PUBLIC USE FILES DATA

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PUBLIC USE FILES (PUFs) DATA

INTRODUCTION

The PUFs Data chapter includes files that have been edited and stripped of all information that could be used to identify individuals. The files described in the PUFs Data chapter are organized into the following file groups:

- Cost Limits
- Cost Reports
- Enrollment
- Payment Rates - Institutional Providers
- Payment Rates Non-Institutional Providers
- Providers
- Utilities/Miscellaneous
- Utilization
- Medicaid

These files are the primary source of data for Federal agencies outside HCFA, government contractors, academic researchers, and commercial enterprises that are not permitted access to individual identification information. PUFs are offered for sale by OIS, EDG, Division of Information Distribution. Additional information regarding available PUFs, instructions for ordering PUFs, and an updated PUFs catalog can be obtained by calling the PUFs hotline 410-786-3691 or by faxing your request to 410-786-6418. The PUFs catalog is updated annually in January. The Health Care Financing Administration (HCFA) has posted most of the personal   computer based data files and the PUFs catalog on the Internet at   http://www.hcfa.gov/stats/pufiles.htm. Only the most current Public Use Files (PUFs) are posted at this web site. Earlier data files are available for purchase by contacting the PUF staff at (410) 786-3691 or PUFs@hcfa.gov.

DESCRIPTIONS

COST LIMITS

Medicare HHA Cycle 14 Data Set

This file contains cost, statistical and other data used in establishing the Home Health Agency (HHA) Cost Limits for fiscal periods beginning on or after October 1, 1997. The cost and statistical data were obtained from Free Standing Medicare HHA cost reports (Forms 1728-86 and 1728-94) for full cost reporting periods "Beginning" on "or after May 31, 1991", and which had "Settlement" dates of October 10, 1995, or earlier. This file also contains the applicable 1992 hospital wage index and HHA Market Basket Adjustment Factor.

Medicare HHA Cycle 15 Data Set

This file contains cost, statistical and other data used in establishing the Home Health Agency (HHA) Cost Limits for fiscal periods beginning after October 1, 1998. The cost and statistical data were obtained from Free Standing Medicare HHA cost reports (Form 1728-94) for full cost reporting periods "Beginning" on "or after January 1, 1994," and settled by May 1998. This file also contains the applicable 1992 hospital wage index and HHA Market Basket Adjustment Factor.

Medicare HHA ABL Cycle 1 Data Set

This file contains data used to calculate the Home Health Agency (HHA) Aggregate Beneficiary Limits (ABL) for cost reports beginning on or after October 1, 1997, as required by the Balanced Budget Act of 1997. The calculation of the limitations required that we use unduplicated census counts for each provider which were calculated from the National Claims History File and are included in the file. The file was created using the most recent settled cost report data for both free-standing and hosptial based providers. The file also contains applicable hosptial wage index and HHA Market Basket Adjustment Factor.

Medicare HHA ABL Cycle 2 Data Set

This file contains data used to calculate the Home Health Agency (HHA) Aggregate Beneficiary Limits (ABL) for cost reports beginning on or after October 1, 1998, as required by the Balanced Budget Act of 1997. The calculation of the limitations required that we use unduplicated census counts for each provider which were calculated from the National Claims History File and are included in the file. The file was created using the most recent settled cost report data for both free-standing and hospital based providers. The file also contains applicable hospital wage index and HHA Market Basket Adjustment Factor.

Medicare Home Health Agency Cycle 13 Data Set Used to Calculate Budget Neutrality and Cost Impacts

The file contains data obtained from Freestanding and Hospital-based Medicare HHA cost reports for full cost reporting periods beginning on or after May 31, 1991, and settlement dates before

October 10, 1995. The data for each provider are Metropolitan Statistical Area (MSA) code, type of agency (freestanding or hospital-based), labor and non-labor cost for each of the six types of visits, and the number of visits by type. The costs are those taken directly from the cost reports before being inflated to reflect costs as of July 1, 1998. The market-basket inflation factor used to inflate costs from the end of the cost reporting period to July 1, 1997, is contained in the file as is the wage index factor.

