Abstract: NCI has created a Hospital File that includes information about hospitals that are part of the SEER-Medicare data. Information about these hospitals has been obtained from several sources. These include the Healthcare Cost Report (HCRIS) and the Provider of Service (POS) survey obtained from the Center for Medicare and Medicaid Services (CMS). The Hospital File includes selected variables from the HCRIS and POS files from 1996, 1998, and 2000-2022. It should be noted that there are differences between the HCRIS and POS files as to exact time periods and how selected variables are defined. NCI has not attempted to resolve any inconsistencies between files, but is making researchers aware of these differences. The Hospital File also includes information about whether the institution was an NCI designated cancer center as of 2002, 2005, 2010 and 2017 as well as variables denoting if the hospital participated in any of NCI sponsored cooperative group trials.

Number of Records:

1996 – 8,991 Records
1998 – 9,190 Records
2000 – 9,630 Records
2001 – 9,989 Records
2002 – 10,299 Records
2003 – 10,602 Records
2004 – 10,871 Records
2005 – 11,119 Records
2006 – 11,281 Records
2007 – 11,415 Records
2008 – 11,540 Records
2009 – 11,656 Records
2010 – 11,751 Records
2011 – 12,062 Records
2012 – 12,143 Records
2013 – 12,217 Records
2014 – 12,296 Records
2015 – 12,390 Records
2016 – 12,477 Records
2017 – 12,529 Records
2018 – 12,591 Records
2019 – 12,662 Records
2020 – 12,984 Records
2021 – 13,138 Records
2022 – 13,206 Records

All files must be used together as a complete list of all Hospital Providers.

COL	FIELD	LENGTH	NOTES
1	Provider Number **(prov_num)**	6	Hospital Identification Number; encrypted to match the provider number (hospital ID) on the MEDPAR, Outpatient, HHA and Hospice Files. For more information: **https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R82SOMA.pdf**

Start of POS Data

COL	FIELD	LENGTH	NOTES
7	State Abbreviation **(prov3230)**	2	State abbreviation:

AL = Alabama
AK = Alaska
AZ = Arizona
AR = Arkansas
AS = American Samoa
CA = California
CO = Colorado
CT = Connecticut
CN = Canada
DE = Delaware
DC = Washington, D.C.
FL = Florida
GA = Georgia
GU = Guam
HI = Hawaii
ID = Idaho
IL = Illinois
IN = Indiana
IA = Iowa
KS = Kansas
KY = Kentucky
LA = Louisiana
ME = Maine
MD = Maryland
MA = Massachusetts
MI = Michigan
MN = Minnesota
MS = Mississippi
MO = Missouri
MT = Montana
MP = Saipan
MX = Mexico
NE = Nebraska

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COL	FIELD	LENGTH	NOTES
			NV = Nevada
			NH = New Hampshire
			NJ = New Jersey
			NM = New Mexico
			NY = New York
			NC = North Carolina
			ND = North Dakota
			OH = Ohio
			OK = Oklahoma
			OR = Oregon
			PA = Pennsylvania
			PR = Puerto Rico
			RI = Rhode Island
			SC = South Carolina
			SD = South Dakota
			TN = Tennessee
			TX = Texas
			UT = Utah
			VT = Vermont
			VA = Virginia
			VI = Virgin Islands
			WA = Washington
			WV = West Virginia
			WI = Wisconsin
			WY = Wyoming
9	Accreditation Effective Date **(prov0000m, prov0000d, prov0000y)**	8	The effective date of the current period of accreditation by joint commission on accreditation of health care organizations (JCAHO) or the American osteopathic association (AOA). (MMDDYYYY)
17	Accreditation Expiration Date **(prov0005m, prov0005d, prov0005y)**	8	The expiration date of the current period of accreditation by the JCAHO or the AOA. (MMDDYYYY)
25	Accreditation Indicator **(prov0010)**	1	Indicates the organization that is responsible for the accreditation of the provider. 0 = None 1 = JCAHO 2 = AOA 4 = Both
26	Current Survey Date	8	The date of the health of life safety code survey,

