

Hospital File Description

Abstract: NCI has created a Hospital File that includes information about hospitals that are part of the SEER-Medicare data. Information about these hospitals has been obtained from several sources. These include the Healthcare Cost Report (HCRIS) and the Provider of Service (POS) survey obtained from the Center for Medicare and Medicaid Services (CMS). The Hospital File includes selected variables from the HCRIS and POS files from 1996, 1998, and 2000. It should be noted that there are differences between the HCRIS and POS files as to exact time periods and how selected variables are defined. NCI has not attempted to resolve any inconsistencies between files, but is making researchers aware of these differences. The Hospital File also includes information about whether the institution was an NCI designated cancer center as of 2002 as well as variables denoting if the hospital participated in any of NCI sponsored cooperative group trials.

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<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>NOTES</u>
1	Provider number	6	Hospital Identification Number; encrypted to match the provider number (hospital ID) on the MEDPAR, Outpatient, HHA and Hospice Files.

Start of POS Data

7	State Abbreviation (prov3230)	2	State abbreviation: AL = Alabama AK = Alaska AZ = Arizona AR = Arkansas AS = American Samoa CA = California CO = Colorado CT = Connecticut CN = Canada DE = Delaware DC = Washington, D.C. FL = Florida GA = Georgia GU = Guam HI = Hawaii ID = Idaho IL = Illinois IN = Indiana IA = Iowa KS = Kansas KY = Kentucky LA = Louisiana ME = Maine MD = Maryland MA = Massachusetts MI = Michigan MN = Minnesota MS = Mississippi MO = Missouri MT = Montana MP = Saipan MX = Mexico NE = Nebraska NV = Nevada NH = New Hampshire NJ = New Jersey NM = New Mexico NY = New York NC = North Carolina ND = North Dakota OH = Ohio OK = Oklahoma OR = Oregon PA = Pennsylvania PR = Puerto Rico RI = Rhode Island SC = South Carolina SD = South Dakota TN = Tennessee TX = Texas UT = Utah
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<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>NOTES</u>
			VT = Vermont VA = Virginia VI = Virgin Islands WA = Washington WV = West Virginia WI = Wisconsin WY = Wyoming
9	PPS Previous Provider Number (prov1520)	6	A provider number previously assigned to a PPS exempt provider or unit.
15	Accreditation Effective Date (prov0000)	8	The effective date of the current period of accreditation by the joint commission on accreditation of health care organizations (JCAHO) or the American osteopathic association (AOA). MMDDYYYY
23	Accreditation Expiration Date (prov0005)	8	The expiration date of the current period of accreditation by the JCAHO the AOA.
31	Accreditation Ind. (prov0010)	1	Indicates the organization that is Responsible for the accreditation of the provider. 0 = None 1 = JCAHO 2 = AOA 4 = Both
32	Current Survey Date (prov2740)	8	The date of the health or life safety code survey, whichever is later. The "Official" survey date for the provider.
40	Current Survey Ever Non-Accredited? (prov3555)	1	Indicates if this provider was a non-accredited hospital anytime during the current survey. Y = Yes N = No
41	Category of Provider/Sup. (prov0075)	2	Identifies the category which is most indicative of the provider or supplier. 01 = Hospitals
43	Subtype of Provider (prov0085)	2	A further breakdown of provider Category for skilled nursing facilities and hospitals. 01 = Short Term 02 = Long Term 03 = Religious Non Medical Health Care Institutions 04 = Psychiatric 05 = Rehabilitation

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			06 = Children's 07 = Alcohol/Drug 08 = PPS Exempt Rehabilitation 09 = PPS exempt Psychiatric 10 = PPS Exempt Alcohol/Drug 11 = Critical Access Hospitals
45	Current FMS Survey Date (prov0500)	8	Current FMS Survey Date (MMDDYYYY)
53	Program Participation 1 (prov1670)		Indicates if the provider Participates in medicare, medicaid, or both programs. 0 = Neither 1 = Medicare Only 2 = Medicaid Only 3 = Medicare and Medicaid
54	Record Type (prov1720)	1	This indicator specifies the current status of record. A = Accepted P = Pending W = Work
55	Skeleton Record Indicator (prov2045)	1	Indicates record is a skeleton record. This means only a limited set of the provider data is available for this provider. Y = Yes
56	Prior Change of Ownership (prov1615)	8	The Date of a prior change of ownership. (MMDDYYYY)
64	Change of Ownership Counter (prov0095)	8	The number of times a change of ownership has taken place for a particular provider.
72	Change of Ownership Date (prov0100)	8	Effective date of a change of ownership. (MMDDYYYY)
80	Type of Control (prov2885)	2	Indicates the nature of the organization that operates a provider of services. 01 = Voluntary Non-Profit - Church 02 = Voluntary Non-Profit -Private 03 = Voluntary Non-Profit - Other 04 = Proprietary 05 = Government - Federal 06 = Government - State 07 = Government - Local 08 = Government - Hosp. Dist. Or Auth.
82	Type of Facility (prov2890)	2	Indicates the category which represents the type of facility. 01 = Short - Term 02 = Long - Term 03 = Religious Non-Medicare Health

