

# CMS 2010 Institutional Provider & Beneficiary Summary Public Use File (PUF)

## General Documentation

### 1. Overview of the PUF

This release contains the *2010 Institutional Provider & Beneficiary (IPBS) Public Use File (PUF)* drawn from 2010 institutional Medicare claims.<sup>1</sup> The purpose of the *CMS 2010 IPBS PUF* is to provide provider-level information on institutional claims for fee-for-service (FFS) Medicare beneficiaries in 2010. The types of institutional claims included in this PUF are:

- Inpatient Psychiatric (IPF);
- Inpatient Acute Care (IPPS);
- Inpatient Rehabilitation Facility (IRF);
- Other Inpatient (OTH);
- Critical Access Hospital (CAH);
- Long Term Care (LTC);
- Outpatient (OUTP);
- Skilled Nursing Facility (SNF);
- Home Health Agency (HHA);
- Hospice (HOS);

The *CMS 2010 IPBS PUF* is an aggregated file in which each record summarizes information for a particular institutional provider. Hence, the number of rows (or records) in the *CMS 2010 IPBS PUF* represents the number of unique institutions reimbursed by Medicare for services provided to FFS beneficiaries. There are different categories of summary measures in the *CMS 2010 IPBS PUF* including beneficiary demographics, cost and utilization measures, and, prevention quality indicators (PQIs). Summarized beneficiary measures include beneficiary demographics (e.g., breakdown of beneficiary counts by sex, age, race), health status information (e.g., breakdown of beneficiary counts by selected chronic conditions)<sup>2</sup> and the top five hospital referral regions (HRRs) where that provider's beneficiary population resides. Summarized cost measures include actual and standardized Medicare payments, deductible and coinsurance payments, and pass-through costs. Utilization measures are summarized in terms of days, stays, visits, episodes, and readmissions. The PQI measures are based upon hospital inpatient data and include hospital admissions for specific conditions that are considered "ambulatory care sensitive conditions."

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<sup>1</sup> Claims with services ending in 2010, defined by the "claim through date."

<sup>2</sup> For more information on the chronic conditions, see <http://www.ccwdata.org/chronic-conditions/index.htm>

Finally, the *CMS 2010 IPBS PUF* summarizes the measures by provider identifier across all types of service. That is, different types of services (listed above) by the same provider are aggregated into one record if the provider offers more than one type of service. However, the PUF includes a variable that provides the type of the institutional facility (e.g. hospital, skilled nursing facility, home health agency).

## **2. Source Data for the PUF**

The *CMS 2010 IPBS PUF* is based on the 100 percent of Medicare claims for beneficiaries who are enrolled in the fee-for-service (FFS) program as well as enrollment and eligibility data for 2010. These are institutional final action claims in 2010 with non-negative Medicare claim payment amounts.

## **3. Content of the PUF**

The most important aspects of the *CMS 2010 IPBS PUF* are as follows:

- a) It contains information from 100% of the 2010 Medicare FFS beneficiary population summarizing millions of institutional claims as stays, admissions, visits, episodes, etc. It also summarizes a variety of PQIs for each provider.
- b) It contains analytic variables for Medicare payments to providers such as Medicare payments, deductible and coinsurance payments, and pass-through costs.
- c) It contains detailed breakdown of beneficiaries served by each provider by sex, age category, race, dual eligibility status, and chronic conditions.
- d) Every beneficiary count variable in the PUF contains at least 11 beneficiaries. The value is suppressed if there are less than 11 beneficiaries for a particular break down (e.g., race).
- e) The fact that the PUF does not provide beneficiary-level information reduces concern about the privacy of the beneficiaries. Nevertheless, the PUF is tested rigorously to ensure that it can be released to the public without compromising beneficiaries' privacy.

## **4. Variables of the PUF**

The *CMS 2010 IPBS PUF* contains 111 variables:

- 1) Provider ID.
- 2) HRR: the description of the HRR where the provider is located.
- 3) Type of the institutional facility.
- 4) Number of beneficiaries utilizing the services of the provider.
- 5) Number of beneficiaries deceased within the year utilizing the services of the provider.
- 6) Number of male beneficiaries utilizing the services of the provider.

