



**News Flash - The Medicare Disproportionate Share Hospital Fact Sheet** (revised April 2008) is now available in print format. This fact sheet provides information about methods to qualify for the Medicare Disproportionate Share Hospital (DSH) adjustment; Medicare Prescription Drug, Improvement, and Modernization Act of 2003 and Deficit Reduction Act of 2005; number of beds in hospital determination; and Medicare DSH payment adjustment formulas. To place your order, visit <http://www.cms.hhs.gov/mlngeninfo/>, scroll down to "Related Links Inside CMS" and select "MLN Product Ordering Page."

MLN Matters Number: MM6189

Related Change Request (CR) #: 6189

Related CR Release Date: October 3, 2008

Effective Date: Discharges on or after October 1, 2008

Related CR Transmittal #: R1610CP

Implementation Date: October 6, 2008

## **Fiscal Year (FY) 2009 Inpatient Prospective Payment System (IPPS), Long Term Care Hospital (LTCH) PPS, and Inpatient Psychiatric Facility (IPF) PPS Changes**

### **Provider Types Affected**

Providers submitting claims to Medicare contractors (Fiscal Intermediaries (FIs) and/or Part A/B Medicare Administrative Contractors (A/B MACs)) for services provided to Medicare beneficiaries.

### **Provider Action Needed**

This article is based on Change Request (CR) 6189 which outlines changes for IPPS hospitals for FY 2009. The policy changes for FY 2009 appeared in the Federal Register on August 19, 2008, and the final IPPS rates will be available on the Centers for Medicare & Medicaid Services (CMS) website prior to October 1, 2008. CR 6189 also addresses changes to Medicare Severity Diagnosis Related Groups (MS-DRGs) and ICD-9-CM coding that affects LTCH PPS, and IPF PPS. The LTCH PPS rate changes occurred on July 1, 2008.

### **Background**

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Change Request (CR) 6189 announces changes for IPPS hospitals for FY 2009. The policy changes for FY 2009 appeared in the Federal Register on August 19, 2008, and the final IPPS rates will be available on the CMS Web site prior to October 1, 2008. All items covered in CR 6189 are effective for hospital discharges occurring on or after October 1, 2008, unless otherwise noted.

**Note:** The final rule of August 19, 2008, did not include the implementation of Public Law 110-275, which extended the hospital reclassification provisions of section 508 and certain special exceptions through September 30, 2009.

Please refer to Transmittal 1547, CR 6114, published on July 2, 2008, for LTCH policy changes. An MLN Matters article related to that transmittal is available at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6114.pdf> on the CMS website. The IPF PPS is affected only by the ICD-9-CM changes that affect the comorbidity adjustment effective October 1, 2008. IPF PPS rate changes occurred on July 1, 2008. Refer to Transmittal 1543, CR 6077, published on June 27, 2008 for IPF PPS policy changes. An MLN Matters article related to that transmittal is available at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6077.pdf> on the CMS site. The changes conveyed in CR6189 follow.

### *ICD-9-CM Changes*

The ICD-9-CM coding changes are effective October 1, 2008. The new ICD-9-CM codes are listed, along with their MS-DRG classifications in Tables 6a and 6b of the August 1, 2008, Federal Register. The ICD-9-CM codes that have been replaced by expanded codes or other codes, or have been deleted are included in Tables 6c and 6d. The revised code titles are in Tables 6e and 6f. The August 1, 2008, Federal Register notice is available at [http://www.cms.hhs.gov/QuarterlyProviderUpdates/downloads/cms1203f\\_2.pdf](http://www.cms.hhs.gov/QuarterlyProviderUpdates/downloads/cms1203f_2.pdf) on the CMS website.

### *Software Updates*

The LTCH Pricer has been updated with the MS-LTC-DRG table and weights.

A new MS-DRG GROUPER software package, Version 26.0, is effective for discharges on or after October 1, 2008. The GROUPER 26.0 assigns each case into a MS-DRG on the basis of the diagnosis and procedure codes and demographic information (that is age, sex, and discharge status). The Medicare Code Editor (MCE), Version 25.0, uses the new ICD-9-CM codes to validate coding for discharges on or after October 1, 2008.

The IPPS PRICER FY 08 used for discharges occurring on or after October 1, 2007, through September 30, 2008 incorporates a correction to Puerto-Rico rates. All IPPS Puerto Rico claims with discharges on or after October 1, 2007, through

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September 30, 2008, will be reprocessed by Medicare using the corrected rates, which are as follows:

- Wage Index (WI) > 1 = Labor Share (LS) = \$1,471.10 Non Labor Share (NLS) = \$901.64
- WI < 1 = LS = \$1,392.80 NLS = \$979.94
- The revised FY 2008 Puerto Rico capital rate is \$202.89.

An IPPS PRICER FY 09 will be used for discharges occurring on or after October 1, 2008. The FY 09 IPPS Pricer package processes bills with discharge dates on or after October 1, 2003.

