

Issue Brief

FEDERAL ISSUE BRIEF



Analysis provided for MHA by Larry Goldberg, Goldberg Consulting

April 1, 2024

CMS Issues Proposed FY 2025 Inpatient Psychiatric Facility PPS Update

The Centers for Medicare & Medicaid Services (CMS) have issued a proposed rule to update the Medicare Inpatient Psychiatric Facility (IPF) Prospective Payment System (PPS) for Fiscal Year (FY) 2025.

A copy of the 179-page document is available at: <https://public-inspection.federalregister.gov/2024-06764.pdf>. The proposal is scheduled for publication in the April 3 **Federal Register**. A 60-day comment period ending May 28 is provided.

Availability of Certain Tables Exclusively Through the Internet on the CMS Website

Addendum A summarizes the proposed FY 2025 IPF PPS payment rates, outlier threshold, cost of living adjustment factors for Alaska and Hawaii, national and upper limit cost-to-charge ratios, and adjustment factors.

In addition, Addendum B shows the complete listing of ICD-10 Clinical Modification and Procedure Coding System codes, the FY 2025 IPF PPS comorbidity adjustment, and electroconvulsive therapy procedure codes.

The A and B Addenda are available on the CMS website at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientPsychFacilPPS/tools.html>.

Tables setting forth the FY 2025 Wage Index for Urban Areas Based on Core-Based Statistical Area Labor Market Areas, the FY 2025 Wage Index Based on CBSA Labor Market Areas for Rural Areas, and a county-level crosswalk of the FY 2024 CBSA Labor Market Areas to the FY 2025 CBSA Labor Market Areas are available on the CMS website at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/IPFPPS/WageIndex.html>.

Major Provisions

CMS is:

- Proposing to revise the patient-level IPF PPS adjustment factors and increase the electroconvulsive therapy treatments (ECT) payment amount.
- Proposing to update the IPF PPS wage index to use the CBSAs defined within OMB Bulletin 23-01.
- Clarifying the eligibility criteria for an IPF to be approved to file all-inclusive cost reports. Only a government-owned or tribally owned facility will be able to satisfy these criteria and will be eligible to file its cost report using an all-inclusive rate or no charge structure.
- Soliciting comments to inform elements to be included in the IPF patient assessment instrument, which the CAA, 2023 requires the Centers for Medicare & Medicaid Services (CMS) to develop for FY 2028.
- Soliciting comments to inform future refinements to the IPF PPS facility-level adjustment factors.
- Making technical rate setting updates: The IPF PPS payment rates are adjusted annually for inflation, as well as statutory and other policy factors. This rule proposes to update:
 - The IPF PPS Federal per diem base rate from \$895.63 to \$874.93.

- The IPF PPS Federal per diem base rate for providers who failed to report quality data to \$857.89.
- The ECT payment per treatment from \$385.58 to \$660.30.
- The ECT payment per treatment for providers who failed to report quality data to \$647.45.
- The labor-related share from 78.7 percent to 78.8 percent.
- The wage index budget neutrality factor to 0.9998. A proposed refinement standardization factor of 0.9514.
- The fixed dollar loss threshold amount from \$33,470 to \$35,590, to maintain estimated outlier payments at 2.0 percent of total estimated aggregate IPF PPS payments.

For the Inpatient Psychiatric Facilities Quality Reporting (IPFQR) Program CMS is proposing to:

- Adopt the 30-Day Risk-Standardized All-Cause Emergency Department (ED) Visit Following an IPF Discharge measure beginning with the FY 2027 payment determination; and
- Modify reporting requirements to require IPFs to submit patient-level data on a quarterly basis.

Summary of Impacts

Provision Description	Total Transfers & Cost Reductions
FY 2025 IPF PPS payment update	The overall economic impact of this proposed rule is an estimated \$70 million in increased payments to IPFs during FY 2025.
FY2025 IPFQR Program update	The overall economic impact of the IPFQR Program proposals in this proposed rule is an estimated increase of 800 hours of information collection burden resulting in a cost increase of \$41,696.

CMS estimates that the FY 2025 impact would be a net increase of \$70 million in payments to IPF providers. This reflects an estimated \$75 million increase from the update to the payment rates and a \$5 million decrease due to the update to the outlier threshold amount to set total estimated outlier payments at 2.0 percent of total estimated payments in FY 2025. (Page 167)

Comment

CMS has released another rule without a table of contents. We are therefore, adding page numbers based on the display copy of the proposal.

PROVISIONS OF THE PROPOSED REGULATION (Page 13)

Proposed FY 2025 IPF Market Basket Update

Based on IGI’s fourth quarter 2023 forecast with historical data through the third quarter of 2023, the 2021-based IPF market basket increase factor for FY 2025 is estimated to be **3.1 percent**.

The 10-year moving average growth of total factor productivity (TFP) for FY 2025 is projected to be **0.4 percent**.

Therefore, the proposed FY 2025 IPF update is equal to **2.7 percent** (3.1 percent market basket update reduced by the 0.4 percentage point productivity adjustment).

Proposed FY 2025 IPF Labor-Related Share (Page 15)

The proposed labor-related share for FY 2025 based on more recent data is 78.8 percent. The current amount is 78.7 percent.

The rule table below shows the FY 2024 labor-related share using the 2021-based IPF market basket relative importance and the FY 2023 labor-related share using the 2016-based IPF market basket. (Page 69)

FY 2025 Proposed IPF Labor-Related Share and FY 2024 IPF Labor-Related Share

	Relative importance, proposed labor-related share FY 2025	Relative importance, labor-related share FY 2024
Wages and Salaries	53.6	53.4
Employee Benefits	14.1	14.2
Professional Fees: Labor-related	4.7	4.7
Administrative and Facilities Support Services	0.6	0.6
Installation, Maintenance and Repair Services	1.2	1.2
All Other: Labor-related Services	1.5	1.5
Subtotal	75.7	75.6
Labor-related portion of capital (46%)	3.1	3.1
Total LRS	78.8	78.7

Proposed Increase in the Electroconvulsive Therapy (ECT) Payment per Treatment (Page 25)

The current (FY 2024) Federal per diem base rate is \$895.63 and the ECT payment per treatment is \$385.58. For the proposed FY 2025 Federal per diem base rate, CMS applied the payment rate update of 2.7 percent, the proposed wage index budget neutrality factor of 0.9998 and a proposed refinement standardization factor of 0.9514 to the FY 2024 Federal per diem base rate of \$895.63, yielding a proposed Federal per diem base rate of **\$874.93** for FY 2025.

