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 hospital or clinic setting.

Mississippi Medicaid SFY 22 Inpatient Update for July 1, 2021

May 25 & June 3, 2021

Payment Method Development
Government Healthcare Solutions
MSI21032

Topics

1. Inpatient overview
2. Inpatient utilization
3. State fiscal year (SFY) 22 updates
4. Inpatient simulation overview and impact
5. Looking to the future
6. Additional resources
7. Appendix: Inpatient simulation results by peer group and hospital

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Inpatient overview

Principles of DRG payment

- **Value purchasing:** Diagnosis Related Groups (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

Scope

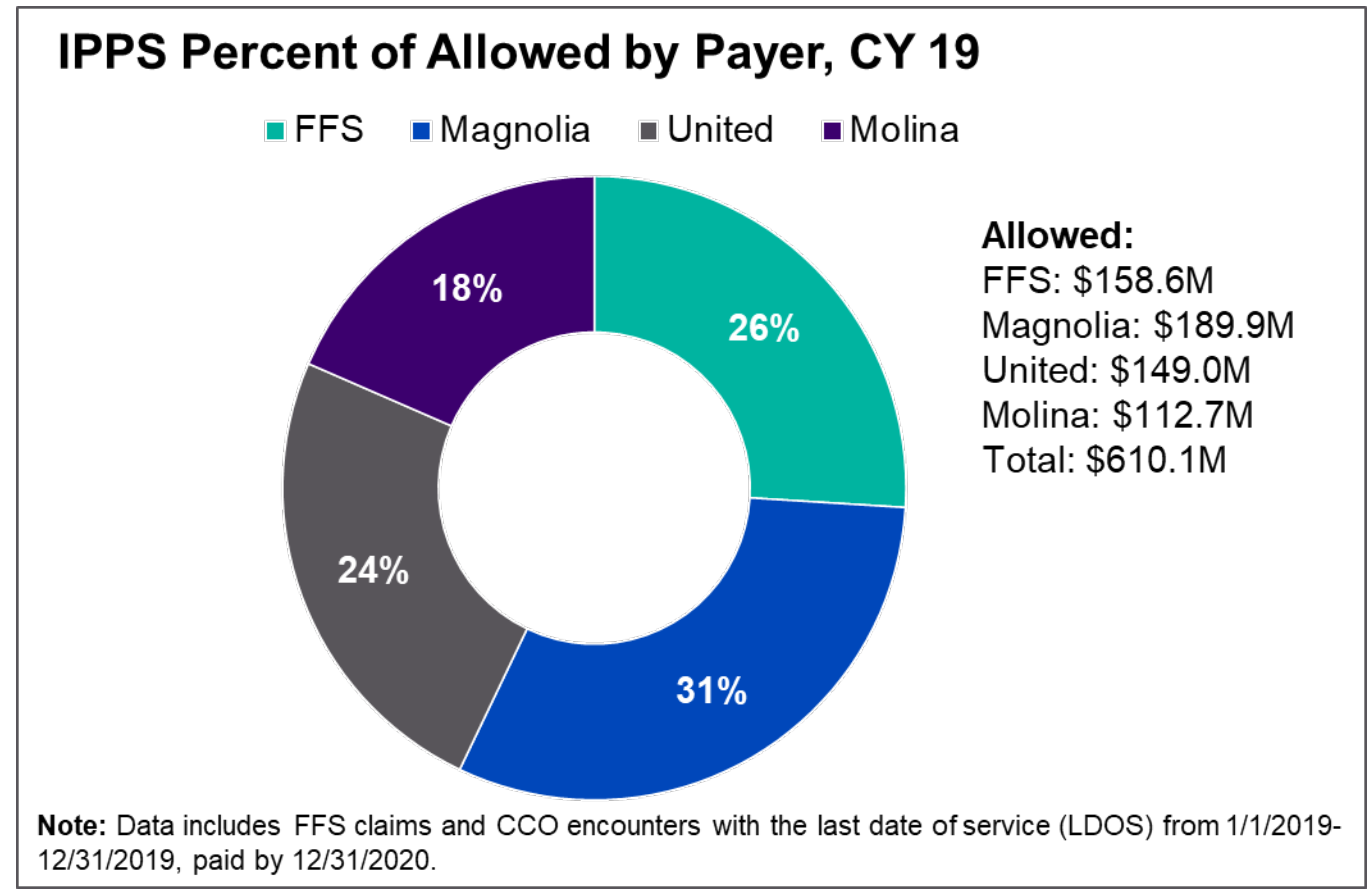
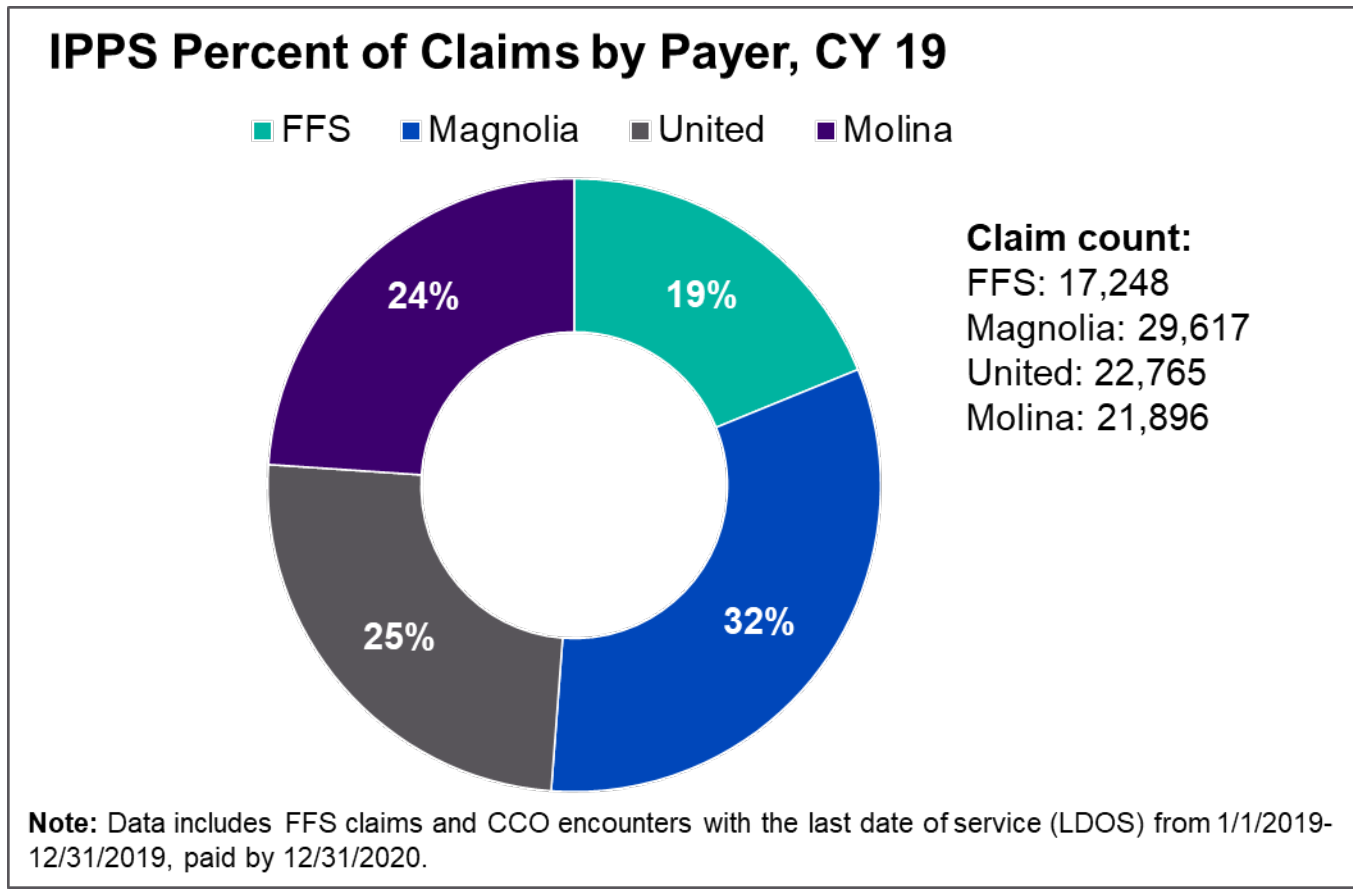
- DRG payment is used for all Mississippi Medicaid inpatient acute care stays, including both fee-for-service (FFS) and coordinated care
 - Presently, Medicaid covers hospital inpatient services for Medicaid beneficiaries through FFS and coordinated care
 - December 1, 2015, managed care, referred to 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

