

MILLIMAN REPORT

State of Hawai`i Med-QUEST Division

Proposed Inpatient APR DRG Payment Model

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Ben Mori

Senior Healthcare Consultant

Justin Birrell, FSA, MAAA

Principal and Consulting Actuary

Victoria Boon, ASA, MAAA

Associate Actuary





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DRG Overview

State of Hawai'i Med-QUEST Division (MQD) has requested that Milliman assist with the development of a new inpatient prospective payment methodology that utilizes the 3M™ All Patient Refined Diagnosis Related Groups (APR DRG) patient classification system. MQD proposes to use this new payment methodology for its Medicaid fee-for-service (FFS) population in place of the current inpatient per diem methodology **effective January 1, 2022**. MQD also proposes to require Medicaid Managed Care Organizations (MCOs) to adopt the APR DRG methodology for hospital payment purposes via a § 438.6(c) state directed payment arrangement. Milliman has performed this work under contract with MQD signed on July 1, 2020.

In this report we describe the results, data sources, and methodology for MQD's proposed APR DRG model. ***The APR DRG model described in this report represents MQD's proposed methodology as reflected in its public notice and in its State Plan Amendment submitted to the Centers for Medicare and Medicaid Services (CMS). MQD's proposed APR DRG model is subject to change based on the CMS approval and formal public comment processes.*** MQD's proposed APR DRG model incorporates input from over a dozen stakeholder meetings with hospitals, MCOs, and the Healthcare Association of Hawaii (HAH), facilitated by MQD and attended by Milliman.

MQD has several goals and objectives for the new APR DRG payment methodology, consistent with its QUEST Demonstration goals:

- ***Establish standardized payment benchmark:*** For inpatient payment purposes, DRGs are a mechanism for making case rate payments for similar services provided in a hospital inpatient stay. By establishing a transparent, publically available FFS fee schedule, MQD will be better equipped to compare and evaluate reimbursement levels across inpatient services, hospitals, and MCOs.
- ***Provide acuity measurement:*** DRGs are used both by payers and providers to classify hospital inpatient stays into clinically meaningful diagnostic groups. This provides MQD a basis for evaluating variation in service mix, cost structures, and patient outcomes (including readmissions) across hospitals and MCOs.
- ***Promote equitability across providers:*** For inpatient payment purposes, DRGs are a mechanism for making a standardized case rate payment for similar services provided in a hospital inpatient stay. This provides for an equitable payment for the same type of service across the delivery system, while also providing enhanced payment for the services with the highest levels of intensity.
- ***Incentivize efficient delivery of care:*** By establishing case rates for each DRG, a DRG prospective payment methodology incentivizes hospitals to avoid unnecessary lengths of stay and ancillary services during an inpatient service.
- ***Enable state control of expenditures:*** By establishing a transparent, publically available FFS fee schedule, MQD seeks to control the rate of inpatient expenditure increases.

DRG-based payment methodologies are the most widely-used inpatient reimbursement model by U.S. government payers. Nationally, DRGs are used by the Centers for Medicare and Medicaid Services (CMS) in its Medicare inpatient prospective payment system (IPPS) and by the Military Health System for its TRICARE payment system. Based on our review of payment methodologies used by state Medicaid agencies, DRG-based payment methodologies are the most common model used for inpatient reimbursement, with **41** state Medicaid agencies using DRGs for payment purposes.¹

Of the Medicaid programs using DRGs, the leading inpatient classification software, or "grouper" products, are described in Figure 1 below.

¹ Based on review of the Medicaid and CHIP Payment and Access Commission's (MACPAC's) 2018 study "States' Medicaid Fee-for-Service Inpatient Hospital Payment Policies," and supplemented by our review of state plan amendments (SPAs) and state regulations and our consultants' experience developing payment systems in multiple states.

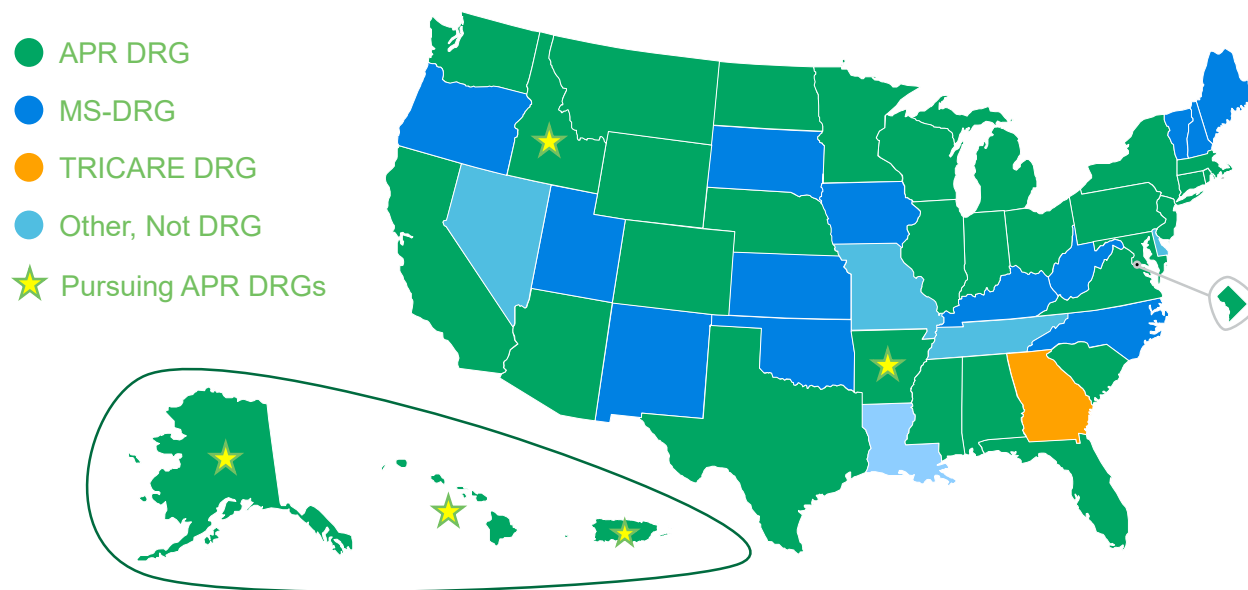
FIGURE 1 – DRG GROUPER SUMMARY

DRG PRODUCT	DEVELOPER	TARGET POPULATIONS	TOTAL NUMBER OF DRGS	NEWBORN DRGS	BEHAVIORAL HEALTH DRGS	MEDICAID PROGRAM USE (NUMBER OF STATES)	OTHER PAYER ADOPTION
APR DRG VERSION 37	3M (proprietary)	All patients	1,320	112	72	27	Some commercial plans
MS DRG VERSION 37	3M / CMS (public)	Medicare (elderly)	759	7	13	13	Medicare, many commercial plans
TRICARE VERSION 37	3M / Military Health System (public)	Service members and their families and veterans	827	29	14	1	Military Health System, some commercial plans

The 1,320 APR DRGs consists of 330 base DRGs with four severity of illness (SOI) levels each (ranging from 1-“Minor” to 4-“Extreme”), plus two “ungroupable” DRGs. Per 3M, SOI levels relate “to the extent of physiologic decompensation or organ system loss of function experienced by the patient.”²

The DRG groupers used by each state are shown in Figure 2 below. More background on Medicaid inpatient hospital reimbursement methodologies used nationally can be found in MACPAC’s 2018 study “State Medicaid Payment Policies for Inpatient Hospital Services”.³

FIGURE 2 – INPATIENT DRG GROUPERS BY MEDICAID AGENCY



² 3M, “All Patient Refined Diagnosis Related Groups (APR DRG) Methodology Overview - Software version 37.1”, April 2020. https://apps.3mhis.com/docs/Groupers/All_Patient_Refined_DRG/Methodology_overview_GRP041/grp041_aprdrg_meth_overview.pdf

³ MACPAC, “State Medicaid Payment Policies for Inpatient Hospital Services”, December 2018. <https://www.macpac.gov/publication/macpac-inpatient-hospital-payment-landscapes/>

As shown in the Figures 1 and 2, 3M's APR DRG is the most widely-used DRG grouper by Medicaid agencies for determining payments for acute inpatient services. The proliferation of APR DRGs can be attributed to a variety of factors, including having the most granularity, design for use with all patient populations, the availability of national weights for payment, and critical mass amongst state Medicaid agencies (who often adopt common approaches used nationally). Many states that have recently converted from per diems to DRGs have adopted the APR DRG grouper (for example, Arizona, California, and Florida), and we are aware that Alaska and Puerto Rico are currently developing new APR DRG based payment methodologies.

Compared to APR DRGs, MS-DRGs provide significantly lower granularity in the classification of newborn, neonatal, and mental health services. As such, using MS-DRGs for Medicaid payment by MQD may require significant customization of the MS-DRG algorithm (particularly for neonatal DRGs) and the development of Hawai'i-specific relative weights. TRICARE DRGs expand the neonatal DRG classifications from MS-DRGs, but have limited adoption (one state Medicaid agency) compared to APR DRGs and do not include the same scope of severity adjustments across DRGs. Due to APR DRGs' enhanced granularity (particularly for key Medicaid service lines) and widespread adoption of across states, MQD proposes to use the APR DRG grouper as the patient classification system for its new Medicaid inpatient prospective payment methodology.

Results

The primary data sources used to model payments and estimate impacts under MQD's proposed APR DRG prospective payment methodology are state fiscal year (SFY) 2018 Medicaid inpatient managed care encounter data and FFS paid claims data (described in the "Data Sources" section for specifications). See **Appendix A** for exhibits illustrating MQD's proposed APR DRG model rate factors, as well as summaries of the simulated APR DRG payments compared to current system payments and compared to estimated costs incurred by hospital of providing inpatient Medicaid services.

Actual payments under APR DRGs will differ from the simulated payments in this modeling. Reasons for differences include but are not limited to future changes in enrollment, inpatient utilization, inpatient service mix, hospital documentation and coding, hospital chargemasters, COVID-19 impacts, and other factors. Also, the APR DRG modeling does not include estimated changes to Medicaid supplemental payments that may be impacted by payment changes under APR DRGs.

MODEL METRICS

To evaluate the fiscal impacts of MQD's proposed APR DRG prospective payment methodology, we summarized the following metrics from the APR DRG payment simulation model:

- ***SFY 2018 MCO Encounters and FFS Data:***
 - SFY 2018 Medicaid discharge data from the managed care encounter and FFS paid claims data for in-state short term acute hospitals. APR DRG payment modeling excluded Critical Access Hospitals, freestanding rehabilitation hospitals, freestanding psychiatric hospitals, out-of-state hospitals, and State of Hawaii Organ and Tissue Transplant (SHOTT) services. APR DRG payment modeling also excluded Kaiser and Shriners hospital due to data issues (however MQD proposes to include these two hospitals in the APR DRG payment methodology).
 - See the "Data Source" section for more details on model discharge data relied upon.
 - Estimated costs, calculated using Medicare costing principles at the claim detail line level. See the "Methodology" section for more information about the cost calculation.
 - DRG "case mix", equal to the sum of the 3M APR DRG version 37.1 "HSRV" national weights divided by the number of discharges. Case mix indicates the average relative resource requirements for a set of discharges (e.g. the average relative resource requirements for all discharges from a given hospital).
- ***Payments Under Current System:***
 - Reported ("current system") payments, based on paid amounts reported in the managed care encounter data and FFS paid claims data. Current system payments included payments for waitlisted days.
 - Case mix adjusted average payment per discharge, equal to the average current system payment per discharge divided by case mix. This allows for a comparison of relative reimbursement levels after adjusting for differences in volume and case mix.
 - Estimated current system pay-to-cost ratio, equal to total current system payments divided by estimated costs.
- ***Simulated Payments under APR DRGs***
 - Simulated payments, equal to the sum of simulated base DRG payments and outlier payments. See the "Methodology" section for more details on the simulated APR DRG payment methodology.
 - Simulated DRG base payments are calculated by multiplying the hospital DRG base rate by the corresponding APR DRG relative weight and policy adjuster factor. Each hospital's DRG base rate is equal to the proposed statewide standardized multiplied by the hospital indirect medical education (IME) factor. There are separate proposed statewide standardized amounts for privately-owned hospitals (**\$11,578.24**) and government-owned Hawaii Health Systems Corporation (HHSC) hospitals (**\$6,368.03**, modeled to be 55% of the private standardized amount).

- The policy adjusters enhance the base DRG payment for key Medicaid service lines.
 - Base DRG payment also include a Medicare-style transfer payment adjustment which reduces the full DRG payment for select discharges to another hospital setting
 - Simulated outlier payments are modeled under a cost-based Medicare-style methodology and are additive to the base DRG payment for extraordinarily high cost cases that exceed the outlier threshold for each DRG (as opposed to replacing the base DRG payment). The proposed outlier payment parameters included a **\$58,000** “fixed loss amount” (which is added to the base DRG payment to determine the outlier threshold) and marginal cost factors applied to claim costs exceeding the outlier threshold (**75%** for SOI levels 1-2, and **85%** for SOI levels 3-4).
- Case mix adjusted average simulated payment per discharge, equal to the average simulated APR DRG based payment per discharge divided by case mix.
 - Estimated simulated pay-to-cost ratio, equal to total simulated APR DRG based payments divided by estimated costs.
- *Estimated Impact*
 - Modeled payment change, equal to total simulated APR DRG based payments minus current system payments.
 - Modeled payment change percentage, equal to modeled payment change divided by current system payments.

MODEL BUDGET NEUTRALITY

Per MQD's direction, APR DRG base rates were modeled to be “budget neutral” for managed care, such that aggregate simulated APR DRG payments (for base DRG payments with policy adjusters and outlier payments combined) were equal to the aggregate reported paid amounts for the model's inpatient MCO encounters (in other words, \$0 aggregate estimated payment change). In recognition of Medicaid supplemental payment funding streams for private hospitals and HHSC hospitals that would be impacted by the new APR DRG methodology, MQD requested separate APR DRG base rates for the private hospital and HHSC hospital classes, modeled to be approximately budget neutral for each class in aggregate.

We found that current Medicaid inpatient FFS reimbursement levels (in terms of the case mix adjusted average payment and pay-to-cost ratio) were relatively lower compared Medicaid MCO reimbursement levels. As such, MQD decided to increase Medicaid inpatient FFS reimbursement levels to be comparable with Medicaid managed care, and at MQD's direction we applied the modeled statewide standardized APR DRG base rate (budget neutral for managed care) to the Medicaid FFS experience. This resulted in an approximately **\$375,000** simulated increase (+14%) in FFS payments as compared to reported payments. Figure 3 below shows the simulated APR DRG payments (including policy adjusters and outlier payments) compared to current system payments and estimated costs, for FFS vs. MCO:

FIGURE 3 – MODELED IMPACT FOR MCO VS. FFS

MCO vs FFS	Model Data			Current System Payments			Simulated APR DRG Payments			Estimated Impact	
	Model Discharges	APR DRG Case Mix	Estimated Costs	Reported Encounter and Claim Paid Amounts	Case Mix Adjusted Average Payment Per Discharge	Estimated Pay-to-Cost Ratio	Simulated APR DRG Payments	Case Mix Adjusted Average Payment Per Discharge	Estimated Pay-to-Cost Ratio	Estimated Payment Change	Estimated Payment Change Percentage
MCO	25,369	0.717	\$ 361,417,403	\$ 258,069,726	\$ 14,178	71.4%	\$ 258,069,726	\$ 14,178	71.4%	\$ 0	0.0%
FFS	311	0.792	\$ 5,099,751	\$ 2,754,171	\$ 11,179	54.0%	3,128,666	12,699	61.3%	374,496	13.6%
Total	25,680	0.718	\$ 366,517,154	\$ 260,823,897	\$ 14,138	71.2%	\$ 261,198,392	\$ 14,159	71.3%	\$ 374,496	0.1%

MODELED OUTLIER PAYMENTS

Per MQD's direction, we modeled APR DRG outlier payment parameters (specifically, the fixed loss amount and marginal cost factors) to result in simulated outlier payments of approximately 10% of total simulated APR DRG payments, consistent with the range of outlier payment targets used by several Medicaid agencies. We modeled outlier payments under a Medicare-style cost-based methodology for extraordinarily high cost cases and are additive to the base DRG payment. Figure 4 below shows the simulated APR DRG base payments (with policy adjusters included) vs. outlier payments, for FFS vs. MCO:

FIGURE 4 – MODELED OUTLIER PAYMENTS

MCO vs FFS	Model Data		Simulated APR DRG Payments			
	Model Discharges	APR DRG Case Mix	Simulated Base DRG Payments	Simulated Outlier Payments	Total Simulated Payments	Outlier Payments as a Percentage of Total
MCO	25,369	0.717	\$ 232,031,416	\$ 26,038,310	\$ 258,069,726	10.1%
FFS	311	0.792	2,826,692	301,974	3,128,666	9.7%
Total	25,680	0.718	\$ 234,858,108	\$ 26,340,284	\$ 261,198,392	10.1%

MODELED PAYMENTS BY SERVICE LINE

To evaluate the fiscal impacts at the service line level, we summarized model results by inpatient service line, which includes ranges of DRGs. From this analysis we found significant ranges of relative reimbursement levels across service lines under the current system, in terms of the case mix adjusted average payment and the estimated pay-to-cost ratio. Figure 5 below summarizes the current system payments by service line:

FIGURE 5 – CURRENT SYSTEM PAYMENTS BY SERVICE LINE (SORTED BY CASE MIX ADJUSTED AVERAGE PAYMENT)

Inpatient Service Line	Model Data			Current System Payments		
	Model Discharges	APR DRG Case Mix	Estimated Costs	Current System Payments	Case Mix Adjusted Average Payment Per Discharge	Estimated Pay-to-Cost Ratio
Other Newborn (Neonatal)	764	2.46	\$29,781,363	\$44,488,845	\$23,672	149.4%
Surgical	3,233	1.779	\$102,896,701	\$82,400,034	\$14,328	80.1%
Medical	10,022	0.699	\$162,281,990	\$99,405,061	\$14,193	61.3%
Maternity Non-Delivery	382	0.386	\$3,106,912	\$1,779,275	\$12,063	57.3%
Alcohol and Drug Abuse	348	0.429	\$2,998,225	\$1,506,427	\$10,099	50.2%
Well Newborn	5,102	0.147	\$12,960,995	\$7,291,953	\$9,756	56.3%
Psychiatric	1,349	0.452	\$12,694,919	\$5,931,441	\$9,718	46.7%
Maternity Cesarean Section Delivery	1,136	0.653	\$14,315,504	\$6,553,732	\$8,830	45.8%
Maternity Normal Delivery	3,344	0.424	\$25,480,545	\$11,467,128	\$8,092	45.0%
Total	25,680	0.718	\$366,517,154	\$260,823,897	\$14,138	71.2%

As shown in Figure 5, there are significant disparities in inpatient reimbursement levels under the current system across service lines, even when adjusting for the service line case mix, volume, and estimated costs. For example:

- The key Medicaid service lines of maternity deliveries (normal and cesarean section) and psychiatric services had less than a 50% estimated pay-to-cost ratio and a had a case mix adjusted average payment significantly less than the statewide average of \$14,138.
- The other newborn service line (neonatal DRGs), also a key Medicaid service line, had an estimated pay-to-cost ratio of 149% and had a case mix adjusted average payment (\$23,672) that was \$9,534 higher than the statewide average (\$14,138).

Per MQD's goals and objectives described previously, MQD seeks to develop a standardized payment methodology that provides more equitable payment across services. At the same time, MQD recognizes the fiscal impacts that would occur from a purely standardized payment methodology, the considerations of which are especially important for key Medicaid service lines with high Medicaid utilization, where hospitals have fewer opportunities to cost shift to other payers. As such, at MQD's direction, we have modeled the following policy adjusters that enhance base DRG payments for key Medicaid service lines:

- Other newborn (neonatal): **1.55** factor
- Well newborn: **1.15** factor
- Maternity (normal delivery and cesarean section delivery): **1.15** factor
- Psychiatric and alcohol and drug abuse: **1.15** factor
- Trauma services (based on DRG description): **1.15** factor
- All other pediatric services (age 20 and under): **1.15** factor
- All other adult services: **1.00** factor (no payment enhancement)

As shown in figure 6 below, these factors generally resulted in simulated pay-to-cost ratios more consistent with statewide averages compared to current system pay-to-cost ratios. For the other newborn (neonatal) policy adjuster, MQD sought to mitigate negative impacts for this key Medicaid service line, while still keeping reimbursement levels at enhanced levels (with a resulting estimated pay-to-cost ratio under APR DRGs of 139%). The modeled impact of policy adjusters affect each hospital differently based on their mix of services rendered.

Figure 6 below summarizes the simulated APR DRG payments by service line.

FIGURE 6 – SIMULATED APR DRG PAYMENTS BY SERVICE LINE (SORTED BY CASE MIX ADJUSTED AVERAGE PAYMENT)

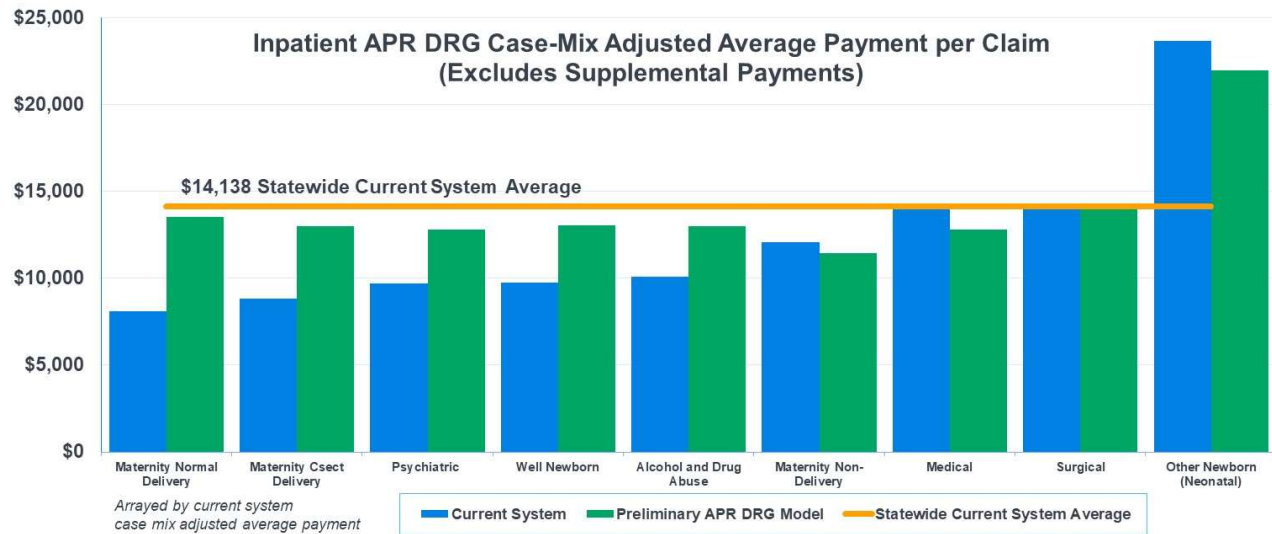
Service Line	Model Data			Simulated APR DRG Payments					
	Model Discharges	APR DRG Case Mix	Estimated Costs	Modeled Policy Adjuster Factor	Simulated Base DRG Payments	Simulated Outlier Payments	Simulated APR DRG Payments	Case Mix Adjusted Average Payment Per Discharge	Estimated Pay-to-Cost Ratio
Other Newborn (Neonatal)	764	2.460	\$ 29,781,363	1.55	\$ 36,425,491	\$ 4,889,221	\$ 41,314,712	\$ 21,983	138.7%
Surgical	3,233	1.779	102,896,701	1.15 pediatric, 1.15 trauma, 1.00 adult all other	68,149,873	12,198,766	80,348,639	13,972	78.1%
Maternity Normal Delivery	3,344	0.424	25,480,545	1.15	\$ 19,196,244	0	19,196,244	13,547	75.3%
Well Newborn	5,102	0.147	12,960,995	1.15	9,735,299	0	9,735,299	13,024	75.1%
Alcohol and Drug Abuse	348	0.429	2,998,225	1.15	1,912,832	29,001	1,941,834	13,018	64.8%
Maternity Cesarean Section Delivery	1,136	0.653	14,315,504	1.15	9,568,747	79,689	9,648,436	13,000	67.4%
Psychiatric	1,349	0.452	12,694,919	1.15	7,589,164	230,336	7,819,499	12,811	61.6%
Medical	10,022	0.699	162,281,990	1.15 pediatric, 1.15 trauma, 1.00 adult all other	80,593,024	8,909,269	89,502,292	12,779	55.2%
Maternity Non-Delivery	382	0.386	3,106,912	1.15 pediatric, 1.00 adult	1,687,435	4,002	1,691,437	11,468	54.4%
Total	25,680	0.718	\$ 366,517,154		\$234,858,108	\$ 26,340,284	\$261,198,392	\$ 14,159	71.3%

PAYMENT IMPACT CONSIDERATIONS

The estimated payment impacts shown as follows are expressed as comparisons of the case mix adjusted average payment per discharge and pay-to-cost ratios. Case mix adjusted average payment is based on the average payment per discharge divided by APR DRG case mix, which allows a comparison of relative reimbursement levels after adjusting for differences in volume and case mix.

Figure 7 below compares the case mix adjusted average payment between the current system and modeled payments under APR DRGs (excluding supplemental payments) by service line (arrayed by current system case mix adjusted average payment).

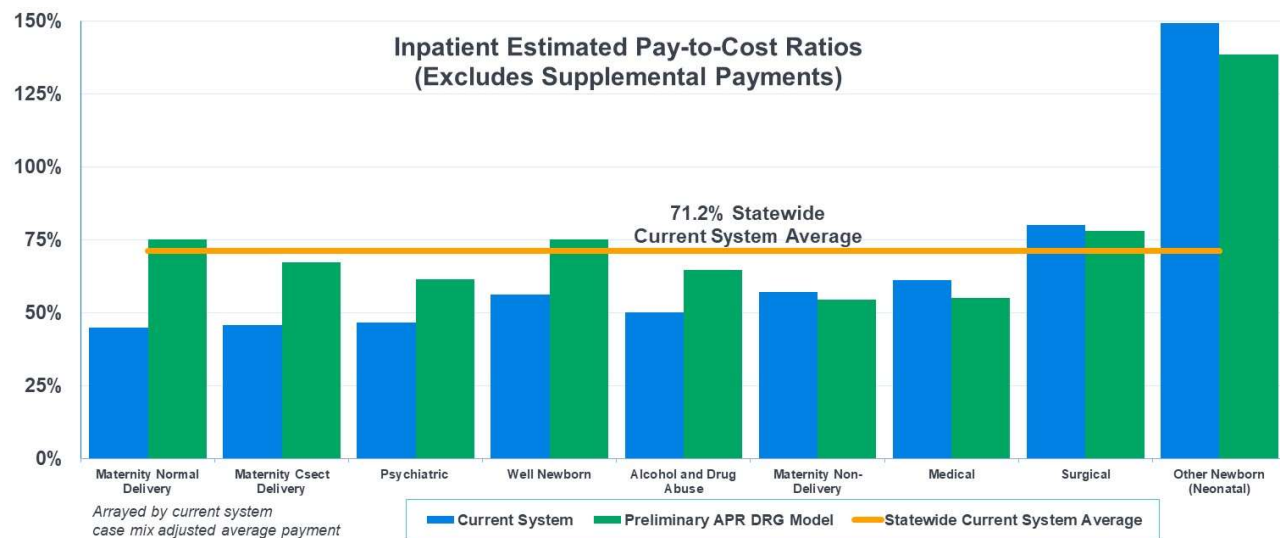
FIGURE 7 – CASE MIX ADJUST AVERAGE PAYMENT COMPARISON – BY SERVICE LINE



As shown above, while there are estimated payment changes across service lines, modeled payments under APR DRGs are more consistent with the statewide average case mix adjusted payment. Many of these impacts are related to simulated payment decreases for the other newborn, medical, and surgical service lines, and the redistribution of APR DRG payments to other service lines. While the other newborn service line in particular has a significant estimated payment decrease, its payments under the current system are significantly higher than for other service lines, and its modeled APR DRG policy adjuster and outlier parameters result in reimbursement levels that continue to be well above the statewide average.

Figure 8 below compares the estimated pay-to-cost ratio between the current system and APR DRGs (excluding supplemental payments) by service line (arrayed by current system case mix adjusted average payment).

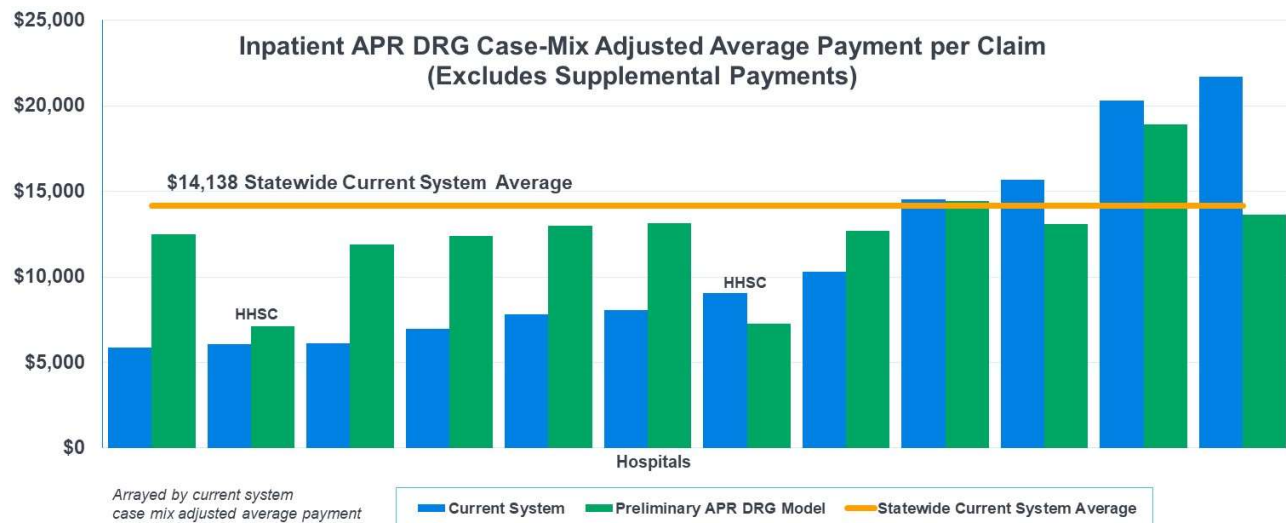
FIGURE 8 – ESTIMATED PAY-TO-COST RATIO COMPARISON – BY SERVICE LINE



As shown above, modeled payments under APR DRGs are more consistent with the statewide average case mix adjusted payment across service lines. The exceptions are maternity-non delivery and medical, which for adult services do not have a policy adjuster enhancement, and other newborns services, which has the model's highest policy adjuster factor of 1.55.

