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Part II

Department of Health and Human Services

Centers for Medicare & Medicaid Services

42 CFR Parts 412 and 413

Medicare Program; Prospective Payment Systems; 2010 and 2011 Rates; Wage Indices; Proposed Rule and Notice

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 412 and 413

[CMS–1498–P2]

RIN 0938–AP80

Medicare Program; Supplemental Proposed Changes to the Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Supplemental Proposed Fiscal Year 2011 Rates

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Proposed rule.

SUMMARY: This proposed rule is a supplement to the fiscal year (FY) 2011 hospital inpatient prospective payment systems (IPPS) and long-term care prospective payment system (LTCH PPS) proposed rule published in the May 4, 2010 **Federal Register**. This supplemental proposed rule would implement certain statutory provisions relating to Medicare payments to hospitals for inpatient services that are contained in the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 (collectively known as the Affordable Care Act). It would also specify statutorily required changes to the amounts and factors used to determine the rates for Medicare acute care hospital inpatient services for operating costs and capital-related costs, and for long-term care hospital costs.

DATES: To be assured consideration, comments must be received at one of the addresses provided below, no later than 5 p.m. on July 2, 2010.

ADDRESSES: In commenting, please refer to file code CMS–1498–P2. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission.

You may submit comments in one of four ways (please choose only one of the ways listed):

1. *Electronically.* You may submit electronic comments on this regulation to *http://www.regulations.gov.* Follow the instructions for submitting a comment.

2. *By regular mail.* You may mail written comments to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–1498–P2, P.O. Box 8011, Baltimore, MD 21244–1850.

Please allow sufficient time for mailed comments to be received before the close of the comment period.

3. *By express or overnight mail.* You may send written comments to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–1498–P2, Mail Stop C4–26–05, 7500 Security Boulevard, Baltimore, MD 21244–1850.

4. *By hand or courier.* If you prefer, you may deliver (by hand or courier) your written comments before the close of the comment period to either of the following addresses:

a. For delivery in Washington, DC—Centers for Medicare & Medicaid Services, Department of Health and Human Services, Room 445–G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201.

(Because access to the interior of the Hubert H. Humphrey Building is not readily available to persons without Federal government identification, commenters are encouraged to leave their comments in the CMS drop slots located in the main lobby of the building. A stamp-in clock is available for persons wishing to retain a proof of filing by stamping in and retaining an extra copy of the comments being filed.)

b. For delivery in Baltimore, MD—Centers for Medicare & Medicaid Services, Department of Health and Human Services, 7500 Security Boulevard, Baltimore, MD 21244–1850.

If you intend to deliver your comments to the Baltimore address, please call telephone number (410) 786–7195 in advance to schedule your arrival with one of our staff members.

Comments mailed to the addresses indicated as appropriate for hand or courier delivery may be delayed and received after the comment period.

Submission of comments on paperwork requirements. You may submit comments on this document's paperwork requirements by following the instructions at the end of the "Collection of Information Requirements" section in this document.

For information on viewing public comments, *see* the beginning of the **SUPPLEMENTARY INFORMATION** section.

FOR FURTHER INFORMATION CONTACT: Tzvi Hefter, (410) 786–4487, and Ing-Jye Cheng, (410) 786–4548, Operating Prospective Payment, Wage Index, Hospital Geographic Reclassifications, Capital Prospective Payment, Critical Access Hospital (CAH).

Michele Hudson, (410) 786–4487, and Judith Richter, (410) 786–2590, Long-Term Care Hospital Prospective Payment.

Siddhartha Mazumdar, (410) 786–6673, Rural Community Hospital Demonstration Program Issues.

SUPPLEMENTARY INFORMATION:

Inspection of Public Comments: All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment. We post all comments received before the close of the comment period on the following Web site as soon as possible after they have been received: *http://www.regulations.gov.* Follow the search instructions on that Web site to view public comments.

Comments received timely will also be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, at the headquarters of the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244, Monday through Friday of each week from 8:30 a.m. to 4 p.m. To schedule an appointment to view public comments, phone 1–800–743–3951.

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I. Background

On March 23, 2010, the Patient Protection and Affordable Care Act (Pub. L. 111–148) was enacted. Following the enactment of Public Law 111–148, the Health Care and Education Reconciliation Act of 2010 Public Law 111–152 (enacted on March 30, 2010), amended certain provisions of Public Law 111–148. These public laws are collectively known as the Affordable Care Act. A number of the provisions of Public Law 111–148, affect the IPPS and the LTCH PPS and the providers and suppliers addressed in this proposed

rule. However, due to the timing of the passage of the legislation, were unable to address those provisions in the FY 2011 IPPS and LTCH PPS proposed rule that appeared in the May 4, 2010 **Federal Register** (75 FR 23852). Therefore, the proposed policies and payment rates in that proposed rule did not reflect the new legislation. We noted in that proposed rule that we would issue separate **Federal Register** documents addressing the provisions of Public Law 111–148 that affect our proposed policies and payment rates for FY 2010 and FY 2011 under the IPPS and the LTCH PPS. This supplementary proposed rule addresses the following provisions of the new legislation that affect the following FY 2011 proposed policies:

- Hospital wage index improvement related to geographic reclassification criteria for FY 2011 (section 3137 of Pub. L. 111–148).
- National budget neutrality in the calculation of the rural floor for hospital wage index (section 3141 of Pub. L. 111–148).
- Protections for frontier States (section 10324 of Pub. L. 111–148).
- Revisions of certain market basket updates (sections 3401 and 10319 of Pub. L. 111–148 and section 1105 of Pub. L. 111–152).
- Temporary improvements to the low-volume hospital adjustment (sections 3125 and 10314 of Pub. L. 111–148).
- Extension of Medicare-dependent hospitals (MDHs) (section 3124 of Pub. L. 111–148).
- Additional payments in FYs 2011 and 2012 for qualifying hospitals in the lowest quartile of per capital Medicare spending (section 1109 of Pub. L. 111–152).
- Extension of the rural community hospital demonstration (section 3123 of Pub. L. 111–148).
- Technical correction related to critical access hospital (CAH) services (section 3128 of Pub. L. 111–148).
- Extension of certain payment rules for long-term care hospital services and of moratorium on the establishment of certain hospitals and facilities (sections 3106 and 10312 of Pub. L. 111–148).

We also noted that we plan to issue further instructions implementing the provisions of Public Law 111–148 that affect the policies and payment rates for FY 2010 under the IPPS and for RY 2010 under the LTCH PPS in a separate document published elsewhere in this **Federal Register**.

II. Provisions of the Proposed Regulations

In this section of this supplementary proposed rule, we address the provisions of Public Law 111–148, that affect our proposed policies and payment rates for FY 2011 under the IPPS and the LTCH PPS.

A. Changes to the Acute Care Hospital Wage Index

1. Plan for Reforming the Wage Index

Section 3137(b) of Public Law 111–148 requires the Secretary of Health and Human Services to submit to Congress, not later than December 31, 2011, a report that includes a plan to reform the Medicare wage index applied under the Medicare IPPS. In developing the plan, the Secretary of Health and Human Services must take into consideration the goals for reforming the wage index that were set forth by the MedPAC in its June 2007 report entitled, "Report to Congress: Promoting Greater Efficiency in Medicare", including establishing a new system that —

- Uses Bureau of Labor of Statistics (BLS) data, or other data or methodologies, to calculate relative wages for each geographic area;
- Minimizes wage index adjustments between and within MSAs and statewide rural areas;
- Includes methods to minimize the volatility of wage index adjustments while maintaining budget neutrality in applying such adjustments;
- Takes into account the effect that implementation of the system would have on health care providers and on each region of the country;
- Addresses issues related to occupational mix, such as staffing practices and ratios, and any evidence on the effect on quality of care or patient safety as a result of the implementation of the system; and
- Provides for a transition.

In addition, section 3137(b)(3) of Public Law 111–148 requires the Secretary of Health and Human Services to consult with relevant affected parties in developing the plan. Although the provisions of section 3137(b) of Public Law 111–148 will not have an actual impact on the FY 2011 wage, we are notifying the public of the provisions so that they may provide comments and suggestions on how they may participate in developing the plan.

2. Provisions on Wage Comparability and Rural/Imputed Floor Budget Neutrality

Sections 3137(c) and 3141 of Public Law 111–148 affect reclassification average hourly wage comparison criteria and rural and imputed floor budget neutrality provisions for FY 2011.

a. Reclassification Average Hourly Wage Comparison Criteria

In the FY 2009 IPPS final rule, we adopted the policy to adjust the reclassification average hourly wage standard, comparing a reclassifying hospital's (or county hospital group's) average hourly wage relative to the average hourly wage of the area to which it seeks reclassification. (We refer readers to the FY 2009 IPPS final rule for a full discussion of the basis for the proposals the public comments received and the FY 2009 final policies.) We provided for a phase-in of the adjustment over 2 years. For applications for reclassification for the first transitional year, FY 2010, the average hourly wage standards were set at 86 percent for urban hospitals and group reclassifications, and 84 percent for rural hospitals. For applications for reclassification for FY 2011 (for which the application deadline was September 1, 2009) and for subsequent fiscal years, the average hourly wage standards were 88 percent for urban and group reclassifications and 86 percent for rural hospitals. Sections 412.230, 412.232, and 412.234 of the regulations were revised accordingly. These policies were adopted in the FY 2009 IPPS final rule and were reflected in the wage index in the Addendum to the FY 2011 IPPS proposed rule, which appeared in the **Federal Register** on May 4, 2010.

However, provisions of section 3137(c) of Public Law 111–148 recently revised the average hourly wage standards. Specifically, section 3137(c) restores the average hourly wage standards that were in place for FY 2008 (that is, 84 percent for urban hospitals, 85 percent for group reclassifications, and 82 percent for rural hospitals) for applications for reclassification for FY 2011 and for each subsequent fiscal year until the first fiscal year beginning on or after the date that is one year after the Secretary of Health and Human Services submits a report to Congress on a plan for reforming the wage index under 3137(b) of Public Law 111–148. Section 3137(c) of Public Law 111–148 also requires the revised average hourly wage standards to be applied in a budget neutral manner. We note that section 3137(c) of Public Law 111–148 does not provide for the revised average hourly wage standards to be applied retroactively, nor does it change the statutory deadline for applications for reclassification for FY 2011. Under section 1886(d)(10) of the Act, the Medicare Geographic Classification Review Board (MGCRB) considers

applications by hospitals for geographic reclassification for purposes of payment under the IPPS. Hospitals must apply to the MGCRB to reclassify 13 months prior to the start of the fiscal year for which reclassification is sought (generally by September 1). For reclassifications for the FY 2011 wage index, the deadline for applications was September 1, 2009 (74 FR 43838).

In implementing section 3137(c) of Public Law 111–148, we requested the assistance of the MGCRB in determining, for applications received by September 1, 2009, whether additional hospitals would qualify for reclassification for FY 2011 based on the revised average hourly wage standards of 84 percent for urban hospitals, 85 percent for group reclassifications, and 82 percent for rural hospitals. We determined that 18 additional hospitals would qualify for reclassification for FY 2011. Also, 5 hospitals, for which the MGCRB granted reclassifications to their secondary requested areas for FY 2011, would qualify for reclassifications instead to their primary requested areas because they now meet the average hourly wage criteria to reclassify to those areas. Therefore, in accordance with § 412.278 of the regulations, in which paragraph (c) provides the Administrator discretionary authority to review any final decision of the MGCRB, we submitted a letter to the Administrator requesting that she review and amend the MGCRB's decision and grant the 23 hospitals their requested reclassifications (or primary reclassifications) for FY 2011.

The wage index in the Addendum to this supplemental FY 2011 IPPS proposed rule reflects these changes in hospital reclassifications, although the Administrator had not issued all of her decisions by the date of this proposed rule. In calculating the wage index in this proposed rule, we made assumptions that the Administrator would grant the 23 hospitals their requested reclassifications (or primary reclassifications) and that the hospitals would not request the Administrator to amend her decisions. Generally, these reclassifications would result in the highest possible wage index for the hospitals. Any changes to the wage index, as a result of the Administrator's actual decision issued under § 412.278(c), or an amendment of the Administrator's decision issued under paragraph (g), will be reflected in the FY 2011 IPPS final rule.

In accordance with the requirements in section 3137(c) of Affordable Care Act, we are modifying § 412.230, § 412.232, and § 412.234 of the regulations to codify the revised average hourly wage standards.

b. Budget Neutrality Adjustment for the Rural and Imputed Floors

In the FY 2009 IPPS final rule (73 FR 48574 through 48575), we adopted State level budget neutrality (rather than the national budget neutrality adjustment) for the rural and imputed floors, effective beginning with the FY 2009 wage index and incorporated this policy in our regulation at § 412.64(e)(4). Specifically, the regulations specified that CMS makes an adjustment to the wage index to ensure that aggregate payments after implementation of the rural floor under section 4410 of the Balanced Budget Act of 1997 (Pub. L. 105–33) and the imputed floor under § 412.64(h)(4) are made in a manner that ensures that aggregate payments to hospitals are not affected and that, beginning October 1, 2008, we would transition from a nationwide adjustment to a statewide adjustment, with a statewide adjustment fully in place by October 1, 2010.

These policies for the rural and imputed floors were adopted in the FY 2009 IPPS final rule and were reflected in the wage index in the Addendum to the FY 2011 IPPS/LTCH PPS proposed rule, published in the **Federal Register** on May 4, 2010. However, these policies were recently changed by the provisions of section 3141 of Public Law 111–148. Specifically, section 3141 of Affordable Care Act rescinds our policy establishing a statewide budget neutrality adjustment for the rural and imputed floors and, instead, restores it to a uniform, national adjustment, beginning with the FY 2011 wage index. Additionally, the imputed floor, is set to expire on September 30, 2011. We do not read section 3141 of Public Law 111–148 as altering this expiration date. Section 3141 of Public Law 111–148 requires that we "administer subsection (b) of such section 4410 and paragraph (e) of * * * section 412.64 in the same manner as the Secretary administered such subsection (b) and paragraph (e) for discharges occurring during fiscal year 2008 (through a uniform, national adjustment to the area wage index)." Thus, section 3141 of Public Law 111–148 is governing how we apply budget neutrality, under the authorities of § 412.64(e) and section 4410(b) of the Balanced Budget Act, but it does not alter § 412.64(h) of our regulations (which includes the imputed floor and its expiration date). To the extent there is an imputed floor, section 3141 of Public Law 111–148 governs budget neutrality for that floor, but it does not continue the imputed floor beyond the expiration date already included in our regulations.

Therefore, the wage index in the Addendum to this supplemental FY 2011 IPPS proposed rule reflects a uniform, national budget neutrality adjustment for the rural and imputed floors, which is a factor of 0.995425.

3. Frontier States Floor (§ 412.64)

In accordance with section 10324(a) of Affordable Care Act, beginning in FY 2011, the statute provides for establishing an adjustment to create a wage index floor of 1.00 for all hospitals located in States determined to be Frontier States. The statute defines any State as a Frontier State if at least 50 percent of the State's counties are determined to be Frontier Counties. The statute defines as counties that have a population density less than 6 persons per square mile. The law requires that this provision shall not apply to hospitals in Alaska or Hawaii receiving a non-labor related share adjustment under section 1886(d)(5)(H) of the Act.

To implement this provision, we propose to identify Frontier Counties by analyzing population data and county definitions based upon the most recent annual Population Estimates published by the U.S. Census Bureau. We will divide each county's population total by each county's reported land area (according to the decennial census) in square miles to establish population density. We also propose to update this analysis from time to time, such as upon publication of a subsequent decennial census, and if necessary, add or remove qualifying States from the list of Frontier States based on the updated analysis.

For a State that qualifies as a Frontier State, in accordance with section 10324(a) of Public Law 111–148, all PPS hospitals located within that State will receive either the higher of its post-reclassification wage index rate, or a minimum value of 1.00. We propose that, for a hospital that is geographically located in a Frontier State and is reclassified under section 1886(d)(10) of the Act to a CBSA in a non-Frontier State, the hospital will receive a wage index that is the higher of the reclassified area wage index or the minimum wage index of 1.00. In accordance with section 10324(a) of Public Law 111–148, the Frontier State adjustment will not be subject to budget neutrality under section 1886(d)(3)(E) of the Act, and will only be extended to hospitals geographically located within a Frontier State. We propose to calculate and apply the Frontier State floor adjustments after rural and imputed floor budget neutrality adjustments are

calculated for all labor market areas, so as to ensure that no hospital in a Frontier State will receive a wage index lesser than 1.00 due to the rural and imputed floor adjustment. We invite public comment on these proposals regarding our methods for determining Frontier States, and for calculation and application of the adjustment.

For the proposed FY 2011 IPPS wage index, the Frontier States are the following: Reflected in the following table:

TABLE 1—FRONTIER STATES UNDER SECTION 10324(a)

State	Total counties	Frontier counties	Percent frontier counties
Montana	56	45	80
Wyoming	23	17	74
North Dakota	53	36	68
Nevada	17	11	65
South Dakota	66	34	52

Frontier States are identified by a footnote in Table 4D–2 of the Addendum to this supplemental proposed rule. Population Data set: *http://www.census.gov/popest/estimates.html* (2009 County Total Population Estimates).

Land Area Dataset http://factfinder.census.gov/ (Decennial: Census Geographic Comparison *Tables:* "United States—County by State and for Puerto Rico").

4. Revised FY 2011 IPPS Proposed Rule Wage Index Tables

The revised IPPS proposed wage index values for FY 2011, reflecting the provisions of sections 3137(c), 3141, and 10324 of Public Law 111–148, are included in Tables 2, 4A, 4B, 4C, and 4D–2 of the Addendum to this supplemental FY 2011 IPPS/LTCH PPS proposed rule.

Table 4D–1, which listed the statewide rural and imputed floor budget neutrality factors, is eliminated from the Addendum to this supplemental FY 2011 IPPS/LTCH PPS proposed rule and is no longer applicable for the wage index because section 3141 of Public Law 111–148 instead requires the application of a national adjustment.

Table 4J, which lists the out-migration adjustment for a qualifying county, is revised due to the above provisions of Affordable Care Act. Additionally, Table 9A, the list of hospitals that are reclassified or redesignated for FY 2011, is revised according to section 3137(c) of Public Law 111–148. Both revised tables are included in the Addendum to this supplemental FY 2011 IPPS/LTCH PPS proposed rule.

Tables 3A and 3B, which list the 3-year average hourly wage for each labor market area before the redesignation or reclassification of hospitals, Table 4E, the list of urban CBSAs and constituent counties, Table 4F, the Puerto Rico wage index, and Table 9C, the list of hospitals redesignated under section 1886(d)(8)(E) of the Act, are unaffected by the above provisions of Affordable Care Act. Therefore, these tables are unchanged from the initial FY 2011 IPPS/LTCH PPS proposed rule and are not included in the Addendum to this supplemental FY 2011 IPPS/LTCH PPS proposed rule.

5. Procedures for Withdrawing Reclassifications in FY 2011

Section 1886(d)(10)(D)(v) of the Act states that the Secretary should establish procedures under which a subsection (d) hospital may elect to terminate a reclassification before the end of a 3-year period, but does not contain any other specifics regarding how such termination should occur. Our rules at 42 CFR 412.273 state that hospitals that have been reclassified by the MGCRB are permitted to withdraw their applications within 45 days of the publication of CMS's annual notice of proposed rulemaking. For purposes of this supplementary proposed rule, we interpret our regulation as referring to the initial FY 2011 IPPS/LTCH PPS proposed rule (which appeared in the May 4, 2010 **Federal Register**), and our procedure for this supplementary proposed rule is to start the time period for requesting a withdrawal or termination from publication of that initial proposed rule. Were we not to use such a time period, requests for termination and withdrawal would be received too late to include in our final rule. Thus, all requests for withdrawal of an application for reclassification or termination of an existing 3-year reclassification that would be effective in FY 2011 must be received by the MGCRB by June 18, 2010.

We note that wage index values in the tables in the Addendum to this supplemental FY 2011 IPPS/LTCH PPS proposed rule may have changed somewhat from the initial, more comprehensive FY 2011 IPPS/LTCH PPS proposed rule (which appeared in the May 4, 2010 **Federal Register**) due to the application of sections 3137(c), 3141, and 10324 of Affordable Care Act. In addition, as a result of section 3137(c) of Affordable Care Act, there may be additional hospitals listed as reclassified in Table 9A in the Addendum to this supplemental proposed rule. Hospitals have sufficient time between the display or publication date of this supplemental FY 2011 IPPS/LTCH PPS proposed rule in the **Federal Register** and the June 18, 2010 deadline for withdrawals and terminations to evaluate and make determinations regarding their reclassification for the FY 2011 wage index. As noted in the initial FY 2011 IPPS proposed rule, the mailing address of the MGCRB is: 2520 Lord Baltimore Drive, Suite L, Baltimore, MD 21244–2670.

B. Inpatient Hospital Market Basket Update

Below we discuss the adjustments to the FY 2010 and FY 2011 market basket as required by the Affordable Care Act. In this supplemental proposed rule we are not proposing to address the provisions of section 3401 of Public Law 111–148 providing for a productivity adjustment for FY 2012 and subsequent fiscal years; rather, this change will be addressed in future rulemaking.

1. FY 2010 Inpatient Hospital Update

In accordance with section 1886(b)(3)(B)(i) of the Act, each year we update the national standardized amount for inpatient operating costs by a factor called the "applicable percentage increase." Prior to enactment of Public Law 111–148 and Public Law 111–152, section 1886(b)(3)(B)(i)(XX) of the Act set the applicable percentage increase equal to the rate-of-increase in the hospital market basket for IPPS hospitals in all areas, subject to the hospital submitting quality information under rules established by the Secretary in accordance with section 1886(b)(3)(B)(viii) of the Act. For

hospitals that do not provide these data, the update is equal to the market basket percentage increase less an additional 2.0 percentage points. In accordance with these statutory provisions, in the FY 2010 IPPS/LTCH PPS final rule (74 FR 43850), we finalized an applicable percentage increase equal to the full market basket update of 2.1 percent based on IHS Global Insight, Inc.'s second quarter 2009 forecast of the FY 2010 market basket increase, provided the hospital submits quality data in accordance with our rules. For hospitals that do not submit quality data, in the FY 2010 IPPS/LTCH PPS final rule we finalized an applicable percentage increase equal to 0.1 percent (that is, the FY 2010 estimate of the market basket rate-of-increase minus 2.0 percentage points).

Sections 3401(a) and 10319 of Public Law 111–148 amend section 1886(b)(3)(B)(i) of the Act. Specifically, sections 3401(a) and 10319(a) of Public Law 111–148 amend section 1886(b)(3)(B)(i) of the Act to set the FY 2010 applicable percentage increase for IPPS hospitals equal to the rate-of-increase in the hospital market basket for IPPS hospitals in all areas minus a 0.25 percentage point, subject to the hospital submitting quality information under rules established by the Secretary in accordance with section 1886(b)(3)(B)(viii) of the Act. For hospitals that do not provide these data, the update is equal to the market basket percentage increase minus 0.25 percentage point less an additional 2.0 percentage points. Section 3401(a)(4) of Public Law 111–148 further states that these amendments may result in the applicable percentage increase being less than zero. Although these amendments modify the applicable percentage increase applicable to the FY 2010 rates under the IPPS, section 3401(p) of Public Law 111–148 states that the amendments do not apply to discharges occurring prior to April 1, 2010. In other words, for discharges occurring on or after October 1, 2009 and prior to April 1, 2010, the rate for a hospital's inpatient operating costs under the IPPS will be based on the applicable percentage increase set forth in the FY 2010 IPPS/LTCH PPS final rule.

We are proposing to revise 42 CFR 412.64(d) to reflect current law. Specifically, in accordance with section 1886(b)(3)(B)(i) of the Act as amended by sections 3401(a) and 10319(a) of Public Law 111–148, we are proposing to revise § 412.64(d) to state that for the first half of FY 2010 (that is, discharges on or after October 1, 2009 through March 30, 2010), the applicable percentage change equals the market basket index for IPPS hospitals (which is defined under § 413.40(a)) in all areas for hospitals that submit quality data in accordance with our rules, and the market basket index for IPPS hospitals in all areas less 2.0 percentage for hospitals that fail to submit quality data in accordance with our rules. As noted above, in the FY 2010 IPPS/LTCH PPS final rule, we calculated that the full market basket update equals 2.1 percent based on IHS Global Insight, Inc.'s second quarter 2009 forecast of the FY 2010 market basket increase. In addition, we are proposing to revise § 412.64(d) to state that for the second half of FY 2010 (discharges on or after April 1, 2010 through September 30, 2010), in accordance with section 3401(a), we are proposing to set the applicable percentage change equal to the market basket index for IPPS hospitals in all areas reduced by 0.25 percentage points for hospitals that submit quality data in accordance with our rules. For those hospitals that fail to submit quality data, in accordance with our rules, we are proposing to reduce the market basket index for IPPS hospitals by an additional 2.0 percentage points (which is in addition to the 0.25 percentage point reduction required by section 1886(b)(3)(B)(i) of the Act as amended by section 3401(a) of Public Law 111–148 as amended by section 10319(a) of Public Law 111–148. Based on IHS Global Insight, Inc.'s second quarter 2009 forecast of the FY 2010 market basket increase, the FY 2010 applicable percentage change that applies to rates for inpatient hospital operating costs under the IPPS for discharges occurring in the second half of FY 2010 is 1.85 percent (that is, the FY 2010 estimate of the market basket rate-of-increase of 2.1 percent minus 0.25 percentage points) for hospitals in all areas, provided the hospital submits quality data in accordance with our rules. For hospitals that do not submit quality data, the payment update to the operating standardized amount is −0.15 percent (that is, the adjusted FY 2010 estimate of the market basket rate-of-increase of 1.85 percent minus 2.0 percentage points).

Section 1886(b)(3)(B)(iv) of the Act provides that the applicable percentage increase applicable to the hospital-specific rates for SCHs and MDHs equals the applicable percentage increase set forth in section 1886(b)(3)(B)(i) of the Act (that is, the same update factor as for all other hospitals subject to the IPPS). Because the Act sets the update factor for SCHs and MDHs equal to the update factor for all other IPPS hospitals, the update to the hospital specific rates for SCHs and MDHs is also subject to the amendments to section 1886(b)(3)(B)(i) made by section 3401(a) of Public Law 111–148. Accordingly, for hospitals paid for their inpatient operating costs on the basis of a hospital-specific rate, the rates paid to such hospitals for discharges occurring during the first half of FY 2010 will be based on an annual update estimated to be 2.1 percent for hospitals submitting quality data or 0.1 percent for hospitals that fail to submit quality data; and the rates paid to such hospitals for the second half of FY 2010 will be based on an update that is estimated to be 1.85 percent for hospitals submitting quality data or −0.15 percent for hospitals that fail to submit quality data. Similar to that stated above, we are proposing to update §§ 412.73(c)(15), 412.75(d), 412.77(e), 412.78(e), 412.79(d) to reflect current law.

2. FY 2011 Inpatient Hospital Update

As with the FY 2010 applicable percentage increase, section 3401(a) of Public Law 111–148 as amended by section 10319(a) of Public Law 111–148, amends section 1886(b)(3)(B)(i) of the Act to provide that the FY 2011 applicable percentage increase for IPPS hospitals equals the rate-of-increase in the hospital market basket for IPPS hospitals in all areas reduced by 0.25 percentage point, subject to the hospital submitting quality information under rules established by the Secretary in accordance with section 1886(b)(3)(B)(viii) of the Act. For hospitals that do not provide these data, the update is equal to the market basket percentage increase minus a 0.25 percentage point less an additional 2.0 percentage points. Section 3401(a)(4) of Public Law 111–148 further states that this amendment may result in the applicable percentage increase being less than zero.

In Appendix B of the FY 2011 IPPS/LTCH PPS proposed rule, we announced that due to the timing of the passage of Public Law 111–148, we were unable to address those provisions in the proposed rule. In that proposed rule, consistent with current law, based on IHS Global Insight, Inc.'s first quarter 2010 forecast, with historical data through the 2009 fourth quarter, of the FY 2011 IPPS market basket increase, we estimated that the FY 2011 update to the operating standardized amount would be 2.4 percent (that is, the current estimate of the market basket rate-of-increase) for hospitals in all areas, provided the hospital submits quality data in accordance with our rules. For hospitals that do not submit

quality data, we estimated that the update to the operating standardized amount would be 0.4 percent (that is, the current estimate of the market basket rate-of-increase minus 2.0 percentage points). Since publication of the FY 2011 IPPS/LTCH PPS proposed rule our estimate of the market basket for FY 2011 has not changed. However, consistent with the amendments to section 1886(b)(3)(B)(i) of the Act made by section 3401 of Public Law 111–148, for FY 2011 we are required to reduce the hospital market basket update by 0.25 percentage points. Therefore, based on IHS Global Insight, Inc.'s first quarter 2010 forecast of the FY 2011 market basket increase, the estimated update to the FY 2011 operating standardized amount is 2.15 percent (that is, the FY 2011 estimate of the market basket rate-of-increase of 2.4 percent minus 0.25 percentage points) for hospitals in all areas, provided the hospital submits quality data in accordance with our rules. For hospitals that do not submit quality data, the estimated update to the operating standardized amount is 0.15 percent (that is, the adjusted FY 2011 estimate of the market basket rate-of-increase of 2.15 percent minus 2.0 percentage points). We are proposing to revise § 412.64(d) to reflect the provisions of section 3401(a) of Public Law 111–148.

Section 1886(b)(3)(B)(iv) of the Act provides that the FY 2011 applicable percentage increase in the hospital-specific rates for SCHs and MDHs equals the applicable percentage increase set forth in section 1886(b)(3)(B)(i) of the Act (that is, the same update factor as for all other hospitals subject to the IPPS). Similar to the FY 2010 applicable percentage increase in the hospital-specific rates, because the Act requires us to apply to the hospital-specific rates the update factor for all other IPPS hospitals, the update to the hospital specific rates for SCHs and MDHs is also subject to section 1886(b)(3)(B)(i) as amended by the Affordable Care Act. Accordingly, the update to the hospital-specific rates applicable to SCHs and MDHs is estimated to be 2.15 for hospitals that submit quality data or 0.15 percent for hospitals that fail to submit quality data. Similar to above, we are proposing to update §§ 412.73(c)(15), 412.75(d), 412.77(e), 412.78(e), 412.79(d) to implement this provision.

3. FY 2010 and FY 2011 Puerto Rico Hospital Update

Puerto Rico hospitals are paid a blended rate for their inpatient operating costs based on 75 percent of the national standardized amount and 25 percent of the Puerto Rico-specific standardized amount. Section 1886(d)(9)(C)(i) of the Act is the basis for determining the applicable percentage increase applied to the Puerto Rico-specific standardized amount. Section 1886(d)(9)(C)(i) of the Act provides that the Puerto Rico standardized amount shall be adjusted in accordance with the final determination of the Secretary under section 1886(d)(4) of the Act. Section 1886(e)(4)(1) of the Act in turn directs the Secretary to recommend an appropriate change factor for Puerto Rico hospitals taking into account amounts necessary for the efficient and effective delivery of medically appropriate and necessary care of high quality, as well as the recommendations of MedPAC. In order to maintain consistency between the portion of the rates paid to Puerto Rico hospitals under the IPPS based on the national standardized amount and the portion based on the Puerto Rico-specific standardized rate, beginning in FY 2004 we have set the update to the Puerto Rico-specific operating standardized amount equal to the update to the national operating standardized amount for all IPPS hospitals. This policy is reflected in our regulations at 42 CFR 412.211.

The amendments to section 1886(b)(3)(B)(i) of the Act by sections 3401(a) and section 10319(a) of Public Law 111–148, affect only the update factor applicable to the national standardized rate for IPPS hospitals and the hospital-specific rates; they do not mandate any revisions to the update factor applicable to the Puerto Rico-specific standardized amount. Rather, as noted above, sections 1886(d)(9)(C)(i) and (e)(4) of the Act direct us to adopt an appropriate change factor for the FY 2010 Puerto Rico-specific standardized amount, which we did in the FY 2010 IPPS/LTCH PPS final rule after notice and consideration of public comments. Therefore, we do not believe we have the authority to now propose setting the FY 2010 update factor for the Puerto Rico-specific operating standardized amount for the second half of FY 2010 equal to the update factor applicable to the national standardized amount or the hospital-specific rates (that is the market basket minus 0.25 percentage points). Accordingly, the FY 2010 update to the Puerto Rico-specific operating standardized amount is 2.1 percent (that is, the FY 2010 estimate of the market basket rate-of-increase) for the entire FY 2010.

For FY 2011, consistent with our past practice of applying the same update factor to the Puerto Rico-specific standardized amount as applied to the national standardized amount, we are proposing to revise § 412.211(c) to set the update factor for the Puerto Rico-specific operating standardized amount equal to the update factor applied to the national standardized amount for all IPPS hospitals. Therefore, we are proposing an update factor for the Puerto Rico-specific standardized amount equal to the FY 2011 estimate of the IPPS operating market basket rate-of-increase of 2.4 percent minus 0.25 percentage points, or 2.15 percent, for FY 2011.

C. Payment Adjustment for Low-Volume Hospitals (§ 412.101)

Section 1886(d)(12) of the Act, as added by section 406 of Public Law 108–173, provides for a payment adjustment to account for the higher costs per discharge for low-volume hospitals under the IPPS, effective beginning FY 2005. Sections 3215 and 10314 of Public Law 111–148 amend the definition of a low-volume hospital under section 1886(d)(12)(C) of the Act. It also revises the methodology for calculating the payment adjustment for low-volume hospitals.

1. Background

Prior to being amended by the Affordable Care Act, section 1886(d)(12)(C)(i) of the Act defined a low-volume hospital as "a subsection (d) hospital (as defined in paragraph (1)(B)) that the Secretary determines is located more than 25 road miles from another subsection (d) hospital and that has less than 800 discharges during the fiscal year." Section 1886(d)(12)(C)(ii) of the Act further stipulates that "the term "discharge" means an inpatient acute care discharge of an individual regardless of whether the individual is entitled to benefits under Part A." Therefore, the term refers to total discharges, not merely Medicare discharges. Finally, under section 406, the provision requires the Secretary to determine an applicable percentage increase for these low-volume hospitals based on the "empirical relationship" between "the standardized cost-per-case for such hospitals and the total number of discharges of such hospitals and the amount of the additional incremental costs (if any) that are associated with such number of discharges." The statute thus mandates that the Secretary develop an empirically justifiable adjustment based on the relationship between costs and discharges for these low-volume hospitals. The statute also limits the adjustment to no more than 25 percent.

Based on an analysis we conducted for the FY 2005 IPPS final rule (69 FR 49099 through 49102), a 25 percent low-volume adjustment to all qualifying hospitals with less than 200 discharges was found to be most consistent with the statutory requirement to provide relief to low-volume hospitals where there is empirical evidence that higher incremental costs are associated with low numbers of total discharges.

In the FY 2006 IPPS final rule (70 FR 47432 through 47434), we stated that a multivariate analyses supported the existing low-volume adjustment implemented in FY 2005. Therefore, the low-volume adjustment of an additional 25 percent would continue to be provided for qualifying hospitals with less than 200 discharges.

2. Temporary Changes for FYs 2011 and 2012

Section 1886(d)(12) of the Act was amended by sections 3125 and 10314 of Public Law 111–148. These changes are effective only for FYs 2011 and 2012. Beginning with FY 2013, the pre-existing low-volume hospital payment adjustment and qualifying criteria, as implemented in FY 2005, will resume.

Section 3125(3) and 10314(1) of Public Law 111–148 amend the qualifying criteria for low-volume hospitals under section 1886(d)(12)(C) of the Act to make it easier for hospitals to qualify for the low-volume adjustment. Specifically, the revised provision specifies that for FYs 2011 and 2012, a hospital qualifies as a low-volume hospital if it is "more than 15 road miles from another subsection (d) hospital and has less than 1,600 discharges of individuals entitled to, or enrolled for, benefits under Part A during the fiscal year." In addition, section 1886(d)(12)(C) of the Act, as amended, provides that the payment adjustment (the applicable percentage increase) is to be determined "using a continuous linear sliding scale ranging from 25 percent for low-volume hospitals with 200 or fewer discharges of individuals entitled to, or enrolled for, benefits under Part A in the fiscal year to 0 percent for low-volume hospitals with greater than 1,600 discharges of such individuals in the fiscal year."

Section 3125(3)(A) of Public Law 111–148 revises the distance requirement for FYs 2011 and 2012 from "25 road miles" to "15 road miles" such that a low volume hospital is required to be only more than 15 road miles, rather than more than 25 road miles, from another subsection (d) hospital for purposes of qualifying for the low-volume payment adjustment in FYs 2011 and 2012. We therefore are proposing to revise our regulations at 42 CFR 412.101(a)(2) to provide that to qualify for the low volume adjustment in FYs 2011 and 2012, a hospital must be more than 15 road miles from the nearest subsection (d) hospital. The statute specifies the 15 mile distance in "road miles". The current regulations at 42 CFR 412.101 also specify the current 25 mile distance requirement in "road miles," but do not provide a definition of the term "road miles." We are proposing to define the term "road miles" consistent with the term "miles" as defined at § 412.92 for purposes of determining whether a hospital qualifies as a sole community hospital. Specifically, the regulations at 42 CFR 412.92(c)(i) define "miles" as "the shortest distance in miles measured over improved roads. An improved road for this purpose is any road that is maintained by a local, State, or Federal government entity and is available for use by the general public. An improved road includes the paved surface up to the front entrance of the hospital." We note that while the proposed change in the qualifying criteria from 25 to 15 road miles is applicable only for FYs 2011 and 2012, the proposed definition of "road miles" would continue to apply even after the distance requirement reverts to 25 road miles beginning in FY 2013.

Sections 3125(3)(B) and (4)(D) and 10314(1) and (2) of Public Law 111–148, revise the discharge requirement for FYs 2011 and 2012 to less than 1,600 discharges of individuals entitled to, or enrolled for, benefits under Part A. Based on section 406 of Public Law 108–173, the discharge requirement to qualify as a low-volume hospital prior to FY 2011 and subsequent to FY 2012 is less than 800 discharges annually. For these fiscal years, the number of discharges is determined based on total discharges, which includes discharges of both Medicare and non-Medicare patients. However, under sections 3125 and 10314 of Public Law 111–148, for FYs 2011 and 2012, the discharge requirement has been increased to less than 1,600 discharges of individuals "entitled to, or enrolled for, benefits under Part A during the fiscal year."

Section 226(a) of the Act (42 U.S.C. 426(a)) provides that an individual is automatically "entitled" to Medicare Part A when the person reaches age 65 or becomes disabled, provided that the individual is entitled to Social Security benefits under section 202 of the Act (42 U.S.C. 402). Once a person becomes entitled to Medicare Part A, the individual does not lose such entitlement simply because there is no Part A coverage of a specific inpatient stay. For example, a patient does not lose entitlement to Medicare Part A simply because the individual's Part A hospital benefits have been exhausted; other items and services (for example, skilled nursing services) still might be covered under Part A, and the patient would qualify for an additional 90 days of Part A hospital benefits if at least 60 days elapsed between the individual's first and second hospital stay. (*See* § 409.60(a) and (b)(1) and § 409.61(a)(1) and (c).)

In addition, beneficiaries who are enrolled in Medicare Advantage (MA) plans provided under Medicare Part C continue to meet all of the statutory criteria for entitlement to Part A benefits under section 226. First, in order to enroll in Medicare Part C, a beneficiary must be "entitled to benefits under Part A and enrolled under Part B," *see* section 1852(a)(1)(B)(i) of the Act. There is nothing in the Act that suggests beneficiaries who enroll in Part C plan forfeit their entitlement to Part A benefits. Second, once a beneficiary enrolls in Part C, the MA plan must provide the beneficiary with the benefits to which the enrollee is entitled under Medicare Part A, even though it may also provide for additional supplemental benefits. *See* section 1852(a)(1)(A) of the Act. Third, under certain circumstances, Medicare Part A pays for care furnished to patients enrolled in Part C plans. For example, if, during the course of the year, the scope of benefits provided under Medicare Part A expands beyond a certain cost threshold due to Congressional action or a national coverage determination, Medicare Part A will pay the provider for the cost of the services directly. (*See* section 1852(a)(5) of the Act.) Similarly, Medicare Part A also pays for Federally qualified health center services and hospice care furnished to MA patients. *See* 42 U.S.C. section 1853(a)(4), (h)(2) of the Act. Thus, a patient enrolled in a Part C plan remains entitled to benefits under Medicare Part A.

Accordingly, for purposes of determining the number of discharges for "individuals entitled to, or enrolled for, benefits under Part A," we propose to include all discharges associated with individuals entitled to Part A, including discharges associated with individuals whose inpatient benefits are exhausted or whose stay was not covered by Medicare and discharges of individuals enrolled in an MA plan under Medicare Part C. Since a hospital may only qualify for this adjustment if the hospital has fewer than 1,600 discharges for patients entitled to Part A, the

hospital must submit a claim to Medicare on behalf of all Part A entitled individuals, including a no-pay claim for patients who are enrolled in Part C, in order for Medicare to assure that these discharges are included in the determination of whether the hospital has fewer than 1,600 discharges for patients entitled to Part A.

Currently, a prior cost reporting period is used to determine if the hospital meets the discharge criteria to receive the low-volume payment adjustment in the current year.

Finally, sections 3125(4) of Public Law 111–148 and 10314(2), add a new section 1886(d)(12)(D) of the Act that modifies the methodology for calculation of the payment adjustment under section 1886(d)(12)(A) of the Act for low-volume hospitals for discharges occurring in FYs 2011 and 2012. Currently, sections 1886(d)(12)(A) and (B) of the Act require the Secretary to determine an applicable percentage increase for low-volume hospitals based on the "empirical relationship" between "the standardized cost-per-case for such hospitals and the total number of discharges of such hospitals and the amount of the additional incremental costs (if any) that are associated with such number of discharges." The statute thus mandates the Secretary to develop an empirically justifiable adjustment based on the relationship between costs and discharges for these low-volume hospitals. The statute also limits the adjustment to no more than 25 percent. Based on analyses, we conducted for the FY 2005 IPPS final rule (69 FR 49099 through 49102) and the FY 2006 IPPS final rule (70 FR 47432 through 47434), a 25 percent low-volume adjustment to all qualifying hospitals with less than 200 discharges was found to be most consistent with the statutory requirement to provide relief to low-volume hospitals where there is empirical evidence that higher incremental costs are associated with low numbers of total discharges. However, section 1886(d)(12)(D) of the Act, provides that for discharges occurring in FYs 2011 and 2012, the Secretary shall determine the applicable percentage increase using a continuous, linear sliding scale ranging from an additional 25 percent payment adjustment for hospitals with 200 or fewer Medicare discharges to 0 percent additional payment for hospitals with more than 1,600 Medicare discharges. We propose to apply this payment adjustment based on increments of 100 discharges (beginning with 200 or fewer discharges), with the applicable percentage increase decreasing linearly in equal amounts by 1.6667 percent for every additional 100 Medicare discharges, with no payment adjustment for hospitals with more than 1,599 Medicare discharges. We have not proposed an adjustment for a hospital with exactly 1,600 discharges since, as specified in statute at section 1886(d)(12)(C)(i) of the Act, as amended, a hospital must have "less" than 1,600 discharges in order to qualify as a low volume hospital. The proposed payment adjustment would be as determined below:

Medicare discharge range	Payment adjustment (percent add-on)
1–200	25.0000
201–300	23.3333
301–400	21.6667
401–500	20.0000
501–600	18.3333
601–700	16.6667
701–800	15.0000
801–900	13.3333
901–1000	11.6667
1001–1100	10.0000
1101–1200	8.3333
1201–1300	6.6667
1301–1400	5.0000
1401–1500	3.3333
1501–1599	1.6667
1600 or more	0.0000

While we are proposing to revise the qualifying criteria and the payment adjustment for low-volume hospitals for FYs 2011 and 2012, consistent with the amendments made by the Affordable Care Act, we note that we are not proposing to modify the process for requesting and obtaining the low-volume hospital payment adjustment. In order to qualify, a hospital must provide to its FI or MAC sufficient evidence to document that it meets the number of Medicare discharges and distance requirements. The FI or MAC will determine, based on the most recent data available, if the hospital qualifies as a low-volume hospital, so that the hospital will know in advance whether or not it will receive a payment adjustment and, if so, the add-on percentage. The FI or MAC and CMS may review available data, in addition to the data the hospital submits with its request for low-volume status, in order to determine whether or not the hospital meets the qualifying criteria.

We also note that as compared to the existing methodology for determining the payment adjustment for low-volume hospitals, no hospital would receive a lower payment adjustment under our proposed methodology for FYs 2011 and 2012. Although the statute specifies that, for years other than FYs 2011 and 2012, a hospital is a low-volume hospital if it has less than 800 discharges, currently only hospitals with fewer than 200 discharges receive a payment adjustment, an additional 25 percent, because the statute requires that the adjustment be empirically based to provide relief to low-volume hospitals where there is empirical evidence that higher incremental costs are associated with low numbers of total discharges. Consistent with section 1886(d)(12)(D) of the Act, for FYs 2011 and 2012, we will continue to pay hospitals with fewer than 200 discharges a payment adjustment amount equal to an additional 25 percent.

We are proposing to revise our regulations at 42 CFR 412.101 to reflect our proposal outlined above.

Currently, 42 CFR 412.101(a)(3) states that "The fiscal intermediary makes the determination of the discharge count for purposes of determining a hospital's qualification for the adjustment based on the hospital's most recent submitted cost report." This may mistakenly be interpreted to mean that once a hospital qualifies as a low-volume hospital, no further qualification is needed. We, therefore, are proposing to clarify that a hospital must continue to qualify as a low-volume hospital in order to receive the payment adjustment in that year; that is, it is not based on a one-time qualification.

D. Medicare-Dependent, Small Rural Hospitals (MDHs) (§ 412.108)

1. Background

Medicare-dependent, small rural hospitals (MDHs) are eligible for the higher of the Federal rate for their inpatient hospital services or a blended rate based in part on the Federal rate and in part on the MDH's hospital-specific rate. Section 1886(d)(5)(G)(iv) of the Act defines an MDH as a hospital that is located in a rural area, has not more than 100 beds, is not an SCH, and has a high percentage of Medicare discharges (that is, not less than 60 percent of its inpatient days or discharges either in its 1987 cost reporting year or in two of its most recent three settled Medicare cost reporting years). The regulations that set forth the criteria that a hospital must meet to be classified as an MDH are at 42 CFR 412.108.

Although MDHs are paid under an adjusted payment methodology, they are still IPPS hospitals paid under section 1886(d) of the Act. Like all IPPS hospitals paid under section 1886(d) of the Act, MDHs are paid for their discharges based on the DRG weights

calculated under section 1886(d)(4) of the Act.

Through and including FY 2006, under section 1886(d)(5)(G) of the Act, MDHs are paid based on the Federal rate or, if higher, the Federal rate plus 50 percent of the amount by which the Federal rate is exceeded by the updated hospital-specific rate based on the hospital's FY 1982 or FY 1987 costs per discharge, whichever of these hospital-specific rates is higher. Section 5003(b) of Public Law 109–171 (DRA 2005) amended section 1886(d)(5)(G) of the Act to provide that, for discharges occurring on or after October 1, 2006, MDHs are paid based on the Federal rate or, if higher, the Federal rate plus 75 percent of the amount by which the Federal rate is exceeded by the updated hospital-specific rate based on the hospital's FY 1982, FY 1987, or FY 2002 costs per discharge, whichever of these hospital-specific rates is highest.

For each cost reporting period, the fiscal intermediary or MAC determines which of the payment options will yield the highest aggregate payment. Interim payments are automatically made at the highest rate using the best data available at the time the fiscal intermediary or MAC makes the determination. However, it may not be possible for the fiscal intermediary or MAC to determine in advance precisely which of the rates will yield the highest aggregate payment by year's end. In many instances, it is not possible to forecast the outlier payments, the amount of the DSH adjustment or the IME adjustment, all of which are applicable only to payments based on the Federal rate and not to payments based on the hospital-specific rate. The fiscal intermediary or MAC makes a final adjustment at the settlement of the cost report after it determines precisely which of the payment rates would yield the highest aggregate payment to the hospital.

If a hospital disagrees with the fiscal intermediary's or the MAC's determination regarding the final amount of program payment to which it is entitled, it has the right to appeal the determination in accordance with the procedures set forth in 42 CFR Part 405, Subpart R, which govern provider payment determinations and appeals.

2. Extension of the MDH Program

Section 3124 of Public Law 111–148 extends the MDH program, from the end of FY 2011 (that is, for discharges before October 1, 2011) to the end of FY 2012 (that is, for discharges before October 1, 2012). Under prior law, as specified in section 5003(a) of Public Law 109–171 (DRA of 2005), the MDH program was to be in effect through the end of FY 2011 only. Section 3124 (a) of Public Law 111–148 amends sections 1886(d)(5)(G)(i) and (ii)(II) of the Act to extend the MDH program and payment methodology from the end of FY 2011 to the end of FY 2012, by "striking "October 1, 2011" and inserting "October 1, 2012"." Section 3125(b) of Public Law 111–148 also makes conforming amendments to sections 1886(b)(3)(D)(i) and (iv) of the Act. Section 3124(b)(2) of Public Law 111–148 also amends section 13501(e)(2) of OBRA 1993 (42 U.S.C. 1395ww note) to extend the provision permitting hospitals to decline reclassification as an MDH through FY 2012.

E. Additional Payments for Qualifying Hospitals With Lowest Per Capita Medicare Spending

1. Background

Section 1109 of Public Law 111–152, provides for additional payments for FY 2011 and 2012 for "qualifying hospitals." Section 1109(d) defines a "qualifying hospital" as a "subsection (d) hospital * * * that is located in a county that ranks, based upon its ranking in age, sex and race adjusted spending for benefits under parts A and B * * * per enrollee within the lowest quartile of such counties in the United States." Therefore, a "qualifying hospital" is one that meets the following conditions: (1) A "subsection (d) hospital" as defined in section 1886(d)(1)(B) of the Act; and (2) located in a county that ranks within the lowest quartile of counties based upon its spending for benefits under Medicare Part A and Part B per enrollee adjusted for age, sex, and race. Section 1109(b) of Public Law 111–152 makes available $400 million to qualifying hospitals for FY 2011 and FY 2012. Section 1109(c) of Public Law 111–152 requires the $400 million to be divided among each qualifying hospital in proportion to the ratio of the individual qualifying hospital's FY 2009 IPPS operating hospital payments to the sum of total FY 2009 IPPS operating hospital payments made to all qualifying hospitals.

2. Eligible Counties

Section 1109 of Public Law 111–152 provides $400 million for FYs 2011 and 2012 for supplemental payments to qualifying hospitals located in counties that rank within the lowest quartile of counties in the United States for spending for benefits under Medicare Part A and Part B. The provision requires that the Medicare Part A and Part B county-level spending per enrollee to be adjusted by age, sex and race. We are proposing our methodology for determining the bottom quartile of counties with the lowest Medicare Part A and Part B spending adjusted by age, sex, and race and invite public comment on the methodology we propose to use to adjust for age, sex, and race described below. We further propose that we will determine this bottom quartile of counties one time in the FY 2011 IPPS/RY 2011 LTCH PPS final rule for the purpose of disbursing the $400 million as required by section 1109 of Public Law 111–152.

We developed an adjustment model by age, sex, and race, as required under the provision. We then applied this adjustment to the county Medicare Part A and Part B spending data to account for the demographics of the Medicare beneficiaries in those counties. After those adjustments are applied, we determined the Medicare Part A and Part B spending by county per enrollee. Our proposed methodology to determine the Medicare Part A and Part B spending per enrollee by county adjusted for age, sex, and race is similar to how we calculate risk adjustment models for Medicare Advantage (MA) ratesetting. Risk adjustment for MA ratesetting is discussed in the annual announcement of calendar year MA capitation rates and MA and Part D payment policies. For more information on the methodology for risk adjustment used for MA ratesetting, we refer readers to the CMS Web site where we announce MA rates through our 45-day notice (*http://www.cms.gov/MedicareAdvtgSpecRateStats/Downloads/Announcement2010.pdf*).

a. Development of Risk Adjustment Model

As required by section 1109(d) of Public Law 111–152, we are proposing a risk adjustment model that accounts for differentials in Medicare spending by age, sex, and race. Consistent with how we develop our risk adjustment models for MA ratesetting as described above, we developed a prospective risk adjustment model using 2006 data for beneficiary characteristics and 2007 data for Part A and Part B spending. However, unlike the risk adjustment mode used for MA which includes diseases and demographic factors, the only independent variables or prospective factors in the model for payments under section 1109 of Public Law 111–152 are age, sex and race, as required by the provision. The dependent variable was annualized Medicare Part A and B spending at the beneficiary level for 2007 as it is the most recent and complete data available. The categorization of age, sex, and race variables are described below.

The age, sex, race (ASR) model(s) was estimated using the Five Percent Standard Analytic Denominator file, a standard 5-percent sample from the 2007 Denominator file which is also used to estimate CMS risk adjustment models for payment to MA organizations. We chose to use Five Percent Standard Analytic Denominator file from 2007 in order to optimize the amount of time after the timely claim submission deadlines and the latest available data; in other words because it is most complete data currently available. This file has the demographic and enrollment characteristics of all Medicare beneficiaries. The Denominator File is an abbreviated file of the Enrollment Data Base (EDB). The Denominator File contains data on all Medicare beneficiaries enrolled and/or entitled to be enrolled in Medicare in a given year while the EDB is the source of enrollment and entitlement information for all people who are or were ever entitled to Medicare. The model was estimated using all beneficiaries residing in the community and long-term institutions. The sample had 1,603,998 beneficiaries.

The Denominator File contains a sex variable where the beneficiaries can identify themselves as male or female. The file also contains an age variable which is defined as the beneficiary's age at the end of the prior year. Beneficiaries with an age greater than 98 are coded as age 98. The race demographic variable in the Denominator File is populated by data from the Social Security Administration (SSA). The SSA's data for this race demographic variable are collected on form SS–5. Prior to 1980, the SS–5 form included 3 categories for race: White, Black or Other. Since that time, Form SS–5 instructed a beneficiary to voluntarily select one of the following 5 categories: (1) Asian, Asian-American or Pacific Islander; (2) Hispanic; (3) Black (Not Hispanic); (4) North American Indian or Alaskan Native; and (5) White (Not Hispanic). Form SS–5 is completed when an individual does the following: (1) Applies for a social security number; (2) requests a replacement of the social security card; or (3) requests changes to personal information on their record such as a name change. (Social Security Administration Web site instructions *http://ssa.gov/online/ss-5.pdf).* Each January, CMS obtains data from SSA to update the EDB for beneficiaries who were added during the previous calendar year as well as all living beneficiaries whose race is identified as "Other" or "Unknown."

Discussed in the context of the ESRD payment system in the ESRD proposed rule on September 29, 2009 (74 FR 49962), we noted concerns with using the EDB as a data source due to missing data, and that racial and ethnic categories are not well defined. However, we believe that the current EDB, particularly with respect to the more recent and ongoing updates we perform, remains a useful source of race and ethnicity data on 46 million Medicare beneficiaries. Additionally, because this is our only currently available data source on the racial and ethnic demographics of Medicare beneficiaries, we propose to use the EDB as our data source for beneficiary race so that we can fulfill the requirements of section 1109(d) of Public Law 111–152 to adjust county Medicare Part A and Part B spending by race.

We used the MedPAR claims file as the source to determine Medicare inpatient spending. We used the National Claims History File to determine spending on DMEPOS and supplies. The other spending under Medicare Part A and Part B was determined using the Standard Analytic File. The Standard Analytic File and MedPAR claims file are subsets of the National Claims History File. These data files are also used in the MA ratesetting process and are our data source for Medicare spending stored at the beneficiary level.

In order to determine annual spending (the dependent variable in the risk adjustment model), we annualized the Medicare Part A and Part B spending for beneficiaries with less than a full year of eligibility, and these amounts were weighted in the analysis by the fraction of the year they were in the data.

We used a linear regression model to determine the demographic adjustments. This is consistent with how we model our risk adjustment for the MA rates. The linear regression used 24 age-sex regression categories, 12 age categories each for males and females. The age categories are as follows; 0–34, 35–44, 45–49, 50–54, 55–59, 60–64, 65–69, 70–74, 75–79, 80–84, 85–89, and 90+. The age-sex coefficients displayed in the table below reflect the difference in Medicare Part A and Part B spending per enrollee in those age-sex categories relative to national average Part A and Part B spending based on our linear regression model.

In addition, we used the same linear regression model to determine how to adjust Medicare Part A and Part B spending for race. In addition to the age-sex regression categories described above, we included variables to adjust for race. We considered two methods to adjust for race in county spending because of the way that the SS–5 form collects race information, which is then reported in the same format in the EDB. As discussed earlier, the EDB currently categorizes race by the following five categories, as reported by the Medicare beneficiary: (1) Asian, Asian-American or Pacific Islander; (2) Hispanic; (3) Black (Not Hispanic); (4) North American Indian or Alaskan Native; and (5) White (Not Hispanic). One method categorized race by White, Black, Hispanic, and Other (WBHO). The "Other" category includes Asian/Pacific Islander, American Indian/Alaska Native, and all others. The second method categorized race by White, Black, and Other (WBO), where beneficiaries who identified themselves as Hispanic were categorized as Other. The race/ethnicity categories are mutually exclusive; if a beneficiary identified themselves as Hispanic he or she was not further classified as another category, such as White or Black. In our regression modeling we used the largest group, White, as the reference group; the coefficients on the difference in spending by race, displayed in the table below, are additive to the reference group. In other words, the coefficients for each race category represent the difference in predicted Medicare Part A and Part B spending relative to our reference group. Where the coefficients are positive, this implies that the predicted spending for that category is higher than that of the reference group. Conversely, where the coefficients are negative, this implies that the predicted spending for that category is lower than that of the reference group.

Below are two tables representing the coefficients used to adjust Medicare Part A and Part B spending by county. The first table shows the coefficients for each age and sex category. The second table shows the coefficients for race. These national coefficients are applied to each counties' relative demographic for age, sex and race, so that each county has a risk score by age, sex and race.

Sex	Age categories (in years)											
	0–34	35–44	45–54	55–59	60–64	65–69	70–74	75–79	80–84	85–89	90–94	Greater than 95
Female	0.67896	0.80089	0.96917	1.09810	1.18855	0.67358	0.83818	1.01599	1.189727	1.364575	1.475495	1.366515
Male	0.52664	0.70067	0.82262	0.93750	1.03792	0.71932	0.90896	1.11809	1.32812	1.50008	1.68184	1.77046

Race	Coefficient
White	Baseline.
Black	0.17667.
Hispanic	0.229.
Other	−0.110.

We are proposing to adjust for race using the WBHO method where we separately account for cost differences associated with Hispanic beneficiaries. The Office of Management and Budget (OMB) has promulgated standards for the classification of Federal data on race and ethnicity. Under OMB's classification standards, the category of Hispanic is treated as an ethnic category as opposed to a race category. The current OMB Standards of 1997 require collection of specific demographic data using a total of five race categories, plus other (62 FR 58782 through 58790). The five race categories are—(1) American Indian or Alaska Native; (2) Asian; (3) Black or African American; (4) Native Hawaiian or Other Pacific Islander; and (5) White. In addition, OMB specified two separate ethnic categories—Hispanic or Latino, and not Hispanic or Latino. However, as explained above, Hispanic or Latino ethnicity is treated as a race category by EDB, and beneficiaries can self-identify as Hispanic among mutually exclusive racial categories. Despite the inconsistency in reporting by the OMB and the EDB, we propose to treat the category of Hispanic as a separate category for purposes of the race adjustment required by section 1109 of Public Law 111–152. We found that the coefficient for the Hispanic category is statistically significant, suggesting that Medicare Part A and Part B spending associated with this category of beneficiaries is different from the spending for our reference group and that it should be a separate coefficient to adjust county spending. In addition, the EDB treats Hispanic as a separate racial classification, consistent with our WBHO method, therefore; we believe that our proposal appropriately interprets the required race adjustment. Therefore, we propose to adjust for race using the WBHO method.

For purposes of this supplemental proposed rule, we also adjusted county spending using the WBO methodology to compare the two approaches. We found minimal difference in the county rankings under the two methodologies. We found that some counties would qualify as an eligible county only under the WBO methodology, and others would no longer qualify as an eligible county using this alternative. The decision to use the WBHO methodology affects whether 9 subsection (d) hospitals, located in 5 counties, would be eligible to receive a payment under section 1109. In Table 3, we publish the differences in counties, eligible hospitals, and payments by State under the two methodologies. This is the first time we have developed an adjustment for Medicare spending based on race, and we welcome public comment on our proposal to use the WBHO methodology to adjust for race as required by section 1109 of Public Law 111–152. We also welcome public comment on the WBO methodology to adjust for race though we note that we are not proposing this methodology at this time.

b. Calculation of County Level Part A and Part B Spending

In order to rank counties by Medicare Part A and B spending, we first calculated Medicare Part A and Part B county level spending for each county in the 50 States and the District of Columbia using a similar methodology used to establish county level FFS rates for MA payments. Using a 5 year average of each county's actual spending (from 2002 to 2006), CMS's Office of the Actuary calculated an average geographic adjuster (AGA), which reflects the county's expenditure relative to the national expenditure. We believe a 5-year average is appropriate, as it accounts for fluctuations in year-to-year expenditures, which could distort the counties' historic level of spending and is consistent with how MA rates are calculated. The AGA was then applied to the 2009 United States Per Capita Cost estimate (USPCC), which is the national average cost per Medicare beneficiary, to determine 2009 Medicare Part A and Part B spending for each county. We welcome public comment on this methodology to calculate county-level Part A and Part B spending.

3. Application of the Age/Sex/Race Adjustment to Part A and Part B County Spending

To estimate the county level risk scores for 2009, beneficiary enrollment information was first extracted from the EDB. We chose to calculate Medicare Part A and Part B county spending for 2009 to be consistent with how we are required to determine qualifying hospitals' payment amounts, under section 1109(c) of Public Law 111–152. That is, section 1109(c) of Public Law 111–152 requires that qualifying hospitals located in the bottom quartile of counties with the lowest Medicare Part and Part B spending per enrollee will receive a portion of the allotted $400 million based on their FY 2009 operating payments. Therefore, we propose to calculate Medicare Part A and Part B County spending for 2009 as well. We only include beneficiaries enrolled in Medicare Part A and/or Part B, consistent with the language of section 1109(d) of Public Law 111–152, which refers to spending under Part A and B. Based on these criteria, there were 30,666,295 beneficiaries included in the adjustment process. To determine the age, sex and race make-up of the Part A and/or Part B beneficiaries for each county, we used the EDB to identify date of birth, sex, race, and State/county of residence to create a person level file with the data needed to run the ASR model.

A county level average risk score was developed for each county in the United States by applying the ASR model to each individual in the county enrolled in Medicare Part A and/or Part B, summing the resulting risk scores and dividing by the number of beneficiaries by county enrolled in Medicare Part A and/or Part B. The county level Medicare Part A and or Part B spending was adjusted by dividing the county level Medicare Part A and/or Part B spending by the county level average risk score. The resulting spending distribution was then sorted lowest to highest dollars the 786 counties in the lowest quartile of spending (that is, lowest adjusted spending per enrollee) were determined to be eligible counties under section 1109 of Public Law 111–152.

We invite comment on our methodology for determining the age, sex, race adjustments for determining adjusted Medicare Part A and B spending by county for the purpose of determining eligible counties under section 1109 of Public Law 111–152.

3. Qualifying Hospitals and Annual Payment Amounts

We have developed a methodology to identify the qualifying hospitals located in our list of eligible counties. Consistent with section 1109(d) of Public Law 111–152, a qualifying hospital is a "subsection (d) hospital" (as defined for purposes of section 1886(d) of the Act) that is "located in" an eligible county (as identified using the methodology proposed in section B). A subsection (d) hospital is defined in section 1886(d)(1)(B) of the Act in part as a "hospital located in one of the fifty States or the District of Columbia". The term "subsection (d) hospital" does not include hospitals located in the territories or hospitals located in Puerto Rico. Section 1886(d)(9)(A) of the Act separately defines a "subsection (d) Puerto Rico hospital" as a hospital that is located in Puerto Rico and that "would be a subsection (d) hospital * * * if it were located in one of the 50 States." Therefore, Puerto Rico hospitals are not eligible for these additional payments. Indian Health Services hospitals enrolled as a Medicare provider meet the definition of a subsection(d) hospital and can qualify to receive this payment if they are located in an eligible county. In addition, hospitals that are MDHs and sole community hospitals (SCHs), though they can be paid under a hospital-specific rate instead of under the Federal standardized amount under the IPPS, are "subsection (d)" hospitals. The statutory definition of a "subsection (d)" hospital in section 1886(d)(1)(B) of the Act specifically excludes hospitals and hospital units excluded from the IPPS, such as psychiatric, rehabilitation, long term care, children's, and cancer hospitals. In addition, critical access hospitals (CAHs) are not considered qualifying hospitals because they do not meet the definition of a "subsection (d) hospital" as they are paid under section 1814(l) of the Act. CAHs are not paid under the IPPS; rather they are paid under a reasonable cost methodology, so they do not meet the definition of "qualifying hospital" under section 1109(d) of Public Law 111–152.

For the purposes of section 1109 of Public Law 111–152, we are proposing to identify "qualifying hospitals" based on their Medicare Provider number or Centers for Medicare and Medicaid Services Certification Number (CCN), because this is also how hospitals identify themselves when they file their Medicare cost reports. We also propose that in order to meet the definition of a "qualifying hospital", the facility, as identified by the Medicare Provider Number or CCN, must: (1) Have existed as a subsection (d) hospital as of April 1, 2010; (2) be geographically located in an eligible county; and (3) have received IPPS operating payments (in accordance with section 1886(d)) of the Act under their Medicare provider number in FY 2009. We used the Online Survey, Certification and Reporting (OSCAR) database to determine a hospital's county location associated with that CCN provider number. County data in OSCAR is supplied by the U.S Postal Service and is cross walked to the address reported by the provider. Under this proposal, the address listed for a hospital's Medicare provider number must be currently located in a qualifying county in order for a hospital to meet the definition of "qualifying hospital."

We have published a list of the qualifying IPPS hospitals that we have identified based on the factors described above in Table 3. We invite comment on our methodology for identifying qualifying hospitals. We also invite comment on whether our list is accurate and whether any providers are missing from this list using the methodology described above.

4. Payment Determination and Distribution

As mentioned above, under section 1109(b), the total pool of payments available to qualifying hospitals for FY 2011 and FY 2012 is $400 million. The statute is not specific as to the timing of these payments. Since Congress has allocated a set amount—$400 million—for hospitals for FYs 2011 and 2012 under this provision, we believe it is consistent with the statute to spread these payments over the 2-year period. We are proposing to distribute $150 million for FY 2011 and $250 million for FY 2012. Because this is a new policy, we are proposing to distribute a smaller amount of money for the first year ($150 million for FY 2011 and $250 million for FY 2012) so that the public will have an opportunity to review our proposal and finalized policy in the FY 2011 IPPS/LTCH PPS final rule, and notify us of any possible revisions to the list of qualifying hospitals, so that we can adjust payments for FY 2012. This will ensure that we correctly identify qualifying hospitals and their proper payment amounts without exceeding the program's funding. We invite public comment to give hospitals the opportunity to request that we make changes to the qualifying hospital list in order to ensure the accuracy of the qualifying hospital list based on the methodology set forth in the final rule. However, we are proposing to identify eligible counties, qualifying hospitals and their payment amounts under section 1109 of Public Law 111–152 only once. Because Congress has allocated a specific amount of money, we are proposing to identify eligible counties, qualifying hospitals and their payment amounts once in order to ensure we do not exceed the fixed amount of money and to ensure predictability of payments.

We propose to distribute payments through the individual hospital's Medicare contractor through an annual one-time payment during each of FY 2011 and FY 2012. We believe that annual payments made by the FI or A/B MACs would be an expeditious way to give the qualifying hospitals the money allotted under section 1109 of Public Law 111–152. Alternatively, these payments could be distributed to qualifying hospitals at the time of cost report settlement for the qualifying providers' fiscal year end FY 2011 and FY 2012 cost reports. However, cost report settlement typically takes several years beyond a hospital's fiscal year end. If we distributed these additional payments at the time of cost report settlement, it may take several years until hospitals receive these additional payments. Therefore, we believe our proposal to give hospitals their section 1109 payments as annual payments during FY 2011 and FY 2012 presents the most expedient method to distribute these payments to hospitals, and is in the spirit of the intent of Congress. We welcome public comment on our proposal to distribute $150 million in FY 2011 and $250 million in FY 2012 through an annual payment in each of those years made to the qualifying providers through their FI or A/B MAC.

We propose that qualifying hospitals report these additional payments on their Medicare hospital cost report corresponding to the appropriate cost reporting period that the hospitals have received the payments. On the Medicare Hospital Cost report, Form 2552 has an "other adjustment" line on Worksheet E, Part A that can used by hospitals to report the payments received under section 1109 of Public Law 111–152. We plan to issue additional cost reporting instructions for qualifying hospitals to report these additional payments on a subscripted line of the "other adjustment" line to identify this payment. We note that we are requiring these payments be reported on the cost report for tracking purposes only; these additional payments will not be adjusted or settled by the FI or A/B MAC on the cost report.

5. Hospital Weighting Factors

Section 1109(c) of Public Law 111–152 requires that the payment amount for a qualifying hospital shall be determined "in proportion to the portion of the amount of the aggregate payments under section 1886(d) of the Social Security Act to the hospital for fiscal year 2009 bears to the sum of all such payments to all qualifying hospitals for such fiscal year." We are proposing that the portion of a hospital's payment under section 1109 is based on the proportion of their IPPS operating payments made in FY 2009 relative to the total IPPS operating payments made to all qualifying hospitals in FY 2009. These FY 2009 IPPS operating payments made under section 1886(d) include DRG and wage adjusted payments made under the IPPS standardized amount with add-on payments for operating DSH, operating IME, operating outliers and new technology (collectively referred to in this proposed rule as the IPPS operating payment amount). We are proposing to include IME MA payments made to IPPS hospitals because these payments are made under section 1886(d) of the Act. Under 42 CFR 412.105(g) of the regulations and as implemented in Transmittal A–98–21 (Change Request 332), hospitals that are paid under the IPPS and train residents in approved GME programs may submit claims associated with MA enrollees to the FI/MAC for the purpose of receiving an IME payment. No IPPS operating payment or other add-on payment is made for these MA enrollees. This is consistent with how the IPPS includes these IME MA payments when adjusting for budget neutrality of the IPPS standardized amounts.

In addition, we are including in the FY 2009 IPPS operating payment amount beneficiary liabilities (coinsurance, copayments, and deductibles) because the payments made under section 1886(d) of the Act "are subject to the provisions of section 1813." That is, the payment received by the hospital includes the amount paid by Medicare, as well as the amount for which the beneficiary is responsible, as set forth in section 1813 of the Act. We propose to exclude IPPS capital payments because they are payments made under section 1886(g) of the Act. We also propose to exclude payments for organ acquisition costs because it is a payment made under section 1881(d) of the Act and we propose to exclude payments for blood clotting factor because they are payments made under section 1886(a)(4) of the Act.

Consistent with our IPPS ratesetting process, we are proposing to use the FY 2009 MedPAR inpatient claims data to determine the FY 2009 IPPS operating payments amount made to qualifying hospitals in order to set the ratio for determining a qualifying hospital's share of the $400 million payment under section 1109 of Public Law 111–152. Though these claim payments may be later changed and adjusted at cost report settlement, this settlement generally occurs after FY 2011 and FY 2012. Furthermore, we believe that use of the FY 2009 MedPAR inpatient claims data is consistent with our proposal to make the payments under section 1109 of Public Law 111–152 in two annual payments in FY 2011 and 2012 instead of waiting for cost report settlement. Furthermore, we use MedPAR data in other areas of the IPPS, including calculating IPPS relative weights, budget neutrality factors, outlier thresholds and the standardized amount. The FY 2009 MedPAR data can be ordered to allow the public to verify qualifying hospitals' FY 2009 IPPS operating payments. Interested individuals may order these files through the Web site at: *http://www.cms.hhs.gov/LimitedDataSets/* by clicking on MedPAR Limited Data Set (LDS)-Hospital (National). This Web page describes the file and provides directions and further detailed instructions for how to order.

Persons placing an order must send the following: a Letter of Request, the LDS Data Use Agreement and Research Protocol (refer to the Web site for further instructions), the LDS Form, and a check for $3,655 to:

Mailing address if using the U.S. Postal Service: Centers for Medicare & Medicaid Services, RDDC Account, Accounting Division, P.O. Box 7520, Baltimore, MD 21207–0520.

Mailing address if using express mail: Centers for Medicare & Medicaid Services, OFM/Division of Accounting—RDDC, Mailstop C3–07–11, 7500 Security Boulevard, Baltimore, MD 21244–1850.

For this proposed rule, we used the December 2009 update to the FY 2009 MedPAR data (which is the latest available update to the file) to determine the proposed qualifying hospitals' IPPS operating payment amounts. For the FY 2011 IPPS/LTCH PPS final rule, we plan on using the March 2010 update to the FY 2009 MedPAR data to determine qualifying hospitals' IPPS operating payment amounts which will then be used to set the hospital weighting factors for FYs 2011 and 2012

As discussed earlier in section II.E.3. of the preamble to this supplemental proposed rule, qualifying hospitals can include SCHs and MDHs as they meet the definition of subsection (d) hospitals. SCHs are paid in the interim (prior to cost report settlement) on a claim by claim basis at the amount that is the higher of the payment based on the hospital-specific rate or the IPPS Federal rate based on the standardized amount. At cost report settlement, the FI or A/B MAC determines if the hospital would receive higher IPPS payments in the aggregate using the hospitals specific rate (on all claims) or the Federal rate (on all claims). The FI or A/B MAC then assigns the hospital the higher payment amount (either the hospital specific rate for all claims or the Federal rate amount for all claims) for the cost reporting period. To determine the FY 2009 operating payment amount for SCHs that meet the definition of a qualifying hospital, we propose to use the IPPS operating payment made on the Medicare IPPS claim in the FY 2009 MedPAR rather than the SCH's final payment rate that is determined at cost report settlement. We believe this approach is consistent with the treatment of other qualifying hospitals under our proposal, and again allows for the timely distribution of funds in two annual payments, as discussed above. MDHs are paid the sum of the Federal payment amount plus 75 percent of the amount by which the hospital specific rate exceeds the Federal payment amount. This amount is considered their IPPS operating payment reported on their Medicare IPPS claim.

In order to calculate payment amounts consistent with section 1109(c) of Public Law 111–152, we propose to use a weighting factor for each qualifying hospital that is equal to the qualifying hospital's FY 2009 IPPS operating payment amount (as described above) divided by the sum of FY 2009 IPPS operating payment amounts for all qualifying hospitals. We believe this methodology is consistent with the requirement of section 1109(c) of Public Law 111–152, because qualifying hospitals with a larger proportion of operating payments would have a proportionately higher weighting factor and would receive the proportionately larger share of the $400 million, while hospitals with a smaller proportion of operating payments would have proportionately smaller weighting factor and would receive proportionately smaller shares of the $400 million. We welcome public comment on our methodology to determine the amount of money distributed to qualifying hospitals consistent with the language

in section 1109(c) of Public Law 111–152.

6. Results

In calculating county-level Medicare Part A and B spending, we have found that there are 3,144 counties in the United States. Therefore, there are 786 counties that rank in the lowest quartile of counties with regards to adjusted Medicare Part A and Part B spending per beneficiary. We have listed the 786 eligible counties in Table 2. Of those 786 eligible counties, there are only 276 counties in which qualifying hospitals are located, using the methodology we proposed in section II.E.3. of the preamble to this supplemental proposed rule. Using Medicare provider numbers, as proposed above in section II.E.3. of the preamble to this supplemental proposed rule, we have identified 415 IPPS hospitals that are currently located in those eligible counties and received IPPS operating payments in FY 2009. We have listed the qualifying IPPS provider numbers, their counties and their weighting factors in Table 2. We invite public comment on our proposed methodology for adjusting spending for age, sex, and race as well as the alternative methodology discussed in section II.E.2.a. of the preamble to this supplemental proposed rule. For these two methodologies (WBHO and WBO), we list the number of eligible counties, the number of eligible counties in which a qualifying hospital is located, the payment amount, and the percentage of the total payment under section 1109 of Public Law 111–152 by State in Table 3.

We invite public comment on the accuracy of the lists of eligible counties, qualifying hospitals and qualifying hospitals' payment weighting factors (based on the proposed methodologies described above).

7. Finalization of Eligible Counties, Qualifying Hospitals and Qualifying Hospitals' Weighting Factors

Based on public comments, it is possible that we will finalize a methodology to determine the list of eligible counties and hospitals that differs from our current proposal. A change in our methodology could, in turn, result in changes to the list of eligible counties or qualifying hospitals. We note again that we are proposing to identify eligible counties, qualifying providers and their payments under section 1109 of Public Law 111–152 only once in the FY 2011 IPPS/LTCH PPS final rule. Based on this proposal, the methodology for determining a final list of eligible counties would produce the actual list of eligible counties that would be finalized in the FY 2011 IPPS final rule and would not be updated in a future fiscal year based on updated data.

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Table 2: List of Eligible Counties
(Note: This list is based on the proposed WBHO risk adjustment method.)

County Code	County Name	State
01050	BULLOCK	ALABAMA
01400	LEE	ALABAMA
01430	MACON	ALABAMA
01590	SUMTER	ALABAMA
01650	WILCOX	ALABAMA
03010	COCHISE	ARIZONA
03040	GRAHAM	ARIZONA
03050	GREENLEE	ARIZONA
03110	SANTA CRUZ	ARIZONA
03120	YAVAPAI	ARIZONA
04030	BENTON	ARKANSAS
04070	CARROLL	ARKANSAS
04230	FRANKLIN	ARKANSAS
04240	FULTON	ARKANSAS
04340	JEFFERSON	ARKANSAS
04380	LEE	ARKANSAS
04410	LOGAN	ARKANSAS
04430	MADISON	ARKANSAS
04440	MARION	ARKANSAS
04480	MONTGOMERY	ARKANSAS
04500	NEWTON	ARKANSAS
04630	SCOTT	ARKANSAS
04640	SEARCY	ARKANSAS
04710	WASHINGTON	ARKANSAS
05110	HUMBOLDT	CALIFORNIA
05350	MODOC	CALIFORNIA
05410	PLACER	CALIFORNIA
05670	YOLO	CALIFORNIA
06010	ALAMOSA	COLORADO
06030	ARCHULETA	COLORADO
06064	BOULDER	COLORADO
06070	CHAFFEE	COLORADO
06110	COSTILLA	COLORADO
06120	CROWLEY	COLORADO
06130	CUSTER	COLORADO
06160	DOLORES	COLORADO
06210	FREMONT	COLORADO
06250	GUNNISON	COLORADO
06260	HINSDALE	COLORADO
06280	JACKSON	COLORADO
06350	LAS ANIMAS	COLORADO
06410	MONTEZUMA	COLORADO
06530	ROUTT	COLORADO
06550	SAN JUAN	COLORADO

County Code	County Name	State
06590	TELLER	COLORADO
11230	CHATTAHOOCHEE	GEORGIA
11260	CLARKE	GEORGIA
11270	CLAY	GEORGIA
11360	DECATUR	GEORGIA
11430	ELBERT	GEORGIA
11510	GRADY	GEORGIA
11580	HARRIS	GEORGIA
11730	MARION	GEORGIA
11835	RANDOLPH	GEORGIA
11840	RICHMOND	GEORGIA
11881	TALIAFERRO	GEORGIA
11890	THOMAS	GEORGIA
11902	TOWNS	GEORGIA
11950	WASHINGTON	GEORGIA
12010	HAWAII	HAWAII
12020	HONOLULU	HAWAII
12040	KAUAI	HAWAII
12050	MAUI	HAWAII
13000	ADA	IDAHO
13020	BANNOCK	IDAHO
13050	BINGHAM	IDAHO
13060	BLAINE	IDAHO
13070	BOISE	IDAHO
13080	BONNER	IDAHO
13090	BONNEVILLE	IDAHO
13100	BOUNDARY	IDAHO
13130	CANYON	IDAHO
13150	CASSIA	IDAHO
13160	CLARK	IDAHO
13180	CUSTER	IDAHO
13200	FRANKLIN	IDAHO
13210	FREMONT	IDAHO
13220	GEM	IDAHO
13250	JEFFERSON	IDAHO
13260	JEROME	IDAHO
13280	LATAH	IDAHO
13310	LINCOLN	IDAHO
13320	MADISON	IDAHO
13330	MINIDOKA	IDAHO
13360	OWYHEE	IDAHO
13370	PAYETTE	IDAHO
13380	POWER	IDAHO
13410	TWIN FALLS	IDAHO
13430	WASHINGTON	IDAHO
14080	CASS	ILLINOIS
14150	CRAWFORD	ILLINOIS

County Code	County Name	State
14190	DOUGLAS	ILLINOIS
14320	EDWARDS	ILLINOIS
14600	LEE	ILLINOIS
14630	MC DONOUGH	ILLINOIS
14650	MC LEAN	ILLINOIS
14730	MENARD	ILLINOIS
14770	MORGAN	ILLINOIS
14830	PIKE	ILLINOIS
14921	SCHUYLER	ILLINOIS
14940	SCOTT	ILLINOIS
14960	STARK	ILLINOIS
14970	STEPHENSON	ILLINOIS
14981	UNION	ILLINOIS
14992	WOODFORD	ILLINOIS
15000	ADAMS	INDIANA
15060	BROWN	INDIANA
15160	DE KALB	INDIANA
15190	ELKHART	INDIANA
15230	FRANKLIN	INDIANA
15340	HUNTINGTON	INDIANA
15350	JACKSON	INDIANA
15420	KOSCIUSKO	INDIANA
15430	LAGRANGE	INDIANA
15490	MARSHALL	INDIANA
15520	MONROE	INDIANA
15560	NOBLE	INDIANA
15580	ORANGE	INDIANA
15840	WABASH	INDIANA
15890	WELLS	INDIANA
15910	WHITLEY	INDIANA
16000	ADAIR	IOWA
16020	ALLAMAKEE	IOWA
16030	APPANOOSE	IOWA
16050	BENTON	IOWA
16070	BOONE	IOWA
16100	BUENA VISTA	IOWA
16130	CARROLL	IOWA
16140	CASS	IOWA
16150	CEDAR	IOWA
16160	CERRO GORDO	IOWA
16170	CHEROKEE	IOWA
16190	CLARKE	IOWA
16200	CLAY	IOWA
16210	CLAYTON	IOWA
16230	CRAWFORD	IOWA
16240	DALLAS	IOWA
16250	DAVIS	IOWA

County Code	County Name	State
16260	DECATUR	IOWA
16270	DELAWARE	IOWA
16290	DICKINSON	IOWA
16310	EMMET	IOWA
16320	FAYETTE	IOWA
16330	FLOYD	IOWA
16340	FRANKLIN	IOWA
16360	GREENE	IOWA
16370	GRUNDY	IOWA
16380	GUTHRIE	IOWA
16400	HANCOCK	IOWA
16410	HARDIN	IOWA
16430	HENRY	IOWA
16440	HOWARD	IOWA
16450	HUMBOLDT	IOWA
16460	IDA	IOWA
16470	IOWA	IOWA
16480	JACKSON	IOWA
16490	JASPER	IOWA
16500	JEFFERSON	IOWA
16510	JOHNSON	IOWA
16520	JONES	IOWA
16530	KEOKUK	IOWA
16540	KOSSUTH	IOWA
16560	LINN	IOWA
16570	LOUISA	IOWA
16580	LUCAS	IOWA
16590	LYON	IOWA
16600	MADISON	IOWA
16610	MAHASKA	IOWA
16620	MARION	IOWA
16630	MARSHALL	IOWA
16650	MITCHELL	IOWA
16690	MUSCATINE	IOWA
16700	OBRIEN	IOWA
16710	OSCEOLA	IOWA
16730	PALO ALTO	IOWA
16740	PLYMOUTH	IOWA
16760	POLK	IOWA
16780	POWESHIEK	IOWA
16790	RINGGOLD	IOWA
16830	SIOUX	IOWA
16840	STORY	IOWA
16850	TAMA	IOWA
16860	TAYLOR	IOWA
16870	UNION	IOWA
16880	VAN BUREN	IOWA

County Code	County Name	State
16900	WARREN	IOWA
16910	WASHINGTON	IOWA
16920	WAYNE	IOWA
16930	WEBSTER	IOWA
16940	WINNEBAGO	IOWA
16950	WINNESHIEK	IOWA
16960	WOODBURY	IOWA
16970	WORTH	IOWA
17130	CLAY	KANSAS
17140	CLOUD	KANSAS
17170	COWLEY	KANSAS
17200	DICKINSON	KANSAS
17300	GEARY	KANSAS
17630	MORRIS	KANSAS
17650	NEMAHA	KANSAS
17680	NORTON	KANSAS
17710	OTTAWA	KANSAS
17780	REPUBLIC	KANSAS
17840	SALINE	KANSAS
17910	SMITH	KANSAS
17980	WABAUNSEE	KANSAS
17982	WASHINGTON	KANSAS
18050	BATH	KENTUCKY
18770	MARION	KENTUCKY
18802	MENIFEE	KENTUCKY
18860	MONTGOMERY	KENTUCKY
18971	POWELL	KENTUCKY
18987	WASHINGTON	KENTUCKY
20050	KENNEBEC	MAINE
20060	KNOX	MAINE
20070	LINCOLN	MAINE
20080	OXFORD	MAINE
20100	PISCATAQUIS	MAINE
20110	SAGADAHOC	MAINE
20130	WALDO	MAINE
23090	BENZIE	MICHIGAN
23200	DELTA	MICHIGAN
23210	DICKINSON	MICHIGAN
23260	GOGEBIC	MICHIGAN
23350	IRON	MICHIGAN
23440	LEELANAU	MICHIGAN
23510	MARQUETTE	MICHIGAN
23530	MECOSTA	MICHIGAN
23540	MENOMINEE	MICHIGAN
23560	MISSAUKEE	MICHIGAN
23610	NEWAYGO	MICHIGAN
23630	OCEANA	MICHIGAN

County Code	County Name	State
23690	OTTAWA	MICHIGAN
24020	BECKER	MINNESOTA
24050	BIG STONE	MINNESOTA
24060	BLUE EARTH	MINNESOTA
24070	BROWN	MINNESOTA
24080	CARLTON	MINNESOTA
24100	CASS	MINNESOTA
24110	CHIPPEWA	MINNESOTA
24130	CLAY	MINNESOTA
24140	CLEARWATER	MINNESOTA
24160	COTTONWOOD	MINNESOTA
24170	CROW WING	MINNESOTA
24200	DOUGLAS	MINNESOTA
24210	FARIBAULT	MINNESOTA
24220	FILLMORE	MINNESOTA
24230	FREEBORN	MINNESOTA
24250	GRANT	MINNESOTA
24270	HOUSTON	MINNESOTA
24280	HUBBARD	MINNESOTA
24310	JACKSON	MINNESOTA
24330	KANDIYOHI	MINNESOTA
24340	KITTSON	MINNESOTA
24380	LAKE OF WOODS	MINNESOTA
24390	LE SUEUR	MINNESOTA
24410	LYON	MINNESOTA
24450	MARTIN	MINNESOTA
24460	MEEKER	MINNESOTA
24480	MORRISON	MINNESOTA
24510	NICOLLET	MINNESOTA
24520	NOBLES	MINNESOTA
24550	OTTER TAIL	MINNESOTA
24560	PENNINGTON	MINNESOTA
24580	PIPESTONE	MINNESOTA
24590	POLK	MINNESOTA
24600	POPE	MINNESOTA
24620	RED LAKE	MINNESOTA
24630	REDWOOD	MINNESOTA
24640	RENVILLE	MINNESOTA
24650	RICE	MINNESOTA
24660	ROCK	MINNESOTA
24670	ROSEAU	MINNESOTA
24720	STEARNS	MINNESOTA
24730	STEELE	MINNESOTA
24750	SWIFT	MINNESOTA
24770	TRAVERSE	MINNESOTA
24780	WABASHA	MINNESOTA
24790	WADENA	MINNESOTA

County Code	County Name	State
24800	WASECA	MINNESOTA
24820	WATONWAN	MINNESOTA
24830	WILKIN	MINNESOTA
24840	WINONA	MINNESOTA
25060	CALHOUN	MISSISSIPPI
25350	LAFAYETTE	MISSISSIPPI
25430	LOWNDES	MISSISSIPPI
25510	NOXUBEE	MISSISSIPPI
25520	OKTIBBEHA	MISSISSIPPI
25790	WINSTON	MISSISSIPPI
26040	BARRY	MISSOURI
26090	BOONE	MISSOURI
26190	CEDAR	MISSOURI
26210	CHRISTIAN	MISSOURI
26260	COOPER	MISSOURI
26280	DADE	MISSOURI
26330	DOUGLAS	MISSOURI
26380	GREENE	MISSOURI
26450	HOWELL	MISSOURI
26520	LACLEDE	MISSOURI
26740	OREGON	MISSOURI
26751	OZARK	MISSOURI
26790	PETTIS	MISSOURI
26821	POLK	MISSOURI
26990	VERNON	MISSOURI
26994	WEBSTER	MISSOURI
26996	WRIGHT	MISSOURI
27030	BROADWATER	MONTANA
27040	CARBON	MONTANA
27050	CARTER	MONTANA
27080	CUSTER	MONTANA
27090	DANIELS	MONTANA
27100	DAWSON	MONTANA
27120	FALLON	MONTANA
27130	FERGUS	MONTANA
27140	FLATHEAD	MONTANA
27150	GALLATIN	MONTANA
27160	GARFIELD	MONTANA
27180	GOLDEN VALLEY	MONTANA
27190	GRANITE	MONTANA
27210	JEFFERSON	MONTANA
27220	JUDITH BASIN	MONTANA
27240	LEWIS AND CLARK	MONTANA
27260	LINCOLN	MONTANA
27270	MCCONE	MONTANA
27280	MADISON	MONTANA
27310	MISSOULA	MONTANA

County Code	County Name	State
27340	PETROLEUM	MONTANA
27350	PHILLIPS	MONTANA
27370	POWDER RIVER	MONTANA
27380	POWELL	MONTANA
27390	PRAIRIE	MONTANA
27400	RAVALLI	MONTANA
27410	RICHLAND	MONTANA
27430	ROSEBUD	MONTANA
27440	SANDERS	MONTANA
27450	SHERIDAN	MONTANA
27460	SILVER BOW	MONTANA
27470	STILLWATER	MONTANA
27480	SWEET GRASS	MONTANA
27490	TETON	MONTANA
27510	TREASURE	MONTANA
27520	VALLEY	MONTANA
27530	WHEATLAND	MONTANA
27540	WIBAUX	MONTANA
27550	YELLOWSTONE	MONTANA
28030	BANNER	NEBRASKA
28050	BOONE	NEBRASKA
28060	BOX BUTTE	NEBRASKA
28090	BUFFALO	NEBRASKA
28110	BUTLER	NEBRASKA
28130	CEDAR	NEBRASKA
28160	CHEYENNE	NEBRASKA
28190	CUMING	NEBRASKA
28210	DAKOTA	NEBRASKA
28220	DAWES	NEBRASKA
28240	DEUEL	NEBRASKA
28250	DIXON	NEBRASKA
28320	FURNAS	NEBRASKA
28330	GAGE	NEBRASKA
28350	GARFIELD	NEBRASKA
28360	GOSPER	NEBRASKA
28370	GRANT	NEBRASKA
28400	HAMILTON	NEBRASKA
28420	HAYES	NEBRASKA
28430	HITCHCOCK	NEBRASKA
28450	HOOKER	NEBRASKA
28470	JEFFERSON	NEBRASKA
28480	JOHNSON	NEBRASKA
28490	KEARNEY	NEBRASKA
28510	KEYA PAHA	NEBRASKA
28530	KNOX	NEBRASKA
28560	LOGAN	NEBRASKA
28570	LOUP	NEBRASKA

County Code	County Name	State
28580	MC PHERSON	NEBRASKA
28590	MADISON	NEBRASKA
28600	MERRICK	NEBRASKA
28610	MORRILL	NEBRASKA
28670	PERKINS	NEBRASKA
28700	PLATTE	NEBRASKA
28720	RED WILLOW	NEBRASKA
28780	SCOTT BLUFF	NEBRASKA
28800	SHERIDAN	NEBRASKA
28820	SIOUX	NEBRASKA
28830	STANTON	NEBRASKA
28850	THOMAS	NEBRASKA
28890	WAYNE	NEBRASKA
29050	EUREKA	NEVADA
30010	CARROLL	NEW HAMPSHI
30090	SULLIVAN	NEW HAMPSHI
32000	BERNALILLO	NEW MEXICO
32010	CATRON	NEW MEXICO
32025	CIBOLA	NEW MEXICO
32030	COLFAX	NEW MEXICO
32050	DE BACA	NEW MEXICO
32060	DONA ANA	NEW MEXICO
32080	GRANT	NEW MEXICO
32090	GUADALUPE	NEW MEXICO
32100	HARDING	NEW MEXICO
32110	HIDALGO	NEW MEXICO
32130	LINCOLN	NEW MEXICO
32131	LOS ALAMOS	NEW MEXICO
32140	LUNA	NEW MEXICO
32160	MORA	NEW MEXICO
32170	OTERO	NEW MEXICO
32180	QUAY	NEW MEXICO
32190	RIO ARRIBA	NEW MEXICO
32210	SANDOVAL	NEW MEXICO
32230	SAN MIGUEL	NEW MEXICO
32240	SANTA FE	NEW MEXICO
32250	SIERRA	NEW MEXICO
32260	SOCORRO	NEW MEXICO
32270	TAOS	NEW MEXICO
32280	TORRANCE	NEW MEXICO
32300	VALENCIA	NEW MEXICO
33010	ALLEGANY	NEW YORK
33030	BROOME	NEW YORK
33040	CATTARAUGUS	NEW YORK
33050	CAYUGA	NEW YORK
33060	CHAUTAUQUA	NEW YORK
33070	CHEMUNG	NEW YORK

County Code	County Name	State
33080	CHENANGO	NEW YORK
33210	CORTLAND	NEW YORK
33260	ESSEX	NEW YORK
33270	FRANKLIN	NEW YORK
33280	FULTON	NEW YORK
33310	HAMILTON	NEW YORK
33330	JEFFERSON	NEW YORK
33340	LEWIS	NEW YORK
33360	MADISON	NEW YORK
33380	MONTGOMERY	NEW YORK
33510	ONEIDA	NEW YORK
33520	ONONDAGA	NEW YORK
33530	ONTARIO	NEW YORK
33550	ORLEANS	NEW YORK
33570	OTSEGO	NEW YORK
33630	ST. LAWRENCE	NEW YORK
33640	SARATOGA	NEW YORK
33650	SCHENECTADY	NEW YORK
33660	SCHOHARIE	NEW YORK
33670	SCHUYLER	NEW YORK
33680	SENECA	NEW YORK
33690	STEUBEN	NEW YORK
33720	TIOGA	NEW YORK
33730	TOMPKINS	NEW YORK
33750	WARREN	NEW YORK
33760	WASHINGTON	NEW YORK
33770	WAYNE	NEW YORK
33900	WYOMING	NEW YORK
33910	YATES	NEW YORK
34040	ASHE	NORTH CAROLINA
34160	CASWELL	NORTH CAROLINA
34190	CHEROKEE	NORTH CAROLINA
34200	CHOWAN	NORTH CAROLINA
34210	CLAY	NORTH CAROLINA
34370	GRAHAM	NORTH CAROLINA
34380	GRANVILLE	NORTH CAROLINA
34490	JACKSON	NORTH CAROLINA
34550	MC DOWELL	NORTH CAROLINA
34560	MACON	NORTH CAROLINA
34600	MITCHELL	NORTH CAROLINA
34710	PERQUIMANS	NORTH CAROLINA
34720	PERSON	NORTH CAROLINA
34740	POLK	NORTH CAROLINA
34870	TRANSYLVANIA	NORTH CAROLINA
34880	TYRRELL	NORTH CAROLINA
34900	VANCE	NORTH CAROLINA
34920	WARREN	NORTH CAROLINA

County Code	County Name	State
34981	YANCEY	NORTH CAROLINA
35010	BARNES	NORTH DAKOTA
35030	BILLINGS	NORTH DAKOTA
35060	BURKE	NORTH DAKOTA
35070	BURLEIGH	NORTH DAKOTA
35080	CASS	NORTH DAKOTA
35090	CAVALIER	NORTH DAKOTA
35100	DICKEY	NORTH DAKOTA
35110	DIVIDE	NORTH DAKOTA
35120	DUNN	NORTH DAKOTA
35130	EDDY	NORTH DAKOTA
35140	EMMONS	NORTH DAKOTA
35150	FOSTER	NORTH DAKOTA
35160	GOLDEN VALLEY	NORTH DAKOTA
35180	GRANT	NORTH DAKOTA
35190	GRIGGS	NORTH DAKOTA
35200	HETTINGER	NORTH DAKOTA
35210	KIDDER	NORTH DAKOTA
35220	LA MOURE	NORTH DAKOTA
35230	LOGAN	NORTH DAKOTA
35240	MCHENRY	NORTH DAKOTA
35250	MCINTOSH	NORTH DAKOTA
35270	MCLEAN	NORTH DAKOTA
35280	MERCER	NORTH DAKOTA
35290	MORTON	NORTH DAKOTA
35300	MOUNTRAIL	NORTH DAKOTA
35320	OLIVER	NORTH DAKOTA
35330	PEMBINA	NORTH DAKOTA
35350	RAMSEY	NORTH DAKOTA
35370	RENVILLE	NORTH DAKOTA
35380	RICHLAND	NORTH DAKOTA
35410	SHERIDAN	NORTH DAKOTA
35440	STARK	NORTH DAKOTA
35450	STEELE	NORTH DAKOTA
35460	STUTSMAN	NORTH DAKOTA
35470	TOWNER	NORTH DAKOTA
35480	TRAILL	NORTH DAKOTA
35490	WALSH	NORTH DAKOTA
35500	WARD	NORTH DAKOTA
35510	WELLS	NORTH DAKOTA
35520	WILLIAMS	NORTH DAKOTA
36020	ASHLAND	OHIO
36390	HOLMES	OHIO
37520	NOWATA	OKLAHOMA
37730	WASHINGTON	OKLAHOMA
38000	BAKER	OREGON
38010	BENTON	OREGON

County Code	County Name	State
38020	CLACKAMAS	OREGON
38080	DESCHUTES	OREGON
38100	GILLIAM	OREGON
38130	HOOD RIVER	OREGON
38150	JEFFERSON	OREGON
38170	KLAMATH	OREGON
38180	LAKE	OREGON
38200	LINCOLN	OREGON
38220	MALHEUR	OREGON
38230	MARION	OREGON
38250	MULTNOMAH	OREGON
38260	POLK	OREGON
38270	SHERMAN	OREGON
38290	UMATILLA	OREGON
38300	UNION	OREGON
38320	WASCO	OREGON
38330	WASHINGTON	OREGON
38340	WHEELER	OREGON
39000	ADAMS	PENNSYLVANIA
39130	BRADFORD	PENNSYLVANIA
39200	CENTRE	PENNSYLVANIA
39240	CLINTON	PENNSYLVANIA
39440	LANCASTER	PENNSYLVANIA
39460	LEBANON	PENNSYLVANIA
39510	LYCOMING	PENNSYLVANIA
39640	POTTER	PENNSYLVANIA
39690	SULLIVAN	PENNSYLVANIA
39710	TIOGA	PENNSYLVANIA
39720	UNION	PENNSYLVANIA
42000	ABBEVILLE	SOUTH CAROLINA
42230	GREENWOOD	SOUTH CAROLINA
42320	MCCORMICK	SOUTH CAROLINA
42400	SALUDA	SOUTH CAROLINA
43010	AURORA	SOUTH DAKOTA
43020	BEADLE	SOUTH DAKOTA
43030	BENNETT	SOUTH DAKOTA
43040	BON HOMME	SOUTH DAKOTA
43050	BROOKINGS	SOUTH DAKOTA
43060	BROWN	SOUTH DAKOTA
43070	BRULE	SOUTH DAKOTA
43090	BUTTE	SOUTH DAKOTA
43100	CAMPBELL	SOUTH DAKOTA
43110	CHARLES MIX	SOUTH DAKOTA
43120	CLARK	SOUTH DAKOTA
43130	CLAY	SOUTH DAKOTA
43140	CODINGTON	SOUTH DAKOTA
43150	CORSON	SOUTH DAKOTA

County Code	County Name	State
43160	CUSTER	SOUTH DAKOTA
43170	DAVISON	SOUTH DAKOTA
43220	EDMUNDS	SOUTH DAKOTA
43230	FALL RIVER	SOUTH DAKOTA
43250	GRANT	SOUTH DAKOTA
43270	HAAKON	SOUTH DAKOTA
43280	HAMLIN	SOUTH DAKOTA
43290	HAND	SOUTH DAKOTA
43300	HANSON	SOUTH DAKOTA
43320	HUGHES	SOUTH DAKOTA
43330	HUTCHINSON	SOUTH DAKOTA
43340	HYDE	SOUTH DAKOTA
43350	JACKSON	SOUTH DAKOTA
43360	JERAULD	SOUTH DAKOTA
43370	JONES	SOUTH DAKOTA
43380	KINGSBURY	SOUTH DAKOTA
43390	LAKE	SOUTH DAKOTA
43400	LAWRENCE	SOUTH DAKOTA
43410	LINCOLN	SOUTH DAKOTA
43420	LYMAN	SOUTH DAKOTA
43430	MC COOK	SOUTH DAKOTA
43440	MC PHERSON	SOUTH DAKOTA
43450	MARSHALL	SOUTH DAKOTA
43460	MEADE	SOUTH DAKOTA
43470	MELLETTE	SOUTH DAKOTA
43490	MINNEHAHA	SOUTH DAKOTA
43500	MOODY	SOUTH DAKOTA
43510	PENNINGTON	SOUTH DAKOTA
43520	PERKINS	SOUTH DAKOTA
43540	ROBERTS	SOUTH DAKOTA
43550	SANBORN	SOUTH DAKOTA
43580	STANLEY	SOUTH DAKOTA
43590	SULLY	SOUTH DAKOTA
43610	TRIPP	SOUTH DAKOTA
43620	TURNER	SOUTH DAKOTA
43630	UNION	SOUTH DAKOTA
43640	WALWORTH	SOUTH DAKOTA
43650	WASHABAUGH	SOUTH DAKOTA
43670	YANKTON	SOUTH DAKOTA
45200	BREWSTER	TEXAS
45361	CROCKETT	TEXAS
45552	GILLESPIE	TEXAS
45662	HUDSPETH	TEXAS
45762	LOVING	TEXAS
45793	MENARD	TEXAS
45831	OCHILTREE	TEXAS
45861	PRESIDIO	TEXAS

County Code	County Name	State
45912	TERRELL	TEXAS
45946	VAL VERDE	TEXAS
45952	WASHINGTON	TEXAS
46010	BOX ELDER	UTAH
46020	CACHE	UTAH
46040	DAGGETT	UTAH
46050	DAVIS	UTAH
46060	DUCHESNE	UTAH
46080	GARFIELD	UTAH
46090	GRAND	UTAH
46100	IRON	UTAH
46120	KANE	UTAH
46130	MILLARD	UTAH
46140	MORGAN	UTAH
46150	PIUTE	UTAH
46160	RICH	UTAH
46200	SEVIER	UTAH
46210	SUMMIT	UTAH
46230	UINTAH	UTAH
46250	WASATCH	UTAH
46270	WAYNE	UTAH
47000	ADDISON	VERMONT
47020	CALEDONIA	VERMONT
47040	ESSEX	VERMONT
47070	LAMOILLE	VERMONT
47090	ORLEANS	VERMONT
47110	WASHINGTON	VERMONT
47120	WINDHAM	VERMONT
49030	AMELIA	VIRGINIA
49050	APPOMATTOX	VIRGINIA
49070	AUGUSTA	VIRGINIA
49088	BEDFORD CITY	VIRGINIA
49090	BEDFORD	VIRGINIA
49110	BOTETOURT	VIRGINIA
49120	BRUNSWICK	VIRGINIA
49141	BUENA VISTA CITY	VIRGINIA
49150	CAMPBELL	VIRGINIA
49170	CARROLL	VIRGINIA
49180	CHARLES CITY	VIRGINIA
49190	CHARLOTTE	VIRGINIA
49200	CHESTERFIELD	VIRGINIA
49220	CRAIG	VIRGINIA
49240	CUMBERLAND	VIRGINIA
49241	DANVILLE CITY	VIRGINIA
49260	DINWIDDIE	VIRGINIA
49310	FLOYD	VIRGINIA
49320	FLUVANNA	VIRGINIA

County Code	County Name	State
49328	FRANKLIN CITY	VIRGINIA
49330	FRANKLIN	VIRGINIA
49343	GALAX CITY	VIRGINIA
49360	GLOUCESTER	VIRGINIA
49370	GOOCHLAND	VIRGINIA
49380	GRAYSON	VIRGINIA
49400	GREENSVILLE	VIRGINIA
49410	HALIFAX	VIRGINIA
49411	HAMPTON CITY	VIRGINIA
49421	HARRISONBURG CITY	VIRGINIA
49440	HENRY	VIRGINIA
49460	ISLE OF WIGHT	VIRGINIA
49470	JAMES CITY	VIRGINIA
49510	LANCASTER	VIRGINIA
49522	LEXINGTON CITY	VIRGINIA
49550	LUNENBURG	VIRGINIA
49551	LYNCHBURG CITY	VIRGINIA
49560	MADISON	VIRGINIA
49561	MARTINSVILLE CITY	VIRGINIA
49570	MATHEWS	VIRGINIA
49580	MECKLENBURG	VIRGINIA
49590	MIDDLESEX	VIRGINIA
49600	MONTGOMERY	VIRGINIA
49622	NEWPORT NEWS CITY	VIRGINIA
49660	NORTHUMBERLND	VIRGINIA
49670	NOTTOWAY	VIRGINIA
49710	PITTSYLVANIA	VIRGINIA
49712	POQUOSON	VIRGINIA
49720	POWHATAN	VIRGINIA
49730	PRINCE EDWARD	VIRGINIA
49780	RAPPAHANNOCK	VIRGINIA
49800	ROANOKE	VIRGINIA
49801	ROANOKE CITY	VIRGINIA
49810	ROCKBRIDGE	VIRGINIA
49820	ROCKINGHAM	VIRGINIA
49838	SALEM CITY	VIRGINIA
49850	SHENANDOAH	VIRGINIA
49860	SMYTH	VIRGINIA
49867	SOUTH BOSTON CITY	VIRGINIA
49870	SOUTHAMPTON	VIRGINIA
49891	STAUNTON CITY	VIRGINIA
49900	SURRY	VIRGINIA
49910	SUSSEX	VIRGINIA
49950	WASHINGTON	VIRGINIA
49961	WILLIAMSBURG CITY	VIRGINIA
49962	WINCHESTER CITY	VIRGINIA
49980	WYTHE	VIRGINIA

County Code	County Name	State
49981	YORK	VIRGINIA
50030	CHELAN	WASHINGTON
50040	CLALLAM	WASHINGTON
50050	CLARK	WASHINGTON
50100	FRANKLIN	WASHINGTON
50140	ISLAND	WASHINGTON
50180	KITTITAS	WASHINGTON
50190	KLICKITAT	WASHINGTON
50230	OKANOGAN	WASHINGTON
50270	SAN JUAN	WASHINGTON
50330	THURSTON	WASHINGTON
50340	WAHKIAKUM	WASHINGTON
50350	WALLA WALLA	WASHINGTON
50380	YAKIMA	WASHINGTON
51030	BRAXTON	WEST VIRGINIA
51110	GRANT	WEST VIRGINIA
51150	HARDY	WEST VIRGINIA
51350	PENDLETON	WEST VIRGINIA
51430	ROANE	WEST VIRGINIA
51480	UPSHUR	WEST VIRGINIA
51510	WETZEL	WEST VIRGINIA
52020	BARRON	WISCONSIN
52030	BAYFIELD	WISCONSIN
52040	BROWN	WISCONSIN
52050	BUFFALO	WISCONSIN
52060	BURNETT	WISCONSIN
52070	CALUMET	WISCONSIN
52080	CHIPPEWA	WISCONSIN
52100	COLUMBIA	WISCONSIN
52110	CRAWFORD	WISCONSIN
52130	DODGE	WISCONSIN
52140	DOOR	WISCONSIN
52160	DUNN	WISCONSIN
52170	EAU CLAIRE	WISCONSIN
52180	FLORENCE	WISCONSIN
52190	FOND DU LAC	WISCONSIN
52200	FOREST	WISCONSIN
52220	GREEN	WISCONSIN
52230	GREEN LAKE	WISCONSIN
52240	IOWA	WISCONSIN
52250	IRON	WISCONSIN
52260	JACKSON	WISCONSIN
52270	JEFFERSON	WISCONSIN
52280	JUNEAU	WISCONSIN
52300	KEWAUNEE	WISCONSIN
52310	LA CROSSE	WISCONSIN
52330	LANGLADE	WISCONSIN

County Code	County Name	State
52340	LINCOLN	WISCONSIN
52350	MANITOWOC	WISCONSIN
52360	MARATHON	WISCONSIN
52370	MARINETTE	WISCONSIN
52380	MARQUETTE	WISCONSIN
52400	MONROE	WISCONSIN
52410	OCONTO	WISCONSIN
52420	ONEIDA	WISCONSIN
52430	OUTAGAMIE	WISCONSIN
52440	OZAUKEE	WISCONSIN
52460	PIERCE	WISCONSIN
52470	POLK	WISCONSIN
52480	PORTAGE	WISCONSIN
52510	RICHLAND	WISCONSIN
52520	ROCK	WISCONSIN
52530	RUSK	WISCONSIN
52550	SAUK	WISCONSIN
52560	SAWYER	WISCONSIN
52570	SHAWANO	WISCONSIN
52580	SHEBOYGAN	WISCONSIN
52590	TAYLOR	WISCONSIN
52600	TREMPEALEAU	WISCONSIN
52610	VERNON	WISCONSIN
52620	VILAS	WISCONSIN
52640	WASHBURN	WISCONSIN
52670	WAUPACA	WISCONSIN
52680	WAUSHARA	WISCONSIN
52690	WINNEBAGO	WISCONSIN
52700	WOOD	WISCONSIN
53010	BIG HORN	WYOMING
53050	CROOK	WYOMING
53070	GOSHEN	WYOMING
53090	JOHNSON	WYOMING
53120	NATRONA	WYOMING
53140	PARK	WYOMING
53160	SHERIDAN	WYOMING
53220	WESTON	WYOMING

Table 3: List of Qualifying Hospitals, Location, and Payment Weighting Factor (Note: This list is based on the proposed WBHO risk adjustment method.)