- 7) Number of female beneficiaries utilizing the services of the provider.
- 8) Number of non-Hispanic white beneficiaries utilizing the services of the provider.
- 9) Number of non-Hispanic black beneficiaries utilizing the services of the provider.
- 10) Number of Hispanic beneficiaries utilizing the services of the provider.
- 11) Number of Asian Pacific Islander beneficiaries utilizing the services of the provider.
- 12) Number of Alaskan Native/American Indian beneficiaries utilizing the services of the provider.
- 13) Number of beneficiaries with all other race/ethnicity utilizing the services of the provider.
- 14) Number of beneficiaries under the age of 65 years utilizing the services of the provider.
- 15) Number of beneficiaries between the ages of 65 and 69 utilizing the services of the provider.
- 16) Number of beneficiaries between the ages of 70 and 74 utilizing the services of the provider.
- 17) Number of beneficiaries between the ages of 75 and 79 utilizing the services of the provider.
- 18) Number of beneficiaries between the ages of 80 and 84 utilizing the services of the provider.
- 19) Number of beneficiaries over the age of 84 utilizing the services of the provider.
- 20) Number of dual eligible beneficiaries utilizing the services of the provider. This category includes beneficiaries entitled to both full and restricted Medicaid benefits.
- 21) Number of non-dual eligible beneficiaries utilizing the services of the provider.
- 22) Number of beneficiaries where the HRR based on the residence of the beneficiary utilizing the services of the provider is different from the HRR based on the provider.
- 23) Number of beneficiaries meeting the chronic condition algorithm for atrial fibrillation and utilizing the services of the provider.
- 24) Number of beneficiaries meeting the chronic condition algorithm for Alzheimers' disease and utilizing the services of the provider.
- 25) Number of beneficiaries meeting the chronic condition algorithm for Alzheimers' broad classification including dementia and utilizing the services of the provider.
- 26) Number of beneficiaries meeting the chronic condition algorithm for acute myocardial infarction (AMI) and utilizing the services of the provider.
- 27) Number of beneficiaries meeting the chronic condition algorithm for anemia and utilizing the services of the provider.
- 28) Number of beneficiaries meeting the chronic condition algorithm for asthma and utilizing the services of the provider.
- 29) Number of beneficiaries meeting the chronic condition algorithm for breast cancer and utilizing the services of the provider.

- 30) Number of beneficiaries meeting the chronic condition algorithm for cataracts and utilizing the services of the provider.
- 31) Number of beneficiaries meeting the chronic condition algorithm for congestive heart failure (CHF) and utilizing the services of the provider.
- 32) Number of beneficiaries meeting the chronic condition algorithm for chronic kidney disease (CKD) and utilizing the services of the provider.
- 33) Number of beneficiaries meeting the chronic condition algorithm for chronic obstructive pulmonary disease (COPD) and utilizing the services of the provider.
- 34) Number of beneficiaries meeting the chronic condition algorithm for colorectal cancer and utilizing the services of the provider.
- 35) Number of beneficiaries meeting the chronic condition algorithm for depression and utilizing the services of the provider.
- 36) Number of beneficiaries meeting the chronic condition algorithm for diabetes and utilizing the services of the provider.
- 37) Number of beneficiaries meeting the chronic condition algorithm for endometrial cancer and utilizing the services of the provider.
- 38) Number of beneficiaries meeting the chronic condition algorithm for glaucoma and utilizing the services of the provider.
- 39) Number of beneficiaries meeting the chronic condition algorithm for hip fracture and utilizing the services of the provider.
- 40) Number of beneficiaries meeting the chronic condition algorithm for hyperlipidemia and utilizing the services of the provider.
- 41) Number of beneficiaries meeting the chronic condition algorithm for benign prostatic hyperplasia and utilizing the services of the provider.
- 42) Number of beneficiaries meeting the chronic condition algorithm for hypertension and utilizing the services of the provider.
- 43) Number of beneficiaries meeting the chronic condition algorithm for acquired hypothyroidism and utilizing the services of the provider.
- 44) Number of beneficiaries meeting the chronic condition algorithm for ischemic heart disease and utilizing the services of the provider.
- 45) Number of beneficiaries meeting the chronic condition algorithm for lung cancer and utilizing the services of the provider.
- 46) Number of beneficiaries meeting the chronic condition algorithm for osteoporosis and utilizing the services of the provider.
- 47) Number of beneficiaries meeting the chronic condition algorithm for prostate cancer and utilizing the services of the provider.
- 48) Number of beneficiaries meeting the chronic condition algorithm for rheumatoid arthritis/osteoarthritis (RAOA) and utilizing the services of the provider.