Inpatient utilization

Inpatient utilization

CY 19 Fee-for-Service vs Coordinated Care

- Fee-for-service (FFS) total 17,248 stays; Coordinated Care Organization (CCO) total 74,278 stays
- FFS represented 19% of stays and 26% of the allowed amount
- FFS patients were much sicker (casemix 1.21) on average than CCO patients (casemix 0.70)

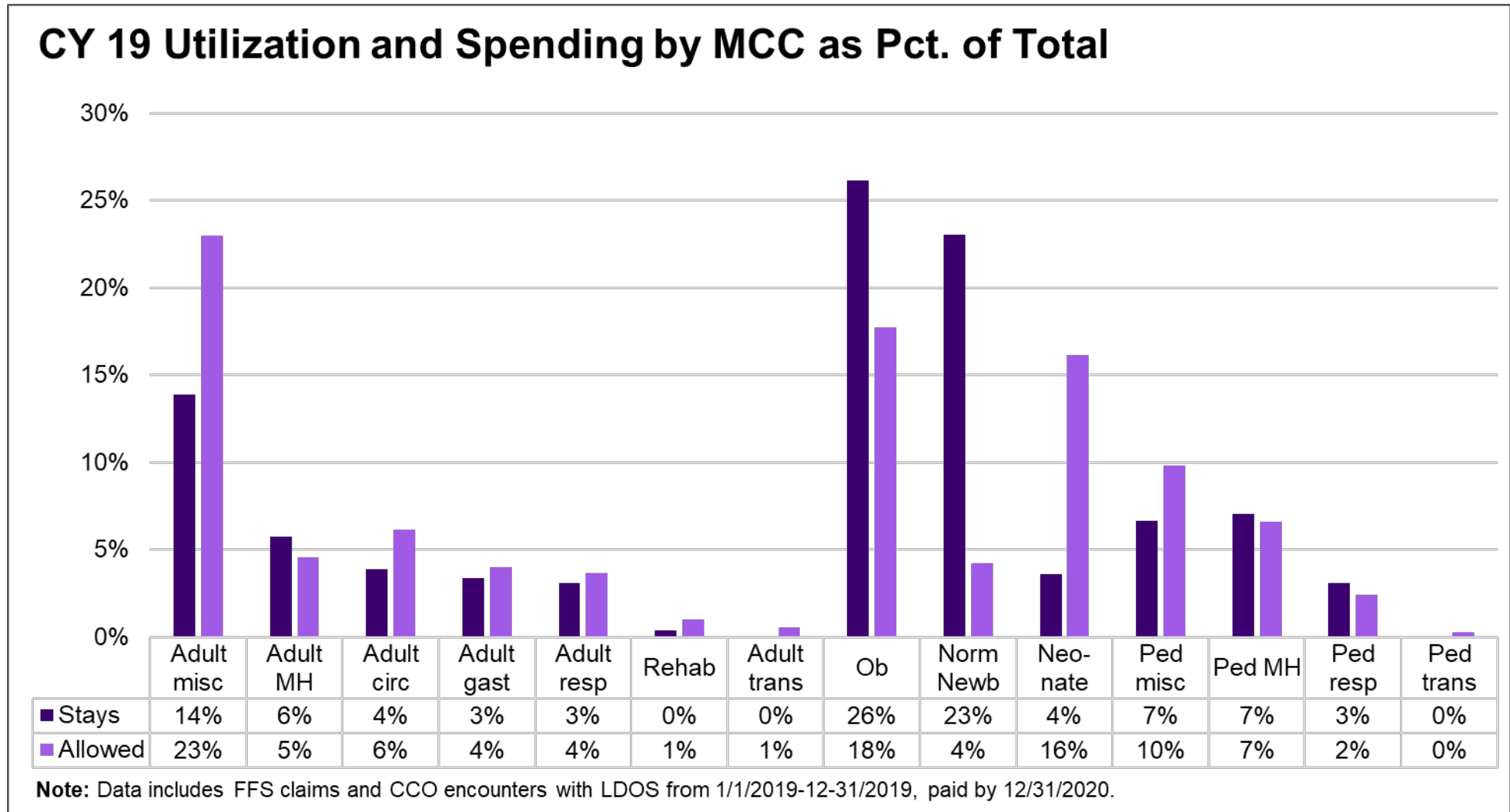


Inpatient utilization

CY 19 utilization by Medicaid Care Category (MCC)

Analysis of both FFS and coordinated care claims indicates that:

- Maternity stays (Obstetrics and Normal Newborns) accounted for almost half of all stays (49%), but only 22% of allowed
- Neonates (sick newborns) accounted for only 4% of stays, but 16% of allowed amount
- Pediatrics (combined) accounted for 17% of stays, and 19% of allowed amount