CMS is proposing to increase the ECT payment per treatment for FY 2025 in addition to routine updates to the rate. CMS applied the proposed 2.7 percent payment rate update, the proposed 0.9998 wage index budget neutrality factor, and the proposed 0.9514 refinement standardization factor to the proposed payment per treatment based on the CY 2024 OPPS geometric mean cost of \$675.93, yielding a proposed ECT payment per treatment of **\$660.30** for FY 2025. Yes, this a decrease.

In the case of an IPF that fails to report required quality data with respect to such Rate Year (RY), the Secretary will reduce any annual update to a standard Federal rate for discharges during the RY by 2.0 percentage points. Therefore, CMS is applying a 2.0 percentage point reduction to the annual update to the Federal per diem base rate and the proposed ECT payment per treatment as follows:

- For IPFs that fail to report required data under the IPFQR Program, CMS would apply a 0.7 percent payment rate update—that is, the proposed IPF market basket increase for FY 2025 of 3.1 percent reduced by the proposed productivity adjustment of 0.4 percentage point for an update of 2.7 percent, and further reduced by 2.0 percentage points in accordance with section 1886(s)(4)(A)(i) of the Act. CMS would also apply the proposed refinement standardization factor of 0.9514 and the proposed wage index budget neutrality factor of 0.9998 to the FY 2024 Federal per diem base rate of \$895.63, yielding a proposed Federal per diem base rate of **\$857.89** for FY 2025.
- For IPFs that fail to report required data under the IPFQR Program, CMS would apply the proposed 0.7 percent annual payment rate update, the proposed 0.9514 refinement standardization factor, and the proposed 0.9998 wage index budget neutrality factor to the proposed payment per treatment based on the CY 2024 OPPS geometric mean cost of \$675.93, yielding a proposed ECT payment per treatment of **\$647.45** for FY 2025.

Proposed Updates and Revisions to the IPF PPS Patient-Level Adjustment Factors (Page 43)

IPF PPS Patient-Level Adjustments

The IPF PPS includes a number of payment adjustments for patient-level characteristics: (1) Medicare Severity Diagnosis Related Groups (MS–DRGs) assignment of the patient’s principal diagnosis, (2) selected comorbidities, (3) patient age, and (4) variable per diem adjustments. The following tables are from the rule’s Addendum A, which is available at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientPsychFacIPPS/tools.html>.

Proposed Updated and Revisions to MS–DRG Assignment (Page 44)

The diagnoses for each IPF MS–DRG will be updated as of October 1, 2024, using the final IPPS FY 2025 ICD–10–CM/PCS code sets. The FY 2025 IPPS/LTCH PPS final rule will include tables of the changes to the ICD–10–CM/PCS code sets that underlie the proposed FY 2025 IPF MS–DRGs. Both the FY 2025 IPPS final rule and the tables of final changes to the ICD–10–CM/PCS code sets, which underlie the FY 2025 MS–DRGs, will be available on the CMS IPPS website at: <https://www.cms.gov/medicare/payment/prospective-paymentsystems/acute-inpatient-pps>.

Code First (Page 47)

The proposed FY 2025 Code First table is shown in Addendum B on the CMS website at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientPsychFacIPPS/tools.html>.

Proposed Revisions to MS–DRG Adjustment Factors (Page 48)

CMS is proposing to maintain DRG adjustments for 15 of the existing 17 IPF MS–DRGs for which it currently adjusts payment in FY 2024. CMS is proposing to replace two existing DRGs with two new DRGs to reflect changes in coding practices over time and proposing to add two DRGs that are associated with poisoning.

Proposed Updates to Existing DRG Adjustments (Page 52)

Description	Current Adjustment Factors	# of Stays CY 2019–CY 2021	% of Stays CY 2019–CY 2021	Proposed Adjustment Factors
DRG 056-Degenerative nervous system disorders w MCC	1.05	4,287	0.53%	1.13
DRG 057-Degenerative nervous system disorders w/out MCC	1.05	40,584	5.03%	1.11
DRG 876-OR procedure with principal diagnoses of mental illness	1.22	751	0.09%	1.29
DRG 880-Acute adjustment reaction and psychosocial dysfunction	1.05	7,529	0.93%	1.08
DRG 881-Depressive neuroses	0.99	23,566	2.92%	1.06
DRG 882-Neuroses except depressive	1.02	10,143	1.26%	1.02
DRG 883-Disorders of personality and impulse control	1.02	5,804	0.72%	1.17
DRG 884-Organic disturbances and intellectual disabilities	1.03	55,842	6.92%	1.08
DRG 885-Psychoses	1.00	603,280	74.79%	1.00
DRG 886-Behavioral and developmental disorders	0.99	1,582	0.20%	1.07
DRG 887-Other mental disorder diagnoses	0.92	321	0.04%	1.00
DRG 894-Alcohol, Drug Abuse or Dependence, Left AMA	0.97	3,060	0.38%	0.86
DRG 895-Alcohol, Drug Abuse or Dependence w rehab therapy	1.02	12,361	1.53%	0.90
DRG 896-Alcohol, Drug Abuse or Dependence w/out rehab therapy w MCC	0.88	891	0.11%	1.00
DRG 897-Alcohol, Drug Abuse or Dependence w/out rehab therapy w/out MCC	0.88	34,767	4.31%	0.95

Proposed Replacement of DRGs (Page 49)

Proposed Replacements for DRG Adjustments

Description	Current Adjustment Factors	# of Stays CY 2019–CY 2021	% of Stays CY 2019–CY 2021	Proposed Adjustment Factors
DRG 080- Nontraumatic stupor & coma w MCC	1.07	1	0.00%	N/A
DRG 081-Nontraumatic stupor & coma w/o MCC	1.07	1	0.00%	N/A
DRG 947-Signs and Symptoms w MCC	N/A	58	0.01%	1.13
DRG 948-Signs and Symptoms w/out MCC	N/A	805	0.10%	1.09

Proposed Additions of DRGs (Page 50)

CMS is proposing to recognize DRG adjustments for two DRGs associated with poisoning; specifically, DRG 917 (Poisoning and toxic effects of drugs w MCC) and 918 (Poisoning and toxic effects of drugs w/out MCC).

