

A healthcare professional in blue scrubs is shown from the chest down, holding a white tablet with both hands. A stethoscope is draped around their neck, and a pen is tucked into a pocket on the right side of their scrubs. The background is a blurred, bright blue-green, suggesting a clinical or hospital setting.

Mississippi Medicaid SFY 20 DRG Update for July 1, 2019

Payment Method Development
Government Healthcare Solutions
MSI19050

Topics

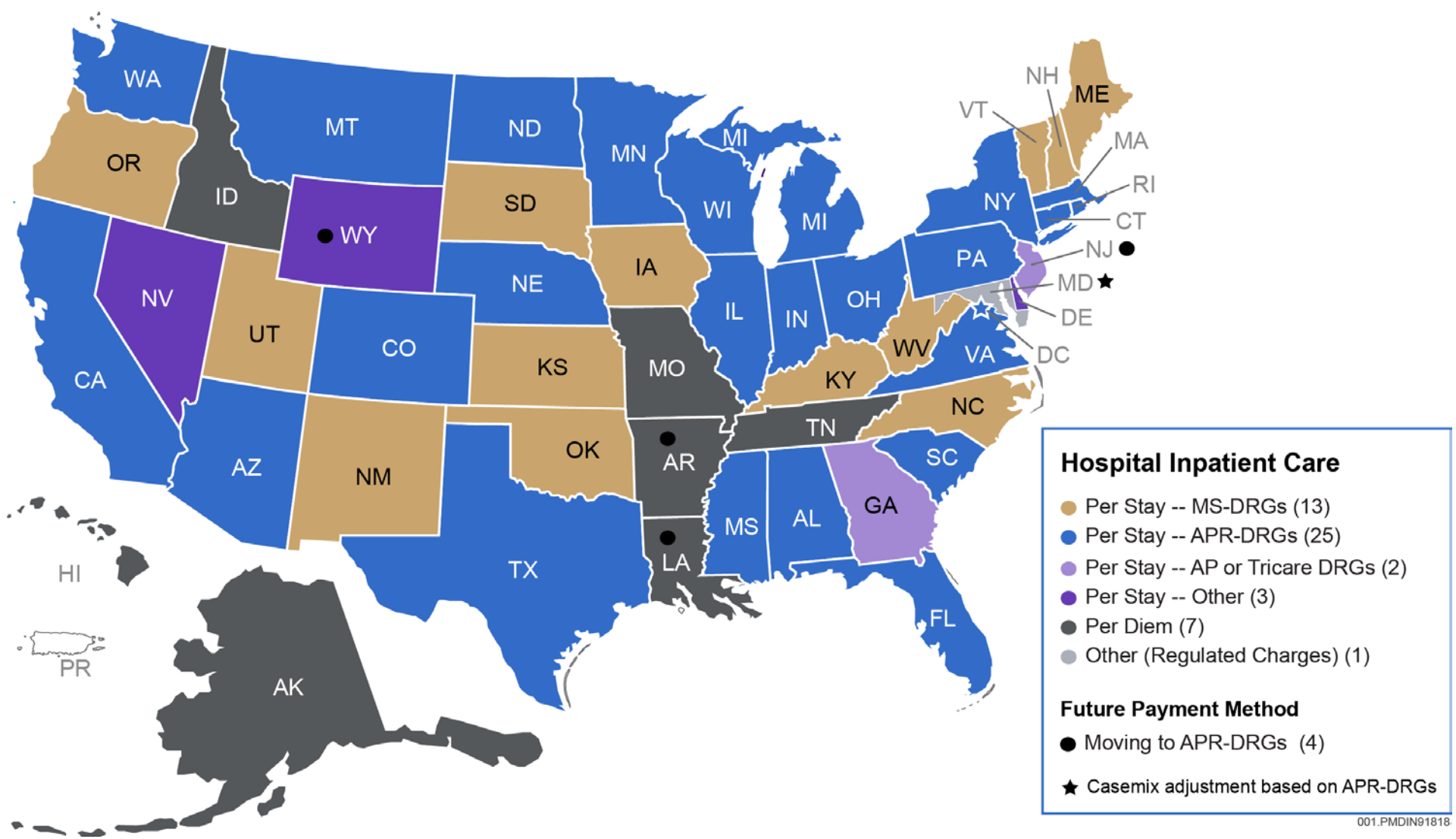
1. Overview
2. SFY 20 updates
 - Decision to remain on APR-DRG V.35
 - Policy changes
3. Datasets and utilization
4. Simulation overview and impacts
5. Looking to the future

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Overview

Overview

How states pay for inpatient care



- A majority of states, as well as the District of Columbia, use or will use APR-DRGs for fee-for-service (FFS) Medicaid
- All the largest states have implemented APR-DRGs
- APR-DRGs account for 67% of the FFS inpatient Medicaid dollars

Principles of DRG payment

- **Value purchasing:** DRGs define “the product of a hospital,” enabling greater understanding of the services provided and purchased
 - DRGs reward better diagnosis and procedure coding, which should be complete, accurate and defensible
- **Fairness:** Statewide base rate with outlier policy for expensive stays
- **Efficiency:** Because payment does not depend on hospital-specific costs or charges, hospitals are rewarded for improving efficiency, such as reductions in lengths of stay
- **Access:** Higher DRG payment for sicker patients encourages access to care across the range of patient conditions
- **Transparency:** Payment methods and calculations on the DRG webpage
- **Reduce administrative burden:** Under DRG payment, a hospital receives final payment for a stay shortly after it submits a claim, without the expense and delay of a cost settlement process
- **Quality:** Sets foundation for improvement of outcomes

History of the DRG project

Timeline:

- State Fiscal Year (SFY) 13 (Year 1): Implementation October 1, 2012, with APR-DRG V.29
- SFY 14 (Years 1-2): APR-DRG V.29 from July 2013 to September 2013; update to APR-DRG V.30 in October 2013
- SFY 15 (Year 3): July 2014-June 2015, APR-DRG V.31
- SFY 16 (Year 4): July 2015-June 2016, APR-DRG V.32 (ICD-10 implemented Oct. 1, 2015)
- SFY 17 (Year 5): July 2016-June 2017, APR-DRG V.33
- SFY 18 (Year 6): July 2017-June 2018, APR-DRG V.33 (no updates)
- SFY 19 (Year 7): July 2018-June 2019, APR-DRG V.35
- SFY 20 (Year 8): July 2019-June 2020, APR-DRG V.35 (no change to grouper or weights)

History (continued)

- DRG payment is used for all Mississippi Medicaid inpatient acute care stays
 - Presently, Medicaid covers hospital inpatient services for Medicaid beneficiaries through FFS and coordinated care
 - December 1, 2015, managed care, referred to as coordinated care in MS, was expanded to include coverage of hospital inpatient services for beneficiaries enrolled in MississippiCAN, the coordinated care program
 - DRG payment applies to all inpatient care in all acute care hospitals, including general hospitals, long-term acute care, freestanding psychiatric hospitals, freestanding rehabilitation hospitals and critical access hospitals

Key resources

- Division of Medicaid's website at:
<https://medicaid.ms.gov/providers/reimbursement/>
 - FAQ
 - Quick tips
 - DRG calculator
 - Grouper settings document
 - DRG Information presentation

Key resources (continued)

<https://medicaid.ms.gov/providers/reimbursement/>

Reimbursement

Mississippi Division of Medicaid > Providers > Reimbursement

Home
> About
> Medicaid Coverage
> Programs
▼ Providers
Administrative Code
Billing Handbook

Inpatient Hospital Payment Method for Mississippi Medicaid

Hospital Inpatient APR-DRG Alert: July 1, 2019 updates

The Mississippi Division of Medicaid (DOM) is proposing the following changes to the hospital inpatient APR-DRG payment methodology effective for the payment of hospital inpatient claims for discharges on and after July 1, 2019:

