

2. On page 64672, in the first column, in the first full paragraph, in line 6, “3.8” is corrected to read “3.9”.

Elizabeth J. Gramling,

*Executive Secretary to the Department,
Department of Health and Human Services.*

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 405, 412, 413, 431, 482, 485, 495, and 512

[CMS–1808–CN2]

RIN 0938–AV34

Medicare and Medicaid Programs and the Children’s Health Insurance Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2025 Rates; Quality Programs Requirements; and Other Policy Changes; Correction

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services HHS.

ACTION: Final rule; correction

SUMMARY: This document corrects technical and typographical errors in the final rule that appeared in the August 28, 2024 **Federal Register** titled “Medicare and Medicaid Programs and the Children’s Health Insurance Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2025 Rates; Quality Programs Requirements; and Other Policy Changes” (referred to hereafter as the “FY 2025 IPPS/LTCH PPS final rule”).

DATES: The corrections in this document are effective October 1, 2024.

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SUPPLEMENTARY INFORMATION:

I. Background

In FR Doc. 2024–07567 of August 28, 2024 (89 FR 68986), there were a number of typographical and technical errors that are identified and corrected in this correcting document. The corrections in this correcting document are applicable to discharges occurring on or after October 1, 2024, as if they had been included in the document that appeared in the August 28, 2024 **Federal Register**.

II. Summary of Errors

A. Summary of Error in the Dates Section

On page 68986, we are correcting technical errors in our discussion of the regulatory provisions that are effective November 1, 2024.

B. Summary of Errors in the Preamble

On pages 69060 and 69095, in our discussion of the Change to Specific Medicare Severity Diagnosis-Related Group (MS–DRG) Classifications, we are correcting several inadvertent typographical errors.

Under our methodologies as finalized in the FY 2025 IPPS/LTCH PPS final rule, we exclude hospitals that have subsequently converted to rural emergency hospitals (REHs) from certain data and calculations used in the IPPS ratesetting. Specifically, we stated that we exclude REHs, including hospitals that subsequently became REHs after the period from which the data were taken for purposes of developing the MS–DRG relative weights for FY 2025 (89 FR 69109) and from the calculation of the standardized amount (89 FR 69942). In addition, we

stated that any hospital that is designated as a REH by 7 days prior to the publication of the preliminary wage index public use file (PUF) is excluded from the calculation of the wage index. We inadvertently treated a current IPPS hospital as a hospital that had converted to REH status, thereby erroneously excluding its data from the MS–DRG relative weight calculation and the wage index (CMS Certification Number (CCN) 260163). Therefore, we restored the applicable data for this hospital for these and other ratesetting calculations, as discussed further in section II.D. of this correcting document.

We are correcting an error in the version 42 MS–DRG assignment for some cases in the historical claims data in the FY 2023 MedPAR files used in the ratesetting for the FY 2025 IPPS/LTCH PPS final rule, which resulted in inadvertent errors in the MS–DRG relative weights. (We note this error did not change the associated average length-of-stay (LOS) for the impacted DRGs.) Additionally, the version 42 MS–DRG assignment and relative weights are used when determining total payments for purposes of all of the budget neutrality factors and the final outlier threshold. Therefore, the corrections to the MS–DRG assignment under the version 42 GROUPEE for some cases in the historical claims data in the FY 2023 MedPAR files (along with the restoration of the data for CCN 260163 as discussed previously) and the conforming recalculation of the relative weights directly affected the calculation of total payments and required the recalculation of all the budget neutrality factors and the final outlier threshold.

On page 69109, we are correcting the number of Medicare discharges from IPPS providers in the FY 2023 MedPAR file used in calculating the relative weights for FY 2025 due to the correction of the number of hospitals with REH status.

On page 69113, we are correcting the normalization adjustment factor used in calculating the relative weights for FY 2025 due to the correction of the number of hospitals with REH status, the error in the version 42 MS–DRG assignment for some cases in the historical claims data, and the conforming changes to the relative weights.

On page 69268, we are correcting the total number of hospitals that were removed from the FY 2025 IPPS wage index due to conversion to REH status and making a corresponding correction to the number of hospitals’ wage data used to calculate the FY 2025 wage index.

On page 69277, we are correcting the occupational mix adjusted national average hourly wage due to the inadvertent omission of one hospital's wage data (CCN 260163). (We note, there was no change to the unadjusted national average hourly wage value rounded to 2-digits.)

On page 69282 in the discussion of the FY 2025 reclassification application requirements and approvals, due to reclassification errors described in section II.D. of this correcting document, we are correcting the number of hospitals approved for reclassification in FY 2025, the total number of hospitals in reclassification status, and the number of hospitals reclassified back to their geographic urban area.

On page 69282, in the discussion of the FY 2025 reclassification application requirements and approvals, we are correcting a typographical error in the date applications for FY 2026 reclassifications are due to the Medicare Geographic Classification Review Board (MGRB).

On page 69291, we inadvertently omitted a hospital from the list of all hospitals subject to our reclassification assignment and reassignment policy for core-based statistical areas (CBSAs) reconfigured due to the migration to Connecticut planning regions and the CBSA assigned or reassigned for FY 2025 under this policy. We are correcting this error by adding a hospital, CCN 220015 to Table Y "HOSPITALS SUBJECT TO RECLASSIFICATION ASSIGNMENT POLICY". The assignment of the hospital's MGRB reclassification is discussed further in section II.D. of this correcting document.

On page 69308, because we restored the wage data for a IPPS hospital that we inadvertently treated as a REH and recalculated the wage index (as discussed earlier in this section) and made corrections to the MGRB reclassification status of three hospitals (as discussed in section II.D. of this correcting document), we recalculated budget neutrality factors, including the rural floor budget neutrality factor, which is the only budget neutrality factor applied to the FY 2025 wage indexes (as discussed in section II.D. of this correcting document), made conforming changes to the out-migration adjustment discussed in section II.E. of this correcting document (as discussed with regard to Table 4A in section II.E. of this correcting document) and made a conforming change to the 25th percentile wage index value across all hospitals.

On pages 69313 and 69315, we are correcting typographical errors in the number of hospitals that may participate in the Rural Community Hospital Demonstration Program at the start of FY 2025.

On page 69369, we inadvertently omitted a reference to population health professional shortage areas (HPSAs) when summarizing the prioritization methodology for the distribution any remaining slots after awarding up to 1.00 FTE to each qualifying hospital under section 4122 of the Consolidated Appropriations Act, 2023.

On page 69400, in our discussion of the Hospital Readmissions Reduction Program, we are correcting a typographical error.

On pages 69455, 69458, 69463, 69476, 69481, 69489, 69529, 69533, 69534, 69538, 69540, 69544, 69545, 69549, 69572, 69573, and 69575 in our discussion of the Hospital Inpatient Quality Reporting Program, we are correcting several typographical and technical errors.

On page 69503, in our discussion of the Modifications to the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey measure, we are correcting a typographical error.

On page 69512, in our discussion of the Advancing Patient Safety and Outcomes Across the Hospital Quality Programs—Request for Comment, we are correcting a technical error.

On pages 69577 and 69578, in our discussion of the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program, we are correcting typographical errors.

On pages 69590, in our discussion of the Long-term Care Quality Reporting Program (LTCH QRP), we are correcting a typographical error.

On pages 69605 through 69613, 69621, and 69622 in our discussion of the Medicare Promoting Interoperability Program, we are correcting several typographical and technical errors.

On page 69880, in our discussion of the Provider Reimbursement Review Board, we are correcting an inadvertent grammatical error.

On pages 69901 and 66902, in our discussion of the information collection requirements for the LTCH QRP, we are correcting typographical errors.

C. Summary of Errors in the Regulations Text

On page 69914, in the regulations text for the Medicare Promoting Interoperability Program at § 495.24(f)(1)(i)(C), we are correcting a technical error.

D. Summary of Errors in the Addendum

We made inadvertent errors in the Medicare Geographic Classification Review Board (MGRB) reclassification status of 3 hospitals in the FY 2025 IPPS/LTCH PPS final rule. Specifically, we are correcting the MGRB reclassification for CCNs 170040 and 220015. The correct reclassified CBSA for CCN 170040 is 41440, and the correct reclassified CBSA for CCN 220015 is 49340. We are also adding an MGRB reclassification for CCN 520034 to CBSA 43100. The final FY 2025 IPPS wage index with reclassification is used when determining total payments for purposes of all budget neutrality factors (except for the MS-DRG reclassification and recalibration budget neutrality factor before the cap, MS-DRG reclassification and recalibration budget neutrality factor with the cap and the wage index budget neutrality adjustment factor) and the final outlier threshold.

In addition, as discussed in section II.B. of this correcting document, we inadvertently treated a current IPPS hospital as a hospital that had converted to REH status, thereby erroneously excluding its data from the IPPS ratesetting calculations for FY 2025, including the standardized amount calculations. After restoring the hospital's data (CCN 260163) and correcting the version 42 MS-DRG assignment for some cases in the historical claims data (as also discussed in section II.B. of this correcting document), we recalculated the MS-DRG relative weights, all wage indexes (and geographic adjustment factors (GAFs)), all budget neutrality factors, the fixed-loss cost threshold, and the national operating standardized amounts and capital Federal rate. The MGRB reclassification changes described previously were included in these recalculations as applicable.

Due to the errors described previously, we made updates to the calculation of Factor 3 of the uncompensated care payment methodology to reflect the updated information for the IPPS hospital that had inadvertently been treated as a hospital that had converted to an REH. This hospital is projected to be DSH-eligible for purposes of interim uncompensated care payments during FY 2025. We recalculated the total uncompensated care amount for all DSH-eligible hospitals to reflect these updates. In addition, because the Factor 3 for each hospital reflects that hospital's uncompensated care amount relative to the uncompensated care amount for all subsection (d) hospitals

that receive a DSH payment for the fiscal year, we also recalculated Factor 3 for all DSH-eligible hospitals. The hospital-specific Factor 3 determines the total amount of the uncompensated care payment a hospital is eligible to receive for a fiscal year. This hospital-specific payment amount is then used to calculate the amount of the interim uncompensated care payments a hospital receives per discharge. Given the very narrowly targeted update to the information used in the calculation of Factor 3, the change to the previously calculated Factor 3 for the majority of hospitals is of limited magnitude. We incorporated the revised uncompensated care payment amounts for all DSH-eligible hospitals into our recalculation of the FY 2025 fixed-loss threshold and related budget neutrality figures.

On page 69960, we made conforming changes to the operating national average case-weighted cost-to-charge ratios (CCRs) for March 2023 and March 2024, the 1-year national operating CCR adjustment factor, the capital national average case-weighted CCRs for March 2023 and March 2024, and the 1-year national capital CCR adjustment factor to reflect the inclusion of applicable data for the IPPS hospital that had inadvertently been treated as a hospital that converted to an REH.

Due to the correction of the combination of errors that are discussed previously, we made changes to the following:

- On page 69948, the table titled “Summary of FY 2025 Budget Neutrality Factors”.
- On page 69955, estimated capital outlier payments and estimated total capital Federal payments.
- On page 69961, the outlier fixed-loss cost threshold, total operating Federal payments, total operating outlier payments, and the outlier adjustment to the capital Federal rate.
- On page 69963, the table titled “Changes from FY 2024 Standardized Amounts to the FY 2025 Standardized Amounts”.

In determining the capital budget neutrality adjustment factor for changes in DRG classifications and weights and the GAF, under our 2-step calculation of the GAF budget neutrality factor, we inadvertently assigned one hospital the incorrect FY 2024 GAF without incorporating the lowest quartile hospital wage index adjustment and the 5 percent cap on wage index decreases. We recalculated the capital outlier adjustment factor, the GAF/DRG budget neutrality factor, and the Quartile/Cap budget neutrality factor to reflect the correction of one hospital’s FY 2024

GAF. We note that these recalculations also reflect the correction of the error in the REH status, the correction of the error in the version 42 MS DRG assignment for some cases in the historical claims data, the recalculation of the relative weights, and the correction of the MGCRB reclassification status for certain hospitals described previously. As we noted in the final rule, the capital Federal rate is calculated using unrounded budget neutrality and outlier adjustment factors. The unrounded Quartile/Cap budget neutrality factor and the unrounded outlier adjustment to the capital Federal rate were revised because of these errors. However, after rounding these factors to 4 decimal places as displayed in the final rule, the rounded factors were unchanged from the final rule.

On pages 69966 through 69971, in the discussion of the determination of the Federal hospital inpatient capital related prospective payment rate update, due to the correction of these errors as discussed previously, we made conforming corrections to the GAF/DRG budget neutrality factor, the capital Federal rate, and related figures. As a result of these changes, we also made conforming corrections in the table showing the comparison of factors and adjustments for the FY 2024 capital Federal rate and FY 2025 capital Federal rate.

On page 69987, we are making conforming changes to the applicable HCO threshold for site neutral payment rate cases under the LTCH PPS for FY 2025 since it is calculated as the sum of the site neutral payment rate for the case and the IPPS fixed-loss amount.

On page 69990, we are making conforming corrections to the national adjusted operating standardized amounts and capital standard Federal payment rate (which also include the rates payable to hospitals located in Puerto Rico) in Tables 1A, 1B, 1C, and 1D as a result of the conforming corrections to certain budget neutrality factors, as previously described.

E. Summary of Errors in the Appendices

On pages 69994, 69996 through 70001, 70003 through 70004, 70006 through 70008, and 70030 through 70032, in the regulatory impact analyses, we have made conforming corrections to the factors, values, and tables, and the accompanying discussion of the changes to operating and capital IPPS payments for FY 2025 as a result of the technical errors that lead to changes in our calculation of certain IPPS budget neutrality factors, MS–DRG relative weights, wage

indexes, and other figures as described in sections II.B. and D. of this correcting document. These conforming corrections include changes to the following:

- On pages 69998 through 70000, the table titled “Table I—Impact Analysis of Changes to the IPPS for Operating Costs for FY 2025”.
- On pages 70003 and 70004, the table titled “Table II—Impact Analysis of Changes for FY 2025 Acute Care Hospital Operating Prospective Payment System (Payments per Discharge)”.
- On pages 70007 and 70008, the table titled “Table III—Provider Deciles by Beneficiary Characteristics”.
- On pages 70031 through 70032, the table titled “Table III—Comparison of Total Payments per Case”.

On page 70011, in our discussion of the effects of the changes to new technology add-on payments, we are correcting inadvertent typographical errors made in the numbers of traditional pathway technologies and new technology add-on payments provided for those technologies in FY 2025.

