CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 3912	Date: November 9, 2017
	Change Request 10368

SUBJECT: Off-Cycle Update to the Long Term Care Hospital (LTCH) Prospective Payment System (PPS) Fiscal Year (FY) 2018 Pricer

I. SUMMARY OF CHANGES: This Change Request (CR) outlines changes to the FY 2018 LTCH Pricer.

EFFECTIVE DATE: October 1, 2017

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

IMPLEMENTATION DATE: January 2, 2018

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

Attachment - Recurring Update Notification

SUBJECT: Off-Cycle Update to the Long Term Care Hospital (LTCH) Prospective Payment System (PPS) Fiscal Year (FY) 2018 Pricer

EFFECTIVE DATE: October 1, 2017

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I. GENERAL INFORMATION

A. Background: This Change Request (CR) corrects LTCH PPS wage index values in the LTCH Pricer for Core-Based Statistical Areas (CBSAs) 25980 through 49740. Medicare Administrative Contractors (MACs) received instruction prior to the release of LTCH claims, to populate the CBSA Special Pay Indicator field and the Special Wage Index value field in the FY 2018 Provider Specific File (PSF) with the correct values. This means that LTCH claims are processing with the correct wage index value and reprocessing claims is not necessary. The attached Recurring Update Notification applies to Chapter 3, Section 20.3.4.

B. Policy: The Pricer CBSA table used for the application of the wage index for CBSAs 25980 through 49740 for FY 2018 has been updated with correct values.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B		D	Shared-				Other	
		MAC		M	System					
			I			Maintainers				
		Α	В	Н		F	M	V	С	
				Н	M	I	C	M	W	
				Н	A	S	S	S	F	
					C	S				
10368.1	Medicare Contractor shall install and pay claims with					X				
	the revised FY 2018 LTCH Pricer.									
10368.2	Medicare contractors shall ensure that the value of '1'	X								
	in the CBSA Special Pay Indicator field in the FY									
	2018 Provider Specific File (PSF) (data element 33)									
	and the wage index values for CBSAs 25980 through									
	49740 in the Special Wage Index field in the PSF									
	(data element 38) do not carry over to FY19.									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
					1	
			A/B		D	C
		MAC		\mathbf{C}	M	Е
					Е	D
		Α	В	Н		I
				Н	M	
				Н	Α	
					C	
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

[&]quot;Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Cami DiGiacomo, cami.digiacomo@cms.hhs.gov

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