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Wage Index Update with Occupational Mix Survey

September 18

Presented by:
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Paul Hannah
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Agenda

- General Overview
- FFY 2020 Final Rule Update
- Worksheet S3 Series
- Occupational Mix Survey
- Important Dates

Your presenters

Dave Andrzejewski

is Crowe's national wage index services leader and co-creator of the patented Wage Index Navigator software. Dave is a CHFP and has been with Crowe since 2010. He has provided wage index assessments across the country for nearly 20 years.

Paul Hannah

is a Manager in Crowe's Finance & Reimbursement team. Paul is a CHFP and has been with Crowe since 2014, and has over 25 years of healthcare experience. He is a leader at providing wage index assessments across the country, working with many hospitals, health systems, and CBSAs.

Suzy Montecalvo

is a Manager in Crowe's Finance & Reimbursement team. Suzy is a CHFP and has been with Crowe since 2014, and has over 30 years of healthcare experience. She is a leader at providing wage index assessments across the country, working with many hospitals, health systems, and CBSAs.

General Overview

Understanding the basic terms and importance of Medicare wage index data

Defining Medicare Area Wage Index

- Adjustment factor used in Medicare prospective payment system to account for variable labor costs across the country
  - Average of 1.0000
  - Highest Santa Cruz CA 1.8551 – Lowest, Rural AL, 0.6629

- Factor is based on the average hourly wage (AHW) of **inpatient acute-care** hospitals, and it's composite core-based statistical area (CBSA)

- CMS uses IPPS AWI data to calculate the portion of Medicare payments made to other types of providers:

SNF	HHA	Hospice	IRF
IPF	LTCH	Hospital OPPS	

Defining Medicare Area Wage Index

- Medicare cost report worksheets contain this data
  - S-3 part II, III and IV
  - A Costs
  - A6 reclassifications
  - A81 related organization, home office
  - A82 physicians

- Data is updated each year

- Generally, the higher your hospital's AHW on w/s S3 part II, the higher your AWI factor – but not always….

Defining Medicare Area Wage Index

Hospital's Average Hourly Wage (AHW)

- **Salaries and Paid Hours**
  - Hospital employees
  - Home Office & Related Organizations
  - Physicians
- **Contract Labor**
  - Direct patient care
  - Admin & General, Housekeeping, Dietary
- **Wage Related Costs (Employee Benefits)**
- **Additional CMS Adjustments**
  - Occupational Mix Factor
  - Mid-Point mark up factors
  - Budget neutrality

Defining Medicare Area Wage Index

Average Hourly Wage (AHW)

- Computed on hospital's cost report worksheets S3 part II and III

- Final AHW reported on CMS final rule in annual Federal Register update
  - CMS = Centers for Medicare and Medicaid Services

- Cost report AHW vs. Federal Register AHW rarely agree
  - Due to various post-cost report adjustments

Defining Medicare Area Wage Index

- All hospital's in a Core Based Statistical Area (CBSA) combine their AHW data and in generally share the same AWI factor - Metropolitan and Rural areas

