



## The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year 2018 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCHs)

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Related Change Request (CR) Number: 11679

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### PROVIDER TYPES AFFECTED

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This MLN Matters article is for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long-Term Care Hospitals (LTCHs) billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

### WHAT YOU NEED TO KNOW

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CR 11679 provides updated data for determining the Disproportionate Share (DSH) adjustment for IPPS hospitals and the low-income patient (LIP) adjustment for IRFs. It also updates payments as applicable for LTCH discharges (such as those paid the IPPS comparable amount under the short-stay outlier payment adjustment). The Supplemental Security Income (SSI)/Medicare beneficiary data for hospitals are available electronically and contain the name of the hospital, the Centers for Medicare & Medicaid Services (CMS) certification number, SSI days, total Medicare days, and the ratio of days for patients entitled to Medicare Part A attributable to SSI recipients. These files are available at:

- IPPS: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/dsh>
- IRF: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/SSIData>
- LTCH: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/LongTermCareHospitalPPS/download>

The data are used for settlement purposes for IPPS hospitals and IRFs with cost-reporting periods beginning and during Fiscal Year (FY) 2018 (cost-reporting periods beginning on or after October 1, 2017, and before October 1, 2018), except when explicitly directed otherwise by CMS.

## BACKGROUND

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Section 9105 of the Consolidated Omnibus Budget Reconciliation Act of 1985 provides that for discharges occurring on or after May 1, 1986, there is an additional payment to IPPS hospitals serving a disproportionate share of low-income patients. The additional payment occurs by multiplying the Federal portion of the Diagnosis-Related Group (DRG) payment by the 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 at <https://www.govinfo.gov/content/pkg/CFR-2010-title42-vol2/pdf/CFR-2010-title42-vol2-sec412-106.pdf>. Under the IRF Prospective Payment System (PPS), IRFs will 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 Code of Federal Regulations (CFR) 412.624(e)(2), available at <https://www.govinfo.gov/content/pkg/CFR-2014-title42-vol2/pdf/CFR-2014-title42-vol2-sec412-624.pdf>.)

Under the LTCH PPS, the payment adjustment for Short-Stay Outlier (SSO) cases at 42 CFR 412.529 requires calculation of an amount comparable to the amount that otherwise is paid under the IPPS (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) at <https://www.govinfo.gov/content/pkg/CFR-2011-title42-vol2/pdf/CFR-2011-title42-vol2-sec412-529.pdf>.)

## ADDITIONAL INFORMATION

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The official instruction, CR 11679, issued to your MAC regarding this change is available at <https://www.cms.gov/files/document/r2444otn.pdf>.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

## DOCUMENT HISTORY

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Date of Change	Description
March 13, 2020	Initial article released.

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