Proposed Additions for DRG Adjustments (Page 51)

Description	Current Adjustment Factors	# of Stays CY 2019–CY 2021	% of Stays CY 2019–CY 2021	Proposed Adjustment Factors
DRG 917-Poisoning and toxic effects of drugs w MCC	N/A	137	0.02%	1.19
DRG 918-Poisoning and toxic effects of drugs w/out MCC	N/A	843	0.10%	1.12

Proposed Revisions to Comorbidity Adjustments (Page 52)

CMS is proposing to increase the adjustment factors for the Gangrene, Severe Protein Malnutrition, Oncology Treatment, Poisoning, and Tracheostomy comorbidity categories.

CMS is proposing to remove the comorbidity categories for the Coagulation Factor Deficit, Drug/Alcohol Induced Mental Disorders, and Infectious Diseases adjustment factors.

CMS is also proposing to modify the Eating and Conduct Disorders comorbidity category and redesignate it as the Eating Disorders comorbidity category. (Page 58)

In addition, CMS is proposing to modify the Chronic Obstructive Pulmonary Disease comorbidity category to include ICD–10–CM codes associated with sleep apnea (specifically, G4733 Obstructive sleep apnea (adult) (pediatric), 5A09357 Assistance with Respiratory Ventilation, <24 Hrs, CPAP, Z9981 Dependence on supplemental oxygen, and Z9989 Dependence on other enabling machines and devices).

CMS is proposing to add a new comorbidity category recognizing the costs associated with Intensive Management for High-Risk Behavior.

The proposed FY 2025 comorbidity adjustment factors are displayed in the table below, and can be found in Addendum A, available on the CMS website at:

<https://www.cms.gov/medicare/payment/prospective-payment-systems/inpatient-psychiatric-facility/tools-and-worksheets>. (Page 61)

Comparison of FY 2024 and Proposed FY 2025 IPF PPS Comorbidity Category Adjustments

Description	Current Adjustment Factor	Proposed FY 2025 Adjustment Factor
Renal Failure, Acute	1.11	1.06
Artificial Openings – Digestive & Urinary	1.08	1.07
Cardiac Conditions	1.11	1.05
Renal Failure, Chronic	1.11	1.08
Coagulation Factor Deficit	1.13	N/A
Chronic Obstructive Pulmonary Disease	1.12	N/A
Chronic Obstructive Pulmonary Disease and Sleep Apnea	N/A	1.07

Description	Current Adjustment Factor	Proposed FY 2025 Adjustment Factor
Developmental Disabilities	1.04	1.04
Uncontrolled Diabetes	1.05	1.05
Drug/Alcohol Induced Mental Disorders	1.03	N/A
Eating and Conduct Disorders	1.12	N/A
Eating Disorders	N/A	1.09
Gangrene	1.10	1.12
Infectious Diseases	1.07	N/A
Severe Protein Malnutrition	1.13	1.17
Oncology Treatment	1.07	1.46
Poisoning	1.11	1.16
Severe Musculoskeletal & Connective Tissue Diseases	1.09	1.05
Tracheostomy	1.06	1.09
Intensive Management for High-Risk Behavior	N/A	1.07

Proposed Patient Age Adjustments (Page 63)

CMS is revising the age adjustment factors as reflected in the table below.

Age (in Years)	Current Adjustment Factors	# of Stays	% of Stays	Proposed Adjustment Factors
Under 45	1.00	234,270	29.04%	1.00
45 and under 50	1.01			N/A
50 and under 55	1.02			N/A
45 and under 55	N/A	121,498	15.06%	1.02
55 and under 60	1.04	74,512	9.24%	1.05
60 and under 65	1.07	68,136	8.45%	1.07
65 and under 70	1.10	94,473	11.71%	1.09
70 and under 75	1.13			N/A
75 and under 80	1.15			N/A
70 and under 80	N/A	126,280	15.66%	1.12
80 and over	1.17	87,442	10.84%	1.13

Proposed Variable Per Diem Adjustments (Page 64)

Questions? Contact Andrew Wheeler, MHA's Vice President of Federal Finance, at 573-893-3700 | ext. 1336 or awheeler@mhanet.com.

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For FY 2025, CMS is proposing to revise the variable per diem adjustment factors as indicated in the table below, and shown in Addendum A to this rule.

Proposed Updates to Variable Per Diem Adjustments

Description	Current Adjustment Factors	# of Stays CY 2019 –CY 2021	% of Stays CY 2019–CY 2021	Proposed Adjustment Factors
Length of stay - 1 day without ED	1.19	17,141	2.09%	1.27
Length of stay - 1 day with a qualified ED	1.31	N/A	N/A	1.53
Length of stay - 2 days	1.12	28,370	3.52%	1.20
Length of stay - 3 days	1.08	42,298	5.24%	1.15
Length of stay - 4 days	1.05	48,187	5.97%	1.12
Length of stay - 5 days	1.04	54,187	6.72%	1.08
Length of stay - 6 days	1.02	59,215	7.34%	1.06
Length of stay - 7 days	1.01	63,095	7.82%	1.03
Length of stay - 8 days	1.01	51,491	6.38%	1.02
Length of stay - 9 days	1.00	42,855	5.31%	1.01
Length of stay – greater than or equal to 10 days	1.00 – 0.92	400,022	49.59%	1.00

Proposed Updates to the IPF PPS Facility-Level Adjustments (Page 64)

The IPF PPS includes facility-level adjustments for the wage index, IPFs located in rural areas, teaching IPFs, cost of living adjustments for IPFs located in Alaska and Hawaii, and IPFs with a qualifying ED.

Proposed Implementation of New Labor Market Area Delineations (Page 71)

CMS is proposing to adopt the updates to the OMB delineations announced in OMB Bulletin No. 23-01 effective for FY 2025 under the IPF PPS.

CMS is proposing to phase out the rural adjustment for IPFs that are transitioning from rural to urban based on these CBSA revisions.

Change to County-Equivalents in the State of Connecticut (Page 72)

CMS is providing the following crosswalk for each county in Connecticut with the current and proposed FIPS county and county equivalent codes and CBSA assignments.