SFY 22 inpatient updates

SFY 22 inpatient updates

The headlines

These policy decisions are effective July 1, 2021:

- APR-DRG grouper version and hospital-specific relative value (HSRV) weights will be updated to V.38
- HSRV weights will be re-centered to a population casemix index (CMI) of 1.0
- DRG base price will be adjusted from \$6,590 to \$5,350 in order to balance the increased HSRV weights
- Policy adjustors will be adjusted to maintain current payment levels
- Cost outlier threshold increases from \$53,500 to \$60,000 to keep pace with charge inflation and maintain the target outlier pool
- The cost outlier marginal percentage will change from 60% to 50%
- Cost-to-charge ratios (CCRs) will not be updated as usual in October 2021; current CCRs will be maintained throughout the state fiscal year

SFY 22 inpatient updates

Re-centering HSRV weights

- Historically, since the beginning of the APR-DRG program in MS, the 3M HSRV weights have been relatively constant from year to year
- With the transition to HSRV weights based on ICD-10 diagnoses, HSRV weights may change more from year to year
- If HSRV weights change, the base rate has to change to maintain budget neutral payment levels
- Re-centering HSRV weights will allow the Division of Medicaid to maintain a relatively constant base rate from year to year

APR-DRG	DRG Description	HSRV Weight	Stays	Population Average	Re-centered HSRV Weight
053-1	Seizure	0.47	2	0.44	1.06
113-2	Infections Of Upper Respiratory Tract	0.46	5	0.44	1.06
540-1	Cesarean Section Without Sterilization	0.57	15	0.44	1.29
560-1	Vaginal Delivery	0.33	16	0.44	0.76
607-4	Neonate Birth Weight 1250-1499 Grams With Respiratory Distress Syndrome Or Other Major Respiratory Condition Or Major Anomaly	9.36	1	0.44	21.37
640-1	Neonate Birth Weight > 2499 Grams, Normal Newborn Or Neonate With Other Problem	0.10	28	0.44	0.24
Population average		0.44			1.00

Note:

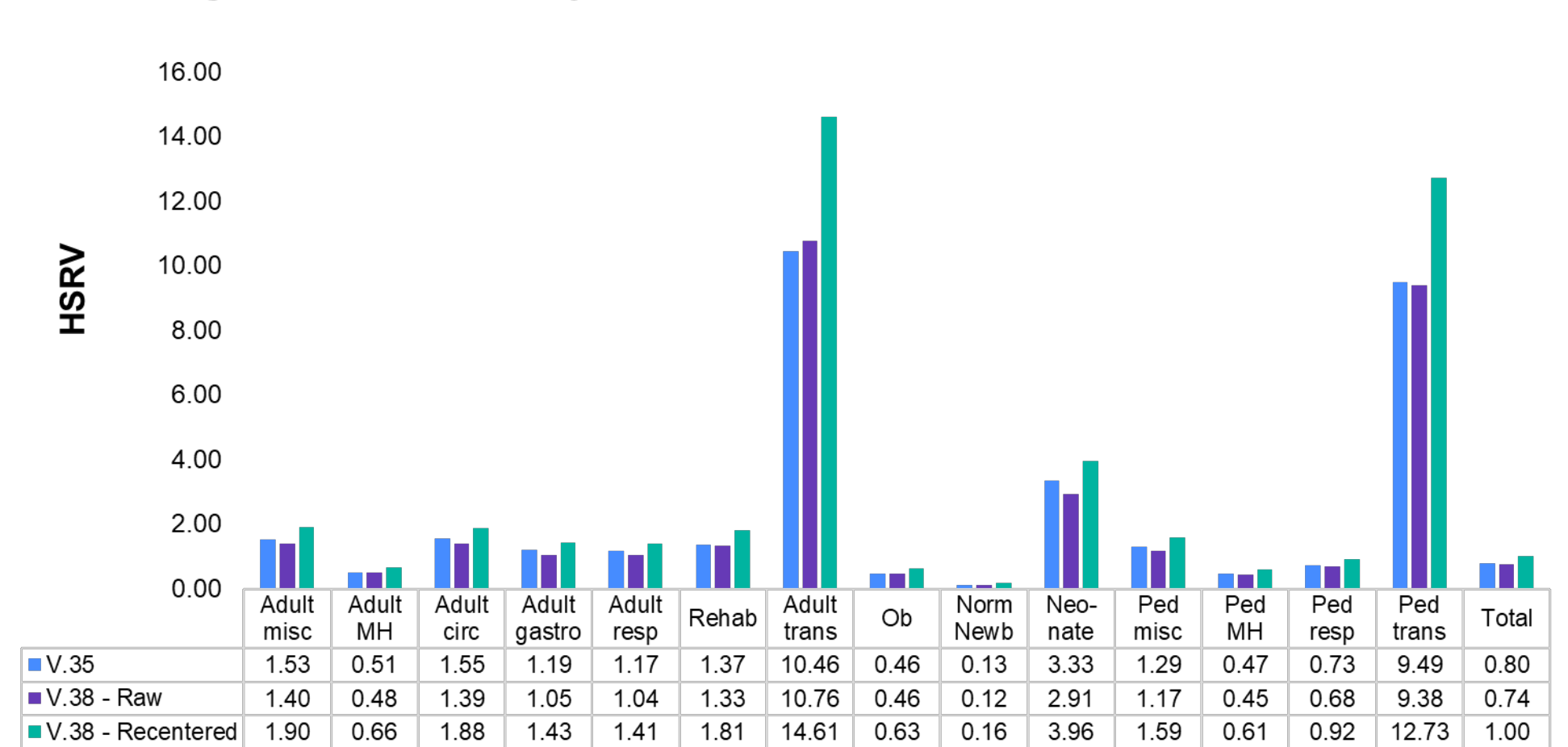
1. Population average is the average of HSRV Weight * Number of Stays.

SFY 22 inpatient updates

SFY 22 will use re-centered APR-DRG V.38

- There was a substantial decrease in the population CMI from 0.80 to 0.74 in V.38 relative to V.35
- After re-centering, the V.38 HSRV weights had a population CMI of 1.00, with increased weights in all categories
- Future DRG updates will maintain the 1.00 population CMI, allowing for stability in the base rate over time

HSRV Weights: V.35 vs. V.38 by MCC



Note: Data includes 91,526 fee-for-service and encounter claims from 1/1/2019-12/31/2019, paid through 12/31/2020.