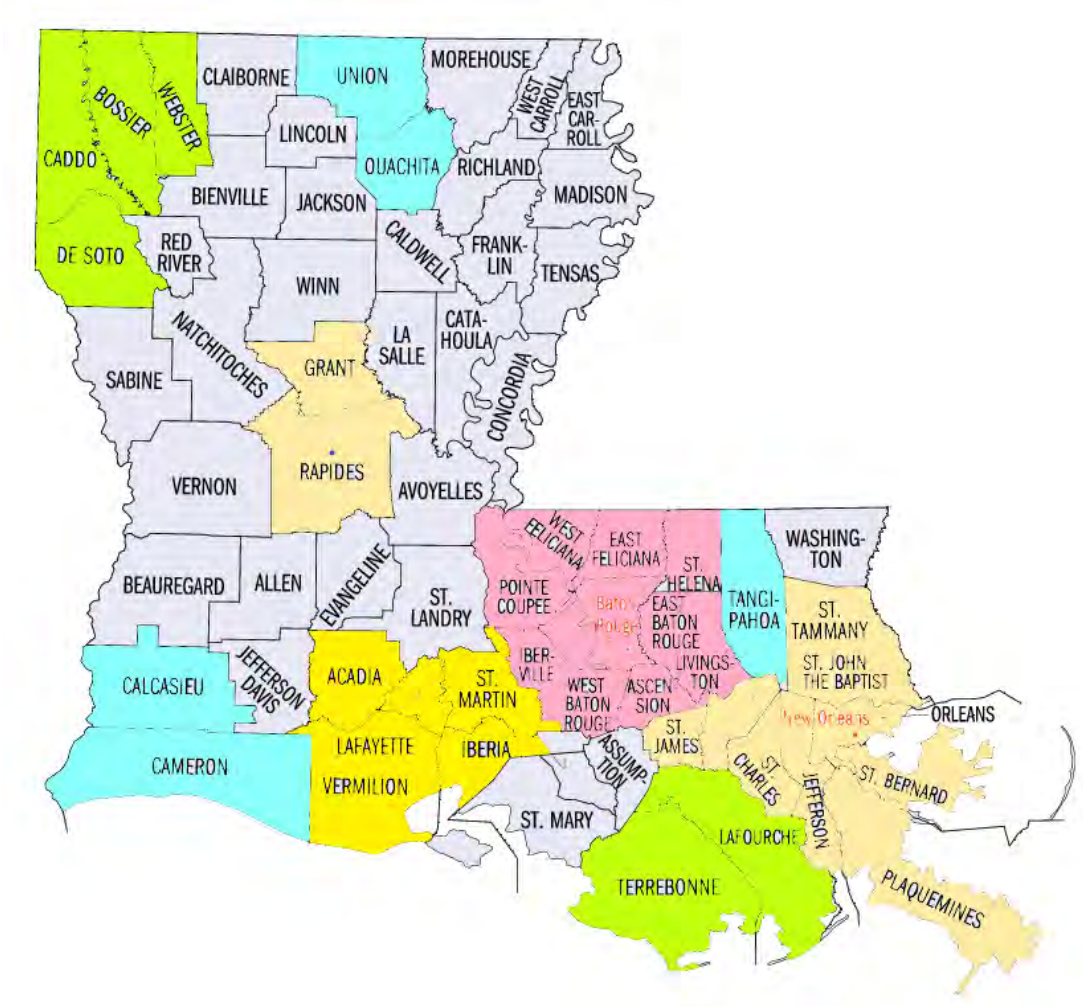
- Exceptions are made for geographic reclassifications and other statutory exemptions

Defining Medicare Area Wage Index

Core Based Statistical Areas (CBSA)

- Generally the metropolitan areas and rural areas in the country
- Currently 512 CBSAs
- Each CBSA has its own AWI factor, based on the composite AHW of its hospitals
- Hospital's within a CBSA should coordinate to optimize its CBSAs AWI

CBSA Concept - Louisiana



CBSA #	CBSA Name	# Hosp in CBSA	# Hosp in State
19	Louisiana	26	26
10780	Alexandria, LA	3	3
12940	Baton Rouge, LA	9	9
25220	Hammond, LA	2	2
26380	Houma-Thibodaux, LA	4	4
29180	Lafayette, LA	12	12
29340	Lake Charles, LA	5	5
33740	Monroe, LA	6	6
35380	New Orleans-Metairie, LA	21	21
43340	Shreveport-Bossier City, LA	8	8

CBSA – Shreveport-Bossier City, LA

43340 - Shreveport-Bossier City, LA

May Reporting Period **Federal Fiscal Year 2020**

Provider #	Hospital	Cost %	Salaries	Hours	AHW
190111	Willis-Knighton Medical Center	42.0%	$269,897,768	7,467,264	$36.14
190098	Louisiana State University Medical Center	28.8%	$184,903,054	5,757,743	$32.11
190041	CHRISTUS Schumpert Saint Mary Place	12.8%	$82,134,046	2,042,267	$40.22
190236	Willis-Knighton Bossier Health Center	8.8%	$56,206,384	1,598,081	$35.17
190144	Minden Medical Center	3.5%	$22,153,089	625,077	$35.44
190278	SPECIALISTS HOSPITAL SHREVEPORT	1.6%	$10,198,891	337,561	$30.21
190118	Desoto Regional Health System	1.3%	$8,592,235	285,967	$30.05
190088	Springhill Medical Center	1.2%	$7,862,839	273,337	$28.77
			$641,948,307	18,387,297	**$34.91**