Figure 9 below compares the case mix adjusted average payment between the current system and modeled payments under APR DRGs (excluding supplemental payments) by hospital (arrayed by current system case mix adjusted average payment).

FIGURE 9 – CASE MIX ADJUST AVERAGE PAYMENT COMPARISON – BY HOSPITAL

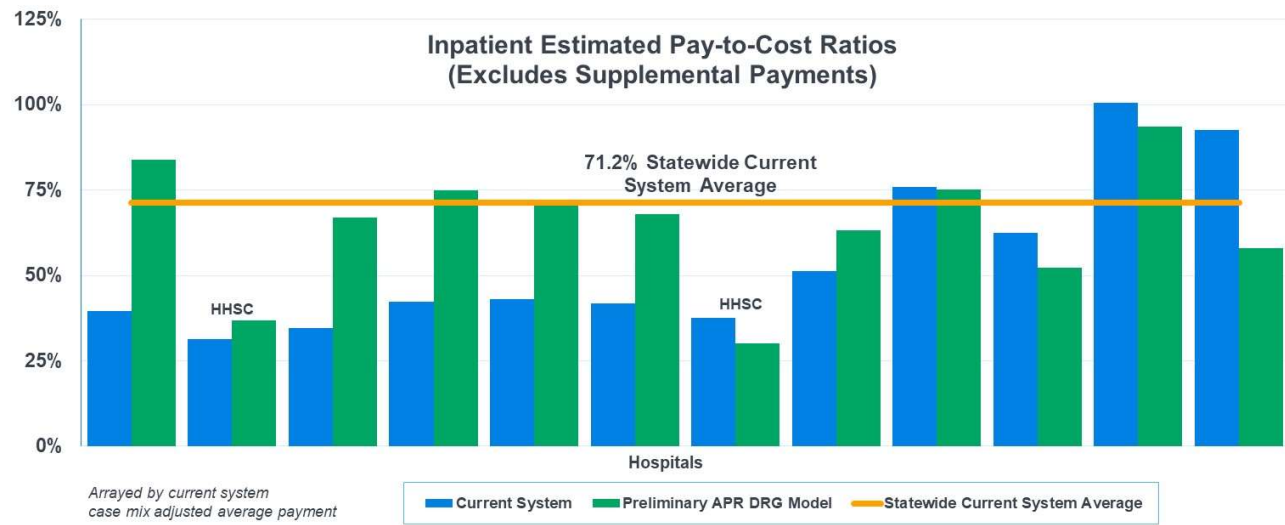


Similar to the service line impacts, at the hospital level, the estimated fiscal impacts under APR DRGs are related to the standardization of payments across services and hospitals:

- The six private hospitals with case mix adjusted average payment under the current system **below** the statewide average of **\$14,138** have estimated payment **increases** under APR DRGs, ranging from +\$0.9 million to +\$6.8 million
- The four private hospitals with case mix adjusted average payment under the current system **above** the statewide average have estimated payment **decreases** under APR DRGs, ranging from -\$0.6 million to -\$9.1 million
- For the two HHSC hospitals, there was one hospital with an estimated gain (+\$1.7 million) and one hospital with an estimated loss (-\$1.4 million)

Figure 10 below compares the estimated pay-to-cost ratio between the current system and APR DRGs (excluding supplemental payments) by hospital (arrayed by current system case mix adjusted average payment).

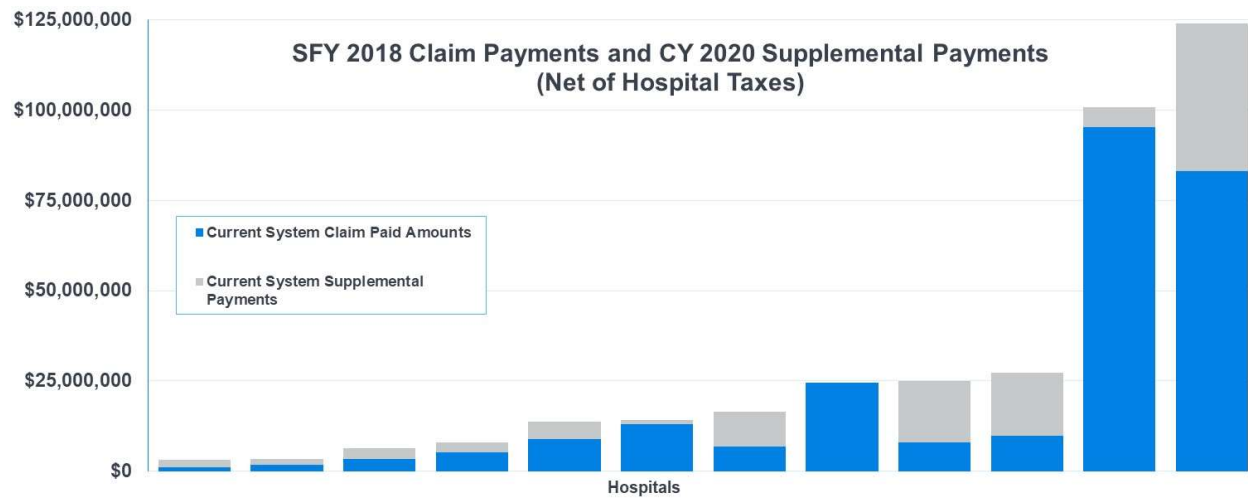
FIGURE 10 – ESTIMATED PAY-TO-COST RATIO COMPARISON – BY HOSPITAL



The estimated pay-to-cost ratios under APR DRGs across hospitals are generally more consistent with the statewide average, with the exception of hospitals with a larger proportion of services not subject to a policy adjuster enhancement, and for one hospital with a higher proportion of other newborn services.

The estimated payment impact under APR DRGs should be considered in the context of the comprehensive Medicaid funding provided by MQD for inpatient services. In 2020, in-state short term acute hospitals received over \$100 million in net supplemental payments (less inpatient taxes paid). A significant portion of these supplemental payments are for HHSC directed payments and access payments for privately owned hospitals. **MQD is proposing transitional adjustments to these supplemental payments, as well as an expansion of the quality payment pool, which will help mitigate impacts under APR DRGs.**

Figure 11 below shows the combined SFY 2018 inpatient claim/encounter reported paid amounts and calendar year 2020 inpatient supplemental payments net of taxes (arrayed by combined inpatient claim/encounter and supplemental payments).

FIGURE 11 – COMBINED CURRENT SYSTEM MEDICAID INPATIENT HOSPITAL CLAIM/ENCOUNTER AND SUPPLEMENTAL PAYMENTS

More detail on the hospital-specific impacts can be found in **Appendix A**.

Given the modeled hospital payment impacts, MQD may wish to consider transitional strategies to mitigate and monitor fiscal impacts, including the following:

- Supplemental payment adjustments:** The HHSC state directed payments and private Access supplemental payments are based on hospital Medicaid “shortfall” (claim-based Medicaid payments less cost for HHSC payments, claim-based Medicaid payments less payments under Medicare for access payments) using data from 2+ years prior. MQD is proposing to make adjustments to the Medicaid shortfall calculations that drive the SFY 2022 Access and HHSC supplemental payments to reflect projected impacts under APR DRGs (as opposed to the traditional approach of using the historical Medicaid shortfall without adjustments). Adjusting the Medicaid shortfall calculation to reflect the projected APR DRG net gain/(loss) would provide MQD the opportunity to mitigate impacts under APR DRG and to align the SFY 2022 supplemental payments with claim-based reimbursement levels during the same fiscal year. We understand MQD is also proposing to increase the quality payment pool, which for some hospitals would help mitigate the impacts of APR DRGs.
- Coding and documentation improvement monitoring:** Given the Medicaid coding requirements under the current per diem system, we expect hospitals will improve their coding and documentation of the medical records in their inpatient claims as an appropriate response to a new APR DRG methodology. Coding and documentation improvement may result in higher DRG case mix with a greater proportion of higher intensity APR DRGs and SOI levels than modeled using historical discharge data with legacy coding efforts. 3M has advised states converting to APR DRGs that case mix can increase up to **3%** from coding and documentation improvement. As such, impacts under APR DRGs for certain hospitals may be partially mitigated from coding and documentation improvement. MQD may wish to closely monitor hospital case mix changes before and after APR DRG implementation, determine whether case mix and fiscal impacts are consistent the APR DRG modeling, and make adjustments as warranted.
- Outlier payment monitoring:** MQD may wish to closely monitor outlier payment levels after APR DRG implementation and measure actual outlier payments compared to the modeled target of 10% of total inpatient APR DRG payments.
- Access monitoring:** MQD may wish to closely monitor hospital utilization and inpatient service mix after APR DRG implementation, to ensure there are not material impacts to utilization for key Medicaid service lines that impact access to care for Hawai‘i Medicaid members.
- COVID-19 impacts:** MQD may wish to closely monitor the impacts on hospital utilization and service mix as a result of the COVID-19 pandemic, in relation to the model discharge data, which represents pre-COVID-19 “steady state” levels.

Data Sources

The Hawai'i proposed APR DRG model was developed using data from the sources described below. For specific input values used for modeling purposes, please refer to **Appendix A page 1**.

Note that we have not conducted a comprehensive audit of the accuracy of the encounter and FFS data and Medicare cost report data relied upon; as such to the extent there are data quality issues, this may impact the resulting analysis and modeled rates.

MODELED HOSPITALS

Based on direction from MQD, the Hawai'i proposed APR DRG model includes in-state short-term acute care hospitals, with the following exclusions:

- Freestanding psychiatric and rehabilitation hospitals
- Kaiser hospital (due to issues with encounter data reported paid amounts and cost report data)
- Shriners hospital (missing cost report data)
- Critical Access Hospitals
- State of Hawaii Organ and Tissue Transplant (SHOTT) services (excluded from APR DRG methodology)

HOSPITAL DISCHARGES DATA

The Hawai'i proposed APR DRG model uses Medicaid inpatient managed care encounter data and FFS paid claims data provided by MQD, with admission dates in state fiscal year (SFY) 2018 and paid dates through January 2019. The model hospital discharges data includes waitlisted days associated with the member prior to hospital discharge.

The model discharge data excludes the following:

- Aged, Blind, and Disabled (ABD) dual member encounter data
- Kaiser managed care organization (MCO) encounter data (due to issues with encounter data reported paid amounts and provider numbers)
- Discharges with missing or invalid provider IDs
- Discharges with \$0 or null paid amounts and/or billed charges
- Discharges where a valid APR DRG could not be assigned

Reported MCO encounter and FFS claim paid amounts relied upon did not include adjustments related to the High Risk Newborn Risk Pool (HRNBP) settlement, or an allocation of other supplemental payments.

HOSPITAL MEDICAID INPATIENT SUPPLEMENTAL PAYMENTS

The Hawai'i proposed APR DRG model exhibits (in **Appendix A**) include one summary that shows both claim-based payments, calendar year (CY) 2020 Medicaid inpatient supplemental payments net of inpatient taxes paid, and combined claim and net supplemental payments. The Medicaid inpatient supplemental payments shown in this exhibit include CY 2020 inpatient HHSC, private access, and quality pool payments, based on data provided by MQD. The proposed APR DRG model does **not** include any shifts in funding from Medicaid supplemental payments to claim-based APR DRG payments, nor does it reflect changes to supplemental payments from APR DRG impacts.

HOSPITAL COST REPORT DATA

The Hawai'i proposed APR DRG model detailed estimated cost calculation used Form CMS 2552 Medicare hospital cost report data from cost reporting periods overlapping SFY 2018. Using Milliman's Hospital Cost Tool, we extracted this cost report data for Hawai'i hospitals from the Healthcare Cost Report Information System (HCRIS) database (CMS' electronic Medicare cost report database). We extracted the fiscal year ending (FYE) 2018 cost report data for hospitals with a reporting period ending June 30, 2018, and a combination of FYE 2018 and 2019 cost report data for other hospitals.

We extracted the following key all-payer data points shown in Figure 12 below for each Hawai'i hospital:

FIGURE 12 – HCRIS COST REPORT EXTRACT REFERENCES

Data Point	Cost Report Reference
Patient Days	Worksheet S-3 Part I, column 8
Billed Charges	Worksheet C Part I, columns 6 and 7
Total Costs less Medical Education	Worksheet C Part I, column 5
Medical Education Costs	Worksheet B Part I, columns 21 and 22

OUTLIER COST-TO-CHARGE RATIOS

Cost-to-charge ratios (CCRs) used to estimate the cost of each model discharge for simulating outlier payments are based on operating and capital outlier CCRs from the federal fiscal year (FFY) 2018 Medicare IPPS (to match CCRs with the model discharge data charge levels). We extracted these outlier CCRs for each hospital from the FY 2018 Medicare IPPS final rule "Impact File" downloaded from the CMS website. For hospitals without provider-specific outlier CCRs, we used the default Hawai'i urban outlier CCRs from CMS' FFY 2018 Medicare IPPS Federal Register Tables 8A and 8B downloaded from the CMS website.

Outlier CCRs to be used by MQD for actual APR DRG payments starting January 1, 2022 will be based on FY 2022 Medicare IPPS final rule outlier CCRs.

INDIRECT MEDICAL EDUCATION FACTORS

Hospital-specific Indirect Medical Education (IME) factors applied to each hospital's DRG base rate are based on intern-to-bed ratios published in the FFY 2021 Medicare IPPS final rule "Impact File", downloaded from the CMS website. The intern-to-bed ratios were then applied to the Medicare IPPS operating IME factor formula for each hospital, as follows:⁴

$$1.35 \times [(1 + \text{intern-to-bed ratio})^{0.405} - 1]$$

For one hospital without Medicare IPPS data, we calculated an intern-to-bed ratio using their FYE 2019 Medicare cost report. Hospitals without a teaching program were assigned an IME factor of 1.0.

APR DRG ASSIGNMENTS

We assigned **version 37** APR DRGs and SOI levels to each model discharge using 3M's Core Grouping Software.

⁴ CMS, "Federal Register Final Rule - Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Final Policy Changes and Fiscal Year 2021 Rates; Quality Reporting and Medicare and Medicaid Promoting Interoperability Programs Requirements for Eligible Hospitals and Critical Access Hospitals", September 2, 2020. <https://s3.amazonaws.com/public-inspection.federalregister.gov/2020-19637.pdf>

APR DRG RELATIVE WEIGHTS

The relative weight captures the average resource intensity of each APR DRG and SOI combination. The weights are all relative to one another, meaning that APR DRGs with a higher weight have a relatively higher resource intensity of the patient admission than APR DRGs with a lower weight. For modeling purposes, we assigned 3M's version 37.1 APR DRG Hospital-Specific Relative Value (HSRV) national weights to each model discharge's APR DRG and SOI combination using the HSRV weight file downloaded from the 3M website.⁵ See **Appendix B** for a listing of APR DRGs and associated HSRV national weights used for modeling purposes.

National weights are calculated by 3M for each APR DRG version using national data. HSRV weights are calculated based on the average billed charges for each APR DRG/SOI combination, with adjustments applied to normalize billed charges for hospitals based on their charge relativity. MQD proposes using 3M national weights in lieu of state-specific weights, due to the lack of sample size using Hawai'i Medicaid data and administrative burden associated with calculating statically valid weights for all 1,320 APR DRGs.

APR DRG GEOMETRIC MEAN LENGTH OF STAY EACH

We assigned 3M's version 37.1 APR DRG "trimmed" geometric mean length of stay to each model discharge's APR DRG and SOI combination using the HSRV weight file downloaded from the 3M website.⁶ Like for national weights, the APR DRG national geometric mean length of stays are calculated by 3M for each APR DRG version using national data. See **Appendix B** for a listing of APR DRGs and associated geometric mean lengths of stay used for modeling purposes.

⁵ Based on the file "apr370_wghts_HSRV.xlsx" downloaded from the 3M website. 3M made no weight changes from version 37.0 to version 37.1.

⁶ Based on the file "apr370_wghts_HSRV.xlsx" downloaded from the 3M website. 3M made no geometric mean length of stay changes from version 37.0 to version 37.1.

Methodology

Our approach for modeling payments under APR DRGs is described in the steps below.

STEP 1: DEVELOPED MODEL INPATIENT DISCHARGE DATASET

Using the model SFY 2018 Medicaid inpatient discharge data records (with exclusions described in the prior section), we conducted the following steps:

- Where interim billing occurred (multiple claims for same patient stay), we conducted an interim bill merge process to establish a single discharge record per patient stay
- Update newborn encounter and claim records for age and Member ID corrections
- Merged provider identifiers to the discharge records
- Processed claims under 3M's Core Grouping Software to assign APR DRGs and SOI levels
- Merged service lines based on claim DRG and patient age
- Merged 3M APR DRG national relative weights and geometric mean length of stay
- Merged Medicare IPPS outlier CCRs for each hospital
- Identified and removed incomplete records/missing values

STEP 2: ESTIMATED CLAIM COSTS

Using the merged SFY 2018 Medicaid inpatient discharge data, we estimated claim costs at the detail level using the Milliman Hospital Costing tool as follows:

- Merged revenue code crosswalk to claims detail data
- Merged Medicare cost report's all-payer ancillary CCRs and routine cost per diems to detail claims data using revenue code crosswalk
- Identified detail line revenue codes without a Medicare cost report ancillary CCR or routine cost per diem and assign proxy CCR or cost per diem
- Estimated claim detail data costs and sum at claim header level
- Merged claim cost estimates to full model claims dataset

STEP 3: SIMULATED APR DRG PAYMENTS

For each discharge in our model inpatient discharge dataset, we simulated the base DRG payment, and where applicable, the transfer payment adjustment and outlier payment. DRG base rates were solved for to achieve MQD's budget neutrality target of aggregate simulated payments under APR DRGs for managed care encounters to equal aggregate managed care encounter paid amounts. As mentioned previously, when applied to Medicaid FFS utilization, these modeled DRG base rates resulted in an estimated payment increase. For specific input values used for modeling purposes, please refer to **Appendix A**, page 1.

Base DRG payments

The base DRG payment pricing formula is shown in Figure 13 below.

FIGURE 13 – INPATIENT BASE DRG PRICING FORMULA



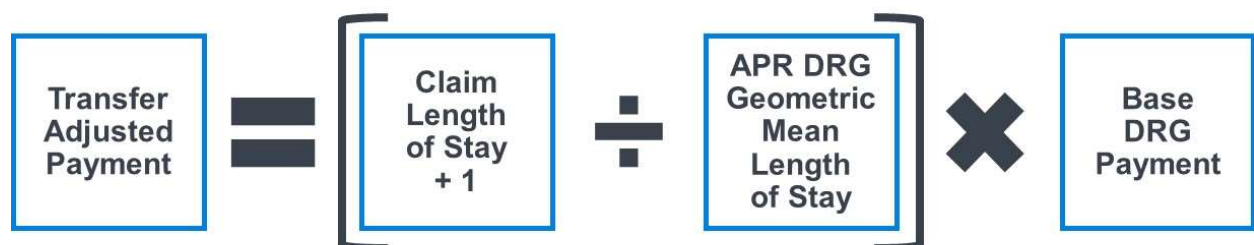
Each of the base DRG pricing components shown in Figure 13 is described below.

- **DRG Base Rate:** The DRG base rate is based on the applicable hospital class proposed statewide standardized amount multiplied by the hospital IME factor, where the statewide standardized amounts have a differential between the private and HHSC hospital classes, and are solved for to be budget neutral for the model managed care encounters.
- **DRG Relative Weight:** Based on raw APR DRG version 37.1 3M national HSRV weights.
- **Policy Adjusters:** Adjustments that enhance claim payment for key Medicaid service lines and provider types with high Medicaid utilization where providers have fewer opportunities to cost shift.

Transfer adjusted payment

Per MQD's direction, we modeled Medicare-style transfer adjusted payments, in which we calculated a reduction to the full DRG base payment for certain discharges where patients were transferred out of the hospital to another hospital setting. For the hospital receiving the transfer, we modeled a full base DRG payment (unless the patient was subsequently transferred again). The transfer payment pricing formula is shown in Figure 14 below.

FIGURE 14 – TRANSFER PRICING FORMULA



Consistent with the Medicare transfer pricing methodology, the transfer adjusted payment was modeled only if the transfer-out discharge length of stay plus 1 was less than the APR DRG geometric mean length of stay (in other words, the transfer adjusted payment could not exceed the full DRG payment). Transfer adjustments were not applied to APR DRGs 580-581 (neonatal transfers), as the weights for these DRGs already reflect shorter lengths of stay. Each of the transfer adjusted payment components shown in Figure 14 are described below.

- **Claim length of stay + 1:** Based on the number of days during the patient stay plus 1.
- **DRG geometric mean length of stay:** Based on APR DRG version 37.1 3M national "trimmed" geometric mean length of stay.

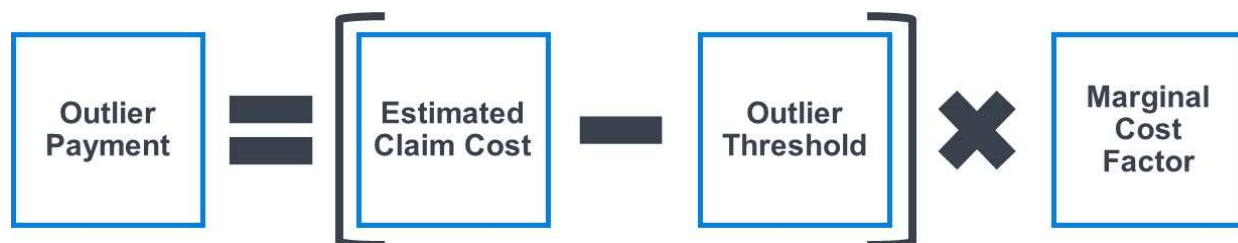
- **DRG Base Payment:** Based on the DRG base rate multiplied by the DRG relative weight and policy adjuster factor.

Outlier payments

DRG payment methodologies also typically incorporate outlier payments to identify and mitigate financial losses to hospitals for extraordinarily high-cost claims. Outlier payments are typically made **in addition to** the base DRG payment, and are not case mix adjusted. For Medicare-style cost-based outlier policies, if the estimated claim cost exceeds the outlier threshold, then an outlier payment is made (else if the claim cost is less than the threshold, no outlier payment is made).

States have flexibility to determine their own outlier payment parameters under a DRG system to achieve target outlier payment levels and provider and service level fiscal impacts. Per MQD's direction, we modeled Medicare-style outlier payment parameters to result in simulated aggregate outlier payments equal to approximately 10% of total modeled APR DRG payments. The outlier payment pricing formula is shown in Figure 15 below.

FIGURE 15 – OUTLIER PRICING FORMULA



Modeled outlier payments were added to the base DRG payment for discharge (they did not replace the base DRG payment). Each of the outlier payment components shown in Figure 15 is described below.

- **Estimated claim costs:** The estimated claim costs were calculated by multiplying the claim billed charges by the Medicare FY 2018 outlier CCRs for operating and capital combined. For actual payment purposes in the future, MQD would update the outlier CCRs based on the most recent fiscal year available from the Medicare IPPS.
- **Outlier threshold:** The outlier threshold determines whether the claim qualifies for an outlier payment. The modeled outlier threshold is calculated based on the base DRG payment (with policy adjusters and transfer adjustment) plus the fixed loss amount.
- **Marginal cost factor:** The marginal cost factor represents the percentage of the claim cost beyond the outlier threshold that the outlier payment will cover. As described previously, there are separate modeled marginal cost factors for SOI levels 1-2 and 3-4.

STEP 4: SUMMARIZE MODEL RESULTS

After conducting discharge-level calculation in Step 3, we summarize model results to evaluate the fiscal impacts under the proposed APR DRG model. In our model summaries we compared simulated payments under APR DRGs to current system payments and estimate costs. Our model summaries, as shown in the exhibits in **Appendix A**, include the following metrics described previously in the “Results” section by the following breakouts:

- By APR SOI level
- By inpatient service line
- By inpatient service line and by pediatric vs. adult services
- By provider
- By provider with current supplemental payments

- By plan
- By population
- By provider and plan
- By provider and service line
- By APR service line
- By APR DRG

Caveats and Limitations

This report was prepared for the use of Med-QUEST ("MQD") and are subject to the terms of Milliman's contract with MQD signed on July 1, 2020.

This report contains information produced, in part, by using the 3M™ All Patient Refined Diagnosis Related Groups (APR DRG) patient classification system, which is proprietary computer software created, owned and licensed by 3M Company. All copyrights in and to the 3M Software are owned by 3M Company or its affiliates. All rights reserved.

The APR DRG model described in this report represents MQD's proposed methodology as reflected in its public notice and in its State Plan Amendment submitted to the Centers for Medicare and Medicaid Services (CMS). MQD's proposed APR DRG model is subject to change based on the CMS approval and formal public comment processes. We have reviewed the model, including its inputs, calculations, and outputs for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOP).

In preparation of our analysis, we relied upon the accuracy of data or information provided to us. We have not audited this information, although we have reviewed it for reasonableness. If the underlying data or information is inaccurate or incomplete, the results of our review may likewise be inaccurate or incomplete.

Results presented here represent best estimates of future experience. Actual payments under APR DRGs will differ from modeled payments. Reasons for differences include but are not limited to future changes in enrollment, inpatient utilization, inpatient service mix, hospital documentation and coding, hospital chargemasters, COVID-19 impacts, and other factors. Also, the APR DRG modeling does not include estimated changes to Medicaid supplemental payments that may be impacted by payment changes under APR DRGs. It is important that actual experience be monitored and adjustments made, as appropriate.

We understand this report will be shared publicly with Hawai'i Medicaid stakeholders, including Hawai'i hospitals, Medicaid MCOs, the Healthcare Association of Hawaii, and CMS. To the extent that the information contained in this correspondence is provided to any approved third parties, the correspondence should be distributed in its entirety. Any user of this information must possess a certain level of expertise in health care modeling that will allow appropriate use of the information presented.

Milliman makes no representations or warranties regarding the contents of this report to third parties. Likewise, third parties are instructed that they are to place no reliance upon this presentation prepared by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties.

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APPENDIX A – PROPOSED APR DRG MODEL SUMMARY EXHIBITS

Hawai'i Department of Human Services Med-QUEST Division
Proposed Inpatient APR DRG Model
Inputs and Summary

Represents MQD's Proposed Model for State Plan Amendment
Subject to CMS Approval

Preliminary Model Inputs	
Description	Rate Factor
Standardized HHSC Hospital DRG Base Rate	\$6,368.03
Standardized Private Hospital DRG Base Rate	\$11,578.24
Marginal cost factor - SOI 1	0.750
Marginal cost factor - SOI 2	0.750
Marginal cost factor - SOI 3	0.850
Marginal cost factor - SOI 4	0.850
Outlier Fixed Loss Amount	\$58,000

Other Preliminary Model Specifications	
DRG Grouper, weights and GMLOS	APR version 37.1 HSRV
Model Data	SFY 2018 Encounters
Outlier Cost Basis	FFY18 Medicare CCRs
Transfer Payment Discharge Status	02,66
Inflation	None

Preliminary Model Indirect Medical Education (IME) Adjustment Factors	
Hospital	IME Factor
The Queen's Medical Center - General	0.0724
Wahiawa General Hospital	0.0079
Hilo Medical Center	0.0243
Kuakini Medical Center	0.0504
Straub Clinic And Hospital	0.0305
Pali Momi Medical Center	0.0394
Kapiolani Medical Center For Women & Children	0.1013
Based on Medicare IPPS FFY 2021 final rule operating IME factors. Kapiolani based FTEs reported in its FYE 2019 Medicare cost report.	

Preliminary Model Totals	
Total Model Claims	25,680
Total Reported Payments	\$260,823,897
Total Simulated DRG Base Payments	\$234,858,108
Total Simulated Outlier Payments	\$26,340,284
Total Simulated APR DRG Payments	\$261,198,392
Outlier Payment %	10.1%
Estimated Payment Change	\$374,496

Preliminary Model Policy Adjusters			
SOI Level	Service Line Description	Adult Policy Adjuster	Pediatric Policy Adjuster
1	FIP Medical	1.000	1.150
2	FIP Medical	1.000	1.150
3	FIP Medical	1.000	1.150
4	FIP Medical	1.000	1.150
1	FIP Surgical	1.000	1.150
2	FIP Surgical	1.000	1.150
3	FIP Surgical	1.000	1.150
4	FIP Surgical	1.000	1.150
1	FIP Psychiatric - Hospital	1.150	1.150
2	FIP Psychiatric - Hospital	1.150	1.150
3	FIP Psychiatric - Hospital	1.150	1.150
4	FIP Psychiatric - Hospital	1.150	1.150
1	FIP Alcohol and Drug Abuse - Hospital	1.150	1.150
2	FIP Alcohol and Drug Abuse - Hospital	1.150	1.150
3	FIP Alcohol and Drug Abuse - Hospital	1.150	1.150
4	FIP Alcohol and Drug Abuse - Hospital	1.150	1.150
1	FIP Mat Norm Delivery	1.150	1.150
2	FIP Mat Norm Delivery	1.150	1.150
3	FIP Mat Norm Delivery	1.150	1.150
4	FIP Mat Norm Delivery	1.150	1.150
1	FIP Mat Csect Delivery	1.150	1.150
2	FIP Mat Csect Delivery	1.150	1.150
3	FIP Mat Csect Delivery	1.150	1.150
4	FIP Mat Csect Delivery	1.150	1.150
1	FIP Well Newborn - Normal Delivery		1.150
2	FIP Well Newborn - Normal Delivery		1.150
3	FIP Well Newborn - Normal Delivery		1.150
4	FIP Well Newborn - Normal Delivery		1.150
1	FIP Other Newborn		1.550
2	FIP Other Newborn		1.550
3	FIP Other Newborn		1.550
4	FIP Other Newborn		1.550
1	FIP Maternity Non-Delivery	1.000	1.150
2	FIP Maternity Non-Delivery	1.000	1.150
3	FIP Maternity Non-Delivery	1.000	1.150
4	FIP Maternity Non-Delivery	1.000	1.150
Trauma APR DRG		Adult Policy Adjuster	Pediatric Policy Adjuster
020	Open craniotomy for trauma	1.150	1.150
055	Head Trauma w/ Coma >1 Hr or Hemorrhage	1.150	1.150
135	Major Chest & Respiratory Trauma	1.150	1.150
384	Contusion, Open Wound & Other Trauma to Skin & Subcutaneous Tissue	1.150	1.150
910	Craniotomy for Multiple Significant Trauma	1.150	1.150
911	Extensive Abdominal/Thoracic Procedures for Mult Significant Trauma	1.150	1.150
912	Musculoskeletal & Other Procedures for Multiple Significant Trauma	1.150	1.150
930	Multiple Significant Trauma w/o O.R. Procedure	1.150	1.150

Footnotes & Caveats:

- 1) Analysis based on inpatient claims with SFY 2018 service dates paid through January 2019.
- 2) Excludes ABD dual member claims, Kaiser hospital and MCO claims, claims for hospitals without Medicare cost report data in HCRIS, claims with missing or invalid provider IDs, SHOTT services, and claims where a valid APR DRG could not be assigned.
- 3) DRG assignment and relative weights are based on APR version 37.1 hospital specific relative value weights, and relies upon accurate reporting by providers and MCOs (in the managed care encounter data).
- 4) We have not conducted a comprehensive audit of the accuracy of the encounter and FFS data; as such to the extent there are data quality issues, this may impact the resulting analysis and modeled rates.
- 5) Actual payments under DRGs will vary significantly from this analysis, based on final rate methodologies selected by Med-QUEST, future changes in MCO rate negotiations, enrollment, populations, claim volume, service mix, provider coding improvement and provider charge increases, among other potential changes that may impact reimbursement.
- 6) The SFY 2018 inpatient managed care encounter and FFS data included low volumes for certain providers, and combinations of providers, MCOs and services. These small sample sizes should be considered when evaluating the estimated impact under DRGs.
- 7) Claim-based payments (both reported by MCOs & Med-QUEST and simulated under DRGs) do not include adjustments related to the High Risk Newborn Risk Pool (HRNBP) settlement, or an allocation of other supplemental payments.

