

MEDICARE HOME HEALTH PROSPECTIVE PAYMENT SYSTEM AUDITED COST REPORT DATA PUBLIC USE FILE

This file contains audited cost report data from the representative sample of providers used to calculate the Home Health Agency (HHA) Prospective Payment System (PPS) payment amounts as required by the Balanced Budget Act of 1997 for the Final Rule. The calculation of the payment amounts required that we use the most recent audited cost report data for both free-standing and hospital based providers. The file also contains appropriate weight factors used to inflate the sample to be nationally representative and the HHA Market Basket Adjustment Factors to update to FY 2001.

==>Period Available: Cost Report periods ending in Federal Fiscal Year 1997

HOME HEALTH PUBLIC USE FILE RECORD LAYOUT AUDITED COST REPORT DATA

(for all providers in the audit sample)

FIELD NAME	FORMAT	POSITION	DESCRIPTION
FYEND	YYDDD	4	FY end date
SNFCST	13.	8	skilled nursing total cost reported on cost report
SNFVST	9.	21	skilled nursing total visits reported on cost report
PTCST	11.	30	physical therapy total cost reported on cost report
PTVST	8.	41	physical therapy total visits reported on cost report
OTCST	10.	49	occupational therapy total cost reported on cost report
OTVST	8.	59	occupational therapy total visits reported on cost report
SPCST	8.	67	speech therapy total cost reported on cost report
SPVST	8.	75	speech therapy total visits reported on cost report
MSCST	11.	83	medical social services total cost reported on cost report
MSVST	8.	94	medical social services total visits reported on cost report
HHACST	10.	102	home health aide total cost reported on cost report
HHAVST	10.	112	home health aide total visits reported on cost report
VSTLMT_ADJ	9.5	122	adjustment applied to costs for each discipline to account for reduction in costs for those providers subject to the per visit limits
Wt	12.5	131	weight factor for inflating to national total
MBUPDT01	10.5	143	cumulative market basket update factor

Notes:

1. Weight factor inflates the sample to the national total excluding providers in demonstration projects and providers with less than 50 beneficiaries.
2. Data represents totals for full 12 month cost report periods ending in the FY 1997 period.
3. The visit limit adjustment factor accounts for the reduction in costs for each discipline for due to the application of the per visit limit.