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COL	FIELD	LENGTH	NOTES
	(1996-2010) **(prov2740m, prov2740d, prov2740y)**		whichever is later. The "Official" survey date for the provider. (MMDDYYYY)
34	Current Survey Ever Non-Accredited? (1996-2012) **(prov3555)**	1	Indicates if this provider was a non-accredited hospital anytime during the current survey. Y = Yes N = No
35	Category of Provider/Supplier **(prov0075)**	2	Identifies the category which is most indicative of the provider or supplier. 01 = Hospitals
37	Subtype of Provider **(prov0085)**	2	A further breakdown of provider Category for skilled nursing facilities and hospitals. 01 = Short Term 02 = Long Term 03 = Religious Non Medical Health Care Institutions 04 = Psychiatric 05 = Rehabilitation 06 = Childrens 07 = Alcohol/Drug 08 = PPS Exempt Rehabilitation 09 = PPS exempt Psychiatric 10 = PPS Exempt Alcohol/Drug 11 = Critical Access Hospitals
39	Current FMS Survey Date (1996-2010) **(prov0500m, prov0500d, prov0500y)**	8	Current FMS Survey Date (MMDDYYYY)
47	Program Participation **(prov1670)**	1	Indicates if the provider participates in Medicare, Medicaid, or both programs. 0 = Neither 1 = Medicare Only 2 = Medicaid Only 3 = Medicare and Medicaid
48	Record Type (1996-2010) **(prov1720)**	1	This indicator specifies the current status of the record. A = Accepted P = Pending W = Work

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COL	FIELD	LENGTH	NOTES
49	Skeleton Record Indicator **(prov2045)**	1	Indicates record is a skeleton record. This means only a limited set of the provider data is available for this provider. Y = Yes
50	Prior Change of Ownership **(prov1615m, prov1615d, prov1615y)**	8	The date of a prior change of ownership. (MMDDYYYY)
58	Change of Ownership Counter **(prov0095)**	8	The number of times a change of ownership has taken place for a particular provider.
66	Change of Ownership Date **(prov0100m, prov0100d, prov0100y)**	8	Effective date of a change of ownership. (MMDDYYYY)
74	Type of Control **(prov2885)**	2	Indicates the nature of the organization that operates a provider of services. 01 = Voluntary Non-Profit – Church 02 = Voluntary Non-Profit – Private 03 = Voluntary Non-Profit – Other 04 = Proprietary 05 = Government – Federal 06 = Government – State 07 = Government – Local 08 = Government – Hosp. Dist. Or Auth.
76	FIPS State **(fipstate)**	2	FIPS State Code 01 = Alabama 02 = Alaska 60 = American Samoa 04 = Arizona 05 = Arkansas 81 = Baker Island 06 = California 08 = Colorado 09 = Connecticut 10 = Delaware 11 = District of Columbia 12 = Florida 64 = Federated States of Micronesia 13 = Georgia 66 = Guam 15 = Hawaii

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COL	FIELD	LENGTH	NOTES

84 = Howland Island
16 = Idaho
17 = Illinois
18 = Indiana
19 = Iowa
86 = Jarvis Island
67 = Johnston Atoll
20 = Kansas
21 = Kentucky
89 = Kingman Reef
22 = Louisiana
23 = Maine
68 = Marshall Islands
24 = Maryland
25 = Massachusetts
26 = Michigan
71 = Midway Islands
27 = Minnesota
28 = Mississippi
29 = Missouri
30 = Montana
76 = Navassa Island
31 = Nebraska
32 = Nevada
33 = New Hampshire
34 = New Jersey
35 = New Mexico
36 = New York
37 = North Carolina
38 = North Dakota
69 = Northern Mariana Islands
39 = Ohio
40 = Oklahoma
41 = Oregon
70 = Palau
95 = Palmyra Atoll
42 = Pennsylvania
43 = Puerto Rico (reserved)
72 = Puerto Rico
44 = Rhode Island
45 = South Carolina
46 = South Dakota
47 = Tennessee

