

PROVIDER SPECIFIC RECORD

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
PROVIDER SPECIFIC RECORD	REC	240	1	240	<p>THE PROVIDER SPECIFIC FILE IS DEVELOPED BY THE INTERMEDIARIES FOR USE IN THE HOSPITAL PROSPECTIVE PAYMENT SYSTEM (PPS) 'PRICER' SUBROUTINE. A REIMBURSEMENT PRICE IS COMPUTED FOR AN INDIVIDUAL INPATIENT HOSPITAL STAY DEPENDING ON THE DIAGNOSIS RELATED GROUP (DR G) IN WHICH THE STAY IS CLASSIFIED. THE PROVIDER SPECIFIC FILE IS USED IN CENTRAL OFFICE TO SUPPORT DRG RECALIBRATION; ITS COMPLETENESS IS MEASURED BY COMPARISON TO THE PROVIDER OF SERVICE FILE AND THE MEDPAR FILE.</p> <p>SYSTEM ALIAS: PRVDRSP</p>
1. PROVIDER NUMBER	CHAR	6	1	6	<p>THE IDENTIFICATION NUMBER OF THE INSTITUTIONAL PROVIDER CERTIFIED BY MEDICARE TO PROVIDE SERVICES TO THE BENEFICIARY.</p> <p>STANDARD ALIAS: PRVDR_NUM SAS ALIAS: PROVIDER TITLE ALIAS: PROVIDER_NUMBER</p> <p>CODES:</p> <ul style="list-style-type: none"> <li>- FIRST TWO POSITIONS ARE THE STATE CODE. CODING SCHEME: REFER TO SSA_STD_STATE_TB</li> <li>- POSITIONS 3 AND SOMETIMES 4 ARE USED AS A CATEGORY IDENTIFIER. THE REMAINING POSITIONS ARE SERIAL NUMBER S. THE FOLLOWING BLOCKS OF NUMBERS ARE RESERVED FOR THE FACILITIES INDICATED:</li> </ul> <p>0001-0899 SHORT-TERM (GENERAL AND SPECIALTY) HOSPITALS</p> <p>0900-0999 MULTIPLE HOSPITAL COMPONENT IN A MEDICAL COMPLEX (NUMBERS RETIRED)</p> <p>1000-1199 RESERVED FOR FUTURE USE</p> <p>1200-1224 ALCOHOL/DRUG HOSPITALS (EXCLUDED FROM PPS-NUMBERS RETIRED)</p> <p>1225-1299 MEDICAL ASSISTANCE FACILITIES (MONTANA PROJECT)</p> <p>1300-1399 RURAL PRIMARY CARE HOSPITAL (RPCH)</p> <p>1400-1499 RESERVED FOR FUTURE USE</p> <p>1500-1799 HOSPICES</p> <p>1800-1899 FEDERALLY QUALIFIED HEALTH CENTERS (FQHC)</p> <p>1900-1989 RESERVED FOR FUTURE USE</p> <p>1990-1999 CHRISTIAN SCIENCE SANATORIA (HOSPITAL SERVICES)</p> <p>2000-2299 LONG-TERM HOSPITALS (EXCLUDED FROM PPS)</p> <p>2300-2499 CHRONIC RENAL DISEASE FACILITIES (HOSPITAL BASED)</p> <p>2500-2899 NON-HOSPITAL RENAL DISEASE TREATMENT CENTERS</p> <p>2900-2999 INDEPENDENT SPECIAL PURPOSE RENAL DIALYSIS FACILITY (1)</p> <p>3000-3024 FORMERLY TUBERCULOSIS HOSPITALS (NUMBERS RETIRED)</p> <p>3025-3099 REHABILITATION HOSPITALS (EXCLUDED FROM PPS)</p>