CBSA AWI Calculation

CBSA Composite Average Hourly Wage

Divided by:

National Average Hourly Wage

Preliminary CBSA Area Wage Index Factor

Multiplied by

Rural Floor Budget Neutrality Factor

Final CBSA Area Wage Index Factor

Summary – Average Hourly Wage (AHW)

- Every hospital calculates their own AHW, compiled on the worksheet S3 series
- Each CBSA calculates its own AHW, based on the hospitals that comprise it
- Hospital salaries and hours are further adjusted by CMS, and final AHW and AWI values are reported in the inpatient PPS final rule (usually published in early August).

Summary – Core Based Statistical Areas (CBSA)

- Metropolitan areas throughout the country
- Each state has a rural area
  - Except for DE, NJ and RI
- Urban CBSAs with a lower AWI than its Rural CBSA will be granted the Rural CBSA AWI value
- Hospitals are encouraged to work together to achieve the most optimal AHW for their CBSA

Summary – Area Wage Index (AWI)

- CBSA AHW divided by the National AHW = CBSA AWI value

- AWIs are determined based on prior year cost report data
  - FFY 2021 AWI values are based on Medicare cost reports with **beginning** dates of 10/1/2016 through 9/20/2017

- AWI values are applied only to the labor portion of the Medicare standardized payment

FFY 2020 Final Rule Update

Understanding changes to computing FFY 2020 CBSA AWI values

FFY 2020 IPPS Final Rule Update

1. Policies to Address Wage Index Disparities
   a) Providing an Opportunity for Low Wage Index Hospitals to Increase Employee Compensation

Bottom Line

- Hospitals with a wage index value below the 25th percentile wage index value (0.8457) will receive relief

- Half the difference between the CBSA AWI value and 0.8457 is added to the CBSA AWI value.

- This policy will be in effect for at least 4 fiscal years beginning 10/1/2019.

FFY 2020 IPPS Final Rule Update

1. Policies to Address Wage Index Disparities

   a) Providing an Opportunity for Low Wage Index Hospitals to Increase Employee Compensation

Prov #	Geographic CBSA	FY 2019 Wage Index	[6]FY 2020 Wage Index Prior to Quartile and Transition	[6]FY 2020 Wage Index With Quartile	[3,6] FY 2020 Wage Index With Quartile and Cap
010007	1	0.6704	0.6629	0.7543	0.7543

- Final computed hospital AWI value is used to determine potential increase

FFY 2020 IPPS Final Rule Update

1. Policies to Address Wage Index Disparities

   b) Budget Neutrality for Proving an Opportunity for Low Wage Index Hospitals to Increase Employee Compensation

<u>Bottom Line</u>

- In the proposed rule, AWI values of high wage hospitals would reduced to offset all gains received by Low Wage Index Hospitals.

- The final rule provides a budget neutrality adjustment to the national standardized amount for **all hospitals**, not just the high wage index hospitals

FFY 2020 IPPS Final Rule Update

1. Policies to Address Wage Index Disparities

   c) Preventing Inappropriate Payment Increases Due to Rural Reclassifications under the Provisions of 42 CFR 412.103

<u>Bottom Line</u>

- Wage data of urban hospitals reclassified as rural will not be included in the computation of the rural floor AWI value of the state.
- Particularly detrimental to hospitals in AZ, CT, and MA.
- This benefits hospitals in all other states through application of the rural floor budget neutrality factor.

FFY 2020 IPPS Final Rule Update

1. Policies to Address Wage Index Disparities

   d) Transition for Hospitals Negatively Impacted

Bottom Line

- A 5% cap is in effect for hospitals experiencing a significant reduction to its FFY 2019 final AWI value.
- No hospital's FFY 2020 AWI value will be less than 95% of its final FFY 2019 AWI value
- Benefit is in effect for only FFY 2020

FFY 2020 IPPS Final Rule Update

1. Policies to Address Wage Index Disparities

d) Transition for Hospitals Negatively Impacted

Prov #	Geographic CBSA	FY 2019 Wage Index	[6]FY 2020 Wage Index Prior to Quartile and Transition	[6]FY 2020 Wage Index With Quartile	[3,6]FY 2020 Wage Index With Quartile and Cap
010007	1	0.6704	0.6629	0.7543	0.7543

- **All hospitals** are protected from reduction greater than 5% from FFY 2019 final AWI value

FFY 2020 IPPS Final Rule Update

1. Policies to Address Wage Index Disparities

e) Transition Budget Neutrality

<u>Bottom Line</u>

- Additional budget neutrality adjustment factor of 0.998838 is placed on all hospitals to achieve budget neutrality for FFY 2020 transition changes in regards to 95% FFY 2019 cap.

