

# CMS 2008 Institutional Provider & Beneficiary Summary Public Use File (PUF)

## General Documentation

### 1. Overview of the PUF

This release contains the *2008 Institutional Provider & Beneficiary (IPBS) Public Use File (PUF)* drawn from 2008 institutional Medicare claims.<sup>1</sup> The purpose of the *CMS 2008 IPBS PUF* is to provide provider-level information on institutional claims for fee-for-service (FFS) Medicare beneficiaries in 2008. 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 2008 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 2008 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 2008 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 2008, 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 2008 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 2008 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 2008. These are institutional final action claims in 2008 with non-negative Medicare claim payment amounts.

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

The most important aspects of the *CMS 2008 IPBS PUF* are as follows:

- a) It contains information from 100% of the 2008 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 2008 IPBS PUF* contains 115 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 intensive care unit (ICU) visits.
- 87) Total intensive care unit (ICU) visits.
- 88) Number of beneficiaries with inpatient emergency room (IER) visits.
- 89) Total inpatient emergency room (IER) visits.
- 90) Number of beneficiaries with intermediate care (IMC) visits.
- 91) Total intermediate care (IMC) visits.
- 92) Number of beneficiaries with covered days of care.
- 93) Total number of covered days of care.
- 94) Number of beneficiaries with covered stays.
- 95) Total number of covered stays.
- 96) Number of beneficiaries with HHA visits or visits for outpatient care.
- 97) Total HHA visits or visits for outpatient care.
- 98) Number of beneficiaries with HHA episodes of care.
- 99) Total HHA episodes of care.
- 100) Number of beneficiaries with acute admissions qualifying as an index admission.<sup>3</sup>
- 101) Total acute admissions qualifying as an index admission.
- 102) Number of beneficiaries with all cause acute readmissions.
- 103) Total all cause acute readmissions.
- 104) Number of beneficiaries with all cause acute readmissions to a different provider.<sup>4</sup>
- 105) Total all cause acute readmissions to a different provider.
- 106) Total amount of payment made from the Medicare trust fund for the services covered by the claim records.
- 107) Total amount of adjusted or standardized payment made from the Medicare trust fund for the services covered by the claim records.

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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.

- 108) Total amount of the outlier portion of the Prospective Payment System (PPS) payment for capital.
- 109) Total standardized Medicare payments associated with all cause acute readmissions.
- 110) Total amount of money the beneficiary is liable for coinsurance on the institutional claim.
- 111) Total amount of the deductible that the beneficiary is responsible to pay for services, as originally submitted on the institutional claim.
- 112) Total amount of established reimbursable costs for the current year divided by the estimated Medicare days for the current year.
- 113) Average hierarchical condition category (HCC) risk score among beneficiaries utilizing the services of the provider.
- 114) Number of beneficiaries utilizing services of the long term institution.
- 115) 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 2008 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 2008 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 2008 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 2008 IPBS PUF* completely.<sup>5</sup>

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<sup>5</sup> A total of 1,513 institutions that provided services to less than 11 beneficiaries in 2008 was removed from the *CMS 2008 IPBS PUF*.

## 6. Analytic Utility of the PUF

The *CMS 2008 IPBS PUF* provides information from 49,349 institutional providers in 306 HRRs.<sup>6</sup> In terms of number of providers per HRR, "CA - Santa Cruz" is the smallest HRR with 20 providers and "CA - Los Angeles" is the largest with 1,133 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 2008 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 2008 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 2008 IPBS PUF* is detailed in the Data Dictionary, which users interested in the source variables and their relationships to the variables in the *CMS 2008 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 2008 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 2008 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 2008 IPBS PUF* also contains institutions for which the HRR is missing/blanks.