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			3100-3299	RESERVED FOR FUTURE USE
			3300-3399	CHILDREN'S HOSPITALS (EXCLUDED FROM PPS)
			3400-3499	CONTINUATION OF RURAL HEALTH CLINICS (PROVIDER-BASED) (3975-3999)
			3500-3699	RENAL DISEASE TREATMENT CENTERS (HOSPITAL SATELLITES)
			3700-3799	HOSPITAL BASED SPECIAL PURPOSE RENAL DIALYSIS FACILITY (1)
			3800-3974	RURAL HEALTH CLINICS (FREE-STANDING)
			3975-3999	RURAL HEALTH CLINICS (PROVIDER-BASED)
			4000-4499	PSYCHIATRIC HOSPITALS (EXCLUDED FROM PPS)
			4500-4599	COMPREHENSIVE OUTPATIENT REHABILITATION FACILITIES (CORF)
			4600-4799	COMMUNITY MENTAL HEALTH CENTERS (CMHC)
			4800-4899	CONTINUATION OF 4500-4599 SERIES (CORF)
			4900-4999	CONTINUATION OF 4600-4799 SERIES (CMHC)
			5000-6399	SKILLED NURSING FACILITIES
			6400-6499	RESERVED FOR FUTURE USE (2)
			6500-6989	OUTPATIENT PHYSICAL THERAPY SERVICES
			6990-6999	CHRISTIAN SCIENCE SANATORIA (SKILLED NURSING SERVICES)
			7000-7299	HOME HEALTH AGENCIES (3)
			7300-7399	SUBUNITS OF 'NONPROFIT' AND 'PROPRIETARY' HOME HEALTH AGENCIES (4)
			7400-7799	CONTINUATION OF 7000-7299 SERIES
			7800-7999	SUBUNITS OF STATE AND LOCAL GOVERNMENTAL HOME HEALTH AGENCIES (4)
			8000-8499	CONTINUATION OF 7400-7799 SERIES
			8500-8899	CONTINUATION OF RURAL HEALTH CENTER (PROVIDER BASED) (3400-3499)
			8900-8999	CONTINUATION OF RURAL HEALTH CENTER (FREE-STANDING) (3800-3975)
			9000-9799	CONTINUATION OF 8000-8499 SERIES

EXCEPTION:

P001-P999 ORGAN PROCUREMENT ORGANIZATION

(1) THESE FACILITIES (SPRDFS) WILL BE ASSIGNED THE SAME PROVIDER NUMBER WHENEVER THEY ARE RECERTIFIED.

(2) THE 6400-6499 SERIES OF PROVIDER NUMBERS IN IOWA (16 ), SOUTH DAKOTA (43) AND TEXAS (45) HAVE BEEN USED IN REDUCING ACUTE CARE COSTS (RACC) EXPERIMENTS.

(3) IN VIRGINIA (49), THE SERIES 7100-7299 HAS BEEN RESERVED FOR STATEWIDE SUBUNIT COMPONENTS OF THE VIRGINIA STATE HOME HEALTH AGENCIES.

(4) PARENT AGENCY MUST HAVE A NUMBER IN THE 7000-7299, 7400-7799 OR 8000-8499 SERIES.

NOTE:

THERE IS A SPECIAL NUMBERING SYSTEM FOR UNITS OF HOSPITALS THAT ARE EXCLUDED FROM PROSPECTIVE PAYMENT SYSTEM (PPS) AND HOSPITALS WITH SNF SWING-BED DESIGNATION. AN ALPHA CHARACTER IN

