FAQ: IPPS Update Presentation 2022

Q: How will you handle hospitals that became teaching since 2019?

A: DCH will explore different options to include newly approved programs in the GME supplemental payment pool, against the current regulations.

Q: How will this affect Medicare automatic crossover claims?

A: There should be no affect.

Q: Do you expect this be budget neutral or will the Department be requesting additional funding?

A: Initial Decision is budget neutral, however, this is being discussed internally.

Q: Will you provide a crosswalk between the Tricare v 35 and the new APR DRG?

A: The state will provide a DRG listing of the new APR DRG's and DRG Weights. However, a 1 to 1 crosswalk will be difficult to provide because of the complexity of the different grouper versions.

Q: How will this affect Medicare automatic crossover claims?

A: There should be no affect.

Comment: we echo the thoughts of others in shifting the state from Admission to a Discharge bases that is much more in line with all other payers. Enhances overall consistency. Thanks for your consideration.

A: DCH will review and explore this request for feasibility.

Q: How DCH will handle new teaching programs that started after the 2019 cost report period. Since we are incurring the cost, how will we be reimbursed by DCH under the current and proposed DRG systems?

A: DCH will explore different options to include newly approved programs in the GME supplemental payment pool, against the current regulations.

Comment: Using this transition as an opportunity to change from an admit date to a discharge date would make GA Medicaid consistent with other programs and make the filing of claims on

the annual Medicare DSH survey consistent. Currently the FFS claims on the DSH Survey is on admit basis, while all other claims are on a discharge basis for many hospitals.

A: DCH will review and explore this request for feasibility.

Q: What is the prompted the change from Tricare grouper to APR-DRG grouper?

A: Georgia is the only state still utilizing the Tricare DRG, which is designed for the DOD and military families. The APR-DRG grouper is more applicable to the Medicaid population. The APR-DRG grouper contains 1,330 different DRG assignments compared to the 822 DRGs in Tricare. This allows the state to review reimbursement with much more specificity.

Q: With the APR-DRG being much more specific, will one day stays need to continue to be reimbursed on cost?

A: This is being reviewed and will be evaluated once models are produced.

Q: Will the initial system update presented to the hospitals in August 2022 include an impact for each hospitals for the transition from Tricare grouper to APR-DRG grouper?

A: Fiscal Impacts will be produced for each provider much like the annual updates to allow hospitals to review the new system.

Comment: .. respectfully requests DCH change the inpatient status ***from admission to discharge*** due to this Medicaid Inpatient change to the APR-DRG system. The base APR DRG, severity of illness subclass and risk of mortality subclass represent the patient's condition at the time of discharge. This would more align with other payers and impact Georgia hospitals in a positive way. This was discussed numerous times with DCH during the now defunct DCH/ Hospital Advisory Committee (that should be re-instituted by DCH, as we are also stakeholders) in 2014 and 2015. I know that most hospitals in the State of Georgia would agree with this change.

A: DCH will review and explore this request for feasibility.

Comment: During the presentation, it was shared that the State of Georgia plans to use calendar year 2019 for the study period to develop the new APR-DRG factors including base rate, weights and outlier thresholds.

Q: Will the study period be for all cases discharged during 2019, regardless of date of admission, or will it be for all cases admitted during 2019, with discharges through dd-mm-yyyy date?

A: Claims admitted between 1/1/2019 – 12/31/2019 regardless of discharge date.

Q: If the answer is cases admitted in 2019, what is the planned cutoff date for discharges to be included in the study?

A: Claims admitted between 1/1/2019 – 12/31/2019 with an adjudicated date runout to December 31, 2021.

Q: Will the State be using just Fee for Service Medicaid claims or both Fee for Service Medicaid and CMO claims?

A: Both FFS claims and CMO Encounter data will be utilized in the rebase.

Comment: Hospitals currently submit UB-04 claims electronically with all IDC-10 codes assigned (UB-04 FL67A allows 24 codes plus the primary diagnosis code in FL67 and FL74A allows 24 codes plus the primary diagnosis code in FL74).

Q: For assigning APR-DRG's, will the State have any limitations for the study period claims with regard to the number of ICD-10 diagnosis and procedure codes? If so, what are they?

A: The data utilized from GAMMIS and Encounter that is submitted to MSLC has diagnosis and procedure codes out to 10 for each.

Q: We also have the same question for the assignment of APR-DRG's once the new program is in place. Will there be any limitations imposed on the number of ICD-10 codes a provider submits (i.e., will the State's claim system / APR-DRG grouper accept all codes submitted by a provider, or will there be a limit)? If there is a limit, please share what it is?

A: I believe the system stores all submitted diagnosis and procedure codes and will utilize all codes on a claim for grouping purposes. However, this is a Gainwell question of how many codes their system can handle when processing the claim. Additionally, are they going to pass all Diagnosis and Procedure codes to the cloud grouping OR will there be a limit imposed the maximum per claim that is submitted.

Q: Currently, a 15% enhanced payment rate exists for a handful of PeachCare for Kids DRG's. Does DCH plan to map these Tricare v35 DRG's to a corresponding APR-DRG?

A: The 15% enhanced payment rate is for the S-CHIP program, not the Title XIX Medicaid program. This will be evaluated once the system is created.

Q: I know that the APR-DRG conversion doesn't impact the Rehab and LTAC hospitals, since they are now on a per diem methodology; however, I'm inquiring whether those per diems will be also updated with FY 2019 data for July 1, 2023?

A: LTAC and IRFs will see rates increased by 10% pending approval from CMS.

Comment: I'm reaching out to see whether you can address the Department's plans to consider updated GME programs in the upcoming IPPS update? As you know, we've had several new residency programs come online since the last update and more are in the pipeline. I'd like to make sure that DCH is aware of these new programs when setting Medicaid rates that include a GME component.

Response: DCH will explore different options to include newly approved programs in the GME supplemental payment pool, against the current regulations.