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The TRICARE Management Activity has authorized the following addition(s)/revision(s).

CHANGE TITLE: REIMBURSEMENT UPDATES (FY15) 14-002

CONREQ: 17286

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change provides Skilled Nursing Facility (SNF) Prospective Payment System (PPS) rates and wage index updates for FY15. Updates the Health Resources and Services Administration (HRSA) website link.

EFFECTIVE DATE: October 1, 2014.

IMPLEMENTATION DATE: February 9, 2015.

This change is made in conjunction with Feb 2008 TPM, Change No. 126.

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**ATTACHMENT(S): 20 PAGE(S)
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Chapter 1, Section 33

Bonus Payments In Health Professional Shortage Areas (HPSAs)

3.2.1.5 The contractor shall sum all claim payments that qualify for the quarter and pay an additional 10% for the claims. There are no retroactive payments, adjustments or appeals, for obtaining a bonus payment. Prior to October 1, 2013, the contractor is not responsible for prescreening or post auditing the claims. On or after October 1, 2013, the contractor requirements in [paragraphs 3.2.1.11.1, 3.2.1.11.2, and 3.2.1.11.3](#) shall apply and serve as validation of the HPSA payment.

3.2.1.6 Only professional services are to be included in the calculation of the bonus payment (see [paragraph 3.1.6](#)). For example, for services with both a professional and technical component only the professional component is included in the calculation of the bonus payment. The bonus payment is based on where the service is performed, which must be in the medically underserved area not the billing office, or other location (see [paragraph 3.1.5](#)).

3.2.1.7 The contractor shall have 30 calendar days from the end of the calendar quarter to make the payments to the providers who qualify.

3.2.1.8 Contractors shall send bonus payments directly to the non-participating physician.

3.2.1.9 When a modifier is required for payment, the modifier must be reported on the TED record.

3.2.1.10 The HPSA bonus payment shall be paid by the Managed Care Support Contractor (MCSC) when provided in zip code areas that fall in a county designated as a full-county HPSA. Primary care and mental health HPSA zip code files are downloadable from the Medicare web site at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HPSAPSAPhysicianBonuses/>.

3.2.1.11 Zip codes that do not fall entirely within a full county HPSA.

3.2.1.11.1 Effective October 1, 2013, the **AQ** modifier shall be entered on the claim in order to receive the bonus when services are provided in zip code areas that:

- Do not fall entirely within a designated full county HPSA bonus area; or
- Fall partially within a full county HPSA but are not considered to be in that county based on the USPS dominance decision; or
- Fall partially within a non-full county HPSA; or
- Were included in the automated file of HPSA areas based on the date of the data run used to create the file.

3.2.1.11.2 When claims are received with an **AQ** modifier that do not entirely fall within a full county HPSA, the MCSC shall review the Health Resources and Services Administration (HRSA) website for the most recent designations to determine if the service qualifies to receive the bonus payment (<http://hrsa.gov/shortage/find.html>).

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3.2.1.11.3 When a claim includes an **AQ** modifier, the MCSCs shall verify that the location where the care was provided is included in an HPSA area.

- END -

Chapter 8

Skilled Nursing Facilities (SNFs)

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under Medicare under section 1861(h) and (i) of the Social Security Act (42 U.S.C. 1395x(h) and (i)) and 42 CFR 409, Subparts C and D, except that the Medicare limitation on the number of days of coverage under section 1812(a) and (b) of the Social Security Act (42 U.S.C. 1395d(a) and (b)) and 42 CFR 409.61(b) shall not be applicable under TRICARE. This paragraph applies to SNF admissions on or after August 1, 2003. The provisions cited in this paragraph may be accessed at <http://www.gpoaccess.gov/>.

Note: Medicare co-insurance amounts do not apply to TRICARE when TRICARE is the primary payer. For TRICARE beneficiary cost-shares, see [Chapter 2](#).

4.1 Beneficiaries Subject to the Provisions of SNF PPS

SNF PPS will apply to TRICARE beneficiaries who satisfy the qualifying coverage requirements of the TRICARE SNF benefit. The beneficiary must receive care from a Medicare-certified and TRICARE-approved SNF and must be assessed using the Minimum Data Set (MDS) assessment form.

Note 1: SNF PPS will apply to Supplemental Care benefits for Active Duty Service Member (ADSM), Transitional Assistance Management Program (TAMP), and Continued Health Care Benefit Program (CHCBP). See [paragraphs 5.4, 5.5, and 5.6](#).

Note 2: Beneficiaries under age 10 (on the date of SNF admission) and the Critical Access Hospital (CAH) swing beds will not be subject to SNF PPS. Unless required in their Memorandum of Understanding (MOU) or Provider Agreement, Veteran Affairs (VA) facilities may not be subject to SNF PPS. However, these categories are not exempt from the SNF benefit requirements in [paragraph 4.3.3](#).

4.2 For Admissions Before August 1, 2003

See [Section 1](#).

4.3 For Admissions on or after August 1, 2003, when TRICARE is Primary Payer

4.3.1 TRICARE is the primary payer for SNF care for Medicare-eligible beneficiaries who have no OHI and who satisfy the TRICARE SNF qualifying coverage requirements (as discussed in [paragraphs 4.3.3 and 4.3.4](#)) after exhausting their 100 day covered Medicare SNF benefit. TRICARE is also the primary payer for non-Medicare-eligible TRICARE beneficiaries who have no OHI and who meet the TRICARE SNF coverage requirements. In both situations, TRICARE's coordination of benefit rules will determine TRICARE's status as primary payer.