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
<p>THE THIRD POSITION OF THE PROVIDER NUMBER IDENTIFIES THE TYPE OF UNIT OR SWING-BED DESIGNATION AS FOLLOWS:</p> <p>S = PSYCHIATRIC UNIT (EXCLUDED FROM PPS)  T = REHABILITATION UNIT (EXCLUDED FROM PPS)  U = SHORT TERM/ACUTE CARE SWING-BED HOSPITAL  V = ALCOHOL DRUG UNIT (PRIOR TO 10/87 ONLY)  W = LONG TERM SNF SWING-BED HOSPITAL (EFF 3/91)  Y = REHAB HOSPITAL SWING-BED (EFF 9/92)  Z = RURAL PRIMARY CARE SWING-BED HOSPITAL (TO BE EFFECTIVE IN 1994)</p> <p>THERE IS ALSO A SPECIAL NUMBERING SYSTEM FOR ASSIGNING EMERGENCY HOSPITAL IDENTIFICATION NUMBERS (NON PARTICIPATING HOSPITALS). THE SIXTH POSITION OF THE PROVIDER NUMBER IS AS FOLLOWS:</p> <p>E = NON-FEDERAL EMERGENCY HOSPITAL  F = FEDERAL EMERGENCY HOSPITAL</p> <p>SQL-INFO:  CHAR(6) NOT NULL</p> <p>SOURCE:  OSCAR</p>					
2. EFFECTIVE DATE	NUM	6	7	12	<p>THIS IS THE EFFECTIVE DATE OF THE DATA ON THE RECORD OR THE DATE OF THE LATEST CHANGE IN ANY FIELD ON THIS RECORD.</p> <p>6 DIGITS</p> <p>EDIT-RULES:  YYMMDD  YY MUST BE GREATER THAN 82 BUT NOT GREATER THAN THE CURRENT YEAR</p> <p>SOURCE:  THE INTERMEDIARY</p>
3. WAIVER INDICATOR	CHAR	1	13	13	<p>THIS FIELD SHOWS WHETHER THE PROVIDER HAS RECEIVED A WAIVER EXEMPTING IT FROM THE PROVISIONS OF PPS.</p> <p>CODES:  N = NOT WAIVED (UNDER PPS)  Y = WAIVED (NOT UNDER PPS)</p> <p>SOURCE:  THE INTERMEDIARY</p>
4. PROVIDER TYPE	CHAR	2	14	15	<p>THE PROVIDER TYPE FIELD IDENTIFIES THE TYPE OF FACILITY RELATIVE TO ITS STATUS AS A FULLY OR PARTIALLY PPS-EXEMPT FACILITY OR AS A FACILITY RECEIVING SPECIAL TREATMENT UNDER</p> <p>CODES:  00 = SHORT-TERM FACILITY (MAY ALSO BE LEFT BLANK)</p>

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						01 = SOLE COMMUNITY PROVIDER 02 = LONG TERM 03 = PSYCHIATRIC 04 = REHABILITATION FACILITY 05 = PEDIATRIC 06 = HOSPITAL DISTINCT PARTS 07 = RURAL REFERRAL CENTER 08 = INDIAN HEALTH SERVICE 09 = REDESIGNATED RURAL - YEAR 1 10 = REDESIGNATED RURAL - YEAR 2 11 = SOLE COMMUNITY/REFERRAL CENTER PROVIDER 13 = CANCER PROVIDER FACILITY 14 = MEDICARE DEPENDENT HOSPITAL (EFF. 4/1/90) 15 = MEDICARE DEPENDENT HOSPITAL/REFERRAL CENTER 16 = REBASED SOLE COMMUNITY HOSPITAL 17 = REBASED SOLE COMMUNITY HOSP/REFERRAL CENTER 18 = MEDICAL ASSISTANCE FACILITY  SOURCE: THE INTERMEDIARY
5. CURRENT CENSUS DIVISION	NUM	1	16	16	THE	CENSUS DIVISION TO WHICH THE FACILITY BELONGS FOR PAYMENT PURPOSES.  1 DIGIT  CODES: 1 = NEW ENGLAND 2 = MIDDLE ATLANTIC 3 = SOUTH 4 = EAST NORTH CENTRAL 5 = EAST SOUTH CENTRAL 6 = WEST NORTH CENTRAL 7 = WEST SOUTH CENTRAL 8 = MOUNTAIN 9 = PACIFIC  SOURCE: THE INTERMEDIARY
6. PROVIDER PPS BLEND PERIOD	NUM	1	17	17	THIS	THIS CODE IS USED TO ASSIGN A SPECIFIC PPS PERIOD TO A HOSPITAL THAT IS CHANGING TO THE PPS. OVER A PERIOD OF TIME, IT REPRESENTS THE PPS TRANSITIONAL PERIOD FOR THE HOSPITAL BASED ON ITS FISCAL YEAR. IN THE BEGINNING OF THE BLEND PERIOD, THE MAJORITY OF THE BILLS SUBMITTED BY THE HOSPITAL WOULD NOT BE UNDER THE PPS BUT WOULD BE ACTUAL BILLS. AS THE BLEND PERIOD PROGRESSES, THE RATIO REVERSES UNTIL ALL BILLS WOULD BE UNDER PPS.  1 DIGIT  EDIT-RULES: BLANK - NOT APPLICABLE RANGE: 0 THROUGH 9 DO NOT UPDATE THIS FIELD FOR PERIODS ON OR AFTER 4/1/91  SOURCE: THE INTERMEDIARY

