

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 12373</b>	<b>Date: November 22, 2023</b>
	<b>Change Request 13457</b>

**SUBJECT: January 2024 Annual Rural Emergency Hospital (REH) Monthly Facility Payment Amount**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to furnish the annual update to the additional REH monthly facility payment amount for calendar year 2024.

**EFFECTIVE DATE: January 1, 2024**

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

**IMPLEMENTATION DATE: January 2, 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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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: 12373	Date: November 22, 2023	Change Request: 13457
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**EFFECTIVE DATE: January 1, 2024**

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**IMPLEMENTATION DATE: January 2, 2024**

## I. GENERAL INFORMATION

**A. Background:** The purpose of this Change Request (CR) is to furnish the annual REH monthly facility payment amount for Calendar Year (CY) 2024.

**B. Policy:** Section 1834(x)(2) of the Act requires an additional facility payment be paid monthly to an REH. In the CY 2023 Outpatient Prospective Payment System/Ambulatory Surgical Center (OPPS/ASC) final rule, CMS finalized the annual additional facility payment amount for CY 2023, consistent with the requirements for this payment provided in section 125 of the Consolidation Appropriations Act, 2021, and codified in our regulation text at 42 Code of Federal Regulation (CFR) 419.92(b)(1).

Pursuant to section 1834(x)(2)(B)(ii) and CMS’s implementing regulations at 42 CFR 419.92(b)(2), for CY 2024 and each subsequent calendar year, the amount of the additional annual facility payment is the amount of the preceding year's additional annual facility payment, increased by the hospital market basket percentage increase as described under section 1886(b)(3)(B)(iii) of the Act. Pursuant to CMS’s implementing regulations at 42 CFR 419.92(b), the REH monthly facility payment for CY 2024 and subsequent calendar years is equal to 1/12 of the applicable annual facility payment amount.

The CY 2024 REH monthly facility payment amount before sequestration is removed is: \$281,871.

The CY 2024 REH monthly facility payment amount after sequestration is removed is: \$276,233.58. This is the facility payment amount that is to be applied monthly for all REH providers.

## 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	
13457.1	Contractors shall apply the calendar year 2024 REH monthly facility payment amount, after sequestration is removed, to all REH providers, each month on the remit for the last day of the month, effective January 1, 2024.					X				

### 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):**

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**ATTACHMENTS: 0**