The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year (FY) 2019 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCHs)

MLN Matters Number: MM12516
Related Change Request (CR) Number: 12516
Related CR Release Date: November 16, 2021
Effective Date: December 17, 2021
Related CR Transmittal Number: R11127COM
Implementation Date: December 17, 2021

Provider Types Affected

This MLN Matters Article is for IPPS hospitals, IRFs, and LTCHs billing Medicare Administrative Contractors (MACs) for services they provide to Medicare patients.

Provider Action Needed

In this Article, you'll learn about:

- Updated data that decides the Disproportionate Share (DSH) adjustment for IPPS hospitals
- The Low-Income Patient (LIP) adjustment for IRFs
- Payments, as applicable, for LTCH discharges

Make sure your billing staff knows about these changes.

Background

Medicare makes an additional payment to IPPS hospitals serving a disproportionate share of LIPs. CMS makes that payment by multiplying the federal portion of the Diagnosis-Related Group (DRG) payment by the DSH adjustment factor reduced by 75. (See 42 Code of Federal Regulations (CFR) 412.106.) Under IRF PPS, IRFs get an additional payment amount to account for the cost of providing care to LIPs. The additional payment is decided by multiplying the federal prospective payment by the LIP adjustment formula. (See 42 CFR 412.624(e)(2).)

Under the LTCH PPS, certain discharges require the calculation of an amount comparable to the amount otherwise paid under the IPPS (that's, the "IPPS comparable amount.") which
includes an “IPPS Comparable” DSH adjustment, where applicable, that we decide using the
best available SSI data at the time of claim payment (See 42 CFR 412.529(d)(4)).

Updated Medicare Files
The SSI/Medicare beneficiary data for hospitals are available electronically and has the name of
the hospital, CMS certification number, SSI days, Medicare days, and the ratio of days for
patients eligible to Medicare Part A attributable to SSI recipients. The files are at the following
CMS website addresses:

- IPPS: IPPS
- IRF: IRF
- LTCH: LTCH

We use the data for settlement purposes for IPPS hospitals and IRFs with cost reporting periods
beginning and during FY 2019 (cost reporting periods beginning on or after October 1, 2018,
and before October 1, 2019), except when directed otherwise.

For IPPS hospitals in the Ninth Circuit’s jurisdiction (Alaska, Arizona, California, Hawaii, Idaho,
Montana, Nevada, Oregon and Washington), these ratios include only “covered days” to reflect
the decision of the 9th Circuit in Empire Health Foundation v. Azar (currently pending before the
Supreme Court), to preliminarily settle cost reports.

For all other hospitals, the methodology for calculating FY 2019 SSI ratios uses total Medicare
days, which is consistent with existing regulations.

More Information

We issued CR 12516 to your MAC as the official instruction for this change.

For more information, find your MAC’s website.

Document History

<table>
<thead>
<tr>
<th>Date of Change</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 16, 2021</td>
<td>Initial article released.</td>
</tr>
</tbody>
</table>

Disclaimer: Paid for by the Department of Health & Human Services. 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. CPT only copyright 2020 American Medical Association. All rights reserved.

Copyright © 2013-2021, the American Hospital Association, Chicago, Illinois. Reproduced by CMS with permission. No portion of
the AHA copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312-893-6816. Making copies or utilizing the content of the UB-04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816. You may also contact us at ub04@healthforum.com

The American Hospital Association (the “AHA”) has not reviewed, and is not responsible for, the completeness or accuracy of any information contained in this material, nor was the AHA or any of its affiliates, involved in the preparation of this material, or the analysis of information provided in the material. The views and/or positions presented in the material do not necessarily represent the views of the AHA. CMS and its products and services are not endorsed by the AHA or any of its affiliates.