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS																				
			BEG	END																					
7. ACTUAL GEOGRAPHIC LOCATION	CHAR	4	18	21	<p>THE MSA REPRESENTING THE ACTUAL GEOGRAPHIC LOCATION - METROPOLITAN STATISTICAL WHERE THE FACILITY IS PHYSICALLY LOCATED. AN MSA IS AREA (MSA) A GEOGRAPHICAL AREA DEFINED FOR STATISTICAL PURPOSES. THESE ARE FOUND IN A LIST OF MSA'S PUBLISHED BY THE EXECUTIVE OFFICE OF MANAGEMENT AND BUDGET AND ADJUSTED BY CONGRESSIONAL MANDATE.</p> <p>EDIT-RULES:            RANGE: 0040 TO 9360            ___99 = RURAL AREA, WHERE ___ IS BLANK AND 99 IS STATE CODE WHERE FACILITY IS PHYSICALLY LOCATED</p> <p>SOURCE:            THE INTERMEDIARY</p>																				
8. FISCAL YEAR END	NUM	6	22	27	<p>ON THE FIRST RECORD FOR EACH PROVIDER, THIS IS THE FISCAL YEAR END OF ITS LAST YEAR BEFORE PPS. PPS BILLS WILL BE ACCEPTED FOR DATES AFTER THIS DATE. FOR SUBSEQUENT PROVIDER RECORDS, THIS ONLY CHANGES IF THE PROVIDER CHANGES ITS FISCAL YEAR END (E.G., A CHANGE OF OWNERSHIP).</p> <p>6 DIGITS</p> <p>EDIT-RULES:            MMDDYY            YY - GREATER THAN 82, BUT NOT MORE THAN 1 YEAR GREATER THAN THE CURRENT YEAR</p> <p>SOURCE:            THE INTERMEDIARY</p>																				
9. CASE MIX ADJUSTED COST PER	NUM	7	28	34	<p>FOR PPS HOSPITALS AND WAIVER STATE NON-EXCLUDED HOSPITALS, DISCHARGE THIS IS THE PPS BASE YEAR COST PER DISCHARGE DIVIDED BY THE CASE MIX INDEX. FOR EXCLUDED HOSPITALS, THIS IS THE COST PER DISCHARGE FOR THE PRECEDING COST REPORTING PERIOD IN ITEM 8.</p> <p>5.2 DIGITS</p> <p>EDIT-RULES:            \$\$\$\$\$.\$\$            0 = NEW PROVIDERS</p> <p>SOURCE:            THE INTERMEDIARY</p>																				
10. COST OF LIVING ADJUSTMENT	NUM	4	35	38	<p>THIS FIELD REFLECTS THE COST OF LIVING ADJUSTMENTS. THE COST OF LIVING ADJUSTMENTS ARE UPDATED PERIODICALLY.</p> <p>1.3 DIGITS</p> <p>CODES:</p> <table border="1"> <thead> <tr> <th>AREA</th> <th>FY 84 (10/1/84- 4/30/86)</th> <th>FY 85</th> <th>FY 86 (5/1/86- 9/30/86)</th> <th>FY 87-92 (10/1/86- 9/30/92)</th> </tr> </thead> <tbody> <tr> <td>ALASKA</td> <td>1.250</td> <td>1.250</td> <td>1.250</td> <td>1.250</td> </tr> <tr> <td>OAHU</td> <td>1.200</td> <td>1.225</td> <td>1.225</td> <td>1.225</td> </tr> <tr> <td>KAUAI</td> <td>1.175</td> <td>1.150</td> <td>1.150</td> <td>1.175</td> </tr> </tbody> </table>	AREA	FY 84 (10/1/84- 4/30/86)	FY 85	FY 86 (5/1/86- 9/30/86)	FY 87-92 (10/1/86- 9/30/92)	ALASKA	1.250	1.250	1.250	1.250	OAHU	1.200	1.225	1.225	1.225	KAUAI	1.175	1.150	1.150	1.175
AREA	FY 84 (10/1/84- 4/30/86)	FY 85	FY 86 (5/1/86- 9/30/86)	FY 87-92 (10/1/86- 9/30/92)																					
ALASKA	1.250	1.250	1.250	1.250																					
OAHU	1.200	1.225	1.225	1.225																					
KAUAI	1.175	1.150	1.150	1.175																					