Hawai'i Department of Human Services Med-QUEST Division
Proposed Inpatient APR DRG Model
Summary by APR SOI

Represents MQD's Proposed Model for State Plan Amendment
Subject to CMS Approval

Total: 25,680 \$ 366,517,154 0.718 \$ 260,823,897 \$ 14,138 71.2% \$ 234,858,108 \$ 26,340,284 \$ 261,198,392 \$ 14,159 10.1% 71.3% \$ 374,496 0.1%

Sorted by SOI		SFY 2018 MCO Encounters & FFS Data			Payments Under Current System			Simulated Payments under APR DRGs						Estimated Impact	
APR DRG Severity of Illness Level (SOI)	SOI Description	Number of Discharges	Estimated Costs	DRG Case Mix	Reported Paid Amounts	Case Mix Adj. Avg Pmt Per Discharge	Estimated Pay-to-Cost Ratio	Simulated Base Payment	Simulated Outlier Payment	Simulated Total Payment	Case Mix Adj. Avg Pmt Per Discharge	Outlier Payment %	Estimated Pay-to- Cost Ratio	Est. Payment Change	Est. Payment Change %
1	Minor	9,861	\$ 66,853,053	0.389	\$ 34,655,849	\$ 9,044	51.8%	\$ 46,800,971	\$ 97,678	\$ 46,898,649	\$ 12,239	0.2%	70.2%	\$ 12,242,800	35.3%
2	Moderate	9,535	106,027,526	0.600	61,116,022	10,678	57.6%	71,724,617	1,097,071	72,821,688	12,723	1.5%	68.7%	11,705,666	19.2%
3	Major	4,588	98,596,745	1.051	72,867,847	15,105	73.9%	63,703,177	5,789,897	69,493,074	14,406	8.3%	70.5%	(3,374,772)	-4.6%
4	Severe	1,696	95,039,831	2.399	92,184,179	22,658	97.0%	52,629,343	19,355,638	71,984,981	17,693	26.9%	75.7%	(20,199,198)	-21.9%

Footnotes & Caveats:

- 1) Analysis based on inpatient claims with SFY 2018 service dates paid through January 2019.
- 2) Excludes ABD dual member claims, Kaiser hospital and MCO claims, claims for hospitals without Medicare cost report data in HCRIS, claims with missing or invalid provider IDs, SHOTT claims, and claims where a valid APR DRG could not be assigned.
- 3) DRG assignment and relative weights are based on APR version 37.1 hospital specific relative value weights, and relies upon accurate reporting by providers and MCOs (in the managed care encounter data).
- 4) We have not conducted a comprehensive audit of the accuracy of the encounter and FFS data; as such to the extent there are data quality issues, this may impact the resulting analysis and modeled rates.
- 5) Actual payments under DRGs will vary significantly from this analysis, based on final rate methodologies selected by Med-QUEST, future changes in MCO rate negotiations, enrollment, populations, claim volume, service mix, provider coding improvement and provider charge increases, among other potential changes that may impact reimbursement.
- 6) The SFY 2018 inpatient managed care encounter and FFS data included low volumes for certain providers, and combinations of providers, MCOs and services. These small sample sizes should be considered when evaluating the estimated impact under DRGs.
- 7) Claim-based payments (both reported by MCOs & Med-QUEST and simulated under DRGs) do not include adjustments related to the High Risk Newborn Risk Pool (HRNBP) settlement, or an allocation of other supplemental payments.

Hawai'i Department of Human Services Med-QUEST Division
Proposed Inpatient APR DRG Model
Summary by APR SOI and Outlier Payment

Represents MQD's Proposed Model for State Plan Amendment
Subject to CMS Approval

Total:	25,680	\$ 366,517,154	0.718	\$ 260,823,897	\$ 14,138	71.2%	\$ 234,858,108	\$ 26,340,284	\$ 261,198,392	\$ 14,159	10.1%	71.3%	\$ 374,496	0.1%
Total with APR DRG Outlier Payments:	422	\$ 66,574,270	3.296	\$ 78,409,589	\$ 15,120	117.8%	\$ 20,206,805	\$ 26,340,284	\$ 46,547,088	\$ 14,597	56.6%	69.9%	\$ (31,862,500)	-40.6%
Total without APR DRG Outlier Payments:	25,258	\$ 299,942,884	0.675	\$ 182,414,308	\$ 11,775	60.8%	\$ 214,651,304	\$ -	\$ 214,651,304	\$ 13,188	0.0%	71.6%	\$ 32,236,996	17.7%

Sorted by SOI			SFY 2018 MCO Encounters & FFS Data			Payments Under Current System			Simulated Payments under APR DRGs						Estimated Impact	
APR DRG Severity of Illness Level (SOI)	SOI Description	Outlier Payment	Number of Discharges	Estimated Costs	DRG Case Mix	Reported Paid Amounts	Case Mix Adj. Avg Pmt Per Discharge	Estimated Pay-to-Cost Ratio	Simulated Base Payment	Simulated Outlier Payment	Simulated Total Payment	Case Mix Adj. Avg Pmt Per Discharge	Outlier Payment %	Estimated Pay-to-Cost Ratio	Est. Payment Change	Est. Payment Change %
1	Minor	Yes	8	\$ 847,093	2.680	\$ 1,180,751	\$ 55,070	139.4%	\$ 383,677	\$ 97,678	\$ 481,355	\$ 22,450	20.3%	56.8%	\$ (699,397)	-59.2%
1	Minor	No	9,853	66,005,960	0.387	33,475,098	8,785	50.7%	46,417,294	-	46,417,294	12,182	0.0%	70.3%	12,942,197	38.7%
2	Moderate	Yes	34	3,806,793	1.367	3,734,937	80,372	98.1%	679,061	1,097,071	1,776,132	38,220	61.8%	46.7%	(1,958,806)	-52.4%
2	Moderate	No	9,501	102,220,733	0.598	57,381,085	10,107	56.1%	71,045,556	-	71,045,556	12,514	0.0%	69.5%	13,664,472	23.8%
3	Major	Yes	116	15,804,099	2.613	18,586,718	61,324	117.6%	4,762,784	5,789,897	10,552,681	34,817	54.9%	66.8%	(8,034,037)	-43.2%
3	Major	No	4,472	82,792,646	1.011	54,281,129	12,007	65.6%	58,940,394	-	58,940,394	13,037	0.0%	71.2%	4,659,265	8.6%
4	Severe	Yes	264	46,116,285	3.863	54,907,182	53,836	119.1%	14,381,284	19,355,638	33,736,921	33,079	57.4%	73.2%	(21,170,261)	-38.6%
4	Severe	No	1,432	48,923,546	2.129	37,276,997	12,228	76.2%	38,248,060	-	38,248,060	12,546	0.0%	78.2%	971,063	2.6%

Footnotes & Caveats:

- 1) Analysis based on inpatient claims with SFY 2018 service dates paid through January 2019.
- 2) Excludes ABD dual member claims, Kaiser hospital and MCO claims, claims for hospitals without Medicare cost report data in HCRIS, claims with missing or invalid provider IDs, SHOTT claims, and claims where a valid APR DRG could not be assigned.
- 3) DRG assignment and relative weights are based on APR version 37.1 hospital specific relative value weights, and relies upon accurate reporting by providers and MCOs (in the managed care encounter data).
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- 5) Actual payments under DRGs will vary significantly from this analysis, based on final rate methodologies selected by Med-QUEST, future changes in MCO rate negotiations, enrollment, populations, claim volume, service mix, provider coding improvement and provider charge increases, among other potential changes that may impact reimbursement.
- 6) The SFY 2018 inpatient managed care encounter and FFS data included low volumes for certain providers, and combinations of providers, MCOs and services. These small sample sizes should be considered when evaluating the estimated impact under DRGs.
- 7) Claim-based payments (both reported by MCOs & Med-QUEST and simulated under DRGs) do not include adjustments related to the High Risk Newborn Risk Pool (HRNBP) settlement, or an allocation of other supplemental payments.

Hawai'i Department of Human Services Med-QUEST Division
Proposed Inpatient APR DRG Model
Summary by Service Line

Represents MQD's Proposed Model for State Plan Amendment
Subject to CMS Approval

Total: 25,680 \$ 366,517,154 0.718 \$ 260,823,897 \$ 14,138 71.2% \$ 234,858,108 \$ 26,340,284 \$ 261,198,392 \$ 14,159 10.1% 71.3% \$ 374,496 0.1%

Sorted by Estimated Payment Change		SFY 2018 MCO Encounters & FFS Data			Payments Under Current System			Simulated Payments under APR DRGs					Estimated Impact	
Service Line Description	Number of Discharges	Estimated Costs	DRG Case Mix	Reported Paid Amounts	Case Mix Adj. Avg Pmt Per Discharge	Estimated Pay-to-Cost Ratio	Simulated Base Payment	Simulated Outlier Payment	Simulated Total Payment	Case Mix Adj. Avg Pmt Per Discharge	Outlier Payment %	Estimated Pay-to-Cost Ratio	Est. Payment Change	Est. Payment Change %
FIP Mat Norm Delivery	3,344	\$ 25,480,545	0.424	\$ 11,467,128	\$ 8,093	45.0%	\$ 19,196,244	\$ -	\$ 19,196,244	\$ 13,547	0.0%	75.3%	\$ 7,729,116	67.4%
FIP Mat Csect Delivery	1,136	14,315,504	0.653	6,553,732	8,830	45.8%	9,568,747	79,689	9,648,436	13,000	0.8%	67.4%	3,094,704	47.2%
FIP Well Newborn - Normal Delivery	5,102	12,960,995	0.147	7,291,953	9,756	56.3%	9,735,299	-	9,735,299	13,024	0.0%	75.1%	2,443,346	33.5%
FIP Psychiatric - Hospital	1,349	12,694,919	0.452	5,931,441	9,718	46.7%	7,589,164	230,336	7,819,499	12,811	2.9%	61.6%	1,888,058	31.8%
FIP Alcohol and Drug Abuse - Hospital	348	2,998,225	0.429	1,506,427	10,099	50.2%	1,912,832	29,001	1,941,834	13,018	1.5%	64.8%	435,406	28.9%
FIP Maternity Non-Delivery	382	3,106,912	0.386	1,779,275	12,063	57.3%	1,687,435	4,002	1,691,437	11,468	0.2%	54.4%	(87,838)	-4.9%
FIP Surgical	3,233	102,896,701	1.779	82,400,034	14,328	80.1%	68,149,873	12,198,766	80,348,639	13,972	15.2%	78.1%	(2,051,395)	-2.5%
FIP Other Newborn	764	29,781,363	2.460	44,488,845	23,672	149.4%	36,425,491	4,889,221	41,314,712	21,983	11.8%	138.7%	(3,174,133)	-7.1%
FIP Medical	10,022	162,281,990	0.699	99,405,061	14,193	61.3%	80,593,024	8,909,269	89,502,292	12,779	10.0%	55.2%	(9,902,768)	-10.0%

Footnotes & Caveats:

- 1) Analysis based on inpatient claims with SFY 2018 service dates paid through January 2019.
- 2) Excludes ABD dual member claims, Kaiser hospital and MCO claims, claims for hospitals without Medicare cost report data in HCRIS, claims with missing or invalid provider IDs, SHOTT claims, and claims where a valid APR DRG could not be assigned.
- 3) DRG assignment and relative weights are based on APR version 37.1 hospital specific relative value weights, and relies upon accurate reporting by providers and MCOs (in the managed care encounter data).
- 4) We have not conducted a comprehensive audit of the accuracy of the encounter and FFS data; as such to the extent there are data quality issues, this may impact the resulting analysis and modeled rates.
- 5) Actual payments under DRGs will vary significantly from this analysis, based on final rate methodologies selected by Med-QUEST, future changes in MCO rate negotiations, enrollment, populations, claim volume, service mix, provider coding improvement and provider charge increases, among other potential changes that may impact reimbursement.
- 6) The SFY 2018 inpatient managed care encounter and FFS data included low volumes for certain providers, and combinations of providers, MCOs and services. These small sample sizes should be considered when evaluating the estimated impact under DRGs.
- 7) Claim-based payments (both reported by MCOs & Med-QUEST and simulated under DRGs) do not include adjustments related to the High Risk Newborn Risk Pool (HRNBP) settlement, or an allocation of other supplemental payments.

Total:	25,680	\$	366,517,154	0.718	\$	260,823,897	\$	14,138	71.2%	\$	234,858,108	\$	26,340,284	\$	261,198,392	\$	14,159	10.1%	71.3%	\$	374,496	0.1%
Total Adult:	16,728	\$	276,632,243	0.822	\$	167,474,304	\$	12,838	60.5%	\$	160,739,366	\$	14,837,377	\$	175,576,743	\$	13,412	8.5%	63.5%	\$	8,102,438	4.8%
Total Pediatric:	8,952	\$	89,884,911	0.524	\$	93,349,592	\$	14,156	103.9%	\$	74,118,742	\$	11,502,907	\$	85,621,650	\$	14,413	13.4%	95.3%	\$	(7,727,943)	-8.3%

Sorted by Adult/Pediatric and Cost Model Line		SFY 2018 MCO Encounters & FFS Data			Payments Under Current System			Simulated Payments under APR DRGs						Estimated Impact	
Adult / Pediatric (Age 20 or under)	Service Line Description	Number of Discharges	Estimated Costs	DRG Case Mix	Reported Paid Amounts	Case Mix Adj. Avg Pmt Per Discharge	Estimated Pay-to-Cost Ratio	Simulated Base Payment	Simulated Outlier Payment	Simulated Total Payment	Case Mix Adj. Avg Pmt Per Discharge	Outlier Payment %	Estimated Pay-to-Cost Ratio	Est. Payment Change	Est. Payment Change %
Adult	Medical	8,224	\$ 133,474,910	0.720	\$ 73,499,016	\$ 12,419.72	55.1%	\$ 65,864,892	\$ 4,481,308	\$ 70,346,199	\$ 11,887	6.4%	52.7%	\$ (3,152,816)	-4.3%
Adult	Surgical	2,887	92,798,161	1.801	70,872,400	13,629	76.4%	60,658,395	10,055,717	70,714,113	13,598	14.2%	76.2%	(158,287)	-0.2%
Adult	Psychiatric - Hospital	1,019	10,080,916	0.456	4,426,756	9,525	43.9%	5,605,818	230,336	5,836,154	12,557	3.9%	57.9%	1,409,398	31.8%
Adult	Alcohol and Drug Abuse - Hospital	319	2,805,580	0.434	1,393,430	10,076	49.7%	1,759,552	29,001	1,788,554	12,933	1.6%	63.7%	395,124	28.4%
Adult	Mat Norm Delivery	2,903	21,835,211	0.423	9,864,423	8,028	45.2%	16,682,076	-	16,682,076	13,576	0.0%	76.4%	6,817,653	69.1%
Adult	Mat Csect Delivery	1,038	12,966,438	0.651	5,866,077	8,676	45.2%	8,716,240	37,012	8,753,252	12,946	0.4%	67.5%	2,887,176	49.2%
Adult	Maternity Non-Delivery	338	2,671,027	0.384	1,552,205	11,954	58.1%	1,452,394	4,002	1,456,396	11,217	0.3%	54.5%	(95,809)	-6.2%
Pediatric	Medical	1,798	28,807,081	0.604	25,906,045	23,852	89.9%	14,728,132	4,427,961	19,156,093	17,637	23.1%	66.5%	(6,749,952)	-26.1%
Pediatric	Surgical	346	10,098,539	1.591	11,527,635	20,934	114.2%	7,491,478	2,143,048	9,634,527	17,497	22.2%	95.4%	(1,893,108)	-16.4%
Pediatric	Psychiatric - Hospital	330	2,614,003	0.441	1,504,686	10,333	57.6%	1,983,345	-	1,983,345	13,620	0.0%	75.9%	478,660	31.8%
Pediatric	Alcohol and Drug Abuse - Hospital	29	192,645	0.375	112,998	10,402	58.7%	153,280	-	153,280	14,110	0.0%	79.6%	40,283	35.6%
Pediatric	Mat Norm Delivery	441	3,645,334	0.427	1,602,705	8,515	44.0%	2,514,168	-	2,514,168	13,357	0.0%	69.0%	911,463	56.9%
Pediatric	Mat Csect Delivery	98	1,349,066	0.674	687,656	10,414	51.0%	852,507	42,677	895,184	13,557	4.8%	66.4%	207,529	30.2%
Pediatric	Well Newborn - Normal Delivery	5,102	12,960,995	0.147	7,291,953	9,756	56.3%	9,735,299	-	9,735,299	13,024	0.0%	75.1%	2,443,346	33.5%
Pediatric	Other Newborn	764	29,781,363	2.460	44,488,845	23,672	149.4%	36,425,491	4,889,221	41,314,712	21,983	11.8%	138.7%	(3,174,133)	-7.1%
Pediatric	Maternity Non-Delivery	44	435,885	0.401	227,071	12,863	52.1%	235,041	-	235,041	13,315	0.0%	53.9%	7,971	3.5%

Footnotes & Caveats:

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3) DRG assignment and relative weights are based on APR version 37.1 hospital specific relative value weights, and relies upon accurate reporting by providers and MCOs (in the managed care encounter data).

4) We have not conducted a comprehensive audit of the accuracy of the encounter and FFS data; as such to the extent there are data quality issues, this may impact the resulting analysis and modeled rates.

5) Actual payments under DRGs will vary significantly from this analysis, based on final rate methodologies selected by Med-QUEST, future changes in MCO rate negotiations, enrollment, populations, claim volume, service mix, provider coding improvement and provider charge increases, among other potential changes that may impact reimbursement.

6) The SFY 2018 inpatient managed care encounter and FFS data included low volumes for certain providers, and combinations of providers, MCOs and services. These small sample sizes should be considered when evaluating the estimated impact under DRGs.

7) Claim-based payments (both reported by MCOs & Med-QUEST and simulated under DRGs) do not include adjustments related to the High Risk Newborn Risk Pool (HRNBP) settlement, or an allocation of other supplemental payments.

Total:	25,680	\$	366,517,154	0.718	\$	260,823,897	\$	14,138	71.2%	\$	234,858,108	\$	26,340,284	\$	261,198,392	\$	14,159	10.1%	71.3%	\$	374,496	0.1%
Total HHSC:	4,389	\$	49,742,096	0.544	\$	16,774,784	\$	7,025	33.7%	\$	16,150,365	\$	939,311	\$	17,089,676	\$	7,157	5.5%	34.4%	\$	314,892	1.9%
Total Private Hospital:	21,291	\$	316,775,058	0.754	\$	244,049,113	\$	15,196	77.0%	\$	218,707,743	\$	25,400,973	\$	244,108,716	\$	15,200	10.4%	77.1%	\$	59,603	0.0%

Sorted by Estimated Payment Change			SFY 2018 MCO Encounters & FFS Data			Payments Under Current System			Simulated Payments under APR DRGs						Estimated Impact	
			Number of Discharges	Estimated Costs	DRG Case Mix	Reported Paid Amounts	Case Mix Adj. Avg Pmt Per Discharge	Estimated Pay-to-Cost Ratio	Simulated Base Payment	Simulated Outlier Payment	Simulated Total Payment	Case Mix Adj. Avg Pmt Per Discharge	Outlier Payment %	Estimated Pay-to-Cost Ratio	Est. Payment Change	Est. Payment Change %
MedicareID	Provider Name	Hospital Ownership Type														
120006	CASTLE MEDICAL CENTER	Private	2,178	\$ 20,833,015	0.580	\$ 8,822,707	\$ 6,987	42.3%	\$ 15,502,503	\$ 120,158	\$ 15,622,661	\$ 12,372	0.8%	75.0%	\$ 6,799,954	77.1%
120002	MAUI MEMORIAL MEDICAL CENTER - GENERAL	Private	1,815	18,667,271	0.569	8,054,156	7,804	43.1%	12,632,465	746,249	13,378,715	12,964	5.6%	71.7%	5,324,558	66.1%
120007	KUAKINI MEDICAL CENTER	Private	362	8,250,291	1.181	3,449,597	8,071	41.8%	5,201,649	410,397	5,612,046	13,131	7.3%	68.0%	2,162,449	62.7%
120028	NORTH HAWAII COMMUNITY HOSPITAL	Private	718	4,623,425	0.433	1,829,400	5,884	39.6%	3,877,288	-	3,877,288	12,471	0.0%	83.9%	2,047,888	111.9%
120005	HILO MEDICAL CENTER	HHSC	2,942	31,348,401	0.551	9,858,659	6,078	31.4%	11,139,503	407,685	11,547,189	7,119	3.5%	36.8%	1,688,530	17.1%
120014	WILCOX MEMORIAL HOSPITAL	Private	954	10,008,128	0.522	5,127,166	10,299	51.2%	6,093,580	223,582	6,317,162	12,689	3.5%	63.1%	1,189,996	23.2%
120004	WAHIAWA GENERAL HOSPITAL	Private	204	2,745,531	0.757	947,930	6,139	34.5%	1,789,194	50,859	1,840,053	11,917	2.8%	67.0%	892,123	94.1%
120001	THE QUEEN'S MEDICAL CENTER - GENERAL	Private	6,108	109,765,898	0.938	83,186,830	14,516	75.8%	72,791,718	9,771,433	82,563,152	14,407	11.8%	75.2%	(623,678)	-0.7%
120019	KONA COMMUNITY HOSPITAL	HHSC	1,447	18,393,695	0.529	6,916,125	9,034	37.6%	5,010,862	531,626	5,542,488	7,239	9.6%	30.1%	(1,373,638)	-19.9%
120026	PALI MOMI MEDICAL CENTER	Private	780	20,747,737	1.063	12,977,960	15,654	62.8%	9,989,268	872,929	10,862,197	13,102	8.0%	52.4%	(2,115,763)	-16.3%
123300	KAPIOLANI MEDICAL CENTER FOR WOMEN & CHILDREN	Private	7,201	94,654,487	0.651	95,160,731	20,304	100.5%	77,347,922	11,317,972	88,665,894	18,918	12.8%	93.7%	(6,494,837)	-6.8%
120022	STRAUB CLINIC AND HOSPITAL	Private	971	26,479,275	1.162	24,492,636	21,707	92.5%	13,482,156	1,887,393	15,369,549	13,622	12.3%	58.0%	(9,123,087)	-37.2%

Note: MQD is proposing transitional adjustments to Access and HHSC supplemental payments, as well as an expansion of the quality payment pool, which will help mitigate impacts under APR DRGs. This analysis does not include the impact of supplemental payment changes.

Footnotes & Caveats:

1) Analysis based on inpatient claims with SFY 2018 service dates paid through January 2019.

2) Excludes ABD dual member claims, Kaiser hospital and MCO claims, claims for hospitals without Medicare cost report data in HCRIS, claims with missing or invalid provider IDs, SHOTT claims, and claims where a valid APR DRG could not be assigned.

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Hawai'i Department of Human Services Med-QUEST Division
Proposed Inpatient APR DRG Model

Represents MQD's Proposed Model for State Plan Amendment
Subject to CMS Approval

Summary by Provider - Combined Payments With Medicaid Inpatient Supplemental Payments (Excluding DSH)

Total: 25,680 \$ 366,517,154 \$ 29,575,356 \$ 94,284,112 \$ 13,249,384 \$ (31,801,905) \$ 105,306,947 \$ 260,823,897 \$ 366,130,843 99.9%

MedicareID	Provider Name	Hospital Ownership Type	SFY 2018 MCO Encounters & FFS Data		Current Medicaid Inpatient Supplemental Payments (Excluding DSH)					Payments Under Current System		
			Number of Discharges	Estimated Costs	HHSC Inpatient	Private Access Inpatient	Quality Pool Inpatient	Inpatient Tax	Inpatient Total (Net of Inpatient Tax)	Reported Paid Amounts (FFS + MCO)	Combined Encounter and Supplemental Payments	Estimated Pay-to-Cost Ratio
120002	MAUI MEMORIAL MEDICAL CENTER - GENERAL	Private	1,815	\$ 18,667,271	\$ -	\$ 19,988,095	\$ 530,000	\$ (3,669,501)	\$ 16,848,594	\$ 8,054,156	\$ 24,902,751	133.4%
120004	WAHIAWA GENERAL HOSPITAL	Private	204	2,745,531	-	2,521,726	68,530	(382,220)	2,208,036	947,930	3,155,966	114.9%
120001	THE QUEEN'S MEDICAL CENTER - GENERAL	Private	6,108	109,765,898	-	51,533,751	4,367,826	(15,035,940)	40,865,636	83,186,830	124,052,466	113.0%
123300	KAPIOLANI MEDICAL CENTER FOR WOMEN & CHILDREN	Private	7,201	94,654,487	-	-	5,726,520	-	5,726,520	95,160,731	100,887,251	106.6%
120019	KONA COMMUNITY HOSPITAL	HHSC	1,447	18,393,695	10,481,715	-	-	-	10,481,715	6,916,125	17,397,841	94.6%
120005	HILO MEDICAL CENTER	HHSC	2,942	31,348,401	19,093,641	-	-	-	19,093,641	9,858,659	28,952,299	92.4%
120022	STRAUB CLINIC AND HOSPITAL	Private	971	26,479,275	-	-	1,090,974	(4,295,078)	(3,204,104)	24,492,636	21,288,531	80.4%
120014	WILCOX MEMORIAL HOSPITAL	Private	954	10,008,128	-	3,659,775	239,875	(1,146,424)	2,753,226	5,127,166	7,880,392	78.7%
120007	KUAKINI MEDICAL CENTER	Private	362	8,250,291	-	4,742,888	183,722	(1,982,071)	2,944,539	3,449,597	6,394,136	77.5%
120028	NORTH HAWAII COMMUNITY HOSPITAL	Private	718	4,623,425	-	2,025,422	85,387	(526,199)	1,584,610	1,829,400	3,414,010	73.8%
120026	PALI MOMI MEDICAL CENTER	Private	780	20,747,737	-	3,338,508	410,877	(2,661,955)	1,087,431	12,977,960	14,065,391	67.8%
120006	CASTLE MEDICAL CENTER	Private	2,178	20,833,015	-	6,473,946	545,673	(2,102,517)	4,917,102	8,822,707	13,739,810	66.0%

Footnotes & Caveats:

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- 5) Actual payments under DRGs will vary significantly from this analysis, based on final rate methodologies selected by Med-QUEST, future changes in MCO rate negotiations, enrollment, populations, claim volume, service mix, provider coding improvement and provider charge increases, among other potential changes that may impact reimbursement.
- 6) The SFY 2018 inpatient managed care encounter and FFS data included low volumes for certain providers, and combinations of providers, MCOs and services. These small sample sizes should be considered when evaluating the estimated impact under DRGs.
- 7) Claim-based payments (both reported by MCOs & Med-QUEST and simulated under DRGs) do not include adjustments related to the High Risk Newborn Risk Pool (HRNBP) settlement, or an allocation of other supplemental payments.
8. Current Medicaid Inpatient Supplemental Payments (Excluding DSH) consist of the following:
 - Simulated HHSC directed inpatient payment per proposed Preprint, calculated based on the inpatient increase of \$1,648.23 multiplied by DRG model days.
 - Private Access payment based on inpatient portion of CY 2020 payment.
 - Quality Pool payment based on inpatient portion of CY 2020 payment.
 Supplemental payments may change in future periods based on a variety of factors, including changes to uncompensated care costs under the new APR DRG system and Med-QUEST policy changes.
9. For demonstration purposes, the illustrative transitional HHSC and Private Access inpatient supplemental payments (excluding DSH) include adjustments to mitigate estimated impacts under APR DRGs for each hospital.

The managed care adjustment for each hospital is based on the estimated MCO gain or loss (based on model MCO encounters) multiplied by a factor of -1.

The FFS adjustment for hospitals with an estimated FFS loss (based on model FFS paid claims data) is equal to the estimated FFS loss multiplied by a factor of -1.

The FFS adjustment for hospitals with an estimated FFS gain is based on the sum of estimated hospital FFS losses, allocated to each hospital with an estimated FFS gain based on the hospital's estimated FFS gain as a percentage of the sum of estimated hospital FFS gains.

The FFS adjustment does not fully offset hospital estimated FFS gains because APR DRG rates are modeled to result in aggregate payment increases for FFS.
10. Total estimated costs may be understated and total estimated pay-to-cost ratios with supplemental payments may be overstated for hospitals with material inpatient utilization excluded from the APR DRG model.

