RGSTRY_RSN_CD	VARCHAR2 (2)	N	Registry Reason Code	Indicates the condition discovered that results in the imposed adverse action.	AEM_RGSTRY_RSN_CD
AEM_RGSTRY_RSN_VW	RGSTRY_RSN_DESC	VARCHAR2 (65)	N	Registry Reason Description	Indicates the condition discovered that results in the imposed adverse action.	AEM_RGSTRY_RSN_CD
AEM_RGSTRY_STUS	ENFRMNT_INTRNL_ID	VARCHAR2 (6)	Y	AEM Case ID	System generated number that uniquely identifies an Enforcement Case. Generated by	
AEM_RGSTRY_STUS	RGSTRY_CTGRY_ID	NUMBER (10.0)	Y	Registry Category ID	Unique internal identifier of the associated Registry category record.	
AEM_RGSTRY_STUS	RGSTRY_STUS_CD	VARCHAR2 (2)	Y	Registry Status Code	Indicates the status of the laboratory's certificate, reimbursement, hearing or accreditation after	AEM_RGSTRY_STUS_CD
AEM_RGSTRY_STUS	RGSTRY_STUS_DESC	VARCHAR2 (55)	N	Registry Status Description	Indicates the status of the laboratory's certificate, reimbursement, hearing or accreditation after	AEM_RGSTRY_STUS_CD
AEM_RGSTRY_STUS_VW	ENFRMNT_INTRNL_ID	VARCHAR2 (6)	N	AEM Case ID	System generated number that uniquely identifies an Enforcement Case. Generated by	
AEM_RGSTRY_STUS_VW	RGSTRY_CTGRY_ID	NUMBER (10.0)	N	Registry Category ID	Unique internal identifier of the associated Registry category record.	
AEM_RGSTRY_STUS_VW	RGSTRY_STUS_CD	VARCHAR2 (2)	N	Registry Status Code	Indicates the status of the laboratory's certificate, reimbursement, hearing or accreditation after	AEM_RGSTRY_STUS_CD
AEM_RGSTRY_STUS_VW	RGSTRY_STUS_DESC	VARCHAR2 (55)	N	Registry Status Description	Indicates the status of the laboratory's certificate, reimbursement, hearing or accreditation after	AEM_RGSTRY_STUS_CD
AEM_SPCLTY	ANALYTE_CD	VARCHAR2 (4)	N	Limited or Stopped Analyte Code	Indicates the analyte being limited or stopped if the entire (sub)specialty is not being limited or	CLIA_PT_ANALYTE
AEM_SPCLTY	ANALYTE_DESC	VARCHAR2 (33)	N	Limited or Stopped Analyte Description	Indicates the analyte being limited or stopped if the entire (sub)specialty is not being limited or	CLIA_PT_ANALYTE
AEM_SPCLTY	AO_CD	VARCHAR2 (2)	N	Specialty Accreditation Code	Indicates the accrediting organization for each (sub)specialty.	CLIA_ACRDTN_CD
AEM_SPCLTY	AO_DESC	VARCHAR2 (5)	N	Specialty Accreditation Description	Indicates the accrediting organization for each (sub)specialty.	CLIA_ACRDTN_CD



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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
AEM_SPCLTY	EFCTV_DT	DATE (8)	N	Specialty Effective Date	Date the laboratory is approved for the (sub)specialty.	
AEM_SPCLTY	ENFRMNT_INTRNL_ID	VARCHAR2 (6)	Y	AEM Case ID	System generated number that uniquely identifies an Enforcement Case. Generated by	
AEM_SPCLTY	EXPRTN_DT	DATE (8)	N	Specialty Expiration Date	Date the laboratory is no longer approved for a (sub)specialty.	
AEM_SPCLTY	REINST_DT	DATE (8)	N	End of Sanction Against (Sub)Specialty Date	Date the limitation or voluntary withdrawal of (sub)specialty ends.	
AEM_SPCLTY	SPCLTY_ACTN_CD	VARCHAR2 (2)	N	Specialty Action Code	Indicates the limitation or voluntary withdrawal action on the (sub)specialties.	AEM_ACTN_CD
AEM_SPCLTY	SPCLTY_ACTN_DESC	VARCHAR2 (30)	N	Specialty Action Description	Indicates the limitation or voluntary withdrawal action on the (sub)specialties.	AEM_ACTN_CD
AEM_SPCLTY	SPCLTY_CD	VARCHAR2 (4)	N	Specialty Code	Numeric value identifying the (sub)specialties. (Also known as Laboratory Certification Codes.)	CSP_CLIA_SPCLTY_CD
AEM_SPCLTY	SPCLTY_DESC	VARCHAR2 (58)	N	Specialty Description	Numeric value identifying the (sub)specialties. (Also known as Laboratory Certification Codes.)	CSP_CLIA_SPCLTY_CD
AEM_SPCLTY	SPCLTY_INTRNL_ID	NUMBER (10.0)	Y	Specialty Internal ID	Unique identifier of this Specialty record, system generated. Not available for user	
AEM_SPCLTY	SPCLTY_STUS_CD	VARCHAR2 (1)	N	Specialty Status Code	Indicates if the (sub)specialty is active or closed.	CSP_CLIA_REC_STUS_CD
AEM_SPCLTY	SPCLTY_STUS_DESC	VARCHAR2 (19)	N	Specialty Status Description	Indicates if the (sub)specialty is active or closed.	CSP_CLIA_REC_STUS_CD
AEM_SPCLTY	STRT_DT	DATE (8)	N	(Sub)Specialty Sanction Start Date	Date the limitation or voluntary withdrawal of (sub)specialty begins.	
ASP_LD_SB_WVR_PRD	CRNT_WVR	VARCHAR2 (1)	N	Current Waiver Period (Y/N)	Indicates this is the current waiver period (Y/N)	
ASP_LD_SB_WVR_PRD	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the	
ASP_LD_SB_WVR_PRD	TRANS_NUM	NUMBER (12.0)	N			
ASP_LD_SB_WVR_PRD	WVR_ACTVTN_DT	DATE (7)	N	Waiver Activation Date	Date of Waiver Activation	
ASP_LD_SB_WVR_PRD	WVR_TRMNTN_DT	DATE (7)	N	Waiver Termination Date	Date of Waiver Termination	
ASP_VRSN	EFCTV_DT	DATE (7)	N	Effective Date	Effective Date	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
ASP_VRSN	EXPRTN_DT	DATE (7)	N	Expiration Date	Expiration Date	
ASP_VRSN	FED_REGLTN_SET_ID	VARCHAR2 (4)	N	Federal Regulation Set ID	Federal Regulation Set ID	
ASP_VRSN	PRVDR_CTGRY_CD	VARCHAR2 (2)	N	Provider Category Code	Provider Category Code	
ASP_VRSN	VRSN_NUM	VARCHAR2 (5)	Y	Version Number	Version Number	
ASP_WB_ACRDTN_AGNC Y	ALOWD_APLCTN_IDS	VARCHAR2 (256)	N	Allowed ASPEN Web Application IDs	Identifies which ASPEN Web applications the accrediting organization can access.	
ASP_WB_ACRDTN_AGNC Y	AO_ABRVTN_CD	VARCHAR2 (8)	N	Accrediting Organization Acronym	Accrediting organization acronym.	
ASP_WB_ACRDTN_AGNC Y	AO_ID	NUMBER (10.0)	Y	Accrediting Organization ID	Unique numeric identifier for the accrediting organization.	
ASP_WB_ACRDTN_AGNC Y	AO_NAME	VARCHAR2 (100)	N	Accrediting Organization Name	Name of the accrediting organization.	
ASP_WB_ACRDTN_AGNC Y_CNTCT	ADDTNL_ST_ADR	VARCHAR2 (50)	N	Additional Street Address	Additional Street Address.	
ASP_WB_ACRDTN_AGNC Y_CNTCT	ALTRNT_FAX_NUM	VARCHAR2 (13)	N	Alternate Fax Number	Alternate Fax Number.	
ASP_WB_ACRDTN_AGNC Y_CNTCT	AO_ID	NUMBER (10.0)	N	Accreditation Organization ID	Accreditation Organization ID.	
ASP_WB_ACRDTN_AGNC Y_CNTCT	CITY_NAME	VARCHAR2 (28)	N	City Name	City Name.	
ASP_WB_ACRDTN_AGNC Y_CNTCT	CNTCT_1ST_NAME	VARCHAR2 (14)	N	Contact First Name	Contact First Name.	
ASP_WB_ACRDTN_AGNC Y_CNTCT	CNTCT_ID	NUMBER (10.0)	Y	Contact ID	Contact ID.	
ASP_WB_ACRDTN_AGNC Y_CNTCT	CNTCT_LAST_NAME	VARCHAR2 (20)	N	Contact Last Name	Contact Last Name.	
ASP_WB_ACRDTN_AGNC Y_CNTCT	EMAIL_TXT	VARCHAR2 (100)	N	Email Text	Email Text.	
ASP_WB_ACRDTN_AGNC Y_CNTCT	FAX_NUM	VARCHAR2 (13)	N	Fax Number	Fax Number.	
ASP_WB_ACRDTN_AGNC Y_CNTCT	PHNE_NUM	VARCHAR2 (25)	N	Phone Number	Phone Number.	

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
ASP_WB_ACRDTN_AGNCY_CNTCT	STATE_CD	VARCHAR2 (2)	N	State Code	State Code.	
ASP_WB_ACRDTN_AGNCY_CNTCT	ST_ADR	VARCHAR2 (50)	N	Street Address	Street Address.	
ASP_WB_ACRDTN_AGNCY_CNTCT	TITLE_DESC	VARCHAR2 (200)	N	Title Description	Title Description.	
ASP_WB_ACRDTN_AGNCY_CNTCT	WB_USER_ID	VARCHAR2 (7)	N	Web User ID	Web User ID.	
ASP_WB_ACRDTN_AGNCY_CNTCT	ZIP4_CD	VARCHAR2 (4)	N	ZIP 4 Code	ZIP 4 Code.	
ASP_WB_ACRDTN_AGNCY_CNTCT	ZIP_CD	VARCHAR2 (5)	N	ZIP Code	ZIP Code.	
ASP_WB_ACRDTN_AGNCY_CTYPE	AO_CNTCT_TYPE_ID	NUMBER (10.0)	Y	AO Contact Type ID	Sequence Generated ID	
ASP_WB_ACRDTN_AGNCY_CTYPE	CNTCT_ID	NUMBER (10.0)	N	Contact ID	AO Contact ID from the ASP_WB_ACRDTN_AGNCY_CNTCT Table.	
ASP_WB_ACRDTN_AGNCY_CTYPE	CNTCT_TYPE_CD	CHAR (2)	N	Contact Type Code	Contact Type Code from the LOOKUPVALUES table that is associated with	
ASP_WB_ACRDTN_AGNCY_TYPE	AO_ID	NUMBER (10.0)	N	Accrediting Organization ID	Unique numeric identifier for the accrediting organization.	
ASP_WB_ACRDTN_AGNCY_TYPE	AO_TYPE_ID	NUMBER (10.0)	Y	Accrediting Organization Type ID	Sequential numeric identifier of the type of accrediting organization.	
ASP_WB_ACRDTN_AGNCY_TYPE	PGM_TYPE_ID	VARCHAR2 (2)	N	Program Type ID	Numeric value representing the general program type that can be accredited by the organization.	
ASP_WB_AUDT	AO_ID	NUMBER (10.0)	N			
ASP_WB_AUDT	APLCTN_ID	CHAR (2)	N			
ASP_WB_AUDT	AUDT_ID	NUMBER (10.0)	Y			
ASP_WB_AUDT	CHANGEDATE	DATE (7)	N			
ASP_WB_AUDT	CHGREAS	CHAR (2)	N			
ASP_WB_AUDT	CHG_DESC	VARCHAR2 (400)	N			

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
ASP_WB_AUDT	CHG_SRC_CD	CHAR (2)	N			
ASP_WB_AUDT	CHG_SRC_DESC_TXT	VARCHAR2 (15)	N			
ASP_WB_AUDT	COLTYPE	VARCHAR2 (18)	N			
ASP_WB_AUDT	COLUMNNAME	VARCHAR2 (30)	N			
ASP_WB_AUDT	IDTYPE	VARCHAR2 (20)	N			
ASP_WB_AUDT	NATL_TYPE_CD	VARCHAR2 (2)	N			
ASP_WB_AUDT	NEWVALUE	VARCHAR2 (300)	N			
ASP_WB_AUDT	PRIORVALUE	VARCHAR2 (300)	N			
ASP_WB_AUDT	TABLERNAME	VARCHAR2 (25)	N			
ASP_WB_AUDT	TBL_ID	VARCHAR2 (20)	N			
ASP_WB_AUDT	TBL_ID_CLMN_NAME	VARCHAR2 (30)	N			
ASP_WB_AUDT	USER_ID	VARCHAR2 (20)	N			
ASP_WB_CD_CNVRT	CD	VARCHAR2 (20)	N	Code	Code Range.	
ASP_WB_CD_CNVRT	DESCS	VARCHAR2 (60)	N	Description	Code Description.	
ASP_WB_CD_CNVRT	HIGH	VARCHAR2 (10)	N	High	High Code.	
ASP_WB_CD_CNVRT	ID	NUMBER (10.0)	Y	ID	ID.	
ASP_WB_CD_CNVRT	LNGTH	NUMBER (2.0)	N	Length	Length.	
ASP_WB_CD_CNVRT	LOW	VARCHAR2 (10)	N	Low	Low Code.	

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
ASP_WB_CD_CNVRT	PGM_SBTYP_ID	VARCHAR2 (2)	N	Program Subtype ID	Program Subtype ID.	
ASP_WB_CD_CNVRT	PGM_TYPE_ID	VARCHAR2 (2)	N	Program Type ID	Program Type ID.	
ASP_WB_CD_CNVRT	STATE_CD	VARCHAR2 (2)	N	State Code	State Code.	
ASP_WB_CFR	ACTV_SW	VARCHAR2 (1)	N	CFR Active Switch	Indicates if the code of federal regulations is currently active.	
ASP_WB_CFR	APLCTN_ID	CHAR (2)	N	CFR Application ID	Identifies the association between the code of federal regulations code and the supporting	
ASP_WB_CFR	CFR_CD	VARCHAR2 (50)	N	CFR Code	Alpha numeric code assigned to the code of federal regulations.	
ASP_WB_CFR	CFR_ID	NUMBER (10.0)	Y	CFR ID	Sequential number uniquely identifying the code of federal regulation	
ASP_WB_CFR	CFR_STUS_CD	CHAR (2)	N	CFR Status Code	Status code indicating whether the CFR is in production or in the development process.	
ASP_WB_CFR	CFR_TYPE_CD	CHAR (2)	N	CFR Type Code	Indicates whether the regulation cited is a Condition or Standard level deficiency.	
ASP_WB_CFR	DESC_CLOB	CLOB (4000)	N	CFR Description	Text description of the code of federal regulations.	
ASP_WB_CFR	ORGNL_CFR_ID	NUMBER (10.0)	N	Original CFR ID	Original ID of the Condition or Standard code of federal regulations.	
ASP_WB_CFR_DACTVT_L ST	CFR_ID	NUMBER (10.0)	Y	CFR ID	New, unreleased, CFR from ASP_WB_CFR.	
ASP_WB_CFR_DACTVT_L ST	DACTVT_CFR_ID	NUMBER (10.0)	Y	Deactivate CFR ID	Released CFR to deactivate when the associated CFR_ID moves to production.	
ASP_WB_CFR_PGM_TYPE	CFR_ID	NUMBER (10.0)	Y	CFR ID	Sequential number uniquely identifying the code of federal regulation	
ASP_WB_CFR_PGM_TYPE	PGM_TYPE_ID	VARCHAR2 (2)	Y	Program Type ID	Numeric value representing the general program type of the provider.	
ASP_WB_PGM_SBTYP	APLCTN_ID	CHAR (2)	N	Subordinate Program Application ID	Identifies the association between the subordinate program and the supporting ASPEN	
ASP_WB_PGM_SBTYP	PGM_SBTYP_ABRVTN_CD	VARCHAR2 (10)	N	Program Subtype Abbreviation Code	Acronym representing the subordinate program that falls underneath the general program type of	
ASP_WB_PGM_SBTYP	PGM_SBTYP_DESC_TXT	VARCHAR2 (400)	N	Program Subtype Description Text	Name of the subordinate program that falls underneath the general program type of hospital.	

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
ASP_WB_PGM_SBTYP	PGM_SBTYP_ID	VARCHAR2 (2)	N	Program Subtype ID	Numeric value representing the subordinate program if the program type is Hospital.	
ASP_WB_PGM_SBTYP	PGM_TYPE_ID	VARCHAR2 (2)	N	Program Type ID	Numeric value representing the general program type of the provider.	
ASP_WB_PGM_SBTYP	PRVDR_CTGRY_CD_ID	VARCHAR2 (2)	N	Provider Category Code ID	Unique identifier of the type of provider participating in the Medicare/Medicaid program.	
ASP_WB_PGM_SBTYP	PRVDR_CTGRY_SBTYP_CD_ID	VARCHAR2 (2)	N	Provider Category Subtype Code ID	Unique identifier of the provider's subordinate program, within the primary category.	
ASP_WB_PGM_TYPE	APLCTN_ID	CHAR (2)	N	Program Type Application ID	Identifies the association between the program type and the supporting ASPEN Web	
ASP_WB_PGM_TYPE	DSPLY_SW	VARCHAR2 (1)	N			
ASP_WB_PGM_TYPE	PGM_TYPE_ABRVTN_CD	VARCHAR2 (15)	N	Program Type Abbreviation Code	Acronym representing the program type.	
ASP_WB_PGM_TYPE	PGM_TYPE_DESC_TXT	VARCHAR2 (400)	N	Program Type Description Text	Program type name.	
ASP_WB_PGM_TYPE	PGM_TYPE_ID	VARCHAR2 (2)	Y	Program Type ID	Numeric value representing the general program type of the provider.	
ASP_WB_PGM_TYPE	PRVDR_CTGRY_CD_ID	VARCHAR2 (2)	N	Provider Category Code ID	Numeric value representing the program type of a provider participating in the	
ASP_WB_PGM_TYPE	PRVDR_CTGRY_SBTYP_CD_ID	VARCHAR2 (2)	N	Provider Category Subtype Code ID	Unique identifier of the provider's subordinate program, within the primary category.	
ASP_WB_USER_APLCTN	APLCTN_ID	CHAR (2)	N			
ASP_WB_USER_APLCTN	USER_APLCTN_ID	NUMBER (10.0)	Y			
ASP_WB_USER_APLCTN	WB_USER_ID	VARCHAR2 (7)	N			
ASP_WB_USER_ORG	APLCTN_ID	CHAR (2)	N			
ASP_WB_USER_ORG	ORG_ID	VARCHAR2 (20)	N			
ASP_WB_USER_ORG	ORG_TYPE_CD	CHAR (2)	N			
ASP_WB_USER_ORG	USER_ORG_ID	NUMBER (10.0)	Y			

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
ASP_WB_USER_ORG	WB_USER_ID	VARCHAR2 (7)	N			
ASP_WB_USER_ROLES	ACS_SUB_ROLE_CD	CHAR (2)	N			
ASP_WB_USER_ROLES	APLCTN_ID	CHAR (2)	N			
ASP_WB_USER_ROLES	USER_ROLE_ID	NUMBER (10.0)	Y			
ASP_WB_USER_ROLES	WB_USER_ID	VARCHAR2 (7)	N			
ASR_WB_ALTRNT_FAC	ADDTNL_FAC_NAME	VARCHAR2 (255)	N	Doing Business As Name	Name under which the provider is doing business.	
ASR_WB_ALTRNT_FAC	ADDTNL_ST_ADR	VARCHAR2 (100)	N	Additional Street Address	Second line of the provider street address. This field is optional.	
ASR_WB_ALTRNT_FAC	ASR_FAC_ID	NUMBER (10.0)	Y	ASSURE Facility ID	Unique identifier of the provider, by accrediting organization, assigned by the ASSURE system.	
ASR_WB_ALTRNT_FAC	CITY_NAME	VARCHAR2 (100)	N	Address: City Name	City in which the provider is physically located.	
ASR_WB_ALTRNT_FAC	FAC_NAME	VARCHAR2 (200)	N	Facility Name	Name of the provider.	
ASR_WB_ALTRNT_FAC	PRVDR_NUM	VARCHAR2 (10)	N	CCN	A six or ten position identification number that is assigned to a certified provider. This is the	
ASR_WB_ALTRNT_FAC	STATE_CD	VARCHAR2 (2)	N	State Abbreviation	Two-character state abbreviation	
ASR_WB_ALTRNT_FAC	ST_ADR	VARCHAR2 (100)	N	Street Address	Provider street address.	
ASR_WB_ALTRNT_FAC	ZIP4_CD	VARCHAR2 (4)	N	Address: + 4 of ZIP Code	Four-digit extension of the ZIP code for a provider's physical address.	
ASR_WB_ALTRNT_FAC	ZIP_CD	VARCHAR2 (10)	N	Address: Zip Code	Five-digit ZIP code for a provider's physical address.	
ASR_WB_FACILITY	ADDR_MATCH_NUM	NUMBER (10.0)	N	Address Match Number	Percentage that the address matches the CASPER record. Value is set by the overnight	
ASR_WB_FACILITY	ADR_MATCH_TXT	VARCHAR2 (400)	N	Address Match Text	Reason the record didn't match the CASPER record. Loaded via the address tab in ASSURE.	
ASR_WB_FACILITY	ADR_RSN_CD	CHAR (2)	N	Address Reason Code	Reason the record didn't match the CASPER record. Loaded via the address tab in ASSURE.	

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
ASR_WB_FACILITY	AO_FAC_ID	VARCHAR2 (50)	N	Accrediting Organization Facility ID	Unique identifier used internally within the accrediting organization to identify a provider.	
ASR_WB_FACILITY	AO_ID	NUMBER (10.0)	N	Accrediting Organization ID	Unique numeric identifier for an accrediting organization.	
ASR_WB_FACILITY	ASR_FAC_ID	NUMBER (10.0)	Y	ASSURE Facility ID	Unique identifier of the provider, by accrediting organization, assigned by the ASSURE system.	
ASR_WB_FACILITY	CCN_MATCH_NUM	NUMBER (10.0)	N	CCN Match Number	Percentage that the CCN matches the CASPER record. Value is set by the overnight	
ASR_WB_FACILITY	CCN_MATCH_TXT	VARCHAR2 (400)	N	CCN Match Text	Reason the record didn't match the CASPER record. Loaded via the CCN tab in ASSURE.	
ASR_WB_FACILITY	CCN_RSN_CD	CHAR (2)	N	Reason Code	Reason the record didn't match the CASPER record. Loaded via the CCN tab in ASSURE.	
ASR_WB_FACILITY	CITY_MATCH_NUM	NUMBER (10.0)	N	City Match Number	Percentage that the city matches the CASPER record. Value is set by the overnight	
ASR_WB_FACILITY	CREAT_DT	DATE (8)	N	Created Date	Date the provider record was created.	
ASR_WB_FACILITY	CTGRY_MATCH_NUM	NUMBER (10.0)	N	Category Match Number	Percentage that the category (program type) matches the CASPER record. Value is set by	
ASR_WB_FACILITY	DACTVT_DT	DATE (8)	N	Inactivated Date	Date the provider was inactivated.	
ASR_WB_FACILITY	DEEMD_DT	DATE (8)	N	Deemed Date	Most recent date that the provider was deemed to meet Medicare conditions of participation or	
ASR_WB_FACILITY	DEEMD_EXPR_DT	DATE (8)	N	Deemed Expiration Date	Date the provider's deemed status will expire, corresponding with each individual accrediting	
ASR_WB_FACILITY	DEEMD_STUS_SW	VARCHAR2 (1)	N	Deemed Status Indicator	Indicates if the provider is deemed by an accrediting organization to meet Medicare	
ASR_WB_FACILITY	FAC_NAME_MATCH_NUM	NUMBER (10.0)	N	Facility Match Number	Percentage that the provider name matches the CASPER record. Value is set by the overnight	
ASR_WB_FACILITY	FAC_NAME_MATCH_TXT	VARCHAR2 (400)	N	Facility Name Match Text	Reason the record didn't match the CASPER record. Loaded via the facility name tab in	
ASR_WB_FACILITY	FAC_NAME_RSN_CD	CHAR (2)	N	Facility Name Reason Code	Reason the record didn't match the CASPER record. Loaded via the facility name tab in	
ASR_WB_FACILITY	FAC_STUS_CD	CHAR (2)	N	Facility Status Code	Status of the provider within the accrediting organization.	
ASR_WB_FACILITY	INITL_DEEMD_DT	DATE (8)	N	Initial Deemed Date	Date that the provider first entered the accrediting organization's deemed status	



## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
ASR_WB_FACILITY	MATCH_STUS_CD	CHAR (2)	N	Match Status Code	Indicates the status of the match between the ASSURE record and the corresponding	
ASR_WB_FACILITY	MATCH_TYPE_CD	CHAR (2)	N	Match Type Code	Indicates the type of match between the ASSURE record and the corresponding	
ASR_WB_FACILITY	MISC_MATCH_TXT	VARCHAR2 (400)	N	Miscellaneous Match Text	Reason other than CCN, Facility Name, or Address that the record didn't match the	
ASR_WB_FACILITY	MISC_RSN_CD	CHAR (2)	N	Miscellaneous Reason Code	Reason other than CCN, Facility Name, or Address that the record didn't match the	
ASR_WB_FACILITY	PGM_SBTYP_ID	VARCHAR2 (2)	N	Program Subtype ID	Numeric value representing the subordinate program if the program type is Hospital.	
ASR_WB_FACILITY	PGM_TYPE_ID	VARCHAR2 (2)	N	Program Type ID	Numeric value representing the general program type of the provider.	
ASR_WB_FACILITY	PRVDR_INTRNL_NUM	NUMBER (10.0)	N	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
ASR_WB_FACILITY	REACTVT_DT	DATE (8)	N	Reactivated Date	Date the provider was reactivated.	
ASR_WB_FACILITY	REC_UPDTD_SW	VARCHAR2 (1)	N	Record Updated Indicator	Indicates if the provider record has been updated via import.	
ASR_WB_FACILITY	STATE_MATCH_NUM	NUMBER (10.0)	N	State Match Number	Percentage that the state matches the CASPER record. Value is set by the overnight	
ASR_WB_FACILITY	TOTAL_MATCH_NUM	NUMBER (10.0)	N	Total Match number	Total match percentage for the provider to the CASPER record. Used by the reconciliation	
ASR_WB_FACILITY	TRMNTN_DT	DATE (8)	N	Termination Date	Date the provider was removed from the accreditation program by the accrediting	
ASR_WB_FACILITY	TRMNTN_SW	VARCHAR2 (1)	N	Termination Indicator	Indicates if the provider has been terminated from the accrediting organization's accreditation	
ASR_WB_FACILITY	UPDT_DT	DATE (8)	N	Last Update Date for Provider	Date the provider record was last updated via import.	
ASR_WB_FACILITY	WTHDRWL_DT	DATE (8)	N	Withdrawal Date	Date the provider voluntarily withdrew from the accrediting organization's accreditation program	
ASR_WB_FACILITY	WTHDRWL_NTFCTN_DT	DATE (8)	N	Withdrawal Notification Date	Date CMS was notified that the provider voluntarily withdrew from the accrediting	
ASR_WB_FACILITY	WTHDRWL_NTFCTN_SW	VARCHAR2 (1)	N	Withdrawal Notification Indicator	Indicates if CMS was notified that the provider voluntarily withdrew from the accrediting	
ASR_WB_FACILITY	WTHDRWL_SW	VARCHAR2 (1)	N	Withdrawal Indicator	Indicates if a deemed provider has voluntarily withdrawn from the accrediting organization's	

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
ASR_WB_FACILITY	ZIP_MATCH_NUM	NUMBER (10.0)	N	Zip Match Number	Percentage that the ZIP code matches the CASPER record. Value is set by the overnight	
ASR_WB_FAC_TRMNTN_RSN	ASR_FAC_ID	NUMBER (10.0)	N	ASSURE Facility ID	Unique identifier of the provider, by accrediting organization, assigned by the ASSURE system.	
ASR_WB_FAC_TRMNTN_RSN	ASR_FAC_TRMNTN_RSN_ID	NUMBER (10.0)	Y	Termination Reason ID	Sequential number uniquely identifying termination reason records.	
ASR_WB_FAC_TRMNTN_RSN	TRMNTN_RSN_CD	CHAR (2)	N	Termination Reason Code	Indicates the reason that a provider was terminated from an accrediting organization's	
ASR_WB_FAC_WTHDRWL_RSN	ASR_FAC_ID	NUMBER (10.0)	N	ASSURE Facility ID	Unique identifier of the provider, by accrediting organization, assigned by the ASSURE system.	
ASR_WB_FAC_WTHDRWL_RSN	ASR_FAC_WTHDRWL_ID	NUMBER (10.0)	Y	ASSURE Facility Withdrawal ID	Sequential number uniquely identifying facility withdrawal records.	
ASR_WB_FAC_WTHDRWL_RSN	WTHDRWL_RSN_CD	CHAR (2)	N	Withdrawal Reason Code	Indicates the reason that the provider voluntarily withdrew from the accrediting organization's	
ASR_WB_SRVY	ACRDTN_DT	DATE (8)	N	Accreditation Date	Date the provider was accredited by the AO.	
ASR_WB_SRVY	ACRDTN_STUS_CD	CHAR (2)	N	Accreditation Status Code	Indicates if the accreditation survey resulted in a full accreditation or denial of accreditation.	
ASR_WB_SRVY	AO_ID	NUMBER (10.0)	N	Accrediting Organization ID	Unique numeric identifier for an accrediting organization.	
ASR_WB_SRVY	AO_SRVY_ID	VARCHAR2 (50)	N	Accrediting Organization Survey ID	Unique identifier used internally within the accrediting organization to identify a survey.	
ASR_WB_SRVY	ASR_FAC_ID	NUMBER (10.0)	N	ASSURE Facility ID	Unique identifier of the provider, by accrediting organization, assigned by the ASSURE system.	
ASR_WB_SRVY	ASR_SRVY_ID	NUMBER (10.0)	Y	ASSURE Survey ID	Unique identifier for the survey in the ASSURE system, generated by the system.	
ASR_WB_SRVY	CMPLNT_DT	DATE (8)	N	AO Complaint Received Date	Date the complaint was received by the accrediting organization.	
ASR_WB_SRVY	CMPLNT_STUS_CD	CHAR (2)	N	Complaint Status Code	Indicates if the complaint was found to be substantiated or unsubstantiated.	
ASR_WB_SRVY	CMS_NTFCTN_DT	DATE (8)	N	CMS IJ Notification Date	Date the AO notified CMS of the immediate jeopardy situation.	
ASR_WB_SRVY	CRCTN_DAYS_NUM	NUMBER (10.0)	N	Correction Days Allowed	Maximum number of days allowed for correction of all identified deficiencies.	
ASR_WB_SRVY	CRCTN_DT	DATE (8)	N	Correction Date	Date on which the evidence that all deficiencies have been corrected is accepted by the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
ASR_WB_SRVY	CRCTN_DUE_DT	DATE (8)	N	Correction Due Date	Date by which the provider must correct all deficiencies.	
ASR_WB_SRVY	CREAT_DT	DATE (8)	N	Survey Created Date	Date the survey record was created.	
ASR_WB_SRVY	DACTVT_DT	DATE (8)	N	Survey Deactivated Date	Date the survey was deactivated.	
ASR_WB_SRVY	DCSN_CD	CHAR (2)	N	Decision Code	Indicates whether the provider has been awarded full accreditation, conditional accreditation,	
ASR_WB_SRVY	DCSN_TERM_NUM	NUMBER (10.0)	N	Decision Term Months	Number of months the accreditation decision is applicable.	
ASR_WB_SRVY	DFCNCIES_FND_SW	VARCHAR2 (1)	N	Deficiencies Found Indicator	Indicates if the AO survey identified any Medicare deficiencies.	
ASR_WB_SRVY	END_DT	DATE (8)	N	AO Survey End Date	Date the AO survey was completed.	
ASR_WB_SRVY	EXTNDD_ACRDTN_STUS_CD	CHAR (2)	N	Extended Accreditation Status Code	Indicates if the providers extended accreditation status is full accreditation, conditional	
ASR_WB_SRVY	EXTNDD_ACRDTN_SW	VARCHAR2 (1)	N	Extended Accreditation Indicator	Indicates if the provider's current accreditation status is being extended.	
ASR_WB_SRVY	IJ_SW	VARCHAR2 (1)	N	IJ Indicator	Indicates if an immediate jeopardy situation has been identified during an AO survey.	
ASR_WB_SRVY	NTFCTN_DT	DATE (8)	N	Notification Date	Date stamped on the letter to the provider requesting corrections.	
ASR_WB_SRVY	ONSTE_HLTH_HRS_NUM	NUMBER (8.2)	N	Onsite Health Survey Hours	Number of survey hours onsite for the health survey	
ASR_WB_SRVY	ONSTE_LSC_HRS_NUM	NUMBER (8.2)	N	Onsite Life Safety Code Survey Hours	Number of survey hours onsite for the life safety code survey	
ASR_WB_SRVY	RCMDTN_SW	VARCHAR2 (1)	N	Recommendation Indicator	Indicates if the accrediting organization is making the recommendation for Medicare	
ASR_WB_SRVY	REACTVT_DT	DATE (8)	N	Survey Reactivated Date	Date the survey was reactivated.	
ASR_WB_SRVY	REC_UPDTD_SW	VARCHAR2 (1)	N	Record Updated Indicator	Indicates if the survey record has been updated.	
ASR_WB_SRVY	SRVY_AUTHRZTN_DT	DATE (8)	N	Survey Authorization Date	Survey Authorization Date	
ASR_WB_SRVY	SRVY_RQST_TYPE_CD	CHAR (2)	N	AO Survey Request Type Code	Indicates whether the full AO survey was conducted in response to the facility's first	

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
ASR_WB_SRVY	SRVY_STUS_CD	CHAR (2)	N	AO Survey Status Code	Specifies the status of the current AO survey as 'accepted' or 'pending'.	
ASR_WB_SRVY	SRVY_TYPE_CD	CHAR (2)	N	AO Survey Type Code	Indicates whether the AO survey conducted was a full, follow-up, complaint, validation, or	
ASR_WB_SRVY	STRT_DT	DATE (8)	N	AO Survey Start Date	Date the AO survey was initiated.	
ASR_WB_SRVY	TRG_LVL_CD	CHAR (2)	N	Triage Level Code	Triage Level Code	
ASR_WB_SRVY	UPDT_DT	DATE (8)	N	Last Update Date for Survey	Date the survey record was last updated.	
ASR_WB_SRVY_CFR	ASR_SRVY_ID	NUMBER (10.0)	Y	ASSURE Survey ID	Unique identifier for a survey in the ASSURE system.	
ASR_WB_SRVY_CFR	CFR_ID	NUMBER (10.0)	Y	CFR ID	Sequential number uniquely identifying the code of federal regulation	
ASR_WB_SRVY_CFR	CFR_TYPE_CD	CHAR (2)	N	CFR Type Code	Indicates whether the regulation cited is a Condition or Standard level deficiency.	
ASR_WB_SRVY_CRCTN_MTHD	ASR_SRVY_ID	NUMBER (10.0)	Y	ASSURE Survey ID	Unique identifier for a survey in the ASSURE system.	
ASR_WB_SRVY_CRCTN_MTHD	CRCTN_MTHD_CD	CHAR (2)	Y	Correction Method Code	Indicates the type of corrective action required to resolve a cited deficiency(ies).	
CLIA_ACNTG	ACNT_TYPE_CD	VARCHAR2 (2)	Y	Account Type Code	Numeric code identifying the type of CLIA account type.	CLIA_ACNT_TYPE_CD
CLIA_ACNTG	ACNT_TYPE_DESC	VARCHAR2 (50)	N	Account Type Description	Numeric code identifying the type of CLIA account type.	CLIA_ACNT_TYPE_CD
CLIA_ACNTG	ACRDTN_SCHDL_CD	VARCHAR2 (1)	N	Accreditation Schedule Code	Accreditation schedule code. This schedule is calculated using the CLIA application data.	CSP_SCHDL_CD
CLIA_ACNTG	ACRDTN_SCHDL_DESC	VARCHAR2 (400)	N	Accreditation Schedule Description	Accreditation schedule code. This schedule is calculated using the CLIA application data.	CSP_SCHDL_CD
CLIA_ACNTG	ADD_DT	DATE (8)	Y	Add Date	Date the CLIA accounting data was added.	
CLIA_ACNTG	ADD_USER_ID	VARCHAR2 (7)	N	Add User ID	User ID of person adding the record.	
CLIA_ACNTG	APLCTN_TYPE_CD	VARCHAR2 (1)	N	Application Type Code	Type of CLIA certificate applied for by a laboratory.	CLIA_APLCTN_TYPE_CD
CLIA_ACNTG	APLCTN_TYPE_DESC	VARCHAR2 (50)	N	Application Type Description	Type of CLIA certificate applied for by a laboratory.	CLIA_APLCTN_TYPE_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CLIA_ACNTG	AUDT_CD	VARCHAR2 (2)	N	Audit Code	Numeric code identifying the type of CLIA audit.	CLIA_AUDT_CD
CLIA_ACNTG	AUDT_DESC	VARCHAR2 (50)	N	Audit Description	Numeric code identifying the type of CLIA audit.	CLIA_AUDT_CD
CLIA_ACNTG	AUDT_DT	DATE (8)	N	Audit Date	Date the CLIA audit code was entered.	
CLIA_ACNTG	BILL_AMT	NUMBER (22.2)	Y	Amount of Bill	Amount of funds billed.	
CLIA_ACNTG	BILL_CD	NUMBER (22.0)	Y	Bill Code	Numeric code identifying the type of CLIA bill.	CLIA_BILL_CD
CLIA_ACNTG	BILL_DESC	VARCHAR2 (50)	N	Bill Description	Numeric code identifying the type of CLIA bill.	CLIA_BILL_CD
CLIA_ACNTG	BILL_DT	DATE (8)	N	Bill Date	Date the bill was created.	
CLIA_ACNTG	CMPLNC_SCHDL_CD	VARCHAR2 (1)	N	Compliance Schedule Code	Calculated based on current CLIA information from the compliance survey and is based on a	CSP_SCHDL_CD
CLIA_ACNTG	CMPLNC_SCHDL_DESC	VARCHAR2 (400)	N	Compliance Schedule Description	Calculated based on current CLIA information from the compliance survey and is based on a	CSP_SCHDL_CD
CLIA_ACNTG	CRTFCT_EFCTV_DT	DATE (8)	Y	Certificate Effective Date	Date the certificate became effective.	
CLIA_ACNTG	CRTFCT_SCHDL_CD	VARCHAR2 (1)	N	Certificate Schedule Code	Calculated based on current CLIA information from the compliance survey and is based on a	CSP_SCHDL_CD
CLIA_ACNTG	CRTFCT_SCHDL_DESC	VARCHAR2 (400)	N	Certificate Schedule Description	Calculated based on current CLIA information from the compliance survey and is based on a	CSP_SCHDL_CD
CLIA_ACNTG	LKBX_BATCH_NUM	NUMBER (22.0)	N	Lockbox Batch Number	Number identifying the lock box batch.	
CLIA_ACNTG	LKBX_ITM_NUM	NUMBER (22.0)	N	Lockbox Item Number	Number identifying the lock box item.	
CLIA_ACNTG	LKBX_PROC_DT	DATE (8)	N	Lockbox Process Date	Date the lockbox was processed.	
CLIA_ACNTG	PMT_AMT	NUMBER (22.2)	Y	Amount of Payment	Amount of funds paid.	
CLIA_ACNTG	PMT_KEY_NUM	VARCHAR2 (14)	Y	Payment Key Number	Number identifying the payment key.	
CLIA_ACNTG	PMT_STUS_CD	VARCHAR2 (2)	N	Payment Status Code	Numeric code identifying the type of CLIA payment status.	CLIA_PMT_STUS_CD

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CLIA_ACNTG	PMT_STUS_DESC	VARCHAR2 (50)	N	Payment Status Description	Numeric code identifying the type of CLIA payment status.	CLIA_PMT_STUS_CD
CLIA_ACNTG	PMT_STUS_DT	DATE (8)	N	Payment Status Date	Date the payment status code was entered.	
CLIA_ACNTG	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CLIA_ACNTG	PRVDR_NUM	VARCHAR2 (10)	N	CCN	A six or ten position identification number that is assigned to a certified provider. This is the	
CLIA_ACNTG	STATE_CD	VARCHAR2 (2)	N	State Code	Two-character state abbreviation.	CSP_STATE_CD
CLIA_ACNTG	STATE_DESC	VARCHAR2 (400)	N	State Description	Two-character state abbreviation.	CSP_STATE_CD
CLIA_ACNTG	TOT_BILL_AMT	NUMBER (22.2)	N	Amount of Total Bill	Total amount billed to the CLIA Lab.	
CLIA_ACNTG	TRANS_NUM	VARCHAR2 (15)	Y	Transaction Number	Transaction number of the CLIA account entry.	
CLIA_ACNTG	UPDT_DT	DATE (8)	N	Update Date	Date the accounting data was updated.	
CLIA_ACNTG	UPDT_USER_ID	VARCHAR2 (7)	N	Update User ID	Update user ID number	
CLIA_ACNTG_UNRCNCL D_VW	ACNT_TYPE_CD	VARCHAR2 (2)	N	Account Type Code	Numeric code identifying type of fee. 01 certificate, 02 compliance, 04 CoC, 05	CLIA_ACNT_TYPE_CD
CLIA_ACNTG_UNRCNCL D_VW	ACNT_TYPE_DESC	VARCHAR2 (39)	N	Account Type Description	Numeric code identifying type of fee. 01 certificate, 02 compliance, 04 CoC, 05	CLIA_ACNT_TYPE_CD
CLIA_ACNTG_UNRCNCL D_VW	ACRDTN_SCHDL_CD	VARCHAR2 (1)	N	Accreditation Schedule Code	Based on the lab's specialties and test volume at the time the fee was issued.	CSP_SCHDL_CD
CLIA_ACNTG_UNRCNCL D_VW	ACRDTN_SCHDL_DESC	VARCHAR2 (55)	N	Accreditation Schedule Description	Based on the lab's specialties and test volume at the time the fee was issued.	CSP_SCHDL_CD
CLIA_ACNTG_UNRCNCL D_VW	ADD_DT	DATE (8)	N	Add Date	Date the accounting record was generated.	
CLIA_ACNTG_UNRCNCL D_VW	ADD_USER_ID	VARCHAR2 (7)	N	Add User ID	User ID of individual or system that generated the record.	
CLIA_ACNTG_UNRCNCL D_VW	APLCTN_TYPE_CD	VARCHAR2 (1)	N	Application Type Code	Type of CLIA certificate at the time the fee was issued.	CLIA_APLCTN_TYPE_CD
CLIA_ACNTG_UNRCNCL D_VW	APLCTN_TYPE_DESC	VARCHAR2 (20)	N	Application Type Description	Type of CLIA certificate at the time the fee was issued.	CLIA_APLCTN_TYPE_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CLIA_ACNTG_UNRCNCL D_VW	AUDT_CD	VARCHAR2 (2)	N	Audit Code	Identifies the reason the accounting record is current (00) or the reason the accounting record	CLIA_AUDT_CD
CLIA_ACNTG_UNRCNCL D_VW	AUDT_DESC	VARCHAR2 (50)	N	Audit Description	Identifies the reason the accounting record is current (00) or the reason the accounting record	CLIA_AUDT_CD
CLIA_ACNTG_UNRCNCL D_VW	AUDT_DT	DATE (8)	N	Audit Date	Date the CLIA audit code was generated or modified.	
CLIA_ACNTG_UNRCNCL D_VW	BILL_AMT	NUMBER (22)	N	Amount of Bill	Fee amount.	
CLIA_ACNTG_UNRCNCL D_VW	BILL_CD	NUMBER (22)	N	Bill Code	Numeric code identifying the type of CLIA fee. 1 is initial, 2 is rebill, 3 is final rebill.	CLIA_BILL_CD
CLIA_ACNTG_UNRCNCL D_VW	BILL_DESC	VARCHAR2 (23)	N	Bill Description	Numeric code identifying the type of CLIA fee. 1 is initial, 2 is rebill, 3 is final rebill.	CLIA_BILL_CD
CLIA_ACNTG_UNRCNCL D_VW	BILL_DT	DATE (8)	N	Bill Date	Date the CLIA fee was created.	
CLIA_ACNTG_UNRCNCL D_VW	CMPLNC_SCHDL_CD	VARCHAR2 (1)	N	Compliance Schedule Code	Based on the lab's specialties and test volume at the time the fee was issued.	CSP_SCHDL_CD
CLIA_ACNTG_UNRCNCL D_VW	CMPLNC_SCHDL_DESC	VARCHAR2 (55)	N	Compliance Schedule Description	Based on the lab's specialties and test volume at the time the fee was issued.	CSP_SCHDL_CD
CLIA_ACNTG_UNRCNCL D_VW	CRTFCT_EFCTV_DT	DATE (8)	N	Certificate Effective Date	Start date of the certificate at the time the fee was issued.	
CLIA_ACNTG_UNRCNCL D_VW	CRTFCT_SCHDL_CD	VARCHAR2 (1)	N	Certificate Schedule Code	Based on the lab's specialties and test volume at the time the fee was issued.	CSP_SCHDL_CD
CLIA_ACNTG_UNRCNCL D_VW	CRTFCT_SCHDL_DESC	VARCHAR2 (55)	N	Certificate Schedule Description	Based on the lab's specialties and test volume at the time the fee was issued.	CSP_SCHDL_CD
CLIA_ACNTG_UNRCNCL D_VW	LKBX_BATCH_NUM	VARCHAR2 (4)	N	Lockbox Batch Number	Number identifying the type of payment received by the lockbox. 1000 matched, 2000	
CLIA_ACNTG_UNRCNCL D_VW	LKBX_ITM_NUM	NUMBER (22.0)	N	Lockbox Item Number	Unique sequential number starting with '01' for the first item in a lock box contractor batch and	
CLIA_ACNTG_UNRCNCL D_VW	LKBX_PROC_DT	DATE (8)	N	Process Date	Date that a laboratory's payment was processed by the lockbox contractor.	
CLIA_ACNTG_UNRCNCL D_VW	PMT_AMT	NUMBER (22.2)	N	Amount of Payment	Lockbox payment amount.	
CLIA_ACNTG_UNRCNCL D_VW	PMT_KEY_NUM	VARCHAR2 (14)	N	Payment Key Number	Internal processing number identifying the payment key.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CLIA_ACNTG_UNRCNCL D_VW	PMT_STUS_CD	VARCHAR2 (2)	N	Payment Status Code	Numeric code identifying CLIA payment status. 01 paid 05 partial paid 08 fee sent 10 ready to	CLIA_PMT_STUS_CD
CLIA_ACNTG_UNRCNCL D_VW	PMT_STUS_DESC	VARCHAR2 (27)	N	Payment Status Description	Numeric code identifying CLIA payment status. 01 paid 05 partial paid 08 fee sent 10 ready to	CLIA_PMT_STUS_CD
CLIA_ACNTG_UNRCNCL D_VW	PMT_STUS_DT	DATE (8)	N	Payment Status Date	Date the payment status code was generated or last modified.	
CLIA_ACNTG_UNRCNCL D_VW	PRVDR_INTRNL_NUM	NUMBER (10.0)	N	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CLIA_ACNTG_UNRCNCL D_VW	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the	
CLIA_ACNTG_UNRCNCL D_VW	RFND_APRVL_CD	VARCHAR2 (2)	N	Refund Approval Code	Code identifying the refund reason.	CLIA_RFND_RSN_CD
CLIA_ACNTG_UNRCNCL D_VW	RFND_APRVL_DESC	VARCHAR2 (55)	N	Refund Approval Description	Code identifying the type of refund approval.	CLIA_RFND_RSN_CD
CLIA_ACNTG_UNRCNCL D_VW	RFND_APRVL_DT	DATE (8)	N	Refund Approval Date	Date the refund approval was added.	
CLIA_ACNTG_UNRCNCL D_VW	RFND_APRVL_SW	VARCHAR2 (1)	N	Refund Approval Indicator	Indicates whether the refund was approved or not.	
CLIA_ACNTG_UNRCNCL D_VW	RFND_APRVL_USER_ID	VARCHAR2 (30)	N	Refund Approval User ID	User ID of the individual/system who approved the refund.	
CLIA_ACNTG_UNRCNCL D_VW	RFND_OBA_DT	DATE (8)	N	Refund File Create Date	Date the refund file is created.	
CLIA_ACNTG_UNRCNCL D_VW	RFND_RECOM_CD	VARCHAR2 (2)	N	Refund Recommend Code	Code identifying the refund reason.	CLIA_RFND_RSN_CD
CLIA_ACNTG_UNRCNCL D_VW	RFND_RECOM_DESC	VARCHAR2 (55)	N	Refund Recommend Description	Code identifying the refund reason.	CLIA_RFND_RSN_CD
CLIA_ACNTG_UNRCNCL D_VW	RFND_RECOM_DT	DATE (8)	N	Refund Recommend Date	Date the recommended refund was added.	
CLIA_ACNTG_UNRCNCL D_VW	RFND_RECOM_SW	VARCHAR2 (1)	N	Refund Recommend Indicator	Indicates whether the refund was recommended or not.	
CLIA_ACNTG_UNRCNCL D_VW	RFND_RECOM_USER_ID	VARCHAR2 (30)	N	Refund Recommend User ID	User ID of the individual/system who recommended the refund.	
CLIA_ACNTG_UNRCNCL D_VW	STATE_CD	VARCHAR2 (2)	N	State Abbreviation	Two-character state abbreviation.	CSP_STATE_CD



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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CLIA_ACNTG_UNRCNCL_D_VW	STATE_DESC	VARCHAR2 (30)	N	State Description	State Description	CSP_STATE_CD
CLIA_ACNTG_UNRCNCL_D_VW	TOT_BILL_AMT	NUMBER (22)	N	Amount of Total Bill	Total fees outstanding, may include multiple fees.	
CLIA_ACNTG_UNRCNCL_D_VW	TRANS_NUM	VARCHAR2 (15)	N	Transaction Number	Transaction number of the CLIA account entry. For non-zero values, originates from the journal	
CLIA_ACNTG_UNRCNCL_D_VW	UPDT_DT	DATE (8)	N	Update Date	Date the accounting data was updated.	
CLIA_ACNTG_UNRCNCL_D_VW	UPDT_USER_ID	VARCHAR2 (7)	N	Update User ID	Update user ID.	
CLIA_CRTFCT_SMRY_VW	CRNT_APLCTN_TYPE_CD	VARCHAR2 (1)	N	Current Application Type Code	Type of CLIA certificate applied for by a laboratory - current.	CLIA_APLCTN_TYPE_CD
CLIA_CRTFCT_SMRY_VW	CRNT_APLCTN_TYPE_DESC	VARCHAR2 (20)	N	Current Application Type Description	Type of CLIA certificate applied for by a laboratory - current.	CLIA_APLCTN_TYPE_CD
CLIA_CRTFCT_SMRY_VW	CRNT_CLIA_TRMNTN_CD	VARCHAR2 (2)	N	Current CLIA Termination Code	Identifies a laboratory's current active or terminated status. If terminated, identifies the	CSP_CLIA_TRMNTN_CD
CLIA_CRTFCT_SMRY_VW	CRNT_CLIA_TRMNTN_DESC	VARCHAR2 (55)	N	Current CLIA Termination Description	Identifies a laboratory's current active or terminated status. If terminated, identifies the	CSP_CLIA_TRMNTN_CD
CLIA_CRTFCT_SMRY_VW	CRNT_CRTFCT_EFCTV_DT	DATE (8)	N	Current CLIA Certificate Effective Date	Start date of the current certificate.	
CLIA_CRTFCT_SMRY_VW	CRNT_CRTFCT_EXPRTN_DT	DATE (8)	N	Current CLIA Certificate Expiration Date	End date of the current certificate.	
CLIA_CRTFCT_SMRY_VW	CRNT_CRTFCT_MAIL_DT	DATE (8)	N	Current CLIA Certificate Mailed Date	Date the current certificate was generated for mailing.	
CLIA_CRTFCT_SMRY_VW	CRNT_CRTFCT_TYPE_CD	VARCHAR2 (1)	N	Current CLIA Certificate Type Code	Type of certificate issued to the laboratory, based on the application type code - current.	CSP_CRTFCT_TYPE_CD
CLIA_CRTFCT_SMRY_VW	CRNT_CRTFCT_TYPE_DESC	VARCHAR2 (23)	N	Current CLIA Certificate Type Description	Type of certificate issued to the laboratory, based on the application type code - current.	CSP_CRTFCT_TYPE_CD
CLIA_CRTFCT_SMRY_VW	CRNT_LAB_CLSFCTN_CD	VARCHAR2 (2)	N	Current CLIA Laboratory Classification	Determines if the laboratory is non-exempt, exempt or Veterans Administration - current.	CSP_LAB_CLSFCTN_CD
CLIA_CRTFCT_SMRY_VW	CRNT_LAB_CLSFCTN_DESC	VARCHAR2 (32)	N	Current CLIA Laboratory Classification Description	Determines if the laboratory is non-exempt, exempt or Veterans Administration - current.	CSP_LAB_CLSFCTN_CD
CLIA_CRTFCT_SMRY_VW	NEW_APLCTN_EFCTV_DT	DATE (8)	N	New Application Effective Date	Start date of the new certificate the lab is requesting.	
CLIA_CRTFCT_SMRY_VW	NEW_APLCTN_TYPE_CD	VARCHAR2 (1)	N	New Application Type Code	Type of CLIA certificate applied for by a laboratory - new.	CLIA_APLCTN_TYPE_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CLIA_CRTFCT_SMRY_VW	NEW_APLCTN_TYPE_DESC	VARCHAR2 (20)	N	New Application Type Description	Type of CLIA certificate applied for by a laboratory - new.	CLIA_APLCTN_TYPE_CD
CLIA_CRTFCT_SMRY_VW	ODIE_CRTFCT_EFCTV_DT	DATE (8)	N	Compliance Certificate Effective Date: Provider-level	Date the lab was determined to be in compliance with program requirements for the initial	
CLIA_CRTFCT_SMRY_VW	ODIE_CRTFCT_TYPE_CHG_SW	VARCHAR2 (1)	N	Certificate Type Change Due to Survey Indicator	Indicates if the lab chooses to change the certificate type at time of initial certification	
CLIA_CRTFCT_SMRY_VW	ODIE_ENTRY_PNDNG_DT	DATE (8)	N	Survey Entry Pending Date	Date present when a survey shell is created, blocks status changes and terminations. It is	
CLIA_CRTFCT_SMRY_VW	OVRAL_APLCTN_TYPE_CD	VARCHAR2 (1)	N	Overall Application Type Code	Type of CLIA certificate applied for by a laboratory - overall. Points to pending or	CLIA_APLCTN_TYPE_CD
CLIA_CRTFCT_SMRY_VW	OVRAL_APLCTN_TYPE_DESC	VARCHAR2 (20)	N	Overall Application Type Description	Type of CLIA certificate applied for by a laboratory - overall. Points to pending or	CLIA_APLCTN_TYPE_CD
CLIA_CRTFCT_SMRY_VW	OVRAL_CLIA_TRMNTN_CD	VARCHAR2 (2)	N	Overall CLIA Termination Code	Identifies a laboratory's overall active or terminated status. If terminated, identifies the	CSP_CLIA_TRMNTN_CD
CLIA_CRTFCT_SMRY_VW	OVRAL_CLIA_TRMNTN_DESC	VARCHAR2 (55)	N	Overall CLIA Termination Description	Identifies a laboratory's overall active or terminated status. If terminated, identifies the	CSP_CLIA_TRMNTN_CD
CLIA_CRTFCT_SMRY_VW	OVRAL_CRTFCT_EFCTV_DT	DATE (8)	N	Overall Certificate Effective Date	Start date of the overall certificate - overall. Points to pending or current, whichever holds	
CLIA_CRTFCT_SMRY_VW	OVRAL_CRTFCT_EXPRTN_DT	DATE (8)	N	Overall CLIA Expiration Date	End date of the overall certificate.	
CLIA_CRTFCT_SMRY_VW	OVRAL_CRTFCT_TYPE_CD	VARCHAR2 (2)	N	Overall Certificate Type Code	Type of certificate issued to the laboratory, based on the application type code - overall.	CSP_CRTFCT_TYPE_CD
CLIA_CRTFCT_SMRY_VW	OVRAL_CRTFCT_TYPE_DESC	VARCHAR2 (23)	N	Overall Certificate Type Description	Type of certificate issued to the laboratory, based on the application type code - overall.	CSP_CRTFCT_TYPE_CD
CLIA_CRTFCT_SMRY_VW	OVRAL_LAB_CLSFCTN_CD	VARCHAR2 (2)	N	Overall Lab Classification Code	Determines if the laboratory is non-exempt, exempt or Veterans Administration - overall.	CSP_LAB_CLSFCTN_CD
CLIA_CRTFCT_SMRY_VW	OVRAL_LAB_CLSFCTN_DESC	VARCHAR2 (32)	N	Overall Lab Classification Description	Determines if the laboratory is non-exempt, exempt or Veterans Administration - overall.	CSP_LAB_CLSFCTN_CD
CLIA_CRTFCT_SMRY_VW	PEND_APLCTN_TYPE_CD	VARCHAR2 (1)	N	Pending Application Type Code	Type of CLIA certificate applied for by a laboratory - pending.	CLIA_APLCTN_TYPE_CD
CLIA_CRTFCT_SMRY_VW	PEND_APLCTN_TYPE_DESC	VARCHAR2 (20)	N	Pending Application Type Description	Type of CLIA certificate applied for by a laboratory - pending.	CLIA_APLCTN_TYPE_CD
CLIA_CRTFCT_SMRY_VW	PEND_CLIA_TRMNTN_CD	VARCHAR2 (2)	N	Pending CLIA Termination Code	Identifies a laboratory's pending active or terminated status. If terminated, identifies the	CSP_CLIA_TRMNTN_CD
CLIA_CRTFCT_SMRY_VW	PEND_CLIA_TRMNTN_DESC	VARCHAR2 (55)	N	Pending CLIA Termination Description	Identifies a laboratory's pending active or terminated status. If terminated, identifies the	CSP_CLIA_TRMNTN_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CLIA_CRTFCT_SMRY_VW	PEND_CRTFCT_EFCTV_DT	DATE (8)	N	Pending CLIA Certificate Effective Date	Start date of the pending certificate.	
CLIA_CRTFCT_SMRY_VW	PEND_CRTFCT_EXPRTN_DT	DATE (8)	N	Pending CLIA Certificate Expiration Date	End date of the pending certificate.	
CLIA_CRTFCT_SMRY_VW	PEND_CRTFCT_TYPE_CD	VARCHAR2 (1)	N	Pending CLIA Certificate Type Code	Type of certificate issued to the laboratory, based on the application type code - pending.	CSP_CRTFCT_TYPE_CD
CLIA_CRTFCT_SMRY_VW	PEND_CRTFCT_TYPE_DESC	VARCHAR2 (23)	N	Pending CLIA Certificate Type Description	Type of certificate issued to the laboratory, based on the application type code - pending.	CSP_CRTFCT_TYPE_CD
CLIA_CRTFCT_SMRY_VW	PEND_LAB_CLSFCTN_CD	VARCHAR2 (2)	N	Pending CLIA Laboratory Classification	Determines if the laboratory is non-exempt, exempt or Veterans Administration - pending.	CSP_LAB_CLSFCTN_CD
CLIA_CRTFCT_SMRY_VW	PEND_LAB_CLSFCTN_DESC	VARCHAR2 (32)	N	Pending CLIA Laboratory Classification Description	Determines if the laboratory is non-exempt, exempt or Veterans Administration - pending.	CSP_LAB_CLSFCTN_CD
CLIA_CRTFCT_SMRY_VW	PRIOR_1_APLCTN_TYPE_CD	VARCHAR2 (1)	N	First History Application Type Code	Type of CLIA certificate applied for by a laboratory - first prior.	CLIA_APLCTN_TYPE_CD
CLIA_CRTFCT_SMRY_VW	PRIOR_1_APLCTN_TYPE_DESC	VARCHAR2 (20)	N	First History Application Type Description	Type of CLIA certificate applied for by a laboratory - first prior.	CLIA_APLCTN_TYPE_CD
CLIA_CRTFCT_SMRY_VW	PRIOR_1_CLIA_TRMNTN_CD	VARCHAR2 (2)	N	First History CLIA Termination Code	Identifies a laboratory's active or terminated status for first prior. If terminated, identifies the	CSP_CLIA_TRMNTN_CD
CLIA_CRTFCT_SMRY_VW	PRIOR_1_CLIA_TRMNTN_DESC	VARCHAR2 (55)	N	First History CLIA Termination Description	Identifies a laboratory's active or terminated status for first prior. If terminated, identifies the	CSP_CLIA_TRMNTN_CD
CLIA_CRTFCT_SMRY_VW	PRIOR_1_CRTFCT_EFCTV_DT	DATE (8)	N	First History CLIA Certificate Effective Date	Start date of the first prior certificate.	
CLIA_CRTFCT_SMRY_VW	PRIOR_1_CRTFCT_EXPRTN_DT	DATE (8)	N	First History CLIA Certificate Expiration Date	End date of the first prior certificate.	
CLIA_CRTFCT_SMRY_VW	PRIOR_1_CRTFCT_MAIL_DT	DATE (8)	N	First History CLIA Certificate Mailed Date	Date the first prior certificate was generated for mailing.	
CLIA_CRTFCT_SMRY_VW	PRIOR_1_CRTFCT_TYPE_CD	VARCHAR2 (1)	N	First History CLIA Certificate Type Code	Type of certificate issued to the laboratory, based on the application type code - first prior.	CSP_CRTFCT_TYPE_CD
CLIA_CRTFCT_SMRY_VW	PRIOR_1_CRTFCT_TYPE_DESC	VARCHAR2 (23)	N	First History CLIA Certificate Type Description	Type of certificate issued to the laboratory, based on the application type code - first prior.	CSP_CRTFCT_TYPE_CD
CLIA_CRTFCT_SMRY_VW	PRIOR_1_LAB_CLSFCTN_CD	VARCHAR2 (2)	N	First History CLIA Laboratory Classification	Determines if the laboratory is non-exempt, exempt or Veterans Administration - first prior.	CSP_LAB_CLSFCTN_CD
CLIA_CRTFCT_SMRY_VW	PRIOR_1_LAB_CLSFCTN_DESC	VARCHAR2 (32)	N	First History CLIA Laboratory Classification Description	Determines if the laboratory is non-exempt, exempt or Veterans Administration - first prior.	CSP_LAB_CLSFCTN_CD

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CLIA_CRTFCT_SMRY_VW	PRIOR_2_APLCTN_TYPE_CD	VARCHAR2 (1)	N	Second History Application Type Code	Type of CLIA certificate applied for by a laboratory - second prior.	CLIA_APLCTN_TYPE_CD
CLIA_CRTFCT_SMRY_VW	PRIOR_2_APLCTN_TYPE_DE SC	VARCHAR2 (20)	N	Second History Application Type Description	Type of CLIA certificate applied for by a laboratory - second prior.	CLIA_APLCTN_TYPE_CD
CLIA_CRTFCT_SMRY_VW	PRIOR_2_CLIA_TRMNTN_CD	VARCHAR2 (2)	N	Second History CLIA Termination Code	Identifies a laboratory's second prior active or terminated status. If terminated, identifies the	CSP_CLIA_TRMNTN_CD
CLIA_CRTFCT_SMRY_VW	PRIOR_2_CLIA_TRMNTN_DE SC	VARCHAR2 (55)	N	Second History CLIA Termination Description	Identifies a laboratory's third prior active or terminated status. If terminated, identifies the	CSP_CLIA_TRMNTN_CD
CLIA_CRTFCT_SMRY_VW	PRIOR_2_CRTFCT_EFCTV_D T	DATE (8)	N	Second History CLIA Certificate Effective Date	Start date of the second prior certificate.	
CLIA_CRTFCT_SMRY_VW	PRIOR_2_CRTFCT_EXPRTN_ DT	DATE (8)	N	Second History CLIA Certificate Expiration Date	End date of the second prior certificate.	
CLIA_CRTFCT_SMRY_VW	PRIOR_2_CRTFCT_MAIL_DT	DATE (8)	N	Second History CLIA Certificate Mailed Date	Date the second prior certificate was generated for mailing.	
CLIA_CRTFCT_SMRY_VW	PRIOR_2_CRTFCT_TYPE_CD	VARCHAR2 (1)	N	Second History CLIA Certificate Type Code	Type of certificate issued to the laboratory, based on the application type code - second	CSP_CRTFCT_TYPE_CD
CLIA_CRTFCT_SMRY_VW	PRIOR_2_CRTFCT_TYPE_DES C	VARCHAR2 (23)	N	Second History CLIA Certificate Type Description	Type of certificate issued to the laboratory, based on the application type code - second	CSP_CRTFCT_TYPE_CD
CLIA_CRTFCT_SMRY_VW	PRIOR_2_LAB_CLSFCTN_CD	VARCHAR2 (2)	N	Second History CLIA Laboratory Classification	Determines if the laboratory is non-exempt, exempt or Veterans Administration - second	CSP_LAB_CLSFCTN_CD
CLIA_CRTFCT_SMRY_VW	PRIOR_2_LAB_CLSFCTN_DE SC	VARCHAR2 (32)	N	Second History CLIA Laboratory Classification Description	Determines if the laboratory is non-exempt, exempt or Veterans Administration - second	CSP_LAB_CLSFCTN_CD
CLIA_CRTFCT_SMRY_VW	PRIOR_3_APLCTN_TYPE_CD	VARCHAR2 (1)	N	Third History Application Type Code	Type of CLIA certificate applied for by a laboratory - third prior.	CLIA_APLCTN_TYPE_CD
CLIA_CRTFCT_SMRY_VW	PRIOR_3_APLCTN_TYPE_DE SC	VARCHAR2 (20)	N	Third History Application Type Description	Type of CLIA certificate applied for by a laboratory - third prior.	CLIA_APLCTN_TYPE_CD
CLIA_CRTFCT_SMRY_VW	PRIOR_3_CLIA_TRMNTN_CD	VARCHAR2 (2)	N	Third History CLIA Termination Code	Identifies a laboratory's second prior active or terminated status. If terminated, identifies the	CSP_CLIA_TRMNTN_CD
CLIA_CRTFCT_SMRY_VW	PRIOR_3_CLIA_TRMNTN_DE SC	VARCHAR2 (55)	N	Third History CLIA Termination Description	Identifies a laboratory's third prior active or terminated status. If terminated, identifies the	CSP_CLIA_TRMNTN_CD
CLIA_CRTFCT_SMRY_VW	PRIOR_3_CRTFCT_EFCTV_D T	DATE (8)	N	Third History CLIA Certificate Effective Date	Start date of the third prior certificate.	
CLIA_CRTFCT_SMRY_VW	PRIOR_3_CRTFCT_EXPRTN_ DT	DATE (8)	N	Third History CLIA Certificate Expiration Date	End date of the third prior certificate.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CLIA_CRTFCT_SMRY_VW	PRIOR_3_CRTFCT_MAIL_DT	DATE (8)	N	Third History CLIA Certificate Mailed Date	Date the third prior certificate was generated for mailing.	
CLIA_CRTFCT_SMRY_VW	PRIOR_3_CRTFCT_TYPE_CD	VARCHAR2 (1)	N	Third History CLIA Certificate Type Code	Type of certificate issued to the laboratory, based on the application type code - third prior.	CSP_CRTFCT_TYPE_CD
CLIA_CRTFCT_SMRY_VW	PRIOR_3_CRTFCT_TYPE_DESC	VARCHAR2 (23)	N	Third History CLIA Certificate Type Description	Type of certificate issued to the laboratory, based on the application type code - third prior.	CSP_CRTFCT_TYPE_CD
CLIA_CRTFCT_SMRY_VW	PRIOR_3_LAB_CLSFCTN_CD	VARCHAR2 (2)	N	Third History CLIA Laboratory Classification	Determines if the laboratory is non-exempt, exempt or Veterans Administration - third prior.	CSP_LAB_CLSFCTN_CD
CLIA_CRTFCT_SMRY_VW	PRIOR_3_LAB_CLSFCTN_DESC	VARCHAR2 (32)	N	Third History CLIA Laboratory Classification Description	Determines if the laboratory is non-exempt, exempt or Veterans Administration - third prior.	CSP_LAB_CLSFCTN_CD
CLIA_CRTFCT_SMRY_VW	PRVDR_INTRNL_NUM	NUMBER (10.0)	N	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CLIA_CRTFCT_SMRY_VW	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the	
CLIA_LKBX	CHK_NUM	VARCHAR2 (9)	N	Check Number	Check number used to make the lockbox payment.	
CLIA_LKBX	LKBX_BATCH_NUM	VARCHAR2 (4)	Y	Lockbox Batch Number	Batch number used by the laboratory lockbox contractor. The Batch number is reset to 1 at the	
CLIA_LKBX	LKBX_ITM_NUM	NUMBER (22.0)	Y	Lockbox Item Number	A unique sequential number starting with '01' for the first item in a lock box contractor batch and	
CLIA_LKBX	PMT_AMT	NUMBER (22.2)	N	Amount of Payment	The lockbox payment amount.	
CLIA_LKBX	PROC_DT	DATE (8)	Y	Process Date	Date that a laboratory's payment was processed by the lockbox contractor.	
CLIA_PRVDR	A2LA_ACRDTD_CD	VARCHAR2 (1)	N	AO A2LA Accredited Code	Indicates if the lab reported that it is accredited by the American Association for Laboratory	CSP_ACRDTD_CD
CLIA_PRVDR	A2LA_ACRDTD_DESC	VARCHAR2 (20)	N	AO A2LA Accredited Description	Indicates if the lab reported that it is accredited by the American Association for Laboratory	CSP_ACRDTD_CD
CLIA_PRVDR	A2LA_ACRDTD_RMRK_CD	VARCHAR2 (2)	N	AO A2LA Accredited Remark Code	Used by the American Association for Laboratory Accreditation to notify CMS of	CSP_ACRDTN_RMRK_CD
CLIA_PRVDR	A2LA_ACRDTD_RMRK_DESC	VARCHAR2 (54)	N	AO A2LA Accredited Remark Description	Used by the American Association for Laboratory Accreditation to notify CMS of	CSP_ACRDTN_RMRK_CD
CLIA_PRVDR	A2LA_ACRDTD_RMRK_DT	DATE (8)	N	AO A2LA Accredited Remark Effective Date	Effective date of the current American Association for Laboratory Accreditation remark	
CLIA_PRVDR	A2LA_ACRDTD_Y_MATCH_DT	DATE (8)	N	AO A2LA Accredited Y Match Date	Date the American Association for Laboratory Accreditation confirmed the lab is accredited.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CLIA_PRVDR	A2LA_ACRDTD_Y_MATCH_SW	VARCHAR2 (1)	N	AO A2LA Accredited Y Match Indicator	Indicates if the lab is confirmed as accredited by the American Association for Laboratory	
CLIA_PRVDR	AABB_ACRDTD_CD	VARCHAR2 (1)	N	AO AABB Accredited Code	Indicates if the lab reported that it is accredited by the American Association of Blood Banks.	CSP_ACRDTD_CD
CLIA_PRVDR	AABB_ACRDTD_DESC	VARCHAR2 (20)	N	AO AABB Accredited Description	Indicates if the lab reported that it is accredited by the American Association of Blood Banks.	CSP_ACRDTD_CD
CLIA_PRVDR	AABB_ACRDTD_RMRK_CD	VARCHAR2 (2)	N	AO AABB Accredited Remark Code	Used by the American Association of Blood Banks to notify CMS of changes in an	CSP_ACRDTN_RMRK_CD
CLIA_PRVDR	AABB_ACRDTD_RMRK_DESC	VARCHAR2 (54)	N	AO AABB Accredited Remark Description	Used by the American Association of Blood Banks to notify CMS of changes in an	CSP_ACRDTN_RMRK_CD
CLIA_PRVDR	AABB_ACRDTD_RMRK_DT	DATE (8)	N	AO AABB Accredited Remark Effective Date	Effective date of the current American Association of Blood Banks remark code.	
CLIA_PRVDR	AABB_ACRDTD_Y_MATCH_DT	DATE (8)	N	AO AABB Accredited Y Match Date	Date the American Association of Blood Banks confirmed the lab is accredited. When the lab is	
CLIA_PRVDR	AABB_ACRDTD_Y_MATCH_SW	VARCHAR2 (1)	N	AO AABB Accredited Y Match Indicator	Indicates if the lab is confirmed as accredited by the American Association of Blood Banks.	
CLIA_PRVDR	ACRDTN_LTR_SENT_DT	DATE (8)	N	Accreditation Letter Sent Date	Date of letter notifying the lab that they are not accredited by any accrediting organization and	
CLIA_PRVDR	ACRDTN_SCHDL_CD	VARCHAR2 (1)	N	CMS-116 Accreditation Schedule Code	Indicates the lab's accreditation schedule code calculated by the CLIA system, based on the	CSP_SCHDL_CD
CLIA_PRVDR	ACRDTN_SCHDL_DESC	VARCHAR2 (55)	N	CMS-116 Accreditation Schedule Description	Indicates the lab's accreditation schedule code calculated by the CLIA system, based on the	CSP_SCHDL_CD
CLIA_PRVDR	ADJSTMT_OVRRD_DT	DATE (8)	N	Adjustment Override Date	Date the most recent adjustment override was processed.	
CLIA_PRVDR	ADJSTMT_OVRRD_SW	VARCHAR2 (1)	N	Adjustment Override Indicator	Indicates if a billing adjustment override has been requested. When the billing adjustment	
CLIA_PRVDR	AOA_ACRDTD_CD	VARCHAR2 (1)	N	AO AOA Accredited Code	Indicates if the lab reported that it is accredited by the American Osteopathic Association. This	CSP_ACRDTD_CD
CLIA_PRVDR	AOA_ACRDTD_DESC	VARCHAR2 (20)	N	AO AOA Accredited Description	Indicates if the lab reported that it is accredited by the American Osteopathic Association. This	CSP_ACRDTD_CD
CLIA_PRVDR	AOA_ACRDTD_RMRK_CD	VARCHAR2 (2)	N	AO AOA Accredited Remark Code	Used by the American Osteopathic Association to notify CMS of changes in an accredited	CSP_ACRDTN_RMRK_CD
CLIA_PRVDR	AOA_ACRDTD_RMRK_DESC	VARCHAR2 (54)	N	AO AOA Accredited Remark Description	Used by the American Osteopathic Association to notify CMS of changes in an accredited	CSP_ACRDTN_RMRK_CD
CLIA_PRVDR	AOA_ACRDTD_RMRK_DT	DATE (8)	N	AO AOA Accredited Remark Effective Date	Effective date of the current American Osteopathic Association remark code.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CLIA_PRVDR	AOA_ACRDTD_Y_MATCH_DT	DATE (8)	N	AO AOA Accredited Y Match Date	Date the American Osteopathic Association confirmed the lab is accredited. When the lab is	
CLIA_PRVDR	AOA_ACRDTD_Y_MATCH_SW	VARCHAR2 (1)	N	AO AOA Accredited Y Match Indicator	Indicates if the lab is confirmed as accredited by the American Osteopathic Association.	
CLIA_PRVDR	APLCTN_ADD_USER_ID	VARCHAR2 (7)	N	Application Add User ID	User ID of the individual who completed the data entry of the initial CMS-116 form for the	
CLIA_PRVDR	APLCTN_RCVD_DT	DATE (8)	N	Application Received SA Date	Date the CMS-116 application was entered in the online system and a CLIA number was	
CLIA_PRVDR	APLCTN_SGND_DT	DATE (8)	N	Application Signature Date	Date the owner/director signed the laboratory application form CMS-116.	
CLIA_PRVDR	APLCTN_SGND_SW	VARCHAR2 (1)	N	Application Signature Indicator	Indicates if the CMS-116 application form has been signed.	
CLIA_PRVDR	ASHI_ACRDTD_CD	VARCHAR2 (1)	N	AO ASHI Accredited Code	Indicates if the lab reported that it is accredited by the American Society for Histocompatibility	CSP_ACRDTD_CD
CLIA_PRVDR	ASHI_ACRDTD_DESC	VARCHAR2 (20)	N	AO ASHI Accredited Description	Indicates if the lab reported that it is accredited by the American Society for Histocompatibility	CSP_ACRDTD_CD
CLIA_PRVDR	ASHI_ACRDTD_RMRK_CD	VARCHAR2 (2)	N	AO ASHI Accredited Remark Code	Used by the American Society for Histocompatibility and Immunogenetics to	CSP_ACRDTN_RMRK_CD
CLIA_PRVDR	ASHI_ACRDTD_RMRK_DESC	VARCHAR2 (54)	N	AO ASHI Accredited Remark Description	Used by the American Society for Histocompatibility and Immunogenetics to	CSP_ACRDTN_RMRK_CD
CLIA_PRVDR	ASHI_ACRDTD_RMRK_DT	DATE (8)	N	AO ASHI Accredited Remark Effective Date	Effective date of the current American Society for Histocompatibility and Immunogenetics	
CLIA_PRVDR	ASHI_ACRDTD_Y_MATCH_DT	DATE (8)	N	AO ASHI Accredited Y Match Date	Date the American Society for Histocompatibility and Immunogenetics	
CLIA_PRVDR	ASHI_ACRDTD_Y_MATCH_SW	VARCHAR2 (1)	N	AO ASHI Accredited Y Match Indicator	Indicates if the lab is confirmed as accredited by the American Society for Histocompatibility and	
CLIA_PRVDR	CAP_ACRDTD_CD	VARCHAR2 (1)	N	AO CAP Accredited Code	Indicates if the lab reported that it is accredited by the College of American Pathologists. This	CSP_ACRDTD_CD
CLIA_PRVDR	CAP_ACRDTD_DESC	VARCHAR2 (20)	N	AO CAP Accredited Description	Indicates if the lab reported that it is accredited by the College of American Pathologists. This	CSP_ACRDTD_CD
CLIA_PRVDR	CAP_ACRDTD_RMRK_CD	VARCHAR2 (2)	N	AO CAP Accredited Remark Code	Used by the College of American Pathologists to notify CMS of changes in an accredited	CSP_ACRDTN_RMRK_CD
CLIA_PRVDR	CAP_ACRDTD_RMRK_DESC	VARCHAR2 (54)	N	AO CAP Accredited Remark Description	Used by the College of American Pathologists to notify CMS of changes in an accredited	CSP_ACRDTN_RMRK_CD
CLIA_PRVDR	CAP_ACRDTD_RMRK_DT	DATE (8)	N	AO CAP Accredited Remark Effective Date	Effective date of the current College of American Pathologists remark code.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CLIA_PRVDR	CAP_ACRDTD_Y_MATCH_DT	DATE (8)	N	AO CAP Accredited Y Match Date	Date the College of American Pathologists confirmed the lab is accredited. When the lab is	
CLIA_PRVDR	CAP_ACRDTD_Y_MATCH_SW	VARCHAR2 (1)	N	AO CAP Accredited Y Match Indicator	Indicates if the lab is confirmed as accredited by the College of American Pathologists.	
CLIA_PRVDR	CLIA_67_LCNDSW	VARCHAR2 (1)	N	Previously Regulated Indicator	Indicates if the laboratory was licensed under CLIA 67 or participated in the	
CLIA_PRVDR	CLIA_BBLDWN_DT	DATE (8)	N	CLIA Initial Bubble Down Date	Date the initial cycle for the lab is bubbled down to the current position from pending position.	
CLIA_PRVDR	CLIA_UNBBLDWN_DT	DATE (8)	N	CLIA Unbubbledown Date	Date initial cycle was unbubbled.	
CLIA_PRVDR	CMPLNC_CRTFCT_EFCTV_DT	DATE (8)	N	Compliance Certificate Effective Date: Provider-level	Date the lab was determined to be in compliance with program requirements for the initial	
CLIA_PRVDR	CMPTV_BID_PROJ_SW	VARCHAR2 (1)	N	Competitive Bid Project Switch	Indicates if the lab is part of the Competitive Bid Project.	
CLIA_PRVDR	COLA_ACRDTD_CD	VARCHAR2 (1)	N	AO COLA Accredited Code	Indicates if the lab reported that it is accredited by the Commission on Office Laboratory	CSP_ACRDTD_CD
CLIA_PRVDR	COLA_ACRDTD_DESC	VARCHAR2 (20)	N	AO COLA Accredited Description	Indicates if the lab reported that it is accredited by the Commission on Office Laboratory	CSP_ACRDTD_CD
CLIA_PRVDR	COLA_ACRDTD_RMRK_CD	VARCHAR2 (2)	N	AO COLA Accredited Remark Code	Used by the Commission on Office Laboratory Accreditation to notify CMS of changes in an	CSP_ACRDTN_RMRK_CD
CLIA_PRVDR	COLA_ACRDTD_RMRK_DESC	VARCHAR2 (54)	N	AO COLA Accredited Remark Description	Used by the Commission on Office Laboratory Accreditation to notify CMS of changes in an	CSP_ACRDTN_RMRK_CD
CLIA_PRVDR	COLA_ACRDTD_RMRK_DT	DATE (8)	N	AO COLA Accredited Remark Effective Date	Effective date of the current Commission on Office Laboratory Accreditation remark code.	
CLIA_PRVDR	COLA_ACRDTD_Y_MATCH_DT	DATE (8)	N	AO COLA Accredited Y Match Date	Date the Commission on Office Laboratory Accreditation confirmed the lab is accredited.	
CLIA_PRVDR	COLA_ACRDTD_Y_MATCH_SW	VARCHAR2 (1)	N	AO COLA Accredited Y Match Indicator	Indicates if the lab is confirmed as accredited by the Commission on Office Laboratory	
CLIA_PRVDR	CRNT_APLCTN_PHASE_CD	VARCHAR2 (1)	N	Overall Application Phase Code	Phase of a CLIA certificate - overall. Points to pending or current, whichever holds the active	CSP_APLCTN_PHASE_CD
CLIA_PRVDR	CRNT_APLCTN_PHASE_DESC	VARCHAR2 (9)	N	Overall Application Phase Description	Phase of a CLIA certificate - overall. Points to pending or current, whichever holds the active	CSP_APLCTN_PHASE_CD
CLIA_PRVDR	CRNT_APLCTN_TYPE_CD	VARCHAR2 (1)	N	Overall Application Type Code	Type of CLIA certificate applied for by a laboratory - overall. Points to pending or	CLIA_APLCTN_TYPE_CD
CLIA_PRVDR	CRNT_APLCTN_TYPE_DESC	VARCHAR2 (20)	N	Overall Application Type Description	Type of CLIA certificate applied for by a laboratory - overall. Points to pending or	CLIA_APLCTN_TYPE_CD



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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CLIA_PRVDR	CRNT_CLIA_EXPRTN_DT	DATE (8)	N	Overall CLIA Expiration Date	End date of the overall certificate.	
CLIA_PRVDR	CRNT_CLIA_TRMNTN_CD	VARCHAR2 (2)	N	Overall CLIA Termination Code	Identifies a laboratory's overall active or terminated status. If terminated, identifies the	CSP_TRMNTN_CD
CLIA_PRVDR	CRNT_CLIA_TRMNTN_DESC	VARCHAR2 (65)	N	Overall CLIA Termination Description	Identifies a laboratory's overall active or terminated status. If terminated, identifies the	CSP_TRMNTN_CD
CLIA_PRVDR	CRNT_CRTFCT_EFCTV_DT	DATE (8)	N	Overall Certificate Effective Date	Start date of the overall certificate. Points to pending or current, whichever holds the active	
CLIA_PRVDR	CRNT_CRTFCT_TYPE_CD	VARCHAR2 (1)	N	Overall Certificate Type Code	Type of certificate issued to the laboratory, based on the application type code - overall.	CSP_CRTFCT_TYPE_CD
CLIA_PRVDR	CRNT_CRTFCT_TYPE_DESC	VARCHAR2 (17)	N	Overall Certificate Type Description	Type of certificate issued to the laboratory, based on the application type code - overall.	CSP_CRTFCT_TYPE_CD
CLIA_PRVDR	CRNT_LAB_CLSFCTN_CD	VARCHAR2 (2)	N	Overall Lab Classification Code	Determines if the laboratory is non-exempt, exempt or Veterans Administration - overall.	CSP_LAB_CLSFCTN_CD
CLIA_PRVDR	CRNT_LAB_CLSFCTN_DESC	VARCHAR2 (22)	N	Overall Lab Classification Description	Determines if the laboratory is non-exempt, exempt or Veterans Administration - overall.	CSP_LAB_CLSFCTN_CD
CLIA_PRVDR	CRTFCT_EXTNSN_DT	DATE (8)	N	Certificate Extension Date	Certificate extension date	
CLIA_PRVDR	CRTFCT_EXTNSN_SW	VARCHAR2 (1)	N	Certificate Extension Indicator	Indicates if the lab's certificate has been extended for enforcement purposes.	
CLIA_PRVDR	DRCTR_1ST_NAME	VARCHAR2 (21)	N	Director First Name	First name of the director of the lab.	
CLIA_PRVDR	DRCTR_LAST_NAME	VARCHAR2 (25)	N	Director Last Name	Last name of the director of the lab.	
CLIA_PRVDR	DRCTR_MDL_INITL_NAME	VARCHAR2 (1)	N	Director Middle Initial Name	Middle initial of the director of the lab.	
CLIA_PRVDR	FED_JRSRCTN_CD	NUMBER (2.0)	N	Federal Jurisdiction Code	Indicates the federal jurisdiction.	CLIA_FED_JRSRCTN_CD
CLIA_PRVDR	FED_JRSRCTN_DESC	VARCHAR2 (50)	N	Federal Jurisdiction Description	Indicates the federal jurisdiction.	CLIA_FED_JRSRCTN_CD
CLIA_PRVDR	FORM_116_ACRDTD_TEST_V OL_CNT	NUMBER (13.0)	N	CMS-116 Accredited Annual Test Volume	Sum for all specialties as reported on the most recent CMS-116 application form. Applies only	
CLIA_PRVDR	FORM_116_CMPLNC_SCHDL _CD	VARCHAR2 (1)	N	CMS-116 Compliance Schedule Code	Indicates the lab's compliance schedule code calculated by the CLIA system, based on the	CSP_SCHDL_CD
CLIA_PRVDR	FORM_116_CMPLNC_SCHDL _DESC	VARCHAR2 (55)	N	CMS-116 Compliance Schedule Description	Indicates the lab's compliance schedule code calculated by the CLIA system, based on the	CSP_SCHDL_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CLIA_PRVDR	FORM_116_CRTFCT_SCHDL_CD	VARCHAR2 (1)	N	CMS-116 Certificate Schedule Code	Indicates the lab's certificate schedule code calculated by the CLIA system, based on the	CSP_SCHDL_CD
CLIA_PRVDR	FORM_116_CRTFCT_SCHDL_DESC	VARCHAR2 (55)	N	CMS-116 Certificate Schedule Description	Indicates the lab's certificate schedule code calculated by the CLIA system, based on the	CSP_SCHDL_CD
CLIA_PRVDR	FORM_116_TEST_VOL_CNT	NUMBER (13.0)	N	CMS-116 Annual Test Volume	Sum for all specialties as reported on the most recent CMS-116 application form. Applies only	
CLIA_PRVDR	FRI_BGN_TIME	VARCHAR2 (4)	N	Time: Friday - Open	Time the lab opens on Friday.	
CLIA_PRVDR	FRI_END_TIME	VARCHAR2 (4)	N	Time: Friday - Close	Time the lab closes on Friday.	
CLIA_PRVDR	HOSP_LAB_EXCPTN_SW	VARCHAR2 (1)	N	Multiple Site Exception: Hospital Campus Indicator	Indicates if the single site CLIA certificate is for a hospital with several labs on a single hospital	
CLIA_PRVDR	JCAHO_ACRDTD_CD	VARCHAR2 (1)	N	AO JC Accredited Code	Indicates if the lab reported that it is accredited by the Joint Commission. This information is	CSP_ACRDTD_CD
CLIA_PRVDR	JCAHO_ACRDTD_DESC	VARCHAR2 (20)	N	AO JC Accredited Description	Indicates if the lab reported that it is accredited by the Joint Commission. This information is	CSP_ACRDTD_CD
CLIA_PRVDR	JCAHO_ACRDTD_RMRK_CD	VARCHAR2 (2)	N	AO JC Accredited Remark Code	Used by the Joint Commission to notify CMS of changes in an accredited laboratory's status.	CSP_ACRDTN_RMRK_CD
CLIA_PRVDR	JCAHO_ACRDTD_RMRK_DESC	VARCHAR2 (54)	N	AO JC Accredited Remark Description	Used by the Joint Commission to notify CMS of changes in an accredited laboratory's status.	CSP_ACRDTN_RMRK_CD
CLIA_PRVDR	JCAHO_ACRDTD_RMRK_DT	DATE (8)	N	AO JC Accredited Remark Effective Date	Effective date of the current Joint Commission remark code.	
CLIA_PRVDR	JCAHO_ACRDTD_Y_MATCH_DT	DATE (8)	N	AO JC Accredited Y Match Date	Date the Joint Commission confirmed the lab is accredited. When the lab is accredited by	
CLIA_PRVDR	JCAHO_ACRDTD_Y_MATCH_SW	VARCHAR2 (1)	N	AO JC Accredited Y Match Indicator	Indicates if the lab is confirmed as accredited by the Joint Commission.	
CLIA_PRVDR	LAB_NUM	VARCHAR2 (7)	N	Lab Number	Sequential number used to uniquely identify the lab. This value is the last 7 positions of the lab's	
CLIA_PRVDR	LAB_SITE_CNT	NUMBER (4.0)	N	Multiple Site Lab Count	Total number of lab sites for which a lab has applied for a single certificate for multiple sites.	
CLIA_PRVDR	LAB_TEMP_TSTG_SITE_SW	VARCHAR2 (1)	N	Multiple Site Exception: Temporary Testing Site Indicator	Indicates if the single site CLIA certificate is for a lab with multiple temporary testing sites.	
CLIA_PRVDR	MLT_SITE_EXCPTN_SW	VARCHAR2 (1)	N	Multiple Site Certificate Indicator	Indicates if a lab has applied for a single site CLIA certificate to cover multiple testing	
CLIA_PRVDR	MON_BGN_TIME	VARCHAR2 (4)	N	Time: Monday - Open	Time the lab opens on Monday.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CLIA_PRVDR	MON_END_TIME	VARCHAR2 (4)	N	Time: Monday - Close	Time the lab closes on Monday.	
CLIA_PRVDR	MSA_UPDT_DT	DATE (8)	N	MSA Field Updated Date	Date generated when specified fields in a laboratory record are updated. The information	
CLIA_PRVDR	NEW_APLCTN_EFCTV_DT	DATE (8)	N	New Application Effective Date	Date the lab's certificate is effective for a new application type for a status change.	
CLIA_PRVDR	NEW_APLCTN_TYPE_CD	VARCHAR2 (1)	N	New Application Type Code	Type of CLIA certificate applied for by a laboratory requesting a status change - new.	CLIA_APLCTN_TYPE_CD
CLIA_PRVDR	NEW_APLCTN_TYPE_DESC	VARCHAR2 (20)	N	New Application Type Description	Type of CLIA certificate applied for by a laboratory requesting a status change- new.	CLIA_APLCTN_TYPE_CD
CLIA_PRVDR	NON_PRFT_EXCPTN_SW	VARCHAR2 (1)	N	Multiple Site Exception: Public Health Indicator	Indicates if the single site CLIA certificate is for multiple sites with non-profit, federal, state or	
CLIA_PRVDR	ODIE_ENTRY_PNDNG_DT	DATE (8)	N	Survey Entry Pending Date	Date present when a survey shell is created, blocks status changes and terminations. It is	
CLIA_PRVDR	OVRRD_ADJSTMT_USER_ID	VARCHAR2 (7)	N	Adjustment Override User ID	User ID of the individual entering the override for the adjustment of the fee.	
CLIA_PRVDR	PPMP_TEST_VOL_CNT	NUMBER (13.0)	N	PPM Test Volume Count	Estimated total annual Provider Performed Microscopy tests performed by the lab.	
CLIA_PRVDR	PFCNCY_TSTG_ENRLMT_REC_FIL_SW	VARCHAR2 (1)	N	PT Enrollment Records Indicator	Indicates if proficiency testing enrollment records exist for this lab.	
CLIA_PRVDR	PFCNCY_TSTG_SCRE_REC_FIL_SW	VARCHAR2 (1)	N	PT Score Records Indicator	Indicates if proficiency testing score records exist for this lab.	
CLIA_PRVDR	PRIOR_TRMNTN_SW	VARCHAR2 (1)	N	Prior Termination Indicator	Indicates that the laboratory was terminated from Medicare prior to the implementation of	
CLIA_PRVDR	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CLIA_PRVDR	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the	
CLIA_PRVDR	SAT_BGN_TIME	VARCHAR2 (4)	N	Time: Saturday - Open	Time the lab opens on Saturday.	
CLIA_PRVDR	SAT_END_TIME	VARCHAR2 (4)	N	Time: Saturday - Close	Time the lab closes on Saturday.	
CLIA_PRVDR	SA_116_RCPT_DT	DATE (8)	N	SA CMS-116 Received Date	Date the state agency received the CMS-116 application, usually the date stamped on the	
CLIA_PRVDR	SHR_LAB_SW	VARCHAR2 (1)	N	Shared Lab Indicator	Applies to physician office labs when two or more physicians collectively pool resources to	

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CLIA_PRVDR	SMLTNS_SRVY_SW	VARCHAR2 (1)	N	Simultaneous Survey Indicator	Indicates if the state agency or regional office conducted a validation survey at the same time	
CLIA_PRVDR	SUN_BGN_TIME	VARCHAR2 (4)	N	Time: Sunday - Open	Time the lab opens on Sunday.	
CLIA_PRVDR	SUN_END_TIME	VARCHAR2 (4)	N	Time: Sunday - Close	Time the lab closes on Sunday.	
CLIA_PRVDR	THU_BGN_TIME	VARCHAR2 (4)	N	Time: Thursday - Open	Time the lab opens on Thursday.	
CLIA_PRVDR	THU_END_TIME	VARCHAR2 (4)	N	Time: Thursday - Close	Time the lab closes on Thursday.	
CLIA_PRVDR	TUE_BGN_TIME	VARCHAR2 (4)	N	Time: Tuesday - Open	Time the lab opens on Tuesday.	
CLIA_PRVDR	TUE_END_TIME	VARCHAR2 (4)	N	Time: Tuesday - Close	Time the lab closes on Tuesday.	
CLIA_PRVDR	WED_BGN_TIME	VARCHAR2 (4)	N	Time: Wednesday - Open	Time the lab opens on Wednesday.	
CLIA_PRVDR	WED_END_TIME	VARCHAR2 (4)	N	Time: Wednesday - Close	Time the lab closes on Wednesday.	
CLIA_PRVDR	WVD_TEST_VOL_CNT	NUMBER (13.0)	N	Waived Test Volume Count	Estimated total annual waived tests performed by the lab.	
CLIA_PRVDR_VW	A2LA_ACRDTD_CD	VARCHAR2 (1)	N	AO A2LA Accredited Code	Indicates if the lab reported that it is accredited by the American Association for Laboratory	CSP_ACRDTD_CD
CLIA_PRVDR_VW	A2LA_ACRDTD_DESC	VARCHAR2 (20)	N	AO A2LA Accredited Description	Indicates if the lab reported that it is accredited by the American Association for Laboratory	CSP_ACRDTD_CD
CLIA_PRVDR_VW	A2LA_ACRDTD_RMRK_CD	VARCHAR2 (2)	N	AO A2LA Accredited Remark Code	Used by the American Association for Laboratory Accreditation to notify CMS of	CSP_ACRDTN_RMRK_CD
CLIA_PRVDR_VW	A2LA_ACRDTD_RMRK_DESC	VARCHAR2 (54)	N	AO A2LA Accredited Remark Description	Used by the American Association for Laboratory Accreditation to notify CMS of	CSP_ACRDTN_RMRK_CD
CLIA_PRVDR_VW	A2LA_ACRDTD_RMRK_DT	DATE (8)	N	AO A2LA Accredited Remark Effective Date	Effective date of the current American Association for Laboratory Accreditation remark	
CLIA_PRVDR_VW	A2LA_ACRDTD_Y_MATCH_DT	DATE (8)	N	AO A2LA Accredited Y Match Date	Date the American Association for Laboratory Accreditation confirmed the lab is accredited.	
CLIA_PRVDR_VW	A2LA_ACRDTD_Y_MATCH_SW	VARCHAR2 (1)	N	AO A2LA Accredited Y Match Indicator	Indicates if the lab is confirmed as accredited by the American Association for Laboratory	
CLIA_PRVDR_VW	AABB_ACRDTD_CD	VARCHAR2 (1)	N	AO AABB Accredited Code	Indicates if the lab reported that it is accredited by the American Association of Blood Banks.	CSP_ACRDTD_CD

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CLIA_PRVDR_VW	AABB_ACRDTD_DESC	VARCHAR2 (20)	N	AO AABB Accredited Description	Indicates if the lab reported that it is accredited by the American Association of Blood Banks.	CSP_ACRDTD_CD
CLIA_PRVDR_VW	AABB_ACRDTD_RMRK_CD	VARCHAR2 (2)	N	AO AABB Accredited Remark Code	Used by the American Association of Blood Banks to notify CMS of changes in an	CSP_ACRDTN_RMRK_CD
CLIA_PRVDR_VW	AABB_ACRDTD_RMRK_DESC	VARCHAR2 (54)	N	AO AABB Accredited Remark Description	Used by the American Association of Blood Banks to notify CMS of changes in an	CSP_ACRDTN_RMRK_CD
CLIA_PRVDR_VW	AABB_ACRDTD_RMRK_DT	DATE (8)	N	AO AABB Accredited Remark Effective Date	Effective date of the current American Association of Blood Banks remark code.	
CLIA_PRVDR_VW	AABB_ACRDTD_Y_MATCH_DT	DATE (8)	N	AO AABB Accredited Y Match Date	Date the American Association of Blood Banks confirmed the lab is accredited. When the lab is	
CLIA_PRVDR_VW	AABB_ACRDTD_Y_MATCH_SW	VARCHAR2 (1)	N	AO AABB Accredited Y Match Indicator	Indicates if the lab is confirmed as accredited by the American Association of Blood Banks.	
CLIA_PRVDR_VW	ACRDTN_LTR_SENT_DT	DATE (8)	N	Accreditation Letter Sent Date	Date of letter notifying the lab that they are not accredited by any accrediting organization and	
CLIA_PRVDR_VW	ACRDTN_SCHDL_CD	VARCHAR2 (1)	N	CMS-116 Accreditation Schedule Code	Indicates the lab's accreditation schedule code calculated by the CLIA system, based on the	CSP_SCHDL_CD
CLIA_PRVDR_VW	ACRDTN_SCHDL_DESC	VARCHAR2 (55)	N	CMS-116 Accreditation Schedule Description	Indicates the lab's accreditation schedule code calculated by the CLIA system, based on the	CSP_SCHDL_CD
CLIA_PRVDR_VW	ADJSTMT_OVRRD_DT	DATE (8)	N	Adjustment Override Date	Date the most recent adjustment override was processed.	
CLIA_PRVDR_VW	ADJSTMT_OVRRD_SW	VARCHAR2 (1)	N	Adjustment Override Indicator	Indicates if a billing adjustment override has been requested. When the billing adjustment	
CLIA_PRVDR_VW	AOA_ACRDTD_CD	VARCHAR2 (1)	N	AO AOA Accredited Code	Indicates if the lab reported that it is accredited by the American Osteopathic Association. This	CSP_ACRDTD_CD
CLIA_PRVDR_VW	AOA_ACRDTD_DESC	VARCHAR2 (20)	N	AO AOA Accredited Description	Indicates if the lab reported that it is accredited by the American Osteopathic Association. This	CSP_ACRDTD_CD
CLIA_PRVDR_VW	AOA_ACRDTD_RMRK_CD	VARCHAR2 (2)	N	AO AOA Accredited Remark Code	Used by the American Osteopathic Association to notify CMS of changes in an accredited	CSP_ACRDTN_RMRK_CD
CLIA_PRVDR_VW	AOA_ACRDTD_RMRK_DESC	VARCHAR2 (54)	N	AO AOA Accredited Remark Description	Used by the American Osteopathic Association to notify CMS of changes in an accredited	CSP_ACRDTN_RMRK_CD
CLIA_PRVDR_VW	AOA_ACRDTD_RMRK_DT	DATE (8)	N	AO AOA Accredited Remark Effective Date	Effective date of the current American Osteopathic Association remark code.	
CLIA_PRVDR_VW	AOA_ACRDTD_Y_MATCH_DT	DATE (8)	N	AO AOA Accredited Y Match Date	Date the American Osteopathic Association confirmed the lab is accredited. When the lab is	
CLIA_PRVDR_VW	AOA_ACRDTD_Y_MATCH_SW	VARCHAR2 (1)	N	AO AOA Accredited Y Match Indicator	Indicates if the lab is confirmed as accredited by the American Osteopathic Association.	

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CLIA_PRIVDR_VW	APLCTN_ADD_USER_ID	VARCHAR2 (7)	N	Application Add User ID	User ID of the individual who completed the data entry of the initial CMS-116 form for the	
CLIA_PRIVDR_VW	APLCTN_RCVD_DT	DATE (8)	N	Application Received SA Date	Date the CMS-116 application was entered in the online system and a CLIA number was	
CLIA_PRIVDR_VW	APLCTN_SGND_DT	DATE (8)	N	Application Signature Date	Date the owner/director signed the laboratory application form CMS-116.	
CLIA_PRIVDR_VW	APLCTN_SGND_SW	VARCHAR2 (1)	N	Application Signature Indicator	Indicates if the CMS-116 application form has been signed.	
CLIA_PRIVDR_VW	ASHI_ACRDTD_CD	VARCHAR2 (1)	N	AO ASHI Accredited Code	Indicates if the lab reported that it is accredited by the American Society for Histocompatibility	CSP_ACRDTD_CD
CLIA_PRIVDR_VW	ASHI_ACRDTD_DESC	VARCHAR2 (20)	N	AO ASHI Accredited Description	Indicates if the lab reported that it is accredited by the American Society for Histocompatibility	CSP_ACRDTD_CD
CLIA_PRIVDR_VW	ASHI_ACRDTD_RMRK_CD	VARCHAR2 (2)	N	AO ASHI Accredited Remark Code	Used by the American Society for Histocompatibility and Immunogenetics to	CSP_ACRDTN_RMRK_CD
CLIA_PRIVDR_VW	ASHI_ACRDTD_RMRK_DESC	VARCHAR2 (54)	N	AO ASHI Accredited Remark Description	Used by the American Society for Histocompatibility and Immunogenetics to	CSP_ACRDTN_RMRK_CD
CLIA_PRIVDR_VW	ASHI_ACRDTD_RMRK_DT	DATE (8)	N	AO ASHI Accredited Remark Effective Date	Effective date of the current American Society for Histocompatibility and Immunogenetics	
CLIA_PRIVDR_VW	ASHI_ACRDTD_Y_MATCH_DT	DATE (8)	N	AO ASHI Accredited Y Match Date	Date the American Society for Histocompatibility and Immunogenetics	
CLIA_PRIVDR_VW	ASHI_ACRDTD_Y_MATCH_SW	VARCHAR2 (1)	N	AO ASHI Accredited Y Match Indicator	Indicates if the lab is confirmed as accredited by the American Society for Histocompatibility and	
CLIA_PRIVDR_VW	CAP_ACRDTD_CD	VARCHAR2 (1)	N	AO CAP Accredited Code	Indicates if the lab reported that it is accredited by the College of American Pathologists. This	CSP_ACRDTD_CD
CLIA_PRIVDR_VW	CAP_ACRDTD_DESC	VARCHAR2 (20)	N	AO CAP Accredited Description	Indicates if the lab reported that it is accredited by the College of American Pathologists. This	CSP_ACRDTD_CD
CLIA_PRIVDR_VW	CAP_ACRDTD_RMRK_CD	VARCHAR2 (2)	N	AO CAP Accredited Remark Code	Used by the College of American Pathologists to notify CMS of changes in an accredited	CSP_ACRDTN_RMRK_CD
CLIA_PRIVDR_VW	CAP_ACRDTD_RMRK_DESC	VARCHAR2 (54)	N	AO CAP Accredited Remark Description	Used by the College of American Pathologists to notify CMS of changes in an accredited	CSP_ACRDTN_RMRK_CD
CLIA_PRIVDR_VW	CAP_ACRDTD_RMRK_DT	DATE (8)	N	AO CAP Accredited Remark Effective Date	Effective date of the current College of American Pathologists remark code.	
CLIA_PRIVDR_VW	CAP_ACRDTD_Y_MATCH_DT	DATE (8)	N	AO CAP Accredited Y Match Date	Date the College of American Pathologists confirmed the lab is accredited. When the lab is	
CLIA_PRIVDR_VW	CAP_ACRDTD_Y_MATCH_SW	VARCHAR2 (1)	N	AO CAP Accredited Y Match Indicator	Indicates if the lab is confirmed as accredited by the College of American Pathologists.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CLIA_PRVDR_VW	CLIA_67_LCNDSW_SW	VARCHAR2 (1)	N	Previously Regulated Indicator	Indicates if the laboratory was licensed under CLIA 67 or participated in the	
CLIA_PRVDR_VW	CLIA_BBLDWN_DT	DATE (8)	N	CLIA Initial Bubble Down Date	Date the initial cycle for the lab is bubbled down to the current position from pending position.	
CLIA_PRVDR_VW	CLIA_UNBBLDWN_DT	DATE (8)	N	CLIA Unbubbledown Date	Date initial cycle was unbubbled.	
CLIA_PRVDR_VW	CMPLNC_CRTFCT_EFCTV_DT	DATE (8)	N	Compliance Certificate Effective Date: Provider-level	Date the lab was determined to be in compliance with program requirements for the initial	
CLIA_PRVDR_VW	CMPTV_BID_PROJ_SW	VARCHAR2 (1)	N	Competitive Bid Project Switch	Indicates if the lab is part of the Competitive Bid Project.	
CLIA_PRVDR_VW	COLA_ACRDTD_CD	VARCHAR2 (1)	N	AO COLA Accredited Code	Indicates if the lab reported that it is accredited by the Commission on Office Laboratory	CSP_ACRDTD_CD
CLIA_PRVDR_VW	COLA_ACRDTD_DESC	VARCHAR2 (20)	N	AO COLA Accredited Description	Indicates if the lab reported that it is accredited by the Commission on Office Laboratory	CSP_ACRDTD_CD
CLIA_PRVDR_VW	COLA_ACRDTD_RMRK_CD	VARCHAR2 (2)	N	AO COLA Accredited Remark Code	Used by the Commission on Office Laboratory Accreditation to notify CMS of changes in an	CSP_ACRDTN_RMRK_CD
CLIA_PRVDR_VW	COLA_ACRDTD_RMRK_DESC	VARCHAR2 (54)	N	AO COLA Accredited Remark Description	Used by the Commission on Office Laboratory Accreditation to notify CMS of changes in an	CSP_ACRDTN_RMRK_CD
CLIA_PRVDR_VW	COLA_ACRDTD_RMRK_DT	DATE (8)	N	AO COLA Accredited Remark Effective Date	Effective date of the current Commission on Office Laboratory Accreditation remark code.	
CLIA_PRVDR_VW	COLA_ACRDTD_Y_MATCH_DT	DATE (8)	N	AO COLA Accredited Y Match Date	Date the Commission on Office Laboratory Accreditation confirmed the lab is accredited.	
CLIA_PRVDR_VW	COLA_ACRDTD_Y_MATCH_SW	VARCHAR2 (1)	N	AO COLA Accredited Y Match Indicator	Indicates if the lab is confirmed as accredited by the Commission on Office Laboratory	
CLIA_PRVDR_VW	CRNT_APLCTN_PHASE_CD	VARCHAR2 (1)	N	Overall Application Phase Code	Phase of a CLIA certificate - overall. Points to pending or current, whichever holds the active	CSP_APLCTN_PHASE_CD
CLIA_PRVDR_VW	CRNT_APLCTN_PHASE_DESC	VARCHAR2 (9)	N	Overall Application Phase Description	Phase of a CLIA certificate - overall. Points to pending or current, whichever holds the active	CSP_APLCTN_PHASE_CD
CLIA_PRVDR_VW	CRNT_APLCTN_TYPE_CD	VARCHAR2 (1)	N	Overall Application Type Code	Type of CLIA certificate applied for by a laboratory - overall. Points to pending or	CLIA_APLCTN_TYPE_CD
CLIA_PRVDR_VW	CRNT_APLCTN_TYPE_DESC	VARCHAR2 (20)	N	Overall Application Type Description	Type of CLIA certificate applied for by a laboratory - overall. Points to pending or	CLIA_APLCTN_TYPE_CD
CLIA_PRVDR_VW	CRNT_CLIA_EXPRTN_DT	DATE (8)	N	Overall CLIA Expiration Date	End date of the overall certificate.	
CLIA_PRVDR_VW	CRNT_CLIA_TRMNTN_CD	VARCHAR2 (2)	N	Overall CLIA Termination Code	Identifies a laboratory's overall active or terminated status. If terminated, identifies the	CSP_TRMNTN_CD

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CLIA_PRVDR_VW	CRNT_CLIA_TRMNTN_DESC	VARCHAR2 (65)	N	Overall CLIA Termination Description	Identifies a laboratory's overall active or terminated status. If terminated, identifies the	CSP_TRMNTN_CD
CLIA_PRVDR_VW	CRNT_CRTFCT_EFCTV_DT	DATE (8)	N	Overall Certificate Effective Date	Start date of the overall certificate. Points to pending or current, whichever holds the active	
CLIA_PRVDR_VW	CRNT_CRTFCT_TYPE_CD	VARCHAR2 (1)	N	Overall Certificate Type Code	Type of certificate issued to the laboratory, based on the application type code - overall.	CSP_CRTFCT_TYPE_CD
CLIA_PRVDR_VW	CRNT_CRTFCT_TYPE_DESC	VARCHAR2 (17)	N	Overall Certificate Type Description	Type of certificate issued to the laboratory, based on the application type code - overall.	CSP_CRTFCT_TYPE_CD
CLIA_PRVDR_VW	CRNT_LAB_CLSFCTN_CD	VARCHAR2 (2)	N	Overall Lab Classification Code	Determines if the laboratory is non-exempt, exempt or Veterans Administration - overall.	CSP_LAB_CLSFCTN_CD
CLIA_PRVDR_VW	CRNT_LAB_CLSFCTN_DESC	VARCHAR2 (22)	N	Overall Lab Classification Description	Determines if the laboratory is non-exempt, exempt or Veterans Administration - overall.	CSP_LAB_CLSFCTN_CD
CLIA_PRVDR_VW	CRTFCTN_EXIT_DT	DATE (8)	N	Pending Certification Survey Exit Date	Certification exit of survey that has passed all state edits but is awaiting RO input.	
CLIA_PRVDR_VW	CRTFCT_EXTNSN_DT	DATE (8)	N	Certificate Extension Date	Certificate extension date	
CLIA_PRVDR_VW	CRTFCT_EXTNSN_SW	VARCHAR2 (1)	N	Certificate Extension Indicator	Indicates if the lab's certificate has been extended for enforcement purposes.	
CLIA_PRVDR_VW	DRCTR_1ST_NAME	VARCHAR2 (21)	N	Director First Name	First name of the director of the lab.	
CLIA_PRVDR_VW	DRCTR_LAST_NAME	VARCHAR2 (25)	N	Director Last Name	Last name of the director of the lab.	
CLIA_PRVDR_VW	DRCTR_MDL_INITL_NAME	VARCHAR2 (1)	N	Director Middle Initial Name	Middle initial of the director of the lab.	
CLIA_PRVDR_VW	FED_JRSRCTN_CD	NUMBER (2.0)	N	Federal Jurisdiction Code	Indicates the federal jurisdiction.	CLIA_FED_JRSRCTN_CD
CLIA_PRVDR_VW	FED_JRSRCTN_DESC	VARCHAR2 (50)	N	Federal Jurisdiction Description	Indicates the federal jurisdiction.	CLIA_FED_JRSRCTN_CD
CLIA_PRVDR_VW	FORM_116_ACRDTD_TEST_V OL_CNT	NUMBER (13.0)	N	CMS-116 Accredited Annual Test Volume	Sum for all specialties as reported on the most recent CMS-116 application form. Applies only	
CLIA_PRVDR_VW	FORM_116_CMPLNC_SCHDL _CD	VARCHAR2 (1)	N	CMS-116 Compliance Schedule Code	Indicates the lab's compliance schedule code calculated by the CLIA system, based on the	CSP_SCHDL_CD
CLIA_PRVDR_VW	FORM_116_CMPLNC_SCHDL _DESC	VARCHAR2 (55)	N	CMS-116 Compliance Schedule Description	Indicates the lab's compliance schedule code calculated by the CLIA system, based on the	CSP_SCHDL_CD
CLIA_PRVDR_VW	FORM_116_CRTFCT_SCHDL CD	VARCHAR2 (1)	N	CMS-116 Certificate Schedule Code	Indicates the lab's certificate schedule code calculated by the CLIA system, based on the	CSP_SCHDL_CD



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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CLIA_PRVDR_VW	FORM_116_CRTFCT_SCHDL_DESC	VARCHAR2 (55)	N	CMS-116 Certificate Schedule Description	Indicates the lab's certificate schedule code calculated by the CLIA system, based on the	CSP_SCHDL_CD
CLIA_PRVDR_VW	FORM_116_TEST_VOL_CNT	NUMBER (13.0)	N	CMS-116 Annual Test Volume	Sum for all specialties as reported on the most recent CMS-116 application form. Applies only	
CLIA_PRVDR_VW	FRI_BGN_TIME	VARCHAR2 (4)	N	Time: Friday - Open	Time the lab opens on Friday.	
CLIA_PRVDR_VW	FRI_END_TIME	VARCHAR2 (4)	N	Time: Friday - Close	Time the lab closes on Friday.	
CLIA_PRVDR_VW	HOSP_LAB_EXCPTN_SW	VARCHAR2 (1)	N	Multiple Site Exception: Hospital Campus Indicator	Indicates if the single site CLIA certificate is for a hospital with several labs on a single hospital	
CLIA_PRVDR_VW	JCAHO_ACRDTD_CD	VARCHAR2 (1)	N	AO JC Accredited Code	Indicates if the lab reported that it is accredited by the Joint Commission. This information is	CSP_ACRDTD_CD
CLIA_PRVDR_VW	JCAHO_ACRDTD_DESC	VARCHAR2 (20)	N	AO JC Accredited Description	Indicates if the lab reported that it is accredited by the Joint Commission. This information is	CSP_ACRDTD_CD
CLIA_PRVDR_VW	JCAHO_ACRDTD_RMRK_CD	VARCHAR2 (2)	N	AO JC Accredited Remark Code	Used by the Joint Commission to notify CMS of changes in an accredited laboratory's status.	CSP_ACRDTN_RMRK_CD
CLIA_PRVDR_VW	JCAHO_ACRDTD_RMRK_DESC	VARCHAR2 (54)	N	AO JC Accredited Remark Description	Used by the Joint Commission to notify CMS of changes in an accredited laboratory's status.	CSP_ACRDTN_RMRK_CD
CLIA_PRVDR_VW	JCAHO_ACRDTD_RMRK_DT	DATE (8)	N	AO JC Accredited Remark Effective Date	Effective date of the current Joint Commission remark code.	
CLIA_PRVDR_VW	JCAHO_ACRDTD_Y_MATCH_DT	DATE (8)	N	AO JC Accredited Y Match Date	Date the Joint Commission confirmed the lab is accredited. When the lab is accredited by	
CLIA_PRVDR_VW	JCAHO_ACRDTD_Y_MATCH_SW	VARCHAR2 (1)	N	AO JC Accredited Y Match Indicator	Indicates if the lab is confirmed as accredited by the Joint Commission.	
CLIA_PRVDR_VW	LAB_NUM	VARCHAR2 (7)	N	Lab Number	Sequential number used to uniquely identify the lab. This value is the last 7 positions of the lab's	
CLIA_PRVDR_VW	LAB_SITE_CNT	NUMBER (4.0)	N	Multiple Site Lab Count	Total number of lab sites for which a lab has applied for a single certificate for multiple sites.	
CLIA_PRVDR_VW	LAB_TEMP_TSTG_SITE_SW	VARCHAR2 (1)	N	Multiple Site Exception: Temporary Testing Site Indicator	Indicates if the single site CLIA certificate is for a lab with multiple temporary testing sites.	
CLIA_PRVDR_VW	MLT_SITE_EXCPTN_SW	VARCHAR2 (1)	N	Multiple Site Certificate Indicator	Indicates if a lab has applied for a single site CLIA certificate to cover multiple testing	
CLIA_PRVDR_VW	MON_BGN_TIME	VARCHAR2 (4)	N	Time: Monday - Open	Time the lab opens on Monday.	
CLIA_PRVDR_VW	MON_END_TIME	VARCHAR2 (4)	N	Time: Monday - Close	Time the lab closes on Monday.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CLIA_PRVDR_VW	MSA_UPDT_DT	DATE (8)	N	MSA Field Updated Date	Date generated when specified fields in a laboratory record are updated. The information	
CLIA_PRVDR_VW	NEW_APLCTN_EFCTV_DT	DATE (8)	N	New Application Effective Date	Date the lab's certificate is effective for a new application type for a status change.	
CLIA_PRVDR_VW	NEW_APLCTN_TYPE_CD	VARCHAR2 (1)	N	New Application Type Code	Type of CLIA certificate applied for by a laboratory requesting a status change - new.	CLIA_APLCTN_TYPE_CD
CLIA_PRVDR_VW	NEW_APLCTN_TYPE_DESC	VARCHAR2 (20)	N	New Application Type Description	Type of CLIA certificate applied for by a laboratory requesting a status change- new.	CLIA_APLCTN_TYPE_CD
CLIA_PRVDR_VW	NON_PRFT_EXCPTN_SW	VARCHAR2 (1)	N	Multiple Site Exception: Public Health Indicator	Indicates if the single site CLIA certificate is for multiple sites with non-profit, federal, state or	
CLIA_PRVDR_VW	ODIE_ENTRY_PNDNG_DT	DATE (8)	N	Survey Entry Pending Date	Date present when a survey shell is created, blocks status changes and terminations. It is	
CLIA_PRVDR_VW	OVRRD_ADJSTMT_USER_ID	VARCHAR2 (7)	N	Adjustment Override User ID	User ID of the individual entering the override for the adjustment of the fee.	
CLIA_PRVDR_VW	PPMP_TEST_VOL_CNT	NUMBER (13.0)	N	PPM Test Volume Count	Estimated total annual Provider Performed Microscopy tests performed by the lab.	
CLIA_PRVDR_VW	PFCNCY_TSTG_ENRLMT_REC_FIL_SW	VARCHAR2 (1)	N	PT Enrollment Records Indicator	Indicates if proficiency testing enrollment records exist for this lab.	
CLIA_PRVDR_VW	PFCNCY_TSTG_SCORE_REC_FIL_SW	VARCHAR2 (1)	N	PT Score Records Indicator	Indicates if proficiency testing score records exist for this lab.	
CLIA_PRVDR_VW	PRIOR_TRMNTN_SW	VARCHAR2 (1)	N	Prior Termination Indicator	Indicates that the laboratory was terminated from Medicare prior to the implementation of	
CLIA_PRVDR_VW	PRVDR_INTRNL_NUM	NUMBER (10.0)	N	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CLIA_PRVDR_VW	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the	CSP_PRVDR_CMN
CLIA_PRVDR_VW	SAT_BGN_TIME	VARCHAR2 (4)	N	Time: Saturday - Open	Time the lab opens on Saturday.	
CLIA_PRVDR_VW	SAT_END_TIME	VARCHAR2 (4)	N	Time: Saturday - Close	Time the lab closes on Saturday.	
CLIA_PRVDR_VW	SA_116_RCPT_DT	DATE (8)	N	SA CMS-116 Received Date	Date the state agency received the CMS-116 application, usually the date stamped on the	
CLIA_PRVDR_VW	SHR_LAB_SW	VARCHAR2 (1)	N	Shared Lab Indicator	Applies to physician office labs when two or more physicians collectively pool resources to	
CLIA_PRVDR_VW	SMLTNS_SRVY_SW	VARCHAR2 (1)	N	Simultaneous Survey Indicator	Indicates if the state agency or regional office conducted a validation survey at the same time	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CLIA_PRVDR_VW	STATE_CD	VARCHAR2 (2)	N	Pending Certification State Abbreviation	Two-character state abbreviation for certification survey that has passed all state edits	CSP_STATE_CD
CLIA_PRVDR_VW	SUN_BGN_TIME	VARCHAR2 (4)	N	Time: Sunday - Open	Time the lab opens on Sunday.	
CLIA_PRVDR_VW	SUN_END_TIME	VARCHAR2 (4)	N	Time: Sunday - Close	Time the lab closes on Sunday.	
CLIA_PRVDR_VW	TAG_CNT	NUMBER (22)	N	Pending Certification Condition Counter	Count of condition level tags associated with certification surveys that have passed all state	
CLIA_PRVDR_VW	THU_BGN_TIME	VARCHAR2 (4)	N	Time: Thursday - Open	Time the lab opens on Thursday.	
CLIA_PRVDR_VW	THU_END_TIME	VARCHAR2 (4)	N	Time: Thursday - Close	Time the lab closes on Thursday.	
CLIA_PRVDR_VW	TRK_ID	VARCHAR2 (4)	N	Pending Certification ASPEN Event ID	Unique identifier by state generated by ASPEN assigned to the survey cycle. This is the first	
CLIA_PRVDR_VW	TUE_BGN_TIME	VARCHAR2 (4)	N	Time: Tuesday - Open	Time the lab opens on Tuesday.	
CLIA_PRVDR_VW	TUE_END_TIME	VARCHAR2 (4)	N	Time: Tuesday - Close	Time the lab closes on Tuesday.	
CLIA_PRVDR_VW	WED_BGN_TIME	VARCHAR2 (4)	N	Time: Wednesday - Open	Time the lab opens on Wednesday.	
CLIA_PRVDR_VW	WED_END_TIME	VARCHAR2 (4)	N	Time: Wednesday - Close	Time the lab closes on Wednesday.	
CLIA_PRVDR_VW	WVD_TEST_VOL_CNT	NUMBER (13.0)	N	Waived Test Volume Count	Estimated total annual waived tests performed by the lab.	
CLIA_PT_ANALYTE	ADD_DT	DATE (8)	N	Add Date	Date the analyte record was generated in the Centers for Medicare and Medicaid Services	
CLIA_PT_ANALYTE	ADD_USER_ID	VARCHAR2 (7)	N	Add User ID	Identifies individual or system that generated the record.	
CLIA_PT_ANALYTE	ANALYTE_ID	VARCHAR2 (4)	Y	Analyte Code	Number assigned to a proficiency testing analyte by Division of Laboratory Services personnel.	
CLIA_PT_ANALYTE	ANALYTE_LONG_DESC	VARCHAR2 (100)	N	Analyte Long Description	Description of an analyte. 100 characters mixed case.	
CLIA_PT_ANALYTE	ANALYTE_SHRT_DESC	VARCHAR2 (50)	N	Analyte Short Description	Short name of an analyte. 50 characters all CAPS.	
CLIA_PT_ANALYTE	BGN_IN_TEST_YR_NUM	NUMBER (4.0)	N	Analyte Begin Date	Test year the analyte will become available; default to 1994.	

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CLIA_PT_ANALYTE	GRP_ANALYTE_DESC	VARCHAR2 (43)	N	Group Analyte Description	Identifies the analyte code for the group if an analyte belongs to a group.	CLIA_PT_ANALYTE
CLIA_PT_ANALYTE	GRP_ANALYTE_ID	VARCHAR2 (4)	N	Group Analyte Code	Identifies the analyte code for the group if an analyte belongs to a group.	CLIA_PT_ANALYTE
CLIA_PT_ANALYTE	GRP_IND_SW	VARCHAR2 (1)	N	Group Indicator	Indicates if this is a group analyte.	
CLIA_PT_ANALYTE	MIN_THRSHLD_NUM	NUMBER (3.0)	N	Passing Score	Minimum threshold number for submitted scores.	
CLIA_PT_ANALYTE	RMVD_DT	DATE (8)	N	Deprecated Date	Date the analyte was removed.	
CLIA_PT_ANALYTE	RMVD_SW	VARCHAR2 (1)	N	Deprecated Switch	Indicates if the analyte has been removed.	
CLIA_PT_ANALYTE	RMVD_TEST_YR_NUM	NUMBER (4.0)	N	Deprecated Year	Test year after which the analyte will no longer be valid.	
CLIA_PT_ANALYTE	TEST_PER_YR_NUM	NUMBER (1.0)	N	Required Number Of Events	Number of tests per year required for the analyte.	
CLIA_PT_ANALYTE	UPDT_DT	DATE (8)	N	Update Date	Date of the most recent update of this analyte data.	
CLIA_PT_ANALYTE	UPDT_USER_ID	VARCHAR2 (7)	N	Update User ID	User ID of individual or system that most recently updated this analyte data.	
CLIA_PT_ENRLMT_HSTR Y	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CLIA_PT_ENRLMT_HSTR Y	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the	
CLIA_PT_ENRLMT_HSTR Y	PT_ENRLMT_LTR_DT	DATE (8)	N	Proficiency Testing Enrollment Letter Date	Proficiency testing enrollment letter date.	
CLIA_PT_ENRLMT_HSTR Y	PT_ENRLMT_STUS_CD	VARCHAR2 (2)	N	Proficiency Testing Enrollment Status Code	Proficiency testing enrollment status code.	CLIA_PT_ENRLMT_STUS_CD
CLIA_PT_ENRLMT_HSTR Y	PT_ENRLMT_STUS_DESC	VARCHAR2 (47)	N	Proficiency Testing Enrollment Status Description	Proficiency testing enrollment status code.	CLIA_PT_ENRLMT_STUS_CD
CLIA_PT_ENRLMT_HSTR Y	PT_ENRLMT_YR_NUM	VARCHAR2 (4)	Y	Proficiency Testing Enrollment Year	Proficiency testing enrollment year.	
CLIA_UNRCNCLD	ADD_DT	DATE (8)	Y	Add Date	Date the unreconciled CLIA lockbox item was added.	
CLIA_UNRCNCLD	ADD_USER_ID	VARCHAR2 (7)	N	Add User ID	User ID of person adding the record.	