On pages 70012 through 70015, we are correcting the discussion of the “Medicare DSH Uncompensated Care Payments and Supplemental Payment for Indian Health Service Hospitals and Tribal Hospitals and Hospitals Located in Puerto Rico” for purposes of the Regulatory Impact Analysis in Appendix A of the FY 2025 IPPS/LTCH PPS final rule, including the table titled “Modeled Uncompensated Care Payments* and Supplemental Payments for Estimated FY 2025 DSHs by Hospital Type,” in light of the corrections discussed in section II.D. of this correcting document.

On page 70022, in our discussion of the effects of the changes to the Hospital VBP Program, we are correcting technical errors the entries for “By MCR Percent”, “By DSH Percent”, and By Teaching Status” in Table I.8–01.

F. Summary of Errors in and Corrections to Files and Tables Posted on the CMS Website

We are correcting the errors in the following IPPS tables that are listed on page 69989 of the FY 2025 IPPS/LTCH PPS final rule and are available on the internet on the CMS website at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Acute-Inpatient-PPS/index.html>. The tables that are available on the internet have been updated to reflect the revisions discussed in this final rule correction.

Table 2.—Final Case-Mix Index and Wage Index Table by CCN—FY 2025 Final Rule. As discussed in the previous

section, we inadvertently treated a current IPPS hospital as a hospital that had converted to REH status, thereby erroneously excluding its data from the wage index (CCN 260163). Therefore, we restored this provider to Table 2, which includes all relevant values for this provider for each column in the table. (We note, CCN 260163 has a MGCRB reclassification to CBSA 14.)

Because of the inadvertent errors in the MGCRB reclassification status of 3 hospitals (as discussed in section II.D. of this correcting document) we are making the following corrections in Table 2: We are correcting the values in the columns titled “Wage Index Payment CBSA” and “MGCRB Reclass” for CCNs 170040, 220015 and 520034. As mentioned earlier, the correct reclassified CBSA for CCN 170040 is 41440, and the correct reclassified CBSA for CCN 220015 is 49340. The “Y” value in the column titled “MGCRB Reclass to Home” for both CCNs has also been removed, as the correct MGCRB reclassification CBSA is not the hospitals’ geographic urban CBSA. We are also adding an MGCRB reclassification for CCN 520034 by inserting CBSA 43100 to the columns “Wage Index Payment CBSA” and “MGCRB Reclass”.

Due to the inadvertent omission of one hospital’s wage data (CCN 260163), we are correcting the occupational mix adjusted national average hourly wage (as discussed in section II.B. of this correcting document), and we recalculated all of the budget neutrality adjustments (as discussed in section II.D. of this correcting document) including the recalculation of the rural floor budget neutrality factor, which is the only budget neutrality factor applied to the FY 2025 wage indexes. As discussed in section II.D. of this correcting document we are making corrections to the MGCRB reclassification status of three hospitals. Because all these changes affect the calculation of various area wage indexes used to determine certain budget neutrality factors and hospitals’ final wage index value for FY 2025, we are also making conforming changes to the other impacted wage indexes, including the imputed floor, outmigration adjustment (as discussed later in this section) and the 25th percentile wage index value across all hospitals (as discussed in section II.D. of this correcting document). Therefore, based on all these changes described previously, we are correcting the values in the columns titled “FY 2025 Wage Index Prior to Quartile and Cap”, “FY 2025 Wage Index With Quartile”, “FY 2025 Wage Index With Quartile and

Cap”, and “Out-Migration Adjustment”. We also updated footnote number 6 to reflect the conforming change to the 25th percentile wage index value across all hospitals.

Table 3.—Final Wage Index Table by CBSA—FY 2025 Final Rule. As discussed previously, we inadvertently treated a current IPPS hospital as a hospital that had converted to REH status, thereby erroneously excluding its data from the wage index (CCN 260163). Therefore, we restored CCN 260163 to the wage data and recalculated the FY 2025 wage index for CBSA 26 as well as the reclassified wage index for CBSA 14 (see discussion earlier in this section regarding the MGCRB reclassification for CCN 260163). We also revised the values in the columns titled “FY 2025 Average Hourly Wage” and “3-Year Average Hourly Wage (2023, 2024, 2025)” for CBSA 26.

Because of the inadvertent errors in the MGCRB reclassification status of CCNs 170040, 220015 and 520034 (as discussed earlier in this section), we recalculated the wage index for CBSAs 41440, 49340, 43100, and the rural wage index for Wisconsin (CBSA 52).

Due to the inadvertent omission of one hospital’s wage data (CCN 260163), we are correcting the occupational mix adjusted national average hourly wage (as discussed in section II.B. of this correcting document), and we recalculated all of the budget neutrality adjustments (as discussed in section II.D. of this correcting document), including the recalculation of the rural floor budget neutrality factor, which is the only budget neutrality factor applied to the FY 2025 wage indexes. As discussed earlier in this section we made corrections to the MGCRB reclassification status of three hospitals. Because these changes described earlier (restoring provider 2060163 to the wage data, the inadvertent errors in the MGCRB reclassification status of CCNs 170040, 220015 and 520034, the recalculation of the rural floor budget neutrality factor) affect the area pre and post reclassified wage indexes, we are also making conforming changes to the other impacted wage indexes, including the imputed floor. We also are making corresponding changes to the GAFs for any CBSAs with a wage index that changed. Based on all these changes described previously, we are correcting the values and flags in the columns titled “Wage Index”, “GAF”, “Reclassified Wage Index”, “Reclassified GAF”, “State Rural Floor”, “Eligible for Rural Floor Wage Index”, “Pre-Frontier and/or Pre-Rural Floor Wage Index”, “Reclassified Wage Index Eligible for Frontier Wage Index”,

“Reclassified Wage Index Eligible for Rural Floor Wage Index”, and “Reclassified Wage Index Pre-Frontier and/or Pre-Rural Floor”.

Table 4A.—Final List of Counties Eligible for the Out-Migration Adjustment under Section 1886(d)(13) of the Act—FY 2025 Final Rule. Due to the inadvertent omission of one hospital’s wage data (CCN 260163), we are correcting the occupational mix adjusted national average hourly wage (as discussed in section II.B. of this correcting document), and we recalculated all of the budget neutrality adjustments (as discussed in section II.D. of this correcting document) including the recalculation of the rural floor budget neutrality factor, which is the only budget neutrality factor applied to the FY 2025 wage indexes. As also discussed in section II.D. of this correcting document and earlier in this section, we made corrections to the MGCRB reclassification status of three hospitals. Because all these changes affect various area wage indexes (including the post reclassified wage indexes), we are also making conforming changes to the other impacted wage indexes, including the imputed floor. As discussed in the FY 2012 IPPS final rule (76 FR 51601 through 51602), we calculate the out-migration adjustment using the post-reclassified wage indexes. Because the wage indexes are one of the inputs used to determine the out-migration adjustment, the out-migration adjustments for some counties/hospitals changed. Therefore, we are making corresponding changes to certain out-migration adjustments listed in Table 4A. Specifically, we are correcting the values in the column titled “FY 2025 Out-Migration Adjustment”.

Table 5.—Final List of Medicare Severity Diagnosis-Related Groups (MS-DRGs), Relative Weighting Factors, and Geometric and Arithmetic Mean Length of Stay—FY 2025 Final Rule. We are correcting this table to reflect the recalculation of the relative weights, geometric average length-of-stay (LOS), and arithmetic mean LOS as a result of the correction of the number of hospitals with REH status and the correction in the version 42 MS-DRG assignment for some cases in the historical claims data (as discussed in section II.B. of this correcting document).

Table 12B.—Final LTCH PPS Wage Index for Rural Areas for Discharges Occurring from October 1, 2024, through September 30, 2025. As discussed in the previous section, we inadvertently excluded a hospital (CCN 260163) from the IPPS wage data used

to calculate the FY 2025 LTCH PPS wage index. This resulted in a correction to the wage index value for rural Missouri (CBSA 26) in Table 12B. (We note, there are no LTCHs located in rural Missouri in the data used to develop the FY 2025 LTCH PPS rates in the FY 2025 IPPS/LTCH PPS final. Therefore, this correction to the LTCH PPS wage index value for rural Missouri did not necessitate the recalculation of the FY 2025 LTCH PPS rates.)

Table 18.—Final FY 2025 Medicare DSH Uncompensated Care Payment Factor 3. We further note that we also made updates to the calculation of Factor 3 of the uncompensated care payment methodology to reflect the updated information for the IPPS hospital that had inadvertently been treated as a hospital that had converted to an REH. This hospital is projected to be DSH-eligible for purposes of the interim uncompensated care payments during FY 2025, but its data was erroneously excluded from the Factor 3 calculations for FY 2025. We recalculated the total uncompensated care amount for all DSH-eligible hospitals to reflect this update. In addition, because the Factor 3 calculated for each hospital reflects that hospital's uncompensated care amount relative to the uncompensated care amount for all subsection (d) hospitals that receive a DSH payment for the fiscal year, we also recalculated Factor 3 for all DSH-eligible hospitals. The hospital-specific Factor 3 determines the total amount of the uncompensated care payment a hospital is eligible to receive for the fiscal year. This hospital-specific payment amount is then used to calculate the amount of the interim uncompensated care payments a hospital receives per discharge. Given the very narrowly targeted update to the information used in the calculation of Factor 3, the change to the previously calculated Factor 3 is of limited magnitude for the majority of hospitals.

For the FY 2025 IPPS/LTCH PPS final rule, we published a list of hospitals that we identified to be subsection (d) hospitals and subsection (d) Puerto Rico hospitals projected to be eligible to receive interim uncompensated care payments for FY 2025. We are updating this list and the calculation of Factor 3 of the uncompensated care payment methodology to reflect the updated information for the IPPS hospital that was inadvertently treated as a hospital that had converted to an REH. We are revising Factor 3 for all hospitals to reflect this correction. We are also revising the amount of the total uncompensated care payment calculated for each DSH-eligible

hospital. The total uncompensated care payment that a hospital receives is used to calculate the amount of the interim uncompensated care payments the hospital receives per discharge.

III. Waiver of Proposed Rulemaking and Delay in Effective Date

Under 5 U.S.C. 553(b) of the Administrative Procedure Act (APA), the agency is required to publish a notice of the proposed rulemaking in the **Federal Register** before the provisions of a rule take effect. Similarly, section 1871(b)(1) of the Act requires the Secretary to provide for notice of the proposed rulemaking in the **Federal Register** and provide a period of not less than 60 days for public comment. In addition, section 553(d) of the APA, and section 1871(e)(1)(B)(i) of the Act mandate a 30-day delay in effective date after issuance or publication of a rule. Sections 553(b)(B) and 553(d)(3) of the APA provide for exceptions from the notice and comment and delay in effective date APA requirements; in cases in which these exceptions apply, sections 1871(b)(2)(C) and 1871(e)(1)(B)(ii) of the Act provide exceptions from the notice and 60-day comment period and delay in effective date requirements of the Act as well. Section 553(b)(B) of the APA and section 1871(b)(2)(C) of the Act authorize an agency to dispense with normal rulemaking requirements for good cause if the agency makes a finding that the notice and comment process are impracticable, unnecessary, or contrary to the public interest. In addition, both section 553(d)(3) of the APA and section 1871(e)(1)(B)(ii) of the Act allow the agency to avoid the 30-day delay in effective date where such delay is contrary to the public interest and an agency includes a statement of support.

We believe that this final rule correction does not constitute a rule that would be subject to the notice and comment or delayed effective date requirements. This document corrects technical and typographical errors in the preamble, regulations text, addendum, tables, and appendices included or referenced in the FY 2025 IPPS/LTCH PPS final rule but does not make substantive changes to the policies or payment methodologies that were adopted in the final rule. As a result, this final rule correction is intended to ensure that the information in the FY 2025 IPPS/LTCH PPS final rule accurately reflects the policies adopted in that document.

In addition, even if this were a rule to which the notice and comment procedures and delayed effective date

requirements applied, we find that there is good cause to waive such requirements. Undertaking further notice and comment procedures to incorporate the corrections in this document into the final rule or delaying the effective date would be contrary to the public interest because it is in the public's interest for providers to receive appropriate payments in as timely a manner as possible, and to ensure that the FY 2025 IPPS/LTCH PPS final rule accurately reflects our policies. Furthermore, such procedures would be unnecessary, as we are not altering our payment methodologies or policies, but rather, we are simply implementing correctly the methodologies and policies that we previously proposed, requested comment on, and subsequently finalized. This final rule correction is intended solely to ensure that the FY 2025 IPPS/LTCH PPS final rule accurately reflects these payment methodologies and policies. Therefore, we believe we have good cause to waive the notice and comment and effective date requirements.

IV. Correction of Errors

In FR Doc. 2024–07567 of August 28, 2024 (89 FR 68986), we are making the following corrections:

A. Correction of Errors in the Dates Section

1. On page 68986, first column, **DATES** section, lines 7 and 8, the phrase “The regulations at §§ 482.42(e) and 485.640(d)” is corrected to read “The regulations at §§ 482.42(e) and (f) and 485.640(d) and (e)”.

B. Corrections of Errors in the Preamble

2. On page 69060, third column, first partial paragraph:

a. Lines 22 through 26, the phrase “MS–DRG 447 ‘Multiple Level Anterior and Posterior Spinal Fusion Except Cervical with MCC or Custom-Made Anatomically Designed Interbody Fusion Device’” is corrected to read “MS–DRG 447 ‘Multiple Level Spinal Fusion Except Cervical with MCC or Custom-Made Anatomically Designed Interbody Fusion Device’”.

b. Lines 26 through 29, the phrase “MS–DRG 448 ‘Multiple Level Anterior and Posterior Spinal Fusion Except Cervical without MCC’” is corrected to read, “MS–DRG 448 ‘Multiple Level Spinal Fusion Except Cervical without MCC’”.

3. On page 69095, bottom of page, second column, first partial paragraph, line 7, the date “June 5, 2025” is corrected to read “June 5, 2024”.

4. On page 69109, first column, last paragraph, line 3, the figure “6,916,571” is corrected to read “6,916,748”.

5. On page 69113, third column, first full paragraph, line 17, the figure “1.92336” is corrected to read as “1.92331”.

6. On page 69268, third column, first partial paragraph:

a. Line 14, the figure “4” is corrected to read “3”;

b. Line 20, the figure “19” is corrected to read “18”;

b. Line 25, the figure “3,074” is corrected to read “3,075”.