The following APR-DRG parameters will be updated:

- Base Payment – will change from \$6,585 to \$6,731
- Neonate policy adjustor – will change from 1.40 to 1.25
- Pediatric mental health policy adjustor – will change from 2.00 to 1.85
- Adult mental health policy adjustor – will change from 1.60 to 1.50
- DRG Cost Outlier Threshold – will change from \$45,000 to \$48,500
- DRG Day Outlier per diem – will change from \$450 to \$675

SFY 20 updates

SFY 20 updates

The headlines

July 1, 2019, updates will be budget neutral relative to the current year policy

- These policy decisions are effective July 1, 2019:
 - APR-DRG grouper version and hospital-specific relative value (HSRV) weights remain on V.35
 - DRG base price decreases \$11 to \$6,574
 - Cost outlier threshold increases to \$47,000 to keep pace with charge inflation and maintain the target outlier pool
 - CCRs will be updated on October 1, 2019
 - Cost report year end 2018 for in-state hospitals
 - FFY 20 Final Rule for out-of-state hospitals

SFY 20 updates

3M changes to APR-DRG V.36

- 3M modified the database used to calculate DRG weights using two years of ICD-10 data (CYs 2016 and 2017)
- Dataset of 16 million ICD-10 claims based on Medicare, Medicaid and private insurance across a range of states
- 3M modified the APR-DRG grouping algorithm in order to make better use of ICD-10 specificity

This represents a transition from our prior year's data source to a more representative data set from multiple payer sources. Care must therefore be taken to scale (up or down) the relative weights provided within the calculation to fit the average spend of the target population. Those using the national weights based upon HCUP NIS data charges should make sure that the absolute value of relative weights match the expected pattern for approved local spending and, if need be, scale relative weights so as to match that expectation while keeping relative differences constant.

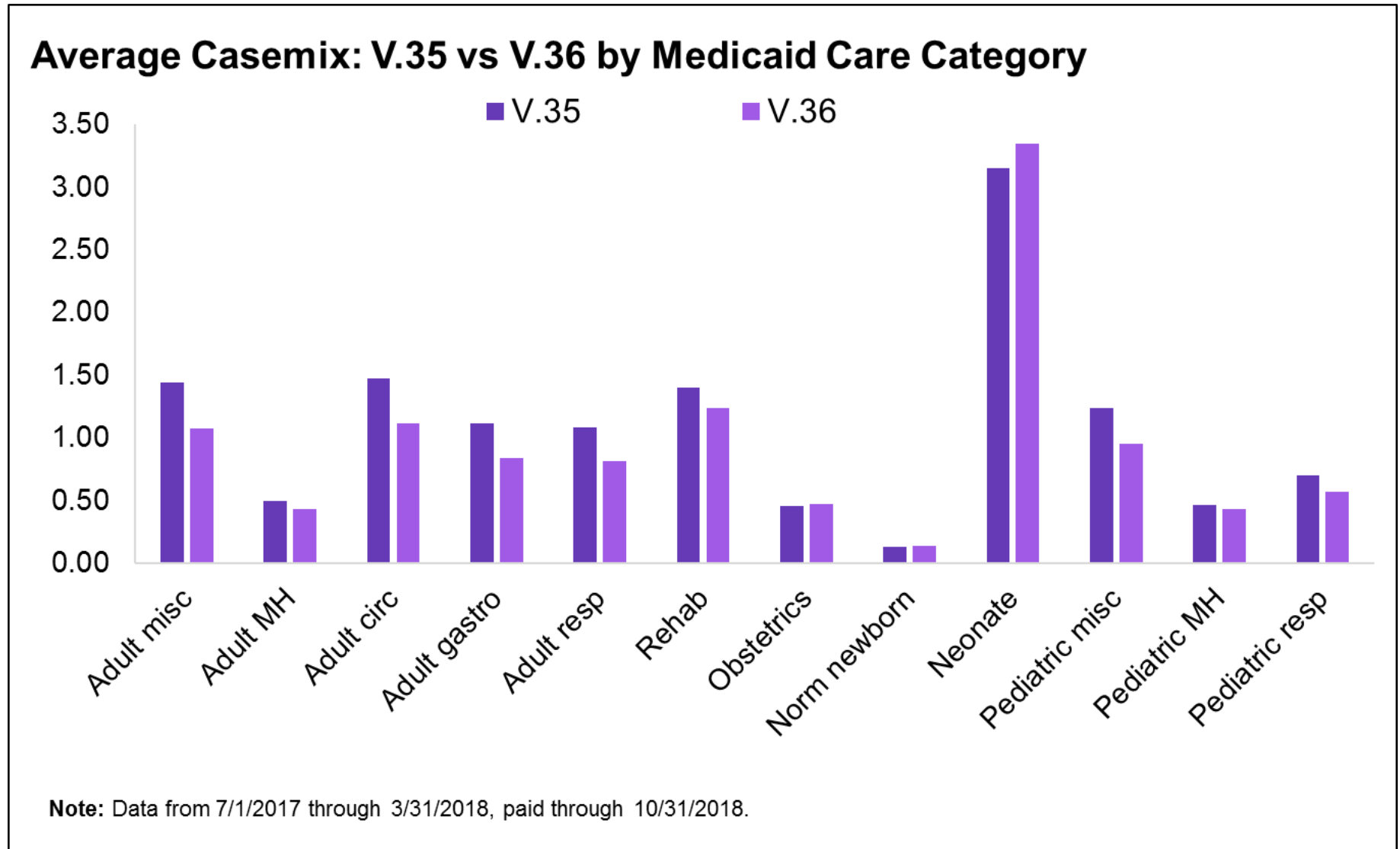
-3M Health Information Systems

SFY 20 updates

Impact of changes in APR-DRG V.36

Moving to V.36 HSRV grouper and weights would result in major changes:

- Majority of DRGs except for Maternity and Newborn DRGs see a substantial decrease, while Maternity and Newborn DRGs get an increase
- Decreases in casemix are largest for high severity of illness (SOI) DRGs



SFY 20 updates

Decision to use APR-DRG V.35

- Both the casemix and grouping changes in V.36 have substantial impacts
- Remaining on V.35 for SFY 20 will have multiple benefits:
 - Keep payment stable while we assess the impact of recent payment policy changes
 - Allow us to more fully understand the impact of the new weight distribution and consider how to respond to those changes
 - Provide the opportunity to assess the stability of 3M's new weight distribution going forward
 - Analysis of V.37 will be conducted to examine fluctuations in grouping and weights, as well as any potential impacts on Mississippi Medicaid and how to mitigate those impacts

SFY 20 updates

Policy history

Policy Decisions	SFY 16 (Year 4)	SFYs 17 and 18 (Years 5 and 6)	SFY 19 (Year 7)	SFY 20 (Year 8)
Calendar period	Jul. 1, 2015, to Jun. 30, 2016	Jul. 1, 2016, to Jun. 30, 2018	Jul. 1, 2018, to Jun. 30, 2019	Jul. 1, 2019, to Jun. 30, 2020
Budget target	Budget neutral to SFY 15 estimate, not including medical education	SFY 17: Budget neutral to SFY 16 estimate, not including medical education; SFY 18: No budget target	Budget neutral to SFY 18 estimate, not including medical education	Budget neutral to SFY 19 estimate, not including medical education
DRG base price	\$6,415	\$6,415	\$6,585	\$6,574
APR-DRG version	V.32	V.33	V.35	V.35
APR-DRG relative weights	V.32 HSRV weights	V.33 HSRV weights	V.35 HSRV weights	V.35 HSRV weights
Average casemix	0.75	0.76 (SFY 17), 0.78 (SFY 18)	0.76 (simulated)	0.76 (simulated)
Policy adjustor—pediatric MH	2.00	2.00	2.00	2.00
Policy adjustor—adult MH	1.60	1.60	1.60	1.60
Policy adjustor—obstetric	1.50	1.50	1.50	1.50
Policy adjustor—normal newborn	1.50	1.50	1.50	1.50
Policy adjustor—neonate	1.45	1.45	1.40	1.40
Policy adjustor—rehab	2.00	2.00	2.00	2.00
Policy adjustor—pediatric transplant	1.50	1.50	1.50	1.50
Policy adjustor—adult transplant	1.50	1.50	1.50	1.50
Policy adjustor—other	None	None	None	None
Cost outlier pool	Target 5%	Target 5%	Target 5%	Target 5%
Cost outlier threshold	\$50,000	\$50,000	\$45,000	\$47,000
Marginal cost percentage	50%	50%	60%	60%

