

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

| Form Location | Description | Len | Start | End | Picture | Range if Active | Type |
|---------------|---|-----|-------|-----|---------|-------------------------------|------|
| REC_ID | RECORD ID | 2 | 1 | 2 | XX | A0 | CODE |
| FED_ID | Facility Medicare Provider Number | 12 | 3 | 14 | X(12) | Valid code,sp(12) | CODE |
| ST_ID | Facility Medicaid Provider Number | 15 | 15 | 29 | X(15) | Valid code,sp(15) | CODE |
| FAC_ID | State Assigned Unique Facility ID Code (Location) | 16 | 30 | 45 | X(16) | Valid code | TEXT |
| FAC_NAME | Facility Name | 30 | 46 | 75 | X(30) | Text | TEXT |
| FAC_ADDR_1 | Facility Address Line 1 | 30 | 76 | 105 | X(30) | Text | TEXT |
| FAC_ADDR_2 | Facility Address Line 2 | 30 | 106 | 135 | X(30) | Text, sp(30) | TEXT |
| FAC_CITY | Facility City | 20 | 136 | 155 | X(20) | Text | TEXT |
| FAC_ST | Facility State Code | 2 | 156 | 157 | X(2) | Valid code | CODE |
| FAC_ZIP | Facility Zip Code | 11 | 158 | 168 | X(11) | Valid numeric zip code | CODE |
| FAC_CNTCT | Facility Contact Person Name | 30 | 169 | 198 | X(30) | Text | TEXT |
| FAC_PHONE | Facility Contact Person Phone Number | 10 | 199 | 208 | X(10) | Valid phone number | TEXT |
| FAC_EXTEN | Facility Contact Person Phone Extension | 5 | 209 | 213 | X(5) | Valid extension,sp(5) | TEXT |
| AGT_ID | Agent Federal Tax ID (EIN) | 9 | 214 | 222 | X(9) | Valid code,sp(9) | TEXT |
| AGT_NAME | Agent Name | 30 | 223 | 252 | X(30) | Text,sp(30) | TEXT |
| AGT_ADDR_1 | Agent Address Line 1 | 30 | 253 | 282 | X(30) | Text,sp(30) | TEXT |
| AGT_ADDR_2 | Agent Address Line 2 | 30 | 283 | 312 | X(30) | Text,sp(30) | TEXT |
| AGT_CITY | Agent City | 20 | 313 | 332 | X(20) | Text,sp(20) | TEXT |
| AGT_ST | Agent State Code | 2 | 333 | 334 | X(2) | Valid code,sp(2) | CODE |
| AGT_ZIP | Agent Zip Code | 11 | 335 | 345 | X(11) | Valid numeric zip code,sp(11) | CODE |
| AGT_CNTCT | Agent Contact Person Name | 30 | 346 | 375 | X(30) | Text,sp(30) | TEXT |

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|---------------|---|------|-------|------|----------|-------------------------------|--------|
| AGT_PHONE | Agent Contact Person Phone Number | 10 | 376 | 385 | X(10) | Valid phone number,sp(10) | TEXT |
| AGT_EXTEN | Agent Contact Person Phone Extension | 5 | 386 | 390 | X(5) | Valid extension,sp(5) | TEXT |
| SFW_ID | MDS Software Co. Federal Tax ID (EIN) | 9 | 391 | 399 | X(9) | Valid code,sp(9) | TEXT |
| SFW_NAME | MDS Software Co. Name | 30 | 400 | 429 | X(30) | Text,sp(30) | TEXT |
| SFW_ADDR_1 | MDS Software Co. Address Line 1 | 30 | 430 | 459 | X(30) | Text,sp(30) | TEXT |
| SFW_ADDR_2 | MDS Software Co. Address Line 2 | 30 | 460 | 489 | X(30) | Text,sp(30) | TEXT |
| SFW_CITY | MDS Software Co. City | 20 | 490 | 509 | X(20) | Text,sp(20) | TEXT |
| SFW_ST | MDS Software Co. State Code | 2 | 510 | 511 | X(2) | Valid code,sp(2) | CODE |
| SFW_ZIP | MDS Software Co. Zip Code | 11 | 512 | 522 | X(11) | Valid numeric zip code,sp(11) | CODE |
| SFW_CNTCT | MDS Software Co. Contact Person Name | 30 | 523 | 552 | X(30) | Text,sp(30) | TEXT |
| SFW_PHONE | MDS Software Co. Contact Person Phone Number | 10 | 553 | 562 | X(10) | Valid phone number,sp(10) | TEXT |
| SFW_EXTEN | MDS Software Co. Contact Person Phone Extension | 5 | 563 | 567 | X(5) | Valid extension,sp(5) | TEXT |
| FILE_DT | File Creation Date | 8 | 568 | 575 | YYYYMMDD | Valid date | DATE |
| TEST_SW | Test/Production Indicator | 1 | 576 | 576 | X | 0 (zero),1 | CODE |
| N_PROV_ID | National Provider ID | 10 | 577 | 586 | X(10) | Valid code, sp(10) | TEXT |
| HDR_FL | Blank Filler | 1225 | 587 | 1811 | X(1225) | sp(1225) | FILLER |
| DATA_END | End of Data Terminator Code | 1 | 1812 | 1812 | X | % | CODE |
| CRG_RTN | Carriage Return (ASCII 013) | 1 | 1813 | 1813 | X | ASCII(013) | CODE |
| LN_FD | Line Feed (ASCII 010) | 1 | 1814 | 1814 | X | ASCII(010) | CODE |