

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 4276	Date: April 5, 2019
	Change Request 11217

SUBJECT: Indian Health Services (IHS) Hospital Payment Rates for Calendar Year 2019

I. SUMMARY OF CHANGES: Annual update of Indian Health Services (IHS) payment rates for calendar year 2019. The attached Recurring Update Notification applies to Chapter 19, Section 100.3.4, 100.4.2, and 100.5.

EFFECTIVE DATE: January 1, 2019

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

IMPLEMENTATION DATE: May 6, 2019

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

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S S	V M S S	C W F	
	<p>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.</p> <p>3) Novitas Solutions, Inc. shall pay the provider the difference due.</p>									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	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): Yaakov Feinstein, 410-786-3137 or yaakov.feinstein@cms.hhs.gov , Susan Burris, 410-786-6655 or susan.burris@cms.hhs.gov , Bob Kuhl, 410-786-4597 or robert.kuhl@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: 1

**ATTACHMENT: Schedule of Indian Health Service (IHS) Hospital Payment Rates for
Calendar Year 2019**

	<u>CY 2018*</u>	<u>CY 2019</u>
<u>Lower 48 States</u>		
Medicare Inpatient Ancillary Part B	\$740	\$789
Medicare Outpatient per Visit Rate	\$383	\$405
<u>Alaska</u>		
Medicare Inpatient Ancillary Part B	\$1,061	\$1,144
Medicare Outpatient per Visit Rate	\$595	\$646

* Prior year rates presented for information and comparison.