

## Medicare Wage Index Occupational Mix Survey

«Date»

«TitleFirstLast», «JobTitle»

«CompanyName»

«Address1»

«Address2»

City1State1Zip1

Re: **Occupational Mix Survey**

Provider Name: «Provider Name»

Provider Number: «Provider Number»

Reporting Period: 07/01/2007 – 06/30/2008

Dear «TitleFirstLast»,

### **Introduction**

Section 304(c) of Public Law 106-554 amended section 1886(d)(3)(E) of the Act to require CMS to collect data every 3 years on the occupational mix of employees for each short-term, acute care hospital participating in the Medicare program, in order to construct an occupational mix adjustment to the wage index. The law also requires the application of the occupational mix adjustment to the wage index beginning October 1, 2004.

**This survey provides for the collection of occupational mix data for a 12-month period, that is, \*from pay periods ending between July 1, 2007 and June 30, 2008, to be applied to the FY 2010 wage index. Complete the survey for any hospital that is subject to the inpatient prospective payment system (IPPS), or any hospital that would be subject to IPPS if not granted a waiver <sup>1</sup>. [Note: Do not complete this survey if you are a no/low Medicare utilization provider. Check with your fiscal intermediary/Medicare administrative contractor to confirm your status.] It is important for hospitals to ensure that the data reported on the survey are accurate and verifiable through supporting documentation.**

*Completed occupational mix surveys must be submitted to fiscal intermediaries, on the Excel hospital reporting form, by September 1, 2008, via email attachment or overnight delivery.* The Excel version of the occupational mix survey may be obtained from fiscal intermediaries or downloaded from CMS's website at:

<http://www.cms.hhs.gov/AcuteInpatientPPS/WIFN/list.asp#TopOfPage>.

Instructions and definitions for the data elements and the occupational categories are attached.

If you have any questions regarding this letter, please contact me toll-free at (866) 734-9444, extension «Ext.».

Sincerely,

Supervisor Name

Supervisor Cost Report Audit

Medicare Audit and Reimbursement

Mutual of Omaha

E-mail:

cc: «Title2First2Last2», «JobTitle2»

«Address3»

«Address4»

City2State2Zip2

**<sup>1</sup> Note: Critical Access Hospitals (CAHs) are not paid under the IPPS, therefore CAHs are not required to complete the survey. Also, hospitals that terminated participation in the Medicare program before July 1, 2007 are not required to complete the survey.**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-0907**. The time required to complete this information collection is estimated to average **480 hours** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.