

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10576	Date: January 20, 2021
	Change Request 11871

Transmittal 10368, dated September 24, 2020, is being rescinded and replaced by Transmittal 10576, dated, January 20, 2021 to withdraw the requirement for reporting time on dialysis machine instructed in business requirements 11871.7 and 11871.7.1 by removing the verbiage in the background and policy sections. All other information remains the same.

NOTE: This Transmittal is no longer sensitive. This instruction may now be posted to the Internet.

SUBJECT: Changes to the End Stage Renal Disease (ESRD) PRICER to Accept the New Outpatient Provider Specific File Supplemental Wage Index Fields, the Network Reduction Calculation and New Value Code for Time on Machine

I. SUMMARY OF CHANGES: This instruction provides the system changes necessary to implement the new supplemental wage index fields in the outpatient provider specific file and the new value code required for reporting minutes of dialysis provided during the billing period. The ESRD Network Reduction calculation is being moved from FISS into the PRICER and requires FISS to mass adjust certain claims to correct the network reduction.

EFFECTIVE DATE: January 1, 2021

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: January 4, 2021

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 10576	Date: January 20, 2021	Change Request: 11871
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I. GENERAL INFORMATION

A. Background: Effective January 1, 2011, the Centers for Medicare & Medicaid Services (CMS) implemented the End Stage Renal Disease (ESRD) Prospective Payment System (PPS) based on the requirements of section 1881(b)(14) of the Social Security Act (the Act). The ESRD PPS provides a single per treatment payment to ESRD facilities that covers all of the resources used in furnishing an outpatient dialysis treatment.

Moving the ESRD Network Reduction Calculation to the ESRD PRICER

Currently, the ESRD network reduction is calculated in the Fiscal Intermediary Shared System (FISS) and deducted from the ESRD PPS rate returned by the ESRD PRICER. The ESRD network reduction is \$.50 per covered treatment when the full ESRD PPS rate is applicable. For ESRD claims billing for continuous modalities of dialysis performed in the beneficiary's home, the ESRD PPS rate is not paid in full but calculated at a daily per diem rate by taking the full ESRD PPS rate multiplied by 3 for the weekly allowable total and dividing by 7 to provide a daily treatment rate. The ESRD network reduction is also calculated at a daily rate by multiplying the \$.50 by 3 for the weekly total network reduction and dividing by 7 for a daily network reduction of \$.21.

When hemodialysis or peritoneal dialysis training is performed, including retraining, the full ESRD PPS payment rate is applicable and calculated by the ESRD PRICER. The appropriate ESRD network reduction for retraining is \$.50 per treatment. It was recently brought to the attention of CMS that the network reduction is being calculated incorrectly for dialysis claims billing for retraining treatments of continuous modalities (condition code 87 with either revenue code 0841 or 0851). The use of condition code 87 was implemented effective July 1, 2017 with Change Request 9609 "Updates to the 72X Type of Bill for Home and Self-Dialysis Training, Retraining, and Nocturnal Hemodialysis".

The ESRD PRICER makes the determination whether to pay the full PPS rate or the daily per diem rate per treatment and as a result, CMS has determined the best place for the network calculation to be applied to the payment is in the ESRD PRICER.

This instruction will implement and require the following changes to the ESRD Network Reduction:

- Discontinue calculating the network reduction in FISS for ESRD claims with dates of service on or after January 1, 2021.

- Begin calculating the network reduction in the ESRD PRICER per treatment for ESRD claims with dates of service on or after January 1, 2021.
- Claims processed for retraining of continuous modalities (condition code 87 with either revenue code 0841 or 0851) shall be identified and adjusted by FISS to correct the ESRD network reduction from \$.21 to \$.50.

Rescinded: Machine Reported Dialysis Treatment Time on the 072X Bill Type

CMS is withdrawing the requirement for ESRD facilities to report the value code D6 for the total number of minutes of dialysis provided during the billing period.

Supplemental Wage Index Fields

Change Request 11707, issued on May 8, 2020 and titled, "Updates in the Fiscal Intermediary Shared System (FISS) Inpatient and Outpatient Provider Specific Files (PSF)" added two additional fields, "Supplemental Wage Index" and "Supplemental Wage Index Flag" in the Outpatient Provider Specific File (OPSF) to ensure PRICER pays ESRD facilities correctly based on values inputted in the OPSF. The Medicare Administrative Contractor (MAC) will populate these fields when needed. The values will then be sent to the ESRD PRICER in order to apply correct payments to certain ESRD facilities.