Provider Number	SSACD	County Name	State	Payment Weight Factor
010029	01400	LEE	ALABAMA	0.0062
010102	01650	WILCOX	ALABAMA	0.0001
010110	01050	BULLOCK	ALABAMA	0.0003
010138	01590	SUMTER	ALABAMA	0.0001
030007	03120	YAVAPAI	ARIZONA	0.0028
030012	03120	YAVAPAI	ARIZONA	0.0048
030043	03010	COCHISE	ARIZONA	0.0018
030068	03040	GRAHAM	ARIZONA	0.0007
030118	03120	YAVAPAI	ARIZONA	0.0010
040001	04030	BENTON	ARKANSAS	0.0007
040004	04710	WASHINGTON	ARKANSAS	0.0061
040010	04030	BENTON	ARKANSAS	0.0030
040022	04710	WASHINGTON	ARKANSAS	0.0055
040071	04340	JEFFERSON	ARKANSAS	0.0049
040152	04710	WASHINGTON	ARKANSAS	0.0000
050006	05110	HUMBOLDT	CALIFORNIA	0.0044
050028	05110	HUMBOLDT	CALIFORNIA	0.0007
050127	05670	YOLO	CALIFORNIA	0.0011
050309	05410	PLACER	CALIFORNIA	0.0056
050498	05410	PLACER	CALIFORNIA	0.0018
050537	05670	YOLO	CALIFORNIA	0.0008
060008	06010	ALAMOSA	COLORADO	0.0008
060016	06210	FREMONT	COLORADO	0.0007
060049	06530	ROUTT	COLORADO	0.0004
110006	11260	CLARKE	GEORGIA	0.0030
110026	11430	ELBERT	GEORGIA	0.0004
110028	11840	RICHMOND	GEORGIA	0.0110
110034	11840	RICHMOND	GEORGIA	0.0096
110038	11890	THOMAS	GEORGIA	0.0044
110039	11840	RICHMOND	GEORGIA	0.0013
110074	11260	CLARKE	GEORGIA	0.0081
110086	11950	WASHINGTON	GEORGIA	0.0006
110121	11510	GRADY	GEORGIA	0.0003
110132	11360	DECATUR	GEORGIA	0.0006
110177	11840	RICHMOND	GEORGIA	0.0053
110231	11260	CLARKE	GEORGIA	0.0000
120001	12020	HONOLULU	HAWAII	0.0111
120002	12050	MAUI	HAWAII	0.0036
120004	12020	HONOLULU	HAWAII	0.0009
120005	12010	HAWAII	HAWAII	0.0024
120006	12020	HONOLULU	HAWAII	0.0025
120007	12020	HONOLULU	HAWAII	0.0037
120010	12020	HONOLULU	HAWAII	0.0023

Provider Number	SSACD	County Name	State	Payment Weight Factor
120011	12020	HONOLULU	HAWAII	0.0005
120014	12040	KAUAI	HAWAII	0.0011
120019	12010	HAWAII	HAWAII	0.0006
120022	12020	HONOLULU	HAWAII	0.0039
120026	12020	HONOLULU	HAWAII	0.0029
120027	12020	HONOLULU	HAWAII	0.0019
120028	12040	KAUAI	HAWAII	0.0004
130002	13410	TWIN FALLS	IDAHO	0.0029
130006	13000	ADA	IDAHO	0.0070
130007	13000	ADA	IDAHO	0.0060
130013	13130	CANYON	IDAHO	0.0012
130014	13130	CANYON	IDAHO	0.0010
130018	13090	BONNEVILLE	IDAHO	0.0039
130024	13080	BONNER	IDAHO	0.0006
130025	13320	MADISON	IDAHO	0.0006
130028	13020	BANNOCK	IDAHO	0.0031
130063	13000	ADA	IDAHO	0.0001
130065	13090	BONNEVILLE	IDAHO	0.0003
130067	13050	BINGHAM	IDAHO	0.0000
130069	13000	ADA	IDAHO	0.0000
130070	13000	ADA	IDAHO	0.0001
140012	14600	LEE	ILLINOIS	0.0013
140058	14770	MORGAN	ILLINOIS	0.0015
140089	14630	MC DONOUGH	ILLINOIS	0.0009
140127	14650	MC LEAN	ILLINOIS	0.0035
140160	14970	STEPHENSON	ILLINOIS	0.0020
140162	14650	MC LEAN	ILLINOIS	0.0024
150018	15190	ELKHART	INDIANA	0.0058
150026	15190	ELKHART	INDIANA	0.0022
150045	15160	DE KALB	INDIANA	0.0004
150051	15520	MONROE	INDIANA	0.0056
150065	15350	JACKSON	INDIANA	0.0012
150075	15890	WELLS	INDIANA	0.0008
150076	15490	MARSHALL	INDIANA	0.0008
150091	15340	HUNTINGTON	INDIANA	0.0004
150101	15910	WHITLEY	INDIANA	0.0003
150133	15420	KOSCIUSKO	INDIANA	0.0011
150146	15560	NOBLE	INDIANA	0.0005
150164	15520	MONROE	INDIANA	0.0009
160001	16630	MARSHALL	IOWA	0.0011
160005	16130	CARROLL	IOWA	0.0007
160013	16690	MUSCATINE	IOWA	0.0005
160016	16930	WEBSTER	IOWA	0.0029
160024	16760	POLK	IOWA	0.0032
160029	16510	JOHNSON	IOWA	0.0034
160030	16840	STORY	IOWA	0.0032

Provider Number	SSACD	County Name	State	Payment Weight Factor
160032	16490	JASPER	IOWA	0.0007
160045	16560	LINN	IOWA	0.0053
160058	16510	JOHNSON	IOWA	0.0160
160064	16160	CERRO GORDO	IOWA	0.0067
160079	16560	LINN	IOWA	0.0039
160082	16760	POLK	IOWA	0.0114
160083	16760	POLK	IOWA	0.0142
160101	16760	POLK	IOWA	0.0003
160112	16200	CLAY	IOWA	0.0011
160124	16290	DICKINSON	IOWA	0.0005
160146	16960	WOODBURY	IOWA	0.0025
160147	16780	POWESHIEK	IOWA	0.0006
160153	16960	WOODBURY	IOWA	0.0052
160156	16560	LINN	IOWA	0.0000
170012	17840	SALINE	KANSAS	0.0034
170074	17300	GEARY	KANSAS	0.0005
170150	17170	COWLEY	KANSAS	0.0003
170187	17840	SALINE	KANSAS	0.0003
180024	18770	MARION	KENTUCKY	0.0006
180064	18860	MONTGOMERY	KENTUCKY	0.0006
200002	20070	LINCOLN	MAINE	0.0008
200032	20080	OXFORD	MAINE	0.0008
200039	20050	KENNEBEC	MAINE	0.0048
200041	20050	KENNEBEC	MAINE	0.0008
200063	20060	KNOX	MAINE	0.0020
230003	23690	OTTAWA	MICHIGAN	0.0005
230054	23510	MARQUETTE	MICHIGAN	0.0052
230055	23210	DICKINSON	MICHIGAN	0.0012
230072	23690	OTTAWA	MICHIGAN	0.0020
230093	23530	MECOSTA	MICHIGAN	0.0005
230101	23200	DELTA	MICHIGAN	0.0008
230106	23610	NEWAYGO	MICHIGAN	0.0007
230174	23690	OTTAWA	MICHIGAN	0.0004
240022	24520	NOBLES	MINNESOTA	0.0004
240030	24200	DOUGLAS	MINNESOTA	0.0018
240036	24720	STEARNS	MINNESOTA	0.0118
240043	24230	FREEBORN	MINNESOTA	0.0009
240044	24840	WINONA	MINNESOTA	0.0007
240052	24550	OTTER TAIL	MINNESOTA	0.0010
240069	24730	STEELE	MINNESOTA	0.0006
240071	24650	RICE	MINNESOTA	0.0006
240075	24170	CROW WING	MINNESOTA	0.0024
240088	24330	KANDIYOHI	MINNESOTA	0.0013
240093	24060	BLUE EARTH	MINNESOTA	0.0038
240101	24020	BECKER	MINNESOTA	0.0007
240166	24450	MARTIN	MINNESOTA	0.0008

Provider Number	SSACD	County Name	State	Payment Weight Factor
250027	25790	WINSTON	MISSISSIPPI	0.0002
250034	25350	LAFAYETTE	MISSISSIPPI	0.0046
250050	25520	OKTIBBEHA	MISSISSIPPI	0.0008
250100	25430	LOWNDES	MISSISSIPPI	0.0030
250112	25060	CALHOUN	MISSISSIPPI	0.0001
260004	26260	COOPER	MISSOURI	0.0001
260009	26790	PETTIS	MISSOURI	0.0023
260040	26380	GREENE	MISSOURI	0.0111
260059	26520	LACLEDE	MISSOURI	0.0009
260061	26990	VERNON	MISSOURI	0.0004
260065	26380	GREENE	MISSOURI	0.0128
260068	26090	BOONE	MISSOURI	0.0086
260078	26450	HOWELL	MISSOURI	0.0016
260141	26090	BOONE	MISSOURI	0.0093
260178	26090	BOONE	MISSOURI	0.0016
260195	26821	POLK	MISSOURI	0.0011
260207	26380	GREENE	MISSOURI	0.0004
260221	26380	GREENE	MISSOURI	0.0000
270002	27080	CUSTER	MONTANA	0.0006
270003	27240	LEWIS AND CLARK	MONTANA	0.0014
270004	27550	YELLOWSTONE	MONTANA	0.0058
270014	27310	MISSOULA	MONTANA	0.0042
270017	27460	SILVER BOW	MONTANA	0.0019
270023	27310	MISSOULA	MONTANA	0.0018
270049	27550	YELLOWSTONE	MONTANA	0.0057
270051	27140	FLATHEAD	MONTANA	0.0027
270057	27150	GALLATIN	MONTANA	0.0014
270087	27140	FLATHEAD	MONTANA	0.0002
280009	28090	BUFFALO	NEBRASKA	0.0042
280061	28780	SCOTT BLUFF	NEBRASKA	0.0025
280111	28700	PLATTE	NEBRASKA	0.0008
280125	28590	MADISON	NEBRASKA	0.0026
320001	32000	BERNALILLO	NEW MEXICO	0.0073
320002	32240	SANTA FE	NEW MEXICO	0.0039
320003	32230	SAN MIGUEL	NEW MEXICO	0.0007
320004	32170	OTERO	NEW MEXICO	0.0017
320009	32000	BERNALILLO	NEW MEXICO	0.0027
320011	32190	RIO ARRIBA	NEW MEXICO	0.0006
320013	32270	TAOS	NEW MEXICO	0.0009
320014	32140	LUNA	NEW MEXICO	0.0006
320016	32080	GRANT	NEW MEXICO	0.0009
320017	32000	BERNALILLO	NEW MEXICO	0.0006
320018	32060	DONA ANA	NEW MEXICO	0.0040
320021	32000	BERNALILLO	NEW MEXICO	0.0097
320033	32131	LOS ALAMOS	NEW MEXICO	0.0006
320037	32300	VALENCIA	NEW MEXICO	0.0002

Provider Number	SSACD	County Name	State	Payment Weight Factor
320057	32240	SANTA FE	NEW MEXICO	0.0001
320058	32170	OTERO	NEW MEXICO	0.0000
320067	32090	GUADALUPE	NEW MEXICO	0.0001
320069	32030	COLFAX	NEW MEXICO	0.0005
320070	32300	VALENCIA	NEW MEXICO	0.0001
320074	32000	BERNALILLO	NEW MEXICO	0.0005
320083	32000	BERNALILLO	NEW MEXICO	0.0025
320085	32060	DONA ANA	NEW MEXICO	0.0035
320087	32240	SANTA FE	NEW MEXICO	0.0001
320088	32060	DONA ANA	NEW MEXICO	0.0002
330008	33900	WYOMING	NEW YORK	0.0005
330010	33380	MONTGOMERY	NEW YORK	0.0000
330011	33030	BROOME	NEW YORK	0.0033
330030	33770	WAYNE	NEW YORK	0.0009
330033	33080	CHENANGO	NEW YORK	0.0007
330044	33510	ONEIDA	NEW YORK	0.0056
330047	33380	MONTGOMERY	NEW YORK	0.0021
330053	33550	ORLEANS	NEW YORK	0.0004
330058	33530	ONTARIO	NEW YORK	0.0013
330074	33530	ONTARIO	NEW YORK	0.0010
330079	33270	FRANKLIN	NEW YORK	0.0011
330084	33270	FRANKLIN	NEW YORK	0.0009
330085	33570	OTSEGO	NEW YORK	0.0014
330090	33070	CHEMUNG	NEW YORK	0.0043
330096	33010	ALLEGANY	NEW YORK	0.0007
330103	33040	CATTARAUGUS	NEW YORK	0.0020
330108	33070	CHEMUNG	NEW YORK	0.0014
330115	33360	MADISON	NEW YORK	0.0008
330132	33040	CATTARAUGUS	NEW YORK	0.0006
330136	33570	OTSEGO	NEW YORK	0.0062
330140	33520	ONONDAGA	NEW YORK	0.0120
330144	33690	STEUBEN	NEW YORK	0.0003
330151	33690	STEUBEN	NEW YORK	0.0008
330153	33650	SCHENECTADY	NEW YORK	0.0061
330157	33330	JEFFERSON	NEW YORK	0.0026
330159	33520	ONONDAGA	NEW YORK	0.0029
330166	33060	CHAUTAUQUA	NEW YORK	0.0000
330175	33210	CORTLAND	NEW YORK	0.0015
330177	33630	ST. LAWRENCE	NEW YORK	0.0003
330191	33750	WARREN	NEW YORK	0.0049
330197	33630	ST. LAWRENCE	NEW YORK	0.0012
330203	33520	ONONDAGA	NEW YORK	0.0075
330211	33630	ST. LAWRENCE	NEW YORK	0.0012
330213	33340	LEWIS	NEW YORK	0.0005
330215	33510	ONEIDA	NEW YORK	0.0015
330222	33640	SARATOGA	NEW YORK	0.0028

Provider Number	SSACD	County Name	State	Payment Weight Factor
330223	33630	ST. LAWRENCE	NEW YORK	0.0009
330229	33060	CHAUTAUQUA	NEW YORK	0.0005
330235	33050	CAYUGA	NEW YORK	0.0021
330239	33060	CHAUTAUQUA	NEW YORK	0.0020
330241	33520	ONONDAGA	NEW YORK	0.0091
330245	33510	ONEIDA	NEW YORK	0.0056
330249	33360	MADISON	NEW YORK	0.0009
330263	33330	JEFFERSON	NEW YORK	0.0004
330265	33530	ONTARIO	NEW YORK	0.0007
330268	33660	SCHOHARIE	NEW YORK	0.0003
330276	33280	FULTON	NEW YORK	0.0011
330277	33690	STEUBEN	NEW YORK	0.0015
330307	33730	TOMPKINS	NEW YORK	0.0019
330394	33030	BROOME	NEW YORK	0.0072
330406	33650	SCHENECTADY	NEW YORK	0.0002
340011	34600	MITCHELL	NORTH CAROLINA	0.0009
340016	34490	JACKSON	NORTH CAROLINA	0.0015
340087	34550	MC DOWELL	NORTH CAROLINA	0.0007
340127	34380	GRANVILLE	NORTH CAROLINA	0.0008
340132	34900	VANCE	NORTH CAROLINA	0.0014
340159	34720	PERSON	NORTH CAROLINA	0.0007
340160	34190	CHEROKEE	NORTH CAROLINA	0.0012
350002	35070	BURLEIGH	NORTH DAKOTA	0.0044
350006	35500	WARD	NORTH DAKOTA	0.0038
350011	35080	CASS	NORTH DAKOTA	0.0088
350015	35070	BURLEIGH	NORTH DAKOTA	0.0037
350070	35080	CASS	NORTH DAKOTA	0.0030
360002	36020	ASHLAND	OHIO	0.0010
360148	36390	HOLMES	OHIO	0.0004
370018	37730	WASHINGTON	OKLAHOMA	0.0027
380001	38320	WASCO	OREGON	0.0008
380004	38330	WASHINGTON	OREGON	0.0067
380007	38250	MULTNOMAH	OREGON	0.0034
380009	38250	MULTNOMAH	OREGON	0.0121
380014	38010	BENTON	OREGON	0.0030
380017	38250	MULTNOMAH	OREGON	0.0045
380021	38330	WASHINGTON	OREGON	0.0013
380025	38250	MULTNOMAH	OREGON	0.0011
380029	38230	MARION	OREGON	0.0004
380038	38020	CLACKAMAS	OREGON	0.0006
380040	38080	DESCHUTES	OREGON	0.0010
380047	38080	DESCHUTES	OREGON	0.0055
380050	38170	KLAMATH	OREGON	0.0023
380051	38230	MARION	OREGON	0.0056
380052	38220	MALHEUR	OREGON	0.0010
380056	38230	MARION	OREGON	0.0002

Provider Number	SSACD	County Name	State	Payment Weight Factor
380060	38250	MULTNOMAH	OREGON	0.0021
380061	38250	MULTNOMAH	OREGON	0.0055
380082	38020	CLACKAMAS	OREGON	0.0006
380089	38020	CLACKAMAS	OREGON	0.0021
380091	38020	CLACKAMAS	OREGON	0.0001
390013	39720	UNION	PENNSYLVANIA	0.0019
390043	39710	TIOGA	PENNSYLVANIA	0.0008
390045	39510	LYCOMING	PENNSYLVANIA	0.0048
390061	39440	LANCASTER	PENNSYLVANIA	0.0014
390065	39000	ADAMS	PENNSYLVANIA	0.0016
390066	39460	LEBANON	PENNSYLVANIA	0.0035
390068	39440	LANCASTER	PENNSYLVANIA	0.0006
390071	39240	CLINTON	PENNSYLVANIA	0.0004
390079	39130	BRADFORD	PENNSYLVANIA	0.0067
390100	39440	LANCASTER	PENNSYLVANIA	0.0138
390225	39440	LANCASTER	PENNSYLVANIA	0.0023
390236	39130	BRADFORD	PENNSYLVANIA	0.0004
390268	39200	CENTRE	PENNSYLVANIA	0.0032
420071	42230	GREENWOOD	SOUTH CAROLINA	0.0061
430005	43140	CODINGTON	SOUTH DAKOTA	0.0014
430008	43050	BROOKINGS	SOUTH DAKOTA	0.0004
430012	43670	YANKTON	SOUTH DAKOTA	0.0017
430013	43170	DAVISON	SOUTH DAKOTA	0.0011
430014	43060	BROWN	SOUTH DAKOTA	0.0025
430015	43320	HUGHES	SOUTH DAKOTA	0.0007
430016	43490	MINNEHAHA	SOUTH DAKOTA	0.0073
430027	43490	MINNEHAHA	SOUTH DAKOTA	0.0097
430048	43400	LAWRENCE	SOUTH DAKOTA	0.0005
430077	43510	PENNINGTON	SOUTH DAKOTA	0.0075
430082	43510	PENNINGTON	SOUTH DAKOTA	0.0000
430089	43630	UNION	SOUTH DAKOTA	0.0005
430090	43490	MINNEHAHA	SOUTH DAKOTA	0.0004
430091	43510	PENNINGTON	SOUTH DAKOTA	0.0007
430092	43060	BROWN	SOUTH DAKOTA	0.0002
430093	43510	PENNINGTON	SOUTH DAKOTA	0.0001
430094	43400	LAWRENCE	SOUTH DAKOTA	0.0000
430095	43410	LINCOLN	SOUTH DAKOTA	0.0029
430096	43670	YANKTON	SOUTH DAKOTA	0.0003
450154	45946	VAL VERDE	TEXAS	0.0009
450187	45952	WASHINGTON	TEXAS	0.0006
450604	45552	GILLESPIE	TEXAS	0.0017
460007	46100	IRON	UTAH	0.0006
460015	46020	CACHE	UTAH	0.0010
460017	46010	BOX ELDER	UTAH	0.0002
460019	46060	DUCHESNE	UTAH	0.0002
460026	46200	SEVIER	UTAH	0.0002

Provider Number	SSACD	County Name	State	Payment Weight Factor
460030	46230	UINTAH	UTAH	0.0003
460033	46080	GARFIELD	UTAH	0.0001
460039	46010	BOX ELDER	UTAH	0.0001
460041	46050	DAVIS	UTAH	0.0010
460042	46050	DAVIS	UTAH	0.0011
460054	46020	CACHE	UTAH	0.0003
470001	47110	WASHINGTON	VERMONT	0.0015
470011	47120	WINDHAM	VERMONT	0.0009
490004	49421	HARRISONBURG CITY	VIRGINIA	0.0056
490005	49962	WINCHESTER CITY	VIRGINIA	0.0115
490013	49867	SOUTH BOSTON CITY	VIRGINIA	0.0023
490021	49551	LYNCHBURG CITY	VIRGINIA	0.0119
490024	49801	ROANOKE CITY	VIRGINIA	0.0167
490038	49860	SMYTH	VIRGINIA	0.0008
490041	49622	NEWPORT NEWS CITY	VIRGINIA	0.0030
490048	49838	SALEM CITY	VIRGINIA	0.0061
490052	49622	NEWPORT NEWS CITY	VIRGINIA	0.0072
490053	49950	WASHINGTON	VIRGINIA	0.0022
490066	49961	WILLIAMSBURG CITY	VIRGINIA	0.0029
490075	49241	DANVILLE CITY	VIRGINIA	0.0037
490079	49561	MARTINSVILLE CITY	VIRGINIA	0.0026
490088	49088	BEDFORD CITY	VIRGINIA	0.0005
490089	49330	FRANKLIN	VIRGINIA	0.0007
490090	49730	PRINCE EDWARD	VIRGINIA	0.0013
490092	49328	FRANKLIN CITY	VIRGINIA	0.0009
490093	49411	HAMPTON CITY	VIRGINIA	0.0052
490098	49580	MECKLENBURG	VIRGINIA	0.0019
490105	49860	SMYTH	VIRGINIA	0.0000
490106	49891	STAUNTON CITY	VIRGINIA	0.0000
490109	49961	WILLIAMSBURG CITY	VIRGINIA	0.0000
490110	49600	MONTGOMERY	VIRGINIA	0.0022
490111	49980	WYTHE	VIRGINIA	0.0010
490115	49343	GALAX CITY	VIRGINIA	0.0013
490123	49510	LANCASTER	VIRGINIA	0.0008
490130	49360	GLOUCESTER	VIRGINIA	0.0013
490134	49670	NOTTOWAY	VIRGINIA	0.0000
490135	49800	ROANOKE	VIRGINIA	0.0001
490136	49200	CHESTERFIELD	VIRGINIA	0.0031
500002	50350	WALLA WALLA	WASHINGTON	0.0016
500012	50380	YAKIMA	WASHINGTON	0.0034
500016	50030	CHELAN	WASHINGTON	0.0049
500024	50330	THURSTON	WASHINGTON	0.0082
500036	50380	YAKIMA	WASHINGTON	0.0048
500037	50380	YAKIMA	WASHINGTON	0.0003
500049	50350	WALLA WALLA	WASHINGTON	0.0006
500050	50050	CLARK	WASHINGTON	0.0071

Provider Number	SSACD	County Name	State	Payment Weight Factor
500072	50040	CLALLAM	WASHINGTON	0.0021
500139	50330	THURSTON	WASHINGTON	0.0017
500143	50330	THURSTON	WASHINGTON	0.0001
500148	50030	CHELAN	WASHINGTON	0.0002
500150	50050	CLARK	WASHINGTON	0.0027
510053	51480	UPSHUR	WEST VIRGINIA	0.0002
510072	51510	WETZEL	WEST VIRGINIA	0.0003
520002	52480	PORTAGE	WISCONSIN	0.0013
520004	52310	LA CROSSE	WISCONSIN	0.0027
520009	52430	OUTAGAMIE	WISCONSIN	0.0018
520011	52020	BARRON	WISCONSIN	0.0009
520013	52170	EAU CLAIRE	WISCONSIN	0.0040
520017	52080	CHIPPEWA	WISCONSIN	0.0006
520019	52420	ONEIDA	WISCONSIN	0.0012
520027	52440	OZAUKEE	WISCONSIN	0.0032
520028	52220	GREEN	WISCONSIN	0.0012
520030	52360	MARATHON	WISCONSIN	0.0053
520033	52700	WOOD	WISCONSIN	0.0008
520034	52350	MANITOWOC	WISCONSIN	0.0011
520035	52580	SHEBOYGAN	WISCONSIN	0.0017
520037	52700	WOOD	WISCONSIN	0.0076
520041	52100	COLUMBIA	WISCONSIN	0.0006
520044	52580	SHEBOYGAN	WISCONSIN	0.0011
520045	52690	WINNEBAGO	WISCONSIN	0.0021
520048	52690	WINNEBAGO	WISCONSIN	0.0017
520049	52040	BROWN	WISCONSIN	0.0030
520057	52550	SAUK	WISCONSIN	0.0006
520066	52520	ROCK	WISCONSIN	0.0037
520070	52170	EAU CLAIRE	WISCONSIN	0.0041
520071	52270	JEFFERSON	WISCONSIN	0.0011
520075	52040	BROWN	WISCONSIN	0.0047
520076	52130	DODGE	WISCONSIN	0.0009
520087	52310	LA CROSSE	WISCONSIN	0.0047
520088	52190	FOND DU LAC	WISCONSIN	0.0019
520091	52420	ONEIDA	WISCONSIN	0.0011
520095	52550	SAUK	WISCONSIN	0.0007
520097	52040	BROWN	WISCONSIN	0.0018
520100	52520	ROCK	WISCONSIN	0.0020
520107	52350	MANITOWOC	WISCONSIN	0.0013
520109	52280	JUNEAU	WISCONSIN	0.0006
520113	52370	MARINETTE	WISCONSIN	0.0017
520116	52270	JEFFERSON	WISCONSIN	0.0012
520160	52430	OUTAGAMIE	WISCONSIN	0.0034
520193	52040	BROWN	WISCONSIN	0.0028
520196	52170	EAU CLAIRE	WISCONSIN	0.0002
520198	52690	WINNEBAGO	WISCONSIN	0.0013

Provider Number	SSACD	County Name	State	Payment Weight Factor
520202	52360	MARATHON	WISCONSIN	0.0020
530006	53160	SHERIDAN	WYOMING	0.0010
530012	53120	NATRONA	WYOMING	0.0052
530033	53120	NATRONA	WYOMING	0.0004

Table 4: Comparison of the Proposed FY 2011 Section 1109 Payments by State Using the WBHO and WBO Methodologies

NAME	Number of Counties with Eligible Hospitals under WBHO	Number of Eligible Hospitals under WBHO	Payments under WBHO (in millions)	Percentage of payment	Number of Counties with Eligible Hospitals under WBO	Number of Eligible Hospitals under WBO	Payments under WBO (in millions)	Percentage of payment
ALABAMA	4	4	$0.99	0.7%	4	4	$0.98	0.7%
ARIZONA	3	5	$1.65	1.1%	3	5	$1.65	1.1%
ARKANSAS	3	6	$3.03	2.0%	3	6	$3.04	2.0%
CALIFORNIA	3	6	$2.18	1.5%	3	6	$2.18	1.5%
COLORADO	3	3	$0.29	0.2%	3	3	$0.29	0.2%
GEORGIA	7	12	$6.69	4.5%	7	12	$6.67	4.4%
HAWAII	4	14	$5.67	3.8%	4	14	$5.70	3.8%
IDAHO	8	14	$4.02	2.7%	8	14	$4.07	2.7%
ILLINOIS	5	6	$1.74	1.2%	5	6	$1.73	1.2%
INDIANA	10	12	$3.00	2.0%	10	12	$2.99	2.0%
IOWA	14	21	$12.52	8.3%	14	21	$12.50	8.3%
KANSAS	3	4	$0.68	0.5%	3	4	$0.68	0.5%
KENTUCKY	2	2	$0.18	0.1%	2	2	$0.18	0.1%
MAINE	4	5	$1.37	0.9%	4	5	$1.36	0.9%
MICHIGAN	6	8	$1.70	1.1%	6	8	$1.68	1.1%
MINNESOTA	13	13	$4.00	2.7%	14	14	$4.12	2.7%
MISSISSIPPI	5	5	$1.29	0.9%	5	5	$1.28	0.9%
MISSOURI	8	13	$7.52	5.0%	8	13	$7.50	5.0%
MONTANA	7	10	$3.87	2.6%	7	10	$3.85	2.6%
NEBRASKA	4	4	$1.53	1.0%	4	4	$1.52	1.0%
NEW HAMPSHIRE	Not on this list				1	1	$0.31	0.2%
NEW MEXICO	13	24	$6.31	4.2%	13	25	$5.48	3.7%

NAME	Number of Counties with Eligible Hospitals under WBHO	Number of Eligible Hospitals under WBHO	Payments under WBHO (in millions)	Percentage of payment	Number of Counties with Eligible Hospitals under WBO	Number of Eligible Hospitals under WBO	Payments under WBO (in millions)	Percentage of payment
NEW YORK	28	51	$17.36	11.6%	28	51	$17.38	11.6%
NORTH CAROLINA	7	7	$1.08	0.7%	7	7	$1.07	0.7%
NORTH DAKOTA	3	5	$3.53	2.4%	3	5	$3.52	2.3%
OHIO	2	2	$0.21	0.1%	2	2	$0.20	0.1%
OKLAHOMA	1	1	$0.40	0.3%	1	1	$0.40	0.3%
OREGON	9	21	$8.96	6.0%	9	21	$9.31	6.2%
PENNSYLVANIA	9	13	$6.24	4.2%	9	13	$6.28	4.2%
SOUTH CAROLINA	1	1	$0.91	0.6%	1	1	$0.91	0.6%
SOUTH DAKOTA	11	19	$5.70	3.8%	11	19	$5.67	3.8%
TEXAS	3	3	$0.48	0.3%	3	3	$0.47	0.3%
UTAH	8	11	$0.74	*0.5%*	9	12	$0.73	0.5%
VERMONT	2	2	$0.36	0.2%	2	2	$0.36	0.2%
VIRGINIA	27	30	$14.54	9.7%	27	30	$14.50	9.7%
WASHINGTON	6	13	$5.67	3.8%	6	13	$5.73	3.8%
WEST VIRGINIA	2	2	$0.08	0.1%	2	2	$0.08	0.1%
WISCONSIN	23	40	$12.52	8.3%	23	40	$12.64	8.4%
WYOMING	2	3	$0.99	0.7%	2	3	$0.98	0.7%
Total	273	415	$150,000,000	100%	276	419	$150,000,000	100%

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F. Rural Community Hospital Demonstration Program

1. Background

Section 410A(a) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), Public Law 108–173, required the Secretary to establish a demonstration program to test the feasibility and advisability of establishing "rural community hospitals" to furnish covered inpatient hospital services to Medicare beneficiaries. The demonstration pays rural community hospitals for such services under cost based methodology for Medicare payment purposes for covered inpatient hospital services furnished to Medicare beneficiaries. A rural community hospital, as defined in section 410A(f)(1) of MMA, is a hospital that—

- Is located in a rural area (as defined in section 1886(d)(2)(D) of the Act) or is treated as being located in a rural area under section 1886(d)(8)(E) of the Act;
- Has fewer than 51 beds (excluding beds in a distinct part psychiatric or rehabilitation unit) as reported in its most recent cost report;
- Provides 24-hour emergency care services; and
- Is not designated or eligible for designation as a CAH under section 1820 of the Act.

Subsection 410A(a)(4) of the MMA, in conjunction with paragraphs (2) and (3) of subsection 410A(a), provided that the Secretary was to select for participation no more than 15 rural community hospitals in rural areas of States that the Secretary identified as having low population densities. Using 2002 data from the U.S Census Bureau, we identified the 10 States with the lowest population density in which rural community hospitals were to be located in order to participate in the demonstration: Alaska, Idaho, Montana, Nebraska, Nevada, New Mexico, North Dakota, South Dakota, Utah, and Wyoming. (*Source:* U.S. Census Bureau, Statistical Abstract of the United States: 2003).

We originally solicited applicants for the demonstration in May 2004; 13 hospitals began participation with cost report years beginning on or after October 1, 2004. (Four of these 13 hospitals withdrew from the program and became CAHs). In a notice published in the **Federal Register** on February 6, 2008 (73 FR 6971), we announced a solicitation for up to 6 additional hospitals to participate in the demonstration program. Four additional hospitals were selected to participate under this solicitation. These four additional hospitals began under the demonstration payment methodology with the hospital's first cost reporting period starting on or after July 1, 2008. Three hospitals (two of the hospitals were among the thirteen hospitals that were original participants in the demonstration and one of the hospitals was among the four hospitals that began the demonstration in 2008) withdrew from the demonstration during CY 2009. (Two of these hospitals indicated that they will be paid more for Medicare inpatient services under the rebasing allowed under the SCH methodology allowed by the Medicare Improvement for Patients and Providers Act of 2008 (Pub. L. 110–275). The other hospital restructured to become a CAH.) For purposes of the analyses that follow in section II.F.3 of the preamble, we make the assumption that there are 10 currently participating hospitals (8 hospitals that are actively participating since the initial demonstration period had not yet concluded for them at the time of the passage of Public Law 111–148 and 2 hospitals that concluded the demonstration in December 2009 upon the conclusion of their initial demonstration period). For the 2 hospitals that concluded the demonstration in December 2009, we assume that they will continue the demonstration under the 5-year extension provided by Affordable Care Act since they participated in their entire initial 5-year demonstration period, which we believe indicates that those hospitals favored the payment rate provided in the demonstration and will continue to avail themselves of such reimbursement.

Section 410A(a)(5) of Public Law 108–173 required a 5-year demonstration period of participation. Prior to the enactment of Public Law 111–148, for the seven currently participating hospitals that began the demonstration during FY 2005 ("originally participating hospitals"), the demonstration was scheduled to end for each of these hospitals on the last day of its cost reporting period that ends in FY 2010. The end of the participation for the three participating hospitals that began the demonstration in CY 2008 was scheduled to be September 30, 2010.

In addition, section 410A(c)(2) of Public Law 108–173 requires that, "[i]n conducting the demonstration program under this section, the Secretary shall ensure that the aggregate payments made by the Secretary do not exceed the amount which the Secretary would have paid if the demonstration program under this section was not implemented." This requirement is commonly referred to as "budget neutrality".

Generally, when we implement a demonstration program on a budget neutral basis, the demonstration program is budget neutral in its own terms; in other words, the aggregate payments to the participating hospitals do not exceed the amount that would be paid to those same hospitals in the absence of the demonstration program. Typically, this form of budget neutrality is viable when, by changing payments or aligning incentives to improve overall efficiency, or both, a demonstration program may reduce the use of some services or eliminate the need for others, resulting in reduced expenditures for the demonstration program's participants. These reduced expenditures offset increased payments elsewhere under the demonstration program, thus ensuring that the demonstration program as a whole is budget neutral or yields savings. However, the small scale of this demonstration program, in conjunction with the payment methodology, makes it extremely unlikely that this demonstration program could be viable under the usual form of budget neutrality. Specifically, cost-based payments to participating small rural hospitals are likely to increase Medicare outlays without producing any offsetting reduction in Medicare expenditures elsewhere. Therefore, a rural community hospital's participation in this demonstration program is unlikely to yield benefits to the participant if budget neutrality were to be implemented by reducing other payments for these same hospitals.

In the past six IPPS final regulations, spanning the period for which the demonstration has been implemented, we have adjusted the national inpatient PPS rates by an amount sufficient to account for the added costs of this demonstration program, thus applying budget neutrality across the payment system as a whole rather than merely across the participants in this demonstration program. As we discussed in the FY 2005, FY 2006, FY 2007, FY 2008, FY 2009, and FY 2010 IPPS final rules (69 FR 49183; (70 FR 47462); (71 FR 48100); (72 FR 47392); (73 FR 48670); and (74 FR 43922)), we believe that the language of the statutory budget neutrality requirements permits the agency to implement the budget neutrality provision in this manner.

In light of the statute's budget neutrality requirement, we proposed in the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule (75 FR 24012) a methodology to calculate a budget neutrality adjustment factor to the FY

2011 national IPPS rates. In the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule, the only amount that was identified to be offset for the FY 2011 IPPS/LTCH final rule was that by which the costs of the demonstration program, as indicated by settled cost reports beginning in FY 2007 for hospitals participating in the demonstration during FY 2007, exceeded the amount that was identified in the FY IPPS 2007 final rule as the budget neutrality offset for FY 2007. No dollar amount was specified for purpose of this offset, because of a delay in the settlement process of FY 2007 cost reports. Due to the timing of the proposed rule in relation to the passage of Public Law 111–148, we were unable to include in the proposed budget neutrality adjustment factor to the FY 2011 national IPPS rates an offset that would accont for the estimated financial impact that the demonstration would have for certain time frames under the extension required by such Act.

In this supplemental proposed rule, we propose that such an adjustment would incorporate the following 4 components: (1) The estimated costs that would be incurred in FY 2011 for the 10 currently participating hospitals as a result of the demonstration's continuation in FY 2011; (2) the estimated cost incurred in FY 2010 for the 7 "originally participating hospitals" that were not accounted for in the FY 2010 IPPS final rule but that now must be accounted for as a result of the demonstration being continued by the Affordable Care Act's 5-year extension for such hospitals; (3) the estimated FY 2011 demonstration costs associated with the participation of up to 20 new hospitals; and (4) a factor by which the cost of the demonstration program in 2007, as indicated by settled cost reports beginning in FY 2007, exceeded the amount that was identified in the FY IPPS 2007 final rule as the budget neutrality offset for FY 2007.

2. Section 410A of the MMA as Amended by Section 3123 of the Public Law 111–148 and as Further Amended by Section 10313 of Public Law 111–148.

Section 410Aof the MMA as amended by section 3123 of Public Law 111–148, and as further amended by section 10313 of Public Law 111–148, affects this demonstration in several ways. First, the Secretary is required to conduct the demonstration for an additional 5-year period that begins on the date immediately following the last day of the initial 5-year period under section 410A(a)(5) of the MMA as amended. (Section 410A(g)(1) of the MMA as added by section 3123(a) of Public Law 111–148 and as further amended by section 10313 of Public Law 111–148). Further, the Affordable Care Act requires that in the case of a rural community hospital that is participating in the demonstration program as of the last day of the initial 5-year period, the Secretary shall provide for the continued participation of such rural hospital in the demonstration program during the 5-year extension unless the hospital makes an election, in such form and manner as the Secretary may specify, to discontinue such participation. (Section 410A(g)(4)(A) of MMA as added by section 3123(a) of Public Law 111–148 and as amended by section 10313 of Public Law 111–148). In addition, it provides that during the 5-year extension period, the Secretary shall expand the number of States with low population densities determined by the Secretary to 20. (Section 410A(g)(2) of MMA as added by section 3123(a) of Public Law 111–148 and as amended by section 10313 of Public Law 111–148.) Further, the Secretary is required to use the same criteria and data that the Secretary used to determine the States under section 410A(a)(2) of MMA for purposes of the initial 5-year period. It also allows not more than 30 rural community hospitals in such States to participate in the demonstration during the 5-year extension period. (Section 410A(g)(3) of MMA as added by section 3123(a) of Public Law 111–148 and as amended by section 10313 of Public Law 111–148.) Additionally, it provides that the amount of payment under the demonstration program for covered inpatient hospital services furnished in a rural community hospital, other than services furnished in a psychiatric or rehabilitation unit of the hospital which is a distinct part, is the reasonable costs of providing such services for discharges occurring in the first cost reporting period beginning on or after the first day of the 5-year extension period. (Section 410A(g)(4)(b) of MMA as added by section 3123(a) of Public Law 111–148 and as amended by section 10313 of Public Law 111–148.) For discharges occurring in a subsequent cost reporting period paid under the demonstration, the formula in section 410A(b)(1)(B) of MMA as amended would apply. In addition, various other technical and conforming changes were made to section 410A of MMA, as amended by section 3123(a) of Public Law 111–148 and as amended by section 10313 of Public Law 111–148.

3. Proposed FY 2011 Budget Neutrality Adjustment

In order to ensure that the demonstration is budget neutral as is required by the statute, we are proposing to adjust the national IPPS rates in the FY 2011 IPPS final rule to account for any added costs attributable to the demonstration. Specifically, the proposed budget neutrality adjustment would account for: (1) The estimated costs of the demonstration in FY 2011 for the 10 currently participating hospitals; (2) the estimated FY 2010 costs of the demonstration that were not accounted for in the FY 2010 IPPS/RY 2010 LTCH PPS final rule for the seven "originally participating hospitals" because we estimated those hospitals' FY 2010 costs under the assumption that the demonstration would be concluding before the end of FY 2010 for those hospitals; (3) the estimated FY 2011 costs for up to 20 new hospitals selected to participate in the demonstration; and (4) the amount by which the costs of the demonstration program, as indicated by settled cost reports beginning in FY 2007 for hospitals participating in the demonstration during FY 2007, exceeded the amount that was identified in the FY 2007 IPPS final rule as the budget neutrality offset for FY 2007.

a. Component of the Proposed FY 2011 Budget Neutrality Adjustment That Accounts for Estimated FY 2011 Costs of the Demonstration of the Ten Currently Participating Hospitals

The component of the proposed FY 2011 budget neutrality adjustment to the national IPPS rates that accounts for the estimated cost of the demonstration in FY 2011 for the ten currently participating hospitals would be calculated by utilizing separate methodologies for the 7 hospitals that have participated in the demonstration since its inception and that, as explained previously, we consider to be continuing to participate in the demonstration ("originally participating hospitals"), and the 3 hospitals that are currently participating in the demonstration that were among the 4 hospitals that joined the demonstration in 2008. Different methods are used because fiscal intermediaries' most recent final settlements of cost reports are for periods beginning in FY 2006 for the "originally participating hospitals," whereas we are relying on available submitted documentation for the hospitals that began participation in the demonstration in 2008. Because the hospitals that began the demonstration in 2008 have no settled cost reports for

the demonstration, we are using as submitted cost documents. The budget neutrality analysis is based on the assumption that all 10 of these hospitals will continue the demonstration under the 5-year extension period provided by the Affordable Care Act. We believe that this assumption is warranted since they have participated in the initial 5 year demonstration period so far, which we believe indicates that they will choose to continue to avail themselves of the levels of reimbursement under the demonstration.

The estimate of the portion of the proposed budget neutrality adjustment that accounts for the estimated costs of the demonstration in FY 2011 for the 7 "originally participating hospitals" is based on data from their second year cost reports—that is, cost reporting periods beginning in FY 2006. We propose to use these cost reports because they are the most recent complete cost reports and thus we believe they enable us to estimate FY 2011 costs as accurately as possible. In addition, we estimate the cost of the demonstration in FY 2011 for 2 of the 4 hospitals that joined the demonstration in 2008 based on data from each of their cost reporting periods beginning January 1, 2008. Similarly, we propose to use these cost reports because they are the most recent cost reports and thus we believe they enable us to estimate FY 2011 costs for these 2 hospitals as accurately as possible. Since one of the 4 hospitals that began in 2008 has withdrawn, there is one hospital remaining among those that began in that year. The remaining hospital of the 4 that began in 2008 is an Indian Health Service provider. Historically, the hospital has not filed standard Medicare cost reports. In order to estimate its costs, we are proposing to use an analysis of Medicare inpatient costs and payments submitted by the hospital for the cost reporting period October 1, 2005 through September 30, 2006. We are proposing to use this data because it represents a detailed analysis of the hospital's cost-payment profile, and we expect that such an account will not change appreciably from year to year because it is a relatively small provider serving a limited population. When we add together the estimated costs of the demonstration in FY 2011 for the 7 "originally participating hospitals" that have participated in the demonstration since its inception and the 3 hospitals selected in 2008 that are still participating, the total estimated cost is $20,930,484. This estimated amount reflects the difference between these 10 participating hospitals' estimated costs in FY 2011 under the methodology set forth in Public Law 108–173 as amended by Public Law 111–148 and the estimated amount the hospitals would have been paid under the IPPS in FY 2011. With the exception of the Indian Health Service provider, the estimated costs under the demonstration are derived from data on the hospitals' cost reports. The cost reports state the dollar amount attributable to Medicare inpatient costs for the cost report year. They also state the dollar amount that would be paid if the inpatient prospective payment system were in effect. For each hospital, the difference between these two amounts is updated according to the market basket update factors for inpatient hospital costs reported by the CMS Office of the Actuary for the years between the cost report year and FY 2011. In accordance with guidance from the Office of the Actuary, we also assume a 2 percent annual volume increase. In the FY 2011 final rule, we may revise this estimate if updated cost report data becomes available.

b. Portion of the Proposed FY 2011 Budget Neutrality Adjustment That Accounts for Estimated FY 2010 Costs of the Demonstration That Were Not Accounted for in the FY 2010 IPPS Final Rule for the Seven "Originally Participating Hospitals"

As explained above, subsection (g)(4)(A) of 410A of the MMA as added by section 3123(a) of Public Law 111–148 as amended by section 10313 of Public Law 111–148, provided for the continued participation of rural community hospitals that were participating in the demonstration as of the last day of the initial 5-year [demonstration] period. One of the effects of this extension is that the seven "originally participating hospitals" (those hospitals that have participated in the demonstration since its inception and that continue to participate in the demonstration or were participating in the demonstration as of the last day of its initial 5-year demonstration period (that, is the 2 rural community hospitals that concluded their period of performance in December 2009)) which were scheduled to end their participation in the demonstration before the conclusion of FY 2010 would continue to participate for the remainder of FY 2010 and beyond as applicable. Section II.F.3. of the preamble, we are assuming for purposes of our budget neutrality analysis in section II. F.3.a. of the preamble that the seven "originally participating hospitals" are also currently participating hospitals. *See* for our explanation). However, we note that the portion of the FY 2010 budget neutrality adjustment to the national IPPS rates that was included in the FY 2010 IPPS final rule that accounted for the estimated costs of the demonstration in FY 2010 did not take into account costs of the demonstration for those hospitals beyond the anticipated end date of their initial demonstration period. (For example, for a hospital whose cost report ended in June 30, 2010, we counted only nine months for the budget neutrality adjustment for the FY 2010 IPPS/LTCH PPS final rule. Under this proposal, we would also adjust the national IPPS rates to account for the estimated costs for this hospital for the remaining three months of FY 2010.) We are proposing to include a component in the FY 2011 budget neutrality adjustment to account for the estimated costs of the demonstration in FY 2010 that were not accounted for in the FY 2010 IPPS/RY 2010 LTCH PPS final rule for the seven "originally participating hospitals" because we calculated the FY 2010 cost estimate for that year's final rule assuming that the demonstration would end before the end of that fiscal year for those hospitals. We are proposing the following methodology to account for such estimated costs: Step one, for each of the seven "originally participating hospitals," we divide the number of months that were not included in the estimate of the FY 2010 demonstration costs included in the final IPPS FY 2010 rule by 12. This step is necessary to determine for each of the seven "originally participating hospitals" the fraction of FY 2010 for which the estimate of the FY 2010 demonstration was not included. Step two, for each of the seven "originally participating hospitals," the percentage that results in step one is multiplied by the estimate of the cost attributable to the demonstration in FY 2010 for the hospital. The estimate for the fraction of the hospital's cost for fiscal year 2010 not included in the estimate in the FY 2010 IPPS rule is arrived at by multiplying this fraction by the estimate of costs for the entire year. The estimate of the costs of the demonstration for FY 2010 for the seven "originally participating" hospitals is derived from data found in their cost reports for cost report years beginning in FY 2006. These cost reports show dollar amounts for costs for Medicare inpatient services (that is, the Medicare payment amount in that cost report year for Medicare inpatient services) and the dollar amount that would have been paid under the IPPS. Since these cost report years all ended during FY 2007, this

difference, respective to each of the seven "originally participating hospitals", is updated according to the market basket updates for inpatient hospital costs reported by the CMS Office of the Actuary for the years from FY 2008 through FY 2011. In accordance with guidance from the Office of the Actuary, we also assume an annual two percent volume increase. (This calculation is not necessary for the hospitals that began participating in the demonstration in 2008 because the portion of the FY 2010 budget neutrality adjustment that accounts for estimated FY 2010 demonstration costs in the FY 2010 IPPS/RY 2010 LTCH PPS final rule incorporates a cost estimate for each of these hospitals based on the entirety of the Federal fiscal year.) The estimate of additional costs attributable to the demonstration in FY 2010 for the 7 "originally participating hospitals" that were not accounted for in the FY 2010 final rule is $6,488,221. Similar to above, this estimate is based on the assumption that the seven "originally participating hospitals" will choose to continue participating in the demonstration past the end of their original 5-year demonstration periods. We believe that this assumption is valid, because they are participating in the demonstration to this date, or, for the case of the two hospitals that ended active participation in the demonstration program in December 2009, they were participating as of the last day of their initial 5-year period.

c. Portion of the Proposed FY 2011 Budget Neutrality Adjustment That Accounts for Estimated FY 2011 Costs for Hospitals Newly Selected To Participate in the Demonstration

Section 410A(g)(3) of MMA, as added by section 3123 of Public Law 111–148, and as amended by section 10313 of Public Law 111–148, provides that "[n]otwithstanding subsection (a)(4), during the 5-year extension period, not more than 30 rural community hospitals may participate in the demonstration program under this section." Consequently, up to 20 additional hospitals may be added to the demonstration (30 hospitals minus the 10 currently participating hospitals). In order to ensure budget neutrality for 20 new participating hospitals, we are proposing to include a component in the budget neutrality adjustment factor to the FY 2011 national IPPS rates to account for the estimated FY 2011 costs of those new hospitals. For purposes of estimating the FY 2011 costs of the demonstration for 20 new hospitals, we are proposing to estimate such costs from the average annual cost per hospital derived from the estimate of the 10 currently participating hospitals' costs attributable to the demonstration for FY 2011. Because the statute allows the potential for 20 additional hospitals for the demonstration, we are basing this estimate on the assumption that 20 hospitals will join. Our experience analyzing the cost reports so far for demonstration hospitals shows a wide variation in costs among the hospitals. Given the wide variation in cost profiles that might occur for additional hospitals, we believe that estimating the total demonstration cost for FY 2011 for 20 additional hospitals from the average annual cost of the currently existing hospitals yields the most accurate prediction because it is reflective of the historical trend of participant behavior under the demonstration and should give an accurate as possible prediction of future participant behavior. We believe that, although there is variation in costs, formulating an estimate from the average costs of as many as 10 hospitals gives as good as possible a prediction of what the demonstration costs for each of 20 additional hospitals. We are estimating the average cost for each of the 20 additional hospitals not on a range of costs, but on an estimate of this average cost per hospital, obtained by dividing $20,930,484, the estimated cost amount for FY 2011 identified for the 10 participating hospitals in subsection (a), by 10. The estimate for costs attributable to the demonstration for 20 additional hospitals in FY 2011 is $41,860,968.

d. Portion of the Proposed FY 2011 Budget Neutrality Adjustment That Offsets the Amount by Which the Costs of the Demonstration in FY 2007 Exceeded the Amount That Was Identified in the Final FY 2007 IPPS Final Rule as the Budget Neutrality Offset for FY 2007

In addition, in order to ensure that the demonstration in FY 2007 was budget neutral, we are proposing to incorporate a component into the budget neutrality adjustment factor to the FY 2011 national IPPS rates, which would offset the amount by which the costs of the demonstration program as indicated by settled cost reports beginning in FY 2007 for hospitals participating in the demonstration during FY 2007 exceeded the amount that was identified in the FY 2007 IPPS final rule as the budget neutrality offset for FY 2007. Specifically, we are proposing the following methodology:

- *Step One:* Calculate the FY 2007 costs of the demonstration program according to the settled cost reports that began in FY 2007 for the then participating hospitals (which represent the third year of the demonstration for each of the then participating hospitals). (We propose to use these settled cost reports, which represent the third year of the demonstration for each of the then participating hospitals because they correspond most precisely to FY 2007 and we therefore believe correctly represent FY 2007 inpatient costs for the demonstration during that period).
- *Step Two:* Subtract the amount that was offset by the budget neutrality adjustment for FY 2007 ($9,197,870) from the costs of the demonstration in FY 2007 as calculated in step one; and
- *Step Three:* The result of step two is a dollar amount, for which we would calculate a factor that would offset such amounts and would be incorporated into the proposed overall budget neutrality adjustment to national IPPS rates for FY 2011. This specific component to the overall budget neutrality adjustment for FY 2011 would account for the difference between the costs of the demonstration in FY 2007 and the amount of the budget neutrality adjustment published in the FY 2007 IPPS final rule and therefore ensures that the demonstration is budget neutral for FY 2007.

Because the settlement process for the demonstration hospitals' third year cost reports, that is, cost reporting periods starting in FY 2007, has experienced a delay, for this FY 2011 IPPS proposed rule, we are unable to state the costs of the demonstration corresponding to FY 2007 and as a result are unable to propose the specific numeric adjustment representing this offsetting process that would be applied to the national IPPS rates. However, we expect the cost reports beginning in FY 2007 for hospitals that participated during FY 2007 to be settled before the FY 2011 IPPS/LTCH final rule is published. Therefore, for the FY 2011 IPPS/LTCH PPS final rule, we expect to be able to calculate the amount by which the costs corresponding to FY 2007 exceeded the amount offset by the budget neutrality adjustment for FY 2007. Consequently, by adding this proposed amount to the above proposed amounts estimated in subsections (a) through (c) of section II.F.3.a. of the preamble, we arrive at a proposed amount, from which we would be able to calculate the proposed budget neutrality factor which we would use to adjust the FY 2011 national IPPS rates in the FY 2011 IPPS/LTCH PPS final rule.

For this supplemental proposed FY 2011/LTCH PPS rule, the estimated amount for the adjustment to the national IPPS rates is the sum of the amounts specified in subsections (a)

through (c) above or $69,279,673 and the amount resulting from the proposed method in subsection (d) that we expect to be calculated in the FY 2011 IPPS/LTCHPPS final rule. Subsections (a) through (c) state dollar amounts, which represent estimated costs attributable to the demonstration for the respective component of the overall estimated calculation of the budget neutrality factor for FY 2011. This estimated amount is based on the specific assumptions identified, as well as from data sources that are used because they represent either the most recently finalized or, if as submitted, the most recent available cost reports. The overall budget neutrality change in the final FY 2011 IPPS/LTCH PPS rule, if any of these factors were to change.

G. Proposed Changes to Payment Rates for IPPS for Capital-Related Costs for FY 2011

Although the provisions of Public Law 111–148, do not directly affect the payment rates and policies for the IPPS for capital-related costs, in section II. of the Addendum of this supplemental proposed rule we are proposing the capital IPPS standard Federal rates for FY 2011. This is necessary because the wage index changes required by the provisions of Public Law 111–148 (discussed above in section II.A. of this preamble) affect the proposed budget neutrality adjustment factor for changes in DRG classifications and weights and the geographic adjustment factor (GAF) since the GAF values are derived from the wage index values (*see* § 412.316(a)). In addition, the provisions of Public Law 111–148, (discussed above in this preamble) also necessitate a revision to the proposed outlier payment adjustment factor since a single set of thresholds is used to identify outlier cases for both inpatient operating and inpatient capital-related payments (*see* § 412.312(c)). The outlier thresholds are set so that operating outlier payments are projected to be 5.1 percent of total operating IPPS DRG payments. Section 412.308(c)(2) provides that the standard Federal rate for inpatient capital-related costs be reduced by an adjustment factor equal to the estimated proportion of capital-related outlier payments to total inpatient capital-related PPS payments. The proposed capital IPPS standard Federal rates for FY 2011 are discussed in section II. of the Addendum of this supplemental proposed rule.

H. Payment for Critical Access Hospital Outpatient Services and Ambulance Services

Section 1834(g) of the Act establishes the payment rules for outpatient services furnished by a critical access hospital (CAH). Section 403(d) of Public Law 106–113 (BBRA) amended section 1834(g) of the Act to provide for two methods of payment for outpatient services furnished by a CAH. Specifically, section 1834(g)(1) of the Act, as amended by Public Law 106–113, provided that the amount of payment for outpatient services furnished by a CAH is equal to the reasonable costs of the CAH in providing such services (the physician or other practitioner providing the professional service receives payment under the Medicare Physician Fee Schedule). In the alternative, the CAH may make an election, under section 1834(g)(2) of the Act, to receive amounts that are equal to "the reasonable costs" of the CAH for facility services plus, with respect to the professional services, the amount otherwise paid for professional services under Medicare, less the applicable Medicare deductible and coinsurance amount. The election made under section 1834(g)(2) of the Act is sometimes referred to as "method II" or "the optional method." Throughout this section of this preamble, we refer to this election as "the optional method." Section 202 of Public Law 106–554 (BIPA) amended section 1834(g)(2)(B) of the Act to increase the payment for professional services under the optional method to 115 percent of the amount otherwise paid for professional services under Medicare. In addition, section 405(a)(1) of Public Law 108–173 (MMA) amended section 1834(g)(l) of the Act by inserting the phrase "equal to 101 percent of" before the phrase "the reasonable costs." However, the MMA did not make a corresponding change to section 1834(g)(2)(A) of the Act regarding the amount of payment for facility services under the optional method.

Section 1834(l)(8), as added by section 205 of Public Law 106–554, establishes the payment methodology for ambulance services furnished by a CAH or by an entity that is owned and operated by a CAH. This provision states that payment is made at "the reasonable costs incurred in furnishing ambulance services if such services are furnished by a critical access hospital (as defined in section 1861(mm)(1) of the Act), or by an entity that is owned and operated by a critical access hospital, but only if the critical access hospital or entity is the only provider or supplier of ambulance services that is located within a 35-mile drive of such critical access hospital."

Section 3128(a) of Public Law 111–148 amended sections 1834(g)(2)(A) and 1834(l)(8) of the Act by inserting "101 percent of" before "the reasonable costs." As such, section 3128(a) increases payment for outpatient facility services under the optional method and payment for ambulance services furnished by a CAH or an entity owned and operated by a CAH, to 101 percent of reasonable costs. Section 3128(b) states that the amendments made under section 3128(a) shall take effect as if they were included in the enactment of section 405(a) of Public Law 108–173. Section 405(a) of Public Law 108–173, which provided that, in general, inpatient, outpatient, and covered SNF services provided by a CAH would be reimbursed at 101 percent of reasonable cost, was applicable to payments for services furnished during cost reporting periods beginning on or after January 1, 2004.

In order to implement section 3128 of Public Law 111–148, we are proposing to amend the regulations at § 413.70(b)(3)(ii)(A) to state that, effective for cost reporting periods beginning on or after January 1, 2004, under the optional method, payment for facility services will be made at 101 percent of reasonable cost. Accordingly, regardless of whether a physician/practitioner has reassigned his/her billing rights to the CAH, payment for CAH facility services will be made at 101 percent of reasonable costs. In addition, we are proposing to implement the change in payment for ambulance services provided by section 3128 of Public Law 111–148 by amending the regulations at § 413.70(b)(5)(i) to state that effective for cost reporting periods beginning on or after January 1, 2004, payment for ambulance services furnished by a CAH or an entity that is owned and operated by a CAH is 101 percent of the reasonable costs of the CAH or the entity in furnishing those services, but only if the CAH or the entity is the only provider or supplier of ambulance services located within a 35-mile drive of the CAH or the entity. We note that we do not believe these proposals will result in additional payments to CAHs for prior periods because we believe in fact that CMS has paid CAHs for these services at 101 percent of reasonable costs during these prior periods.

I. Extension of Certain Payment Rules for Long-Term Care Hospital Services and Moratorium on the Establishment of Certain Hospitals and Facilities

1. Background

On December 29, 2007 the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) (Pub. L. 110–173) was enacted. Section 114 of MMSEA,

entitled "Long-term care hospitals," made a number of changes affecting payments to LTCHs for inpatient services. In May 6, 2008 and May 22, 2008 **Federal Register** (73 FR 24871 and 73 FR 29699, respectively), we issued two interim final rules (IFCs), implementing provisions of section 114 of the MMSEA. The May 6, 2008 IFC implemented section 114(c)(3) of the MMSEA which required a 3-year delay in the application of certain provisions of the payment adjustment for short-stay outliers (SSOs), and section 114(e)(4)(1) and (2) which specified revisions to the RY 2008 standard Federal rate for LTCHs. The May 22, 2008 IFC implemented section 114(c)(1) and (c)(2), providing for a 3-year delay in the application of the 25 percent threshold payment adjustment for discharges from LTCHs and LTCH satellite facilities that were admitted from certain referring hospitals in excess of various percentage thresholds. The May 22, 2008 IFC also implemented section 114(d) of the MMSEA relating to the 3-year moratorium on the establishment of new LTCHs and LTCH satellite facilities and on increases in beds in existing LTCHs and LTCH satellite facilities.

In addition, we revised regulations at § 412.523(d)(3) implementing section 114(c)(4) of MMSEA. Our regulations provided that for a 3-year period beginning on December 29, 2007, the Secretary shall not make the one-time prospective adjustment to the LTCH PPS payment rates earlier than December 29, 2010 and later than December 29, 2012 (73 FR 26804). Section 4302 of the American Recovery and Reinvestment Act of 2009 (ARRA) (Pub. L. 111–5) enacted on February 17, 2009, included several amendments to section 114(c) and (d) of the MMSEA. The provisions of section 4302 of the ARRA were implemented in an IFC which was published with the FY 2010 IPPS/RY 2010 LTCH PPS final rule (74 FR 43990 through 43994). In that same final rule, we responded to comments and finalized the MMSEA provisions in the May 6, 2008 and the May 22, 2008 IFCs that had not otherwise modified by the ARRA. We intend to finalize the ARRA provisions and respond to comments on the ARRA IFC, in the FY 2011 IPPS/LTCH PPS final rule.

The discussion in section XX pertain to the specific changes to the LTCH PPS policies that are mandated by amendments to section 114(c) and (d) of the MMSEA, as amended by section 4302 of the ARRA and further amended by section 3106 of Public Law 111–148 as amended by section 10312 of Public Law 111–148.

Section 114(c) and (d) of the MMSEA as amended by section 4302 of ARRA as amended by section 3106 of the Public Law 111–148 and as further amended by section 10312 of Public Law 111–148 provides for a 2-year extension to payment policies relating to long-term care hospitals (LTCHs) and LTCH satellite facilities. Specifically, these provisions affect payment adjustments for short stay outliers (SSOs), the one-time prospective adjustment to the standard Federal rate, the 25 percent payment threshold policy, and the moratorium on the establishment of new LTCHs and LTCH satellite facilities. In this supplementary proposed rule for the LTCH PPS, we are implementing the policies mandated by the amendments to section 114(c) and (d) of the MMSEA as amended by section 4302 of the ARRA and as further amended by section 3106 of Public Law 111–148, and section 10312 of Public Law 111–148, and are proposing to revise the regulations accordingly to incorporate those changes. In the sections below, we will briefly describe each of these policies and propose to incorporate into the regulations their 2-year extension.

2. Short-Stay Outlier Policy

In the FY 2003 LTCH PPS final rule (67 FR 55995), we established a special payment policy for SSO cases at § 412.529. SSO cases are cases with a covered LOS that is less than or equal to five-sixths of the geometric average LOS for each LTC–DRG. When we established the SSO policy, we explained that "[a] short stay outlier case may occur when a beneficiary receives less than the full course of treatment at the LTCH before being discharged" (67 FR 55995).

We later refined the SSO policy in the RY 2008 LTCH PPS final rule. Specifically, the RY 2008 LTCH PPS final rule added an additional payment methodology at § 412.529(c)(3)(i) for a SSO case with a covered length of stay (LOS) that is less than or equal to one standard deviation from the geometric ALOS of the same DRG under the IPPS as the LTC–DRG to which the case had been assigned (referred to as the "IPPS comparable threshold"). The Medicare payment for that SSO case where the covered LOS is *less than or equal to* the "IPPS comparable threshold" would be based on the least of the following:

- 100 percent of the estimated cost of the case.
- 120 percent of the LTC–DRG specific per diem amount multiplied by the covered LOS of the particular case.
- The full LTC–DRG.

++ An amount comparable to the hospital IPPS per diem amount determined under § 412.529(d)(4). Under that SSO payment formula, cases where the covered LOS is *greater* than the "IPPS comparable threshold," the fourth payment option would be replaced with the blend of the 120 percent of the LTC–DRG specific per diem amount and an amount comparable to the IPPS per diem amount determined under § 412.529(d)(4). (*See* (72 FR 26905 through 26918).)

Section 114(c)(3) of MMSEA established a 3-year delay of the application of the methodology at § 412.529(c)(3)(i) that was added in the RY 2008 LTCH PPS final rule. It specified that the Secretary shall not apply the amendments finalized on May 11, 2007 (72 FR 26992) made to the short-stay outlier payment provision for long-term care hospitals contained in § 412.529(c)(3)(i) or any similar provisions for the 3-year period beginning on the date of enactment of this Act [December 29, 2007]. Section 114(c)((3) of the MMSEA as amended by section 3106(a) of the Public Law 111–148, and as amended by section 10312(a) of Public Law 111–148, adds an additional 2 years to the 3-year delay of the application of § 412.529(c)(3)(i). Specifically, these provisions together result in the phrase "3-year period" being replaced with the phrase "5-year period" each place it appears in 114(c) of MMSEA as amended by the ARRA. Thus, the reference to the 3-year period in delay of application of § 412.529(c)(3)(i) is changed to be 5-year period of delay. Consequently, the Secretary will not apply for the 5-year period beginning on the date of enactment of MMSEA (December 29, 2007) the policy at § 412.529(c)(3)(i). We note that this provision of the law is self-implementing and in this supplementary proposed rule, we are proposing to incorporate existing law regarding the additional 2 year delay into the regulations at § 412.529(c)(3)(i) to reflect this policy change.

3. The One-time Adjustment of the Standard Federal Rate

In the August 30, 2002 LTCH PPS final rule (67 FR 56027), we provided in § 412.523(d)(3) of the regulations, for the possibility of making a one-time prospective adjustment to the LTCH PPS rates by July 1, 2008, so that the effect of any significant difference between actual payments and estimated payments for the first year of the LTCH PPS would not be perpetuated in the LTCH PPS rates for future years.

Later, section 114(c)(4) of MMSEA was enacted which provided a 3-year delay in the application of

§ 412.523(d)(3). Specifically, section 114(c)(4) of MMSEA provides that the "Secretary shall not, for the 3-year period beginning on the date of the enactment of this Act, make the one time prospective adjustment to long-term care hospital prospective payment rates provided for in section 412.523(d)(3) of title 42, Code of Federal Regulations, or any similar provision." The effect of this provision was that no one-time budget neutrality adjustment could be made earlier than December 29, 2010. (Following the enactment of MMSEA, we modified the regulations at § 412.523(d)(3) to capture the 3-year delay required by section 114(c)(4)MMSEA and our proposal to conform our regulation to more accurately reflect the purpose of providing for a possible one-time budget neutrality adjustment.) (*See* 73 FR 26800 through 26805). Now, section 3106(a) of Public Law 111–148, together with section 10312 of Public Law 111–148 results in, an additional 2 years being added to the existing 3-year delay of § 412.523(d)(3). Specifically, these amendments together result in the phrase "3-year period" being replaced with the phrase "5-year period" each place it appears in 114(c) of MMSEA as amended by the ARRA. Thus, the reference to the 3-year period in delay of application § 412.523(d)(3) is changed to be a 5-year period of delay. Consequently, the Secretary shall not apply for the 5-year period beginning on the date of the enactment of MMSEA (December 29, 2007) the one-time prospective adjustment provided for in § 412.523(d)(3). We note that this provision of the law is self-implementing and we are proposing to incorporate existing law regarding this additional 2-year delay of the one-time budget neutrality adjustment into the regulations at § 412.523(d)(3) to reflect this policy. Thus, we are proposing to revise § 412.523(d)(3) to specify that the Secretary is precluded from making the one-time adjustment until December 29, 2012.

4. Modification of Certain Payment Adjustments to Certain LTCHs and LTCH Satellite Discharges

The timeframes outlined in section 114(c)(1) and (2) of MMSEA are amended by ARRA and section 3106(a) of Public Law 111–148, and as further amended by section 10312(a) of Public Law 111–148 are increased from 3 years to 5 years, thereby extending for an additional 2 years the delay in application of the 25 percent patient threshold amount under § 412.534 and § 412.536 for certain LTCHS and LTCH satellite facilities and the increases in the patient thresholds outlined in section 114(c)(2) of MMSEA as they apply to an "applicable" long-term care hospital or satellite facility as set forth in section 114(c)(2)(A) and (B) of MMSEA as amended. Specifically, § 3106(a) of Public Law 111–148 together with section 10312 of Public Law 111–148, results in the substituting of the phrase "5-year period" for the phrase "3-year period" each time it appears in section 114(c) of MMSEA as amended by ARRA. This provision of the law is self-implementing.

With respect to section 114(c)(1) of MMSEA as amended by ARRA (Delay in Application of [the] 25 Percent Patient Threshold Payment Adjustment), section 3106(a) of the Public Law 111–148 and as further amended by section 10312(a) of Public Law 111–148 results in an additional 2-year delay being added to the existing 3-year delay in application of the 25 percent threshold amount under § 412.534 and § 412.536. Specifically, under § 114(c)(1)(A) and (B) of MMSEA as amended by the ARRA and the Affordable Care Act, the Secretary shall not apply, for cost reporting periods beginning on or after July 1, 2007 for a 5-year period—(A) § 412.536 of title 42, Code of Federal Regulations, or any similar provision, to free standing long-term care hospitals or to a long-term care hospital, or satellite facility, that as of December 29, 2007, was co-located with an entity that is a provider-based, off-campus location of a subsection (d) hospital which did not provide services payable under section 1886(d) of the Act at the off-campus location; and (B) such section or § 412.534 of title 42, Code of Federal Regulations, or any similar provisions, to a long-term care hospital identified by the amendment made by section 4417(a) of the BBA. In order to incorporate existing law requiring that application of the above provisions will not be applied prior to cost reporting periods beginning on July 1, 2012, we are proposing to modify our regulations at § 412.534(h)(4) and § 412.536(a)(1).

With respect to section 114(c)(2) of MMSEA as amended by ARRA and section 3106(a) of Public Law 111–148 and as amended by section 10312 of Public Law 111–148 the effective date provided in section 114(c)(2)(C) of MMSEA is amended such that the provision specifies that subparagraphs A and B [of section 114(c)(2)] shall apply to cost reporting periods beginning on or after October 1, 2007 (or July 1, 2007, in the case of a satellite facility described in § 412.22(h)(3)(i) of title 42, Code of Federal Regulations) for a 5-year period.) The effect of this self-implementing effective date change is that under section 114(c)(2)(A) of MMSEA the time period during which the increased percentage thresholds apply to an "applicable long-term care hospital or satellite facility" which is located in a rural area or which is co-located with an urban single or MSA-dominant hospital, under 42 CFR 412.534(d) and (e) is increased from a 3-year period to a 5-year period. Thus, for the 5-year period beginning on or after October 1, 2007, payment to an "applicable LTCH hospital or LTCH satellite that is located in a rural area or is co-located with a MSA-dominant hospital or urban single hospital under paragraphs (d) and (e), of 42 CFR 412.534, shall not be subject to any payment adjustment under such section if no more than 75 percent of the hospital's Medicare discharges (other than discharges described in paragraph (d)(2) or (e)(3) of such section are admitted from a co-located hospital. We are proposing to incorporate into our regulations at 412.534(d)(1) through (d)(3) and (e)(1) through (e)(3); the above-described self-implementing the Affordable Care Act changes by extending the sunsetting of the threshold percentage increase an additional 2 years, to cost reporting periods beginning on or after October 1, 2012, as applicable, July 1, 2007 for a satellite facility described in 42 CFR 412.22(h)(3)(i).)

In addition, the change in the effective date change required in section 114(c)(2)(C) of MMSEA, as amended by ARRA and the Affordable Care Act, is that the time period during which the increased percentage threshold applicable to an "applicable" LTCH or satellite, as defined in section 114(c)(2)(ii) of the MMSEA as amended by section 4302(a)(2)(A) of the ARRA, which is co-located with another hospital is increased from a 3-year period to a 5-year period. Thus, for the 5-year period beginning on or after October 1, 2007, payment to an "applicable" LTCH or LTCH satellite facility that is co-located with another hospital shall not be subject to any payment adjustment under § 412.534 if no more than 50 percent of the hospital's Medicare discharges (other than discharges described in paragraph (c)(3) of such section) are admitted from a co-located hospital. We are proposing to incorporate this self-implementing Affordable Care Act change into our regulations at § 412.534(c)(1), (2) and (3) by extending the sunsetting of the threshold percentage increase an additional 2 years, to cost reporting periods beginning on or after October 1, 2012 or July 1, 2012, as applicable.

5. Moratorium on the Increase in Number of Beds in Existing Long-Term Care Hospitals or Long-Term Care Hospital Satellite Facilities

Section 114(d) of MMSEA provides for a 3-year moratorium with two distinct aspects, one for the establishment and classification of a LTCH or a LTCH satellite facility, other than an existing LTCH or facility, and the other for the increase of hospital beds in existing LTCHs and LTCH satellite facilities. Specifically, section 114(d)(1)(A) of MMSEA provides that, during the 3-year period beginning on the date of enactment of this Act on December 29, 2007, the Secretary shall impose a moratorium "subject to paragraph (2), on the establishment and classification of a long-term care hospital or satellite facility, other than an existing long-term care hospital or facility." Section 114(d)(1)(B) of MMSEA unamended, provides that, during the 3-year period beginning of the date of enactment of this Act, the Secretary shall impose a moratorium "subject to paragraph (3), on an increase of long-term care hospital beds in existing long-term care hospitals or satellite facilities."

Sections 114(d)(2) of MMSEA unamended provides for exceptions to the moratorium on the development of a LTCH or LTCH satellite facility, other than an existing LTCH or LTCH satellite facility, imposed by section 114(d)(1)(A) of MMSEA. (The definition of an existing LTCH and satellite facility for purposes of this policy is codified at § 412.23(e)(7)(i).) Specifically, under this MMSEA provision, the moratorium, is effective from December 29, 2007 through December 28, 2010 unless one of the following three exceptions has been met:

- The LTCH began "its qualifying period for payment as a long-term care hospital under section 412.23(e) of title 42, Code of Federal Regulations, on or before the date of enactment of this Act." (*See* section 114(d)(2)(A) of MMSEA).
- The LTCH has a binding written agreement with an outside, unrelated party for the actual construction, renovation, lease, or demolition for a LTCH and has expended before December 29, 2007 at least 10 percent of the estimated cost of the project or, if less, $2,500,000. (*See* section 114(d)(2)(B) of MMSEA).
- The LTCH has obtained an approved certificate of need in a State where one is required on or before December 29, 2007 (*see* section 114(d)(2)(C) of MMSEA). (*See* 73 FR 29705 through 29707 and 74 FR 43985).

The moratorium on an increase of beds is subject to the exception at section 114(d)(3) of MMSEA. Specifically, section 114(d)(3) of the MMSEA unamended stated that the moratorium on an increase in beds shall not apply if an existing LTCH or LTCH satellite facility is "located in a State where there is only one other long-term care hospital; and requests an increase in beds following the closure or the decrease in the number of beds of another long-term care hospital in the State." We implemented section 114(d) in the May 22, 2008 IFC (73 FR 29704 through 29707); the FY 2010 IPPS/RY 2010 LTCH PPS final rule (74 FR 43985 through 43990) and § 412.23(e)(5) through (e)(7).

Section 4302 of the ARRA added another exception to the moratorium on increases in the number of beds at existing LTCHs and LTCH satellite facilities. Specifically, section 4302(b) of the ARRA, added an additional exception to the bed-increase moratorium in an existing hospital or satellite facility "* * * if the hospital or facility obtained a certificate of need for an increase in beds that is in a State for which such certificate of need is required and that was issued on or after April 1, 2005, and before December 29, 2007, * * *." Accordingly, we revised our regulations at § 412.23(e)(7)(B) to include this new exception to the moratorium on an increase in the number of beds in existence in an existing LTCH or LTCH satellite facility beyond those in existence on December 29, 2007. (*See* 74 FR 43991 and 43992)

Section 114(d) of MMSEA as amended by section 4302(b) of ARRA and section 3106(b) of Public Law 111–148 and section 10312(b) of Public Law 111–148 adds an additional 2 years to the 3-year moratorium on the development of new LTCHs and LTCH satellite facilities and on the increase in the number of beds in existing LTCHs and LTCH satellites promulgated by MMSEA. Specifically, it raises the length of the moratorium specified in section 114(d) of MMSEA as amended by ARRA from a 3-year period to a 5-year period. Therefore, the moratorium will be in effect until December 28, 2012. In this supplementary proposed rule, we are proposing to revise § 412.23(e)(6)(i) and (e)(7)(ii) by changing the ending date of the moratorium provisions from December 28, 2010 to December 28, 2012 to reflect these self-implementing Affordable Care Act changes.

J. Long-Term Care Hospital Proposed Market Basket Update and Other Proposed Changes

1. Background

In section VII. of the preamble of the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule, we discuss our proposed changes to the payment rates, factors, and specific policies under the LTCH PPS for FY 2011. Although a number of the provisions of Public Law 111–148 and Public Law 111–152 affect the LTCH PPS, due to the timing of the passage of the legislation, we were unable to address those provisions in the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule. Therefore, the proposed policies and payment rates in that proposed rule do not reflect the new legislation.

Below we address the provisions of Public Law 111–148 and Public Law 111–152 that affect our proposed policies and payment rates for FY 2011 under the LTCH PPS. In addition, we have issued further instructions implementing the provisions of Public Law 111–148, as amended, that affect the policies and payment rates for RY 2010 under the LTCH PPS. Specifically, we have established revised RY 2010 rates and factors elsewhere is this **Federal Register** consistent with the provisions of sections 3401(c) and (p) and 10319(b) of Pub L. 111–148 and section 1105(b) of Public Law 111–152, as amended.

2. Revision of Certain Market Basket Updates as Required by Public Law 111–148 and Public Law 111–152

Section 1886(m)(3)(A)(ii) of the Act, as added by section 3401(c) of Public Law 111–148, specifies that for each of rate years 2010 through 2019, any annual update to the standard Federal rate shall be reduced by the other adjustment specified in new section 1886(m)(4) of the Act. Furthermore, section 1886(m)(3)(A)(i) of the Act specifies that for rate year 2012 and subsequent rate years, any annual update to the standard Federal rate shall be reduced by the productivity adjustment described in section 1886(b)(3)(B)(xi)(II) of the Act. Section 1886(m)(3)(A)(ii) and sections 1886(m)(4)(A) and (B) of the Act, require a 0.25 percentage point reduction for rate year 2010 and a 0.50 percentage point reduction for rate year 2011. Section 1886(m)(3)(B) of the Act provides that the application of paragraph 3 of 1886(m) of the Act may result in the annual update being less than zero for a rate year, and may result in payment rates for a rate year being less than such payment rates for the

preceding rate year. Furthermore, section 3401(p) of Public Law 111–148 specifies that the amendments made by section 3401(c) of Public Law 111–148 shall not apply to discharges occurring before April 1, 2010.

We note that in the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule, since the annual update to the LTCH PPS policies, rates and factors now occurs on October 1st, we proposed to adopt the term "fiscal year" (FY) rather than "rate year" (RY) under the LTCH PPS beginning October 1, 2010 to conform with the standard definition of the Federal fiscal year (October 1 through September 30) used by other PPSs, such as the IPPS (*see* 75 FR 24046 through 24027). Consequently, in that proposed rule and in this supplemental proposed rule, for purposes of clarity, when discussing the annual update for the LTCH PPS, we employed "FY" rather than "RY" because it is our intent that the phrase "FY" be used prospectively in all circumstances dealing with the LTCH PPS. Similarly, although the language of section 3401(c) of Public Law 111–148 and section 10319 of Public Law 111–148, and section 1105(b) of Public Law 111–152 refer to years 2010 and thereafter under the LTCH PPS as "rate year," consistent with our proposal to change the terminology used under the LTCH PPS from "rate year" to "fiscal year," for purposes of clarity, in this supplemental proposed rule, when discussing the annual update for the LTCH PPS, including the provisions of the Affordable Care Act, we will continue to employ "FY" rather than "RY" for 2011 and subsequent years because it is our intent that "FY" be used prospectively in all circumstances dealing with the LTCH PPS.

3. Proposed Change to Reflect the Market Basket Update for LTCHs for RY 2010 (§ 412.523(c)(vi))

In the FY 2010 IPPS/RY 2010 LTCH PPS final rule appearing in the **Federal Register** on August 27, 2009 (74 FR 43754), we established policies, payment rates and factors for determining payments under the LTCH PPS for RY 2010 (October 1, 2009 through September 30, 2010). The provisions of the Affordable Care Act affect some of the policies, payment rates and factors for determining payments under the LTCH PPS for RY 2010 (some of which are discussed elsewhere in this supplemental proposed rule). In a separate notice published elsewhere in this **Federal Register**, we establish revised RY 2010 LTCH PPS rates and factors consistent with the provisions of section 1886(m)(3) of the Act as added by section 3401(c) of Public Law 111–148, and section 1886(m)(4) of the Act as added by section 3401(c) of Public Law 111–148 and amended by section 10319(b) of Public Law 111–148, as further amended by section 1105(b) of Public Law 111–152, as well as section 3401(p) of the Public Law 111–148. Section 1886(m)(3)(A)(ii) of the Act provides for each of RYs 2010 through 2019, the annual update to the standard Federal rate is reduced by the "other adjustment" described in section 1886(m)(4) of the Act. Specifically, sections 1886(m)(3)(A)(ii) and (4)(A) of the Act require a 0.25 percentage point reduction to the annual update to the standard Federal rate for RY 2010. Section 1886(m)(3)(A) of the Act on its face explicitly provides for a revised annual update to the standard Federal rate beginning RY 2010, thus resulting in a single revised RY 2010 standard Federal rate. Section 3401(p) of the Public Law 111–148 provides that, notwithstanding the previous provisions of this section, the amendments made by subsections (a), (c) and (d) shall not apply to discharges occurring before April 1, 2010. When read in conjunction we believe section 1886(m)(3)(A) of the Act and section 3401(p) of Public Law 111–148 provide for a single revised RY 2010 standard Federal rate; however, for payment purposes, discharges occurring on or after October 1, 2009 and before April 1, 2010, simply will not be based on the revised RY 2010 standard Federal rate.

As discussed in a separate notice published elsewhere in this **Federal Register**, consistent with our historical practice and the methodology used in the FY 2010 IPPS/RY 2010 final rule, we establish an update to the LTCH PPS standard Federal rate for RY 2010 of 1.74 percent. This annual update for RY 2010 is based on the full forecasted estimated increase in the LTCH PPS market basket for RY 2010 of 2.5 percent, adjusted by the 0.25 percentage point reduction required by sections 1886(m)(3)(A)(ii) and (4)(A) of the Act, and an adjustment to account for the increase in case-mix in a prior period (FY 2007) resulting from changes in documentation and coding practices of −0.5 percent. Therefore, in this supplemental proposed rule, under the authority of sections 1886(m)(3)(A)(ii) and (4)(A) of the Act, we are proposing to amend § 412.523(c)(3)(vi) to specify that the standard Federal rate for the LTCH PPS rate year beginning October 1, 2009 and ending September 30, 2010, is the standard Federal rate for the previous rate year updated by 1.74 percent. Furthermore, consistent with section 3401(p) of Public Law 111–148, we are also proposing to revise § 412.523(c)(3)(vi) to specify that with respect to discharges occurring on or after October 1, 2009 and before April 1, 2010, payments are based on the standard Federal rate in § 412.523(c)(v) updated by 2.0 percent (that is, a standard Federal rate of $39,896.65 (*see* 74 FR 44022)). We note that the provisions of the law that add sections 1886(m)(3) and (4) of the Act are self-implementing and in this supplemental proposed rule, we are proposing to incorporate existing law regarding the 0.25 percentage point reduction to the annual update to the standard Federal rate for RY 2010 (including the application of the revised standard Federal rate that reflects that 0.25 percentage point reduction in making payments for discharges on or after April 1, 2010) into the regulations at § 412.529(c)(3)(vi) to reflect this required policy change.

4. Proposed Market Basket Update for LTCHs for FY 2011

As discussed in section VII.C.2. of the preamble of the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule, we are proposing to continue to use the FY 2002-based rehabilitation, psychiatric, long-term care (RPL) hospital market basket under the LTCH PPS for FY 2011. Also, in that proposed rule, we stated that at this time, the most recent estimate of the increase in the proposed LTCH PPS market basket (that is, the FY 2002-based RPL market basket) for FY 2011 is 2.4 percent. This increase is based on IHS Global Insight, Inc.'s first quarter 2010 forecast, with historical data through the 2009 fourth quarter, of the FY 2002-based RPL market basket increase. Since publication of the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule our estimate of the FY 2002-based RPL market basket for FY 2011 has not changed. Furthermore, as also stated in the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule, consistent with our historical practice of using market basket estimates based on the most recent available data, we propose that if more recent data are available when we develop the final rule, we would use such data, if appropriate.

Section 1886(m)(3)(A)(ii) of the Act as added by section 3401(c) of Public Law 111–148 specifies that for each of RYs 2010 through 2019, any annual update to the standard Federal rate shall be reduced by the other adjustment specified in new section 1886(m)(4) of the Act. Furthermore, section 1886(m)(3)(A)(i) of the Act specifies that

for rate year 2012 and each subsequent rate year, any annual update to the standard Federal rate shall be reduced by the productivity adjustment described in section 1866(b)(3)(B)(xi)(II) of the Act.

For FY 2011, section 1886(m)(4)(B) of the Act as added by section 3401(c) of Public Law 111–148, as amended by section 10319 of Public Law 111–148 and as further amended by section 1105(b) of Public Law 111–152, requires a 0.50 percentage point reduction to the annual update to the standard Federal rate for rate year 2011. Consequently, the proposed market basket update under the LTCH PPS for FY 2011 is 1.9 percent (that is, the most recent estimate of the LTCH PPS market basket of 2.4 percent minus the 0.50 percentage points required in section 1886(m)(4)(B) of the Act. Again, we note that consistent with our historical practice of using market basket estimates based on the most recent available data, we propose that if more recent data are available when we develop the final rule, we would use such data, if appropriate, in determining the final market basket update under the LTCH PPS for FY 2011. (We note that in section III.A. of the Addendum to this supplemental proposed rule, for FY 2011, we are proposing to update the LTCH PPS standard Federal rate by −0.59 percent. This proposed update reflects proposed market basket update under the LTCH PPS for FY 2011 (of 1.9 percent as discussed above) and a proposed adjustment to account for the increase in case-mix in the prior periods that resulted from changes in documentation and coding practices rather than increases in patients' severity of illness (discussed in section VII.C.3. of the preamble of the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule).)

5. Proposed Medicare Severity Long-Term Care Diagnosis-Related Group (MS–LTC–DRG) Relative Weights

As discussed above, the proposed LTCH PPS policies and payment rates in the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule do not reflect the provisions of the Affordable Care Act. The revised proposed standard Federal rate for FY 2011 that incorporates the "other adjustment" required in section 1886(m)(3)(A)(ii) as amended and described in section 1886(m)(4) as amended is discussed in section III.A. of the Addendum of this supplemental proposed rule. This revision to the proposed standard Federal rate for FY 2011 requires us to revise the proposed relative weights for the MS–LTC–DRGs for FY 2011. This is the case since our established methodology for updating the annual update to the MS–LTC–DRG classifications and relative weights in a budget neutral manner requires that estimated aggregate LTCH PPS payments would be unaffected. That is, under the budget neutrality requirement estimated aggregate LTCH PPS payments would be neither greater than nor less than the estimated aggregate LTCH PPS payments that would have been made without the MS–LTC–DRG classification and relative weight changes.

As discussed in section VII.B.3.g. (step 7) of the preamble of the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule (75 FR 24042 through 24043), we proposed to use our established two-step budget neutrality methodology. In the first step of our MS–LTC–DRG budget neutrality methodology, we calculate and apply a normalization factor to the proposed recalibrated relative weights to ensure that estimated payments are not influenced by changes in the composition of case types or the changes to the classification system. That is, the normalization adjustment is intended to ensure that the recalibration of the proposed MS–LTC–DRG relative weights (that is, the process itself) neither increases nor decreases the average case-mix index (CMI). The normalization factor is calculated using the ratio average CMIs (that is, the average MS–LTC–DRG relative weight) and is independent of the standard Federal rate. (We refer readers to the FY 2011 IPPS/LTCH PPS proposed rule for additional details on the proposed calculation of the normalization factor applied used in determining the proposed FY 2011 MS–LTC–DRG relative weights (75 FR 24042 through 24043).) Therefore, this step was not revised for this supplemental proposed rule. However, in the second step of our established two-step budget neutrality methodology (described in section VII.B.3.g. (step 7) of the preamble of the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule), for FY 2011 we proposed to determine a budget neutrality adjustment factor based on simulating estimated total LTCH PPS payments. Consequently, revising the standard Federal rate to reflect the provisions of newly added sections 1886(m)(3)(A)(ii) and (4) of the Act would impact the estimated aggregated LTCH PPS payments upon which we determine the proposed budget neutrality factor applied in determining the proposed FY 2011 MS–LTC–DRG relative weights.

For this supplemental proposed rule, consistent with the proposed methodology described in the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule (75 FR 24042 through 24043), we are proposing to apply a budget neutrality adjustment factor of 0.987632 in determining the proposed FY 2011 MS–LTC–DRG relative weights, which was determined based on payments simulations after using the proposed FY 2011 standard Federal rate that reflects the reductions required by sections 1886(m)(3)(A)(ii) and (4)(A) and (B) of the Act (discussed above) and LTCH claims from the December 2009 update of the FY 2009 MedPAR files (that is the same data used in the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule). Specifically, we determined the proposed FY 2011 budget neutrality adjustment factor using the following three steps: (2.a.) we simulate estimated total LTCH PPS payments using the normalized proposed relative weights for FY 2011 and GROUPER Version 28.0 (as described above); (2.b.) we simulate estimated total LTCH PPS payments using the FY 2010 GROUPER (Version 27.0) and the FY 2010 MS–LTC–DRG relative weights shown in Table 11 of the FY 2010 IPPS/RY 2010 LTCH PPS final rule (74 FR 44183 through 44192); and (2.c.) we calculate the ratio of these estimated total LTCH PPS payments by dividing the estimated total LTCH PPS payments using the FY 2010 GROUPER (Version 27.0) and the FY 2010 MS–LTC–DRG relative weights (determined in step 2.b.) by the estimated total LTCH PPS payments using the proposed FY 2011 GROUPER (Version 28.0) and the normalized proposed MS–LTC–DRG relative weights for FY 2011 (determined in Step 2.a.).

Therefore, under our established two-step budget neutrality methodology, in determining the proposed FY 2011 MS–LTC–DRG relative weights, each normalized proposed relative weight (determined as described in section VII.C.3.g.(step 7) of the preamble of the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule) is multiplied by a budget neutrality factor of 0.987632 in the second step of the budget neutrality methodology to determine the proposed budget neutral FY 2011. (We note that in determining the proposed FY 2011 budget neutral MS–LTC–DRG relative weights for this supplemental proposed rule, with the exception of the proposed budget neutrality adjustment factor of 0.987632 discussed above, we used the proposed methodology as presented in the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule (75 FR 24042 through 24043).) Consistent with our historical policy of using the best available data, we are proposing to use the most recent available data for

determining the budget neutrality adjustment factor in the final rule.

Accordingly, in determining the proposed FY 2011 MS–LTC–DRG relative weights in Table 11 in the Addendum to this supplemental proposed rule, consistent with our existing methodology, we are proposing to apply a normalization factor of 1.10362 (computed as described in section VII.C.3.g. (step 7) of the preamble to the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule) and a budget neutrality factor of 0.987632 (computed as described above). Table 11 in the Addendum to this supplemental proposed rule lists the proposed MS–LTC–DRGs and their respective proposed relative weights, geometric mean length of stay, and five-sixths of the geometric mean length of stay (used in determining SSO payments under § 412.529) for FY 2011. (We note that there are no changes to the geometric mean length of stay and five-sixths of the geometric mean length of stay that were published in Table 11 of the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule as the calculation of these statistics is independent of the standard Federal rate.)

III. Other Required Information

A. Collection of Information Requirements

This document does not impose information collection and recordkeeping requirements. Consequently, it need not be reviewed by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35).

B. Waiver of 60-Day Comment Period

We ordinarily publish a notice of proposed rulemaking in the **Federal Register** and permit a 60-day comment period, as provided in section 1871(b)(1) of the Act. This period, however, may be shortened, as provided under section 1871(b)(2)(C) of the Act, when the Secretary finds good cause that a 60-day comment period would be impracticable, unnecessary, or contrary to the public interest and incorporates a statement of the finding and its reasons in the rule issued. For this supplemental proposed rule, we are waiving the 60-day comment period for good cause and allowing a comment period that coincides with the comment period provided for on the FY 2011 IPPS/LTCH PPS proposed rule (75 FR 23852).

As we explained in the FY 2011 IPPS/LTCH PPS proposed rule (75 FR 23859), due to the timing of the enactment of Public Law 111–148 and Public Law 111–152, the policies and payment rates outlined in the proposed rule did not reflect the changes made by either law to the IPPS and LTCH PPS. This supplemental proposed rule addresses the changes that affect our proposed policies and payment rates for FY 2011 under the IPPS and the LTCH PPS.

A 60-day comment period on this supplemental proposed rule would be both impracticable and contrary to the public interest because it would not allow for coordinated consideration of the comments on this supplemental proposed rule with those on the FY 2011 IPPS/LTCH PPS proposed rule. Because the issues raised in this supplemental proposed rule are integral to our consideration of comments on certain proposals in the FY 2011 IPPS/LTCH PPS proposed rule, we do not believe it would be appropriate to review comments on the issues raised in this supplemental proposed rule in isolation from the comments received on the FY 2011 IPPS/LTCH PPS proposed rule. We further note that a full 60-day comment period would end on a date that would not allow the agency sufficient time to process the comments and respond to them in a meaningful manner by the August 1, 2010 date for issuing the final rule. If we allowed for a full 60-day comment period, timely filed comments would receive a shorter period of time for consideration by the agency, and the agency would be left with insufficient time to properly respond to comments and appropriately resolve whether any of the proposed policies should be modified in light of comments received. For all of these reasons, we find good cause to waive the 60-day comment period for this rule of proposed rulemaking, and we are instead providing for a comment period that coincides with the comment period provided for the FY 2011 IPPS/LTCH PPS proposed rule that appeared in the May 4, 2010 **Federal Register**.

IV. Response to Comments

Because of the large number of public comments we normally receive on **Federal Register** documents, we are not able to acknowledge or respond to them individually. We will consider all comments we receive by the date and time specified in the **DATES** section of this preamble, and, when we proceed with a subsequent document, we will respond to the comments in the preamble to that document.

List of Subjects

42 CFR Part 412

Administrative practice and procedure, Health facilities, Medicare, Puerto Rico, Reporting and recordkeeping requirements.

42 CFR Part 413

Health facilities, Kidney diseases, Medicare, Puerto Rico, Reporting and recordkeeping requirements.

For the reasons stated in the preamble of this proposed rule, the Centers for Medicare & Medicaid Services is proposing to amend 42 CFR chapter IV as follows:

PART 412—PROSPECTIVE PAYMENT SYSTEMS FOR INPATIENT HOSPITAL SERVICES

1. The authority citation for part 412 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh), and sec. 124 of Public Law 106–113 (113 Stat. 1501A–332).

§ 412.23 [Amended]

2. In § 412.23, paragraphs (e)(6)(i) and (e)(7)(ii) are amended by removing the date "December 28, 2010" and adding the date "December 28, 2012" in its place.

3. Section 412.64 is amended by—

A. Revising paragraphs (d)(1) and (e)(4).

B. Adding a new paragraph (m).

§ 412.64 Federal rates for inpatient operating costs for Federal fiscal year 2005 and subsequent fiscal years.

* * * * *

(d) *Applicable percentage change for fiscal year 2005 and for subsequent fiscal years.*

(1) Subject to the provisions of paragraph (d)(2) of this section, the applicable percentage change for updating the standardized amount is—

(i) For fiscal year 2005 through fiscal year 2009, the percentage increase in the market basket index for prospective payment hospitals (as defined in § 413.40(a) of this subchapter) for hospitals in all areas.

(ii) For fiscal year 2010, for discharges—

(A) On or after October 1, 2009 and before April 1, 2010, the percentage increase in the market basket index for prospective payment hospitals (as defined in § 413.40(a) of this subchapter) for hospitals in all areas; and

(B) On or after April 1, 2010 and before October 1, 2010, the percentage increase in the market basket index minus 0.25 percentage points for

prospective payment hospitals (as defined in § 413.40(a) of this subchapter) for hospitals in all areas.

(iii) For fiscal year 2011, the percentage increase in the market basket index minus 0.25 percentage points for prospective payment hospitals (as defined in § 413.40(a) of this subchapter) for hospitals in all areas.

* * * * *

(e) * * *

(4) CMS makes an adjustment to the wage index to ensure that aggregate payments after implementation of the rural floor under section 4410 of the Balanced Budget Act of 1997 (Pub. L. 105–33) and the imputed floor under paragraph (h)(4) of this section are equal to the aggregate prospective payments that would have been made in the absence of such provisions as follows:

(i) Beginning October 1, 2008, such adjustment is transitioned from a nationwide to a statewide adjustment as follows:

(A) From October 1, 2008 through September 30, 2009, the wage index is a blend of 20 percent of a wage index with a statewide adjustment and 80 percent of a wage index with a nationwide adjustment.

(B) From October 1, 2009 through September 30, 2010, the wage index is a blend of 50 percent of a wage index with a statewide adjustment and 50 percent of a wage index with a nationwide adjustment.

(ii) Beginning October 1, 2010, such adjustment is a full nationwide adjustment.

* * * * *

(m) *Adjusting the wage index to account for the Frontier State floor.*

(1) *General criteria.* For discharges occurring on or after October 1, 2010, CMS adjusts the hospital wage index for hospitals located in qualifying States to recognize the wage index floor established for frontier States. A qualifying frontier State meets both of the following criteria:

(i) At least 50 percent of counties located within the State have a reported population density less than 6 persons per square mile.

(ii) The State does not receive a non-labor related share adjustment determined by the Secretary to take into account the unique circumstances of hospitals located in Alaska and Hawaii.

(2) *Amount of wage index adjustment.* A hospital located in a qualifying State will receive a wage index value not less than 1.00.

(3) *Process for determining and posting wage index adjustments.* (i) CMS uses the most recent Population Estimate data published by the U.S. Census Bureau to determine county definitions and population density. This analysis will be periodically revised, such as for updates to the decennial census data.

(ii) CMS will include a listing of qualifying Frontier States and denote the hospitals receiving a wage index increase attributable to this provision in its annual updates to the hospital inpatient prospective payment system published in the **Federal Register**.

4. Section 412.73 is amended by—

A. Revising paragraph (c)(15).

B. Adding a new paragraph (c)(16).

The revision and addition read as follows:

§ 412.73 Determination of the hospital specific rate based on a Federal fiscal year 1982 base period.

* * * * *

(c) * * *

(15) *For Federal fiscal year 2003 through Federal fiscal year 2009.* For Federal fiscal year 2003 through Federal fiscal year 2009, the update factor is the percentage increase in the market basket index for prospective payment hospitals (as defined in § 413.40(a) of this chapter).

(16) *For Federal fiscal year 2010 and subsequent years.* For Federal fiscal year 2010 and subsequent years, the update factor is the percentage increase specified in § 412.64(d).

* * * * *

§ 412.75 [Amended]

5. In § 412.75, paragraph (d) is amended by removing the citation "§ 412.73(c)(15)" and adding the citation "§ 412.73(c)(15) and § 412.73(c)(16)" in its place.

§ 412.77 [Amended]

6. In § 412.77, paragraph (e) is amended by removing the reference "(c)(15)" and adding the reference "(c)(16)" in its place.

§ 412.78 [Amended]

7. In § 412.78, paragraph (e) is amended by removing the citation "§ 412.73(c)(15)" and adding the citation "§ 412.73(c)(15) and § 412.73(c)(16)" in its place.

§ 412.79 [Amended]

8. In § 412.79, paragraph (d) is amended by removing the phrase "and (c)(15)" and adding the phrase "through (c)(16)" in its place.

9. Section 412.101 is revised to read as follows:

§ 412.101 Special treatment: Inpatient hospital payment adjustment for low-volume hospitals.

(a) *Definitions.* Beginning in FY 2011, the terms used in this section are defined as follows:

Medicare discharges means discharge of inpatients entitled to Medicare Part A, including discharges associated with individuals whose inpatient benefits are exhausted or whose stay was not covered by Medicare and also discharges of individuals enrolled in a MA organization under Medicare Part C.

Road miles means "miles" as defined in § 412.92(c)(1).

(b) *General considerations.* (1) CMS provides an additional payment to a qualifying hospital for the higher incremental costs associated with a low volume of discharges. The amount of any additional payment for a qualifying hospital is calculated in accordance with paragraph (c) of this section.

(2) In order to qualify for this adjustment a hospital must meet the following criteria:

(i) For FY 2005 through FY 2010, a hospital must have less than 200 total discharges, which includes Medicare and non-Medicare discharges, during the fiscal year, as reflected in its cost report specified in paragraph (b)(3) of this section, and be located more than 25 road miles (as defined in paragraph (a) of this section from the nearest "subsection (d)" (section 1886(d) of the Act) hospital.

(ii) For FY 2011 and FY 2012, a hospital must have less than 1,600 Medicare discharges, as defined in paragraph (a) of this section, during the fiscal year, as reflected in its cost report specified in paragraph (b)(3) of this section, and be located more than 15 road miles, as defined in paragraph (a) of this section, from the nearest "subsection (d)" (section 1886(d) of the Act) hospital.

(iii) For FY 2013 and subsequent fiscal years, a hospital must have less than 200 total discharges, which includes Medicare and non-Medicare, during the fiscal year, as reflected in its cost report specified in paragraph (b)(3) of this section, and be located more than 25 road miles as defined in paragraph (a) of this section from the nearest "subsection (d)" (section 1886(d) of the Act) hospital.

(3) The fiscal intermediary or Medicare administrative contractor makes the determination of the discharge count for purposes of determining a hospital's qualification for the adjustment based on the hospital's most recently submitted cost report and for qualification for FYs 2011 and 2012 other documentation of

Medicare discharges (as defined in paragraph (a) of this section).

(4) In order to qualify for the adjustment, a hospital must provide its fiscal intermediary or Medicare administrative contractor with sufficient evidence that it meets the distance requirement specified under paragraph (b)(2) of this section. The fiscal intermediary or Medicare administrative contractor will base its determination of whether the distance requirement is satisfied upon the evidence presented by the hospital and other relevant evidence, such as maps, mapping software, and inquiries to State and local police, transportation officials, or other government officials.

(c) *Determination of the adjustment amount.* The low-volume adjustment for hospitals that qualify under paragraph (b) of this section are as follows for the applicable fiscal year:

(1) For FY 2005 through FY 2010, the adjustment is 25 percent for each Medicare discharge.

(2) For FY 2011 and FY 2012, the adjustment is as follows:

Medicare discharge range	Payment adjustment (percent add-on)
1–200	25.0000
201–301	23.3333
301–400	21.6667
401–500	20.0000
501–600	18.3333
601–700	16.6667
701–800	15.0000
801–900	13.3333
901–1,000	11.6667
1,001–1,100	10.0000
1,101–1,200	8.3333
1,201–1,300	6.6667
1,301–1,400	5.0000
1,401–1,500	3.3333
1,501–1,599	1.6667
1,600 or more	0.0000

(3) For FY 2013 and subsequent years, the adjustment is 25 percent for each Medicare discharge.

(d) *Eligibility of new hospitals for the adjustment.* A new hospital will be eligible for a low-volume adjustment under this section once it has submitted a cost report for a cost reporting period that indicates that it meets discharge requirements during the applicable fiscal year and has provided its fiscal intermediary or Medicare administrative contractor with sufficient evidence that it meets the distance requirement, as specified under paragraph (b)(2) of this section.

§ 412.108 [Amended]

10. Section 412.108 is amended as follows:

A. In paragraph (a)(1) introductory text the phrase "before October 1, 2011" is removed and the phrase "before October 1, 2012" is added in its place.

B. In paragraph (c)(2)(iii) introductory text the phrase "before October 1, 2010" is removed and the phrase "before October 1, 2012" is added in its place.

11. Section 412.211 is amended by revising paragraph (c) to read as follows:

§ 412.211 Puerto Rico rates for Federal fiscal year 2004 and subsequent fiscal years.

* * * * *

(c) *Computing the standardized amount.* CMS computes a Puerto Rico standardized amount that is applicable to all hospitals located in all areas. The applicable percentage change for updating the Puerto Rico specific standardized amount is as follows:

(1) For fiscal year 2004 through fiscal year 2009, increased by the applicable percentage change specified in § 412.64(d)(1)(ii)(A).

(2) For fiscal year 2010, increased by the market basket index for prospective payment hospitals (as defined in § 413.40(a) of this subchapter) for hospitals in all areas.

(3) For fiscal year 2011, increased by the applicable percentage change specified in § 412.64(d)(1)(iii).

* * * * *

§ 412.230 [Amended]

12. In § 412.230 paragraph (d)(1)(iv)(E) is amended by removing the figures "86" and "88" adding the figures "82" and "84" in their place, respectively.

§ 412.232 [Amended]

13. In § 412.232, paragraph (c)(3) is amended by removing the figure "88" and adding the figure "85" in its place.

§ 412.234 [Amended]

14. In § 412.234, paragraph (b)(3) is amended by removing the figure "88" and adding the figure "85" in its place.

§ 412.523 [Amended]

15. Section 412.523 is amended as follows:

A. Revise paragraph (c)(3)(vi).

B. Add paragraph (c)(3)(vii).

C. Paragraph (d)(3) is amended by removing the phrase "December 29, 2010, and by no later than October 1, 2012" and adding the phrase "December 29, 2012," in its place.

The revision and addition read as follows:

§ 412.523 Methodology for calculating the Federal prospective payment rates.

* * * * *

(c) * * *

(3) * * *

(vi) *For long-term care hospital prospective payment system rate year beginning October 1, 2009 and ending September 30, 2010.* (A) The standard Federal rate for long-term care hospital prospective payment system rate year beginning October 1, 2009 and ending September 30, 2010 is the standard Federal rate for the previous long-term care hospital prospective payment system rate year updated by 1.74 percent. The standard Federal rate is adjusted, as appropriate, as described in paragraph (d) of this section.

(B) With respect to discharges occurring on or after October 1, 2009 and before April 1, 2010, payments are based on the standard Federal rate in paragraph (c)(3)(v) of this section updated by 2.0 percent.

(vii) *For long-term care hospital prospective payment system fiscal year beginning October 1, 2010, and ending September 30, 2011.* The standard Federal rate for the long-term care hospital prospective payment system fiscal year beginning October 1, 2010, and ending September 30, 2011, is the standard Federal rate for the previous long-term care hospital prospective payment system rate year updated by −0.59 percent. The standard Federal rate is adjusted, as appropriate, as described in paragraph (d) of this section.

* * * * *

§ 412.529 [Amended]

16. In § 412.529, paragraphs (c)(2) introductory text and (c)(3) introductory text are amended by removing the date "December 29, 2010" and adding in its place the date "December 29, 2012" each time it appears.

§ 412.534 [Amended]

17. Section 412.534 is amended as follows:

A. Paragraphs (c)(1), (c)(2), (d)(1), (d)(2), (e)(1), (e)(2) are amended by removing the date "October 1, 2010" and adding in its place the date "October 1, 2012" each time it appears.

B. Paragraphs (c)(3), (d)(3), (e)(3), (h)(4), and (h)(5) are amended by removing the date "July 1, 2010" and adding in its place the date "July 1, 2012" each time it appears.

§ 412.536 [Amended]

18. In § 412.536, paragraph (a)(2) introductory text is amended by removing the date "July 1, 2010" and adding the date "July 1, 2012" in its place.

PART 413—PRINCIPLES OF REASONABLE COST REIMBURSEMENT; PAYMENT FOR END-STAGE RENAL DISEASE SERVICES; OPTIONAL PROSPECTIVELY DETERMINED PAYMENT RATES FOR SKILLED NURSING FACILITIES

19. The authority citation for part 413 continues to read as follows:

Authority: Secs. 1102, 1812(d), 1814(b), 1815, 1833(a), (i), and (n), 1861(v), 1871, 1881, 1883, and 1886 of the Social Security Act (42 U.S.C. 1302, 1395d(d), 1395f(b), 1395g, 1395l(a), (i), and (n), 1395x(v), 1395hh, 1395rr, 1395tt, and 1395ww); and sec. 124 of Public Law 106–133 (113 Stat. 1501A–332).

20. Section 413.70 is amended as follows:

A. Revise paragraph (b)(3)(ii)(A).

B. Redesignate paragraph (b)(5)(i) as (b)(5)(i)(A).

C. In newly redesignated paragraph (b)(5)(i)(A), the phrase "on or after December 21, 2000," is removed and the phrase "on or after December 21, 2000 and on or before December 31, 2003," is added in its place.

