



## **The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year 2015 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCH)**

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Related Change Request (CR) Number: CR10026

Related CR Release Date: June 30, 2017

Effective Date: July 31, 2017

Related CR Transmittal Number:  
R1863OTN

Implementation Date: July 31, 2017

### **PROVIDER TYPES AFFECTED**

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This MLN Matters® Article is intended for providers submitting claims to Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

### **PROVIDER ACTION NEEDED**

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Change Request (CR) 10026 informs MACs about updated data for determining the disproportionate share adjustment for Inpatient Prospective Payment System (IPPS) hospitals and the low income patient (LIP) adjustment for IRFs as well as payments as applicable for Long Term Care Hospitals (LTCH) discharges (for example, discharges paid the IPPS comparable amount under the short-stay outlier payment adjustment). Make sure that your billing staffs are aware of these changes.

### **BACKGROUND**

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The SSI/Medicare beneficiary data for hospitals are available electronically and contains the name of the hospital, Centers for Medicare & Medicaid Services (CMS) certification number, Supplemental Security Income (SSI) days, total Medicare days, and the ratio of days for patients entitled to Medicare Part A attributable to SSI recipients. The files are available at the following as follows:

- **IPPS Hospitals:** <http://www.cms.gov/Medicare/Medicare-Fee-For-Service-Payment/AcuteInpatientPPS/dsh.html>
- **IRFs:** <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/SSIData.html>
- **Long Term Care Hospitals (LTCHs):** <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/LongTermCareHospitalPPS/download.html>

The data are used for settlement purposes for IPPS hospitals and IRFs with cost reporting periods beginning during fiscal year (FY) 2015 (cost reporting periods beginning on or after October 1, 2014, and before October 1, 2015), except as explicitly directed otherwise by the Centers for Medicare & Medicaid Services (CMS).

These instructions also provide guidance for accepting FY 2015 amended cost reports from hospitals requesting to revise Worksheet S-10 (cost reports starting on or after October 1, 2014 and prior to October 1, 2015) in light of CMS's proposal to begin using Worksheet S-10 data to determine uncompensated care payments starting in FY 2019. For revisions to be considered, hospitals must submit their amended cost report containing the revised Worksheet S-10 (or a completed Worksheet S-10 if no data had been included on the previously submitted cost report) no later than September 30, 2017. CMS notes that the amended cost report must be received by the MAC by September 30, 2017. Submissions received on or after October 1, 2017 will not be accepted.

Providers should follow the current requirements for electronic submission of cost reports found at 42 CFR §413.24(f)(4), which specify "a provider must submit a hard copy of a settlement summary, a statement of certain worksheet totals found within the electronic file, and a statement signed by its administrator or chief financial officer certifying the accuracy of the electronic file or the manually prepared cost report." (See 42 CFR §413.24(f)(4)(iv).) This instruction applies only to Worksheet S-10 of FY 2015 cost reports for IPPS hospitals. Revisions to Worksheet S-10 from other fiscal years, revisions to other worksheets of the FY 2015 cost reports, or revisions to Worksheet S-10 by non-IPPS hospitals are not subject to this instruction.

If an IPPS hospital whose FY 2015 cost report has been final settled requests to revise Worksheet S-10 for that FY 2015 cost report and the request is received by the MAC on or before September 30, 2017, MACs will issue a notice of Reopening in order to accept the revisions to or newly submitted Worksheet S-10 and issue a revised notice of program reimbursement on or before October 31, 2017.

Section 9105 of the Consolidated Omnibus Budget Reconciliation Act of 1985 provides that for discharges occurring on or after May 1, 1986, an additional payment must be made to IPPS hospitals serving a disproportionate share of low income patients. The additional payment is determined by multiplying the federal portion of the Diagnosis-Related Group (DRG) payment by the Disproportionate Share Hospital (DSH) adjustment factor, and beginning for discharges occurring on or after October 1, 2014, the additional payment is determined by multiplying the

DRG payment by the DSH adjustment factor reduced by 75 percent. (See [42 CFR 412.106](#).) Under the IRF prospective payment system (PPS), IRFs receive an additional payment amount to account for the cost of furnishing care to low income patients. The additional payment is determined by multiplying the federal prospective payment by the LIP adjustment formula. (See [42 CFR 412.624\(e\)\(2\)](#).)

Under the LTCH PPS, the payment adjustment for short-stay outlier (SSO) cases at 42 CFR 412.529 requires the calculation of an amount comparable to the amount that would otherwise be paid under the IPPS (that is, the "IPPS comparable amount."). This calculation includes an "IPPS Comparable" DSH adjustment, where applicable, that is determined using the best available SSI data at the time of claim payment (See [42 CFR 412.529\(d\)\(4\)](#)).

## ADDITIONAL INFORMATION

The official instruction, CR10026, issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R1863OTN.pdf>.

42 CFR 412.106 is available at <https://www.gpo.gov/fdsys/pkg/CFR-2013-title42-vol2/pdf/CFR-2013-title42-vol2-sec412-106.pdf>.

42 CFR 412.624(e)(2) is available at <https://www.gpo.gov/fdsys/pkg/CFR-2011-title42-vol2/pdf/CFR-2011-title42-vol2-sec412-624.pdf>.

42 CFR 412.529(d)(4) is available at <https://www.gpo.gov/fdsys/pkg/CFR-2011-title42-vol2/pdf/CFR-2011-title42-vol2-sec412-529.pdf>.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/>.

## DOCUMENT HISTORY

Date of Change	Description
July 3, 2017	Initial Article Released

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