B. Policy: Moving the ESRD Network Reduction Calculation to the ESRD PRICER

No change in the payment policy for the ESRD network reduction.

Rescinded: Machine Reported Dialysis Treatment Time

The policy for reporting the duration of dialysis on Medicare ESRD claims and the applicable requirements for reporting value code D6 have been rescinded.

Supplemental Wage Index Fields

Additional instructions for MACs when to input the new Supplemental Wage Index and Supplemental Wage Index Flag will be provided in the annual recurring ESRD PPS change request.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility							
		A/B MAC		D M E M A C	Shared- System Maintainers				Other
		A	B		F I S S	M I C S	V M S	C W F	
11871.1	The Medicare shared system shall discontinue calculating the ESRD network reduction for type of bill 072X and no longer apply the network reduction to the PPS rate returned by the ESRD PRICER for dates of service on or after January 1, 2021.				X				

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
11871.2	ESRD PRICER shall apply the full ESRD network reduction (\$.50) to each full PPS rate calculated.								ESRD Pricer	
11871.2.1	ESRD PRICER shall apply the daily per-diem network reduction (\$.21) to each daily per-diem PPS rate calculated for daily modalities performed in the home (condition code 74 with either revenue code 0841 or 0851.								ESRD Pricer	
11871.2.2	The Medicare shared system shall modify the ESRD PRICER output record to accept a three byte field to house the line item network reduction amount. Note: See Attachment “Revised ESRD PRICER Layout 01012021”					X			ESRD Pricer	
11871.2.3	ESRD PRICER shall send the network reduction amount applicable to the line item to the Medicare shared system (FISS)								ESRD Pricer	
11871.3	The Medicare shared system shall store each line item network reduction amount returned by the ESRD PRICER and sum the network reduction for the claim total and place the total under the value code 71 (for claim total network reduction).					X				
11871.4	The Medicare shared system shall correct the calculation of the ESRD network reduction from \$.21 to \$.50 for the following: <ul style="list-style-type: none">Type of bill 072XDates of service from 7/1/2017 through 12/31/2020Either revenue code 0841 or 0851 presentCondition code 87 present					X				
11871.4.1	After requirement 11871.4 is implemented, Medicare contractors shall adjust the ESRD retraining claims with the following criteria: <ul style="list-style-type: none">Type of bill 072XDates of service from 7/1/2017 through 12/31/2020Either revenue code 0841 or 0851 presentCondition code 87 present	X								

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
11871.5	The Medicare shared system shall send “Supplemental Wage Index” and “Supplemental Wage Index Flag” information from the OPSF to the ESRD PRICER. Note: See Attachment “Revised ESRD PRICER Layout 01012021”					X				ESRD Pricer
11871.5.1	The Medicare shared system shall allow the supplemental wage index and supplemental wage index flag to be populated for ESRD Providers.					X				
11871.5.2	The Medicare shared system shall update the ESRD PRICER interface according to Attachment “Revised ESRD PRICER Layout 01012021”.					X				
11871.5.3	The Medicare shared system shall apply the updated ESRD PRICER interface effective January 1, 2021.					X				
11871.6	Contractors shall accept the new value code D6 with claims that have an effective receipt date of 1/1/2021. Value code D6 Title (short descriptor): The total number of minutes of dialysis provided during the billing period.	X								HIGLAS
11871.6.1	The Medicare shared system shall pass the value code D6 and the amount to CWF, BCRC and IDR.					X				BCRC, IDR
11871.7	The Medicare shared system shall create an overridable edit for 072X TOB with from date of service on or after January 1, 2021 when reporting revenue code 0821 (hemodialysis) and the value D6 is not present or the value reported with D6 is not greater than 1.0. Note: Edit shall not apply to Acute Kidney Injury (AKI) claims billed on the 072X with condition code 84.					X				
11871.7.1	Medicare contractors shall return to provider (RTP) 072X TOB when reporting revenue code 0821	X								