Hawai'i Department of Human Services Med-QUEST Division
Proposed Inpatient APR DRG Model
Summary by Plan

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Total:	25,680	\$	366,517,154	0.718	\$	260,823,897	\$	14,138	71.2%	\$	234,858,108	\$	26,340,284	\$	261,198,392	\$	14,159	10.1%	71.3%	\$	374,496	0.1%
Total MCO:	25,369	\$	361,417,403	0.717	\$	258,069,726	\$	14,178	71.4%	\$	232,031,416	\$	26,038,310	\$	258,069,726	\$	14,178	10.1%	71.4%	\$	0	0.0%

Sorted by Estimated Payment Change		SFY 2018 MCO Encounters & FFS Data			Payments Under Current System			Simulated Payments under APR DRGs					Estimated Impact	
Plan	Number of Discharges	Estimated Costs	DRG Case Mix	Reported Paid Amounts	Case Mix Adj. Avg Pmt Per Discharge	Estimated Pay-to-Cost Ratio	Simulated Base Payment	Simulated Outlier Payment	Simulated Total Payment	Case Mix Adj. Avg Pmt Per Discharge	Outlier Payment %	Estimated Pay-to-Cost Ratio	Est. Payment Change	Est. Payment Change %
HMSA	11,521	\$ 139,891,050	0.658	\$ 85,100,870	\$ 11,231	60.8%	\$ 96,391,251	\$ 7,995,250	\$ 104,386,501	\$ 13,776	7.7%	74.6%	\$ 19,285,632	22.7%
FFS	311	5,099,751	0.792	2,754,171	11,179	54.0%	2,826,692	301,974	3,128,666	12,699	9.7%	61.3%	374,496	13.6%
UNITED	4,156	66,762,668	0.779	45,785,065	14,151	68.6%	40,804,565	4,771,628	45,576,192	14,086	10.5%	68.3%	(208,873)	-0.5%
AlohaCare	6,237	88,508,842	0.716	70,146,228	15,699	79.3%	58,419,174	4,925,574	63,344,747	14,176	7.8%	71.6%	(6,801,481)	-9.7%
OHANA	3,455	66,254,843	0.845	57,037,563	19,530	86.1%	36,416,426	8,345,859	44,762,285	15,327	18.6%	67.6%	(12,275,278)	-21.5%

Footnotes & Caveats:

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- 7) Claim-based payments (both reported by MCOs & Med-QUEST and simulated under DRGs) do not include adjustments related to the High Risk Newborn Risk Pool (HRNBP) settlement, or an allocation of other supplemental payments.

Hawai'i Department of Human Services Med-QUEST Division
Proposed Inpatient APR DRG Model
Summary by Program

Represents MQD's Proposed Model for State Plan Amendment
Subject to CMS Approval

Total: 25,680 \$ 366,517,154 0.718 \$ 260,823,897 \$ 14,138 71.2% \$ 234,858,108 \$ 26,340,284 \$ 261,198,392 \$ 14,159 10.1% 71.3% \$ 374,496 0.1%

Sorted by Estimated Payment Change		SFY 2018 MCO Encounters & FFS Data			Payments Under Current System			Simulated Payments under APR DRGs						Estimated Impact	
		Number of Discharges	Estimated Costs	DRG Case Mix	Reported Paid Amounts	Case Mix Adj. Avg Pmt Per Discharge	Estimated Pay-to-Cost Ratio	Simulated Base Payment	Simulated Outlier Payment	Simulated Total Payment	Case Mix Adj. Avg Pmt Per Discharge	Outlier Payment %	Estimated Pay-to-Cost Ratio	Est. Payment Change	Est. Payment Change %
Program	Description														
NON	Family & Children	12,862	\$ 122,721,953	0.527	\$ 104,570,041	\$ 15,434	85.2%	\$ 98,673,925	\$ 9,232,185	\$ 107,906,110	\$ 15,927	8.6%	87.9%	\$ 3,336,069	3.2%
FFS	Fee For Service	311	5,099,751	0.792	2,754,171	11,179	54.0%	2,826,692	301,974	3,128,666	12,699	9.7%	61.3%	374,496	13.6%
ABD	ABD Non-Dual	4,485	102,970,798	1.018	62,495,573	13,683	60.7%	53,437,719	9,108,097	62,545,817	13,694	14.6%	60.7%	50,244	0.1%
EXP	Expansion	8,022	135,724,652	0.855	91,004,113	13,268	67.1%	79,919,771	7,698,028	87,617,799	12,774	8.8%	64.6%	(3,386,313)	-3.7%

Footnotes & Caveats:

- 1) Analysis based on inpatient claims with SFY 2018 service dates paid through January 2019.
- 2) Excludes ABD dual member claims, Kaiser hospital and MCO claims, claims for hospitals without Medicare cost report data in HCRIS, claims with missing or invalid provider IDs, SHOTT claims, and claims where a valid APR DRG could not be assigned.
- 3) DRG assignment and relative weights are based on APR version 37.1 hospital specific relative value weights, and relies upon accurate reporting by providers and MCOs (in the managed care encounter data).
- 4) We have not conducted a comprehensive audit of the accuracy of the encounter and FFS data; as such to the extent there are data quality issues, this may impact the resulting analysis and modeled rates.
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Hawai'i Department of Human Services Med-QUEST Division
Proposed Inpatient APR DRG Model
Summary by Provider and Service Line

Represents MQD's Proposed Model for State Plan Amendment
Subject to CMS Approval

Total: 25,680 \$ 366,517,154 0.718 \$ 260,823,897 \$ 14,138 71.2% \$ 234,858,108 \$ 26,340,284 \$ 261,198,392 \$ 14,159 10.1% 71.3% \$ 374,496 0.1%

Sorted by Provider and Service Line

Ordered by Provider and Service Line		SFY 2018 MCO Encounters & FFS Data			Payments Under Current System			Simulated Payments under APR DRGs							Estimated Impact	
Provider Name	Service Line Description	Number of Discharges	Estimated Costs	DRG Case Mix	Reported Paid Amounts	Case Mix Adj. Avg Pmt Per Discharge	Estimated Pay-to-Cost Ratio	Simulated Base Payment	Simulated Outlier Payment	Simulated Total Payment	Case Mix Adj. Avg Pmt Per Discharge	Outlier Payment %	Estimated Pay-to-Cost Ratio	Est. Payment Change	Est. Payment Change %	
CASTLE MEDICAL CENTER	Medical	648	7,706,619	0.647	3,313,743	7,907	43.0%	4,873,360	81,414	4,954,774	11,822	1.6%	64.3%	1,641,032	49.5%	
CASTLE MEDICAL CENTER	Surgical	235	4,470,357	1.589	2,290,461	6,134	51.2%	4,358,186	38,744	4,396,931	11,775	0.9%	98.4%	2,106,469	92.0%	
CASTLE MEDICAL CENTER	Psychiatric - Hospital	539	5,080,490	0.454	1,793,046	7,324	35.3%	3,259,921	-	3,259,921	13,315	0.0%	64.2%	1,466,874	81.8%	
CASTLE MEDICAL CENTER	Alcohol and Drug Abuse - Hospital	113	739,508	0.413	267,425	6,492	36.2%	548,466	-	548,466	13,315	0.0%	74.2%	281,041	105.1%	
CASTLE MEDICAL CENTER	Mat Norm Delivery	182	1,652,408	0.413	512,946	6,828	31.0%	1,000,257	-	1,000,257	13,315	0.0%	60.5%	487,310	95.0%	
CASTLE MEDICAL CENTER	Mat Csect Delivery	56	508,440	0.611	184,718	5,397	36.3%	455,688	-	455,688	13,315	0.0%	89.6%	270,970	146.7%	
CASTLE MEDICAL CENTER	Well Newborn - Normal Delivery	372	504,031	0.141	377,078	7,209	74.8%	696,452	-	696,452	13,315	0.0%	138.2%	319,374	84.7%	
CASTLE MEDICAL CENTER	Other Newborn	24	120,567	0.791	48,452	2,551	40.2%	267,377	-	267,377	14,078	0.0%	221.8%	218,925	451.8%	
CASTLE MEDICAL CENTER	Maternity Non-Delivery	9	50,594	0.393	34,838	9,839	68.9%	42,797	-	42,797	12,086	0.0%	84.6%	7,959	22.8%	
HILO MEDICAL CENTER	Medical	1,291	16,828,309	0.609	5,338,189	6,790	31.7%	5,191,065	59,448	5,250,513	6,679	1.1%	31.2%	(87,677)	-1.6%	
HILO MEDICAL CENTER	Surgical	295	6,181,810	1.297	1,953,103	5,103	31.6%	2,510,985	342,748	2,853,733	7,456	12.0%	46.2%	900,631	46.1%	
HILO MEDICAL CENTER	Psychiatric - Hospital	174	1,350,492	0.447	648,070	8,332	48.0%	582,653	-	582,653	7,491	0.0%	43.1%	(65,417)	-10.1%	
HILO MEDICAL CENTER	Alcohol and Drug Abuse - Hospital	10	139,606	0.505	37,394	7,399	26.8%	37,909	-	37,909	7,501	0.0%	27.2%	515	1.4%	
HILO MEDICAL CENTER	Mat Norm Delivery	280	2,192,657	0.418	617,880	5,273	28.2%	878,926	-	878,926	7,501	0.0%	40.1%	261,045	42.2%	
HILO MEDICAL CENTER	Mat Csect Delivery	199	1,836,724	0.630	569,190	4,541	31.0%	940,182	5,489	945,671	7,545	0.6%	51.5%	376,481	66.1%	
HILO MEDICAL CENTER	Well Newborn - Normal Delivery	599	2,228,481	0.151	515,329	5,703	23.1%	674,471	-	674,471	7,465	0.0%	30.3%	159,142	30.9%	
HILO MEDICAL CENTER	Other Newborn	55	330,130	0.396	78,886	3,623	23.9%	220,133	-	220,133	10,110	0.0%	66.7%	141,246	179.1%	
HILO MEDICAL CENTER	Maternity Non-Delivery	39	260,193	0.405	100,616	6,366	38.7%	103,180	-	103,180	6,528	0.0%	39.7%	2,564	2.5%	
KAPIOLANI MEDICAL CENTER FOR WOMEN & CHILDREN	Medical	1,263	25,141,816	0.675	23,699,619	27,811	94.3%	12,385,023	4,307,278	16,692,301	19,588	25.8%	66.4%	(7,007,318)	-29.6%	
KAPIOLANI MEDICAL CENTER FOR WOMEN & CHILDREN	Surgical	251	8,624,388	1.638	10,074,096	24,508	116.8%	5,905,267	2,051,225	7,956,493	19,356	25.8%	92.3%	(2,117,604)	-21.0%	
KAPIOLANI MEDICAL CENTER FOR WOMEN & CHILDREN	Psychiatric - Hospital	3	35,141	0.747	25,229	11,252	71.8%	32,881	-	32,881	14,664	0.0%	93.6%	7,651	30.3%	
KAPIOLANI MEDICAL CENTER FOR WOMEN & CHILDREN	Alcohol and Drug Abuse - Hospital	2	24,200	0.394	20,533	26,025	84.8%	11,569	-	11,569	14,664	0.0%	47.8%	(8,964)	-43.7%	
KAPIOLANI MEDICAL CENTER FOR WOMEN & CHILDREN	Mat Norm Delivery	1,897	15,738,396	0.432	7,455,126	9,092	47.4%	12,020,966	-	12,020,966	14,660	0.0%	76.4%	4,565,840	61.2%	
KAPIOLANI MEDICAL CENTER FOR WOMEN & CHILDREN	Mat Csect Delivery	569	9,137,496	0.686	4,526,740	11,601	49.5%	5,708,613	70,247	5,778,861	14,809	1.2%	63.2%	1,252,120	27.7%	
KAPIOLANI MEDICAL CENTER FOR WOMEN & CHILDREN	Well Newborn - Normal Delivery	2,435	5,164,843	0.150	4,230,980	11,552	81.9%	5,370,510	-	5,370,510	14,664	0.0%	104.0%	1,139,530	26.9%	
KAPIOLANI MEDICAL CENTER FOR WOMEN & CHILDREN	Other Newborn	572	28,826,284	3.091	44,082,327	24,932	152.9%	34,926,849	4,889,221	39,816,070	22,519	12.3%	138.1%	(4,266,256)	-9.7%	
KAPIOLANI MEDICAL CENTER FOR WOMEN & CHILDREN	Maternity Non-Delivery	209	1,961,923	0.364	1,046,081	13,767	53.3%	986,244	-	986,244	12,980	0.0%	50.3%	(59,837)	-5.7%	
KONA COMMUNITY HOSPITAL	Medical	673	9,851,180	0.592	4,042,854	10,150	41.0%	2,559,925	333,917	2,893,842	7,265	11.5%	29.4%	(1,149,012)	-28.4%	
KONA COMMUNITY HOSPITAL	Surgical	136	3,149,112	1.316	1,080,725	6,040	34.3%	1,141,627	133,558	1,275,186	7,127	10.5%	40.5%	194,461	18.0%	
KONA COMMUNITY HOSPITAL	Psychiatric - Hospital	109	1,697,911	0.421	657,945	14,325	38.8%	336,357	35,149	371,506	8,089	9.5%	21.9%	(286,438)	-43.5%	
KONA COMMUNITY HOSPITAL	Alcohol and Drug Abuse - Hospital	43	688,600	0.417	282,573	15,745	41.0%	131,428	29,001	160,429	8,939	18.1%	23.3%	(122,143)	-43.2%	
KONA COMMUNITY HOSPITAL	Mat Norm Delivery	87	695,610	0.406	236,302	6,691	34.0%	258,646	-	258,646	7,323	0.0%	37.2%	22,344	9.5%	
KONA COMMUNITY HOSPITAL	Mat Csect Delivery	40	567,989	0.594	147,747	6,214	26.0%	174,127	-	174,127	7,323	0.0%	30.7%	26,380	17.9%	
KONA COMMUNITY HOSPITAL	Well Newborn - Normal Delivery	312	1,499,219	0.129	363,288	9,051	24.2%	293,945	-	293,945	7,323	0.0%	19.6%	(69,343)	-19.1%	
KONA COMMUNITY HOSPITAL	Other Newborn	17	82,992	0.924	16,457	1,048	19.8%	53,064	-	53,064	3,379	0.0%	63.9%	36,607	222.4%	
KONA COMMUNITY HOSPITAL	Maternity Non-Delivery	30	161,083	0.318	88,235	9,235	54.8%	61,743	-	61,743	6,462	0.0%	38.3%	(26,492)	-30.0%	
KUAKINI MEDICAL CENTER	Medical	236	3,684,019	0.799	1,737,495	9,216	45.0%	2,291,661	122,838	2,414,499	12,806	5.1%	62.5%	677,003	39.0%	
KUAKINI MEDICAL CENTER	Surgical	124	4,366,517	1.914	1,704,158	7,179	39.0%	2,889,333	287,560	3,176,893	13,384	9.1%	72.8%	1,472,735	86.4%	
KUAKINI MEDICAL CENTER	Alcohol and Drug Abuse - Hospital	2	19,755	0.738	7,944	5,379	40.2%	20,654	-	20,654	13,986	0.0%	104.6%	12,711	160.0%	
MAUI MEMORIAL MEDICAL CENTER - GENERAL	Medical	606	8,907,511	0.700	3,587,905	8,462	40.3%	4,954,570	154,487	5,109,057	12,049	3.0%	57.4%	1,521,152	42.4%	
MAUI MEMORIAL MEDICAL CENTER - GENERAL	Surgical	188	5,155,335	1.547	2,101,173	7,224	40.8%	3,390,782	591,762	3,982,545	13,693	14.9%	77.3%	1,881,372	89.5%	
MAUI MEMORIAL MEDICAL CENTER - GENERAL	Psychiatric - Hospital	100	901,903	0.444	474,445	10,692	52.6%	590,815	-	590,815	13,315	0.0%	65.5%	116,371	24.5%	
MAUI MEMORIAL MEDICAL CENTER - GENERAL	Alcohol and Drug Abuse - Hospital	21	182,663	0.492	79,155	7,662	43.3%	137,556	-	137,556	13,315	0.0%	75.3%	58,401	73.8%	
MAUI MEMORIAL MEDICAL CENTER - GENERAL	Mat Norm Delivery	257	1,486,596	0.413	748,641	7,045	50.4%	1,414,974	-	1,414,974	13,315	0.0%	95.2%	666,333	89.0%	
MAUI MEMORIAL MEDICAL CENTER - GENERAL	Mat Csect Delivery	99	792,866	0.615	372,387	6,112	47.0%	811,277	-	811,277	13,315	0.0%	102.3%	438,890	117.9%	
MAUI MEMORIAL MEDICAL CENTER - GENERAL	Well Newborn - Normal Delivery	485	1,070,154	0.140	599,123	8,828	56.0%	903,649	-	903,649	13,315	0.0%	84.4%	304,526	50.8%	
MAUI MEMORIAL MEDICAL CENTER - GENERAL	Other Newborn	31	68,029	0.566	32,323	1,843	47.5%	314,817	-	314,817	17,946	0.0%	462.8%	282,494	874.0%	
MAUI MEMORIAL MEDICAL CENTER - GENERAL	Maternity Non-Delivery	28	102,215	0.351	59,005	6,008	57.7%	114,025	-	114,025	11,811	0.0%	111.6%	55,020	93.2%	
NORTH HAWAII COMMUNITY HOSPITAL	Medical	154	1,761,057	0.805	691,562	7,427	39.3%	1,073,304	-	1,073,304	11,627	0.0%	60.9%	381,741	55.2%	
NORTH HAWAII COMMUNITY HOSPITAL	Surgical	54	947,857	1.272	285,586	4,158	30.1%	795,880	-	795,880	11,589	0.0%	84.0%	510,294	178.7%	
NORTH HAWAII COMMUNITY HOSPITAL	Alcohol and Drug Abuse - Hospital	3	63,858	0.410	17,545	14,260	27.5%	16,382	-	16,382	13,315	0.0%	25.7%	(1,163)	-6.6%	
NORTH HAWAII COMMUNITY HOSPITAL	Mat Norm Delivery	195	989,796	0.405	425,771	5,391	43.0%	1,051,664	-	1,051,664	13,315	0.0%	106.3%	625,893	147.0%	
NORTH HAWAII COMMUNITY HOSPITAL	Mat Csect Delivery	40	316,582	0.611	126,322	5,166	39.9%	325,597	-	325,597	13,315	0.0%	102.8%	199,275	157.8%	
NORTH HAWAII COMMUNITY HOSPITAL	Well Newborn - Normal Delivery	236	411,215	0.130	200,136	6,546	48.7%	407,115	-	407,115	13,315	0.0%	99.0%	206,979	103.4%	
NORTH HAWAII COMMUNITY HOSPITAL	Other Newborn	20	45,970	0.373	32,334	4,330	70.3%	134,005	-	134,005	17,946	0.0%	291.5%	101,672	314.4%	
NORTH HAWAII COMMUNITY HOSPITAL	Maternity Non-Delivery	16	87,092	0.400	50,144	7,835	57.6%	73,341	-	73,341	11,460	0.0%	84.2%	23,196	46.3%	
PALI MOMI MEDICAL CENTER	Medical	572	12,421,610	0.734	6,250,207	14,883	50.3%	5,051,075	302,513	5,353,588	12,748	5.7%	43.1%	(896,619)	-14.3%	
PALI MOMI MEDICAL CENTER	Surgical	203	8,213,879	1.993	6,648,504	16,436	80.9%	4,875,508	570,416	5,445,924	13,463	10.5%	66.3%	(1,202,579)	-18.1%	
PALI MOMI MEDICAL CENTER	Alcohol and Drug Abuse - Hospital	4	103,773	1.020	75,218	18,442	72.5%	56,448	-	56,448	13,840	0.0%	54.4%	(18,770)	-25.0%	
PALI MOMI MEDICAL CENTER	Maternity Non-Delivery	1														

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Sorted by Provider and Service Line

Provider Name	Service Line Description	SFY 2018 MCO Encounters & FFS Data			Payments Under Current System			Simulated Payments under APR DRGs						Estimated Impact	
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WAHIAWA GENERAL HOSPITAL	Alcohol and Drug Abuse - Hospital	1	7,589	0.356	4,306	12,094	56.7%	4,778	-	4,778	13,420	0.0%	63.0%	472	11.0%
WAHIAWA GENERAL HOSPITAL	Maternity Non-Delivery	1	3,973	0.353	2,267	6,421	57.1%	4,120	-	4,120	11,670	0.0%	103.7%	1,853	81.7%
WILCOX MEMORIAL HOSPITAL	Medical	351	5,108,200	0.620	2,698,638	12,396	52.8%	2,547,312	123,658	2,670,971	12,269	4.6%	52.3%	(27,667)	-1.0%
WILCOX MEMORIAL HOSPITAL	Surgical	88	2,237,648	1.362	1,334,674	11,134	59.6%	1,366,216	99,924	1,466,140	12,231	6.8%	65.5%	131,466	9.9%
WILCOX MEMORIAL HOSPITAL	Alcohol and Drug Abuse - Hospital	7	107,449	0.536	33,533	8,941	31.2%	49,935	-	49,935	13,315	0.0%	46.5%	16,402	48.9%
WILCOX MEMORIAL HOSPITAL	Mat Norm Delivery	152	914,890	0.403	429,649	7,020	47.0%	814,883	-	814,883	13,315	0.0%	89.1%	385,234	89.7%
WILCOX MEMORIAL HOSPITAL	Mat Csect Delivery	60	529,388	0.611	236,076	6,443	44.6%	487,866	-	487,866	13,315	0.0%	92.2%	251,790	106.7%
WILCOX MEMORIAL HOSPITAL	Well Newborn - Normal Delivery	263	857,183	0.146	283,295	7,370	33.0%	511,815	-	511,815	13,315	0.0%	59.7%	228,520	80.7%
WILCOX MEMORIAL HOSPITAL	Other Newborn	17	155,660	0.894	69,369	4,563	44.6%	256,843	-	256,843	16,894	0.0%	165.0%	187,474	270.3%
WILCOX MEMORIAL HOSPITAL	Maternity Non-Delivery	16	97,710	0.315	41,933	8,314	42.9%	58,709	-	58,709	11,640	0.0%	60.1%	16,776	40.0%

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Summary by APR Service Line

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Service Line	Description														
OB	Obstetrics	4,862	\$ 42,902,961	0.474	\$ 19,800,135	\$ 8,584	46.2%	\$ 30,452,426	\$ 83,691	\$ 30,536,117	\$ 13,238	0.3%	71.2%	\$ 10,735,982	54.2%
ORTHO	Orthopedic General	862	20,461,829	1.360	12,028,315	10,257	58.8%	13,554,735	757,796	14,312,531	12,205	5.3%	69.9%	2,284,216	19.0%
MH&SA	Mental Health	1,689	15,577,623	0.445	7,377,216	9,817	47.4%	9,393,399	259,337	9,652,736	12,845	2.7%	62.0%	2,275,520	30.8%
GYN	GYN General	161	1,688,775	0.769	872,342	7,043	51.7%	1,327,510	2,199	1,329,708	10,736	0.2%	78.7%	457,367	52.4%
CARD	Cardiac General	1,261	26,284,418	0.864	13,597,043	12,474	51.7%	12,722,068	1,279,798	14,001,867	12,845	9.1%	53.3%	404,823	3.0%
UROL	Urology General	200	2,761,062	0.850	1,626,126	9,568	58.9%	2,029,269	-	2,029,269	11,940	0.0%	73.5%	403,142	24.8%
ORAL	Oral and Maxillofacial Surgery	63	1,074,261	1.388	966,396	11,050	90.0%	1,139,626	-	1,139,626	13,031	0.0%	106.1%	173,230	17.9%
CARD-S	Cardiothoracic Surgery	201	10,184,930	3.030	8,610,020	14,139	84.5%	7,622,270	1,094,126	8,716,396	14,314	12.6%	85.6%	106,377	1.2%
REHAB	Rehabilitation	3	49,348	1.608	16,391	3,399	33.2%	30,712	-	30,712	6,368	0.0%	62.2%	14,321	87.4%
OPHT	Ophthalmology General	24	276,147	0.623	159,694	10,689	57.8%	170,784	-	170,784	11,431	0.0%	61.8%	11,089	6.9%
DENT	Dental	12	106,011	0.415	63,526	12,770	59.9%	54,848	-	54,848	11,026	0.0%	51.7%	(8,678)	-13.7%
ENT	ENT General	100	1,232,061	0.633	823,521	13,020	66.8%	753,835	44,473	798,308	12,621	5.6%	64.8%	(25,213)	-3.1%
DERM	Dermatology	76	882,367	0.511	519,416	13,387	58.9%	438,025	-	438,025	11,290	0.0%	49.6%	(81,391)	-15.7%
NEURO	Neurology	591	11,423,833	0.768	5,835,974	12,854	51.1%	5,236,953	460,176	5,697,128	12,549	8.1%	49.9%	(138,846)	-2.4%
TRAUMA	Trauma General	88	3,330,786	2.570	3,975,734	17,577	119.4%	3,037,448	705,426	3,742,873	16,548	18.8%	112.4%	(232,861)	-5.9%
NEURO-S	Neurological Surgery General	213	7,098,117	1.941	6,537,717	15,816	92.1%	5,357,762	598,483	5,956,245	14,409	10.0%	83.9%	(581,472)	-8.9%
ONC	Oncology	327	7,558,725	0.998	5,827,104	17,852	77.1%	4,025,442	845,325	4,870,768	14,922	17.4%	64.4%	(956,337)	-16.4%
PED	Pediatric General	5,889	43,613,696	0.450	52,975,347	19,978	121.5%	46,500,608	5,258,521	51,759,129	19,519	10.2%	118.7%	(1,216,218)	-2.3%
PLAST	Plastic Surgery	93	3,829,843	1.450	3,715,883	27,560	97.0%	1,583,546	530,557	2,114,104	15,680	25.1%	55.2%	(1,601,779)	-43.1%
GEN-S	General Surgery	1,541	48,763,641	1.704	39,292,739	14,965	80.6%	30,210,091	7,341,030	37,551,120	14,301	19.5%	77.0%	(1,741,619)	-4.4%
VASC-S	Vascular Surgery	90	4,499,616	2.134	5,488,752	28,584	122.0%	2,352,060	1,383,682	3,735,743	19,454	37.0%	83.0%	(1,753,009)	-31.9%
GM	General Medicine	7,334	112,917,104	0.680	70,714,504	14,183	62.6%	56,864,693	5,695,664	62,560,357	12,548	9.1%	55.4%	(8,154,147)	-11.5%

Footnotes & Caveats:

- 1) Analysis based on inpatient claims with SFY 2018 service dates paid through January 2019.
- 2) Excludes ABD dual member claims, Kaiser hospital and MCO claims, claims for hospitals without Medicare cost report data in HCRIS, claims with missing or invalid provider IDs, SHOTT claims, and claims where a valid APR DRG could not be assigned.
- 3) DRG assignment and relative weights are based on APR version 37.1 hospital specific relative value weights, and relies upon accurate reporting by providers and MCOs (in the managed care encounter data).
- 4) We have not conducted a comprehensive audit of the accuracy of the encounter and FFS data; as such to the extent there are data quality issues, this may impact the resulting analysis and modeled rates.
- 5) Actual payments under DRGs will vary significantly from this analysis, based on final rate methodologies selected by Med-QUEST, future changes in MCO rate negotiations, enrollment, populations, claim volume, service mix, provider coding improvement and provider charge increases, among other potential changes that may impact reimbursement.
- 6) The SFY 2018 inpatient managed care encounter and FFS data included low volumes for certain providers, and combinations of providers, MCOs and services. These small sample sizes should be considered when evaluating the estimated impact under DRGs.
- 7) Claim-based payments (both reported by MCOs & Med-QUEST and simulated under DRGs) do not include adjustments related to the High Risk Newborn Risk Pool (HRNBP) settlement, or an allocation of other supplemental payments.

