

Uniform Data Submission Specifications for the OASIS-B1 (01/2008 Update)
Abbreviated Header Record Layout For Submission From the HHA To The State (Version 1.60)

Form Location	Description	Len	Start	End	Picture	Range	Type
REC_ID	RECORD ID	2	1	2	XX	A1	CODE
FED_ID	Agency Medicare Provider Number	6	3	8	X(6)	Valid code, sp(6)	CODE
FILLER1	Item Filler	4	9	12	X(4)	sp(4)	FILLER
ST_ID	Agency Medicaid Provider Number	15	13	27	X(15)	Valid code, sp(15)	CODE
HHA_AGENCY_ID	Agency -- State Assigned Unique ID Code (Location)	16	28	43	X(16)	Valid code	TEXT
ACY_NAME	Agency Name	30	44	73	X(30)	Text	TEXT
ACY_ADDR_1	Agency Address Line 1	30	74	103	X(30)	Text	TEXT
ACY_ADDR_2	Agency Address Line 2	30	104	133	X(30)	Text	TEXT
ACY_CITY	Agency City	20	134	153	X(20)	Text	TEXT
ACY_ST	Agency State	2	154	155	XX	Valid code	CODE
ACY_ZIP	Agency Zip Code	11	156	166	X(11)	Valid numeric zip code	CODE
ACY_CNTCT	Agency Contact Person Name	30	167	196	X(30)	Text	TEXT
ACY_PHONE	Agency Contact Person Phone Number	10	197	206	X(10)	Valid phone number	TEXT
ACY_EXTEN	Agency Contact Person Phone Extension	5	207	211	X(5)	Valid extension, sp(5)	TEXT
AGT_ID	Agent Federal Tax ID (EIN)	9	212	220	X(9)	Valid code, sp(9)	TEXT
AGT_NAME	Agent Name	30	221	250	X(30)	Text, sp(30)	TEXT

Uniform Data Submission Specifications for the OASIS-B1 (01/2008 Update)
Abbreviated Header Record Layout For Submission From the HHA To The State (Version 1.60)

Form Location	Description	Len	Start	End	Picture	Range	Type
AGT_ADDR_1	Agent Address Line 1	30	251	280	X(30)	Text, sp(30)	TEXT
AGT_ADDR_2	Agent Address Line 2	30	281	310	X(30)	Text, sp(30)	TEXT
AGT_CITY	Agent City	20	311	330	X(20)	Text, sp(20)	TEXT
AGT_ST	Agent State	2	331	332	XX	Valid code, sp(2)	CODE
AGT_ZIP	Agent Zip Code	11	333	343	X(11)	Valid numeric zip code, sp(11)	CODE
AGT_CNTCT	Agent Contact Person Name	30	344	373	X(30)	Text, sp(30)	TEXT
AGT_PHONE	Agent Contact Person Phone Number	10	374	383	X(10)	Valid phone number, sp(10)	TEXT
AGT_EXTEN	Agent Contact Person Phone Extension	5	384	388	X(5)	Valid extension, sp(5)	TEXT
SFW_ID	OASIS Software Co. Federal Tax ID (EIN)	9	389	397	X(9)	Valid code	TEXT
SFW_NAME	OASIS Software Co. Name	30	398	427	X(30)	Text, sp(30)	TEXT
SFW_ADDR_1	OASIS Software Co. Address Line 1	30	428	457	X(30)	Text, sp(30)	TEXT
SFW_ADDR_2	OASIS Software Co. Address Line 2	30	458	487	X(30)	Text, sp(30)	TEXT
SFW_CITY	OASIS Software Co. City	20	488	507	X(20)	Text, sp(20)	TEXT
SFW_ST	OASIS Software Co. State	2	508	509	XX	Valid code, sp(2)	CODE
SFW_ZIP	OASIS Software Co. Zip Code	11	510	520	X(11)	Valid numeric zip code, sp(11)	CODE
SFW_CNTCT	OASIS Software Co. Contact Person Name	30	521	550	X(30)	Text, sp(30)	TEXT

Uniform Data Submission Specifications for the OASIS-B1 (01/2008 Update)
Abbreviated Header Record Layout For Submission From the HHA To The State (Version 1.60)

Form Location	Description	Len	Start	End	Picture	Range	Type
SFW_PHONE	OASIS Software Co. Contact Person Phone Number	10	551	560	X(10)	Valid phone number, sp(10)	TEXT
SFW_EXTEN	OASIS Software Co. Contact Person Phone Extension	5	561	565	X(5)	Valid extension, sp(5)	TEXT
FILE_DT	File Creation Date	8	566	573	YYYYMMDD	Valid date	DATE
TEST_SW	Test/Production Indicator	1	574	574	X	0 (zero), 1	CODE
NATL_PROV_ID	National Provider ID (NPI)	10	575	584	X(10)	Valid code, sp(10)	TEXT
HDR_FL	Blank Filler	861	585	1445	X(861)	sp(861)	FILLER
DATA_END	End of Data Terminator Code	1	1446	1446	X	%	CODE
CRG_RTN	Carriage Return (ASCII 013)	1	1447	1447	X	ASCII(013)	CODE
LN_FD	Line Feed (ASCII 010)	1	1448	1448	X	ASCII(010)	CODE