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	(hemodialysis) and the value D6 is not present or the value reported with D6 is not greater than 1.0.									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
11871.8	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the “MLN Matters” listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	X				

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Michelle Cruse, michelle.cruse@cms.hhs.gov (For policy inquiries) , Wendy Jones, wendy.jones@cms.hhs.gov (For claims processing inquiries)

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 1


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000100*****
000200*   This is the BILL-RECORD that will be passed to and returned *
000300*   from the ESCALxx program. *
000400* 6-15-17 added B-PAYER-ONLY-VC-Q8 for FY18 and TDAPA *
000500* 8-24-17 added TDAPA-RETURN for FY18 and TDAPA *
000600* 10-03-17 added comment about BUNDLED-TEST-INDIC *
000700* 3-11-20 added the following for ETC HDPa model: *
000800*   input field for the Data Code *
000900*   B-DATA-CODE PIC X(02) *
001000*   output field - Adjusted Base Rate before bonus *
001100*   ADJ-BASE-WAGE-BEFORE-ETC-HDPa PIC 9(07)V9(04) *
*   7-08-20 added fields for SUPPLEMENTAL-WAGE-INDEX, TPNIES and *
*   NETWORK-REDUCTION: *
*   - P-SUPP-WI-IND *
*   - P-SUPP-WI *
*   - B-PAYER-ONLY-VALUE-CODE *
*   - B-PAYER-ONLY-VC-QG-AMT *
*   - TPNIES-RETURN *
*   - NETWORK-REDUCTION-RETURN *
001600*****
001700*INPUT to the Calculating subroutine from the Driver subroutine. *
001800*****
001900
002000 01  BILL-NEW-DATA.
002100    05  BILL-PORITION.
002200        10  B-COND-CODE          PIC X(02).
002300        10  B-REV-CODE.
002400            15  B-REV-CODE3        PIC X(03).
002500            15  FILLER             PIC X(01).
002600        10  B-PATIENT-HGT         PIC 9(07)V9(02).
002700        10  B-PATIENT-HEIGHT REDEFINES B-PATIENT-HGT
002800                                PIC 9(09).
002900        10  B-PATIENT-WGT         PIC 9(07)V9(02).
003000        10  B-PATIENT-WEIGHT REDEFINES B-PATIENT-WGT
003100                                PIC 9(09).
003200        10  B-THRU-DATE.
003300            15  B-THRU-CCYY        PIC 9(04).
003400            15  B-THRU-MM          PIC 9(02).
003500            15  B-THRU-DD          PIC 9(02).
003600        10  B-DOB-DATE.
003700            15  B-DOB-CCYY         PIC 9(04).
003800            15  B-DOB-MM           PIC 9(02).
003900            15  B-DOB-DD           PIC 9(02).
004000        10  FILLER               PIC X(20).
004100    05  PROVIDER-SPECIFIC-FILE-PORITION.
004200        10  P-NPI                 PIC X(08).
004300        10  P-NPI-FILLER          PIC X(02).
004400        10  P-PROV-OSCAR          PIC X(06).
004500        10  P-GEO-MSA             PIC X(04).
004600        10  P-GEO-CBSA            PIC X(05).
004700        10  P-SPEC-PYMT-IND       PIC X(01).
004800        10  P-PROV-TYPE           PIC X(02).
004900        10  P-SPEC-WAGE-INDX      PIC 9(02)V9(04).
005000        10  P-ESRD-RATE          PIC 9(07)V9(02).