SFY 20 updates

Policy history (continued)

Policy Decisions	SFY 16 (Year 4)	SFYs 17 and 18 (Years 5 and 6)	SFY 19 (Year 7)	SFY 20 (Year 8)
Calendar period	Jul. 1, 2015, to Jun. 30, 2016	Jul. 1, 2016, to Jun. 30, 2018	Jul. 1, 2018, to Jun. 30, 2019	Jul. 1, 2019, to Jun. 30, 2020
Day outlier threshold	19 days	19 days	19 days	19 days
Day outlier per diem payment	\$450	\$450	\$450	\$450
Interim claim per diem amount	\$850	\$850	\$850	\$850
Cost-to-charge ratios	Actual for LDOS + 1 year	Actual for LDOS + 2 years	Actual for LDOS + 2 years	Actual for LDOS + 2 years
Transfer adj discharge values	02, 05, 07, 63, 65, 66, 82, 85, 91, 93, 94	02, 05, 07, 63, 65, 66, 82, 85, 91, 93, 94	02, 05, 07, 63, 65, 66, 82, 85, 91, 93, 94	02, 05, 07, 63, 65, 66, 82, 85, 91, 93, 94
Pediatric age cutoff	Under age 21	Under age 21	Under age 21	Under age 21
Pricing logic	No change	No change	Charge Cap	Charge Cap
Medicaid Care Category definitions	No change	No change	New MCCs for pediatric and adult transplants	No change
Per diem treatment authorization threshold	19 days	19 days	19 days	19 days
Other aspects of payment method	Complication of care setting changed to "exclude only non-POA CoC codes"	No change	No change	No change

Datasets and utilization

Analytical and Baseline Datasets

Analytical Dataset: SFY 18 (Year 6)

- Analytical dataset consists of a 12-month period; 7/1/2017 – 6/30/2018 paid through 12/31/2018
- APR-DRG V.33 grouper and HSRV weights
- Total stays 94,620; total allowed as calculated by the DOM FFS payment system before medical education add-on and TPL deductions is \$594,461,931

Baseline Dataset: SFY 19 (Year 7)

- SFY 18 utilization paired with SFY 19 policy and hospital characteristics (cost-to-charge ratios)
- Charges increased for charge inflation (3.05%)
- APR-DRG V.35 grouper and HSRV weights
- Total stays 94,620; total allowed before medical education add-on and TPL deductions is \$592,818,230 (0.28% decrease from Analytical Dataset)

Simulation Dataset

Simulation Dataset: SFY 20 (Year 8)

- SFY 18 utilization paired with SFY 20 policy and hospital characteristics (cost-to-charge ratios)
 - Base rate \$6,574
 - Outlier threshold \$47,000
 - All other policies unchanged
- Baseline charges increased for charge inflation (3.05%)
- APR-DRG V.35 grouper and HSRV weights
- Budget neutral relative to SFY 19 Baseline
- Total stays 94,620; total allowed before medical education add-on and TPL deductions is \$592,795,692 (0.004% decrease from Baseline Dataset)

Fee-for-service vs Coordinated Care

- Fee-for-service (FFS) total 18,180 stays
- Coordinated Care Organization (CCO) total 76,440 stays
- FFS represented 19% of stays, 25% of days, and 27% of the allowed amount
- FFS patients were much sicker (casemix 1.18) on average than CCO patients (casemix 0.68)

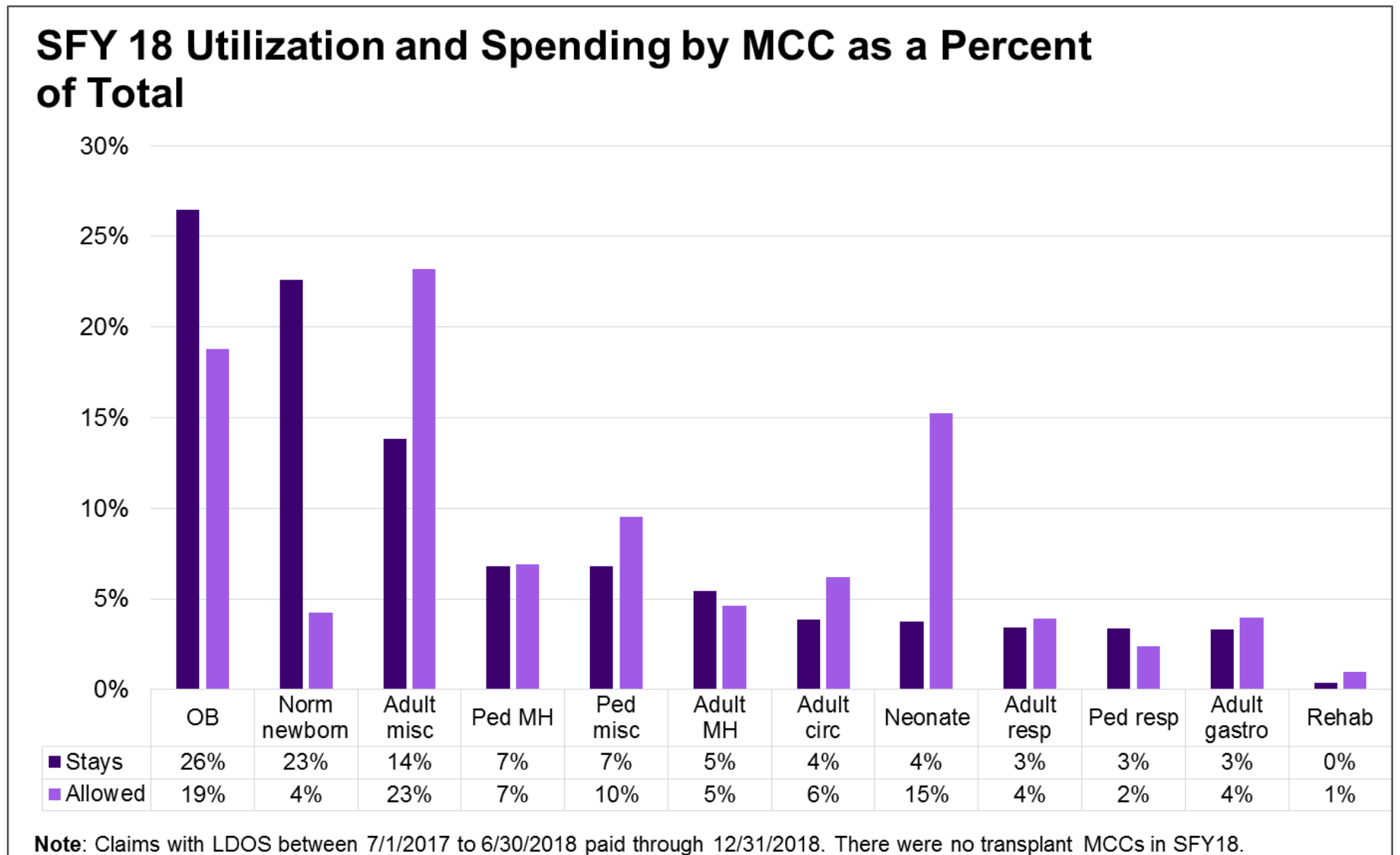
SFY 18 (Year 6) Analytical Dataset						
Funding Stream	Stays	Days	Charges	Allowed	ALOS	Casemix (V.33)
FFS	18,180	112,152	\$879,092,837	\$159,151,782	6.2	1.18
Magnolia	41,608	185,055	\$1,097,837,846	\$242,681,290	4.4	0.71
United	34,832	150,212	\$900,169,974	\$192,628,858	4.3	0.66
CCO subtotal	76,440	335,267	\$1,998,007,820	\$435,310,148	4.4	0.68
All-payer total	94,620	447,419	\$2,877,100,657	\$594,461,931	4.7	0.78
As a percentage of dataset total						
FFS	19%	25%	31%	27%	-	-
Magnolia	44%	41%	38%	41%	-	-
United	37%	34%	31%	32%	-	-
CCO subtotal	81%	75%	69%	73%	-	-
All-payer total	100%	100%	100%	100%	-	-