COST REPORTS

Renal Dialysis Facilities

The Renal Dialysis Facilities Cost Report Extract contains cost and statistical data for free-standing and hospital-based renal dialysis providers. The data are in two separate files on each diskette. The data set includes only the most precise version of each cost report filed with HCFA. The data set is normally updated quarterly and is available on the last day of the month following quarter end.

Home Health Agency (HHA) Cost Report System Master File

The Home Health Agency Cost Report Master File contains one copy of each version (as submitted, settled, reopened) of each HCFA-1728-94 cost report filed by the provider with HCFA. The data comprise every line item originally included in the cost report extract created for HCFA by the Medicare Fiscal Intermediary. The earliest cost reports on the file are those with beginning dates of January 1, 1994. The file is updated on a flow basis as cost report extracts are received at HCFA for successive fiscal periods until the HCFA-1728-94 form is obsolete.

HHA Practical Data Set

The HHA Practical Data Set contains statistical and utilization data, total cost and Medicare cost by cost center, settlement date and financial data for Medicare-certified free standing, hospital-based, and skilled nursing facility (SNF)-based HHAs. The data sets include only the most current report (as submitted, final settled or reopened) submitted for a certified facility by the Medicare Fiscal Intermediary to HCFA. These data sets are updated at the end of each calendar quarter and are available on the last day of the following month.

Hospital Cost Report System Master File

The Hospital Cost Report System Master File contains one copy of each version (as submitted, settled, reopened) of each HCFA-2552 cost report filed with HCFA. The data consists of every data element included in the Hospital Cost Report Information System (HCRIS) extract created for HCFA by that provider's fiscal intermediary. These files are updated as cost reports are received at HCFA.

PPS IX-XII Capital Data Sets

The Capital Data Set contains selected data for capital-related costs, interest expense and related information, and complete balance sheet data from the Medicare Hospital Cost Report. The data set includes only the most current cost report (as submitted, final settled, or reopened) submitted for a Medicare Certified Hospital by the Medicare Fiscal Intermediary to HCFA. This data set is updated at the end of each calendar quarter and is available on the last day of the following month.

PPS Exempt Units

The Exempt Hospitals and Excluded Units file contains cost, statistical and ancillary charge data for hospitals and subproviders of hospitals that are exempt from the Prospective Payment System (PPS). The data set includes only the most precise version of the cost report filed with HCFA. The data set is normally updated quarterly and is available on the last day of the month following quarter end.

PPS IV-XII Minimum Data Sets

The Minimum Data Set contains cost, statistical, financial, and other data from the Medicare Hospital Cost Report. The dataset includes only the most current cost report (as submitted, final settled, or reopened) submitted for a Medicare Certified Hospital by the Medicare Fiscal Intermediary to HCFA. This dataset is updated at the end of each calendar quarter and is available on the last day of the following month.

PPS IX-XII Medicare Part B Data Set

This file contains Part B Medicare cost and charges by cost center from the Medicare Hospital Cost Report. The data set includes only the most current cost report (as submitted, final settled, or reopened) submitted for a Medicare certified hospital by the Medicare Fiscal Intermediary to HCFA. This dataset is updated at the end of each calendar quarter and is available on the last day of the following month.

Worksheet A Data Set

The Worksheet A Data Set file contains the extract of the trial balance portion of HCFA-2552-92 Hospital Cost Reports. The data set includes only the most precise version of the cost report filed with HCFA. The data set is normally updated quarterly and is available on the last day of the month following quarter end.

PPS Hospital Data Set

The PPS Hospital Data Set contains cost, statistical, financial, and other data from the Medicare Hospital Cost Report. The data set includes only the most current cost report (as submitted , final settled, or reopened) submitted for a Medicare Certified Hospital by the Medicare Fiscal Intermediary to HCFA. The data set is updated at the end of each calendar quarter and is available on the last day of the following month.

Note: The following change has been implemented with the release of the Fiscal year 10/01/95 to 10/01/96 Hospital Cost Report Data Files. Five files have been combined into one data file called the PPS XIII Hospital Data Set. The five files are:

1. PPS Minimum Data Set
2. Capital Data Set
3. PPS Exempt Data Set
4. Worksheet A Data Set
5. Medicare Part B Data Set

Historical data will remain available as separate files. Upon release of the new Hospital Data Set the above data sets will no longer exist as individual files for current and future years.