7. On page 69277, at the bottom of the page, in the untitled table, the figure “\$54.97” is corrected to read “\$54.96”.

8. On page 69282:

a. Second column, third paragraph:

i. Line 9, the figure “470” is corrected to read “471”;

ii. Line 29, the figure “1,078” is corrected to read “1,079”, and

iii. Line 32, the figure “237” is corrected to read “235”.

b. Third column, second full paragraph, line 3, the phrase “by September 1, 2024.” is corrected to read, “by September 3, 2024 (while

applications are due not later than 13 months prior to the start of the fiscal year for which reclassification is sought, usually by September 1, it has been the MGCRB’s practice to allow submission up to the first business day in September).”

9. On page 69291, the Table Y “HOSPITALS SUBJECT TO RECLASSIFICATION ASSIGNMENT POLICY” is corrected by adding the following entry after row 8 (CCN 070036) and before row 9 (CCN 220020):

CCN	MGCRB case No.	Approved CBSA	Final rule CBSA
220015	25C0368	49340	49340

10. On page 69308, third column, middle of the page, the untitled table is corrected to read as follows:

FY 2025 25th Percentile Wage Index Value	0.9009
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11. On page 69313, second column, first partial paragraph, line 13, the figure “23” is corrected to read “22”.

12. On page 69315, third column, first full paragraph, line 1, the figure “23” is corrected to read “22”.

13. On page 69369, second column, fourth full paragraph, line 14, the phrase “mental-health-only geographic” is corrected to read “mental-health-only population and geographic”.

14. On page 69400, second column, last partial paragraph, line 9, the phrase “beneficiaries, ERRs, and aggregate” is corrected to read “beneficiaries, excess readmission ratios (ERRs), and aggregate”.

15. On page 69455, third column, third footnote paragraph (footnote 266), lines 4 and 5, the web address “<https://www.cdc.gov/hai/data/archive/2021-HAI-progress-report.html#2018>” is corrected to read “<https://archive.cdc.gov/#/details?url=https://www.cdc.gov/hai/data/archive/2021-HAI-progress-report.html>”.

16. On page 69458, second column, second footnote paragraph (footnote 297), lines 4 through 6, the web address “<https://qualitynet.gov/inpatient/iqr/proposedmeasures>” is corrected to “<https://qualitynet.cms.gov/inpatient/iqr/proposedmeasures>”.

17. On page 69463, lower half of the page, first column, first footnote paragraph (footnote 304), lines 3 through 5, the web address “<https://qualitynet.gov/inpatient/iqr/proposedmeasures>” is corrected to “<https://qualitynet.cms.gov/inpatient/iqr/proposedmeasures>”.

18. On page 69476, first column, third footnote paragraph (footnote 341), lines 4 through 8, the web address https://www.cdc.gov/healthcare-associated-infections/?CDC_AAref_Val=https://www.cdc.gov/hai/prevent/infection%25C2%25ADcontrol%25C2%25ADassessment%25C2%25ADtools.html is corrected to “<https://www.cdc.gov/infection-control/media/pdfs/IPC-Instructions-508.pdf>”.

19. On page 69481, first and second columns, footnote paragraph (footnote 366), last line and lines 1 and 2, the web address “<https://mmshub.cms.gov/sites/default/files/PSSMTEP-Summary-Report-202306.pdf>” is corrected to “<https://mmshub.cms.gov/sites/default/files/PSSM-TEP-Summary-Report-202306.pdf>”.

20. On page 69489, in the first column; first footnote paragraph (footnote 394), lines 3 through 5, the web address “<https://qualitynet.gov/inpatient/iqr/proposedmeasures>” is corrected to “<https://qualitynet.cms.gov/inpatient/iqr/proposedmeasures>”.

21. On page 69503, third column, second full paragraph, lines 15 through 17, the web address, “<https://hcahpsonline.org/en/mode-patient-mix-adj/#jan2023publiclyreported>” is corrected to read, “<https://hcahpsonline.org/en/mode--patient-mix-adj/#jan2023publiclyreported>”.

22. On page 69512, second column, first footnote paragraph (footnote 437), lines 1 through 4, “Medicare Hospital Quality Chartbook. National Rates over Time. Available at: [https://](https://www.cmshospitalchartbook.com/visualization/national-rates-over-time)

www.cmshospitalchartbook.com/visualization/national-rates-over-time. Accessed March 12, 2024.” is corrected to read “MedPAC. (2019). Update: MedPAC’s evaluation of Medicare’s Hospital Readmission Reduction Program. Available at: <https://www.medpac.gov/update-medpac-s-evaluation-of-medicare-s-hospital-readmission-reduction-program/>.”

23. On page 69529, first column, second footnote paragraph (footnote 531), lines 2 through 4, the footnote “CDC. (2024). National and State Healthcare-associated Infections Progress Report. Available at: <https://www.cdc.gov/healthcare-associated-infections/php/data/progress-report.html>.” is corrected to read “CDC. (2022). Antibiotic Resistance & Patient Safety Portal: Catheter-Associated Urinary Tract Infections. Available at: <https://arpsp.cdc.gov/profile/nhsn/cauti>.”.

24. On page 69533, first column, second full paragraph, lines 9 through 17, the sentences “In CAUTI and CLABSI SIRs, risk adjustment is applied at the individual location level, resulting in a count of infection events (SIR numerator) and predicted number of infections (SIR denominator). The NHSN then aggregates location-specific results for all of a facility’s locations prior to calculating the SIR.” are corrected to read “The NHSN then aggregates location-specific results for all of a facility’s locations prior to calculating the SIR.”

25. On page 69534, first column, second full paragraph, lines 18–21, the

sentence “This would also allow more direct comparison with the CAUTI-Onc and CLABSI-Onc measures used in the PCHQR Program.” is corrected to read “The oncology-specific measures would also allow more direct comparison with the CAUTI and CLABSI measures used in the PCHQR Program.”.

26. On page 69538, first column, last paragraph, lines 6 through 12, the sentence “Hospitals must report on the following three eQMs: (1) Hospital Harm—Severe Hypoglycemia eCQM; (2) Hospital Harm—Severe Hyperglycemia eCQM; and (3) Hospital Harm—Opioid-Related Adverse Events eCQM.” is corrected to read “Hospitals must report on the following three eQMs: (1) the Safe Use of Opioids—Concurrent Prescribing eCQM; (2) the Cesarean Birth eCQM; and (3) the Severe Obstetric Complications eCQM.”.

27. On page 69540, first column, last paragraph, line 11, the reference “section XXXX” is corrected to read “section X.A.”.

28. On page 69544, third column, last paragraph, lines 6 through 12, the sentence “Hospitals must report the following three eQMs: (1) Hospital Harm—Severe Hypoglycemia eCQM; (2) Hospital Harm—Severe Hyperglycemia eCQM; and (3) Hospital Harm—Opioid-Related Adverse Events eCQM.” is

corrected to read “Hospitals must report the following three eQMs: (1) the Safe Use of Opioids—Concurrent Prescribing eCQM; (2) the Cesarean Birth eCQM; and (3) the Severe Obstetric Complications eCQM.”.

29. On page 69545, third column, first partial paragraph, line 3, the reference “section XXXX” is corrected to read “section X.A.”.

30. On page 69549, first column, fourth full paragraph, lines 5 through 7, the web address “<https://qualitynet.cms.gov/inpatient/iqr/measures>” is corrected to read “<https://qualitynet.cms.gov/inpatient/measures>.”

31. On page 69572, third column, last paragraph, line 25, the table reference “Table IX.C.XXXX” is corrected to read “Table IX.C.10.”.

32. On page 69573, top of the page:

a. First column, first paragraph, line 1, the table reference “Table IX.C.XXXX” is corrected to read “Table IX.C.10.”

b. In the table titled, “TABLE IX.C.X:XXX. NEWLY FINALIZED eCQM REPORTING AND SUBMISSION REQUIREMENTS FOR THE CY 2026 REPORTING PERIOD/FY 2028 PAYMENT DETERMINATION AND SUBSEQUENT YEARS”, line 1, the table number “TABLE IX.C.XXXX” is corrected to read “TABLE IX.C.10.”.

33. On page 69575:

a. Top third of the page, third column, first full paragraph, line 3, the reference “Table IX.C.10.” is corrected to read “Table IX.C.11.”.

b. Middle of the page, in the table titled, “TABLE IX.C.10. SUMMARY OF THE CURRENT AND NEWLY MODIFIED VALIDATION SCORING POLICIES”, line 1, the table number “TABLE IX.C.10” is corrected to read “TABLE IX.C.11.”.

34. On page 69577, third column, last partial paragraph, the parenthetical reference “(86 FR 36341)” is corrected to read “(89 FR 36341)”.

35. On page 69578, first column, first partial paragraph, line 2, the parenthetical reference “(86 FR 36341)” is corrected to read “(89 FR 36341)”.

36. On page 69590, first column, first partial paragraph, line 6, the word “effect” is corrected to read “effective”.

37. On pages 69605 and 69606 remove the undesignated table.

38. On pages 69606 through 69613 correct “TABLE IX.F.–01.: SUMMARY OF OBJECTIVES AND MEASURES FOR THE MEDICARE PROMOTING INTEROPERABILITY PROGRAM FOR THE EHR REPORTING PERIOD IN CY 2025” to read as follows:

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TABLE IX.F.-01.: SUMMARY OF OBJECTIVES AND MEASURES FOR THE MEDICARE PROMOTING INTEROPERABILITY PROGRAM FOR THE EHR REPORTING PERIOD IN CY 2025

Objective	Measure	Numerator	Denominator	Exclusion	Calculation Considerations Related to Counting Unique Patients or Actions for CY 2025 and Subsequent years
Electronic Prescribing (e-Prescribing)	e-Prescribing: For at least one hospital discharge, medication orders for permissible prescriptions (for new and changed prescriptions) are transmitted electronically using CEHRT.*	The number of prescriptions in the denominator generated and transmitted electronically.	The number of new or changed prescriptions written for drugs requiring a prescription in order to be dispensed, other than controlled substances for patients discharged during the EHR reporting period.	Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions, and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of their EHR reporting period.	Measure may be calculated by reviewing only actions for patients whose records are maintained using CEHRT for which sufficient data were entered in the CEHRT to allow the record to be saved and not rejected due to incomplete data.
e-Prescribing	Query of Prescription Drug Monitoring Program (PDMP): For at least one Schedule II opioid or Schedule III or IV drug electronically prescribed using CEHRT during the EHR reporting period, the eligible hospital or CAH uses data from CEHRT to conduct a query of a PDMP for prescription drug history.	N/A (measure is Y/N)	N/A (measure is Y/N)	(1) Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions for controlled substances that include Schedule II, III and IV drugs and is not located within 10 miles of any pharmacy that accepts electronic prescriptions for controlled substances at the start of their EHR reporting period. (2) Any eligible hospital or CAH that could not report on this measure in accordance with applicable law.	N/A (measure is Y/N)
Health Information Exchange (HIE)***	Support Electronic Referral Loops by Sending Health Information: For at least one transition of care or referral, the eligible hospital or CAH that transitions or refers its patient to another setting of care or provider of care: (1) Creates a summary of care record using CEHRT; and (2) Electronically exchanges the summary of care record.	Number of transitions of care and referrals in the denominator where a summary of care record was created using CEHRT and exchanged electronically.	Number of transitions of care and referrals during the EHR reporting period for which the eligible hospital or CAH inpatient or emergency department (Place of Service [POS] 21 or 23) was the transitioning or referring provider.	None	Measure may be calculated by reviewing only actions for patients whose records are maintained using CEHRT for which sufficient data were entered in the CEHRT to allow the record to be saved and not rejected due to incomplete data.
HIE	Support Electronic Referral Loops by Receiving and Reconciling Health	Number of electronic summary of care records in the denominator for which	Number of electronic summary of care records received using CEHRT	None	Measure may be calculated by reviewing only actions for patients whose records are

Objective	Measure	Numerator	Denominator	Exclusion	Calculation Considerations Related to Counting Unique Patients or Actions for CY 2025 and Subsequent years
	<p>Information:</p> <p>For at least one electronic summary of care record received using CEHRT for patient encounters during the EHR reporting period for which an eligible hospital or CAH was the receiving party of a transition of care or referral, or for patient encounters during the EHR reporting period in which the eligible hospital or CAH has never before encountered the patient, the eligible hospital or CAH conducts clinical information reconciliation for medication, medication allergy, and current problem list using CEHRT.</p>	<p>clinical information reconciliation is completed using CEHRT for the following three clinical information sets: (1) Medication – Review of the patient’s medication, including the name, dosage, frequency, and route of each medication; (2) Medication Allergy – Review of the patient’s known medication allergies; and (3) Current Problem List – Review of the patient’s current and active diagnoses.</p>	<p>for patient encounters during the EHR reporting period for which an eligible hospital or CAH was the reconciling party of a transition of care or referral, and for patient encounters during the EHR reporting period in which the eligible hospital or CAH has never before encountered the patient.</p>		<p>maintained using CEHRT for which sufficient data were entered in the CEHRT to allow the record to be saved and not rejected due to incomplete data.</p>
HIE	<p>HIE Bi-Directional Exchange</p> <p>The eligible hospital or CAH must attest to the following:</p> <p>(1) Participating in an HIE in order to enable secure, bi-directional exchange of information to occur for all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23), and all unique patient records stored or maintained in the EHR for these departments, during the EHR reporting period in accordance with applicable law and policy.</p> <p>(2) Participating in an HIE that is capable of exchanging information across a broad network of unaffiliated exchange partners including those using disparate EHRs.</p>	N/A (measure is Y/N)	N/A (measure is Y/N)	None	N/A (measure is Y/N)

Objective	Measure	Numerator	Denominator	Exclusion	Calculation Considerations Related to Counting Unique Patients or Actions for CY 2025 and Subsequent years
	<p>and not engaging in exclusionary behavior when determining exchange partners.</p> <p>(3) Using the functions of CEHRT to support bi-directional exchange with an HIE.</p>				
HIE	<p>Enabling Exchange under the Trusted Exchange Framework and Common Agreement (TEFCA)</p> <p>The eligible hospital or CAH must attest to the following:</p> <p>(1) Participating as a signatory to a Framework Agreement (as that term is defined by the Common Agreement for Nationwide Health Information Interoperability as published in the Federal Register and on ONC’s website) in good standing (that is, not suspended) and enabling secure, bi-directional exchange of information to occur, in production, for all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23), and all unique patient records stored or maintained in the EHR for these departments, during the EHR reporting period in accordance with applicable law and policy.</p> <p>(2) Using the functions of CEHRT to support bi-directional exchange of patient information, in production, under this Framework Agreement.</p>	N/A (measure is Y/N)	N/A (measure is Y/N)	None	N/A (measure is Y/N)

