

Fact Sheet: CMS FY 2025 Inpatient Prospective Payment System (IPPS) Proposed Rule

Updated: April 2024

On April 11, 2024, the Centers for Medicare and Medicaid Services (CMS) released the fiscal year (FY) 2025 Medicare Hospital Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital Prospective Payment System (LTCH PPS) [proposed rule](#), which updates the Medicare fee-for-service payment rates and policies for inpatient hospitals and LTCHs for FY 2025. The proposed rule also includes provisions related to addressing social determinants of health (SDOH), strengthening emergency preparedness, and improving maternal health. CMS released a [press release](#) and a [fact sheet](#) along with the proposed rule. Comments on the FY 2025 IPPS proposed rule are due **June 10, 2024**.

Medicare Promoting Interoperability Program

- Proposes to increase the performance-based scoring threshold from 60 to 80 points beginning with the CY 2025 electronic health record (EHR) reporting period.
- Notifies eligible hospitals and critical access hospitals (CAHs) of the changes to the definition of certified electronic health record technology (CEHRT) based on revisions made in the CY 2024 Medicare Physician Fee Schedule [final rule](#). This includes notification regarding proposed changes to the definition of meaningful EHR user in the HHS [proposed rule](#) regarding disincentives for health care providers that have committed information blocking.
- Notifies eligible hospitals and CAHs that updates to the SAFER Guides are currently underway. (AHIMA had previously [advocated](#) for updating the SAFER Guides.)
- Seeks feedback on the PI Program Public Health and Clinical Data objective including its goals and principles.

Social Determinants of Health Codes

- Proposes addition of SDOH data elements into the LTCH Quality Reporting Program, requiring LTCHs to report data elements on housing, food and utility stability, and access to transportation.
- Proposes to change the severity designation of the seven ICD-10-CM diagnosis codes that describe inadequate housing and housing instability from non-complication or comorbidity (NonCC) to complication or comorbidity (CC), based on the higher average resource costs of cases with these diagnosis codes compared to similar cases without these codes.

Public Health Data Reporting: Proposes a streamlined data reporting structure for COVID-19, influenza, and respiratory syncytial virus (RSV), with additional reporting that can be activated in the event of an emergency.

If you have questions about provisions in the proposed rule, please contact the AHIMA Policy & Government Affairs team at advocacy@ahima.org.