- 49) Number of beneficiaries meeting the chronic condition algorithm for stroke/transient ischemic attack and utilizing the services of the provider.
- 50) Description of the highest ranked HRR based on the zip code of beneficiaries utilizing the services of the provider.
- 51) Description of the second highest ranked HRR based on the residence of beneficiaries utilizing the services of the provider.
- 52) Description of the third highest ranked HRR based on the residence of beneficiaries utilizing the services of the provider.
- 53) Description of the fourth highest ranked HRR based on the residence of beneficiaries utilizing the services of the provider.
- 54) Description of the fifth highest ranked HRR based on the residence of beneficiaries utilizing the services of the provider.
- 55) Number of beneficiaries in the highest ranked HRR based on the residence of beneficiaries utilizing the services of the provider.
- 56) Number of beneficiaries in the second highest ranked HRR based on the residence of beneficiaries utilizing the services of the provider.
- 57) Number of beneficiaries in the third highest ranked HRR based on the residence of beneficiaries utilizing the services of the provider.
- 58) Number of beneficiaries in the fourth highest ranked HRR based on the residence of beneficiaries utilizing the services of the provider.
- 59) Number of beneficiaries in the fifth highest ranked HRR based on the residence of beneficiaries utilizing the services of the provider.
- 60) Number of beneficiaries with hospital admissions for diabetes short term complications.
- 61) Total hospital admissions for diabetes short term complications.
- 62) Number of beneficiaries with hospital admissions for diabetes long term complications.
- 63) Total hospital admissions for diabetes long term complications.
- 64) Number of beneficiaries with hospital admissions for COPD.
- 65) Total hospital admissions for COPD.
- 66) Number of beneficiaries with hospital admissions for hypertension.
- 67) Total hospital admissions for hypertension.
- 68) Number of beneficiaries with hospital admissions for CHF.
- 69) Total hospital admissions for CHF.
- 70) Number of beneficiaries with hospital admissions for dehydration.
- 71) Total hospital admissions for dehydration.
- 72) Number of beneficiaries with hospital admissions for pneumonia.
- 73) Total hospital admissions for pneumonia.
- 74) Number of beneficiaries with hospital admissions for urinary infection.
- 75) Total hospital admissions for urinary infection.

- 76) Number of beneficiaries with hospital admissions for angina.
- 77) Total hospital admissions for angina.
- 78) Number of beneficiaries with hospital admissions for diabetes uncontrolled.
- 79) Total hospital admissions for diabetes uncontrolled.
- 80) Number of beneficiaries with hospital admissions for adult asthma.
- 81) Total hospital admissions for adult asthma.
- 82) Number of beneficiaries with hospital admissions for lower extremity amputation.
- 83) Total hospital admissions for lower extremity amputation.
- 84) Number of beneficiaries with outpatient emergency room (OER) visits.
- 85) Total outpatient emergency room (OER) visits.
- 86) Number of beneficiaries with inpatient emergency room (IER) visits.
- 87) Total inpatient emergency room (IER) visits.
- 88) Number of beneficiaries with covered days of care.
- 89) Total number of covered days of care.
- 90) Number of beneficiaries with covered stays.
- 91) Total number of covered stays.
- 92) Number of beneficiaries with HHA visits or visits for outpatient care.
- 93) Total HHA visits or visits for outpatient care.
- 94) Number of beneficiaries with HHA episodes of care.
- 95) Total HHA episodes of care.
- 96) Number of beneficiaries with acute admissions qualifying as an index admission.<sup>3</sup>
- 97) Total acute admissions qualifying as an index admission.
- 98) Number of beneficiaries with all cause acute readmissions.
- 99) Total all cause acute readmissions.
- 100) Number of beneficiaries with all cause acute readmissions to a different provider.<sup>4</sup>
- 101) Total all cause acute readmissions to a different provider.
- 102) Total amount of payment made from the Medicare trust fund for the services covered by the claim records.
- 103) Total amount of adjusted or standardized payment made from the Medicare trust fund for the services covered by the claim records.
- 104) Total amount of the outlier portion of the Prospective Payment System (PPS) payment for capital.
- 105) Total standardized Medicare payments associated with all cause acute readmissions.