Skilled Nursing Facility Minimum Data Sets

The Skilled Nursing Facility (SNF) Minimum Data Set contains cost, statistical, financial and other data from the Medicare SNF Cost Report and Hospital-Based SNF Cost Report. The data set includes only the most current cost report (as submitted, final settled, or reopened) submitted for a Medicare Certified SNF by the Medicare Fiscal Intermediary to HCFA. This data set is updated at the close of each calendar quarter and is available on the last day of the following month.

Skilled Nursing Facility Cost Report System Master File

The Skilled Nursing Facility Cost Report System Master File contains one copy of each version (as submitted, settled, reopened) of HCFA-2540 cost report filed by the provider with HCFA. The data comprise every line item originally included in the cost report extract created for HCFA by the Medicare Fiscal Intermediary . These files are updated on a flow basis as cost report extracts are received at HCFA.

ENROLLMENT

Annual County Enrollment File

This file is derived from the Enrollment Data Base (EDB) and contains aged enrollment data by age range, race, and sex by county, state, census region, and division codes, including county names. **The file is usually produced in April and reflects enrollment as of July 1, of the previous year**. Although this file has been edited to protect the privacy of our beneficiaries, it does not meet the current Privacy Act provision, therefore, we now require a DUA

Annual Zip Code Enrollment File

This file is derived from the Enrollment Data Base (EDB) and contains aged and disabled enrollment data by age range, race, and sex within ZIP code. **The file is usually produced in April and reflects enrollment as of July 1, of the previous year.** Although this file has been edited to protect the privacy of our beneficiaries, it does not meet the current Privacy Act provision, therefore, we now require a DUA.

PAYMENT RATES INSTITUTIONAL PROVIDERS

AOR/BOR Tables

This diskette contains data used to develop the Diagnosis Related Group (DRG) relative weights. It contains mean, maximum, minimum, standard deviation, and co-efficient of variation statistics by DRG for length of stay and standardized charges. The BOR tables are "Before Outliers Removed" and the AOR is "After Outliers Removed". (Statistical outliers, not payment outliers.)

1. **The Notice of Proposed Rule Making (NPRM) is usually published in the <u>Federal Register</u>, by the end of May.**
2. **The Final Rule is usually published in the <u>Federal Register</u>, by the first week of September.**

DRGS Relative Weights (Formally: Table 5 - DRGS)

This file contains a listing of Diagnosis Related Group (DRG) narrative description, relative weight, geometric mean, length of stay, and day outlier trim points. This table is published in the <u>Federal Register</u> as part of the Prospective Payment System Notice of Proposed Rule Making and the Final Notice.

1. **The Notice of Proposed Rule Making (NPRM) is usually published in the <u>Federal Register</u>, by the end of May.**
2. **The Final Rule is usually published in the <u>Federal Register</u>, by the first week of September.**

HCFA Medicare Case-Mix Index File

This file contains the Medicare case-mix index by provider number as published in each year's update of the Medicare Hospital Prospective Payment System (PPS). The case-mix index is a measure of the costliness of cases treated by a hospital relative to the cost of the national average of all Medicare hospital cases, using Diagnosis Related Group (DRG) weights as a measure of relative costliness of cases.

1. **The Notice of Proposed Rule Making (NPRM) is published in the <u>Federal Register</u>, usually by the end of May.**
2. **The Final Rule is published in the <u>Federal Register</u>, usually by the first week of September.**

HCFA Wage Data

This file contains the hospital hours and salaries used to create the wage indices used in the Medicare Hospital Prospective Payment System (PPS).

1. **The Notice of Proposed Rule Making (NPRM) is published in the <u>Federal Register</u>, usually in mid-February.**
2. **The Final Rule is published in the <u>Federal Register</u> usually in mid-May.**

HCFA Hospital Wage Indices (Formally: Urban/Rural/Hospital/Wage Indices)

This file contains a history of all wage indices used since October 1, 1983.

1. **The Notice of Proposed Rule Making (NPRM) is published in the <u>Federal Register</u> usually in mid-February.**
2. **The Final Rule is published in the <u>Federal Register</u> usually in mid-May.**

PPS Payment Impact File

This file contains data used to estimate FY 1999 payments under Medicare's Prospective Payment System (PPS) for capital costs. The data are taken from various sources, including the Provider Specific File, the PPS-X and PPS-XI Minimum Data Sets, and prior impact files. The data set is abstracted from an internal file used for the impact analysis of the changes to PPS published in the <u>Federal Register</u>. This file is available for release one month after the Final Rule is published in the <u>Federal Register</u>, usually during the first week of September.

