

CY 2005 NPRM Hospital Outpatient Department Prospective Payment System Payment Impact File

This file contains data used to assess the impact of the Medicare hospital outpatient department prospective payment system (OPPS) on payments (including beneficiary co-payments) to hospitals. The data come from various sources, including hospital cost report extracts predominately from fiscal years 1999, 2000, 2001, and 2002, and the FY 2005 proposed rule impact file for hospital inpatient operating and capital payments. The data are abstracted from an internal file used to conduct the impact analysis of the proposed OPPS for CY 2005.

CY 2005 HOSPITAL OUTPATIENT  
PPS PAYMENT IMPACT FILE <sup>1</sup>

Column.	Title	Description
A	Provider Number	Six character provider number. In general, the first two digits identify the State <sup>2</sup>
B	CBSA Code	Up to five character code designating the provider's new CBSA location prior to wage index reclassification
C	Total Units	Total number of outpatient services used to calculate payment
D	Provider Type	SCH = Sole Community Hospital
E	Post Reclassification Wage Index with Outmigration Adjustment	Proposed FY 2005 inpatient hospital wage index after reclassification by the Medicare Geographic Classification Review Board (MGCRB) and one-time reclassification for section 508 of the MMA. Wage index includes any adjustment resulting from section 505 of the MMA and is based on the CBSA methodology proposed in the hospital inpatient proposed rule.
F	Urban/Rural Location	Urban/Rural designations for geographic location prior to reclassification.  LURBAN= Large urban area OURBAN=Other urban area RURAL= Rural area
G	Census Division	Based on pre-reclassification CBSA assignment
H	Disproportionate Share Patient Percentage	As determined from cost report and Social Security Administration (SSA) data <sup>4</sup>
I	Current PPS Payment	Simulated total CY 2004 Medicare program and beneficiary payments for the services for which CMS is able to simulate payments. <sup>3</sup>

J	Proposed PPS Payment	Simulated total CY 2005 Medicare program and beneficiary payments for the services for which CMS is able to simulate payments <sup>3</sup>
K	Proposed Outlier Payment	Simulated outlier payments for proposed rule CY 2005 PPS <sup>3</sup>
L	Number of Beds	From final FY 2004 hospital inpatient PPS impact file and most recent cost report of the provider.
M	Children's Hospitals	Identifies Children's hospitals held harmless by BBRA 1999
N	Major Cancer Hospitals	May be used to identify major cancer hospitals for hold harmless by BBRA 1999
O	Teaching Hospitals	Identifies major and minor teaching hospitals
P	Ownership	Identifies type of ownership: voluntary, proprietary, or government
Q	Provider lines	The number is calculated by summarizing the total number of times a HCPCS code is paid under PPS and billed by the provider. This variable is used to create hospital "volume" groupings in impact table.

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1. Additional provider variables can be obtained from the final rule FY 2004 hospital inpatient PPS Payment Impact File.
  2. A list of SSA state codes is available from the final rule FY 2004 hospital inpatient PPS Payment Impact File.
  3. Amount will vary from actual payments because some claims did not contain the HCPCS codes that are required to calculate payment under the PPS system. In addition, claims with any invalid or non-covered HCPCS were eliminated.
  4. CMS does not have an SSI percentage for Hospitals not participating in the hospital inpatient system. Most of these hospitals are TEFRA hospitals.