4.3.2 For TRICARE dual eligible beneficiaries, the Medicare SNF benefit provides for 100 days of SNF care per benefit period. The Medicare benefit period is a period of time for measuring the use of hospital insurance benefits. It is a period of consecutive dates during which covered services furnished to a patient, up to certain specified maximum amounts, can be paid. This benefit period begins with the first day (not included in a previous benefit period) on which a patient is furnished SNF care. The benefit period ends with the close of a period of 60 consecutive days during which the patient did not receive hospital care or was not in a SNF. (A new benefit period starts when a beneficiary has not received hospital or SNF care for 60 days in a row). After the 100 days of Medicare-covered care, the TRICARE benefit becomes primary if the beneficiary continues to satisfy the TRICARE coverage requirements and has no OHI.

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Skilled Nursing Facility (SNF) Prospective Payment System (PPS)

4.3.3 For a SNF admission to be covered under TRICARE, the beneficiary must both have a qualifying hospital stay of 3 consecutive days or more, not including the hospital discharge day, and the beneficiary must enter the SNF within 30 days of discharge from the hospital. For TRICARE dual eligible beneficiaries, this requirement is already met before TRICARE becomes primary. TRICARE and Medicare do make exceptions to this “within 30 days” rule for those cases that require future therapy after 30 days (e.g., a hip fracture patient who can’t do weight-bearing exercises until after 30 days). TRICARE will follow Centers for Medicare and Medicaid Services (CMS) policy as provided in the Medicare Benefit Policy Manual, Chapter 8. Any application of the Medicare Benefit Policy Manual to TRICARE shall be subject to TRICARE requirements in the law, 32 CFR Part 199, and TRICARE manuals. The Medicare Benefit Policy Manual (Publication # 100-02) is an Internet Only Manual (IOM) and can be accessed at <http://www.cms.hhs.gov/manuals>. When TRICARE is the primary payer, it will be the responsibility of the contractor to determine whether the beneficiary has had a qualifying three day inpatient stay and has met the 30 day discharge standard. The contractor will use the information in block 35 and 36 of CMS 1450 UB-04 to make this determination. If block 36 of CMS 1450 UB-04 is blank, the SNF claim will be denied unless the patient was involuntarily disenrolled from Medicare+Choice plan (see [paragraph 4.3.4](#)). The contractor will calculate the Length-Of-Stay (LOS) based on the SNF actual admission date provided on the CMS 1450 UB-04 claim form. Any adverse TRICARE determinations involving medical necessity issues will be appealable to TRICARE whenever TRICARE is the primary payer. However, a denial based on the factual dispute (not the medical necessity) of SNF benefit for failure to meet the three day prior hospitalization of “within 30 days” requirement is not appealable. Any factual disputes surrounding the three day prior hospitalization or “within 30 days” requirement can be submitted to the TRICARE contractor for an administrative review.

Note 1: If the qualifying hospital stay is denied as not being medically necessary and appropriate care, the SNF admission will be denied.

Note 2: If a beneficiary receives custodial, non-covered services, or care at an inappropriate level in a SNF for greater than 30 consecutive days, a new qualifying hospital stay requirement is to be met for a medically necessary SNF stay in order to be covered under TRICARE with the exception for medical appropriateness reasons as provided in the Medicare Benefit Policy Manual, Chapter 8.

4.3.4 Covered SNF services must meet the requirements in [32 CFR 199.4\(b\)\(3\)\(xiv\)](#) and are to be skilled services as provided in the Medicare Benefit Policy Manual, Chapter 8. Such skilled services must be for a medical condition that was either treated during the qualifying three day hospital stay, or started while the beneficiary was already receiving covered SNF care. These coverage requirements are the same as applied under Medicare. TRICARE will follow CMS policy and waive the three day prior hospitalization requirement for those TRICARE dual eligible beneficiaries involuntarily disenrolling from Medicare+Choice plans. Code 58 in the Condition Codes block in CMS 1450 UB-04 will be the indication that patient is a terminated enrollee in a Medicare+Choice Organization plan whose three day inpatient hospital stay was waived. With regard to the requirement that the skilled services must be for a medical condition that was treated during the qualifying three day hospital stay, it will generally be presumed that this requirement is met if the qualifying three day hospital requirement is met. When the facts which come to the attention of the contractor/claims processor in their normal review process indicate that the skilled services are not related to any of the diagnoses treated during the qualifying hospital stay, the SNF claim may be denied.

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4.3.5 TRICARE reimbursement will follow Medicare's SNF PPS methodology and assessment schedule. However, if the SNF admission precedes the TRICARE implementation date of SNF PPS (regardless of the discharge date), all claims for that admission will be processed using the payment methodology as provided in [Section 1, paragraph 3.1](#).

4.3.6 Under the SNF PPS methodology and assessment schedule system, the patient will be assessed upon admission to the SNF using the MDS assessment tool. The Nursing Home Reform Act of the Omnibus Budget Reconciliation Act (OBRA 1987) mandates that all certified Long-Term Care (LTC) facilities must use the MDS as a condition of participating in Medicare or Medicaid which TRICARE is also adopting.

4.3.7 The MDS is a set of clinical and functional status measures that provides the basis for the Resource Utilization Group (RUG) classification system and the PPS. Nursing facilities must collect these data on each of their residents at prescribed intervals and upon any significant change in physical or mental condition. The MDS data are then used to classify residents into one of the SNF case-mix RUGs based on their clinical characteristics, functional status and expected resource needs. Until December 31, 2005, there were 44 RUGs (see [Addendum A, Figure 8.A-1](#)). Effective January 1, 2006, 9 additional RUGs were added for a total of 53 RUGs (see [Addendum A, Figure 8.A-2](#)). Effective October 1, 2010, 13 additional RUGs were added for a total of 66 RUGs (see [Addendum A, Figure 8.A-3](#)).