<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 2008 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	
icu	X				X					
ier	X				X					
imc	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., alrdsd\_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 2008 IPBS PUF

Variable	Initial File	CMS 2008 IPBS PUF	Suppression Rate
Bene_cnt	48,155,535	48,148,817	0.01%
Death_bene_cnt	4,281,515	4,212,137	1.62%
Hrr_diff_bene_cnt	7,764,503	7,538,800	2.91%
Age_less_65	8,653,324	8,571,753	0.94%
Age_65_69	8,297,888	8,181,386	1.40%
Age_70_74	8,276,013	8,188,902	1.05%
Age_75_79	7,705,557	7,633,740	0.93%
Age_80_84	7,044,353	6,974,040	1.00%
Age_over_84	8,178,400	8,122,319	0.69%
Male	19,324,332	19,297,045	0.14%
Female	28,831,203	28,773,136	0.20%
Race_white	39,097,664	38,885,246	0.54%
Race_black	4,986,193	4,892,355	1.88%
Race_hispn	2,701,213	2,609,985	3.38%
Race_api	763,502	684,968	10.29%
Race_natind	284,495	249,069	12.45%
Race_other	322,468	212,699	34.04%
Dual	13,254,579	13,122,631	1.00%
Non_dual	34,900,956	34,643,003	0.74%
Afib_bene_cnt	5,566,351	5,497,429	1.24%
Alzrdsd_bene_cnt	8,183,274	8,140,670	0.52%
Alz_bene_cnt	3,860,343	3,802,478	1.50%
Ami_bene_cnt	979,702	861,600	12.05%
Anemia_bene_cnt	17,101,278	17,086,117	0.09%
Asthma_bene_cnt	3,371,832	3,271,609	2.97%
Brc_bene_cnt	1,807,239	1,698,297	6.03%
Cat_bene_cnt	10,187,452	10,129,633	0.57%
Chf_bene_cnt	12,778,901	12,759,433	0.15%
Ckd_bene_cnt	10,133,406	10,105,508	0.28%
Copd_bene_cnt	8,990,820	8,952,857	0.42%
Crc_bene_cnt	998,909	890,441	10.86%
Depr_bene_cnt	10,112,078	10,079,008	0.33%
Diab_bene_cnt	16,029,064	16,011,791	0.11%
Endc_bene_cnt	181,241	133,577	26.30%
Glcm_bene_cnt	4,959,847	4,866,143	1.89%
Hfrac_bene_cnt	1,056,196	961,637	8.95%
Hyperl_bene_cnt	22,995,039	22,974,463	0.09%

Variable	Initial File	CMS 2008 IPBS PUF	Suppression Rate
Hyperp_bene_cnt	3,299,085	3,198,511	3.05%
Hypert_bene_cnt	33,022,388	33,013,116	0.03%
Hypoth_bene_cnt	5,950,402	5,889,852	1.02%
lhd_bene_cnt	20,297,216	20,282,563	0.07%
Lngc_bene_cnt	918,217	819,525	10.75%
Ost_bene_cnt	4,658,962	4,589,732	1.49%
Prc_bene_cnt	1,869,301	1,754,469	6.14%
Raoa_bene_cnt	17,565,895	17,542,022	0.14%
Strk_bene_cnt	3,701,977	3,626,294	2.04%
Tapq01_bene_cnt	18,270	6,704	63.31%
Tapq03_bene_cnt	105,126	96,508	8.20%
Tapq05_bene_cnt	311,967	307,627	1.39%
Tapq07_bene_cnt	45,108	34,124	24.35%
Tapq08_bene_cnt	410,132	406,598	0.86%
Tapq10_bene_cnt	179,663	173,878	3.22%
Tapq11_bene_cnt	388,871	386,548	0.60%
Tapq12_bene_cnt	222,894	217,782	2.29%
Tapq13_bene_cnt	20,435	8,471	58.55%
Tapq14_bene_cnt	14,286	4,088	71.38%
Tapq15_bene_cnt	2,484	0	100.00%
Tapq16_bene_cnt	15,929	7,763	51.26%
Tapq01	22,362	8,372	62.56%
Tapq03	120,470	110,960	7.89%
Tapq05	385,338	380,256	1.32%
Tapq07	47,036	35,687	24.13%
Tapq08	507,029	503,022	0.79%
Tapq10	186,706	180,729	3.20%
Tapq11	415,366	412,925	0.59%
Tapq12	239,231	233,806	2.27%
Tapq13	20,771	8,652	58.35%
Tapq14	14,834	4,278	71.16%
Tapq15	3,431	0	100.00%
Tapq16	17,121	8,345	51.26%
Hrr_Bene_Cnt1	40,701,114	40,498,905	0.50%
Hrr_Bene_Cnt2	3,412,824	3,313,460	2.91%
Hrr_Bene_Cnt3	1,068,315	976,809	8.57%
Hrr_Bene_Cnt4	520,532	418,991	19.51%
Hrr_Bene_Cnt5	320,364	257,164	19.73%