SFY 22 inpatient updates

Policy adjustor changes

Mental health, obstetrics and normal newborn policy adjustors are slightly adjusted in SFY 22 to keep payments in line with estimated costs¹

Medicaid Care Category	APR-DRG Range	Age Range	SFY 21 Policy Adjustor	SFY 22 Policy Adjustor
Neonate	580-625, 630-639, 863	Less than 365 days	1.40	1.40
Normal newborn	626 and 640	Less than 365 days	1.50	1.45
Obstetric	539-566	No restriction	1.50	1.40
Pediatric transplant	001-002, 006-008, 440	Less than 21 years of age	1.50	1.50
Adult transplant	001-002, 006-008, 440	Greater than or equal to 21 years of age	1.50	1.50
Pediatric mental health	740-776	Less than 21 years of age	1.95	1.90
Adult mental health	740-776	Greater than or equal to 21 years of age	1.50	1.45
Rehab	860	No restriction	2.00	2.00

¹ Costs are estimated as inflation-adjusted charges multiplied by most recently available hospital CCR

SFY 22 inpatient updates

Policy history

Policy Decisions	SFY 19	SFY 20	SFY 21	SFY 22
Calendar period	Jul. 1, 2018, to Jun. 30, 2019	Jul. 1, 2019, to Jun. 30, 2020	Jul. 1, 2020, to Jun. 30, 2021	Jul. 1, 2021, to Jun. 30, 2022
Budget target	Budget neutral to SFY 18, not including medical education	Budget neutral to SFY 19, not including medical education	Not budget neutral	Budget neutral to SFY 21
DRG base price	\$6,585	\$6,574	\$6,590	\$5,350
APR-DRG version	V.35	V.35	V.35	V.38
APR-DRG relative weights	V.35 HSRV weights	V.35 HSRV weights	V.35 HSRV weights	V.38 Recentered HSRV weights
Average casemix	0.79	0.80 (simulated)	0.80 (simulated)	1.00 (simulated)
Policy adjustor—pediatric MH	2.00	2.00	1.95	1.90
Policy adjustor—adult MH	1.60	1.60	1.50	1.45
Policy adjustor—obstetric	1.50	1.50	1.50	1.40
Policy adjustor—normal newborn	1.50	1.50	1.50	1.45
Policy adjustor—neonate	1.40	1.40	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	\$45,000	\$47,000	\$53,500	\$60,000
Marginal cost percentage	60%	60%	60%	50%

SFY 22 inpatient updates

Policy history (continued)

Policy Decisions	SFY 19	SFY 20	SFY 21	SFY 22
Calendar period	Jul. 1, 2018, to Jun. 30, 2019	Jul. 1, 2019, to Jun. 30, 2020	Jul. 1, 2020, to Jun. 30, 2021	Jul. 1, 2021, to Jun. 30, 2022
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 + 2 years	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	Charge Cap	Charge Cap	Charge Cap	Charge Cap
Medicaid Care Category definitions	New MCCs for pediatric and adult transplants	No change	No change	No change
Per diem treatment authorization threshold	19 days	19 days	19 days	19 days
Other aspects of payment method	No change	No change	No change	No change

Inpatient simulation overview and impact

Inpatient simulation overview and impact

SFY 22 Simulation overview

- Analysis and simulation done using 91,526 stays from CY 19 (1/1/19-12/31/19, paid through 12/31/20)
 - Simulation is not a forecast, since it does not reflect forecasts of eligibility and utilization

SFY 22 Simulation Parameters			
Metric	SFY 20 Analytical Dataset	SFY 21 Baseline	SFY 22 Sim
Stays	91,526	91,526	91,526
Base price	\$6,574	\$6,590	\$5,350
Allowed	\$610,119,170	\$606,850,890	\$606,640,302
Change from baseline	-	-0.5%	-0.03%
Outlier pool	6.4%	6.0%	5.0%

Notes:

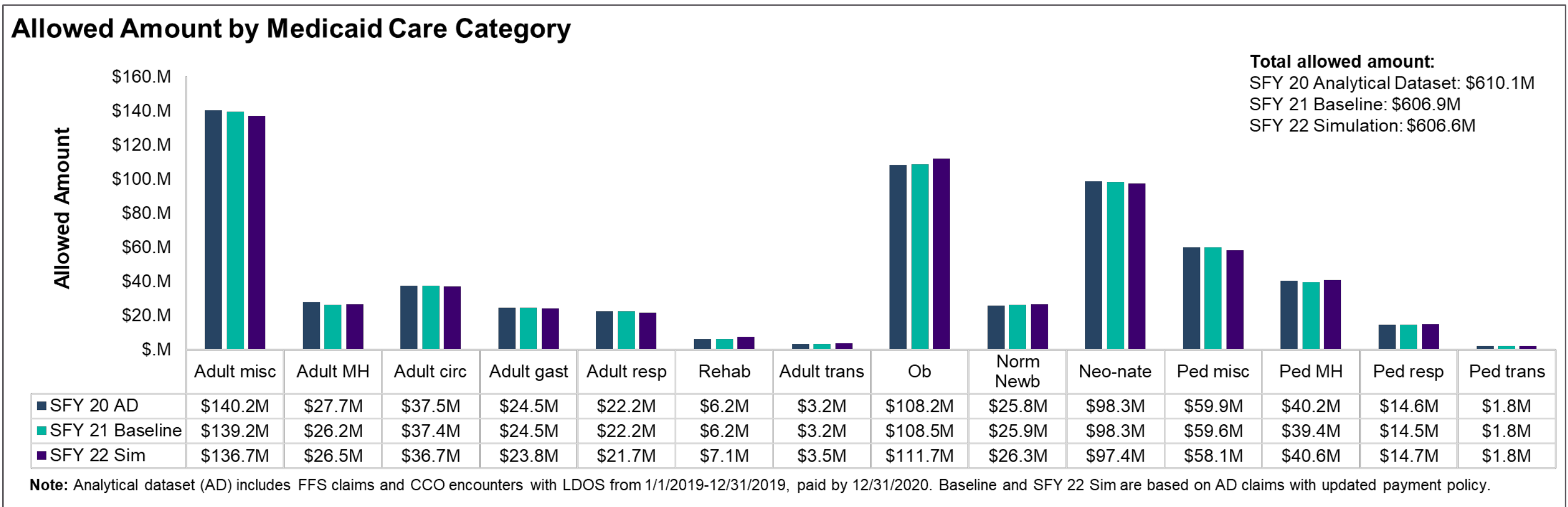
1. Allowed amount excludes hundreds of millions in supplemental payments to hospitals.
2. FFS plus CCO claims with LDOS between 1/1/2019-12/31/2019, paid through 12/31/2020.