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CLIA_UNRCNCLD	AUDT_CD	VARCHAR2 (2)	N	Audit Code	Code identifying the type of audit.	CLIA_AUDT_CD
CLIA_UNRCNCLD	AUDT_DESC	VARCHAR2 (50)	N	Audit Description	Code identifying the type of audit.	CLIA_AUDT_CD
CLIA_UNRCNCLD	AUDT_DT	DATE (8)	N	Audit Date	Date the unreconciled CLIA lockbox item was audited.	
CLIA_UNRCNCLD	EFCTV_DT	DATE (8)	Y	Effective Date	Indicates the date the added specialty becomes effective.	
CLIA_UNRCNCLD	LKBX_BATCH_NUM	VARCHAR2 (4)	Y	Lockbox Batch Number	Batch number used by the laboratory lockbox contractor. The Batch number is reset to 1 at the	
CLIA_UNRCNCLD	LKBX_ITM_NUM	NUMBER (22.0)	Y	Lockbox Item Number	Unique sequential number starting with '01' for the first item in a lock box contractor batch and	
CLIA_UNRCNCLD	PMT_AMT	NUMBER (22.2)	Y	Amount of Payment	Lockbox payment amount.	
CLIA_UNRCNCLD	PROC_DT	DATE (8)	Y	Process Date	Date that a laboratory's payment was processed by the lockbox contractor.	
CLIA_UNRCNCLD	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CLIA_UNRCNCLD	PRVDR_NUM	VARCHAR2 (10)	N	CCN	A six or ten position identification number that is assigned to a certified provider. This is the	
CLIA_UNRCNCLD	RFND_APRVL_CD	VARCHAR2 (2)	N	Refund Approval Code	Code identifying the type of refund approval.	CLIA_RFND_RSN_CD
CLIA_UNRCNCLD	RFND_APRVL_DESC	VARCHAR2 (100)	N	Refund Approval Description	Code identifying the type of refund approval.	CLIA_RFND_RSN_CD
CLIA_UNRCNCLD	RFND_APRVL_DT	DATE (8)	N	Refund Approval Date	Date the refund approval was added.	
CLIA_UNRCNCLD	RFND_APRVL_SW	VARCHAR2 (1)	N	Refund Approval Indicator	Indicates whether the refund was approved or not.	
CLIA_UNRCNCLD	RFND_APRVL_USER_ID	VARCHAR2 (30)	N	Refund Approval User ID	User ID of the individual who approved the refund.	
CLIA_UNRCNCLD	RFND_OBA_DT	DATE (8)	N	Refund Office of Budget and Administration Date	Date the Office of Budget and Administration sent the refund.	
CLIA_UNRCNCLD	RFND_RECOM_CD	VARCHAR2 (2)	N	Refund Recommend Code	Code identifying the type of recommended refund.	CLIA_RFND_RSN_CD
CLIA_UNRCNCLD	RFND_RECOM_DESC	VARCHAR2 (100)	N	Refund Recommend Description	Code identifying the type of recommended refund.	CLIA_RFND_RSN_CD

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CLIA_UNRCNCLD	RFND_RECOM_DT	DATE (8)	N	Refund Recommend Date	Date the recommended refund was added.	
CLIA_UNRCNCLD	RFND_RECOM_SW	VARCHAR2 (1)	N	Refund Recommend Indicator	Indicates whether the recommended refund was approved or not.	
CLIA_UNRCNCLD	RFND_RECOM_USER_ID	VARCHAR2 (30)	N	Refund Recommend User ID	User ID of the individual who approved the recommended refund.	
CLIA_UNRCNCLD	TRANS_CD	VARCHAR2 (15)	Y	Transaction Code	Transaction number of the unreconciled CLIA lockbox item.	
CLIA_UNRCNCLD	UPDT_DT	DATE (8)	N	Update Date	Date the unreconciled CLIA lockbox item was updated.	
CLIA_UNRCNCLD	UPDT_USER_ID	VARCHAR2 (7)	N	Update User ID	Update user ID number	
CLIA_UNRSLVD	ADD_DT	DATE (8)	Y	Add Date	Date the unresolved CLIA lockbox item was added.	
CLIA_UNRSLVD	ADD_USER_ID	VARCHAR2 (7)	N	Add User ID	User ID of person adding the record.	
CLIA_UNRSLVD	AUDT_CD	VARCHAR2 (2)	N	Audit Code	Code identifying the type of audit.	CLIA_AUDT_CD
CLIA_UNRSLVD	AUDT_DESC	VARCHAR2 (50)	N	Audit Description	Code identifying the type of audit.	CLIA_AUDT_CD
CLIA_UNRSLVD	AUDT_DT	DATE (8)	N	Audit Date	Date the unresolved CLIA lockbox item was audited.	
CLIA_UNRSLVD	LKBX_BATCH_NUM	VARCHAR2 (4)	Y	Lockbox Batch Number	Batch number used by the laboratory lockbox contractor. The Batch number is reset to 1 at the	
CLIA_UNRSLVD	LKBX_ITM_NUM	NUMBER (22.0)	Y	Lockbox Item Number	Unique sequential number starting with '01' for the first item in a lock box contractor batch and	
CLIA_UNRSLVD	PMT_AMT	NUMBER (22.2)	Y	Amount of Payment	Lockbox payment amount.	
CLIA_UNRSLVD	PROC_DT	DATE (8)	Y	Process Date	Date that a laboratory's payment was processed by the lockbox contractor.	
CLIA_UNRSLVD	TRANS_CD	VARCHAR2 (15)	N	Transaction Code	Transaction number of the unresolved CLIA lockbox item.	
CLIA_UNRSLVD	UPDT_DT	DATE (8)	N	Update Date	Date the unresolved CLIA lockbox item was updated.	
CLIA_UNRSLVD	UPDT_USER_ID	VARCHAR2 (7)	N	Update User ID	Update user ID number	

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_ACTVTY	ACTVTY_DUE_DT	DATE (8)	N	Activity Due Date	Date when the activity should be completed.	
CSP_ACTVTY	ACTVTY_END_DT	DATE (8)	N	Activity Complete Date	Date the activity is completed.	
CSP_ACTVTY	ACTVTY_ID	NUMBER (10.0)	Y	Activity ID	Unique identifier within a state assigned to the activity by ACTS when the activity is added.	
CSP_ACTVTY	ACTVTY_STRT_DT	DATE (8)	N	Activity Sent Date	Date entered as the sent date for the activity.	
CSP_ACTVTY	ACTVTY_TYPE_CD	VARCHAR2 (2)	N	Activity Type Code	Indicates the selected type of activity.	CSP_ACTVTY_TYPE_CD
CSP_ACTVTY	APLCTN_CD	VARCHAR2 (1)	N	Application Code	Indicates the ASPEN application that generated the activity.	CSP_APLCTN_CD
CSP_ACTVTY	CLNDR_STRT_DT	DATE (8)	N	Activity Entered Date	System generated date when an activity is created on the Activity tab in an ACTS Intake.	
CSP_ACTVTY	CMT_TXT	VARCHAR2 (255)	N	Comment Text	Comments added by the responsible party.	
CSP_ACTVTY	ENFRMNT_CASE_ID	VARCHAR2 (6)	N	AEM Case ID	System generated number that uniquely identifies an Enforcement Case. Generated by	
CSP_ACTVTY	INTK_ID	VARCHAR2 (10)	N	Intake ID	Unique identification number generated by ACTS and assigned to an intake.	
CSP_ACTVTY	INVSTGTN_ID	VARCHAR2 (6)	N	Investigation ID	Event ID of the investigation survey to which this intake is assigned. One or more intakes can	
CSP_ACTVTY	SRC_STATE_CD	VARCHAR2 (2)	Y	Source State Code	Two-position state code indicating where the state server is physically located, may not be the	CSP_STATE_CD
CSP_ACTVTY	STF_CTGRY_CD	VARCHAR2 (2)	N	Staff Category Code	Indicates whether the activity was entered by State Agency or Regional Office staff.	CSP_STF_CTGRY_CD
CSP_CLIA_ACRDTN_VW	ACRDTD_CD	VARCHAR2 (1)	N	AO Accredited Code	Indicates if the lab reported that it is accredited by this Accreditation Organization. This	CSP_ACRDTD_CD
CSP_CLIA_ACRDTN_VW	ACRDTD_DESC	VARCHAR2 (20)	N	AO Accredited Description	Indicates if the lab reported that it is accredited by this Accreditation Organization. This	CSP_ACRDTD_CD
CSP_CLIA_ACRDTN_VW	ACRDTD_RMRK_CD	VARCHAR2 (2)	N	AO Accredited Remark Code	Used by this Accreditation Organization to notify CMS of changes in an accredited	CSP_ACRDTN_RMRK_CD
CSP_CLIA_ACRDTN_VW	ACRDTD_RMRK_DESC	VARCHAR2 (54)	N	AO Accredited Remark Description	Used by this Accreditation Organization to notify CMS of changes in an accredited	CSP_ACRDTN_RMRK_CD
CSP_CLIA_ACRDTN_VW	ACRDTD_RMRK_DT	DATE (8)	N	AO Accredited Remark Effective Date	Effective date of the current Accreditation Organization remark code.	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CLIA_ACRDTN_VW	ACRDTD_Y_MATCH_DT	DATE (8)	N	AO Accredited Y Match Date	Date the Accreditation Organization confirmed the lab is accredited.	
CSP_CLIA_ACRDTN_VW	ACRDTD_Y_MATCH_SW	VARCHAR2 (1)	N	AO Accredited Y Match Indicator	Indicates if the lab is confirmed as accredited by the Accreditation Organization.	
CSP_CLIA_ACRDTN_VW	ACRDTN_AGENCY_CD	CHAR (2)	N	Accreditation Agency Code	Accreditation agency code.	CLIA_ACRDTN_CD
CSP_CLIA_ACRDTN_VW	ACRDTN_AGENCY_DESC	VARCHAR2 (10)	N	Accreditation Agency Description	Accreditation agency description.	CLIA_ACRDTN_CD
CSP_CLIA_ACRDTN_VW	PRVDR_INTRNL_NUM	NUMBER (10.0)	N	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_CLIA_CRTFCT	APLCTN_PHASE_CD	VARCHAR2 (1)	N	Application Phase Code	Phase of a laboratory's certificate.	CSP_APLCTN_PHASE_CD
CSP_CLIA_CRTFCT	APLCTN_PHASE_DESC	VARCHAR2 (9)	N	Application Phase Description	Phase of a laboratory's certificate.	CSP_APLCTN_PHASE_CD
CSP_CLIA_CRTFCT	APLCTN_TYPE_CD	VARCHAR2 (1)	N	Application Type Code	Type of CLIA certificate applied for by a laboratory.	CLIA_APLCTN_TYPE_CD
CSP_CLIA_CRTFCT	APLCTN_TYPE_DESC	VARCHAR2 (13)	N	Application Type Description	Type of CLIA certificate applied for by a laboratory.	CLIA_APLCTN_TYPE_CD
CSP_CLIA_CRTFCT	CLIA_TRMNTN_CD	VARCHAR2 (2)	N	CLIA Termination Code	Identifies a laboratory's active or terminated status. If terminated, identifies the reason.	CSP_CLIA_TRMNTN_CD
CSP_CLIA_CRTFCT	CLIA_TRMNTN_DESC	VARCHAR2 (45)	N	CLIA Termination Description	Identifies a laboratory's active or terminated status. If terminated, identifies the reason.	CSP_CLIA_TRMNTN_CD
CSP_CLIA_CRTFCT	CRTFCT_AGE_NUM	NUMBER (2.0)	N	CLIA Certificate Age Number	Sequential number indicating the age of the certificate. Zero represents the pending	
CSP_CLIA_CRTFCT	CRTFCT_EFCTV_DT	DATE (8)	Y	CLIA Certificate Effective Date	Start date of the certificate.	
CSP_CLIA_CRTFCT	CRTFCT_EXPRTN_DT	DATE (8)	N	CLIA Certificate Expiration Date	End date of the certificate.	
CSP_CLIA_CRTFCT	CRTFCT_MAIL_DT	DATE (8)	N	CLIA Certificate Mailed Date	Date the certificate was generated for mailing.	
CSP_CLIA_CRTFCT	CRTFCT_TYPE_CD	VARCHAR2 (1)	N	CLIA Certificate Type Code	Type of certificate issued to the laboratory, based on the application type code.	CSP_CRTFCT_TYPE_CD
CSP_CLIA_CRTFCT	CRTFCT_TYPE_DESC	VARCHAR2 (17)	N	CLIA Certificate Type Description	Type of certificate issued to the laboratory, based on the application type code.	CSP_CRTFCT_TYPE_CD
CSP_CLIA_CRTFCT	LAB_CLSFCTN_CD	VARCHAR2 (2)	N	CLIA Laboratory Classification Code	Determines if the laboratory is non-exempt, exempt or Veterans Administration.	CSP_LAB_CLSFCTN_CD



Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CLIA_CRTFCT	LAB_CLSFCTN_DESC	VARCHAR2 (22)	N	CLIA Laboratory Classification Description	Determines if the laboratory is non-exempt, exempt or Veterans Administration.	CSP_LAB_CLSFCTN_CD
CSP_CLIA_CRTFCT	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_CLIA_CRTFCT	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the	
CSP_CLIA_CRTFCT	STATE_CD	VARCHAR2 (2)	N	State Abbreviation	Two-character state abbreviation.	CSP_STATE_CD
CSP_CLIA_CRTFCT	STATE_DESC	VARCHAR2 (20)	N	State Description	State Description	CSP_STATE_CD
CSP_CMPLNT40_SRVYR_VW	CYC_VISIT_DT	DATE (7)	N	Cycle Visit Date	Cycle Visit Date	
CSP_CMPLNT40_SRVYR_VW	CYC_VISIT_NUM	NUMBER (3.0)	N	Cycle Visit Number	Cycle Visit Number	
CSP_CMPLNT40_SRVYR_VW	PRVDR_INTRNL_NUM	NUMBER (10.0)	N	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_CMPLNT40_SRVYR_VW	SRVYR_ID	CHAR (5)	N	Surveyor ID Number	Surveyor ID Number	
CSP_CMPLNT40_SRVYR_VW	SRVY_AGE_NUM	NUMBER (3.0)	N	Survey Age Number	Survey Age Number	
CSP_CMPLNT40_SRVYR_VW	SRVY_DT	DATE (7)	N	Survey Date	Survey Date	
CSP_CMPLNT40_SRVYR_VW	SRVY_TYPE_CD	VARCHAR2 (1)	N	Survey Type Code	Survey Type Code	
CSP_CMPLNT40_SRVYR_VW	TITLE_DESC	VARCHAR2 (20)	N	Title Description	Title Description	
CSP_CRTFCTN	ACPTBL_POC_SW	VARCHAR2 (1)	N	Compliance: Acceptable POC Indicator	Indicates if a provider is in compliance with program requirements based on an acceptable	
CSP_CRTFCTN	ACRDTD_SRVY_CRTFCT_SC_HDL_CD	VARCHAR2 (1)	N	AO Survey Certificate Schedule Code	Indicates the lab's certificate schedule code calculated by the CLIA system, based on the	CSP_SCHDL_CD
CSP_CRTFCTN	ACRDTD_SRVY_CRTFCT_SC_HDL_DESC	VARCHAR2 (45)	N	AO Survey Certificate Schedule Description	Indicates the lab's certificate schedule code calculated by the CLIA system, based on the	CSP_SCHDL_CD
CSP_CRTFCTN	ACRDTD_SRVY_SCHDL_CD	VARCHAR2 (1)	N	AO Survey Accreditation Schedule Code	Indicates the lab's accreditation schedule code calculated by the CLIA system, based on the	CSP_SCHDL_CD
CSP_CRTFCTN	ACRDTD_SRVY_SCHDL_DESC	VARCHAR2 (45)	N	AO Survey Accreditation Schedule Description	Indicates the lab's accreditation schedule code calculated by the CLIA system, based on the	CSP_SCHDL_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	ACRDTD_SRVY_STUS_SW	VARCHAR2 (1)	N	Survey Accreditation Status Indicator	Indicates if a particular survey of a lab was performed to determine accreditation status.	
CSP_CRTFCTN	ACRDTD_SRVY_TEST_VOL_CNT	NUMBER (9,0)	N	Survey Accredited Test Volume Count	Number of tests performed annually in a laboratory that is accredited by one or more	
CSP_CRTFCTN	ACRDTN_EFCTV_DT	DATE (8)	N	Accreditation Effective Date	The effective date of the current period of accreditation by the Joint Commission on	
CSP_CRTFCTN	ACRDTN_EXPRTN_DT	DATE (8)	N	Accreditation Expiration Date	The expiration date of the current period of Accreditation by the Joint Committee on	
CSP_CRTFCTN	ACRDTN_SCHDL_CD	VARCHAR2 (1)	N	Accreditation Schedule Code	Accreditation schedule code. This schedule is calculated using the CLIA application data.	CSP_SCHDL_CD
CSP_CRTFCTN	ACRDTN_SCHDL_DESC	VARCHAR2 (45)	N	Accreditation Schedule Description	Accreditation schedule code. This schedule is calculated using the CLIA application data.	CSP_SCHDL_CD
CSP_CRTFCTN	ACRDTN_SRVY_60_DAY_DT	DATE (8)	N	60 Days after Accreditation Survey date	Date 60 Days after Accreditation Survey.	
CSP_CRTFCTN	ACRDTN_SRVY_TYPE_CD	VARCHAR2 (2)	N	Accreditation Survey Type Code	Code representing the survey accreditation type.	CSP_ACRDTN_SRVY_TYPE_CD
CSP_CRTFCTN	ACRDTN_TYPE_CD	VARCHAR2 (1)	N	Accreditation Type Code	This code indicates the organization that is responsible for the accreditation of the provider.	CSP_ACRDTN_DEMD_CD
CSP_CRTFCTN	ACRDTN_TYPE_DESC	VARCHAR2 (24)	N	Accreditation Type Description	This indicates the organization that is responsible for the accreditation of the provider.	CSP_ACRDTN_DEMD_CD
CSP_CRTFCTN	ACTVTY_OFSITE_RSDNT_SW	VARCHAR2 (1)	N	Service: Activities-Offsite-Residents Switch	Indicates if activity services are provided off-site to residents.	
CSP_CRTFCTN	ACTVTY_ONST_NRSNT_SW	VARCHAR2 (1)	N	Service: Activities-Onsite-Nonresidents Switch	Indicates if activity services are provided on-site to nonresidents.	
CSP_CRTFCTN	ACTVTY_ONST_RSDNT_SW	VARCHAR2 (1)	N	Service: Activities-Onsite-Residents Switch	Indicates if activity services are provided on-site to residents.	
CSP_CRTFCTN	ACTVTY_OTHR_OFSITE_RSDNT_SW	VARCHAR2 (1)	N	Service: Other Activities-Offsite-Residents Switch	Field 3 - indicates other activity services provided by staff off-site to residents.	
CSP_CRTFCTN	ACTVTY_OTHR_ONST_NRSNT_SW	VARCHAR2 (1)	N	Service: Other Activities-Onsite-Nonresidents Switch	Field 2 - indicates other activity services provided by staff on-site to nonresidents.	
CSP_CRTFCTN	ACTVTY_OTHR_ONST_RSDNT_SW	VARCHAR2 (1)	N	Service: Other Activities-Onsite-Residents Switch	Field 1 - indicates other activity services provided by staff on-site to residents.	
CSP_CRTFCTN	ACTVTY_PROFNL_CNTRCT_CNT	NUMBER (7,2)	N	Activity Professional Contract Count	The number of full-time equivalent activity professionals under contract to a facility.	
CSP_CRTFCTN	ACTVTY_PROFNL_FLTM_CNT	NUMBER (7,2)	N	Activity Professional Full-Time Count	The number of full-time equivalent activity professionals employed full-time by a facility.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	ACTVTY_PROFNL_PRTM_CNT	NUMBER (7,2)	N	Activity Professional Part-Time Count	The number of full-time equivalent activity professionals employed part-time by a facility.	
CSP_CRTFCTN	ACTVTY_STF_OTHR_CNTRCT_CNT	NUMBER (7,2)	N	Activity Staff Other Contract Count	Number of contract staff hours for other activities.	
CSP_CRTFCTN	ACTVTY_STF_OTHR_FLTMCNT	NUMBER (7,2)	N	Activity Staff Other Full-Time Count	Number of full-time staff hours for other activities.	
CSP_CRTFCTN	ACTVTY_STF_OTHR_PRTMCNT	NUMBER (7,2)	N	Activity Staff Other Part-Time Count	Number of part-time staff hours provided by other activity staff.	
CSP_CRTFCTN	ACUTE_RESP_CARE_CD	VARCHAR2 (1)	N	Acute/Respite Care Code	Indicates if the hospice provides acute and/or respite short-term inpatient care.	CSP_ACUTE_RESP_CD
CSP_CRTFCTN	ACUTE_RESP_CARE_DESC	VARCHAR2 (45)	N	Acute Respite Care Description	Indicates if the hospice provides acute and/or respite short-term inpatient care.	CSP_ACUTE_RESP_CD
CSP_CRTFCTN	ACUTE_RNL_DLYS_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Acute Renal Dialysis	Indicates how acute renal dialysis services are provided in a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	ACUTE_RNL_DLYS_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Acute Renal Dialysis Description	Indicates how acute renal dialysis services are provided in a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	ADJSTMT_OVRRD_DT	DATE (8)	N	Adjustment Override Date	The date the adjustment override was entered in CLIA.	
CSP_CRTFCTN	ADJSTMT_OVRRD_SW	VARCHAR2 (1)	N	Adjustment Override Switch	Indicates if an override of billing adjustment criteria was entered in CLIA.	
CSP_CRTFCTN	ADMINR_CITY_TXT	VARCHAR2 (20)	N	Administrator City Text	The city in which the administrators is a resident of.	
CSP_CRTFCTN	ADMINR_EMAIL_TXT	VARCHAR2 (60)	N	Administrator Email	This is the email address of the administrator.	
CSP_CRTFCTN	ADMINR_STATE_CD	VARCHAR2 (2)	N	Administrator State	The state code of the administrator's residence.	CSP_STATE_CD
CSP_CRTFCTN	ADMINR_ZIP_TXT	VARCHAR2 (5)	N	Administrator Zip Text	The ZIP Code of the administrator's residence.	
CSP_CRTFCTN	ADMSN_SUSPNSN_DT	DATE (8)	N	Admission Suspension Date	The date that payments for new admissions in a long-term care facility will be denied if an	
CSP_CRTFCTN	ADMSN_SUSPNSN_PRIOR_DT	DATE (8)	N	Admission Suspension Prior Date	Previous date a suspension of admissions was invoked for a provider.	
CSP_CRTFCTN	AGRMT_BGN_DT	DATE (8)	N	LTC Agreement Beginning Date	The beginning date of a certified long term care facility's time-limited agreement.	
CSP_CRTFCTN	AGRMT_END_DT	DATE (8)	N	LTC Agreement Ending Date	The ending date of a certified long term care facility's time-limited agreement.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	AGRMT_END_PRIOR_DT	DATE (8)	N	Prior LTC Agreement Ending Date	The last date of a certified long term care facility's time-limited agreement for a prior	
CSP_CRTFCTN	AGRMT_EXTNSN_DT	DATE (8)	N	LTC Agreement Extension Date	The last date of an extension of a certified long term care facility's time-limited agreement.	
CSP_CRTFCTN	AGRMT_EXTNSN_PRIOR_DT	DATE (8)	N	Prior LTC Agreement Extension Date	The last date of an extension of a certified long term care facility's time-limited agreement for a	
CSP_CRTFCTN	AIDS_BED_CNT	NUMBER (3.0)	N	Special Care Beds - AIDS	The number of beds in a unit identified and dedicated by the facility for residents with	
CSP_CRTFCTN	ALCHL_DRUG_BED_CNT	NUMBER (3.0)	N	Alcohol/Drug Unit Beds	The number of beds in a PPS-exempt (Prospective Payment System) alcohol/drug unit	
CSP_CRTFCTN	ALCHL_DRUG_EFCTV_DT	DATE (8)	N	Alcohol/Drug Effective Date	The date an alcohol/drug unit became exempt from the Prospective Payment System (PPS).	
CSP_CRTFCTN	ALCHL_DRUG_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Alcohol and/or Drug	Indicates how alcohol and/or drug services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	ALCHL_DRUG_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Alcohol and or Drug Description	Indicates how alcohol and/or drug services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	ALCHL_DRUG_SW	VARCHAR2 (1)	N	Alcohol/Drug Unit Switch	Indicates if a hospital has a PPS-exempt (Prospective Payment System) alcohol/drug	
CSP_CRTFCTN	ALCHL_DRUG_TRMNTN_CD	VARCHAR2 (1)	N	Alcohol/Drug Unit Termination Code	Indicates the reason that an alcohol/drug unit is no longer exempt from the Prospective Payment	CSP_ALCHL_DRUG_TRMNTN_CD
CSP_CRTFCTN	ALCHL_DRUG_TRMNTN_DE SC	VARCHAR2 (44)	N	Alcohol Drug Termination Description	Indicates the reason that an alcohol/drug unit is no longer exempt from the Prospective Payment	CSP_ALCHL_DRUG_TRMNTN_CD
CSP_CRTFCTN	ALCHL_DRUG_TRMNTN_DT	DATE (8)	N	Alcohol/Drug Unit Termination Date	The date an alcohol/drug unit's exemption from the Prospective Payment System (PPS) is	
CSP_CRTFCTN	ALL_DFCNCY_APRVD_WVR_CNT	NUMBER (4.0)	N	Current Deficiency: Waiver	The number of Health and Life Safety deficiencies that have been approved for waiver.	
CSP_CRTFCTN	ALL_DFCNCY_CNT	NUMBER (4.0)	N	Current Deficiency: Total	The total number of Health and Life Safety deficiencies at the time of the survey.	
CSP_CRTFCTN	ALL_DFCNCY_CRCTD_CNT	NUMBER (4.0)	N	Current Deficiency: Corrected	The number of Health and Life Safety deficiencies from the current survey that have	
CSP_CRTFCTN	ALL_DFCNCY_NOT_CRCTD_CNT	NUMBER (4.0)	N	Current Deficiency: Not Corrected	The number of Health and Life Safety deficiencies that have not been corrected.	
CSP_CRTFCTN	ALL_DFCNCY_NO_POC_CNT	NUMBER (4.0)	N	Current Deficiency: No Date To Correct	The number of Health and Life Safety deficiencies that do not have plans for	
CSP_CRTFCTN	ALL_DFCNCY_POC_CNT	NUMBER (4.0)	N	Current Deficiency: Plan of Correction	The number of Health and Life Safety deficiencies with plans for correction.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	ALL_DFCNCY_PRVDR_RFSD_CNT	NUMBER (4.0)	N	Current Deficiency: Refused	The number of Health and Life Safety deficiencies that the provider refused to correct.	
CSP_CRTFCTN	ALZHMR_BED_CNT	NUMBER (3.0)	N	Special Care Beds - Alzheimers	The number of beds in a unit identified and dedicated by the facility for residents with	
CSP_CRTFCTN	AMBLNC_OWND_SRVC_CD	VARCHAR2 (1)	N	Service: Ambulance (Owned)	Indicates how ambulance (owned) service is provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	AMBLNC_OWND_SRVC_DESC	VARCHAR2 (39)	N	Ambulance Owned Service Description	Indicates how ambulance (owned) service is provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	ANSTHSA_ENTRY_SW	VARCHAR2 (1)	N	ASC Record: Anesthesia Entries	Indicates if the medical records in an ambulatory surgical center contain anesthesia entries.	
CSP_CRTFCTN	ANSTHSA_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Anesthesia	Indicates how anesthesia services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	ANSTHSA_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Anesthesia Description	Indicates how anesthesia services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	ANTMCL_LAB_SRVC_CD	VARCHAR2 (1)	N	Service: Laboratory (Anatomical)	Indicates how anatomical laboratory services are provided in a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	ANTMCL_LAB_SRVC_DESC	VARCHAR2 (39)	N	Anatomical Laboratory Hospital Service Description	Indicates how anatomical laboratory services are provided in a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	AOA_ACRDTN_STUS_SW	VARCHAR2 (1)	N	AOA Accreditation Status Switch	Indicates if the facility is accredited by the American Osteopathic Association (AOA).	
CSP_CRTFCTN	AO_CD	VARCHAR2 (2)	N	AO Code	Accredited Organization Code	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN	APLCTN_RCVD_DT	DATE (8)	N	Application Received Date	The date the application was received. The date the application was added or the 109 data was	
CSP_CRTFCTN	APLCTN_SGND_DT	DATE (8)	N	Date Application Signed	The date the owner/director of the laboratory signed the laboratory application Form HCFA-	
CSP_CRTFCTN	APLCTN_SGND_SW	VARCHAR2 (1)	N	Application Signature Switch	Application signature indicator.	
CSP_CRTFCTN	APLNC_EQUIP_SRVC_CD	VARCHAR2 (1)	N	Service: Appliance and Equipment	Indicates how appliance and equipment services are provided by a Home Health Agency (HHA).	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	APLNC_EQUIP_SRVC_DESC	VARCHAR2 (39)	N	Appliance And Equipment HHA Service Description	Indicates how appliance and equipment services are provided by a Home Health Agency (HHA).	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	APRVD_NRS_AIDE_TRNG_SW	VARCHAR2 (1)	N	Approved Aid Training/Evaluation Program	Indicates if a facility currently has an approved nurse's aide training program.	
CSP_CRTFCTN	APRVL_ENTRD_DT	DATE (8)	N	Date Certification Approval Entered	Date the certification determination approval date of a provider is entered.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	AQAS_SRVY_ONST_TRGR_CD	VARCHAR2 (2)	N	Onsite Survey Trigger Code	Indicates the reason an onsite survey was done after a flexible survey.	CSP_ONST_SRVY_TRGR_CD
CSP_CRTFCTN	AQAS_SRVY_ONST_TRGR_D ESC	VARCHAR2 (40)	N	AQAS Survey Onsite Trigger Description	Indicates the reason an onsite survey was done after a flexible survey.	CSP_ONST_SRVY_TRGR_CD
CSP_CRTFCTN	AQAS_SRVY_SENT_DT	DATE (8)	N	AQAS Survey Sent Date	The date the self-evaluation survey was sent.	
CSP_CRTFCTN	AQAS_SRVY_SW	VARCHAR2 (1)	N	AQAS Survey Switch	Alternate Quality Assessment Survey Switch	
CSP_CRTFCTN	AUDLGY_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Audiology	Indicates how audiology services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	AUDLGY_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Audiology Description	Indicates how audiology services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	BED_CNT	NUMBER (4.0)	N	Beds-Total	Total number of beds in a facility, including those in non-participating or non-licensed areas.	
CSP_CRTFCTN	BED_PER_ROOM_WVR_SW	VARCHAR2 (1)	N	Compliance: Beds Per Room Waiver	Indicates if a waiver of the beds per room requirement has been recommended for a	
CSP_CRTFCTN	BLOOD_BANK_SRVC_CD	VARCHAR2 (1)	N	Service: Blood Bank	Indicates how blood bank services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	BLOOD_BANK_SRVC_DESC	VARCHAR2 (39)	N	Blood Bank Hospital Service Description	Indicates how blood bank services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	BLOOD_PROD_CLCTD_SW	VARCHAR2 (1)	N	Blood Products Collected Indicator	Indicates if blood and/or blood products, including autologous, are collected.	
CSP_CRTFCTN	BLOOD_SRVC_OFSITE_RSDN T_SW	VARCHAR2 (1)	N	Service: Blood Administered-Offsite-Resident	Indicates if administration and storage of blood services are provided off-site to residents.	
CSP_CRTFCTN	BLOOD_SRVC_ONST_NRSN T_SW	VARCHAR2 (1)	N	Service: Blood Administered-Onsite-Nonresident	Indicates if administration and storage of blood services are provided onsite to nonresidents.	
CSP_CRTFCTN	BLOOD_SRVC_ONST_RSDN T_SW	VARCHAR2 (1)	N	Service: Blood Administered-Onsite-Resident	Indicates if administration and storage of blood services are provided onsite to residents.	
CSP_CRTFCTN	BRNCH_CNT	NUMBER (3.0)	N	Branches	The number of branches operated by the agency.	
CSP_CRTFCTN	BRNCH_OPRTN_SW	VARCHAR2 (1)	N	Branch Operation Switch	Indicates if the agency operates any branches.	
CSP_CRTFCTN	BURN_CARE_UNIT_SRVC_CD D	VARCHAR2 (1)	N	Services Provided: Burn Care Unit	Indicates how burn care unit services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	BURN_CARE_UNIT_SRVC_D ESC	VARCHAR2 (39)	N	Services Provided: Burn Care Unit Description	Indicates how burn care unit services are provided by a hospital.	CSP_GNRL_SRVC_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	CAH_PSYCH_DPU_SW	VARCHAR2 (1)	N	CAH Psychological DPU Switch	CAH Psychiatric DPU.	
CSP_CRTFCTN	CAH_REHAB_DPU_SW	VARCHAR2 (1)	N	CAH Rehabilitation DPU Switch	CAH Rehabilitation DPU.	
CSP_CRTFCTN	CAH_SB_DPU_SW	VARCHAR2 (1)	N	CAH Swing Bed DPU Switch	CAH Swing Beds.	
CSP_CRTFCTN	CARF_IP_REHAB_SRVC_CD	VARCHAR2 (1)	N	Services Provided: CARF Inpatient Rehabilitation Code	Indicates how CARF inpatient rehabilitation service is provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	CARF_IP_REHAB_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: CARF Inpatient Rehabilitation Description	Indicates how CARF inpatient rehabilitation service is provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	CCRC_FAC_SW	VARCHAR2 (1)	N	Facility Part of a CCRC	Indicates if the facility is part of a Continuing Care Retirement Community (CCRC).	
CSP_CRTFCTN	CEO_EMAIL_TXT	VARCHAR2 (60)	N	CEO Email Address Text	This is the email address of the Chief Executive Officer (CEO).	
CSP_CRTFCTN	CEO_PHNE_NUM	VARCHAR2 (13)	N	CEO Phone Number	This is the phone number of the Chief Executive Officer (CEO).	
CSP_CRTFCTN	CHLD_ADLSCNT_PSYCH_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Psychiatric Child/Adolescent	Indicates how child adolescent psychiatric services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	CHLD_ADLSCNT_PSYCH_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Child Adolescent Psychiatric Description	Indicates how child adolescent psychiatric services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	CHMTHRPY_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Chemotherapy	Indicates how chemotherapy service is provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	CHMTHRPY_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Chemotherapy Description	Indicates how chemotherapy service is provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	CHOW_SW	VARCHAR2 (1)	N	Change of Ownership Switch	Indicates if a Home Health Agency (HHA) has undergone a change of ownership since the last	
CSP_CRTFCTN	CHRPRACTIC_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Chiropractic	Indicates how Chiropractic services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	CHRPRACTIC_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Chiropractic Description	Indicates how Chiropractic services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	CLIA_67_LCNDSW_SW	VARCHAR2 (1)	N	Previously Regulated Switch	Indicates if the laboratory was licensed under CLIA 67 or participated in the	
CSP_CRTFCTN	CLIA_EXMPT_STATE_CD	VARCHAR2 (2)	N	CLIA-Exempt State Abbreviation	Two-position abbreviation of the state whose licensure program is approved by CMS and is	CSP_STATE_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	CLIA_EXMPT_STATE_DESC	VARCHAR2 (20)	N	CLIA Exempt State Description	Two-position abbreviation of the state whose licensure program is approved by CMS and is	CSP_STATE_CD
CSP_CRTFCTN	CLIA_MDCR_NUM	VARCHAR2 (12)	N	CLIA Medicare Number	CLIA Medicare Number	
CSP_CRTFCTN	CLNCL_CNHLTNT_HIGH_A_CNT	NUMBER (3.0)	N	Staff Count: Clinical Consultant - High (A)	Number of clinical consultants qualified under 493.1455 (A) in a lab performing high	
CSP_CRTFCTN	CLNCL_CNHLTNT_HIGH_B_CNT	NUMBER (3.0)	N	Staff Count: Clinical Consultant - High (B)	Number of clinical consultants qualified under 493.1455(B) in a lab performing high	
CSP_CRTFCTN	CLNCL_CNHLTNT_MODRT_A_CNT	NUMBER (3.0)	N	Staff Count: Clinical Consultant - Moderate (A)	Number of clinical consultants qualified under 493.1417 (A) in a lab performing moderate	
CSP_CRTFCTN	CLNCL_CNHLTNT_MODRT_B_CNT	NUMBER (3.0)	N	Staff Count: Clinical Consultant - Moderate (B)	Number of clinical consultants qualified under 493.1417 (B) in a lab performing moderate	
CSP_CRTFCTN	CLSNG_FRI_TXT	VARCHAR2 (8)	N	Friday closing time	Closing time on Friday for in-center patient shifts (in military time).	
CSP_CRTFCTN	CLSNG_MON_TXT	VARCHAR2 (8)	N	Monday closing time	Closing time on Monday for in-center patient shifts (in military time).	
CSP_CRTFCTN	CLSNG_SAT_TXT	VARCHAR2 (8)	N	Saturday closing time	Closing time on Saturday for in-center patient shifts (in military time).	
CSP_CRTFCTN	CLSNG_SUN_TXT	VARCHAR2 (8)	N	Sunday closing time	Closing time on Sunday for in-center patient shifts (in military time).	
CSP_CRTFCTN	CLSNG_THU_TXT	VARCHAR2 (8)	N	Thursday closing time	Closing time on Thursday for in-center patient shifts (in military time).	
CSP_CRTFCTN	CLSNG_TUE_TXT	VARCHAR2 (8)	N	Tuesday closing time	Closing time on Tuesday for in-center patient shifts (in military time).	
CSP_CRTFCTN	CLSNG_WED_TXT	VARCHAR2 (8)	N	Wednesday closing time	Closing time on Wednesday for in-center patient shifts (in military time).	
CSP_CRTFCTN	CL_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Clinical Laboratory	Indicates how clinical laboratory services are provided in a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	CL_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Clinical Laboratory Description	Indicates how clinical laboratory services are provided in a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	CL_SRVC_OFSITE_RSDNT_SW	VARCHAR2 (1)	N	Service: Clinical Laboratory-Offsite-Resident	Indicates if clinical laboratory services are provided off-site to residents.	
CSP_CRTFCTN	CL_SRVC_ONST_NRSNT_SW	VARCHAR2 (1)	N	Service: Clinical Laboratory-Onsite-Nonresident	Indicates if clinical laboratory services are provided onsite to nonresidents.	
CSP_CRTFCTN	CL_SRVC_ONST_RSDNT_SW	VARCHAR2 (1)	N	Service: Clinical Laboratory-Onsite-Resident	Indicates if clinical laboratory services are provided on-site to residents.	



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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	CMNTY_BSD_SW	VARCHAR2 (1)	N	Community Based Switch	Indicates if the ICF/MR (Intermediate Care Facility for Mental Retardation) is community	
CSP_CRTFCTN	CMPLNC_STUS_CD	VARCHAR2 (1)	N	Compliance: Status	Compliance status of a provider at the time of certification survey.	CSP_CMPLNC_STUS_CD
CSP_CRTFCTN	CMPLNC_STUS_DESC	VARCHAR2 (17)	N	Compliance: Status Description	Indicates if a provider is in compliance with program requirements.	CSP_CMPLNC_STUS_CD
CSP_CRTFCTN	CNCR_HOSP_SW	VARCHAR2 (1)	N	Cancer Hospital Switch	Cancer hospital.	
CSP_CRTFCTN	CNSLNG_SRVC_CD	VARCHAR2 (1)	N	Service: Counseling	Indicates how counseling services are provided by a hospice.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	CNSLNG_SRVC_DESC	VARCHAR2 (39)	N	Counseling Hospice Service Description	Indicates how counseling services are provided by a hospice.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	CNSLR_EMPLEE_CNT	NUMBER (7.2)	N	Counselors - Staff	The number of full-time equivalent counselors employed by a hospice.	
CSP_CRTFCTN	CNSLR_VLNTR_CNT	NUMBER (7.2)	N	Counselors - Volunteer	The number of full-time equivalent volunteer counselors in a hospice.	
CSP_CRTFCTN	CNSUS_ABUSE_INVSTGTN_CNT	NUMBER (4.0)	N	Investigated: # Clients Abused	Number of clients found abused on investigation.	
CSP_CRTFCTN	CNSUS_ADMSN_READMSN_CNT	NUMBER (5.0)	N	Census: Admissions - Readmissions	The number of re-admission admissions by the HHA (Home Health Agency) since the last	
CSP_CRTFCTN	CNSUS_ADMSN_UNDUP_CNT	NUMBER (5.0)	N	Census: Admissions-Unduplicated	The number of unduplicated admissions by the HHA (Home Health Agency) since the last	
CSP_CRTFCTN	CNSUS_ADVNC_DRCTV_CNT	NUMBER (3.0)	N	Census: Other Advance Directive	Number of residents with advance directives.	
CSP_CRTFCTN	CNSUS_AGE_BTWN_22_45_CNT	NUMBER (5.0)	N	Census: Total Clients 22-45	Total number of clients between the ages of 22 and 45.	
CSP_CRTFCTN	CNSUS_AGE_BTWN_46_65_CNT	NUMBER (5.0)	N	Census: Total Clients 46-65	Total number of clients between the ages of 46 and 65.	
CSP_CRTFCTN	CNSUS_AGE_OVR_65_CNT	NUMBER (5.0)	N	Census: Total Clients Over 65	Total number of clients over age 65.	
CSP_CRTFCTN	CNSUS_AGE_UNDER_22_CNT	NUMBER (5.0)	N	Census: Total Clients Under 22	Total number of clients under age 22.	
CSP_CRTFCTN	CNSUS_ASGND_LGL_GRDN_CNT	NUMBER (4.0)	N	Census: Over 18 with Legal Guardian	Number of clients over age 18 with a legal guardian assigned by the court.	
CSP_CRTFCTN	CNSUS_ASTNC_MBLTY_CNT	NUMBER (3.0)	N	Census: Mobility - Ambulation with Assistance	Number of residents needing assistance or assistive device for ambulation.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	CNSUS_ATNDG_DAY_PGM_CNT	NUMBER (4.0)	N	Census: Clients Attending Day Programs	Number of clients who attend off-campus day programs.	
CSP_CRTFCTN	CNSUS_AUTSTC_CNT	NUMBER (4.0)	N	Census: Autistic	Number of autistic clients.	
CSP_CRTFCTN	CNSUS_AVG_DAILY_CNT	NUMBER (4.0)	N	Average Daily Census	The average daily census of the hospital.	
CSP_CRTFCTN	CNSUS_BATHG_ASTD_CNT	NUMBER (3.0)	N	Census: Bathing - Assisted	Number of residents requiring staff assistance for bathing.	
CSP_CRTFCTN	CNSUS_BATHG_DPNDNT_CNT	NUMBER (3.0)	N	Census: Bathing - Dependent	Number of residents dependent on staff for bathing.	
CSP_CRTFCTN	CNSUS_BATHG_INDPNDNT_CNT	NUMBER (3.0)	N	Census: Bathing - Independent	Number of residents who bathe independently.	
CSP_CRTFCTN	CNSUS_BED_FST_CNT	NUMBER (3.0)	N	Census: Mobility - Bedfast	Number of residents who are bedfast most or all of the time.	
CSP_CRTFCTN	CNSUS_BHVR_CNTL_DRUG_CNT	NUMBER (4.0)	N	Census: Drugs to Control Behavior	Number of clients who need drugs to control their behavior.	
CSP_CRTFCTN	CNSUS_BHVR_MGMT_PGM_CNT	NUMBER (3.0)	N	Census: Mental Status - Behavioral Management Program	Number of residents with behavioral symptoms receiving a behavior management program.	
CSP_CRTFCTN	CNSUS_BLADR_TRNG_PGM_CNT	NUMBER (3.0)	N	Census: Continence - Bladder Training Program	Number of residents on individually written bladder training program.	
CSP_CRTFCTN	CNSUS_BLND_CNT	NUMBER (4.0)	N	Census: Blind	Number of blind clients.	
CSP_CRTFCTN	CNSUS_BWL_TRNG_PGM_CNT	NUMBER (3.0)	N	Census: Continence - Bowel Training Program	Number of residents on individually written bowel training program.	
CSP_CRTFCTN	CNSUS_CHMTHRPY_CNT	NUMBER (3.0)	N	Census: Special Care - Chemotherapy	Number of residents receiving chemotherapy.	
CSP_CRTFCTN	CNSUS_CHRBND_CNT	NUMBER (3.0)	N	Census: Mobility - Chairbound	Number of residents in chairs most or all of the time.	
CSP_CRTFCTN	CNSUS_CNTL_EPLPSY_CNT	NUMBER (4.0)	N	Census: Epilepsy - Controlled	Number of clients with controlled epilepsy.	
CSP_CRTFCTN	CNSUS_CNTRCT_ADMSN_CNT	NUMBER (3.0)	N	Census: Mobility - Contractures on Admission	Number of residents with contractures at time of admission.	
CSP_CRTFCTN	CNSUS_CNTRCT_CNT	NUMBER (3.0)	N	Census: Mobility - with Contractures	Number of residents with contractures.	
CSP_CRTFCTN	CNSUS_CRBRL_PLSY_CNT	NUMBER (4.0)	N	Census: Cerebral Palsy	Number of clients with cerebral palsy.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	CNSUS_CRT_ORDRD_ADMS N_CNT	NUMBER (4.0)	N	Census: Court Ordered Admissions	Number of court ordered admissions.	
CSP_CRTFCTN	CNSUS_CTHTR_ADMSN_CNT	NUMBER (3.0)	N	Census: Continence - Catheters Present on Admission	Number of residents with catheters present on admission.	
CSP_CRTFCTN	CNSUS_CTHTR_CNT	NUMBER (3.0)	N	Census: Continence - Catheters	Number of residents with indwelling or external catheter.	
CSP_CRTFCTN	CNSUS_DEAF_CNT	NUMBER (4.0)	N	Census: Deaf	Number of deaf clients.	
CSP_CRTFCTN	CNSUS_DEATH_DSCHRG_CN T	NUMBER (5.0)	N	Census: Discharges - Death	The number of death discharges by the HHA (Home Health Agency) since the last standard	
CSP_CRTFCTN	CNSUS_DEATH_OTHR_CNT	NUMBER (4.0)	N	Census: Deaths - Number Deaths Other	Number of deaths due to other causes.	
CSP_CRTFCTN	CNSUS_DEATH_RSTRNT_CN T	NUMBER (4.0)	N	Census: Deaths - Number Related to Restraints	Number of deaths related to restraints.	
CSP_CRTFCTN	CNSUS_DEATH_UNUSUL_CNT	NUMBER (4.0)	N	Census: Deaths - Number Unusual Incidents	Number of deaths due to unusual causes.	
CSP_CRTFCTN	CNSUS_DLYS_CNT	NUMBER (3.0)	N	Census: Special Care - Dialysis	Number of residents receiving dialysis.	
CSP_CRTFCTN	CNSUS_DMNT_CNT	NUMBER (3.0)	N	Census: Mental Status - Dementia	Number of residents with dementia: multi-infarct, senile, Alzheimer's type, or other than	
CSP_CRTFCTN	CNSUS_DPRSN_CNT	NUMBER (3.0)	N	Census: Mental Status - Depression	Number of residents with documented signs and symptoms of depression.	
CSP_CRTFCTN	CNSUS_DRS_ASTD_CNT	NUMBER (3.0)	N	Census: Dressing - Assisted	Number of residents who require staff assistance to dress.	
CSP_CRTFCTN	CNSUS_DRS_DPNDNT_CNT	NUMBER (3.0)	N	Census: Dressing - Dependent	Number of residents dependent on staff for dressing.	
CSP_CRTFCTN	CNSUS_DRS_INDPNDNT_CN T	NUMBER (3.0)	N	Census: Dressing - Independent	Number of residents who dress independently.	
CSP_CRTFCTN	CNSUS_DSCHRG_GOAL_ME T_CNT	NUMBER (5.0)	N	Census: Discharges - Goals Met	The number of discharges goals met by the HHA (Home Health Agency) since the last	
CSP_CRTFCTN	CNSUS_DSCRT_LVG_UNIT_C NT	NUMBER (2.0)	N	Discrete Living Units	The total number of discrete living units in an ICF/MR (intermediate care facility for mental	
CSP_CRTFCTN	CNSUS_EATG_ASTD_CNT	NUMBER (3.0)	N	Census: Eating - Assisted	Number of residents requiring assistance for eating by staff.	
CSP_CRTFCTN	CNSUS_EATG_ASTV_DVC_C NT	NUMBER (3.0)	N	Census: Eating - Assistive Devices	Number of residents using assistive devices while eating.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	CNSUS_EATG_DPNDNT_CNT	NUMBER (3.0)	N	Census: Eating - Dependent	Number of residents dependent on staff to eat.	
CSP_CRTFCTN	CNSUS_EATG_INDPNDNT_CNT	NUMBER (3.0)	N	Census: Eating - Independent	Number of residents who eat independently.	
CSP_CRTFCTN	CNSUS_EPLPSY_CNT	NUMBER (5.0)	N	Census: Total Epilepsy	The total number of clients with epilepsy.	
CSP_CRTFCTN	CNSUS_FEML_CNT	NUMBER (5.0)	N	Census: Total Females	Total number of female clients.	
CSP_CRTFCTN	CNSUS_HARD_HEARG_CNT	NUMBER (4.0)	N	Census: Hard of Hearing	Number of clients who are hard of hearing.	
CSP_CRTFCTN	CNSUS_HEARG_IMPRMNT_CNT	NUMBER (5.0)	N	Census: Hearing Impairment	Total number of clients with hearing impairment.	
CSP_CRTFCTN	CNSUS_HOSPC_CARE_CNT	NUMBER (3.0)	N	Census: Special Care - Hospice Benefit	Number of residents receiving hospice care benefit.	
CSP_CRTFCTN	CNSUS_HOSP_DSCHRG_CNT	NUMBER (5.0)	N	Census: Discharge - Hospital	The number of hospital discharges by the HHA (Home Health Agency) since the last standard	
CSP_CRTFCTN	CNSUS_IMPRD_VSN_CNT	NUMBER (4.0)	N	Census: Impaired Vision	Number of clients with impaired vision.	
CSP_CRTFCTN	CNSUS_INCNTNT_BLADR_CNT	NUMBER (3.0)	N	Census: Continence - Bladder Incontinence	Number of residents with occasional or frequent bladder incontinence.	
CSP_CRTFCTN	CNSUS_INCNTNT_BWL_CNT	NUMBER (3.0)	N	Census: Continence - Bowel Incontinence	Number of residents with occasional or frequent bowel incontinence.	
CSP_CRTFCTN	CNSUS_INDPNDNT_MBLTY_CNT	NUMBER (3.0)	N	Census: Mobility - Ambulatory	Number of independent ambulatory residents.	
CSP_CRTFCTN	CNSUS_INFLNZ_IMNZTN_CNT	NUMBER (3.0)	N	Census: Influenza Immunization	The number of residents who received influenza immunizations.	
CSP_CRTFCTN	CNSUS_INTRVNS_THRPY_CNT	NUMBER (3.0)	N	Census: Special Care - IV Therapy	Number of residents receiving intravenous therapy, parenteral nutrition, and/or blood	
CSP_CRTFCTN	CNSUS_MALE_CNT	NUMBER (5.0)	N	Census: Total Males	Total number of male clients.	
CSP_CRTFCTN	CNSUS_MBL_NAMBLTRY_CNT	NUMBER (4.0)	N	Census: Mobile - Nonambulatory	Number of clients who are mobile nonambulatory.	
CSP_CRTFCTN	CNSUS_MCHNCL_ALTRD_DIET_CNT	NUMBER (3.0)	N	Census: Special Care - Mechanically Altered Diet	Number of residents receiving mechanically altered diets including pureed and all chopped	
CSP_CRTFCTN	CNSUS_MD_CD_CNT	NUMBER (4.0)	N	Census: Medicaid	Number of residents who are Medicaid recipients.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	CNSUS_MDCL_CARE_PLAN_CNT	NUMBER (4.0)	N	Census: Medical Care Plan	Number of clients with medical care plans.	
CSP_CRTFCTN	CNSUS_MDCR_CNT	NUMBER (4.0)	N	Census: Medicare	Number of residents who are Medicare beneficiaries.	
CSP_CRTFCTN	CNSUS_MENTL_BHVR_CNT	NUMBER (3.0)	N	Census: Mental Status - Behavioral Symptoms	Mental status - number of residents with behavioral symptoms.	
CSP_CRTFCTN	CNSUS_MILD_MR_CNT	NUMBER (4.0)	N	Census: Mild Mental Retardation	Number of clients with mild mental retardation.	
CSP_CRTFCTN	CNSUS_MODRT_MR_CNT	NUMBER (4.0)	N	Census: Moderate Mental Retardation	Number of clients with moderate mental retardation.	
CSP_CRTFCTN	CNSUS_MR_CNT	NUMBER (3.0)	N	Census: Mental Status - Mental Retardation	Number of residents with mental retardation.	
CSP_CRTFCTN	CNSUS_NAMBLTRY_CNT	NUMBER (5.0)	N	Census: Total Nonambulatory	Total number of nonambulatory clients.	
CSP_CRTFCTN	CNSUS_NGLCT_INVSTGTN_CNT	NUMBER (4.0)	N	Census: Neglect Allegations Investigated	Number of neglect allegations investigated during the survey.	
CSP_CRTFCTN	CNSUS_NMBL_NAMBLTRY_CNT	NUMBER (4.0)	N	Census: Nonambulatory - Nonmobile	Number of clients who are non-mobile nonambulatory.	
CSP_CRTFCTN	CNSUS_NON_ORAL_COMMUN_DVC_CNT	NUMBER (3.0)	N	Census: Other- Non-Oral Communication Devices	Number of residents who use non-oral communication devices.	
CSP_CRTFCTN	CNSUS_NO_COMMUN_CNT	NUMBER (3.0)	N	Census: Other - Communication	Number of residents who do not communicate in dominant language of facility, including those	
CSP_CRTFCTN	CNSUS_OBSRVD_ATNDG_DAY_PGM_CNT	NUMBER (2.0)	N	Day Program Sites Observed	The number of off-campus day program sites observed by surveyors.	
CSP_CRTFCTN	CNSUS_OLDST_RSDNT_AGE_NUM	NUMBER (2.0)	N	Age - Oldest Client	Age of the oldest client served in an ICF/MR (Intermediate Care Facility for Mental	
CSP_CRTFCTN	CNSUS_OSTMY_CARE_CNT	NUMBER (3.0)	N	Census: Special Care - Ostomy Care	Number of residents receiving ostomy care.	
CSP_CRTFCTN	CNSUS_OTHR_MDCD_MDCR_CNT	NUMBER (4.0)	N	Census: Other Residents	Number of residents not Medicare or Medicaid beneficiaries.	
CSP_CRTFCTN	CNSUS_OTHR_SA_PD_CNT	NUMBER (4.0)	N	Census Other State Agency Paid Count	This is the count of patients that are paid for by a state agency other than the state in which the	
CSP_CRTFCTN	CNSUS_PHYS_RSTRNT_CNT	NUMBER (4.0)	N	Census: Physical Restraints	Number of clients/residents physically restrained (belt, vest, cuffs).	
CSP_CRTFCTN	CNSUS_PNEUMO_VCN_CNT	NUMBER (3.0)	N	Census: Pneumococcal Vaccine	The number of residents who received pneumococcal vaccine.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	CNSUS_PN_MGMT_PGM_CNT	NUMBER (3.0)	N	Census: Medications - Pain Management Program	Number of residents on a pain management program.	
CSP_CRTFCTN	CNSUS_PN_STMLI_CNT	NUMBER (4.0)	N	Census: Painful or Noxious Stimuli	Number of clients who require application of painful or noxious stimuli.	
CSP_CRTFCTN	CNSUS_PRFND_MR_CNT	NUMBER (4.0)	N	Census: Profound Mental Retardation	Number of clients with profound mental retardation.	
CSP_CRTFCTN	CNSUS_PRSR_SORE_ADMSN_CNT	NUMBER (3.0)	N	Census: Skin Integrity - Pressure Sores on Admission	Number of residents with pressure sores on admission.	
CSP_CRTFCTN	CNSUS_PRVNTV_SKN_CARE_CNT	NUMBER (3.0)	N	Census: Skin Integrity - Preventive Care	Number of residents receiving preventive skin care.	
CSP_CRTFCTN	CNSUS_PSYCH_CNT	NUMBER (3.0)	N	Census: Mental Status - Psychiatric Diagnosis	Number of residents with documented psychiatric diagnosis (excluding dementias and	
CSP_CRTFCTN	CNSUS_RCVG_ANTI_ANXTY_CNT	NUMBER (3.0)	N	Census: Medications - Antianxiety	Number of residents receiving antianxiety medications.	
CSP_CRTFCTN	CNSUS_RCVG_ANTI_BTC_CNT	NUMBER (3.0)	N	Census: Medications - Antibiotics	Number of residents receiving antibiotics.	
CSP_CRTFCTN	CNSUS_RCVG_ANTI_DPRSN_T_CNT	NUMBER (3.0)	N	Census: Medications - Antidepressant	Number of residents receiving antidepressant medications.	
CSP_CRTFCTN	CNSUS_RCVG_ANTI_PSYCH_TC_CNT	NUMBER (3.0)	N	Census: Medications - Antipsychotic	Number of residents receiving antipsychotic medications.	
CSP_CRTFCTN	CNSUS_RCVG_HYPNTC_CNT	NUMBER (3.0)	N	Census: Medications - Hypnotic	Number of residents receiving hypnotic medications.	
CSP_CRTFCTN	CNSUS_RCVG_INJCTN_CNT	NUMBER (3.0)	N	Census: Special Care - Injections	Number of residents receiving injections.	
CSP_CRTFCTN	CNSUS_RCVG_MNTL_HLTH_REHAB_CNT	NUMBER (3.0)	N	Census: Mental Status - Health Rehabilitation	Number of residents receiving health rehabilitative services for mental illness/mental	
CSP_CRTFCTN	CNSUS_RCVG_PSYCHACTV_DRUG_CNT	NUMBER (3.0)	N	Census: Medications - Psychoactive	Number of residents receiving psychoactive drugs.	
CSP_CRTFCTN	CNSUS_RDTN_THRPY_CNT	NUMBER (3.0)	N	Census: Special Care - Radiation	Number of residents receiving radiation therapy.	
CSP_CRTFCTN	CNSUS_REHAB_CNT	NUMBER (3.0)	N	Census: Special Care - Rehabilitation Services	Number of residents receiving specialized rehabilitative services.	
CSP_CRTFCTN	CNSUS_RSDNT_CNT	NUMBER (5.0)	N	Census: Total Residents/Clients	Total number of residents/clients.	
CSP_CRTFCTN	CNSUS_RSPRTRY_TRTMT_CNT	NUMBER (3.0)	N	Census: Special Care - Respiratory Treatment	Number of residents receiving respiratory treatment.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	CNSUS_RSTRNT_ORDR_AD MSN_CNT	NUMBER (3.0)	N	Census: Mobility - Restraints with Admission Order	Number of residents admitted with orders for restraints.	
CSP_CRTFCTN	CNSUS_RSTRNT_ORDR_CNT	NUMBER (3.0)	N	Census: Mobility - Physically Restrained	Number of physically restrained residents.	
CSP_CRTFCTN	CNSUS_SKN_PRSR_SORE_CN T	NUMBER (3.0)	N	Census: Skin Integrity - Pressure Sores	Number of residents with pressure sores, excluding Stage 1.	
CSP_CRTFCTN	CNSUS_SKN_RSH_CNT	NUMBER (3.0)	N	Census: Skin Integrity - With Rash	Number of residents with skin rashes.	
CSP_CRTFCTN	CNSUS_SMPL_ATNDG_DAY_ PGM_CNT	NUMBER (4.0)	N	Clients Attend Day Programs - Sample	The number of clients in the sample who attend off-campus day programs.	
CSP_CRTFCTN	CNSUS_SPCFD_CHRCRSTC_ 1_CNT	NUMBER (5.0)	N	Census: Other - 1 Total	Total number of clients with specified characteristics.	
CSP_CRTFCTN	CNSUS_SPCFD_CHRCRSTC_ 2_CNT	NUMBER (5.0)	N	Census: Other - 2 Total	Total number of clients with specified characteristics.	
CSP_CRTFCTN	CNSUS_SPCFD_CHRCRSTC_ 3_CNT	NUMBER (5.0)	N	Census: Other - 3 Total	Total number of clients with specified characteristics.	
CSP_CRTFCTN	CNSUS_SPCH_LANG_IMPRM NT_CNT	NUMBER (4.0)	N	Census: Speech / Language Impairment	Number of clients with speech or language impairment.	
CSP_CRTFCTN	CNSUS_SUCTN_CARE_CNT	NUMBER (3.0)	N	Census: Special Care - Suctioning	Number of residents receiving suctioning.	
CSP_CRTFCTN	CNSUS_SVR_MR_CNT	NUMBER (4.0)	N	Census: Severe Mental Retardation	Number of clients with severe mental retardation.	
CSP_CRTFCTN	CNSUS_TIME_OUT_ROOM_C NT	NUMBER (4.0)	N	Census: Time Out Rooms	Number of clients with use of time-out rooms for behavior modification included in their	
CSP_CRTFCTN	CNSUS_TOILT_ASTD_CNT	NUMBER (3.0)	N	Census: Toilet Use - Assisted	Number of residents needing staff assistance for toileting.	
CSP_CRTFCTN	CNSUS_TOILT_DPNDNT_CN T	NUMBER (3.0)	N	Census: Toilet Use - Dependent	Number of residents dependent on staff for toileting.	
CSP_CRTFCTN	CNSUS_TOILT_INDPNDNT_C NT	NUMBER (3.0)	N	Census: Toilet Use - Independent	Number of residents who use the toilet independently.	
CSP_CRTFCTN	CNSUS_TOT_ABUSE_NGLCT _CNT	NUMBER (4.0)	N	Census: Investigated - Total Investigated	Total number of residents found to be abused and neglected on investigation.	
CSP_CRTFCTN	CNSUS_TOT_DEATH_CNT	NUMBER (4.0)	N	Census: Deaths - Total Deaths	Total number of resident deaths.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	CNSUS_TOT_MR_CNT	NUMBER (5.0)	N	Census: Total Mental Retardation	Total number of clients with mental retardation.	
CSP_CRTFCTN	CNSUS_TRCHOSTMY_CARE_CNT	NUMBER (3.0)	N	Census: Special Care - Tracheostomy	Number of residents receiving tracheostomy care.	
CSP_CRTFCTN	CNSUS_TRNSFR_ASTD_CNT	NUMBER (3.0)	N	Census: Transfer - Assisted	Number of residents needing staff assistance for transfer.	
CSP_CRTFCTN	CNSUS_TRNSFR_DPNDNT_CNT	NUMBER (3.0)	N	Census: Transfer - Dependent	Number of residents dependent on staff for transfer.	
CSP_CRTFCTN	CNSUS_TRNSFR_INDPNDNT_CNT	NUMBER (3.0)	N	Census: Transfer - Independent	Number of residents who transfer independently.	
CSP_CRTFCTN	CNSUS_TUBE_FEED_CNT	NUMBER (3.0)	N	Census: Special Care - Tube Feeding	Number of residents receiving tube feedings.	
CSP_CRTFCTN	CNSUS_UNCNTLD_EPLPSY_CNT	NUMBER (4.0)	N	Census: Epilepsy - Uncontrolled	Number of clients with uncontrolled epilepsy.	
CSP_CRTFCTN	CNSUS_UNPLND_WT_LOSS_GAIN_CNT	NUMBER (3.0)	N	Census: Other - Unplanned Weight Gain / Loss	Number of residents with unplanned significant weight loss/gain.	
CSP_CRTFCTN	CNSUS_VISL_IMPRMNT_CNT	NUMBER (5.0)	N	Census: Total Visual Impairment	Total number of clients with visual impairments.	
CSP_CRTFCTN	CNSUS_YNGST_AGE_NUM	NUMBER (2.0)	N	Age - Youngest Client	The age of the youngest client served in an ICF/MR (Intermediate Care Facility for Mental	
CSP_CRTFCTN	CNVNTNL_HOME_HD_NUM	NUMBER (3.0)	N	Conventional Home HD Number	Number of conventional home hemodialysis patients.	
CSP_CRTFCTN	COLCTN_STUS_SW	VARCHAR2 (1)	N	Co-Location Status Switch	Indicates if the facility shares locations with another hospital.	
CSP_CRTFCTN	COP_NOT_CRCTD_CNT	NUMBER (4.0)	N	Current Condition Not Corrected	The number of Conditions of Participation (COP) that are not currently corrected.	
CSP_CRTFCTN	COP_OUT_OF_CMPLNC_CNT	NUMBER (4.0)	N	Current Condition : All	The number of Conditions of Participation (COP) out of compliance at the time of survey.	
CSP_CRTFCTN	CRDC_CTHRTZTN_PRCDR_ROOMS_NUM	NUMBER (4.0)	N	Cardiac Catheterization Procedure Rooms Number	Number of cardiac catheterization procedure rooms.	
CSP_CRTFCTN	CRDC_CTHTRZTN_LAB_SRV_C_CD	VARCHAR2 (1)	N	Services Provided: Cardiac Catheterization Lab	Indicates how cardiac catheterization lab service is provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	CRDC_CTHTRZTN_LAB_SRV_C_DESC	VARCHAR2 (39)	N	Services Provided: Cardiac Catheterization Lab Description	Indicates how cardiac catheterization lab service is provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	CRDC_DFBRLTR_EQUIP_SW	VARCHAR2 (1)	N	ASC Equipment: Cardiac Defibrillator	Indicates if an Ambulatory Surgical Center (ASC) provides cardiac defibrillator equipment.	



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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	CRDC_MNTRG_EQUIP_SW	VARCHAR2 (1)	N	ASC Equipment: Cardiac Monitoring	Indicates if an Ambulatory Surgical Center (ASC) provides cardiac monitoring equipment.	
CSP_CRTFCTN	CRDC_SEPRPLY_LCNDSW	VARCHAR2 (1)	N	Cardiac Separately Licensed Switch	Indicates if the cardiac facility is separately licensed.	
CSP_CRTFCTN	CRDVSCLR_SRGRY_SW	VARCHAR2 (1)	N	Specialty: Cardiovascular	Indicates if cardiovascular surgery is offered by an Ambulatory Surgical Center (ASC).	
CSP_CRTFCTN	CRNA_CNT	NUMBER (7.2)	N	Certified Registered Nurse Anesthetists (CRNA)	Number of full-time equivalent Certified Registered Nurse Anesthetists (CRNA)	
CSP_CRTFCTN	CRNRY_CARE_UNIT_SRVC_CD	VARCHAR2 (1)	N	Services Provided: ICU Cardiac (non-surgical)	Indicates how Coronary Care Unit services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	CRNRY_CARE_UNIT_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: ICU Cardiac (non-surgical) Description	Indicates how Coronary Care Unit services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	CRNTLY_DEEMD_BY_1_CD	VARCHAR2 (2)	N	Currently Deemed By Code 1	Code representing a currently deeming organization.	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN	CRNTLY_DEEMD_BY_2_CD	VARCHAR2 (2)	N	Currently Deemed By Code 2	Code representing a currently deeming organization.	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN	CRNTLY_DEEMD_BY_3_CD	VARCHAR2 (2)	N	Currently Deemed By Code 3	Code representing a currently deeming organization.	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN	CRNTLY_DEEMD_BY_4_CD	VARCHAR2 (2)	N	Currently Deemed By Code 4	Code representing a currently deeming organization.	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN	CRNTLY_DEEMD_BY_5_CD	VARCHAR2 (2)	N	Currently Deemed By Code 5	Code representing a currently deeming organization.	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN	CRNTLY_DEEMD_BY_6_CD	VARCHAR2 (2)	N	Currently Deemed By Code 6	Code representing a currently deeming organization.	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN	CRNT_DFCNCY_APRVD_WVR_CNT	NUMBER (4.0)	N	Current Regional Office Flag: Waiver	The number of deficiencies on the current survey taken from a list of selected requirements	
CSP_CRTFCTN	CRNT_DFCNCY_CNT	NUMBER (4.0)	N	Current Regional Office Flag: All	The number of deficiencies on the current survey taken from a list of selected	
CSP_CRTFCTN	CRNT_DFCNCY_CRCTD_CNT	NUMBER (4.0)	N	Current Regional Office Flag: Date Of Correction	The number of deficiencies on the current survey taken from a list of selected requirements	
CSP_CRTFCTN	CRNT_DFCNCY_NO_DT_CNT	NUMBER (4.0)	N	Current Regional Office Flag: No Date	The number of deficiencies on the current survey taken from a list of selected requirements	
CSP_CRTFCTN	CRNT_DFCNCY_POC_CNT	NUMBER (4.0)	N	Current Regional Office Flag: Plan of Correction	The number of deficiencies on the current survey taken from a list of selected requirements	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	CRNT_DFCNCY_PRVDR_RFS D_CNT	NUMBER (4.0)	N	Current Regional Office Flag: Refused	The number of deficiencies on the current survey taken from a list of selected requirements	
CSP_CRTFCTN	CRNT_HLTH_DFCNCY_CNT	NUMBER (4.0)	N	Current Health Deficiencies: All	The number of health deficiencies on the most recent survey.	
CSP_CRTFCTN	CRNT_HLTH_DFCNCY_NOT_ CRCTD_CNT	NUMBER (4.0)	N	Current Health Deficiencies: Not Corrected	The number of health deficiencies that are not corrected on the current survey.	
CSP_CRTFCTN	CRNT_STD_DFCNCY_CNT	NUMBER (4.0)	N	Current Standard: All	The number of standard level deficiencies on the current survey.	
CSP_CRTFCTN	CRTFCTN_AGE_NUM	NUMBER (2.0)	N	Certification Age Number	Sequential number derived by sorting on: CCN and descending Certification Date. A one	
CSP_CRTFCTN	CRTFCTN_DT	DATE (8)	Y	Certification Date	Equal to the exit date of the initial visit of the Health survey for certifications completed after	
CSP_CRTFCTN	CRTFCTN_FLAG_CD	VARCHAR2 (1)	N	Certification Review Code	Shows if the certification has to be reviewed by the Regional Office. This code is generated at	CSP_CRTFCTN_FLAG_CD
CSP_CRTFCTN	CRTFCTN_FLAG_DESC	VARCHAR2 (33)	N	Certification Review Description	Shows if a certification case is flagged (has 1 or more conditions and/or regional office flag	CSP_CRTFCTN_FLAG_CD
CSP_CRTFCTN	CRTFCT_NEED_RQRD_IND	VARCHAR2 (1)	N	Certificate Need Required Indicator	Indicates the facility requires a Certificate of Need.	
CSP_CRTFCTN	CRTFD_BED_CNT	NUMBER (4.0)	N	Beds - Total Certified	Number of beds in Medicare and/or Medicaid certified areas within a facility.	
CSP_CRTFCTN	CRTFD_NRS_PRCTNR_CNT	NUMBER (2.0)	N	Nurse Practitioners - Certified	The number of nurse practitioners currently certified as a primary care nurse practitioner.	
CSP_CRTFCTN	CT_SCAN_SRVC_CD	VARCHAR2 (1)	N	Services Provided: CT Scanner	Indicates how CT scanner services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	CT_SCAN_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: CT Scanner Description	Indicates how CT scanner services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	CYC_TYPE_CD	VARCHAR2 (1)	N	Cycle Type Code	Code representing the type of cycle. (Full or Mid-cycle)	CSP_CYC_TYPE_CD
CSP_CRTFCTN	CYTOTCHLGS_B_1_CNT	NUMBER (3.0)	N	Staff Count: Cytotechnologist - (B)(1)	Number of cytotechnologists qualified under 493.1483 (A) and (B)(1) in a lab performing	
CSP_CRTFCTN	CYTOTCHLGS_B_2_CNT	NUMBER (3.0)	N	Staff Count: Cytotechnologist - (B)(2)	Number of cytotechnologists qualified under 493.1483(A) and (B)(2) in a lab performing	
CSP_CRTFCTN	CYTOTCHLGS_B_3_CNT	NUMBER (3.0)	N	Staff Count: Cytotechnologist - (B)(3)	Number of cytotechnologists qualified under 493.1483(A) and (B)(3) in a lab performing	
CSP_CRTFCTN	CYTOTCHLGS_B_4_CNT	NUMBER (3.0)	N	Staff Count: Cytotechnologist - (B)(4)	Number of cytotechnologists qualified under 493.1483 (A) and (B)(4) in a lab performing	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	CYTOTCHLGS_B_5_CNT	NUMBER (3.0)	N	Staff Count: Cytotechnologist - (B)(5)	Number of cytotechnologists qualified under 493.1483(A) and (B)(5) in a lab performing	
CSP_CRTFCTN	DAILY_HOME_HD_PTNTS_NUM	NUMBER (3.0)	N	Daily Home Hemodialysis Patient Number	Number of daily home hemodialysis patients.	
CSP_CRTFCTN	DAYS_OPRTN_MWF_IND	VARCHAR2 (1)	N	Days Operation Mon, Wed, Fri indicator-Obsolete July 2012	This field has been deleted.	
CSP_CRTFCTN	DAYS_OPRTN_TTS_IND	VARCHAR2 (1)	N	Days Operation Tue, Thr, Sat indicator-Obsolete July 2012	This field has been deleted.	
CSP_CRTFCTN	DCTD_ER_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Emergency Dept(Dedicated)	Indicates how dedicated emergency department services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	DCTD_ER_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Emergency Dept (Dedicated) Description	Indicates how dedicated emergency department services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	DEMD_STUS_SW	VARCHAR2 (1)	N	Deemed Status Indicator	Deemed status indicator.	
CSP_CRTFCTN	DGNSTC_RDLGY_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Radiology (Diagnostic)	Indicates how diagnostic radiology services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	DGNSTC_RDLGY_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Diagnostic Radiology Description	Indicates how diagnostic radiology services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	DGNSTC_XRAY_OFSITE_RS_DNT_SW	VARCHAR2 (1)	N	Service: X-ray Off-Site Residents	Indicates if diagnostic X-ray services are provided off-site to residents.	
CSP_CRTFCTN	DGNSTC_XRAY_ONST_NRSD_NT_SW	VARCHAR2 (1)	N	Service: X-ray On-Site Nonresidents	Indicates if diagnostic X-ray services are provided on-site to nonresidents.	
CSP_CRTFCTN	DGNSTC_XRAY_ONST_RSDN_T_SW	VARCHAR2 (1)	N	Service: X-ray On-Site Residents	Indicates if diagnostic X-ray services are provided on-site to residents.	
CSP_CRTFCTN	DIETN_CNT	NUMBER (7.2)	N	Dietitians	Number of full-time equivalent dietitians employed by a facility.	
CSP_CRTFCTN	DIETN_CNTRCT_CNT	NUMBER (7.2)	N	Dietitians - Contract	The number of full-time equivalent dietitians under contract to a facility.	
CSP_CRTFCTN	DIETN_FLTM_CNT	NUMBER (7.2)	N	Dietitians - Full-Time	The number of full-time equivalent dietitians employed by a facility on a full-time basis.	
CSP_CRTFCTN	DIETN_PRTM_CNT	NUMBER (7.2)	N	Dietitians - Part-Time	The number of full-time equivalent dietitians employed by a facility on a part-time basis.	
CSP_CRTFCTN	DLYS_BED_CNT	NUMBER (3.0)	N	Special Care Beds - Dialysis	The number of beds in a unit identified and dedicated by the facility for residents needing	
CSP_CRTFCTN	DLYS_PTNT_CNT	NUMBER (4.0)	N	Total Dialysis Patients	Total number of dialysis patients.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	DLYS_STN_CNT	NUMBER (3.0)	N	Stations - Total	The total number of approved dialysis stations in an end-stage renal dialysis facility.	
CSP_CRTFCTN	DLYZR_RPRCSG_CNTRLZD_SW	VARCHAR2 (1)	N	Centralized/Offsite Dialyzer reprocessing indicator	Indicates if a Centralized/Offsite Dialyzer reprocessing system is used.	
CSP_CRTFCTN	DLYZR_RPRCSG_NA_SW	VARCHAR2 (1)	N	Dialyzer reprocessing Not Applicable indicator	Indicates if Dialyzer reprocessing system is Not Applicable.	
CSP_CRTFCTN	DLYZR_RPRCSG_ONST_SW	VARCHAR2 (1)	N	Onsite Dialyzer reprocessing indicator	Indicates if an Onsite Dialyzer reprocessing system is used.	
CSP_CRTFCTN	DNTL_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Dental	Indicates how dental services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	DNTL_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Dental Description	Indicates how dental services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	DNTL_SRVC_OFSITE_RSDNT_SW	VARCHAR2 (1)	N	Service: Dental Off-Site Residents	Indicates if dental services are provided off-site to residents.	
CSP_CRTFCTN	DNTL_SRVC_ONST_NRSRSDNT_SW	VARCHAR2 (1)	N	Service: Dental On-Site Nonresidents	Indicates if dental services are provided on-site to nonresidents.	
CSP_CRTFCTN	DNTL_SRVC_ONST_RSDNT_SW	VARCHAR2 (1)	N	Service: Dental On-Site Residents	Indicates if dental services are provided on-site to residents.	
CSP_CRTFCTN	DNTST_CNTRCT_CNT	NUMBER (7.2)	N	Dentists - Contract	The number of full-time equivalent dentists under contract to a facility.	
CSP_CRTFCTN	DNTST_FLTM_CNT	NUMBER (7.2)	N	Dentists - Full-Time	The number of full-time equivalent dentists employed by a facility on a full-time basis.	
CSP_CRTFCTN	DNTST_PRTM_CNT	NUMBER (7.2)	N	Dentists - Part-Time	The number of full-time equivalent dentists employed by a facility on a part-time basis.	
CSP_CRTFCTN	DNV_ACRDTN_STUS_SW	VARCHAR2 (1)	N	DNV Accreditation Status Switch	Indicates if the facility has the Det Norske Veritas (DNV) accreditation.	
CSP_CRTFCTN	DRCTLY_AFLTD_LAB_CNT	NUMBER (1.0)	N	Directly Affiliated Lab Count	Number of laboratories directly affiliated	
CSP_CRTFCTN	DRCTR_1ST_NAME	VARCHAR2 (21)	N	Directors First Name	The first name of the director of the facility.	
CSP_CRTFCTN	DRCTR_HIGH_B_1_CNT	NUMBER (3.0)	N	Staff Count: Director - High (B)(1)	Number of directors qualified under 493.1443(A) and (B)(1) in a lab performing high	
CSP_CRTFCTN	DRCTR_HIGH_B_2_CNT	NUMBER (3.0)	N	Staff Count: Director - High (B)(2)	Number of directors qualified under 493.1443(A) and (A)(2) in a lab performing high	
CSP_CRTFCTN	DRCTR_HIGH_B_3_CNT	NUMBER (3.0)	N	Staff Count: Director - High (B)(3)	Number of directors qualified under 493.1443 (A) and (B)(3) in a lab performing high	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	DRCTR_HIGH_B_4_CNT	NUMBER (3.0)	N	Staff Count: Director - High (B)(4)	Number of directors qualified under 493.1443(A) and (B)(4) in a lab performing high	
CSP_CRTFCTN	DRCTR_HIGH_B_5_CNT	NUMBER (3.0)	N	Staff Count: Director - High (B)(5)	Number of directors qualified under 493.1443(A) and (B)(5) in a lab performing high	
CSP_CRTFCTN	DRCTR_HIGH_B_6_CNT	NUMBER (3.0)	N	Staff Count: Director - High (B)(6)	Number of directors qualified under 493.1433 (A) and (B)(6) in a lab performing high	
CSP_CRTFCTN	DRCTR_LAST_NAME	VARCHAR2 (25)	N	Directors Last Name	The last name of the director of the facility.	
CSP_CRTFCTN	DRCTR_MDL_INITL_NAME	VARCHAR2 (1)	N	Directors Middle Initial	The middle initial of the director of the facility.	
CSP_CRTFCTN	DRCTR_MODRT_B_1_CNT	NUMBER (3.0)	N	Staff Count: Director - Moderate (B)(1)	Number of directors qualified under 493.1405(A) and (B)(1) in a lab performing	
CSP_CRTFCTN	DRCTR_MODRT_B_2_CNT	NUMBER (3.0)	N	Staff Count: Director - Moderate (B)(2)	Number of directors qualified under 493.1405(A) and (B)(2) in a lab performing	
CSP_CRTFCTN	DRCTR_MODRT_B_3_CNT	NUMBER (3.0)	N	Staff Count: Director - Moderate (B)(3)	Number of directors qualified under 493.1405(A) and (B)(3) in a lab performing	
CSP_CRTFCTN	DRCTR_MODRT_B_4_CNT	NUMBER (3.0)	N	Staff Count: Director - Moderate (B)(4)	Number of directors qualified under 493.1405(A) and (B)(4) in a lab performing	
CSP_CRTFCTN	DRCTR_MODRT_B_5_CNT	NUMBER (3.0)	N	Staff Count: Director - Moderate (B)(5)	Number of directors qualified under 493.1405(A) and (B)(5) in a lab performing	
CSP_CRTFCTN	DRCTR_MODRT_B_6_CNT	NUMBER (3.0)	N	Staff Count: Director - Moderate (B)(6)	Number of directors qualified under 493.1405(A) and (B)(6) in a lab performing	
CSP_CRTFCTN	DRCTR_MODRT_B_7_CNT	NUMBER (3.0)	N	Staff Count: Director - Moderate (B)(7)	Number of directors qualified under 493.1405(A) and (B)(7) in a lab performing	
CSP_CRTFCTN	DRCTR_QUALN_CD	VARCHAR2 (1)	N	Director Qualifications	Indicates the qualifications of the director of a supplier of portable X-ray services.	CSP_DRCTR_QUALN_CD
CSP_CRTFCTN	DRCTR_QUALN_DESC	VARCHAR2 (9)	N	Director Qualification Description	Indicates the qualifications of the director of a supplier of portable X-ray services.	CSP_DRCTR_QUALN_CD
CSP_CRTFCTN	DRCT_CARE_PRSNEL_CNT	NUMBER (7.2)	N	Direct Care Personnel	Number of full-time equivalent direct care personnel employed by an intermediate care	
CSP_CRTFCTN	DRUG_ERR_RATE_NUM	NUMBER (3.0)	N	Drug Error Rate	The number of medication errors observed divided by the opportunities for errors (doses	
CSP_CRTFCTN	DRUG_REACTN_SW	VARCHAR2 (1)	N	ASC Records: Drug Reactions	Indicates if the medical records in an ambulatory surgical center contain information about drug	
CSP_CRTFCTN	DSBL_CHLDRN_BED_CNT	NUMBER (3.0)	N	Special Care Beds - Disabled Child	The number of beds in a unit identified and dedicated by the facility for disabled children.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	DSCHRG_CNT	NUMBER (6.0)	N	Discharge Count	This field contains a count for the number of 'Discharge' reason for assessments over a	
CSP_CRTFCTN	DSCHRG_DGNS_SW	VARCHAR2 (1)	N	ASC Records: Discharge Diagnosis	Indicates if the medical records in an ambulatory surgical center contain discharge diagnoses.	
CSP_CRTFCTN	DSCPLN_ADMINR_CD	VARCHAR2 (1)	N	Discipline of Administrator	Indicates the discipline of the administrator.	CSP_DSCPLN_ADMINR_CD
CSP_CRTFCTN	DSCPLN_ADMINR_DESC	VARCHAR2 (29)	N	Discipline of Administrator Description	Indicates the discipline of the administrator.	CSP_DSCPLN_ADMINR_CD
CSP_CRTFCTN	DTRMNTN_APRVL_DT	DATE (8)	N	Determination Approval Date	Date final determination is made concerning the eligibility of a provider to provide services.	
CSP_CRTFCTN	DTRY_OFSITE_RSDNT_SW	VARCHAR2 (1)	N	Service: Dietary Off-Site Residents	Indicates if dietary services are provided off-site to residents.	
CSP_CRTFCTN	DTRY_ONST_NRSNT_SW	VARCHAR2 (1)	N	Service: Dietary On-Site Nonresidents	Indicates if dietary services are provided on-site to nonresidents.	
CSP_CRTFCTN	DTRY_ONST_RSDNT_SW	VARCHAR2 (1)	N	Service: Dietary On-Site Residents	Indicates if dietary services are provided on-site to residents.	
CSP_CRTFCTN	DTRY_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Dietary	Indicates how dietary services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	DTRY_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Dietary Description	Indicates how dietary services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	EKG_SRVC_CD	VARCHAR2 (1)	N	Service: EKG	Indicates if EKG services are provided by an ambulatory surgical center (ASC).	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	EKG_SRVC_DESC	VARCHAR2 (39)	N	EKG Service Description	Indicates if EKG services are provided by an ambulatory surgical center (ASC).	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	ELGBLTY_SW	VARCHAR2 (1)	N	Eligibility Indicator	Indicates if a facility is eligible to participate in the Medicare and/or Medicaid programs.	
CSP_CRTFCTN	EMER_CALL_SYS_SW	VARCHAR2 (1)	N	ASC Equipment: Call System	Indicates if an ambulatory surgical center (ASC) provides an emergency call system.	
CSP_CRTFCTN	EMER_DRUG_SUPLY_SW	VARCHAR2 (1)	N	ASC Equipment: Drugs and Supplies	Indicates if an ambulatory surgical center (ASC) provides emergency drugs and supplies	
CSP_CRTFCTN	EMER_PSYCH_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Psychiatric - Emergency	Indicates how emergency psychiatric services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	EMER_PSYCH_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Psychiatric Emergency Description	Indicates how emergency psychiatric services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	EMER_SRVC_CD	VARCHAR2 (1)	N	Service: Emergency Services (Organized)	Indicates how organized emergency services are provided by a hospital.	CSP_GNRL_SRVC_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	EMER_SRVC_DESC	VARCHAR2 (39)	N	Emergency Hospital Service Description	Indicates how organized emergency services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	EMPLEE_CNT	NUMBER (8,2)	N	Total Number of Employees	The total number of full-time employees in a hospice or an intermediate care facility/mental	
CSP_CRTFCTN	ENDSCPY_PRCDR_ROOMS_NUM	NUMBER (4,0)	N	Endoscopy Procedure Rooms Number	The number of Endoscopy Procedure Rooms.	
CSP_CRTFCTN	ENDSCPY_SEPRPLY_LCNDSW	VARCHAR2 (1)	N	Endoscopy Separately Licensed Switch	Indicates if the endoscopy facility is separately licensed.	
CSP_CRTFCTN	ESRD_NH_SHR_CNT	NUMBER (4,0)	N	Shared ESRD Nursing Home Count	Count of Nursing Homes where End Stage Renal Disease Facility provides dialysis.	
CSP_CRTFCTN	ESRD_NTWRK_NUM	VARCHAR2 (2)	N	ESRD Network Number	The number of the network to which the end-stage renal dialysis facility is assigned.	CSP_NTWRK_CD
CSP_CRTFCTN	ESRD_NTWRK_NUM_DESC	VARCHAR2 (45)	N	ESRD Network Number Description	The number of the network to which the end-stage renal dialysis facility is assigned.	CSP_NTWRK_CD
CSP_CRTFCTN	EXPRMT_RSRCH_CNDCTD_SW	VARCHAR2 (1)	N	Experimental Research Conducted	Indicates if a facility uses residents to develop and test clinical treatments.	
CSP_CRTFCTN	EXTND_SRVY_BGN_DT	DATE (8)	N	Extended Survey Begin Date	The date the extended survey is started.	
CSP_CRTFCTN	EXTND_SRVY_END_DT	DATE (8)	N	Extended Survey End Date	The end date of an extended survey.	
CSP_CRTFCTN	FED_FUNDD_FQHC_SW	VARCHAR2 (1)	N	Federally Funded Health Center	Indicates whether this FQHC (Federally Qualified Health Center) is federally funded.	
CSP_CRTFCTN	FED_PGM_NAME	VARCHAR2 (26)	N	Title of Federal Program	The name of a federal program which provides support to a rural health clinic to provide	CSP_FED_PGM_CD
CSP_CRTFCTN	FED_PGM_NAME_DESC	VARCHAR2 (40)	N	Federal Program Name Description	The name of a federal program which provides support to a rural health clinic to provide	CSP_FED_PGM_CD
CSP_CRTFCTN	FED_PGM_SPRT_SW	VARCHAR2 (1)	N	Federal Program Support	Indicates if a clinic is receiving support from a federal program to provide health services in a	
CSP_CRTFCTN	FEED_ASTNC_PGM_SW	VARCHAR2 (1)	N	Feeding Assistance Program Switch	Feeding assistance program indicator.	
CSP_CRTFCTN	FOOD_SRVC_CNTRCT_CNT	NUMBER (7,2)	N	Food Service - Contract	The number of full-time equivalent food service personnel under contract to a facility.	
CSP_CRTFCTN	FOOD_SRVC_FLTM_CNT	NUMBER (7,2)	N	Food Service - Full-Time	The number of full-time equivalent food service personnel employed by a facility on a full-time	
CSP_CRTFCTN	FOOD_SRVC_PRTM_CNT	NUMBER (7,2)	N	Food Service - Part-Time	The number of full-time equivalent food service personnel employed by a facility on a part-time	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	FORM_116_ACRDTD_TEST_V OL_CNT	NUMBER (13.0)	N	Application Accredited Annual Test Volume	Accredited annual test volume. This field is calculated using the CLIA application data.	
CSP_CRTFCTN	FORM_116_CMPLNC_SCHDL _CD	VARCHAR2 (1)	N	Application Compliance Schedule Code	Application compliance schedule code note: use test volume and specialty count if no speciality	CSP_SCHDL_CD
CSP_CRTFCTN	FORM_116_CMPLNC_SCHDL _DESC	VARCHAR2 (45)	N	Form 116 Compliance Schedule Description	Application compliance schedule code note: use test volume and specialty count if no speciality	CSP_SCHDL_CD
CSP_CRTFCTN	FORM_116_CRTFCT_SCHDL_ CD	VARCHAR2 (1)	N	Application Certification Schedule Code	Application certification schedule code. This field is calculated using the CLIA application	CSP_SCHDL_CD
CSP_CRTFCTN	FORM_116_CRTFCT_SCHDL_ DESC	VARCHAR2 (45)	N	Form 116 Certificate Schedule Description	Application certification schedule code. This field is calculated using the CLIA application	CSP_SCHDL_CD
CSP_CRTFCTN	FORM_116_TEST_VOL_CNT	NUMBER (13.0)	N	Application Total Annual Test Volume	Application total annual test volume. This field is calculated using CLIA application data.	
CSP_CRTFCTN	FORM_1557_CMPLNC_SCHD L_CD	VARCHAR2 (1)	N	Survey Compliance Schedule Code	1557 Compliance Schedule Code. This code is system-generated and is based on the number of	CSP_SCHDL_CD
CSP_CRTFCTN	FORM_1557_CMPLNC_SCHD L_DESC	VARCHAR2 (45)	N	Survey Compliance Schedule Description	1557 Compliance Schedule Code. This code is system-generated and is based on the number of	CSP_SCHDL_CD
CSP_CRTFCTN	FORM_1557_CRTFCT_SCHDL _CD	VARCHAR2 (1)	N	Survey Certificate Schedule Code	1557 Certificate Schedule Code. This code is system-generated and is based on the test	CSP_SCHDL_CD
CSP_CRTFCTN	FORM_1557_CRTFCT_SCHDL _DESC	VARCHAR2 (45)	N	Survey Certificate Schedule Description	1557 Certificate Schedule Code. This code is system-generated and is based on the test	CSP_SCHDL_CD
CSP_CRTFCTN	FORM_1557_TEST_VOL_CNT	NUMBER (13.0)	N	Survey Test Volume Count	Number of tests performed annually in a laboratory. This information is collected at the	
CSP_CRTFCTN	FORM_VRSN_NUM	NUMBER (3.0)	N	Form Version Number	The version number of the form.	
CSP_CRTFCTN	FOSS_SW	VARCHAR2 (1)	N	FOSS Survey Switch	FOSS survey indicator. 'Y' is entered if this is a FOSS survey.	
CSP_CRTFCTN	FQHC_APRVD_RHC_PRVDR_ NUM	VARCHAR2 (10)	N	FQHC Approved RHC Provider Number	Approved FQHC's (Federally Qualified Health Center) related RHC (Rural Health Clinic)	
CSP_CRTFCTN	FQHC_APRVD_RHC_SW	VARCHAR2 (1)	N	FQHC Approved Rural Health Clinic	Indicates if the Federally Qualified Health Center (FQHC) was a Medicare certified Rural	
CSP_CRTFCTN	FRNSC_PSYCH_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Psychiatric - Forensic	Indicates how forensic psychiatric service is provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	FRNSC_PSYCH_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Psychiatric Forensic Description	Indicates how forensic psychiatric service is provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	FT_SRGRY_SW	VARCHAR2 (1)	N	Specialty: Foot	Indicates if foot surgery is offered by an ambulatory surgical center.	



Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	GNRL_CNTL_TYPE_CD	VARCHAR2 (2)	N	Ownership Type Code	Indicates the ownership type of the provider.	CSP_GNRL_CNTL_TYPE_CD
CSP_CRTFCTN	GNRL_CNTL_TYPE_DESC	VARCHAR2 (55)	N	Ownership Type Description	Indicates the ownership type of the provider.	CSP_GNRL_CNTL_TYPE_CD
CSP_CRTFCTN	GNRL_FAC_TYPE_CD	VARCHAR2 (2)	N	Type of Lab Code	Indicates the type of lab.	CSP_GNRL_FAC_TYPE_CD
CSP_CRTFCTN	GNRL_FAC_TYPE_DESC	VARCHAR2 (44)	N	Type of Lab Description	Indicates the type of lab.	CSP_GNRL_FAC_TYPE_CD
CSP_CRTFCTN	GNRL_SPRVSR_B_1_CNT	NUMBER (3.0)	N	Staff Count: General Supervisor (B)(1)	Number of general supervisors in the lab qualified under 493.1461(A) and (B)(1) to	
CSP_CRTFCTN	GNRL_SPRVSR_B_2_CNT	NUMBER (3.0)	N	Staff Count: General Supervisor (B)(2)	Number of general supervisors in the lab qualified under 493.1461(A) and (B)(2) to	
CSP_CRTFCTN	GNRL_SPRVSR_CYTOLGY_A_CNT	NUMBER (3.0)	N	Staff Count: General Supervisor (A)	Number of general supervisors in the lab qualified under 493.1469 (A) to supervise	
CSP_CRTFCTN	GNRL_SPRVSR_CYTOLGY_B_CNT	NUMBER (3.0)	N	Staff Count: General Supervisor (B)	Number of general supervisors in the lab qualified under 493.1469 (B) to supervise	
CSP_CRTFCTN	GNRL_SPRVSR_C_1_CNT	NUMBER (3.0)	N	Staff Count: General Supervisor (C)(1)	Number of general supervisors in the lab qualified under (A) and (C)(1) to supervise high	
CSP_CRTFCTN	GNRL_SPRVSR_C_2_CNT	NUMBER (3.0)	N	Staff Count: General Supervisor (C)(2)	Number of general supervisors in the lab qualified under 493.1461 (A) and (C)(2) to	
CSP_CRTFCTN	GNRL_SPRVSR_C_3_CNT	NUMBER (3.0)	N	Staff Count: General Supervisor (C)(3)	Number of general supervisors in the lab qualified under 493.1461 (A) and (C)(3) to	
CSP_CRTFCTN	GNRL_SPRVSR_C_4_CNT	NUMBER (3.0)	N	Staff Count: General Supervisor (C)(4)	Number of general supervisors in the lab qualified under 493.1461 (A) and (C)(4) to	
CSP_CRTFCTN	GNRL_SPRVSR_C_5_CNT	NUMBER (3.0)	N	Staff Count: General Supervisor (C)(5)	Number of general supervisors in the lab qualified under 493.1461 (A) and (C) (5) to	
CSP_CRTFCTN	GNRL_SPRVSR_E_CNT	NUMBER (3.0)	N	Staff Count: General Supervisor (E)	Number of general supervisors in the lab qualified under 493.1461 (A) and (E) to	
CSP_CRTFCTN	GNRL_SPRVSR_HIGH_D_1_CNT	NUMBER (3.0)	N	Staff Count: General Supervisor (D)(1)	Number of general supervisors in the lab qualified under 493.1461(D)(1) to supervise	
CSP_CRTFCTN	GNRL_SPRVSR_HIGH_D_2_CNT	NUMBER (3.0)	N	Staff Count: General Supervisor (D)(2)	Number of general supervisors in the lab qualified under 493.1461(D)(2) to supervise	
CSP_CRTFCTN	GNRL_SPRVSR_HIGH_D_3_CNT	NUMBER (3.0)	N	Staff Count: General Supervisor (D)(3)	Number of general supervisors in the lab qualified under 493.1461(D)(3) to supervise	
CSP_CRTFCTN	GNRL_SRGRY_SW	VARCHAR2 (1)	N	Specialty: Surgery	Indicates if general surgery is offered by an ambulatory surgical center.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	GRMCD_FRMLN_SW	VARCHAR2 (1)	N	Germicide - Formalin Switch	Germicide - formalin indicator.	
CSP_CRTFCTN	GRMCD_GLTRLHDHYD_SW	VARCHAR2 (1)	N	Germicide - Gluteraldehyde Switch	Germicide - gluteraldehyde indicator.	
CSP_CRTFCTN	GRMCD_HEAT_SW	VARCHAR2 (1)	N	Germicide - Heat Switch	Germicide - heat indicator.	
CSP_CRTFCTN	GRMCD_OTHR_SW	VARCHAR2 (1)	N	Germicide - Other Switch	Germicide - other indicator.	
CSP_CRTFCTN	GRMCD_PERCTC_ACID_SW	VARCHAR2 (1)	N	Germicide - Peracetic Acid Switch	Germicide - peracetic acid indicator.	
CSP_CRTFCTN	GRNTLGCL_SPCLTY_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Gerontological Specialty	Indicates how gerontological specialty service is provided in a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	GRNTLGCL_SPCLTY_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Gerontological Specialty Description	Indicates how gerontological specialty service is provided in a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	GRP_THRPST_ARNGMT_CNT	NUMBER (7,2)	N	Therapist (Group) - Arrangement	The number of full-time equivalent group therapists employed under arrangement by a	
CSP_CRTFCTN	GRP_THRPST_EMPLEE_CNT	NUMBER (7,2)	N	Therapist (Group) - Direct	The number of full-time equivalent group therapists employed directly by a CMHC	
CSP_CRTFCTN	GRTRC_PSYCH_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Psychiatric - Geriatric	Indicates how geriatric psychiatric service is provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	GRTRC_PSYCH_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Psychiatric Geriatric Description	Indicates how geriatric psychiatric service is provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	HEAD_TRMA_BED_CNT	NUMBER (3,0)	N	Special Care Beds - Head Trauma	The number of beds in a unit identified and dedicated by the facility for residents with head	
CSP_CRTFCTN	HHA_QLFYD_OPT_SPCH_SW	VARCHAR2 (1)	N	HHA Qualified For Outpatient Physical Therapy	Indicates if a Home Health Agency is qualified to provide outpatient physical therapy/speech	
CSP_CRTFCTN	HHA_STD_SRVY_FREQ_CD	VARCHAR2 (1)	N	Survey Frequency Code	Indicates the frequency of the standard survey for a Home Health Agency (HHA).	CSP_SRVY_FREQ_CD
CSP_CRTFCTN	HHA_STD_SRVY_FREQ_DESC	VARCHAR2 (41)	N	HHA Standard Survey Frequency Description	Indicates the frequency of the standard survey for a Home Health Agency (HHA).	CSP_SRVY_FREQ_CD
CSP_CRTFCTN	HHA_TRNG_PGM_CD	VARCHAR2 (1)	N	Aide Training / Competency Programs	Indicates how the agency provides home health aide training and competency evaluation	CSP_HHA_TRNG_PGM_CD
CSP_CRTFCTN	HHA_TRNG_PGM_DESC	VARCHAR2 (45)	N	HHA Training Program Description	Indicates how the agency provides home health aide training and competency evaluation	CSP_HHA_TRNG_PGM_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	HH_AIDE_CNT	NUMBER (7.2)	N	Home Health Aides employed by an HHA	Number of full-time equivalent home health aides employed by a Home Health Agency.	
CSP_CRTFCTN	HH_AIDE_EMPLEE_CNT	NUMBER (7.2)	N	Home Health Aides employed by a hospice	Number of full-time equivalent home health aides employed by a hospice.	
CSP_CRTFCTN	HH_AIDE_SRVC_CD	VARCHAR2 (1)	N	Service: Home Health Aide	Indicates how home health aide services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	HH_AIDE_SRVC_DESC	VARCHAR2 (39)	N	Home Health Aide Hospice Service Description	Indicates how home health aide services are provided by a hospice.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	HH_AIDE_VLNTR_CNT	NUMBER (7.2)	N	Home Health Aides - Volunteer	The number of full-time equivalent volunteer home health aides in a hospice.	
CSP_CRTFCTN	HMDLYS_HOME_SPRT_SW	VARCHAR2 (1)	N	Service: Home Support Hemodialysis	Indicates if hemodialysis home support service is provided.	
CSP_CRTFCTN	HMDLYS_HOME_TRNG_SRV C_SW	VARCHAR2 (1)	N	Service: Home Training Hemodialysis	Indicates if hemodialysis home training service is provided.	
CSP_CRTFCTN	HMDLYS_PTNT_CNT	NUMBER (3.0)	N	Number of Dialysis Patients Hemodialysis	The number of hemodialysis patients.	
CSP_CRTFCTN	HMDLYS_SRVC_SW	VARCHAR2 (1)	N	Service: Hemodialysis	Indicates if hemodialysis service is provided.	
CSP_CRTFCTN	HMDLYS_STN_ESRD_CNT	NUMBER (3.0)	N	Number of Hemodialysis Stations in an ESRD Facility-Obsolete July 2012	This field has been deleted.	
CSP_CRTFCTN	HMDLYS_STN_TRNG_CNT	NUMBER (3.0)	N	Number of Stations Hemodialysis Training-Obsolete July 2012	This field has been deleted.	
CSP_CRTFCTN	HMMKR_EMPLEE_CNT	NUMBER (7.2)	N	Homemakers - Staff	The number of full-time equivalent homemakers employed by a hospice.	
CSP_CRTFCTN	HMMKR_SRVC_CD	VARCHAR2 (1)	N	Service: Homemaker	Indicates how homemaker services are provided by a hospice.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	HMMKR_SRVC_DESC	VARCHAR2 (39)	N	Homemaker Hospice Service Description	Indicates how homemaker services are provided by a hospice.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	HMMKR_VLNTR_CNT	NUMBER (7.2)	N	Homemakers - Volunteer	The number of full-time equivalent homemakers in a hospice.	
CSP_CRTFCTN	HNTGTN_DEASE_BED_CNT	NUMBER (3.0)	N	Special Care Beds - Huntingtons	The number of beds in a unit identified and dedicated by the facility for residents with	
CSP_CRTFCTN	HOME_CARE_SRVC_CD	VARCHAR2 (1)	N	Service: Home Care Unit	Indicates how home care services are provided by a hospital.	CSP_GNRL_SRVC_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	HOME_CARE_SRVC_DESC	VARCHAR2 (39)	N	Home Care Hospital Service Description	Indicates how home care services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	HOME_PD_PTNTS_NUM	NUMBER (3.0)	N	Home Peritoneal Dialysis Patients Number	Number of home peritoneal dialysis patients.	
CSP_CRTFCTN	HOME_PTNT_CNT	NUMBER (3.0)	N	Number of patients at Home	Number of patients at home.	
CSP_CRTFCTN	HOME_TRNG_SPRT_ONLY_S RVC_SW	VARCHAR2 (1)	N	Home Training and Support services only HD and PD indicator	Indicates if Home Training and Support services only for hemodialysis and peritoneal dialysis are	
CSP_CRTFCTN	HOME_VISIT_NO_REC_RVW _CNT	NUMBER (2.0)	N	Home Visits - No Records Reviewed	The number of home visits made by the surveyor without a review of the patient's record.	
CSP_CRTFCTN	HOME_VISIT_PRVT_RSDNC_ CNT	NUMBER (2.0)	N	Home Visits - Private Residence	The number of visits conducted to patients in a private residence as part of a survey.	
CSP_CRTFCTN	HOME_VISIT_RSDNTL_FAC_ CNT	NUMBER (2.0)	N	Home Visits -Residential Facility	The number of home visits conducted to patients in residential facilities during a survey.	
CSP_CRTFCTN	HOSPC_BED_CNT	NUMBER (3.0)	N	Special Care Beds - Hospice	The number of beds in a unit identified and dedicated by a facility for residents needing	
CSP_CRTFCTN	HOSPC_FORM_SW	VARCHAR2 (1)	N	Hospice Form Indicator	Indicates if the hospice is freestanding and provides inpatient care directly.	
CSP_CRTFCTN	HOSPC_HOME_CARE_OTHR_ SW	VARCHAR2 (1)	N	Home Care - Other	Indicates if a hospice provides routine home care in other setting.	
CSP_CRTFCTN	HOSPC_PTNT_12_MO_ADMT _CNT	NUMBER (4.0)	N	Patients Admitted 12 Month Period	The number of patients admitted to a hospice during a recent 12-month period.	
CSP_CRTFCTN	HOSPC_SRVC_CD	VARCHAR2 (1)	N	Service - Hospice	Indicates how hospice services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	HOSPC_SRVC_DESC	VARCHAR2 (39)	N	Hospice Hospital Service Description	Indicates how hospice services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	HOSP_BSD_SW	VARCHAR2 (1)	N	Hospital Based Switch	Hospital based indicator.	
CSP_CRTFCTN	HOSP_LAB_EXCPTN_SW	VARCHAR2 (1)	N	Hospital Lab Exception Switch	Indicates if a hospital with several labs at the same street address and under common direction	
CSP_CRTFCTN	HOSP_LCTD_IN_SW	VARCHAR2 (1)	N	ESRD Located in Hospital indicator	Indicates if the End Stage Renal Disease facility is located within a hospital.	
CSP_CRTFCTN	HOSP_MN_CMPS_IND	VARCHAR2 (1)	N	Hospital Main Campus Indicator	Indicates if the facility is on the hospital's main campus.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	HOST_HOSP_SW	VARCHAR2 (1)	N	Host Hospital Switch	Hospital in hospital host.	
CSP_CRTFCTN	HSEKPNG_CNTRCT_CNT	NUMBER (7.2)	N	Housekeeping - Contract	The number of full-time equivalent housekeeping personnel under contract to a	
CSP_CRTFCTN	HSEKPNG_FLTM_CNT	NUMBER (7.2)	N	Housekeeping - Full-Time	The number of full-time equivalent housekeeping personnel employed by a facility	
CSP_CRTFCTN	HSEKPNG_PRTM_CNT	NUMBER (7.2)	N	Housekeeping - Part-Time	The number of full-time equivalent housekeeping personnel employed by a facility	
CSP_CRTFCTN	HSEKPNG_SRVC_OFSITE_RS DNT_SW	VARCHAR2 (1)	N	Service: Housekeeping Off-Site to Residents	Indicates if housekeeping services are provided off-site to residents.	
CSP_CRTFCTN	HSEKPNG_SRVC_ONST_NRS DNT_SW	VARCHAR2 (1)	N	Service: Housekeeping On-Site to Nonresidents	Indicates if housekeeping services are provided on-site to nonresidents.	
CSP_CRTFCTN	HSEKPNG_SRVC_ONST_RSD NT_SW	VARCHAR2 (1)	N	Service: Housekeeping On-Site to Residents	Indicates if housekeeping services are provided on-site to residents.	
CSP_CRTFCTN	ICFMR_CLNT_CNT	NUMBER (5.0)	N	Clients in ICF/MR	The total number of ICF/MR (Intermediate Care Facility for Mental Retardation) clients in a	
CSP_CRTFCTN	ICU_SRVC_CD	VARCHAR2 (1)	N	Services Provided: ICU Medical/Surgical	A code representative the way that services are provided to the Intensive Care Unit.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	ICU_SRVC_DESC	VARCHAR2 (44)	N	Services Provided: ICU Medical/Surgical Description	A code representative the way that services are provided to the Intensive Care Unit.	CSP_GNRL_FAC_TYPE_CD
CSP_CRTFCTN	IDR_CMPLTN_DT	DATE (8)	N	IDR Completion Date	The date the independent dispute resolution was completed.	
CSP_CRTFCTN	IDR_RQST_DT	DATE (8)	N	IDR Request Date	The date the independent dispute resolution was requested.	
CSP_CRTFCTN	IMNOHMTLGY_TEST_PRFM D_SW	VARCHAR2 (1)	N	Immunohematology Test Indicator	Indicates if immunohematology tests are performed for transfusion purposes.	
CSP_CRTFCTN	INCNTR_NCTRNL_HD_NUM	NUMBER (3.0)	N	In-Center Nocturnal Hemodialysis Number	Number of in-center nocturnal hemodialysis patients.	
CSP_CRTFCTN	INCNTR_NCTRNL_SRVC_SW	VARCHAR2 (1)	N	In-Center Nocturnal Hemodialysis services indicator	Indicates if In-Center Nocturnal hemodialysis services are provided.	
CSP_CRTFCTN	INCNTR_PD_PTNTS_NUM	NUMBER (3.0)	N	In-Center Peritoneal Dialysis Patients Number	Number of in-center peritoneal dialysis patients.	
CSP_CRTFCTN	INHLTN_THRPST_CNT	NUMBER (7.2)	N	Respiratory Therapists	NUMBER OF FULL-TIME EQUIVALENT RESPIRATORY THERAPISTS EMPLOYED	
CSP_CRTFCTN	INITL_CRTFCTN_SRVY_TYP E_CD	VARCHAR2 (1)	N	Type of Survey - Initial	Indicates the type of survey done for an initial certification.	CSP_INITL_SRVY_TYPE_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	INITL_CRTFCTN_SRVY_TYP E_DESC	VARCHAR2 (24)	N	Initial Certification Survey Type Description	Indicates the type of survey done for an initial certification.	CSP_INITL_SRVY_TYPE_CD
CSP_CRTFCTN	INTRN_RSDNT_SRVC_CD	VARCHAR2 (1)	N	Service: Interns and Residents	Indicates how intern and resident services are provided by a Home Health Agency.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	INTRN_RSDNT_SRVC_DESC	VARCHAR2 (39)	N	Intern Resident HHA Service Description	Indicates how intern and resident services are provided by a Home Health Agency.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	IP_CARE_ON_PRMS_SW	VARCHAR2 (1)	N	Inpatient Care on Premises	Indicates if a freestanding hospice providing inpatient care on the premises has been surveyed	
CSP_CRTFCTN	IP_SRGCL_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Inpatient Surgical	Indicates how inpatient surgical services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	IP_SRGCL_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Inpatient Surgical Description	Indicates how inpatient surgical services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	ISO_AGRMT_IND	VARCHAR2 (1)	N	Isolation Agreement Indicator	Indication of isolation agreement.	
CSP_CRTFCTN	ISO_AREA_IND	VARCHAR2 (1)	N	Isolation Area Indicator	Indication of an area for isolation.	
CSP_CRTFCTN	ISO_HD_STN_NUM	NUMBER (3.0)	N	Isolation Hemodialysis Station Number	Number of isolated hemodialysis stations.	
CSP_CRTFCTN	ISO_ROOM_IND	VARCHAR2 (1)	N	Isolation Room Indicator	Indication of an isolation room.	
CSP_CRTFCTN	ISO_STN_SW	VARCHAR2 (1)	N	ISO Station Switch	ISO Station Switch	
CSP_CRTFCTN	JC_ACRDTN_STUS_SW	VARCHAR2 (1)	N	JCAHO Accreditation Status Switch	Indicates if the facility has been accredited by the Joint Commission for Accreditation of Health	
CSP_CRTFCTN	LAB_SITE_CNT	NUMBER (4.0)	N	Number of Lab Sites	The total number of lab sites for which a lab has applied for a single certificate.	
CSP_CRTFCTN	LAB_SRVC_CD	VARCHAR2 (1)	N	Service: Laboratory	Indicates how laboratory services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	LAB_SRVC_DESC	VARCHAR2 (39)	N	Laboratory Service Description	Indicates how laboratory services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	LAB_TCHNCN_CNT	NUMBER (7.2)	N	Lab Technician Count	The count of lab technicians.	
CSP_CRTFCTN	LAST_ACRDTN_SRVY_DT	DATE (8)	N	Last Accreditation Survey Date	Date of the last accreditation survey.	
CSP_CRTFCTN	LATE_COP_CRCTN_CNT	NUMBER (4.0)	N	Current Condition (Correction Date > L33)	The number of Condition of Participation (COP) deficiencies corrected later than the certification	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	LPN_CNT	NUMBER (7.2)	N	Number of License Practical Nurses	Number of licensed practical nurses.	
CSP_CRTFCTN	LPN_LVN_24_HR_WVR_DT	DATE (8)	N	Date of 24 Hour LPN/LVN Waiver	Date of 24-hour LPN/LVN (licensed practical/vocational nurse waiver).	
CSP_CRTFCTN	LPN_LVN_CNT	NUMBER (7.2)	N	Licensed Practical/Vocational Nurses	Number of full-time equivalent licensed practical or vocational nurses employed by a	
CSP_CRTFCTN	LPN_LVN_CNTRCT_CNT	NUMBER (7.2)	N	LPN/LVN - Contract	The number of full-time equivalent licensed practical/ vocational nurses under contract to a	
CSP_CRTFCTN	LPN_LVN_FLTM_CNT	NUMBER (7.2)	N	LPN/LVN - Full-Time	The number of full-time equivalent licensed practical/ vocational nurses employed by a	
CSP_CRTFCTN	LPN_LVN_HR_WVR_CNT	NUMBER (3.0)	N	LN Hours Waived Per Week	LPN/LVN (licensed practical/vocational nurse) hours waived per week.	
CSP_CRTFCTN	LPN_LVN_PRTM_CNT	NUMBER (7.2)	N	LPN/LVN - Part-Time	The number of full-time equivalent licensed practical/ vocational nurses employed by a	
CSP_CRTFCTN	LPN_LVN_VLNTR_CNT	NUMBER (7.2)	N	LPNS/LVNS Volunteer	The number of full-time equivalent volunteer licensed practical/vocational nurses in a hospice.	
CSP_CRTFCTN	LRGR_ORG_BED_CNT	NUMBER (4.0)	N	Beds in Larger Organization	The total number of beds within a larger organization providing residential services to	
CSP_CRTFCTN	LRGR_ORG_CLNT_CNT	NUMBER (4.0)	N	Clients in Larger Organization	The total number of clients including ICF/MR (Intermediate Care Facility for Mental	
CSP_CRTFCTN	LRGR_ORG_MBRSHW_SW	VARCHAR2 (1)	N	Member of Larger Organization	Identifies if an ICF/MR is a residential unit within a larger organization in the state that	
CSP_CRTFCTN	LRYNGSCP_ENDTRCHL_TUBE_SW	VARCHAR2 (1)	N	ASC Equipment: Laryngoscope, Endotracheal	Indicates if an ambulatory surgical center provides laryngoscopes and endotracheal tubes.	
CSP_CRTFCTN	LSC_CMPLTD_SW	VARCHAR2 (1)	N	LSC Completed indicator	Indicates if a Life Safety Code survey exists for the certification.	
CSP_CRTFCTN	LSC_DFCNCY_CNT	NUMBER (4.0)	N	Current LSC Def: All	The total number of Life Safety Code (LSC) deficiencies on the current survey.	
CSP_CRTFCTN	LSC_WVR_SW	VARCHAR2 (1)	N	Compliance: Life Safety Code	INDICATES IF A WAIVER OF ANY LIFE SAFETY CODE (LSC) PROVISIONS HAS	
CSP_CRTFCTN	LTC_UNIT_SRVC_CD	VARCHAR2 (1)	N	Service: Long Term Care Unit	Indicates how long term care unit services are provided in a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	LTC_UNIT_SRVC_DESC	VARCHAR2 (39)	N	Long Term Care Unit Hospital Service Description	Indicates how long term care unit services are provided in a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	MCHNCL_VNLTN_EQUIP_SW	VARCHAR2 (1)	N	ASC Equipment: Mechanical Ventilation	Indicates if an Ambulatory Surgical Center (ASC) provides mechanical ventilation	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	MDCD_SNF_BED_CNT	NUMBER (4.0)	N	Beds - Nursing Facility	Number of medicaid certified nursing facility beds in a facility.	
CSP_CRTFCTN	MDCL_DRCTR_CNTRCT_CN T	NUMBER (7.2)	N	Medical Director - Contract	The number of full-time equivalent medical directors under contract to a facility.	
CSP_CRTFCTN	MDCL_DRCTR_FLTM_CNT	NUMBER (7.2)	N	Medical Director - Full-Time	The number of full-time equivalent medical directors employed by a facility on a full-time	
CSP_CRTFCTN	MDCL_DRCTR_PRTM_CNT	NUMBER (7.2)	N	Medical Director - Part-Time	The number of full-time equivalent medical directors employed by a facility on a part-time	
CSP_CRTFCTN	MDCL_HSTRY_SW	VARCHAR2 (1)	N	ASC Records: Medical History	Indicates if the medical records in an Ambulatory Surgical Center (ASC) contain	
CSP_CRTFCTN	MDCL_SCHL_AFLT_N_CD	VARCHAR2 (1)	N	Medical School Affiliation	The type of affiliation that a hospital may have with a medical school.	CSP_MDCL_SCHL_AFLT_N_CD
CSP_CRTFCTN	MDCL_SCHL_AFLT_N_DESC	VARCHAR2 (14)	N	Medical School Affiliation Description	The type of affiliation that a hospital may have with a medical school.	CSP_MDCL_SCHL_AFLT_N_CD
CSP_CRTFCTN	MDCL_SCL_SRVC_CD	VARCHAR2 (1)	N	Service: Medical Social	Indicates how medical social services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	MDCL_SCL_SRVC_DESC	VARCHAR2 (39)	N	Medical Social Service Description	Indicates how medical social services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	MDCL_SCL_WORKR_CNT	NUMBER (7.2)	N	Medical Social Workers	Number of full-time equivalent medical social workers employed by a hospital or hospice.	
CSP_CRTFCTN	MDCL_SCL_WORKR_VLNTR _CNT	NUMBER (7.2)	N	Medical Social Workers - Volunteer	The number of full-time equivalent volunteer medical social workers in a hospice.	
CSP_CRTFCTN	MDCL_SUPLY_SRVC_CD	VARCHAR2 (1)	N	Service: Medical Supplies	Indicates how medical supply services are provided by a hospice.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	MDCL_SUPLY_SRVC_DESC	VARCHAR2 (39)	N	Medical Supply Hospice Service Description	Indicates how medical supply services are provided by a hospice.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	MDCL_TCHNLGST_CNT	NUMBER (7.2)	N	Medical Technologist Count	The count of medical technologists.	
CSP_CRTFCTN	MDCR_DPNDNT_HOSP_SW	VARCHAR2 (1)	N	Medicare Dependent Hospital Switch	Medicare dependent hospital.	
CSP_CRTFCTN	MDCR_ENRLMT_APRVD_IN D	CHAR (1)	N	Medicare Enrollment Approved Indicator	Indicator that Medicare Enrollment has been approved by Maximum Allowable Cost Program	
CSP_CRTFCTN	MDCR_ENRLMT_IND	VARCHAR2 (1)	N	Medicare Enrollment Indicator	Indicates if Medicare enrollment (CMS-855A) has been completed.	
CSP_CRTFCTN	MDCR_HOSPC_SW	VARCHAR2 (1)	N	Hospice Switch	Indicates if the Home Health Agency also participates in the Medicare program as a	



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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	MDCR_MD CD_SNF_BED_CN T	NUMBER (4.0)	N	Beds - SNF / NF	Number of beds certified for both Medicare and Medicaid skilled nursing care in a long term care	
CSP_CRTFCTN	MDCR_PRTCPTN_OP_PT_SPC H_SW	VARCHAR2 (1)	N	Participation Medicare OPT / SP	Indicates if a comprehensive outpatient rehabilitation facility also participates in	
CSP_CRTFCTN	MDCR_SNF_BED_CNT	NUMBER (4.0)	N	Beds - Medicare SNF	Number of Medicare-certified SNF (Skilled Nursing Facility) beds in a facility.	
CSP_CRTFCTN	MDCR_TRNSPLNT_CNTR_SR VC_CD	VARCHAR2 (1)	N	Services Provided: Transplant Center (Medicare Certified)	Indicates how Medicare transplant center service is provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	MDCR_TRNSPLNT_CNTR_SR VC_DESC	VARCHAR2 (39)	N	Services Provided: Transplant Center (Medicare Certified) Description	Indicates how Medicare transplant center service is provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	MDCTN_AIDE_CNTRCT_CNT	NUMBER (7.2)	N	Medication Aides / Techs - Contract	The number of full-time equivalent medication aides/ technicians under contract to a facility.	
CSP_CRTFCTN	MDCTN_AIDE_FLTM_CNT	NUMBER (7.2)	N	Medication Aides / Techs - Full-Time	The number of full-time equivalent medication aides/ technicians employed by a facility on a	
CSP_CRTFCTN	MDCTN_AIDE_PRTM_CNT	NUMBER (7.2)	N	Medication Aides / Techs - Part-Time	The number of full-time equivalent medication aides/ technicians employed by a facility on a	
CSP_CRTFCTN	MD_OTHR_ARNGMT_CNT	NUMBER (7.2)	N	MD Other - Arrangement	The number of full-time equivalent other MDs employed under arrangement by a community	
CSP_CRTFCTN	MD_OTHR_EMPLEE_CNT	NUMBER (7.2)	N	MD Other - Direct	The number of full-time equivalent other MDs employed directly by a community mental	
CSP_CRTFCTN	MD_PSYCHTRST_ARNGMT_ CNT	NUMBER (7.2)	N	MD Psychiatrist - Arrangement	The number of full-time equivalent MD psychiatrists employed under arrangement by a	
CSP_CRTFCTN	MD_PSYCHTRST_EMPLEE_C NT	NUMBER (7.2)	N	MD Psychiatrist - Direct	The number of full-time equivalent MD psychiatrists employed directly by a community	
CSP_CRTFCTN	MENTL_HLTH_OFSITE_RSD NT_SW	VARCHAR2 (1)	N	Service: Mental Health Off-Site to Residents	Indicates if mental health services are provided off-site to residents.	
CSP_CRTFCTN	MENTL_HLTH_ONST_NRS DN T_SW	VARCHAR2 (1)	N	Service: Mental Health On-site to Nonresidents	Indicates if mental health services are provided on-site to nonresidents.	
CSP_CRTFCTN	MENTL_HLTH_ONST_RSDNT _SW	VARCHAR2 (1)	N	Service: Mental Health On-Site to Residents	Indicates if mental health services are provided on-site to residents.	
CSP_CRTFCTN	MENTL_HLTH_SRVC_CNTRC T_CNT	NUMBER (7.2)	N	Mental Health Services - Contract	The number of full-time equivalent mental health services personnel under contract to a	
CSP_CRTFCTN	MENTL_HLTH_SRVC_FLTM_ CNT	NUMBER (7.2)	N	Mental Health Services - Full-Time	The number of full-time equivalent mental health services personnel employed by a facility	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	MENTL_HLTH_SRVC_PRTM_CNT	NUMBER (7.2)	N	Mental Health Services - Part-Time	The number of full-time equivalent mental health services personnel employed by a facility	
CSP_CRTFCTN	MGNTC_RSNC_IMG_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Magnetic Resonance Imaging	Indicates how magnetic resonance imaging service is provided in a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	MGNTC_RSNC_IMG_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Magnetic Resonance Imaging Description	Indicates how magnetic resonance imaging service is provided in a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	MLTPL_ACRDTN_STUS_SW	VARCHAR2 (1)	N	Multiple Accreditation Status Switch	Indicates if the facility has multiple accreditations.	
CSP_CRTFCTN	MLT_FAC_MNGD_IND	VARCHAR2 (1)	N	Multiple Facility Managed Indicator	Indication of being managed by a multiple facility organization.	
CSP_CRTFCTN	MLT_FAC_ORG_NAME	VARCHAR2 (38)	N	Multi-Facility Organization Name	The name of the multi-facility organization that owns the facility.	
CSP_CRTFCTN	MLT_FAC_OWND_IND	VARCHAR2 (1)	N	Multiple Facility Owned Indicator	Indication of being owned by multiple facility organization.	
CSP_CRTFCTN	MLT_LCTN_SW	VARCHAR2 (1)	N	More Than One Location Switch	Indicator if the hospice operates under the same provider number at more than one location.	
CSP_CRTFCTN	MLT_OWND_FAC_ORG_SW	VARCHAR2 (1)	N	Multi-Facility Organization Owned	Indicates if a facility is owned by an organization that owns (or leases) two or more	
CSP_CRTFCTN	MLT_SITE_EXCPTN_SW	VARCHAR2 (1)	N	Multiple Site Certificate Switch	Indicates if a lab has applied for one certificate for multiple sites.	
CSP_CRTFCTN	MR_BED_CNT	NUMBER (4.0)	N	Beds - ICF / MR	Number of certified beds in an intermediate care facility for the mentally retarded.	
CSP_CRTFCTN	MR_DAY_PGM_SITE_CNT	NUMBER (2.0)	N	Day Program Sites	The total number of off-campus day program sites used by intermediate care facility for the	
CSP_CRTFCTN	NAT_CNTRCT_CNT	NUMBER (7.2)	N	Nurse Aides in Training - Contract	Number of full-time equivalent nurse aides in training under contract to a facility.	
CSP_CRTFCTN	NAT_FLTM_CNT	NUMBER (7.2)	N	Nurse Aides in Training - Full-Time	The number of full-time equivalent nurse aides in training employed by a facility on a full-time	
CSP_CRTFCTN	NAT_PRTM_CNT	NUMBER (7.2)	N	Nurse Aides in Training - Part-Time	The number of full-time equivalent nurse aides in training employed by a facility on a part-time	
CSP_CRTFCTN	NEONTL_ICU_SRVC_CD	VARCHAR2 (1)	N	Services Provided: ICU Neonatal	Indicates how neonatal ICU service is provided in a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	NEONTL_ICU_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Neonatal ICU Description	Indicates how forensic psychiatric service is provided in a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	NEONTL_NRSRY_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Neonatal Nursery	Indicates how neonatal nursery services are provided by a hospital.	CSP_GNRL_SRVC_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	NEONTL_NRSRY_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Neonatal Nursery Description	Indicates how neonatal nursery services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	NF_HOME_CARE_SW	VARCHAR2 (1)	N	Home Care - Nursing Facility	Indicates if the hospice provides routine home care at a nursing facility.	
CSP_CRTFCTN	NH_DSCHRG_CNT	NUMBER (5,0)	N	Census - Discharges - Nursing Home	The number of nursing home discharges by the HHA since the last standard survey.	
CSP_CRTFCTN	NON_PRFT_EXCPTN_SW	VARCHAR2 (1)	N	Multiple Site Exception: Public Health Indicator	Indicates if the certificate is for multiple sites with non-profit, federal, state or local	
CSP_CRTFCTN	NRLGCL_SRGRY_SW	VARCHAR2 (1)	N	Specialty: Neurological	Indicates if neurological surgery is offered by an ambulatory surgical center.	
CSP_CRTFCTN	NRSNG_2_SRVC_CD	VARCHAR2 (1)	N	Service: Nursing #2	Indicates how nursing service is provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	NRSNG_2_SRVC_DESC	VARCHAR2 (39)	N	Nursing 2 Service Description	Indicates how nursing service is provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	NRSNG_3_SRVC_CD	VARCHAR2 (1)	N	Service: Nursing #3	Indicates how nursing service is provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	NRSNG_3_SRVC_DESC	VARCHAR2 (39)	N	Nursing 3 Service Description	Indicates how nursing service is provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	NRSNG_SRVC_CD	VARCHAR2 (1)	N	Service: Nursing	Indicates how nursing services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	NRSNG_SRVC_DESC	VARCHAR2 (39)	N	Nursing Service Description	Indicates how nursing services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	NRSNG_SRVC_OFSITE_RSDNT_SW	VARCHAR2 (1)	N	Service: Nursing Off-Site to Residents	Indicates if nursing services are provided off-site to residents.	
CSP_CRTFCTN	NRSNG_SRVC_ONST_NRSNT_SW	VARCHAR2 (1)	N	Service: Nursing On-Site to Nonresidents	Indicates if nursing services are provided on-site to nonresidents.	
CSP_CRTFCTN	NRSNG_SRVC_ONST_RSDNT_SW	VARCHAR2 (1)	N	Service: Nursing On-Site to Residents	Indicates if nursing services are provided on-site to residents.	
CSP_CRTFCTN	NRSNG_SRVC_WVR_DT	DATE (8)	N	Date of Nursing Service Waiver	The date (month/year) a waiver of the requirement to provide core nursing services	
CSP_CRTFCTN	NRSNG_SRVC_WVR_SW	VARCHAR2 (1)	N	Waiver of Nursing Services	Indicates if a hospice has been granted a waiver of core nursing services.	
CSP_CRTFCTN	NRSRGCL_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Neurosurgical Services	Indicates how neurosurgical services are provided in a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	NRSRGCL_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Neurosurgical Description	Indicates how neurosurgical services are provided in a hospital.	CSP_GNRL_SRVC_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	NRS_ADMINV_CNTRCT_CNT	NUMBER (7.2)	N	Nurses With Administrative Duties - Contract	The number of full-time equivalent nurses with administrative duties under contract to a facility.	
CSP_CRTFCTN	NRS_ADMINV_FLTM_CNT	NUMBER (7.2)	N	Nurses With Administrative Duties - Full-Time	The number of full-time equivalent nurses with administrative duties employed by a facility on a	
CSP_CRTFCTN	NRS_ADMINV_PRTM_CNT	NUMBER (7.2)	N	Nurses With Administrative Duties - Part-Time	Number of full-time equivalent nurses with administrative duties employed by a facility on a	
CSP_CRTFCTN	NRS_AIDE_CNTRCT_CNT	NUMBER (7.2)	N	Certification Nurse Aides - Contract	The number of full-time equivalent certified nurse aides under contract to a facility.	
CSP_CRTFCTN	NRS_AIDE_FLTM_CNT	NUMBER (7.2)	N	Certification Nurse Aides - Full-Time	The number of full-time equivalent certified nurse aides employed by a facility on a full-time	
CSP_CRTFCTN	NRS_AIDE_PRTM_CNT	NUMBER (7.2)	N	Certification Nurse Aides - Part-Time	The number of full-time equivalent certified nurse aides employed by a facility on a part-time	
CSP_CRTFCTN	NRS_ARNGMT_CNT	NUMBER (7.2)	N	Nurse - Arrangement	The number of full-time equivalent nurses employed under arrangement by a community	
CSP_CRTFCTN	NRS_EMPLEE_CNT	NUMBER (7.2)	N	Nurse - Direct	The number of full-time equivalent nurses employed directly by a community mental	
CSP_CRTFCTN	NRS_PRCTNR_1_YR_PGM_CNT	NUMBER (2.0)	N	Nurse Practitioners - 1 Year Program	The number of nurse practitioners who have completed a formal one-year training program.	
CSP_CRTFCTN	NRS_PRCTNR_CNT	NUMBER (7.2)	N	Nurse Practitioners	Number of full-time equivalent nurse practitioners in a rural health clinic.	
CSP_CRTFCTN	NRS_PRCTNR_EXPRNC_CNT	NUMBER (2.0)	N	Nurse Practitioners - Experience	The number of nurse practitioners with at least 12 months experience in expanded role in the	
CSP_CRTFCTN	NTRTNL_GDNC_SRVC_CD	VARCHAR2 (1)	N	Service: Nutritional Guidance	Indicates how nutritional guidance services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	NTRTNL_GDNC_SRVC_DESC	VARCHAR2 (39)	N	Nutritional Guidance HHA Service Description	Indicates how nutritional guidance services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	NUCLR_MDCN_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Nuclear Medicine	Indicates how nuclear medicine services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	NUCLR_MDCN_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Nuclear Medicine Description	Indicates how nuclear medicine services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	NUCLR_MDCN_TCHNCN_CNT	NUMBER (7.2)	N	Nuclear Medicine Technician Count	The count of nuclear medicine technicians.	
CSP_CRTFCTN	OB_GYN_SRGRY_SW	VARCHAR2 (1)	N	Specialty: Obstetrics / Gynecology	Indicates if obstetrics/gynecology surgery is offered by an ambulatory surgical center.	
CSP_CRTFCTN	OB_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Obstetrics	Indicates how obstetrics services are provided by a hospital.	CSP_GNRL_SRVC_CD

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	OB_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Obstetrics Description	Indicates how obstetrics services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	OCPTNL_THRPST_ARNGMT_CNT	NUMBER (7,2)	N	Therapist (Occupational) - Arrangement	The number of full-time equivalent occupational therapists employed under arrangement by a	
CSP_CRTFCTN	OCPTNL_THRPST_CNT	NUMBER (7,2)	N	Occupational Therapists	The number of full-time equivalent occupational therapists employed by a provider.	
CSP_CRTFCTN	OCPTNL_THRPST_CNTRCT_CNT	NUMBER (7,2)	N	Occupational Therapist - Contract	The number of full-time equivalent occupational therapists under contract to a facility.	
CSP_CRTFCTN	OCPTNL_THRPST_EMPLEE_CNT	NUMBER (7,2)	N	Occupational Therapist - Direct	The number of full-time equivalent occupational therapists employed directly by a CMHC	
CSP_CRTFCTN	OCPTNL_THRPST_FLTM_CNT	NUMBER (7,2)	N	Occupational Therapist - Full-Time	The number of full-time equivalent occupational therapists employed by a facility on a full-time	
CSP_CRTFCTN	OCPTNL_THRPST_PRTM_CNT	NUMBER (7,2)	N	Occupational Therapist - Part-Time	The number of full-time equivalent occupational therapists employed by a facility on a part-time	
CSP_CRTFCTN	ODIE_CRTFCT_EFCTV_DT	DATE (8)	N	Compliance Certificate Effective Date	Date the lab was determined to be in compliance with program requirements for the initial	
CSP_CRTFCTN	ODIE_CRTFCT_TYPE_CHG_SW	VARCHAR2 (1)	N	Certificate Type Change Due to Survey Indicator	Indicates if the lab chooses to change the certificate type at time of initial certification	
CSP_CRTFCTN	ODIE_ENTRD_DT	DATE (8)	N	Current Survey Transaction Date	The date the current survey was first entered into ODIE (Online Data Input & Edit subsystem,	
CSP_CRTFCTN	ODIE_ENTRY_PNDNG_DT	DATE (8)	N	ODIE Survey Entry Pending Date	The date the ODIE (Online Data Input & Edit subsystem, OSCAR front-end system) survey	
CSP_CRTFCTN	OMBDMN_NTIFY_SW	VARCHAR2 (1)	N	Ombudsman Notified Prior to Survey	Indicates if the ombudsman was notified prior to the survey of the facility.	
CSP_CRTFCTN	OMBDMN_PRSNT_SW	VARCHAR2 (1)	N	Ombudsman Present During Survey	Indicates if an ombudsman was present at any time during the survey.	
CSP_CRTFCTN	OPEN_HRT_SRGRY_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Cardiac - Thoracic Surgery	Indicates how open heart surgery facility services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	OPEN_HRT_SRGRY_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Cardiac - Thoracic Surgery Description	Indicates how open heart surgery facility services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	OPNG_FRI_TXT	VARCHAR2 (8)	N	Friday opening time	Opening time on Friday for in-center patient shifts (in military time).	
CSP_CRTFCTN	OPNG_MON_TXT	VARCHAR2 (8)	N	Monday opening time	Opening time on Monday for in-center patient shifts (in military time).	
CSP_CRTFCTN	OPNG_SAT_TXT	VARCHAR2 (8)	N	Saturday opening time	Opening time on Saturday for in-center patient shifts (in military time).	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	OPNG_SUN_TXT	VARCHAR2 (8)	N	Sunday opening time	Opening time on Sunday for in-center patient shifts (in military time).	
CSP_CRTFCTN	OPNG_THU_TXT	VARCHAR2 (8)	N	Thursday opening time	Opening time on Thursday for in-center patient shifts (in military time).	
CSP_CRTFCTN	OPNG_TMS_MWF_PTNTS_NUM	NUMBER (4,2)	N	Opening Times Monday, Wednesday, and Friday Patients Number-Obsolete July 2012	This field has been deleted.	
CSP_CRTFCTN	OPNG_TMS_MWF_STF_NUM	NUMBER (4,2)	N	Opening Times Monday, Wednesday, and Friday Staff Number-Obsolete July 2012	This field has been deleted.	
CSP_CRTFCTN	OPNG_TMS_TTS_PTNTS_NUM	NUMBER (4,2)	N	Opening Times Tuesday, Thursday, and Saturday Patients Number-Obsolete July 2012	This field has been deleted.	
CSP_CRTFCTN	OPNG_TMS_TTS_STF_NUM	NUMBER (4,2)	N	Opening Times Tuesday, Thursday and Saturday Staff Number-Obsolete July 2012	This field has been deleted.	
CSP_CRTFCTN	OPNG_TUE_TXT	VARCHAR2 (8)	N	Tuesday opening time	Opening time on Tuesday for in-center patient shifts (in military time).	
CSP_CRTFCTN	OPNG_WED_TXT	VARCHAR2 (8)	N	Wednesday opening time	Opening time on Wednesday for in-center patient shifts (in military time).	
CSP_CRTFCTN	OPRTG_ROOMS_NUM	NUMBER (4,0)	N	Operating Rooms Number	Number of operating rooms.	
CSP_CRTFCTN	OPRTG_ROOM_CNT	NUMBER (2,0)	N	Operating Rooms	The number of operating rooms in an ambulatory surgical center.	
CSP_CRTFCTN	OPRTG_ROOM_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Operating Rooms	Indicates how operating room services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	OPRTG_ROOM_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Operating Room Description	Indicates how operating room services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	OPRTG_SEPRPLY_LCNSD_SW	VARCHAR2 (1)	N	Operating Separately Licensed Switch	Indicates if operating facility is separately licensed.	
CSP_CRTFCTN	OPRTN_FNDNG_SW	VARCHAR2 (1)	N	ASC Records: Operation Findings	Indicates if the medical records in an ambulatory surgical center contain operation findings.	
CSP_CRTFCTN	OPHTLMC_SRGY_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Ophthalmic Surgery	Indicates how ophthalmic surgery services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	OPHTLMC_SRGY_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Ophthalmic Surgery Description	Indicates how ophthalmic surgery services are provided by a hospital.	CSP_GNRL_SRVC_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	OPHMLGY_SRGRY_SW	VARCHAR2 (1)	N	Specialty: Ophthamology	Indicates if ophthamology surgery is offered by an ambulatory surgical center.	
CSP_CRTFCTN	OPTMTRC_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Optometric	Indicates how optometric services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	OPTMTRC_SRVC_DESC	VARCHAR2 (44)	N	Services Provided: Optometric Description	Indicates how optometric services are provided by a hospital.	CSP_GNRL_FAC_TYPE_CD
CSP_CRTFCTN	OPTN_CD	VARCHAR2 (4)	N	Organ Procurement Transplantation Network Code	A code the indicates the Organ Procurement Transplantation Network.	
CSP_CRTFCTN	OP_PSYCH_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Psychiatric - Outpatient	Indicates how outpatient psychiatric service is provided in a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	OP_PSYCH_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Psychiatric Outpatient Description	Indicates how outpatient psychiatric service is provided in a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	OP_REHAB_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Rehabilitation Outpatient	Indicates how outpatient rehabilitation service is provided in a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	OP_REHAB_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Rehabilitation Outpatient Description	Indicates how outpatient rehabilitation service is provided in a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	OP_SRGRY_UNIT_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Outpatient Surgery	Indicates how outpatient surgery unit services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	OP_SRGRY_UNIT_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Outpatient Surgery Description	Indicates how outpatient surgery unit services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	OP_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Outpatient	Indicates how outpatient services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	OP_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Outpatient Description	Indicates how outpatient services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	ORAL_SRGRY_SW	VARCHAR2 (1)	N	Specialty: Oral	Indicates if oral surgery is offered by an ambulatory surgical center.	
CSP_CRTFCTN	ORGNZ_FMLY_MBR_GRP_SW	VARCHAR2 (1)	N	Organized Family Group	Indicates if the facility has an organized group of family members of residents.	
CSP_CRTFCTN	ORGNZ_RSDNT_GRP_SW	VARCHAR2 (1)	N	Organized Resident Group	Indicates if the facility has an organized residents group.	
CSP_CRTFCTN	ORGN_BANK_SRVC_CD	VARCHAR2 (1)	N	Service: Organ Bank	Indicates how organ bank services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	ORGN_BANK_SRVC_DESC	VARCHAR2 (39)	N	Organ Bank Hospital Service Description	Indicates how organ bank services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	ORGN_TRNSPLNT_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Organ Transplant (Not Medicare	Indicates how organ transplant services are provided by a hospital.	CSP_GNRL_SRVC_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
				Certified)		
CSP_CRTFCTN	ORGN_TRNSPLNT_SRVC_DE SC	VARCHAR2 (39)	N	Services Provided: Organ Transplant (Not Medicare Certified) Description	Indicates how organ transplant services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	ORHPDC_SRGRY_SW	VARCHAR2 (1)	N	Specialty: Orthopedic	Indicates if orthopedic surgery is offered by an ambulatory surgical center.	
CSP_CRTFCTN	ORHPDC_SRGY_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Orthopedic Surgery	Indicates how orthopedic surgery service is provided in a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	ORHPDC_SRGY_SRVC_DES C	VARCHAR2 (39)	N	Services Provided: Orthopedic Surgery Description	Indicates how orthopedic surgery service is provided in a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	ORTHTC_PRSTHTC_2_SRVC_ CD	VARCHAR2 (1)	N	Service: Orthotic Prosthetic #2	Indicates how orthotic prosthetic service is provided by a Comprehensive Outpatient Rehab	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	ORTHTC_PRSTHTC_2_SRVC_ DESC	VARCHAR2 (39)	N	Orthotic Prosthetic 2 Service Description	Indicates how orthotic/prosthetic services are provided by a comprehensive outpatient	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	ORTHTC_PRSTHTC_3_SRVC_ CD	VARCHAR2 (1)	N	Service: Orthotic/Prosthetic #3	Indicates how orthotic prosthetic service is provided by a Comprehensive Outpatient Rehab	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	ORTHTC_PRSTHTC_3_SRVC_ DESC	VARCHAR2 (39)	N	Orthotic Prosthetic 3 Service Description	Indicates how orthotic/prosthetic services are provided by a comprehensive outpatient	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	ORTHTC_PRSTHTC_SRVC_C D	VARCHAR2 (1)	N	Orthotic/Prosthetic Service Code	Indicates how orthotic/prosthetic services are provided by a comprehensive outpatient	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	ORTHTC_PRSTHTC_SRVC_D ESC	VARCHAR2 (39)	N	Orthotic/Prosthetic Service Description	Indicates how orthotic/prosthetic services are provided by a comprehensive outpatient	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	OTHR_SRGRY_SW	VARCHAR2 (1)	N	Other Surgery Types indicator	Indicates if other surgery types are performed at the Ambulatory Surgical Center.	
CSP_CRTFCTN	OTHR_SRVC_CD	VARCHAR2 (1)	N	Service: Other	Indicates how other (non-specified) services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	OTHR_SRVC_DESC	VARCHAR2 (39)	N	Other Service Description	Indicates how other (non-specified) services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	OTLRYNGLGY_SRGRY_SW	VARCHAR2 (1)	N	Specialty: Otolaryngology	Indicates if otolaryngology surgery is offered by an ambulatory surgical center.	
CSP_CRTFCTN	OT_2_SRVC_CD	VARCHAR2 (1)	N	Service: Occupational Therapy #2	Indicates how occupational therapy service is provided by a Comprehensive Outpatient Rehab	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	OT_2_SRVC_DESC	VARCHAR2 (39)	N	Occupational Therapy 2 Service Description	Indicates how occupational therapy service is provided by a Comprehensive Outpatient Rehab	CSP_GNRL_SRVC_CD



