The Medicare statute provides that a hospital that serves a "significantly disproportionate number of low-income patients" may receive an additional payment for treating Medicare patients, known as the disproportionate-share-hospital adjustment. 42 U.S.C. 1395ww(d)(5)(F)(i)(I) and (ii). The statute directs the Secretary of Health and Human Services to calculate a hospital's disproportionate-share-hospital adjustment (if any) using a formula that is based principally on the sum of two separate proxy measures of the proportion of low-income patients the hospital serves. The first proxy measure, known as the Medicare fraction, is the percentage of all patient days of individuals who were "entitled to benefits under [Medicare] part A" and who were also entitled to supplemental-security-income benefits. 42 U.S.C. 1395ww(d)(5)(f)(vi)(I). The second proxy measure, known as the Medicaid fraction, is the percentage of all of a hospital's patient days that are attributable to individuals who were eligible for Medicaid coverage but who were not entitled to Medicare Part A benefits. 42 U.S.C. 1395ww(d)(5)(f)(vi)(II). The question presented is as follows:

Whether the Secretary has permissibly included in a hospital's Medicare fraction all of the hospital's patient days of individuals who satisfy the requirements to be entitled to Medicare Part A benefits, regardless of whether Medicare paid the hospital for those particular days.