PPS Standardizing File

This file contains information that standardizes the charges used to calculate relative weights to determine payments under PPS. Variables include wage index, Cost of Living Adjustment (COLA) case mix index, disproportionate share, and the Metropolitan Statistical Area (MSA). A new file is created for both the Notice of Proposed Rule Making (NPRM) and the Final Rule. The records are in provider number sequence, however, it is possible to have missing values in some records.

1. **The Notice of Proposed Rule Making (NPRM) is published in the <u>Federal Register</u>, by the end of May.**
2. **The Final Rule is published in the <u>Federal Register</u>, usually by the first week of September.**

Provider Specific File

This file is a component of the PRICER program used in the Fiscal Intermediary's (FI) system to compute individual hospital Diagnosis Related Group (DRG) payments. The file contains records for all Prospective Payment System (PPS) eligible hospitals, including hospitals in waiver states. Data elements used in the PPS recalibration processes and related PPS activities are also included.

1. **The Notice of Proposed Rule Making (NPRM) is published in the <u>Federal Register</u>, by the end of May.**
2. **The Final Rule is published in the <u>Federal Register</u>, usually by the first week of September.**

Reclassified Hospitals

This file contains a listing of hospitals that were reclassified for the purpose of assigning a new wage index.

1. **The Notice of Proposed Rule Making (NPRM) is published in the <u>Federal Register</u>, usually by the end of May.**
2. **The Final Rule is published in the <u>Federal Register</u>, usually by the first week of September.**

SNF Prospective Payment Rates

This file contains cost, statistical, and other data used in establishing the Skilled Nursing Facility (SNF) prospective payment rates published in the <u>Federal Register</u> on May 14, 1998 for cost reporting periods beginning on or after July 1, 1998. The cost and statistical data are obtained from the hospital-based SNFs and Freestanding SNFs (Forms 2552, 2540, and 2540S). This file also contains the standardization factors and case-mix correction factors.

PAYMENT RATES NON-INSTITUTIONAL PROVIDERS

Medicare Ambulatory Surgical Center (ASC) Procedures and Payment Groups (Formerly: ASC Base Eligibility File)

This file contains the procedure codes which may be performed in an ASC under the Medicare program and the ASC payment group assigned to each of the procedure codes. The ASC payment group determines the amount that Medicare pays for facility services furnished in connection with a covered procedure. This file is updated annually, usually in April.

Annual Physician Fee Schedule Payment Amount - National

This file contains one record for each unique combination of carrier, locality, procedure, and certain modifiers. Additionally, the file contains the Relative Value Units (RVUs) associated with the service and the Geographic Practice Cost Indices (GPCIs) associated with each locality. **This file is available after publication in the <u>Federal Register</u>, usually in late November. The current year file will be updated periodically to incorporate mid-year changes. Updated files will be available on April 1, July 1, and October 1.** Files purchased after January 1, will contain pricing data for carrier-priced services for the prior year. The files for the years 1992-1995 contain transition and full fee amounts. Files for the year 1996 forward contain only the full fee amounts because the transition period has ended.

Annual Physician Fee Schedule Payment Amount File - Selected Carrier

This file contains locality-specific pricing amounts for services covered by the Medicare Physician Fee Schedule. The file contains one record for the unique combination of carrier, locality, procedure, and certain modifiers. Additionally, the file contains the Relative Value Units (RVUs) associated with the service and the Geographic Practice Cost Indices (GPCIs) associated with the locality. This file is a subset of the Annual Physician Fee Schedule Payment Amount File -- National. **This file is available after publication in the <u>Federal</u> <u>Register</u>, usually in late November. The current year file will be updated periodically to incorporate mid-year changes. Updated files will be available on April 1, July 1, and October 1.** Files purchased after January 1, will contain pricing data for carrier-priced services for the prior year. The files for the years 1992-1995 contain transition and full fee amounts. Files for the year 1996 forward contain only the full fee amounts because the transition period has ended.