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COL	FIELD	LENGTH	NOTES
			48 = Texas
			74 = U.S. Minor Outlying Islands
			49 = Utah
			50 = Vermont
			51 = Virginia
			78 = Virgin Islands of the U.S.
			79 = Wake Island
			53 = Washington
			54 = West Virginia
			55 = Wisconsin
			56 = Wyoming
			57 = Pacific coast from Washington to California
			58 = Alaskan coast
			59 = Hawaiian coast
			61 = American Samoa waters
			65 = Mariana Islands waters (including Guam)
			73 = Atlantic coast from Maine to Virginia
			75 = Atlantic coast from North Carolina to Florida, and the coasts of Puerto Rico and Virgin Islands
			77 = Gulf of Mexico
			91 = Lake Superior
			92 = Lake Michigan
			93 = Lake Huron
			94 = St. Clair River, Detroit River, and Lake St. Clair
			96 = Lake Erie
			97 = Niagara River and Lake Ontario
			98 = St. Lawrence River
78	SSA State Code **(prov2700)**	2	SSA State Code indicating the state where the facility is located.
			01 = Alabama
			02 = Alaska
			03 = Arizona
			04 = Arkansas
			05, 55, 75 = California
			06 = Colorado
			07 = Connecticut
			08 = Delaware
			09 = Washington, D.C.
			10, 68, 69 = Florida
			11 = Georgia
			12 = Hawaii

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<u>COL</u>   <u>FIELD</u>   <u>LENGTH</u>   <u>NOTES</u>

13 = Idaho
14, 78 = Illinois
15 = Indiana
16, 76 = Iowa
17, 70 = Kansas
18 = Kentucky
19, 71 = Louisiana
20 = Maine
21, 80 = Maryland
22 = Massachusetts
23 = Michigan
24, 77 = Minnesota
25 = Mississippi
26 = Missouri
27 = Montana
28 = Nebraska
29 = Nevada
30 = New Hampshire
31 = New Jersey
32 = New Mexico
33 = New York
34 = North Carolina
35 = North Dakota
36, 72 = Ohio
37 = Oklahoma
38 = Oregon
39, 73 = Pennsylvania
40 = Puerto Rico
41 = Rhode Island
42 = South Carolina
43 = South Dakota
44 = Tennessee
45, 67, 74 = Texas
46 = Utah
47 = Vermont
48 = Virgin Islands
49 = Virginia
50 = Washington
51 = West Virginia
52 = Wisconsin
53 = Wyoming
56 = Canada
57 = Central America and West Indies

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COL	FIELD	LENGTH	NOTES
			58 = Europe
			59 = Mexico
			60 = Oceania
			61 = Philippines
			62 = South America
			63 = U.S. Possessions
			64** = American Samoa
			65** = Guam
			66** = Saipan or Northern Mariana
			94 = Army Post Office (APO AE)
			95 = Army Post Office (APO AA)
			96 = Army Post Office (APO AP)
			97** = Northern Marianas
			98** = Guam
			99** = American Samoa (with 000 county code; otherwise unknown)
			** Pacific Territories
80	State Region Code **(prov2710)**	3	For selected states identifies the particular region within the state where the facility is located.
83	CMS Region Code **(prov1725)**	2	The CMS regional office having responsibility for the state in which the provider is located. 01 = Boston 02 = New York 03 = Philadelphia 04 = Atlanta 05 = Chicago 06 = Dallas 07 = Kansas City 08 = Denver 09 = San Francisco 10 = Seattle
85	Medical School Affiliation **(prov0645)**	1	The type of affiliation that a hospital may have with a medical school. 1 = Major 2 = Limited 3 = Graduate 4 = No Affiliation