### *Rates*

Standardized Amount Update Factor	1.036, but 1.016 for hospitals that do not submit quality data.
Hospital Specific Update Factor	1.036, but 1.016 for hospitals that do not submit quality data.
Common Fixed Loss Cost Outlier Threshold	\$20,045.00
Federal Capital Rate	\$424.17
Puerto Rico Capital Rate	\$198.77
Outlier Offset-Operating National	0.948996
Outlier Offset-Operating Puerto Rico	0.954304
IME Formula	$1.35 \times [(1 + \text{resident-to-bed ratio})^{.405} - 1]$
MDH/SCH Budget Neutrality Factor	0.998795

### Operating

#### RATES W/ FULL Market Basket (MB) & WI Greater Than 1

	LS	NLS
National	3,574.50	1,553.91
PR National	3,574.50	1,553.91
PR Specific	1,507.82	924.15

#### RATES W/ FULL MB & WI Less Than 1

	LS	NLS
National	3,179.61	1,948.80
PR National	3,179.61	1,948.80
PR Specific	1,427.57	1,004.40

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**RATES W/ REDUCED MB & WI Greater Than 1**

	LS	NLS
National	3,505.49	1,523.91
PR National	3,574.50	1,553.91
PR Specific	1,507.83	924.15

**RATES W/ REDUCED MB & WI Less Than 1**

	LS	NLS
National	3,118.23	1,911.17
PR National	3,179.61	1,948.80
PR Specific	1,427.57	1,004.40

**Cost-of-Living Adjustment (COLA) Factors: Alaska and Hawaii Hospitals**

Area	COLA Factor
<b>Alaska:</b>	
City of Anchorage and 80-kilometer (50-mile) radius by road	1.24
City of Fairbanks and 80-kilometer (50-mile) radius by road	1.24
City of Juneau and 80-kilometer (50-mile) radius by road	1.24
Rest of Alaska	1.25
<b>Hawaii:</b>	
City and County of Honolulu	1.25
County of Hawaii	1.18
County of Kauai	1.25
County of Maui and County of Kalawao	1.25

***Postacute Transfer Policy***

The DRGs determined in the post acute care policy have been modified due to changes made to the MS-DRG system. All post acute transfer MS-DRGs for FY 2009 are listed in Table 5 of the IPPS final rule, which is available at [http://www.cms.hhs.gov/QuarterlyProviderUpdates/downloads/cms1203f\\_2.pdf](http://www.cms.hhs.gov/QuarterlyProviderUpdates/downloads/cms1203f_2.pdf) on the CMS website.

***New Technology Add-On Payment***

Effective for discharges on or after October 1, 2008, the new technology add-on payment for FY 2009 will be triggered by the presence of ICD-9-CM procedure code 37.52 (Implantation of total heart replacement system), condition code 30, and diagnosis code reflecting clinical trial--V70.7 (Examination of participant in

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clinical trial). If the criteria are met, Medicare will make a maximum add-on payment of up to \$53,000 (that is, 50 percent of the estimated operating costs of the device) per case for cases that involve this technology. If the costs of the discharge (determined by applying cost-to-charge ratios as described in 42 CFR 412.84(h)) exceed the full DRG payment, an additional amount equal to the lesser of 50 percent of the costs of the new medical service or technology or 50 percent of the amount by which the costs of the case exceed the standard DRG payment.

### ***State Rural Floor Budget Neutrality Adjustment Factors***

The inclusion of the new Pricer table (see attachment C of CR 6189), "State Rural Floor Budget Neutrality Adjustment Factors", is due to new regulations for the wage index, at 42 CFR 412.64(e)(4), that were implemented in the FY 2009 IPPS final rule (73 FR 48570).

The table in ATTACHMENT C of CR 6189 lists the blended overall rural floor budget neutral factors that are to be applied onto the wage index based on the provider's geographic state location. Attachment C is available at the end of this article. The wage table loaded for the FY 2009 PRICER contains wage index values PRIOR to the application of the blended overall rural floor budget neutrality factors. PRICER is applying the budget neutrality factors from ATTACHMENT C to the wage index within the PRICER payment logic. The wage index tables printed in the FY 2009 Federal Register Final Rule Notice already have the blended overall rural floor budget neutrality factors applied. To confirm the wage index PRICER uses in calculating payments with the wage index printed in the Federal Register, you must take the wage index from PRICER and multiply it by the appropriate factor from ATTACHMENT C.

### ***Hospital-Acquired Conditions (HAC) and Present on Admission (POA) Indicator Reporting***

The Deficit Reduction Act of 2005 (DRA) requires a payment adjustment in Medicare DRG payment for certain hospital-acquired conditions. CMS has titled the program, "Hospital-Acquired Conditions and Present on Admission Indicator Reporting".

#### **Hospital-Acquired Conditions:**

- Are high cost or high volume or both,
- Result in the assignment of a case to a DRG that has a higher payment when present as a secondary diagnosis, and
- Could reasonably have been prevented through the application of evidence-based guidelines.

Section 5001(c) of the DRA required the Secretary of the Department of Health and Human Services to identify, by October 1, 2007, at least two conditions that

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for discharges occurring on or after October 1, 2008, IPPS hospitals will not receive additional payment for cases when one of the selected conditions is acquired during hospitalization (i.e., was not present on admission). The case would be paid as though the secondary diagnosis were not present.