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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	OT_3_SRVC_CD	VARCHAR2 (1)	N	Service: Occupational Therapy #3	Indicates how occupational therapy service is provided by a Comprehensive Outpatient Rehab	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	OT_3_SRVC_DESC	VARCHAR2 (39)	N	Occupational Therapy 3 Service Description	Indicates how occupational therapy service is provided by a Comprehensive Outpatient Rehab	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	OT_AIDE_CNTRCT_CNT	NUMBER (7.2)	N	Occupational Therapy Aide - Contract	The number of full-time equivalent occupational therapy aides under contract to a facility.	
CSP_CRTFCTN	OT_AIDE_FLTM_CNT	NUMBER (7.2)	N	Occupational Therapy Aide - Full-Time	The number of full-time equivalent occupational therapy aides employed by a facility on a full-	
CSP_CRTFCTN	OT_AIDE_PRTM_CNT	NUMBER (7.2)	N	Occupational Therapy Aide - Part-Time	The number of full-time equivalent occupational therapy aides employed by a facility on a part-	
CSP_CRTFCTN	OT_ASTNT_AIDE_CNTRCT_CNT	NUMBER (7.2)	N	Occupational Therapy Assistant - Contract	The number of full-time equivalent occupational therapy assistants under contract to a facility.	
CSP_CRTFCTN	OT_ASTNT_AIDE_FLTM_CNT	NUMBER (7.2)	N	Occupational Therapy Assistant - Full-Time	The number of full-time equivalent occupational therapy assistants employed by a facility on a	
CSP_CRTFCTN	OT_ASTNT_AIDE_PRTM_CNT	NUMBER (7.2)	N	Occupational Therapy Assistant - Part-Time	The number of full-time equivalent occupational therapy assistants employed by a facility on a	
CSP_CRTFCTN	OT_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Occupational Therapy	Indicates how occupational therapy services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	OT_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Occupational Therapy Description	Indicates how occupational therapy services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	OT_SRVC_OFSITE_RSDNT_SW	VARCHAR2 (1)	N	Service: Occupational Therapy Off-Site to Residents	Indicates if occupational therapy services are provided off-site to residents.	
CSP_CRTFCTN	OT_SRVC_ONST_NRSDNT_SW	VARCHAR2 (1)	N	Service: Occupational Therapy On-Site to Nonresidents	Indicates if occupational therapy services are provided on-site to nonresidents.	
CSP_CRTFCTN	OT_SRVC_ONST_RSDNT_SW	VARCHAR2 (1)	N	Service: Occupational Therapy On-Site to Residents	Indicates if occupational therapy services are provided on-site to residents.	
CSP_CRTFCTN	OT_SW	VARCHAR2 (1)	N	Does Facility Provide Occupational Therapy Services	Indicates if the facility provides occupational therapy services.	
CSP_CRTFCTN	OUT_OF_CMPLNC_CNT	NUMBER (4.0)	N	Current Requirement: All ( SNF / NF)	The number of requirements out of compliance at the time of survey.	
CSP_CRTFCTN	OVRRD_BED_CNT_SW	VARCHAR2 (1)	N	Regional Override # 1 (Number Beds)	This field is set to 'Y' when the regional office has to approve a pending record in the special	
CSP_CRTFCTN	OVRRD_NRS_BED_SW	VARCHAR2 (1)	N	Regional Override # 3 (Nurse - Bed)	This field is set to 'Y' when the regional office has to approve a pending record in the special	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	OVERRD_STFG_SW	VARCHAR2 (1)	N	Regional Override # 2 (Staffing)	This field is set to 'Y' when the regional office has to approve a pending record in the special	
CSP_CRTFCTN	OXGN_EQUIP_SW	VARCHAR2 (1)	N	ASC Equipment: Oxygen	Indicates if an ambulatory surgical center provides oxygen equipment.	
CSP_CRTFCTN	PART_ANTHR_ENT_SW	VARCHAR2 (1)	N	Part of Another Entity	Indicates if the hospice is part of another entity that participates in the Medicare program.	
CSP_CRTFCTN	PART_PRTCPTG_PRVDR_SW	VARCHAR2 (1)	N	Part Of a Participating Provider	Indicates if a supplier is part of another provider of Medicare/Medicaid services.	
CSP_CRTFCTN	PDTRST_CNTRCT_CNT	NUMBER (7.2)	N	Podiatrists - Contract	The number of full-time equivalent podiatrists under contract to a facility.	
CSP_CRTFCTN	PDTRST_FLTM_CNT	NUMBER (7.2)	N	Podiatrists - Full-Time	The number of full-time equivalent podiatrists employed by a facility on a full-time basis.	
CSP_CRTFCTN	PDTRST_PRTM_CNT	NUMBER (7.2)	N	Podiatrists - Part-Time	The number of full-time equivalent podiatrists employed by a facility on a part-time basis.	
CSP_CRTFCTN	PDTRY_SRVC_OFSITE_RSDN T_SW	VARCHAR2 (1)	N	Service: Podiatry Off-Site to Residents	Indicates if podiatry services are provided off-site to residents.	
CSP_CRTFCTN	PDTRY_SRVC_ONST_NRSND T_SW	VARCHAR2 (1)	N	Service: Podiatry On-Site to Nonresidents	Indicates if podiatry services are provided on-site to nonresidents.	
CSP_CRTFCTN	PDTRY_SRVC_ONST_RSDNT _SW	VARCHAR2 (1)	N	Service: Podiatry On-Site to Residents	Indicates if podiatry services are provided on-site to residents.	
CSP_CRTFCTN	PED_ICU_SRVC_CD	VARCHAR2 (1)	N	Services Provided: ICU Pediatric	Indicates how pediatric ICU service is provided in hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	PED_ICU_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Pediatric ICU Description	Indicates how pediatric ICU service is provided in hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	PED_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Pediatric	Indicates how pediatric services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	PED_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Pediatric Description	Indicates how pediatric services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	PET_SCAN_SRVC_CD	VARCHAR2 (1)	N	Services Provided: PET Scan Services	Indicates how Positron Emissions Tomography (PET) scanner services are provided by a	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	PET_SCAN_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: PET Scanner Description	Indicates how Positron Emissions Tomography (PET) scanner services are provided by a	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	PGM_PRTCPTN_CD	VARCHAR2 (1)	N	Program Participation	Indicates if the provider participates in Medicare, Medicaid, or both programs.	CSP_PGM_CD
CSP_CRTFCTN	PGM_PRTCPTN_DESC	VARCHAR2 (21)	N	Program Participation Description	Indicates if the provider participates in Medicare, Medicaid, or both programs.	CSP_PGM_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	PHRMCST_CNTRCT_CNT	NUMBER (7.2)	N	Pharmacists - Contract	The number of full-time equivalent pharmacists under contract to a facility.	
CSP_CRTFCTN	PHRMCST_FLTM_CNT	NUMBER (7.2)	N	Pharmacists - Full-Time	The number of full-time equivalent pharmacists employed by a facility on a full-time basis.	
CSP_CRTFCTN	PHRMCST_PRTM_CNT	NUMBER (7.2)	N	Pharmacists - Part-Time	The number of full-time equivalent pharmacists employed by a facility on a part-time basis.	
CSP_CRTFCTN	PHRMCY_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Pharmacy	Indicates how pharmacy services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	PHRMCY_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Pharmacy Description	Indicates how pharmacy services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	PHRMCY_SRVC_OFSITE_RS DNT_SW	VARCHAR2 (1)	N	Service: Pharmacy Off-Site to Residents	Indicates if pharmacy services are provided off-site to residents.	
CSP_CRTFCTN	PHRMCY_SRVC_ONST_NRS DNT_SW	VARCHAR2 (1)	N	Service: Pharmacy On-Site to Nonresidents	Indicates if pharmacy services are provided on-site to non residents.	
CSP_CRTFCTN	PHRMCY_SRVC_ONST_RSDN T_SW	VARCHAR2 (1)	N	Service: Pharmacy On-Site to Residents	Indicates if pharmacy services are provided on-site to residents.	
CSP_CRTFCTN	PHYSN_2_SRVC_CD	VARCHAR2 (1)	N	Service: Physician #2	Indicates how physician service is provided by a CORF.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	PHYSN_2_SRVC_DESC	VARCHAR2 (39)	N	Physician 2 Service Description	Indicates how physician service is provided by a CORF.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	PHYSN_3_SRVC_CD	VARCHAR2 (1)	N	Service: Physician #3	Indicates how physician service is provided by a CORF.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	PHYSN_3_SRVC_DESC	VARCHAR2 (39)	N	Physician 3 Service Description	Indicates how physician service is provided by a CORF.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	PHYSN_ASTNT_1_YR_TRNG_ CNT	NUMBER (2.0)	N	Physician Assistants - 1 Year Program	The number of physician assistants with one year of training and supervised clinical	
CSP_CRTFCTN	PHYSN_ASTNT_CNT	NUMBER (7.2)	N	Physician Assistants (PA)	The number of full-time equivalent physician assistants (PA) employed by a hospital or rural	
CSP_CRTFCTN	PHYSN_ASTNT_CRTFD_CNT	NUMBER (2.0)	N	Physician Assistants - Certified	The number of physician assistants currently certified by the national association on	
CSP_CRTFCTN	PHYSN_ASTNT_EXPRNC_CN T	NUMBER (2.0)	N	Physician Assistants - Experience	The number of physician assistants with training and at least 12 months experience assisting	
CSP_CRTFCTN	PHYSN_CNT	NUMBER (7.2)	N	Physicians	The number of full-time equivalent physicians employed by a provider.	
CSP_CRTFCTN	PHYSN_EXT_CNTRCT_CNT	NUMBER (7.2)	N	Physician Extender - Contract	The number of full-time equivalent physician extenders under contract to the facility.	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	PHYSN_EXT_FLTM_CNT	NUMBER (7.2)	N	Physician Extender Full-Time Count (F37B)	The number of full-time equivalent physician extenders employed by the facility on a full-time	
CSP_CRTFCTN	PHYSN_EXT_PRTM_CNT	NUMBER (7.2)	N	Physician Extender Part-Time Count (F37C)	The number of full-time equivalent physician extenders employed by the facility on a part-	
CSP_CRTFCTN	PHYSN_EXT_SRVC_OFSITE_RSDNT_SW	VARCHAR2 (1)	N	Physician Extender Service Offsite To Resident Switch (F37A3)	Indicates if physician extender services are provided offsite to residents.	
CSP_CRTFCTN	PHYSN_EXT_SRVC_ONST_N_RSDNT_SW	VARCHAR2 (1)	N	Physician Extender Service Onsite To Non-Resident Switch (F37A2)	Indicates if physician extender services are provided onsite to non-residents.	
CSP_CRTFCTN	PHYSN_EXT_SRVC_ONST_RSDNT_SW	VARCHAR2 (1)	N	Physician Extender Service Onsite To Resident Switch (F37A1)	Indicates if physician extender services are provided on-site to residents.	
CSP_CRTFCTN	PHYSN_OTHR_CNTRCT_CNT	NUMBER (7.2)	N	Other Physician Contract	The number of full-time equivalent other physicians under contract to a facility.	
CSP_CRTFCTN	PHYSN_OTHR_FLTM_CNT	NUMBER (7.2)	N	Other Physician Full-Time	The number of full-time equivalent other physicians employed by a facility on a full-time	
CSP_CRTFCTN	PHYSN_OTHR_PRTM_CNT	NUMBER (7.2)	N	Other Physician Part-Time	The number of full-time equivalent other physicians employed by a facility on a part-time	
CSP_CRTFCTN	PHYSN_SRVC_CD	VARCHAR2 (1)	N	Service: Physician	Indicates how physician services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	PHYSN_SRVC_DESC	VARCHAR2 (39)	N	Physician Service Description	Indicates how physician services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	PHYSN_SRVC_OFSITE_RSDNT_SW	VARCHAR2 (1)	N	Service: Physician Off-Site to Residents	Indicates if physician services are provided off-site to residents.	
CSP_CRTFCTN	PHYSN_SRVC_ONST_NRSNT_SW	VARCHAR2 (1)	N	Service: Physician On-Site to Nonresidents	Indicates if physician services are provided on-site to nonresidents.	
CSP_CRTFCTN	PHYSN_SRVC_ONST_RSDNT_SW	VARCHAR2 (1)	N	Service: Physician On-Site to Residents	Indicates if physician services are provided on-site to residents.	
CSP_CRTFCTN	PHYSN_VLNTR_CNT	NUMBER (7.2)	N	Physicians - Volunteer	The number of full-time equivalent volunteer physicians in a hospice.	
CSP_CRTFCTN	PHYS_THRPST_ARNGMT_CNT	NUMBER (7.2)	N	Physical Therapist - Arrangement	The number of full-time equivalent physical therapists employed by arrangement in an	
CSP_CRTFCTN	PHYS_THRPST_CNT	NUMBER (7.2)	N	Physical Therapists	The number of full-time equivalent physical therapists employed by an outpatient physical	
CSP_CRTFCTN	PHYS_THRPST_CNTRCT_CNT	NUMBER (7.2)	N	Physical Therapists - Contract	The number of full-time equivalent physical therapists under contract to a facility.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	PHYS_THRPST_FLTM_CNT	NUMBER (7.2)	N	Physical Therapists - Full-Time	The number of full-time equivalent physical therapists employed by a facility on a full-time	
CSP_CRTFCTN	PHYS_THRPST_PRTM_CNT	NUMBER (7.2)	N	Physical Therapists - Part-Time	The number of full-time equivalent physical therapists employed by a facility on a part-time	
CSP_CRTFCTN	PHYS_THRPST_STF_CNT	NUMBER (7.2)	N	Physical Therapists on Staff	The number of full-time equivalent physical therapists employed by an outpatient physical	
CSP_CRTFCTN	PLSTC_SRGRY_SW	VARCHAR2 (1)	N	Specialty: Plastic Surgery	Indicates if plastic surgery is offered by an ambulatory surgical center.	
CSP_CRTFCTN	PPS_EXCLSN_PSYCH_UNIT_SW	VARCHAR2 (1)	N	PPS Exclusion Psychiatric Unit Switch	Hospital PPS exclusive psychiatric unit.	
CSP_CRTFCTN	PPS_EXCLSN_REHAB_UNIT_SW	VARCHAR2 (1)	N	PPS Exclusion Rehabilitation Unit Switch	Hospital PPS exclusive rehabilitation unit.	
CSP_CRTFCTN	PREOPRTV_DGNS_SW	VARCHAR2 (1)	N	ASC Records: Pre-Operative Diagnosis	Indicates if the medical records in an ambulatory surgical center contain pre-operative diagnoses.	
CSP_CRTFCTN	PRFCNCY_TSTG_ENRLMT_REC_FIL_SW	VARCHAR2 (1)	N	Proficiency Testing Enrollment Records on File Switch	Indicates if proficiency testing enrollment records are on file.	
CSP_CRTFCTN	PRFCNCY_TSTG_SCRE_REC_FIL_SW	VARCHAR2 (1)	N	Proficiency Testing Score Records on File Switch	Indicates if proficiency testing enrollment score records are on file.	
CSP_CRTFCTN	PROFNL_ADMIN_CNTRCT_CNT	NUMBER (7.2)	N	Administrator - Contract	The number of full-time equivalent administrative staff under contract to a facility.	
CSP_CRTFCTN	PROFNL_ADMIN_FLTM_CNT	NUMBER (7.2)	N	Administrator - Full-Time	The number of full-time equivalent administrative staff employed on a full-time	
CSP_CRTFCTN	PROFNL_ADMIN_PRTM_CNT	NUMBER (7.2)	N	Administrator - Part-Time	The number of full-time equivalent administrative staff employed on a part-time	
CSP_CRTFCTN	PRSNEL_OTHR_CNT	NUMBER (7.2)	N	Other Personnel	The number of full-time equivalent other salaried personnel employed by a facility.	
CSP_CRTFCTN	PRTNL_DLYS_HOME_SPRT_SRVC_SW	VARCHAR2 (1)	N	Service: Home Support Peritoneal Dialysis	Indicates if home support peritoneal dialysis service is provided.	
CSP_CRTFCTN	PRTNL_DLYS_HOME_TRNG_SRVC_SW	VARCHAR2 (1)	N	Service: Home Training Peritoneal Dialysis	Indicates if peritoneal dialysis home training service is provided.	
CSP_CRTFCTN	PRTNL_DLYS_PTNT_CNT	NUMBER (3.0)	N	Number of Dialysis Patients Peritoneal	Number of peritoneal dialysis patients.	
CSP_CRTFCTN	PRTNL_DLYS_SRVC_SW	VARCHAR2 (1)	N	Service: Peritoneal Dialysis	Indicates if peritoneal dialysis service is provided.	
CSP_CRTFCTN	PRVDR_BSD_FAC_SW	VARCHAR2 (1)	N	Provider Based Facility	Indicates if a long term care facility is provider based.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	PRVDR_CTGRY_CD	VARCHAR2 (2)	N	Provider Category Code	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_CRTFCTN	PRVDR_CTGRY_DESC	VARCHAR2 (60)	N	Provider Category Description	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_CRTFCTN	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_CRTFCTN	PRVDR_LCTN_CNT	NUMBER (2.0)	N	Number of Locations	The number of locations at which the hospice operates under the same provider number.	
CSP_CRTFCTN	PRVDR_NUM	VARCHAR2 (10)	N	CCN	A six or ten position identification number that is assigned to a certified provider. This is the	
CSP_CRTFCTN	PRVT_RSDNC_HOME_CARE_SW	VARCHAR2 (1)	N	Home Care - Private Residence	Indicates if the hospice provides routine home care in a private residence.	
CSP_CRTFCTN	PSTOPRTV_RCVRY_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Postoperative Recovery Room	Indicates how postoperative recovery room services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	PSTOPRTV_RCVRY_SRVC_D	VARCHAR2 (39)	N	Services Provided: Postoperative Recovery Room Description	Indicates how postoperative recovery room services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	PSYCHLGCL_2_SRVC_CD	VARCHAR2 (1)	N	Service: Psychological #2	Indicates how psychological service is provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	PSYCHLGCL_2_SRVC_DESC	VARCHAR2 (39)	N	Psychological 2 Service Description	Indicates how psychological service is provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	PSYCHLGCL_3_SRVC_CD	VARCHAR2 (1)	N	Service: Psychological #3	Indicates how psychological service is provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	PSYCHLGCL_3_SRVC_DESC	VARCHAR2 (39)	N	Psychological 3 Service Description	Indicates how psychological service is provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	PSYCHLGCL_SRVC_CD	VARCHAR2 (1)	N	Service: Psychological	Indicates how psychological services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	PSYCHLGCL_SRVC_DESC	VARCHAR2 (39)	N	Psychological CORF Service Description	Indicates how psychological services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	PSYCHLGST_ARNGMT_CNT	NUMBER (7.2)	N	Psychologist - Arrangement	The number of full-time equivalent psychologists employed under arrangement by a	
CSP_CRTFCTN	PSYCHLGST_CNT	NUMBER (7.2)	N	Psychologist Count	The count of psychologists.	
CSP_CRTFCTN	PSYCHLGST_EMPLEE_CNT	NUMBER (7.2)	N	Psychologist - Direct	The number of full-time equivalent psychologists employed directly by a	
CSP_CRTFCTN	PSYCH_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Psychiatric - Adult Inpatient	Indicates how psychiatric services are provided by a hospital.	CSP_GNRL_SRVC_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	PSYCH_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Psychiatric - Adult Inpatient Description	Indicates how psychiatric services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	PTNT_CNSNT_SW	VARCHAR2 (1)	N	ASC Records: Informed Patient Consent	Indicates if the medical records in an ambulatory surgical center contain informed patient	
CSP_CRTFCTN	PTNT_ID_SW	VARCHAR2 (1)	N	ASC Records: Patient Identification	Indicates if the medical records in an ambulatory surgical center contain patient identification.	
CSP_CRTFCTN	PT_2_SRVC_CD	VARCHAR2 (1)	N	Service: Physical Therapy #2	Indicates how physical therapy service is provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	PT_2_SRVC_DESC	VARCHAR2 (39)	N	Physical Therapy 2 Service Description	Indicates how physical therapy service is provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	PT_3_SRVC_CD	VARCHAR2 (1)	N	Service: Physical Therapy #3	Indicates how physical therapy service is provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	PT_3_SRVC_DESC	VARCHAR2 (39)	N	Physical Therapy 3 Service Description	Indicates how physical therapy service is provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	PT_AIDE_CNTRCT_CNT	NUMBER (7.2)	N	Physical Therapy Aide - Contract	The number of full-time equivalent physical therapy aides under contract to a facility.	
CSP_CRTFCTN	PT_AIDE_FLTM_CNT	NUMBER (7.2)	N	Physical Therapy Aide - Full-Time	The number of full-time equivalent physical therapy aides employed by a facility on a full-	
CSP_CRTFCTN	PT_AIDE_PRTM_CNT	NUMBER (7.2)	N	Physical Therapy Aide - Part-Time	The number of full-time equivalent physical therapy aides employed by a facility on a part-	
CSP_CRTFCTN	PT_ASTNT_CNTRCT_CNT	NUMBER (7.2)	N	Physical Therapy Assistant - Contract	Number of contract staff hours for physical therapy assistants.	
CSP_CRTFCTN	PT_ASTNT_FLTM_CNT	NUMBER (7.2)	N	Physical Therapy Assistant - Full-Time	Number of full-time staff hours for physical therapy assistants.	
CSP_CRTFCTN	PT_ASTNT_PRTM_CNT	NUMBER (7.2)	N	Physical Therapy Assistant - Part-Time	Number of part-time staff hours for physical therapy assistants.	
CSP_CRTFCTN	PT_OFSITE_RSDNT_SW	VARCHAR2 (1)	N	Service: Physical Therapy Off-Site to Residents	Indicates if physical therapy services are provided off-site to residents.	
CSP_CRTFCTN	PT_ONST_NRSNT_SW	VARCHAR2 (1)	N	Service: Physical Therapy On-Site to Nonresidents	Indicates if physical therapy services are provided on-site to nonresidents.	
CSP_CRTFCTN	PT_ONST_RSDNT_SW	VARCHAR2 (1)	N	Service: Physical Therapy On-Site to Residents	Indicates if physical therapy services are provided on-site to residents.	
CSP_CRTFCTN	PT_SPCH_THRPY_SRVC_CD	VARCHAR2 (1)	N	Service: Physical Therapy/Speech Pathology	Indicates if physical therapy and/or speech pathology services are provided by an outpatient	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	PT_SPCH_THRPY_SRVC_DESC	VARCHAR2 (39)	N	Physical Therapy/Speech Therapy OPT Service	Indicates if physical therapy and/or speech pathology services are provided by an outpatient	CSP_GNRL_SRVC_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
				Description		
CSP_CRTFCTN	PT_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Physical Therapy	Indicates how physical therapy services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	PT_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Physical Therapy Description	Indicates how physical therapy services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	RCNSTRCTN_SRGY_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Reconstructive Surgery	Indicates how reconstruction surgery services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	RCNSTRCTN_SRGY_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Reconstruction Surgery Description	Indicates how reconstruction surgery services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	RCRTFCTN_SRVY_TYPE_CD	VARCHAR2 (1)	N	Type of Survey - Recertification	Indicates the type of survey done for a recertification.	CSP_RSRVY_TYPE_CD
CSP_CRTFCTN	RCRTFCTN_SRVY_TYPE_DESC	VARCHAR2 (27)	N	Recertification Survey Type Description	Indicates the type of survey done for a recertification.	CSP_RSRVY_TYPE_CD
CSP_CRTFCTN	RCRTNL_THRPST_ARNGMT_CNT	NUMBER (7.2)	N	Therapist (Recreational) - Arranged	The number of full-time equivalent recreational therapists employed under arrangement by a	
CSP_CRTFCTN	RCRTNL_THRPST_EMPLEE_CNT	NUMBER (7.2)	N	Therapist (Recreational) - Direct	The number of full-time equivalent recreational therapists employed directly by a CMHC	
CSP_CRTFCTN	RDLGY_SRVC_CD	VARCHAR2 (1)	N	Service: Radiology	Indicates how radiology services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	RDLGY_SRVC_DESC	VARCHAR2 (39)	N	Radiology Service Description	Indicates how radiology services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	RDLGY_TCHNCN_CNT	NUMBER (7.2)	N	Radiology Technician Count	The count of radiology technicians.	
CSP_CRTFCTN	REC_REV_CNT	NUMBER (2.0)	N	Number of Records Reviewed	The number of records reviewed by surveyors during a hospice survey.	
CSP_CRTFCTN	REC_REV_HOME_VISIT_CNT	NUMBER (2.0)	N	Records Reviewed - Home Visits	The number of records reviewed of patients who received a home visit by the surveyor.	
CSP_CRTFCTN	REC_REV_NO_HOME_VISIT_CNT	NUMBER (2.0)	N	Records Reviewed - No Home Visits	The number of records reviewed for patients who did not receive a home visit by the	
CSP_CRTFCTN	REC_STUS_CD	VARCHAR2 (1)	N	Record Status Code	This indicator specifies the current status of the record.	CSP_REC_STUS_CD
CSP_CRTFCTN	REC_STUS_DESC	VARCHAR2 (16)	N	Record Status Description	This indicator specifies the current status of the record.	CSP_REC_STUS_CD
CSP_CRTFCTN	REG_PHRMCST_CNT	NUMBER (7.2)	N	Registered Pharmacists	The number of full-time equivalent registered pharmacists employed by a provider.	



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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	REHAB_BED_CNT	NUMBER (3.0)	N	Special Care Bed - Specialized Rehab	The number of beds in a unit identified and dedicated by the facility for residents with	
CSP_CRTFCTN	REHAB_SRVC_CD	VARCHAR2 (1)	N	Service: Rehabilitation	Indicates how rehabilitation services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	REHAB_SRVC_DESC	VARCHAR2 (39)	N	Rehabilitation Hospital Service Description	Indicates how rehabilitation services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	RES_PGM_APPR_PDTRC_SW	VARCHAR2 (1)	N	Resident Program Approve Podiatric Switch	Facility has a Podiatric resident program available.	
CSP_CRTFCTN	REUSE_CNTRLZD_OFST_IND	VARCHAR2 (1)	N	Reuse Systems Centralized/Offsite indicator- Obsolete July 2012	This field has been replaced by Deemed By List Upload Override indicator.	
CSP_CRTFCTN	REUSE_SRVC_SW	VARCHAR2 (1)	N	Reuse Services indicator	Indicates if Reuse services are provided.	
CSP_CRTFCTN	REUSE_SYS_AUTOMT_SW	VARCHAR2 (1)	N	Reuse System Automated indicator-Obsolete July 2012	This field has been deleted.	
CSP_CRTFCTN	REUSE_SYS_MNL_SW	VARCHAR2 (1)	N	Reuse System Manual indicator- Obsolete July 2012	This field has been deleted.	
CSP_CRTFCTN	REUSE_SYS_PRCTC_SW	VARCHAR2 (1)	N	Reuse System Practiced indicator-Obsolete July 2012	This field has been deleted.	
CSP_CRTFCTN	REUSE_SYS_SEMI_AUTOMT C_SW	VARCHAR2 (1)	N	Reuse System Semi-Automatic indicator-Obsolete July 2012	This field has been deleted.	
CSP_CRTFCTN	RGNL_RFRL_CNTR_SW	VARCHAR2 (1)	N	Regional Referral Center Switch	Regional referral center.	
CSP_CRTFCTN	RGN_CD	VARCHAR2 (2)	N	Region Code	Regional location of the provider.	CSP_CMS_RGN_CD
CSP_CRTFCTN	RGN_DESC	VARCHAR2 (16)	N	Region Description	Regional location of the provider.	CSP_CMS_RGN_CD
CSP_CRTFCTN	RN_24_HR_WVR_SW	VARCHAR2 (1)	N	Compliance: 24 Hour Registered Nurse	Indicates if a waiver of the 24-hour registered nurse requirement has been recommended for a	
CSP_CRTFCTN	RN_7_DAY_WVD_HR_CNT	NUMBER (3.0)	N	RN Hours Waived Per Week	Indicates the registered nurse hours waived per week.	
CSP_CRTFCTN	RN_7_DAY_WVR_DT	DATE (8)	N	Date of 7 Day RN Waiver	Indicates the date a waiver of the 7-day registered nurse requirement has been	
CSP_CRTFCTN	RN_7_DAY_WVR_SW	VARCHAR2 (1)	N	Compliance: 7 Day Registered Nurse	Indicates if a waiver of the 7-day registered nurse requirements has been recommended for a	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	RN_CNT	NUMBER (7.2)	N	Registered Nurses	The number of full-time equivalent registered professional nurses employed by a provider.	
CSP_CRTFCTN	RN_CNTRCT_CNT	NUMBER (7.2)	N	Registered Nurse - Contract	The number of full-time equivalent registered nurses under contract to a facility.	
CSP_CRTFCTN	RN_DRCTR_CNTRCT_CNT	NUMBER (7.2)	N	RN Director of Nursing - Contract	The number of full-time equivalent registered nurse directors of nursing under contract to a	
CSP_CRTFCTN	RN_DRCTR_FLTM_CNT	NUMBER (7.2)	N	RN Director of Nursing - Full-Time	The number of full-time equivalent registered nurse directors of nursing employed by a facility	
CSP_CRTFCTN	RN_DRCTR_PRTM_CNT	NUMBER (7.2)	N	RN Director of Nursing - Part-Time	The number of full-time equivalent registered nurse directors of nursing employed by a facility	
CSP_CRTFCTN	RN_FLTM_CNT	NUMBER (7.2)	N	Registered Nurse - Full-Time	The number of full-time equivalent registered nurses employed by a facility on a full-time	
CSP_CRTFCTN	RN_PRTM_CNT	NUMBER (7.2)	N	Registered Nurse - Part-Time	The number of full-time equivalent registered nurses employed by a facility on a part-time	
CSP_CRTFCTN	RN_VLNTR_CNT	NUMBER (7.2)	N	Registered Nurses - Volunteer	The number of full-time equivalent volunteer registered nurses in a hospice.	
CSP_CRTFCTN	ROOM_SIZE_WVR_SW	VARCHAR2 (1)	N	Compliance: Patient Room Size	Indicates if a waiver of patient room size has been recommended for a facility.	
CSP_CRTFCTN	RO_ANLYST_TXT	VARCHAR2 (3)	N	RO Analyst Text	Identifies the regional office analyst who reviewed the certification kit.	
CSP_CRTFCTN	RO_MDCD_RVW_CMPLT_DT	DATE (8)	N	Date of Regional Office Title 19 Final Review	The date the regional office completes its review of a Title 19 (Medicaid) certification kit.	
CSP_CRTFCTN	RO_RCPT_DT	DATE (8)	N	RO Receipt Date	Date the regional office received the certification kit from the state.	
CSP_CRTFCTN	RQSTD_HOME_HD_TS_IND	VARCHAR2 (1)	N	Requested Home Hemodialysis Training & Support Indicator	Indicates if home services of hemodialysis training & support were requested.	
CSP_CRTFCTN	RQSTD_HOME_PD_TS_IND	VARCHAR2 (1)	N	Requested Home Peritoneal Dialysis Training & Support Indicator	Indicates if home services of peritoneal dialysis training & support were requested.	
CSP_CRTFCTN	RQSTD_HOME_TRNG_SPRT_ONLY_SW	VARCHAR2 (1)	N	Requested Home Training and Support services only HD and PD indicator	Indicates if Home Training and Support services only for hemodialysis and peritoneal dialysis are	
CSP_CRTFCTN	RQSTD_INCNTR_HD_IND	VARCHAR2 (1)	N	Requested In-Center Hemodialysis Indicator	Indicates if in-center services of hemodialysis training & support were requested.	
CSP_CRTFCTN	RQSTD_INCNTR_NCTRNL_SW	VARCHAR2 (1)	N	Requested In-Center Nocturnal Hemodialysis services indicator	Indicates if In-Center Nocturnal hemodialysis services are being requested.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	RQSTD_INCNTR_PD_IND	VARCHAR2 (1)	N	Requested In-Center Peritoneal Dialysis Indicator	Indicates if in-center services of peritoneal dialysis training & support were requested.	
CSP_CRTFCTN	RQSTD_NA_SW	VARCHAR2 (1)	N	No new services requested indicator	Indicates no new services are being requested.	
CSP_CRTFCTN	RQSTD_REUSE_SW	VARCHAR2 (1)	N	Requested Reuse services indicator	Indicates if Reuse services are being requested.	
CSP_CRTFCTN	RQSTD_STNS_HMDLYS_NUM	NUMBER (3.0)	N	Requested In-center hemodialysis stations number	Number of additional In-center hemodialysis stations being requested.	
CSP_CRTFCTN	RQSTD_STNS_NCTRNL_HMDLYS_NUM	NUMBER (3.0)	N	Requested In-center Nocturnal hemodialysis stations number	Number of additional In-center Nocturnal hemodialysis stations being requested.	
CSP_CRTFCTN	RQSTD_STNS_NONE_SW	VARCHAR2 (1)	N	No additional stations requested indicator	Indicates no additional stations are being requested.	
CSP_CRTFCTN	RQSTD_STNS_PRTNL_DLYS_NUM	NUMBER (3.0)	N	Requested stations peritoneal dialysis number	Number of additional In-center peritoneal dialysis stations being requested.	
CSP_CRTFCTN	RSCND_SUSPNSN_DT	DATE (8)	N	Rescind Suspension Date	Date that the suspension of payments for new admissions to a long term care (LTC) facility is	
CSP_CRTFCTN	RSCND_SUSPNSN_PRIOR_DT	DATE (8)	N	Prior Rescind Suspension Date	The effective date of a previous suspension of admissions to a long term care (LTC) facility.	
CSP_CRTFCTN	RSDNT_FAC_HOSPC_PTNT_CNT	NUMBER (3.0)	N	Patients in Residential Facilities	The number of hospice patients in a residential facility who receive routine home care.	
CSP_CRTFCTN	RSDNT_PGM_ADA_APRVD_SW	VARCHAR2 (1)	N	Resident Program Approved by ADA	Indicates if the resident program at a hospital is approved by the American Dental Association	
CSP_CRTFCTN	RSDNT_PGM_AMA_APRVD_SW	VARCHAR2 (1)	N	Resident Program Approved by AMA	Indicates if the resident program at a hospital is approved by the American Medical Association	
CSP_CRTFCTN	RSDNT_PGM_AOA_APRVD_SW	VARCHAR2 (1)	N	Resident Program Approved by AOA	Indicates if the resident program at a hospital is approved by the American Osteopathic	
CSP_CRTFCTN	RSDNT_PGM_OTHR_APRVD_SW	VARCHAR2 (1)	N	Resident Program Approved by Other	Indicates if the resident program at a hospital is approved by other professional organizations.	
CSP_CRTFCTN	RSDNT_PHYSN_CNT	NUMBER (7.2)	N	Physicians (Residents)	The number of full-time equivalent residents (physicians) employed by a hospital.	
CSP_CRTFCTN	RSPRTRY_CARE_2_SRVC_CD	VARCHAR2 (1)	N	Service: Respiratory Care #2	Indicates how respiratory care service is provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	RSPRTRY_CARE_2_SRVC_DESCRIPTION	VARCHAR2 (39)	N	Respiratory Care 2 Service Description	Indicates how respiratory care service is provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	RSPRTRY_CARE_3_SRVC_CD	VARCHAR2 (1)	N	Service: Respiratory Care #3	Indicates how respiratory care service is provided.	CSP_GNRL_SRVC_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	RSPRTRY_CARE_3_SRVC_DE SC	VARCHAR2 (39)	N	Respiratory Care 3 Service Description	Indicates how respiratory care service is provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	RSPRTRY_CARE_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Respiratory Care	Indicates how respiratory care services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	RSPRTRY_CARE_SRVC_DES C	VARCHAR2 (44)	N	Services Provided: Respiratory Care Description	Indicates how respiratory care services are provided.	CSP_GNRL_FAC_TYPE_CD
CSP_CRTFCTN	RTRN_TO_AO_DT	DATE (8)	N	Date provider returned to AO	Following state monitoring, the date the provider was returned to the responsibility of the	
CSP_CRTFCTN	SBUNIT_CNT	NUMBER (3.0)	N	Subunits	The number of subunits operated by the agency.	
CSP_CRTFCTN	SBUNIT_OPRTN_SW	VARCHAR2 (1)	N	Subunit Operation Switch	Indicates if the agency operates any subunits.	
CSP_CRTFCTN	SBUNIT_SW	VARCHAR2 (1)	N	Subunit Switch	Indicates if the agency is a subunit of another agency.	
CSP_CRTFCTN	SB_SIZE_CD	VARCHAR2 (1)	N	Swing Bed Size Code	Indicates the size of a hospital providing swing bed services (beds can be used for either hospital	CSP_SB_SIZE_CD
CSP_CRTFCTN	SB_SIZE_DESC	VARCHAR2 (16)	N	Swing Bed Size Description	Indicates the size of a hospital providing swing bed services (beds can be used for either hospital	CSP_SB_SIZE_CD
CSP_CRTFCTN	SB_SW	VARCHAR2 (1)	N	Swing Bed Switch	Indicates if a hospital provides swing bed services - beds can be used for either hospital or	
CSP_CRTFCTN	SCL_2_SRVC_CD	VARCHAR2 (1)	N	Service: Social #2	Indicates how social service is provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	SCL_2_SRVC_DESC	VARCHAR2 (39)	N	Social 2 Service Description	Indicates how social service is provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	SCL_3_SRVC_CD	VARCHAR2 (1)	N	Service: Social #3	Indicates how social service is provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	SCL_3_SRVC_DESC	VARCHAR2 (39)	N	Social 3 Service Description	Indicates how social service is provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	SCL_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Social	Indicates how social services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	SCL_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Social Description	Indicates how social services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	SCL_SRVC_OTHR_OFSITE_R SDNT_SW	VARCHAR2 (1)	N	Service: Other Off-Site to Residents	Field 3 - indicates services provided by other social services staff off-site to residents.	
CSP_CRTFCTN	SCL_SRVC_OTHR_ONST_NR SDNT_SW	VARCHAR2 (1)	N	Service: Other On-Site to Nonresidents	Indicates if other social services are provided on-site to nonresidents.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	SCL_SRVC_OTHR_ONST_RS DNT_SW	VARCHAR2 (1)	N	Service: Other On-Site to Residents	Field 1 - indicates services provided by social service staff on-site to residents.	
CSP_CRTFCTN	SCL_SRVC_OTHR_STF_CNTR CT_CNT	NUMBER (7,2)	N	Other Social Service Staff - Contract	Number of contract staff hours provided by other social services staff.	
CSP_CRTFCTN	SCL_SRVC_OTHR_STF_FLTM _CNT	NUMBER (7,2)	N	Other Social Service Staff - Full-Time	Number of full-time staff hours provided by other social services staff.	
CSP_CRTFCTN	SCL_SRVC_OTHR_STF_PRTM _CNT	NUMBER (7,2)	N	Other Social Service Staff - Part-Time	Number of part-time staff hours provided by other social services staff.	
CSP_CRTFCTN	SCL_WORKR_BS_ARNGMT_ CNT	NUMBER (7,2)	N	Social Worker (BS) - Arrangement	The number of full-time equivalent social workers (BS) employed under arrangement by a	
CSP_CRTFCTN	SCL_WORKR_BS_EMPLEE_C NT	NUMBER (7,2)	N	Social Worker (BS) - Direct	The number of full-time equivalent social workers (BS) employed directly by a CMHC	
CSP_CRTFCTN	SCL_WORKR_CNT	NUMBER (7,2)	N	Social Workers	The number of full-time equivalent social workers employed by the agency.	
CSP_CRTFCTN	SCL_WORKR_CNTRCT_CNT	NUMBER (7,2)	N	Social Worker - Contract	The number of full-time equivalent social workers under contract to a facility.	
CSP_CRTFCTN	SCL_WORKR_FLTM_CNT	NUMBER (7,2)	N	Social Worker - Full-Time	The number of full-time equivalent social workers employed by a facility on a full-time	
CSP_CRTFCTN	SCL_WORKR_MS_ARNGMT_ CNT	NUMBER (7,2)	N	Social Worker (MS) - Arrangement	The number of full-time equivalent social workers (MS) employed under arrangement by a	
CSP_CRTFCTN	SCL_WORKR_MS_EMPLEE_C NT	NUMBER (7,2)	N	Social Worker (MS) - Direct	The number of full-time equivalent social workers (MS) employed directly by a CMHC	
CSP_CRTFCTN	SCL_WORKR_PRTM_CNT	NUMBER (7,2)	N	Social Worker - Part-Time	The number of full-time equivalent social workers employed by a facility on a part time	
CSP_CRTFCTN	SCL_WORK_SRVC_OFSITE_R SDNT_SW	VARCHAR2 (1)	N	Service: Social Work Off-Site to Residents	Indicates if social work services are provided off-site to residents.	
CSP_CRTFCTN	SCL_WORK_SRVC_ONST_NR SDNT_SW	VARCHAR2 (1)	N	Service: Social Work On-Site to Nonresidents	Indicates if social work services are provided on-site to nonresidents.	
CSP_CRTFCTN	SCL_WORK_SRVC_ONST_RS DNT_SW	VARCHAR2 (1)	N	Service: Social Work On-Site to Residents	Indicates if social work services are provided on-site to residents.	
CSP_CRTFCTN	SCOPE_OF_SRVC_WVR_SW	VARCHAR2 (1)	N	Compliance: Scope of Service	Indicates if a waiver of the scope of services requirement has been recommended for a	
CSP_CRTFCTN	SELF_CARE_UNIT_SRVC_CD	VARCHAR2 (1)	N	Service: Self Care Unit	Indicates how self care unit services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	SELF_CARE_UNIT_SRVC_DE SC	VARCHAR2 (39)	N	Self Care Unit Hospital Service Description	Indicates how self care unit services are provided by a hospital.	CSP_GNRL_SRVC_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	SENT_STATE_2802_SW	VARCHAR2 (1)	N	2802 Authorized by RO and sent to state indicator	Indicates if a validation survey was authorized by the Regional Office and sent to the state via	
CSP_CRTFCTN	SHCK_TRMA_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Trauma Center (Designated)	Indicates how shock trauma services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	SHCK_TRMA_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Trauma Center (Designated) Description	Indicates how shock trauma services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	SHIFT_1_FRI_PTNT_CNT	NUMBER (3.0)	N	Number of Patients Friday 1st Shift	Number of patients Friday, first shift.	
CSP_CRTFCTN	SHIFT_1_MON_PTNT_CNT	NUMBER (3.0)	N	Number of Patients Monday 1st Shift	Number of patients Monday, first shift.	
CSP_CRTFCTN	SHIFT_1_SAT_PTNT_CNT	NUMBER (3.0)	N	Number of Patients Saturday 1st Shift	Number of patients Saturday, first shift.	
CSP_CRTFCTN	SHIFT_1_SUN_PTNT_CNT	NUMBER (3.0)	N	Number of Patients Sunday 1st Shift	Number of patients Sunday, first shift.	
CSP_CRTFCTN	SHIFT_1_THU_PTNT_CNT	NUMBER (3.0)	N	Number of Patients Thursday 1st Shift	Number of patients Thursday, first shift.	
CSP_CRTFCTN	SHIFT_1_TUE_PTNT_CNT	NUMBER (3.0)	N	Number of Patients Tuesday 1st Shift	Number of patients Tuesday, first shift.	
CSP_CRTFCTN	SHIFT_1_WED_PTNT_CNT	NUMBER (3.0)	N	Number of Patients Wednesday 1st Shift	Number of patients Wednesday, first shift.	
CSP_CRTFCTN	SHIFT_2_FRI_PTNT_CNT	NUMBER (3.0)	N	Number of Patients Friday 2nd Shift	Number of patients Friday, second shift.	
CSP_CRTFCTN	SHIFT_2_MON_PTNT_CNT	NUMBER (3.0)	N	Number of Patients Monday 2nd Shift	Number of patients Monday, second shift.	
CSP_CRTFCTN	SHIFT_2_SAT_PTNT_CNT	NUMBER (3.0)	N	Number of Patients Saturday 2nd Shift	Number of patients Saturday, second shift.	
CSP_CRTFCTN	SHIFT_2_SUN_PTNT_CNT	NUMBER (3.0)	N	Number of Patients Sunday 2nd Shift	Number of patients Sunday, second shift.	
CSP_CRTFCTN	SHIFT_2_THU_PTNT_CNT	NUMBER (3.0)	N	Number of Patients Thursday 2nd Shift	Number of patients Thursday, second shift.	
CSP_CRTFCTN	SHIFT_2_TUE_PTNT_CNT	NUMBER (3.0)	N	Number of Patients Tuesday 2nd Shift	Number of patients Tuesday, second shift.	
CSP_CRTFCTN	SHIFT_2_WED_PTNT_CNT	NUMBER (3.0)	N	Number of Patients Wednesday 2nd Shift	Number of patients Wednesday, second shift.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	SHIFT_3_FRI_PTNT_CNT	NUMBER (3.0)	N	Number of Patients Friday 3rd Shift	Number of patients Friday, third shift.	
CSP_CRTFCTN	SHIFT_3_MON_PTNT_CNT	NUMBER (3.0)	N	Number of Patients Monday 3rd Shift	Number of patients Monday, third shift.	
CSP_CRTFCTN	SHIFT_3_SAT_PTNT_CNT	NUMBER (3.0)	N	Number of Patients Saturday 3rd Shift	Number of patients Saturday, third shift.	
CSP_CRTFCTN	SHIFT_3_SUN_PTNT_CNT	NUMBER (3.0)	N	Number of Patients Sunday 3rd Shift	Number of patients Sunday, third shift.	
CSP_CRTFCTN	SHIFT_3_THU_PTNT_CNT	NUMBER (3.0)	N	Number of Patients Thursday 3rd Shift	Number of patients Thursday, third shift.	
CSP_CRTFCTN	SHIFT_3_TUE_PTNT_CNT	NUMBER (3.0)	N	Number of Patients Tuesday 3rd Shift	Number of patients Tuesday, third shift.	
CSP_CRTFCTN	SHIFT_3_WED_PTNT_CNT	NUMBER (3.0)	N	Number of Patients Wednesday 3rd Shift	Number of patients Wednesday, third shift.	
CSP_CRTFCTN	SHIFT_4_FRI_PTNT_CNT	NUMBER (3.0)	N	Number of Patients Friday 4th Shift	Number of patients Friday, fourth shift.	
CSP_CRTFCTN	SHIFT_4_MON_PTNT_CNT	NUMBER (3.0)	N	Number of Patients Monday 4th Shift	Number of patients Monday, fourth shift.	
CSP_CRTFCTN	SHIFT_4_SAT_PTNT_CNT	NUMBER (3.0)	N	Number of Patients Saturday 4th Shift	Number of patients Saturday, fourth shift.	
CSP_CRTFCTN	SHIFT_4_SUN_PTNT_CNT	NUMBER (3.0)	N	Number of Patients Sunday 4th Shift	Number of patients Sunday, fourth shift.	
CSP_CRTFCTN	SHIFT_4_THU_PTNT_CNT	NUMBER (3.0)	N	Number of Patients Thursday 4th Shift	Number of patients Thursday, fourth shift.	
CSP_CRTFCTN	SHIFT_4_TUE_PTNT_CNT	NUMBER (3.0)	N	Number of Patients Tuesday 4th Shift	Number of patients Tuesday, fourth shift.	
CSP_CRTFCTN	SHIFT_4_WED_PTNT_CNT	NUMBER (3.0)	N	Number of Patients Wednesday 4th Shift	Number of patients Wednesday, fourth shift.	
CSP_CRTFCTN	SHRT_TERM_IP_SRVC_CD	VARCHAR2 (1)	N	Service: Short Term Inpatient	Indicates how short term inpatient care services are provided by a hospice.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	SHRT_TERM_IP_SRVC_DESC	VARCHAR2 (39)	N	Short Term Inpatient Care Hospice Service Description	Indicates how short term inpatient care services are provided by a hospice.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	SHR_LAB_SW	VARCHAR2 (1)	N	Shared Lab Switch	Shared lab indicator.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	SMPL_SRVY_KIT_RVW_SW	VARCHAR2 (1)	N	Regional Office Sample Survey Kit Review Flag	Regional office sample review code. Used to determine whether a survey kit should be	
CSP_CRTFCTN	SNF_BASE_SW	VARCHAR2 (1)	N	SNF Based Switch	SNF (Skilled Nursing Facility) based indicator.	
CSP_CRTFCTN	SNF_HOME_CARE_SW	VARCHAR2 (1)	N	Home Care - SNF	Indicates if the hospice provides routine home care in a skilled nursing facility.	
CSP_CRTFCTN	SOLE_CMNTY_HOSP_SW	VARCHAR2 (1)	N	Sole Community Hospital Switch	Sole community hospital.	
CSP_CRTFCTN	SPCH_PTHLGST_ARNGMT_CNT	NUMBER (7.2)	N	Speech Pathologists - Arrangement	The number of full-time equivalent speech pathologists employed by arrangement in an	
CSP_CRTFCTN	SPCH_PTHLGST_AUDLGST_CNT	NUMBER (7.2)	N	Speech Pathologist or Audiologist	The number of full-time equivalent speech pathologists or audiologists employed by a	
CSP_CRTFCTN	SPCH_PTHLGST_CNT	NUMBER (7.2)	N	Speech Pathologists - Total	The total number of full-time equivalent speech pathologists on staff and by arrangement in an	
CSP_CRTFCTN	SPCH_PTHLGST_CNTRCT_CNT	NUMBER (7.2)	N	Speech Pathologist - Contract	The number of full-time equivalent speech pathologists under contract to a facility.	
CSP_CRTFCTN	SPCH_PTHLGST_FLTM_CNT	NUMBER (7.2)	N	Speech Pathologist - Full-Time	The number of full-time equivalent speech pathologists employed by a facility on a full-	
CSP_CRTFCTN	SPCH_PTHLGST_PRTM_CNT	NUMBER (7.2)	N	Speech Pathologist - Part-Time	The number of full-time equivalent speech pathologists employed by a facility on a part-	
CSP_CRTFCTN	SPCH_PTHLGY_2_SRVC_CD	VARCHAR2 (1)	N	Service: Speech Pathology #2	Indicates how speech pathology service is provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	SPCH_PTHLGY_2_SRVC_DESC	VARCHAR2 (39)	N	Speech Pathology 2 Service Description	Indicates how speech pathology service is provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	SPCH_PTHLGY_3_SRVC_CD	VARCHAR2 (1)	N	Service: Speech Pathology #3	Indicates how speech pathology service is provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	SPCH_PTHLGY_3_SRVC_DESC	VARCHAR2 (39)	N	Speech Pathology 3 Service Description	Indicates how speech pathology service is provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	SPCH_PTHLGY_OFSITE_RSDNT_SW	VARCHAR2 (1)	N	Service: Speech Pathology Off-Site to Residents	Indicates if speech/language pathology services are provided offsite to residents.	
CSP_CRTFCTN	SPCH_PTHLGY_ONST_NRSNT_SW	VARCHAR2 (1)	N	Service: Speech Pathology On-Site to Nonresidents	Indicates if speech/language pathology services are provided on-site to nonresidents.	
CSP_CRTFCTN	SPCH_PTHLGY_ONST_RSDNT_SW	VARCHAR2 (1)	N	Service: Speech Pathology On-Site to Residents	Indicates if speech/language pathology services are provided on-site to residents.	
CSP_CRTFCTN	SPCH_PTHLGY_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Speech Pathology	Indicates how speech pathology services are provided.	CSP_GNRL_SRVC_CD



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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	SPCH_PTHLGY_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Speech Pathology Description	Indicates how speech pathology services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	SPCH_THRPY_SRVC_CD	VARCHAR2 (1)	N	Service: Speech Therapy	Indicates how speech therapy services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	SPCH_THRPY_SRVC_DESC	VARCHAR2 (39)	N	Speech Therapy HHA Service Description	Indicates how speech therapy services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	SPCL_FCS_FAC_SW	VARCHAR2 (1)	N	Special Focus Facility	Indicates if this facility is a special focus facility.	
CSP_CRTFCTN	SPCL_RO_DT	DATE (8)	N	RO Date	Used by the regional office.	
CSP_CRTFCTN	SPCL_RO_TXT	VARCHAR2 (30)	N	RO Text	Used by the regional office.	
CSP_CRTFCTN	SPCL_SA_DT	DATE (8)	N	SA Date	Used by the state agency.	
CSP_CRTFCTN	SPCL_SA_TXT	VARCHAR2 (30)	N	SA Text	Used by the state agency.	
CSP_CRTFCTN	SP_HOME_TRNG_SPRT_HD_SW	VARCHAR2 (1)	N	Service Provided Home Training & Support Hemodialysis Switch	Indicates the facility provides home training and support for hemodialysis.	
CSP_CRTFCTN	SP_HOME_TRNG_SPRT_PD_SW	VARCHAR2 (1)	N	Service Provided Home Training & Support Peritoneal Dialysis Switch	Indicates the facility provides home training and support for peritoneal dialysis.	
CSP_CRTFCTN	SRGCL_ICU_SRVC_CD	VARCHAR2 (1)	N	Services Provided: ICU Surgical	Indicates how surgical ICU services are provided in a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	SRGCL_ICU_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Surgical ICU Description	Indicates how surgical ICU services are provided in a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	SRTY_BOND_CD	VARCHAR2 (1)	N	Surety Bond Indicator	Surety bond indicator. Valid values are 'N' or 'Y' or 'W'.	CSP_SRTY_BOND_CD
CSP_CRTFCTN	SRTY_BOND_DESC	VARCHAR2 (6)	N	Surety Bond Description	Surety bond indicator. Valid values are 'N' or 'Y' or 'W'.	CSP_SRTY_BOND_CD
CSP_CRTFCTN	SRVYR_HOME_VISIT_CNT	NUMBER (2.0)	N	Home Visits - Total	The total number of home visits by the surveyors.	
CSP_CRTFCTN	SRVYR_REV_REC_CNT	NUMBER (3.0)	N	Records Reviewed - Total	The total number of records reviewed by the surveyors.	
CSP_CRTFCTN	SRVYR_SGN_DT	DATE (8)	N	Surveyor Signature Date	Date a surveyor signs and dates the transmittal form after ensuring that certification documents	
CSP_CRTFCTN	SRVYR_SMRY_CD	VARCHAR2 (1)	N	Surveyor Summary	Indicates the surveyors' determination of the appropriate action to be taken following a	CSP_SRVYR_SMRY_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	SRVYR_SMRY_DESC	VARCHAR2 (37)	N	Surveyor Summary Description	Indicates the surveyors' determination of the appropriate action to be taken following a	CSP_SRVYR_SMRY_CD
CSP_CRTFCTN	SRVY_ADD_DT	DATE (8)	N	Certification Record Add Date	Date a certification record is accepted into ASPEN.	
CSP_CRTFCTN	SRVY_ADD_LCTN_CD	VARCHAR2 (20)	N	Survey Add Location Code	The location the last survey kit was entered.	CSP_CMS_LCTN_CD
CSP_CRTFCTN	SRVY_ADD_SPCLTY_STUS_SW	VARCHAR2 (1)	N	Survey Type: Add Specialties Indicator	Indicates if one of the visits of this certification kit was performed due to the addition of	
CSP_CRTFCTN	SRVY_AGENCY_RVW_DT	DATE (8)	N	Survey Agency Review Date	Date the authorized representative of the state survey agency reviewed the certification	
CSP_CRTFCTN	SRVY_BGN_DT	DATE (8)	N	Survey Beginning Date	The beginning date of a survey for a specific facility.	
CSP_CRTFCTN	SRVY_CD	VARCHAR2 (1)	N	Survey Code	Type of survey. Values are 1: fundamental, 2: fundamental to extended, 3: extended to full, 4:	CSP_HLTH_SRVY_CD
CSP_CRTFCTN	SRVY_DESC	VARCHAR2 (23)	N	Survey Description	Type of survey. Values are 1: fundamental, 2: fundamental to extended, 3: extended to full, 4:	CSP_HLTH_SRVY_CD
CSP_CRTFCTN	SRVY_END_DT	DATE (8)	N	Survey Ending Date	The ending date of a survey for a specific facility.	
CSP_CRTFCTN	SRVY_EVER_ACRDTD_SW	VARCHAR2 (1)	N	Current Survey Ever Accredited	Indicates if this provider was an accredited hospital anytime during the current survey.	
CSP_CRTFCTN	SRVY_EVER_NACRDTD_SW	VARCHAR2 (1)	N	Current Survey Ever Non-Accredited	Indicates if this provider was a non-accredited hospital anytime during the current survey.	
CSP_CRTFCTN	SRVY_EVER_SB_SW	VARCHAR2 (1)	N	Current Survey Ever Swing Bed	Indicates if this provider was a swing bed hospital anytime during the current survey.	
CSP_CRTFCTN	SRVY_OTHR_STUS_SW	VARCHAR2 (1)	N	Survey Type: Other Indicator	Indicates if one of the visits of this certification kit was performed due to reasons other than	
CSP_CRTFCTN	SRVY_PRPSE_CD	VARCHAR2 (1)	N	Type of Action Code	Identifies the reason for the certification. Type of action from the official survey record, CMS	CSP_SRVY_PRPSE_CD
CSP_CRTFCTN	SRVY_PRPSE_DESC	VARCHAR2 (45)	N	Type of Action Description	Type of action on the 'official' survey record. This field is copied from type of action on the	CSP_SRVY_PRPSE_CD
CSP_CRTFCTN	SRVY_PRTCL_BASIC_SW	VARCHAR2 (1)	N	Survey Protocol Basic Switch	Indicates 'basic' survey protocol.	
CSP_CRTFCTN	SRVY_PRTCL_CMBNTN_SW	VARCHAR2 (1)	N	Survey Protocol Combination Switch	Indicates 'combination' survey protocol.	
CSP_CRTFCTN	SRVY_PRTCL_INITL_SW	VARCHAR2 (1)	N	Survey Protocol Initial Switch	Indicates 'initial' survey protocol.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	SRVY_PRTCL_SPLMTL_SW	VARCHAR2 (1)	N	Survey Protocol Supplemental Switch	Indicates 'supplemental' survey protocol.	
CSP_CRTFCTN	SRVY_STATE_EXEMP_STUS_SW	VARCHAR2 (1)	N	Survey Type: State Exempt Indicator	Indicates if this survey was performed for purposes of state exemption.	
CSP_CRTFCTN	SRVY_TYPE_CHOW_SW	VARCHAR2 (1)	N	Survey Type CHOW indicator	Indicates Change of Ownership survey performed.	
CSP_CRTFCTN	SRVY_TYPE_CMPLNT_SW	VARCHAR2 (1)	N	Survey Type Complaint Indicator	Indicates Complaint survey was performed.	
CSP_CRTFCTN	SRVY_TYPE_EXPNSN_SW	VARCHAR2 (1)	N	Survey Type Expansion indicator	Indicates Expansion survey performed.	
CSP_CRTFCTN	SRVY_TYPE_INITL_SW	VARCHAR2 (1)	N	Survey Type Initial Indicator	Indicates Initial survey was performed.	
CSP_CRTFCTN	SRVY_TYPE_OTHR_SW	VARCHAR2 (1)	N	Survey Type Other Switch	Indicates the survey type is 'other'.	
CSP_CRTFCTN	SRVY_TYPE_RCRTFCTN_SW	VARCHAR2 (1)	N	Survey Type Recertification Indicator	Indicates Recertification survey was performed.	
CSP_CRTFCTN	SRVY_TYPE_RELOC_SW	VARCHAR2 (1)	N	Survey Type Relocation indicator	Indicates Relocation survey performed.	
CSP_CRTFCTN	SRVY_TYPE_RVISIT_SW	VARCHAR2 (1)	N	Survey Type Revisit indicator	Indicates Revisit survey performed.	
CSP_CRTFCTN	SSA_STATE_CD	VARCHAR2 (2)	N	SSA State Code	Social Security Administration geographic code indicating the state where the provider is	CSP_SSA_STATE_CD
CSP_CRTFCTN	SSA_STATE_DESC	VARCHAR2 (25)	N	SSA State Description	Social Security Administration geographic code indicating the state where the provider is	CSP_SSA_STATE_CD
CSP_CRTFCTN	STATE_CD	VARCHAR2 (2)	N	State Abbreviation	Two-character state abbreviation.	CSP_STATE_CD
CSP_CRTFCTN	STATE_DESC	VARCHAR2 (20)	N	State Description	Two-character state abbreviation.	CSP_STATE_CD
CSP_CRTFCTN	STATE_LCNDS_BEDS_NUM	NUMBER (4,0)	N	State Licensed Bed Number	Number of state licensed beds at the facility.	
CSP_CRTFCTN	STATE_LCNS_NUM	VARCHAR2 (12)	N	State License Number	License number issued to a lab by the state.	
CSP_CRTFCTN	STATE_MNTRG_CMPLNC_DT	DATE (8)	N	State Survey Jurisdiction Compliance date	During State Survey Jurisdiction, date provider came back into compliance.	
CSP_CRTFCTN	STATE_MNTRG_EFCTV_DT	DATE (8)	N	State Survey Jurisdiction Effective Date	Date the provider came under State Survey Jurisdiction due to conditions of participation	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	STATE_RPRSNTV_NAME	VARCHAR2 (80)	N	State Representative name	Name of primary state point of contact for the validation process.	
CSP_CRTFCTN	STF_BED_CNT	NUMBER (4.0)	N	Staff Bed Count	Number of staffed beds.	
CSP_CRTFCTN	STF_OTHR_ARNGMT_CNT	NUMBER (7.2)	N	Other - Arrangement	The number of full-time equivalent staff not included in any other categories employed under	
CSP_CRTFCTN	STF_OTHR_CNTRCT_CNT	NUMBER (7.2)	N	Other - Contract	The number of full-time equivalent staff not included in any other categories under contract	
CSP_CRTFCTN	STF_OTHR_EMPLEE_CNT	NUMBER (7.2)	N	Other - Direct	The number of full-time equivalent staff not included in any other categories employed	
CSP_CRTFCTN	STF_OTHR_FLTM_CNT	NUMBER (7.2)	N	Other - Full-Time	The number of full-time equivalent persons not included in any other categories employed by	
CSP_CRTFCTN	STF_OTHR_PRTM_CNT	NUMBER (7.2)	N	Other - Part-Time	The number of full-time equivalent persons not included in any other categories employed by	
CSP_CRTFCTN	STF_SPRT_NH_DLYS_IND	VARCHAR2 (1)	N	Staff Support Nursing Home Dialysis Indicator	Indicates if facility staff provides and/or support dialysis in nursing home.	
CSP_CRTFCTN	STGRD_SRVY_CD	VARCHAR2 (1)	N	Staggered Survey Code	Type of staggered survey: morning, evening, weekend or blank.	CSP_STGRD_SRVY_CD
CSP_CRTFCTN	STGRD_SRVY_DAY_NAME	VARCHAR2 (3)	N	Staggered Survey Day Name	Staggered surveys day of the week code used for surveys on or after 01/01/2002.	
CSP_CRTFCTN	STGRD_SRVY_DESC	VARCHAR2 (7)	N	Staggered Survey Description	Type of staggered survey: morning, evening, weekend or blank.	CSP_STGRD_SRVY_CD
CSP_CRTFCTN	STGRD_SRVY_TIME	VARCHAR2 (5)	N	Staggered Survey Time	Staggered time in hours and minutes used for surveys on or after 01/01/2002.	
CSP_CRTFCTN	STGRD_SRVY_TIME_CD	VARCHAR2 (1)	N	Staggered Survey Time Code	Staggered AM or PM code used for surveys on or after 01/01/2002.	CSP_STGRD_SRVY_TIME_CD
CSP_CRTFCTN	STNS_HMDLYS_TRN_SW	VARCHAR2 (1)	N	Onsite home training rooms indicator	Indicates if Onsite home training rooms are provided.	
CSP_CRTFCTN	STRT_2802_PROC_SW	VARCHAR2 (1)	N	2802 authorization process started indicator	Indicates if the CMS 2802 validation authorization process has been started by the	
CSP_CRTFCTN	SUCTN_EQUIP_SW	VARCHAR2 (1)	N	ASC Equipment: Suction	Indicates if an ambulatory surgical center provides suction equipment.	
CSP_CRTFCTN	SYS_IMPRVMT_AGRMT_DT	DATE (8)	N	System Improvement Agreement Date	Date of the System Improvement Agreement.	
CSP_CRTFCTN	TCHNCL_CNSLTNT_B_1_CNT	NUMBER (3.0)	N	Staff Count: Technical Consultant - Moderate (B)(1)	Number of technical consultants in the lab qualified under 493.1411(A) and (B)(1) to	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	TCHNCL_CNLSLTNT_B_2_CNT	NUMBER (3.0)	N	Staff Count: Technical Consultant - Moderate (B)(2)	Number of technical consultants in the lab qualified under 493.1411(A) and (B)(2) to	
CSP_CRTFCTN	TCHNCL_CNLSLTNT_B_3_CNT	NUMBER (3.0)	N	Staff Count: Technical Consultant - Moderate (B)(3)	Number of technical consultants in the lab qualified under 493.1411(A) and (B)(3) to	
CSP_CRTFCTN	TCHNCL_CNLSLTNT_B_4_CNT	NUMBER (3.0)	N	Staff Count: Technical Consultant - Moderate (B)(4)	Number of technical consultants in the lab qualified under 493.1411(A) and (B)(4) to	
CSP_CRTFCTN	TCHNCL_PRSNEL_WVR_SW	VARCHAR2 (1)	N	Compliance: Technical Personnel Waiver	Indicates if a waiver of the technical personnel requirement has been recommended for a	
CSP_CRTFCTN	TCHNCL_SPRVSR_B_CNT	NUMBER (3.0)	N	Staff Count: Technical Supervisor - (B)	Number of technical supervisors in the lab qualified under 493.1449(A) and (B) to provide	
CSP_CRTFCTN	TCHNCL_SPRVSR_C_CNT	NUMBER (3.0)	N	Staff Count: Technical Supervisor - (C)	Number of technical supervisors in the lab qualified under 493.1449(A) and (C) to provide	
CSP_CRTFCTN	TCHNCL_SPRVSR_D_CNT	NUMBER (3.0)	N	Staff Count: Technical Supervisor - (D)	Number of technical supervisors in the lab qualified under 493.1449(A) and (D) to provide	
CSP_CRTFCTN	TCHNCL_SPRVSR_E_CNT	NUMBER (3.0)	N	Staff Count: Technical Supervisor - (E)	Number of technical supervisors in the lab qualified under 493.1449(A) and (E) to provide	
CSP_CRTFCTN	TCHNCL_SPRVSR_F_CNT	NUMBER (3.0)	N	Staff Count: Technical Supervisor - (F)	Number of technical supervisors in the lab qualified under 493.1449(A) and (F) to provide	
CSP_CRTFCTN	TCHNCL_SPRVSR_G_CNT	NUMBER (3.0)	N	Staff Count: Technical Supervisor - (G)	Number of technical supervisors in the lab qualified under 493.1449(A) and (G) to provide	
CSP_CRTFCTN	TCHNCL_SPRVSR_H_CNT	NUMBER (3.0)	N	Staff Count: Technical Supervisor - (H)	Number of technical supervisors in the lab qualified under 493.1449(A) and (H) to provide	
CSP_CRTFCTN	TCHNCL_SPRVSR_I_CNT	NUMBER (3.0)	N	Staff Count: Technical Supervisor - (I)	Number of technical supervisors in the lab qualified under 493.1449(A) and (I) to provide	
CSP_CRTFCTN	TCHNCL_SPRVSR_J_CNT	NUMBER (3.0)	N	Staff Count: Technical Supervisor - (J)	Number of technical supervisors in the lab qualified under 493.1449(A) and (J) to provide	
CSP_CRTFCTN	TCHNCL_SPRVSR_K_1_CNT	NUMBER (3.0)	N	Staff Count: Technical Supervisor - (K) (1)	Number of technical supervisors in the lab qualified under 1449 (A) and (K)(1) to provide	
CSP_CRTFCTN	TCHNCL_SPRVSR_K_2_CNT	NUMBER (3.0)	N	Staff Count: Technical Supervisor - (K) (2)	Number of technical supervisors in the lab qualified under 493.1449 (A) and (K)(2) to	
CSP_CRTFCTN	TCHNCL_SPRVSR_L_CNT	NUMBER (3.0)	N	Staff Count: Technical Supervisor - (L)	Number of technical supervisors in the lab qualified under 493.1449(A) and (L) to provide	
CSP_CRTFCTN	TCHNCL_SPRVSR_M_CNT	NUMBER (3.0)	N	Staff Count: Technical Supervisor - (M)	Number of technical supervisors in the lab qualified under 493.1449(A) and (M) to provide	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	TCHNCL_SPRVSR_N_CNT	NUMBER (3.0)	N	Staff Count: Technical Supervisor - (N)	Number of technical supervisors in the lab qualified under 493.1449(A) and (N) to provide	
CSP_CRTFCTN	TCHNCL_SPRVSR_O_CNT	NUMBER (3.0)	N	Staff Count: Technical Supervisor - (O)	Number of technical supervisors in the lab qualified under 493.1449(A) and (O) to provide	
CSP_CRTFCTN	TCHNCL_SPRVSR_P_CNT	NUMBER (3.0)	N	Staff Count: Technical Supervisor - (P)	Number of technical supervisors in the lab qualified under 493.1449(A) and (P) to provide	
CSP_CRTFCTN	TCHNCL_SPRVSR_Q_CNT	NUMBER (3.0)	N	Staff Count: Technical Supervisor - (Q)	Number of technical supervisors in the lab qualified under 493.1449(A) and (Q) to provide	
CSP_CRTFCTN	TCHNCL_STF_NUM	NUMBER (7.2)	N	Technical Staff count	Count of Technical Staff (water, machine) for an End Stage Renal Disease facility, in full-time	
CSP_CRTFCTN	TCHNCN_CNT	NUMBER (7.2)	N	Number of Technicians	Number of technicians.	
CSP_CRTFCTN	TCHNLGST_2_YR_RDLGC_CNT	NUMBER (7.2)	N	Technologists - 2 Year Radiology	The number of full-time equivalent technologists employed by a portable x-ray	
CSP_CRTFCTN	TCHNLGST_ASCT_DGR_CNT	NUMBER (7.2)	N	Technologists - Associate Degree	The number of technologists with associate degrees in radiologic technology.	
CSP_CRTFCTN	TCHNLGST_BS_BA_DGR_CNT	NUMBER (7.2)	N	Technologists - BS/BA Degree	Number of technologists with Bachelor of Science (BS) or Bachelor of Arts (BA) degrees	
CSP_CRTFCTN	THORCTMY_SET_SW	VARCHAR2 (1)	N	ASC Equipment: Thoracotomy Set	Indicates if an ambulatory surgical center provides a thoracotomy set.	
CSP_CRTFCTN	THORC_SRGRY_SW	VARCHAR2 (1)	N	Speciality: Thoracic Surgery	Indicates if thoracic surgery is offered by an ambulatory surgical center.	
CSP_CRTFCTN	THRPTC_RCRTNL_CNTRCT_CNT	NUMBER (7.2)	N	Therapeutic Recreational Specialty - Contract	Number of contract staff hours provided by therapeutic recreation specialist.	
CSP_CRTFCTN	THRPTC_RCRTNL_FLTM_CNT	NUMBER (7.2)	N	Therapeutic Recreational Specialty - Full-Time	Number of full-time staff hours provided by therapeutic recreation specialist.	
CSP_CRTFCTN	THRPTC_RCRTNL_OFSITE_RSDNT_SW	VARCHAR2 (1)	N	Service: Therapeutic Recreational Specialty Off-Site to Residents	Indicates if therapeutic recreation specialist services are provided off-site to residents.	
CSP_CRTFCTN	THRPTC_RCRTNL_ONST_NRSDNT_SW	VARCHAR2 (1)	N	Service: Therapeutic Recreational Specialty On-Site to Non Residents	Indicates if therapeutic recreation specialist services are provided on-site to nonresidents.	
CSP_CRTFCTN	THRPTC_RCRTNL_ONST_RS_DNT_SW	VARCHAR2 (1)	N	Service: Therapeutic Recreational Specialty On-Site to Residents	Indicates if therapeutic recreation specialist services are provided on-site to residents.	
CSP_CRTFCTN	THRPTC_RCRTNL_PRTM_CNT	NUMBER (7.2)	N	Therapeutic Recreational Specialty - Part-Time	Number of part-time staff hours provided by therapeutic recreation specialist.	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	THRPTC_RDLGY_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Radiology (Therapeutic)	Indicates how therapeutic radiology services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	THRPTC_RDLGY_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Radiology Therapeutic Description	Indicates how therapeutic radiology services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	TNT_HOSP_SW	VARCHAR2 (1)	N	Tenant Hospital Switch	Hospital in hospital tenant.	
CSP_CRTFCTN	TOT_HR_CNT	NUMBER (8,2)	N	Total Hour Count	Total number of hours spent on all activities associated with the certification, including all	
CSP_CRTFCTN	TRCHOSTMY_SET_SW	VARCHAR2 (1)	N	ASC Equipment: Tracheostomy Set	Indicates if an ambulatory surgical center provides a tracheostomy set.	
CSP_CRTFCTN	TRNSPLNTN_SRVC_SW	VARCHAR2 (1)	N	Service: Transplantation	Indicates if transplantation services are provided.	
CSP_CRTFCTN	URGNT_CARE_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Urgent Care Center Services	Indicates how urgent care center services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	URGNT_CARE_SRVC_DESC	VARCHAR2 (39)	N	Services Provided: Urgent Care Description	Indicates how urgent care center services are provided by a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	URLGY_SRGRY_SW	VARCHAR2 (1)	N	Speciality: Urology	Indicates if urology surgery is offered by an ambulatory surgical center.	
CSP_CRTFCTN	VCTNL_GDNC_SRVC_CD	VARCHAR2 (1)	N	Service: Vocational Guidance	Indicates how vocational guidance services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	VCTNL_GDNC_SRVC_DESC	VARCHAR2 (39)	N	Vocational Guidance HHA Service Description	Indicates how vocational guidance services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	VCTNL_SRVC_OFSITE_RSDNT_SW	VARCHAR2 (1)	N	Service: Vocational Off-Site to Residents	Indicates if vocational services are provided off-site to residents.	
CSP_CRTFCTN	VCTNL_SRVC_ONST_NRSNDNT_SW	VARCHAR2 (1)	N	Service: Vocational On-Site to Nonresidents	Indicates if vocational services are provided on-site to nonresidents.	
CSP_CRTFCTN	VCTNL_SRVC_ONST_RSDNT_SW	VARCHAR2 (1)	N	Service: Vocational On-Site to Residents	Indicates if vocational services are provided on-site to residents.	
CSP_CRTFCTN	VLDTN_SRVY_DT	DATE (8)	N	Date of Validation Survey	Date a validation survey is performed by the state agency in a JCAHCO (Joint Commission	
CSP_CRTFCTN	VLD_TYPE_CD	VARCHAR2 (1)	N	Type of Valid Survey	Indicates type of validation survey for accredited hospitals.	CSP_VLD_TYPE_CD
CSP_CRTFCTN	VLD_TYPE_DESC	VARCHAR2 (11)	N	Validation Type Description	Indicates type of validation survey for accredited hospitals.	CSP_VLD_TYPE_CD
CSP_CRTFCTN	VLNTR_CNT	NUMBER (8,2)	N	Volunteers - Total	The number of full-time volunteers in a hospice.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN	VLNTR_OTHR_CNT	NUMBER (7.2)	N	Volunteers - Other	The number of full-time equivalent other volunteers in a hospice.	
CSP_CRTFCTN	VNTLTR_BED_CNT	NUMBER (3.0)	N	Special Care Beds - Ventilator	The number of beds in a unit identified and dedicated by the facility for residents with	
CSP_CRTFCTN	WBST_ADR_TXT	VARCHAR2 (512)	N	Website Address	This is the facility's website address.	
CSP_CRTFCTN	WVD_TEST_VOL_CNT	NUMBER (13.0)	N	Total Waived Test Volume	Total waived test volumes.	
CSP_CRTFCTN	XTRCRPRL_SHCK_LTHTRPT R_SRVC_DSC	VARCHAR2 (39)	N	Services Provided: Extracorporeal Shock Wave Description	Indicates how extracorporeal shockwave lithotripter services are provided in a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN	XTRCRPRL_SHCK_LTHTRPT R_SRVC_CD	VARCHAR2 (1)	N	Services Provided: Extracorporeal Shock Wave	Indicates how extracorporeal shockwave lithotripter services are provided in a hospital.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_ASC	ACRDTN_SRVY_60_DAY_DT	DATE (8)	N	60 Days After AO Survey Date	Date 60 days after the scheduled end date of the accreditation organization survey.	
CSP_CRTFCTN_ASC	ACRDTN_SRVY_TYPE_CD	VARCHAR2 (2)	N	Accreditation Survey Type Code	Indicates the type of accreditation survey for which the 2802 process is being conducted.	CSP_ACRDTN_SRVY_TYPE_CD
CSP_CRTFCTN_ASC	ACRDTN_SRVY_TYPE_DESC	VARCHAR2 (59)	N	Accreditation Survey Type Description	Indicates the type of accreditation survey for which the 2802 process is being conducted.	CSP_ACRDTN_SRVY_TYPE_CD
CSP_CRTFCTN_ASC	ACRDTN_TYPE_CD	VARCHAR2 (1)	N	Accreditation Type Code	Indicates an accrediting organization deeming the provider. If a provider is deemed by	CSP_ACRDTN_DEMD_CD
CSP_CRTFCTN_ASC	ACRDTN_TYPE_DESC	VARCHAR2 (24)	N	Accreditation Type Description	Indicates an accrediting organization deeming the provider. If a provider is deemed by	CSP_ACRDTN_DEMD_CD
CSP_CRTFCTN_ASC	ANSTHSA_ENTRY_SW	VARCHAR2 (1)	N	Medical Records: Anesthesia Administration Indicator- Obsolete September 2016 September 2016	This field has been deleted.	
CSP_CRTFCTN_ASC	AO_CD	VARCHAR2 (2)	N	Validation Survey AO Code	Indicates the accrediting organization being validated by the state agency for this validation	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_ASC	AO_DESC	VARCHAR2 (23)	N	Validation Survey AO Description	Indicates the accrediting organization being validated by the state agency for this validation	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_ASC	ASC_BGN_SRVC_DT	DATE (8)	N	ASC Begin Service Date	Date an ambulatory surgical center began providing health care services.	
CSP_CRTFCTN_ASC	CRDC_DFBRLTR_EQUIP_SW	VARCHAR2 (1)	N	Equipment: Cardiac Defibrillator Indicator-Obsolete September 2016	This field has been deleted.	



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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_ASC	CRDC_MNTRG_EQUIP_SW	VARCHAR2 (1)	N	Equipment: Cardiac Monitoring Indicator-Obsolete September 2016	This field has been deleted.	
CSP_CRTFCTN_ASC	CRNTLY_DEEMD_BY_1_CD	VARCHAR2 (2)	N	Currently Deemed By Code 1	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_ASC	CRNTLY_DEEMD_BY_1_DES	VARCHAR2 (23)	N	Currently Deemed By Description 1	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_ASC	CRNTLY_DEEMD_BY_2_CD	VARCHAR2 (2)	N	Currently Deemed By Code 2	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_ASC	CRNTLY_DEEMD_BY_2_DES	VARCHAR2 (23)	N	Currently Deemed By Description 2	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_ASC	CRNTLY_DEEMD_BY_3_CD	VARCHAR2 (2)	N	Currently Deemed By Code 3	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_ASC	CRNTLY_DEEMD_BY_3_DES	VARCHAR2 (23)	N	Currently Deemed By Description 3	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_ASC	CRNTLY_DEEMD_BY_4_CD	VARCHAR2 (2)	N	Currently Deemed By Code 4	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_ASC	CRNTLY_DEEMD_BY_4_DES	VARCHAR2 (23)	N	Currently Deemed By Description 4	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_ASC	CRNTLY_DEEMD_BY_5_CD	VARCHAR2 (2)	N	Currently Deemed By Code 5	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_ASC	CRNTLY_DEEMD_BY_5_DES	VARCHAR2 (23)	N	Currently Deemed By Description 5	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_ASC	CRNTLY_DEEMD_BY_6_CD	VARCHAR2 (2)	N	Currently Deemed By Code 6	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_ASC	CRNTLY_DEEMD_BY_6_DES	VARCHAR2 (23)	N	Currently Deemed By Description 6	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_ASC	CRTFCTN_AGE_NUM	NUMBER (2,0)	N	Certification Age Number	Sequential number derived by sorting on: CCN and descending Certification Date. A one	
CSP_CRTFCTN_ASC	CRTFCTN_DT	DATE (8)	Y	Certification Date	Equal to the exit date of the initial visit of the Health survey for certifications completed after	
CSP_CRTFCTN_ASC	CRTFCTN_EVER_DEMD_SW	VARCHAR2 (1)	N	Provider Deemed at Certification Start Indicator	Indicates if the provider was deemed at the beginning of this certification cycle but later	
CSP_CRTFCTN_ASC	CYC_TYPE_CD	VARCHAR2 (1)	N	Validation Survey Cycle Type Code	Indicates whether the state was authorized to conduct a 60-day or mid-cycle validation	CSP_CYC_TYPE_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_ASC	CYC_TYPE_DESC	VARCHAR2 (20)	N	Validation Survey Cycle Type Description	Indicates whether the state was authorized to conduct a 60-day or mid-cycle validation	CSP_CYC_TYPE_CD
CSP_CRTFCTN_ASC	DEMD_STUS_SW	VARCHAR2 (1)	N	Deemed Status Indicator	Indicates if the provider is deemed to meet Medicare requirements by an accrediting	
CSP_CRTFCTN_ASC	DNTL_SRGRY_SW	VARCHAR2 (1)	N	Surgical Specialty: Dental Indicator	Indicates if dental surgery is offered by an ambulatory surgical center.	
CSP_CRTFCTN_ASC	DRUG_REACTN_SW	VARCHAR2 (1)	N	Medical Records: Drug Reactions Indicator-Obsolete September 2016	This field has been deleted.	
CSP_CRTFCTN_ASC	DSCHRG_DGNS_SW	VARCHAR2 (1)	N	Medical Records: Discharge Diagnosis Indicator-Obsolete September 2016	This field has been deleted.	
CSP_CRTFCTN_ASC	EMER_CALL_SYS_SW	VARCHAR2 (1)	N	Equipment: Call System Indicator-Obsolete September 2016	This field has been deleted.	
CSP_CRTFCTN_ASC	EMER_EQUIP_SUPPLY_SW	VARCHAR2 (1)	N	Equipment: Emergency Supplies Indicator-Obsolete September 2016	This field has been deleted.	
CSP_CRTFCTN_ASC	ENDSCPY_SRGRY_SW	VARCHAR2 (1)	N	Surgical Specialty: Endoscopy Indicator	Indicates if endoscopy surgery is offered by an ambulatory surgical center.	
CSP_CRTFCTN_ASC	FREESTNDNG_ASC_SW	VARCHAR2 (1)	N	ASC Free Standing Indicator	Indicates if the ambulatory surgical center is freestanding.	
CSP_CRTFCTN_ASC	FT_SRGRY_SW	VARCHAR2 (1)	N	Surgical Specialty: Podiatry Indicator	Indicates if podiatric surgery is offered by an ambulatory surgical center.	
CSP_CRTFCTN_ASC	GNRL_CNTL_TYPE_CD	VARCHAR2 (2)	N	Ownership Type Code	Indicates the ownership type of the provider.	CSP_GNRL_CNTL_TYPE_CD
CSP_CRTFCTN_ASC	GNRL_CNTL_TYPE_DESC	VARCHAR2 (54)	N	Ownership Type Description	Indicates the ownership type of the provider.	CSP_GNRL_CNTL_TYPE_CD
CSP_CRTFCTN_ASC	HOSP_BSD_SW	VARCHAR2 (1)	N	Hospital Based Indicator	Indicates if the ambulatory surgical center is based in a hospital.	
CSP_CRTFCTN_ASC	LAB_SRVC_CD	VARCHAR2 (1)	N	Ancillary Services: Laboratory Code	Indicates how laboratory services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_ASC	LAB_SRVC_DESC	VARCHAR2 (49)	N	Ancillary Services: Laboratory Description	Indicates how laboratory services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_ASC	LAST_ACRDTN_SRVY_DT	DATE (8)	N	Last Accreditation Survey Date	Scheduled end date of the accreditation survey on the state validation survey authorization	

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_ASC	LRYNGSCP_ENDTRCHL_TUBE_SW	VARCHAR2 (1)	N	Equipment: Laryngoscope and Endotracheal Indicator-Obsolete September 2016	This field has been deleted.	
CSP_CRTFCTN_ASC	LSC_CMPLTD_SW	VARCHAR2 (1)	N	LSC Completed Indicator	Indicates if a Life Safety Code survey exists for this certification.	
CSP_CRTFCTN_ASC	LSC_WVR_SW	VARCHAR2 (1)	N	Compliance: LSC Waiver Indicator	Indicates if a waiver of any life safety code provision has been recommended for a provider.	
CSP_CRTFCTN_ASC	MCHNCL_VNLTN_EQUIP_SW	VARCHAR2 (1)	N	Equipment: Mechanical Ventilation Indicator-Obsolete September 2016	This field has been deleted.	
CSP_CRTFCTN_ASC	MDCL_HSTRY_SW	VARCHAR2 (1)	N	Medical Records: Medical History Indicator-Obsolete September 2016	This field has been deleted.	
CSP_CRTFCTN_ASC	OB_GYN_SRGRY_SW	VARCHAR2 (1)	N	Surgical Specialty: Obstetrics / Gynecology Indicator	Indicates if obstetrics/gynecology surgery is offered by an ambulatory surgical center.	
CSP_CRTFCTN_ASC	OPRTG_ROOM_CNT	NUMBER (2,0)	N	Operating Room Count	Number of operating rooms in an ambulatory surgical center.	
CSP_CRTFCTN_ASC	OPRTN_FNDNG_SW	VARCHAR2 (1)	N	Medical Records: Operation Findings Indicator-Obsolete September 2016	This field has been deleted.	
CSP_CRTFCTN_ASC	OPHTMLGY_SRGRY_SW	VARCHAR2 (1)	N	Surgical Specialty: Ophthalmologic Indicator	Indicates if ophthalmologic surgery is offered by an ambulatory surgical center.	
CSP_CRTFCTN_ASC	ORTHOPDC_SRGRY_SW	VARCHAR2 (1)	N	Surgical Specialty: Orthopedic Indicator	Indicates if orthopedic surgery is offered by an ambulatory surgical center.	
CSP_CRTFCTN_ASC	OTHR_SRGRY_SW	VARCHAR2 (1)	N	Surgical Specialty: Other Indicator	Indicates if other surgery types are performed at an ambulatory surgical center.	
CSP_CRTFCTN_ASC	OTLRYNGLGY_SRGRY_SW	VARCHAR2 (1)	N	Surgical Specialty: Ear/Nose/Throat Indicator	Indicates if ear, nose and throat surgery is offered by an ambulatory surgical center.	
CSP_CRTFCTN_ASC	OXGN_EQUIP_SW	VARCHAR2 (1)	N	Equipment: Oxygen Indicator-Obsolete September 2016	This field has been deleted.	
CSP_CRTFCTN_ASC	PAIN_SRGRY_SW	VARCHAR2 (1)	N	Surgical Specialty: Pain Indicator	Indicates if pain surgery is offered by an ambulatory surgical center.	
CSP_CRTFCTN_ASC	PHRMCY_SRVC_CD	VARCHAR2 (1)	N	Ancillary Services: Pharmaceutical Code	Indicates how pharmaceutical services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_ASC	PHRMCY_SRVC_DESC	VARCHAR2 (49)	N	Ancillary Services: Pharmaceutical Description	Indicates how pharmaceutical services are provided.	CSP_GNRL_SRVC_CD

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_ASC	PLSTC_SRGRY_SW	VARCHAR2 (1)	N	Surgical Specialty: Plastic / Reconstructive Indicator	Indicates if plastic and reconstructive surgery is offered by an ambulatory surgical center.	
CSP_CRTFCTN_ASC	PREOPRTV_DGNS_SW	VARCHAR2 (1)	N	Medical Records: Pre-Operative Diagnosis Indicator-Obsolete September 2016	This field has been deleted.	
CSP_CRTFCTN_ASC	PRVDR_CTGRY_CD	VARCHAR2 (2)	N	Provider Category Code	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_CRTFCTN_ASC	PRVDR_CTGRY_DESC	VARCHAR2 (70)	N	Provider Category Description	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_CRTFCTN_ASC	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_CRTFCTN_ASC	PTNT_CNSNT_SW	VARCHAR2 (1)	N	Medical Records: Informed Patient Consent Indicator-Obsolete September 2016	This field has been deleted.	
CSP_CRTFCTN_ASC	PTNT_ID_SW	VARCHAR2 (1)	N	Medical Records: Patient Identification Indicator-Obsolete September 2016	This field has been deleted.	
CSP_CRTFCTN_ASC	RDLGY_SRVC_CD	VARCHAR2 (1)	N	Ancillary Services: Radiology Code	Indicates how radiology services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_ASC	RDLGY_SRVC_DESC	VARCHAR2 (49)	N	Ancillary Services: Radiology Description	Indicates how radiology services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_ASC	RTRN_TO_AO_DT	DATE (8)	N	Returned to AO Date	Following state monitoring, indicates date the provider was returned to the responsibility of the	
CSP_CRTFCTN_ASC	SENT_STATE_2802_SW	VARCHAR2 (1)	N	2802 Authorization Sent Indicator	Indicates the validation survey authorized by the Regional Office was sent to the state via CMS	
CSP_CRTFCTN_ASC	STATE_MNTRG_CMPLNC_DT	DATE (8)	N	SA Jurisdiction Compliance Date	During State Agency jurisdiction, date provider came back into compliance.	
CSP_CRTFCTN_ASC	STATE_MNTRG_EFCTV_DT	DATE (8)	N	SA Jurisdiction Effective Date	Date the provider came under State Agency jurisdiction due to conditions of participation	
CSP_CRTFCTN_ASC	STATE_RPRSNTV_NAME	VARCHAR2 (80)	N	SA Representative Name	Name of state primary point of contact for the validation process.	
CSP_CRTFCTN_ASC	STRT_2802_PROC_SW	VARCHAR2 (1)	N	2802 Authorization Started Indicator	Indicates the validation authorization process has been started by the Regional Office.	
CSP_CRTFCTN_ASC	SUCTN_EQUIP_SW	VARCHAR2 (1)	N	Equipment: Suction Indicator-Obsolete September 2016	This field has been deleted.	
CSP_CRTFCTN_ASC	SYS_IMPRVMT_AGRMT_DT	DATE (8)	N	System Improvement Agreement Date	Date the provider entered into a System Improvement Agreement with CMS.	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_ASC	TRCHOSTMY_SET_SW	VARCHAR2 (1)	N	Equipment: Tracheostomy Set Indicator-Obsolete September 2016	This field has been deleted.	
CSP_CRTFCTN_CLIA	ACRDTD_SRVY_CRTFCT_SC_HDL_CD	VARCHAR2 (1)	N	AO Survey Accredited Certificate Schedule Code	Accreditation certificate schedule code based on the information provided by the accrediting	CSP_SCHDL_CD
CSP_CRTFCTN_CLIA	ACRDTD_SRVY_CRTFCT_SC_HDL_DESC	VARCHAR2 (52)	N	AO Survey Accredited Certificate Schedule Description	Accreditation certificate schedule code based on the information provided by the accrediting	CSP_SCHDL_CD
CSP_CRTFCTN_CLIA	ACRDTD_SRVY_SCHDL_CD	VARCHAR2 (1)	N	AO Survey Accredited Schedule Code	Accreditation schedule code based on the information provided by the accrediting	CSP_SCHDL_CD
CSP_CRTFCTN_CLIA	ACRDTD_SRVY_SCHDL_DESC	VARCHAR2 (52)	N	AO Survey Accredited Schedule Description	Accreditation schedule code based on the information provided by the accrediting	CSP_SCHDL_CD
CSP_CRTFCTN_CLIA	ACRDTD_SRVY_STUS_SW	VARCHAR2 (1)	N	Survey Accreditation Status Indicator	Indicates if a particular survey of a lab was performed to determine accreditation status.	
CSP_CRTFCTN_CLIA	ACRDTD_SRVY_TEST_VOL_CNT	NUMBER (10.0)	N	Survey Accredited Test Volume Count	Sum of tests performed annually in a laboratory that is accredited by one or more organizations.	
CSP_CRTFCTN_CLIA	BLOOD_PROD_CLCTD_SW	VARCHAR2 (1)	N	Blood Products Collected Indicator	Indicates if blood and/or blood products, including autologous, are collected.	
CSP_CRTFCTN_CLIA	CLIA_MDCR_NUM	VARCHAR2 (12)	N	CLIA Medicare Number	Contains medicare numbers from prior to CLIA88. Optional field.	
CSP_CRTFCTN_CLIA	CLNCL_CNSLTNT_HIGH_A_CNT	NUMBER (3.0)	N	Staff Count: Clinical Consultant High (A)	- Number of clinical consultants qualified under 493.1455 (a) in a lab performing high	
CSP_CRTFCTN_CLIA	CLNCL_CNSLTNT_HIGH_B_CNT	NUMBER (3.0)	N	Staff Count: Clinical Consultant High (B)	- Number of clinical consultants qualified under 493.1455(b) in a lab performing high	
CSP_CRTFCTN_CLIA	CLNCL_CNSLTNT_MODRT_A_CNT	NUMBER (3.0)	N	Staff Count: Clinical Consultant Moderate (A)	- Number of clinical consultants qualified under 493.1417 (a) in a lab performing moderate	
CSP_CRTFCTN_CLIA	CLNCL_CNSLTNT_MODRT_B_CNT	NUMBER (3.0)	N	Staff Count: Clinical Consultant Moderate (B)	- Number of clinical consultants qualified under 493.1417 (b) in a lab performing moderate	
CSP_CRTFCTN_CLIA	CRNT_CRTFCT_EFCTV_DT	DATE (8)	N	Certificate Effective Date for Associated Survey Cycle	Effective Date of the certificate in effect during this certification survey. For initial	
CSP_CRTFCTN_CLIA	CRTFCTN_AGE_NUM	NUMBER (2.0)	N	Certification Age Number	Sequential number indicating the age of the certificate. Zero represents the pending	
CSP_CRTFCTN_CLIA	CRTFCTN_CREAT_DT	DATE (8)	N	Certification Kit Create Date	Date the certification kit was created.	
CSP_CRTFCTN_CLIA	CRTFCTN_DT	DATE (8)	Y	Certification Date	Equal to the exit date of the initial visit of the Health survey.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_CLIA	CYTOTCHLGS_B_1_CNT	NUMBER (3.0)	N	Staff Count: Cytotechnologist - (B)(1)	Number of cytotechnologists qualified under 493.1483 (a) and (b)(1) in a lab performing	
CSP_CRTFCTN_CLIA	CYTOTCHLGS_B_2_CNT	NUMBER (3.0)	N	Staff Count: Cytotechnologist - (B)(2)	Number of cytotechnologists qualified under 493.1483(a) and (b)(2) in a lab performing	
CSP_CRTFCTN_CLIA	CYTOTCHLGS_B_3_CNT	NUMBER (3.0)	N	Staff Count: Cytotechnologist - (B)(3)	Number of cytotechnologists qualified under 493.1483(a) and (b)(3) in a lab performing	
CSP_CRTFCTN_CLIA	CYTOTCHLGS_B_4_CNT	NUMBER (3.0)	N	Staff Count: Cytotechnologist - (B)(4)	Number of cytotechnologists qualified under 493.1483 (a) and (b)(4) in a lab performing	
CSP_CRTFCTN_CLIA	CYTOTCHLGS_B_5_CNT	NUMBER (3.0)	N	Staff Count: Cytotechnologist - (B)(5)	Number of cytotechnologists qualified under 493.1483(a) and (b)(5) in a lab performing	
CSP_CRTFCTN_CLIA	DFCNCY_LTR_SW	VARCHAR2 (1)	N	EQC Letter Indicator	Indicates if Equivalent Quality Control (EQC) tags were cited and model letter 1 or 2 was sent.	
CSP_CRTFCTN_CLIA	DRCTLY_AFLTD_LAB_CNT	NUMBER (3.0)	N	Director Affiliated Lab Count	Number of laboratories with which the lab's director is affiliated.	
CSP_CRTFCTN_CLIA	DRCTR_HIGH_B_1_CNT	NUMBER (3.0)	N	Staff Count: Director - High (B)(1)	Number of directors qualified under 493.1443(a) and (b)(1) in a lab performing high complexity	
CSP_CRTFCTN_CLIA	DRCTR_HIGH_B_2_CNT	NUMBER (3.0)	N	Staff Count: Director - High (B)(2)	Number of directors qualified under 493.1443(a) and (b)(2) in a lab performing high complexity	
CSP_CRTFCTN_CLIA	DRCTR_HIGH_B_3_CNT	NUMBER (3.0)	N	Staff Count: Director - High (B)(3)	Number of directors qualified under 493.1443 (a) and (b)(3) in a lab performing high	
CSP_CRTFCTN_CLIA	DRCTR_HIGH_B_4_CNT	NUMBER (3.0)	N	Staff Count: Director - High (B)(4)	Number of directors qualified under 493.1443(a) and (b)(4) in a lab performing high complexity	
CSP_CRTFCTN_CLIA	DRCTR_HIGH_B_5_CNT	NUMBER (3.0)	N	Staff Count: Director - High (B)(5)	Number of directors qualified under 493.1443(a) and (b)(5) in a lab performing high complexity	
CSP_CRTFCTN_CLIA	DRCTR_HIGH_B_6_CNT	NUMBER (3.0)	N	Staff Count: Director - High (B)(6)	Number of directors qualified under 493.1433 (a) and (b)(6) in a lab performing high	
CSP_CRTFCTN_CLIA	DRCTR_MODRT_B_1_CNT	NUMBER (3.0)	N	Staff Count: Director - Moderate (B)(1)	Number of directors qualified under 493.1405(a) and (b)(1) in a lab performing moderate	
CSP_CRTFCTN_CLIA	DRCTR_MODRT_B_2_CNT	NUMBER (3.0)	N	Staff Count: Director - Moderate (B)(2)	Number of directors qualified under 493.1405(a) and (b)(2) in a lab performing moderate	
CSP_CRTFCTN_CLIA	DRCTR_MODRT_B_3_CNT	NUMBER (3.0)	N	Staff Count: Director - Moderate (B)(3)	Number of directors qualified under 493.1405(a) and (b)(3) in a lab performing moderate	
CSP_CRTFCTN_CLIA	DRCTR_MODRT_B_4_CNT	NUMBER (3.0)	N	Staff Count: Director - Moderate (B)(4)	Number of directors qualified under 493.1405(a) and (b)(4) in a lab performing moderate	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_CLIA	DRCTR_MODRT_B_5_CNT	NUMBER (3.0)	N	Staff Count: Director - Moderate (B)(5)	Number of directors qualified under 493.1405(a) and (b)(5) in a lab performing moderate	
CSP_CRTFCTN_CLIA	DRCTR_MODRT_B_6_CNT	NUMBER (3.0)	N	Staff Count: Director - Moderate (B)(6)	Number of directors qualified under 493.1405(a) and (b)(6) in a lab performing moderate	
CSP_CRTFCTN_CLIA	DRCTR_MODRT_B_7_CNT	NUMBER (3.0)	N	Staff Count: Director - Moderate (B)(7)	Number of directors qualified under 493.1405(a) and (b)(7) in a lab performing moderate	
CSP_CRTFCTN_CLIA	FORM_1557_CMPLNC_SCHDL_CD	VARCHAR2 (1)	N	Survey Compliance Schedule Code	Compliance schedule code based on the information gathered at survey.	CSP_SCHDL_CD
CSP_CRTFCTN_CLIA	FORM_1557_CMPLNC_SCHDL_DESC	VARCHAR2 (52)	N	Survey Compliance Schedule Description	Compliance schedule code based on the information gathered at survey.	CSP_SCHDL_CD
CSP_CRTFCTN_CLIA	FORM_1557_CRTFCT_SCHDL_CD	VARCHAR2 (1)	N	Survey Compliance Certificate Schedule Code	Certificate Compliance schedule code based on the information gathered at survey.	CSP_SCHDL_CD
CSP_CRTFCTN_CLIA	FORM_1557_CRTFCT_SCHDL_DESC	VARCHAR2 (52)	N	Survey Compliance Certificate Schedule Description	Certificate Compliance schedule code based on the information gathered at survey.	CSP_SCHDL_CD
CSP_CRTFCTN_CLIA	FORM_1557_TEST_VOL_CNT	NUMBER (13.0)	N	Survey Test Volume Count	Sum of tests performed annually in a laboratory, as verified at the time of the state survey.	
CSP_CRTFCTN_CLIA	GNRL_CNTL_TYPE_CD	VARCHAR2 (2)	N	Ownership Type Code	Indicates the ownership type of lab.	CSP_GNRL_CNTL_TYPE_CD
CSP_CRTFCTN_CLIA	GNRL_CNTL_TYPE_DESC	VARCHAR2 (51)	N	Ownership Type Description	Indicates the ownership type of lab.	CSP_GNRL_CNTL_TYPE_CD
CSP_CRTFCTN_CLIA	GNRL_FAC_TYPE_CD	VARCHAR2 (2)	N	Lab Type Code	Specifies location where the testing is performed.	CSP_GNRL_FAC_TYPE_CD
CSP_CRTFCTN_CLIA	GNRL_FAC_TYPE_DESC	VARCHAR2 (55)	N	Lab Type Description	Specifies location where the testing is performed.	CSP_GNRL_FAC_TYPE_CD
CSP_CRTFCTN_CLIA	GNRL_SPRVSR_B_1_CNT	NUMBER (3.0)	N	Staff Count: General Supervisor - (B)(1)	Number of general supervisors in the lab qualified under 493.1461(a) and (b)(1) to	
CSP_CRTFCTN_CLIA	GNRL_SPRVSR_B_2_CNT	NUMBER (3.0)	N	Staff Count: General Supervisor - (B)(2)	Number of general supervisors in the lab qualified under 493.1461(a) and (b)(2) to	
CSP_CRTFCTN_CLIA	GNRL_SPRVSR_CYTOLGY_A_CNT	NUMBER (3.0)	N	Staff Count: General Supervisor - Cytology (A)	Number of general supervisors in the lab qualified under 493.1469 (a) to supervise	
CSP_CRTFCTN_CLIA	GNRL_SPRVSR_CYTOLGY_B_CNT	NUMBER (3.0)	N	Staff Count: General Supervisor - Cytology (B)	Number of general supervisors in the lab qualified under 493.1469 (b) to supervise	
CSP_CRTFCTN_CLIA	GNRL_SPRVSR_C_1_CNT	NUMBER (3.0)	N	Staff Count: General Supervisor - (C)(1)	Number of general supervisors in the lab qualified under 493.1461 (a) and (c)(1) to	
CSP_CRTFCTN_CLIA	GNRL_SPRVSR_C_2_CNT	NUMBER (3.0)	N	Staff Count: General Supervisor - (C)(2)	Number of general supervisors in the lab qualified under 493.1461 (a) and (c)(2) to	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_CLIA	GNRL_SPRVSR_C_3_CNT	NUMBER (3.0)	N	Staff Count: General Supervisor - Number of general supervisors in the lab qualified under 493.1461 (C)(3)	Number of general supervisors in the lab qualified under 493.1461 (a) and (c)(3) to	
CSP_CRTFCTN_CLIA	GNRL_SPRVSR_C_4_CNT	NUMBER (3.0)	N	Staff Count: General Supervisor - Number of general supervisors in the lab qualified under 493.1461 (C)(4)	Number of general supervisors in the lab qualified under 493.1461 (a) and (c)(4) to	
CSP_CRTFCTN_CLIA	GNRL_SPRVSR_C_5_CNT	NUMBER (3.0)	N	Staff Count: General Supervisor - Number of general supervisors in the lab qualified under 493.1461 (C)(5)	Number of general supervisors in the lab qualified under 493.1461 (a) and (c) (5) to	
CSP_CRTFCTN_CLIA	GNRL_SPRVSR_E_CNT	NUMBER (3.0)	N	Staff Count: General Supervisor - Number of general supervisors in the lab qualified under 493.1461 (E)	Number of general supervisors in the lab qualified under 493.1461 (a) and (e) to supervise	
CSP_CRTFCTN_CLIA	GNRL_SPRVSR_HIGH_D_1_CNT	NUMBER (3.0)	N	Staff Count: General Supervisor - Number of general supervisors in the lab qualified under 493.1461 (D)(1)	Number of general supervisors in the lab qualified under 493.1461 (a) and (d)(1) to	
CSP_CRTFCTN_CLIA	GNRL_SPRVSR_HIGH_D_2_CNT	NUMBER (3.0)	N	Staff Count: General Supervisor - Number of general supervisors in the lab qualified under 493.1461 (D)(2)	Number of general supervisors in the lab qualified under 493.1461 (a) and (d)(2) to	
CSP_CRTFCTN_CLIA	GNRL_SPRVSR_HIGH_D_3_CNT	NUMBER (3.0)	N	Staff Count: General Supervisor - Number of general supervisors in the lab qualified under 493.1461 (D)(3)	Number of general supervisors in the lab qualified under 493.1461 (a) and (d)(3) to	
CSP_CRTFCTN_CLIA	IMNOHMTLGY_TEST_PRFM_D_SW	VARCHAR2 (1)	N	Immunoematology Test Indicator	Indicates if immunoematology tests are performed for transfusion purposes.	
CSP_CRTFCTN_CLIA	ODIE_CRTFCT_EFCTV_DT	DATE (8)	N	Compliance Certificate Effective Date: Survey-level	Date the lab was determined to be in compliance with program requirements for this certification	
CSP_CRTFCTN_CLIA	ODIE_CRTFCT_TYPE_CHG_SW	VARCHAR2 (1)	N	Certificate Type Change Due to Survey Indicator	Indicates if the lab chooses to change the certificate type at time of initial certification	
CSP_CRTFCTN_CLIA	PRVDR_CTGRY_CD	VARCHAR2 (2)	N	Provider Category Code	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_CRTFCTN_CLIA	PRVDR_CTGRY_DESC	VARCHAR2 (70)	N	Provider Category Description	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_CRTFCTN_CLIA	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_CRTFCTN_CLIA	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the	
CSP_CRTFCTN_CLIA	SRVY_ADD_SPCLTY_STUS_SW	VARCHAR2 (1)	N	Survey Type: Add Specialties Indicator	Indicates if one of the visits of this certification kit was performed due to the addition of	
CSP_CRTFCTN_CLIA	SRVY_OTHR_STUS_SW	VARCHAR2 (1)	N	Survey Type: Other Indicator	Indicates if one of the visits of this certification kit was performed due to reasons other than	
CSP_CRTFCTN_CLIA	SRVY_STATE_EXEMP_STUS_SW	VARCHAR2 (1)	N	Survey Type: State Exempt Indicator	Indicates if this survey was performed for purposes of state exemption.	
CSP_CRTFCTN_CLIA	STATE_LCNS_NUM	VARCHAR2 (12)	N	State License Number	License number issued to a lab by the state.	



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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_CLIA	TCHNCL_CNLSLTNT_B_1_CNT	NUMBER (3.0)	N	Staff Count: Technical Consultant - Moderate (B)(1)	Number of technical consultants in the lab qualified under 493.1411(a) and (b)(1) to	
CSP_CRTFCTN_CLIA	TCHNCL_CNLSLTNT_B_2_CNT	NUMBER (3.0)	N	Staff Count: Technical Consultant - Moderate (B)(2)	Number of technical consultants in the lab qualified under 493.1411(a) and (b)(2) to	
CSP_CRTFCTN_CLIA	TCHNCL_CNLSLTNT_B_3_CNT	NUMBER (3.0)	N	Staff Count: Technical Consultant - Moderate (B)(3)	Number of technical consultants in the lab qualified under 493.1411(a) and (b)(3) to	
CSP_CRTFCTN_CLIA	TCHNCL_CNLSLTNT_B_4_CNT	NUMBER (3.0)	N	Staff Count: Technical Consultant - Moderate (B)(4)	Number of technical consultants in the lab qualified under 493.1411(a) and (b)(4) to	
CSP_CRTFCTN_CLIA	TCHNCL_SPRVSR_B_CNT	NUMBER (3.0)	N	Staff Count: Technical Supervisor - (B)	Number of technical supervisors in the lab qualified under 493.1449(a) and (b) to provide	
CSP_CRTFCTN_CLIA	TCHNCL_SPRVSR_C_CNT	NUMBER (3.0)	N	Staff Count: Technical Supervisor - (C)	Number of technical supervisors in the lab qualified under 493.1449(a) and (c) to provide	
CSP_CRTFCTN_CLIA	TCHNCL_SPRVSR_D_CNT	NUMBER (3.0)	N	Staff Count: Technical Supervisor - (D)	Number of technical supervisors in the lab qualified under 493.1449(a) and (d) to provide	
CSP_CRTFCTN_CLIA	TCHNCL_SPRVSR_E_CNT	NUMBER (3.0)	N	Staff Count: Technical Supervisor - (E)	Number of technical supervisors in the lab qualified under 493.1449(a) and (e) to provide	
CSP_CRTFCTN_CLIA	TCHNCL_SPRVSR_F_CNT	NUMBER (3.0)	N	Staff Count: Technical Supervisor - (F)	Number of technical supervisors in the lab qualified under 493.1449(a) and (f) to provide	
CSP_CRTFCTN_CLIA	TCHNCL_SPRVSR_G_CNT	NUMBER (3.0)	N	Staff Count: Technical Supervisor - (G)	Number of technical supervisors in the lab qualified under 493.1449(a) and (g) to provide	
CSP_CRTFCTN_CLIA	TCHNCL_SPRVSR_H_CNT	NUMBER (3.0)	N	Staff Count: Technical Supervisor - (H)	Number of technical supervisors in the lab qualified under 493.1449(a) and (h) to provide	
CSP_CRTFCTN_CLIA	TCHNCL_SPRVSR_I_CNT	NUMBER (3.0)	N	Staff Count: Technical Supervisor - (I)	Number of technical supervisors in the lab qualified under 493.1449(a) and (i) to provide	
CSP_CRTFCTN_CLIA	TCHNCL_SPRVSR_J_CNT	NUMBER (3.0)	N	Staff Count: Technical Supervisor - (J)	Number of technical supervisors in the lab qualified under 493.1449(a) and (j) to provide	
CSP_CRTFCTN_CLIA	TCHNCL_SPRVSR_K_1_CNT	NUMBER (3.0)	N	Staff Count: Technical Supervisor - (K) (1)	Number of technical supervisors in the lab qualified under 493.1449 (a) and (k)(1) to	
CSP_CRTFCTN_CLIA	TCHNCL_SPRVSR_K_2_CNT	NUMBER (3.0)	N	Staff Count: Technical Supervisor - (K) (2)	Number of technical supervisors in the lab qualified under 493.1449 (a) and (k)(2) to	
CSP_CRTFCTN_CLIA	TCHNCL_SPRVSR_L_CNT	NUMBER (3.0)	N	Staff Count: Technical Supervisor - (L)	Number of technical supervisors in the lab qualified under 493.1449(a) and (l) to provide	
CSP_CRTFCTN_CLIA	TCHNCL_SPRVSR_M_CNT	NUMBER (3.0)	N	Staff Count: Technical Supervisor - (M)	Number of technical supervisors in the lab qualified under 493.1449(a) and (m) to provide	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_CLIA	TCHNCL_SPRVSR_N_CNT	NUMBER (3.0)	N	Staff Count: Technical Supervisor - (N)	Number of technical supervisors in the lab qualified under 493.1449(a) and (n) to provide	
CSP_CRTFCTN_CLIA	TCHNCL_SPRVSR_O_CNT	NUMBER (3.0)	N	Staff Count: Technical Supervisor - (O)	Number of technical supervisors in the lab qualified under 493.1449(a) and (o) to provide	
CSP_CRTFCTN_CLIA	TCHNCL_SPRVSR_P_CNT	NUMBER (3.0)	N	Staff Count: Technical Supervisor - (P)	Number of technical supervisors in the lab qualified under 493.1449(a) and (p) to provide	
CSP_CRTFCTN_CLIA	TCHNCL_SPRVSR_Q_CNT	NUMBER (3.0)	N	Staff Count: Technical Supervisor - (Q)	Number of technical supervisors in the lab qualified under 493.1449(a) and (q) to provide	
CSP_CRTFCTN_CMHC	CRTFCTN_AGE_NUM	NUMBER (2.0)	N	Certification Age Number	Sequential number derived by sorting on: CCN and descending Certification Date. A one	
CSP_CRTFCTN_CMHC	CRTFCTN_DT	DATE (8)	Y	Certification Date	Equal to the exit date of the initial visit of the Health survey for certifications completed after	
CSP_CRTFCTN_CMHC	GNRL_CNTL_TYPE_CD	VARCHAR2 (2)	N	Ownership Type Code	Indicates the ownership type of the provider.	CSP_GNRL_CNTL_TYPE_CD
CSP_CRTFCTN_CMHC	GNRL_CNTL_TYPE_DESC	VARCHAR2 (54)	N	Ownership Type Description	Indicates the ownership type of the provider.	CSP_GNRL_CNTL_TYPE_CD
CSP_CRTFCTN_CMHC	GRP_THRPST_ARNGMT_CNT	NUMBER (7.2)	N	Staff Count: Group Therapist - Arrangement	Number of full-time equivalent group therapists employed under arrangement by a community	
CSP_CRTFCTN_CMHC	GRP_THRPST_EMPLEE_CNT	NUMBER (7.2)	N	Staff Count: Group Therapist - Direct	Number of full-time equivalent group therapists employed directly by a community mental	
CSP_CRTFCTN_CMHC	MD_OTHR_ARNGMT_CNT	NUMBER (7.2)	N	Staff Count: MD Other - Arrangement	Number of full-time equivalent other medical doctors employed under arrangement by a	
CSP_CRTFCTN_CMHC	MD_OTHR_EMPLEE_CNT	NUMBER (7.2)	N	Staff Count: MD Other - Direct	Number of full-time equivalent other medical doctors employed directly by a community	
CSP_CRTFCTN_CMHC	MD_PSYCHTRST_ARNGMT_CNT	NUMBER (7.2)	N	Staff Count: MD Psychiatrist - Arrangement	Number of full-time equivalent psychiatric medical doctors employed under arrangement by	
CSP_CRTFCTN_CMHC	MD_PSYCHTRST_EMPLEE_CNT	NUMBER (7.2)	N	Staff Count: MD Psychiatrist - Direct	Number of full-time equivalent psychiatric medical doctors employed directly by a	
CSP_CRTFCTN_CMHC	NRS_ARNGMT_CNT	NUMBER (7.2)	N	Staff Count: Nurse - Arrangement	Number of full-time equivalent nurses employed under arrangement by a community mental	
CSP_CRTFCTN_CMHC	NRS_EMPLEE_CNT	NUMBER (7.2)	N	Staff Count: Nurse - Direct	Number of full-time equivalent nurses employed directly by a community mental health center.	
CSP_CRTFCTN_CMHC	OCPTNL_THRPST_ARNGMT_CNT	NUMBER (7.2)	N	Staff Count: OT - Arrangement	Number of full-time equivalent occupational therapists employed under arrangement by a	
CSP_CRTFCTN_CMHC	OCPTNL_THRPST_EMPLEE_CNT	NUMBER (7.2)	N	Staff Count: OT - Direct	Number of full-time equivalent occupational therapists employed directly by a community	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_CMHC	PART_PRTCPTG_PRVDR_SW	VARCHAR2 (1)	N	Distinct Part Indicator	Indicates if the facility is a distinct part of another provider of Medicare/Medicaid services.	
CSP_CRTFCTN_CMHC	PRVDR_CTGRY_CD	VARCHAR2 (2)	N	Provider Category Code	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_CRTFCTN_CMHC	PRVDR_CTGRY_DESC	VARCHAR2 (70)	N	Provider Category Description	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_CRTFCTN_CMHC	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_CRTFCTN_CMHC	PSYCHLGST_ARNGMT_CNT	NUMBER (7.2)	N	Staff Count: Psychologist - Arrangement	Number of full-time equivalent psychologists employed under arrangement by a community	
CSP_CRTFCTN_CMHC	PSYCHLGST_EMPLEE_CNT	NUMBER (7.2)	N	Staff Count: Psychologist - Direct	Number of full-time equivalent psychologists employed directly by a community mental	
CSP_CRTFCTN_CMHC	RCRTNL_THRPST_ARNGMT_CNT	NUMBER (7.2)	N	Staff Count: Recreational Therapist - Arrangement	Number of full-time equivalent recreational therapists employed under arrangement by a	
CSP_CRTFCTN_CMHC	RCRTNL_THRPST_EMPLEE_CNT	NUMBER (7.2)	N	Staff Count: Recreational Therapist - Direct	Number of full-time equivalent recreational therapists employed directly by a community	
CSP_CRTFCTN_CMHC	SCL_WORKR_BS_ARNGMT_CNT	NUMBER (7.2)	N	Staff Count: Social Worker (BSW) - Arrangement	Number of full-time equivalent social workers with a bachelor's degree employed under	
CSP_CRTFCTN_CMHC	SCL_WORKR_BS_EMPLEE_CNT	NUMBER (7.2)	N	Staff Count: Social Worker (BSW) - Direct	Number of full-time equivalent social workers with a bachelor's degree employed directly by a	
CSP_CRTFCTN_CMHC	SCL_WORKR_MS_ARNGMT_CNT	NUMBER (7.2)	N	Staff Count: Social Worker (MSW) - Arrangement	Number of full-time equivalent social workers with a master's degree employed under	
CSP_CRTFCTN_CMHC	SCL_WORKR_MS_EMPLEE_CNT	NUMBER (7.2)	N	Staff Count: Social Worker (MSW) - Direct	Number of full-time equivalent social workers with a master's degree employed directly by a	
CSP_CRTFCTN_CMHC	STF_OTHR_ARNGMT_CNT	NUMBER (7.2)	N	Staff Count: Other - Arrangement	Number of full-time equivalent staff not included in any other categories employed under	
CSP_CRTFCTN_CMHC	STF_OTHR_EMPLEE_CNT	NUMBER (7.2)	N	Staff Count: Other - Direct	Number of full-time equivalent staff not included in any other categories employed	
CSP_CRTFCTN_CMN	ACPTBL_POC_SW	VARCHAR2 (1)	N	Compliance: Acceptable POC	Indicates if a provider is in compliance with program requirements based on an acceptable	
CSP_CRTFCTN_CMN	APRVL_ENTRD_DT	DATE (8)	N	Certification Approval Entered Date	Date the certification determination approval date of a provider is entered.	
CSP_CRTFCTN_CMN	CMPLNC_STUS_CD	VARCHAR2 (1)	N	Compliance: Status	Compliance status of a provider at the time of certification survey.	CSP_CMPLNC_STUS_CD
CSP_CRTFCTN_CMN	CMPLNC_STUS_DESC	VARCHAR2 (27)	N	Compliance: Status Description	Compliance status of a provider at the time of certification survey.	CSP_CMPLNC_STUS_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_CMN	CRTFCTN_ACTN_TYPE_CD	VARCHAR2 (1)	N	Type of Action Code	Identifies the reason for the certification. Type of action from the official survey record, CMS	CSP_SRVY_PRPSE_CD
CSP_CRTFCTN_CMN	CRTFCTN_ACTN_TYPE_DESC	VARCHAR2 (58)	N	Type of Action Description	Identifies the reason for the certification. Type of action from the official survey record, CMS	CSP_SRVY_PRPSE_CD
CSP_CRTFCTN_CMN	CRTFCTN_ADD_DT	DATE (8)	N	CASPER Certification Add Date	Date the certification kit was first successfully uploaded to CASPER.	
CSP_CRTFCTN_CMN	CRTFCTN_AGE_NUM	NUMBER (2.0)	N	Certification Age Number	Sequential number derived by sorting on: CCN and descending Certification Date. A one	
CSP_CRTFCTN_CMN	CRTFCTN_DT	DATE (8)	Y	Certification Date	Equal to the exit date of the initial visit of the Health survey for certifications completed after	
CSP_CRTFCTN_CMN	CRTFCTN_FLAG_CD	VARCHAR2 (1)	N	Certification Review Code	Shows if the certification has to be reviewed by the Regional Office. This code is generated at	CSP_CRTFCTN_FLAG_CD
CSP_CRTFCTN_CMN	CRTFCTN_FLAG_DESC	VARCHAR2 (54)	N	Certification Review Description	Shows if the certification has to be reviewed by the Regional Office. This code is generated at	CSP_CRTFCTN_FLAG_CD
CSP_CRTFCTN_CMN	CRTFCTN_UPDT_DT	DATE (8)	N	Certification Updated Date	Date the certification was last updated.	
CSP_CRTFCTN_CMN	DTRMNTN_APRVL_DT	DATE (8)	N	Determination Approval Date	Date final determination is made concerning the eligibility of a provider to provide services.	
CSP_CRTFCTN_CMN	ELGBLTY_SW	VARCHAR2 (1)	N	Eligibility Indicator	Indicates if a facility is eligible to participate in the Medicare and/or Medicaid programs.	
CSP_CRTFCTN_CMN	ONST_SRVY_SW	VARCHAR2 (1)	N	On-Site Survey Indicator	Indicates if an on-site survey has been scheduled or completed.	
CSP_CRTFCTN_CMN	PRVDR_CTGRY_CD	VARCHAR2 (2)	N	Provider Category Code	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_CRTFCTN_CMN	PRVDR_CTGRY_DESC	VARCHAR2 (70)	N	Provider Category Description	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_CRTFCTN_CMN	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_CRTFCTN_CMN	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the	
CSP_CRTFCTN_CMN	RGN_CD	VARCHAR2 (2)	N	Region Code	Indicates the CMS Regional Office responsible for the certification of the provider.	CSP_CMS_RGN_CD
CSP_CRTFCTN_CMN	RGN_DESC	VARCHAR2 (23)	N	Region Description	Indicates the CMS Regional Office responsible for the certification of the provider.	CSP_CMS_RGN_CD
CSP_CRTFCTN_CMN	RO_ANALYST_TXT	VARCHAR2 (3)	N	RO Analyst Text	Identifies the regional office analyst who reviewed the certification kit.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_CMN	RO_RCPT_DT	DATE (8)	N	RO Receipt Date	Date the regional office received the certification kit from the state.	
CSP_CRTFCTN_CMN	SPCL_RO_DT	DATE (8)	N	RO Date	Used by the regional office.	
CSP_CRTFCTN_CMN	SPCL_RO_TXT	VARCHAR2 (30)	N	RO Text	Used by the regional office.	
CSP_CRTFCTN_CMN	SPCL_SA_DT	DATE (8)	N	SA Date	Used by the state agency.	
CSP_CRTFCTN_CMN	SPCL_SA_TXT	VARCHAR2 (30)	N	SA Text	Used by the state agency.	
CSP_CRTFCTN_CMN	SRVYR_SGN_DT	DATE (8)	N	Surveyor Signature Date	Date a surveyor signs and dates the transmittal form after ensuring that certification documents	
CSP_CRTFCTN_CMN	SRVY_AGENCY_RVW_DT	DATE (8)	N	Survey Agency Review Date	Date the authorized representative of the state survey agency reviewed the certification	
CSP_CRTFCTN_CMN	SSA_STATE_CD	VARCHAR2 (2)	N	SSA State Code	Social Security Administration geographic code indicating the state where the provider is	CSP_SSA_STATE_CD
CSP_CRTFCTN_CMN	SSA_STATE_DESC	VARCHAR2 (35)	N	SSA State Description	Social Security Administration geographic code indicating the state where the provider is	CSP_SSA_STATE_CD
CSP_CRTFCTN_CMN	STATE_CD	VARCHAR2 (2)	N	State Abbreviation	Two-character state abbreviation.	CSP_STATE_CD
CSP_CRTFCTN_CMN	STATE_DESC	VARCHAR2 (30)	N	State Description	State Description	CSP_STATE_CD
CSP_CRTFCTN_CMN	TOT_HR_CNT	NUMBER (8,2)	N	Total Hour Count	Total number of hours spent on all activities associated with the certification, including all	
CSP_CRTFCTN_CMN	TRANS_DT	DATE (8)	N	Certification Transaction Date	Date the certification kit passed all the State edits in ASPEN.	
CSP_CRTFCTN_CMN	TRK_ID	VARCHAR2 (4)	N	Track ID	Unique identifier by state generated by ASPEN assigned to the survey cycle. This is the first	
CSP_CRTFCTN_CMN	WVR_1135_ASC_CNVRSN_SW	VARCHAR2 (1)	N	Compliance: 1135 Waiver for ASC	Indicates there is a waiver for onsite survey for this certification for this ambulatory surgery	
CSP_CRTFCTN_CMN	WVR_1135_SB_SW	VARCHAR2 (1)	N	Compliance: 1135 Waiver for Swing Beds	Indicates there is a waiver for onsite survey for this certification for this swing bed facility.	
CSP_CRTFCTN_CMN	WVR_1135_SW	VARCHAR2 (1)	N	Compliance: 1135 Waiver	Indicates there is a waiver for onsite survey for this certification.	
CSP_CRTFCTN_CORF	ACRDTN_SRVY_60_DAY_DT	DATE (8)	N	60 Days After AO Survey Date	Date 60 days after the scheduled end date of the accreditation organization survey.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_CORF	ACRDTN_SRVY_TYPE_CD	VARCHAR2 (2)	N	Accreditation Survey Type Code	Indicates the type of accreditation survey for which the 2802 process is being conducted.	CSP_ACRDTN_SRVY_TYPE_CD
CSP_CRTFCTN_CORF	ACRDTN_SRVY_TYPE_DESC	VARCHAR2 (59)	N	Accreditation Survey Type Description	Indicates the type of accreditation survey for which the 2802 process is being conducted.	CSP_ACRDTN_SRVY_TYPE_CD
CSP_CRTFCTN_CORF	ACRDTN_TYPE_CD	VARCHAR2 (1)	N	Accreditation Type Code	Indicates an accrediting organization deeming the provider. If a provider is deemed by	CSP_ACRDTN_DEMD_CD
CSP_CRTFCTN_CORF	ACRDTN_TYPE_DESC	VARCHAR2 (24)	N	Accreditation Type Description	Indicates an accrediting organization deeming the provider. If a provider is deemed by	CSP_ACRDTN_DEMD_CD
CSP_CRTFCTN_CORF	AO_CD	VARCHAR2 (2)	N	Validation Survey AO Code	Indicates the accrediting organization being validated by the state agency for this validation	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_CORF	AO_DESC	VARCHAR2 (23)	N	Validation Survey AO Description	Indicates the accrediting organization being validated by the state agency for this validation	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_CORF	CRNTLY_DEEMD_BY_1_CD	VARCHAR2 (2)	N	Currently Deemed By Code 1	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_CORF	CRNTLY_DEEMD_BY_1_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 1	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_CORF	CRNTLY_DEEMD_BY_2_CD	VARCHAR2 (2)	N	Currently Deemed By Code 2	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_CORF	CRNTLY_DEEMD_BY_2_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 2	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_CORF	CRNTLY_DEEMD_BY_3_CD	VARCHAR2 (2)	N	Currently Deemed By Code 3	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_CORF	CRNTLY_DEEMD_BY_3_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 3	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_CORF	CRNTLY_DEEMD_BY_4_CD	VARCHAR2 (2)	N	Currently Deemed By Code 4	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_CORF	CRNTLY_DEEMD_BY_4_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 4	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_CORF	CRNTLY_DEEMD_BY_5_CD	VARCHAR2 (2)	N	Currently Deemed By Code 5	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_CORF	CRNTLY_DEEMD_BY_5_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 5	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_CORF	CRNTLY_DEEMD_BY_6_CD	VARCHAR2 (2)	N	Currently Deemed By Code 6	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_CORF	CRNTLY_DEEMD_BY_6_DES C	VARCHAR2 (23)	N	Currently Deemed By Description 6	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_C D
CSP_CRTFCTN_CORF	CRTFCTN_AGE_NUM	NUMBER (2,0)	N	Certification Age Number	Sequential number derived by sorting on: CCN and descending Certification Date. A one	
CSP_CRTFCTN_CORF	CRTFCTN_DT	DATE (8)	Y	Certification Date	Equal to the exit date of the initial visit of the Health survey for certifications completed after	
CSP_CRTFCTN_CORF	CRTFCTN_EVER_DEMD_SW	VARCHAR2 (1)	N	Provider Deemed at Certification Start Indicator	Indicates if the provider was deemed at the beginning of this certification cycle but later	
CSP_CRTFCTN_CORF	CYC_TYPE_CD	VARCHAR2 (1)	N	Validation Survey Cycle Type Code	Indicates whether the state was authorized to conduct a 60-day or mid-cycle validation	CSP_CYC_TYPE_CD
CSP_CRTFCTN_CORF	CYC_TYPE_DESC	VARCHAR2 (20)	N	Validation Survey Cycle Type Description	Indicates whether the state was authorized to conduct a 60-day or mid-cycle validation	CSP_CYC_TYPE_CD
CSP_CRTFCTN_CORF	DEMD_STUS_SW	VARCHAR2 (1)	N	Deemed Status Indicator	Indicates if the provider is deemed to meet Medicare requirements by an accrediting	
CSP_CRTFCTN_CORF	GNRL_CNTL_TYPE_CD	VARCHAR2 (2)	N	Ownership Type Code	Indicates the ownership type of the provider.	CSP_GNRL_CNTL_TYPE_CD
CSP_CRTFCTN_CORF	GNRL_CNTL_TYPE_DESC	VARCHAR2 (54)	N	Ownership Type Description	Indicates the ownership type of the provider.	CSP_GNRL_CNTL_TYPE_CD
CSP_CRTFCTN_CORF	LAST_ACRDTN_SRVY_DT	DATE (8)	N	Last Accreditation Survey Date	Scheduled end date of the accreditation survey on the state validation survey authorization	
CSP_CRTFCTN_CORF	MDCR_PRTCPTN_OP_PT_SPC H_SW	VARCHAR2 (1)	N	Participation Medicare OPT/SP Indicator	Indicates if this comprehensive outpatient rehabilitation facility also participates in	
CSP_CRTFCTN_CORF	NRSNG_SRVC_ARNGMT_SW	VARCHAR2 (1)	N	Services: Nursing - Under Arrangement Indicator	Indicates if nursing services are provided under arrangement.	
CSP_CRTFCTN_CORF	NRSNG_SRVC_CNTRCTR_SW	VARCHAR2 (1)	N	Services: Nursing - Independent Contractor Indicator	Indicates if nursing services are provided by independent contractors.	
CSP_CRTFCTN_CORF	NRSNG_SRVC_EMPLEE_SW	VARCHAR2 (1)	N	Services: Nursing - Employee Indicator	Indicates if nursing services are provided by employees.	
CSP_CRTFCTN_CORF	ORTHTC_PRSTHTC_ARNGM T_SW	VARCHAR2 (1)	N	Services: Orthotic / Prosthetic - Under Arrangement Indicator	Indicates if orthotic/prosthetic services are provided under arrangement.	
CSP_CRTFCTN_CORF	ORTHTC_PRSTHTC_CNTRCT R_SW	VARCHAR2 (1)	N	Services: Orthotic / Prosthetic - Independent Contractor Indicator	Indicates if orthotic prosthetic services are provided by independent contractors.	
CSP_CRTFCTN_CORF	ORTHTC_PRSTHTC_EMPLEE _SW	VARCHAR2 (1)	N	Services: Orthotic / Prosthetic - Employee Indicator	Indicates if orthotic prosthetic services are provided by employees.	
CSP_CRTFCTN_CORF	OT_ARNGMT_SW	VARCHAR2 (1)	N	Services: OT - Under Arrangement Indicator	Indicates if occupational therapy services are provided under arrangement.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_CORF	OT_CNTRCTR_SW	VARCHAR2 (1)	N	Services: OT - Independent Contractor Indicator	Indicates if occupational therapy services are provided by independent contractors.	
CSP_CRTFCTN_CORF	OT_EMPLEE_SW	VARCHAR2 (1)	N	Services: OT - Employee Indicator	Indicates if occupational therapy services are provided by employees.	
CSP_CRTFCTN_CORF	PHYSN_ARNGMT_SW	VARCHAR2 (1)	N	Services: Physician - Under Arrangement Indicator	Indicates if physician services are provided under arrangement.	
CSP_CRTFCTN_CORF	PHYSN_CNTRCTR_SW	VARCHAR2 (1)	N	Services: Physician - Independent Contractor Indicator	Indicates if physician services are provided by independent contractors.	
CSP_CRTFCTN_CORF	PHYSN_EMPLEE_SW	VARCHAR2 (1)	N	Services: Physician - Employee Indicator	Indicates if physician services are provided by employees.	
CSP_CRTFCTN_CORF	PRVDR_CTGRY_CD	VARCHAR2 (2)	N	Provider Category Code	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_CRTFCTN_CORF	PRVDR_CTGRY_DESC	VARCHAR2 (70)	N	Provider Category Description	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_CRTFCTN_CORF	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_CRTFCTN_CORF	PSYCHLGCL_ARNGMT_SW	VARCHAR2 (1)	N	Services: Psychological - Under Arrangement Indicator	Indicates if psychological services are provided under arrangement.	
CSP_CRTFCTN_CORF	PSYCHLGCL_CNTRCTR_SW	VARCHAR2 (1)	N	Services: Psychological - Independent Contractor Indicator	Indicates if psychological services are provided by independent contractors.	
CSP_CRTFCTN_CORF	PSYCHLGCL_EMPLEE_SW	VARCHAR2 (1)	N	Services: Psychological - Employee Indicator	Indicates if psychological services are provided by employees.	
CSP_CRTFCTN_CORF	PT_ARNGMT_SW	VARCHAR2 (1)	N	Services: PT - Under Arrangement Indicator	Indicates if physical therapy services are provided under arrangement.	
CSP_CRTFCTN_CORF	PT_CNTRCTR_SW	VARCHAR2 (1)	N	Services: PT - Independent Contractor Indicator	Indicates if physical therapy services are provided by independent contractors.	
CSP_CRTFCTN_CORF	PT_EMPLEE_SW	VARCHAR2 (1)	N	Services: PT - Employee Indicator	Indicates if physical therapy services are provided by employees.	
CSP_CRTFCTN_CORF	RSPRTRY_CARE_ARNGMT_SW	VARCHAR2 (1)	N	Services: Respiratory Care - Under Arrangement Indicator	Indicates if respiratory care services are provided under arrangement.	
CSP_CRTFCTN_CORF	RSPRTRY_CARE_CNTRCTR_SW	VARCHAR2 (1)	N	Services: Respiratory Care - Independent Contractor Indicator	Indicates if respiratory care services are provided by independent contractors.	
CSP_CRTFCTN_CORF	RSPRTRY_CARE_EMPLEE_SW	VARCHAR2 (1)	N	Services: Respiratory Care - Employee Indicator	Indicates if respiratory care services are provided by employees.	
CSP_CRTFCTN_CORF	RTRN_TO_AO_DT	DATE (8)	N	Returned to AO Date	Following state monitoring, indicates date the provider was returned to the responsibility of the	