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005100      10  P-PROV-WAIVE-BLEND-PAY-INDIC
005200                                PIC X(01).
005300      10  P-PROV-LOW-VOLUME-INDIC
005400                                PIC X(01).
005500      10  P-PACIFIC-IS-TRUST-TERR
005600                                PIC X(01).
005700      10  P-QIP-REDUCTION          PIC X(01).
005800      10  P-SUPP-WI-IND            PIC X(01).
005900      10  P-SUPP-WI                PIC 9(02)V9(04).
006000      10  FILLER                  PIC X(08).
006100      10  OLD-TEST-INDICATOR        PIC X(01).
006200      88  OLD-TEST-CASE              VALUE 'T'.
006300      10  FILLER                  PIC X(23).
006400  05  BUNDLED-BILL-PORITION.
006500      10  B-CLAIM-NUM-DIALYSIS-SESSIONS
006600                                PIC 9(02).
006700      10  B-LINE-ITEM-DATE-SERVICE.
006800      15  B-LINE-ITEM-DT-SVC-CCYY
006900                                PIC 9(04).
007000      15  B-LINE-ITEM-DT-SVC-MM
007100                                PIC 9(02).
007200      15  B-LINE-ITEM-DT-SVC-DD
007300                                PIC 9(02).
007400      10  B-DIALYSIS-START-DATE.
007500      15  B-DIALYSIS-START-DT-CCYY
007600                                PIC 9(04).
007700      15  B-DIALYSIS-START-DT-MM
007800                                PIC 9(02).
007900      15  B-DIALYSIS-START-DT-DD
008000                                PIC 9(02).
008100      10  B-TOT-PRICE-SB-OUTLIER    PIC 9(07)V9(02).
008200      10  B-PAYER-ONLY-VC-Q8        PIC 9(07)V9(04).
008300      10  B-DATA-CODE               PIC X(02).
008400      10  B-PAYER-ONLY-VALUE-CODE   PIC X(02).
008500      10  B-PAYER-ONLY-VC-QG-AMT    PIC 9(07)V9(04).
008600      10  FILLER                  PIC X(14).
008700  05  COMORBIDITIES-PORITION.
008800      10  COMORBID-DATA      OCCURS 6 TIMES
008900            INDEXED BY COMORBID-INDEX
009000                                PIC X(02).
009100      10  COMORBID-RECURRENCE-COND-CODE
009200                                PIC X(02).
009300      10  COMORBID-CWF-RETURN-CODE
009400                                PIC X(02).
009500      88  VALID-COMORBID-CWF-RETURN-CD  VALUE '10',
009600                                            '20',
009700                                            '30',
009800                                            '40',
009900                                            '50',
010000                                            '60',
010100                                            '70'.
009800*  The following variables are from the old pricer and are used fo
009900*testing purposes, displaying within the manager main program what
010000*went on in the calculating subroutine.

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010100*They were removed from their old location to simplify matters and
010200*are inserted here in the exact same order that they appeared in o
010300*pricers. The variable names have been kept the same so as to min
010400*recoding when inserting this linkage section into the old pricers
010500*'bring them up to the 2011 record layout standards'. They origin
010600*were redefining filler items (which they kind of still do, only n
010700*are inserted in the middle of the large filler area at the end of
010800*this record layout). This filler area will eventually be used in
010900*up coming pricers, perhaps for the 25 ICD-10 procedure codes but
011000*hopefully after this bundled pricer gets settled down.
011100*Their level numbers have changed but nothing else.