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<sup>3</sup> An admission qualifies as an index admission if the discharge date is within the calendar year and the reason for discharge is not due to the death of the beneficiary or due to the beneficiary leaving the facility against medical advice.

<sup>4</sup> When the provider from the index admission is different from the provider of the readmission.

- 106) Total amount of money the beneficiary is liable for coinsurance on the institutional claim.
- 107) Total amount of the deductible that the beneficiary is responsible to pay for services, as originally submitted on the institutional claim.
- 108) Total amount of established reimbursable costs for the current year divided by the estimated Medicare days for the current year.
- 109) Average hierarchical condition category (HCC) risk score among beneficiaries utilizing the services of the provider.
- 110) Number of beneficiaries utilizing services of the long term institution.
- 111) Average number of months in a long term institution among beneficiaries utilizing the services of the provider.

See the Data Dictionary & Codebook for more information on the construction of the variables.

## 5. Methodology and Key Assumptions

The *CMS 2010 IPBS PUF* is a provider-level PUF which summarizes institutional claims covered by Medicare Part A or B. As each record belongs to a unique provider, different types of services offered by the provider are aggregated when applicable. For example, if a provider offers both inpatient and outpatient services, then the total Medicare payments will provide the sum over both types of services. Also, not all variables of the *CMS 2010 IPBS PUF* are applicable to every provider. For example, the variable "visits" is only valid for providers offering outpatient and home health services. Table 1 shows types of services the variables are associated with or created from. Users should refer to the Data Dictionary & Codebook for more details on each of the variables in the *CMS 2010 IPBS PUF*.

Even though the PUF does not provide beneficiary-level information, the privacy of the beneficiaries is protected by suppressing some of the variable values (e.g., for demographic variables) unless they contain eleven (11) or more beneficiaries. Table 2 shows the effect of the suppression by comparing the values of variables before and after the suppression. The suppression rates for variables with small number of beneficiaries (e.g., Race\_other) are larger than variables with millions of beneficiaries (e.g., Male). Institutions that are small, as determined by the suppression rules, are removed from the *CMS 2010 IPBS PUF* completely.<sup>5</sup>

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<sup>5</sup> A total of 1,539 institutions that provided services to less than 11 beneficiaries in 2010 was removed from the *CMS 2010 IPBS PUF*.

## 6. Analytic Utility of the PUF

The *CMS 2010 IPBS PUF* provides information from 49,413 institutional providers in 307 HRRs.<sup>6</sup> In terms of number of providers per HRR, "CA - Santa Cruz" is the smallest HRR with 19 providers and "CA - Los Angeles" is the largest with 1,282 providers. Similarly, in terms of the total number of beneficiaries utilizing the services of the providers, "CA - Santa Cruz" is the smallest and "MA - Boston" is the largest. Table 3 provides the smallest and Table 4 provides the largest 5 HRRs in the *CMS 2010 IPBS PUF* in terms of the number beneficiaries utilizing the services of the providers. Skilled nursing facilities and home health agencies are the two most common types of providers in the PUF. However, the type of facility that is most commonly utilized is the "hospital-short stay." Table 5 provides the number of providers, number of beneficiaries utilizing the services, and total Medicare payments by facility type in the *CMS 2010 IPBS PUF*.

Note that the demographic variables (based on age, gender, dual eligibility status, etc.) and other variables that provide beneficiary counts cannot be aggregated as that would lead to double counting of beneficiaries using services from different types of facilities.