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COL	FIELD	LENGTH	NOTES
86	Resident Program Approved by AMA? (1996-2012) **(prov1810)**	1	Indicates if the resident program at a hospital is approved by the American Medical Association. N = Not Approved Y = Approved
87	Resident Program Approved by AOA? (1996-2012) **(prov1815)**	1	Indicates if the resident program at a hospital is approved by the American Osteopathic Association. N = Not Approved Y = Approved
88	Resident Program Approved by Other? (1996-2012) **(prov1820)**	1	Indicates if the resident program at a hospital is approved by other professional organizations. N = Not Approved Y = Approved
89	Residents **(prov1165)**	8.2	The number of full-time equivalent residents (physicians) employed by a hospital.
97	Beds – Total **(prov0740)**	8	Total number of beds in a facility, including those in non-participating or non-licensed areas.
105	Beds – Total Certified **(prov0755)**	8	Number of beds in Medicare and/or Medicaid certified areas within a facility.
*	The variables in columns 113-130 have these values:		0 = Not Provided 1 = Provided by Staff 2 = Provided Under Arrangement 3 = Provided by Staff and Under Arrangement
*113	Acute Renal Dialysis **(prov2055)**	1	Indicates how acute renal dialysis services are provided in a hospital.
*114	Burn Care Unit **(prov2090)**	1	Indicates how burn care unit services are provided by a hospital.
*115	Coronary care Unit **(prov2110)**	1	Indicates how coronary care unit services are provided by a hospital.
*116	Emergency Services **(prov2140)**	1	Indicates how organized emergency services are provided by a hospital.
*117	Home Care Services (1996-2010) **(prov2160)**	1	Indicates how home care services are provided by a hospital.
*118	Hospice Services (1996-2010) **(prov2175)**	1	Indicates how hospice services are provided by a hospital.

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COL	FIELD	LENGTH	NOTES
*119	Intensive Care Unit **(prov2185)**	1	Indicates how intensive care unit services are provided by a hospital.
*120	Inpatient Surgical **(prov2190)**	1	Indicates how inpatient surgical services are provided by a hospital.
*121	Long Term Care Unit (1996-2010) **(prov2215)**	1	Indicates how long term care unit services are provided in a hospital.
*122	Nuclear Medicine **(prov2245)**	1	Indicates how nuclear medicine services are provided by a hospital.
*123	Open Heart Surgery Facility **(prov2285)**	1	Indicates how open heart surgery facility services are provided by a hospital.
*124	Operating Rooms **(prov2300)**	1	Indicates how operating room services are provided by a hospital.
*125	Organ Transplant **(prov2315)**	1	Indicates how organ transplant services are provided by a hospital.
*126	Outpatient Services **(prov2350)**	1	Indicates how outpatient services are provided by a hospital.
*127	Outpatient Surgery Unit **(prov2355)**	1	Indicates how outpatient surgery unit services are provided by a hospital.
*128	Radiology (Diagnostic) **(prov2440)**	1	Indicates how diagnostic radiology services are provided by a hospital.
*129	Radiology (Therapeutic) **(prov2445)**	1	Indicates how therapeutic radiology services are provided by a hospital.
*130	Shock Trauma **(prov2475)**	1	Indicates how shock trauma services are provided by a hospital.
131	Licensed Pract/Vocat Nurses **(prov0955)**	8.2	Number of full-time equivalent licensed practical of vocational nurses employed by a hospital.
139	Physicians **(prov1110)**	8.2	Number of full-time equivalent physicians employed by a provider.
147	Registered Nurses **(prov1145)**	8.2	Number of full-time equivalent professional nurses employed by a provider.
155	Zip Code **(prov2905)**	5	Encrypted Zip Code (zip code from POS). ***Special permission required for the unencrypted zip code.**

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COL	FIELD	LENGTH	NOTES
	Start of the HCRIS data		
160	Cost Reporting Period Begin Date **(F22m,F22d,F22y)**	8	Cost Reporting Period Begin Date (MMDDYYYY)
168	Cost Reporting Period End Date **(F23m,F23d,F23y)**	8	Cost Reporting Period End Date (MMDDYYYY)
176	Cost Report Status **(F74)**	1	Cost Report Status 1 = As Submitted 2 = Settled w/o Audit 3 = Settled with Audit 4 = Reopened 5 = Amended
177	Number of Months in Reporting Period **(F24)**	8	Number of Months in Reporting Period (calculated using begin and end date for years 2017+)
185	Hospital Payment System **(F19)**	1	Title XVIII Hospital Payment System P = PPS T = TEFRA O = Other
186	Hospital Payment System **(F19b)**	1	Title XIX Hospital Payment System Not available for years 2017+ P = PPS T = TEFRA O = Other
187	Does Facility Qualify for DSH Payments? **(F30)**	1	Does Facility Qualify for Disproportionate Share (DSH) Payments? Y = Yes N = No
188	Type of Control **(F25)**	2	Type of Control Not available for years 2017+ 01 = Voluntary Nonprofit, Church 02 = Voluntary Nonprofit, Other 03 = Proprietary, Individual 04 = Proprietary, Corporation 05 = Proprietary, Partnership 06 = Proprietary, Other 07 = Governmental, Federal 08 = Governmental, City-County 09 = Governmental, County

