



News Flash – The revised Medicare Disproportionate Share Hospital Fact Sheet (April 2009), which provides information about methods to qualify for the Medicare Disproportionate Share Hospital (DSH) adjustment; Medicare Prescription Drug, Improvement, and Modernization Act of 2003 and Deficit Reduction Act of 2005 provisions that impact Medicare DSHs; number of beds in hospital determination; and Medicare DSH payment adjustment formulas, can be accessed at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Disproportionate_Share_Hospital.pdf on the Centers for Medicare & Medicaid Services website.

MLN Matters® Number: MM6530 Related Change Request (CR) #: 6530

Related CR Release Date: July 24, 2009 Effective Date: August 7, 2009

Related CR Transmittal #: R1774CP Implementation Date: August 7, 2009

Note: This article was updated on December 28, 2012, to reflect current Web addresses. All other

information remains unchanged.

The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year 2007 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) 6530 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

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. See

http://www.cms.gov/Medicare/Medicare-Fee-for-Service-

Payment/AcuteInpatientPPS/index.html and

http://www.cms.gov/Medicare/Medicare-Fee-for-Service-

<u>Payment/AcuteInpatientPPS/dsh.html</u> on the Centers for Medicare & Medicaid Services (CMS) website.

Under the Inpatient Rehabilitation Facilities 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 Section 412.624(e)(2) at http://edocket.access.gpo.gov/cfr_2008/octqtr/pdf/42cfr412.624.pdf on the Internet.

Under the Long Term Care Hospital (LTCH) PPS, the payment adjustment for short-stay outlier (SSO) cases is based on the calculation of an amount comparable to the amount that would otherwise be paid under the IPPS (i.e., the "IPPS comparable amount."). See 42 CFR Section 412.529 at http://edocket.access.gpo.gov/cfr_2008/octqtr/pdf/42cfr412.529.pdf 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 42 CFR Section 412.529(d)(4)).

Change Request (CR) 6530 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 SSI/Medicare beneficiary data for hospitals contains the name of the hospital, provider number, SSI days, total Medicare days, and the ratio of Medicare Part A patient days attributable to SSI recipients. The data are used for settlement purposes for IPPS hospitals and IRFs with cost reporting periods beginning during Fiscal Year (FY) 2007 (cost reporting periods beginning on or after October 1, 2006 and before October 1, 2007).

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.

The files are located at the following 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 www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/index.html on the CMS website;
- The LTCH PPS data is at www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/LongTermCareHospitalPPS/index.html on the CMS website.

Additional Information

The official instruction, CR 6530, issued to your Medicare FI and A/B MAC regarding this change may be viewed at http://www.cms.gov/Regulations-and-Guidance/Transmittals/downloads/R1774CP.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.

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.