- Policy decisions:
 - Move to V.38 of the HSRV weights, re-centered to a MS Medicaid population average of 1.0
 - Adjust base rate from \$6,590 to \$5,350
 - Adjust outlier threshold from \$53,500 to \$60,000
 - Adjust pediatric mental health policy adjustor from 1.95 to 1.90
 - Adjust adult mental health policy adjustor from 1.50 to 1.45
 - Adjust Obstetrics policy adjustor from 1.50 to 1.40
 - Adjust Normal Newborn policy adjustor from 1.50 to 1.45

Inpatient simulation overview and impact

Impact on allowed amount

- The simulated allowed amount is similar to the baseline allowed amount
- The allowed amount shown is before third party liability, cost sharing, and supplemental payments

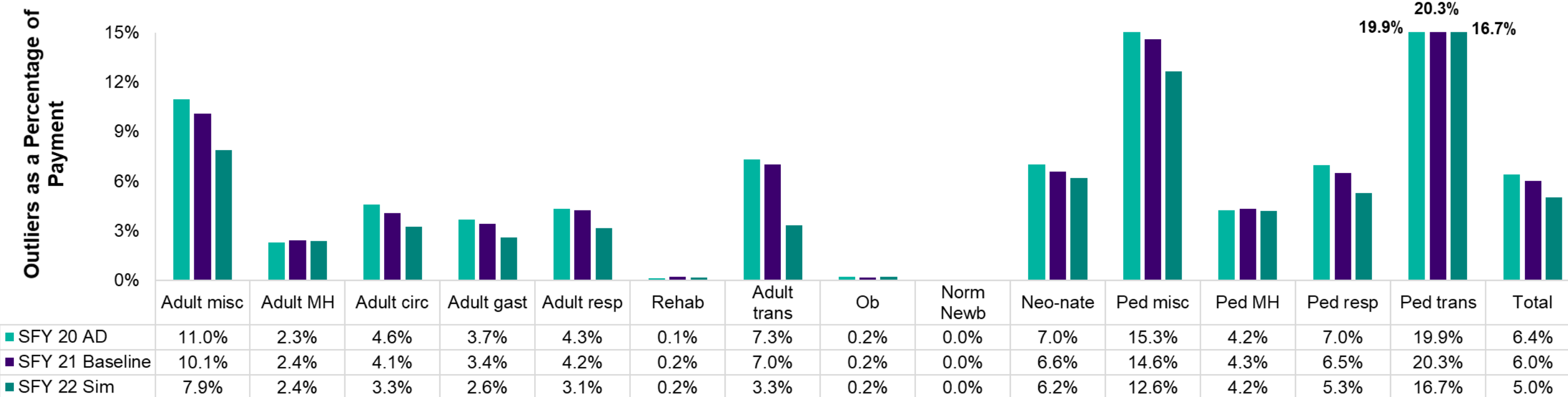


Inpatient simulation overview and impact

Impact on outlier payment

- Overall outlier pool is maintained at target 5%
 - Outlier threshold increases from \$53,500 to \$60,000
 - Marginal rate decreases to 50%
 - Charges go up annually, so it's necessary to adjust outlier parameters to maintain the target outlier pool levels

Outlier Rate by Medicaid Care Category



Note: Analytical dataset (AD) includes FFS claims and CCO encounters with LDOS from 1/1/2019-12/31/2019, paid by 12/31/2020. Baseline and SFY 22 Sim are based on AD claims with updated payment policy.

Looking to the future

Looking to the future

1. Post-implementation monitoring and review
 - DOM will continue to monitor utilization due to COVID-19 and its effects on the inpatient program
2. Monitor legislation
3. DOM implements APR-DRG V.39 mapper and HAC utility on 10/1/2021
4. No additional policy or grouper changes expected until 7/1/2024
5. The outlier threshold will increase 5% per year each year until 7/1/2024 to account for increasing charges over time
 - This will allow DOM to maintain the payment levels in effect as of July 1, 2021, as required by Senate Bill 2799

Additional resources

Additional resources

Key inpatient resources

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

For further information

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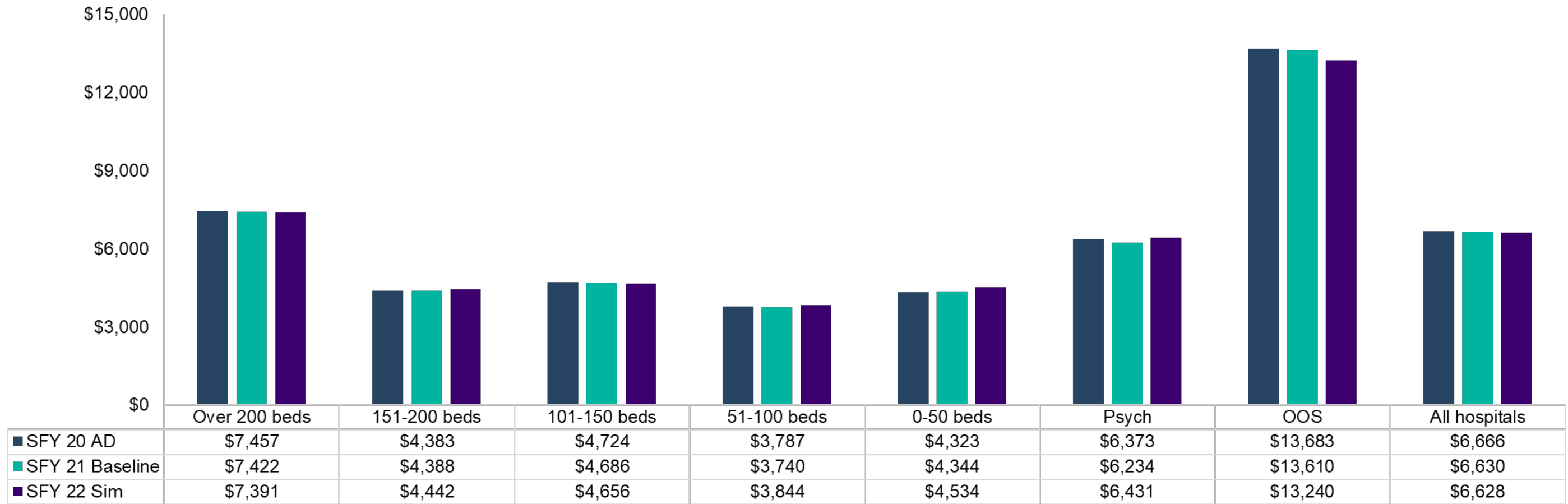
Conduent: Lisa Nelson

Appendix

Appendix

Peer group impact, allowed per stay

Allowed Amount Per Stay by Peer Group



Note: Analytical dataset (AD) includes FFS claims and CCO encounters with LDOS from 1/1/2019-12/31/2019, paid by 12/31/2020. Baseline and SFY 22 Sim are based on AD claims with updated payment policy.

