

Final Rule CY2006 Hospital Outpatient PPS Rural Analysis File

This file contains provider-level data used to assess the relative costliness of rural hospitals as required by a provision in Pub. L. 108-173. This data comes from various sources, including hospital cost report extracts predominately from fiscal years 2001, 2002, 2003, and 2004. Based on this data, the Final Rule for CY 2006 finalizes a payment adjustment of 7.1 percent for all services provided by rural sole community hospitals except drugs, biologicals, and services receiving pass-through payment.

Final Rule CY 2006 HOSPITAL OUTPATIENT  
RURAL ANALYSIS FILE<sup>1</sup>

Column	Title	Description
A	Provider Number	Six character provider number. In general, the first two digits identify the State.
B	Service Mix Index	Average relative weight, weighted by discounted units. (For a description of discounted units, see below.) This service mix index variable does not include drugs, biologicals, or services receiving pass-through payment. The service mix index is a measure of the resource intensity of services provided by each hospital.
C	Cost Per Discounted Unit	Total cost divided by discounted units. (See description of discounted units below.)
D	Discounted Units	Total number of outpatient services used to calculate payment. Discounted units are the total number of units after we adjust for the multiple procedure reduction of 50 percent that applies to payment for surgical services when multiple surgical procedures are performed at the same operative session.
E	2006 Wage Index	Final FY 2006 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, hold harmless provisions, and is based on a CBSA methodology. [The wage index used for payment in 2006 will contain any subsequent corrections to the final 2006 inpatient hospital wage index that may not be reflected here.]
F	Number of Beds	Derived from the most recent cost report of the provider.
G	Major Cancer Hospitals	Identifies major cancer hospitals.
H	Children's Hospitals	Identifies children's hospitals.
I	Rehabilitation Hospitals	Identifies rehabilitation hospitals.

J	Long-Term Hospitals	Identifies long-term hospitals.
K	Psychiatric Hospitals	Identifies psychiatric hospitals.
L	All Rural	Identifies hospitals that are considered rural, either because of their CBSA geographic location or their wage index reclassification.
M	Rural Sole Community Hospitals	Identifies sole community hospitals that are rural.
N	Small Rural Hospitals	Identifies small rural hospitals that have 100 or fewer beds and are not sole community hospitals.
O	All Other Rural Hospitals	Identifies rural hospitals that are not sole community hospitals or small rural hospitals that have 100 or fewer beds.
P	Medicare Dependent Hospitals	Identifies Medicare Dependent Hospitals.
Q	Urban Sole Community Hospitals	Identifies sole community hospitals that do not qualify for the rural sole community adjustment.

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<sup>1</sup> Additional provider variables can be obtained from the CY 2006 Final Rule Hospital Outpatient PPS Impact File and from the FY2006 Final Rule Hospital Inpatient PPS Payment Impact File.