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
MAUI	1.20	0	1.200	1.200	1.200
MOLAKAI	1.20	0	1.200	1.200	1.200
LANAI	1.20	0	1.200	1.200	1.200
HAWAII	1.10	0	1.125	1.125	1.150
ALL OTHER	1.00	0	1.000	1.000	1.000

SOURCE:  
THE INTERMEDIARY

11. INTERN / BED RATIO                    NUM        5        39    43    FOR PPS HOSPITALS, THIS FIELD IS A RATIO OF THE NUMBER OF FULL TIME EQUIVALENT OF INTERNS AND RESIDENTS DIVIDED BY THE NUMBER OF AVAILABLE BEDS. THIS IS USED TO CALCULATE THE INDIRECT MEDICAL EDUCATION PAYMENT AMOUNT (AN ADDITIONAL PAYMENT TO TEACHING HOSPITALS).

1.4 DIGITS

CODES:  
0 = NON-TEACHING HOSPITAL

SOURCE:  
THE INTERMEDIARY

12. SPECIAL PROVIDER UPDATE            NUM        6        44    49    FOR HOSPITALS WITH COST REPORT PERIODS REPRESENTING FACTOR (PRUP) MORE OR LESS THAN ONE YEAR, THE STANDARD SET OF UPDATE FACTORS USED TO CALCULATE THE HOSPITAL-SPECIFIC PORTION OF THE PPS PAYMENT CANNOT BE USED. THE INTERMEDIARY MUST CALCULATE A SPECIAL UPDATE FACTOR BASED ON THE HOSPITAL'S COST REPORTING PERIOD. THIS AMOUNT BECOMES THE PRUP, USED PRIOR TO FISCAL YEAR 92 ONLY FOR HOSPITALS THAT HAVE SPECIAL UPDATE FACTORS BECAUSE THEIR BASE PERIOD ENDED PRIOR TO SEPTEMBER 30, 1982.

1.5 DIGITS

CODES:  
0 = NON-PRUP HOSPITAL; ALL HOSPITALS AFTER FY 91

SOURCE:  
THE INTERMEDIARY

13. HOSPITAL BEDS                        NUM        5        50    54    THIS FIELD INDICATES THE NUMBER OF ADULT AND PEDIATRIC BEDS AVAILABLE FOR USE BY PATIENTS AT THE BEGINNING OF THE COST REPORTING PERIOD. A BED MEANS AN ADULT BED, PEDIATRIC BED, OR NEWBORN BED MAINTAINED IN A PATIENT CARE AREA FOR PATIENTS IN ACUTE, LONG TERM, OR DOMICILIARY AREAS OF THE HOSPITAL.

5 DIGITS

SOURCE:  
THE INTERMEDIARY

14. OPERATING DISPROPORTIONATE        NUM        4        55    58    THIS FIELD IS USED TO DISTINGUISH HOSPITALS RECEIVING SHARE PERCENTAGE (DSH) ADDITIONAL PAYMENTS FOR SERVING A DISPROPORTIONATE SHARE OF LOW INCOME PATIENTS. THE FIELD IS A PERCENTAGE 'ADD-ON' TO THE REGULAR PPS PAYMENT. IT IS DERIVED FROM THE NUMBER OF SUPPLEMENTAL SECURITY INCOME (SSI) PATIENT DAYS (PATIENT DAYS ARE CALCULATED BY