Clinical Diagnostic Lab Fee Schedule - National/Carrier

This file contains the carrier-specific fee schedules and national limitation amounts for the clinical laboratory services that are covered under the Clinical Diagnostic Laboratory Fee Schedule. The 1995 file contains pricing amounts for all clinical laboratory codes. For 1995 and 1996, each carrier's data are contained in a separate file; a total of 55 separate files are on the diskette. For 1997 and forward, all carrier-specific fee schedules and national limitation amounts will be contained in one file. For each unique combination of procedure, carrier, and locality, these files contain the carrier 60% and 62 % fee schedules and the 60% and 62% national limitation amounts. The locality field

on these files identifies states for multi-state-carriers. This file is usually released in December for the following year.

Durable Medical Equipment, Prosthetics/Orthotics, and Supplies (DMEPOS) Fee Schedule

This file contains a fee schedule amount, floor, ceiling, jurisdiction, and category for each unique combination of procedure code, modifier code (where applicable), and state of provider and beneficiary. The file is sorted in ascending DMEPOS category/procedure code/modifier order. **The DMEPOS fee schedule will be updated on a quarterly basis, with the January 1, implementation date being the primary update. In addition to the January file, updated files will be available in early April, July, and October.** These files will be complete replacement files for the DMEPOS fee schedule, not only the quarterly changes.

National Physician Fee Schedule Relative Value File

This file contains information on procedure codes covered under the Medicare Physician Fee Schedule. For more than 10,000 physician services, the file contains the associated Relative Value Units (RVUs), a fee schedule coverage indicator, and various payment policy indicators needed for payment adjustments (i.e., payment of assistant at surgery, team surgery, billable medical supplies, etc.). The file contains one record for each unique combination of procedure code and modifier. **This file is available after publication in the Federal Register, usually in late November. Current year file will be updated periodically to incorporate mid-year changes. Updated files will be available on April 1, July 1, and October 1.** This file will contain a separate file of the Geographic Practice Cost Indicies (GPCIs) for 1997 and forward.

PROVIDERS

ESRD Renal Provider File

The End Stage Renal Disease (ESRD) Renal Provider File contains Medicare approved providers who furnish kidney dialysis and/or kidney transplant services. It includes the location of the providers and the range of renal services available at those providers. This file is updated twice a year, January and July, four weeks after publication in the Federal Register.

Medicare Part B Durable Medical Equipment Suppliers

This file contains the names, physical addresses, mailing addresses, telephone numbers, owners, types of business, and other information regarding active suppliers of durable medical equipment, prosthetics, orthotics, and supplies that have been issued Medicare supplier numbers by the National Supplier Clearinghouse. This information was recorded by suppliers on HCFA Form 192. This data set is updated quarterly, is available on the last day of the following month, and contains six different types of records.

1. Supplier Information
2. Supplier Specialty Information
3. Supplier Relation Data
4. Tax/Claims/Pay Information
5. License Information
6. Supplier Alias Information

Provider of Services File

The Provider of Services (POS) Extract is created from the Online Survey and Certification Reporting System (OSCAR) data base. These data include provider number, name, and address and characterize the participating institutional providers. The data are collected through the HCFA Regional Offices. The file contains an individual record for each Medicare-approved provider and is updated quarterly.

File Categories
1. Hospital
2. SNF/NF (dually)
3. SNF/NF (distinct)
4. Skilled Nursing Facilities (SNF)
5. Home Health Agencies (HHA)
6. Medicare Laboratories
7. Portable X-Rays
8. Physical Therapy/Speech Pathology
9. End Stage Renal Disease (ESRD)
10. Nursing Facilities (NF)
11. Intermediate Care Facility - Mentally Retarded (ICF/MR)
12. Rural Health Clinic
13. Physical Therapy - Independent Practice
14. Comprehensive Outpatient Rehab Facilities (CORF)
15. Ambulatory Surgical Centers (ASC)
16. Hospices
17. Organ Procurement Organization
18. CLIA67 Laboratories
19. Community Mental Health Centers (CMHC)
20. Screening Mammography
21. Federally Qualified Health Centers
22. CLIA88 Laboratories ÷ added: effective 1997

Provider of Services - Hospital Listing

The listing contains the hospital Medicare provider number, facility name, address, city, State, and ZIP code.