Hawai'i Department of Human Services Med-QUEST Division
Proposed Inpatient APR DRG Model
Summary by DRG

Represents MQD's Proposed Model for State Plan Amendment
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Total:	25,680	\$	366,517,154	0.718	\$	260,823,897	\$	14,138	71.2%	\$	234,858,108	\$	26,340,284	\$	261,198,392	\$	14,159	10.1%	71.3%	\$	374,496	0.1%
Total Trauma:	243	\$	6,969,901	1.670	\$	6,939,682	\$	17,096	99.6%	\$	5,433,968	\$	1,181,477	\$	6,615,445	\$	16,298	17.9%	94.9%	\$	(324,237)	-4.7%
Total Non-Trauma:	25,437	\$	359,547,253	0.709	\$	253,884,215	\$	14,072	70.6%	\$	229,424,141	\$	25,158,807	\$	254,582,948	\$	14,111	9.9%	70.8%	\$	698,733	0.3%

Sorted by Estimated Payment Change

APR DRG	Description	Trauma DRG	SFY 2018 MCO Encounters & FFS Data			Payments Under Current System			Simulated Payments under APR DRGs						Estimated Impact	
			Number of Discharges	Estimated Costs	DRG Case Mix	Reported Paid Amounts	Case Mix Adj. Avg Pmt Per Discharge	Estimated Pay-to-Cost Ratio	Simulated Base Payment	Simulated Outlier Payment	Simulated Total Payment	Case Mix Adj. Avg Pmt Per Discharge	Outlier Payment %	Estimated Pay-to-Cost Ratio	Est. Payment Change	Est. Payment Change %
560	Vaginal Delivery	N	3,077	22,950,911	0.414	10,449,946	8,202	45.5%	17,227,704	-	17,227,704	13,521	0.0%	75.1%	6,777,758	64.9%
540	Cesarean section without sterilization	N	951	11,830,011	0.656	5,506,017	8,830	46.5%	8,088,990	78,826	8,167,816	13,098	1.0%	69.0%	2,661,798	48.3%
640	Neonate Birthwt >2499g, Normal Newborn or Neonate w/ Other Problem	N	4,941	12,307,152	0.140	6,843,804	9,908	55.6%	8,981,298	-	8,981,298	13,003	0.0%	73.0%	2,137,494	31.2%
756	Acute Anxiety & Delirium States	N	346	2,820,812	0.492	1,264,197	7,429	44.8%	2,243,898	7,646	2,251,544	13,232	0.3%	79.8%	987,347	78.1%
263	Cholecystectomy	N	172	2,613,484	1.149	1,289,321	6,526	49.3%	2,275,829	-	2,275,829	11,520	0.0%	87.1%	986,508	76.5%
302	Knee Joint Replacement	N	118	2,494,730	1.348	902,358	5,673	36.2%	1,845,922	-	1,845,922	11,605	0.0%	74.0%	943,564	104.6%
850	Procedure w/ Diag of Rehab, Aftercare or Oth Contact w/ Health Service	N	135	2,711,012	1.608	1,892,823	8,717	69.8%	2,147,822	563,399	2,711,221	12,486	20.8%	100.0%	818,398	43.2%
301	Hip Joint Replacement	N	109	2,506,506	1.444	1,079,539	6,858	43.1%	1,780,946	31,828	1,812,775	11,515	1.8%	72.3%	733,236	67.9%
614	Neonate Bwt 1500-1999g w/ or w/o Other Significant Condition	N	63	2,218,773	2.817	3,000,214	16,904	135.2%	3,470,396	90,648	3,561,044	20,063	2.5%	160.5%	560,830	18.7%
541	Vaginal Delivery w/ Sterilization &/or D&C	N	114	1,112,698	0.572	395,667	6,066	35.6%	903,746	-	903,746	13,856	0.0%	81.2%	508,079	128.4%
542	Vaginal delivery with O.R. procedure except sterilization and/or D&C	N	153	1,416,936	0.508	621,515	8,003	43.9%	1,064,794	-	1,064,794	13,711	0.0%	75.1%	443,279	71.3%
751	Major Depressive Disorders & Other/Unspecified Psychoses	N	314	2,615,352	0.445	1,227,505	8,785	46.9%	1,663,207	-	1,663,207	11,903	0.0%	63.6%	435,702	35.5%
539	Cesarean Section with Sterilization	N	185	2,485,493	0.641	1,047,715	8,835	42.2%	1,479,757	863	1,480,620	12,485	0.1%	59.6%	432,906	41.3%
304	Dorsal & Lumbar Fusion Proc Except for Curvature of Back	N	43	1,460,356	2.715	1,094,271	9,372	74.9%	1,430,632	22,477	1,453,108	12,445	1.5%	99.5%	358,838	32.8%
696	Other Chemotherapy	N	115	1,305,235	0.791	865,439	9,517	66.3%	1,210,768	-	1,210,768	13,314	0.0%	92.8%	345,329	39.9%
174	Percutaneous cardiac intervention with AMI	N	91	3,041,363	1.981	1,862,260	10,329	61.2%	2,176,916	27,767	2,204,683	12,228	1.3%	72.5%	342,423	18.4%
951	Moderately Extensive Procedure Unrelated to Principal Diagnosis	N	93	2,819,812	1.735	1,771,357	10,980	62.8%	1,804,324	281,240	2,085,564	12,928	13.5%	74.0%	314,207	17.7%
626	Neonate Bwt 2000-2499g, Normal Newborn or Neonate w/ Other Problem	N	161	553,844	0.352	448,149	7,898	68.5%	754,001	-	754,001	13,288	0.0%	115.3%	305,853	68.2%
952	Nonextensive Procedure Unrelated to Principal Diagnosis	N	46	524,116	1.173	269,149	4,987	51.4%	574,969	-	574,969	10,653	0.0%	109.7%	305,819	113.6%
602	Neonate Bwt 1000-1249g w/ Resp Dist Synd/Oth Maj Resp or Maj Anom	N	12	1,612,214	9.928	2,258,365	18,957	140.1%	2,354,542	176,710	2,531,251	21,248	7.0%	157.0%	272,886	12.1%
308	Hip & Femur Fracture Repair	N	50	910,428	1.219	421,719	6,922	46.3%	689,307	-	689,307	11,314	0.0%	75.7%	267,589	63.5%
163	Cardiac valve procedures w/o AMI or complex PDX	N	25	1,628,378	4.668	1,397,380	11,973	85.8%	1,494,797	166,326	1,661,123	14,233	10.0%	102.0%	263,743	18.9%
403	Procedures for Obesity	N	65	890,441	1.040	541,119	8,008	60.8%	803,951	-	803,951	11,898	0.0%	90.3%	262,831	48.6%
608	Neonate Bwt 1250-1499g w/ or w/o Other Significant Condition	N	12	610,809	5.230	910,664	14,509	149.1%	1,165,929	-	1,165,929	18,576	0.0%	190.9%	255,266	28.0%
190	Acute Myocardial Infarction	N	184	3,130,179	0.739	1,392,758	10,241	44.5%	1,586,972	53,632	1,640,603	12,063	3.3%	52.4%	247,845	17.8%
220	Major Stomach, Esophageal & Duodenal Procedures	N	35	1,213,659	2.035	779,905	10,952	64.3%	782,087	240,610	1,022,698	14,362	23.5%	84.3%	242,793	31.1%
443	Kidney & Urinary Tract Procedures for Nonmalignancy	N	45	731,694	1.112	397,141	7,934	54.3%	635,910	-	635,910	12,704	0.0%	86.9%	238,769	60.1%
045	CVA & Precerebral Occlusion w/ Infarct	N	207	3,959,301	0.836	1,769,738	10,226	44.7%	1,991,062	17,305	2,008,367	11,605	0.9%	50.7%	238,629	13.5%
776	Other Drug Abuse & Dependence	N	121	784,346	0.403	421,981	8,656	53.8%	659,210	-	659,210	13,522	0.0%	84.0%	237,229	56.2%
861	Signs, Symptoms & Other Factors Influencing Health Status	N	415	4,690,922	0.519	1,975,465	9,177	42.1%	2,150,554	60,200	2,210,754	10,270	2.7%	47.1%	235,289	11.9%
092	Facial Bone Procedures Except Major Cranial/Facial Bone Procedures	N	49	690,731	1.185	505,248	8,648	72.7%	737,499	-	737,499	12,699	0.0%	106.8%	235,251	46.8%
315	Shoulder, Upper Arm & Forearm Procedures Except Joint Replacement	N	53	812,421	1.081	412,787	7,203	50.8%	636,263	-	636,263	11,103	0.0%	78.3%	223,476	54.1%
166	Coronary bypass w/o AMI or complex PDX	N	12	453,512	3.362	268,246	6,650	59.1%	490,698	-	490,698	12,164	0.0%	108.2%	222,452	82.9%
179	Defibrillator Implants	N	16	682,665	3.866	648,981	10,491	95.1%	765,557	94,572	860,129	13,904	11.0%	126.0%	211,148	32.5%
513	Uterine & Adnexa Procedures for Non-malignancy Except Leiomyoma	N	51	580,412	0.905	277,261	6,005	47.8%	480,503	-	480,503	10,407	0.0%	82.8%	203,242	73.3%
625	Neonate Bwt 2000-2499g w/ Other Significant Condition	N	58	1,577,690	1.674	1,680,282	17,310	106.5%	1,882,557	-	1,882,557	19,394	0.0%	119.3%	202,275	12.0%
639	Neonate Birthwt >2499g w/ Other Significant Condition	N	123	1,554,875	0.800	1,644,002	16,713	105.7%	1,839,116	-	1,839,116	18,697	0.0%	118.3%	195,114	11.9%
227	Hernia Procedures Except Inguinal, Femoral & Umbilical	N	35	869,197	1.294	469,635	10,372	54.0%	487,815	172,323	660,138	14,579	26.1%	75.9%	190,502	40.6%
612	Neonate Bwt 1500-1999g w/ Resp Dist Synd/Oth Maj Resp Cond	N	21	1,164,691	4.401	1,689,620	18,283	145.1%	1,826,522	46,730	1,873,253	20,270	2.5%	160.8%	183,633	10.9%
192	Cardiac Catheterization For Other Non-Coronary Conditions	N	55	1,369,029	1.311	700,700	9,720	51.2%	870,557	-	870,557	12,076	0.0%	63.6%	169,857	24.2%
817	Intentional self-harm and attempted suicide	N	154	1,684,148	0.569	822,816	9,384	48.9%	965,510	18,184	983,694	11,218	1.8%	58.4%	160,878	19.6%
234	Appendectomy without complex principal diagnosis	N	62	729,012	0.750	351,752	7,560	48.3%	503,448	-	503,448	10,821	0.0%	69.1%	151,696	43.1%
058	Other Disorders of Nervous System	N	51	703,088	0.751	288,404	7,531	41.0%	436,106	-	436,106	11,387	0.0%	62.0%	147,702	51.2%
135	Major Chest & Respiratory Trauma	Y	43	454,975	0.759	280,462	8,597	61.6%	423,511	-	423,511	12,981	0.0%	93.1%	143,409	51.0%
020	Open craniotomy for trauma	Y	7	382,890	3.344	313,645	13,399	81.9%	333,329	123,007	456,336	19,495	27.0%	119.2%	142,691	45.5%
223	Other Small & Large Bowel Procedures	N	28	476,796	1.246	251,708	7,213	52.8%	392,427	-	392,427	11,246	0.0%	82.3%	140,719	55.9%
581	Neonate, Transferred < 5 Days Old, Born Here	N	99	269,256	0.175	124,950	7,192	46.4%	264,994	-	264,994	15,262	0.0%	98.4%	104,044	112.1%
754	Depression Except Major Depressive Disorder	N	136	785,721	0.356	405,800	8,389	51.6%	543,497	-	543,497	11,236	0.0%	69.2%	137,697	33.9%
634	Neonate, Birthwt >2499g w/ Resp Dist Synd/Oth Maj Resp Cond	N	82	1,851,172	1.468	2,438,013	20,256	131.7%	2,286,282	287,784	2,574,066	21,386	11.2%	139.1%	136,054	5.6%
231	Major large bowel procedures	N	75	2,194,905	1.651	1,512,148	12,210	68.9%	1,448,438	198,607	1,647,045	13,299	12.1%	75.0%	134,897	8.9%
251	Abdominal Pain	N	190	1,875,843	0.549	940,099	9,012	50.1%	1,071,618	-	1,071,618	10,272	0.0%	57.1%	131,520	14.0%
636	Neonate Birthwt >2499g w/ Congenital/Perinatal Infection	N	58	989,639	0.942	922,574	16,891	93.2%	1,048,229	-	1,048,229	19,191	0.0%	105.9%	125,655	13.6%
224	Peritoneal Adhesiolysis	N	17	290,313	1.400	139,501	5,863	48.1%	262,702	-	262,702	11,041	0.0%	90.5%	123,202	88.3%
183	Percutaneous structural cardiac procedures	N	5	291,068	3.904	127,387	6,527	43.8%	242,348	-	242,348	12,417	0.0%	83.3%	114,961	90.2%
930	Multiple Significant Trauma w/o O.R. Procedure	Y	33	684,330	1.362	554,689	12,342	81.1%	616,864	52,064	668,929	14,884	7.8%	97.7%	114,239	20.6%
145	Acute bronchitis and related symptoms	N	289	3,809,949	0.628	1,634,424	9,010	42.9%	1,742,196	2,116	1,744,312	9,616	0.1%	45.8%	109,888	6.7%
775	Alcohol Abuse & Dependence	N	124	1,435,267	0.517	715,322	11,165	49.8%	792,958	29,001	821,959	12,830	3.5%	57.3%	106,637	14.9%
750	Schizophrenia	N	229	3,589,718	0.484	1,544,289	13,946	43.0%	1,426,915	222,689	1,649,604	14,897	13.5%	46.0%	105,315	6.8%
196	Cardiac Arrest & Shock	N	24	604,528	1.074	235,520	9,133	39.0%	276,103	63,657	339,760	13,176	18.7%	56.2%	104,241	44.3%
140	Chronic Obstructive Pulmonary Disease	N	166	2,310,117	0.615	966,984	9,479	41.9%	1,057,878	7,735	1,065,612	10,446	0.7%	46.1%	98,627	10.2%
755	Adjustment Disorders & Neuroses Except Depressive Diagnoses	N	65	380,121	0.351	211,898	9,299	55.7%	308,118	-	308,118	13,522	0.0%	81.1%	96,220	45.4%

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Total Trauma:	243	\$	6,969,901	1.670	\$	6,939,682	\$	17,096	99.6%	\$	5,433,968	\$	1,181,477	\$	6,615,445	\$	16,298	17.9%	94.9%	\$	(324,237)	-4.7%
Total Non-Trauma:	25,437	\$	359,547,253	0.709	\$	253,884,215	\$	14,072	70.6%	\$	229,424,141	\$	25,158,807	\$	254,582,948	\$	14,111	9.9%	70.8%	\$	698,733	0.3%

Sorted by Estimated Payment Change

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			Number of Discharges	Estimated Costs	DRG Case Mix	Reported Paid Amounts	Case Mix Adj. Avg Pmt Per Discharge	Estimated Pay-to-Cost Ratio	Simulated Base Payment	Simulated Outlier Payment	Simulated Total Payment	Case Mix Adj. Avg Pmt Per Discharge	Outlier Payment %	Estimated Pay-to-Cost Ratio	Est. Payment Change	Est. Payment Change %
815	Other Injury, Poisoning & Toxic Effect Diagnoses	N	10	78,821	0.926	37,435	4,041	47.5%	112,829	-	112,829	12,179	0.0%	143.1%	75,395	201.4%
420	Diabetes	N	297	3,067,298	0.545	1,781,499	11,000	58.1%	1,815,014	41,668	1,856,682	11,464	2.2%	60.5%	75,183	4.2%
519	Uterine & Adnexa Procedures for Leiomyoma	N	27	303,366	0.809	181,615	8,317	59.9%	256,542	-	256,542	11,748	0.0%	84.6%	74,927	41.3%
760	Other Mental Health Disorders	N	32	364,058	0.525	155,283	9,242	42.7%	227,028	-	227,028	13,513	0.0%	62.4%	71,745	46.2%
165	Coronary bypass w/ AMI or complex PDX	N	21	1,481,917	4.485	1,137,129	12,074	76.7%	1,150,641	57,887	1,208,528	12,832	4.8%	81.6%	71,399	6.3%
134	Pulmonary Embolism	N	45	731,718	0.755	294,333	8,665	40.2%	363,492	-	363,492	10,702	0.0%	49.7%	69,159	23.5%
229	Other Digestive System & Abdominal Procedures	N	32	652,001	1.424	418,931	9,196	64.3%	487,222	-	487,222	10,695	0.0%	74.7%	68,291	16.3%
091	Other Major Head & Neck Procedures	N	5	93,801	1.561	30,240	3,875	32.2%	95,594	-	95,594	12,249	0.0%	101.9%	65,354	216.1%
284	Disorders of Gallbladder & Biliary Tract	N	35	537,210	0.754	262,640	9,953	48.9%	297,720	30,057	327,778	12,422	9.2%	61.0%	65,137	24.8%
316	Hand & Wrist Procedures	N	29	409,471	0.848	207,082	8,422	50.6%	270,258	-	270,258	10,992	0.0%	66.0%	63,176	30.5%
201	Cardiac Arrhythmia & Conduction Disorders	N	92	1,467,277	0.563	514,666	9,937	35.1%	576,632	-	576,632	11,134	0.0%	39.9%	61,966	12.0%
695	Chemotherapy For Acute Leukemia	N	35	816,617	1.457	655,360	12,856	80.3%	671,095	41,695	712,790	13,982	5.8%	87.3%	57,430	8.8%
242	Major Esophageal Disorders	N	20	252,766	0.749	95,357	6,365	37.7%	152,756	-	152,756	10,196	0.0%	60.4%	57,399	60.2%
512	Uterine & Adnexa Procedures for Non-ovarian & Non-adnexal Malig	N	9	119,549	1.090	66,327	6,764	55.5%	122,466	-	122,466	12,489	0.0%	102.4%	56,138	84.6%
346	Connective Tissue Disorders	N	25	349,520	0.756	181,626	9,611	52.0%	236,866	-	236,866	12,533	0.0%	67.8%	55,240	30.4%
233	Appendectomy with complex principal diagnosis	N	12	157,588	1.044	81,118	6,474	51.5%	135,072	-	135,072	10,780	0.0%	85.7%	53,954	66.5%
773	Opioid Abuse & Dependence	N	65	523,240	0.344	232,772	10,421	44.5%	283,052	-	283,052	12,672	0.0%	54.1%	50,280	21.6%
740	Mental Illness Diagnosis w/ O.R. Procedure	N	8	115,521	1.010	60,653	7,504	52.5%	108,597	-	108,597	13,436	0.0%	94.0%	47,944	79.0%
260	Major Pancreas, Liver & Shunt Procedures	N	17	597,965	2.329	502,376	12,690	84.0%	503,083	47,227	550,310	13,901	8.6%	92.0%	47,934	9.5%
040	Spinal Disorders & Injuries	N	6	107,106	1.441	60,095	6,951	56.1%	107,352	-	107,352	12,417	0.0%	100.2%	47,257	78.6%
661	Coagulation & Platelet Disorders	N	12	178,905	0.858	75,249	7,313	42.1%	122,458	-	122,458	11,900	0.0%	68.4%	47,209	62.7%
204	Syncope & Collapse	N	34	441,771	0.610	178,206	8,589	40.3%	222,385	-	222,385	10,718	0.0%	50.3%	44,180	24.8%
171	Perm Cardiac Pacemaker Implant w/o AMI, Heart Failure or Shock	N	13	443,199	1.497	170,021	8,738	38.4%	214,027	-	214,027	11,000	0.0%	48.3%	44,005	25.9%
144	Respiratory Signs, Symptoms & Minor Diagnoses	N	117	1,998,275	0.666	1,012,928	13,000	50.7%	999,403	57,240	1,056,643	13,561	5.4%	52.9%	43,715	4.3%
191	Cardiac Catheterization For Coronary Artery Disease	N	11	152,609	0.786	62,853	7,270	41.2%	105,063	-	105,063	12,152	0.0%	68.8%	42,210	67.2%
347	Other Back & Neck Disorders, Fractures & Injuries	N	61	780,310	0.647	390,275	9,891	50.0%	432,023	-	432,023	10,949	0.0%	55.4%	41,748	10.7%
480	Major Male Pelvic Procedures	N	5	65,501	1.038	22,378	4,312	34.2%	63,666	-	63,666	12,268	0.0%	97.2%	41,288	184.5%
424	Other Endocrine Disorders	N	21	318,335	0.671	133,311	9,456	41.9%	174,199	-	174,199	12,356	0.0%	54.7%	40,888	30.7%
518	Other Female Reproductive System & Related Procedures	N	16	185,165	0.837	84,507	6,310	45.6%	123,013	2,199	125,212	9,349	1.8%	67.6%	40,705	48.2%
199	Hypertension	N	44	538,340	0.585	236,815	9,200	44.0%	275,980	-	275,980	10,721	0.0%	51.3%	39,164	16.5%
511	Uterine & Adnexa Procedures for Ovarian & Adnexal Malignancy	N	4	51,258	1.162	21,506	4,627	42.0%	59,262	-	59,262	12,751	0.0%	115.6%	37,756	175.6%
249	Other Gastroenteritis, Nausea & Vomiting	N	171	1,648,662	0.499	923,568	10,815	56.0%	961,020	-	961,020	11,254	0.0%	58.3%	37,451	4.1%
029	Percutaneous intracranial procedures	N	8	127,491	1.481	108,830	9,186	85.4%	145,110	-	145,110	12,248	0.0%	113.8%	36,280	33.3%
322	Shoulder & Elbow Joint Replacement	N	8	182,682	1.578	97,989	7,762	53.6%	134,259	-	134,259	10,634	0.0%	73.5%	36,270	37.0%
115	Other Ear, Nose, Mouth, Throat & Cranial/Facial Diagnoses	N	58	476,748	0.520	306,574	10,174	64.3%	342,740	-	342,740	11,374	0.0%	71.9%	36,166	11.8%
663	Other Anemia & Disorders of Blood & Blood-forming Organs	N	56	684,404	0.589	427,657	12,976	62.5%	405,518	56,942	462,460	14,032	12.3%	67.6%	34,803	8.1%
160	Major Cardiothoracic Repair of Heart Anomaly	N	2	156,620	4.717	109,711	11,629	70.0%	138,337	6,158	144,495	15,317	4.3%	92.3%	34,784	31.7%
245	Inflammatory Bowel Disease	N	16	169,827	0.643	78,674	7,646	46.3%	111,776	-	111,776	10,863	0.0%	65.8%	33,101	42.1%
240	Digestive Malignancy	N	32	541,666	0.835	281,649	10,545	52.0%	313,137	-	313,137	11,724	0.0%	57.8%	31,488	11.2%
723	Viral Illness	N	18	231,759	0.602	117,898	10,873	50.9%	148,974	-	148,974	13,739	0.0%	64.3%	31,076	26.4%
363	Breast Procedures Except Mastectomy	N	5	90,821	1.099	31,777	5,784	35.0%	62,320	-	62,320	11,343	0.0%	68.6%	30,543	96.1%
342	Fractures & Dislocations Except Femur, Pelvis & Back	N	13	79,664	0.554	54,808	7,605	68.8%	85,165	-	85,165	11,817	0.0%	106.9%	30,357	55.4%
047	Transient Ischemia	N	12	127,426	0.536	41,042	6,377	32.2%	70,980	-	70,980	11,029	0.0%	55.7%	29,938	72.9%
030	Percutaneous intra- and extracranial vascular procedures	N	16	612,068	2.101	397,897	11,837	65.0%	415,750	11,101	426,850	12,698	2.6%	69.7%	28,954	7.3%
774	Cocaine Abuse & Dependence	N	21	106,558	0.344	61,128	8,468	57.4%	89,767	-	89,767	12,435	0.0%	84.2%	28,639	46.9%
029	Hepatic Coma & Other Major Acute Liver Disorders	N	34	734,980	0.895	306,307	10,067	41.7%	334,814	-	334,814	11,004	0.0%	45.6%	28,507	9.3%
276	Other Nervous System & Related Procedures	N	11	259,725	1.609	202,594	11,447	78.0%	213,146	17,708	230,854	13,043	7.7%	88.9%	28,259	13.9%
651	Other Procedures of Blood & Blood-forming Organs	N	5	69,374	1.241	46,950	7,568	67.7%	75,140	-	75,140	12,113	0.0%	108.3%	28,190	60.0%
182	Other Peripheral Vascular Procedures	N	33	1,095,162	1.912	726,678	11,518	66.4%	732,861	21,217	754,077	11,952	2.8%	68.9%	27,400	3.8%
362	Mastectomy Procedures	N	5	87,968	0.978	33,497	6,850	38.1%	60,778	-	60,778	12,428	0.0%	69.1%	27,281	81.4%
247	Intestinal Obstruction	N	93	807,694	0.507	517,152	10,967	64.0%	542,638	-	542,638	11,507	0.0%	67.2%	25,487	4.9%
426	Non-hypovolemic sodium disorders	N	65	762,667	0.573	422,358	11,346	55.4%	439,583	7,669	447,252	12,015	1.7%	58.6%	24,894	5.9%
445	Other Bladder Procedures	N	4	49,666	0.988	21,355	5,406	43.0%	46,221	-	46,221	11,701	0.0%	93.1%	24,866	116.4%
793	Moderately extensive OR procedures for other complications of treatment	N	7	141,501	1.581	113,246	10,235	80.0%	137,975	-	137,975	12,470	0.0%	97.5%	24,730	21.8%
139	Other Pneumonia	N	273	3,550,439	0.594	1,894,951	11,690	53.4%	1,886,610	32,223	1,918,833	11,837	1.7%	54.0%	23,882	1.3%
531	Female Reproductive System Infections	N	21	211,839	0.548	115,570	10,039	54.6%	138,393	-	138,393	12,021	0.0%	65.3%	22,822	19.7%
206	Malfunction, Reaction, Complication of Cardiac/Vasc Device or Procedure	N	10	331,409	0.877	116,469	13,282	35.1%	114,085	24,125	138,210	15,762	17.5%	41.7%	21,741	18.7%
230	Major small bowel procedures	N	44	1,670,054	2.198	1,205,934	12,469	72.2%	1,137,605	88,432	1,226,037	12,677	7.2%	73.4%	20,102	1.7%
757	Organic Mental Health Disturbances	N	12	157,374	0.605	62,035	8,543	39.4%	81,858	-	81,858	11,273	0.0%	59.2%	19,822	32.0%
051	Viral Meningitis	N	11	70,425	0.396	39,764	9,119	56.5%	58,931	-	58,931	13,515	0.0%	83.7%	19,167	48.2%
059	Anoxic & other severe brain damage	N	5	49,757	0.872	13,518	3,100	27.2%	32,035	-	32,035	7,347	0.0%	64.4%	18,517	137.0%
792	Extensive OR procedures for other complications of treatment	N	6	149,279	1.947	114,484	9,801	76.7%	132,691	-	132,691	11,360	0.0%	88.9%	18,208	15.9%
484	Other Male Reproductive System & Related Procedures	N	2	23,040	1.204	12,118	5,033	52.6%	29,897	-	29,897	12,417	0.0%	129.8%	17,779	146.7%
483	Penis, Testes & Scrotal Procedures	N	4	35,562	0.828	20,675	6,241	58.1%	38,130	-	38,130	11,509	0.0%	107.2%	17,454	84.4%
243	Other Esophageal Disorders	N	9	109,963	0.634	47,591	8,346	43.3%	64,855	-	64,855	11,374	0.0%	59.0%	17,264	36.3%</

Hawai'i Department of Human Services Med-QUEST Division
Proposed Inpatient APR DRG Model
Summary by DRG

Represents MQD's Proposed Model for State Plan Amendment
Subject to CMS Approval

Total:	25,680	\$	366,517,154	0.718	\$	260,823,897	\$	14,138	71.2%	\$	234,858,108	\$	26,340,284	\$	261,198,392	\$	14,159	10.1%	71.3%	\$	374,496	0.1%
Total Trauma:	243	\$	6,969,901	1.670	\$	6,939,682	\$	17,096	99.6%	\$	5,433,968	\$	1,181,477	\$	6,615,445	\$	16,298	17.9%	94.9%	\$	(324,237)	-4.7%
Total Non-Trauma:	25,437	\$	359,547,253	0.709	\$	253,884,215	\$	14,072	70.6%	\$	229,424,141	\$	25,158,807	\$	254,582,948	\$	14,111	9.9%	70.8%	\$	698,733	0.3%