Version 26.0 of the Grouper will include logic to determine the appropriate MS-DRG based on the HAC and POA logic. The Hospital-Acquired Conditions payment provision applies only to IPPS hospitals. At this time, the following hospitals are **exempt** from the HAC payment provision:

- Critical Access Hospitals (CAHs)
- Long-Term Care Hospitals (LTCHs)
- Maryland Waiver Hospitals
- Cancer Hospitals
- Children's Inpatient Facilities
- Inpatient Rehabilitation Facilities (IRFs)
- Psychiatric Hospitals

The current proposed list of impacted HACs is in the following table:

Hospital-Acquired Condition	Complicating condition (CC) or major complicating condition (MCC) (ICD-9-CM Codes)
Foreign Object Retained After Surgery	998.4 (CC) 998.7 (CC)
Air Embolism	999.1 (MCC)
Blood Incompatibility	999.6 (CC)
Stage III & IV Pressure Ulcers	707.23 (MCC) 707.24 (MCC)
Falls and Trauma <ul style="list-style-type: none"> <li>• Fractures</li> <li>• Dislocations</li> <li>• Intracranial Injuries</li> <li>• Crushing Injuries</li> <li>• Burns</li> <li>• Electric Shock</li> </ul>	Codes within these ranges on the CC/MCC list: 800-829  830-839 850-854 925-929 940-949 991-994

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Hospital-Acquired Condition	Complicating condition (CC) or major complicating condition (MCC) (ICD-9-CM Codes)
Catheter-Associated Urinary Tract Infection (UTI)	996.64 CC Also excludes the following from acting as a CC/MCC: 112.2 (CC), 590.10 (CC), 590.11 (MCC), 590.2 (MCC), 590.3 (CC), 590.80 (CC), 590.81 (CC), 595.0 (CC), 597.0 (CC), 599.0 (CC)
Vascular Catheter-Associated Infection	999.31 (CC)
Manifestations of Poor Glycemic Control	250.10-250.13 (MCC) 250.20-250.23 (MCC) 251.0 (CC) 249.10-249.11 (MCC) 249.20-249.21 (MCC)
Surgical Site Infection, Mediastinitis, Following Coronary Artery Bypass Graft (CABG)	519.2 (MCC) and any one of the following procedures: 36.10- 36.19
Surgical Site Infection Following Certain Orthopedic Procedures	996.67 (CC) 998.59 (CC) and one of the following procedure codes: 81.01-81.08, 81.23, 81.24, 81.31-81.38, 81.83, or 81.85.
Surgical Site Infection Following Bariatric Surgery for Obesity	Principal Diagnosis of 278.01 998.59 (CC) and one of the following procedure codes: 44.38, 44.39, or 44.95
Deep Vein Thrombosis and Pulmonary Embolism Following Certain Orthopedic Procedures	415.11 (MCC) 415.19 (MCC) 453.40-453.42 (MCC) and one of the following procedure codes: 00.85-00.87, 81.51-81.52, and 81.54.

For more information on HAC POA, see <http://www.cms.hhs.gov/HospitalAcqCond/> on the CMS website.

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### ***Provider Specific Information***

Tables 8a and 8b of section VI of the addendum to the PPS final rule contain the FY 2009 Statewide average operating and capital cost-to-charge ratios, respectively, for urban and rural hospitals for calculation of cost outlier payments when the FI or A/B MAC is unable to compute a reasonable hospital-specific cost-to-charge ratio (CCR). The operating CCR ceiling is 1.196 and the capital ceiling is 0.145.

### **CBSA Designations**

Attachment A of CR 6189 shows the IPPS providers that will be receiving a "special" wage index for FY 2009 (i.e., receives an out-commuting adjustment under section 505 of the MMA). For any provider with a Special Wage Index from FY 2008, FIs and A/B MACs shall remove that special wage index, by entering zeros in the field unless they receive a new special wage index as listed in Attachment A of CR 6189 is duplicated at the end of this article and is available at <http://www.cms.hhs.gov/Transmittals/downloads/R1610CP.pdf> on the CMS website.

### **Low Volume Hospitals**

Medicare FIs and A/B MACs will identify hospitals considered to be "low volume". Hospitals considered low volume shall receive a 25% bonus to the operating final payment. To be considered "low volume" the hospital must have fewer than 200 discharges and be located at least 25 road miles from another hospital. The discharges are determined from the latest cost report. Hospitals should notify their FI or A/B MAC if they believe they are a low volume hospital. The Low Volume hospital status is re-determined at the start of the federal fiscal year. The most recent filing of a provider cost report can be used to make the determination.

### **Hospital Quality Initiative**

The FIs and A/B MACs will also identify each hospital that meets the criteria for higher payments per MMA Quality standards. The hospitals that will receive the quality initiative bonus are listed at <http://www.qualitynet.org/pgri> on the internet. This website is expected to be updated in September 2009. Attachment B of CR 6189 includes the list of providers that did not meet the criteria for FY 09 and which will not receive the 2.0% annual payment update for FY 2009. (CR 6189 is included at the end of this article and is available <http://www.cms.hhs.gov/Transmittals/downloads/R1610CP.pdf> on the CMS website.) Should a provider later be determined to have met the criteria after publication of this list, they will be added to the website and FIs and A/B MACs will update their records accordingly.

FIs and A/B MACs will identify new hospitals to the Quality Improvement Organizations (QIO) as soon as possible so that the QIO can follow through with ensuring provider participation with the requirements for quality data reporting.

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This allows the QIOs the opportunity to contact new facilities earlier in the fiscal year to inform them of the Hospital Quality Initiative.

### ***Capital IPPS Adjustment for Indirect Medical Education (IME)***

As established in the FY 2008 IPPS final rule with comment period (72 FR 47401), in accordance with the regulations at §412.322(c), for discharges occurring during FY 2009, the capital IME adjustment factor equals one-half the current adjustment (that is the amount computed under §412.322(b)). This 50 percent reduction in the capital IME adjustment factor is reflected in the Pricer.

### ***Re-Basing of Sole Community Hospitals (SCHs)***

Section 122 of the Medicare Improvements for Patients and Providers Act of 2008 (Pub. L. 110-275) provides an option to SCHs that would allow them to rebase their hospital specific rates using data from their FY 2006 cost report (cost reporting periods beginning on or after October 1, 2005, and on or before September 30, 2006) if this results in a payment increase. If the FY 2006 cost report data amount is used, it would be effective for the SCH's cost reporting periods beginning on or after January 1, 2009.

