CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12473	**Date: January 25, 2024**
	Change Request 13506

SUBJECT: Indian Health Services (IHS) Hospital Payment Rates for Calendar Year 2024

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide the annual update of Indian Health Services (IHS) payment rates for calendar year 2024. The attached Recurring Update Notification applies to Medicare Claims Processing Manual, IOM 100-04, Chapter 19, Sections 100.3.4, 100.4.2, and 100.5.

EFFECTIVE DATE: January 1, 2024
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE April 29, 2024

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:
For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Recurring Update Notification

Attachment - Recurring Update Notification

Pub. 100-04	Transmittal: 12473	Date: January 25, 2024	Change Request: 13506

SUBJECT: Indian Health Services (IHS) Hospital Payment Rates for Calendar Year 2024

EFFECTIVE DATE: January 1, 2024
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: April 29, 2024

I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to inform Novitas Solutions, Inc., the contractor that processes IHS hospital claims, that the Office of Management and Budget approved the rates listed in the attachment to this notice. The IHS published the Outpatient Per Visit and Medicare Part B Inpatient Ancillary Per Diem rates in the Federal Register (FR) on December 19, 2023. However, Novitas Solutions, Inc. did not have approval from the Centers for Medicare & Medicaid Services (CMS) to make payment adjustments for the changes in the outpatient rate and the ancillary Part B rate.

This notification informs Novitas Solutions, Inc. of the hospital outpatient and ancillary Part B rates.

This notification authorizes Novitas Solutions, Inc. to make payment adjustments as necessary resulting from the rate changes for the 2024 calendar year.

B. Policy: Section 1880 of the Social Security Act authorizes CMS to establish payment mechanisms and payment rates to Indian Health Service Facilities.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13506.1	Novitas Solutions, Inc. shall implement the payment rates set forth in this transmittal.	X								
13506.2	Novitas Solutions, Inc. shall adjust the claims for the difference between the 2023 and 2024 IHS Rates.	X								
13506.3	Novitas Solutions, Inc. shall make any required payment adjustments as follows: 1) Novitas Solutions, Inc. shall reprocess the claims for dates of service on or after January 1, 2024, using the outpatient per visit and Medicare Part B	X								

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	inpatient ancillary per diem rates published in 88 FR 87789 (December 19, 2023). 2) Novitas Solutions, Inc. shall determine the difference due the provider by comparing the amount to be paid on each claim using the published updated rates to the amount originally paid for the claim. 3) Novitas Solutions, Inc. shall pay the provider the difference due.									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 1

ATTACHMENT: Schedule of Indian Health Service (IHS) Hospital Payment Rates for Calendar Year 2024

	CY 2023*	CY 2024
Lower 48 States		
Medicare Inpatient Ancillary Part B	$829	$963
Medicare Outpatient per Visit Rate	$620	$667
Alaska		
Medicare Inpatient Ancillary Part B	$1,066	$1,341
Medicare Outpatient per Visit Rate	$801	$961

* Prior year rates presented for information and comparison.