CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1681	Date: July 15, 2016
	Change Request 9648

SUBJECT: The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year 2014 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCH)

I. SUMMARY OF CHANGES: These instructions notify Medicare Administrative Contractors (MACs) of the availability of updated data and instructions on how to access such 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. 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, SSI days, total Medicare days, and the ratio of Medicare Part A patient days attributable to SSI recipients.

EFFECTIVE DATE: August 16, 2016
*Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: August 16, 2016

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:
For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 1681	Date: July 15, 2016	Change Request: 9648

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I.   GENERAL INFORMATION

A.   Background: These instructions notify MACs of the availability of updated data and instructions on how to access such datafor determining the disproportionate share (DSH) adjustment for IPPS hospitals and the low income patient (LIP) adjustment for IRFs as well as payments as applicable for LTCH discharges. 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, SSI days, total Medicare days, and the ratio of Medicare Part A patient days attributable to SSI recipients. The files are located at the following CMS website addresses:

IPPS: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/dsh.html

IRF: 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.

These instructions also provide guidance for accepting FY 2014 amended cost reports from hospitals requesting to revise Worksheet S-10 (i.e., cost reports starting on or after October 1, 2013 and prior to October 1, 2014) in light of CMS's proposal to begin using Worksheet S-10 data to determine uncompensated care payments starting in FY 2018.

B.   Policy: 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, 2013, the additional payment is determined by multiplying the DRG payment by the DSH adjustment factor and reducing the resulting amount 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 applicable discharges is determined using the best available SSI data at the time of claim payment (See 42 CFR 412.529(d)(4)).

In the FY 2017 IPPS notice of proposed rulemaking, CMS proposed to begin using data from Worksheet S-10 in conjunction with low income insured days to determine uncompensated care payments for FY 2018. Over the next several months, in light of the possibility that CMS may finalize this proposal, we expect IPPS hospitals will express interest in revising the Worksheet S-10 submitted with their FY 2014 cost reports (i.e., cost reports starting on or after October 1, 2013 and prior to October 1, 2014). For these revised data to be available for use in determining uncompensated care payments for FY 2018 at the time of rulemaking, it is essential for MACs to accept amended cost reports due to revisions to Worksheet S-10 submitted by hospitals (or initial submissions of Worksheet S-10 if none had been submitted previously) and to upload them to the Health Care Provider Cost Report Information System (HCRIS) timely. 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, 2016. We note that the amended cost report must be received by the MAC by September 30, 2016. Submissions received on or after October 1, 2016 will not be accepted. This instruction applies only to Worksheet S-10 of FY 2014 cost reports for IPPS hospitals; revisions to Worksheet S-10 from other fiscal years, revisions to other worksheets of the FY 2014 cost reports, or revisions to Worksheet S-10 by non-IPPS hospitals are not subject to this instruction.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			D M E	Shared-System Maintainers				Other
		A	B	H H H	M A C	F I S S	M C S	V M S	C W F	
9648.1	Contractors shall update their IPPS, IRF, and LTCH provider specific files prospectively, within 30 days of the implementation date of this change request (CR), using the latest year's SSI Ratio that is posted to the CMS website as of the implementation date of this CR, except when explicitly directed otherwise by CMS.	X								
9648.2	MACs shall accept within 30 days of receipt an amended cost report from an IPPS hospital whose FY 2014 cost report is not settled for the purpose of revising Worksheet S-10 if the request is received by the MAC on or before September 30, 2016.	X								
9648.2.1	If an IPPS hospital whose FY 2014 cost report has been final settled requests to revise Worksheet S-10 for that FY 2014 cost report and the request is received on or before September 30, 2016, MACs shall 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 (RNPR) on or before October 31, 2016.	X								

Number	Requirement	Responsibility								
		A/B MAC			D M E MAC	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
9648.2.2	Cost reports amended to revise only Worksheet S-10 shall not require a tentative settlement.	X								
9648.3	For requests received on or before September 30, 2016, MACs shall upload the amended or RNPR FY 2014 cost reports with the revised Worksheet S-10 to HCRIS within 10 days of acceptance or issuance of the RNPR but not later than December 1, 2016.	X								
9648.4	For requests to amend or submit FY 2014 worksheet S-10 received after September 30, 2016, requests to revise other Worksheets of the FY 2014 cost reports, or requests to revise Worksheet S-10 from non-IPPS hospitals, MACs shall follow normal timelines and procedures.	X								

III.   PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E MAC	C E D I
		A	B	H H H		
9648.5	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X				

IV.   SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Cami DiGiacomo, cami.digiacomo@cms.hhs.gov (For questions about claims processing) , Susanne Seagrave, susanne.seagrave@cms.hhs.gov (For questions about IRF policy) , Emily Lipkin, emily.lipkin@cms.hhs.gov (For questions about LTCH PPS and DSH policy) , Kimberly Go, kimberly.go@cms.hhs.gov (For questions about the S-10 and uncompensated care payments)

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0