### ***The Inpatient Psychiatric Facility (IPF) PPS Update***

Based on changes to the ICD-9-CM coding system used under the IPPS, the following changes are being made to the principal diagnoses that are used to assign MS-DRGs under the IPF PPS. The following table lists the FY 2009 new ICD-9-CM diagnosis codes that group to one of the MS-DRGs for which the IPF PPS provides an adjustment. **This table is only a listing of FY 2009 new codes, and does not reflect all of the currently valid and applicable ICD-9-CM codes classified in the MS-DRGs.** When coded as a principal diagnosis, these codes receive the correlating DRG adjustment.

Diagnosis Code	Description	MS-DRG
046.11	Variant Creutzfeldt-Jakob disease	056, 057
046.19	Other and unspecified Creutzfeldt-Jakob disease	056, 057
046.71	Gerstman-Sträussler-Scheinker syndrome	056, 057
046.72	Fatal familial insomnia	056, 057
046.79	Other and unspecified prion disease of central nervous system	056, 057

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For FY 2009, the diagnosis code of 046.1 (Jakob-Creutzfeldt (MS-DRG 056, 057)) is invalid and no longer applicable for the DRG adjustment.

Since CMS does not plan to update the regression analysis until it analyzes IPF PPS data, the MS-DRG adjustment factors, shown in the following table, are effective October 1, 2008, and will continue to be paid for RY 2009.

MS-DRG	MS-DRG Descriptions	Adjustment Factor
056	Degenerative nervous system disorders w MCC	1.05
057	Degenerative nervous system disorders w/o MCC	1.05
080	Nontraumatic stupor & coma w MCC	1.07
081	Nontraumatic stupor & coma w/o MCC	1.07
876	O.R. procedure w principal diagnoses of mental illness	1.22
880	Acute adjustment reaction & psychosocial dysfunction	1.05
881	Depressive neuroses	0.99
882	Neuroses except depressive	1.02
883	Disorders of personality & impulse control	1.02
884	Organic disturbances & mental retardation	1.03
885	Psychoses	1.00
886	Behavioral & developmental disorders	0.99
887	Other mental disorder diagnoses	0.92
894	Alcohol/drug abuse or dependence, left AMA	0.97
895	Alcohol/drug abuse or dependence w rehabilitation therapy	1.02
896	Alcohol/drug abuse or dependence w/o rehabilitation therapy w MCC	0.88
897	Alcohol/drug abuse or dependence w/o rehabilitation therapy w/o MCC	0.88

### ***Comorbidity Adjustment Update***

The IPF PPS has 17 comorbidity groupings, each containing ICD-9-CM codes for certain comorbid conditions. Each comorbidity grouping will receive a grouping-specific adjustment. Facilities receive only one comorbidity adjustment per

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comorbidity category, but may receive an adjustment for more than one comorbidity category. The IPFs must enter the full ICD-9-CM codes for up to 8 additional diagnoses if they co-exist at the time of admission or develop subsequently.

Comorbidities are specific patient conditions that are secondary to the patient's primary diagnosis and require treatment during the stay. Diagnoses that relate to an earlier episode of care and have no bearing on the current hospital stay are excluded and should not be reported on IPF claims. Comorbid conditions must co-exist at the time of admission, develop subsequently, and affect the treatment received, the length of stay or both treatment and length of stay.

The IPF PPS uses the MS-Severity DRG coding system, in order to maintain consistency with the IPPS, which is effective October 1 of each year. Although the code set will be updated, the same adjustment factors are being maintained. CMS is using the FY 2009 GROUPER, Version 26.0 which is effective for discharges occurring on or after October 1, 2008.

CR 6189 contains three tables that list the FY 2009 new, revised and invalid ICD-9-CM diagnosis codes, respectively, which group to one of the 17 comorbidity categories for which the IPF PPS provides an adjustment. These tables are only a listing of FY 2009 changes and do not reflect all of the currently valid and applicable ICD-9-CM codes classified in the DRGs.

## Additional Information

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The official instruction, CR 6189, issued to your FI or A/B MAC regarding this change is <http://www.cms.hhs.gov/Transmittals/downloads/R1610CP.pdf> on the CMS website. If you have any questions, please contact your FI or A/B MAC at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

**News Flash** - Flu Season Is Upon Us! Begin now to take advantage of each office visit as an opportunity to encourage your patients to get a flu shot. It's still their best defense against combating the flu this season. *(Medicare provides coverage of the flu vaccine without any out-of-pocket costs to the Medicare patient. No deductible or copayment/coinsurance applies.)* And don't forget, health care personnel can spread the highly contagious flu virus to patients. **Protect yourself. Don't Get the Flu. Don't Give the Flu. Get Your Flu Shot. Remember** - Influenza vaccine plus its administration are covered Part B benefits. Note that influenza vaccine is NOT a Part D covered drug. For information about Medicare's coverage of the influenza virus vaccine and its administration as well as related educational resources for health care professionals, please go to [http://www.cms.hhs.gov/MLNProducts/Downloads/flu\\_products.pdf](http://www.cms.hhs.gov/MLNProducts/Downloads/flu_products.pdf) on the CMS website.