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COL	FIELD	LENGTH	NOTES
			10 = Governmental, State
			11 = Governmental Hospital District
			12 = Governmental, City
			13 = Governmental, Other
190	Type of Facility **(F26)**	2	Type of Hospital/Sub-provider
			01 = General Short Term
			02 = General Long Term
			03 = Cancer
			04 = Psychiatric
			05 = Rehabilitation
			06 = Religious Non-Medical Health Care Institution
			07 = Children
			08 = Alcohol and Drug
			09 = Other
192	SSA State Code **(F71)**	2	SSA State Code
			First two digits in provider #
			01 = Alabama
			02 = Alaska
			03 = Arizona
			04 = Arkansas
			05, 55, 75 = California
			06 = Colorado
			07 = Connecticut
			08 = Delaware
			09 = Washington, D.C.
			10, 68, 69 = Florida
			11 = Georgia
			12 = Hawaii
			13 = Idaho
			14, 78 = Illinois
			15 = Indiana
			16, 76 = Iowa
			17, 70 = Kansas
			18 = Kentucky
			19, 71 = Louisiana
			20 = Maine
			21, 80 = Maryland
			22 = Massachusetts
			23 = Michigan
			24, 77 = Minnesota
			25 = Mississippi

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COL   FIELD   LENGTH   NOTES

26 = Missouri
27 = Montana
28 = Nebraska
29 = Nevada
30 = New Hampshire
31 = New Jersey
32 = New Mexico
33 = New York
34 = North Carolina
35 = North Dakota
36, 72 = Ohio
37 = Oklahoma
38 = Oregon
39, 73 = Pennsylvania
40 = Puerto Rico
41 = Rhode Island
42 = South Carolina
43 = South Dakota
44 = Tennessee
45, 67, 74 = Texas
46 = Utah
47 = Vermont
48 = Virgin Islands
49 = Virginia
50 = Washington
51 = West Virginia
52 = Wisconsin
53 = Wyoming
56 = Canada
57 = Central America and West Indies
58 = Europe
59 = Mexico
60 = Oceania
61 = Philippines
62 = South America
63 = U.S. Possessions
64** = American Samoa
65** = Guam
66** = Saipan or Northern Mariana
94 = Army Post Office (APO AE)
95 = Army Post Office (APO AA)
96 = Army Post Office (APO AP)
97** = Northern Marianas

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COL	FIELD	LENGTH	NOTES
			98** = Guam
			99** = American Samoa (with 000 county code; otherwise unknown)
			** Pacific Territories
194	CMS Region **(F77)**	2	CMS Region 01 = Boston 02 = New York 03 = Philadelphia 04 = Atlanta 05 = Chicago 06 = Dallas 07 = Kansas 08 = Denver 09 = San Francisco 10 = Seattle
196	Does Hospital Qualify as a Rural Primary Hospital **(F47)**	1	Does hospital quality as a Rural Primary Hospital? Y = Yes N = No
197	Is Hospital Urban/Rural (1996-2010) **(F29)**	1	Is Hospital Urban or Rural? 1 = Urban 2 = Rural
198	Sole Community Hospital **(F39)**	1	Number of periods in Sole Community Hospital (SCH) Status
199	Teaching Hospital? **(F38)**	1	Is this a teaching hospital or affiliated with a teaching hospital? Y = Yes N = No
200	Interns and Residents – Total Hospital **(F164)**	11.2	Number of interns and residents in the hospital
211	Interns and Residents – Total Facility **(F165)**	11.2	Number of interns and residents in the whole facility
222	Beds – Total **(F85)**	8	Total number of beds
230	Hospital Adults and Pediatric Beds **(F78)**	8	Number of adult and pediatric hospital beds
238	CCU Beds **(F80)**	8	Number of CCU beds