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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_CORF	SCL_ARNGMT_SW	VARCHAR2 (1)	N	Services: Social - Under Arrangement Indicator	Indicates if social services are provided under arrangement.	
CSP_CRTFCTN_CORF	SCL_CNTRCTR_SW	VARCHAR2 (1)	N	Services: Social - Independent Contractor Indicator	Indicates if social services are provided by independent contractors.	
CSP_CRTFCTN_CORF	SCL_EMPLEE_SW	VARCHAR2 (1)	N	Services: Social - Employee Indicator	Indicates if social services are provided by employees.	
CSP_CRTFCTN_CORF	SENT_STATE_2802_SW	VARCHAR2 (1)	N	2802 Authorization Sent Indicator	Indicates the validation survey authorized by the Regional Office was sent to the state via CMS	
CSP_CRTFCTN_CORF	SPCH_PTHLGY_ARNGMT_SW	VARCHAR2 (1)	N	Services: Speech Pathology - Under Arrangement Indicator	Indicates if speech pathology services are provided under arrangement.	
CSP_CRTFCTN_CORF	SPCH_PTHLGY_CNTRCTR_SW	VARCHAR2 (1)	N	Services: Speech Pathology - Independent Contractor Indicator	Indicates if speech pathology services are provided by independent contractors.	
CSP_CRTFCTN_CORF	SPCH_PTHLGY_EMPLEE_SW	VARCHAR2 (1)	N	Services: Speech Pathology - Employee Indicator	Indicates if speech pathology services are provided by employees.	
CSP_CRTFCTN_CORF	STATE_MNTRG_CMPLNC_DT	DATE (8)	N	SA Jurisdiction Compliance Date	During State Agency jurisdiction, date provider came back into compliance.	
CSP_CRTFCTN_CORF	STATE_MNTRG_EFCTV_DT	DATE (8)	N	SA Jurisdiction Effective Date	Date the provider came under State Agency jurisdiction due to conditions of participation	
CSP_CRTFCTN_CORF	STATE_RPRSNTV_NAME	VARCHAR2 (80)	N	SA Representative Name	Name of state primary point of contact for the validation process.	
CSP_CRTFCTN_CORF	STRT_2802_PROC_SW	VARCHAR2 (1)	N	2802 Authorization Started Indicator	Indicates the validation authorization process has been started by the Regional Office.	
CSP_CRTFCTN_CORF	SYS_IMPRVMT_AGRMT_DT	DATE (8)	N	System Improvement Agreement Date	Date the provider entered into a System Improvement Agreement with CMS.	
CSP_CRTFCTN_DEEMD_BY_LIST	AO_CD	VARCHAR2 (2)	N	AO Code	Code representing a specific Accreditation Organization.	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_DEEMD_BY_LIST	AO_DESC	VARCHAR2 ()	N	AO Description	Code representing a specific Accreditation Organization.	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_DEEMD_BY_LIST	AO_TRMNTN_DT	DATE (8)	N	Deemed End Date	Date a provider is no longer deemed by the Accreditation Organization.	
CSP_CRTFCTN_DEEMD_BY_LIST	CRTFCTN_DT	DATE (8)	N	Certification date	Equals the certification date of certification kit used to generate the deemed / 2802 information.	
CSP_CRTFCTN_DEEMD_BY_LIST	DEEMD_BY_ID	NUMBER (10.0)	Y	Deemed by ID	Unique number associated with an Accreditation Organization deeming a particular provider at a	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_DEEMD_B Y_LIST	DMG_EFCTV_DT	DATE (8)	N	Deemed Effective Date	Date the provider was deemed by an accreditation organization.	
CSP_CRTFCTN_DEEMD_B Y_LIST	PRVDR_INTRNL_NUM	NUMBER (10.0)	N	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	CSP_PRVDR
CSP_CRTFCTN_DEEMD_B Y_LIST	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the	
CSP_CRTFCTN_ESRD	ACRDTN_SRVY_60_DAY_DT	DATE (8)	N	60 Days After AO Survey Date	Date 60 days after the scheduled end date of the accreditation organization survey.	
CSP_CRTFCTN_ESRD	ACRDTN_SRVY_TYPE_CD	VARCHAR2 (2)	N	Accreditation Survey Type Code	Indicates the type of accreditation survey for which the 2802 process is being conducted.	CSP_ACRDTN_SRVY_TYPE_C D
CSP_CRTFCTN_ESRD	ACRDTN_SRVY_TYPE_DESC	VARCHAR2 (59)	N	Accreditation Survey Type Description	Indicates the type of accreditation survey for which the 2802 process is being conducted.	CSP_ACRDTN_SRVY_TYPE_C D
CSP_CRTFCTN_ESRD	ACRDTN_TYPE_CD	VARCHAR2 (1)	N	Accreditation Type Code	Indicates an accrediting organization deeming the provider. If a provider is deemed by	CSP_ACRDTN_DEMD_CD
CSP_CRTFCTN_ESRD	ACRDTN_TYPE_DESC	VARCHAR2 (24)	N	Accreditation Type Description	Indicates an accrediting organization deeming the provider. If a provider is deemed by	CSP_ACRDTN_DEMD_CD
CSP_CRTFCTN_ESRD	ADMINR_CITY_TXT	VARCHAR2 (20)	N	Administrator City	Name of the city in which the administrator resides.	
CSP_CRTFCTN_ESRD	ADMINR_EMAIL_TXT	VARCHAR2 (60)	N	Administrator Email	Indicates email address of the administrator.	
CSP_CRTFCTN_ESRD	ADMINR_STATE_CD	VARCHAR2 (2)	N	Administrator State Abbreviation	State code of the administrator's residence.	CSP_STATE_CD
CSP_CRTFCTN_ESRD	ADMINR_STATE_DESC	VARCHAR2 (30)	N	Administrator State Description	State name of the administrator's residence.	CSP_STATE_CD
CSP_CRTFCTN_ESRD	ADMINR_ZIP_TXT	VARCHAR2 (5)	N	Administrator Zip Code	ZIP Code of the administrator's residence.	
CSP_CRTFCTN_ESRD	AO_CD	VARCHAR2 (2)	N	Validation Survey AO Code	Indicates the accrediting organization being validated by the state agency for this validation	ACTS_CRNTLY_DEEMD_BY_C D
CSP_CRTFCTN_ESRD	AO_DESC	VARCHAR2 (23)	N	Validation Survey AO Description	Indicates the accrediting organization being validated by the state agency for this validation	ACTS_CRNTLY_DEEMD_BY_C D
CSP_CRTFCTN_ESRD	CLSNG_FRI_TXT	VARCHAR2 (8)	N	Time: Friday - Closing	Closing time on Friday for in-center patient shifts (in military time).	
CSP_CRTFCTN_ESRD	CLSNG_MON_TXT	VARCHAR2 (8)	N	Time: Monday - Closing	Closing time on Monday for in-center patient shifts (in military time).	
CSP_CRTFCTN_ESRD	CLSNG_SAT_TXT	VARCHAR2 (8)	N	Time: Saturday - Closing	Closing time on Saturday for in-center patient shifts (in military time).	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_ESRD	CLSNG_SUN_TXT	VARCHAR2 (8)	N	Time: Sunday - Closing	Closing time on Sunday for in-center patient shifts (in military time).	
CSP_CRTFCTN_ESRD	CLSNG_THU_TXT	VARCHAR2 (8)	N	Time: Thursday - Closing	Closing time on Thursday for in-center patient shifts (in military time).	
CSP_CRTFCTN_ESRD	CLSNG_TUE_TXT	VARCHAR2 (8)	N	Time: Tuesday - Closing	Closing time on Tuesday for in-center patient shifts (in military time).	
CSP_CRTFCTN_ESRD	CLSNG_WED_TXT	VARCHAR2 (8)	N	Time: Wednesday - Closing	Closing time on Wednesday for in-center patient shifts (in military time).	
CSP_CRTFCTN_ESRD	CNVNTNL_HOME_HD_NUM	NUMBER (3.0)	N	Conventional Home Hemodialysis Count	Number of conventional home hemodialysis patients.	
CSP_CRTFCTN_ESRD	CRNTLY_DEEMD_BY_1_CD	VARCHAR2 (2)	N	Currently Deemed By Code 1	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_ESRD	CRNTLY_DEEMD_BY_1_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 1	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_ESRD	CRNTLY_DEEMD_BY_2_CD	VARCHAR2 (2)	N	Currently Deemed By Code 2	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_ESRD	CRNTLY_DEEMD_BY_2_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 2	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_ESRD	CRNTLY_DEEMD_BY_3_CD	VARCHAR2 (2)	N	Currently Deemed By Code 3	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_ESRD	CRNTLY_DEEMD_BY_3_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 3	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_ESRD	CRNTLY_DEEMD_BY_4_CD	VARCHAR2 (2)	N	Currently Deemed By Code 4	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_ESRD	CRNTLY_DEEMD_BY_4_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 4	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_ESRD	CRNTLY_DEEMD_BY_5_CD	VARCHAR2 (2)	N	Currently Deemed By Code 5	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_ESRD	CRNTLY_DEEMD_BY_5_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 5	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_ESRD	CRNTLY_DEEMD_BY_6_CD	VARCHAR2 (2)	N	Currently Deemed By Code 6	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_ESRD	CRNTLY_DEEMD_BY_6_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 6	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_ESRD	CRTFCTN_AGE_NUM	NUMBER (2.0)	N	Certification Age Number	Sequential number derived by sorting on: CCN and descending Certification Date. A one	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_ESRD	CRTFCTN_DT	DATE (8)	Y	Certification Date	Equal to the exit date of the initial visit of the Health survey for certifications completed after	
CSP_CRTFCTN_ESRD	CRTFCTN_EVER_DEMD_SW	VARCHAR2 (1)	N	Provider Deemed at Certification Start Indicator	Indicates if the provider was deemed at the beginning of this certification cycle but later	
CSP_CRTFCTN_ESRD	CRTFCT_NEED_RQRD_IND	VARCHAR2 (1)	N	Certificate Need Required Indicator	Indicates the facility requires a Certificate of Need.	
CSP_CRTFCTN_ESRD	CYC_TYPE_CD	VARCHAR2 (1)	N	Validation Survey Cycle Type Code	Indicates whether the state was authorized to conduct a 60-day or mid-cycle validation	CSP_CYC_TYPE_CD
CSP_CRTFCTN_ESRD	CYC_TYPE_DESC	VARCHAR2 (20)	N	Validation Survey Cycle Type Description	Indicates whether the state was authorized to conduct a 60-day or mid-cycle validation	CSP_CYC_TYPE_CD
CSP_CRTFCTN_ESRD	DAILY_HOME_HD_PTNTS_NUM	NUMBER (3.0)	N	Daily Home Hemodialysis Patient Count	Number of daily home hemodialysis patients.	
CSP_CRTFCTN_ESRD	DEMD_STUS_SW	VARCHAR2 (1)	N	Deemed Status Indicator	Indicates if the provider is deemed to meet Medicare requirements by an accrediting	
CSP_CRTFCTN_ESRD	DIETN_CNT	NUMBER (7.2)	N	Staff Count: Dietitian	Number of full-time equivalent dietitians employed by a facility.	
CSP_CRTFCTN_ESRD	DLYS_STN_CNT	NUMBER (3.0)	N	Total Approved Stations	Total number of approved dialysis stations in an end-stage renal disease facility.	
CSP_CRTFCTN_ESRD	DLYZR_RPRCSG_CNTRLZD_SW	VARCHAR2 (1)	N	Centralized/Off-Site Dialyzer Reprocessing Indicator	Indicates if a centralized/off-site dialyzer reprocessing system is used.	
CSP_CRTFCTN_ESRD	DLYZR_RPRCSG_NA_SW	VARCHAR2 (1)	N	Dialyzer Reprocessing Not Applicable Indicator	Indicates if a dialyzer reprocessing system is not applicable.	
CSP_CRTFCTN_ESRD	DLYZR_RPRCSG_ONST_SW	VARCHAR2 (1)	N	On-Site Dialyzer Reprocessing Indicator	Indicates if an on-site dialyzer reprocessing system is used.	
CSP_CRTFCTN_ESRD	ESRD_NH_SHR_CNT	NUMBER (4.0)	N	Shared ESRD Nursing Home Count	Number of nursing homes where an end-stage renal disease facility provides dialysis.	
CSP_CRTFCTN_ESRD	ESRD_NTWRK_DESC	VARCHAR2 (55)	N	ESRD Network Description	Number of the network to which the end-stage renal disease facility is assigned.	CSP_NTWRK_CD
CSP_CRTFCTN_ESRD	ESRD_NTWRK_NUM	VARCHAR2 (2)	N	ESRD Network Number	Number of the network to which the end-stage renal disease facility is assigned.	CSP_NTWRK_CD
CSP_CRTFCTN_ESRD	FORM_VRSN_NUM	NUMBER (3.0)	N	Form Version Number	Indicates version number of the form used for this certification.	
CSP_CRTFCTN_ESRD	GNRL_CNTL_TYPE_CD	VARCHAR2 (2)	N	Ownership Type Code	Indicates the ownership type of the provider.	CSP_GNRL_CNTL_TYPE_CD
CSP_CRTFCTN_ESRD	GNRL_CNTL_TYPE_DESC	VARCHAR2 (54)	N	Ownership Type Description	Indicates the ownership type of the provider.	CSP_GNRL_CNTL_TYPE_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_ESRD	HMDLYS_PTNT_CNT	NUMBER (3.0)	N	Hemodialysis Patient Count	Number of hemodialysis patients.	
CSP_CRTFCTN_ESRD	HMDLYS_SRVC_SW	VARCHAR2 (1)	N	Services: Hemodialysis Indicator	Indicates if hemodialysis service is provided.	
CSP_CRTFCTN_ESRD	HOME_PD_PTNTS_NUM	NUMBER (3.0)	N	Home Peritoneal Dialysis Patient Count	Number of home peritoneal dialysis patients.	
CSP_CRTFCTN_ESRD	HOME_TRNG_SPRT_ONLY_S RVC_SW	VARCHAR2 (1)	N	Home Training and Support services only HD and PD indicator-Obsolete June 2017	This field has been deleted.	
CSP_CRTFCTN_ESRD	HOSP_BSD_SW	VARCHAR2 (1)	N	Hospital Based Indicator	Indicates if the ESRD is owned and managed by a hospital and on the hospital campus.	
CSP_CRTFCTN_ESRD	HOSP_STLT_SW	VARCHAR2 (1)	N	Hospital Satellite Indicator	Indicates if the ESRD facility is owned and managed by a hospital and located off the	
CSP_CRTFCTN_ESRD	INCNTR_NCTRNL_HD_NUM	NUMBER (3.0)	N	In-Center Nocturnal Hemodialysis Count	Number of in-center nocturnal hemodialysis patients.	
CSP_CRTFCTN_ESRD	INCNTR_NCTRNL_SRVC_SW	VARCHAR2 (1)	N	In-Center Nocturnal Hemodialysis Services Indicator	Indicates if in-center nocturnal hemodialysis services are provided.	
CSP_CRTFCTN_ESRD	INCNTR_PD_PTNTS_NUM	NUMBER (3.0)	N	In-Center Peritoneal Dialysis Patient Count	Number of in-center peritoneal dialysis patients.	
CSP_CRTFCTN_ESRD	INDPNDNT_ESRD_SW	VARCHAR2 (1)	N	Independent ESRD Indicator	Indicates if the ESRD facility is not owned or managed by a hospital.	
CSP_CRTFCTN_ESRD	ISO_AGRMT_IND	VARCHAR2 (1)	N	Isolation Agreement Indicator	Indication of isolation agreement.	
CSP_CRTFCTN_ESRD	ISO_AREA_IND	VARCHAR2 (1)	N	Isolation Area Indicator	Indication of an area for isolation.	
CSP_CRTFCTN_ESRD	ISO_HD_STN_NUM	NUMBER (3.0)	N	Isolation Hemodialysis Station Count	Number of isolated hemodialysis stations.	
CSP_CRTFCTN_ESRD	ISO_ROOM_IND	VARCHAR2 (1)	N	Isolation Room Indicator	Indication of an isolation room.	
CSP_CRTFCTN_ESRD	LAST_ACRDTN_SRVY_DT	DATE (8)	N	Last Accreditation Survey Date	Scheduled end date of the accreditation survey on the state validation survey authorization	
CSP_CRTFCTN_ESRD	LPN_CNT	NUMBER (7.2)	N	Staff Count: LPN	Number of licensed practical nurses.	
CSP_CRTFCTN_ESRD	LSC_CMPLTD_SW	VARCHAR2 (1)	N	LSC Completed Indicator	Indicates if a Life Safety Code survey exists for this certification.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_ESRD	MDCR_ENRLMT_APRVD_CD	VARCHAR2 (2)	N	Medicare Enrollment Approved Code	Identifies if the Medicare Administrative Contractor (MAC) approved the Medicare	CSP_MDCR_ENRLMT_APRVD_CD
CSP_CRTFCTN_ESRD	MDCR_ENRLMT_APRVD_DE SC	VARCHAR2 (70)	N	Medicare Enrollment Approved Description	Identifies if the Medicare Administrative Contractor (MAC) approved the Medicare	CSP_MDCR_ENRLMT_APRVD_CD
CSP_CRTFCTN_ESRD	MDCR_ENRLMT_CD	VARCHAR2 (2)	N	Medicare Enrollment Code	Identifies if the ESRD completed the Medicare enrollment form (CMS 855).	CSP_MDCR_ENRLMT_CD
CSP_CRTFCTN_ESRD	MDCR_ENRLMT_DESC	VARCHAR2 (70)	N	Medicare Enrollment Description	Identifies if the ESRD completed the Medicare enrollment form (CMS 855).	CSP_MDCR_ENRLMT_CD
CSP_CRTFCTN_ESRD	MLT_FAC_MNGD_IND	VARCHAR2 (1)	N	Multiple Facility Managed Indicator	Indicates that the end-stage renal disease facility is managed by a multiple facility organization.	
CSP_CRTFCTN_ESRD	MLT_FAC_ORG_NAME	VARCHAR2 (38)	N	Multiple Facility Organization Name	Name of the multi-facility organization that owns the facility.	
CSP_CRTFCTN_ESRD	MLT_FAC_OWND_IND	VARCHAR2 (1)	N	Multiple Facility Owned Indicator	Indication of being owned by multiple facility organization.	
CSP_CRTFCTN_ESRD	MLT_OWND_FAC_ORG_SW	VARCHAR2 (1)	N	Multiple Facility Organization Owned Indicator	Indicates if a facility is owned by an organization that owns (or leases) two or more	
CSP_CRTFCTN_ESRD	OPNG_FRI_TXT	VARCHAR2 (8)	N	Time: Friday - Opening	Opening time on Friday for in-center patient shifts (in military time).	
CSP_CRTFCTN_ESRD	OPNG_MON_TXT	VARCHAR2 (8)	N	Time: Monday - Opening	Opening time on Monday for in-center patient shifts (in military time).	
CSP_CRTFCTN_ESRD	OPNG_SAT_TXT	VARCHAR2 (8)	N	Time: Saturday - Opening	Opening time on Saturday for in-center patient shifts (in military time).	
CSP_CRTFCTN_ESRD	OPNG_SUN_TXT	VARCHAR2 (8)	N	Time: Sunday - Opening	Opening time on Sunday for in-center patient shifts (in military time).	
CSP_CRTFCTN_ESRD	OPNG_THU_TXT	VARCHAR2 (8)	N	Time: Thursday - Opening	Opening time on Thursday for in-center patient shifts (in military time).	
CSP_CRTFCTN_ESRD	OPNG_TUE_TXT	VARCHAR2 (8)	N	Time: Tuesday - Opening	Opening time on Tuesday for in-center patient shifts (in military time).	
CSP_CRTFCTN_ESRD	OPNG_WED_TXT	VARCHAR2 (8)	N	Time: Wednesday - Opening	Opening time on Wednesday for in-center patient shifts (in military time).	
CSP_CRTFCTN_ESRD	PRSNEL_OTHR_CNT	NUMBER (7,2)	N	Staff Count: Other Personnel	Number of full-time equivalent other salaried personnel employed by a facility.	
CSP_CRTFCTN_ESRD	PRTNL_DLYS_SRVC_SW	VARCHAR2 (1)	N	Services: Peritoneal Dialysis Indicator	Indicates if peritoneal dialysis service is provided.	
CSP_CRTFCTN_ESRD	PRVDR_CTGRY_CD	VARCHAR2 (2)	N	Provider Category Code	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_ESRD	PRVDR_CTGRY_DESC	VARCHAR2 (70)	N	Provider Category Description	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_CRTFCTN_ESRD	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_CRTFCTN_ESRD	REUSE_SRVC_SW	VARCHAR2 (1)	N	Reuse Services indicator- Obsolete June 2017	This field has been deleted.	
CSP_CRTFCTN_ESRD	RN_CNT	NUMBER (7.2)	N	Staff Count: RN	Number of full-time equivalent registered professional nurses employed by a provider.	
CSP_CRTFCTN_ESRD	RQSTD_DLYZR_REUSE_SW	VARCHAR2 (1)	N	Requested Dialyzer Reuse Indicator	Indicates if dialyzer reuse was requested.	
CSP_CRTFCTN_ESRD	RQSTD_HD_IN_LTC_SW	VARCHAR2 (1)	N	Requested HD in LTC Indicator	Indicates if in-center HD was requested.	
CSP_CRTFCTN_ESRD	RQSTD_HOME_HD_TS_IND	VARCHAR2 (1)	N	Requested Home Hemodialysis Training & Support Indicator	Indicates if home services of hemodialysis training & support were requested.	
CSP_CRTFCTN_ESRD	RQSTD_HOME_PD_TS_IND	VARCHAR2 (1)	N	Requested Home Peritoneal Dialysis Training & Support Indicator	Indicates if home services of peritoneal dialysis training & support were requested.	
CSP_CRTFCTN_ESRD	RQSTD_HOME_TRNG_SPRT_ONLY_SW	VARCHAR2 (1)	N	Requested Home Training and Support services only HD and PD indicator-Obsolete June 2017	This field has been deleted.	
CSP_CRTFCTN_ESRD	RQSTD_INCNTR_HD_IND	VARCHAR2 (1)	N	Requested In-Center Hemodialysis Indicator	Indicates if in-center services of hemodialysis training & support were requested.	
CSP_CRTFCTN_ESRD	RQSTD_INCNTR_NCTRNL_SW	VARCHAR2 (1)	N	Requested In-Center Nocturnal Hemodialysis Services Indicator	Indicates if in-center nocturnal hemodialysis services were requested.	
CSP_CRTFCTN_ESRD	RQSTD_INCNTR_PD_IND	VARCHAR2 (1)	N	Requested In-Center Peritoneal Dialysis Indicator	Indicates if in-center services of peritoneal dialysis training & support were requested.	
CSP_CRTFCTN_ESRD	RQSTD_NA_SW	VARCHAR2 (1)	N	No New Services Requested Indicator	Indicates no new services were requested.	
CSP_CRTFCTN_ESRD	RQSTD_PD_IN_LTC_SW	VARCHAR2 (1)	N	Requested PD in LTC Indicator	Indicates if PD was requested in long-term care (LTC).	
CSP_CRTFCTN_ESRD	RQSTD_REUSE_SW	VARCHAR2 (1)	N	Requested Reuse services indicator-Obsolete June 2017	This field has been deleted.	
CSP_CRTFCTN_ESRD	RQSTD_STNS_ADDTNL_INC_NTR_NUM	NUMBER (3.0)	N	Requested Number of In-Center additional stations	Number of additional In-center stations being requested.	
CSP_CRTFCTN_ESRD	RQSTD_STNS_HMDLYS_NUM	NUMBER (3.0)	N	Requested Number of In-Center Hemodialysis Stations-Obsolete June 2017	This field has been deleted.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_ESRD	RQSTD_STNS_NCTRNL_HMD LYS_NUM	NUMBER (3.0)	N	Requested Number of In-Center Nocturnal Hemodialysis Stations- Obsolete June 2017	This field has been deleted.	
CSP_CRTFCTN_ESRD	RQSTD_STNS_NONE_SW	VARCHAR2 (1)	N	No Additional Stations Requested Indicator	Indicates no additional stations were requested.	
CSP_CRTFCTN_ESRD	RQSTD_STNS_PRTNL_DLYS_ NUM	NUMBER (3.0)	N	Requested Number of In-Center Peritoneal Dialysis Stations- Obsolete June 2017	This field has been deleted.	
CSP_CRTFCTN_ESRD	RTRN_TO_AO_DT	DATE (8)	N	Returned to AO Date	Following state monitoring, indicates date the provider was returned to the responsibility of the	
CSP_CRTFCTN_ESRD	SCL_WORKKR_CNT	NUMBER (7.2)	N	Staff Count: Social Worker	Number of full-time equivalent social workers employed by the agency.	
CSP_CRTFCTN_ESRD	SENT_STATE_2802_SW	VARCHAR2 (1)	N	2802 Authorization Sent Indicator	Indicates the validation survey authorized by the Regional Office was sent to the state via CMS	
CSP_CRTFCTN_ESRD	SNF_BASE_SW	VARCHAR2 (1)	N	SNF Based Indicator	Indicates if the end-stage renal disease facility is based in a skilled nursing facility.	
CSP_CRTFCTN_ESRD	SNF_RLTD_HOSP_PRVDR_N UM	VARCHAR2 (10)	N	Nursing Home Based Related Hospital Provider Number	Provider number of the hospital related to the nursing home in which the dialysis facility is	
CSP_CRTFCTN_ESRD	SP_DLYZR_REUSE_SW	VARCHAR2 (1)	N	Dialyzer Reuse Services indicator	Indicates if dialyzer reuse services are provided.	
CSP_CRTFCTN_ESRD	SP_HD_IN_LTC_SW	VARCHAR2 (1)	N	Services: HD Provided in LTC Indicator	Indicates if hemodialysis services are provided in a SNF/NF.	
CSP_CRTFCTN_ESRD	SP_HOME_TRNG_SPRT_HD_ SW	VARCHAR2 (1)	N	Services: Hemodialysis Home Training/Support Indicator	Indicates if the facility provides home training and support for hemodialysis.	
CSP_CRTFCTN_ESRD	SP_HOME_TRNG_SPRT_PD_S W	VARCHAR2 (1)	N	Services: Peritoneal Dialysis Home Training/Support Indicator	Indicates if the facility provides home training and support for peritoneal dialysis.	
CSP_CRTFCTN_ESRD	SP_PD_IN_LTC_SW	VARCHAR2 (1)	N	Services: PD Provided in LTC Indicator	Indicates if peritoneal dialysis services are provided in a SNF/NF.	
CSP_CRTFCTN_ESRD	SRVY_TYPE_CHOW_SW	VARCHAR2 (1)	N	Survey Type CHOW Indicator	Indicates if a change of ownership survey was performed.	
CSP_CRTFCTN_ESRD	SRVY_TYPE_CMPLNT_SW	VARCHAR2 (1)	N	Survey Type Complaint Indicator	Indicates if a complaint survey was performed.	
CSP_CRTFCTN_ESRD	SRVY_TYPE_EXPNSN_SW	VARCHAR2 (1)	N	Survey Type Expansion Indicator	Indicates if an expansion survey performed.	
CSP_CRTFCTN_ESRD	SRVY_TYPE_INITL_SW	VARCHAR2 (1)	N	Survey Type Initial Indicator	Indicates if an initial survey was performed.	



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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_ESRD	SRVY_TYPE_OTHR_SW	VARCHAR2 (1)	N	Survey Type Other Indicator	Indicates if the survey type is 'other'.	
CSP_CRTFCTN_ESRD	SRVY_TYPE_RCRTFCTN_SW	VARCHAR2 (1)	N	Survey Type Recertification Indicator	Indicates if a recertification survey was performed.	
CSP_CRTFCTN_ESRD	SRVY_TYPE_RELOC_SW	VARCHAR2 (1)	N	Survey Type Relocation Indicator	Indicates if a relocation survey performed.	
CSP_CRTFCTN_ESRD	SRVY_TYPE_RVISIT_SW	VARCHAR2 (1)	N	Survey Type Revisit Indicator	Indicates if a revisit survey performed.	
CSP_CRTFCTN_ESRD	STATE_MNTRG_CMPLNC_DT	DATE (8)	N	SA Jurisdiction Compliance Date	During State Agency jurisdiction, date provider came back into compliance.	
CSP_CRTFCTN_ESRD	STATE_MNTRG_EFCTV_DT	DATE (8)	N	SA Jurisdiction Effective Date	Date the provider came under State Agency jurisdiction due to conditions of participation	
CSP_CRTFCTN_ESRD	STATE_RPRSNTV_NAME	VARCHAR2 (80)	N	SA Representative Name	Name of state primary point of contact for the validation process.	
CSP_CRTFCTN_ESRD	STF_SPRT_NH_DLYS_IND	VARCHAR2 (1)	N	Staff Support Nursing Home Dialysis Indicator	Indicates if facility staff provides and/or supports dialysis in nursing home.	
CSP_CRTFCTN_ESRD	STNS_HMDLYS_TRN_SW	VARCHAR2 (1)	N	On-Site Home Training Rooms Indicator	Indicates if on-site home training rooms are provided.	
CSP_CRTFCTN_ESRD	STRT_2802_PROC_SW	VARCHAR2 (1)	N	2802 Authorization Started Indicator	Indicates the validation authorization process has been started by the Regional Office.	
CSP_CRTFCTN_ESRD	SYS_IMPRVMT_AGRMT_DT	DATE (8)	N	System Improvement Agreement Date	Date the provider entered into a System Improvement Agreement with CMS.	
CSP_CRTFCTN_ESRD	TCHNCL_STF_NUM	NUMBER (7,2)	N	Staff Count: Technical Staff	Number of full-time equivalent technical staff (water, machine) employed by a facility.	
CSP_CRTFCTN_ESRD	TCHNCN_CNT	NUMBER (7,2)	N	Staff Count: Technician	Number of full-time equivalent technicians employed by a facility.	
CSP_CRTFCTN_FQHC	CRTFCTN_AGE_NUM	NUMBER (2,0)	N	Certification Age Number	Sequential number derived by sorting on: CCN and descending Certification Date. A one	
CSP_CRTFCTN_FQHC	CRTFCTN_DT	DATE (8)	Y	Certification Date	Equal to the exit date of the initial visit of the Health survey for certifications completed after	
CSP_CRTFCTN_FQHC	FED_FUNDD_FQHC_SW	VARCHAR2 (1)	N	FQHC Federally Funded Indicator	Indicates whether this facility receives federal funds.	
CSP_CRTFCTN_FQHC	FQHC_APRVD_RHC_PRVDR_NUM	VARCHAR2 (10)	N	FQHC Approved RHC CCN	Medicare approved Rural Health Clinic CMS Certification Number related to this facility.	
CSP_CRTFCTN_FQHC	FQHC_APRVD_RHC_SW	VARCHAR2 (1)	N	Part of RHC Indicator	Indicates if the facility is part of a Medicare approved Rural Health Clinic.	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_FQHC	GNRL_CNTL_TYPE_CD	VARCHAR2 (2)	N	Ownership Type Code	Indicates the ownership type of the provider.	CSP_GNRL_CNTL_TYPE_CD
CSP_CRTFCTN_FQHC	GNRL_CNTL_TYPE_DESC	VARCHAR2 (54)	N	Ownership Type Description	Indicates the ownership type of the provider.	CSP_GNRL_CNTL_TYPE_CD
CSP_CRTFCTN_FQHC	PART_PRTCPTG_PRVDR_SW	VARCHAR2 (1)	N	Distinct Part Indicator	Indicates if the facility is a distinct part of another provider of Medicare/Medicaid services.	
CSP_CRTFCTN_FQHC	PRVDR_CTGRY_CD	VARCHAR2 (2)	N	Provider Category Code	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_CRTFCTN_FQHC	PRVDR_CTGRY_DESC	VARCHAR2 (70)	N	Provider Category Description	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_CRTFCTN_FQHC	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_CRTFCTN_HHA	ACRDTN_SRVY_60_DAY_DT	DATE (8)	N	60 Days After AO Survey Date	Date 60 days after the scheduled end date of the accreditation organization survey.	
CSP_CRTFCTN_HHA	ACRDTN_SRVY_TYPE_CD	VARCHAR2 (2)	N	Accreditation Survey Type Code	Indicates the type of accreditation survey for which the 2802 process is being conducted.	CSP_ACRDTN_SRVY_TYPE_CD
CSP_CRTFCTN_HHA	ACRDTN_SRVY_TYPE_DESC	VARCHAR2 (59)	N	Accreditation Survey Type Description	Indicates the type of accreditation survey for which the 2802 process is being conducted.	CSP_ACRDTN_SRVY_TYPE_CD
CSP_CRTFCTN_HHA	ACRDTN_TYPE_CD	VARCHAR2 (1)	N	Accreditation Type Code	Indicates an accrediting organization deeming the provider. If a provider is deemed by	CSP_ACRDTN_DEMD_CD
CSP_CRTFCTN_HHA	ACRDTN_TYPE_DESC	VARCHAR2 (24)	N	Accreditation Type Description	Indicates an accrediting organization deeming the provider. If a provider is deemed by	CSP_ACRDTN_DEMD_CD
CSP_CRTFCTN_HHA	AO_CD	VARCHAR2 (2)	N	Validation Survey AO Code	Indicates the accrediting organization being validated by the state agency for this validation	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HHA	AO_DESC	VARCHAR2 (23)	N	Validation Survey AO Description	Indicates the accrediting organization being validated by the state agency for this validation	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HHA	APLNC_EQUIP_SRVC_CD	VARCHAR2 (1)	N	Services: Appliance and Equipment Code	Indicates how appliance and equipment services are provided by a home health agency.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HHA	APLNC_EQUIP_SRVC_DESC	VARCHAR2 (49)	N	Services: Appliance and Equipment Description	Indicates how appliance and equipment services are provided by a home health agency.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HHA	BRNCH_CNT	NUMBER (3.0)	N	Branch Count	Number of branches operated by the home health agency.	
CSP_CRTFCTN_HHA	BRNCH_OPRTN_SW	VARCHAR2 (1)	N	Branch Operation Indicator	Indicates if the home health agency operates any branches.	
CSP_CRTFCTN_HHA	CHOW_SW	VARCHAR2 (1)	N	CHOW Indicator	Indicates if the home health agency has undergone a change of ownership since the last	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_HHA	CNSUS_ADMSN_READMSN_CNT	NUMBER (5.0)	N	Census: Readmissions	Number of readmissions to the home health agency since the last standard survey.	
CSP_CRTFCTN_HHA	CNSUS_ADMSN_UNDUP_CNT	NUMBER (5.0)	N	Census: Unduplicated Admissions	Number of unduplicated admissions to the home health agency since the last standard survey.	
CSP_CRTFCTN_HHA	CNSUS_DEATH_DSCHRG_CNT	NUMBER (5.0)	N	Census: Death Discharges	Number of death discharges from the home health agency since the last standard survey.	
CSP_CRTFCTN_HHA	CNSUS_DSCHRG_GOAL_MET_CNT	NUMBER (5.0)	N	Census: Goals Met Discharges	Number of goals met discharges from the home health agency since the last standard survey.	
CSP_CRTFCTN_HHA	CNSUS_HOSP_DSCHRG_CNT	NUMBER (5.0)	N	Census: Hospital Discharges	Number of hospital discharges from the home health agency since the last standard survey.	
CSP_CRTFCTN_HHA	CRNTLY_DEEMD_BY_1_CD	VARCHAR2 (2)	N	Currently Deemed By Code 1	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HHA	CRNTLY_DEEMD_BY_1_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 1	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HHA	CRNTLY_DEEMD_BY_2_CD	VARCHAR2 (2)	N	Currently Deemed By Code 2	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HHA	CRNTLY_DEEMD_BY_2_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 2	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HHA	CRNTLY_DEEMD_BY_3_CD	VARCHAR2 (2)	N	Currently Deemed By Code 3	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HHA	CRNTLY_DEEMD_BY_3_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 3	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HHA	CRNTLY_DEEMD_BY_4_CD	VARCHAR2 (2)	N	Currently Deemed By Code 4	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HHA	CRNTLY_DEEMD_BY_4_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 4	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HHA	CRNTLY_DEEMD_BY_5_CD	VARCHAR2 (2)	N	Currently Deemed By Code 5	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HHA	CRNTLY_DEEMD_BY_5_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 5	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HHA	CRNTLY_DEEMD_BY_6_CD	VARCHAR2 (2)	N	Currently Deemed By Code 6	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HHA	CRNTLY_DEEMD_BY_6_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 6	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_HHA	CRTFCTN_AGE_NUM	NUMBER (2.0)	N	Certification Age Number	Sequential number derived by sorting on: CCN and descending Certification Date. A one	
CSP_CRTFCTN_HHA	CRTFCTN_DT	DATE (8)	Y	Certification Date	Equal to the exit date of the initial visit of the Health survey for certifications completed after	
CSP_CRTFCTN_HHA	CRTFCTN_EVER_DEMD_SW	VARCHAR2 (1)	N	Provider Deemed at Certification Start Indicator	Indicates if the provider was deemed at the beginning of this certification cycle but later	
CSP_CRTFCTN_HHA	CYC_TYPE_CD	VARCHAR2 (1)	N	Validation Survey Cycle Type Code	Indicates whether the state was authorized to conduct a 60-day or mid-cycle validation	CSP_CYC_TYPE_CD
CSP_CRTFCTN_HHA	CYC_TYPE_DESC	VARCHAR2 (20)	N	Validation Survey Cycle Type Description	Indicates whether the state was authorized to conduct a 60-day or mid-cycle validation	CSP_CYC_TYPE_CD
CSP_CRTFCTN_HHA	DEMD_STUS_SW	VARCHAR2 (1)	N	Deemed Status Indicator	Indicates if the provider is deemed to meet Medicare requirements by an accrediting	
CSP_CRTFCTN_HHA	DIETN_CNT	NUMBER (7.2)	N	Staff Count: Dietitian	Number of full-time equivalent dietitians employed by a facility.	
CSP_CRTFCTN_HHA	DSCHRG_CNT	NUMBER (6.0)	N	Census: Total Discharges	Total number of discharges from the home health agency since the last standard survey.	
CSP_CRTFCTN_HHA	DSCPLN_ADMINR_CD	VARCHAR2 (1)	N	Professional Discipline of Administrator	Indicates the professional discipline of the administrator of the home health agency.	CSP_DSCPLN_ADMINR_CD
CSP_CRTFCTN_HHA	DSCPLN_ADMINR_DESC	VARCHAR2 (39)	N	Professional Discipline of Administrator Description	Indicates the professional discipline of the administrator of the home health agency.	CSP_DSCPLN_ADMINR_CD
CSP_CRTFCTN_HHA	GNRL_CNTL_TYPE_CD	VARCHAR2 (2)	N	Ownership Type Code	Indicates the ownership type of the provider.	CSP_GNRL_CNTL_TYPE_CD
CSP_CRTFCTN_HHA	GNRL_CNTL_TYPE_DESC	VARCHAR2 (54)	N	Ownership Type Description	Indicates the ownership type of the provider.	CSP_GNRL_CNTL_TYPE_CD
CSP_CRTFCTN_HHA	GNRL_FAC_TYPE_CD	VARCHAR2 (2)	N	Agency Type Code	Indicates the agency type of the home health agency.	CSP_GNRL_FAC_TYPE_CD
CSP_CRTFCTN_HHA	GNRL_FAC_TYPE_DESC	VARCHAR2 (54)	N	Agency Type Description	Indicates the agency type of the home health agency.	CSP_GNRL_FAC_TYPE_CD
CSP_CRTFCTN_HHA	HHA_QLFYD_OPT_SPCH_SW	VARCHAR2 (1)	N	HHA Qualified For OPT Indicator	Indicates if a home health agency is qualified to provide outpatient physical therapy/speech	
CSP_CRTFCTN_HHA	HHA_STD_SRVY_FREQ_CD	VARCHAR2 (1)	N	Standard Survey Frequency Code	Indicates the frequency of the standard survey for a home health agency .	CSP_SRVY_FREQ_CD
CSP_CRTFCTN_HHA	HHA_STD_SRVY_FREQ_DESC	VARCHAR2 (51)	N	Standard Survey Frequency Description	Indicates the frequency of the standard survey for a home health agency .	CSP_SRVY_FREQ_CD
CSP_CRTFCTN_HHA	HH_AIDE_CNT	NUMBER (7.2)	N	Staff Count: Home Health Aide	Number of full-time equivalent home health aides employed by a home health agency.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_HHA	HH_AIDE_SRVC_CD	VARCHAR2 (1)	N	Services: Home Health Aide Code	Indicates how home health aide services are provided by a home health agency.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HHA	HH_AIDE_SRVC_DESC	VARCHAR2 (49)	N	Services: Home Health Aide Description	Indicates how home health aide services are provided by a home health agency.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HHA	HH_AIDE_TRNG_PGM_CD	VARCHAR2 (1)	N	Home Health Aide Training Program Code	Indicates how the agency provides home health aide training and competency evaluation	CSP_HHA_TRNG_PGM_CD
CSP_CRTFCTN_HHA	HH_AIDE_TRNG_PGM_DESC	VARCHAR2 (55)	N	Home Health Aide Training Program Description	Indicates how the agency provides home health aide training and competency evaluation	CSP_HHA_TRNG_PGM_CD
CSP_CRTFCTN_HHA	HOME_VISIT_NO_REC_RVW_CNT	NUMBER (2.0)	N	Home Visit No Records Reviewed Count	Number of home visits made by the surveyor without a review of the patient's record.	
CSP_CRTFCTN_HHA	INITL_CRTFCTN_SRVC_TYP E_CD	VARCHAR2 (1)	N	Survey Extent Code - Initial	Indicates the type of survey done for an initial certification.	CSP_INITL_SRVC_TYPE_CD
CSP_CRTFCTN_HHA	INITL_CRTFCTN_SRVC_TYP E_DESC	VARCHAR2 (34)	N	Survey Extent Description - Initial	Indicates the type of survey done for an initial certification.	CSP_INITL_SRVC_TYPE_CD
CSP_CRTFCTN_HHA	INTRN_RSDNT_SRVC_CD	VARCHAR2 (1)	N	Services: Interns and Residents Code	Indicates how intern and resident services are provided by a home health agency.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HHA	INTRN_RSDNT_SRVC_DESC	VARCHAR2 (49)	N	Services: Interns and Residents Description	Indicates how intern and resident services are provided by a home health agency.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HHA	LAB_SRVC_CD	VARCHAR2 (1)	N	Services: Laboratory Code	Indicates how laboratory services are provided by a home health agency.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HHA	LAB_SRVC_DESC	VARCHAR2 (49)	N	Services: Laboratory Description	Indicates how laboratory services are provided by a home health agency.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HHA	LAST_ACRDTN_SRVC_DT	DATE (8)	N	Last Accreditation Survey Date	Scheduled end date of the accreditation survey on the state validation survey authorization	
CSP_CRTFCTN_HHA	LPN_LVN_CNT	NUMBER (7.2)	N	Staff Count: LPN	Number of full-time equivalent licensed practical nurses employed by a facility.	
CSP_CRTFCTN_HHA	MDCL_SCL_SRVC_CD	VARCHAR2 (1)	N	Services: Medical Social Worker Code	Indicates how medical social worker services are provided by a home health agency.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HHA	MDCL_SCL_SRVC_DESC	VARCHAR2 (49)	N	Services: Medical Social Worker Description	Indicates how medical social worker services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HHA	MDCR_HOSPC_SW	VARCHAR2 (1)	N	Hospice Indicator	Indicates if the home health agency also participates in the Medicare program as a	
CSP_CRTFCTN_HHA	NH_DSCHRG_CNT	NUMBER (5.0)	N	Census: Nursing Home Discharges	Number of nursing home discharges from the home health agency since the last standard	
CSP_CRTFCTN_HHA	NRSNG_SRVC_CD	VARCHAR2 (1)	N	Services: Nursing Care Code	Indicates how nursing care services are provided by a home health agency.	CSP_GNRL_SRVC_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_HHA	NRSNG_SRVC_DESC	VARCHAR2 (49)	N	Services: Nursing Care Description	Indicates how nursing care services are provided by a home health agency.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HHA	NTRTNL_GDNC_SRVC_CD	VARCHAR2 (1)	N	Services: Nutritional Guidance Code	Indicates how nutritional guidance services are provided by a home health agency.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HHA	NTRTNL_GDNC_SRVC_DESC	VARCHAR2 (49)	N	Services: Nutritional Guidance Description	Indicates how nutritional guidance services are provided by a home health agency.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HHA	OCPTNL_THRPST_CNT	NUMBER (7.2)	N	Staff Count: OT	Number of full-time equivalent occupational therapists employed by a home health agency.	
CSP_CRTFCTN_HHA	OTHR_SRVC_CD	VARCHAR2 (1)	N	Services: Other Code	Indicates how other services are provided by a home health agency.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HHA	OTHR_SRVC_DESC	VARCHAR2 (49)	N	Services: Other Description	Indicates how other services are provided by a home health agency.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HHA	OT_SRVC_CD	VARCHAR2 (1)	N	Services: OT Code	Indicates how occupational therapy services are provided by a home health agency.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HHA	OT_SRVC_DESC	VARCHAR2 (49)	N	Services: OT Description	Indicates how occupational therapy services are provided by a home health agency.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HHA	OVRRD_STFG_SW	VARCHAR2 (1)	N	Staff Count Override Indicator	Indicates if the regional office has approved a significant staff count change from the previous	
CSP_CRTFCTN_HHA	PGM_PRTCPTN_CD	VARCHAR2 (1)	N	Program Participation Code	Indicates if the provider participates in Medicare, Medicaid, or both programs.	CSP_PGM_CD
CSP_CRTFCTN_HHA	PGM_PRTCPTN_DESC	VARCHAR2 (31)	N	Program Participation Description	Indicates if the provider participates in Medicare, Medicaid, or both programs.	CSP_PGM_CD
CSP_CRTFCTN_HHA	PHRMCY_SRVC_CD	VARCHAR2 (1)	N	Services: Pharmaceutical Code	Indicates how pharmaceutical services are provided by a home health agency.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HHA	PHRMCY_SRVC_DESC	VARCHAR2 (49)	N	Services: Pharmaceutical Description	Indicates how pharmaceutical services are provided by a home health agency.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HHA	PHYS_THRPST_STF_CNT	NUMBER (7.2)	N	Staff Count: PT	Number of full-time equivalent physical therapists employed by a home health agency.	
CSP_CRTFCTN_HHA	PRSNEL_OTHR_CNT	NUMBER (7.2)	N	Staff Count: All Others	Number of full-time equivalent all other personnel employed by a home health agency.	
CSP_CRTFCTN_HHA	PRVDR_CTGRY_CD	VARCHAR2 (2)	N	Provider Category Code	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_CRTFCTN_HHA	PRVDR_CTGRY_DESC	VARCHAR2 (70)	N	Provider Category Description	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_CRTFCTN_HHA	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_HHA	PT_SRVC_CD	VARCHAR2 (1)	N	Services: PT Code	Indicates how physical therapy services are provided by a home health agency.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HHA	PT_SRVC_DESC	VARCHAR2 (49)	N	Services: PT Description	Indicates how physical therapy services are provided by a home health agency.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HHA	RCRTFCTN_SRVY_TYPE_CD	VARCHAR2 (1)	N	Survey Extent Code - Recertification	Indicates the type of survey done for this recertification.	CSP_RSRVY_TYPE_CD
CSP_CRTFCTN_HHA	RCRTFCTN_SRVY_TYPE_DE SC	VARCHAR2 (37)	N	Survey Extent Description - Recertification	Indicates the type of survey done for this recertification.	CSP_RSRVY_TYPE_CD
CSP_CRTFCTN_HHA	REC_REV_HOME_VISIT_CNT	NUMBER (2.0)	N	Home Visit Records Reviewed Count	Number of home visits made by the surveyor including a review of the patient's record.	
CSP_CRTFCTN_HHA	REC_REV_NO_HOME_VISIT_ CNT	NUMBER (2.0)	N	Records Reviewed No Home Visit Count	Number of patient records reviewed by the surveyor without a home visit.	
CSP_CRTFCTN_HHA	REG_PHRMCST_CNT	NUMBER (7.2)	N	Staff Count: Registered Pharmacist	Number of full-time equivalent registered pharmacists employed by the home health	
CSP_CRTFCTN_HHA	RN_CNT	NUMBER (7.2)	N	Staff Count: RN	Number of full-time equivalent registered professional nurses employed by the home	
CSP_CRTFCTN_HHA	RTRN_TO_AO_DT	DATE (8)	N	Returned to AO Date	Following state monitoring, indicates date the provider was returned to the responsibility of the	
CSP_CRTFCTN_HHA	SBUNIT_CNT	NUMBER (3.0)	N	Subunit Count	Number of subunits operated by the home health agency.	
CSP_CRTFCTN_HHA	SBUNIT_OPRTN_SW	VARCHAR2 (1)	N	Subunit Operation Indicator	Indicates if the home health agency operates any subunits.	
CSP_CRTFCTN_HHA	SBUNIT_SW	VARCHAR2 (1)	N	Subunit Indicator	Indicates if the home health agency is a subunit of another agency.	
CSP_CRTFCTN_HHA	SCL_WORKKR_CNT	NUMBER (7.2)	N	Staff Count: Social Worker	Number of full-time equivalent social workers employed by the home health agency.	
CSP_CRTFCTN_HHA	SENT_STATE_2802_SW	VARCHAR2 (1)	N	2802 Authorization Sent Indicator	Indicates the validation survey authorized by the Regional Office was sent to the state via CMS	
CSP_CRTFCTN_HHA	SPCH_PTHLGST_AUDLGST_ CNT	NUMBER (7.2)	N	Staff Count: Speech Pathologist/Audiologist	Number of full-time equivalent speech pathologists or audiologists employed by the	
CSP_CRTFCTN_HHA	SPCH_THRPY_SRVC_CD	VARCHAR2 (1)	N	Services: Speech Therapy Code	Indicates how speech therapy services are provided by the home health agency.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HHA	SPCH_THRPY_SRVC_DESC	VARCHAR2 (49)	N	Services: Speech Therapy Description	Indicates how speech therapy services are provided by the home health agency.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HHA	SRVYR_HOME_VISIT_CNT	NUMBER (2.0)	N	Total Home Visit Count	Total number of home visits by the surveyors.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_HHA	SRVYR_REV_REC_CNT	NUMBER (3.0)	N	Total Records Reviewed Count	Total number of records reviewed by the surveyors for this certification kit.	
CSP_CRTFCTN_HHA	SRVYR_SMRY_CD	VARCHAR2 (1)	N	Surveyor Summary Code	Indicates the surveyors' determination of the appropriate action to be taken following a	CSP_SRVYR_SMRY_CD
CSP_CRTFCTN_HHA	SRVYR_SMRY_DESC	VARCHAR2 (47)	N	Surveyor Summary Description	Indicates the surveyors' determination of the appropriate action to be taken following a	CSP_SRVYR_SMRY_CD
CSP_CRTFCTN_HHA	STATE_MNTRG_CMPLNC_DT	DATE (8)	N	SA Jurisdiction Compliance Date	During State Agency jurisdiction, date provider came back into compliance.	
CSP_CRTFCTN_HHA	STATE_MNTRG_EFCTV_DT	DATE (8)	N	SA Jurisdiction Effective Date	Date the provider came under State Agency jurisdiction due to conditions of participation	
CSP_CRTFCTN_HHA	STATE_RPRSNTV_NAME	VARCHAR2 (80)	N	SA Representative Name	Name of state primary point of contact for the validation process.	
CSP_CRTFCTN_HHA	STRT_2802_PROC_SW	VARCHAR2 (1)	N	2802 Authorization Started Indicator	Indicates the validation authorization process has been started by the Regional Office.	
CSP_CRTFCTN_HHA	SYS_IMPRVMT_AGRMT_DT	DATE (8)	N	System Improvement Agreement Date	Date the provider entered into a System Improvement Agreement with CMS.	
CSP_CRTFCTN_HHA	VCTNL_GDNC_SRVC_CD	VARCHAR2 (1)	N	Services: Vocational Guidance Code	Indicates how vocational guidance services are provided by the home health agency.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HHA	VCTNL_GDNC_SRVC_DESC	VARCHAR2 (49)	N	Services: Vocational Guidance Description	Indicates how vocational guidance services are provided by the home health agency.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	ACRDTN_EFCTV_DT	DATE (8)	N	Accreditation Effective Date	Effective date of the period of accreditation associated with this certification.	
CSP_CRTFCTN_HOSP	ACRDTN_EXPRTN_DT	DATE (8)	N	Accreditation Expiration Date	Expiration date of the period of accreditation associated with this certification.	
CSP_CRTFCTN_HOSP	ACRDTN_SRVY_60_DAY_DT	DATE (8)	N	60 Days After AO Survey Date	Date 60 days after the scheduled end date of the accreditation organization survey.	
CSP_CRTFCTN_HOSP	ACRDTN_SRVY_TYPE_CD	VARCHAR2 (2)	N	Accreditation Survey Type Code	Indicates the type of accreditation survey for which the 2802 process is being conducted.	CSP_ACRDTN_SRVY_TYPE_CD
CSP_CRTFCTN_HOSP	ACRDTN_SRVY_TYPE_DESC	VARCHAR2 (59)	N	Accreditation Survey Type Description	Indicates the type of accreditation survey for which the 2802 process is being conducted.	CSP_ACRDTN_SRVY_TYPE_CD
CSP_CRTFCTN_HOSP	ACRDTN_TYPE_CD	VARCHAR2 (1)	N	Accreditation Type Code	Indicates an accrediting organization deeming the provider. If a provider is deemed by	CSP_ACRDTN_DEMD_CD
CSP_CRTFCTN_HOSP	ACRDTN_TYPE_DESC	VARCHAR2 (24)	N	Accreditation Type Description	Indicates an accrediting organization deeming the provider. If a provider is deemed by	CSP_ACRDTN_DEMD_CD
CSP_CRTFCTN_HOSP	ACUTE_RNL_DLYS_SRVC_CD	VARCHAR2 (1)	N	Services: Acute Renal Dialysis Code	Indicates how acute renal dialysis services are provided.	CSP_GNRL_SRVC_CD



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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_HOSP	ACUTE_RNL_DLYS_SRVC_D ESC	VARCHAR2 (49)	N	Services: Acute Renal Dialysis Description	Indicates how acute renal dialysis services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	AFLTD_PRVDR_CNT	NUMBER (2.0)	N	Affiliated Count: Total	Number of affiliated providers.	
CSP_CRTFCTN_HOSP	ALCHL_DRUG_SRVC_CD	VARCHAR2 (1)	N	Services: Alcohol and/or Drug Code	Indicates how alcohol and/or drug services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	ALCHL_DRUG_SRVC_DESC	VARCHAR2 (49)	N	Services: Alcohol and/or Drug Description	Indicates how alcohol and/or drug services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	ANSTHSA_SRVC_CD	VARCHAR2 (1)	N	Services: Anesthesia Code	Indicates how anesthesia services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	ANSTHSA_SRVC_DESC	VARCHAR2 (49)	N	Services: Anesthesia Description	Indicates how anesthesia services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	AO_CD	VARCHAR2 (2)	N	Validation Survey AO Code	Indicates the accrediting organization being validated by the state agency for this validation	ACTS_CRNTLY_DEEMD_BY_C D
CSP_CRTFCTN_HOSP	AO_DESC	VARCHAR2 (23)	N	Validation Survey AO Description	Indicates the accrediting organization being validated by the state agency for this validation	ACTS_CRNTLY_DEEMD_BY_C D
CSP_CRTFCTN_HOSP	APLCTN_WRKSHT_CMPLTD _DT	DATE (8)	N	Surveyor Update Date	Date surveyor entered updated data on the hospital worksheet in ASPEN.	
CSP_CRTFCTN_HOSP	AUDLGY_SRVC_CD	VARCHAR2 (1)	N	Services: Audiology Code	Indicates how audiology services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	AUDLGY_SRVC_DESC	VARCHAR2 (49)	N	Services: Audiology Description	Indicates how audiology services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	BED_CNT	NUMBER (4.0)	N	Bed Count: Total	Total number of beds in a provider, including those in non-participating or non-licensed areas.	
CSP_CRTFCTN_HOSP	BURN_CARE_UNIT_SRVC_C D	VARCHAR2 (1)	N	Services: Burn Care Unit Code	Indicates how burn care unit services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	BURN_CARE_UNIT_SRVC_D ESC	VARCHAR2 (49)	N	Services: Burn Care Unit Description	Indicates how burn care unit services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	CAH_PSYCH_DPU_SW	VARCHAR2 (1)	N	CAH Psychiatric DPU Indicator	Indicates if a Critical Access Hospital has a psychiatric Prospective Payment System-	
CSP_CRTFCTN_HOSP	CAH_REHAB_DPU_SW	VARCHAR2 (1)	N	CAH Rehabilitation DPU Indicator	Indicates if a Critical Access Hospital rehabilitation unit has a Prospective Payment	
CSP_CRTFCTN_HOSP	CAH_SB_SW	VARCHAR2 (1)	N	CAH Swing Bed Indicator	Indicates if a Critical Access Hospital has been approved to provide nursing home and/or	
CSP_CRTFCTN_HOSP	CARF_IP_REHAB_SRVC_CD	VARCHAR2 (1)	N	Services: CARF Inpatient Rehabilitation Code	Indicates how Commission on Accreditation of Rehabilitation Facilities inpatient rehabilitation	CSP_GNRL_SRVC_CD

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_HOSP	CARF_IP_REHAB_SRVC_DESC	VARCHAR2 (49)	N	Services: CARF Inpatient Rehabilitation Description	Indicates how Commission on Accreditation of Rehabilitation Facilities inpatient rehabilitation	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	CEO_EMAIL_TXT	VARCHAR2 (60)	N	CEO Email Address	Email address of the Chief Executive Officer (CEO).	
CSP_CRTFCTN_HOSP	CEO_PHNE_NUM	VARCHAR2 (13)	N	CEO Phone Number	Phone number of the Chief Executive Officer (CEO).	
CSP_CRTFCTN_HOSP	CHLD_ADLSCNT_PSYCH_SRVC_CD	VARCHAR2 (1)	N	Services: Psychiatric Child and/or Adolescent Code	Indicates how child and/or adolescent psychiatric services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	CHLD_ADLSCNT_PSYCH_SRVC_DESC	VARCHAR2 (49)	N	Services: Psychiatric Child and/or Adolescent Description	Indicates how child and/or adolescent psychiatric services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	CHMTHRPY_SRVC_CD	VARCHAR2 (1)	N	Services: Chemotherapy Code	Indicates how chemotherapy services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	CHMTHRPY_SRVC_DESC	VARCHAR2 (49)	N	Services: Chemotherapy Description	Indicates how chemotherapy services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	CHRPRCTIC_SRVC_CD	VARCHAR2 (1)	N	Services: Chiropractic Code	Indicates how chiropractic services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	CHRPRCTIC_SRVC_DESC	VARCHAR2 (49)	N	Services: Chiropractic Description	Indicates how chiropractic services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	CL_SRVC_CD	VARCHAR2 (1)	N	Services: Clinical Laboratory Code	Indicates how clinical laboratory services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	CL_SRVC_DESC	VARCHAR2 (49)	N	Services: Clinical Laboratory Description	Indicates how clinical laboratory services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	CNSUS_AVG_DAILY_CNT	NUMBER (4,0)	N	Average Daily Census	Average daily census of the hospital.	
CSP_CRTFCTN_HOSP	COLCTN_STUS_SW	VARCHAR2 (1)	N	Co-Location Indicator	Indicates if the facility shares a location with another hospital.	
CSP_CRTFCTN_HOSP	CRDC_CTHRTZTN_LAB_SRVC_CD	VARCHAR2 (1)	N	Services: Cardiac Catheterization Lab Code	Indicates how cardiac catheterization lab services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	CRDC_CTHRTZTN_LAB_SRVC_DESC	VARCHAR2 (49)	N	Services: Cardiac Catheterization Lab Description	Indicates how cardiac catheterization lab services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	CRDC_CTHRTZTN_PRCDR_ROOMS_CNT	NUMBER (4,0)	N	Cardiac Catheterization Procedure Room Count	Number of cardiac catheterization procedure rooms.	
CSP_CRTFCTN_HOSP	CRDC_SEPRPLY_LCNDS_SW	VARCHAR2 (1)	N	Cardiac Catheterization Rooms Separately Licensed Indicator	Indicates if the cardiac catheterization rooms are separately licensed.	
CSP_CRTFCTN_HOSP	CRNA_CNT	NUMBER (7,2)	N	Staff Count: CRNA	Number of full-time equivalent Certified Registered Nurse Anesthetists employed by a	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_HOSP	CRNRY_CARE_UNIT_SRVC_CD	VARCHAR2 (1)	N	Services: Coronary Care Unit Code	Indicates how Coronary Care Unit services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	CRNRY_CARE_UNIT_SRVC_DESC	VARCHAR2 (49)	N	Services: Coronary Care Unit Description	Indicates how Coronary Care Unit services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	CRNTLY_DEEMD_BY_1_CD	VARCHAR2 (2)	N	Currently Deemed By Code 1	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HOSP	CRNTLY_DEEMD_BY_1_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 1	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HOSP	CRNTLY_DEEMD_BY_2_CD	VARCHAR2 (2)	N	Currently Deemed By Code 2	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HOSP	CRNTLY_DEEMD_BY_2_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 2	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HOSP	CRNTLY_DEEMD_BY_3_CD	VARCHAR2 (2)	N	Currently Deemed By Code 3	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HOSP	CRNTLY_DEEMD_BY_3_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 3	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HOSP	CRNTLY_DEEMD_BY_4_CD	VARCHAR2 (2)	N	Currently Deemed By Code 4	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HOSP	CRNTLY_DEEMD_BY_4_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 4	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HOSP	CRNTLY_DEEMD_BY_5_CD	VARCHAR2 (2)	N	Currently Deemed By Code 5	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HOSP	CRNTLY_DEEMD_BY_5_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 5	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HOSP	CRNTLY_DEEMD_BY_6_CD	VARCHAR2 (2)	N	Currently Deemed By Code 6	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HOSP	CRNTLY_DEEMD_BY_6_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 6	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HOSP	CRTFCTN_AGE_NUM	NUMBER (2,0)	N	Certification Age Number	Sequential number derived by sorting on: CCN and descending Certification Date. A one	
CSP_CRTFCTN_HOSP	CRTFCTN_DT	DATE (8)	Y	Certification Date	Equal to the exit date of the initial visit of the Health survey for certifications completed after	
CSP_CRTFCTN_HOSP	CRTFCTN_EVER_DEMD_SW	VARCHAR2 (1)	N	Provider Deemed at Certification Start Indicator	Indicates if the provider was deemed at the beginning of this certification cycle but later	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_HOSP	CRTFD_BED_CNT	NUMBER (4.0)	N	Bed Count: Certified	Number of beds in Medicare and/or Medicaid certified areas within a facility.	
CSP_CRTFCTN_HOSP	CT_SCAN_SRVC_CD	VARCHAR2 (1)	N	Services: CT Scan Code	Indicates how CT scan services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	CT_SCAN_SRVC_DESC	VARCHAR2 (49)	N	Services: CT Scan Description	Indicates how CT scan services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	CYC_TYPE_CD	VARCHAR2 (1)	N	Validation Survey Cycle Type Code	Indicates whether the state was authorized to conduct a 60-day or mid-cycle validation	CSP_CYC_TYPE_CD
CSP_CRTFCTN_HOSP	CYC_TYPE_DESC	VARCHAR2 (20)	N	Validation Survey Cycle Type Description	Indicates whether the state was authorized to conduct a 60-day or mid-cycle validation	CSP_CYC_TYPE_CD
CSP_CRTFCTN_HOSP	DCTD_ER_SRVC_CD	VARCHAR2 (1)	N	Services: Emergency Department Code	Indicates how dedicated emergency department services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	DCTD_ER_SRVC_DESC	VARCHAR2 (49)	N	Services: Emergency Department Description	Indicates how dedicated emergency department services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	DEMD_STUS_SW	VARCHAR2 (1)	N	Deemed Status Indicator	Indicates if the provider is deemed to meet Medicare requirements by an accrediting	
CSP_CRTFCTN_HOSP	DGNSTC_RDLGY_SRVC_CD	VARCHAR2 (1)	N	Services: Diagnostic Radiology Code	Indicates how diagnostic radiology services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	DGNSTC_RDLGY_SRVC_DESC	VARCHAR2 (49)	N	Services: Diagnostic Radiology Description	Indicates how diagnostic radiology services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	DIETN_CNT	NUMBER (7.2)	N	Staff Count: Dietitian	Number of full-time equivalent dietitians employed by a provider.	
CSP_CRTFCTN_HOSP	DNTL_SRVC_CD	VARCHAR2 (1)	N	Services: Dental Code	Indicates how dental services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	DNTL_SRVC_DESC	VARCHAR2 (49)	N	Services: Dental Description	Indicates how dental services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	DTRY_SRVC_CD	VARCHAR2 (1)	N	Services: Dietary Code	Indicates how dietary services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	DTRY_SRVC_DESC	VARCHAR2 (49)	N	Services: Dietary Description	Indicates how dietary services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	EMER_PSYCH_SRVC_CD	VARCHAR2 (1)	N	Services: Emergency Psychiatric Code	Indicates how emergency psychiatric services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	EMER_PSYCH_SRVC_DESC	VARCHAR2 (49)	N	Services: Emergency Psychiatric Description	Indicates how emergency psychiatric services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	ENDSCPY_PRCDR_ROOMS_CNT	NUMBER (4.0)	N	Endoscopy Procedure Room Count	Number of endoscopy procedure rooms.	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_HOSP	ENDSCPY_SEPRPLY_LCNDSW	VARCHAR2 (1)	N	Endoscopy Procedure Rooms Separately Licensed Indicator	Indicates if the endoscopy procedure rooms are separately licensed.	
CSP_CRTFCTN_HOSP	FRNSC_PSYCH_SRVC_CD	VARCHAR2 (1)	N	Services: Forensic Psychiatric Code	Indicates how forensic psychiatric services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	FRNSC_PSYCH_SRVC_DESC	VARCHAR2 (49)	N	Services: Forensic Psychiatric Description	Indicates how forensic psychiatric services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	GNRL_CNTL_TYPE_CD	VARCHAR2 (2)	N	Ownership Type Code	Indicates the ownership type of the provider.	CSP_GNRL_CNTL_TYPE_CD
CSP_CRTFCTN_HOSP	GNRL_CNTL_TYPE_DESC	VARCHAR2 (54)	N	Ownership Type Description	Indicates the ownership type of the provider.	CSP_GNRL_CNTL_TYPE_CD
CSP_CRTFCTN_HOSP	GNRL_FAC_TYPE_CD	VARCHAR2 (2)	N	Medicare Hospital Type Code	Indicates the type of Medicare hospital based on specific definitions in the Social Security Act	CSP_GNRL_FAC_TYPE_CD
CSP_CRTFCTN_HOSP	GNRL_FAC_TYPE_DESC	VARCHAR2 (54)	N	Medicare Hospital Type Description	Indicates the type of Medicare hospital based on specific definitions in the Social Security Act	CSP_GNRL_FAC_TYPE_CD
CSP_CRTFCTN_HOSP	GRNTLGCL_SPCLTY_SRVC_CD	VARCHAR2 (1)	N	Services: Gerontological Specialty Code	Indicates how gerontological specialty services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	GRNTLGCL_SPCLTY_SRVC_DESC	VARCHAR2 (49)	N	Services: Gerontological Specialty Description	Indicates how gerontological specialty services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	GRTRC_PSYCH_SRVC_CD	VARCHAR2 (1)	N	Services: Geriatric Psychiatric Code	Indicates how geriatric psychiatric services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	GRTRC_PSYCH_SRVC_DESC	VARCHAR2 (49)	N	Services: Geriatric Psychiatric Description	Indicates how geriatric psychiatric services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	HDQTR_CITY_NAME	VARCHAR2 (28)	N	Headquarters City Name	City where corporate headquarters is located.	
CSP_CRTFCTN_HOSP	HDQTR_STATE_CD	VARCHAR2 (2)	N	Headquarters State Abbreviation	State where corporate headquarters is located.	CSP_STATE_CD
CSP_CRTFCTN_HOSP	HDQTR_STATE_DESC	VARCHAR2 (30)	N	Headquarters State Description	State where corporate headquarters is located.	CSP_STATE_CD
CSP_CRTFCTN_HOSP	HOME_CARE_SRVC_CD	VARCHAR2 (1)	N	Services: Home Care Code	Indicates how home care services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	HOME_CARE_SRVC_DESC	VARCHAR2 (49)	N	Services: Home Care Description	Indicates how home care services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	HOSPC_SRVC_CD	VARCHAR2 (1)	N	Services: Hospice Code	Indicates how hospice services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	HOSPC_SRVC_DESC	VARCHAR2 (49)	N	Services: Hospice Description	Indicates how hospice services are provided.	CSP_GNRL_SRVC_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_HOSP	ICU_SRVC_CD	VARCHAR2 (1)	N	Services: Medical Surgical ICU Code	Indicates how medical surgical intensive care unit services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	ICU_SRVC_DESC	VARCHAR2 (49)	N	Services: Medical Surgical ICU Description	Indicates how medical surgical intensive care unit services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	INHLTN_THRPST_CNT	NUMBER (7.2)	N	Staff Count: Respiratory Therapist	Number of full-time equivalent respiratory therapists employed by a provider.	
CSP_CRTFCTN_HOSP	IP_SRGL_SRVC_CD	VARCHAR2 (1)	N	Services: Inpatient Surgical Code	Indicates how inpatient surgical services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	IP_SRGL_SRVC_DESC	VARCHAR2 (49)	N	Services: Inpatient Surgical Description	Indicates how inpatient surgical services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	LAB_TCHNCN_CNT	NUMBER (7.2)	N	Staff Count: Lab Technician	Number of full-time equivalent laboratory technicians employed by a provider.	
CSP_CRTFCTN_HOSP	LAST_ACRDTN_SRVY_DT	DATE (8)	N	Last Accreditation Survey Date	Scheduled end date of the accreditation survey on the state validation survey authorization	
CSP_CRTFCTN_HOSP	LPN_LVN_CNT	NUMBER (7.2)	N	Staff Count: LPN/LVN	Number of full-time equivalent licensed practical or vocational nurses employed by a	
CSP_CRTFCTN_HOSP	LSC_CMPLTD_SW	VARCHAR2 (1)	N	LSC Completed Indicator	Indicates if a Life Safety Code survey exists for this certification.	
CSP_CRTFCTN_HOSP	LSC_WVR_SW	VARCHAR2 (1)	N	Compliance: LSC Waiver Indicator	Indicates if a waiver of any life safety code provision has been recommended for a provider.	
CSP_CRTFCTN_HOSP	MDCD_MDCR_PRTCPTG_PRVDR_SW	VARCHAR2 (1)	N	Medicare or Medicaid Participating Provider Indicator	Indicates if a provider is participating in the Medicaid or Medicare or both programs.	
CSP_CRTFCTN_HOSP	MDCL_SCHL_AFLTN_CD	VARCHAR2 (1)	N	Medical School Affiliation Code	Type of affiliation that a hospital has with a medical school.	CSP_MDCL_SCHL_AFLTN_CD
CSP_CRTFCTN_HOSP	MDCL_SCHL_AFLTN_DESC	VARCHAR2 (24)	N	Medical School Affiliation Description	Type of affiliation that a hospital has with a medical school.	CSP_MDCL_SCHL_AFLTN_CD
CSP_CRTFCTN_HOSP	MDCL_SCL_WORKKR_CNT	NUMBER (7.2)	N	Staff Count: Medical Social Worker	Number of full-time equivalent medical social workers employed by a provider.	
CSP_CRTFCTN_HOSP	MDCL_TCHNLGST_CNT	NUMBER (7.2)	N	Staff Count: Medical Technologist	Number of full-time equivalent medical technologists employed by a provider.	
CSP_CRTFCTN_HOSP	MDCR_DPNDNT_HOSP_SW	VARCHAR2 (1)	N	Medicare Dependent Hospital Indicator	Indicates if the hospital has been designated as a Medicare dependent hospital. Medicare	
CSP_CRTFCTN_HOSP	MDCR_TRNSPLNT_CNTR_SRVC_CD	VARCHAR2 (1)	N	Services: Medicare Certified Transplant Center Code	Indicates how Medicare certified transplant center services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	MDCR_TRNSPLNT_CNTR_SRVC_DESC	VARCHAR2 (49)	N	Services: Medicare Certified Transplant Center Description	Indicates how Medicare certified transplant center services are provided.	CSP_GNRL_SRVC_CD

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_HOSP	MEET_1861_SW	VARCHAR2 (1)	N	Non-Participating Hospital Meets 1861(e) Indicator	Indicates if a non-participating emergency hospital meets the definition of 'hospital'	
CSP_CRTFCTN_HOSP	MGNTC_RSNC_IMG_SRVC_CD	VARCHAR2 (1)	N	Services: MRI Code	Indicates how magnetic resonance imaging services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	MGNTC_RSNC_IMG_SRVC_D ESC	VARCHAR2 (49)	N	Services: MRI Description	Indicates how magnetic resonance imaging services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	NCRY_PRVDR_DSGNTD_AS_ SW	VARCHAR2 (1)	N	Necessary Provider Indicator	Indicates if the provider is designated as Necessary Provider.	
CSP_CRTFCTN_HOSP	NCRY_PRVDR_DSGNTD_DT	DATE (8)	N	Necessary Provider Designation Date	Date the provider was designated as a Necessary Provider.	
CSP_CRTFCTN_HOSP	NCRY_PRVDR_LOST_DT	DATE (8)	N	Necessary Provider Lost Designation Date	Date the provider lost designation as a Necessary Provider.	
CSP_CRTFCTN_HOSP	NEONTL_ICU_SRVC_CD	VARCHAR2 (1)	N	Services: Neonatal ICU Code	Indicates how neonatal intensive care unit services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	NEONTL_ICU_SRVC_DESC	VARCHAR2 (49)	N	Services: Neonatal ICU Description	Indicates how neonatal intensive care unit services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	NEONTL_NRSRY_SRVC_CD	VARCHAR2 (1)	N	Services: Neonatal Nursery Code	Indicates how neonatal nursery services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	NEONTL_NRSRY_SRVC_DES C	VARCHAR2 (49)	N	Services: Neonatal Nursery Description	Indicates how neonatal nursery services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	NPP_TYPE_CD	VARCHAR2 (1)	N	Non-Participating Hospital Type Code	Indicates if a non-participating hospital is classified as a federal hospital or an emergency	CSP_NPP_TYPE_CD
CSP_CRTFCTN_HOSP	NPP_TYPE_DESC	VARCHAR2 (46)	N	Non-Participating Hospital Type Description	Indicates if a non-participating hospital is classified as a federal hospital or an emergency	CSP_NPP_TYPE_CD
CSP_CRTFCTN_HOSP	NRSRGCL_SRVC_CD	VARCHAR2 (1)	N	Services: Neurosurgical Code	Indicates how neurosurgical services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	NRSRGCL_SRVC_DESC	VARCHAR2 (49)	N	Services: Neurosurgical Description	Indicates how neurosurgical services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	NRS_PRCTNR_CNT	NUMBER (7,2)	N	Staff Count: Nurse Practitioner	Number of full-time equivalent nurse practitioners employed by a provider.	
CSP_CRTFCTN_HOSP	NUCLR_MDCN_SRVC_CD	VARCHAR2 (1)	N	Services: Nuclear Medicine Code	Indicates how nuclear medicine services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	NUCLR_MDCN_SRVC_DESC	VARCHAR2 (49)	N	Services: Nuclear Medicine Description	Indicates how nuclear medicine services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	NUCLR_MDCN_TCHNCN_CN T	NUMBER (7,2)	N	Staff Count: Nuclear Medicine Technician	Number of full-time equivalent nuclear medicine technicians employed by a provider.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_HOSP	OB_SRVC_CD	VARCHAR2 (1)	N	Services: Obstetrics Code	Indicates how obstetrics services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	OB_SRVC_DESC	VARCHAR2 (49)	N	Services: Obstetrics Description	Indicates how obstetrics services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	OCPTNL_THRPST_CNT	NUMBER (7,2)	N	Staff Count: OT	Number of full-time equivalent occupational therapists employed by a provider.	
CSP_CRTFCTN_HOSP	OFSITE_LCTN_CNT	NUMBER (3,0)	N	Off-Site Location Count	Number of off-site locations.	
CSP_CRTFCTN_HOSP	OPEN_HRT_SRGRY_SRVC_CD	VARCHAR2 (1)	N	Services: Cardiac Thoracic Surgery Code	Indicates how cardiac thoracic surgery services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	OPEN_HRT_SRGRY_SRVC_DESC	VARCHAR2 (49)	N	Services: Cardiac Thoracic Surgery Description	Indicates how cardiac thoracic surgery services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	OPRTG_ROOMS_CNT	NUMBER (4,0)	N	Operating Room Count	Number of operating rooms.	
CSP_CRTFCTN_HOSP	OPRTG_ROOM_SRVC_CD	VARCHAR2 (1)	N	Services: OR Code	Indicates how operating room services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	OPRTG_ROOM_SRVC_DESC	VARCHAR2 (49)	N	Services: OR Description	Indicates how operating room services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	OPRTG_SEPRPLY_LCNDS_S W	VARCHAR2 (1)	N	ORs Separately Licensed Indicator	Indicates if operating rooms are separately licensed.	
CSP_CRTFCTN_HOSP	OPHTLMC_SRGY_SRVC_CD	VARCHAR2 (1)	N	Services: Ophthalmic Surgery Code	Indicates how ophthalmic surgery services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	OPHTLMC_SRGY_SRVC_DESC	VARCHAR2 (49)	N	Services: Ophthalmic Surgery Description	Indicates how ophthalmic surgery services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	OPTMTRC_SRVC_CD	VARCHAR2 (1)	N	Services: Optometric Code	Indicates how optometric services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	OPTMTRC_SRVC_DESC	VARCHAR2 (49)	N	Services: Optometric Description	Indicates how optometric services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	OP_PSYCH_SRVC_CD	VARCHAR2 (1)	N	Services: Outpatient Psychiatric Code	Indicates how outpatient psychiatric services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	OP_PSYCH_SRVC_DESC	VARCHAR2 (49)	N	Services: Outpatient Psychiatric Description	Indicates how outpatient psychiatric services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	OP_REHAB_SRVC_CD	VARCHAR2 (1)	N	Services: Outpatient Rehabilitation Code	Indicates how outpatient rehabilitation services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	OP_REHAB_SRVC_DESC	VARCHAR2 (49)	N	Services: Outpatient Rehabilitation Description	Indicates how outpatient rehabilitation services are provided.	CSP_GNRL_SRVC_CD



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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_HOSP	OP_SRGRY_UNIT_SRVC_CD	VARCHAR2 (1)	N	Services: Outpatient Surgery Code	Indicates how outpatient surgery services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	OP_SRGRY_UNIT_SRVC_DESC	VARCHAR2 (49)	N	Services: Outpatient Surgery Description	Indicates how outpatient surgery services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	OP_SRVC_CD	VARCHAR2 (1)	N	Services: Outpatient Code	Indicates how outpatient services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	OP_SRVC_DESC	VARCHAR2 (49)	N	Services: Outpatient Description	Indicates how outpatient services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	ORGN_TRNSPLNT_SRVC_CD	VARCHAR2 (1)	N	Services: Non-Medicare Organ Transplant Code	Indicates how non-Medicare certified organ transplant services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	ORGN_TRNSPLNT_SRVC_DESC	VARCHAR2 (49)	N	Services: Non-Medicare Organ Transplant Description	Indicates how non-Medicare certified organ transplant services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	ORTHOPDC_SRGY_SRVC_CD	VARCHAR2 (1)	N	Services: Orthopedic Surgery Code	Indicates how orthopedic surgery services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	ORTHOPDC_SRGY_SRVC_DESC	VARCHAR2 (49)	N	Services: Orthopedic Surgery Description	Indicates how orthopedic surgery services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	OT_SRVC_CD	VARCHAR2 (1)	N	Services: OT Code	Indicates how occupational therapy services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	OT_SRVC_DESC	VARCHAR2 (49)	N	Services: OT Description	Indicates how occupational therapy services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	OVRRD_BED_CNT_SW	VARCHAR2 (1)	N	Bed Count Override Indicator	Indicates if the regional office has approved a significant bed count change from the previous	
CSP_CRTFCTN_HOSP	OVRRD_NRS_BED_SW	VARCHAR2 (1)	N	Nurse to Bed Ratio Override Indicator	Indicates if the regional office has approved a significant nurse-to-bed ratio change from the	
CSP_CRTFCTN_HOSP	OVRRD_STFG_SW	VARCHAR2 (1)	N	Staff Count Override Indicator	Indicates if the regional office has approved a significant staff count change from the previous	
CSP_CRTFCTN_HOSP	PED_ICU_SRVC_CD	VARCHAR2 (1)	N	Services: Pediatric ICU Code	Indicates how pediatric ICU services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	PED_ICU_SRVC_DESC	VARCHAR2 (49)	N	Services: Pediatric ICU Description	Indicates how pediatric ICU services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	PED_SRVC_CD	VARCHAR2 (1)	N	Services: Pediatric Code	Indicates how pediatric services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	PED_SRVC_DESC	VARCHAR2 (49)	N	Services: Pediatric Description	Indicates how pediatric services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	PET_SCAN_SRVC_CD	VARCHAR2 (1)	N	Services: PET Scan Code	Indicates how Positron Emissions Tomography scan services are provided.	CSP_GNRL_SRVC_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_HOSP	PET_SCAN_SRVC_DESC	VARCHAR2 (49)	N	Services: PET Scan Description	Indicates how Positron Emissions Tomography scan services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	PGM_PRTCPTN_CD	VARCHAR2 (1)	N	Program Participation Code	Indicates if the provider participates in Medicare, Medicaid, or both programs.	CSP_PGM_CD
CSP_CRTFCTN_HOSP	PGM_PRTCPTN_DESC	VARCHAR2 (31)	N	Program Participation Description	Indicates if the provider participates in Medicare, Medicaid, or both programs.	CSP_PGM_CD
CSP_CRTFCTN_HOSP	PHRMCY_SRVC_CD	VARCHAR2 (1)	N	Services: Pharmacy Code	Indicates how pharmacy services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	PHRMCY_SRVC_DESC	VARCHAR2 (49)	N	Services: Pharmacy Description	Indicates how pharmacy services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	PHYSN_ASTNT_CNT	NUMBER (7.2)	N	Staff Count: Physician Assistant	Number of full-time equivalent physician assistants employed by a provider.	
CSP_CRTFCTN_HOSP	PHYSN_CNT	NUMBER (7.2)	N	Staff Count: Physician	Number of full-time equivalent physicians employed by a provider.	
CSP_CRTFCTN_HOSP	PHYS_THRPST_CNT	NUMBER (7.2)	N	Staff Count: PT	Number of full-time equivalent physical therapists employed by a provider.	
CSP_CRTFCTN_HOSP	PPS_EXCLSN_PSYCH_UNIT_SW	VARCHAR2 (1)	N	PPS Exclusion Psychiatric Unit Indicator	Indicates if a hospital has a psychiatric Prospective Payment System-excluded unit.	
CSP_CRTFCTN_HOSP	PPS_EXCLSN_REHAB_UNIT_SW	VARCHAR2 (1)	N	PPS Exclusion Rehabilitation Unit Indicator	Indicates if a hospital has a rehabilitation Prospective Payment System-excluded unit.	
CSP_CRTFCTN_HOSP	PRSNEL_OTHR_CNT	NUMBER (7.2)	N	Staff Count: Other Personnel	Number of full-time equivalent other personnel employed by a provider.	
CSP_CRTFCTN_HOSP	PRVDR_CTGRY_CD	VARCHAR2 (2)	N	Provider Category Code	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_CRTFCTN_HOSP	PRVDR_CTGRY_DESC	VARCHAR2 (70)	N	Provider Category Description	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_CRTFCTN_HOSP	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_CRTFCTN_HOSP	PSTOPRTV_RCVRY_SRVC_CD	VARCHAR2 (1)	N	Services: Postoperative Recovery Room Code	Indicates how postoperative recovery room services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	PSTOPRTV_RCVRY_SRVC_DESC	VARCHAR2 (49)	N	Services: Postoperative Recovery Room Description	Indicates how postoperative recovery room services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	PSYCHLGST_CNT	NUMBER (7.2)	N	Staff Count: Psychologist	Number of full-time equivalent psychologists employed by a provider.	
CSP_CRTFCTN_HOSP	PSYCH_SRVC_CD	VARCHAR2 (1)	N	Services: Adult Inpatient Psychiatric Code	Indicates how adult inpatient psychiatric services are provided.	CSP_GNRL_SRVC_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_HOSP	PSYCH_SRVC_DESC	VARCHAR2 (49)	N	Services: Adult Inpatient Psychiatric Description	Indicates how adult inpatient psychiatric services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	PT_SRVC_CD	VARCHAR2 (1)	N	Services: PT Code	Indicates how physical therapy services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	PT_SRVC_DESC	VARCHAR2 (49)	N	Services: PT Description	Indicates how physical therapy services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	RCNSTRCTN_SRGY_SRVC_CD	VARCHAR2 (1)	N	Services: Reconstructive Surgery Code	Indicates how reconstructive surgery services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	RCNSTRCTN_SRGY_SRVC_DESC	VARCHAR2 (49)	N	Services: Reconstructive Surgery Description	Indicates how reconstructive surgery services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	RDLGY_TCHNCN_CNT	NUMBER (7,2)	N	Staff Count: Radiology Technician	Number of full-time equivalent radiology technicians employed by a provider.	
CSP_CRTFCTN_HOSP	REG_PHRMCST_CNT	NUMBER (7,2)	N	Staff Count: Registered Pharmacist	Number of full-time equivalent registered pharmacists employed by a provider.	
CSP_CRTFCTN_HOSP	RGNL_RFRL_CNTR_SW	VARCHAR2 (1)	N	Regional Referral Center Indicator	Indicates if the hospital has been designated as a regional referral center. Regional referral center	
CSP_CRTFCTN_HOSP	RN_24_HR_WVR_SW	VARCHAR2 (1)	N	Compliance: 24-Hour RN Waiver Indicator	Indicates if a waiver of the 24-hour registered nurse staffing requirements has been	
CSP_CRTFCTN_HOSP	RN_CNT	NUMBER (7,2)	N	Staff Count: RN	Number of full-time equivalent registered nurses employed by a provider.	
CSP_CRTFCTN_HOSP	RSDNT_PGM_ALPHTC_SW	VARCHAR2 (1)	N	Affiliated Resident Program: Allopathic	Indicates if the provider has an affiliated allopathic resident program.	
CSP_CRTFCTN_HOSP	RSDNT_PGM_DNTL_SW	VARCHAR2 (1)	N	Affiliated Resident Program: Dental	Indicates if the provider has an affiliated dental resident program.	
CSP_CRTFCTN_HOSP	RSDNT_PGM_OSTPTHC_SW	VARCHAR2 (1)	N	Affiliated Resident Program: Osteopathic	Indicates if the provider has an affiliated osteopathic resident program.	
CSP_CRTFCTN_HOSP	RSDNT_PGM_OTHR_SW	VARCHAR2 (1)	N	Affiliated Resident Program: Other	Indicates if the provider has any other affiliated resident program.	
CSP_CRTFCTN_HOSP	RSDNT_PGM_PDTRC_SW	VARCHAR2 (1)	N	Affiliated Resident Program: Podiatric	Indicates if the provider has an affiliated podiatric resident program.	
CSP_CRTFCTN_HOSP	RSDNT_PHYSN_CNT	NUMBER (7,2)	N	Staff Count: Physician Resident	Number of full-time equivalent physician - residents employed by a provider.	
CSP_CRTFCTN_HOSP	RSPRTRY_CARE_SRVC_CD	VARCHAR2 (1)	N	Services: Respiratory Care Code	Indicates how respiratory care services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	RSPRTRY_CARE_SRVC_DESC	VARCHAR2 (49)	N	Services: Respiratory Care Description	Indicates how respiratory care services are provided.	CSP_GNRL_SRVC_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_HOSP	RTRN_TO_AO_DT	DATE (8)	N	Returned to AO Date	Following state monitoring, indicates date the provider was returned to the responsibility of the	
CSP_CRTFCTN_HOSP	SB_SIZE_CD	VARCHAR2 (1)	N	Swing Bed Size Code	Indicates the size of a hospital providing swing bed services (beds can be used for either hospital	CSP_SB_SIZE_CD
CSP_CRTFCTN_HOSP	SB_SIZE_DESC	VARCHAR2 (26)	N	Swing Bed Size Description	Indicates the size of a hospital providing swing bed services (beds can be used for either hospital	CSP_SB_SIZE_CD
CSP_CRTFCTN_HOSP	SB_SW	VARCHAR2 (1)	N	Swing Bed Indicator	Indicates if a hospital provides swing bed services (beds can be used for either hospital or	
CSP_CRTFCTN_HOSP	SCL_SRVC_CD	VARCHAR2 (1)	N	Services: Social Code	Indicates how social services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	SCL_SRVC_DESC	VARCHAR2 (49)	N	Services: Social Description	Indicates how social services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	SCOPE_OF_SRVC_WVR_SW	VARCHAR2 (1)	N	Compliance: Scope of Service Waiver	Indicates if a waiver of the scope of services requirement has been recommended for a	
CSP_CRTFCTN_HOSP	SENT_STATE_2802_SW	VARCHAR2 (1)	N	2802 Authorization Sent Indicator	Indicates the validation survey authorized by the Regional Office was sent to the state via CMS	
CSP_CRTFCTN_HOSP	SHCK_TRMA_SRVC_CD	VARCHAR2 (1)	N	Services: Designated Trauma Center Code	Indicates how designated trauma center services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	SHCK_TRMA_SRVC_DESC	VARCHAR2 (49)	N	Services: Designated Trauma Center Description	Indicates how designated trauma center services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	SOLE_CMNTY_HOSP_SW	VARCHAR2 (1)	N	Sole Community Hospital Indicator	Indicates if the hospital has been designated as a sole community hospital. Sole community	
CSP_CRTFCTN_HOSP	SPCH_PTHLGST_AUDLGST_CNT	NUMBER (7,2)	N	Staff Count: Speech Pathologist/Audiologist	Number of full-time equivalent speech pathologists or audiologists employed by a	
CSP_CRTFCTN_HOSP	SPCH_PTHLGY_SRVC_CD	VARCHAR2 (1)	N	Services: Speech Pathology Code	Indicates how speech pathology services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	SPCH_PTHLGY_SRVC_DESC	VARCHAR2 (49)	N	Services: Speech Pathology Description	Indicates how speech pathology services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	SPRNKLR_STUS_CD	VARCHAR2 (2)	N	Sprinkler Status Code	Indicates the sprinkler status of the main campus of the hospital.	CSP_SRVY_SPRNKLR_STUS_CD
CSP_CRTFCTN_HOSP	SPRNKLR_STUS_DESC	VARCHAR2 (59)	N	Sprinkler Status Description	Indicates the sprinkler status of the main campus of the hospital.	CSP_SRVY_SPRNKLR_STUS_CD
CSP_CRTFCTN_HOSP	SRGCL_ICU_SRVC_CD	VARCHAR2 (1)	N	Services: Surgical ICU Code	Indicates how surgical intensive care unit services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	SRGCL_ICU_SRVC_DESC	VARCHAR2 (49)	N	Services: Surgical ICU Description	Indicates how surgical intensive care unit services are provided.	CSP_GNRL_SRVC_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_HOSP	SRVY_EVER_SB_SW	VARCHAR2 (1)	N	Current Survey Ever Swing Bed Indicator	Indicates if this provider was a swing bed hospital at any time during this certification.	
CSP_CRTFCTN_HOSP	STATE_LCNSED_BEDS_CNT	NUMBER (4.0)	N	Bed Count: State Licensed	Number of beds licensed by the state.	
CSP_CRTFCTN_HOSP	STATE_MNTRG_CMPLNC_DT	DATE (8)	N	SA Jurisdiction Compliance Date	During State Agency jurisdiction, date provider came back into compliance.	
CSP_CRTFCTN_HOSP	STATE_MNTRG_EFCTV_DT	DATE (8)	N	SA Jurisdiction Effective Date	Date the provider came under State Agency jurisdiction due to conditions of participation	
CSP_CRTFCTN_HOSP	STATE_RPRSNTV_NAME	VARCHAR2 (80)	N	SA Representative Name	Name of state primary point of contact for the validation process.	
CSP_CRTFCTN_HOSP	STF_BED_CNT	NUMBER (4.0)	N	Bed Count: Staffed	Number of beds staffed at the time of the survey.	
CSP_CRTFCTN_HOSP	STRT_2802_PROC_SW	VARCHAR2 (1)	N	2802 Authorization Started Indicator	Indicates the validation authorization process has been started by the Regional Office.	
CSP_CRTFCTN_HOSP	SYS_IMPRVMT_AGRMT_DT	DATE (8)	N	System Improvement Agreement Date	Date the provider entered into a System Improvement Agreement with CMS.	
CSP_CRTFCTN_HOSP	SYS_INVLVMT_TYPE_CD	VARCHAR2 (2)	N	System Involvement Type Code	Indicates the type of chain or health system involvement for the hospital.	CSP_SYS_INVLVMT_TYPE_CD
CSP_CRTFCTN_HOSP	SYS_INVLVMT_TYPE_DESC	VARCHAR2 (35)	N	System Involvement Type Description	Indicates the type of chain or health system involvement for the hospital.	CSP_SYS_INVLVMT_TYPE_CD
CSP_CRTFCTN_HOSP	SYS_NAME	VARCHAR2 (50)	N	Chain or Health System Name	Name of the chain or health system with which the provider is involved.	
CSP_CRTFCTN_HOSP	TCHNCL_PRSNEL_WVR_SW	VARCHAR2 (1)	N	Compliance: Technical Personnel Waiver	Indicates if a waiver of the technical personnel requirement has been recommended for a	
CSP_CRTFCTN_HOSP	THRPTC_RDLGY_SRVC_CD	VARCHAR2 (1)	N	Services: Therapeutic Radiology Code	Indicates how therapeutic radiology services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	THRPTC_RDLGY_SRVC_DESC	VARCHAR2 (49)	N	Services: Therapeutic Radiology Description	Indicates how therapeutic radiology services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	TOT_AFLTD_AMBLNC_SRVC_CNT	NUMBER (2.0)	N	Affiliated Count: Ambulance Services	Number of affiliated Medicare participating ambulance services.	
CSP_CRTFCTN_HOSP	TOT_AFLTD_ASC_CNT	NUMBER (2.0)	N	Affiliated Count: ASC	Number of affiliated Medicare participating ambulatory surgery centers.	
CSP_CRTFCTN_HOSP	TOT_AFLTD_ESRD_CNT	NUMBER (2.0)	N	Affiliated Count: ESRD	Number of affiliated Medicare participating end-stage renal disease units.	
CSP_CRTFCTN_HOSP	TOT_AFLTD_FQHC_CNT	NUMBER (2.0)	N	Affiliated Count: FQHC	Number of affiliated Medicare participating federally qualified health centers.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_HOSP	TOT_AFLTD_HHA_CNT	NUMBER (2.0)	N	Affiliated Count: HHA	Number of affiliated Medicare participating home health agencies.	
CSP_CRTFCTN_HOSP	TOT_AFLTD_HOSPC_CNT	NUMBER (2.0)	N	Affiliated Count: Hospice	Number of affiliated Medicare participating hospices.	
CSP_CRTFCTN_HOSP	TOT_AFLTD_OPO_CNT	NUMBER (2.0)	N	Affiliated Count: OPO	Number of affiliated Medicare participating organ procurement organizations.	
CSP_CRTFCTN_HOSP	TOT_AFLTD_PRTF_CNT	NUMBER (2.0)	N	Affiliated Count: PRTF	Number of affiliated Medicare participating psychiatric residential treatment facilities.	
CSP_CRTFCTN_HOSP	TOT_AFLTD_RHC_CNT	NUMBER (2.0)	N	Affiliated Count: RHC	Number of affiliated Medicare participating rural health centers.	
CSP_CRTFCTN_HOSP	TOT_AFLTD_SNF_CNT	NUMBER (2.0)	N	Affiliated Count: SNF	Number of affiliated Medicare participating skilled nursing facilities.	
CSP_CRTFCTN_HOSP	TOT_COLCTD_HOSP_CNT	NUMBER (2.0)	N	Affiliated Count: Co-Located Hospital	Number of affiliated Medicare participating co-located hospitals.	
CSP_CRTFCTN_HOSP	TOT_OFSITE_CHLDRN_HOSP_CNT	NUMBER (4.0)	N	Off-Site Count: Childrens Hospital Satellites	Number of off-site satellites of a children's hospital.	
CSP_CRTFCTN_HOSP	TOT_OFSITE_CNCR_HOSP_CNT	NUMBER (4.0)	N	Off-Site Count: Cancer Hospital Satellites	Number of off-site satellites of a cancer hospital.	
CSP_CRTFCTN_HOSP	TOT_OFSITE_EMER_DEPT_CNT	NUMBER (4.0)	N	Off-Site Count: Emergency Departments	Number of off-site emergency departments.	
CSP_CRTFCTN_HOSP	TOT_OFSITE_INPTNT_LCTN_CNT	NUMBER (4.0)	N	Off-Site Count: Inpatient Remote Locations	Number of inpatient remote locations.	
CSP_CRTFCTN_HOSP	TOT_OFSITE_LTC_HOSP_CNT	NUMBER (4.0)	N	Off-Site Count: LTC Hospital Satellites	Number of off-site satellites of a long term care hospital.	
CSP_CRTFCTN_HOSP	TOT_OFSITE_OPHTLMC_SURGRY_CNT	NUMBER (4.0)	N	Off-Site Count: Ophthalmic Surgery Units	Number of off-site ophthalmic surgery units.	
CSP_CRTFCTN_HOSP	TOT_OFSITE_OTHR_LCTN_CNT	NUMBER (4.0)	N	Off-Site Count: Other Locations	Number of other off-site locations.	
CSP_CRTFCTN_HOSP	TOT_OFSITE_PSYCH_HOSP_CNT	NUMBER (4.0)	N	Off-Site Count: Psychiatric Hospitals	Number of off-site psychiatric hospitals.	
CSP_CRTFCTN_HOSP	TOT_OFSITE_PSYCH_UNIT_CNT	NUMBER (4.0)	N	Off-Site Count: Psychiatric Units	Number of off-site psychiatric units.	
CSP_CRTFCTN_HOSP	TOT_OFSITE_REHAB_HOSP_CNT	NUMBER (4.0)	N	Off-Site Count: Rehabilitation Hospitals	Number of off-site rehabilitation hospitals.	
CSP_CRTFCTN_HOSP	TOT_OFSITE_REHAB_UNIT_CNT	NUMBER (4.0)	N	Off-Site Count: Rehabilitation Units	Number of off-site rehabilitation units.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_HOSP	TOT_OFSITE_URGNT_CARE_CNTR_CNT	NUMBER (4.0)	N	Off-Site Count: Urgent Care Centers	Number of off-site urgent care centers.	
CSP_CRTFCTN_HOSP	URGNT_CARE_SRVC_CD	VARCHAR2 (1)	N	Services: Urgent Care Center Code	Indicates how urgent care center services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	URGNT_CARE_SRVC_DESC	VARCHAR2 (49)	N	Services: Urgent Care Center Description	Indicates how urgent care center services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	WBST_ADR_TXT	VARCHAR2 (512)	N	Website Address	Website address of the hospital.	
CSP_CRTFCTN_HOSP	XTRCRPRL_SHCK_LTHTRPT_R_SRVC_CD	VARCHAR2 (1)	N	Services: ESWL Code	Indicates how extracorporeal shockwave lithotripter services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSP	XTRCRPRL_SHCK_LTHTRP_SRVC_DESC	VARCHAR2 (49)	N	Services: ESWL Description	Indicates how extracorporeal shockwave lithotripter services are provided.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSPC	ACRDTN_SRVY_60_DAY_DT	DATE (8)	N	60 Days After AO Survey Date	Date 60 days after the scheduled end date of the accreditation organization survey.	
CSP_CRTFCTN_HOSPC	ACRDTN_SRVY_TYPE_CD	VARCHAR2 (2)	N	Accreditation Survey Type Code	Indicates the type of accreditation survey for which the 2802 process is being conducted.	CSP_ACRDTN_SRVY_TYPE_CD
CSP_CRTFCTN_HOSPC	ACRDTN_SRVY_TYPE_DESC	VARCHAR2 (59)	N	Accreditation Survey Type Description	Indicates the type of accreditation survey for which the 2802 process is being conducted.	CSP_ACRDTN_SRVY_TYPE_CD
CSP_CRTFCTN_HOSPC	ACRDTN_TYPE_CD	VARCHAR2 (1)	N	Accreditation Type Code	Indicates an accrediting organization deeming the provider. If a provider is deemed by	CSP_ACRDTN_DEMD_CD
CSP_CRTFCTN_HOSPC	ACRDTN_TYPE_DESC	VARCHAR2 (24)	N	Accreditation Type Description	Indicates an accrediting organization deeming the provider. If a provider is deemed by	CSP_ACRDTN_DEMD_CD
CSP_CRTFCTN_HOSPC	ACUTE_RESP_CARE_CD	VARCHAR2 (1)	N	Short Term Inpatient Acute/Respite Care Code	Indicates the type of short-term inpatient care provided by the hospice.	CSP_ACUTE_RESP_CD
CSP_CRTFCTN_HOSPC	ACUTE_RESP_CARE_DESC	VARCHAR2 (55)	N	Short Term Inpatient Acute/Respite Care Description	Indicates the type of short-term inpatient care provided by the hospice.	CSP_ACUTE_RESP_CD
CSP_CRTFCTN_HOSPC	AO_CD	VARCHAR2 (2)	N	Validation Survey AO Code	Indicates the accrediting organization being validated by the state agency for this validation	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HOSPC	AO_DESC	VARCHAR2 (23)	N	Validation Survey AO Description	Indicates the accrediting organization being validated by the state agency for this validation	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HOSPC	CNSLNG_SRVC_CD	VARCHAR2 (1)	N	Services: Counseling Code	Indicates how counseling services are provided by the hospice.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSPC	CNSLNG_SRVC_DESC	VARCHAR2 (49)	N	Services: Counseling Description	Indicates how counseling services are provided by the hospice.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSPC	CNSLR_EMPLEE_CNT	NUMBER (7.2)	N	Staff Count: Counselor - Employee	Number of full-time equivalent counselors employed by the hospice.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_HOSPC	CNSLR_VLNTR_CNT	NUMBER (7,2)	N	Staff Count: Counselor - Volunteer	Number of full-time equivalent counselors volunteering in a Hospice.	
CSP_CRTFCTN_HOSPC	CRNTLY_DEEMD_BY_1_CD	VARCHAR2 (2)	N	Currently Deemed By Code 1	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HOSPC	CRNTLY_DEEMD_BY_1_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 1	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HOSPC	CRNTLY_DEEMD_BY_2_CD	VARCHAR2 (2)	N	Currently Deemed By Code 2	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HOSPC	CRNTLY_DEEMD_BY_2_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 2	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HOSPC	CRNTLY_DEEMD_BY_3_CD	VARCHAR2 (2)	N	Currently Deemed By Code 3	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HOSPC	CRNTLY_DEEMD_BY_3_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 3	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HOSPC	CRNTLY_DEEMD_BY_4_CD	VARCHAR2 (2)	N	Currently Deemed By Code 4	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HOSPC	CRNTLY_DEEMD_BY_4_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 4	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HOSPC	CRNTLY_DEEMD_BY_5_CD	VARCHAR2 (2)	N	Currently Deemed By Code 5	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HOSPC	CRNTLY_DEEMD_BY_5_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 5	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HOSPC	CRNTLY_DEEMD_BY_6_CD	VARCHAR2 (2)	N	Currently Deemed By Code 6	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HOSPC	CRNTLY_DEEMD_BY_6_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 6	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_HOSPC	CRTFCTN_AGE_NUM	NUMBER (2,0)	N	Certification Age Number	Sequential number derived by sorting on: CCN and descending Certification Date. A one	
CSP_CRTFCTN_HOSPC	CRTFCTN_DT	DATE (8)	Y	Certification Date	Equal to the exit date of the initial visit of the Health survey for certifications completed after	
CSP_CRTFCTN_HOSPC	CRTFCTN_EVER_DEMD_SW	VARCHAR2 (1)	N	Provider Deemed at Certification Start Indicator	Indicates if the provider was deemed at the beginning of this certification cycle but later	
CSP_CRTFCTN_HOSPC	CYC_TYPE_CD	VARCHAR2 (1)	N	Validation Survey Cycle Type Code	Indicates whether the state was authorized to conduct a 60-day or mid-cycle validation	CSP_CYC_TYPE_CD



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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_HOSPC	CYC_TYPE_DESC	VARCHAR2 (20)	N	Validation Survey Cycle Type Description	Indicates whether the state was authorized to conduct a 60-day or mid-cycle validation	CSP_CYC_TYPE_CD
CSP_CRTFCTN_HOSPC	DEMD_STUS_SW	VARCHAR2 (1)	N	Deemed Status Indicator	Indicates if the provider is deemed to meet Medicare requirements by an accrediting	
CSP_CRTFCTN_HOSPC	EMPLEE_CNT	NUMBER (8,2)	N	Staff Count: Total - Employee	Total number of full-time equivalent employees of a hospice.	
CSP_CRTFCTN_HOSPC	GNRL_CNTL_TYPE_CD	VARCHAR2 (2)	N	Ownership Type Code	Indicates the ownership type of the provider.	CSP_GNRL_CNTL_TYPE_CD
CSP_CRTFCTN_HOSPC	GNRL_CNTL_TYPE_DESC	VARCHAR2 (54)	N	Ownership Type Description	Indicates the ownership type of the provider.	CSP_GNRL_CNTL_TYPE_CD
CSP_CRTFCTN_HOSPC	GNRL_FAC_TYPE_CD	VARCHAR2 (2)	N	Hospice Type Code	Indicates the type of hospice.	CSP_GNRL_FAC_TYPE_CD
CSP_CRTFCTN_HOSPC	GNRL_FAC_TYPE_DESC	VARCHAR2 (54)	N	Hospice Type Description	Indicates the type of hospice.	CSP_GNRL_FAC_TYPE_CD
CSP_CRTFCTN_HOSPC	HH_AIDE_EMPLER_CNT	NUMBER (7,2)	N	Staff Count: Aide - Employee	Number of full-time equivalent aides employed by the hospice.	
CSP_CRTFCTN_HOSPC	HH_AIDE_SRVC_CD	VARCHAR2 (1)	N	Services: Aide Code	Indicates how aide services are provided by the hospice.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSPC	HH_AIDE_SRVC_DESC	VARCHAR2 (49)	N	Services: Aide Description	Indicates how aide services are provided by the hospice.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSPC	HH_AIDE_VLNTR_CNT	NUMBER (7,2)	N	Staff Count: Aide - Volunteer	Number of full-time equivalent aides volunteering in a hospice.	
CSP_CRTFCTN_HOSPC	HMMKR_EMPLER_CNT	NUMBER (7,2)	N	Staff Count: Homemaker - Employee	Number of full-time equivalent homemakers employed by the hospice.	
CSP_CRTFCTN_HOSPC	HMMKR_SRVC_CD	VARCHAR2 (1)	N	Services: Homemaker Code	Indicates how homemaker services are provided by the hospice.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSPC	HMMKR_SRVC_DESC	VARCHAR2 (49)	N	Services: Homemaker Description	Indicates how homemaker services are provided by the hospice.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSPC	HMMKR_VLNTR_CNT	NUMBER (7,2)	N	Staff Count: Homemaker - Volunteer	Number of full-time equivalent homemaker volunteering in a hospice.	
CSP_CRTFCTN_HOSPC	HOME_VISIT_PRVT_RSDNC_CNT	NUMBER (2,0)	N	Home Visit Private Residence Count	Number of home visits conducted by the surveyor to patients in a private residence.	
CSP_CRTFCTN_HOSPC	HOME_VISIT_RSDNTL_FAC_CNT	NUMBER (2,0)	N	Home Visit Residential Facility Count	Number of home visits conducted by the surveyor to patients in residential facilities.	
CSP_CRTFCTN_HOSPC	HOSPC_FORM_SW	VARCHAR2 (1)	N	Direct Inpatient Care Indicator	Indicates if the hospice was surveyed for compliance with 42 CFR 418.110, condition of	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_HOSPC	HOSPC_HOME_CARE_OTHR_SW	VARCHAR2 (1)	N	Home Care - Other Indicator	Indicates if a hospice provides routine home care in a setting other than private residence,	
CSP_CRTFCTN_HOSPC	HOSPC_PTNT_12_MO_ADMT_CNT	NUMBER (4,0)	N	Patients Admitted 12 Month Period Count	Number of patients admitted to the hospice during recent 12-month period.	
CSP_CRTFCTN_HOSPC	IP_CARE_ON_PRMS_SW	VARCHAR2 (1)	N	Inpatient Care on Premises Indicator	If the hospice provides direct inpatient care, indicates if the inpatient care is on the premises.	
CSP_CRTFCTN_HOSPC	LAST_ACRDTN_SRVY_DT	DATE (8)	N	Last Accreditation Survey Date	Scheduled end date of the accreditation survey on the state validation survey authorization	
CSP_CRTFCTN_HOSPC	LPN_LVN_CNT	NUMBER (7,2)	N	Staff Count: LPN/LVN - Employee	Number of full-time equivalent licensed practical or vocational nurses employed by the	
CSP_CRTFCTN_HOSPC	LPN_LVN_VLNTR_CNT	NUMBER (7,2)	N	Staff Count: LPN/LVN - Volunteer	Number of full-time equivalent licensed practical or vocational nurses volunteering in the	
CSP_CRTFCTN_HOSPC	LSC_CMPLTD_SW	VARCHAR2 (1)	N	LSC Completed Indicator	Indicates if a Life Safety Code survey exists for this certification.	
CSP_CRTFCTN_HOSPC	LSC_WVR_SW	VARCHAR2 (1)	N	Compliance: LSC Waiver Indicator	Indicates if a waiver of any life safety code provision has been recommended for a provider.	
CSP_CRTFCTN_HOSPC	MDCL_SCL_SRVC_CD	VARCHAR2 (1)	N	Services: Medical Social Code	Indicates how medical social services are provided by the hospice.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSPC	MDCL_SCL_SRVC_DESC	VARCHAR2 (49)	N	Services: Medical Social Description	Indicates how medical social services are provided by the hospice.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSPC	MDCL_SCL_WORKR_CNT	NUMBER (7,2)	N	Staff Count: Medical Social Worker - Employee	Number of full-time equivalent medical social workers employed by the hospice.	
CSP_CRTFCTN_HOSPC	MDCL_SCL_WORKR_VLNTR_CNT	NUMBER (7,2)	N	Staff Count: Medical Social Worker - Volunteer	Number of full-time equivalent medical social workers volunteering in the hospice.	
CSP_CRTFCTN_HOSPC	MDCL_SUPLY_SRVC_CD	VARCHAR2 (1)	N	Services: Medical Supplies Code	Indicates how medical supply services are provided by the hospice.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSPC	MDCL_SUPLY_SRVC_DESC	VARCHAR2 (49)	N	Services: Medical Supplies Description	Indicates how medical supply services are provided by the hospice.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSPC	MLT_LCTN_SW	VARCHAR2 (1)	N	Multiple Location Indicator	Indicates if the hospice operates under the same CMS Certification Number at more than one	
CSP_CRTFCTN_HOSPC	NF_HOME_CARE_SW	VARCHAR2 (1)	N	Home Care - NF Indicator	Indicates if the hospice provides routine home care in a Nursing Facility.	
CSP_CRTFCTN_HOSPC	NRSNG_SRVC_CD	VARCHAR2 (1)	N	Services: Nursing Code	Indicates how nursing services are provided by the hospice.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSPC	NRSNG_SRVC_DESC	VARCHAR2 (49)	N	Services: Nursing Description	Indicates how nursing services are provided by the hospice.	CSP_GNRL_SRVC_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_HOSPC	NRSNG_SRVC_WVR_DT	DATE (8)	N	Nursing Services Waiver Date	Date a waiver of the requirement to provide core nursing services was granted to the hospice.	
CSP_CRTFCTN_HOSPC	NRSNG_SRVC_WVR_SW	VARCHAR2 (1)	N	Nursing Services Waiver Indicator	Indicates if the hospice has been granted a waiver of core nursing services.	
CSP_CRTFCTN_HOSPC	OTHR_SRVC_CD	VARCHAR2 (1)	N	Services: Other Code	Indicates how other services are provided by the hospice.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSPC	OTHR_SRVC_DESC	VARCHAR2 (49)	N	Services: Other Description	Indicates how other services are provided by the hospice.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSPC	OT_SRVC_CD	VARCHAR2 (1)	N	Services: OT Code	Indicates how occupational therapy services are provided by the hospice.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSPC	OT_SRVC_DESC	VARCHAR2 (49)	N	Services: OT Description	Indicates how occupational therapy services are provided by the hospice.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSPC	PART_ANTHR_ENT_SW	VARCHAR2 (1)	N	Part of Another Entity Indicator	Indicates if the hospice operates as part of another entity that participates in the Medicare	
CSP_CRTFCTN_HOSPC	PHYSN_CNT	NUMBER (7.2)	N	Staff Count: Physician - Employee	Number of full-time equivalent physicians employed by the hospice.	
CSP_CRTFCTN_HOSPC	PHYSN_SRVC_CD	VARCHAR2 (1)	N	Services: Physician Code	Indicates how physician services are provided by the hospice.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSPC	PHYSN_SRVC_DESC	VARCHAR2 (49)	N	Services: Physician Description	Indicates how physician services are provided by the hospice.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSPC	PHYSN_VLNTR_CNT	NUMBER (7.2)	N	Staff Count: Physician - Volunteer	Number of full-time equivalent physicians volunteering in a hospice.	
CSP_CRTFCTN_HOSPC	PRSNEL_OTHR_CNT	NUMBER (7.2)	N	Staff Count: Other - Employee	Number of full-time equivalent other personnel employed by a facility.	
CSP_CRTFCTN_HOSPC	PRVDR_CTGRY_CD	VARCHAR2 (2)	N	Provider Category Code	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_CRTFCTN_HOSPC	PRVDR_CTGRY_DESC	VARCHAR2 (70)	N	Provider Category Description	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_CRTFCTN_HOSPC	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_CRTFCTN_HOSPC	PRVDR_LCTN_CNT	NUMBER (2.0)	N	Multiple Location Count	Number of locations at which the hospice operates under the same CMS Certification	
CSP_CRTFCTN_HOSPC	PRVT_RSDNC_HOME_CARE_SW	VARCHAR2 (1)	N	Home Care - Private Residence Indicator	Indicates if a hospice provides routine home care in a private residence.	
CSP_CRTFCTN_HOSPC	PT_SRVC_CD	VARCHAR2 (1)	N	Services: PT Code	Indicates how physical therapy services are provided by the hospice.	CSP_GNRL_SRVC_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_HOSPC	PT_SRVC_DESC	VARCHAR2 (49)	N	Services: PT Description	Indicates how physical therapy services are provided by the hospice.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSPC	REC_REV_CNT	NUMBER (2.0)	N	Records Reviewed Count	Number of records reviewed by surveyors.	
CSP_CRTFCTN_HOSPC	RN_CNT	NUMBER (7.2)	N	Staff Count: RN - Employee	Number of full-time equivalent registered professional nurses employed by a provider.	
CSP_CRTFCTN_HOSPC	RN_VLNTR_CNT	NUMBER (7.2)	N	Staff Count: RN - Volunteer	Number of full-time equivalent registered nurses volunteering in a hospice.	
CSP_CRTFCTN_HOSPC	RSDNT_FAC_HOSPC_PTNT_CNT	NUMBER (3.0)	N	Census: Residential Facility Patients	Number of hospice patients in a residential facility who receive routine home care.	
CSP_CRTFCTN_HOSPC	RTRN_TO_AO_DT	DATE (8)	N	Returned to AO Date	Following state monitoring, indicates date the provider was returned to the responsibility of the	
CSP_CRTFCTN_HOSPC	SENT_STATE_2802_SW	VARCHAR2 (1)	N	2802 Authorization Sent Indicator	Indicates the validation survey authorized by the Regional Office was sent to the state via CMS	
CSP_CRTFCTN_HOSPC	SHRT_TERM_IP_SRVC_CD	VARCHAR2 (1)	N	Services: Short Term Inpatient Care Code	Indicates how short term inpatient care services are provided by the hospice.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSPC	SHRT_TERM_IP_SRVC_DESC	VARCHAR2 (49)	N	Services: Short Term Inpatient Care Description	Indicates how short term inpatient care services are provided by the hospice.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSPC	SNF_HOME_CARE_SW	VARCHAR2 (1)	N	Home Care - SNF Indicator	Indicates if a hospice provides routine home care in a Skilled Nursing Facility.	
CSP_CRTFCTN_HOSPC	SPCH_PTHLGY_SRVC_CD	VARCHAR2 (1)	N	Services: Speech Pathology Code	Indicates how speech pathology services are provided by the hospice.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSPC	SPCH_PTHLGY_SRVC_DESC	VARCHAR2 (49)	N	Services: Speech Pathology Description	Indicates how speech pathology services are provided by the hospice.	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_HOSPC	STATE_MNTRG_CMPLNC_DT	DATE (8)	N	SA Jurisdiction Compliance Date	During State Agency jurisdiction, date provider came back into compliance.	
CSP_CRTFCTN_HOSPC	STATE_MNTRG_EFCTV_DT	DATE (8)	N	SA Jurisdiction Effective Date	Date the provider came under State Agency jurisdiction due to conditions of participation	
CSP_CRTFCTN_HOSPC	STATE_RPRSNTV_NAME	VARCHAR2 (80)	N	SA Representative Name	Name of state primary point of contact for the validation process.	
CSP_CRTFCTN_HOSPC	STRT_2802_PROC_SW	VARCHAR2 (1)	N	2802 Authorization Started Indicator	Indicates the validation authorization process has been started by the Regional Office.	
CSP_CRTFCTN_HOSPC	SYS_IMPRVMT_AGRMT_DT	DATE (8)	N	System Improvement Agreement Date	Date the provider entered into a System Improvement Agreement with CMS.	
CSP_CRTFCTN_HOSPC	VLNTR_CNT	NUMBER (8.2)	N	Staff Count: Total - Volunteer	Number of full-time equivalent volunteers in the hospice.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_HOSPC	VLNTR_OTHR_CNT	NUMBER (7.2)	N	Staff Count: Other - Volunteer	Number of full-time equivalent others volunteering in the hospice.	
CSP_CRTFCTN_ICFIID	BED_CNT	NUMBER (4.0)	N	Bed Count: Total	Total number of beds in a provider, including those in non-participating or non-licensed areas.	
CSP_CRTFCTN_ICFIID	BED_PER_ROOM_WVR_SW	VARCHAR2 (1)	N	Compliance: Beds Per Room Waiver Indicator	Indicates if a waiver of the beds per room requirement has been recommended for a	
CSP_CRTFCTN_ICFIID	CMNTY_BSD_SW	VARCHAR2 (1)	N	Community Based Indicator	Indicates if the Intermediate Care Facility for Individuals with Intellectual Disabilities	
CSP_CRTFCTN_ICFIID	CNSUS_ABUSE_INVSTGTN_CNT	NUMBER (4.0)	N	Abuse Allegations Investigated Count	Number of allegations of abuse investigated.	
CSP_CRTFCTN_ICFIID	CNSUS_AGE_BTWN_22_45_CNT	NUMBER (5.0)	N	Census: Age 22-45	Total number of residents between ages 22 and 45.	
CSP_CRTFCTN_ICFIID	CNSUS_AGE_BTWN_46_65_CNT	NUMBER (5.0)	N	Census: Age 46-65	Total number of residents between ages 46 and 65.	
CSP_CRTFCTN_ICFIID	CNSUS_AGE_OVR_65_CNT	NUMBER (5.0)	N	Census: Age Over 65	Total number of residents over age 65.	
CSP_CRTFCTN_ICFIID	CNSUS_AGE_UNDER_22_CNT	NUMBER (5.0)	N	Census: Age Under 22	Total number of residents under age 22.	
CSP_CRTFCTN_ICFIID	CNSUS_ASGND_LGL_GRDN_CNT	NUMBER (4.0)	N	Census: Age Over 18 with Legal Guardian	Number of residents over age 18 with a legal guardian assigned by the court.	
CSP_CRTFCTN_ICFIID	CNSUS_ATNDG_DAY_PGM_CNT	NUMBER (4.0)	N	Census: Attending Off-Campus Day Programs	Number of residents who attend off-campus day programs.	
CSP_CRTFCTN_ICFIID	CNSUS_AUTSTC_CNT	NUMBER (4.0)	N	Census: Autistic	Number of residents who are autistic.	
CSP_CRTFCTN_ICFIID	CNSUS_BHVR_CNTL_DRUG_CNT	NUMBER (4.0)	N	Census: Drugs to Control Behavior	Number of residents who need drugs to control their behavior.	
CSP_CRTFCTN_ICFIID	CNSUS_BLND_CNT	NUMBER (4.0)	N	Census: Visual Impairment - Blind	Number of residents who are blind.	
CSP_CRTFCTN_ICFIID	CNSUS_CNTL_D_EPLPSY_CNT	NUMBER (4.0)	N	Census: Epilepsy - Controlled	Number of residents with controlled epilepsy.	
CSP_CRTFCTN_ICFIID	CNSUS_CRBRL_PLSY_CNT	NUMBER (4.0)	N	Census: Cerebral Palsy	Number of residents with cerebral palsy.	
CSP_CRTFCTN_ICFIID	CNSUS_CRT_ORDRD_ADMSN_CNT	NUMBER (4.0)	N	Census: Court Ordered Admissions	Number of residents who were admitted per court order.	
CSP_CRTFCTN_ICFIID	CNSUS_DEAF_CNT	NUMBER (4.0)	N	Census: Hearing Impairment - Deaf	Number of residents who are deaf.	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_ICFIID	CNSUS_DEATH_OTHR_CNT	NUMBER (4.0)	N	Deaths: Number Due to Other Causes	Number of deaths due to other causes.	
CSP_CRTFCTN_ICFIID	CNSUS_DEATH_RSTRNT_CNT	NUMBER (4.0)	N	Deaths: Number Related to Restraints	Number of deaths related to restraints.	
CSP_CRTFCTN_ICFIID	CNSUS_DEATH_UNUSUL_CNT	NUMBER (4.0)	N	Deaths: Number Due to Unusual Incidents	Number of deaths due to unusual incidents.	
CSP_CRTFCTN_ICFIID	CNSUS_EPLPSY_CNT	NUMBER (5.0)	N	Census: Epilepsy - Total	Total number of residents with epilepsy.	
CSP_CRTFCTN_ICFIID	CNSUS_FEML_CNT	NUMBER (5.0)	N	Census: Female	Total number of female residents.	
CSP_CRTFCTN_ICFIID	CNSUS_HARD_HEARG_CNT	NUMBER (4.0)	N	Census: Hearing Impairment - Hard of Hearing	Number of residents who are hard of hearing.	
CSP_CRTFCTN_ICFIID	CNSUS_HEARG_IMPRMNT_CNT	NUMBER (5.0)	N	Census: Hearing Impairment - Total	Total number of residents with hearing impairment.	
CSP_CRTFCTN_ICFIID	CNSUS_IMPRD_VSN_CNT	NUMBER (4.0)	N	Census: Visual Impairment - Impaired Vision	Number of residents with impaired vision.	
CSP_CRTFCTN_ICFIID	CNSUS_MALE_CNT	NUMBER (5.0)	N	Census: Male	Total number of male residents.	
CSP_CRTFCTN_ICFIID	CNSUS_MBL_NAMBLTRY_CNT	NUMBER (4.0)	N	Census: Non-ambulatory - Mobile	Number of residents who are mobile non-ambulatory.	
CSP_CRTFCTN_ICFIID	CNSUS_MDCL_CARE_PLAN_CNT	NUMBER (4.0)	N	Census: Medical Care Plan	Number of residents with medical care plans.	
CSP_CRTFCTN_ICFIID	CNSUS_MILD_IID_CNT	NUMBER (4.0)	N	Census: Intellectual Disability - Mild	Number of residents with mild intellectual disability.	
CSP_CRTFCTN_ICFIID	CNSUS_MODRT_IID_CNT	NUMBER (4.0)	N	Census: Intellectual Disability - Moderate	Number of residents with moderate intellectual disability.	
CSP_CRTFCTN_ICFIID	CNSUS_NAMBLTRY_CNT	NUMBER (5.0)	N	Census: Non-ambulatory - Total	Total number of non-ambulatory residents.	
CSP_CRTFCTN_ICFIID	CNSUS_NGLCT_INVSTGTN_CNT	NUMBER (4.0)	N	Neglect Allegations Investigated Count	Number of allegations of neglect investigated.	
CSP_CRTFCTN_ICFIID	CNSUS_NMBL_NAMBLTRY_CNT	NUMBER (4.0)	N	Census: Non-ambulatory - Nonmobile	Number of residents who are non-mobile non-ambulatory.	
CSP_CRTFCTN_ICFIID	CNSUS_OBSRVD_ATNDG_DAY_PGM_CNT	NUMBER (2.0)	N	Day Program Site Observed Count	Number of off-campus day program sites observed by surveyors.	
CSP_CRTFCTN_ICFIID	CNSUS_PHYS_RSTRNT_CNT	NUMBER (4.0)	N	Census: Physical Restraints	Number of residents physically restrained.	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_ICFIID	CNSUS_PN_STMLI_CNT	NUMBER (4.0)	N	Census: Painful or Noxious Stimuli	Number of residents who require application of painful or noxious stimuli.	
CSP_CRTFCTN_ICFIID	CNSUS_PREFND_IID_CNT	NUMBER (4.0)	N	Census: Intellectual Disability - Profound	Number of residents with profound intellectual disability.	
CSP_CRTFCTN_ICFIID	CNSUS_RSDNT_CNT	NUMBER (5.0)	N	Census: Total Residents	Total number of residents in an Intermediate Care Facility for Individuals with Intellectual	
CSP_CRTFCTN_ICFIID	CNSUS_SMPL_ATNDG_DAY_PGM_CNT	NUMBER (4.0)	N	Census: Residents Attending Day Programs	Number of residents in the sample who attend off-campus day programs.	
CSP_CRTFCTN_ICFIID	CNSUS_SPCFD_CHRCRSTC_1_CNT	NUMBER (5.0)	N	Census: Other Characteristics 1	Number of residents with characteristics not previously specified. First of three fields.	
CSP_CRTFCTN_ICFIID	CNSUS_SPCFD_CHRCRSTC_2_CNT	NUMBER (5.0)	N	Census: Other Characteristics 2	Number of residents with characteristics not previously specified. Second of three fields.	
CSP_CRTFCTN_ICFIID	CNSUS_SPCFD_CHRCRSTC_3_CNT	NUMBER (5.0)	N	Census: Other Characteristics 3	Number of residents with characteristics not previously specified. Third of three fields.	
CSP_CRTFCTN_ICFIID	CNSUS_SPCH_LANG_IMPRMNT_CNT	NUMBER (4.0)	N	Census: Speech or Language Impairment	Number of residents with speech or language impairment.	
CSP_CRTFCTN_ICFIID	CNSUS_SVR_IID_CNT	NUMBER (4.0)	N	Census: Intellectual Disability - Severe	Number of residents with severe intellectual disability.	
CSP_CRTFCTN_ICFIID	CNSUS_TIME_OUT_ROOM_CNT	NUMBER (4.0)	N	Census: Use of Time-Out Room	Number of residents with use of time-out rooms for behavior modification included in their	
CSP_CRTFCTN_ICFIID	CNSUS_TOT_ABUSE_NGLCT_CNT	NUMBER (4.0)	N	Total Allegations Abuse / Neglect Investigated	Total number of allegations of abuse and neglect investigated.	
CSP_CRTFCTN_ICFIID	CNSUS_TOT_DEATH_CNT	NUMBER (4.0)	N	Total Number Resident Deaths	Total number of resident deaths.	
CSP_CRTFCTN_ICFIID	CNSUS_TOT_IID_CNT	NUMBER (5.0)	N	Census: Intellectual Disability - Total	Total number of residents with intellectual disability.	
CSP_CRTFCTN_ICFIID	CNSUS_UNCNTLD_EPLPSY_CNT	NUMBER (4.0)	N	Census: Epilepsy - Uncontrolled	Number of residents with uncontrolled epilepsy.	
CSP_CRTFCTN_ICFIID	CNSUS_VISL_IMPRMNT_CNT	NUMBER (5.0)	N	Census: Visual Impairment - Total	Total number of residents with visual impairments.	
CSP_CRTFCTN_ICFIID	CRTFCTN_AGE_NUM	NUMBER (2.0)	N	Certification Age Number	Sequential number derived by sorting on: CCN and descending Certification Date. A one	
CSP_CRTFCTN_ICFIID	CRTFCTN_DT	DATE (8)	Y	Certification Date	Equal to the exit date of the initial visit of the Health survey for certifications completed after	
CSP_CRTFCTN_ICFIID	CRTFD_BED_CNT	NUMBER (4.0)	N	Bed Count: Certified - Medicaid	Number of Medicaid certified beds within an Intermediate Care Facility for Individuals with	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_ICFIID	DRCT_CARE_PRSNEL_CNT	NUMBER (7.2)	N	Staff Count: Direct Care	Number of full-time equivalent direct care personnel employed by an Intermediate Care	
CSP_CRTFCTN_ICFIID	DSCRT_LVG_UNIT_CNT	NUMBER (2.0)	N	Discrete Living Unit Count	Total number of discrete living units in an Intermediate Care Facility for Individuals with	
CSP_CRTFCTN_ICFIID	EMPLEE_CNT	NUMBER (8.2)	N	Staff Count: Total	Total number of full-time equivalent personnel employed by an Intermediate Care Facility for	
CSP_CRTFCTN_ICFIID	GNRL_CNTL_TYPE_CD	VARCHAR2 (2)	N	Ownership Type Code	Indicates the ownership type of the provider.	CSP_GNRL_CNTL_TYPE_CD
CSP_CRTFCTN_ICFIID	GNRL_CNTL_TYPE_DESC	VARCHAR2 (54)	N	Ownership Type Description	Indicates the ownership type of the provider.	CSP_GNRL_CNTL_TYPE_CD
CSP_CRTFCTN_ICFIID	ICFIID_BED_CNT	NUMBER (4.0)	N	Bed Count: Certified - Total	Number of certified beds in an Intermediate Care Facility for Individuals with Intellectual	
CSP_CRTFCTN_ICFIID	ICFIID_CLNT_CNT	NUMBER (5.0)	N	Client Count: Total - Facility	Total number of clients of a certified Intermediate Care Facility for Individuals with	
CSP_CRTFCTN_ICFIID	ICFIID_DAY_PGM_SITE_CNT	NUMBER (2.0)	N	Day Program Site Count	Total number of off-campus day program sites used by an Intermediate Care Facility for	
CSP_CRTFCTN_ICFIID	LPN_LVN_CNT	NUMBER (7.2)	N	Staff Count: LPN/LVN	Number of full-time equivalent licensed practical or vocational nurses employed by a	
CSP_CRTFCTN_ICFIID	LRGR_ORG_BED_CNT	NUMBER (4.0)	N	Bed Count: Total - Larger Organization	Total number of beds within a larger organization or agency that provides residential	
CSP_CRTFCTN_ICFIID	LRGR_ORG_CLNT_CNT	NUMBER (4.0)	N	Client Count: Total - Larger Organization	Total number of clients, including clients for this Intermediate Care Facility for Individuals with	
CSP_CRTFCTN_ICFIID	LRGR_ORG_MBRSHW_SW	VARCHAR2 (1)	N	Unit of Larger Organization Indicator	Indicates if an Intermediate Care Facility for Individuals with Intellectual Disabilities	
CSP_CRTFCTN_ICFIID	LSC_CMPLTD_SW	VARCHAR2 (1)	N	LSC Completed Indicator	Indicates if a Life Safety Code survey exists for this certification.	
CSP_CRTFCTN_ICFIID	LSC_WVR_SW	VARCHAR2 (1)	N	Compliance: LSC Waiver Indicator	Indicates if a waiver of any life safety code provision has been recommended for a provider.	
CSP_CRTFCTN_ICFIID	OLDST_CLNT_AGE_NUM	NUMBER (3.0)	N	Age of Oldest Client	Age of the oldest client served in an Intermediate Care Facility for Individuals with	
CSP_CRTFCTN_ICFIID	OVRRD_BED_CNT_SW	VARCHAR2 (1)	N	Bed Count Override Indicator	Indicates if the regional office has approved a significant bed count change from the previous	
CSP_CRTFCTN_ICFIID	PGM_PRTCPTN_CD	VARCHAR2 (1)	N	Program Participation Code	Indicates if the provider participates in Medicare, Medicaid, or both programs.	CSP_PGM_CD
CSP_CRTFCTN_ICFIID	PGM_PRTCPTN_DESC	VARCHAR2 (31)	N	Program Participation Description	Indicates if the provider participates in Medicare, Medicaid, or both programs.	CSP_PGM_CD