D. Add a new paragraph (b)(5)(i)(B).

The revision and addition read as follows:

§ 413.70 Payment for services of a CAH.

* * * * *

(b) * * *

(3) * * *

(ii) * * *

(A) Effective for cost reporting periods beginning on or after January 1, 2004, for facility services not including any services for which payment may be made under paragraph (b)(3)(ii)(B) of this section, 101 percent of the reasonable costs of the services as determined under paragraph (b)(2)(i) of this section; and

* * * * *

(5) * * *

(i) * * *

(B) Effective for cost reporting periods beginning on or after January 1, 2004, payment for ambulance services furnished by a CAH or an entity that is owned and operated by a CAH is 101 percent of the reasonable costs of the CAH or the entity in furnishing those services, but only if the CAH or the entity is the only provider or supplier of ambulance services located within a 35-mile drive of the CAH or the entity.

* * * * *

Authority:

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: May 13, 2010.

Marilyn Tavenner,

Acting Administrator, Centers for Medicare & Medicaid Services.

Approved: May 18, 2010.

Kathleen Sebelius,

Secretary.

Note: The following Addendum and Appendix will not appear in the Code of Federal Regulations.

Addendum: FY 2011 Supplemental Proposed Payment Rates

I. Supplemental Proposed FY 2011 Prospective Payment Systems Payment Rates for Hospital Inpatient Operating and Capital Related Costs

As discussed in section II.B. of the preamble to this supplemental proposed rule, changes to the applicable percentage increase, wage index, and rural community hospital demonstration mandated by the Affordable Care Act necessitate the recalculation of the FY 2011 proposed budget neutrality factors, outlier threshold and standardized amounts. In the FY 2011 IPPS/LTCH PPS proposed rule we explained our methodology for calculating the FY 2011 proposed budget neutrality factors (75 FR 24062 through 24073). Except as explained below, we apply this same methodology in recalculating these budget neutrality adjustments to reflect the changes to the standardized amount required by the Affordable Care Act. A complete discussion of our computation of the FY 2011 proposed budget neutrality factors, outlier threshold and standardized amounts is found below.

A. Updating the Average Standardized Amounts

As discussed section II.B. of the preamble to this supplemental proposed rule, sections 3401(a) and section 10319(a) of Public Law 111–148, amends section 1886(b)(3)(B)(i) of the Act to provide that the FY 2011 applicable percentage increase for IPPS hospitals equals the rate-of-increase in the hospital market basket for IPPS hospitals in all areas minus a 0.25 percentage point, subject to the hospital submitting quality information under rules established by the Secretary in accordance with section 1886(b)(3)(B)(viii) of the Act. For hospitals that fail to submit quality data consistent with section 1886(b)(3)(B)(viii) of the Act, the update is equal to the market basket percentage increase minus a 0.25 percentage point less an additional 2.0 percentage points. Therefore, for this supplemental proposed rule, based on IHS Global Insight, Inc.'s first quarter 2010 forecast of the FY 2011 market basket increase, the estimated update to the FY 2011 operating standardized amount is 2.15 percent (that is, the FY 2011 estimate of the market basket rate-of-increase of 2.4 percent minus 0.25 percentage points) for hospitals in all areas, provided the hospital submits quality data in accordance with our rules. For hospitals that do not submit quality data, the estimated update to the operating standardized amount is 0.15 percent (that is, the adjusted FY 2011 estimate of the market basket rate-of-increase of 2.15 percent minus 2.0 percentage points).

B. Proposed Budget Neutrality Adjustments Factors for Recalibration of DRG Weights and Updated Wage Index

In the FY 2011 IPPS/LTCH PPS proposed rule we explained our methodology for calculating the FY 2011 proposed DRG reclassification and recalibration and updated wage index budget neutrality factor (75 FR 24064). Except as explained below, we apply this same methodology in recalculating this budget neutrality adjustment to reflect the changes to the standardized amount required by the Affordable Care Act.

As discussed above, sections 3401(a) and section 10319(a) of Public Law 111–148 amends section 1886(b)(3)(B)(i) of the Act, which defines the applicable percentage increase. Although these amendments modify the applicable percentage increase applicable to the FY 2010 rates under the IPPS, section 3401(p) of Public Law 111–148 states that the amendments do not apply to discharges occurring prior to April 1, 2010. Accordingly, for purposes of determining payment amounts for discharges occurring on or after April 1, 2010, in order to comply with the statute in section 3401(p) of Public Law 111–148, we applied the revised FY 2010 rates effective with discharges on or after April 1, 2010 until the end of FY 2010. However, for purposes of determining the budget neutrality adjustments for FY 2011, the statute requires us to simulate the FY 2010 hospital as if hospitals were paid for all of FY 2010 based on the FY 2010 rates that are effective for payments for discharges occurring on or after April 1, 2010.

For FY 2011 we are proposing a proposed DRG reclassification and recalibration factor of 0.996867 and a proposed budget neutrality factor of 1.000070 for changes to the wage index. We multiplied the proposed DRG reclassification and recalibration budget neutrality factor of 0.996867 by the proposed budget neutrality factor of 1.000070 for changes to the wage index to determine the proposed DRG reclassification and recalibration and updated wage index budget neutrality factor of 0.996937 (as required by sections 1886(d)(4)(C)(iii) and 1886(d)(3)(E)(i) of the Act).

C. Reclassified Hospitals—Budget Neutrality Adjustment

Due to the Affordable Care Act, it is also necessary to revise the reclassification budget neutrality factor. As discussed in section II.A. of the preamble to this supplemental proposed rule, section 3137(c) of Public Law 111–148 revised the average hourly wage standards resulting in our estimate that 23 additional hospitals will be reclassified (or receive their primary reclassifications. Using the methodology proposed in the FY 2011 IPPS proposed rule, and incorporating the provision above, we computed a factor of 0.991476 for reclassification budget neutrality, as required by section 1886(d)(8)(D) of the Act.

D. Rural and Imputed Floor Budget Neutrality

We make an adjustment to the wage index to ensure that aggregate payments after implementation of the rural floor under section 4410 of the BBA (Pub. L. 105–33) and the imputed floor under § 412.64(h)(4) of the regulations are made in a manner that ensures that aggregate payments to hospitals are not affected. As discussed in section III.B. of the preamble of the FY 2009 IPPS final rule (73 FR 48570 through 48574), we adopted as final State level budget neutrality for the rural and imputed floors, effective beginning with the FY 2009 wage index. In response to the public's concerns and taking into account the potentially significant payment cuts that could occur to hospitals in some States if we implemented this change with no transition, we decided to phase in, over a 3-year period, the transition from the national rural floor budget neutrality adjustment on the wage index to the State level rural floor budget neutrality adjustment on the wage index. In FY 2011 IPPS/LTCH PPS proposed rule, in the absence of provisions of Public Law 111–148, the proposed adjustment would have been completely transitioned to the State level methodology, such that the wage index that was proposed in the FY 2011 IPPS/LTCH PPS proposed rule was determined by applying 100 percent of the State level budget neutrality adjustment. However, section 3141 of Public Law 111–148 restores the budget neutrality adjustment for the rural and imputed floors to a uniform, national adjustment, beginning with the FY 2011 wage index.

Using the same methodology in prior final rules to calculate the national rural and imputed floor budget neutrality adjustment factor (which was part of the methodology to calculate the blended rural and imputed floor budget neutrality adjustment factors), to determine the proposed wage index adjusted by the national rural and imputed floor budget neutrality adjustment, we used FY 2009 discharge data and proposed FY 2011 wage indices to simulate IPPS payments. First, we compared the national simulated payments without the rural and imputed floors applied to national simulated payments with the rural and imputed floors applied to determine the national rural and imputed floor budget neutrality adjustment factor of 0.995425. This national adjustment was then applied to the wage indices to produce a national rural and imputed floor budget neutral wage index.

E. Proposed Rural Community Hospital Demonstration Program Adjustment

As discussed in section II.F. of the preamble to this supplemental proposed rule, section 410A of Public Law 108–173 requires the Secretary to establish a demonstration that will modify reimbursement for inpatient services for up to 15 small rural hospitals. Section 410A(c)(2) of Public Law 108–173 requires that "in conducting the demonstration program under this section, the Secretary shall ensure that the aggregate payments made by the Secretary do not exceed the amount which the Secretary would have paid if the demonstration program under this section was not implemented." In the proposed rule we did not apply an adjustment to the standardized amount to ensure the effects of the rural community hospital demonstration are budget neutral. However, section 450(a) of the MMA as amended by sections 3123 and 10313 of Public Law 111–148 extends the demonstration for an additional 5 years, and allows not more than 30 hospitals to participate in the 20 least densely populated States.

In order to achieve budget neutrality, we are proposing to adjust the national IPPS rates by an amount sufficient to account for the added costs of this demonstration. In other words, we are proposing to apply budget neutrality across the payment system as a whole rather than merely across the participants of this demonstration, consistent with past practice. We believe that the language of the statutory budget neutrality requirement permits the agency to implement the budget neutrality provision in this manner. The statutory language requires that "aggregate payments made by the Secretary do not exceed the amount which the Secretary would have paid if the demonstration * * * was not implemented," but does not identify the range across which aggregate payments must be held equal. As mentioned section II.F. of the preamble to this supplemental proposed rule, the proposed estimated amount for the adjustment to the national IPPS rates for FY 2011 is $69,279,673. Accordingly to account for the changes in the Affordable Care Act, we computed a proposed factor of 0.999313 for the rural community hospital demonstration program adjustment. We note that because the settlement process for the demonstration hospitals' third year cost reports, that is, cost reporting periods starting in FY 2007, has experienced a delay, for this FY 2011 IPPS proposed rule, we are unable to state the costs of the demonstration corresponding to FY 2007 and as a result are unable to propose the specific numeric adjustment representing this offsetting process that would be applied to the national IPPS rates (as discussed above). However, we expect the cost reports beginning in FY 2007 for hospitals that participated during FY 2007 to be settled before the FY 2011 IPPS/LTCH final rule is published. Therefore, for the FY 2011 IPPS/LTCH PPS final rule, we expect to be able to calculate the amount by which the costs corresponding to FY 2007 exceeded the amount offset by the budget neutrality adjustment for FY 2007.

F. Proposed FY 2011 Outlier Fixed-Loss Cost Threshold

In order to compute the FY 2011 proposed outlier threshold, we used the same methodology in this supplemental proposed rule that we used in the FY 2011 IPPS/LTCH PPS proposed rule (75 FR 24068 through 24069; and incorporated the provisions of Pub. L. 111–148 and Pub. L. 111–152 as discussed above). However, as discussed in section II.A. of the preamble to this supplemental proposed rule, in accordance with section 10324(a) of Public Law 111–148, beginning in FY 2011, we are proposing to create a wage index floor of 1.00 for all hospitals located in States determined to be Frontier States. We noted that the Frontier State floor adjustments will be calculated and applied after rural and imputed floor budget neutrality adjustments are calculated for all labor market areas, so as to ensure that no hospital in a Frontier State will receive a wage index lesser than 1.00 due to the rural and imputed floor adjustment. In accordance with section 10324(a) of Public Law 111–148, the Frontier State adjustment will not be subject to budget neutrality, and will only be extended to hospitals geographically located within a Frontier State. However, for purposes of estimating the proposed outlier threshold for FY 2011, it is necessary to apply this provision by adjusting the wage index of those eligible hospitals in a Frontier State when calculating the outlier threshold that results in outlier payments being 5.1 percent of total payments for FY 2011. If we did not take into account this provision, our estimate of total FY 2011 payments would be too low, and as a result, our proposed outlier threshold would be too high, such that estimated outlier payments would be less than our projected 5.1 percent of total payments.

We are proposing an outlier fixed-loss cost threshold for FY 2011 equal to the prospective payment rate for the DRG, plus any IME and DSH payments, and any add-on payments for new technology, plus $24,165.

G. FY 2011 Proposed Outlier Adjustment Factors

Using the same methodology in this supplemental proposed rule that we used in the FY 2011 IPPS/LTCH PPS proposed rule (75 FR 24069; and incorporating the provisions of the Affordable Care Act as discussed above), we computed the following proposed FY 2011 outlier adjustment factors that are applied to the proposed FY 2011 standardized amount for the proposed FY 2011 outlier threshold:

	Operating standardized amounts	Capital federal rate
National	0.948995	0.943217
Puerto Rico	0.951459	0.925238

H. Proposed FY 2011 Standardized Amount

We calculated the proposed FY 2011 standardized amounts using the methodology proposed in the FY 2011 IPPS proposed rule taking into account the changes required by the provisions of Public Law 111–148. Tables 1A and 1B in this supplemental proposed rule contain the proposed national standardized amount that we are applying to all hospitals, except hospitals in Puerto Rico. The proposed Puerto Rico-specific amounts are shown in Table 1C. The proposed amounts shown in Tables 1A and 1B differ only in that the labor-related share applied to the proposed standardized amounts in Table 1A is 68.8 percent, and the labor-related share applied to the proposed standardized amounts in Table 1B is 62 percent.

In addition, Tables 1A and 1B include the proposed standardized amounts reflecting the adjusted marker basket update of 2.15 percent update for FY 2011, and proposed standardized amounts reflecting the 2.0 percentage point reduction to the update (a 0.15 percent update) applicable for hospitals that fail to submit quality data consistent with section 1886(b)(3)(B)(viii) of the Act. Below is a revised table reflecting the changes required by the provisions of the Affordable Care Act that details the calculation of the proposed FY 2011 standardized amounts. We note that our proposed adjustment for documentation and coding discussed at (75 FR 24065 through 24067) has not changed since publication of the FY 2011 IPPS/LTCH proposed rule. Similar to the FY 2011 IPPS/LTCH PPS proposed rule, the adjustment of 0.957 is reflected within the table below.

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Comparison of FY 2010 Standardized Amounts to the Proposed FY 2011 Standardized Amount with Full and Reduced Update

	Full Adjusted Update (2.15 percent); Wage index is greater than 1.0000	Full Adjusted Update (2.15 percent); Wage index is less than or equal to 1.0000	Reduced Update (0.15 percent); Wage index is greater than 1.0000	Reduced Update (0.15 percent); Wage index is less than or equal to 1.0000
FY 2010 Base Rate, after removing geographic reclassification budget neutrality, demonstration budget neutrality, cumulative FY 2008 and FY 2009 documentation and coding adjustment and outlier offset (based on the labor-related share percentage for FY 2010)	Labor: $3,869.61 Nonlabor: $1,754.83	Labor: $3,487.15 Nonlabor: $2,137.29	Labor: $3,869.61 Nonlabor: $1,754.83	Labor: $3,487.15 Nonlabor: $2,137.29
Proposed FY 2011 Update Factor	1.0215	1.0215	1.0015	1.0015
Proposed FY 2011 DRG Recalibration and Wage Index Budget Neutrality Factor	0.996937	0.996937	0.996937	0.996937
Proposed FY 2011 Reclassification Budget Neutrality Factor	0.991476	0.991476	0.991476	0.991476
Proposed FY 2011 Outlier Factor	0.948995	0.948995	0.948995	0.948995
Proposed FY 2011 Rural Demonstration Budget Neutrality Factor	0.999313	0.999313	0.999313	0.999313
Proposed Cumulative Documentation and Coding Adjustment	0.957	0.957	0.957	0.957
Proposed Rate for FY 2011	Labor: $3,545.96 Nonlabor: $1,608.05	Labor: $3,195.49 Nonlabor:$1,958.52	Labor: $3,476.53 Nonlabor: $1,576.57	Labor: $3,132.92 Nonlabor: $1,920.18

The proposed labor-related and nonlabor-related portions of the national average standardized amounts for Puerto Rico hospitals for FY 2011 are set forth in Table 1C in this supplemental proposed rule. (The labor-related share applied to the Puerto Rico-specific standardized amount is either 62.1 percent or 62 percent, depending on which is more advantageous to the hospital.)

I. Proposed Adjustments for Area Wage Levels

The following wage index tables were revised in this supplemental proposed rule as a result of the provisions of Public Law 111–148: Tables 2, 4A, 4B, 4C, 4D–2, 4J, and 9A. (These tables are also available on the CMS Web site.)

II. Supplemental Proposed FY 2011 Prospective Payment Systems Payment Rates for Capital Related Costs

Although the provisions of Public Law 111–148, do not directly affect the payment rates and policies for the IPPS for capital-related costs, as discussed in section II.G. of the preamble of this supplemental proposed rule, we are proposing the capital IPPS standard Federal rates for FY 2011. This is necessary because the wage index changes required by the provisions of Public Law 111–148 (discussed above in section II.A. of preamble to this supplemental proposed rule) affect the proposed budget neutrality adjustment factor for changes in DRG classifications and weights and the geographic adjustment factor (GAF) since the GAF values are derived from the wage index values (*see* § 412.316(a)). In addition, the provisions of Public Law 111–148, also necessitate a revision to the proposed outlier payment adjustment factor since a single set of thresholds is used to identify outlier cases for both inpatient operating and inpatient capital-related payments (*see* § 412.312(c)).

In this supplemental proposed rule, we have calculated the proposed FY 2011 capital Federal rates, offsets, and budget neutrality factors using the same methodology we proposed in the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule (CMS–1498–P) that was used to calculate the proposed rates included in that rule which did not reflect the provision of Public Law 111–148. For a complete description of this methodology, please *see* the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule (75 FR 24073 through 24082).

A. Proposed Capital Standard Federal Rate Update for FY 2011

The proposed factors used in the update framework are not affected by the provisions of the Affordable Care Act. Therefore, the proposed update factor for FY 2011 is not being revised from the proposed capital IPPS standard Federal rate update factor discussed in section III.A.1. of the Addendum to the May 4, 2010 FY 2011 IPPS proposed rule and remains at 1.5 percent for FY 2011.

A full discussion of the proposed update framework is provided in that proposed rule (75 FR 24074 through 24076).

B. Proposed Outlier Payment Adjustment Factor

Based on the thresholds as set forth in section III.A.6. of this Addendum, we estimate that outlier payments for capital-related costs would equal 5.68 percent for inpatient capital-related payments based on the proposed capital Federal rate in FY 2011. Therefore, we are proposing to apply an outlier adjustment factor of 0.9432 in determining the capital Federal rate. For FY 2010, after taking into account the provisions of the Affordable Care Act, we estimated that outlier payments for capital would equal 5.22 percent of inpatient capital-related payments (which required an outlier adjustment factor of 0.9478) based on the capital Federal rate in FY 2010 (as discussed elsewhere in this **Federal Register**). Thus, we estimate that the percentage of capital outlier payments to total capital standard payments for FY 2011 would be higher than the percentage for FY 2010. This increase in capital outlier payments is primarily due to the estimated decrease in capital IPPS payments per discharge. That is, because capital payments per discharge are projected to be slightly lower in FY 2011 compared to FY 2010, as shown in Table III. in section VIII. of the Appendix to this supplemental proposed rule, more cases would qualify for outlier payments.

The outlier reduction factors are not built permanently into the capital rates; that is, they are not applied cumulatively in determining the capital Federal rate. The proposed FY 2011 outlier adjustment of 0.9432 is a -0.49 percent change from the FY 2010 outlier adjustment of 0.9478. Therefore, the net change in the outlier adjustment to the proposed capital Federal rate for FY 2011 is 0.9951 (0.9432/0.9478). Thus, the proposed outlier adjustment decreases the proposed FY 2011 capital Federal rate by 0.49 percent compared with the FY 2010 outlier adjustment.

A single set of thresholds is used to identify outlier cases for both inpatient operating and inpatient capital-related payments (*see* § 412.312(c)). The outlier thresholds are set so that operating outlier payments are projected to be 5.1 percent of total operating IPPS DRG payments. The proposed outlier thresholds for FY 2011 are in section III.A.6. of this Addendum. For FY 2011, a case would qualify as a cost outlier if the cost for the case plus the IME and DSH payments is greater than the prospective payment rate for the MS–DRG plus the fixed-loss amount of $24,165.

C. Proposed Budget Neutrality Adjustment Factor for Changes in DRG Classifications and Weights and the GAF

Using the methodology discussed in section III.A.3. of the Addendum to the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule (75 FR 24077 through 24079), for FY 2011, we are proposing a GAF/DRG budget neutrality factor of 1.0015, which is the product of the proposed incremental GAF budget neutrality factor of 1.0023 and the proposed DRG budget neutrality factor of 0.9992 (the proposed DRG budget neutrality factor remains unchanged from the May 4, 2010 FY 2011 IPPS proposed rule). The GAF/DRG budget neutrality factors are built permanently into the capital rates; that is, they are applied cumulatively in determining the capital Federal rate. This follows the requirement that estimated aggregate payments each year be no more or less than they would have been in the absence of the annual DRG reclassification and recalibration and changes in the GAFs. The incremental change in the proposed adjustment from FY 2010 to FY 2011 is 1.0015. The cumulative change in the proposed capital Federal rate due to this adjustment is 0.9926 (the product of the incremental factors for FYs 1995 though 2010 and the proposed incremental factor of 1.0015 for FY 2011). (We note that averages of the incremental factors that were in effect during FYs 2005 and 2006, respectively, and the revised FY 2010 factor of 0.9994 that reflect the effect of the provisions of the Affordable Care Act (as discussed elsewhere in this **Federal Register**) were used in the calculation of the cumulative adjustment of 0.9926 for FY 2011.) The proposed cumulative adjustments for MS–DRG classifications and proposed changes in relative weights and for proposed changes in the national GAFs through FY 2011 is 0.9926. The following table summarizes the adjustment factors for each fiscal year:

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Budget Neutrality Adjustment for DRG Reclassifications and Recalibration and the Geographic Adjustment Factors

Fiscal Year	National				Puerto Rico			
	Incremental Adjustment			Cumulative	Incremental Adjustment			Cumulative
	Geographic Adjustment Factor	DRG Reclassifications and Recalibration	Combined		Geographic Adjustment Factor	DRG Reclassifications and Recalibration	Combined	
1992	—	—	—	1.00000	—	—	—	—
1993	—	—	0.99800	0.99800	—	—	—	—
1994	—	—	1.00531	1.00330	—	—	—	—
1995	—	—	0.99980	1.00310	—	—	—	—
1996	—	—	0.99940	1.00250	—	—	—	—
1997	—	—	0.99873	1.00123	—	—	—	—
1998	—	—	0.99892	1.00015	—	—	—	1.00000
1999	0.99944	1.00335	1.00279	1.00294	0.99898	1.00335	1.00233	1.00233
2000	0.99857	0.99991	0.99848	1.00142	0.99910	0.99991	0.99901	1.00134
2001[1]	0.99782	1.00009	0.99791	0.99933	1.00365	1.00009	1.00374	1.00508
2001[2]	0.99771[3]	1.00009[3]	0.99780[3]	0.99922	1.00365[3]	1.00009[3]	1.00374[3]	1.00508
2002	0.99666[4]	0.99668[4]	0.99335[4]	0.99268	0.98991[4]	0.99668[4]	0.99662[4]	0.99164
2003[5]	0.99915	0.99662	0.99577	0.98848	1.00809	0.99662	1.00468	0.99628
2003[6]	0.99896[7]	0.99662[7]	0.99558[7]	0.98830	1.00809	0.99662	1.00468	0.99628
2004[8]	1.00175[9]	1.00081[9]	1.00256[9]	0.99083	1.00028	1.00081	1.00109	0.99736
2004[10]	1.00164[9]	1.00081[9]	1.00245[9]	0.99072	1.00028	1.00081	1.00109	0.99736
2005[11]	0.99967[12]	1.00094	1.00061[12]	0.99137	0.99115	1.00094	0.99208	0.98946
2005[13]	0.99946[12]	1.00094	1.00040[12]	0.99117	0.99115	1.00094	0.99208	0.98946
2006	1.00185[14]	0.99892	1.00076[14]	0.99198	1.00762	0.99892	1.00653	0.99592
2007	1.00000	0.99858	0.99858	0.99057	1.00234	0.99858	1.00092	0.99683
2008	1.00172	0.99792	0.99963	0.99021	1.00079	0.99792	0.99870	0.99554
2009[15]	1.00206	0.99945	1.00150	0.99170	1.00097	0.99945	1.00041	0.99595
2010[16]	0.99989	0.99953	0.99941	0.99112	1.00141	0.99953	1.00094	0.99688
2011[17]	1.00230	0.99922	1.00152	0.99263	1.00036	0.99922	0.99958	0.99646

[1]Factors effective for the first half of FY 2001 (October 2000 through March 2001).
[2] Factors effective for the second half of FY 2001 (April 2001 through September 2001).
[3]Incremental factors are applied to FY 2000 cumulative factors.
[4]Incremental factors are applied to the cumulative factors for the first half of FY 2001.
[5]Factors effective for the first half of FY 2003 (October 2002 through March 2003).
[6]Factors effective for the second half of FY 2003 (April 2003 through September 2003).
[7]Incremental factors are applied to FY 2002 cumulative factors.
[8]Factors effective for the first half of FY 2004 (October 2003 through March 2004).
[9]Incremental factors are applied to the cumulative factors for the second half of FY 2003.
[10]Factors effective for the second half of FY 2004 (April 2004 through September 2004).
[11]Factors effective for the first quarter of FY 2005 (September 2004 through December 2004).
[12]Incremental factors are applied to average of the cumulative factors for the first half (October 1, 2003 through March 31, 2004) and second half (April 1, 2004 through September 30, 2004) of FY 2004.
[13]Factors effective for the last three quarters of FY 2005 (January 2005 through September 2005).
[14]Incremental factors are applied to average of the cumulative factors for 2005.
[15]Final factors for FY 2009, including the implementation of section 124 of Public Law 110-275, which affects wage indices and GAFs for FY 2009,
[16] Final revised factors for FY 2010, which reflect the effect of the provisions of the Affordable Care Act (as discussed elsewhere in this **Federal Register**).
[17] Proposed factors for FY 2011.

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The proposed factor accounts for the proposed MS–DRG reclassifications and recalibration and for proposed changes in the GAFs, which include the changes to the wage

index as required by the provisions of Public Law 111–148, as amended (as discussed in section II.A. of the preamble of this supplemental proposed rule). It also incorporates the effects on the proposed GAFs of FY 2011 geographic reclassification decisions made by the MGCRB compared to FY 2010 decisions. However, it does not account for changes in payments due to changes in the DSH and IME adjustment factors.

D. Exceptions Payment Adjustment Factor

The provisions of Public Law 111–148, as amended, have no effect on capital exceptions payments. Therefore, the special exceptions adjustment factor remains at 0.9997 as discussed in section III.A.4. of the May 4, 2010 FY 2011 IPPS proposed rule (75 FR 24079).

E. Prospective MS–DRG Documentation and Coding Adjustment to the Capital Federal Rates for FY 2011 and Subsequent Years

The provisions of Public Law 111–148, as amended, have no effect on the proposed prospective documentation and coding adjustment to the capital Federal rates. Therefore, as discussed in greater detail in section V.E. of the preamble of the May 4, 2010 FY 2011 IPPS proposed rule (75 FR 24013 through 24015), proposed an additional 2.9 percent reduction to the national capital Federal payment rate in FY 2011, resulting in a cumulative documentation and coding adjustment factor of 0.957 for the proposed FY 2011 national capital Federal rate percent (that is, the existing −0.6 percent adjustment in FY 2008 plus the −0.9 percent adjustment in FY 2009 plus the proposed additional −2.9 percent adjustment, computed as 1 divided by (1.006 × 1.009 × 1.029).

F. Proposed Capital Standard Federal Rate for FY 2011

As a result of the proposed 1.5 percent update and other proposed budget neutrality factors discussed above, we are proposing to establish a national capital Federal rate of $422.18 for FY 2011. We are providing the following chart that shows how each of the proposed factors and adjustments for FY 2011 affects the computation of the proposed FY 2011 national capital Federal rate in comparison to the FY 2010 national capital Federal rate (revised to reflect the effect of the provisions of the Affordable Care Act (as discussed elsewhere in this **Federal Register**). The proposed FY 2011 update factor has the effect of increasing the proposed capital Federal rate by 1.5 percent compared to the FY 2010 capital Federal rate. The proposed GAF/DRG budget neutrality factor of 1.0015 has the effect of increasing the proposed capital Federal rate by 0.15 percent compared to the FY 2010 capital Federal rate. The proposed FY 2011 outlier adjustment factor has the effect of decreasing the proposed capital Federal rate by 0.49 percent compared to the FY 2010 capital Federal rate. The proposed FY 2011 exceptions payment adjustment factor has the effect of decreasing the proposed capital Federal rate by 0.01 percent compared to the FY 2010 capital Federal rate. Furthermore, as shown in the chart below, the resulting cumulative adjustment for changes in documentation and coding that do not reflect real changes in patients' severity of illness (that is, the proposed cumulative adjustment factor of 0.957 has the net effect of decreasing the proposed FY 2011 national capital Federal rate by 2.8 percent as compared to the FY 2010 national capital Federal rate. The combined effect of all the proposed changes would decrease the proposed national capital Federal rate by approximately 1.72 percent compared to the FY 2010 national capital Federal rate.

COMPARISON OF FACTORS AND ADJUSTMENTS: FY 2010 CAPITAL FEDERAL RATE AND PROPOSED FY 2011 CAPITAL FEDERAL RATE

	FY 2010*	Proposed FY 2011	Change	Percent change
Update Factor[1]	1.0120	1.0150	1.0150	1.50
GAF/DRG Adjustment Factor[1]	0.9994	1.0015	1.0015	0.15
Outlier Adjustment Factor[2]	0.9478	0.9432	0.9951	−0.49
Exceptions Adjustment Factor[2]	0.9998	0.9997	0.9999	−0.01
MS–DRG Documentation and Coding Adjustment Factor	[3]0.9850	[4]0.9570	[5]0.9716	−2.84
Capital Federal Rate	$429.56	$422.18	0.9828	−1.72

[1] The update factor and the GAF/DRG budget neutrality factors are built permanently into the capital rates. Thus, for example, the incremental change from FY 2010 to FY 2011 resulting from the application of the proposed 1.0015 GAF/DRG budget neutrality factor for FY 2011 is a net change of 1.0015.

[2] The outlier reduction factor and the exceptions adjustment factor are not built permanently into the capital rates; that is, these factors are not applied cumulatively in determining the capital rates. Thus, for example, the proposed net change resulting from the application of the proposed FY 2011 outlier adjustment factor is 0.9432/0.9478, or 0.9951.

[3] The documentation and coding adjustment factor includes the −0.6 percent in FY 2008, −0.9 percent in FY 2009, and no additional reduction in FY 2010.

[4] The documentation and coding adjustment factor includes the −0.6 percent in FY 2008, −0.9 percent in FY 2009, no additional reduction in FY 2010 and the proposed −2.9 percent reduction in FY 2011.

[5] The change is measured from the FY 2009 cumulative factor of 0.9850.

* The revised FY 2010 capital Federal rate, which reflects the effect of the provisions of the Affordable Care Act (as discussed elsewhere in this **Federal Register**).

G. Proposed Special Capital Rate for Puerto Rico Hospitals

Using the methodology discussed in the May 4, 2010 FY 2011 IPPS proposed rule (75 FR 24081), with the changes we are proposing to make to the factors used to determine the capital rate, the proposed FY 2011 special capital rate for hospitals in Puerto Rico is $199.49. (*See* the May 4, 2010 FY 2011 IPPS proposed rule (75 FR 24015 through 24016 and 24081) for additional information on the calculation of the proposed FY 2011 capital Puerto Rico specific rate.)

III. Supplemental Proposed Changes to the Payment Rates for the LTCH PPS for FY 2011

A. Proposed LTCH PPS Standard Federal Rate for FY 2011

1. Background

In section VII. of the preamble of the May 4, 2011 FY 2011 proposed rule, we discuss our proposed changes to the payment rates, factors, and specific policies under the LTCH PPS for FY 2011. As noted previously, on March 23, 2010, the Patient Protection and Affordable Care Act, Public Law 111–148, was enacted, and the Health Care and Education Reconciliation Act of 2010, Public Law 111–152, which amended certain provisions of Public Law 111–148, was enacted on March 30, 2010. Although a number of the provisions of Public Law 111–148 and Public Law 111–152 affect the LTCH PPS, due to the timing of the passage of the legislation, we were unable to address those provisions in the May 4, 2011 FY 2011 IPPS/LTCH PPS proposed rule. Therefore, the proposed policies and payment rates in that proposed rule do not reflect the new legislation. Below we address the provisions of the Affordable Care Act that affect our proposed policies and payment rates for FY 2011 under the LTCH PPS. In addition, we have issued further instructions implementing the provisions of the Affordable Care Act, that affect the policies and payment rates for RY 2010 under the LTCH PPS. Specifically, we have established

revised RY 2010 rates and factors in a separate notice elsewhere is this **Federal Register** consistent with the provisions of sections 1886(m)(3) and (4) of the Act and section 3401(p) of Public Law 111–148.

2. Revision of Certain Market Basket Updates Incorporating the Provisions of the Affordable Care Act

New section 1886(m)(3)(A)(ii) of the Act by specifies that for each of the rate years 2010 through 2019, any annual update to the standard Federal rate, for discharges for the hospital for the rate year, shall be reduced by the other adjustment specified in new section 1886(m)(4) of the Act. Additionally, new 1886(m)(3)(A)(i) of the Act provides that any annual update to the standard Federal rate, for discharges occurring during the rate year, shall be reduced for rate year 2012 and each subsequent rate year by the productivity adjustment described in section 1866(b)(3)(B)(xi)(II) of the Act. Sections 1886(m)(3)(A)(ii) and (4)(A)–(B) require a 0.25 percentage point reduction for rate year 2010 and a 0.50 percentage point reduction for rate year 2011. In addition, section 1886(m)(3)(B) of the Act provides that the application of section 1886(m)(3) may result in the annual update being less than zero for a rate year, and may result in payment rates for a rate year being less than such payment rates for the preceding rate year. Furthermore, section 3401(p) of Public Law 111–148 specifies that the amendments made by section 3401(c) of Public Law 111–148 shall not apply to discharges occurring before April 1, 2010.

We note that in the May 4, 2010 FY 2011 proposed rule, since the annual update to the LTCH PPS policies, rates and factors now occurs on October 1st, we proposed to adopt the term "fiscal year" (FY) rather than "rate year" (RY) under the LTCH PPS beginning October 1, 2010 to conform with the standard definition of the Federal fiscal year (October 1 through September 30) used by other PPSs, such as the IPPS (*see* 75 FR 24146 through 24147). Consequently, in that proposed rule and this supplemental proposed rule, for purposes of clarity, when discussing the annual update for the LTCH PPS, we employed "FY" rather than "RY" because it is our intent that the phrase "FY" be used prospectively in all circumstances dealing with the LTCH PPS. Similarly, although the language of sections 3401(c) and 10319 of Public Law 111–148, and section 1105(b) of Public Law 111–152 refers to years 2010 and thereafter under the LTCH PPS as "rate year," consistent with our proposal to change the terminology used under the LTCH PPS from "rate year" to "fiscal year," for purposes of clarity, in this supplemental proposed rule, when discussing the annual update for the LTCH PPS, including the provisions of the Affordable Care Act, we will continue to employed "FY" rather than "RY" for 2011 and subsequent years because it is our intent that "FY" be used prospectively in all circumstances dealing with the LTCH PPS.

The proposed FY 2011 LTCH PPS standard Federal rate, discussed below in section III.A.3. of this supplemental proposed rule, would be calculated by applying the required 0.50 percentage point reduction to the proposed FY 2011 market basket update consistent with sections 1886(m)(3)(A)(ii) and (4)(B) of the Act (that is, 1.9 percent) in addition to the proposed adjustment to account for any changes in documentation and coding practices that do not reflect increased patient severity of illness discussed in section VII.C.3. of the preamble of the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule (that is, 2.5 percent).

3. Development of the Proposed FY 2011 LTCH PPS Standard Federal Rate

As discussed in the May 4, 2010 FY 2011 proposed rule, while we continue to believe that an update to the LTCH PPS standard Federal rate should be based on the most recent estimate of the increase in the LTCH PPS market basket, we also believe it is appropriate that the standard Federal rate be offset by an adjustment to account for any changes in documentation and coding practices that do not reflect increased patient severity of illness. Such an adjustment protects the integrity of the Medicare Trust Funds by ensuring that the LTCH PPS payment rates better reflect the true costs of treating LTCH patients.

For FY 2011, as discussed in section II.J.4. of the preamble of this proposed rule, the proposed market basket update under the LTCH PPS for FY 2011 is 1.9 percent (that is, the most recent estimate of the LTCH PPS market basket of 2.4 percent minus the 0.50 percentage points required by sections 1886(m)(3)(A)(ii) and (4)(B) of the Act. Furthermore, as discussed in greater detail in section VII.C.3. of the preamble of the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule, we performed a CMI analysis using the most recent available LTCH claims data (FY 2009) under both the current MS–LTC–DRG and the former CMS LTC–DRG patient classification systems. Based on this evaluation, we determined that there was a cumulative increase in LTCH CMI of 2.5 percent due to changes in documentation and coding that did not reflect real changes in patient severity of illness for LTCH discharges occurring in FY 2008 and FY 2009.

In this supplemental proposed rule, consistent with our historical practice, we are proposing to update the LTCH PPS standard Federal rate for FY 2011 based on the full proposed LTCH PPS market basket increase estimate of 2.4 percent, adjusted by the 0.50 percentage point reduction required by sections 1886(m)(3)(A)(ii) and (4)(B) of the Act, and an adjustment to account for the increase in case-mix in a prior periods (FYs 2008 and 2009) that resulted from changes in documentation and coding practices of -2.5 percent. Consequently, the proposed update factor to the standard Federal rate for FY 2011 is -0.59 percent (that is, we are proposing to apply a factor of 0.9941 in determining the LTCH PPS standard Federal rate for FY 2011, calculated as 1.019×1 divided by 1.025 = 0.9941 or -0.59 percent (0.9941 minus 1 equals 0.59 percent)). Furthermore, consistent with our historical practice of updating the standard Federal rate for the previous rate year, in determining the proposed standard Federal rate for FY 2011 in this supplemental proposed rule, we are applying the proposed update factor of 0.9941 to the revised RY 2010 standard Federal rate that is being established in accordance with the provisions of sections 1886(m)(3)(A)(ii) and (4)(A) of the Act, as implemented in a separate notice published elsewhere in this **Federal Register**.

Therefore, in this supplemental proposed rule, under the authority of sections 1886(m)(3)(A)(ii) and (4)(B) of the Act, we are proposing to amend § 412.523 to add a new paragraph (c)(3)(vii) to specify that the standard Federal rate for discharges occurring on or after October 1, 2010, through September 30, 2011, is the standard Federal rate for the previous rate year updated by -0.59 percent. In determining the proposed standard Federal rate for FY 2011, we are applying the proposed 0.9941 update factor to the RY 2010 Federal rate of $39,794.95 (as established elsewhere in this **Federal Register**). Consequently, the proposed standard Federal rate for FY 2011 is $39,560.16. We also are proposing that if more recent data become available, we would use those data, if appropriate, to determine the update to the standard Federal rate for FY 2011 in the final rule, and, thus, the standard Federal rate update specified in the proposed regulation text at § 412.523(c)(3)(vii) could change accordingly.

B. Proposed Adjustment for LTCH PPS High-Cost Outlier (HCO) Cases

1. Background

When we implemented the LTCH PPS in the FY 2003 LTCH PPS final rule, in the regulations at § 412.525(a), we established an adjustment for additional payments for outlier cases that have extraordinarily high costs relative to the costs of most discharges (*see* (67 FR 56022 through 56027)). We refer to these cases as high cost outliers (HCOs). Providing additional payments for outliers strongly improves the accuracy of the LTCH PPS in determining resource costs at the patient and hospital level. These additional payments reduce the financial losses that would otherwise be incurred when treating patients who require more costly care and, therefore, reduce the incentives to underserve these patients. We set the outlier threshold before the beginning of the applicable rate year so that total estimated outlier payments are projected to equal 8 percent of total estimated payments under the LTCH PPS.

Under § 412.525(a) in the regulations (in conjunction with § 412.503), we make outlier payments for any discharges if the estimated cost of a case exceeds the adjusted LTCH PPS payment for the MS–LTC–DRG plus a fixed-loss amount. Specifically, in accordance with § 412.525(a)(3) (in conjunction with § 412.503), we pay outlier cases 80 percent of the difference between the estimated cost of the patient case and the outlier threshold, which is the sum of the adjusted Federal prospective payment for the MS–LTC–DRG and the fixed-loss amount. The fixed-loss amount is the amount used to limit the loss that a hospital will incur under the outlier policy for a case with unusually high costs. This results in Medicare and the LTCH sharing financial risk in the treatment of extraordinarily costly cases. Under the LTCH PPS HCO policy, the LTCH's loss is limited to the fixed-loss amount and a fixed

percentage of costs above the outlier threshold (MS–LTC–DRG payment plus the fixed-loss amount). The fixed percentage of costs is called the marginal cost factor. We calculate the estimated cost of a case by multiplying the Medicare allowable covered charge by the hospital's overall hospital cost-to-charge ratio (CCR).

Under the LTCH PPS, we determine a fixed-loss amount, that is, the maximum loss that a LTCH can incur under the LTCH PPS for a case with unusually high costs before the LTCH will receive any additional payments. We calculate the fixed-loss amount by estimating aggregate payments with and without an outlier policy. The fixed-loss amount results in estimated total outlier payments being projected to be equal to 8 percent of projected total LTCH PPS payments. Currently, MedPAR claims data and CCRs based on data from the most recent provider specific file (PSF) (or from the applicable statewide average CCR if a LTCH's CCR data are faulty or unavailable) are used to establish a fixed-loss threshold amount under the LTCH PPS.

As discussed previously in this section, the proposed policies and payment rates in the May 4, 2011 FY 2011 proposed rule do not reflect the provisions of the Affordable Care Act that affect LTCH PPS payments. The revised proposed standard Federal rate for FY 2011 that was developed consistent with the provisions of sections 1886(m)(3)(A)(ii) and (4)(B) of the Act is discussed above in section III.A.3. of the Addendum of this supplemental proposed rule. This revision to the proposed standard Federal rate for FY 2011 requires us to revise the proposed high cost outlier fixed-loss amount for FY 2011. This is necessary in order to maintain the requirement that the fixed-loss amount results in estimated total outlier payments being projected to be equal to 8 percent of projected total LTCH PPS payments.

2. The Proposed LTCH PPS Fixed-Loss Amount for FY 2011

When we implemented the LTCH PPS, as discussed in the August 30, 2002 LTCH PPS final rule (67 FR 56022 through 56026), we established a fixed-loss amount so that total estimated outlier payments are projected to equal 8 percent of total estimated payments under the LTCH PPS. To determine the fixed-loss amount, we estimate outlier payments and total LTCH PPS payments for each case using claims data from the MedPAR files. Specifically, to determine the outlier payment for each case, we estimate the cost of the case by multiplying the Medicare covered charges from the claim by the applicable CCR. Under § 412.525(a)(3) (in conjunction with § 412.503), if the estimated cost of the case exceeds the outlier threshold (the sum of the adjusted Federal prospective payment for the MS–LTC–DRG and the fixed-loss amount), we pay an outlier payment equal to 80 percent of the difference between the estimated cost of the case and the outlier threshold (the sum of the adjusted Federal prospective payment for the MS–LTC–DRG and the fixed-loss amount).

As discussed in the May 4, 2010 FY 2011 proposed rule, we are proposing to continue to use our existing methodology to calculate the proposed fixed-loss amount for FY 2011 in order to maintain estimated HCO payments at the projected 8 percent of total estimated LTCH PPS payments. (For an explanation of our rationale for establishing an HCO payment "target" of 8 percent of total estimated LTCH payments, we refer readers to the August 30, 2002 LTCH PPS final rule (67 FR 56022 through 56024).) Consistent with our historical practice of using the best data available, in determining the proposed fixed-loss amount for FY 2011, we use the most recent available LTCH claims data and CCR data. Specifically, for this proposed rule, we used LTCH claims data from the December 2009 update of the FY 2009 MedPAR files and CCRs from the December 2009 update of the PSF to determine a fixed-loss amount that would result in estimated outlier payments projected to be equal to 8 percent of total estimated payments in FY 2011 because these data are the most recent complete LTCH data currently available. (We note that these are the same data used to determine the proposed FY 2011 fixed-loss amount in the May 4, 2010 FY 2011 proposed rule.) Consistent with the historical practice of using the best available data, we are proposing that if more recent LTCH claims data become available, we will use them for determining the fixed-loss amount for FY 2011 in the final rule. Furthermore, we are proposing to determine the proposed FY 2011 fixed-loss amount based on the MS–LTC–DRG classifications and relative weights from the version of the GROUPER that will be in effect as of the beginning of FY 2011, that is, proposed Version 28.0 of the GROUPER (discussed in section VII.D. of the preamble of this supplemental proposed rule).

In this proposed rule, we are proposing to establish a fixed-loss amount of $19,254 for FY 2011. Thus, we would pay an outlier case 80 percent of the difference between the estimated cost of the case and the outlier threshold (the sum of the adjusted Federal LTCH payment for the MS–LTC–DRG and the fixed-loss amount of $19,254).

The proposed fixed-loss amount for FY 2011 of $19,254 is slightly higher than the revised RY 2010 fixed-loss amount of $18,615 (established elsewhere in this **Federal Register**). Based on our payment simulations using the most recent available data and the proposed 0.59 percent reduction to the standard Federal rate for FY 2011, the proposed increase in the fixed-loss amount for FY 2011 would be necessary to maintain the existing requirement that estimated outlier payments would equal 8 percent of estimated total LTCH PPS payments. (For further information on and our rationale for the existing 8 percent HCO "target" requirement, we refer readers to the August 30, 2002 LTCH PPS final rule (67 FR 56022 through 56024.) Maintaining the fixed-loss amount at the current level would result in HCO payments that are greater than the current 8 percent regulatory requirement because a higher fixed-loss amount would result in fewer cases qualifying as outlier cases as well as decreases the amount of the additional payment for a HCO case because the maximum loss that a LTCH must incur before receiving an HCO payment (that is, the fixed-loss amount) would be larger. For these reasons, we believe that proposing to raise the fixed-loss amount is appropriate and necessary to maintain that estimated outlier payments would equal 8 percent of estimated total LTCH PPS payments as required under § 412.525(a).

As we noted in the May 4, 2010 FY 2011 proposed rule (75 FR 24089), under some rare circumstances, a LTCH discharge could qualify as a SSO case (as defined in the regulations at § 412.529 in conjunction with § 412.503) and also as a HCO case. In this scenario, a patient could be hospitalized for less than five-sixths of the geometric average length of stay for the specific MS–LTC–DRG, and yet incur extraordinarily high treatment costs. If the costs exceeded the HCO threshold (that is, the SSO payment plus the fixed-loss amount), the discharge is eligible for payment as a HCO. Thus, for a SSO case in FY 2011, the HCO payment would be 80 percent of the difference between the estimated cost of the case and the outlier threshold (the sum of the proposed fixed-loss amount of $19,254 and the amount paid under the SSO policy as specified in § 412.529).

C. Computing the Proposed Adjusted LTCH PPS Federal Prospective Payments for FY 2011

In accordance with § 412.525, the proposed standard Federal rate is adjusted to account for differences in area wages by multiplying the proposed labor-related share of the proposed standard Federal rate by the appropriate proposed LTCH PPS wage index (as shown in Tables 12A and 12B of the Addendum of this proposed rule). The proposed standard Federal rate is also adjusted to account for the higher costs of hospitals in Alaska and Hawaii by multiplying the proposed nonlabor-related share of the proposed standard Federal rate by the appropriate cost-of-living factor (shown in the chart in section V.C.5. of the Addendum of the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule). In this proposed rule, we are proposing to establish a standard Federal rate for FY 2011 of $39,560.16, as discussed in section V.A.3. of the Addendum of this supplemental proposed rule. We illustrate the methodology to adjust the proposed LTCH PPS Federal rate for FY 2011 in the following example:

Example: During FY 2011, a Medicare patient is in a LTCH located in Chicago, Illinois (CBSA 16974). The proposed FY 2011 LTCH PPS wage index value for CBSA 16974 is 1.0573 (Table 12A of the Addendum of this proposed rule). The Medicare patient is classified into MS–LTC–DRG 28 (Spinal Procedures with MCC), which has a proposed relative weight for FY 2011 of 1.0834 (Table 11 of the Addendum of this supplemental proposed rule).

To calculate the LTCH's total adjusted Federal prospective payment for this Medicare patient, we compute the wage-adjusted proposed Federal prospective payment amount by multiplying the unadjusted proposed standard Federal rate ($39,560.16) by the proposed labor-related share (75.407 percent) and the proposed wage index value (1.0573). This wage-adjusted amount is then added to the

proposed nonlabor-related portion of the unadjusted proposed standard Federal rate (24.593 percent; adjusted for cost of living, if applicable) to determine the adjusted proposed Federal rate, which is then multiplied by the proposed MS–LTC–DRG relative weight (1.0834) to calculate the total adjusted proposed Federal LTCH PPS prospective payment for FY 2011 ($45,046.57). The table below illustrates the components of the calculations in this example.

Unadjusted Proposed Standard Federal Prospective Payment Rate	$39,560.16
Proposed Labor-Related Share	× 0.75407
Labor-Related Portion of the Proposed Federal Rate	= $29,831.13
Proposed Wage Index (CBSA 16974)	× 1.0573
Proposed Wage-Adjusted Labor Share of Federal Rate	= $31,540.45
Proposed Nonlabor-Related Portion of the Federal Rate ($39,560.16 × 0.24593)	+ $9,729.03
Adjusted Proposed Federal Rate Amount	= $41,269.48
Proposed MS–LTC–DRG 28 Relative Weight	× 1.0834
Total Adjusted Federal Prospective Payment	= $44,711.36

IV. Tables

This section contains the tables referred to throughout the preamble to this proposed rule and in this Addendum. Tables 1A, 1B, 1C, 1D, 1E, 2, 4A, 4B, 4C, 4D–2, 4J, 9A, 10, and 11 are presented below. The tables presented below are as follows:

Table 1A.—Supplemental Proposed National Adjusted Operating Standardized Amounts, Labor/Nonlabor (68.8 Percent Labor Share/31.2 Percent Nonlabor Share If Wage Index Is Greater Than 1).

Table 1B.—Supplemental Proposed National Adjusted Operating Standardized Amounts, Labor/Nonlabor (62 Percent Labor Share/38 Percent Nonlabor Share If Wage Index Is Less Than or Equal To 1).

Table 1C.—Supplemental Proposed Adjusted Operating Standardized Amounts for Puerto Rico, Labor/Nonlabor.

Table 1D.—Supplemental Proposed Capital Standard Federal Payment Rate.

Table 1E.—Supplemental Proposed LTCH Standard Federal Prospective Payment Rate.

Table 2.—Acute Care Hospitals Case-Mix Indexes for Discharges Occurring in Federal Fiscal Year 2009; Proposed Hospital Wage Indexes for Federal Fiscal Year 2011; Hospital Average Hourly Wages for Federal Fiscal Years 2009 (2005 Wage Data), 2010 (2006 Wage Data), and 2011 (2007 Wage Data); and 3-Year Average of Hospital Average Hourly Wages.

Table 4A.—Proposed Wage Index and Capital Geographic Adjustment Factor (GAF) for Acute Care Hospitals in Urban Areas by CBSA and by State—FY 2011.

Table 4B.—Proposed Wage Index and Capital Geographic Adjustment Factor (GAF) for Acute Care Hospitals in Rural Areas by CBSA and by State—FY 2011.

Table 4C.—Proposed Wage Index and Capital Geographic Adjustment Factor (GAF) for Acute Care Hospitals That Are Reclassified by CBSA and by State—FY 2011.

Table 4D–2.—Urban Areas with Acute Care Hospitals Receiving the Statewide Rural Floor or Imputed Floor Wage Index—FY 2011.

Table 4J.—Proposed Out-Migration Adjustment for Acute Care Hospitals—FY 2011.

Table 9A.—Hospital Reclassifications and Redesignations—FY 2011.

Table 10.—Geometric Mean Plus the Lesser of .75 of the National Adjusted Operating Standardized Payment Amount (Increased to Reflect the Difference Between Costs and Charges) or .75 of One Standard Deviation of Mean Charges by Medicare Severity Diagnosis-Related Group (MS–DRG)—April 2010.

Table 11.—Supplemental Proposed MS–LTC–DRGs, Relative Weights, Geometric Average Length of Stay, and Short-Stay Outlier (SSO) Threshold for Discharges Occurring from October 1, 2010 through September 30, 2011 under the LTCH PPS.

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TABLE 1A.—SUPPLEMENTAL PROPOSED NATIONAL ADJUSTED OPERATING STANDARDIZED AMOUNTS, LABOR/NONLABOR (68.8 PERCENT LABOR SHARE/31.2 PERCENT NONLABOR SHARE IF WAGE INDEX IS GREATER THAN 1)

Full Update (2.15 Percent)		Reduced Update (0.15 Percent)	
Labor-related	Nonlabor-related	Labor-related	Nonlabor-related
$3,545.96	$1,608.05	$3,476.53	$1,576.57

TABLE 1B.—SUPPLEMENTAL PROPOSED NATIONAL ADJUSTED OPERATING STANDARDIZED AMOUNTS, LABOR/NONLABOR (62 PERCENT LABOR SHARE/38 PERCENT NONLABOR SHARE IF WAGE INDEX IS LESS THAN OR EQUAL TO 1)

Full Update (2.15 Percent)		Reduced Update (0.15 Percent)	
Labor-related	Nonlabor-related	Labor-related	Nonlabor-related
$3,195.49	$1,958.52	$3,132.92	$1,920.18

TABLE 1C.--SUPPLEMENTAL PROPOSED ADJUSTED OPERATING STANDARDIZED AMOUNTS FOR PUERTO RICO, LABOR/NONLABOR

	Rates if Wage Index is Greater Than 1		Rates if Wage Index is Less Than or Equal to 1	
	Labor	Nonlabor	Labor	Nonlabor
National	$3,545.96	$1,608.05	$3,195.49	1,958.52
Puerto Rico	$1,524.71	$930.54	$1,522.25	$933.00

TABLE 1D.--SUPPLEMENTAL PROPOSED CAPITAL STANDARD FEDERAL PAYMENT RATE

	Rate
National	$422.18
Puerto Rico	$199.49

TABLE 1E.—SUPPLEMENTAL PROPOSED LTCH STANDARD FEDERAL PROSPECTIVE PAYMENT RATE

	Rate
Standard Federal Rate	$39,560.16

TABLE 2.--HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2009; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2011; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2009 (2005 WAGE DATA), 2010 (2006 WAGE DATA), AND 2011 (2007 WAGE DATA); AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
010001	1.6908	0.8508	25.0592	24.8712	27.6011	25.8542
010005	1.2841	0.8396	25.7771	24.9052	26.7660	25.7876
010006	1.4782	0.7998	25.1401	26.7013	27.1899	26.3024
010007	1.0377	0.7421	22.0185	20.0565	21.0524	21.0330
010008	1.1123	0.7757	23.2572	22.8443	24.6733	23.5882
010009	0.9990	0.8614	25.8420	26.1396	27.7497	26.5428
010010	1.2246	0.7736	24.8390	26.2416	27.1969	26.0938
010011	1.5830	0.8583	27.1997	28.6140	33.0361	29.6023
010012	1.1634	0.7589	26.4989	24.8944	25.4141	25.5688
010015	0.9011	0.7476	23.6821	22.9857	22.2077	22.9349
010016	1.5802	0.8583	28.9724	28.7392	30.3170	29.3596
010018	1.1555	0.8583	26.9514	26.7633	28.8087	27.5186
010019	1.3603	0.7998	25.0170	26.0567	29.0622	26.7038
010021	1.3329	0.7473	21.7601	24.3385	25.0343	23.6912
010022	0.9217	0.9528	28.7529	26.5348	30.6579	28.6538
010023	1.7864	0.8475	28.2135	30.0684	31.4256	29.9233
010024	1.6738	0.8475	26.6636	28.1766	29.2979	28.1013
010025	1.4344	0.8582	23.8617	20.1873	29.5803	23.9653
010027	0.7496	0.7447	18.2508	19.7740	22.3038	20.2061
010029	1.6510	0.8582	24.3622	28.3184	26.2864	26.2272
010032	0.8693	0.7736	20.8458	24.7706	22.5607	22.8612
010033	2.2117	0.8583	29.2036	29.3762	30.8243	29.8385
010034	1.1730	0.8475	21.3728	21.0565	23.7513	22.0213
010035	1.3475	0.8396	26.5299	28.0534	28.4993	27.6832
010036	1.1875	0.7421	23.3876	25.0011	25.7199	24.7026
010038	1.3776	0.7869	28.9646	29.7948	32.5231	30.4750
010039	1.8330	0.8961	29.8034	30.6619	31.7063	30.7533
010040	1.6522	0.7482	25.9856	25.2840	27.2842	26.1688
010043	1.2776	0.8583	25.3633	27.3636	26.3517	26.3192
010044	1.0295	0.7421	23.4020	27.3403	28.2131	26.2653
010045	1.0535	0.7599	24.2450	25.1108	27.0851	25.4649
010046	1.5582	0.8396	25.4465	33.3112	21.9429	26.0994
010047	0.8765	0.7666	21.7349	17.0984	24.5251	21.0332
010049	1.0744	0.7447	23.1194	25.4446	27.0625	25.1500
010050	1.0266	0.8583	25.3678	27.0365	29.5491	27.2877
010051	0.8615	0.8194	20.0765	21.4140	20.9159	20.8071
010052	0.9419	0.8475	22.7571	22.1386	21.8148	22.2484
010054	1.0674	0.8614	25.4209	24.6126	24.5639	24.8520
010055	1.5928	0.7972	25.3306	26.4706	26.7456	26.1757
010056	1.6143	0.8583	25.7290	28.5668	31.1851	28.4494
010058	0.9816	0.8583	31.1865	23.6860	24.6105	25.8253
010059	1.0664	0.8614	27.8613	29.5434	26.7428	27.9872
010061	0.9602	0.8563	25.7048	26.5035	26.1463	26.1214
010062	1.0748	0.7715	22.9491	20.8224	23.0559	22.2543
010064	1.6120	0.8583	26.6333	*	23.3954	24.8292
010065	1.4982	0.8396	24.4454	25.9433	27.7120	26.0207
010066	0.8151	0.7421	25.6052	25.9301	26.7367	26.0555
010069	0.9679	0.7421	27.3438	29.4662	25.8964	27.5684
010073	0.9744	0.7421	20.7833	19.9743	21.0063	20.5785
010078	1.7376	0.7869	25.2897	24.5429	26.5654	25.4734
010079	1.3594	0.8961	23.1025	25.4118	27.2463	25.2397
010083	1.1948	0.7870	25.0422	25.2405	25.2017	25.1655
010084	***	*	27.5069	*	*	27.5069
010085	1.4769	0.8614	24.0475	25.6072	26.5909	25.3882
010086	1.1077	0.7421	26.9753	24.9468	27.4146	26.3789
010087	2.4471	0.7870	27.4929	27.2725	26.8954	27.1988
010089	1.3862	0.8583	25.9719	26.9357	27.9079	26.8958
010090	1.8308	0.7870	25.6110	26.8029	28.3744	26.9471
010091	0.8685	0.7476	23.6555	27.8571	25.1201	25.3701
010092	1.5529	0.8194	28.8433	30.3263	28.7948	29.3311
010095	0.7991	0.8194	17.8248	21.6551	23.5564	21.0352
010097	0.8060	0.8475	18.4218	19.5147	21.2996	19.7766
010099	0.9382	0.7421	22.3686	20.8632	23.5835	22.2682
010100	1.7378	0.8114	25.4357	25.8178	26.8181	26.0446
010101	1.1605	0.8396	26.2744	25.0955	26.5747	25.9872

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
010102	0.9608	0.8475	26.6943	22.6883	22.4398	23.9594
010103	1.9636	0.8583	30.4032	27.9049	29.7010	29.3261
010104	1.6984	0.8583	30.4963	29.1001	30.1353	29.9264
010108	1.0545	0.8475	26.8900	27.7601	29.5101	28.1758
010109	1.0134	0.7826	21.9300	19.3990	23.0918	21.4719
010110	0.8328	0.7836	22.1175	17.9438	25.5691	21.8242
010112	0.9041	0.7421	21.3904	22.0927	20.9602	21.4581
010113	1.6548	0.7870	25.0704	25.7852	28.0528	26.3173
010114	1.5070	0.8583	25.3666	25.8015	25.6005	25.5885
010118	1.3294	0.7985	25.3689	25.7663	27.7362	26.2760
010120	0.9119	0.7421	22.8177	22.0809	*	22.4473
010125	1.1026	0.7850	23.6549	24.1942	25.4328	24.3975
010126	1.0242	0.8475	25.7254	28.8995	27.0770	27.1824
010128	0.9834	0.7476	25.9421	25.1022	25.7453	25.6021
010129	1.1598	0.7573	24.4816	25.2104	27.6767	25.7944
010130	1.0145	0.8583	25.2790	23.8895	31.2319	26.5261
010131	1.4270	0.8961	28.0487	28.6759	32.2481	29.7152
010137	1.5361	0.8583	30.4361	30.7312	33.4983	31.5313
010138	0.6398	0.7522	15.0815	16.7541	16.6144	16.1902
010139	1.6830	0.8583	29.3560	29.3626	30.7489	29.8142
010143	1.1691	0.8614	25.0871	25.1522	25.9745	25.3833
010144	1.7207	0.7870	23.8601	25.4614	26.4008	25.1949
010145	1.5795	0.8194	27.3296	30.2093	29.5558	29.0313
010146	0.9412	0.7869	23.8076	24.6572	25.2484	24.5514
010148	0.9563	0.7421	25.0960	24.8409	24.3699	24.7693
010149	1.3663	0.8475	26.8920	28.1328	29.5254	28.2683
010150	1.0187	0.7666	25.0070	26.3342	25.9401	25.7372
010152	1.3718	0.7870	26.0793	23.0248	26.8322	25.2347
010157	1.1568	0.7998	27.1793	27.5674	27.3487	27.3636
010158	1.3394	0.7555	26.2363	26.8821	27.7665	26.9653
010164	1.1777	0.8396	25.6759	24.4625	23.9304	24.6859
010167	1.5767	0.8583	*	24.7643	29.1631	26.8653
010168	1.6115	0.9077	*	30.2040	27.0185	28.8600
010169	1.0410	*	*	*	*	*
020001	1.8974	1.2578	38.1784	39.2651	40.8325	39.4363
020006	1.3723	1.2578	37.2853	40.5422	42.4838	40.2757

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
020008	1.2207	1.2578	40.6783	42.8075	44.8291	42.8366
020012	1.4672	1.2578	36.1911	37.0181	38.4880	37.2462
020014	***	*	30.6343	*	*	30.6343
020017	2.2168	1.2578	38.2157	41.2448	42.1762	40.5573
020018	0.9117	1.9255	*	*	*	*
020024	1.1323	1.2578	39.9943	35.9358	43.5298	39.9069
020026	1.5829	1.9255	*	*	*	*
020027	0.8544	1.9255	*	*	*	*
020028	***	*	*	*	42.1568	42.1568
030001	1.5123	1.0471	35.9083	38.1204	36.9465	37.0095
030002	2.1395	1.0471	32.9094	34.2998	35.5406	34.2817
030006	1.7866	0.9648	29.1248	32.1646	32.4565	31.2997
030007	1.5010	1.2262	35.5226	38.1199	40.1726	38.0212
030010	1.6899	0.9648	31.8640	33.3049	33.9522	33.0660
030011	1.6799	0.9648	30.2096	31.8532	32.9183	31.7320
030012	1.6785	1.2262	31.3068	33.4818	50.8525	36.5891
030013	1.5846	0.9412	31.9162	31.1767	33.0103	32.0532
030014	1.6003	1.0471	30.6308	31.8529	33.7100	32.1295
030016	1.3364	1.0471	31.1878	30.6196	34.0540	31.8987
030017	***	*	34.8488	34.9499	37.4893	35.7433
030018	***	*	31.7240	34.2870	35.7209	33.8731
030019	***	*	33.6553	36.3298	36.3760	35.4444
030022	1.6387	1.0471	35.0772	34.3377	34.4050	34.5355
030023	2.0211	1.2400	37.5523	41.8098	43.4901	40.9837
030024	2.1783	1.0471	35.3556	38.5575	40.6081	38.3107
030030	1.6996	1.0471	36.4772	38.9056	37.5980	37.7197
030033	1.3578	1.2093	32.0362	33.9716	35.7840	33.9594
030036	1.6971	1.0471	35.7464	37.1271	40.4842	37.7767
030037	1.9779	1.0471	35.1342	35.8129	37.1935	36.2152
030038	1.6840	1.0471	31.2928	33.8052	36.9266	34.1148
030043	1.3149	0.9078	28.3158	29.0816	31.0593	29.4840
030055	1.5838	1.0240	31.0806	37.2632	37.4315	35.3174
030061	1.7125	1.0471	33.0847	34.2000	35.3864	34.2660
030062	1.4495	0.9078	29.9359	30.3859	33.1874	31.2110
030064	2.1061	0.9648	31.6632	33.1535	35.0230	33.3240
030065	1.8343	1.0471	31.4602	33.8941	36.2534	33.8318

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
030067	1.0416	0.9406	27.0784	27.4410	31.2478	28.5865
030068	1.1142	0.9078	26.0296	26.8369	28.7966	27.2639
030069	1.5878	1.1377	30.7723	35.1793	35.6421	33.9927
030071	1.0518	1.4382	*	*	*	*
030073	1.2775	1.4382	*	*	*	*
030074	0.9561	1.4382	*	*	*	*
030077	0.9180	1.4382	*	*	*	*
030078	1.2123	1.4382	*	*	*	*
030080	***	*	30.7682	34.2723	*	32.4902
030083	1.5477	1.0471	35.8521	39.0888	39.9707	38.3254
030084	1.0830	1.4382	*	*	*	*
030085	1.6913	0.9648	29.0774	30.7160	33.4062	31.0315
030087	1.7697	1.0471	31.1094	33.0362	37.2751	33.9611
030088	1.4335	1.0471	30.5738	33.5408	34.6877	33.0355
030089	1.7404	1.0471	31.3179	32.8874	34.7343	33.0017
030092	1.6022	1.0471	30.4394	31.6471	33.8309	32.0855
030093	1.4573	1.0471	33.0720	33.5029	34.3015	33.6746
030094	1.6808	1.0471	34.2040	35.9213	36.9133	35.7448
030099	0.7231	*	24.9127	*	*	24.9127
030100	2.2953	0.9648	35.0981	36.9783	39.5385	37.2928
030101	1.4411	1.1757	33.2139	34.1060	33.6260	33.6535
030102	2.8130	1.0471	36.9539	39.4617	36.4149	37.5421
030103	1.8002	1.0471	34.2770	41.6469	41.1210	39.1558
030105	2.2878	1.0471	33.9875	37.6952	38.6741	36.8267
030106	***	*	40.1657	43.9022	*	41.9807
030107	2.1093	1.0471	35.4562	35.9171	37.6288	36.3377
030108	2.4034	1.0471	34.8507	33.2799	34.5124	34.1536
030110	1.7329	1.0471	36.2158	38.0468	39.0340	37.8801
030111	1.1668	0.9648	28.5146	33.3314	37.0123	33.6486
030112	2.0671	1.0471	33.4810	36.1513	40.1301	36.8711
030113	0.9505	1.4382	*	*	*	*
030114	1.4510	0.9648	28.8466	30.2128	30.3754	29.8451
030115	1.5083	1.0471	32.5885	34.8409	36.8225	35.0086
030117	1.3318	1.0240	*	34.5349	36.6725	35.7305
030118	1.3327	1.2262	*	28.2945	32.6116	30.4114
030119	1.6200	1.0471	*	38.2362	40.7172	39.6384

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
030120	0.8520	1.0471	*	39.7676	47.5037	43.8726
030121	1.6902	1.0471	*	*	36.6999	36.6999
030122	1.4640	1.0471	*	*	35.1781	35.1781
030123	1.4739	1.0471	*	*	*	*
030124	1.8948	1.0471	*	*	*	*
030125	2.0742	1.0471	*	*	*	*
030126	1.8635	1.0471	*	*	*	*
040001	1.0932	0.8608	24.4962	25.0147	25.5841	25.0463
040002	1.1071	0.7483	24.0487	26.2100	24.0639	24.7422
040004	1.7351	0.8608	29.2714	30.1320	31.6130	30.3580
040007	1.7451	0.8635	28.3305	29.3146	30.2051	29.2717
040010	1.4698	0.8608	28.2375	28.1618	29.2017	28.5990
040011	0.9266	0.7483	22.6327	25.6224	25.9642	24.7357
040014	1.3689	0.8451	34.8279	24.1271	24.6941	25.6001
040015	1.0662	0.7483	22.3148	23.2134	23.7403	23.0850
040016	1.7601	0.8635	26.4806	27.6568	28.6501	27.6411
040017	1.0990	0.8462	24.3772	25.3390	26.2509	25.3116
040018	1.2191	0.7707	26.2521	25.3362	26.6851	26.0819
040019	0.9918	0.7725	26.4932	25.5468	25.0491	25.6618
040020	1.6272	0.8871	26.1529	25.9754	26.6049	26.2463
040021	***	*	27.6799	28.7690	28.8903	28.4564
040022	1.4167	0.8608	30.0250	29.5992	29.4604	29.6905
040026	1.6410	0.9253	31.8588	32.2814	34.6944	32.9479
040027	1.5093	0.8375	25.7935	27.2441	28.4743	27.1878
040029	1.4958	0.8635	27.8882	27.8412	29.1988	28.3053
040036	1.6856	0.8635	30.4906	32.0772	33.1236	31.9038
040039	1.1753	0.8109	22.9807	23.4456	23.0760	23.1655
040041	1.1592	0.8451	26.4435	27.8594	27.4448	27.2474
040042	1.3566	0.9171	23.1661	23.5768	28.3874	25.0294
040047	0.9113	0.7520	23.3557	25.0102	27.5142	25.1265
040050	1.1590	0.7483	19.6946	21.0178	22.0146	20.9063
040051	0.9936	0.7483	22.1981	23.4783	24.9308	23.5416
040055	1.7558	0.7707	26.0150	26.3370	26.5702	26.3163
040062	1.6827	0.7707	25.6554	28.5888	28.4309	27.5460
040067	1.0555	0.7528	20.9700	21.3492	22.1772	21.5146
040069	0.9730	0.8109	23.3117	23.0880	22.6987	23.0306

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
040071	1.5474	0.8451	26.6645	25.0185	28.7130	26.7537
040072	1.1859	0.7483	22.9671	23.3205	24.0488	23.4429
040074	1.1781	0.8635	27.3897	27.4614	27.7915	27.5518
040076	1.0157	0.9030	24.7903	25.7464	25.0274	25.1722
040078	1.7507	0.9253	25.6886	27.9394	28.4481	27.3094
040080	1.0416	0.7797	26.5905	26.9354	26.1224	26.5524
040081	0.8641	0.7881	18.4759	18.5265	17.3969	18.1445
040084	1.3107	0.8635	28.1570	28.7379	29.9634	29.0185
040085	0.9358	0.8871	26.6987	25.4981	26.7545	26.3201
040088	1.5419	0.8085	24.7119	26.7050	28.8877	26.7762
040091	1.1940	0.7483	22.3311	27.7747	29.9029	26.3939
040100	***	*	24.5458	24.7712	*	24.6638
040114	1.9109	0.8635	28.5702	29.1200	30.6358	29.4351
040118	1.6136	0.7483	26.5783	27.3360	30.6065	28.2493
040119	1.5157	0.8451	25.6779	26.9632	28.2765	27.0150
040132	0.8021	0.9253	21.8140	*	22.6953	22.2510
040134	2.2362	0.8635	34.9673	35.2045	36.1627	35.4829
040137	1.3325	0.8635	27.7638	28.2123	31.3247	29.2690
040138	***	*	33.0073	31.1138	32.6001	32.2159
040141	***	*	33.8791	34.8500	*	34.4114
040142	1.5826	0.9253	23.1302	24.4876	27.5086	25.1151
040145	1.9580	0.7797	20.3878	22.1731	22.3687	21.7125
040147	1.9130	0.8635	35.7669	33.6215	30.4256	32.7938
040148	***	*	*	*	35.6031	35.6031
040149	***	*	*	*	29.0721	29.0721
040152	2.5966	0.8608	*	*	*	*
050002	1.5159	1.6178	43.1760	42.3825	45.4953	43.6748
050006	1.8102	1.3547	41.7714	43.8923	45.0094	43.5856
050007	1.5598	1.5576	49.5271	55.1636	52.2245	52.2511
050008	1.6354	1.5342	50.9569	50.4751	52.7669	51.4050
050009	1.7626	1.5482	49.7177	51.5510	53.0588	51.5292
050013	1.9184	1.5482	43.4906	46.3422	49.5453	46.5172
050014	1.2657	1.3486	42.2044	42.7255	41.0206	41.9545
050016	1.4193	1.2368	34.3863	36.3674	39.4584	36.8709
050017	2.1061	1.3486	44.4857	46.6209	48.7220	46.6321
050018	1.3007	1.2247	34.0338	34.7941	36.0324	34.9615

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
050022	1.7904	1.2247	36.6360	38.9203	41.5471	39.0977
050024	1.2891	1.2247	33.5247	34.6921	37.1807	34.9055
050025	1.9538	1.2247	36.9233	39.5330	42.5246	39.7669
050026	1.6191	1.2247	35.0306	36.3315	37.3290	36.2935
050028	1.2261	1.2247	28.1584	28.5839	*	28.3806
050030	1.2680	1.2247	33.5654	33.2455	34.4700	33.7632
050036	1.7457	1.2247	37.4298	39.2616	41.5393	39.4707
050038	1.7728	1.6386	55.2197	58.4851	61.3276	58.4346
050039	1.5400	1.2247	34.9262	37.8559	40.9213	37.8428
050040	1.3721	1.2247	38.1665	41.9767	44.2571	41.5266
050042	1.5785	1.3547	40.5791	45.6660	50.9908	45.8022
050043	1.7576	1.6178	51.9529	55.4677	53.5411	53.6961
050045	1.3696	1.2247	28.5952	27.8903	31.4860	29.3287
050046	1.2182	1.2247	34.2529	34.0106	37.1982	35.1676
050047	1.8545	1.5342	48.5961	51.4298	53.1141	51.0350
050054	1.2411	1.2247	27.1320	27.9082	32.4947	29.1694
050055	1.4904	1.5342	48.2796	51.9993	52.9342	51.0882
050056	1.5972	1.2247	34.7964	33.2655	39.4954	35.7797
050057	1.6940	1.2247	33.7574	35.6340	38.6138	36.0669
050058	1.8187	1.2247	38.9843	41.4811	43.4764	41.3510
050060	1.6287	1.2247	34.1183	35.3108	36.7750	35.4314
050063	1.6524	1.2247	36.6301	40.9558	43.3599	40.2753
050065	***	*	42.0085	*	*	42.0085
050067	1.3773	1.2247	41.8988	41.1549	34.0218	39.0746
050069	2.0169	1.2247	38.1339	40.0498	44.2637	40.8835
050070	1.4481	1.5576	48.9362	53.8300	55.6284	52.8293
050071	1.7718	1.6386	52.0696	55.3995	54.9153	54.1707
050072	1.5282	1.5852	51.4538	54.7774	55.8299	54.0528
050073	1.5376	1.5742	50.6523	54.2296	55.8359	53.6371
050075	1.6153	1.6178	51.1187	54.8332	56.6372	54.2184
050076	1.8135	1.5342	50.5761	53.8043	55.1835	53.2013
050077	1.6624	1.2247	37.4989	38.5242	38.0509	38.0339
050078	1.3299	1.2247	37.1940	38.9256	38.8489	38.3347
050079	1.5469	1.5852	48.3017	50.6578	65.1440	53.7676
050082	1.8234	1.2247	42.0181	41.8861	44.1069	42.6942
050084	1.6992	1.3486	41.1276	42.4418	46.0253	43.2693

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
050089	1.4757	1.2247	39.6297	39.9711	42.3990	40.7121
050090	1.4461	1.5742	41.6026	44.0838	44.4628	43.3851
050091	0.9802	1.2247	40.1063	34.8170	33.6732	36.0063
050093	1.5991	1.2247	37.7244	38.5686	41.6205	39.3792
050095	***	*	44.2400	*	*	44.2400
050096	1.4571	1.2247	33.3803	27.6236	33.2850	31.4278
050099	1.6444	1.2247	34.3507	35.4717	37.9297	35.9486
050100	1.8716	1.2247	34.2839	37.1606	39.4312	36.9821
050101	1.6391	1.5742	48.7495	54.5185	56.2550	53.2934
050102	1.4707	1.2247	33.2837	35.4740	35.1267	34.5871
050103	1.6949	1.2247	37.3608	38.8446	38.1720	38.1428
050104	1.5783	1.2247	37.4417	39.1121	41.8962	39.5439
050107	1.6748	1.2247	36.5843	40.5315	41.9627	39.7421
050108	2.0166	1.3486	45.3460	48.8199	53.1654	48.7805
050110	1.2043	1.2247	30.9054	32.3171	33.5933	32.2754
050111	1.0887	1.2247	31.9394	31.1160	32.2597	31.7697
050112	1.5483	1.2247	39.9951	41.8195	41.5924	41.1912
050113	1.4076	1.5576	46.3471	45.1998	42.4778	44.6111
050114	***	*	37.5924	36.6541	*	37.1115
050115	1.5983	1.2247	33.3013	37.7614	40.4397	37.1497
050116	1.7304	1.2247	45.7510	40.6863	42.7961	43.0779
050118	1.2522	1.2247	41.8191	43.4432	46.9088	44.0974
050121	1.2757	1.2247	35.1135	36.9069	41.8043	38.1805
050122	1.7509	1.2502	36.8821	40.4510	41.5112	39.6349
050124	1.3527	1.2247	31.7690	33.3080	34.6304	33.2610
050125	1.6861	1.6386	53.6300	57.6242	60.2474	57.1280
050126	1.6064	1.2247	35.1909	34.9807	36.0294	35.4292
050127	1.5461	1.3486	42.5226	46.9648	48.0928	46.1911
050128	1.6196	1.2247	34.2364	36.6986	39.3773	36.7615
050129	1.9659	1.2247	40.3786	41.4256	44.5762	42.1957
050131	1.4681	1.5742	52.8228	56.6586	53.6221	54.3340
050132	1.6276	1.2247	43.6747	42.8187	45.1737	43.9116
050133	1.4848	1.2412	35.2433	36.8254	37.6504	36.6555
050135	1.0726	1.2247	25.4431	28.5118	30.6553	28.0980
050136	1.4481	1.5742	51.8508	52.5398	57.3918	53.8780
050137	1.3773	1.2247	43.5305	45.2088	49.1420	45.8667

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
050138	1.9128	1.2247	45.1011	47.3839	51.2980	47.9183
050139	1.4368	1.2247	43.0734	44.5753	48.6963	45.4255
050140	1.4087	1.2247	42.7590	44.8911	46.8652	44.8787
050144	***	*	40.4760	*	*	40.4760
050145	1.6332	1.5827	49.4479	54.8909	58.5220	54.4145
050146	1.8322	*	*	*	*	*
050149	1.5052	1.2247	43.1926	42.8003	45.3498	43.7950
050150	1.3011	1.3486	43.5937	44.3354	48.0733	45.3350
050152	1.6955	1.5742	54.7176	55.9738	57.1905	55.9904
050153	1.5690	1.6386	50.4884	53.5925	57.8841	54.0652
050158	1.5055	1.2247	42.7874	42.9454	44.0747	43.2830
050159	1.3444	1.2247	35.0153	40.4701	42.5924	39.5664
050167	1.4923	1.2502	38.0742	39.9946	41.8816	40.0050
050168	1.6873	1.2247	40.8362	37.9746	43.4951	40.7650
050169	1.6805	1.2247	33.1130	35.4836	41.1246	36.5888
050173	1.3930	1.2247	32.3265	31.5434	32.8423	32.2554
050174	1.7399	1.5742	53.7113	54.7960	59.7549	56.0844
050179	1.2738	1.2247	34.6558	36.2060	33.9197	34.8615
050180	1.7149	1.5852	48.7425	51.1836	53.5567	51.2533
050188	1.4966	1.6386	45.8501	49.6669	54.1865	49.5983
050189	0.9575	1.5827	31.5805	27.5311	29.3459	29.4661
050191	1.6765	1.2247	41.7185	40.0694	41.5164	41.0746
050192	0.9069	1.2247	27.4611	29.4203	33.2102	30.1271
050193	1.2942	1.2247	36.7240	39.0111	43.0282	39.5133
050194	1.3701	1.6386	49.8539	49.9857	55.1169	51.6953
050195	1.6650	1.6178	57.6563	61.8312	65.0039	61.5445
050196	1.2008	1.2247	41.1300	43.7415	41.0270	41.9842
050197	1.9331	1.6178	55.3173	59.0280	63.2066	59.2051
050204	1.5451	1.2247	38.8689	37.5591	41.0566	39.2215
050205	1.5945	1.2247	30.6117	30.2818	31.5240	30.7776
050211	1.3252	1.6178	42.9254	44.8773	46.1770	44.5820
050219	1.3542	1.2247	26.7061	26.9022	26.0523	26.5448
050222	1.7729	1.2247	35.4045	36.0221	37.6975	36.4283
050224	1.7191	1.2247	37.3442	39.7119	41.8790	39.6769
050225	1.5650	1.2247	37.5252	38.9288	42.8450	39.8661
050226	1.5718	1.2247	36.5354	38.4952	39.4194	38.1228

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
050228	1.4239	1.5342	49.9063	54.5580	57.3422	54.0697
050230	1.7061	1.2247	38.8901	39.8582	42.1567	40.3322
050231	1.8460	1.2247	37.0245	38.7280	40.2191	38.7139
050232	1.7131	1.2368	35.4055	39.4290	42.5544	39.2518
050234	1.5381	1.2247	37.7125	37.6811	38.9602	38.1603
050235	1.7383	1.2247	39.1744	40.0962	40.2265	39.8347
050236	1.5208	1.2247	34.4257	42.5939	44.3842	40.4072
050238	1.7269	1.2247	35.1268	36.4272	37.0926	36.2576
050239	1.6695	1.2247	36.3257	37.2939	38.5937	37.4489
050242	1.4892	1.6386	53.8385	58.5684	59.7332	57.3859
050243	1.6103	1.2247	37.8538	40.0490	42.5305	40.1509
050245	1.3766	1.2247	34.7153	36.9270	37.1180	36.2906
050248	1.1998	1.5827	46.0329	47.7637	51.0500	48.2742
050254	1.3843	1.3486	33.5069	34.8262	39.7976	36.0829
050256	***	*	32.6841	*	*	32.6841
050257	0.8947	1.2247	29.2651	30.7766	29.8486	29.9463
050261	1.3026	1.2247	33.7196	34.8188	39.3041	36.0518
050262	2.3736	1.2247	43.7709	40.8071	44.0453	42.8188
050264	1.4655	1.6178	50.1691	54.4052	57.0188	53.7398
050272	1.5454	1.2247	32.2584	35.0624	37.3015	34.8914
050276	1.1140	1.5852	47.2432	53.7552	55.4715	52.2517
050277	1.2258	1.2247	*	48.9698	47.5707	48.2343
050278	1.7099	1.2247	38.5689	39.5929	42.8799	40.4121
050279	1.3099	1.2247	32.1695	31.0888	31.6803	31.6436
050280	1.8248	1.3547	43.6243	46.2628	50.0266	46.6861
050281	1.5342	1.2247	31.0706	31.4166	32.8623	31.7857
050283	1.7021	1.6178	45.1132	50.3066	51.3746	48.9680
050289	1.6807	1.5576	52.0918	53.8571	58.3774	54.8745
050290	1.7520	1.2247	42.0099	42.2249	42.6314	42.2987
050291	2.0918	1.5742	44.6102	49.6427	52.1353	48.7155
050292	1.1648	1.2247	35.0372	34.6404	39.9841	36.7557
050295	1.5834	1.2247	39.7399	39.3961	42.9356	40.7188
050296	1.1416	1.6371	44.8135	48.2583	50.4082	47.9062
050298	1.2079	1.2258	33.6947	31.7374	34.0150	33.1345
050300	1.4557	1.2247	37.1275	39.2722	43.0474	40.0013
050301	1.3483	1.2247	36.3681	36.7568	39.9485	37.7770

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
050305	1.5667	1.6178	56.9756	55.7229	54.6309	55.7281
050308	1.5864	1.6386	49.0132	51.0183	54.0475	51.4737
050309	1.5729	1.3486	42.9280	46.6901	47.4734	45.7112
050313	1.2453	1.2502	39.0663	42.3998	43.8913	41.8600
050315	1.4388	1.2247	37.3560	40.3132	47.1318	41.7255
050320	1.2324	1.6178	50.6708	50.9692	55.3663	52.3385
050324	1.8098	1.2247	37.1883	38.9511	41.1149	39.1426
050325	0.7767	1.2247	34.0343	*	47.6656	36.0502
050327	1.8597	1.2247	36.9550	37.7681	39.6815	38.2025
050329	1.3249	1.2247	36.7669	37.6975	37.0324	37.1628
050334	1.7820	1.6178	50.9834	54.9338	59.6727	55.2808
050335	1.4895	1.2247	37.2347	37.1670	39.1873	37.9135
050336	1.2295	1.2502	33.0325	35.3658	38.7257	35.7910
050342	1.2591	1.2247	29.8389	31.6852	33.8443	31.8494
050348	1.7579	1.2247	33.5276	35.1080	37.4660	35.3772
050349	0.7643	1.2247	23.1095	23.5190	24.5969	23.7436
050350	1.5328	1.2247	34.6747	36.1856	37.1989	35.9750
050351	1.5646	1.2247	35.0042	35.6083	34.8470	35.1393
050352	1.4182	1.3486	38.6265	41.5370	41.4294	40.5216
050353	1.5266	1.2247	37.1716	37.4560	38.3124	37.6445
050357	1.4556	1.2247	38.9244	40.9999	41.8008	40.6080
050359	1.1943	1.2247	30.3988	30.9732	33.5096	31.6303
050360	1.6360	1.5742	55.3738	59.2147	57.2879	57.3315
050366	1.1199	1.3486	41.8324	43.0169	43.1165	42.6581
050367	1.6146	1.5742	40.0453	41.1059	44.3506	41.9320
050369	***	*	33.3357	34.7337	37.3679	35.1733
050373	1.4497	1.2247	37.6695	40.8506	43.5055	40.7260
050376	1.6492	1.2247	36.7270	40.0354	42.4754	39.8599
050378	1.1137	1.2247	42.0480	50.0875	51.5092	47.5470
050380	1.8224	1.6386	52.5804	58.6395	60.9625	57.5372
050382	1.6019	1.2247	32.9248	34.3636	36.6641	34.7208
050385	1.4871	1.5742	36.5644	38.9773	44.3026	40.0228
050390	1.2847	1.2247	33.0463	31.4134	33.7927	32.7377
050393	1.4304	1.2247	35.1887	35.5678	38.9873	36.6236
050394	1.7929	1.2247	32.9572	37.2557	40.0176	36.7479
050396	1.5923	1.2247	38.9944	41.2602	41.6933	40.7032

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
050397	0.8415	1.2247	31.1621	32.3700	36.0861	33.4783
050407	1.2178	1.5342	47.5591	47.7943	48.9123	48.1149
050411	1.4376	1.2247	42.9884	44.3404	47.5402	44.9714
050414	1.3420	1.3486	45.1621	48.5863	51.1532	48.4113
050417	1.3322	1.2247	37.9951	38.8418	38.4087	38.4269
050423	1.0535	1.2247	32.4108	41.3130	43.7795	38.6501
050424	1.9481	1.2247	37.5246	39.8802	42.7414	40.2044
050425	1.4308	1.3486	45.3743	52.0378	53.7887	50.3034
050426	1.7182	1.2247	37.6505	*	37.1444	37.3893
050430	1.0514	*	25.9368	28.7102	*	27.6338
050433	***	*	23.0949	*	*	23.0949
050434	0.9730	1.2247	35.4807	34.4698	36.3651	35.4609
050435	1.2470	1.2247	35.7427	35.3040	36.3716	35.8152
050438	1.6093	1.2247	38.2855	36.8507	37.7652	37.6241
050441	2.0773	1.6386	49.2129	50.0652	56.1662	51.9914
050444	1.4821	1.2247	39.3947	39.4231	41.6899	40.2059
050447	***	*	27.1271	*	*	27.1271
050448	1.2055	1.2247	32.6682	32.9244	35.5744	33.7517
050454	2.1384	1.5342	43.5230	46.9602	50.6105	47.1838
050455	1.5674	1.2247	35.0232	38.9871	39.4869	37.8773
050456	***	*	27.9702	28.1444	*	28.0651
050457	1.7524	1.5342	53.3175	54.6802	57.1259	55.0565
050464	1.8533	1.2247	42.6699	44.9128	46.6301	44.6843
050468	1.5593	1.2247	37.3416	35.7136	37.0600	36.6946
050470	***	*	32.5041	*	*	32.5041
050471	1.6569	1.2247	36.8185	37.6641	40.5399	38.3240
050476	***	*	41.7566	*	*	41.7566
050478	0.9581	1.2247	41.5635	44.3775	46.6521	44.3460
050481	1.6201	1.2247	42.8536	47.2326	50.1977	46.8143
050485	1.7165	1.2247	34.7078	37.4203	39.3266	37.2228
050488	1.5157	1.6178	49.3604	53.8013	53.3366	52.2027
050492	1.4172	1.2247	32.6609	35.6838	39.4538	36.0641
050496	1.8243	1.5852	56.7446	57.1030	61.4808	58.5059
050498	1.4628	1.3486	45.3508	46.6560	47.6863	46.5454
050502	1.7474	1.2247	32.9791	40.2876	37.2580	36.7036
050503	1.5401	1.2247	37.7210	40.7324	43.1770	40.6385

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
050506	1.5155	1.2368	40.6534	42.3670	45.0204	42.6481
050510	1.4186	1.5742	51.3143	54.8690	55.9873	54.0800
050512	1.4447	1.6178	50.1470	53.9292	55.7732	53.3348
050515	1.4010	1.2247	42.0106	45.0972	48.0118	45.0227
050516	1.6158	1.3486	45.6228	48.5267	48.0618	47.4427
050517	1.4708	1.2247	29.3694	29.8385	27.5129	28.8628
050523	1.3871	1.5852	46.9870	49.5029	53.7305	50.2368
050526	1.4939	1.2247	35.5457	*	36.5894	36.0188
050528	1.1577	1.2247	38.3051	41.9922	43.2318	41.2013
050531	1.1682	1.2247	28.4890	28.4921	31.0366	29.3122
050534	1.6008	1.2247	38.1892	39.7655	42.3047	40.1251
050537	1.6440	1.3486	41.5275	43.1765	45.7187	43.4999
050541	1.6420	1.6178	51.4545	55.2594	56.3321	54.3652
050543	0.7871	1.2247	32.8367	29.0470	31.0801	30.9554
050545	0.9027	1.2247	*	27.4889	*	27.4889
050547	1.0068	1.5742	*	*	*	*
050548	0.7480	1.2247	*	*	*	*
050549	1.6820	1.2247	40.6796	44.6715	46.9107	44.1208
050550	***	*	39.2163	*	*	39.2163
050551	1.3889	1.2247	37.6223	39.4047	42.2041	39.7598
050552	0.9442	1.2247	35.3468	38.6658	41.1173	38.3633
050557	1.6479	1.2247	39.2224	41.9292	43.9916	41.7837
050561	1.3989	1.2247	40.1567	43.1147	46.9113	43.3701
050567	1.5237	1.2247	39.0114	41.7247	46.3879	42.4571
050568	1.1903	1.2247	26.7733	28.7691	30.1104	28.6056
050570	1.7113	1.2247	40.6761	40.3411	42.9671	41.3473
050573	1.6162	1.2247	36.8561	38.0175	41.0463	38.7328
050575	1.5692	1.2247	22.1018	32.1046	33.5745	29.0057
050578	***	*	43.4917	*	*	43.4917
050580	1.3315	1.2247	35.0966	36.7968	33.1767	35.0893
050581	1.6333	1.2247	40.0909	41.9698	45.2924	42.4394
050583	***	*	40.5845	41.3920	*	40.9835
050584	***	*	31.9910	30.8650	*	31.4271
050586	1.6278	1.2247	31.1932	32.7348	32.8095	32.2361
050588	1.4763	1.2247	39.4251	39.0347	41.0641	39.8351
050589	1.2827	1.2247	37.2056	39.2646	40.8842	39.1776

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
050590	1.4972	1.3486	44.3382	50.0371	49.7328	48.1461
050592	***	*	32.2376	*	*	32.2376
050597	1.4581	1.2247	32.8987	35.6567	37.5208	35.3960
050599	2.0012	1.3486	36.6146	38.9877	39.8105	38.5379
050601	***	*	43.2404	43.3329	46.0784	44.2186
050603	1.5047	1.2247	35.4809	37.4348	38.3834	37.1447
050604	1.6291	1.6386	49.6068	54.1687	55.6773	53.0805
050608	1.3872	1.2247	30.7280	28.3794	30.7212	29.9386
050609	1.4301	1.2247	43.4555	45.2475	49.1701	45.9890
050616	1.4949	1.2247	40.7388	45.2614	43.3018	43.0759
050618	0.9683	1.2247	34.9177	34.0584	35.2789	34.7493
050624	1.5075	1.2247	39.2553	40.2253	41.9206	40.5628
050625	1.8425	1.2247	44.8482	48.1826	46.7270	46.6153
050633	1.2030	1.2368	40.7383	41.1786	44.7463	42.2532
050636	1.4438	1.2247	35.4565	38.8844	39.6096	38.0088
050641	1.3049	1.2247	32.0508	33.1417	34.1849	33.1406
050644	1.0475	1.2247	33.2777	32.1513	32.5153	32.6132
050660	1.6423	*	*	*	*	*
050662	1.1129	1.6386	*	*	*	*
050663	1.3695	1.2247	17.7252	30.4117	33.0151	26.4022
050667	0.8006	1.4295	25.8460	30.1039	32.0624	28.9596
050668	1.0786	1.5742	52.7011	62.7714	65.4231	60.6295
050674	1.4993	1.3486	48.6880	51.3517	53.4854	51.2273
050677	1.5581	1.2247	41.8130	44.4567	47.7267	44.6382
050678	1.4527	1.2247	35.8411	38.3361	39.9167	38.1597
050680	1.4613	1.5742	39.0389	40.7514	44.0282	41.3411
050682	0.6944	1.2247	22.3903	22.4419	*	22.4133
050684	1.2570	1.2247	33.5915	33.0982	35.4682	34.0341
050686	1.3750	1.2247	42.1444	45.2231	48.0040	45.1124
050688	1.3358	1.6386	53.2741	54.5423	56.6466	54.9010
050689	1.5695	1.5852	48.9935	50.2942	53.7493	51.0590
050690	1.3287	1.5742	51.6179	55.1002	55.3847	54.0619
050693	1.4804	1.2247	42.8266	41.9594	44.4380	43.0972
050694	1.2375	1.2247	34.8486	33.8553	35.2422	34.6536
050696	2.5549	1.2247	39.4353	41.2315	44.0844	41.4935
050697	1.1148	1.3547	26.7600	29.0854	30.2726	28.7053

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
050701	1.3546	1.2247	37.2839	38.4382	42.7575	39.6135
050704	1.1342	1.2247	32.2017	31.7051	32.1670	32.0293
050707	***	*	44.0254	49.4684	*	46.9800
050708	1.8358	1.2247	28.3074	34.4063	34.8907	31.9717
050709	1.6404	1.2247	29.5364	30.4570	28.8514	29.5817
050710	1.4205	1.2247	46.2533	51.1460	52.8041	50.0857
050714	1.5922	1.6386	42.9797	45.2746	47.4228	45.3980
050717	1.5965	1.2247	37.0875	42.2736	41.8557	40.5623
050720	***	*	32.1173	33.8712	34.7221	33.4577
050722	0.9563	1.2247	35.6741	35.2177	37.3302	36.1210
050723	1.5436	1.2247	42.1571	43.3875	47.0388	44.1779
050724	1.9468	1.2247	35.1020	35.5224	39.0539	36.5017
050725	0.9517	1.2247	28.8389	27.8565	*	28.3307
050726	1.6175	1.2247	30.6105	35.3964	36.4404	34.1918
050727	1.3740	1.2247	33.0932	29.0789	35.3258	32.5219
050732	2.3923	1.2247	34.3475	37.4333	37.9684	36.6936
050733	1.7727	1.3547	40.6320	44.7509	44.5719	43.2177
050735	1.4534	1.2247	36.6081	34.3859	34.2886	35.0721
050736	1.3576	1.2247	41.8938	38.0913	36.6220	38.8361
050737	1.7443	1.2247	38.0424	36.4535	38.0483	37.5164
050738	1.6053	1.2247	43.9259	40.3081	39.1266	41.0361
050739	1.6999	1.2247	57.2480	44.0540	40.0074	45.3865
050740	1.7415	1.2247	54.0370	44.8439	37.0976	43.5160
050741	***	*	51.1526	44.0305	*	47.5915
050742	1.6473	1.2247	39.2532	41.0036	44.3972	41.4615
050744	1.7380	1.2247	48.4951	56.5911	54.9148	53.1646
050745	1.4481	1.2247	42.5523	48.2903	48.8922	46.5732
050746	1.8123	1.2247	43.2015	46.3622	45.1988	44.9325
050747	1.8632	1.2247	44.5887	47.8242	47.3968	46.5482
050748	1.2527	1.2247	43.1008	50.6390	54.1242	49.3277
050749	1.3796	1.2247	28.2000	39.6030	41.4811	35.7689
050750	***	*	33.9915	*	*	33.9915
050751	3.5931	1.2247	29.5488	34.0436	36.5150	33.0527
050752	1.4901	1.2247	39.8035	41.3783	42.4687	41.1950
050754	1.2220	1.5576	*	56.3628	*	56.3628
050755	1.6182	1.2247	*	36.5212	36.5251	36.5232

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
050756	***	*	*	33.4951	*	33.4951
050757	1.7470	1.2247	*	*	42.3546	42.3546
050758	1.5779	1.2247	*	17.6509	27.8366	21.8706
050759	***	*	*	*	36.7495	36.7495
050760	1.3958	1.5852	*	*	*	*
050761	1.6126	1.2247	*	*	*	*
050762	1.4125	1.2247	*	*	*	*
050763	0.9992	1.2247	*	*	*	*
050764	1.6615	1.3547	*	*	*	*
050765	1.1291	1.2247	*	*	*	*
050766	1.5412	1.2247	*	*	*	*
060001	1.4318	1.0393	32.4226	32.5239	33.5009	32.8211
060003	1.5346	1.0393	31.8637	33.6264	34.9819	33.5098
060004	1.2485	1.0576	34.8428	34.5727	36.3214	35.2917
060006	1.2988	0.9665	27.6453	30.5664	30.7361	29.6331
060008	1.5166	0.9665	27.2071	26.0851	28.6913	27.3573
060009	1.6004	1.0576	34.0151	35.8398	36.9037	35.5950
060010	1.5399	0.9665	30.6424	33.5549	32.9241	32.3981
060011	1.5301	1.0576	34.4171	34.6239	36.6800	35.2356
060012	1.5328	0.9665	29.4365	29.6957	31.4807	30.2506
060013	1.6156	0.9665	28.0800	29.5100	30.9706	29.5285
060014	2.0318	1.0576	33.0366	35.6231	36.9360	35.1981
060015	2.1471	1.0576	36.3296	36.6824	38.2231	37.1141
060016	1.1827	0.9665	28.3055	30.0601	30.4208	29.6098
060018	1.0992	*	26.5788	*	*	26.5788
060020	1.6397	0.9665	26.7362	27.3823	29.0073	27.7438
060022	1.6431	0.9665	31.9376	32.0594	31.6915	31.8828
060023	1.6909	1.0393	32.7922	33.4798	34.9894	33.7723
060024	1.9110	1.0576	32.8206	36.1736	37.9233	35.6626
060027	1.5428	1.0393	31.6134	33.4869	33.6616	32.8750
060028	1.6913	1.0576	33.4966	35.8222	37.1167	35.5436
060030	1.4475	0.9665	31.2932	31.2752	32.9330	31.8568
060031	1.5069	1.0393	30.7381	32.0153	33.2299	32.0027
060032	1.6656	1.0576	34.6447	35.6500	37.4582	35.9181
060034	1.8224	1.0576	33.3656	34.6615	36.1706	34.7283
060036	1.1704	0.9665	20.9370	24.8220	25.3568	23.6418

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
060041	***	*	31.4739	*	*	31.4739
060043	0.8976	0.9665	23.3908	19.9611	20.3282	21.2601
060044	1.2481	0.9665	28.9200	32.0455	32.7653	31.1835
060049	1.4153	0.9665	32.1589	34.5262	35.5353	34.0821
060054	1.4909	1.0138	24.6721	29.2998	32.8197	29.3593
060064	1.8838	1.0576	37.2407	34.7448	36.3099	36.0591
060065	1.4593	1.0576	34.9205	36.2377	37.7892	36.3163
060071	1.1608	0.9665	31.5388	32.1367	32.4497	32.0600
060075	1.4614	1.0138	35.8081	37.3019	40.1016	37.8404
060076	1.3290	0.9665	31.6044	31.5032	31.8373	31.6524
060096	1.8302	1.0393	38.2249	39.9302	42.6189	40.4330
060100	1.7950	1.0576	33.5356	35.7861	36.6803	35.3368
060103	1.4229	1.0393	33.7542	34.9964	36.7528	35.2095
060104	1.5478	1.0576	37.1434	37.4598	39.0604	37.9751
060107	2.0677	1.0576	30.3991	30.0308	30.5898	30.3552
060112	1.7503	1.0576	35.1308	36.4093	37.9928	36.6034
060113	1.5005	1.0576	35.2097	36.0794	38.0309	36.4956
060114	1.6645	1.0576	35.3056	37.1394	37.6554	36.8077
060115	0.9083	0.9665	*	*	*	*
060116	1.4913	1.0393	33.1547	36.3560	36.9071	35.6457
060117	1.3581	0.9665	28.3112	31.6734	31.3013	30.6152
060118	1.4926	1.0393	*	40.2136	39.9922	40.0904
060119	1.9646	0.9665	*	*	34.0822	34.0822
060121	2.1298	1.0393	*	*	38.3284	38.3284
060123	1.8589	1.0576	*	*	*	*
070001	1.6363	1.2242	37.9438	38.4864	39.3014	38.5781
070002	1.7996	1.1257	36.4269	36.6624	39.3490	37.4818
070003	1.1819	1.1257	36.0524	36.6553	37.6699	36.7817
070004	1.1875	1.1257	31.2115	34.3803	35.1037	33.5419
070005	1.6586	1.2242	36.5502	37.3430	38.3363	37.4209
070006	1.6560	1.2825	41.2165	41.9550	43.2602	42.1481
070007	1.4209	1.1360	37.0984	38.9830	40.3319	38.8215
070008	1.3351	1.1257	35.4969	34.0603	35.8161	35.1073
070009	***	*	36.6382	38.1380	*	37.4141
070010	1.6960	1.2825	38.6114	38.7345	41.3102	39.5949
070011	1.4801	1.1257	32.6835	33.7313	36.9466	34.4150

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
070012	1.4730	1.1257	33.2477	35.4738	37.5683	35.3833
070015	1.5810	1.2825	39.9249	42.4738	43.1481	41.8469
070016	1.5918	1.2242	34.1266	34.5418	36.2707	34.9884
070017	1.4503	1.2242	37.5855	38.1713	41.0077	38.9339
070018	1.4031	1.2825	42.4771	44.1370	45.8974	44.2078
070019	1.5997	1.2242	35.8618	37.0666	39.8743	37.6317
070020	1.3867	1.1358	35.6542	40.4989	40.6182	39.0618
070021	1.1794	1.1257	39.7793	41.9076	43.8622	41.8599
070022	1.7333	1.2242	41.4721	41.5553	43.2394	42.1299
070024	1.5050	1.1360	36.8997	38.6301	39.2511	38.2737
070025	1.7003	1.1257	36.1322	38.7067	38.9328	37.9080
070027	1.5868	1.1257	33.5979	35.7677	36.5223	35.3536
070028	1.5644	1.2825	40.9645	41.2950	42.0488	41.4517
070029	1.3443	1.1257	32.8504	35.4716	36.0406	34.8141
070031	1.3419	1.2242	30.5924	33.2618	33.5139	32.4882
070033	1.4782	1.2825	44.6717	46.5982	47.7688	46.3583
070034	1.5225	1.2825	42.4111	45.7694	44.0374	44.0855
070035	1.4095	1.1257	33.4047	38.2298	35.3357	35.6697
070036	1.7475	1.1661	43.6374	44.0756	46.4609	44.7773
070038	0.9441	1.2242	29.9516	33.5109	31.4454	31.4773
070039	1.0971	1.2242	32.7153	35.9137	36.2927	35.1271
070040	1.0743	1.1257	*	26.3824	30.5486	28.3408
080001	1.6907	1.0797	34.9507	37.4441	39.1835	37.2540
080002	***	*	33.0404	33.3472	35.2276	33.8892
080003	1.5403	1.0797	30.5132	29.0166	31.5225	30.4059
080004	1.6748	1.0641	34.3854	33.6190	35.0266	34.3423
080006	1.5520	1.0044	31.0327	30.7985	29.2411	30.3636
080007	1.7565	1.0853	33.4782	35.5425	37.5631	35.5927
090001	1.7104	1.0546	40.1658	38.3876	39.8134	39.3691
090003	1.3090	1.0546	34.4430	37.2088	37.3982	36.3730
090004	2.0589	1.0496	38.5681	39.9027	40.6216	39.7496
090005	1.3805	1.0546	35.2884	35.1327	36.9545	35.7927
090006	1.4341	1.0546	32.3654	32.5988	34.9946	33.3147
090008	1.5880	1.0546	36.6633	40.3260	41.7318	39.2644
090011	2.1681	1.0546	39.0111	39.5389	41.3036	39.9493
100001	1.6225	0.8875	27.8526	30.5213	30.2446	29.5877

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
100002	1.5581	1.0333	30.6668	33.1103	34.4039	32.7223
100006	1.6837	0.9150	28.9769	29.2697	31.1090	29.8250
100007	1.6560	0.9150	30.3379	30.6689	32.7648	31.2751
100008	1.6404	1.0191	32.1679	32.3397	34.9341	33.1587
100009	1.6764	1.0191	30.0492	32.0145	33.5623	31.8710
100012	1.6726	0.9139	30.8626	30.2066	32.0081	31.0290
100014	1.5567	0.9150	27.4064	28.8679	32.2443	29.5972
100015	***	*	28.6825	29.9757	31.5936	30.0347
100017	1.6037	0.9150	29.8705	31.2313	32.0601	31.0930
100018	1.7857	0.9779	32.8642	34.2077	34.9524	34.0313
100019	1.7306	0.9303	31.4549	32.2496	34.2627	32.6917
100022	1.7695	1.0333	36.3355	40.4664	42.4881	39.7952
100023	1.6827	0.9066	27.1032	27.7860	27.8953	27.6060
100024	1.2216	1.0191	29.8918	31.5160	30.5545	30.6338
100025	1.8056	0.8432	27.1665	28.7604	29.6928	28.5823
100026	1.6151	0.8432	27.3044	28.5877	27.8367	27.9162
100028	1.4448	0.9303	28.7801	28.1509	31.9846	29.6732
100029	1.3707	1.0191	31.6006	33.2920	34.8161	33.2424
100030	1.4694	0.9150	26.3113	27.0977	30.8824	28.0853
100032	1.7391	0.9066	27.8942	29.3641	30.3253	29.1887
100034	1.8674	1.0191	28.9387	29.8997	29.6114	29.4885
100035	1.5772	0.9237	32.5593	31.2325	31.4578	31.7203
100038	1.6264	1.0333	32.8392	37.0928	37.1884	35.7516
100039	1.9693	1.0333	29.0236	32.6863	32.2419	31.3704
100040	1.7070	0.8875	28.3366	29.8029	29.6297	29.2510
100043	1.4166	0.9066	26.8417	29.1014	31.1972	28.9417
100044	1.5653	1.0729	34.3920	34.4743	41.7922	37.0061
100045	1.3103	0.9150	25.5621	27.8526	28.1643	27.2127
100046	1.5558	0.9066	27.7878	29.7844	30.9730	29.5992
100047	1.6811	0.9237	31.4072	31.8998	32.2047	31.8452
100048	0.9614	0.8432	21.7693	22.7260	23.5379	22.6813
100049	1.3320	0.8601	27.6316	26.9145	27.7020	27.4184
100050	1.2458	1.0191	23.5222	23.7419	24.5868	23.9540
100051	1.4875	0.9150	30.1492	28.7367	30.6461	29.8530
100052	1.4003	0.8601	25.1110	27.6591	28.4807	27.1112
100053	1.4162	1.0191	31.9268	33.6936	35.2550	33.5895