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			Care Institution 04 = Psychiatric 05 = Rehabilitation 06 = Children's 07 = Alcohol and/or Drug Hospital 11 = Critical Access Hospitals
84	Filler	3	
87	FIPS State (fipstate)	2	FIPS State Code
89	Filler	3	
92	SSA State Code (prov2700)	2	SSA State Code indicating the state where the facility is located. 01 = Alabama 02 = Alaska 03 = Arizona 04 = Arkansas 05 = California 06 = Colorado 07 = Connecticut 08 = Delaware 09 = Washington, D.C. 10 = Florida 11 = Georgia 12 = Hawaii 13 = Idaho 14 = Illinois 15 = Indiana 16 = Iowa 17 = Kansas 18 = Kentucky 19 = Louisiana 20 = Maine 21 = Maryland 22 = Massachusetts 23 = Michigan 24 = Minnesota 25 = Mississippi 26 = Missouri 27 = Montana 28 = Nebraska 29 = Nevada 30 = New Hampshire 31 = New Jersey 32 = New Mexico 33 = New York 34 = North Carolina 35 = North Dakota 36 = Ohio 37 = Oklahoma 38 = Oregon 39 = Pennsylvania 40 = Puerto Rico 41 = Rhode Island 42 = South Carolina

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<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>NOTES</u>
			43 = South Dakota 44 = Tennessee 45 = Texas 46 = Utah 47 = Vermont 48 = Virgin Islands 49 = Virginia 50 = Washington 51 = West Virginia 52 = Wisconsin 53 = Wyoming 56 = Canada 59 = Mexico 64 = American Samoa 65 = Guam 66 = Saipan
94	State Region Code (prov2710)	3	For selected states, identifies the particular region within the state where the facility is located.
97	CMS Region Code (prov1725)	2	The CMS regional office having responsibility for the state in which the provider is located. 01 = Boston 02 = New York 03 = Philadelphia 04 = Atlanta 05 = Chicago 06 = Dallas 07 = Kansas City 08 = Denver 09 = San Francisco 10 = Seattle
99	SSA MSA Code (ssamsacd)	3	SSA MSA Code
102	SSA MSA Size Code (ssamsasz)	1	SSA MSA Size Code
103	Medical School Affiliation (prov0645)	1	The type of affiliation that a Hospital may have with a medical school. 1 = Major 2 = Limited 3 = Graduate 4 = No Affiliation
104	Resident Program Approved by AMA? (prov1810)	1	Indicates if the resident program at a hospital is approved by the American Medical Association. N = Not Approved Y = Approved

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105	Resident Program Approved by AOA? (prov1815)	1	Indicates if the resident program at a hospital is approved by the American Osteopathic Association. N = Not Approved Y = Approved
106	Resident Program Approved by Other? (prov1820)	1	Indicates if the resident program at a hospital is approved by other professional organizations. N = Not Approved Y = Approved
107	Residents (prov1165)	8.2	The number of full-time equivalent residents (physicians) employed by a hospital.
115	Beds - Total (prov0740)	8	Total number of beds in a facility, including those in non-participating or non-licensed areas.
123	Beds -Total Certified (prov0755)	8	Number of beds in medicare and/or Medicaid certified areas within a facility.
*131	Acute Renal Dialysis (prov2055)	1	Indicates how acute renal dialysis services are provided in a hospital.
*132	Burn Care Unit (prov2090)	1	Indicates how burn care unit services are provided by a hospital.
*133	Coronary care Unit (prov2110)	1	Indicates how coronary care unit services are provided by a hospital.
*134	Emergency Services (prov2140)	1	Indicates how organized emergency services are provided by a hospital.
*135	Home Care Unit (prov2160)	1	Indicates how home care services are provided by a hospital.
*136	Hospice (prov2175)	1	Indicates how hospice services are provided by a hospital.
*137	Intensive Care Unit (prov2185)	1	Indicates how intensive care unit services are provided by a hospital.
*138	Inpatient Surgical (prov2190)	1	Indicates how inpatient surgical services are provided by a hospital.
*139	Long Term Care Unit (prov2215)	1	Indicates how long term care unit services are provided in a hospital.

