CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-09 Medicare Contractor Beneficiary and Provider Communications	Centers for Medicare & Medicaid Services (CMS)
Transmittal: 12562	**Date: March 28, 2024**
	Change Request 13569

SUBJECT: The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year (FY) 2022 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCHs)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide updated data for determining the disproportionate share adjustment for IPPS hospitals and the low-income patient adjustment for IRFs, as well as payments as applicable for LTCH discharges (e.g., discharges paid by the IPPS comparable amount under the short-stay outlier payment adjustment). The SSI/Medicare beneficiary data for hospitals are available electronically and contains the name of the hospital, CMS certification number, SSI days, Medicare days, and the ratio of days for patients entitled to Medicare Part A attributable to SSI recipients.

EFFECTIVE Date: April 29, 2024
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: April 29, 2024

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:

Recurring Update Notification

Attachment - Recurring Update Notification

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EFFECTIVE DATE April 29, 2024
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I. GENERAL INFORMATION

A. Background: These instructions provide updated data for 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 (e.g., paid by the IPPS comparable amount under the short-stay outlier payment adjustment). The SSI/Medicare beneficiary data for hospitals are available electronically and contains the name of the hospital, CMS certification number, SSI days, Medicare days, and the ratio of days for patients entitled to Medicare Part A 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 is used for settlement purposes for IPPS hospitals and IRFs with cost reporting periods beginning and during FY 2022 (cost reporting periods beginning on or after October 1, 2021, and before October 1, 2022), except when explicitly directed otherwise by CMS.

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 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 Code of Federal Regulations (CFR) 412.106.) Under 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 CFR 412.624(e)(2).)

Under the LTCH PPS, certain discharges require the calculation of an amount comparable to the amount that would otherwise be paid under the IPPS (i.e., the "IPPS comparable amount.") which 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)).

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13569.1	Contractors shall update their IPPS, IRF, and LTCH provider specific files prospectively, within 30 days of the implementation date of this 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								

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

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

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

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
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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