Notes:

1. Payment excludes hundreds of millions in supplementary payments to hospitals.
2. Claims with LDOS between 7/1/2017 to 6/30/2018 paid through 12/31/2018.
3. Total allowed is based on the MMIS calculation.
4. Allowed refers to the allowed amount before medical education add-ons and third party (TPL) and cost-share deductions.

SFY 18 utilization by Medicaid Care Category

- Maternity stays (Obstetrics and Normal Newborns) accounted for almost half of all stays, but only 23% of allowed
- Neonates accounted for only 4% of stays, but 15% of allowed amount
- Pediatrics (combined) accounted for 17% of stays, and 19% of allowed amount
- About 95% of claims price by straight DRG (remainder are 3% transfer, 1% outlier, 1% partial eligibility)



Simulation overview and impacts

Simulation overview and impacts

SFY 20 Simulation overview

- Analysis and simulation done using 94,620 stays from SFY 18 (7/1/17-6/30/18, paid through 12/31/18)
 - Simulation is not a forecast, since it does not reflect forecasts of eligibility and utilization
- Policy decisions:
 - Maintain V.35 of the HSRV weights (casemix does not change between Baseline and Simulation)
 - Adjust outlier threshold from \$45,000 to \$47,000
 - Adjust base rate from \$6,585 to \$6,574
 - All other payment policies unchanged

SFY 20 (Year 8) Simulation Parameters			
Metric	SFY 18 Analytical Dataset	SFY 19 Baseline	SFY 20 Simulation
Stays	94,620	94,620	94,620
Base price	\$6,415	\$6,585	\$6,574
Allowed	\$594,461,931	\$592,818,230	\$592,795,692
Change from baseline	-	-	0.0%
Outlier pool	3.8%	4.9%	5.0%

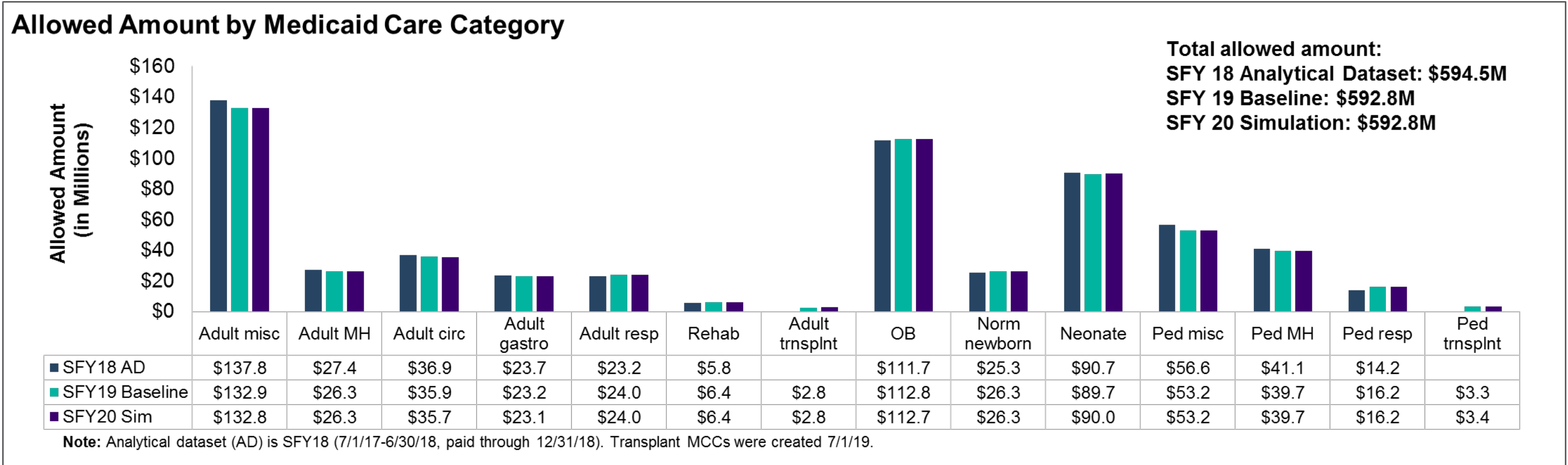
Notes:

1. Allowed amount excludes hundreds of millions in supplemental payments to hospitals. Medical education payments also are not included in allowed amount.
2. Claims with LDOS between 7/1/2017 to 6/30/2018 paid through 12/31/2018.

Simulation overview and impacts

Impact on allowed amount

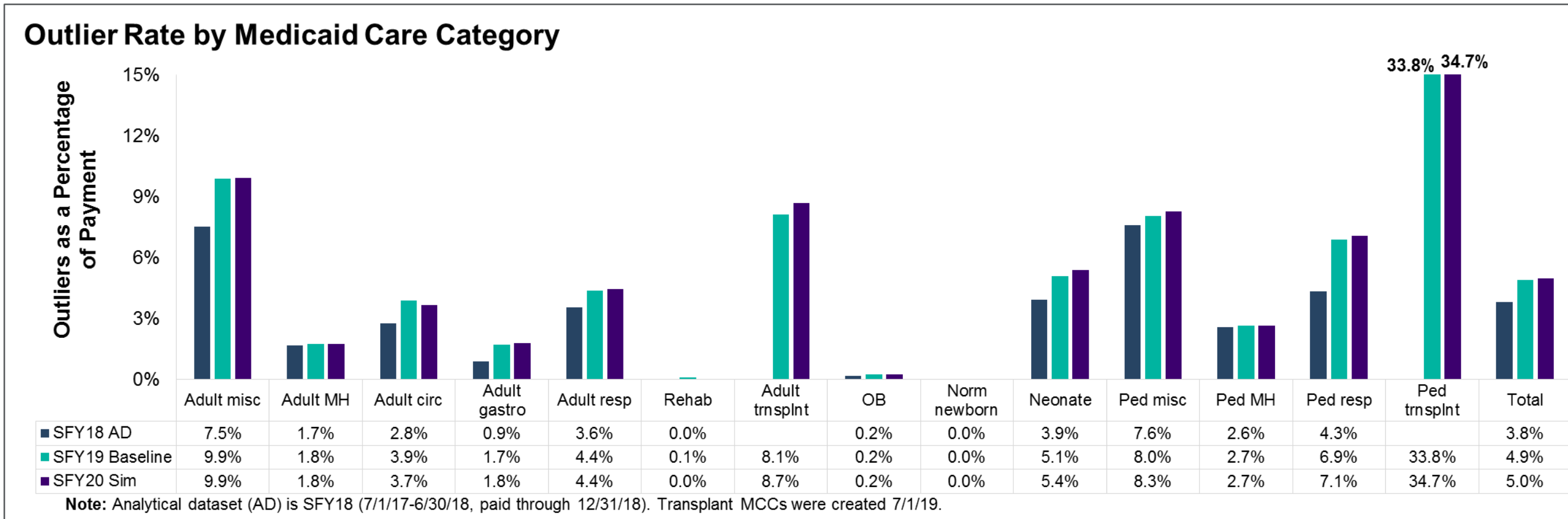
- Base rate decreases from \$6,585 to \$6,574 and achieves overall budget neutrality
- The allowed amount shown is before medical education, third party liability, cost sharing, and supplemental payments