Change to County-Equivalents in the State of Connecticut

FIPS	Current County	Current CBSA	Proposed FIPS	Proposed Planning Region Area (County Equivalent)	Proposed CBSA
09003	HARTFORD	25540	09110	CAPITOL	25540
09015	WINDHAM	49340	09150	NORTHEASTERN CONNECTICUT	7
09005	LITCHFIELD	7	09160	NORTHWEST HILLS	7
09001	FAIRFIELD	14860	09190	WESTERN CONNECTICUT	14860
09001	FAIRFIELD	14860	09120	GREATER BRIDGEPORT	14860
09011	NEW LONDON	35980	09180	SOUTHEASTERN CONNECTICUT	35980
09013	TOLLAND	25540	09110	CAPITOL	25540
09009	NEW HAVEN	35300	09140	NAUGATUCK VALLEY	47930
09009	NEW HAVEN	35300	09170	SOUTH CENTRAL CONNECTICUT	35300
09007	MIDDLESEX	25540	09130	LOWER CONNECTICUT RIVER VALLEY	25540

Urban Counties That Would Become Rural Under the Revised OMB Delineations (Page 73)

CMS says that a total of 53 counties (and county equivalents) and 15 providers located in areas that were previously considered part of an urban CBSA would be considered rural beginning in FY 2025 under these revised OMB delineations.

Counties Previously Considered Part of an Urban CBSA that Would Become Rural Areas Under Revised OMB Delineations

County Code	Current/County Equivalent	State	Current CBSA	Labor Market Area
01129	WASHINGTON	AL	33660	Mobile, AL
05025	CLEVELAND	AR	38220	Pine Bluff, AR
05047	FRANKLIN	AR	22900	Fort Smith, AR-OK
05069	JEFFERSON	AR	38220	Pine Bluff, AR
05079	LINCOLN	AR	38220	Pine Bluff, AR
10005	SUSSEX	DE	41540	Salisbury, MD-DE
13171	LAMAR	GA	12060	Atlanta-Sandy Springs-Alpharetta, GA
16077	POWER	ID	38540	Pocatello, ID
17057	FULTON	IL	37900	Peoria, IL
17077	JACKSON	IL	16060	Carbondale-Marion, IL
17087	JOHNSON	IL	16060	Carbondale-Marion, IL
17183	VERMILION	IL	19180	Danville, IL
17199	WILLIAMSON	IL	16060	Carbondale-Marion, IL
18121	PARKE	IN	45460	Terre Haute, IN

County Code	Current/County Equivalent	State	Current CBSA	Labor Market Area
18133	PUTNAM	IN	26900	Indianapolis-Carmel-Anderson, IN
18161	UNION	IN	17140	Cincinnati, OH-KY-IN
21091	HANCOCK	KY	36980	Owensboro, KY
21101	HENDERSON	KY	21780	Evansville, IN-KY
22045	IBERIA	LA	29180	Lafayette, LA
24001	ALLEGANY	MD	19060	Cumberland, MD-WV
24047	WORCESTER	MD	41540	Salisbury, MD-DE
25011	FRANKLIN	MA	44140	Springfield, MA
26155	SHIAWASSEE	MI	29620	Lansing-East Lansing, MI
27075	LAKE	MN	20260	Duluth, MN-WI
28031	COVINGTON	MS	25620	Hattiesburg, MS
31051	DIXON	NE	43580	Sioux City, IA-NE-SD
36123	YATES	NY	40380	Rochester, NY
37049	CRAVEN	NC	35100	New Bern, NC
37077	GRANVILLE	NC	20500	Durham-Chapel Hill, NC
37085	HARNETT	NC	22180	Fayetteville, NC
37087	HAYWOOD	NC	11700	Asheville, NC
37103	JONES	NC	35100	New Bern, NC
37137	PAMLICO	NC	35100	New Bern, NC
42037	COLUMBIA	PA	14100	Bloomsburg-Berwick, PA
42085	MERCER	PA	49660	Youngstown-Warren-Boardman, OH-PA
42089	MONROE	PA	20700	East Stroudsburg, PA
42093	MONTOUR	PA	14100	Bloomsburg-Berwick, PA
42103	PIKE	PA	35084	Newark, NJ-PA
45027	CLARENDON	SC	44940	Sumter, SC
48431	STERLING	TX	41660	San Angelo, TX
49003	BOX ELDER	UT	36260	Ogden-Clearfield, UT
51113	MADISON	VA	47894	Washington-Arlington-Alexandria, DC-VA-MD-WV
51175	SOUTHAMPTON	VA	47260	Virginia Beach-Norfolk-Newport News, VA-NC
51620	FRANKLIN CITY	VA	47260	Virginia Beach-Norfolk-Newport News, VA-NC
54035	JACKSON	WV	16620	Charleston, WV

County Code	Current/County Equivalent	State	Current CBSA	Labor Market Area
54043	LINCOLN	WV	16620	Charleston, WV
54057	MINERAL	WV	19060	Cumberland, MD-WV
55069	LINCOLN	WI	48140	Wausau-Weston, WI
72001	ADJUNTAS	PR	38660	Ponce, PR
72055	GUANICA	PR	49500	Yauco, PR
72081	LARES	PR	10380	Aguadilla-Isabela, PR
72083	LAS MARIAS	PR	32420	Mayagüez, PR
72141	UTUADO	PR	10380	Aguadilla-Isabela, PR

Rural Counties That Would Become Urban Under the Revised OMB Delineations (Page 75)

Analysis of OMB labor market area delineations shows that a total of 54 counties (and county equivalents) and 10 providers are located in areas that were previously considered rural but would now be considered urban under the revised OMB delineations.

Counties that Would Gain Urban Status Under Revised OMB Delineations

County Code	County/ County Equivalent	State	New CBSA	Labor Market Area
01087	Macon	AL	12220	Auburn-Opelika, AL
01127	Walker	AL	13820	Birmingham, AL
12133	Washington	FL	37460	Panama City-Panama City Beach, FL
13187	Lumpkin	GA	12054	Atlanta-Sandy Springs-Roswell, GA
15005	Kalawao	HI	27980	Kahului-Wailuku, HI
17053	Ford	IL	16580	Champaign-Urbana, IL
17127	Massac	IL	37140	Paducah, KY-IL
18159	Tipton	IN	26900	Indianapolis-Carmel-Greenwood, IN
18179	Wells	IN	23060	Fort Wayne, IN
20021	Cherokee	KS	27900	Joplin, MO-KS
21007	Ballard	KY	37140	Paducah, KY-IL
21039	Carlisle	KY	37140	Paducah, KY-IL
21127	Lawrence	KY	26580	Huntington-Ashland, WV-KY-OH
21139	Livingston	KY	37140	Paducah, KY-IL
21145	Mc Craken	KY	37140	Paducah, KY-IL
21179	Nelson	KY	31140	Louisville/Jefferson County, KY-IN
22053	Jefferson Davis	LA	29340	Lake Charles, LA

