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| CMS Manual System | Department of Health & Human Services (DHHS) |
| Pub 100-08 Medicare Program Integrity | Centers for Medicare & Medicaid Services (CMS) |
| Transmittal 12217 | Date: August 24, 2023 |
| | Change Request 13312 |

NOTE: This Transmittal is no longer sensitive and is being re-communicated November 30, 2023. The Transmittal Number, date of Transmittal and all other information remains the same. This instruction may now be posted to the Internet.

SUBJECT: Indian Health Service (IHS) Rural Emergency Hospital (REH) Provider Enrollment

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update Chapter 10 of CMS Publication (Pub.) 100-08 to include provider enrollment guidance regarding IHS-REHs.

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.*

| R/N/D | CHAPTER / SECTION / SUBSECTION / TITLE |
|--------------|---------------------------------------------------------------------------------|
| N | 10/10.2/10.2.1.8.1.1/Indian Health Service (IHS) Rural Emergency Hospital (REH) |

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:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

| | | | |
|-------------|--------------------|-----------------------|-----------------------|
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EFFECTIVE DATE: January 1, 2024

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IMPLEMENTATION DATE: January 2, 2024

I. GENERAL INFORMATION

A. Background: Beginning January 1, 2024, a tribal or IHS operated hospital (as defined in 42 Code of Federal Regulations (C.F.R) § 413.65(m)) that converts to an REH (IHS-REH) that provides hospital outpatient services to a Medicare beneficiary may be paid for such services under the outpatient hospital All-Inclusive Rate that is established and published annually by the IHS, rather than the rates for REH services described at 42 CFR § 419.92(a)(1). This CR will update Chapter 10 of CMS Pub. 100-08 to include provider enrollment guidance regarding IHS-REHs.

The CMS will issue separate guidance as to when IHS-REHs can begin to submit enrollment applications.

B. Policy: 42 CFR § 413.65(m) and sections 1861(kkk) and 1834(x) of the Social Security Act.

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 | |
| 13312.1 | The contractor shall abide by the instructions in Section 10.2.1.8.1.1 in Chapter 10 of CMS Pub. 100-08 when processing IHS-REH provider enrollment applications. | X | | | | | | | | |

III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility | | | | |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---|-----|------------|------|
| | | A/B MAC | | | DME MAC | CEDI |
| | | A | B | HHH | | |
| 13312.2 | Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the “MLN Connects” listserv to get MLN content notifications. You don’t need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above. | X | | | | |

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: 0

Medicare Program Integrity Manual

Chapter 10 – Medicare Enrollment

Table of Contents

(Rev. 12217; Issued: 08-24-23)

Transmittals for Chapter 10

10.2.1.8.1.1 - Indian Health Service (IHS) Rural Emergency Hospital (REH)

10.2.1.8.1.1 – Indian Health Service (IHS) Rural Emergency Hospital (REH)
(Rev. 12217; Issued: 08-24-23; Effective: 01-01-24; Implementation: 01-02-24)

Beginning January 1, 2024, a tribal or IHS operated hospital (as defined in 42 CFR § 413.65(m)) that converts to an REH (IHS-REH) that provides hospital outpatient services to a Medicare beneficiary may be paid for such services under the outpatient hospital All-Inclusive Rate (AIR) that is established and published annually by the IHS, rather than the rates for REH services described at 42 CFR § 419.92(a)(1).

A prospective IHS-REH must follow (and are subject to) the same provider enrollment requirements and procedures outlined in 42 CFR Part 424, subpart P (including 42 CFR § 424.575) and section 10.2.1.8.1 of this chapter as all other prospective REHs (e.g., submission of change of information rather than an initial application). Accordingly, the contractor shall process all IHS-REH applications in the same manner it would an REH application. There is no material difference between an IHS-REH and REH in terms of Form CMS-855A application completion, submission, and processing. With respect to identifying the provider type in Section 2 of the Form CMS-855A, the facility shall check the “Other” box and list “Indian Health Service – Rural Emergency Hospital.” (An alternative identification, such as “IHS-REH,” is acceptable so long as it is clear this is the type of facility involved, though the listing must be in Section 2(A).)

Concerning the REH letters mentioned in section 10.2.1.8.1(C), the contractor shall replace any reference therein to “rural emergency hospital” with “Indian Health Service rural emergency hospital” for IHS-REH applications.

As with other IHS enrollment applications, IHS-REH enrollment applications will be handled by Novitas Solutions. (See section 10.2.1.9 of this chapter for more information.) Though IHS-REHs may submit their applications via PECOS, the mailing address for IHS-REH paper applications is:

*Novitas Solutions, Inc.
P.O. Box 3115
Mechanicsburg, PA 17055-1858*