

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services



MLN Matters® Number: MM9648

Related Change Request (CR) #: CR 9648

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Implementation Date: August 16, 2016

The Supplemental Security Income/Medicare Beneficiary Data for Fiscal Year 2014 for Inpatient Prospective Payment System Hospitals, Inpatient Rehabilitation Facilities, and Long Term Care Hospitals

Provider Types Affected

This MLN Matters® Article is intended for Inpatient Prospective Payment System (IPPS) hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCHs) submitting claims to Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

What You Need to Know

Change Request (CR) 9648 provides updated data for determining the disproportionate share adjustment for IPPS hospitals and the Low Income Patient (LIP) adjustment for IRFs as well as payments as applicable for LTCH discharges (for example, discharges paid the IPPS comparable amount under the short-stay outlier payment adjustment).

Background

The Supplemental Security Income (SSI)/Medicare beneficiary data for hospitals are available electronically and contain the:

- Name of the hospital
- Centers for Medicare & Medicaid Services (CMS) certification number
- SSI days
- Total Medicare days, and
- The ratio of Medicare Part A patient days attributable to SSI recipients

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The files are located on the CMS website addresses 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>
- **LTCH:** <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) 2014 (cost reporting periods beginning on or after October 1, 2013, and before October 1, 2014), except when explicitly directed otherwise by CMS.

CMS expects hospitals will express interest in revising the worksheet S-10 submitted with their FY 2014 cost reports. MACs are working on separate instructions to provide you with guidance for responding to and reviewing hospitals' worksheet S-10 data. MACs shall accept a hospital's request to amend its FY 2014 worksheet S-10, but hold off on settlement of FY 2014 cost reports until CMS issues further instructions

Additional Information

The official instruction, CR9648 issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1681OTN.pdf>.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index.html> under - How Does It Work.

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