

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 728	Date: July 15, 2010
	Change Request 7029

Transmittal 726, dated July 8, 2010, is being rescinded and replaced by Transmittal 728, dated July 15, 2010 to revise the Calendar Year (CY) 2010 Outpatient Prospective Payment System (OPPS) conversion factor to \$67.241 and the Inpatient Rehabilitation Facility (IRF) Prospective Payment System (PPS) outlier threshold for the first half of Fiscal Year (FY) 2010 to \$10,652. All other information remains the same.

SUBJECT: Updates to the Inpatient Prospective Payment System (IPPS), Long Term Care Hospital (LTCH) PPS, Outpatient Prospective Payment System (OPPS), and Inpatient Rehabilitation Facility (IRF) PPS Changes due to the Affordable Care Act (ACA)

I. SUMMARY OF CHANGES: This CR outlines changes for IPPS hospitals for Federal FY 2010, LTCHs for RY2010, IRFs for FY 2010 and OPPS for CY 2010 as a result of the Affordable Care Act. The policy changes reflected in this CR will appear in upcoming Federal Register notices for IPPS/LTCH PPS, OPPS and IRF PPS. The changes in this CR have various retroactive effective dates. Contractors will be instructed to reprocess claims affected by the ACA in CR 7011.

EFFECTIVE DATE: Various Effective Dates

IMPLEMENTATION DATE: August 9, 2010

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/revise 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	

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

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:

One-Time Notification

**Unless otherwise specified, the effective date is the date of service.*