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**Attachment A**

<b>Provider Number</b>	<b>Value to enter in Special Pay Indicator</b>	<b>Value to enter in Special Wage Index</b>
010008	1	0.7792
010015	1	0.7664
010021	1	0.7670
010027	1	0.7644
010032	1	0.7943
010038	1	0.8025
010040	1	0.8022
010045	1	0.7840
010046	1	0.8022
010047	1	0.7745
010049	1	0.7644
010078	1	0.8025
010091	1	0.7664
010109	1	0.8023
010110	1	0.7833
010125	1	0.8094
010128	1	0.7664
010129	1	0.7752
010138	1	0.7684
010146	1	0.8025
010150	2	0.8464
020008	2	1.2554
030067	1	0.9122
040047	1	0.7762
040067	1	0.7652
040081	1	0.8002
050002	1	1.5640
050007	1	1.5211
050009	1	1.4125
050013	1	1.4125
050043	1	1.5640
050069	1	1.1985
050070	1	1.5211
050075	1	1.5640
050084	1	1.2104
050089	1	1.1983
050090	1	1.5282

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<b>Provider Number</b>	<b>Value to enter in Special Pay Indicator</b>	<b>Value to enter in Special Wage Index</b>
050099	1	1.1983
050113	1	1.5211
050129	1	1.1983
050136	1	1.5282
050140	1	1.1983
050167	1	1.2104
050168	1	1.1985
050173	1	1.1985
050174	1	1.5282
050193	1	1.1985
050194	1	1.5954
050195	1	1.5640
050211	1	1.5640
050224	1	1.1985
050226	1	1.1985
050230	1	1.1985
050242	1	1.5954
050245	1	1.1983
050264	1	1.5640
050272	1	1.1983
050279	1	1.1983
050283	1	1.5640
050289	1	1.5211
050291	1	1.5282
050298	1	1.1983
050300	1	1.1983
050305	1	1.5640
050313	1	1.2104
050320	1	1.5640
050325	1	1.2005
050327	1	1.1983
050336	1	1.2104
050348	1	1.1985
050366	1	1.1987
050385	1	1.5282
050426	1	1.1985
050444	1	1.2288
050488	1	1.5640

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<b>Provider Number</b>	<b>Value to enter in Special Pay Indicator</b>	<b>Value to enter in Special Wage Index</b>
050512	1	1.5640
050517	1	1.1983
050526	1	1.1985
050543	1	1.1985
050547	1	1.5282
050548	1	1.1985
050549	2	1.4681
050551	1	1.1985
050567	1	1.1985
050570	1	1.1985
050580	1	1.1985
050584	1	1.1983
050586	1	1.1983
050589	1	1.1985
050603	1	1.1985
050609	1	1.1985
050667	1	1.4125
050678	1	1.1985
050690	1	1.5282
050693	1	1.1985
050714	1	1.5954
050720	1	1.1985
050744	1	1.1985
050745	1	1.1985
050746	1	1.1985
050747	1	1.1985
050748	1	1.2104
050754	1	1.5211
050758	1	1.1983
060010	1	0.9722
060030	1	0.9722
060075	2	1.1062
060119	1	0.9722
070001	2	1.2600
070005	2	1.2600
070006	2	1.3003
070010	1	1.2869
070016	2	1.2600

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<b>Provider Number</b>	<b>Value to enter in Special Pay Indicator</b>	<b>Value to enter in Special Wage Index</b>
070017	2	1.2600
070018	2	1.3003
070019	2	1.2600
070022	2	1.2600
070028	1	1.2869
070031	2	1.2600
070033	1	1.2869
070034	2	1.3003
070039	2	1.2600
090003	1	1.0684
090005	1	1.0684
090006	1	1.0684
090008	1	1.0684
100290	1	0.8954
110100	1	0.8604
110101	1	0.7881
110142	1	0.7999
110190	1	0.8055
110205	1	0.8321
130024	1	0.8243
130066	1	0.9470
140001	1	0.8767
140026	1	0.8713
140116	1	1.0289
140161	1	0.8566
140176	1	1.0289
140234	1	0.8713
150022	1	0.8623
150034	2	1.0274
150072	1	0.8570
160013	1	0.9133
160030	1	0.9412
160032	1	0.9189
160040	2	0.8954
160064	2	1.0364
160067	2	0.8954
160080	1	0.9020

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<b>Provider Number</b>	<b>Value to enter in Special Pay Indicator</b>	<b>Value to enter in Special Wage Index</b>
170150	1	0.8221
180064	1	0.8213
180070	1	0.8139
180079	1	0.8158
190034	1	0.7845
190044	1	0.7917
190050	1	0.7700
190053	1	0.7757
190054	1	0.7741
190078	1	0.7843
190099	1	0.7845
190116	1	0.7741
190133	1	0.7758
190140	1	0.7691
190145	1	0.7746
190190	1	0.7731
190218	2	0.8519
190246	1	0.7731
190277	1	0.8043
200032	1	0.8943
220002	1	1.1359
220011	1	1.1359
220046	2	1.1366
220049	1	1.1359
220063	1	1.1359
220070	1	1.1359
220082	1	1.1359
220084	1	1.1359
220098	1	1.1359
220101	1	1.1359
220105	1	1.1359
220171	1	1.1359
220175	1	1.1359
230003	2	1.0355
230004	2	1.0355
230005	1	0.9336
230013	2	1.0769