Objective	Measure	Numerator	Denominator	Exclusion	Calculation Considerations Related to Counting Unique Patients or Actions for CY 2025 and Subsequent years
Provider to Patient Exchange	<p>Provide Patients Electronic Access to Their Health Information:</p> <p>For at least one unique patient discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23):</p> <p>(1) the patient (or patient-authorized representative) is provided timely access to view online, download, and transmit their health information; and</p> <p>(2) the eligible hospital or CAH ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the application programming interface (API) in the eligible hospital's or CAH's CEHRT.</p>	The number of patients in the denominator (or patient authorized representatives) who are provided timely access to health information to view online, download and transmit to a third party and to access using an application of their choice that is configured to meet the technical specifications of the API in the eligible hospital's or CAH's CEHRT.	The number of unique patients discharged from an eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.	None	Measure must be calculated by reviewing all patient records, not just those maintained using CEHRT.
Public Health and Clinical Data Exchange	<p>Immunization Registry Reporting:</p> <p>The eligible hospital or CAH is in active engagement with a public health agency (PHA) to submit immunization data and receive immunization forecasts and histories from the public health immunization registry or immunization information system (IIS).</p>	N/A (measure is Y/N)	N/A (measure is Y/N)	Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the eligible hospital or CAH: (1) Does not administer any immunizations to any of the populations for which data are collected by its jurisdiction's immunization registry or IIS during the EHR reporting period; (2) Operates in a jurisdiction for which no immunization registry or IIS is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or (3) Operates in a jurisdiction where no immunization registry or IIS has declared readiness to receive immunization data as of 6	N/A (measure is Y/N)

Objective	Measure	Numerator	Denominator	Exclusion	Calculation Considerations Related to Counting Unique Patients or Actions for CY 2025 and Subsequent years
				months prior to the start of the EHR reporting period.	
Public Health and Clinical Data Exchange	<p>Syndromic Surveillance Reporting:</p> <p>The eligible hospital or CAH is in active engagement with a PHA to submit syndromic surveillance data from an emergency department (POS 23).</p>	N/A (measure is Y/N)	N/A (measure is Y/N)	Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the eligible hospital or CAH: (1) Does not have an emergency department; (2) Operates in a jurisdiction for which no PHA is capable of receiving electronic syndromic surveillance data from eligible hospitals or CAHs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or (3) Operates in a jurisdiction where no PHA has declared readiness to receive syndromic surveillance data from eligible hospitals or CAHs as of 6 months prior to the start of the EHR reporting period.	N/A (measure is Y/N)
Public Health and Clinical Data Exchange	<p>Electronic Case Reporting (eCR):</p> <p>The eligible hospital or CAH is in active engagement with a PHA to submit case reporting of reportable conditions.</p>	N/A (measure is Y/N)	N/A (measure is Y/N)	Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the case reporting measure if the eligible hospital or CAH: (1) Does not treat or diagnose any reportable diseases for which data are collected by its jurisdiction's reportable disease system during the EHR reporting period; (2) Operates in a jurisdiction for which no PHA is capable of receiving eCR data in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or (3) Operates in a jurisdiction where no PHA has declared readiness to receive eCR data as of 6 months prior to the start of the EHR reporting period.	N/A (measure is Y/N)
Public Health and Clinical Data Exchange	<p>Electronic Reportable Laboratory (ELR) Result Reporting:</p> <p>The eligible hospital or CAH is in active engagement with a PHA to submit ELR results.</p>	N/A (measure is Y/N)	N/A (measure is Y/N)	Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the ELR result measure if the eligible hospital or CAH: (1) Does not perform or order laboratory tests that are reportable in its jurisdiction during the EHR reporting	N/A (measure is Y/N)

Objective	Measure	Numerator	Denominator	Exclusion	Calculation Considerations Related to Counting Unique Patients or Actions for CY 2025 and Subsequent years
				period; (2) Operates in a jurisdiction for which no PHA is capable of accepting the specific ELR standards required to meet the CEHRT definition at the start of the EHR reporting period; or (3) Operates in a jurisdiction where no PHA has declared readiness to receive ELR results from an eligible hospital or CAH as of 6 months prior to the start of the EHR reporting period.	
Public Health and Clinical Data Exchange	<p>AU Surveillance**:</p> <p>The eligible hospital or CAH is in active engagement with CDC’s NHSN to submit AU data for the EHR reporting period and receives a report from NHSN indicating its successful submission of AU data for the EHR reporting period.**</p>	N/A (measure is Y/N)**	N/A (measure is Y/N)**	Any eligible hospital or CAH may be excluded from the measure if the eligible hospital or CAH: (1) Does not have any patients in any patient care location for which data are collected by NHSN during the EHR reporting period; (2) Does not have eMAR/BCMA electronic records or an ADT system during the EHR reporting period; or (3) Does not have a data source containing the minimal discrete data elements that are required for reporting.**	N/A (measure is Y/N)**
Public Health and Clinical Data Exchange	<p>AR Surveillance**:</p> <p>The eligible hospital or CAH is in active engagement with CDC’s NHSN to submit AR data for the EHR reporting period and receives a report from NHSN indicating its successful submission of AR data for the EHR reporting period.**</p>	N/A (measure is Y/N)**	N/A (measure is Y/N)**	Any eligible hospital or CAH may be excluded from the measure if the eligible hospital or CAH: (1) Does not have any patients in any patient care location for which data are collected by NHSN during the EHR reporting period; (2) Does not have an LIS or ADT system during the EHR reporting period; or (3) Does not have a data source containing the minimal discrete data elements that are required for reporting.**	N/A (measure is Y/N)**
Public Health and Clinical Data Exchange	<p>Public Health Registry Reporting:</p> <p>The eligible hospital or CAH is in active engagement with a PHA to submit data to public health registries.</p>	N/A (measure is Y/N)	N/A (measure is Y/N)	None	N/A (measure is Y/N)
Public Health and Clinical Data Exchange	<p>Clinical Data Registry Reporting:</p>	N/A (measure is Y/N)	N/A (measure is Y/N)	None	N/A (measure is Y/N)

Objective	Measure	Numerator	Denominator	Exclusion	Calculation Considerations Related to Counting Unique Patients or Actions for CY 2025 and Subsequent years
Protect Patient Health Information	<p>The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.</p> <p>Security Risk Analysis</p> <p>Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the provider's risk management process. Actions included in the security risk analysis measure may occur any time during the calendar year in which the EHR reporting period occurs.</p>	N/A (measure is Y/N)	N/A (measure is Y/N)	None	N/A (measure is Y/N)
Protect Patient Health Information	<p>Safety Assurance Factors for EHR Resilience (SAFER) Guides</p> <p>Conduct an annual self-assessment using all nine SAFER Guides at any point during the calendar year in which the EHR reporting period occurs.</p>	N/A (measure is Y/N)	N/A (measure is Y/N)	None	N/A (measure is Y/N)

* In the FY 2024 IPPS/LTCH PPS final rule (88 FR 59269), we inadvertently omitted a footnote describing changes to the phrasing of the measure description and description of the numerator in Table IX.F.-03.to align with the technical update finalized in the FY 2023 IPPS/LTCH PPS final rule (87 FR 49327).

** Signifies a measure finalized in this FY 2025 IPPS/LTCH PPS final rule that will apply to the EHR reporting period in CY 2025 and subsequent years.

*** The ePrior Authorization measure will be required beginning with the EHR reporting period in CY 2027 (89 FR 8760).

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39. On page 69621, top of the page, lines 1 and 2, the table title "TABLE

IX.F.-05: PREVIOUSLY FINALIZED ECOMS FOR ELIGIBLE HOSPITALS

AND CAHS FOR THE CY 2024 THE REPORTING PERIOD” is corrected to read “TABLE IX.F.–05: PREVIOUSLY FINALIZED ECQMS FOR ELIGIBLE HOSPITALS AND CAHS FOR THE CY 2024 REPORTING PERIOD”.

40. On page 69622, third column, last paragraph, line 19, the phrase “CY 206” is corrected to read “CY 2026”.

41. On page 69880, third column, second full paragraph, line 2, the

phrase, “supporting our CMS’s proposal” is corrected to read “supported CMS’s proposal”.

42. On page 69901, lower half of the page, second column, partial paragraph, line 16, the phrase “section . and IX.E.7.b.” is corrected to read “section IX.E.7.b.”.

43. On page 69902, top of the page, in the table title “TABLE XII.B–08: U.S. BUREAU OF LABOR AND

STATISTICS’ MAY 2021 NATIONAL OCCUPATIONAL EMPLOYMENT AND WAGE ESTIMATES, line 1, the date “MAY 2021” is corrected to read “MAY 2022”.

C. Corrections of Errors in the Addendum

44. On page 69948, the table titled “Summary of FY 2025 Budget Neutrality Factors” is corrected to read:

Summary of FY 2025 Budget Neutrality Factors	
MS-DRG Reclassification and Recalibration Budget Neutrality Factor	0.997190
Cap Policy MS-DRG Weights Budget Neutrality Factor	0.999874
Wage Index Budget Neutrality Factor	0.999981
Reclassification Budget Neutrality Factor	0.962786
*Rural Floor Budget Neutrality Factor	0.977500
Low Wage Index Hospital Policy Budget Neutrality Factor	0.997156
Cap Policy Wage Index Budget Neutrality Factor	0.999179
Rural Demonstration Budget Neutrality Factor	0.999811

*The rural floor budget neutrality factor is applied to the national wage indexes while the rest of the budget neutrality adjustments are applied to the standardized amounts.

45. On page 69955, third column, first full paragraph, line 6 through 11, the phrase “(estimated capital outlier payments of \$292,195,135 divided by (estimated capital outlier payments of \$292,195,135 plus the estimated total capital Federal payment of \$6,564,012,091))” is corrected to read: “(estimated capital outlier payments of \$292,277,686 divided by (estimated capital outlier payments of \$292,277,686 plus the estimated total capital Federal payment of \$6,564,098,157))”.

46. On page 69960, third column:
a. First full paragraph:

- i. Line 4, the figure “0.24849” is corrected to “0.248486”,
- ii. Line 6, the figure “0.252248” is corrected to “0.252261”, and
- iii. Line 17, the figure “1.015123” is corrected to “1.015192”.
- b. Second full paragraph:
 - i. Line 5, the figure “0.017716” is corrected to “0.017718”,
 - ii. Line 7, the figure “0.017666” is corrected to “0.017669”, and
 - iii. Line 18, the figure “0.997178” is corrected to “0.997234”.

47. On page 69961, second column:
a. First full paragraph:
i. Line 22, the figure “\$46,152” is corrected to “\$46,147”,

- ii. Line 24, the figure “\$4,349,520,041” is corrected to “\$4,350,072,899”,
 - iii. Line 25, the figure “\$80,269,760,637” is corrected to “\$80,279,536,469”,
 - iv. Line 40, the figure “\$46,502” is corrected to “\$46,498”, and
 - v. Line 51, the figure “\$46,152” is corrected to “\$46,147”.
 - b. the untitled table, the figure “0.957682” is corrected to “0.957678”.
48. On page 69963, the table titled “CHANGES FROM FY 2024 STANDARDIZED AMOUNTS TO THE FY 2025 STANDARDIZED AMOUNTS” is corrected to read as follows:

CHANGES FROM FY 2024 STANDARDIZED AMOUNTS TO THE FY 2025 STANDARDIZED AMOUNTS

	Hospital Submitted Quality Data and is a Meaningful EHR User	Hospital Submitted Quality Data and is NOT a Meaningful EHR User	Hospital Did NOT Submit Quality Data and is a Meaningful EHR User	Hospital Did NOT Submit Quality Data and is NOT a Meaningful EHR User
FY 2025 Base Rate after removing: 1. FY 2024 Geographic Reclassification Budget Neutrality (0.971295) 2. FY 2024 Operating Outlier Offset (0.949) 3. FY 2024 Rural Demonstration Budget Neutrality Factor (0.999463) 4. FY 2024 Lowest Quartile Budget Neutrality Factor (0.997402) 5. FY 2024 Cap Policy Wage Index Budget Neutrality Factor (0.999645)	If Wage Index is Greater Than 1.0000: Labor (67.6%): \$ 4,782.01 Nonlabor (32.4%): \$ 2,291.97 If Wage Index is less Than or Equal to 1.0000: Labor (62%): \$4,385.87 Nonlabor (38%): \$2,688.11	If Wage Index is Greater Than 1.0000: Labor (67.6%): \$4,782.01 Nonlabor (32.4%): \$2,291.97 If Wage Index is less Than or Equal to 1.0000: Labor (62%): \$4,385.87 Nonlabor (38%): \$2,688.11	If Wage Index is Greater Than 1.0000: Labor (67.6%): \$4,782.01 Nonlabor (32.4%): \$2,291.97 If Wage Index is less Than or Equal to 1.0000: Labor (62%): \$4,385.87 Nonlabor (38%): \$2,688.11	If Wage Index is Greater Than 1.0000: Labor (67.6%): \$4,782.01 Nonlabor (32.4%): \$2,291.97 If Wage Index is less Than or Equal to 1.0000: Labor (62%): \$4,385.87 Nonlabor (38%): \$2,688.11
FY 2025 Update Factor	1.029	1.0035	1.0205	0.995
FY 2025 MS-DRG Reclassification and Recalibration Budget Neutrality Factor Before Cap	0.997190	0.997190	0.997190	0.997190
FY 2025 Cap Policy MS-DRG Weight Budget Neutrality Factor	0.999874	0.999874	0.999874	0.999874
FY 2025 Wage Index Budget Neutrality Factor	0.999981	0.999981	0.999981	0.999981
FY 2025 Reclassification Budget Neutrality Factor	0.962786	0.962786	0.962786	0.962786
FY 2025 Lowest Quartile Budget Neutrality Factor	0.997156	0.997156	0.997156	0.997156
FY 2025 Cap Policy Wage Index Budget Neutrality Factor	0.999179	0.999179	0.999179	0.999179
FY 2025 RCH Demonstration Budget Neutrality Factor	0.999811	0.999811	0.999811	0.999811
FY 2025 Operating Outlier Factor	0.949	0.949	0.949	0.949
National Standardized Amount for FY 2025 if Wage Index is Greater Than 1.0000; Labor/Non-Labor Share Percentage (67.6/32.4)	Labor: \$4,465.41 Nonlabor: \$2,140.23	Labor: \$4,354.75 Nonlabor: \$2,087.19	Labor: \$4,428.52 Nonlabor: \$2,122.55	Labor: \$4,317.86 Nonlabor: \$2,069.51
National Standardized Amount for FY 2025 if Wage Index is Less Than or Equal to 1.0000; Labor/Non-Labor Share Percentage (62/38)	Labor: \$4,095.5 Nonlabor: \$2,510.14	Labor: \$3,994.00 Nonlabor: \$2,447.94	Labor: \$4,061.66 Nonlabor: \$2,489.41	Labor: \$3,960.17 Nonlabor: \$2,427.20

49. On page 69966, third column, first full paragraph, line 6, the figure “1.33 percent” is corrected to read “1.30 percent”.

