**How to Determine a Hospital’s Inpatient Cost-to-Charge Ratio for Rate Year 2018**

To assist self-insured employers in bill pricing, BWC is providing a list of the 2018 inpatient CCRs currently in our system. If the hospital has not previously done business with BWC, then the CCR will not be included in the document. In those cases, the self-insured employer can access the Medicare public files to identify the hospital’s inpatient CCR.

**I. Identifying the hospital-specific CCR in the Medicare Inpatient Provider Specific Files (IPSFs)**

1. The hospital-specific Medicare CCRs for this methodology come from the October 2017 inpatient provider specific file (IPSF) in use by Medicare. There are four separate files used: inpatient, inpatient rehab, long term care and inpatient psychiatric facility. They can be found on the Medicare Web site: Home > Medicare > Prospective Payment Systems - General Information > Provider Specific Data for Public Use in SAS or text Format, or click on the following link:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ProspMedicareFeeSvcPmtGen/psf_text.html>

Select the appropriate provider specific file based on the hospital type.

These IPSFs are to be used for the entire rate year beginning February 1, 2018. Subsequent Medicare IPSF updates should not be used.

1. Find the hospital using their numeric or alpha-numeric Medicare provider number, also known as the OSCAR number and/or the National Provider ID (NPI).
2. The CCR to be used in pricing the bill can be found under the column labeled “CCR.”
3. Next, multiply the CCR by 1.14 (114% of cost). Please note, the final CCR used in this calculation shall be capped at .70.

Below is an example of a calculating the final CCR using an CCR of .359:

.359 x 1.14 = .409

The final CCR (.409) is then multiplied by the allowed billed charges to arrive at the appropriate reimbursement rate.

**II. Identifying the CCR for a hospital not listed in the IPSFs:**

Some hospitals will not be listed in the IPSFs (e.g. new hospitals that have not yet submitted a cost report; some critical access hospitals, etc.). In that case, rule 4123-6-37.1 allows the self-insured employer reimbursing under this methodology to utilize the appropriate urban or rural statewide average inpatient CCR instead of the hospital-specific CCR in the aforementioned calculation.

1. Identify the address for the physical location of the facility. Specifically, locate the correct county and state. A good resource for identifying the county is www.zipinfo.com.
2. Access the Medicare County to CBSA Crosswalk File and Urban CBSAs and Constituent Counties for Acute Care Hospitals File. The file can be found at the following link:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2018-IPPS-Final-Rule-Home-Page-Items/FY2018-IPPS-Final-Rule-Data-Files.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=ascending>

1. Using the county and state use the crosswalk to determine if the facility county is located in a designated core based statistical area (CBSA). If the county is assigned to a CBSA record the CBSA number (it is 5 digits). **This facility is an urban facility**. If the field is blank, **then it is a rural facility.**
2. Use table 8A, located in the acute inpatient PPS page, <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2018-IPPS-Final-Rule-Home-Page-Items/FY2018-IPPS-Final-Rule-Tables.html> Choose the final rule tables, and then choose tables 8A, 8B and 8C. Open the excel file and use tab “8A OPER SWA”.
3. Locate the state and urban or rural figure based on the urban/rural determination made during the wage index CBSA assignment process (step c above).
4. The self-insured employer shall multiply this Medicare CCR by 1.14 (114% of cost). Please note, the final CCR used in this calculation should be capped at .70.
5. The final CCR is then multiplied by the allowed billed charges to arrive at the appropriate reimbursement rate.