FQHC Layer

Category	Variable Name	Label	Format	Description	Suppress	ArcIMS	ArcView Proj.	Data Tables	Data Source	Data Date	Licensed
ID	PROVIDER	Provider Number	$6	A six position identification number that is assigned to a certified provider	N	Y	Y	Y	POS	1998	HCFA
demog	FACNAME	Facility Name	$38	The name of a provider certified to participate in the Medicare and /or Medicaid programs	N	Y	Y	Y	POS	1998	HCFA
demog	CITY	City Name	$28	City in which the provider is physically located	N	Y	Y	Y	POS	1998	HCFA
demog	ADDRESS	Street Address	$38	Street address of a provider that is certified to provide Medicare and /or Medicaid services	N	Y	Y	Y	POS	1998	HCFA
demog	STATE	State Abbrev	$2	State abbreviation	N	Y	Y	Y	POS	1998	HCFA
demog	ZIP	ZIP Code	$5	The 5-digit postal code for the provider	N	Y	Y	Y	POS	1998	HCFA
demog	PCSA	PCSA Code	$5	PCSA code for the provider	N	Y	Y	Y	POS	1998	HCFA
demog	APPRDATE	Participation Date	$8	The date a facility is first approved to provide Medicare and/or Medicaid services, format as	N	Y	Y	Y	POS	1998	HCFA
demog	CNTL	Type of Control	$33	Indicates the nature of the organization that operates a provider of service	N	Y	Y	Y	POS	1998	HCFA
demog	FIPSST	FIPS State Code	$2	FIPS state code	N		Y	Y	POS	1998	HCFA
demog	FIPSCNTY	FIPS County Code	$3	FIPS county code	N		Y	Y	POS	1998	HCFA
demog	MSACD	SSA MSA Code	$3	SSA MSA Code	N		Y	Y	POS	1998	HCFA
demog	FEDSUP	Federally Funded Health Center	$1	Indicated whether this FQHC is federally funded	N	Y	Y	Y	POS	1998	HCFA
demog	FQHCNUM	FQHC Approved RHC Provider	$6	Approved FQHCs related RHC provider number	N	Y	Y	Y	POS	1998	HCFA
demog	APRHC	FQHC Approved RHC	$1	Indicates if the FQHC was a Medicare certified RHC	N	Y	Y	Y	POS	1998	HCFA