County Code	County/ County Equivalent	State	New CBSA	Labor Market Area
22083	Richland	LA	33740	Monroe, LA
26015	Barry	MI	24340	Grand Rapids-Wyoming-Kentwood, MI
26019	Benzie	MI	45900	Traverse City, MI
26055	Grand Traverse	MI	45900	Traverse City, MI
26079	Kalkaska	MI	45900	Traverse City, MI
26089	Leelanau	MI	45900	Traverse City, MI
27133	Rock	MN	43620	Sioux Falls, SD-MN
28009	Benton	MS	32820	Memphis, TN-MS-AR
28123	Scott	MS	27140	Jackson, MS
30007	Broadwater	MT	25740	Helena, MT
30031	Gallatin	MT	14580	Bozeman, MT
30043	Jefferson	MT	25740	Helena, MT
30049	Lewis and Clark	MT	25740	Helena, MT
30061	Mineral	MT	33540	Missoula, MT
32019	Lyon	NV	39900	Reno, NV
37125	Moore	NC	38240	Pinehurst-Southern Pines, NC
38049	McHenry	ND	33500	Minot, ND
38075	Renville	ND	33500	Minot, ND
38101	Ward	ND	33500	Minot, ND
39007	Ashtabula	OH	17410	Cleveland, OH
39043	Erie	OH	41780	Sandusky, OH
41013	Crook	OR	13460	Bend, OR
41031	Jefferson	OR	13460	Bend, OR
42073	Lawrence	PA	38300	Pittsburgh, PA
45087	Union	SC	43900	Spartanburg, SC
46033	Custer	SD	39660	Rapid City, SD
47081	Hickman	TN	34980	Nashville-Davidson--Murfreesboro--Franklin, TN
48007	Aransas	TX	18580	Corpus Christi, TX
48035	Bosque	TX	47380	Waco, TX
48079	Cochran	TX	31180	Lubbock, TX
48169	Garza	TX	31180	Lubbock, TX
48219	Hockley	TX	31180	Lubbock, TX
48323	Maverick	TX	20580	Eagle Pass, TX

Questions? Contact Andrew Wheeler, MHA's Vice President of Federal Finance, at 573-893-3700 | ext. 1336 or awheeler@mhanet.com.

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County Code	County/ County Equivalent	State	New CBSA	Labor Market Area
48407	San Jacinto	TX	26420	Houston-Pasadena-The Woodlands, TX
51063	Floyd	VA	13980	Blacksburg-Christiansburg-Radford, VA
51181	Surry	VA	47260	Virginia Beach-Chesapeake-Norfolk, VA-NC
55123	Vernon	WI	29100	La Crosse-Onalaska, WI-MN

Urban Counties That Would Move to a Different Urban CBSA Under the New OMB Delineations (Page 77)

Current CBSAs and their New CBSA Codes and Titles (Page 78)

Current CBSA Code	Current CBSA Title	Proposed CBSA Code	Proposed CBSA Title
10540	Albany-Lebanon, OR	10540	Albany, OR
12420	Austin-Round Rock-Georgetown, TX	12420	Austin-Round Rock-San Marcos, TX
12540	Bakersfield, CA	12540	Bakersfield-Delano, CA
15260	Brunswick, GA	15260	Brunswick-St. Simons, GA
16540	Chambersburg- Waynesboro, PA	16540	Chambersburg, PA
16984	Chicago-Naperville- Evanston, IL	16984	Chicago-Naperville-Schaumburg, IL
19430	Dayton-Kettering, OH	19430	Dayton-Kettering-Beavercreek, OH
19740	Denver-Aurora- Lakewood, CO	19740	Denver-Aurora-Centennial, CO
21820	Fairbanks, AK	21820	Fairbanks-College, AK
22660	Fort Collins, CO	22660	Fort Collins-Loveland, CO
23224	Frederick-Gaithersburg- Rockville, MD	23224	Frederick-Gaithersburg-Bethesda, MD
24860	Greenville-Anderson, SC	24860	Greenville-Anderson-Greer, SC
25940	Hilton Head Island- Bluffton, SC	25940	Hilton Head Island-Bluffton-Port Royal, SC
26380	Houma-Thibodaux, LA	26380	Houma-Bayou Cane-Thibodaux, LA
29820	Las Vegas-Henderson- Paradise, NV	29820	Las Vegas-Henderson-North Las Vegas, NV
31020	Longview, WA	31020	Longview-Kelso, WA
34740	Muskegon, MI	34740	Muskegon-Norton Shores, MI
35840	North Port-Sarasota- Bradenton, FL	35840	North Port-Bradenton-Sarasota, FL
36084	Oakland-Berkeley- Livermore, CA	36084	Oakland-Fremont-Berkeley, CA
36540	Omaha-Council Bluffs, NE-IA	36540	Omaha, NE-IA
39340	Provo-Orem, UT	39340	Provo-Orem-Lehi, UT
39540	Racine, WI	39540	Racine-Mount Pleasant, WI
41620	Salt Lake City, UT	41620	Salt Lake City-Murray, UT
42680	Sebastian-Vero Beach, FL	42680	Sebastian-Vero Beach-West Vero Corridor, FL
42700	Sebring-Avon Park, FL	42700	Sebring, FL
44420	Staunton, VA	44420	Staunton-Stuarts Draft, VA
44700	Stockton, CA	44700	Stockton-Lodi, CA
47220	Vineland-Bridgeton, NJ	47220	Vineland, NJ

Current CBSA Code	Current CBSA Title	Proposed CBSA Code	Proposed CBSA Title
48300	Wenatchee, WA	48300	Wenatchee-East Wenatchee, WA
48424	West Palm Beach-Boca Raton-Boynton Beach, FL	48424	West Palm Beach-Boca Raton-Delray Beach, FL

Urban Counties That Would Move to a Newly Proposed or Modified CBSA Under Revised OMB Delineations