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<b>Provider Number</b>	<b>Value to enter in Special Pay Indicator</b>	<b>Value to enter in Special Wage Index</b>
230019	2	1.0769
230020	2	1.0163
230024	2	1.0163
230029	2	1.0769
230036	2	1.0769
230038	2	1.0355
230053	2	1.0163
230059	2	1.0355
230066	2	1.0355
230071	2	1.0769
230072	2	1.0355
230075	1	1.0048
230089	2	1.0163
230093	1	0.8921
230097	2	1.0355
230104	2	1.0163
230106	2	1.0355
230119	2	1.0163
230130	2	1.0769
230135	2	1.0163
230146	2	1.0163
230151	2	1.0769
230165	2	1.0163
230174	2	1.0355
230176	2	1.0163
230207	2	1.0769
230217	1	1.0048
230223	2	1.0769
230236	2	1.0355
230254	2	1.0769
230269	2	1.0769
230270	2	1.0163
230273	2	1.0163
230277	2	1.0769
240018	1	0.9891
240044	1	0.9711
240117	1	0.9613
240211	1	0.9898

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<b>Provider Number</b>	<b>Value to enter in Special Pay Indicator</b>	<b>Value to enter in Special Wage Index</b>
250002	2	0.8418
250078	2	0.8217
250122	2	0.8418
250128	1	0.8071
250162	1	0.8879
260059	1	0.8492
260064	1	0.8504
260097	1	0.8715
260116	1	0.8502
260163	1	0.8502
270002	2	0.8738
270012	2	0.8738
270023	2	0.9011
270032	2	0.9011
270057	2	0.9011
280077	1	0.8808
280123	1	0.8851
310021	2	1.2762
310028	2	1.2762
310050	2	1.2762
310051	2	1.2762
310060	2	1.2762
310115	2	1.2762
310120	2	1.2762
320011	1	0.9171
320018	1	0.8858
320085	1	0.8858
330010	1	0.8330
330023	2	1.3003
330027	1	1.2809
330033	1	0.8486
330047	1	0.8330
330049	2	1.2791
330067	2	1.3003
330106	2	1.4928
330126	2	1.2791
330132	1	0.8394
330135	2	1.2791

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<b>Provider Number</b>	<b>Value to enter in Special Pay Indicator</b>	<b>Value to enter in Special Wage Index</b>
330144	1	0.8319
330151	1	0.8319
330167	1	1.2809
330175	1	0.8523
330181	1	1.2809
330182	1	1.2809
330198	1	1.2809
330205	2	1.2791
330225	1	1.2809
330259	1	1.2809
330264	2	1.2686
330276	1	0.8299
330331	1	1.2809
330332	1	1.2809
330372	1	1.2809
340002	2	0.9431
340020	1	0.8756
340024	1	0.8777
340037	1	0.8762
340038	1	0.8853
340104	1	0.8762
340133	1	0.8860
340151	1	0.8652
350002	2	0.8229
350003	2	0.8229
350006	2	0.8229
350015	2	0.8229
350017	2	0.8229
350019	2	0.7944
350030	2	0.8229
360002	1	0.8711
360040	1	0.8957
360044	1	0.8697
360070	1	0.8824
360071	1	0.8605
360084	1	0.8824
360100	1	0.8824
360131	1	0.8824

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<b>Provider Number</b>	<b>Value to enter in Special Pay Indicator</b>	<b>Value to enter in Special Wage Index</b>
360151	1	0.8824
360156	1	0.8689
370023	1	0.8030
370065	1	0.8036
370072	1	0.8198
370083	1	0.7991
370100	1	0.8040
370156	1	0.8061
370169	1	0.8103
370214	1	0.8061
380090	2	1.2797
390001	2	0.9642
390003	2	0.9642
390008	1	0.8393
390045	2	0.9642
390052	1	0.8380
390056	1	0.8369
390072	2	0.9642
390095	2	0.9642
390117	1	0.8335
390119	2	0.9642
390122	1	0.8386
390125	1	0.8355
390137	2	0.9642
390146	1	0.8355
390150	1	0.8364
390169	2	0.9642
390185	2	0.9797
390192	2	0.9642
390201	1	0.9503
390236	1	0.8336
390237	2	0.9642
390270	2	0.9797
390316	1	0.9492
420002	1	0.9535
420019	1	0.8746
420027	1	0.9805
420043	1	0.8745

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<b>Provider Number</b>	<b>Value to enter in Special Pay Indicator</b>	<b>Value to enter in Special Wage Index</b>
420053	1	0.8623
420054	1	0.8590
420082	1	0.9569
430005	2	0.9467
430008	2	0.9373
430013	2	0.9373
430015	2	0.9344
430048	2	0.9344
430060	2	0.9344
430064	2	0.9344
430094	1	0.8525
440007	1	0.8162
440012	1	0.7952
440016	1	0.8087
440017	1	0.7952
440031	1	0.7962
440033	1	0.7970
440047	1	0.8281
440050	1	0.7952
440051	1	0.8025
440057	1	0.7964
440070	1	0.8052
440081	1	0.7995
440084	1	0.7968
440109	1	0.8013
440115	1	0.8281
440137	1	0.8681
440174	1	0.8255
440176	1	0.7952
440180	1	0.7970
440181	1	0.8308
440182	1	0.8087
450032	1	0.8378
450059	1	0.8992
450072	2	0.9890
450090	1	0.8774
450144	1	0.8683
450163	1	0.8178