UTILITIES/MISCELLANEOUS

Berenson-Eggers Type of Service (BETOS) File

This file contains procedure codes and the BETOS code assigned. Each procedure code file includes the descriptions of the BETOS codes.

Carrier/Locality State & County File

This file contains, county a record for each unique combination of carrier, locality, state, and county. It contains carrier number, carrier locality code name, Federal Information Processing Standards (FIPS) state and county codes, Social Security Administration (SSA) state and county codes, and Metropolitan Statistical Area/Business Enterprise Area (MSA/BEA) assignment. This file is produced annually, usually in September.

ICD-9-CM Conversion Software Files

The purpose of the Electronic ICD-9-CM Diagnosis and Procedure Conversion Table Reporting System for FY 1986 to FY 1998 is to provide a systematic approach to tracking modifications to codes and/or descriptions made to ICD-9-CM each year. The system was approved by HCFA and the National Center for Health Statistics (NCHS). The system contains tables sorted and presented in different orders for easy comment on code changes. This Electronic Reporting System (ERS) is the official version of the code changes. The system is updated after the publication of the final rule on code changes in the Federal Register, usually the first week of September.

ICD-9-CM Version 17.0 File

This diskette includes the following files and a corresponding abbreviated narrative description of each file.

    a. Major Diagnostic Category (MDC)
    b. Diagnosis Related Group (DRG)
    c. ICD-9-CM Diagnostic Code
    d. ICD-9-CM Procedure Code

These files are updated after the publication of the Final Rule in the Federal Register, usually by the first week of September.

PPS SSA/FIPS MSA State and County Crosswalk File

This file contains a crosswalk of state and county codes used by the Social Security Administration (SSA) and the Federal Information Processing Standards (FIPS), county name, and a historical list of Metropolitan Statistical Areas (MSA).

    1. **The Notice of Proposed Rule Making (NPRM) is published in the Federal Register, by the end of May.**
    2. **The Final Rule is published in the Federal Register, usually by the first week of September.**

UTILIZATION

ESRD Renal Facility Survey File

The End Stage Renal Disease (ESRD) Renal Facility Survey data are collected annually by HCFA from all facilities certified to provide Medicare-covered renal dialysis and transplantation. The survey, which includes the entire United States, uses Form HCFA 2744 and encompasses the full calendar year. Geographical data are included to the level of ZIP code for the facility. Each record contains facility information and information on the number of patients served, the number of dialysis treatments provided, and the number of kidney transplants performed. The data includes services to both Medicare and non-Medicare patients. This file produced annually and is usually available in July.

Hospital Service Area File

This file is derived from the calendar year inpatient claims data. The records contain number of discharges, length of stay, and total charges summarized by provider number and ZIP code of the Medicare beneficiary. This file is produced annually and is usually available in May.

Physician/Supplier Procedure Summary Master File (Formerly: Part B Procedure File)

This file provides an array of every Part B procedure and shows the related frequency and submitted and allowed charges for services processed by carriers. This file is produced annually and is usually available in May.

MEDICAID

Medicaid Statistical File

The file contains the complete Form HCFA-2082, *Statistical Report on Medical Care; Eligibles, Recipients, Payments and Services*, a report of Medicaid cost and utilization data that is submitted annually by states, territories, and the District of Columbia. The report summarizes data on Medicaid- eligible recipients, service utilization, and medical vendor payments on a federal fiscal year basis. All data are reported on the basis of individuals who receive medical care, rather than cases or families.

Medicaid Drug Utilization by State by Quarter File

The Medicaid Drug Utilization file contains state by state information on drug utilization by the Medicaid program. All drugs are identified by National Drug Code (NDC). The drug utilization is reported by individual drug products and includes the number of units of the drug that were reimbursed by the Medicaid program. The file also contains information on the number of prescriptions filled for each drug. No pricing data are included. The quarterly file consists of approximately 500,000 records and is continuously updated.

Medicaid Statistical File Diskette

This file is based on information reported to HCFA by 50 states, the District of Columbia, Puerto Rico, and the Virgin Islands. The information is reported on the Form HCFA 2082, *Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services*. These tables are provided as a public service. HCFA cannot guarantee the accuracy of the data that were obtained from state Medicaid agencies.