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COL	FIELD	LENGTH	NOTES
246	Hospice Beds **(F91)**	8	Number of Hospice beds
254	ICU Beds **(F79)**	8	Number of ICU beds
262	SICU Beds **(F82)**	8	Number of SICU beds
270	Transplant Center **(F32)**	1	Transplant Center Y = Yes N = No
271	Medicare Hospital Days **(F107)**	8	Medicare hospital days
279	Medicaid Hospital Days **(F123)**	8	Medicaid hospital days
287	Total Adult and Pediatric Bed Days **(F143)**	8	Total adult and pediatric bed days
295	Total Inpatient Days – Hospital **(F153)**	8	Total inpatient days – hospital
303	Total Observation Bed Days **(F163)**	8	Total observation bed days
311	Medicare Discharges **(F172)**	8	Medicare discharges – total hospital
319	Medicaid Discharges **(F175)**	8	Medicaid discharges – total hospital
327	Total Discharges **(F178)**	8	Total discharges – all patients – hospital
335	Is hospital classified as referral center? **(F31)**	1	Is hospital classified as referral center? Y = Yes N = No
336	Urban/Rural at beginning of Year (2003-2010) **(S2_2104_100)**	1	Urban/Rural flag at beginning of Reporting Period. Partially populated in 2003 and 2010; replaced by S2_2600 starting in 2010. 1 = Urban 2 = Rural
337	Urban/Rural at end of Year (2003-2010) **(S2_2105_100)**	1	Urban/Rural flag at end of Reporting Period. Partially populated in 2003 and 2010; replaced by S2_2700 starting in 2010. 1 = Urban 2 = Rural

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COL	FIELD	LENGTH	NOTES
338	Urban/Rural at beginning of Year (2010-2011) **(S2_2600_100)**	1	Urban/Rural flag at beginning of Reporting Period. Partially populated in 2010. 1 = Urban 2 = Rural
339	Urban/Rural at end of Year (2010-2011) **(S2_2700_100)**	1	Urban/Rural flag at end of Reporting Period. Partially populated in 2010. 1 = Urban 2 = Rural
340	Year **(year)**	4	Year of the File

Start of NCI Cancer Center and Cooperative Group Variables

COL	FIELD	LENGTH	NOTES
344	NCI Center **(nci_cen_02)**	1	NCI designated cancer center as of 2002 0 = No 1 = Clinical 2 = Comprehensive
345	American College of Surgeons Oncology Group **(ACOSOG_02)**	1	0 = Not a member of the group 1 = Member of the group
346	Cancer and Leukemia Group B **(CALGB_02)**	1	0 = Not a member of the group 1 = Member of the group
347	Childrens Cancer Group **(CCG_02)**	1	0 = Not a member of the group 1 = Member of the group
348	Childrens Oncology Group **(COG_02)**	1	0 = Not a member of the group 1 = Member of the group
349	Cancer Trials Support Unit (a service of the National Cancer Institute) **(CTSU_02)**	1	0 = Not a member of the group 1 = Member of the group
350	Eastern Co-operative Oncology Group **(ECOG_02)**	1	0 = Not a member of the group 1 = Member of the group
351	Expanded Participation Project **(EPP_02)**	1	0 = Not a member of the group 1 = Member of the group
352	Gynecologic Oncology Group **(GOG_02)**	1	0 = Not a member of the group 1 = Member of the group
353	M.D. Anderson Cancer Center **(MDA_02)**	1	0 = Not a member of the group 1 = Member of the group