Sorted by Estimated Payment Change

Sorted by Estimated Payment Change			SFY 2018 MCO Encounters & FFS Data			Payments Under Current System			Simulated Payments under APR DRGs					Estimated Impact		
APR DRG	Description	Trauma DRG	Number of Discharges	Estimated Costs	DRG Case Mix	Reported Paid Amounts	Case Mix Adj. Avg Pmt Per Discharge	Estimated Pay-to-Cost Ratio	Simulated Base Payment	Simulated Outlier Payment	Simulated Total Payment	Case Mix Adj. Avg Pmt Per Discharge	Outlier Payment %	Estimated Pay-to-Cost Ratio	Est. Payment Change	Est. Payment Change %
024	Open extracranial vascular procedures	N	12	212,411	1.222	161,622	11,018	76.1%	177,255	-	177,255	12,083	0.0%	83.4%	15,633	9.7%
580	Neonate, Transferred <5 Days Old, Not Born Here	N	1	9,174	0.991	4,160	4,197	45.4%	19,590	-	19,590	19,764	0.0%	213.5%	15,430	370.9%
532	Menstrual & Other Female Reproductive System Disorders	N	27	165,496	0.433	76,822	6,565	46.4%	91,905	-	91,905	7,854	0.0%	55.5%	15,083	19.6%
691	Lymphoma, Myeloma & Non-acute Leukemia	N	29	857,398	1.352	518,589	13,225	60.5%	414,834	118,676	533,510	13,605	22.2%	62.2%	14,921	2.9%
043	Multiple Sclerosis & Other Demyelinating Diseases	N	8	115,527	0.637	42,517	8,346	36.8%	56,874	-	56,874	11,164	0.0%	49.2%	14,357	33.8%
860	Rehabilitation	N	3	49,348	1.608	16,391	3,399	33.2%	30,712	-	30,712	6,368	0.0%	62.2%	14,321	87.4%
261	Major Biliary Tract Procedures	N	1	20,977	1.578	5,301	3,360	25.3%	18,268	-	18,268	11,578	0.0%	87.1%	12,967	244.6%
770	Drug & Alcohol Abuse or Dependence, Left Against Medical Advice	N	17	148,814	0.399	75,224	11,080	50.5%	87,845	-	87,845	12,938	0.0%	59.0%	12,621	16.8%
758	Behavioral Disorders	N	34	319,243	0.435	194,502	13,163	60.9%	206,913	-	206,913	14,003	0.0%	64.8%	12,411	6.4%
198	Angina Pectoris & Coronary Atherosclerosis	N	31	320,491	0.458	131,502	9,260	41.0%	143,625	-	143,625	10,114	0.0%	44.8%	12,123	9.2%
254	Other Digestive System Diagnoses	N	92	1,283,181	0.635	685,011	11,735	53.4%	680,517	15,346	695,863	11,921	2.2%	54.2%	10,852	1.6%
248	Major Gastrointestinal & Peritoneal Infections	N	37	476,984	0.649	275,024	11,454	57.7%	285,673	-	285,673	11,897	0.0%	59.9%	10,649	3.9%
547	Antepartum with OR procedure	N	22	281,351	0.653	146,270	10,178	52.0%	156,750	-	156,750	10,907	0.0%	55.7%	10,481	7.2%
205	Cardiomyopathy	N	10	114,481	0.762	76,434	10,028	66.8%	86,726	-	86,726	11,378	0.0%	75.8%	10,292	13.5%
530	Female Reproductive System Malignancy	N	6	72,330	0.723	41,304	9,526	57.1%	51,583	-	51,583	11,896	0.0%	71.3%	10,279	24.9%
752	Disorders of Personality & Impulse Control	N	11	47,908	0.337	30,706	8,274	64.1%	40,802	-	40,802	10,995	0.0%	85.2%	10,096	32.9%
564	Abortion w/o D&C, Aspiration Curettage or Hysterotomy	N	10	74,738	0.427	36,006	8,429	48.2%	45,994	-	45,994	10,767	0.0%	61.5%	9,988	27.7%
341	Fracture of Pelvis or Dislocation of Hip	N	8	91,937	0.693	53,200	9,599	57.9%	63,128	-	63,128	11,391	0.0%	68.7%	9,929	18.7%
073	Orbit & Eye Procedures	N	5	70,954	0.985	51,192	10,396	72.1%	60,827	-	60,827	12,352	0.0%	85.7%	9,636	18.8%
110	Ear, Nose, Mouth, Throat, Cranial/Facial Malignancies	N	5	110,957	0.905	37,471	8,285	33.8%	46,892	-	46,892	9,421	0.0%	42.3%	9,421	25.1%
894	HIV w/ One Signif HIV Cond or w/o Signif Related Cond	N	6	75,687	0.607	34,869	9,569	46.1%	43,319	-	43,319	11,888	0.0%	57.2%	8,450	24.2%
222	Other Stomach, Esophageal & Duodenal Procedures	N	4	63,845	0.759	31,453	10,361	49.3%	39,668	-	39,668	13,066	0.0%	62.1%	8,215	26.1%
309	Other Significant Hip & Femur Surgery	N	37	1,410,740	1.604	999,485	16,841	70.8%	710,810	296,736	1,007,546	16,977	29.5%	71.4%	8,061	0.8%
543	Abortion w D&C, aspiration curettage or hysterotomy	N	3	19,342	0.455	9,437	6,912	48.8%	17,350	-	17,350	12,708	0.0%	89.7%	7,913	83.9%
246	Gastrointestinal Vascular Insufficiency	N	1	5,041	0.878	3,003	3,420	59.6%	10,569	-	10,569	12,034	0.0%	209.7%	7,566	251.9%
048	Peripheral, Cranial & Autonomic Nerve Disorders	N	10	80,796	0.588	61,354	10,440	75.9%	68,829	-	68,829	11,712	0.0%	85.2%	7,475	12.2%
340	Fracture of Femur	N	5	62,896	0.558	26,046	9,332	41.4%	33,333	-	33,333	11,943	0.0%	53.0%	7,288	28.0%
046	Nonspecific CVA & Precerebral Occlusion w/o Infarct	N	2	33,484	0.742	7,236	4,876	21.6%	14,384	-	14,384	9,692	0.0%	43.0%	7,148	98.8%
811	Allergic Reactions	N	8	57,365	0.398	29,814	9,356	52.0%	36,892	-	36,892	11,577	0.0%	64.3%	7,078	23.7%
176	Insertion, revision and replacements of pacemaker and other cardiac devices	N	1	82,224	4.012	42,830	10,675	52.1%	49,817	-	49,817	12,417	0.0%	60.6%	6,988	16.3%
422	Hypovolemia & Related Electrolyte Disorders	N	30	293,194	0.430	152,212	11,808	51.9%	158,888	-	158,888	12,326	0.0%	54.2%	6,677	4.4%
694	Lymphatic & Other Malignancies & Neoplasms of Uncertain Behavior	N	7	105,915	0.735	51,521	10,016	48.6%	57,824	-	57,824	11,241	0.0%	54.6%	6,303	12.2%
382	Malignant Breast Disorders	N	6	145,756	0.749	43,536	9,687	29.9%	49,600	-	49,600	11,036	0.0%	34.0%	6,063	13.9%
517	Dilation & Curettage for Non-obstetric Diagnoses	N	5	65,311	0.833	45,302	10,876	69.4%	51,341	-	51,341	12,325	0.0%	78.6%	6,039	13.3%
794	Non-extensive OR procedures for other complications of treatment	N	4	43,450	0.813	29,869	9,181	68.7%	35,382	-	35,382	10,876	0.0%	81.4%	5,513	18.5%
280	Alcoholic Liver Disease	N	51	737,720	0.736	403,476	10,756	54.7%	408,509	-	408,509	10,890	0.0%	55.4%	5,033	1.2%
021	Open craniotomy except trauma	N	45	1,655,618	2.813	1,653,509	13,064	99.9%	1,617,720	40,596	1,658,317	13,102	2.4%	100.2%	4,808	0.3%
662	Sickle Cell Anemia Crisis	N	2	15,855	0.437	8,228	9,415	51.9%	12,815	-	12,815	14,664	0.0%	80.8%	4,587	55.7%
228	Inguinal, Femoral & Umbilical Hernia Procedures	N	14	265,032	1.048	158,740	10,824	59.9%	163,225	-	163,225	11,129	0.0%	61.6%	4,485	2.8%
170	Permanent Cardiac Pacemaker Implant w/ AMI, Heart Failure or Shock	N	2	112,819	2.700	59,891	11,091	53.1%	63,840	120	63,961	11,845	0.2%	56.7%	4,070	6.8%
482	Transurethral Prostatectomy	N	3	41,174	0.632	11,342	5,982	27.5%	15,356	-	15,356	8,099	0.0%	37.3%	4,014	35.4%
041	Nervous System Malignancy	N	19	304,670	0.754	168,783	11,787	55.4%	171,907	-	171,907	12,006	0.0%	56.4%	3,124	1.9%
810	Hemorrhage or hematoma due to complication	N	3	33,083	0.442	13,627	10,278	41.2%	16,051	-	16,051	12,106	0.0%	48.5%	2,424	17.8%
226	Anal Procedures	N	2	18,906	0.807	13,533	8,383	71.6%	15,951	-	15,951	9,881	0.0%	84.4%	2,418	17.9%
082	Eye Infections & Other Eye Disorders	N	19	205,192	0.527	108,503	10,833	52.9%	109,956	-	109,956	10,978	0.0%	53.6%	1,454	1.3%
349	Malfunction, Reaction, Complic of Orthopedic Device or Procedure	N	10	187,701	0.832	95,968	11,531	51.1%	97,080	-	97,080	11,665	0.0%	51.7%	1,111	1.2%
514	Female Reproductive System Reconstructive Procedures	N	1	6,378	0.627	3,433	5,479	53.8%	4,087	-	4,087	6,523	0.0%	64.1%	654	19.0%
812	Poisoning of Medicinal Agents	N	70	876,250	0.650	545,716	11,986	62.3%	531,332	14,927	546,259	11,998	2.7%	62.3%	542	0.1%
141	Asthma	N	153	1,641,704	0.474	845,914	11,654	51.5%	845,581	-	845,581	11,649	0.0%	51.5%	(333)	0.0%
313	Knee & Lower Leg Procedures Except Foot	N	89	2,376,161	1.355	1,493,599	12,386	62.9%	1,366,661	125,552	1,492,213	12,374	8.4%	62.8%	(1,386)	-0.1%
142	Interstitial & Alveolar Lung Diseases	N	3	41,321	0.604	25,499	14,083	61.7%	22,936	-	22,936	12,668	0.0%	55.5%	(2,562)	-10.0%
401	Adrenal Procedures	N	1	19,745	1.133	16,801	14,827	85.1%	14,069	-	14,069	12,417	0.0%	71.3%	(2,732)	-16.3%
427	Thyroid disorders	N	15	202,735	0.509	95,646	12,531	47.2%	92,637	-	92,637	12,137	0.0%	45.7%	(3,009)	-3.1%
423	Inborn Errors of Metabolism	N	9	206,140	0.889	105,572	13,194	51.2%	102,381	-	102,381	12,795	0.0%	49.7%	(3,190)	-3.0%
321	Cervical Spinal Fusion & Other Back/Neck Proc Exc Disc Exci/Decomp	N	26	785,899	1.707	546,637	12,313	69.6%	543,371	-	543,371	12,240	0.0%	69.1%	(3,266)	-0.6%
561	Postpartum & Post Abortion Diagnoses w/o Procedure	N	79	483,481	0.337	319,205	11,974	66.0%	315,445	-	315,445	11,833	0.0%	65.2%	(3,760)	-1.2%
244	Diverticulitis & Diverticulosis	N	34	375,438	0.526	202,824	11,331	54.0%	199,007	-	199,007	11,118	0.0%	53.0%	(3,817)	-1.9%
425	Other non-hypovolemic Electrolyte Disorders	N	33	368,759	0.517	214,646	12,590	58.2%	206,020	-	206,020	12,084	0.0%	55.9%	(8,626)	-4.0%
114	Dental Diseases & Disorders	N	12	106,011	0.415	63,526	12,770	59.9%	54,848	-	54,848	11,026	0.0%	51.7%	(8,678)	-13.7%
167	Other cardiothoracic & thoracic vascular procedures	N	23	1,699,629	4.008	1,513,950	16,425	89.1%	1,152,474	351,833	1,504,307	16,320	23.4%	88.5%	(9,643)	-0.6%
500	Malignancy, Male Reproductive System	N	1	46,514	0.804	22,582	28,084	48.5%	9,594	-	9,594	11,931	0.0%	20.6%	(12,988)	-57.5%
621	Neonate Bwt 2000-2499g w/ Major Anomaly	N	27	978,567	2.195	1,275,448	21,521	130.3%	1,170,385	91,252	1,261,637	21,288	7.2%	128.9%	(13,812)	-1.1%
057	Concussion, Closed Skull Fx NOS, Uncomplicated Intracranial Injury, Coma <	N	14	106,729	0.608	121,340	14,256	113.7%	106,553	-	106,553	12,518	0.0%	99.8%	(14,787)	-12.2%
169	Major abdominal vascular procedures	N	9	382,677	2.751	429,342	17,341	112.2%	298,694	115,577	414,271	16,732	27.9%	108.3%	(15,071)	-3.

Hawai'i Department of Human Services Med-QUEST Division
Proposed Inpatient APR DRG Model
Summary by DRG

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Total:	25,680	\$	366,517,154	0.718	\$	260,823,897	\$	14,138	71.2%	\$	234,858,108	\$	26,340,284	\$	261,198,392	\$	14,159	10.1%	71.3%	\$	374,496	0.1%
Total Trauma:	243	\$	6,969,901	1.670	\$	6,939,682	\$	17,096	99.6%	\$	5,433,968	\$	1,181,477	\$	6,615,445	\$	16,298	17.9%	94.9%	\$	(324,237)	-4.7%
Total Non-Trauma:	25,437	\$	359,547,253	0.709	\$	253,884,215	\$	14,072	70.6%	\$	229,424,141	\$	25,158,807	\$	254,582,948	\$	14,111	9.9%	70.8%	\$	698,733	0.3%

Sorted by Estimated Payment Change

Sorted by Estimated Payment Change			SFY 2018 MCO Encounters & FFS Data			Payments Under Current System			Simulated Payments under APR DRGs						Estimated Impact	
APR DRG	Description	Trauma DRG	Number of Discharges	Estimated Costs	DRG Case Mix	Reported Paid Amounts	Case Mix Adj. Avg Pmt Per Discharge	Estimated Pay-to-Cost Ratio	Simulated Base Payment	Simulated Outlier Payment	Simulated Total Payment	Case Mix Adj. Avg Pmt Per Discharge	Outlier Payment %	Estimated Pay-to-Cost Ratio	Est. Payment Change	Est. Payment Change %
027	Other open craniotomy	N	6	171,358	2.479	219,925	14,788	128.3%	195,178	6,405	201,583	13,555	3.2%	117.6%	(18,342)	-8.3%
131	Cystic Fibrosis - Pulmonary Disease	N	4	157,681	2.025	94,883	11,717	60.2%	71,361	-	71,361	8,812	0.0%	45.3%	(23,522)	-24.8%
501	Male Reproductive System Diagnoses Except Malignancy	N	20	254,133	0.564	142,485	12,628	56.1%	118,338	-	118,338	10,488	0.0%	46.6%	(24,147)	-16.9%
098	Other Ear, Nose, Mouth & Throat Procedures	N	17	437,172	1.071	306,468	16,838	70.1%	237,689	44,473	282,162	15,503	15.8%	64.5%	(24,306)	-7.9%
312	Skin Graft, Except Hand, for Musculoskeletal & Connective Tissue Diagnoses	N	7	234,832	1.366	161,537	16,892	68.8%	117,103	18,662	135,766	14,197	13.7%	57.8%	(25,771)	-16.0%
722	Fever and inflammatory conditions	N	166	1,825,929	0.495	942,544	11,478	51.6%	903,141	12,588	915,728	11,151	1.4%	50.2%	(26,816)	-2.8%
444	Renal dialysis access device procedures and vessel repair	N	8	408,829	1.770	299,715	21,167	73.3%	179,031	93,115	272,146	19,220	34.2%	66.6%	(27,569)	-9.2%
317	Tendon, Muscle & Other Soft Tissue Procedures	N	28	675,397	1.385	461,807	11,911	68.4%	421,020	13,002	434,022	11,194	3.0%	64.3%	(27,785)	-6.0%
381	Major Skin Disorders	N	13	235,177	0.791	153,315	14,905	65.2%	125,252	-	125,252	12,177	0.0%	53.3%	(28,063)	-18.3%
816	Toxic Effects of Non-medicinal Substances	N	18	283,425	0.709	181,169	14,194	63.9%	152,192	-	152,192	11,924	0.0%	53.7%	(28,976)	-16.0%
468	Other Kidney & Urinary Tract Diagnoses, Signs & Symptoms	N	24	303,701	0.559	187,553	13,980	61.8%	155,003	-	155,003	11,554	0.0%	51.0%	(32,550)	-17.4%
380	Skin Ulcers	N	26	313,832	0.588	202,276	13,236	64.5%	167,341	-	167,341	10,950	0.0%	53.3%	(34,935)	-17.3%
753	Bipolar Disorders	N	162	1,499,089	0.420	774,573	11,395	51.7%	738,330	-	738,330	10,862	0.0%	49.3%	(36,243)	-4.7%
178	External heart assist systems	N	2	583,252	6.314	347,678	27,533	59.6%	154,379	156,631	311,010	24,629	50.4%	53.3%	(36,668)	-10.5%
232	Gastric fundoplication	N	2	128,921	2.412	109,327	22,662	84.8%	68,072	-	68,072	14,110	0.0%	52.8%	(41,255)	-37.7%
813	Other Complications of Treatment	N	15	232,258	0.583	135,860	15,534	58.5%	89,262	-	89,262	10,206	0.0%	38.4%	(46,597)	-34.3%
463	Kidney & Urinary Tract Infections	N	131	1,281,589	0.498	784,619	12,032	61.2%	737,036	-	737,036	11,303	0.0%	57.5%	(47,583)	-6.1%
721	Post-operative, Post-traumatic, Other Device Infections	N	44	1,228,000	0.986	804,024	18,527	65.5%	493,181	260,535	753,716	17,368	34.6%	61.4%	(50,308)	-6.3%
282	Disorders of Pancreas Except Malignancy	N	145	1,630,199	0.564	990,005	12,104	60.7%	916,924	21,811	938,734	11,477	2.3%	57.6%	(51,271)	-5.2%
056	Brain Contusion/Laceration & Complicated Skull Fx, Coma < 1 Hr or No Coma	N	5	129,658	1.100	118,166	21,492	91.1%	66,758	-	66,758	12,142	0.0%	51.5%	(51,408)	-43.5%
303	Dorsal & Lumbar Fusion Proc for Curvature of Back	N	5	286,372	4.417	326,780	14,795	114.1%	275,286	-	275,286	12,464	0.0%	96.1%	(51,494)	-15.8%
111	Vertigo & Other Labyrinth Disorders	N	19	261,515	0.590	174,356	15,559	66.7%	121,256	-	121,256	10,820	0.0%	46.4%	(53,099)	-30.5%
385	Other Skin, Subcutaneous Tissue & Breast Disorders	N	63	647,190	0.453	366,101	12,840	56.6%	312,773	-	312,773	10,970	0.0%	48.3%	(53,328)	-14.6%
548	Postpartum and post abortion diagnosis with OR procedure	N	21	310,749	0.849	249,621	14,000	80.3%	189,798	4,002	193,800	10,869	2.1%	62.4%	(55,821)	-22.4%
566	Antepartum without O.R. procedure	N	247	1,937,251	0.336	1,018,737	12,274	52.6%	962,098	-	962,098	11,591	0.0%	49.7%	(56,639)	-5.6%
052	Alteration in consciousness	N	37	724,887	0.871	418,213	12,970	57.7%	357,888	-	357,888	11,099	0.0%	49.4%	(60,325)	-14.4%
281	Malignancy of Hepatobiliary System & Pancreas	N	18	530,616	0.857	222,791	14,450	42.0%	156,066	4,913	160,979	10,441	3.1%	30.3%	(61,812)	-27.7%
089	Major Cranial/Facial Bone Procedures	N	14	383,531	2.099	464,148	15,798	121.0%	402,127	-	402,127	13,687	0.0%	104.8%	(62,021)	-13.4%
447	Other Kidney, Urinary Tract & Related Procedures	N	2	99,495	1.426	99,469	34,885	100.0%	34,607	-	34,607	12,137	0.0%	34.8%	(64,861)	-65.2%
113	Infections of Upper Respiratory Tract	N	101	799,605	0.373	513,823	13,655	64.3%	443,632	-	443,632	11,790	0.0%	55.5%	(70,192)	-13.7%
404	Thyroid, Parathyroid & Thyroglossal Procedures	N	13	280,183	1.032	237,779	17,722	84.9%	167,282	-	167,282	12,468	0.0%	59.7%	(70,497)	-29.6%
241	Peptic Ulcer & Gastritis	N	70	1,059,558	0.737	678,316	13,157	64.0%	593,295	11,534	604,829	11,732	1.9%	57.1%	(73,487)	-10.8%
203	Chest Pain	N	39	657,994	0.534	355,943	17,098	54.1%	219,441	62,497	281,938	13,543	22.2%	42.8%	(74,005)	-20.8%
197	Peripheral & Other Vascular Disorders	N	40	762,459	0.667	397,045	14,873	52.1%	322,605	-	322,605	12,084	0.0%	42.3%	(74,440)	-18.7%
050	Non-bacterial Infections of Nervous System Exc Viral Meningitis	N	11	271,927	1.079	270,776	22,814	99.6%	152,341	42,063	194,403	16,379	21.6%	71.5%	(76,372)	-28.2%
175	Percutaneous cardiac intervention without AML	N	44	1,474,818	1.874	1,086,841	13,179	73.7%	1,005,241	3,869	1,009,110	12,237	0.4%	68.4%	(77,731)	-7.2%
911	Extensive Abdominal/Thoracic Procedures for Mult Significant Trauma	Y	15	670,858	3.984	960,654	16,076	143.2%	786,642	95,527	882,168	14,762	10.8%	131.5%	(78,485)	-8.2%
136	Respiratory Malignancy	N	25	678,877	0.929	346,472	14,919	51.0%	265,018	-	265,018	11,411	0.0%	39.0%	(81,454)	-23.5%
603	Neonate Birthwt 1000-1249g w/ or w/o Other Significant Condition	N	7	1,041,150	8.377	1,430,647	24,398	137.4%	1,158,926	188,914	1,347,840	22,986	14.0%	129.5%	(82,808)	-5.8%
054	Migraine & Other Headaches	N	26	374,090	0.569	261,303	17,655	69.9%	166,307	8,229	174,536	11,792	4.7%	46.7%	(86,767)	-33.2%
305	Amputation of Lower Limb Except Toes	N	53	2,011,948	1.719	1,304,180	14,311	64.8%	1,055,938	156,656	1,212,594	13,306	12.9%	60.3%	(91,586)	-7.0%
844	Partial Thickness Burns w/o Skin Graft	N	15	275,649	0.395	188,360	31,766	68.3%	72,826	16,279	89,104	15,027	18.3%	32.3%	(99,256)	-52.7%
461	Kidney & Urinary Tract Malignancy	N	6	126,111	0.815	156,546	32,022	124.1%	55,947	-	55,947	11,444	0.0%	44.4%	(100,599)	-64.3%
680	Major O.R. Procedures for Lymphatic/Hematopoietic/Other Neoplasms	N	5	288,710	3.047	299,714	19,670	103.8%	195,255	-	195,255	12,815	0.0%	67.6%	(104,459)	-34.9%
193	Acute & Subacute Endocarditis	N	9	327,353	1.516	273,531	20,046	83.6%	163,756	4,721	168,477	12,347	2.8%	51.5%	(105,053)	-38.4%
650	Splenectomy	N	1	113,118	1.479	129,470	87,567	114.5%	21,681	2,709	24,390	16,496	11.1%	21.6%	(105,081)	-81.2%
310	Intervertebral Disc Excision & Decompression	N	9	204,782	1.035	217,393	23,335	106.2%	107,865	-	107,865	11,578	0.0%	52.7%	(109,528)	-50.4%
892	HIV w/ Major HIV Related Condition	N	14	360,048	0.797	245,206	21,971	68.1%	116,370	19,120	135,490	12,140	14.1%	37.6%	(109,715)	-44.7%
343	Musculoskeletal Malignancy & Pathol Fracture D/T Musckel Malign	N	10	321,669	0.960	240,051	25,006	74.6%	118,820	11,020	129,840	13,525	8.5%	40.4%	(110,211)	-45.9%
622	Neonate Bwt 2000-2499g w/ Resp Dist Synd/Oth Maj Resp Cond	N	20	652,558	2.206	982,177	22,263	150.5%	871,929	-	871,929	19,764	0.0%	133.6%	(110,248)	-11.2%
466	Malfunction, Reaction, Complic of Genitourinary Device or Proc	N	33	596,353	0.797	432,272	16,430	72.5%	321,599	-	321,599	12,223	0.0%	53.9%	(110,672)	-25.6%
264	Other Hepatobiliary, Pancreas & Abdominal Procedures	N	6	263,470	2.260	331,659	24,455	125.9%	163,657	56,134	219,791	16,207	25.5%	83.4%	(111,869)	-33.7%
042	Degenerative Nervous System Disorders Exc Mult Sclerosis	N	6	365,654	0.743	190,282	42,660	52.0%	56,993	10,603	66,597	14,931	15.9%	18.2%	(123,686)	-65.0%
843	Extensive 3rd degree burns without skin graft	N	8	388,628	1.154	247,329	26,797	63.6%	91,588	27,574	119,162	12,911	23.1%	30.7%	(128,167)	-51.8%
044	Intracranial Hemorrhage	N	50	1,352,072	0.910	707,324	15,538	52.3%	530,390	42,984	573,374	12,595	7.5%	42.4%	(133,950)	-18.9%
589	Neonate Bwt < 500g, or Bwt 500-999g & Gestational Age <24 wks, or Bwt 500	N	4	513,627	9.070	990,199	27,294	192.8%	717,024	137,565	854,589	23,556	16.1%	166.4%	(135,609)	-13.7%
207	Other Circulatory System Diagnoses	N	46	1,067,217	0.704	619,740	19,147	58.1%	383,157	99,977	483,134	14,926	20.7%	45.3%	(136,606)	-22.0%
194	Heart Failure	N	599	10,952,213	0.664	5,054,463	12,703	46.2%	4,566,306	349,385	4,915,691	12,354	7.1%	44.9%	(138,771)	-2.7%
724	Other Infectious & Parasitic Diseases	N	47	803,669	0.788	608,757	16,444	75.7%	459,665	2,025	461,690	12,472	0.4%	57.4%	(147,067)	-24.2%
623	Neonate Bwt 2000-2499g w/ Congenital/Perinatal Infection	N	4	209,042	2.109	311,864	36,967	149.2%	163,764	-	163,764	19,412	0.0%	78.3%	(148,101)	-47.5%
023	Spinal Procedures	N	18	756,717	2.750	791,486	15,988	104.6%	623,865	15,796	639,661	12,921	2.5%	84.5%	(151,826)	-19.5%
893	HIV w/td															

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Sorted by Estimated Payment Change

APR DRG	Description	Trauma DRG	SFY 2018 MCO Encounters & FFS Data			Payments Under Current System			Simulated Payments under APR DRGs						Estimated Impact	
			Number of Discharges	Estimated Costs	DRG Case Mix	Reported Paid Amounts	Case Mix Adj. Avg Pmt Per Discharge	Estimated Pay-to-Cost Ratio	Simulated Base Payment	Simulated Outlier Payment	Simulated Total Payment	Case Mix Adj. Avg Pmt Per Discharge	Outlier Payment %	Estimated Pay-to-Cost Ratio	Est. Payment Change	Est. Payment Change %
137	Major Respiratory Infections & Inflammations	N	66	1,386,909	0.898	914,694	15,427	66.0%	702,933	30,384	733,317	12,368	4.1%	52.9%	(181,377)	-19.8%
133	Respiratory failure	N	268	5,982,084	0.970	3,594,069	13,821	60.1%	2,903,659	506,110	3,409,769	13,112	14.8%	57.0%	(184,300)	-5.1%
252	Malfunction, Reaction & Complication of GI Device or Procedure	N	15	484,370	0.718	361,590	33,591	74.7%	123,747	53,180	176,927	16,436	30.1%	36.5%	(184,664)	-51.1%
022	Ventricular Shunt Procedures	N	6	274,788	1.690	355,838	35,093	129.5%	135,969	30,826	166,795	16,449	18.5%	60.7%	(189,043)	-53.1%
863	Neonatal Aftercare	N	3	180,672	1.839	358,198	64,925	198.3%	72,717	83,468	156,185	28,309	53.4%	86.4%	(202,013)	-56.4%
361	Skin Graft for Skin & Subcutaneous Tissue Diagnoses	N	47	1,520,515	1.283	987,581	16,372	65.0%	689,601	92,031	781,632	12,957	11.8%	51.4%	(205,949)	-20.9%
181	Lower Extremity Arterial Procedures	N	13	616,602	2.289	628,198	21,114	101.9%	362,594	55,858	418,451	14,064	13.3%	67.9%	(209,747)	-33.4%
613	Neonate Birthwt 1500-1999g w/ Congenital/Perinatal Infection	N	6	332,506	4.063	725,616	29,765	218.2%	478,332	29,004	507,336	20,811	5.7%	152.6%	(218,280)	-30.1%
591	Neonate Birthwt 500-749g w/o Major Procedure	N	3	503,280	15.459	1,140,117	24,584	226.5%	916,589	-	916,589	19,764	0.0%	182.1%	(223,528)	-19.6%
421	Malnutrition, Failure to Thrive & Other Nutritional Disorders	N	29	579,579	0.636	498,847	27,028	86.1%	248,384	25,334	273,718	14,830	9.3%	47.2%	(225,130)	-45.1%
344	Osteomyelitis, Septic Arthritis & Other Musculoskeletal Infections	N	60	1,131,546	0.742	766,780	17,219	67.8%	535,149	469	535,618	12,028	0.1%	47.3%	(231,162)	-30.1%
950	Extensive Procedure Unrelated to Principal Diagnosis	N	43	2,481,984	2.549	2,041,571	18,628	82.3%	1,299,630	502,765	1,802,395	16,446	27.9%	72.6%	(239,177)	-11.7%
053	Seizure	N	171	3,430,645	0.685	1,974,948	17,366	57.6%	1,348,752	381,054	1,729,807	15,211	22.0%	50.4%	(245,141)	-12.4%
180	Other Circulatory System Procedures	N	13	578,028	1.775	738,123	31,981	127.7%	296,813	180,555	477,368	20,683	37.8%	82.6%	(260,754)	-35.3%
912	Musculoskeletal & Other Procedures for Multiple Significant Trauma	Y	40	1,975,599	3.037	2,460,392	20,253	124.5%	1,633,941	557,835	2,191,776	18,042	25.5%	110.9%	(268,615)	-10.9%
132	BPD & Oth Chronic Respiratory Diseases Arising in Perinatal Period	N	11	484,526	1.028	730,779	64,619	150.8%	164,720	285,831	450,552	39,840	63.4%	93.0%	(280,228)	-38.3%
049	Bacterial & Tuberculous Infections of Nervous System	N	11	652,252	2.121	652,735	27,977	100.1%	303,826	68,198	372,023	15,945	18.3%	57.0%	(280,711)	-43.0%
162	Cardiac valve procedures w/ AMI or complex PDX	N	7	1,051,434	6.948	1,015,883	20,888	96.6%	590,148	144,524	734,672	15,106	19.7%	69.9%	(281,210)	-27.7%
470	Chronic Kidney Disease	N	23	804,359	0.705	584,385	36,027	72.7%	200,036	96,941	296,977	18,308	32.6%	36.9%	(287,408)	-49.2%
910	Craniotomy for Multiple Significant Trauma	Y	8	901,141	5.488	1,041,740	23,729	115.6%	586,070	158,199	744,269	16,953	21.3%	82.6%	(297,471)	-28.6%
143	Other Respiratory Diagnoses Except Signs, Symptoms & Minor Diagnoses	N	41	676,026	0.631	707,349	27,321	104.6%	300,821	94,269	395,090	15,260	23.9%	58.4%	(312,260)	-44.1%
611	Neonate Birthwt 1500-1999g w/ Major Anomaly	N	18	1,112,479	4.070	1,756,548	23,976	157.9%	1,429,936	4,955	1,434,891	19,586	0.3%	129.0%	(321,657)	-18.3%
583	Neonate w/ ECMO	N	2	327,023	8.526	729,333	42,769	223.0%	337,036	45,729	382,766	22,446	11.9%	117.0%	(346,568)	-47.5%
200	Cardiac Structural & Valvular Disorders	N	4	671,498	0.730	986,767	337,881	147.0%	41,213	594,770	635,982	217,768	93.5%	94.7%	(350,785)	-35.5%
121	Other Respiratory & Chest Procedures	N	42	1,605,215	1.858	1,459,327	18,698	90.9%	989,659	116,194	1,105,853	14,169	10.5%	68.9%	(353,473)	-24.2%
633	Neonate Birthwt >2499g w/ Major Anomaly	N	98	2,226,271	1.038	3,163,811	31,115	142.1%	1,978,250	828,175	2,806,425	27,600	29.5%	126.1%	(357,386)	-11.3%
469	Acute Kidney Injury	N	146	2,712,622	0.680	1,707,657	17,203	63.0%	1,144,964	187,210	1,332,174	13,420	14.1%	49.1%	(375,483)	-22.0%
138	Bronchiolitis & RSV Pneumonia	N	129	1,345,025	0.406	1,108,705	21,170	82.4%	727,250	-	727,250	13,886	0.0%	54.1%	(381,455)	-34.4%
631	Neonate Birthwt >2499g w/ Other Major Procedure	N	9	1,360,279	7.752	1,989,645	28,518	146.3%	1,378,892	215,652	1,594,544	22,855	13.5%	117.2%	(395,101)	-19.9%
841	Extensive 3rd Degree Burns w/ Skin Graft	N	3	724,339	8.293	1,048,776	42,155	144.8%	296,838	275,442	572,281	23,003	48.1%	79.0%	(476,495)	-45.4%
253	Other & Unspecified Gastrointestinal Hemorrhage	N	95	1,936,058	0.681	1,569,070	24,242	81.0%	693,399	379,948	1,073,347	16,583	35.4%	55.4%	(495,722)	-31.6%
593	Neonate Birthwt 750-999g w/o Major Procedure	N	11	2,100,311	15.519	3,921,711	22,973	186.7%	3,166,265	230,842	3,397,107	19,900	6.8%	161.7%	(524,604)	-13.4%
681	Other O.R. Procedures for Lymphatic/Hematopoietic/Other Neoplasms	N	15	995,926	2.572	1,164,784	30,196	117.0%	469,932	158,744	628,676	16,298	25.3%	63.1%	(536,108)	-46.0%
890	HIV w/ Multiple Major HIV Related Conditions	N	13	390,535	1.564	855,753	42,085	219.1%	226,722	75,582	302,304	14,867	25.0%	77.4%	(553,449)	-64.7%
607	Neonate Bwt 1250-1499g w/ Resp Dist Synd/Oth Maj Resp or Maj Anom	N	12	2,033,895	8.617	3,614,149	34,952	177.7%	2,043,709	947,778	2,991,487	28,930	31.7%	147.1%	(622,662)	-17.2%
842	Burns W/ Skin Graft Except Extensive 3rd Degree Burns	N	13	885,880	1.916	1,082,300	43,456	157.8%	315,590	100,569	416,159	16,709	24.2%	60.7%	(666,141)	-61.5%
130	Respiratory System Diagnosis w/ Ventilator Support 96+ Hours	N	51	3,864,985	3.544	3,716,774	20,561	96.2%	2,286,877	761,687	3,048,564	16,864	25.0%	78.9%	(668,209)	-18.0%
609	Neonate Bwt 1500-2499g w/ Major Procedure	N	6	1,663,641	12.704	2,855,999	37,467	171.7%	1,506,552	670,576	2,177,129	28,561	30.8%	130.9%	(678,871)	-23.8%
383	Cellulitis & Other Skin Infections	N	723	7,657,925	0.471	4,603,559	13,506	60.1%	3,860,542	53,521	3,914,062	11,483	1.4%	51.1%	(689,497)	-15.0%
004	Tracheostomy w/ MV 96+ Hours w/ Extensive Procedure	N	15	3,005,146	10.399	3,356,771	21,519	111.7%	1,854,882	719,088	2,573,969	16,501	27.9%	85.7%	(782,802)	-23.3%
660	Major Hematologic/Immunologic Diag Exc Sickle Cell Crisis & Coagul	N	70	1,965,091	0.889	1,925,805	30,949	98.0%	792,319	287,281	1,079,600	17,350	26.6%	54.9%	(846,205)	-43.9%
690	Acute Leukemia	N	13	1,594,392	2.447	2,175,008	68,360	136.4%	432,357	669,021	1,101,378	34,616	60.7%	69.1%	(1,073,630)	-49.4%
588	Neonate Bwt <1500g w/ Major Procedure	N	8	2,868,442	18.656	4,928,738	33,024	171.8%	2,949,743	896,909	3,846,652	25,774	23.3%	134.1%	(1,082,086)	-22.0%
005	Tracheostomy w/ MV 96+ Hours w/o Extensive Procedure	N	17	4,004,827	6.525	3,966,462	35,761	99.0%	1,327,408	1,493,482	2,820,890	25,433	52.9%	70.4%	(1,145,572)	-28.9%
009	Extracorporeal membrane oxygenation (ECMO)	N	2	1,205,906	11.256	2,505,074	111,278	207.7%	304,813	917,361	1,222,174	54,290	75.1%	101.3%	(1,282,900)	-51.2%
710	Infectious & Parasitic Diseases Including HIV w/ O.R. Procedure	N	281	13,740,799	2.315	12,818,644	19,707	93.3%	7,674,989	2,583,919	10,258,908	15,772	25.2%	74.7%	(2,559,736)	-20.0%
720	Septicemia & Disseminated Infections	N	1,347	28,842,130	0.898	19,136,496	15,818	66.3%	14,102,029	2,273,274	16,375,303	13,536	13.9%	56.8%	(2,761,194)	-14.4%

Footnotes & Caveats:

- 1) Analysis based on inpatient claims with SFY 2018 service dates paid through January 2019.
- 2) Excludes ABD dual member claims, Kaiser hospital and MCO claims, claims for hospitals without Medicare cost report data in HCRIS, claims with missing or invalid provider IDs, SHOTT claims, and claims where a valid APR DRG could not be assigned.
- 3) DRG assignment and relative weights are based on APR version 37.1 hospital specific relative value weights, and relies upon accurate reporting by providers and MCOs (in the managed care encounter data).
- 4) We have not conducted a comprehensive audit of the accuracy of the encounter and FFS data; as such to the extent there are data quality issues, this may impact the resulting analysis and modeled rates.
- 5) Actual payments under DRGs will vary significantly from this analysis, based on final rate methodologies selected by Med-QUEST, future changes in MCO rate negotiations, enrollment, populations, claim volume, service mix, provider coding improvement and provider charge increases, among other potential changes that may impact reimbursement.
- 6) The SFY 2018 inpatient managed care encounter and FFS data included low volumes for certain providers, and combinations of providers, MCOs and services. These small sample sizes should be considered when evaluating the estimated impact under DRGs.
- 7) Claim-based payments (both reported by MCOs & Med-QUEST and simulated under DRGs) do not include adjustments related to the High Risk Newborn Risk Pool (HRNBP) settlement, or an allocation of other supplemental payments.