Appendix

Results by peer group, over 200 beds

SFY 22 DRG Simulation Results by Peer Group (Over 200 Beds)								
Provider Name	Peer Group	CY 19 AD Stays	CY 19 AD Days	SFY 21 Baseline Allowed	SFY 22 Sim Allowed	Change from Baseline	Pct. Change from Baseline	Change in Allowed
University of MS Medical Center	Over 200 Beds	10,821	89,556	\$138,685,901	\$138,442,126	-\$243,775	-0.2%	X
Forrest General Hospital	Over 200 Beds	6,741	29,383	\$41,600,658	\$42,182,554	\$581,896	1.4%	X
North MS Medical Center	Over 200 Beds	4,674	26,366	\$38,338,528	\$37,138,351	-\$1,200,178	-3.1%	X
St. Dominic - Jackson Memorial Hospital	Over 200 Beds	4,669	20,391	\$26,721,606	\$26,896,601	\$174,995	0.7%	X
Singing River Hospital System	Over 200 Beds	3,415	12,533	\$17,449,761	\$17,502,134	\$52,373	0.3%	X
Merit Health Central	Over 200 Beds	2,936	16,928	\$20,475,986	\$20,155,125	-\$320,861	-1.6%	X
Baptist Memorial Hospital - Desoto County	Over 200 Beds	2,626	9,216	\$13,224,730	\$13,108,787	-\$115,943	-0.9%	X
Memorial Hospital at Gulfport	Over 200 Beds	2,587	12,184	\$18,841,359	\$18,642,171	-\$199,188	-1.1%	X
Mississippi Baptist Medical Center	Over 200 Beds	2,453	12,533	\$17,644,886	\$17,101,945	-\$542,942	-3.1%	X
Anderson Regional Medical Center	Over 200 Beds	2,308	8,034	\$11,547,884	\$11,632,186	\$84,301	0.7%	X
South Central Regional Medical Center	Over 200 Beds	2,193	7,224	\$8,937,196	\$8,978,377	\$41,181	0.5%	X
Merit Health River Region	Over 200 Beds	1,944	10,106	\$10,499,093	\$10,459,705	-\$39,388	-0.4%	X
Delta Regional Medical Center	Over 200 Beds	1,815	6,916	\$8,500,033	\$8,530,912	\$30,879	0.4%	X
Baptist Memorial Hospital - North Ms.	Over 200 Beds	1,757	5,957	\$9,388,633	\$9,434,557	\$45,925	0.5%	X
Baptist Memorial Hospital - Golden Triangle	Over 200 Beds	1,667	6,293	\$8,542,414	\$8,552,712	\$10,298	0.1%	X
Over 200 Beds peer group total		52,597	273,575	\$390,362,744	\$388,719,403	-\$1,643,342	-0.4%	X

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

Appendix

Results by peer group, 101-200 beds

SFY22 DRG Simulation Results by Peer Group (101-200 Beds)								
Provider Name	Peer Group	CY 19 AD Stays	CY 19 AD Days	SFY 21 Baseline Allowed	SFY 22 Sim Allowed	Change from Baseline	Pct. Change from Baseline	Change in Allowed
Merit Health Wesley	101 to 200 Beds	1,963	6,495	\$9,332,980	\$9,387,427	\$54,447	0.58%	X
Merit Health River Oaks	101 to 200 Beds	1,853	6,794	\$8,969,375	\$8,669,514	-\$299,861	-3.34%	X
Greenwood Leflore Hospital	101 to 200 Beds	1,652	6,486	\$8,052,772	\$8,184,360	\$131,588	1.63%	X
Merit Health Biloxi	101 to 200 Beds	1,637	4,657	\$6,781,980	\$6,789,966	\$7,987	0.12%	X
Rush Foundation Hospital	101 to 200 Beds	1,490	5,509	\$7,523,862	\$7,691,541	\$167,679	2.23%	X
Southwest MS Regional Medical Center	101 to 200 Beds	1,448	4,025	\$6,273,244	\$6,395,346	\$122,102	1.95%	X
Magnolia Regional Health Center	101 to 200 Beds	1,339	4,386	\$6,252,516	\$6,244,973	-\$7,543	-0.12%	X
Merit Health Natchez (Regional)	101 to 200 Beds	1,095	3,469	\$4,228,346	\$4,249,428	\$21,081	0.50%	X
Northwest MS Medical Center (fka Merith Health Northwest MS)	101 to 200 Beds	974	3,981	\$3,701,906	\$3,779,395	\$77,488	2.09%	X
Garden Park Hospital	101 to 200 Beds	937	2,340	\$3,770,899	\$3,805,483	\$34,584	0.92%	X
Bolivar Medical Center	101 to 200 Beds	936	2,801	\$3,572,463	\$3,622,518	\$50,055	1.40%	X
Ochsner Medical Center - Hancock	101 to 200 Beds	376	896	\$1,429,440	\$1,450,887	\$21,447	1.50%	X
Merit Health Rankin	101 to 200 Beds	106	375	\$1,027,589	\$1,063,434	\$35,845	3.49%	X
101-200 Beds peer group total		15,806	52,214	\$70,917,373	\$71,334,273	\$416,900	0.59%	X

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

Appendix

Results by peer group, 51-100 beds

SFY 22 DRG Simulation Results by Peer Group (51-100 Beds)								
Provider Name	Peer Group	CY 19 AD Stays	CY 19 AD Days	SFY 21 Baseline Allowed	SFY 22 Sim Allowed	Change from Baseline	Pct. Change from Baseline	Change in Allowed
Alliance Health Center (Laurelwood)	51 to 100 Beds	1,736	14,220	\$9,473,439	\$9,796,380	\$322,941	3.4%	X
Baptist Memorial Hospital - Union County	51 to 100 Beds	1,506	3,191	\$4,539,038	\$4,655,286	\$116,248	2.6%	X
Oktibbeha County Hospital	51 to 100 Beds	1,425	3,621	\$4,441,470	\$4,535,616	\$94,146	2.1%	X
Methodist Healthcare - Olive Branch	51 to 100 Beds	1,140	2,676	\$3,977,916	\$4,046,129	\$68,214	1.7%	X
Monroe Health Services, Inc. d/b/a North MS Medical Center - Gilmore-Amory	51 to 100 Beds	887	2,702	\$3,275,693	\$3,365,727	\$90,033	2.7%	X
King's Daughters Medical Center - Brookhaven	51 to 100 Beds	825	1,791	\$3,037,000	\$3,138,139	\$101,139	3.3%	X
Merit Health Madison	51 to 100 Beds	776	1,957	\$2,517,786	\$2,567,169	\$49,383	2.0%	X
Panola Medical Center (fka Merit Health Batesville)	51 to 100 Beds	753	3,045	\$2,780,038	\$2,848,612	\$68,573	2.5%	X
Wayne General Hospital	51 to 100 Beds	443	1,319	\$1,458,382	\$1,527,711	\$69,330	4.8%	X
51-100 Beds peer group total		9,491	34,522	\$35,500,762	\$36,480,769	\$980,007	2.8%	X