County Code	County Name	State	Current CBSA	Current CBSA Name	Proposed CBSA Code	Proposed CBSA Name
06039	MADERA	CA	31460	Madera, CA	23420	Fresno, CA
11001	THE DISTRICT	DC	47894	Washington -Arlington- Alexandria, DC-VA- MD-WV	47764	Washington, DC- MD
12053	HERNANDO	FL	45300	Tampa-St. Petersburg-Clearwater, FL	45294	Tampa, FL
12057	HILLSBOROUGH	FL	45300	Tampa-St. Petersburg-Clearwater, FL	45294	Tampa, FL
12101	PASCO	FL	45300	Tampa-St. Petersburg-Clearwater, FL	45294	Tampa, FL
12103	PINELLAS	FL	45300	Tampa-St. Petersburg-Clearwater, FL	41304	St. Petersburg-Clearwater-Largo, FL
12119	SUMTER	FL	45540	The Villages, FL	48680	Wildwood-The Villages, FL
13013	BARROW	GA	12060	Atlanta- Sandy Springs-Alpharetta, GA	12054	Atlanta-Sandy Springs-Roswell, GA
13015	BARTOW	GA	12060	Atlanta- Sandy Springs-Alpharetta, GA	31924	Marietta, GA
13035	BUTTS	GA	12060	Atlanta- Sandy Springs-Alpharetta, GA	12054	Atlanta-Sandy Springs-Roswell, GA
13045	CARROLL	GA	12060	Atlanta- Sandy Springs-Alpharetta, GA	12054	Atlanta-Sandy Springs-Roswell, GA
13057	CHEROKEE	GA	12060	Atlanta- Sandy Springs-Alpharetta, GA	31924	Marietta, GA
13063	CLAYTON	GA	12060	Atlanta- Sandy Springs-Alpharetta, GA	12054	Atlanta-Sandy Springs-Roswell, GA
13067	COBB	GA	12060	Atlanta- Sandy Springs-Alpharetta, GA	31924	Marietta, GA
13077	COWETA	GA	12060	Atlanta- Sandy Springs-Alpharetta, GA	12054	Atlanta-Sandy Springs-Roswell, GA
13085	DAWSON	GA	12060	Atlanta- Sandy Springs-Alpharetta, GA	12054	Atlanta-Sandy Springs-Roswell, GA

County Code	County Name	State	Current CBSA	Current CBSA Name	Proposed CBSA Code	Proposed CBSA Name
13089	DE KALB	GA	12060	Atlanta- Sandy Springs- Alpharetta, GA	12054	Atlanta-Sandy Springs-Roswell, GA
13097	DOUGLAS	GA	12060	Atlanta- Sandy Springs- Alpharetta, GA	12054	Atlanta-Sandy Springs-Roswell, GA
13113	FAYETTE	GA	12060	Atlanta- Sandy Springs- Alpharetta, GA	12054	Atlanta-Sandy Springs-Roswell, GA
13117	FORSYTH	GA	12060	Atlanta- Sandy Springs- Alpharetta, GA	12054	Atlanta-Sandy Springs-Roswell, GA
13121	FULTON	GA	12060	Atlanta- Sandy Springs- Alpharetta, GA	12054	Atlanta-Sandy Springs-Roswell, GA
13135	GWINNETT	GA	12060	Atlanta- Sandy Springs- Alpharetta, GA	12054	Atlanta-Sandy Springs-Roswell, GA
13143	HARALSON	GA	12060	Atlanta- Sandy Springs- Alpharetta, GA	31924	Marietta, GA
13149	HEARD	GA	12060	Atlanta- Sandy Springs- Alpharetta, GA	12054	Atlanta-Sandy Springs-Roswell, GA
13151	HENRY	GA	12060	Atlanta- Sandy Springs- Alpharetta, GA	12054	Atlanta-Sandy Springs-Roswell, GA
13159	JASPER	GA	12060	Atlanta- Sandy Springs- Alpharetta, GA	12054	Atlanta-Sandy Springs-Roswell, GA
13199	MERIWETHER	GA	12060	Atlanta- Sandy Springs- Alpharetta, GA	12054	Atlanta-Sandy Springs-Roswell, GA
13211	MORGAN	GA	12060	Atlanta- Sandy Springs- Alpharetta, GA	12054	Atlanta-Sandy Springs-Roswell, GA
13217	NEWTON	GA	12060	Atlanta- Sandy Springs- Alpharetta, GA	12054	Atlanta-Sandy Springs-Roswell, GA
13223	PAULDING	GA	12060	Atlanta- Sandy Springs- Alpharetta, GA	31924	Marietta, GA
13227	PICKENS	GA	12060	Atlanta- Sandy Springs- Alpharetta, GA	12054	Atlanta-Sandy Springs-Roswell, GA
13231	PIKE	GA	12060	Atlanta- Sandy Springs- Alpharetta, GA	12054	Atlanta-Sandy Springs-Roswell, GA
13247	ROCKDALE	GA	12060	Atlanta- Sandy Springs- Alpharetta, GA	12054	Atlanta-Sandy Springs-Roswell, GA
13255	SPALDING	GA	12060	Atlanta- Sandy Springs- Alpharetta, GA	12054	Atlanta-Sandy Springs-Roswell, GA
13297	WALTON	GA	12060	Atlanta- Sandy Springs- Alpharetta, GA	12054	Atlanta-Sandy Springs-Roswell, GA
18073	JASPER	IN	23844	Gary, IN	29414	Lake County-Porter County-Jasper County, IN