## 7. Support for the PUF and Further Information

The construction of the variables in the *CMS 2010 IPBS PUF* is detailed in the Data Dictionary, which users interested in the source variables and their relationships to the variables in the *CMS 2010 IPBS PUF* are encouraged to review. Further information about the source files and variables is available on the CCW website.<sup>7</sup> Questions about the *CMS 2010 IPBS PUF* can be submitted to the Research Data Assistance Center (ResDAC)<sup>8</sup> at the University of Minnesota by calling 1-888-9RESDAC or by sending an email to [resdac@umn.edu](mailto:resdac@umn.edu).

Users can request any of the files used in the construction of the *CMS 2010 IPBS PUF* or any other CMS data files by following the instructions on the CMS website.<sup>9</sup>

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<sup>6</sup> The *CMS 2010 IPBS PUF* also contains institutions for which the HRR is "XX – Unknown."

<sup>7</sup> <http://www.ccwdata.org/data-dictionaries/index.htm>  
[http://www.ccwdata.org/cs/groups/public/documents/document/ccw\\_techguideresearchers.pdf](http://www.ccwdata.org/cs/groups/public/documents/document/ccw_techguideresearchers.pdf)  
[http://www.ccwdata.org/cs/groups/public/documents/document/ccw\\_conditioncategories.pdf](http://www.ccwdata.org/cs/groups/public/documents/document/ccw_conditioncategories.pdf)

<sup>8</sup> <http://www.resdac.org/>

<sup>9</sup> <http://www.cms.gov/FilesForOrderGenInfo/>



Table 1. Types of Services Associated with the Variables in the *CMS 2010 IPBS PUF*

	CAH	HHA	HOS	IPF	IPPS	IRF	LTC	OTH	OUTP	SNF
tapq01	X			X	X	X	X	X		
tapq03	X			X	X	X	X	X		
tapq05	X			X	X	X	X	X		
tapq07	X			X	X	X	X	X		
tapq08	X			X	X	X	X	X		
tapq10	X			X	X	X	X	X		
tapq11	X			X	X	X	X	X		
tapq12	X			X	X	X	X	X		
tapq13	X			X	X	X	X	X		
tapq14	X			X	X	X	X	X		
tapq15	X			X	X	X	X	X		
tapq16	X			X	X	X	X	X		
oer									X	
ier	X				X					
covered_days	X		X	X	X	X	X	X		X
covered_stays	X		X	X	X	X	X	X		X
visits		X							X	
episodes		X								
admits	X				X					
readmits	X				X					
readmits_different_prov	X				X					
outlier_apprvd_pmt				X	X	X	X			
readmit_pmt	X				X					
coinsurance	X			X	X	X	X	X	X	X
deductible	X			X	X	X	X	X	X	
pass_thru_costs				X	X	X	X			

Note: Variables associated with all types of services are excluded from the table. For the variables that provide breakdown of beneficiary counts by chronic conditions (e.g., alzrdsd\_bene\_cnt), see the associated types of claims and algorithms on the CCW website: <http://www.ccwdata.org/chronic-conditions/index.htm>

CAH: Critical Access Hospital, HHA: Home Health Agency, HOS: Hospice, IPF: Inpatient Psychiatric, IPPS: Inpatient Acute, IRF: Inpatient Rehab; LTC: Long Term Care; OTH: Inpatient Other; OUTP: Outpatient; SNF: Skilled Nursing Facility.