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COL	FIELD	LENGTH	NOTES
354	North Central Cancer Treatment Group **(NCCTG_02)**	1	0 = Not a member of the group 1 = Member of the group
355	National Surgical Adjuvant Breast and Bowel Project **(NSABP_02)**	1	0 = Not a member of the group 1 = Member of the group
356	Pediatric Oncology Group **(POG_02)**	1	0 = Not a member of the group 1 = Member of the group
357	Radiation Therapy Oncology Group **(RTOG_02)**	1	0 = Not a member of the group 1 = Member of the group
358	Southwest Oncology Group **(SWOG_02)**	1	0 = Not a member of the group 1 = Member of the group
359	North American Brain Tumor Consortium **(NABTC_02)**	1	0 = Not a member of the group 1 = Member of the group
360	Co-operative group count **(coop_cnt_02)**	2	Number of co-operative groups the hospital is a member of (as of 2002)
362	American College of Surgeons Oncology Group **(ACOSOG_05)**	1	0 = Not a member of the group 1 = Member of the group
363	American College of Radiology Imaging Network **(ACRIN_05)**	1	0 = Not a member of the group 1 = Member of the group
364	Cancer and Leukemia Group B **(CALGB_05)**	1	0 = Not a member of the group 1 = Member of the group
365	Eastern Co-operative Oncology Group **(ECOG_05)**	1	0 = Not a member of the group 1 = Member of the group
366	Gynecologic Oncology Group **(GOG_05)**	1	0 = Not a member of the group 1 = Member of the group
367	North Central Cancer Treatment Group **(NCCTG_05)**	1	0 = Not a member of the group 1 = Member of the group
368	National Surgical Adjuvant Breast and Bowel Project **(NSABP_05)**	1	0 = Not a member of the group 1 = Member of the group
369	Radiation Therapy Oncology Group **(RTOG_05)**	1	0 = Not a member of the group 1 = Member of the group

If the HCRIS record for a hospital is not available, then all HCRIS variables written to the Hospital file will be blank. If however, the hospital has a HCRIS record for that year, any HCRIS variable that is blank, was reset to "9's". If a variable is not available for that year that variable is set to "8's". Same for the POS variables.

COL	FIELD	LENGTH	NOTES
370	Southwest Oncology Group (**SWOG_05**)	1	0 = Not a member of the group 1 = Member of the group
371	Co-operative group count (**coop_cnt_05**)	2	Number of co-operative groups the hospital is a member of (as of 2005)
373	NCI Center (**nci_cen_05**)	1	NCI designated cancer center as of 2005 0 = No 1 = Clinical 2 = Comprehensive
374	NCI Center (**nci_cen_10**)	1	NCI designated cancer center as of 2010 0 = No 1 = Clinical 2 = Comprehensive
375	NCI Center (**nci_cen_17**)	1	NCI designated cancer center as of 2017 0 = No 1 = Clinical 2 = Comprehensive
376	Commission on Cancer Accredited Hospital (**coc_hosps**)	1	American College of Surgeons Commission on Cancer accreditation based on information obtained from https://www.facs.org/search/cancer-programs, as of 2/2017
377	SEER Area Flag pre-2000 (**seer_area**)	1	Identifies if the provider is in a SEER area prior to 2000. 0 = Not a SEER area prior to 2000 1 = SEER area prior to 2000 This is based on the FIPS state code (fipstate) and a list of FIPS county codes for states: Washington, Georgia, California and Michigan
378	SEER Area Flag 2000+ (**seer_area_2000**)	1	Identifies if the provider is in a SEER area from 2000 on. 0 = Not a SEER area, year 2000+ 1 = SEER area, year 2000+ This is based on the FIPS state code (fipstate) and a list of FIPS county codes for states: Washington, Georgia and Michigan
379	Critical Access Hospital Indicator (**cah_var**)	1	Critical Access Hospital Indicator 0 = No 1 = Yes

If the HCRIS record for a hospital is not available, then all HCRIS variables written to the Hospital file will be blank. If however, the hospital has a HCRIS record for that year, any HCRIS variable that is blank, was reset to "9's". If a variable is not available for that year that variable is set to "8's". Same for the POS variables.

COL	FIELD	LENGTH	NOTES
380	Critical Access Hospital Year **(cert_cahyr)**	4	Year the hospital became a Critical Access Hospital (CAH)

If the HCRIS record for a hospital is not available, then all HCRIS variables written to the Hospital file will be blank. If however, the hospital has a HCRIS record for that year, any HCRIS variable that is blank, was reset to "9's". If a variable is not available for that year that variable is set to "8's". Same for the POS variables.