

Final Rule CY 2013 Hospital Outpatient PPS Cancer Hospital Payment Adjustment File

This file contains provider-level data used to assess the relative costliness of the eleven designated cancer hospitals as required by Section 3138 of the Affordable Care Act. These data are from hospital cost report extracts predominately from fiscal years 2010 and 2011. Based on these data, a final target PCR of 0.91 would be used to determine the CY 2013 cancer hospital payment adjustment. Therefore, the payment amount associated with the cancer hospital adjustment to be determined at cost report settlement would be the additional payment needed to result in a final PCR equal to 0.91 for each cancer hospital.

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Column	Title	Description
A	Provider Number	Six character provider number. In general, the first two digits identify the State.
B	Cost Report FY Beginning	Beginning date of the hospital cost report used in the analysis.
C	Cost Report FY Ending	Ending date of the hospital cost report used in the analysis.
D	Medical and Other Services Costs	Total hospital costs for OPSS services as reported on the cost report.
E	PPS Payments Including Outliers	Total payments to hospital for OPSS services as reported on the cost report.
F	TOPs Payments	Transitional outpatient payments (TOPs) are additional payments paid to cancer hospitals to ensure that they do not receive a payment that is lower under the OPSS than the payment they would have received before implementation of the OPSS (Pre-BBA). The TOP is the full amount of the difference between payments for covered outpatient services under the OPSS and a pre-BBA amount.
G	Cancer Hospital	Identifies cancer hospitals.