

Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)
Header Record Layout For Submission From the Nursing Home to the State (Version 1.30)

| Item Identifier/Description | Len | Start | End | Specification (* Indicates FATAL Error) |
|---|-----|-------|-----|--|
| REC_ID RECORD ID | 2 | 1 | 2 | Picture : XX Type: CODE Range : A0 Format Info : Upper case A followed by 0 (zero). Consistency : *1. Out of range value is a fatal error. |
| FED_ID Facility Medicare Provider Number | 12 | 3 | 14 | Picture : X(12) Type: CODE Range : Valid code,sp(12) Format Info : Left justified; no embedded dashes or spaces; any letters must be upper case. Allow + in first character to indicate pending. Consistency : |
| ST_ID Facility Medicaid Provider Number | 15 | 15 | 29 | Picture : X(15) Type: CODE Range : Valid code,sp(15) Format Info : Left justified; no embedded dashes or spaces; any letters must be upper case. Allow + in first character to indicate pending. Consistency : |
| FAC_ID State Assigned Unique Facility ID Code (Location) | 16 | 30 | 45 | Picture : X(16) Type: TEXT Range : Valid code Format Info : Left justified; no embedded dashes or spaces; any letters must be upper case. Consistency : *1. This facility ID code must be the ID assigned by the State. It must match both the login ID used by the facility to submit data to the State MDS system and the facility ID (FAC_ID) in each data record of the submission file. |
| FAC_NAME Facility Name | 30 | 46 | 75 | Picture : X(30) Type: TEXT Range : Text Format Info : Left justified; any letters must be upper case. Consistency : |
| FAC_ADDR_1 Facility Address Line 1 | 30 | 76 | 105 | Picture : X(30) Type: TEXT Range : Text Format Info : Left justified; any letters must be upper case. Consistency : |

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| FAC_ADDR_2 Facility Address Line 2 | 30 | 106 | 135 | Picture : X(30) Type: TEXT Range : Text, sp(30) Format Info : Left justified; any letters must be upper case. Consistency : |
| FAC_CITY Facility City | 20 | 136 | 155 | Picture : X(20) Type: TEXT Range : Text Format Info : Left justified; any letters must be upper case. Consistency : |
| FAC_ST Facility State Code | 2 | 156 | 157 | Picture : X(2) Type: CODE Range : Valid code Format Info : Valid 2 character state code; upper case. Consistency : |
| FAC_ZIP Facility Zip Code | 11 | 158 | 168 | Picture : X(11) Type: CODE Range : Valid numeric zip code Format Info : Left justified; no embedded dashes or spaces. Consistency : |
| FAC_CNTCT Facility Contact Person Name | 30 | 169 | 198 | Picture : X(30) Type: TEXT Range : Text Format Info : Left justified; any letters must be upper case. Consistency : |
| FAC_PHONE Facility Contact Person Phone Number | 10 | 199 | 208 | Picture : X(10) Type: TEXT Range : Valid phone number Format Info : Area code included; no embedded nonnumeric characters. Consistency : |
| FAC_EXTEN | 5 | 209 | 213 | Picture : X(5) Type: TEXT |

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| Facility Contact Person Phone Extension | | | | Range : Valid extension,sp(5) Format Info : Left justified. Consistency : |
| AGT_ID | 9 | 214 | 222 | Picture : X(9) Type: TEXT Range : Valid code,sp(9) Format Info : Valid federal tax ID (EIN); no embedded dashes or spaces. Consistency : Note: The agent is a Fiscal Intermediary or service bureau that performs off-site MDS automation for the nursing home. Leave the agent fields blank if the nursing home employs in-house automation. |
| Agent Federal Tax ID (EIN) | | | | |
| AGT_NAME | 30 | 223 | 252 | Picture : X(30) Type: TEXT Range : Text,sp(30) Format Info : Left justified; any letters must be upper case. Consistency : |
| Agent Name | | | | |
| AGT_ADDR_1 | 30 | 253 | 282 | Picture : X(30) Type: TEXT Range : Text,sp(30) Format Info : Left justified; any letters must be upper case. Consistency : |
| Agent Address Line 1 | | | | |
| AGT_ADDR_2 | 30 | 283 | 312 | Picture : X(30) Type: TEXT Range : Text,sp(30) Format Info : Left justified; any letters must be upper case. Consistency : |
| Agent Address Line 2 | | | | |
| AGT_CITY | 20 | 313 | 332 | Picture : X(20) Type: TEXT Range : Text,sp(20) Format Info : Left justified; any letters must be upper case. Consistency : |
| Agent City | | | | |
| AGT_ST | 2 | 333 | 334 | Picture : X(2) Type: CODE |