Variable	Initial File	CMS 2008 IPBS PUF	Suppression Rate
Oer	13,744,060	13,743,777	0.00%
Icu	1,713,124	1,712,412	0.04%
Ier	7,642,565	7,639,648	0.04%
Imc	1,696,997	1,696,516	0.03%
Covered_days	218,352,565	218,238,554	0.05%
Covered_stays	16,308,665	16,304,977	0.02%
Visits	356,736,334	356,491,762	0.07%
Episodes	6,247,916	6,243,345	0.07%
Admits	11,151,385	11,151,006	0.00%
Readmits	2,123,393	2,121,510	0.09%
Readmits_different_prov	510,645	507,222	0.67%
Actual_pmt	212,556,362,918	212,524,447,905	0.02%
Standard_pmt	199,423,994,394	199,391,639,147	0.02%
Outlier_apprvd_pmt	4,924,851,436	4,884,882,062	0.81%
Readmit_pmt	18,448,829,991	18,432,282,553	0.09%
Coinsurance	17,937,773,766	17,927,432,182	0.06%
Deductible	9,146,593,625	9,140,816,456	0.06%
Pass_thru_costs	904,774,995	904,531,434	0.03%
Oer_bene_cnt	8,812,534	8,812,298	0.00%
Icu_bene_cnt	1,526,039	1,525,348	0.05%
Ier_bene_cnt	5,487,185	5,484,393	0.05%
Imc_bene_cnt	1,369,467	1,369,004	0.03%
Covered_days_bene_cnt	11,806,967	11,803,710	0.03%
Covered_stays_bene_cnt	11,823,662	11,820,427	0.03%
Visits_bene_cnt	41,915,077	41,905,804	0.02%
Episodes_bene_cnt	3,494,450	3,491,909	0.07%
Admits_bene_cnt	7,922,217	7,921,852	0.00%
Readmits_bene_cnt	1,527,309	1,525,639	0.11%
Readmits_diff_prov_bene_cnt	486,091	482,757	0.69%
Avg_lti_months_bene_cnt	3,142,175	3,082,988	1.88%

Table 3. Smallest HRRs in the *CMS 2008 IPBS PUF*

HRR	Number of Providers	Number of beneficiaries
CA - Santa Cruz	20	21,441
IL - Aurora	19	22,015
OR - Salem	22	24,445
LA - Slidell	38	26,399
IA - Dubuque	36	26,431

Table 4. Largest HRRs in the *CMS 2008 IPBS PUF*

HRR	Number of Providers	Number of beneficiaries
TX - Houston	1,075	683,399
GA - Atlanta	551	715,416
MO - St. Louis	731	747,892
CA - Los Angeles	1,133	835,300
MA - Boston	607	1,049,036

Table 5. Total Providers and Beneficiaries by Facility Type in the *CMS 2008 IPBS PUF*

Facility Type	Number of Providers	Number of beneficiaries	Total Actual Payment (\$)
ESRD	5,069	453,407	7,015,039,658
Federal Qual- FQHC	2,894	1,185,516	379,977,325
Home Health Agency	8,903	3,881,861	17,172,520,859
Hospice Facility	3,217	1,086,666	11,212,062,601
Hospital-CAH	1,302	2,334,667	5,541,510,327
Hospital-Cancer	11	154,199	817,864,182
Hospital-Childrens	59	15,965	67,597,289
Hospital-Long Term	402	171,589	4,503,457,422
Hospital-Psych	460	173,646	1,272,443,368
Hospital-Rehab	223	254,088	2,370,188,378
Hospital-Religious	12	306	4,464,829
Hospital-Short Stay	3,610	33,211,729	135,639,187,306
Hospital-Unknown	3	328	5,003,880
Mental Health Hosp	206	34,723	270,413,103
Other-Unknown	308	95,875	207,082,807
Outpatient - PT/SP	2,122	521,780	579,558,082
Rehab - CORF	323	72,184	146,699,977
Rural Health Clinic	3,347	1,767,966	536,867,690
SNF-Title 18	820	237,164	1,608,073,318
SNF-Title 18/19	14,052	2,495,158	23,174,435,504