011200*FISS does not receive these fields

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011300      05  BILL-DATA-TEST.
011400      10  DRUG-ADD-ON-RETURN      PIC 9(01)V9(04).
011500      10  MSA-WAGE-ADJ            PIC 9(04)V9(02).
011600      10  COMP-CBSA-WAGE-ADJ      REDEFINES MSA-WAGE-ADJ
011700                                     PIC 9(04)V9(02).
011800      10  CBSA-WAGE-ADJ            PIC 9(04)V9(02).
011900      10  BUND-CBSA-WAGE-ADJ      REDEFINES CBSA-WAGE-ADJ
012000                                     PIC 9(04)V9(02).
012100      10  CBSA-WAGE-PMT-RATE       PIC 9(04)V9(02).
012200      10  COND-CD-73.
012300          15  FILLER                PIC X(01).
012400          15  AMT-INDIC              PIC X(01).
012500          15  FILLER                PIC X(01).
012600          15  BLOOD-DOLLAR           PIC 9(02).
012700          15  FILLER                PIC X(03).
012800      10  COND-CD-74                REDEFINES COND-CD-73.
012900          15  HEMO-CCPD-CAPD         PIC 9(02)V9(06).
013000      10  AGE-RETURN                PIC 9(03).
013100      10  MSA-WAGE-AMT                PIC S9(04)V9(02).
013200      10  CBSA-WAGE-INDEX            PIC S9(02)V9(04).
013300      10  LABOR-PCT                  PIC 9(01)V9(05).
013400      10  PPS-BMI                    PIC 9(03)V9(04).
013500      10  PPS-BSA                     PIC 9(03)V9(04).
013600      10  MSA-PCT                     PIC 9(01)V9(02).
013700      10  CBSA-PCT                     PIC 9(01)V9(02).
013800      10  COM-CBSA-PCT-BLEND          PIC 9(01)V9(02).
013900      10  BUN-CBSA-PCT-BLEND        PIC 9(01)V9(02).
014000      10  CASE-MIX-FCTR-ADJ-RATE    PIC 9(07)V9(02).
014100*  Bundled data (i.e. new PPS data)
014200      10  BUN-BSA                    PIC 9(03)V9(04).
014300      10  BUN-BMI                     PIC 9(03)V9(04).
014400      10  BUN-ONSET-FACTOR            PIC 9(01)V9(04).
014500      10  BUN-COMORBID-MULTIPLIER
014600                                     PIC 9(01)V9(03).
014700      10  BUN-WAGE-ADJ-TRAINING-AMT
014800                                     PIC 9(04)V9(04).
014900      10  BUN-LOW-VOL-MULTIPLIER      PIC 9(01)V9(03).
015000      10  FILLER                    PIC X(18).
015100*  Outlier data
015200      10  OUT-AGE-FACTOR              PIC 9(01)V9(03).
015300      10  OUT-BSA                      PIC 9(03)V9(04).
015400      10  OUT-BSA-FACTOR              PIC 9(01)V9(04).

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015500      10  OUT-BMI                      PIC 9(03)V9(04).
015600      10  OUT-BMI-FACTOR              PIC 9(01)V9(04).
015700      10  OUT-ONSET-FACTOR            PIC 9(01)V9(04).
015800      10  OUT-COMORBID-MULTIPLIER
015900                                PIC 9(01)V9(03).
016000      10  OUT-LOW-VOL-MULTIPLIER      PIC 9(01)V9(03).
016100      10  OUT-ADJ-AVG-MAP-AMT         PIC 9(03)V9(02).
016200      10  OUT-LOSS-SHARING-PCT        PIC 9(01)V9(02).
016300      10  OUT-IMPUTED-MAP             PIC 9(04)V9(04).
016400      10  OUT-FIX-DOLLAR-LOSS         PIC 9(04)V9(02).
016500      10  OUT-PREDICTED-MAP           PIC 9(07)V9(04).
016600      10  OUT-PREDICTED-SERVICES-MAP
016700                                PIC 9(02)V9(04).
016800
016900*ESRD PC PRICER NEEDS BUNDLED-TEST-INDIC SET TO "T" IN ORDER TO BE
017000*TO PASS VALUES FOR DISPLAYING DETAILED RESULTS FROM BILL-DATA-TES
017100*BUNDLED-TEST-INDIC IS NOT SET TO "T" IN THE PRODUCTION SYSTEM (F
017200      05  BUNDLED-TEST-INDIC          PIC X(01).
017300      88  BUNDLED-TEST                  VALUE 'T'.
017400
017500*****
017600*OUTPUT from Calculating subroutine returned the Driver program. *
017700*****
017800
017900 01  PPS-DATA-ALL.
018000      05  PPS-RTC                      PIC 9(02).
018100      05  PPS-DATA.
018200          10  PPS-MSA                  PIC X(04).
018300          10  PPS-CBSA                  PIC X(05).
018400          10  PPS-WAGE-ADJ-RATE         PIC 9(04)V9(02).
018500          10  PPS-FINAL-PAY-AMT         PIC 9(07)V9(02).
018600          10  PPS-CALC-VERS-CD          PIC X(05).
018700          10  PPS-COND-CODE             PIC X(02).
018800          10  PPS-REV-CODE              PIC X(04).
018900          10  PPS-2011-WAGE-ADJ-RATE    PIC 9(04)V9(02).
019000          10  PPS-2011-NAT-LABOR-PCT  PIC 9(01)V9(05).
019100          10  PPS-2011-NAT-NONLABOR-PCT
019200                                PIC 9(01)V9(05).
019300          10  FILLER                    PIC X(02).
019400      05  PPS-OTHER-DATA.
019500          10  PPS-NAT-LABOR-PCT         PIC 9(01)V9(05).
019600          10  PPS-NAT-NONLABOR-PCT      PIC 9(01)V9(05).
019700          10  PPS-AGE-FACTOR            PIC 9(01)V9(03).
019800          10  PPS-BSA-FACTOR            PIC 9(01)V9(04).
019900          10  PPS-BMI-FACTOR            PIC 9(01)V9(04).
020000          10  PPS-BDGT-NEUT-RATE      PIC 9(01)V9(04).
020100          10  PPS-2011-AGE-FACTOR      PIC 9(01)V9(03).
020200          10  PPS-2011-BSA-FACTOR      PIC 9(01)V9(04).
020300          10  PPS-2011-BMI-FACTOR      PIC 9(01)V9(04).
020400          10  PPS-2011-BDGT-NEUT-RATE
020500                                PIC 9(01)V9(04).
020600          10  FILLER                    PIC X(01).
020700      05  PPS-BUNDLED-DATA.
020800          10  PPS-2011-COMORBID-DATA.