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|---------------------------------------|-------|-------|-------|---|
| Agent State Code | | | | Range : Valid code,sp(2) Format Info : Valid 2 character state code; upper case. Consistency : |
| ----- | ----- | ----- | ----- | ----- |
| AGT_ZIP | 11 | 335 | 345 | Picture : X(11) Type: CODE Range : Valid numeric zip code,sp(11) Format Info : Left justified; no embedded dashes or spaces. Consistency : |
| Agent Zip Code | | | | |
| ----- | ----- | ----- | ----- | ----- |
| AGT_CNTCT | 30 | 346 | 375 | Picture : X(30) Type: TEXT Range : Text,sp(30) Format Info : Left justified; any letters must be upper case. Consistency : |
| Agent Contact Person Name | | | | |
| ----- | ----- | ----- | ----- | ----- |
| AGT_PHONE | 10 | 376 | 385 | Picture : X(10) Type: TEXT Range : Valid phone number,sp(10) Format Info : Area code included; no embedded nonnumeric characters. Consistency : |
| Agent Contact Person Phone Number | | | | |
| ----- | ----- | ----- | ----- | ----- |
| AGT_EXTEN | 5 | 386 | 390 | Picture : X(5) Type: TEXT Range : Valid extension,sp(5) Format Info : Left justified. Consistency : |
| Agent Contact Person Phone Extension | | | | |
| ----- | ----- | ----- | ----- | ----- |
| SFW_ID | 9 | 391 | 399 | Picture : X(9) Type: TEXT Range : Valid code,sp(9) Format Info : Valid federal tax ID (EIN); no embedded dashes or spaces. Consistency : |
| MDS Software Co. Federal Tax ID (EIN) | | | | |
| ----- | ----- | ----- | ----- | ----- |
| SFW_NAME | 30 | 400 | 429 | Picture : X(30) Type: TEXT Range : Text,sp(30) Format Info : Left justified; any letters must be upper case. |
| MDS Software Co. Name | | | | |

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|--------------------------------------|-------|-------|-------|---|
| ----- | ----- | ----- | ----- | ----- |
| | | | | Consistency : |
| ----- | ----- | ----- | ----- | ----- |
| SFW_ADDR_1 | 30 | 430 | 459 | Picture : X(30) Type: TEXT |
| MDS Software Co. Address Line 1 | | | | Range : Text,sp(30) |
| | | | | Format Info : Left justified; any letters must be upper case. |
| | | | | Consistency : |
| ----- | ----- | ----- | ----- | ----- |
| SFW_ADDR_2 | 30 | 460 | 489 | Picture : X(30) Type: TEXT |
| MDS Software Co. Address Line 2 | | | | Range : Text,sp(30) |
| | | | | Format Info : Left justified; any letters must be upper case. |
| | | | | Consistency : |
| ----- | ----- | ----- | ----- | ----- |
| SFW_CITY | 20 | 490 | 509 | Picture : X(20) Type: TEXT |
| MDS Software Co. City | | | | Range : Text,sp(20) |
| | | | | Format Info : Left justified; any letters must be upper case. |
| | | | | Consistency : |
| ----- | ----- | ----- | ----- | ----- |
| SFW_ST | 2 | 510 | 511 | Picture : X(2) Type: CODE |
| MDS Software Co. State Code | | | | Range : Valid code,sp(2) |
| | | | | Format Info : Valid 2 character state code; upper case. |
| | | | | Consistency : |
| ----- | ----- | ----- | ----- | ----- |
| SFW_ZIP | 11 | 512 | 522 | Picture : X(11) Type: CODE |
| MDS Software Co. Zip Code | | | | Range : Valid numeric zip code,sp(11) |
| | | | | Format Info : Left justified; no embedded dashes or spaces. |
| | | | | Consistency : |
| ----- | ----- | ----- | ----- | ----- |
| SFW_CNTCT | 30 | 523 | 552 | Picture : X(30) Type: TEXT |
| MDS Software Co. Contact Person Name | | | | Range : Text,sp(30) |
| | | | | Format Info : Left justified; any letters must be upper case. |
| | | | | Consistency : |
| ----- | ----- | ----- | ----- | ----- |

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| SFW_PHONE | 10 | 553 | 562 | Picture : X(10) Type: TEXT |
| MDS Software Co. Contact Person Phone Number | | | | Range : Valid phone number,sp(10) Format Info : Area code included; no embedded nonnumeric characters. Consistency : |
| SFW_EXTEN | 5 | 563 | 567 | Picture : X(5) Type: TEXT |
| MDS Software Co. Contact Person Phone Extension | | | | Range : Valid extension,sp(5) Format Info : Left justified. Consistency : |
| FILE_DT | 8 | 568 | 575 | Picture : YYYYMMDD Type: DATE |
| File Creation Date | | | | Range : Valid date Format Info : Consistency : |
| TEST_SW | 1 | 576 | 576 | Picture : X Type: CODE |
| Test/Production Indicator | | | | Range : 0 (zero),1 Format Info : Consistency : *1. Out of range value is a fatal error. 2. Value = 0 for test submission to the State; value = 1 for production submission. |
| N_PROV_ID | 10 | 577 | 586 | Picture : X(10) Type: TEXT |
| National Provider ID | | | | Range : Valid code, sp(10) Format Info : *1. No embedded dashes or spaces. *2. A valid, non-blank code must consist of 10 numeric digits. Consistency : 1. This item must match the National Provider ID present in item W1 in the data record. See consistency requirements for item W1 in the data record specifications. |
| HDR_FL | 1225 | 587 | 1811 | Picture : X(1225) Type: FILLER |
| Blank Filler | | | | Range : sp(1225) Format Info : Always blank. Consistency : |

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|-----------------------------|-------|-------|-------|--|
| DATA_END | 1 | 1812 | 1812 | Picture : X Type: CODE |
| End of Data Terminator Code | | | | Range : % Format Info : Must always = %. Consistency : 1. Used to indicate end of data. |
| ----- | ----- | ----- | ----- | ----- |
| CRG_RTN | 1 | 1813 | 1813 | Picture : X Type: CODE |
| Carriage Return (ASCII 013) | | | | Range : ASCII(013) Format Info : Must always be a carriage return (ASCII 013). Consistency : |
| ----- | ----- | ----- | ----- | ----- |
| LN_FD | 1 | 1814 | 1814 | Picture : X Type: CODE |
| Line Feed (ASCII 010) | | | | Range : ASCII(010) Format Info : Must always be a line feed (ASCII 010). Consistency : |
| ----- | ----- | ----- | ----- | ----- |