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<b>Provider Number</b>	<b>Value to enter in Special Pay Indicator</b>	<b>Value to enter in Special Wage Index</b>
450192	1	0.8395
450194	1	0.8337
450210	1	0.8275
450236	1	0.8513
450270	1	0.8395
450370	1	0.8359
450438	1	0.8359
450451	1	0.8660
450460	1	0.8177
450497	1	0.8499
450539	1	0.8191
450573	1	0.8250
450591	2	0.9890
450615	1	0.8157
450641	1	0.8499
450698	1	0.8251
450755	1	0.8400
450838	1	0.8250
450884	1	0.8716
450888	1	0.9674
460017	1	0.8746
470003	2	1.1366
490001	2	0.8651
490084	1	0.8219
490110	1	0.8277
500019	1	1.0273
500041	1	1.1431
510012	1	0.7744
520035	1	0.9477
520044	1	0.9477
520057	1	0.9594
520095	1	0.9594
530008	2	0.9271
530010	2	0.9271
530015	2	1.0353
670015	1	0.9674
670023	1	0.9674

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**Attachment B****Provider**

<b>ID</b>	<b>Provider Name</b>
30073	TUBA CITY REGIONAL HEALTH CARE CORPORATION
30074	SELLS INDIAN HEALTH SERVICE HOSPITAL
30077	SAN CARLOS HOSPITAL
30113	WHITERIVER PHS INDIAN HOSPITAL
50018	PACIFIC ALLIANCE MEDICAL CENTER COMMUNITY AND MISSION HOSPITAL OF HUNTINGTON PARK
50091	PARK
50257	GOOD SAMARITAN HOSPITAL
50320	ALAMEDA COUNTY MEDICAL CENTER
50325	TUOLUMNE GENERAL MEDICAL FACILITY
50377	CHOWCHILLA DISTRICT MEM HOSPITAL
50378	PACIFICA HOSPITAL OF THE VALLEY
50430	MODOC MEDICAL CENTER
50456	SOUTH BAY COMMUNITY HOSPITAL, L P
50545	LANTERMAN DEVELOPMENTAL CENTER
50546	PORTERVILLE DEVELOPMENTAL CENTER
50548	FAIRVIEW DEVELOPMENTAL CENTER
50578	MARTIN LUTHER KING, JR - HARBOR HOSPITAL
50662	AGNEWS STATE HOSPITAL
50668	LAGUNA HONDA HOSPITAL & REHABILITATION CENTER SAN DIEGO HOSPICE & PALLIATIVE CARE ACUTE CARE CEN
50698	CEN
50708	FRESNO SURGICAL HOSPITAL
50758	MONTCLAIR HOSPITAL MEDICAL CENTER
70038	CONNECTICUT HOSPICE INC.
90008	UNITED MEDICAL CENTER
100108	TRINITY COMMUNITY HOSPITAL
100134	ED FRASER MEMORIAL HOSPITAL
100279	GULF COAST HOSPITAL
100298	FLORIDA STATE HOSPITAL UNIT 31 MED
120004	WAHIAWA GENERAL HOSPITAL
140033	VISTA MEDICAL CENTER WEST
140094	ST MARY & ELIZABETH MED CTR-CLAREMONT CAMPUS
140205	SWEDISH AMERICAN MEDICAL CENTER BELVIDERE
150164	MONROE HOSPITAL
170150	SOUTH CENTRAL KS REGIONAL MED CENTER
190037	SOUTH CAMERON MEMORIAL HOSPITAL

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190151 RICHARDSON MEDICAL CENTER  
 190267 FAIRWAY MEDICAL CENTER

**Provider**

<b>ID</b>	<b>Provider Name</b>
220153	SOLDIERS HOME OF HOLYOKE
220154	SOLDIERS HOME IN MASSACHUSETTS
220172	UNIVERSITY HEALTH SERVICES
230135	HENRY FORD COTTAGE HOSPITAL
230144	FOREST HEALTH MEDICAL CENTER
250023	PEARL RIVER COUNTY HOSPITAL
250051	KILMICHAEL HOSPITAL
250060	JEFFERSON COUNTY HOSPITAL
250079	SHARKEY ISSAQUENA COMMUNITY HOSPITAL
250125	GULF COAST MEDICAL CENTER
250127	CHOCTAW HEALTH CENTER
250151	ALLIANCE HEALTH CENTER
250152	MISSISSIPPI METHODIST REHAB CTR
280119	P H S INDIAN HOSPITAL
280127	LINCOLN SURGICAL HOSPITAL
290002	SOUTH LYON MEDICAL CENTER
290020	PRIMECARE NEVADA, INC., DBA NYE REGIONAL MEDICAL CENTER
290027	GROVER C DILS MEDICAL CENTER
290042	HARMON MEDICAL AND REHABILITATION HOSPITAL
290053	ST ROSE DOMINICAN HOSPITAL-SAN MARTIN
320030	ARTESIA GENERAL HOSPITAL
330029	SHEEHAN MEMORIAL HOSPITAL
330094	COLUMBIA MEMORIAL HOSPITAL
330406	SUNNYVIEW HOSPITAL AND REHABILITATION CENTER
330407	EDDY COHOES REHABILITATION CENTER
340104	CRAWLEY MEMORIAL HOSPITAL
340137	BROUGHTON HOSPITAL-MEDICAL UNIT
340138	CENTRAL REGIONAL HOSPITAL
340168	WILMINGTON TREATMENT CENTER
350064	US PUBLIC HEALTH SERVICE INDIAN HOSPITAL
360187	SPRINGFIELD REGIONAL MEDICAL CENTER
360247	WOODS AT PARKSIDE,THE
360258	BARIX CLINICS OF OHIO, LLC
360274	MEDICAL CENTER AT ELIZABETH PLACE
360276	HMHP ST ELIZABETH BOARDMAN HEALTH CENTER
370169	COMMUNITY HOSPITAL LAKEVIEW