FFY 2020 IPPS Final Rule Update

1. Policies to Address Wage Index Disparities

   f) Alternatives Considered in the Proposed Rule (not implemented)

These items are discussed but **NOT implemented:**

- National rural wage index value
- Reduction of wage index values for high wage index hospitals to offset increases in low wage index hospitals.
- Commuter-based AWI values (previous proposed rule discussion)

Worksheet S3 Series – II, III and IV

Maintaining accuracy and compliance while optimizing your annual Average Hourly Wage

Hospital’s Annual Responsibilities for Wage Index

- Medicare cost reports are due each year, 5 months after their FYE
- Wage Index data is reported on the worksheet S3 series
- Every year, CMS allow hospitals to “update” their annual wage data
  - Previous cost report data is used for upcoming FFY AWI calculations
  - Annual deadline around September 1 to submit proposed adjustments
  - CMS audit is completed in November
  - Updated wage data is published, and subject to additional adjustments
- Every three years, hospitals must submit an updated Occupational Mix Survey

Hospital’s Annual Responsibilities - Guidance

- CMS Provider Reimbursement Manual (PRM) contains instructions for completing Medicare worksheets
- Periodic updates to instructions
- Appeal court cases

Worksheet S3 part II, III, IV – S3 Part II Detail

While all data is required to be accurately reported, we recommend extra focus on these specific areas:

- Paid Hours
- Wage Related Costs
- Contract Labor
- Physician Compensation
- Home Office

S3 Part II Detail – Paid Hours

- Reported in Column 5 of S3 part II

- Cost report instructions are not extensive, leading to confusion
  - **“Enter on each line the number of paid hours corresponding to the amounts in column 4”**

- Many sources to provide hours:
  - General ledger
  - Labor Distribution Report
  - FTE report
  - **Payroll Register –** desired type of report to use

S3 Part II Detail – Paid Hours

For Wage Index reporting, three big things to remember:

1. Salary is reported as expensed, but Hours are reported as **Paid**

2. Understand all your hospital's payroll department **Pay Codes**

3. When comparing your payroll report to GL salaries, it is critical to obtain reconciliation of costs to ensure accurate hours are used

S3 Part II Detail – Paid Hours

Common adjustments to paid hours:

- Accrued hours
  - Payroll report with **paid** hours recommended
- PTO paid at termination, or sold back for cash
  - Set up separate pay codes for these occurrences
- On Call Pay – call back minimum
- Payroll report contains non-hospital employees
- Hours corresponding to salaries offset by revenue on w/s A

S3 Part II Detail – Paid Hours

Common adjustments to paid hours:

- Baylor Plan
  - Pharmacists, surgery personnel, technicians
- Low Census and FMLA
- Hours double counted
- Hours related to capitalized salary

S3 Part II Detail – Wage Related Costs (WRC)

- Total wage related costs reported on lines 17 through 25 on worksheet S3 part II
- All items in this section are to be input.
- **Only data reported in lines 17 and 22 are included in the AHW and AWI calculations.** (line 18 recently removed)
- First identify total costs, then allocate to the appropriate employee categories, represented on lines 17 through 25.