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
100054	1.4027	0.8735	30.9840	33.2237	36.2168	33.5037
100055	1.4759	0.9066	29.7027	28.5830	30.4298	29.5982
100057	1.4780	0.9150	27.7045	30.4258	30.5235	29.5810
100061	1.5789	1.0191	31.9174	33.9803	34.8482	33.5811
100062	1.7148	0.8552	26.3067	28.0821	29.2949	27.9112
100063	1.4087	0.9066	27.0769	29.5864	31.2488	29.3363
100067	1.5488	0.9066	27.5501	30.0555	31.5618	29.6772
100068	1.7784	0.9150	27.7707	28.5177	28.0307	28.1041
100069	1.8450	0.9066	29.0486	33.4008	32.7796	31.7251
100070	1.6892	0.9237	29.1117	27.1313	27.9973	28.0427
100071	1.3529	0.9066	25.1883	25.6870	27.8655	26.2748
100072	1.4518	0.9150	27.6947	28.6435	29.6882	28.7088
100073	1.7399	1.0333	31.0395	33.8783	33.7457	32.8947
100075	1.5788	0.9066	26.7571	29.2992	31.2004	29.0714
100076	1.2234	1.0191	24.0280	23.7078	26.3433	24.4935
100077	1.3992	0.9237	27.9783	28.0178	29.5962	28.5634
100079	1.5106	*	*	*	*	*
100080	1.6204	1.0333	31.0516	33.2091	35.4485	33.2130
100081	1.0281	0.8539	19.7406	17.2548	17.7222	18.2774
100084	1.6551	0.9150	30.6301	30.7165	35.1858	32.1812
100086	1.5751	1.0333	31.3187	33.0726	33.7048	32.7154
100087	1.8405	0.9237	32.1314	33.4104	33.2328	32.9255
100088	1.7052	0.8875	29.4952	30.3481	30.9148	30.2877
100090	1.4563	0.8875	28.9581	27.4996	28.2012	28.2140
100092	1.5558	0.9303	28.6782	29.1433	29.6087	29.1462
100093	1.7452	0.8432	23.4847	24.9505	25.8345	24.7522
100099	1.1448	0.8601	28.0688	28.2871	30.0337	28.8423
100102	1.0551	0.8432	29.0396	30.0754	28.5248	29.1936
100105	1.5943	1.0252	30.8936	31.5294	33.0707	31.8950
100106	1.0979	0.8432	25.6288	20.6449	26.2560	24.0768
100107	1.2712	0.9139	31.2954	30.9662	32.4297	31.5714
100108	***	*	22.8153	17.9561	17.5426	19.1444
100109	1.3854	0.9150	26.7380	29.1403	29.2478	28.3934
100110	1.6147	0.9150	30.3758	32.4083	32.8616	31.9067
100113	2.0648	0.9377	30.6037	30.9741	33.2418	31.6327
100114	***	*	32.3956	34.3630	*	33.3214

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
100117	1.1720	0.8875	30.0281	30.6894	31.4492	30.7465
100118	1.4486	0.8432	28.3201	31.3833	28.6480	29.3969
100121	1.1958	0.8601	25.0320	20.0814	27.6294	24.2372
100122	1.2388	0.8735	27.6178	27.9970	28.5222	28.0534
100124	1.1993	0.8432	26.2329	28.2667	28.9298	27.8069
100125	1.2299	1.0191	33.3499	35.2588	37.2705	35.4531
100126	1.3809	0.9066	28.9164	30.3912	31.2105	30.1653
100127	1.6431	0.9066	27.0686	29.3856	31.1177	29.1793
100128	2.2037	0.9066	30.6202	29.6793	31.2298	30.5186
100130	1.3212	1.0333	29.5763	29.9727	29.8339	29.7970
100131	1.3800	1.0191	30.9614	32.2086	33.9594	32.3908
100132	1.3499	0.9066	27.6632	29.3380	30.9567	29.3475
100134	0.8526	0.8432	22.9635	24.7863	23.0684	23.5589
100135	1.6829	0.8954	29.8452	30.2093	34.2492	31.4439
100137	1.4023	0.8601	28.3000	27.8783	28.6777	28.2947
100139	0.9036	0.9377	21.4418	22.1683	21.4572	21.6824
100140	1.1241	0.8875	28.5485	29.7482	30.7155	29.6963
100142	1.2138	0.8432	26.8995	26.8829	25.1309	26.3144
100150	1.2062	1.0191	29.3711	33.0132	32.5785	31.6449
100151	1.9703	0.8875	31.3846	33.1725	34.9557	33.1543
100154	1.7005	1.0191	31.3640	32.3793	34.9899	32.9507
100156	1.1212	0.8432	28.3060	29.9029	31.1552	29.8254
100157	1.5825	0.9066	30.3359	30.4870	31.8594	30.8981
100160	1.1017	1.0191	32.3136	33.8433	35.2448	33.8503
100161	1.6418	0.9150	30.8984	32.6427	33.0240	32.1874
100166	1.6290	0.9237	31.9072	33.0019	34.8424	33.2088
100167	1.5548	1.0333	32.4740	34.8085	36.1348	34.4179
100168	1.7112	1.0333	28.0543	31.1427	32.5053	30.6385
100172	***	*	20.5518	*	*	20.5518
100173	1.7179	0.9066	30.2491	30.3599	30.9982	30.5313
100175	1.0188	0.8432	26.1723	26.8828	30.6970	27.8555
100176	1.7599	1.0333	35.5849	35.7433	37.0046	36.1156
100177	1.4618	0.9303	31.0085	31.3830	32.8491	31.7568
100179	1.7363	0.8875	30.5439	31.8790	33.3430	31.9272
100180	1.4792	0.9066	31.5485	32.3796	34.6817	32.8425
100181	1.4002	1.0191	26.0682	26.0880	26.4568	26.2189

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
100183	1.3902	1.0191	32.9893	31.6760	33.2466	32.6280
100187	1.4893	1.0191	31.6660	31.8020	34.2328	32.5967
100189	1.4419	1.0333	30.5516	32.8847	34.2447	32.5432
100191	1.3645	0.9066	30.9212	31.6024	33.7871	32.0675
100200	1.5295	1.0333	29.0731	32.5611	33.7050	31.7495
100204	1.6164	0.9377	29.9334	30.6252	31.4765	30.6899
100206	1.3259	0.9066	28.8625	30.4576	31.2653	30.2061
100209	1.6863	1.0191	29.0462	30.5582	32.8523	30.8033
100210	1.6173	1.0333	32.4566	33.3016	34.2993	33.3096
100211	1.2867	0.9066	28.8328	30.5902	31.6079	30.3679
100212	1.5679	0.8552	29.2500	30.5141	31.1368	30.3163
100213	1.5727	0.9237	30.2271	31.4309	33.1230	31.5995
100217	1.2905	1.0252	30.3325	33.5767	30.5641	31.4346
100220	1.6269	0.9139	30.8292	31.8393	33.1625	32.0038
100223	1.6223	0.8735	27.6775	28.6449	30.3741	28.8695
100224	1.3813	1.0333	29.2008	31.0307	33.6361	31.2128
100225	***	*	32.6906	31.8048	*	32.2587
100226	1.3734	0.8875	30.2857	30.8904	31.4361	30.8818
100228	1.4519	1.0333	31.0222	32.2672	34.6713	32.6412
100230	1.4348	1.0333	34.6133	35.9319	36.1673	35.6194
100231	1.6148	0.8432	28.3652	28.8912	29.8895	29.0352
100232	1.4309	0.9377	29.3797	30.3768	30.7940	30.1690
100234	1.3292	1.0333	29.7818	33.1508	35.3677	32.6857
100236	1.4897	0.9237	30.5719	31.4385	33.2992	31.8165
100237	***	*	33.9626	33.9696	34.7138	34.1878
100238	1.6561	0.9066	31.6353	32.8745	35.1867	33.2711
100239	1.5075	0.9066	30.3234	32.7150	33.9579	32.2861
100240	1.1030	1.0191	31.0951	35.3888	36.6032	34.5027
100242	1.5952	0.8432	27.8169	28.5034	29.7347	28.6980
100243	1.5542	0.9066	29.8323	31.4863	32.5227	31.3056
100244	1.4331	0.9139	29.8287	29.1611	30.3453	29.7743
100246	1.5614	1.0729	30.0467	32.5063	33.5469	32.0515
100248	1.5668	0.9066	32.4725	33.7659	36.0601	34.0862
100249	1.3514	0.9066	28.5117	29.7981	30.5240	29.6388
100252	1.2169	1.0252	29.1448	31.5631	33.8245	31.4852
100253	1.4998	1.0333	28.5617	29.4959	31.3059	29.8138

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
100254	1.5108	0.8954	28.5262	28.9095	30.8142	29.4282
100255	1.3545	0.9066	29.5172	30.0466	31.9271	30.4950
100256	1.6224	0.9066	33.3936	34.6637	34.8304	34.2928
100258	1.6613	1.0333	35.2225	34.2862	36.3146	35.2877
100259	1.2922	0.9066	29.9294	32.2273	33.8210	31.9723
100260	1.5192	1.0729	29.4907	31.5667	33.8328	31.6747
100264	1.5444	0.9066	30.1980	31.5050	33.9279	31.9530
100265	1.4504	0.9066	26.6940	28.6915	30.9790	28.8513
100266	1.4224	0.8432	25.6382	26.4488	27.7418	26.6590
100267	1.2849	0.9237	30.6051	32.3955	33.7231	32.2103
100268	1.2089	1.0333	33.6225	33.5314	34.5858	33.9080
100269	1.4107	1.0333	28.3745	30.9572	33.5064	30.8897
100271	2.2229	*	*	*	*	*
100275	1.3264	1.0333	31.0487	31.5424	33.3199	32.0064
100276	1.3326	1.0333	31.7067	32.3992	34.3287	32.8345
100277	1.3799	1.0191	25.5926	27.0942	28.4949	27.0616
100279	***	*	31.1951	31.6691	33.9735	32.3443
100281	1.4063	1.0333	32.8840	36.3173	36.3681	35.2827
100284	1.1512	1.0191	21.4420	24.4155	25.5819	23.7595
100285	1.2393	1.0333	34.7999	36.2107	37.2874	36.2349
100286	1.6176	0.9779	26.5809	26.1494	32.3293	29.0001
100287	1.4754	1.0333	30.3085	32.3704	34.0899	32.1810
100288	1.7381	1.0333	32.9587	35.3363	36.0630	34.7728
100289	1.5892	1.0333	31.4727	31.7699	33.2012	32.2125
100290	1.2699	0.9150	29.7588	31.7110	32.8039	31.5893
100291	1.2805	0.9303	28.3780	28.3455	28.7323	28.4870
100292	1.4540	0.8539	28.5807	29.8156	30.8473	29.8365
100296	1.4038	1.0191	31.1475	31.8730	34.2725	32.5067
100298	0.8558	0.8954	21.9247	17.8678	19.4952	19.4589
100299	1.4576	0.9237	31.6840	31.5048	31.4297	31.5278
100300	***	*	33.1693	*	*	33.1693
100301	***	*	*	33.6261	*	33.6261
100302	1.1221	0.9150	*	27.9362	29.7289	28.8052
100303	***	*	*	*	24.9650	24.9650
100307	1.5052	0.8875	*	*	*	*
100308	1.8792	0.9066	*	*	*	*

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
100309	2.7432	0.9794	*	*	*	*
100310	3.4842	0.9794	*	*	*	*
100311	2.4626	0.9066	*	*	*	*
110001	1.4636	0.8563	27.6480	28.5465	29.5684	28.6101
110002	1.3129	0.8929	28.9013	32.2910	31.4618	30.8489
110003	1.3324	0.7746	25.0089	26.0330	25.4762	25.5083
110004	1.3418	0.8754	27.2528	26.8828	29.0667	27.7197
110005	1.4382	0.9528	29.6009	30.4924	30.9276	30.4128
110006	1.6178	0.9305	30.8495	32.2597	34.4102	32.5400
110007	1.7505	0.9056	28.0684	29.8618	31.7901	29.9011
110008	1.4810	0.9528	31.8387	33.5616	31.8787	32.4273
110010	2.4555	0.9528	33.9848	33.7073	37.5179	35.0462
110011	1.4340	0.9528	30.3534	32.2028	34.6167	32.4547
110015	1.0789	0.9528	30.5016	31.7245	32.9437	31.7570
110016	1.3214	0.8582	25.9209	26.3449	27.9587	26.7064
110018	1.4095	0.9528	30.9422	30.8295	32.9879	31.5762
110020	***	*	29.4641	30.4725	31.6465	30.4885
110023	1.4384	0.9528	29.2018	31.1890	31.5376	30.6943
110024	1.5142	0.8817	28.5660	30.7207	31.0718	30.1390
110025	1.4691	0.9309	31.8968	31.0532	32.4958	31.8053
110026	1.1774	0.7746	24.3863	25.6943	25.5958	25.1969
110027	1.0792	0.7746	25.6532	26.2689	26.5342	26.1268
110028	1.8270	0.9527	32.8706	34.0699	34.0976	33.6914
110029	1.8427	0.9528	30.1146	31.6425	33.8978	31.8764
110030	1.4738	0.9528	32.0275	33.2158	35.3984	33.6145
110031	1.2980	0.9528	30.7462	30.4811	31.6496	30.9694
110032	1.2257	0.7746	24.4968	23.1156	25.3848	24.3265
110033	***	*	32.7039	31.9373	*	32.3312
110034	1.8212	0.9527	29.6819	30.4053	34.1394	31.4559
110035	1.6957	0.9528	31.5737	31.8545	33.7827	32.4229
110036	1.9192	0.8817	28.4041	29.4915	30.6530	29.5209
110038	1.6353	0.7804	23.3669	24.2742	26.0470	24.6113
110039	1.3610	0.9527	28.4376	28.9594	29.2688	28.9113
110040	1.0861	0.9528	21.5762	21.1939	23.4093	22.0778
110041	1.4490	0.9305	27.6609	29.2068	29.6983	28.8467
110042	1.0433	0.9528	34.5137	34.0568	35.6003	34.7521

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
110043	1.8463	0.8817	30.3728	31.1628	31.4697	31.0207
110044	1.1492	0.7746	27.0431	25.0449	25.2725	25.8029
110045	1.0749	0.9528	28.2232	31.6766	31.6090	30.4800
110046	1.1860	0.9528	28.6286	28.4212	30.3845	29.1786
110050	1.0846	0.8444	27.1533	29.2759	30.0217	28.7933
110051	1.1636	0.7746	22.1491	23.3866	25.5805	23.8633
110054	1.5235	0.9528	31.5798	27.9775	28.7220	29.3745
110059	1.1670	0.7746	24.9271	24.4436	25.3086	24.8831
110064	1.7636	0.9077	28.7296	30.0182	33.6996	30.7770
110069	1.4012	0.8929	30.6465	31.0168	29.2608	30.2522
110071	1.0603	0.7746	23.6499	22.6384	22.8137	23.0100
110073	1.1093	0.7746	23.0072	23.4570	24.6046	23.6849
110074	1.6250	0.9305	29.0310	30.4310	32.0070	30.5025
110075	1.3248	0.8817	26.1089	26.7302	27.8478	26.9319
110076	1.6273	0.9528	31.0661	30.4815	31.6821	31.0859
110078	2.1377	0.9528	32.0516	35.8457	34.2909	34.0297
110079	1.5730	0.9528	29.0905	28.9872	29.4495	29.1738
110082	2.0493	0.9528	31.1478	33.1144	35.7031	33.2771
110083	2.0957	0.9528	34.5798	34.7446	35.7676	35.0417
110086	1.3316	0.7746	23.4772	23.1298	23.4255	23.3429
110087	1.6146	0.9528	32.8029	33.9036	33.1508	33.2981
110089	1.0939	0.7746	26.0116	25.4960	27.7584	26.4217
110091	1.4186	0.9528	28.0637	29.4898	30.4058	29.2918
110092	1.1014	0.7746	22.8602	24.5262	28.2182	24.9164
110095	1.4911	0.8508	28.0480	31.2298	30.8338	30.0970
110100	0.9291	0.8556	20.0638	22.9014	22.3608	21.8873
110101	1.0901	0.7814	23.8601	25.5998	27.0115	25.5015
110104	1.2299	0.7746	22.2596	22.3707	22.3377	22.3206
110105	1.3045	0.8508	23.7752	24.6128	25.9808	24.8167
110107	1.9862	0.9325	31.5783	34.3508	31.8817	32.6134
110109	0.9841	0.7746	21.6019	22.5719	24.1377	22.7275
110111	1.2997	0.9527	27.6501	25.7188	26.1218	26.4751
110112	1.0053	0.8508	24.2935	23.2426	23.9046	23.7940
110113	0.9056	0.9527	22.0472	24.2980	23.8703	23.3793
110115	1.8784	0.9528	33.3902	34.4864	35.7096	34.5483
110121	1.0235	0.7746	24.5653	27.4406	28.0044	26.6723

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
110122	1.5890	0.8755	26.3071	28.0334	29.0791	27.8028
110124	0.9766	0.7746	24.8552	28.7544	30.2200	27.9406
110125	1.3181	0.8929	26.5006	29.4103	30.8516	28.8615
110128	1.3499	0.7746	24.5284	27.1987	29.1767	26.8886
110129	1.6241	0.9077	29.7332	26.8229	29.6690	28.7891
110130	0.8616	0.7746	21.7089	21.0352	21.7302	21.5091
110132	0.9942	0.7746	21.6039	22.3816	23.0261	22.3425
110135	1.4233	0.7746	25.1027	25.6594	25.4541	25.3958
110142	0.9519	0.7939	22.2164	21.2836	23.4220	22.2520
110143	1.4910	0.9528	30.9621	31.3623	33.8251	32.0572
110146	0.9949	0.9309	30.1181	32.7307	33.2928	32.0816
110150	1.3556	0.8929	27.7920	28.7549	25.9718	27.3903
110153	1.2669	0.8929	30.5108	30.2843	29.0378	29.9181
110161	1.6539	0.9528	32.0002	32.9894	34.2402	33.1043
110163	1.5743	0.9056	29.5693	30.7798	31.5968	30.6951
110164	1.7796	0.9325	31.2830	32.7865	34.6876	32.9571
110165	1.5814	0.9528	28.7925	28.4324	29.6512	28.9468
110168	1.8987	0.9528	30.8750	31.8921	32.9718	31.9136
110172	***	*	33.0452	34.0243	*	33.5073
110177	1.9707	0.9527	30.5526	31.9338	34.1139	32.1851
110183	1.3243	0.9528	29.6622	32.0200	32.3945	31.3716
110184	1.2816	0.9528	30.2920	30.8380	33.5282	31.6112
110186	1.3175	0.9077	29.6503	32.0599	32.7164	31.3889
110187	1.2145	0.9528	31.0164	27.6729	30.2062	29.5462
110189	1.0743	0.9528	27.4207	28.9465	30.6935	29.0587
110190	1.0617	0.8431	29.4198	28.7747	35.0710	30.9664
110191	1.4803	0.9528	28.7505	30.0142	32.1599	30.3011
110192	1.5471	0.9528	31.6627	32.6403	33.8949	32.7867
110194	0.8287	0.7746	20.5267	23.2382	22.8941	22.2276
110198	1.4509	0.9528	34.0050	33.2450	34.3576	33.8700
110200	2.3051	0.9077	29.4633	29.6256	31.9920	30.3302
110201	1.5909	0.9325	33.4292	35.8335	37.5429	35.6404
110203	1.0033	0.9528	32.0594	33.0119	39.2026	34.2394
110205	1.1254	0.8212	26.1973	25.5319	25.5795	25.7616
110209	0.8544	0.7746	22.4549	21.6681	24.1927	22.7937
110212	1.1580	0.8094	*	23.4398	24.7805	24.1197

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
110215	1.5772	0.9528	30.1793	31.2779	34.0438	31.9379
110219	1.5092	0.9528	33.4481	34.8875	35.5795	34.5964
110225	1.4407	0.9528	28.9773	29.6272	31.3111	30.0865
110226	1.2984	0.9528	32.1840	30.2150	31.1969	31.1849
110229	1.5914	0.9528	*	*	30.3562	30.3562
110230	1.4559	0.9528	*	*	35.0804	35.0804
110231	2.6459	0.9305	*	*	*	*
120001	1.9654	1.1582	39.0371	39.2838	41.7842	40.0704
120002	1.3903	1.1240	37.7287	38.3420	40.8461	39.0696
120004	1.4516	1.1582	32.5164	33.3874	34.8788	33.5345
120005	1.4037	1.1240	35.1996	38.2915	39.9388	37.8326
120006	1.3827	1.1582	35.7089	37.6360	38.8087	37.4368
120007	1.6959	1.1582	35.0193	34.8231	35.1439	34.9953
120010	2.0707	1.1582	34.3371	37.3680	38.3032	36.3762
120011	1.6395	1.1582	43.7527	45.9848	46.1156	45.3395
120014	1.3862	1.1240	34.2127	38.1372	37.5329	36.5854
120019	1.1857	1.1240	36.1879	37.4564	39.5249	37.7583
120022	1.8805	1.1582	34.9048	35.3877	38.3908	36.2596
120026	1.4967	1.1582	35.8413	38.2128	40.8061	38.3647
120027	1.4876	1.1582	31.8177	32.7112	36.4792	33.4996
120028	1.3976	1.1240	34.6354	34.7783	35.3970	34.9858
130002	1.4862	0.9027	24.3501	26.4728	25.9204	25.6067
130003	1.7141	0.9615	29.8793	31.4275	32.0498	31.1265
130006	1.7583	0.9262	29.0504	30.0002	31.6998	30.3256
130007	1.8904	0.9262	31.2268	33.4536	33.5741	32.8364
130013	1.4315	0.9262	33.8928	33.6160	34.7966	34.1028
130014	1.2836	0.9262	28.2831	29.1200	31.1589	29.5140
130018	1.7913	0.9632	30.2047	31.8735	34.0700	32.0682
130024	1.2438	0.8240	25.3197	24.4757	27.9247	25.9223
130025	1.2892	0.7552	23.8592	24.2424	25.4832	24.5583
130028	1.7322	0.9336	29.3374	30.5090	32.7435	30.8806
130049	1.6650	1.0336	29.7211	30.8293	32.3219	31.0108
130062	***	*	28.3419	38.1416	38.2016	35.1513
130063	1.5471	0.9262	27.7697	28.8897	30.6360	29.0590
130065	2.0187	0.9632	25.8998	29.4957	31.7109	28.7350
130066	2.3072	0.9539	28.1502	29.3049	30.2156	29.2289

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
130067	3.0407	0.9632	26.8285	28.6474	*	27.6699
130068	***	*	*	25.8399	*	25.8399
130069	2.8776	0.9262	*	*	*	*
130070	2.9727	0.9262	*	*	*	*
140001	1.2495	0.8663	23.2233	23.7481	24.5618	23.9087
140002	1.5362	0.9019	29.1097	29.6312	30.7187	29.8279
140007	1.5429	1.0455	32.4449	34.2607	34.4024	33.7444
140008	1.5089	1.0467	32.7618	33.2563	33.8475	33.2685
140010	1.5525	1.0467	39.3727	39.7245	41.6706	40.3259
140B10[3]	***	*	39.3727	39.7245	41.6706	40.3212
140011	1.1871	0.8342	26.2135	27.0019	27.8999	27.0776
140012	1.1826	1.0323	31.9613	33.0198	33.9621	33.0388
140013	1.3956	0.9247	26.4199	28.2787	29.7601	28.1742
140015	1.3818	0.8914	25.2504	25.8304	27.2800	26.1224
140018	1.4659	1.0467	31.5624	31.2535	32.8781	31.9237
140019	0.9025	0.8342	22.2907	22.9179	22.1774	22.4623
140026	1.2390	0.8638	28.1718	28.5497	28.8965	28.5453
140029	1.6147	1.0455	34.8938	37.7285	39.2923	37.4109
140030	1.6091	1.0455	32.1135	32.8927	34.5324	33.1540
140032	1.2724	0.8914	28.5242	28.4605	28.8062	28.6026
140033	0.8477	1.0687	31.4347	32.3417	37.3159	32.3454
140034	1.2373	0.8914	26.7250	27.6121	29.4226	27.8956
140040	1.2933	0.9137	28.5016	30.5814	29.5659	29.5161
140043	1.2977	0.8618	31.3754	34.4429	36.6352	34.1714
140046	1.5473	0.8914	25.7925	26.8384	27.7909	26.8011
140048	1.3808	1.0467	31.6290	34.4373	35.6153	33.9229
140049	1.5889	1.0467	32.0239	33.6104	35.1305	33.5575
140051	1.6022	1.0467	32.6517	32.7898	35.9661	33.8131
140052	1.4729	0.9019	26.7916	27.7932	28.3571	27.6322
140053	1.8431	0.8907	29.9487	32.7126	32.7073	31.7542
140054	1.5563	1.0467	34.5369	36.9786	37.5300	36.3814
140058	1.2163	0.8907	26.5671	28.6945	29.4589	28.2825
140059	1.1060	0.9019	22.8597	24.6248	27.1293	24.8684
140062	1.4327	1.0467	36.6718	38.3407	40.0353	38.3865
140063	1.5742	1.0467	31.1266	34.4732	34.2888	33.3236

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
140064	1.2440	0.9137	26.6249	28.5964	28.7175	28.0100
140065	1.5255	1.0467	32.4661	34.3988	34.8576	33.9264
140066	0.8358	0.9019	23.6304	24.3856	25.8813	24.6266
140067	1.8100	0.9247	30.6911	31.9470	33.6485	32.1175
140068	1.3473	1.0467	31.3463	32.8724	34.3346	32.8242
140075	***	*	33.6872	34.9376	37.0601	35.1205
140077	1.1765	0.9019	22.5074	24.2006	27.9915	24.7807
140080	1.6004	1.0467	30.3788	33.0275	33.9568	32.4504
140082	1.6828	1.0467	32.0562	33.4686	33.5580	33.0486
140083	1.0840	1.0467	26.1639	29.5034	26.0278	27.1377
140084	1.4066	1.0687	31.3307	32.1286	34.0802	32.4884
140088	2.0925	1.0467	34.4137	36.6991	39.5656	36.8355
140089	1.1697	0.8342	26.6955	27.5295	28.0437	27.4281
140091	1.7821	1.0115	29.7381	33.7851	35.7416	33.1415
140093	1.3604	0.9678	31.2973	29.3377	33.9418	31.5446
140094	0.7328	1.0467	28.8621	28.0819	31.7652	29.3420
140095	1.3861	1.0467	29.9626	35.7876	34.5168	33.4434
140100	1.5029	1.0687	37.3044	39.0405	53.2763	43.9761
140101	1.2867	1.0455	31.0070	32.4260	33.9464	32.5018
140103	1.1752	1.0467	25.3630	26.4236	27.1901	26.3291
140105	***	*	30.7154	*	*	30.7154
140110	1.0816	1.0323	31.3486	33.7263	37.0537	34.0414
140113	1.5438	1.0115	31.6191	33.2262	34.9622	33.3322
140114	1.5369	1.0467	31.1412	31.7038	31.4289	31.4242
140115	1.1726	1.0467	26.2606	30.2062	33.4032	29.8398
140116	1.4871	1.0467	34.2519	35.6726	37.3731	35.8074
140117	1.6529	1.0467	28.5809	34.6766	33.8389	32.2626
140118	1.5189	1.0467	33.8168	34.9352	35.7829	34.8477
140119	1.9388	1.0467	34.6543	35.5146	39.1814	36.4476
140120	1.2850	0.9247	26.2418	27.0681	28.1509	27.1802
140122	1.6620	1.0455	32.4750	34.2512	35.7240	34.1638
140124	1.2545	1.0467	38.8976	39.9267	42.6211	40.3601
140125	1.1748	0.9019	27.6352	28.3533	30.1443	28.6668
140127	1.5604	0.9523	29.3352	30.9124	32.7929	30.9550
140130	1.3285	1.0687	34.9907	35.8275	36.5321	35.7850
140133	1.3550	1.0467	32.8941	34.0222	33.5193	33.4793

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
140135	1.4489	0.9112	25.9057	26.6854	27.2912	26.6118
140137	1.0866	0.9019	*	27.0616	26.9569	27.0094
140143	1.1048	0.8342	27.0312	27.2878	28.8821	27.7646
140145	1.3204	0.9019	26.9344	28.3622	29.2121	28.2021
140147	1.0814	0.8342	22.1035	22.6508	23.5511	22.7827
140148	1.7060	0.8907	28.9471	30.1467	30.0605	29.7419
140150	1.6603	1.0467	39.0316	41.6125	42.0035	40.9013
140151	0.9472	1.0467	27.3552	28.0758	27.9212	27.7895
140152	***	*	32.2803	*	*	32.2803
140155	1.3206	1.0323	35.0825	36.2360	42.9342	38.0739
140158	1.4480	1.0467	32.0137	31.7570	32.5513	32.1276
140160	1.3230	0.9829	28.9043	30.0100	29.7281	29.5556
140161	1.4829	1.0323	28.8150	33.5158	34.2463	32.1524
140162	1.6404	0.9523	33.0995	33.2372	34.3289	33.5598
140164	1.7410	0.8342	27.3133	27.5981	28.8827	27.9483
140166	1.2438	0.9112	27.6725	27.5406	28.8318	28.0436
140167	1.1637	0.8342	24.2749	21.2479	26.4163	23.8760
140172	1.4264	1.0467	33.4616	36.8394	37.7898	35.9979
140174	1.6817	1.0455	33.9382	35.1535	37.2213	35.4862
140176	1.2563	1.0467	33.2235	34.3901	35.2474	34.3194
140177	1.0534	1.0467	26.0727	28.0720	30.3713	28.2119
140179	1.4032	1.0467	31.3624	30.6997	31.6593	31.2406
140180	1.4341	1.0467	29.8009	31.4683	33.1831	31.5677
140181	1.2767	1.0467	27.5414	29.0862	28.5827	28.4001
140182	1.5270	1.0467	26.4103	34.4971	35.0847	31.5371
140184	1.4579	0.8342	27.5858	28.2155	30.8810	28.8696
140185	1.4880	0.9019	27.9433	29.7742	31.1163	29.6209
140186	1.5823	1.0323	32.8063	32.5128	33.6497	32.9984
140187	1.5586	0.9019	26.9265	29.2345	29.0150	28.4359
140189	1.2512	0.8342	29.1371	25.9192	29.7443	28.2279
140191	1.4166	1.0467	29.7684	31.4076	32.4757	31.2541
140197	1.0537	1.0467	24.8715	26.9930	26.0614	25.9598
140200	1.5345	1.0455	31.3712	33.2897	34.0868	32.9105
140202	1.4834	1.0687	34.3789	38.4323	37.4214	36.7750
140206	1.1584	1.0467	31.1406	31.5212	27.6427	29.9651
140207	1.2953	1.0467	31.6818	25.8073	32.4874	29.9202

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
140208	1.8222	1.0467	26.1749	26.2434	36.5625	29.1083
140209	1.6452	0.9247	28.8774	31.5349	31.8673	30.7293
140210	1.0405	0.8342	22.2512	24.1193	24.7376	23.7498
140211	1.4102	1.0455	34.5917	36.0400	37.0954	35.9438
140213	1.2807	1.0455	33.3932	33.6351	35.2016	34.1074
140217	1.5985	1.0455	33.2172	34.8475	36.7916	35.0335
140223	1.6066	1.0467	34.6997	36.6437	38.4099	36.5719
140224	1.4303	1.0467	30.2241	34.4001	32.1594	32.1531
140228	1.4921	1.0006	28.7462	30.7381	33.1724	30.9914
140231	1.5719	1.0455	35.6724	36.3601	38.3032	36.8493
140233	1.7853	1.0006	32.3376	35.7752	36.3886	34.8790
140234	1.0863	0.8638	25.7660	26.9670	27.9382	26.9002
140239	1.7231	1.0006	33.7264	35.6391	35.7029	35.0237
140240	1.4344	1.0467	28.0986	32.9491	34.4714	31.9066
140242	1.6355	1.0455	36.8032	40.7474	41.8148	39.8954
140250	1.2990	1.0467	32.9414	33.7382	35.9552	34.1583
140251	1.4663	1.0467	29.5941	31.5378	33.9137	31.6519
140252	1.5144	1.0467	36.1531	37.6031	38.6010	37.4880
140258	1.7431	1.0467	34.5696	34.9198	36.5007	35.3489
140275	1.4119	0.8618	26.7394	26.7114	28.4089	27.3093
140276	2.0654	1.0467	32.7073	33.1620	35.5860	33.8463
140280	1.4890	0.8618	26.9835	28.0388	28.9833	28.0224
140281	1.7722	1.0467	37.5700	38.6663	40.3035	38.8921
140286	1.2278	1.0455	32.2246	38.2039	37.1421	35.9395
140288	1.6334	1.0455	32.5472	34.1167	37.2937	34.6391
140289	1.3772	0.9019	26.0872	26.7573	27.9748	26.9787
140290	1.5455	1.0467	35.9679	34.5766	36.0910	35.5293
140291	1.6451	1.0687	32.7884	34.2987	37.6820	34.9828
140292	1.3397	1.0455	32.4496	32.9675	34.8169	33.4335
140294	1.2039	0.8342	26.9789	27.4105	29.1291	27.8159
140300	1.0783	1.0467	37.4508	35.5837	50.8399	41.0132
140301	0.9779	1.0467	35.9742	*	25.6069	29.8693
140303	2.2113	1.0467	33.0359	31.4718	27.9269	30.4360
140304	1.4263	1.0455	*	*	*	*
150001	1.2764	0.9511	32.9804	32.5348	32.6297	32.7148
150002	1.6234	1.0323	28.1076	28.3271	29.6905	28.6820

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
150003	1.7222	0.9211	29.3660	30.1317	33.7073	30.8984
150004	1.5661	1.0323	31.7867	34.4889	35.7071	34.0029
150005	1.3511	0.9511	31.6090	32.6541	33.1179	32.4681
150006	1.4802	0.9445	28.3403	29.7289	30.6306	29.5973
150007	1.5994	0.8969	31.0384	32.4836	32.2298	31.9370
150008	1.4456	1.0323	29.1492	30.9426	33.9870	31.5695
150009	1.5710	0.8810	26.1517	25.9625	26.7891	26.3075
150010	1.6352	0.8969	28.2616	32.8116	30.3873	30.4161
150011	1.3841	0.9511	27.7870	27.8089	29.9431	28.4970
150012	1.5535	0.9844	31.6762	32.0116	33.6506	32.4574
150015	1.4932	0.9028	30.2516	32.6995	36.4154	32.8813
150017	1.7290	0.9203	27.1262	27.4538	30.5938	28.4044
150018	1.6443	0.9445	30.0928	30.9511	32.3280	31.1271
150021	1.7703	0.9203	31.1158	33.1505	34.1233	32.7891
150022	1.0676	0.8612	26.9525	29.7752	29.6975	28.8110
150023	1.5976	0.9511	30.3667	30.8457	32.8854	31.3908
150024	1.6680	0.9511	30.6154	32.1844	32.4374	31.8086
150026	1.2688	0.9445	31.9397	33.1225	34.1049	33.0885
150029	***	*	31.0692	32.1154	34.7470	32.5698
150030	1.1399	0.9511	31.1986	34.5137	33.5357	33.0658
150033	1.4780	0.9511	32.9469	31.7314	32.8768	32.5228
150034	1.5129	1.0323	30.0048	30.9961	32.0665	31.0341
150035	1.4857	0.9028	29.2039	27.9432	28.4279	28.5206
150037	1.4116	0.9511	30.4640	32.2960	34.2666	32.3692
150038	1.2551	0.9511	31.9552	32.2545	32.5543	32.2583
150042	1.3233	0.8687	25.2456	25.2218	26.7161	25.7175
150044	1.5944	0.8810	25.9284	26.6389	28.1622	26.9147
150045	0.9713	0.8361	29.4323	30.0052	30.9207	30.1025
150046	1.5593	0.9212	27.6228	29.7184	30.9654	29.3854
150047	1.6689	0.9203	27.1847	27.9365	31.6507	28.8997
150048	1.5145	0.9593	29.5588	30.5008	32.3958	30.8298
150051	1.6271	0.9511	30.3764	31.2746	32.2657	31.3278
150056	2.0215	0.9511	30.5777	30.8461	32.4031	31.2946
150057	1.8617	0.9511	29.2358	30.4490	32.1298	30.5843
150058	1.6714	0.9844	31.7558	32.4036	35.0250	33.0649
150059	1.4935	0.9511	36.2570	30.4189	32.7391	32.9236

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
150061	1.1637	0.8361	23.2427	24.7808	25.5354	24.5382
150064	1.1633	0.9511	28.9430	29.7898	31.2189	29.8692
150065	1.2812	0.9511	30.7970	31.7556	30.5764	31.0263
150069	1.1856	0.9593	27.0740	28.6514	29.6637	28.4852
150072	1.1231	0.8453	23.0619	24.6596	25.9259	24.5284
150074	1.4197	0.9511	29.4135	31.6043	32.2693	31.1351
150075	1.1147	0.9203	26.5987	27.1412	29.3253	27.5816
150076	1.3188	0.9445	30.2972	29.4643	30.9772	30.2388
150082	1.5964	0.8361	28.1302	28.0003	28.9121	28.3718
150084	1.8928	0.9511	35.0288	35.4818	35.6641	35.4130
150086	1.1942	0.9593	27.2580	28.8279	29.7408	28.6114
150088	1.3132	0.9511	30.2396	31.9171	33.4869	31.8591
150089	1.7163	0.8696	26.7290	28.0389	28.6143	27.7655
150090	1.4939	1.0323	30.9274	33.6812	32.6472	32.3780
150091	1.1504	0.9203	33.0421	32.9027	32.9069	32.9497
150097	1.2299	0.9511	29.4797	29.9967	31.3599	30.2962
150100	1.6908	0.8361	27.6339	30.0246	30.5792	29.4364
150101	1.0091	0.9203	31.6031	32.5860	33.5799	32.5996
150102	1.0478	0.9028	25.4717	30.4952	30.6858	28.7323
150104	1.2531	0.9511	30.8984	31.2245	32.6367	31.6520
150109	1.6020	0.9211	29.0076	31.0757	31.1542	30.3473
150112	1.5048	0.9511	31.7966	32.0659	33.0833	32.3322
150113	1.2748	0.9511	26.9098	29.0485	31.1284	29.0331
150115	1.3849	0.8361	22.3571	25.0221	22.3911	23.2176
150125	1.5510	1.0323	30.7113	31.6959	31.3249	31.2479
150126	1.3388	1.0323	32.6488	34.5086	34.8705	34.0137
150128	1.4381	0.9511	31.1071	30.7549	33.5421	31.8223
150129	1.4581	0.9511	32.9629	36.4709	35.4468	35.0559
150133	1.1372	0.9445	23.0662	25.1415	27.9662	25.3965
150134	***	*	27.3983	30.4440	*	28.8978
150146	1.1222	0.9414	31.8757	32.9491	33.5246	32.8186
150147	***	*	28.9269	28.9204	25.8261	28.0014
150149	0.9508	0.8361	25.3350	26.4595	28.5387	26.8755
150150	1.3103	0.9203	26.5984	26.5020	30.8735	28.0119
150153	2.2954	0.9511	37.3948	38.6948	40.7215	38.9628
150154	2.2826	0.9511	30.5775	32.3383	33.4212	32.1347

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
150157	1.7623	0.9511	32.9167	35.4134	36.4550	34.9919
150158	1.3123	0.9511	30.4355	31.5245	33.9116	32.0793
150159	***	*	27.5595	*	*	27.5595
150160	2.0703	0.9511	27.6375	31.2957	35.6878	31.9424
150161	1.6991	0.9511	*	32.3409	32.7880	32.5716
150162	1.8807	0.9511	*	32.2317	34.3034	33.2490
150163	1.0317	0.8810	*	26.0437	25.0146	25.4847
150164	1.2919	0.9245	*	*	34.3607	34.3607
150165	1.4820	1.0323	*	*	29.3019	29.3019
150166	0.9623	1.0323	*	*	22.9271	22.9271
150167	2.3686	0.9203	*	*	*	*
150168	2.1247	0.9203	*	*	*	*
150169	1.6356	0.9511	*	*	*	*
150170	1.3876	1.0323	*	*	*	*
150172	1.6329	0.8810	*	*	*	*
150173	1.6384	0.9211	*	*	*	*
150174	0.9714	0.9028	*	*	*	*
150175	2.3255	0.8361	*	*	*	*
150176	2.7334	0.8810	*	*	*	*
160001	1.3311	0.9485	25.8686	27.4207	28.7099	27.3326
160005	1.2769	0.8498	24.8597	25.6204	27.4917	26.1096
160008	0.9769	0.8498	24.1282	24.3704	24.4497	24.3155
160013	1.2219	0.8685	25.5162	26.6913	28.1891	26.7376
160016	1.5478	0.9235	26.6537	27.9879	28.8021	27.8144
160024	1.5796	0.9485	32.4253	32.7762	34.4365	33.1992
160028	1.4350	0.9510	29.8343	32.4639	33.7785	32.0904
160029	1.5442	0.9510	32.2035	33.7679	34.1917	33.3869
160030	1.3905	1.0016	30.4779	32.0333	35.0846	32.5833
160032	0.9942	0.8839	28.5645	29.0326	31.8085	29.8300
160033	1.6046	0.8618	27.4810	27.6537	29.9665	28.3732
160040	1.4565	0.8498	28.2982	27.9810	28.9805	28.4165
160045	1.7963	0.8763	28.1681	30.0063	30.1557	29.4747
160047	1.2816	0.9510	29.4286	31.2897	32.5410	31.0812
160057	1.5524	0.9383	27.7969	28.3640	29.9080	28.7095
160058	2.0933	0.9510	29.8975	31.2742	33.2320	31.5155
160064	1.4740	0.9104	33.6082	32.7787	33.3370	33.2334

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
160067	1.4190	0.8498	26.7679	27.2055	27.9863	27.3213
160069	1.5388	0.8527	28.4081	29.0981	30.1739	29.2235
160079	1.5326	0.8763	28.5034	29.8338	31.5836	30.0015
160080	1.2455	0.8618	27.8745	27.4136	29.4683	28.2508
160082	1.8108	0.9485	31.7508	34.0609	34.3141	33.3856
160083	1.7250	0.9485	29.9489	31.0514	33.2497	31.4494
160089	1.3913	0.8498	23.9194	25.0810	26.2942	25.0591
160101	1.1089	0.9485	26.8515	27.1889	27.7523	27.2723
160104	1.6136	0.8618	27.0538	27.8486	29.6187	28.2439
160110	1.5439	0.8498	29.9094	30.8876	32.2713	31.0216
160112	1.2738	0.8498	26.1721	26.7136	28.5427	27.1637
160117	1.4386	0.8527	24.3326	28.8434	29.5419	27.4138
160122	1.1901	0.8498	25.3192	26.6212	27.6209	26.5321
160124	1.0341	0.8498	25.5048	27.2937	27.7842	26.8757
160146	1.5275	0.8927	25.1834	27.1213	27.6992	26.6860
160147	1.1959	0.9235	33.6394	37.2058	33.7922	34.8361
160153	1.7431	0.8927	30.4356	32.1357	33.9188	32.1398
160155	***	*	*	30.2301	*	30.2301
160156	1.6040	0.8763	*	*	*	*
170001	1.1336	0.7990	24.5942	26.2914	27.4924	26.1347
170006	1.3107	0.8409	28.3527	30.5591	29.7039	29.5405
170009	1.1982	0.9514	32.2847	29.3342	35.8139	32.4214
170010	1.2280	0.7990	28.1802	28.6734	28.0225	28.2857
170012	1.6238	0.7990	28.7878	30.0388	31.3285	30.0679
170013	1.8476	0.8845	28.3051	29.6511	29.3136	29.1030
170014	1.0892	0.9514	25.8165	27.2909	28.6642	27.2564
170016	1.7045	0.9096	28.6817	31.9998	32.2154	30.9367
170017	1.1853	0.8819	29.1463	29.5447	30.5545	29.7618
170020	1.5234	0.8716	25.0561	26.1258	27.5267	26.2659
170023	1.4396	0.7990	24.8827	24.9932	23.5945	24.4631
170027	1.4459	0.7990	24.1133	24.6748	28.0618	25.5280
170033	1.2736	0.8716	25.0404	26.9830	28.5416	26.8290
170039	1.0418	0.8819	23.5975	24.1339	25.9946	24.6007
170040	1.9930	0.9514	30.0828	33.3813	34.7542	32.6359
170049	1.5816	0.9514	31.8595	34.8212	36.0453	34.2790
170058	1.0032	0.9514	28.1330	28.6239	28.3939	28.3847

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
170068	1.1495	0.8399	23.8509	25.6803	26.5991	25.3770
170074	1.1194	0.7990	24.8871	26.7280	27.0989	26.2418
170075	0.8374	0.7990	21.1965	20.9091	23.3361	21.8104
170086	1.5306	0.9096	28.5260	30.0102	31.6797	30.1229
170094	0.9016	0.7990	17.1719	26.4808	26.5182	22.5983
170103	1.4110	0.8819	25.5671	26.2628	27.2927	26.3968
170104	1.5054	0.9514	29.7793	31.7058	33.9851	31.8232
170105	1.0539	0.7990	23.4332	24.4249	25.3842	24.4229
170109	1.2001	0.9514	29.0197	33.0257	35.5902	32.6026
170110	0.9742	0.7990	24.7927	26.7359	27.8054	26.4654
170120	1.5992	0.7990	23.5287	24.9819	25.5442	24.7148
170122	1.7938	0.8819	29.6337	31.0839	31.6953	30.8189
170123	1.8214	0.8819	28.7627	29.1591	30.2106	29.3841
170133	1.0783	0.9514	25.7129	27.6138	29.6857	27.6809
170137	1.5460	0.7990	26.8029	28.6556	29.7218	28.4175
170142	1.4422	0.8907	25.5567	26.4060	27.8156	26.6242
170145	1.2223	0.7990	25.3745	26.5981	26.7895	26.2826
170146	1.6495	0.9514	31.7023	31.6451	33.8549	32.3707
170147	***	*	21.4581	*	*	21.4581
170150	1.1460	0.8133	22.0265	22.2379	22.4168	22.2250
170166	0.9627	0.7990	24.1079	24.4570	25.1569	24.5747
170175	1.2714	0.8716	31.7600	30.1456	32.3747	31.4397
170176	1.6710	0.9514	30.1135	31.4048	32.9892	31.5099
170182	1.4837	0.9514	30.3805	32.3903	32.5488	31.7971
170183	2.0144	0.8819	27.7207	27.5559	27.2280	27.4870
170185	1.3885	0.9514	29.3226	31.0813	31.8944	30.8239
170186	2.5662	0.8819	30.7673	36.3546	37.5555	34.8719
170187	1.8179	0.7990	24.6419	26.2236	27.0072	25.9990
170188	2.0192	0.9514	33.7247	34.0134	35.3969	34.4593
170190	1.0539	0.7990	27.3041	28.7392	29.4546	28.5196
170191	1.6762	0.7990	26.0305	26.2347	26.3239	26.2056
170192	1.8218	0.8819	30.9230	31.7531	31.2301	31.3156
170193	***	*	24.4131	21.9349	*	23.1732
170194	1.3210	0.9514	28.2004	29.8055	35.7190	31.0251
170195	2.6049	0.9514	29.1787	31.0187	31.1434	30.5894
170196	2.4657	0.8819	29.9671	29.9241	30.4796	30.1295

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
170197	2.3696	0.8819	*	*	33.5871	33.5871
170198	1.9628	0.7990	*	*	21.2698	21.2698
180001	1.3332	0.9593	29.9674	29.7832	30.9838	30.2388
180002	1.0159	0.8025	27.3344	28.4044	31.5452	29.0298
180004	1.1704	0.7957	22.0626	25.7454	24.9532	24.2670
180005	1.1872	0.7957	27.4317	27.9687	27.9438	27.7826
180007	***	*	26.9440	29.3465	27.5457	27.8795
180009	1.7787	0.8880	28.7048	28.9804	29.4309	29.0610
180010	2.0260	0.8760	28.2168	29.8818	30.7775	29.6381
180011	1.7841	0.8626	25.0372	26.6072	27.6650	26.5198
180012	1.5168	0.8810	27.2851	27.8386	29.2425	28.1376
180013	1.5078	0.9280	26.8108	28.6307	30.5698	28.7209
180016	1.3865	0.7957	26.9539	28.2975	29.3722	28.1740
180017	1.3206	0.8311	25.4174	26.0927	26.1053	25.8753
180018	1.4264	0.8626	24.9874	25.0082	26.1033	25.3849
180019	1.1841	0.7957	27.6801	27.5969	28.3775	27.8968
180020	1.0587	0.8025	26.8865	29.8100	32.2271	29.5397
180021	0.9701	0.7957	22.3768	24.2127	25.2066	23.9245
180024	1.2076	0.8353	26.9553	27.8181	29.6250	28.1394
180025	1.4648	0.8810	28.4172	30.2576	30.4293	29.7381
180027	1.1926	0.7957	23.3881	24.0032	25.5862	24.3439
180029	1.3851	0.8626	26.3907	29.1400	33.4416	29.5244
180035	1.5342	0.9593	34.0370	36.6577	38.6645	36.4402
180036	1.4322	0.8880	30.2643	31.9987	31.3634	31.1868
180037	***	*	33.1897	28.5734	*	30.8765
180038	1.6881	0.7957	28.2430	28.5219	29.7930	28.8753
180040	1.8998	0.8810	30.2471	28.9562	29.2132	29.3762
180043	1.0208	0.7957	24.0582	25.0444	25.3256	24.8642
180044	1.7655	0.8729	25.7990	27.7934	29.8308	27.8637
180045	1.4112	0.9593	29.9366	29.9395	30.5356	30.1379
180046	1.1858	0.8760	28.5568	30.0536	32.2894	30.3563
180048	1.3799	0.8810	24.6800	25.3490	26.8313	25.6487
180049	1.5640	0.8626	23.5756	25.8921	26.3445	25.2345
180050	1.0789	0.7957	26.7726	29.9911	31.6423	29.3799
180051	1.3473	0.7957	25.2369	26.2560	27.0283	26.1992
180053	0.9345	0.7957	23.0302	24.6694	23.9194	23.8815

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
180056	1.1784	0.8357	26.3973	26.6223	27.8825	26.9638
180064	1.3127	0.8168	21.9517	22.5090	22.7958	22.4385
180066	1.0981	0.8474	24.9542	27.2184	27.9417	26.6868
180067	2.0349	0.8760	29.6053	28.9896	30.0550	29.5697
180069	1.0562	0.8729	27.6785	29.9406	32.9994	30.0147
180070	1.3985	0.8078	21.3707	22.8450	24.2407	22.8589
180078	1.1477	0.8729	29.2136	27.4672	28.5438	28.3969
180079	1.1129	0.8131	24.9911	27.2710	26.6427	26.2944
180080	1.2983	0.7957	25.3013	27.2402	28.8798	27.1688
180087	1.3935	0.7957	22.1063	23.2617	24.6628	23.3436
180088	1.8784	0.8810	30.7954	31.8151	32.8838	31.8430
180092	1.2199	0.8760	25.2900	27.0330	26.1035	26.1598
180093	1.6163	0.8116	22.3330	23.5805	24.2302	23.4008
180095	0.9817	0.7957	21.2162	23.9869	25.2742	23.4675
180101	1.3075	0.8760	28.8772	29.6176	31.3685	30.0013
180102	1.5096	0.8325	27.3901	28.3445	26.8886	27.5244
180103	1.8987	0.8760	29.7648	31.7171	33.5024	31.6641
180104	1.5028	0.8325	27.1292	28.7669	29.7545	28.5731
180105	0.9798	0.7957	24.3663	22.9902	23.8783	23.7503
180106	0.8418	0.7957	21.2271	20.1899	21.6369	21.0328
180115	0.9093	0.7957	22.7095	24.9627	24.7222	24.1589
180116	1.3811	0.8325	26.8850	26.9052	28.8350	27.5313
180117	0.8909	0.7957	24.9571	25.9593	32.4322	27.4620
180124	1.4443	0.9280	27.1359	28.2511	30.0346	28.4149
180127	1.3104	0.9593	28.3635	29.8610	30.7333	29.6661
180128	0.9465	0.7957	23.7778	23.9098	25.5746	24.4176
180130	1.6650	0.8810	29.6751	31.2746	32.7395	31.2576
180132	1.3644	0.8626	29.0563	29.5884	29.0754	29.2355
180138	1.2014	0.8810	29.2603	30.7144	32.5413	30.8691
180139	1.0292	0.7957	26.2450	28.3450	28.6303	27.6831
180141	1.9520	0.8810	28.7329	29.5347	30.4173	29.5803
180143	1.7482	0.8760	28.0780	29.0323	30.9817	29.3864
180149	1.0602	0.7957	16.4918	16.3670	21.0293	17.8136
180150	***	*	*	27.9388	*	27.9388
180151	***	*	*	*	30.5548	30.5548
190001	1.2286	0.7910	22.5331	25.3862	29.4366	25.9390

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
190002	1.6804	0.8434	25.9387	27.1770	27.9755	27.0325
190003	1.4192	0.8434	28.0899	30.5381	32.3943	30.3019
190004	1.5130	0.7955	24.6563	27.0776	27.9541	26.6299
190005	1.6165	0.8964	28.3308	32.9927	37.7220	33.1294
190006	1.3802	0.8434	25.4826	28.9179	29.0341	27.9150
190007	1.1745	0.7910	24.0538	24.6117	25.6561	24.7757
190008	1.7700	0.7955	27.2683	28.1194	28.2325	27.8874
190009	1.0153	0.8127	25.0269	24.8263	26.5888	25.4978
190011	1.0472	0.8085	21.9174	24.2068	26.6802	24.1700
190013	1.5009	0.8164	22.8380	25.2468	25.4352	24.5312
190014	1.1793	0.7910	24.5410	25.6064	40.7501	28.3699
190015	1.4420	0.8964	26.9591	29.5241	30.0800	28.8947
190017	1.4652	0.8434	25.5477	26.9640	25.4720	25.9802
190019	1.7524	0.8127	27.6057	28.6311	28.7429	28.3536
190020	1.3278	0.8686	24.2361	25.9262	28.0273	26.1642
190025	1.3326	0.7910	26.5949	26.6296	28.3544	27.1661
190026	1.7583	0.8127	25.3752	27.0875	28.8897	27.0946
190027	1.6967	0.8164	31.5047	29.4789	30.4014	30.3905
190034	1.1283	0.8045	22.9920	24.3969	26.3116	24.6129
190036	1.7818	0.8964	29.1818	27.7969	28.4731	28.4470
190037	0.7254	0.8164	28.0463	19.5982	18.7972	23.3675
190039	1.6259	0.8964	24.6848	29.0738	29.9665	27.9939
190040	1.4743	0.8964	28.2444	29.0914	29.9696	29.1339
190041	1.5169	0.8611	28.7702	29.3296	30.0940	29.3847
190044	1.2801	0.8095	22.2462	23.1701	24.3770	23.2873
190045	1.5746	0.8964	27.5873	29.2569	30.1234	29.0388
190046	1.6328	0.8964	25.1890	30.9760	30.5410	29.0312
190050	1.2653	0.7966	22.7962	23.6921	25.5258	24.0045
190053	1.2074	0.8012	20.6289	22.1404	23.5988	22.1805
190054	1.3179	0.7971	23.5137	26.5586	26.1148	25.4390
190060	1.4983	0.8164	19.8911	25.1496	27.7720	23.8818
190064	1.7058	0.8686	26.9960	28.6273	31.9836	29.2661
190065	1.7366	0.8686	22.9861	24.3651	27.9398	25.1110
190078	1.1497	0.8044	25.6943	26.0185	29.3271	27.0437
190079	1.1235	0.8964	25.3344	28.0268	29.1127	27.5269
190081	0.8388	0.7910	20.4111	21.2224	19.7228	20.4547

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
190086	1.3020	0.8085	22.2852	24.2040	26.9719	24.3187
190088	1.0754	0.8191	24.7450	29.5999	28.2045	27.5180
190090	0.9838	0.7910	25.8610	25.0681	27.3204	26.0691
190098	1.7167	0.8611	27.5058	27.8846	30.6530	28.7025
190099	1.0253	0.8015	25.7488	25.7136	28.4919	26.6705
190102	1.5099	0.8434	28.3090	28.6165	29.3771	28.7633
190106	1.1005	0.8127	24.2759	25.5188	28.9361	26.2131
190111	1.7590	0.8611	27.3192	28.8406	30.5678	28.9640
190114	1.0703	0.7910	20.3651	21.1463	21.6231	21.0606
190115	***	*	26.0285	25.7014	26.8130	26.0523
190116	1.0753	0.7962	24.2154	24.4439	24.8437	24.4763
190118	1.0876	0.8611	22.6572	22.3386	23.2836	22.7652
190122	1.0958	0.8686	22.8681	24.5686	31.3913	26.4871
190124	***	*	28.6713	*	*	28.6713
190125	1.6466	0.8085	26.6269	26.9761	28.3593	27.4096
190128	1.0737	0.8686	31.1819	32.2095	33.7971	32.4200
190131	1.0333	0.8686	28.5946	29.9837	*	29.2828
190133	0.9268	0.7991	23.9550	27.2643	30.2477	27.1223
190135	1.4976	0.8964	35.0547	43.3956	30.1783	34.5478
190140	0.9443	0.7931	23.6713	23.2346	24.0204	23.6404
190144	1.3143	0.8611	24.8866	25.8501	28.3036	26.4021
190145	0.9783	0.7960	21.3988	22.1298	23.2156	22.2666
190146	1.5988	0.8964	28.5984	29.8336	31.9250	30.1773
190151	0.8796	0.7910	20.6970	23.0032	23.1695	22.2541
190152	***	*	34.6508	34.6962	*	34.6751
190158	***	*	21.5594	*	*	21.5594
190160	1.5857	0.8085	25.8646	26.4460	30.4379	27.3739
190161	1.1145	0.8164	23.8073	24.8249	29.2908	26.0454
190164	1.1621	0.7985	27.7265	28.2630	29.1501	28.3895
190167	1.1858	0.8434	27.1981	29.3971	31.7116	29.4476
190175	1.4156	0.8964	30.5948	31.4039	32.4181	31.4544
190176	1.8915	0.8964	28.2192	32.2906	33.3670	31.0851
190177	1.8394	0.8964	29.7252	30.9158	33.1157	31.2414
190182	***	*	30.7058	*	*	30.7058
190183	1.3719	0.7955	23.3462	25.0395	27.3509	25.2419
190184	0.9910	0.7985	22.6144	22.5006	23.5652	22.8901

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
190185	***	*	36.7317	*	*	36.7317
190190	0.9500	0.8085	27.5051	27.5875	28.9875	28.1199
190191	1.2692	0.8044	26.9656	28.1116	32.0257	28.8862
190196	0.8810	0.8434	27.7824	28.4697	30.6579	29.0035
190197	***	*	28.7044	29.4072	*	29.0218
190199	1.0401	0.8686	36.7128	29.8286	28.2996	31.3500
190201	1.1431	0.8164	26.8550	27.8244	29.9264	28.1877
190202	1.6103	0.8686	27.6463	27.8790	27.6445	27.7278
190204	1.5181	0.8964	32.9140	31.9034	33.9644	32.9173
190205	1.7463	0.8434	30.1687	31.6103	32.4248	31.3896
190206	***	*	32.0180	30.4228	*	31.2019
190208	0.8027	0.7910	24.9405	27.5238	30.0154	27.5723
190218	0.8614	0.8611	26.5251	26.9305	28.1252	27.1844
190236	1.4843	0.8611	26.9059	28.6472	30.3119	28.6612
190241	1.3729	0.7955	26.5320	27.5130	28.2954	27.5238
190242	1.3789	0.8686	26.9729	28.7307	28.2808	28.0344
190245	1.4118	0.8085	26.4166	26.6403	28.0180	26.9888
190246	2.1718	0.7985	31.7158	31.5003	31.9438	31.7321
190249	***	*	27.0975	28.3211	25.9997	26.9704
190250	2.2150	0.8964	32.8381	35.2699	34.8604	34.3606
190251	1.3719	0.8686	25.1594	27.3657	22.3853	24.6260
190253	***	*	22.2227	*	*	22.2227
190255	0.8263	0.8434	23.8035	27.8066	29.2058	26.9371
190256	1.0879	0.8964	25.9365	28.7148	28.7915	27.9122
190257	1.7222	0.8085	22.7512	24.2936	25.5176	24.1258
190258	1.8369	0.8611	25.1993	27.7948	22.8748	24.8290
190259	2.1986	0.8434	27.5518	28.9188	32.6301	29.7424
190260	***	*	33.6227	*	*	33.6227
190261	1.5307	0.8085	25.4757	28.7987	29.7560	28.0746
190263	2.3305	0.8434	29.7063	36.3082	35.0861	33.5957
190265	***	*	30.9260	*	*	30.9260
190266	2.9075	0.8686	24.3809	32.3423	32.8535	29.9624
190267	1.4667	0.8964	24.2794	27.6254	30.2475	27.6505
190268	1.5022	0.8434	29.1425	25.8619	27.3050	27.2594
190270	1.8564	0.8964	*	28.5382	29.0574	28.8214
190272	1.3915	0.8434	28.4558	28.4184	23.0702	27.0083

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
190273	1.8338	0.8686	*	22.7627	21.7837	22.2231
190274	1.8427	0.8964	*	*	28.1128	28.1128
190275	***	*	*	*	29.8209	29.8209
190278	2.3634	0.8611	*	*	23.8972	23.8972
190297	1.1631	0.7910	*	*	*	*
200001	1.3741	0.9651	28.1145	28.9839	29.1670	28.7667
200002	1.2267	0.9465	33.2695	30.4965	27.7502	29.9690
200008	1.4018	0.9885	29.3538	32.3955	34.1427	32.0121
200009	1.9252	0.9885	35.0743	36.9995	36.6216	36.2321
200018	1.3541	0.8550	24.6790	25.4228	25.7060	25.2725
200019	1.4200	0.9885	28.3413	30.1233	30.4156	29.6126
200020	1.2880	1.0171	34.5762	36.9185	40.2167	37.3309
200021	1.2139	0.9885	28.7614	31.8322	32.8539	31.2416
200024	1.6897	0.9465	31.0799	31.6913	31.9731	31.6024
200025	1.0822	0.9885	29.3607	30.2866	27.5904	29.0492
200031	1.2922	0.8550	23.7553	25.5973	25.9030	25.1172
200032	1.0966	0.8917	27.2276	27.8426	29.5270	28.2308
200033	1.8148	0.9651	33.6293	34.8017	34.8344	34.4346
200034	1.5798	0.9465	28.0417	28.5612	29.9180	28.9063
200037	1.1561	0.8550	26.7815	27.9167	29.6936	28.2024
200039	1.3319	0.9465	28.8043	29.9958	31.1083	30.0137
200040	1.0262	0.9885	25.5519	29.6104	29.7535	28.2949
200041	1.2990	0.8550	27.5067	28.7604	34.7992	30.1914
200050	1.1681	0.9651	30.1473	32.0363	34.1295	32.1599
200052	1.0602	0.8550	25.6238	24.4545	27.8885	25.8956
200063	1.1945	0.8550	28.2203	29.6832	30.0507	29.3664
210001	1.5177	0.9572	31.2355	30.9218	34.1438	32.0935
210002	2.0643	1.0151	36.0252	36.8782	37.3977	36.7890
210003	1.5893	1.0513	28.2566	34.4117	33.3073	31.8002
210004	1.4458	1.0496	33.9037	32.4548	34.4088	33.6063
210005	1.4195	1.0496	32.4081	32.2224	36.0013	33.5795
210006	1.1291	1.0151	27.9859	31.8510	33.3367	31.1101
210007	1.7980	1.0151	31.4125	35.3019	40.3645	35.4047
210008	1.4858	1.0151	31.8535	33.0343	33.6017	32.8716
210009	1.8265	1.0151	31.8273	34.4385	37.6659	34.7016
210011	1.4747	1.0151	30.7547	29.7694	28.5986	29.6638

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
210012	1.7244	1.0151	32.5327	33.8099	34.9535	33.8058
210013	1.3276	1.0151	32.1180	35.6347	35.7358	34.5777
210015	1.3298	1.0151	31.6903	34.7961	35.0662	33.9077
210016	1.8075	1.0496	35.3253	37.1478	38.1774	36.9059
210017	1.1984	0.9262	26.6208	27.9652	27.6553	27.4194
210018	1.2329	1.0496	31.5460	33.7284	36.4156	33.9785
210019	1.7439	0.9262	30.5485	30.8121	31.7957	31.0539
210022	1.5465	1.0496	36.1833	35.8394	37.6708	36.5871
210023	1.5697	1.0189	34.1664	35.8243	37.3156	35.8033
210024	1.7983	1.0151	34.5548	36.7920	36.9018	36.1089
210025	1.3682	0.9262	23.5175	28.3956	29.8053	27.1446
210027	1.4746	0.9262	25.2143	25.6339	27.5980	26.1526
210028	0.9952	0.9645	28.5214	31.7636	34.3131	31.6983
210029	1.3475	1.0151	32.9100	33.9139	34.5075	33.8223
210030	1.1460	0.9262	29.1790	33.8729	34.4330	32.5402
210032	1.2840	1.0753	29.2785	31.6516	32.2034	31.0732
210033	1.2494	1.0151	28.4350	33.0982	34.9230	32.1677
210034	1.3548	1.0151	33.0407	35.1533	36.2172	34.8437
210035	1.3316	1.0513	30.6692	28.7165	34.0007	31.1344
210037	1.2971	0.9262	28.8708	31.0096	32.7661	30.9387
210038	1.3568	1.0151	31.1563	32.7411	36.1404	33.3841
210039	1.1580	1.0513	35.1172	33.7557	36.9817	35.3260
210040	1.2899	1.0151	31.0882	30.5834	32.5361	31.4068
210043	1.3938	1.0189	29.2762	31.9196	36.7035	32.5832
210044	1.3943	1.0151	31.5463	31.9067	33.9671	32.5153
210045	0.9460	0.9262	19.6112	23.8454	23.8643	22.3580
210048	1.4049	1.0151	29.2464	30.6650	32.7111	30.9342
210049	1.3689	1.0151	28.5970	31.5740	32.8713	31.1060
210051	1.3877	1.0513	30.7954	33.0355	33.8704	32.6204
210054	1.3042	1.0513	28.6905	32.3079	30.9544	30.6912
210055	1.3146	1.0513	30.2010	36.7615	34.9377	33.7047
210056	1.4309	1.0151	33.2271	35.5593	36.1736	34.9799
210057	1.4422	1.0496	33.7287	34.3643	36.7381	34.9642
210058	1.3962	1.0151	32.0669	32.9569	31.3100	32.0828
210060	1.1535	1.0513	32.5141	34.1974	35.0184	33.9386
210061	1.3663	0.9450	26.6842	28.6561	29.3158	28.2516

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
220001	1.3129	1.1560	32.0843	34.3993	36.2517	34.3061
220002	1.3674	1.1560	35.9765	37.9204	41.2350	38.3812
220008	1.3871	1.1560	35.8680	37.3794	38.4715	37.2430
220010	1.2534	1.1560	33.7392	36.1759	37.2035	35.7194
220011	1.1936	1.1560	39.1234	41.0183	43.4600	41.2510
220012	1.4849	1.2766	41.7080	43.0551	45.5643	43.4397
220015	1.2957	1.0314	35.2373	36.6427	36.3548	36.1085
220016	1.1444	1.0314	33.1424	34.9714	36.4237	34.8489
220017	1.3175	1.2286	34.6575	38.0626	37.7006	36.8223
220019	1.1234	1.1560	26.3018	28.0084	29.0921	27.8076
220020	1.2029	1.1560	32.1528	33.6332	35.4990	33.7696
220024	1.3423	1.0314	33.0415	33.8692	34.5389	33.8318
220025	0.9616	1.1560	27.6973	26.6082	29.5458	27.9060
220029	1.2117	1.1560	32.6792	34.8311	36.1946	34.5999
220030	1.0618	1.0314	29.3714	28.8797	29.5814	29.2776
220031	1.5941	1.2286	39.4214	43.7983	46.0432	43.1210
220033	1.2423	1.1560	34.7005	36.1938	40.1729	37.0696
220035	1.4532	1.1560	36.1799	37.2879	39.7370	37.7407
220036	1.5744	1.2286	37.7301	37.0998	37.8321	37.5495
220046	1.5340	1.0435	33.8604	36.3356	37.2026	35.8565
220049	1.2222	1.1560	35.1134	35.7550	37.2433	36.0618
220050	1.1147	1.0314	30.3176	32.4636	33.3155	32.0704
220051	1.4962	0.9627	32.8693	34.7850	33.7650	33.7771
220052	1.2183	1.2286	34.9151	34.9505	36.2809	35.4000
220058	0.9958	1.1560	30.0344	31.9532	34.4760	32.1059
220060	1.1949	1.2286	36.8668	39.1180	41.3006	39.2150
220062	0.7353	1.1560	27.4755	27.3983	28.6128	27.8434
220063	1.3010	1.1560	32.2442	34.6004	35.5788	34.2281
220065	1.2968	1.0314	32.3814	33.6328	34.7541	33.5673
220066	1.4186	1.0314	*	32.6289	35.0834	33.8457
220067	1.2573	1.2286	33.9836	35.7611	37.4704	35.7586
220070	1.1469	1.1560	35.6271	37.4036	39.9838	37.7577
220071	1.8988	1.2286	40.0313	44.2752	46.1244	43.5120
220073	1.2200	1.1560	37.4249	38.9942	39.6789	38.7046
220074	1.3861	1.1560	33.2081	34.5531	36.8098	34.8867

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
220B74[4]	***	*	33.2082	34.5530	36.8098	34.8283
220075	1.6785	1.2286	33.3578	33.9698	34.7027	34.0072
220077	1.7243	1.1066	34.7345	36.4382	37.4924	36.2651
220080	1.2906	1.1560	33.1640	36.8086	36.4484	35.4648
220082	1.4119	1.1560	32.2124	33.0780	34.8104	33.3699
220083	1.1280	1.2286	35.2758	37.6415	40.5366	37.8780
220084	1.3987	1.1560	34.6275	36.1148	37.5379	36.1306
220086	1.8041	1.2286	36.2385	38.7853	41.1551	38.7907
220088	2.0559	1.2286	37.0840	37.3891	39.2279	37.9115
220090	1.2951	1.1560	35.8969	36.8628	39.5926	37.5164
220095	1.1067	1.1560	31.1644	34.1504	35.3675	33.6005
220098	1.1646	1.1560	31.1288	32.1864	33.5413	32.2804
220100	1.3340	1.2286	35.7309	36.5606	38.7440	37.0351
220101	1.4456	1.1560	37.7292	39.3939	41.7554	39.6905
220105	1.2292	1.1560	35.8179	36.6444	39.1029	37.2192
220108	1.2101	1.2286	35.7009	37.1981	38.4718	37.1647
220110	2.0616	1.2286	43.8444	45.3683	47.3232	45.5499
220111	1.2935	1.2286	35.6223	36.8788	39.2865	37.3009
220116	1.8798	1.2286	40.0982	44.6345	47.0582	43.9023
220119	1.1259	1.2286	33.7200	36.2751	37.4673	35.8320
220126	1.2307	1.2286	35.6278	40.5321	38.0733	38.0049
220135	1.4968	1.2766	39.0296	40.3011	42.8827	40.7443
220153	***	*	20.5063	17.4773	19.0273	19.2029
220154	***	*	*	*	43.7359	43.7359
220162	1.7710	*	*	*	*	*
220163	1.6759	1.1560	39.4893	41.6485	42.2659	41.1896
220171	1.6535	1.1560	36.4567	39.7385	38.8272	38.4029
220174	1.2280	1.1560	32.9140	35.8880	34.9007	34.5714
220175	1.3204	1.1560	34.1572	36.6376	38.0801	36.2674
220176	1.5591	1.1560	31.4220	36.2759	38.1158	35.1359
220177	0.9796	0.9627	*	*	*	*
230002	1.4172	0.9804	33.9708	34.2904	35.4085	34.5484
230003	1.4546	0.9343	28.9886	28.5041	30.5808	29.4057
230004	1.7665	0.9784	33.4644	33.1555	34.1260	33.5840
230005	1.3107	0.9054	29.0634	30.5550	31.3029	30.3037

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
230013	1.3464	1.0088	28.6430	29.9019	31.7651	29.9529
230015	1.1276	0.8880	28.9601	29.8884	32.5133	30.4506
230017	1.7269	1.0266	36.8045	35.5276	37.9122	36.7658
230019	1.6780	1.0088	35.1440	34.8302	36.2716	35.4350
230020	1.7393	0.9804	29.9492	30.4302	31.1906	30.5265
230021	1.6302	0.9933	29.5414	30.4315	31.6153	30.5478
230022	1.1397	0.9714	25.7846	29.5713	32.6757	29.2761
230024	1.7276	0.9804	34.5278	35.1416	35.9913	35.2122
230029	1.7576	1.0088	33.1482	35.5257	33.5106	34.0740
230030	1.3448	0.9060	25.1929	27.8555	29.6479	27.5704
230031	1.5302	0.9681	30.8870	30.9321	31.8722	31.2241
230034	1.3190	0.8566	29.1098	29.8711	29.1077	29.3790
230035	1.3229	0.9272	25.7099	27.0372	27.3075	26.6792
230036	1.4412	0.8850	31.0938	31.9872	32.2768	31.7900
230037	1.2616	0.9804	28.8547	31.4423	32.0467	30.7793
230038	1.7841	0.9343	30.1040	31.5536	32.5264	31.4308
230040	1.1548	0.9272	27.2850	27.6894	27.5684	27.5177
230041	1.6226	0.9438	30.3082	31.7229	32.9174	31.6784
230046	1.9829	1.0061	33.5304	34.3952	35.9760	34.6925
230047	1.6075	0.9731	32.0248	33.2300	33.7264	32.9936
230053	1.7703	0.9804	33.5440	34.1884	35.6490	34.5004
230054	1.8298	0.9207	28.1229	28.5274	28.7117	28.4479
230055	1.3352	0.8566	28.1881	28.2657	29.6910	28.7240
230058	1.2321	0.8566	27.9643	29.2185	29.8956	29.0455
230059	1.6857	0.9343	28.3602	30.3935	32.7833	30.4889
230060	1.2298	*	28.7760	30.7515	*	29.7837
230066	1.2837	0.9784	32.3582	32.8383	34.5386	33.2625
230069	1.2686	0.9804	31.9675	33.3136	33.1722	32.8338
230070	1.6133	0.9168	28.0366	32.2151	31.6902	30.6210
230071	1.2460	1.0088	28.8879	29.6172	29.7855	29.4320
230072	1.4884	0.9343	28.8024	29.3214	30.4713	29.5569
230075	1.5124	0.9781	32.1166	33.2981	33.0856	32.8458
230077	1.8634	1.0088	31.0123	32.2274	33.2565	32.1576
230078	1.1159	0.8566	27.0069	27.7143	28.9163	27.8714
230080	1.1863	0.8566	25.6204	25.9082	27.1896	26.2395
230081	1.3269	0.8566	27.8106	27.9649	28.8068	28.1980

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
230085	1.1525	1.0266	27.6474	28.1395	28.6603	28.1833
230089	1.4386	0.9804	32.2311	34.4092	*	33.3212
230092	1.4241	0.9423	30.5417	29.5262	32.3303	30.8026
230093	1.1780	0.8654	27.0572	27.7275	27.1808	27.3255
230095	1.1846	0.8850	25.9210	25.9787	26.7295	26.2107
230096	1.1720	0.9933	29.7225	30.9326	35.3084	32.0067
230097	1.6800	0.9272	31.5174	32.2990	31.8133	31.8763
230099	1.2400	0.9804	29.0975	30.7388	31.3316	30.3938
230100	1.4065	0.8566	25.6594	25.9480	27.1021	26.2240
230101	1.1279	0.8566	28.8608	29.4146	30.2722	29.5256
230104	1.7305	0.9804	34.0195	34.0176	35.3943	34.4648
230B04[5]	***	*	34.0195	34.0176	35.3943	34.4605
230106	1.1686	0.9343	30.0223	29.0344	31.2500	30.1013
230108	1.2433	0.8566	25.7477	25.4728	26.0197	25.7525
230110	1.3362	0.8566	27.0280	29.0921	30.1801	28.7817
230117	1.8114	1.0266	33.9176	33.6962	34.2863	33.9717
230118	1.2950	0.8566	24.8638	27.1359	28.4445	26.8191
230119	***	*	33.2050	33.6503	*	33.4472
230121	1.3766	1.0098	27.7512	28.9511	30.8615	29.1524
230130	1.7250	1.0088	32.5613	33.6704	34.9198	33.7273
230132	1.6023	1.1330	38.2454	39.2894	39.7151	39.0892
230133	1.3475	0.8566	25.8537	26.1806	25.7151	25.9203
230135	1.0031	0.9804	31.5194	32.6527	*	32.0720
230141	1.6878	1.1330	36.3124	36.2647	40.7648	37.7993
230142	1.4114	0.9804	29.9911	30.2157	31.2257	30.4794
230146	1.4359	0.9804	29.0218	29.3346	30.5060	29.6420
230151	1.4202	1.0088	28.6724	28.6413	30.4839	29.2693
230156	1.7070	1.0061	34.7865	35.1696	34.0537	34.6666
230165	1.6917	0.9804	32.2855	31.9887	33.4514	32.6026
230167	1.6598	1.0222	32.8092	35.8019	36.9076	35.1687
230174	1.4021	0.9343	31.2469	31.6387	31.5781	31.4917
230176	1.4667	0.9804	29.2688	29.5281	30.9173	29.9026
230180	1.2683	0.8566	24.6007	28.1401	29.3516	27.1906
230190	***	*	33.6724	30.7924	36.7558	33.6260
230193	1.4023	0.9681	28.4641	29.1474	31.5897	29.7561

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
230195	1.5647	0.9731	32.5549	33.4975	33.4337	33.2184
230197	1.7706	1.1330	34.8066	36.4129	39.0787	36.8022
230204	1.4815	0.9731	30.1982	31.5389	34.3475	31.9741
230207	1.4333	1.0088	26.8231	27.2054	27.4081	27.1461
230208	1.2571	0.9272	25.2481	25.8892	27.8814	26.3666
230212	1.0316	1.0061	33.4379	34.3917	34.3170	34.0488
230216	1.5184	0.9681	28.9586	30.7478	30.8494	30.1826
230217	1.5091	0.9781	33.0839	35.4957	36.9025	35.2407
230222	1.6616	0.8850	32.4404	30.6277	29.6522	30.8343
230223	***	*	31.8146	34.2971	*	33.0613
230227	1.5877	0.9731	34.2762	35.4364	37.2215	35.5888
230230	1.4717	1.0222	31.4953	31.2614	35.4132	32.7682
230236	1.5236	0.9343	31.9100	32.1973	33.9442	32.7342
230239	1.4068	0.8566	23.5461	26.8301	25.7446	25.3678
230241	1.2282	0.9681	30.0248	28.4771	28.1985	28.8297
230244	1.4335	0.9804	32.5586	33.0082	34.3841	33.3260
230254	1.5845	1.0088	31.6332	33.3035	35.0125	33.2978
230257	0.9982	0.9731	30.0674	32.6298	33.3636	32.2062
230259	1.4407	1.0061	27.9572	28.7672	29.1866	28.6444
230264	2.1717	0.9731	29.2202	35.0990	32.8671	32.3761
230269	1.4542	1.0088	34.2694	34.4514	35.2440	34.6832
230270	1.4328	0.9804	29.2408	29.0416	30.1197	29.4618
230273	1.5702	0.9804	32.5730	32.6874	34.8800	33.4102
230275	0.5916	0.9168	22.3740	*	22.6311	22.5224
230277	1.6115	1.0088	32.2545	33.8036	33.9308	33.3444
230279	0.6904	0.9804	26.8552	26.8567	28.8581	27.5609
230297	1.8559	0.9804	*	35.4246	38.9109	37.1670
230300	***	*	*	40.1731	*	40.1731
230301	1.2227	1.0088	*	*	29.1394	29.1394
230302	1.4906	1.0088	*	*	*	*
240001	1.5641	1.0976	37.2211	38.3979	41.1376	38.9343
240002	1.8190	1.0633	34.6368	36.8748	39.2785	37.0047
240004	1.8454	1.0976	33.4596	36.5476	38.0780	36.0985
240006	1.2478	1.0710	32.8229	29.6609	33.3951	31.7330
240010	2.0987	1.0710	35.9131	37.5473	37.9757	37.1825
240014	1.0711	1.0976	33.4492	35.0675	34.9155	34.4959

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
240018	1.3136	1.0027	30.5645	32.3271	33.2201	32.0521
240019	1.1884	1.0633	34.2547	36.7033	37.3681	36.1294
240020	1.1431	1.0976	34.5703	34.6135	36.6782	35.2976
240022	1.0184	0.9104	28.5905	29.9313	31.1852	29.9071
240030	1.5777	0.9104	27.6596	29.4253	30.4810	29.1808
240036	1.5881	1.0976	37.2207	39.2407	40.6853	39.1270
240038	1.5960	1.0976	34.7357	35.8365	37.8663	36.2048
240040	1.0412	1.0633	30.0255	31.3287	34.0437	31.7765
240043	1.2674	0.9104	25.7424	27.1539	28.4042	27.1230
240044	1.0396	0.9837	28.5705	29.8375	29.2879	29.2433
240047	1.5709	1.0633	35.6763	36.7122	36.2255	36.2136
240050	1.2531	1.0976	33.7964	34.6160	36.3370	34.9328
240052	1.2601	0.9104	31.0934	33.1438	33.8454	32.7273
240053	1.6040	1.0976	34.4210	35.4738	36.3414	35.4352
240056	1.3478	1.0976	35.8603	36.1085	32.7052	34.7799
240057	1.9154	1.0976	34.8374	35.4436	38.0303	36.0623
240059	1.1327	1.0976	32.5958	33.5784	33.2499	33.1597
240061	1.8971	1.0710	34.6031	36.2545	37.5561	36.1385
240063	1.6747	1.0976	36.9822	38.3735	38.3869	37.9467
240064	1.2584	0.9316	29.9917	34.2284	35.6462	33.1970
240066	1.6077	1.0976	39.6609	38.4941	39.9654	39.3787
240069	1.2417	1.0976	31.1673	31.6325	35.5345	32.8398
240071	1.1899	1.0976	32.5460	33.1094	35.2567	33.6586
240075	1.2925	1.1001	30.3230	31.5984	32.9126	31.6235
240076	1.1549	1.0976	33.7950	35.4135	37.1723	35.5183
240078	1.7615	1.0976	36.2276	37.3608	39.4962	37.7013
240080	2.0360	1.0976	36.5390	37.7353	39.9460	38.0844
240084	1.1431	1.0633	29.0275	30.3789	32.3263	30.5812
240088	1.2605	1.1001	30.7240	31.4165	32.7525	31.5969
240093	1.5139	1.0976	30.4744	31.3517	32.3639	31.4358
240100	1.3557	0.9104	30.9481	32.5307	33.0821	32.1908
240101	1.1930	0.9249	28.5503	28.7121	29.5095	28.9269
240104	1.3000	1.0976	35.8839	36.0711	40.4033	37.5188
240106	1.6415	1.0976	33.9984	36.8942	39.4450	36.7952
240115	1.5182	1.0976	36.2788	37.5802	38.9388	37.6716
240117	1.2305	0.9719	29.0894	30.4437	29.6594	29.7231

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
240132	1.4186	1.0976	36.4252	37.0941	37.9072	37.1624
240141	1.1176	1.0976	34.2473	35.8696	37.1809	35.6971
240166	1.2510	0.9104	26.1732	27.3184	28.1765	27.2416
240187	1.2545	1.0976	30.9646	33.5186	33.4717	32.6497
240196	0.8864	1.0976	35.0345	35.4472	38.7978	36.4399
240206	0.8428	1.4382	*	*	*	*
240207	1.3525	1.0976	36.4569	37.7179	39.4085	37.8940
240210	1.3728	1.0976	36.5950	37.7064	38.2195	37.5323
240211	0.6922	1.0108	16.6158	16.1460	16.5163	16.4219
240213	1.4249	1.0976	37.4608	38.4222	39.6158	38.5555
250001	2.1543	0.8088	24.3404	26.7079	28.0700	26.4339
250002	0.9292	0.7998	25.0342	31.2353	32.6776	29.5266
250004	1.8180	0.8871	24.8086	29.1096	30.0764	27.9177
250006	1.1385	0.8871	27.0511	26.9193	29.3899	27.7903
250007	1.1775	0.8882	29.3479	32.6672	31.9040	31.2803
250009	1.4344	0.8341	24.9118	25.9247	27.4133	26.1295
250010	1.0254	0.7703	22.7988	23.8749	24.5667	23.7460
250012	0.9436	0.9171	26.4110	29.8873	27.8154	28.0019
250015	1.3891	0.7703	22.3685	22.7775	24.6835	23.2714
250017	0.9972	0.7703	25.7404	25.5007	22.3075	24.4789
250018	0.7464	0.7703	19.1108	19.5527	20.4538	19.7094
250019	1.6160	0.8882	27.7230	28.4743	30.6079	28.9597
250020	0.9777	0.7703	23.1521	26.9602	27.3319	25.8108
250023	0.8903	0.8312	19.5081	22.2932	17.2321	19.5475
250025	1.1249	0.7703	23.0555	26.0579	25.2972	24.7574
250027	0.9255	0.7703	32.5451	26.7593	26.0044	28.1387
250031	1.3465	0.8088	26.7507	28.6356	29.2948	28.1906
250034	1.6373	0.8871	27.9279	29.3365	30.0088	29.1234
250035	0.7907	0.7703	20.5251	24.0653	21.6802	22.1592
250036	0.9473	0.8145	22.5676	22.6781	24.7319	23.3935
250038	0.8901	0.8088	30.7960	27.1958	27.6152	28.2419
250040	1.6037	0.8312	26.2268	28.4423	29.0586	27.8924
250042	1.2263	0.8871	27.4610	25.8791	30.3623	27.9247
250043	1.0488	0.7703	21.1265	22.4618	22.6912	22.0994
250044	0.9899	0.7703	26.1732	26.9451	27.9188	27.0217
250048	1.5964	0.8088	27.6339	27.4186	27.6442	27.5667

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
250049	0.9434	0.7703	24.2227	24.2129	21.5835	23.2761
250050	1.2840	0.7703	22.4429	22.6843	23.7790	23.0068
250051	0.7692	0.7703	14.1662	15.6982	15.7373	15.2520
250057	1.2695	0.7703	22.9683	22.5524	25.9738	23.8179
250058	1.2848	0.7703	19.6720	20.4748	22.1248	20.7697
250059	0.9412	0.7703	25.5982	24.8145	23.7995	24.7437
250060	0.8138	0.7703	27.0354	31.0689	32.3114	29.8012
250061	0.8353	0.7703	25.1495	23.3006	22.9622	23.7108
250067	1.1274	0.7703	23.8027	28.2894	27.2284	26.3793
250069	1.6226	0.7985	23.4495	25.8456	27.7173	25.6762
250072	1.7556	0.8088	27.5791	30.5382	33.2443	30.4790
250077	0.9612	0.7703	19.6333	19.3962	20.7217	19.9362
250078	1.7165	0.8312	23.9598	26.5481	27.5440	26.0252
250079	0.8236	0.8088	46.0349	32.3758	33.2547	37.9283
250081	1.4366	0.7985	24.8281	23.1385	25.6748	24.4935
250082	1.5383	0.8273	25.6218	27.8096	29.4889	27.6785
250084	1.1549	0.7703	19.5694	20.1192	21.2261	20.3028
250085	0.9389	0.7703	24.6757	24.5765	25.8783	25.0289
250093	1.2675	0.7703	26.4351	27.0937	28.9844	27.5340
250094	1.6566	0.8312	25.4232	26.1331	28.4550	26.7033
250095	1.1011	0.8088	25.9021	30.7505	25.2111	27.0637
250096	1.2779	0.8088	27.7291	27.5206	29.1993	28.1437
250097	1.5766	0.8541	22.7916	23.6607	24.1451	23.5520
250099	1.4358	0.8088	27.5757	25.0076	26.7877	26.4479
250100	1.4971	0.7985	27.5484	28.2019	29.4874	28.4283
250102	1.5878	0.8088	25.5327	27.8758	27.2188	26.8670
250104	1.4298	0.7985	25.4008	26.3140	25.7731	25.8274
250112	0.9397	0.7703	27.4162	29.6978	23.5300	26.6029
250117	1.0807	0.8312	24.5706	26.0965	24.8866	25.2046
250122	1.1551	0.7703	23.4908	27.3606	31.2642	27.3826
250123	1.3700	0.8882	29.8299	29.5520	32.4487	30.5969
250124	0.8592	0.8088	21.9420	22.4247	23.9262	22.8076
250125	***	*	32.7411	29.0819	31.9629	31.3858
250126	1.0391	0.9171	25.2581	26.8712	26.7811	26.3514
250127	0.8051	1.4382	*	*	*	*
250128	1.0195	0.8122	23.5918	24.7051	26.7124	25.1932

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
250134	0.9778	0.8088	22.0846	40.7995	30.5066	30.6943
250136	1.0796	0.8088	27.1479	27.8270	30.6565	28.5419
250138	1.3635	0.8088	27.3132	27.0688	29.2021	27.8594
250141	1.5961	0.9171	33.4413	32.1496	31.6915	32.3561
250149	0.8744	0.7703	17.0964	17.2423	20.1488	18.0903
250151	0.6315	0.7703	*	17.3962	25.0894	22.4010
250152	0.9097	0.8088	28.5526	29.8216	30.9016	29.7410
250161	***	*	*	26.0070	*	26.0070
250162	1.0038	0.8893	*	*	31.4828	31.4828
260001	1.7887	0.8409	31.1866	28.6690	30.0120	29.9052
260004	0.9453	0.8109	23.9584	24.1764	25.5508	24.5784
260005	1.6662	0.9019	31.1050	33.1020	35.2618	33.2207
260006	1.5176	0.8109	33.8253	34.3548	36.2278	34.8344
260009	1.1928	0.8566	26.6685	26.2248	26.1705	26.3503
260011	1.6596	0.8566	31.2612	31.4415	31.7034	31.4717
260015	1.1557	0.8109	25.0250	25.1585	26.2721	25.5036
260017	1.3354	0.8566	26.2621	27.4586	29.5743	27.7703
260020	1.7611	0.9019	30.9599	32.0889	31.9904	31.7069
260021	1.4447	0.9019	19.5810	19.3770	32.4283	21.7242
260022	1.4859	0.8223	25.9391	25.6866	26.7028	26.0941
260023	1.5492	0.9019	25.5899	26.7586	27.4201	26.6186
260024	1.1778	0.8109	20.7136	22.4347	22.9479	22.0397
260025	1.4225	0.8914	24.5042	24.4959	24.4546	24.4847
260027	1.8912	0.9514	31.0236	32.3066	33.7779	32.3722
260032	1.9415	0.9019	28.7183	29.8257	30.8428	29.7999
260034	0.9685	0.8109	28.7736	29.7821	29.4705	29.3435
260040	1.7603	0.8375	27.3680	28.5035	29.9909	28.6335
260047	1.4981	0.8109	27.2667	27.1986	27.8259	27.4384
260048	1.2788	0.9514	29.6969	30.1691	30.8650	30.2475
260050	1.0775	0.8109	27.8065	27.6085	33.8795	29.6615
260052	1.3299	0.9019	29.6998	31.5722	32.2076	31.2112
260057	1.0671	0.9514	23.8181	27.0128	27.1389	26.1324
260059	1.2757	0.8141	25.3025	26.9521	27.3419	26.5876
260061	1.1228	0.8109	23.6717	24.7824	27.0467	25.1434
260062	1.3726	0.9514	29.6156	30.7159	32.0976	30.8722
260064	1.4339	0.8149	21.4932	23.6002	25.8393	23.6092

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
260065	1.7126	0.8375	28.3411	29.9325	29.6384	29.3273
260068	1.7723	0.8223	28.1246	29.3972	29.5631	29.0347
260070	0.8779	0.8109	25.2997	26.2370	25.8550	25.8217
260074	1.2943	0.8223	28.6216	28.4171	29.3367	28.7901
260077	1.7066	0.9019	28.7204	28.9940	29.4958	29.0802
260078	1.2849	0.8109	23.1785	24.7794	25.1259	24.3417
260080	1.0588	0.8109	18.6813	19.0041	19.1541	18.9629
260081	1.6605	0.9019	32.0799	34.8761	40.1198	35.5606
260085	1.6239	0.9514	29.6514	30.4727	31.6239	30.5668
260091	1.5674	0.9019	30.2636	32.9623	33.9609	32.4273
260094	1.6223	0.8375	25.1491	27.0127	27.2078	26.4777
260095	1.5411	0.9514	29.9090	30.9142	30.5602	30.4766
260096	1.6341	0.9514	32.9383	33.1804	34.9570	33.7008
260097	1.1617	0.8471	27.3129	28.2444	28.5379	28.0218
260102	1.0526	0.9514	30.7678	29.1467	30.1752	29.9874
260104	1.7078	0.9019	29.5891	32.0122	33.6904	31.7812
260105	1.8595	0.9019	32.4292	33.4278	35.1672	33.6282
260107	***	*	29.7775	38.3668	*	33.8526
260108	1.8751	0.9019	28.5654	30.1064	31.5495	30.0747
260110	1.6558	0.8770	28.0381	28.5364	30.1062	28.9080
260113	1.2656	0.8342	23.0826	23.6758	25.6538	24.1544
260115	1.2365	0.9019	25.5658	26.5268	27.1964	26.4347
260116	1.0191	0.8342	22.5536	25.1758	27.7471	24.8978
260119	1.3362	0.8325	31.5003	26.4382	26.5894	27.9902
260137	1.7978	0.8409	31.4091	28.3521	29.0069	29.4979
260138	2.0048	0.9514	31.7582	33.4156	34.9809	33.4163
260141	2.0499	0.8223	26.6684	28.3492	28.1099	27.7524
260142	1.2469	0.8109	22.8205	25.0940	24.1327	24.0438
260147	0.8251	0.8109	22.9689	22.8326	25.3191	23.5737
260159	***	*	24.3027	25.5039	26.0684	25.2758
260160	1.0383	0.8253	26.6715	27.9585	25.0259	26.6874
260162	1.4325	0.9019	30.5761	32.3673	33.0717	32.0297
260163	1.2350	0.8204	23.8644	25.0443	26.1076	25.0496
260166	***	*	29.5259	30.6020	*	30.0575
260175	1.0460	0.9514	25.7069	26.5767	28.1661	26.8058
260176	1.7475	0.9019	30.6205	32.4957	33.1495	32.1198

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
260177	1.3018	0.9514	29.0815	31.1662	33.9925	31.4147
260178	1.9849	0.8223	26.9902	28.9170	29.8616	28.6265
260179	1.5711	0.9019	29.6316	30.3276	30.8119	30.2731
260180	1.7531	0.9019	30.7336	31.4721	32.7989	31.6539
260183	1.6167	0.8770	31.4916	32.2621	31.3742	31.7100
260186	1.5186	0.8566	29.1874	30.8706	32.4493	30.8711
260190	1.3538	0.9514	30.9003	32.2069	34.1815	32.3839
260191	1.5869	0.9019	27.8648	28.7185	29.0100	28.5516
260193	1.3548	0.9514	29.5436	30.5190	31.7196	30.5601
260195	1.4152	0.8109	25.0294	25.6697	26.6828	25.8073
260198	***	*	27.9093	31.4660	*	29.5529
260200	1.4152	0.9019	30.5032	32.0910	35.5276	32.9288
260207	1.1898	0.8375	23.6392	22.8308	22.7884	23.0797
260209	1.0738	0.8566	26.4203	33.7185	32.9213	30.8380
260210	1.2999	0.9019	36.4055	33.5701	35.4741	35.1652
260211	1.3016	0.9514	37.1557	42.4297	36.1850	38.3836
260214	1.3113	0.9514	31.0175	31.7957	34.1199	32.2663
260216	1.3206	0.9514	*	32.4039	33.4387	32.9968
260217	***	*	*	12.2879	*	12.2879
260219	1.3400	0.9019	*	*	30.7118	30.7118
260220	***	*	*	*	28.4885	28.4885
260221	2.0760	0.8375	*	*	*	*
260222	3.1344	0.9514	*	*	*	*
260223	2.1186	1.0330	*	*	*	*
270002	1.1098	1.0000	28.3379	26.9419	28.2480	27.8202
270003	1.2908	1.0000	28.0543	28.5127	29.8638	28.8333
270004	1.7281	1.0000	28.5869	29.4694	31.2252	29.8125
270012	1.6404	1.0000	28.0672	27.9087	28.8521	28.2738
270014	2.0243	1.0000	28.2582	30.1101	30.2981	29.5713
270017	1.3880	1.0000	29.3542	29.4260	31.2231	30.0045
270023	1.6600	1.0000	28.1896	30.9908	31.5012	30.2124
270032	1.0183	1.0000	21.6360	21.5106	23.5705	22.2266
270049	1.8451	1.0000	29.8891	31.3941	31.2349	30.8507
270051	1.4506	1.0000	29.3941	29.1163	30.1070	29.5459
270057	1.4282	1.0000	28.3627	29.5317	31.6476	29.8918
270074	0.9307	1.4382	*	*	*	*

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
270086	1.4090	1.0000	21.9017	27.3995	29.1257	26.4704
270087	1.5197	1.0000	24.9197	24.2168	24.9946	24.6957
280003	1.8427	0.9447	32.3780	33.7700	34.2000	33.4257
280009	1.8904	0.9447	28.1559	31.9280	33.6269	31.2504
280013	1.7682	0.9510	30.3120	31.9793	32.8493	31.7431
280020	1.6813	0.9447	29.4831	30.3731	32.3597	30.7314
280023	1.4338	0.9447	30.0717	31.9420	31.3884	31.1400
280030	1.8814	0.9510	31.8758	33.4544	34.0104	33.0874
280032	1.4305	0.8845	25.6549	25.8707	27.6089	26.3994
280040	1.6949	0.9510	30.7406	32.1005	32.7707	31.9093
280060	1.7924	0.9510	30.4625	32.0607	33.5256	32.0484
280061	1.4381	0.8845	28.9591	29.2231	30.8542	29.7095
280065	1.2973	0.9375	29.5470	30.1143	30.8900	30.1783
280077	1.3795	0.9447	29.9223	29.7362	31.3194	30.3231
280081	1.6286	0.9510	28.9696	31.0768	35.8382	31.9389
280105	1.2687	0.9510	30.0472	33.3196	33.1407	32.1834
280111	1.1463	0.8845	28.3541	29.0865	29.9691	29.1189
280119	0.8685	1.4382	*	*	*	*
280123	***	*	20.2741	20.6384	29.1514	22.7020
280125	1.5076	0.8927	24.7466	25.1212	30.7311	26.8386
280127	1.9295	0.9447	26.5659	28.4607	27.8198	27.6863
280128	2.7835	0.9447	27.1024	19.2781	30.1879	25.4888
280129	2.0282	0.9510	27.9511	30.4258	30.9589	29.8728
280130	1.4549	0.9510	29.9645	32.4243	33.1336	31.9744
280131	2.1542	0.9510	*	*	*	*
290001	1.7980	1.0391	33.3318	32.3610	34.3377	33.3434
290002	0.8656	1.0000	22.7362	25.4458	22.9980	23.6418
290003	1.8020	1.1757	34.6433	36.8494	40.5365	37.2945
290005	1.5573	1.1757	34.2373	34.2514	36.3971	34.9747
290006	1.1041	1.0391	33.3243	32.9232	35.2729	33.8405
290007	1.8733	1.1757	41.2395	44.0851	42.0134	42.4287
290008	1.2259	1.0000	33.2473	36.1620	38.0995	35.8471
290009	1.8183	1.0391	34.2103	38.6692	40.9685	37.9159
290012	1.3732	1.1757	38.3731	38.1494	39.8936	38.8324
290019	1.6158	1.0391	32.2817	34.3215	35.6893	34.1535
290020	0.9789	1.0000	27.2908	25.3592	28.1710	26.9891

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
290021	1.6573	1.1757	36.8728	39.5976	41.5629	39.3340
290022	1.7355	1.1757	38.8262	40.9896	41.3493	40.4278
290027	0.8303	1.0000	29.1123	25.1315	17.5194	22.5706
290032	1.4270	1.0391	36.9175	38.9632	37.5999	37.8103
290039	1.6578	1.1757	34.6359	37.5722	41.3057	37.8449
290041	1.4861	1.1757	38.4445	40.0602	42.8383	40.5654
290045	1.7861	1.1757	38.2560	38.5440	40.6077	39.1861
290046	1.5403	1.1757	38.3112	41.5550	42.1303	40.8035
290047	1.7100	1.1757	35.6381	38.6892	41.6528	38.6969
290049	1.4003	1.0391	33.4278	33.2014	34.9166	33.8543
290051	2.0280	1.0235	32.5277	37.2727	37.4812	35.6526
290053	1.7043	1.1757	*	*	41.7596	41.7596
290054	1.3973	1.1757	*	*	*	*
290055	1.5038	1.0235	*	*	*	*
300001	1.4814	1.0008	31.0122	31.4533	31.9222	31.4790
300003	2.0987	1.0008	37.7246	37.3007	37.8482	37.6390
300005	1.4367	1.0008	28.8402	29.4927	32.0379	30.1494
300011	1.3554	1.0940	33.0785	32.7459	35.9010	33.9466
300012	1.4793	1.0940	33.0569	34.8519	34.3089	34.0963
300014	1.2376	1.0171	30.7735	32.8211	33.7545	32.5359
300017	1.4332	1.0971	33.4164	35.2028	37.5444	35.3995
300018	1.3748	1.0171	31.5028	32.7008	33.9529	32.7460
300019	1.3351	1.0211	28.3114	30.5332	31.7382	30.2375
300020	1.4207	1.0940	32.4655	34.7678	36.3083	34.5838
300023	1.4607	1.0008	32.3202	34.2636	35.1291	33.9582
300029	1.8966	1.0971	32.0033	35.3112	36.0190	34.4466
300034	1.8501	1.0940	33.5537	33.7397	32.8443	33.3569
310001	1.8394	1.3094	41.4946	44.8619	50.6238	45.4383
310002	1.8317	1.2825	37.9484	39.7599	41.2456	39.6858
310003	1.3084	1.3094	40.1543	39.8679	42.8065	40.9664
310005	1.3923	1.1280	34.7657	34.4087	36.0844	35.0992
310006	1.4947	1.3094	30.4296	29.1025	36.9201	33.0307
310008	1.4134	1.3094	34.3268	36.2903	37.2702	35.9673
310009	1.4910	1.2825	35.4624	37.9098	37.8328	37.0580
310010	1.3390	1.1249	36.0823	34.1071	34.7174	34.9269
310011	1.3734	1.1249	37.4855	34.0850	38.0642	36.5086

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
310012	1.5578	1.3094	41.9630	41.3814	44.1956	42.5328
310013	***	*	32.9488	*	*	32.9488
310014	1.9878	1.1249	35.0124	39.7527	42.5981	39.1445
310015	1.9757	1.2825	40.8229	39.5076	41.0862	40.4747
310016	1.3519	1.3094	41.0363	39.7563	42.6321	41.1071
310017	1.3342	1.2825	35.9806	34.8881	36.6814	35.8577
310018	***	*	32.6956	33.5069	33.6869	33.3032
310019	1.5578	1.3094	31.8930	34.6618	36.9116	34.4783
310020	***	*	38.4266	34.8440	33.1591	35.6399
310021	1.5817	1.1249	32.2064	33.2554	32.9745	32.8103
310022	1.3683	1.1249	32.8079	32.8154	35.0037	33.5940
310024	1.4947	1.1280	36.8666	34.7011	38.7731	36.8133
310025	1.4049	1.3094	32.1481	35.2564	40.8475	35.5411
310026	***	*	30.1321	31.9905	*	31.0489
310027	1.5531	1.1280	34.6471	34.1653	35.4202	34.7452
310028	1.2605	1.1280	34.8332	37.2987	38.5629	36.9482
310029	1.7816	1.1249	35.2084	36.5179	37.3225	36.3377
310031	2.6733	1.1249	39.5911	38.2643	39.1387	39.0033
310032	1.4461	1.1249	35.2402	35.8019	38.1019	36.3949
310034	1.4950	1.1249	36.8614	37.1191	38.7316	37.5645
310037	***	*	40.4642	44.3134	40.6768	41.8620
310038	1.8962	1.2825	39.8707	40.7395	41.0737	40.5745
310039	1.3494	1.2825	32.6425	33.4253	37.6948	34.5052
310040	1.2885	1.3094	41.2246	38.3232	42.0647	40.5945
310041	1.3677	1.1249	35.2009	34.4308	35.9905	35.2159
310044	1.4058	1.1249	33.5868	35.9981	36.7851	35.4384
310045	1.6751	1.3094	39.2097	40.3222	39.4667	39.6718
310047	1.3605	1.1249	37.7220	38.1213	38.6544	38.1625
310048	1.3744	1.1280	34.5256	33.9641	35.1089	34.5372
310050	1.3717	1.2825	37.9214	32.5213	36.1607	35.4032
310051	1.5361	1.1280	39.7671	37.9104	41.4326	39.7291
310052	1.4235	1.1249	36.5494	36.2042	36.6736	36.4774
310054	1.3353	1.2825	38.2432	37.2851	38.6073	38.0262
310057	1.4774	1.1249	34.2052	32.8649	33.3760	33.4433
310058	1.0417	1.3094	30.4436	32.1349	27.4856	30.0784
310060	1.4272	1.1249	27.9134	30.4626	31.0602	29.7917

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
310061	1.3306	1.1249	33.5586	33.6084	36.9685	34.7294
310063	***	*	38.1481	36.7131	40.5744	38.4253
310064	1.6138	1.1249	39.8091	39.9456	39.4518	39.7314
310069	1.2782	1.1249	35.1376	36.9367	38.6358	36.8960
310070	1.4374	1.2825	36.9999	36.8951	38.3936	37.4045
310073	1.8090	1.1249	36.9249	37.5317	38.0676	37.5047
310074	1.3788	1.3094	39.0729	35.9044	36.5051	37.2159
310075	1.3708	1.1249	33.5253	33.8979	36.8738	34.7688
310076	1.7422	1.2825	38.1671	39.0325	41.7283	39.6466
310081	1.4281	1.1249	31.7981	32.1241	34.1491	32.7041
310083	1.5302	1.2825	28.3406	28.2875	32.3793	29.6429
310084	1.2977	1.1249	34.9626	34.3130	35.9514	35.1066
310086	1.2760	1.1249	30.9467	31.4837	32.6634	31.7177
310088	1.1089	1.1249	31.2437	28.1703	30.2907	29.8993
310090	***	*	33.9174	36.2502	39.0484	36.2524
310091	1.2160	1.1249	35.2913	34.8679	36.3009	35.4738
310092	1.5401	1.1249	32.8431	34.8028	35.8723	34.4902
310093	***	*	32.3860	33.4460	31.7831	32.5380
310096	1.7501	1.2825	34.2014	36.3201	35.9746	35.5053
310105	***	*	32.0277	31.3423	38.1225	33.7325
310108	1.5387	1.2825	36.2848	38.3403	40.4235	38.3602
310110	1.3629	1.1249	35.6825	36.5227	34.9354	35.6895
310111	1.3887	1.1249	36.0748	38.3519	38.6478	37.7170
310112	1.3763	1.1249	34.5337	33.6207	34.5131	34.2210
310113	1.3519	1.1249	35.0245	38.0066	38.4702	37.2154
310115	1.4081	1.1249	32.1197	33.7061	34.3696	33.4228
310116	1.3231	1.3094	27.8677	35.3805	35.7518	32.7295
310118	1.3491	1.3094	32.8286	33.2234	33.7344	33.2605
310119	1.9233	1.2825	41.2997	46.1339	47.1035	44.7858
310120	1.0481	1.1280	35.1661	36.3365	37.6331	36.3759
310126	***	*	34.3189	*	*	34.3189
310127	***	*	*	40.1255	*	40.1255
320001	1.8271	0.9594	31.4193	33.6433	35.9775	33.8378
320002	1.5849	1.0739	34.1610	35.6036	37.4477	35.7737
320003	1.0965	1.0352	31.5792	31.4445	34.6790	32.5200
320004	1.3353	0.8989	28.2407	30.5543	31.0096	29.9078

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
320005	1.6317	0.9462	25.2168	26.4658	27.9464	26.5665
320006	1.2566	0.9462	28.5177	31.6888	35.2623	31.7638
320009	1.7026	0.9594	31.3296	31.7240	33.1269	32.2269
320011	1.1092	0.9326	28.9951	30.6151	31.5915	30.3549
320013	1.2176	1.0352	31.2890	31.7159	31.8550	31.6268
320014	1.0148	0.9141	30.4803	29.8578	33.1461	31.2305
320016	1.1858	0.8989	26.6392	27.7121	27.8593	27.4337
320017	1.3865	0.9594	30.5787	30.9261	28.3807	29.6659
320018	1.5868	0.9141	28.3465	29.9038	32.8908	30.3587
320019	***	*	28.7067	31.8205	34.4963	30.4182
320021	1.5923	0.9594	29.6464	31.3577	32.8369	31.4496
320022	1.1128	0.8989	27.5152	28.7195	30.9229	28.9228
320030	0.9864	0.8989	25.5267	28.5145	29.5507	27.9621
320033	1.2665	1.0352	30.1846	32.8631	36.8262	33.1229
320037	1.1970	0.9594	27.8982	28.6968	29.0394	28.5512
320038	1.2537	0.8989	31.6526	33.2147	34.1644	33.0257
320057	0.8901	1.4382	*	*	*	*
320058	0.7912	1.4382	*	*	*	*
320059	1.0293	1.4382	*	*	*	*
320060	1.0719	1.4382	*	*	*	*
320061	1.0731	1.4382	*	*	*	*
320062	0.8817	1.4382	*	*	*	*
320063	1.2855	0.9233	27.4946	30.2997	31.3336	29.7847
320065	1.2319	0.9233	26.9130	27.9999	31.2804	28.6457
320067	0.8536	0.8989	25.4121	23.6677	26.3413	25.1468
320069	1.0613	0.8989	25.3151	26.5521	25.6533	25.8355
320070	0.9578	1.4382	*	*	*	*
320074	1.3254	0.9594	28.8088	29.8317	31.0548	30.0014
320079	***	*	31.5661	30.3600	*	30.9560
320083	2.2519	0.9594	32.9476	35.1125	33.6069	33.8474
320084	0.8797	0.8989	24.2902	25.9161	27.1350	25.8609
320085	1.7238	0.9141	28.4537	28.7114	30.1280	29.0969
320086	1.3497	0.8989	*	*	25.1198	25.1198
320087	1.6719	1.0739	*	*	42.5428	42.5428
320088	2.4348	0.9141	*	*	34.8348	34.8348
330002	1.7166	1.3094	34.7270	35.3553	37.0389	35.6963

