

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1396	Date: DECEMBER 14, 2007
	Change Request 5846

SUBJECT: The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year (FY) 2006 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCHs)

I. SUMMARY OF CHANGES: This instruction provides updated data for determining additional payment amounts for hospitals with a disproportionate share of low income patients. The data contained within the files is used for interim payments and for cost settlement purposes.

NEW / REVISED MATERIAL

EFFECTIVE DATE: *January 4, 2008

IMPLEMENTATION DATE: January 4, 2008

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	

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

SECTION B: 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

**Unless otherwise specified, the effective date is the date of service.*

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 1396	Date: December 14, 2007	Change Request: 5846
-------------	-------------------	-------------------------	----------------------

SUBJECT: The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year 2006 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCHs)

EFFECTIVE DATE: January 4, 2008

IMPLEMENTATION DATE: January 4, 2008

I. GENERAL INFORMATION

A. Background: This instruction provides updated data for determining additional payment amounts for hospitals with a disproportionate share of low-income patients. The SSI/Medicare beneficiary data for hospitals are available electronically and contains the name of the hospital, provider number, SSI days, covered Medicare days, and the ratio of Medicare Part A patient days attributable to SSI recipients. The files are located at the following CMS Web site addresses:

IPPS

http://www.cms.hhs.gov/AcuteInpatientPPS/05_dsh.asp#TopOfPage

IRF PPS

http://www.cms.hhs.gov/InpatientRehabFacPPS/05_SSIData.asp#TopOfPage

LTCH PPS

http://www.cms.hhs.gov/LongTermCareHospitalPPS/08_download.asp#TopOfPage

The data are used for settlement purposes for IPPS hospitals and IRFs with cost reporting periods beginning during FY 2006 (cost reporting periods beginning on or after October 1, 2005 and before October 1, 2006).

B. Policy: Section 9105 of The Consolidated Omnibus Reconciliation Act of 1985 (COBRA) provides additional payment amounts for IPPS hospitals with a disproportionate share of low-income patients. This is done by making adjustments to the prospective payment rate.

Under the IRF PPS (42 CFR §412.624(e)(2)), IRFs receive additional payment amounts to account for the cost of furnishing care to low-income patients. This is done by making adjustments to the prospective payment rate. The SSI data is updated on an annual basis and these data are one of the components used to determine an appropriate low-income percentage adjustment for each IRF.

Under the LTCH PPS, the payment adjustment for short-stay outlier (SSO) cases at §412.529 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.”). 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 §412.529(d)(4)). The best available SSI data are used in this calculation and generally is updated on an annual basis.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)								
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers			
F I S S	M C S						V M S	C W F		
5846.1	Contractors shall update their IPPS, IRF, and LTCH provider specific files no later than January 4, 2008.	X		X						
5846.2	Contractors shall make a final determination of a hospital's (IPPS and IRF) eligibility for any disproportionate share / low income payment adjustment at the year-end settlement of the hospital's cost report.	X		X						
5846.3	Contractors shall make a final determination of a hospital's (IPPS and IRF) amount of any disproportionate share / low income payment adjustment at the year-end settlement of the hospital's cost report.	X		X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)								
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers			
F I S S	M C S						V M S	C W F		
5846.4	<p>A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your 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.</p>	X		X						

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
5846.2 and 5846.3	These requirements do <u>not</u> apply to LTCH PPS as the SSI ratio is only used in determining the payment adjustment for short stay outlier cases (that is, the "IPPS comparable amount," which includes an IPPS comparable adjustment for the costs of serving a disproportionate share of low-income patients, where applicable). The best available data are used in this calculation and there is no settlement.

B. For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Claims Processing: Sarah.Shirey-Losso@cms.hhs.gov

Policy: Joanne.Cerne@cms.hhs.gov

Post-Implementation Contact(s): Regional Office

VI. FUNDING

A. For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

B. For Medicare Administrative Contractors (MAC):

The Medicare Administrative Contractor (MAC) is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as changes to the MAC Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified 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.