S3 Part II Detail – WRC, S3 part IV

Retirement Costs

1 401K Employer Contributions

2 Tax Sheltered Annuity (TSA) Employer Contribution

3 Non Qualified Defined Benefit Plan Costs

4 Qualified Defined Benefit Plan Costs

Plan Administrative Costs

5 401K/TSA Plan Administration fees

6 Legal/Accounting/Management Fees-Pension Plan

7 Employee Managed Care Program Admin Fees

Health and Insurance Costs

8 Health Insurance (Purchased or Self Funded)

9 Prescription Drug Plan

10 Dental, Hearing, and Vision Plan

11 Life Insurance

12 Accident Insurance

13 Disability Insurance

14 Long-Term Care Insurance

15 Workers Compensation Insurance

16 Retirement Health Care Cost

Taxes

17 FICA-Employers Portion Only

18 Medicare Taxes - Employers Portion Only

19 Unemployment Insurance

20 State or Federal Unemployment Taxes

Other

21 Executive Deferred Compensation

22 Day Care Cost and Allowances

23 Tuition Reimbursement

Report ALL wage related costs on S3 part IV, not just line 17 "core" amounts

S3 Part II Detail – WRC – Consulting Costs

Consulting Fees for benefits provide unique reporting for hospitals

- Typically incurred for pension and health insurance plans
- Consulting costs can be included within the appropriate benefit category on worksheet S3 part IV
- Invoices with description of services are best support for MAC audit
- Hospital benefits by being able to claim the labor costs of the service only – hours do not need to be reported.

S3 Part II Detail – WRC – Pension

Defined Contribution Plans

- Costs associated with defined contribution plans (i.e. 401k) are recorded in year expensed

- Defined contribution amounts reported on lines 1 and 2 of S3 part IV

S3 Part II Detail – WRC – Pension

Defined Benefit Plans

- Reporting method adjusted in FFY 2013 wage index calculation
- Contributions for 3-year period must be determined. Average amount to be reported.
- 3-year period is current year, and previous 2 years
- Prefunding Installment

- Defined Benefit amounts are to be reported on lines 3 (non-qualified) and 4 (qualified) of S3 part IV

S3 Part II Detail – WRC – Allocation of Costs

- Most accurate method is to directly allocate costs…..if reported in GL as such
- Most hospitals will have the majority of the fringe benefit expenses in the Employee Benefits cost center
- Hospitals not limited to only salary allocation
- FTE allocation can be considered (i.e. Tuition, Health Insurance, Day Care, other insurance if applicable)
- Mixed basis is usually preferred as next best option after direct allocation

S3 Part II Detail – WRC – General Guidance

- Understand the reporting of all fringe benefits in GL.
- On an annual basis, discuss with your HR manager any changes in policies or new benefits offered to hospital employees
- Validate all employees are eligible for all benefits.
- Utilization of the mixed allocation method can bring significant impact to the AHW for some hospitals
- Total wage related costs typically range between 20-30% of total salary

S3 Part II Detail – Contract Labor

- Line 11 of worksheet S3 part II– Direct patient care
  - Nursing, Therapists, etc.

- Line 12 – Contract Management
  - Management positions in non-general services areas

- Line 28 – Administrative & General
  - Legal, consulting, administration most critical
  - Home office and related organization

- Line 33, 35 – Housekeeping and Dietary

S3 Part II Detail – Contract Labor

General Guidance for reporting Contract Labor

- Invoice support is critical for contract labor
- Contact your vendors for labor portion and paid hours
  - Require contracts to include labor rates
  - Hours worked required before payment
- Do not include excluded area cost center data (i.e. physician costs in NRCC)
- While I&R and physician teaching time is to be reported, teaching services ultimately are not included in the final calculation of a hospital's AHW for wage index

S3 Part II Detail – Contract Labor

General Guidance for reporting Contract Labor

- On Call Services – including Physicians
  - Transmittal 6 confirmed specific guidance on this provision
  - Must be either providing patient care, or completing the on-call time on hospital site

- Transmittal 10 (Nov. 2016) provided further guidance
  - Labor needs to be reported in proper cost center (A&G, Housekeeping, Dietary)
  - Vendor attestations, declarations, emails not acceptable for supporting documentation.

S3 Part II Detail – Physician Reporting

For Worksheet A82 reporting, the following is required:

Salary	Contract
Part A (admin, teaching)	Part A (administrative)
Part B (professional)	**Part B (professional)**

For wage index reporting, S3 part II **only** requires the following:

Salary	Contract
Part A (admin, teaching)	Part A (administrative)
Part B (professional)	

Accurate time study documentation is required to support the reported Part A time.