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NAME	TYPE	LENGTH	BEG	END	POSITIONS	CONTENTS
						<p>A FORMULA BASED ON THE NUMBER OF DAYS SSI AND MEDICAID PATIENTS RECEIVED HOSPITAL SERVICES).</p> <p>0.4 DIGITS</p> <p>SOURCE: THE INTERMEDIARY</p>
15. OPERATING COST TO CHARGE	NUM	4	59	62		<p>THIS FIELD IS DERIVED FROM THE LATEST SETTLED COST RATIO REPORT AND CORRESPONDING CHARGE DATA FROM THE BILLING FILE. THIS AMOUNT IS COMPUTED BY DIVIDING THE MEDICARE OPERATING COST (FROM THE COST REPORT) BY THE MEDICARE COVERED CHARGE (FROM THE BILLING FILE, I.E., THE PS&amp;R RECORD). FOR HOSPITALS THAT ARE UNABLE TO COMPUTE A REASONABLE COST-TO-CHARGE RATIO, THE APPROPRIATE URBAN OR RURAL STATEWIDE AVERAGE COST-TO-CHARGE RATIO CALCULATED ANNUALLY BY HCFA IS USED.</p> <p>1.3 DIGITS</p> <p>SOURCE: THE INTERMEDIARY</p>
16. CASE MIX INDEX	NUM	5	63	67		<p>HCFA HAS CALCULATED AND PUBLISHED A CASE MIX INDEX FOR EACH HOSPITAL BASED ON 1981 COST AND BILLING DATA REFLECTING THE RELATIVE COSTLINESS OF THAT HOSPITAL'S MIX OF CASES COMPARED TO THE NATIONAL AVERAGE.</p> <p>1.4 DIGITS</p> <p>SOURCE: THE INTERMEDIARY</p>
17. FILLER	CHAR	1	68	68		<p>STANDARD ALIAS: FILLER SAS ALIAS: FILLER</p>
18. REPORT DATE	NUM	6	69	74		<p>THIS CODE DENOTES THE DATE THE FILE WAS CREATED.</p> <p>6 DIGITS</p> <p>EDIT-RULES: MMDDYY</p> <p>SOURCE: THE INTERMEDIARY</p>
19. FILLER	CHAR	1	75	75		<p>STANDARD ALIAS: FILLER SAS ALIAS: FILLER</p>
20. INTERMEDIARY NUMBER	CHAR	5	76	80		<p>THIS FIELD SPECIFIES THE IDENTIFYING NUMBER OF THE INTERMEDIARY PROCESSING THE BILL.</p> <p>EDIT-RULES: FOR THE FIRST TWO POSITIONS: 00 = BLUE CROSS NN = COMMERCIAL PLAN</p> <p>SOURCE: FROM THE FISCAL INTERMEDIARY</p>

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
21. FISCAL YEAR BEGINNING DATE	NUM	6	81	86	THE BEGINNING DATE OF THE PROVIDER'S FISCAL YEAR.  6 DIGITS  EDIT-RULES: MDDYY YY = GREATER THAN 81 BUT NOT GREATER THAN THE CURRENT YEAR  SOURCE: THE INTERMEDIARY
22. PASS-THRU AMOUNT FOR	NUM	6	87	92	THIS FIELD SHOWS THE PER DIEM (DAILY AVERAGE) CAPITAL OF MEDICARE CAPITAL AND CAPITAL-RELATED COSTS FOR INPATIENT ROUTINE AND ANCILLARY SERVICES.  4.2 DIGITS  EDIT-RULES: \$\$\$\$.\$\$  SOURCE: THE INTERMEDIARY
23. PASS-THRU AMOUNT FOR DIRECT	NUM	6	93	98	THIS FIELD SHOWS THE PER DIEM (DAILY AVERAGE) MEDICARE MEDICAL EDUCATION DIRECT MEDICAL EDUCATION COST FOR INPATIENT ROUTINE AND ANCILLARY SERVICES.  4.2 DIGITS  EDIT-RULES: \$\$\$\$.\$\$  SOURCE: THE INTERMEDIARY
24. PASS-THRU AMOUNT FOR ORGAN	NUM	6	99	104	THIS FIELD IS AN AVERAGE COST PER ORGAN ACQUISITION DERIVED ACQUISITION FROM THE COST OF ALL ORGANS TRANSPLANTED DURING THE YEAR. IT INCLUDES ROUTINE AND ANCILLARY SERVICES AND ANY PURCHASE COSTS RELATIVE TO THE ACQUISITION.  4.2 DIGITS  EDIT-RULES: \$\$\$\$.\$\$  SOURCE: THE INTERMEDIARY
25. TOTAL PASS-THRU AMOUNT,	NUM	6	105	110	THIS FIELD IS A TOTAL OF OTHER PASS-THRU AMOUNTS INCLUDING MISCELLANEOUS AMOUNTS. IT IS A PER DIEM AMOUNT BASED ON THE INTERIM PAYMENTS TO THE HOSPITAL. IT MUST BE AT LEAST EQUAL TO THE SUM OF THE THREE PASS-THRU AMOUNTS LISTED PREVIOUSLY, BUT CAN BE GREATER THAN THIS SUM.  4.2 DIGITS