50. On page 69969, second column, second partial paragraph, line 17, the figure “0.9887” is corrected to read “0.9884”.

51. On page 69970:

a. First column, first full paragraph, line 8, the mathematical phrase, “(0.9887) is 0.9856 (0.9969 × 0.9887)” is

corrected to read “(0.9884) is 0.9854 (0.9969 × 0.9884)”.

b. Second column, second full paragraph, line 2, the figure “0.9856” is corrected to read “0.9854”.

c. Third column:

i. First partial paragraph, line 5, the figure “\$510.51” is corrected to read “\$510.39”.

ii. Second bulleted paragraph, line 12, the figure “0.9856” is corrected to read “0.9854”.

iii. Last paragraph:

A. Line 13, the figure “1.44” is corrected to read “1.46”.

B. Line 25, the figure “1.33” is corrected to read “1.30”.

52. On page 69971:

a. Top of the page, the table titled “COMPARISON OF FACTORS AND ADJUSTMENTS: FY 2024 CAPITAL FEDERAL RATE AND THE FY 2025 CAPITAL FEDERAL RATE” is corrected to read as follows:

COMPARISON OF FACTORS AND ADJUSTMENTS: FY 2024 CAPITAL FEDERAL RATE AND THE FY 2025 CAPITAL FEDERAL RATE

	FY 2024	FY 2025	Change	Percent Change
Update Factor ¹	1.0380	1.0310	1.0310	3.10
GAF/DRG Adjustment Factor ¹	0.9885	0.9854	0.9854	-1.46
Quartile/Cap Adjustment Factor ²	0.9964	0.9958	0.9993	-0.07
Outlier Adjustment Factor ³	0.9598	0.9577	0.9978	-0.22
Capital Federal Rate	\$503.83	\$510.39	1.0130	1.30 ⁴

¹ The update factor and the GAF/DRG budget neutrality adjustment factors are built permanently into the capital Federal rate. Thus, for example, the incremental change from FY 2024 to FY 2025 resulting from the application of the 0.9854 GAF/DRG budget neutrality adjustment factor for FY 2025 is a net change of 0.9854 (or -1.46 percent).

² The lowest quartile/cap budget neutrality adjustment factor is not built permanently into the capital Federal rate; that is, the factor is not applied cumulatively in determining the capital Federal rate. Thus, for example, the net change resulting from the application of the FY 2025 lowest quartile/cap budget neutrality adjustment factor is 0.9958/0.9964 or 0.9993 (or -0.07 percent).

³ The outlier reduction factor is not built permanently into the capital Federal rate; that is, the factor is not applied cumulatively in determining the capital Federal rate. Thus, for example, the net change resulting from the application of the FY 2025 outlier adjustment factor is 0.9577/0.9598 or 0.9978 (or -0.22 percent).

⁴ Percent change may not sum due to rounding.

b. Lower three-fourths of the page, first column, second paragraph, last line, the figure “\$46,152” is corrected to read “\$46,147”.

53. On page 69987, first column, first full paragraph,

a. Line 13, the figure “\$46,152” is corrected to read “\$46,147”.

b. Last line, the figure “\$46,152” is corrected to read “\$46,147”.

54. On page 69990:

a. The table titled “TABLE 1A—NATIONAL ADJUSTED OPERATING

STANDARDIZED AMOUNTS, LABOR/NONLABOR (67.6 PERCENT LABOR SHARE/32.4 PERCENT NONLABOR SHARE IF WAGE INDEX IS GREATER THAN 11)—FY 2025” is corrected to read as follows:

TABLE 1A.— NATIONAL ADJUSTED OPERATING STANDARDIZED AMOUNTS, LABOR/NONLABOR (67.6 PERCENT LABOR SHARE/32.4 PERCENT NONLABOR SHARE IF WAGE INDEX IS GREATER THAN 1)—FY 2025

Hospital Submitted Quality Data and is a Meaningful EHR User (Update = 2.9 Percent)		Hospital Submitted Quality Data and is NOT a Meaningful EHR User (Update = 0.35 Percent)		Hospital Did NOT Submit Quality Data and is a Meaningful EHR User (Update = 2.05 Percent)		Hospital Did NOT Submit Quality Data and is NOT a Meaningful EHR User (Update = -0.5 Percent)	
Labor	Nonlabor	Labor	Nonlabor	Labor	Nonlabor	Labor	Nonlabor
\$4,465.41	\$2,140.23	\$4,354.75	\$2,087.19	\$4,428.52	\$2,122.55	\$4,317.86	\$2,069.51

b. The table titled “TABLE 1B.—NATIONAL ADJUSTED OPERATING STANDARDIZED AMOUNTS, LABOR/

NONLABOR (62 PERCENT LABOR SHARE/38 PERCENT NONLABOR SHARE IF WAGE INDEX IS LESS

THAN OR EQUAL TO 1)—FY 2025” is corrected to read as follows:

TABLE 1B.— NATIONAL ADJUSTED OPERATING STANDARDIZED AMOUNTS, LABOR/NONLABOR (62 PERCENT LABOR SHARE/38 PERCENT NONLABOR SHARE IF WAGE INDEX IS LESS THAN OR EQUAL TO 1)—FY 2025

Hospital Submitted Quality Data and is a Meaningful EHR User (Update = 2.9 Percent)		Hospital Submitted Quality Data and is NOT a Meaningful EHR User (Update = 0.35 Percent)		Hospital Did NOT Submit Quality Data and is a Meaningful EHR User (Update = 2.05 Percent)		Hospital Did NOT Submit Quality Data and is NOT a Meaningful EHR User (Update = -0.5 Percent)	
Labor	Nonlabor	Labor	Nonlabor	Labor	Nonlabor	Labor	Nonlabor
\$4,095.50	\$2,510.14	\$3,994.00	\$2,447.94	\$4,061.66	\$2,489.41	\$3,960.17	\$2,427.20

c. The table titled “TABLE 1C.—ADJUSTED OPERATING STANDARDIZED AMOUNTS FOR HOSPITALS IN PUERTO RICO,

LABOR/NONLABOR (NATIONAL: 62 PERCENT LABOR SHARE/38 PERCENT NONLABOR SHARE BECAUSE WAGE INDEX IS LESS THAN OR EQUAL TO

1)—FY 2025” is corrected to read as follows:

TABLE 1C.— ADJUSTED OPERATING STANDARDIZED AMOUNTS FOR HOSPITALS IN PUERTO RICO, LABOR/NONLABOR (NATIONAL: 62 PERCENT LABOR SHARE/38 PERCENT NONLABOR SHARE BECAUSE WAGE INDEX IS LESS THAN OR EQUAL TO 1)—FY 2025

	Rates if Wage Index Greater Than 1		Hospital is a Meaningful EHR User and Wage Index Less Than or Equal to 1 (Update = 2.9 Percent)		Hospital is NOT a Meaningful EHR User and Wage Index Less Than or Equal to 1 (Update = 0.35 Percent)	
	Labor	Nonlabor	Labor	Nonlabor	Labor	Nonlabor
National¹	Not Applicable	Not Applicable	\$4,095.50	\$2,510.14	\$3,994.00	\$2,447.94

¹ For FY 2025, there are no CBSAs in Puerto Rico with a national wage index greater than 1.

d. The table titled “TABLE 1D.— PAYMENT RATE—FY 2025” is corrected to read as follows:

TABLE 1D.— CAPITAL STANDARD FEDERAL PAYMENT RATE—FY 2025

	Rate
National	\$510.39

D. Correction of Errors in the Appendices

55. On page 69994, third column, first full paragraph, line 1, the figure “3,082” is corrected to read “3,083”.

56. On page 69996, third column:
 a. First full paragraph, line 7, the figure “3,082” is corrected to read “3,083”,

b. Second full paragraph, line 5, the figure “690” is corrected to read “691”.

c. Third full paragraph, line 11, the figure “1,368” is corrected to read “1,369”.

57. On page 69997:

a. First column, first paragraph, line 4, the figure “1,832” is corrected to read “1,833”.

b. Second column, first paragraph, line 7, the figure “244” is corrected to read “245”.

4. On pages 69998 through 70000, the table titled “Table I.—Impact Analysis of Changes to the IPPS for Operating Costs for FY 2025” is corrected to read as follows:

BILLING CODE 4120-01-P

TABLE I.—IMPACT ANALYSIS OF CHANGES TO THE IPPS FOR OPERATING COSTS FOR FY 2025

	Number of Hospitals ¹	Hospital Rate Update (1) ²	FY 2025 Weights and DRG Changes with Application of Recalibration Budget Neutrality (2) ³	FY 2025 Wage Data with Application of Wage Budget Neutrality (3) ⁴	FY 2025 MGCRB Reclassifications (4) ⁵	Rural Floor with Application of National Rural Floor Budget Neutrality (5) ⁶	Application of Imputed Floor, the Frontier Wage Index, and Outmigration Adjustment (6) ⁷	MDH Expiration (7) ⁸	All FY 2025 Changes (8) ⁹
All Hospitals	3,083	2.9	0.0	0.0	0.0	0.0	0.3	-0.1	2.8
By Geographic Location:									
Urban hospitals	2,392	2.9	0.0	0.0	-0.2	0.1	0.4	-0.1	2.8
Rural hospitals	691	2.9	-0.2	0.6	2.4	-0.7	0.1	-0.7	2.6
Bed Size (Urban):									
0-99 beds	645	2.9	-0.3	0.4	-2.0	1.3	0.5	-1.6	1.1
100-199 beds	682	2.9	-0.1	0.0	-0.8	1.1	0.4	-0.3	2.6
200-299 beds	421	2.9	0.0	-0.1	-0.2	0.6	0.4	0.0	2.8
300-499 beds	394	2.9	0.0	0.1	0.3	0.2	0.3	0.0	2.7
500 or more beds	248	2.8	0.1	-0.1	0.0	-0.8	0.4	0.0	3.2
Bed Size (Rural):									
0-49 beds	341	2.8	-0.3	0.4	1.7	-0.7	0.2	-1.4	1.6
50-99 beds	183	2.9	-0.3	0.3	2.7	-0.7	0.3	-1.6	1.4
100-149 beds	91	2.9	-0.2	0.5	2.4	-0.7	0.0	-0.2	2.8
150-199 beds	44	2.9	-0.1	0.6	2.3	-0.7	0.0	0.0	3.5
200 or more beds	32	2.9	-0.2	1.2	2.7	-0.9	0.1	0.0	3.8
Urban by Region:									
New England	106	2.9	0.0	-1.6	7.0	0.0	0.6	-0.1	4.2
Middle Atlantic	280	2.9	0.0	-1.6	-0.1	-0.5	0.8	-0.1	1.1
East North Central	367	2.9	0.1	0.4	-0.5	-0.2	0.1	-0.3	4.6
West North Central	156	2.9	-0.1	0.1	-1.7	-0.9	0.6	0.0	2.7
South Atlantic	396	2.9	0.0	1.5	-0.7	-0.1	0.4	-0.1	4.4
East South Central	142	2.9	0.0	2.3	-1.8	-0.9	0.1	0.0	4.7
West South Central	358	2.9	0.1	1.2	-1.9	-0.9	0.1	-0.1	3.7
Mountain	179	2.9	-0.1	1.1	0.0	0.1	0.3	0.0	2.4
Pacific	356	2.8	0.1	-1.7	0.0	2.3	0.1	0.0	0.1
Rural by Region:									
New England	21	2.9	-0.1	0.1	2.7	-0.9	0.0	-1.4	2.2
Middle Atlantic	52	2.9	-0.2	2.0	6.1	-1.1	0.3	-0.2	4.4
East North Central	110	2.9	-0.2	0.2	3.6	-0.7	0.1	-1.7	2.1
West North Central	78	2.9	-0.4	0.0	0.3	-0.3	0.4	-0.3	2.0
South Atlantic	112	2.9	-0.3	0.4	1.3	-0.7	0.1	-0.9	1.6
East South Central	132	2.8	-0.1	1.5	2.0	-0.9	0.0	-0.5	3.6
West South Central	120	2.8	-0.2	0.5	2.5	-0.8	0.0	-0.4	3.1
Mountain	42	2.7	-0.3	0.3	-0.2	-0.2	0.4	0.0	2.5
Pacific	24	2.9	-0.2	0.0	2.6	-0.5	0.0	0.0	1.5
Puerto Rico									
Puerto Rico Hospitals	52	2.9	-0.3	-2.1	-3.4	-0.7	0.8	0.0	2.3
By Payment Classification:									
Urban hospitals	1,714	2.9	0.0	0.0	-2.4	1.6	0.6	0.0	2.4
Rural areas	1,369	2.9	0.0	0.0	1.9	-1.2	0.1	-0.2	3.1