4.3.8 SNF residents will be assessed by SNFs on days 5, 14, 30, 60, and 90. Thereafter, under TRICARE, the residents will be assessed every 30 days using the same MDS assessment form. For untimely assessments, there will be penalties similar to those used by CMS. In a case of untimely assessment, the SNF will submit the claim with a default rate code and the SNF will be reimbursed at the lowest RUG pricing. If a SNF resident returns to the SNF following a temporary absence for hospitalization or therapeutic leave, it will be considered a readmission.

4.3.9 SNFs are not required to assess a resident upon readmission, unless there has been a significant change in the resident's condition. If the resident experiences a significant change in condition (i.e., either an improvement or decline in the physical, mental or psychosocial level of well-being), the facility must complete a full comprehensive assessment by the end of the 14th calendar day following determination that a significant change has occurred. A "significant change" is defined as a major change in the resident's status that:

4.3.9.1 Is not self-limiting (i.e., the condition will not normally resolve itself without further clinical intervention);

4.3.9.2 Impacts on more than one area of the resident's health status; and

4.3.9.3 Requires interdisciplinary review or revision of the care plan.

Note: If a SNF has discharged a resident without the expectation that the resident would return, then the returning resident is considered a new admission (return stay) and would require an initial admission comprehensive assessment including Sections AB (Demographic Information) and AC (Customary Routine) of the assessment form within 14 days of admission.

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4.3.10 SNFs are not required to automatically transmit MDS assessment data to the TRICARE contractors. However, the TRICARE contractor, at its discretion, may collect the MDS assessment data and documentation for claim adjudication or audit and tracking purposes at any time from SNFs when TRICARE is the primary payer. MDS forms and relevant background information may be found on the following web sites: http://www.cms.gov/NursingHomeQualityInits/25_NHQIMDS30.asp#TopOfPage, <http://www.cms.gov/medicaid/mds20/man-form.asp>, and <http://www.cms.hhs.gov/MinimumDataSets20/>. For TRICARE dual eligible beneficiaries, during the first 100 days of an inpatient SNF stay, TRICARE will function as a secondary payer to Medicare under SNF PPS in which case there is no need to collect the MDS assessment data. At any time TRICARE is primary payer, the MDS assessment data may be collected for audit and tracking purposes. Effective for dates of service June 1, 2010, SNF care received in the U.S. and U.S. territories must be preauthorized for TRICARE dual eligible beneficiaries. The TRICARE Dual Eligible Intermediary Contract (TDEFIC) contractor shall preauthorize SNF care beginning on day 101, when TRICARE is primary payer (see the TRICARE Policy Manual (TPM), Chapter 1, Section 7.1 and TRICARE Operations Manual (TOM), Chapter 7, Section 2).

4.3.11 SNF staff will input the MDS assessment data into the MDS RUG-III/IV grouper, depending on the date of service. The Grouper will then generate an appropriate three digit RUG-III/IV code. A complete listing of three digit RUG-III/IV codes with corresponding definitions is included in Addendum A. To supplement the three digit RUG-III/IV codes, the SNF will add the appropriate two digit modifier to indicate the reason for the MDS assessment before submitting the claim for payment. The three digit RUG-III/IV code and the two digit modifier make up the five digit Health Insurance Prospective Payment System (HIPPS) code. The assessment indicators and the HIPPS code information related to SNF are available at http://www.cms.hhs.gov/prospmedicarefeesvcpmtgen/02_hippscodes.asp. The SNF will enter the HIPPS code on the CMS 1450 UB-04 claim form in the HCPCS code field that corresponds with the Revenue Code 022. After the 100th day, for TRICARE patients, SNFs will use an appropriate three digit RUG-III/IV code with a TRICARE-specific two digit modifier that makes up the HIPPS code. The TRICARE-specific two digit modifiers will be as follows:

| | |
|---|----|
| 120-day assessment | 8A |
| 150-day assessment | 8B |
| 180-day assessment | 8C |
| 210-day assessment | 8D |
| 240-day assessment | 8E |
| 270-day assessment | 8F |
| 300-day assessment | 8G |
| 330-day assessment | 8H |
| 360-day assessment | 8I |
| Post 360-day assessments with 30-day interval | 8X |

4.3.12 Upon completion of the requisite HIPPS coding, when TRICARE is the primary payer, the SNF will submit the claim to the TRICARE claims processor for payment only after the beneficiary has been admitted, has satisfactorily met the qualifying coverage criteria and has had an appropriate MDS assessment completed. When TRICARE is the secondary payer, the claim will be submitted in accordance with standard billing procedures.

Example Of Computation of Adjusted Prospective Payment System (PPS) Rates And Skilled Nursing Facility (SNF) Payment - FY 2015

Using the SNF XYZ, the following shows the adjustments made to the Federal per diem rate to compute the provider's actual per diem PPS payment. SNF XYZ's total PPS payment would equal \$42,245.70. The Labor and Non-Labor columns are derived from [Addendum D \(FY 2015\)](#). Wage index is derived from [Addendum E \(FY 2015\)](#).

SNF XYZ: LOCATED IN CEDAR RAPIDS, IA (URBAN CBSA 16300) WAGE INDEX: 0.8850

| RUG-IV GROUP | LABOR | WAGE INDEX | ADJ. LABOR | NON-LABOR | ADJ. RATE | PERCENT ADJ. | SNF DAYS | PAYMENT |
|--------------|----------|------------|------------|-----------|-----------|--------------|----------|-------------|
| RVX | \$478.32 | 0.885 | \$423.31 | \$213.10 | \$636.41 | \$636.41 | 14 | \$8,909.74 |
| ES2 | \$384.06 | 0.885 | \$339.89 | \$171.10 | \$510.99 | \$510.99 | 30 | \$15,329.70 |
| RHA | \$241.31 | 0.885 | \$213.56 | \$107.50 | \$321.06 | \$321.06 | 16 | \$5,136.96 |
| CC2* | \$222.45 | 0.885 | \$196.87 | \$99.10 | \$295.97 | \$674.81 | 10 | \$6,748.10 |
| BA2 | \$153.36 | 0.885 | \$135.72 | \$68.32 | \$204.04 | \$204.04 | 30 | \$6,121.20 |
| | | | | | | | 100 | \$42,245.70 |

* Reflects a 128% adjustment from section 511 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

Source: 79 FR 45648; Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities For FY 2015.