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<p>EDIT-RULES:                      \$\$\$\$.\$\$</p> <p>SOURCE:                      THE INTERMEDIARY</p>						
26. SUPPLEMENTAL SECURITY	NUM	4	111	114	THIS FIELD DENOTES THE SSI RATIO USED TO DETERMINE INCOME (SSI) RATIO IF THE HOSPITAL QUALIFIES FOR THE DISPROPORTIONATE SHARE ADJUSTMENT.	0.4 DIGITS
<p>SOURCE:                      THE INTERMEDIARY</p>						
27. MEDICAID RATIO	NUM	4	115	118	THIS FIELD DENOTES THE MEDICAID RATIO USED TO DETERMINE WHETHER THE HOSPITAL QUALIFIES FOR THE DISPROPORTIONATE SHARE ADJUSTMENT.	0.4 DIGITS
<p>SOURCE:                      THE INTERMEDIARY</p>						
28. TERMINATION DATE	CHAR	6	119	124	THIS FIELD DENOTES THE DATE ON WHICH THE REPORTING INTERMEDIARY CEASED SERVICING THE PROVIDER IN QUESTION.	<p>EDIT-RULES:                      YYMMDD                      0, BLANK = NO TERMINATION DATE</p> <p>SOURCE:                      THE INTERMEDIARY</p>
29. WAGE INDEX LOCATION -	CHAR	4	125	128	THE MSA REPRESENTING THE WAGE INDEX LOCATION TO WHICH METROPOLITAN STATISTICAL A HOSPITAL HAS BEEN RECLASSIFIED DUE TO ITS PREVAILING AREA (MSA) WAGE RATES. AN MSA IS A GEOGRAPHICAL AREA DEFINED FOR STATISTICAL PURPOSES. THESE ARE FOUND IN A LIST OF MSA'S PUBLISHED BY THE EXECUTIVE OFFICE OF MANAGEMENT AND BUDGET AND ADJUSTED BY CONGRESSIONAL MANDATE.	<p>EDIT-RULES:                      RANGE: 0040 TO 9360                      __ 99 = RURAL AREA, WHERE __ IS BLANK AND 99 IS STATE CODE WHERE FACILITY IS PHYSICALLY LOCATED</p> <p>SOURCE:                      THE INTERMEDIARY</p>
30. CHANGE CODE FOR WAGE INDEX RECLASSIFICATION	CHAR	1	129	129	EDIT-RULES: ADJUST ANNUALLY	<p>CODES:                      Y = HOSPITAL'S WAGE INDEX HAS BEEN RECLASSIFIED FOR THE YEAR                      N = HOSPITAL'S WAGE INDEX HAS NOT BEEN RECLASSIFIED FOR THE YEAR</p>