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
330003	1.4425	0.8668	26.8363	27.7173	28.8520	27.8126
330004	1.3751	1.1022	30.3221	30.8305	31.6848	30.9524
330005	1.6498	0.9584	33.2851	34.1763	35.4979	34.3373
330006	1.4087	1.3094	36.3305	38.6645	38.8190	37.9639
330008	1.1596	0.9584	26.2141	26.7882	28.4993	27.1558
330009	1.4682	1.3094	41.3797	42.4137	43.3382	42.4122
330010	1.1603	0.8441	20.5805	24.3033	*	22.4266
330011	1.2668	0.8891	26.8269	29.2672	30.3716	28.8455
330013	1.9518	0.8668	28.8039	29.2399	30.3522	29.4870
330014	1.4172	1.3094	46.3170	48.1054	48.9173	47.8284
330019	1.2184	1.3094	44.5669	46.8153	47.5751	46.3311
330023	1.5195	1.2825	37.5135	40.9595	42.7458	40.4809
330024	1.8856	1.3094	44.8070	46.2954	46.9066	46.0301
330025	1.1126	0.9584	24.2702	26.5550	27.7959	26.2089
330027	1.3420	1.2825	45.9571	49.0573	51.4887	48.8103
330028	1.5496	1.3094	38.0149	38.7770	44.2973	40.0572
330029	0.6085	0.9584	22.9332	23.7555	23.2845	23.3244
330030	1.2366	0.8668	25.5089	27.4344	29.0646	27.3460
330033	1.1516	0.8560	25.0215	26.7551	25.6393	25.7911
330036	1.2446	1.3094	30.4659	31.2701	33.0839	31.6283
330037	1.1595	0.8668	23.4915	24.4428	25.1766	24.3854
330041	1.3783	1.3094	37.1651	41.2299	45.4010	40.9876
330043	1.5215	1.2533	40.6094	42.4560	43.3176	42.1465
330044	1.3451	0.8697	28.2638	29.4872	31.0628	29.6090
330045	1.5074	1.2533	41.6565	44.7551	43.4805	43.2898
330046	1.5094	1.3094	52.2397	53.4532	55.0516	53.5982
330047	1.3009	0.8441	22.9948	27.4392	27.9776	26.2104
330049	1.6219	1.1366	34.9740	38.0110	39.1050	37.4092
330053	1.0453	0.8668	20.1303	21.4837	22.9142	21.4899
330055	1.6466	1.3094	44.2343	44.6905	45.0891	44.6857
330056	1.5790	1.3094	39.9662	40.5499	43.3731	41.2870
330057	1.8056	0.8668	30.1821	30.5006	31.3091	30.6714
330058	1.4159	0.8668	23.6296	25.3712	26.6416	25.2427
330059	1.6093	1.3094	45.3691	47.7115	48.5102	47.2325
330061	1.2404	1.3094	37.8649	38.8790	38.2257	38.3275
330064	1.4200	1.3094	41.5737	39.5994	39.7532	40.3486

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
330065	1.1305	0.9584	26.2288	28.6809	29.2490	28.0535
330066	***	*	27.2085	30.7011	31.6665	29.8079
330067	1.4686	1.1366	30.7537	31.5572	33.4719	31.8968
330072	***	*	41.4605	40.5965	41.2397	41.0975
330073	1.1842	0.8668	25.1392	24.8055	27.0827	25.6766
330074	1.1789	0.8668	23.1016	24.6973	24.5262	24.0899
330075	1.1415	0.9666	23.7522	27.5360	29.7333	26.9519
330078	1.4769	0.9584	27.6682	30.8157	31.7996	30.0981
330079	1.4095	0.9285	27.9479	28.7349	30.3415	29.0021
330080	1.2278	1.3094	40.2067	47.4529	47.6661	45.2191
330084	1.0795	0.8381	27.3434	28.8661	32.3490	29.4885
330085	1.1543	0.8381	27.1707	27.7050	29.8188	28.2639
330086	1.4037	1.3094	40.9768	44.0362	43.8907	42.9617
330088	1.0424	1.2533	37.4716	41.8635	40.8115	40.0302
330090	1.5852	0.9145	27.7306	29.5626	31.1822	29.4923
330091	1.3864	0.9584	28.3034	30.9457	31.7515	30.3752
330094	1.2966	1.0112	28.6213	33.0706	34.7858	32.0911
330096	1.2839	0.8381	24.7895	24.8667	25.8292	25.1613
330100	1.0060	1.3094	39.3170	38.6625	42.2645	40.0975
330101	1.9953	1.3094	45.5412	49.6431	49.8588	48.3746
330102	1.5567	0.9584	27.2543	31.6270	31.8101	30.2074
330103	1.2588	0.8517	25.4919	26.1064	27.2392	26.3017
330104	1.4546	1.3094	36.5894	38.4254	39.2321	38.0457
330106	1.7129	1.2825	48.2903	47.2240	50.3199	48.5977
330107	1.2256	1.2533	38.0262	40.2541	42.4304	40.1994
330108	1.1028	0.8501	25.3023	25.5480	26.9810	25.9259
330111	0.9381	0.9584	23.2134	25.1572	26.0179	24.6747
330115	1.1378	0.9666	24.3898	27.0362	25.4507	25.6316
330119	1.8188	1.3094	41.2365	43.8894	44.0249	43.0193
330125	1.7757	0.8668	29.4817	30.4389	30.4103	30.1168
330126	1.3867	1.2825	37.7807	40.0542	41.7981	39.8971
330127	1.4712	1.3094	45.2554	51.8817	48.5274	48.5452
330128	1.2873	1.3094	43.3437	41.7875	46.9809	44.0332
330132	1.0753	0.8517	22.1452	23.4437	23.9298	23.1468
330133	***	*	39.9025	*	*	39.9025
330135	1.2525	1.1854	33.2314	35.3624	39.4523	36.0995

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
330136	1.6306	0.8668	25.4198	27.9525	28.3358	27.2668
330140	1.8705	0.9666	31.1333	32.7905	33.3826	32.4461
330141	1.3455	1.2533	39.1733	41.4127	44.4198	41.7713
330144	0.9644	0.8437	24.9304	26.0623	28.4224	26.4223
330151	1.2456	0.8437	21.6339	23.4664	23.7227	22.9394
330152	1.4485	1.3094	39.5754	45.9310	54.7885	46.5567
330153	1.7004	0.8668	28.9944	31.7611	31.6854	30.8216
330154	1.5936	*	*	*	*	*
330157	1.3987	0.9666	29.7622	30.2745	31.5462	30.5482
330158	1.8465	1.3094	39.5946	41.6800	45.4100	42.4088
330159	1.3174	0.9666	33.8484	35.6944	36.1910	35.2789
330160	1.5849	1.3094	39.0970	42.1789	42.6001	41.2794
330162	1.2954	1.3094	38.7638	39.3460	39.3481	39.1620
330163	1.0935	0.9584	28.6252	26.3050	28.3979	27.7803
330164	1.5397	0.8668	29.8458	30.3023	31.3949	30.5335
330166	0.8986	0.8381	22.8506	23.2773	24.1281	23.4282
330167	1.6650	1.2825	39.2421	40.8753	40.4764	40.2069
330169	1.4020	1.3094	47.5404	49.7924	52.6481	49.9729
330175	1.1395	0.8603	26.7883	28.2085	29.0736	28.0498
330177	0.9519	0.8381	23.4299	26.0397	26.3552	25.2331
330180	1.3073	0.8668	26.8658	28.0975	28.8360	27.9626
330181	1.4442	1.2825	46.2181	47.2523	47.5998	47.0087
330182	2.3077	1.2825	42.7962	46.6346	47.1719	45.5399
330184	1.4461	1.3094	39.7242	41.3935	44.1215	41.7428
330185	1.3245	1.2533	39.6724	41.3543	42.6846	41.2528
330188	1.3394	0.9584	29.7318	30.7222	31.9349	30.8079
330189	0.9639	0.8668	25.8125	26.4233	27.1290	26.4668
330191	1.3966	0.8668	28.2949	29.3753	30.8219	29.5362
330193	1.5971	1.3094	40.0280	40.7257	41.4653	40.7612
330194	1.7160	1.3094	49.8886	49.9208	51.5125	50.4577
330195	1.6426	1.3094	43.3213	46.0878	46.8783	45.3774
330196	1.3574	1.3094	38.6949	42.8106	47.1254	42.9572
330197	1.1361	0.8381	26.5525	27.6437	28.8743	27.7160
330198	1.5031	1.2825	35.8715	37.9641	39.0864	37.7000
330199	1.1339	1.3094	39.4076	47.5059	46.3505	44.4308
330201	1.8227	1.3094	46.5114	51.2179	54.5822	50.6852

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
330202	1.3722	1.3094	38.7624	42.1074	46.7852	42.6301
330203	1.5060	0.9666	34.6525	33.9161	34.8968	34.4914
330204	1.3905	1.3094	39.5324	44.8153	45.9057	43.4038
330205	1.3126	1.1854	35.3792	37.0171	39.7040	37.4547
330208	1.2411	1.3094	37.1735	38.7279	40.4900	38.7610
330211	1.2386	0.8381	24.9432	25.6929	25.1977	25.2864
330213	1.0549	0.8697	28.5370	30.0957	30.7737	29.8133
330214	1.9522	1.3094	43.3229	43.6872	45.3214	44.1777
330215	1.3738	0.8381	26.3978	28.0026	29.8652	28.0726
330218	1.1081	0.9666	28.4113	28.4369	28.6896	28.5177
330219	1.7911	0.9584	33.2147	38.3321	35.2787	35.5523
330221	1.6164	1.3094	42.5486	40.5201	40.5359	41.2446
330222	1.4126	0.8684	28.7858	30.5142	30.9231	30.1149
330223	0.9881	0.8381	27.1970	28.2638	29.7060	28.4078
330224	1.3051	1.1022	30.4784	32.4518	32.2402	31.7207
330225	1.2507	1.2825	32.9036	33.7052	32.9394	33.1790
330226	1.5413	0.8668	26.3685	25.7981	25.8056	25.9824
330229	1.2515	0.8381	23.9243	24.9977	25.8926	24.9413
330230	***	*	39.3863	39.5043	38.2724	39.1655
330231	1.1081	1.3094	48.9021	49.1983	55.0629	51.0168
330232	1.3400	0.8668	27.9615	28.7263	30.4424	29.0437
330233	1.7151	1.3094	40.8539	43.4873	45.0313	43.1279
330234	2.3642	1.3094	49.8804	55.2159	52.8431	52.7054
330235	1.1918	0.8381	30.8034	31.2218	32.2728	31.3938
330236	1.5342	1.3094	42.6205	45.0321	46.2233	44.6274
330238	1.1263	0.8668	23.3953	24.7086	25.0088	24.3863
330239	1.2644	0.8381	24.6391	24.7255	25.3756	24.9143
330240	1.2759	1.3094	41.6132	42.5871	39.9681	41.3705
330241	1.8864	0.9666	32.9275	34.7013	35.6452	34.4408
330242	***	*	38.7875	40.2224	38.6084	39.2370
330245	1.7049	0.8697	28.6698	29.3183	29.9976	29.3388
330246	1.4001	1.2533	35.9577	39.4705	37.8934	37.7571
330247	***	*	41.3465	39.8390	41.3991	40.8503
330249	1.3877	0.9666	26.9856	29.4003	31.3898	29.2579
330250	1.4215	1.0025	29.6186	32.1740	32.6642	31.4918
330259	1.4278	1.2825	39.0213	38.5914	37.9733	38.5494

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
330261	1.2872	1.3094	38.0216	37.9563	43.0206	39.7053
330263	0.9364	0.8381	24.2125	25.5991	27.1890	25.6737
330264	1.4015	1.1854	32.5050	35.1876	37.0730	34.9405
330265	1.2783	0.8668	22.7433	22.8141	23.4393	23.0082
330267	1.5186	1.3094	35.3907	38.1619	39.3105	37.7127
330268	0.9270	0.8381	23.9135	25.7738	27.2044	25.6557
330270	2.1604	1.3094	52.3154	55.7360	54.4915	54.2881
330273	1.4195	1.3094	39.7880	41.3568	43.8576	41.7263
330276	1.0974	0.8413	27.0445	28.5781	29.1322	28.2518
330277	1.3453	0.9145	30.8156	30.8543	30.9283	30.8668
330279	1.6990	0.9584	31.2393	33.7210	34.1573	33.0755
330285	1.9158	0.8668	31.8987	33.0830	34.8538	33.3318
330286	1.3682	1.2533	38.8556	40.3250	42.5791	40.6255
330290	1.6635	1.3094	39.8036	43.2989	45.9549	43.0520
330304	1.3128	1.3094	39.4632	39.7987	39.8891	39.7160
330306	1.5933	1.3094	39.0409	40.3216	43.4869	40.9711
330307	1.3162	0.9732	30.8121	33.6277	34.1345	32.8690
330314	***	*	22.6885	38.7241	*	24.3594
330316	1.3911	1.3094	37.9357	40.3783	41.6082	39.9746
330331	1.3669	1.2825	44.1734	44.3947	46.9048	45.1731
330332	1.3212	1.2825	38.6932	40.8557	43.4228	41.0514
330339	***	*	25.0057	26.8982	28.5075	26.7655
330340	1.2054	1.2533	38.4726	38.4180	42.2175	39.7075
330350	1.5307	1.3094	44.2389	47.8575	48.0009	46.7458
330353	1.4414	1.3094	46.0215	45.8432	49.5882	47.1722
330354	1.9646	*	*	*	*	*
330357	1.5294	1.3094	40.2132	45.4617	46.6428	43.1989
330372	1.3511	1.2825	37.0323	40.3348	43.4028	40.1441
330385	1.1384	1.3094	47.4017	51.5393	45.1489	48.1275
330386	1.3008	1.1280	32.9990	35.2560	36.5454	34.8018
330389	***	*	37.5908	39.3586	*	38.5126
330390	1.5026	1.3094	38.7652	35.4546	38.7532	37.4670
330393	1.7670	1.2533	38.9324	40.1511	41.2486	40.1584
330394	1.6358	0.8891	28.8074	30.5684	31.6244	30.3603
330395	1.3609	1.3094	50.1316	41.6484	45.4826	45.3889
330396	1.5484	1.3094	39.1956	41.6293	44.4691	41.8352

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
330397	1.4662	1.3094	41.1682	41.0651	42.6933	41.6049
330399	1.2742	1.3094	39.8023	41.7487	43.7557	41.7446
330401	1.3844	1.2533	41.7839	47.0780	45.2281	44.6412
330403	0.8761	0.8668	28.7282	26.7473	23.7571	26.0020
330404	1.1578	1.3094	36.1069	36.8792	36.7400	36.5676
330405	1.1290	1.3094	35.2720	38.6588	39.7124	37.3537
330406	1.1795	0.8668	28.2733	28.0950	29.0800	28.3975
330407	***	*	*	*	22.8305	22.8305
340001	1.5740	0.9257	29.9718	30.6910	31.4272	30.7359
340002	1.8308	0.9015	30.7403	31.6973	32.7669	31.7640
340003	1.4893	0.8438	26.6831	28.0732	28.5497	27.8127
340004	1.5876	0.8976	27.9200	30.6110	31.1689	29.9152
340008	1.2878	0.8729	29.0661	30.7569	34.1051	31.2995
340010	1.4897	0.8438	29.5232	31.0327	32.4035	31.0271
340011	1.1201	0.8438	22.5152	23.6040	24.0602	23.4067
340012	1.2071	*	24.9271	*	*	24.9271
340013	1.2699	0.9099	26.9152	29.2509	27.6445	27.9355
340014	1.6864	0.8976	29.5350	29.4771	30.8373	29.9760
340015	1.4756	0.9099	30.0979	30.7573	28.8959	29.8838
340016	1.4468	0.8438	27.9651	27.2226	28.5561	27.9443
340017	1.4517	0.9015	28.4866	28.4785	30.0523	29.0201
340020	1.2373	0.8601	28.3461	30.5510	32.0755	30.2875
340021	1.5313	0.9099	31.3630	32.5625	31.4752	31.8018
340023	1.4538	0.9086	27.6921	29.5911	30.1104	29.1815
340024	1.3148	0.8581	26.9001	27.4770	28.5059	27.6241
340025	***	*	25.2846	25.8195	27.0389	26.0605
340027	1.2773	0.9151	26.6528	27.2788	27.9469	27.2947
340028	1.5908	0.9411	31.9872	31.7634	33.0069	32.2702
340030	2.1669	0.9619	31.2051	31.5786	33.0418	31.9615
340032	1.5602	0.9257	29.2080	29.3927	31.1516	29.9329
340035	1.0454	0.8438	26.0846	26.8821	28.5418	27.1710
340036	1.1481	0.9670	29.0646	29.9160	32.2510	30.4372
340037	1.3488	0.9099	30.5362	32.0484	32.2585	31.6367
340038	1.2142	0.8767	26.2600	26.9487	27.5626	26.9249
340039	1.3643	0.8976	29.5069	30.2952	30.5891	30.1244
340040	1.9443	0.9301	30.1280	31.3866	32.6226	31.4428

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
340041	1.5949	0.8611	27.1285	27.8408	26.9709	27.3113
340042	1.2562	0.8438	27.0597	27.0729	27.4651	27.2070
340047	1.8790	0.8976	28.7620	30.6701	31.8492	30.4241
340049	1.9406	0.9619	31.5555	35.4171	37.3166	34.8797
340050	1.3906	0.9197	29.2290	30.4447	30.6267	30.1189
340051	1.3116	0.8499	25.4981	25.4162	27.3196	26.0657
340053	1.6844	0.9257	30.8342	30.9274	32.3100	31.3844
340055	1.3835	0.8611	29.0116	29.5040	29.9587	29.5167
340060	1.1756	0.8956	26.8387	27.3403	27.6220	27.2840
340061	1.8918	0.9619	31.2910	33.4821	35.0126	33.3710
340064	1.3481	0.8438	25.0814	27.2184	23.8863	25.2967
340068	1.3615	0.8641	24.7409	27.3499	29.9975	27.4065
340069	1.8686	0.9619	32.2171	32.5361	34.5413	33.1296
340070	1.3306	0.8807	27.7679	29.0391	30.6796	29.1889
340071	1.1590	0.9670	29.7343	31.3756	33.3407	31.6507
340073	1.8342	0.9619	33.1054	33.2705	35.0550	33.8504
340075	1.4189	0.8611	26.8315	29.1504	29.2000	28.3921
340084	1.2918	0.9257	25.6885	27.4289	28.6175	27.2158
340085	1.3401	0.8807	29.1095	29.9176	30.6564	29.9103
340087	1.2638	0.8438	23.8360	25.0091	24.8627	24.5696
340090	1.4562	0.9670	28.3615	28.6805	30.2246	29.1062
340091	1.6471	0.8976	30.4371	31.2643	32.1069	31.2828
340096	1.2936	0.8807	26.5814	26.8103	28.8274	27.3932
340097	1.2417	0.8438	27.9810	29.8702	31.1005	29.7098
340098	1.6521	0.9257	31.3916	31.8472	32.6891	31.9928
340099	1.3129	0.8438	26.0077	28.1143	27.2332	27.0988
340104	***	*	19.9492	20.2901	22.6845	20.9674
340106	1.1483	0.8438	24.5154	24.4254	24.4668	24.4681
340107	1.1997	0.9082	27.3565	28.5859	31.3986	29.1909
340109	1.3875	0.8914	26.6479	28.6310	29.6145	28.2997
340113	2.0509	0.9257	32.3786	32.4983	33.7477	32.8917
340114	1.6329	0.9619	30.1207	32.3730	33.9019	32.1940
340115	1.6196	0.9619	28.0974	28.9265	30.1329	29.0563
340116	1.6601	0.8611	29.9447	30.8834	31.7109	30.8405
340119	1.5385	0.9257	27.2938	28.1090	27.5712	27.6658
340120	1.1905	0.8438	26.1465	26.6358	25.4889	26.0896

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
340121	1.2056	0.8438	25.1577	25.7488	27.4932	26.1656
340123	1.4033	0.8956	28.7150	29.9077	30.2556	29.6505
340124	***	*	25.7294	25.2498	*	25.5286
340126	1.4018	0.9670	30.6902	31.7266	32.8511	31.7775
340127	1.3442	0.9619	28.8675	30.8152	29.2765	29.6601
340129	1.4724	0.9099	31.7863	27.7470	28.6231	29.2827
340130	1.3943	0.9257	29.5294	30.4887	31.5667	30.5985
340131	1.5012	0.9151	29.6571	32.1743	32.7180	31.5487
340132	1.2123	0.8438	25.3264	25.9153	27.9450	26.4203
340133	1.0352	0.8698	26.8850	27.2630	27.7506	27.3138
340137	***	*	27.0874	28.8723	*	27.9808
340138	0.7851	0.9619	*	*	*	*
340141	1.7657	0.9223	29.3372	30.8628	32.7734	31.0073
340142	1.3540	0.8438	28.2413	28.4951	28.8034	28.5181
340143	1.6608	0.8611	29.3861	30.7162	30.7369	30.3039
340144	1.3389	0.9099	27.6548	26.5581	28.9693	27.6935
340145	1.3578	0.9099	28.0647	28.4230	30.2759	28.9487
340147	1.4283	0.9670	29.6960	30.2620	31.9805	30.6482
340148	1.5162	0.8976	27.9136	28.6607	29.4141	28.6790
340151	1.2488	0.8522	24.5782	25.9633	27.4868	26.0151
340153	2.2501	0.9257	29.8278	30.9065	31.9428	30.9177
340155	1.5111	0.9619	31.7570	31.6719	33.3228	32.2613
340156	0.9566	1.4382	*	*	*	*
340158	1.2800	0.9223	29.4110	29.2570	30.5810	29.7971
340159	1.2531	0.9619	28.1706	27.8427	28.4492	28.1630
340160	1.3305	0.8438	24.2016	24.9127	26.6329	25.2921
340166	1.4619	0.9257	29.9122	31.0779	32.0934	31.0482
340168	0.6198	0.9223	*	*	*	*
340171	1.2836	0.9257	31.1954	31.7831	32.9707	32.0444
340173	1.3664	0.9619	30.9843	30.9025	33.6286	31.9191
340183	1.4456	0.9257	30.1261	31.4691	33.8741	32.0540
340184	1.2205	0.9015	*	*	*	*
350002	1.9786	1.0000	23.6051	25.2966	25.6152	24.8333
350003	1.3396	*	24.5812	27.3546	*	25.9392
350006	1.5896	1.0000	23.4343	26.6508	24.5023	24.8210
350009	1.1530	*	23.9795	*	*	23.9795

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
350011	1.9178	1.0000	26.0201	27.3884	28.6631	27.4053
350015	1.7512	1.0000	22.9120	27.6960	27.5676	26.0667
350017	***	*	24.0968	*	*	24.0968
350019	1.7575	1.0000	24.9890	27.0960	28.0496	26.7628
350030	***	*	23.1023	*	*	23.1023
350063	0.9324	1.4382	*	*	*	*
350064	0.7461	1.4382	*	*	*	*
350070	1.7884	1.0000	26.2871	28.1430	27.2743	27.2399
360001	1.6025	0.9593	30.1038	31.8522	32.7842	31.5960
360002	1.4501	0.8629	25.2209	26.7549	28.6674	26.8773
360003	1.8677	0.9593	31.8976	31.9294	33.1679	32.3384
360006	1.9087	1.0130	31.8814	35.3579	37.9929	35.0514
360008	1.5052	0.8729	28.0202	28.5988	29.5464	28.7459
360009	1.6126	0.9225	28.2423	30.2452	30.8841	29.8023
360010	1.3386	0.8585	26.6040	27.3194	29.0985	27.6697
360011	1.4401	0.9993	29.9882	31.3142	31.2797	30.8745
360012	1.4610	1.0130	31.9837	32.9127	33.7117	32.8731
360013	1.1783	0.9225	30.2406	30.9331	32.0183	31.0838
360014	1.2374	0.9993	28.1811	28.9635	31.9691	29.7242
360016	1.5885	0.9593	30.2190	30.5892	31.9656	30.9288
360017	1.8785	1.0130	32.6006	34.8774	37.9269	35.0847
360019	1.3519	0.9052	28.8568	29.3536	29.9006	29.3780
360020	1.5714	0.9052	27.8079	29.5312	30.6901	29.3408
360025	1.4669	0.9217	28.4761	29.5329	30.0999	29.3797
360026	1.6064	0.9142	27.5757	27.3618	26.3380	27.0570
360027	1.5697	0.9052	29.9449	30.8898	32.5281	31.0972
360029	1.1553	0.9344	28.0191	29.0633	29.4172	28.8392
360032	1.3121	0.8528	27.2636	27.4896	29.0836	27.9439
360035	1.7082	1.0130	32.0858	32.5622	33.7737	32.7945
360036	1.2891	0.8888	29.9410	31.5027	32.2558	31.2400
360037	1.6216	0.9052	30.6552	31.5221	32.0751	31.4189
360038	1.7378	0.9593	31.3776	32.3095	34.0962	32.4982
360039	1.5460	0.8528	25.8216	27.3636	28.7284	27.2681
360040	1.2153	0.8984	26.7450	28.4404	29.8190	28.4196
360041	1.3782	0.9052	28.4439	29.3331	29.9816	29.2239
360044	1.2307	0.8662	24.7698	25.7011	25.6594	25.3785

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
360046	1.3090	0.9593	28.2972	28.5624	28.9068	28.5940
360048	1.8571	0.9344	30.0390	33.3273	39.7450	34.2489
360051	1.7630	0.9142	29.4434	30.5937	31.1421	30.4107
360052	1.6740	0.9142	28.4731	29.8072	31.5097	29.8835
360054	1.5310	0.8729	23.6606	26.8828	27.5188	25.9621
360055	1.4571	0.9052	31.4794	31.2738	32.8952	31.8741
360056	1.5298	0.9593	31.3936	31.8378	33.3691	32.2230
360058	1.1411	0.8528	25.9295	27.7073	27.9521	27.1876
360059	1.7410	0.9052	30.6294	31.3956	32.6539	31.5860
360062	***	*	32.9025	35.2065	*	34.0497
360064	1.6958	0.8600	28.6101	28.5325	29.7002	28.9332
360065	1.2957	0.9052	31.5066	31.6781	32.9311	32.0490
360066	1.4780	0.9225	30.9652	32.1991	33.3925	32.2022
360068	1.9074	0.9344	28.6335	30.0212	30.0149	29.5525
360070	1.7211	0.8590	28.8739	30.0192	30.7774	29.8917
360071	1.1589	0.8597	25.7956	26.6139	29.0698	27.1686
360072	1.4371	1.0130	29.1514	29.8851	29.9298	29.6482
360074	1.4181	0.9344	28.0283	30.1333	30.4801	29.5360
360075	1.3041	0.9052	28.3930	29.8181	31.5315	29.9856
360076	1.6207	0.9593	29.5342	28.8462	39.7210	32.3956
360077	1.6129	0.9052	28.3022	26.2961	29.4388	28.0016
360078	1.3461	0.9052	27.3652	28.2973	29.8163	28.5296
360079	1.9369	0.9142	31.3132	32.0935	34.0345	32.4653
360080	1.2318	0.8528	21.8806	22.9825	23.4889	22.7871
360081	1.3978	0.9344	31.4293	33.2532	33.2079	32.6352
360082	1.3923	0.9052	30.5837	29.7447	31.0704	30.4761
360084	1.6721	0.8590	29.2489	29.2527	30.7559	29.7670
360085	1.9801	1.0130	33.1295	35.9664	36.9965	35.5221
360086	1.6162	0.9142	29.1579	31.9690	31.4898	30.8314
360087	1.5016	0.9052	28.6336	30.0084	31.6840	30.0619
360089	1.1498	0.8528	28.0779	28.5192	31.2561	29.2567
360090	1.4048	0.9344	29.2662	30.3175	30.9528	30.1599
360091	1.3254	0.9052	28.2009	29.6324	30.4266	29.4199
360092	1.3143	1.0130	28.0813	28.3576	30.1497	28.8462
360095	1.5618	0.9217	30.2138	30.0996	29.4352	29.8848
360096	1.1693	0.8551	27.9514	29.8687	30.9621	29.5853

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
360098	1.4382	0.9052	26.5839	27.6752	29.8125	28.0156
360100	***	*	25.8143	25.9628	25.6754	25.8206
360101	1.4306	0.9052	30.6650	29.4661	30.1728	30.0962
360107	1.0926	0.8698	26.8180	29.9869	30.3832	29.1302
360109	1.1223	0.9993	30.4643	30.7873	32.3056	31.1780
360112	1.8127	0.9622	32.4403	34.6063	34.7090	33.9241
360113	1.3049	0.9593	30.3914	33.3293	33.4370	32.4622
360115	1.4149	0.9052	27.9711	29.0971	30.1635	29.1065
360116	1.2562	0.9593	26.8632	29.3122	29.7886	28.5973
360118	1.5008	0.8888	29.9823	30.1189	30.7835	30.3015
360121	1.3059	0.9217	31.6766	22.1967	32.9106	28.0639
360123	1.5042	0.9052	28.5435	30.0862	31.5149	30.0236
360125	1.2614	0.8528	27.1776	28.8237	28.0379	28.0071
360130	1.3605	0.9052	28.1811	28.5433	29.7395	28.7979
360131	1.4918	0.8590	27.3426	28.3618	28.7700	28.1660
360132	1.4508	0.9593	29.8411	29.5751	31.5629	30.3076
360133	1.7092	0.9593	33.1812	33.9534	34.8154	33.9938
360134	1.7893	0.9593	29.9198	31.9438	32.3503	31.4241
360137	1.8571	0.9052	30.3116	32.2727	33.2378	32.0143
360141	1.7533	0.8600	31.9397	32.0733	32.7782	32.2474
360143	1.4331	0.9052	28.0693	27.0053	28.0817	27.7280
360144	1.4492	0.9052	29.6547	29.5081	31.0418	30.0723
360145	1.5767	0.9052	29.3271	29.8688	30.7653	29.9946
360147	1.4745	0.8528	29.2371	28.0794	29.5821	28.9716
360148	1.2665	0.8528	25.7460	28.4538	29.4819	27.8748
360150	1.4450	0.9052	27.8840	27.8860	28.7383	28.1724
360151	1.3858	0.8590	26.9672	28.3917	29.2479	28.3557
360152	1.6437	1.0130	33.1017	35.3636	38.6208	35.6295
360153	1.0408	0.8528	21.8416	22.3028	22.2992	22.1453
360155	1.5129	0.9052	29.1711	30.0263	31.6318	30.2212
360156	1.2161	0.8698	26.2268	27.4185	28.7732	27.4930
360159	1.5048	0.9993	29.0187	29.1683	31.7186	29.9873
360161	1.4352	0.8611	27.7423	29.4713	29.7974	29.0175
360163	1.8520	0.9593	31.2087	31.1214	35.9313	32.7672
360170	1.3566	1.0130	30.0688	30.9891	30.4758	30.5174
360172	1.4106	0.9052	30.2330	31.2620	33.1946	31.5024

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
360174	1.4016	0.9142	28.3769	29.2419	29.6556	29.0991
360175	1.3096	0.9993	29.7499	31.8340	31.7026	31.1036
360179	1.6158	0.9593	31.3540	30.6820	31.6922	31.2533
360180	2.5220	0.9052	32.0225	30.3025	32.9705	31.8017
360185	1.4175	0.8528	26.4210	27.4008	27.6522	27.1534
360187	***	*	27.3745	28.2630	31.4188	28.8678
360189	1.1225	1.0130	28.3738	28.8931	29.4708	28.9364
360192	1.4530	0.9052	29.1999	31.7957	32.2091	31.1258
360195	1.1421	0.9052	27.2630	28.4907	29.0980	28.3002
360197	1.3514	0.8528	28.5267	30.3316	31.0116	29.9915
360203	1.1956	0.8528	27.7569	28.7975	29.7199	28.7550
360210	1.4152	1.0130	31.8182	35.1678	37.5771	34.9693
360211	1.6242	0.8528	27.5081	26.9504	26.8677	27.1117
360212	1.4042	0.9052	28.5882	28.8865	31.1956	29.5446
360218	1.3838	1.0130	31.1641	31.4458	31.3310	31.3170
360230	1.5862	0.9052	30.5995	29.9181	31.6669	30.7266
360234	1.4362	0.9593	30.7926	29.5412	33.3664	31.1901
360236	1.4186	0.9593	29.9367	31.7585	32.1567	31.3134
360239	1.4331	0.9142	31.7938	32.3401	33.2718	32.5127
360241	***	*	25.8137	28.0304	29.5279	27.8946
360242	1.9199	*	*	*	*	*
360245	0.8463	0.9052	20.4589	20.8560	21.7637	21.1049
360247	0.6198	1.0130	*	*	20.0037	20.0037
360253	***	*	34.6887	33.3121	37.3905	35.0706
360259	1.3694	0.9344	28.0886	29.3681	31.0669	29.4823
360261	1.2686	0.8880	26.6262	28.2317	32.7931	29.2218
360262	1.3275	0.9344	31.5637	33.1908	34.1099	32.9417
360263	1.9512	0.9225	28.1671	25.5127	26.8628	26.7667
360266	2.2686	1.0130	29.8385	31.3706	33.4559	31.8486
360269	1.9619	0.9593	25.5191	26.3965	34.8464	29.0819
360270	1.1560	0.8528	28.8677	30.0580	32.1049	30.6384
360271	1.4738	0.9593	28.4353	30.8070	32.9727	30.7694
360272	***	*	38.1014	*	*	38.1014
360273	***	*	37.6645	*	*	37.6645
360274	1.6329	0.9142	*	*	41.5894	41.5894
360275	***	*	*	*	35.3416	35.3416

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
360276	1.3571	0.8600	*	*	30.8602	30.8602
360347	1.2052	1.0130	*	*	*	*
360348	1.6182	1.0130	*	*	*	*
360349	1.4026	0.9344	*	*	*	*
360350	1.8062	0.9593	*	*	*	*
360351	1.9867	0.8821	*	*	*	*
360352	1.0842	0.8600	*	*	*	*
360354	1.4011	0.9593	*	*	*	*
360355	1.5439	0.9054	*	*	*	*
370001	1.6993	0.8864	28.4907	27.2881	29.2907	28.3843
370002	1.2418	0.8017	26.2486	26.5804	28.5178	27.1335
370004	1.1751	0.8409	28.2804	27.2378	29.4714	28.3160
370006	1.2115	0.8760	25.2307	27.5299	28.6399	27.1064
370007	0.9619	0.8017	21.1260	25.7680	29.2831	25.4572
370008	1.4129	0.8861	27.9944	29.1467	29.2458	28.8413
370011	0.9562	0.8861	23.1761	24.5886	26.7301	24.8297
370013	1.4968	0.8861	28.3502	29.7899	32.8050	30.3615
370014	1.2150	0.8408	28.8962	29.3407	28.8058	29.0123
370015	0.9979	0.8760	27.8061	27.6086	27.9015	27.7724
370016	1.5857	0.8861	30.4672	29.6737	30.9822	30.3796
370018	1.5379	0.8760	31.2335	29.3285	29.9348	30.1154
370019	1.1741	0.8017	26.7613	30.4599	30.9046	29.3782
370020	1.5729	0.8861	24.7520	24.7484	26.5784	25.3619
370022	1.3858	0.8270	26.4836	24.4735	26.1508	25.6663
370023	1.3323	0.8089	24.9580	27.4272	27.9018	26.8583
370025	1.3829	0.8760	24.8336	27.0211	27.6951	26.4528
370026	1.4507	0.8861	26.0203	26.8057	28.1146	26.9937
370028	2.0270	0.8861	29.9849	31.9029	33.9521	31.9991
370029	1.1511	0.8017	30.0134	30.3712	31.0013	30.4602
370030	0.9910	0.8760	26.0831	26.5853	27.9552	26.8681
370032	1.4856	0.8861	28.0739	30.2497	29.6486	29.2901
370034	1.2867	0.8017	23.2192	23.9679	29.5364	25.5443
370036	1.0370	0.8017	21.1544	22.1686	21.3785	21.5609
370037	1.8563	0.8861	26.8992	28.9215	30.8721	28.8559
370039	1.1530	0.8864	25.3422	26.7579	27.7301	26.6250
370040	0.9917	0.8017	19.7644	21.6739	23.4331	21.6824

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
370041	0.8609	0.8864	29.5074	26.4346	25.4871	27.1154
370047	1.4945	0.8861	27.8937	29.6739	32.3165	30.0356
370048	0.9653	0.8017	23.4848	24.2668	24.1343	23.9599
370049	1.4371	0.8861	24.2099	22.8526	28.2783	25.0600
370051	1.0771	0.8017	21.8716	22.8411	25.2437	23.3375
370054	1.2593	0.8017	23.4644	25.4821	31.2786	26.7359
370056	1.7795	0.8579	27.6178	26.9562	31.0225	28.6018
370057	0.9892	0.8864	23.1814	21.0790	21.6866	21.9676
370060	***	*	25.5571	29.0333	*	27.1132
370065	1.0374	0.8119	24.0062	23.7889	27.6147	25.2679
370072	0.7840	0.8017	22.8598	17.3061	22.6081	20.6800
370078	1.6690	0.8864	30.4837	28.7496	30.0395	29.7756
370080	0.9537	0.8017	23.7231	22.4258	20.5624	22.2160
370083	0.8441	0.8017	21.9162	21.3677	19.0707	20.7313
370084	1.0783	0.8017	17.4202	17.7119	16.9006	17.3311
370089	1.5651	0.8017	22.0607	23.8318	25.9159	24.0554
370091	1.7197	0.8864	28.0487	28.3945	29.9801	28.8357
370093	1.9314	0.8861	26.7272	29.0161	30.3405	28.6784
370094	1.4661	0.8861	28.3512	29.5931	29.7407	29.2592
370097	1.3617	0.8579	28.0911	28.1234	28.0485	28.0899
370099	1.0863	0.8861	30.5437	28.8908	29.8196	29.7121
370100	0.8879	0.8017	20.6298	18.2493	20.4983	19.7870
370103	1.0503	0.8017	22.2675	23.4746	23.9559	23.2347
370105	2.1142	0.8861	30.5438	30.9068	36.1174	32.0645
370106	1.5245	0.8861	29.6797	31.4433	32.4747	31.2193
370112	1.0149	0.8017	19.0130	20.2239	20.4699	19.9447
370113	1.1529	0.8462	30.0061	28.3511	28.2888	28.8884
370114	1.7327	0.8864	27.1348	32.9928	34.7611	31.4511
370138	1.0298	0.8017	23.6348	24.7631	28.4293	25.7195
370139	0.9194	0.8017	21.0759	19.3691	22.7663	21.0194
370148	1.5057	0.8861	29.3447	30.8781	32.6383	30.9688
370149	1.3740	0.8861	23.0764	25.0025	27.3475	25.0933
370153	1.0947	0.8017	25.9238	30.0891	28.8427	28.2741
370156	1.0078	0.8114	22.7140	22.3940	23.9498	23.0193
370158	0.9116	0.8861	22.0056	22.2823	23.6271	22.6383
370166	0.9198	0.8864	26.3420	22.9735	24.2071	24.5055

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
370169	0.7920	0.8190	24.5389	20.5348	20.0430	21.8109
370170	0.9052	1.4382	*	*	*	*
370171	1.0000	1.4382	*	*	*	*
370172	0.8044	1.4382	*	*	*	*
370173	1.0007	1.4382	*	*	*	*
370176	***	*	26.6687	27.2899	*	26.9843
370178	0.9180	0.8017	15.6720	17.3536	21.1275	17.9568
370180	1.2523	1.4382	*	*	*	*
370183	0.9346	0.8864	30.3850	25.4218	25.6096	27.0506
370190	1.6477	0.8864	32.5635	35.6046	42.6067	37.1583
370192	1.9251	0.8861	19.1346	28.9574	32.6197	27.3274
370196	***	*	24.6984	*	*	24.6984
370199	0.9552	0.8861	23.9376	25.9775	26.7845	25.6708
370200	***	*	19.7060	27.9940	35.8719	26.8170
370201	1.5046	0.8861	25.5882	30.4213	30.9026	28.9180
370202	1.4666	0.8864	25.8261	29.3845	30.9936	28.8532
370203	1.8920	0.8861	30.3641	31.6266	32.1871	31.6717
370206	1.9178	0.8861	30.8151	28.9491	30.0585	29.9057
370210	1.9062	0.8864	25.7905	29.4082	29.9079	28.4566
370211	1.1934	0.8861	30.9656	32.7888	34.6101	32.9440
370212	1.9722	0.8861	20.0919	23.4166	27.1375	23.5295
370214	0.8377	0.8114	20.1495	22.3796	25.0447	22.5261
370215	2.2825	0.8861	32.0950	32.7257	33.2373	32.7263
370216	2.1658	0.8864	29.6658	29.1189	26.1707	28.1248
370218	1.4156	0.8864	23.7517	29.6378	28.7572	27.2714
370219	***	*	41.4392	*	*	41.4392
370220	2.2137	0.8861	21.3168	22.2077	20.9298	21.4203
370222	1.9360	0.8861	26.9175	28.6123	28.3453	27.9656
370223	***	*	24.0154	*	19.6604	21.4670
370224	***	*	*	21.5542	*	21.5542
370225	1.1413	0.8861	*	*	*	*
370226	***	*	*	*	37.1390	37.1390
370227	1.0250	0.8864	*	*	25.9830	25.9830
370228	1.1823	0.8864	*	*	29.2557	29.2557
370229	1.0257	0.8017	*	*	*	*
370231	0.9969	0.8864	*	*	*	*

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
370232	1.1109	0.8017	*	*	*	*
380001	1.2530	1.1173	33.8490	36.3316	37.7584	36.0275
380002	1.3507	1.0046	32.6830	32.7006	33.7907	33.0702
380004	1.6902	1.1173	36.1021	37.7310	38.7848	37.5392
380005	1.4128	1.0046	33.5765	33.5424	36.4765	34.5241
380007	1.9680	1.1173	36.4222	37.9358	39.2842	37.8818
380009	2.1862	1.1173	36.5688	36.8442	39.1393	37.5615
380014	1.9778	1.0296	35.7101	36.4373	36.1111	36.0952
380017	1.7902	1.1173	36.8103	37.5098	38.6492	37.6722
380018	2.0193	1.0046	32.4884	32.3945	33.4301	32.7883
380020	1.4677	1.1282	35.7392	37.4343	42.4903	38.6506
380021	1.5246	1.1173	33.0628	33.3855	35.2942	33.9333
380022	1.4159	1.0106	30.9181	32.6138	34.0849	32.6081
380025	1.2343	1.1173	38.1507	38.7401	40.2542	39.0981
380027	1.4336	1.0985	31.4398	33.7027	35.3681	33.5331
380029	1.3160	1.1071	33.3368	34.4907	36.3780	34.8151
380033	1.1325	1.1282	36.0798	36.6589	38.9026	37.2572
380037	1.4089	1.1173	34.0321	36.0715	37.8397	36.1223
380038	1.3228	1.1173	35.0350	36.3586	37.3367	36.2465
380040	1.5283	1.0046	34.4500	37.3200	39.0280	37.0491
380047	1.8942	1.0985	35.8165	37.9901	39.2864	37.8086
380050	1.4662	1.0046	31.3088	32.4377	35.5034	33.1746
380051	1.8579	1.1173	35.0114	37.3363	39.5771	37.3333
380052	1.2455	1.0046	27.7656	29.1449	30.5763	29.1627
380056	1.2401	1.1071	31.0210	31.9034	32.2946	31.7201
380060	1.5979	1.1173	35.1106	36.9581	37.6168	36.6196
380061	1.6961	1.1173	35.8922	37.9554	39.8524	37.8861
380071	1.5130	1.1173	31.6821	32.7466	36.1630	33.5296
380075	1.4781	1.0046	34.0197	36.0119	37.8963	35.9417
380082	1.3415	1.1173	37.7268	38.8914	40.5892	39.0683
380089	1.3650	1.1173	37.0017	37.7878	39.3331	38.0936
380090	1.3301	1.0985	41.4540	41.3541	36.1957	39.4825
380091	1.6124	1.1173	39.7431	47.7003	43.5979	43.8371
380100	***	*	45.3882	*	*	45.3882
380102	1.8467	1.1282	*	*	*	*
390001	1.5928	0.8509	25.4188	27.9772	27.1369	26.8091

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
390002	1.4560	0.8567	25.9827	26.9670	28.0217	26.9883
390003	1.1897	0.8509	26.2872	26.6558	28.5550	27.1598
390004	1.7151	0.9161	26.5054	29.3249	30.1116	28.6336
390006	1.9048	0.9161	30.9914	32.8108	34.0319	32.6975
390008	1.1052	0.8523	22.9417	25.0200	23.3722	23.7761
390009	1.7909	0.8509	29.0286	29.4416	29.4788	29.3179
390010	***	*	26.0966	27.8944	*	26.9767
390012	1.2900	1.0765	34.2004	35.6251	36.5075	35.4492
390013	1.4998	0.9161	28.3039	26.8792	28.6128	27.9375
390016	1.3710	0.8509	26.1802	25.6660	28.0791	26.6336
390019	1.2656	0.9405	25.3185	25.2047	27.4886	25.9672
390023	1.2198	1.0765	36.2618	37.9254	40.0307	38.0623
390024	***	*	37.4815	*	*	37.4815
390025	0.5715	1.0765	*	*	*	*
390026	1.2953	1.0765	36.0608	36.6927	37.8982	36.8748
390027	1.8176	1.0765	40.9110	42.5592	43.2863	42.2614
390028	1.7616	0.8567	29.6218	31.3868	29.7659	30.2416
390030	1.1774	0.9405	26.5678	26.9684	29.2589	27.6203
390031	1.2218	0.8843	26.1258	27.5747	30.8796	28.1344
390032	1.3312	0.8567	25.3756	27.3294	28.0123	26.9158
390035	1.2342	1.0765	27.2130	27.6331	30.9600	28.6617
390036	1.5866	0.8567	26.1956	30.1286	32.9773	29.7227
390037	1.4602	0.8567	27.0788	31.6832	31.5443	30.0435
390039	1.3655	0.8546	22.1531	23.3456	24.9694	23.4740
390041	1.2656	0.8567	25.1190	26.4415	26.5753	26.0714
390042	1.5148	0.8567	29.6213	30.6691	30.9971	30.4337
390043	1.2296	0.8509	24.3590	26.4451	27.6266	26.1527
390044	1.6128	1.0530	29.9959	30.6946	30.4850	30.4001
390045	1.4760	0.8509	25.8800	26.4450	25.4029	25.8954
390046	1.8301	0.9746	32.5273	32.1156	34.3559	33.0452
390048	1.1692	0.9161	28.4563	29.0278	30.0870	29.1884
390049	1.5518	0.9405	31.0290	32.7809	33.9546	32.6141
390050	2.1229	0.8567	29.6715	32.0935	32.6719	31.5014
390052	1.1984	0.8529	26.3700	27.4028	28.0662	27.3003
390054	***	*	27.5696	*	*	27.5696
390056	1.1238	0.8529	24.7038	25.5903	26.0944	25.4676

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
390057	1.3731	1.0765	31.0279	33.9576	34.1227	33.0166
390058	1.4268	0.9161	29.6620	29.4647	31.4346	30.2160
390061	1.5125	0.9746	30.9208	30.2319	33.2839	31.3678
390062	1.1590	0.8517	22.8856	37.2849	24.7403	28.3031
390063	1.9432	0.8509	28.3987	30.3687	29.6085	29.4599
390065	1.3869	1.0496	31.8841	31.2628	34.1509	32.4868
390066	1.4935	0.9161	29.0033	28.3747	28.4545	28.6018
390067	1.8047	0.9746	32.2891	30.5601	32.7009	31.8523
390068	1.2866	0.9746	29.6984	28.2183	31.3686	29.7350
390070	1.3814	1.0765	34.5501	33.4969	34.5022	34.1840
390071	1.0479	0.8509	26.3830	27.8695	29.4067	27.8637
390072	1.0365	0.8509	28.8145	28.0714	29.3008	28.7479
390073	1.7549	0.8517	27.0876	28.8519	30.4073	28.7640
390076	1.3590	1.0765	33.9908	34.0355	36.0337	34.6436
390079	1.8713	0.8750	26.0199	26.9676	29.0245	27.3480
390080	1.4522	1.0765	31.6210	33.0003	34.7963	33.0758
390081	1.3314	1.0765	36.4788	37.7643	37.7381	37.3396
390084	1.2793	0.8509	24.3191	24.8010	26.7795	25.2800
390086	1.5945	0.8509	24.7454	25.3096	25.8212	25.3007
390090	1.8764	0.8567	30.1256	31.9282	33.7323	31.8674
390091	1.2620	0.8509	23.2118	23.9434	24.9895	24.0598
390093	1.2290	0.8509	23.8846	23.5291	23.4916	23.6341
390095	1.2005	0.8509	25.3859	25.9594	25.8271	25.7150
390096	1.6264	1.0530	30.3910	31.7443	32.9599	31.7312
390097	1.2966	1.0765	28.1285	30.4946	31.2933	29.9565
390100	1.6541	0.9746	32.7836	32.8949	33.8098	33.1901
390101	1.3191	0.9526	25.9850	28.6622	30.5652	28.4498
390102	1.4762	0.8567	25.5336	26.3716	27.4078	26.4615
390104	1.0256	0.8509	20.4552	26.8407	25.5500	24.5842
390107	1.7718	0.8567	25.6790	26.6305	27.5113	26.6481
390108	1.3264	1.0765	34.3066	33.3017	33.0812	33.5657
390110	1.6616	0.8509	25.7159	28.5314	29.2114	27.8372
390111	2.3297	1.0765	37.7322	34.5571	37.4034	36.5385
390112	1.1114	0.8546	18.4185	19.5361	21.7618	19.8898
390113	1.3636	0.8509	24.8669	25.9952	27.3239	26.1026
390114	1.5335	0.8567	28.5336	28.2039	31.1727	29.3417

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
390115	1.4010	1.0765	32.5058	32.8427	32.4906	32.6138
390116	1.4090	1.0765	33.9295	34.5119	35.8124	34.7722
390117	1.2284	0.8510	22.2327	26.0642	29.4532	25.9021
390118	1.2756	0.8509	23.6535	23.7128	24.9150	24.0866
390119	1.3599	0.8509	25.3907	25.9784	27.7668	26.4246
390122	1.0543	0.8509	24.6434	24.0424	25.6753	24.7750
390123	1.2379	1.0765	35.1244	34.1121	36.2907	35.1769
390125	1.2563	0.8509	24.0199	24.4654	28.2329	25.5409
390127	1.5706	1.0765	33.1227	34.6488	37.2911	35.0077
390128	1.2760	0.8567	25.1858	26.0441	26.6048	25.9610
390130	1.2073	0.8509	30.7083	26.7324	27.8831	28.3944
390131	1.4113	0.8567	27.7146	26.9190	27.7765	27.4675
390132	1.6245	1.0765	30.0751	33.1853	34.6686	32.6204
390133	1.8571	1.0530	33.0604	35.0046	33.5858	33.8932
390137	1.5065	0.8509	26.9156	27.9033	28.8768	27.9121
390138	1.3244	1.0496	27.7565	29.0224	31.9340	29.6092
390139	1.3858	1.0765	36.5001	36.8337	38.9715	37.4666
390142	1.5812	1.0765	33.3509	38.1793	41.7965	37.8882
390145	1.4739	0.8567	26.9212	27.6510	28.4472	27.7026
390146	1.1970	0.8509	23.9878	27.5267	28.5944	26.6700
390147	1.4098	0.8567	29.0995	30.4797	29.9003	29.8258
390150	1.1325	0.8515	22.6483	27.2922	29.5097	26.6124
390151	1.4533	1.0496	31.8967	35.0627	36.1838	34.4568
390153	1.3662	1.0765	36.0287	37.0995	38.6509	37.2968
390154	1.2217	0.8509	23.9785	24.6857	26.5297	25.0858
390156	1.3617	1.0765	33.7057	34.9903	37.3076	35.3187
390157	1.2496	0.8567	23.0989	23.7167	25.3304	24.0528
390160	1.4641	0.8567	25.2043	27.5196	28.6869	27.1706
390162	1.5709	1.1280	35.1844	36.7008	37.4703	36.4185
390163	1.3306	0.8567	24.8761	25.4594	26.9809	25.7955
390164	2.2789	0.8567	29.7778	29.0556	30.3482	29.7279
390166	***	*	28.2178	*	*	28.2178
390168	1.6857	0.8567	27.3674	28.2578	30.9235	28.8822
390169	1.1762	0.8509	26.6063	28.4619	28.7411	27.9870
390173	1.3215	0.8546	27.6039	28.0999	29.4695	28.4211
390174	1.8138	1.0765	35.1118	36.5352	38.5670	36.7628

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
390176	1.0420	0.8567	*	27.5270	32.1051	29.5889
390178	1.4445	0.8600	23.9166	25.2325	26.0853	25.0756
390179	1.4701	1.0765	31.5498	33.9916	35.7591	33.8296
390180	1.4303	1.0765	38.2997	37.8677	39.2901	38.4851
390181	***	*	27.8833	*	*	27.8833
390183	1.1887	0.8509	28.2211	28.8361	29.9287	29.0390
390184	1.0458	0.8567	23.9973	24.1461	24.6116	24.2542
390185	1.3942	0.9405	25.5318	28.1346	29.5155	27.8683
390189	1.0954	0.8509	23.4902	25.3686	26.8189	25.2753
390192	1.0196	0.8509	23.7958	24.7427	25.0085	24.5203
390194	1.2336	0.9405	23.7367	27.8231	27.5260	26.2940
390195	1.6061	1.0765	37.2504	36.8626	39.5226	37.8846
390196	1.5301	*	*	*	*	*
390197	1.3716	0.9405	27.7303	28.1999	28.4855	28.1347
390198	1.0016	0.8509	21.0861	21.3574	23.6249	22.0336
390199	1.1525	0.8509	24.5469	24.9642	25.6275	25.0628
390201	1.5511	0.9460	28.5668	28.7755	33.2321	30.2676
390203	1.5230	1.0765	30.7244	33.0056	39.2667	34.4792
390204	1.3951	1.0765	32.0242	33.8120	31.6920	32.4668
390211	1.4122	0.8600	27.7875	28.0796	29.5567	28.4769
390217	1.2688	0.8567	26.2706	25.6917	27.0886	26.3518
390219	1.3817	0.8567	26.3263	27.2812	28.9463	27.5217
390220	1.2574	1.0765	32.0891	33.0323	34.0933	33.0447
390222	1.4380	1.0765	32.7077	34.5835	35.0162	34.1313
390223	2.1413	1.0765	36.5784	35.8030	36.4686	36.2827
390225	1.3671	0.9746	26.3642	*	37.2003	31.3972
390226	1.7682	1.0765	35.4683	35.5564	37.7252	36.2815
390228	1.5300	0.8567	25.5120	28.4321	28.7341	27.5570
390231	1.4535	1.0765	35.2312	35.0675	35.2479	35.1832
390233	1.4332	0.8509	28.3660	29.5938	31.2920	29.7908
390236	1.0294	0.8509	24.5574	25.1866	26.6442	25.4333
390237	1.6878	0.8509	29.9748	29.6917	29.3123	29.6520
390256	1.9907	0.9161	28.5887	31.6455	32.5650	30.9753
390258	1.4564	1.0765	32.0551	33.7330	37.1156	34.3523
390263	1.6615	0.9405	30.2069	31.1718	31.3913	30.9524
390265	1.6237	0.8567	27.7795	27.8241	30.8343	28.8119

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
390266	1.1383	0.8600	23.0142	23.5248	24.2255	23.5948
390267	1.5021	0.8567	25.7571	28.4250	30.7224	28.2795
390268	1.4705	0.8628	28.4200	30.0652	30.2637	29.6045
390270	1.7441	0.8509	27.0301	29.3622	31.2862	29.3404
390272	0.6330	1.0765	32.9918	29.4836	28.9815	30.3399
390278	0.7864	1.0765	28.8318	33.9596	32.6176	31.7776
390285	***	*	38.4703	43.0793	42.6411	41.2248
390286	***	*	31.7337	32.6998	34.3467	32.9330
390290	1.8432	1.0765	47.7663	41.9121	45.5855	45.0203
390304	1.4348	1.0765	33.4134	35.0741	31.4118	33.2717
390307	1.9281	0.8600	22.9474	27.2053	28.6025	26.1219
390311	***	*	49.9027	*	*	49.9027
390312	1.4452	1.0765	51.3372	42.3481	47.4912	46.6973
390313	1.1402	0.8843	*	27.3018	28.2730	27.7674
390314	1.9104	0.9405	*	*	31.2627	31.2627
390315	***	*	*	*	33.7886	33.7886
390316	2.1098	1.0530	*	*	27.5474	27.5474
390317	0.8038	1.0765	*	*	40.0462	40.0462
390318	1.4192	0.9405	*	*	28.8744	28.8744
390319	0.9481	0.8567	*	*	*	*
390320	2.7965	1.0765	*	*	*	*
390321	1.7804	0.9405	*	*	*	*
400001	1.3274	0.4282	15.4249	15.9192	16.7467	16.0408
400002	***	*	12.9793	14.2946	*	13.6163
400003	1.4027	0.4258	14.6859	15.8816	16.1022	15.5378
400004	1.1337	0.4282	13.5197	14.5542	15.6128	14.5649
400005	1.1494	0.4282	11.7590	12.6516	13.5902	12.6912
400006	1.2753	0.4282	*	*	11.3150	11.3150
400007	1.3194	0.4282	10.4934	10.7767	12.4403	11.1611
400009	1.0496	0.3561	10.1212	14.0016	12.1371	11.8594
400010	0.8029	0.3369	10.4206	12.8584	9.9686	10.7816
400011	1.2081	0.4282	9.4068	10.7620	11.2889	10.4922
400012	1.6634	0.4282	*	11.1553	12.3642	11.7247
400013	1.3877	0.4282	12.3073	12.7900	13.8665	13.0128
400014	1.4610	0.3595	12.3301	11.0722	11.8099	11.7048
400015	1.2566	0.4282	21.9225	17.6943	20.6014	19.9015

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
400016	1.5854	0.4282	17.9107	19.1577	18.3119	18.4599
400017	***	*	10.0590	*	*	10.0590
400018	1.3636	0.4282	13.1572	13.6091	14.0267	13.6205
400019	1.5566	0.4282	15.2364	15.0604	15.9353	15.3872
400021	1.5607	0.4549	14.9779	16.3677	16.9832	16.1033
400022	1.4793	0.4258	15.2124	15.3660	16.3760	15.6441
400024	0.7732	0.3595	13.7215	14.2708	12.9549	13.5783
400026	1.2407	0.3561	8.9064	9.8155	10.7169	9.7988
400028	***	*	9.6941	11.1923	10.2934	10.3638
400032	1.1343	0.4282	10.7844	11.9013	12.2669	11.6859
400044	1.7300	0.4258	12.1393	13.4579	14.6579	13.6085
400048	1.2979	0.3561	10.5176	11.5766	13.1850	11.7959
400061	2.1704	0.4282	17.4504	18.5327	20.5087	18.8372
400079	1.5588	0.3369	10.6127	11.3550	11.9824	11.3404
400087	1.2640	0.4282	12.0034	12.6233	13.4288	12.6871
400098	1.2431	0.4282	12.8756	13.2365	13.3671	13.1717
400102	1.2316	0.4282	12.1257	12.6314	10.9542	11.7721
400103	2.0761	0.3595	11.3314	12.7285	11.9853	12.0090
400104	1.3358	0.4282	12.6934	12.9616	11.8195	12.5011
400105	1.0711	0.4282	17.0463	25.3823	19.6129	19.9057
400106	1.1191	0.4282	14.8544	14.1766	15.1456	14.7145
400109	1.4847	0.4282	14.5713	15.4910	16.2304	15.4433
400110	1.2368	0.3528	10.8214	11.2311	12.3738	11.4462
400111	1.2060	0.3369	10.7892	11.0467	12.0683	11.3123
400112	1.2379	0.4282	11.2303	9.6181	13.0534	11.1342
400113	1.3390	0.4258	11.5948	11.9672	12.8788	12.1619
400114	1.2113	0.4282	11.6872	11.5514	12.7842	12.0298
400115	1.0598	0.4282	10.6809	12.0201	10.9564	11.2441
400117	1.0324	0.4282	12.1540	12.2159	13.0609	12.4850
400118	1.3323	0.4282	12.6199	13.3983	14.0618	13.3770
400120	1.4734	0.4282	14.5205	14.6591	15.3683	14.8571
400121	1.0669	0.4282	9.9713	11.7462	11.7441	11.2726
400122	2.2443	0.4282	10.0966	13.1851	13.6602	12.0852
400123	1.2369	0.3595	13.8601	13.4317	14.3030	13.8583
400124	2.8599	0.4282	19.1704	21.9082	22.0619	21.0750
400125	1.2425	0.3874	13.1078	12.7141	13.5864	13.1629

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
400126	1.2276	0.4549	*	14.2108	13.0372	13.5539
400127	2.2024	0.4282	*	12.0796	10.6621	11.1995
400128	1.0442	0.4282	*	23.6366	14.1088	17.2092
410001	1.3296	1.1560	30.5865	30.8038	33.6421	31.6567
410004	1.3994	1.1560	35.2384	33.7118	35.8403	34.9238
410005	1.2979	1.1560	34.2846	38.2842	38.0619	36.9368
410006	1.4558	1.0702	33.9961	35.4462	36.1985	35.2228
410007	1.7064	1.1560	34.4774	37.0287	38.3867	36.7006
410008	1.3757	1.0702	33.6384	34.6138	35.3809	34.5644
410009	1.3355	1.0702	34.3427	36.0892	36.4091	35.6362
410010	1.1199	1.1560	34.9330	38.4603	39.9638	37.7769
410011	1.4645	1.1560	36.7668	38.5007	37.6589	37.6665
410012	1.6248	1.1560	36.5207	37.5223	38.6851	37.5744
410013	1.2620	1.1360	39.8659	38.2253	38.6414	38.8940
420002	1.6629	0.9258	31.2247	32.3569	33.2952	32.2569
420004	2.1010	0.9252	30.0764	31.8610	34.1012	32.1498
420005	1.2940	0.8411	26.5044	28.0173	29.8412	28.1181
420006	2.1518	*	29.1404	31.5368	32.2965	30.9655
420007	1.7111	0.9086	28.9557	31.1080	31.3033	30.4861
420009	1.4017	0.9086	28.6648	29.1084	29.6808	29.1549
420010	1.1694	0.8439	26.5523	27.0435	27.8709	27.1665
420011	1.1720	0.9314	26.0585	25.9484	25.1689	25.7394
420015	1.3418	0.9314	27.4929	27.9759	29.5582	28.3316
420016	1.0027	0.8399	23.4323	23.2125	23.4618	23.3687
420018	1.9284	0.8759	29.0923	28.9660	30.2579	29.4553
420019	1.1621	0.8568	25.8119	23.7910	26.9977	25.5119
420020	1.3033	0.9252	29.2935	28.9093	30.9488	29.7089
420023	1.8241	0.9314	30.4492	31.2602	32.2488	31.4072
420026	1.9124	0.8759	29.5066	31.2504	32.5572	31.1347
420027	1.6300	0.9086	31.3797	30.6779	*	31.0258
420030	1.4921	0.9252	30.3424	31.3260	33.0987	31.5744
420033	1.3463	0.9314	32.4287	33.8157	33.5699	33.2702
420036	1.2688	0.9099	26.3480	27.1715	28.0250	27.1767
420037	1.4064	0.9314	32.7124	33.5291	34.1076	33.4635
420038	1.2847	0.9314	27.1524	29.5673	31.5388	29.4623
420039	1.0619	0.8929	26.3127	24.5270	26.0489	25.6075

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
420043	1.1861	0.8551	25.8366	24.2727	25.6018	25.2202
420048	1.3049	0.8759	27.4353	29.9094	30.5167	29.3111
420049	1.3260	0.8641	28.0920	28.4801	29.1163	28.5669
420051	1.8299	0.8439	27.6130	28.0711	29.6261	28.4477
420053	1.2963	0.8502	25.4820	26.4997	27.1081	26.3512
420054	1.1210	0.8401	26.7900	27.1580	28.2725	27.4120
420055	1.1416	0.8427	25.3144	25.9899	26.0255	25.7592
420056	1.3094	0.8399	29.7774	27.8175	29.3188	28.9542
420057	1.2963	0.8439	27.7137	29.5662	29.8897	29.0709
420062	1.0833	0.8524	27.2263	28.3129	29.4726	28.3826
420064	1.5616	0.8641	25.0654	26.4352	28.3216	26.6452
420065	1.5441	0.9252	28.1896	28.2922	28.9626	28.4895
420066	0.9570	0.8439	20.5743	26.0307	27.0504	24.3154
420067	1.4142	0.8817	27.7167	29.0379	29.2066	28.6526
420068	1.5378	0.9527	28.0316	28.1555	30.0666	28.7169
420069	1.2850	0.8399	24.4656	25.1993	25.9447	25.2155
420070	1.4122	0.8759	27.6431	28.4000	28.5579	28.2053
420071	1.5208	0.9086	28.1099	28.6098	30.2531	29.0105
420072	1.1647	0.8399	20.7716	24.4951	25.2077	23.5012
420073	1.4865	0.8759	28.2671	29.5999	30.4941	29.4818
420078	1.9867	0.9314	32.8731	34.3181	33.3691	33.5209
420079	1.5363	0.9252	30.5981	31.7686	32.4626	31.6252
420080	1.4096	0.8817	32.8712	33.8785	35.2949	34.0334
420082	1.5126	0.9529	34.8864	33.5290	33.6670	33.9910
420083	1.4791	0.9086	29.6587	29.2264	33.5329	30.7160
420085	1.5196	0.9223	29.9085	31.3391	32.5361	31.2837
420086	1.5308	0.8759	29.6349	30.1406	30.5884	30.1347
420087	1.8321	0.9252	28.4632	28.8860	29.6136	29.0043
420089	1.6898	0.9252	31.7367	33.0906	35.2407	33.3707
420091	1.5567	0.8439	27.9062	28.0471	30.7482	28.8706
420098	1.1976	0.8407	27.6722	28.2058	29.6500	28.5992
420100	***	*	29.2979	*	*	29.2979
420101	1.0052	0.8817	33.1995	33.5957	33.0451	33.2696
420102	1.8906	0.9314	*	*	34.3207	34.3207
420103	1.2387	0.9314	*	*	*	*
430005	1.4208	1.0000	25.4385	27.1759	29.2386	27.2448

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
430008	1.1323	1.0000	27.2275	27.2961	28.1278	27.5654
430012	1.3663	1.0000	27.0195	28.5808	28.9595	28.1941
430013	1.2067	1.0000	28.4962	28.3679	29.7388	28.8759
430014	1.5187	1.0000	28.9295	29.2921	30.3630	29.5359
430015	1.3611	1.0000	28.0414	28.0093	28.9296	28.3270
430016	1.6144	1.0000	31.1336	31.5894	34.2610	32.4635
430027	1.7295	1.0000	29.2617	29.2432	31.1835	29.9366
430048	1.2480	1.0355	25.6428	26.9537	28.6697	27.1026
430060	0.9026	1.0000	*	11.7801	*	11.7801
430064	0.9703	*	17.7334	*	*	17.7334
430077	1.7929	1.0940	31.1945	35.3480	39.6547	35.4000
430081	1.0199	1.4382	*	*	*	*
430082	0.7513	1.4382	*	*	*	*
430083	1.0550	1.4382	*	*	*	*
430084	0.8832	1.4382	*	*	*	*
430089	2.2827	1.0000	24.9060	28.3217	28.7338	27.4480
430090	2.0301	1.0000	32.7395	33.8350	34.0212	33.5658
430091	2.0885	1.0940	26.7258	28.3496	29.0916	28.0819
430092	2.0494	1.0000	23.2527	26.6750	28.3015	26.0017
430093	0.9808	1.0940	24.7426	30.7398	30.2337	28.4605
430094	1.7420	1.0355	23.6624	23.9005	24.9804	24.2133
430095	2.3107	1.0000	32.5881	31.8141	38.2085	34.0836
430096	2.3728	1.0000	24.9623	28.0608	28.3796	27.0773
440001	1.1423	0.7948	25.4855	23.9380	25.8019	25.0735
440002	1.7402	0.8871	26.9133	28.4828	28.7976	28.0851
440003	1.3257	0.9280	26.0115	31.4162	31.1666	29.3051
440006	1.6645	0.9280	31.7394	32.6924	33.2995	32.6609
440007	1.1248	0.8119	22.7571	23.4825	23.6870	23.3271
440008	1.0281	0.8210	26.8857	26.2003	28.2870	27.1392
440009	1.1708	0.7948	24.4423	25.1184	26.0040	25.1835
440010	0.9243	0.7948	20.2497	23.8087	24.9022	22.8411
440011	1.4425	0.7948	24.8300	25.7912	27.1600	25.9502
440012	1.5952	0.7957	24.9261	26.2076	26.5953	25.9396
440015	1.9977	0.7948	27.1603	28.1389	28.4467	27.9223
440016	1.0765	0.8032	25.2512	25.4197	27.4924	26.0451
440017	1.8177	0.7957	26.1820	28.6110	27.1081	27.3237

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
440018	1.1740	0.7948	24.8568	26.0748	26.3363	25.7740
440019	***	*	26.2464	28.0387	30.1931	28.0787
440020	1.0657	0.7948	27.5626	28.0269	28.6636	28.0709
440024	***	*	26.2534	25.4398	*	25.8750
440025	1.2561	0.8438	24.0289	25.5605	26.7642	25.4762
440026	***	*	28.4615	26.5911	29.9514	28.3617
440029	1.4714	0.9280	31.4652	31.8872	32.1072	31.8356
440030	1.3554	0.7948	22.3144	23.1116	23.2575	22.8992
440031	1.2845	0.7948	22.0711	23.0937	24.1851	23.1142
440032	1.2903	0.7948	23.8030	25.4122	25.3202	24.8770
440033	1.1176	0.7948	23.9792	24.3197	24.4996	24.2751
440034	1.7491	0.7948	25.9138	26.7987	27.0736	26.5997
440035	1.3762	0.9280	27.9217	26.8725	27.7533	27.5134
440039	2.2785	0.9280	30.1918	32.4190	32.3384	31.6681
440040	0.8602	0.7948	21.1288	21.3795	23.0134	21.8153
440046	1.5007	0.9280	30.7334	31.5146	32.8764	31.6731
440047	0.9783	0.8145	25.2150	26.8032	28.6702	26.9106
440048	1.8888	0.9171	30.6725	31.5584	32.5404	31.5872
440049	1.7063	0.9171	29.8623	31.7148	32.6356	31.4058
440050	1.4510	0.7957	26.3825	27.1284	29.3303	27.5657
440051	0.9297	0.7996	23.6560	23.1773	24.8037	23.8861
440052	1.0648	*	24.4071	28.1868	*	26.2378
440053	1.3950	0.9280	30.3907	31.3189	32.4503	31.4080
440054	1.2435	0.7948	21.9641	25.7785	25.9377	24.4630
440056	1.2204	0.7948	24.0635	25.2050	25.9743	25.0917
440057	1.1740	0.7948	19.3546	25.1519	22.9222	22.2785
440058	1.1492	0.8614	29.1184	28.5093	28.0299	28.5506
440059	1.5321	0.9280	29.4532	30.4489	30.5995	30.1903
440060	1.3363	0.8145	26.5867	26.5518	27.3024	26.8209
440061	1.1152	0.7948	25.4134	25.9969	26.5212	25.9931
440063	1.7344	0.7981	26.0763	25.4344	24.7803	25.4192
440064	0.9734	0.8754	26.7957	26.9014	28.9331	27.5492
440065	1.4389	0.9280	25.6111	27.3501	27.6328	26.8707
440067	1.0879	0.7948	26.0866	26.5062	27.4606	26.6924
440068	1.1836	0.8563	27.9082	27.2646	28.3925	27.8565
440070	0.9667	0.8011	23.2228	24.4477	23.7568	23.8061

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
440072	1.1077	0.7948	26.1661	27.6990	29.4625	27.8065
440073	1.4586	0.9280	27.5133	28.3950	33.8232	29.7943
440081	1.3267	0.7948	21.9681	23.3000	24.5259	23.2799
440082	1.9820	0.9280	32.8941	34.4535	34.2270	33.8164
440083	0.9678	0.7948	25.7074	25.5397	31.8133	27.4028
440084	1.1913	0.7948	19.8950	21.3873	22.1562	21.1576
440091	1.8112	0.8754	28.9697	30.0650	31.3375	30.1465
440102	1.0781	0.7948	22.1114	23.5525	24.5121	23.3354
440104	2.0266	0.8754	28.0905	29.7326	30.2301	29.3691
440105	0.9050	0.7981	23.7154	24.6039	25.1558	24.4882
440109	1.0319	0.7989	22.5878	23.8465	25.0329	23.8752
440110	1.2059	0.7948	23.6275	23.8010	25.2412	24.2401
440111	1.3708	0.9280	29.7461	33.0828	34.8033	32.5048
440115	1.0246	0.8145	24.9778	25.2508	26.5072	25.5829
440120	1.5835	0.7948	26.0621	28.0271	29.3067	27.8170
440125	1.7354	0.7948	24.0934	24.7908	25.9494	24.9465
440130	1.1307	0.7948	26.3192	27.5525	29.7509	27.8864
440131	1.1097	0.9171	28.3162	29.0546	29.2776	28.8882
440132	1.2404	0.7948	29.3377	26.1823	26.0031	27.0744
440133	1.7764	0.9280	32.5726	33.2319	32.4641	32.7486
440135	***	*	27.2094	28.7658	*	27.7843
440137	1.1024	0.8526	24.6143	25.6931	26.9374	25.7242
440141	1.0666	0.7948	24.8737	24.3575	26.3678	25.1500
440144	1.2612	0.8563	26.3225	26.6282	28.1527	27.0256
440147	***	*	36.6978	33.5900	37.8346	36.1793
440148	1.2607	0.8180	28.0708	26.2483	26.9352	27.0789
440150	1.5299	0.9280	30.5513	32.9854	32.8334	32.1424
440151	1.2054	0.9280	28.6585	28.8412	29.7082	29.0660
440152	2.5625	0.9171	29.0588	28.7357	30.1779	29.3307
440153	1.0707	0.7948	23.3790	23.8797	25.5049	24.2283
440156	1.6720	0.8754	30.5161	31.0506	31.6017	31.0718
440159	1.4664	0.9171	27.2785	26.2728	29.3516	27.6174
440161	2.1078	0.9280	31.0667	32.2343	33.4813	32.2916
440162	***	*	24.6425	27.8605	32.8708	28.2006
440168	0.9044	0.9171	31.3316	37.0865	35.6076	34.6194
440173	1.5174	0.7948	23.1370	23.5486	24.5617	23.7711

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440174	0.9085	0.8871	27.4579	27.4578	29.2147	28.0222
440175	1.0307	0.7948	26.7705	29.2713	28.1637	28.0598
440176	1.4968	0.7957	24.9420	26.1477	25.8830	25.6676
440180	1.1625	0.7948	24.3376	26.9310	28.0126	26.4469
440181	1.1717	0.8244	26.4763	26.2247	26.8006	26.5057
440182	0.9173	0.8032	24.9899	24.4173	26.1132	25.1673
440183	1.5613	0.9171	30.9923	31.9159	33.2870	32.0523
440184	1.1262	0.7981	26.9086	25.3287	23.3322	25.0223
440185	1.2332	0.8563	26.3974	25.6005	27.2121	26.4383
440186	0.9656	0.9280	28.2840	30.0775	29.4231	29.3781
440187	1.1201	0.7948	27.4034	27.2669	29.4492	28.0330
440189	1.3670	0.8341	30.5786	29.9065	32.4791	31.0665
440192	1.1026	0.9280	30.6533	32.0772	30.4030	31.0183
440193	1.4241	0.9280	25.9726	27.8132	29.2015	27.6576
440194	1.3855	0.9280	32.3020	32.1073	33.3464	32.6095
440197	1.5649	0.9280	31.4317	32.3241	33.1604	32.2961
440200	1.1684	0.9280	23.8288	23.3049	25.6800	24.2881
440217	***	*	31.6650	33.8684	33.5264	33.0112
440218	2.3018	0.9280	36.9273	31.7847	34.8600	34.3070
440222	***	*	30.5148	32.4230	33.4779	32.1341
440225	0.8351	0.7948	26.9687	29.8273	31.2189	29.5476
440226	1.8051	0.7948	28.3199	28.4491	31.2423	29.3511
440227	1.4445	0.9280	31.9119	32.1862	33.3005	32.4840
440228	1.5313	0.9171	29.5372	31.2049	32.7230	31.2589
450002	1.5584	0.8559	29.7180	30.0562	31.6279	30.4327
450005	1.2589	0.8421	27.3473	27.9825	28.6433	28.0242
450007	1.2745	0.9033	24.4630	26.2568	27.9008	26.2410
450008	1.3007	0.8739	24.4372	26.1215	28.5492	26.3295
450010	1.6966	0.9888	30.1034	32.9053	35.9573	32.9324
450011	1.6446	0.9206	29.9302	30.9903	32.9877	31.3013
450015	1.7472	0.9693	30.3168	30.3228	30.4911	30.3779
450018	1.7997	0.9904	31.3131	32.9922	35.5712	33.2965
450021	2.0024	0.9693	31.7360	34.5462	35.7307	34.0291
450023	1.3908	0.8005	25.1683	25.6361	27.9984	26.2980
450024	1.7757	0.8559	27.3814	27.8816	27.1925	27.4827
450028	1.6425	0.9447	29.5689	29.8049	34.0997	31.2123

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450029	1.5534	0.8278	28.6465	27.2662	28.3780	28.0928
450031	***	*	29.2141	28.8891	34.0104	30.5763
450032	1.3782	0.8558	26.3159	25.7989	24.7722	25.5859
450033	1.6415	0.9447	29.7668	31.6557	32.7706	31.4322
450034	1.5659	0.8421	29.6309	28.2761	30.5057	29.4205
450035	1.7041	0.9904	30.3369	30.8574	*	30.5883
450037	1.5611	0.8558	28.2622	26.8661	31.6332	28.8487
450039	1.6804	0.9547	29.8145	29.5097	31.1550	30.1911
450040	1.7943	0.8903	28.5469	30.0844	31.7878	30.1162
450042	1.7837	0.8612	27.6131	28.3649	29.9591	28.7245
450044	1.7955	0.9693	32.9921	36.3786	36.8350	35.4324
450046	1.6799	0.8541	27.2439	28.4297	29.1115	28.2783
450047	***	*	24.9670	24.6290	*	24.8091
450051	2.0476	0.9693	30.3976	31.0740	32.5581	31.3450
450052	1.1232	0.7985	24.3964	25.8142	26.8780	25.6896
450054	1.8685	0.8739	30.2211	30.7196	31.8152	30.9786
450055	0.9581	0.7985	24.1418	24.6436	24.1331	24.3059
450056	1.7335	0.9483	32.0902	33.7634	35.1758	33.7275
450058	1.6760	0.9033	27.7318	27.8963	29.3038	28.3582
450059	***	*	28.5645	29.9336	30.4251	29.6617
450064	1.6215	0.9547	29.0495	30.6704	31.2918	30.3637
450068	2.2983	0.9904	32.0372	34.9179	36.0902	34.3951
450072	1.2590	0.9904	28.0921	28.7063	30.1911	29.0674
450073	0.8084	0.7985	22.2322	23.1471	27.3607	24.1130
450076	1.7389	*	*	*	*	*
450078	0.9125	0.7985	20.7800	21.0876	22.8792	21.5781
450079	1.5567	0.9693	36.8936	34.1533	35.0924	35.3302
450080	1.2802	0.9547	26.8111	28.6334	28.2834	27.9102
450082	1.2045	0.7985	25.5654	27.1314	28.0686	26.8222
450083	1.8349	0.8225	30.2054	28.6628	27.8743	28.9055
450085	1.1963	0.7985	26.3610	28.1669	28.9441	27.8191
450087	1.5252	0.9547	32.6556	34.2493	35.5922	34.2084
450090	1.3411	0.8684	22.7822	22.2148	21.7004	22.2188
450092	1.4103	0.8278	28.2278	28.3891	30.5314	29.0936
450097	1.5643	0.9904	31.9782	33.8910	34.3604	33.4331
450099	1.3224	0.8399	29.8491	25.5799	25.4382	26.8735

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450101	1.6811	0.8612	28.4220	29.3777	30.4843	29.3988
450102	1.7949	0.8225	27.3364	27.5145	28.5283	27.8122
450104	1.2249	0.9033	27.7851	30.4631	31.5834	29.9121
450107	1.7114	0.8559	29.0328	29.6790	31.5472	30.1274
450108	1.1643	0.9033	22.4293	21.7619	23.4651	22.5508
450119	1.6775	0.8851	34.4161	31.0699	34.4231	33.3604
450123	1.0012	0.8421	24.0433	27.6445	25.6415	25.8683
450124	1.8454	0.9483	31.9797	32.9774	34.3913	33.0155
450126	***	*	32.0370	32.9729	33.9635	33.0184
450128	1.3469	0.8851	28.3171	28.9733	25.6071	27.5150
450130	1.2316	0.9033	26.9208	28.3786	29.5020	28.2589
450132	1.6455	0.9387	31.1361	34.8719	33.2761	33.1083
450133	1.6806	0.9514	30.9622	31.3911	33.3058	31.9181
450135	1.7157	0.9547	30.7909	30.8734	32.1719	31.2968
450137	1.6678	0.9547	35.7775	33.8235	36.3832	35.3104
450143	1.0086	0.9483	24.4346	25.1702	26.2306	25.2759
450144	0.8810	0.9514	31.1552	31.4041	33.9298	32.1350
450147	1.4830	0.8541	26.3032	27.3607	28.1864	27.2675
450148	1.3368	0.9547	30.0542	29.9522	32.0315	30.7189
450151	***	*	22.8768	*	*	22.8768
450152	1.2507	0.8739	24.3442	25.7523	27.2981	25.8872
450154	1.3577	0.7985	24.2582	23.2210	26.8036	24.6426
450155	0.9518	0.7985	24.8773	25.2546	27.0261	25.7426
450162	1.1826	0.8903	33.7823	27.1453	27.1885	29.3979
450163	1.0821	0.8100	27.0967	27.6273	28.6735	27.8002
450165	1.1390	0.9033	30.2236	30.3796	31.6216	30.7510
450176	1.6011	0.8851	25.8587	28.4561	29.1369	27.9379
450177	1.1127	0.7985	26.0895	27.7791	28.5027	27.4708
450178	0.9348	0.9233	28.5990	27.5779	28.9534	28.3711
450184	1.7708	0.9904	30.9726	32.7090	34.0933	32.6058
450187	1.1680	0.9904	29.2749	29.3048	32.4972	30.4075
450188	0.9030	0.7985	24.6823	23.0844	23.5026	23.7701
450191	1.2449	0.9483	31.1339	30.0686	32.6122	31.2546
450192	1.0167	0.8299	26.9884	27.5539	29.0941	27.8974
450193	2.2410	0.9904	37.1906	38.2891	38.8688	38.1249
450194	1.2453	0.8037	30.4381	28.6816	28.5747	29.3155

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
450196	1.4787	0.9547	25.4842	29.8107	34.5610	29.7868
450200	1.5357	0.7985	27.9843	27.5112	27.4356	27.6508
450201	***	*	22.5464	*	*	22.5464
450203	1.3080	0.9388	28.0986	29.4706	30.6946	29.4199
450209	1.8635	0.8539	31.9882	30.4150	32.0113	31.4497
450210	1.0230	0.8113	22.9055	23.7777	24.1082	23.5571
450211	1.4423	0.8558	28.8485	27.7427	28.6208	28.3857
450213	1.9743	0.9033	28.0307	29.2061	31.8766	29.7730
450214	1.2952	0.9904	28.2261	27.0761	29.7013	28.2460
450219	0.9672	0.7985	24.7274	28.0584	26.5426	26.4061
450221	1.0166	0.7985	20.7118	23.9462	26.0548	23.4307
450222	1.8038	0.9904	31.9255	33.2164	35.4314	33.5503
450224	1.3332	0.8225	28.7931	29.8428	34.2896	30.7490
450229	1.6776	0.8381	26.8039	27.2189	28.6814	27.5782
450231	1.7396	0.8539	27.0545	27.7289	29.0463	27.9560
450234	1.1803	0.7985	21.6799	23.2715	24.5744	23.0923
450235	0.9372	0.7985	23.8001	24.3335	26.5480	24.8876
450236	1.2391	0.8403	24.5942	24.1409	24.7381	24.4954
450237	1.6644	0.9033	31.2197	36.8412	38.6993	35.7648
450239	0.9838	0.8739	18.4234	19.1203	20.1484	19.2749
450241	1.0529	0.7985	28.4948	24.3518	23.6473	25.3644
450243	1.0338	0.7985	19.0180	19.9804	19.3327	19.4422
450253	0.8658	0.9904	22.9918	24.3618	24.8454	24.0810
450270	1.2977	0.8299	12.9999	19.0341	23.1601	17.6868
450271	1.3816	0.9388	23.9534	27.4614	27.2326	26.3228
450272	1.2457	0.9483	29.0917	29.5124	30.9357	29.8687
450280	1.6447	0.9693	34.9349	33.8297	36.7763	35.1896
450283	1.1064	0.9547	28.2094	24.3428	26.0914	26.1061
450289	1.5582	0.9904	32.6137	32.4591	33.0717	32.7210
450292	1.2182	0.9693	29.0243	29.2485	29.9357	29.4213
450293	0.7961	0.7985	24.1556	23.7577	24.0607	23.9932
450296	1.0761	0.9904	33.4545	34.1708	36.4604	34.6820
450299	1.6942	0.9206	29.4593	30.3493	31.1239	30.4022
450306	0.8749	0.8381	22.6818	25.9877	26.8169	25.0749
450315	2.1271	0.9693	31.4227	32.3840	33.7842	32.7212
450324	1.6326	0.9547	27.9899	26.8023	29.4539	28.0902

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450330	1.3508	0.9904	27.7419	29.4471	30.3251	29.1461
450340	1.4176	0.8444	29.6617	28.7672	30.5815	29.6840
450346	1.5986	0.8421	24.8434	26.7809	28.3085	26.7155
450347	1.2930	0.9904	28.5789	30.0644	39.0879	31.7620
450348	0.8857	0.7985	22.6828	23.1190	24.9786	23.5721
450351	1.1747	0.9388	29.9598	30.3441	31.5335	30.6264
450352	1.1455	0.9693	27.6480	29.3516	30.7631	29.2850
450358	2.1150	0.9904	33.9103	36.9859	37.7186	36.2668
450369	0.8990	0.7985	24.1953	22.7433	26.2247	24.2072
450370	1.1848	0.9904	29.0816	28.8348	29.9689	29.2856
450372	1.3896	0.9693	30.9345	33.7023	35.7078	33.4644
450373	0.8488	0.7985	27.4251	25.3691	24.2932	25.7191
450378	***	*	33.0583	33.9891	36.4075	34.4205
450379	1.4175	0.9693	35.0637	35.9067	32.6271	34.4741
450388	1.7639	0.9033	29.5386	30.3720	31.6070	30.5182
450389	1.2142	0.9547	26.8499	24.6733	25.7364	25.7517
450393	***	*	39.0266	12.9286	27.1107	24.0530
450395	1.1582	0.8455	28.4272	27.2714	29.8846	28.5726
450399	0.8847	0.7985	20.6307	23.2716	22.6787	22.2015
450400	1.0362	0.9206	29.5020	29.8965	30.9996	30.1497
450403	1.5366	0.9693	31.7065	33.1710	35.4782	33.5113
450411	1.0111	0.7985	21.7877	20.9108	22.4110	21.7020
450419	1.3410	0.9547	34.9972	33.6834	34.9747	34.5445
450422	1.2762	0.9693	32.4669	36.7309	34.1134	34.3580
450424	1.5450	0.9904	29.8290	32.4674	34.5569	32.3014
450431	1.7403	0.9483	28.5289	29.6446	30.6654	29.6328
450438	1.3139	0.9904	27.7734	25.1006	25.4692	26.1366
450446	0.8334	0.9904	15.4641	12.4405	15.5216	14.4421
450447	1.1936	0.9547	28.3724	29.9936	31.8935	29.9931
450451	1.0730	0.8507	25.8836	26.5422	31.4824	27.8675
450460	0.8984	0.8040	25.2165	27.6224	25.4765	26.1120
450462	1.7382	0.9693	30.6516	31.7311	33.7989	32.0439
450465	1.2421	0.9904	28.1853	28.0105	30.1955	28.8001
450469	1.5261	0.9547	31.1348	29.2172	29.6203	29.9824
450475	1.1705	0.8558	24.7037	25.0642	25.7533	25.1909
450484	1.5134	0.8558	27.7792	29.4306	31.9711	29.7496

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450488	1.1850	0.8558	24.9109	26.6089	19.2414	24.1030
450489	1.0148	0.7985	26.9543	25.3695	27.9844	26.7321
450497	1.0021	0.8496	23.0712	24.6056	25.5912	24.4315
450498	0.9124	0.7985	20.6873	19.3077	20.7519	20.2120
450508	1.4192	0.8558	29.1519	30.4829	31.5816	30.4268
450514	***	*	26.4196	*	*	26.4196
450518	1.4458	0.8421	27.5880	28.9969	30.5901	29.0765
450530	1.3988	0.9904	30.7745	31.5033	33.7675	32.0278
450537	1.6268	0.9693	30.9167	33.1500	33.2793	32.4461
450539	1.2570	0.8123	25.0191	25.5268	27.9134	26.1684
450547	0.9127	0.9547	25.4140	24.6575	25.2773	25.1206
450558	1.7520	0.8381	28.7747	30.9433	32.3359	30.6894
450563	1.5978	0.9547	32.6875	35.8856	35.5273	34.6996
450565	1.3413	0.9388	27.4774	28.0400	20.2604	24.6775
450571	1.6736	0.8444	26.5313	26.2046	29.0276	27.1996
450573	1.0624	0.8116	24.6750	28.8508	27.5686	27.0771
450578	0.9388	0.7985	25.2478	25.7938	24.6928	25.2301
450580	0.9863	0.7985	25.9881	23.7932	24.3360	24.7329
450584	1.0404	0.7985	23.6044	23.7329	23.9279	23.7525
450586	1.0322	0.7985	18.3289	19.8656	21.2418	19.8421
450587	1.1286	0.7985	25.9364	27.1505	29.0095	27.3368
450591	1.2132	0.9904	27.9867	26.8802	27.3228	27.3932
450596	1.3215	0.9388	31.6590	30.9701	32.6451	31.7682
450597	0.9543	0.7988	24.8443	26.3300	28.5346	26.5850
450604	1.5282	0.9033	29.1543	27.9983	29.6711	28.9317
450605	1.0389	0.8541	14.8039	23.3169	25.9294	19.8604
450610	1.6708	0.9904	30.5977	32.1314	33.4177	32.0231
450615	0.9227	0.8018	22.6331	25.1269	24.9073	24.2185
450617	1.6748	0.9904	30.2923	31.5691	32.8524	31.6194
450620	0.8835	0.7985	21.2535	21.7871	21.8114	21.6178
450630	1.5995	0.9904	31.8014	32.3195	33.9731	32.6640
450634	1.6926	0.9693	31.8008	31.9667	35.0494	32.9472
450638	1.7216	0.9904	33.3237	34.1802	33.8596	33.7803
450639	1.5533	0.9547	34.3754	33.3962	35.2238	34.3245
450641	0.9255	0.8496	21.7292	20.0231	21.9208	21.2237
450643	1.4481	0.8278	27.2538	28.7747	28.9744	28.3464

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
450644	1.6896	0.9904	31.6874	33.5265	34.8463	33.3746
450646	1.6538	0.8559	27.4631	27.8352	29.9319	28.4242
450647	1.9676	0.9693	34.1016	35.2696	36.5367	35.3425
450651	1.6423	0.9693	33.6498	34.9917	35.6621	34.7071
450653	1.1352	0.7985	26.5361	27.8569	30.2644	28.1938
450654	0.9530	0.7985	25.0755	23.5856	24.5622	24.3772
450656	1.4433	0.8558	29.7290	30.0651	32.2787	30.6407
450658	1.0226	0.7985	22.7090	21.8183	23.5451	22.6654
450659	1.6318	0.9904	34.2657	35.0007	37.4041	35.4287
450661	1.6239	0.9387	29.2381	29.1701	32.8505	30.5685
450662	1.7067	0.9447	30.9630	32.8936	34.5875	32.8475
450668	1.5975	0.8559	30.2083	30.7673	32.0366	30.9613
450669	1.2140	0.9693	32.1244	32.6777	35.4345	33.3993
450670	1.6341	0.9904	26.2954	28.8285	30.3037	28.5168
450672	1.8489	0.9547	33.0858	34.5171	35.3309	34.3346
450674	0.9275	0.9904	31.9316	33.4719	34.3708	33.2937
450675	1.5462	0.9547	32.6380	34.4049	35.3618	34.1567
450677	1.3956	0.9547	27.1603	29.5819	31.0723	29.3313
450678	1.6140	0.9693	33.5513	33.6167	35.4020	34.2062
450683	1.2254	0.9693	24.8440	28.7984	29.3788	27.6756
450684	1.5209	0.9904	31.2765	31.8794	35.0768	32.7040
450686	1.7733	0.8903	26.4871	28.8211	30.3945	28.6469
450688	1.5690	0.9693	29.4393	30.4156	39.5212	33.4935
450690	1.4264	0.8225	30.0577	31.8607	33.2142	31.5431
450694	1.1250	0.7985	27.0862	28.3456	29.6365	28.3309
450697	1.6210	0.9033	28.3002	29.0148	30.4461	29.3085
450698	0.9036	0.8247	23.3062	21.5450	22.3625	22.2982
450702	1.6646	0.8558	27.1318	26.9753	30.2610	28.1063
450709	1.5374	0.9904	31.3239	31.0331	32.2101	31.5528
450711	1.6479	0.8851	28.1040	29.2934	31.1833	29.5133
450713	1.7474	0.9483	30.4933	31.3274	32.4793	31.4789
450715	***	*	*	27.0982	*	27.0982
450716	1.4846	0.9904	33.9926	33.4960	35.7265	34.4031
450718	1.6829	0.9483	29.7609	30.6623	32.6777	31.1373
450723	1.5586	0.9693	31.0481	32.1316	32.6655	31.9568
450730	1.5137	0.9693	32.8920	34.9137	33.1903	33.6228

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
450742	1.2662	0.9693	30.4204	31.4270	33.0463	31.6358
450743	1.4816	0.9693	29.5098	30.3302	31.3249	30.4344
450746	1.1292	0.7985	23.3484	22.7535	25.0694	23.7092
450747	1.2515	0.8225	28.3935	27.1975	28.8858	28.1491
450749	0.9107	0.7985	23.9269	23.0265	23.2733	23.4142
450754	0.9768	0.7985	22.8572	23.4607	24.3117	23.5585
450755	1.0767	0.8556	24.7428	22.4195	31.3204	25.7528
450758	***	*	28.3305	29.5013	28.2010	28.6514
450760	***	*	23.7157	24.0691	25.7775	24.3542
450766	1.9556	0.9693	31.2084	33.3435	35.1683	33.2474
450770	1.3684	0.9483	23.6093	25.5863	18.0459	22.2518
450771	1.6045	0.9693	32.5014	32.6206	33.7565	32.9584
450774	1.6654	0.9904	27.5065	29.1151	*	28.3542
450775	1.5260	0.9904	31.6656	33.1582	34.3654	33.1091
450779	1.4365	0.9547	32.0770	31.4350	31.9592	31.8179
450780	2.1639	0.9033	28.5560	29.4960	31.6556	29.8709
450788	1.6154	0.8541	29.7667	31.5593	32.7687	31.3701
450795	1.1190	0.9904	43.8574	31.1871	28.4802	34.7233
450796	2.6228	0.8539	39.4762	31.6590	33.6154	34.7499
450797	1.7663	0.9904	26.0302	29.7074	31.7739	29.3070
450801	1.6105	0.7985	25.6379	27.2635	26.6634	26.5192
450803	1.3194	0.9904	28.7041	28.4345	33.0146	29.9070
450804	2.0163	0.9904	31.1891	33.2767	34.1951	32.9236
450808	2.3057	0.9483	29.6476	27.4132	29.9055	29.0173
450809	1.7258	0.9483	29.4696	30.4031	31.4588	30.4836
450811	***	*	31.3007	32.5513	31.9859	31.9444
450813	1.1372	0.8016	26.5803	24.0804	20.6715	23.5616
450820	1.7477	0.9904	34.7445	36.4796	38.2108	36.6079
450822	1.3504	0.9693	34.4060	34.7760	36.6675	35.3212
450824	2.6197	0.9483	31.8413	34.8301	39.0190	35.1987
450825	1.6530	0.8851	25.8006	23.6674	24.3308	24.5730
450827	1.4304	0.9888	24.3659	23.6628	23.9496	23.9877
450828	1.3734	0.7985	26.9553	26.3231	28.2632	27.1681
450830	0.9681	*	28.4007	*	*	28.4007
450831	1.7089	0.9904	24.4141	24.2732	29.1549	25.8378
450832	1.5453	0.9904	28.1389	31.2830	32.4824	30.7550

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
450833	1.1420	0.9693	29.0256	30.3604	32.5010	30.7618
450834	1.7933	0.9206	26.7253	28.1564	29.1031	27.9224
450838	***	*	19.2949	20.3039	19.0487	19.5634
450839	1.0081	0.7985	27.5330	28.0060	28.5894	28.0255
450840	1.2748	0.9693	32.4162	34.1412	35.8725	34.2963
450841	1.6187	0.9447	24.4389	24.6321	23.9682	24.3370
450844	1.4764	0.9904	33.0758	34.7070	36.5371	34.8354
450845	1.8367	0.8559	28.5039	30.9556	31.2402	30.2207
450847	1.3939	0.9904	30.7431	31.6028	32.1869	31.6098
450848	1.4727	0.9904	31.1476	32.0471	33.4153	32.3022
450850	***	*	27.2653	*	*	27.2653
450851	2.0867	0.9693	32.8377	35.2085	38.8802	35.5622
450853	2.0083	0.9693	38.3600	37.5237	36.5101	37.2120
450855	1.8608	0.9447	30.7353	33.0196	32.9107	32.1835
450856	2.5479	0.9033	35.5006	35.5221	33.9274	34.9300
450860	1.8566	0.9904	33.3404	36.0060	39.5352	36.4526
450862	1.8415	0.9904	33.7962	34.2163	35.3982	34.5218
450864	2.6098	0.8225	25.3535	26.6579	27.1210	26.4353
450865	1.1060	0.9483	31.9200	34.6338	35.8513	34.1920
450867	1.2922	0.9483	31.4953	33.8712	34.7654	33.3974
450868	***	*	27.7501	28.4524	30.9119	29.0597
450869	1.9926	0.8851	28.7422	27.9532	33.2135	30.1400
450871	1.9451	0.9483	32.3990	35.2470	37.9738	35.1792
450872	1.3983	0.9547	31.7345	30.7510	30.9726	31.1239
450874	1.8676	0.9693	35.6839	37.4432	36.9974	36.7518
450875	1.9516	0.8539	23.2962	26.9904	20.1676	22.8117
450876	1.7122	0.8903	30.3515	30.7721	30.9806	30.7060
450877	1.5299	0.8559	29.2353	28.0504	28.0186	28.4103
450878	2.5973	0.9033	33.6269	33.5225	36.1310	34.4610
450879	***	*	36.4874	31.1510	33.9546	33.6692
450880	1.9228	0.9547	32.6713	32.1245	34.4319	33.1600
450883	1.9373	0.9693	37.1525	38.5954	37.3049	37.6847
450884	1.0402	0.8558	23.5799	25.0230	25.7645	24.7956
450885	1.5264	0.9693	36.0954	33.7612	36.0679	35.3127
450886	2.1922	0.9547	30.1571	33.2011	34.2513	32.5780
450887	***	*	25.5590	*	*	25.5590

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
450888	1.9205	0.9437	28.5995	26.3027	33.6718	29.5947
450889	1.3218	0.9693	35.6151	29.1149	37.7768	33.7885
450890	1.6403	0.9693	32.2000	33.9068	30.5718	32.1704
450891	1.8038	0.9693	39.0890	29.7832	28.6689	31.5429
450892	***	*	39.5333	*	*	39.5333
450893	1.6541	0.9693	36.2660	37.8279	38.4890	37.6102
450894	2.5125	0.9693	25.9441	34.3388	30.1201	30.2587
460001	2.0520	0.9231	30.7040	32.3262	33.1209	32.1021
460003	1.6576	0.9319	29.6450	31.8128	33.2304	31.5395
460004	1.8788	0.9319	29.8773	32.2759	33.1810	31.8222
460005	1.5680	0.9319	29.4188	29.6947	32.5526	30.5747
460006	1.7333	0.9319	28.9653	30.3798	31.5156	30.3358
460007	1.3358	0.9268	29.1191	30.8583	31.3963	30.5244
460008	***	*	27.6906	30.5351	31.2708	29.8198
460009	2.0509	0.9319	29.4705	31.5120	32.4915	31.2060
460010	2.0371	0.9319	30.9813	32.8157	33.5686	32.4990
460011	1.3290	0.8674	26.5486	27.0189	29.7484	27.7675
460013	1.5423	0.9231	29.7252	31.2945	33.2639	31.4115
460014	1.1697	0.9319	30.6450	30.0229	31.5876	30.7603
460015	1.4935	0.8803	28.8014	30.7369	31.4843	30.3806
460017	1.3823	0.8903	28.7126	29.8556	32.9922	30.5250
460018	1.0014	*	22.0935	24.7761	*	23.4535
460019	1.1788	0.8674	25.1615	24.9579	29.0338	26.4222
460021	1.9540	0.9268	29.7397	31.5207	32.5066	31.3092
460023	1.4134	0.9231	28.9473	30.5888	31.3338	30.3465
460026	0.9596	0.9230	29.2775	31.3552	32.2647	30.9963
460030	1.1661	0.8674	26.8979	30.0714	29.9269	28.9836
460033	0.9059	0.8674	27.9108	29.0346	30.0615	29.0242
460035	0.9434	0.8674	23.8682	23.4736	25.1957	24.1858
460039	1.1592	0.9311	30.0677	32.8010	35.0008	32.6853
460041	1.4984	0.9319	26.7356	29.4568	30.8887	29.0180
460042	1.5807	0.9319	36.2903	35.5686	32.3029	34.4949
460043	0.8631	0.9231	29.5660	31.2717	32.7481	31.2613
460044	1.4132	0.9319	29.5079	31.4469	32.6644	31.2589
460047	1.7647	0.9319	31.0020	33.0291	35.1263	33.0272
460049	2.1169	0.9319	28.6267	32.0329	32.9633	31.2669

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
460051	1.5507	0.9319	28.1140	28.6559	29.4759	28.9591
460052	1.7033	0.9231	28.7455	30.2613	31.8515	30.3626
460054	1.5710	0.8803	26.3939	28.1478	28.0120	27.5238
460055	***	*	*	*	23.1431	23.1431
460056	0.8224	0.8674	*	*	*	*
470001	1.3548	1.0025	32.2887	34.5891	33.5241	33.3804
470003	1.7940	1.0293	30.0535	35.8753	36.7362	34.6784
470005	1.3682	0.9422	33.9969	32.1087	32.9379	33.0059
470011	1.2239	0.9422	30.8742	32.1668	33.3394	32.1525
470012	1.2953	1.0112	29.8259	30.9839	32.7025	31.2202
470024	1.3785	1.0293	27.3106	28.9203	29.2657	28.4919
490001	1.1846	0.8025	24.6883	25.2705	26.8850	25.6328
490002	0.9564	0.8028	24.0672	26.2533	27.6367	26.0235
490004	1.4283	0.9203	28.8660	30.6657	32.4538	30.6807
490005	1.7029	1.0513	31.4909	32.7159	34.9053	33.0668
490007	2.0623	0.8914	30.7411	31.5954	32.4614	31.6048
490009	2.0440	0.9203	31.4260	30.5748	31.9496	31.3136
490011	1.7060	0.8914	28.8780	30.5522	31.9508	30.4122
490012	1.1797	0.8025	21.8322	22.3339	24.4301	22.9678
490013	1.3615	0.9619	27.3486	27.4108	28.5324	27.7697
490017	1.6019	0.8914	29.6784	29.5853	30.9047	30.0811
490018	1.3937	0.9203	27.8682	28.8491	29.5589	28.7713
490019	1.3345	1.0513	29.8891	33.5636	33.7765	32.4062
490020	1.3546	0.9494	30.6013	32.5621	33.3461	32.1198
490021	1.4713	0.8490	28.1254	28.1343	30.0869	28.7596
490022	1.5783	1.0513	31.7985	34.5366	33.3639	33.2694
490023	1.4038	1.0513	32.6308	33.4561	35.6316	33.9527
490024	1.7367	0.8981	29.0407	29.9188	31.4854	30.2069
490027	1.4257	0.8025	24.3834	23.6876	25.1699	24.4425
490032	2.0641	0.9494	28.0120	30.0331	32.8661	30.3741
490033	1.2418	1.0513	30.9910	32.1854	35.3543	32.8355
490037	1.1921	0.8025	26.2951	28.9020	27.7807	27.6377
490038	1.1365	0.8028	24.0852	25.7219	26.5823	25.5525
490040	1.6870	1.0513	35.6822	36.5546	38.2247	36.8591
490041	1.7419	0.8914	29.1244	30.4198	31.6506	30.4422
490042	1.3852	0.8825	26.6078	28.1989	28.6351	27.8261

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
490043	1.4528	1.0496	36.5982	33.4364	35.4380	35.1246
490044	1.5021	0.8914	24.1763	30.3606	31.1639	28.6723
490045	1.4362	1.0513	32.8774	34.0289	33.2301	33.3822
490046	1.5611	0.8914	29.3882	30.5445	32.0244	30.6581
490048	1.5181	0.8981	28.0320	29.1952	32.3457	29.8101
490050	1.6932	1.0513	31.1370	33.3979	35.3441	33.2738
490052	1.7570	0.8914	25.4179	26.5858	27.5800	26.5238
490053	1.2123	0.8025	24.6206	25.5300	27.6516	26.0148
490057	1.6341	0.8914	29.0700	30.5163	31.4342	30.3581
490059	1.7476	0.9494	32.1031	32.7894	33.7315	32.8906
490060	1.0988	0.8025	25.7765	26.2620	26.8764	26.2885
490063	1.9288	1.0496	34.1179	35.7722	36.5676	35.5145
490066	1.3993	0.9494	31.4298	31.1949	32.8018	31.8232
490067	1.3116	0.9494	26.7802	27.5172	28.6635	27.6322
490069	1.7572	0.9494	30.1482	33.1140	33.7580	32.4106
490071	***	*	33.7118	36.1311	37.5474	35.7436
490073	***	*	46.4210	*	*	46.4210
490075	1.4728	0.8133	27.3424	27.8663	28.5221	27.8788
490077	1.4245	0.9203	31.0016	33.5266	33.9868	32.8758
490079	1.2258	0.8807	24.2066	25.3814	26.8381	25.4605
490084	1.1514	0.8262	26.3234	28.0861	29.2001	27.8967
490088	1.0343	0.8490	26.0285	26.5138	27.3105	26.6200
490089	1.0904	0.8981	27.4587	28.7200	28.6746	28.3003
490090	1.1170	0.8025	27.0760	28.1280	30.1159	28.4491
490092	1.0905	0.8025	27.5277	26.9546	27.9480	27.4786
490093	1.5805	0.8914	28.7122	29.2159	30.8707	29.6194
490094	1.0446	0.9494	29.7990	33.4960	35.2427	32.9163
490097	1.1213	0.8025	27.4608	27.3832	30.3702	28.3815
490098	1.2490	0.8025	26.7152	29.1195	30.2724	28.7604
490101	1.5529	1.0496	32.9516	36.2501	37.1100	35.5137
490104	0.8635	0.9494	19.0056	21.5140	25.4797	21.5647
490105	0.7752	0.8028	*	*	*	*
490106	0.7217	*	26.2318	28.0073	29.6648	27.8955
490107	1.5612	1.0496	35.0272	36.5156	37.8948	36.4952
490108	0.9350	0.8490	27.8717	26.8474	28.1422	27.6252
490109	0.8360	0.8914	21.6711	26.3100	35.3956	26.6243

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
490110	1.4981	0.8433	26.3089	28.6114	30.4140	28.4403
490111	1.3002	0.8025	26.4297	25.9801	25.5933	26.0180
490112	1.8616	0.9494	31.2549	32.6940	34.4483	32.7850
490113	1.3453	1.0513	34.7841	34.3609	35.7020	34.9658
490114	1.2877	0.8025	23.0533	23.6217	24.3756	23.7176
490115	1.1261	0.8025	23.2118	24.2056	24.5732	24.0079
490116	1.1200	0.8025	25.0351	26.8981	27.6062	26.5245
490117	1.1400	0.8025	20.3038	19.0627	21.2554	20.2023
490118	1.7126	0.9494	31.2407	32.7697	34.4087	32.7699
490119	1.3791	0.8914	29.5222	30.2401	31.8001	30.5988
490120	1.5447	0.8914	27.1990	29.8199	31.3588	29.5073
490122	1.6804	1.0496	35.2234	36.8356	37.2409	36.4506
490123	1.1733	0.8025	24.6011	25.9018	26.5759	25.6908
490126	1.2835	0.8025	25.3294	26.4277	28.1112	26.5960
490127	1.1572	0.8025	23.1399	23.5161	25.8521	24.1618
490130	1.3539	0.8914	25.9782	27.8912	28.5506	27.5060
490134	0.8484	0.8025	31.1495	36.6290	38.4799	35.3431
490135	0.8329	0.8981	27.2795	29.4817	30.6983	29.1252
490136	1.5986	0.9494	31.2911	33.2256	33.6199	32.9138
490137	***	*	*	33.7203	*	33.7203
490138	***	*	*	*	29.6062	29.6062
490140	1.1707	1.0513	*	*	*	*
500001	1.6920	1.1353	37.5323	34.4057	36.7516	36.1864
500002	1.4064	1.0072	30.1872	32.8317	34.4481	32.6052
500003	1.3883	1.1232	32.7983	34.5869	35.4284	34.3657
500005	1.9139	1.1353	36.0918	36.7598	34.3832	35.6947
500007	1.3046	1.1232	31.0313	32.8189	34.5520	32.8250
500008	2.0942	1.1353	34.7810	37.6578	39.2151	37.2339
500011	1.5112	1.1353	38.3979	35.9571	39.3411	37.8813
500012	1.6682	1.0072	33.1685	34.1650	36.8979	34.8623
500014	1.7774	1.1353	37.2698	36.3915	39.1505	37.5950
500015	1.4145	1.1353	40.8683	41.8914	37.7765	39.9793
500016	1.7006	1.1232	34.2828	35.1946	36.9961	35.5244
500019	1.2954	1.0238	33.8882	33.3151	33.7113	33.6367
500021	1.2735	1.1232	33.5610	34.1696	35.5039	34.4442
500024	1.6970	1.1041	37.4529	38.1144	38.4388	38.0019