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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_ICFIID	PRVDR_BSD_FAC_SW	VARCHAR2 (1)	N	Provider Based Facility Indicator	Indicates if an Intermediate Care Facility for Individuals with Intellectual Disabilities	
CSP_CRTFCTN_ICFIID	PRVDR_CTGRY_CD	VARCHAR2 (2)	N	Provider Category Code	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_CRTFCTN_ICFIID	PRVDR_CTGRY_DESC	VARCHAR2 (70)	N	Provider Category Description	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_CRTFCTN_ICFIID	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_CRTFCTN_ICFIID	RN_CNT	NUMBER (7.2)	N	Staff Count: RN	Number of full-time equivalent registered professional nurses employed by a provider.	
CSP_CRTFCTN_ICFIID	ROOM_SIZE_WVR_SW	VARCHAR2 (1)	N	Compliance: Patient Room Size Waiver Indicator	Indicates if a waiver of the patient room size provision has been recommended for a provider.	
CSP_CRTFCTN_ICFIID	RO_MD CD_RVW_CMPLT_DT	DATE (8)	N	RO T19 Final Review Date	Date the regional office completes its review of this Title 19 (Medicaid) certification kit.	
CSP_CRTFCTN_ICFIID	SRVY_BGN_DT	DATE (8)	N	Survey Beginning Date	Beginning date of the health survey for an Intermediate Care Facility for Individuals with	
CSP_CRTFCTN_ICFIID	SRVY_CD	VARCHAR2 (1)	N	Survey Extent Code	Indicates the extent of the health survey performed.	CSP_HLTH_SRVY_CD
CSP_CRTFCTN_ICFIID	SRVY_DESC	VARCHAR2 (33)	N	Survey Extent Description	Indicates the extent of the health survey performed.	CSP_HLTH_SRVY_CD
CSP_CRTFCTN_ICFIID	SRVY_END_DT	DATE (8)	N	Survey Ending Date	Ending date of the health survey for an Intermediate Care Facility for Individuals with	
CSP_CRTFCTN_ICFIID	YNGST_CLNT_AGE_NUM	NUMBER (2.0)	N	Age of Youngest Client	Age of the youngest client served in an Intermediate Care Facility for Individuals with	
CSP_CRTFCTN_NH	ACTVTY_OFSITE_RSDNT_SW	VARCHAR2 (1)	N	Services: Therapeutic - Qualified Activities Professional - Off-Site Residents Indicator	Indicates if therapeutic services are provided off-site to residents by qualified activities	
CSP_CRTFCTN_NH	ACTVTY_ONST_NRSNT_SW	VARCHAR2 (1)	N	Services: Therapeutic - Qualified Activities Professional - On-Site Nonresidents Indicator	Indicates if therapeutic services are provided on-site to nonresidents by qualified activities	
CSP_CRTFCTN_NH	ACTVTY_ONST_RSDNT_SW	VARCHAR2 (1)	N	Services: Therapeutic - Qualified Activities Professional - On-Site Residents Indicator	Indicates if therapeutic services are provided on-site to residents by qualified activities	
CSP_CRTFCTN_NH	ACTVTY_OTHR_OFSITE_RSDNT_SW	VARCHAR2 (1)	N	Services: Therapeutic - Other Activities Staff - Off-Site Residents Indicator	Indicates if therapeutic services are provided off-site to residents by other activities staff.	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_NH	ACTVTY_OTHR_ONST_NRS NT_SW	VARCHAR2 (1)	N	Services: Therapeutic - Other Activities Staff - On-Site Nonresidents Indicator	Indicates if therapeutic services are provided on- site to nonresidents by other activities staff.	
CSP_CRTFCTN_NH	ACTVTY_OTHR_ONST_RSDN T_SW	VARCHAR2 (1)	N	Services: Therapeutic - Other Activities Staff - On-Site Residents Indicator	Indicates if therapeutic services are provided on- site to residents by other activities staff.	
CSP_CRTFCTN_NH	ACTVTY_PROFNL_CNTRCT_ CNT	NUMBER (7.2)	N	Staff Count: Qualified Activities Professional - Contract	Number of full-time equivalent qualified activities professionals providing therapeutic	
CSP_CRTFCTN_NH	ACTVTY_PROFNL_FLTM_CN T	NUMBER (7.2)	N	Staff Count: Qualified Activities Professional - Full-Time	Number of full-time equivalent qualified activities professionals providing therapeutic	
CSP_CRTFCTN_NH	ACTVTY_PROFNL_PRTM_CN T	NUMBER (7.2)	N	Staff Count: Qualified Activities Professional - Part-Time	Number of full-time equivalent qualified activities professionals providing therapeutic	
CSP_CRTFCTN_NH	ACTVTY_STF_OTHR_CNTRC T_CNT	NUMBER (7.2)	N	Staff Count: Other Activities - Contract	Number of full-time equivalent other activities staff providing therapeutic services under	
CSP_CRTFCTN_NH	ACTVTY_STF_OTHR_FLTM_ CNT	NUMBER (7.2)	N	Staff Count: Other Activities - Full-Time	Number of full-time equivalent other activities staff providing therapeutic services employed	
CSP_CRTFCTN_NH	ACTVTY_STF_OTHR_PRTM_ CNT	NUMBER (7.2)	N	Staff Count: Other Activities - Part-Time	Number of full-time equivalent other activities staff providing therapeutic services employed	
CSP_CRTFCTN_NH	AIDS_BED_CNT	NUMBER (3.0)	N	Bed Count: Special Care - AIDS	Number of beds in a special care unit dedicated for residents with AIDS.	
CSP_CRTFCTN_NH	ALZHRM_BED_CNT	NUMBER (3.0)	N	Bed Count: Special Care - Alzheimers	Number of beds in a special care unit dedicated for residents with Alzheimer's disease.	
CSP_CRTFCTN_NH	APRVD_NRS_AIDE_TRNG_S W	VARCHAR2 (1)	N	NATCEP Indicator	Indicates if a facility has an approved Nurse Aide Training and Competency Evaluation	
CSP_CRTFCTN_NH	BED_CNT	NUMBER (4.0)	N	Bed Count: Total	Total number of beds in a provider, including those in non-participating or non-licensed areas.	
CSP_CRTFCTN_NH	BED_PER_ROOM_WVR_SW	VARCHAR2 (1)	N	Compliance: Beds Per Room Waiver Indicator	Indicates if a waiver of the beds per room requirement has been recommended for a	
CSP_CRTFCTN_NH	BLOOD_SRVC_OFSITE_RSDN T_SW	VARCHAR2 (1)	N	Services: Blood Administration Off-Site Residents Indicator	Indicates if blood administration and storage services are provided off-site to residents.	
CSP_CRTFCTN_NH	BLOOD_SRVC_ONST_NRS T_SW	VARCHAR2 (1)	N	Services: Blood Administration On-Site Nonresidents Indicator	Indicates if blood administration and storage services are provided on-site to nonresidents.	
CSP_CRTFCTN_NH	BLOOD_SRVC_ONST_RSDN T_SW	VARCHAR2 (1)	N	Services: Blood Administration On-Site Residents Indicator	Indicates if blood administration and storage services are provided on-site to residents.	
CSP_CRTFCTN_NH	CCRC_FAC_SW	VARCHAR2 (1)	N	Facility Part of a CCRC Indicator	Indicates if the facility is part of a Continuing Care Retirement Community.	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_NH	CL_SRVC_OFSITE_RSDNT_SW	VARCHAR2 (1)	N	Services: Clinical Laboratory - Off-Site Residents Indicator	Indicates if clinical laboratory services are provided off-site to residents.	
CSP_CRTFCTN_NH	CL_SRVC_ONST_NRSNT_SW	VARCHAR2 (1)	N	Services: Clinical Laboratory - On-Site Nonresidents Indicator	Indicates if clinical laboratory services are provided on-site to nonresidents.	
CSP_CRTFCTN_NH	CL_SRVC_ONST_RSDNT_SW	VARCHAR2 (1)	N	Services: Clinical Laboratory - On-Site Residents Indicator	Indicates if clinical laboratory services are provided on-site to residents.	
CSP_CRTFCTN_NH	CNSUS_ADVNC_DRCTV_CNT	NUMBER (3.0)	N	Census: Other - Advanced Directives	Number of residents with advanced directives.	
CSP_CRTFCTN_NH	CNSUS_ASTNC_MBLTY_CNT	NUMBER (3.0)	N	Census: Mobility - Ambulation with Assistance	Number of residents requiring assistance or assistive device for ambulation.	
CSP_CRTFCTN_NH	CNSUS_BATHG_ASTD_CNT	NUMBER (3.0)	N	Census: Bathing - Assisted	Number of residents who need assistance from one or two staff for bathing.	
CSP_CRTFCTN_NH	CNSUS_BATHG_DPNDNT_CNT	NUMBER (3.0)	N	Census: Bathing - Dependent	Number of residents who completely depend on staff for bathing.	
CSP_CRTFCTN_NH	CNSUS_BATHG_INDPNDNT_CNT	NUMBER (3.0)	N	Census: Bathing - Independent	Number of residents who bathe independently.	
CSP_CRTFCTN_NH	CNSUS_BED_FST_CNT	NUMBER (3.0)	N	Census: Mobility - Bedfast	Number of residents who are bedfast all or most of time.	
CSP_CRTFCTN_NH	CNSUS_BHVR_MGMT_PGM_CNT	NUMBER (3.0)	N	Census: Mental Status - Individualized Care Plan	Number of residents with behavioral healthcare needs that have an individualized care plan for	
CSP_CRTFCTN_NH	CNSUS_BLADR_TRNG_PGM_CNT	NUMBER (3.0)	N	Census: Bowel/Bladder Status - Urinary Toileting Program	Number of residents on urinary toileting program.	
CSP_CRTFCTN_NH	CNSUS_BWL_TRNG_PGM_CNT	NUMBER (3.0)	N	Census: Bowel/Bladder Status - Bowel Toileting Program	Number of residents on bowel toileting program.	
CSP_CRTFCTN_NH	CNSUS_CHMTHRPY_CNT	NUMBER (3.0)	N	Census: Special Care - Chemotherapy	Number of residents receiving chemotherapy.	
CSP_CRTFCTN_NH	CNSUS_CHRBND_CNT	NUMBER (3.0)	N	Census: Mobility - Chair Bound	Number of residents in a chair all or most of time.	
CSP_CRTFCTN_NH	CNSUS_CNTRCT_ADMSN_CNT	NUMBER (3.0)	N	Census: Mobility - Contractures on Admission	Number of residents with contractures at time of admission.	
CSP_CRTFCTN_NH	CNSUS_CNTRCT_CNT	NUMBER (3.0)	N	Census: Mobility - Contractures	Number of residents with contractures.	
CSP_CRTFCTN_NH	CNSUS_CTHTR_ADMSN_CNT	NUMBER (3.0)	N	Census: Bowel/Bladder Status - Catheter Present on Admission	Number of residents with catheters present on admission.	
CSP_CRTFCTN_NH	CNSUS_CTHTR_CNT	NUMBER (3.0)	N	Census: Bowel/Bladder Status - Catheter	Number of residents with indwelling or external catheter.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_NH	CNSUS_DLYS_CNT	NUMBER (3.0)	N	Census: Special Care - Dialysis	Number of residents receiving dialysis.	
CSP_CRTFCTN_NH	CNSUS_DMNT_CNT	NUMBER (3.0)	N	Census: Mental Status - Dementia or Alzheimers	Number of residents with dementia: (e.g. Lewy-Body, vascular- or multi- infarct, mixed,	
CSP_CRTFCTN_NH	CNSUS_DPRSN_CNT	NUMBER (3.0)	N	Census: Mental Status - Depression	Number of residents with documented signs and symptoms of depression.	
CSP_CRTFCTN_NH	CNSUS_DRS_ASTD_CNT	NUMBER (3.0)	N	Census: Dressing - Assisted	Number of residents who need assistance from one or two staff for dressing.	
CSP_CRTFCTN_NH	CNSUS_DRS_DPNDNT_CNT	NUMBER (3.0)	N	Census: Dressing - Dependent	Number of residents who completely depend on staff for dressing.	
CSP_CRTFCTN_NH	CNSUS_DRS_INDPNDNT_CNT	NUMBER (3.0)	N	Census: Dressing - Independent	Number of residents who dress independently.	
CSP_CRTFCTN_NH	CNSUS_EATG_ASTD_CNT	NUMBER (3.0)	N	Census: Eating - Assisted	Number of residents who need assistance from one or two staff for eating.	
CSP_CRTFCTN_NH	CNSUS_EATG_ASTV_DVC_CNT	NUMBER (3.0)	N	Census: Special Care - Assistive Devices	Number of residents using assistive devices with eating.	
CSP_CRTFCTN_NH	CNSUS_EATG_DPNDNT_CNT	NUMBER (3.0)	N	Census: Eating - Dependent	Number of residents who completely depend on staff for eating.	
CSP_CRTFCTN_NH	CNSUS_EATG_INDPNDNT_CNT	NUMBER (3.0)	N	Census: Eating - Independent	Number of residents who eat independently.	
CSP_CRTFCTN_NH	CNSUS_HOSPC_CARE_CNT	NUMBER (3.0)	N	Census: Special Care - Hospice	Number of residents receiving hospice care.	
CSP_CRTFCTN_NH	CNSUS_IID_CNT	NUMBER (3.0)	N	Census: Mental Status - Intellectual Disability	Number of residents with intellectual and/or developmental disability.	
CSP_CRTFCTN_NH	CNSUS_INCNTNT_BLADR_CNT	NUMBER (3.0)	N	Census: Bowel/Bladder Status - Bladder Incontinence	Number of residents occasionally or frequently incontinent of bladder.	
CSP_CRTFCTN_NH	CNSUS_INCNTNT_BWL_CNT	NUMBER (3.0)	N	Census: Bowel/Bladder Status - Bowel Incontinence	Number of residents occasionally or frequently incontinent of bowel.	
CSP_CRTFCTN_NH	CNSUS_INDPNDNT_MBLTY_CNT	NUMBER (3.0)	N	Census: Mobility - Independently Ambulatory	Number of residents who are independently ambulatory.	
CSP_CRTFCTN_NH	CNSUS_INFLNZ_IMNZTN_CNT	NUMBER (3.0)	N	Census: Other - Influenza Immunization	Number of residents who received influenza immunization.	
CSP_CRTFCTN_NH	CNSUS_INTRVNS_THRPY_CNT	NUMBER (3.0)	N	Census: Special Care - IV Therapy	Number of residents receiving intravenous therapy, intravenous nutrition, and/or blood	
CSP_CRTFCTN_NH	CNSUS_MCHNCL_ALTRD_DIET_CNT	NUMBER (3.0)	N	Census: Special Care - Mechanically Altered Diet	Number of residents receiving mechanically altered diets including pureed and all chopped	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_NH	CNSUS_MDCD_CNT	NUMBER (4.0)	N	Census: Medicaid Recipients	Number of residents who are Medicaid recipients.	
CSP_CRTFCTN_NH	CNSUS_MDCR_CNT	NUMBER (4.0)	N	Census: Medicare Recipients	Number of residents who are Medicare recipients.	
CSP_CRTFCTN_NH	CNSUS_MENTL_BHVR_CNT	NUMBER (3.0)	N	Census: Mental Status - Behavioral Healthcare Needs	Number of residents with behavioral healthcare needs.	
CSP_CRTFCTN_NH	CNSUS_NON_ORAL_COMMUN_DVC_CNT	NUMBER (3.0)	N	Census: Other - Non-Oral Communication Devices	Number of residents who use non-oral communication devices.	
CSP_CRTFCTN_NH	CNSUS_NO_COMMUN_CNT	NUMBER (3.0)	N	Census: Other - No Communication	Number of residents who do not communicate in dominant language of facility, including those	
CSP_CRTFCTN_NH	CNSUS_OSTMY_CARE_CNT	NUMBER (3.0)	N	Census: Special Care - Ostomy	Number of residents receiving ostomy care.	
CSP_CRTFCTN_NH	CNSUS_OTHR_MDCD_MDCR_CNT	NUMBER (4.0)	N	Census: Other	Number of residents not Medicare or Medicaid beneficiaries.	
CSP_CRTFCTN_NH	CNSUS_PNEUMO_VCN_CNT	NUMBER (3.0)	N	Census: Pneumococcal Vaccine	Number of residents who received pneumococcal vaccine.	
CSP_CRTFCTN_NH	CNSUS_PN_MGMT_PGM_CNT	NUMBER (3.0)	N	Census: Medications - Pain Management Program	Number of residents on a pain management program.	
CSP_CRTFCTN_NH	CNSUS_PRSR_SORE_ADMSN_CNT	NUMBER (3.0)	N	Census: Skin Integrity - Pressure Ulcers on Admission	Number of residents with pressure ulcers, excluding Stage 1, who had the pressure ulcers	
CSP_CRTFCTN_NH	CNSUS_PRVNTV_SKN_CARE_CNT	NUMBER (3.0)	N	Census: Skin Integrity - Preventive Care	Number of residents receiving preventive skin care.	
CSP_CRTFCTN_NH	CNSUS_PSYCH_CNT	NUMBER (3.0)	N	Census: Mental Status - Psychiatric Diagnosis	Number of residents with documented psychiatric diagnosis (excluding dementias and	
CSP_CRTFCTN_NH	CNSUS_RCVG_ANTI_ANXTY_CNT	NUMBER (3.0)	N	Census: Medications - Antianxiety	Number of residents receiving antianxiety medications.	
CSP_CRTFCTN_NH	CNSUS_RCVG_ANTI_BTC_CNT	NUMBER (3.0)	N	Census: Medications - Antibiotics	Number of residents receiving antibiotics.	
CSP_CRTFCTN_NH	CNSUS_RCVG_ANTI_DPRSNT_CNT	NUMBER (3.0)	N	Census: Medications - Antidepressant	Number of residents receiving antidepressant medications.	
CSP_CRTFCTN_NH	CNSUS_RCVG_ANTI_PSYCH_TC_CNT	NUMBER (3.0)	N	Census: Medications - Antipsychotic	Number of residents receiving antipsychotic medications.	
CSP_CRTFCTN_NH	CNSUS_RCVG_HYPNTC_CNT	NUMBER (3.0)	N	Census: Medications - Hypnotic	Number of residents receiving hypnotic medications.	
CSP_CRTFCTN_NH	CNSUS_RCVG_INJCTN_CNT	NUMBER (3.0)	N	Census: Special Care - Injections	Number of residents receiving injections, excluding vitamin B12.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_NH	CNSUS_RCVG_MNTL_HLTH_REHAB_CNT	NUMBER (3.0)	N	Census: Mental Status - Rehabilitative Services	Number of residents receiving health rehabilitative services for mental illness,	
CSP_CRTFCTN_NH	CNSUS_RCVG_PSYCHACTV_DRUG_CNT	NUMBER (3.0)	N	Census: Medications - Psychoactive	Number of residents receiving any psychoactive medication.	
CSP_CRTFCTN_NH	CNSUS_RDTN_THRPY_CNT	NUMBER (3.0)	N	Census: Special Care - Radiation Therapy	Number of residents receiving radiation therapy.	
CSP_CRTFCTN_NH	CNSUS_REHAB_CNT	NUMBER (3.0)	N	Census: Special Care - Rehabilitative Services	Number of residents receiving rehabilitative services (Physical therapy, speech- language	
CSP_CRTFCTN_NH	CNSUS_RSDNT_CNT	NUMBER (5.0)	N	Census: Total Residents	Total number of residents at the time of this certification survey.	
CSP_CRTFCTN_NH	CNSUS_RSPRTRY_TRTMT_CNT	NUMBER (3.0)	N	Census: Special Care - Respiratory Treatment	Number of residents receiving respiratory treatment.	
CSP_CRTFCTN_NH	CNSUS_RSTRNT_CNT	NUMBER (3.0)	N	Census: Mobility - Physically Restrained	Number of physically restrained residents.	
CSP_CRTFCTN_NH	CNSUS_RSTRNT_ORDR_ADMSN_CNT	NUMBER (3.0)	N	Census: Mobility - Restrained with Restraint Order on Admit	Number of residents physically restrained who were admitted or readmitted with orders for	
CSP_CRTFCTN_NH	CNSUS_SKN_PRSR_SORE_CNT	NUMBER (3.0)	N	Census: Skin Integrity - Pressure Ulcers	Number of residents with pressure ulcers, excluding Stage 1.	
CSP_CRTFCTN_NH	CNSUS_SKN_RSH_CNT	NUMBER (3.0)	N	Census: Skin Integrity - Rashes	Number of residents with rashes.	
CSP_CRTFCTN_NH	CNSUS_SUCTN_CARE_CNT	NUMBER (3.0)	N	Census: Special Care - Suctioning	Number of residents receiving suctioning.	
CSP_CRTFCTN_NH	CNSUS_TOILT_ASTD_CNT	NUMBER (3.0)	N	Census: Toilet Use - Assisted	Number of residents who need assistance from one or two staff for toilet use.	
CSP_CRTFCTN_NH	CNSUS_TOILT_DPNDNT_CNT	NUMBER (3.0)	N	Census: Toilet Use - Dependent	Number of residents who completely depend on staff for toilet use.	
CSP_CRTFCTN_NH	CNSUS_TOILT_INDPNDNT_CNT	NUMBER (3.0)	N	Census: Toilet Use - Independent	Number of residents who use the toilet independently.	
CSP_CRTFCTN_NH	CNSUS_TRCHOSTMY_CARE_CNT	NUMBER (3.0)	N	Census: Special Care - Tracheostomy Care	Number of residents receiving tracheostomy care.	
CSP_CRTFCTN_NH	CNSUS_TRNSFR_ASTD_CNT	NUMBER (3.0)	N	Census: Transferring - Assisted	Number of residents who need assistance from one or two staff for transferring.	
CSP_CRTFCTN_NH	CNSUS_TRNSFR_DPNDNT_CNT	NUMBER (3.0)	N	Census: Transferring - Dependent	Number of residents who completely depend on staff for transferring.	
CSP_CRTFCTN_NH	CNSUS_TRNSFR_INDPNDNT_CNT	NUMBER (3.0)	N	Census: Transferring - Independent	Number of residents who transfer independently.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_NH	CNSUS_TUBE_FEED_CNT	NUMBER (3.0)	N	Census: Special Care - Tube Feedings	Number of residents receiving tube feedings.	
CSP_CRTFCTN_NH	CNSUS_UNPLND_WT_LOSS_GAIN_CNT	NUMBER (3.0)	N	Census: Other - Unplanned Weight Loss/Gain	Number of residents with unplanned significant weight loss/gain.	
CSP_CRTFCTN_NH	CRTFCTN_AGE_NUM	NUMBER (2.0)	N	Certification Age Number	Sequential number derived by sorting on: CCN and descending Certification Date. A one	
CSP_CRTFCTN_NH	CRTFCTN_DT	DATE (8)	Y	Certification Date	Equal to the exit date of the initial visit of the Health survey for certifications completed after	
CSP_CRTFCTN_NH	CRTFD_BED_CNT	NUMBER (4.0)	N	Bed Count: Certified	Number of beds in Medicare and/or Medicaid certified areas within a facility.	
CSP_CRTFCTN_NH	DGNSTC_XRAY_OFSITE_RS_DNT_SW	VARCHAR2 (1)	N	Services: X-ray Off-Site Residents Indicator	Indicates if diagnostic X-ray services are provided off-site to residents.	
CSP_CRTFCTN_NH	DGNSTC_XRAY_ONST_NRSNT_SW	VARCHAR2 (1)	N	Services: X-ray On-Site Nonresidents Indicator	Indicates if diagnostic X-ray services are provided on-site to nonresidents.	
CSP_CRTFCTN_NH	DGNSTC_XRAY_ONST_RSDNT_SW	VARCHAR2 (1)	N	Services: X-ray On-Site Residents Indicator	Indicates if diagnostic X-ray services are provided on-site to residents.	
CSP_CRTFCTN_NH	DIETN_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: Dietitian - Contract	Number of full-time equivalent dietitians under contract to a facility.	
CSP_CRTFCTN_NH	DIETN_FLTM_CNT	NUMBER (7.2)	N	Staff Count: Dietitian - Full-Time	Number of full-time equivalent dietitians employed full time by a facility.	
CSP_CRTFCTN_NH	DIETN_PRTM_CNT	NUMBER (7.2)	N	Staff Count: Dietitian - Part-Time	Number of full-time equivalent dietitians employed part time by a facility.	
CSP_CRTFCTN_NH	DLYS_BED_CNT	NUMBER (3.0)	N	Bed Count: Special Care - Dialysis	Number of beds in a special care unit dedicated for residents who require dialysis.	
CSP_CRTFCTN_NH	DNTL_SRVC_OFSITE_RSDNT_SW	VARCHAR2 (1)	N	Services: Dental Off-Site Residents Indicator	Indicates if dental services are provided off-site to residents.	
CSP_CRTFCTN_NH	DNTL_SRVC_ONST_NRSNT_SW	VARCHAR2 (1)	N	Services: Dental On-Site Nonresidents Indicator	Indicates if dental services are provided on-site to nonresidents.	
CSP_CRTFCTN_NH	DNTL_SRVC_ONST_RSDNT_SW	VARCHAR2 (1)	N	Services: Dental On-Site Residents Indicator	Indicates if dental services are provided on-site to residents.	
CSP_CRTFCTN_NH	DNTST_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: Dentist - Contract	Number of full-time equivalent dentists under contract to a facility.	
CSP_CRTFCTN_NH	DNTST_FLTM_CNT	NUMBER (7.2)	N	Staff Count: Dentist - Full-Time	Number of full-time equivalent dentists employed full time by a facility.	
CSP_CRTFCTN_NH	DNTST_PRTM_CNT	NUMBER (7.2)	N	Staff Count: Dentist - Part-Time	Number of full-time equivalent dentists employed part time by a facility.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_NH	DRUG_ERR_RATE_NUM	NUMBER (3.0)	N	Medication Error Rate	Number of medication errors observed divided by the opportunities for errors (doses	
CSP_CRTFCTN_NH	DSBL_CHLDRN_BED_CNT	NUMBER (3.0)	N	Bed Count: Special Care - Disabled Children	Number of beds in a special care unit dedicated for disabled children.	
CSP_CRTFCTN_NH	DTRY_OFSITE_RSDNT_SW	VARCHAR2 (1)	N	Services: Dietary Off-Site Residents Indicator	Indicates if dietary services are provided off-site to residents.	
CSP_CRTFCTN_NH	DTRY_ONST_NRSNT_SW	VARCHAR2 (1)	N	Services: Dietary On-Site Nonresidents Indicator	Indicates if dietary services are provided on-site to nonresidents.	
CSP_CRTFCTN_NH	DTRY_ONST_RSDNT_SW	VARCHAR2 (1)	N	Services: Dietary On-Site Residents Indicator	Indicates if dietary services are provided on-site to residents.	
CSP_CRTFCTN_NH	EXPRMT_RSRCH_CNDCTD_SW	VARCHAR2 (1)	N	Experimental Research Conducted Indicator	Indicates if a facility conducts experimental research.	
CSP_CRTFCTN_NH	EXTND_SRVY_BGN_DT	DATE (8)	N	Extended Survey Begin Date	Begin date of an extended survey.	
CSP_CRTFCTN_NH	EXTND_SRVY_END_DT	DATE (8)	N	Extended Survey End Date	End date of an extended survey.	
CSP_CRTFCTN_NH	FEED_ASTNC_PGM_SW	VARCHAR2 (1)	N	Feeding Assistant Program Indicator	Indicates if a facility has a feeding assistant program.	
CSP_CRTFCTN_NH	FOOD_SRVC_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: Food Service Worker - Contract	Number of full-time equivalent food service personnel under contract to a facility.	
CSP_CRTFCTN_NH	FOOD_SRVC_FLTM_CNT	NUMBER (7.2)	N	Staff Count: Food Service Worker - Full-Time	Number of full-time equivalent food service personnel employed full-time by a facility.	
CSP_CRTFCTN_NH	FOOD_SRVC_PRTM_CNT	NUMBER (7.2)	N	Staff Count: Food Service Worker - Part-Time	Number of full-time equivalent food service personnel employed part-time by a facility.	
CSP_CRTFCTN_NH	FOSS_SW	VARCHAR2 (1)	N	FOSS Indicator	Indicates if this state survey is a part of a Federal Oversight and Support Survey.	
CSP_CRTFCTN_NH	GNRL_CNTL_TYPE_CD	VARCHAR2 (2)	N	Ownership Type Code	Indicates the ownership type of the provider.	CSP_GNRL_CNTL_TYPE_CD
CSP_CRTFCTN_NH	GNRL_CNTL_TYPE_DESC	VARCHAR2 (54)	N	Ownership Type Description	Indicates the ownership type of the provider.	CSP_GNRL_CNTL_TYPE_CD
CSP_CRTFCTN_NH	HEAD_TRMA_BED_CNT	NUMBER (3.0)	N	Bed Count: Special Care - Head Trauma	Number of beds in a special care unit dedicated for residents with head trauma.	
CSP_CRTFCTN_NH	HNTGTN_DEASE_BED_CNT	NUMBER (3.0)	N	Bed Count: Special Care - Huntingtons Disease	Number of beds in a special care unit dedicated for residents with Huntington's disease.	
CSP_CRTFCTN_NH	HOSPC_BED_CNT	NUMBER (3.0)	N	Bed Count: Special Care - Hospice	Number of beds in a special care unit dedicated for residents who require hospice care.	



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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_NH	HOSP_BSD_SW	VARCHAR2 (1)	N	Hospital Based Indicator	Indicates if the nursing home is hospital based.	
CSP_CRTFCTN_NH	HSEKPNG_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: Housekeeping - Contract	Number of full-time equivalent housekeeping personnel under contract to a facility.	
CSP_CRTFCTN_NH	HSEKPNG_FLTM_CNT	NUMBER (7.2)	N	Staff Count: Housekeeping - Full-Time	Number of full-time equivalent housekeeping personnel employed full-time by a facility.	
CSP_CRTFCTN_NH	HSEKPNG_PRTM_CNT	NUMBER (7.2)	N	Staff Count: Housekeeping - Part-Time	Number of full-time equivalent housekeeping personnel employed part-time by a facility.	
CSP_CRTFCTN_NH	HSEKPNG_SRVC_OFSITE_RS DNT_SW	VARCHAR2 (1)	N	Services: Housekeeping Off-Site Residents Indicator	Indicates if housekeeping services are provided off-site to residents.	
CSP_CRTFCTN_NH	HSEKPNG_SRVC_ONST_NRS DNT_SW	VARCHAR2 (1)	N	Services: Housekeeping On-Site Nonresidents Indicator	Indicates if housekeeping services are provided on-site to nonresidents.	
CSP_CRTFCTN_NH	HSEKPNG_SRVC_ONST_RSD NT_SW	VARCHAR2 (1)	N	Services: Housekeeping On-Site Residents Indicator	Indicates if housekeeping services are provided on-site to residents.	
CSP_CRTFCTN_NH	IDR_CMPLTN_DT	DATE (8)	N	IDR Completion Date	Date the informal dispute resolution was completed.	
CSP_CRTFCTN_NH	IDR_RQST_DT	DATE (8)	N	IDR Request Date	Date the informal dispute resolution was requested.	
CSP_CRTFCTN_NH	LPN_LVN_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: LPN/LVN - Contract	Number of full-time equivalent licensed practical/vocational nurses under contract to a	
CSP_CRTFCTN_NH	LPN_LVN_FLTM_CNT	NUMBER (7.2)	N	Staff Count: LPN/LVN - Full-Time	Number of full-time equivalent licensed practical/vocational nurses employed full-time	
CSP_CRTFCTN_NH	LPN_LVN_PRTM_CNT	NUMBER (7.2)	N	Staff Count: LPN/LVN - Part-Time	Number of full-time equivalent licensed practical/vocational nurses employed part-time	
CSP_CRTFCTN_NH	LSC_CMPLTD_SW	VARCHAR2 (1)	N	LSC Completed Indicator	Indicates if a Life Safety Code survey exists for this certification.	
CSP_CRTFCTN_NH	LSC_WVR_SW	VARCHAR2 (1)	N	Compliance: LSC Waiver Indicator	Indicates if a waiver of any life safety code provision has been recommended for a provider.	
CSP_CRTFCTN_NH	MDCD_NF_BED_CNT	NUMBER (4.0)	N	Bed Count: Medicaid NF	Number of Medicaid-certified Nursing Facility beds.	
CSP_CRTFCTN_NH	MDCL_DRCTR_CNTRCT_CN T	NUMBER (7.2)	N	Staff Count: Medical Director - Contract	Number of full-time equivalent medical directors under contract to a facility.	
CSP_CRTFCTN_NH	MDCL_DRCTR_FLTM_CNT	NUMBER (7.2)	N	Staff Count: Medical Director - Full-Time	Number of full-time equivalent medical directors employed full-time by a facility.	
CSP_CRTFCTN_NH	MDCL_DRCTR_PRTM_CNT	NUMBER (7.2)	N	Staff Count: Medical Director - Part-Time	Number of full-time equivalent medical directors employed part-time by a facility.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_NH	MDCR_MDCD_SNF_BED_CNT	NUMBER (4.0)	N	Bed Count: Medicare/Medicaid SNF	Number of dually certified (Medicare/Medicaid) beds in a Skilled Nursing Facility.	
CSP_CRTFCTN_NH	MDCR_SNF_BED_CNT	NUMBER (4.0)	N	Bed Count: Medicare SNF	Number of Medicare-certified Skilled Nursing Facility beds.	
CSP_CRTFCTN_NH	MDCTN_AIDE_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: Medication Aide/Technician - Contract	Number of full-time equivalent medication aides/ technicians under contract to a facility.	
CSP_CRTFCTN_NH	MDCTN_AIDE_FLTM_CNT	NUMBER (7.2)	N	Staff Count: Medication Aide/Technician - Full-Time	Number of full-time equivalent medication aides/ technicians employed full-time by a	
CSP_CRTFCTN_NH	MDCTN_AIDE_PRTM_CNT	NUMBER (7.2)	N	Staff Count: Medication Aide/Technician - Part-Time	Number of full-time equivalent medication aides/ technicians employed part-time by a	
CSP_CRTFCTN_NH	MENTL_HLTH_OFSITE_RSIDENT_SW	VARCHAR2 (1)	N	Services: Mental Health Off-Site Residents Indicator	Indicates if mental health services are provided off-site to residents.	
CSP_CRTFCTN_NH	MENTL_HLTH_ONST_NRSNT_SW	VARCHAR2 (1)	N	Services: Mental Health On-Site Nonresidents Indicator	Indicates if mental health services are provided on-site to nonresidents.	
CSP_CRTFCTN_NH	MENTL_HLTH_ONST_RSIDENT_SW	VARCHAR2 (1)	N	Services: Mental Health On-Site Residents Indicator	Indicates if mental health services are provided on-site to residents.	
CSP_CRTFCTN_NH	MENTL_HLTH_SRVC_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: Mental Health Services - Contract	Number of full-time equivalent mental health services personnel under contract to a facility.	
CSP_CRTFCTN_NH	MENTL_HLTH_SRVC_FLTM_CNT	NUMBER (7.2)	N	Staff Count: Mental Health Services - Full-Time	Number of full-time equivalent mental health services personnel employed full-time by a	
CSP_CRTFCTN_NH	MENTL_HLTH_SRVC_PRTM_CNT	NUMBER (7.2)	N	Staff Count: Mental Health Services - Part-Time	Number of full-time equivalent mental health services personnel employed part-time by a	
CSP_CRTFCTN_NH	MLT_FAC_ORG_NAME	VARCHAR2 (38)	N	Multiple Facility Organization Name	Name of the organization that owns this facility and at least one other long term care facility.	
CSP_CRTFCTN_NH	MLT_OWND_FAC_ORG_SW	VARCHAR2 (1)	N	Multiple Facility Organization Owned Indicator	Indicates if a facility is owned by an organization that owns (or leases) two or more	
CSP_CRTFCTN_NH	NAT_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: Nurse Aide in Training - Contract	Number of full-time equivalent nurse aides in training under contract to a facility.	
CSP_CRTFCTN_NH	NAT_FLTM_CNT	NUMBER (7.2)	N	Staff Count: Nurse Aide in Training - Full-Time	Number of full-time equivalent nurse aides in training employed full-time by a facility.	
CSP_CRTFCTN_NH	NAT_PRTM_CNT	NUMBER (7.2)	N	Staff Count: Nurse Aide in Training - Part-Time	Number of full-time equivalent nurse aides in training employed part-time by a facility.	
CSP_CRTFCTN_NH	NRSNG_24_HR_WVR_CNT	NUMBER (3.0)	N	Licensed Nurse Hours Waived Per Week Count	Indicates the number of hours waived per week if a waiver of 24 hour licensed nurse staffing has	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_NH	NRSNG_24_HR_WVR_DT	DATE (8)	N	24-Hour Licensed Nurse Waiver Date	Date of the approved waiver of the requirement for 24-hour licensed nurse staffing. Applicable	
CSP_CRTFCTN_NH	NRSNG_SRVC_OFSITE_RSDNT_SW	VARCHAR2 (1)	N	Services: Nursing Off-Site Residents Indicator	Indicates if nursing services are provided off-site to residents.	
CSP_CRTFCTN_NH	NRSNG_SRVC_ONST_NRSNT_SW	VARCHAR2 (1)	N	Services: Nursing On-Site Nonresidents Indicator	Indicates if nursing services are provided on-site to nonresidents.	
CSP_CRTFCTN_NH	NRSNG_SRVC_ONST_RSDNT_SW	VARCHAR2 (1)	N	Services: Nursing On-Site Residents Indicator	Indicates if nursing services are provided on-site to residents.	
CSP_CRTFCTN_NH	NRS_ADMINV_CNTRCT_CNT	NUMBER (7,2)	N	Staff Count: Nurse With Administrative Duties - Contract	Number of full-time equivalent nurses with administrative duties under contract to a facility.	
CSP_CRTFCTN_NH	NRS_ADMINV_FLTM_CNT	NUMBER (7,2)	N	Staff Count: Nurse With Administrative Duties - Full-Time	Number of full-time equivalent nurses with administrative duties employed full-time by a facility.	
CSP_CRTFCTN_NH	NRS_ADMINV_PRTM_CNT	NUMBER (7,2)	N	Staff Count: Nurse With Administrative Duties - Part-Time	Number of full-time equivalent nurses with administrative duties employed part-time by a facility.	
CSP_CRTFCTN_NH	NRS_AIDE_CNTRCT_CNT	NUMBER (7,2)	N	Staff Count: Certified Nurse Aide - Contract	Number of full-time equivalent certified nurse aides under contract to a facility.	
CSP_CRTFCTN_NH	NRS_AIDE_FLTM_CNT	NUMBER (7,2)	N	Staff Count: Certified Nurse Aide - Full-Time	Number of full-time equivalent certified nurse aides employed full-time by a facility.	
CSP_CRTFCTN_NH	NRS_AIDE_PRTM_CNT	NUMBER (7,2)	N	Staff Count: Certified Nurse Aide - Part-Time	Number of full-time equivalent certified nurse aides employed part-time by a facility.	
CSP_CRTFCTN_NH	OCPTNL_THRPST_CNTRCT_CNT	NUMBER (7,2)	N	Staff Count: OT - Contract	Number of full-time equivalent occupational therapists under contract to a facility.	
CSP_CRTFCTN_NH	OCPTNL_THRPST_FLTM_CNT	NUMBER (7,2)	N	Staff Count: OT - Full-Time	Number of full-time equivalent occupational therapists employed full-time by a facility.	
CSP_CRTFCTN_NH	OCPTNL_THRPST_PRTM_CNT	NUMBER (7,2)	N	Staff Count: OT - Part-Time	Number of full-time equivalent occupational therapists employed part-time by a facility.	
CSP_CRTFCTN_NH	OMBDMN_NTFY_SW	VARCHAR2 (1)	N	Ombudsman Notified Prior to Survey Indicator	Indicates if the ombudsman was notified prior to this survey of the facility.	
CSP_CRTFCTN_NH	OMBDMN_PRSENT_SW	VARCHAR2 (1)	N	Ombudsman Present During Survey Indicator	Indicates if an ombudsman was present at any time during this survey.	
CSP_CRTFCTN_NH	ORGNZ_FMLY_MBR_GRP_SW	VARCHAR2 (1)	N	Organized Family Group Indicator	Indicates if the facility has an organized group of family members of residents.	
CSP_CRTFCTN_NH	ORGNZ_RSDNT_GRP_SW	VARCHAR2 (1)	N	Organized Resident Group Indicator	Indicates if the facility has an organized residents group.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_NH	OT_AIDE_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: OT Aide - Contract	Number of full-time equivalent occupational therapy aides under contract to a facility.	
CSP_CRTFCTN_NH	OT_AIDE_FLTM_CNT	NUMBER (7.2)	N	Staff Count: OT Aide - Full-Time	Number of full-time equivalent occupational therapy aides employed full-time by a facility.	
CSP_CRTFCTN_NH	OT_AIDE_PRTM_CNT	NUMBER (7.2)	N	Staff Count: OT Aide - Part-Time	Number of full-time equivalent occupational therapy aides employed part-time by a facility.	
CSP_CRTFCTN_NH	OT_ASTNT_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: OT Assistant - Contract	Number of full-time equivalent occupational therapy assistants under contract to a facility.	
CSP_CRTFCTN_NH	OT_ASTNT_FLTM_CNT	NUMBER (7.2)	N	Staff Count: OT Assistant - Full-Time	Number of full-time equivalent occupational therapy assistants employed full-time by a	
CSP_CRTFCTN_NH	OT_ASTNT_PRTM_CNT	NUMBER (7.2)	N	Staff Count: OT Assistant - Part-Time	Number of full-time equivalent occupational therapy assistants employed part-time by a	
CSP_CRTFCTN_NH	OT_SRVC_OFSITE_RSDNT_SW	VARCHAR2 (1)	N	Services: OT Off-Site Residents Indicator	Indicates if occupational therapy services are provided off-site to residents.	
CSP_CRTFCTN_NH	OT_SRVC_ONST_NRSNT_SW	VARCHAR2 (1)	N	Services: OT On-Site Nonresidents Indicator	Indicates if occupational therapy services are provided on-site to nonresidents.	
CSP_CRTFCTN_NH	OT_SRVC_ONST_RSDNT_SW	VARCHAR2 (1)	N	Services: OT On-Site Residents Indicator	Indicates if occupational therapy services are provided on-site to residents.	
CSP_CRTFCTN_NH	OVRRD_BED_CNT_SW	VARCHAR2 (1)	N	Bed Count Override Indicator	Indicates if the regional office has approved a significant bed count change from the previous	
CSP_CRTFCTN_NH	OVRRD_STFG_SW	VARCHAR2 (1)	N	Staff Count Override Indicator	Indicates if the regional office has approved a significant staff count change from the previous	
CSP_CRTFCTN_NH	PDTRST_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: Podiatrist - Contract	Number of full-time equivalent podiatrists under contract to a facility.	
CSP_CRTFCTN_NH	PDTRST_FLTM_CNT	NUMBER (7.2)	N	Staff Count: Podiatrist - Full-Time	Number of full-time equivalent podiatrists employed full-time by a facility.	
CSP_CRTFCTN_NH	PDTRST_PRTM_CNT	NUMBER (7.2)	N	Staff Count: Podiatrist - Part-Time	Number of full-time equivalent podiatrists employed part-time by a facility.	
CSP_CRTFCTN_NH	PDTRY_SRVC_OFSITE_RSDNT_SW	VARCHAR2 (1)	N	Services: Podiatry Off-Site Residents Indicator	Indicates if podiatry services are provided off-site to residents.	
CSP_CRTFCTN_NH	PDTRY_SRVC_ONST_NRSNT_SW	VARCHAR2 (1)	N	Services: Podiatry On-Site Nonresidents Indicator	Indicates if podiatry services are provided on-site to nonresidents.	
CSP_CRTFCTN_NH	PDTRY_SRVC_ONST_RSDNT_SW	VARCHAR2 (1)	N	Services: Podiatry On-Site Residents Indicator	Indicates if podiatry services are provided on-site to residents.	
CSP_CRTFCTN_NH	PGM_PRTCPTN_CD	VARCHAR2 (1)	N	Program Participation Code	Indicates if the provider participates in Medicare, Medicaid, or both programs.	CSP_PGM_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_NH	PGM_PRTCPTN_DESC	VARCHAR2 (31)	N	Program Participation Description	Indicates if the provider participates in Medicare, Medicaid, or both programs.	CSP_PGM_CD
CSP_CRTFCTN_NH	PHRMCST_CNTRCT_CNT	NUMBER (7,2)	N	Staff Count: Pharmacist - Contract	Number of full-time equivalent pharmacists under contract to a facility.	
CSP_CRTFCTN_NH	PHRMCST_FLTM_CNT	NUMBER (7,2)	N	Staff Count: Pharmacist - Full-Time	Number of full-time equivalent pharmacists employed full-time by a facility.	
CSP_CRTFCTN_NH	PHRMCST_PRTM_CNT	NUMBER (7,2)	N	Staff Count: Pharmacist - Part-Time	Number of full-time equivalent pharmacists employed part-time by a facility.	
CSP_CRTFCTN_NH	PHRMCY_SRVC_OFSITE_RS DNT_SW	VARCHAR2 (1)	N	Services: Pharmacy Off-Site Residents Indicator	Indicates if pharmacy services are provided off-site to residents.	
CSP_CRTFCTN_NH	PHRMCY_SRVC_ONST_NRSD NT_SW	VARCHAR2 (1)	N	Services: Pharmacy On-Site Nonresidents Indicator	Indicates if pharmacy services are provided on-site to nonresidents.	
CSP_CRTFCTN_NH	PHRMCY_SRVC_ONST_RSDN T_SW	VARCHAR2 (1)	N	Services: Pharmacy On-Site Residents Indicator	Indicates if pharmacy services are provided on-site to residents.	
CSP_CRTFCTN_NH	PHYSN_EXT_CNTRCT_CNT	NUMBER (7,2)	N	Staff Count: Physician Extender - Contract	Number of full-time equivalent physician extenders under contract to the facility.	
CSP_CRTFCTN_NH	PHYSN_EXT_FLTM_CNT	NUMBER (7,2)	N	Staff Count: Physician Extender - Full-Time	Number of full-time equivalent physician extenders employed full-time by the facility.	
CSP_CRTFCTN_NH	PHYSN_EXT_PRTM_CNT	NUMBER (7,2)	N	Staff Count: Physician Extender - Part-Time	Number of full-time equivalent physician extenders employed part-time by the facility.	
CSP_CRTFCTN_NH	PHYSN_EXT_SRVC_OFSITE_ RSDNT_SW	VARCHAR2 (1)	N	Services: Physician Extender Off-Site Residents Indicator	Indicates if physician extender services are provided off-site to residents.	
CSP_CRTFCTN_NH	PHYSN_EXT_SRVC_ONST_N RSDNT_SW	VARCHAR2 (1)	N	Services: Physician Extender On-Site Nonresidents Indicator	Indicates if physician extender services are provided on-site to nonresidents.	
CSP_CRTFCTN_NH	PHYSN_EXT_SRVC_ONST_R SDNT_SW	VARCHAR2 (1)	N	Services: Physician Extender On-Site Residents Indicator	Indicates if physician extender services are provided on-site to residents.	
CSP_CRTFCTN_NH	PHYSN_OTHR_CNTRCT_CNT	NUMBER (7,2)	N	Staff Count: Other Physician - Contract	Number of full-time equivalent other physicians under contract to a facility.	
CSP_CRTFCTN_NH	PHYSN_OTHR_FLTM_CNT	NUMBER (7,2)	N	Staff Count: Other Physician - Full-Time	Number of full-time equivalent other physicians employed full-time by a facility.	
CSP_CRTFCTN_NH	PHYSN_OTHR_PRTM_CNT	NUMBER (7,2)	N	Staff Count: Other Physician - Part-Time	Number of full-time equivalent other physicians employed part-time by a facility.	
CSP_CRTFCTN_NH	PHYSN_SRVC_OFSITE_RSDN T_SW	VARCHAR2 (1)	N	Services: Physician Off-Site Residents Indicator	Indicates if physician services are provided off-site to residents.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_NH	PHYSN_SRVC_ONST_NRSDN T_SW	VARCHAR2 (1)	N	Services: Physician On-Site Nonresidents Indicator	Indicates if physician services are provided on-site to nonresidents.	
CSP_CRTFCTN_NH	PHYSN_SRVC_ONST_RSDNT _SW	VARCHAR2 (1)	N	Services: Physician On-Site Residents Indicator	Indicates if physician services are provided on-site to residents.	
CSP_CRTFCTN_NH	PHYS_THRPST_CNTRCT_CN T	NUMBER (7.2)	N	Staff Count: Physical Therapist - Contract	Number of full-time equivalent physical therapists under contract to a facility.	
CSP_CRTFCTN_NH	PHYS_THRPST_FLTM_CNT	NUMBER (7.2)	N	Staff Count: Physical Therapist - Full-Time	Number of full-time equivalent physical therapists employed full-time by a facility.	
CSP_CRTFCTN_NH	PHYS_THRPST_PRTM_CNT	NUMBER (7.2)	N	Staff Count: Physical Therapist - Part-Time	Number of full-time equivalent physical therapists employed part-time by a facility.	
CSP_CRTFCTN_NH	PROFNL_ADMIN_CNTRCT_C NT	NUMBER (7.2)	N	Staff Count: Administrative Staff - Contract	Number of full-time equivalent administrative staff under contract to a facility.	
CSP_CRTFCTN_NH	PROFNL_ADMIN_FLTM_CNT	NUMBER (7.2)	N	Staff Count: Administrative Staff - Full-Time	Number of full-time equivalent administrative staff employed on a full-time basis by a facility.	
CSP_CRTFCTN_NH	PROFNL_ADMIN_PRTM_CNT	NUMBER (7.2)	N	Staff Count: Administrative Staff - Part-Time	Number of full-time equivalent administrative staff employed on a part-time basis by a facility.	
CSP_CRTFCTN_NH	PRVDR_CTGRY_CD	VARCHAR2 (2)	N	Provider Category Code	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_CRTFCTN_NH	PRVDR_CTGRY_DESC	VARCHAR2 (70)	N	Provider Category Description	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_CRTFCTN_NH	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_CRTFCTN_NH	PT_AIDE_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: PT Aide - Contract	Number of full-time equivalent physical therapy aides under contract to a facility.	
CSP_CRTFCTN_NH	PT_AIDE_FLTM_CNT	NUMBER (7.2)	N	Staff Count: PT Aide - Full-Time	Number of full-time equivalent physical therapy aides employed full-time by a facility.	
CSP_CRTFCTN_NH	PT_AIDE_PRTM_CNT	NUMBER (7.2)	N	Staff Count: PT Aide - Part-Time	Number of full-time equivalent physical therapy aides employed part-time by a facility.	
CSP_CRTFCTN_NH	PT_ASTNT_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: PT Assistant - Contract	Number of full-time equivalent physical therapy assistants under contract to a facility.	
CSP_CRTFCTN_NH	PT_ASTNT_FLTM_CNT	NUMBER (7.2)	N	Staff Count: PT Assistant - Full- Time	Number of full-time equivalent physical therapy assistants employed full-time by a facility.	
CSP_CRTFCTN_NH	PT_ASTNT_PRTM_CNT	NUMBER (7.2)	N	Staff Count: PT Assistant - Part- Time	Number of full-time equivalent physical therapy assistants employed part-time by a facility.	
CSP_CRTFCTN_NH	PT_OFSITE_RSDNT_SW	VARCHAR2 (1)	N	Services: PT Off-Site Residents Indicator	Indicates if physical therapy services are provided off-site to residents.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_NH	PT_ONST_NRSNT_SW	VARCHAR2 (1)	N	Services: PT On-Site Nonresidents Indicator	Indicates if physical therapy services are provided on-site to nonresidents.	
CSP_CRTFCTN_NH	PT_ONST_RSDNT_SW	VARCHAR2 (1)	N	Services: PT On-Site Residents Indicator	Indicates if physical therapy services are provided on-site to residents.	
CSP_CRTFCTN_NH	QIS_SRVY_SW	VARCHAR2 (1)	N	QIS Indicator	Indicates if the survey was a quality indicator survey.	
CSP_CRTFCTN_NH	REHAB_BED_CNT	NUMBER (3.0)	N	Bed Count: Special Care - Specialized Rehab	Number of beds in a special care unit dedicated for residents with specialized rehab needs.	
CSP_CRTFCTN_NH	RN_24_HR_WVR_SW	VARCHAR2 (1)	N	Compliance: 24-Hour RN Waiver Indicator	Indicates if a waiver of the 24-hour registered nurse staffing requirements has been	
CSP_CRTFCTN_NH	RN_7_DAY_WVD_HR_CNT	NUMBER (3.0)	N	RN Hours Waived Per Week Count	Number of hours waived per week if a waiver of 7-day registered nurse staffing has been	
CSP_CRTFCTN_NH	RN_7_DAY_WVR_DT	DATE (8)	N	7-Day RN Waiver Date	Date of approval of the waiver of the requirement for 7-day registered nurse staffing.	
CSP_CRTFCTN_NH	RN_7_DAY_WVR_SW	VARCHAR2 (1)	N	Compliance: 7-Day RN Waiver Indicator	Indicates if a waiver of the 7-day registered nurse staffing requirements has been	
CSP_CRTFCTN_NH	RN_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: RN - Contract	Number of full-time equivalent registered nurses under contract to a facility.	
CSP_CRTFCTN_NH	RN_DRCTR_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: RN Director of Nursing - Contract	Number of full-time equivalent registered nurse directors of nursing under contract to a facility.	
CSP_CRTFCTN_NH	RN_DRCTR_FLTM_CNT	NUMBER (7.2)	N	Staff Count: RN Director of Nursing - Full-Time	Number of full-time equivalent registered nurse directors of nursing employed full-time by a	
CSP_CRTFCTN_NH	RN_DRCTR_PRTM_CNT	NUMBER (7.2)	N	Staff Count: RN Director of Nursing - Part-Time	Number of full-time equivalent registered nurse directors of nursing employed part-time by a	
CSP_CRTFCTN_NH	RN_FLTM_CNT	NUMBER (7.2)	N	Staff Count: RN - Full-Time	Number of full-time equivalent registered nurses employed full-time by a facility.	
CSP_CRTFCTN_NH	RN_PRTM_CNT	NUMBER (7.2)	N	Staff Count: RN - Part-Time	Number of full-time equivalent registered nurses employed part-time by a facility.	
CSP_CRTFCTN_NH	ROOM_SIZE_WVR_SW	VARCHAR2 (1)	N	Compliance: Patient Room Size Waiver Indicator	Indicates if a waiver of the patient room size provision has been recommended for a provider.	
CSP_CRTFCTN_NH	RO_MD CD_RVW_CMPLT_DT	DATE (8)	N	RO T19 Final Review Date	Date the regional office completes its review of a Title 19 (Medicaid) certification kit.	
CSP_CRTFCTN_NH	SCL_SRVC_OTHR_OFSITE_RSDNT_SW	VARCHAR2 (1)	N	Services: Therapeutic - Other Social Services Staff - Off-Site Residents Indicator	Indicates if other therapeutic social services are provided off-site to residents.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_NH	SCL_SRVC_OTHR_ONST_NR SDNT_SW	VARCHAR2 (1)	N	Services: Therapeutic - Other Social Services Staff - On-Site Nonresidents Indicator	Indicates if other therapeutic social services are provided on-site to nonresidents.	
CSP_CRTFCTN_NH	SCL_SRVC_OTHR_ONST_RS DNT_SW	VARCHAR2 (1)	N	Services: Therapeutic - Other Social Services Staff - On-Site Residents Indicator	Indicates if other therapeutic social services are provided on-site to residents.	
CSP_CRTFCTN_NH	SCL_SRVC_OTHR_STF_CNTR CT_CNT	NUMBER (7,2)	N	Staff Count: Other Social Services - Contract	Number of full-time equivalent other social services staff under contract to a facility.	
CSP_CRTFCTN_NH	SCL_SRVC_OTHR_STF_FLTM _CNT	NUMBER (7,2)	N	Staff Count: Other Social Services - Full-Time	Number of full-time equivalent other social services staff employed full time by a facility.	
CSP_CRTFCTN_NH	SCL_SRVC_OTHR_STF_PRTM _CNT	NUMBER (7,2)	N	Staff Count: Other Social Services - Part-Time	Number of full-time equivalent other social services staff employed part time by a facility.	
CSP_CRTFCTN_NH	SCL_WORKR_CNTRCT_CNT	NUMBER (7,2)	N	Staff Count: Social Worker - Contract	Number of full-time equivalent social workers under contract to a facility.	
CSP_CRTFCTN_NH	SCL_WORKR_FLTM_CNT	NUMBER (7,2)	N	Staff Count: Social Worker - Full-Time	Number of full-time equivalent social workers employed full-time by a facility.	
CSP_CRTFCTN_NH	SCL_WORKR_PRTM_CNT	NUMBER (7,2)	N	Staff Count: Social Worker - Part-Time	Number of full-time equivalent social workers employed part-time by a facility.	
CSP_CRTFCTN_NH	SCL_WORK_SRVC_OFSITE_R SDNT_SW	VARCHAR2 (1)	N	Services: Social Work Off-Site Residents Indicator	Indicates if social work services are provided off-site to residents.	
CSP_CRTFCTN_NH	SCL_WORK_SRVC_ONST_NR SDNT_SW	VARCHAR2 (1)	N	Services: Social Work On-Site Nonresidents Indicator	Indicates if social work services are provided on-site to nonresidents.	
CSP_CRTFCTN_NH	SCL_WORK_SRVC_ONST_RS DNT_SW	VARCHAR2 (1)	N	Services: Social Work On-Site Residents Indicator	Indicates if social work services are provided on-site to residents.	
CSP_CRTFCTN_NH	SPCH_PTHLGST_CNTRCT_C NT	NUMBER (7,2)	N	Staff Count: Speech Pathologist - Contract	Number of full-time equivalent speech pathologists under contract to a facility.	
CSP_CRTFCTN_NH	SPCH_PTHLGST_FLTM_CNT	NUMBER (7,2)	N	Staff Count: Speech Pathologist - Full-Time	Number of full-time equivalent speech pathologists employed full-time by a facility.	
CSP_CRTFCTN_NH	SPCH_PTHLGST_PRTM_CNT	NUMBER (7,2)	N	Staff Count: Speech Pathologist - Part-Time	Number of full-time equivalent speech pathologists employed part-time by a facility.	
CSP_CRTFCTN_NH	SPCH_PTHLGY_OFSITE_RSD NT_SW	VARCHAR2 (1)	N	Services: Speech Pathology Off-Site Residents Indicator	Indicates if speech/language pathology services are provided off-site to residents.	
CSP_CRTFCTN_NH	SPCH_PTHLGY_ONST_NRS DNT_SW	VARCHAR2 (1)	N	Services: Speech Pathology On-Site Nonresidents Indicator	Indicates if speech/language pathology services are provided on-site to nonresidents.	
CSP_CRTFCTN_NH	SPCH_PTHLGY_ONST_RSD T_SW	VARCHAR2 (1)	N	Services: Speech Pathology On-Site Residents Indicator	Indicates if speech/language pathology services are provided on-site to residents.	



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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_NH	SPCL_FCS_FAC_SW	VARCHAR2 (1)	N	Special Focus Facility Indicator	Indicates if this facility is a special focus facility.	
CSP_CRTFCTN_NH	SRVY_BGN_DT	DATE (8)	N	Survey Beginning Date	Beginning date of the initial health survey for this certification.	
CSP_CRTFCTN_NH	SRVY_END_DT	DATE (8)	N	Survey Ending Date	Ending date of the initial health survey for this certification.	
CSP_CRTFCTN_NH	STF_OTHR_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: Other Staff - Contract	Number of full-time equivalent staff not included in any other categories under contract	
CSP_CRTFCTN_NH	STF_OTHR_FLTM_CNT	NUMBER (7.2)	N	Staff Count: Other Staff - Full-Time	Number of full-time equivalent persons not included in any other categories employed full-	
CSP_CRTFCTN_NH	STF_OTHR_PRTM_CNT	NUMBER (7.2)	N	Staff Count: Other Staff - Part-Time	Number of full-time equivalent persons not included in any other categories employed part-	
CSP_CRTFCTN_NH	THRPTC_RCRTNL_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: Therapeutic Recreational Specialist - Contract	Number of full-time equivalent therapeutic recreation specialist staff under contract to a	
CSP_CRTFCTN_NH	THRPTC_RCRTNL_FLTM_CNT	NUMBER (7.2)	N	Staff Count: Therapeutic Recreational Specialist - Full-Time	Number of full-time equivalent therapeutic recreation specialist staff employed full-time by	
CSP_CRTFCTN_NH	THRPTC_RCRTNL_OFSITE_RSDNT_SW	VARCHAR2 (1)	N	Services: Therapeutic Recreational Specialty Off-Site Residents Indicator	Indicates if therapeutic recreation specialist services are provided off-site to residents.	
CSP_CRTFCTN_NH	THRPTC_RCRTNL_ONST_NRSDNT_SW	VARCHAR2 (1)	N	Services: Therapeutic Recreational Specialty On-Site Nonresidents Indicator	Indicates if therapeutic recreation specialist services are provided on-site to nonresidents.	
CSP_CRTFCTN_NH	THRPTC_RCRTNL_ONST_RSDNT_SW	VARCHAR2 (1)	N	Services: Therapeutic Recreational Specialty On-Site Residents Indicator	Indicates if therapeutic recreation specialist services are provided on-site to residents.	
CSP_CRTFCTN_NH	THRPTC_RCRTNL_PRTM_CNT	NUMBER (7.2)	N	Staff Count: Therapeutic Recreational Specialist - Part-Time	Number of full-time equivalent therapeutic recreation specialist staff employed full-time by	
CSP_CRTFCTN_NH	VCTNL_SRVC_OFSITE_RSDNT_SW	VARCHAR2 (1)	N	Services: Vocational Off-Site Residents Indicator	Indicates if vocational services are provided off-site to residents.	
CSP_CRTFCTN_NH	VCTNL_SRVC_ONST_NRSDNT_SW	VARCHAR2 (1)	N	Services: Vocational On-Site Nonresidents Indicator	Indicates if vocational services are provided on-site to nonresidents.	
CSP_CRTFCTN_NH	VCTNL_SRVC_ONST_RSDNT_SW	VARCHAR2 (1)	N	Services: Vocational On-Site Residents Indicator	Indicates if vocational services are provided on-site to residents.	
CSP_CRTFCTN_NH	VNTLTR_BED_CNT	NUMBER (3.0)	N	Bed Count: Special Care - Ventilator	Number of beds in a special care unit dedicated for residents requiring a ventilator and/or	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_NH_VW	ACPTBL_POC_SW	VARCHAR2 (1)	N	Acceptable Plan of Correction Switch	Acceptable Plan of Correction Switch	
CSP_CRTFCTN_NH_VW	ACTVTY_OFSITE_RSDNT_SW	VARCHAR2 (1)	N	Activity Offsite Resident Switch	Activity Offsite Resident Switch	
CSP_CRTFCTN_NH_VW	ACTVTY_ONST_NRSNT_SW	VARCHAR2 (1)	N	Activity Onsite Non Resident Switch	Activity Onsite Non Resident Switch	
CSP_CRTFCTN_NH_VW	ACTVTY_ONST_RSDNT_SW	VARCHAR2 (1)	N	Activity Onsite Resident Switch	Activity Onsite Resident Switch	
CSP_CRTFCTN_NH_VW	ACTVTY_OTHR_OFSITE_RSDNT_SW	VARCHAR2 (1)	N	Activity Other Offsite Resident Switch	Activity Other Offsite Resident Switch	
CSP_CRTFCTN_NH_VW	ACTVTY_OTHR_ONST_NRSNT_SW	VARCHAR2 (1)	N	Activity Other Onsite Non Resident Switch	Activity Other Onsite Non Resident Switch	
CSP_CRTFCTN_NH_VW	ACTVTY_OTHR_ONST_RSDNT_SW	VARCHAR2 (1)	N	Activity Other Onsite Resident Switch	Activity Other Onsite Resident Switch	
CSP_CRTFCTN_NH_VW	ACTVTY_PROFNL_CNTRCT_CNT	NUMBER (7.2)	N	Activity Professional Contract Count	Activity Professional Contract Count	
CSP_CRTFCTN_NH_VW	ACTVTY_PROFNL_FLTM_CNT	NUMBER (7.2)	N	Activity Professional Full Time Count	Activity Professional Full Time Count	
CSP_CRTFCTN_NH_VW	ACTVTY_PROFNL_PRTM_CNT	NUMBER (7.2)	N	Activity Professional Part Time Count	Activity Professional Part Time Count	
CSP_CRTFCTN_NH_VW	ACTVTY_STF_OTHR_CNTRCT_CNT	NUMBER (7.2)	N	Activity Staff Other Contract Count	Activity Staff Other Contract Count	
CSP_CRTFCTN_NH_VW	ACTVTY_STF_OTHR_FLTM_CNT	NUMBER (7.2)	N	Activity Staff Other Full Time Count	Activity Staff Other Full Time Count	
CSP_CRTFCTN_NH_VW	ACTVTY_STF_OTHR_PRTM_CNT	NUMBER (7.2)	N	Activity Staff Other Part Time Count	Activity Staff Other Part Time Count	
CSP_CRTFCTN_NH_VW	AIDS_BED_CNT	NUMBER (3.0)	N	AIDS Bed Count	AIDS Bed Count	
CSP_CRTFCTN_NH_VW	ALL_DFCNCY_APRVD_WVR_CNT	VARCHAR2 (0)	N	All Deficiency Approved Waiver Count	All Deficiency Approved Waiver Count	
CSP_CRTFCTN_NH_VW	ALL_DFCNCY_CNT	VARCHAR2 (0)	N	All Deficiency Count	All Deficiency Count	
CSP_CRTFCTN_NH_VW	ALL_DFCNCY_CRCTD_CNT	VARCHAR2 (0)	N	All Deficiency Corrected Count	All Deficiency Corrected Count	
CSP_CRTFCTN_NH_VW	ALL_DFCNCY_NOT_CRCTD_CNT	VARCHAR2 (0)	N	All Deficiency Not Corrected Count	All Deficiency Not Corrected Count	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_NH_VW	ALL_DFCNCY_NO_POC_CNT	VARCHAR2 (0)	N	All Deficiency No Plan of Correction Count	All Deficiency No Plan of Correction Count	
CSP_CRTFCTN_NH_VW	ALL_DFCNCY_POC_CNT	VARCHAR2 (0)	N	All Deficiency Plan of Correction Count	All Deficiency Plan of Correction Count	
CSP_CRTFCTN_NH_VW	ALL_DFCNCY_PRVDR_RFSD_CNT	VARCHAR2 (0)	N	All Deficiency Provider Refused Count	All Deficiency Provider Refused Count	
CSP_CRTFCTN_NH_VW	ALZHMR_BED_CNT	NUMBER (3.0)	N	Alzheimers Bed Count	Alzheimers Bed Count	
CSP_CRTFCTN_NH_VW	APRVD_NRS_AIDE_TRNG_SW	VARCHAR2 (1)	N	Approved Nurse Aid Training Switch	Approved Nurse Aid Training Switch	
CSP_CRTFCTN_NH_VW	BED_CNT	NUMBER (4.0)	N	Bed Count	Bed Count	
CSP_CRTFCTN_NH_VW	BED_PER_ROOM_WVR_SW	VARCHAR2 (1)	N	Bed Per Room Waiver Switch	Bed Per Room Waiver Switch	
CSP_CRTFCTN_NH_VW	BLOOD_SRVC_OFSITE_RSDNT_SW	VARCHAR2 (1)	N	Blood Service Offsite Resident Switch	Blood Service Offsite Resident Switch	
CSP_CRTFCTN_NH_VW	BLOOD_SRVC_ONST_NRSRDN_T_SW	VARCHAR2 (1)	N	Blood Service Onsite Non Resident Switch	Blood Service Onsite Non Resident Switch	
CSP_CRTFCTN_NH_VW	BLOOD_SRVC_ONST_RSDNT_SW	VARCHAR2 (1)	N	Blood Service Onsite Resident Switch	Blood Service Onsite Resident Switch	
CSP_CRTFCTN_NH_VW	CCRC_FAC_SW	VARCHAR2 (1)	N	Continuing Care Retirement Community Facility Switch	Continuing Care Retirement Community Facility Switch	
CSP_CRTFCTN_NH_VW	CL_SRVC_OFSITE_RSDNT_SW	VARCHAR2 (1)	N	Service: Clinical Laboratory-Offsite-Resident	Service: Clinical Laboratory-Offsite-Resident	
CSP_CRTFCTN_NH_VW	CL_SRVC_ONST_NRSRDN_T_SW	VARCHAR2 (1)	N	Service: Clinical Laboratory-Onsite-Nonresident	Service: Clinical Laboratory-Onsite-Nonresident	
CSP_CRTFCTN_NH_VW	CL_SRVC_ONST_RSDNT_SW	VARCHAR2 (1)	N	Service: Clinical Laboratory-Onsite-Resident	Service: Clinical Laboratory-Onsite-Resident	
CSP_CRTFCTN_NH_VW	CMPLNC_STUS_CD	VARCHAR2 (1)	N	Compliance: Status	Compliance: Status	
CSP_CRTFCTN_NH_VW	CNSUS_ADVNC_DRCTV_CNT	NUMBER (3.0)	N	Census: Other - Advanced Directives	Census: Other - Advanced Directives	
CSP_CRTFCTN_NH_VW	CNSUS_ASTNC_MBLTY_CNT	NUMBER (3.0)	N	Census: Mobility - Ambulation with Assistance	Census: Mobility - Ambulation with Assistance	
CSP_CRTFCTN_NH_VW	CNSUS_BATHG_ASTD_CNT	NUMBER (3.0)	N	Census: Bathing - Assisted	Census: Bathing - Assisted	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_NH_VW	CNSUS_BATHG_DPNDNT_CNT	NUMBER (3.0)	N	Census: Bathing - Dependent	Census: Bathing - Dependent	
CSP_CRTFCTN_NH_VW	CNSUS_BATHG_INDPNDNT_CNT	NUMBER (3.0)	N	Census: Bathing - Independent	Census: Bathing - Independent	
CSP_CRTFCTN_NH_VW	CNSUS_BED_FST_CNT	NUMBER (3.0)	N	Census: Mobility - Bedfast	Census: Mobility - Bedfast	
CSP_CRTFCTN_NH_VW	CNSUS_BHVR_MGMT_PGM_CNT	NUMBER (3.0)	N	Census: Mental Status - Individualized Care Plan	Census: Mental Status - Individualized Care Plan	
CSP_CRTFCTN_NH_VW	CNSUS_BLADR_TRNG_PGM_CNT	NUMBER (3.0)	N	Census: Bowel/Bladder Status - Urinary Toileting Program	Census: Bowel/Bladder Status - Urinary Toileting Program	
CSP_CRTFCTN_NH_VW	CNSUS_BWL_TRNG_PGM_CNT	NUMBER (3.0)	N	Census: Bowel/Bladder Status - Bowel Toileting Program	Census: Bowel/Bladder Status - Bowel Toileting Program	
CSP_CRTFCTN_NH_VW	CNSUS_CHMTHRPY_CNT	NUMBER (3.0)	N	Census: Special Care - Chemotherapy	Census: Special Care - Chemotherapy	
CSP_CRTFCTN_NH_VW	CNSUS_CHRBND_CNT	NUMBER (3.0)	N	Census: Mobility - Chair Bound	Census: Mobility - Chair Bound	
CSP_CRTFCTN_NH_VW	CNSUS_CNTRCT_ADMSN_CNT	NUMBER (3.0)	N	Census: Mobility - Contractures on Admission	Census: Mobility - Contractures on Admission	
CSP_CRTFCTN_NH_VW	CNSUS_CNTRCT_CNT	NUMBER (3.0)	N	Census: Mobility - Contractures	Census: Mobility - Contractures	
CSP_CRTFCTN_NH_VW	CNSUS_CTHTR_ADMSN_CNT	NUMBER (3.0)	N	Census: Bowel/Bladder Status - Catheter Present on Admission	Census: Bowel/Bladder Status - Catheter Present on Admission	
CSP_CRTFCTN_NH_VW	CNSUS_CTHTR_CNT	NUMBER (3.0)	N	Census: Bowel/Bladder Status - Catheter	Census: Bowel/Bladder Status - Catheter	
CSP_CRTFCTN_NH_VW	CNSUS_DLYS_CNT	NUMBER (3.0)	N	Census: Special Care - Dialysis	Census: Special Care - Dialysis	
CSP_CRTFCTN_NH_VW	CNSUS_DMNT_CNT	NUMBER (3.0)	N	Census: Mental Status - Dementia or Alzheimers	Census: Mental Status - Dementia or Alzheimers	
CSP_CRTFCTN_NH_VW	CNSUS_DPRSN_CNT	NUMBER (3.0)	N	Census: Mental Status - Depression	Census: Mental Status - Depression	
CSP_CRTFCTN_NH_VW	CNSUS_DRS_ASTD_CNT	NUMBER (3.0)	N	Census: Dressing - Assisted	Census: Dressing - Assisted	
CSP_CRTFCTN_NH_VW	CNSUS_DRS_DPNDNT_CNT	NUMBER (3.0)	N	Census: Dressing - Dependent	Census: Dressing - Dependent	
CSP_CRTFCTN_NH_VW	CNSUS_DRS_INDPNDNT_CNT	NUMBER (3.0)	N	Census: Dressing - Independent	Census: Dressing - Independent	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_NH_VW	CNSUS_EATG_ASTD_CNT	NUMBER (3.0)	N	Census: Eating - Assisted	Census: Eating - Assisted	
CSP_CRTFCTN_NH_VW	CNSUS_EATG_ASTV_DVC_CNT	NUMBER (3.0)	N	Census: Special Care - Assistive Devices	Census: Special Care - Assistive Devices	
CSP_CRTFCTN_NH_VW	CNSUS_EATG_DPNDNT_CNT	NUMBER (3.0)	N	Census: Eating - Dependent	Census: Eating - Dependent	
CSP_CRTFCTN_NH_VW	CNSUS_EATG_INDPNDNT_CNT	NUMBER (3.0)	N	Census: Eating - Independent	Census: Eating - Independent	
CSP_CRTFCTN_NH_VW	CNSUS_HOSPC_CARE_CNT	NUMBER (3.0)	N	Census: Special Care - Hospice	Census: Special Care - Hospice	
CSP_CRTFCTN_NH_VW	CNSUS_INCNTNT_BLAADR_CNT	NUMBER (3.0)	N	Census: Bowel/Bladder Status - Bladder Incontinence	Census: Bowel/Bladder Status - Bladder Incontinence	
CSP_CRTFCTN_NH_VW	CNSUS_INCNTNT_BWL_CNT	NUMBER (3.0)	N	Census: Bowel/Bladder Status - Bowel Incontinence	Census: Bowel/Bladder Status - Bowel Incontinence	
CSP_CRTFCTN_NH_VW	CNSUS_INDPNDNT_MBLTY_CNT	NUMBER (3.0)	N	Census: Mobility - Independently Ambulatory	Census: Mobility - Independently Ambulatory	
CSP_CRTFCTN_NH_VW	CNSUS_INFLNZ_IMNZTN_CNT	NUMBER (3.0)	N	Census: Other - Influenza Immunization	Census: Other - Influenza Immunization	
CSP_CRTFCTN_NH_VW	CNSUS_INTRVNS_THRPY_CNT	NUMBER (3.0)	N	Census: Special Care - IV Therapy	Census: Special Care - IV Therapy	
CSP_CRTFCTN_NH_VW	CNSUS_MCHNCL_ALTRD_DIET_CNT	NUMBER (3.0)	N	Census: Special Care - Mechanically Altered Diet	Census: Special Care - Mechanically Altered Diet	
CSP_CRTFCTN_NH_VW	CNSUS_MDCCD_CNT	NUMBER (4.0)	N	Census: Medicaid Recipients	Census: Medicaid Recipients	
CSP_CRTFCTN_NH_VW	CNSUS_MDCR_CNT	NUMBER (4.0)	N	Census: Medicaid Recipients	Census: Medicaid Recipients	
CSP_CRTFCTN_NH_VW	CNSUS_MENTL_BHVR_CNT	NUMBER (3.0)	N	Census: Mental Status - Behavioral Healthcare Needs	Census: Mental Status - Behavioral Healthcare Needs	
CSP_CRTFCTN_NH_VW	CNSUS_MR_CNT	NUMBER (3.0)	N	Census: Mental Status - Mental Retardation	Census: Mental Status - Mental Retardation	
CSP_CRTFCTN_NH_VW	CNSUS_NON_ORAL_COMMUN_DVC_CNT	NUMBER (3.0)	N	Census: Other - Non-Oral Communication Devices	Census: Other - Non-Oral Communication Devices	
CSP_CRTFCTN_NH_VW	CNSUS_NO_COMMUN_CNT	NUMBER (3.0)	N	Census: Other - No Communication	Census: Other - No Communication	
CSP_CRTFCTN_NH_VW	CNSUS_OSTMY_CARE_CNT	NUMBER (3.0)	N	Census: Special Care - Ostomy	Census: Special Care - Ostomy	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_NH_VW	CNSUS_OTHR_MDCD_MDCR_CNT	NUMBER (4.0)	N	Census: Other	Census: Other	
CSP_CRTFCTN_NH_VW	CNSUS_PNEUMO_VCN_CNT	NUMBER (3.0)	N	Census: Pneumococcal Vaccine	Census: Pneumococcal Vaccine	
CSP_CRTFCTN_NH_VW	CNSUS_PN_MGMT_PGM_CNT	NUMBER (3.0)	N	Census: Medications - Pain Management Program	Census: Medications - Pain Management Program	
CSP_CRTFCTN_NH_VW	CNSUS_PRSR_SORE_ADMSN_CNT	NUMBER (3.0)	N	Census: Skin Integrity - Pressure Ulcers on Admission	Census: Skin Integrity - Pressure Ulcers on Admission	
CSP_CRTFCTN_NH_VW	CNSUS_PRVNTV_SKN_CARE_CNT	NUMBER (3.0)	N	Census: Skin Integrity - Preventive Care	Census: Skin Integrity - Preventive Care	
CSP_CRTFCTN_NH_VW	CNSUS_PSYCH_CNT	NUMBER (3.0)	N	Census: Mental Status - Psychiatric Diagnosis	Census: Mental Status - Psychiatric Diagnosis	
CSP_CRTFCTN_NH_VW	CNSUS_RCVG_ANTI_ANXTY_CNT	NUMBER (3.0)	N	Census: Medications - Antianxiety	Census: Medications - Antianxiety	
CSP_CRTFCTN_NH_VW	CNSUS_RCVG_ANTI_BTC_CNT	NUMBER (3.0)	N	Census: Medications - Antibiotics	Census: Medications - Antibiotics	
CSP_CRTFCTN_NH_VW	CNSUS_RCVG_ANTI_DPRSN_T_CNT	NUMBER (3.0)	N	Census: Medications - Antidepressant	Census: Medications - Antidepressant	
CSP_CRTFCTN_NH_VW	CNSUS_RCVG_ANTI_PSYCH_TC_CNT	NUMBER (3.0)	N	Census: Medications - Antipsychotic	Census: Medications - Antipsychotic	
CSP_CRTFCTN_NH_VW	CNSUS_RCVG_HYPNTC_CNT	NUMBER (3.0)	N	Census: Medications - Hypnotic	Census: Medications - Hypnotic	
CSP_CRTFCTN_NH_VW	CNSUS_RCVG_INJCTN_CNT	NUMBER (3.0)	N	Census: Special Care - Injections	Census: Special Care - Injections	
CSP_CRTFCTN_NH_VW	CNSUS_RCVG_MNTL_HLTH_REHAB_CNT	NUMBER (3.0)	N	Census: Mental Status - Rehabilitative Services	Census: Mental Status - Rehabilitative Services	
CSP_CRTFCTN_NH_VW	CNSUS_RCVG_PSYCHACTV_DRUG_CNT	NUMBER (3.0)	N	Census: Medications - Psychoactive	Census: Medications - Psychoactive	
CSP_CRTFCTN_NH_VW	CNSUS_RDTN_THRPY_CNT	NUMBER (3.0)	N	Census: Special Care - Radiation Therapy	Census: Special Care - Radiation Therapy	
CSP_CRTFCTN_NH_VW	CNSUS_REHAB_CNT	NUMBER (3.0)	N	Census: Special Care - Rehabilitative Services	Census: Special Care - Rehabilitative Services	
CSP_CRTFCTN_NH_VW	CNSUS_RSDNT_CNT	NUMBER (5.0)	N	Census: Total Residents	Census: Total Residents	
CSP_CRTFCTN_NH_VW	CNSUS_RSPRTRY_TRTMT_CNT	NUMBER (3.0)	N	Census: Special Care - Respiratory Treatment	Census: Special Care - Respiratory Treatment	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_NH_VW	CNSUS_RSTRNT_ORDR_ADMSN_CNT	NUMBER (3.0)	N	Census: Mobility - Restrained with Restraint Order on Admit	Census: Mobility - Restrained with Restraint Order on Admit	
CSP_CRTFCTN_NH_VW	CNSUS_RSTRNT_ORDR_CNT	NUMBER (3.0)	N	Census: Mobility - Physically Restrained	Census: Mobility - Physically Restrained	
CSP_CRTFCTN_NH_VW	CNSUS_SKN_PRSR_SORE_CNT	NUMBER (3.0)	N	Census: Skin Integrity - Pressure Ulcers	Census: Skin Integrity - Pressure Ulcers	
CSP_CRTFCTN_NH_VW	CNSUS_SKN_RSH_CNT	NUMBER (3.0)	N	Census: Skin Integrity - Rashes	Census: Skin Integrity - Rashes	
CSP_CRTFCTN_NH_VW	CNSUS_SUCTN_CARE_CNT	NUMBER (3.0)	N	Census: Special Care - Suctioning	Census: Special Care - Suctioning	
CSP_CRTFCTN_NH_VW	CNSUS_TOILT_ASTD_CNT	NUMBER (3.0)	N	Census: Toilet Use - Assisted	Census: Toilet Use - Assisted	
CSP_CRTFCTN_NH_VW	CNSUS_TOILT_DPNDNT_CNT	NUMBER (3.0)	N	Census: Toilet Use - Dependent	Census: Toilet Use - Dependent	
CSP_CRTFCTN_NH_VW	CNSUS_TOILT_INDPNDNT_CNT	NUMBER (3.0)	N	Census: Toilet Use - Independent	Census: Toilet Use - Independent	
CSP_CRTFCTN_NH_VW	CNSUS_TRCHOSTMY_CARE_CNT	NUMBER (3.0)	N	Census: Special Care - Tracheostomy Care	Census: Special Care - Tracheostomy Care	
CSP_CRTFCTN_NH_VW	CNSUS_TRNSFR_ASTD_CNT	NUMBER (3.0)	N	Census: Transferring - Assisted	Census: Transferring - Assisted	
CSP_CRTFCTN_NH_VW	CNSUS_TRNSFR_DPNDNT_CNT	NUMBER (3.0)	N	Census: Transferring - Dependent	Census: Transferring - Dependent	
CSP_CRTFCTN_NH_VW	CNSUS_TRNSFR_INDPNDNT_CNT	NUMBER (3.0)	N	Census: Transferring - Independent	Census: Transferring - Independent	
CSP_CRTFCTN_NH_VW	CNSUS_TUBE_FEED_CNT	NUMBER (3.0)	N	Census: Special Care - Tube Feedings	Census: Special Care - Tube Feedings	
CSP_CRTFCTN_NH_VW	CNSUS_UNPLND_WT_LOSS_GAIN_CNT	NUMBER (3.0)	N	Census: Other - Unplanned Weight Loss/Gain	Census: Other - Unplanned Weight Loss/Gain	
CSP_CRTFCTN_NH_VW	COP_NOT_CRCTD_CNT	VARCHAR2 (0)	N	Current Condition Not Corrected	Current Condition Not Corrected	
CSP_CRTFCTN_NH_VW	COP_OUT_OF_CMPLNC_CNT	VARCHAR2 (0)	N	Current Condition : All	Current Condition : All	
CSP_CRTFCTN_NH_VW	CRNT_DFCNCY_APRVD_WVR_CNT	VARCHAR2 (0)	N	Current Deficiency Approved Waiver Count	Current Deficiency Approved Waiver Count	
CSP_CRTFCTN_NH_VW	CRNT_DFCNCY_CNT	VARCHAR2 (0)	N	Current Deficiency Count	Current Deficiency Count	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_NH_VW	CRNT_DFCNCY_CRCTD_CNT	VARCHAR2 (0)	N	Current Deficiency Corrected Count	Current Deficiency Corrected Count	
CSP_CRTFCTN_NH_VW	CRNT_DFCNCY_NO_DT_CNT	VARCHAR2 (0)	N	Current Deficiency No Date Count	Current Deficiency No Date Count	
CSP_CRTFCTN_NH_VW	CRNT_DFCNCY_POC_CNT	VARCHAR2 (0)	N	Current Deficiency Plan of Correction Count	Current Deficiency Plan of Correction Count	
CSP_CRTFCTN_NH_VW	CRNT_DFCNCY_PRVDR_RFS D_CNT	VARCHAR2 (0)	N	Current Deficiency Provider Refused Count	Current Deficiency Provider Refused Count	
CSP_CRTFCTN_NH_VW	CRNT_HLTH_DFCNCY_CNT	VARCHAR2 (0)	N	Current Health Deficiency Count	Current Health Deficiency Count	
CSP_CRTFCTN_NH_VW	CRNT_HLTH_DFCNCY_NOT_ CRCTD_CNT	VARCHAR2 (0)	N	Current Health Deficiency Not Corrected Count	Current Health Deficiency Not Corrected Count	
CSP_CRTFCTN_NH_VW	CRNT_STD_DFCNCY_CNT	VARCHAR2 (0)	N	Current Standard Deficiency Count	Current Standard Deficiency Count	
CSP_CRTFCTN_NH_VW	CRTFCTN_AGE_NUM	NUMBER (2.0)	N	Certificate Age Number	Certificate Age Number	
CSP_CRTFCTN_NH_VW	CRTFCTN_DT	DATE (7)	N	Certification Date	Certification Date	
CSP_CRTFCTN_NH_VW	CRTFCTN_FLAG_CD	VARCHAR2 (1)	N	Certification Flag Code	Certification Flag Code	
CSP_CRTFCTN_NH_VW	CRTFD_BED_CNT	NUMBER (4.0)	N	Certified Bed Count	Certified Bed Count	
CSP_CRTFCTN_NH_VW	DGNSTC_XRAY_OFSITE_RS DNT_SW	VARCHAR2 (1)	N	Services: X-ray Off-Site Residents Indicator	Services: X-ray Off-Site Residents Indicator	
CSP_CRTFCTN_NH_VW	DGNSTC_XRAY_ONST_NRS DNT_SW	VARCHAR2 (1)	N	Services: X-ray On-Site Nonresidents Indicator	Services: X-ray On-Site Nonresidents Indicator	
CSP_CRTFCTN_NH_VW	DGNSTC_XRAY_ONST_RSDN T_SW	VARCHAR2 (1)	N	Services: X-ray On-Site Residents Indicator	Services: X-ray On-Site Residents Indicator	
CSP_CRTFCTN_NH_VW	DIETN_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: Dietitian - Contract	Staff Count: Dietitian - Contract	
CSP_CRTFCTN_NH_VW	DIETN_FLTM_CNT	NUMBER (7.2)	N	Staff Count: Dietitian - Full-Time	Staff Count: Dietitian - Full-Time	
CSP_CRTFCTN_NH_VW	DIETN_PRTM_CNT	NUMBER (7.2)	N	Staff Count: Dietitian - Part-Time	Staff Count: Dietitian - Part-Time	
CSP_CRTFCTN_NH_VW	DLYS_BED_CNT	NUMBER (3.0)	N	Bed Count: Special Care - Dialysis	Bed Count: Special Care - Dialysis	



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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_NH_VW	DNTL_SRVC_OFSITE_RSDNT_SW	VARCHAR2 (1)	N	Services: Dental Off-Site Residents Indicator	Services: Dental Off-Site Residents Indicator	
CSP_CRTFCTN_NH_VW	DNTL_SRVC_ONST_NRSRSDNT_SW	VARCHAR2 (1)	N	Services: Dental On-Site Nonresidents Indicator	Services: Dental On-Site Nonresidents Indicator	
CSP_CRTFCTN_NH_VW	DNTL_SRVC_ONST_RSDNT_SW	VARCHAR2 (1)	N	Services: Dental On-Site Residents Indicator	Services: Dental On-Site Residents Indicator	
CSP_CRTFCTN_NH_VW	DNTST_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: Dentist - Contract	Staff Count: Dentist - Contract	
CSP_CRTFCTN_NH_VW	DNTST_FLTM_CNT	NUMBER (7.2)	N	Staff Count: Dentist - Full-Time	Staff Count: Dentist - Full-Time	
CSP_CRTFCTN_NH_VW	DNTST_PRTM_CNT	NUMBER (7.2)	N	Staff Count: Dentist - Part-Time	Staff Count: Dentist - Part-Time	
CSP_CRTFCTN_NH_VW	DRUG_ERR_RATE_NUM	NUMBER (3.0)	N	Medication Error Rate	Medication Error Rate	
CSP_CRTFCTN_NH_VW	DSBL_CHLDRN_BED_CNT	NUMBER (3.0)	N	Bed Count: Special Care - Disabled Children	Bed Count: Special Care - Disabled Children	
CSP_CRTFCTN_NH_VW	DTRMNTN_APRVL_DT	DATE (7)	N	Determination Approval Date	Determination Approval Date	
CSP_CRTFCTN_NH_VW	DTRY_OFSITE_RSDNT_SW	VARCHAR2 (1)	N	Services: Dietary Off-Site Residents Indicator	Services: Dietary Off-Site Residents Indicator	
CSP_CRTFCTN_NH_VW	DTRY_ONST_NRSRSDNT_SW	VARCHAR2 (1)	N	Services: Dietary On-Site Nonresidents Indicator	Services: Dietary On-Site Nonresidents Indicator	
CSP_CRTFCTN_NH_VW	DTRY_ONST_RSDNT_SW	VARCHAR2 (1)	N	Services: Dietary On-Site Residents Indicator	Services: Dietary On-Site Residents Indicator	
CSP_CRTFCTN_NH_VW	ELGBLTY_SW	VARCHAR2 (1)	N	Eligibility Indicator	Eligibility Indicator	
CSP_CRTFCTN_NH_VW	EXPRMT_RSRCH_CNDCTD_SW	VARCHAR2 (1)	N	Experimental Research Conducted Indicator	Experimental Research Conducted Indicator	
CSP_CRTFCTN_NH_VW	EXTND_SRVY_BGN_DT	DATE (7)	N	Extended Survey Begin Date	Extended Survey Begin Date	
CSP_CRTFCTN_NH_VW	EXTND_SRVY_END_DT	DATE (7)	N	Extended Survey Begin Date	Extended Survey Begin Date	
CSP_CRTFCTN_NH_VW	FOOD_SRVC_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: Food Service Worker - Contract	Staff Count: Food Service Worker - Contract	
CSP_CRTFCTN_NH_VW	FOOD_SRVC_FLTM_CNT	NUMBER (7.2)	N	Staff Count: Food Service Worker - Full-Time	Staff Count: Food Service Worker - Full-Time	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_NH_VW	FOOD_SRVC_PRTM_CNT	NUMBER (7.2)	N	Staff Count: Food Service Worker - Part-Time	Staff Count: Food Service Worker - Part-Time	
CSP_CRTFCTN_NH_VW	FOSS_SW	VARCHAR2 (1)	N	FOSS Indicator	FOSS Indicator	
CSP_CRTFCTN_NH_VW	GNRL_CNTL_TYPE_CD	VARCHAR2 (2)	N	Ownership Type Code	Ownership Type Code	
CSP_CRTFCTN_NH_VW	HEAD_TRMA_BED_CNT	NUMBER (3.0)	N	Bed Count: Special Care - Head Trauma	Bed Count: Special Care - Head Trauma	
CSP_CRTFCTN_NH_VW	HNTGTN_DEASE_BED_CNT	NUMBER (3.0)	N	Bed Count: Special Care - Huntingtons Disease	Bed Count: Special Care - Huntingtons Disease	
CSP_CRTFCTN_NH_VW	HOSPC_BED_CNT	NUMBER (3.0)	N	Bed Count: Special Care - Hospice	Bed Count: Special Care - Hospice	
CSP_CRTFCTN_NH_VW	HSEKPNG_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: Housekeeping - Contract	Staff Count: Housekeeping - Contract	
CSP_CRTFCTN_NH_VW	HSEKPNG_FLTM_CNT	NUMBER (7.2)	N	Staff Count: Housekeeping - Full-Time	Staff Count: Housekeeping - Full-Time	
CSP_CRTFCTN_NH_VW	HSEKPNG_PRTM_CNT	NUMBER (7.2)	N	Staff Count: Housekeeping - Part-Time	Staff Count: Housekeeping - Part-Time	
CSP_CRTFCTN_NH_VW	HSEKPNG_SRVC_OFSITE_RS DNT_SW	VARCHAR2 (1)	N	Services: Housekeeping Off-Site Residents Indicator	Services: Housekeeping Off-Site Residents Indicator	
CSP_CRTFCTN_NH_VW	HSEKPNG_SRVC_ONST_NRS DNT_SW	VARCHAR2 (1)	N	Services: Housekeeping On-Site Nonresidents Indicator	Services: Housekeeping On-Site Nonresidents Indicator	
CSP_CRTFCTN_NH_VW	HSEKPNG_SRVC_ONST_RSD NT_SW	VARCHAR2 (1)	N	Services: Housekeeping On-Site Residents Indicator	Services: Housekeeping On-Site Residents Indicator	
CSP_CRTFCTN_NH_VW	IDR_CMPLTN_DT	DATE (7)	N	IDR Completion Date	IDR Completion Date	
CSP_CRTFCTN_NH_VW	IDR_RQST_DT	DATE (7)	N	IDR Request Date	IDR Request Date	
CSP_CRTFCTN_NH_VW	LATE_COP_CRCTN_CNT	VARCHAR2 (0)	N	Late COP Correction Count	Late COP Correction Count	
CSP_CRTFCTN_NH_VW	LPN_LVN_24_HR_WVR_DT	DATE (7)	N	Date of 24 Hour LPN/LVN Waiver	Date of 24 Hour LPN/LVN Waiver	
CSP_CRTFCTN_NH_VW	LPN_LVN_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: LPN/LVN - Contract	Staff Count: LPN/LVN - Contract	
CSP_CRTFCTN_NH_VW	LPN_LVN_FLTM_CNT	NUMBER (7.2)	N	Staff Count: LPN/LVN - Full-Time	Staff Count: LPN/LVN - Full-Time	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_NH_VW	LPN_LVN_HR_WVR_CNT	NUMBER (3.0)	N	LN Hours Waived Per Week	LN Hours Waived Per Week	
CSP_CRTFCTN_NH_VW	LPN_LVN_PRTM_CNT	NUMBER (7.2)	N	Staff Count: LPN/LVN - Part-Time	Staff Count: LPN/LVN - Part-Time	
CSP_CRTFCTN_NH_VW	LSC_DFCNCY_CNT	VARCHAR2 (0)	N	Current LSC Def: All	Current LSC Def: All	
CSP_CRTFCTN_NH_VW	LSC_WVR_SW	VARCHAR2 (1)	N	Compliance: LSC Waiver Indicator	Compliance: LSC Waiver Indicator	
CSP_CRTFCTN_NH_VW	MDCD_SNF_BED_CNT	NUMBER (4.0)	N	Beds - Nursing Facility	Beds - Nursing Facility	
CSP_CRTFCTN_NH_VW	MDCL_DRCTR_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: Medical Director - Contract	Staff Count: Medical Director - Contract	
CSP_CRTFCTN_NH_VW	MDCL_DRCTR_FLTM_CNT	NUMBER (7.2)	N	Staff Count: Medical Director - Full-Time	Staff Count: Medical Director - Full-Time	
CSP_CRTFCTN_NH_VW	MDCL_DRCTR_PRTM_CNT	NUMBER (7.2)	N	Staff Count: Medical Director - Part-Time	Staff Count: Medical Director - Part-Time	
CSP_CRTFCTN_NH_VW	MDCR_MDCD_SNF_BED_CNT	NUMBER (4.0)	N	Bed Count: Medicare/Medicaid SNF	Bed Count: Medicare/Medicaid SNF	
CSP_CRTFCTN_NH_VW	MDCR_SNF_BED_CNT	NUMBER (4.0)	N	Bed Count: Medicare SNF	Bed Count: Medicare SNF	
CSP_CRTFCTN_NH_VW	MDCTN_AIDE_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: Medication Aide/Technician - Contract	Staff Count: Medication Aide/Technician - Contract	
CSP_CRTFCTN_NH_VW	MDCTN_AIDE_FLTM_CNT	NUMBER (7.2)	N	Staff Count: Medication Aide/Technician - Full-Time	Staff Count: Medication Aide/Technician - Full-Time	
CSP_CRTFCTN_NH_VW	MDCTN_AIDE_PRTM_CNT	NUMBER (7.2)	N	Staff Count: Medication Aide/Technician - Part-Time	Staff Count: Medication Aide/Technician - Part-Time	
CSP_CRTFCTN_NH_VW	MENTL_HLTH_OFSITE_RSIDENT_SW	VARCHAR2 (1)	N	Services: Mental Health Off-Site Residents Indicator	Services: Mental Health Off-Site Residents Indicator	
CSP_CRTFCTN_NH_VW	MENTL_HLTH_ONST_NRSNDNT_SW	VARCHAR2 (1)	N	Services: Mental Health On-Site Nonresidents Indicator	Services: Mental Health On-Site Nonresidents Indicator	
CSP_CRTFCTN_NH_VW	MENTL_HLTH_ONST_RSIDENT_SW	VARCHAR2 (1)	N	Services: Mental Health On-Site Residents Indicator	Services: Mental Health On-Site Residents Indicator	
CSP_CRTFCTN_NH_VW	MENTL_HLTH_SRVC_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: Mental Health Services - Contract	Staff Count: Mental Health Services - Contract	
CSP_CRTFCTN_NH_VW	MENTL_HLTH_SRVC_FLTM_CNT	NUMBER (7.2)	N	Staff Count: Mental Health Services - Full-Time	Staff Count: Mental Health Services - Full-Time	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_NH_VW	MENTL_HLTH_SRVC_PRTM_CNT	NUMBER (7.2)	N	Staff Count: Mental Health Services - Part-Time	Staff Count: Mental Health Services - Part-Time	
CSP_CRTFCTN_NH_VW	MLT_FAC_ORG_NAME	VARCHAR2 (38)	N	Multiple Facility Organization Name	Multiple Facility Organization Name	
CSP_CRTFCTN_NH_VW	MLT_OWND_FAC_ORG_SW	VARCHAR2 (1)	N	Multiple Facility Organization Owned Indicator	Multiple Facility Organization Owned Indicator	
CSP_CRTFCTN_NH_VW	NAT_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: Nurse Aide in Training - Contract	Staff Count: Nurse Aide in Training - Contract	
CSP_CRTFCTN_NH_VW	NAT_FLTM_CNT	NUMBER (7.2)	N	Staff Count: Nurse Aide in Training - Full-Time	Staff Count: Nurse Aide in Training - Full-Time	
CSP_CRTFCTN_NH_VW	NAT_PRTM_CNT	NUMBER (7.2)	N	Staff Count: Nurse Aide in Training - Part-Time	Staff Count: Nurse Aide in Training - Part-Time	
CSP_CRTFCTN_NH_VW	NRSNG_SRVC_OFSITE_RSDN_T_SW	VARCHAR2 (1)	N	Services: Nursing Off-Site Residents Indicator	Services: Nursing Off-Site Residents Indicator	
CSP_CRTFCTN_NH_VW	NRSNG_SRVC_ONST_NRSN_T_SW	VARCHAR2 (1)	N	Services: Nursing On-Site Nonresidents Indicator	Services: Nursing On-Site Nonresidents Indicator	
CSP_CRTFCTN_NH_VW	NRSNG_SRVC_ONST_RSDN_T_SW	VARCHAR2 (1)	N	Services: Nursing On-Site Residents Indicator	Services: Nursing On-Site Residents Indicator	
CSP_CRTFCTN_NH_VW	NRS_ADMINV_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: Nurse With Administrative Duties - Contract	Staff Count: Nurse With Administrative Duties - Contract	
CSP_CRTFCTN_NH_VW	NRS_ADMINV_FLTM_CNT	NUMBER (7.2)	N	Staff Count: Nurse With Administrative Duties - Full-Time	Staff Count: Nurse With Administrative Duties - Full-Time	
CSP_CRTFCTN_NH_VW	NRS_ADMINV_PRTM_CNT	NUMBER (7.2)	N	Staff Count: Nurse With Administrative Duties - Part-Time	Staff Count: Nurse With Administrative Duties - Part-Time	
CSP_CRTFCTN_NH_VW	NRS_AIDE_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: Certified Nurse Aide - Contract	Staff Count: Certified Nurse Aide - Contract	
CSP_CRTFCTN_NH_VW	NRS_AIDE_FLTM_CNT	NUMBER (7.2)	N	Staff Count: Certified Nurse Aide - Full-Time	Staff Count: Certified Nurse Aide - Full-Time	
CSP_CRTFCTN_NH_VW	NRS_AIDE_PRTM_CNT	NUMBER (7.2)	N	Staff Count: Certified Nurse Aide - Part-Time	Staff Count: Certified Nurse Aide - Part-Time	
CSP_CRTFCTN_NH_VW	OCPTNL_THRPST_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: OT - Contract	Staff Count: OT - Contract	
CSP_CRTFCTN_NH_VW	OCPTNL_THRPST_FLTM_CNT	NUMBER (7.2)	N	Staff Count: OT - Full-Time	Staff Count: OT - Full-Time	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_NH_VW	OCPTNL_THRPST_PRTM_CNT	NUMBER (7.2)	N	Staff Count: OT - Part-Time	Staff Count: OT - Part-Time	
CSP_CRTFCTN_NH_VW	ODIE_ENTRD_DT	VARCHAR2 (0)	N	Current Survey Transaction Date	Current Survey Transaction Date	
CSP_CRTFCTN_NH_VW	OMBDMN_NTIFY_SW	VARCHAR2 (1)	N	Ombudsman Notified Prior to Survey Indicator	Ombudsman Notified Prior to Survey Indicator	
CSP_CRTFCTN_NH_VW	OMBDMN_PRST_SW	VARCHAR2 (1)	N	Ombudsman Present During Survey Indicator	Ombudsman Present During Survey Indicator	
CSP_CRTFCTN_NH_VW	ORGNZ_FMLY_MBR_GRP_SW	VARCHAR2 (1)	N	Organized Family Group Indicator	Organized Family Group Indicator	
CSP_CRTFCTN_NH_VW	ORGNZ_RSDNT_GRP_SW	VARCHAR2 (1)	N	Organized Resident Group Indicator	Organized Resident Group Indicator	
CSP_CRTFCTN_NH_VW	OT_AIDE_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: OT Aide - Contract	Staff Count: OT Aide - Contract	
CSP_CRTFCTN_NH_VW	OT_AIDE_FLTM_CNT	NUMBER (7.2)	N	Staff Count: OT Aide - Full-Time	Staff Count: OT Aide - Full-Time	
CSP_CRTFCTN_NH_VW	OT_AIDE_PRTM_CNT	NUMBER (7.2)	N	Staff Count: OT Aide - Part-Time	Staff Count: OT Aide - Part-Time	
CSP_CRTFCTN_NH_VW	OT_ASTNT_AIDE_CNTRCT_CNT	NUMBER (7.2)	N	Occupational Therapy Assistant - Contract	Occupational Therapy Assistant - Contract	
CSP_CRTFCTN_NH_VW	OT_ASTNT_AIDE_FLTM_CNT	NUMBER (7.2)	N	Occupational Therapy Assistant - Full-Time	Occupational Therapy Assistant - Full-Time	
CSP_CRTFCTN_NH_VW	OT_ASTNT_AIDE_PRTM_CNT	NUMBER (7.2)	N	Occupational Therapy Assistant - Part-Time	Occupational Therapy Assistant - Part-Time	
CSP_CRTFCTN_NH_VW	OT_SRVC_OFSITE_RSDNT_SW	VARCHAR2 (1)	N	Services: OT Off-Site Residents Indicator	Services: OT Off-Site Residents Indicator	
CSP_CRTFCTN_NH_VW	OT_SRVC_ONST_NRSNT_SW	VARCHAR2 (1)	N	Services: OT On-Site Nonresidents Indicator	Services: OT On-Site Nonresidents Indicator	
CSP_CRTFCTN_NH_VW	OT_SRVC_ONST_RSDNT_SW	VARCHAR2 (1)	N	Services: OT On-Site Residents Indicator	Services: OT On-Site Residents Indicator	
CSP_CRTFCTN_NH_VW	OUT_OF_CMPLNC_CNT	VARCHAR2 (0)	N	Out of Compliance Count	Out of Compliance Count	
CSP_CRTFCTN_NH_VW	OVRRD_BED_CNT_SW	VARCHAR2 (1)	N	Bed Count Override Indicator	Bed Count Override Indicator	
CSP_CRTFCTN_NH_VW	OVRRD_STFG_SW	VARCHAR2 (1)	N	Staff Count Override Indicator	Staff Count Override Indicator	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_NH_VW	PDTRST_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: Podiatrist - Contract	Staff Count: Podiatrist - Contract	
CSP_CRTFCTN_NH_VW	PDTRST_FLTM_CNT	NUMBER (7.2)	N	Staff Count: Podiatrist - Full-Time	Staff Count: Podiatrist - Full-Time	
CSP_CRTFCTN_NH_VW	PDTRST_PRTM_CNT	NUMBER (7.2)	N	Staff Count: Podiatrist - Part-Time	Staff Count: Podiatrist - Part-Time	
CSP_CRTFCTN_NH_VW	PDTRY_SRVC_OFSITE_RSDN T_SW	VARCHAR2 (1)	N	Services: Podiatry Off-Site Residents Indicator	Services: Podiatry Off-Site Residents Indicator	
CSP_CRTFCTN_NH_VW	PDTRY_SRVC_ONST_NRSND T_SW	VARCHAR2 (1)	N	Services: Podiatry On-Site Nonresidents Indicator	Services: Podiatry On-Site Nonresidents Indicator	
CSP_CRTFCTN_NH_VW	PDTRY_SRVC_ONST_RSDNT _SW	VARCHAR2 (1)	N	Services: Podiatry On-Site Residents Indicator	Services: Podiatry On-Site Residents Indicator	
CSP_CRTFCTN_NH_VW	PGM_PRTCPTN_CD	VARCHAR2 (1)	N	Program Participation Code	Program Participation Code	
CSP_CRTFCTN_NH_VW	PHRMCST_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: Pharmacist - Contract	Staff Count: Pharmacist - Contract	
CSP_CRTFCTN_NH_VW	PHRMCST_FLTM_CNT	NUMBER (7.2)	N	Staff Count: Pharmacist - Full-Time	Staff Count: Pharmacist - Full-Time	
CSP_CRTFCTN_NH_VW	PHRMCST_PRTM_CNT	NUMBER (7.2)	N	Staff Count: Pharmacist - Part-Time	Staff Count: Pharmacist - Part-Time	
CSP_CRTFCTN_NH_VW	PHRMCY_SRVC_OFSITE_RS DNT_SW	VARCHAR2 (1)	N	Services: Pharmacy Off-Site Residents Indicator	Services: Pharmacy Off-Site Residents Indicator	
CSP_CRTFCTN_NH_VW	PHRMCY_SRVC_ONST_NRSND NT_SW	VARCHAR2 (1)	N	Services: Pharmacy On-Site Nonresidents Indicator	Services: Pharmacy On-Site Nonresidents Indicator	
CSP_CRTFCTN_NH_VW	PHRMCY_SRVC_ONST_RSDN T_SW	VARCHAR2 (1)	N	Services: Pharmacy On-Site Residents Indicator	Services: Pharmacy On-Site Residents Indicator	
CSP_CRTFCTN_NH_VW	PHYSN_EXT_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: Physician Extender - Contract	Staff Count: Physician Extender - Contract	
CSP_CRTFCTN_NH_VW	PHYSN_EXT_FLTM_CNT	NUMBER (7.2)	N	Staff Count: Physician Extender - Full-Time	Staff Count: Physician Extender - Full-Time	
CSP_CRTFCTN_NH_VW	PHYSN_EXT_PRTM_CNT	NUMBER (7.2)	N	Staff Count: Physician Extender - Part-Time	Staff Count: Physician Extender - Part-Time	
CSP_CRTFCTN_NH_VW	PHYSN_EXT_SRVC_OFSITE_ RSDNT_SW	VARCHAR2 (1)	N	Services: Physician Extender Off-Site Residents Indicator	Services: Physician Extender Off-Site Residents Indicator	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_NH_VW	PHYSN_EXT_SRVC_ONST_N RSDNT_SW	VARCHAR2 (1)	N	Services: Physician Extender On- Site Nonresidents Indicator	Services: Physician Extender On-Site Nonresidents Indicator	
CSP_CRTFCTN_NH_VW	PHYSN_EXT_SRVC_ONST_R SDNT_SW	VARCHAR2 (1)	N	Services: Physician Extender On- Site Residents Indicator	Services: Physician Extender On-Site Residents Indicator	
CSP_CRTFCTN_NH_VW	PHYSN_OTHR_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: Other Physician - Contract	Staff Count: Other Physician - Contract	
CSP_CRTFCTN_NH_VW	PHYSN_OTHR_FLTM_CNT	NUMBER (7.2)	N	Staff Count: Other Physician - Full-Time	Staff Count: Other Physician - Full-Time	
CSP_CRTFCTN_NH_VW	PHYSN_OTHR_PRTM_CNT	NUMBER (7.2)	N	Staff Count: Other Physician - Part-Time	Staff Count: Other Physician - Part-Time	
CSP_CRTFCTN_NH_VW	PHYSN_SRVC_OFSITE_RSDN T_SW	VARCHAR2 (1)	N	Services: Physician Off-Site Residents Indicator	Services: Physician Off-Site Residents Indicator	
CSP_CRTFCTN_NH_VW	PHYSN_SRVC_ONST_NRSN T_SW	VARCHAR2 (1)	N	Services: Physician On-Site Nonresidents Indicator	Services: Physician On-Site Nonresidents Indicator	
CSP_CRTFCTN_NH_VW	PHYSN_SRVC_ONST_RSDNT _SW	VARCHAR2 (1)	N	Services: Physician On-Site Residents Indicator	Services: Physician On-Site Residents Indicator	
CSP_CRTFCTN_NH_VW	PHYS_THRPST_CNTRCT_CN T	NUMBER (7.2)	N	Staff Count: Physical Therapist - Contract	Staff Count: Physical Therapist - Contract	
CSP_CRTFCTN_NH_VW	PHYS_THRPST_FLTM_CNT	NUMBER (7.2)	N	Staff Count: Physical Therapist - Full-Time	Staff Count: Physical Therapist - Full-Time	
CSP_CRTFCTN_NH_VW	PHYS_THRPST_PRTM_CNT	NUMBER (7.2)	N	Staff Count: Physical Therapist - Part-Time	Staff Count: Physical Therapist - Part-Time	
CSP_CRTFCTN_NH_VW	PROFNL_ADMIN_CNTRCT_C NT	NUMBER (7.2)	N	Staff Count: Administrative Staff - Contract	Staff Count: Administrative Staff - Contract	
CSP_CRTFCTN_NH_VW	PROFNL_ADMIN_FLTM_CNT	NUMBER (7.2)	N	Staff Count: Administrative Staff - Full-Time	Staff Count: Administrative Staff - Full-Time	
CSP_CRTFCTN_NH_VW	PROFNL_ADMIN_PRTM_CNT	NUMBER (7.2)	N	Staff Count: Administrative Staff - Part-Time	Staff Count: Administrative Staff - Part-Time	
CSP_CRTFCTN_NH_VW	PRVDR_BSD_FAC_SW	VARCHAR2 (1)	N	Provider Based Facility Indicator	Provider Based Facility Indicator	
CSP_CRTFCTN_NH_VW	PRVDR_CTGRY_CD	VARCHAR2 (2)	N	Provider Category Code	Identifies the type of provider participating in the Medicare/Medicaid program.	
CSP_CRTFCTN_NH_VW	PRVDR_INTRNL_NUM	NUMBER (10.0)	N	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_CRTFCTN_NH_VW	PT_AIDE_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: PT Aide - Contract	Staff Count: PT Aide - Contract	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_NH_VW	PT_AIDE_FLTM_CNT	NUMBER (7.2)	N	Staff Count: PT Aide - Full-Time	Staff Count: PT Aide - Full-Time	
CSP_CRTFCTN_NH_VW	PT_AIDE_PRTM_CNT	NUMBER (7.2)	N	Staff Count: PT Aide - Part-Time	Staff Count: PT Aide - Part-Time	
CSP_CRTFCTN_NH_VW	PT_ASTNT_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: PT Assistant - Contract	Staff Count: PT Assistant - Contract	
CSP_CRTFCTN_NH_VW	PT_ASTNT_FLTM_CNT	NUMBER (7.2)	N	Staff Count: PT Assistant - Full-Time	Staff Count: PT Assistant - Full-Time	
CSP_CRTFCTN_NH_VW	PT_ASTNT_PRTM_CNT	NUMBER (7.2)	N	Staff Count: PT Assistant - Part-Time	Staff Count: PT Assistant - Part-Time	
CSP_CRTFCTN_NH_VW	PT_OFSITE_RSDNT_SW	VARCHAR2 (1)	N	Services: PT Off-Site Residents Indicator	Services: PT Off-Site Residents Indicator	
CSP_CRTFCTN_NH_VW	PT_ONST_NRSNT_SW	VARCHAR2 (1)	N	Services: PT On-Site Nonresidents Indicator	Services: PT On-Site Nonresidents Indicator	
CSP_CRTFCTN_NH_VW	PT_ONST_RSDNT_SW	VARCHAR2 (1)	N	Services: PT On-Site Residents Indicator	Services: PT On-Site Residents Indicator	
CSP_CRTFCTN_NH_VW	REC_STUS_CD	VARCHAR2 (0)	N	Record Status Code	Record Status Code	
CSP_CRTFCTN_NH_VW	RGN_CD	VARCHAR2 (2)	N	Region Code	The regional location of the provider.	
CSP_CRTFCTN_NH_VW	RN_24_HR_WVR_SW	VARCHAR2 (1)	N	Compliance: 24-Hour RN Waiver Indicator	Compliance: 24-Hour RN Waiver Indicator	
CSP_CRTFCTN_NH_VW	RN_7_DAY_WVD_HR_CNT	NUMBER (3.0)	N	RN Hours Waived Per Week Count	RN Hours Waived Per Week Count	
CSP_CRTFCTN_NH_VW	RN_7_DAY_WVR_DT	DATE (7)	N	7-Day RN Waiver Date	7-Day RN Waiver Date	
CSP_CRTFCTN_NH_VW	RN_7_DAY_WVR_SW	VARCHAR2 (1)	N	Compliance: 7-Day RN Waiver Indicator	Compliance: 7-Day RN Waiver Indicator	
CSP_CRTFCTN_NH_VW	RN_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: RN - Contract	Staff Count: RN - Contract	
CSP_CRTFCTN_NH_VW	RN_DRCTR_CNTRCT_CNT	NUMBER (7.2)	N	Staff Count: RN Director of Nursing - Contract	Staff Count: RN Director of Nursing - Contract	
CSP_CRTFCTN_NH_VW	RN_DRCTR_FLTM_CNT	NUMBER (7.2)	N	Staff Count: RN Director of Nursing - Full-Time	Staff Count: RN Director of Nursing - Full-Time	
CSP_CRTFCTN_NH_VW	RN_DRCTR_PRTM_CNT	NUMBER (7.2)	N	Staff Count: RN Director of Nursing - Part-Time	Staff Count: RN Director of Nursing - Part-Time	



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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_NH_VW	RN_FLTM_CNT	NUMBER (7,2)	N	Staff Count: RN - Full-Time	Staff Count: RN - Full-Time	
CSP_CRTFCTN_NH_VW	RN_PRTM_CNT	NUMBER (7,2)	N	Staff Count: RN - Part-Time	Staff Count: RN - Part-Time	
CSP_CRTFCTN_NH_VW	ROOM_SIZE_WVR_SW	VARCHAR2 (1)	N	Compliance: Patient Room Size Waiver Indicator	Compliance: Patient Room Size Waiver Indicator	
CSP_CRTFCTN_NH_VW	RO_MDCD_RVW_CMPLT_DT	DATE (7)	N	RO T19 Final Review Date	RO T19 Final Review Date	
CSP_CRTFCTN_NH_VW	RO_RCPT_DT	DATE (7)	N	RO Receipt Date	RO Receipt Date	
CSP_CRTFCTN_NH_VW	SCL_SRVC_OTHR_OFSITE_R SDNT_SW	VARCHAR2 (1)	N	Services: Therapeutic - Other Social Services Staff - Off-Site Residents Indicator	Services: Therapeutic - Other Social Services Staff - Off-Site Residents Indicator	
CSP_CRTFCTN_NH_VW	SCL_SRVC_OTHR_ONST_NR SDNT_SW	VARCHAR2 (1)	N	Services: Therapeutic - Other Social Services Staff - On-Site Nonresidents Indicator	Services: Therapeutic - Other Social Services Staff - On-Site Nonresidents Indicator	
CSP_CRTFCTN_NH_VW	SCL_SRVC_OTHR_ONST_RS DNT_SW	VARCHAR2 (1)	N	Services: Therapeutic - Other Social Services Staff - On-Site Residents Indicator	Services: Therapeutic - Other Social Services Staff - On-Site Residents Indicator	
CSP_CRTFCTN_NH_VW	SCL_SRVC_OTHR_STF_CNTR CT_CNT	NUMBER (7,2)	N	Staff Count: Other Social Services - Contract	Staff Count: Other Social Services - Contract	
CSP_CRTFCTN_NH_VW	SCL_SRVC_OTHR_STF_FLTM _CNT	NUMBER (7,2)	N	Staff Count: Other Social Services - Full-Time	Staff Count: Other Social Services - Full-Time	
CSP_CRTFCTN_NH_VW	SCL_SRVC_OTHR_STF_PRTM _CNT	NUMBER (7,2)	N	Staff Count: Other Social Services - Part-Time	Staff Count: Other Social Services - Part-Time	
CSP_CRTFCTN_NH_VW	SCL_WORKR_CNTRCT_CNT	NUMBER (7,2)	N	Staff Count: Social Worker - Contract	Staff Count: Social Worker - Contract	
CSP_CRTFCTN_NH_VW	SCL_WORKR_FLTM_CNT	NUMBER (7,2)	N	Staff Count: Social Worker - Full-Time	Staff Count: Social Worker - Full-Time	
CSP_CRTFCTN_NH_VW	SCL_WORKR_PRTM_CNT	NUMBER (7,2)	N	Staff Count: Social Worker - Part-Time	Staff Count: Social Worker - Part-Time	
CSP_CRTFCTN_NH_VW	SCL_WORK_SRVC_OFSITE_R SDNT_SW	VARCHAR2 (1)	N	Services: Social Work Off-Site Residents Indicator	Services: Social Work Off-Site Residents Indicator	
CSP_CRTFCTN_NH_VW	SCL_WORK_SRVC_ONST_NR SDNT_SW	VARCHAR2 (1)	N	Services: Social Work On-Site Nonresidents Indicator	Services: Social Work On-Site Nonresidents Indicator	
CSP_CRTFCTN_NH_VW	SCL_WORK_SRVC_ONST_RS DNT_SW	VARCHAR2 (1)	N	Services: Social Work On-Site Residents Indicator	Services: Social Work On-Site Residents Indicator	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_NH_VW	SMPL_SRVY_KIT_RVW_SW	VARCHAR2 (0)	N	Sample Survey Kit Review Indicator	Sample Survey Kit Review Indicator	
CSP_CRTFCTN_NH_VW	SPCH_PTHLGST_CNTRCT_CNT	NUMBER (7,2)	N	Staff Count: Speech Pathologist - Contract	Staff Count: Speech Pathologist - Contract	
CSP_CRTFCTN_NH_VW	SPCH_PTHLGST_FLTM_CNT	NUMBER (7,2)	N	Staff Count: Speech Pathologist - Full-Time	Staff Count: Speech Pathologist - Full-Time	
CSP_CRTFCTN_NH_VW	SPCH_PTHLGST_PRTM_CNT	NUMBER (7,2)	N	Staff Count: Speech Pathologist - Part-Time	Staff Count: Speech Pathologist - Part-Time	
CSP_CRTFCTN_NH_VW	SPCH_PTHLGY_OFSITE_RSNT_SW	VARCHAR2 (1)	N	Services: Speech Pathology Off-Site Residents Indicator	Services: Speech Pathology Off-Site Residents Indicator	
CSP_CRTFCTN_NH_VW	SPCH_PTHLGY_ONST_NRSNT_SW	VARCHAR2 (1)	N	Services: Speech Pathology On-Site Nonresidents Indicator	Services: Speech Pathology On-Site Nonresidents Indicator	
CSP_CRTFCTN_NH_VW	SPCH_PTHLGY_ONST_RSNT_SW	VARCHAR2 (1)	N	Services: Speech Pathology On-Site Residents Indicator	Services: Speech Pathology On-Site Residents Indicator	
CSP_CRTFCTN_NH_VW	SPCL_FCS_FAC_SW	VARCHAR2 (1)	N	Special Focus Facility Indicator	Special Focus Facility Indicator	
CSP_CRTFCTN_NH_VW	SPCL_RO_DT	DATE (7)	N	RO Date	RO Date	
CSP_CRTFCTN_NH_VW	SPCL_RO_TXT	VARCHAR2 (30)	N	RO Text	RO Text	
CSP_CRTFCTN_NH_VW	SPCL_SA_DT	DATE (7)	N	SA Date	SA Date	
CSP_CRTFCTN_NH_VW	SPCL_SA_TXT	VARCHAR2 (30)	N	SA Text	SA Text	
CSP_CRTFCTN_NH_VW	SRVYR_SGN_DT	DATE (7)	N	Surveyor Signature Date	Surveyor Signature Date	
CSP_CRTFCTN_NH_VW	SRVY_ADD_DT	DATE (7)	N	Survey Add Date	Survey Add Date	
CSP_CRTFCTN_NH_VW	SRVY_AGENCY_RVW_DT	DATE (7)	N	Survey Agency Review Date	Survey Agency Review Date	
CSP_CRTFCTN_NH_VW	SRVY_BGN_DT	DATE (7)	N	Survey Beginning Date	Survey Beginning Date	
CSP_CRTFCTN_NH_VW	SRVY_END_DT	DATE (7)	N	Survey Ending Date	Survey Ending Date	
CSP_CRTFCTN_NH_VW	SRVY_PRPSE_CD	VARCHAR2 (0)	N	Type of Action	Type of Action	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_NH_VW	SSA_STATE_CD	VARCHAR2 (2)	N	Social Security Administration State Code	Social Security Administration State Code	
CSP_CRTFCTN_NH_VW	STATE_CD	VARCHAR2 (2)	N	State Code	State Code	
CSP_CRTFCTN_NH_VW	STF_OTHR_CNTRCT_CNT	NUMBER (7,2)	N	Staff Count: Other Staff - Contract	Staff Count: Other Staff - Contract	
CSP_CRTFCTN_NH_VW	STF_OTHR_FLTM_CNT	NUMBER (7,2)	N	Staff Count: Other Staff - Full-Time	Staff Count: Other Staff - Full-Time	
CSP_CRTFCTN_NH_VW	STF_OTHR_PRTM_CNT	NUMBER (7,2)	N	Staff Count: Other Staff - Part-Time	Staff Count: Other Staff - Part-Time	
CSP_CRTFCTN_NH_VW	STGRD_SRVY_CD	VARCHAR2 (1)	N	Staggered Survey Code	Staggered Survey Code	
CSP_CRTFCTN_NH_VW	STGRD_SRVY_DAY_NAME	VARCHAR2 (3)	N	Staggered Survey Day Name	Staggered Survey Day Name	
CSP_CRTFCTN_NH_VW	STGRD_SRVY_TIME	VARCHAR2 (5)	N	Staggered Survey Time	Staggered Survey Time	
CSP_CRTFCTN_NH_VW	STGRD_SRVY_TIME_CD	VARCHAR2 (1)	N	Staggered Survey Time Code	Staggered Survey Time Code	
CSP_CRTFCTN_NH_VW	THRPTC_RCRTNL_CNTRCT_CNT	NUMBER (7,2)	N	Staff Count: Therapeutic Recreational Specialist - Contract	Staff Count: Therapeutic Recreational Specialist - Contract	
CSP_CRTFCTN_NH_VW	THRPTC_RCRTNL_FLTM_CNT	NUMBER (7,2)	N	Staff Count: Therapeutic Recreational Specialist - Full-Time	Staff Count: Therapeutic Recreational Specialist - Full-Time	
CSP_CRTFCTN_NH_VW	THRPTC_RCRTNL_OFSITE_RS_DNT_SW	VARCHAR2 (1)	N	Services: Therapeutic Recreational Specialty Off-Site Residents Indicator	Services: Therapeutic Recreational Specialty Off-Site Residents Indicator	
CSP_CRTFCTN_NH_VW	THRPTC_RCRTNL_ONST_NR_DNT_SW	VARCHAR2 (1)	N	Services: Therapeutic Recreational Specialty On-Site Nonresidents Indicator	Services: Therapeutic Recreational Specialty On-Site Nonresidents Indicator	
CSP_CRTFCTN_NH_VW	THRPTC_RCRTNL_ONST_RS_DNT_SW	VARCHAR2 (1)	N	Services: Therapeutic Recreational Specialty On-Site Residents Indicator	Services: Therapeutic Recreational Specialty On-Site Residents Indicator	
CSP_CRTFCTN_NH_VW	THRPTC_RCRTNL_PRTM_CNT	NUMBER (7,2)	N	Staff Count: Therapeutic Recreational Specialist - Part-Time	Staff Count: Therapeutic Recreational Specialist - Part-Time	
CSP_CRTFCTN_NH_VW	TOT_HR_CNT	NUMBER (8,2)	N	Total Hour Count	Total Hour Count	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_NH_VW	VCTNL_SRVC_OFSITE_RSDN T_SW	VARCHAR2 (1)	N	Services: Vocational Off-Site Residents Indicator	Services: Vocational Off-Site Residents Indicator	
CSP_CRTFCTN_NH_VW	VCTNL_SRVC_ONST_NRSND T_SW	VARCHAR2 (1)	N	Services: Vocational On-Site Nonresidents Indicator	Services: Vocational On-Site Nonresidents Indicator	
CSP_CRTFCTN_NH_VW	VCTNL_SRVC_ONST_RSDNT _SW	VARCHAR2 (1)	N	Services: Vocational On-Site Residents Indicator	Services: Vocational On-Site Residents Indicator	
CSP_CRTFCTN_NH_VW	VNTLTR_BED_CNT	NUMBER (3.0)	N	Bed Count: Special Care - Ventilator	Bed Count: Special Care - Ventilator	
CSP_CRTFCTN_OPT	ACRDTN_SRVY_60_DAY_DT	DATE (8)	N	60 Days After AO Survey Date	Date 60 days after the scheduled end date of the accreditation organization survey.	
CSP_CRTFCTN_OPT	ACRDTN_SRVY_TYPE_CD	VARCHAR2 (2)	N	Accreditation Survey Type Code	Indicates the type of accreditation survey for which the 2802 process is being conducted.	CSP_ACRDTN_SRVY_TYPE_CD
CSP_CRTFCTN_OPT	ACRDTN_SRVY_TYPE_DESC	VARCHAR2 (59)	N	Accreditation Survey Type Description	Indicates the type of accreditation survey for which the 2802 process is being conducted.	CSP_ACRDTN_SRVY_TYPE_CD
CSP_CRTFCTN_OPT	ACRDTN_TYPE_CD	VARCHAR2 (1)	N	Accreditation Type Code	Indicates an accrediting organization deeming the provider. If a provider is deemed by	CSP_ACRDTN_DEMD_CD
CSP_CRTFCTN_OPT	ACRDTN_TYPE_DESC	VARCHAR2 (24)	N	Accreditation Type Description	Indicates an accrediting organization deeming the provider. If a provider is deemed by	CSP_ACRDTN_DEMD_CD
CSP_CRTFCTN_OPT	AO_CD	VARCHAR2 (2)	N	Validation Survey AO Code	Indicates the accrediting organization being validated by the state agency for this validation	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_OPT	AO_DESC	VARCHAR2 (23)	N	Validation Survey AO Description	Indicates the accrediting organization being validated by the state agency for this validation	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_OPT	CRNTLY_DEEMD_BY_1_CD	VARCHAR2 (2)	N	Currently Deemed By Code 1	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_OPT	CRNTLY_DEEMD_BY_1_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 1	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_OPT	CRNTLY_DEEMD_BY_2_CD	VARCHAR2 (2)	N	Currently Deemed By Code 2	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_OPT	CRNTLY_DEEMD_BY_2_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 2	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_OPT	CRNTLY_DEEMD_BY_3_CD	VARCHAR2 (2)	N	Currently Deemed By Code 3	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_OPT	CRNTLY_DEEMD_BY_3_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 3	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_OPT	CRNTLY_DEEMD_BY_4_CD	VARCHAR2 (2)	N	Currently Deemed By Code 4	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_OPT	CRNTLY_DEEMD_BY_4_DES C	VARCHAR2 (23)	N	Currently Deemed By Description 4	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_C D
CSP_CRTFCTN_OPT	CRNTLY_DEEMD_BY_5_CD	VARCHAR2 (2)	N	Currently Deemed By Code 5	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_C D
CSP_CRTFCTN_OPT	CRNTLY_DEEMD_BY_5_DES C	VARCHAR2 (23)	N	Currently Deemed By Description 5	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_C D
CSP_CRTFCTN_OPT	CRNTLY_DEEMD_BY_6_CD	VARCHAR2 (2)	N	Currently Deemed By Code 6	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_C D
CSP_CRTFCTN_OPT	CRNTLY_DEEMD_BY_6_DES C	VARCHAR2 (23)	N	Currently Deemed By Description 6	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_C D
CSP_CRTFCTN_OPT	CRTFCTN_AGE_NUM	NUMBER (2,0)	N	Certification Age Number	Sequential number derived by sorting on: CCN and descending Certification Date. A one	
CSP_CRTFCTN_OPT	CRTFCTN_DT	DATE (8)	Y	Certification Date	Equal to the exit date of the initial visit of the Health survey for certifications completed after	
CSP_CRTFCTN_OPT	CRTFCTN_EVER_DEMD_SW	VARCHAR2 (1)	N	Provider Deemed at Certification Start Indicator	Indicates if the provider was deemed at the beginning of this certification cycle but later	
CSP_CRTFCTN_OPT	CYC_TYPE_CD	VARCHAR2 (1)	N	Validation Survey Cycle Type Code	Indicates whether the state was authorized to conduct a 60-day or mid-cycle validation	CSP_CYC_TYPE_CD
CSP_CRTFCTN_OPT	CYC_TYPE_DESC	VARCHAR2 (20)	N	Validation Survey Cycle Type Description	Indicates whether the state was authorized to conduct a 60-day or mid-cycle validation	CSP_CYC_TYPE_CD
CSP_CRTFCTN_OPT	DEMD_STUS_SW	VARCHAR2 (1)	N	Deemed Status Indicator	Indicates if the provider is deemed to meet Medicare requirements by an accrediting	
CSP_CRTFCTN_OPT	GNRL_CNTL_TYPE_CD	VARCHAR2 (2)	N	Ownership Type Code	Indicates the ownership type of the provider.	CSP_GNRL_CNTL_TYPE_CD
CSP_CRTFCTN_OPT	GNRL_CNTL_TYPE_DESC	VARCHAR2 (54)	N	Ownership Type Description	Indicates the ownership type of the provider.	CSP_GNRL_CNTL_TYPE_CD
CSP_CRTFCTN_OPT	GNRL_FAC_TYPE_CD	VARCHAR2 (2)	N	Organization Type Code	Indicates the type of organization.	CSP_GNRL_FAC_TYPE_CD
CSP_CRTFCTN_OPT	GNRL_FAC_TYPE_DESC	VARCHAR2 (54)	N	Organization Type Description	Indicates the type of organization.	CSP_GNRL_FAC_TYPE_CD
CSP_CRTFCTN_OPT	LAST_ACRDTN_SRVY_DT	DATE (8)	N	Last Accreditation Survey Date	Scheduled end date of the accreditation survey on the state validation survey authorization	
CSP_CRTFCTN_OPT	OCPTNL_THRPST_CNT	NUMBER (7,2)	N	Staff Count: OT - Total	Total number of full-time equivalent occupational therapists at the outpatient physical	
CSP_CRTFCTN_OPT	OCPTNL_THRPST_CNTRCT_ CNT	NUMBER (7,2)	N	Staff Count: OT - Arrangement	Number of full-time equivalent occupational therapists under arrangement to the outpatient	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_OPT	OCPTNL_THRPST_FLTM_CN T	NUMBER (7.2)	N	Staff Count: OT - On Staff	Number of full-time equivalent occupational therapists on staff at the outpatient physical	
CSP_CRTFCTN_OPT	OT_SRVC_CD	VARCHAR2 (1)	N	Services: OT Code	Indicates how occupational therapy services are provided at the outpatient physical therapy	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_OPT	OT_SRVC_DESC	VARCHAR2 (49)	N	Services: OT Description	Indicates how occupational therapy services are provided at the outpatient physical therapy	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_OPT	PHYS_THRPST_ARNGMT_CN T	NUMBER (7.2)	N	Staff Count: PT - Arrangement	Total number of full-time equivalent physical therapists at the outpatient physical therapy	
CSP_CRTFCTN_OPT	PHYS_THRPST_CNT	NUMBER (7.2)	N	Staff Count: PT - Total	Number of full-time equivalent physical therapists under arrangement to the outpatient	
CSP_CRTFCTN_OPT	PHYS_THRPST_STF_CNT	NUMBER (7.2)	N	Staff Count: PT - On Staff	Number of full-time equivalent physical therapists on staff at the outpatient physical	
CSP_CRTFCTN_OPT	PRVDR_CTGRY_CD	VARCHAR2 (2)	N	Provider Category Code	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_CRTFCTN_OPT	PRVDR_CTGRY_DESC	VARCHAR2 (70)	N	Provider Category Description	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_CRTFCTN_OPT	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_CRTFCTN_OPT	PT_SRVC_CD	VARCHAR2 (1)	N	Services: PT Code	Indicates how physical therapy services are provided at the outpatient physical therapy	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_OPT	PT_SRVC_DESC	VARCHAR2 (49)	N	Services: PT Description	Indicates how physical therapy services are provided at the outpatient physical therapy	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_OPT	RTRN_TO_AO_DT	DATE (8)	N	Returned to AO Date	Following state monitoring, indicates date the provider was returned to the responsibility of the	
CSP_CRTFCTN_OPT	SENT_STATE_2802_SW	VARCHAR2 (1)	N	2802 Authorization Sent Indicator	Indicates the validation survey authorized by the Regional Office was sent to the state via CMS	
CSP_CRTFCTN_OPT	SPCH_PTHLGST_ARNGMT_C NT	NUMBER (7.2)	N	Staff Count: Speech Pathologist - Arrangement	Number of full-time equivalent speech pathologists under arrangement to the outpatient	
CSP_CRTFCTN_OPT	SPCH_PTHLGST_CNT	NUMBER (7.2)	N	Staff Count: Speech Pathologist - Total	Total number of full-time equivalent speech pathologists at the outpatient physical therapy	
CSP_CRTFCTN_OPT	SPCH_PTHLGST_FLTM_CNT	NUMBER (7.2)	N	Staff Count: Speech Pathologist - On Staff	Number of full-time equivalent speech pathologists on staff at the outpatient physical	
CSP_CRTFCTN_OPT	SPCH_PTHLGY_SRVC_CD	VARCHAR2 (1)	N	Services: Speech Pathology Code	Indicates how speech pathology services are provided at the outpatient physical therapy	CSP_GNRL_SRVC_CD
CSP_CRTFCTN_OPT	SPCH_PTHLGY_SRVC_DESC	VARCHAR2 (49)	N	Services: Speech Pathology Description	Indicates how speech pathology services are provided at the outpatient physical therapy	CSP_GNRL_SRVC_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_OPT	STATE_MNTRG_CMPLNC_DT	DATE (8)	N	SA Jurisdiction Compliance Date	During State Agency jurisdiction, date provider came back into compliance.	
CSP_CRTFCTN_OPT	STATE_MNTRG_EFCTV_DT	DATE (8)	N	SA Jurisdiction Effective Date	Date the provider came under State Agency jurisdiction due to conditions of participation	
CSP_CRTFCTN_OPT	STATE_RPRSNTV_NAME	VARCHAR2 (80)	N	SA Representative Name	Name of state primary point of contact for the validation process.	
CSP_CRTFCTN_OPT	STRT_2802_PROC_SW	VARCHAR2 (1)	N	2802 Authorization Started Indicator	Indicates the validation authorization process has been started by the Regional Office.	
CSP_CRTFCTN_OPT	SYS_IMPRVMT_AGRMT_DT	DATE (8)	N	System Improvement Agreement Date	Date the provider entered into a System Improvement Agreement with CMS.	
CSP_CRTFCTN_PRTF	ACK_CMPLNC_RQRD_SW	VARCHAR2 (1)	N	Acknowledge New Attestation on Director Change Indicator	Indicates if the psychiatric residential treatment facility has acknowledged that a new attestation	
CSP_CRTFCTN_PRTF	ACK_RGHT_ONST_SRVY_SW	VARCHAR2 (1)	N	Acknowledge SA On-Site Survey Right Indicator	Indicates if the psychiatric residential treatment facility has acknowledged the state survey	
CSP_CRTFCTN_PRTF	ATSTN_DRCTR_SGND_DT	DATE (8)	N	Director Signed Attestation Date	Date attestation signed by the psychiatric residential treatment facility director.	
CSP_CRTFCTN_PRTF	ATSTN_RCVD_DT	DATE (8)	N	SMA Received Attestation Date	Date attestation was received by state Medicaid agency.	
CSP_CRTFCTN_PRTF	BED_CNT	NUMBER (4,0)	N	Bed Count: Total	Total number of beds in a provider, including those in non-participating or non-licensed areas.	
CSP_CRTFCTN_PRTF	CNSUS_MDCD_CNT	NUMBER (4,0)	N	Census: Medicaid Recipients	Number of residents of the psychiatric residential treatment facility who are Medicaid	
CSP_CRTFCTN_PRTF	CNSUS_OTHR_SA_PD_CNT	NUMBER (4,0)	N	Census: Other SA Paid	Number of residents of the psychiatric residential treatment facility who are paid for by	
CSP_CRTFCTN_PRTF	CRTFCTN_AGE_NUM	NUMBER (2,0)	N	Certification Age Number	Sequential number derived by sorting on: CCN and descending Certification Date. A one	
CSP_CRTFCTN_PRTF	CRTFCTN_DT	DATE (8)	Y	Certification Date	Equal to the exit date of the initial visit of the Health survey for certifications completed after	
CSP_CRTFCTN_PRTF	DRCTR_1ST_NAME	VARCHAR2 (21)	N	Director First Name	First name of the director of the psychiatric residential treatment facility.	
CSP_CRTFCTN_PRTF	DRCTR_LAST_NAME	VARCHAR2 (25)	N	Director Last Name	Last name of the director of the psychiatric residential treatment facility.	
CSP_CRTFCTN_PRTF	DRCTR_MDL_INITL_NAME	VARCHAR2 (1)	N	Director Middle Initial	Middle initial of the director of the psychiatric residential treatment facility.	
CSP_CRTFCTN_PRTF	FAC_MEET_483_SW	VARCHAR2 (1)	N	Facility Meets Part 483 Indicator	Indicates if the psychiatric residential treatment facility certifies that it meets Part 483, Subpart	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_PRTF	GNRL_CNTL_TYPE_CD	VARCHAR2 (2)	N	Ownership Type Code	Indicates the ownership type of the provider.	CSP_GNRL_CNTL_TYPE_CD
CSP_CRTFCTN_PRTF	GNRL_CNTL_TYPE_DESC	VARCHAR2 (54)	N	Ownership Type Description	Indicates the ownership type of the provider.	CSP_GNRL_CNTL_TYPE_CD
CSP_CRTFCTN_PRTF	ONST_SRVY_SW	VARCHAR2 (1)	N	On-Site Survey Indicator	Indicates if an on-site survey has been scheduled or completed.	
CSP_CRTFCTN_PRTF	PRVDR_CTGRY_CD	VARCHAR2 (2)	N	Provider Category Code	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_CRTFCTN_PRTF	PRVDR_CTGRY_DESC	VARCHAR2 (70)	N	Provider Category Description	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_CRTFCTN_PRTF	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_CRTFCTN_RHC	ACRDTN_SRVY_60_DAY_DT	DATE (8)	N	60 Days After AO Survey Date	Date 60 days after the scheduled end date of the accreditation organization survey.	
CSP_CRTFCTN_RHC	ACRDTN_SRVY_TYPE_CD	VARCHAR2 (2)	N	Accreditation Survey Type Code	Indicates the type of accreditation survey for which the 2802 process is being conducted.	CSP_ACRDTN_SRVY_TYPE_CD
CSP_CRTFCTN_RHC	ACRDTN_SRVY_TYPE_DESC	VARCHAR2 (59)	N	Accreditation Survey Type Description	Indicates the type of accreditation survey for which the 2802 process is being conducted.	CSP_ACRDTN_SRVY_TYPE_CD
CSP_CRTFCTN_RHC	ACRDTN_TYPE_CD	VARCHAR2 (1)	N	Accreditation Type Code	Indicates an accrediting organization deeming the provider. If a provider is deemed by	CSP_ACRDTN_DEMD_CD
CSP_CRTFCTN_RHC	ACRDTN_TYPE_DESC	VARCHAR2 (24)	N	Accreditation Type Description	Indicates an accrediting organization deeming the provider. If a provider is deemed by	CSP_ACRDTN_DEMD_CD
CSP_CRTFCTN_RHC	AO_CD	VARCHAR2 (2)	N	Validation Survey AO Code	Indicates the accrediting organization being validated by the state agency for this validation	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_RHC	AO_DESC	VARCHAR2 (23)	N	Validation Survey AO Description	Indicates the accrediting organization being validated by the state agency for this validation	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_RHC	CRNTLY_DEEMD_BY_1_CD	VARCHAR2 (2)	N	Currently Deemed By Code 1	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_RHC	CRNTLY_DEEMD_BY_1_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 1	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_RHC	CRNTLY_DEEMD_BY_2_CD	VARCHAR2 (2)	N	Currently Deemed By Code 2	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_RHC	CRNTLY_DEEMD_BY_2_DESC	VARCHAR2 (23)	N	Currently Deemed By Description 2	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD
CSP_CRTFCTN_RHC	CRNTLY_DEEMD_BY_3_CD	VARCHAR2 (2)	N	Currently Deemed By Code 3	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_CD



