Data Requests

MAPPED: Facility Ownership Data File Layout, 2023-Present

FIELD NAME	DATA ELEMENT DESCRIPTION	FORMAT* / SIZE	NOTES
Facility Details			
PAF	Pennsylvania Facility Number (PAF)	X(4)	PHC4 assigned facility code
OWNERSHIP	Company that owns the facility	X(42)	
FACILITY NAME	Name of the facility	X(97)	
OWNER CATEGORY	Ownership category of the parent company	X(14)	Health System, Investor Owned, Independent, or State Owned
FACILITY TYPE	Type of facility	X(25)	Hospital or Ambulatory Surgery Center
Location Details			
ADDRESS1	Street address of facility location	X(40)	
ADDRESS2	Additional street address details of facility location	X(35)	Ex./ Suite, P.O. Box, Building, Module, Level
CITY	City of facility location	X(18)	
STATE	State of facility location	X(2)	
ZIP	Zip code of facility location	X(10)	
COUNTY	County of facility location	X(12)	

*__Field Format__
X = text
9 = numeric