

### **Inpatient Hospital Data**

This data set includes all Inpatient fee for service claims for Federal FY 2010 (10/1/2009-9/30/2010) and covers facilities paid under the Inpatient Prospective Payment System( IPPS), Critical Access Hospitals (CAHs), the Inpatient Rehabilitation Facility Prospective Payment System ( IRF), Inpatient Psychiatric Prospective Payment System (IPS), Long Term Care Hospital Prospective Payment system (LTCH), Indian Health Service Hospitals (IHS), Children's Hospitals (to extent for which the CMS has data available), Cancer Hospitals and TEFRA Hospitals. Claims are final action and total payments include the Medicare Claim payment amount, the Beneficiary Inpatient Deductible Amount, the Beneficiary Part A Coinsurance Liability Amount and the Beneficiary Blood Deductible Liability Amount. Payments are aggregated by the beneficiary zip code on the claim and are summarized for each Major Diagnostic Category (MDC).

### **Outpatient data**

This data set includes all outpatient fee for service claims for calendar year 2010 (1/1/2010-12/31/2010) for facilities that include Ambulatory Surgical Centers (ASCs), Outpatient Prospective Payment Systems (OPPS) facilities, Critical Access Hospitals (CAHs), Comprehensive Outpatient Rehabilitation Facilities (CORFs), Community Mental Health Centers (CMHCs), End-Stage Renal Disease facilities (ESRD), Federally Qualified Health Centers (FQHCs), Outpatient Rehabilitation Facilities (ORFs) and Rural Health Clinics. Claims are final action and include any copayments and/or deductibles that apply. Medicare Payments (and line allowed charge amounts in the case of ASCs) are aggregated by the beneficiary zip code on the claim and are summarized for each Outpatient Category.

### **Physician Data**

This data set includes all physician fee-for-service claims for calendar year 2010 (1/1/2010-12/31/2010). Claims selected for the data set contain at least one of the specialty codes on the Physician Specialty file available on this webpage. Claims are final action and the line allowed charges are aggregated by the beneficiary zip code on the claim and summarized by specialty category. Please note specialties 01 – General Practice, 08 – Family Practice, 11 – Internal Medicine, and 38 – Geriatric Medicine, are combined into the Primary Care category and the summed line allowed charges under this category represent all of these specialties.