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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_RHC	CRNTLY_DEEMD_BY_3_DES C	VARCHAR2 (23)	N	Currently Deemed By Description 3	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_C D
CSP_CRTFCTN_RHC	CRNTLY_DEEMD_BY_4_CD	VARCHAR2 (2)	N	Currently Deemed By Code 4	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_C D
CSP_CRTFCTN_RHC	CRNTLY_DEEMD_BY_4_DES C	VARCHAR2 (23)	N	Currently Deemed By Description 4	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_C D
CSP_CRTFCTN_RHC	CRNTLY_DEEMD_BY_5_CD	VARCHAR2 (2)	N	Currently Deemed By Code 5	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_C D
CSP_CRTFCTN_RHC	CRNTLY_DEEMD_BY_5_DES C	VARCHAR2 (23)	N	Currently Deemed By Description 5	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_C D
CSP_CRTFCTN_RHC	CRNTLY_DEEMD_BY_6_CD	VARCHAR2 (2)	N	Currently Deemed By Code 6	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_C D
CSP_CRTFCTN_RHC	CRNTLY_DEEMD_BY_6_DES C	VARCHAR2 (23)	N	Currently Deemed By Description 6	Indicates an accrediting organization selected on the state validation survey authorization form as	ACTS_CRNTLY_DEEMD_BY_C D
CSP_CRTFCTN_RHC	CRTFCTN_AGE_NUM	NUMBER (2,0)	N	Certification Age Number	Sequential number derived by sorting on: CCN and descending Certification Date. A one	
CSP_CRTFCTN_RHC	CRTFCTN_DT	DATE (8)	Y	Certification Date	Equal to the exit date of the initial visit of the Health survey for certifications completed after	
CSP_CRTFCTN_RHC	CRTFCTN_EVER_DEMD_SW	VARCHAR2 (1)	N	Provider Deemed at Certification Start Indicator	Indicates if the provider was deemed at the beginning of this certification cycle but later	
CSP_CRTFCTN_RHC	CRTFD_NRS_PRCTNR_CNT	NUMBER (2,0)	N	Nurse Practitioner Count: Certified	Number of nurse practitioners currently certified as a primary care Nurse Practitioner by the	
CSP_CRTFCTN_RHC	CYC_TYPE_CD	VARCHAR2 (1)	N	Validation Survey Cycle Type Code	Indicates whether the state was authorized to conduct a 60-day or mid-cycle validation	CSP_CYC_TYPE_CD
CSP_CRTFCTN_RHC	CYC_TYPE_DESC	VARCHAR2 (20)	N	Validation Survey Cycle Type Description	Indicates whether the state was authorized to conduct a 60-day or mid-cycle validation	CSP_CYC_TYPE_CD
CSP_CRTFCTN_RHC	DEMD_STUS_SW	VARCHAR2 (1)	N	Deemed Status Indicator	Indicates if the provider is deemed to meet Medicare requirements by an accrediting	
CSP_CRTFCTN_RHC	GNRL_CNTL_TYPE_CD	VARCHAR2 (2)	N	Ownership Type Code	Indicates the ownership type of the provider.	CSP_GNRL_CNTL_TYPE_CD
CSP_CRTFCTN_RHC	GNRL_CNTL_TYPE_DESC	VARCHAR2 (54)	N	Ownership Type Description	Indicates the ownership type of the provider.	CSP_GNRL_CNTL_TYPE_CD
CSP_CRTFCTN_RHC	HOSP_BSD_SW	VARCHAR2 (1)	N	Hospital Based Indicator	Indicates if the rural health clinic is a provider-based entity to a hospital or critical access	
CSP_CRTFCTN_RHC	LAST_ACRDTN_SRVY_DT	DATE (8)	N	Last Accreditation Survey Date	Scheduled end date of the accreditation survey on the state validation survey authorization	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_RHC	NRS_PRCTNR_1_YR_PGM_CNT	NUMBER (2.0)	N	Nurse Practitioner Count: 1 Year Program	Number of nurse practitioners who have completed a formal one-year training program.	
CSP_CRTFCTN_RHC	NRS_PRCTNR_CNT	NUMBER (7.2)	N	Staff Count: Nurse Practitioner	Number of full-time equivalent nurse practitioners in a rural health clinic.	
CSP_CRTFCTN_RHC	NRS_PRCTNR_EXPRNC_CNT	NUMBER (2.0)	N	Nurse Practitioner Count: Experienced	Number of nurse practitioners with at least 12 months experience in an expanded role in the	
CSP_CRTFCTN_RHC	PHYSN_ASTNT_1_YR_TRNG_CNT	NUMBER (2.0)	N	Physician Assistant Count: 1 Year Program	Number of physician assistants with one year of training and supervised clinical experience.	
CSP_CRTFCTN_RHC	PHYSN_ASTNT_CNT	NUMBER (7.2)	N	Staff Count: Physician Assistant	Number of full-time equivalent physician assistants employed by a rural health clinic.	
CSP_CRTFCTN_RHC	PHYSN_ASTNT_CRTFD_CNT	NUMBER (2.0)	N	Physician Assistant Count: Certified	Number of physician assistants currently certified by the national association on	
CSP_CRTFCTN_RHC	PHYSN_ASTNT_EXPRNC_CNT	NUMBER (2.0)	N	Physician Assistant Count: Experienced	Number of physician assistants with training and at least 12 months experience assisting primary	
CSP_CRTFCTN_RHC	PHYSN_CNT	NUMBER (7.2)	N	Staff Count: Physician	Number of full-time equivalent physicians employed by a rural health clinic.	
CSP_CRTFCTN_RHC	PRSNEL_OTHR_CNT	NUMBER (7.2)	N	Staff Count: Other	Number of full-time equivalent other personnel employed by a rural health clinic.	
CSP_CRTFCTN_RHC	PRVDR_CTGRY_CD	VARCHAR2 (2)	N	Provider Category Code	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_CRTFCTN_RHC	PRVDR_CTGRY_DESC	VARCHAR2 (70)	N	Provider Category Description	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_CRTFCTN_RHC	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_CRTFCTN_RHC	RTRN_TO_AO_DT	DATE (8)	N	Returned to AO Date	Following state monitoring, indicates date the provider was returned to the responsibility of the	
CSP_CRTFCTN_RHC	SENT_STATE_2802_SW	VARCHAR2 (1)	N	2802 Authorization Sent Indicator	Indicates the validation survey authorized by the Regional Office was sent to the state via CMS	
CSP_CRTFCTN_RHC	STATE_MNTRG_CMPLNC_DT	DATE (8)	N	SA Jurisdiction Compliance Date	During State Agency jurisdiction, date provider came back into compliance.	
CSP_CRTFCTN_RHC	STATE_MNTRG_EFCTV_DT	DATE (8)	N	SA Jurisdiction Effective Date	Date the provider came under State Agency jurisdiction due to conditions of participation	
CSP_CRTFCTN_RHC	STATE_RPRSNTV_NAME	VARCHAR2 (80)	N	SA Representative Name	Name of state primary point of contact for the validation process.	
CSP_CRTFCTN_RHC	STRT_2802_PROC_SW	VARCHAR2 (1)	N	2802 Authorization Started Indicator	Indicates the validation authorization process has been started by the Regional Office.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_RHC	SYS_IMPRVMT_AGRMT_DT	DATE (8)	N	System Improvement Agreement Date	Date the provider entered into a System Improvement Agreement with CMS.	
CSP_CRTFCTN_SB_WVR_PRD	CRNT_WVR_SW	VARCHAR2 (1)	N	Current Waiver Period (Y/N) Switch	Indicates this is the current waiver period (Y/N)	
CSP_CRTFCTN_SB_WVR_PRD	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_CRTFCTN_SB_WVR_PRD	WVR_ACTVTN_DT	DATE (7)	Y	Waiver Activation Date	Date of Waiver Activation	
CSP_CRTFCTN_SB_WVR_PRD	WVR_TRMNTN_DT	DATE (7)	N	Waiver Termination Date	Date of Waiver Termination	
CSP_CRTFCTN_TRNSPLNT	ALL_CTN_CRCTD_SW	VARCHAR2 (1)	N	All Citations Corrected Indicator	Indicates whether all citations were corrected for the transplant program.	
CSP_CRTFCTN_TRNSPLNT	APLCTN_RCVD_DT	DATE (8)	N	Application Received Date	Date the application was received for the transplant program.	
CSP_CRTFCTN_TRNSPLNT	CNTCT_1ST_NAME	VARCHAR2 (20)	N	Contact First Name	First name of the transplant program contact.	
CSP_CRTFCTN_TRNSPLNT	CNTCT_CITY_NAME	VARCHAR2 (25)	N	Contact City	City name for the address of the transplant program contact.	
CSP_CRTFCTN_TRNSPLNT	CNTCT_EMAIL	VARCHAR2 (60)	N	Contact Email	Email address of the transplant program contact.	
CSP_CRTFCTN_TRNSPLNT	CNTCT_FAX_NUM	VARCHAR2 (10)	N	Contact Fax Number	Fax number of the transplant program contact.	
CSP_CRTFCTN_TRNSPLNT	CNTCT_LAST_NAME	VARCHAR2 (20)	N	Contact Last Name	Last name of the transplant program contact.	
CSP_CRTFCTN_TRNSPLNT	CNTCT_PHNE_NUM	VARCHAR2 (10)	N	Contact Phone Number	Phone number of the transplant program contact.	
CSP_CRTFCTN_TRNSPLNT	CNTCT_SLTTN	VARCHAR2 (3)	N	Contact Salutation	Salutation for the transplant program contact.	
CSP_CRTFCTN_TRNSPLNT	CNTCT_STATE_ABRVTN_CD	VARCHAR2 (2)	N	Contact State Abbreviation	State abbreviation for the address of the transplant program contact.	CSP_STATE_CD
CSP_CRTFCTN_TRNSPLNT	CNTCT_STATE_ABRVTN_DESC	VARCHAR2 (30)	N	Contact State Abbreviation Description	State abbreviation for the address of the transplant program contact.	CSP_STATE_CD
CSP_CRTFCTN_TRNSPLNT	CNTCT_ST_ADR	VARCHAR2 (50)	N	Contact Street Address	Street address of the transplant program contact.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_TRNSPLN T	CNTCT_ZIP_CD	VARCHAR2 (5)	N	Contact ZIP Code	Five-digit ZIP code for the address of the transplant program contact.	
CSP_CRTFCTN_TRNSPLN T	INACTVTY_DT	DATE (8)	N	Inactivity Start Date	Date transplant program became inactive.	
CSP_CRTFCTN_TRNSPLN T	INITL_COP_APRVL_DT	DATE (8)	N	Initial COP Approval Date	Date conditions of participation were first approved for the transplant program.	
CSP_CRTFCTN_TRNSPLN T	INITL_DNL_DT	DATE (8)	N	Initial Denial Date	Date of denial during the initial certification of the transplant program.	
CSP_CRTFCTN_TRNSPLN T	OPTN_CD	VARCHAR2 (4)	N	OPTN Code	Organ procurement and transplantation network code associated with the transplant program.	CSP_OPTN_CD
CSP_CRTFCTN_TRNSPLN T	OPTN_DESC	VARCHAR2 (84)	N	OPTN Description	Organ procurement and transplantation network code associated with the transplant program.	CSP_OPTN_CD
CSP_CRTFCTN_TRNSPLN T	ORGNL_PGM_APRVD_DT	DATE (8)	N	Original Medicare Approval Date	Date the transplant program was originally approved.	
CSP_CRTFCTN_TRNSPLN T	ORGNL_PGM_SW	VARCHAR2 (1)	N	Original Program Indicator	Indicates if the transplant program was approved prior to 09/01/2008 under the original CMS	
CSP_CRTFCTN_TRNSPLN T	PED_HOSP_NAME	VARCHAR2 (50)	N	Pediatric Program Hospital Name	Other hospital name, only entered if alternate approval is used for the pediatric heart program.	
CSP_CRTFCTN_TRNSPLN T	PED_HRT_PGM_SW	VARCHAR2 (1)	N	Pediatric Heart Alternate Approval Indicator	Indicates if the pediatric heart program uses alternate approval.	
CSP_CRTFCTN_TRNSPLN T	PGM_APRVD_DT	DATE (8)	N	Program Approved Date	Date of most recent program approval, for this certification kit. For recertification this date is	
CSP_CRTFCTN_TRNSPLN T	PGM_SRVY_AGE_NUM	NUMBER (2,0)	N	Program Survey Age Number	Sequential number derived by sorting on: CCN, Program and descending Survey Date for	
CSP_CRTFCTN_TRNSPLN T	PGM_TRMNTN_DT	DATE (8)	N	Program Termination Date	Date the program was terminated. Date is carried forward to subsequent certification kits	
CSP_CRTFCTN_TRNSPLN T	PRVDR_INTRNL_NUM	NUMBER (10,0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_CRTFCTN_TRNSPLN T	RCRTFCTN_DUE_DT	DATE (8)	N	Recertification Due Date	Date by which the program must be recertified.	
CSP_CRTFCTN_TRNSPLN T	REACTVTN_DT	DATE (8)	N	Reactivation Date	Date transplant program was reactivated after a voluntary period of inactivity.	
CSP_CRTFCTN_TRNSPLN T	SRVY_DT	DATE (8)	Y	Survey Date	Exit date of the transplant hospital Health survey. This date does not indicate that the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_TRNSPLNT	SRVY_LCTN_CD	VARCHAR2 (1)	N	Surveyed for Approval Code	Specifies if the transplant program was surveyed; if so, was it on-site, off-site or both.	CSP_SRVY_LCTN_CD
CSP_CRTFCTN_TRNSPLNT	SRVY_LCTN_DESC	VARCHAR2 (40)	N	Surveyed for Approval Description	Specifies if the transplant program was surveyed; if so, was it on-site, off-site or both.	CSP_SRVY_LCTN_CD
CSP_CRTFCTN_TRNSPLNT	SRVY_SW	VARCHAR2 (1)	N	Survey Indicator	Indicates if the transplant program was surveyed as part of this certification.	
CSP_CRTFCTN_TRNSPLNT	TRNSPLNT_PGM_STUS_CD	VARCHAR2 (2)	N	Transplant Program Status Code	Indicates the status of the Transplant Program for the selected certification kit.	CSP_TRNSPLNT_PGM_STUS_CD
CSP_CRTFCTN_TRNSPLNT	TRNSPLNT_PGM_STUS_DESC	VARCHAR2 (51)	N	Transplant Program Status Description	Indicates the status of the Transplant Program for the selected certification kit.	CSP_TRNSPLNT_PGM_STUS_CD
CSP_CRTFCTN_TRNSPLNT	TRNSPLNT_PGM_TYPE_CD	VARCHAR2 (3)	Y	Transplant Program Type Code	Indicates the type of Transplant Program.	CSP_TRNSPLNT_PGM_TYPE_CD
CSP_CRTFCTN_TRNSPLNT	TRNSPLNT_PGM_TYPE_DESC	VARCHAR2 (43)	N	Transplant Program Type Description	Indicates the type of Transplant Program.	CSP_TRNSPLNT_PGM_TYPE_CD
CSP_CRTFCTN_XRAY	CRTFCTN_AGE_NUM	NUMBER (2.0)	N	Certification Age Number	Sequential number derived by sorting on: CCN and descending Certification Date. A one	
CSP_CRTFCTN_XRAY	CRTFCTN_DT	DATE (8)	Y	Certification Date	Equal to the exit date of the initial visit of the Health survey for certifications completed after	
CSP_CRTFCTN_XRAY	DRCTR_QUALN_CD	VARCHAR2 (1)	N	Director Qualification Code	Indicates the highest degree held by the director of a supplier of portable X-ray services.	CSP_DRCTR_QUALN_CD
CSP_CRTFCTN_XRAY	DRCTR_QUALN_DESC	VARCHAR2 (19)	N	Director Qualification Description	Indicates the highest degree held by the director of a supplier of portable X-ray services.	CSP_DRCTR_QUALN_CD
CSP_CRTFCTN_XRAY	GNRL_CNTL_TYPE_CD	VARCHAR2 (2)	N	Ownership Type Code	Indicates the ownership type of the provider.	CSP_GNRL_CNTL_TYPE_CD
CSP_CRTFCTN_XRAY	GNRL_CNTL_TYPE_DESC	VARCHAR2 (54)	N	Ownership Type Description	Indicates the ownership type of the provider.	CSP_GNRL_CNTL_TYPE_CD
CSP_CRTFCTN_XRAY	PRSNEL_OTHR_CNT	NUMBER (7.2)	N	Technologist Count: Other	Number of full-time equivalent other technologists.	
CSP_CRTFCTN_XRAY	PRVDR_CTGRY_CD	VARCHAR2 (2)	N	Provider Category Code	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_CRTFCTN_XRAY	PRVDR_CTGRY_DESC	VARCHAR2 (70)	N	Provider Category Description	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_CRTFCTN_XRAY	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_CRTFCTN_XRAY	TCHNLGST_2_YR_RDLGC_CNT	NUMBER (7.2)	N	Technologist Count: 24-Month Radiologic School	Number of full-time equivalent technologists who are graduates of a 24-month approved	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_CRTFCTN_XRAY	TCHNLGST_ASCT_DGR_CNT	NUMBER (7,2)	N	Technologist Count: Associate Degree	Number of full-time equivalent technologists with an Associate degree in radiologic	
CSP_CRTFCTN_XRAY	TCHNLGST_BS_BA_DGR_CNT	NUMBER (7,2)	N	Technologist Count: BS or BA Degree	Number of full-time equivalent technologists with a Bachelor of Science or Bachelor of Arts	
CSP_CTGRY_FAC_TYPE_RLTNSHP	FAC_TYPE_CD	VARCHAR2 (3)	N	Facility type code	Indicates the category which represents the type of facility.	CSP_GNRL_FAC_TYPE_CD
CSP_CTGRY_FAC_TYPE_RLTNSHP	PRVDR_CTGRY_CD	VARCHAR2 (2)	N	Provider Category Code	Identifies the category which is most descriptive of the facility identified on the	CSP_PRVDR_CTGRY_CD
CSP_CTGRY_FAC_TYPE_RLTNSHP	PRVDR_CTGRY_SBTYP_CD	VARCHAR2 (40)	N	Provider Category Subtype Code	Determines the breakdown of the provider category, used mainly for SNFs and hospitals.	CSP_PRVDR_CTGRY_SBTYP_CD
CSP_CTGRY_FAC_TYPE_RLTNSHP	RLTNSHP_DESC	VARCHAR2 (100)	N	Provider Relationship Description	Description identifying the type of relationship for the facility.	
CSP_DFCNCY_PREX_PRV_DR_CTGRY	CREAT_TS	DATE (7)	N	Create Timestamp	Date and time the record was created in the database.	
CSP_DFCNCY_PREX_PRV_DR_CTGRY	CREAT_USER_ID	VARCHAR2 (20)	N	Create User ID	User ID of the individual who created this record.	
CSP_DFCNCY_PREX_PRV_DR_CTGRY	DFCNCY_PREX_CD	VARCHAR2 (1)	Y	Deficiency Prefix Code	Alphabetic character assigned to a series of data tags that apply to a provider or supplier. For	CSP_DFCNCY_PREX_CD
CSP_DFCNCY_PREX_PRV_DR_CTGRY	DFCNCY_PREX_DESC	VARCHAR2 (400)	N	Deficiency Prefix Description	Alphabetic character assigned to a series of data tags that apply to a provider or supplier. For	CSP_DFCNCY_PREX_CD
CSP_DFCNCY_PREX_PRV_DR_CTGRY	PRVDR_CTGRY_CD	VARCHAR2 (2)	Y	Provider Category Code	Identifies the category most descriptive of the facility identified on the Medicare/Medicaid	CSP_PRVDR_CTGRY_CD
CSP_DFCNCY_PREX_PRV_DR_CTGRY	PRVDR_CTGRY_DESC	VARCHAR2 (400)	N	Provider Category Description	Identifies the category most descriptive of the facility identified on the Medicare/Medicaid	CSP_PRVDR_CTGRY_CD
CSP_DFCNCY_PREX_PRV_DR_CTGRY	UPDT_TS	DATE (7)	N	Update Timestamp	Date and time the record was updated in the database.	
CSP_DFCNCY_PREX_PRV_DR_CTGRY	UPDT_USER_ID	VARCHAR2 (20)	N	Update User ID	User ID of the individual who last updated this record.	
CSP_DFCNCY_TAG_CFR	CFR_TXT	VARCHAR2 (512)	N	Code of Federal Regulations (CFR) Text	Code of federal regulations text.	
CSP_DFCNCY_TAG_CFR	CREAT_DT	DATE (8)	N	Create Date	Create date.	
CSP_DFCNCY_TAG_CFR	CREAT_USER_ID	VARCHAR2 (30)	N	Create User ID	Create user identifier.	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_DFCNCY_TAG_CFR	DFCNCY_PREX_CD	VARCHAR2 (1)	N	Prefix Code	Alphabetical prefix added to a Tag Number to identify the regulation set for that tag.	CSP_DFCNCY_PREX_CD
CSP_DFCNCY_TAG_CFR	DFCNCY_PREX_DESC	VARCHAR2 (44)	N	Prefix Description	Alphabetical prefix added to a Tag Number to identify the regulation set for that tag.	CSP_DFCNCY_PREX_CD
CSP_DFCNCY_TAG_CFR	DFCNCY_TAG_CFR_ID	NUMBER (22)	Y	Deficiency Tag CFR ID	Identifies the deficiency prefix, deficiency tag, code of federal regulations, and facility type	
CSP_DFCNCY_TAG_CFR	DFCNCY_TAG_NUM	VARCHAR2 (4)	N	Deficiency Tag Number	Numeric code following the alphabetic character which is assigned to each requirement on the	
CSP_DFCNCY_TAG_CFR	DFCNCY_TAG_TYPE_CD	VARCHAR2 (3)	N	Deficiency Tag Type Code	Identifies the deficiency tag as a condition, standard, element or requirement.	CSP_DFCNCY_TAG_TYPE_CD
CSP_DFCNCY_TAG_CFR	DFCNCY_TAG_TYPE_DESC	VARCHAR2 (12)	N	Deficiency Tag Type Description	Identifies the deficiency tag as a condition, standard, element or requirement.	CSP_DFCNCY_TAG_TYPE_CD
CSP_DFCNCY_TAG_CFR	FAC_TYPE_CD	VARCHAR2 (3)	N	Facility Type Code	Type of facility as identified in ASPEN.	CSP_DFCNCY_FAC_TYPE_CD
CSP_DFCNCY_TAG_CFR	FAC_TYPE_DESC	VARCHAR2 (60)	N	Facility Type Description	Type of facility as identified in ASPEN.	CSP_DFCNCY_FAC_TYPE_CD
CSP_DFCNCY_TAG_CFR	PRVDR_CTGRY_CD	VARCHAR2 (2)	N	Provider Category Code	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_DFCNCY_TAG_CFR	PRVDR_CTGRY_DESC	VARCHAR2 (70)	N	Provider Category Description	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_DFCNCY_TAG_CFR	PRVDR_CTGRY_SUBTYP_CD	VARCHAR2 (2)	N	Provider Category Subtype Code	Identifies the subtype of the provider, within the primary category. Used in reporting to show the	CSP_PRVDR_CTGRY_SBTYP_CD
CSP_DFCNCY_TAG_CFR	PRVDR_CTGRY_SUBTYP_DESC	VARCHAR2 (56)	N	Provider Category Subtype Description	Identifies the subtype of the provider, within the primary category. Used in reporting to show the	CSP_PRVDR_CTGRY_SBTYP_CD
CSP_DFCNCY_TAG_CFR	UPDT_DT	DATE (8)	N	Update Date	Update date.	
CSP_DFCNCY_TAG_CFR	UPDT_USER_ID	VARCHAR2 (30)	N	Update User ID	Update user identifier.	
CSP_DFCNCY_TAG_CLIA_SPCLTY	DFCNCY_PREX_CD	VARCHAR2 (1)	Y	Deficiency Prefix Code	Indicates the alphabetic character assigned to a series of data tags that apply to a laboratory.	CSP_DFCNCY_PREX_CD
CSP_DFCNCY_TAG_CLIA_SPCLTY	DFCNCY_PREX_DESC	VARCHAR2 (79)	N	Deficiency Prefix Description	Alphabetic character assigned to a series of data tags that apply to a provider or supplier.	CSP_DFCNCY_PREX_CD
CSP_DFCNCY_TAG_CLIA_SPCLTY	DFCNCY_TAG_NUM	VARCHAR2 (4)	Y	Deficiency Tag Number	The numeric code following the alphabetic character which is assigned to each requirement	
CSP_DFCNCY_TAG_CLIA_SPCLTY	SPCLTY_CD	VARCHAR2 (4)	Y	Specialty Code	Indicates the numeric value identifying the (sub)specialties associated with the deficiency	CSP_CLIA_SPCLTY_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_DFCNCY_TAG_CLIA_SPCLTY	SPCLTY_DESC	VARCHAR2 (58)	N	Specialty Description	Specialty Description.	CSP_CLIA_SPCLTY_CD
CSP_DFCNCY_TAG_LSC_FORM	DFCNCY_PREX_CD	VARCHAR2 (1)	Y	Deficiency Prefix Code	The alphabetic character that is assigned to a series of data tags that apply to a provider or	CSP_DFCNCY_PREX_CD
CSP_DFCNCY_TAG_LSC_FORM	DFCNCY_PREX_DESC	VARCHAR2 (44)	N	Deficiency Prefix Description	The alphabetic character that is assigned to a series of data tags that apply to a provider or	CSP_DFCNCY_PREX_CD
CSP_DFCNCY_TAG_LSC_FORM	DFCNCY_TAG_NUM	VARCHAR2 (4)	Y	Deficiency Tag Number	The numeric code following the alphabetic character which is assigned to each requirement	CSP_DFCNCY_TAG
CSP_DFCNCY_TAG_LSC_FORM	LSC_FORM_CD	VARCHAR2 (2)	Y	Life Safety Code Form Code	Life Safety Code Form Code	CSP_LSC_FORM_CD
CSP_DFCNCY_TAG_LSC_FORM	LSC_FORM_DESC	VARCHAR2 (33)	N	LSC Form Description	LSC Form Description	CSP_LSC_FORM_CD
CSP_ESRD_NH_SHR_DLYS	CRTFCTN_DT	DATE (8)	Y	Certification Date	The Certification date is equal to the exit date of the initial visit of the Health survey or LSC	
CSP_ESRD_NH_SHR_DLYS	CRTFCTN_TRK_ID	VARCHAR2 (4)	N	Certification Tracking ID	Certificate Tracking Identification.	
CSP_ESRD_NH_SHR_DLYS	DLYS_RSDNT_RCVG_HD_NUM	NUMBER (3.0)	N	Number of LTC Residents Receiving Hemodialysis	Number of long-term care residents receiving Hemodialysis (HD).	
CSP_ESRD_NH_SHR_DLYS	DLYS_RSDNT_RCVG_PD_NUM	NUMBER (3.0)	N	Number of LTC Residents Receiving Peritoneal Dialysis	Number of long-term care residents receiving Peritoneal Dialysis (PD).	
CSP_ESRD_NH_SHR_DLYS	DME_STF_PRVDD_SW	VARCHAR2 (1)	N	DME Staff Provided Code	Indicates if staff provided by DME.	
CSP_ESRD_NH_SHR_DLYS	FAC_STF_PRVDD_SW	VARCHAR2 (1)	N	Facility Staff Provided Code	Indicates if there is staff provided by this facility.	
CSP_ESRD_NH_SHR_DLYS	HMDLYS_DLYS_TYP_SW	VARCHAR2 (1)	N	Hemodialysis Dialysis Type Code	Indicator for dialysis type of Hemodialysis (HD).	
CSP_ESRD_NH_SHR_DLYS	NH_PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Nursing Home Provider Internal Number	Key to uniquely identify an associated nursing home, internally within the CASPER	
CSP_ESRD_NH_SHR_DLYS	NH_PRVDR_NUM	VARCHAR2 (10)	N	Nursing Home CCN	Six or ten position identification number that is assigned to the associated nursing home. This is	CSP_PRVDR_CMN
CSP_ESRD_NH_SHR_DLYS	NH_STF_PRVDD_SW	VARCHAR2 (1)	N	Nursing Home Staff Provided Code	Indicates if there is staff provided by the nursing home.	
CSP_ESRD_NH_SHR_DLYS	PRTNL_DLYS_TYP_SW	VARCHAR2 (1)	N	Peritoneal Dialysis Type Code	Indicates if peritoneal dialysis is performed.	



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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_ESRD_NH_SHR_DLY S	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_ESRD_NH_SHR_DLY S	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the	CSP_PRVDR_CMN
CSP_ESRD_NH_SHR_DLY S	STF_PRVDD_SPCFY_TXT	VARCHAR2 (20)	N	Other Dialysis Staff in LTC text	Text entered in response to Staffing for Dialysis Provided By Other chosen for shared dialysis.	
CSP_LD_CTN_ASCTD_DT L_COMP_VW	ASCTD_TYPE_CD	VARCHAR2 (3)	N	Associated Type Code	Associated Type Code	
CSP_LD_CTN_ASCTD_DT L_COMP_VW	CERTKEY	VARCHAR2 (6)	N	Certification Key	Certification Key	
CSP_LD_CTN_ASCTD_DT L_COMP_VW	DFCNCY_CMPLTN_DT	DATE (8)	N	Deficiency Completion Date	The date of planned deficiency correction.	
CSP_LD_CTN_ASCTD_DT L_COMP_VW	DFCNCY_CRCTN_DT	DATE (8)	N	Deficiency Correction Date	The date the deficiency was corrected.	
CSP_LD_CTN_ASCTD_DT L_COMP_VW	DFCNCY_TAG_NUM	VARCHAR2 (4)	N	Deficiency Tag Number	The numeric code following the alphabetic character which is assigned to each requirement	
CSP_LD_CTN_ASCTD_DT L_COMP_VW	PRVDR_INTRNL_NUM	NUMBER (10.0)	N	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_LD_CTN_ASCTD_DT L_COMP_VW	TRANS_NUM	NUMBER (12.0)	N	Transaction Number	Transaction Number	
CSP_LD_CTN_ASCTD_DT L_COMP_VW	TRK_ID	VARCHAR2 (4)	N	Track ID	Track ID	
CSP_LD_CTN_ASCTD_DT L_FMS_VW	ASCTD_TYPE_CD	VARCHAR2 (3)	N	Associated Type Code	Associated Type Code	
CSP_LD_CTN_ASCTD_DT L_FMS_VW	CERTKEY	VARCHAR2 (6)	N	Certification Key	Certification Key	
CSP_LD_CTN_ASCTD_DT L_FMS_VW	DFCNCY_CMPLTN_DT	DATE (8)	N	Deficiency Completion Date	The date of planned deficiency correction.	
CSP_LD_CTN_ASCTD_DT L_FMS_VW	DFCNCY_CRCTN_DT	DATE (8)	N	Deficiency Correction Date	The date the deficiency was corrected.	
CSP_LD_CTN_ASCTD_DT L_FMS_VW	DFCNCY_TAG_NUM	VARCHAR2 (4)	N	Deficiency Tag Number	The numeric code following the alphabetic character which is assigned to each requirement	
CSP_LD_CTN_ASCTD_DT L_FMS_VW	PRVDR_INTRNL_NUM	NUMBER (10.0)	N	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_LD_CTN_ASCTD_DT L_FMS_VW	TRANS_NUM	NUMBER (12.0)	N	Transaction Number	Transaction Number	
CSP_LD_CTN_ASCTD_DT L_FMS_VW	TRK_ID	VARCHAR2 (4)	N	Track ID	Track ID	
CSP_LD_CTN_ASCTD_DT L_ODIE_VW	ASCTD_TYPE_CD	VARCHAR2 (3)	N	Associated Type Code	Associated Type Code	
CSP_LD_CTN_ASCTD_DT L_ODIE_VW	CERTKEY	VARCHAR2 (6)	N	Certification Key	Certification Key	
CSP_LD_CTN_ASCTD_DT L_ODIE_VW	DFCNCY_CMPLTN_DT	DATE (8)	N	Deficiency Completion Date	The date of planned deficiency correction.	
CSP_LD_CTN_ASCTD_DT L_ODIE_VW	DFCNCY_CRCTN_DT	DATE (8)	N	Deficiency Correction Date	The date the deficiency was corrected.	
CSP_LD_CTN_ASCTD_DT L_ODIE_VW	DFCNCY_TAG_NUM	VARCHAR2 (4)	N	Deficiency Tag Number	The numeric code following the alphabetic character which is assigned to each requirement	
CSP_LD_CTN_ASCTD_DT L_ODIE_VW	PRVDR_INTRNL_NUM	NUMBER (10.0)	N	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_LD_CTN_ASCTD_DT L_ODIE_VW	TRANS_NUM	NUMBER (12.0)	N	Transaction Number	Transaction Number	
CSP_LD_CTN_ASCTD_DT L_ODIE_VW	TRK_ID	VARCHAR2 (4)	N	Track ID	Track ID	
CSP_LD_CTN_ASCTD_DT L_SRVY_VW	ASCTD_TYPE_CD	VARCHAR2 (3)	N	Associated Type Code	Associated Type Code	
CSP_LD_CTN_ASCTD_DT L_SRVY_VW	CERTKEY	VARCHAR2 (6)	N	Certification Key	Certification Key	
CSP_LD_CTN_ASCTD_DT L_SRVY_VW	DFCNCY_CMPLTN_DT	DATE (8)	N	Deficiency Completion Date	The date of planned deficiency correction.	
CSP_LD_CTN_ASCTD_DT L_SRVY_VW	DFCNCY_CRCTN_DT	DATE (8)	N	Deficiency Correction Date	The date the deficiency was corrected.	
CSP_LD_CTN_ASCTD_DT L_SRVY_VW	DFCNCY_TAG_NUM	VARCHAR2 (4)	N	Deficiency Tag Number	The numeric code following the alphabetic character which is assigned to each requirement	
CSP_LD_CTN_ASCTD_DT L_SRVY_VW	PRVDR_INTRNL_NUM	NUMBER (10.0)	N	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_LD_CTN_ASCTD_DT L_SRVY_VW	TRANS_NUM	NUMBER (12.0)	N	Transaction Number	Transaction Number	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_LD_CTN_ASCCTD_DT L_SRVY_VW	TRK_ID	VARCHAR2 (4)	N	Track ID	Track ID	
CSP_LD_ESRD_DLYS_SPR TD_NHS_VW	CCN	VARCHAR2 (12)	N	CMS Certification Number	Centers for Medicare & Medicaid Services (CMS) Certification Number of the nursing	
CSP_LD_ESRD_DLYS_SPR TD_NHS_VW	DLYS_RSDNT_RCVG_HD_NUM	NUMBER (3.0)	N	Number of LTC Residents Receiving Hemodialysis	Number of long-term care residents receiving Hemodialysis (HD).	
CSP_LD_ESRD_DLYS_SPR TD_NHS_VW	DLYS_RSDNT_RCVG_PD_NUM	NUMBER (3.0)	N	Number of LTC Residents Receiving Peritoneal Dialysis	Number of long-term care residents receiving Peritoneal Dialysis (PD).	
CSP_LD_ESRD_DLYS_SPR TD_NHS_VW	DLYS_TYPE_HD_SW	CHAR (1)	N	Dialysis Type Hemodialysis Switch	Indicator for dialysis type of Hemodialysis (HD).	
CSP_LD_ESRD_DLYS_SPR TD_NHS_VW	DLYS_TYPE_PD_SW	CHAR (1)	N	Dialysis Type Peritoneal Dialysis Switch	Indicator for dialysis type of Peritoneal Dialysis (PD).	
CSP_LD_ESRD_DLYS_SPR TD_NHS_VW	FAC_NAME	VARCHAR2 (50)	N	Facility Name	Facility name of the nursing home associated with the End Stage Renal Dialysis provider.	
CSP_LD_ESRD_DLYS_SPR TD_NHS_VW	STF_PRVDD_DME_SW	CHAR (1)	N	Staff Provided DME Switch	Indicates staff provided be Durable Medical Equipment (DME).	
CSP_LD_ESRD_DLYS_SPR TD_NHS_VW	STF_PRVDD_FAC_SW	CHAR (1)	N	Staff Provided Facility Switch	Indicates if staff is provided by this facility.	
CSP_LD_ESRD_DLYS_SPR TD_NHS_VW	STF_PRVDD_NH_SW	CHAR (1)	N	Staff Provided Nursing Home Switch	Indicates if staff is provided by the nursing home.	
CSP_LD_ESRD_DLYS_SPR TD_NHS_VW	STF_PRVDD_SPCFY_TXT	VARCHAR2 (20)	N			
CSP_LD_ESRD_DLYS_SPR TD_NHS_VW	TRACKID	CHAR (4)	N	Tracking Identification	Certification Tracking Identification	
CSP_LD_ESRD_DLYS_SPR TD_NHS_VW	TRANS_NUM	NUMBER (12.0)	N	Transaction Number	Transaction Number	
CSP_LTR_HSTRY	ACTL_TRMNTN_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Actual Termination	Indicates if this is an Actual Termination Letter for the enforcement case.	
CSP_LTR_HSTRY	ALGTN_ACPTBL_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: POC/Allegation Acceptable	Indicates if this is a Plan Of Correction/Allegation Acceptable Letter for the	
CSP_LTR_HSTRY	AOC_CRDBL_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: AOC Credible	Indicates if this is an AOC Credible Letter for the enforcement case.	
CSP_LTR_HSTRY	AOC_NOT_CRDBL_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: AOC not Credible	Indicates if this is an AOC not Credible Letter for the enforcement case.	

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_LTR_HSTRY	APL_RGHTS_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Appeal Rights	Indicates if this is an Appeal Rights Letter for the enforcement case.	
CSP_LTR_HSTRY	APSY_CD	VARCHAR2 (4)	Y	Application Name Code	Indicates the ASPEN application from which the letter originated.	CSP_LTR_APSY_CD
CSP_LTR_HSTRY	APSY_DESC	VARCHAR2 (36)	N	Application Name Description	Indicates the ASPEN application from which the letter originated.	CSP_LTR_APSY_CD
CSP_LTR_HSTRY	ASCTD_EVNT_ID	VARCHAR2 (6)	N	Associated Survey Event ID	Indicates the event ID of the associated survey. Used in ASPEN to get survey specific	
CSP_LTR_HSTRY	CEAS_DST_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Cease and Desist	Indicates if this is a Cease and Desist Letter for the enforcement case.	
CSP_LTR_HSTRY	CLIA_CRTFCT_DNL_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Denial of CLIA Certificate	Indicates if this is a Denial of CLIA Certificate Letter for the enforcement case.	
CSP_LTR_HSTRY	CLIA_POC_NOT_ACPTBL_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: POC not Acceptable	Indicates if this is a Plan Of Correction not Acceptable Letter for the enforcement case.	
CSP_LTR_HSTRY	CMPLNC_ACHVD_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Compliance Achieved	Indicates if this is a Compliance Achieved Letter for the enforcement case.	
CSP_LTR_HSTRY	CMP_CHG_AMT_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: CMP Change Amount	Indicates if this is a Civil Money Penalty Change Amount Letter for the enforcement case.	
CSP_LTR_HSTRY	CMP_IMPS_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: CMP Impose	Indicates if this is a Civil Money Penalty Impose Letter for the enforcement case.	
CSP_LTR_HSTRY	CMP_INFRMTN_RQST_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: CMP Request Info	Indicates if this is a Civil Money Penalty Request Info Letter for the enforcement case.	
CSP_LTR_HSTRY	CMP_INSTLMT_PMTS_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: CMP Installment Payments	Indicates if this is a Civil Money Penalty Installment Payments Letter for the enforcement	
CSP_LTR_HSTRY	CMP_OFST_TO_FI_MEMO_SW	VARCHAR2 (1)	N	Letter Indicator: CMP Offset Memo to FI	Indicates if this is a Civil Money Penalty Offset Memo to Fiscal Intermediary for the	
CSP_LTR_HSTRY	CMP_OFST_TO_MDCD_MEMO_SW	VARCHAR2 (1)	N	Letter Indicator: CMP Offset Memo to Medicaid	Indicates if this is a Civil Money Penalty Offset Memo to Medicaid for the enforcement case.	
CSP_LTR_HSTRY	CMP_OVRDUE_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: CMP Payment Overdue	Indicates if this is a Civil Money Penalty Payment Overdue Letter for the enforcement	
CSP_LTR_HSTRY	CMP_RCMD_IMPSTN_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: CMP Recommend Imposition	Indicates if this is a Civil Money Penalty Recommend Imposition Letter for the	
CSP_LTR_HSTRY	CMP_RQST_PMT_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: CMP Request Payment	Indicates if this is a Civil Money Penalty Request Payment Letter for the enforcement	
CSP_LTR_HSTRY	CMP_RSCND_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: CMP Not Imposed/Rescind	Indicates if this is a Civil Money Penalty Not Imposed/Rescind Letter for the enforcement	

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_LTR_HSTRY	DLVRD_DT	DATE (8)	N	Letter Received by Provider Date	Date the provider received this letter.	
CSP_LTR_HSTRY	DLVRY_TRKNG_ID	VARCHAR2 (25)	N	Tracking Number	Tracking Number associated with this letter.	
CSP_LTR_HSTRY	DRAFT_SW	VARCHAR2 (1)	N	Draft Letter Indicator	Indicates if this letter is in draft form.	
CSP_LTR_HSTRY	EMAIL_ADR_TXT	VARCHAR2 (100)	N	Email Address	Email address for the provider.	
CSP_LTR_HSTRY	ENFRMNT_APL_DUE_DT	DATE (8)	N	Appeal Rights Based On This Letter Due Date	Date an appeal request is due if the provider has appeal rights as enumerated in this letter.	
CSP_LTR_HSTRY	ENFRMNT_APL_RGHT_SW	VARCHAR2 (1)	N	Appeal Rights Based On This Letter Indicator	Indicates if the provider has the right to appeal as enumerated in this letter.	
CSP_LTR_HSTRY	ENFRMNT_INTRNL_ID	VARCHAR2 (6)	N	AEM Case ID	System generated number that uniquely identifies an Enforcement Case. Generated by	
CSP_LTR_HSTRY	EVNT_ID	VARCHAR2 (6)	N	Event ID	Unique identifier, by state, assigned by the ASPEN system for each survey visit. To make	
CSP_LTR_HSTRY	FAX_DT	DATE (8)	N	Letter Faxed Date	Date this letter was faxed.	
CSP_LTR_HSTRY	FAX_SW	VARCHAR2 (1)	N	Letter Faxed Indicator	Indicates if this letter was faxed.	
CSP_LTR_HSTRY	FED_SRVYR_FNDNGS_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Federal Surveyor Findings	Indicates if this is a Federal Surveyor Findings Letter for the enforcement case.	
CSP_LTR_HSTRY	HEARG_RQST_ACK_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Hearing Request Acknowledgement	Indicates if this is a Hearing Request Acknowledgement Letter for the enforcement	
CSP_LTR_HSTRY	HEARG_RSLTS_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Hearing Results	Indicates if this is a Hearing Results Letter for the enforcement case.	
CSP_LTR_HSTRY	HEARG_STLMT_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Hearing Settlement	Indicates if this is a Hearing Settlement Letter for the enforcement case.	
CSP_LTR_HSTRY	HEARG_WVR_ACK_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Hearing Waiver Acknowledgement	Indicates if this is a Hearing Waiver Acknowledge Letter for the enforcement case.	
CSP_LTR_HSTRY	IDR_RGHTS_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: IDR Rights	Indicates if this is an Informal Dispute Resolution Rights Letter for the enforcement	
CSP_LTR_HSTRY	IDR_RSLTS_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: IDR Results	Indicates if this is an Informal Dispute Resolution Results Letter for the enforcement	
CSP_LTR_HSTRY	IDR_SCHLD_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: IDR Scheduled	Indicates if this is an Informal Dispute Resolution Scheduled Letter for the enforcement	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_LTR_HSTRY	IJ_ABATE_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: IJ - Removed	Indicates if this is an Immediate Jeopardy - Removed Letter for the enforcement case.	
CSP_LTR_HSTRY	IJ_CONT_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: IJ - Continues	Indicates if this is an Immediate Jeopardy - Continues Letter for the enforcement case.	
CSP_LTR_HSTRY	IJ_NTC_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: IJ - Notice Of	Indicates if this is a Notice Of Immediate Jeopardy Letter for the enforcement case.	
CSP_LTR_HSTRY	IMPSD_ALTRNTV_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Alternative Sanctions Imposed	Indicates if this is a Alternative Sanctions Imposed Letter for the enforcement case.	
CSP_LTR_HSTRY	IMPSD_PRNCPAL_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Principal Sanctions Imposed	Indicates if this is a Principal Sanctions Imposed Letter for the enforcement case.	
CSP_LTR_HSTRY	IMPS_NON_CMP_RMDY_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Remedies - Impose Non-CMP	Indicates if this is a Remedies - Impose Non-Civil Money Penalties Letter for the	
CSP_LTR_HSTRY	INTK_ID	VARCHAR2 (10)	N	Intake ID	System generated number that uniquely identifies an intake. Generated by ASPEN	
CSP_LTR_HSTRY	INTND_IMPS_CMP_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: CMP - Intend To Impose	Indicates if this is a Civil Money Penalty - Intend To Impose Letter for the enforcement	
CSP_LTR_HSTRY	IN_CMPLNC_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: In Compliance	Indicates if this is an In Compliance Letter for the enforcement case.	
CSP_LTR_HSTRY	LBA_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Live Blood Analysis	Indicates if this is a Live Blood Analysis Letter for the enforcement case.	
CSP_LTR_HSTRY	LCNSR_NTC_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Licensure Notice Only	Indicates if this is a Licensure Notice Only Letter for the enforcement case.	
CSP_LTR_HSTRY	LOA_45_DAY_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Loss of Accreditation 45 Day	Indicates if this is a Loss of Accreditation 45 Day Letter for the enforcement case.	
CSP_LTR_HSTRY	LOA_TRMNTN_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Loss of Accreditation Termination	Indicates if this is a Loss of Accreditation Termination Letter for the enforcement case.	
CSP_LTR_HSTRY	LTR_CREATN_CD	VARCHAR2 (2)	N	Letter Origin Code	Indicates the agency or office that created the letter.	CSP_LTR_CREATN_CD
CSP_LTR_HSTRY	LTR_CREATN_DESC	VARCHAR2 (15)	N	Letter Origin Description	Indicates the agency or office that created the letter.	CSP_LTR_CREATN_CD
CSP_LTR_HSTRY	LTR_DESC_TXT	VARCHAR2 (50)	N	Letter Description	Description of the letter content.	
CSP_LTR_HSTRY	LTR_DT	DATE (8)	N	Letter Generation Date	Date the letter was generated, appears on the letter.	
CSP_LTR_HSTRY	LTR_HSTRY_ID	NUMBER (10.0)	Y	Letter History ID	Unique identifier, by state, assigned by the ASPEN system for each letter generated. To	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_LTR_HSTRY	MDCR_CNCLTN_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Medicare Cancellation	Indicates if this is a Medicare Cancellation Letter for the enforcement case.	
CSP_LTR_HSTRY	MDCR_SUSPNSN_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Medicare Suspension	Indicates if this is a Medicare Suspension Letter for the enforcement case.	
CSP_LTR_HSTRY	NATCEP_LOSS_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: NATCEP Loss	Indicates if this is a Nurses Aid Training Certification and Evaluation Program	
CSP_LTR_HSTRY	NATCEP_LOSS_WVD_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: NATCEP Loss Waived	Indicates if this is a Nurses Aid Training Certification and Evaluation Program	
CSP_LTR_HSTRY	NON_CMPLNC_CONT_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Noncompliance Continues	Indicates if this is a Noncompliance Continues Letter for the enforcement case.	
CSP_LTR_HSTRY	NO_OPPRTNTY_TO_CRCT_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: No Opportunity To Correct	Indicates if this is a No Opportunity To Correct Letter for the enforcement case.	
CSP_LTR_HSTRY	NTC_RMVD_SW	VARCHAR2 (1)	N	Letter Removed Indicator	Indicates if this letter has been removed from the enforcement case.	
CSP_LTR_HSTRY	OTHR_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Other	Indicates if this is a Letter Type: Other for the enforcement case.	
CSP_LTR_HSTRY	POC_ACPTBL_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: POC Acceptable	Indicates if this is a Plan Of Correction Acceptable Letter for the enforcement case.	
CSP_LTR_HSTRY	POC_NOT_ACPTBL_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: POC/Allegation Not Acceptable	Indicates if this is a Plan Of Correction/Allegation Not Acceptable Letter for	
CSP_LTR_HSTRY	POC_RQST_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Request POC	Indicates if this is a Request Plan Of Correction Letter for the enforcement case.	
CSP_LTR_HSTRY	PRPSD_ALTRNTV_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Alternative Sanctions Proposed	Indicates if this is a Alternative Sanctions Proposed Letter for the enforcement case.	
CSP_LTR_HSTRY	PRPSD_PRNCPAL_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Principal Sanctions Proposed	Indicates if this is a Principal Sanctions Proposed Letter for the enforcement case.	
CSP_LTR_HSTRY	PRVDR_INTNRL_NUM	NUMBER (10,0)	N	Provider Internal Number	Field used as a key to uniquely identify a provider, internally within the CASPER	
CSP_LTR_HSTRY	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the	CSP_PRVDR_CMN
CSP_LTR_HSTRY	RCPNT_CD	VARCHAR2 (1)	N	Letter Recipient Code	Indicates the recipient of this letter.	CSP_RCPNT_CD
CSP_LTR_HSTRY	RCPNT_DESC	VARCHAR2 (15)	N	Letter Recipient Description	Indicates the recipient of this letter.	CSP_RCPNT_CD
CSP_LTR_HSTRY	RECON_AFRTN_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Reconsideration Affirmation	Indicates if this is a Reconsideration Affirmation Letter for the enforcement case.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_LTR_HSTRY	RECON_RVRSL_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Reconsideration Reversal	Indicates if this is a Reconsideration Reversal Letter for the enforcement case.	
CSP_LTR_HSTRY	RMDY_CONT_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Remedies Continue	Indicates if this is a Remedies Continue Letter for the enforcement case.	
CSP_LTR_HSTRY	RMDY_IMPS_DNY_PAY_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Remedy Impose Deny Payment	Indicates if this is a Remedy Impose/Deny Payment Letter for the enforcement case.	
CSP_LTR_HSTRY	RMDY_RCMD_NON_CMP_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Remedies - Recommend Non-CMP	Indicates if this is a Remedies - Recommend Non-Civil Money Penalty Letter for the	
CSP_LTR_HSTRY	RQST_AOC_POC_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Request AOC POC	Indicates if this is a Request Allegation Of Compliance or Plan Of Correction Letter for the	
CSP_LTR_HSTRY	RSCND_NATCEP_LOSS_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: NATCEP Loss - Rescind	Indicates if this is a Nurses Aid Training Certification and Evaluation Program	
CSP_LTR_HSTRY	RSCND_RMDY_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Remedies - Rescind/Discontinue	Indicates if this is a Remedies - Rescind/Discontinue Letter for the enforcement	
CSP_LTR_HSTRY	RSM_TSTG_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Resume Testing	Indicates if this is a Resume Testing Letter for the enforcement case.	
CSP_LTR_HSTRY	SEND_2567_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Send 2567	Indicates if this is a Send 2567 Letter for the enforcement case.	
CSP_LTR_HSTRY	SEND_MTHD_CD	VARCHAR2 (2)	N	Delivery Method Code	Indicates the method of delivery of this letter.	CSP_SEND_MTHD_CD
CSP_LTR_HSTRY	SEND_MTHD_DESC	VARCHAR2 (18)	N	Delivery Method Description	Indicates the method of delivery of this letter.	CSP_SEND_MTHD_CD
CSP_LTR_HSTRY	SENT_DT	DATE (8)	N	Letter Sent Date	Date this letter was sent.	
CSP_LTR_HSTRY	SET_DT_CRTN_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Set Compliance Due Date	Indicates if this is a Set Compliance Due Date Letter for the enforcement case.	
CSP_LTR_HSTRY	SNCTN_CONT_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Sanctions Continue	Indicates if this is a Sanctions Continue Letter for the enforcement case.	
CSP_LTR_HSTRY	SNCTN_FNL_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Sanction Final	Indicates if this is a Sanction Final Letter for the enforcement case.	
CSP_LTR_HSTRY	SNCTN_IMPS_DNY_PAY_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Sanctions Impose Deny Pay	Indicates if this is a Sanctions Impose Deny Pay Letter for the enforcement case.	
CSP_LTR_HSTRY	SNCTN_IMPS_NON_CMP_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Sanctions Impose Non-CMP	Indicates if this is a Sanction Impose non-Civil Money Penalty Letter for the enforcement case.	
CSP_LTR_HSTRY	SNCTN_LFTD_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Sanction Lifted	Indicates if this is a Sanction Lifted Letter for the enforcement case.	



Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_LTR_HSTRY	SNCTN_RCMNDD_NON_CMP_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Sanctions Recommended non-CMP	Indicates if this is a Sanction Recommended non-Civil Money Penalty Letter for the	
CSP_LTR_HSTRY	SNCTN_RSCND_CLIA_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Sanction Rescinded	Indicates if this is a Sanction Rescinded Letter for the enforcement case.	
CSP_LTR_HSTRY	SNCTN_RSCND_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Sanctions Rescinded or Discontinued	Indicates if this is a Sanction Rescinded or Discontinued Letter for the enforcement case.	
CSP_LTR_HSTRY	SQC_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: SQC	Indicates if this is a Substandard Quality of Care (SQC) Letter for the enforcement case.	
CSP_LTR_HSTRY	SRC_STATE_CD	VARCHAR2 (2)	Y	Source State Code	Two-position state code indicating where the state server is physically located, may not be the	CSP_STATE_CD
CSP_LTR_HSTRY	SRC_STATE_DESC	VARCHAR2 (20)	N	Source State Description	Two-position state code indicating where the state server is physically located, may not be the	CSP_STATE_CD
CSP_LTR_HSTRY	SRVY_FNDNG_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Survey Finding	Indicates if this is a Survey Finding Letter for the enforcement case.	
CSP_LTR_HSTRY	STATE_RQMT_NOT_MET_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: State Requirement Not Met	Indicates if this is a State Requirement Not Met Letter for the enforcement case.	
CSP_LTR_HSTRY	TRMNTN_DT_EXTND_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Extend Termination Date	Indicates if this is an Extend Termination Date Letter for the enforcement case.	
CSP_LTR_HSTRY	WVR_APRVD_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Waiver Approved	Indicates if this is a Waiver Approved Letter for the enforcement case.	
CSP_LTR_HSTRY	WVR_NOT_APRVD_LTR_SW	VARCHAR2 (1)	N	Letter Indicator: Waiver Not Approved	Indicates if this is a Waiver Not Approved Letter for the enforcement case.	
CSP_NH_CHAIN	CHAIN_NAME	VARCHAR2 (40)	N	Chain Name	Name of the chain. The chain names are: BEVERLY, CENTENNIAL, EXTENDICARE,	
CSP_NH_CHAIN	CREAT_DT	DATE (8)	Y	Create Date	Date and time this tracking record was created on the state database.	
CSP_NH_CHAIN	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_NH_CHAIN	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the	
CSP_NTFCTN	EVNT_ID	VARCHAR2 (6)	N	Event ID	Unique identifier, by state, assigned by the ASPEN system for each survey visit. To make	
CSP_NTFCTN	INTK_ID	VARCHAR2 (10)	N	Intake ID	Unique identification number generated by ACTS and assigned to an intake.	
CSP_NTFCTN	NTFY_DT	DATE (8)	N	Notification Date	Date of the notification.	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_NTFCTN	NTFY_FROM_DESC	VARCHAR2 (20)	N	Notify From Description- Obsolete	This field has been deleted.	ACTS_NTFY_FROM_CD
CSP_NTFCTN	NTFY_ID	VARCHAR2 (10)	Y	Notification ID	Unique identifier, by state, assigned by the ASPEN system for each notification. To make	
CSP_NTFCTN	NTFY_MTHD_CD	VARCHAR2 (2)	N	Notification Method Code	Indicates the delivery method of the notification.	ACTS_NTFY_MTHD_CD
CSP_NTFCTN	NTFY_MTHD_DESC	VARCHAR2 (19)	N	Notification Method Description	Indicates the delivery method of the notification.	ACTS_NTFY_MTHD_CD
CSP_NTFCTN	NTFY_TYPE_CD	VARCHAR2 (2)	N	Notification Type Code	Indicates the content of the notification and its recipient.	ACTS_NTFY_TYPE_CD
CSP_NTFCTN	NTFY_TYPE_DESC	VARCHAR2 (50)	N	Notification Type Description	Indicates the content of the notification and its recipient.	ACTS_NTFY_TYPE_CD
CSP_NTFCTN	PRTY_CNTCT_CD	VARCHAR2 (2)	N	Notification Party Code	Indicates the party that performed the notification.	CSP_PRTY_CNTCT_CD
CSP_NTFCTN	PRTY_CNTCT_DESC	VARCHAR2 (20)	N	Notification Party Description	Indicates the party that performed the notification.	CSP_PRTY_CNTCT_CD
CSP_NTFCTN	SRC_STATE_CD	VARCHAR2 (2)	Y	Source State Code	Two-position state code indicating where the state server is physically located, may not be the	CSP_STATE_CD
CSP_NTFCTN	SRC_STATE_DESC	VARCHAR2 (30)	N	Source State Description	Two-position state code indicating where the state server is physically located, may not be the	CSP_STATE_CD
CSP_PRVDR	A2LA_ACRDTD_CD	VARCHAR2 (1)	N	A2LA Accredited Code - obsolete	This field has been deleted.	
CSP_PRVDR	A2LA_ACRDTD_RMRK_CD	VARCHAR2 (2)	N	A2LA Accredited Remark Code - obsolete	This field has been deleted.	CSP_ACRDTN_RMRK_CD
CSP_PRVDR	A2LA_ACRDTD_RMRK_DT	DATE (7)	N	A2LA Accredited Remark Date - obsolete	This field has been deleted.	
CSP_PRVDR	A2LA_ACRDTD_Y_MATCH_DT	DATE (7)	N	A2LA Accredited Y Match Date - obsolete	This field has been deleted.	
CSP_PRVDR	A2LA_ACRDTD_Y_MATCH_SW	VARCHAR2 (1)	N	A2LA Accredited Y Match Switch - obsolete	This field has been deleted.	
CSP_PRVDR	AABB_ACRDTD_CD	VARCHAR2 (1)	N	Accredited by AABB	Indicates if the lab is accredited by the American Association of Blood Banks (AABB). This	CSP_ACRDTD_CD
CSP_PRVDR	AABB_ACRDTD_DESC	VARCHAR2 (10)	N	AABB Accredited Description	Indicates if the lab is accredited the American Association of Blood Banks (AABB). This	CSP_ACRDTD_CD
CSP_PRVDR	AABB_ACRDTD_RMRK_CD	VARCHAR2 (2)	N	Accredited AABB Remarks	This is the Accredited AABB Remarks field.	CSP_ACRDTN_RMRK_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR	AABB_ACRDTD_RMRK_DESC	VARCHAR2 (44)	N	AABB Accredited Remarks Description	Used by AABB accredited organization to notify CMS of changes in an accredited laboratory's	CSP_ACRDTN_RMRK_CD
CSP_PRVDR	AABB_ACRDTD_RMRK_DT	DATE (8)	N	Accredited Remarks Date AABB	This is the Accredited Remarks Date AABB field.	
CSP_PRVDR	AABB_ACRDTD_Y_MATCH_DT	DATE (8)	N	Accredited Y Match Date AABB	The date the American Association of Blood Banks notifies CMS that lab is accredited with	
CSP_PRVDR	AABB_ACRDTD_Y_MATCH_SW	VARCHAR2 (1)	N	Accredited Y Match Switch AABB	Indicates if the lab is accredited by the American Association of Blood Banks. This information	
CSP_PRVDR	ACRDTN_LTR_SENT_DT	DATE (8)	N	Accreditation Letter Sent Date	Accreditation letter sent date.	
CSP_PRVDR	ACRDTN_TYPE_CD	VARCHAR2 (1)	N	Accreditation Type Code	Indicates the organization responsible for the accreditation of the provider.	CSP_ACRDTN_DEMD_CD
CSP_PRVDR	ACRDTN_TYPE_DESC	VARCHAR2 (24)	N	Accreditation Type Description	Indicates the organization responsible for the accreditation of the provider.	CSP_ACRDTN_DEMD_CD
CSP_PRVDR	ADDTNL_FAC_NAME	VARCHAR2 (50)	N	2nd Provider Name Line	Second line of a laboratory name.	
CSP_PRVDR	ADDTNL_ST_ADR	VARCHAR2 (50)	N	Address: Street 2nd Line	Second line of a laboratory's street address.	
CSP_PRVDR	ADD_DT	DATE (8)	N	Add Date	Date the survey record was copied or stored in the ODIE data entry file.	
CSP_PRVDR	ADJSTMT_OVERRD_USER_ID	VARCHAR2 (7)	N	Adjustment Override User ID	The user ID of the person who entered the last override of billing adjustment criteria.	
CSP_PRVDR	AOA_ACRDTD_CD	VARCHAR2 (1)	N	Accredited by AOA	Indicates if the lab is accredited by the American Osteopathic Association (AOA). This	CSP_ACRDTD_CD
CSP_PRVDR	AOA_ACRDTD_DESC	VARCHAR2 (10)	N	AOA Accredited Description	Indicates if the lab is accredited by the American Osteopathic Association (AOA). This	CSP_ACRDTD_CD
CSP_PRVDR	AOA_ACRDTD_RMRK_CD	VARCHAR2 (2)	N	Accredited Remarks AOA	This is the Accredited Remarks AOA field.	CSP_ACRDTN_RMRK_CD
CSP_PRVDR	AOA_ACRDTD_RMRK_DESC	VARCHAR2 (44)	N	AOA Accredited Remarks Description	Used by AOA (American Osteopathic Association) accredited organization to notify	CSP_ACRDTN_RMRK_CD
CSP_PRVDR	AOA_ACRDTD_RMRK_DT	DATE (8)	N	Accredited Remarks Date AOA	This is the Accredited Remarks Date AOA.	
CSP_PRVDR	AOA_ACRDTD_Y_MATCH_DT	DATE (8)	N	Accredited Y Match Date AOA	The date the lab was accredited by the American Osteopathic Association. This information is	
CSP_PRVDR	AOA_ACRDTD_Y_MATCH_SW	VARCHAR2 (1)	N	Accredited Y Match Switch AOA	Indicates if the lab is accredited by the American Osteopathic Association. This information is	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR	APLCTN_ADD_USER_ID	VARCHAR2 (7)	N	Application Add User ID	Application add user ID.	
CSP_PRVDR	ASC_BGN_SRVC_DT	DATE (8)	N	ASC Begin Service Date	Date an ambulatory surgical center began providing health care services.	
CSP_PRVDR	ASHI_ACRDTD_CD	VARCHAR2 (1)	N	Accredited by ASHI	Indicates if the lab is accredited by the American Society for Histocompatibility and	CSP_ACRDTD_CD
CSP_PRVDR	ASHI_ACRDTD_DESC	VARCHAR2 (10)	N	ASHI Accredited Description	Indicates if the lab is accredited by the American Society for Histocompatibility and	CSP_ACRDTD_CD
CSP_PRVDR	ASHI_ACRDTD_RMRK_CD	VARCHAR2 (2)	N	Accredited Remarks ASHI	Used by ASHI (American Society for Histocompatibility and Immunogenetics)	CSP_ACRDTN_RMRK_CD
CSP_PRVDR	ASHI_ACRDTD_RMRK_DESC	VARCHAR2 (44)	N	ASHI Accredited Remarks Description	Used by ASHI (American Society for Histocompatibility and Immunogenetics)	CSP_ACRDTN_RMRK_CD
CSP_PRVDR	ASHI_ACRDTD_RMRK_DT	DATE (8)	N	Accredited Remarks Date ASHI	Date used by ASHI (American Society for Histocompatibility and Immunogenetics)	
CSP_PRVDR	ASHI_ACRDTD_Y_MATCH_DT	DATE (8)	N	Accredited Y Match Date ASHI	The date the lab was accredited by the American Society for Histocompatibility and	
CSP_PRVDR	ASHI_ACRDTD_Y_MATCH_SW	VARCHAR2 (1)	N	Accredited Y Match Switch ASHI	Indicates if the lab is accredited by the American Society for Histocompatibility and	
CSP_PRVDR	ASPEN_116_UPDT_DT	DATE (7)	N	ASPEN 116 Update Date	This is the ASPEN 116 Update Date.	
CSP_PRVDR	ASPEN_LD_SW	VARCHAR2 (1)	N	ASPEN Facility Loaded Switch	Indicates if records from the ASPEN system were loaded into the ODIE system for this	
CSP_PRVDR	ASPEN_UPLD_DT	DATE (8)	N	ASPEN Upload Date -Obsolete	This field has been deleted.	
CSP_PRVDR	CAP_ACRDTD_CD	VARCHAR2 (1)	N	Accredited by CAP	Indicates if the laboratory is accredited by the College of American Pathologists (CAP). This	CSP_ACRDTD_CD
CSP_PRVDR	CAP_ACRDTD_DESC	VARCHAR2 (10)	N	CAP Accredited Description	Indicates if the laboratory is accredited by the College of American Pathologists (CAP). This	CSP_ACRDTD_CD
CSP_PRVDR	CAP_ACRDTD_RMRK_CD	VARCHAR2 (2)	N	Accredited Remarks CAP	Used by CAP (College of American Pathologists) accredited organization to notify	CSP_ACRDTN_RMRK_CD
CSP_PRVDR	CAP_ACRDTD_RMRK_DESC	VARCHAR2 (44)	N	CAP Accredited Remarks Description	Used by CAP (College of American Pathologists) accredited organization to notify	CSP_ACRDTN_RMRK_CD
CSP_PRVDR	CAP_ACRDTD_RMRK_DT	DATE (8)	N	Accredited Remarks Date CAP	Date used by CAP (College of American Pathologists) accredited organization to notify	
CSP_PRVDR	CAP_ACRDTD_Y_MATCH_DT	DATE (8)	N	Accredited Y Match Date CAP	The date the College of American Pathologists (CAP) notifies CMS that lab is accredited by	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR	CAP_ACRDTD_Y_MATCH_SW	VARCHAR2 (1)	N	Accredited Y Match Switch CAP	Indicates if the lab is accredited by College of American Pathologists (CAP). This information	
CSP_PRVDR	CHOW_CNT	NUMBER (2,0)	N	CHOW Count	Number of times this provider has undergone a change of ownership.	
CSP_PRVDR	CHOW_DT	DATE (8)	N	CHOW Date	Effective date of the most recent change of ownership for this provider.	
CSP_PRVDR	CHOW_PRIOR_DT	DATE (8)	N	Prior CHOW Date	Effective date of the previous change of ownership for this provider.	
CSP_PRVDR	CITY_NAME	VARCHAR2 (28)	N	Address: City	City in which the provider is physically located.	
CSP_PRVDR	CLIA_BBLDWN_DT	DATE (8)	N	CLIA Initial Bubble Down Date	The date a lab's initial cycle is bubbled down to the current position from pending position.	
CSP_PRVDR	CLIA_UNBBLDWN_DT	DATE (8)	N	CLIA Unbubbledown Date	Date initial cycle was unbubble.	
CSP_PRVDR	CLNCL_CNLSLTNT_CNT	NUMBER (4,0)	N	Clinical Consultant Count - obsolete	This field has been deleted.	
CSP_PRVDR	COLA_ACRDTD_CD	VARCHAR2 (1)	N	Accredited by COLA	Indicates if the lab is accredited by the Commission on Office Laboratory Accreditation	CSP_ACRDTD_CD
CSP_PRVDR	COLA_ACRDTD_DESC	VARCHAR2 (10)	N	COLA Accredited Description	Indicates if the lab is accredited by the Commission on Office Laboratory Accreditation	CSP_ACRDTD_CD
CSP_PRVDR	COLA_ACRDTD_RMRK_CD	VARCHAR2 (2)	N	Accredited Remarks COLA	Used by COLA (Commission on Office Laboratory Accreditation) accredited	CSP_ACRDTN_RMRK_CD
CSP_PRVDR	COLA_ACRDTD_RMRK_DESC	VARCHAR2 (44)	N	COLA Accredited Remarks Description	Used by COLA (Commission on Office Laboratory Accreditation) accredited	CSP_ACRDTN_RMRK_CD
CSP_PRVDR	COLA_ACRDTD_RMRK_DT	DATE (8)	N	Accredited Remarks Date COLA	Date used by COLA (Commission on Office Laboratory Accreditation) accredited	
CSP_PRVDR	COLA_ACRDTD_Y_MATCH_DT	DATE (8)	N	Accredited Y Match Date COLA	The date the Commission of Office Laboratory Accreditation (COLA) notifies CMS that lab is	
CSP_PRVDR	COLA_ACRDTD_Y_MATCH_SW	VARCHAR2 (1)	N	Accredited Y Match Switch COLA	Indicates if the lab is accredited by the Commission on Office Laboratory Accreditation	
CSP_PRVDR	CRNT_CLIA_EXPRTN_DT	DATE (7)	N	Current CLIA Expiration Date	The date the certification for a facility has expired from the CLIA, Medicare and/or	
CSP_PRVDR	CRNT_CLIA_TRMNTN_CD	VARCHAR2 (2)	N	Current CLIA Termination Code	A code indication the reason a facility has been terminated from the CLIA, Medicare and/or	CSP_TRMNTN_CD
CSP_PRVDR	CSP_UPDT_DT	DATE (7)	N	CASPER Data Update Date	Date of the most recent update of any data for this provider on the national database.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR	CYTOTCHLGS_CNT	NUMBER (3.0)	N	Cytotechnologist Count - obsolete	This field has been deleted.	
CSP_PRVDR	DEMD_STUS_SW	VARCHAR2 (1)	N	Deemed Status Indicator	Indicates if the provider is deemed by an accrediting organization to meet Medicare	
CSP_PRVDR	DFCNCY_LTR_SW	VARCHAR2 (1)	N	Deficiency Letter Switch	Final reg 1st survey deficiency model letter 1 or 2 sent if noncompliance with analytic system	
CSP_PRVDR	DRCTR_CNT	NUMBER (4.0)	N	Director Count - obsolete	This field has been deleted.	
CSP_PRVDR	FAC_ID	VARCHAR2 (16)	N	Facility ID	Facility identifier assigned by the state.	
CSP_PRVDR	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	Unique sequential number assigned to a provider facility internal identifier that is unique within a	
CSP_PRVDR	FAC_NAME	VARCHAR2 (50)	N	Facility Name	Name of the provider certified to participate in the Medicare and/or Medicaid programs.	
CSP_PRVDR	FAX_PHNE_NUM	VARCHAR2 (10)	N	Fax Phone Number	10-digit fax phone number of the primary contact or the operator of the provider.	
CSP_PRVDR	FED_TAX_ID_NUM	VARCHAR2 (10)	N	EIN	Nine-digit number the IRS assigns to organizations. The IRS uses the number to	
CSP_PRVDR	FREESTNDNG_ASC_SW	VARCHAR2 (1)	N	ASC Free Standing Indicator	Indicates if the ambulatory surgical center is freestanding.	
CSP_PRVDR	FRI_BGN_TIME	VARCHAR2 (4)	N	Open Friday Hours	The hour the provider opens on Friday.	
CSP_PRVDR	FRI_END_TIME	VARCHAR2 (4)	N	Closed Friday Hours	The hour the provider closes on Friday.	
CSP_PRVDR	FY_END_MO_DAY_CD	VARCHAR2 (4)	N	Fiscal Year End Date (MMDD)	End date, consisting of the month and day, of the provider's fiscal year.	
CSP_PRVDR	GNRL_CNTL_TYPE_CD	VARCHAR2 (2)	N	Ownership Type Code	Indicates the ownership type of the provider.	CSP_GNRL_CNTL_TYPE_CD
CSP_PRVDR	GNRL_CNTL_TYPE_DESC	VARCHAR2 ()	N	Ownership Type Description	Indicates the nature of the organization that operates a provider of services.	CSP_GNRL_CNTL_TYPE_CD
CSP_PRVDR	GNRL_FAC_TYPE_CD	VARCHAR2 (2)	N	Type of Facility Code	Indicates the category which represents the type of facility.	CSP_GNRL_FAC_TYPE_CD
CSP_PRVDR	GNRL_FAC_TYPE_DESC	VARCHAR2 ()	N	Type of Facility Description	Indicates the category which represents the type of facility.	CSP_GNRL_FAC_TYPE_CD
CSP_PRVDR	GNRL_SPRVSR_CNT	NUMBER (4.0)	N	General Supervisor Count - obsolete	This field has been deleted.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR	HHA_ASMT_SBMT_CD	VARCHAR2 (1)	N	HHA Assessment Submit Code - obsolete	This field has been deleted.	
CSP_PRVDR	HOSP_BSD_SW	VARCHAR2 (1)	N	Hospital Based Switch	Hospital based indicator.	
CSP_PRVDR	INTRMDRY_CARR_CD	VARCHAR2 (5)	N	Intermediary Carrier Code	Number assigned to the intermediary or carrier servicing this provider. Medicare administrator	CSP_INTRMDRY_CARR_CD
CSP_PRVDR	INTRMDRY_CARR_DESC	VARCHAR2 (45)	N	Intermediary Carrier Description	Number assigned to an intermediary or carrier servicing a provider or supplier.	CSP_INTRMDRY_CARR_CD
CSP_PRVDR	INTRMDRY_CARR_PRIOR_CD	VARCHAR2 (5)	N	Prior Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code	Number assigned to the previous Medicare Administrative Contractor, intermediary or	CSP_INTRMDRY_CARR_CD
CSP_PRVDR	INTRMDRY_CARR_PRIOR_DESC	VARCHAR2 (45)	N	Intermediary Carrier Prior Description	Previous intermediary carrier number.	CSP_INTRMDRY_CARR_CD
CSP_PRVDR	IRF_ASMT_SBMT_CD	VARCHAR2 (1)	N	IRF-PAI Assessment Submit Code	IRF-PAI assessment submit indicator. Set to 'R' if the facility is allowed to submit IRF-PAI	
CSP_PRVDR	JCAHO_ACRDTD_CD	VARCHAR2 (1)	N	Accredited by JCAHO	Indicates if the lab is accredited by the Joint Commission on Accreditation of Health Care	CSP_ACRDTD_CD
CSP_PRVDR	JCAHO_ACRDTD_DESC	VARCHAR2 (10)	N	JCAHO Accredited Description	Indicates if the lab is accredited by the Joint Commission on Accreditation of Health Care	CSP_ACRDTD_CD
CSP_PRVDR	JCAHO_ACRDTD_RMRK_CD	VARCHAR2 (2)	N	Accredited Remarks JCAHO	Used by JCAHO (Joint Commission on Accreditation of Health Care Organizations)	CSP_ACRDTN_RMRK_CD
CSP_PRVDR	JCAHO_ACRDTD_RMRK_DESC	VARCHAR2 (44)	N	JCAHO Accredited Remarks Description	Used by JCAHO (Joint Commission on Accreditation of Health Care Organizations)	CSP_ACRDTN_RMRK_CD
CSP_PRVDR	JCAHO_ACRDTD_RMRK_DT	DATE (8)	N	Accredited Remarks Date JCAHO	Date used by JCAHO (Joint Commission on Accreditation of Health Care Organizations)	
CSP_PRVDR	JCAHO_ACRDTD_Y_MATCH_DT	DATE (8)	N	Accredited Y Match Date JCAHO	The date the Joint Commission on Accreditation of Health Care Organizations (JCAHO) notifies	
CSP_PRVDR	JCAHO_ACRDTD_Y_MATCH_SW	VARCHAR2 (1)	N	Accredited Y Match Switch JCAHO	This date is generated when a laboratory record is updated with a change that directly affects the	
CSP_PRVDR	LAB_NUM	VARCHAR2 (7)	N	Lab Number	Indicates the lab number.	
CSP_PRVDR	LAB_TEMP_TSTG_SITE_SW	VARCHAR2 (1)	N	Lab Temporary Testing Site Switch	A switch indicating whether or not a lab is a temporary testing site.	
CSP_PRVDR	LD_UPDT_DT	DATE (8)	N	Load Update Date - obsolete	This field has been deleted.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR	LTCH_ASMT_SBMT_CD	VARCHAR2 (1)	N	LTCH Assessment Submit Code	LTCH assessment submit indicator. Set to 'L' if the facility is allowed to submit LTCH	
CSP_PRVDR	MAIL_ADDTNL_ST_ADR	VARCHAR2 (50)	N	Mailing Address: Line 2	Second line of a provider's mailing address.	
CSP_PRVDR	MAIL_CITY_NAME	VARCHAR2 (28)	N	Mailing Address: City	City of a provider's mailing address.	
CSP_PRVDR	MAIL_STATE_CD	VARCHAR2 (2)	N	Mailing Address: State Code	Two-letter state abbreviation for a provider's mailing address.	CSP_STATE_CD
CSP_PRVDR	MAIL_STATE_DESC	VARCHAR2 (20)	N	Mailing Address: State Description	Two-letter state abbreviation for a provider's mailing address.	CSP_STATE_CD
CSP_PRVDR	MAIL_ST_ADR	VARCHAR2 (50)	N	Mailing Address: Line 1	First line of a provider's mailing address.	
CSP_PRVDR	MAIL_ZIP4_CD	VARCHAR2 (4)	N	Mailing Address: ZIP Code +4	Four-digit extension of the ZIP code for a provider's mailing address.	
CSP_PRVDR	MAIL_ZIP_CD	VARCHAR2 (5)	N	Mailing Address: ZIP Code	Five-digit ZIP code for a provider's mailing address.	
CSP_PRVDR	MDCD_MDCR_PRTCPTG_PRVDR_SW	VARCHAR2 (1)	N	Medicare or Medicaid Participating Provider Indicator	Indicates if a provider is participating in the Medicaid or Medicare or both programs.	
CSP_PRVDR	MDCD_VNDR_NUM	VARCHAR2 (15)	N	Medicaid Vendor Number	Number which may be assigned to a provider by the state Medicaid agency for external control or	
CSP_PRVDR	MDS_ASMT_SBMT_CD	VARCHAR2 (1)	N	MDS Assessment Submit Code - obsolete	This field has been deleted.	
CSP_PRVDR	MEET_1861_SW	VARCHAR2 (1)	N	Non-Participating Hospital Meets 1861(e) Indicator	Indicates if a non-participating emergency hospital meets the definition of 'hospital'	
CSP_PRVDR	MLT_FAC_ORG_NAME	VARCHAR2 (38)	N	Multi-Facility Organization Name	The name of the multi-facility organization that owns the facility.	
CSP_PRVDR	MLT_OWND_FAC_ORG_SW	VARCHAR2 (1)	N	Multi-Facility Organization Owned	Indicates if a facility is owned by an organization that owns (or leases) two or more	
CSP_PRVDR	MON_BGN_TIME	VARCHAR2 (4)	N	Open Monday Hours	The hour the provider opens on Monday.	
CSP_PRVDR	MON_END_TIME	VARCHAR2 (4)	N	Closed Monday Hours	The hour the provider closes on Monday.	
CSP_PRVDR	MSA_UPDT_DT	DATE (8)	N	Date an MSA Field was Updated	This date is generated when a laboratory record is updated with a change that directly affects the	
CSP_PRVDR	NEW_APLCTN_EFCTV_DT	DATE (8)	N	New Effective Date	The effective date for a new application.	



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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR	NEW_APLCTN_TYPE_CD	VARCHAR2 (1)	N	New Application Type	The type of a new application.	
CSP_PRVDR	NPI_PRVDR_NUM	VARCHAR2 (10)	N	NPI Provider Number - obsolete	This field has been deleted.	
CSP_PRVDR	NPP_TYPE_CD	VARCHAR2 (1)	N	Non-Participating Hospital Type Code	Indicates if a non-participating hospital is classified as a federal hospital or an emergency	CSP_NPP_TYPE_CD
CSP_PRVDR	NPP_TYPE_DESC	VARCHAR2 (30)	N	Non-Participating Hospital Type Description	Indicates if a non-participating hospital is classified as a federal hospital or an emergency	CSP_NPP_TYPE_CD
CSP_PRVDR	NWVD_INVDL_CNT	NUMBER (9.0)	N	New Waived Individual Count - obsolete	This field has been deleted.	
CSP_PRVDR	OLDST_LSC_SHRT_FORM_DT	DATE (8)	N	Old LSC Short Form Date - obsolete	This field has been deleted.	
CSP_PRVDR	OPEN_FRI_AM_FROM_TIME	VARCHAR2 (4)	N	Open Friday AM From Time - obsolete	This field has been deleted.	
CSP_PRVDR	OPEN_FRI_AM_TO_TIME	VARCHAR2 (4)	N	Open Friday AM To Time - obsolete	This field has been deleted.	
CSP_PRVDR	OPEN_FRI_PM_FROM_TIME	VARCHAR2 (4)	N	Open Friday PM From Time - obsolete	This field has been deleted.	
CSP_PRVDR	OPEN_FRI_PM_TO_TIME	VARCHAR2 (4)	N	Open Friday PM To Time - obsolete	This field has been deleted.	
CSP_PRVDR	OPEN_MON_AM_FROM_TIME	VARCHAR2 (4)	N	Open Monday AM From Time - obsolete	This field has been deleted.	
CSP_PRVDR	OPEN_MON_AM_TO_TIME	VARCHAR2 (4)	N	Open Monday AM To Time - obsolete	This field has been deleted.	
CSP_PRVDR	OPEN_MON_PM_FROM_TIME	VARCHAR2 (4)	N	Open Monday PM From Time - obsolete	This field has been deleted.	
CSP_PRVDR	OPEN_MON_PM_TO_TIME	VARCHAR2 (4)	N	Open Monday PM To Time - obsolete	This field has been deleted.	
CSP_PRVDR	OPEN_SAT_AM_FROM_TIME	VARCHAR2 (4)	N	Open Saturday AM From Time - obsolete	This field has been deleted.	
CSP_PRVDR	OPEN_SAT_AM_TO_TIME	VARCHAR2 (4)	N	Open Saturday AM To Time - obsolete	This field has been deleted.	
CSP_PRVDR	OPEN_SAT_PM_FROM_TIME	VARCHAR2 (4)	N	Open Saturday PM From Time - obsolete	This field has been deleted.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR	OPEN_SAT_PM_TO_TIME	VARCHAR2 (4)	N	Open Saturday PM To Time - obsolete	This field has been deleted.	
CSP_PRVDR	OPEN_SUN_AM_FROM_TIME	VARCHAR2 (4)	N	Open Sunday AM From Time - obsolete	This field has been deleted.	
CSP_PRVDR	OPEN_SUN_AM_TO_TIME	VARCHAR2 (4)	N	Open Sunday AM To Time - obsolete	This field has been deleted.	
CSP_PRVDR	OPEN_SUN_PM_FROM_TIME	VARCHAR2 (4)	N	Open Sunday PM From Time - obsolete	This field has been deleted.	
CSP_PRVDR	OPEN_SUN_PM_TO_TIME	VARCHAR2 (4)	N	Open Sunday PM TO Time - obsolete	This field has been deleted.	
CSP_PRVDR	OPEN_THU_AM_FROM_TIME	VARCHAR2 (4)	N	Open Thursday AM From Time - obsolete	This field has been deleted.	
CSP_PRVDR	OPEN_THU_AM_TO_TIME	VARCHAR2 (4)	N	Open Thursday AM To Time - obsolete	This field has been deleted.	
CSP_PRVDR	OPEN_THU_PM_FROM_TIME	VARCHAR2 (4)	N	Open Thursday PM From Time - obsolete	This field has been deleted.	
CSP_PRVDR	OPEN_THU_PM_TO_TIME	VARCHAR2 (4)	N	Open Thursday PM To Time - obsolete	This field has been deleted.	
CSP_PRVDR	OPEN_TUE_AM_FROM_TIME	VARCHAR2 (4)	N	Open Tuesday AM From Time - obsolete	This field has been deleted.	
CSP_PRVDR	OPEN_TUE_AM_TO_TIME	VARCHAR2 (4)	N	Open Tuesday AM To Time - obsolete	This field has been deleted.	
CSP_PRVDR	OPEN_TUE_PM_FROM_TIME	VARCHAR2 (4)	N	Open Tuesday PM From Time - obsolete	This field has been deleted.	
CSP_PRVDR	OPEN_TUE_PM_TO_TIME	VARCHAR2 (4)	N	Open Tuesday PM To Time - obsolete	This field has been deleted.	
CSP_PRVDR	OPEN_WED_AM_FROM_TIME	VARCHAR2 (4)	N	Open Wednesday AM From Time - obsolete	This field has been deleted.	
CSP_PRVDR	OPEN_WED_AM_TO_TIME	VARCHAR2 (4)	N	Open Wednesday AM To Time - obsolete	This field has been deleted.	
CSP_PRVDR	OPEN_WED_PM_FROM_TIME	VARCHAR2 (4)	N	Open Wednesday PM From Time - obsolete	This field has been deleted.	
CSP_PRVDR	OPEN_WED_PM_TO_TIME	VARCHAR2 (4)	N	Open Wednesday PM To Time - obsolete	This field has been deleted.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR	ORGNL_PRTCPTN_DT	DATE (8)	N	Original Participation Date	Date a provider is first approved to provide Medicare and/or Medicaid services.	
CSP_PRVDR	PGM_TRMNTN_CD	VARCHAR2 (2)	N	Termination Code	Indicates the current termination status for the provider.	CSP_TRMNTN_CD
CSP_PRVDR	PGM_TRMNTN_DESC	VARCHAR2 (45)	N	Termination Description	Indicates the current termination status for the provider.	CSP_TRMNTN_CD
CSP_PRVDR	PHNE_NUM	VARCHAR2 (10)	N	Telephone Number	Telephone number of the provider.	
CSP_PRVDR	PHYS_STATE_CD	VARCHAR2 (2)	N	Physical State Code	Physical State Code	
CSP_PRVDR	PPMP_TEST_VOL_CNT	NUMBER (13.0)	N	PPMP Test Volume Count	The volume of tests performed by the PPMP (Provider Performed Microscopy Procedures)	
CSP_PRVDR	PRIOR_CMPLNC_CRTFCT_SW	VARCHAR2 (1)	N	Prior Compliance Certificate Switch	Prior compliance certificate switch.	
CSP_PRVDR	PRIOR_TRMNTN_SW	VARCHAR2 (1)	N	Prior Termination Switch	Laboratory was terminated in ODIE. This laboratory is now a category 22.	
CSP_PRVDR	PRVDR_CTGRY_CD	VARCHAR2 (2)	N	Provider Category Code	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_PRVDR	PRVDR_CTGRY_DESC	VARCHAR2 (60)	N	Provider Category Description	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_PRVDR	PRVDR_CTGRY_SBTYP_CD	VARCHAR2 (2)	N	Provider Category Subtype Code	Identifies the subtype of the provider, within the primary category. Used in reporting to show the	CSP_PRVDR_CTGRY_SBTYP_CD
CSP_PRVDR	PRVDR_CTGRY_SBTYP_DESC	VARCHAR2 (45)	N	Provider Category Subtype Description	Identifies the subtype of the provider, within the primary category. Used in reporting to show the	CSP_PRVDR_CTGRY_SBTYP_CD
CSP_PRVDR	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_PRVDR	PRVDR_NUM	VARCHAR2 (10)	N	CCN	A six or ten position identification number that is assigned to a certified provider. This is the	
CSP_PRVDR	PRVNC_CD	VARCHAR2 (2)	N	Province Code	Canadian province where a non-participating emergency hospital is located.	CSP_PRVNC_CD
CSP_PRVDR	PRVNC_DESC	VARCHAR2 (21)	N	Province Description	Canadian province where a non-participating emergency hospital is located.	CSP_PRVNC_CD
CSP_PRVDR	PSYCH_UNIT_BED_CNT	NUMBER (3.0)	N	Psychiatric Unit Bed Count	Number of beds in a Prospective Payment System (PPS) -exempt psychiatric unit of a	
CSP_PRVDR	PSYCH_UNIT_EFCTV_DT	DATE (8)	N	Psychiatric Unit Effective Date	Date a psychiatric unit of a hospital became exempt from the Prospective Payment System	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR	PSYCH_UNIT_SW	VARCHAR2 (1)	N	Psychiatric Unit Indicator	Indicates if a hospital has a Prospective Payment System (PPS) -exempt psychiatric unit.	
CSP_PRVDR	PSYCH_UNIT_TRMNTN_CD	VARCHAR2 (1)	N	Psychiatric Unit Termination Code	Indicates the reason that a psychiatric unit of a hospital is no longer exempt from Prospective	CSP_PSYCH_UNIT_TRMNTN_CD
CSP_PRVDR	PSYCH_UNIT_TRMNTN_DESC	VARCHAR2 (41)	N	Psychiatric Unit Termination Description	Indicates the reason that a psychiatric unit of a hospital is no longer exempt from Prospective	CSP_PSYCH_UNIT_TRMNTN_CD
CSP_PRVDR	PSYCH_UNIT_TRMNTN_DT	DATE (8)	N	Psychiatric Unit Termination Date	Date a psychiatric unit of a hospital is no longer exempt from the Prospective Payment System	
CSP_PRVDR	REC_STUS_CD	VARCHAR2 (1)	N	Record Status Code	This indicator specifies the current status of the record.	CSP_REC_STUS_CD
CSP_PRVDR	REC_STUS_DESC	VARCHAR2 (16)	N	Record Status Description	This indicator specifies the current status of the record.	CSP_REC_STUS_CD
CSP_PRVDR	REHAB_UNIT_BED_CNT	NUMBER (3.0)	N	Rehabilitation Unit Bed Count	Number of beds in a Prospective Payment System (PPS) -exempt rehabilitation unit of a	
CSP_PRVDR	REHAB_UNIT_EFCTV_DT	DATE (8)	N	Rehabilitation Unit Effective Date	Date a rehabilitation unit of a hospital became exempt from the Prospective Payment System	
CSP_PRVDR	REHAB_UNIT_SW	VARCHAR2 (1)	N	Rehabilitation Unit Indicator	Indicates if a hospital has a Prospective Payment System (PPS) -exempt rehabilitation unit.	
CSP_PRVDR	REHAB_UNIT_TRMNTN_CD	VARCHAR2 (1)	N	Rehabilitation Unit Termination Code	Indicates the reason that a rehabilitation unit hospital is no longer exempt from Prospective	CSP_REHAB_UNIT_TRMNTN_CD
CSP_PRVDR	REHAB_UNIT_TRMNTN_DESC	VARCHAR2 (41)	N	Rehabilitation Unit Termination Description	Indicates the reason that a rehabilitation unit hospital is no longer exempt from Prospective	CSP_REHAB_UNIT_TRMNTN_CD
CSP_PRVDR	REHAB_UNIT_TRMNTN_DT	DATE (8)	N	Rehabilitation Unit Termination Date	Date a rehabilitation unit of a hospital is no longer exempt from the Prospective Payment	
CSP_PRVDR	RGN_CD	VARCHAR2 (2)	N	Region Code	Indicates the CMS Regional Office responsible for the certification of the provider.	CSP_CMS_RGN_CD
CSP_PRVDR	RGN_DESC	VARCHAR2 (16)	N	Region Description	Indicates the CMS Regional Office responsible for the certification of the provider.	CSP_CMS_RGN_CD
CSP_PRVDR	RSRVY_CNT	NUMBER (2.0)	N	Resurvey Counter	The total number of times a particular provider has gone through the recertification process.	
CSP_PRVDR	SAT_BGN_TIME	VARCHAR2 (4)	N	Open Saturday Hours	The hour the provider opens on Saturday.	
CSP_PRVDR	SAT_END_TIME	VARCHAR2 (4)	N	Closed Saturday Hours	The hour the provider closes on Saturday.	
CSP_PRVDR	SB_ASMT_SBMT_CD	VARCHAR2 (1)	N	SB Assessment Submit Code	Indicates that a hospital is allowed to submit swing bed assessments.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR	SB_SW	VARCHAR2 (1)	N	Swing Bed Switch	Indicates if a hospital provides swing bed services - beds can be used for either hospital or	
CSP_PRVDR	SEPRT_CST_ENT_SW	VARCHAR2 (1)	N	Separate Cost Entity Switch	Indicates if a hospital has a unit identified as a separate cost entity.	
CSP_PRVDR	SKLTN_REC_SW	VARCHAR2 (1)	N	Skeleton Record Indicator	Indicates if the record is a skeleton record. Only a limited set of data is available for this	
CSP_PRVDR	SMLTNS_SRVY_SW	VARCHAR2 (1)	N	Simultaneous Survey Switch	Simultaneous survey switch.	
CSP_PRVDR	SRVY_STUS_CD	VARCHAR2 (1)	N	Survey Accepted or Pending	This field specifies the status of the current survey as 'accepted' or 'pending'. A flag 'A' or 'P'	CSP_SRVY_STUS_CD
CSP_PRVDR	SRVY_STUS_DESC	VARCHAR2 (8)	N	Survey Status Description	This field specifies the status of the current survey as 'accepted' or 'pending'. A flag 'A' or 'P'	CSP_SRVY_STUS_CD
CSP_PRVDR	SSA_CNTY_CD	VARCHAR2 (3)	N	SSA County Code	Social Security Administration geographic code indicating the county where the provider is	CSP_CNTY_CD
CSP_PRVDR	SSA_CNTY_CD_DESC	VARCHAR2 (25)	N	SSA County Description	SSA (State Survey Agency) geographic code indicating the county where the facility is	CSP_CNTY_CD
CSP_PRVDR	SSA_STATE_CD	VARCHAR2 (2)	N	SSA State Code	Social Security Administration geographic code indicating the state where the provider is	CSP_SSA_STATE_CD
CSP_PRVDR	SSA_STATE_DESC	VARCHAR2 (25)	N	SSA State Description	Social Security Administration geographic code indicating the state where the provider is	CSP_SSA_STATE_CD
CSP_PRVDR	STATE_CD	VARCHAR2 (2)	N	State Abbreviation	Two-character state abbreviation.	CSP_STATE_CD
CSP_PRVDR	STATE_DESC	VARCHAR2 (20)	N	State Description	Two-character state abbreviation.	CSP_STATE_CD
CSP_PRVDR	STATE_MNTRG_CNT	NUMBER (22)	N	State Survey Jurisdiction Count	Number of times the provider has been under State Survey Jurisdiction.	
CSP_PRVDR	STATE_RGN_CD	VARCHAR2 (3)	N	State Region Code	Identifies the region within a state where the provider is located.	CSP_STATE_RGN_CD
CSP_PRVDR	STATE_RGN_DESC	VARCHAR2 ()	N	State Region Description	For selected states, identifies the particular region within the state where the provider is	CSP_STATE_RGN_CD
CSP_PRVDR	ST_ADR	VARCHAR2 (50)	N	Address: Street	Street address where the provider is located.	
CSP_PRVDR	SUN_BGN_TIME	VARCHAR2 (4)	N	Open Sunday Hours	The hour the provider opens on Sunday.	
CSP_PRVDR	SUN_END_TIME	VARCHAR2 (4)	N	Closed Sunday Hours	The hour the provider closes on Sunday.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR	TCHNCL_CNSLTNT_CNT	NUMBER (4.0)	N	Technical Consultant Count - obsolete	This field has been deleted.	
CSP_PRVDR	TCHNCL_SPRVSR_CNT	NUMBER (4.0)	N	Technical Supervisor Count - obsolete	This field has been deleted.	
CSP_PRVDR	THU_BGN_TIME	VARCHAR2 (4)	N	Open Thursday Hours	The hour the provider opens on Thursday.	
CSP_PRVDR	THU_END_TIME	VARCHAR2 (4)	N	Closed Thursday Hours	The hour the provider closes on Thursday.	
CSP_PRVDR	TRMNTN_APL_CD	VARCHAR2 (1)	N	Termination Appeal Code	Indicates the appeal status of the current termination of the provider. Used for purposes	CSP_TRMNTN_APL_CD
CSP_PRVDR	TRMNTN_APL_DESC	VARCHAR2 (50)	N	Termination Appeal Description	Indicates the appeal status of the current termination of the provider. Used for purposes	CSP_TRMNTN_APL_CD
CSP_PRVDR	TRMNTN_EXPRTN_DT	DATE (8)	N	Termination or Expiration Date	Date the provider was terminated. For CLIA providers, date the laboratory's certificate	
CSP_PRVDR	TSTG_PRSNEL_CNT	NUMBER (4.0)	N	Testing Personnel Count - obsolete	This field has been deleted.	
CSP_PRVDR	TUE_BGN_TIME	VARCHAR2 (4)	N	Open Tuesday Hours	The hour the provider opens on Tuesday.	
CSP_PRVDR	TUE_END_TIME	VARCHAR2 (4)	N	Closed Tuesday Hours	The hour the provider closes on Tuesday.	
CSP_PRVDR	UPDT_TS	DATE (8)	N	Last Update Date for Provider	Date the provider record was last updated.	
CSP_PRVDR	VLDTN_SRVY_DT	DATE (8)	N	Validation Survey Date	Date a validation survey is performed by the state agency for a deemed provider.	
CSP_PRVDR	WED_BGN_TIME	VARCHAR2 (4)	N	Open Wednesday Hours	The hour the provider opens on Wednesday.	
CSP_PRVDR	WED_END_TIME	VARCHAR2 (4)	N	Closed Wednesday Hours	The hour the provider closes on Wednesday.	
CSP_PRVDR	WVD_INDVDL_CNT	NUMBER (6.0)	N	Waived Individual Count - obsolete	This field has been deleted.	
CSP_PRVDR	ZIP4_CD	VARCHAR2 (4)	N	Address: ZIP Code +4	Four-digit extension of the ZIP code for a provider's physical address.	
CSP_PRVDR	ZIP_CD	VARCHAR2 (5)	N	Address: ZIP Code	Five-digit ZIP code for a provider's physical address.	
CSP_PRVDR_AUX_FAC	ADD_DT	DATE (8)	N	Auxiliary Add Date	Date the auxiliary entity was added to the provider in ASPEN.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR_AUX_FAC	AUX_ENT_NUM	VARCHAR2 (10)	N	ASPEN Auxiliary ID	Unique ASPEN identifier assigned to the auxiliary entity. For certified auxiliary entities	
CSP_PRVDR_AUX_FAC	AUX_FAC_TYPE_CD	NUMBER (2,0)	Y	Auxiliary Type Code	Identifies the type of the auxiliary entity that is associated with the provider.	CSP_AUX_FAC_TYPE_CD
CSP_PRVDR_AUX_FAC	AUX_FAC_TYPE_DESC	VARCHAR2 (58)	N	Auxiliary Type Description	Identifies the type of the auxiliary entity that is associated with the provider.	CSP_AUX_FAC_TYPE_CD
CSP_PRVDR_AUX_FAC	AUX_ID	VARCHAR2 (3)	Y	Auxiliary ID	Sequential number assigned to the auxiliary entity for the purpose of uniquely identifying	
CSP_PRVDR_AUX_FAC	AUX_PRVDR_INTRNL_NUM	NUMBER (10,0)	N	Auxiliary Provider Internal Number	Unique CASPER identifier of a certified provider that is an auxiliary entity.	
CSP_PRVDR_AUX_FAC	AUX_PRVDR_NUM	VARCHAR2 (10)	N	Auxiliary CCN	Six or ten position identification number that is assigned to a certified provider. This is the	CSP_PRVDR_CMN
CSP_PRVDR_AUX_FAC	AUX_TRMNTN_CD	VARCHAR2 (2)	N	Auxiliary Termination Code	Indicates the termination status for the auxiliary entity.	CSP_TRMNTN_CD
CSP_PRVDR_AUX_FAC	AUX_TRMNTN_DESC	VARCHAR2 (65)	N	Auxiliary Termination Description	Indicates the termination status for the auxiliary entity.	CSP_TRMNTN_CD
CSP_PRVDR_AUX_FAC	AUX_TRMNTN_DT	DATE (8)	N	Auxiliary Termination Date	Date the auxiliary entity was terminated.	
CSP_PRVDR_AUX_FAC	CITY_NAME	VARCHAR2 (28)	N	Auxiliary Address: City	City in which the auxiliary entity is physically located.	
CSP_PRVDR_AUX_FAC	CLOSED_DT	DATE (8)	N	Date Closed	Date the auxiliary entity was closed.	
CSP_PRVDR_AUX_FAC	CNTCT_EMER_PHNE_NUM	VARCHAR2 (13)	N	Auxiliary Contact: Emergency Phone Number	Emergency phone number of the primary contact for the auxiliary entity.	
CSP_PRVDR_AUX_FAC	CNTCT_FAX_NUM	VARCHAR2 (13)	N	Auxiliary Contact: Fax Number	Fax number for the auxiliary entity.	
CSP_PRVDR_AUX_FAC	CNTCT_NAME	VARCHAR2 (30)	N	Auxiliary Contact: Name	Name of the primary contact for the auxiliary entity.	
CSP_PRVDR_AUX_FAC	CNTCT_PHNE_NUM	VARCHAR2 (13)	N	Auxiliary Contact: Phone Number	Phone number of the primary contact for the auxiliary entity.	
CSP_PRVDR_AUX_FAC	CRTFCTN_DT	DATE (8)	Y	Certification Date	Equal to the exit date of the initial visit of the Health survey for certifications completed after	
CSP_PRVDR_AUX_FAC	FAC_NAME	VARCHAR2 (50)	N	Auxiliary Facility Name	Name of the auxiliary entity.	
CSP_PRVDR_AUX_FAC	LCTN_TYPE_CD	VARCHAR2 (2)	Y	Auxiliary Secondary Type Code	Identifies the secondary type of the auxiliary entity.	CSP_LCTN_TYPE_CD

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR_AUX_FAC	LCTN_TYPE_DESC	VARCHAR2 (58)	N	Auxiliary Secondary Type Description	Identifies the secondary type of the auxiliary entity.	CSP_LCTN_TYPE_CD
CSP_PRVDR_AUX_FAC	OPEN_DT	DATE (8)	N	Auxiliary Open Date	Date the auxiliary entity became associated with the provider. Applies to ambulance services	
CSP_PRVDR_AUX_FAC	OPRTG_BED_CNT	NUMBER (4.0)	N	Auxiliary Bed Count: Operating	Number of operating beds in the auxiliary entity.	
CSP_PRVDR_AUX_FAC	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_PRVDR_AUX_FAC	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the	
CSP_PRVDR_AUX_FAC	RO_APRVD_DT	DATE (8)	N	Auxiliary RO Approved Date	Date the Regional Office approved the auxiliary entity .	
CSP_PRVDR_AUX_FAC	SPRNKLR_STUS_CD	VARCHAR2 (2)	N	Auxiliary Sprinkler Status Code	Indicates the sprinkler status of the auxiliary entity.	CSP_OFST_SPRNKLR_STUS_CD
CSP_PRVDR_AUX_FAC	SPRNKLR_STUS_DESC	VARCHAR2 (59)	N	Auxiliary Sprinkler Status Description	Indicates the sprinkler status of the auxiliary entity.	CSP_SRVY_SPRNKLR_STUS_CD
CSP_PRVDR_AUX_FAC	SSA_CNTY_CD	VARCHAR2 (3)	N	Auxiliary SSA County Code	Social Security Administration geographic code indicating the county where the auxiliary entity	CSP_CNTY_CD
CSP_PRVDR_AUX_FAC	SSA_CNTY_DESC	VARCHAR2 (33)	N	Auxiliary SSA County Description	Social Security Administration geographic code indicating the county where the auxiliary entity	CSP_CNTY_CD
CSP_PRVDR_AUX_FAC	STATE_CD	VARCHAR2 (2)	N	Auxiliary State Abbreviation	Two-character state abbreviation of the auxiliary entity.	CSP_STATE_CD
CSP_PRVDR_AUX_FAC	STATE_DESC	VARCHAR2 (30)	N	Auxiliary State Description	Two-character state abbreviation of the auxiliary entity.	CSP_STATE_CD
CSP_PRVDR_AUX_FAC	ST_ADR	VARCHAR2 (50)	N	Auxiliary Address: Street	Street address of the auxiliary entity.	
CSP_PRVDR_AUX_FAC	TOT_BED_CNT	NUMBER (4.0)	N	Auxiliary Bed Count: Total	Total number of beds in the auxiliary entity.	
CSP_PRVDR_AUX_FAC	UPDT_DT	DATE (8)	N	Auxiliary Update Date	Date the auxiliary entity was last updated in ASPEN.	
CSP_PRVDR_AUX_FAC	ZIP_CD	VARCHAR2 (5)	N	Auxiliary Address: ZIP Code	Five-digit ZIP code for the auxiliary entity's physical address.	
CSP_PRVDR_AUX_FAC_V W	ADD_DT	DATE (8)	N	Auxiliary Add Date	Date the auxiliary entity was added to the provider in ASPEN.	
CSP_PRVDR_AUX_FAC_V W	AUX_ENT_NUM	VARCHAR2 (10)	N	ASPEN Auxiliary ID	Unique ASPEN identifier assigned to the auxiliary entity. For certified auxiliary entities	



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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR_AUX_FAC_V W	AUX_FAC_TYPE_CD	NUMBER (2.0)	N	Auxiliary Type Code	Identifies the type of the auxiliary entity that is associated with the provider.	CSP_AUX_FAC_TYPE_CD
CSP_PRVDR_AUX_FAC_V W	AUX_FAC_TYPE_DESC	VARCHAR2 (58)	N	Auxiliary Type Description	Identifies the type of the auxiliary entity that is associated with the provider.	CSP_AUX_FAC_TYPE_CD
CSP_PRVDR_AUX_FAC_V W	AUX_ID	VARCHAR2 (3)	N	Auxiliary ID	Sequential number assigned to the auxiliary entity for the purpose of uniquely identifying	
CSP_PRVDR_AUX_FAC_V W	AUX_PRVDR_INTRNL_NUM	NUMBER (10.0)	N	Auxiliary Provider Internal Number	Unique CASPER identifier of a certified provider that is an auxiliary entity.	
CSP_PRVDR_AUX_FAC_V W	AUX_PRVDR_NUM	VARCHAR2 (10)	N	Auxiliary CCN	Six or ten position identification number that is assigned to a certified provider. This is the	CSP_PRVDR_CMN
CSP_PRVDR_AUX_FAC_V W	AUX_TRMNTN_CD	VARCHAR2 (2)	N	Auxiliary Termination Code	Indicates the termination status for the auxiliary entity.	CSP_TRMNTN_CD
CSP_PRVDR_AUX_FAC_V W	AUX_TRMNTN_DESC	VARCHAR2 (65)	N	Auxiliary Termination Description	Indicates the termination status for the auxiliary entity.	CSP_TRMNTN_CD
CSP_PRVDR_AUX_FAC_V W	AUX_TRMNTN_DT	DATE (8)	N	Auxiliary Termination Date	Date the auxiliary entity was terminated.	
CSP_PRVDR_AUX_FAC_V W	CITY_NAME	VARCHAR2 (28)	N	Auxiliary Address: City	City in which the auxiliary entity is physically located.	
CSP_PRVDR_AUX_FAC_V W	CLOSED_DT	DATE (8)	N	Date Closed	Date the auxiliary entity was closed.	
CSP_PRVDR_AUX_FAC_V W	CNTCT_EMER_PHNE_NUM	VARCHAR2 (13)	N	Auxiliary Contact: Emergency Phone Number	Emergency phone number of the primary contact for the auxiliary entity.	
CSP_PRVDR_AUX_FAC_V W	CNTCT_FAX_NUM	VARCHAR2 (13)	N	Auxiliary Contact: Fax Number	Fax number for the auxiliary entity.	
CSP_PRVDR_AUX_FAC_V W	CNTCT_NAME	VARCHAR2 (30)	N	Auxiliary Contact: Name	Name of the primary contact for the auxiliary entity.	
CSP_PRVDR_AUX_FAC_V W	CNTCT_PHNE_NUM	VARCHAR2 (13)	N	Auxiliary Contact: Phone Number	Phone number of the primary contact for the auxiliary entity.	
CSP_PRVDR_AUX_FAC_V W	CRTFCTN_DT	DATE (8)	N	Certification Date	Equal to the exit date of the initial visit of the Health survey for certifications completed after	
CSP_PRVDR_AUX_FAC_V W	FAC_NAME	VARCHAR2 (50)	N	Auxiliary Facility Name	Name of the auxiliary entity.	
CSP_PRVDR_AUX_FAC_V W	LCTN_TYPE_CD	VARCHAR2 (2)	N	Auxiliary Secondary Type Code	Identifies the secondary type of the auxiliary entity.	CSP_LCTN_TYPE_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR_AUX_FAC_V W	LCTN_TYPE_DESC	VARCHAR2 (58)	N	Auxiliary Secondary Type Description	Identifies the secondary type of the auxiliary entity.	CSP_LCTN_TYPE_CD
CSP_PRVDR_AUX_FAC_V W	OPEN_DT	DATE (8)	N	Auxiliary Open Date	Date the auxiliary entity became associated with the provider. Applies to ambulance services	
CSP_PRVDR_AUX_FAC_V W	OPRTG_BED_CNT	NUMBER (4.0)	N	Auxiliary Bed Count: Operating	Number of operating beds in the auxiliary entity.	
CSP_PRVDR_AUX_FAC_V W	PRVDR_INTRNL_NUM	NUMBER (10.0)	N	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_PRVDR_AUX_FAC_V W	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the	CSP_PRVDR_CMN
CSP_PRVDR_AUX_FAC_V W	RO_APRVD_DT	DATE (8)	N	Auxiliary RO Approved Date	Date the Regional Office approved the auxiliary entity .	
CSP_PRVDR_AUX_FAC_V W	SPRNKLR_STUS_CD	VARCHAR2 (2)	N	Auxiliary Sprinkler Status Code	Indicates the sprinkler status of the auxiliary entity.	CSP_OFST_SPRNKLR_STUS_CD
CSP_PRVDR_AUX_FAC_V W	SPRNKLR_STUS_DESC	VARCHAR2 (59)	N	Auxiliary Sprinkler Status Description	Indicates the sprinkler status of the auxiliary entity.	CSP_SRVY_SPRNKLR_STUS_CD
CSP_PRVDR_AUX_FAC_V W	SSA_CNTY_CD	VARCHAR2 (3)	N	Auxiliary SSA County Code	Social Security Administration geographic code indicating the county where the auxiliary entity	CSP_CNTY_CD
CSP_PRVDR_AUX_FAC_V W	SSA_CNTY_DESC	VARCHAR2 (33)	N	Auxiliary SSA County Description	Social Security Administration geographic code indicating the county where the auxiliary entity	CSP_CNTY_CD
CSP_PRVDR_AUX_FAC_V W	STATE_CD	VARCHAR2 (2)	N	Auxiliary State Abbreviation	Two-character state abbreviation of the auxiliary entity.	CSP_STATE_CD
CSP_PRVDR_AUX_FAC_V W	STATE_DESC	VARCHAR2 (30)	N	Auxiliary State Description	Two-character state abbreviation of the auxiliary entity.	CSP_STATE_CD
CSP_PRVDR_AUX_FAC_V W	ST_ADR	VARCHAR2 (50)	N	Auxiliary Address: Street	Street address of the auxiliary entity.	
CSP_PRVDR_AUX_FAC_V W	TOT_BED_CNT	NUMBER (4.0)	N	Auxiliary Bed Count: Total	Total number of beds in the auxiliary entity.	
CSP_PRVDR_AUX_FAC_V W	UPDT_DT	DATE (8)	N	Auxiliary Update Date	Date the auxiliary entity was last updated in ASPEN.	
CSP_PRVDR_AUX_FAC_V W	ZIP_CD	VARCHAR2 (5)	N	Auxiliary Address: ZIP Code	Five-digit ZIP code for the auxiliary entity's physical address.	
CSP_PRVDR_BLDG	ADD_DT	DATE (8)	N	Provider Building Add Date	Date the provider building data was added.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR_BLDG	AUTOMTC_SPRNKLR_RQRD_CD	VARCHAR2 (1)	N	Automatic Sprinkler	Indicates when an automatic sprinkler system is required in a particular building, depending on	CSP_AUTOMTC_SPRNKLR_RQRD_CD
CSP_PRVDR_BLDG	AUTOMTC_SPRNKLR_RQRD_DESC	VARCHAR2 (14)	N	Automatic Sprinkler Required Description	Indicates when an automatic sprinkler system is required in a particular building, depending on	CSP_AUTOMTC_SPRNKLR_RQRD_CD
CSP_PRVDR_BLDG	BLDG_NUM	VARCHAR2 (2)	Y	Provider Building Number	Number associated with the provider's building.	
CSP_PRVDR_BLDG	BLDG_TYPE_CD	VARCHAR2 (1)	N	Type of Unit (Wing, Building, etc)	Indicates the type of unit.	CSP_BLDG_TYPE_CD
CSP_PRVDR_BLDG	BLDG_TYPE_DESC	VARCHAR2 (14)	N	Building Type Description	Indicates the type of unit.	CSP_BLDG_TYPE_CD
CSP_PRVDR_BLDG	ICFMR_EVACTN_SCRE_CNT	NUMBER (2,1)	N	E-Score (Evacuation)	Evacuation difficulty score (E-score) for the residents in an ICF/IID, which represents how	
CSP_PRVDR_BLDG	LSC_SRVY_FORM_CD	VARCHAR2 (2)	N	Life Safety Code Form Code	Indicates the particular version of the Life Safety Code (LSC) used to survey a particular	CSP_LSC_FORM_CD
CSP_PRVDR_BLDG	LSC_SRVY_FORM_DESC	VARCHAR2 (33)	N	LSC Survey Form Description	Indicates the particular version of the Life Safety Code (LSC) used to survey a particular	CSP_LSC_FORM_CD
CSP_PRVDR_BLDG	LVL_EVACTN_DFCLTY_CD	VARCHAR2 (1)	N	Level of Evacuation Difficulty	Level of evacuation difficulty for an ICF/IID, which is calculated according to the E-score.	CSP_EVACTN_LVL_CD
CSP_PRVDR_BLDG	LVL_EVACTN_DFCLTY_DESC	VARCHAR2 (29)	N	Level of Evacuation Difficulty Description	Level of evacuation difficulty for an ICF/IID, which is calculated according to the E-score.	CSP_EVACTN_LVL_CD
CSP_PRVDR_BLDG	PLAN_APRVL_DT	DATE (8)	N	Plan Approval Date	Date of plan approval.	
CSP_PRVDR_BLDG	PRVDR_INTRNL_NUM	NUMBER (10,0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_PRVDR_BLDG	SEPRT_HZRDS_AREA_CD	VARCHAR2 (1)	N	Hazardous Areas Separation	Separate hazardous areas of a building according to the type of construction. Under certain	CSP_SEPRT_HZRDS_AREA_CD
CSP_PRVDR_BLDG	SEPRT_HZRDS_AREA_DESC	VARCHAR2 (14)	N	Separate Hazardous Area Description	Separate hazardous areas of a building according to the type of construction. Under certain	CSP_SEPRT_HZRDS_AREA_CD
CSP_PRVDR_BLDG	SPRNKLR_STUS_CD	VARCHAR2 (1)	N	Sprinkler Status Code	Status of the building's sprinkler system.	CSP_SPRNKLR_STUS_CD
CSP_PRVDR_BLDG	SPRNKLR_STUS_DESC	VARCHAR2 (50)	N	Sprinkler Status Description	Status of the building's sprinkler system.	CSP_SPRNKLR_STUS_CD
CSP_PRVDR_BLDG	UPDT_DT	DATE (8)	N	Provider Building Update Date	Date the provider building data was updated.	
CSP_PRVDR_CLIA	APLCTN_ADD_USER_ID	VARCHAR2 (7)	N	Application Add User ID	Application Add User ID	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR_CLIA	CMPTS_SW	VARCHAR2 (1)	N	CMPTS Switch	CMPTS Switch	
CSP_PRVDR_CLIA	CMPTV_BID_PROJ_SW	VARCHAR2 (1)	N	Competitive Bid Project Switch	A switch indicating that the project is in Competitive Bid status.	
CSP_PRVDR_CLIA	CRNT_APLCTN_TYPE_CD	VARCHAR2 (1)	N	Current Application Type Code	Current Application Type Code	
CSP_PRVDR_CLIA	CRNT_LAB_CLSFCTN_CD	VARCHAR2 (2)	N	Current Lab Classification Code	This is the Class Code. It divides the labs into the following classifications: 00 Regular, 05	CSP_LAB_CLSFCTN_CD
CSP_PRVDR_CLIA	DFNCY_LTR_SW	VARCHAR2 (1)	N	Deficiency Letter Switch	A switch indicating that a deficiency letter was sent.	
CSP_PRVDR_CLIA	OVRRD_ADJSTMT_USER_ID	VARCHAR2 (7)	N	Override Adjustment User ID	The User ID of who overrode the adjustment.	
CSP_PRVDR_CLIA	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_PRVDR_CLIA	PT_ENRLMT_2005_LTR_DT	DATE (7)	N	Proficiency Testing Enrollment 2005 Letter Date	Proficiency testing enrollment 2005 letter date.	
CSP_PRVDR_CLIA	PT_ENRLMT_2005_STUS_CD	VARCHAR2 (2)	N	Proficiency Testing Enrollment 2005 Status Code	Proficiency testing enrollment 2005 status code.	CLIA_PT_ENRLMT_STUS_CD
CSP_PRVDR_CLIA	PT_ENRLMT_2006_LTR_DT	DATE (7)	N	Proficiency Testing Enrollment 2006 Letter Date	Proficiency testing enrollment 2006 letter date.	
CSP_PRVDR_CLIA	PT_ENRLMT_2006_STUS_CD	VARCHAR2 (2)	N	Proficiency Testing Enrollment 2006 Status Code	Proficiency testing enrollment 2006 status code.	CLIA_PT_ENRLMT_STUS_CD
CSP_PRVDR_CLIA	PT_ENRLMT_2007_LTR_DT	DATE (7)	N	Proficiency Testing Enrollment 2007 Letter Date	Proficiency testing enrollment 2007 letter date.	
CSP_PRVDR_CLIA	PT_ENRLMT_2007_STUS_CD	VARCHAR2 (2)	N	Proficiency Testing Enrollment 2007 Status Code	Proficiency testing enrollment 2007 status code.	CLIA_PT_ENRLMT_STUS_CD
CSP_PRVDR_CLIA	PT_ENRLMT_2008_LTR_DT	DATE (7)	N	Proficiency Testing Enrollment 2008 Letter Date	Proficiency testing enrollment 2008 letter date.	
CSP_PRVDR_CLIA	PT_ENRLMT_2008_STUS_CD	VARCHAR2 (2)	N	Proficiency Testing Enrollment 2008 Status Code	Proficiency testing enrollment 2008 status code.	CLIA_PT_ENRLMT_STUS_CD
CSP_PRVDR_CLIA	PT_ENRLMT_2009_LTR_DT	DATE (7)	N	Proficiency Testing Enrollment 2009 Letter Date	Proficiency testing enrollment 2009 letter date.	
CSP_PRVDR_CLIA	PT_ENRLMT_2009_STUS_CD	VARCHAR2 (2)	N	Proficiency Testing Enrollment 2009 Status Code	Proficiency testing enrollment 2009 status code.	CLIA_PT_ENRLMT_STUS_CD
CSP_PRVDR_CLIA	PT_ENRLMT_2010_LTR_DT	DATE (7)	N	Proficiency Testing Enrollment 2010 Letter Date	Proficiency testing enrollment 2010 letter date.	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR_CLIA	PT_ENRLMT_2010_STUS_CD	VARCHAR2 (2)	N	Proficiency Testing Enrollment 2010 Status Code	Proficiency testing enrollment 2010 status code.	CLIA_PT_ENRLMT_STUS_CD
CSP_PRVDR_CLIA	PT_ENRLMT_2011_LTR_DT	DATE (7)	N	Proficiency Testing Enrollment 2011 Letter Date	Proficiency testing enrollment 2011 letter date.	
CSP_PRVDR_CLIA	PT_ENRLMT_2011_STUS_CD	VARCHAR2 (2)	N	Proficiency Testing Enrollment 2011 Status Code	Proficiency testing enrollment 2011 status code.	CLIA_PT_ENRLMT_STUS_CD
CSP_PRVDR_CLIA	SA_116_RCPT_DT	DATE (7)	N	State Agency 116 Receipt Date	The date the state agency receives the 116 application.	
CSP_PRVDR_CLIA	SMLTNS_SRVY_SW	VARCHAR2 (1)	N	Simultaneous Survey Switch	A switch indicating multiple surveys are being performed.	
CSP_PRVDR_CLIA_SPCLTY	ADD_DT	DATE (8)	N	Add Date	This date indicates when the survey record was copied or stored in the ODIE data entry file.	
CSP_PRVDR_CLIA_SPCLTY	APSY_CD	VARCHAR2 (4)	N	Application Sub-System Code	Name of subsystem in which the workload record was entered, ODIE (Online Data Input &	CSP_APSY_CD
CSP_PRVDR_CLIA_SPCLTY	APSY_NAME_DESC	VARCHAR2 (400)	N	Application Sub-System Description	Name of subsystem in which the workload record was entered, ODIE (Online Data Input &	CSP_APSY_CD
CSP_PRVDR_CLIA_SPCLTY	CRTFCTN_ACTN_CD	VARCHAR2 (2)	N	Certification Action Code	Certification action code to indicate whether a specialties lab is limited by CMS or a specialties	CSP_CRTFCTN_ACTN_CD
CSP_PRVDR_CLIA_SPCLTY	CRTFCTN_ACTN_REINST_DT	DATE (8)	N	Certification Action Reinstatement Date	The date of certification reinstatement.	
CSP_PRVDR_CLIA_SPCLTY	CRTFCTN_ACTN_STRT_DT	DATE (8)	N	Certification Action Start Date	The date of certification action.	
CSP_PRVDR_CLIA_SPCLTY	EFCTV_DT	DATE (8)	N	Effective Date	Indicates the date the added specialty becomes effective.	
CSP_PRVDR_CLIA_SPCLTY	EXPRTN_DT	DATE (8)	N	Expiration Date	Expiration date of the added specialty.	
CSP_PRVDR_CLIA_SPCLTY	FORM_ORGNTN_DT	DATE (8)	N	Form Origination Date	Form origination date	
CSP_PRVDR_CLIA_SPCLTY	LAYOUT_ID	VARCHAR2 (2)	N		Oscar Record Layout Identifier From CLIA specialty file.	
CSP_PRVDR_CLIA_SPCLTY	NTRNSPLNT_010B_SW	VARCHAR2 (1)	N	Histocompatibility Non-Transplant Indicator	Histocompatibility Non-Transplant Switch	
CSP_PRVDR_CLIA_SPCLTY	PRVDR_INTRNL_NUM	NUMBER (10.0)	N	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR_CLIA_SPCLTY	PRVDR_NUM	VARCHAR2 (10)	N	CCN	A six or ten position identification number that is assigned to a certified provider. This is the	
CSP_PRVDR_CLIA_SPCLTY	REC_STUS_DESC	VARCHAR2 (16)	N	Record Status Description	This indicator specifies the current status of the record.	CSP_REC_STUS_CD
CSP_PRVDR_CLIA_SPCLTY	REC_TYPE_CD	VARCHAR2 (1)	N	Record Type Code	Indicates the type of specialty record submitted.	CSP_REC_TYPE_CD
CSP_PRVDR_CLIA_SPCLTY	REC_TYPE_DESC	VARCHAR2 (400)	N	Record Type Description	Indicates the type of specialty record submitted.	CSP_REC_TYPE_CD
CSP_PRVDR_CLIA_SPCLTY	SPCLTY_1_CD	VARCHAR2 (4)	N	Specialty 1 Code	Specialty Code for a CLIA laboratory(1).	CSP_CLIA_SPCLTY_CD
CSP_PRVDR_CLIA_SPCLTY	SPCLTY_1_DESC	VARCHAR2 (400)	N	Specialty 1 Description	Specialty Code for a CLIA laboratory(1).	CSP_CLIA_SPCLTY_CD
CSP_PRVDR_CLIA_SPCLTY	SPCLTY_2_CD	VARCHAR2 (4)	N	Specialty 2 Code	Specialty Code for a CLIA laboratory(2).	CSP_CLIA_SPCLTY_CD
CSP_PRVDR_CLIA_SPCLTY	SPCLTY_2_DESC	VARCHAR2 (400)	N	Specialty 2 Description	Specialty Code for a CLIA laboratory(2).	CSP_CLIA_SPCLTY_CD
CSP_PRVDR_CLIA_SPCLTY	SPCLTY_3_CD	VARCHAR2 (4)	N	Specialty 3 Code	Specialty Code for a CLIA laboratory(3).	CSP_CLIA_SPCLTY_CD
CSP_PRVDR_CLIA_SPCLTY	SPCLTY_3_DESC	VARCHAR2 (400)	N	Specialty 3 Description	Specialty Code for a CLIA laboratory(3).	CSP_CLIA_SPCLTY_CD
CSP_PRVDR_CLIA_SPCLTY	SPCLTY_4_CD	VARCHAR2 (4)	N	Specialty 4 Code	Specialty Code for a CLIA laboratory(4).	CSP_CLIA_SPCLTY_CD
CSP_PRVDR_CLIA_SPCLTY	SPCLTY_4_DESC	VARCHAR2 (400)	N	Specialty 4 Description	Specialty Code for a CLIA laboratory(4).	CSP_CLIA_SPCLTY_CD
CSP_PRVDR_CLIA_SPCLTY	SPCLTY_5_CD	VARCHAR2 (4)	N	Specialty 5 Code	Specialty Code for a CLIA laboratory(5).	CSP_CLIA_SPCLTY_CD
CSP_PRVDR_CLIA_SPCLTY	SPCLTY_5_DESC	VARCHAR2 (400)	N	Specialty 5 Description	Specialty Code for a CLIA laboratory(5).	CSP_CLIA_SPCLTY_CD
CSP_PRVDR_CLIA_SPCLTY	SPCLTY_6_CD	VARCHAR2 (4)	N	Specialty 6 Code	Specialty Code for a CLIA laboratory(6).	CSP_CLIA_SPCLTY_CD
CSP_PRVDR_CLIA_SPCLTY	SPCLTY_6_DESC	VARCHAR2 (400)	N	Specialty 6 Description	Specialty Code for a CLIA laboratory(6).	CSP_CLIA_SPCLTY_CD
CSP_PRVDR_CLIA_SPCLTY	SPCLTY_ACRDTN_CD	VARCHAR2 (2)	N	Specialty Accreditation Code	Accreditation code for each specialty or subspecialty. NOTE: Only the first one will be	CLIA_ACRDTN_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR_CLIA_SPCLTY	SPCLTY_ACRDTN_DESC	VARCHAR2 (5)	N	Specialty Accreditation Description	Accreditation code for each specialty or subspecialty. NOTE: Only the first one will be	CLIA_ACRDTN_CD
CSP_PRVDR_CLIA_SPCLTY	SPCLTY_APRVD_CD	VARCHAR2 (1)	N	Specialty Approved Code	Specialty type code to indicate whether record is a specialty approved or test volume record.	CSP_SPCLTY_APRVD_CD
CSP_PRVDR_CLIA_SPCLTY	SPCLTY_APRVD_DESC	VARCHAR2 (16)	N	Specialty Approved Description	Indicates whether a specialty is approved. This is needed because the specialty record can be	CSP_SPCLTY_APRVD_CD
CSP_PRVDR_CLIA_SPCLTY	SPCLTY_ID	NUMBER (15.0)	Y	Specialty Record Identifier	CLIA specialty sequence number.	
CSP_PRVDR_CLIA_SPCLTY	TEST_VOL_CNT	NUMBER (13.0)	N	Test Volume Count	The annual test volume for a specialty/subspecialty performed by a	
CSP_PRVDR_CLIA_SPCLTY	TRNSPLNT_010A_SW	VARCHAR2 (1)	N	Histocompatibility Transplant Indicator	Histocompatibility Transplant Switch	
CSP_PRVDR_CLIA_SPCLTY	UPDT_DT	DATE (8)	N	Update Date	This date indicates when the survey record was updated in the ODIE data entry file.	
CSP_PRVDR_CLIA_SPCLTY_VW	ADD_DT	DATE (8)	N	Add Date	Date specialty record was created.	
CSP_PRVDR_CLIA_SPCLTY_VW	APSY_DESC	VARCHAR2 (48)	N	Application Sub-System Description	Name of subsystem in which the workload record was entered, ODIE (Online Data Input &	CSP_APSY_CD
CSP_PRVDR_CLIA_SPCLTY_VW	EFCTV_DT	DATE (8)	N	Effective Date	Date the laboratory is approved for a (sub)specialty.	
CSP_PRVDR_CLIA_SPCLTY_VW	EXPRTN_DT	DATE (8)	N	Expiration Date	Date the laboratory is no longer approved for a (sub)specialty.	
CSP_PRVDR_CLIA_SPCLTY_VW	LAYOUT_ID	VARCHAR2 (2)	N	Layout ID	Oscar Record Layout Identifier From CLIA specialty file.	
CSP_PRVDR_CLIA_SPCLTY_VW	NTRNSPLNT_010B_SW	VARCHAR2 (1)	N	Histocompatibility Non-Transplant Indicator	Indicates if histocompatibility testing is non-transplant.	
CSP_PRVDR_CLIA_SPCLTY_VW	PRVDR_INTRNL_NUM	NUMBER (10.0)	N	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_PRVDR_CLIA_SPCLTY_VW	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the	
CSP_PRVDR_CLIA_SPCLTY_VW	REC_TYPE_CD	VARCHAR2 (1)	N	Record Type Code	Identifies if a (sub)specialty is active (an effective date present but no expiration date) or	CSP_REC_TYPE_CD
CSP_PRVDR_CLIA_SPCLTY_VW	REC_TYPE_DESC	VARCHAR2 (21)	N	Record Type Description	Identifies if a (sub)specialty is active (an effective date present but no expiration date) or	CSP_REC_TYPE_CD