- END -

Case-Mix Adjusted Federal Rates For Skilled Nursing Facilities (SNFs) - FY 2015

FIGURE 8.D.2015-1 CASE-MIX ADJUSTED FEDERAL RATES FOR URBAN SNFS BY LABOR AND NON-LABOR COMPONENT (RUG-66 RATES)

Source: 79 FR 45637; Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2015.

| RUG-IV CATEGORY | TOTAL RATE | LABOR PORTION | NON-LABOR PORTION |
|-----------------|------------|---------------|-------------------|
| RUX | 776.81 | 537.40 | 239.41 |
| RUL | 759.88 | 525.68 | 234.20 |
| RVX | 691.42 | 478.32 | 213.10 |
| RVL | 620.32 | 429.14 | 191.18 |
| RHX | 626.43 | 433.36 | 193.07 |
| RHL | 558.72 | 386.52 | 172.20 |
| RMX | 574.64 | 397.54 | 177.10 |
| RML | 527.24 | 364.74 | 162.50 |
| RLX | 504.66 | 349.12 | 155.54 |
| RUC | 588.91 | 407.41 | 181.50 |
| RUB | 588.91 | 407.41 | 181.50 |
| RUA | 492.42 | 340.66 | 151.76 |
| RVC | 505.21 | 349.50 | 155.71 |
| RVB | 437.50 | 302.66 | 134.84 |
| RVA | 435.81 | 301.49 | 134.32 |
| RHC | 440.23 | 304.55 | 135.68 |
| RHB | 396.21 | 274.10 | 122.11 |
| RHA | 348.81 | 241.31 | 107.50 |
| RMC | 386.74 | 267.55 | 119.19 |
| RMB | 363.04 | 251.15 | 111.89 |
| RMA | 298.72 | 206.65 | 92.07 |
| RLB | 376.01 | 260.12 | 115.89 |
| RLA | 242.28 | 167.61 | 74.67 |
| ES3 | 709.20 | 490.62 | 218.58 |
| ES2 | 555.16 | 384.06 | 171.10 |
| ES1 | 495.91 | 343.07 | 152.84 |
| HE2 | 478.98 | 331.36 | 147.62 |
| HE1 | 397.73 | 275.15 | 122.58 |
| HD2 | 448.51 | 310.28 | 138.23 |
| HD1 | 374.03 | 258.75 | 115.28 |
| HC2 | 423.12 | 292.71 | 130.41 |
| HC1 | 353.71 | 244.70 | 109.01 |
| HB2 | 418.04 | 289.20 | 128.84 |

| RUG-IV CATEGORY | TOTAL RATE | LABOR PORTION | NON-LABOR PORTION |
|-----------------|------------|---------------|-------------------|
| HB1 | 350.33 | 242.36 | 107.97 |
| LE2 | 434.97 | 300.91 | 134.06 |
| LE1 | 363.87 | 251.73 | 112.14 |
| LD2 | 418.04 | 289.20 | 128.84 |
| LD1 | 350.33 | 242.36 | 107.97 |
| LC2 | 367.26 | 254.07 | 113.19 |
| LC1 | 309.70 | 214.25 | 95.45 |
| LB2 | 348.64 | 241.19 | 107.45 |
| LB1 | 296.16 | 204.88 | 91.28 |
| CE2 | 387.57 | 268.12 | 119.45 |
| CE1 | 357.10 | 247.04 | 110.06 |
| CD2 | 367.26 | 254.07 | 113.19 |
| CD1 | 336.79 | 232.99 | 103.80 |
| CC2 | 321.55 | 222.45 | 99.10 |
| CC1 | 297.85 | 206.05 | 91.80 |
| CB2 | 297.85 | 206.05 | 91.80 |
| CB1 | 275.85 | 190.83 | 85.02 |
| CA2 | 252.15 | 174.44 | 77.71 |
| CA1 | 235.22 | 162.73 | 72.49 |
| BB2 | 267.38 | 184.97 | 82.41 |
| BB1 | 255.53 | 176.78 | 78.75 |
| BA2 | 221.68 | 153.36 | 68.32 |
| BA1 | 211.52 | 146.33 | 65.19 |
| PE2 | 357.10 | 247.04 | 110.06 |
| PE1 | 340.17 | 235.33 | 104.84 |
| PD2 | 336.79 | 232.99 | 103.80 |
| PD1 | 319.86 | 221.28 | 98.58 |
| PC2 | 289.39 | 200.20 | 89.19 |
| PC1 | 275.85 | 190.83 | 85.02 |
| PB2 | 245.38 | 169.75 | 75.63 |
| PB1 | 235.22 | 162.73 | 72.49 |
| PA2 | 203.06 | 140.48 | 62.58 |
| PA1 | 194.59 | 134.62 | 59.97 |

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Chapter 8, Addendum D (FY 2015)

Case-Mix Adjusted Federal Rates For Skilled Nursing Facilities (SNFs) - FY 2015

FIGURE 8.D.2015-2 CASE-MIX ADJUSTED FEDERAL RATES FOR RURAL SNFS BY LABOR AND NON-LABOR COMPONENT (RUG-66 RATES)

Source: 79 FR 45638; Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2015.

