



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Georgia Medicaid Inpatient Prospective Payment System: Rebase & APR-DRG Transition



Department of Community Health
Office of Reimbursement
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Current IPPS Methodology

- Previous Rebase Effective January 1, 2019.
- Direct GME is paid based on surveyed FTEs at facility. – Updated Annually
- DRG Weights
 - Tricare Version 35 – Custom State Specific Calculated Weights



Current IPPS Methodology (Cont.)

- Hospital Base Rates
 - Statewide Rate of \$5,310.99
 - Rate Add-Ons
 - MIUR Adj. – Tiered schedule of 2% up to 10% add-on.
 - Indirect Medical Education Add-On – Updated Annually
 - Peer Group Add-On – Children’s Hospitals receive Peer Group Add-On
 - Stop-Loss/Stop-Gain Adj.
- Cost to Charge Ratios – Updated Annually



APR-DRG Transition

- Currently utilizes Tricare DRG V35
- Update to APR-DRG Eff. July 1, 2023
 - Version 39 (*Tentative*)
 - State Specific Cost-Based Weights



IPPS System Rebase

- Base Data Sets
 - CY 2019 Claims
 - 2019 DSH Payment Surveys
 - FYE 2019 Cost Reports
- Updates:
 - Statewide Base Rate
 - Base Rate Add-On's evaluated and updated
 - DRG Weights & Outlier Thresholds
 - Cost to Charge Ratios



Proposed Timeline

- May 2022 – July 2022 - System Calculation & Modeling
- August 2022 – Initial System Update Presented to Hospitals
- September 1, 2022 - Initial Proposed APR-DRG System to Gainwell
- Fall 2022 - Additional Modeling (*as needed*)
- July 1, 2023 – APR-DRG & Rebased Base Rates Effective



Questions?

To ensure all questions and comments are collected, please submit written comments and questions to:

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