



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)

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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

Date of Change	Description
November 16, 2021	Initial article released.

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