S3 Part II Detail – Physician Reporting

- We have seen recent MAC audit adjustments in this area
- Time studies need to be completed each year in accordance with the regulations
  - Talk with your MAC representative to understand their policy
- Physician contracts can be accepted provided Part A and B terms are referenced

S3 Part II Detail – Physician Reporting – Stand By Costs

- 42 CFR 415.55 provides direction for “reasonable availability services”

- Some physicians providing on-call/stand by services can be included as Part A for wage index provided:

  1. Services are provided in the Emergency Room, or for Surgical services
  2. Services are provided on the premises of the hospitals

S3 Part II Detail – Home Office

Beginning in FFY 2020 home office reporting for wage index is different.

- Only salary expenses are reported in the line 14 series:
  - Line 14.01 will report home office salary amounts
  - Line 14.02 will report related organization salary amounts
  - Line 14 is no longer used

- Wage Related Costs are now reported solely on the line 25 series:
  - Line 25.50 – WRC for home office personnel
  - Line 25.51 – WRC for related organization personnel
  - Line 25.52 – WRC for HO Part A Physicians
  - Line 25.53 – WRC for HO and Contract part A teaching physicians

S3 Part II Detail – Home Office

- Contract Labor for both Home Office and Related Organization
  - Usually all administrative in nature, and should be reported on line 28 of worksheet S3 part II
  - If direct patient care, report on line 11
  - If Physician Part A, report on line 13

S3 Part II Detail – Home Office

General Guidelines

- Ensure all core wage related costs are captured
  - Follow same guidelines for worksheet S3 part IV reporting
- Home office opportunities likely exist with contract labor, fringe benefits and paid hours
- Allocation of total costs and hours should include all healthcare and non-healthcare components

Occupational Mix Survey

Understanding OcMix concepts and preparing for new data file submission

Occupational Mix Survey

- Most recent survey filed by IPPS hospitals on July 1, 2017
  - Data updated every three years
  - Next updated survey is projected to be due by July 2020.
  - Instructions and timelines should be available this Fall

- Over 90% of hospitals are included in most recent PUF
  - CMS has talked of penalties in the past, but not strictly enforced (at least not yet)

- **Hospitals have opportunity to adjust its OcMix data through the wage index review process**

Occupational Mix Survey

- **Calendar year data is used – not fiscal year**
- Each hospital computes their own individual OcMix factor
- Applied to only the nursing salary portion of total salaries

Occupational Mix Survey - Calculation

Provider Occ Mix Categories	Wages	Hours	Provider % by Subcategory	National AHWs by Subcategory	Provider Adjusted AHW	Nurse Occ Mix Adjustment Factor
RN	$21,975,941	898,719	69.78%	$37.44	$26.12	
LPNs and Surgical Technologists	$2,298,553	170,119	13.21%	$21.78	$2.88	
Nursing Aides, Orderlies, & Attendants	$2,183,087	219,143	17.01%	$15.33	$2.61	
Medical Assistants	$0	-	0.00%	$17.23	$0.00	
Total Nurse Salaries and Hours	**$26,457,581**	**1,287,981**	**100.00%**		**$31.61**	**1.0078**
				Natl Rate -->	$31.85	
All Other Salaries and Hours	$37,445,371	1,935,510				
Total	**$63,902,952**	**3,223,491**				

- Hospital determines costs and hours per job categories – RN, LPN, Aides, Assistants and All Other
- Hospital adjusted AHW is calculated. National rates calculated using all hospital's OcMix data
- OcMix factor = Hospital AHW / National AHW

Occupational Mix Survey – AHW Impact

Nurse Salaries as a % of Total	**41.40%**
All Other Salaries as a % of Total	**58.60%**
Wages (Updated by MidPoint Markup)	$64,346,688
Hours	2,177,845
Unadjusted AHW	**$29.55**
Nurse Occ Mix Wages	$26,847,882
All Other unadjusted Occ Mix Wages	$37,705,388
Salaries Adjusted for Occ Mix	**$64,553,270**
Hours	**$2,177,845**
Occ Mix Adjusted AHW	**$29.64**

Determined by OcMix Data

Hospital wage index PUF data

Nurse OcMix Wages =
$64,346,688 x 41.40% x **1.0078**

All Other Wages =
$64,346,688 x 58.60%

OcMix value over 1 has **increased this hospital's AHW by $0.09**

OcMix Survey – Compiling Process – Payroll File

- Must obtain file from payroll department detailing the paid costs and hours:
  - Per GL department
  - Per Job Description
  - Per Payroll Code