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370171	W W HASTINGS INDIAN HOSPITAL
370199	LAKESIDE WOMEN'S HOSPITAL
<b>Provider</b>	
<b>ID</b>	<b>Provider Name</b>
370214	LINDSAY MUNICIPAL HOSPITAL
370220	ORTHOPEDIC HOSPITAL
390112	WINDBER HOSPITAL
390176	COMMONWEALTH MEDICAL CENTER
390312	CANCER TREATMENT CENTERS OF AMERICA
390317	DSI OF BUCKS COUNTY
430081	PINE RIDGE IHS HOSPITAL
430093	SAME DAY SURGERY CENTER LLC
440223	BAPTIST WOMENS TREATMENT CTR MURFREESBORO
440224	BAPTIST WOMEN'S TREATMENT CENTER
450162	HIGHLAND COMMUNITY HOSPITAL
450270	LAKE WHITNEY MEDICAL CENTER
450330	OAKBEND MEDICAL CENTER
450379	R.H.D. MEMORIAL MEDICAL CENTER
450446	RIVERSIDE GENERAL HOSPITAL
450683	RENAISSANCE HOSPITAL TERRELL
450758	HEALTHSOUTH DALLAS REHAB HOSPITAL
450839	SHELBY REGIONAL MEDICAL CENTER
460018	KANE COUNTY HOSPITAL
460035	BEAVER VALLEY HOSPITAL
490104	HIRAM W DAVIS MEDICAL CENTER
490105	SOUTHWESTERN VIRGINIA MENTAL HEALTH INSTITUTE
490108	CENTRAL VIRGINIA TRAINING CENTER
490129	CAPITAL HOSPICE - HALQUIST MEMORIAL INPATIENT CENTER
490134	PIEDMONT GERIATRIC HOSPITAL
490135	CATAWBA HOSPITAL
500143	PROV ST PETER CHEMICAL DEPENDENCY CENTER
520203	SELECT SPECIALTY HOSPITAL - MADISON
670007	BEAUMONT BONE & JOINT INSTITUTE
670010	DENTON REHABILITATION HOSPITAL L.P.
670017	HEALTHSOUTH REHABILITATION HOSPITAL
670018	DOCTORS DIAGNOSTIC HOSPITAL
670021	INNOVA HOSPITAL SAN ANTONIO
670027	APEX HOSPITAL - TMC

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**Attachment C**

<b>STATE CODE</b>	<b>FACTOR</b>	<b>STATE CODE</b>	<b>STATE NAME</b>
01	0.9968	01	ALABAMA
02	0.9951	02	ALASKA
03	0.9968	03	ARIZONA
04	0.9968	04	ARKANSAS
05	0.9931	05	CALIFORNIA
06	0.9962	06	COLORADO
07	0.9900	07	CONNECTICUT
08	0.9968	08	DELAWARE
09	0.9968	09	DISTRICT OF CO
10	0.9964	10	FLORIDA
11	0.9968	11	GEORGIA
12	0.9968	12	HAWAII
13	0.9968	13	IDAHO
14	0.9968	14	ILLINOIS
15	0.9967	15	INDIANA
16	0.9944	16	IOWA
17	0.9968	17	KANSAS
18	0.9968	18	KENTUCKY
19	0.9967	19	LOUISIANA
20	0.9968	20	MAINE
21	1.0000	21	MARYLAND
22	0.9968	22	MASSACHUSETTS
23	0.9968	23	MICHIGAN
24	0.9968	24	MINNESOTA
25	0.9968	25	MISSISSIPPI
26	0.9968	26	MISSOURI
27	0.9968	27	MONTANA
28	0.9968	28	NEBRASKA
29	0.9968	29	NEVADA
			NEW
30	0.9924	30	HAMPSHIRE
31	0.9946	31	NEW JERSEY
32	0.9966	32	NEW MEXICO
33	0.9968	33	NEW YORK
			NORTH
34	0.9968	34	CAROLINA
35	0.9968	35	NORTH DAKOTA

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STATE CODE	FACTOR	STATE CODE	STATE NAME
36	0.9966	36	OHIO
37	0.9968	37	OKLAHOMA
38	0.9954	38	OREGON
39	0.9968	39	PENNSYLVANIA
40	0.9968	40	PUERTO RICO
41	0.9968	41	RHODE ISLAND
42	0.9964	42	S CAROLINA
43	0.9968	43	SOUTH DAKOTA
44	0.9963	44	TENNESSEE
45	0.9968	45	TEXAS
46	0.9968	46	UTAH
47	0.9968	47	VERMONT
48	1.0000	48	VIRGIN ISLANDS
49	0.9968	49	VIRGINIA
50	0.9964	50	WASHINGTON
51	0.9964	51	WEST VIRGINIA
52	0.9966	52	WISCONSIN
53	0.9968	53	WYOMING
55	0.9931	55	CALIFORNIA
56	1.0000	56	CANADA
59	1.0000	59	MEXICO
			AMERICAN
64	1.0000	64	SAMOA
65	1.0000	65	GUAM
			MARIANAS
66	1.0000	66	ISLANDS
67	0.9968	67	TEXAS
68	0.9964	68	FLORIDA
69	0.9964	69	FLORIDA
70	0.9968	70	KANSAS
71	0.9967	71	LOUISIANA
72	0.9966	72	OHIO
73	0.9968	73	PENNSYLVANIA
74	0.9968	74	TEXAS
75	0.9931	75	CALIFORNIA
76	0.9944	76	IOWA
77	0.9968	77	MINNESOTA
78	0.9968	78	ILLINOIS
80	1.0000	80	MARYLAND

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