Simulation overview and impacts

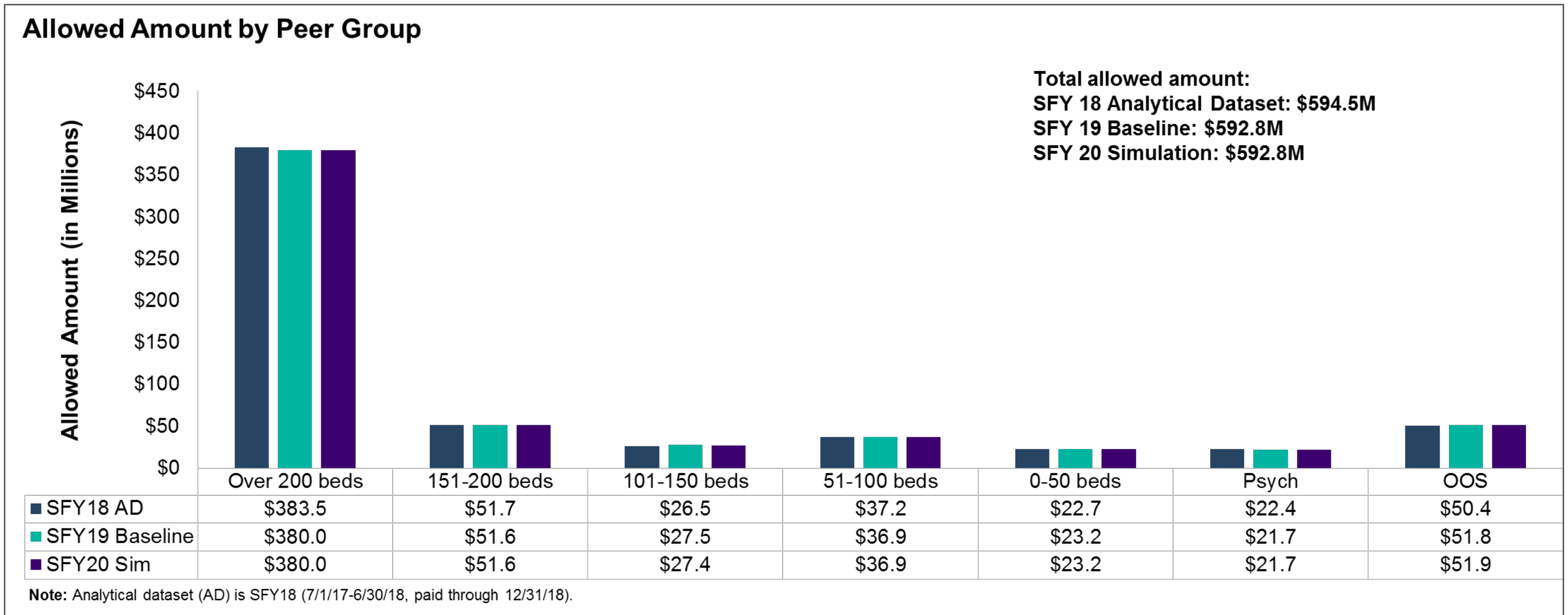
Impact on outlier payment

- Overall outlier pool is maintained at target 5%
 - Outlier threshold increases from \$45,000 to \$47,000
 - Marginal rate remains at 60%
 - Charges go up every year, so it's necessary to adjust outlier parameters to hit target outlier pool levels