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR_CLIA_SPCLTY_VW	SPCLTY_ACRDTN_CD	VARCHAR2 (2)	N	Specialty Accreditation Code	Indicates the name of the accrediting organization for each (sub)specialty.	CLIA_ACRDTN_CD
CSP_PRVDR_CLIA_SPCLTY_VW	SPCLTY_ACRDTN_DESC	VARCHAR2 (14)	N	Specialty Accreditation Description	Indicates the name of the accrediting organization for each (sub)specialty.	CLIA_ACRDTN_CD
CSP_PRVDR_CLIA_SPCLTY_VW	SPCLTY_APRVD_CD	VARCHAR2 (1)	N	Specialty Approved Code	Indicates whether record is a specialty approved (X) or test volume (T) record.	CSP_SPCLTY_APRVD_CD
CSP_PRVDR_CLIA_SPCLTY_VW	SPCLTY_APRVD_DESC	VARCHAR2 (38)	N	Specialty Approved Description	Indicates whether record is a specialty approved (X) or test volume (T) record.	CSP_SPCLTY_APRVD_CD
CSP_PRVDR_CLIA_SPCLTY_VW	SPCLTY_CD	VARCHAR2 (4)	N	Specialty Code	Numeric value identifying the (sub)specialties. (Also known as Laboratory Certification Codes).	CSP_CLIA_SPCLTY_CD
CSP_PRVDR_CLIA_SPCLTY_VW	SPCLTY_DESC	VARCHAR2 (58)	N	Specialty Description	Numeric value identifying the (sub)specialties (Also known as Laboratory Certification Codes).	CSP_CLIA_SPCLTY_CD
CSP_PRVDR_CLIA_SPCLTY_VW	SPCLTY_SRC_CD	VARCHAR2 (2)	N	Specialty Source Code	Identifies the source of the specialty record. Previously APSY where: ODIE was the survey	CSP_SPCLTY_SRC_CD
CSP_PRVDR_CLIA_SPCLTY_VW	SPCLTY_SRC_DESC	VARCHAR2 (20)	N	Specialty Source Description	Identifies the source of the specialty record. Previously APSY where, ODIE was the survey	CSP_SPCLTY_SRC_CD
CSP_PRVDR_CLIA_SPCLTY_VW	TEST_VOL_CNT	NUMBER (13.0)	N	Test Volume Count	For application, individual test volume for each specialty. For survey, individual test volume for	
CSP_PRVDR_CLIA_SPCLTY_VW	TRNSPLNT_010A_SW	VARCHAR2 (1)	N	Histocompatibility Transplant Indicator	Indicates if histocompatibility testing is transplant.	
CSP_PRVDR_CLIA_SPCLTY_VW	UPDT_DT	DATE (8)	N	Update Date	Date when the individual (sub)specialty record was last updated.	
CSP_PRVDR_CMN	ACRDTN_TYPE_CD	VARCHAR2 (1)	N	Accreditation Type Code	Indicates an accrediting organization deeming the provider. If a provider is deemed by	CSP_ACRDTN_DEMD_CD
CSP_PRVDR_CMN	ACRDTN_TYPE_DESC	VARCHAR2 (24)	N	Accreditation Type Description	Indicates an accrediting organization deeming the provider. If a provider is deemed by	CSP_ACRDTN_DEMD_CD
CSP_PRVDR_CMN	ADDTNL_FAC_NAME	VARCHAR2 (50)	N	Provider Name 2nd Line	Second line of a laboratory name.	
CSP_PRVDR_CMN	ADDTNL_ST_ADR	VARCHAR2 (50)	N	Address: Street 2nd Line	Second line of a laboratory's street address.	
CSP_PRVDR_CMN	AFFLTD_PRVDR_NUM_1	VARCHAR2 (10)	N	Affiliated provider number 1	Affiliated provider number 1	
CSP_PRVDR_CMN	AFFLTD_PRVDR_NUM_2	VARCHAR2 (10)	N	Affiliated provider number 2	Affiliated provider number 2	
CSP_PRVDR_CMN	AFFLTD_PRVDR_NUM_3	VARCHAR2 (10)	N	Affiliated provider number 3	Affiliated provider number 3	



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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR_CMN	AFFLTD_PRVDR_NUM_4	VARCHAR2 (10)	N	Affiliated provider number 4	Affiliated provider number 4	
CSP_PRVDR_CMN	AFFLTD_PRVDR_NUM_5	VARCHAR2 (10)	N	Affiliated provider number 5	Affiliated provider number 5	
CSP_PRVDR_CMN	AFFLTD_PRVDR_NUM_6	VARCHAR2 (10)	N	Affiliated provider number 6	Affiliated provider number 6	
CSP_PRVDR_CMN	AFFLTD_PRVDR_NUM_7	VARCHAR2 (10)	N	Affiliated provider number 7	Affiliated provider number 7	
CSP_PRVDR_CMN	AFFLTD_PRVDR_NUM_8	VARCHAR2 (10)	N	Affiliated provider number 8	Affiliated provider number 8	
CSP_PRVDR_CMN	CHOW_CNT	NUMBER (2,0)	N	CHOW Count	Number of times this provider has undergone a change of ownership.	
CSP_PRVDR_CMN	CHOW_DT	DATE (8)	N	CHOW Date	Effective date of the most recent change of ownership for this provider.	
CSP_PRVDR_CMN	CHOW_PRIOR_DT	DATE (8)	N	Prior CHOW Date	Effective date of the previous change of ownership for this provider.	
CSP_PRVDR_CMN	CITY_NAME	VARCHAR2 (28)	N	Address: City	City in which the provider is physically located.	
CSP_PRVDR_CMN	CLIA_ID_NUMBER_1	VARCHAR2 (10)	N	CLIA ID number 1	CLIA ID number 1	
CSP_PRVDR_CMN	CLIA_ID_NUMBER_2	VARCHAR2 (10)	N	CLIA ID number 2	CLIA ID number 2	
CSP_PRVDR_CMN	CLIA_ID_NUMBER_3	VARCHAR2 (10)	N	CLIA ID number 3	CLIA ID number 3	
CSP_PRVDR_CMN	CLIA_ID_NUMBER_4	VARCHAR2 (10)	N	CLIA ID number 4	CLIA ID number 4	
CSP_PRVDR_CMN	CLIA_ID_NUMBER_5	VARCHAR2 (10)	N	CLIA ID number 5	CLIA ID number 5	
CSP_PRVDR_CMN	CMPTS_SW	VARCHAR2 (1)	N	CMPTS Indicator	Indicates if the provider has at least one Civil Money Penalty Tracking System record.	
CSP_PRVDR_CMN	CRNT_ENFRCMT_CASE_STU S_CD	VARCHAR2 (2)	N	Enforcement Case Status Code: Current	Status of the enforcement case with the most recent enforcement cycle start date.	AEM_CASE_STUS_CD
CSP_PRVDR_CMN	CRNT_ENFRCMT_CASE_STU S_DESC	VARCHAR2 (27)	N	Enforcement Case Status Description: Current	Status of the enforcement case with the most recent enforcement cycle start date.	AEM_CASE_STUS_CD
CSP_PRVDR_CMN	CRNT_ENFRCMT_CYC_STRT _DT	DATE (8)	N	Enforcement Cycle Start Date: Current	Date the most recent enforcement case started.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR_CMN	CSP_PRVDR_ADD_DT	DATE (8)	N	Provider Accepted Date	Date the provider record was first successfully uploaded to the national database. This field	
CSP_PRVDR_CMN	CSP_UPDT_DT	DATE (8)	N	CASPER Data Update Date	Date of the most recent update of any data for this provider on the national database.	
CSP_PRVDR_CMN	DEMD_STUS_SW	VARCHAR2 (1)	N	Deemed Status Indicator	Indicates if the provider is deemed to meet Medicare requirements by an accrediting	
CSP_PRVDR_CMN	ENFRMNT_SW	VARCHAR2 (1)	N	Enforcement Case Indicator	Indicates if the provider has at least one enforcement case.	
CSP_PRVDR_CMN	FAC_ID	VARCHAR2 (16)	N	Facility ID	Facility identifier assigned by the state.	
CSP_PRVDR_CMN	FAC_INTRNL_ID	NUMBER (10,0)	N	Facility Internal ID	Unique sequential number assigned to a provider facility internal identifier that is unique within a	
CSP_PRVDR_CMN	FAC_NAME	VARCHAR2 (50)	N	Facility Name	Name of the provider certified to participate in the Medicare and/or Medicaid programs.	
CSP_PRVDR_CMN	FAX_PHNE_NUM	VARCHAR2 (10)	N	Fax Phone Number	10-digit fax phone number of the primary contact or the operator of the provider.	
CSP_PRVDR_CMN	FED_TAX_ID_NUM	VARCHAR2 (10)	N	EIN	Nine-digit number the IRS assigns to organizations. The IRS uses the number to	
CSP_PRVDR_CMN	FQHC_APRVD_RHC_PRVDR_NUM	VARCHAR2 (10)	N	FQHC approved RHC provider number	FQHC approved RHC provider number	
CSP_PRVDR_CMN	FY_END_MO_DAY_CD	VARCHAR2 (4)	N	Fiscal Year End Date (MMDD)	End date, consisting of the month and day, of the provider's fiscal year.	
CSP_PRVDR_CMN	GNRL_CNTL_TYPE_CD	VARCHAR2 (2)	N	Ownership Type Code	Indicates the ownership type of the provider.	CSP_GNRL_CNTL_TYPE_CD
CSP_PRVDR_CMN	GNRL_CNTL_TYPE_DESC	VARCHAR2 (54)	N	Ownership Type Description	Indicates the ownership type of the provider.	CSP_GNRL_CNTL_TYPE_CD
CSP_PRVDR_CMN	GNRL_FAC_TYPE_CD	VARCHAR2 (2)	N	Category-specific Facility Type Code	Indicates the category-specific facility type code, for certain provider categories only.	CSP_GNRL_FAC_TYPE_CD
CSP_PRVDR_CMN	GNRL_FAC_TYPE_DESC	VARCHAR2 (54)	N	Category-specific Facility Type Description	Indicates the category-specific facility type code, for certain provider categories only.	CSP_GNRL_FAC_TYPE_CD
CSP_PRVDR_CMN	HHA_ASMT_SBMT_CD	VARCHAR2 (1)	N	HHA Assessment Submit Code	Indicates if the HHA submits assessments.	CSP_ASMT_SBMT_CD
CSP_PRVDR_CMN	HHA_ASMT_SBMT_DESC	VARCHAR2 (10)	N	HHA Assessment Submit Description	Indicates if the HHA submits assessments.	CSP_ASMT_SBMT_CD
CSP_PRVDR_CMN	HOSPC_ASMT_SBMT_CD	VARCHAR2 (1)	N	Hospice Assessment Submit Code	Indicates if the hospice submits assessments.	CSP_ASMT_SBMT_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR_CMN	HOSPC_ASMT_SBMT_DESC	VARCHAR2 (10)	N	Hospice Assessment Submit Description	Indicates if the hospice submits assessments.	CSP_ASMT_SBMT_CD
CSP_PRVDR_CMN	HOSP_PRTCPTG_PRVDR_SW	VARCHAR2 (1)	N	Medicare or Medicaid Participating Provider Indicator	Indicates if a provider is participating in the Medicaid or Medicare or both programs.	
CSP_PRVDR_CMN	INTRMDRY_CARR_CD	VARCHAR2 (5)	N	Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code	Number assigned to the Medicare Administrative Contractor, intermediary or	CSP_INTRMDRY_CARR_CD
CSP_PRVDR_CMN	INTRMDRY_CARR_DESC	VARCHAR2 (55)	N	Medicare Administrative Contractor (MAC) or Intermediary or Carrier Description	Number assigned to the Medicare Administrative Contractor, intermediary or	CSP_INTRMDRY_CARR_CD
CSP_PRVDR_CMN	INTRMDRY_CARR_PRIOR_CD	VARCHAR2 (5)	N	Prior Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code	Number assigned to the previous Medicare Administrative Contractor, intermediary or	CSP_INTRMDRY_CARR_CD
CSP_PRVDR_CMN	INTRMDRY_CARR_PRIOR_DESC	VARCHAR2 (55)	N	Prior Medicare Administrative Contractor (MAC) or Intermediary or Carrier Description	Number assigned to the previous Medicare Administrative Contractor, intermediary or	CSP_INTRMDRY_CARR_CD
CSP_PRVDR_CMN	IRF_ASMT_SBMT_CD	VARCHAR2 (1)	N	IRF-PAI Assessment Submit Code	IRF-PAI assessment submit indicator. Set to 'R' if the facility is allowed to submit IRF-PAI	CSP_ASMT_SBMT_CD
CSP_PRVDR_CMN	IRF_ASMT_SBMT_DESC	VARCHAR2 (10)	N	IRF-PAI Assessment Submit Description	IRF-PAI assessment submit indicator. Set to 'R' if the facility is allowed to submit IRF-PAI	CSP_ASMT_SBMT_CD
CSP_PRVDR_CMN	LTCH_ASMT_SBMT_CD	VARCHAR2 (1)	N	LTCH Assessment Submit Code	LTCH assessment submit indicator. Set to 'L' if the facility is allowed to submit LTCH	CSP_ASMT_SBMT_CD
CSP_PRVDR_CMN	LTCH_ASMT_SBMT_DESC	VARCHAR2 (10)	N	LTCH Assessment Submit Description	LTCH assessment submit indicator. Set to 'L' if the facility is allowed to submit LTCH	CSP_ASMT_SBMT_CD
CSP_PRVDR_CMN	LTC_CRS_RFRNC_PRVDR_NUM	VARCHAR2 (10)	N	LTC cross reference provider number	LTC cross reference provider number	
CSP_PRVDR_CMN	MAIL_ADDTNL_ST_ADR	VARCHAR2 (50)	N	Mailing Address: Line 2	Second line of a provider's mailing address.	
CSP_PRVDR_CMN	MAIL_CITY_NAME	VARCHAR2 (28)	N	Mailing Address: City	City of a provider's mailing address.	
CSP_PRVDR_CMN	MAIL_STATE_CD	VARCHAR2 (2)	N	Mailing Address: State Abbreviation	Two-letter state abbreviation for a provider's mailing address.	CSP_STATE_CD
CSP_PRVDR_CMN	MAIL_STATE_DESC	VARCHAR2 (30)	N	Mailing Address: State Description	Two-letter state abbreviation for a provider's mailing address.	CSP_STATE_CD
CSP_PRVDR_CMN	MAIL_ST_ADR	VARCHAR2 (50)	N	Mailing Address: Line 1	First line of a provider's mailing address.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR_CMN	MAIL_ZIP4_CD	VARCHAR2 (4)	N	Mailing Address: + 4 of ZIP Code	Four-digit extension of the ZIP code for a provider's mailing address.	
CSP_PRVDR_CMN	MAIL_ZIP_CD	VARCHAR2 (5)	N	Mailing Address: ZIP Code	Five-digit ZIP code for a provider's mailing address.	
CSP_PRVDR_CMN	MDCD_VNDR_NUM	VARCHAR2 (15)	N	Medicaid Vendor Number	Number which may be assigned to a provider by the state Medicaid agency for external control or	
CSP_PRVDR_CMN	MDCR_HSPC_PRVDR_NUM	VARCHAR2 (10)	N	Medicare hospice provider number	Medicare hospice provider number	
CSP_PRVDR_CMN	MDS_ASMT_SBMT_CD	VARCHAR2 (1)	N	MDS Assessment Submit Code	Indicates if the nursing home submits assessments.	CSP_ASMT_SBMT_CD
CSP_PRVDR_CMN	MDS_ASMT_SBMT_DESC	VARCHAR2 (10)	N	MDS Assessment Submit Description	Indicates if the nursing home submits assessments.	CSP_ASMT_SBMT_CD
CSP_PRVDR_CMN	MEDICAID_CARE_VEND_NUM	VARCHAR2 (10)	N	Medicaid medicare vendor number	Medicaid medicare vendor number	
CSP_PRVDR_CMN	ORGNL_PRTCPTN_DT	DATE (8)	N	Original Participation Date	Date a provider is first approved to provide Medicare and/or Medicaid services.	
CSP_PRVDR_CMN	PGM_TRMNTN_CD	VARCHAR2 (2)	N	Termination Code	Indicates the current termination status for the provider.	CSP_TRMNTN_CD
CSP_PRVDR_CMN	PGM_TRMNTN_DESC	VARCHAR2 (65)	N	Termination Description	Indicates the current termination status for the provider.	CSP_TRMNTN_CD
CSP_PRVDR_CMN	PHNE_NUM	VARCHAR2 (10)	N	Telephone Number	Telephone number of the provider.	
CSP_PRVDR_CMN	PRNT_PRVDR_NUM	VARCHAR2 (10)	N	Parent provider number	Parent provider number	
CSP_PRVDR_CMN	PRVDR_CTGRY_CD	VARCHAR2 (2)	N	Provider Category Code	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_PRVDR_CMN	PRVDR_CTGRY_DESC	VARCHAR2 (70)	N	Provider Category Description	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_PRVDR_CMN	PRVDR_CTGRY_SBTYP_CD	VARCHAR2 (2)	N	Provider Category Subtype Code	Identifies the subtype of the provider, within the primary category. Used in reporting to show the	CSP_PRVDR_CTGRY_SBTYP_CD
CSP_PRVDR_CMN	PRVDR_CTGRY_SBTYP_DESC	VARCHAR2 (56)	N	Provider Category Subtype Description	Identifies the subtype of the provider, within the primary category. Used in reporting to show the	CSP_PRVDR_CTGRY_SBTYP_CD
CSP_PRVDR_CMN	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_PRVDR_CMN	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR_CMN	PRVNC_CD	VARCHAR2 (2)	N	Province Code	Canadian province where a non-participating emergency hospital is located.	CSP_PRVNC_CD
CSP_PRVDR_CMN	PRVNC_DESC	VARCHAR2 (31)	N	Province Description	Canadian province where a non-participating emergency hospital is located.	CSP_PRVNC_CD
CSP_PRVDR_CMN	PSYCH_UNIT_BED_CNT	NUMBER (3.0)	N	Psychiatric Unit Bed Count	Number of beds in a Prospective Payment System (PPS) -exempt psychiatric unit of a	
CSP_PRVDR_CMN	PSYCH_UNIT_EFCTV_DT	DATE (8)	N	Psychiatric Unit Effective Date	Date a psychiatric unit of a hospital became exempt from the Prospective Payment System	
CSP_PRVDR_CMN	PSYCH_UNIT_SW	VARCHAR2 (1)	N	Psychiatric Unit Indicator	Indicates if a hospital has a Prospective Payment System (PPS) -exempt psychiatric unit.	
CSP_PRVDR_CMN	PSYCH_UNIT_TRMNTN_CD	VARCHAR2 (1)	N	Psychiatric Unit Termination Code	Indicates the reason that a psychiatric unit of a hospital is no longer exempt from Prospective	CSP_PSYCH_UNIT_TRMNTN_CD
CSP_PRVDR_CMN	PSYCH_UNIT_TRMNTN_DESC	VARCHAR2 (51)	N	Psychiatric Unit Termination Description	Indicates the reason that a psychiatric unit of a hospital is no longer exempt from Prospective	CSP_PSYCH_UNIT_TRMNTN_CD
CSP_PRVDR_CMN	PSYCH_UNIT_TRMNTN_DT	DATE (8)	N	Psychiatric Unit Termination Date	Date a psychiatric unit of a hospital is no longer exempt from the Prospective Payment System	
CSP_PRVDR_CMN	REHAB_UNIT_BED_CNT	NUMBER (3.0)	N	Rehabilitation Unit Bed Count	Number of beds in a Prospective Payment System (PPS) -exempt rehabilitation unit of a	
CSP_PRVDR_CMN	REHAB_UNIT_EFCTV_DT	DATE (8)	N	Rehabilitation Unit Effective Date	Date a rehabilitation unit of a hospital became exempt from the Prospective Payment System	
CSP_PRVDR_CMN	REHAB_UNIT_SW	VARCHAR2 (1)	N	Rehabilitation Unit Indicator	Indicates if a hospital has a Prospective Payment System (PPS) -exempt rehabilitation unit.	
CSP_PRVDR_CMN	REHAB_UNIT_TRMNTN_CD	VARCHAR2 (1)	N	Rehabilitation Unit Termination Code	Indicates the reason that a rehabilitation unit hospital is no longer exempt from Prospective	CSP_REHAB_UNIT_TRMNTN_CD
CSP_PRVDR_CMN	REHAB_UNIT_TRMNTN_DESC	VARCHAR2 (51)	N	Rehabilitation Unit Termination Description	Indicates the reason that a rehabilitation unit hospital is no longer exempt from Prospective	CSP_REHAB_UNIT_TRMNTN_CD
CSP_PRVDR_CMN	REHAB_UNIT_TRMNTN_DT	DATE (8)	N	Rehabilitation Unit Termination Date	Date a rehabilitation unit of a hospital is no longer exempt from the Prospective Payment	
CSP_PRVDR_CMN	RGN_CD	VARCHAR2 (2)	N	Region Code	Indicates the CMS Regional Office responsible for the certification of the provider.	CSP_CMS_RGN_CD
CSP_PRVDR_CMN	RGN_DESC	VARCHAR2 (23)	N	Region Description	Indicates the CMS Regional Office responsible for the certification of the provider.	CSP_CMS_RGN_CD
CSP_PRVDR_CMN	SB_ASMT_SBMT_CD	VARCHAR2 (1)	N	Swing Bed Assessment Submit Code	Indicates that a hospital is allowed to submit swing bed assessments.	CSP_ASMT_SBMT_CD
CSP_PRVDR_CMN	SB_ASMT_SBMT_DESC	VARCHAR2 (10)	N	Swing Bed Assessment Submit Description	Indicates that a hospital is allowed to submit swing bed assessments.	CSP_ASMT_SBMT_CD

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR_CMN	SB_SW	VARCHAR2 (1)	N	Swing Bed Indicator	Indicates if a hospital provides swing bed services - beds can be used for either hospital or	
CSP_PRVDR_CMN	SHRD_LAB_XRFRNC_NUM	VARCHAR2 (10)	N	Shared lab cross reference number	Shared lab cross reference number	
CSP_PRVDR_CMN	SKLTN_REC_SW	VARCHAR2 (1)	N	Skeleton Record Indicator	Indicates if the record is a skeleton record. Only a limited set of data is available for this	
CSP_PRVDR_CMN	SSA_CNTY_CD	VARCHAR2 (3)	N	SSA County Code	Social Security Administration geographic code indicating the county where the provider is	CSP_CNTY_CD
CSP_PRVDR_CMN	SSA_CNTY_DESC	VARCHAR2 (33)	N	SSA County Description	Social Security Administration geographic code indicating the county where the provider is	CSP_CNTY_CD
CSP_PRVDR_CMN	SSA_STATE_CD	VARCHAR2 (2)	N	SSA State Code	Social Security Administration geographic code indicating the state where the provider is	CSP_SSA_STATE_CD
CSP_PRVDR_CMN	SSA_STATE_DESC	VARCHAR2 (35)	N	SSA State Description	Social Security Administration geographic code indicating the state where the provider is	CSP_SSA_STATE_CD
CSP_PRVDR_CMN	STATE_CD	VARCHAR2 (2)	N	State Abbreviation	Two-character state abbreviation.	CSP_STATE_CD
CSP_PRVDR_CMN	STATE_DESC	VARCHAR2 (30)	N	State Description	State Description	CSP_STATE_CD
CSP_PRVDR_CMN	STATE_MNTRG_CNT	NUMBER (22)	N	State Survey Jurisdiction Count	Number of times the provider has been under State Survey Jurisdiction.	
CSP_PRVDR_CMN	STATE_RGN_CD	VARCHAR2 (3)	N	State Region Code	Identifies the region within a state where the provider is located.	CSP_STATE_RGN_CD
CSP_PRVDR_CMN	STATE_RGN_DESC	VARCHAR2 (35)	N	State Region Description	Identifies the region within a state where the provider is located.	CSP_STATE_RGN_CD
CSP_PRVDR_CMN	ST_ADR	VARCHAR2 (50)	N	Address: Street	Street address where the provider is located.	
CSP_PRVDR_CMN	TRMNTN_APL_CD	VARCHAR2 (1)	N	Termination Appeal Code	Indicates the appeal status of the current termination of the provider. Used for purposes	CSP_TRMNTN_APL_CD
CSP_PRVDR_CMN	TRMNTN_APL_DESC	VARCHAR2 (50)	N	Termination Appeal Description	Indicates the appeal status of the current termination of the provider. Used for purposes	CSP_TRMNTN_APL_CD
CSP_PRVDR_CMN	TRMNTN_EXPRTN_DT	DATE (8)	N	Termination or Expiration Date	Date the provider was terminated. For CLIA providers, date the laboratory's certificate was	
CSP_PRVDR_CMN	UPDT_116_DT	DATE (8)	N	CLIA 116 Update Date	Date the CLIA 116 data for the provider was last updated. This field includes a timestamp that	
CSP_PRVDR_CMN	UPDT_DT	DATE (8)	N	Last Update Date for Provider	Date the provider record was last updated. This field includes a timestamp that includes the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR_CMN	VLDTN_SRVY_DT	DATE (8)	N	Validation Survey Date	Date of the most recent validation survey of a deemed provider, performed by the state agency.	
CSP_PRVDR_CMN	ZIP4_CD	VARCHAR2 (4)	N	Address: + 4 of ZIP Code	Four-digit extension of the ZIP code for a provider's physical address.	
CSP_PRVDR_CMN	ZIP_CD	VARCHAR2 (5)	N	Address: ZIP Code	Five-digit ZIP code for a provider's physical address.	
CSP_PRVDR_CMN_IRF_H STRY	ACRDTN_TYPE_CD	VARCHAR2 (1)	N	Accreditation Type Code	Indicates an accrediting organization deeming the provider. If a provider is deemed by	CSP_ACRDTN_DEMD_CD
CSP_PRVDR_CMN_IRF_H STRY	ADDTNL_FAC_NAME	VARCHAR2 (50)	N	Provider Name 2nd Line	Second line of a laboratory name.	
CSP_PRVDR_CMN_IRF_H STRY	ADDTNL_ST_ADR	VARCHAR2 (50)	N	2nd Street Address Line	The second line of a provider's street address.	
CSP_PRVDR_CMN_IRF_H STRY	CHOW_CNT	NUMBER (2.0)	N	CHOW Count	Number of times this provider has undergone a change of ownership.	
CSP_PRVDR_CMN_IRF_H STRY	CHOW_DT	DATE (8)	N	CHOW Date	Effective date of the most recent change of ownership for this provider.	
CSP_PRVDR_CMN_IRF_H STRY	CHOW_PRIOR_DT	DATE (8)	N	Prior CHOW Date	Effective date of the previous change of ownership for this provider.	
CSP_PRVDR_CMN_IRF_H STRY	CITY_NAME	VARCHAR2 (28)	N	City	City in which the provider is physically located.	
CSP_PRVDR_CMN_IRF_H STRY	CMPTS_SW	VARCHAR2 (1)	N	CMPTS Indicator	Indicates if the provider has at least one Civil Money Penalty Tracking System record.	
CSP_PRVDR_CMN_IRF_H STRY	CREAT_TS	DATE (8)	Y	Create Timestamp	Time record was created.	
CSP_PRVDR_CMN_IRF_H STRY	CSP_PRVDR_ADD_DT	DATE (8)	N	Provider Accepted Date	Date the provider was first successfully uploaded to the national database.	
CSP_PRVDR_CMN_IRF_H STRY	CSP_UPDT_DT	DATE (8)	N	CASPER Data Update Date	Date of the most recent update of any data for this provider on the national database.	
CSP_PRVDR_CMN_IRF_H STRY	DEMD_STUS_SW	VARCHAR2 (1)	N	Deemed Status Indicator	Indicates if the provider is deemed to meet Medicare requirements by an accrediting	
CSP_PRVDR_CMN_IRF_H STRY	FAC_ID	VARCHAR2 (16)	N	Facility ID	Facility identifier assigned by the state.	
CSP_PRVDR_CMN_IRF_H STRY	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	Unique sequential number assigned to a provider facility internal identifier that is unique within a	
CSP_PRVDR_CMN_IRF_H STRY	FAC_NAME	VARCHAR2 (50)	N	Facility Name	The name of a provider certified to participate in the Medicare and/or Medicaid programs.	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR_CMN_IRF_H STRY	FAX_PHNE_NUM	VARCHAR2 (10)	N	Fax Phone Number	The 10-digit fax phone number of the primary contact or the operator of the provider.	
CSP_PRVDR_CMN_IRF_H STRY	FED_TAX_ID_NUM	VARCHAR2 (10)	N	EIN	Nine-digit number the IRS assigns to organizations. The IRS uses the number to	
CSP_PRVDR_CMN_IRF_H STRY	FY_END_MO_DAY_CD	VARCHAR2 (4)	N	Fiscal Year End Date (MMDD)	End date, consisting of the month and day, of the provider's fiscal year.	
CSP_PRVDR_CMN_IRF_H STRY	GNRL_CNTL_TYPE_CD	VARCHAR2 (2)	N	Ownership Type Code	Indicates the ownership type of the provider.	CSP_GNRL_CNTL_TYPE_CD
CSP_PRVDR_CMN_IRF_H STRY	GNRL_FAC_TYPE_CD	VARCHAR2 (2)	N	Category-specific Facility Type Code	Indicates the category-specific facility type code, for certain provider categories only.	CSP_GNRL_FAC_TYPE_CD
CSP_PRVDR_CMN_IRF_H STRY	HHA_ASMT_SBMT_CD	VARCHAR2 (1)	N	HHA Assessment Submit Code	This code is equal to 'H' if the home health agency is allowed to submit OASIS	CSP_ASMT_SBMT_CD
CSP_PRVDR_CMN_IRF_H STRY	HOSPC_ASMT_SBMT_CD	VARCHAR2 (1)	N	Hospice Assessment Submit Code	This indicator is equal to 'P' if the provider is allowed to submit Hospice assessments.	CSP_ASMT_SBMT_CD
CSP_PRVDR_CMN_IRF_H STRY	HOSP_PRTCPTG_PRVDR_SW	VARCHAR2 (1)	N	Hospital Participating Provider Indicator	Indicates if a provider is participating in the Medicaid or Medicare or both programs.	
CSP_PRVDR_CMN_IRF_H STRY	INTRMDRY_CARR_CD	VARCHAR2 (5)	N	Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code	Number assigned to the Medicare Administrative Contractor, intermediary or	CSP_INTRMDRY_CARR_CD
CSP_PRVDR_CMN_IRF_H STRY	INTRMDRY_CARR_PRIOR_CD	VARCHAR2 (5)	N	Prior Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code	Number assigned to the previous Medicare Administrative Contractor, intermediary or	CSP_INTRMDRY_CARR_CD
CSP_PRVDR_CMN_IRF_H STRY	IRF_ASMT_SBMT_CD	VARCHAR2 (1)	N	IRF-PAI Assessment Submit Code	IRF-PAI assessment submit indicator. Set to 'R' if the facility is allowed to submit IRF-PAI	CSP_ASMT_SBMT_CD
CSP_PRVDR_CMN_IRF_H STRY	LTCH_ASMT_SBMT_CD	VARCHAR2 (1)	N	LTCH Assessment Submit Code	LTCH assessment submit indicator. Set to 'L' if the facility is allowed to submit LTCH	CSP_ASMT_SBMT_CD
CSP_PRVDR_CMN_IRF_H STRY	MAIL_ADDTNL_ST_ADR	VARCHAR2 (50)	N	Mailing Address-Street Line 2	The second line of a provider's mailing street address, if different from its location address.	
CSP_PRVDR_CMN_IRF_H STRY	MAIL_CITY_NAME	VARCHAR2 (28)	N	Mailing Address-City	The city of a provider's mailing address, if the address is different than the location address.	
CSP_PRVDR_CMN_IRF_H STRY	MAIL_STATE_CD	VARCHAR2 (2)	N	Mailing Address-State	The two-letter state abbreviation for a provider's mailing address, if different than its location	CSP_STATE_CD
CSP_PRVDR_CMN_IRF_H STRY	MAIL_ST_ADR	VARCHAR2 (50)	N	Mailing Address-Street Line 1	The first line of a provider's mailing street address, if different than its location address.	
CSP_PRVDR_CMN_IRF_H STRY	MAIL_ZIP4_CD	VARCHAR2 (4)	N	Mailing Address-ZIP+Four	The four-digit additional postal code which identifies a provider's mailing address, if	



Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR_CMN_IRF_H STRY	MAIL_ZIP_CD	VARCHAR2 (5)	N	Mailing Address-ZIP Code	The 5-digit postal code for a provider's mailing address, if different than its location address.	
CSP_PRVDR_CMN_IRF_H STRY	MDCD_VNDR_NUM	VARCHAR2 (15)	N	Medicaid Vendor Number	A number which may be assigned to a facility by the state Medicaid agency for external	
CSP_PRVDR_CMN_IRF_H STRY	MDS_ASMT_SBM_T_CD	VARCHAR2 (1)	N	MDS Assessment Submit Code	This indicator is equal to 'M' if the provider is allowed to submit MDS assessments.	CSP_ASMT_SBM_T_CD
CSP_PRVDR_CMN_IRF_H STRY	ORGNL_PRTCP_TN_DT	DATE (8)	N	Participation Date	The date a facility is first approved to provide Medicare and/or Medicaid services.	
CSP_PRVDR_CMN_IRF_H STRY	PGM_TRMNTN_CD	VARCHAR2 (2)	N	Termination Code	Termination code number one: the reason a facility has been terminated from the CLIA,	CSP_TRMNTN_CD
CSP_PRVDR_CMN_IRF_H STRY	PHNE_NUM	VARCHAR2 (10)	N	Telephone Number	The 10-digit telephone number of the primary contact or the operator of a provider.	
CSP_PRVDR_CMN_IRF_H STRY	PRVDR_CTGRY_CD	VARCHAR2 (2)	N	Provider Category Code	This code identifies the category which is most descriptive of the facility identified on the	CSP_PRVDR_CTGRY_CD
CSP_PRVDR_CMN_IRF_H STRY	PRVDR_CTGRY_SBTYP_CD	VARCHAR2 (2)	N	Provider Category Subtype Code	Identifies the subtype of the provider, within the primary category. Used in reporting to show the	CSP_PRVDR_CTGRY_SBTYP_CD
CSP_PRVDR_CMN_IRF_H STRY	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	This number uniquely identifies an IRF facility.	
CSP_PRVDR_CMN_IRF_H STRY	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number assigned to a certified provider.	
CSP_PRVDR_CMN_IRF_H STRY	PRVNC_CD	VARCHAR2 (2)	N	Province Code	Canadian province where a non-participating emergency hospital is located.	CSP_PRVNC_CD
CSP_PRVDR_CMN_IRF_H STRY	PSYCH_UNIT_BED_CNT	NUMBER (3.0)	N	Psychiatric Unit Bed Count	Number of beds in a Prospective Payment System (PPS) -exempt psychiatric unit of a	
CSP_PRVDR_CMN_IRF_H STRY	PSYCH_UNIT_EFCTV_DT	DATE (8)	N	Psychiatric Unit Effective Date	Date a psychiatric unit of a hospital became exempt from the Prospective Payment System	
CSP_PRVDR_CMN_IRF_H STRY	PSYCH_UNIT_SW	VARCHAR2 (1)	N	Psychiatric Unit Indicator	Indicates if a hospital has a Prospective Payment System (PPS) -exempt psychiatric unit.	
CSP_PRVDR_CMN_IRF_H STRY	PSYCH_UNIT_TRMNTN_CD	VARCHAR2 (1)	N	Psychiatric Unit Termination Code	Indicates the reason that a psychiatric unit of a hospital is no longer exempt from Prospective	CSP_PSYCH_UNIT_TRMNTN_CD
CSP_PRVDR_CMN_IRF_H STRY	PSYCH_UNIT_TRMNTN_DT	DATE (8)	N	Psychiatric Unit Termination Date	Date a psychiatric unit of a hospital is no longer exempt from the Prospective Payment System	
CSP_PRVDR_CMN_IRF_H STRY	REHAB_UNIT_BED_CNT	NUMBER (3.0)	N	Rehabilitation Unit Bed Count	Number of beds in a Prospective Payment System (PPS) -exempt rehabilitation unit of a	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR_CMN_IRF_H STRY	REHAB_UNIT_EFCTV_DT	DATE (8)	N	Rehabilitation Unit Effective Date	Date a rehabilitation unit of a hospital became exempt from the Prospective Payment System	
CSP_PRVDR_CMN_IRF_H STRY	REHAB_UNIT_SW	VARCHAR2 (1)	N	Rehabilitation Unit Indicator	Indicates if a hospital has a Prospective Payment System (PPS) -exempt rehabilitation unit.	
CSP_PRVDR_CMN_IRF_H STRY	REHAB_UNIT_TRMNTN_CD	VARCHAR2 (1)	N	Rehabilitation Unit Termination Code	Indicates the reason that a rehabilitation unit hospital is no longer exempt from Prospective	CSP_REHAB_UNIT_TRMNTN_CD
CSP_PRVDR_CMN_IRF_H STRY	REHAB_UNIT_TRMNTN_DT	DATE (8)	N	Rehabilitation Unit Termination Date	Date a rehabilitation unit of a hospital is no longer exempt from the Prospective Payment	
CSP_PRVDR_CMN_IRF_H STRY	RGN_CD	VARCHAR2 (2)	N	Region Code	Indicates the CMS Regional Office responsible for the certification of the provider.	CSP_CMS_RGN_CD
CSP_PRVDR_CMN_IRF_H STRY	SB_ASMT_SBMT_CD	VARCHAR2 (1)	N	Swing Bed Assessment Submit Code	If set to 'S', the facility is allowed to submit swing bed assessments.	CSP_ASMT_SBMT_CD
CSP_PRVDR_CMN_IRF_H STRY	SKLTN_REC_SW	VARCHAR2 (1)	N	Skeleton Record Indicator	Indicates if the record is a skeleton record. Only a limited set of data is available for this	
CSP_PRVDR_CMN_IRF_H STRY	SSA_CNTY_CD	VARCHAR2 (3)	N	SSA County Code	SSA (Social Security Administration) geographic code indicating the county where the	CSP_CNTY_CD
CSP_PRVDR_CMN_IRF_H STRY	SSA_STATE_CD	VARCHAR2 (2)	N	SSA State Code	Social Security Administration geographic code indicating the state where the provider is	CSP_SSA_STATE_CD
CSP_PRVDR_CMN_IRF_H STRY	STATE_CD	VARCHAR2 (2)	N	State Code	This column contains the state abbreviation code.	CSP_STATE_CD
CSP_PRVDR_CMN_IRF_H STRY	STATE_MNTRG_CNT	NUMBER (22)	N	State Survey Jurisdiction Count	Number of times the provider has been under State Survey Jurisdiction.	
CSP_PRVDR_CMN_IRF_H STRY	STATE_RGN_CD	VARCHAR2 (3)	N	State Region Code	Identifies the region within a state where the provider is located.	CSP_STATE_RGN_CD
CSP_PRVDR_CMN_IRF_H STRY	ST_ADR	VARCHAR2 (50)	N	Street Address	Street address of a provider that is certified to provide Medicare and/or Medicaid services.	
CSP_PRVDR_CMN_IRF_H STRY	TRMNTN_APL_CD	VARCHAR2 (1)	N	Termination Appeal Code	Indicates the appeal status of the current termination of the provider. Used for purposes	CSP_TRMNTN_APL_CD
CSP_PRVDR_CMN_IRF_H STRY	TRMNTN_EXPRTN_DT	DATE (8)	N	Termination Date / Expiration Date	The date the laboratory's certificate terminated or the expiration date of the current CLIA	
CSP_PRVDR_CMN_IRF_H STRY	UPDT_116_DT	DATE (8)	N	CLIA 116 Update Date	Date the CLIA 116 data for the provider was last updated.	
CSP_PRVDR_CMN_IRF_H STRY	UPDT_DT	DATE (8)	N	Last Update Date for Provider	Date the provider record was last updated.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR_CMN_IRF_H STRY	VLDTN_SRVY_DT	DATE (8)	N	Validation Survey Date	Date of the most recent validation survey of a deemed provider, performed by the state agency.	
CSP_PRVDR_CMN_IRF_H STRY	ZIP4_CD	VARCHAR2 (4)	N	ZIP Code + 4 Extra Digits	This field contains the additional four ZIP code digits.	
CSP_PRVDR_CMN_IRF_H STRY	ZIP_CD	VARCHAR2 (5)	N	ZIP Code	The five-digit postal code for the provider.	
CSP_PRVDR_DFCNCY_SM RY	COP_CRNT_PRIOR_CNT	NUMBER (4.0)	N	CoP Count: Citation Repeat Current and Prior	Number of conditions of participation citations cited on both the current and first-prior surveys.	
CSP_PRVDR_DFCNCY_SM RY	COP_LATE_CRCTN_CNT	NUMBER (4.0)	N	CoP Count: Citation Late Correction	Number of condition of participation citations corrected after the determination approval date	
CSP_PRVDR_DFCNCY_SM RY	COP_NON_CRCTD_CNT	NUMBER (4.0)	N	CoP Count: Citation Not Corrected	Number of condition of participation citations not corrected for the associated survey.	
CSP_PRVDR_DFCNCY_SM RY	COP_TOT_CNT	NUMBER (4.0)	N	Total Count: CoP	Number of condition of participation citations for the associated survey.	
CSP_PRVDR_DFCNCY_SM RY	ELE_TOT_CNT	NUMBER (4.0)	N	Total Count: Element	Number of element level citations for the associated survey.	
CSP_PRVDR_DFCNCY_SM RY	HLTH_NON_CRCTD_CNT	NUMBER (4.0)	N	Total Count: Health Not Corrected	Number of health safety citations not corrected for the associated survey.	
CSP_PRVDR_DFCNCY_SM RY	HLTH_TOT_CNT	NUMBER (4.0)	N	Total Count: Health	Number of health safety citations for the associated survey.	
CSP_PRVDR_DFCNCY_SM RY	LSC_TOT_CNT	NUMBER (4.0)	N	Total Count: LSC	Number of life safety citations for the associated survey.	
CSP_PRVDR_DFCNCY_SM RY	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_PRVDR_DFCNCY_SM RY	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the CMS	
CSP_PRVDR_DFCNCY_SM RY	ROF_CRCTD_CNT	NUMBER (4.0)	N	RO Flag Count: Corrected	Number of corrected Regional Office flagged citations for the associated survey.	
CSP_PRVDR_DFCNCY_SM RY	ROF_NO_POC_CNT	NUMBER (4.0)	N	RO Flag Count: No PoC	Number of Regional Office flagged citations with no plan of correction for the associated	
CSP_PRVDR_DFCNCY_SM RY	ROF_POC_CNT	NUMBER (4.0)	N	RO Flag Count: PoC	Number of Regional Office flagged citations with a plan of correction for the associated	
CSP_PRVDR_DFCNCY_SM RY	ROF_RFSD_CRCTN_CNT	NUMBER (4.0)	N	RO Flag Count: Refused	Number of Regional Office flagged citations that the provider refused to correct for the	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR_DFCNCY_SM RY	ROF_TOT_CNT	NUMBER (4.0)	N	Total Count: RO Flag	Number of Regional Office flagged citations for the associated survey.	
CSP_PRVDR_DFCNCY_SM RY	ROF_WVR_CNT	NUMBER (4.0)	N	RO Flag Count: Waiver	Number of Regional Office flagged citations with an approved waiver for the associated	
CSP_PRVDR_DFCNCY_SM RY	RQMT_TOT_CNT	NUMBER (4.0)	N	Total Count: Requirement	Number of requirement level citations for the associated survey.	
CSP_PRVDR_DFCNCY_SM RY	SMRY_TYPE_CD	VARCHAR2 (4)	Y	Summary Type Code	Indicates the method used to calculate citation summaries by provider for each standard survey.	CSP_PRVDR_DFCNCY_SMRY_ TYPE_VW
CSP_PRVDR_DFCNCY_SM RY	SMRY_TYPE_DESC	VARCHAR2 (131)	N	Summary Type Description	Indicates the method used to calculate citation summaries by provider for each standard survey.	CSP_PRVDR_DFCNCY_SMRY_ TYPE_VW
CSP_PRVDR_DFCNCY_SM RY	SRVY_AGE_NUM	NUMBER (1.0)	Y	Survey Age Number	Sequential number derived by sorting survey rows by: CMS Certification Number, Survey	
CSP_PRVDR_DFCNCY_SM RY	SRVY_DT	DATE (8)	N	Survey Date	Equals the Certification Date of this Standard survey cycle.	
CSP_PRVDR_DFCNCY_SM RY	STD_TOT_CNT	NUMBER (4.0)	N	Total Count: Standard	Number of standard level citations for the associated survey.	
CSP_PRVDR_DFCNCY_SM RY	TOT_CNT	NUMBER (4.0)	N	Total Count: Total	Number of health and life safety citations for the associated survey.	
CSP_PRVDR_DFCNCY_SM RY	TOT_CRCTD_CNT	NUMBER (4.0)	N	Total Count: Corrected	Number of corrected health and life safety citations for the associated survey.	
CSP_PRVDR_DFCNCY_SM RY	TOT_CRNT_PRIOR_CNT	NUMBER (4.0)	N	Total Count: Repeat Current and Prior	Number of health and life safety citations cited on both the current and first-prior surveys.	
CSP_PRVDR_DFCNCY_SM RY	TOT_NON_CRCTD_CNT	NUMBER (4.0)	N	Total Count: Not Corrected	Number of health and life safety citations not corrected for the associated survey.	
CSP_PRVDR_DFCNCY_SM RY	TOT_NO_POC_CNT	NUMBER (4.0)	N	Total Count: No PoC	Number of health and life safety citations with no plan of correction for the associated survey.	
CSP_PRVDR_DFCNCY_SM RY	TOT_POC_CNT	NUMBER (4.0)	N	Total Count: PoC	Number of health and life safety citations with a plan of correction for the associated survey.	
CSP_PRVDR_DFCNCY_SM RY	TOT_RFSD_CRCTN_CNT	NUMBER (4.0)	N	Total Count: Refused	Number of health and life safety citations that the provider refused to correct for the associated	
CSP_PRVDR_DFCNCY_SM RY	TOT_WVR_CNT	NUMBER (4.0)	N	Total Count: Waiver	Number of health and life safety citations with an approved waiver for the associated survey.	
CSP_PRVDR_IRF_SUBUNI T_HSTRY_VW	ADDTNL_ST_ADR	VARCHAR2 (50)	N	2nd Street Address Line	The second line of a provider's street address.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR_IRF_SUBUNIT_HSTRY_VW	CITY_NAME	VARCHAR2 (28)	N	City	City in which the provider is physically located.	
CSP_PRVDR_IRF_SUBUNIT_HSTRY_VW	FAC_NAME	VARCHAR2 (50)	N	Facility Name	The name of a provider certified to participate in the Medicare and/or Medicaid programs.	
CSP_PRVDR_IRF_SUBUNIT_HSTRY_VW	FAX_PHNE_NUM	VARCHAR2 (10)	N	Fax Phone Number	The 10-digit fax phone number of the primary contact or the operator of the provider.	
CSP_PRVDR_IRF_SUBUNIT_HSTRY_VW	IRF_ASMT_SBMT_CD	VARCHAR2 (1)	N	IRF-PAI Assessment Submit Code	IRF-PAI assessment submit indicator. Set to 'R' if the facility is allowed to submit IRF-PAI	CSP_ASMT_SBMT_CD
CSP_PRVDR_IRF_SUBUNIT_HSTRY_VW	IRF_FAC_ID	NUMBER (10.0)	N	IRF Facility ID	This is an artificial column created to enable users to link the Inpatient Rehab Facility (when	
CSP_PRVDR_IRF_SUBUNIT_HSTRY_VW	LTCH_ASMT_SBMT_CD	VARCHAR2 (1)	N	LTCH Assessment Submit Code	LTCH assessment submit indicator. Set to 'L' if the facility is allowed to submit LTCH	CSP_ASMT_SBMT_CD
CSP_PRVDR_IRF_SUBUNIT_HSTRY_VW	MAIL_ADDTNL_ST_ADR	VARCHAR2 (50)	N	Mailing Address-Street Line 2	The second line of a provider's mailing street address, if different from its location address.	
CSP_PRVDR_IRF_SUBUNIT_HSTRY_VW	MAIL_CITY_NAME	VARCHAR2 (28)	N	Mailing Address-City	The city of a provider's mailing address, if the address is different than the location address.	
CSP_PRVDR_IRF_SUBUNIT_HSTRY_VW	MAIL_STATE_CD	VARCHAR2 (2)	N	Mailing Address-State	The two-letter state abbreviation for a provider's mailing address, if different than its location	CSP_STATE_CD
CSP_PRVDR_IRF_SUBUNIT_HSTRY_VW	MAIL_ST_ADR	VARCHAR2 (50)	N	Mailing Address-Street Line 1	The first line of a provider's mailing street address, if different than its location address.	
CSP_PRVDR_IRF_SUBUNIT_HSTRY_VW	MAIL_ZIP4_CD	VARCHAR2 (4)	N	Mailing Address-ZIP+Four	The four-digit additional postal code which identifies a provider's mailing address, if	
CSP_PRVDR_IRF_SUBUNIT_HSTRY_VW	MAIL_ZIP_CD	VARCHAR2 (5)	N	Mailing Address-ZIP Code	The 5-digit postal code for a provider's mailing address, if different than its location address.	
CSP_PRVDR_IRF_SUBUNIT_HSTRY_VW	MDCD_VNDR_NUM	VARCHAR2 (15)	N	Medicaid Vendor Number	A number which may be assigned to a facility by the state Medicaid agency for external	
CSP_PRVDR_IRF_SUBUNIT_HSTRY_VW	ORGNL_PRTCPTN_DT	DATE (8)	N	Participation Date	The date a facility is first approved to provide Medicare and/or Medicaid services.	
CSP_PRVDR_IRF_SUBUNIT_HSTRY_VW	PGM_TRMNTN_CD	VARCHAR2 (2)	N	Termination Code	Termination code number one: the reason a facility has been terminated from the CLIA,	CSP_TRMNTN_CD
CSP_PRVDR_IRF_SUBUNIT_HSTRY_VW	PGM_TRMNTN_DESC	VARCHAR2 (65)	N	Termination Description	Indicates the current termination status for the provider.	CSP_TRMNTN_CD
CSP_PRVDR_IRF_SUBUNIT_HSTRY_VW	PHNE_NUM	VARCHAR2 (10)	N	Telephone Number	The 10-digit telephone number of the primary contact or the operator of a provider.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR_IRF_SUBUNIT_HSTRY_VW	PRVDR_CTGRY_CD	VARCHAR2 (2)	N	Provider Category Code	This code identifies the category which is most descriptive of the facility identified on the	CSP_PRVDR_CTGRY_CD
CSP_PRVDR_IRF_SUBUNIT_HSTRY_VW	PRVDR_INTRNL_NUM	NUMBER (10.0)	N	Provider Internal Number	This number uniquely identifies an IRF facility.	
CSP_PRVDR_IRF_SUBUNIT_HSTRY_VW	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number assigned to a certified provider.	
CSP_PRVDR_IRF_SUBUNIT_HSTRY_VW	SB_ASMT_SBMT_CD	VARCHAR2 (1)	N	Swing Bed Assessment Submit Code	If set to 'S', the facility is allowed to submit swing bed assessments.	CSP_ASMT_SBMT_CD
CSP_PRVDR_IRF_SUBUNIT_HSTRY_VW	SSA_CNTY_CD	VARCHAR2 (3)	N	SSA County Code	SSA (Social Security Administration) geographic code indicating the county where the	CSP_CNTY_CD
CSP_PRVDR_IRF_SUBUNIT_HSTRY_VW	SSA_CNTY_DESC	VARCHAR2 (33)	N	SSA County Description	SSA (Social Security Administration) geographic description indicating the county	CSP_CNTY_CD
CSP_PRVDR_IRF_SUBUNIT_HSTRY_VW	STATE_CD	VARCHAR2 (2)	N	State Code	This column contains the state abbreviation code.	CSP_STATE_CD
CSP_PRVDR_IRF_SUBUNIT_HSTRY_VW	ST_ADR	VARCHAR2 (50)	N	Street Address	Street address of a provider that is certified to provide Medicare and/or Medicaid services.	
CSP_PRVDR_IRF_SUBUNIT_HSTRY_VW	TRMNTN_EXPRTN_DT	DATE (8)	N	Termination Date / Expiration Date	The date the laboratory's certificate terminated or the expiration date of the current CLIA	
CSP_PRVDR_IRF_SUBUNIT_HSTRY_VW	ZIP4_CD	VARCHAR2 (4)	N	ZIP Code + 4 Extra Digits	This field contains the additional four ZIP code digits.	
CSP_PRVDR_IRF_SUBUNIT_HSTRY_VW	ZIP_CD	VARCHAR2 (5)	N	ZIP Code	The five-digit postal code for the provider.	
CSP_PRVDR_NH_VW	ADDTNL_FAC_NAME	VARCHAR2 (50)	N	Additional Facility Name	Additional Facility Name	
CSP_PRVDR_NH_VW	ADDTNL_ST_ADR	VARCHAR2 (50)	N	Additional Street Address	The second line of a provider street address.	
CSP_PRVDR_NH_VW	ADD_DT	DATE (7)	N	Add Date	Add Date	
CSP_PRVDR_NH_VW	ASPEN_LD_SW	VARCHAR2 (0)	N	Aspen Load Switch	Aspen Load Switch	
CSP_PRVDR_NH_VW	ASPEN_UPLD_DT	VARCHAR2 (0)	N	Aspen Upload Date	Aspen Upload Date	
CSP_PRVDR_NH_VW	CHOW_CNT	NUMBER (2.0)	N	Change of Ownership Count	Change of Ownership Count	
CSP_PRVDR_NH_VW	CHOW_DT	DATE (7)	N	Change of Ownership Date	Change of Ownership Date	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR_NH_VW	CHOW_PRIOR_DT	DATE (7)	N	Change of Ownership Prior Date	Change of Ownership Prior Date	
CSP_PRVDR_NH_VW	CITY_NAME	VARCHAR2 (28)	N	City Name	City Name	
CSP_PRVDR_NH_VW	FAC_ID	VARCHAR2 (16)	N	Facility ID	Facility ID	
CSP_PRVDR_NH_VW	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	Facility Internal ID	
CSP_PRVDR_NH_VW	FAC_NAME	VARCHAR2 (50)	N	Facility Name	The name of a provider certified to participate in the Medicare and/or Medicaid programs.	
CSP_PRVDR_NH_VW	FAX_PHNE_NUM	VARCHAR2 (10)	N	Fax Number	Fax Number	
CSP_PRVDR_NH_VW	FY_END_MO_DAY_CD	VARCHAR2 (4)	N	Fiscal Year End Date (MMDD)	Fiscal Year End Date (MMDD)	
CSP_PRVDR_NH_VW	HHA_ASMT_SBMT_CD	VARCHAR2 (0)	N	HHA Assessment Submit Code	HHA Assessment Submit Code	
CSP_PRVDR_NH_VW	INTRMDRY_CARR_CD	VARCHAR2 (5)	N	Intermediary Carrier Code	Intermediary Carrier Code	
CSP_PRVDR_NH_VW	INTRMDRY_CARR_PRIOR_CD	VARCHAR2 (5)	N	Intermediary Carrier Prior Code	A previous intermediary carrier number.	
CSP_PRVDR_NH_VW	IRF_ASMT_SBMT_CD	VARCHAR2 (1)	N	IRF-PAI Assessment Submit Code	IRF-PAI Assessment Submit Code	
CSP_PRVDR_NH_VW	MAIL_ADDTNL_ST_ADR	VARCHAR2 (50)	N	Mailing Address-Street Line 2	Mailing Address-Street Line 2	
CSP_PRVDR_NH_VW	MAIL_CITY_NAME	VARCHAR2 (28)	N	Mail City Name	Mail City Name	
CSP_PRVDR_NH_VW	MAIL_STATE_CD	VARCHAR2 (2)	N	Mailing Address: State Abbreviation	Mailing Address: State Abbreviation	
CSP_PRVDR_NH_VW	MAIL_ST_ADR	VARCHAR2 (50)	N	Mail Street Address	Mail Street Address	
CSP_PRVDR_NH_VW	MAIL_ZIP4_CD	VARCHAR2 (4)	N	Mailing Address: + 4 of ZIP Code	Mailing Address: + 4 of ZIP Code	
CSP_PRVDR_NH_VW	MAIL_ZIP_CD	VARCHAR2 (5)	N	Mail ZIP Code	Mail ZIP Code	
CSP_PRVDR_NH_VW	MDCD_VNDR_NUM	VARCHAR2 (15)	N	Medicaid Vendor Number	Medicaid Vendor Number	

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR_NH_VW	MDS_ASMT_SBMT_CD	VARCHAR2 (0)	N	MDS Assessment Submit Code	MDS Assessment Submit Code	
CSP_PRVDR_NH_VW	NPI_PRVDR_NUM	VARCHAR2 (0)	N	NPI Provider Number	NPI Provider Number	
CSP_PRVDR_NH_VW	OLDST_LSC_SHRT_FORM_DT	VARCHAR2 (0)	N	Old LSC Short Form Date	Old LSC Short Form Date	
CSP_PRVDR_NH_VW	ORGNL_PRTCPTN_DT	DATE (7)	N	Original Participation Date	Original Participation Date	
CSP_PRVDR_NH_VW	PGM_TRMNTN_CD	VARCHAR2 (2)	N	Program Termination Code	Program Termination Code	
CSP_PRVDR_NH_VW	PHNE_NUM	VARCHAR2 (10)	N	Phone Number	Phone Number	
CSP_PRVDR_NH_VW	PRVDR_CTGRY_CD	VARCHAR2 (2)	N	Provider Category Code	Identifies the type of provider participating in the Medicare/Medicaid program.	
CSP_PRVDR_NH_VW	PRVDR_CTGRY_SBTYP_CD	VARCHAR2 (2)	N	Provider Category Subtype Code	Provider Category Subtype Code ID	
CSP_PRVDR_NH_VW	PRVDR_INTRNL_NUM	NUMBER (10.0)	N	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_PRVDR_NH_VW	PRVDR_NUM	VARCHAR2 (10)	N	Provider Number	Provider Number	
CSP_PRVDR_NH_VW	REC_STUS_CD	VARCHAR2 (0)	N	Record Status Code	Record Status Code	
CSP_PRVDR_NH_VW	RGN_CD	VARCHAR2 (2)	N	Region Code	The regional location of the provider.	
CSP_PRVDR_NH_VW	RSRVY_CNT	VARCHAR2 (0)	N	Resurvey Count	The total number of times a particular provider has gone through the recertification process.	
CSP_PRVDR_NH_VW	SB_ASMT_SBMT_CD	VARCHAR2 (1)	N	Swing Bed Assessment Submit Code	Swing Bed Assessment Submit Code	
CSP_PRVDR_NH_VW	SRVY_STUS_CD	VARCHAR2 (0)	N	Survey Accepted or Pending	Survey Accepted or Pending	
CSP_PRVDR_NH_VW	SSA_CNTY_CD	VARCHAR2 (3)	N	SSA County Code	SSA County Code	
CSP_PRVDR_NH_VW	SSA_STATE_CD	VARCHAR2 (2)	N	Social Security Administration State Code	Social Security Administration State Code	
CSP_PRVDR_NH_VW	STATE_CD	VARCHAR2 (2)	N	State Code	State Code	



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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR_NH_VW	STATE_RGN_CD	VARCHAR2 (3)	N	State Region Code	State Region Code	
CSP_PRVDR_NH_VW	ST_ADR	VARCHAR2 (50)	N	Street Address	Street address of a provider that is certified to provide Medicare and/or Medicaid services.	
CSP_PRVDR_NH_VW	TRMNTN_EXPRTN_DT	DATE (7)	N	Termination or Expiration Date	Termination or Expiration Date	
CSP_PRVDR_NH_VW	UPDT_TS	DATE (7)	N	Update Timestamp	Update Timestamp	
CSP_PRVDR_NH_VW	ZIP4_CD	VARCHAR2 (4)	N	Zip Code Plus Four Code	Zip Code Plus Four Code	
CSP_PRVDR_NH_VW	ZIP_CD	VARCHAR2 (5)	N	Zip Code	Zip Code	
CSP_PRVDR_QW_VW	ACRDTN_TYPE_CD	VARCHAR2 (1)	N	Accreditation Type Code	Indicates an accrediting organization deeming the provider. If a provider is deemed by	CSP_ACRDTN_DEMD_CD
CSP_PRVDR_QW_VW	ADDTNL_FAC_NAME	VARCHAR2 (50)	N	Provider Name 2nd Line	Second line of a laboratory name.	
CSP_PRVDR_QW_VW	ADDTNL_ST_ADR	VARCHAR2 (50)	N	Address: Street 2nd Line	Second line of a laboratory's street address.	
CSP_PRVDR_QW_VW	CHOW_CNT	NUMBER (2.0)	N	CHOW Count	Number of times this provider has undergone a change of ownership.	
CSP_PRVDR_QW_VW	CHOW_DT	DATE (8)	N	CHOW Date	Effective date of the most recent change of ownership for this provider.	
CSP_PRVDR_QW_VW	CHOW_PRIOR_DT	DATE (8)	N	Prior CHOW Date	Effective date of the previous change of ownership for this provider.	
CSP_PRVDR_QW_VW	CITY_NAME	VARCHAR2 (28)	N	Address: City	City in which the provider is physically located.	
CSP_PRVDR_QW_VW	CMPTS_SW	VARCHAR2 (1)	N	CMPTS Indicator	Indicates if the provider has at least one Civil Money Penalty Tracking System record.	
CSP_PRVDR_QW_VW	CSP_PRVDR_ADD_DT	DATE (8)	N	Provider Accepted Date	Date the provider was first successfully uploaded to the national database.	
CSP_PRVDR_QW_VW	CSP_UPDT_DT	DATE (8)	N	CASPER Data Update Date	Date of the most recent update of any data for this provider on the national database.	
CSP_PRVDR_QW_VW	DEMD_STUS_SW	VARCHAR2 (1)	N	Deemed Status Indicator	Indicates if the provider is deemed to meet Medicare requirements by an accrediting	
CSP_PRVDR_QW_VW	FAC_ID	VARCHAR2 (16)	N	Facility ID	Facility identifier assigned by the state.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR_QW_VW	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	Unique sequential number assigned to a provider facility internal identifier that is unique within a	
CSP_PRVDR_QW_VW	FAC_NAME	VARCHAR2 (50)	N	Facility Name	Name of the provider certified to participate in the Medicare and/or Medicaid programs.	
CSP_PRVDR_QW_VW	FAX_PHNE_NUM	VARCHAR2 (10)	N	Fax Phone Number	10-digit fax phone number of the primary contact or the operator of the provider.	
CSP_PRVDR_QW_VW	FED_TAX_ID_NUM	VARCHAR2 (10)	N	EIN	Nine-digit number the IRS assigns to organizations. The IRS uses the number to	
CSP_PRVDR_QW_VW	FY_END_MO_DAY_CD	VARCHAR2 (4)	N	Fiscal Year End Date (MMDD)	End date, consisting of the month and day, of the provider's fiscal year.	
CSP_PRVDR_QW_VW	GNRL_CNTL_TYPE_CD	VARCHAR2 (2)	N	Ownership Type Code	Indicates the ownership type of the provider.	CSP_GNRL_CNTL_TYPE_CD
CSP_PRVDR_QW_VW	GNRL_FAC_TYPE_CD	VARCHAR2 (2)	N	Category-specific Facility Type Code	Indicates the category-specific facility type code, for certain provider categories only.	CSP_GNRL_FAC_TYPE_CD
CSP_PRVDR_QW_VW	HHA_ASMT_SBMT_CD	VARCHAR2 (17)	N	HHA Assessment Submit Code	Indicates if the HHA submits assessments.	CSP_ASMT_SBMT_CD
CSP_PRVDR_QW_VW	HOSPC_ASMT_SBMT_CD	VARCHAR2 (17)	N	Hospice Assessment Submit Code	Indicates if the hospice submits assessments.	CSP_ASMT_SBMT_CD
CSP_PRVDR_QW_VW	INTRMDRY_CARR_CD	VARCHAR2 (5)	N	Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code	Number assigned to the Medicare Administrative Contractor, intermediary or	CSP_INTRMDRY_CARR_CD
CSP_PRVDR_QW_VW	INTRMDRY_CARR_PRIOR_CD	VARCHAR2 (5)	N	Prior Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code	Number assigned to the previous Medicare Administrative Contractor, intermediary or	CSP_INTRMDRY_CARR_CD
CSP_PRVDR_QW_VW	IRF_ASMT_SBMT_CD	VARCHAR2 (1)	N	IRF-PAI Assessment Submit Code	IRF-PAI assessment submit indicator. Set to 'R' if the facility is allowed to submit IRF-PAI	
CSP_PRVDR_QW_VW	LTCH_ASMT_SBMT_CD	VARCHAR2 (1)	N	LTCH Assessment Submit Code	LTCH assessment submit indicator. Set to 'L' if the facility is allowed to submit LTCH	
CSP_PRVDR_QW_VW	MAIL_ADDTNL_ST_ADR	VARCHAR2 (50)	N	Mailing Address: Line 2	Second line of a provider's mailing address.	
CSP_PRVDR_QW_VW	MAIL_CITY_NAME	VARCHAR2 (28)	N	Mailing Address: City	City of a provider's mailing address.	
CSP_PRVDR_QW_VW	MAIL_STATE_CD	VARCHAR2 (2)	N	Mailing Address: State Abbreviation	Two-letter state abbreviation for a provider's mailing address.	CSP_STATE_CD
CSP_PRVDR_QW_VW	MAIL_ST_ADR	VARCHAR2 (50)	N	Mailing Address: Line 1	First line of a provider's mailing address.	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR_QW_VW	MAIL_ZIP4_CD	VARCHAR2 (4)	N	Mailing Address: + 4 of ZIP Code	Four-digit extension of the ZIP code for a provider's mailing address.	
CSP_PRVDR_QW_VW	MAIL_ZIP_CD	VARCHAR2 (5)	N	Mailing Address: ZIP Code	Five-digit ZIP code for a provider's mailing address.	
CSP_PRVDR_QW_VW	MDCD_MDCR_PRTCPTG_PRVDR_SW	VARCHAR2 (1)	N	Medicare or Medicaid Participating Provider Indicator	Indicates if a provider is participating in the Medicaid or Medicare or both programs.	
CSP_PRVDR_QW_VW	MDCD_VNDR_NUM	VARCHAR2 (15)	N	Medicaid Vendor Number	Number which may be assigned to a provider by the state Medicaid agency for external control or	
CSP_PRVDR_QW_VW	MDS_ASMT_SBMT_CD	VARCHAR2 (17)	N	MDS Assessment Submit Code	Indicates if the nursing home submits assessments.	CSP_ASMT_SBMT_CD
CSP_PRVDR_QW_VW	ORGNL_PRTCPTN_DT	DATE (8)	N	Original Participation Date	Date a provider is first approved to provide Medicare and/or Medicaid services.	
CSP_PRVDR_QW_VW	PGM_TRMNTN_CD	VARCHAR2 (2)	N	Termination Code	Indicates the current termination status for the provider.	CSP_TRMNTN_CD
CSP_PRVDR_QW_VW	PHNE_NUM	VARCHAR2 (10)	N	Telephone Number	Telephone number of the provider.	
CSP_PRVDR_QW_VW	PRVDR_CTGRY_CD	VARCHAR2 (2)	N	Provider Category Code	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_PRVDR_QW_VW	PRVDR_CTGRY_SBTYP_CD	VARCHAR2 (2)	N	Provider Category Subtype Code	Identifies the subtype of the provider, within the primary category. Used in reporting to show the	CSP_PRVDR_CTGRY_SBTYP_CD
CSP_PRVDR_QW_VW	PRVDR_INTRNL_NUM	NUMBER (10.0)	N	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_PRVDR_QW_VW	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the	
CSP_PRVDR_QW_VW	PRVNC_CD	VARCHAR2 (2)	N	Province Code	Canadian province where a non-participating emergency hospital is located.	CSP_PRVNC_CD
CSP_PRVDR_QW_VW	PSYCH_UNIT_BED_CNT	NUMBER (3.0)	N	Psychiatric Unit Bed Count	Number of beds in a Prospective Payment System (PPS) -exempt psychiatric unit of a	
CSP_PRVDR_QW_VW	PSYCH_UNIT_EFCTV_DT	DATE (8)	N	Psychiatric Unit Effective Date	Date a psychiatric unit of a hospital became exempt from the Prospective Payment System	
CSP_PRVDR_QW_VW	PSYCH_UNIT_SW	VARCHAR2 (1)	N	Psychiatric Unit Indicator	Indicates if a hospital has a Prospective Payment System (PPS) -exempt psychiatric unit.	
CSP_PRVDR_QW_VW	PSYCH_UNIT_TRMNTN_CD	VARCHAR2 (1)	N	Psychiatric Unit Termination Code	Indicates the reason that a psychiatric unit of a hospital is no longer exempt from Prospective	CSP_PSYCH_UNIT_TRMNTN_CD
CSP_PRVDR_QW_VW	PSYCH_UNIT_TRMNTN_DT	DATE (8)	N	Psychiatric Unit Termination Date	Date a psychiatric unit of a hospital is no longer exempt from the Prospective Payment System	

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR_QW_VW	REHAB_UNIT_BED_CNT	NUMBER (3.0)	N	Rehabilitation Unit Bed Count	Number of beds in a Prospective Payment System (PPS) -exempt rehabilitation unit of a	
CSP_PRVDR_QW_VW	REHAB_UNIT_EFCTV_DT	DATE (8)	N	Rehabilitation Unit Effective Date	Date a rehabilitation unit of a hospital became exempt from the Prospective Payment System	
CSP_PRVDR_QW_VW	REHAB_UNIT_SW	VARCHAR2 (1)	N	Rehabilitation Unit Indicator	Indicates if a hospital has a Prospective Payment System (PPS) -exempt rehabilitation unit.	
CSP_PRVDR_QW_VW	REHAB_UNIT_TRMNTN_CD	VARCHAR2 (1)	N	Rehabilitation Unit Termination Code	Indicates the reason that a rehabilitation unit hospital is no longer exempt from Prospective	CSP_REHAB_UNIT_TRMNTN_CD
CSP_PRVDR_QW_VW	REHAB_UNIT_TRMNTN_DT	DATE (8)	N	Rehabilitation Unit Termination Date	Date a rehabilitation unit of a hospital is no longer exempt from the Prospective Payment	
CSP_PRVDR_QW_VW	RGN_CD	VARCHAR2 (2)	N	Region Code	Indicates the CMS Regional Office responsible for the certification of the provider.	CSP_CMS_RGN_CD
CSP_PRVDR_QW_VW	SB_ASMT_SBMT_CD	VARCHAR2 (1)	N	Swing Bed Assessment Submit Code	Indicates that a hospital is allowed to submit swing bed assessments.	
CSP_PRVDR_QW_VW	SKLTN_REC_SW	VARCHAR2 (1)	N	Skeleton Record Indicator	Indicates if the record is a skeleton record. Only a limited set of data is available for this	
CSP_PRVDR_QW_VW	SSA_CNTY_CD	VARCHAR2 (3)	N	SSA County Code	Social Security Administration geographic code indicating the county where the provider is	CSP_CNTY_CD
CSP_PRVDR_QW_VW	SSA_STATE_CD	VARCHAR2 (2)	N	SSA State Code	Social Security Administration geographic code indicating the state where the provider is	CSP_SSA_STATE_CD
CSP_PRVDR_QW_VW	STATE_CD	VARCHAR2 (2)	N	State Abbreviation	Two-character state abbreviation.	CSP_STATE_CD
CSP_PRVDR_QW_VW	STATE_MNTRG_CNT	NUMBER (22)	N	State Survey Jurisdiction Count	Number of times the provider has been under State Survey Jurisdiction.	
CSP_PRVDR_QW_VW	STATE_RGN_CD	VARCHAR2 (3)	N	State Region Code	Identifies the region within a state where the provider is located.	CSP_STATE_RGN_CD
CSP_PRVDR_QW_VW	ST_ADR	VARCHAR2 (50)	N	Address: Street	Street address where the provider is located.	
CSP_PRVDR_QW_VW	TRMNTN_APL_CD	VARCHAR2 (1)	N	Termination Appeal Code	Indicates the appeal status of the current termination of the provider. Used for purposes	CSP_TRMNTN_APL_CD
CSP_PRVDR_QW_VW	TRMNTN_EXPRTN_DT	DATE (8)	N	Termination or Expiration Date	Date the provider was terminated. For CLIA providers, date the laboratory's certificate was	
CSP_PRVDR_QW_VW	UPDT_116_DT	DATE (8)	N	CLIA 116 Update Date	Date the CLIA 116 data for the provider was last updated.	
CSP_PRVDR_QW_VW	UPDT_DT	DATE (8)	N	Last Update Date for Provider	Date the provider record was last updated.	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR_QW_VW	VLDTN_SRVY_DT	DATE (8)	N	Validation Survey Date	Date of the most recent validation survey of a deemed provider, performed by the state agency.	
CSP_PRVDR_QW_VW	ZIP4_CD	VARCHAR2 (4)	N	Address: + 4 of ZIP Code	Four-digit extension of the ZIP code for a provider's physical address.	
CSP_PRVDR_QW_VW	ZIP_CD	VARCHAR2 (5)	N	Address: ZIP Code	Five-digit ZIP code for a provider's physical address.	
CSP_PRVDR_RLTNSHP	PRVDR_INTRNL_2_NUM	NUMBER (10.0)	Y	Provider Internal Number 2	This uniquely identifies the provider from CSP PRVDR which is related to the provider	
CSP_PRVDR_RLTNSHP	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_PRVDR_RLTNSHP	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the	
CSP_PRVDR_RLTNSHP	PRVDR_RLTNSHP_TYPE_CD	VARCHAR2 (1)	Y	Provider Relationship Type Code	This field describes the relationship that exists between Provider 1 (PRVDR INTRNL NUM)	CSP_PRVDR_RLTNSHP_TYPE_CD
CSP_PRVDR_RLTNSHP	RLTD_PRVDR_NUM	VARCHAR2 (10)	N	Related provider number	Related provider number	CSP_PRVDR_CMN
CSP_PRVDR_RLTNSHP	RLTNSHP_TYPE_DESC	VARCHAR2 (62)	N	Provider Relationship Type Description	Provider Relationship Type Description	CSP_PRVDR_RLTNSHP_TYPE_CD
CSP_PRVDR_RLTNSHP	TYPE_CD_ID	NUMBER (2.0)	Y	Type Code Identifier	Type Code identifier	
CSP_PRVDR_SMRY_VW	CMPLNT_HLTH_DFCNCY_1_CNT	NUMBER (22)	N	Health Deficiency Count: Complaint - Current	Number of health deficiencies cited on the most recent complaint survey.	
CSP_PRVDR_SMRY_VW	CMPLNT_HLTH_DFCNCY_2_CNT	NUMBER (22)	N	Health Deficiency Count: Complaint - Prior 1	Number of health deficiencies cited on the first prior complaint survey.	
CSP_PRVDR_SMRY_VW	CMPLNT_HLTH_DFCNCY_3_CNT	NUMBER (22)	N	Health Deficiency Count: Complaint - Prior 2	Number of health deficiencies cited on the second prior standard survey.	
CSP_PRVDR_SMRY_VW	CMPLNT_HLTH_DFCNCY_4_CNT	NUMBER (22)	N	Health Deficiency Count: Complaint - Prior 3	Number of health deficiencies cited on the third prior complaint survey.	
CSP_PRVDR_SMRY_VW	CMPLNT_SRVY_1_DT	DATE (8)	N	Survey Date: Complaint - Current	Exit date of the initial visit for the most recent complaint investigation.	
CSP_PRVDR_SMRY_VW	CMPLNT_SRVY_2_DT	DATE (8)	N	Survey Date: Complaint - Prior 1	Exit date of the initial visit for the first prior complaint investigation.	
CSP_PRVDR_SMRY_VW	CMPLNT_SRVY_3_DT	DATE (8)	N	Survey Date: Complaint - Prior 2	Exit date of the initial visit for the second prior complaint investigation.	
CSP_PRVDR_SMRY_VW	CMPLNT_SRVY_4_DT	DATE (8)	N	Survey Date: Complaint - Prior 3	Exit date of the initial visit for the third prior complaint investigation.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR_SMRY_VW	FMS_HLTH_DFCNCY_1_CNT	NUMBER (22)	N	Health Deficiency Count: FMS - Current	Number of health deficiencies cited on the most recent FMS survey.	
CSP_PRVDR_SMRY_VW	FMS_HLTH_DFCNCY_2_CNT	NUMBER (22)	N	Health Deficiency Count: FMS - Prior 1	Number of health deficiencies cited on the first prior FMS survey.	
CSP_PRVDR_SMRY_VW	FMS_HLTH_DFCNCY_3_CNT	NUMBER (22)	N	Health Deficiency Count: FMS - Prior 2	Number of health deficiencies cited on the second prior FMS survey.	
CSP_PRVDR_SMRY_VW	FMS_HLTH_DFCNCY_4_CNT	NUMBER (22)	N	Health Deficiency Count: FMS - Prior 3	Number of health deficiencies cited on the third prior FMS survey.	
CSP_PRVDR_SMRY_VW	FMS_SRVY_1_DT	DATE (8)	N	Survey Date: FMS - Current	Exit date of the initial visit for the most recent Federal Monitoring Survey.	
CSP_PRVDR_SMRY_VW	FMS_SRVY_2_DT	DATE (8)	N	Survey Date: FMS - Prior 1	Exit date of the initial visit for the first prior Federal Monitoring Survey.	
CSP_PRVDR_SMRY_VW	FMS_SRVY_3_DT	DATE (8)	N	Survey Date: FMS - Prior 2	Exit date of the initial visit for the second prior Federal Monitoring Survey.	
CSP_PRVDR_SMRY_VW	FMS_SRVY_4_DT	DATE (8)	N	Survey Date: FMS - Prior 3	Exit date of the initial visit for the third prior Federal Monitoring Survey.	
CSP_PRVDR_SMRY_VW	PRVDR_INTRNL_NUM	NUMBER (22.0)	N	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_PRVDR_SMRY_VW	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the CMS	
CSP_PRVDR_SMRY_VW	STATE_CD	VARCHAR2 (2)	N	State Abbreviation	Two-character state abbreviation.	CSP_STATE_CD
CSP_PRVDR_SMRY_VW	STATE_DESC	VARCHAR2 (20)	N	State Description	State Description	CSP_STATE_CD
CSP_PRVDR_SMRY_VW	STATE_NAME	VARCHAR2 (20)	N	State Description	Name of the provider's state.	
CSP_PRVDR_SMRY_VW	STD_HLTH_DFCNCY_1_CNT	NUMBER (22)	N	Health Deficiency Count: Standard - Current	Number of health deficiencies cited on the most recent standard survey.	
CSP_PRVDR_SMRY_VW	STD_HLTH_DFCNCY_2_CNT	NUMBER (22)	N	Health Deficiency Count: Standard - Prior 1	Number of health deficiencies cited on the first prior standard survey.	
CSP_PRVDR_SMRY_VW	STD_HLTH_DFCNCY_3_CNT	NUMBER (22)	N	Health Deficiency Count: Standard - Prior 2	Number of health deficiencies cited on the second prior standard survey.	
CSP_PRVDR_SMRY_VW	STD_HLTH_DFCNCY_4_CNT	NUMBER (22)	N	Health Deficiency Count: Standard - Prior 3	Number of health deficiencies cited on the third prior standard survey.	
CSP_PRVDR_SMRY_VW	STD_SRVY_1_DT	DATE (8)	N	Survey Date: Standard - Current	Certification date of the current certification kit.	

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR_SMRY_VW	STD_SRVY_2_DT	DATE (8)	N	Survey Date: Standard - Prior 1	Certification date of the first prior certification kit.	
CSP_PRVDR_SMRY_VW	STD_SRVY_3_DT	DATE (8)	N	Survey Date: Standard - Prior 2	Certification date of the second prior certification kit.	
CSP_PRVDR_SMRY_VW	STD_SRVY_4_DT	DATE (8)	N	Survey Date: Standard - Prior 3	Certification date of the third prior certification kit.	
CSP_QW_SRVY_CLIA_AC RDTN_VW	ACRDTN_AGENCY_CD	VARCHAR2 (2)	N	Accreditation Organization Code	Indicates the name of the accrediting organization	CLIA_ACRDTN_CD
CSP_QW_SRVY_CLIA_AC RDTN_VW	ACRDTN_AGENCY_DESC	VARCHAR2 (5)	N	Accreditation Organization Description	Indicates the name of the accrediting organization.	CLIA_ACRDTN_CD
CSP_QW_SRVY_CLIA_AC RDTN_VW	PRVDR_INTRNL_NUM	NUMBER (10.0)	N	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_QW_SRVY_CLIA_AC RDTN_VW	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the	
CSP_QW_SRVY_CLIA_AC RDTN_VW	SRVY_1_DT	DATE (8)	N	Survey Date: Current	Inspection date reported by accrediting organization - current.	
CSP_QW_SRVY_CLIA_AC RDTN_VW	SRVY_2_DT	DATE (8)	N	Survey Date: First Prior	Inspection date reported by accrediting organization - first prior.	
CSP_QW_SRVY_CLIA_AC RDTN_VW	SRVY_3_DT	DATE (8)	N	Survey Date: Second Prior	Inspection date reported by accrediting organization - second prior.	
CSP_QW_SRVY_CLIA_AC RDTN_VW	SRVY_4_DT	DATE (8)	N	Survey Date: Third Prior	Inspection date reported by accrediting organization - third prior.	
CSP_SMRY_CLIA_D_DFC NCY_SPCLTY	DFCNCY_CNT	NUMBER (6.0)	N	Total Number of Deficiencies	Total number of facilities by state, subtype and deficiency prefix.	
CSP_SMRY_CLIA_D_DFC NCY_SPCLTY	DFCNCY_PREX_CD	VARCHAR2 (1)	Y	Deficiency Prefix Code	The alphabetic character that is assigned to a series of data tags that apply to a provider or	CSP_DFCNCY_PREX_CD
CSP_SMRY_CLIA_D_DFC NCY_SPCLTY	DFCNCY_TAG_NUM	VARCHAR2 (4)	Y	Deficiency Tag Number	The numeric code following the alphabetic character which is assigned to each requirement	
CSP_SMRY_CLIA_D_DFC NCY_SPCLTY	RGN_CD	VARCHAR2 (2)	Y	Region Code	The regional location of the provider.	CSP_CMS_RGN_CD
CSP_SMRY_CLIA_D_DFC NCY_SPCLTY	SPCLTY_CD	VARCHAR2 (4)	Y	Specialty Code	Specialty code.	CSP_CLIA_SPCLTY_CD
CSP_SMRY_CLIA_D_DFC NCY_SPCLTY	SSA_STATE_CD	VARCHAR2 (2)	Y	SSA State Code	SSA (Social Security Administration) geographic code indicating the state of the	CSP_SSA_STATE_CD
CSP_SMRY_CLIA_FAC_SP CLTY	ACRDTD_FAC_CNT	NUMBER (6.0)	N	Total Number of Accredited Facilities	Total number of accredited facilities with specialties.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_SMRY_CLIA_FAC_SP CLTY	FAC_CNT	NUMBER (6.0)	N	Total Number of Facilities	Total number of facilities by state, subtype and deficiency prefix.	
CSP_SMRY_CLIA_FAC_SP CLTY	RGN_CD	VARCHAR2 (2)	Y	Region Code	The regional location of the provider.	CSP_CMS_RGN_CD
CSP_SMRY_CLIA_FAC_SP CLTY	SPCLTY_CD	VARCHAR2 (4)	Y	Specialty Code	Specialty code.	CSP_CLIA_SPCLTY_CD
CSP_SMRY_CLIA_FAC_SP CLTY	SSA_STATE_CD	VARCHAR2 (2)	Y	SSA State Code	SSA (Social Security Administration) geographic code indicating the state of the	CSP_SSA_STATE_CD
CSP_SMRY_CNT_SMRY_T YPE	PRVDR_CTGRY_CD	VARCHAR2 (2)	Y	Provider Category Code	This code identifies the category which is most descriptive of the facility identified on the	CSP_PRVDR_CTGRY_CD
CSP_SMRY_CNT_SMRY_T YPE	PRVDR_CTGRY_SBTYP_CD	VARCHAR2 (2)	Y	Provider Category Subtype Code	This field is used mainly by batch report programs to determine the breakdown of the	CSP_PRVDR_CTGRY_SBTYP_C D
CSP_SMRY_CNT_SMRY_T YPE	RGN_CD	VARCHAR2 (2)	Y	Region Code	The regional location of the provider.	CSP_CMS_RGN_CD
CSP_SMRY_CNT_SMRY_T YPE	SMRY_CNT	NUMBER (6.0)	N	Total Number of Providers	Total number of facilities by state, subtype and deficiency prefix.	
CSP_SMRY_CNT_SMRY_T YPE	SMRY_TYPE_CD	VARCHAR2 (3)	Y	Summary Type Code	This indicator specifies the current status of the record.	CSP_SMRY_TYPE_CD
CSP_SMRY_CNT_SMRY_T YPE	SSA_STATE_CD	VARCHAR2 (2)	Y	SSA State Code	SSA (Social Security Administration) geographic code indicating the state of the	CSP_SSA_STATE_CD
CSP_SMRY_FAC_DFCNCY	DFCNCY_PREX_CD	VARCHAR2 (1)	Y	Deficiency Prefix Code	The alphabetic character that is assigned to a series of data tags that apply to a provider or	CSP_DFCNCY_PREX_CD
CSP_SMRY_FAC_DFCNCY	DFCNCY_TAG_NUM	VARCHAR2 (4)	Y	Deficiency Tag Number	The numeric code following the alphabetic character which is assigned to each requirement	CSP_DFCNCY_TAG
CSP_SMRY_FAC_DFCNCY	FAC_CNT	NUMBER (6.0)	N	Total Number of Facilities	Total number of facilities by state, subtype and deficiency prefix.	
CSP_SMRY_FAC_DFCNCY	PRVDR_CTGRY_CD	VARCHAR2 (2)	Y	Provider Category Code	This code identifies the category which is most descriptive of the facility identified on the	CSP_PRVDR_CTGRY_CD
CSP_SMRY_FAC_DFCNCY	PRVDR_CTGRY_SBTYP_CD	VARCHAR2 (2)	Y	Provider Category Subtype Code	This field is used mainly by batch report programs to determine the breakdown of the	CSP_PRVDR_CTGRY_SBTYP_C D
CSP_SMRY_FAC_DFCNCY	RGN_CD	VARCHAR2 (2)	Y	Region Code	The regional location of the provider.	CSP_CMS_RGN_CD
CSP_SMRY_FAC_DFCNCY	SMRY_TYPE_CD	VARCHAR2 (3)	Y	Summary Type Code	This indicator specifies the current status of the record.	CSP_SMRY_TYPE_CD
CSP_SMRY_FAC_DFCNCY	SSA_STATE_CD	VARCHAR2 (2)	Y	SSA State Code	SSA (Social Security Administration) geographic code indicating the state of the	CSP_SSA_STATE_CD



## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_SMRY_RSDNT_CNSU S_FLD	CNSUS_FLD_NAME	VARCHAR2 (23)	Y	Census Characteristic Name	This field describes the type of census resident characteristic (using actual M204 name) for	
CSP_SMRY_RSDNT_CNSU S_FLD	PRVDR_CTGRY_CD	VARCHAR2 (2)	Y	Provider Category Code	This code identifies the category which is most descriptive of the facility identified on the	CSP_PRVDR_CTGRY_CD
CSP_SMRY_RSDNT_CNSU S_FLD	PRVDR_CTGRY_SBTYP_CD	VARCHAR2 (2)	Y	Provider Category Subtype Code	This field is used mainly by batch report programs to determine the breakdown of the	CSP_PRVDR_CTGRY_SBTYP_C D
CSP_SMRY_RSDNT_CNSU S_FLD	RGN_CD	VARCHAR2 (2)	Y	Region Code	The regional location of the provider.	CSP_CMS_RGN_CD
CSP_SMRY_RSDNT_CNSU S_FLD	RSDNT_CNT	NUMBER (6.0)	N	Total Number of Residents	Total number of residents by state and resident characteristic or type.	
CSP_SMRY_RSDNT_CNSU S_FLD	SSA_STATE_CD	VARCHAR2 (2)	Y	SSA State Code	SSA (Social Security Administration) geographic code indicating the state of the	CSP_SSA_STATE_CD
CSP_SRVY	ACK_CMLPNC_RQRD_SW	VARCHAR2 (1)	N	Acknowledge Compliance Required Switch	Acknowledgment that new attestation of compliance is required for director change.	
CSP_SRVY	ACK_RGHT_ONST_SRVY_SW	VARCHAR2 (1)	N	Acknowledge Right Onsite Survey Switch	Acknowledgment of state survey agency's right to conduct on-site survey.	
CSP_SRVY	ADD_670_DT	DATE (8)	N	Add 670 Date	The add date of the 670 workload team information.	
CSP_SRVY	AFLTD_PRVDR_CNT	NUMBER (2.0)	N	Affiliated Provider Count	Total number of related or affiliated providers in groups 01 through 10.	
CSP_SRVY	APSY_NAME	VARCHAR2 (4)	N	Application Sub-System Name	Name of subsystem in which the workload record was entered, ODIE (Online Data Input &	CSP_APSY_CD
CSP_SRVY	APSY_NAME_DESC	VARCHAR2 (36)	N	Application Sub-System Name Description	Name of subsystem in which the workload record was entered, ODIE (Online Data Input &	CSP_APSY_CD
CSP_SRVY	AQAS_SW	VARCHAR2 (1)	N	AQAS Switch	Alternate Quality Assessment Survey Switch	
CSP_SRVY	ATSTN_DRCTR_SGND_DT	DATE (8)	N	Attestation Director Signed Date	Date attestation signed by director.	
CSP_SRVY	ATSTN_RCVD_DT	DATE (8)	N	Attestation Received Date	Date attestation was received by state Medicaid agency.	
CSP_SRVY	CMPLNT_SBSTNTD_SW	VARCHAR2 (1)	N	Complaint Substantiated Indicator	Indicates if a complaint is substantiated.	
CSP_SRVY	CMPLT_670_SW	VARCHAR2 (1)	N	Complete 670 Indicator	The switch indicating the completion of the CMS 670 form.	
CSP_SRVY	CNSCTV_0_DFCNCY_CNT	NUMBER (2.0)	N	Consecutive Zero Deficiency Count	Number of consecutive surveys with zero deficiencies.	

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_SRVY	CRTFCTN_DT	DATE (8)	N	Certification Date	Equal to the exit date of the initial visit of the Health survey for certifications completed after	
CSP_SRVY	CYC_VISIT_DT	DATE (8)	N	Cycle Visit Date	Exit date of the survey visit.	
CSP_SRVY	CYC_VISIT_NUM	NUMBER (3.0)	N	Cycle Visit Number	Sequential number that represents the occurrence of this visit during a survey cycle.	
CSP_SRVY	ERONS_DFCNCY_SW	VARCHAR2 (1)	N	Erroneous Deficiencies Switch	Indicates if the deficiencies cited during a survey correspond with the type of facility. For	
CSP_SRVY	EVNT_ID	VARCHAR2 (7)	Y	CASPER Event ID	Unique CASPER ID by state for each survey visit. This ID is equivalent to the ASPEN Event	
CSP_SRVY	FAC_MEET_483_SW	VARCHAR2 (1)	N	Facility Meet 483 Switch	Facility certifies that it meets part 483, subpart G.	
CSP_SRVY	FMS_BGN_DT	DATE (8)	N	Federal Survey Begin Date	The date that the federal surveyor began to conduct the federal survey. If health and life	
CSP_SRVY	FMS_EXTNT_CD	VARCHAR2 (1)	N	Extent of Federal Survey	Code describes whether a full or partial Health and Life Safety Survey was conducted by the	CSP_FMS_EXTNT_CD
CSP_SRVY	FMS_EXTNT_DESC	VARCHAR2 (19)	N	FMS Extent Description	Code describes whether a full or partial Health and Life Safety Survey was conducted by the	CSP_FMS_EXTNT_CD
CSP_SRVY	FMS_INTRNL_ID	NUMBER (12.0)	N	FMS Internal ID	Unique ID assigned to each FMS survey cycle. Assigned sequentially nationally.	
CSP_SRVY	FMS_TYPE_CD	VARCHAR2 (1)	N	Federal Survey Type Code	This code describes the purpose or basis of the federal survey, (HCFA-534 #7).	CSP_FMS_TYPE_CD
CSP_SRVY	FMS_TYPE_DESC	VARCHAR2 (23)	N	FMS Type Description	This code describes the purpose or basis of the federal survey, (HCFA-534 #7).	CSP_FMS_TYPE_CD
CSP_SRVY	FORM_2567_RQRD_SW	VARCHAR2 (1)	N	Preparation of Form 2567 Switch	An indication of whether the federal survey findings required the preparation of a statement	
CSP_SRVY	FORM_2567_SENT_FAC_DT	DATE (8)	N	Sent Provider 2567 Date	The date that the statement of deficiencies and plan of correction form, HCFA 2567, was sent	
CSP_SRVY	FORM_2567_SENT_FAC_SW	VARCHAR2 (1)	N	Sent Provider 2567 Switch	An indication of whether the statement of deficiencies and plan of correction, HCFA 2567,	
CSP_SRVY	HDQTR_CITY_NAME	VARCHAR2 (28)	N	Headquarter City Name	City for corporate headquarters.	
CSP_SRVY	HDQTR_STATE_CD	VARCHAR2 (2)	N	Headquarters State Code	State abbreviation for corporate headquarters.	CSP_STATE_CD
CSP_SRVY	HIGHST_SCOPE_SVRTY_CD	VARCHAR2 (1)	N	Highest Scope / Severity Code	Indicates the highest Scope and Severity code cited for this survey. Nursing Home only.	CSP_SCOPE_SVRTY_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_SRVY	HIGHST_SCOPE_SVRTY_DES C	VARCHAR2 (75)	N	Highest Scope / Severity Description	This field indicates the highest scope and severity tag cited on the survey visit. Nursing	CSP_SCOPE_SVRTY_CD
CSP_SRVY	INITL_CYC_VISIT_SW	VARCHAR2 (1)	N	Initial Cycle Visit Indicator	Indicates if the visit is the initial visit of the survey cycle	
CSP_SRVY	INTRGNL_SRVY_SW	VARCHAR2 (1)	N	Interregional Survey Switch - obsolete	This field has been deleted.	
CSP_SRVY	INTRGNL_VISITG_RGN_CD	VARCHAR2 (2)	N	Interregional Visiting Region Code - obsolete	This field has been deleted.	CSP_CMS_RGN_CD
CSP_SRVY	LSC_BLDG_CNT	NUMBER (2.0)	N	Building Count	Total number of certified buildings for the provider at the time of the survey.	
CSP_SRVY	OFSITE_LCTN_CNT	NUMBER (3.0)	N	Offsite Location Count	Offsite number of locations.	
CSP_SRVY	ONST_HR_BTWN_12AM_8A M_CNT	NUMBER (6.2)	N	670 Count: Onsite Hours 12AM to 8AM	Number of hours spent onsite at the provider by the survey team between 12 AM and 8 AM,	
CSP_SRVY	ONST_HR_BTWN_6PM_12AM _CNT	NUMBER (6.2)	N	670 Count: Onsite Hours 6PM to 12AM	Number of hours spent onsite at the provider by the survey team between 6 PM and 12 AM,	
CSP_SRVY	ONST_HR_BTWN_8AM_6PM_ CNT	NUMBER (6.2)	N	670 Count: Onsite Hours 8AM to 6PM	Number of hours spent onsite at the provider by the survey team between 8 AM and 6 PM,	
CSP_SRVY	ONST_SRVY_SW	VARCHAR2 (1)	N	Onsite Survey Switch	Indicates if a survey has been scheduled or completed.	
CSP_SRVY	POC_SGN_DT	DATE (8)	N	Administrator Signed POC Date	Date the provider administrator signed the Plan Of Correction for deficiencies found during the	
CSP_SRVY	PRFMNC_ASMT_SW	VARCHAR2 (1)	N	OSPATS (LTC ONLY) - obsolete	This field has been deleted.	
CSP_SRVY	PRVDR_CTGRY_CD	VARCHAR2 (2)	N	Provider Category Code	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_SRVY	PRVDR_CTGRY_DESC	VARCHAR2 (60)	N	Provider Category Description	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_SRVY	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_SRVY	PRVDR_NUM	VARCHAR2 (10)	N	CCN	A six or ten position identification number that is assigned to a certified provider. This is the	
CSP_SRVY	QIS_SRVY_SW	VARCHAR2 (1)	N	Quality Indicator Survey Indicator	Indicates if the survey was a quality indicator survey.	
CSP_SRVY	REC_STUS_CD	VARCHAR2 (1)	N	Record Status Code	This indicator specifies the current status of the record.	CSP_REC_STUS_CD

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_SRVY	REC_STUS_DESC	VARCHAR2 (16)	N	Record Status Description	This indicator specifies the current status of the record.	CSP_REC_STUS_CD
CSP_SRVY	RGN_CD	VARCHAR2 (2)	N	Region Code	Indicates the CMS Regional Office responsible for the certification of the provider.	CSP_CMS_RGN_CD
CSP_SRVY	RGN_DESC	VARCHAR2 (16)	N	Region Description	Indicates the CMS Regional Office responsible for the certification of the provider.	CSP_CMS_RGN_CD
CSP_SRVY	RO_CLRCL_HR_CNT	NUMBER (6,2)	N	670 Count: RO Hours Clerical	Total hours spent by staff on clerical or data entry activities in the Regional Office, recorded	
CSP_SRVY	RO_SPRVSR_RVW_HR_CNT	NUMBER (6,2)	N	670 Count: RO Hours Supervisor Review	Total hours spent by staff in supervisory review in the Regional Office, recorded to the nearest	
CSP_SRVY	RPT_SENT_SA_DT	DATE (8)	N	Report Sent to State Agency Date - obsolete	This field has been deleted.	
CSP_SRVY	RPT_SENT_SA_SW	VARCHAR2 (1)	N	Report Sent to State Agency Switch - obsolete	This field has been deleted.	
CSP_SRVY	RVSD_670_SW	VARCHAR2 (1)	N	Revised 670 Indicator (CLIA only)	Indicates if a user has changed the 670 hours after the record was originally entered. This field	
CSP_SRVY	SA_CLRCL_HR_CNT	NUMBER (6,2)	N	670 Count: SA Hours Clerical	Total hours spent by staff on clerical or data entry activities in the State Agency, recorded to	
CSP_SRVY	SA_SPRVSR_RVW_HR_CNT	NUMBER (6,2)	N	670 Count: SA Hours Supervisor Review	Total hours spent by staff in supervisory review in the State Agency, recorded to the nearest	
CSP_SRVY	SA_SRVY_BGN_DT	DATE (8)	N	State Agency Survey Begin Date - obsolete	This field has been deleted.	
CSP_SRVY	SA_SRVY_END_DT	DATE (8)	N	State Agency Survey End Date - obsolete	This field has been deleted.	
CSP_SRVY	SGNFCNT_DIFF_NOTED_SW	VARCHAR2 (1)	N	Significant Differences Noted Switch - obsolete	This field has been deleted.	
CSP_SRVY	SMPPLG_MTHDLGY_SW	VARCHAR2 (1)	N	Sampling Methodology Switch - obsolete	This field has been deleted.	
CSP_SRVY	SPRNKLR_STUS_CD	VARCHAR2 (2)	N	Sprinkler Status Code	Code representing the status of a facility's sprinkler system.	CSP_SPRNKLR_STUS_CD
CSP_SRVY	SPRNKLR_STUS_DESC	VARCHAR2 (50)	N	Sprinkler Status Description	Sprinkler status code description	CSP_SPRNKLR_STUS_CD
CSP_SRVY	SRVYR_UPDT_DT	DATE (8)	N	Surveyor Update Date	Date surveyor updated.	
CSP_SRVY	SRVY_ADD_DT	DATE (8)	N	Survey Create Date	Date the initial survey visit record was created in ASPEN.	

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_SRVY	SRVY_ADD_LCTN_CD	VARCHAR2 (2)	N	Survey Add Location Code - obsolete	This field has been deleted.	CSP_CMS_LCTN_CD
CSP_SRVY	SRVY_ADD_LCTN_DESC	VARCHAR2 (31)	N	Survey Add Location Description - obsolete	This field has been deleted.	CSP_CMS_LCTN_CD
CSP_SRVY	SRVY_AGE_NUM	NUMBER (3.0)	N	Survey Age Number	Sequential number derived by sorting survey rows by: CMS Certification Number, Survey	
CSP_SRVY	SRVY_CMPLTN_DT	DATE (7)	N	Survey Completion Date	Exit date of the initial visit of the survey cycle.	
CSP_SRVY	SRVY_CYC_CD	VARCHAR2 (1)	N	Survey Cycle Code	Defines the survey cycle type. Refers to Standard (Certification), Complaint, Federal	CSP_SRVY_CYC_CD
CSP_SRVY	SRVY_CYC_DESC	VARCHAR2 (16)	N	Survey Cycle Description	Defines the survey cycle type. Refers to Standard (Certification), Complaint, Federal	CSP_SRVY_CYC_CD
CSP_SRVY	SRVY_DFCNCY_CNT	NUMBER (3.0)	N	Survey Deficiency Count	Number of deficiencies cited for this survey.	
CSP_SRVY	SRVY_DT	DATE (8)	N	Survey Date	For a Standard survey cycle, this date is the Certification Date. For Complaint and FMS	
CSP_SRVY	SRVY_DT_MATCH_SW	VARCHAR2 (1)	N	Survey Date Match Switch	An indication of whether the FMS 'State Survey to Date' (#8 on HCFA-534) is plus or minus 30	
CSP_SRVY	SRVY_PRPSE_CD	VARCHAR2 (1)	N	Type of Action	Type of action on the 'official' survey record. This field is copied from type of action on the	CSP_SRVY_PRPSE_CD
CSP_SRVY	SRVY_PRPSE_DESC	VARCHAR2 (50)	N	Type of Action Description	Type of action on the 'official' survey record. This field is copied from type of action on the	CSP_SRVY_PRPSE_CD
CSP_SRVY	SRVY_SQC_CNT	NUMBER (3.0)	N	NH Substandard Quality of Care Deficiency Count	Number of deficiencies on this survey that are classified as SQC - Substandard Quality of Care.	
CSP_SRVY	SRVY_TYPE_CD	VARCHAR2 (1)	N	Survey Type Code	Indicates whether the survey conducted was health or life safety code.	CSP_SRVY_TYPE_CD
CSP_SRVY	SRVY_TYPE_DESC	VARCHAR2 (18)	N	Survey Type Description	Indicates whether the survey conducted was health or life safety code.	CSP_SRVY_TYPE_CD
CSP_SRVY	SSA_STATE_CD	VARCHAR2 (2)	N	SSA State Code	Social Security Administration geographic code indicating the state where the provider is	CSP_SSA_STATE_CD
CSP_SRVY	SSA_STATE_DESC	VARCHAR2 (25)	N	SSA State Description	Social Security Administration geographic code indicating the state where the provider is	CSP_SSA_STATE_CD
CSP_SRVY	STATE_CD	VARCHAR2 (2)	N	State Abbreviation	Two-character state abbreviation.	CSP_STATE_CD
CSP_SRVY	STATE_DESC	VARCHAR2 (20)	N	State Description	Two-character state abbreviation.	CSP_STATE_CD

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_SRVY	STMT_DFCNCY_SW	VARCHAR2 (1)	N	Statement of Deficiencies Indicator	Indicates if a Statement of Deficiencies (HCFA-2567) was given to the provider on-site at the	
CSP_SRVY	SYS_INVLVMT_TYPE_CD	VARCHAR2 (2)	N	System Involvement Type Code	System involvement type code.	CSP_SYS_INVLVMT_TYPE_CD
CSP_SRVY	SYS_INVLVMT_TYPE_DESC	VARCHAR2 (25)	N	System Involvement Type Description	System involvement type description.	CSP_SYS_INVLVMT_TYPE_CD
CSP_SRVY	SYS_NAME	VARCHAR2 (50)	N	System Name	Name of system.	
CSP_SRVY	TOT_AFLTD_AMBLNC_SRVC_CNT	NUMBER (2.0)	N	Total Affiliated Ambulance Service Count	Total affiliated ambulance service count associated to the survey.	
CSP_SRVY	TOT_AFLTD_ASC_CNT	NUMBER (2.0)	N	Total Affiliated ASC Count	Total Affiliated ASC Count	
CSP_SRVY	TOT_AFLTD_COLCTD_HOSP_CNT	NUMBER (2.0)	N	Total Affiliated Co-Located Hospital Count	Total Affiliated Co-Located Hospital Count	
CSP_SRVY	TOT_AFLTD_COLCTD_STLT_HOSP_CNT	NUMBER (2.0)	N	Total Affiliated Co-Located Satellite Hospital Count	Total Affiliated Co-Located Satellite Hospital Count	
CSP_SRVY	TOT_AFLTD_ESRD_CNT	NUMBER (2.0)	N	Total Affiliated ESRD Count	Total Affiliated ESRD Count	
CSP_SRVY	TOT_AFLTD_FQHC_CNT	NUMBER (2.0)	N	Total Affiliated FQHC Count	Total Affiliated FQHC Count	
CSP_SRVY	TOT_AFLTD_HHA_CNT	NUMBER (2.0)	N	Total Affiliated HHA Count	Total Affiliated HHA Count	
CSP_SRVY	TOT_AFLTD_HOSPC_CNT	NUMBER (2.0)	N	Total Affiliated Hospice Count	Total Affiliated Hospice Count	
CSP_SRVY	TOT_AFLTD_OPO_CNT	NUMBER (2.0)	N	Total Affiliated Organ Procurement Organization Count	Total affiliated organ procurement organization count associated to the survey.	
CSP_SRVY	TOT_AFLTD_PRTF_CNT	NUMBER (2.0)	N	Total Affiliated PRTF Count	Total Affiliated PRTF Count	
CSP_SRVY	TOT_AFLTD_RHC_CNT	NUMBER (2.0)	N	Total Affiliated RHC Count	Total Affiliated RHC Count	
CSP_SRVY	TOT_AFLTD_SNF_CNT	NUMBER (2.0)	N	Total Affiliated SNF Count	Total Affiliated SNF Count	
CSP_SRVY	TOT_HR_CNT	NUMBER (8.2)	N	670 Count: Total Hours	Total number of hours spent on all activities associated with performing this survey visit,	
CSP_SRVY	TOT_OFSITE_CHLDRN_HOSP_CNT	NUMBER (4.0)	N	Total Offsite Children Hospital Count	Total Offsite Children Hospital Count	

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_SRVY	TOT_OFSITE_CNCR_HOSP_CNT	NUMBER (4.0)	N	Total Offsite Cancer Hospital Count	Total Offsite Cancer Hospital Count	
CSP_SRVY	TOT_OFSITE_EMER_DEPT_CNT	NUMBER (4.0)	N	Total Offsite Emergency Department Count	Total offsite emergency department count associated to the survey.	
CSP_SRVY	TOT_OFSITE_HR_CNT	NUMBER (6.2)	N	670 Count: Total Offsite Report Preparation Hours	Total number of hours spent on off-site activities required to prepare the survey report for this	
CSP_SRVY	TOT_OFSITE_INPTNT_LCTN_CNT	NUMBER (4.0)	N	Total Offsite Inpatient Location Count	Total Offsite Inpatient Location Count	
CSP_SRVY	TOT_OFSITE_LTC_HOSP_CNT	NUMBER (4.0)	N	Total Offsite LTC Hospital Count	Total Offsite LTC Hospital Count	
CSP_SRVY	TOT_OFSITE_OPHTHLMC_SURG_CNT	NUMBER (4.0)	N	Total Offsite Ophthalmic Surgery Count	Total Offsite Ophthalmic Surgery Count	
CSP_SRVY	TOT_OFSITE_OTHR_LCTN_CNT	NUMBER (4.0)	N	Total Offsite Other Location Count	Total Offsite Other Location Count	
CSP_SRVY	TOT_OFSITE_PSYCH_HOSP_CNT	NUMBER (4.0)	N	Total Offsite Psychiatric Hospital Count	Total Offsite Psychiatric Hospital Count	
CSP_SRVY	TOT_OFSITE_PSYCH_UNIT_CNT	NUMBER (4.0)	N	Total Offsite Psychiatric Unit Count	Total Offsite Psychiatric Unit Count	
CSP_SRVY	TOT_OFSITE_REHAB_HOSP_CNT	NUMBER (4.0)	N	Total Offsite Rehabilitation Hospital Count	Total Offsite Rehabilitation Hospital Count	
CSP_SRVY	TOT_OFSITE_REHAB_UNIT_CNT	NUMBER (4.0)	N	Total Offsite Rehabilitation Unit Count	Total Offsite Rehabilitation Unit Count	
CSP_SRVY	TOT_OFSITE_URGNT_CARE_CNTR_CNT	NUMBER (4.0)	N	Total Offsite Urgent Care Center Count	Total Offsite Urgent Care Center Count	
CSP_SRVY	TOT_ONST_HR_CNT	NUMBER (6.2)	N	670 Count: Total Onsite Hours	Total number of hours spent onsite at the provider for this survey visit, recorded to the	
CSP_SRVY	TOT_PRE_SRVY_HR_CNT	NUMBER (6.2)	N	670 Count: Total Pre-survey Hours	Total number of hours spent in preparation for this survey visit, recorded to the nearest quarter	
CSP_SRVY	TOT_SRVYR_ACRDTD_ADMIN_CNT	NUMBER (3.0)	N	Surveyor Count: Accredited Administrator	Total number of accredited administrator surveyors for this survey visit.	
CSP_SRVY	TOT_SRVYR_ARCHTCT_CNT	NUMBER (3.0)	N	Surveyor Count: Architect	Total number of architect surveyors for this survey visit.	
CSP_SRVY	TOT_SRVYR_CYTOTCHLGS_CNT	NUMBER (3.0)	N	Surveyor Count: Cytotechnologist	Total number of cytotechnologist surveyors for this survey visit.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_SRVY	TOT_SRVYR_DO_CNT	NUMBER (3.0)	N	Surveyor Count: Doctor of Osteopathy	Total number of doctors of osteopathy surveyors for this survey visit.	
CSP_SRVY	TOT_SRVYR_DO_QMRP_CNT	NUMBER (3.0)	N	Surveyor Count: QMRP Doctor of Osteopathy	Total number of doctors of osteopathy surveyors for this survey visit who are also Qualified	
CSP_SRVY	TOT_SRVYR_ENGRNG_CNT	NUMBER (3.0)	N	Surveyor Count: Engineer	Total number of engineering surveyors for this survey visit.	
CSP_SRVY	TOT_SRVYR_GNRLST_CNT	NUMBER (3.0)	N	Surveyor Count: Generalist	Total number of generalist surveyors for this survey visit.	
CSP_SRVY	TOT_SRVYR_HLTH_CARE_CNT	NUMBER (3.0)	N	Surveyor Count: QMRP/Health Care	Number of health care surveyors for this survey visit who are also Qualified Mental Retardation	
CSP_SRVY	TOT_SRVYR_HMAN_SRVC_QMRP_CNT	NUMBER (3.0)	N	Surveyor Count: QMRP/Human Service	Number of human service surveyors for this survey visit who are also Qualified Mental	
CSP_SRVY	TOT_SRVYR_LAB_MDCL_TC_HNCN_CNT	NUMBER (3.0)	N	Surveyor Count: Laboratorian / Medical Technician	Total number of laboratorians or medical technicians for this survey visit.	
CSP_SRVY	TOT_SRVYR_LPN_CNT	NUMBER (3.0)	N	Surveyor Count: LPN/LVN	Total number of Licensed Practical Nurse surveyors for this survey visit.	
CSP_SRVY	TOT_SRVYR_LSC_SPCLST_CNT	NUMBER (3.0)	N	Surveyor Count: LSC Specialist	Total number of life safety code specialist surveyors for this survey visit.	
CSP_SRVY	TOT_SRVYR_MD_CNT	NUMBER (3.0)	N	Surveyor Count: Doctor of Medicine	Total number of medical doctor surveyors for this survey visit.	
CSP_SRVY	TOT_SRVYR_MD_QMRP_CNT	NUMBER (3.0)	N	Surveyor Count: QMRP/Medical Doctor	Number of medical doctor surveyors for this survey visit who are also Qualified Mental	
CSP_SRVY	TOT_SRVYR_NH_ADMINR_CNT	NUMBER (3.0)	N	Surveyor Count: Nursing Home Administrator	Total number of nursing home administrator surveyors for this survey visit.	
CSP_SRVY	TOT_SRVYR_NTRTNL_DIET_CNT	NUMBER (3.0)	N	Surveyor Count: Nutritional Dietary	Total number of nutritional/dietary surveyors for this survey visit.	
CSP_SRVY	TOT_SRVYR_NTRTNL_DIET_QMRP_CNT	NUMBER (3.0)	N	Surveyor Count: QMRP/Nutritional Dietary	Number of nutritional/dietary surveyors for this survey visit who are also Qualified Mental	
CSP_SRVY	TOT_SRVYR_ONST_CNT	NUMBER (3.0)	N	Surveyor Count: Onsite	Total number of surveyors for this survey visit.	
CSP_SRVY	TOT_SRVYR_OTHR_CNT	NUMBER (3.0)	N	Surveyor Count: Other	Total number of other surveyors for this survey visit.	
CSP_SRVY	TOT_SRVYR_OT_CNT	NUMBER (3.0)	N	Surveyor Count: OT	Total number of occupational therapy surveyors for this survey visit.	
CSP_SRVY	TOT_SRVYR_OT_QMRP_CNT	NUMBER (3.0)	N	Surveyor Count: QMRP/OT	Number of occupational therapist surveyors for this survey visit who are also Qualified Mental	



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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_SRVY	TOT_SRVYR_PHRMCST_CNT	NUMBER (3.0)	N	Surveyor Count: Pharmacist	Total number of pharmacist surveyors for this survey visit.	
CSP_SRVY	TOT_SRVYR_PSYCHLGST_CNT	NUMBER (3.0)	N	Surveyor Count: Psychologist	Total number of psychologist surveyors for this survey visit.	
CSP_SRVY	TOT_SRVYR_PSYCHLGST_QMRP_CNT	NUMBER (3.0)	N	Surveyor Count: QMRP/Psychologist	Number of psychologist surveyors for this survey visit who are also Qualified Mental	
CSP_SRVY	TOT_SRVYR_PTHLGST_CNT	NUMBER (3.0)	N	Surveyor Count: Pathologist	Total number of pathologist surveyors for this survey visit.	
CSP_SRVY	TOT_SRVYR_PT_CNT	NUMBER (3.0)	N	Surveyor Count: PT	Total number of physical therapy surveyors for this survey visit.	
CSP_SRVY	TOT_SRVYR_PT_QMRP_CNT	NUMBER (3.0)	N	Surveyor Count: QMRP/Physical Therapist	Number of physical therapist surveyors for this survey visit who are also Qualified Mental	
CSP_SRVY	TOT_SRVYR_RCRTNLTHRPHY_QMRP_CNT	NUMBER (3.0)	N	Surveyor Count: QMRP/Recreational Therapist	Number of recreational therapist surveyors for this survey visit who are also Qualified Mental	
CSP_SRVY	TOT_SRVYR_RCRTNL_THRPHY_CNT	NUMBER (3.0)	N	Surveyor Count: Recreational Therapy	Total number of recreational therapy surveyors for this survey visit.	
CSP_SRVY	TOT_SRVYR_REC_ADMIN_CNT	NUMBER (3.0)	N	Surveyor Count: Record Administration	Total number of record administration surveyors for this survey visit.	
CSP_SRVY	TOT_SRVYR_RN_CNT	NUMBER (3.0)	N	Surveyor Count: RN	Total number of registered nurse surveyors for this survey visit.	
CSP_SRVY	TOT_SRVYR_RN_QMRP_CNT	NUMBER (3.0)	N	Surveyor Count: QMRP/RN	Number of registered nurse surveyors for this survey visit who are also Qualified Mental	
CSP_SRVY	TOT_SRVYR_SCL_WORKR_CNT	NUMBER (3.0)	N	Surveyor Count: Social Worker	Total number of social work surveyors for this survey visit.	
CSP_SRVY	TOT_SRVYR_SCL_WORKR_QMRP_CNT	NUMBER (3.0)	N	Surveyor Count: QMRP/Social Worker	Number of social work surveyors for this survey visit who are also Qualified Mental Retardation	
CSP_SRVY	TOT_SRVYR_SNTRN_CNT	NUMBER (3.0)	N	Surveyor Count: Sanitarian	Total number of sanitarian surveyors for this survey visit.	
CSP_SRVY	TOT_SRVYR_SPCHAUDLGST_QMRP_CNT	NUMBER (3.0)	N	Surveyor Count: QMRP/Speech Audiologist	Number of speech audiologist surveyors for this survey visit who are also Qualified Mental	
CSP_SRVY	TOT_SRVYR_SPCH_AUDLGS_T_CNT	NUMBER (3.0)	N	Surveyor Count: Speech Audiologist	Total number of speech audiologist surveyors for this survey visit.	
CSP_SRVY	TOT_TRVL_HR_CNT	NUMBER (6.2)	N	670 Count: Total Travel Hours	Total number of hours spent in travel to and from the provider for this survey visit, recorded	
CSP_SRVY	TRANS_DT	DATE (8)	N	Transaction Date	Date used to indicate when the survey record was copied or just stored in the ODIE data entry	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_SRVY	TRK_ID	VARCHAR2 (4)	N	Track ID	Unique identifier by state generated by ASPEN assigned to the survey cycle. This is the first	
CSP_SRVY	TRMNTN_RQRD_SW	VARCHAR2 (1)	N	IJ indicator	Indicates if there was an immediate jeopardy citation recorded for this survey visit.	
CSP_SRVY	UPDT_670_DT	DATE (8)	N	Update 670 Date	Update 670 date.	
CSP_SRVY	UPDT_DT	DATE (8)	N	Update Date	Date on which the record was updated in the ODIE system.	
CSP_SRVY	VISIT_AGE_NUM	NUMBER (3.0)	N	Visit Age Number	Sequential number that represents the occurrence of this visit for this provider	
CSP_SRVY_BLDG_CHRCT RSTC	ADD_DT	DATE (8)	N	Add Date	This date indicates when the survey record was copied or stored in the ODIE data entry file.	
CSP_SRVY_BLDG_CHRCT RSTC	AUTOMTC_SPRNKLR_RQRD_CD	VARCHAR2 (1)	N	Automatic Sprinkler	Code which indicates when an automatic sprinkler system is not required in a particular	CSP_AUTOMTC_SPRNKLR_RQ RD_CD
CSP_SRVY_BLDG_CHRCT RSTC	AUTOMTC_SPRNKLR_RQRD_DESC	VARCHAR2 (14)	N	Automatic Sprinkler Required Description	Code which indicates when an automatic sprinkler system is not required in a particular	CSP_AUTOMTC_SPRNKLR_RQ RD_CD
CSP_SRVY_BLDG_CHRCT RSTC	BLDG_NUM	VARCHAR2 (2)	Y	Building Number	The number assigned to a building separately surveyed under the Life Safety Code (LSC).	
CSP_SRVY_BLDG_CHRCT RSTC	BLDG_TYPE_CD	VARCHAR2 (1)	N	Type of Unit (Wing, Building, Floor)	A code indicating the type of unit associated with an individual Life Safety Code (LSC)	CSP_BLDG_TYPE_CD
CSP_SRVY_BLDG_CHRCT RSTC	BLDG_TYPE_DESC	VARCHAR2 (14)	N	Building Type Description	A code indicating the type of unit associated with an individual Life Safety Code (LSC)	CSP_BLDG_TYPE_CD
CSP_SRVY_BLDG_CHRCT RSTC	CRTFCTN_DT	DATE (8)	N	Certification Date	The Certification date is equal to the exit date of the initial visit of the Health survey or LSC	
CSP_SRVY_BLDG_CHRCT RSTC	EVNT_ID	VARCHAR2 (7)	Y	Event ID	A unique ID for each row in the survey table.	
CSP_SRVY_BLDG_CHRCT RSTC	ICFMR_EVACTN_SCRE_CNT	NUMBER (2.1)	N	E-Score (Evacuation)	The evacuation difficulty score (E-score) for the residents in an ICF/MR, which represents how	
CSP_SRVY_BLDG_CHRCT RSTC	LSC_CMPLNC_ACPTBL_POC_SW	VARCHAR2 (1)	N	Compliance (A2): Acceptable Plan of Correction	Indicates if a provider is in compliance with program requirements based on an acceptable	
CSP_SRVY_BLDG_CHRCT RSTC	LSC_CMPLNC_ALL_PRVSN_SW	VARCHAR2 (1)	N	Compliance (A1): With All Provisions	Compliance status for LSC building, compliance with all provisions.	
CSP_SRVY_BLDG_CHRCT RSTC	LSC_CMPLNC_STUS_SW	VARCHAR2 (1)	N	Compliance Status: LSC Building	Indicates if a provider is in compliance with program requirements.	
CSP_SRVY_BLDG_CHRCT RSTC	LSC_CMPLNC_WVR_SW	VARCHAR2 (1)	N	Compliance (A3): Waivers	Indicates if a facility is in compliance with the Life Safety Code (LSC) based upon approved	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_SRVY_BLDG_CHRCT RSTC	LSC_FSES_CMPLNC_SW	VARCHAR2 (1)	N	Compliance (A4): FSES	Indicates if the facility is in compliance with the Life Safety Code (LSC) based upon a fire safety	
CSP_SRVY_BLDG_CHRCT RSTC	LSC_SRVY_FORM_CD	VARCHAR2 (2)	N	Life Safety Code Form Code	Code which indicates the particular version of the Life Safety Code (LSC) used to survey a	CSP_LSC_FORM_CD
CSP_SRVY_BLDG_CHRCT RSTC	LSC_SRVY_FORM_DESC	VARCHAR2 (33)	N	LSC Survey Form Description	Code which indicates the particular version of the Life Safety Code (LSC) used to survey a	CSP_LSC_FORM_CD
CSP_SRVY_BLDG_CHRCT RSTC	LVL_EVACTN_DFCLTY_CD	VARCHAR2 (1)	N	Level of Evacuation Difficulty	The level of evacuation difficulty for an ICF/MR, which is calculated according to the E-	CSP_EVACTN_LVL_CD
CSP_SRVY_BLDG_CHRCT RSTC	LVL_EVACTN_DFCLTY_DESC	VARCHAR2 (29)	N	Level of Evacuation Difficulty Description	The level of evacuation difficulty for an ICF/MR, which is calculated according to the E-	CSP_EVACTN_LVL_CD
CSP_SRVY_BLDG_CHRCT RSTC	POC_DT	DATE (8)	N	Plan of Correction Date	Date of plan approval.	
CSP_SRVY_BLDG_CHRCT RSTC	PRFMNC_BSD_DSGN_CMPLNC_SW	VARCHAR2 (1)	N	Performance Based Design Compliance Switch	Compliance (A5): Perf Based Des.	
CSP_SRVY_BLDG_CHRCT RSTC	PRVDR_BLDG_NUM	VARCHAR2 (2)	N	Provider Building Number	Identifies an individual building outside the survey process.	
CSP_SRVY_BLDG_CHRCT RSTC	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_SRVY_BLDG_CHRCT RSTC	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the	
CSP_SRVY_BLDG_CHRCT RSTC	REC_STUS_CD	VARCHAR2 (1)	N	Record Status Code	This indicator specifies the current status of the record.	CSP_REC_STUS_CD
CSP_SRVY_BLDG_CHRCT RSTC	REC_STUS_DESC	VARCHAR2 (16)	N	Record Status Description	This indicator specifies the current status of the record.	CSP_REC_STUS_CD
CSP_SRVY_BLDG_CHRCT RSTC	SEPRT_HZRDS_AREA_CD	VARCHAR2 (1)	N	Hazardous Areas Separation	The life safety requirement that checks the hazardous areas of a building according to the	CSP_SEPRT_HZRDS_AREA_CD
CSP_SRVY_BLDG_CHRCT RSTC	SEPRT_HZRDS_AREA_DESC	VARCHAR2 (14)	N	Separate Hazardous Area Description	The life safety requirement that checks the hazardous areas of a building according to the	CSP_SEPRT_HZRDS_AREA_CD
CSP_SRVY_BLDG_CHRCT RSTC	SPRNKLR_STUS_CD	VARCHAR2 (1)	N	Sprinkler Status Code	Sprinkler status code	CSP_SPRNKLR_STUS_CD
CSP_SRVY_BLDG_CHRCT RSTC	SPRNKLR_STUS_DESC	VARCHAR2 (50)	N	Sprinkler Status Description	Sprinkler status code description	CSP_SPRNKLR_STUS_CD
CSP_SRVY_BLDG_CHRCT RSTC	STATE_CD	VARCHAR2 (2)	N	State Abbreviation	Two-character state abbreviation.	CSP_STATE_CD

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_SRVY_BLDG_CHRCT RSTC	STATE_DESC	VARCHAR2 (20)	N	State Description	State Description	CSP_STATE_CD
CSP_SRVY_CLIA_ACRDT N	ACRDTN_AGENCY_CD	VARCHAR2 (2)	Y	Accreditation Agency Code	Accreditation agency code.	CLIA_ACRDTN_CD
CSP_SRVY_CLIA_ACRDT N	ACRDTN_AGENCY_DESC	VARCHAR2 (5)	N	Accreditation Agency Description	Accreditation agency description.	CLIA_ACRDTN_CD
CSP_SRVY_CLIA_ACRDT N	ACRDTN_SRVY_AGE_NUM	NUMBER (2.0)	N	Accreditation Survey Age Number	Accreditation survey age number.	
CSP_SRVY_CLIA_ACRDT N	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_SRVY_CLIA_ACRDT N	PRVDR_NUM	VARCHAR2 (10)	N	CCN	A six or ten position identification number that is assigned to a certified provider. This is the	
CSP_SRVY_CLIA_ACRDT N	SRVY_DT	DATE (8)	Y	Survey Date	Equals the Certification Date if the survey cycle is Standard, the exit date of the complaint	
CSP_SRVY_CMN	ASP_EVNT_ID	VARCHAR2 (7)	N	ASPEN Event ID	Identifier assigned to the certification by the ASPEN system.	CSP_ASPEN_EVNT_XREF
CSP_SRVY_CMN	CDC_SRVY_SW	VARCHAR2 (1)	N	CDC Survey Indicator	Indicates this special survey pertains to CDC reporting enforcement.	
CSP_SRVY_CMN	CMPLNT_SBSTNTD_SW	VARCHAR2 (1)	N	Complaint Substantiated Indicator	Indicates if a complaint is substantiated.	
CSP_SRVY_CMN	CNSCTV_0_DFCNCY_CNT	NUMBER (2.0)	N	Consecutive Zero Deficiency Count	Number of consecutive surveys with zero deficiencies.	
CSP_SRVY_CMN	CRTFCTN_DT	DATE (8)	N	Certification Date	Equal to the exit date of the initial visit of the Health survey for certifications completed after	
CSP_SRVY_CMN	CYC_VISIT_DT	DATE (8)	N	Cycle Visit Date	Exit date of the survey visit.	
CSP_SRVY_CMN	CYC_VISIT_NUM	NUMBER (3.0)	N	Cycle Visit Number	Sequential number that represents the occurrence of this visit during a survey cycle.	
CSP_SRVY_CMN	EVNT_ID	VARCHAR2 (7)	Y	CASPER Event ID	Unique CASPER identifier by state for each survey visit. This identifier is equivalent to the	
CSP_SRVY_CMN	FMS_INTRNL_ID	NUMBER (12.0)	N	FMS Internal ID	Unique ID assigned to each FMS survey cycle. Assigned sequentially nationally.	
CSP_SRVY_CMN	HIGHST_SCOPE_SVRTY_CD	VARCHAR2 (1)	N	Highest Scope / Severity Code	Indicates the highest Scope and Severity code cited for this survey. Nursing Home only.	CSP_SCOPE_SVRTY_CD
CSP_SRVY_CMN	HIGHST_SCOPE_SVRTY_DES C	VARCHAR2 (82)	N	Highest Scope / Severity Description	Indicates the highest Scope and Severity code cited for this survey. Nursing Home only.	CSP_SCOPE_SVRTY_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_SRVY_CMN	INITL_CYC_VISIT_SW	VARCHAR2 (1)	N	Initial Cycle Visit Indicator	Indicates if the visit is the initial visit of the survey cycle	
CSP_SRVY_CMN	IQCP_PRTCPTN_SW	VARCHAR2 (1)	N	IQCP Survey Level Participation Indicator	Indicates if the survey was conducted for a lab that participates in Individualized Quality	
CSP_SRVY_CMN	LSC_BLDG_CNT	NUMBER (2.0)	N	Building Count	Total number of certified buildings for the provider at the time of the survey.	
CSP_SRVY_CMN	ONST_HR_BTWN_12AM_8A_M_CNT	NUMBER (6.2)	N	670 Count: On-Site Hours 12AM to 8AM	Number of hours spent on-site at the provider by the survey team between 12 AM and 8 AM,	
CSP_SRVY_CMN	ONST_HR_BTWN_6PM_12AM_CNT	NUMBER (6.2)	N	670 Count: On-Site Hours 6PM to 12AM	Number of hours spent on-site at the provider by the survey team between 6 PM and 12 AM,	
CSP_SRVY_CMN	ONST_HR_BTWN_8AM_6PM_CNT	NUMBER (6.2)	N	670 Count: On-Site Hours 8AM to 6PM	Number of hours spent on-site at the provider by the survey team between 8 AM and 6 PM,	
CSP_SRVY_CMN	POC_SGN_DT	DATE (8)	N	Administrator Signed POC Date	Date the provider administrator signed the Plan Of Correction for deficiencies found during the	
CSP_SRVY_CMN	PRVDR_CTGRY_CD	VARCHAR2 (2)	N	Provider Category Code	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_SRVY_CMN	PRVDR_CTGRY_DESC	VARCHAR2 (70)	N	Provider Category Description	Identifies the type of provider participating in the Medicare/Medicaid program.	CSP_PRVDR_CTGRY_CD
CSP_SRVY_CMN	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_SRVY_CMN	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the	
CSP_SRVY_CMN	RGN_CD	VARCHAR2 (2)	N	Region Code	Indicates the CMS Regional Office responsible for the certification of the provider.	CSP_CMS_RGN_CD
CSP_SRVY_CMN	RGN_DESC	VARCHAR2 (23)	N	Region Description	Indicates the CMS Regional Office responsible for the certification of the provider.	CSP_CMS_RGN_CD
CSP_SRVY_CMN	RO_CLRCL_HR_CNT	NUMBER (6.2)	N	670 Count: RO Hours Clerical	Total hours spent by staff on clerical or data entry activities in the Regional Office, recorded	
CSP_SRVY_CMN	RO_SPRVSR_RVW_HR_CNT	NUMBER (6.2)	N	670 Count: RO Hours Supervisor Review	Total hours spent by staff in supervisory review in the Regional Office, recorded to the nearest	
CSP_SRVY_CMN	SA_CLRCL_HR_CNT	NUMBER (6.2)	N	670 Count: SA Hours Clerical	Total hours spent by staff on clerical or data entry activities in the State Agency, recorded to	
CSP_SRVY_CMN	SA_SPRVSR_RVW_HR_CNT	NUMBER (6.2)	N	670 Count: SA Hours Supervisor Review	Total hours spent by staff in supervisory review in the State Agency, recorded to the nearest	
CSP_SRVY_CMN	SPCL_SRVY_ADVRS_EVNT_SW	VARCHAR2 (1)	N	Special Survey Adverse Event Indicator	Indicates if this is a special survey for Adverse Events. (NH)	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_SRVY_CMN	SPCL_SRVY_COVID19_SW	VARCHAR2 (1)	N	Special Survey COVID-19 Indicator	Indicates if this is a special survey for the COVID-19 virus.	
CSP_SRVY_CMN	SPCL_SRVY_COW_SW	VARCHAR2 (1)	N	Special Survey Certificate of Waiver Indicator	Indicates if this is a special survey for Certificate of Waiver. (CLIA)	
CSP_SRVY_CMN	SPCL_SRVY_CYTOLGY_SW	VARCHAR2 (1)	N	Special Survey Cytology Indicator	Indicates if this is a special survey for Cytology. (CLIA)	
CSP_SRVY_CMN	SPCL_SRVY_DMNT_SW	VARCHAR2 (1)	N	Special Survey Dementia Care Indicator	Indicates if this is a special survey for Dementia Care. (NH)	
CSP_SRVY_CMN	SPCL_SRVY_DSCHRG_PLNG_SW	VARCHAR2 (1)	N	Special Survey Discharge Planning Indicator	Indicates if this is a special survey for Discharge Planning. (Hospitals)	
CSP_SRVY_CMN	SPCL_SRVY_INFCTN_CNTL_SW	VARCHAR2 (1)	N	Special Survey Infection Control Indicator	Indicates if this is a special survey for Infection Control (Hospitals)	
CSP_SRVY_CMN	SPCL_SRVY_MDS_SW	VARCHAR2 (1)	N	Special Survey MDS Indicator	Indicates if this is a special survey for MDS (NH)	
CSP_SRVY_CMN	SPCL_SRVY_PPM_SW	VARCHAR2 (1)	N	Special Survey PPM Indicator	Indicates if this is a special survey for PPM (CLIA).	
CSP_SRVY_CMN	SPCL_SRVY_PT_DESK_RVW_SW	VARCHAR2 (1)	N	Special Survey PT Desk Review Indicator	Indicates if this is a special survey for PT Desk Review (CLIA)	
CSP_SRVY_CMN	SPCL_SRVY_QAPI_SW	VARCHAR2 (1)	N	Special Survey QAPI Indicator	Indicates if this is a special survey for QAPI (Hospitals and NH)	
CSP_SRVY_CMN	SRVY_ADD_DT	DATE (8)	N	Survey Create Date	Date the initial survey visit record was created in ASPEN. This field includes a timestamp that	
CSP_SRVY_CMN	SRVY_AGE_NUM	NUMBER (4.0)	N	Survey Age Number	Sequential number derived by sorting survey rows by: CMS Certification Number, Survey	
CSP_SRVY_CMN	SRVY_CMPLTN_DT	DATE (8)	N	Survey Completion Date	Exit date of the initial visit of the survey cycle.	
CSP_SRVY_CMN	SRVY_CYC_CD	VARCHAR2 (1)	N	Survey Cycle Code	Defines the survey cycle type. Refers to Standard (Certification), Complaint, Federal	CSP_SRVY_CYC_CD
CSP_SRVY_CMN	SRVY_CYC_DESC	VARCHAR2 (16)	N	Survey Cycle Description	Defines the survey cycle type. Refers to Standard (Certification), Complaint, Federal	CSP_SRVY_CYC_CD
CSP_SRVY_CMN	SRVY_DFCNCY_CNT	NUMBER (3.0)	N	Survey Deficiency Count	Number of deficiencies cited for this survey.	
CSP_SRVY_CMN	SRVY_DT	DATE (8)	N	Survey Date	For a Standard survey cycle, this date is the Certification Date. For Complaint and Federal	
CSP_SRVY_CMN	SRVY_SQC_CNT	NUMBER (3.0)	N	Nursing Home Substandard	Number of deficiencies on this survey that are Quality of Care Deficiency Count classified as SQC - Substandard Quality of Care.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_SRVY_CMN	SRVY_TYPE_CD	VARCHAR2 (1)	N	Survey Type Code	Indicates whether the survey conducted was health or life safety code.	CSP_SRVY_TYPE_CD
CSP_SRVY_CMN	SRVY_TYPE_DESC	VARCHAR2 (28)	N	Survey Type Description	Indicates whether the survey conducted was health or life safety code.	CSP_SRVY_TYPE_CD
CSP_SRVY_CMN	SSA_STATE_CD	VARCHAR2 (2)	N	SSA State Code	Social Security Administration geographic code indicating the state where the provider is	CSP_SSA_STATE_CD
CSP_SRVY_CMN	SSA_STATE_DESC	VARCHAR2 (35)	N	SSA State Description	Social Security Administration geographic code indicating the state where the provider is	CSP_SSA_STATE_CD
CSP_SRVY_CMN	STATE_CD	VARCHAR2 (2)	N	State Abbreviation	Two-character state abbreviation.	CSP_STATE_CD
CSP_SRVY_CMN	STATE_DESC	VARCHAR2 (30)	N	State Description	State Description	CSP_STATE_CD
CSP_SRVY_CMN	STGRD_SRVY_CD	VARCHAR2 (1)	N	Staggered Survey Code	When the survey was performed outside of normal business hours, indicates the timeframe	CSP_STGRD_SRVY_CD
CSP_SRVY_CMN	STGRD_SRVY_DAY_NAME	VARCHAR2 (3)	N	Staggered Survey Day	When the survey was performed outside of normal business hours, indicates the day of the	
CSP_SRVY_CMN	STGRD_SRVY_DESC	VARCHAR2 (17)	N	Staggered Survey Description	When the survey was performed outside of normal business hours, indicates the timeframe	CSP_STGRD_SRVY_CD
CSP_SRVY_CMN	STGRD_SRVY_TIME	VARCHAR2 (5)	N	Staggered Survey Time	When the survey was performed outside of normal business hours, indicates start time of the	
CSP_SRVY_CMN	STGRD_SRVY_TIME_CD	VARCHAR2 (1)	N	Staggered Survey Time Code	When the survey was performed outside of normal business hours, indicates if the start time	CSP_STGRD_SRVY_TIME_CD
CSP_SRVY_CMN	STGRD_SRVY_TIME_DESC	VARCHAR2 (12)	N	Staggered Survey Time Description	When the survey was performed outside of normal business hours, indicates if the start time	CSP_STGRD_SRVY_TIME_CD
CSP_SRVY_CMN	STMT_DFCNCY_SW	VARCHAR2 (1)	N	Statement of Deficiencies Indicator	Indicates if a Statement of Deficiencies (HCFA-2567) was given to the provider on-site at the	
CSP_SRVY_CMN	TEAM_CMPSTN_CD	VARCHAR2 (6)	N	Survey Team Composition Code	Code identifying the composition of the survey team.	CSP_TEAM_CMPSTN_CD
CSP_SRVY_CMN	TOT_HR_CNT	NUMBER (8.2)	N	670 Count: Total Hours	Total number of hours spent on all activities associated with performing this survey visit,	
CSP_SRVY_CMN	TOT_OFSITE_HR_CNT	NUMBER (6.2)	N	670 Count: Total Off-Site Report Preparation Hours	Total number of hours spent on off-site activities required to prepare the survey report for this	
CSP_SRVY_CMN	TOT_ONST_HR_CNT	NUMBER (6.2)	N	670 Count: Total On-Site Hours	Total number of hours spent on-site at the provider for this survey visit, recorded to the	
CSP_SRVY_CMN	TOT_PRE_SRVY_HR_CNT	NUMBER (6.2)	N	670 Count: Total Pre-survey Hours	Total number of hours spent in preparation for this survey visit, recorded to the nearest quarter	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_SRVY_CMN	TOT_SRVYR_ACRDTD_ADMIN_CNT	NUMBER (3.0)	N	Surveyor Count: Accredited Administrator	Total accredited administrator surveyors for this survey visit.	
CSP_SRVY_CMN	TOT_SRVYR_ARCHTCT_CNT	NUMBER (3.0)	N	Surveyor Count: Architect	Total architect surveyors for this survey visit.	
CSP_SRVY_CMN	TOT_SRVYR_CYTOTCHLGS_CNT	NUMBER (3.0)	N	Surveyor Count: Cytotechnologist	Total cytotechnologist surveyors for this survey visit.	
CSP_SRVY_CMN	TOT_SRVYR_DO_CNT	NUMBER (3.0)	N	Surveyor Count: DO	Total doctor of osteopathy surveyors for this survey visit.	
CSP_SRVY_CMN	TOT_SRVYR_DO_QMRP_CNT	NUMBER (3.0)	N	Surveyor Count: DO/QMRP	Total doctor of osteopathy surveyors for this survey visit who are also Qualified Mental	
CSP_SRVY_CMN	TOT_SRVYR_ENGRNG_CNT	NUMBER (3.0)	N	Surveyor Count: Engineer	Total engineering surveyors for this survey visit.	
CSP_SRVY_CMN	TOT_SRVYR_GNRLST_CNT	NUMBER (3.0)	N	Surveyor Count: Generalist	Total generalist surveyors for this survey visit.	
CSP_SRVY_CMN	TOT_SRVYR_HLTH_CARE_CNT	NUMBER (3.0)	N	Surveyor Count: Health Care	Total health care surveyors for this survey visit.	
CSP_SRVY_CMN	TOT_SRVYR_HMAN_SRVC_QMRP_CNT	NUMBER (3.0)	N	Surveyor Count: Human Service/QMRP	Total human service surveyors for this survey visit who are also Qualified Mental Retardation	
CSP_SRVY_CMN	TOT_SRVYR_LAB_MDCL_TC_HNCN_CNT	NUMBER (3.0)	N	Surveyor Count: Laboratorian / Medical Technician	Total laboratorians or medical technicians for this survey visit.	
CSP_SRVY_CMN	TOT_SRVYR_LPN_CNT	NUMBER (3.0)	N	Surveyor Count: LPN/LVN	Total Licensed Practical Nurse surveyors for this survey visit.	
CSP_SRVY_CMN	TOT_SRVYR_LSC_SPCLST_CNT	NUMBER (3.0)	N	Surveyor Count: LSC Specialist	Total life safety code specialist surveyors for this survey visit.	
CSP_SRVY_CMN	TOT_SRVYR_MD_CNT	NUMBER (3.0)	N	Surveyor Count: MD	Total medical doctor surveyors for this survey visit.	
CSP_SRVY_CMN	TOT_SRVYR_MD_QMRP_CNT	NUMBER (3.0)	N	Surveyor Count: MD/QMRP	Total doctor of medicine surveyors for this survey visit who are also Qualified Mental	
CSP_SRVY_CMN	TOT_SRVYR_NH_ADMINR_CNT	NUMBER (3.0)	N	Surveyor Count: Nursing Home Administrator	Total nursing home administrator surveyors for this survey visit.	
CSP_SRVY_CMN	TOT_SRVYR_NTRTNL_DIET_CNT	NUMBER (3.0)	N	Surveyor Count: Nutritional Dietary	Total nutritional/dietary surveyors for this survey visit.	
CSP_SRVY_CMN	TOT_SRVYR_NTRTNL_DIET_QMRP_CNT	NUMBER (3.0)	N	Surveyor Count: Nutritional Dietary/QMRP	Total nutritional/dietary surveyors for this survey visit who are also Qualified Mental	
CSP_SRVY_CMN	TOT_SRVYR_ONST_CNT	NUMBER (3.0)	N	Surveyor Count: On-Site	Total surveyors for this survey visit.	