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020900	15	PPS-2011-COMORBID-MA	
021000			PIC X(02).
021100	15	PPS-2011-COMORBID-MA-CC	
021200			PIC X(02).
021300	15	PPS-2011-COMORBID-PAY	
021400			PIC X(02).
021500	15	FILLER	PIC X(24).
021600	10	PPS-2011-FULL-COMP-RATE	
021700			PIC 9(07)V9(02).
021800	10	PPS-2011-BLEND-COMP-RATE	
021900			PIC 9(07)V9(02).
022000	10	PPS-2011-FULL-PPS-RATE	
022100			PIC 9(07)V9(02).
022200	10	PPS-2011-BLEND-PPS-RATE	
022300			PIC 9(07)V9(02).
022400	10	PPS-2011-FULL-OUTLIER-RATE	
022500			PIC 9(07)V9(02).
022600	10	PPS-2011-BLEND-OUTLIER-RATE	
022700			PIC 9(07)V9(02).
022800	05	MSA-ADJ-YEAR-AMT	PIC 9(04)V9(02).
022900	05	PPS-LOW-VOL-AMT	REDEFINES MSA-ADJ-YEAR-AMT
023000			PIC 9(04)V9(02).
023100	05	OUT-CASE-MIX-PREDICTED-MAP	PIC 9(04)V9(04).
023200	05	OUT-HEMO-EQUIV-DIAL-SESSIONS	
023300			PIC 9(02)V9(04).
023400	05	OUT-SB-BSA	PIC 9(01)V9(03).
023500	05	OUT-SB-BMI	PIC 9(01)V9(03).
023600	05	A-49-CENT-DRUG-ADJ	PIC 9(01)V9(02).
023700	05	PPS-CM-BSA	PIC 9(01)V9(03).
023800	05	PPS-CM-BMI-LT-18-5	PIC 9(01)V9(03).
023900	05	PPS-BUN-BASE-PMT-RATE	PIC 9(04)V9(02).
024000	05	BUN-ADJUSTED-BASE-WAGE-AMT	PIC 9(07)V9(04).
024100	05	CR-BSA-MULTIPLIER	PIC 9(01)V9(03).
024200	05	CR-BMI-MULTIPLIER	PIC 9(01)V9(03).
024300	05	PPS-BUN-CBSA-W-INDEX	PIC 9(02)V9(04).
024400	05	PPS-BUN-WAGE-ADJ-TRAIN-AMT	PIC 9(07)V9(04).
024500	05	PPS-TRAINING-ADD-ON-PMT-AMT	
024600			PIC 9(02)V9(02).
024700	05	OUT-NON-PER-DIEM-PAYMENT	PIC 9(07)V9(04).
024800	05	COM-PAYMENT-RATE	PIC 9(04)V9(02).
024900	05	TDAPA-RETURN	PIC 9(07)V9(04).
	05	TPNIES-RETURN	PIC 9(07)V9(04).
	05	NETWORK-REDUCTION-RETURN	PIC 9(01)V9(02).
025000	05	ADJ-BASE-WAGE-BEFORE-ETC-HDPA	
025100			PIC 9(07)V9(04).
025500	05	FILLER	PIC X(066).