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# *PROVIDER OF SERVICES DATA*

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# *PROVIDER OF SERVICES DATA*

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## *INTRODUCTION*

The Provider of Services Data chapter includes the following three files:

- ! Provider of Services (POS)
- ! Provider Specific
- ! Medicare Physician Identification and Eligibility Registry (MPIER)

The POS File contains information regarding Medicare and Medicaid institutional provider certification and status. This information is collected by HCFA to determine the capacity of Medicare and Medicaid institutional providers to render acceptable care. The Provider Specific File contains payment-related data that are collected and maintained by HCFA to calculate Medicare Prospective Payment System (PPS) payments for all PPS-eligible hospitals. The MPIER File contains information about a physician pertinent to each active practice setting which they maintain. This information contains, but is not limited to, business address, billing address, primary specialty, date of birth, medical school, date of graduation, State license number and Medicare billing number.

### *Provider of Services (POS) File*

Institutional providers of service participate in the Medicare and Medicaid programs through a formal certification procedure which examines the institution's qualifications for furnishing safe and effective care to beneficiaries. The certification procedure is conducted under Federal guidelines by State agencies. Final certification approval is obtained through HCFA. After initial certification, an institution's qualifications are reviewed periodically to support a decision by HCFA to retain or terminate its participation in the Medicare and Medicaid programs.

The POS File contains data regarding provider certification and status such as facility and service characteristics, provider type, and location. Data are collected through surveys and standard HCFA forms.

## *File Creation*



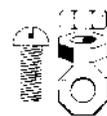
POS File data are collected using a forms package that contains the Survey Report Form (SRF); HCFA Form 1539, Medicare/Medicaid Certification and Transmittal; and Medicare/Medicaid applications for certification. The SRF contains criteria used to measure an institution's capacity to provide acceptable care and the decisions of a surveyor in applying the certification criteria to a particular institution. The HCFA Form 1539 and the application form document characteristics such as staffing, number of beds, and services provided. All Medicare and Medicaid providers, including hospitals, nursing homes, Intermediate Care Facilities for the Mentally Retarded (ICFs/MR), Home Health Agencies (HHAs), hospices, clinical laboratories, End Stage Renal Disease (ESRD) facilities, Rural Health Clinics (RHCs), Ambulatory Surgical Centers (ASCs), Community Mental Health Centers (CMHCs), Federally Qualified Health Centers (FQHCs), and some suppliers, are included in these data collections. These data are collected annually for nursing homes and less frequently (every few years) for other providers.

In the past, the complete forms package was sent online to central office update systems from the HCFA regional offices where the source document files were maintained. Each provider's data elements were sorted and assembled nightly into a transaction record. Error free transactions were updated to a master file. These transactions data resided at the HCFA Data Center (HDC) and were available through the Medicare/Medicaid Automated Certification System (MMACS) and the Rapid Data Retrieval System (RADARS).

Presently, State agencies survey facilities and key survey information into the Online Survey Certification and Reporting System (OSCAR) using modems from microcomputers located at State agency sites. POS data elements are edited online during data entry. These edits include consistency checks to identify inordinate increases or decreases in provider characteristics such as number of beds or staffing. Only error-free transactions are posted to OSCAR; those with errors are held in a pending transaction file awaiting resolution.

The POS File is created by extracting data from OSCAR quarterly. The fourth quarter file of every year is referred to as the annual file. The POS File was first created from OSCAR in 1991.

## *File Maintenance*



Edits to POS data are described under File Creation. POS files are not updated after they are created.

## *File Structure and Usage*



The POS File contains a large volume of descriptive information about providers including staffing, number of beds, and types of services. The provider is the unit of analysis. Providers are grouped into 16 categories such as hospitals, Skilled Nursing Facilities (SNFs), HHAs, x-ray facilities, ambulatory surgical centers, and comprehensive outpatient rehabilitation facilities.