| RUG-IV CATEGORY | TOTAL RATE | LABOR PORTION | NON-LABOR PORTION | RUG-IV CATEGORY | TOTAL RATE | LABOR PORTION | NON-LABOR PORTION |
|-----------------|------------|---------------|-------------------|-----------------|------------|---------------|-------------------|
| RUX | 794.71 | 549.78 | 244.93 | LD2 | 406.73 | 281.38 | 125.35 |
| RUL | 778.54 | 538.59 | 239.95 | LD1 | 342.04 | 236.62 | 105.42 |
| RVX | 698.27 | 483.06 | 215.21 | LC2 | 358.21 | 247.81 | 110.40 |
| RVL | 630.35 | 436.08 | 194.27 | LC1 | 303.23 | 209.77 | 93.46 |
| RHX | 625.35 | 432.62 | 192.73 | LB2 | 340.42 | 235.50 | 104.92 |
| RHL | 560.66 | 387.86 | 172.80 | LB1 | 290.29 | 200.82 | 89.47 |
| RMX | 568.30 | 393.15 | 175.15 | CE2 | 377.62 | 261.24 | 116.38 |
| RML | 523.02 | 361.83 | 161.19 | CE1 | 348.51 | 241.10 | 107.41 |
| RLX | 494.65 | 342.20 | 152.45 | CD2 | 358.21 | 247.81 | 110.40 |
| RUC | 615.20 | 425.60 | 189.60 | CD1 | 329.10 | 227.67 | 101.43 |
| RUB | 615.20 | 425.60 | 189.60 | CC2 | 314.55 | 217.61 | 96.94 |
| RUA | 523.02 | 361.83 | 161.19 | CC1 | 291.91 | 201.94 | 89.97 |
| RVC | 520.38 | 360.00 | 160.38 | CB2 | 291.91 | 201.94 | 89.97 |
| RVB | 455.69 | 315.25 | 140.44 | CB1 | 270.88 | 187.39 | 83.49 |
| RVA | 454.07 | 314.13 | 139.94 | CA2 | 248.24 | 171.73 | 76.51 |
| RHC | 447.45 | 309.55 | 137.90 | CA1 | 232.07 | 160.55 | 71.52 |
| RHB | 405.41 | 280.46 | 124.95 | BB2 | 262.80 | 181.81 | 80.99 |
| RHA | 360.13 | 249.14 | 110.99 | BB1 | 251.48 | 173.97 | 77.51 |
| RMC | 388.79 | 268.96 | 119.83 | BA2 | 219.13 | 151.59 | 67.54 |
| RMB | 366.15 | 253.30 | 112.85 | BA1 | 209.43 | 144.88 | 64.55 |
| RMA | 304.69 | 210.78 | 93.91 | PE2 | 348.51 | 241.10 | 107.41 |
| RLB | 371.74 | 257.17 | 114.57 | PE1 | 332.34 | 229.91 | 102.43 |
| RLA | 243.98 | 168.79 | 75.19 | PD2 | 329.10 | 227.67 | 101.43 |
| ES3 | 684.89 | 473.81 | 211.08 | PD1 | 312.93 | 216.48 | 96.45 |
| ES2 | 537.72 | 371.99 | 165.73 | PC2 | 283.82 | 196.35 | 87.47 |
| ES1 | 481.12 | 332.84 | 148.28 | PC1 | 270.88 | 187.39 | 83.49 |
| HE2 | 464.95 | 321.65 | 143.30 | PB2 | 241.77 | 167.26 | 74.51 |
| HE1 | 387.32 | 267.95 | 119.37 | PB1 | 232.07 | 160.55 | 71.52 |
| HD2 | 435.84 | 301.51 | 134.33 | PA2 | 201.34 | 139.29 | 62.05 |
| HD1 | 364.68 | 252.29 | 112.39 | PA1 | 193.26 | 133.70 | 59.56 |
| HC2 | 411.58 | 284.73 | 126.85 | | | | |
| HC1 | 345.28 | 238.86 | 106.42 | | | | |
| HB2 | 406.73 | 281.38 | 125.35 | | | | |
| HB1 | 342.04 | 236.62 | 105.42 | | | | |
| LE2 | 422.90 | 292.56 | 130.34 | | | | |
| LE1 | 354.98 | 245.58 | 109.40 | | | | |

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Case-Mix Adjusted Federal Rates For Skilled Nursing Facilities (SNFs) - FY 2015

FIGURE 8.D.2015-3 CASE-MIX ADJUSTED FEDERAL RATES AND ASSOCIATED INDEXES - URBAN (RUG-66 RATES)

Source: 79 FR 45634; Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2015.