Table 2. Suppression in the CMS 2010 IPBS PUF

Variable	Initial File	CMS 2010 IPBS PUF	Suppression Rate
Bene_cnt	49,328,194	49,320,830	0.01%
Death_bene_cnt	4,297,031	4,221,576	1.76%
Hrr_diff_bene_cnt	8,330,653	8,091,256	2.87%
Age_less_65	9,431,112	9,350,356	0.86%
Age_65_69	8,591,459	8,473,264	1.38%
Age_70_74	8,390,909	8,298,230	1.10%
Age_75_79	7,524,818	7,444,777	1.06%
Age_80_84	6,882,627	6,805,483	1.12%
Age_over_84	8,507,269	8,448,201	0.69%
Male	19,911,919	19,881,450	0.15%
Female	29,416,275	29,354,838	0.21%
Race_white	39,651,587	39,439,444	0.54%
Race_black	5,308,106	5,206,325	1.92%
Race_hispn	2,867,151	2,769,373	3.41%
Race_api	821,800	733,586	10.73%
Race_natind	308,395	270,554	12.27%
Race_other	371,155	252,072	32.08%
Dual	14,139,826	13,972,059	1.19%
Non_dual	35,188,368	34,933,891	0.72%
Afib_bene_cnt	5,964,979	5,893,647	1.20%
Alzrdsd_bene_cnt	8,504,149	8,459,599	0.52%
Alz_bene_cnt	3,950,587	3,889,082	1.56%
Ami_bene_cnt	966,286	842,838	12.78%
Anemia_bene_cnt	18,054,261	18,038,904	0.09%
Asthma_bene_cnt	3,674,647	3,571,492	2.81%
Brc_bene_cnt	1,879,022	1,766,216	6.00%
Cat_bene_cnt	9,870,249	9,804,733	0.66%
Chf_bene_cnt	12,730,294	12,708,750	0.17%
Ckd_bene_cnt	11,731,826	11,706,209	0.22%
Copd_bene_cnt	9,224,362	9,184,432	0.43%
Crc_bene_cnt	965,209	852,538	11.67%
Depr_bene_cnt	11,319,331	11,287,290	0.28%
Diab_bene_cnt	16,909,981	16,892,999	0.10%
Endc_bene_cnt	193,239	144,352	25.30%
Glcm_bene_cnt	5,106,926	5,009,093	1.92%
Hfrac_bene_cnt	1,033,026	935,494	9.44%
Hyperl_bene_cnt	25,203,939	25,185,316	0.07%

Variable	Initial File	CMS 2010 IPBS PUF	Suppression Rate
Hyperp_bene_cnt	3,571,905	3,469,329	2.87%
Hypert_bene_cnt	34,696,547	34,686,580	0.03%
Hypoth_bene_cnt	6,563,884	6,501,360	0.95%
lhd_bene_cnt	20,406,292	20,390,368	0.08%
Lngc_bene_cnt	933,032	830,061	11.04%
Ost_bene_cnt	4,812,679	4,740,116	1.51%
Prc_bene_cnt	1,865,783	1,746,690	6.38%
Raoa_bene_cnt	18,975,637	18,951,220	0.13%
Strk_bene_cnt	3,687,052	3,603,777	2.26%
Tapq01_bene_cnt	21,876	10,665	51.25%
Tapq03_bene_cnt	103,057	94,437	8.36%
Tapq05_bene_cnt	296,050	291,493	1.54%
Tapq07_bene_cnt	47,587	37,599	20.99%
Tapq08_bene_cnt	385,496	381,474	1.04%
Tapq10_bene_cnt	139,120	131,550	5.44%
Tapq11_bene_cnt	351,264	348,770	0.71%
Tapq12_bene_cnt	230,090	224,834	2.28%
Tapq13_bene_cnt	16,412	5,790	64.72%
Tapq14_bene_cnt	14,162	4,394	68.97%
Tapq15_bene_cnt	2,764	12	99.57%
Tapq16_bene_cnt	15,156	7,007	53.77%
Tapq01	27,270	13,430	50.75%
Tapq03	119,430	109,979	7.91%
Tapq05	367,659	362,375	1.44%
Tapq07	49,977	39,595	20.77%
Tapq08	474,836	470,298	0.96%
Tapq10	143,814	136,038	5.41%
Tapq11	374,788	372,139	0.71%
Tapq12	247,932	242,348	2.25%
Tapq13	16,610	5,883	64.58%
Tapq14	14,682	4,615	68.57%
Tapq15	3,798	18	99.53%
Tapq16	16,394	7,647	53.35%
Hrr_Bene_Cnt1	41,321,710	41,107,227	0.52%
Hrr_Bene_Cnt2	3,700,677	3,597,371	2.79%
Hrr_Bene_Cnt3	1,156,435	1,062,097	8.16%
Hrr_Bene_Cnt4	560,483	454,232	18.96%
Hrr_Bene_Cnt5	343,085	277,719	19.05%