The OSCAR data from which the POS File is extracted are used by HCFA in its survey of Medicare and Medicaid providers to monitor State agency and provider performance. The POS File is used internally by HCFA to verify names and addresses of providers with information contained in other files. In addition, the file is of interest to sources external to HCFA for marketing purposes.

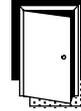
Users should be aware of the following limitations of the POS File. Some survey information may be up to three years old at any given time because accredited hospitals and some other providers are not recertified annually. In addition, a gap in the available data exists between March 1990 when MMACS was discontinued and October 1991 when OSCAR came online.

## *Data Structure and Usage*



The POS File contains descriptive data such as provider name, address, number of part time and full time employees by type of staff, and how services are provided (e.g., not provided, provided by staff, provided under arrangement) for most Medicare and Medicaid providers. As of July 31, 1999, the file contained approximately 228,000 fixed length records organized by provider type and provider number. POS File records contain 2,400 data elements. Approximately 230 data elements are common to all provider categories. Subsets of the other data elements apply to individual provider categories so the fields on a record containing data vary by provider category. The POS File is used primarily to provide descriptive information about providers such as hospitals, SNFs, and HHAs, and some suppliers.

## *Methods of Access*



OSCAR is the replacement system for MMACS and RADARS. OSCAR serves as both the access system and the data repository for provider survey and certification information. OSCAR cannot be directly accessed by users outside of HCFA, but these users may request OSCAR reports or extract files from HCFA staff. Internal HCFA users with access to OSCAR have an online option that enables them to create a file for a specific provider type at any time.

OSCAR maintains program compliance records for the current survey and three preceding surveys only. Descriptive information on provider characteristics is maintained for the current survey only. Quarterly snapshots of the POS File have been archived at HCFA to maintain a permanent record.

The POS File is available to internal HCFA users as a sequential flat file in SAS and COBOL formats. Two PUF versions of the POS File are available to external users. The POS PUF, which was extracted from MMACS, is available for 1987 through 1989. The POS Extract PUF, which is extracted from OSCAR, is available beginning in 1991. These PUFs are discussed in the Public Use Files Data chapter.

## *Migration of Data*



A gap in the POS data available exists between March 1990 when MMACS was discontinued and October 1991 when OSCAR came online.

In the last few years, the number of provider types contained in OSCAR has increased. The last three provider categories added to OSCAR are Community Mental Health Centers, Federally Qualified Health Centers, and CLIA 88 laboratories.

Prior to 1991, the POS record contained approximately 660 data elements. The number of data elements was increased by approximately 2,400 when provider categories and data elements were added.

## *List of Data Elements*



The list of data elements will be included in the future on the HCFA web site at [www.hcfa.gov](http://www.hcfa.gov).

## *Provider Specific File*

The Provider Specific File contains data related to PPS payment such as number of beds and interns-to-bed ratio, for all PPS-eligible hospitals. This information is used along with the Diagnosis Related Group (DRG) by the PPS pricing mechanism software, called PRICER, to calculate Medicare PPS payment for inpatient hospital claims. Further discussion of PPS can be found in the Overview of the Health Care Financing Administration chapter in the Orientation Section.

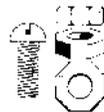
### *File Creation*



Fiscal Intermediaries (FIs) maintain provider specific information for the purpose of calculating inpatient hospital claim payment amounts under PPS. FIs obtain the values for some provider specific data elements such as number of beds from the hospitals and other data elements such as the case-mix index from HCFA. Every quarter, FIs send HCFA a tape containing current and historic provider specific data. From these data HCFA creates a file containing only the most recent data; data for previous quarters are stored in historical files.

The Provider Specific File contains data for all PPS-eligible hospitals, including hospitals in waiver States. It does not include data for facilities that are specifically excluded from PPS, such as children's and cancer hospitals. The Provider Specific File has been created and maintained quarterly since October 1, 1983, the beginning of PPS. The file created for the fourth quarter of every fiscal year is referred to as an annual file.