| RUG-IV CATEGORY | NURSING INDEX | THERAPY INDEX | NURSING COMPONENT | THERAPY COMPONENT | NON-CASE MIX THERAPY COMPONENT | NON-CASE MIX COMPONENT | TOTAL RATE |
|-----------------|---------------|---------------|-------------------|-------------------|--------------------------------|------------------------|------------|
| RUX | 2.67 | 1.87 | 451.98 | 238.44 | ..... | 86.39 | 776.81 |
| RUL | 2.57 | 1.87 | 435.05 | 238.44 | ..... | 86.39 | 759.88 |
| RVX | 2.61 | 1.28 | 441.82 | 163.21 | ..... | 86.39 | 691.42 |
| RVL | 2.19 | 1.28 | 370.72 | 163.21 | ..... | 86.39 | 620.32 |
| RHX | 2.55 | 0.85 | 431.66 | 108.38 | ..... | 86.39 | 626.43 |
| RHL | 2.15 | 0.85 | 363.95 | 108.38 | ..... | 86.39 | 558.72 |
| RMX | 2.47 | 0.55 | 418.12 | 70.13 | ..... | 86.39 | 574.64 |
| RML | 2.19 | 0.55 | 370.72 | 70.13 | ..... | 86.39 | 527.24 |
| RLX | 2.26 | 0.28 | 382.57 | 35.70 | ..... | 86.39 | 504.66 |
| RUC | 1.56 | 1.87 | 264.08 | 238.44 | ..... | 86.39 | 588.91 |
| RUB | 1.56 | 1.87 | 264.08 | 238.44 | ..... | 86.39 | 588.91 |
| RUA | 0.99 | 1.87 | 167.59 | 238.44 | ..... | 86.39 | 492.42 |
| RVC | 1.51 | 1.28 | 255.61 | 163.21 | ..... | 86.39 | 505.21 |
| RVB | 1.11 | 1.28 | 187.90 | 163.21 | ..... | 86.39 | 437.50 |
| RVA | 1.10 | 1.28 | 186.21 | 163.21 | ..... | 86.39 | 435.81 |
| RHC | 1.45 | 0.85 | 245.46 | 108.38 | ..... | 86.39 | 440.23 |
| RHB | 1.19 | 0.85 | 201.44 | 108.38 | ..... | 86.39 | 396.21 |
| RHA | 0.91 | 0.85 | 154.04 | 108.38 | ..... | 86.39 | 348.81 |
| RMC | 1.36 | 0.55 | 230.22 | 70.13 | ..... | 86.39 | 386.74 |
| RMB | 1.22 | 0.55 | 206.52 | 70.13 | ..... | 86.39 | 363.04 |
| RMA | 0.84 | 0.55 | 142.20 | 70.13 | ..... | 86.39 | 298.72 |
| RLB | 1.50 | 0.28 | 253.92 | 35.70 | ..... | 86.39 | 376.01 |
| RLA | 0.71 | 0.28 | 120.19 | 35.70 | ..... | 86.39 | 242.28 |
| ES3 | 3.58 | ..... | 606.02 | ..... | 16.79 | 86.39 | 709.20 |
| ES2 | 2.67 | ..... | 451.98 | ..... | 16.79 | 86.39 | 555.16 |
| ES1 | 2.32 | ..... | 392.73 | ..... | 16.79 | 86.39 | 495.91 |
| HE2 | 2.22 | ..... | 375.80 | ..... | 16.79 | 86.39 | 478.98 |
| HE1 | 1.74 | ..... | 294.55 | ..... | 16.79 | 86.39 | 397.73 |
| HD2 | 2.04 | ..... | 345.33 | ..... | 16.79 | 86.39 | 448.51 |
| HD1 | 1.60 | ..... | 270.85 | ..... | 16.79 | 86.39 | 374.03 |
| HC2 | 1.89 | ..... | 319.94 | ..... | 16.79 | 86.39 | 423.12 |
| HC1 | 1.48 | ..... | 250.53 | ..... | 16.79 | 86.39 | 353.71 |
| HB2 | 1.86 | | 314.86 | | 16.79 | 86.39 | 418.04 |
| HB1 | 1.46 | | 247.15 | | 16.79 | 86.39 | 350.33 |
| LE2 | 1.96 | | 331.79 | | 16.79 | 86.39 | 434.97 |

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Case-Mix Adjusted Federal Rates For Skilled Nursing Facilities (SNFs) - FY 2015

FIGURE 8.D.2015-3 CASE-MIX ADJUSTED FEDERAL RATES AND ASSOCIATED INDEXES - URBAN (RUG-66 RATES) (CONTINUED)

Source: 79 FR 45634; Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2015.

| RUG-IV CATEGORY | NURSING INDEX | THERAPY INDEX | NURSING COMPONENT | THERAPY COMPONENT | NON-CASE MIX THERAPY COMPONENT | NON-CASE MIX COMPONENT | TOTAL RATE |
|-----------------|---------------|---------------|-------------------|-------------------|--------------------------------|------------------------|------------|
| LE1 | 1.54 | ..... | 260.69 | ..... | 16.79 | 86.39 | 363.87 |
| LD2 | 1.86 | ..... | 314.86 | ..... | 16.79 | 86.39 | 418.04 |
| LD1 | 1.46 | ..... | 247.15 | ..... | 16.79 | 86.39 | 350.33 |
| LC2 | 1.56 | ..... | 264.08 | ..... | 16.79 | 86.39 | 367.26 |
| LC1 | 1.22 | ..... | 206.52 | ..... | 16.79 | 86.39 | 309.70 |
| LB2 | 1.45 | ..... | 245.46 | ..... | 16.79 | 86.39 | 348.64 |
| LB1 | 1.14 | ..... | 192.98 | ..... | 16.79 | 86.39 | 296.16 |
| CE2 | 1.68 | ..... | 284.39 | ..... | 16.79 | 86.39 | 387.57 |
| CE1 | 1.50 | ..... | 253.92 | ..... | 16.79 | 86.39 | 357.10 |
| CD2 | 1.56 | ..... | 264.08 | ..... | 16.79 | 86.39 | 367.26 |
| CD1 | 1.38 | ..... | 233.61 | ..... | 16.79 | 86.39 | 336.79 |
| CC2 | 1.29 | ..... | 218.37 | ..... | 16.79 | 86.39 | 321.55 |
| CC1 | 1.15 | ..... | 194.67 | ..... | 16.79 | 86.39 | 297.85 |
| CB2 | 1.15 | ..... | 194.67 | ..... | 16.79 | 86.39 | 297.85 |
| CB1 | 1.02 | ..... | 172.67 | ..... | 16.79 | 86.39 | 275.85 |
| CA2 | 0.88 | ..... | 148.97 | ..... | 16.79 | 86.39 | 252.15 |
| CA1 | 0.78 | ..... | 132.04 | ..... | 16.79 | 86.39 | 235.22 |
| BB2 | 0.97 | ..... | 164.20 | ..... | 16.79 | 86.39 | 267.38 |
| BB1 | 0.90 | ..... | 152.35 | ..... | 16.79 | 86.39 | 255.53 |
| BA2 | 0.70 | ..... | 118.50 | ..... | 16.79 | 86.39 | 221.68 |
| BA1 | 0.64 | ..... | 108.34 | ..... | 16.79 | 86.39 | 211.52 |
| PE2 | 1.50 | ..... | 253.92 | ..... | 16.79 | 86.39 | 357.10 |
| PE1 | 1.40 | ..... | 236.99 | ..... | 16.79 | 86.39 | 340.17 |
| PD2 | 1.38 | ..... | 233.61 | ..... | 16.79 | 86.39 | 336.79 |
| PD1 | 1.28 | ..... | 216.68 | ..... | 16.79 | 86.39 | 319.86 |
| PC2 | 1.10 | ..... | 186.21 | ..... | 16.79 | 86.39 | 289.39 |
| PC1 | 1.02 | ..... | 172.67 | ..... | 16.79 | 86.39 | 275.85 |
| PB2 | 0.84 | ..... | 142.20 | ..... | 16.79 | 86.39 | 245.38 |
| PB1 | 0.78 | | 132.04 | | 16.79 | 86.39 | 235.22 |
| PA2 | 0.59 | | 99.88 | | 16.79 | 86.39 | 203.06 |
| PA1 | 0.54 | | 91.41 | | 16.79 | 86.39 | 194.59 |