Variable	Initial File	CMS 2010 IPBS PUF	Suppression Rate
Oer	14,813,198	14,812,585	0.00%
ler	7,418,576	7,415,782	0.04%
Covered_days	220,764,236	220,647,702	0.05%
Covered_stays	15,856,884	15,852,949	0.02%
Visits	372,997,065	372,734,897	0.07%
Episodes	7,013,655	7,006,652	0.10%
Admits	10,792,959	10,792,376	0.01%
Readmits	2,061,428	2,059,350	0.10%
Readmits_different_prov	506,794	502,769	0.79%
Actual_pmt	235,375,445,985	235,340,497,099	0.01%
Standard_pmt	217,037,061,214	217,001,962,010	0.02%
Outlier_apprvd_pmt	4,817,179,166	4,777,659,864	0.82%
Readmit_pmt	18,958,440,537	18,939,013,936	0.10%
Coinsurance	19,493,715,351	19,484,930,989	0.05%
Deductible	9,427,405,561	9,420,564,737	0.07%
Pass_thru_costs	2,828,121,667	2,827,895,950	0.01%
Oer_bene_cnt	9,289,393	9,288,852	0.01%
ler_bene_cnt	5,283,182	5,280,482	0.05%
Covered_days_bene_cnt	11,521,781	11,518,334	0.03%
Covered_stays_bene_cnt	11,538,029	11,534,590	0.03%
Visits_bene_cnt	43,332,108	43,322,317	0.02%
Episodes_bene_cnt	3,831,876	3,828,462	0.09%
Admits_bene_cnt	7,630,047	7,629,484	0.01%
Readmits_bene_cnt	1,465,612	1,463,768	0.13%
Readmits_diff_prov_bene_cnt	478,335	474,431	0.82%
Avg_lti_months_bene_cnt	3,107,048	3,043,633	2.04%

Table 3. Smallest HRRs in the *CMS 2010 IPBS PUF*

HRR	Number of Providers	Number of beneficiaries
CA - Santa Cruz	19	20,639
OR - Salem	24	21,969
IL - Aurora	27	23,522
LA - Slidell	38	26,507
IA - Dubuque	36	27,322

Table 4. Largest HRRs in the *CMS 2010 IPBS PUF*

HRR	Number of Providers	Number of beneficiaries
GA - Atlanta	587	719,106
TX - Houston	1,239	730,431
MO - St. Louis	731	769,574
CA - Los Angeles	1,282	858,002
MA - Boston	622	1,096,223

Table 5. Total Providers and Beneficiaries by Facility Type in the *CMS 2010 IPBS PUF*

Facility Type	Number of Providers	Number of beneficiaries	Total Actual Payment (\$)
ESRD	5,451	472,877	7,606,130,063
Federal Qual- FQHC	3,214	1,325,992	467,865,101
Home Health Agency	10,254	4,065,521	19,634,298,764
Hospice Facility	3,359	1,198,688	12,934,673,158
Hospital-CAH	1,323	2,427,319	6,215,975,325
Hospital-Cancer	11	172,993	1,010,752,556
Hospital-Childrens	61	24,554	74,049,491
Hospital-Long Term	438	182,401	5,147,605,915
Hospital-Psych	479	188,999	1,502,532,994
Hospital-Rehab	231	271,285	2,717,058,285
Hospital-Religious	11	318	4,001,383
Hospital-Short Stay	3,543	33,757,052	148,302,760,164
Hospital-Unknown	4	251	3,214,169
Mental Health Hosp	183	27,559	212,383,118
Other-Unknown	403	97,632	157,299,471
Outpatient - PT/SP	1,877	479,031	582,546,638
Rehab - CORF	229	38,755	53,846,529
Rural Health Clinic	3,410	1,850,888	608,302,755
SNF-Title 18	806	228,588	1,811,236,480
SNF-Title 18/19	14,126	2,510,127	26,293,964,740