County Code	County Name	State	Current CBSA	Current CBSA Name	Proposed CBSA Code	Proposed CBSA Name
18089	LAKE	IN	23844	Gary, IN	29414	Lake County-Porter County-Jasper County, IN
18111	NEWTON	IN	23844	Gary, IN	29414	Lake County-Porter County-Jasper County, IN
18127	PORTER	IN	23844	Gary, IN	29414	Lake County-Porter County-Jasper County, IN
21163	MEADE	KY	21060	Elizabethtown-Fort Knox, KY	31140	Louisville/Jefferson County, KY-IN
22103	ST. TAMMANY	LA	35380	New Orleans- Metairie, LA	43640	Slidell-Mandeville-Covington, LA
25015	HAMPSHIRE	MA	44140	Springfield, MA	11200	Amherst Town-Northampton, MA
24009	CALVERT	MD	47894	Washington -Arlington- Alexandria, DC-VA- MD-WV	30500	Lexington Park, MD
24017	CHARLES	MD	47894	Washington -Arlington- Alexandria, DC-	47764	Washington, DC- MD
24033	PRINCE GEORGES	MD	47894	Washington -Arlington- Alexandria, DC-VA- MD-WV	47764	Washington, DC- MD
24037	ST. MARYS	MD	15680	California- Lexington Park, MD	30500	Lexington Park, MD
37019	BRUNSWICK	NC	34820	Myrtle Beach- Conway- North Myrtle Beach, SC-NC	48900	Wilmington, NC
34009	CAPE MAY	NJ	36140	Ocean City, NJ	12100	Atlantic City-Hammonton, NJ
34023	MIDDLESEX	NJ	35154	New Brunswick-Lakewood, NJ	29484	Lakewood-New Brunswick, NJ
34025	MONMOUTH	NJ	35154	New Brunswick-Lakewood, NJ	29484	Lakewood-New Brunswick, NJ
34029	OCEAN	NJ	35154	New Brunswick-Lakewood, NJ	29484	Lakewood-New Brunswick, NJ
34035	SOMERSET	NJ	35154	New Brunswick-Lakewood, NJ	29484	Lakewood-New Brunswick, NJ
36027	DUTCHESS	NY	39100	Poughkeepsie-Newburgh- Middletown, NY	28880	Kiryas Joel-Poughkeepsie-Newburgh, NY
36071	ORANGE	NY	39100	Poughkeepsie-Newburgh- Middletown, NY	28880	Kiryas Joel-Poughkeepsie-Newburgh, NY
39035	CUYAHOGA	OH	17460	Cleveland- Elyria, OH	17410	Cleveland, OH
39055	GEAUGA	OH	17460	Cleveland- Elyria, OH	17410	Cleveland, OH
39085	LAKE	OH	17460	Cleveland- Elyria, OH	17410	Cleveland, OH
39093	LORAIN	OH	17460	Cleveland- Elyria, OH	17410	Cleveland, OH
39103	MEDINA	OH	17460	Cleveland- Elyria, OH	17410	Cleveland, OH
39123	OTTAWA	OH	45780	Toledo, OH	41780	Sandusky, OH
72023	CABO ROJO	PR	41900	San Germán, PR	32420	Mayagüez, PR

County Code	County Name	State	Current CBSA	Current CBSA Name	Proposed CBSA Code	Proposed CBSA Name
72059	GUAYANILLA	PR	49500	Yauco, PR	38660	Ponce, PR
72079	LAJAS	PR	41900	San Germán, PR	32420	Mayagüez, PR
72111	PENUELAS	PR	49500	Yauco, PR	38660	Ponce, PR
72121	SABANA GRANDE	PR	41900	San Germán, PR	32420	Mayagüez, PR
72125	SAN GERMAN	PR	41900	San Germán, PR	32420	Mayagüez, PR
72153	YAUCO	PR	49500	Yauco, PR	38660	Ponce, PR
47057	GRAINGER	TN	34100	Morristown, TN	28940	Knoxville, TN
51510	ALEXANDRIA CITY	VA	47894	Washington -Arlington- Alexandria, DC-VA- MD-WV	11694	Arlington- Alexandria-Reston, VA-WV
51013	ARLINGTON	VA	47894	Washington -Arlington- Alexandria, DC-VA- MD-WV	11694	Arlington- Alexandria-Reston, VA-WV
51043	CLARKE	VA	47894	Washington -Arlington- Alexandria, DC-VA- MD-WV	11694	Arlington- Alexandria-Reston, VA-WV
51047	CULPEPER	VA	47894	Washington Arlington-Alexandria, DC-VA- MD-WV	11694	Arlington- Alexandria-Reston, VA-WV
51059	FAIRFAX	VA	47894	Washington -Arlington- Alexandria, DC-VA- MD-WV	11694	Arlington- Alexandria-Reston, VA-WV
51600	FAIRFAX CITY	VA	47894	Washington -Arlington- Alexandria, DC-VA- MD-WV	11694	Arlington- Alexandria-Reston, VA-WV
51610	FALLS CHURCH CITY	VA	47894	Washington -Arlington- Alexandria, DC-VA-MD-WV	11694	Arlington- Alexandria-Reston, VA-WV
51061	FAUQUIER	VA	47894	Washington -Arlington- Alexandria, DC-VA-MD-WV	11694	Arlington- Alexandria-Reston, VA-WV
51630	FREDERICKSBURG CITY	VA	47894	Washington -Arlington- Alexandria, DC-VA-MD-WV	11694	Arlington- Alexandria-Reston, VA-WV
51107	LOUDOUN	VA	47894	Washington -Arlington- Alexandria, DC-VA-MD-WV	11694	Arlington- Alexandria-Reston, VA-WV
51683	MANASSAS CITY	VA	47894	Washington -Arlington- Alexandria, DC-VA-MD-WV	11694	Arlington- Alexandria-Reston, VA-WV
51685	MANASSAS PARK CITY	VA	47894	Washington -Arlington- Alexandria, DC-VA- MD-WV	11694	Arlington- Alexandria-Reston, VA-WV

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County Code	County Name	State	Current CBSA	Current CBSA Name	Proposed CBSA Code	Proposed CBSA Name
51153	PRINCE WILLIAM	VA	47894	Washington -Arlington- Alexandria, DC- VA- MD-WV	11694	Arlington- Alexandria- Reston, VA-WV
51157	RAPPAHANNOCK	VA	47894	Washington -Arlington- Alexandria, DC- VA- MD-WV	11694	Arlington- Alexandria- Reston, VA-WV
51177	SPOTSYLVANIA	VA	47894	Washington -Arlington- Alexandria, DC- VA- MD-WV	11694	Arlington- Alexandria- Reston, VA-WV
51179	STAFFORD	VA	47894	Washington -Arlington- Alexandria, DC- VA- MD-WV	11694	Arlington- Alexandria- Reston, VA-WV
51187	WARREN	VA	47894	Washington -Arlington- Alexandria, DC- VA- MD-WV	11694	Arlington- Alexandria- Reston, VA-WV
53061	SNOHOMISH	WA	42644	Seattle- Bellevue- Kent, WA	21794	Everett, WA
55059	KENOSHA	WI	29404	Lake County- Kenosha County, IL- WI	28450	Kenosha, WI
54037	JEFFERSON	WV	47894	Washington -Arlington- Alexandria, DC- VA- MD-WV	11694	Arlington- Alexandria- Reston, VA-WV

CMS says it has identified 68 IPF providers located in the affected counties listed in the table above. If providers located in these counties move from one CBSA to another under the revised OMB delineations, there may be impacts, either negative or positive, upon their specific wage index values.