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Case-Mix Adjusted Federal Rates For Skilled Nursing Facilities (SNFs) - FY 2015

FIGURE 8.D.2015-4 CASE-MIX ADJUSTED FEDERAL RATES AND ASSOCIATED INDEXES - RURAL (RUG-66 RATES)

Source: 79 FR 45635; Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2015.

| RUG-IV CATEGORY | NURSING INDEX | THERAPY INDEX | NURSING COMPONENT | THERAPY COMPONENT | NON-CASE MIX THERAPY COMPONENT | NON-CASE MIX COMPONENT | TOTAL RATE |
|-----------------|---------------|---------------|-------------------|-------------------|--------------------------------|------------------------|------------|
| RUX | 2.67 | 1.87 | 431.79 | 274.93 | ..... | 87.99 | 794.71 |
| RUL | 2.57 | 1.87 | 415.62 | 274.93 | ..... | 87.99 | 778.54 |
| RVX | 2.61 | 1.28 | 422.09 | 188.19 | ..... | 87.99 | 698.27 |
| RVL | 2.19 | 1.28 | 354.17 | 188.19 | ..... | 87.99 | 630.35 |
| RHX | 2.55 | 0.85 | 412.39 | 124.97 | ..... | 87.99 | 625.35 |
| RHL | 2.15 | 0.85 | 347.70 | 124.97 | ..... | 87.99 | 560.66 |
| RMX | 2.47 | 0.55 | 399.45 | 80.86 | ..... | 87.99 | 568.30 |
| RML | 2.19 | 0.55 | 354.17 | 80.86 | ..... | 87.99 | 523.02 |
| RLX | 2.26 | 0.28 | 365.49 | 41.17 | ..... | 87.99 | 494.65 |
| RUC | 1.56 | 1.87 | 252.28 | 274.93 | ..... | 87.99 | 615.20 |
| RUB | 1.56 | 1.87 | 252.28 | 274.93 | ..... | 87.99 | 615.20 |
| RUA | 0.99 | 1.87 | 160.10 | 274.93 | ..... | 87.99 | 523.02 |
| RVC | 1.51 | 1.28 | 244.20 | 188.19 | ..... | 87.99 | 520.38 |
| RVB | 1.11 | 1.28 | 179.51 | 188.19 | ..... | 87.99 | 455.69 |
| RVA | 1.10 | 1.28 | 177.89 | 188.19 | ..... | 87.99 | 454.07 |
| RHC | 1.45 | 0.85 | 234.49 | 124.97 | ..... | 87.99 | 447.45 |
| RHB | 1.19 | 0.85 | 192.45 | 124.97 | ..... | 87.99 | 405.41 |
| RHA | 0.91 | 0.85 | 147.17 | 124.97 | ..... | 87.99 | 360.13 |
| RMC | 1.36 | 0.55 | 219.94 | 80.86 | ..... | 87.99 | 388.79 |
| RMB | 1.22 | 0.55 | 197.30 | 80.86 | ..... | 87.99 | 366.15 |
| RMA | 0.84 | 0.55 | 135.84 | 80.86 | ..... | 87.99 | 304.69 |
| RLB | 1.50 | 0.28 | 242.58 | 41.17 | ..... | 87.99 | 371.74 |
| RLA | 0.71 | 0.28 | 114.82 | 41.17 | ..... | 87.99 | 243.98 |
| ES3 | 3.58 | ..... | 578.96 | ..... | 17.94 | 87.99 | 684.89 |
| ES2 | 2.67 | ..... | 431.79 | ..... | 17.94 | 87.99 | 537.72 |
| ES1 | 2.32 | ..... | 375.19 | ..... | 17.94 | 87.99 | 481.12 |
| HE2 | 2.22 | ..... | 359.02 | ..... | 17.94 | 87.99 | 464.95 |
| HE1 | 1.74 | ..... | 281.39 | ..... | 17.94 | 87.99 | 387.32 |
| HD2 | 2.04 | ..... | 329.91 | ..... | 17.94 | 87.99 | 435.84 |
| HD1 | 1.60 | ..... | 258.75 | ..... | 17.94 | 87.99 | 364.68 |
| HC2 | 1.89 | ..... | 305.65 | ..... | 17.94 | 87.99 | 411.58 |
| HC1 | 1.48 | ..... | 239.35 | ..... | 17.94 | 87.99 | 345.28 |
| HB2 | 1.86 | | 300.80 | | 17.94 | 87.99 | 406.73 |
| HB1 | 1.46 | | 236.11 | | 17.94 | 87.99 | 342.04 |
| LE2 | 1.96 | | 316.97 | | 17.94 | 87.99 | 422.90 |

