



**News Flash** - Effective January 1, 2008, National Provider Identifiers (NPIs) will be required to identify the primary providers (the Billing and Pay-to Providers) in Medicare electronic and paper institutional claims (i.e. 837I and UB-04 claims). You may continue to use the legacy identifier in these fields as long as you also use the NPI in these fields. This means that 837I and UB-04 claims with ONLY legacy identifiers in the Billing and Pay-to Provider fields will be rejected starting on January 1, 2008. (Pay-to Provider is identified only if it is different from the Billing Provider.) You may continue to use only legacy identifiers for the secondary provider fields in the 837I and UB-04 claims until May 23, 2008, if you choose.

MLN Matters Number: MM5846

Related Change Request (CR) #: 5846

Related CR Release Date: December 14, 2007

Effective Date: January 4, 2008

Related CR Transmittal #: R1396CP

Implementation Date: January 4, 2008

**Note:** This article was updated on September 25, 2012, to reflect current Web addresses. All other information remains the same.

## The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year (FY) 2006 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCHs)

### Provider Types Affected

IPPS hospitals, IRFs, and LTCHs submitting claims to Medicare contractors (Fiscal Intermediaries (FIs), and/or Part A/B Medicare Administrative Contractors (A/B MACs)) for services provided to Medicare beneficiaries

### Provider Action Needed

This article is based on Change Request (CR) 5846 which 1) provides updated Supplemental Security Income (SSI)/Medicare beneficiary data for determining additional payment amounts for hospitals with a disproportionate share of low income patients and 2) furnishes links to the electronic files containing the data used for interim payments and for cost settlement purposes.

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

## Background

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The Consolidated Omnibus Reconciliation Act of 1985 (COBRA; Section 9105) provides additional payment amounts for Inpatient Prospective Payment System (IPPS) hospitals with a disproportionate share of low-income patients. This is done by making adjustments to the prospective payment rate.

Under the Inpatient Rehabilitation Facility Prospective Payment System (IRF PPS), IRFs receive additional payment amounts to account for the cost of furnishing care to low-income patients (See 42 CFR §412.624(e)(2) at [http://www.access.gpo.gov/nara/cfr/waisidx\\_04/42cfr412\\_04.html](http://www.access.gpo.gov/nara/cfr/waisidx_04/42cfr412_04.html) on the internet). This is done by making adjustments to the prospective payment rate. The SSI data is updated on an annual basis, and these data are one of the components used to determine an appropriate low-income percentage adjustment for each IRF.

Under the Long Term Care Hospital Prospective Payment System (LTCH PPS), the payment adjustment for short-stay outlier (SSO) cases is based on the calculation of an amount comparable to an amount that would otherwise be paid under the IPPS, i.e., the "IPPS comparable amount." (See 42 CFR §412.529 at [http://www.access.gpo.gov/nara/cfr/waisidx\\_04/42cfr412\\_04.html](http://www.access.gpo.gov/nara/cfr/waisidx_04/42cfr412_04.html) on the internet). The calculation of the "IPPS comparable amount" in the LTCH PPS SSO payment adjustment includes an IPPS comparable adjustment for the costs of serving a disproportionate share of low-income patients, where applicable, which utilizes SSI data (see §412.529(d)(4)). The best available SSI data are used in this calculation and generally is updated on an annual basis.

CR5846 provides links to the electronic files containing updated SSI/Medicare beneficiary data for determining additional payment amounts for hospitals with a disproportionate share of low-income patients. The data are used for settlement purposes for IPPS hospitals and Inpatient Rehabilitation Facilities (IRFs) with cost reporting periods beginning during FY 2006 (cost reporting periods beginning on or after October 1, 2005 and before October 1, 2006).

The files are located at the following CMS website addresses:

- The IPPS data is available at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html> on the CMS website;
- The IRF PPS data is at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/index.html>; and

The LTCH PPS data is at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/LongTermCareHospitalPPS/index.html> on the CMS website.

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Note that the cost settlement requirements (requirements 5846.2 and 5846.3) in CR5846 do not apply to LTCH PPS as the SSI ratio is only used in determining the payment adjustment for short stay outlier cases.

## Additional Information

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The official instruction, CR5846, issued to your Medicare FI and A/B MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1396CP.pdf> on the CMS website.

If you have any questions, please contact your Medicare FI or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

***News Flash*** - It's seasonal flu time again! If you have Medicare patients who haven't yet received their flu shot, you can help them reduce their risk of contracting the seasonal flu and potential complications by recommending an annual influenza and a one-time pneumococcal vaccination. Medicare provides coverage for flu and pneumococcal vaccines and their administration. – And don't forget to immunize yourself and your staff. Protect yourself, your patients, and your family and friends. Get Your Flu Shot – Not the Flu! Remember - Influenza vaccination is a covered Part B benefit but the influenza vaccine is NOT a Part D covered drug. Health care professionals and their staff can learn more about Medicare's coverage of adult immunizations and related provider education resources, by reviewing Special Edition *MLN Matters* article SE0748 at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/SE0748.pdf> on the CMS website.

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