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*140	Nuclear Medicine (prov2245)	1	Indicates how nuclear medicine services are provided by a hospital.
*141	Open Heart Surgery Fac. (prov2285)	1	Indicates how open heart surgery facility services are provided by a hospital.
*142	Operating Rooms (prov2300)	1	Indicates how operating room services are provided by a hospital.
*143	Organ Transplant (prov2315)	1	Indicates how organ transplant services are provided by a hospital.
*144	Outpatient (prov2350)	1	Indicates how outpatient services are provided by a hospital.
*145	Outpatient Surgery Unit (prov2355)	1	Indicates how outpatient surgery unit services are provided by a hospital.
*146	Radiology (Diagnostic) (prov2440)	1	Indicates how diagnostic radiology services are provided by a hospital.
*147	Radiology (Therapeutic) (prov2445)	1	Indicates how therapeutic radiology services are provided by a hospital.
*148	Shock Trauma (prov2475)	1	Indicates how shock trauma services are provided by a hospital.
149	Licensed Pract/Vocat Nurses (prov0955)	8.2	Number of full-time equivalent licensed practical or vocational nurses employed by a hospital.
157	Physicians (prov1110)	8.2	Number of full-time equivalent physicians employed by a provider.
165	Registered Nurses (prov1145)	8.2	Number of full-time equivalent professional nurses employed by a provider.
* These variables have these values:			0 = Not Provided 1 = Provided by Staff 2 = Provided Under Arrangement 3 = Provided by Staff and Under Arrangement

Start of the HCRIS data

173	Cost Reporting Period Begin Date (F22m,F22d,F22y)	8	Cost Reporting Period Begin Date
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181	Cost Reporting Period End Date (F23m,F23d,F22y)	8	Cost Reporting Period End Date
189	Cost Report Status (F74)	1	Cost Report Status 1 = As Submitted 2 = Settled w/o Audit 3 = Settled with Audit 4 = Reopened
190	Number of Months in Reporting Period (F24)	8	Number of Months in Reporting Period
198	Hospital Payment System (F19)	1	Title XVIII Hospital Payment System P = PPS T = TEFRA 0 = Other
199	Hospital Payment System (F19b)	1	Title XIX Hospital Payment System P = PPS T = TEFRA 0 = Other
200	Does Facility Qualify for DSH Payments? (F30)	1	Does Facility Qualify for DSH Payments? Y = Yes
201	Type of Control (F25)	2	Type of Control 1 = Voluntary Nonprofit, Church 2 = Voluntary Nonprofit, Other 3 = Proprietary, Individual 4 = Proprietary, Corporation 5 = Proprietary, Partnership 6 = Proprietary, Other 7 = Governmental, Federal 8 = Governmental, City-County 9 = Governmental, County 10= Governmental, State 11= Governmental Hospital District 12= Governmental, City 13= Governmental, Other
203	Type of Facility (F26)	2	Type of Hospital/Sub-provider 1 = General Short Term 2 = General Long Term 3 = Cancer 4 = Psychiatric 5 = Rehabilitation 6 = Religious Non-Medical Health Care Institution 7 = Children 8 = Alcohol and Drug 9 = Other

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<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>NOTES</u>
205	SSA State Code (F71)	2	SSA State Code First two digits in provider # 01 = Alabama 02 = Alaska 03 = Arizona 04 = Arkansas 05/55 = California 06 = Colorado 07 = Connecticut 08 = Delaware 09 = Washington, D.C. 10 = Florida 11 = Georgia 12 = Hawaii 13 = Idaho 14 = Illinois 15 = Indiana 16 = Iowa 17 = Kansas 18 = Kentucky 19 = Louisiana 20 = Maine 21 = Maryland 22 = Massachusetts 23 = Michigan 24 = Minnesota 25 = Mississippi 26 = Missouri 27 = Montana 28 = Nebraska 29 = Nevada 30 = New Hampshire 31 = New Jersey 32 = New Mexico 33 = New York 34 = North Carolina 35 = North Dakota 36 = Ohio 37 = Oklahoma 38 = Oregon 39 = Pennsylvania 40 = Puerto Rico 41 = Rhode Island 42 = South Carolina 43 = South Dakota 44 = Tennessee 45/67 = Texas 46 = Utah 47 = Vermont 49 = Virginia 50 = Washington 51 = West Virginia 52 = Wisconsin 53 = Wyoming
207	CMS Region (F77)	2	CMS Region 1 = Boston 2 = New York 3 = Philadelphia