	Number of Hospitals ¹	Hospital Rate Update (1) ²	FY 2025 Weights and DRG Changes with Application of Recalibration Budget Neutrality (2) ³	FY 2025 Wage Data with Application of Wage Budget Neutrality (3) ⁴	FY 2025 MGCRB Reclassifications (4) ⁵	Rural Floor with Application of National Rural Floor Budget Neutrality (5) ⁶	Application of Imputed Floor, the Frontier Wage Index, and Outmigration Adjustment (6) ⁷	MDH Expiration (7) ⁸	All FY 2025 Changes (8) ⁹
Teaching Status:									
Nonteaching	1,833	2.9	-0.1	0.1	-0.6	1.3	0.3	-0.4	2.3
Fewer than 100 residents	958	2.9	-0.1	0.2	0.0	0.0	0.4	-0.1	2.9
100 or more residents	292	2.8	0.2	-0.3	0.4	-0.9	0.4	0.0	3.0
Urban DSH:									
Non-DSH	331	2.9	-0.3	0.0	-2.3	0.6	0.6	-0.2	2.6
100 or more beds	1,015	2.9	0.0	0.0	-2.5	1.7	0.6	0.0	2.4
Less than 100 beds	368	2.9	-0.1	0.1	-2.5	1.9	0.4	-0.4	2.4
Rural DSH:									
Non-DSH	83	2.8	-0.1	0.2	3.5	-1.3	0.2	-1.7	2.0
SCH	243	2.8	-0.2	0.1	0.4	-0.1	0.0	0.0	2.9
RRC	791	2.9	0.0	-0.1	2.0	-1.2	0.1	-0.1	3.2
100 or more beds	39	2.9	0.1	0.6	-0.9	-1.3	0.1	-0.5	4.0
Less than 100 beds	213	2.8	-0.1	0.7	3.7	-1.3	0.5	-5.1	-1.8
Urban teaching and DSH:									
Both teaching and DSH	581	2.9	0.0	0.0	-2.5	1.1	0.8	0.0	2.4
Teaching and no DSH	52	2.9	-0.2	-0.3	-2.2	0.0	0.8	-0.3	2.1
No teaching and DSH	802	2.9	0.0	0.0	-2.5	2.8	0.3	0.0	2.4
No teaching and no DSH	279	2.9	-0.3	0.2	-2.3	1.0	0.4	-0.1	2.9
Special Hospital Types:									
RRC	155	2.9	0.0	1.2	1.8	0.3	0.3	-0.7	3.0
RRC with Section 401 Reclassification	579	2.9	0.1	-0.1	2.2	-1.3	0.1	-0.1	3.3
SCH	245	2.8	-0.4	0.1	0.4	-0.2	0.1	0.0	2.6
SCH with Section 401 Reclassification	34	2.9	0.0	0.0	0.2	-0.1	0.0	0.0	3.1
SCH and RRC	119	2.9	-0.3	0.2	1.0	-0.4	0.1	0.0	2.8
SCH and RRC with Section 401 Reclassification	46	2.9	-0.4	0.2	0.1	-0.1	0.0	0.0	2.7
Type of Ownership:									
Voluntary	1,907	2.9	0.0	-0.1	0.2	-0.1	0.4	-0.2	2.7
Proprietary	755	2.9	-0.1	0.7	-0.4	1.2	0.2	-0.1	3.2
Government	420	2.8	0.1	-0.3	-0.7	-0.3	0.1	-0.1	2.6
Medicare Utilization as a Percent of Inpatient Days:									
0-25	1,362	2.9	0.1	0.2	-0.5	-0.1	0.2	0.0	2.9
25-50	1,616	2.9	-0.1	-0.1	0.4	0.1	0.5	-0.3	2.7
50-65	65	2.9	-0.4	-1.5	-1.6	3.0	0.6	-0.2	1.1
Over 65	16	2.5	-2.5	0.5	0.1	-0.3	2.2	-1.0	0.0
Medicaid Utilization as a Percent of Inpatient Days:									
0-25	1,911	2.9	-0.1	0.2	0.1	-0.1	0.3	-0.2	2.8
25-50	1,044	2.9	0.1	-0.2	0.0	0.0	0.3	0.0	2.8
50-65	99	2.8	0.2	-1.0	-1.4	2.2	0.1	0.0	1.1
Over 65	29	2.5	0.3	-0.3	-1.9	2.7	0.2	0.0	0.8
FY 2025 Reclassifications:									
All Reclassified Hospitals	1,061	2.9	0.0	0.0	2.2	-1.0	0.1	-0.2	3.1
Non-Reclassified Hospitals	2,022	2.9	0.0	0.0	-2.6	1.2	0.6	-0.1	2.5
Urban Hospitals Reclassified	902	2.9	0.0	-0.1	1.9	-1.0	0.1	-0.2	3.1
Urban Non-reclassified Hospitals	1,501	2.9	0.0	0.0	-3.2	1.6	0.7	0.0	2.4

	Number of Hospitals ¹	Hospital Rate Update (1) ²	FY 2025 Weights and DRG Changes with Application of Recalibration Budget Neutrality (2) ³	FY 2025 Wage Data with Application of Wage Budget Neutrality (3) ⁴	FY 2025 MGCRB Reclassifications (4) ⁵	Rural Floor with Application of National Rural Floor Budget Neutrality (5) ⁶	Application of Imputed Floor, the Frontier Wage Index, and Outmigration Adjustment (6) ⁷	MDH Expiration (7) ⁸	All FY 2025 Changes (8) ⁹
Rural Hospitals Reclassified Full Year	281	2.9	-0.2	0.7	2.7	-0.8	0.0	-0.4	2.9
Rural Non-reclassified Hospitals Full Year	399	2.8	-0.2	0.4	1.8	-0.7	0.4	-1.0	2.1
All Section 401 Reclassified Hospitals:	729	2.9	0.1	-0.1	1.9	-1.2	0.1	-0.2	3.2
Other Reclassified Hospitals (Section 1886(d)(8)(B))	51	2.9	-0.1	0.7	6.7	-1.3	0.0	-1.8	1.9

¹ Because data necessary to classify some hospitals by category were missing, the total number of hospitals in each category may not equal the national total. Discharge data are from FY 2023, and hospital cost report data are from the latest available reporting periods.

² This column displays the payment impact of the hospital rate update, including the 2.9 percent update to the national standardized amount and the hospital-specific rate (the 3.4 percent market basket rate-of-increase reduced by 0.5 percentage point for the productivity adjustment).

³ This column displays the payment impact of the changes to the Version 42 GROUPER, the changes to the relative weights and the recalibration of the MS-DRG weights based on FY 2023 MedPAR data, and the permanent 10-percent cap where the relative weight for a MS-DRG would decrease by more than ten percent in a given fiscal year. This column displays the application of the recalibration budget neutrality factors of 0.99719 and 0.999874.

⁴ This column displays the payment impact of the update to wage index data using FY 2021 cost report data. This column displays the payment impact of the application of the wage budget neutrality factor. The wage budget neutrality factor is 0.999981.

⁵ Shown here are the effects of geographic reclassifications by the Medicare Geographic Classification Review Board (MGCRB). The effects demonstrate the FY 2025 payment impact of going from no reclassifications to the reclassifications scheduled to be in effect for FY 2025. Reclassification for prior years has no bearing on the payment impacts shown here. This column reflects the geographic budget neutrality factor of 0.962786.

⁶ This column displays the effects of the rural floor. The Affordable Care Act requires the rural floor budget neutrality adjustment to be a 100 percent national level adjustment. The rural floor budget neutrality factor applied to the wage index 0.977500.

⁷ This column shows the combined impact of (1) the imputed floor for all-urban states; (2) the policy that requires hospitals located in frontier States have a wage index no less than 1.0; and (3) the policy which provides for an increase in a hospital's wage index if a threshold percentage of residents of the county where the hospital is located commute to work at hospitals in counties with higher wage indexes. These are not budget neutral policies.

⁸ This column displays the impact of the expiration of the MDH status on January 1, 2025, a non-budget neutral payment provision.

⁹ This column shows the estimated change in payments from FY 2024 to FY 2025.

59. On page 70001:

a. Top of the page, the table titled, “FY 2025 Percentage Change in Area

Wage Index Values” is corrected to read as follows:

FY 2025 Percentage Change in Area Wage Index Values	Number of Hospitals	
	Urban	Rural
Increase 10 percent or more	71	0
Increase greater than or equal to 5 percent and less than 10 percent	298	71
Increase or decrease less than 5 percent	1,805	611
Decrease greater than or equal to 5 percent and less than 10 percent	177	2
Decrease 10 percent or more	6	0
Unchanged	14	0

b. Lower three-fourths of the page, second column:

i. Second full paragraph, line 6, the figure “0.977499” is corrected to read “0.977500”.

ii. Fourth full paragraph, line 5, the figure “0.977499” is corrected to read “0.977500”.

60. On pages 70003 and 70004, the table titled “Table II.—Impact Analysis

of Changes for FY 2025 Acute Care Hospital Operating Prospective Payment System (Payments Per Discharge)” is corrected to read as follows:

BILLING CODE 4120-01-P

**TABLE II.--IMPACT ANALYSIS OF CHANGES FOR FY 2025 ACUTE CARE
HOSPITAL OPERATING PROSPECTIVE PAYMENT SYSTEM
(PAYMENTS PER DISCHARGE)**

	Number of Hospitals (1)	Estimated Average FY 2024 Payment Per Discharge (2)	Estimated Average FY 2025 Payment Per Discharge (3)	FY 2025 Changes (4)
All Hospitals	3,083	16,290	16,744	2.8
By Geographic Location:				
Urban hospitals	2,392	16,685	17,153	2.8
Rural hospitals	691	12,024	12,331	2.6
Bed Size (Urban):				
0-99 beds	645	12,090	12,221	1.1
100-199 beds	682	13,147	13,484	2.6
200-299 beds	421	14,849	15,262	2.8
300-499 beds	394	16,536	16,979	2.7
500 or more beds	248	20,839	21,506	3.2
Bed Size (Rural):				
0-49 beds	341	10,087	10,250	1.6
50-99 beds	183	11,670	11,837	1.4
100-149 beds	91	11,491	11,810	2.8
150-199 beds	44	12,948	13,403	3.5
200 or more beds	32	14,692	15,249	3.8
Urban by Region:				
New England	106	18,193	18,949	4.2
Middle Atlantic	280	19,817	20,033	1.1
East North Central	367	15,604	16,327	4.6
West North Central	156	15,718	16,139	2.7
South Atlantic	396	14,272	14,896	4.4
East South Central	142	13,553	14,185	4.7
West South Central	358	14,328	14,852	3.7
Mountain	179	16,502	16,897	2.4
Pacific	356	21,702	21,721	0.1
Rural by Region:				
New England	21	16,899	17,278	2.2
Middle Atlantic	52	13,444	14,037	4.4
East North Central	110	11,680	11,930	2.1
West North Central	78	12,316	12,557	2.0
South Atlantic	112	11,130	11,306	1.6
East South Central	132	10,397	10,768	3.6
West South Central	120	9,970	10,283	3.1
Mountain	42	14,353	14,707	2.5
Pacific	24	16,967	17,222	1.5
Puerto Rico				
Puerto Rico Hospitals	52	9,519	9,738	2.3
By Payment Classification:				
Urban hospitals	1,714	14,861	15,218	2.4
Rural areas	1,369	17,632	18,177	3.1
Teaching Status:				
Nonteaching	1,833	12,463	12,755	2.3
Fewer than 100 residents	958	14,737	15,158	2.9
100 or more residents	292	23,992	24,718	3.0
Urban DSH:				
Non-DSH	331	12,800	13,131	2.6
100 or more beds	1,015	15,461	15,829	2.4
Less than 100 beds	368	10,944	11,204	2.4
Rural DSH:				
Non-DSH	83	15,996	16,309	2.0
SCH	243	13,192	13,572	2.9
RRC	791	18,261	18,843	3.2
100 or more beds	39	17,229	17,915	4.0
Less than 100 beds	213	9,643	9,467	-1.8
Urban teaching and DSH:				

	Number of Hospitals (1)	Estimated Average FY 2024 Payment Per Discharge (2)	Estimated Average FY 2025 Payment Per Discharge (3)	FY 2025 Changes (4)
Both teaching and DSH	581	16,912	17,316	2.4
Teaching and no DSH	52	13,954	14,250	2.1
No teaching and DSH	802	12,670	12,969	2.4
No teaching and no DSH	279	12,193	12,541	2.9
Special Hospital Types:				
RRC	155	12,709	13,095	3.0
RRC with Section 401 Reclassification	579	18,953	19,572	3.3
SCH	245	12,363	12,688	2.6
SCH with Section 401 Reclassification	34	15,214	15,679	3.1
SCH and RRC	119	13,855	14,244	2.8
SCH and RRC with Section 401 Reclassification	46	17,305	17,766	2.7
Type of Ownership:				
Voluntary	1,907	16,311	16,758	2.7
Proprietary	755	14,281	14,745	3.2
Government	420	18,780	19,262	2.6
Medicare Utilization as a Percent of Inpatient Days:				
0-25	1,362	18,026	18,555	2.9
25-50	1,616	15,011	15,416	2.7
50-65	65	14,650	14,818	1.1
Over 65	16	9,827	9,829	0.0
Medicaid Utilization as a Percent of Inpatient Days:				
0-25	1,911	14,606	15,021	2.8
25-50	1,044	18,591	19,115	2.8
50-65	99	22,639	22,886	1.1
Over 65	29	19,007	19,155	0.8
FY 2025 Reclassifications:				
All Reclassified Hospitals	1,061	17,497	18,032	3.1
Non-Reclassified Hospitals	2,022	15,057	15,428	2.5
Urban Hospitals Reclassified	902	18,121	18,677	3.1
Urban Non-reclassified Hospitals	1,501	14,960	15,321	2.4
Rural Hospitals Reclassified Full Year	281	12,254	12,610	2.9
Rural Non-reclassified Hospitals Full Year	399	11,692	11,936	2.1
All Section 401 Reclassified Hospitals:	729	18,638	19,225	3.2
Other Reclassified Hospitals (Section 1886(d)(8)(B))	51	11,119	11,330	1.9

61. On page 70006, third column, last paragraph:

a. Line 9, the figure “\$13,660.95” is corrected to read “\$13,661.19”.

b. Line 12, the figure “\$21,150.86” is corrected to read “\$21,184.97”.

