CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1863	Date: June 30, 2017
	Change Request 10026

SUBJECT: The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year 2015 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCH)

I. SUMMARY OF CHANGES: These instructions 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 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, total Medicare days, and the ratio of days for patients entitled to Medicare Part A attributable to SSI recipients.

EFFECTIVE DATE: July 31, 2017

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

IMPLEMENTATION DATE: July 31, 2017

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:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20 | Transmittal: 1863 | Date: June 30, 2017 | Change Request: 10026

SUBJECT: The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year 2015 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCH)

EFFECTIVE DATE: July 31, 2017

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IMPLEMENTATION DATE: July 31, 2017

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 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, total 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 are used for settlement purposes for IPPS hospitals and IRFs with cost reporting periods beginning during fiscal year (FY) 2015 (cost reporting periods beginning on or after October 1, 2014, and before October 1, 2015), except when explicitly directed otherwise by CMS.

These instructions also provide guidance for accepting FY 2015 amended cost reports from hospitals requesting to revise Worksheet S-10 (i.e., cost reports starting on or after October 1, 2014 and prior to October 1, 2015) in light of CMS's proposal to begin using Worksheet S-10 data to determine uncompensated care payments starting in FY 2019.

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 CFR 412.106.) Under IRF prospective payment system (PPS), IRFs 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, the payment adjustment for short-stay outlier (SSO) cases at 42 CFR 412.529 requires the calculation of an amount comparable to the amount that would otherwise be paid under the IPPS (i.e., 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)).

In the FY 2018 IPPS notice of proposed rulemaking, CMS proposed to begin using data from Worksheet S-10 in conjunction with low income insured days to determine uncompensated care payments for FY 2018. Over the next several months, in light of the possibility that CMS may finalize this proposal, we expect IPPS hospitals will express interest in revising the Worksheet S-10 submitted with their FY 2015 cost reports (i.e., cost reports starting on or after October 1, 2014 and prior to October 1, 2015). For these revised data to be available at the time of rulemaking for FY 2019, it is essential for MACs to accept amended cost reports due to revisions to Worksheet S-10 submitted by hospitals (or initial submissions of Worksheet S-10 if none had been submitted previously) and to upload them to the Health Care Provider Cost Report Information System (HCRIS) timely. For revisions to be considered, hospitals must submit their amended cost report containing the revised Worksheet S-10 (or a completed Worksheet S-10 if no data had been included on the previously submitted cost report) no later than September 30, 2017. We note that the amended cost report must be received by the MAC by September 30, 2017. Submissions received on or after October 1, 2017 will not be accepted. We also note, providers should follow the current requirements for electronic submission of cost reports found at 42 CFR §413.24(f)(4), which specify "a provider must submit a hard copy of a settlement summary, a statement of certain worksheet totals found within the electronic file, and a statement signed by its administrator or chief financial officer certifying the accuracy of the electronic file or the manually prepared cost report." (See 42 CFR §413.24(f)(4)(iv).) This instruction applies only to Worksheet S-10 of FY 2015 cost reports for IPPS hospitals; revisions to Worksheet S-10 from other fiscal years, revisions to other worksheets of the FY 2015 cost reports, or revisions to Worksheet S-10 by non-IPPS hospitals are not subject to this instruction.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
			A/B		D		Sha			Other
		N	MA(\mathbb{C}	M		Sys			
			ı	ı	Е	M	aint		ers	
		A	В	Н		F	M		C	
				Н	M	_	C	M		
				Н	A C	S S	S	S	F	
10026.1	Contractors shall update their IPPS, IRF, and LTCH	X				~				
	provider specific files prospectively, within 30 days of									
	the implementation date of this change request (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.									
	CIVIS.									
10026.2	MACs shall accept within 30 days of receipt an	X								
	amended cost report from an IPPS hospital whose FY									
	2015 cost report is not settled for the purpose of									
	revising Worksheet S-10 if the request is received by									
	the MAC on or before September 30, 2017.									
10026.2.1	If an IPPS hospital whose FY 2015 cost report has	X								
	been final settled requests to revise Worksheet S-10									
	for that FY 2015 cost report and the request is									
	received on or before September 30, 2017, MACs									
	shall issue a Notice of Reopening in order to accept									
	the revisions to or newly submitted Worksheet S-10									
	and issue a revised notice of program reimbursement									

Number	Requirement	Responsibility								
		A/B MAC					Sys	red- tem aine	Other	
		A	В	H H H	M A C	F	M	V	C W F	
	(RNPR) on or before October 31, 2017.									
10026.2.2	Cost reports amended to revise only Worksheet S-10 shall not require a tentative settlement.	X								
10026.3	For requests received on or before September 30, 2017, MACs shall upload the amended or RNPR FY 2015 cost reports with the revised Worksheet S-10 to HCRIS within 10 days of acceptance or issuance of the RNPR but not later than December 1, 2017.	X								
10026.4	For requests to amend or submit FY 2015 worksheet S-10 received after September 30, 2017, requests to revise other Worksheets of the FY 2015 cost reports, or requests to revise Worksheet S-10 from non-IPPS hospitals, MACs shall follow normal timelines and procedures.	X								

III. PROVIDER EDUCATION TABLE

Number	Requirement	Re	spoi	nsib	ility	,
			A/B		D	C
		1	MA(2	M	E
					Е	
		Α	В	Н]
				Н	M	
				Н	A	
					C	
10026.5	MLN Article: A provider education article related to this instruction will be	X				
	available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-					
	Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will					
	receive notification of the article release via the established "MLN Matters"					
	listsery. Contractors shall post this article, or a direct link to this article, on their					
	Web sites and include information about it in a listsery message within 5					
	business days after receipt of the notification from CMS announcing the					
	availability of the article. In addition, the provider education article shall be					
	included in the contractor's 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.					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Susanne Seagrave, susanne.seagrave@cms.hhs.gov (For questions about IRF policy), Emily Lipkin, emily.lipkin@cms.hhs.gov (For questions about LTCH PPS and DSH policy), Cami DiGiacomo, cami.digiacomo@cms.hhs.gov (For questions about claims processing), Kimberly Go, kimberly.go@cms.hhs.gov (For questions about the S-10 and uncompensated care payments)

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

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0