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
500025	2.0660	1.1353	44.7105	45.7929	46.4667	45.6979
500026	1.5246	1.1353	35.5080	38.9294	39.8935	38.0803
500027	1.5514	1.1353	42.4974	43.3521	46.0534	43.9702
500030	1.6107	1.1262	36.9489	37.8938	39.5003	38.1941
500031	1.3816	1.0977	34.1651	37.1418	39.3882	37.0143
500033	1.3025	1.0072	32.6753	33.5611	34.6180	33.6561
500036	1.3062	1.0072	31.9164	33.0937	34.4581	33.2430
500037	1.0522	1.0072	29.1773	31.5221	33.5698	31.4598
500039	1.6290	1.1232	34.5739	35.7525	36.9804	35.8188
500041	1.4539	1.1173	36.9273	37.1754	37.2841	37.1483
500044	1.8709	1.0552	32.0743	32.9066	37.2547	34.2357
500049	1.3589	1.0072	30.8135	32.9904	35.3710	33.0668
500050	1.6841	1.1173	35.7254	35.8576	38.7771	36.8297
500051	1.7983	1.1353	36.4764	38.1805	40.4444	38.4149
500052	0.5257	1.1353	*	*	*	*
500053	1.2927	1.0072	28.5664	35.5776	32.3889	32.3866
500054	2.0439	1.0552	34.8114	36.0163	37.0037	35.9970
500058	1.7819	1.0072	32.6843	33.9116	35.3683	34.0086
500060	1.3839	1.1353	40.3040	33.4139	36.1561	36.3222
500064	2.1038	1.1353	34.7925	36.5889	38.6388	36.7061
500072	1.2795	1.0362	33.1148	33.7689	34.6614	33.8664
500077	1.6554	1.0552	34.3114	35.6352	36.5941	35.5623
500079	1.4615	1.1232	34.2420	35.0285	39.6971	36.2958
500084	1.2299	1.1353	33.3072	35.9603	37.4223	35.5895
500088	1.5216	1.1353	38.5194	39.5328	42.2213	40.1754
500108	1.7135	1.1232	35.8918	36.9874	38.4486	37.1566
500119	1.3965	1.0552	31.7125	33.2862	37.1560	34.2985
500124	1.5615	1.1353	36.3338	36.2555	38.4951	37.0807
500129	1.7301	1.1232	37.3189	39.0479	40.9416	39.1501
500134	***	*	28.9759	27.6000	*	28.2473
500139	1.5940	1.1041	37.5709	37.3065	40.1626	38.3039
500141	1.3018	1.1353	34.2384	35.0996	36.5770	35.3417
500143	0.8345	1.1041	26.3893	27.6976	27.0786	27.0516
500148	1.2582	1.0072	24.6347	29.1435	29.3580	27.8028
500150	1.3469	1.1173	34.8480	37.1238	39.5124	37.2763
500151	1.2724	1.1224	*	*	*	*

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
510001	1.9015	0.8271	26.7924	27.6648	28.5579	27.6991
510002	1.3699	0.8825	24.8846	25.3769	26.9879	25.7394
510006	1.3756	0.8271	26.6421	27.5033	28.3986	27.5167
510007	1.7093	0.8880	28.5783	29.7125	31.3109	29.8649
510008	1.4922	0.9462	27.4709	30.6397	31.5292	29.9314
510012	0.9949	0.7650	22.9038	23.9222	23.9062	23.5707
510013	1.1575	0.7540	22.9612	22.1864	22.8779	22.6690
510018	1.1130	0.8098	23.7736	22.6582	24.2196	23.5313
510022	1.8567	0.8098	27.6119	28.4911	28.9389	28.3550
510023	1.1934	0.7540	23.1461	21.1483	23.2098	22.4635
510024	1.6521	0.8271	31.1327	32.3022	29.9740	31.1328
510026	1.0087	*	17.8275	18.6662	*	18.2486
510029	1.4261	0.8098	25.3925	24.6743	25.6860	25.2487
510030	1.1745	0.7540	25.5600	26.0174	26.6707	26.0891
510031	1.6207	0.8098	26.7872	29.5993	29.4024	28.5765
510033	1.5597	0.7540	24.2839	24.4150	24.9115	24.5148
510038	1.1536	0.7540	21.7545	21.1103	22.4112	21.7748
510039	1.3776	0.7540	21.3819	21.7158	22.0335	21.7116
510046	1.4481	0.8025	24.7187	23.2634	24.7177	24.2383
510047	1.2916	0.8271	28.8794	30.0461	31.1243	30.0454
510048	1.3054	0.7540	23.6396	25.0987	26.5418	25.1357
510050	1.8089	0.8446	23.5794	24.3081	24.5207	24.1225
510053	1.0042	0.7540	22.6288	24.3853	25.0147	24.0222
510055	1.6973	0.8880	30.7382	32.3284	33.3163	32.1773
510058	1.3980	0.7540	24.8770	24.9360	23.8781	24.5564
510059	***	*	21.9053	20.5651	23.5300	22.1135
510062	1.2221	0.8098	27.7971	30.4515	32.4834	30.2773
510067	***	*	25.2248	25.4499	*	25.3238
510070	1.3121	0.8098	25.4981	26.1227	28.1871	26.6091
510071	1.3504	0.7751	23.4553	21.7085	23.4390	22.8860
510072	1.0600	0.7540	20.2387	20.1981	21.4895	20.6336
510077	1.0537	0.8729	27.1611	24.7849	27.0319	26.3370
510082	1.2339	0.7540	21.1665	24.7558	22.7658	22.9281
510085	1.4818	0.8098	26.8133	27.6206	24.4240	26.3575
510086	1.1482	0.7540	20.1965	21.2628	20.3576	20.5850
510090	***	*	39.0787	*	*	39.0787

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
520002	1.3482	0.9071	28.3413	28.2765	26.7116	27.7254
520004	1.4996	0.9819	30.9212	32.9848	34.1865	32.6654
520008	1.6075	1.0179	33.6774	36.6697	38.2815	36.3308
520009	1.8579	0.9332	29.6290	31.0683	31.6106	30.8052
520011	1.3433	0.8978	29.5024	31.8421	33.2873	31.5935
520013	1.6336	1.0976	32.1721	33.9209	34.9944	33.6882
520017	1.2107	0.9556	31.0537	31.8512	33.6624	32.2031
520019	1.2522	0.8978	30.2189	28.8256	25.1409	27.9904
520021	1.3391	1.0323	29.7809	29.0525	30.3673	29.7460
520027	1.4301	1.0179	33.5836	33.5264	35.9033	34.3676
520028	1.3940	1.1045	29.4694	28.1055	30.4362	29.3795
520030	1.7246	0.9537	31.6807	32.0646	34.2167	32.6070
520033	1.3879	0.8978	30.2631	29.5690	31.1389	30.3366
520034	1.3078	0.8978	28.1819	30.4913	31.6386	30.1603
520035	1.5330	0.9367	29.4076	31.0972	32.7626	31.1082
520037	1.7279	0.9071	32.2206	33.1606	33.0449	32.8212
520038	1.2914	1.0179	30.5267	32.6502	32.9167	32.0875
520040	***	*	35.9652	*	*	35.9652
520041	1.0128	1.1264	26.1586	28.3889	30.2068	28.2350
520044	1.5130	0.9367	28.6620	*	31.9599	30.2726
520045	1.7890	0.9492	30.0856	29.6250	33.3652	30.9444
520048	1.6586	0.9492	30.1483	31.8604	33.1944	31.7313
520049	1.9727	0.9400	29.4238	29.8707	30.8224	30.0316
520051	1.5852	1.0179	32.4131	32.5510	35.4345	33.4292
520057	1.2057	0.9274	29.1597	31.7777	34.0671	31.7455
520059	1.4262	1.0179	31.1798	32.1905	33.6526	32.3663
520062	1.3557	1.0179	32.7015	37.5630	37.0520	35.8645
520063	1.2023	1.0179	31.5200	32.6383	34.1781	32.7561
520064	1.6643	1.0179	33.1269	34.1899	36.0924	34.4301
520066	1.4525	0.9650	31.6793	31.2257	33.7033	32.1994
520070	1.8311	0.9556	30.0475	30.2454	32.1644	30.8209
520071	1.2720	1.0179	31.5452	32.9974	33.3852	32.6894
520075	1.8243	0.9400	32.2773	33.5393	34.0973	33.3083
520076	1.2579	1.0179	26.8943	28.0857	30.1903	28.4165
520078	1.6147	1.0179	32.0200	32.8377	33.6214	32.8336
520083	1.6732	1.1264	34.7230	36.8165	38.2281	36.6451

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
520087	1.6998	0.9819	31.9771	33.5759	34.5519	33.3848
520088	1.3791	0.9427	30.7482	32.9061	32.7670	32.1576
520089	1.5783	1.1264	34.9357	36.3819	38.0516	36.4973
520091	1.3243	0.8978	28.7180	29.9318	31.2611	29.9703
520095	1.2864	1.1045	33.2426	33.3298	35.6079	34.0578
520096	1.4255	1.0179	29.2895	31.5023	37.8499	32.7151
520097	1.4507	0.9400	30.5442	32.2225	34.3493	32.3376
520098	2.0458	1.1264	38.0993	39.1444	41.0919	39.4919
520100	1.3212	0.9650	31.7772	32.4038	34.0159	32.7405
520102	1.2714	1.0179	31.5756	31.9275	34.1568	32.5763
520103	1.5487	1.0179	34.5640	35.3825	36.9411	35.6386
520107	1.3724	0.9136	30.0354	31.6500	31.1976	30.9724
520109	1.0287	0.8978	25.9740	27.2739	28.4742	27.2711
520113	1.4088	0.9207	33.3040	34.9718	35.6843	34.6401
520116	1.2781	1.0179	31.6702	32.7105	34.6508	33.0184
520136	1.8091	1.0179	32.3504	32.8906	33.7189	32.9955
520138	1.9849	1.0179	32.5677	33.5487	36.0676	34.0683
520139	1.4138	1.0179	31.7086	32.9369	34.1039	32.9713
520160	1.7449	0.9332	30.3052	31.0392	33.4129	31.5467
520170	1.6326	1.0179	31.7610	35.2627	33.8589	33.5756
520177	1.7357	1.0179	33.1243	34.6960	35.6005	34.5408
520189	1.3474	1.0323	29.2229	29.0333	31.6752	29.9942
520193	1.7818	0.9400	29.4737	30.8077	32.6949	31.0673
520194	1.7194	1.0179	31.0015	36.9520	35.9064	34.6592
520195	***	*	41.6120	37.8891	*	39.7179
520196	1.7921	0.9556	33.4890	32.0197	35.9711	33.8028
520198	1.4018	0.9492	29.9803	30.6303	32.9887	31.2354
520199	2.1323	1.0179	37.0128	45.5967	46.6518	43.7293
520202	1.7481	0.9537	*	33.6427	30.8076	32.2276
520203	***	*	*	*	44.8123	44.8123
520204	1.0509	1.0179	*	*	*	*
520205	2.1096	1.0179	*	*	*	*
530002	1.1686	1.0000	29.2418	32.5654	34.0190	32.0426
530006	1.2785	1.0000	30.3724	32.8615	33.0523	32.1254
530008	1.1051	1.0000	30.6010	30.6600	30.9960	30.7519
530009	0.8427	1.0000	27.0555	27.3359	30.2467	28.1948

Provider Number	Case-Mix Index[2]	FY 2011 Wage Index	Average Hourly Wage FY 2009	Average Hourly Wage FY 2010	Average Hourly Wage FY 2011[1]	Average Hourly Wage** (3 years)
530010	1.2811	1.0000	28.5534	30.1134	32.0732	30.2646
530011	1.1057	1.0000	31.1329	31.8923	31.4146	31.4720
530012	1.6294	1.0000	30.6109	31.1738	32.9710	31.6237
530014	1.4706	1.0000	29.6724	31.2573	32.7666	31.2186
530015	1.2800	1.0000	33.4903	36.0871	37.1114	35.5281
530017	1.1557	*	25.8183	24.0911	*	24.8262
530025	1.2173	1.0000	28.8963	31.4614	30.9906	30.4574
530032	1.1632	1.0000	25.4267	26.7025	31.0922	27.6747
530033	2.0646	1.0000	*	*	*	*
640001	0.8536	*	*	*	*	*
650001	1.4006	*	*	*	*	*
660001	1.0796	*	*	*	*	*
670002	1.0505	0.9693	29.1376	29.9545	30.5438	29.8867
670003	***	*	33.8986	33.4713	33.2183	33.4927
670004	1.1660	0.7985	25.3706	25.5671	26.9631	25.9396
670005	1.7721	0.9904	31.9464	41.2085	29.7605	33.4908
670006	1.9552	0.9483	27.1064	34.6785	36.8199	32.5839
670007	***	*	*	29.5985	30.3445	30.0121
670008	1.5966	0.9904	*	30.3978	30.7957	30.6253
670009	***	*	*	31.8096	29.0715	30.1581
670010	0.8338	0.9693	*	35.6620	29.6612	31.5941
670011	1.0270	0.9483	*	32.1855	30.2158	30.9733
670012	2.2140	0.9904	*	24.1597	24.2305	24.1941
670013	***	*	*	29.4886	*	29.4886
670014	***	*	*	34.6108	*	34.6108
670015	***	*	*	35.3054	*	35.3054
670016	***	*	*	*	30.9543	30.9543
670017	***	*	*	*	30.4743	30.4743
670018	0.9687	0.9904	*	*	34.7939	34.7939
670019	1.5202	0.9904	*	*	42.1599	42.1599
670020	***	*	*	*	39.6181	39.6181
670022	***	*	*	32.9889	34.0570	33.5229
670023	1.4036	0.9388	*	*	32.5158	32.5158
670024	1.6178	0.9904	*	*	30.0165	30.0165
670025	3.0845	0.9693	*	*	39.9558	39.9558
670026	***	*	*	*	21.8681	21.8681
670027	1.9240	0.9904	*	*	19.3451	19.3451
670028	***	*	*	*	43.4052	43.4052
670029	1.7447	0.9904	*	*	24.7438	24.7438
670030	***	*	*	*	32.0527	32.0527
670031	1.3908	0.9904	*	*	32.9130	32.9130
670033	1.1449	0.9693	*	*	*	*
670034	1.4385	0.9483	*	*	31.7770	31.7770
670040	0.8256	0.9904	*	*	20.5126	20.5126
670041	1.5612	0.9483	*	*	*	*
670042	1.7645	0.9388	*	*	*	*
670043	1.2712	0.9483	*	*	*	*
670044	1.2345	0.9693	*	*	*	*
670046	1.2291	0.9388	*	*	*	*
670047	1.4178	0.8559	*	*	*	*
670048	1.2701	0.9904	*	*	*	*
670049	1.4828	0.9693	*	*	*	*
670050	1.2258	0.8903	*	*	*	*
670051	1.7132	0.9206	*	*	*	*
670052	0.9734	0.9388	*	*	*	*
670053	1.5075	0.9904	*	*	*	*
670054	2.1510	0.9033	*	*	*	*
670055	1.4073	0.9033	*	*	*	*

1. Based on salaries adjusted for occupational mix, according to the calculation in section XX of this proposed rule.
2. The case-mix index is based on the billed MS-DRGs in the FY 2009 MedPAR file. It is not transfer-adjusted.
3. Provider 140010 is part of a multi-campus provider (MCH) that is comprised of campuses that are located in two different CBSAs. The provider number with a "B" in the 4th position, 140B10, indicates the portion of the wage and hours of the MCH that is allocated to CBSA 29404; provider number 140010 indicates the portion of wages and hours of the MCH that is allocated to CBSA 16974.
4. Provider 220074 is part of a MCH that is comprised of campuses that are located in two different CBSAs. The provider number with a "B" in the 4th position, 220B74, indicates the portion of the wage and hours of the MCH that is allocated to CBSA 14484; provider number 220074 indicates the portion of wages and hours of the MCH that is allocated to CBSA 39300.
5. Provider 230104 is part of a MCH that is comprised of campuses that are located in two different CBSAs. The provider number with a "B" in the 4th position, 230B04, indicates the portion of the wage and hours of the MCH that is allocated to CBSA 47644; provider number 230104 indicates the portion of wages and hours of the MCH that is allocated to CBSA 19804.

Notes:

* Denotes wage data not available for the provider for that year.
** Based on the sum of the salaries and hours computed for Federal FYs 2009, 2010, and 2011.
*** Denotes MedPAR data not available for the provider for FY 2009.

TABLE 4A.—PROPOSED WAGE INDEX AND CAPITAL GEOGRAPHIC ADJUSTMENT FACTOR (GAF) FOR ACUTE CARE HOSPITALS IN URBAN AREAS BY CBSA AND BY STATE--FY 2011
[Constituent counties are listed in Table 4E.]

(Wage Index Includes National Rural Floor Budget Neutrality Adjustment)

CBSA Code	Urban Area	State	Proposed Wage Index	Proposed GAF
10180	Abilene, TX	TX	0.8381	0.8861
10380	Aguadilla-Isabela-San Sebastián, PR	PR	0.3369	0.4747
10420	Akron, OH	OH	0.8821	0.9177
10500	Albany, GA	GA	0.9056	0.9344
10580	Albany-Schenectady-Troy, NY	NY	0.8668	0.9067
10740	Albuquerque, NM	NM	0.9594	0.9720
10780	Alexandria, LA	LA	0.8127	0.8676
10900	Allentown-Bethlehem-Easton, PA-NJ	NJ	1.1249	1.0839
10900	Allentown-Bethlehem-Easton, PA-NJ	PA	0.9405	0.9589
11020	Altoona, PA	PA	0.8517	0.8959
11100	Amarillo, TX	TX	0.8539	0.8975
11180	Ames, IA	IA	1.0003	1.0002
11260	Anchorage, AK	AK	1.2578	1.1701
11300	Anderson, IN	IN	0.9245	0.9477
11340	Anderson, SC	SC	0.8399	0.8874
11460	Ann Arbor, MI	MI	1.0061	1.0042
11500	Anniston-Oxford, AL	AL	0.7869	0.8486
11540	Appleton, WI	WI	0.9305	0.9519
11700	Asheville, NC	NC	0.9015	0.9315
12020	Athens-Clarke County, GA	GA	0.9305	0.9519
12060	Atlanta-Sandy Springs-Marietta, GA	GA	0.9528	0.9674
12100	Atlantic City-Hammonton, NJ	NJ	1.1249	1.0839
12220	Auburn-Opelika, AL	AL	0.7495	0.8208
12260	Augusta-Richmond County, GA-SC	GA	0.9527	0.9674
12260	Augusta-Richmond County, GA-SC	SC	0.9527	0.9674
12420	Austin-Round Rock-San Marcos, TX	TX	0.9483	0.9643
12540	Bakersfield-Delano, CA	CA	1.2247	1.1489
12580	Baltimore-Towson, MD	MD	1.0151	1.0103
12620	Bangor, ME	ME	0.9651	0.9760
12700	Barnstable Town, MA	MA	1.2766	1.1820
12940	Baton Rouge, LA	LA	0.8686	0.9080
12980	Battle Creek, MI	MI	0.9714	0.9803
13020	Bay City, MI	MI	0.9386	0.9575
13140	Beaumont-Port Arthur, TX	TX	0.8421	0.8890
13380	Bellingham, WA	WA	1.1262	1.0848
13460	Bend, OR	OR	1.1191	1.0801
13644	Bethesda-Rockville-Frederick, MD	MD	1.0496	1.0337
13740	Billings, MT	MT	1.0000	1.0000
13780	Binghamton, NY	NY	0.8891	0.9227
13820	Birmingham-Hoover, AL	AL	0.8583	0.9007
13900	Bismarck, ND	ND	1.0000	1.0000
13980	Blacksburg-Christiansburg-Radford, VA	VA	0.8257	0.8771
14020	Bloomington, IN	IN	0.9245	0.9477
14060	Bloomington-Normal, IL	IL	0.9523	0.9671
14260	Boise City-Nampa, ID	ID	0.9262	0.9489
14484	Boston-Quincy, MA	MA	1.2286	1.1514
14500	Boulder, CO	CO	1.0071	1.0049
14540	Bowling Green, KY	KY	0.8684	0.9079
14740	Bremerton-Silverdale, WA	WA	1.0544	1.0369
14860	Bridgeport-Stamford-Norwalk, CT	CT	1.2582	1.1703
15180	Brownsville-Harlingen, TX	TX	0.9447	0.9618
15260	Brunswick, GA	GA	0.9309	0.9521
15380	Buffalo-Niagara Falls, NY	NY	0.9584	0.9713
15500	Burlington, NC	NC	0.8748	0.9125
15540	Burlington-South Burlington, VT	VT	1.0293	1.0200
15764	Cambridge-Newton-Framingham, MA	MA	1.1242	1.0835
15804	Camden, NJ	NJ	1.1249	1.0839
15940	Canton-Massillon, OH	OH	0.8585	0.9008
15980	Cape Coral-Fort Myers, FL	FL	0.9139	0.9402
16020	Cape Girardeau-Jackson, MO-IL	IL	0.8770	0.9140
16020	Cape Girardeau-Jackson, MO-IL	MO	0.8770	0.9140
16180	Carson City, NV	NV	1.0235	1.0160
16220	Casper, WY	WY	1.0000	1.0000
16300	Cedar Rapids, IA	IA	0.8763	0.9135
16580	Champaign-Urbana, IL	IL	1.0115	1.0079
16620	Charleston, WV	WV	0.8098	0.8655
16700	Charleston-North Charleston-Summerville, SC	SC	0.9252	0.9482
16740	Charlotte-Gastonia-Rock Hill, NC-SC	NC	0.9257	0.9485

CBSA Code	Urban Area	State	Proposed Wage Index	Proposed GAF
16740	Charlotte-Gastonia-Rock Hill, NC-SC	SC	0.9257	0.9485
16820	Charlottesville, VA	VA	0.9203	0.9447
16860	Chattanooga, TN-GA	GA	0.8754	0.9129
16860	Chattanooga, TN-GA	TN	0.8754	0.9129
16940	Cheyenne, WY	WY	1.0000	1.0000
16974	Chicago-Joliet-Naperville, IL	IL	1.0455	1.0309
17020	Chico, CA	CA	1.2247	1.1489
17140	Cincinnati-Middletown, OH-KY-IN	IN	0.9593	0.9719
17140	Cincinnati-Middletown, OH-KY-IN	KY	0.9593	0.9719
17140	Cincinnati-Middletown, OH-KY-IN	OH	0.9593	0.9719
17300	Clarksville, TN-KY	KY	0.7957	0.8551
17300	Clarksville, TN-KY	TN	0.7948	0.8545
17420	Cleveland, TN	TN	0.7948	0.8545
17460	Cleveland-Elyria-Mentor, OH	OH	0.9052	0.9341
17660	Coeur d'Alene, ID	ID	0.9174	0.9427
17780	College Station-Bryan, TX	TX	0.9206	0.9449
17820	Colorado Springs, CO	CO	0.9665	0.9769
17860	Columbia, MO	MO	0.8223	0.8746
17900	Columbia, SC	SC	0.8759	0.9133
17980	Columbus, GA-AL	AL	0.9077	0.9358
17980	Columbus, GA-AL	GA	0.9077	0.9358
18020	Columbus, IN	IN	0.9433	0.9608
18140	Columbus, OH	OH	1.0130	1.0089
18580	Corpus Christi, TX	TX	0.8541	0.8976
18700	Corvallis, OR	OR	1.0296	1.0202
18880	Crestview-Fort Walton Beach-Destin, FL	FL	0.8735	0.9115
19060	Cumberland, MD-WV	MD	0.9262	0.9489
19060	Cumberland, MD-WV	WV	0.8201	0.8730
19124	Dallas-Plano-Irving, TX	TX	0.9693	0.9789
19140	Dalton, GA	GA	0.8444	0.8906
19180	Danville, IL	IL	0.9678	0.9778
19260	Danville, VA	VA	0.8133	0.8680
19340	Davenport-Moline-Rock Island, IA-IL	IL	0.8618	0.9032
19340	Davenport-Moline-Rock Island, IA-IL	IA	0.8618	0.9032
19380	Dayton, OH	OH	0.9142	0.9404
19460	Decatur, AL	AL	0.7555	0.8253
19500	Decatur, IL	IL	0.8342	0.8833
19660	Deltona-Daytona Beach-Ormond Beach, FL	FL	0.8746	0.9123
19740	Denver-Aurora-Broomfield, CO	CO	1.0576	1.0391

CBSA Code	Urban Area	State	Proposed Wage Index	Proposed GAF
19780	Des Moines-West Des Moines, IA	IA	0.9485	0.9644
19804	Detroit-Livonia-Dearborn, MI	MI	0.9731	0.9815
20020	Dothan, AL	AL	0.7715	0.8372
20100	Dover, DE	DE	1.0044	1.0030
20220	Dubuque, IA	IA	0.8527	0.8966
20260	Duluth, MN-WI	MN	1.0633	1.0429
20260	Duluth, MN-WI	WI	1.0633	1.0429
20500	Durham-Chapel Hill, NC	NC	0.9619	0.9737
20740	Eau Claire, WI	WI	0.9556	0.9694
20764	Edison-New Brunswick, NJ	NJ	1.1249	1.0839
20940	El Centro, CA	CA	1.2247	1.1489
21060	Elizabethtown, KY	KY	0.8353	0.8841
21140	Elkhart-Goshen, IN	IN	0.9414	0.9595
21300	Elmira, NY	NY	0.8501	0.8947
21340	El Paso, TX	TX	0.8559	0.8989
21500	Erie, PA	PA	0.8509	0.8953
21660	Eugene-Springfield, OR	OR	1.1282	1.0861
21780	Evansville, IN-KY	IN	0.8361	0.8846
21780	Evansville, IN-KY	KY	0.8357	0.8843
21820	Fairbanks, AK	AK	1.2578	1.1701
21940	Fajardo, PR	PR	0.3874	0.5224
22020	Fargo, ND-MN	MN	0.9104	0.9377
22020	Fargo, ND-MN	ND	1.0000	1.0000
22140	Farmington, NM	NM	0.8989	0.9296
22180	Fayetteville, NC	NC	0.9411	0.9593
22220	Fayetteville-Springdale-Rogers, AR-MO	AR	0.8608	0.9024
22220	Fayetteville-Springdale-Rogers, AR-MO	MO	0.8608	0.9024
22380	Flagstaff, AZ	AZ	1.2400	1.1587
22420	Flint, MI	MI	1.1330	1.0893
22500	Florence, SC	SC	0.8439	0.8903
22520	Florence-Muscle Shoals, AL	AL	0.7998	0.8581
22540	Fond du Lac, WI	WI	0.9343	0.9545
22660	Fort Collins-Loveland, CO	CO	0.9665	0.9769
22744	Fort Lauderdale-Pompano Beach-Deerfield Beach, FL	FL	1.0333	1.0227
22900	Fort Smith, AR-OK	AR	0.7707	0.8366
22900	Fort Smith, AR-OK	OK	0.8017	0.8595
23060	Fort Wayne, IN	IN	0.9203	0.9447
23104	Fort Worth-Arlington, TX	TX	0.9388	0.9577

CBSA Code	Urban Area	State	Proposed Wage Index	Proposed GAF
23420	Fresno, CA	CA	1.2247	1.1489
23460	Gadsden, AL	AL	0.7421	0.8153
23540	Gainesville, FL	FL	0.9377	0.9569
23580	Gainesville, GA	GA	0.9665	0.9769
23844	Gary, IN	IN	0.9028	0.9324
24020	Glens Falls, NY	NY	0.8788	0.9153
24140	Goldsboro, NC	NC	0.9239	0.9472
24220	Grand Forks, ND-MN	MN	0.9104	0.9377
24220	Grand Forks, ND-MN	ND	1.0000	1.0000
24300	Grand Junction, CO	CO	1.0138	1.0094
24340	Grand Rapids-Wyoming, MI	MI	0.9272	0.9496
24500	Great Falls, MT	MT	1.0000	1.0000
24540	Greeley, CO	CO	0.9665	0.9769
24580	Green Bay, WI	WI	0.9400	0.9585
24660	Greensboro-High Point, NC	NC	0.8956	0.9273
24780	Greenville, NC	NC	0.9301	0.9516
24860	Greenville-Mauldin-Easley, SC	SC	0.9314	0.9525
25020	Guayama, PR	PR	0.3561	0.4931
25060	Gulfport-Biloxi, MS	MS	0.8882	0.9220
25180	Hagerstown-Martinsburg, MD-WV	MD	0.9462	0.9628
25180	Hagerstown-Martinsburg, MD-WV	WV	0.9462	0.9628
25260	Hanford-Corcoran, CA	CA	1.2247	1.1489
25420	Harrisburg-Carlisle, PA	PA	0.9161	0.9418
25500	Harrisonburg, VA	VA	0.9253	0.9482
25540	Hartford-West Hartford-East Hartford, CT	CT	1.1257	1.0845
25620	Hattiesburg, MS	MS	0.7914	0.8520
25860	Hickory-Lenoir-Morganton, NC	NC	0.8611	0.9027
26100	Holland-Grand Haven, MI	MI	0.8756	0.9130
26180	Honolulu, HI	HI	1.1582	1.1058
26300	Hot Springs, AR	AR	0.9253	0.9482
26380	Houma-Bayou Cane-Thibodaux, LA	LA	0.7955	0.8550
26420	Houston-Sugar Land-Baytown, TX	TX	0.9904	0.9934
26580	Huntington-Ashland, WV-KY-OH	KY	0.8880	0.9219
26580	Huntington-Ashland, WV-KY-OH	OH	0.8880	0.9219
26580	Huntington-Ashland, WV-KY-OH	WV	0.8880	0.9219
26620	Huntsville, AL	AL	0.8961	0.9276
26820	Idaho Falls, ID	ID	0.9632	0.9747
26900	Indianapolis-Carmel, IN	IN	0.9511	0.9662
26980	Iowa City, IA	IA	0.9510	0.9662

CBSA Code	Urban Area	State	Proposed Wage Index	Proposed GAF
27060	Ithaca, NY	NY	0.9732	0.9816
27100	Jackson, MI	MI	0.9218	0.9458
27140	Jackson, MS	MS	0.8088	0.8647
27180	Jackson, TN	TN	0.8341	0.8832
27260	Jacksonville, FL	FL	0.8875	0.9215
27340	Jacksonville, NC	NC	0.8438	0.8902
27500	Janesville, WI	WI	0.9650	0.9759
27620	Jefferson City, MO	MO	0.8566	0.8994
27740	Johnson City, TN	TN	0.7948	0.8545
27780	Johnstown, PA	PA	0.8509	0.8953
27860	Jonesboro, AR	AR	0.7797	0.8433
27900	Joplin, MO	MO	0.8409	0.8881
28020	Kalamazoo-Portage, MI	MI	1.0266	1.0181
28100	Kankakee-Bradley, IL	IL	1.0523	1.0355
28140	Kansas City, MO-KS	KS	0.9514	0.9665
28140	Kansas City, MO-KS	MO	0.9514	0.9665
28420	Kennewick-Pasco-Richland, WA	WA	1.0072	1.0049
28660	Killeen-Temple-Fort Hood, TX	TX	0.8739	0.9118
28700	Kingsport-Bristol-Bristol, TN-VA	TN	0.7948	0.8545
28700	Kingsport-Bristol-Bristol, TN-VA	VA	0.8025	0.8601
28740	Kingston, NY	NY	0.9110	0.9382
28940	Knoxville, TN	TN	0.7948	0.8545
29020	Kokomo, IN	IN	0.8969	0.9282
29100	La Crosse, WI-MN	MN	0.9819	0.9876
29100	La Crosse, WI-MN	WI	0.9819	0.9876
29140	Lafayette, IN	IN	0.9211	0.9453
29180	Lafayette, LA	LA	0.8434	0.8899
29340	Lake Charles, LA	LA	0.8164	0.8703
29404	Lake County-Kenosha County, IL-WI	IL	1.0687	1.0466
29404	Lake County-Kenosha County, IL-WI	WI	1.0687	1.0466
29420	Lake Havasu City-Kingman, AZ	AZ	1.0240	1.0164
29460	Lakeland-Winter Haven, FL	FL	0.8601	0.9019
29540	Lancaster, PA	PA	0.9746	0.9825
29620	Lansing-East Lansing, MI	MI	1.0222	1.0151
29700	Laredo, TX	TX	0.8278	0.8786
29740	Las Cruces, NM	NM	0.9141	0.9403
29820	Las Vegas-Paradise, NV	NV	1.1757	1.1172
29940	Lawrence, KS	KS	0.8474	0.8928
30020	Lawton, OK	OK	0.8579	0.9004

CBSA Code	Urban Area	State	Proposed Wage Index	Proposed GAF
30140	Lebanon, PA	PA	0.8509	0.8953
30300	Lewiston, ID-WA	ID	0.9138	0.9401
30300	Lewiston, ID-WA	WA	1.0072	1.0049
30340	Lewiston-Auburn, ME	ME	0.8915	0.9244
30460	Lexington-Fayette, KY	KY	0.8760	0.9133
30620	Lima, OH	OH	0.9225	0.9463
30700	Lincoln, NE	NE	0.9447	0.9618
30780	Little Rock-North Little Rock-Conway, AR	AR	0.8635	0.9044
30860	Logan, UT-ID	ID	0.8803	0.9164
30860	Logan, UT-ID	UT	0.8803	0.9164
30980	Longview, TX	TX	0.8558	0.8989
31020	Longview, WA	WA	1.0630	1.0427
31084	Los Angeles-Long Beach-Glendale, CA	CA	1.2247	1.1489
31140	Louisville-Jefferson County, KY-IN	IN	0.8810	0.9169
31140	Louisville-Jefferson County, KY-IN	KY	0.8810	0.9169
31180	Lubbock, TX	TX	0.8903	0.9235
31340	Lynchburg, VA	VA	0.8490	0.8940
31420	Macon, GA	GA	0.9325	0.9533
31460	Madera-Chowchilla, CA	CA	1.2247	1.1489
31540	Madison, WI	WI	1.1264	1.0849
31700	Manchester-Nashua, NH	NH	1.0008	1.0005
31740	Manhattan, KS	KS	0.7990	0.8576
31860	Mankato-North Mankato, MN	MN	0.9228	0.9465
31900	Mansfield, OH	OH	0.8888	0.9224
32420	Mayagüez, PR	PR	0.3595	0.4963
32580	McAllen-Edinburg-Mission, TX	TX	0.8851	0.9198
32780	Medford, OR	OR	1.0046	1.0031
32820	Memphis, TN-MS-AR	AR	0.9171	0.9425
32820	Memphis, TN-MS-AR	MS	0.9171	0.9425
32820	Memphis, TN-MS-AR	TN	0.9171	0.9425
32900	Merced, CA	CA	1.2247	1.1489
33124	Miami-Miami Beach-Kendall, FL	FL	1.0191	1.0130
33140	Michigan City-La Porte, IN	IN	0.9356	0.9554
33260	Midland, TX	TX	0.9514	0.9665
33340	Milwaukee-Waukesha-West Allis, WI	WI	1.0179	1.0122
33460	Minneapolis-St. Paul-Bloomington, MN-WI	MN	1.0976	1.0659
33460	Minneapolis-St. Paul-Bloomington, MN-WI	WI	1.0976	1.0659
33540	Missoula, MT	MT	1.0000	1.0000
33660	Mobile, AL	AL	0.7870	0.8487

CBSA Code	Urban Area	State	Proposed Wage Index	Proposed GAF
33700	Modesto, CA	CA	1.2247	1.1489
33740	Monroe, LA	LA	0.8085	0.8645
33780	Monroe, MI	MI	0.9622	0.9740
33860	Montgomery, AL	AL	0.8475	0.8929
34060	Morgantown, WV	WV	0.8271	0.8781
34100	Morristown, TN	TN	0.7948	0.8545
34580	Mount Vernon-Anacortes, WA	WA	1.0072	1.0049
34620	Muncie, IN	IN	0.8361	0.8846
34740	Muskegon-Norton Shores, MI	MI	0.9784	0.9852
34820	Myrtle Beach-North Myrtle Beach-Conway, SC	SC	0.8641	0.9048
34900	Napa, CA	CA	1.4432	1.2856
34940	Naples-Marco Island, FL	FL	0.9779	0.9848
34980	Nashville-Davidson-Murfreesboro-Franklin, TN	TN	0.9280	0.9501
35004	Nassau-Suffolk, NY	NY	1.2533	1.1672
35084	Newark-Union, NJ-PA	NJ	1.1280	1.0860
35084	Newark-Union, NJ-PA	PA	1.1280	1.0860
35300	New Haven-Milford, CT	CT	1.1661	1.1110
35380	New Orleans-Metairie-Kenner, LA	LA	0.8964	0.9278
35644	New York-White Plains-Wayne, NY-NJ	NJ	1.3094	1.2027
35644	New York-White Plains-Wayne, NY-NJ	NY	1.3094	1.2027
35660	Niles-Benton Harbor, MI	MI	0.8949	0.9268
35840	North Port-Bradenton-Sarasota-Venice, FL	FL	0.9237	0.9471
35980	Norwich-New London, CT	CT	1.1360	1.0912
36084	Oakland-Fremont-Hayward, CA	CA	1.5852	1.3709
36100	Ocala, FL	FL	0.8552	0.8984
36140	Ocean City, NJ	NJ	1.1249	1.0839
36220	Odessa, TX	TX	0.9387	0.9576
36260	Ogden-Clearfield, UT	UT	0.9311	0.9523
36420	Oklahoma City, OK	OK	0.8861	0.9205
36500	Olympia, WA	WA	1.0977	1.0659
36540	Omaha-Council Bluffs, NE-IA	IA	0.9510	0.9662
36540	Omaha-Council Bluffs, NE-IA	NE	0.9510	0.9662
36740	Orlando-Kissimmee-Sanford, FL	FL	0.9150	0.9410
36780	Oshkosh-Neenah, WI	WI	0.9470	0.9634
36980	Owensboro, KY	KY	0.8495	0.8943
37100	Oxnard-Thousand Oaks-Ventura, CA	CA	1.2323	1.1538
37340	Palm Bay-Melbourne-Titusville, FL	FL	0.9303	0.9517
37380	Palm Coast, FL	FL	0.8432	0.8898
37460	Panama City-Lynn Haven-Panama City Beach, FL	FL	0.8432	0.8898

CBSA Code	Urban Area	State	Proposed Wage Index	Proposed GAF
37620	Parkersburg-Marietta-Vienna, WV-OH	OH	0.8528	0.8967
37620	Parkersburg-Marietta-Vienna, WV-OH	WV	0.7540	0.8242
37700	Pascagoula, MS	MS	0.8145	0.8689
37764	Peabody, MA	MA	1.0971	1.0655
37860	Pensacola-Ferry Pass-Brent, FL	FL	0.8432	0.8898
37900	Peoria, IL	IL	0.9247	0.9478
37964	Philadelphia, PA	PA	1.0765	1.0518
38060	Phoenix-Mesa-Glendale, AZ	AZ	1.0471	1.0320
38220	Pine Bluff, AR	AR	0.8273	0.8782
38300	Pittsburgh, PA	PA	0.8567	0.8995
38340	Pittsfield, MA	MA	1.0435	1.0296
38540	Pocatello, ID	ID	0.9336	0.9540
38660	Ponce, PR	PR	0.4258	0.5573
38860	Portland-South Portland-Biddeford, ME	ME	0.9885	0.9921
38900	Portland-Vancouver-Hillsboro, OR-WA	OR	1.1173	1.0789
38900	Portland-Vancouver-Hillsboro, OR-WA	WA	1.1173	1.0789
38940	Port St. Lucie, FL	FL	1.0729	1.0494
39100	Poughkeepsie-Newburgh-Middletown, NY	NY	1.1366	1.0916
39140	Prescott, AZ	AZ	1.2262	1.1499
39300	Providence-New Bedford-Fall River, RI-MA	MA	1.0702	1.0476
39300	Providence-New Bedford-Fall River, RI-MA	RI	1.0702	1.0476
39340	Provo-Orem, UT	UT	0.9230	0.9466
39380	Pueblo, CO	CO	0.9665	0.9769
39460	Punta Gorda, FL	FL	0.9042	0.9334
39540	Racine, WI	WI	1.0602	1.0408
39580	Raleigh-Cary, NC	NC	0.9670	0.9773
39660	Rapid City, SD	SD	1.0940	1.0635
39740	Reading, PA	PA	0.8843	0.9192
39820	Redding, CA	CA	1.3547	1.2311
39900	Reno-Sparks, NV	NV	1.0391	1.0266
40060	Richmond, VA	VA	0.9494	0.9651
40140	Riverside-San Bernardino-Ontario, CA	CA	1.2247	1.1489
40220	Roanoke, VA	VA	0.8981	0.9290
40340	Rochester, MN	MN	1.0710	1.0481
40380	Rochester, NY	NY	0.8668	0.9067
40420	Rockford, IL	IL	1.0006	1.0004
40484	Rockingham County-Strafford County, NH	NH	1.0171	1.0117
40580	Rocky Mount, NC	NC	0.9082	0.9362
40660	Rome, GA	GA	0.8720	0.9105

CBSA Code	Urban Area	State	Proposed Wage Index	Proposed GAF
40900	Sacramento-Arden-Arcade-Roseville, CA	CA	1.3486	1.2273
40980	Saginaw-Saginaw Township North, MI	MI	0.9168	0.9422
41060	St. Cloud, MN	MN	1.1601	1.1070
41100	St. George, UT	UT	0.9268	0.9493
41140	St. Joseph, MO-KS	KS	1.0330	1.0225
41140	St. Joseph, MO-KS	MO	1.0330	1.0225
41180	St. Louis, MO-IL	IL	0.9019	0.9317
41180	St. Louis, MO-IL	MO	0.9019	0.9317
41420	Salem, OR	OR	1.1071	1.0722
41500	Salinas, CA	CA	1.5827	1.3695
41540	Salisbury, MD	MD	0.9262	0.9489
41620	Salt Lake City, UT	UT	0.9319	0.9528
41660	San Angelo, TX	TX	0.8444	0.8906
41700	San Antonio-New Braunfels, TX	TX	0.9033	0.9327
41740	San Diego-Carlsbad-San Marcos, CA	CA	1.2247	1.1489
41780	Sandusky, OH	OH	0.8583	0.9007
41884	San Francisco-San Mateo-Redwood City, CA	CA	1.5342	1.3406
41900	San Germán-Cabo Rojo, PR	PR	0.4549	0.5831
41940	San Jose-Sunnyvale-Santa Clara, CA	CA	1.6371	1.4015
41980	San Juan-Caguas-Guaynabo, PR	PR	0.4282	0.5594
42020	San Luis Obispo-Paso Robles, CA	CA	1.2368	1.1567
42044	Santa Ana-Anaheim-Irvine, CA	CA	1.2247	1.1489
42060	Santa Barbara-Santa Maria-Goleta, CA	CA	1.2247	1.1489
42100	Santa Cruz-Watsonville, CA	CA	1.6386	1.4024
42140	Santa Fe, NM	NM	1.0739	1.0500
42220	Santa Rosa-Petaluma, CA	CA	1.5770	1.3661
42340	Savannah, GA	GA	0.8817	0.9174
42540	Scranton--Wilkes-Barre, PA	PA	0.8509	0.8953
42644	Seattle-Bellevue-Everett, WA	WA	1.1353	1.0908
42680	Sebastian-Vero Beach, FL	FL	0.9247	0.9478
43100	Sheboygan, WI	WI	0.9256	0.9484
43300	Sherman-Denison, TX	TX	0.8408	0.8880
43340	Shreveport-Bossier City, LA	LA	0.8611	0.9027
43580	Sioux City, IA-NE-SD	IA	0.8927	0.9252
43580	Sioux City, IA-NE-SD	NE	0.8927	0.9252
43580	Sioux City, IA-NE-SD	SD	1.0000	1.0000
43620	Sioux Falls, SD	SD	1.0000	1.0000
43780	South Bend-Mishawaka, IN-MI	IN	0.9844	0.9893
43780	South Bend-Mishawaka, IN-MI	MI	0.9844	0.9893

CBSA Code	Urban Area	State	Proposed Wage Index	Proposed GAF
43900	Spartanburg, SC	SC	0.9044	0.9335
44060	Spokane, WA	WA	1.0552	1.0375
44100	Springfield, IL	IL	0.8907	0.9238
44140	Springfield, MA	MA	1.0314	1.0214
44180	Springfield, MO	MO	0.8375	0.8856
44220	Springfield, OH	OH	0.8968	0.9281
44300	State College, PA	PA	0.8628	0.9039
44600	Steubenville-Weirton, OH-WV	OH	0.8528	0.8967
44600	Steubenville-Weirton, OH-WV	WV	0.7540	0.8242
44700	Stockton, CA	CA	1.2502	1.1652
44940	Sumter, SC	SC	0.8399	0.8874
45060	Syracuse, NY	NY	0.9666	0.9770
45104	Tacoma, WA	WA	1.1224	1.0823
45220	Tallahassee, FL	FL	0.8954	0.9271
45300	Tampa-St. Petersburg-Clearwater, FL	FL	0.9066	0.9351
45460	Terre Haute, IN	IN	0.9212	0.9453
45500	Texarkana, TX-Texarkana, AR	AR	0.7668	0.8337
45500	Texarkana, TX-Texarkana, AR	TX	0.7985	0.8572
45780	Toledo, OH	OH	0.9344	0.9546
45820	Topeka, KS	KS	0.9096	0.9372
45940	Trenton-Ewing, NJ	NJ	1.1249	1.0839
46060	Tucson, AZ	AZ	0.9648	0.9758
46140	Tulsa, OK	OK	0.8864	0.9207
46220	Tuscaloosa, AL	AL	0.8194	0.8725
46340	Tyler, TX	TX	0.8225	0.8748
46540	Utica-Rome, NY	NY	0.8697	0.9088
46660	Valdosta, GA	GA	0.8094	0.8652
46700	Vallejo-Fairfield, CA	CA	1.4496	1.2895
47020	Victoria, TX	TX	0.8005	0.8587
47220	Vineland-Millville-Bridgeton, NJ	NJ	1.1249	1.0839
47260	Virginia Beach-Norfolk-Newport News, VA	NC	0.8914	0.9243
47260	Virginia Beach-Norfolk-Newport News, VA	VA	0.8914	0.9243
47300	Visalia-Porterville, CA	CA	1.2247	1.1489
47380	Waco, TX	TX	0.8612	0.9027
47580	Warner Robins, GA	GA	0.8431	0.8897
47644	Warren-Troy-Farmington-Hills, MI	MI	0.9681	0.9780
47894	Washington-Arlington-Alexandria, DC-VA	DC	1.0513	1.0349
47894	Washington-Arlington-Alexandria, DC-VA	MD	1.0513	1.0349
47894	Washington-Arlington-Alexandria, DC-VA	VA	1.0513	1.0349
47894	Washington-Arlington-Alexandria, DC-VA	WV	1.0513	1.0349
47940	Waterloo-Cedar Falls, IA	IA	0.8498	0.8945
48140	Wausau, WI	WI	0.9537	0.9681
48300	Wenatchee-East Wenatchee, WA	WA	1.0072	1.0049
48424	West Palm Beach-Boca Raton-Boynton Beach, FL	FL	0.9794	0.9858
48540	Wheeling, WV-OH	OH	0.8528	0.8967
48540	Wheeling, WV-OH	WV	0.7540	0.8242
48620	Wichita, KS	KS	0.8819	0.9175
48660	Wichita Falls, TX	TX	0.9888	0.9923
48700	Williamsport, PA	PA	0.8509	0.8953
48864	Wilmington, DE-MD-NJ	DE	1.0753	1.0510
48864	Wilmington, DE-MD-NJ	MD	1.0753	1.0510
48864	Wilmington, DE-MD-NJ	NJ	1.1249	1.0839
48900	Wilmington, NC	NC	0.9223	0.9461
49020	Winchester, VA-WV	VA	0.9952	0.9967
49020	Winchester, VA-WV	WV	0.9952	0.9967
49180	Winston-Salem, NC	NC	0.8976	0.9287
49340	Worcester, MA	MA	1.1159	1.0780
49420	Yakima, WA	WA	1.0072	1.0049
49500	Yauco, PR	PR	0.3528	0.4899
49620	York-Hanover, PA	PA	0.9526	0.9673
49660	Youngstown-Warren-Boardman, OH-PA	OH	0.8600	0.9019
49660	Youngstown-Warren-Boardman, OH-PA	PA	0.8600	0.9019
49700	Yuba City, CA	CA	1.2247	1.1489
49740	Yuma, AZ	AZ	0.9412	0.9594

TABLE 4B.—PROPOSED WAGE INDEX AND CAPITAL GEOGRAPHIC ADJUSTMENT FACTOR (GAF) FOR ACUTE CARE HOSPITALS IN RURAL AREAS BY CBSA AND BY STATE--FY 2011

(Wage Index Includes National Rural Floor Budget Neutrality Adjustment)

CBSA Code	Rural Area	State	Proposed Wage Index	Proposed GAF
01	Alabama	AL	0.7421	0.8153
02	Alaska	AK	1.2578	1.1701
03	Arizona	AZ	0.9078	0.9359

CBSA Code	Rural Area	State	Proposed Wage Index	Proposed GAF
04	Arkansas	AR	0.7483	0.8199
05	California	CA	1.2247	1.1489
06	Colorado	CO	0.9665	0.9769
07	Connecticut	CT	1.1257	1.0845
08	Delaware	DE	1.0044	1.0030
10	Florida	FL	0.8432	0.8898
11	Georgia	GA	0.7746	0.8395
12	Hawaii	HI	1.1240	1.0833
13	Idaho	ID	0.7552	0.8251
14	Illinois	IL	0.8342	0.8833
15	Indiana	IN	0.8361	0.8846
16	Iowa	IA	0.8498	0.8945
17	Kansas	KS	0.7990	0.8576
18	Kentucky	KY	0.7957	0.8551
19	Louisiana	LA	0.7910	0.8517
20	Maine	ME	0.8550	0.8983
21	Maryland	MD	0.9262	0.9489
22	Massachusetts	MA	0.9627	0.9743
23	Michigan	MI	0.8566	0.8994
24	Minnesota	MN	0.9104	0.9377
25	Mississippi	MS	0.7703	0.8363
26	Missouri	MO	0.8109	0.8663
27	Montana	MT	1.0000	1.0000
28	Nebraska	NE	0.8845	0.9194
29	Nevada	NV	1.0000	1.0000
30	New Hampshire	NH	1.0008	1.0005
31	New Jersey[1]	NJ	1.1249	1.0839
32	New Mexico	NM	0.8989	0.9296
33	New York	NY	0.8381	0.8861
34	North Carolina	NC	0.8438	0.8902
35	North Dakota	ND	1.0000	1.0000
36	Ohio	OH	0.8528	0.8967
37	Oklahoma	OK	0.8017	0.8595
38	Oregon	OR	1.0046	1.0031
39	Pennsylvania	PA	0.8509	0.8953
40	Puerto Rico[1]	PR	------	------
41	Rhode Island[1]	RI	------	------
42	South Carolina	SC	0.8399	0.8874
43	South Dakota	SD	1.0000	1.0000
44	Tennessee	TN	0.7948	0.8545
45	Texas	TX	0.7985	0.8572
46	Utah	UT	0.8674	0.9072
47	Vermont	VT	0.9422	0.9600
49	Virginia	VA	0.8025	0.8601
50	Washington	WA	1.0072	1.0049
51	West Virginia	WV	0.7540	0.8242
52	Wisconsin	WI	0.8978	0.9288
53	Wyoming	WY	1.0000	1.0000

[1] All counties in the State or Territory are classified as urban. The New Jersey floor is imputed as specified in §412.64 (h)(4) and discussed in the FY 2005 IPPS final rule (69 FR 49109).

TABLE 4C.—PROPOSED WAGE INDEX AND CAPITAL GEOGRAPHIC ADJUSTMENT FACTOR (GAF) FOR ACUTE CARE HOSPITALS THAT ARE RECLASSIFIED BY CBSA AND BY STATE--FY 2011

(Wage Index Includes National Rural Floor Budget Neutrality Adjustment)

CBSA Code	Area	State	Proposed Wage Index	Proposed GAF
04	Arkansas	AR	0.7483	0.8199
05	California	CA	1.2247	1.1489
07	Connecticut	CT	1.1257	1.0845
10	Florida	FL	0.8432	0.8898
14	Illinois	IL	0.8342	0.8833
14	Illinois	MO	0.8342	0.8833
17	Kansas	KS	0.7990	0.8576
18	Kentucky	KY	0.7957	0.8551
22	Massachusetts	MA	0.9627	0.9743
23	Michigan	MI	0.8566	0.8994
24	Minnesota	IA	0.9104	0.9377
26	Missouri	AR	0.8109	0.8663
26	Missouri	MO	0.8109	0.8663
28	Nebraska	KS	0.8845	0.9194
33	New York	NH	1.0008	1.0005
33	New York	NY	0.8381	0.8861
34	North Carolina	NC	0.8438	0.8902
34	North Carolina	TN	0.8438	0.8902
36	Ohio	OH	0.8528	0.8967

CBSA Code	Area	State	Proposed Wage Index	Proposed GAF
37	Oklahoma	OK	0.8017	0.8595
38	Oregon	OR	1.0046	1.0031
39	Pennsylvania	PA	0.8509	0.8953
44	Tennessee	KY	0.7957	0.8551
45	Texas	LA	0.7985	0.8572
45	Texas	OK	0.8017	0.8595
45	Texas	TX	0.7985	0.8572
47	Vermont	NY	0.9285	0.9505
49	Virginia	KY	0.8025	0.8601
49	Virginia	VA	0.8025	0.8601
49	Virginia	WV	0.8025	0.8601
50	Washington	WA	1.0072	1.0049
10500	Albany, GA	AL	0.8508	0.8953
10500	Albany, GA	GA	0.8508	0.8953
10580	Albany-Schenectady-Troy, NY	NY	0.8668	0.9067
10740	Albuquerque, NM	NM	0.9462	0.9628
10780	Alexandria, LA	LA	0.8127	0.8676
10900	Allentown-Bethlehem-Easton, PA-NJ	PA	0.9405	0.9589
11100	Amarillo, TX	KS	0.8399	0.8874
11100	Amarillo, TX	TX	0.8399	0.8874
11180	Ames, IA	IA	0.9235	0.9470
11260	Anchorage, AK	AK	1.2578	1.1701
11300	Anderson, IN	IN	0.8696	0.9088
11460	Ann Arbor, MI	MI	0.9804	0.9865
12020	Athens-Clarke County, GA	GA	0.9305	0.9519
12060	Atlanta-Sandy Springs-Marietta, GA	AL	0.9528	0.9674
12060	Atlanta-Sandy Springs-Marietta, GA	GA	0.9528	0.9674
12260	Augusta-Richmond County, GA-SC	SC	0.9527	0.9674
12420	Austin-Round Rock-San Marcos, TX	TX	0.9483	0.9643
12620	Bangor, ME	ME	0.9651	0.9760
12940	Baton Rouge, LA	MS	0.8541	0.8976
12980	Battle Creek, MI	MI	0.9714	0.9803
13020	Bay City, MI	MI	0.8850	0.9197
13644	Bethesda-Rockville-Frederick, MD	DC	1.0496	1.0337
13644	Bethesda-Rockville-Frederick, MD	PA	1.0496	1.0337
13644	Bethesda-Rockville-Frederick, MD	VA	1.0496	1.0337
13780	Binghamton, NY	PA	0.8750	0.9126
13820	Birmingham-Hoover, AL	AL	0.8396	0.8872
13900	Bismarck, ND	ND	1.0000	1.0000

CBSA Code	Area	State	Proposed Wage Index	Proposed GAF
13980	Blacksburg-Christiansburg-Radford, VA	WV	0.7751	0.8399
14020	Bloomington, IN	IN	0.8687	0.9081
14260	Boise City-Nampa, ID	ID	0.9027	0.9323
14484	Boston-Quincy, MA	MA	1.1560	1.1044
14484	Boston-Quincy, MA	RI	1.1560	1.1044
14540	Bowling Green, KY	KY	0.8311	0.8810
14740	Bremerton-Silverdale, WA	WA	1.0362	1.0247
15260	Brunswick, GA	GA	0.9309	0.9521
15380	Buffalo-Niagara Falls, NY	NY	0.9584	0.9713
15540	Burlington-South Burlington, VT	NY	1.0025	1.0017
15540	Burlington-South Burlington, VT	VT	1.0025	1.0017
15764	Cambridge-Newton-Framingham, MA	NH	1.0940	1.0635
15940	Canton-Massillon, OH	OH	0.8585	0.9008
16020	Cape Girardeau-Jackson, MO-IL	IL	0.8342	0.8833
16020	Cape Girardeau-Jackson, MO-IL	KY	0.8325	0.8820
16020	Cape Girardeau-Jackson, MO-IL	MO	0.8325	0.8820
16180	Carson City, NV	NV	1.0000	1.0000
16580	Champaign-Urbana, IL	IL	0.9112	0.9383
16620	Charleston, WV	WV	0.8098	0.8655
16700	Charleston-North Charleston-Summerville, SC	SC	0.9252	0.9482
16740	Charlotte-Gastonia-Rock Hill, NC-SC	NC	0.9099	0.9374
16740	Charlotte-Gastonia-Rock Hill, NC-SC	SC	0.9099	0.9374
16820	Charlottesville, VA	VA	0.9203	0.9447
16860	Chattanooga, TN-GA	AL	0.8563	0.8992
16860	Chattanooga, TN-GA	GA	0.8563	0.8992
16860	Chattanooga, TN-GA	TN	0.8563	0.8992
16974	Chicago-Joliet-Naperville, IL	IL	1.0323	1.0220
16974	Chicago-Joliet-Naperville, IL	IN	1.0323	1.0220
16974	Chicago-Joliet-Naperville, IL	WI	1.0323	1.0220
17140	Cincinnati-Middletown, OH-KY-IN	IN	0.9593	0.9719
17140	Cincinnati-Middletown, OH-KY-IN	KY	0.9593	0.9719
17140	Cincinnati-Middletown, OH-KY-IN	OH	0.9593	0.9719
17300	Clarksville, TN-KY	KY	0.7957	0.8551
17460	Cleveland-Elyria-Mentor, OH	OH	0.9052	0.9341
17780	College Station-Bryan, TX	TX	0.9206	0.9449
17860	Columbia, MO	MO	0.8223	0.8746
17900	Columbia, SC	SC	0.8759	0.9133
17980	Columbus, GA-AL	AL	0.8582	0.9006

CBSA Code	Area	State	Proposed Wage Index	Proposed GAF
17980	Columbus, GA-AL	GA	0.8582	0.9006
18140	Columbus, OH	OH	0.9993	0.9995
18580	Corpus Christi, TX	TX	0.8541	0.8976
18700	Corvallis, OR	OR	1.0106	1.0072
18880	Crestview-Fort Walton Beach-Destin, FL	FL	0.8539	0.8975
19124	Dallas-Plano-Irving, TX	TX	0.9547	0.9688
19340	Davenport-Moline-Rock Island, IA-IL	IL	0.8618	0.9032
19340	Davenport-Moline-Rock Island, IA-IL	IA	0.8618	0.9032
19380	Dayton, OH	OH	0.9142	0.9404
19460	Decatur, AL	AL	0.7555	0.8253
19740	Denver-Aurora-Broomfield, CO	CO	1.0393	1.0267
19780	Des Moines-West Des Moines, IA	IA	0.9485	0.9644
19804	Detroit-Livonia-Dearborn, MI	MI	0.9731	0.9815
20100	Dover, DE	DE	1.0044	1.0030
20500	Durham-Chapel Hill, NC	NC	0.9619	0.9737
20500	Durham-Chapel Hill, NC	VA	0.9619	0.9737
20764	Edison-New Brunswick, NJ	NJ	1.1249	1.0839
21060	Elizabethtown, KY	KY	0.8353	0.8841
21140	Elkhart-Goshen, IN	IN	0.9414	0.9595
21500	Erie, PA	NY	0.8381	0.8861
21500	Erie, PA	PA	0.8509	0.8953
21660	Eugene-Springfield, OR	OR	1.0985	1.0664
21780	Evansville, IN-KY	KY	0.8116	0.8668
22180	Fayetteville, NC	NC	0.9197	0.9443
22220	Fayetteville-Springdale-Rogers, AR-MO	AR	0.8462	0.8919
22220	Fayetteville-Springdale-Rogers, AR-MO	OK	0.8462	0.8919
22380	Flagstaff, AZ	AZ	1.2093	1.1390
22420	Flint, MI	MI	1.0088	1.0060
22520	Florence-Muscle Shoals, AL	MS	0.7998	0.8581
22540	Fond du Lac, WI	WI	0.9136	0.9400
22660	Fort Collins-Loveland, CO	CO	0.9665	0.9769
22744	Fort Lauderdale-Pompano Beach-Deerfield Beach, FL	FL	1.0333	1.0227
23060	Fort Wayne, IN	IN	0.9203	0.9447
23104	Fort Worth-Arlington, TX	TX	0.9388	0.9577
23540	Gainesville, FL	FL	0.9377	0.9569
23844	Gary, IN	IN	0.9028	0.9324
24300	Grand Junction, CO	CO	1.0138	1.0094
24340	Grand Rapids-Wyoming, MI	MI	0.9272	0.9496
24500	Great Falls, MT	MT	1.0000	1.0000
24540	Greeley, CO	NE	0.9375	0.9568
24540	Greeley, CO	WY	1.0000	1.0000
24580	Green Bay, WI	MI	0.9207	0.9450
24580	Green Bay, WI	WI	0.9207	0.9450
24660	Greensboro-High Point, NC	NC	0.8807	0.9167
24660	Greensboro-High Point, NC	VA	0.8807	0.9167
24780	Greenville, NC	NC	0.9151	0.9411
24860	Greenville-Mauldin-Easley, SC	NC	0.9086	0.9365
24860	Greenville-Mauldin-Easley, SC	SC	0.9086	0.9365
25060	Gulfport-Biloxi, MS	MS	0.8312	0.8811
25420	Harrisburg-Carlisle, PA	PA	0.9161	0.9418
25540	Hartford-West Hartford-East Hartford, CT	CT	1.1257	1.0845
25540	Hartford-West Hartford-East Hartford, CT	MA	1.1066	1.0718
25860	Hickory-Lenoir-Morganton, NC	NC	0.8499	0.8946
26300	Hot Springs, AR	AR	0.9030	0.9325
26420	Houston-Sugar Land-Baytown, TX	TX	0.9904	0.9934
26580	Huntington-Ashland, WV-KY-OH	KY	0.8729	0.9111
26580	Huntington-Ashland, WV-KY-OH	NC	0.8729	0.9111
26580	Huntington-Ashland, WV-KY-OH	OH	0.8729	0.9111
26580	Huntington-Ashland, WV-KY-OH	WV	0.8729	0.9111
26620	Huntsville, AL	AL	0.8614	0.9029
26620	Huntsville, AL	TN	0.8614	0.9029
26820	Idaho Falls, ID	ID	0.9632	0.9747
26900	Indianapolis-Carmel, IN	IN	0.9511	0.9662
26980	Iowa City, IA	IA	0.9383	0.9573
27060	Ithaca, NY	NY	0.9145	0.9406
27140	Jackson, MS	MS	0.8088	0.8647
27180	Jackson, TN	MS	0.8341	0.8832
27620	Jefferson City, MO	MO	0.8566	0.8994
27860	Jonesboro, AR	AR	0.7797	0.8433
27900	Joplin, MO	KS	0.8409	0.8881
27900	Joplin, MO	OK	0.8409	0.8881
28020	Kalamazoo-Portage, MI	MI	0.9933	0.9954
28140	Kansas City, MO-KS	KS	0.9514	0.9665
28140	Kansas City, MO-KS	MO	0.9514	0.9665
28420	Kennewick-Pasco-Richland, WA	ID	0.9615	0.9735
28700	Kingsport-Bristol-Bristol, TN-VA	KY	0.7957	0.8551
28700	Kingsport-Bristol-Bristol, TN-VA	TN	0.7948	0.8545

CBSA Code	Area	State	Proposed Wage Index	Proposed GAF
28940	Knoxville, TN	KY	0.7957	0.8551
28940	Knoxville, TN	TN	0.7948	0.8545
29180	Lafayette, LA	LA	0.8434	0.8899
29404	Lake County-Kenosha County, IL-WI	IL	1.0467	1.0317
29460	Lakeland-Winter Haven, FL	FL	0.8601	0.9019
29540	Lancaster, PA	PA	0.9746	0.9825
29620	Lansing-East Lansing, MI	MI	1.0098	1.0067
29700	Laredo, TX	TX	0.8278	0.8786
29740	Las Cruces, NM	NM	0.9141	0.9403
29820	Las Vegas-Paradise, NV	AZ	1.1757	1.1172
30020	Lawton, OK	OK	0.8270	0.8780
30460	Lexington-Fayette, KY	KY	0.8626	0.9037
30620	Lima, OH	OH	0.9225	0.9463
30700	Lincoln, NE	NE	0.9447	0.9618
30780	Little Rock-North Little Rock-Conway, AR	AR	0.8451	0.8911
30980	Longview, TX	TX	0.8558	0.8989
31084	Los Angeles-Long Beach-Glendale, CA	CA	1.2247	1.1489
31140	Louisville-Jefferson County, KY-IN	KY	0.8810	0.9169
31420	Macon, GA	GA	0.8929	0.9254
31540	Madison, WI	WI	1.1045	1.0704
31900	Mansfield, OH	OH	0.8888	0.9224
32780	Medford, OR	OR	1.0046	1.0031
32820	Memphis, TN-MS-AR	AR	0.8871	0.9212
32820	Memphis, TN-MS-AR	MS	0.8871	0.9212
32820	Memphis, TN-MS-AR	TN	0.8871	0.9212
33124	Miami-Miami Beach-Kendall, FL	FL	1.0191	1.0130
33260	Midland, TX	TX	0.9514	0.9665
33340	Milwaukee-Waukesha-West Allis, WI	WI	1.0179	1.0122
33460	Minneapolis-St. Paul-Bloomington, MN-WI	MN	1.0976	1.0659
33460	Minneapolis-St. Paul-Bloomington, MN-WI	WI	1.0976	1.0659
33540	Missoula, MT	MT	1.0000	1.0000
33660	Mobile, AL	AL	0.7870	0.8487
33700	Modesto, CA	CA	1.2247	1.1489
33740	Monroe, LA	AR	0.8085	0.8645
33740	Monroe, LA	LA	0.8085	0.8645
33780	Monroe, MI	OH	0.9622	0.9740
33860	Montgomery, AL	AL	0.8475	0.8929
34060	Morgantown, WV	WV	0.8271	0.8781
34740	Muskegon-Norton Shores, MI	MI	0.9343	0.9545
34820	Myrtle Beach-North Myrtle Beach-Conway, SC	NC	0.8641	0.9048
34980	Nashville-Davidson-Murfreesboro-Franklin, TN	KY	0.9280	0.9501
34980	Nashville-Davidson-Murfreesboro-Franklin, TN	TN	0.9280	0.9501
35004	Nassau-Suffolk, NY	CT	1.2242	1.1486
35084	Newark-Union, NJ-PA	NJ	1.1280	1.0860
35084	Newark-Union, NJ-PA	NY	1.1280	1.0860
35084	Newark-Union, NJ-PA	PA	1.1280	1.0860
35300	New Haven-Milford, CT	CT	1.1661	1.1110
35380	New Orleans-Metairie-Kenner, LA	LA	0.8964	0.9278
35644	New York-White Plains-Wayne, NY-NJ	CT	1.2825	1.1858
35644	New York-White Plains-Wayne, NY-NJ	NJ	1.2825	1.1858
35644	New York-White Plains-Wayne, NY-NJ	NY	1.2825	1.1858
35840	North Port-Bradenton-Sarasota-Venice, FL	FL	0.9237	0.9471
35980	Norwich-New London, CT	RI	1.1360	1.0912
36084	Oakland-Fremont-Hayward, CA	CA	1.5742	1.3644
36140	Ocean City, NJ	DE	1.0853	1.0577
36220	Odessa, TX	NM	0.9233	0.9468
36220	Odessa, TX	TX	0.9233	0.9468
36260	Ogden-Clearfield, UT	UT	0.9311	0.9523
36420	Oklahoma City, OK	OK	0.8861	0.9205
36500	Olympia, WA	WA	1.0977	1.0659
36740	Orlando-Kissimmee-Sanford, FL	FL	0.9150	0.9410
37460	Panama City-Lynn Haven-Panama City Beach, FL	AL	0.7972	0.8562
37764	Peabody, MA	NH	1.0971	1.0655
37860	Pensacola-Ferry Pass-Brent, FL	AL	0.8114	0.8667
37900	Peoria, IL	IL	0.9137	0.9401
37964	Philadelphia, PA	NJ	1.1249	1.0839
37964	Philadelphia, PA	PA	1.0530	1.0360
38220	Pine Bluff, AR	MS	0.8273	0.8782
38300	Pittsburgh, PA	OH	0.8528	0.8967
38300	Pittsburgh, PA	PA	0.8509	0.8953
38300	Pittsburgh, PA	WV	0.8446	0.8908
38340	Pittsfield, MA	NY	1.0112	1.0077
38340	Pittsfield, MA	VT	1.0112	1.0077
38860	Portland-South Portland-Biddeford, ME	ME	0.9465	0.9630

CBSA Code	Area	State	Proposed Wage Index	Proposed GAF
38900	Portland-Vancouver-Hillsboro, OR-WA	OR	1.1173	1.0789
38900	Portland-Vancouver-Hillsboro, OR-WA	WA	1.1173	1.0789
38940	Port St. Lucie, FL	FL	1.0252	1.0172
39100	Poughkeepsie-Newburgh-Middletown, NY	NY	1.1022	1.0689
39340	Provo-Orem, UT	UT	0.9230	0.9466
39580	Raleigh-Cary, NC	NC	0.9670	0.9773
39740	Reading, PA	PA	0.8843	0.9192
39820	Redding, CA	CA	1.3547	1.2311
39900	Reno-Sparks, NV	NV	1.0391	1.0266
40060	Richmond, VA	VA	0.9494	0.9651
40140	Riverside-San Bernardino-Ontario, CA	AZ	1.1377	1.0924
40220	Roanoke, VA	VA	0.8825	0.9180
40220	Roanoke, VA	WV	0.8825	0.9180
40380	Rochester, NY	NY	0.8668	0.9067
40420	Rockford, IL	IL	0.9829	0.9883
40484	Rockingham County-Strafford County, NH	ME	1.0171	1.0117
40900	Sacramento-Arden-Arcade-Roseville, CA	CA	1.3486	1.2273
40980	Saginaw-Saginaw Township North, MI	MI	0.9060	0.9346
41060	St. Cloud, MN	MN	1.1001	1.0675
41100	St. George, UT	UT	0.9268	0.9493
41180	St. Louis, MO-IL	IL	0.8914	0.9243
41180	St. Louis, MO-IL	MO	0.8914	0.9243
41620	Salt Lake City, UT	UT	0.9319	0.9528
41700	San Antonio-New Braunfels, TX	TX	0.9033	0.9327
41940	San Jose-Sunnyvale-Santa Clara, CA	CA	1.6178	1.3902
42044	Santa Ana-Anaheim-Irvine, CA	CA	1.2247	1.1489
42100	Santa Cruz-Watsonville, CA	CA	1.6386	1.4024
42140	Santa Fe, NM	NM	1.0352	1.0240
42220	Santa Rosa-Petaluma, CA	CA	1.5482	1.3489
42340	Savannah, GA	GA	0.8817	0.9174
42340	Savannah, GA	SC	0.8817	0.9174
42644	Seattle-Bellevue-Everett, WA	WA	1.1232	1.0828
43300	Sherman-Denison, TX	OK	0.8408	0.8880
43340	Shreveport-Bossier City, LA	LA	0.8611	0.9027
43580	Sioux City, IA-NE-SD	NE	0.8927	0.9252
43620	Sioux Falls, SD	SD	1.0000	1.0000
43780	South Bend-Mishawaka, IN-MI	IN	0.9445	0.9617
43900	Spartanburg, SC	SC	0.8929	0.9254
44060	Spokane, WA	ID	1.0336	1.0229
44100	Springfield, IL	IL	0.8907	0.9238
44140	Springfield, MA	NH	1.0211	1.0144
44180	Springfield, MO	AR	0.8375	0.8856
44180	Springfield, MO	MO	0.8375	0.8856
44940	Sumter, SC	SC	0.8399	0.8874
45060	Syracuse, NY	NY	0.9666	0.9770
45220	Tallahassee, FL	GA	0.8755	0.9130
45300	Tampa-St. Petersburg-Clearwater, FL	FL	0.9066	0.9351
45780	Toledo, OH	OH	0.9217	0.9457
45820	Topeka, KS	KS	0.8907	0.9238
46140	Tulsa, OK	OK	0.8760	0.9133
46220	Tuscaloosa, AL	AL	0.7985	0.8572
46220	Tuscaloosa, AL	MS	0.7985	0.8572
46340	Tyler, TX	TX	0.8225	0.8748
46540	Utica-Rome, NY	NY	0.8697	0.9088
46660	Valdosta, GA	GA	0.7804	0.8438
46700	Vallejo-Fairfield, CA	CA	1.4295	1.2772
47260	Virginia Beach-Norfolk-Newport News, VA	NC	0.8914	0.9243
47580	Warner Robins, GA	GA	0.8431	0.8897
47894	Washington-Arlington-Alexandria, DC-VA	VA	1.0513	1.0349
48140	Wausau, WI	WI	0.9071	0.9354
48620	Wichita, KS	KS	0.8716	0.9102
48700	Williamsport, PA	PA	0.8509	0.8953
48864	Wilmington, DE-MD-NJ	DE	1.0641	1.0435
48900	Wilmington, NC	SC	0.9223	0.9461
49180	Winston-Salem, NC	NC	0.8976	0.9287
49660	Youngstown-Warren-Boardman, OH-PA	OH	0.8528	0.8967
49660	Youngstown-Warren-Boardman, OH-PA	PA	0.8509	0.8953

TABLE 4D-2.--URBAN AREAS WITH ACUTE CARE HOSPITALS RECEIVING THE PROPOSED STATEWIDE RURAL FLOOR OR IMPUTED FLOOR WAGE INDEX--FY 2011

[*Only hospitals that are geographically located in the specified State receive the State's rural or imputed floor wage index.]

(Wage Index Includes National Rural Floor Budget Neutrality Adjustment)

CBSA Code	Urban Area	State*	Proposed Rural or Imputed Floor Wage Index
27	Montana[1]	MT	1.0000
29	Nevada[1]	NV	1.0000
35	North Dakota[1]	ND	1.0000
43	South Dakota[1]	SD	1.0000
53	Wyoming[1]	WY	1.0000
10900	Allentown-Bethlehem-Easton, PA-NJ	NJ	1.1249
11260	Anchorage, AK	AK	1.2578
12100	Atlantic City-Hammonton, NJ	NJ	1.1249
12540	Bakersfield-Delano, CA	CA	1.2247
13740	Billings, MT	MT	1.0000
13900	Bismarck, ND	ND	1.0000
15804	Camden, NJ	NJ	1.1249
16220	Casper, WY	WY	1.0000
16940	Cheyenne, WY	WY	1.0000
17020	Chico, CA	CA	1.2247
17300	Clarksville, TN-KY	KY	0.7957
17300	Clarksville, TN-KY	TN	0.7948
17420	Cleveland, TN	TN	0.7948
17820	Colorado Springs, CO	CO	0.9665
19060	Cumberland, MD-WV	MD	0.9262
19500	Decatur, IL	IL	0.8342
20100	Dover, DE	DE	1.0044
20764	Edison-New Brunswick, NJ	NJ	1.1249
20940	El Centro, CA	CA	1.2247
21500	Erie, PA	PA	0.8509
21780	Evansville, IN-KY	IN	0.8361
21820	Fairbanks, AK	AK	1.2578
22020	Fargo, ND-MN	MN	0.9104
22020	Fargo, ND-MN	ND	1.0000
22140	Farmington, NM	NM	0.8989
22660	Fort Collins-Loveland, CO	CO	0.9665
22900	Fort Smith, AR-OK	OK	0.8017
23420	Fresno, CA	CA	1.2247
23460	Gadsden, AL	AL	0.7421
24220	Grand Forks, ND-MN	MN	0.9104
24220	Grand Forks, ND-MN	ND	1.0000
24500	Great Falls, MT	MT	1.0000
24540	Greeley, CO	CO	0.9665
25260	Hanford-Corcoran, CA	CA	1.2247
25540	Hartford-West Hartford-East Hartford, CT	CT	1.1257
27340	Jacksonville, NC	NC	0.8438
27740	Johnson City, TN	TN	0.7948
27780	Johnstown, PA	PA	0.8509
28420	Kennewick-Pasco-Richland, WA	WA	1.0072
28700	Kingsport-Bristol-Bristol, TN-VA	TN	0.7948
28700	Kingsport-Bristol-Bristol, TN-VA	VA	0.8025
28940	Knoxville, TN	TN	0.7948
30140	Lebanon, PA	PA	0.8509
30300	Lewiston, ID-WA	WA	1.0072
31084	Los Angeles-Long Beach-Glendale, CA	CA	1.2247
31460	Madera-Chowchilla, CA	CA	1.2247
31700	Manchester-Nashua, NH	NH	1.0008
31740	Manhattan, KS	KS	0.7990
32780	Medford, OR	OR	1.0046
32900	Merced, CA	CA	1.2247
33540	Missoula, MT	MT	1.0000
33700	Modesto, CA	CA	1.2247
34100	Morristown, TN	TN	0.7948
34580	Mount Vernon-Anacortes, WA	WA	1.0072
34620	Muncie, IN	IN	0.8361
36140	Ocean City, NJ	NJ	1.1249
37380	Palm Coast, FL	FL	0.8432
37460	Panama City-Lynn Haven-Panama City Beach, FL	FL	0.8432
37620	Parkersburg-Marietta-Vienna, WV-OH	OH	0.8528
37620	Parkersburg-Marietta-Vienna, WV-OH	WV	0.7540
37860	Pensacola-Ferry Pass-Brent, FL	FL	0.8432
39380	Pueblo, CO	CO	0.9665
40140	Riverside-San Bernardino-Ontario, CA	CA	1.2247
41540	Salisbury, MD	MD	0.9262
41740	San Diego-Carlsbad-San Marcos, CA	CA	1.2247
42044	Santa Ana-Anaheim-Irvine, CA	CA	1.2247
42060	Santa Barbara-Santa Maria-Goleta, CA	CA	1.2247

CBSA Code	Urban Area	State*	Proposed Rural or Imputed Floor Wage Index
42540	Scranton--Wilkes-Barre, PA	PA	0.8509
43580	Sioux City, IA-NE-SD	SD	1.0000
43620	Sioux Falls, SD	SD	1.0000
44600	Steubenville-Weirton, OH-WV	OH	0.8528
44600	Steubenville-Weirton, OH-WV	WV	0.7540
44940	Sumter, SC	SC	0.8399
45500	Texarkana, TX-Texarkana, AR	TX	0.7985
45940	Trenton-Ewing, NJ	NJ	1.1249
47220	Vineland-Millville-Bridgeton, NJ	NJ	1.1249
47300	Visalia-Porterville, CA	CA	1.2247
47940	Waterloo-Cedar Falls, IA	IA	0.8498
48300	Wenatchee-East Wenatchee, WA	WA	1.0072
48540	Wheeling, WV-OH	OH	0.8528
48540	Wheeling, WV-OH	WV	0.7540
48700	Williamsport, PA	PA	0.8509
48864	Wilmington, DE-MD-NJ	NJ	1.1249
49420	Yakima, WA	WA	1.0072
49700	Yuba City, CA	CA	1.2247

[1] Hospitals in the State receive a wage index floor of 1.0000 under section 10324 of Pub. L. 111-148.

TABLE 4J.—PROPOSED OUT-MIGRATION ADJUSTMENT FOR ACUTE CARE HOSPITALS--FY 2011

The following list represents all hospitals that are eligible to have their wage index increased by the out-migration adjustment listed in this table. Hospitals cannot receive the out-migration adjustment if they are reclassified under section 1886(d)(10) of the Act or redesignated under section 1886(d)(8)(B) of the Act. Hospitals that have already been reclassified under section 1886(d)(10) of the Act or redesignated under section 1886(d)(8)(B) of the Act are designated with an asterisk. We automatically assume that hospitals that have already been reclassified under section 1886(d)(10) of the Act or redesignated under section 1886(d)(8)(B) of the Act wish to retain their reclassification/redesignation status and waive the application of the out-migration adjustment. Section 1886(d)(10) hospitals that wish to receive the out-migration adjustment, rather than their reclassification, must follow the termination/withdrawal procedures specified in 42 CFR 412.273 and section III.I.3. of the preamble of the May 4, 2010 proposed rule (that is, notification by June 18, 2010). Otherwise, they are deemed to have waived the out-migration adjustment. Hospitals redesignated under section 1886(d)(8)(B) of the Act will be deemed to have waived the out-migration adjustment, unless they explicitly notify CMS that they elect to receive the out-migration adjustment instead within 45 days from the publication of the May 4, 2010 proposed rule (that is by June 18, 2010). Notifications are sent to the address listed in Table 4J of the May 4, 2010 proposed rule.

Provider Number	Reclassified for FY 2010	Proposed Out-Migration Adjustment	Qualifying County Name	County Code
010005	*	0.0315	MARSHALL	01470
010008		0.0336	CRENSHAW	01200
010010		0.0315	MARSHALL	01470
010012		0.0168	DE KALB	01240
010015		0.0055	CLARKE	01120
010021		0.0052	DALE	01220
010022	*	0.0695	CHEROKEE	01090
010025	*	0.0389	CHAMBERS	01080
010027		0.0026	COFFEE	01150
010029	*	0.0504	LEE	01400
010032		0.0315	RANDOLPH	01550
010035	*	0.0226	CULLMAN	01210
010040		0.0061	ETOWAH	01270
010045		0.0178	FAYETTE	01280
010046	*	0.0061	ETOWAH	01270
010047		0.0245	BUTLER	01060
010049		0.0026	COFFEE	01150
010052	*	0.0245	TALLAPOOSA	01610
010059	*	0.0071	LAWRENCE	01390
010061	*	0.0552	JACKSON	01350
010065	*	0.0245	TALLAPOOSA	01610
010083	*	0.0152	BALDWIN	01010
010091		0.0055	CLARKE	01120
010100	*	0.0152	BALDWIN	01010
010101	*	0.019	TALLADEGA	01600
010109		0.0405	PICKENS	01530
010110		0.0415	BULLOCK	01050
010125		0.0429	WINSTON	01660
010128		0.0055	CLARKE	01120
010129		0.0152	BALDWIN	01010
010138		0.0101	SUMTER	01590

Provider Number	Reclassified for FY 2010	Proposed Out-Migration Adjustment	Qualifying County Name	County Code
010143	*	0.0226	CULLMAN	01210
010150		0.0245	BUTLER	01060
010158	*	0.0103	FRANKLIN	01290
010164	*	0.019	TALLADEGA	01600
030067		0.0328	LAPAZ	03055
040014	*	0.0158	WHITE	04720
040019		0.0242	ST. FRANCIS	04610
040039	*	0.0055	GREENE	04270
040047		0.0037	RANDOLPH	04600
040067		0.0045	COLUMBIA	04130
040071	*	0.0067	JEFFERSON	04340
040076	*	0.0975	HOT SPRING	04290
040081		0.0398	PIKE	04540
050002	*	0.0056	ALAMEDA	05000
050007		0.0234	SAN MATEO	05510
050009	*	0.0174	NAPA	05380
050013	*	0.0174	NAPA	05380
050014	*	0.0138	AMADOR	05020
050042	*	0.0196	TEHAMA	05620
050043	*	0.0056	ALAMEDA	05000
050069	*	0.0013	ORANGE	05400
050070		0.0234	SAN MATEO	05510
050073	*	0.0297	SOLANO	05580
050075	*	0.0056	ALAMEDA	05000
050089	*	0.0011	SAN BERNARDINO	05460
050099	*	0.0011	SAN BERNARDINO	05460
050101	*	0.0297	SOLANO	05580
050113		0.0234	SAN MATEO	05510
050129	*	0.0011	SAN BERNARDINO	05460
050133		0.0165	YUBA	05680
050140	*	0.0011	SAN BERNARDINO	05460
050150	*	0.0318	NEVADA	05390
050168	*	0.0013	ORANGE	05400
050173	*	0.0013	ORANGE	05400
050193	*	0.0013	ORANGE	05400
050195	*	0.0056	ALAMEDA	05000
050197	*	0.0234	SAN MATEO	05510
050211	*	0.0056	ALAMEDA	05000
050224	*	0.0013	ORANGE	05400
050226	*	0.0013	ORANGE	05400
050230	*	0.0013	ORANGE	05400
050245	*	0.0011	SAN BERNARDINO	05460
050264	*	0.0056	ALAMEDA	05000
050272	*	0.0011	SAN BERNARDINO	05460
050279	*	0.0011	SAN BERNARDINO	05460
050283	*	0.0056	ALAMEDA	05000
050289		0.0234	SAN MATEO	05510
050298		0.0011	SAN BERNARDINO	05460
050300	*	0.0011	SAN BERNARDINO	05460
050305	*	0.0056	ALAMEDA	05000
050320	*	0.0056	ALAMEDA	05000
050327	*	0.0011	SAN BERNARDINO	05460
050348	*	0.0013	ORANGE	05400
050366	*	0.005	CALAVERAS	05040
050367	*	0.0297	SOLANO	05580
050426	*	0.0013	ORANGE	05400
050488	*	0.0056	ALAMEDA	05000
050512	*	0.0056	ALAMEDA	05000
050517	*	0.0011	SAN BERNARDINO	05460
050526	*	0.0013	ORANGE	05400
050541	*	0.0234	SAN MATEO	05510
050543	*	0.0013	ORANGE	05400
050548	*	0.0013	ORANGE	05400
050551	*	0.0013	ORANGE	05400
050567	*	0.0013	ORANGE	05400
050570	*	0.0013	ORANGE	05400
050580	*	0.0013	ORANGE	05400
050586	*	0.0011	SAN BERNARDINO	05460
050589	*	0.0013	ORANGE	05400
050603	*	0.0013	ORANGE	05400
050609	*	0.0013	ORANGE	05400
050618	*	0.0011	SAN BERNARDINO	05460
050667	*	0.0174	NAPA	05380
050678	*	0.0013	ORANGE	05400
050680	*	0.0297	SOLANO	05580
050693	*	0.0013	ORANGE	05400
050744	*	0.0013	ORANGE	05400
050745	*	0.0013	ORANGE	05400
050746	*	0.0013	ORANGE	05400
050747	*	0.0013	ORANGE	05400
050754		0.0234	SAN MATEO	05510
050758	*	0.0011	SAN BERNARDINO	05460
060001	*	0.0096	WELD	06610

Provider Number	Reclassified for FY 2010	Proposed Out-Migration Adjustment	Qualifying County Name	County Code
060003	*	0.0101	BOULDER	06060
060027	*	0.0101	BOULDER	06060
060103	*	0.0101	BOULDER	06060
060116	*	0.0101	BOULDER	06060
060121	*	0.0096	WELD	06610
070003	*	0.002	WINDHAM	07070
070004	*	0.0134	LITCHFIELD	07020
070011	*	0.0134	LITCHFIELD	07020
070015	*	0.0134	LITCHFIELD	07020
070020		0.0101	MIDDLESEX	07030
070021	*	0.002	WINDHAM	07070
080001		0.0044	NEW CASTLE	08010
080003		0.0044	NEW CASTLE	08010
090001		0.0033	THE DISTRICT	09000
090003		0.0033	THE DISTRICT	09000
090004	*	0.0033	THE DISTRICT	09000
090005		0.0033	THE DISTRICT	09000
090006		0.0033	THE DISTRICT	09000
090008		0.0033	THE DISTRICT	09000
090011		0.0033	THE DISTRICT	09000
100014	*	0.0055	VOLUSIA	10630
100017	*	0.0055	VOLUSIA	10630
100023	*	0.0031	CITRUS	10080
100045	*	0.0055	VOLUSIA	10630
100047	*	0.0028	CHARLOTTE	10070
100068	*	0.0055	VOLUSIA	10630
100072	*	0.0055	VOLUSIA	10630
100077	*	0.0028	CHARLOTTE	10070
100081	*	0.0022	WALTON	10650
100118	*	0.0251	FLAGLER	10170
100139	*	0.0006	LEVY	10370
100232	*	0.0068	PUTNAM	10530
100236	*	0.0028	CHARLOTTE	10070
100249	*	0.0031	CITRUS	10080
100252	*	0.0258	OKEECHOBEE	10460
100290	*	0.0338	SUMTER	10590
100292	*	0.0022	WALTON	10650
110023	*	0.0277	GORDON	11500
110040	*	0.1172	JACKSON	11610
110041	*	0.0768	HABERSHAM	11540
110100		0.081	JEFFERSON	11620

Provider Number	Reclassified for FY 2010	Proposed Out-Migration Adjustment	Qualifying County Name	County Code
110101		0.0068	COOK	11311
110142		0.0193	EVANS	11441
110146	*	0.0364	CAMDEN	11170
110150	*	0.019	BALDWIN	11030
110187	*	0.0792	LUMPKIN	11701
110189	*	0.0043	FANNIN	11450
110190	*	0.0094	MACON	11710
110205		0.0466	GILMER	11471
130003	*	0.0165	NEZ PERCE	13340
130024		0.0688	BONNER	13080
130049	*	0.0365	KOOTENAI	13270
130066		0.0365	KOOTENAI	13270
130067	*	0.1032	BINGHAM	13050
140001		0.0321	FULTON	14370
140026		0.0296	LA SALLE	14580
140043	*	0.0038	WHITESIDE	14988
140058	*	0.0119	MORGAN	14770
140110	*	0.0296	LA SALLE	14580
140116	*	0.0014	MC HENRY	14640
140160	*	0.0316	STEPHENSON	14970
140161	*	0.0178	LIVINGSTON	14610
140167	*	0.0768	IROQUOIS	14460
140176	*	0.0014	MC HENRY	14640
140234		0.0296	LA SALLE	14580
150022		0.0251	MONTGOMERY	15530
150030	*	0.0242	HENRY	15320
150072		0.0092	CASS	15080
150076	*	0.0297	MARSHALL	15490
150088	*	0.0038	MADISON	15470
150091	*	0.0089	HUNTINGTON	15340
150102	*	0.0174	STARKE	15740
150113	*	0.0038	MADISON	15470
150133	*	0.0212	KOSCIUSKO	15420
150146	*	0.0087	NOBLE	15560
160013		0.0187	MUSCATINE	16690
160030		0.0013	STORY	16840
160032		0.0341	JASPER	16490
160080	*	0.0019	CLINTON	16220
170137	*	0.0421	DOUGLAS	17220
170150		0.0143	COWLEY	17170
180012	*	0.0089	HARDIN	18460

Provider Number	Reclassified for FY 2010	Proposed Out-Migration Adjustment	Qualifying County Name	County Code
180017	*	0.0092	BARREN	18040
180049	*	0.0329	MADISON	18750
180064		0.0211	MONTGOMERY	18860
180066		0.0517	LOGAN	18700
180070		0.0121	GRAYSON	18420
180079		0.0174	HARRISON	18480
190003	*	0.0061	IBERIA	19220
190015	*	0.0238	TANGIPAHOA	19520
190017	*	0.0134	ST. LANDRY	19480
190034		0.0135	VERMILION	19560
190044		0.0185	ACADIA	19000
190050		0.0056	BEAUREGARD	19050
190053		0.0102	JEFFRSON DAVIS	19260
190054		0.0061	IBERIA	19220
190078		0.0134	ST. LANDRY	19480
190086	*	0.0038	LINCOLN	19300
190088		0.0281	WEBSTER	19590
190099		0.0105	AVOYELLES	19040
190106	*	0.0081	ALLEN	19010
190116		0.0052	MOREHOUSE	19330
190133		0.0081	ALLEN	19010
190140		0.0021	FRANKLIN	19200
190144	*	0.0281	WEBSTER	19590
190145		0.005	LA SALLE	19290
190184		0.0075	CALDWELL	19100
190190	*	0.0075	CALDWELL	19100
190191		0.0134	ST. LANDRY	19480
190246		0.0075	CALDWELL	19100
190257	*	0.0038	LINCOLN	19300
200024	*	0.013	ANDROSCOGGIN	20000
200032		0.0367	OXFORD	20080
200034	*	0.013	ANDROSCOGGIN	20000
200050	*	0.017	HANCOCK	20040
210001		0.011	WASHINGTON	21210
210023		0.0038	ANNE ARUNDEL	21010
210028		0.0383	ST. MARYS	21180
210043		0.0038	ANNE ARUNDEL	21010
210061		0.0188	WORCESTER	21230
220001	*	0.0072	WORCESTER	22170
220002	*	0.0446	MIDDLESEX	22090

Provider Number	Reclassified for FY 2010	Proposed Out-Migration Adjustment	Qualifying County Name	County Code
220010	*	0.031	ESSEX	22040
220011	*	0.0446	MIDDLESEX	22090
220019	*	0.0072	WORCESTER	22170
220025	*	0.0072	WORCESTER	22170
220029	*	0.031	ESSEX	22040
220033	*	0.031	ESSEX	22040
220035	*	0.031	ESSEX	22040
220049	*	0.0446	MIDDLESEX	22090
220058	*	0.0072	WORCESTER	22170
220062	*	0.0072	WORCESTER	22170
220063	*	0.0446	MIDDLESEX	22090
220070	*	0.0446	MIDDLESEX	22090
220080	*	0.031	ESSEX	22040
220082	*	0.0446	MIDDLESEX	22090
220084	*	0.0446	MIDDLESEX	22090
220090	*	0.0072	WORCESTER	22170
220095	*	0.0072	WORCESTER	22170
220098	*	0.0446	MIDDLESEX	22090
220101	*	0.0446	MIDDLESEX	22090
220105	*	0.0446	MIDDLESEX	22090
220163	*	0.0072	WORCESTER	22170
220171	*	0.0446	MIDDLESEX	22090
220174	*	0.031	ESSEX	22040
220175	*	0.0446	MIDDLESEX	22090
220176	*	0.0072	WORCESTER	22170
230002	*	0.0043	WAYNE	23810
230003	*	0.0314	OTTAWA	23690
230005		0.0488	LENAWEE	23450
230013	*	0.0021	OAKLAND	23620
230015		0.0314	ST. JOSEPH	23740
230019	*	0.0021	OAKLAND	23620
230020	*	0.0043	WAYNE	23810
230021	*	0.0159	BERRIEN	23100
230022	*	0.0213	BRANCH	23110
230024	*	0.0043	WAYNE	23810
230029	*	0.0021	OAKLAND	23620
230035	*	0.0143	MONTCALM	23580
230037	*	0.0235	HILLSDALE	23290
230041		0.0052	BAY	23080
230047	*	0.0017	MACOMB	23490
230053	*	0.0043	WAYNE	23810
230071	*	0.0021	OAKLAND	23620

Provider Number	Reclassified for FY 2010	Proposed Out-Migration Adjustment	Qualifying County Name	County Code
230072	*	0.0314	OTTAWA	23690
230075		0.0067	CALHOUN	23120
230078	*	0.0159	BERRIEN	23100
230089	*	0.0043	WAYNE	23810
230092		0.0205	JACKSON	23370
230093		0.0088	MECOSTA	23530
230096	*	0.0314	ST. JOSEPH	23740
230099	*	0.0074	MONROE	23570
230104	*	0.0043	WAYNE	23810
230121	*	0.0922	SHIAWASSEE	23770
230130	*	0.0021	OAKLAND	23620
230135	*	0.0043	WAYNE	23810
230142	*	0.0043	WAYNE	23810
230146	*	0.0043	WAYNE	23810
230151	*	0.0021	OAKLAND	23620
230165	*	0.0043	WAYNE	23810
230174	*	0.0314	OTTAWA	23690
230176	*	0.0043	WAYNE	23810
230195	*	0.0017	MACOMB	23490
230204	*	0.0017	MACOMB	23490
230207	*	0.0021	OAKLAND	23620
230208	*	0.0143	MONTCALM	23580
230217		0.0067	CALHOUN	23120
230222	*	0.0098	MIDLAND	23550
230227	*	0.0017	MACOMB	23490
230244	*	0.0043	WAYNE	23810
230254	*	0.0021	OAKLAND	23620
230257	*	0.0017	MACOMB	23490
230264	*	0.0017	MACOMB	23490
230269	*	0.0021	OAKLAND	23620
230270	*	0.0043	WAYNE	23810
230273	*	0.0043	WAYNE	23810
230277	*	0.0021	OAKLAND	23620
230297	*	0.0043	WAYNE	23810
230301	*	0.0021	OAKLAND	23620
230302	*	0.0021	OAKLAND	23620
240018		0.0923	GOODHUE	24240
240044		0.0733	WINONA	24840
240064		0.0212	ITASCA	24300
240069	*	0.0312	STEELE	24730
240071	*	0.0404	RICE	24650

Provider Number	Reclassified for FY 2010	Proposed Out-Migration Adjustment	Qualifying County Name	County Code
240101		0.0145	BECKER	24020
240117		0.0615	MOWER	24490
240211		0.1004	PINE	24570
250023	*	0.0722	PEARL RIVER	25540
250040	*	0.0225	JACKSON	25290
250117	*	0.0722	PEARL RIVER	25540
250128		0.0419	PANOLA	25530
250162		0.0011	HANCOCK	25220
260059		0.0032	LACLEDE	26520
260064		0.004	AUDRAIN	26030
260097		0.0362	JOHNSON	26500
260116	*	0.0095	ST. FRANCOIS	26930
260160		0.0144	STODDARD	26985
260163		0.0095	ST. FRANCOIS	26930
280077	*	0.0085	DODGE	28260
290002	*	0.015	LYON	29090
300011	*	0.0049	HILLSBOROUGH	30050
300012	*	0.0049	HILLSBOROUGH	30050
300017	*	0.0075	ROCKINGHAM	30070
300020	*	0.0049	HILLSBOROUGH	30050
300023	*	0.0075	ROCKINGHAM	30070
300029	*	0.0075	ROCKINGHAM	30070
300034	*	0.0049	HILLSBOROUGH	30050
310002	*	0.0312	ESSEX	31200
310009	*	0.0312	ESSEX	31200
310015	*	0.0199	MORRIS	31300
310017	*	0.0199	MORRIS	31300
310038	*	0.0232	MIDDLESEX	31270
310039	*	0.0232	MIDDLESEX	31270
310050	*	0.0199	MORRIS	31300
310054	*	0.0312	ESSEX	31200
310070	*	0.0232	MIDDLESEX	31270
310076	*	0.0312	ESSEX	31200
310083	*	0.0312	ESSEX	31200
310096	*	0.0312	ESSEX	31200
310108	*	0.0232	MIDDLESEX	31270
310119	*	0.0312	ESSEX	31200
320003	*	0.048	SAN MIGUEL	32230
320011		0.0337	RIO ARRIBA	32190
330004	*	0.0908	ULSTER	33740
330008	*	0.0064	WYOMING	33900

Provider Number	Reclassified for FY 2010	Proposed Out-Migration Adjustment	Qualifying County Name	County Code
330010		0.006	MONTGOMERY	33380
330027	*	0.0196	NASSAU	33400
330033		0.0179	CHENANGO	33080
330047		0.006	MONTGOMERY	33380
330073	*	0.0078	GENESEE	33290
330094	*	0.054	COLUMBIA	33200
330103		0.0136	CATTARAUGUS	33040
330106	*	0.0196	NASSAU	33400
330126	*	0.0488	ORANGE	33540
330132		0.0136	CATTARAUGUS	33040
330135		0.0488	ORANGE	33540
330144		0.0056	STEUBEN	33690
330151		0.0056	STEUBEN	33690
330167	*	0.0196	NASSAU	33400
330175		0.0222	CORTLAND	33210
330181	*	0.0196	NASSAU	33400
330182	*	0.0196	NASSAU	33400
330198	*	0.0196	NASSAU	33400
330205		0.0488	ORANGE	33540
330222		0.0016	SARATOGA	33640
330224	*	0.0908	ULSTER	33740
330225	*	0.0196	NASSAU	33400
330235	*	0.0246	CAYUGA	33050
330259	*	0.0196	NASSAU	33400
330264		0.0488	ORANGE	33540
330276		0.0032	FULTON	33280
330277	*	0.0056	STEUBEN	33690
330331	*	0.0196	NASSAU	33400
330332	*	0.0196	NASSAU	33400
330372	*	0.0196	NASSAU	33400
330386	*	0.082	SULLIVAN	33710
340020		0.0163	LEE	34520
340021	*	0.0143	CLEVELAND	34220
340024		0.0143	SAMPSON	34810
340027	*	0.0164	LENOIR	34530
340037	*	0.0143	CLEVELAND	34220
340038		0.0329	BEAUFORT	34060
340039	*	0.0091	IREDELL	34480
340068	*	0.0102	COLUMBUS	34230
340070	*	0.0289	ALAMANCE	34000
340071	*	0.0261	HARNETT	34420

Provider Number	Reclassified for FY 2010	Proposed Out-Migration Adjustment	Qualifying County Name	County Code
340085	*	0.027	DAVIDSON	34280
340096	*	0.027	DAVIDSON	34280
340126	*	0.013	WILSON	34970
340129	*	0.0091	IREDELL	34480
340133		0.026	MARTIN	34580
340144	*	0.0091	IREDELL	34480
340145	*	0.0305	LINCOLN	34540
340151		0.0084	HALIFAX	34410
360002		0.0101	ASHLAND	36020
360010	*	0.0023	TUSCARAWAS	36800
360013	*	0.0143	SHELBY	36760
360025	*	0.0065	ERIE	36220
360036	*	0.0164	WAYNE	36860
360040		0.0456	KNOX	36430
360044		0.0134	DARKE	36190
360055	*	0.0011	TRUMBULL	36790
360065	*	0.0061	HURON	36400
360070		0.0005	STARK	36770
360071		0.0069	VAN WERT	36820
360084		0.0005	STARK	36770
360086	*	0.0086	CLARK	36110
360096		0.0023	COLUMBIANA	36140
360107		0.017	SANDUSKY	36730
360125	*	0.0106	ASHTABULA	36030
360131		0.0005	STARK	36770
360151		0.0005	STARK	36770
360156		0.017	SANDUSKY	36730
360161		0.0011	TRUMBULL	36790
360175	*	0.02	CLINTON	36130
360185	*	0.0023	COLUMBIANA	36140
360245	*	0.0106	ASHTABULA	36030
360355		0.0086	CLARK	36110
370014	*	0.017	BRYAN	37060
370015	*	0.039	MAYES	37480
370023		0.0072	STEPHENS	37680
370065		0.0102	CRAIG	37170
370149	*	0.0242	POTTAWATOMIE	37620
370156		0.0097	GARVIN	37240
370169		0.0173	MCINTOSH	37450
370214		0.0097	GARVIN	37240

Provider Number	Reclassified for FY 2010	Proposed Out-Migration Adjustment	Qualifying County Name	County Code
380022	*	0.0126	LINN	38210
390008		0.0014	LAWRENCE	39450
390016	*	0.0014	LAWRENCE	39450
390030	*	0.0147	SCHUYLKILL	39650
390031	*	0.0147	SCHUYLKILL	39650
390039		0.0037	SOMERSET	39680
390044	*	0.025	BERKS	39110
390052		0.002	CLEARFIELD	39230
390056		0.002	HUNTINGDON	39380
390065	*	0.0471	ADAMS	39000
390066	*	0.0274	LEBANON	39460
390086	*	0.002	CLEARFIELD	39230
390096	*	0.025	BERKS	39110
390110	*	0.0002	CAMBRIA	39160
390112		0.0037	SOMERSET	39680
390117		0.0001	BEDFORD	39100
390130	*	0.0002	CAMBRIA	39160
390138	*	0.0208	FRANKLIN	39350
390150		0.0006	GREENE	39370
390151	*	0.0208	FRANKLIN	39350
390162	*	0.0217	NORTHAMPTON	39590
390173		0.0037	INDIANA	39390
390183	*	0.0147	SCHUYLKILL	39650
390201		0.0951	MONROE	39550
390313	*	0.0147	SCHUYLKILL	39650
390316	*	0.025	BERKS	39110
420002		0.0001	YORK	42450
420005		0.0012	DILLON	42160
420007	*	0.003	SPARTANBURG	42410
420019		0.0169	CHESTER	42110
420020	*	0.0008	GEORGETOWN	42210
420027	*	0.0231	ANDERSON	42030
420030	*	0.0148	COLLETON	42140
420036	*	0.0075	LANCASTER	42280
420039	*	0.011	UNION	42430
420043		0.0152	CHEROKEE	42100
420053		0.0103	NEWBERRY	42350
420054		0.0002	MARLBORO	42340
420055		0.0028	MARION	42330
420062		0.0125	CHESTERFIELD	42120

Provider Number	Reclassified for FY 2010	Proposed Out-Migration Adjustment	Qualifying County Name	County Code
420068	*	0.0068	ORANGEBURG	42370
420069	*	0.0005	CLARENDON	42130
420070	*	0.0051	SUMTER	42420
420082		0.0002	AIKEN	42010
420083	*	0.003	SPARTANBURG	42410
420098		0.0008	GEORGETOWN	42210
430048		0.0355	LAWRENCE	43400
430094		0.0355	LAWRENCE	43400
440007		0.0171	COFFEE	44150
440008		0.0262	HENDERSON	44380
440012		0.0009	SULLIVAN	44810
440016		0.0084	CARROLL	44080
440017		0.0009	SULLIVAN	44810
440025	*	0.0009	GREENE	44290
440035	*	0.0287	MONTGOMERY	44620
440047		0.0197	GIBSON	44260
440050		0.0009	GREENE	44290
440051		0.0048	MC NAIRY	44540
440060		0.0197	GIBSON	44260
440063		0.0033	WASHINGTON	44890
440070		0.0063	DECATUR	44190
440105		0.0033	WASHINGTON	44890
440109		0.0041	HARDIN	44350
440115		0.0197	GIBSON	44260
440137		0.0578	BEDFORD	44010
440144	*	0.0171	COFFEE	44150
440148		0.0232	DE KALB	44200
440174	*	0.0232	HAYWOOD	44370
440176		0.0009	SULLIVAN	44810
440181		0.0296	HARDEMAN	44340
440182		0.0084	CARROLL	44080
440184		0.0033	WASHINGTON	44890
440185	*	0.0234	BRADLEY	44050
450032	*	0.0216	HARRISON	45620
450039	*	0.0049	TARRANT	45910
450052	*	0.033	BOSQUE	45160
450064	*	0.0049	TARRANT	45910
450087	*	0.0049	TARRANT	45910
450090		0.0699	COOKE	45340
450099	*	0.0084	GRAY	45563

Provider Number	Reclassified for FY 2010	Proposed Out-Migration Adjustment	Qualifying County Name	County Code
450135	*	0.0049	TARRANT	45910
450137	*	0.0049	TARRANT	45910
450144	*	0.0446	ANDREWS	45010
450163		0.0115	KLEBERG	45743
450192		0.0314	HILL	45651
450194		0.0052	CHEROKEE	45281
450210		0.0128	PANOLA	45842
450224	*	0.0055	WOOD	45974
450236		0.0418	HOPKINS	45654
450270		0.0314	HILL	45651
450283	*	0.0415	VAN ZANDT	45947
450347	*	0.0395	WALKER	45949
450348	*	0.0093	FALLS	45500
450370	*	0.025	COLORADO	45312
450389	*	0.0405	HENDERSON	45640
450395		0.047	POLK	45850
450419	*	0.0049	TARRANT	45910
450438	*	0.025	COLORADO	45312
450451		0.0522	SOMERVELL	45893
450460		0.0055	TYLER	45942
450497		0.0511	MONTAGUE	45800
450539		0.0138	HALE	45582
450547	*	0.0055	WOOD	45974
450563	*	0.0049	TARRANT	45910
450565	*	0.0509	PALO PINTO	45841
450573		0.0131	JASPER	45690
450596	*	0.0724	HOOD	45653
450597		0.0003	DE WITT	45420
450615		0.0033	CASS	45260
450639	*	0.0049	TARRANT	45910
450641		0.0511	MONTAGUE	45800
450672	*	0.0049	TARRANT	45910
450675	*	0.0049	TARRANT	45910
450677	*	0.0049	TARRANT	45910
450698		0.0262	LAMB	45751
450747	*	0.0031	ANDERSON	45000
450755		0.0571	HOCKLEY	45652
450770	*	0.0218	MILAM	45795
450779	*	0.0049	TARRANT	45910
450813		0.0031	ANDERSON	45000