62. On pages 70007 and 70008, the table titled “Table III—Provider Deciles

by Beneficiary Characteristics” is corrected to read as follows:

TABLE III. PROVIDER DECILES BY BENEFICIARY CHARACTERISTICS

Beneficiary Characteristics (1)	Decile Group* (2)	Percentile Range of Group (3)	Decile Value Range (4)	Estimated Average Payment Per Discharge - FY 2024 (5)	Estimated Average Payment Per Discharge - FY 2025 (6)	Percent Change (7)
All Hospitals				16,290.29	16,744.23	2.8%
% Of Discharges for Beneficiaries Who Are American Indian or Alaska Native	1	0 to 10	0.0% - 0.2%	12,874.75	13,234.44	2.8%
	2 to 5	>10 to 50	0.2% - 0.3%	15,353.20	15,850.91	3.2%
	6 to 9	>50 to 90	0.3% - 1.2%	17,962.96	18,376.75	2.3%
	10	>90 to 100	1.2% - 33.6%	15,978.53	16,462.04	3.0%
% Of Discharges for Beneficiaries Who Are Asian or Pacific Islander	1	0 to 10	0.0% - 0.1%	10,569.26	10,882.74	3.0%
	2 to 5	>10 to 50	0.1% - 0.8%	13,300.10	13,776.30	3.6%
	6 to 9	>50 to 90	0.8% - 5.1%	16,818.40	17,342.60	3.1%
	10	>90 to 100	5.1% - 92.0%	22,670.05	22,794.51	0.5%
% Of Discharges for Beneficiaries Who Are Black	1	0 to 10	0.0% - 0.4%	13,889.75	14,152.82	1.9%
	2 to 5	>10 to 50	0.4% - 4.0%	14,827.75	15,215.78	2.6%
	6 to 9	>50 to 90	4.0% - 23.6%	17,120.89	17,613.61	2.9%
	10	>90 to 100	23.6% - 93.8%	19,094.89	19,705.68	3.2%
% Of Discharges for Beneficiaries Who Are Hispanic	1	0 to 10	0.3% - 1.0%	12,561.00	12,961.48	3.2%
	2 to 5	>10 to 50	1.0% - 2.7%	14,277.73	14,798.21	3.6%
	6 to 9	>50 to 90	2.7% - 21.4%	17,847.60	18,284.68	2.4%
	10	>90 to 100	21.4% - 98.3%	19,215.13	19,420.04	1.1%
% Of Discharges for Beneficiaries Who Are Multiracial	1	0 to 10	0.0% - 1.5%	13,909.22	14,228.04	2.3%
	2 to 5	>10 to 50	1.5% - 2.1%	15,717.56	16,142.36	2.7%
	6 to 9	>50 to 90	2.1% - 3.0%	17,022.38	17,497.11	2.8%
	10	>90 to 100	3.0% - 11.1%	18,040.94	18,715.92	3.7%
% Of Discharges for Beneficiaries Who Are White	1	0 to 10	0.1% - 47.1%	21,226.18	21,579.03	1.7%
	2 to 5	>10 to 50	47.1% - 85.0%	17,879.04	18,347.20	2.6%
	6 to 9	>50 to 90	85.0% - 95.1%	14,161.90	14,625.38	3.3%
	10	>90 to 100	95.1% - 98.5%	12,325.67	12,666.11	2.8%

Beneficiary Characteristics (1)	Decile Group* (2)	Percentile Range of Group (3)	Decile Value Range (4)	Estimated Average Payment Per Discharge - FY 2024 (5)	Estimated Average Payment Per Discharge - FY 2025 (6)	Percent Change (7)
% Of Discharges for Beneficiaries Who Are Dual(All) Enrolled During The Month Of Discharge	1	0 to 10	0.0% - 10.4%	13,698.87	14,167.67	3.4%
	2 to 5	>10 to 50	10.4% - 24.6%	14,859.85	15,307.58	3.0%
	6 to 9	>50 to 90	24.6% - 50.4%	17,958.89	18,469.54	2.8%
	10	>90 to 100	50.4% - 100.0%	21,271.95	21,401.93	0.6%
% Of Discharges for Beneficiaries Who Are LIS Enrolled During The Month Of Discharge	1	0 to 10	0.0% - 12.2%	13,656.82	14,117.23	3.4%
	2 to 5	>10 to 50	12.2% - 27.1%	15,001.13	15,458.61	3.0%
	6 to 9	>50 to 90	27.1% - 52.7%	17,870.54	18,366.60	2.8%
	10	>90 to 100	52.7% - 100.0%	21,194.10	21,337.95	0.7%
% Of Discharges for Beneficiaries Who Are Dual(All) or LIS Enrolled During The Month Of Discharge	1	0 to 10	0.0% - 12.3%	13,661.19	14,118.71	3.3%
	2 to 5	>10 to 50	12.3% - 27.2%	14,995.26	15,453.44	3.1%
	6 to 9	>50 to 90	27.2% - 52.8%	17,882.77	18,377.76	2.8%
	10	>90 to 100	52.8% - 100.0%	21,184.97	21,330.83	0.7%
% Of Discharges for Beneficiaries With a Z code reported related to SDOH **	1	0 to 10	0%	12,573.38	12,922.09	2.8%
	2 to 5	>10 to 50	0.0% - 1.6%	15,128.47	15,573.32	2.9%
	6 to 9	>50 to 90	1.6% - 6.2%	17,126.11	17,597.79	2.8%
	10	>90 to 100	6.2% - 100.0%	17,909.79	18,325.48	2.3%
% Of Discharges for Beneficiaries With a Behavioral Health Diagnosis	1	0 to 10	0.0% - 35.6%	18,619.72	19,004.17	2.1%
	2 to 5	>10 to 50	35.6% - 46.8%	17,018.72	17,434.70	2.4%
	6 to 9	>50 to 90	46.8% - 57.6%	15,357.00	15,860.55	3.3%
	10	>90 to 100	57.6% - 100.0%	14,613.77	15,096.50	3.3%
% Of Discharges for Beneficiaries who come from rural areas	1	0 to 10	0.0% - 0.8%	17,284.97	17,491.22	1.2%
	2 to 5	>10 to 50	0.8% - 13.9%	16,781.33	17,262.20	2.9%
	6 to 9	>50 to 90	13.9% - 93.3%	15,794.73	16,307.39	3.2%
	10	>90 to 100	93.3% - 100.0%	12,086.40	12,364.06	2.3%
% Of Discharges for Beneficiaries With ESRD coverage **	1	0 to 10	0%	10,894.52	11,208.65	2.9%
	2 to 5	>10 to 50	0.0% - 3.9%	13,554.49	13,919.19	2.7%
	6 to 9	>50 to 90	3.9% - 9.2%	16,842.90	17,328.46	2.9%
	10	>90 to 100	9.2% - 28.0%	21,531.91	22,073.13	2.5%

Beneficiary Characteristics (1)	Decile Group* (2)	Percentile Range of Group (3)	Decile Value Range (4)	Estimated Average Payment Per Discharge - FY 2024 (5)	Estimated Average Payment Per Discharge - FY 2025 (6)	Percent Change (7)
% Of Discharges for Beneficiaries with Disability	1	0 to 10	0.0% - 16.0%	14,293.82	14,661.02	2.6%
	2 to 5	>10 to 50	16.0% - 25.8%	15,816.63	16,239.43	2.7%
	6 to 9	>50 to 90	25.8% - 38.0%	17,228.91	17,728.75	2.9%
	10	>90 to 100	38.0% - 100.0%	18,115.89	18,722.72	3.3%
% Of Discharges for Beneficiaries who live in an area with ADI >= 85	1	0 to 10	0.0% - 0.4%	19,438.31	19,670.63	1.2%
	2 to 5	>10 to 50	0.4% - 10.3%	16,763.92	17,151.60	2.3%
	6 to 9	>50 to 90	10.3% - 46.1%	15,118.25	15,722.27	4.0%
	10	>90 to 100	46.1% - 100.0%	11,538.30	11,987.06	3.9%

* Decile group 1 contains the 10% of hospitals with the lowest rate of discharges for that characteristic; decile group 2 to 5 contains the hospitals with less than or equal to the median rate of discharges for that characteristic, excluding those in decile group 1; decile group 6 to 9 contains the hospitals with greater than the median rate of discharges for that characteristic, excluding those in group 10; and decile group 10 contains the 10% of hospitals with the highest rate of discharges for that characteristic.

** Greater than 10 percent of providers did not report discharges associated with this characteristic. Therefore, we have randomly allocated those providers to decile groups 1 and 2.

63. On page 70011, top of the page, first column, partial paragraph, lines 2 and 3, the phrase "estimates for the 6 technologies for which we are providing 5 new" is corrected to read "estimates

for the 5 technologies for which we are providing 4 new”.

64. On page 70012:

a. Second column, second paragraph, line 1, the number “2399” is corrected to “2400”, and

b. Third column, first paragraph, line 6, the number “23” is corrected to “22”.

65. On pages 70013 and 70014, the table titled “Modeled Uncompensated Care Payments* and Supplemental

Payments for Estimated FY 2025 DSHs by Hospital Type” is corrected to read as follows:

MODELED UNCOMPENSATED CARE PAYMENTS* AND SUPPLEMENTAL PAYMENTS FOR ESTIMATED FY 2025 DSHS BY HOSPITAL TYPE					
	Number of Estimated DSHs (1)	FY 2024 Final Rule Estimated Uncompensated Care Payments and Supplemental Payments (\$ in millions) (2)	FY 2025 Final Rule Estimated Uncompensated Care Payments and Supplemental Payments** (\$ in millions) (3)	Dollar Difference: FY 2024 - FY 2025 (\$ in millions) (4)	Percent Change*** (5)
Total	2,400	6,021	5,786	-236	-3.91%
By Geographic Location					
Urban Hospitals	1,926	5,687	5,453	-233	-4.10
Other Urban Areas	1,002	2,573	2,430	-143	-5.54
Large Urban Areas	924	3,114	3,023	-91	-2.91
Rural Hospitals	474	335	332	-2	-0.68
Bed Size (Urban)					
0 to 99 Beds	377	230	237	8	3.40
100 to 249 Beds	788	1,287	1,225	-62	-4.83
250+ Beds	761	4,170	3,991	-179	-4.29
Bed Size (Rural)					
0 to 99 Beds	362	183	179	-4	-2.06
100 to 249 Beds	102	121	122	1	1.11
250+ Beds	10	31	31	0	0.56
Urban by Region					
New England	87	153	145	-8	-5.41
Middle Atlantic	223	653	618	-35	-5.36
South Atlantic	309	640	576	-64	-9.97
East North Central	103	305	289	-16	-5.29
East South Central	323	1,477	1,403	-74	-5.01
West North Central	130	365	348	-17	-4.55
West South Central	251	1,238	1,248	10	0.81
Mountain	140	255	245	-10	-3.81
Pacific	316	525	508	-17	-3.16
Puerto Rico	44	75	72	-3	-4.20
Rural by Region					
New England	9	10	9	-1	-9.03
Middle Atlantic	32	19	17	-1	-7.01
South Atlantic	70	41	42	1	2.50
East North Central	30	20	21	1	5.07
East South Central	87	94	96	1	1.37
West North Central	111	66	63	-4	-5.47
West South Central	107	70	70	0	-0.16
Mountain	21	9	9	0	-0.67

MODELED UNCOMPENSATED CARE PAYMENTS* AND SUPPLEMENTAL PAYMENTS FOR ESTIMATED FY 2025 DSHS BY HOSPITAL TYPE					
	Number of Estimated DSHs (1)	FY 2024 Final Rule Estimated Uncompensated Care Payments and Supplemental Payments (\$ in millions) (2)	FY 2025 Final Rule Estimated Uncompensated Care Payments and Supplemental Payments** (\$ in millions) (3)	Dollar Difference: FY 2024 - FY 2025 (\$ in millions) (4)	Percent Change*** (5)
Pacific	7	5	6	0	7.50
By Payment Classification					
Urban Hospitals	1,345	3,165	3,046	-118	-3.74
Large Urban Areas	702	1,878	1,833	-45	-2.39
Other Urban Areas	643	1,287	1,214	-74	-5.72
Rural Hospitals	1,055	2,857	2,739	-117	-4.10
Teaching Status					
Nonteaching	1,306	1,526	1,477	-49	-3.18
Fewer than 100 residents	812	2,133	2,028	-104	-4.90
100 or more residents	282	2,363	2,280	-83	-3.49
Type of Ownership					
Voluntary	1,508	3,483	3,323	-160	-4.59
Proprietary	524	855	824	-31	-3.62
Government	367	1,683	1,638	-45	-2.65
Medicare Utilization Percent****					
0 to 25	1,219	4,273	4,134	-139	-3.25
25 to 50	1,148	1,736	1,640	-96	-5.51
50 to 65	26	11	10	-1	-8.31
Greater than 65	7	1	1	0	-7.09
Medicaid Utilization Percent****					
0 to 25	1,315	2,349	2,246	-103	-4.40
25 to 50	950	2,937	2,810	-128	-4.34
50 to 65	107	610	598	-12	-1.96
Greater than 65	28	125	132	7	5.76

Source: Dobson | DaVanzo analysis of 2019, 2020, and 2021 Hospital Cost Reports.

*Dollar UCP calculated by [0.75 * estimated section 1886(d)(5)(F) payments * Factor 2 * Factor 3]. When summed across all hospitals projected to receive DSH payments, UCP and supplemental payments are estimated to be \$6,021 million in FY 2024, and UCP and supplemental payments are estimated to be \$5,786 million in FY 2025.

** For IHS/Tribal hospitals and Puerto Rico hospitals, this impact table reflects the supplemental payments.

*** Percentage change is determined as the difference between Medicare UCP and supplemental payments modeled for this FY 2025 IPPS/LTCH PPS final rule (column 3) and Medicare UCP and supplemental payments modeled for the FY 2024 IPPS/LTCH PPS final rule correcting document (column 2) divided by Medicare UCP and supplemental payments modeled for the FY 2024 IPPS/LTCH PPS final rule correcting document (column 2) times 100 percent.

****Hospitals with missing or unknown Medicare utilization or Medicaid utilization are not shown in the table.

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66. On page 70014, first column, first paragraph, line 1 the language (beginning with the phrase “The changes in projected FY 2025 UCP and supplemental payments compared to the” and ending with the sentence “Meanwhile, hospitals with less than 25 percent Medicaid utilization and those

with Medicaid utilization between 25–50 percent are projected to receive larger than average decreases of 4.44 percent and 4.31 percent, respectively.”) is corrected to read as follows: “The changes in projected FY 2025 UCP and supplemental payments compared to the total of UCP and supplemental payments in FY 2024 are driven by

changes in Factor 1 and Factor 2. The Factor 1 has increased from the FY 2024 final rule’s Factor 1 of \$10.015 billion to this final rule’s Factor 1 of \$10.457 billion. The Factor 2 has decreased from FY 2024 final rule’s Factor 2 of 59.29 percent to this final rule’s Factor 2 of 54.29 percent. In addition, we note that there is a slight increase in the number

of projected DSH-eligible hospitals to 2,400 at the time of the development for this final rule compared to the 2,384 DSHs in the FY 2024 IPPS/LTCH PPS final rule (88 FR 58640). Based on the changes, the impact analysis found that, across all projected DSH-eligible hospitals, FY 2025 UCP and supplemental payments are estimated at approximately \$5.786 billion, or a decrease of approximately 3.91 percent from FY 2024 UCP and supplemental payments (approximately \$6.021 billion). While the changes result in a net decrease in the total amount available to be distributed in UCP and supplemental payments, the projected payment amounts vary by hospital type. This redistribution of payments is caused by changes in Factor 3 and the amount of the supplemental payment for DSH-eligible IHS/Tribal hospitals and Puerto Rico hospitals. As seen in the previous table, a percent change of less than negative 3.91 percent indicates that hospitals within the specified category are projected to experience a larger decrease in payments, on average, compared to the universe of projected FY 2025 DSH-eligible hospitals. Conversely, a percentage change greater than negative 3.91 percent indicates that a hospital type is projected to have a smaller decrease compared to the overall average. The variation in the distribution of overall payments by hospital characteristic is largely dependent on a given hospital's uncompensated care costs as reported on the Worksheet S-10 and used in the Factor 3 computation and whether the hospital is eligible to receive the supplemental payment.