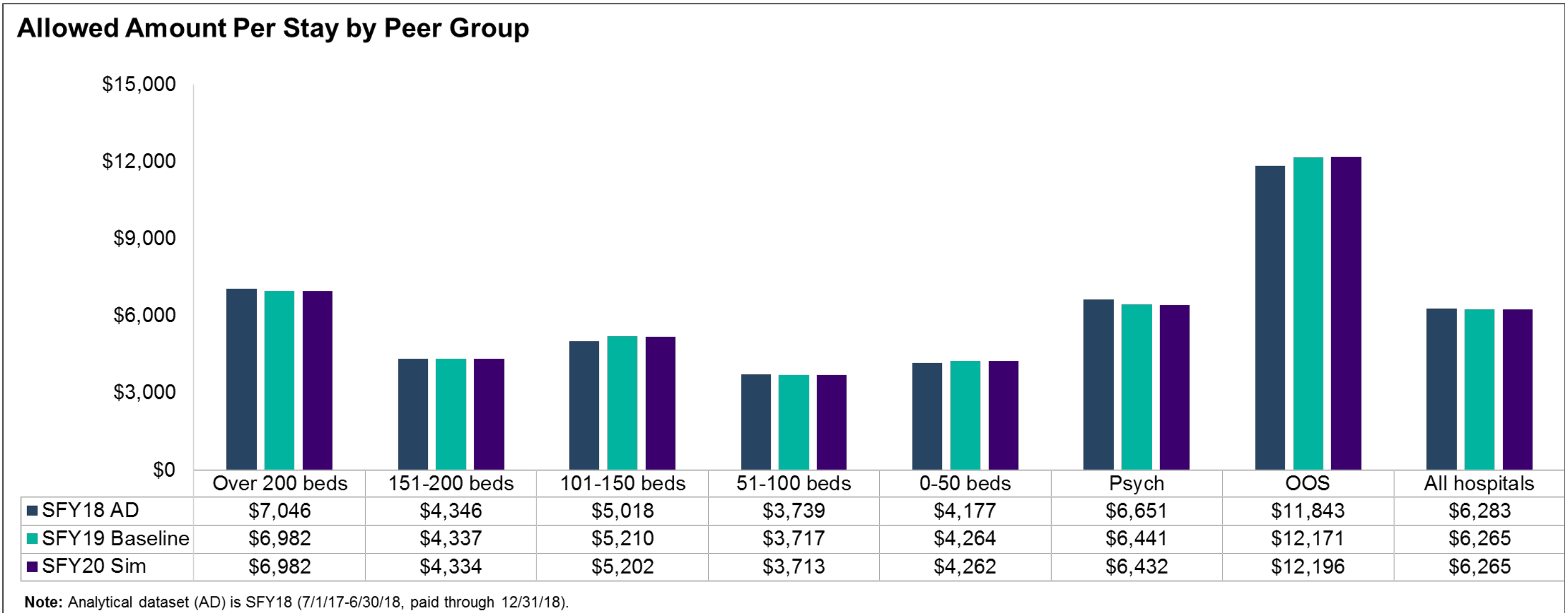
Simulation overview and impacts

Peer group impact, allowed amount



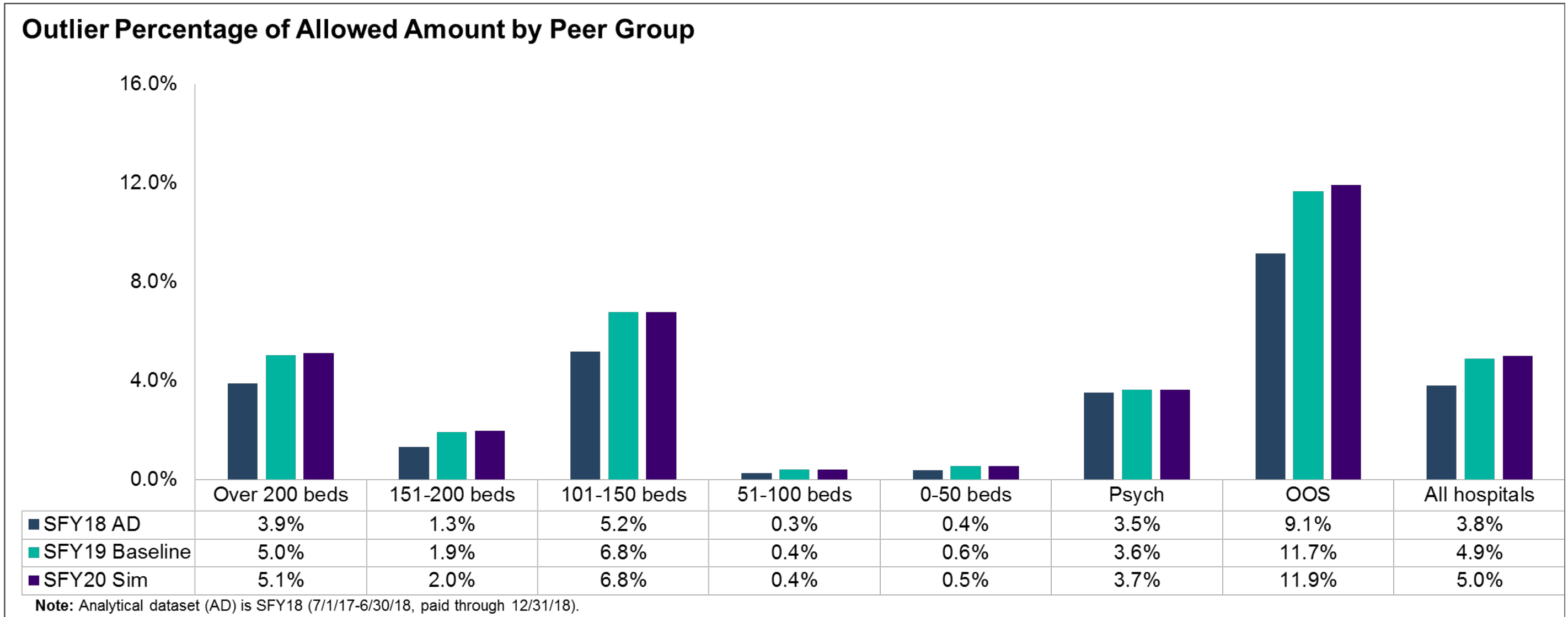
Simulation overview and impacts

Peer group impact, allowed per stay



Simulation overview and impacts

Peer group impact, outlier percentage



Simulation overview and impacts

Results by peer group, over 200 beds

SFY20 DRG Simulation Results by Peer Group (Over 200 Beds)								
Provider Name	Peer Group	SFY18 AD Stays	SFY18 AD Days	SFY19 Baseline Allowed	SFY20 Sim Allowed	Change from Baseline	Pct. Change from Baseline	Change in Allowed
University of MS Medical Center	Over 200 Beds	11,079	80,077	\$127,152,493	\$127,502,524	\$350,031	0.3%	X
Forrest General Hospital	Over 200 Beds	6,758	29,791	\$42,917,089	\$42,922,976	\$5,887	0.0%	X
North MS Medical Center	Over 200 Beds	4,526	24,178	\$33,508,119	\$33,484,130	-\$23,988	-0.1%	X
St. Dominic - Jackson Memorial Hospital	Over 200 Beds	4,318	18,866	\$23,708,850	\$23,748,729	\$39,879	0.2%	X
Singing River Hospital System	Over 200 Beds	3,680	13,303	\$20,224,462	\$19,837,923	-\$386,539	-1.9%	X
Baptist Memorial Hospital - Desoto County	Over 200 Beds	3,026	9,844	\$13,933,647	\$13,924,847	-\$8,800	-0.1%	X
Mississippi Baptist Medical Center	Over 200 Beds	2,948	12,490	\$17,436,060	\$17,429,972	-\$6,088	0.0%	X
Memorial Hospital at Gulfport	Over 200 Beds	2,921	14,224	\$21,205,895	\$21,181,559	-\$24,337	-0.1%	X
Merit Health Central	Over 200 Beds	2,790	15,428	\$20,071,012	\$20,082,625	\$11,612	0.1%	X
Anderson Regional Medical Center	Over 200 Beds	2,524	9,480	\$12,849,818	\$12,852,777	\$2,960	0.0%	X
South Central Regional Medical Center	Over 200 Beds	2,232	6,732	\$8,272,758	\$8,300,870	\$28,112	0.3%	X
Merit Health River Region	Over 200 Beds	2,059	10,463	\$11,084,695	\$11,126,548	\$41,853	0.4%	X
Delta Regional Medical Center	Over 200 Beds	1,951	8,125	\$9,776,533	\$9,786,204	\$9,671	0.1%	X
Baptist Memorial Hospital - Golden Triangle	Over 200 Beds	1,885	6,699	\$8,782,317	\$8,771,022	-\$11,295	-0.1%	X
Baptist Memorial Hospital - North Ms.	Over 200 Beds	1,732	5,965	\$9,092,131	\$9,084,951	-\$7,180	-0.1%	X
Over 200 Beds peer group total		54,429	265,665	\$380,015,878	\$380,037,657	\$21,779	0.0%	X

Change in Allowed	
X	Decrease > 10%
X	Decrease < 10%
X	Increase < 10%
X	Increase > 10%

Simulation overview and impacts

Results by peer group, 101-200 beds

SFY20 DRG Simulation Results by Peer Group (101-200 Beds)								
Provider Name	Peer Group	SFY18 AD Stays	SFY18 AD Days	SFY19 Baseline Allowed	SFY20 Sim Allowed	Change from Baseline	Pct. Change from Baseline	Change in Allowed
Merit Health Wesley	101 to 200 Beds	2,207	7,511	\$11,425,694	\$11,260,286	-\$165,409	-1.4%	X
Merit Health Biloxi	101 to 200 Beds	2,022	7,133	\$8,418,094	\$8,398,138	-\$19,956	-0.2%	X
Greenwood Leflore Hospital	101 to 200 Beds	1,787	6,482	\$8,744,516	\$8,742,116	-\$2,400	0.0%	X
Rush Foundation Hospital	101 to 200 Beds	1,646	5,733	\$7,494,015	\$7,498,506	\$4,491	0.1%	X
Merit Health River Oaks	101 to 200 Beds	1,619	6,445	\$9,141,095	\$9,262,997	\$121,901	1.3%	X
Magnolia Regional Health Center	101 to 200 Beds	1,580	5,102	\$7,066,036	\$7,065,006	-\$1,030	0.0%	X
Southwest MS Regional Medical Center	101 to 200 Beds	1,515	4,278	\$6,750,846	\$6,753,140	\$2,294	0.0%	X
Merit Health Natchez (Regional)	101 to 200 Beds	1,202	3,896	\$4,644,078	\$4,638,752	-\$5,326	-0.1%	X
Merit Health Northwest MS	101 to 200 Beds	1,185	3,969	\$4,930,112	\$4,923,464	-\$6,648	-0.1%	X
Garden Park Hospital	101 to 200 Beds	1,014	2,928	\$4,143,065	\$4,142,570	-\$495	0.0%	X
Bolivar Medical Center	101 to 200 Beds	966	2,827	\$3,569,675	\$3,564,505	-\$5,171	-0.1%	X
Hancock Medical Center	101 to 200 Beds	287	775	\$1,256,724	\$1,255,507	-\$1,217	-0.1%	X
Merit Health Rankin	101 to 200 Beds	148	612	\$1,517,068	\$1,519,501	\$2,433	0.2%	X
101-200 Beds peer group total		17,178	57,691	\$79,101,019	\$79,024,486	-\$76,533	-0.1%	X

Change in Allowed	
X	Decrease > 10%
X	Decrease < 10%
X	Increase < 10%
X	Increase > 10%

