

**To:** Skilled Nursing Facilities

**From:** CareFirst of Maryland, Inc. – Medicare Part A

**Date:** October 6, 2003

**Subject:** Provider Reimbursement Manual Update for Data Collection for Skilled Nursing Facilities

**The following sections of the Provider Reimbursement Manual have been updated for Hospital Based Skilled Nursing Facilities.**

<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
3604 (Cont.) - 3604 (Cont.)	36-27 - 36-28.3 (5 pp.)	36-27 - 36-28.3 (5 pp.)
3690 (Cont.) - 3690 (Cont.)	36-505 - 36-506 (2 pp)	36-505 - 36-506 (2 pp)
3695 (Cont.) - 3695(Cont.)	36-725 - 36-726.1 (3 pp)	36-725 - 36-726 (2 pp)

**NEW/REVISED MATERIAL--EFFECTIVE DATE: Cost Reporting Periods Beginning on or After October 1, 2003.**

This transmittal facilitates data collection for Hospital based Skilled Nursing Facilities (SNF). The responses to this data collection effort will be used to determine the impact on direct patient care as a result of increased Resource Utilization Group (RUG) payments in accordance with a notice published in the **Federal Register** Vol. 68, No. 149 – August 4, 2003, which provided for an increase in the RUG payments to Hospital based Skilled Nursing Facilities (SNF) for services rendered on or after October 1, 2003.

This transmittal also clarifies which payment system must be applied to Inpatient Rehabilitation Facilities (IRFs) and Long term Care Hospitals (LTCHs) based on responses to revised worksheet S-2 questions.

**REVISED ELECTRONIC SPECIFICATIONS EFFECTIVE DATE:** Changes to the electronic reporting specifications are effective for cost reporting periods ending on or after April 30, 2003. There are no edit implications for the above referenced revision.

To view this change in it's entirety please visit

[http://www.cms.gov/manuals/pm\\_trans/R11P236.pdf](http://www.cms.gov/manuals/pm_trans/R11P236.pdf)

(Source: Provider Reimbursement Manual Transmittal 11)

**The following sections of the Provider Reimbursement Manual have been updated for Skilled Nursing Facilities.**

<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
3508 – 3508 (Cont.)	35-13 – 35-18 (6 pp.)	35-13 – 35-18 (6 pp.)
3590 (Cont.) – 3590 (Cont.)	35-303 – 35-306 (4 pp.)	35-303 – 35-306 (4 pp.)
3595 (Cont.) – 3595 (Cont.)	35-515 – 35-516.1 (3 pp.)	35-515 – 35-516 (2 pp.)
3595 (Cont.) – 3595 (Cont.)	35-545 – 35-546 (2 pp.)	35-545 – 35-546 (2 pp.)

**NEW/REVISED MATERIAL--EFFECTIVE DATE: Cost Reporting Periods beginning on or After October 1, 2003.**

This transmittal facilitates data collection for Skilled Nursing Facilities (SNF). The responses to this data collection effort will be used to determine the impact on direct patient care as a result of increased Resource Utilization Group (RUG) payments in accordance with a notice published in the **Federal Register** Vol. 68, No. 149 – August 4, 2003 which provided for an increase in the RUG payments to Skilled Nursing Facilities (SNF) services rendered on or after October 1, 2003.

**REVISED ELECTRONIC SPECIFICATIONS EFFECTIVE DATE:** Changes to the electronic reporting specifications are effective for cost reporting periods ending on or after December 31, 2002. There are no edit implications for the above referenced revision.

To view this change in its entirety please visit

[http://www.cms.gov/manuals/pm\\_trans/R13P235.pdf](http://www.cms.gov/manuals/pm_trans/R13P235.pdf)

(Source: Provider Reimbursement Manual Transmittal 13)

THIS BULLETIN SHOULD BE SHARED WITH ALL HEALTH CARE PRACTITIONERS AND MANAGERIAL MEMBERS OF THE PROVIDER/SUPPLIER STAFF. ALL BULLETINS ISSUED AFTER OCTOBER 1, 1999 ARE AVAILABLE AT NO COST FROM OUR WEB SITE AT [www.marylandmedicare.com](http://www.marylandmedicare.com).