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

Appendix

Results by peer group, 50 beds

SFY 22 DRG Simulation Results by Peer Group (0-50 Beds)								
Provider Name	Peer Group	CY 19 AD Stays	CY 19 AD Days	SFY 21 Baseline Allowed	SFY 22 Sim Allowed	Change from Baseline	Pct. Change from Baseline	Change in Allowed
University of MS Medical Center - Grenada	0-50 Beds	740	2,363	\$2,753,505	\$2,814,027	\$60,522	2.2%	X
Clay County Medical Corporation - North MS West Point	0-50 Beds	705	1,978	\$2,383,217	\$2,434,917	\$51,700	2.2%	X
Highland Community Hospital	0-50 Beds	587	1,517	\$2,123,070	\$2,191,198	\$68,128	3.2%	X
Merit Health Woman's Hospital	0-50 Beds	469	1,703	\$1,882,302	\$1,967,462	\$85,160	4.5%	X
George County Hospital	0-50 Beds	452	1,206	\$1,462,707	\$1,513,441	\$50,735	3.5%	X
South Sunflower County Hospital	0-50 Beds	381	1,007	\$1,241,696	\$1,256,461	\$14,764	1.2%	X
Neshoba County General Hospital	0-50 Beds	251	702	\$720,380	\$778,795	\$58,416	8.1%	X
Mississippi Methodist Hospital & Rehabilitation Center	0-50 Beds	224	3,111	\$3,849,902	\$4,105,860	\$255,958	6.6%	X
Webster Health Services, Inc.	0-50 Beds	66	231	\$289,504	\$291,802	\$2,297	0.8%	X
Copiah County Medical Center	0-50 Beds	63	231	\$245,970	\$257,682	\$11,712	4.8%	X
Marion General Hospital	0-50 Beds	49	292	\$236,613	\$242,999	\$6,387	2.7%	X
North Sunflower County Hospital	0-50 Beds	49	196	\$236,303	\$232,955	-\$3,347	-1.4%	X
Yalobusha General Hospital	0-50 Beds	47	138	\$166,957	\$168,990	\$2,033	1.2%	X
Beacham Memorial Hospital (South Pike)	0-50 Beds	43	179	\$187,278	\$190,266	\$2,988	1.6%	X
Baptist Medical Center - Yazoo	0-50 Beds	41	168	\$168,339	\$169,441	\$1,103	0.7%	X
S. E. Lackey Memorial Hospital	0-50 Beds	40	125	\$121,833	\$132,282	\$10,448	8.6%	X
Noxubee General Critical Access Hospital	0-50 Beds	34	116	\$130,009	\$136,383	\$6,374	4.9%	X
Claiborne County Hospital	0-50 Beds	30	113	\$123,368	\$129,822	\$6,454	5.2%	X
Tyler Holmes Memorial Hospital	0-50 Beds	29	93	\$109,300	\$117,016	\$7,716	7.1%	X
Anderson Regional Medical Center - South Campus	0-50 Beds	29	355	\$376,945	\$494,651	\$117,706	31.2%	X

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

Appendix

Results by peer group, 50 beds (continued)

SFY 22 DRG Simulation Results by Peer Group (0-50 Beds)									
Provider Name	Peer Group	CY 19 AD Stays	CY 19 AD Days	SFY 21 Baseline Allowed	SFY 22 Sim Allowed	Change from Baseline	Pct. Change from Baseline	Change in Allowed	
Field Memorial Community Hospital	0-50 Beds	29	106	\$123,811	\$130,486	\$6,675	5.4%		X
Baptist Memorial Hospital - Booneville	0-50 Beds	27	89	\$140,819	\$144,714	\$3,895	2.8%		X
Magee General Hospital	0-50 Beds	25	76	\$106,699	\$111,406	\$4,707	4.4%		X
Alliance Healthcare System	0-50 Beds	23	131	\$83,925	\$84,674	\$750	0.9%		X
Holmes County Hospital & Clinics	0-50 Beds	21	63	\$83,859	\$87,103	\$3,243	3.9%		X
Baptist Medical Center - Leake	0-50 Beds	21	72	\$86,440	\$89,563	\$3,123	3.6%		X
Tishomingo Health Services	0-50 Beds	20	57	\$81,425	\$90,972	\$9,547	11.7%		X
Baptist Memorial Hospital - Calhoun	0-50 Beds	20	53	\$65,400	\$63,589	-\$1,811	-2.8%	X	
Winston County Community Hospital	0-50 Beds	19	47	\$65,799	\$73,033	\$7,234	11.0%		X
Baptist Medical Center - Attala	0-50 Beds	19	40	\$76,457	\$77,915	\$1,458	1.9%		X
Sharkey Issaquena Community Hospital	0-50 Beds	18	79	\$56,356	\$60,298	\$3,942	7.0%		X
Laird Hospital, Inc.	0-50 Beds	15	44	\$53,582	\$58,426	\$4,844	9.0%		X
Whitfield Medical Surgical Hospital	0-50 Beds	15	110	\$82,166	\$82,427	\$260	0.3%		X
Simpson General Hospital	0-50 Beds	15	55	\$52,543	\$53,384	\$841	1.6%		X
Lawrence County Hospital	0-50 Beds	13	37	\$42,117	\$45,154	\$3,038	7.2%		X
Boa Vida Hospital of Aberdeen, MS, LLC d/b/a Monroe Regional Hospital (fka Pioneer - Aberdeen)	0-50 Beds	13	49	\$57,450	\$60,663	\$3,213	5.6%		X
Encompass Health Rehabilitation Hospital	0-50 Beds	12	140	\$192,179	\$203,528	\$11,349	5.9%		X
Tippah County Hospital	0-50 Beds	12	34	\$48,120	\$50,369	\$2,249	4.7%		X
Choctaw Regional Medical Center	0-50 Beds	12	35	\$44,209	\$48,855	\$4,645	10.5%		X
H. C. Watkins Memorial Hospital	0-50 Beds	10	41	\$39,961	\$41,854	\$1,893	4.7%		X

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

Appendix

Results by peer group, 50 beds (continued)

