

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