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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_SRVY_CMN	TOT_SRVYR_OTHR_CNT	NUMBER (3.0)	N	Surveyor Count: Other	Total other surveyors for this survey visit.	
CSP_SRVY_CMN	TOT_SRVYR_OT_CNT	NUMBER (3.0)	N	Surveyor Count: OT	Total occupational therapy surveyors for this survey visit.	
CSP_SRVY_CMN	TOT_SRVYR_OT_QMRP_CNT	NUMBER (3.0)	N	Surveyor Count: OT/QMRP	Total occupational therapist surveyors for this survey visit who are also Qualified Mental	
CSP_SRVY_CMN	TOT_SRVYR_PHRMCST_CNT	NUMBER (3.0)	N	Surveyor Count: Pharmacist	Total pharmacist surveyors for this survey visit.	
CSP_SRVY_CMN	TOT_SRVYR_PSYCHLGST_CNT	NUMBER (3.0)	N	Surveyor Count: Psychologist	Total psychologist surveyors for this survey visit.	
CSP_SRVY_CMN	TOT_SRVYR_PSYCHLGST_QMRP_CNT	NUMBER (3.0)	N	Surveyor Count: Psychologist/QMRP	Total psychologist surveyors for this survey visit who are also Qualified Mental Retardation	
CSP_SRVY_CMN	TOT_SRVYR_PTHLGST_CNT	NUMBER (3.0)	N	Surveyor Count: Pathologist	Total pathologist surveyors for this survey visit.	
CSP_SRVY_CMN	TOT_SRVYR_PT_CNT	NUMBER (3.0)	N	Surveyor Count: PT	Total physical therapy surveyors for this survey visit.	
CSP_SRVY_CMN	TOT_SRVYR_PT_QMRP_CNT	NUMBER (3.0)	N	Surveyor Count: PT/QMRP	Total physical therapist surveyors for this survey visit who are also Qualified Mental Retardation	
CSP_SRVY_CMN	TOT_SRVYR_RCRTNLTHRPY_QMRP_CNT	NUMBER (3.0)	N	Surveyor Count: Recreational Therapist/QMRP	Total recreational therapist surveyors for this survey visit who are also Qualified Mental	
CSP_SRVY_CMN	TOT_SRVYR_RCRTNL_THRPY_CNT	NUMBER (3.0)	N	Surveyor Count: Recreational Therapist	Total recreational therapy surveyors for this survey visit.	
CSP_SRVY_CMN	TOT_SRVYR_REC_ADMIN_CNT	NUMBER (3.0)	N	Surveyor Count: Record Administration	Total record administration surveyors for this survey visit.	
CSP_SRVY_CMN	TOT_SRVYR_RN_CNT	NUMBER (3.0)	N	Surveyor Count: RN	Total registered nurse surveyors for this survey visit.	
CSP_SRVY_CMN	TOT_SRVYR_RN_QMRP_CNT	NUMBER (3.0)	N	Surveyor Count: RN/QMRP	Total registered nurse surveyors for this survey visit who are also Qualified Mental Retardation	
CSP_SRVY_CMN	TOT_SRVYR_SCL_WORKR_CNT	NUMBER (3.0)	N	Surveyor Count: Social Worker	Total social work surveyors for this survey visit.	
CSP_SRVY_CMN	TOT_SRVYR_SCL_WORKR_QMRP_CNT	NUMBER (3.0)	N	Surveyor Count: Social Worker/QMRP	Total social work surveyors for this survey visit who are also Qualified Mental Retardation	
CSP_SRVY_CMN	TOT_SRVYR_SNTRN_CNT	NUMBER (3.0)	N	Surveyor Count: Sanitarian	Total sanitarian surveyors for this survey visit.	
CSP_SRVY_CMN	TOT_SRVYR_SPCHAUDLGST_QMRP_CNT	NUMBER (3.0)	N	Surveyor Count: Speech Audiologist/QMRP	Total speech audiologist surveyors for this survey visit who are also Qualified Mental	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_SRVY_CMN	TOT_SRVYR_SPCH_AUDLGS T_CNT	NUMBER (3.0)	N	Surveyor Count: Speech Audiologist	Total speech audiologist surveyors for this survey visit.	
CSP_SRVY_CMN	TOT_TRVL_HR_CNT	NUMBER (6.2)	N	670 Count: Total Travel Hours	Total number of hours spent in travel to and from the provider for this survey visit, recorded	
CSP_SRVY_CMN	TRK_ID	VARCHAR2 (4)	N	Track ID	Unique identifier by state generated by ASPEN assigned to the survey cycle. This is the first	
CSP_SRVY_CMN	TRMNTN_RQRD_SW	VARCHAR2 (1)	N	COP with IJ indicator	Indicates if there was an immediate jeopardy citation recorded for this survey visit.	
CSP_SRVY_CMN	VISIT_AGE_NUM	NUMBER (4.0)	N	Visit Age Number	Sequential number that represents the occurrence of this visit for this provider	
CSP_SRVY_DFCNCY	ADD_DT	DATE (8)	N	Add Date	This date indicates when the survey record was copied or stored in the ODIE data entry file.	
CSP_SRVY_DFCNCY	BLDG_NUM	VARCHAR2 (2)	Y	Building Number	The number assigned to a building separately surveyed under the Life Safety Code (LSC).	
CSP_SRVY_DFCNCY	CFR_TXT	VARCHAR2 (512)	N	Federal Regulation Code	Federal regulation code for cited survey deficiency.	
CSP_SRVY_DFCNCY	CRTFCTN_DT	DATE (8)	N	Certification Date	The Certification date is equal to the exit date of the initial visit of the Health survey or LSC	
CSP_SRVY_DFCNCY	DFCNCY_CMPLTN_DT	DATE (7)	N	Deficiency Completion Date	The date of planned deficiency correction.	
CSP_SRVY_DFCNCY	DFCNCY_CRCTN_DT	DATE (7)	N	Deficiency Correction Date	The date the deficiency was actually corrected.	
CSP_SRVY_DFCNCY	DFCNCY_DESC	VARCHAR2 ()	N	English Description of Tag	English description of the tag.	
CSP_SRVY_DFCNCY	DFCNCY_PREX_CD	VARCHAR2 (1)	Y	Deficiency Prefix Code	The alphabetic character that is assigned to a series of data tags that apply to a provider or	CSP_DFCNCY_PREX_CD
CSP_SRVY_DFCNCY	DFCNCY_PREX_DESC	VARCHAR2 (44)	N	Deficiency Prefix Description	The alphabetic character that is assigned to a series of data tags that apply to a provider or	CSP_DFCNCY_PREX_CD
CSP_SRVY_DFCNCY	DFCNCY_RQMT_CD	VARCHAR2 ()	N	Tag Level Code	Indicates whether a tag is a condition, standard, element or requirement.	
CSP_SRVY_DFCNCY	DFCNCY_RQMT_LVL_TXT	VARCHAR2 ()	N	Requirement Text	A level assigned to a particular deficiency number.	
CSP_SRVY_DFCNCY	DFCNCY_STUS_CD	VARCHAR2 (1)	N	Deficiency Status Code	A program generated code which indicates the current status of a deficiency.	CSP_DFCNCY_STUS_CD
CSP_SRVY_DFCNCY	DFCNCY_STUS_DESC	VARCHAR2 (45)	N	Deficiency Status Description	A program generated code which indicates the current status of a deficiency.	CSP_DFCNCY_STUS_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_SRVY_DFCNCY	DFCNCY_STUS_DT	DATE (8)	N	Deficiency Status Date	The date associated with the current status of a particular deficiency.	
CSP_SRVY_DFCNCY	DFCNCY_TAG_NUM	VARCHAR2 (4)	Y	Deficiency Tag Number	The numeric code following the alphabetic character which is assigned to each requirement	CSP_DFCNCY_TAG
CSP_SRVY_DFCNCY	DFCNCY_TAG_TYPE_CD	VARCHAR2 (1)	N	Deficiency Tag Type Code	Identifies the cited deficiency tag as a condition, standard, element or requirement.	CSP_DFCNCY_TAG_TYPE_CD
CSP_SRVY_DFCNCY	DFCNCY_TAG_TYPE_DESC	VARCHAR2 (12)	N	Deficiency Tag Type Code	Identifies the cited deficiency tag as a condition, standard, element or requirement.	CSP_DFCNCY_TAG_TYPE_CD
CSP_SRVY_DFCNCY	EVNT_ID	VARCHAR2 (7)	Y	Event ID	A unique ID for each row in the survey table.	
CSP_SRVY_DFCNCY	IJ_SW	VARCHAR2 (1)	N	Immediate Jeopardy Indicator	Indicates an immediate jeopardy situation is associated with this citation.	
CSP_SRVY_DFCNCY	IQCP_SW	VARCHAR2 (1)	N	CLIA IQCP Tag Level Indicator	Indicates if the CLIA citation relates to Individualized Quality Control Plan (IQCP).	
CSP_SRVY_DFCNCY	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_SRVY_DFCNCY	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the	
CSP_SRVY_DFCNCY	REC_STUS_CD	VARCHAR2 (1)	N	Record Status Code	This indicator specifies the current status of the record.	CSP_REC_STUS_CD
CSP_SRVY_DFCNCY	REC_STUS_DESC	VARCHAR2 (16)	N	Record Status Description	This indicator specifies the current status of the record.	CSP_REC_STUS_CD
CSP_SRVY_DFCNCY	REGSETID	VARCHAR2 (4)	N	Regulation Set ID	Regulation set identifier for cited deficiency tag.	
CSP_SRVY_DFCNCY	SCOPE_SVRTY_CD	VARCHAR2 (1)	N	Scope and Severity Code	Scope and severity code.	CSP_SCOPE_SVRTY_CD
CSP_SRVY_DFCNCY	SCOPE_SVRTY_DESC	VARCHAR2 (23)	N	Scope and Severity Description	Scope and severity code.	CSP_SCOPE_SVRTY_CD
CSP_SRVY_DFCNCY	SPCLTY_010A_CD	VARCHAR2 (1)	N	Specialty 010A Code	Identifies the complexity associated with specialty 010A: histocompatibility/transplant for	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_010A_DESC	VARCHAR2 (41)	N	Specialty 010A Description	Identifies the complexity associated with specialty 010A: histocompatibility/transplant for	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_010B_CD	VARCHAR2 (1)	N	Specialty 010B Code	Identifies the complexity associated with specialty 010B: histocompatibility/non-	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_010B_DESC	VARCHAR2 (41)	N	Specialty 010B Description	Identifies the complexity associated with specialty 010B: histocompatibility/non-	CSP_CLIA_SPCLTY_CMPLXTY_CD

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_SRVY_DFCNCY	SPCLTY_010_CD	VARCHAR2 (1)	N	Specialty 010 Code	Identifies the complexity associated with specialty 010: histocompatibility for the cited	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_010_DESC	VARCHAR2 (41)	N	Specialty 010 Description	Identifies the complexity associated with specialty 010: histocompatibility for the cited	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_110_CD	VARCHAR2 (1)	N	Specialty 110 Code	Identifies the complexity associated with specialty 110: microbiology/bacteriology for the	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_110_DESC	VARCHAR2 (41)	N	Specialty 110 Description	Identifies the complexity associated with specialty 110 :microbiology/bacteriology for the	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_115_CD	VARCHAR2 (1)	N	Specialty 115 Code	Identifies the complexity associated with specialty 115: microbiology/mycobacteriology	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_115_DESC	VARCHAR2 (41)	N	Specialty 115 Description	Identifies the complexity associated with specialty 115: microbiology/mycobacteriology	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_120_CD	VARCHAR2 (1)	N	Specialty 120 Code	Identifies the complexity associated with specialty 120: microbiology/mycology for the	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_120_DESC	VARCHAR2 (41)	N	Specialty 120 Description	Identifies the complexity associated with specialty 120: microbiology/mycology for the	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_130_CD	VARCHAR2 (1)	N	Specialty 130 Code	Identifies the complexity associated with specialty 130: microbiology/parasitology for the	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_130_DESC	VARCHAR2 (41)	N	Specialty 130 Description	Identifies the complexity associated with specialty 130: microbiology/parasitology for the	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_140_CD	VARCHAR2 (1)	N	Specialty 140 Code	Identifies the complexity associated with specialty 140: microbiology/virology for the	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_140_DESC	VARCHAR2 (41)	N	Specialty 140 Description	Identifies the complexity associated with specialty 140: microbiology/virology for the	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_210_CD	VARCHAR2 (1)	N	Specialty 210 Code	Identifies the complexity associated with specialty 210: diagnostic immunology/syphilis	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_210_DESC	VARCHAR2 (41)	N	Specialty 210 Description	Identifies the complexity associated with specialty 210: diagnostic immunology/syphilis	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_220_CD	VARCHAR2 (1)	N	Specialty 220 Code	Identifies the complexity associated with specialty 220: diagnostic immunology/general	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_220_DESC	VARCHAR2 (41)	N	Specialty 220 Description	Identifies the complexity associated with specialty 220: diagnostic immunology/general	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_310_CD	VARCHAR2 (1)	N	Specialty 310 Code	Identifies the complexity associated with specialty 310: chemistry/routine chemistry for	CSP_CLIA_SPCLTY_CMPLXTY_CD

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_SRVY_DFCNCY	SPCLTY_310_DESC	VARCHAR2 (41)	N	Specialty 310 Description	Identifies the complexity associated with specialty 310: chemistry/routine chemistry for	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_320_CD	VARCHAR2 (1)	N	Specialty 320 Code	Identifies the complexity associated with specialty 320: chemistry/urinalysis for the cited	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_320_DESC	VARCHAR2 (41)	N	Specialty 320 Description	Identifies the complexity associated with specialty 320: chemistry/urinalysis for the cited	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_330_CD	VARCHAR2 (1)	N	Specialty 330 Code	Identifies the complexity associated with specialty 330: chemistry/endocrinology for the	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_330_DESC	VARCHAR2 (41)	N	Specialty 330 Description	Identifies the complexity associated with specialty 330: chemistry/endocrinology for the	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_340_CD	VARCHAR2 (1)	N	Specialty 340 Code	Identifies the complexity associated with specialty 340: chemistry/toxicology for the cited	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_340_DESC	VARCHAR2 (41)	N	Specialty 340 Description	Identifies the complexity associated with specialty 340: chemistry/toxicology for the cited	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_400_CD	VARCHAR2 (1)	N	Specialty 400 Code	Identifies the complexity associated with specialty 400: hematology for the cited tag.	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_400_DESC	VARCHAR2 (41)	N	Specialty 400 Description	Identifies the complexity associated with specialty 400: hematology for the cited tag.	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_510_CD	VARCHAR2 (1)	N	Specialty 510 Code	Identifies the complexity associated with specialty 510: immunohematology/ABO group	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_510_DESC	VARCHAR2 (41)	N	Specialty 510 Description	Identifies the complexity associated with specialty 510: immunohematology/ABO group	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_520_CD	VARCHAR2 (1)	N	Specialty 520 Code	Identifies the complexity associated with specialty 520: immunohematology/antibody	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_520_DESC	VARCHAR2 (41)	N	Specialty 520 Description	Identifies the complexity associated with specialty 520: immunohematology/antibody	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_530_CD	VARCHAR2 (1)	N	Specialty 530 Code	Identifies the complexity associated with specialty 530: immunohematology/antibody	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_530_DESC	VARCHAR2 (41)	N	Specialty 530 Description	Identifies the complexity associated with specialty 530: immunohematology/antibody	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_540_CD	VARCHAR2 (1)	N	Specialty 540 Code	Identifies the complexity associated with specialty 540: immunohematology/antibody	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_540_DESC	VARCHAR2 (41)	N	Specialty 540 Description	Identifies the complexity associated with specialty 540: immunohematology/antibody	CSP_CLIA_SPCLTY_CMPLXTY_CD

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_SRVY_DFCNCY	SPCLTY_550_CD	VARCHAR2 (1)	N	Specialty 550 Code	Identifies the complexity associated with specialty 550: immunohematology/compatibility	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_550_DESC	VARCHAR2 (41)	N	Specialty 550 Description	Identifies the complexity associated with specialty 550: immunohematology/compatibility	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_610_CD	VARCHAR2 (1)	N	Specialty 610 Code	Identifies the complexity associated with specialty 610: pathology/histopathology for the	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_610_DESC	VARCHAR2 (41)	N	Specialty 610 Description	Identifies the complexity associated with specialty 610: pathology/histopathology for the	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_620_CD	VARCHAR2 (1)	N	Specialty 620 Code	Identifies the complexity associated with specialty 620: pathology/oral pathology for the	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_620_DESC	VARCHAR2 (41)	N	Specialty 620 Description	Identifies the complexity associated with specialty 620: pathology/oral pathology for the	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_630_CD	VARCHAR2 (1)	N	Specialty 630 Code	Identifies the complexity associated with specialty 630: pathology/cytology for the cited	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_630_DESC	VARCHAR2 (41)	N	Specialty 630 Description	Identifies the complexity associated with specialty 630: pathology/cytology for the cited	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_800_CD	VARCHAR2 (1)	N	Specialty 800 Code	Identifies the complexity associated with specialty 800: radiobioassay for the cited tag.	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_800_DESC	VARCHAR2 (41)	N	Specialty 800 Description	Identifies the complexity associated with specialty 800: radiobioassay for the cited tag.	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_900_CD	VARCHAR2 (1)	N	Specialty 900 Code	Identifies the complexity associated with specialty 900: clinical cytogenetics for the cited	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_900_DESC	VARCHAR2 (41)	N	Specialty 900 Description	Identifies the complexity associated with specialty 900: clinical cytogenetics for the cited	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCLTY_SUBSPCLTY_CMPLXTY_DESC	VARCHAR2 (52)	N	Specialty Subspecialty Complexity Description-Obsolete	This field has been deleted.	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY	SPCL_SRVY_ADVRS_EVNT_SW	VARCHAR2 (1)	N	Special Survey Adverse Event Indicator	Indicates if this citation relates to a special survey for Adverse Events. (NH)	
CSP_SRVY_DFCNCY	SPCL_SRVY_COVID19_SW	VARCHAR2 (1)	N	Special Survey COVID-19 Indicator	Indicates if this citation relates to a special survey for COVID-19.	
CSP_SRVY_DFCNCY	SPCL_SRVY_COW_SW	VARCHAR2 (1)	N	Special Survey Certificate of Waiver Indicator	Indicates if this citation relates to a special survey for Certificate of Waiver. (CLIA)	
CSP_SRVY_DFCNCY	SPCL_SRVY_CYTOLGY_SW	VARCHAR2 (1)	N	Special Survey Cytology Indicator	Indicates if this citation relates to a special survey for Cytology. (CLIA)	

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_SRVY_DFCNCY	SPCL_SRVY_DMNT_SW	VARCHAR2 (1)	N	Special Survey Dementia Care Indicator	Indicates if this citation relates to a special survey for Dementia Care. (NH)	
CSP_SRVY_DFCNCY	SPCL_SRVY_DSCHRG_PLNG_SW	VARCHAR2 (1)	N	Special Survey Discharge Planning Indicator	Indicates if this citation relates to a special survey for Discharge Planning. (Hospitals)	
CSP_SRVY_DFCNCY	SPCL_SRVY_INFCTN_CNTL_SW	VARCHAR2 (1)	N	Special Survey Infection Control Indicator	Indicates if this citation relates to a special survey for Infection Control. (Hospitals)	
CSP_SRVY_DFCNCY	SPCL_SRVY_MDS_SW	VARCHAR2 (1)	N	Special Survey MDS Indicator	Indicates if this citation relates to a special survey for MDS. (NH)	
CSP_SRVY_DFCNCY	SPCL_SRVY_PPM_SW	VARCHAR2 (1)	N	Special Survey PPM Indicator	Indicates if this citation relates to a special survey for PPM. (CLIA)	
CSP_SRVY_DFCNCY	SPCL_SRVY_PT_DESK_RVW_SW	VARCHAR2 (1)	N	Special Survey PT Desk Review Indicator	Indicates if this citation relates to a special survey for PT Desk Review. (CLIA)	
CSP_SRVY_DFCNCY	SPCL_SRVY_QAPI_SW	VARCHAR2 (1)	N	Special Survey QAPI Indicator	Indicates if this citation relates to a special survey for QAPI. (Hospitals and NH)	
CSP_SRVY_DFCNCY	SRVY_CYC_CD	VARCHAR2 (1)	N	Survey Cycle Code	Defines the survey cycle type. Refers to Standard (Certification), Complaint, Federal	CSP_SRVY_CYC_CD
CSP_SRVY_DFCNCY	SRVY_CYC_DESC	VARCHAR2 (16)	N	Survey Cycle Description	Defines the survey cycle type. Refers to Standard (Certification), Complaint, Federal	CSP_SRVY_CYC_CD
CSP_SRVY_DFCNCY	SRVY_DT	DATE (8)	N	Survey Date	Equals the Certification Date if the survey cycle is Standard, the exit date of the complaint	
CSP_SRVY_DFCNCY	SRVY_TYPE_CD	VARCHAR2 (1)	N	Survey Type Code	Indicates whether the survey conducted was health or life safety code.	CSP_SRVY_TYPE_CD
CSP_SRVY_DFCNCY	SRVY_TYPE_DESC	VARCHAR2 (18)	N	Survey Type Description	Indicates whether the survey conducted was health or life safety code.	CSP_SRVY_TYPE_CD
CSP_SRVY_DFCNCY	STATE_CD	VARCHAR2 (2)	N	State Abbreviation	Two-character state abbreviation.	CSP_STATE_CD
CSP_SRVY_DFCNCY	STATE_DESC	VARCHAR2 (20)	N	State Description	State Description	CSP_STATE_CD
CSP_SRVY_DFCNCY_TAG_VW	BLDG_NUM	VARCHAR2 (2)	N	Building ID	Identifies the building cited, if the citation is a Life Safety Code citation.	
CSP_SRVY_DFCNCY_TAG_VW	CFR_TXT	VARCHAR2 (512)	N	Federal Regulation Code	Code of Federal Regulations text for given regulation set, version, and tag for this citation.	
CSP_SRVY_DFCNCY_TAG_VW	CRTFCTN_DT	DATE (8)	N	Certification Date	The Certification date is equal to the exit date of the initial visit of the Health survey or LSC	
CSP_SRVY_DFCNCY_TAG_VW	DFCNCY_CMPLTN_DT	DATE (8)	N	Citation Completion Date	Date the provider indicates this citation will be corrected for this survey cycle. Only populated	

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_SRVY_DFCNCY_TAG_VW	DFCNCY_CRCTN_DT	DATE (8)	N	Citation Correction Date	Date a surveyor confirms this citation has been corrected for this survey cycle. Only populated	
CSP_SRVY_DFCNCY_TAG_VW	DFCNCY_PREX_CD	VARCHAR2 (1)	N	Prefix Code	Alphabetical prefix added to a Tag Number to identify the regulation set for that tag.	CSP_DFCNCY_PREX_CD
CSP_SRVY_DFCNCY_TAG_VW	DFCNCY_PREX_DESC	VARCHAR2 (44)	N	Prefix Description	Alphabetical prefix added to a Tag Number to identify the regulation set for that tag.	CSP_DFCNCY_PREX_CD
CSP_SRVY_DFCNCY_TAG_VW	DFCNCY_RQMT_CD	VARCHAR2 (1)	N	Tag Level Code	Indicates the level of the tag from the Code of Federal Regulations: condition, standard,	CSP_DFCNCY_TAG_TYPE_VW
CSP_SRVY_DFCNCY_TAG_VW	DFCNCY_RQMT_DESC	VARCHAR2 (400)	N	Tag Level Description	Indicates the level of the tag from the Code of Federal Regulations: condition, standard,	
CSP_SRVY_DFCNCY_TAG_VW	DFCNCY_STUS_CD	VARCHAR2 (1)	N	Citation Status Code	Indicates the correction status for this citation for this survey cycle.	CSP_DFCNCY_STUS_CD
CSP_SRVY_DFCNCY_TAG_VW	DFCNCY_STUS_DESC	VARCHAR2 (45)	N	Citation Status Description	Indicates the correction status for this citation for this survey cycle.	CSP_DFCNCY_STUS_CD
CSP_SRVY_DFCNCY_TAG_VW	DFCNCY_STUS_DT	DATE (8)	N	Citation Status Date	Date associated with the current status of this citation.	
CSP_SRVY_DFCNCY_TAG_VW	DFCNCY_TAG_DESC	VARCHAR2 (80)	N	Tag Number Description	With Prefix Code, a unique identifier by regulation set of a regulation or portion of a	
CSP_SRVY_DFCNCY_TAG_VW	DFCNCY_TAG_NUM	VARCHAR2 (4)	N	Tag Number	With Prefix Code, a unique identifier by regulation set of a regulation or portion of a	CSP_DFCNCY_TAG
CSP_SRVY_DFCNCY_TAG_VW	EVNT_ID	VARCHAR2 (7)	N	CASPER Event ID	Unique CASPER Identifier by state for each survey visit. This ID is equivalent to the ASPEN	
CSP_SRVY_DFCNCY_TAG_VW	IJ_SW	VARCHAR2 (1)	N	Immediate Jeopardy Indicator	Indicates an immediate jeopardy situation is associated with this citation.	
CSP_SRVY_DFCNCY_TAG_VW	IQCP_SW	VARCHAR2 (1)	N	CLIA IQCP Tag Level Indicator	Indicates if the CLIA citation relates to Individualized Quality Control Plan (IQCP).	
CSP_SRVY_DFCNCY_TAG_VW	PRVDR_INTRNL_NUM	NUMBER (10.0)	N	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_SRVY_DFCNCY_TAG_VW	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the CMS	CSP_PRVDR_CMN
CSP_SRVY_DFCNCY_TAG_VW	REGSETID	VARCHAR2 (4)	N	Regulation Set ID	Regulation set unique identifier for this citation.	
CSP_SRVY_DFCNCY_TAG_VW	SCOPE_SVRTY_CD	VARCHAR2 (1)	N	Scope and Severity Code	Indicates the most recent Scope and Severity designation of this citation for this survey cycle.	CSP_SCOPE_SVRTY_CD



Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_SRVY_DFCNCY_TAG_VW	SCOPE_SVRTY_DESC	VARCHAR2 (23)	N	Scope and Severity Description	Indicates the most recent Scope and Severity designation of this citation for this survey cycle.	CSP_SCOPE_SVRTY_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_010A_CD	VARCHAR2 (1)	N	Specialty 010A Code	Identifies the complexity associated with specialty 010A: histocompatibility/transplant for	CSP_CLIA_SPCLTY_CmplXty_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_010A_DESC	VARCHAR2 (41)	N	Specialty 010A Description	Identifies the complexity associated with specialty 010A: histocompatibility/transplant for	CSP_CLIA_SPCLTY_CmplXty_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_010B_CD	VARCHAR2 (1)	N	Specialty 010B Code	Identifies the complexity associated with specialty 010B: histocompatibility/non-	CSP_CLIA_SPCLTY_CmplXty_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_010B_DESC	VARCHAR2 (41)	N	Specialty 010B Description	Identifies the complexity associated with specialty 010B: histocompatibility/non-	CSP_CLIA_SPCLTY_CmplXty_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_010_CD	VARCHAR2 (1)	N	Specialty 010 Code	Identifies the complexity associated with specialty 010: histocompatibility for the cited	CSP_CLIA_SPCLTY_CmplXty_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_010_DESC	VARCHAR2 (41)	N	Specialty 010 Description	Identifies the complexity associated with specialty 010: histocompatibility for the cited	CSP_CLIA_SPCLTY_CmplXty_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_110_CD	VARCHAR2 (1)	N	Specialty 110 Code	Identifies the complexity associated with specialty 110: microbiology/bacteriology for the	CSP_CLIA_SPCLTY_CmplXty_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_110_DESC	VARCHAR2 (41)	N	Specialty 110 Description	Identifies the complexity associated with specialty 110 :microbiology/bacteriology for the	CSP_CLIA_SPCLTY_CmplXty_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_115_CD	VARCHAR2 (1)	N	Specialty 115 Code	Identifies the complexity associated with specialty 115: microbiology/mycobacteriology	CSP_CLIA_SPCLTY_CmplXty_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_115_DESC	VARCHAR2 (41)	N	Specialty 115 Description	Identifies the complexity associated with specialty 115: microbiology/mycobacteriology	CSP_CLIA_SPCLTY_CmplXty_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_120_CD	VARCHAR2 (1)	N	Specialty 120 Code	Identifies the complexity associated with specialty 120: microbiology/mycology for the	CSP_CLIA_SPCLTY_CmplXty_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_120_DESC	VARCHAR2 (41)	N	Specialty 120 Description	Identifies the complexity associated with specialty 120: microbiology/mycology for the	CSP_CLIA_SPCLTY_CmplXty_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_130_CD	VARCHAR2 (1)	N	Specialty 130 Code	Identifies the complexity associated with specialty 130: microbiology/parasitology for the	CSP_CLIA_SPCLTY_CmplXty_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_130_DESC	VARCHAR2 (41)	N	Specialty 130 Description	Identifies the complexity associated with specialty 130: microbiology/parasitology for the	CSP_CLIA_SPCLTY_CmplXty_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_140_CD	VARCHAR2 (1)	N	Specialty 140 Code	Identifies the complexity associated with specialty 140: microbiology/virology for the	CSP_CLIA_SPCLTY_CmplXty_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_140_DESC	VARCHAR2 (41)	N	Specialty 140 Description	Identifies the complexity associated with specialty 140: microbiology/virology for the	CSP_CLIA_SPCLTY_CmplXty_CD

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_210_CD	VARCHAR2 (1)	N	Specialty 210 Code	Identifies the complexity associated with specialty 210: diagnostic immunology/syphilis	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_210_DESC	VARCHAR2 (41)	N	Specialty 210 Description	Identifies the complexity associated with specialty 210: diagnostic immunology/syphilis	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_220_CD	VARCHAR2 (1)	N	Specialty 220 Code	Identifies the complexity associated with specialty 220: diagnostic immunology/general	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_220_DESC	VARCHAR2 (41)	N	Specialty 220 Description	Identifies the complexity associated with specialty 220: diagnostic immunology/general	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_310_CD	VARCHAR2 (1)	N	Specialty 310 Code	Identifies the complexity associated with specialty 310: chemistry/routine chemistry for	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_310_DESC	VARCHAR2 (41)	N	Specialty 310 Description	Identifies the complexity associated with specialty 310: chemistry/routine chemistry for	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_320_CD	VARCHAR2 (1)	N	Specialty 320 Code	Identifies the complexity associated with specialty 320: chemistry/urinalysis for the cited	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_320_DESC	VARCHAR2 (41)	N	Specialty 320 Description	Identifies the complexity associated with specialty 320: chemistry/urinalysis for the cited	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_330_CD	VARCHAR2 (1)	N	Specialty 330 Code	Identifies the complexity associated with specialty 330: chemistry/endocrinology for the	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_330_DESC	VARCHAR2 (41)	N	Specialty 330 Description	Identifies the complexity associated with specialty 330: chemistry/endocrinology for the	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_340_CD	VARCHAR2 (1)	N	Specialty 340 Code	Identifies the complexity associated with specialty 340: chemistry/toxicology for the cited	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_340_DESC	VARCHAR2 (41)	N	Specialty 340 Description	Identifies the complexity associated with specialty 340: chemistry/toxicology for the cited	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_400_CD	VARCHAR2 (1)	N	Specialty 400 Code	Identifies the complexity associated with specialty 400: hematology for the cited tag.	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_400_DESC	VARCHAR2 (41)	N	Specialty 400 Description	Identifies the complexity associated with specialty 400: hematology for the cited tag.	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_510_CD	VARCHAR2 (1)	N	Specialty 510 Code	Identifies the complexity associated with specialty 510: immunohematology/ABO group	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_510_DESC	VARCHAR2 (41)	N	Specialty 510 Description	Identifies the complexity associated with specialty 510: immunohematology/ABO group	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_520_CD	VARCHAR2 (1)	N	Specialty 520 Code	Identifies the complexity associated with specialty 520: immunohematology/antibody	CSP_CLIA_SPCLTY_CMPLXTY_CD

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_520_DESC	VARCHAR2 (41)	N	Specialty 520 Description	Identifies the complexity associated with specialty 520: immunohematology/antibody	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_530_CD	VARCHAR2 (1)	N	Specialty 530 Code	Identifies the complexity associated with specialty 530: immunohematology/antibody	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_530_DESC	VARCHAR2 (41)	N	Specialty 530 Description	Identifies the complexity associated with specialty 530: immunohematology/antibody	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_540_CD	VARCHAR2 (1)	N	Specialty 540 Code	Identifies the complexity associated with specialty 540: immunohematology/antibody	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_540_DESC	VARCHAR2 (41)	N	Specialty 540 Description	Identifies the complexity associated with specialty 540: immunohematology/antibody	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_550_CD	VARCHAR2 (1)	N	Specialty 550 Code	Identifies the complexity associated with specialty 550: immunohematology/compatibility	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_550_DESC	VARCHAR2 (41)	N	Specialty 550 Description	Identifies the complexity associated with specialty 550: immunohematology/compatibility	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_610_CD	VARCHAR2 (1)	N	Specialty 610 Code	Identifies the complexity associated with specialty 610: pathology/histopathology for the	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_610_DESC	VARCHAR2 (41)	N	Specialty 610 Description	Identifies the complexity associated with specialty 610: pathology/histopathology for the	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_620_CD	VARCHAR2 (1)	N	Specialty 620 Code	Identifies the complexity associated with specialty 620: pathology/oral pathology for the	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_620_DESC	VARCHAR2 (41)	N	Specialty 620 Description	Identifies the complexity associated with specialty 620: pathology/oral pathology for the	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_630_CD	VARCHAR2 (1)	N	Specialty 630 Code	Identifies the complexity associated with specialty 630: pathology/cytology for the cited	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_630_DESC	VARCHAR2 (41)	N	Specialty 630 Description	Identifies the complexity associated with specialty 630: pathology/cytology for the cited	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_800_CD	VARCHAR2 (1)	N	Specialty 800 Code	Identifies the complexity associated with specialty 800: radiobioassay for the cited tag.	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_800_DESC	VARCHAR2 (41)	N	Specialty 800 Description	Identifies the complexity associated with specialty 800: radiobioassay for the cited tag.	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_900_CD	VARCHAR2 (1)	N	Specialty 900 Code	Identifies the complexity associated with specialty 900: clinical cytogenetics for the cited	CSP_CLIA_SPCLTY_CMPLXTY_CD
CSP_SRVY_DFCNCY_TAG_VW	SPCLTY_900_DESC	VARCHAR2 (41)	N	Specialty 900 Description	Identifies the complexity associated with specialty 900: clinical cytogenetics for the cited	CSP_CLIA_SPCLTY_CMPLXTY_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_SRVY_DFCNCY_TAG_VW	SPCL_SRVY_ADVRS_EVNT_SW	VARCHAR2 (1)	N	Special Survey Adverse Event Indicator	Indicates if this citation relates to a special survey for Adverse Events. (NH)	
CSP_SRVY_DFCNCY_TAG_VW	SPCL_SRVY_COVID19_SW	VARCHAR2 (1)	N	Special Survey COVID-19 Indicator	Indicates if this citation relates to a special survey for COVID-19.	
CSP_SRVY_DFCNCY_TAG_VW	SPCL_SRVY_COW_SW	VARCHAR2 (1)	N	Special Survey Certificate of Waiver Indicator	Indicates if this citation relates to a special survey for Certificate of Waiver. (CLIA)	
CSP_SRVY_DFCNCY_TAG_VW	SPCL_SRVY_CYTOLGY_SW	VARCHAR2 (1)	N	Special Survey Cytology Indicator	Indicates if this citation relates to a special survey for Cytology. (CLIA)	
CSP_SRVY_DFCNCY_TAG_VW	SPCL_SRVY_DMNT_SW	VARCHAR2 (1)	N	Special Survey Dementia Care Indicator	Indicates if this citation relates to a special survey for Dementia Care. (NH)	
CSP_SRVY_DFCNCY_TAG_VW	SPCL_SRVY_DSCHRG_PLNG_SW	VARCHAR2 (1)	N	Special Survey Discharge Planning Indicator	Indicates if this citation relates to a special survey for Discharge Planning. (Hospitals)	
CSP_SRVY_DFCNCY_TAG_VW	SPCL_SRVY_INFCTN_CNTL_SW	VARCHAR2 (1)	N	Special Survey Infection Control Indicator	Indicates if this citation relates to a special survey for Infection Control. (Hospitals)	
CSP_SRVY_DFCNCY_TAG_VW	SPCL_SRVY_MDS_SW	VARCHAR2 (1)	N	Special Survey MDS Indicator	Indicates if this citation relates to a special survey for MDS. (NH)	
CSP_SRVY_DFCNCY_TAG_VW	SPCL_SRVY_PPM_SW	VARCHAR2 (1)	N	Special Survey PPM Indicator	Indicates if this citation relates to a special survey for PPM. (CLIA)	
CSP_SRVY_DFCNCY_TAG_VW	SPCL_SRVY_PT_DESK_RVW_SW	VARCHAR2 (1)	N	Special Survey PT Desk Review Indicator	Indicates if this citation relates to a special survey for PT Desk Review. (CLIA)	
CSP_SRVY_DFCNCY_TAG_VW	SPCL_SRVY_QAPI_SW	VARCHAR2 (1)	N	Special Survey QAPI Indicator	Indicates if this citation relates to a special survey for QAPI. (Hospitals and NH)	
CSP_SRVY_DFCNCY_TAG_VW	SRVY_CYC_CD	VARCHAR2 (1)	N	Survey Cycle Code	Defines the survey cycle type. Refers to Standard (Certification), Complaint, Federal	CSP_SRVY_CYC_CD
CSP_SRVY_DFCNCY_TAG_VW	SRVY_CYC_DESC	VARCHAR2 (16)	N	Survey Cycle Description	Defines the survey cycle type. Refers to Standard (Certification), Complaint, Federal	CSP_SRVY_CYC_CD
CSP_SRVY_DFCNCY_TAG_VW	SRVY_DT	DATE (8)	N	Survey Date	For a Standard survey cycle, this date is the Certification Date. For Complaint and Federal	
CSP_SRVY_DFCNCY_TAG_VW	SRVY_TYPE_CD	VARCHAR2 (1)	N	Survey Type Code	Indicates whether the survey conducted was health or life safety code.	CSP_SRVY_TYPE_CD
CSP_SRVY_DFCNCY_TAG_VW	SRVY_TYPE_DESC	VARCHAR2 (18)	N	Survey Type Description	Indicates whether the survey conducted was health or life safety code.	CSP_SRVY_TYPE_CD
CSP_SRVY_DFCNCY_TAG_VW	STATE_CD	VARCHAR2 (2)	N	State Abbreviation	Two-character state abbreviation.	CSP_STATE_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_SRVY_DFCNCY_TAG_VW	STATE_DESC	VARCHAR2 (20)	N	State Description	State Description	CSP_STATE_CD
CSP_SRVY_INTRVL	ADDTNL_INTRVL_NUM	NUMBER (4.1)	N	Additional Survey Interval	Indicates the additional interval in which providers should be surveyed.	
CSP_SRVY_INTRVL	ADD_DT	DATE (8)	N	Add Date	This date indicates when the record was added.	
CSP_SRVY_INTRVL	ADD_USER_ID	VARCHAR2 (20)	N	Add User ID	Indicates the user id who added this record.	
CSP_SRVY_INTRVL	AVG_INTRVL_NUM	NUMBER (4.1)	N	Average Survey Interval	Indicates the average interval in which providers should be surveyed.	
CSP_SRVY_INTRVL	EFCTV_FROM_DT	DATE (8)	N	Effective From Date	Indicates the effective from date for this interval.	
CSP_SRVY_INTRVL	EFCTV_THRU_DT	DATE (8)	N	Effective Thru Date	Indicates the effective thru date for this interval.	
CSP_SRVY_INTRVL	FSCL_YR_NUM	NUMBER (4.0)	Y	Fiscal Year	Indicates the fiscal year for these intervals.	
CSP_SRVY_INTRVL	INTRVL_NUM	NUMBER (4.1)	N	Survey Interval	Indicates the interval in which providers should be surveyed.	
CSP_SRVY_INTRVL	PRVDR_CTGRY_CD	VARCHAR2 (2)	Y	Provider Category Code	This is the provider category code.	CSP_PRVDR_CTGRY_CD
CSP_SRVY_INTRVL	UPDT_DT	DATE (8)	N	Update Date	This date indicates when the record was updated.	
CSP_SRVY_INTRVL	UPDT_USER_ID	VARCHAR2 (20)	N	Update User ID	Indicates the user id who updated this record.	
CSP_SRVY_STD_VW	APSY_NAME	VARCHAR2 (0)	N	Application Sub-System Name	Application Sub-System Name	
CSP_SRVY_STD_VW	CMPLNT_SBSTNTD_SW	VARCHAR2 (1)	N	Complaint Substantiated Indicator	Complaint Substantiated Indicator	
CSP_SRVY_STD_VW	CMPLT_670_SW	VARCHAR2 (0)	N	Complete 670 Indicator	Complete 670 Indicator	
CSP_SRVY_STD_VW	CNSCTV_0_DFCNCY_CNT	NUMBER (2.0)	N	Consecutive Zero Deficiency Count	Consecutive Zero Deficiency Count	
CSP_SRVY_STD_VW	CRTFCTN_DT	DATE (7)	N	Certification Date	Certification Date	
CSP_SRVY_STD_VW	CYC_VISIT_DT	DATE (7)	N	Cycle Visit Date	Cycle Visit Date	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_SRVY_STD_VW	CYC_VISIT_NUM	NUMBER (3.0)	N	Cycle Visit Number	Cycle Visit Number	
CSP_SRVY_STD_VW	ERONS_DFCNCY_SW	VARCHAR2 (0)	N	Erroneous Deficiencies Switch	Erroneous Deficiencies Switch	
CSP_SRVY_STD_VW	EVNT_ID	VARCHAR2 (7)	N	Event ID	Event ID	
CSP_SRVY_STD_VW	HIGHST_SCOPE_SVRTY_CD	VARCHAR2 (1)	N	Highest Scope / Severity Code	Highest Scope / Severity Code	
CSP_SRVY_STD_VW	INITL_CYC_VISIT_SW	VARCHAR2 (1)	N	Initial Cycle Visit Indicator	Initial Cycle Visit Indicator	
CSP_SRVY_STD_VW	INTRGNL_SRVY_SW	VARCHAR2 (0)	N	Interregional Survey Switch	Interregional Survey Switch	
CSP_SRVY_STD_VW	INTRGNL_VISITG_RGN_CD	VARCHAR2 (0)	N	Interregional Visiting Region Code	Interregional Visiting Region Code	
CSP_SRVY_STD_VW	LSC_BLDG_CNT	NUMBER (2.0)	N	Building Count	Building Count	
CSP_SRVY_STD_VW	POC_SGN_DT	DATE (7)	N	Plan of Correction Sign Date	Plan of Correction Sign Date	
CSP_SRVY_STD_VW	PRVDR_CTGRY_CD	VARCHAR2 (2)	N	Provider Category Code	Identifies the type of provider participating in the Medicare/Medicaid program.	
CSP_SRVY_STD_VW	PRVDR_INTRNL_NUM	NUMBER (10.0)	N	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_SRVY_STD_VW	REC_STUS_CD	VARCHAR2 (0)	N	Record Status Code	Record Status Code	
CSP_SRVY_STD_VW	RGN_CD	VARCHAR2 (2)	N	Region Code	The regional location of the provider.	
CSP_SRVY_STD_VW	RO_CLRCL_HR_CNT	NUMBER (6.2)	N	670 Count: RO Hours Clerical	670 Count: RO Hours Clerical	
CSP_SRVY_STD_VW	RO_SPRVSR_RVW_HR_CNT	NUMBER (6.2)	N	670 Count: RO Hours Supervisor Review	670 Count: RO Hours Supervisor Review	
CSP_SRVY_STD_VW	RVSD_670_SW	VARCHAR2 (0)	N	Revised 670 Indicator	Revised 670 Indicator	
CSP_SRVY_STD_VW	SA_CLRCL_HR_CNT	NUMBER (6.2)	N	670 Count: SA Hours Clerical	670 Count: SA Hours Clerical	
CSP_SRVY_STD_VW	SA_SPRVSR_RVW_HR_CNT	NUMBER (6.2)	N	670 Count: SA Hours Supervisor Review	670 Count: SA Hours Supervisor Review	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_SRVY_STD_VW	SRVY_ADD_DT	DATE (7)	N	Survey Add Date	Survey Add Date	
CSP_SRVY_STD_VW	SRVY_ADD_LCTN_CD	VARCHAR2 (0)	N	Survey Add Location Code	Survey Add Location Code	
CSP_SRVY_STD_VW	SRVY_AGE_NUM	NUMBER (3.0)	N	Survey Age Number	Survey Age Number	
CSP_SRVY_STD_VW	SRVY_CYC_CD	VARCHAR2 (1)	N	Survey Cycle Code	Survey Cycle Code	
CSP_SRVY_STD_VW	SRVY_DFCNCY_CNT	NUMBER (3.0)	N	Survey Deficiency Count	Survey Deficiency Count	
CSP_SRVY_STD_VW	SRVY_DT	DATE (7)	N	Survey Date	Survey Date	
CSP_SRVY_STD_VW	SRVY_PRPSE_CD	VARCHAR2 (0)	N	Type of Action	Type of Action	
CSP_SRVY_STD_VW	SRVY_SQC_CNT	NUMBER (3.0)	N	Nursing Home Substandard Quality of Care Deficiency Count	Nursing Home Substandard Quality of Care Deficiency Count	
CSP_SRVY_STD_VW	SRVY_TYPE_CD	VARCHAR2 (1)	N	Survey Type Code	Survey Type Code	
CSP_SRVY_STD_VW	SSA_STATE_CD	VARCHAR2 (2)	N	Social Security Administration State Code	Social Security Administration State Code	
CSP_SRVY_STD_VW	STATE_CD	VARCHAR2 (2)	N	State Code	State Code	
CSP_SRVY_STD_VW	STMT_DFCNCY_SW	VARCHAR2 (1)	N	Statement of Deficiencies Indicator	Statement of Deficiencies Indicator	
CSP_SRVY_STD_VW	TOT_HR_CNT	NUMBER (8.2)	N	Total Hour Count	Total Hour Count	
CSP_SRVY_STD_VW	TOT_OFSITE_HR_CNT	NUMBER (6.2)	N	670 Count: Total Off-Site Report Preparation Hours	670 Count: Total Off-Site Report Preparation Hours	
CSP_SRVY_STD_VW	TOT_ONST_HR_CNT	NUMBER (6.2)	N	670 Count: Total On-Site Hours	670 Count: Total On-Site Hours	
CSP_SRVY_STD_VW	TOT_PRE_SRVY_HR_CNT	NUMBER (6.2)	N	670 Count: Total Pre-survey Hours	670 Count: Total Pre-survey Hours	
CSP_SRVY_STD_VW	TOT_SRVYR_ACRDTD_ADMI_N_CNT	NUMBER (3.0)	N	Surveyor Count: Accredited Administrator	Surveyor Count: Accredited Administrator	
CSP_SRVY_STD_VW	TOT_SRVYR_ARCHTCT_CNT	NUMBER (3.0)	N	Surveyor Count: Architect	Surveyor Count: Architect	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_SRVY_STD_VW	TOT_SRVYR_CYTOTCHLGS_CNT	NUMBER (3.0)	N	Surveyor Count: Cytotechnologist	Surveyor Count: Cytotechnologist	
CSP_SRVY_STD_VW	TOT_SRVYR_DO_CNT	NUMBER (3.0)	N	Surveyor Count: DO	Surveyor Count: DO	
CSP_SRVY_STD_VW	TOT_SRVYR_ENGRNG_CNT	NUMBER (3.0)	N	Surveyor Count: Engineer	Surveyor Count: Engineer	
CSP_SRVY_STD_VW	TOT_SRVYR_GNRLST_CNT	NUMBER (3.0)	N	Surveyor Count: Generalist	Surveyor Count: Generalist	
CSP_SRVY_STD_VW	TOT_SRVYR_LAB_MDCL_TC_HNCN_CNT	NUMBER (3.0)	N	Surveyor Count: Laboratorian / Medical Technician	Surveyor Count: Laboratorian / Medical Technician	
CSP_SRVY_STD_VW	TOT_SRVYR_LPN_CNT	NUMBER (3.0)	N	Surveyor Count: LPN/LVN	Surveyor Count: LPN/LVN	
CSP_SRVY_STD_VW	TOT_SRVYR_LSC_SPCLST_CNT	NUMBER (3.0)	N	Surveyor Count: LSC Specialist	Surveyor Count: LSC Specialist	
CSP_SRVY_STD_VW	TOT_SRVYR_MD_CNT	NUMBER (3.0)	N	Surveyor Count: MD	Surveyor Count: MD	
CSP_SRVY_STD_VW	TOT_SRVYR_NH_ADMINR_CNT	NUMBER (3.0)	N	Surveyor Count: Nursing Home Administrator	Surveyor Count: Nursing Home Administrator	
CSP_SRVY_STD_VW	TOT_SRVYR_NTRTNL_DIET_CNT	NUMBER (3.0)	N	Surveyor Count: Nutritional Dietary	Surveyor Count: Nutritional Dietary	
CSP_SRVY_STD_VW	TOT_SRVYR_ONST_CNT	NUMBER (3.0)	N	Surveyor Count: On-Site	Surveyor Count: On-Site	
CSP_SRVY_STD_VW	TOT_SRVYR_OTHR_CNT	NUMBER (3.0)	N	Surveyor Count: Other	Surveyor Count: Other	
CSP_SRVY_STD_VW	TOT_SRVYR_OT_CNT	NUMBER (3.0)	N	Surveyor Count: OT	Surveyor Count: OT	
CSP_SRVY_STD_VW	TOT_SRVYR_PHRMCST_CNT	NUMBER (3.0)	N	Surveyor Count: Pharmacist	Surveyor Count: Pharmacist	
CSP_SRVY_STD_VW	TOT_SRVYR_PSYCHLGST_CNT	NUMBER (3.0)	N	Surveyor Count: Psychologist	Surveyor Count: Psychologist	
CSP_SRVY_STD_VW	TOT_SRVYR_PTHLGST_CNT	NUMBER (3.0)	N	Surveyor Count: Pathologist	Surveyor Count: Pathologist	
CSP_SRVY_STD_VW	TOT_SRVYR_PT_CNT	NUMBER (3.0)	N	Surveyor Count: PT	Surveyor Count: PT	
CSP_SRVY_STD_VW	TOT_SRVYR_RCRTNL_THRPT_Y_CNT	NUMBER (3.0)	N	Surveyor Count: Recreational Therapy	Surveyor Count: Recreational Therapy	



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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_SRVY_STD_VW	TOT_SRVYR_REC_ADMIN_CNT	NUMBER (3.0)	N	Surveyor Count: Record Administration	Surveyor Count: Record Administration	
CSP_SRVY_STD_VW	TOT_SRVYR_RN_CNT	NUMBER (3.0)	N	Surveyor Count: RN	Surveyor Count: RN	
CSP_SRVY_STD_VW	TOT_SRVYR_SCL_WORKR_CNT	NUMBER (3.0)	N	Surveyor Count: Social Worker	Surveyor Count: Social Worker	
CSP_SRVY_STD_VW	TOT_SRVYR_SNTRN_CNT	NUMBER (3.0)	N	Surveyor Count: Sanitarian	Surveyor Count: Sanitarian	
CSP_SRVY_STD_VW	TOT_SRVYR_SPCH_AUDLGS_T_CNT	NUMBER (3.0)	N	Surveyor Count: Speech Audiologist	Surveyor Count: Speech Audiologist	
CSP_SRVY_STD_VW	TOT_TRVL_HR_CNT	NUMBER (6.2)	N	670 Count: Total Travel Hours	670 Count: Total Travel Hours	
CSP_SRVY_STD_VW	TRANS_DT	VARCHAR2 (0)	N	Transaction Date	Transaction Date	
CSP_SRVY_STD_VW	VISIT_AGE_NUM	NUMBER (3.0)	N	Visit Age Number	Visit Age Number	
CSP_SRVY_WRKLD	ADD_DT	DATE (8)	N	Add Date	Date the survey workload record was created in ASPEN.	
CSP_SRVY_WRKLD	CRTFCTN_DT	DATE (8)	N	Certification Date	Equal to the exit date of the initial visit of the Health survey for certifications completed after	
CSP_SRVY_WRKLD	EVNT_ID	VARCHAR2 (7)	Y	CASPER Event ID	Unique CASPER identifier by state for each survey visit. This identifier is equivalent to the	
CSP_SRVY_WRKLD	OFSITE_RPT_PREPTN_HR_CNT	NUMBER (6.2)	N	670 Count: Surveyor Off-Site Report Preparation Hours	Number of hours the surveyor spent on off-site activities required to prepare the survey report	
CSP_SRVY_WRKLD	ONST_HR_BTWN_12AM_8AM_CNT	NUMBER (6.2)	N	670 Count: Surveyor On-Site Hours 12AM to 8AM	Number of hours the surveyor spent on-site at the facility between 12 a.m. and 8 a.m., recorded	
CSP_SRVY_WRKLD	ONST_HR_BTWN_6PM_12AM_CNT	NUMBER (6.2)	N	670 Count: Surveyor On-Site Hours 6PM to 12AM	Number of hours the surveyor spent on-site at the provider by the survey team between 6 PM	
CSP_SRVY_WRKLD	ONST_HR_BTWN_8AM_6PM_CNT	NUMBER (6.2)	N	670 Count: Surveyor On-Site Hours 8AM to 6PM	Number of hours the surveyor spent on-site at the provider by the survey team between 8 AM	
CSP_SRVY_WRKLD	PRE_SRVY_PREPTN_HR_CNT	NUMBER (6.2)	N	Pre-Survey Preparation Hour Count	The number of hours spent in preparation for the survey recorded to the nearest quarter hour.	
CSP_SRVY_WRKLD	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_SRVY_WRKLD	SRVYR_ARVL_DT	DATE (8)	N	Surveyor Arrival Date	Date the surveyor arrived at the provider for this survey.	

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_SRVY_WRKLD	SRVYR_DPRTR_DT	DATE (8)	N	Surveyor Departure Date	Date the surveyor left the provider for this survey.	
CSP_SRVY_WRKLD	SRVYR_ID	VARCHAR2 (5)	Y	Surveyor ID Number	Unique 5-digit number identifying an individual surveyor.	
CSP_SRVY_WRKLD	SRVYR_TRVL_HR_CNT	NUMBER (6,2)	N	Surveyor Travel Hour Count	Number of hours this surveyor spent in travel to and from the provider for this survey, recorded	
CSP_SRVY_WRKLD	SRVY_CYC_CD	VARCHAR2 (1)	N	Survey Cycle Code	Defines the survey cycle type. Refers to Standard (Certification), Complaint, Federal	CSP_SRVY_CYC_CD
CSP_SRVY_WRKLD	SRVY_CYC_DESC	VARCHAR2 (16)	N	Survey Cycle Description	Defines the survey cycle type. Refers to Standard (Certification), Complaint, Federal	CSP_SRVY_CYC_CD
CSP_SRVY_WRKLD	SRVY_DT	DATE (8)	N	Survey Date	For a Standard survey cycle, this date is the Certification Date. For Complaint and Federal	
CSP_SRVY_WRKLD	SRVY_TYPE_CD	VARCHAR2 (1)	N	Survey Type Code	Indicates whether the survey conducted was Health or Life Safety Code.	CSP_SRVY_TYPE_CD
CSP_SRVY_WRKLD	SRVY_TYPE_DESC	VARCHAR2 (18)	N	Survey Type Description	Indicates whether the survey conducted was Health or Life Safety Code.	CSP_SRVY_TYPE_CD
CSP_SRVY_WRKLD	STATE_CD	VARCHAR2 (2)	N	State Abbreviation	Two-character state abbreviation.	CSP_STATE_CD
CSP_SRVY_WRKLD	STATE_DESC	VARCHAR2 (20)	N	State Description	State Description	CSP_STATE_CD
CSP_SRVY_WRKLD	TOT_SRVYR_ONST_HR_CNT	NUMBER (6,2)	N	Surveyor Total Onsite Hour Count	Total number of hours spent by an individual surveyor on-site at the facility, recorded to the	
CSP_SRVY_WRKLD	UPDT_DT	DATE (8)	N	Update Date	Date the survey was updated.	
CSP_TRGTD_PRVDR	ADD_DT	DATE (8)	N	Add Date	This date indicates when the record was added.	
CSP_TRGTD_PRVDR	ADD_USER_ID	VARCHAR2 (20)	N	Add User ID	Indicates the user id who added this record.	
CSP_TRGTD_PRVDR	EFCTV_FROM_DT	DATE (8)	N	Effective From Date	Indicates the effective from date this provider is targeted.	
CSP_TRGTD_PRVDR	EFCTV_THRU_DT	DATE (8)	N	Effective Thru Date	Indicates the effective thru date this provider is targeted.	
CSP_TRGTD_PRVDR	FSCL_YR_NUM	NUMBER (4,0)	Y	Fiscal Year	Indicates the fiscal year this provider was targeted.	
CSP_TRGTD_PRVDR	PRVDR_CTGRY_CD	VARCHAR2 (2)	Y	Provider Category Code	This is the provider category code in the CSP_PRVDR table.	CSP_PRVDR_CTGRY_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_TRGTD_PRVDR	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_TRGTD_PRVDR	PRVDR_NUM	VARCHAR2 (10)	Y	CCN	Six or ten position identification number that is assigned to a certified provider. This is the	
CSP_TRGTD_PRVDR	UPDT_DT	DATE (8)	N	Update Date	This date indicates when the record was updated.	
CSP_TRGTD_PRVDR	UPDT_USER_ID	VARCHAR2 (20)	N	Update User ID	Indicates the user id who updated this record.	
CTN_DATA_VW	BUILDID	VARCHAR2 (2)	N	Building Identifier	ASPEN building identifier (LSC Only).	
CTN_DATA_VW	CCN	VARCHAR2 (10)	N	CMS Certification Number	CMS Certification Number.	
CTN_DATA_VW	COMPLETEDT	DATE (8)	N	Completion Date	Completion date.	
CTN_DATA_VW	CORRECTDT	DATE (8)	N	Correction Date	Correction date.	
CTN_DATA_VW	CTN_CERT_SW	NUMBER (1.0)	N	Citation Certification Indicator	Citation certification indicator.	
CTN_DATA_VW	CTN_COMP_SW	NUMBER (1.0)	N	Citation Complaint Indicator	Citation complaint indicator.	
CTN_DATA_VW	CTN_PROC_ID	NUMBER (10.0)	N	Citation Process Identifier	Citation process identifier.	
CTN_DATA_VW	EVENTID	VARCHAR2 (6)	N	Event Identifier	EventID of survey visit.	
CTN_DATA_VW	FAC_ST	VARCHAR2 (2)	N	Facility State	State abbreviation.	
CTN_DATA_VW	FIRST_EVENTID	VARCHAR2 (6)	N	First Event Identifier	EventID tag was first cited.	
CTN_DATA_VW	ODIE_BUILDNO	VARCHAR2 (2)	N	ODIE Building Number	ODIE building number.	
CTN_DATA_VW	PRVDR_INTRNL_NUM	NUMBER (10.0)	N	Provider Internal Number	Provider Internal Number (CASPER identifier).	
CTN_DATA_VW	REGSETID	VARCHAR2 (4)	N	ASPEN Regulation Set ID	ASPEN regulation set identifier.	
CTN_DATA_VW	REG_ID	CHAR (1)	N	Regulation ID	Regulation identifier.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CTN_DATA_VW	REG_VERS	VARCHAR2 (5)	N	ASPEN Regulation Set Version	ASPEN regulation set version.	
CTN_DATA_VW	SPCL_SRVY_SW	NUMBER (1.0)	N	Special Survey Indicator	Special survey indicator.	
CTN_DATA_VW	SS	VARCHAR2 (1)	N	Scope and Severity	Scope/severity letter.	
CTN_DATA_VW	TAG	VARCHAR2 (4)	N	Tag	Federal regulation tag number.	
CTN_DATA_VW	TAGSTATUS	VARCHAR2 (1)	N	Tag Status	Citation status.	
CTN_DATA_VW	TAGVERS	VARCHAR2 (2)	N	Tag Version	ASPEN regulation tag version.	
CTN_DATA_VW	TAG_REGLTN_TXT	CLOB (4000)	N	Tag Regulation Text	Tag regulation text.	
CTN_DATA_VW	TAG_TYPE	VARCHAR2 (1)	N	Tag Type	Tag type.	
CTN_DATA_VW	TEXTM	CLOB (4000)	N	Survyor Citation Text	Survyor citation text.	
CTN_DATA_VW	TITLE	VARCHAR2 (45)	N	Regulation Tag Title	Regulation tag title.	
CTN_DATA_VW	TRACKID	VARCHAR2 (4)	N	ASPEN process Tracking ID	ASPEN process tracking identifier.	
CTN_TAG_INFO_VW	CFR	VARCHAR2 (40)	N	Code of Federal Regulations	Tag code of federal regulations.	
CTN_TAG_INFO_VW	REGSETID	CHAR (4)	N	Regulation Set ID	Tag regulation set identifier.	
CTN_TAG_INFO_VW	REG_ID	CHAR (1)	N	Regulation ID	Regulation identifier.	
CTN_TAG_INFO_VW	TAG	CHAR (4)	N	Tag	Tag number.	
CTN_TAG_INFO_VW	TAG_REGLTN_TXT	CLOB (4000)	N	Tag Regulation Text	Tag regulation text.	
CTN_TAG_INFO_VW	TITLE	VARCHAR2 (45)	N	Tag Title	Tag title.	
FMS_COND_STD	DEFC_PREX_DESC	VARCHAR2 ()	N	Deficiency Prefix Description	Description of the deficiency code that apply to a specific provider type.	CSP_DFCNCY_PREX_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
FMS_COND_STD	PREX_CD	VARCHAR2 (1)	Y	Deficiency Prefix Code	The alphabetic character assigned to the deficiency items that apply to a specific	CSP_DFCNCY_PREX_CD
FMS_COND_STD	PRVDR_INTRNL_NUM	NUMBER (10.0)	Y	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
FMS_COND_STD	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the	
FMS_COND_STD	SRVY_DT	DATE (8)	Y	Survey Date	The date of the first onsite visit for the Federal Monitoring survey.	
FMS_COND_STD	TAG_LVL_CD	NUMBER (1.0)	Y	Partial Survey COPs or STDs	For a partial FMS survey, indicates the specific conditions or standards that were surveyed.	CSP_TAG_LVL_CD
FMS_COND_STD	TAG_NUM	VARCHAR2 (4)	Y	Tag Number	Numeric code which is assigned to each requirement in a particular regulation set.	CSP_DFCNCY_TAG
FMS_MSTR	ACTL_STATE_SRVY_DT	DATE (8)	N	Matched State Survey Date	When a comparative, observational or look behind survey occurs (#7 = a, b or h), the	
FMS_MSTR	ADD_DT	DATE (8)	N	Add Date	Indicates when the survey record was added to the database.	
FMS_MSTR	CMPLNT_SUBSTND_SW	VARCHAR2 (1)	N	Complaint Substantiated Switch	Indicates if a complaint that was investigated was substantiated.	
FMS_MSTR	CNTRCTR_USG_CD	VARCHAR2 (1)	N	Contractor Usage Code	Indicates the use of contractors on a survey.	CSP_FMS_CNTRCTR_USG_CD
FMS_MSTR	CNTRCTR_USG_DESC	VARCHAR2 (20)	N	Contractor Usage Description	Indicates the use of contractors on a survey.	CSP_FMS_CNTRCTR_USG_CD
FMS_MSTR	CTN_ERR_SW	VARCHAR2 (1)	N	Count Error Switch	A switch indicating whether or not there are errors.	
FMS_MSTR	FAC_SENT_2567_DT	DATE (8)	N	Sent Facility 2567 Date	The date the RO sent the 2567 to the provider.	
FMS_MSTR	FAC_SENT_2567_SW	VARCHAR2 (1)	N	Sent Facility 2567 Switch	Indicates if the RO sent a 2567 to the provider.	
FMS_MSTR	FMS_INTRNL_ID	NUMBER (12.0)	Y	FMS Internal ID	FMS Internal Identification	
FMS_MSTR	FMS_SRVY_PRPSE_CD	VARCHAR2 (1)	N	Type of Federal Survey	Indicates the type of Federal Monitoring Survey.	CSP_FMS_TYPE_CD
FMS_MSTR	FORM_2567_RQRD_SW	VARCHAR2 (1)	N	CMS-2567 Required Indicator	Indicates if findings on a federal monitoring survey require completion of a CMS-2567 form.	
FMS_MSTR	HSTRY_SW	VARCHAR2 (1)	N	OSCAR FMS History Switch	Indicates if history from OSCAR FMS is present	

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
FMS_MSTR	INTRGNL_SW	VARCHAR2 (1)	N	Interregional Switch	A switch indicating whether this spans more than one region. Indicates if an RO surveyor	
FMS_MSTR	ODIE_SRVY_MATCH_SW	VARCHAR2 (1)	N	State Survey Match Switch	Indicates if there is an state survey match.	
FMS_MSTR	PRVDR_INTRNL_NUM	NUMBER (10.0)	N	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
FMS_MSTR	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the	
FMS_MSTR	SGNFCNT_CTN_DIFF_SW	VARCHAR2 (1)	N	Significant Differences Noted Switch	Indicates if there are significant differences in citations between the state and the federal	
FMS_MSTR	SMPLG_SW	VARCHAR2 (1)	N	Sampling Switch	Indicates if a federal survey was selected by the RO on the basis of a specific sampling	
FMS_MSTR	SRVY_DT	DATE (8)	N	Survey Date	The date of the first onsite visit for the Federal Monitoring survey.	
FMS_MSTR	SRVY_EXTNT_CD	VARCHAR2 (1)	N	Extent of Federal Survey	Describes whether a full or partial health and life safety survey was conducted by the federal	CSP_FMS_EXTNT_CD
FMS_MSTR	SRVY_EXTNT_DESC	VARCHAR2 (29)	N	Extent of Federal Survey Description	Describes whether a full or partial health and life safety survey was conducted by the federal	CSP_FMS_EXTNT_CD
FMS_MSTR	SRVY_START_DT	DATE (8)	N	Survey Start Date	The start date of the Federal survey.	
FMS_MSTR	SSA_STATE_CD	VARCHAR2 (2)	N	Social Security Administration State Code	Code used to identify each state assigned & used officially by the Social Security Administration.	CSP_SSA_STATE_CD
FMS_MSTR	SSA_STATE_DESC	VARCHAR2 ()	N	SSA State Description	Description used to identify each state assigned & used officially by the Social Security	CSP_SSA_STATE_CD
FMS_MSTR	STATE_SENT_RPT_DT	DATE (8)	N	Report Sent to State Date	The date when the RO sent the report to the state.	
FMS_MSTR	STATE_SENT_RPT_SW	VARCHAR2 (1)	N	Report Sent to State Switch	Indicates if the RO sent a report of the Federal survey results to the state.	
FMS_MSTR	STATE_SRVYR_ASMT_SW	VARCHAR2 (1)	N	OSPATS Survey Switch- Obsolete November 2017	This field has been deleted.	
FMS_MSTR	STATE_SRVY_EXIT_DT	DATE (8)	N	State Survey Exit Date	The exit date of the comparable state survey.	
FMS_MSTR	STATE_SRVY_STRT_DT	DATE (8)	N	State Survey Start Date	The start date of the comparable state survey.	
FMS_MSTR	TOT_BLDG_CNT	NUMBER (2.0)	N	Total Building Count	Indicates the total buildings surveyed during a LSC survey.	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
FMS_MSTR	TOT_SRVYR_HR_CNT	NUMBER (8.2)	N	Total Surveyor Hour Count	A count of the total hours by a surveyor.	
FMS_MSTR	TYPE_FED_SRVY_DESC	VARCHAR2 ()	N	Description of Federal Survey	Indicates the type of Federal Monitoring Survey.	CSP_FMS_TYPE_CD
FMS_MSTR	UPDT_DT	DATE (8)	N	Update Date	The last date the survey information was updated.	
FMS_MSTR	VSTNG_SRVYR_RGN_CD	VARCHAR2 (2)	N	Visiting Surveyor Region Code	Indicates the regional office of the 'visiting' surveyors who participated in the interregional	CSP_CMS_RGN_CD
FMS_MSTR	VSTNG_SRVYR_RGN_DESC	VARCHAR2 ()	N	Visiting Surveyor Region Description	Indicates the regional office of the 'visiting' surveyors who participated in the interregional	CSP_CMS_RGN_CD
FMS_MSTR_VW	ACTL_STATE_SRVY_DT	DATE (8)	N	Matched State Survey Date	When a comparative, observational or look behind survey occurs (#7 = a, b or h), the	
FMS_MSTR_VW	ADD_DT	DATE (8)	N	Add Date	Indicates when the survey record was added to the database.	
FMS_MSTR_VW	CMPLNT_SUBSTND_SW	VARCHAR2 (1)	N	Complaint Substantiated Switch	Indicates if a complaint that was investigated was substantiated.	
FMS_MSTR_VW	CTN_ERR_SW	VARCHAR2 (1)	N	Count Error Switch	A switch indicating whether or not there are errors.	
FMS_MSTR_VW	FAC_SENT_2567_DT	DATE (8)	N	Sent Facility 2567 Date	The date the RO sent the 2567 to the provider.	
FMS_MSTR_VW	FAC_SENT_2567_SW	VARCHAR2 (1)	N	Sent Facility 2567 Switch	Indicates if the RO sent a 2567 to the provider.	
FMS_MSTR_VW	FMS_INTRNL_ID	NUMBER (12.0)	N	FMS Internal ID	FMS Internal Identification	
FMS_MSTR_VW	FMS_SRVY_PRPSE_CD	VARCHAR2 (1)	N	Type of Federal Survey	Indicates the type of Federal Monitoring Survey.	CSP_FMS_TYPE_CD
FMS_MSTR_VW	HSTRY_SW	VARCHAR2 (1)	N	OSCAR FMS History Switch	Indicates if history from OSCAR FMS is present.	
FMS_MSTR_VW	INTRGNL_SW	VARCHAR2 (1)	N	Interregional Switch	A switch indicating whether this spans more than one region. Indicates if an RO surveyor	
FMS_MSTR_VW	ODIE_SRVY_MATCH_SW	VARCHAR2 (1)	N	State Survey Match Switch	Indicates if there is an state survey match.	
FMS_MSTR_VW	PRVDR_INTRNL_NUM	NUMBER (10.0)	N	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
FMS_MSTR_VW	PRVDR_NUM	VARCHAR2 (10)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
FMS_MSTR_VW	SGNFCNT_CTN_DIFF_SW	VARCHAR2 (1)	N	Significant Differences Noted Switch	Indicates if there are significant differences in citations between the state and the federal	
FMS_MSTR_VW	SMPPLG_SW	VARCHAR2 (1)	N	Sampling Switch	Indicates if a federal survey was selected by the RO on the basis of a specific sampling	
FMS_MSTR_VW	SRVY_CYC_CD	CHAR (1)	N	Survey Cycle Code	A code indicating the type of survey - S (Standard) C (Complaint) F (FMS)	CSP_SRVY_CYC_CD
FMS_MSTR_VW	SRVY_DT	DATE (8)	N	Survey Date	The date of the first onsite visit for the Federal Monitoring survey.	
FMS_MSTR_VW	SRVY_EXTNT_CD	VARCHAR2 (1)	N	Extent of Federal Survey	Describes whether a full or partial health and life safety survey was conducted by the federal	CSP_FMS_EXTNT_CD
FMS_MSTR_VW	SRVY_START_DT	DATE (8)	N	Survey Start Date	The start date of the Federal survey.	
FMS_MSTR_VW	SSA_STATE_CD	VARCHAR2 (2)	N	Social Security Administration State Code	Code used to identify each state assigned & used officially by the Social Security Administration.	CSP_SSA_STATE_CD
FMS_MSTR_VW	STATE_SENT_RPT_DT	DATE (8)	N	Report Sent to State Date	The date when the RO sent the report to the state.	
FMS_MSTR_VW	STATE_SENT_RPT_SW	VARCHAR2 (1)	N	Report Sent to State Switch	Indicates if the RO sent a report of the Federal survey results to the state.	
FMS_MSTR_VW	STATE_SRVYR_ASMT_SW	VARCHAR2 (1)	N	OSPATS Survey Switch	Indicates if an OSPATS survey was conducted.	
FMS_MSTR_VW	STATE_SRVY_EXIT_DT	DATE (8)	N	State Survey Exit Date	The exit date of the comparable state survey.	
FMS_MSTR_VW	STATE_SRVY_STRT_DT	DATE (8)	N	State Survey Start Date	The start date of the comparable state survey.	
FMS_MSTR_VW	TOT_BLDG_CNT	NUMBER (2,0)	N	Total Building Count	Indicates the total buildings surveyed during a LSC survey.	
FMS_MSTR_VW	TOT_SRVYR_HR_CNT	NUMBER (8,2)	N	Total Surveyor Hour Count	A count of the total hours by a surveyor.	
FMS_MSTR_VW	UPDT_DT	DATE (8)	N	Update Date	The last date the survey information was updated.	
FMS_MSTR_VW	VSTNG_SRVYR_RGN_CD	VARCHAR2 (2)	N	Visiting Surveyor Region Code	Indicates the regional office of the 'visiting' surveyors who participated in the interregional	CSP_CMS_RGN_CD
NATL_FACILITY	ABBREV	VARCHAR2 (8)	N	Facility Name Abbreviation	The abbreviation of the facility name.	
NATL_FACILITY	ACCREDIT	VARCHAR2 (12)	N	Facility Accreditation	The accreditation of the facility.	



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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_FACILITY	ADDDATE	DATE (8)	N	Date Added to System	The date the provider was added to the system.	
NATL_FACILITY	ADDRESS	VARCHAR2 (50)	N	Provider Address	The physical street address for the provider.	
NATL_FACILITY	ADMFIRST	VARCHAR2 (20)	N	Administrators First Name	The facility administrator's first name.	
NATL_FACILITY	ADMLAST	VARCHAR2 (30)	N	Administrators Last Name	The facility administrator's last name.	
NATL_FACILITY	ADMSAL	VARCHAR2 (3)	N	Administrators Salutation	The facility administrator's salutation; i.e., Mr., Mrs., Ms., etc.	
NATL_FACILITY	ADMTITLE	VARCHAR2 (12)	N	Administrators Title	The facility administrator's title.	
NATL_FACILITY	AUTOCANCEL	DATE (8)	N	Automatic Cancellation Date	Automatic cancellation date (ICF/IID only).	
NATL_FACILITY	BANKRUPT	NUMBER (1.0)	N	Bankrupt	Indicates whether or not the provider is bankrupt.	
NATL_FACILITY	BANKRUPT_BEGIN	DATE (8)	N	Bankruptcy Begin Date	Indicates the begin date of the bankruptcy for the provider.	
NATL_FACILITY	BANKRUPT_END	DATE (8)	N	Bankruptcy End Date	Indicates the date of the final bankruptcy court order.	
NATL_FACILITY	BEDCERTTOT	NUMBER (4.0)	N	Bedcerttot	BEDCERTTOT - used by ASPEN.	
NATL_FACILITY	BEDCNT	NUMBER (4.0)	N	Beds-Total	Total number of beds in a facility, including those in non-participating or non-licensed areas.	
NATL_FACILITY	BEDEFFECT	DATE (8)	N	Date Beds Added	The date that the beds were added to the total number of beds at the facility.	
NATL_FACILITY	BEDICF	NUMBER (4.0)	N	Bedicf	BEDICF - used by ASPEN.	
NATL_FACILITY	BEDIMR	NUMBER (4.0)	N	Bedimr	BEDIMR - used by ASPEN.	
NATL_FACILITY	BEDLICTOT	NUMBER (4.0)	N	Bedlictot	BEDLICTOT - used by ASPEN.	
NATL_FACILITY	BEDNETCNT	NUMBER (4.0)	N	Number of Beds	The total number of beds in the facility.	
NATL_FACILITY	BEDT18	NUMBER (4.0)	N	Bedt18	BEDT18 - used by ASPEN.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_FACILITY	BEDT1819	NUMBER (4.0)	N	Bedt1819	BEDT1819 - used by ASPEN.	
NATL_FACILITY	BEDT19	NUMBER (4.0)	N	Bedt19	BEDT19 - used by ASPEN.	
NATL_FACILITY	BUILDINGS	NUMBER (4.0)	N	Current Total Number of Buildings	Current total number of buildings in the facility.	
NATL_FACILITY	CARRIER_NO	CHAR (5)	N	Carrier Number	Intermediary / Carrier Number	
NATL_FACILITY	CATEGORY	VARCHAR2 (2)	N	Category	This code identifies the category that is most descriptive of the facility identified on the	NATL_FAC_CTGRY_CD
NATL_FACILITY	CERTSTATUS	CHAR (1)	N	Certstatus	CERTSTATUS - used by ASPEN.	
NATL_FACILITY	CHAINDESC	VARCHAR2 (100)	N	Chain Description	The name of the CMS approved chain.	
NATL_FACILITY	CHAINID	CHAR (2)	N	Chain Identification	Identifies the chain identification, which is used internally by ASPEN.	
NATL_FACILITY	CLIA_MDCR_NUM	VARCHAR2 (12)	N	CLIA Medicare Number	CLIA Medicare Number	
NATL_FACILITY	CLICNT	NUMBER (4.0)	N	Total Clinics	The total number of clinics associated with the facility.	
NATL_FACILITY	CLIEFFECT	DATE (8)	N	Client Records Effective Date	The effective date of the client records entry.	
NATL_FACILITY	CLOSEDDATE	DATE (8)	N	Closed Date	The date that the provider closed.	
NATL_FACILITY	CNTYNAME	VARCHAR2 (20)	N	Facility Location County Name	The name of the county where the facility is located.	
NATL_FACILITY	CONFLICT	NUMBER (1.0)	N	Number of Conflicts	The number of conflicts the facility has encountered.	
NATL_FACILITY	COUNTY	CHAR (3)	N	MSA County Number	MSA county number.	
NATL_FACILITY	COUNTY_ST	VARCHAR2 (3)	N	SSA County Code	SSA (Social Security Administration) geographic code indicating the county where the	
NATL_FACILITY	COUNTY_ST_DESC	VARCHAR2 (24)	N	SSA County Description	Name of the county if there is a county code on record.	CSP_CNTY_CD
NATL_FACILITY	CURRENT_AGENT_ID	VARCHAR2 (9)	N	Current Software Agent ID	This is the identification of the current software agent used by the provider to handle the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_FACILITY	CURRENT_SFW_ID	VARCHAR2 (9)	N	Current Software Vendor ID	This is the identification of the current software vendor used by the provider.	
NATL_FACILITY	DEEMED	NUMBER (1.0)	N	Deemed	Indicates whether or not the provider is deemed. If the provider is deemed, they must follow the	
NATL_FACILITY	DOJCONTACT_ID	VARCHAR2 (3)	N	Department of Justice Contact Identification	The Department of Justice contact person's identification, which is used internally by	
NATL_FACILITY	DOJCONTACT_NAME	VARCHAR2 (80)	N	Department of Justice Contact Name	The name of the Department of Justice Contact person.	
NATL_FACILITY	EMERCONT	VARCHAR2 (25)	N	Emergency Contact Name	The emergency contact name for the provider.	
NATL_FACILITY	EMERPHONE	VARCHAR2 (13)	N	Emergency Phone Number	The emergency contact phone number for the provider.	
NATL_FACILITY	EMERPHONEEXT	VARCHAR2 (4)	N	Emergency Phone Number Extension	The phone extension number of the emergency contact for this provider.	
NATL_FACILITY	FACEMAIL	VARCHAR2 (60)	N	Facility Email Address	The email address of the provider.	
NATL_FACILITY	FACID	VARCHAR2 (16)	N	Facility Identification	The facility identification assigned by the state.	
NATL_FACILITY	FACILITY_INTERNAL_ID	NUMBER (10.0)	Y	Facility Internal ID	The CMS facility internal identifier that is unique within a state. For the	
NATL_FACILITY	FACTYPE	CHAR (3)	N	Facility Type	The description of the facility type.	NATL_FAC_TYPE_CD
NATL_FACILITY	FAC_ADDR_2	VARCHAR2 (50)	N	Address	The physical street address of the provider.	
NATL_FACILITY	FAC_CITY	VARCHAR2 (20)	N	City	The city in which the provider is located.	
NATL_FACILITY	FAC_CNTCT	VARCHAR2 (50)	N	Contact	The name of the primary contact for the provider.	
NATL_FACILITY	FAC_EXTENSION	VARCHAR2 (5)	N	Facility Telephone Extention	The telephone extension number for the provider's contact person.	
NATL_FACILITY	FAC_ST	VARCHAR2 (2)	N	State	The is the current facility state from the address history table.	STATES
NATL_FACILITY	FAC_ZIP	VARCHAR2 (11)	N	ZIP Code	The five-digit postal code for the provider.	
NATL_FACILITY	FAXPHONE	VARCHAR2 (13)	N	Fax/Telephone Number	The fax/telephone number for the provider.	

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_FACILITY	FAXPHONEEXT	VARCHAR2 (4)	N	Fax/Telephone Number Extension	The fax/telephone extension number for the provider.	
NATL_FACILITY	FMREGION	CHAR (2)	N	Fire Marhsall Region	The fire marshall region in which the provider is located.	
NATL_FACILITY	FYEND	CHAR (2)	N	Facility Fiscal Year End	The fiscal year end for the provider.	
NATL_FACILITY	GEOLAT	VARCHAR2 (12)	N	Geological Latitude	The geological latitude location of the provider.	
NATL_FACILITY	GEOLONG	VARCHAR2 (12)	N	Geological Longitude	The geological longitude of the provider.	
NATL_FACILITY	HHA_INDICATOR	CHAR (1)	N	HHA Indicator	This field indicates if a facility reporting is a home health agency or the resident is a home	
NATL_FACILITY	HOUSEID	CHAR (3)	N	House of Representatives ID	The identification of the facility representative in the House of Representatives.	
NATL_FACILITY	INSEXP	DATE (8)	N	Insurance Expiration Date	The expiration date of the provider's insurance.	
NATL_FACILITY	INSREQD	NUMBER (1.0)	N	Required Insurance	The insurance that the provider is required to have.	
NATL_FACILITY	ISPARENT	NUMBER (1.0)	N	Is Facility Parent Facility	T/F - Does the provider have any branches or children?	
NATL_FACILITY	JCAHO	VARCHAR2 (1)	N	JCAHO	This field is for future use.	
NATL_FACILITY	LEGALNAME	VARCHAR2 (80)	N	Facility Legal Name	The legal name of the provider.	
NATL_FACILITY	LIC	NUMBER (1.0)	N	Legal License	The license legalizing the provider to do business.	
NATL_FACILITY	LOCKEXP	DATE (8)	N	Lock-In Expiration Date	The lock-in expiration date.	
NATL_FACILITY	LOCKSTAT	CHAR (2)	N	Lock-In Status	The lock-in status of the provider.	
NATL_FACILITY	LOCKSTDESC	VARCHAR2 (15)	N	Lock-In Status Description	The valid values describing the lock-in status.	
NATL_FACILITY	LOGIN_ID	VARCHAR2 (16)	N	Login ID	This is the login identification used by the facility to transmit assessment data to the state.	
NATL_FACILITY	LSCTEAMID	VARCHAR2 (4)	N	LSCTEAMID	LSCTEAMID - used by ASPEN.	

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_FACILITY	MAIL_ADR	VARCHAR2 (35)	N	Mailing Address	This is the provider's mailing street address, if different from the physical address.	
NATL_FACILITY	MAIL_CITY	VARCHAR2 (18)	N	Mailing Address City	This is the provider's mailing address city, if different from the physical address.	
NATL_FACILITY	MAIL_ZIP	VARCHAR2 (5)	N	Mailing Address ZIP code	This is the provider's mailing address ZIP code, if different from the physical address.	
NATL_FACILITY	MCAID_ID	VARCHAR2 (15)	N	Provider Medicaid ID	This is the state Medicaid identification for the provider.	
NATL_FACILITY	MCARE_ID	VARCHAR2 (12)	N	Provider Number	A six or ten position identification number that is assigned to a certified provider.	
NATL_FACILITY	MDS_INDICATOR	CHAR (1)	N	MDS Indicator	This field indicates if a facility reporting is a nursing home facility under MDS or the resident	
NATL_FACILITY	MEDIACONTACT_ID	VARCHAR2 (3)	N	Media Contact Identification	The Media Contact person's identification, which is used internally by ASPEN.	
NATL_FACILITY	MEDIACONTACT_NAME	VARCHAR2 (80)	N	Media Contact Name	The name of the Media Contact person.	
NATL_FACILITY	MGMTABBR	VARCHAR2 (8)	N	Management Abbreviation	The abbreviation for provider management.	
NATL_FACILITY	MGMTID	CHAR (4)	N	Management ID	The identification of the provider management.	
NATL_FACILITY	NAME	VARCHAR2 (50)	N	Facility Name	The name of a provider certified to participate in the Medicare and/or Medicaid programs.	
NATL_FACILITY	NATCEPLOSS	NUMBER (1.0)	N	Nurse Aide Training Competency Evaluation Program Loss	Indicates whether the provider has lost the Nurse Aide Training Competency Evaluation program.	
NATL_FACILITY	NATCEPLOSSENDDATE	DATE (8)	N	Nurse Aide Training Competency Evaluation Program Loss End Date	Identifies the last day that the provider lost the Nurse Aide Training Competency Evaluation Date	
NATL_FACILITY	NATCEPWAIVER	NUMBER (1.0)	N	Nurse Aide Training Competency Evaluation Program Waiver	Indicates whether the provider has waived the Nurse Aide Training Competency Evaluation	
NATL_FACILITY	NATCEPWAIVERENDDATE	DATE (8)	N	Nurse Aide Training Competency Evaluation Program Waiver End Date	Identifies the last day that the provider waived the Nurse Aide Training Competency Date	
NATL_FACILITY	ODIE_ACCEPTED	NUMBER (1.0)	N	ODIE Accepted	Indicates whether or not the most recent certification kit was accepted into	
NATL_FACILITY	OPENDATE	DATE (8)	N	Open Date	The date that the provider opened for business.	

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_FACILITY	OPERCATEG	CHAR (18)	N	Operation Category	The operation category of the provider.	
NATL_FACILITY	OPERSTAT	CHAR (2)	N	Operation Status	The operation status of the provider.	
NATL_FACILITY	OPERSTATDT	DATE (8)	N	Operation Status Date	The date of the operation status of the provider.	
NATL_FACILITY	OPERSTDESC	VARCHAR2 (15)	N	Operation Status Description	The valid values describing the operation status of the provider.	
NATL_FACILITY	OPHOUR	NUMBER (1.0)	N	Operation Hours	The hours that the provider is open for operation.	
NATL_FACILITY	OWNCATDES	VARCHAR2 (18)	N	Ownership Category Description	The description of the ownership category.	
NATL_FACILITY	OWNCOMP	VARCHAR2 (50)	N	Ownership Company Name	Ownership company name.	
NATL_FACILITY	OWNERCAT	CHAR (2)	N	Ownership Category Code	Ownership category code, i.e., corporation, partnership, non-profit, etc.	
NATL_FACILITY	PARDATE	DATE (8)	N	Parent Facility Effective Date	The date that the parent facility came into effect.	
NATL_FACILITY	PARENTID	NUMBER (10.0)	N	Parent Facility ID	The identification of the parent facility.	
NATL_FACILITY	PARTCI_DT	DATE (8)	N	Participation Date	Indicates the date that the provider began participating in the Medicare program.	
NATL_FACILITY	PARTYPE	CHAR (2)	N	Parent Facility Type	The type of the parent facility.	
NATL_FACILITY	PARTYPEDES	VARCHAR2 (15)	N	Parent Facility Type Description	The valid values describing the describing the type of the parent facility.	
NATL_FACILITY	PROV_EIN	VARCHAR2 (9)	N	Provider Employer Identification Number	The Employer Identification Number belonging to the provider.	
NATL_FACILITY	REGION	VARCHAR2 (3)	N	Region	This field is for future use.	
NATL_FACILITY	REPID	VARCHAR2 (3)	N	Repid	The identification of the facility representative.	
NATL_FACILITY	SENATEID	CHAR (3)	N	Senate ID	The identification of the facility representative in the Senate.	
NATL_FACILITY	SPECIAL_FOCUS	NUMBER (1.0)	N	Special Focus	Indicates whether or not the provider is a special focus case.	

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_FACILITY	SPEC_FOCUS_BEGIN	DATE (8)	N	Special Focus Begin Date	Indicates the date that the special focus began for the provider.	
NATL_FACILITY	SPEC_FOCUS_END	DATE (8)	N	Special Focus End Date	Indicates the date that the special focus ended for the provider.	
NATL_FACILITY	SRVCNT	NUMBER (4.0)	N	Number of Services	The number of services provided by the provider.	
NATL_FACILITY	SRVEFFECT	DATE (8)	N	Services Effective Date	The date that the services came into effect.	
NATL_FACILITY	STAFFID	CHAR (5)	N	Staff ID	The identification for staff at the facility.	
NATL_FACILITY	STATEID	VARCHAR2 (10)	N	Stateid	This field is for future use.	
NATL_FACILITY	STATE_ID	VARCHAR2 (2)	Y	State ID	The two-character state abbreviation.	STATES
NATL_FACILITY	STATE_RGN_CD	VARCHAR2 (3)	N	States Region Code	For selected states, identifies the particular region within the state where the provider is	
NATL_FACILITY	ST_PREPD_DT	DATE (8)	N	State Prepared Date	This field represents the date when the state prepared the data to be pulled to the national.	
NATL_FACILITY	SUREBOND	CHAR (1)	N	Surebond	SUREBOND - used by ASPEN.	
NATL_FACILITY	T1819	NUMBER (1.0)	N	T1819	T1819 - Used by ASPEN.	
NATL_FACILITY	TEAMABBR	VARCHAR2 (6)	N	Facility Teams Abbreviation	The abbreviation for facility teams.	
NATL_FACILITY	TEAMID	CHAR (4)	N	Facility Teams ID	The identification of facility teams.	
NATL_FACILITY	TELEPHONE	VARCHAR2 (13)	N	Telephone	This is the telephone number of the provider.	
NATL_FACILITY	TITLE18	NUMBER (1.0)	N	Title 18 - Medicare Funding	T/F - Medicare funding.	
NATL_FACILITY	TITLE19	NUMBER (1.0)	N	Title 19 - Medicaid Funding	T/F - Medicaid funding.	
NATL_FACILITY	TLA	DATE (8)	N	Medicare Certification Time Limited Agreement	Time limited agreement for Medicare certification (place holder) (same provider	
NATL_STATES	DWNTM_LNGTH_HR	NUMBER (22)	N	Downtime Length Hour	The length of the downtime in hours.	

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_STATES	DWNTM_STRT_HR	NUMBER (2.0)	N	Downtime Start Hour	The hour the downtime started.	
NATL_STATES	DWNTM_STRT_MIN	NUMBER (2.0)	N	Downtime Start Minute	The minute the downtime started.	
NATL_STATES	HCFA_REGION	VARCHAR2 (10)	N	Health Care Financing Administration Region	The region where the Health Care Financing Administration is located.	
NATL_STATES	NAME	VARCHAR2 (20)	N	Name	The name of the State.	
NATL_STATES	PULL_IND	VARCHAR2 (1)	N	Pulled Indicator	Date the processing was completed against the national database.	
NATL_STATES	ST	CHAR (2)	Y	State	The state name.	
NATL_STATES	TIME_ZONE	VARCHAR2 (1)	N	Time Zone	The time zone for the region.	
NATL_STATES	TMZN_OFST_HR	NUMBER (2.0)	N	Time Zone Offsite Hour	Time Zone Offsite Hour	
NPI_DATA_VW	ADDTNL_ST_ADR	VARCHAR2 (50)	N	Additional Street Address	The second line of a provider street address.	
NPI_DATA_VW	CCN	VARCHAR2 (10)	N	CCN	CMS Certification Number	
NPI_DATA_VW	CITY_NAME	VARCHAR2 (28)	N	City	City in which the provider is physically located.	
NPI_DATA_VW	FAC_NAME	VARCHAR2 (50)	N	Facility Name	The name of a provider certified to participate in the Medicare and/or Medicaid programs.	
NPI_DATA_VW	NPI_NUM	VARCHAR2 (10)	N	NPI Number	Crosswalk NPI - NPI from the Crosswalk that is associated with the Provider ID. (from the NPI	
NPI_DATA_VW	NPPES_PRVDR_EIN	NUMBER (9.0)	N	NPPES Provider EIN	The NPPES provider EIN (Employer Identification Number).	
NPI_DATA_VW	NPPES_TXNMY_CD	VARCHAR2 (150)	N	NPPES Taxonomy Code	The NPPES Taxonomy Code - Up to 15 taxonomy codes. These are Health Care	
NPI_DATA_VW	PHNE_NUM	VARCHAR2 (10)	N	Phone Number	The 10-digit telephone number of the primary contact or the operator of a provider.	
NPI_DATA_VW	RGN_CD	VARCHAR2 (2)	N	Region Code	The regional location of the provider.	CSP_CMS_RGN_CD
NPI_DATA_VW	STATE_CD	VARCHAR2 (2)	N	State Code	The two-character state abbreviation.	STATES



## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NPI_DATA_VW	ST_ADR	VARCHAR2 (50)	N	Street Address	Street address of a provider that is certified to provide Medicare and/or Medicaid services.	
NPI_DATA_VW	ZIP_CD	VARCHAR2 (5)	N	ZIP Code	The five-digit postal code for the provider.	
OCS_ASSP_SRVY_VW	DEF_TAG_NUM	VARCHAR2 (4)	N	Deficiency Tag Number	The numeric code following the alphabetic character which is assigned to each requirement	
OCS_ASSP_SRVY_VW	SPEC_010	VARCHAR2 (1)	N	Specialty 010 Histocompatibility	Indicates specialty 010: histocompatibility.	
OCS_ASSP_SRVY_VW	SPEC_010A	VARCHAR2 (1)	N	Specialty 010A Histocompatibility - Transplant	Indicates specialty 010A: histocompatibility/transplant.	
OCS_ASSP_SRVY_VW	SPEC_010B	VARCHAR2 (1)	N	Specialty 010B Histocompatibility - Non-Transplant	Indicates specialty 010B: histocompatibility/non-transplant.	
OCS_ASSP_SRVY_VW	SPEC_110	VARCHAR2 (1)	N	Specialty 110 Microbiology - Bacteriology	Indicates specialty 110: microbiology/bacteriology.	
OCS_ASSP_SRVY_VW	SPEC_115	VARCHAR2 (1)	N	Specialty 115 Microbiology - Mycobacteriology	Indicates specialty 115: microbiology/mycobacteriology.	
OCS_ASSP_SRVY_VW	SPEC_120	VARCHAR2 (1)	N	Specialty 120 Microbiology - Mycology	Indicates specialty 120: microbiology/mycology.	
OCS_ASSP_SRVY_VW	SPEC_130	VARCHAR2 (1)	N	Specialty 130 Microbiology - Parasitological	Indicates specialty 130: microbiology/parasitology.	
OCS_ASSP_SRVY_VW	SPEC_140	VARCHAR2 (1)	N	Specialty 140 Microbiology - Virology	Indicates specialty 140: microbiology/virology.	
OCS_ASSP_SRVY_VW	SPEC_210	VARCHAR2 (1)	N	Specialty 210 Diagnostic Immunology - Syphilis Serology	Indicates specialty 210: diagnostic immunology/syphilis serology.	
OCS_ASSP_SRVY_VW	SPEC_220	VARCHAR2 (1)	N	Specialty 220 Diagnostic Immunology - General Immunology	Indicates specialty 220: diagnostic immunology/general immunology.	
OCS_ASSP_SRVY_VW	SPEC_310	VARCHAR2 (1)	N	Specialty 310 Chemistry Routine	Indicates specialty 310: chemistry/routine.	
OCS_ASSP_SRVY_VW	SPEC_320	VARCHAR2 (1)	N	Specialty 320 Chemistry Urinalysis	Indicates specialty 320: chemistry/urinalysis.	
OCS_ASSP_SRVY_VW	SPEC_330	VARCHAR2 (1)	N	Specialty 330 Chemistry Endocrinology	Indicates specialty 330: chemistry/endocrinology.	
OCS_ASSP_SRVY_VW	SPEC_340	VARCHAR2 (1)	N	Specialty 340 Chemistry Toxicology	Indicates specialty 340: chemistry/toxicology.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OCS_ASSP_SRVY_VW	SPEC_400	VARCHAR2 (1)	N	Specialty 400 Hematology	Indicates specialty 400: hematology.	
OCS_ASSP_SRVY_VW	SPEC_510	VARCHAR2 (1)	N	Specialty 510 Immunohematology ABO & Rh Group	Indicates specialty 510: immunohematology/ABO & Rh group.	
OCS_ASSP_SRVY_VW	SPEC_520	VARCHAR2 (1)	N	Specialty 520 Immunohematology Rh Titers	Indicates specialty 520: immunohematology/Rh titers.	
OCS_ASSP_SRVY_VW	SPEC_530	VARCHAR2 (1)	N	Specialty 530 Immunohematology Compatibility Testing	Indicates specialty 530: immunohematology/compatibility testing.	
OCS_ASSP_SRVY_VW	SPEC_540	VARCHAR2 (1)	N	Specialty 540 Immunohematology Antibody Identification	Indicates specialty 540: immunohematology/antibody identification.	
OCS_ASSP_SRVY_VW	SPEC_550	VARCHAR2 (1)	N	Specialty 550 Immunohematology Antibody Detection	Indicates specialty 550: immunohematology/antibody detection.	
OCS_ASSP_SRVY_VW	SPEC_610	VARCHAR2 (1)	N	Specialty 610 Pathology Histopathology	Indicates specialty 610: pathology/histopathology.	
OCS_ASSP_SRVY_VW	SPEC_620	VARCHAR2 (1)	N	Specialty 620 Pathology Oral- Pathology	Indicates specialty 620: pathology/oral pathology.	
OCS_ASSP_SRVY_VW	SPEC_630	VARCHAR2 (1)	N	Specialty 630 Pathology Cytology	Indicates specialty 630: pathology/cytology.	
OCS_ASSP_SRVY_VW	SPEC_800	VARCHAR2 (1)	N	Specialty 800 Radiobioassay	Indicates specialty 800: radiobioassay.	
OCS_ASSP_SRVY_VW	SPEC_900	VARCHAR2 (1)	N	Specialty 900 Clinical Cytogenetics	Indicates specialty 900: clinical cytogenetics.	
OCS_ASSP_SRVY_VW	TRANS_NUM	NUMBER (12.0)	N	Transaction Number	Transaction Number	
OCS_WKLS_SRVY_VW	ADD_DT	DATE (8)	N	Add Date	This date indicates when the record was copied or stored in the SRVY data entry file.	
OCS_WKLS_SRVY_VW	ARVL_DT	DATE (8)	N	Arrival Date	Date the surveyor first arrived at the facility.	
OCS_WKLS_SRVY_VW	ASPY	VARCHAR2 (4)	N	ASPY	Application Sub-System Name Description	
OCS_WKLS_SRVY_VW	DISCIPL_CD_STRING	VARCHAR2 (16)	N	Discipline Code String	Discipline Code String	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OCS_WKLS_SRVY_VW	DPRT_DT	DATE (8)	N	Departure Date	The date a resident left the facility.	
OCS_WKLS_SRVY_VW	EVENTID	CHAR (6)	N	Event ID	This field indicates Event ID.	
OCS_WKLS_SRVY_VW	OFSITE_PREP_HRS	NUMBER (6.2)	N	Offsite Prep Hours	The time spent off-site on all activities required to produce a report of a survey, recorded to the	
OCS_WKLS_SRVY_VW	ONST_HR_12AM_8AM	NUMBER (6.2)	N	Onsite Hour 12AM 8AM	The number of hours spent on-site at the facility between 12 a.m. and 8 a.m., recorded to the	
OCS_WKLS_SRVY_VW	ONST_HR_6PM_12AM	NUMBER (6.2)	N	Onsite Hour 6pm 12am	The number of hours spent on-site at the facility between 6 p.m. and 12 a.m., recorded to the	
OCS_WKLS_SRVY_VW	ONST_HR_8AM_6PM	NUMBER (6.2)	N	Onsite Hour 8am 6pm	The number of hours spent on-site at the facility between 8 a.m. and 6 p.m., recorded to the	
OCS_WKLS_SRVY_VW	PRE_SVRV_PREP_HR	NUMBER (6.2)	N	Pre Survey Prepare Hour	The number of hours spent in preparation for the survey recorded to the nearest quarter hour.	
OCS_WKLS_SRVY_VW	PROV_NUM	VARCHAR2 (10)	N	Provider Number	A six or ten position identification number that is assigned to a certified provider.	
OCS_WKLS_SRVY_VW	SRVYR_ID_NUM	VARCHAR2 (5)	N	Surveyor ID Number	A unique 5 digit number identifying a particular surveyor.	
OCS_WKLS_SRVY_VW	SRVY_DT	DATE (8)	N	Survey Date	Equals the Certification Date if the survey cycle is Standard, the exit date of the complaint	
OCS_WKLS_SRVY_VW	SRVY_RVISIT_DT	DATE (8)	N	Survey Revisit Date	A date indicating a revisit has occurred.	
OCS_WKLS_SRVY_VW	SRVY_TYPE	VARCHAR2 (1)	N	Survey Type	Indicates whether the survey for which the 670 was prepared is a Health Survey or a Life Safety	
OCS_WKLS_SRVY_VW	TOT_ONST_HR_SRVO	NUMBER (6.2)	N	Total Onsite Hour Surveyor	The total number of hours spent by the survey team on-site at the facility, recorded to the	
OCS_WKLS_SRVY_VW	TRANS_NUM	NUMBER (12.0)	N	Transaction Number	Transaction Number	
OCS_WKLS_SRVY_VW	TRVL_HRS	NUMBER (6.2)	N	Travel Hours	The number of hours spent by an individual surveyor in travel to and from the facility.	
OCS_WKLS_SRVY_VW	TYPE_670_STD_RVS	VARCHAR2 (1)	N	Type 670 Standard Revisit	Type 670 Standard Revisit	
OCS_WKLS_SRVY_VW	UPDT_DT	DATE (8)	N	Update Date	The date on which the record was updated in the SRVY system.	
OCS_WKLT_SRVY_VW	ADD_DT	DATE (8)	N	Add Date	This date indicates when the record was copied or stored in the SRVY data entry file.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OCS_WKLT_SRVY_VW	ASPY	VARCHAR2 (4)	N	APSY	Application System	
OCS_WKLT_SRVY_VW	DSCPLN_CD_01_TOT	NUMBER (3.0)	N	Discipline Code 01 Total Accredited Administration	Total accredited administration surveyors.	
OCS_WKLT_SRVY_VW	DSCPLN_CD_02_TOT	NUMBER (3.0)	N	Discipline Code 02 Total Architect	Total architect surveyors.	
OCS_WKLT_SRVY_VW	DSCPLN_CD_03_TOT	NUMBER (3.0)	N	Discipline Code 03 Total Cytotechnologist	Total cytotechnologist surveyors.	
OCS_WKLT_SRVY_VW	DSCPLN_CD_04_TOT	NUMBER (3.0)	N	Discipline Code 04 Total Medical Doctor	Total medical doctor surveyors	
OCS_WKLT_SRVY_VW	DSCPLN_CD_05_TOT	NUMBER (3.0)	N	Discipline Code 05 Total	The number of medical doctors on the survey team who also qualify as Mental Retardation	
OCS_WKLT_SRVY_VW	DSCPLN_CD_06_TOT	NUMBER (3.0)	N	Discipline Code 06 Total Osteopathic	Total osteopathic doctor surveyors.	
OCS_WKLT_SRVY_VW	DSCPLN_CD_07_TOT	NUMBER (3.0)	N	Discipline Code 07 Total	The number of doctors of osteopathy on the survey team who also qualify as Mental	
OCS_WKLT_SRVY_VW	DSCPLN_CD_08_TOT	NUMBER (3.0)	N	Discipline Code 08 Total Engineering	Total engineering surveyors.	
OCS_WKLT_SRVY_VW	DSCPLN_CD_09_TOT	NUMBER (3.0)	N	Discipline Code 09 Total Generalist Surveyors	Total generalist surveyors.	
OCS_WKLT_SRVY_VW	DSCPLN_CD_10_TOT	NUMBER (3.0)	N	Discipline Code 10 Total	The number of health care persons on the survey team who also qualify as Mental Retardation	
OCS_WKLT_SRVY_VW	DSCPLN_CD_11_TOT	NUMBER (3.0)	N	Discipline Code 11 Total	The number of human service persons on the survey team who also qualify as Mental	
OCS_WKLT_SRVY_VW	DSCPLN_CD_12_TOT	NUMBER (3.0)	N	Discipline Code 12 Total Medical Technician	Total laboratory medical technician surveyors.	
OCS_WKLT_SRVY_VW	DSCPLN_CD_13_TOT	NUMBER (3.0)	N	Discipline Code 13 Total Practical Nurse	Total Licensed Practical Nurse surveyors, (vocational).	
OCS_WKLT_SRVY_VW	DSCPLN_CD_14_TOT	NUMBER (3.0)	N	Discipline Code 14 Total LSC Specialist	Total LSC specialist surveyors.	
OCS_WKLT_SRVY_VW	DSCPLN_CD_15_TOT	NUMBER (3.0)	N	Discipline Code 15 Total Nursing Home Administrator	Total nursing home administrator surveyors.	
OCS_WKLT_SRVY_VW	DSCPLN_CD_16_TOT	NUMBER (3.0)	N	Discipline Code 16 Total Nutritional Diet	Total nutritional diet surveyors.	
OCS_WKLT_SRVY_VW	DSCPLN_CD_17_TOT	NUMBER (3.0)	N	Discipline Code 17 Total	The number of nutritional-dietary persons on the survey team who also qualify as Mental	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OCS_WKLT_SRVY_VW	DSCPLN_CD_18_TOT	NUMBER (3.0)	N	Discipline Code 18 Total Occupational Therapy	Total occupational therapy surveyors.	
OCS_WKLT_SRVY_VW	DSCPLN_CD_19_TOT	NUMBER (3.0)	N	Discipline Code 19 Total	The number of occupational therapists on the survey team who also qualify as Mental	
OCS_WKLT_SRVY_VW	DSCPLN_CD_20_TOT	NUMBER (3.0)	N	Discipline Code 20 Total Pathologist	Total pathologist surveyors.	
OCS_WKLT_SRVY_VW	DSCPLN_CD_21_TOT	NUMBER (3.0)	N	Discipline Code 21 Total Pharmacist	Total pharmacist surveyors.	
OCS_WKLT_SRVY_VW	DSCPLN_CD_22_TOT	NUMBER (3.0)	N	Discipline Code 22 Total Physical Therapy	Total physical therapy surveyors.	
OCS_WKLT_SRVY_VW	DSCPLN_CD_23_TOT	NUMBER (3.0)	N	Discipline Code 23 Total	The number of physical therapists on the survey team who also qualify as Mental Retardation	
OCS_WKLT_SRVY_VW	DSCPLN_CD_24_TOT	NUMBER (3.0)	N	Discipline Code 24 Total Psychologist	Total psychologist surveyors.	
OCS_WKLT_SRVY_VW	DSCPLN_CD_25_TOT	NUMBER (3.0)	N	Discipline Code 25 Total	The number of psychologists on the survey team who also qualify as Mental Retardation	
OCS_WKLT_SRVY_VW	DSCPLN_CD_26_TOT	NUMBER (3.0)	N	Discipline Code 26 Total Recreational Therapy	Total recreational therapy surveyors.	
OCS_WKLT_SRVY_VW	DSCPLN_CD_27_TOT	NUMBER (3.0)	N	Discipline Code 27 Total	The number of recreational therapists on the survey team who also qualify as Mental	
OCS_WKLT_SRVY_VW	DSCPLN_CD_28_TOT	NUMBER (3.0)	N	Discipline Code 28 Total Registered Nurse	Total registered nurse surveyors.	
OCS_WKLT_SRVY_VW	DSCPLN_CD_29_TOT	NUMBER (3.0)	N	Discipline Code 29 Total	The number of registered nurses on the survey team who also qualify as Mental Retardation	
OCS_WKLT_SRVY_VW	DSCPLN_CD_30_TOT	NUMBER (3.0)	N	Discipline Code 30 Total Record Administration	Total record administration surveyors.	
OCS_WKLT_SRVY_VW	DSCPLN_CD_31_TOT	NUMBER (3.0)	N	Discipline Code 31 Total Sanitarian	Total sanitarian surveyors.	
OCS_WKLT_SRVY_VW	DSCPLN_CD_32_TOT	NUMBER (3.0)	N	Discipline Code 32 Total Social Worker	Total social worker surveyors.	
OCS_WKLT_SRVY_VW	DSCPLN_CD_33_TOT	NUMBER (3.0)	N	Discipline Code 33 Total	The number of social workers on the survey teams who also qualify as Mental Retardation	
OCS_WKLT_SRVY_VW	DSCPLN_CD_34_TOT	NUMBER (3.0)	N	Discipline Code 34 Total Speech Audiologist	Total speech audiologist surveyors.	
OCS_WKLT_SRVY_VW	DSCPLN_CD_35_TOT	NUMBER (3.0)	N	Discipline Code 35 Total	The number of speech audiologists on the survey team who also qualify as Mental	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OCS_WKLT_SRVY_VW	DSCPLN_CD_36_TOT	NUMBER (3.0)	N	Discipline Code 36 Total	The total number of other surveyors.	
OCS_WKLT_SRVY_VW	EVENTID	CHAR (6)	N	Event ID	This field indicates Event ID.	
OCS_WKLT_SRVY_VW	ONST_HR_12AM_8AM	NUMBER (6.2)	N	Onsite Hour 12AM 8AM	The number of hours spent on-site at the facility between 12 a.m. and 8 a.m., recorded to the	
OCS_WKLT_SRVY_VW	ONST_HR_6PM_12AM	NUMBER (6.2)	N	Onsite Hour 6pm 12am	The number of hours spent on-site at the facility between 6 p.m. and 12 a.m., recorded to the	
OCS_WKLT_SRVY_VW	ONST_HR_8AM_6PM	NUMBER (6.2)	N	Onsite Hour 8am 6pm	The number of hours spent on-site at the facility between 8 a.m. and 6 p.m., recorded to the	
OCS_WKLT_SRVY_VW	PROV_NUM	VARCHAR2 (10)	N	Provider Number	A six or ten position identification number that is assigned to a certified provider.	
OCS_WKLT_SRVY_VW	REVISED_670_IND	VARCHAR2 (1)	N	Revised 670 Indicator	Indicates if a user has changed the 670 hours after the record was originally entered. This field	
OCS_WKLT_SRVY_VW	RO_TOT_CLRCL_HRS	NUMBER (7.2)	N	Regional Office Total Clerical Hours	Total hours spent on clerical or data entry activities in the Regional Office, recorded to the	
OCS_WKLT_SRVY_VW	RO_TOT_SR_RVW_HR	NUMBER (7.2)	N	Regional Office Total Survey Review Hours	Total hours spent in supervisory review by staff in the Regional Office, recorded to the nearest	
OCS_WKLT_SRVY_VW	SA_TOT_CLRCL_HRS	NUMBER (7.2)	N	State Agency Clerical Hour Count	Total hours spent by the State Agency on clerical work.	
OCS_WKLT_SRVY_VW	SA_TOT_SR_RVW_HR	NUMBER (7.2)	N	State Agency Total Survey Review Hours	Total hours spent on clerical or data entry activities by staff in the State Agency, recorded	
OCS_WKLT_SRVY_VW	SRVY_DT	DATE (8)	N	Survey Date	Equals the Certification Date if the survey cycle is Standard, the exit date of the complaint	
OCS_WKLT_SRVY_VW	SRVY_RVST_DT	DATE (8)	N	Survey Revisit Date	A date indicating a revisit has occurred.	
OCS_WKLT_SRVY_VW	SRVY_TYPE	VARCHAR2 (1)	N	Survey Type	Indicates whether the survey for which the 670 was prepared is a Health Survey or a Life Safety	
OCS_WKLT_SRVY_VW	STMT_OF_DFCY	VARCHAR2 (1)	N	Statement of Deficiency	Indicates if a Statement of Deficiencies (HCFA-2567) was given to the facility on-site at the	
OCS_WKLT_SRVY_VW	STUS_670	VARCHAR2 (1)	N	Status 670	The switch indicating the completion of the CMS 670 form.	
OCS_WKLT_SRVY_VW	TOT_670_HRS	NUMBER (9.2)	N	Total 670 Survey Hours	Total number of hours spent on all activities associated with the performance of the survey or	
OCS_WKLT_SRVY_VW	TOT_OFF_PRH_TEAM	NUMBER (7.2)	N	Total Offsite Hours Team	Total number of hours spent offsite on a survey.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OCS_WKLT_SRVY_VW	TOT_ONST_HR_TEAM	NUMBER (7.2)	N	Total Onsite Hours Team	Total number of hours spent onsite for a survey.	
OCS_WKLT_SRVY_VW	TOT_PR_SR_PRE_HR	NUMBER (7.2)	N	Total Prep Survey Hours	Total number of hours used to prepare for the survey.	
OCS_WKLT_SRVY_VW	TOT_SRVO_ONSTE	NUMBER (2.0)	N	Total Surveyor Onsite	Total number of surveyors onsite.	
OCS_WKLT_SRVY_VW	TOT_TRVL_HR_TEAM	NUMBER (7.2)	N	Total Travel Hours Team	Total number of travel hours for the entire survey team.	
OCS_WKLT_SRVY_VW	TRANS_NUM	NUMBER (12.0)	N	Transaction Number	Transaction Number	
OCS_WKLT_SRVY_VW	TYPE_670_STD_RVS	VARCHAR2 (1)	N	Type 670 Standard Revisit	Type 670 Standard Revisit	
OCS_WKLT_SRVY_VW	TYPE_ACTN	VARCHAR2 (1)	N	Type Action	Type of action on the 'official' survey record. This field is copied from type of action on the	
OCS_WKLT_SRVY_VW	UPDT_DT	DATE (8)	N	Update Date	Update Date	
PERSONNEL_VW	ALLOWED_FACTYPES	VARCHAR2 (250)	N	Allowed Facility Types	Allowed facility type for the staff member.	
PERSONNEL_VW	ASE_ADMIN_SW	VARCHAR2 (1)	N	ASE Administrator Indicator	ASE Administrator Indicator	
PERSONNEL_VW	CO_SURVEYOR_TYPE	CHAR (1)	N	Central Office Surveyor Type Code	Central Office Surveyor Type.	CSP_CO_SRVYR_TYPE_CD
PERSONNEL_VW	CO_SURVEYOR_TYPE_DESC	VARCHAR2 (20)	N	CO Surveyor Description	Central Office Surveyor Type	
PERSONNEL_VW	FNAME	VARCHAR2 (14)	N	First Name	First Name	
PERSONNEL_VW	LNAME	VARCHAR2 (20)	N	Last Name	Last Name	
PERSONNEL_VW	MNAME	VARCHAR2 (1)	N	Middle Name	Middle Name	
PERSONNEL_VW	NATL_TYPE_CD	CHAR (2)	N	National Type Code	National Type Code	CSP_NATL_TYPE_CD
PERSONNEL_VW	NATL_TYPE_DESC	VARCHAR2 (37)	N	National Type Description	National Type Code	
PERSONNEL_VW	ODIE_ACPTD_CD	VARCHAR2 (2)	N	ODIE Accepted Status Code	Indicates the upload status of an Enforcement case that was uploaded to OSCAR/ODIE.	

## Tables Report - Survey &amp; Cert

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
PERSONNEL_VW	REGION	CHAR (2)	N	Region Code	Region	CSP_CMS_RGN_CD
PERSONNEL_VW	REGION_DESC	VARCHAR2 (23)	N	Region Description	Region	
PERSONNEL_VW	SSA_STATE	CHAR (2)	N	SSA State Code	SSA State	CSP_SSA_STATE_CD
PERSONNEL_VW	SSA_STATE_DESC	VARCHAR2 (35)	N	SSA State Description	SSA State	
PERSONNEL_VW	STAFFID	CHAR (5)	N	Staff ID	Staff ID	
PERSONNEL_VW	STAFFTYPE	CHAR (2)	N	Staff Type Code	Staff Type: 01- SA, 10-CMS RO, 12- CMS CO.	CSP_STF_TYPE_CD
PERSONNEL_VW	STAFFTYPE_DESC	VARCHAR2 (24)	N	Staff Type Description	Staff Type: 01- SA, 10-CMS RO, 12- CMS CO.	
PERSONNEL_VW	STATE	VARCHAR2 (2)	N	State Code	State	CSP_STATE_CD
PERSONNEL_VW	STATE_DESC	VARCHAR2 (20)	N	State Description	State Description	CSP_STATE_CD
PERSONNEL_VW	SUPR_CMPTS_USER_SW	VARCHAR2 (1)	N	CMPTS Super User Indicator	CMPTS Super User Indicator	
PERSONNEL_VW	SURVEYOR_STATUS	CHAR (1)	N	Surveyor Status Code	Surveyor Status	CSP_SRVYR_STUS_CD
PERSONNEL_VW	SURVEYOR_STATUS_DESC	VARCHAR2 (20)	N	Surveyor Status Description	Surveyor Status	
PERSONNEL_VW	SURVEYOR_TYPE	CHAR (1)	N	Surveyor Type Code	Surveyor Type	CSP_SRVYR_TYPE_CD
PERSONNEL_VW	SURVEYOR_TYPE_DESC	VARCHAR2 (34)	N	Surveyor Type Description	Surveyor Type	
PERSONNEL_VW	TERMDATE	DATE (7)	N	Termination Date	Termination Date	
PERSONNEL_VW	TITLECODE	CHAR (2)	N	Title Code	The Discipline title code for the staff.	CSP_TITLE_CD
PERSONNEL_VW	TITLECODE_2	VARCHAR2 (2)	N	Title Code 2	The Discipline title code for the staff.	CSP_TITLE_CD
PERSONNEL_VW	TITLECODE_2_DESC	VARCHAR2 (47)	N	Title Description 2	The Discipline title code for the staff.	



Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
PERSONNEL_VW	TITLECODE_3	VARCHAR2 (2)	N	Title Code 3	The Discipline title code for the staff.	CSP_TITLE_CD
PERSONNEL_VW	TITLECODE_3_DESC	VARCHAR2 (47)	N	Title Description 3	The Discipline title code for the staff.	
PERSONNEL_VW	TITLECODE_4	VARCHAR2 (2)	N	Title Code 4	The Discipline title code for the staff.	CSP_TITLE_CD
PERSONNEL_VW	TITLECODE_4_DESC	VARCHAR2 (47)	N	Title Description 4	The Discipline title code for the staff.	
PERSONNEL_VW	TITLECODE_5	VARCHAR2 (2)	N	Title Code 5	The Discipline title code for the staff.	CSP_TITLE_CD
PERSONNEL_VW	TITLECODE_5_DESC	VARCHAR2 (47)	N	Title Description 5	The Discipline title code for the staff.	
PERSONNEL_VW	TITLECODE_6	VARCHAR2 (2)	N	Title Code 6	The Discipline title code for the staff.	CSP_TITLE_CD
PERSONNEL_VW	TITLECODE_6_DESC	VARCHAR2 (47)	N	Title Description 6	The Discipline title code for the staff.	
PERSONNEL_VW	TITLECODE_7	VARCHAR2 (2)	N	Title Code 7	The Discipline title code for the staff.	CSP_TITLE_CD
PERSONNEL_VW	TITLECODE_7_DESC	VARCHAR2 (47)	N	Title Description 7	The Discipline title code for the staff.	
PERSONNEL_VW	TITLECODE_8	VARCHAR2 (2)	N	Title Code 8	The Discipline title code for the staff.	CSP_TITLE_CD
PERSONNEL_VW	TITLECODE_8_DESC	VARCHAR2 (47)	N	Title Description 8	The Discipline title code for the staff.	
PERSONNEL_VW	TITLECODE_DESC	VARCHAR2 (47)	N	Title Description	The Discipline title code for the staff.	
PERSONNEL_VW	VW_ASMT_SW	VARCHAR2 (1)	N	View Assessment Indicator	View Assessment Indicator	
PERSONNEL_VW	VW_CMPLNT_SW	VARCHAR2 (1)	N	View Complaint Indicator	View Complaint Indicator	
PERSONNEL_VW	VW_QIS_SW	VARCHAR2 (1)	N	View QIS Indicator	View QIS Indicator	
PERSONNEL_VW	WB_ACS_LVL_CD	VARCHAR2 (2)	N	Web Access Level Code	A code indicating the user's level of web access.	CSP_WB_ACS_LVL_CD
PERSONNEL_VW	WB_ACS_LVL_DESC	VARCHAR2 (21)	N	Web Access Level Description	A code indicating the user's level of web access.	