Hawai'i Department of Human Services Med-QUEST Division
Proposed Inpatient APR DRG Model
Summary by Discharge Status and Transfer Payment

Represents MQD's Proposed Model for State Plan Amendment
Subject to CMS Approval

Total:	25,680	\$	366,517,154	0.718	\$	260,823,897	\$	14,138	71.2%	\$	234,858,108	\$	26,340,284	\$	261,198,392	\$	14,159	10.1%	71.3%	\$	374,496	0.1%
Total with Transfer Payments:	102	\$	947,675	1.168	\$	458,691	\$	14,082	48.4%	\$	622,187	\$	-	\$	622,187	\$	14,110	0.0%	65.7%	\$	163,496	35.6%
Total without Transfer Payments:	25,578	\$	365,569,479	0.717	\$	260,365,205	\$	14,166	71.2%	\$	234,235,921	\$	26,340,284	\$	260,576,205	\$	14,189	10.1%	71.3%	\$	211,000	0.1%

Sorted by Estimated Payment Change

Discharge Status	Description	Transfer Payment	SFY 2018 MCO Encounters & FFS Data			Payments Under Current System			Simulated Payments under APR DRGs						Estimated Impact	
			Number of Discharges	Estimated Costs	DRG Case Mix	Reported Paid Amounts	Case Mix Adj. Avg Pmt Per Discharge	Estimated Pay-to-Cost Ratio	Simulated Base Payment	Simulated Outlier Payment	Simulated Total Payment	Case Mix Adj. Avg Pmt Per Discharge	Outlier Payment %	Estimated Pay-to-Cost Ratio	Est. Payment Change	Est. Payment Change %
02	Short term hospital	Yes	101	945,582	1.174	457,522	3,858	48.4%	617,612	-	617,612	5,208	0.0%	65.3%	160,089	35.0%
02	Short term hospital	No	181	4,283,688	0.812	5,350,927	36,386	124.9%	2,119,122	1,015,774	3,134,897	21,317	32.4%	73.2%	(2,216,030)	-41.4%
66	Critical Access Hospital	Yes	1	2,093	0.519	1,169	2,253	55.9%	4,575	-	4,575	8,818	0.0%	218.6%	3,406	291.4%
66	Critical Access Hospital	No	18	552,140	0.902	114,685	7,067	20.8%	106,559	-	106,559	6,567	0.0%	19.3%	(8,125)	-7.1%
All Other	All Other Discharge Statuses	No	25,379	360,733,650	0.716	254,899,594	14,032	70.7%	232,010,239	25,324,509	257,334,749	14,166	9.8%	71.3%	2,435,155	1.0%

Footnotes & Caveats:

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- 6) The SFY 2018 inpatient managed care encounter and FFS data included low volumes for certain providers, and combinations of providers, MCOs and services. These small sample sizes should be considered when evaluating the estimated impact under DRGs.
- 7) Claim-based payments (both reported by MCOs & Med-QUEST and simulated under DRGs) do not include adjustments related to the High Risk Newborn Risk Pool (HRNBP) settlement, or an allocation of other supplemental payments.

**Hawai'i Department of Human Services Med-QUEST Division
Proposed Inpatient APR DRG Model**

***Represents MQD's Proposed Model
for State Plan Amendment
Subject to CMS Approval***

Limitations

This analysis was prepared for the use of Med-QUEST ("MQD") and are subject to the terms of Milliman's contract with MQD signed on July 1, 2020. This analysis supplements the Milliman report "Proposed Inpatient APR DRG Payment Model" dated June 14, 2021, and should not be reviewed without the accompanying report.

These exhibits contains information produced, in part, by using the 3M™ All Patient Refined Diagnosis Related Groups (APR DRG) patient classification system, which is proprietary computer software created, owned and licensed by 3M Company. All copyrights in and to the 3M Software are owned by 3M Company or its affiliates. All rights reserved.

The APR DRG model shown this analysis represents MQD's proposed methodology as reflected in its public notice and in its State Plan Amendment submitted to the Centers for Medicare and Medicaid Services (CMS). MQD's proposed APR DRG model is subject to change based on the CMS approval and formal public comment processes. We have reviewed the model, including its inputs, calculations, and outputs for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOP).

In preparation of our analysis, we relied upon the accuracy of data or information provided to us. We have not audited this information, although we have reviewed it for reasonableness. If the underlying data or information is inaccurate or incomplete, the results of our review may likewise be inaccurate or incomplete.

Results presented here represent best estimates of future experience. Actual payments under APR DRGs will differ from modeled payments. Reasons for differences include but are not limited to future changes in enrollment, inpatient utilization, inpatient service mix, hospital documentation and coding, hospital chargemasters, COVID-19 impacts, and other factors. Also, the APR DRG modeling does not include estimated changes to Medicaid supplemental payments that may be impacted by payment changes under APR DRGs. It is important that actual experience be monitored and adjustments made, as appropriate.

We understand this analysis will be shared publicly with Hawai'i Medicaid stakeholders, including Hawai'i hospitals, Medicaid MCOs, the Healthcare Association of Hawaii, and CMS. To the extent that the information contained in this correspondence is provided to any approved third parties, the correspondence should be distributed in its entirety. Any user of this information must possess a certain level of expertise in health care modeling that will allow appropriate use of the information presented.

Milliman makes no representations or warranties regarding the contents of this analysis to third parties. Likewise, third parties are instructed that they are to place no reliance upon this presentation prepared by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties.

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APPENDIX B – PROPOSED APR DRG MODEL RELATIVE WEIGHTS

APR DRG	Severity of Illness (SOI) Level	DRG Description	Relative Weight	Geometric Mean Length of Stay (Trimmed)	Service Line Description	Preliminary Modeled Adult Policy Adjuster	Preliminary Modeled Pediatric Policy Adjuster (Age 20 and Under)
001	1	LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	6.2722	7.40	Surgical	1.0000	1.1500
001	2	LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	6.3152	8.22	Surgical	1.0000	1.1500
001	3	LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	7.6530	10.78	Surgical	1.0000	1.1500
001	4	LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	12.6692	23.57	Surgical	1.0000	1.1500
002	1	HEART &/OR LUNG TRANSPLANT	6.7243	10.30	Surgical	1.0000	1.1500
002	2	HEART &/OR LUNG TRANSPLANT	8.2113	13.26	Surgical	1.0000	1.1500
002	3	HEART &/OR LUNG TRANSPLANT	11.4800	19.02	Surgical	1.0000	1.1500
002	4	HEART &/OR LUNG TRANSPLANT	16.3409	29.65	Surgical	1.0000	1.1500
004	1	TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE	5.2885	13.95	Surgical	1.0000	1.1500
004	2	TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE	5.8883	17.75	Surgical	1.0000	1.1500
004	3	TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE	7.7398	22.74	Surgical	1.0000	1.1500
004	4	TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE	11.0641	30.82	Surgical	1.0000	1.1500
005	1	TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	3.9581	14.24	Surgical	1.0000	1.1500
005	2	TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	4.2265	15.82	Surgical	1.0000	1.1500
005	3	TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	5.4466	19.72	Surgical	1.0000	1.1500
005	4	TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	7.0753	24.51	Surgical	1.0000	1.1500
006	1	PANCREAS TRANSPLANT	4.6243	6.41	Surgical	1.0000	1.1500
006	2	PANCREAS TRANSPLANT	6.7459	7.12	Surgical	1.0000	1.1500
006	3	PANCREAS TRANSPLANT	7.9924	8.64	Surgical	1.0000	1.1500
006	4	PANCREAS TRANSPLANT	11.4339	16.62	Surgical	1.0000	1.1500
007	1	ALLOGENEIC BONE MARROW TRANSPLANT	6.4805	12.80	Surgical	1.0000	1.1500
007	2	ALLOGENEIC BONE MARROW TRANSPLANT	7.2055	20.86	Surgical	1.0000	1.1500
007	3	ALLOGENEIC BONE MARROW TRANSPLANT	10.4370	30.63	Surgical	1.0000	1.1500
007	4	ALLOGENEIC BONE MARROW TRANSPLANT	15.9830	43.26	Surgical	1.0000	1.1500
008	1	AUTOLOGOUS BONE MARROW TRANSPLANT OR T-CELL IMMUNOTHERAPY	3.1089	8.78	Surgical	1.0000	1.1500
008	2	AUTOLOGOUS BONE MARROW TRANSPLANT OR T-CELL IMMUNOTHERAPY	3.9061	15.04	Surgical	1.0000	1.1500
008	3	AUTOLOGOUS BONE MARROW TRANSPLANT OR T-CELL IMMUNOTHERAPY	5.1064	19.59	Surgical	1.0000	1.1500
008	4	AUTOLOGOUS BONE MARROW TRANSPLANT OR T-CELL IMMUNOTHERAPY	7.7177	25.74	Surgical	1.0000	1.1500
009	1	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)	3.1481	3.79	Surgical	1.0000	1.1500
009	2	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)	4.0518	3.94	Surgical	1.0000	1.1500
009	3	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)	5.8791	5.45	Surgical	1.0000	1.1500
009	4	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)	11.2559	13.35	Surgical	1.0000	1.1500
020	1	OPEN CRANIOTOMY FOR TRAUMA	1.6397	5.11	Surgical - Trauma	1.1500	1.1500
020	2	OPEN CRANIOTOMY FOR TRAUMA	1.9700	6.00	Surgical - Trauma	1.1500	1.1500
020	3	OPEN CRANIOTOMY FOR TRAUMA	2.5266	7.32	Surgical - Trauma	1.1500	1.1500
020	4	OPEN CRANIOTOMY FOR TRAUMA	4.1788	10.40	Surgical - Trauma	1.1500	1.1500
021	1	OPEN CRANIOTOMY EXCEPT TRAUMA	1.5814	3.05	Surgical	1.0000	1.1500
021	2	OPEN CRANIOTOMY EXCEPT TRAUMA	2.1294	4.26	Surgical	1.0000	1.1500
021	3	OPEN CRANIOTOMY EXCEPT TRAUMA	3.0016	7.88	Surgical	1.0000	1.1500
021	4	OPEN CRANIOTOMY EXCEPT TRAUMA	4.5305	11.85	Surgical	1.0000	1.1500
022	1	VENTRICULAR SHUNT PROCEDURES	1.0351	1.81	Surgical	1.0000	1.1500
022	2	VENTRICULAR SHUNT PROCEDURES	1.1970	2.54	Surgical	1.0000	1.1500
022	3	VENTRICULAR SHUNT PROCEDURES	1.6811	4.51	Surgical	1.0000	1.1500
022	4	VENTRICULAR SHUNT PROCEDURES	3.6709	11.45	Surgical	1.0000	1.1500
023	1	SPINAL PROCEDURES	1.1804	2.17	Surgical	1.0000	1.1500
023	2	SPINAL PROCEDURES	1.5266	3.83	Surgical	1.0000	1.1500
023	3	SPINAL PROCEDURES	2.6303	6.79	Surgical	1.0000	1.1500
023	4	SPINAL PROCEDURES	4.6073	13.18	Surgical	1.0000	1.1500
024	1	OPEN EXTRACRANIAL VASCULAR PROCEDURES	0.8060	1.23	Surgical	1.0000	1.1500
024	2	OPEN EXTRACRANIAL VASCULAR PROCEDURES	1.0083	1.84	Surgical	1.0000	1.1500
024	3	OPEN EXTRACRANIAL VASCULAR PROCEDURES	1.7538	5.02	Surgical	1.0000	1.1500
024	4	OPEN EXTRACRANIAL VASCULAR PROCEDURES	3.0987	9.80	Surgical	1.0000	1.1500
026	1	OTHER NERVOUS SYSTEM & RELATED PROCEDURES	1.1201	1.88	Surgical	1.0000	1.1500
026	2	OTHER NERVOUS SYSTEM & RELATED PROCEDURES	1.3557	3.27	Surgical	1.0000	1.1500
026	3	OTHER NERVOUS SYSTEM & RELATED PROCEDURES	1.8489	6.11	Surgical	1.0000	1.1500
026	4	OTHER NERVOUS SYSTEM & RELATED PROCEDURES	3.3377	12.64	Surgical	1.0000	1.1500
027	1	OTHER OPEN CRANIOTOMY	1.3085	2.20	Surgical	1.0000	1.1500
027	2	OTHER OPEN CRANIOTOMY	1.4765	3.12	Surgical	1.0000	1.1500
027	3	OTHER OPEN CRANIOTOMY	2.0858	5.04	Surgical	1.0000	1.1500
027	4	OTHER OPEN CRANIOTOMY	4.1783	11.44	Surgical	1.0000	1.1500
029	1	OTHER PERCUTANEOUS INTRACRANIAL PROCEDURES	1.2725	1.81	Surgical	1.0000	1.1500
029	2	OTHER PERCUTANEOUS INTRACRANIAL PROCEDURES	1.4139	3.77	Surgical	1.0000	1.1500
029	3	OTHER PERCUTANEOUS INTRACRANIAL PROCEDURES	1.9650	6.19	Surgical	1.0000	1.1500
029	4	OTHER PERCUTANEOUS INTRACRANIAL PROCEDURES	3.3522	10.25	Surgical	1.0000	1.1500
030	1	PERCUTANEOUS INTRA & EXTRACRANIAL VASCULAR PROCEDURES	1.4569	1.27	Surgical	1.0000	1.1500
030	2	PERCUTANEOUS INTRA & EXTRACRANIAL VASCULAR PROCEDURES	1.9266	2.57	Surgical	1.0000	1.1500
030	3	PERCUTANEOUS INTRA & EXTRACRANIAL VASCULAR PROCEDURES	2.8517	5.53	Surgical	1.0000	1.1500
030	4	PERCUTANEOUS INTRA & EXTRACRANIAL VASCULAR PROCEDURES	3.8207	7.62	Surgical	1.0000	1.1500
040	1	SPINAL DISORDERS & INJURIES	0.7550	3.23	Medical	1.0000	1.1500
040	2	SPINAL DISORDERS & INJURIES	0.8619	4.00	Medical	1.0000	1.1500
040	3	SPINAL DISORDERS & INJURIES	1.2482	6.01	Medical	1.0000	1.1500
040	4	SPINAL DISORDERS & INJURIES	2.0196	6.67	Medical	1.0000	1.1500
041	1	NERVOUS SYSTEM MALIGNANCY	0.5722	2.04	Medical	1.0000	1.1500
041	2	NERVOUS SYSTEM MALIGNANCY	0.6346	2.94	Medical	1.0000	1.1500
041	3	NERVOUS SYSTEM MALIGNANCY	0.8299	4.22	Medical	1.0000	1.1500
041	4	NERVOUS SYSTEM MALIGNANCY	1.2418	5.91	Medical	1.0000	1.1500
042	1	DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0.4686	2.96	Medical	1.0000	1.1500
042	2	DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0.5794	3.88	Medical	1.0000	1.1500
042	3	DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0.8281	5.12	Medical	1.0000	1.1500
042	4	DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	1.7850	8.42	Medical	1.0000	1.1500
043	1	MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0.5966	3.02	Medical	1.0000	1.1500
043	2	MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0.7573	3.86	Medical	1.0000	1.1500
043	3	MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	1.1375	5.58	Medical	1.0000	1.1500
043	4	MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	2.0237	8.86	Medical	1.0000	1.1500
044	1	INTRACRANIAL HEMORRHAGE	0.5501	2.61	Medical	1.0000	1.1500
044	2	INTRACRANIAL HEMORRHAGE	0.7194	3.37	Medical	1.0000	1.1500
044	3	INTRACRANIAL HEMORRHAGE	0.8874	3.72	Medical	1.0000	1.1500
044	4	INTRACRANIAL HEMORRHAGE	1.1341	3.78	Medical	1.0000	1.1500
045	1	CVA & PRECEREBRAL OCCLUSION W INFARCT	0.6030	2.10	Medical	1.0000	1.1500
045	2	CVA & PRECEREBRAL OCCLUSION W INFARCT	0.7267	2.89	Medical	1.0000	1.1500

APR DRG	Severity of Illness (SOI) Level	DRG Description	Relative Weight	Geometric Mean Length of Stay (Trimmed)	Service Line Description	Preliminary Modeled Adult Policy Adjuster	Preliminary Modeled Pediatric Policy Adjuster (Age 20 and Under)
045	3	CVA & PRECEREBRAL OCCLUSION W INFARCT	0.9972	4.51	Medical	1.0000	1.1500
045	4	CVA & PRECEREBRAL OCCLUSION W INFARCT	1.5970	6.39	Medical	1.0000	1.1500
046	1	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0.5348	1.78	Medical	1.0000	1.1500
046	2	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0.6499	2.35	Medical	1.0000	1.1500
046	3	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0.8341	3.33	Medical	1.0000	1.1500
046	4	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	1.5043	5.81	Medical	1.0000	1.1500
047	1	TRANSIENT ISCHEMIA	0.5058	1.70	Medical	1.0000	1.1500
047	2	TRANSIENT ISCHEMIA	0.5668	2.10	Medical	1.0000	1.1500
047	3	TRANSIENT ISCHEMIA	0.7199	3.01	Medical	1.0000	1.1500
047	4	TRANSIENT ISCHEMIA	1.1444	4.98	Medical	1.0000	1.1500
048	1	PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0.4855	2.25	Medical	1.0000	1.1500
048	2	PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0.5543	2.86	Medical	1.0000	1.1500
048	3	PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0.7343	3.88	Medical	1.0000	1.1500
048	4	PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	1.4823	7.23	Medical	1.0000	1.1500
049	1	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0.8735	5.44	Medical	1.0000	1.1500
049	2	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	1.4391	5.48	Medical	1.0000	1.1500
049	3	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	1.6120	7.48	Medical	1.0000	1.1500
049	4	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	3.0524	12.17	Medical	1.0000	1.1500
050	1	NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0.5263	2.88	Medical	1.0000	1.1500
050	2	NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0.9505	4.29	Medical	1.0000	1.1500
050	3	NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	1.5159	7.31	Medical	1.0000	1.1500
050	4	NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	3.0684	12.09	Medical	1.0000	1.1500
051	1	VIRAL MENINGITIS	0.3551	1.90	Medical	1.0000	1.1500
051	2	VIRAL MENINGITIS	0.5824	2.89	Medical	1.0000	1.1500
051	3	VIRAL MENINGITIS	1.0463	5.02	Medical	1.0000	1.1500
051	4	VIRAL MENINGITIS	2.0007	8.41	Medical	1.0000	1.1500
052	1	ALTERATION IN CONSCIOUSNESS	0.4607	1.85	Medical	1.0000	1.1500
052	2	ALTERATION IN CONSCIOUSNESS	0.5329	2.57	Medical	1.0000	1.1500
052	3	ALTERATION IN CONSCIOUSNESS	0.6911	3.67	Medical	1.0000	1.1500
052	4	ALTERATION IN CONSCIOUSNESS	1.4606	6.69	Medical	1.0000	1.1500
053	1	SEIZURE	0.3915	1.81	Medical	1.0000	1.1500
053	2	SEIZURE	0.4921	2.30	Medical	1.0000	1.1500
053	3	SEIZURE	0.6338	2.89	Medical	1.0000	1.1500
053	4	SEIZURE	1.5381	6.03	Medical	1.0000	1.1500
054	1	MIGRAINE & OTHER HEADACHES	0.4119	1.96	Medical	1.0000	1.1500
054	2	MIGRAINE & OTHER HEADACHES	0.5074	2.28	Medical	1.0000	1.1500
054	3	MIGRAINE & OTHER HEADACHES	0.6356	2.94	Medical	1.0000	1.1500
054	4	MIGRAINE & OTHER HEADACHES	1.1701	4.57	Medical	1.0000	1.1500
055	1	HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0.4885	2.00	Medical - Trauma	1.1500	1.1500
055	2	HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0.6650	2.93	Medical - Trauma	1.1500	1.1500
055	3	HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0.9680	3.99	Medical - Trauma	1.1500	1.1500
055	4	HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	1.8245	6.36	Medical - Trauma	1.1500	1.1500
056	1	BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0.4696	1.90	Medical	1.0000	1.1500
056	2	BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0.6655	3.01	Medical	1.0000	1.1500
056	3	BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0.9563	4.03	Medical	1.0000	1.1500
056	4	BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	1.8013	6.66	Medical	1.0000	1.1500
057	1	CONCUSSION, CLOSED SKULL FX NOS, UNCOMPLICATED INTRACRANIAL INJURY, COMA	0.3883	1.44	Medical	1.0000	1.1500
057	2	CONCUSSION, CLOSED SKULL FX NOS, UNCOMPLICATED INTRACRANIAL INJURY, COMA	0.5986	2.34	Medical	1.0000	1.1500
057	3	CONCUSSION, CLOSED SKULL FX NOS, UNCOMPLICATED INTRACRANIAL INJURY, COMA	0.8553	3.43	Medical	1.0000	1.1500
057	4	CONCUSSION, CLOSED SKULL FX NOS, UNCOMPLICATED INTRACRANIAL INJURY, COMA	1.4782	4.93	Medical	1.0000	1.1500
058	1	OTHER DISORDERS OF NERVOUS SYSTEM	0.5080	2.30	Medical	1.0000	1.1500
058	2	OTHER DISORDERS OF NERVOUS SYSTEM	0.6499	3.09	Medical	1.0000	1.1500
058	3	OTHER DISORDERS OF NERVOUS SYSTEM	0.8779	4.51	Medical	1.0000	1.1500
058	4	OTHER DISORDERS OF NERVOUS SYSTEM	1.5450	7.06	Medical	1.0000	1.1500
059	1	ANOXIC & OTHER SEVERE BRAIN DAMAGE	0.5576	2.13	Medical	1.0000	1.1500
059	2	ANOXIC & OTHER SEVERE BRAIN DAMAGE	0.7112	3.55	Medical	1.0000	1.1500
059	3	ANOXIC & OTHER SEVERE BRAIN DAMAGE	0.9081	4.03	Medical	1.0000	1.1500
059	4	ANOXIC & OTHER SEVERE BRAIN DAMAGE	1.5151	4.05	Medical	1.0000	1.1500
073	1	ORBIT & EYE PROCEDURES	0.7385	1.97	Surgical	1.0000	1.1500
073	2	ORBIT & EYE PROCEDURES	0.9316	2.76	Surgical	1.0000	1.1500
073	3	ORBIT & EYE PROCEDURES	1.3911	4.82	Surgical	1.0000	1.1500
073	4	ORBIT & EYE PROCEDURES	2.8832	10.24	Surgical	1.0000	1.1500
082	1	EYE INFECTIONS & OTHER EYE DISORDERS	0.4087	2.05	Medical	1.0000	1.1500
082	2	EYE INFECTIONS & OTHER EYE DISORDERS	0.5187	2.55	Medical	1.0000	1.1500
082	3	EYE INFECTIONS & OTHER EYE DISORDERS	0.7413	3.65	Medical	1.0000	1.1500
082	4	EYE INFECTIONS & OTHER EYE DISORDERS	1.4472	6.73	Medical	1.0000	1.1500
089	1	MAJOR CRANIAL/FACIAL BONE PROCEDURES	1.3593	2.11	Surgical	1.0000	1.1500
089	2	MAJOR CRANIAL/FACIAL BONE PROCEDURES	1.7550	3.13	Surgical	1.0000	1.1500
089	3	MAJOR CRANIAL/FACIAL BONE PROCEDURES	2.8753	6.29	Surgical	1.0000	1.1500
089	4	MAJOR CRANIAL/FACIAL BONE PROCEDURES	4.7950	12.79	Surgical	1.0000	1.1500
091	1	OTHER MAJOR HEAD & NECK PROCEDURES	0.9784	2.11	Surgical	1.0000	1.1500
091	2	OTHER MAJOR HEAD & NECK PROCEDURES	1.5609	3.62	Surgical	1.0000	1.1500
091	3	OTHER MAJOR HEAD & NECK PROCEDURES	2.7531	7.88	Surgical	1.0000	1.1500
091	4	OTHER MAJOR HEAD & NECK PROCEDURES	5.2124	16.20	Surgical	1.0000	1.1500
092	1	FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	1.0000	1.52	Surgical	1.0000	1.1500
092	2	FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	1.3428	2.34	Surgical	1.0000	1.1500
092	3	FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	2.1086	4.84	Surgical	1.0000	1.1500
092	4	FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	4.5849	13.08	Surgical	1.0000	1.1500
095	1	CLEFT LIP & PALATE REPAIR	0.6847	1.31	Surgical	1.0000	1.1500
095	2	CLEFT LIP & PALATE REPAIR	0.7793	1.65	Surgical	1.0000	1.1500
095	3	CLEFT LIP & PALATE REPAIR	1.1665	2.45	Surgical	1.0000	1.1500
095	4	CLEFT LIP & PALATE REPAIR	2.0314	4.84	Surgical	1.0000	1.1500
097	1	TONSIL & ADENOID PROCEDURES	0.4404	1.29	Surgical	1.0000	1.1500
097	2	TONSIL & ADENOID PROCEDURES	0.6145	1.79	Surgical	1.0000	1.1500
097	3	TONSIL & ADENOID PROCEDURES	0.9864	2.85	Surgical	1.0000	1.1500
097	4	TONSIL & ADENOID PROCEDURES	2.3046	7.38	Surgical	1.0000	1.1500
098	1	OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0.7442	1.95	Surgical	1.0000	1.1500
098	2	OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0.9529	2.82	Surgical	1.0000	1.1500
098	3	OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	1.6037	5.62	Surgical	1.0000	1.1500
098	4	OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	2.8750	10.83	Surgical	1.0000	1.1500