### *File Maintenance*



The Provider Specific File provides a snapshot of provider data at a certain point in time. All quarterly data submissions are maintained. When HCFA receives a quarterly file from an FI, it performs completion checks and edits the record for conformity to provider number ranges, code ranges, minimum and maximum dollar amounts, and other data parameters. HCFA also adds new information to the file such as changes in Metropolitan Statistical Area. FIs are alerted when submissions are incomplete or contain errors and are required to resubmit a corrected version of the file.

### *File Structure and Usage*



The Provider Specific File contains provider specific information used by FIs to calculate PPS inpatient hospital claim payments. The information, which does not appear on the Medicare claims directly, includes intern-to-bed ratio; pass-through amounts for capital, direct medical education, and organ acquisition; and the number of hospital beds. The Provider Specific File is also used by the

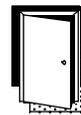
FIs to verify a provider's status against incoming claims. Providers can use provider specific data to calculate their own claim payment amounts, or to compare their pricing information to that of other PPS providers. The provider is the unit of analysis.

### *Data Structure and Usage*



The Provider Specific File contains approximately 5,600 records: one record for each PPS-eligible hospital, including hospitals in waiver States. The records are ordered by provider number. Each fixed length record contains approximately 40 data elements including nine data elements that were added to the record when capital rates were incorporated into PPS in October of 1991.

### *Methods of Access*



The Provider Specific File is available as a sequential flat file or SAS data set. A public use version of the Provider Specific File is described in the Public Use Files Data chapter.

### *Migration of Data*



The Provider Specific File has not changed except to add capital rates data in 1991.

### *List of Data Elements*



A list of the data elements contained in the Provider Specific File, along with brief definitions and coding schemes, will be included in the future on the HCFA web site at [www.hcfa.gov](http://www.hcfa.gov).

## *Medicare Physician Identification and Eligibility Registry (MPIER) File*

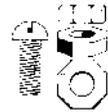
A system of physician identifiers was mandated by S9202 of the Consolidated Omnibus Budget Reconciliation Act of 1985. It requires a unique identifier for each physician who provides services for which Medicare payment is made. The Unique Medicare Physician Identification Number (UPIN) is established in a national Registry of Medicare Physician Identification and Eligibility Records. This file contains certain data elements from the physician in order to assure accurate physician identification.

### *File Creation*



Transamerica Occidental Life Insurance Company is the Registry Carrier that establishes and maintains the national registry of physicians. The Part B Medicare carriers submit additions, updates and deletions directly to the central registry on behalf of the physicians.

### *File Maintenance*



OIS receives a copy of the registry file on a quarterly basis. This file is maintained on both cartridge and an online mainframe SAS database.

### *File Structure and Usage*



The MPIER File contains information about a physician pertinent to each active practice setting which they maintain. This information contains, but is not limited to, business address, billing address, primary specialty, date of birth, medical school, date of graduation, State license number and Medicare billing number.

The file is used for research, distribution to the Peer Review Organizations (PROs), creation of an electronic directory which is distributed by the Government Printing Office (GPO) and other HCFA central office analyses.

### *Data Structure and Usage*



Each record on the file represents one practice setting for a physician/practitioner. The MPIER File is a sequential flat file containing fixed length records. The record length is 255 characters. The records represent all practice settings currently recorded on the MPIER file to date. The records are sorted by the UPIN. There are approximately 2.5 million records on the file. Subsequent updates add approximately 10,000 records per quarter.

### *Methods of Access*



A copy of the registry database is housed on-line at the HCFA Data Center. An electronic directory of physicians is created from this database and distributed by GPO.

## *Migration of Data*



The MPIER File was developed in 1993. Annual copies of this file are available for 1993 through 1996. It is intended that this file will be replaced in the future with the new National Provider File.

## *List of Data Elements*



A list of the data elements contained in the MPIER File along with brief definitions and coding schemes, will be included in the future on the HCFA web site at [www.hcfa.gov](http://www.hcfa.gov).