Rural hospitals, in general, are projected to experience a smaller decrease in UCP compared to the decrease their urban counterparts are projected to experience. Overall, rural hospitals are projected to receive a 0.68 percent decrease in payments, while

urban hospitals are projected to receive a 4.10 percent decrease in payments, which is slightly larger than the overall hospital average.

By bed size, rural hospitals with 0 to 99 beds are projected to receive a smaller than average decrease of 2.06 percent in payments, while those with 100 to 249 beds are projected to receive an increase of 1.11. Additionally, rural hospitals with 250+ beds are projected to receive a 0.56 percent increase in payments. Among urban hospitals, the smallest urban hospitals, those with 0 to 99 beds, are projected to receive a 3.40 percent increase in payments. In contrast, larger urban hospitals with 100–249 beds and urban hospitals with 250+ beds are projected to receive decreases in payments that are larger than the overall hospital average, at 4.83 and 4.29 percent, respectively.

By region, rural hospitals are projected to receive a varied range of payment changes. Rural hospitals in the New England, West North Central, and Middle Atlantic regions are projected to receive larger than average decreases in payments. Rural hospitals in all other regions are projected to receive either increases in payments or smaller than average decreases in payments. Urban hospitals in the West South Central, Mountain, and Pacific regions are projected to either receive either increases in payments or smaller than average decreases in payments, while urban hospitals in all other regions are projected to receive larger than average decreases in payments.

By payment classification, hospitals in urban payment areas overall are expected to receive a 3.74 percent decrease in UCP and supplemental payments. Hospitals, in large urban payment areas are projected to receive a smaller than average decrease in payments of 2.39 percent. In contrast, hospitals in other urban payment areas and hospitals in rural payment areas are

projected to receive a larger than average decrease in payments of 5.72 and 4.10 percent, respectively.

Nonteaching hospitals and teaching hospitals with 100+ residents are projected to receive a smaller than average payment decrease of 3.18 percent and 3.49 percent, respectively. Teaching hospitals with fewer than 100 residents are projected to receive larger than average payment decreases of 4.90 percent. Voluntary hospitals are projected to receive larger than average decreases of 4.59 percent, while government-owned hospitals and proprietary hospitals are expected to receive a smaller than average payment decrease of 2.65 percent and 3.62 percent, respectively. Hospitals with less than 25 percent Medicare utilization are projected to receive smaller than average decreases of 3.25 percent. Hospitals with Medicare utilization between 25–50 percent, 50–65 percent, and greater than 65 percent are projected to receive larger than average decreases of 5.51 percent, 8.31 percent, and 7.09 percent, respectively. Hospitals with 50–65 percent Medicaid utilization are projected to receive a smaller than average decreases in payments of 1.96 percent, while those with greater than 65 percent Medicaid utilization are projected to receive a 5.76 percent increase in payments. Meanwhile, hospitals with less than 25 percent Medicaid utilization and those with Medicaid utilization between 25–50 percent are projected to receive larger than average decreases of 4.40 percent and 4.34 percent, respectively.”

67. On pages 70021 through 70022, in the table titled TABLE I.8.–01 IMPACT ANALYSIS OF BASE OPERATING DRG PAYMENT AMOUNTS RESULTING FROM THE FY 2025 HOSPITAL VBP PROGRAM, the table is corrected to read as follows:

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TABLE I.8.-01: Impact Analysis of Base Operating DRG Payment Amounts Resulting from the FY 2025 Hospital VBP Program			
		Number of Hospitals	Average Net Percentage Payment Adjustment
BY GEOGRAPHIC LOCATION:			
	All Hospitals	2,471	0.135%
	Urban Area	1,950	0.059%
	Rural Area	521	0.422%
	Missing	.	.
	Urban Hospitals	1,950	0.059%
	0-99 beds	334	0.584%
	100-199 beds	603	0.157%
	200-299 beds	395	-0.136%
	300-499 beds	379	-0.177%
	500 or more beds	239	-0.227%
	Rural Hospitals	521	0.422%
	0-49 beds	194	0.742%
	50-99 beds	170	0.357%
	100-149 beds	89	0.264%
	150-199 beds	40	-0.068%
	200 or more beds	28	-0.207%
BY REGION:			
	Urban By Region	1,950	0.059%
	New England	98	0.092%
	Middle Atlantic	245	-0.170%
	South Atlantic	354	0.093%
	East North Central	315	0.113%
	East South Central	109	-0.188%
	West North Central	127	0.267%
	West South Central	236	-0.138%
	Mountain	149	0.099%
	Pacific	317	0.261%
	Rural By Region	521	0.422%
	New England	21	0.559%
	Middle Atlantic	40	0.257%
	South Atlantic	85	0.376%
	East North Central	99	0.422%
	East South Central	88	0.168%
	West North Central	66	0.805%

West South Central	71	0.237%
Mountain	28	0.721%
Pacific	23	0.821%
BY MCR PERCENT:		
0-25	1,090	0.027%
25-50	1,347	0.216%
50-65	34	0.384%
Over 65	.	.
Missing	.	.
BY DSH PERCENT:		
0-25	870	0.359%
25-50	1,343	0.050%
50-65	154	-0.178%
Over 65	104	-0.177%
Missing	.	.
BY TEACHING STATUS:		
Non-Teaching	1,302	0.300%
Teaching	1,169	-0.049%

68. On page 70030:

a. Second column, first full paragraph, line 4, the figure “0.9856” is corrected to read “0.9854”.

b. Second column, second full paragraph, line 6, the figure “3,082” is

corrected to read “3,083”. c. Third column, first full paragraph:

i. Line 9, the figure “0.3” is corrected to read “0.4”.

ii. Line 14, the figure “2.2” is corrected to read “2.1”.

d. Third column, second full paragraph, line 12, the figure “2.8” is corrected to read “2.7”.

69. On pages 70031 through 70032, the table titled “Table III—Comparison of Total Payments per Case” is corrected to read as follows:

TABLE III.-- COMPARISON OF TOTAL PAYMENTS PER CASE

[FY 2024 PAYMENTS COMPARED TO FY 2025 PAYMENTS]	Number of Hospitals	Average FY 2024 Payments/Case	Average FY 2025 Payments/Case	Change
All Hospitals	3,083	1,155	1,187	2.8
By Geographic Location:				
Urban hospitals	2,392	1,189	1,221	2.7
Rural hospitals	691	793	823	3.8
Bed Size (Urban):				
0-99 beds	645	894	915	2.3
100-199 beds	682	984	1,010	2.6
200-299 beds	421	1,095	1,123	2.6
300-499 beds	394	1,185	1,215	2.5
500 or more beds	248	1,419	1,459	2.8
Bed Size (Rural):				
0-49 beds	341	667	691	3.6
50-99 beds	183	760	787	3.6
100-149 beds	91	768	795	3.5
150-199 beds	44	863	899	4.2
200 or more beds	32	965	1,004	4.0
Urban by Region:				
New England	106	1,261	1,310	3.9
Middle Atlantic	280	1,365	1,376	0.8
East North Central	367	1,086	1,140	5.0
West North Central	156	1,122	1,146	2.1
South Atlantic	396	1,032	1,077	4.4
East South Central	142	983	1,032	5.0
West South Central	358	1,069	1,107	3.6
Mountain	179	1,194	1,220	2.2
Pacific	356	1,564	1,562	-0.1
Rural by Region:				
New England	21	1,048	1,085	3.5
Middle Atlantic	52	894	939	5.0
East North Central	110	768	814	6.0
West North Central	78	785	804	2.4
South Atlantic	112	736	754	2.4
East South Central	132	724	760	5.0
West South Central	120	701	730	4.1
Mountain	42	867	882	1.7
Pacific	24	1,070	1,066	-0.4
Puerto Rico:				
Puerto Rico Hospitals	52	623	636	2.1
By Payment Classification:				
Urban hospitals	1,714	1,102	1,127	2.3
Rural areas	1,369	1,206	1,244	3.2
Teaching Status:				
Nonteaching	1,833	945	970	2.6
Fewer than 100 residents	958	1,079	1,110	2.9
100 or more residents	292	1,565	1,606	2.6
Urban DSH:				
Non-DSH	331	985	1,010	2.5
100 or more beds	1,015	1,140	1,166	2.3
Less than 100 beds	368	817	836	2.3
Rural DSH:				
Non-DSH	83	1,107	1,146	3.5
SCH	243	823	847	2.9
RRC	791	1,253	1,292	3.1
100 or more beds	39	1,173	1,223	4.3
Less than 100 beds	213	664	692	4.2
Urban teaching and DSH:				
Both teaching and DSH	581	1,205	1,232	2.2
Teaching and no DSH	52	1,031	1,053	2.1
No teaching and DSH	802	996	1,019	2.3
No teaching and no DSH	279	961	987	2.7
Special Hospital Types:				
RRC	155	923	968	4.9
RRC with Section 401 Rural Reclassification	579	1,314	1,354	3.0
SCH	245	766	792	3.4
SCH with Section 401 Rural Reclassification	34	947	972	2.7
SCH and RRC	119	865	901	4.2
SCH and RRC with Section 401 Rural Reclassification	46	1,106	1,134	2.5
Type of Ownership:				

[FY 2024 PAYMENTS COMPARED TO FY 2025 PAYMENTS]	Number of Hospitals	Average FY 2024 Payments/Case	Average FY 2025 Payments/Case	Change
Voluntary	1,907	1,158	1,189	2.7
Proprietary	755	1,060	1,094	3.2
Government	420	1,265	1,294	2.3
Medicare Utilization as a Percent of Inpatient Days:				
0-25	1,362	1,243	1,277	2.7
25-50	1,616	1,091	1,122	2.8
50-65	65	1,055	1,068	1.2
Over 65	16	719	725	0.8
Medicaid Utilization as a Percent of Inpatient Days:				
0-25	1,911	1,056	1,087	2.9
25-50	1,044	1,289	1,323	2.6
50-65	99	1,571	1,585	0.9
Over 65	29	1,348	1,353	0.4
FY 2025 Reclassifications:				
All Reclassified Hospitals	1,061	1,210	1,248	3.1
Non-Reclassified Hospitals	2,022	1,099	1,125	2.4
Urban Hospitals Reclassified	902	1,256	1,294	3.0
Urban Non-Reclassified Hospitals	1,501	1,108	1,133	2.3
Rural Hospitals Reclassified Full Year	281	811	844	4.1
Rural Non-Reclassified Hospitals Full Year	399	766	791	3.3
All Section 401 Rural Reclassified Hospitals	729	1,281	1,320	3.0
Other Reclassified Hospitals (Section 1886(d)(8)(B))	51	808	842	4.2

E. Corrections of Errors in the Regulations Text

§ 495.24 [Corrected]

■ 70. On page 69914, in the first column, § 495.24(f)(1)(i)(C) is corrected to read: “(C) In 2025 earn a total score of at least 70 points”.

Elizabeth J. Gramling,

Executive Secretary to the Department, Department of Health and Human Services.

[FR Doc. 2024–22501 Filed 9–27–24; 4:15 pm]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 412

[CMS–1804–CN]

RIN 0938–AV31

Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2025 and Updates to the IRF Quality Reporting Program; Correction

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

ACTION: Final rule; correction.

SUMMARY: This document corrects technical and typographical errors in the final rule that appeared in the August 6, 2024 **Federal Register** entitled “Medicare Program; Inpatient Rehabilitation Facility Prospective

Payment System for Federal Fiscal Year 2025 and Updates to the IRF Quality Reporting Program” (referred to hereafter as the “FY 2025 IRF final rule”). The effective date of the FY 2025 IRF final rule is October 1, 2024.

DATES: This correction is effective October 1, 2024.

FOR FURTHER INFORMATION CONTACT: Kia Burwell, (410) 786–7816.

SUPPLEMENTARY INFORMATION:

I. Background

In FR Doc. 2024–16911 of August 6, 2024, the FY 2025 IRF final rule (89 FR 64276), there were technical and typographical errors that are identified and corrected in this correcting document. These corrections are effective as if they had been included in the FY 2025 IRF final rule. Accordingly, the corrections are effective October 1, 2024.

II. Summary of Errors

A. Summary of Errors in the Preamble

On page 64304, we made a typographical error in the standard payment amount calculated following the application of the budget neutrality factor for the FY 2025 wage index due to the number being transposed in the original text.

A technical error in the calculation of the final FY 2025 IRF PPS wage indexes require us to recalculate the impact analysis provided on pages 64335 and 64336 in Table 17. Discussions of these errors are found in section IV. of this document.

B. Summary of Errors and Corrections Posted on the CMS Website for the IRF Wage Index

As discussed in the FY 2025 IRF PPS final rule (89 FR 64289 through 64291), in developing the wage index to be applied to IRFs under the IRF PPS, we use the updated, pre-reclassified, pre-rural floor hospital inpatient PPS (IPPS) wage data, exclusive of the occupational mix adjustment. For FY 2025, the updated, unadjusted, pre-reclassified, pre-rural floor IPPS wage data used under the IRF PPS are for cost reporting periods beginning on or after October 1, 2020, and before October 1, 2021 (FY 2021 cost report data), as discussed in the final rule entitled “Medicare and Medicaid Programs and the Children’s Health Insurance Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2025 Rates; Quality Programs Requirements; and Other Policy Changes” (89 FR 69896) (hereinafter referred to as the FY 2025 IPPS final rule). In calculating the wage index under the FY 2025 IPPS final rule, we made an inadvertent error related to the calculation of the wage index. This error is identified, discussed, and corrected in the document entitled “Medicare and Medicaid Programs and the Children’s Health Insurance Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2025 Rates; Quality Programs