

CY 2005 Final Rule 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 (PPS) on payments (including beneficiary co-payments) to hospitals. The data comes from various sources, including hospital cost report extracts predominately from fiscal years 1999, 2000, 2001, and 2002, and the Final Rule FY 2005 impact file for hospital inpatient operating and capital payments. The data is abstracted from an internal file used to conduct the impact analysis of the final outpatient PPS for CY 2005.

CY 2005 HOSPITAL OUTPATIENT  
PPS PAYMENT IMPACT FILE: FINAL RULE 2005<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	MSA Code	Up to four character code designating the provider's MSA location prior to introduction of the new CBSA-based labor market definitions
D	Total Units	Total number of outpatient services used to calculate payment
E	Provider Type	RURAL SCH = Rural Sole Community Hospital. These hospitals are held harmless for 2005.
F	Post Reclassification Wage Index with Outmigration and Other Adjustments	Final 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, the 50/50 one-year transition blend, other subsequent corrections to the IPPS wage index, and is based on the CBSA methodology adopted in the hospital inpatient final rule.
G	Urban/Rural Location	Urban/Rural designations for geographic location prior to reclassification.  LURBAN= Large urban area OURBAN=Other urban area RURAL= Rural area
H	Census Division	Based on pre-reclassification CBSA assignment
I	Disproportionate Share Patient	From final inpatient FY 2005 impact file, the DSH

	Percentage	variable is based on cost report and Social Security Administration (SSA) data. <sup>3</sup>
J	Estimated 2004 PPS Payment	Estimated total CY 2004 Medicare program and beneficiary OPSS payments for the services for which CMS is able to simulate payments. These dollars include additional monies made available for specified covered outpatient drugs and changes in the wage index attributable to 508 reclassifications. <sup>4</sup>
K	Estimated 2005 PPS Payment	Estimated total CY 2005 Medicare program and beneficiary OPSS payments for the services for which CMS is able to simulate payments. These dollars include additional monies made available for specified covered outpatient drugs and changes in the wage index attributable to 508 reclassifications. <sup>4</sup>
L	Estimated 2005 Outlier Payment	Estimated outlier payments for final rule CY 2005 OPSS. <sup>4</sup>
M	Number of Beds	From final FY 2005 hospital inpatient PPS impact file and most recent cost report of the provider.
N	Children's Hospitals	Identifies Children's hospitals permanently held harmless by BBRA 1999
O	Major Cancer Hospitals	May be used to identify major cancer hospitals permanently held harmless by BBRA 1999
P	Teaching Hospitals	Identifies major and minor teaching hospitals
Q	Ownership	Identifies type of ownership: voluntary, proprietary, or government
R	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.
S	Overall Cost-to-Charge Ratio	The overall cost-to-charge ratio (CCR) used to estimate outlier payments. This is based on the hospital's most recently submitted cost report, and if not settled, adjusted by a settled to submitted ratio calculated from the last pair of final settled and submitted cost reports. This is NOT the CCR used by the Fiscal Intermediaries to calculate outlier payments.

<sup>1</sup> Additional provider variables can be obtained from the final rule FY 2004 hospital inpatient PPS Payment Impact File.

<sup>2</sup> A list of SSA state codes is available from the final rule FY 2005 hospital inpatient PPS Payment Impact File.

<sup>3</sup> This variable is missing for hospitals not included on the final inpatient FY 2005 impact file, which are generally TEFRA hospitals not paid under IPPS.

---

<sup>4</sup> These payments are simulated, and actual payments will differ. Estimated amounts are based on the distribution of services present in the 2003 claims that we could model. The 2003 claims are weeded for those with valid, covered HCPCS. Further, CMS does not predict changes in volume or case mix.