Provider Number	Reclassified for FY 2010	Proposed Out-Migration Adjustment	Qualifying County Name	County Code
450872	*	0.0049	TARRANT	45910
450880	*	0.0049	TARRANT	45910
450886	*	0.0049	TARRANT	45910
450888		0.0049	TARRANT	45910
460001		0.0001	UTAH	46240
460013		0.0001	UTAH	46240
460017		0.0229	BOX ELDER	46010
460023		0.0001	UTAH	46240
460039	*	0.0229	BOX ELDER	46010
460043		0.0001	UTAH	46240
460052		0.0001	UTAH	46240
490002		0.0003	RUSSELL	49830
490019	*	0.1041	CULPEPER	49230
490038		0.0003	SMYTH	49860
490084		0.0237	ESSEX	49280
490105		0.0003	SMYTH	49860
490110		0.0176	MONTGOMERY	49600
500003	*	0.027	SKAGIT	50280
500007	*	0.027	SKAGIT	50280
500019		0.0166	LEWIS	50200
500024		0.0064	THURSTON	50330
500039	*	0.0182	KITSAP	50170
500041	*	0.0055	COWLITZ	50070
500139		0.0064	THURSTON	50330
500143		0.0064	THURSTON	50330
510012		0.011	MASON	51260
510018	*	0.0107	JACKSON	51170
510047	*	0.0234	MARION	51240
520009		0.0027	OUTAGAMIE	52430
520028	*	0.0473	GREEN	52220
520035		0.0111	SHEBOYGAN	52580
520044		0.0111	SHEBOYGAN	52580
520045		0.0022	WINNEBAGO	52690
520048		0.0022	WINNEBAGO	52690
520057		0.0296	SAUK	52550
520071	*	0.0332	JEFFERSON	52270
520076	*	0.0275	DODGE	52130
520088		0.0084	FOND DU LAC	52190
520095	*	0.0296	SAUK	52550
520102	*	0.0714	WALWORTH	52630

Provider Number	Reclassified for FY 2010	Proposed Out-Migration Adjustment	Qualifying County Name	County Code
520116	*	0.0332	JEFFERSON	52270
520160		0.0027	OUTAGAMIE	52430
520198		0.0022	WINNEBAGO	52690

TABLE 9A.—HOSPITAL RECLASSIFICATIONS AND REDESIGNATIONS--FY 2011

Provider Number	Geographic CBSA	Reclassified CBSA	LUGAR
010001	20020	10500	
010005	01	13820	
010009	19460	26620	
010022	01	12060	
010025	01	17980	
010029	12220	17980	
010035	01	13820	
010046	23460	13820	
010052	01	33860	
010054	19460	26620	
010055	20020	37460	
010059	19460	26620	
010061	01	16860	
010065	01	13820	
010083	01	33660	
010085	19460	26620	
010100	01	37860	
010101	01	13820	
010102	01	33860	
010118	01	46220	
010126	01	33860	
010143	01	26620	
010158	01	19460	
010164	01	13820	
020008	02	11260	
030033	03	22380	
030069	29420	40140	
030101	29420	29820	
040014	04	30780	
040017	04	22220	
040020	27860	32820	
040027	04	44180	
040039	04	26	
040041	04	30780	
040069	04	26	
040071	38220	30780	
040076	04	26300	LUGAR
040080	04	27860	
040085	04	32820	
040088	04	33740	
040119	04	30780	
050002	36084	41940	
050006	05	39820	
050009	34900	42220	
050013	34900	42220	
050014	05	40900	
050022	40140	42044	
050038	41940	42100	
050042	05	39820	
050043	36084	41940	
050046	37100	31084	
050054	40140	42044	
050069	42044	31084	
050071	41940	42100	
050073	46700	36084	
050075	36084	41940	
050082	37100	31084	
050084	44700	40900	
050089	40140	31084	
050090	42220	36084	
050099	40140	31084	
050101	46700	36084	
050102	40140	42044	
050118	44700	33700	

Provider Number	Geographic CBSA	Reclassified CBSA	LUGAR
050125	41940	42100	
050129	40140	31084	
050131	41884	36084	
050136	42220	36084	
050140	40140	31084	
050150	05	40900	
050152	41884	36084	
050153	41940	42100	
050159	37100	31084	
050168	42044	31084	
050173	42044	31084	
050174	42220	36084	
050188	41940	42100	
050193	42044	31084	
050195	36084	41940	
050197	41884	41940	
050211	36084	41940	
050224	42044	31084	
050226	42044	31084	
050230	42044	31084	
050236	37100	31084	
050243	40140	42044	
050245	40140	31084	
050264	36084	41940	
050272	40140	31084	
050279	40140	31084	
050283	36084	41940	
050291	42220	36084	
050292	40140	42044	
050300	40140	31084	
050305	36084	41940	
050308	41940	42100	
050320	36084	41940	
050327	40140	31084	
050329	40140	42044	
050334	41500	41940	
050335	05	33700	

Provider Number	Geographic CBSA	Reclassified CBSA	LUGAR
050348	42044	31084	
050360	41884	36084	
050366	05	40900	
050367	46700	36084	
050380	41940	42100	
050385	42220	36084	
050390	40140	42044	
050394	37100	31084	
050423	40140	42044	
050426	42044	31084	
050441	41940	42100	
050488	36084	41940	
050510	41884	36084	
050512	36084	41940	
050517	40140	31084	
050526	42044	31084	
050534	40140	42044	
050541	41884	41940	
050543	42044	31084	
050547	42220	36084	
050548	42044	31084	
050549	37100	31084	
050551	42044	31084	
050567	42044	31084	
050570	42044	31084	
050573	40140	42044	
050580	42044	31084	
050586	40140	31084	
050589	42044	31084	
050603	42044	31084	
050604	41940	42100	
050609	42044	31084	
050616	37100	31084	
050662	41940	42100	
050667	34900	46700	
050668	41884	36084	
050678	42044	31084	

Provider Number	Geographic CBSA	Reclassified CBSA	LUGAR
050680	46700	36084	
050684	40140	42044	
050686	40140	42044	
050688	41940	42100	
050690	42220	36084	
050693	42044	31084	
050694	40140	42044	
050701	40140	42044	
050709	40140	31084	
050744	42044	31084	
050745	42044	31084	
050746	42044	31084	
050747	42044	31084	
050748	44700	33700	
050749	37100	31084	
050758	40140	31084	
060001	24540	19740	
060003	14500	19740	
060023	24300	19740	
060027	14500	19740	
060031	17820	19740	
060049	06	22660	
060075	06	24300	
060096	06	19740	
060103	14500	19740	
060116	14500	19740	
060118	06	19740	
060121	24540	19740	
070001	35300	35004	
070003	07	25540	LUGAR
070005	35300	35004	
070006	14860	35644	
070010	14860	35644	
070011	07	25540	LUGAR
070015	07	35644	
070016	35300	35004	
070017	35300	35004	

Provider Number	Geographic CBSA	Reclassified CBSA	LUGAR
070018	14860	35644	
070019	35300	35004	
070021	07	25540	LUGAR
070022	35300	35004	
070028	14860	35644	
070031	35300	35004	
070033	14860	35644	
070034	14860	35644	
070036	25540	35300	
070038	35300	35004	
070039	35300	35004	
080004	20100	48864	
080006	08	20100	
080007	08	36140	
090004	47894	13644	
100002	48424	22744	
100014	19660	36740	
100017	19660	36740	
100022	33124	22744	
100023	10	45300	
100024	10	33124	
100045	19660	36740	
100047	39460	35840	
100049	10	29460	
100068	19660	36740	
100072	19660	36740	
100077	39460	35840	
100080	48424	22744	
100081	10	18880	LUGAR
100105	42680	38940	
100109	10	36740	
100130	48424	22744	
100139	10	23540	LUGAR
100150	10	33124	
100157	29460	45300	
100160	10	33124	
100168	48424	22744	

Provider Number	Geographic CBSA	Reclassified CBSA	LUGAR
100176	48424	22744	
100217	42680	38940	
100232	10	23540	
100234	48424	22744	
100236	39460	35840	
100249	10	45300	
100252	10	38940	
100253	48424	22744	
100258	48424	22744	
100268	48424	22744	
100269	48424	22744	
100275	48424	22744	
100287	48424	22744	
100288	48424	22744	
100290	10	36740	
100292	10	18880	LUGAR
110001	19140	16860	
110002	11	31420	
110016	11	17980	
110023	11	12060	
110029	23580	12060	
110038	11	46660	
110040	11	12060	LUGAR
110041	11	12020	
110054	40660	12060	
110069	47580	31420	
110075	11	42340	
110095	11	10500	
110105	11	10500	
110112	11	10500	
110122	46660	45220	
110125	11	31420	
110146	11	15260	
110150	11	31420	
110153	47580	31420	
110168	40660	12060	
110187	11	12060	LUGAR

Provider Number	Geographic CBSA	Reclassified CBSA	LUGAR
110189	11	12060	
110190	11	47580	
130002	13	14260	
130003	30300	28420	
130049	17660	44060	
130067	13	26820	LUGAR
140008	16974	29404	
140010	16974	29404	
140012	14	16974	
140015	14	41180	
140018	16974	29404	
140032	14	41180	
140034	14	41180	
140040	14	37900	
140043	14	19340	
140046	14	41180	
140048	16974	29404	
140049	16974	29404	
140051	16974	29404	
140054	16974	29404	
140058	14	44100	
140062	16974	29404	
140063	16974	29404	
140064	14	37900	
140065	16974	29404	
140068	16974	29404	
140080	16974	29404	
140082	16974	29404	
140083	16974	29404	
140088	16974	29404	
140094	16974	29404	
140095	16974	29404	
140103	16974	29404	
140110	14	16974	
140114	16974	29404	
140115	16974	29404	
140116	16974	29404	

Provider Number	Geographic CBSA	Reclassified CBSA	LUGAR
140117	16974	29404	
140118	16974	29404	
140119	16974	29404	
140124	16974	29404	
140133	16974	29404	
140135	19500	16580	
140150	16974	29404	
140151	16974	29404	
140155	28100	16974	
140158	16974	29404	
140160	14	40420	
140161	14	16974	
140164	14	16020	
140166	19500	16580	
140172	16974	29404	
140176	16974	29404	
140177	16974	29404	
140179	16974	29404	
140180	16974	29404	
140181	16974	29404	
140182	16974	29404	
140186	28100	16974	
140191	16974	29404	
140197	16974	29404	
140206	16974	29404	
140207	16974	29404	
140208	16974	29404	
140223	16974	29404	
140224	16974	29404	
140240	16974	29404	
140250	16974	29404	
140251	16974	29404	
140252	16974	29404	
140258	16974	29404	
140276	16974	29404	
140281	16974	29404	
140290	16974	29404	

Provider Number	Geographic CBSA	Reclassified CBSA	LUGAR
140300	16974	29404	
140301	16974	29404	
140303	16974	29404	
150002	23844	16974	
150004	23844	16974	
150006	33140	43780	
150008	23844	16974	
150011	15	26900	
150015	33140	23844	
150018	21140	43780	
150023	45460	26900	
150026	21140	43780	
150030	15	26900	LUGAR
150034	23844	16974	
150042	15	14020	
150048	15	17140	
150051	14020	26900	
150064	15	26900	
150065	15	26900	
150069	15	17140	
150076	15	43780	
150088	11300	26900	
150089	34620	11300	
150090	23844	16974	
150091	15	23060	
150102	15	23844	LUGAR
150112	18020	26900	
150113	11300	26900	
150125	23844	16974	
150126	23844	16974	
150133	15	43780	
150146	15	21140	
150165	23844	16974	
150166	23844	16974	
150170	23844	16974	
160001	16	19780	
160016	16	11180	

Provider Number	Geographic CBSA	Reclassified CBSA	LUGAR
160057	16	26980	
160064	16	24	
160080	16	19340	
160147	16	11180	
170006	17	27900	
170013	17	28	
170020	17	48620	
170033	17	48620	
170058	17	28140	
170068	17	11100	
170142	31740	45820	
170175	17	48620	
180002	18	49	
180011	18	30460	
180012	21060	31140	
180013	14540	34980	
180017	18	14540	
180018	18	30460	
180020	18	49	
180024	18	21060	
180027	18	17300	
180029	18	30460	
180043	18	44	
180044	18	26580	
180048	18	31140	
180049	18	30460	
180050	18	28700	
180069	18	26580	
180078	18	26580	
180080	18	28940	
180093	18	21780	
180102	18	16020	
180104	18	16020	
180116	18	16020	
180124	14540	34980	
180127	18	17140	
180132	18	30460	

Provider Number	Geographic CBSA	Reclassified CBSA	LUGAR
190003	19	29180	
190015	19	35380	
190017	19	29180	
190086	19	33740	
190106	19	10780	
190144	19	43340	
190164	19	45	
190167	19	29180	
190190	19	33740	
190218	19	43340	
190257	19	33740	
200002	20	38860	
200020	38860	40484	
200024	30340	38860	
200034	30340	38860	
200039	20	38860	
200050	20	12620	
220001	49340	14484	
220002	15764	14484	
220008	39300	14484	
220010	37764	14484	
220011	15764	14484	
220019	49340	14484	
220020	39300	14484	
220025	49340	14484	
220029	37764	14484	
220033	37764	14484	
220035	37764	14484	
220049	15764	14484	
220058	49340	14484	
220062	49340	14484	
220063	15764	14484	
220070	15764	14484	
220073	39300	14484	
220074	39300	14484	
220077	44140	25540	
220080	37764	14484	

Provider Number	Geographic CBSA	Reclassified CBSA	LUGAR
220082	15764	14484	
220084	15764	14484	
220090	49340	14484	
220095	49340	14484	
220098	15764	14484	
220101	15764	14484	
220105	15764	14484	
220163	49340	14484	
220171	15764	14484	
220174	37764	14484	
220175	15764	14484	
220176	49340	14484	
230002	19804	11460	
230003	26100	34740	
230013	47644	22420	
230019	47644	22420	
230020	19804	11460	
230021	35660	28020	
230022	23	12980	
230024	19804	11460	
230029	47644	22420	
230030	23	40980	
230035	23	24340	LUGAR
230036	23	13020	
230037	23	11460	
230038	24340	34740	
230047	47644	19804	
230053	19804	11460	
230054	23	24580	
230059	24340	34740	
230069	47644	11460	
230071	47644	22420	
230072	26100	34740	
230077	40980	22420	
230089	19804	11460	
230095	23	13020	
230096	23	28020	

Provider Number	Geographic CBSA	Reclassified CBSA	LUGAR
230097	23	24340	
230099	33780	11460	
230104	19804	11460	
230105	23	24340	
230106	24340	34740	
230121	23	29620	LUGAR
230130	47644	22420	
230135	19804	11460	
230142	19804	11460	
230146	19804	11460	
230151	47644	22420	
230165	19804	11460	
230174	26100	34740	
230176	19804	11460	
230195	47644	19804	
230204	47644	19804	
230207	47644	22420	
230208	23	24340	LUGAR
230222	23	13020	
230227	47644	19804	
230236	24340	34740	
230244	19804	11460	
230254	47644	22420	
230257	47644	19804	
230264	47644	19804	
230269	47644	22420	
230270	19804	11460	
230273	19804	11460	
230277	47644	22420	
230279	47644	11460	
230297	19804	11460	
230301	47644	22420	
230302	47644	22420	
230B04	47644	22420	
230B95	19804	11460	
240036	41060	33460	
240069	24	33460	

Provider Number	Geographic CBSA	Reclassified CBSA	LUGAR
240071	24	33460	
240075	24	41060	
240088	24	41060	
240093	31860	33460	
240187	24	33460	
250002	25	22520	
250004	25	32820	
250006	25	32820	
250009	25	27180	
250023	25	25060	LUGAR
250031	25	27140	
250034	25	32820	
250040	37700	25060	
250042	25	32820	
250069	25	46220	
250078	25620	25060	
250079	25	27140	
250081	25	46220	
250082	25	38220	
250094	25620	25060	
250095	25	27140	
250097	25	12940	
250099	25	27140	
250100	25	46220	
250104	25	46220	
250117	25	25060	LUGAR
260009	26	27620	
260017	26	27620	
260022	26	17860	
260025	26	41180	
260074	26	17860	
260094	26	44180	
260113	26	14	
260116	26	14	
260119	26	16020	
260175	26	28140	
260186	26	27620	

Provider Number	Geographic CBSA	Reclassified CBSA	LUGAR
270003	27	24500	
270012	24500	33540	
270017	27	33540	
270051	27	33540	
280009	28	30700	
280023	28	30700	
280065	28	24540	
280077	28	30700	
280125	28	43580	
290002	29	16180	LUGAR
290006	29	39900	
290019	16180	39900	
300011	31700	15764	
300012	31700	15764	
300017	40484	37764	
300019	30	44140	
300020	31700	15764	
300029	40484	37764	
300034	31700	15764	
310002	35084	35644	
310009	35084	35644	
310014	15804	37964	
310015	35084	35644	
310017	35084	35644	
310022	15804	37964	
310029	15804	37964	
310031	15804	20764	
310038	20764	35644	
310039	20764	35644	
310048	20764	35084	
310050	35084	35644	
310054	35084	35644	
310070	20764	35644	
310076	35084	35644	
310081	15804	37964	
310083	35084	35644	
310086	15804	37964	

Provider Number	Geographic CBSA	Reclassified CBSA	LUGAR
310096	35084	35644	
310108	20764	35644	
310119	35084	35644	
320003	32	42140	
320005	22140	10740	
320006	32	10740	
320013	32	42140	
320014	32	29740	
320033	32	42140	LUGAR
320063	32	36220	
320065	32	36220	
330004	28740	39100	
330008	33	15380	LUGAR
330023	39100	35644	
330027	35004	35644	
330073	33	40380	LUGAR
330079	33	47	
330090	21300	27060	
330094	33	38340	
330106	35004	35644	
330126	39100	35644	
330136	33	10580	
330157	33	45060	
330167	35004	35644	
330181	35004	35644	
330182	35004	35644	
330191	24020	10580	
330198	35004	35644	
330213	33	46540	
330224	28740	39100	
330225	35004	35644	
330229	33	21500	
330239	33	21500	
330250	33	15540	
330259	35004	35644	
330277	33	27060	
330331	35004	35644	

Provider Number	Geographic CBSA	Reclassified CBSA	LUGAR
330332	35004	35644	
330372	35004	35644	
330386	33	35084	
340004	24660	49180	
340008	34	26580	
340013	34	16740	
340015	34	16740	
340021	34	16740	
340023	11700	24860	
340027	34	24780	
340037	34	16740	
340039	34	49180	
340050	34	22180	
340051	34	25860	
340068	34	34820	
340069	39580	20500	
340070	15500	24660	
340071	34	39580	LUGAR
340073	39580	20500	
340085	34	24660	LUGAR
340091	24660	49180	
340096	34	24660	LUGAR
340109	34	47260	
340114	39580	20500	
340115	34	20500	
340126	34	39580	
340127	34	20500	LUGAR
340129	34	16740	
340131	34	24780	
340138	39580	20500	
340144	34	16740	
340145	34	16740	LUGAR
340147	40580	39580	
340173	39580	20500	
350006	35	13900	
360008	36	26580	
360010	36	15940	

Provider Number	Geographic CBSA	Reclassified CBSA	LUGAR
360011	36	18140	
360013	36	30620	
360014	36	18140	
360019	10420	17460	
360020	10420	17460	
360025	41780	45780	
360027	10420	17460	
360036	36	31900	
360054	36	26580	
360055	49660	17460	
360065	36	17460	
360078	10420	17460	
360086	44220	19380	
360095	36	45780	
360109	36	18140	
360112	45780	33780	
360121	36	45780	
360133	19380	17140	
360150	10420	17460	
360159	36	18140	
360175	36	18140	
360185	36	49660	LUGAR
360211	44600	38300	
360245	36	17460	LUGAR
370004	37	27900	
370006	37	46140	
370014	37	43300	
370015	37	46140	
370016	37	36420	
370018	37	46140	
370019	37	45	
370020	37	36420	
370022	37	30020	
370025	37	46140	
370026	37	36420	
370030	37	46140	
370047	37	36420	

Provider Number	Geographic CBSA	Reclassified CBSA	LUGAR
370049	37	36420	
370099	37	36420	
370113	37	22220	
370149	37	36420	
380001	38	38900	
380022	38	18700	LUGAR
380027	38	21660	
380047	13460	21660	
380050	38	32780	
380051	41420	38900	
380090	38	21660	
390006	39	25420	
390013	39	25420	
390016	39	38300	
390030	39	10900	
390031	39	39740	LUGAR
390044	39740	37964	
390046	49620	29540	
390048	39	25420	
390065	39	13644	
390066	30140	25420	
390067	25420	29540	
390071	39	48700	LUGAR
390079	39	13780	
390086	39	38300	
390091	39	49660	
390093	39	49660	
390096	39740	37964	
390110	27780	38300	
390113	39	21500	
390133	10900	37964	
390138	39	13644	
390151	39	13644	
390162	10900	35084	
390185	42540	10900	
390313	39	39740	LUGAR
390316	39740	37964	

Provider Number	Geographic CBSA	Reclassified CBSA	LUGAR
410001	39300	14484	
410004	39300	14484	
410005	39300	14484	
410007	39300	14484	
410010	39300	14484	
410011	39300	14484	
410012	39300	14484	
410013	39300	35980	
420007	43900	24860	
420009	42	24860	LUGAR
420020	42	16700	
420027	11340	24860	
420030	42	16700	
420036	42	16740	
420039	42	43900	LUGAR
420067	42	42340	
420068	42	12260	
420069	42	44940	LUGAR
420070	44940	17900	
420071	42	24860	
420080	42	42340	
420083	43900	24860	
420085	34820	48900	
420101	42	42340	
430012	43	43620	
440002	27180	32820	
440018	27740	28700	
440025	44	34	
440035	17300	34980	
440056	34100	28940	
440058	44	26620	
440059	44	34980	
440067	34100	28700	
440068	44	16860	
440073	44	34980	
440144	44	16860	
440151	44	34980	

Provider Number	Geographic CBSA	Reclassified CBSA	LUGAR
440174	44	32820	
440185	17420	16860	
440192	44	34980	
450007	45	41700	
450032	45	30980	LUGAR
450039	23104	19124	
450064	23104	19124	
450080	45	19124	
450087	23104	19124	
450092	45	29700	
450099	45	11100	
450135	23104	19124	
450137	23104	19124	
450144	45	33260	
450147	47020	18580	
450148	23104	19124	
450178	45	36220	
450187	45	26420	
450196	45	19124	
450211	45	30980	
450214	45	26420	
450224	45	46340	
450283	45	19124	LUGAR
450324	43300	19124	
450347	45	26420	
450351	45	23104	
450370	45	26420	
450389	45	19124	LUGAR
450400	45	17780	
450419	23104	19124	
450438	45	26420	
450447	45	19124	
450465	45	26420	
450469	43300	19124	
450484	45	30980	
450508	45	30980	
450547	45	19124	

Provider Number	Geographic CBSA	Reclassified CBSA	LUGAR
450563	23104	19124	
450565	45	23104	
450596	45	23104	
450604	45	41700	
450639	23104	19124	
450656	45	30980	
450672	23104	19124	
450675	23104	19124	
450677	23104	19124	
450747	45	46340	
450770	45	12420	LUGAR
450779	23104	19124	
450872	23104	19124	
450880	23104	19124	
450886	23104	19124	
460004	36260	41620	
460005	36260	41620	
460007	46	41100	
460026	46	39340	
460039	46	36260	
460041	36260	41620	
460042	36260	41620	
470001	47	15540	
470012	47	38340	
490004	25500	16820	
490005	49020	47894	
490013	49	20500	
490018	49	16820	
490019	49	47894	
490042	13980	40220	
490043	47894	13644	
490063	47894	13644	
490066	47260	40060	
490079	49	24660	
490101	47894	13644	
490107	47894	13644	
490122	47894	13644	

Provider Number	Geographic CBSA	Reclassified CBSA	LUGAR
500003	34580	42644	
500007	34580	42644	
500016	48300	42644	
500021	45104	42644	
500031	50	36500	
500039	14740	42644	
500041	31020	38900	
500072	50	14740	
500079	45104	42644	
500108	45104	42644	
500129	45104	42644	
510002	51	40220	
510006	51	34060	
510018	51	16620	LUGAR
510046	51	49	
510047	51	34060	
510050	48540	38300	
510062	51	16620	
510070	51	16620	
510071	51	13980	
510077	51	26580	
520002	52	48140	
520013	20740	33460	
520021	29404	16974	
520028	52	31540	LUGAR
520037	52	48140	
520059	39540	33340	
520071	52	33340	LUGAR
520076	52	33340	
520095	52	31540	
520096	39540	33340	
520102	52	33340	LUGAR
520107	52	22540	
520113	52	24580	
520116	52	33340	LUGAR
520189	29404	16974	
530014	16940	24540	

TABLE 10.—GEOMETRIC MEAN PLUS THE LESSER OF .75 OF THE NATIONAL ADJUSTED OPERATING STANDARDIZED PAYMENT AMOUNT (INCREASED TO REFLECT THE DIFFERENCE BETWEEN COSTS AND CHARGES) OR .75 OF ONE STANDARD DEVIATION OF MEAN CHARGES BY MEDICARE SEVERITY DIAGNOSIS-RELATED GROUP (MS-DRG)—April 2010[1]

MS-DRG	Number of Cases	Threshold
1	865	$389,002
2	233	$195,055
3	23,101	$271,584
4	21,861	$164,651
5	933	$173,584
6	380	$103,557
7	406	$170,029
8	511	$105,156
9	1,567	$109,488
10	141	$90,875
11	1,384	$80,142
12	1,989	$58,972
13	1,062	$40,489
20	1,047	$157,823
21	487	$119,128
22	156	$85,632
23	4,272	$91,581
24	2,066	$63,368
25	10,196	$84,164
26	11,484	$58,591
27	12,446	$47,033
28	1,737	$83,542
29	3,431	$52,824
30	3,394	$34,633
31	1,089	$69,986
32	2,750	$40,237
33	3,263	$32,975
34	847	$63,512
35	2,388	$46,937
36	5,878	$40,712
37	5,356	$57,235
38	14,284	$36,825
39	46,412	$27,494
40	4,979	$65,463
41	7,598	$43,513
42	4,110	$37,771
52	1,391	$33,029
53	571	$22,196
54	6,584	$33,288
55	14,332	$28,166
56	10,308	$32,309
57	45,636	$21,051
58	869	$32,675
59	3,214	$24,364
60	3,702	$18,278
61	2,000	$59,680
62	2,944	$46,665
63	1,171	$41,261
64	63,659	$37,295
65	108,572	$29,516
66	71,747	$22,397
67	1,926	$32,904
68	11,692	$24,825
69	96,409	$20,405
70	10,189	$36,456
71	11,517	$28,259
72	5,232	$21,046
73	10,681	$29,802
74	31,053	$22,361
75	1,287	$37,876
76	694	$23,662
77	1,632	$36,701
78	1,688	$26,558
79	862	$20,557
80	1,706	$28,205
81	5,753	$18,865
82	2,249	$38,321
83	2,381	$31,174
84	2,569	$23,039
85	7,108	$38,811
86	12,830	$29,387

MS-DRG	Number of Cases	Threshold
87	12,297	$20,266
88	1,000	$33,298
89	2,949	$25,227
90	2,821	$19,387
91	9,861	$32,610
92	18,526	$23,203
93	14,820	$17,999
94	1,517	$60,965
95	1,163	$44,844
96	603	$39,770
97	1,317	$57,346
98	1,019	$39,110
99	508	$30,997
100	19,094	$31,833
101	55,560	$20,167
102	1,277	$26,479
103	12,792	$18,026
113	640	$38,393
114	462	$23,767
115	1,019	$29,721
116	532	$29,249
117	826	$18,459
121	752	$24,718
122	502	$16,035
123	2,794	$20,642
124	860	$27,880
125	4,051	$17,572
129	1,521	$44,659
130	939	$32,940
131	989	$42,025
132	826	$30,709
133	2,161	$34,737
134	2,857	$22,176
135	385	$40,095
136	414	$25,091
137	839	$32,424
138	798	$20,224
139	1,441	$22,174
146	825	$39,688
147	1,474	$28,097

MS-DRG	Number of Cases	Threshold
148	704	$18,711
149	35,070	$17,386
150	1,272	$28,072
151	6,133	$14,750
152	3,460	$24,044
153	16,897	$16,059
154	2,435	$31,064
155	5,504	$23,142
156	4,142	$16,627
157	1,414	$31,530
158	3,633	$23,578
159	1,885	$15,750
163	13,934	$86,849
164	18,517	$52,978
165	10,712	$42,098
166	24,135	$65,383
167	19,905	$43,668
168	4,947	$33,163
175	15,001	$36,971
176	36,290	$27,485
177	71,329	$40,597
178	72,866	$33,081
179	19,697	$25,265
180	22,810	$36,938
181	28,116	$29,874
182	3,624	$22,658
183	2,647	$33,447
184	4,846	$24,630
185	2,217	$17,427
186	10,555	$34,992
187	10,193	$27,682
188	3,657	$20,141
189	129,179	$32,232
190	125,804	$29,828
191	138,603	$24,810
192	152,980	$18,644
193	103,110	$32,561
194	217,767	$25,507
195	105,641	$18,329
196	6,665	$34,115

MS-DRG	Number of Cases	Threshold
197	6,890	$27,608
198	3,484	$21,389
199	3,757	$38,083
200	8,432	$25,132
201	2,979	$18,052
202	37,472	$21,725
203	34,621	$15,784
204	24,686	$18,264
205	6,810	$29,155
206	20,742	$19,694
207	38,118	$92,691
208	77,115	$46,531
215	138	$192,886
216	9,880	$176,137
217	6,447	$124,922
218	1,401	$107,186
219	12,500	$141,426
220	14,385	$102,673
221	4,929	$91,188
222	3,272	$160,691
223	4,418	$122,914
224	2,933	$145,113
225	4,763	$116,684
226	8,032	$120,871
227	33,159	$97,856
228	3,210	$137,160
229	3,325	$98,362
230	1,169	$80,433
231	1,566	$156,409
232	1,256	$122,233
233	17,622	$130,933
234	27,918	$98,208
235	10,517	$104,978
236	25,885	$77,822
237	23,974	$92,323
238	39,313	$61,432
239	11,664	$69,045
240	10,718	$44,505
241	1,917	$32,845
242	20,888	$68,433

MS-DRG	Number of Cases	Threshold
243	38,043	$55,177
244	50,838	$46,291
245	4,079	$78,539
246	30,411	$69,977
247	147,952	$51,453
248	19,736	$64,840
249	67,964	$47,426
250	8,184	$59,956
251	38,091	$45,146
252	44,196	$54,868
253	43,034	$49,388
254	44,467	$39,821
255	2,524	$44,250
256	3,032	$33,270
257	493	$23,340
258	829	$55,674
259	6,169	$40,146
260	1,763	$56,906
261	3,844	$33,612
262	2,818	$27,572
263	563	$32,196
264	24,723	$43,850
265	2,093	$44,334
280	78,326	$37,817
281	50,932	$30,379
282	40,796	$23,085
283	15,365	$34,174
284	3,208	$22,535
285	1,782	$16,046
286	29,351	$44,721
287	140,845	$31,560
288	3,008	$52,687
289	1,165	$38,592
290	299	$29,363
291	202,108	$32,007
292	207,580	$24,223
293	138,456	$17,654
294	1,558	$24,579
295	1,012	$14,868
296	2,158	$29,798

MS-DRG	Number of Cases	Threshold
297	721	$19,111
298	476	$12,936
299	23,052	$30,899
300	45,558	$22,596
301	31,295	$15,992
302	8,576	$25,387
303	58,979	$15,820
304	2,704	$27,043
305	31,624	$16,270
306	2,531	$29,095
307	5,817	$19,647
308	56,369	$29,328
309	92,446	$21,355
310	136,366	$15,302
311	18,509	$14,403
312	163,512	$19,476
313	187,903	$15,879
314	65,724	$34,098
315	30,253	$24,606
316	15,094	$16,812
326	11,455	$94,093
327	10,124	$53,346
328	7,997	$35,139
329	49,835	$87,713
330	60,038	$51,490
331	25,381	$38,779
332	1,999	$82,243
333	5,637	$50,536
334	3,306	$38,002
335	7,885	$75,081
336	12,356	$48,202
337	7,787	$36,303
338	1,610	$62,604
339	3,077	$43,706
340	3,324	$32,810
341	991	$47,740
342	2,722	$35,886
343	6,674	$26,294
344	1,004	$57,410
345	2,955	$37,377

MS-DRG	Number of Cases	Threshold
346	2,780	$29,277
347	1,626	$42,423
348	4,221	$31,942
349	4,416	$20,331
350	1,895	$46,247
351	4,428	$32,695
352	7,044	$21,873
353	3,646	$50,439
354	8,794	$35,573
355	13,646	$25,587
356	8,505	$67,077
357	7,508	$44,590
358	2,085	$33,785
368	3,735	$36,175
369	5,521	$27,556
370	2,222	$20,185
371	27,790	$36,388
372	28,853	$29,873
373	12,523	$21,164
374	9,731	$39,148
375	17,353	$30,128
376	3,102	$23,904
377	60,356	$34,387
378	123,093	$24,985
379	61,670	$18,619
380	3,316	$36,962
381	5,855	$28,390
382	3,184	$21,165
383	1,573	$31,850
384	7,276	$23,263
385	2,870	$35,732
386	7,834	$27,516
387	4,285	$21,199
388	22,261	$32,883
389	48,548	$24,225
390	42,991	$17,129
391	49,223	$27,759
392	243,035	$19,259
393	24,676	$33,183
394	48,045	$25,167

MS-DRG	Number of Cases	Threshold
395	21,085	$18,104
405	4,264	$90,728
406	5,198	$54,119
407	1,940	$40,799
408	1,579	$73,001
409	1,385	$49,902
410	494	$38,897
411	897	$75,484
412	865	$53,809
413	607	$40,589
414	5,219	$65,688
415	5,620	$44,561
416	4,525	$33,802
417	19,305	$51,931
418	25,675	$41,118
419	31,110	$31,502
420	797	$70,221
421	1,008	$39,140
422	247	$31,294
423	1,573	$72,588
424	790	$47,341
425	88	$37,270
432	14,494	$34,529
433	8,905	$24,409
434	582	$18,029
435	13,630	$37,203
436	12,090	$29,801
437	2,756	$25,102
438	17,093	$35,405
439	24,725	$27,440
440	20,936	$19,391
441	14,282	$34,046
442	15,240	$24,134
443	5,392	$17,965
444	13,747	$34,485
445	17,233	$28,729
446	13,796	$20,917
453	1,103	$174,699
454	2,376	$123,857
455	2,020	$93,614

MS-DRG	Number of Cases	Threshold
456	1,111	$152,504
457	2,826	$106,896
458	1,446	$89,213
459	4,130	$104,714
460	55,432	$71,392
461	990	$86,571
462	12,260	$66,379
463	5,234	$73,851
464	9,387	$49,906
465	3,238	$38,061
466	4,164	$80,194
467	17,434	$61,472
468	17,171	$52,558
469	33,437	$62,532
470	405,607	$47,182
471	2,762	$83,984
472	7,773	$56,834
473	23,363	$46,340
474	2,725	$56,667
475	3,450	$38,188
476	1,299	$26,054
477	2,908	$60,925
478	9,193	$47,455
479	9,268	$38,241
480	28,778	$56,381
481	75,926	$42,752
482	38,532	$36,612
483	9,156	$50,964
484	16,998	$44,087
485	1,106	$59,361
486	1,981	$45,599
487	1,096	$36,036
488	2,927	$37,774
489	5,313	$29,696
490	23,821	$39,912
491	48,360	$25,460
492	5,867	$55,234
493	18,534	$41,196
494	26,815	$32,105
495	1,394	$52,061

MS-DRG	Number of Cases	Threshold
496	4,662	$36,908
497	5,476	$27,045
498	1,330	$40,071
499	976	$22,908
500	1,791	$53,085
501	4,415	$35,105
502	5,864	$25,212
503	863	$43,136
504	2,363	$34,921
505	2,503	$26,368
506	725	$29,466
507	966	$40,240
508	2,043	$32,400
509	435	$30,513
510	1,183	$45,296
511	4,260	$35,239
512	9,343	$26,439
513	1,252	$31,396
514	1,014	$20,554
515	4,257	$56,742
516	11,688	$42,011
517	14,158	$34,589
533	863	$30,805
534	3,272	$16,944
535	8,149	$28,765
536	32,791	$16,530
537	838	$21,960
538	889	$14,522
539	2,724	$40,306
540	5,011	$30,395
541	1,457	$22,494
542	6,322	$37,535
543	16,638	$27,734
544	8,409	$18,768
545	4,398	$38,700
546	5,591	$27,325
547	3,906	$19,238
548	639	$37,106
549	1,145	$28,282
550	600	$18,033

MS-DRG	Number of Cases	Threshold
551	12,224	$33,082
552	78,714	$20,306
553	3,387	$26,679
554	17,367	$15,998
555	2,163	$24,276
556	16,208	$15,807
557	6,151	$32,945
558	16,353	$21,183
559	2,005	$32,817
560	5,078	$22,973
561	6,250	$14,590
562	6,665	$29,774
563	33,686	$16,574
564	1,861	$31,628
565	3,813	$22,875
566	2,157	$16,134
573	5,129	$50,163
574	10,013	$35,479
575	4,156	$26,619
576	604	$53,475
577	2,322	$36,026
578	2,806	$25,986
579	3,893	$48,735
580	10,376	$32,910
581	11,069	$23,619
582	5,398	$27,405
583	8,117	$21,470
584	777	$33,485
585	1,260	$23,632
592	5,008	$33,301
593	11,623	$24,271
594	1,978	$16,813
595	1,376	$32,998
596	4,982	$20,187
597	586	$33,406
598	1,329	$26,711
599	246	$16,205
600	955	$23,588
601	844	$14,665
602	24,663	$30,509

MS-DRG	Number of Cases	Threshold
603	129,540	$19,396
604	3,167	$28,218
605	20,019	$17,476
606	1,545	$26,520
607	6,551	$15,695
614	1,575	$51,040
615	1,442	$36,993
616	989	$72,716
617	6,847	$40,290
618	172	$30,496
619	799	$61,176
620	2,599	$42,714
621	9,718	$37,202
622	809	$56,692
623	3,190	$36,949
624	344	$24,840
625	1,341	$44,938
626	2,820	$30,681
627	13,010	$20,965
628	3,326	$58,340
629	4,419	$44,514
630	455	$34,307
637	21,119	$29,645
638	47,885	$20,408
639	29,351	$14,074
640	61,837	$26,159
641	187,535	$17,306
642	1,563	$25,170
643	6,566	$34,055
644	12,257	$26,452
645	7,099	$18,903
652	10,051	$65,236
653	1,843	$94,153
654	3,671	$58,851
655	1,336	$43,728
656	4,444	$62,458
657	7,561	$43,358
658	7,243	$35,012
659	4,953	$55,947

MS-DRG	Number of Cases	Threshold
660	7,085	$40,160
661	3,952	$34,109
662	954	$49,155
663	1,933	$32,617
664	3,709	$26,578
665	771	$52,781
666	2,122	$34,277
667	3,117	$19,813
668	4,635	$44,590
669	12,516	$31,500
670	10,021	$20,142
671	871	$33,039
672	765	$20,538
673	12,544	$49,448
674	10,170	$42,806
675	5,147	$35,918
682	97,609	$33,358
683	135,093	$26,095
684	33,583	$17,342
685	2,366	$21,566
686	1,953	$33,422
687	3,060	$27,399
688	921	$19,138
689	60,360	$28,626
690	201,231	$19,233
691	977	$36,052
692	416	$27,497
693	3,192	$29,780
694	16,029	$18,924
695	1,010	$27,707
696	9,929	$16,041
697	562	$21,291
698	26,265	$31,468
699	25,718	$23,792
700	10,193	$16,867
707	5,784	$40,132
708	17,747	$32,659
709	787	$37,965

MS-DRG	Number of Cases	Threshold
710	1,711	$32,470
711	757	$37,242
712	507	$20,275
713	10,501	$28,617
714	25,392	$16,607
715	523	$39,066
716	1,033	$31,946
717	790	$34,884
718	537	$20,367
722	846	$32,607
723	1,792	$25,510
724	386	$17,126
725	947	$25,634
726	3,285	$17,762
727	1,466	$29,718
728	5,687	$18,770
729	741	$24,092
730	343	$15,065
734	1,596	$47,611
735	1,032	$30,387
736	950	$78,765
737	3,230	$44,033
738	743	$30,874
739	1,074	$57,033
740	4,420	$36,843
741	5,510	$27,799
742	10,825	$33,779
743	29,288	$23,322
744	1,673	$33,440
745	1,389	$22,208
746	2,659	$31,489
747	8,067	$22,591
748	19,014	$23,182
749	1,018	$46,594
750	395	$27,294
754	1,267	$35,940
755	3,125	$27,616
756	528	$15,945

MS-DRG	Number of Cases	Threshold
757	1,533	$35,983
758	1,915	$28,019
759	1,238	$19,930
760	1,811	$20,574
761	1,317	$13,597
765	3,126	$21,732
766	2,802	$14,572
767	142	$17,038
768	9	$11,871
769	86	$33,922
770	225	$14,870
774	1,636	$13,499
775	5,854	$9,411
776	561	$16,686
777	232	$21,795
778	445	$8,995
779	130	$10,883
780	44	$4,578
781	3,131	$14,290
782	180	$10,164
799	613	$90,541
800	674	$52,255
801	399	$38,586
802	886	$59,143
803	1,136	$39,196
804	814	$28,065
808	7,551	$40,002
809	13,393	$28,993
810	2,471	$22,975
811	27,117	$28,363
812	90,161	$19,562
813	13,097	$29,154
814	1,861	$33,121
815	3,668	$26,057
816	1,821	$19,224
820	1,353	$94,032
821	2,170	$46,484
822	1,836	$31,412

MS-DRG	Number of Cases	Threshold
823	2,354	$70,969
824	2,894	$45,971
825	1,579	$32,071
826	637	$80,598
827	1,286	$43,877
828	785	$32,630
829	1,325	$48,015
830	399	$27,124
834	4,125	$61,164
835	2,720	$38,891
836	1,333	$26,678
837	1,196	$102,784
838	1,441	$51,401
839	1,413	$30,394
840	9,724	$47,069
841	9,715	$33,444
842	4,341	$26,409
843	1,795	$36,121
844	2,642	$29,302
845	586	$22,306
846	2,586	$41,103
847	22,609	$27,909
848	1,385	$23,861
849	1,077	$31,032
853	38,089	$87,911
854	8,081	$51,332
855	432	$38,188
856	5,807	$70,660
857	9,306	$39,484
858	2,623	$31,564
862	9,159	$36,191
863	21,321	$23,361
864	17,572	$21,559
865	2,846	$29,453
866	9,130	$17,839
867	5,370	$41,476
868	2,762	$26,597
869	953	$19,248

MS-DRG	Number of Cases	Threshold
870	24,761	$101,840
871	256,093	$37,509
872	90,163	$27,946
876	684	$44,822
880	8,529	$16,598
881	4,578	$12,659
882	1,690	$13,471
883	896	$20,508
884	19,075	$20,749
885	84,180	$16,352
886	500	$15,664
887	571	$19,686
894	4,259	$8,723
895	6,544	$17,041
896	6,711	$29,396
897	35,191	$14,348
901	916	$59,423
902	1,944	$35,534
903	1,109	$25,200
904	1,474	$46,815
905	824	$26,780
906	691	$25,655
907	8,699	$61,340
908	8,619	$38,851
909	4,982	$29,005
913	1,041	$29,478
914	5,773	$17,668
915	1,334	$27,602
916	5,203	$11,317
917	19,652	$31,716
918	34,844	$15,140
919	11,273	$32,228
920	14,556	$23,797
921	8,230	$15,851
922	1,257	$29,349
923	3,269	$16,721
927	167	$198,460
928	857	$70,268

MS-DRG	Number of Cases	Threshold
929	416	$37,400
933	153	$34,085
934	690	$26,282
935	2,055	$24,343
939	764	$49,622
940	1,674	$35,957
941	1,719	$30,016
945	6,545	$20,406
946	3,005	$18,303
947	12,021	$26,904
948	52,796	$17,145
949	704	$22,198
950	296	$12,931
951	903	$16,292
955	485	$99,347
956	4,236	$61,511
957	1,519	$109,945
958	1,177	$70,133
959	230	$48,166
963	1,892	$51,646
964	2,803	$34,903
965	961	$25,958
969	633	$85,446
970	122	$49,858
974	6,060	$43,025
975	4,375	$30,620
976	1,933	$23,242
977	3,968	$26,172
981	29,313	$83,501
982	19,558	$55,364
983	5,621	$39,841
984	752	$62,176
985	909	$41,122
986	539	$28,495
987	8,729	$57,928
988	10,785	$38,675
989	4,639	$27,294
999	26	$21,513

[1]Cases taken from the FY 2008 MedPAR file; MS-DRGs are from GROUPER Version 27.0.

TABLE 11.—PROPOSED MS-LTC-DRGS, RELATIVE WEIGHTS, GEOMETRIC AVERAGE LENGTH OF STAY, AND SHORT-STAY OUTLIER (SSO) THRESHOLD FOR DISCHARGES OCCURRING FROM OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011 UNDER THE LTCH PPS

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2009 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
1	1	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	0	0.0000	0.0	0.0
2	1	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	0	0.0000	0.0	0.0
3	3	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	270	4.6423	65.4	54.5
4	4	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	1,536	2.9399	43.7	36.4
5	5	LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	0	0.0000	0.0	0.0
6	5	LIVER TRANSPLANT W/O MCC	0	0.0000	0.0	0.0
7	7	LUNG TRANSPLANT	0	0.0000	0.0	0.0
8	8	SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	0	0.0000	0.0	0.0
10	10	PANCREAS TRANSPLANT	0	0.0000	0.0	0.0
11	11	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W MCC	1	1.0834	28.9	24.1
12	11	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W CC	0	0.8745	23.3	19.4
13	11	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W/O CC/MCC	0	0.4878	18.1	15.1
14	14	ALLOGENEIC BONE MARROW TRANSPLANT	0	0.5579	19.4	16.2
15	15	AUTOLOGOUS BONE MARROW TRANSPLANT	0	0.5579	19.4	16.2
20	20	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	1	1.6496	36.4	30.3
21	20	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	0	0.6041	22.1	18.4
22	20	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	0	0.4878	18.1	15.1
23	23	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W MCC OR CHEMO IMPLANT	0	1.0834	28.9	24.1
24	23	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	0	0.4878	18.1	15.1

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2009 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
25	25	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	2	1.0834	28.9	24.1
26	25	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	1	0.4878	18.1	15.1
27	25	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	0	0.4878	18.1	15.1
28	28	SPINAL PROCEDURES W MCC	11	1.0834	28.9	24.1
29	28	SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	16	0.8667	24.6	20.5
30	28	SPINAL PROCEDURES W/O CC/MCC	0	0.8667	24.6	20.5
31	31	VENTRICULAR SHUNT PROCEDURES W MCC	1	1.0834	28.9	24.1
32	31	VENTRICULAR SHUNT PROCEDURES W CC	0	1.0834	28.9	24.1
33	31	VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	0	1.0834	28.9	24.1
34	34	CAROTID ARTERY STENT PROCEDURE W MCC	0	1.6496	36.4	30.3
35	34	CAROTID ARTERY STENT PROCEDURE W CC	0	1.6496	36.4	30.3
36	34	CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	0	1.6496	36.4	30.3
37	37	EXTRACRANIAL PROCEDURES W MCC*	13	1.6496	36.4	30.3
38	37	EXTRACRANIAL PROCEDURES W CC	4	1.6496	36.4	30.3
39	37	EXTRACRANIAL PROCEDURES W/O CC/MCC	0	1.6496	36.4	30.3
40	40	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	116	1.2681	34.0	28.3
41	40	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	82	0.8898	29.0	24.2
42	40	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	3	0.4878	18.1	15.1
52	52	SPINAL DISORDERS & INJURIES W CC/MCC*	64	1.1124	41.2	34.3
53	52	SPINAL DISORDERS & INJURIES W/O CC/MCC	6	1.1124	41.2	34.3
54	54	NERVOUS SYSTEM NEOPLASMS W MCC	32	0.7989	27.3	22.8
55	54	NERVOUS SYSTEM NEOPLASMS W/O MCC	35	0.5858	19.2	16.0
56	56	DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	1,122	0.8047	25.6	21.3
57	56	DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	1,142	0.5744	23.7	19.8
58	58	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	11	1.6496	36.4	30.3
59	58	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	14	0.6280	20.9	17.4
60	58	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	4	0.4878	18.1	15.1
61	61	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W MCC	0	0.9205	23.3	19.4
62	61	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W CC	0	0.6172	22.1	18.4
63	61	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W/O CC/MCC	0	0.6172	22.1	18.4
64	64	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	145	0.8378	24.2	20.2
65	64	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC	52	0.6041	22.1	18.4
66	64	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	9	0.4878	18.1	15.1
67	67	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	0	0.4878	18.1	15.1
68	67	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	3	0.4878	18.1	15.1
69	69	TRANSIENT ISCHEMIA	2	1.0834	28.9	24.1
70	70	NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	182	0.9205	23.3	19.4
71	70	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC*	92	0.6172	22.1	18.4
72	70	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	9	0.6172	22.1	18.4
73	73	CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	112	0.8684	24.9	20.8
74	73	CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	111	0.6375	21.9	18.3
75	75	VIRAL MENINGITIS W CC/MCC	9	0.8667	24.6	20.5
76	75	VIRAL MENINGITIS W/O CC/MCC	0	0.8667	24.6	20.5
77	77	HYPERTENSIVE ENCEPHALOPATHY W MCC	2	0.8667	24.6	20.5
78	77	HYPERTENSIVE ENCEPHALOPATHY W CC	2	0.8667	24.6	20.5
79	77	HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	0	0.6280	20.9	17.4
80	80	NONTRAUMATIC STUPOR & COMA W MCC	8	1.0834	28.9	24.1
81	80	NONTRAUMATIC STUPOR & COMA W/O MCC	6	0.4878	18.1	15.1
82	82	TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	15	0.8667	24.6	20.5
83	82	TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	9	0.6280	20.9	17.4
84	82	TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	1	0.4878	18.1	15.1
85	85	TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	92	0.9280	25.1	20.9
86	85	TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	56	0.6866	23.9	19.9
87	85	TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	8	0.4878	18.1	15.1

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2009 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
88	88	CONCUSSION W MCC	0	1.0834	28.9	24.1
89	88	CONCUSSION W CC	1	1.0834	28.9	24.1
90	88	CONCUSSION W/O CC/MCC	1	0.8667	24.6	20.5
91	91	OTHER DISORDERS OF NERVOUS SYSTEM W MCC	264	0.8776	24.3	20.3
92	91	OTHER DISORDERS OF NERVOUS SYSTEM W CC	98	0.7483	24.2	20.2
93	91	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	7	0.4878	18.1	15.1
94	94	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	247	1.1111	29.4	24.5
95	94	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC*	99	0.8204	25.3	21.1
96	94	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	22	0.8204	25.3	21.1
97	97	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	70	0.9187	24.6	20.5
98	97	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	23	0.6280	20.9	17.4
99	97	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	4	0.4878	18.1	15.1
100	100	SEIZURES W MCC	32	0.7249	21.5	17.9
101	100	SEIZURES W/O MCC	36	0.6180	21.8	18.2
102	102	HEADACHES W MCC	2	0.8667	24.6	20.5
103	102	HEADACHES W/O MCC	0	0.4878	18.1	15.1
113	113	ORBITAL PROCEDURES W CC/MCC	1	1.0834	28.9	24.1
114	113	ORBITAL PROCEDURES W/O CC/MCC	0	1.0834	28.9	24.1
115	115	EXTRAOCULAR PROCEDURES EXCEPT ORBIT	0	1.0834	28.9	24.1
116	116	INTRAOCULAR PROCEDURES W CC/MCC	0	1.0834	28.9	24.1
117	116	INTRAOCULAR PROCEDURES W/O CC/MCC	0	1.0834	28.9	24.1
121	121	ACUTE MAJOR EYE INFECTIONS W CC/MCC	9	0.6280	20.9	17.4
122	121	ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	3	0.4878	18.1	15.1
123	123	NEUROLOGICAL EYE DISORDERS	0	1.0834	28.9	24.1
124	124	OTHER DISORDERS OF THE EYE W MCC*	6	1.0834	28.9	24.1
125	124	OTHER DISORDERS OF THE EYE W/O MCC	3	1.0834	28.9	24.1
129	129	MAJOR HEAD & NECK PROCEDURES W CC/MCC OR MAJOR DEVICE	0	1.2635	27.1	22.6
130	129	MAJOR HEAD & NECK PROCEDURES W/O CC/MCC	0	0.4878	18.1	15.1
131	131	CRANIAL/FACIAL PROCEDURES W CC/MCC	1	1.6496	36.4	30.3
132	131	CRANIAL/FACIAL PROCEDURES W/O CC/MCC	0	0.8204	25.3	21.1
133	133	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W CC/MCC	9	1.6496	36.4	30.3
134	133	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W/O CC/MCC	0	0.4878	18.1	15.1
135	135	SINUS & MASTOID PROCEDURES W CC/MCC	0	1.6496	36.4	30.3
136	135	SINUS & MASTOID PROCEDURES W/O CC/MCC	0	0.4878	18.1	15.1
137	137	MOUTH PROCEDURES W CC/MCC	0	0.6280	20.9	17.4
138	137	MOUTH PROCEDURES W/O CC/MCC	0	0.6280	20.9	17.4
139	139	SALIVARY GLAND PROCEDURES	0	0.6280	20.9	17.4
146	146	EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	39	1.2635	27.1	22.6
147	146	EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	31	0.8745	23.3	19.4
148	146	EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	3	0.4878	18.1	15.1
149	149	DYSEQUILIBRIUM	2	0.4878	18.1	15.1
150	150	EPISTAXIS W MCC	0	0.8588	25.4	21.2
151	150	EPISTAXIS W/O MCC	1	0.4878	18.1	15.1
152	152	OTITIS MEDIA & URI W MCC	31	0.8588	25.4	21.2
153	152	OTITIS MEDIA & URI W/O MCC	28	0.5982	19.9	16.6
154	154	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	49	1.0727	26.3	21.9
155	154	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC*	42	0.8204	25.3	21.1
156	154	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	8	0.8204	25.3	21.1
157	157	DENTAL & ORAL DISEASES W MCC	9	1.0834	28.9	24.1
158	157	DENTAL & ORAL DISEASES W CC	24	0.6280	20.9	17.4
159	157	DENTAL & ORAL DISEASES W/O CC/MCC	4	0.6280	20.9	17.4
163	163	MAJOR CHEST PROCEDURES W MCC	28	2.4303	42.0	35.0
164	163	MAJOR CHEST PROCEDURES W CC	5	1.6496	36.4	30.3
165	163	MAJOR CHEST PROCEDURES W/O CC/MCC	0	1.5464	31.4	26.2
166	166	OTHER RESP SYSTEM O.R. PROCEDURES W MCC	1,742	2.5491	42.0	35.0
167	166	OTHER RESP SYSTEM O.R. PROCEDURES W CC*	174	1.5464	31.4	26.2
168	166	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	8	1.5464	31.4	26.2
175	175	PULMONARY EMBOLISM W MCC	105	0.7522	22.7	18.9
176	175	PULMONARY EMBOLISM W/O MCC	72	0.5489	18.8	15.7
177	177	RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	4,071	0.8896	22.9	19.1
178	177	RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	1,912	0.7194	20.8	17.3
179	177	RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	143	0.6009	17.1	14.3

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2009 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
180	180	RESPIRATORY NEOPLASMS W MCC	117	0.7511	20.1	16.8
181	180	RESPIRATORY NEOPLASMS W CC	64	0.6641	19.9	16.6
182	180	RESPIRATORY NEOPLASMS W/O CC/MCC	2	0.6280	20.9	17.4
183	183	MAJOR CHEST TRAUMA W MCC	0	2.4303	42.0	35.0
184	183	MAJOR CHEST TRAUMA W CC	0	1.6496	36.4	30.3
185	183	MAJOR CHEST TRAUMA W/O CC/MCC	0	1.5464	31.4	26.2
186	186	PLEURAL EFFUSION W MCC	147	0.7405	20.7	17.3
187	186	PLEURAL EFFUSION W CC	41	0.5700	18.8	15.7
188	186	PLEURAL EFFUSION W/O CC/MCC	3	0.4878	18.1	15.1
189	189	PULMONARY EDEMA & RESPIRATORY FAILURE	8,376	0.9738	23.5	19.6
190	190	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	2,365	0.7422	20.2	16.8
191	190	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	1,129	0.6316	18.4	15.3
192	190	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	286	0.5081	16.4	13.7
193	193	SIMPLE PNEUMONIA & PLEURISY W MCC	2,120	0.7645	20.9	17.4
194	193	SIMPLE PNEUMONIA & PLEURISY W CC	1,554	0.6153	18.9	15.8
195	193	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	162	0.4881	16.7	13.9
196	196	INTERSTITIAL LUNG DISEASE W MCC	96	0.7049	20.4	17.0
197	196	INTERSTITIAL LUNG DISEASE W CC	71	0.6056	18.6	15.5
198	196	INTERSTITIAL LUNG DISEASE W/O CC/MCC	20	0.4878	18.1	15.1
199	199	PNEUMOTHORAX W MCC	80	0.7749	21.5	17.9
200	199	PNEUMOTHORAX W CC	15	0.6280	20.9	17.4
201	199	PNEUMOTHORAX W/O CC/MCC	4	0.4878	18.1	15.1
202	202	BRONCHITIS & ASTHMA W CC/MCC	114	0.7237	20.9	17.4
203	202	BRONCHITIS & ASTHMA W/O CC/MCC	10	0.6280	20.9	17.4
204	204	RESPIRATORY SIGNS & SYMPTOMS	144	0.7769	21.1	17.6
205	205	OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	376	0.8291	22.1	18.4
206	205	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	145	0.7031	20.7	17.3
207	207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	14,744	2.0242	33.3	27.8
208	208	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS	1,828	1.0949	22.2	18.5
215	215	OTHER HEART ASSIST SYSTEM IMPLANT	0	0.6280	20.9	17.4
216	216	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	0	1.6496	36.4	30.3
217	216	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	0	1.2501	30.4	25.3
218	216	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	0	0.6280	20.9	17.4
219	219	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	0	1.6496	36.4	30.3
220	219	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	1	1.6496	36.4	30.3
221	219	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	0	0.6280	20.9	17.4
222	222	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W MCC	0	1.6496	36.4	30.3
223	222	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W/O MCC	0	0.8667	24.6	20.5
224	224	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W MCC	0	1.6496	36.4	30.3
225	224	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W/O MCC	1	0.6280	20.9	17.4
226	226	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W MCC	6	1.6496	36.4	30.3
227	226	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W/O MCC	2	1.6496	36.4	30.3
228	228	OTHER CARDIOTHORACIC PROCEDURES W MCC	0	1.3831	30.1	25.1
229	228	OTHER CARDIOTHORACIC PROCEDURES W CC	0	1.2501	30.4	25.3
230	228	OTHER CARDIOTHORACIC PROCEDURES W/O CC/MCC	0	0.6280	20.9	17.4
231	231	CORONARY BYPASS W PTCA W MCC	0	1.6496	36.4	30.3
232	231	CORONARY BYPASS W PTCA W/O MCC	0	0.6280	20.9	17.4
233	233	CORONARY BYPASS W CARDIAC CATH W MCC	0	1.6496	36.4	30.3
234	233	CORONARY BYPASS W CARDIAC CATH W/O MCC	0	0.6280	20.9	17.4
235	235	CORONARY BYPASS W/O CARDIAC CATH W MCC	0	1.6496	36.4	30.3
236	235	CORONARY BYPASS W/O CARDIAC CATH W/O MCC	1	0.6280	20.9	17.4
237	237	MAJOR CARDIOVASC PROCEDURES W MCC OR THORACIC AORTIC ANEURYSM REPAIR	6	1.6496	36.4	30.3
238	237	MAJOR CARDIOVASC PROCEDURES W/O MCC	0	0.6280	20.9	17.4

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2009 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
239	239	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	142	1.5509	36.9	30.8
240	239	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	55	1.3459	35.0	29.2
241	239	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	0	0.6280	20.9	17.4
242	242	PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	3	1.6496	36.4	30.3
243	242	PERMANENT CARDIAC PACEMAKER IMPLANT W CC	6	0.8667	24.6	20.5
244	242	PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	1	0.4878	18.1	15.1
245	245	AICD GENERATOR PROCEDURES	0	0.4878	18.1	15.1
246	246	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W MCC OR 4+ VESSELS/STENTS	0	1.3831	30.1	25.1
247	246	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC	2	0.8667	24.6	20.5
248	248	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W MCC OR 4+ VES/STENTS	1	1.6496	36.4	30.3
249	248	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MCC	1	0.6280	20.9	17.4
250	250	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	3	1.0834	28.9	24.1
251	250	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	0	1.0834	28.9	24.1
252	252	OTHER VASCULAR PROCEDURES W MCC	110	1.3831	30.1	25.1
253	252	OTHER VASCULAR PROCEDURES W CC	46	1.2501	30.4	25.3
254	252	OTHER VASCULAR PROCEDURES W/O CC/MCC	2	0.6280	20.9	17.4
255	255	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	37	1.2192	33.9	28.3
256	255	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	22	1.0834	28.9	24.1
257	255	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	0	0.6280	20.9	17.4
258	258	CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	1	0.8667	24.6	20.5
259	258	CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	0	0.6280	20.9	17.4
260	260	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	2	1.6496	36.4	30.3
261	260	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	3	1.0834	28.9	24.1
262	260	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	1	0.6280	20.9	17.4
263	263	VEIN LIGATION & STRIPPING	2	1.6496	36.4	30.3
264	264	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	594	1.0442	30.6	25.5
265	265	AICD LEAD PROCEDURES	0	1.0442	30.6	25.5
280	280	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	271	0.7703	22.2	18.5
281	280	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	105	0.6663	20.9	17.4
282	280	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	12	0.4878	18.1	15.1
283	283	ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	46	0.9091	17.2	14.3
284	283	ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	6	0.6280	20.9	17.4
285	283	ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	0	0.6280	20.9	17.4
286	286	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	11	1.6496	36.4	30.3
287	286	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	5	0.8667	24.6	20.5
288	288	ACUTE & SUBACUTE ENDOCARDITIS W MCC	646	1.0264	26.3	21.9
289	288	ACUTE & SUBACUTE ENDOCARDITIS W CC	240	0.8452	26.2	21.8
290	288	ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	25	0.7600	27.8	23.2
291	291	HEART FAILURE & SHOCK W MCC	1,436	0.7773	21.5	17.9
292	291	HEART FAILURE & SHOCK W CC	872	0.6121	19.5	16.3
293	291	HEART FAILURE & SHOCK W/O CC/MCC	83	0.4418	16.9	14.1
294	294	DEEP VEIN THROMBOPHLEBITIS W CC/MCC	8	1.6496	36.4	30.3
295	294	DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	0	0.5157	20.0	16.7
296	296	CARDIAC ARREST, UNEXPLAINED W MCC	0	0.7773	21.5	17.9
297	296	CARDIAC ARREST, UNEXPLAINED W CC	0	0.6121	19.5	16.3
298	296	CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	0	0.4418	16.9	14.1
299	299	PERIPHERAL VASCULAR DISORDERS W MCC	735	0.7977	23.7	19.8
300	299	PERIPHERAL VASCULAR DISORDERS W CC	696	0.5846	21.6	18.0
301	299	PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	39	0.5157	20.0	16.7
302	302	ATHEROSCLEROSIS W MCC	49	0.8801	22.6	18.8
303	302	ATHEROSCLEROSIS W/O MCC	38	0.5651	21.5	17.9
304	304	HYPERTENSION W MCC	3	1.6496	36.4	30.3
305	304	HYPERTENSION W/O MCC	14	0.6280	20.9	17.4
306	306	CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	58	0.8633	24.3	20.3

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2009 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
307	306	CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	37	0.8144	24.4	20.3
308	308	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	131	0.7120	20.7	17.3
309	308	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	55	0.5307	19.3	16.1
310	308	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	11	0.4878	18.1	15.1
311	311	ANGINA PECTORIS	1	0.8667	24.6	20.5
312	312	SYNCOPE & COLLAPSE	29	0.4995	17.3	14.4
313	313	CHEST PAIN	3	0.8667	24.6	20.5
314	314	OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	1,566	0.9069	23.1	19.3
315	314	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	314	0.6812	21.5	17.9
316	314	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	26	0.5395	19.2	16.0
326	326	STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	24	1.6496	36.4	30.3
327	326	STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	3	0.8667	24.6	20.5
328	326	STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	1	0.8667	24.6	20.5
329	329	MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	28	1.7889	41.2	34.3
330	329	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	8	1.6496	36.4	30.3
331	329	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	0	1.0834	28.9	24.1
332	332	RECTAL RESECTION W MCC	0	1.0834	28.9	24.1
333	332	RECTAL RESECTION W CC	0	0.8667	24.6	20.5
334	332	RECTAL RESECTION W/O CC/MCC	0	0.8667	24.6	20.5
335	335	PERITONEAL ADHESIOLYSIS W MCC	10	1.6496	36.4	30.3
336	335	PERITONEAL ADHESIOLYSIS W CC	1	1.0834	28.9	24.1
337	335	PERITONEAL ADHESIOLYSIS W/O CC/MCC	0	1.0834	28.9	24.1
338	338	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W MCC	0	0.7255	22.0	18.3
339	338	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC	0	0.7255	22.0	18.3
340	338	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC/MCC	0	0.5065	17.1	14.3
341	341	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W MCC	0	0.9537	24.3	20.3
342	341	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC	0	0.7255	22.0	18.3
343	341	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC/MCC	0	0.5065	17.1	14.3
344	344	MINOR SMALL & LARGE BOWEL PROCEDURES W MCC*	1	1.0834	28.9	24.1
345	344	MINOR SMALL & LARGE BOWEL PROCEDURES W CC*	1	1.0834	28.9	24.1
346	344	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	0	1.0834	28.9	24.1
347	347	ANAL & STOMAL PROCEDURES W MCC	3	1.0834	28.9	24.1
348	347	ANAL & STOMAL PROCEDURES W CC	2	0.8667	24.6	20.5
349	347	ANAL & STOMAL PROCEDURES W/O CC/MCC	0	0.8667	24.6	20.5
350	350	INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	1	1.6496	36.4	30.3
351	350	INGUINAL & FEMORAL HERNIA PROCEDURES W CC	0	0.4878	18.1	15.1
352	350	INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	0	0.4878	18.1	15.1
353	353	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	3	1.0834	28.9	24.1
354	353	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	1	0.4878	18.1	15.1
355	353	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	0	0.4878	18.1	15.1
356	356	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	141	1.7107	35.6	29.7
357	356	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	26	1.1301	29.0	24.2
358	356	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	3	1.0834	28.9	24.1
368	368	MAJOR ESOPHAGEAL DISORDERS W MCC	34	1.0401	22.4	18.7
369	368	MAJOR ESOPHAGEAL DISORDERS W CC	12	0.6280	20.9	17.4
370	368	MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC*	1	0.6280	20.9	17.4
371	371	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	949	0.9537	24.3	20.3
372	371	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	342	0.7255	22.0	18.3
373	371	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	31	0.5065	17.1	14.3
374	374	DIGESTIVE MALIGNANCY W MCC	101	0.8269	21.0	17.5
375	374	DIGESTIVE MALIGNANCY W CC	56	0.6771	21.3	17.8
376	374	DIGESTIVE MALIGNANCY W/O CC/MCC	3	0.4878	18.1	15.1
377	377	G.I. HEMORRHAGE W MCC	88	0.7979	22.5	18.8
378	377	G.I. HEMORRHAGE W CC	43	0.6164	21.3	17.8
379	377	G.I. HEMORRHAGE W/O CC/MCC	8	0.4878	18.1	15.1

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2009 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
380	380	COMPLICATED PEPTIC ULCER W MCC	22	1.0834	28.9	24.1
381	380	COMPLICATED PEPTIC ULCER W CC	17	0.8667	24.6	20.5
382	380	COMPLICATED PEPTIC ULCER W/O CC/MCC	1	0.8667	24.6	20.5
383	383	UNCOMPLICATED PEPTIC ULCER W MCC	9	0.4878	18.1	15.1
384	383	UNCOMPLICATED PEPTIC ULCER W/O MCC*	5	0.4878	18.1	15.1
385	385	INFLAMMATORY BOWEL DISEASE W MCC	32	0.9126	23.3	19.4
386	385	INFLAMMATORY BOWEL DISEASE W CC	26	0.7395	25.5	21.3
387	385	INFLAMMATORY BOWEL DISEASE W/O CC/MCC	2	0.4878	18.1	15.1
388	388	G.I. OBSTRUCTION W MCC	218	0.9444	23.4	19.5
389	388	G.I. OBSTRUCTION W CC	83	0.6325	19.8	16.5
390	388	G.I. OBSTRUCTION W/O CC/MCC	10	0.4878	18.1	15.1
391	391	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	342	0.9299	23.1	19.3
392	391	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	194	0.6310	19.9	16.6
393	393	OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	970	1.0711	25.8	21.5
394	393	OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	389	0.7561	21.8	18.2
395	393	OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	17	0.6280	20.9	17.4
405	405	PANCREAS, LIVER & SHUNT PROCEDURES W MCC	17	1.6496	36.4	30.3
406	405	PANCREAS, LIVER & SHUNT PROCEDURES W CC	2	1.0834	28.9	24.1
407	405	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	0	0.6280	20.9	17.4
408	408	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	1	1.6496	36.4	30.3
409	408	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	1	1.0834	28.9	24.1
410	408	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	0	0.6280	20.9	17.4
411	411	CHOLECYSTECTOMY W C.D.E. W MCC	1	1.6496	36.4	30.3
412	411	CHOLECYSTECTOMY W C.D.E. W CC	0	1.6496	36.4	30.3
413	411	CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	0	0.6280	20.9	17.4
414	414	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	0	1.6496	36.4	30.3
415	414	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	0	1.6496	36.4	30.3
416	414	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	1	1.6496	36.4	30.3
417	417	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	10	1.6496	36.4	30.3
418	417	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	2	1.6496	36.4	30.3
419	417	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	1	0.6280	20.9	17.4
420	420	HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	0	1.6496	36.4	30.3
421	420	HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	0	1.6496	36.4	30.3
422	420	HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	0	1.6496	36.4	30.3
423	423	OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	17	1.6496	36.4	30.3
424	423	OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	3	1.6496	36.4	30.3
425	423	OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	0	1.6496	36.4	30.3
432	432	CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	80	0.6675	20.3	16.9
433	432	CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	11	0.6280	20.9	17.4
434	432	CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	0	0.6280	20.9	17.4
435	435	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	41	0.8842	20.1	16.8
436	435	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	11	0.6280	20.9	17.4
437	435	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	1	0.4878	18.1	15.1
438	438	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	310	1.0514	23.8	19.8
439	438	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	122	0.7551	21.1	17.6
440	438	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	13	0.4878	18.1	15.1
441	441	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W MCC	228	0.8012	22.2	18.5
442	441	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC*	72	0.7091	23.1	19.3
443	441	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC/MCC	8	0.7091	23.1	19.3
444	444	DISORDERS OF THE BILIARY TRACT W MCC	127	0.7729	21.5	17.9
445	444	DISORDERS OF THE BILIARY TRACT W CC*	47	0.5847	20.7	17.3
446	444	DISORDERS OF THE BILIARY TRACT W/O CC/MCC	12	0.5847	20.7	17.3
453	453	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	0	1.6496	36.4	30.3

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2009 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
454	453	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	0	1.6496	36.4	30.3
455	453	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	0	1.0834	28.9	24.1
456	456	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W MCC	2	1.6496	36.4	30.3
457	456	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W CC	0	1.6496	36.4	30.3
458	456	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W/O CC/MCC	0	1.0834	28.9	24.1
459	459	SPINAL FUSION EXCEPT CERVICAL W MCC	2	1.6496	36.4	30.3
460	459	SPINAL FUSION EXCEPT CERVICAL W/O MCC	1	1.0834	28.9	24.1
461	461	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	0	1.6496	36.4	30.3
462	461	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	0	1.6496	36.4	30.3
463	463	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	845	1.4194	39.1	32.6
464	463	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	306	1.0953	34.3	28.6
465	463	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	23	0.8667	24.6	20.5
466	466	REVISION OF HIP OR KNEE REPLACEMENT W MCC	4	1.6496	36.4	30.3
467	466	REVISION OF HIP OR KNEE REPLACEMENT W CC	1	0.8667	24.6	20.5
468	466	REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC*	0	0.8667	24.6	20.5
469	469	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC	2	1.6496	36.4	30.3
470	469	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	2	1.6496	36.4	30.3
471	471	CERVICAL SPINAL FUSION W MCC	0	1.0834	28.9	24.1
472	471	CERVICAL SPINAL FUSION W CC	1	1.0834	28.9	24.1
473	471	CERVICAL SPINAL FUSION W/O CC/MCC	0	1.0834	28.9	24.1
474	474	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	140	1.3861	36.9	30.8
475	474	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	51	1.0994	34.1	28.4
476	474	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	4	0.6280	20.9	17.4
477	477	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	32	1.3917	38.2	31.8
478	477	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	13	1.0834	28.9	24.1
479	477	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC*	1	1.0834	28.9	24.1
480	480	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC*	13	1.6496	36.4	30.3
481	480	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	6	1.6496	36.4	30.3
482	480	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	1	1.6496	36.4	30.3
483	483	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W CC/MCC	0	1.6496	36.4	30.3
484	483	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W/O CC/MCC	0	1.6496	36.4	30.3
485	485	KNEE PROCEDURES W PDX OF INFECTION W MCC	11	1.0834	28.9	24.1
486	485	KNEE PROCEDURES W PDX OF INFECTION W CC	9	1.0834	28.9	24.1
487	485	KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	2	0.6280	20.9	17.4
488	488	KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	0	1.0834	28.9	24.1
489	488	KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	0	0.6280	20.9	17.4
490	490	BACK & NECK PROC EXC SPINAL FUSION W CC/MCC OR DISC DEVICE/NEUROSTIM	9	1.0834	28.9	24.1
491	490	BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	2	0.4878	18.1	15.1
492	492	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W MCC	11	1.6496	36.4	30.3
493	492	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W CC	17	1.6496	36.4	30.3
494	492	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W/O CC/MCC	1	0.8667	24.6	20.5
495	495	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	81	1.4625	37.6	31.3
496	495	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	22	1.0834	28.9	24.1
497	495	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	1	1.0834	28.9	24.1
498	498	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	18	1.6496	36.4	30.3
499	498	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	1	0.8667	24.6	20.5
500	500	SOFT TISSUE PROCEDURES W MCC	129	1.3545	36.4	30.3

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2009 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
501	500	SOFT TISSUE PROCEDURES W CC	38	0.9665	30.7	25.6
502	500	SOFT TISSUE PROCEDURES W/O CC/MCC	5	0.6280	20.9	17.4
503	503	FOOT PROCEDURES W MCC*	33	1.0106	31.5	26.3
504	503	FOOT PROCEDURES W CC	22	1.0106	31.5	26.3
505	503	FOOT PROCEDURES W/O CC/MCC	2	1.0106	31.5	26.3
506	506	MAJOR THUMB OR JOINT PROCEDURES	1	0.8667	24.6	20.5
507	507	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	2	1.6496	36.4	30.3
508	507	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	0	0.8667	24.6	20.5
509	509	ARTHROSCOPY	2	1.6496	36.4	30.3
510	510	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W MCC	0	1.3469	31.7	26.4
511	510	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W CC	0	0.8667	24.6	20.5
512	510	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W/O CC/MCC	0	0.8667	24.6	20.5
513	513	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	8	1.0834	28.9	24.1
514	513	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	0	0.8667	24.6	20.5
515	515	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	83	1.3469	31.7	26.4
516	515	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	23	0.8667	24.6	20.5
517	515	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC*	5	0.8667	24.6	20.5
533	533	FRACTURES OF FEMUR W MCC	3	1.0834	28.9	24.1
534	533	FRACTURES OF FEMUR W/O MCC	1	1.0834	28.9	24.1
535	535	FRACTURES OF HIP & PELVIS W MCC	26	0.7421	25.4	21.2
536	535	FRACTURES OF HIP & PELVIS W/O MCC	13	0.6280	20.9	17.4
537	537	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	1	0.4878	18.1	15.1
538	537	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	0	0.4878	18.1	15.1
539	539	OSTEOMYELITIS W MCC	1,932	1.0094	30.7	25.6
540	539	OSTEOMYELITIS W CC	962	0.7937	27.5	22.9
541	539	OSTEOMYELITIS W/O CC/MCC	148	0.6821	24.4	20.3
542	542	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	37	0.9293	21.9	18.3
543	542	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	25	0.6938	22.1	18.4
544	542	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	4	0.6280	20.9	17.4
545	545	CONNECTIVE TISSUE DISORDERS W MCC	61	0.8812	21.8	18.2
546	545	CONNECTIVE TISSUE DISORDERS W CC	47	0.7162	24.1	20.1
547	545	CONNECTIVE TISSUE DISORDERS W/O CC/MCC	2	0.4878	18.1	15.1
548	548	SEPTIC ARTHRITIS W MCC	260	0.9215	27.2	22.7
549	548	SEPTIC ARTHRITIS W CC	214	0.7473	26.6	22.2
550	548	SEPTIC ARTHRITIS W/O CC/MCC	39	0.5740	25.1	20.9
551	551	MEDICAL BACK PROBLEMS W MCC	130	0.9178	26.4	22.0
552	551	MEDICAL BACK PROBLEMS W/O MCC	116	0.5947	21.7	18.1
553	553	BONE DISEASES & ARTHROPATHIES W MCC	6	0.4878	18.1	15.1
554	553	BONE DISEASES & ARTHROPATHIES W/O MCC*	17	0.4878	18.1	15.1
555	555	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC*	15	0.6280	20.9	17.4
556	555	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	12	0.6280	20.9	17.4
557	557	TENDONITIS, MYOSITIS & BURSITIS W MCC	114	0.8794	26.1	21.8
558	557	TENDONITIS, MYOSITIS & BURSITIS W/O MCC	109	0.6295	21.9	18.3
559	559	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	1,722	0.8472	25.6	21.3
560	559	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	1,411	0.6950	24.9	20.8
561	559	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	243	0.5789	23.0	19.2
562	562	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	13	0.8667	24.6	20.5
563	562	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	14	0.8667	24.6	20.5
564	564	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	384	0.8675	23.5	19.6
565	564	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	207	0.6727	22.6	18.8
566	564	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	25	0.5465	19.5	16.3
573	573	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W MCC	1,862	1.3703	38.2	31.8
574	573	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W CC	1,163	1.0313	34.5	28.8
575	573	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W/O CC/MCC	77	0.7628	28.0	23.3

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2009 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
576	576	SKIN GRAFT &/OR DEBRID EXC FOR SKIN ULCER OR CELLULITIS W MCC	44	1.4532	38.4	32.0
577	576	SKIN GRAFT &/OR DEBRID EXC FOR SKIN ULCER OR CELLULITIS W CC	26	0.9545	30.8	25.7
578	576	SKIN GRAFT &/OR DEBRID EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	3	0.4878	18.1	15.1
579	579	OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	626	1.3096	35.4	29.5
580	579	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	315	0.9380	31.5	26.3
581	579	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	12	0.8667	24.6	20.5
582	582	MASTECTOMY FOR MALIGNANCY W CC/MCC	0	1.6496	36.4	30.3
583	582	MASTECTOMY FOR MALIGNANCY W/O CC/MCC	0	0.5998	20.1	16.8
584	584	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	4	0.6280	20.9	17.4
585	584	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	0	0.6016	22.3	18.6
592	592	SKIN ULCERS W MCC	3,450	0.9187	26.5	22.1
593	592	SKIN ULCERS W CC	2,181	0.6858	25.1	20.9
594	592	SKIN ULCERS W/O CC/MCC	151	0.5644	23.1	19.3
595	595	MAJOR SKIN DISORDERS W MCC	48	0.9096	24.7	20.6
596	595	MAJOR SKIN DISORDERS W/O MCC	33	0.5998	20.1	16.8
597	597	MALIGNANT BREAST DISORDERS W MCC	15	1.6496	36.4	30.3
598	597	MALIGNANT BREAST DISORDERS W CC	11	0.6280	20.9	17.4
599	597	MALIGNANT BREAST DISORDERS W/O CC/MCC	0	0.4878	18.1	15.1
600	600	NON-MALIGNANT BREAST DISORDERS W CC/MCC	29	0.6626	24.0	20.0
601	600	NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	5	0.4878	18.1	15.1
602	602	CELLULITIS W MCC	1,133	0.7277	22.1	18.4
603	602	CELLULITIS W/O MCC	1,519	0.5291	19.1	15.9
604	604	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	37	0.6494	23.4	19.5
605	604	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	50	0.6016	22.3	18.6
606	606	MINOR SKIN DISORDERS W MCC	94	0.8381	22.8	19.0
607	606	MINOR SKIN DISORDERS W/O MCC	98	0.5684	20.2	16.8
614	614	ADRENAL & PITUITARY PROCEDURES W CC/MCC	0	0.9744	28.6	23.8
615	614	ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	0	0.8667	24.6	20.5
616	616	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W MCC	104	1.5786	39.7	33.1
617	616	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W CC	115	1.0153	31.1	25.9
618	616	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W/O CC/MCC	0	1.0153	31.1	25.9
619	619	O.R. PROCEDURES FOR OBESITY W MCC	3	1.0834	28.9	24.1
620	619	O.R. PROCEDURES FOR OBESITY W CC	0	1.0834	28.9	24.1
621	619	O.R. PROCEDURES FOR OBESITY W/O CC/MCC	0	1.0834	28.9	24.1
622	622	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	261	1.2545	35.9	29.9
623	622	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	352	0.9978	30.8	25.7
624	622	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	9	0.6280	20.9	17.4
625	625	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	1	0.6280	20.9	17.4
626	625	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC*	0	0.6280	20.9	17.4
627	625	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC*	0	0.6280	20.9	17.4
628	628	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	68	1.2314	32.7	27.3
629	628	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	108	0.9744	28.6	23.8
630	628	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	3	0.8667	24.6	20.5
637	637	DIABETES W MCC	687	0.8950	26.2	21.8
638	637	DIABETES W CC	1,035	0.7071	23.4	19.5
639	637	DIABETES W/O CC/MCC	32	0.4679	20.0	16.7
640	640	NUTRITIONAL & MISC METABOLIC DISORDERS W MCC	678	0.8741	23.1	19.3
641	640	NUTRITIONAL & MISC METABOLIC DISORDERS W/O MCC	465	0.6222	20.6	17.2
642	642	INBORN ERRORS OF METABOLISM	5	1.0834	28.9	24.1
643	643	ENDOCRINE DISORDERS W MCC	17	0.6280	20.9	17.4
644	643	ENDOCRINE DISORDERS W CC	18	0.6280	20.9	17.4
645	643	ENDOCRINE DISORDERS W/O CC/MCC	4	0.4878	18.1	15.1
652	652	KIDNEY TRANSPLANT	0	0.0000	0.0	0.0
653	653	MAJOR BLADDER PROCEDURES W MCC	1	1.6496	36.4	30.3
654	653	MAJOR BLADDER PROCEDURES W CC	0	1.0834	28.9	24.1
655	653	MAJOR BLADDER PROCEDURES W/O CC/MCC	0	1.0834	28.9	24.1

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2009 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
656	656	KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	1	0.4878	18.1	15.1
657	656	KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	0	0.4878	18.1	15.1
658	656	KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	0	0.4878	18.1	15.1
659	659	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC*	4	1.0834	28.9	24.1
660	659	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	4	1.0834	28.9	24.1
661	659	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	0	1.0834	28.9	24.1
662	662	MINOR BLADDER PROCEDURES W MCC	0	1.0834	28.9	24.1
663	662	MINOR BLADDER PROCEDURES W CC	1	1.0834	28.9	24.1
664	662	MINOR BLADDER PROCEDURES W/O CC/MCC	0	1.0834	28.9	24.1
665	665	PROSTATECTOMY W MCC	2	1.0834	28.9	24.1
666	665	PROSTATECTOMY W CC	0	1.0834	28.9	24.1
667	665	PROSTATECTOMY W/O CC/MCC	0	1.0834	28.9	24.1
668	668	TRANSURETHRAL PROCEDURES W MCC	9	1.0834	28.9	24.1
669	668	TRANSURETHRAL PROCEDURES W CC	1	0.6280	20.9	17.4
670	668	TRANSURETHRAL PROCEDURES W/O CC/MCC	0	0.6280	20.9	17.4
671	671	URETHRAL PROCEDURES W CC/MCC	3	0.8667	24.6	20.5
672	671	URETHRAL PROCEDURES W/O CC/MCC	0	0.8667	24.6	20.5
673	673	OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	212	1.3837	32.9	27.4
674	673	OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	44	0.9783	27.9	23.3
675	673	OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	3	0.8667	24.6	20.5
682	682	RENAL FAILURE W MCC	1,584	0.9086	23.1	19.3
683	682	RENAL FAILURE W CC	538	0.6892	21.0	17.5
684	682	RENAL FAILURE W/O CC/MCC	28	0.6200	17.1	14.3
685	685	ADMIT FOR RENAL DIALYSIS	1	1.0834	28.9	24.1
686	686	KIDNEY & URINARY TRACT NEOPLASMS W MCC	15	0.8667	24.6	20.5
687	686	KIDNEY & URINARY TRACT NEOPLASMS W CC	14	0.6280	20.9	17.4
688	686	KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	0	0.6280	20.9	17.4
689	689	KIDNEY & URINARY TRACT INFECTIONS W MCC	942	0.6715	21.7	18.1
690	689	KIDNEY & URINARY TRACT INFECTIONS W/O MCC	682	0.5198	19.3	16.1
691	691	URINARY STONES W ESW LITHOTRIPSY W CC/MCC	0	0.8667	24.6	20.5
692	691	URINARY STONES W ESW LITHOTRIPSY W/O CC/MCC	0	0.4878	18.1	15.1
693	693	URINARY STONES W/O ESW LITHOTRIPSY W MCC	11	0.8667	24.6	20.5
694	693	URINARY STONES W/O ESW LITHOTRIPSY W/O MCC	1	0.4878	18.1	15.1
695	695	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	5	0.8667	24.6	20.5
696	695	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	4	0.4878	18.1	15.1
697	697	URETHRAL STRICTURE	1	0.8667	24.6	20.5
698	698	OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	345	0.8847	22.9	19.1
699	698	OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	134	0.6314	20.2	16.8
700	698	OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	11	0.6280	20.9	17.4
707	707	MAJOR MALE PELVIC PROCEDURES W CC/MCC	0	1.0834	28.9	24.1
708	707	MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	0	1.0834	28.9	24.1
709	709	PENIS PROCEDURES W CC/MCC	5	1.0834	28.9	24.1
710	709	PENIS PROCEDURES W/O CC/MCC	1	0.6280	20.9	17.4
711	711	TESTES PROCEDURES W CC/MCC	5	1.0834	28.9	24.1
712	711	TESTES PROCEDURES W/O CC/MCC	0	1.0834	28.9	24.1
713	713	TRANSURETHRAL PROSTATECTOMY W CC/MCC	4	0.8667	24.6	20.5
714	713	TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	0	0.6280	20.9	17.4
715	715	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	0	1.6496	36.4	30.3
716	715	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	0	1.0834	28.9	24.1
717	717	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	11	1.6496	36.4	30.3
718	717	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	1	1.0834	28.9	24.1
722	722	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	8	1.0834	28.9	24.1
723	722	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	9	0.6280	20.9	17.4
724	722	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	0	0.6280	20.9	17.4

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2009 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
725	725	BENIGN PROSTATIC HYPERTROPHY W MCC	2	1.6496	36.4	30.3
726	725	BENIGN PROSTATIC HYPERTROPHY W/O MCC	1	0.8667	24.6	20.5
727	727	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	75	0.8106	22.6	18.8
728	727	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	57	0.5026	17.3	14.4
729	729	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	68	0.8981	26.5	22.1
730	729	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	3	0.4878	18.1	15.1
734	734	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	0	1.0834	28.9	24.1
735	734	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	0	1.0834	28.9	24.1
736	736	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	0	1.0834	28.9	24.1
737	736	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	0	0.6280	20.9	17.4
738	736	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	0	0.6280	20.9	17.4
739	739	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	0	1.2314	32.7	27.3
740	739	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC*	0	0.9743	28.6	23.8
741	739	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	0	0.8667	24.6	20.5
742	742	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC*	0	0.9743	28.6	23.8
743	742	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	0	0.8667	24.6	20.5
744	744	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	0	1.0834	28.9	24.1
745	744	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	0	1.0834	28.9	24.1
746	746	VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	4	1.0834	28.9	24.1
747	746	VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	0	1.0834	28.9	24.1
748	748	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	0	1.0834	28.9	24.1
749	749	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	7	1.0834	28.9	24.1
750	749	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	0	1.0834	28.9	24.1
754	754	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	17	1.0834	28.9	24.1
755	754	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	11	0.6280	20.9	17.4
756	754	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC*	0	0.6279	20.9	17.4
757	757	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	72	0.7745	24.6	20.5
758	757	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	40	0.6839	23.9	19.9
759	757	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	7	0.4878	18.1	15.1
760	760	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC*	4	0.8667	24.6	20.5
761	760	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC*	2	0.8667	24.6	20.5
765	765	CESAREAN SECTION W CC/MCC	0	1.0834	28.9	24.1
766	765	CESAREAN SECTION W/O CC/MCC	0	1.0834	28.9	24.1
767	767	VAGINAL DELIVERY W STERILIZATION &/OR D&C	0	1.0834	28.9	24.1
768	768	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	0	1.0834	28.9	24.1
769	769	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	2	1.6496	36.4	30.3
770	770	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	0	1.0834	28.9	24.1
774	774	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	0	1.0834	28.9	24.1
775	775	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	0	1.0834	28.9	24.1
776	776	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	1	0.6280	20.9	17.4
777	777	ECTOPIC PREGNANCY	0	0.6280	20.9	17.4
778	778	THREATENED ABORTION	0	0.6280	20.9	17.4
779	779	ABORTION W/O D&C	0	0.6280	20.9	17.4
780	780	FALSE LABOR	0	0.6280	20.9	17.4
781	781	OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS	3	0.4878	18.1	15.1
782	782	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS	0	0.4878	18.1	15.1

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2009 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
789	789	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	0	0.4878	18.1	15.1
790	790	EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	0	0.4878	18.1	15.1
791	791	PREMATURITY W MAJOR PROBLEMS	0	0.4878	18.1	15.1
792	792	PREMATURITY W/O MAJOR PROBLEMS	0	0.4878	18.1	15.1
793	793	FULL TERM NEONATE W MAJOR PROBLEMS	0	0.4878	18.1	15.1
794	794	NEONATE W OTHER SIGNIFICANT PROBLEMS	0	0.4878	18.1	15.1
795	795	NORMAL NEWBORN	0	0.4878	18.1	15.1
799	799	SPLENECTOMY W MCC	0	1.0834	28.9	24.1
800	799	SPLENECTOMY W CC	0	1.0834	28.9	24.1
801	799	SPLENECTOMY W/O CC/MCC	0	1.0834	28.9	24.1
802	802	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	1	1.0834	28.9	24.1
803	802	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	0	1.0834	28.9	24.1
804	802	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	0	1.0834	28.9	24.1
808	808	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	12	0.8667	24.6	20.5
809	808	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	14	0.6280	20.9	17.4
810	808	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	0	0.5579	19.4	16.2
811	811	RED BLOOD CELL DISORDERS W MCC	65	0.8442	21.1	17.6
812	811	RED BLOOD CELL DISORDERS W/O MCC	38	0.5579	19.4	16.2
813	813	COAGULATION DISORDERS	35	0.7444	20.8	17.3
814	814	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	29	0.8804	24.8	20.7
815	814	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	14	0.6280	20.9	17.4
816	814	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	0	0.6280	20.9	17.4
820	820	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	0	0.4878	18.1	15.1
821	820	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	1	0.4878	18.1	15.1
822	820	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	0	0.4878	18.1	15.1
823	823	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W MCC	3	1.6496	36.4	30.3
824	823	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC	1	0.4878	18.1	15.1
825	823	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC/MCC	0	0.4878	18.1	15.1
826	826	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	0	0.8667	24.6	20.5
827	826	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	1	0.8667	24.6	20.5
828	826	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	0	0.8667	24.6	20.5
829	829	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC W CC/MCC	7	1.6496	36.4	30.3
830	829	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC W/O CC/MCC	0	1.6496	36.4	30.3
834	834	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	22	0.8667	24.6	20.5
835	834	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	12	0.8667	24.6	20.5
836	834	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	1	0.6280	20.9	17.4
837	837	CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	0	1.3821	29.1	24.3
838	837	CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	0	1.3026	28.6	23.8
839	837	CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	0	1.3026	28.6	23.8
840	840	LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	91	0.8902	22.1	18.4
841	840	LYMPHOMA & NON-ACUTE LEUKEMIA W CC	38	0.6737	18.8	15.7
842	840	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	4	0.4878	18.1	15.1
843	843	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	7	0.8667	24.6	20.5
844	843	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	7	0.8667	24.6	20.5
845	843	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	1	0.4878	18.1	15.1
846	846	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	57	1.3821	29.1	24.3
847	846	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	54	1.3026	28.6	23.8
848	846	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	0	1.3026	28.6	23.8
849	849	RADIOTHERAPY	119	0.7731	22.7	18.9
853	853	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	1,059	1.7414	37.6	31.3

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2009 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
854	853	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	96	1.1086	30.2	25.2
855	853	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	2	0.8667	24.6	20.5
856	856	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	361	1.4572	34.1	28.4
857	856	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	194	1.0416	30.5	25.4
858	856	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	10	0.8667	24.6	20.5
862	862	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	1,722	0.9662	25.3	21.1
863	862	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	1,019	0.6985	23.0	19.2
864	864	FEVER	3	0.4878	18.1	15.1
865	865	VIRAL ILLNESS W MCC	26	0.8013	21.3	17.8
866	865	VIRAL ILLNESS W/O MCC*	13	0.8013	21.3	17.8
867	867	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	450	1.0444	23.7	19.8
868	867	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	64	0.6882	19.5	16.3
869	867	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	2	0.4878	18.1	15.1
870	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	1,282	2.1406	31.7	26.4
871	871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	5,885	0.8725	23.1	19.3
872	871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O MCC	1,275	0.6256	20.3	16.9
876	876	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	3	1.6496	36.4	30.3
880	880	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	9	0.6280	20.9	17.4
881	881	DEPRESSIVE NEUROSES	34	0.3912	21.9	18.3
882	882	NEUROSES EXCEPT DEPRESSIVE	10	0.4878	18.1	15.1
883	883	DISORDERS OF PERSONALITY & IMPULSE CONTROL	7	0.6280	20.9	17.4
884	884	ORGANIC DISTURBANCES & MENTAL RETARDATION	76	0.5154	25.7	21.4
885	885	PSYCHOSES	877	0.3977	24.2	20.2
886	886	BEHAVIORAL & DEVELOPMENTAL DISORDERS	38	0.4205	24.7	20.6
887	887	OTHER MENTAL DISORDER DIAGNOSES	2	0.4878	18.1	15.1
894	894	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	0	0.4878	18.1	15.1
895	895	ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	0	0.4878	18.1	15.1
896	896	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	12	0.8667	24.6	20.5
897	896	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	8	0.4878	18.1	15.1
901	901	WOUND DEBRIDEMENTS FOR INJURIES W MCC	292	1.3897	34.4	28.7
902	901	WOUND DEBRIDEMENTS FOR INJURIES W CC	138	1.0411	29.9	24.9
903	901	WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	6	0.6280	20.9	17.4
904	904	SKIN GRAFTS FOR INJURIES W CC/MCC	100	1.3724	38.3	31.9
905	904	SKIN GRAFTS FOR INJURIES W/O CC/MCC	2	0.8667	24.6	20.5
906	906	HAND PROCEDURES FOR INJURIES	3	0.6280	20.9	17.4
907	907	OTHER O.R. PROCEDURES FOR INJURIES W MCC	135	1.4581	34.3	28.6
908	907	OTHER O.R. PROCEDURES FOR INJURIES W CC	57	0.9544	28.7	23.9
909	907	OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	4	0.6280	20.9	17.4
913	913	TRAUMATIC INJURY W MCC	49	0.7653	24.3	20.3
914	913	TRAUMATIC INJURY W/O MCC	79	0.5688	20.1	16.8
915	915	ALLERGIC REACTIONS W MCC	1	0.4878	18.1	15.1
916	915	ALLERGIC REACTIONS W/O MCC	0	0.4878	18.1	15.1
917	917	POISONING & TOXIC EFFECTS OF DRUGS W MCC	8	1.0834	28.9	24.1
918	917	POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	3	0.4878	18.1	15.1
919	919	COMPLICATIONS OF TREATMENT W MCC	1,547	1.0957	26.7	22.3
920	919	COMPLICATIONS OF TREATMENT W CC	888	0.8190	24.9	20.8
921	919	COMPLICATIONS OF TREATMENT W/O CC/MCC	53	0.5150	18.4	15.3
922	922	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	7	0.8667	24.6	20.5
923	922	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	11	0.4878	18.1	15.1
927	927	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W SKIN GRAFT	0	1.0834	28.9	24.1
928	928	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	11	1.0834	28.9	24.1
929	928	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	1	1.0834	28.9	24.1
933	933	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W/O SKIN GRAFT	11	0.6280	20.9	17.4

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2009 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
934	934	FULL THICKNESS BURN W/O SKIN GRFT OR INHAL INJ	31	0.6455	23.9	19.9
935	935	NON-EXTENSIVE BURNS	64	0.6801	22.2	18.5
939	939	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	225	1.4033	33.6	28.0
940	939	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	98	1.0076	31.1	25.9
941	939	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	9	0.6280	20.9	17.4
945	945	REHABILITATION W CC/MCC	1,338	0.6483	21.1	17.6
946	945	REHABILITATION W/O CC/MCC	89	0.4068	17.2	14.3
947	947	SIGNS & SYMPTOMS W MCC	41	0.8226	23.5	19.6
948	947	SIGNS & SYMPTOMS W/O MCC	51	0.4846	19.9	16.6
949	949	AFTERCARE W CC/MCC	3,264	0.7152	22.1	18.4
950	949	AFTERCARE W/O CC/MCC	194	0.4500	17.1	14.3
951	951	OTHER FACTORS INFLUENCING HEALTH STATUS	66	1.5230	27.2	22.7
955	955	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	0	1.0834	28.9	24.1
956	956	LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	0	1.6496	36.4	30.3
957	957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	1	0.6280	20.9	17.4
958	957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC*	0	0.6280	20.9	17.4
959	957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC*	0	0.6280	20.9	17.4
963	963	OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC*	8	1.0834	28.9	24.1
964	963	OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	8	1.0834	28.9	24.1
965	963	OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	1	0.4878	18.1	15.1
969	969	HIV W EXTENSIVE O.R. PROCEDURE W MCC	12	1.6496	36.4	30.3
970	969	HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	2	0.8667	24.6	20.5
974	974	HIV W MAJOR RELATED CONDITION W MCC	210	1.0513	23.2	19.3
975	974	HIV W MAJOR RELATED CONDITION W CC	58	0.6394	18.6	15.5
976	974	HIV W MAJOR RELATED CONDITION W/O CC/MCC	7	0.4878	18.1	15.1
977	977	HIV W OR W/O OTHER RELATED CONDITION	30	0.6746	19.9	16.6
981	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	1,045	2.1789	41.6	34.7
982	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	219	1.1315	30.7	25.6
983	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	6	0.6280	20.9	17.4
984	984	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	19	1.6496	36.4	30.3
985	984	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	8	1.0834	28.9	24.1
986	984	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	0	1.0834	28.9	24.1
987	987	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	467	1.8331	38.5	32.1
988	987	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	172	1.0343	30.2	25.2
989	987	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	4	0.6280	20.9	17.4
998	998	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS	0	0.0000	0.0	0.0
999	999	UNGROUPABLE	0	0.0000	0.0	0.0

[1] The SSO Threshold is calculated as 5/6th of the geometric average length of stay of the MS-LTC-DRG (as specified in §412.529(a) in conjunction with §412.503).

* In determining the proposed MS-LTC-DRG relative weights for FY 2011, these MS-LTC-DRGs were adjusted for nonmonotonicity as discussed in section VII.B.3.g. (step 6) of the preamble of the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule (75 FR 24042).

Appendix: Regulatory Impact Analysis

I. Overall Impact

We have examined the impacts of this proposed rule as required by Executive Order 12866 (September 1993, Regulatory Planning and Review) and the Regulatory Flexibility Act (RFA) (September 19, 1980, Pub. L. 96–354), section 1102(b) of the Social Security Act, the Unfunded Mandates Reform Act of 1995 (Pub. L. 104–4), Executive Order 13132 on Federalism, and the Congressional Review Act (5 U.S.C. 804(2)).

Executive Order 12866 directs agencies to assess all costs and benefits of available regulatory alternatives and, if regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects, distributive impacts, and equity). A regulatory impact analysis (RIA) must be prepared for major rules with economically significant effects ($100 million or more in any 1 year).

We have determined that this proposed rule is a major rule as defined in 5 U.S.C. 804(2). We estimate that the proposed changes for FY 2011 acute care hospital operating and capital payments will redistribute in excess of $100 million among different types of inpatient cases. The proposed applicable percentage increase to the IPPS rates required by the statute, in conjunction with other proposed payment changes in this proposed rule, would result in an estimated $929 million decrease in FY 2011 operating payments (or −0.9 percent increase), and an estimated $20 million decrease in FY 2011 capital payments (or −0.2 percent change). The impact analysis of the capital payments can be found in section VIII. of this Appendix. In addition, as described in section IX. of this Appendix, LTCHs are expected to experience an increase in payments by $12.9 million (or 0.3 percent).

Our operating impact estimate includes the proposed −2.9 percent documentation and coding adjustment applied to the hospital-specific rates, the proposed −2.4 percent documentation and coding adjustment applied to the Puerto Rico-specific rates and the proposed −2.9 percent adjustment for documentation and coding changes to the IPPS standardized amounts, which was discussed in the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule (75 FR 24288). In addition, our operating impact estimate includes the proposed 2.15 percent market basket update to the standardized amount (which includes the proposed 2.4 percent update with the 0.25 reduction required under the Affordable Care Act). The estimates of IPPS operating payments to acute care hospitals do not reflect any changes in hospital admissions or real case-mix intensity, which would also affect overall payment changes.

The RFA requires agencies to analyze options for regulatory relief of small businesses. For purposes of the RFA, small entities include small businesses, nonprofit organizations, and small government jurisdictions. Most hospitals and most other providers and suppliers are considered to be small entities, either by being nonprofit organizations or by meeting the Small Business Administration definition of a small business (having revenues of $34.5 million or less in any 1 year). (For details on the latest standards for health care providers, we refer readers to the Table of Small Business Size Standards for NAIC 622 found on the Small Business Administration Office of Size Standards Web site at: *http://www.sba.gov/contractingopportunities/officials/size/GC-SMALL-BUS-SIZE-STANDARDS.html*.) For purposes of the RFA, all hospitals and other providers and suppliers are considered to be small entities. Individuals and States are not included in the definition of a small entity. We believe that the provisions of this proposed rule relating to acute care hospitals would have a significant impact on small entities as explained in this Appendix. Because we lack data on individual hospital receipts, we cannot determine the number of small proprietary LTCHs. Therefore, we are assuming that all LTCHs are considered small entities for the purpose of the analysis in section IX. of this Appendix. Medicare fiscal intermediaries and MACs are not considered to be small entities. Because we acknowledge that many of the affected entities are small entities, the analysis discussed throughout the preamble of this proposed rule constitutes our proposed regulatory flexibility analysis. Therefore, we are soliciting public comments on our estimates and analysis of the impact of this proposed rule on those small entities.

The Small Business Regulatory Enforcement Fairness Act of 1996 (SBREFA), Public Law 104–121, as amended by section 8302 of Public Law 110–28, requires an agency to provide compliance guides for each rule or group of related rules for which an agency is required to prepare a final regulatory flexibility analysis. The compliance guides associated with this proposed rule are available on the CMS IPPS Web page at *http://www.cms.hhs.gov/AcuteInpatientPPS/01_overview.asp*. We also note that the Hospital Center Web page at *http://www.cms.hhs.gov/center/hospital.asp* was developed to assist hospitals in understanding and adapting to changes in Medicare regulations and in billing and payment procedures. This Web page provides hospitals with substantial downloadable explanatory materials.

In addition, section 1102(b) of the Act requires us to prepare a regulatory impact analysis for any proposed or final rule that may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 603 of the RFA. With the exception of hospitals located in certain New England counties, for purposes of section 1102(b) of the Act, we now define a small rural hospital as a hospital that is located outside of an urban area and has fewer than 100 beds. Section 601(g) of the Social Security Amendments of 1983 (Pub. L. 98–21) designated hospitals in certain New England counties as belonging to the adjacent urban area. Thus, for purposes of the IPPS and the LTCH PPS, we continue to classify these hospitals as urban hospitals. (We refer readers to Table 1 and section VI. of this Appendix for the quantitative effects of the proposed policy changes under the IPPS for operating costs.)

Section 202 of the Unfunded Mandates Reform Act of 1995 (Pub. L. 104–4) also requires that agencies assess anticipated costs and benefits before issuing any rule whose mandates require spending in any 1 year of $100 million in 1995 dollars, updated annually for inflation. That threshold level is currently approximately $133 million. This proposed rule would not mandate any requirements for State, local, or Tribal governments, nor would it affect private sector costs.

Executive Order 13132 establishes certain requirements that an agency must meet when it promulgates a proposed rule (and subsequent final rule) that imposes substantial direct requirement costs on State and local governments, preempts State law, or otherwise has Federalism implications. As stated above, this proposed rule would not have a substantial effect on State and local governments.

The following analysis, in conjunction with the remainder of this document, demonstrates that this proposed rule is consistent with the regulatory philosophy and principles identified in Executive Order 12866, the RFA, and section 1102(b) of the Act. The proposed rule would affect payments to a substantial number of small rural hospitals, as well as other classes of hospitals, and the effects on some hospitals may be significant.

II. Objectives of the IPPS

The primary objective of the IPPS is to create incentives for hospitals to operate efficiently and minimize unnecessary costs while at the same time ensuring that payments are sufficient to adequately compensate hospitals for their legitimate costs. In addition, we share national goals of preserving the Medicare Hospital Insurance Trust Fund.

We believe the proposed changes in this proposed rule would further each of these goals while maintaining the financial viability of the hospital industry and ensuring access to high quality health care for Medicare beneficiaries. We expect that these proposed changes would ensure that the outcomes of the prospective payment systems are reasonable and equitable while avoiding or minimizing unintended adverse consequences.

III. Limitations of Our Analysis

The following quantitative analysis presents the projected effects of our proposed policy changes, as well as statutory changes effective for FY 2011, on various hospital groups. We estimate the effects of individual policy changes by estimating payments per case while holding all other payment policies constant. We use the best data available, but, generally, we do not attempt to make adjustments for future changes in such variables as admissions, lengths of stay, or case-mix.

IV. Hospitals Included in and Excluded From the IPPS

The prospective payment systems for hospital inpatient operating and capital-related costs of acute care hospitals

encompass most general short-term, acute care hospitals that participate in the Medicare program. There were 33 Indian Health Service hospitals in our database, which we excluded from the analysis due to the special characteristics of the prospective payment methodology for these hospitals. Among other short-term, acute care hospitals, only the 46 such hospitals in Maryland remain excluded from the IPPS pursuant to the waiver under section 1814(b)(3) of the Act.

As of March 2010, there are 3,472 IPPS acute care hospitals to be included in our analysis. This represents about 64 percent of all Medicare-participating hospitals. The majority of this impact analysis focuses on this set of hospitals. There are also approximately 1,338 CAHs. These small, limited service hospitals are paid on the basis of reasonable costs rather than under the IPPS. (We refer readers to section VII. of this Appendix for a further description of the impact of CAH-related proposed policy changes.) There are also 1,270 IPPS-excluded hospitals and 2,169 IPPS-excluded hospital units. These IPPS-excluded hospitals and units include IPFs, IRFs, LTCHs, RNHCIs, children's hospitals, and cancer hospitals, which are paid under separate payment systems. Changes in the prospective payment systems for IPFs and IRFs are made through separate rulemaking. Payment impacts for these IPPS-excluded hospitals and units are not included in this proposed rule. The impact of the proposed update and policy changes to the LTCH PPS for FY 2011 are discussed in section IX. of this Appendix.

V. Effects on Hospitals and Hospital Units Excluded From the IPPS

As of March 2010, there were 3,439 hospitals and hospital units excluded from the IPPS. Of these, 78 children's hospitals, 11 cancer hospitals, and 17 RNHCIs are being paid on a reasonable cost basis subject to the rate-of-increase ceiling under § 413.40. The remaining providers, 228 rehabilitation hospitals and 961 rehabilitation units, and 429 LTCHs, are paid the Federal prospective per discharge rate under the IRF PPS and the LTCH PPS, respectively, and 507 psychiatric hospitals and 1,208 psychiatric units are paid the Federal per diem amount under the IPF PPS. As stated above, IRFs and IPFs are not affected by rate updates discussed in this proposed rule. The impacts of the changes to LTCHs are discussed in section IX. of this Appendix.

In the past, certain hospitals and units excluded from the IPPS have been paid based on their reasonable costs subject to limits as established by the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA). Cancer and children's hospitals continue to be paid on a reasonable cost basis subject to TEFRA limits for FY 2011. For these hospitals (cancer and children's hospitals), consistent with the authority provided in section 1886(b)(3)(B)(ii) of the Act, the update is the percentage increase in the FY 2011 IPPS operating market basket. In compliance with section 404 of the MMA, in the FY 2010 IPPS/RY 2010 LTCH PPS final rule (74 FR 43930), we replaced the FY 2002-based IPPS operating and capital market baskets with the revised and rebased FY 2006-based IPPS operating and capital market baskets. Therefore, consistent with current law, based on IHS Global Insight, Inc.'s 2010 first quarter forecast, with historical data through the 2009 fourth quarter, we are estimating that the proposed FY 2011 update to the IPPS operating market basket would be 2.4 percent (that is, the current estimate of the market basket rate-of-increase) which was included in the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule. However, the Affordable Care Act requires a 0.25 reduction to the market basket update resulting in a proposed 2.15 percent applicable percentage increase for IPPS hospitals. RNCHIs, children's hospitals and cancer hospitals are not subject to the reduction in the applicable percentage increase required under the Affordable Care Act. In accordance with § 403.752(a) of the regulations, RNHCIs are paid under § 413.40. Therefore, for RNHCIs, the proposed update is the same as for children's and cancer hospitals, which is the percentage increase in the FY 2011 IPPS operating market basket increase (which was included in the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule) without the reductions required under the Affordable Care Act, estimated to be 2.4 percent.