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			4 = Atlanta 5 = Chicago 6 = Dallas 7 = Kansas 8 = Denver 9 = San Francisco 10 = Seattle
209	Does Hospital Qualify as a rural primary hospital? (F47)	1	Does hospital quality as a rural primary hospital? Y = Yes
210	Is Hospital Urban/Rural (F29)	1	Is Hospital Urban or Rural? 1 = Urban 2 = Rural
211	Sole Community Hospital (F39)	1	Number of Periods in Sole Community Hospital (SCH) Status
212	Teaching Hospital? (F38)	1	Is this a teaching hospital or affiliated with a teaching hospital? Y = Yes
213	Interns and Residents - Total Hospital (F164)	11.2	Number of Interns and Residents in the hospital
224	Interns and Residents - Total Facility (F165)	11.2	Number of Interns and Residents in the whole facility
235	Beds - Total (F85)	8	Total number of beds
243	Hospital Adults and Pediatric Beds (F78)	8	Number of adult and pediatric hospital beds
251	CCU Beds (F80)	8	Number of CCU beds
259	Hospice Beds (F91)	8	Number of Hospice beds
267	ICU Beds (F79)	8	Number of ICU beds
275	SICU Beds (F82)	8	Number of SICU beds
283	Transplant Center (F32)	1	Transplant Center Y = Yes
284	Medicare Hospital Days (F107)	8	Medicare Hospital Days

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<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>NOTES</u>
292	Medicaid Hospital Days (F123)	8	Medicaid Hospital Days
300	Total Adult and Pediatric Bed Days (F143)	8	Total Adult and Pediatric Bed Days
308	Total Inpatient Days - Hospital (F153)	8	Total inpatient days - hospital
316	Total Observation Bed Days (F163)	8	Total observation bed days
324	Medicare Discharges (F172)	8	Medicare Discharges - Total Hospital
332	Medicaid Discharges (F175)	8	Medicaid Discharges - Total Hospital
340	Total Discharges (F178)	8	Total Discharges - All patients - Hospital
348	Is hospital classified as referral center? (F31)	1	Is hospital classified as referral center? Y = Yes
349	Initial Report Switch (initl_rpt_sw)	1	Initial Report Switch Y = The first ever cost report filed for this provider
350	Last Report Switch (last_rpt_sw)	1	Last Report Switch Y = the last of final cost report filed for this provider
351	Fiscal Intermediary Receipt Date (fi_rcpt_m,fi_rcpt_d fi_rcpt_y)	8	Date the cost report was received by FI (MMDDYYYY)
359	Year	4	Year of the File

Start of NCI Cancer Center and Cooperative Group Variables

363	NCI Center (nci_cen)	1	NCI designated cancer center? 0 = No 1 = Clinical 2 = Comprehensive
364	American College of Surgeons Oncology Group (ACOSOG)	1	0 = Not a Member of the Group 1 = Member of the Group
365	Cancer and Leukemia Group B (CALGB)	1	0 = Not a Member of the Group 1 = Member of the Group

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366	Children's Cancer Group (CCG)	1	0 = Not a Member of the Group 1 = Member of the Group
367	Children's Oncology Group (COG)	1	0 = Not a Member of the Group 1 = Member of the Group
368	Cancer Trials Support Unit (a service of the National Cancer Institute) (CTSU)	1	0 = Not a Member of the Group 1 = Member of the Group
369	Eastern Co-operative Oncology Group (ECOG)	1	0 = Not a Member of the Group 1 = Member of the Group
370	Expanded Participation Project (EPP)	1	0 = Not a Member of the Group 1 = Member of the Group
371	Gynecologic Oncology Group (GOG)	1	0 = Not a Member of the Group 1 = Member of the Group
372	M.D. Anderson Cancer Center (MDA)	1	0 = Not a Member of the Group 1 = Member of the Group
373	North Central Cancer Treatment Group (NCCTG)	1	0 = Not a Member of the Group 1 = Member of the Group
374	National Surgical Adjuvant Breast and Bowel Project (NSABP)	1	0 = Not a Member of the Group 1 = Member of the Group
375	Pediatric Oncology Group (POG)	1	0 = Not a Member of the Group 1 = Member of the Group
376	Radiation Therapy Oncology Group (RTOG)	1	0 = Not a Member of the Group 1 = Member of the Group
377	Southwest Oncology Group (SWOG)	1	0 = Not a Member of the Group 1 = Member of the Group
378	North American Brain Tumor Consortium (NABTC)	1	0 = Not a Member of the Group 1 = Member of the Group
379	Co-operative group count (coop_cnt)	2	Number of co-operative groups the hospital is a member of

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