Simulation overview and impacts

Results by peer group, 51-100 beds

SFY20 DRG Simulation Results by Peer Group (51-100 Beds)								
Provider Name	Peer Group	SFY18 AD Stays	SFY18 AD Days	SFY19 Baseline Allowed	SFY20 Sim Allowed	Change from Baseline	Pct. Change from Baseline	Change in Allowed
Baptist Memorial Hospital - Union County	51 to 100 Beds	1,687	3,901	\$5,159,841	\$5,154,933	-\$4,908	-0.1%	X
Alliance Health Center (Laurelwood)	51 to 100 Beds	1,502	11,724	\$8,640,715	\$8,630,604	-\$10,111	-0.1%	X
Oktibbeha County Hospital	51 to 100 Beds	1,373	3,429	\$4,316,022	\$4,310,733	-\$5,289	-0.1%	X
King's Daughters Medical Center - Brookhaven	51 to 100 Beds	1,229	2,700	\$4,461,919	\$4,463,121	\$1,202	0.0%	X
Merit Health Madison	51 to 100 Beds	1,046	2,667	\$3,340,150	\$3,333,452	-\$6,698	-0.2%	X
Methodist Healthcare - Olive Branch	51 to 100 Beds	1,029	2,413	\$3,339,066	\$3,333,628	-\$5,439	-0.2%	X
Merit Health Gilmore Hospital	51 to 100 Beds	889	2,724	\$3,415,384	\$3,410,104	-\$5,279	-0.2%	X
Merit Health Batesville (Tri-Lakes)	51 to 100 Beds	733	2,706	\$2,729,184	\$2,727,255	-\$1,929	-0.1%	X
Wayne General Hospital	51 to 100 Beds	452	1,435	\$1,544,324	\$1,547,614	\$3,290	0.2%	X
51-100 Beds peer group total		9,940	33,699	\$36,946,605	\$36,911,444	-\$35,161	-0.1%	X

Change in Allowed	
X	Decrease > 10%
X	Decrease < 10%
X	Increase < 10%
X	Increase > 10%

Simulation overview and impacts

Results by peer group, 50 beds

SFY20 DRG Simulation Results by Peer Group (0-50 Beds)								
Provider Name	Peer Group	SFY18 AD Stays	SFY18 AD Days	SFY19 Baseline Allowed	SFY20 Sim Allowed	Change from Baseline	Pct. Change from Baseline	Change in Allowed
Clay County Medical Corporation - North MS West Point	0-50 Beds	843	2,240	\$2,721,863	\$2,718,479	-\$3,384	-0.1%	X
University of MS Medical Center Grenada	0-50 Beds	825	2,396	\$2,941,300	\$2,940,946	-\$354	0.0%	X
Highland Community Hospital	0-50 Beds	547	1,502	\$2,023,438	\$2,021,823	-\$1,615	-0.1%	X
South Sunflower County Hospital	0-50 Beds	469	1,199	\$1,542,928	\$1,543,652	\$724	0.0%	X
George County Hospital	0-50 Beds	450	1,186	\$1,374,668	\$1,373,043	-\$1,625	-0.1%	X
Neshoba County General Hospital	0-50 Beds	371	1,007	\$1,059,759	\$1,061,612	\$1,853	0.2%	X
Merit Health Woman's Hospital	0-50 Beds	336	1,225	\$1,452,592	\$1,452,829	\$237	0.0%	X
Mississippi Methodist Hospital & Rehabilitation Center	0-50 Beds	245	3,284	\$4,373,621	\$4,362,870	-\$10,751	-0.2%	X
S. E. Lackey Memorial Hospital	0-50 Beds	121	337	\$351,601	\$351,303	-\$298	-0.1%	X
Webster Health Services, Inc.	0-50 Beds	104	347	\$417,964	\$417,266	-\$698	-0.2%	X
Marion General Hospital	0-50 Beds	57	347	\$292,157	\$292,010	-\$147	-0.1%	X
Baptist Medical Center - Yazoo	0-50 Beds	55	172	\$191,888	\$191,740	-\$149	-0.1%	X
North Sunflower County Hospital	0-50 Beds	54	164	\$261,042	\$261,094	\$53	0.0%	X
North Oak Regional Hospital	0-50 Beds	51	142	\$204,606	\$204,264	-\$342	-0.2%	X
Claiborne County Hospital	0-50 Beds	50	178	\$222,461	\$222,090	-\$372	-0.2%	X
Hardy Wilson Memorial Hospital	0-50 Beds	49	219	\$189,194	\$188,878	-\$316	-0.2%	X
Yalobusha General Hospital	0-50 Beds	49	147	\$160,865	\$162,480	\$1,615	1.0%	X
Tyler Holmes Memorial Hospital	0-50 Beds	48	146	\$182,483	\$182,178	-\$305	-0.2%	X
Holmes County Hospital & Clinics	0-50 Beds	42	118	\$172,075	\$171,886	-\$189	-0.1%	X
Simpson General Hospital	0-50 Beds	41	123	\$156,753	\$156,816	\$63	0.0%	X

Change in Allowed	
X	Decrease > 10%
X	Decrease < 10%
X	Increase < 10%
X	Increase > 10%

Simulation overview and impacts

Results by peer group, 50 beds (continued)

SFY 20 DRG Simulation Results by Peer Group (0-50 Beds)								
Provider Name	Peer Group	SFY18 AD Stays	SFY18 AD Days	SFY19 Baseline Allowed	SFY20 Sim Allowed	Change from Baseline	Pct. Change from Baseline	Change in Allowed
Beacham Memorial Hospital (South Pike)	0-50 Beds	40	163	\$169,168	\$169,454	\$286	0.2%	X
Tishomingo Health Services	0-50 Beds	40	129	\$206,537	\$206,385	-\$152	-0.1%	X
Magee General Hospital	0-50 Beds	40	149	\$163,909	\$164,245	\$336	0.2%	X
Alliance Healthcare System	0-50 Beds	39	132	\$133,029	\$132,900	-\$129	-0.1%	X
Baptist Memorial Hospital - Booneville	0-50 Beds	37	117	\$185,654	\$185,344	-\$310	-0.2%	X
Anderson Regional Medical Center - South Campus	0-50 Beds	37	356	\$407,977	\$412,086	\$4,109	1.0%	X
Laird Hospital, Inc.	0-50 Beds	32	83	\$117,758	\$117,870	\$112	0.1%	X
Whitfield Medical Surgical Hospital	0-50 Beds	32	335	\$197,778	\$198,778	\$1,000	0.5%	X
Baptist Medical Center - Attala	0-50 Beds	32	84	\$131,283	\$131,063	-\$219	-0.2%	X
Winston County Community Hospital	0-50 Beds	29	82	\$99,516	\$99,608	\$92	0.1%	X
Noxubee General Critical Access Hospital	0-50 Beds	29	117	\$126,632	\$126,517	-\$115	-0.1%	X
Stone County Hospital	0-50 Beds	26	84	\$109,757	\$109,573	-\$183	-0.2%	X
Sharkey Issaquena Community Hospital	0-50 Beds	25	74	\$68,808	\$69,434	\$626	0.9%	X
Walthall County General Hospital	0-50 Beds	22	76	\$86,064	\$85,921	-\$144	-0.2%	X
Field Memorial Community Hospital	0-50 Beds	19	77	\$82,847	\$82,949	\$102	0.1%	X
H. C. Watkins Memorial Hospital	0-50 Beds	16	78	\$59,511	\$59,460	-\$51	-0.1%	X
Scott (Morton) Regional Medical Center	0-50 Beds	13	40	\$42,699	\$42,785	\$86	0.2%	X
Choctaw Regional Medical Center	0-50 Beds	13	42	\$47,543	\$47,463	-\$79	-0.2%	X
Jefferson Davis Community Hospital (Prentiss)	0-50 Beds	12	41	\$48,754	\$48,673	-\$81	-0.2%	X
Tippah County Hospital	0-50 Beds	11	35	\$44,472	\$44,398	-\$74	-0.2%	X