RECLASSIFIED

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-----	----	-----	----	----	-----	-----
31. STANDARDIZED AMOUNT	CHAR	4	130	133		<p>THE MSA REPRESENTING THE WAGE INDEX LOCATION TO WHICH LOCATION - METROPOLITAN A HOSPITAL HAS BEEN RECLASSIFIED. AN MSA IS A STATISTICAL AREA (MSA) GEOGRAPHICAL AREA DEFINED FOR STATISTICAL PURPOSES. THESE ARE FOUND IN A LIST OF MSA'S PUBLISHED BY THE EXECUTIVE OFFICE OF MANAGEMENT AND BUDGET AND ADJUSTED BY CONGRESSIONAL MANDATE.</p> <p>EDIT-RULES:            RANGE: 0040 TO 9360            ___99 = RURAL AREA, WHE RE ___ IS BLANK AND 99 IS STATE CODE WHERE FACILITY IS PHYSICALLY LOCATED</p> <p>SOURCE:            THE INTERMEDIARY</p>
32. SOLE COMMUNITY OR MEDICARE	CHAR	2	134	135		<p>CODES: DEPENDENT HOSPITAL BASE            BLANK = NOT A SOLE COMMUNITY OR MEDICARE DEPENDENT YEAR HOSPITAL            82 = 1982 IS B ASE YEAR FOR THE OPERATING HOSPITAL SPECIFIC RATE            87 = 1987 IS B ASE YEAR FOR THE OPERATING HOSPITAL SPECIFIC RATE</p>
33. FILLER	CHAR	25	136	160		
34. CAPITAL PPS PAYMENT CODE	CHAR	1	161	161		<p>CODE SPECIFYING THE TYPE OF CAPITAL PAYMEN T METHODOLOGY CODES:            A = HOLD HARM LESS - COST PAYMENT FOR OLD CAPITAL            B = HOLD HARMLESS - 100% FEDERAL RATE            C = FULLY PROSPECTIVE BLENDED RATE            BLANK = NEW HOSPITAL WITHIN FIRST 2 YEARS OF OPERATION</p>
35. HOSPITAL SPECIFIC CAPITAL	NUM	6	162	167		<p>HOSPITAL'S ALLOWABLE ADJUSTED BASE YEAR INPATIENT RATE CAPITAL COSTS PER DISCHARGE.</p> <p>4.2 DIGITS</p> <p>EDIT-RULES:            NUMERIC; UPDATE ANNUALLY</p>
36. OLD CAPITAL HOLD HARMLESS	NUM	6	168	173		<p>HOSPITAL'S ALLO WABLE INPATIENT 'OLD' CAPITAL COSTS RATE DISCHARGE OCCURRED FOR ASSETS ACQUIRED BEFORE DECEMBER 31, 1990, FOR CAPITAL PPS.</p> <p>4.2 DIGITS</p> <p>EDIT-RULES:            NUMERIC; UPDATE ANNUALLY</p>
37. NEW CAPITAL - HOLD HARMLESS	NUM	5	174	178		<p>RATIO OF HOSPITAL'S ALLOWABLE INPATIENT COSTS FOR NEW RATIO CAPITAL TO THE HOSPITAL'S TOTAL ALLOWABLE INPATIENT CAPITAL COSTS.</p> <p>1.4 DIGITS</p> <p>EDIT-RULES:            NUMERIC; UPDATE ANNUALLY</p>
38. CAPITAL COST TO CHARGE	NUM	4	179	182		<p>DERIVED FROM THE LATEST COST REPORT AND</p>

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-----	----	-----	BEG	END	
					<p>CORRESPONDING RATIO CHARGE DATA FROM THE BILLING FILE. WHERE A REASONABLE COST TO CHARGE RATIO CANNOT BE COMPUTED FOR A HOSPITAL, THE APPROPRIATE STATEWIDE AVERAGE COST TO CHARGE RATIO(CALCULATED ANNUALLY BY HCFA) IS USED.</p>
					<p>1.3 DIGITS</p>
39. NEW HOSPITAL INDICATOR	CHAR	1	183	183	<p>CODES: Y = HOSPITAL IS WITHIN FIRST TWO YEARS OF OPERATION BLANK = DEFAULT</p>
40. CAPITAL INDIRECT MEDICAL	NUM	5	184	188	<p>THE RATIO OF RESIDENTS/INTERNS TO THE HOSPITAL'S EDUCATION RATIO AVERAGE DAILY CENSUS.</p>
					<p>1.4 DIGITS</p>
					<p>CODES: ZEROS = NON-TEACHING HOSPITAL</p>
41. CAPITAL EXCEPTION PAYMENT	NUM	6	189	194	<p>THE PER DISCHARGE EXCEPTION PAYMENT TO WHICH A RATE HOSPITAL IS ENTITLED.</p>
					<p>4.2 DIGITS</p>
42. FILLER	CHAR	46	195	240	