The impact of the proposed update in the rate-of-increase limit on those excluded hospitals depends on the cumulative cost increases experienced by each excluded hospital since its applicable base period. For excluded hospitals that have maintained their cost increases at a level below the rate-of-increase limits since their base period, the major effect is on the level of incentive payments these excluded hospitals receive. Conversely, for excluded hospitals with per-case cost increases above the cumulative update in their rate-of-increase limits, the major effect is the amount of excess costs that will not be reimbursed.

We note that, under § 413.40(d)(3), an excluded hospital that continues to be paid under the TEFRA system, whose costs exceed 110 percent of its rate-of-increase limit receives its rate-of-increase limit plus 50 percent of the difference between its reasonable costs and 110 percent of the limit, not to exceed 110 percent of its limit. In addition, under the various provisions set forth in § 413.40, cancer and children's hospitals can obtain payment adjustments for justifiable increases in operating costs that exceed the limit.

VI. Quantitative Effects of the Policy Changes Under the IPPS for Operating Costs

A. Basis and Methodology of Estimates

In this proposed rule, we are announcing proposed policy changes and payment rate updates for the IPPS for operating costs of acute care hospitals. Updates to the capital payments to acute care hospitals are discussed in section VIII. of this Appendix. Based on the overall percentage change in payments per case estimated using our payment simulation model, we estimate that total FY 2011 operating payments would decrease by 0.9 percent compared to FY 2010, largely due to the documentation and coding adjustments and the applicable percentage increase applied to the IPPS rates. This amount reflects the proposed FY 2011 documentation and coding adjustments described in the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule: −2.9 percent for the IPPS national standardized amounts, −2.9 percent for the IPPS hospital-specific rates, and −2.4 percent for the IPPS Puerto Rico-specific standardized amount. The impacts do not illustrate changes in hospital admissions or real case-mix intensity, which will also affect overall payment changes.

We have prepared separate impact analyses of the proposed changes to each system. This section deals with changes to the operating prospective payment system for acute care hospitals. Our payment simulation model relies on the most recent available data to enable us to estimate the impacts on payments per case of certain proposed changes in this proposed rule. However, there are other proposed changes for which we do not have data available that would allow us to estimate the payment impacts using this model. For those proposed changes, we have attempted to predict the payment impacts based upon our experience and other more limited data.

The data used in developing the quantitative analyses of changes in payments per case presented below are taken from the FY 2009 MedPAR file and the most current Provider-Specific File that is used for payment purposes. Although the analyses of the proposed changes to the operating PPS do not incorporate cost data, data from the most recently available hospital cost report were used to categorize hospitals. Our analysis has several qualifications. First, in this analysis, we do not make adjustments for future changes in such variables as admissions, lengths of stay, or underlying growth in real case-mix. Second, due to the interdependent nature of the IPPS payment components, it is very difficult to precisely quantify the impact associated with each change. Third, we use various sources for the data used to categorize hospitals in the tables. In some cases, particularly the number of beds, there is a fair degree of variation in the data from different sources. We have attempted to construct these variables with the best available source overall. However, for individual hospitals, some miscategorizations are possible.

Using cases from the FY 2009 MedPAR file, we simulated payments under the operating IPPS given various combinations of payment parameters. Any short-term, acute care hospitals not paid under the IPPS (Indian Health Service hospitals and hospitals in Maryland) were excluded from the simulations. The impact of payments under the capital IPPS, or the impact of payments for costs other than inpatient operating costs, are not analyzed in this section. Estimated payment impacts of the capital IPPS for FY 2011 are discussed in section VIII. of this Appendix.

The changes discussed separately below are the following:

- The effects of the proposed annual reclassification of diagnoses and procedures, full implementation of the MS–DRG system and 100 percent cost-based MS–DRG relative weights.
- The effects of the proposed changes in hospitals' wage index values reflecting wage

data from hospitals' cost reporting periods beginning during FY 2007, compared to the FY 2006 wage data.

- The effects of the recalibration of the MS–DRG relative weights as required by section 1886(d)(4)(C) of the Act, including the proposed wage and recalibration budget neutrality factors.
- The effects of geographic reclassifications by the MGCRB that will be effective in FY 2011.
- The effects of the Frontier wage index provision that requires that hospitals located in States that qualify as frontier States cannot have a wage index less than 1.0. This is a nonbudget neutral provision.
- The effects of the rural floor and imputed floor with a national budget neutrality applied to the wage index, as required by the Affordable Care Act the Affordable Care Act.
- The effects of section 505 of Public Law 108–173, which provides for an increase in a hospital's wage index if the hospital qualifies by meeting a threshold percentage of residents of the county where the hospital is located who commute to work at hospitals in counties with higher wage indexes.
- The total estimated change in payments based on the proposed FY 2011 policies relative to payments based on FY 2010 policies that include the applicable percentage increase of 2.15 (or 2.4 percent market basket with a 0.25 percentage reduction, as required under the Affordable Care Act). The FY 2010 operating payments also account for provisions under the Affordable Care Act that were effective for FY 2010.

To illustrate the impacts of the proposed FY 2011 changes, our analysis begins with a FY 2010 baseline simulation model using: the proposed FY 2011 applicable percentage increase of 2.15 percent; the FY 2010 MS–DRG GROUPER (Version 27.0); the most current CBSA designations for hospitals based on OMB's MSA definitions; the FY 2010 wage index; and no MGCRB reclassifications. Outlier payments are set at 5.1 percent of total operating MS–DRG and outlier payments.

Section 1886(b)(3)(B)(viii) of the Act, as added by section 5001(a) of Public Law 109–171, provides that, for FY 2007 and subsequent years, the update factor will be reduced by 2.0 percentage points for any hospital that does not submit quality data in a form and manner and at a time specified by the Secretary. At the time that this impact was prepared, 104 hospitals did not receive the full market basket rate-of-increase for FY 2010 because they failed the quality data submission process or did not choose to participate. For purposes of the simulations shown below, we modeled the proposed payment changes for FY 2011 using a reduced update for these 104 hospitals. However, we do not have enough information at this time to determine which hospitals will not receive the full market basket rate-of-increase for FY 2011.

Each policy change, statutory or otherwise, is then added incrementally to this baseline, finally arriving at an FY 2011 model incorporating all of the changes. This simulation allows us to isolate the effects of each proposed change.

Our final comparison illustrates the proposed percent change in payments per case from FY 2010 to FY 2011. Three factors not discussed separately have significant impacts here. The first factor is the update to the standardized amount. In accordance with section 1886(b)(3)(B)(i) of the Act, we are proposing to update the standardized amounts for FY 2011 using an applicable percentage increase of 2.15 percent. In addition, we are updating the Puerto Rico specific amount by an applicable percentage increase of 2.15 percent. This includes our forecasted hospital market basket increase of 2.4 percent with a 0.25 percentage reduction as required under the Affordable Care Act. (Hospitals that fail to comply with the quality data submission requirements to receive the full update will receive an update reduced by 2.0 percentage points from 2.15 percent to 0.15 percent.) Under section 1886(b)(3)(B)(iv) of the Act, the updates to the hospital-specific amounts for SCHs and for MDHs are also equal to the market basket percentage increase, or 2.15 percent.

A second significant factor that affects the changes in hospitals' payments per case from FY 2010 to FY 2011 is the change in a hospital's geographic reclassification status from one year to the next. That is, payments may be reduced for hospitals reclassified in FY 2010 that are no longer reclassified in FY 2011. Conversely, payments may increase for hospitals not reclassified in FY 2010 that are reclassified in FY 2011.

A third significant factor is that we currently estimate that actual outlier payments during FY 2010 will be 4.9 percent of total MS–DRG payments. Our FY 2010 outlier estimate accounts for changes to the FY 2010 IPPS payments required under the Affordable Care Act. When the FY 2010 final rule was published, we projected FY 2010 outlier payments would be 5.1 percent of total MS–DRG plus outlier payments; the average standardized amounts were offset correspondingly. The effects of the lower than expected outlier payments during FY 2010 (as discussed in the Addendum to this proposed rule) are reflected in the analyses below comparing our current estimates of FY 2010 payments per case to estimated FY 2011 payments per case (with outlier payments projected to equal 5.1 percent of total MS–DRG payments).

B. Analysis of Table I

Table I displays the results of our analysis of the proposed changes for FY 2011. The table categorizes hospitals by various geographic and special payment consideration groups to illustrate the varying impacts on different types of hospitals. The top row of the table shows the overall impact on the 3,472 acute care hospitals included in the analysis.

The next four rows of Table I contain hospitals categorized according to their geographic location: all urban, which is further divided into large urban and other urban; and rural. There are 2,502 hospitals located in urban areas included in our analysis. Among these, there are 1,365 hospitals located in large urban areas (populations over 1 million), and 1,137 hospitals in other urban areas (populations of 1 million or fewer). In addition, there are 970 hospitals in rural areas. The next two groupings are by bed-size categories, shown separately for urban and rural hospitals. The final groupings by geographic location are by census divisions, also shown separately for urban and rural hospitals.

The second part of Table I shows hospital groups based on hospitals' FY 2011 payment classifications, including any reclassifications under section 1886(d)(10) of the Act. For example, the rows labeled urban, large urban, other urban, and rural show that the numbers of hospitals paid based on these categorizations after consideration of geographic reclassifications (including reclassifications under sections 1886(d)(8)(B) and 1886(d)(8)(E) of the Act that have implications for capital payments) are 2,555; 1,403; 1,152; and 917, respectively.

The next three groupings examine the impacts of the changes on hospitals grouped by whether or not they have GME residency programs (teaching hospitals that receive an IME adjustment) or receive DSH payments, or some combination of these two adjustments. There are 2,434 nonteaching hospitals in our analysis, 798 teaching hospitals with fewer than 100 residents, and 240 teaching hospitals with 100 or more residents.

In the DSH categories, hospitals are grouped according to their DSH payment status, and whether they are considered urban or rural for DSH purposes. The next category groups together hospitals considered urban or rural, in terms of whether they receive the IME adjustment, the DSH adjustment, both, or neither.

The next five rows examine the impacts of the changes on rural hospitals by special payment groups (SCHs, RRCs, and MDHs). There were 183 RRCs, 340 SCHs, 187 MDHs, and 108 hospitals that are both SCHs and RRCs, and 13 hospitals that are both an MDH and an RRC.

The next series of groupings are based on the type of ownership and the hospital's Medicare utilization expressed as a percent of total patient days. These data were taken from the FY 2008 or FY 2007 Medicare cost reports.

The next two groupings concern the geographic reclassification status of hospitals. The first grouping displays all urban hospitals that were reclassified by the MGCRB for FY 2011. The second grouping shows the MGCRB rural reclassifications. These groupings account for the change in the MGCRB reclassification policy as required under the Affordable Care Act.

The final category shows the impact of the proposed policy changes on the 19 cardiac hospitals in our analysis.

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TABLE I.--IMPACT ANALYSIS OF PROPOSED CHANGES TO THE IPPS FOR OPERATING COSTS FOR FY 2011

	No. of Hospitals	Proposed FY 2011 Weights & MS-DRG Changes (1)	Application of Recalibration Budget Neutrality (2)	Proposed FY 2011 Wage Data (3)	Application of Wage Budget Neutrality (4)	Proposed FY 2011 MS-DRG, Relative Weights & Wage Index Changes, with Wage & Recalibration Budget Neutrality (5)	FY 2011 MGCRB Reclassif-ications (6)	Proposed Rural Floor Budget Neutrality and Within State Rural Floor Budget Neutrality (7)	Proposed Application of the Frontier Wage Index (8)	Proposed FY 2011 Out-Migration Adjustment (9)	All Proposed FY 2011 Changes Prior to the CMI Adjustment (10)	All Proposed FY 2011 Changes w/CMI Adjustment (11)
All Hospitals	3472	0.3	0	0	0	0	0	0	0	0	2	-0.9
By Geographic Location:												
Urban hospitals	2502	0.3	0	0	0	0	-0.2	0	0	0	2.1	-0.8
Large urban areas	1365	0.2	0	0	0.1	0	-0.3	0	0	0	2.1	-0.8
Other urban areas	1137	0.4	0.1	-0.1	-0.1	0	0	0.1	0.1	0	2.1	-0.8
Rural hospitals	970	0.3	0	0	0	0	1.6	-0.1	0	0.1	1.5	-1.4
Bed Size (Urban):												
0-99 beds	635	0.6	0.2	0	0	0.3	-0.5	0	0.1	0	2.2	-0.7
100-199 beds	791	0.2	-0.1	0	0	0	0	0.2	0.1	0	2	-0.9
200-299 beds	461	0.3	0	0	0	0	-0.1	0	0.1	0	2.2	-0.7
300-499 beds	425	0.3	0	0	0	0	-0.2	0.1	0.1	0	2.1	-0.8
500 or more beds	190	0.3	0	-0.1	-0.1	0	-0.3	-0.2	0	0	2	-0.9
Bed Size (Rural):												
0-49 beds	337	0.6	0.3	0.1	0.1	0.3	0.6	-0.1	0.1	0.2	1.8	-1.1
50-99 beds	366	0.3	0	0	0	0	0.6	-0.1	0	0.1	1.1	-1.8
100-149 beds	164	0.3	0	0	0	0	2.2	-0.2	0	0	1.7	-1.1
150-199 beds	61	0.3	0	0	0	0.1	2.5	-0.2	0	0	1.8	-1.1
200 or more beds	42	0.2	-0.1	0	0.1	-0.1	2.4	-0.1	0	0	1.5	-1.3
Urban by Region:												
New England	121	0.1	-0.2	-0.4	-0.4	-0.6	0.9	-0.2	0	0	0.9	-2
Middle Atlantic	330	0.3	0	-0.3	-0.3	-0.3	0.3	0.1	0	0	1.5	-1.4

	No. of Hospitals	Proposed FY 2011 Weights & MS-DRG Changes (1)	Application of Recalibration Budget Neutrality (2)	Proposed FY 2011 Wage Data (3)	Application of Wage Budget Neutrality (4)	Proposed FY 2011 MS-DRG, Relative Weights & Wage Index Changes, with Wage & Recalibration Budget Neutrality (5)	FY 2011 MGCRB Reclassif-ications (6)	Proposed Rural Floor Budget Neutrality and Within State Rural Floor Budget Neutrality (7)	Proposed Application of the Frontier Wage Index (8)	Proposed FY 2011 Out-Migration Adjustment (9)	All Proposed FY 2011 Changes Prior to the CMI Adjustment (10)	All Proposed FY 2011 Changes w/CMI Adjustment (11)
South Atlantic	383	0.1	-0.2	0	0	-0.2	-0.4	-0.2	0	0	1.9	-1
East North Central	403	0.1	-0.1	0.2	0.2	0.1	-0.3	-0.2	0	0	1.8	-1.1
East South Central	155	0.4	0.2	-0.5	-0.6	-0.4	-0.2	0	0	0	1.8	-1.1
West North Central	166	0.5	0.2	-0.1	-0.1	0.1	-0.7	-0.2	0.5	0	2.5	-0.4
West South Central	342	0.5	0.2	0.2	0.2	0.4	-0.6	-0.2	0	0	2.4	-0.5
Mountain	162	0.3	0	0	0	0	-0.3	-0.1	0.2	0	2.4	-0.5
Pacific	390	0.6	0.2	0.4	0.4	0.5	-0.3	0.9	0	0	3.6	0.6
Puerto Rico	50	0.9	0.7	-0.3	-0.3	0.4	-0.8	-0.1	0	0	2.4	-0.4
Rural by Region:												
New England	24	0.2	-0.2	0	0	-0.2	0.5	-0.1	0	0	0.6	-2.3
Middle Atlantic	70	-0.1	-0.4	0.4	0.4	0	1.5	-0.1	0	0	1.5	-1.4
South Atlantic	165	-0.2	-0.5	-0.3	-0.4	-0.9	2.1	-0.2	0	0.1	1.1	-1.8
East North Central	120	0.3	0	-0.1	-0.1	-0.2	1.3	-0.1	0	0.1	1.6	-1.3
East South Central	175	0.6	0.3	0.2	0.2	0.5	2.3	-0.2	0	0.1	1.1	-1.7
West North Central	100	0.7	0.4	0	0	0.4	0.5	-0.1	0.1	0	2.3	-0.6
West South Central	214	0.7	0.5	0.3	0.4	0.8	2.2	-0.2	0	0.1	2	-0.9
Mountain	71	0.7	0.4	0	0	0.4	0.3	-0.1	0.5	0	2.5	-0.4
Pacific	31	0	-0.4	0.3	0.3	-0.1	0.9	-0.1	0	0	1	-1.9
By Payment Classification:												
Urban hospitals	2555	0.3	0	0	0	0	-0.2	0	0	0	2.1	-0.8
Large urban areas	1403	0.2	0	0	0.1	0	-0.3	0	0	0	2.1	-0.8
Other urban areas	1152	0.4	0.1	-0.1	-0.1	0	0	0.1	0.1	0	2.1	-0.8
Rural areas	917	0.3	0	0	0	0	1.4	-0.1	0	0.1	1.5	-1.4
Teaching Status:												
Nonteaching	2434	0.4	0	0.1	0.1	0.2	0.2	0.1	0	0	2.1	-0.8

	No. of Hospitals	Proposed FY 2011 Weights & MS-DRG Changes (1)	Application of Recalibration Budget Neutrality (2)	Proposed FY 2011 Wage Data (3)	Application of Wage Budget Neutrality (4)	Proposed FY 2011 MS-DRG, Relative Weights & Wage Index Changes, with Wage & Recalibration Budget Neutrality (5)	FY 2011 MGCRB Reclassif-ications (6)	Proposed Rural Floor Budget Neutrality and Within State Rural Floor Budget Neutrality (7)	Proposed Application of the Frontier Wage Index (8)	Proposed FY 2011 Out-Migration Adjustment (9)	All Proposed FY 2011 Changes Prior to the CMI Adjustment (10)	All Proposed FY 2011 Changes w/CMI Adjustment (11)
Fewer than 100 residents	798	0.3	0	-0.1	-0.1	-0.1	-0.1	0	0.1	0	2	-0.9
100 or more residents	240	0.3	0	-0.1	-0.1	-0.1	-0.2	-0.1	0	0	1.9	-1
Urban DSH:												
Non-DSH	834	0.5	0.1	0	0	0	0.1	0	0.1	0	2.1	-0.8
100 or more beds	1510	0.3	0	0	0	0	-0.2	0	0	0	2.1	-0.8
Less than 100 beds	340	0.2	-0.1	0	0	0	-0.3	0	0.2	0	2	-0.9
Rural DSH:												
SCH	407	0.3	0	0	0	0	0.2	-0.1	0	0.1	0.9	-2
RRC	209	0.2	-0.1	0.1	0.1	0	2.4	-0.2	0	0	1.7	-1.2
100 or more beds	30	0.1	-0.2	-0.3	-0.3	-0.5	1.1	-0.2	0	0.3	1.2	-1.6
Less than 100 beds	142	0.4	0.2	0	0.1	0.2	1	-0.2	0	0.4	1.4	-1.5
Urban teaching and DSH:												
Both teaching and DSH	806	0.3	0	-0.1	-0.1	-0.1	-0.3	-0.1	0.1	0	2	-0.9
Teaching and no DSH	169	0.3	-0.1	-0.2	-0.2	-0.2	0.4	0	0.1	0	1.7	-1.1
No teaching and DSH	1044	0.3	0	0.2	0.2	0.2	0	0.2	0	0	2.3	-0.6
No teaching and no DSH	536	0.6	0.2	0	0	0.2	-0.2	0	0	0	2.3	-0.6
Special Hospital Types:												
RRC	183	0.4	0.1	0	0	0.2	3.1	-0.2	0.1	0	2	-0.9

	No. of Hospitals	Proposed FY 2011 Weights & MS-DRG Changes (1)	Application of Recalibration Budget Neutrality (2)	Proposed FY 2011 Wage Data (3)	Application of Wage Budget Neutrality (4)	Proposed FY 2011 MS-DRG, Relative Weights & Wage Index Changes, with Wage & Recalibration Budget Neutrality (5)	FY 2011 MGCRB Reclassif-ications (6)	Proposed Rural Floor Budget Neutrality and Within State Rural Floor Budget Neutrality (7)	Proposed Application of the Frontier Wage Index (8)	Proposed FY 2011 Out-Migration Adjustment (9)	All Proposed FY 2011 Changes Prior to the CMI Adjustment (10)	All Proposed FY 2011 Changes w/CMI Adjustment (11)
SCH	340	0.3	0	0	0	0	0.1	0	0.1	0	1	-1.8
MDH	187	0.2	-0.1	0	0	-0.1	0.4	-0.1	0	0.2	1.7	-1.1
SCH and RRC	108	0.2	-0.2	-0.1	-0.1	-0.2	0.7	0	0	0	1.7	-1.2
MDH and RRC	13	0.4	0	0.2	0.2	0.2	0.3	-0.1	0	0	1.8	-1.1
Type of Ownership:												
Voluntary	1978	0.3	0	0	0	0	0	0	0.1	0	1.9	-1
Proprietary	837	0.4	0.1	0.2	0.2	0.3	-0.1	0	0	0	2.4	-0.5
Government	577	0.3	0	-0.1	-0.1	0	0	0.1	0	0	2.1	-0.8
Medicare Utilization as a Percent of Inpatient Days:												
0-25	353	0.2	-0.1	0	0	0	-0.4	0	0	0	2.3	-0.6
25-50	1593	0.3	0	0	0	0	-0.3	0	0.1	0	2.1	-0.8
50-65	1202	0.3	0	0	-0.1	-0.1	0.6	0	0	0	1.7	-1.2
Over 65	237	0.4	0.2	-0.1	-0.2	0	0.7	0.1	0	0	2.1	-0.8
FY 2011 Reclassifications by the Medicare Geographic Classification Review Board:												
All Reclassified Hospitals	825	0.3	0	0	0	0	1.8	-0.1	0	0	1.9	-1

	No. of Hospitals	Proposed FY 2011 Weights & MS-DRG Changes (1)	Application of Recalibration Budget Neutrality (2)	Proposed FY 2011 Wage Data (3)	Application of Wage Budget Neutrality (4)	Proposed FY 2011 MS-DRG, Relative Weights & Wage Index Changes, with Wage & Recalibration Budget Neutrality (5)	FY 2011 MGCRB Reclassif-ications (6)	Proposed Rural Floor Budget Neutrality and Within State Rural Floor Budget Neutrality (7)	Proposed Application of the Frontier Wage Index (8)	Proposed FY 2011 Out-Migration Adjustment (9)	All Proposed FY 2011 Changes Prior to the CMI Adjustment (10)	All Proposed FY 2011 Changes w/CMI Adjustment (11)
Non-Reclassified Hospitals	2647	0.3	0	0	0	0	-0.7	0	0.1	0	2.1	-0.8
Urban Hospitals Reclassified	494	0.3	0	0	0	0	1.6	-0.1	0	0	2	-0.9
Urban Nonreclassified Hospitals, FY 2011:	1979	0.3	0	0	0	0	-0.7	0.1	0.1	0	2.1	-0.8
All Rural Hospitals Reclassified FY 2011:	331	0.3	0	0.1	0.1	0.1	2.7	-0.2	0	0	1.9	-1
Rural Nonreclassified Hospitals FY 2011:	576	0.3	0	0	0	0	-0.3	-0.1	0	0.2	1	-1.9
All Section 401 Reclassified Hospitals:	37	-0.1	-0.4	-0.1	-0.1	-0.5	-0.3	0	0	0	1.3	-1.5
Other Reclassified Hospitals (Section 1886(d)(8)(B))	63	-0.2	-0.5	-0.2	-0.2	-0.6	2.9	-0.2	0	0	1.1	-1.8
Specialty Hospitals												
Cardiac specialty Hospitals	19	1.1	0.8	0.3	0.3	1.1	-0.8	-0.1	0.2	0	3.2	0.3

[1] Because data necessary to classify some hospitals by category were missing, the total number of hospitals in each category may not equal the national total. Discharge data are from FY 2009, and hospital cost report data are from reporting periods beginning in FY 2008 and FY 2007.

[2] This column displays the payment impact of the proposed changes to the Version 28 GROUPER and the recalibration of the MS-DRG weights based on FY 2009 MedPAR data in accordance with section 1886(d)(4)(C)(iii) of the Act.

[3] This column displays the application of the recalibration budget neutrality factor of 0.996867, in accordance with section 1886(d)(4)(C)(iii) of the Act.

[4] This column displays the proposed payment impact of the update to wage index data using FY 2007 cost report data.

[5] This column displays the payment impact of the application of the wage budget neutrality factor, which is calculated separately from the recalibration budget neutrality factor, and will be calculated in accordance with section 1886(d)(3)(E)(i) of the Act. The wage budget neutrality factor is 1.000070.

[6] This column displays the combined payment impact of the proposed changes in Columns 1 through 4 and the proposed cumulative budget neutrality factor for MS-DRG and wage changes in accordance with section 1886(d)(4)(C)(iii) of the Act and section 1886(d)(3)(E) of the Act. The cumulative wage and recalibration budget neutrality factor of 0.996937is the product of the wage budget neutrality factor and the recalibration budget neutrality factor.

[7] Shown here are the effects of geographic reclassifications by the Medicare Geographic Classification Review Board (MGCRB). The effects demonstrate the FY 2011 payment impact of going from no reclassifications to the reclassifications scheduled to be in effect for FY 2011. Reclassification for prior years has no bearing on the payment impacts shown here. This column reflects the geographic budget neutrality factor of 0.991476

[8] This column displays the effects of the rural floor and the imputed floor, including the Affordable Care Act requirement that the floor budget neutrality is at a 100 percent national level adjustment. The rural and imputed floor budget neutrality factor is 0.995425.

[9] This column shows the impact of the new proposal required under Section 10324 of Pub. L. 111-148 that hospitals located in Frontier states have a wage index no less than 1.0 beginning in FY 2011.

[10] This column displays the impact of section 505 of Pub. L. 108-173, which provides for an increase in a hospital's wage index if the hospital qualifies by meeting a threshold percentage of residents of the county where the hospital is located who commute to work at hospitals in counties with higher wage indexes.

[11] This column shows the proposed changes in payments from FY 2010 to FY 2011. It reflects the impact of the proposed FY 2011 market basket update, and the proposed reductions to the FY 2011 standardized amount due to the documentation and coding effect. The proposed FY 2011 documentation and coding adjustment is -2.9 percent to the IPPS standardized amounts, -2.9 percent to the hospital-specific rates, and -2.4 percent to the Puerto Rico-specific amount. It also reflects changes in hospitals' reclassification status in FY 2011 compared to FY 2010. It incorporates all of the proposed changes displayed in Columns 5, 6, 7, and 8 (the changes displayed in Columns 2 and 4 are included in Column 5). The sum of these impacts may be different from the percentage changes shown here due to rounding and interactive effects..

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C. Effects of the Proposed Changes to the MS–DRG Reclassifications and Relative Cost-Based Weights (Column 1)

In Column 1 of Table I, we present the effects of the proposed MS–DRG reclassifications, as discussed in section II. of the preamble to this supplemental proposed rule. Section 1886(d)(4)(C)(i) of the Act requires us annually to make appropriate classification changes in order to reflect changes in treatment patterns, technology, and any other factors that may change the relative use of hospital resources.

As discussed in the preamble of the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule, the proposed FY 2011 MS–DRG relative weights will be 100 percent cost-based and 100 percent MS–DRGs. For FY 2011, the MS–DRGs are calculated using the FY 2009 MedPAR data grouped to the Version 28.0 (FY 2011) MS–DRGs. The methods of calculating the proposed relative weights and the reclassification changes to the grouper are described in more detail in the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule. The proposed changes to the relative weights and MS–DRGs shown in Column 2 are prior to any offset for budget neutrality. Overall, hospitals will experience a 0.3 percent increase in payments due to the changes in the MS–DRGs and relative weights prior to budget neutrality. Urban hospitals and rural hospitals will experience a 0.3 percent increase in payments under the updates to the relative weights and MS–DRGs.

D. Effects of the Application of Recalibration Budget Neutrality (Column 2)

Column 2 shows the effects of the changes to the MS–DRGs and relative weights with the application of the recalibration budget neutrality factor to the standardized amounts. Consistent with section 1886(d)(4)(C)(iii) of the Act, we are calculating a recalibration budget neutrality factor to account for the changes in MS–DRGs and relative weights to ensure that the overall payment impact is budget neutral. We revised the recalibration budget neutrality factor in this notice because we applied a 0.25 reduction to the market basket update to the standardized amount as required under the Affordable Care Act.

The "All Hospitals" line in Column 1 indicates that proposed changes due to MS–DRGs and relative weights will increase payments by 0.3 percent before application of the budget neutrality factor. The proposed recalibration budget neutrality factor is 0.996867, which is applied to the standardized amount. Thus, the impact after accounting only for budget neutrality for changes to the MS–DRG relative weights and classification is somewhat lower than the figures shown in Column 1 (approximately 0.3 percent). Consequentially, urban and rural hospitals will not experience a change in payments when recalibration budget neutrality is applied.

E. Effects of Proposed Wage Index Changes (Column 3)

Section 1886(d)(3)(E) of the Act requires that, beginning October 1, 1993, we annually update the wage data used to calculate the wage index. In accordance with this requirement, the proposed wage index for acute care hospitals for FY 2011 is based on data submitted for hospital cost reporting periods beginning on or after October 1, 2006 and before October 1, 2007. The estimated impact of the updated wage data on hospital payments is isolated in Column 3 by holding the other payment parameters constant in this simulation. That is, Column 3 shows the percentage change in payments when going from a model using the FY 2010 wage index, based on FY 2006 wage data, and having a 100-percent occupational mix adjustment applied, to a model using the FY 2011 pre-reclassification wage index, also having a 100-percent occupational mix adjustment applied, based on FY 2007 wage data (while holding other payment parameters such as use of the Version 28.0 MS–DRG GROUPER constant). The occupational mix adjustment is based on the FY 2008/2009 occupational mix survey. The wage data was not affected by any of the provisions under the Affordable Care Act for FY 2011.

Column 3 shows the impacts of updating the wage data using FY 2007 cost reports. Overall, the new wage data will lead to a 0.0 percent change for all hospitals before being combined with the wage budget neutrality adjustment shown in Column 5. Among the regions, the largest increase is in the rural Middle Atlantic region, which experiences a 0.4 percent increase before applying an adjustment for budget neutrality. The largest decline from updating the wage data is seen in Urban East South Central (0.5 percent decrease).

F. Application of the Wage Budget Neutrality Factor (Column 4)

Column 4 shows the impact of the new wage data with the application of the wage budget neutrality factor. In FY 2010, we began calculating separate wage budget neutrality and recalibration budget neutrality factors, in accordance with section 1886(d)(3)(E) of the Act, which specifies that budget neutrality to account for wage changes or updates made under that subparagraph must be made without regard to the 62 percent labor-related share guaranteed under section 1886(d)(3)(E)(ii) of the Act. Therefore, for FY 2011, we are calculating the wage budget neutrality factor to ensure that payments under updated wage data are budget neutral without regard to the lower labor-related share of 62 percent applied to hospitals with a wage index less than or equal to 1. In other words, the wage budget neutrality is calculated under the assumption that all hospitals receive the higher labor-related share of the standardized amount. The wage budget neutrality factor is revised because the market basket update to the standardized amount was reduced by 0.25 percent under the Affordable Care Act. Because the wage data changes did not change overall payments (displayed in Column 3), the revised wage budget neutrality factor is 1.00007, and the overall payment change is 0.0 percent.

G. Combined Effects of Proposed MS–DRG and Wage Index Changes (Column 5)

Section 1886(d)(4)(C)(iii) of the Act requires that changes to MS–DRG reclassifications and the relative weights cannot increase or decrease aggregate payments. In addition, section 1886(d)(3)(E) of the Act specifies that any updates or adjustments to the wage index are to be budget neutral. We computed a proposed wage budget neutrality factor of 1.00007, and a proposed recalibration budget neutrality factor of 0.996867 (which is applied to the Puerto Rico specific standardized amount and the hospital-specific rates). The product of the two budget neutrality factors is the cumulative wage and recalibration budget neutrality factor. The proposed cumulative wage and recalibration budget neutrality adjustment is 0.996937, or approximately −0.3 percent, which is applied to the national standardized amounts. Because the wage budget neutrality and the recalibration budget neutrality are calculated under different methodologies according to the statute, when the two budget neutralities are combined and applied to the standardized amount, the overall payment impact is not necessarily budget neutral. However, in this proposed rule, we are estimating that the proposed changes in the MS–DRG relative weights and updated wage data with wage and budget neutrality applied will result in a 0.0 change in payments.

We estimate that the combined impact of the proposed changes to the relative weights and MS–DRGs and the proposed updated wage data with budget neutrality applied will result in no change in payments for urban or rural hospitals. Urban New England would experience a 0.6 decrease in payments due to reductions in their case-mix and wages compared to the national average, while the urban Pacific area would experience a 0.5 percent increase in payments because of above average increases in wages and case-mix. Among the rural hospital categories, rural South Atlantic hospitals would experience the greatest decline in payment (−0.9 percent) primarily due to the changes to MS–DRGs and the relative cost weights.

H. Effects of MGCRB Reclassifications (Column 6)

Our impact analysis to this point has assumed acute care hospitals are paid on the basis of their actual geographic location (with the exception of ongoing policies that provide that certain hospitals receive payments on other bases than where they are geographically located). The changes in Column 6 reflect the per case payment impact of moving from this baseline to a simulation incorporating the MGCRB decisions for FY 2011 which affect hospitals' wage index area assignments.

By spring of each year, the MGCRB makes reclassification determinations that will be effective for the next fiscal year, which begins on October 1. The MGCRB may approve a hospital's reclassification request for the purpose of using another area's wage index value. Hospitals may appeal denials of MGCRB decisions to the CMS Administrator. Further, hospitals have 45 days from publication of the IPPS rule in the **Federal Register** to decide whether to withdraw or terminate an approved geographic reclassification for the following year. Provisions in the Affordable Care Act required us to revert to FY 2008 average

hourly wage reclassification criteria for reclassifications effective in FY 2011. Therefore, additional hospitals will qualify for MGCRB reclassification compared to the FY 2011 IPPS/LTCH PPS proposed rule (or will qualify for their primary reclassification), published on May 4, 2010. This column reflects an expectation that these additional hospitals will qualify for geographic reclassification.

The overall effect of geographic reclassification is required by section 1886(d)(8)(D) of the Act to be budget neutral. Therefore, for the purposes of this impact analysis, we are applying an adjustment of 0.995425 to ensure that the effects of the section 1886(d)(10) reclassifications are budget neutral (section II.A. of the Addendum to this supplemental proposed rule). Geographic reclassification generally benefits hospitals in rural areas. We estimate that geographic reclassification will increase payments to rural hospitals by an average of 1.6 percent. By region, all the rural hospital categories will experience increases in payments due to MGCRB reclassification where rural hospitals in the Mountain region will experience a 0.1 percent increase in payments and rural hospitals in the East South Central region will experience a 2.4 percent increase in payments.

Table 9A of the Addendum to this proposed rule reflects the approved reclassifications for FY 2011.

I. Effects of the Rural Floor and Imputed Floor, Including Application of National Budget Neutrality (Column 7)

As discussed in section III.B. of the preamble of the FY 2009 IPPS final rule, the FY 2010 IPPS/RY 2010 LTCH final rule and this proposed rule, section 4410 of Public Law 105–33 established the rural floor by requiring that the wage index for a hospital in any urban area cannot be less than the wage index received by rural hospitals in the same State. In FY 2008, we changed how we applied budget neutrality to the rural floor. Rather than applying a budget neutrality adjustment to the standardized amount, a uniform budget neutrality adjustment is applied to the wage index. In the FY 2009 final rule, we finalized the policy to apply the rural floor budget neutrality at the State level with a 3-year transition. In FY 2009, hospitals received a blended wage index that is 20 percent of a wage index with the State level rural and imputed floor budget neutrality adjustment and 80 percent of a wage index with the national budget neutrality adjustment. In FY 2010, hospitals received a blended wage index that is 50 percent of a wage index with the State level rural and imputed floor budget neutrality and 50 percent of a wage index with the national budget neutrality adjustment. For FY 2011, the Affordable Care Act requires that we apply one rural floor budget neutrality to the wage index, nationally. The proposed FY 2011 rural floor budget neutrality factor applied to the wage index is 0.995425.

Furthermore, the FY 2005 IPPS final rule (69 FR 49109) established a temporary imputed floor for all urban States from FY 2005 to FY 2007. The rural floor requires that an urban wage index cannot be lower than the wage index for any rural hospital in that State. Therefore, an imputed floor was established for States that do not have rural areas or rural IPPS hospitals. In the FY 2008 IPPS final rule with comment period (72 FR 47321), we finalized our proposal to extend the imputed floor for 1 additional year. In the FY 2009 IPPS final rule (73 FR 48573), we extended the imputed floor for an additional 3 years through FY 2011. In the FY 2011 IPPS/LTCH PPS proposed rule published on May 4, 2010, we applied rural floor budget neutrality at the State-level. However, the Affordable Care Act requires that, effective for FY 2011, we apply rural floor and imputed floor budget neutrality at the national level, as we did in FY 2008.

Column 7 shows the projected impact of the rural floor and the imputed floor with the national rural and imputed floor budget neutrality factor applied to the wage index. The column compares the proposed post-reclassification FY 2011 wage index of providers before the rural floor adjustment and the post-reclassification FY 2011 wage index of providers with the rural floor and imputed floor adjustment. Only urban hospitals can benefit from the rural floor provision. Because the provision is budget neutral, all other hospitals (that is, all rural hospitals and those urban hospitals to which the adjustment is not made) experience a decrease in payments due to the budget neutrality adjustment applied nationally to their wage index.

We project that, in aggregate, rural hospitals will experience a 0.1 percent decrease in payments as a result of the application of rural floor budget neutrality because the rural hospitals located in States with a rural floor do not benefit from the rural floor, but have their wage indexes downwardly adjusted to ensure that the application of the rural floor is budget neutral overall within the State. We project hospitals located in other urban areas (populations of 1 million or fewer) will experience a 0.1 percent increase in payments because those providers benefit from the rural floor. Urban hospitals in the Pacific region can expect 0.9 percent increase in payments because a large percentage of hospitals in this region receive the rural floor. Urban hospitals in the Middle Atlantic can expect a 0.1 percent increase in payments because New Jersey hospitals receive the imputed floor with a national budget neutrality adjustment. Rural hospitals in all regions can expect a 0.1 to 0.2 percent decrease in payments because the rural and imputed floors only benefit urban hospitals.

J. Effects of the Proposed Application of the Frontier Wage Index (Column 8)

Section 10324(a) of Affordable Care Act requires that we establish a minimum post-reclassified wage-index of 1.00 for all hospitals located in Frontier States. Frontier States are defined in the statute as States with at least 50 percent of its counties with a population density lesser than 6 persons per square mile. Based on these criteria, five States (Montana, North Dakota, Nevada, South Dakota, and Wyoming) are considered Frontier States and 51 hospitals located in those States would receive a frontier wage index of 1.0. This provision is not budget neutral and is estimated to increase IPPS operating payments by approximately $48 million.

Urban hospitals located in the West North Central region and urban hospitals located in the Mountain region will experience an increase in payments by 0.5 percent and 0.2, respectively, because many of the hospitals located in this region are frontier hospitals. Similarly, rural hospitals located in the West North Central and rural hospitals in the Mountain region will experience an increase in payments by 0.1 and 0.5, respectively.

K. Effects of the Proposed Wage Index Adjustment for Out-Migration (Column 9)

Section 1886(d)(13) of the Act, as added by section 505 of Public Law 108–173, provides for an increase in the wage index for hospitals located in certain counties that have a relatively high percentage of hospital employees who reside in the county, but work in a different area with a higher wage index. Hospitals located in counties that qualify for the payment adjustment are to receive an increase in the wage index that is equal to a weighted average of the difference between the wage index of the resident county, post-reclassification and the higher wage index work area(s), weighted by the overall percentage of workers who are employed in an area with a higher wage index. With the out-migration adjustment, small rural providers with less than 100 beds will experience a 0.5 percent increase in payments in FY 2011 relative to no adjustment at all. We included these additional payments to providers in the impact table shown above, and we estimate the impact of these providers receiving the out-migration increase to be approximately $20 million.

L. Effects of All Proposed Changes Prior to Documentation and Coding (or CMI) Adjustment (Column 10)

Column 10 shows our estimate of the changes in payments per discharge from FY 2010 and FY 2011, resulting from all proposed changes reflected in this supplemental rule and the May 4, 2010 IPPS/LTCH PPS proposed rule for FY 2011 (including statutory changes), other than the proposed documentation and coding adjustment. Column 10 reflects the impact of all other FY 2011 changes relative to FY 2010, including those shown in Columns 1 through 9. We note that our baseline FY 2010 operating estimates account for the provisions under the Affordable Care Act that affected the FY 2010 operating payments. The average increase in payments under the IPPS for all hospitals is approximately 2.0 percent. This includes the 2.15 percent applicable percentage increase (including the −0.25 reduction to the market basket increase required under the Affordable Care Act). In addition, it reflects the estimated 0.2 percentage point difference between the projected outlier payments in FY 2010 (5.1 percent of total MS–DRG payments), the current estimate of the percentage of actual outlier payments in FY 2010 (4.9 percent) as described in the introduction to this Appendix and the Addendum to this

proposed rule. Finally, it accounts for −0.2 percent decrease in payments due to the expiration of Section 508 reclassifications that had been extended for FY 2010 under the Affordable Care Act.

There might also be interactive effects among the various factors comprising the payment system that we are not able to isolate. For these reasons, the values in Column 10 may not equal the sum of the percentage changes described above.

M. Effects of All FY 2011 Proposed Changes With CMI Adjustment (Column 11)

Column 11 shows our estimate of the changes in payments per discharge from FY 2010 and FY 2011, resulting from all proposed changes reflected in the May 4, 2010 IPPS/LTCH PPS proposed rule for FY 2011 and provisions described in this supplemental proposed rule required under the Affordable Care (including statutory changes). The FY 2010 baseline estimates account for the provisions under the Affordable Care Act that affected the FY 2010 operating payments. Specifically, the FY 2010 baseline payment estimates account for the additional −0.25 reduction in the applicable percentage increase applied to discharges for FY 2010 discharges occurring on or after April 1, 2010 and accounts for the extension of Section 508 reclassifications for FY 2010. As discussed in the FY 2011 IPPS/LTCH PPS proposed rule, this column includes the proposed FY 2011 documentation and coding adjustment of −2.9 percent on the national standardized amount, −2.9 percent on the hospital-specific rates, and −2.4 percent on the Puerto Rico-specific standardized amount, which overall accounts for a 2.9 percent decrease in payments.

The average decrease in payments under the IPPS for all hospitals is approximately −0.9 percent. As described in Column 10, this average decrease includes the effects of the 2.15 percent market basket update (including the −0.25 reduction in the applicable percentage increase required under the Affordable Care Act), the 0.2 percentage point difference between the projected outlier payments in FY 2011 (5.1 percent of total MS–DRG payments), and the current estimate of the percentage of actual outlier payments in FY 2010 (4.9 percent). In addition, it includes a −0.2 percent decrease in payments due to the expiration of Section 508 reclassifications that had been extended for FY 2010 under the Affordable Care Act. Section 508 reclassification was not a budget-neutral provision. There might also be interactive effects among the various factors comprising the payment system that we are not able to isolate. For these reasons, the values in Column 11 may not equal the sum of the percentage changes described above.

The overall proposed change in payments per discharge for hospitals paid under the IPPS in FY 2011 is estimated to decrease by 0.9 percent. The payment decreases among the hospital categories are largely attributed to the proposed documentation and coding adjustments. Hospitals in urban areas would experience an estimated 0.8 percent decrease in payments per discharge in FY 2011 compared to FY 2010. Hospital payments per discharge in rural areas are estimated to decrease by 1.4 percent in FY 2011 as compared to FY 2010. The decreases larger than the national average for rural areas are largely attributed to the differential impact of the MS–DRGs and wage data and due to the −2.9 percent documentation and coding adjustment applied to the national standardized amount and the −2.9 percent documentation and coding adjustment to the hospital-specific rate applied to SCHs and MDHs, which generally are classified as rural hospitals.

Among urban census divisions, the largest estimated payment decreases will be 2.0 percent in the New England region and 1.4 percent in the Middle Atlantic region because many of the urban providers in these regions had benefited from Section 508 reclassification in FY 2010 that has expired for FY 2011. Urban hospitals in the Pacific will see the largest payment increases (0.6 percent) because urban providers in this region will benefit from the rural floor and application of a national rural floor budget neutrality factor. Among the rural regions, the providers in the New England region will experience the largest decrease in payments (2.3 percent) because of the expiration of Section 508 reclassifications while rural hospitals in the Mountain region will experience the smallest decreases in payments by 0.4 percent because the rural providers in this region benefit from MGCRB reclassification and the Frontier wage index provision, required under the Affordable Care Act.

Among special categories of rural hospitals, MDHs will receive an estimated payment decrease of 1.1 percent. MDHs are paid the higher of the IPPS rate based on the national standardized amount, that is, the Federal rate, or, if the hospital-specific rate exceeds the Federal rate, the Federal rate plus 75 percent of the difference between the Federal rate and the hospital-specific rate. MDHs will experience a decrease in payments because of the proposed documentation and coding adjustments applied to both the hospital-specific rate and the Federal rate. SCHs are also paid the higher of their hospital-specific rate or the Federal rate. Overall, SCHs will experience an estimated decrease in payments by 1.8 percent due to the proposed documentation and coding adjustments to the national standardized amount and the hospital-specific rates.

Rural hospitals reclassified for FY 2011 are anticipated to receive a 1.0 percent payment decrease, and rural hospitals that are not reclassifying are estimated to receive a payment decrease of 1.9 percent.

Cardiac hospitals are expected to experience a payment increase of 0.3 percent in FY 2011 relative to FY 2010 due to increases in payments attributable to changes in the MS–DRGs and relative weights.

N. Impact Analysis of Table II

Table II presents the projected impact of the proposed changes for FY 2011 as published in the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule and the provisions required under the Affordable Care Act in this notice for urban and rural hospitals and for the different categories of hospitals shown in Table I. It compares the estimated average payments per discharge for FY 2010 with the proposed payments per discharge for FY 2011, as calculated under our models. The estimated FY 2010 payments per discharge incorporate the provisions in the Affordable Care Act. Thus, this table presents, in terms of the average dollar amounts paid per discharge, the combined effects of the proposed changes presented in Table I. The estimated percentage changes shown in the last column of Table II equal the estimated percentage changes in average payments per discharge from Column 11 of Table I.

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TABLE II.--IMPACT ANALYSIS OF PROPOSED CHANGES FOR FY 2011 ACUTE CARE HOSPITAL OPERATING PROSPECTIVE PAYMENT SYSTEM (PAYMENTS PER DISCHARGE)

	Number of Hospitals	Average FY 2010 Payment Per Discharge (2)	Average Proposed FY 2011 Payment Per Discharge (3)	All Proposed FY 2011 Changes (4)
All hospitals	3472	10,203	10,114	-0.9
By Geographic Location:				
Urban hospitals	2502	10,631	10,544	-0.8
Large urban areas (populations over 1 million)	1365	11,215	11,125	-0.8
Other urban areas (populations of 1 million or fewer)	1137	9,915	9,832	-0.8
Rural hospitals	970	7,597	7,493	-1.4
Bed Size (Urban):				
0-99 beds	635	8,076	8,019	-0.7
100-199 beds	791	8,949	8,866	-0.9
200-299 beds	461	9,876	9,804	-0.7
300-499 beds	425	11,022	10,934	-0.8
500 or more beds	190	13,138	13,026	-0.9
Bed Size (Rural):				
0-49 beds	337	6,176	6,108	-1.1
50-99 beds	366	7,118	6,990	-1.8
100-149 beds	164	7,498	7,412	-1.1
150-199 beds	61	8,291	8,198	-1.1
200 or more beds	42	9,405	9,279	-1.3
Urban by Region:				
New England	121	11,075	10,854	-2
Middle Atlantic	330	11,725	11,561	-1.4
South Atlantic	383	9,853	9,753	-1
East North Central	403	10,001	9,894	-1.1
East South Central	155	9,517	9,415	-1.1
West North Central	166	10,151	10,110	-0.4
West South Central	342	9,939	9,887	-0.5
Mountain	162	10,851	10,793	-0.5
Pacific	390	13,054	13,137	0.6
Puerto Rico	50	5,137	5,114	-0.4
Rural by Region:				
New England	24	9,989	9,761	-2.3
Middle Atlantic	70	7,943	7,832	-1.4
South Atlantic	165	7,354	7,223	-1.8
East North Central	120	7,851	7,751	-1.3
East South Central	175	6,922	6,802	-1.7
West North Central	100	8,008	7,964	-0.6

	Number of Hospitals	Average FY 2010 Payment Per Discharge (2)	Average Proposed FY 2011 Payment Per Discharge (3)	All Proposed FY 2011 Changes (4)
West South Central	214	6,861	6,801	-0.9
Mountain	71	8,225	8,196	-0.4
Pacific	31	10,346	10,154	-1.9
By Payment Classification:				
Urban hospitals	2555	10,608	10,521	-0.8
Large urban areas (populations over 1 million)	1403	11,193	11,103	-0.8
Other urban areas (populations of 1 million or fewer)	1152	9,885	9,803	-0.8
Rural areas	917	7,659	7,553	-1.4
Teaching Status:				
Non-teaching	2434	8,562	8,496	-0.8
Fewer than 100 Residents	798	10,114	10,020	-0.9
100 or more Residents	240	15,083	14,938	-1
Urban DSH:				
Non-DSH	834	8,894	8,821	-0.8
100 or more beds	1510	11,187	11,096	-0.8
Less than 100 beds	340	7,598	7,528	-0.9
Rural DSH:				
SCH	407	7,087	6,947	-2
RRC	209	8,413	8,314	-1.2
100 or more beds	30	6,603	6,495	-1.6
Less than 100 beds	142	5,907	5,816	-1.5
Urban teaching and DSH:				
Both teaching and DSH	806	12,220	12,109	-0.9
Teaching and no DSH	169	9,750	9,638	-1.1
No teaching and DSH	1044	9,139	9,083	-0.6
No teaching and no DSH	536	8,490	8,437	-0.6
Rural Hospital Types:				
RRC	183	8,532	8,456	-0.9
SCH	340	8,069	7,923	-1.8
MDH	187	6,320	6,248	-1.1
SCH and RRC	108	9,472	9,362	-1.2
MDH and RRC	13	8,003	7,914	-1.1
Type of Ownership:				
Voluntary	1978	10,359	10,259	-1
Proprietary	837	9,136	9,086	-0.5
Government	577	10,702	10,620	-0.8
Medicare Utilization as a Percent of Inpatient Days:				

	Number of Hospitals	Average FY 2010 Payment Per Discharge (2)	Average Proposed FY 2011 Payment Per Discharge (3)	All Proposed FY 2011 Changes (4)
0-25	353	13,597	13,515	-0.6
25-50	1593	11,119	11,035	-0.8
50-65	1202	8,536	8,433	-1.2
Over 65	237	7,462	7,404	-0.8
Hospitals Reclassified by the Medicare Geographic Classification Review Board: FY 2011 Reclassifications:				
All Reclassified Hospitals FY 2011	825	9,920	9,825	-1
All Non-Reclassified Hospitals FY 2011	2647	10,311	10,224	-0.8
Urban Reclassified Hospitals FY 2011:	494	10,585	10,486	-0.9
Urban Non-reclassified Hospitals FY 2011	:1979	10,656	10,573	-0.8
Rural Reclassified Hospitals FY 2011	331	8,183	8,100	-1
Rural Nonreclassified Hospitals FY 2011:	576	6,868	6,738	-1.9
All Section 401 Reclassified Hospitals:	37	8,915	8,778	-1.5
Other Reclassified Hospitals (Section 1886(d)(8)(B))	63	7,274	7,145	-1.8
Specialty Hospitals				
Cardiac Hospitals	19	11,488	11,523	0.3

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VII. Effects of Other Supplemental Proposed Policy Changes

In addition to those supplemental proposed policy changes discussed above that we are able to model using our IPPS payment simulation model, we are proposing to make various other changes in this supplemental proposed rule. Generally, we have limited or no specific data available with which to estimate the impacts of these changes. Our estimates of the likely impacts associated with these other supplemental proposed changes are discussed below.

A. Effects of the Supplemental Proposed Low-Volume Hospital Payment Adjustment: Changes for FYs 2011 and 2012

The low-volume hospital payment adjustment changes for FYs 2011 and 2012, as discussed in section II.C. of the preamble to this supplemental proposed rule, expands eligibility for the low-volume hospital payment adjustment to hospitals with less than 1,600 Medicare discharges (instead of the prior requirement of less than 800 total, Medicare and non-Medicare, discharges) and more than 15 miles from other IPPS hospitals (rather than the prior requirement of more than 25 miles). The payment adjustment is changed also, from an empirically determined (69 FR 49099 through 49102 and 70 FR 47432 through 47434) additional 25 percent payment adjustment to qualifying hospitals with less than 200 total discharges, to a continuous, linear sliding scale adjustment ranging from an additional 25 percent payment adjustment to hospitals with 200 or less Medicare discharges to no additional payment to hospitals with 1,600 or more Medicare discharges.

We estimate, based on FY 2009 claims (MedPAR) data, an additional 1,524 hospitals would meet the Medicare discharges criterion to qualify as a low-volume hospital. However, we are not able to estimate the number of these 1,524 hospitals that would also meet the distance criterion. The actual number of hospitals that would also meet the distance criterion to qualify as a low-volume hospital would be less, very likely much less, than the estimated 1,524 maximum number of potential low-volume hospitals for FY 2011. If all 1,524 hospitals that meet the Medicare discharge requirement also meet the distance requirement, the additional Medicare IPPS dollars the temporary change to the low-volume hospital payment adjustment would require, at most, based on each hospital's number of Medicare discharges and the corresponding payment adjustment amount, an estimated $877 million for FY 2011. At this time, we are not able to estimate the impact of the change for FY 2012.

B. Effects of the Supplemental Proposed Change for Medicare-Dependent, Small Rural Hospitals

As discussed in section II.D. of the preamble to this supplemental proposed rule, section 3124 of Public Law 111–148 extends the MDH program for 1 additional year, from the end of FY 2011 (that is, for discharges before October 1, 2011) to the end of FY 2012 (that is, for discharges before October 1, 2012). The extension has no impact on FY 2011. For FY 2012, the extension allows the continuation of MDH status and the payment methodology, for an MDH to be paid its hospital-specific rate, based on its FY 1982, 1987, or 2002 costs per discharge, rather than the Federal rate, if this results in a greater aggregate payment (section II.D. of the preamble to this supplemental proposed rule). Therefore, the impact of the extension is one additional year of hospital-specific rate payments for MDHs rather than Federal rate payments for IPPS hospitals without special treatment as an MDH.

C. Effects of the Supplemental Proposed Additional Payments to Qualifying Hospitals in Low Medicare Spending Counties

Under section 1109 of Public Law 111–152, Congress has allocated $400 million to be spent for FYs 2011 and 2012 to qualifying hospitals located in the bottom quartile of counties with the lowest Medicare Part A and Part B spending per enrollee. In our proposal described in section II.E. of the preamble to this supplemental proposed rule, we have identified the list of eligible counties and the qualifying hospitals located in those counties that would receive the $400 million. We are proposing to spend $200 million in FY 2011 and $200 million in FY 2012. This money will be given to the qualifying hospitals by the FI or A/B MAC through a one-time annual payment. In section II.E. of the preamble to this supplemental proposed rule, Table 2 lists the distribution of payments among the proposed list of qualifying hospitals. In addition, Table 3 in section II.E. of the preamble to this supplemental

proposed rule lists the distribution of payment by State for FY 2011.

D. Effects of the Supplemental Proposed Implementation of the Rural Community Hospital Demonstration Program

In section II.F. of the preamble of this supplemental rule, we discuss our implementation of section 410A of Public Law 108–173, which required the Secretary to establish a demonstration that would modify reimbursement for inpatient services for up to 15 small rural hospitals. Section 410A(c)(2) Public Law 108–173 requires that "[i]n conducting the demonstration program under this section, the Secretary shall ensure that the aggregate payments made by the Secretary do not exceed the amount which the Secretary would have paid if the demonstration program under this section was not implemented." As discussed in section II.F. of the preamble of this supplemental rule, in the IPPS final rule for each of the previous 6 fiscal years, we have estimated the additional payments as a result of the demonstration for each of the participating hospitals. In order to achieve budget neutrality, we are proposing to adjust the national IPPS rates by an amount sufficient to account for the added costs of this demonstration. In other words, we are proposing to apply budget neutrality across the payment system as a whole rather than merely across the participants of this demonstration. We believe that the language of the statutory budget neutrality requirement permits the agency to implement the budget neutrality provision in this manner. The statutory language requires that "aggregate payments made by the Secretary do not exceed the amount which the Secretary would have paid if the demonstration * * * was not implemented" but does not identify the range across which aggregate payments must be held equal.

An extension of this demonstration has been mandated by the Affordable Care Act. The demonstration will be extended for an additional 5 years and expanded to up to 30 hospitals. We are proposing to make an adjustment in the FY 2011 IPPS/LTCH PPS final rule of $69,279,673 to the national IPPS rates. This amount ($69,279,673) accounts for the following: (1) An estimate of the demonstration cost for FY 2011 for the 10 hospitals that are currently participating in the demonstration; (2) an estimate of the cost of the continuation of the 7 hospitals that have participated in the demonstration since its inception and that are still participating—for the portions of their cost reporting periods in FY 2010 that are not covered in the estimated cost of the demonstration in the FY 2010 IPPS final rule because we formulated these estimates under the assumption that the demonstration would end in FY 2010; and (3) an estimate of the cost of participation in the demonstration for 20 additional hospitals in FY 2011. Not included in this amount is an adjustment that we proposed to make in addition for the FY 2011 IPPS/LTCH PPS final rule to account for any differences between the cost of the demonstration program for hospitals participating in the demonstration during FY 2007, as indicated by their settled cost reports beginning in FY 2007, and the amount that was offset by the budget neutrality adjustment for FY 2007. The specific numeric value associated with this component of the proposed adjustment to the national IPPS rates cannot be known until cost reports beginning in FY 2007 for the hospitals participating during FY 2007 in the demonstration are settled. We expect those cost reports to be settled prior to the publication of the FY 2011 IPPS/LTCH PPS final rule, and that we will be able to incorporate the estimated amount in the FY 2011 IPPS/LTCH PPS final rule.

E. Effects of the Supplemental Proposed Payment for Critical Access Hospital Outpatient Services and Ambulance Services

In section II.H. of the preamble of this supplemental proposed rule, we discuss our proposal to implement section 3128 of Public Law 111–148 by amending the regulations at § 413.70(b)(3)(ii)(A) to state that, effective for cost reporting periods beginning on or after January 1, 2004, payment for outpatient facility services under the optional method will also be made at 101 percent of reasonable costs. We are also proposing to amend the regulations at § 413.70(b)(5)(i) to state that effective for cost reporting periods beginning on or after January 1, 2004, payment for ambulance services furnished by a CAH or an entity that is owned and operated by a CAH is 101 percent of the reasonable costs of the CAH or the entity in furnishing those services, but only if the CAH or the entity is the only provider or supplier of ambulance services located within a 35-mile drive of the CAH or the entity. We do not believe these proposals will result in additional payments to CAHs for prior periods because we believe that in fact we have paid CAHs for these services at 101 percent of reasonable costs during these prior periods.

VIII. Effects of Proposed Changes in the Capital IPPS

A. General Considerations

Provisions of Public Law 111–148 necessitated revising the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule. While the proposed IPPS payment rates for capital-related costs were not directly affected by provisions of Public Law 111–148, changes to the wage index as well as to the outlier payment adjustment factor were required by the law. Changes to the wage index affect the geographic adjustment factor (GAF) under the capital IPPS which is used in conjunction with a factor for changes in DRG classifications and weights to determine a proposed budget neutrality adjustment factor in calculating the proposed capital IPPS rate. A revision of the proposed outlier payment adjustment factor was required because both inpatient operating and inpatient capital-related payments use a single set of thresholds to identify outlier cases. Changes resulting from the provisions of Public Law 111–148 are discussed in more detail in section II.A. of the preamble of this supplemental proposed rule.

The data used in developing the impact analysis presented below are the same as that used for the impact analysis in the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule—the December 2009 update of the FY 2009 MedPAR file and the December 2009 update of the Provider-Specific File (PSF) that is used for payment purposes. Although the analyses of the changes to the capital prospective payment system do not incorporate cost data, we used the December 2009 update of the most recently available hospital cost report data (FYs 2006 and 2007) to categorize hospitals. Our analysis has several qualifications. We use the best data available and make assumptions about case-mix and beneficiary enrollment as described below. In addition, as discussed in section V.E. of the Preamble to the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule, we are proposing a −2.9 percent documentation and coding adjustment to the national capital rate for FY 2011 in addition to the −0.6 percent adjustment established for FY 2008, and the −0.9 percent adjustment for FY 2009. This results in a cumulative adjustment factor of 0.957 that we are proposing to apply to the national capital rate to account for improvements in documentation and coding under the MS–DRGs in FY 2011. We also are proposing to adjust the Puerto Rico-specific capital rate in FY 2011 to account for changes in documentation and coding resulting from the adoption of the MS–DRGs.

Due to the interdependent nature of the IPPS, it is very difficult to precisely quantify the impact associated with each change. In addition, we draw upon various sources for the data used to categorize hospitals in the tables. In some cases (for instance, the number of beds), there is a fair degree of variation in the data from different sources. We have attempted to construct these variables with the best available sources overall. However, for individual hospitals, some miscategorizations are possible.

Using cases from the December 2009 update of the FY 2009 MedPAR file, we simulated payments under the capital IPPS for revised FY 2010 and revised FY 2011 (both years have been revised to account for provisions in the Affordable Care Act that required changes to the wage index and outlier threshold, as discussed above in this section) for a comparison of total payments per case. Any short-term, acute care hospitals not paid under the general IPPS (Indian Health Service hospitals and hospitals in Maryland) are excluded from the simulations.

The basic methodology for determining a capital IPPS payment is set forth at § 412.312. The basic methodology for calculating capital IPPS payments in FY 2011 is as follows:

(Standard Federal Rate) × (DRG weight) × (GAF) × (COLA for hospitals located in Alaska and Hawaii) × (1 + DSH Adjustment Factor + IME adjustment factor, if applicable).

In addition to the other adjustments, hospitals may also receive outlier payments for those cases that qualify under the threshold established for each fiscal year. We modeled payments for each hospital by multiplying the capital Federal rate by the GAF and the hospital's case-mix. We then added estimated payments for indirect medical education, disproportionate share, and outliers, if applicable. For purposes of

this impact analysis, the model includes the following assumptions (we note that these are the same assumptions used for the impact analysis in the FY 2011 IPPS/LTCH PPS proposed rule (75 FR 24310):

- We estimate that the Medicare case-mix index will increase by 1.0 percent in both FYs 2010 and 2011.
- We estimate that the Medicare discharges will be approximately 11.8 million in FY 2010 and 12 million FY 2011.
- The capital Federal rate was updated beginning in FY 1996 by an analytical framework that considers changes in the prices associated with capital-related costs and adjustments to account for forecast error, changes in the case-mix index, allowable changes in intensity, and other factors. The proposed factors used in the update framework are not affected by the provisions of Pub. L. 111–148, as amended, and therefore, remains at the proposed 1.5 percent for FY 2011, as discussed in section III.A.1. of the May 4, 2010 FY 2011 I PPS/LTCH PPS proposed rule.
- In addition to the proposed FY 2011 update factor, the proposed FY 2011 capital Federal rate was calculated based on a proposed GAF/DRG budget neutrality factor of 1.0015, a proposed outlier adjustment factor of 0.9432, and a proposed (special) exceptions adjustment factor of 0.9997.
- For FY 2011, as discussed above and in section V.E. of the preamble to the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule, we are proposing to apply a 0.957 adjustment to the proposed FY 2011 national capital rate for changes in documentation and coding that are expected to increase case-mix under the MS–DRGs.

B. Results

We used the actuarial model described above to estimate the potential impact of our proposed changes for FY 2011 on total capital payments per case, using a universe of 3,472 hospitals. As described above, the individual hospital payment parameters are taken from the best available data, including the December 2009 update of the FY 2009 MedPAR file, the December 2009 update to the PSF, and the most recent cost report data from the December 2009 update of HCRIS. In Table III, we present a comparison of estimated total payments per case for FY 2010, as revised per the Affordable Care Act, compared to FY 2011 based on the proposed FY 2011 payment policies. Column 2 shows estimates of payments per case under our model for FY 2010 (as revised). Column 3 shows estimates of payments per case under our model for FY 2011. Column 4 shows the total percentage change in payments from revised FY 2010 to FY 2011. The change represented in Column 4 includes the proposed 1.5 percent update to the capital Federal rate and other proposed changes in the adjustments to the capital Federal rate. The comparisons are provided by: (1) Geographic location; (2) region; and (3) payment classification.

The simulation results show that, on average, capital payments per case in FY 2011 are expected to decrease as compared to capital payments per case in FY 2010. The proposed capital rate for FY 2011 would increase 1.5 percent as compared to the FY 2010 capital rate. The proposed changes to the GAFs are expected to result, on average, in a slight decrease in capital payments, although, for rural regions, it is more of a contributing factor to the overall decrease in capital payments than to urban areas mostly due to the application of the rural floor to the wage index. We also are estimating an increase in outlier payments from FY 2010 to FY 2011 due primarily to an estimated decrease in capital IPPS payments per discharge. Since capital payments per discharge are projected to be slightly lower in FY 2011 compared to FY 2010, more cases would qualify for outlier payments. Because our impact analysis includes actuarial assumptions of growth from FY 2010 to FY 2011, the analysis shows a slight increase in capital payments. However, the net impact of these proposed changes is an estimated −0.2 percent change in capital payments per discharge from FY 2010 to FY 2011 for all hospitals (as shown below in Table III).

The geographic comparison shows that, on average, all urban hospitals, as well as hospitals in large urban areas, are expected to experience a 0.1 percent decrease in capital IPPS payments per case in FY 2011 as compared to FY 2010. Capital IPPS payments per case for rural hospitals are expected to decrease 0.6 percent.

The change comparisons by regions show some regions experiencing slight increases in total capital payments, while other regions are estimated to experience slight decreases in capital payments from FY 2010 to FY 2011. For the urban regions, changes in capital payments range from a −1.6 percent in the New England region to an increase of 1.4 percent for the Pacific region. The rural regions show estimates of a −2.4 percent change in capital payments from FY 2010 to FY 2011 in the New England rural region to a 2.1 percent increase for the Mountain rural region.

By type of ownership, proprietary hospitals are estimated to experience a 0.2 percent change in capital payments, voluntary hospitals are estimated to experience a 0.3 percent decrease in capital payments per case, while there is no change estimated for government hospitals in capital payments per case from FY 2010 to FY 2011.

Section 1886(d)(10) of the Act established the MGCRB. Hospitals may apply for reclassification for purposes of the wage index for FY 2011. Reclassification for wage index purposes also affects the GAFs because that factor is constructed from the hospital wage index.

To present the effects of the hospitals being reclassified for FY 2011, we show the average capital payments per case for reclassified hospitals for FY 2010, as revised per the Affordable Care Act. All classifications of reclassified hospitals are expected to experience a decrease in capital payments in FY 2011 as compared to FY 2010. Urban reclassified and rural reclassified hospitals are expected to have a decrease in capital payments of −0.4 percent and −0.3 percent, respectively. No change is estimated in capital payments for urban non-reclassified hospitals, while rural non-reclassified hospital capital payments are estimated to decrease 0.9 percent. Other reclassified hospitals (that is, hospitals reclassified under section 1886(d)(8)(B) of the Act) are expected to experience a decrease of 1.6 percent in capital payments from FY 2010 to FY 2011.

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TABLE III.—COMPARISON OF TOTAL PAYMENTS PER CASE
[FY 2010 Payments Compared To FY 2011 Payments]

	Number of hospitals	Average FY 2010 payments/ case	Average FY 2011 payments/ case	Change
By Geographic Location:				
All hospitals	3,472	793	791	-0.2
Large urban areas (populations over 1 million)	1,365	874	873	-0.1
Other urban areas (populations of 1 million of fewer)	1,137	782	781	-0.2
Rural areas	970	550	547	-0.6
Urban hospitals	2,502	833	832	-0.1
0-99 beds	635	657	657	0.0
100-199 beds	791	716	713	-0.3
200-299 beds	461	783	782	-0.2
300-499 beds	425	856	855	-0.1
500 or more beds	190	1,007	1,007	0.0
Rural hospitals	970	550	547	-0.6
0-49 beds	337	443	444	0.2
50-99 beds	366	511	505	-1.1
100-149 beds	164	555	553	-0.3
150-199 beds	61	601	601	0.0
200 or more beds	42	672	664	-1.2
By Region:				
Urban by Region	2,502	833	832	-0.1
New England	121	866	852	-1.6
Middle Atlantic	330	890	883	-0.8
South Atlantic	383	784	781	-0.3
East North Central	403	809	806	-0.4
East South Central	155	743	740	-0.5
West North Central	166	818	822	0.5
West South Central	342	776	778	0.3
Mountain	162	857	859	0.3
Pacific	390	988	1,001	1.4
Puerto Rico	50	373	375	0.3
Rural by Region	970	550	547	-0.6
New England	24	725	708	-2.4
Middle Atlantic	70	566	559	-1.2
South Atlantic	165	541	534	-1.1
East North Central	120	576	569	-1.3
East South Central	175	498	495	-0.6
West North Central	100	565	566	0.2
West South Central	214	515	519	0.8
Mountain	71	554	566	2.1
Pacific	31	697	689	-1.2
By Payment Classification:				
All hospitals	3,472	793	791	-0.2
Large urban areas (populations over 1 million)	1,403	873	872	-0.1
Other urban areas (populations of 1 million of fewer)	1,152	781	780	-0.2
Rural areas	917	547	544	-0.6
Teaching Status:				
Non-teaching	2,434	675	674	-0.1
Fewer than 100 Residents	798	796	793	-0.3
100 or more Residents	240	1,124	1,123	-0.1
Urban DSH:				
100 or more beds	1,510	861	860	-0.1
Less than 100 beds	340	594	592	-0.4
Rural DSH:				
Sole Community (SCH/EACH)	407	481	480	-0.3

TABLE III.—COMPARISON OF TOTAL PAYMENTS PER CASE
[FY 2010 Payments Compared To FY 2011 Payments]

	Number of hospitals	Average FY 2010 payments/ case	Average FY 2011 payments/ case	Change
Referral Center (RRC/EACH)	209	604	599	-0.8
Other Rural:				
100 or more beds	30	502	495	-1.3
Less than 100 beds	142	455	449	-1.3
Urban teaching and DSH:				
Both teaching and DSH	806	932	931	-0.1
Teaching and no DSH	169	810	806	-0.5
No teaching and DSH	1,044	718	718	0.0
No teaching and no DSH	536	733	733	0.0
Rural Hospital Types:				
Non special status hospitals	2,435	836	835	-0.1
RRC/EACH	59	748	748	0.1
SCH/EACH	38	690	703	1.9
Medicare-dependent hospitals (MDH)	10	473	468	-1.0
SCH, RRC and EACH	13	830	825	-0.7
Hospitals Reclassified by the Medicare Geographic Classification Review Board:				
FY2011 Reclassifications:				
All Urban Reclassified	494	838	835	-0.4
All Urban Non-Reclassified	1,979	833	832	0.0
All Rural Reclassified	331	592	590	-0.3
All Rural Non-Reclassified	576	494	490	-0.9
Other Reclassified Hospitals (Section 1886(d)(8)(B))	55	557	548	-1.6
Type of Ownership:				
Voluntary	1,978	809	807	-0.3
Proprietary	837	720	721	0.2
Government	577	795	796	0.0
Medicare Utilization as a Percent of Inpatient Days:				
0-25	353	967	970	0.3
25-50	1,593	861	861	0.0
50-65	1,202	680	676	-0.6
Over 65	237	585	582	-0.4

IX. Effects of Supplemental Proposed Payment Rate Changes and Policy Changes Under the LTCH PPS

A. Introduction and General Considerations

In section II.J. of the preamble and section III. of the Addendum of this proposed rule, we are setting forth the proposed annual update to the payment rates for the LTCH PPS for FY 2011. In the preamble, we specify the statutory authority for the proposed provisions that are presented, identify those proposed policies and present rationale for our decisions as well as alternatives that were considered. In this section IX. of Appendix to this supplemental proposed rule, we discuss the impact of the proposed changes to the payment rates, factors, and other payment rate policies related to the LTCH PPS that are presented in the preamble of this proposed rule in terms of their estimated fiscal impact on the Medicare budget and on LTCHs.

A number of the provisions of the Affordable Care Act affect the IPPS and the LTCH PPS and the providers and suppliers addressed in the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule and this supplemental proposed rule. The impacts of the Appendix to this supplemental proposed rule include the provisions from these laws effective for FY 2011.

Currently, our database of 421 LTCHs includes the data for 77 nonprofit (voluntary ownership control) LTCHs and 301 proprietary LTCHs. Of the remaining 43 LTCHs, 12 LTCHs are government-owned and operated and the ownership type of the other 31 LTCHs is unknown. In the impact analysis, we are using the proposed rates, factors, and policies presented in this supplemental proposed rule, including the 0.50 percentage point reduction to the market basket update required by sections 1886(m)(3) and (4) of the Act and the proposed updated wage index values and the labor-related share (presented in the May 4, 2010 FY 2010 IPPS/LTCH PPS proposed rule), and the best available claims and CCR data to estimate the change in payments for FY 2011. The standard Federal rate for RY 2010 is $39,794.95, which reflects the 0.25 percentage point reduction applied to the RY 2010 market basket update required under sections 1886(m)(3) and (4) of the Act (as established in a separate notice published elsewhere in this **Federal Register**). Discharges in RY 2010 occurring on or after April 1, 2010 are aid under the revised RY 2010 standard Federal rate consistent with section 3401(p) of Public Law 111–148. Discharges in RY 2010 occurring on or after October 1, 2009 and on or before March 31, 2010 are paid under the standard Federal rate of $39,896.65 (*see* 74 FR 44022).

As discussed in section III.A.3. of the Addendum to this proposed rule, consistent with our historical practice, we are proposing to update the standard Federal rate for FY 2011 by −0.59 percent in order to establish the proposed FY 2011 standard Federal rate at $39,560.16. This includes a proposed market basket update of 2.4 percent with a 0.50 percentage point reduction as required under sections 1886(m)(3) and (4) of the Act, and a proposed documentation and coding adjustment of −2.5 percent to account for increases in case-mix associated with the adoption of the MS–LTC–DRGs. Based on the best available data for the 421 LTCHs in our database, we estimate that the proposed update to the standard Federal rate for FY 2011 (discussed in section III.A.3. of the Addendum of this supplemental proposed rule) and the proposed changes to the area wage adjustment for FY 2011 (discussed in section V.B. of the Addendum to the May 4, 2010 IPPS/LTCH PPS FY 2011 IPPS/LTCH PPS proposed rule (75 FR 24085 through 24086)), in addition to an estimated increase in HCO payments and an estimated increase in SSO payments, would result in an increase in estimated payments from RY 2010 of approximately $12.9 million (or about 0.3 percent). Based on the 421 LTCHs in our database, we estimate RY 2011 LTCH PPS payments to be approximately $4.913 billion, an increase from FY 2010 LTCH PPS

payments of approximately $4.901 billion. Because the combined distributional effects and estimated changes to the Medicare program payments would be greater than $100 million, this proposed rule, in conjunction with the May 4, 2010 IPPS/LTCH PPS FY 2011 IPPS/LTCH PPS proposed rule, is considered a major economic rule, as defined in this section. We note the approximately $12.9 million for the projected increase in estimated aggregate LTCH PPS payments from RY 2010 to FY 2011 does not reflect changes in LTCH admissions or case-mix intensity in estimated LTCH PPS payments, which also would affect overall payment changes.

The projected 0.3 percent increase in estimated payments per discharge from RY 2010 to FY 2011 is attributable to several factors, including the proposed −0.59 percent decrease to the standard Federal rate, proposed changes in the wage index values (including the proposed change to the labor-related share) presented in the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule (75 FR 24085 through 24086) and projected increases in estimated HCO and SSO payments. As Table IV shows, the proposed change attributable solely to the standard Federal rate is projected to result in a decrease of 0.5 percent in estimated payments per discharge from RY 2010 to FY 2011, on average, for all LTCHs, while the proposed changes to the area wage adjustment are projected to result in an increase in estimated payments of 0.1 percent, on average, for all LTCHs.

As discussed in the May 4, 2010 FY 2011 IPPS/LTCH proposed rule (75 FR 24085 through 24086), we are proposing to update the wage index values for FY 2011 based on the most recent available data. In addition, we are proposing to decrease the labor-related share slightly from 75.779 percent to 75.407 percent under the LTCH PPS for FY 2011 based on the most recent available data on the relative importance of the labor-related share of operating and capital costs of the RPL market basket. Consistent with the May 4, 2010 FY 2011 IPPS/LTCH proposed rule, the wage data and the labor-related share is expected to increase LTCH PPS payments by 0.1 percent (75 FR 24317 through 27318).

Table IV below shows the impact of the proposed payment rate and proposed policy changes on LTCH PPS payments for FY 2011 presented in this supplemental proposed rule, in conjunction with the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule, by comparing RY 2010 estimated payments to FY 2011 estimated payments. The projected increase in payments per discharge from RY 2010 to FY 2011 is 0.3 percent (shown in Column 8). This projected increase in payments is attributable to the impacts of the proposed change to the standard Federal rate (−0.5 percent in Column 6) and the proposed change due to the area wage adjustment (0. percent in Column 7), as well as the effect of the estimated increase in payments for HCO cases and SSO cases in FY 2011 as compared to RY 2010 (0.5 percent and 0.3 percent, respectively). That is, estimated total HCO payments are projected to increase from RY 2010 to FY 2011 in order to ensure that estimated HCO payments will be 8 percent of total estimated LTCH PPS payments in FY 2011. An analysis of the most recent available LTCH PPS claims data (that is, FY 2009 claims from the December 2009 update of the MedPAR files) indicates that the RY 2010 HCO threshold of $18,615 (as established in a separate notice published elsewhere in this **Federal Register**) may result in HCO payments in RY 2010 that fall below the estimated 8 percent. Specifically, we currently estimate that HCO payments will be approximately 7.5 percent of estimated total LTCH PPS payments in RY 2010. We note that the RY 2010 outlier payment estimate in this impact analysis takes into account for the revised RY 2010 rate and outlier threshold determined consistent with sections 1886(m)(3) and (4) of the Act and section 3401(p) of Public Law 111–148 that are used to make payments for discharges in RY 2010 that occur on or after April 1, 2010. Consistent with our estimate in the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule, we estimate that the impact of the increase in HCO payments would result in approximately a 0.5 percent increase in estimated payments from RY 2010 to FY 2011 on average for all LTCHs. Furthermore, in calculating the estimated increase in payments from RY 2010 to FY 2011 for HCO and SSO cases, we increased estimated costs by the applicable market basket percentage increase as projected by our actuaries, which increases payments by 0.3 percent relative to last year. We note that estimated payments for all SSO cases comprise approximately 14 percent of estimated total LTCH PPS payments, and estimated payments for HCO cases comprise approximately 8 percent of estimated total LTCH PPS payments. Payments for HCO cases are based on 80 percent of the estimated cost of the case above the HCO threshold, while the majority of the payments for SSO cases (over 65 percent) are based on the estimated cost of the SSO case.

As we discuss in detail throughout this supplemental proposed rule, based on the most recent available data, we believe that the provisions of this supplemental proposed rule in conjunction with the provisions of the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule, relating to the LTCH PPS will result in an increase in estimated aggregate LTCH PPS payments and that the resulting LTCH PPS payment amounts result in appropriate Medicare payments.

B. Impact on Rural Hospitals

For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of an urban area and has fewer than 100 beds. As shown in Table IV, we are projecting a 0.7 percent increase in estimated payments per discharge for FY 2011 as compared to RY 2010 for rural LTCHs that would result from the proposed changes presented in this supplemental proposed rule and those changes in the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule as well as the effect of estimated changes to HCO and SSO payments. This estimated impact is based on the data for the 26 rural LTCHs in our database of 421 LTCHs, for which complete data were available. The RY 2010 average payment per case in Table IV accounts for the changes required by sections 1886(m)(3) and (4) of the Act and section 3401(p) of Public Law 111–148 which affects payments for discharges occurring on or after April 1, 2010, as described below in section IX.C.3. of the Appendix to this supplemental proposed rule.

Consistent with the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule, the estimated increase in LTCH PPS payments from RY 2010 to FY 2011 for rural LTCHs is primarily due to the higher than average impacts from the proposed changes to the area wage adjustment and the proposed reduction in the labor-related share from 75.779 to 75.407, which results in a estimated 0.6 percent increase in payments.

C. Anticipated Effects of Proposed LTCH PPS Payment Rate Change and Policy Changes

We discuss the impact of the proposed changes to the payment rates, factors, and other payment rate policies under the LTCH PPS for FY 2011 (in terms of their estimated fiscal impact on the Medicare budget and on LTCHs) in section II.I. of the preamble of this supplemental proposed rule.

1. Budgetary Impact

Section 123(a)(1) of the BBRA requires that the PPS developed for LTCHs "maintain budget neutrality." We believe that the statute's mandate for budget neutrality applies only to the first year of the implementation of the LTCH PPS (that is, FY 2003). Therefore, in calculating the FY 2003 standard Federal rate under § 412.523(d)(2), we set total estimated payments for FY 2003 under the LTCH PPS so that estimated aggregate payments under the LTCH PPS were estimated to equal the amount that would have been paid if the LTCH PPS had not been implemented.

As discussed in section IX.A. of this Appendix, we project an increase in aggregate LTCH PPS payments in FY 2011 of approximately $12.9 million (or 0.3 percent) based on the 421 LTCHs in our database.

2. Impact of Moratorium and Other Provisions

Section 114(c) and (d) of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) as amended by section 4302 of the American Recovery and Reinvestment Act of 2009 (ARRA) provided for a 3-year delay in certain payment policies relating to LTCHs and LTCH satellite facilities. Section 3106 of Public Law 111–148 and section 10312 of Public Law 111–148 together provide for a 2-year extension of the 3-year delay in implementation of certain payment policies relating to LTCHs and LTCH satellite facilities. Specifically, these provisions affect payment adjustments for "very" short stay outliers (SSOs), the one-time adjustment to the standard Federal rate, the 25 percent payment threshold policy, and the moratorium on the establishment of new LTCHs and LTCH satellite facilities and the moratorium on the increase on LTCH beds in existing LTCHs or satellite facilities.

Sections 3106 and 10312 of Public Law 111–148 together provide for a 2-year extension of the 3-year delay in implementation of the revision to the SSO

policy at § 412.529(c)(3)(i) that was finalized in the RY 2008 final rule. We estimate that the extension of the SSO provision will result in a projected increase in estimated aggregate LTCH PPS payments of approximately $20 million in FY 2011. Sections 3106 and 10312 of Public Law 111–148 together provide for a 2-year extension to several modifications to the regulations at § 412.534 and § 412.536 required by section 114(c) of MMSEA as amended by section 4302 of the ARRA, which addressed the percentage thresholds between referring hospitals and LTCHs and satellites of LTCHs. We estimate that the implementation of this extension of the MMSEA provisions, as amended by the ARRA, pertaining to § 412.534 and § 412.536 will result in a projected increase in estimated aggregate LTCH PPS payments of approximately $20 million for FY 2011.

Regarding the 2-year extension of the moratorium on the development of new LTCHs and LTCH satellites and the increase in beds in existing LTCHs and LTCH satellites, as we noted in the May 22, 2008 interim final rule with comment period when the original 3-year delay required by section 114(d) of the MMSEA as amended by the ARRA, was implemented, we are unable to quantify the impact of the additional 2 year moratorium on the establishment of LTCHs, LTCH satellite facilities, and on the increase of LTCH beds in existing LTCHs or satellite facilities with limited exceptions. We are unable to provide an estimate of the impact of the 2-year extension of this provision because we have no way of determining how many LTCHs would have opened in the absence of the moratorium, nor do we have sufficient information at this time to determine how many new LTCHs will meet the exceptions criteria provided for in the statute.

3. Impact on Providers

The basic methodology for determining a per discharge LTCH PPS payment is set forth in § 412.515 through § 412.536. In addition to the basic MS–LTC–DRG payment (standard Federal rate multiplied by the MS–LTC–DRG relative weight), we make adjustments for differences in area wage levels, COLA for Alaska and Hawaii, and SSOs. Furthermore, LTCHs may also receive HCO payments for those cases that qualify based on the threshold established each year.

To understand the impact of the proposed changes to the LTCH PPS payments presented in this supplemental proposed rule on different categories of LTCHs for FY 2011, it is necessary to estimate payments per discharge for RY 2010 using the rates, factors, including the FY 2010 GROUPER (Version 27.0) and relative weights, and policies established in the FY 2010 IPPS/RY 2010 LTCH PPS final rule (74 FR 43945 through 43994 and 44021 through 44030) and to include any changes to payments due to the provisions under sections 1886(m)(3) and (4) of the Act and section 3401(p) of Public Law 111–148 which affects payments for discharges occurring on or after April 1, 2010 in RY 2010 (as established in a separate notice published elsewhere in this **Federal Register**). It is also necessary to estimate the payments per discharge that would be made under the proposed revised LTCH PPS rates, factors, policies, and GROUPER (Version 28.0) for FY 2011 (as discussed in II.J. of the preamble and section III.A. of the Addendum to this supplemental proposed rule and section VII. of the preamble and section V. of the Addendum of the May 4, 2011 IPPS/LTCH PPS FY 2011 proposed rule). These estimates of RY 2010 and FY 2011 LTCH PPS payments are based on the best available LTCH claims data and other factors, such as the application of inflation factors to estimate costs for SSO and HCO cases in each year. We also evaluated the change in estimated RY 2010 payments to estimated FY 2011 payments (on a per discharge basis) for each category of LTCHs.

Hospital groups were based on characteristics provided in the OSCAR data, FY 2006 through FY 2007 cost report data in HCRIS, and PSF data. Hospitals with incomplete characteristics were grouped into the "unknown" category. Hospital groups include the following:

- Location: Large urban/other urban/rural.
- Participation date.
- Ownership control.
- Census region.
- Bed size.

To estimate the impacts of the payment rates and policy changes among the various categories of existing providers, we used LTCH cases from the FY 2009 MedPAR file to estimate payments for RY 2010 and to estimate payments for FY 2011 for 421 LTCHs. We believe that the discharges based on the FY 2009 MedPAR data for the 421 LTCHs in our database, which includes 301 proprietary LTCHs, provide sufficient representation in the MS–LTC–DRGs containing discharges for patients who received LTCH care for the most commonly treated LTCH patients' diagnoses.

4. Calculation of Prospective Payments

For purposes of this impact analysis, to estimate per discharge payments under the LTCH PPS, we simulated payments on a case-by-case basis using LTCH claims from the FY 2009 MedPAR files. For modeling estimated LTCH PPS payments for RY 2010, we calculated a blended RY 2010 payment to account for changes in the rate in accordance with sections 1886(m)(3) and (4) of the Act and section 3401(p) of Public Law 111–148. Specifically, we applied the RY 2010 standard Federal rate (that is, $39,896.65, under which LTCH discharges occurring on or after October 1, 2009, and through March 31, 2010 are paid, and $39,794.95, under which LTCH discharges occurring on or after April 1, 2010 to September 30, 2010 are paid). For modeling estimated LTCH PPS payments for FY 2011, we applied the proposed FY 2011 standard Federal rate of $39,560.16, which would be effective for LTCH discharges occurring on or after October 1, 2010, and through September 30, 2011.

Furthermore, in modeling estimated LTCH PPS payments for both RY 2010 and FY 2011 in this impact analysis, we applied the RY 2010 and proposed FY 2011 adjustments for area wage differences and the COLA for Alaska and Hawaii. Specifically, we adjusted for area wage differences for estimated RY 2010 payments using the current LTCH PPS labor-related share of 75.779 percent (74 FR 43968), the wage index values established in the Tables 12A and 12B of the Addendum to the FY 2010 IPPS/RY 2010 LTCH PPS final rule (74 FR 44192 through 44213) and the RY 2010 COLA factors shown in the table in section V. of the Addendum to that final rule (74 FR 44026). Similarly, we adjusted for area wage differences for estimated FY 2011 payments using the proposed LTCH PPS FY 2011 labor-related share of 75.407 percent (section VII.C.2.d. in the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule), the FY 2011 proposed wage index values presented in Tables 12A and 12B of the Addendum to this proposed rule, and the FY 2011 COLA factors shown in the table in section V.B.5. of the Addendum to the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule.

As discussed above, our impact analysis reflects an estimated change in payments for SSO cases as well as an estimated increase in payments for HCO cases (as described in section V.C. of the Addendum to this proposed rule). In modeling proposed payments for SSO and HCO cases in RY 2010, we applied an inflation factor of 1.024 percent (determined by OACT) to the estimated costs of each case determined from the charges reported on the claims in the FY 2009 MedPAR files and the best available CCRs from the December 2009 update of the PSF. In modeling proposed payments for SSO and HCO cases in FY 2011, we applied an inflation factor of 1.049 (determined by OACT) to the estimated costs of each case determined from the charges reported on the claims in the FY 2009 MedPAR files and the best available CCRs from the December 2009 update of the PSF. Furthermore, in modeling estimated LTCH PPS payments for both RY 2010 and FY 2011 in this impact analysis, we applied the RY 2010 HCO fixed-loss amount of $18,425 (74 FR 44029) for the first half of RY 2010, the revised RY 2010 HCO fixed-loss amount of $18,615 established in conjunction with implementing the provisions of sections 1886(m)(3) and (4) of the Act and section 3401(p) of Public Law 111–148 for the second half of RY 2010, and the proposed FY 2011 fixed loss amount of $19,254 (as discussed in section III.A. of the Addendum of this supplemental proposed rule).

These impacts reflect the estimated "losses" or "gains" among the various classifications of LTCHs from the RY 2010 to FY 2011 based on the proposed payment rates and policy changes presented in this proposed rule. Table IV illustrates the estimated aggregate impact of the LTCH PPS among various classifications of LTCHs.

- The first column, LTCH Classification, identifies the type of LTCH.
- The second column lists the number of LTCHs of each classification type.
- The third column identifies the number of LTCH cases.
- The fourth column shows the estimated payment per discharge for RY 2010 (as described above).
- The fifth column shows the estimated payment per discharge for FY 2011 (as described above).
- The sixth column shows the percentage change in estimated payments per discharge from RY 2010 to FY 2011 for proposed changes to the standard Federal rate (as

discussed in section III.A.3. of the Addendum to this supplemental proposed rule).

• The seventh column shows the percentage change in estimated payments per discharge from RY 2010 to FY 2011 for proposed changes to the area wage adjustment at § 412.525(c) (as discussed in section V.B. of the Addendum to the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule).

• The eighth column shows the percentage change in estimated payments per discharge from RY 2010 (Column 4) to FY 2011 (Column 5) for all proposed and statutory changes (and includes the effect of estimated changes to HCO and SSO payments).

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TABLE IV: Impact of Proposed Payment Rate and Policy Changes to LTCH PPS Payments for FY 2011 (Estimated RY 2010 Payments Compared to Estimated FY 2011 Payments*)

LTCH Classification (1)	Number of LTCHs (2)	Number of LTCH PPS Cases (3)	Average RY 2010 LTCH PPS Rate Year Payment Per Case[1] (4)	Average FY 2011 LTCH PPS Rate Year Proposed Payment Per Case[2] (5)	Percent Change in Estimated Payments Per Discharge from RY 2010 to FY 2011 for Proposed Changes to the Federal Rate[3] (6)	Percent Change in Estimated Payments Per Discharge from RY 2010 to FY 2011 for Proposed Changes to the Area Wage Adjustment[4] (7)	Percent Change in Payments Per Discharge from RY 2010 to FY 2011 for All Proposed Changes[5] (8)
ALL PROVIDERS	421	131,490	$37,271	$37,369	-0.5	0.1	0.3
BY LOCATION:							
RURAL	26	5,610	$31,666	$31,900	-0.6	0.6	0.7
URBAN	395	125,880	$37,521	$37,613	-0.5	0.1	0.2
LARGE	204	75,855	$38,990	$39,111	-0.5	0.1	0.3
OTHER	191	50,025	$35,292	$35,341	-0.5	0.1	0.1
BY PARTICIPATION DATE:							
BEFORE OCT. 1983	17	6,244	$32,031	$32,218	-0.5	0.2	0.6
OCT. 1983 - SEPT. 1993	44	16,824	$38,180	$38,331	-0.5	0.1	0.4
OCT. 1993 - SEPT. 2002	189	63,987	$36,747	$36,808	-0.5	0.1	0.2
AFTER OCTOBER 2002	161	41,657	$38,467	$38,574	-0.5	0.1	0.3
UNKNOWN PARTICIPATION DATE	10	2,778	$37,678	$37,966	-0.6	0.4	0.8
BY OWNERSHIP TYPE:							
VOLUNTARY	77	19,922	$37,363	$37,579	-0.5	0.2	0.6
PROPRIETARY	301	105,986	$37,178	$37,246	-0.5	0.1	0.2
GOVERNMENT	12	1,588	$38,931	$39,194	-0.5	-0.2	0.7
UNKNOWN OWNERSHIP TYPE	31	3,994	$38,609	$38,866	-0.5	0.1	0.7

LTCH Classification (1)	Number of LTCHs (2)	Number of LTCH PPS Cases (3)	Average RY 2010 LTCH PPS Rate Year Payment Per Case[1] (4)	Average FY 2011 LTCH PPS Rate Year Proposed Payment Per Case[2] (5)	Percent Change in Estimated Payments Per Discharge from RY 2010 to FY 2011 for Proposed Changes to the Federal Rate [3] (6)	Percent Change in Estimated Payments Per Discharge from RY 2010 to FY 2011 for Proposed Changes to the Area Wage Adjustment[4] (7)	Percent Change in Payments Per Discharge from RY 2010 to FY 2011 for All Proposed Changes[5] (8)
BY REGION:							
NEW ENGLAND	15	7,584	$32,820	$33,006	-0.5	0.1	0.6
MIDDLE ATLANTIC	29	7,742	$38,051	$38,074	-0.5	-0.2	0.1
SOUTH ATLANTIC	55	14,665	$40,487	$40,505	-0.5	-0.2	0.0
EAST NORTH CENTRAL	68	19,194	$40,268	$40,389	-0.5	0.2	0.3
EAST SOUTH CENTRAL	31	7,909	$37,348	$37,319	-0.5	-0.2	-0.1
WEST NORTH CENTRAL	24	5,178	$38,573	$38,582	-0.5	0.0	0.0
WEST SOUTH CENTRAL	142	50,537	$32,893	$33,010	-0.6	0.3	0.4
MOUNTAIN	32	6,268	$40,324	$40,464	-0.5	0.0	0.3
PACIFIC	25	12,413	$46,758	$46,929	-0.5	0.3	0.4
BY BED SIZE:							
BEDS: 0-24	42	5,288	$32,939	$33,207	-0.6	0.6	0.8
BEDS: 25-49	192	41,372	$37,047	$37,049	-0.5	0.1	0.0
BEDS: 50-74	101	32,024	$38,196	$38,312	-0.5	0.1	0.3
BEDS: 75-124	50	22,652	$39,478	$39,699	-0.5	0.3	0.6
BEDS: 125-199	21	15,145	$35,265	$35,433	-0.5	0.2	0.5
BEDS: 200 +	15	15,009	$36,134	$36,144	-0.5	0.0	0.0

[1] Estimated RY 2010 payments based on a blend of the rates, factors and policies established in the FY 2010 IPPS/RY 2010 LTCH PPS final rule (74 FR 43945 through 43994 and 44021 through 44030), including the FY 2010 GROUPER (Version 27.0) and relative weights, and the RY 2010 rates and factors that reflect the provisions of sections 1886(m)(3) and (4) of the Act and section 3401(p) of Pub. L. 111-148 established in a separate notice published elsewhere in this **Federal Register**.

[2] Estimated FY 2011 LTCH PPS payments based on the proposed payment rates and policy changes presented in the preamble and the Addendum of this supplemental proposed rule, in conjunction with those presented in the May 4, 2010 IPPS/LTCH PPS FY 2001 proposed rule (75 FR 23852).

[3] Percent change in estimated payments per discharge from RY 2010 to FY 2011 for the proposed changes to the standard Federal rate, as discussed in section III.A.3. of the Addendum to this supplemental proposed rule.

[4] Percent change in estimated payments per discharge from RY 2010 to FY 2011 for proposed changes to the area wage adjustment at §412.525(c) (as discussed in section V.B. of the Addendum to the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule).

[5] Percent change in estimated payments per discharge from RY 2010 LTCH PPS (shown in Column 4) to FY 2011 LTCH PPS (shown in Column 5), including all of the proposed changes presented in the preamble of this supplemental proposed rule, in conjunction with those presented in the May 4, 2010 IPPS/LTCH PPS FY 2001 proposed rule. Note, this column, which shows the percent change in estimated payments per discharge for all proposed changes, does not equal the sum of the percent changes in estimated payments per discharge for proposed changes to the standard Federal rate (column 6) and the proposed changes to the area wage adjustment (Column 7) due to the effect of estimated changes in both estimated payments to SSO cases that are paid based on estimated costs and aggregate HCO payments (as discussed in this impact analysis), as well as other interactive effects that cannot be isolated.

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5. Results

Based on the most recent available data (as described previously for 421 LTCHs, we have prepared the following summary of the impact (as shown in Table IV) of the proposed LTCH PPS payment rate and policy changes presented in this supplemental proposed rule. The impact analysis in Table IV shows that estimated payments per discharge are expected to increase approximately 0.3 percent, on average, for all LTCHs from RY 2010 to FY 2011 as a result of the proposed payment rate and policy changes presented in this supplemental proposed rule and the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule, as well as estimated increases in HCO and SSO payments. We note that we are proposing a −0.59 percent increase to the standard Federal rate for FY 2011, based on the latest proposed market basket estimate (2.4 percent), the −0.50 percent reduction to the annual update required under of sections 1886(m)(3) and (4) of the Act, and the proposed adjustment for the cumulative effect of changes in documentation and coding in FYs 2008 and 2009 (−2.5 percent). We noted earlier in this section that for most categories of LTCHs, as shown in Table IV (Column 6), the impact of the proposed decrease of approximately −0.6 percent to the standard Federal rate is projected to result in approximately a −0.5 percent decrease in estimated payments per discharge for all LTCHs from RY 2010 to FY 2011. Because payments to cost-based SSO cases and a portion of payments to SSO cases that are paid based on the "blend" option of

the SSO payment formula at § 412.529(c)(2)(iv) are not affected by the proposed update to the standard Federal rate, we estimate that the effect of the proposed 0.59 percent reduction to the standard Federal rate would result in a 0.5 percent reduction on estimated aggregate LTCH PPS payments to *all* LTCH PPS cases, including SSO cases. Furthermore, as discussed previously in this regulatory impact analysis, the average increase in estimated payments per discharge from the RY 2010 to FY 2011 for all LTCHs of approximately 0.3 percent (as shown in Table IV) was determined by comparing estimated FY 2011 LTCH PPS payments (using the proposed rates, proposed policies and statutory changes discussed in this supplemental proposed rule and in the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule) to estimated RY 2010 LTCH PPS payments (as described above in section IX.C.3. of this Appendix).

a. Location

Based on the most recent available data, the vast majority of LTCHs are located in urban areas. Only approximately 6 percent of the LTCHs are identified as being located in a rural area, and approximately 4 percent of all LTCH cases are treated in these rural hospitals. The impact analysis presented in Table IV shows that the average percent increase in estimated payments per discharge from RY 2010 to FY 2011 for all hospitals is 0.3 percent for all proposed changes. For rural LTCHs, the percent change for all proposed changes is estimated to be 0.7 percent, while for urban LTCHs, we estimate the increase to be 0.2 percent. Large urban LTCHs are projected to experience an increase of 0.3 percent in estimated payments per discharge from RY 2010 to FY 2011, while other urban LTCHs are projected to experience an increase of 0.1 percent in estimated payments per discharge from RY 2010 to FY 2011, as shown in Table IV.

b. Participation Date

LTCHs are grouped by participation date into four categories: (1) Before October 1983; (2) between October 1983 and September 1993; (3) between October 1993 and September 2002; and (4) after October 2002. Based on the most recent available data, the majority (approximately 49 percent) of the LTCH cases are in hospitals that began participating between October 1993 and September 2002, and are projected to experience nearly the average increase (0.2 percent) in estimated payments per discharge from RY 2010 to FY 2011, as shown in Table IV.

In the participation category where LTCHs began participating in Medicare before October 1983, LTCHs are projected to experience a higher than average percent increase (0.6 percent) in estimated payments per discharge from RY 2010 to FY 2011, as shown in Table IV. Approximately 4 percent of LTCHs began participating in Medicare before October 1983. The LTCHs in this category are projected to experience a higher than average increase in estimated payments because of increases in their wage data, increase under the proposed MS–LTC–DRG GROUPER (Version 28) and relative weights, and also because of estimated increases in their SSO payments relative to last year. Approximately 10 percent of LTCHs began participating in Medicare between October 1983 and September 1993. These LTCHs are projected to experience a slightly above average increase (0.4 percent) in estimated payments from RY 2010 to FY 2011. LTCHs that began participating in Medicare after October 2002 currently represent approximately 38 percent of all LTCHs, and are projected to experience an average increase (0.3 percent) in estimated payments from RY 2010 to FY 2011.

c. Ownership Control

Other than LTCHs whose ownership control type is unknown, LTCHs are grouped into three categories based on ownership control type: voluntary, proprietary, and government. Based on the most recent available data, approximately 18 percent of LTCHs are identified as voluntary (Table IV). We expect that, for these LTCHs in the voluntary category, estimated FY 2011 LTCH payments per discharge will increase higher than the average (0.6 percent) in comparison to estimated payments in RY 2010 primarily because we project an increase in estimated HCO payments and SSO payments to be higher than the average for these LTCHs. The majority (71 percent) of LTCHs are identified as proprietary and these LTCHs are projected to experience an average increase (0.2 percent) in estimated payments per discharge from RY 2010 to FY 2011. Finally, government-owned and operated LTCHs (3 percent) are expected to experience a higher than the average increase (0.7 percent) in estimated payments primarily due to a larger than the average increase in estimated HCO payments and increases under the proposed MS–LTC–DRG GROUPER (Version 28) and relative weights.

d. Census Region

Estimated payments per discharge for FY 2011 are projected to increase for LTCHs located in all regions in comparison to RY 2010. Of the 9 census regions, we project that the increase in estimated payments per discharge will have the largest positive impact on LTCHs in the New England region (0.6 percent, as shown in Table IV). The estimated percent increase in payments per discharge from RY 2010 to FY 2011 for New England is largely attributable to the projected increase in estimated HCO and SSO payments (explained in greater detail above in section IX.A. of this Appendix).

In contrast, LTCHs located in the East South Central region are projected to experience a slight decrease in estimated payments per discharge from RY 2010 to FY 2011. The average estimated decrease in payments of 0.1 percent for LTCHs in the East South Central region is primarily due to estimated decreases in payments associated with the proposed wage index because 50 percent of LTCHs located in this region will have a proposed FY 2011 wage index value that is less than their RY 2010 wage index value. Similarly, LTCHs in the South Atlantic and West North Central are expect to experience no change in payments primarily due to an estimated decrease in payment because of the proposed FY 2011 wage index changes and the decrease in the Federal rate.

e. Bed Size

LTCHs were grouped into six categories based on bed size: 0–24 beds; 25–49 beds; 50–74 beds; 75–124 beds; 125–199 beds; and greater than 200 beds.

We project that payments for small LTCHs (0–24 beds) would experience a 0.8 percent increase in payments due to increases in their wage index while large LTCHs (200+ beds) would experience no change in payments. LTCHs with between 75 and 124 beds and between 125 and 199 beds are expected to experience an above average increase in payments per discharge from RY 2010 to FY 2011 (0.6 percent and 0.5 percent, respectively) primarily due to a larger than average estimated increase in payments from the proposed FY 2011 changes to the area wage adjustment.

D. Effect on the Medicare Program

As noted previously, we project that the provisions of this supplemental proposed rule would result in an increase in estimated aggregate LTCH PPS payments in FY 2011 of approximately $12.9 million (or about 0.3 percent) for the 421 LTCHs in our database.

E. Effect on Medicare Beneficiaries

Under the LTCH PPS, hospitals receive payment based on the average resources consumed by patients for each diagnosis. We do not expect any changes in the quality of care or access to services for Medicare beneficiaries under the LTCH PPS, but we expect that paying prospectively for LTCH services would enhance the efficiency of the Medicare program.

X. Alternatives Considered

This supplemental proposed rule contains a range of policies. The preamble of this supplemental proposed rule provides descriptions of the statutory provisions that are addressed, identifies policies and presents rationales for our decisions and, where relevant, alternatives that were considered.

XI. Overall Conclusion

A. Acute Care Hospitals

Table I of section VI. of this Appendix demonstrates the estimated distributional impact of the IPPS budget neutrality requirements for the proposed MS–DRG and wage index changes, and for the wage index reclassifications under the MGCRB. Table I also shows an overall decrease of 0.9 percent in operating payments. We estimate that operating payments will decrease by approximately $929 million in FY 2011. In addition, we estimates the reporting of hospital quality data program costs at $2.4 million, a savings of $23 million associated with the proposed HACs policies discussed in the May 4, 2010 FY 2011 IPPS/LTCH PPS proposed rule, an additional $150 million to hospitals that qualify for an additional payment as provided under section 1109 of Public Law 111–152, and all other proposed operating payment policies described in section VII. of this Appendix . These estimates added to our FY 2011 operating estimate of −$929 million results in a decrease of $800 million for FY 2011. We estimate that capital payments will

experience −0.2 percent change in payments per case, as shown in Table III of section VIII. of this Appendix. We project that there will be a $20 million decrease in capital payments in FY 2011 compared to FY 2010. The proposed cumulative operating and capital payments should result in a net decrease of $820 million to IPPS providers. The discussions presented in the previous pages, in combination with the rest of this proposed rule and the May 10, 2010 FY 2011 IPPS/LTCH PPS proposed rule, constitute a regulatory impact analysis.

B. LTCHs

Overall, LTCHs are projected to experience an increase in estimated payments per discharge in FY 2011. In the impact analysis, we are using the proposed rates, factors, and policies presented in this supplemental proposed rule, including proposed updated wage index values and relative weights, and the best available claims and CCR data to estimate the change in payments under the LTCH PPS for FY 2011. Accordingly, based on the best available data for the 421 LTCHs in our database, we estimate that FY 2011 LTCH PPS payments will increase approximately $13 million (or about 0.3 percent).

XII. Accounting Statements

A. Acute Care Hospitals

As required by OMB Circular A–4 (available at *http://www.whitehousegov/omb/circulars/a004/a-4.pdf*), in Table V below, we have prepared an accounting statement showing the classification of the expenditures associated with the provisions of this proposed rule as they relate to acute care hospitals. This table provides our best estimate of the change in Medicare payments to providers as a result of the proposed changes to the IPPS presented in this supplemental proposed rule and the May 10, 2010 FY 2011 IPPS/LTCH PPS proposed rule. All expenditures are classified as transfers to Medicare providers.

TABLE V—ACCOUNTING STATEMENT: CLASSIFICATION OF ESTIMATED EXPENDITURES UNDER THE IPPS FROM FY 2010 TO FY 2011

Category	Transfers
Annualized Monetized Transfers	−$820 million.
From Whom to Whom	Federal Government to IPPS Medicare Providers.
Total	−$820 million.

B. LTCHs

As discussed in section IX. of this Appendix, the impact analysis for the proposed changes under the LTCH PPS for this proposed rule projects an increase in estimated aggregate payments of approximately $13 million (or about 0.3 percent) for the 421 LTCHs in our database that are subject to payment under the LTCH PPS. Therefore, as required by OMB Circular A–4 (available at *http://www.whitehouse.gov/omb/circulars/a004/a-4.pdf*), in Table VI below, we have prepared an accounting statement showing the classification of the expenditures associated with the provisions of this supplemental proposed rule and the May 10, 2010 FY 2011 IPPS/LTCH PPS proposed rule as they relate to changes to the LTCH PPS. Table VI provides our best estimate of the proposed increase in Medicare payments under the LTCH PPS as a result of the proposed provisions presented in this proposed rule based on the data for the 421 LTCHs in our database. All expenditures are classified as transfers to Medicare providers (that is, LTCHs).

TABLE VI—ACCOUNTING STATEMENT: CLASSIFICATION OF ESTIMATED EXPENDITURES FROM THE 2010 LTCH PPS RATE YEAR TO THE FY 2011 LTCH PPS

Category	Transfers
Annualized Monetized Transfers	Positive transfer—Estimated increase in expenditures: $13 million.
From Whom to Whom	Federal Government to LTCH PPS Medicare Providers.
Total	$13 million.

XIII. Executive Order 12866

In accordance with the provisions of Executive Order 12866, the Executive Office of Management and Budget reviewed this proposed rule.

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