Change in Allowed	
X	Decrease > 10%
X	Decrease < 10%
X	Increase < 10%
X	Increase > 10%

Simulation overview and impacts

Results by peer group, 50 beds (continued)

SFY20 DRG Simulation Results by Peer Group (0-50 Beds)								
Provider Name	Peer Group	SFY18 AD Stays	SFY18 AD Days	SFY19 Baseline Allowed	SFY20 Sim Allowed	Change from Baseline	Pct. Change from Baseline	Change in Allowed
Tallahatchie General Hospital	0-50 Beds	11	34	\$45,103.61	\$45,028	-\$75	-0.2%	X
Baptist Medical Center - Leake	0-50 Beds	10	35	\$37,550.67	\$37,544	-\$7	0.0%	X
Franklin County Memorial Hospital	0-50 Beds	10	29	\$39,913.68	\$39,847	-\$67	-0.2%	X
Jefferson County Hospital	0-50 Beds	9	26	\$26,814.09	\$27,154	\$340	1.3%	X
John C. Stennis Memorial Hospital	0-50 Beds	8	30	\$33,952.85	\$33,896	-\$57	-0.2%	X
Calhoun Health Services	0-50 Beds	7	18	\$20,000.41	\$20,301	\$301	1.5%	X
Covington County Hospital	0-50 Beds	7	22	\$24,115.06	\$24,127	\$12	0.0%	X
Lawrence County Hospital	0-50 Beds	7	26	\$20,468.77	\$20,435	-\$34	-0.2%	X
Trace Regional Hospital	0-50 Beds	6	23	\$24,158.85	\$24,119	-\$40	-0.2%	X
Pioneer Community Hospital Aberdeen	0-50 Beds	4	19	\$16,263.44	\$16,236	-\$27	-0.2%	X
Healthsouth Rehabilitation Hospital	0-50 Beds	4	57	\$68,811.14	\$68,696	-\$115	-0.2%	X
Pontotoc Health Services, Inc.	0-50 Beds	3	6	\$9,605.08	\$9,589	-\$16	-0.2%	X
Greene County Hospital	0-50 Beds	2	4	\$4,974.84	\$5,094	\$119	2.4%	X
Pearl River County Hospital	0-50 Beds	2	10	\$10,206.36	\$10,189	-\$17	-0.2%	X
Perry County General Hospital	0-50 Beds	2	4	\$3,360.93	\$3,463	\$103	3.1%	X
0-50 Beds peer group total		5,443	19,116	\$23,208,253.88	\$23,197,882	-\$10,372	0.0%	X

Change in Allowed	
X	Decrease > 10%
X	Decrease < 10%
X	Increase < 10%
X	Increase > 10%

Simulation overview and impacts

Results by peer group, Psych

SFY20 DRG Simulation Results by Peer Group (Psych)								
Provider Name	Peer Group	SFY18 AD Stays	SFY18 AD Days	SFY19 Baseline Allowed	SFY20 Sim Allowed	Change from Baseline	Pct. Change from Baseline	Change in Allowed
Brentwood Behavioral Healthcare of MS	Psych	1,560	16,384	\$9,528,396	\$9,514,591	-\$13,805	-0.1%	X
Parkwood Behavioral Healthcare	Psych	874	6,983	\$5,428,573	\$5,420,696	-\$7,877	-0.1%	X
Diamond Grove Center for Children & Adolescents	Psych	737	6,927	\$4,933,434	\$4,926,028	-\$7,406	-0.2%	X
Oak Circle Center / MS State Hospital	Psych	129	3,651	\$1,432,911	\$1,431,717	-\$1,194	-0.1%	X
Gulfport Behavioral Health System	Psych	71	469	\$388,136	\$387,610	-\$526	-0.1%	X
Psych peer group total		3,371	34,414	\$21,711,448	\$21,680,642	-\$30,807	-0.1%	X

Change in Allowed	
X	Decrease > 10%
X	Decrease < 10%
X	Increase <10%
X	Increase > 10%

Simulation overview and impacts

Results by peer group, Out-of-State

SFY20 DRG Simulation Results by Peer Group (Out-of-State)								
Provider Name	Peer Group	SFY18 AD Stays	SFY18 AD Days	SFY19 Baseline Allowed	SFY20 Sim Allowed	Change from Baseline	Pct. Change from Baseline	Change in Allowed
Methodist Hospital of Memphis	OOS	1,414	12,459	\$18,945,374	\$19,007,783	\$62,409	0.3%	X
USA Children's & Women's Hospital	OOS	528	6,085	\$6,296,392	\$6,309,608	\$13,217	0.2%	X
Baptist Memorial Hospital	OOS	368	3,619	\$5,688,726	\$5,690,254	\$1,528	0.0%	X
Regional Medical Center Memphis	OOS	276	2,165	\$3,425,535	\$3,428,666	\$3,131	0.1%	X
Ochsner Foundation Hospital	OOS	271	2,819	\$4,246,552	\$4,258,835	\$12,283	0.3%	X
St. Jude Children's Research Hospital	OOS	201	1,143	\$1,979,073	\$1,975,285	-\$3,788	-0.2%	X
Slidell Memorial Hospital	OOS	199	675	\$920,780	\$919,567	-\$1,213	-0.1%	X
Saint Francis Hospital	OOS	189	1,309	\$1,126,428	\$1,125,122	-\$1,306	-0.1%	X
Northshore Regional Medical Center	OOS	128	477	\$822,419	\$821,288	-\$1,131	-0.1%	X
Children's Hospital	OOS	122	779	\$1,491,134	\$1,492,531	\$1,397	0.1%	X
University of South Alabama D/B/A USA Medical Center	OOS	106	1,234	\$1,776,236	\$1,778,457	\$2,221	0.1%	X
University Healthcare System D/B/A Tulane University Hospital	OOS	49	235	\$488,977	\$491,157	\$2,181	0.4%	X
Lakeside Behavioral Health System	OOS	41	549	\$289,091	\$288,903	-\$188	-0.1%	X
University of Alabama Hospital	OOS	35	407	\$462,428	\$462,211	-\$216	0.0%	X
Liberty Healthcare Systems	OOS	35	323	\$168,672	\$169,250	\$578	0.3%	X
Delta Medical Center	OOS	31	450	\$201,852	\$201,539	-\$313	-0.2%	X
Crestwyn Behavioral Health	OOS	29	304	\$208,861	\$208,512	-\$349	-0.2%	X
Providence Hospital	OOS	23	88	\$156,035	\$155,774	-\$261	-0.2%	X
Our Lady of the Lake Regional Medical Center	OOS	23	130	\$180,057	\$179,756	-\$301	-0.2%	X
Mobile Infirmary Medical Center	OOS	21	113	\$199,693	\$199,840	\$147	0.1%	X
Other OOS hospitals		170	1,471	\$2,761,712	\$2,779,240	\$17,528	0.6%	X
OOS peer group total		4,259	36,834	\$51,836,025	\$51,943,580	\$107,555	0.2%	X

Change in Allowed	
X	Decrease > 10%
X	Decrease < 10%
X	Increase < 10%
X	Increase > 10%

Looking to the future

Looking to the future

1. CCR updates on 10/1/2019
2. Post-implementation monitoring and review
3. Monitor legislation
4. DOM implements APR-DRG V.37 mapper and HAC utility on 10/1/2019
5. Analysis of APR-DRG V.37 grouper and weights
 - Comparison of relative costs in Mississippi to distribution of 3M relative weights, which reflect relative costs nationwide

For further information

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With thanks to:

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Keith Heartsill, Zeddie Parker, Jennifer Wentworth

Conduent: Yleana Sanchez, Lisa Nelson, Angela Sims

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