Proposed Adjustment for Rural Location (Page 85)

For FY 2024, CMS applies a 17 percent payment adjustment for IPFs located in a rural area.

Adoption of the updated CBSAs in Bulletin 23-01 will change the status of 10 IPF providers currently designated as “rural” to “urban” for FY 2025 and subsequent fiscal years. As such, these 10 newly urban providers will no longer receive the 17-percent rural adjustment.

CMS is proposing to phase out the rural adjustment for these providers to reduce the impact of the loss of the FY 2024 rural adjustment of 17-percent over FYs 2025, 2026, and 2027. This policy would allow IPFs that are classified as rural in FY 2024 and would be classified as urban in FY 2025 to receive two-thirds of the rural adjustment for FY 2025.

CMS is not proposing a transition policy for urban IPFs that become rural in FY 2025 because these IPFs will receive the full rural adjustment of 17-percent beginning October 1, 2024.

Proposed Budget Neutrality Adjustment (Page 88)

The proposed FY 2025 budget-neutral wage adjustment factor would be 0.9995.

Teaching Adjustment (Page 89)

CMS will continue to retain the coefficient value of 0.5150 for the teaching adjustment to the Federal per diem base rate.

Cost of Living Adjustment (COLA) for IPFs Located in Alaska and Hawaii (Page 91)

Table below shows the IPF PPS COLA factors effective for FY 2022 through FY 2025.

IPF PPS Cost-of-Living- Adjustment Factors: IPFs Located in Alaska and Hawaii

Area	FY 2022 through FY 2025
Alaska:	
City of Anchorage and 80-kilometer (50-mile) radius by road	1.22
City of Fairbanks and 80-kilometer (50-mile) radius by road	1.22
City of Juneau and 80-kilometer (50-mile) radius by road	1.22
Rest of Alaska	1.24
Hawaii:	
City and County of Honolulu	1.25
County of Hawaii	1.22
County of Kauai	1.25
County of Maui and County of Kalawao	1.25

Proposed Adjustment for IPFs with a Qualifying Emergency Department (ED) (Page 92)

CMS is proposing to update the adjustment factor from 1.31 to 1.53 for IPFs with qualifying EDs using the same methodology used to determine ED adjustments in prior years.

Other Proposed Payment Adjustments and Policies (Page 95)

Proposed Update to the Outlier Fixed Dollar Loss Threshold Amount (Page 96)

Based on an analysis of updated data, CMS estimates that IPF outlier payments as a percentage of total estimated payments is approximately 2.1 percent in FY 2024. Therefore, CMS is proposing to update the outlier threshold amount to **\$35,590** to maintain estimated outlier payments at 2 percent of total

estimated aggregate IPF payments for FY 2025. This proposed rule update is an increase from the FY 2024 threshold of \$33,470.

Comment

Another year and CMS just refuses to make any prospective adjustments to its errors in estimations of outlier payments.

Refinement Standardization Factor (Page 105)

For FY 2025, CMS is proposing to apply a refinement standardization factor. This policy requires CMS to update IPF PPS patient-level adjustment factors, ED adjustment, and ECT per treatment amount as proposed in the FY 2025 IPF PPS proposed rule, in such a way that total estimated payments to IPFs for FY 2025 are the same with or without the changes (that is, in a budget neutral manner) by applying a refinement standardization factor to the IPF PPS rates.

The resulting quotient is the proposed FY 2025 refinement standardization factor of 0.9514.

REQUESTS FOR INFORMATION (RFI) TO INFORM FUTURE REVISIONS TO THE IPF PPS IN ACCORDANCE WITH THE CAA, 2023 (Page 107)

The Consolidation Appropriations Act (CAA), 2023, requires IPFs to collect and submit standardized patient assessment data on specified categories. CMS says this data will enable the agency to propose future revisions to the IPF PPS that would more accurately pay for care, monitor quality, and assess for disparities in behavioral health care. Therefore, CMS is including an RFI to solicit comments with the goal of engaging the public to identify meaningful data elements for collection that are appropriate for the acute inpatient psychiatric care setting and potential criteria for the development and implementation of the instrument. In addition, CMS is seeking to understand the burden on IPFs that this additional data collection would impose and soliciting comment on ways to minimize this burden by evaluating whether any data that is currently collected through one or more existing assessment instruments in other settings, or collected as part of IPFs' existing processes, could be collected as standardized patient assessment data elements for the IPF-PAI.

INPATIENT PSYCHIATRIC FACILITY QUALITY REPORTING (IPFQR) PROGRAM (Page 134)

The IPFQR Program requires that all IPFs paid under the IPF PPS submit certain specified quality data to CMS in a form and manner and within the timeframes that CMS prescribes. IPFs that do not submit the specified data on quality measures as required by the IPFQR Program receive a 2.0 percentage point reduction to their annual payment update. The IPFQR Program aims to assess and foster improvement in the quality of care provided to patients in IPFs. By requiring IPFs to submit quality data to CMS and by CMS publicly reporting these data under the IPFQR Program, CMS ensures that patients are able to make more informed decisions about their healthcare options.

In this proposed rule, CMS is proposing to adopt one new measure, the 30-Day Risk-Standardized All-Cause Emergency Department Visit Following an Inpatient Psychiatric Facility Discharge measure (also referred to as the IPF ED Visit measure). This claims-based measure would assess the proportion of patients 18 and older with an emergency department visit, including observation stays, within 30 days of discharge from an IPF without subsequent admission. Patients who are subsequently admitted to an acute care hospital or IPF are represented under the Thirty-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility measure, which is already in the

IPFQR Program. By adopting the IPF ED Visit measure, the IPFQR Program would provide a more complete assessment of post-discharge acute care and encourage improvements in discharge planning and care coordination.

Additionally, CMS is proposing to require IPFs to submit patient-level quality data on a quarterly basis (as opposed to the current annual basis). This would align the IPFQR Program with other quality reporting programs that require patient-level data submission on a quarterly basis and would “reduce data strains” on IPF systems.

Final Comments

This a lengthy rule, and, therefore, so is this analysis, Two major issues contribute to the length – changes in wage area index CBSAs and changes in a number of the IFP patient adjustment factors.

This year’s review must include the OMB’s delineation changes to insure providers understand potential revenue impacts.

Quality continues to roll. More, not less, items are being proposed for reporting purposes. Glad to see the RFI cited above is trying to establish provider costs in complying such reporting.