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Case-Mix Adjusted Federal Rates For Skilled Nursing Facilities (SNFs) - FY 2015

FIGURE 8.D.2015-4 CASE-MIX ADJUSTED FEDERAL RATES AND ASSOCIATED INDEXES - RURAL (RUG-66 RATES) (CONTINUED)

Source: 79 FR 45635; Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2015.

| RUG-IV CATEGORY | NURSING INDEX | THERAPY INDEX | NURSING COMPONENT | THERAPY COMPONENT | NON-CASE MIX THERAPY COMPONENT | NON-CASE MIX COMPONENT | TOTAL RATE |
|-----------------|---------------|---------------|-------------------|-------------------|--------------------------------|------------------------|------------|
| LE1 | 1.54 | ..... | 249.05 | ..... | 17.94 | 87.99 | 354.98 |
| LD2 | 1.86 | ..... | 300.80 | ..... | 17.94 | 87.99 | 406.73 |
| LD1 | 1.46 | ..... | 236.11 | ..... | 17.94 | 87.99 | 342.04 |
| LC2 | 1.56 | ..... | 252.28 | ..... | 17.94 | 87.99 | 358.21 |
| LC1 | 1.22 | ..... | 197.30 | ..... | 17.94 | 87.99 | 303.23 |
| LB2 | 1.45 | ..... | 234.49 | ..... | 17.94 | 87.99 | 340.42 |
| LB1 | 1.14 | ..... | 184.36 | ..... | 17.94 | 87.99 | 290.29 |
| CE2 | 1.68 | ..... | 271.69 | ..... | 17.94 | 87.99 | 377.62 |
| CE1 | 1.50 | ..... | 242.58 | ..... | 17.94 | 87.99 | 348.51 |
| CD2 | 1.56 | ..... | 252.28 | ..... | 17.94 | 87.99 | 358.21 |
| CD1 | 1.38 | ..... | 223.17 | ..... | 17.94 | 87.99 | 329.10 |
| CC2 | 1.29 | ..... | 208.62 | ..... | 17.94 | 87.99 | 314.55 |
| CC1 | 1.15 | ..... | 185.98 | ..... | 17.94 | 87.99 | 291.91 |
| CB2 | 1.15 | ..... | 185.98 | ..... | 17.94 | 87.99 | 291.91 |
| CB1 | 1.02 | ..... | 164.95 | ..... | 17.94 | 87.99 | 270.88 |
| CA2 | 0.88 | ..... | 142.31 | ..... | 17.94 | 87.99 | 248.24 |
| CA1 | 0.78 | ..... | 126.14 | ..... | 17.94 | 87.99 | 232.07 |
| BB2 | 0.97 | ..... | 156.87 | ..... | 17.94 | 87.99 | 262.80 |
| BB1 | 0.90 | ..... | 145.55 | ..... | 17.94 | 87.99 | 251.48 |
| BA2 | 0.70 | ..... | 113.20 | ..... | 17.94 | 87.99 | 219.13 |
| BA1 | 0.64 | ..... | 103.50 | ..... | 17.94 | 87.99 | 209.43 |
| PE2 | 1.50 | ..... | 242.58 | ..... | 17.94 | 87.99 | 348.51 |
| PE1 | 1.40 | ..... | 226.41 | ..... | 17.94 | 87.99 | 332.34 |
| PD2 | 1.38 | ..... | 223.17 | ..... | 17.94 | 87.99 | 329.10 |
| PD1 | 1.28 | ..... | 207.00 | ..... | 17.94 | 87.99 | 312.93 |
| PC2 | 1.10 | ..... | 177.89 | ..... | 17.94 | 87.99 | 283.82 |
| PC1 | 1.02 | ..... | 164.95 | ..... | 17.94 | 87.99 | 270.88 |
| PB2 | 0.84 | ..... | 135.84 | ..... | 17.94 | 87.99 | 241.77 |
| PB1 | 0.78 | ..... | 126.14 | ..... | 17.94 | 87.99 | 232.07 |
| PA2 | 0.59 | ..... | 95.41 | ..... | 17.94 | 87.99 | 201.34 |
| PA1 | 0.54 | ..... | 87.33 | ..... | 17.94 | 87.99 | 193.26 |

- END -

Wage Indexes For Urban Areas For Skilled Nursing Facilities (SNFs) Based On Core-Based Statistical Area (CBSA) Labor Market Areas - FY 2015

Source: 79 FR 45640; Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2015.

The Wage Indexes for Urban Areas for SNFs based on CBSA Labor Market Areas applicable to FY 2015 has been combined into one document for rural and urban areas as set forth in Table A available on the Centers for Medicare and Medicaid Services (CMS) web site at <http://cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/WageIndex.html>.

This is a temporary consolidation of previously separate addendums to accommodate the transition Wage Index that is to be used for FY 2015.

- END -

Chapter 8

Addendum F (FY 2015)

Wage Indexes For Rural Areas For Skilled Nursing Facilities (SNFs) Based On Core-Based Statistical Area (CBSA) Labor Market Areas - FY 2015

Source: 79 FR 45640. Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2015.

The Wage Indexes for Rural Areas for SNFs based on CBSA Labor Market Areas applicable to FY 2015 has been combined into one document for rural and urban areas as set forth in Table A available on the Centers for Medicare and Medicaid Services (CMS) web site at <http://cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/WageIndex.html>.

This is a temporary consolidation of previously separate addendums to accommodate the transition Wage Index that is to be used for FY 2015.

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