Home Dept. #	Home Dept. Name	Pay Code	Pay Code Description	JC	Job Desc	BLS	Costs	Hours
301101	Nhl Icu/Micu	Reg	Regular	200150	RN Charge Nurse	29-1111	60,098.06	1,774.48
301101	Nhl Icu/Micu	CE9	Education	200150	RN Charge Nurse	29-1111	39.29	1.42
301101	Nhl Icu/Micu	OT	Overtime	200150	RN Charge Nurse	29-1111	1,489.25	29.22
301101	Nhl Icu/Micu	OC2	Call Back 1.5	200000	Rn	29-1151	1,853.49	47.17
301101	Nhl Icu/Micu	XAA	Call Back GTD	200000	Rn	29-1111	-	-
301101	Nhl Icu/Micu	BRV	Bereavement	200150	RN Charge Nurse	29-1111	1,657.44	48.00

OcMix Survey – Compiling Process – Pay Codes

- Analyze pay codes and remove any hours using similar procedure as cost report wage index data analysis

OcMix Survey – Compiling Process – Map GL CCs

- Map all GL department numbers to Medicare Cost Report (MCR) worksheet A line numbers

- Remove all teaching, excluded area and non-reimbursable cost center data from your job code analysis. **Don’t delete.** You will need this data for the Overhead allocation.

OcMix Survey – Compiling – Job Code Assignments

- For data in the remaining cost centers, job codes and corresponding data will need to be assigned into one of the following categories for OcMix reporting:
  - All Other
  - Registered Nurse
  - LPN’s and Surgical Technologists
  - Nursing Assistants
  - Medical Assistants

- Only data in the following MCR lines are eligible for the patient care (non-All Other) job codes – 13, 30, 31, 32, 33, 34, 35, 43, 50, 51, 52, 69, 74, 75, 76, 90, 91 and 92.

OcMix Survey – Compiling – Job Code Assignments

- CMS normally provides detailed guidance for job code assignment.
  - BLS codes can help dictate assignment
- All Part B data must be also be removed.
- All Contract Labor data should be considered and follow the same rules as salary for job code classification
- Home Office data should also follow the same analysis

OcMix Survey – Overhead Allocation

- CMS instructions state the hospital must allocate a portion of its general service cost center data to excluded areas, essentially removing it from the OcMix survey.

- In past instructions, it has referenced the wage index calculation in 76 Federal Register, page 51592, August 18, 2011 issue.

OcMix Survey – General Recommendations

- Hospitals should strive to have an OcMix value over 1.0000, as this will increase salary expense for the overall AHW.
- Generally the less RN percentage to total the better the OcMix ratio.
- Understand any historical A6 reclassifications made in hospital cost reports and apply these to the payroll data, as necessary. Especially as these reclassifications involve Excluded Area cost centers
- Work diligently with Human Resource job code descriptions to determine accurate job code assignment.
- Job codes should not be split between All Other and patient care category.

Important Dates

Future deadlines and CMS requirements

FFY 2020/2021 Timetable – Upcoming Important Dates

- October 1, 2019 – Effective date of FFY 2020 AWI values
- **November 15, 2019** – Deadline for MACs to complete audit of FFY 2021 hospital wage data, including review of proposed adjustments
- February 14, 2020 – Deadline for hospitals to submit requests for corrections to be made to audited PUF, scheduled to be released on January 31, 2020.
- March 19, 2020 – Deadline for MAC secondary review of requested corrections
- April 2, 2020 – Deadline for hospitals to submit appeal request

FFY 2020/2021 Timetable – Upcoming Important Dates

- April/May 2020 – Proposed rule to be published
- April 30, 2020 – publication of updated FFY 2020 Public Use File (PUF)
- May 15, 2020 – Deadline for hospitals to submit correction request for data posted in the updated audited PUF and Proposed Rule
- August 1, 2020 – approximate date for FFY 2021 publication, with final rule
- Don’t forget – mid-May, 2020 publication of initial PUF for FFY 2022 wage index!!

QUESTIONS??

Introducing Healthcare's Trusted Community:

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Thank you

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