CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10212	Date: July 10, 2020
	Change Request 11847

SUBJECT: Reprocessing of Fiscal Year (FY) 2019 and 2020 Inpatient Prospective Payment System (IPPS) Claims for Certain Hospitals

I. SUMMARY OF CHANGES: This CR provides instructions to the Medicare Administrative Contractors (MACs) to reprocess FY 2019 and FY 2020 claims for certain IPPS hospitals.

EFFECTIVE DATE: August 25, 2020
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: August 25, 2020

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	

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:
One Time Notification

Attachment - One-Time Notification

SUBJECT: Reprocessing of Fiscal Year (FY) 2019 and 2020 Inpatient Prospective Payment System (IPPS) Claims for Certain Hospitals

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I.   GENERAL INFORMATION

A.   Background: In change request 11583, we stated for certain hospitals that the outmigration values passed to the FY 2019 and FY 2020 IPPS Pricers were inadvertently omitted from the calculation of the hospital's wage index in the release on October 7, 2019 in CR 11361 (effective on October 1, 2019). This issue was corrected in the January 2020 release and implementation of the IPPS Pricer. In change request 11583, we stated separate instructions would be issued to address the reprocessing of claims regarding this issue. Below we provide instructions to address reprocessing of FY 2019 and FY 2020 hospital claims affected by this issue.

MACs shall reprocess **FY 2019** claims (discharges occurring on or after 10/1/2018 and on or before 9/30/2019) for the following criteria:

- The claim was processed on or after 10/1/2019 and before January 6, 2020 (the implementation date of the January 2020 release (CR 11583)).
- A FIPS county code of 55117, 55127, 55139, 72013, 72057 or 72141 in Data Element 60
- Special Payment Indicator field (data element 33) is blank
- Standardized Amount CBSA field (data element 37) is blank
- MACs shall ensure that all claims for the criteria above are paid correctly. MACs shall reprocess claims affected by this issue until the date of reprocessing to ensure that claims are paid correctly.

MACs shall reprocess **FY 2020** claims (discharges occurring on or after 10/1/2019 and on or before 9/30/2020) for the following criteria:

- The claim was processed on or after 10/1/2019
- A FIPS county code of 55111, 55117, 55127, 55139, 72013, 72057, 72081 or72141 in Data Element 60
- Special Payment Indicator field (data element 33) is blank
- Standardized Amount CBSA field (data element 37) is blank
- MACs shall ensure that all claims for the criteria above are paid correctly. MACs shall reprocess claims affected by this issue until the date of reprocessing to ensure that claims are paid correctly.

B.   Policy: This change request contains no new policy.

II.   BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			D M E MAC	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
11847.1	MACs shall reprocess **FY 2019** IPPS claims (discharges occurring on or after 10/1/2018 and on or before 9/30/2019) based on the following criteria: • The claim was processed on or after 10/1/2019 and before January 6, 2020 (the implementation date of the January 2020 release (CR 11583)). • Providers with a FIPS county code of 55117, 55127, 55139, 72013, 72057 or 72141 in Data Element 60 of the Provider Specific File (PSF) • Special Payment Indicator field (data element 33) in the PSF is blank • Standardized Amount CBSA field (data element 37) in the PSF is blank	X								
11847.1.1	MACs shall ensure that all claims for the criteria above are paid correctly. MACs shall reprocess claims affected by this issue until the date of reprocessing to ensure that claims are paid correctly.	X								
11847.2	MACs shall reprocess FY 2020 IPPS claims (discharges occurring on or after 10/1/2019 and on or before 9/30/2020) based on the following criteria: • The claim was processed on or after 10/1/2019 • A FIPS county code of 55111, 55117, 55127, 55139, 72013, 72057, 72081 or 72141 in Data Element 60 of the PSF • Special Payment Indicator field (data element 33) in the PSF is blank • Standardized Amount CBSA field (data element 37) in the PSF is blank	X								
11847.2.1	MACs shall ensure that all claims for the criteria above are paid correctly. MACs shall reprocess claims affected by this issue until the date of reprocessing to ensure that claims are paid correctly.	X								
11847.3	MACs shall initiate the adjustments described above within 45 days of the issuance date of this CR.	X								

III.   PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D
		A	B	H H H	M A C	I
	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

Pre-Implementation Contact(s): Michael Treitel, 410-786-4552 or michael.treitel@cms.hhs.gov

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

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
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ATTACHMENTS: 0