

FY 1996 Prospective Payment System Payment Impact File:

This file contains data used to estimate FY 1996 payments under Medicare's prospective payment systems (PPS) for hospitals' operating and capital costs. The data are taken from various sources, including the Provider Specific File, the PPS-IX and PPS-X 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 Federal Register. This file is available for release one month after the PPS Proposed and Final Rules are published in the Federal Register, which generally occurs during May (Proposed) and September (Final).

FY 1996 PPS PAYMENT IMPACT FILE

<u>File Pos.</u>	<u>Format</u>	<u>Title</u>	<u>Description</u>
1-4	4.	Average Daily Census (ADC)	From cost reports
6-9	4.	Number of Beds	From cost reports
11-18	8.2	Medicare Discharges	From 1994 MEDPAR file (adjusted for transfer cases)
20-25	6.4	Case Mix Index	Version 13 GROUPER
27-32	6.4	Operating Cost of Living Adjustment	Applied to providers in Alaska and Hawaii for operating PPS
34-39	6.4	Capital Cost of Living Adjustment	Applied to payments to providers in Alaska and Hawaii for capital PPS
41-49	9.7	Capital Outlier Percentage	Estimated capital outlier payments as a percentage of Federal capital DRG payments
51-56	7.5	Capital Cost-to-Charge Ratio	From Provider Specific File, ratio of Medicare capital costs to Medicare covered charges
59-67	9.7	Disproportionate Share (DSH) Patient Percentage	As determined from cost report and Social Security Administration (SSA) data
69-77	9.7	Capital DSH Adjustment Factor	Applied to capital PPS payments
79-87	9.7	Operating DSH Adjustment Factor	Applied to operating PPS payments
89-94	\$6.	Hospital's Fiscal Year Ending Date	From cost report
96-103	8.2	Hospital-Specific Rate	Higher of 1982 or 1987 hospital-specific rates, updated through FY 1996. (Data for Sole Community Hospitals and Essential Access Community Hospitals.)

105-108	\$4.	Pre-Reclassification Metropolitan Statistical Area (MSA)	MSA where hospital is actually located, prior to any reclassification decisions by the Medicare Geographic Reclassification Review Board (MGCRB). Rural areas designated by two digit SSA State codes.
110-113	\$4.	Post-Reclassification FY 1996 MSA (Wage Index)	MSA used for wage index assignment after reclassification by the MGCRB.
115-118	\$4.	Post-Reclassification FY 1996 MSA (Standardized Payment Amount)	MSA used for standardized amount assignment after reclassification by the MGCRB.
120-126	7.5	Operating Cost-to-Charge Ratio	From Provider Specific file, ratio of Medicare operating costs to Medicare covered charges
128-136	9.7	Operating Outlier Percentage	Estimated operating outlier payments as a percentage of operating DRG payments
138-143	\$6.	Provider Number	Six character provider number, first two digits identify the State
145-146	2.	Provider Type	<p>0 =Short term PPS hospital</p> <p>7 =Rural Referral Center</p> <p>8 =Indian hospital</p> <p>16 =Sole Community Hospital</p> <p>17 =Sole Community Hospital and Rural Referral Center</p> <p>21 =Essential Access Community Hospital (EACH)</p> <p>22 = EACH and Rural Referral Center</p>

148-154	7.5	Resident-to-ADC ratio	Used to calculate the indirect medical education adjustment (IME) for capital PPS payments
156	\$1.	Reclassification Status	<p>Indicates hospitals reclassified by the MGCRB</p> <p>N =Not reclassified</p> <p>R = Reclassified for the standardized payment amount</p> <p>W = Reclassified for the wage index</p> <p>B =Reclassified for the standardized payment amount and the wage index</p> <p>L =Reclassified under Section 1886(d)(8) of the Social Security Act</p>
158-159	2.	Pre-Reclassification Region	<p>Region used to assign the regional standardized payment amounts prior to reclassification by the MGCRB</p> <p>1 =New England</p> <p>2 =Middle Atlantic</p> <p>3 =South Atlantic</p> <p>4 =East North Central</p> <p>5 =East South Central</p> <p>6 =West North Central</p> <p>7 =West South Central</p> <p>8 = Mountain</p> <p>9 =Pacific</p> <p>40 = Puerto Rico</p>

161-162	2.	Post-Reclassification Region	Region used to assign the regional standardized payment amounts after reclassification by the MGCRB (see pre-reclassification region for key)
164-169	6.4	Resident-to-Bed Ratio	Used to determine IME factor for operating PPS payments
171-179	9.7	Capital IME Adjustment	Based on resident-to-ADC ratio
181-189	9.7	Operating IME Adjustment	Based on resident-to-bed ratio
191-196	\$6.	Pre-Reclassification Urban/Rural Location	Urban/rural designations based on geographic location prior to reclassification by the MGCRB LURBAN = Large urban area OURBAN = Other urban area RURAL = Rural area
198-203	\$6.	Post-Reclassification Urban/Rural Location	Urban/rural designations based on geographic location after reclassification by the MGCRB (see pre-reclass urban/rural location for key)
205-210	6.4	Medicare Utilization Rate	Medicare days as a percentage of total inpatient days. (Data not available for all hospitals)
212-220	9.7	Capital Wage Index	Used to determine geographic adjustment factor
222-230	9.7	Operating Wage Index	Applied to labor-share of standardized amount
232-235	4.	Mileage to Nearest Hospital	Travel distance, used to determine eligibility for hospital-specific payments for reclassified sole community hospitals.