

Proposed Rule CY 2011 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 come from hospital cost report extracts predominately from fiscal years 2008 and 2009. Based on these data, the Proposed Rule for CY 2011 proposes a hospital-specific payment adjustment for all services, including drugs and biologicals, provided by the eleven designated cancer hospitals. These hospital-specific adjustments result in an estimated aggregate increase in OPSS payments of 40.5% for the cancer hospitals.

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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	Pre-BBA Amount	Payment amount that cancer hospital would have received for the same services prior to implementation of the OPSS which was authorized by the Balanced Budget Act (BBA) of 1997. Pre-BBA amount is calculated as the product of the reasonable cost of the hospital for such services in the reporting year and base (pre-BBA) payment to cost ratio (base PCR) for the hospital.
G	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.
H	Cancer Hospital	Identifies cancer hospitals.