SFY22 DRG Simulation Results by Peer Group (0-50 Beds)								
Provider Name	Peer Group	CY 19 AD Stays	CY 19 AD Days	SFY 21 Baseline Allowed	SFY 22 Sim Allowed	Change from Baseline	Pct. Change from Baseline	Change in Allowed
Pontotoc Health Services, Inc.	0-50 Beds	8	18	\$30,715.79	\$33,537	\$2,821	9.2%	X
Covington County Hospital	0-50 Beds	8	27	\$30,573.06	\$35,031	\$4,458	14.6%	X
Scott (Morton) Regional Medical Center	0-50 Beds	7	19	\$23,610.77	\$26,774	\$3,164	13.4%	X
Franklin County Memorial Hospital	0-50 Beds	7	30	\$34,672.95	\$35,713	\$1,040	3.0%	X
Jefferson Davis Community Hospital (Prentiss)	0-50 Beds	7	22	\$31,671.23	\$29,891	-\$1,780	-5.6%	X
Walthall County General Hospital	0-50 Beds	6	15	\$21,781.94	\$20,338	-\$1,444	-6.6%	X
Jefferson County Hospital	0-50 Beds	6	17	\$19,372.80	\$21,596	\$2,223	11.5%	X
Tallahatchie General Hospital	0-50 Beds	6	21	\$27,352.08	\$25,759	-\$1,593	-5.8%	X
Trace Regional Hospital	0-50 Beds	3	13	\$10,739.46	\$11,201	\$462	4.3%	X
John C. Stennis Memorial Hospital	0-50 Beds	2	9	\$7,913.87	\$7,994	\$80	1.0%	X
Pearl River County Hospital	0-50 Beds	2	6	\$9,227.71	\$9,299	\$71	0.8%	X
Perry County General Hospital	0-50 Beds	1	1	\$1,988.47	\$2,087	\$98	5.0%	X
0-50 Beds peer group total		4,751	17,380	\$20,642,135.21	\$21,544,084	\$901,949	4.4%	X

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

Appendix

Results by peer group, Psych

SFY22 DRG Simulation Results by Peer Group (Psych)								
Provider Name	Peer Group	CY 19 AD Stays	CY 19 AD Days	SFY 21 Baseline Allowed	SFY 22 Sim Allowed	Change from Baseline	Pct. Change from Baseline	Change in Allowed
Brentwood Behavioral Healthcare of MS	Psych	1,524	15,658	\$9,219,080	\$9,664,812	\$445,733	4.8%	X
Gulfport Behavioral Health System	Psych	821	6,103	\$4,770,998	\$4,864,253	\$93,256	2.0%	X
Diamond Grove Center for Children & Adolescents	Psych	805	8,373	\$5,295,216	\$5,467,013	\$171,797	3.2%	X
Parkwood Behavioral Healthcare	Psych	780	6,535	\$4,637,399	\$4,798,375	\$160,976	3.5%	X
Oceans Behavioral Hospital of Biloxi, LLC d/b/a Gulf Oaks Behavioral Hospital	Psych	211	1,596	\$1,209,399	\$1,178,722	-\$30,677	-2.5%	X
Oak Circle Center / MS State Hospital	Psych	110	3,676	\$1,368,880	\$1,366,817	-\$2,064	-0.2%	X
Psych peer group total		4,251	41,941	\$26,500,972	\$27,339,992	\$839,021	3.2%	X

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

Appendix

Results by peer group, out-of-state

SFY22 DRG Simulation Results by Peer Group (Out-of-State)								
Provider Name	Peer Group	CY 19 AD Stays	CY 19 AD Days	SFY 21 Baseline Allowed	SFY 22 Sim Allowed	Change from Baseline	Pct. Change from Baseline	Change in Allowed
Methodist Hospital of Memphis	OOS	1,020	9,283	\$13,074,790	\$13,057,641	-\$17,149	-0.1%	X
Methodist Healthcare - Memphis Hosp d/b/a Le Bonheur Child's Hosp	OOS	730	6,626	\$10,509,469	\$10,115,853	-\$393,616	-3.7%	X
USA Children's & Women's Hospital	OOS	482	5,727	\$6,133,801	\$5,711,396	-\$422,405	-6.9%	X
Regional Medical Center Memphis D/B/A Regional One Health	OOS	400	4,924	\$7,986,129	\$7,490,170	-\$495,959	-6.2%	X
Baptist Memorial Hospital	OOS	381	4,171	\$5,501,375	\$5,300,423	-\$200,952	-3.7%	X
Ochsner Foundation Hospital	OOS	305	3,299	\$5,301,612	\$5,271,965	-\$29,647	-0.6%	X
Slidell Memorial Hospital	OOS	254	1,143	\$1,705,683	\$1,691,135	-\$14,548	-0.9%	X
St. Jude Children's Research Hospital	OOS	184	928	\$1,627,893	\$1,641,418	\$13,526	0.8%	X
Children's Hospital	OOS	142	950	\$2,100,874	\$2,139,217	\$38,343	1.8%	X
Saint Francis Hospital	OOS	130	886	\$1,082,578	\$1,062,898	-\$19,680	-1.8%	X
University of South Alabama D/B/A USA Medical Center	OOS	99	985	\$1,620,711	\$1,630,441	\$9,730	0.6%	X
Northshore Regional Medical Center	OOS	94	518	\$734,479	\$745,476	\$10,996	1.5%	X
Delta Medical Center	OOS	40	531	\$246,492	\$248,477	\$1,985	0.8%	X
Crestwyn Health Group, LLC. D/B/A Crestwyn Behavioral Health	OOS	35	344	\$213,653	\$208,409	-\$5,244	-2.5%	X
Our Lady of the Lake Regional Medical Center	OOS	33	294	\$432,113	\$435,308	\$3,194	0.7%	X
Lakeside Behavioral Health System	OOS	33	460	\$220,560	\$221,852	\$1,292	0.6%	X
University of Alabama Hospital	OOS	28	264	\$749,991	\$738,041	-\$11,950	-1.6%	X
University Healthcare System D/B/A Tulane University Hospital	OOS	21	197	\$610,907	\$549,049	-\$61,858	-10.1%	X
Altapointe Health Systems, Inc. D/B/A Baypointe Behavioral Health	OOS	19	313	\$168,876	\$170,585	\$1,709	1.0%	X
Mobile Infirmary Medical Center	OOS	19	107	\$185,982	\$205,340	\$19,357	10.4%	X
Other OOS hospitals		172	1,471	\$2,683,013	\$2,547,849	-\$135,164	-5.0%	X
OOS peer group total		4,621	43,421	\$62,890,981	\$61,182,942	-\$1,708,039	-2.7%	X

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

CONDUENT