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110	1	EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	0.5808	1.91	Medical	1.0000	1.1500
110	2	EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	0.6533	3.16	Medical	1.0000	1.1500
110	3	EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	0.9045	4.98	Medical	1.0000	1.1500
110	4	EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1.5714	7.76	Medical	1.0000	1.1500
111	1	VERTIGO & OTHER LABYRINTH DISORDERS	0.4479	1.81	Medical	1.0000	1.1500
111	2	VERTIGO & OTHER LABYRINTH DISORDERS	0.5051	2.15	Medical	1.0000	1.1500
111	3	VERTIGO & OTHER LABYRINTH DISORDERS	0.6262	2.80	Medical	1.0000	1.1500
111	4	VERTIGO & OTHER LABYRINTH DISORDERS	0.9749	4.27	Medical	1.0000	1.1500
113	1	INFECTIONS OF UPPER RESPIRATORY TRACT	0.2737	1.56	Medical	1.0000	1.1500
113	2	INFECTIONS OF UPPER RESPIRATORY TRACT	0.3900	2.13	Medical	1.0000	1.1500
113	3	INFECTIONS OF UPPER RESPIRATORY TRACT	0.5822	2.99	Medical	1.0000	1.1500
113	4	INFECTIONS OF UPPER RESPIRATORY TRACT	1.0739	4.93	Medical	1.0000	1.1500
114	1	DENTAL DISEASES & DISORDERS	0.3364	1.85	Medical	1.0000	1.1500
114	2	DENTAL DISEASES & DISORDERS	0.4728	2.33	Medical	1.0000	1.1500
114	3	DENTAL DISEASES & DISORDERS	0.7283	3.13	Medical	1.0000	1.1500
114	4	DENTAL DISEASES & DISORDERS	1.6255	6.50	Medical	1.0000	1.1500
115	1	OTHER EAR, NOSE, MOUTH, THROAT & CRANIAL/FACIAL DIAGNOSES	0.3743	1.91	Medical	1.0000	1.1500
115	2	OTHER EAR, NOSE, MOUTH, THROAT & CRANIAL/FACIAL DIAGNOSES	0.5075	2.48	Medical	1.0000	1.1500
115	3	OTHER EAR, NOSE, MOUTH, THROAT & CRANIAL/FACIAL DIAGNOSES	0.7735	3.86	Medical	1.0000	1.1500
115	4	OTHER EAR, NOSE, MOUTH, THROAT & CRANIAL/FACIAL DIAGNOSES	1.4565	6.48	Medical	1.0000	1.1500
120	1	MAJOR RESPIRATORY & CHEST PROCEDURES	1.5195	3.46	Surgical	1.0000	1.1500
120	2	MAJOR RESPIRATORY & CHEST PROCEDURES	1.8659	5.05	Surgical	1.0000	1.1500
120	3	MAJOR RESPIRATORY & CHEST PROCEDURES	2.6560	8.16	Surgical	1.0000	1.1500
120	4	MAJOR RESPIRATORY & CHEST PROCEDURES	4.7266	14.18	Surgical	1.0000	1.1500
121	1	OTHER RESPIRATORY & CHEST PROCEDURES	1.1017	2.72	Surgical	1.0000	1.1500
121	2	OTHER RESPIRATORY & CHEST PROCEDURES	1.3710	4.32	Surgical	1.0000	1.1500
121	3	OTHER RESPIRATORY & CHEST PROCEDURES	2.0250	7.92	Surgical	1.0000	1.1500
121	4	OTHER RESPIRATORY & CHEST PROCEDURES	3.4656	13.37	Surgical	1.0000	1.1500
130	1	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	2.6759	9.53	Medical	1.0000	1.1500
130	2	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	2.7214	10.59	Medical	1.0000	1.1500
130	3	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	3.2331	12.04	Medical	1.0000	1.1500
130	4	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	4.1238	14.34	Medical	1.0000	1.1500
131	1	CYSTIC FIBROSIS - PULMONARY DISEASE	1.0091	4.94	Medical	1.0000	1.1500
131	2	CYSTIC FIBROSIS - PULMONARY DISEASE	1.4410	6.98	Medical	1.0000	1.1500
131	3	CYSTIC FIBROSIS - PULMONARY DISEASE	1.9867	9.22	Medical	1.0000	1.1500
131	4	CYSTIC FIBROSIS - PULMONARY DISEASE	2.6836	11.34	Medical	1.0000	1.1500
132	1	BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	0.3697	2.22	Medical	1.0000	1.1500
132	2	BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	0.4961	2.85	Medical	1.0000	1.1500
132	3	BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	0.8244	4.08	Medical	1.0000	1.1500
132	4	BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1.2726	4.81	Medical	1.0000	1.1500
133	1	RESPIRATORY FAILURE	0.3409	1.73	Medical	1.0000	1.1500
133	2	RESPIRATORY FAILURE	0.6238	3.12	Medical	1.0000	1.1500
133	3	RESPIRATORY FAILURE	0.9073	4.29	Medical	1.0000	1.1500
133	4	RESPIRATORY FAILURE	1.4054	4.90	Medical	1.0000	1.1500
134	1	PULMONARY EMBOLISM	0.5168	2.36	Medical	1.0000	1.1500
134	2	PULMONARY EMBOLISM	0.6556	3.13	Medical	1.0000	1.1500
134	3	PULMONARY EMBOLISM	0.9096	4.40	Medical	1.0000	1.1500
134	4	PULMONARY EMBOLISM	1.2950	5.11	Medical	1.0000	1.1500
135	1	MAJOR CHEST & RESPIRATORY TRAUMA	0.5600	2.76	Medical - Trauma	1.1500	1.1500
135	2	MAJOR CHEST & RESPIRATORY TRAUMA	0.6377	3.18	Medical - Trauma	1.1500	1.1500
135	3	MAJOR CHEST & RESPIRATORY TRAUMA	0.9190	4.57	Medical - Trauma	1.1500	1.1500
135	4	MAJOR CHEST & RESPIRATORY TRAUMA	1.5577	6.42	Medical - Trauma	1.1500	1.1500
136	1	RESPIRATORY MALIGNANCY	0.6305	2.62	Medical	1.0000	1.1500
136	2	RESPIRATORY MALIGNANCY	0.6975	3.41	Medical	1.0000	1.1500
136	3	RESPIRATORY MALIGNANCY	0.9598	4.93	Medical	1.0000	1.1500
136	4	RESPIRATORY MALIGNANCY	1.3610	6.28	Medical	1.0000	1.1500
137	1	MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	0.5236	3.13	Medical	1.0000	1.1500
137	2	MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	0.6556	3.94	Medical	1.0000	1.1500
137	3	MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	0.8972	5.18	Medical	1.0000	1.1500
137	4	MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1.2649	6.39	Medical	1.0000	1.1500
138	1	BRONCHIOLITIS & RSV PNEUMONIA	0.2831	1.93	Medical	1.0000	1.1500
138	2	BRONCHIOLITIS & RSV PNEUMONIA	0.3976	2.48	Medical	1.0000	1.1500
138	3	BRONCHIOLITIS & RSV PNEUMONIA	0.6814	3.68	Medical	1.0000	1.1500
138	4	BRONCHIOLITIS & RSV PNEUMONIA	1.4222	6.40	Medical	1.0000	1.1500
139	1	OTHER PNEUMONIA	0.3804	2.28	Medical	1.0000	1.1500
139	2	OTHER PNEUMONIA	0.5189	3.02	Medical	1.0000	1.1500
139	3	OTHER PNEUMONIA	0.7331	4.11	Medical	1.0000	1.1500
139	4	OTHER PNEUMONIA	1.0983	5.56	Medical	1.0000	1.1500
140	1	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	0.4402	2.44	Medical	1.0000	1.1500
140	2	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	0.5400	3.00	Medical	1.0000	1.1500
140	3	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	0.6708	3.73	Medical	1.0000	1.1500
140	4	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	0.9911	5.10	Medical	1.0000	1.1500
141	1	ASTHMA	0.3239	1.58	Medical	1.0000	1.1500
141	2	ASTHMA	0.4559	2.31	Medical	1.0000	1.1500
141	3	ASTHMA	0.6372	2.89	Medical	1.0000	1.1500
141	4	ASTHMA	1.0845	4.28	Medical	1.0000	1.1500
142	1	INTERSTITIAL & ALVEOLAR LUNG DISEASES	0.5067	2.51	Medical	1.0000	1.1500
142	2	INTERSTITIAL & ALVEOLAR LUNG DISEASES	0.5905	3.17	Medical	1.0000	1.1500
142	3	INTERSTITIAL & ALVEOLAR LUNG DISEASES	0.7972	4.49	Medical	1.0000	1.1500
142	4	INTERSTITIAL & ALVEOLAR LUNG DISEASES	1.1784	6.22	Medical	1.0000	1.1500
143	1	OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	0.3999	2.06	Medical	1.0000	1.1500
143	2	OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	0.5561	2.81	Medical	1.0000	1.1500
143	3	OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	0.7884	3.89	Medical	1.0000	1.1500
143	4	OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1.1582	4.92	Medical	1.0000	1.1500
144	1	RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	0.3947	1.89	Medical	1.0000	1.1500
144	2	RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	0.5173	2.49	Medical	1.0000	1.1500
144	3	RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	0.7197	3.52	Medical	1.0000	1.1500
144	4	RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1.1545	5.48	Medical	1.0000	1.1500
145	1	ACUTE BRONCHITIS & RELATED SYMPTOMS	0.3906	2.00	Medical	1.0000	1.1500
145	2	ACUTE BRONCHITIS & RELATED SYMPTOMS	0.4754	2.48	Medical	1.0000	1.1500

APR DRG	Severity of Illness (SOI) Level	DRG Description	Relative Weight	Geometric Mean Length of Stay (Trimmed)	Service Line Description	Preliminary Modeled Adult Policy Adjuster	Preliminary Modeled Pediatric Policy Adjuster (Age 20 and Under)
145	3	ACUTE BRONCHITIS & RELATED SYMPTOMS	0.6344	3.14	Medical	1.0000	1.1500
145	4	ACUTE BRONCHITIS & RELATED SYMPTOMS	1.0363	4.35	Medical	1.0000	1.1500
160	1	MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	3.1378	4.74	Surgical	1.0000	1.1500
160	2	MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	3.6062	5.82	Surgical	1.0000	1.1500
160	3	MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	4.7170	8.08	Surgical	1.0000	1.1500
160	4	MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	8.2117	16.18	Surgical	1.0000	1.1500
161	1	IMPLANTABLE HEART ASSIST SYSTEMS	8.1717	10.74	Surgical	1.0000	1.1500
161	2	IMPLANTABLE HEART ASSIST SYSTEMS	10.2509	13.71	Surgical	1.0000	1.1500
161	3	IMPLANTABLE HEART ASSIST SYSTEMS	14.3674	23.74	Surgical	1.0000	1.1500
161	4	IMPLANTABLE HEART ASSIST SYSTEMS	17.9854	31.31	Surgical	1.0000	1.1500
162	1	CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	3.7076	6.30	Surgical	1.0000	1.1500
162	2	CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	4.1732	8.03	Surgical	1.0000	1.1500
162	3	CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	5.3489	11.57	Surgical	1.0000	1.1500
162	4	CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	7.5874	16.89	Surgical	1.0000	1.1500
163	1	CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	3.1381	5.17	Surgical	1.0000	1.1500
163	2	CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	3.4826	6.14	Surgical	1.0000	1.1500
163	3	CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	4.3188	8.49	Surgical	1.0000	1.1500
163	4	CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	6.4321	13.44	Surgical	1.0000	1.1500
165	1	CORONARY BYPASS W AMI OR COMPLEX PDX	3.0501	6.36	Surgical	1.0000	1.1500
165	2	CORONARY BYPASS W AMI OR COMPLEX PDX	3.5619	8.36	Surgical	1.0000	1.1500
165	3	CORONARY BYPASS W AMI OR COMPLEX PDX	4.3444	10.48	Surgical	1.0000	1.1500
165	4	CORONARY BYPASS W AMI OR COMPLEX PDX	5.8830	14.09	Surgical	1.0000	1.1500
166	1	CORONARY BYPASS W/O AMI OR COMPLEX PDX	2.7146	5.37	Surgical	1.0000	1.1500
166	2	CORONARY BYPASS W/O AMI OR COMPLEX PDX	2.9851	6.30	Surgical	1.0000	1.1500
166	3	CORONARY BYPASS W/O AMI OR COMPLEX PDX	3.5498	8.18	Surgical	1.0000	1.1500
166	4	CORONARY BYPASS W/O AMI OR COMPLEX PDX	5.2653	12.47	Surgical	1.0000	1.1500
167	1	OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	2.2597	3.44	Surgical	1.0000	1.1500
167	2	OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	2.2793	3.82	Surgical	1.0000	1.1500
167	3	OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	3.2453	6.17	Surgical	1.0000	1.1500
167	4	OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	5.7754	11.67	Surgical	1.0000	1.1500
169	1	MAJOR ABDOMINAL VASCULAR PROCEDURES	1.5936	2.70	Surgical	1.0000	1.1500
169	2	MAJOR ABDOMINAL VASCULAR PROCEDURES	2.0094	4.08	Surgical	1.0000	1.1500
169	3	MAJOR ABDOMINAL VASCULAR PROCEDURES	3.0635	6.31	Surgical	1.0000	1.1500
169	4	MAJOR ABDOMINAL VASCULAR PROCEDURES	5.0272	8.35	Surgical	1.0000	1.1500
170	1	PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1.6579	3.91	Surgical	1.0000	1.1500
170	2	PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1.8344	5.20	Surgical	1.0000	1.1500
170	3	PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	2.2607	7.25	Surgical	1.0000	1.1500
170	4	PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	3.1392	10.72	Surgical	1.0000	1.1500
171	1	PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1.3232	2.28	Surgical	1.0000	1.1500
171	2	PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1.4908	3.15	Surgical	1.0000	1.1500
171	3	PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1.8645	4.71	Surgical	1.0000	1.1500
171	4	PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	2.7979	8.15	Surgical	1.0000	1.1500
174	1	PERCUTANEOUS CARDIAC INTERVENTION W AMI	1.6521	2.00	Surgical	1.0000	1.1500
174	2	PERCUTANEOUS CARDIAC INTERVENTION W AMI	1.7711	2.59	Surgical	1.0000	1.1500
174	3	PERCUTANEOUS CARDIAC INTERVENTION W AMI	2.1697	4.16	Surgical	1.0000	1.1500
174	4	PERCUTANEOUS CARDIAC INTERVENTION W AMI	2.9810	5.62	Surgical	1.0000	1.1500
175	1	PERCUTANEOUS CARDIAC INTERVENTION W/O AMI	1.6632	1.70	Surgical	1.0000	1.1500
175	2	PERCUTANEOUS CARDIAC INTERVENTION W/O AMI	1.8230	2.39	Surgical	1.0000	1.1500
175	3	PERCUTANEOUS CARDIAC INTERVENTION W/O AMI	2.2251	4.51	Surgical	1.0000	1.1500
175	4	PERCUTANEOUS CARDIAC INTERVENTION W/O AMI	3.3346	7.44	Surgical	1.0000	1.1500
176	1	INSERTION, REVISION & REPLACEMENTS OF PACEMAKER & OTHER CARDIAC DEVICES	1.2926	2.18	Surgical	1.0000	1.1500
176	2	INSERTION, REVISION & REPLACEMENTS OF PACEMAKER & OTHER CARDIAC DEVICES	1.5591	2.69	Surgical	1.0000	1.1500
176	3	INSERTION, REVISION & REPLACEMENTS OF PACEMAKER & OTHER CARDIAC DEVICES	2.3652	4.39	Surgical	1.0000	1.1500
176	4	INSERTION, REVISION & REPLACEMENTS OF PACEMAKER & OTHER CARDIAC DEVICES	4.0122	9.90	Surgical	1.0000	1.1500
177	1	CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	0.9545	2.29	Surgical	1.0000	1.1500
177	2	CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1.3771	3.33	Surgical	1.0000	1.1500
177	3	CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1.6881	4.61	Surgical	1.0000	1.1500
177	4	CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	2.2928	6.30	Surgical	1.0000	1.1500
178	1	EXTERNAL HEART ASSIST SYSTEMS	3.5013	1.72	Surgical	1.0000	1.1500
178	2	EXTERNAL HEART ASSIST SYSTEMS	4.1056	3.10	Surgical	1.0000	1.1500
178	3	EXTERNAL HEART ASSIST SYSTEMS	4.8477	4.93	Surgical	1.0000	1.1500
178	4	EXTERNAL HEART ASSIST SYSTEMS	6.3138	6.00	Surgical	1.0000	1.1500
179	1	DEFIBRILLATOR IMPLANTS	3.0478	2.49	Surgical	1.0000	1.1500
179	2	DEFIBRILLATOR IMPLANTS	3.3337	3.67	Surgical	1.0000	1.1500
179	3	DEFIBRILLATOR IMPLANTS	3.9270	6.16	Surgical	1.0000	1.1500
179	4	DEFIBRILLATOR IMPLANTS	5.4788	10.95	Surgical	1.0000	1.1500
180	1	OTHER CIRCULATORY SYSTEM PROCEDURES	0.9810	2.53	Surgical	1.0000	1.1500
180	2	OTHER CIRCULATORY SYSTEM PROCEDURES	1.1647	3.93	Surgical	1.0000	1.1500
180	3	OTHER CIRCULATORY SYSTEM PROCEDURES	1.6264	6.49	Surgical	1.0000	1.1500
180	4	OTHER CIRCULATORY SYSTEM PROCEDURES	2.8876	10.65	Surgical	1.0000	1.1500
181	1	LOWER EXTREMITY ARTERIAL PROCEDURES	1.2361	2.31	Surgical	1.0000	1.1500
181	2	LOWER EXTREMITY ARTERIAL PROCEDURES	1.6744	4.00	Surgical	1.0000	1.1500
181	3	LOWER EXTREMITY ARTERIAL PROCEDURES	2.5632	7.71	Surgical	1.0000	1.1500
181	4	LOWER EXTREMITY ARTERIAL PROCEDURES	4.0360	11.02	Surgical	1.0000	1.1500
182	1	OTHER PERIPHERAL VASCULAR PROCEDURES	1.5283	1.61	Surgical	1.0000	1.1500
182	2	OTHER PERIPHERAL VASCULAR PROCEDURES	1.8004	2.90	Surgical	1.0000	1.1500
182	3	OTHER PERIPHERAL VASCULAR PROCEDURES	1.9703	5.14	Surgical	1.0000	1.1500
182	4	OTHER PERIPHERAL VASCULAR PROCEDURES	3.5904	9.63	Surgical	1.0000	1.1500
183	1	PERCUTANEOUS STRUCTURAL CARDIAC PROCEDURES	3.4246	2.09	Surgical	1.0000	1.1500
183	2	PERCUTANEOUS STRUCTURAL CARDIAC PROCEDURES	3.6644	2.60	Surgical	1.0000	1.1500
183	3	PERCUTANEOUS STRUCTURAL CARDIAC PROCEDURES	4.2626	4.42	Surgical	1.0000	1.1500
183	4	PERCUTANEOUS STRUCTURAL CARDIAC PROCEDURES	5.9681	9.51	Surgical	1.0000	1.1500
190	1	ACUTE MYOCARDIAL INFARCTION	0.5393	1.78	Medical	1.0000	1.1500
190	2	ACUTE MYOCARDIAL INFARCTION	0.6408	2.51	Medical	1.0000	1.1500
190	3	ACUTE MYOCARDIAL INFARCTION	0.8456	3.72	Medical	1.0000	1.1500
190	4	ACUTE MYOCARDIAL INFARCTION	1.1917	4.37	Medical	1.0000	1.1500
191	1	CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	0.7456	1.70	Medical	1.0000	1.1500
191	2	CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	0.8567	2.26	Medical	1.0000	1.1500
191	3	CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1.1044	3.49	Medical	1.0000	1.1500
191	4	CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1.6313	5.29	Medical	1.0000	1.1500

APR DRG	Severity of Illness (SOI) Level	DRG Description	Relative Weight	Geometric Mean Length of Stay (Trimmed)	Service Line Description	Preliminary Modeled Adult Policy Adjuster	Preliminary Modeled Pediatric Policy Adjuster (Age 20 and Under)
192	1	CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	0.8071	1.95	Medical	1.0000	1.1500
192	2	CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	0.9823	3.21	Medical	1.0000	1.1500
192	3	CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1.3848	5.53	Medical	1.0000	1.1500
192	4	CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	2.1505	7.76	Medical	1.0000	1.1500
193	1	ACUTE & SUBACUTE ENDOCARDITIS	0.6876	3.65	Medical	1.0000	1.1500
193	2	ACUTE & SUBACUTE ENDOCARDITIS	0.8188	4.57	Medical	1.0000	1.1500
193	3	ACUTE & SUBACUTE ENDOCARDITIS	1.1877	6.69	Medical	1.0000	1.1500
193	4	ACUTE & SUBACUTE ENDOCARDITIS	1.8033	8.84	Medical	1.0000	1.1500
194	1	HEART FAILURE	0.4186	2.42	Medical	1.0000	1.1500
194	2	HEART FAILURE	0.5416	3.23	Medical	1.0000	1.1500
194	3	HEART FAILURE	0.7576	4.29	Medical	1.0000	1.1500
194	4	HEART FAILURE	1.1337	5.86	Medical	1.0000	1.1500
196	1	CARDIAC ARREST & SHOCK	0.3304	1.49	Medical	1.0000	1.1500
196	2	CARDIAC ARREST & SHOCK	0.4341	1.74	Medical	1.0000	1.1500
196	3	CARDIAC ARREST & SHOCK	0.6464	1.93	Medical	1.0000	1.1500
196	4	CARDIAC ARREST & SHOCK	1.1813	2.71	Medical	1.0000	1.1500
197	1	PERIPHERAL & OTHER VASCULAR DISORDERS	0.3933	2.33	Medical	1.0000	1.1500
197	2	PERIPHERAL & OTHER VASCULAR DISORDERS	0.5184	3.05	Medical	1.0000	1.1500
197	3	PERIPHERAL & OTHER VASCULAR DISORDERS	0.7167	3.81	Medical	1.0000	1.1500
197	4	PERIPHERAL & OTHER VASCULAR DISORDERS	1.2664	5.66	Medical	1.0000	1.1500
198	1	ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	0.3829	1.53	Medical	1.0000	1.1500
198	2	ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	0.4543	1.90	Medical	1.0000	1.1500
198	3	ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	0.5921	2.60	Medical	1.0000	1.1500
198	4	ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	0.9611	3.75	Medical	1.0000	1.1500
199	1	HYPERTENSION	0.3993	1.79	Medical	1.0000	1.1500
199	2	HYPERTENSION	0.4835	2.29	Medical	1.0000	1.1500
199	3	HYPERTENSION	0.6658	3.23	Medical	1.0000	1.1500
199	4	HYPERTENSION	1.0884	4.95	Medical	1.0000	1.1500
200	1	CARDIAC STRUCTURAL & VALVULAR DISORDERS	0.3946	1.83	Medical	1.0000	1.1500
200	2	CARDIAC STRUCTURAL & VALVULAR DISORDERS	0.5018	2.57	Medical	1.0000	1.1500
200	3	CARDIAC STRUCTURAL & VALVULAR DISORDERS	0.7174	3.78	Medical	1.0000	1.1500
200	4	CARDIAC STRUCTURAL & VALVULAR DISORDERS	1.1994	5.18	Medical	1.0000	1.1500
201	1	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	0.3651	1.87	Medical	1.0000	1.1500
201	2	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	0.4742	2.46	Medical	1.0000	1.1500
201	3	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	0.6926	3.67	Medical	1.0000	1.1500
201	4	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	1.1612	5.32	Medical	1.0000	1.1500
203	1	CHEST PAIN	0.3977	1.47	Medical	1.0000	1.1500
203	2	CHEST PAIN	0.4628	1.81	Medical	1.0000	1.1500
203	3	CHEST PAIN	0.5706	2.32	Medical	1.0000	1.1500
203	4	CHEST PAIN	0.8058	3.25	Medical	1.0000	1.1500
204	1	SYNCOPE & COLLAPSE	0.4487	1.89	Medical	1.0000	1.1500
204	2	SYNCOPE & COLLAPSE	0.5171	2.32	Medical	1.0000	1.1500
204	3	SYNCOPE & COLLAPSE	0.6570	3.11	Medical	1.0000	1.1500
204	4	SYNCOPE & COLLAPSE	1.0341	4.63	Medical	1.0000	1.1500
205	1	CARDIOMYOPATHY	0.4273	2.05	Medical	1.0000	1.1500
205	2	CARDIOMYOPATHY	0.5157	2.60	Medical	1.0000	1.1500
205	3	CARDIOMYOPATHY	0.7673	3.77	Medical	1.0000	1.1500
205	4	CARDIOMYOPATHY	1.6225	6.05	Medical	1.0000	1.1500
206	1	MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	0.4957	1.86	Medical	1.0000	1.1500
206	2	MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	0.5177	2.59	Medical	1.0000	1.1500
206	3	MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	0.7872	3.80	Medical	1.0000	1.1500
206	4	MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	1.5051	6.70	Medical	1.0000	1.1500
207	1	OTHER CIRCULATORY SYSTEM DIAGNOSES	0.4391	2.07	Medical	1.0000	1.1500
207	2	OTHER CIRCULATORY SYSTEM DIAGNOSES	0.5422	2.61	Medical	1.0000	1.1500
207	3	OTHER CIRCULATORY SYSTEM DIAGNOSES	0.7455	3.63	Medical	1.0000	1.1500
207	4	OTHER CIRCULATORY SYSTEM DIAGNOSES	1.3203	5.67	Medical	1.0000	1.1500
220	1	MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	1.1319	2.44	Surgical	1.0000	1.1500
220	2	MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	1.6282	5.55	Surgical	1.0000	1.1500
220	3	MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2.5613	10.01	Surgical	1.0000	1.1500
220	4	MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	4.4560	15.18	Surgical	1.0000	1.1500
222	1	OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	0.5927	1.97	Surgical	1.0000	1.1500
222	2	OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	0.9252	3.20	Surgical	1.0000	1.1500
222	3	OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	1.4375	6.30	Surgical	1.0000	1.1500
222	4	OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2.8116	10.59	Surgical	1.0000	1.1500
223	1	OTHER SMALL & LARGE BOWEL PROCEDURES	0.8730	3.23	Surgical	1.0000	1.1500
223	2	OTHER SMALL & LARGE BOWEL PROCEDURES	1.2425	5.15	Surgical	1.0000	1.1500
223	3	OTHER SMALL & LARGE BOWEL PROCEDURES	1.8759	8.43	Surgical	1.0000	1.1500
223	4	OTHER SMALL & LARGE BOWEL PROCEDURES	3.1492	12.17	Surgical	1.0000	1.1500
224	1	PERITONEAL ADHESIOLYSIS	1.0836	4.49	Surgical	1.0000	1.1500
224	2	PERITONEAL ADHESIOLYSIS	1.3528	6.24	Surgical	1.0000	1.1500
224	3	PERITONEAL ADHESIOLYSIS	1.9556	9.31	Surgical	1.0000	1.1500
224	4	PERITONEAL ADHESIOLYSIS	3.2324	13.56	Surgical	1.0000	1.1500
226	1	ANAL PROCEDURES	0.6944	2.43	Surgical	1.0000	1.1500
226	2	ANAL PROCEDURES	0.9199	3.53	Surgical	1.0000	1.1500
226	3	ANAL PROCEDURES	1.2694	5.55	Surgical	1.0000	1.1500
226	4	ANAL PROCEDURES	2.4579	10.39	Surgical	1.0000	1.1500
227	1	HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	0.9604	2.75	Surgical	1.0000	1.1500
227	2	HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	1.2063	4.06	Surgical	1.0000	1.1500
227	3	HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	1.7467	6.52	Surgical	1.0000	1.1500
227	4	HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	3.1302	11.27	Surgical	1.0000	1.1500
228	1	INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	0.6779	1.84	Surgical	1.0000	1.1500
228	2	INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	0.9067	3.04	Surgical	1.0000	1.1500
228	3	INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	1.2664	4.78	Surgical	1.0000	1.1500
228	4	INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2.3887	8.65	Surgical	1.0000	1.1500
229	1	OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	0.9256	2.90	Surgical	1.0000	1.1500
229	2	OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	1.1416	4.02	Surgical	1.0000	1.1500
229	3	OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	1.6153	6.19	Surgical	1.0000	1.1500
229	4	OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2.8455	8.71	Surgical	1.0000	1.1500
230	1	MAJOR SMALL BOWEL PROCEDURES	1.1444	4.20	Surgical	1.0000	1.1500
230	2	MAJOR SMALL BOWEL PROCEDURES	1.5629	6.44	Surgical	1.0000	1.1500

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230	3	MAJOR SMALL BOWEL PROCEDURES	2.3158	10.13	Surgical	1.0000	1.1500
230	4	MAJOR SMALL BOWEL PROCEDURES	4.0825	15.29	Surgical	1.0000	1.1500
231	1	MAJOR LARGE BOWEL PROCEDURES	1.2058	3.80	Surgical	1.0000	1.1500
231	2	MAJOR LARGE BOWEL PROCEDURES	1.5117	5.62	Surgical	1.0000	1.1500
231	3	MAJOR LARGE BOWEL PROCEDURES	2.2366	9.47	Surgical	1.0000	1.1500
231	4	MAJOR LARGE BOWEL PROCEDURES	3.6472	13.84	Surgical	1.0000	1.1500
232	1	GASTRIC FUNDOPLICATION	0.9365	1.87	Surgical	1.0000	1.1500
232	2	GASTRIC FUNDOPLICATION	1.1878	3.28	Surgical	1.0000	1.1500
232	3	GASTRIC FUNDOPLICATION	1.5837	5.46	Surgical	1.0000	1.1500
232	4	GASTRIC FUNDOPLICATION	3.6365	12.40	Surgical	1.0000	1.1500
233	1	APPENDECTOMY WITH COMPLEX PRINCIPAL DIAGNOSIS	0.8890	2.98	Surgical	1.0000	1.1500
233	2	APPENDECTOMY WITH COMPLEX PRINCIPAL DIAGNOSIS	1.1458	4.32	Surgical	1.0000	1.1500
233	3	APPENDECTOMY WITH COMPLEX PRINCIPAL DIAGNOSIS	1.7235	7.14	Surgical	1.0000	1.1500
233	4	APPENDECTOMY WITH COMPLEX PRINCIPAL DIAGNOSIS	2.6505	10.46	Surgical	1.0000	1.1500
234	1	APPENDECTOMY WITHOUT COMPLEX PRINCIPAL DIAGNOSIS	0.6461	1.42	Surgical	1.0000	1.1500
234	2	APPENDECTOMY WITHOUT COMPLEX PRINCIPAL DIAGNOSIS	0.8790	2.28	Surgical	1.0000	1.1500
234	3	APPENDECTOMY WITHOUT COMPLEX PRINCIPAL DIAGNOSIS	1.2908	3.93	Surgical	1.0000	1.1500
234	4	APPENDECTOMY WITHOUT COMPLEX PRINCIPAL DIAGNOSIS	2.1599	7.47	Surgical	1.0000	1.1500
240	1	DIGESTIVE MALIGNANCY	0.6014	2.53	Medical	1.0000	1.1500
240	2	DIGESTIVE MALIGNANCY	0.6667	3.37	Medical	1.0000	1.1500
240	3	DIGESTIVE MALIGNANCY	0.9156	5.09	Medical	1.0000	1.1500
240	4	DIGESTIVE MALIGNANCY	1.4840	7.65	Medical	1.0000	1.1500
241	1	PEPTIC ULCER & GASTRITIS	0.5121	2.28	Medical	1.0000	1.1500
241	2	PEPTIC ULCER & GASTRITIS	0.6325	2.94	Medical	1.0000	1.1500
241	3	PEPTIC ULCER & GASTRITIS	0.9253	4.28	Medical	1.0000	1.1500
241	4	PEPTIC ULCER & GASTRITIS	1.7828	7.24	Medical	1.0000	1.1500
242	1	MAJOR ESOPHAGEAL DISORDERS	0.4607	2.16	Medical	1.0000	1.1500
242	2	MAJOR ESOPHAGEAL DISORDERS	0.5918	2.83	Medical	1.0000	1.1500
242	3	MAJOR ESOPHAGEAL DISORDERS	0.8487	3.99	Medical	1.0000	1.1500
242	4	MAJOR ESOPHAGEAL DISORDERS	1.6834	7.04	Medical	1.0000	1.1500
243	1	OTHER ESOPHAGEAL DISORDERS	0.4061	1.76	Medical	1.0000	1.1500
243	2	OTHER ESOPHAGEAL DISORDERS	0.5361	2.54	Medical	1.0000	1.1500
243	3	OTHER ESOPHAGEAL DISORDERS	0.7895	4.09	Medical	1.0000	1.1500
243	4	OTHER ESOPHAGEAL DISORDERS	1.5386	7.62	Medical	1.0000	1.1500
244	1	DIVERTICULITIS & DIVERTICULOSIS	0.4324	2.58	Medical	1.0000	1.1500
244	2	DIVERTICULITIS & DIVERTICULOSIS	0.5514	3.06	Medical	1.0000	1.1500
244	3	DIVERTICULITIS & DIVERTICULOSIS	0.8342	4.43	Medical	1.0000	1.1500
244	4	DIVERTICULITIS & DIVERTICULOSIS	1.5259	7.50	Medical	1.0000	1.1500
245	1	INFLAMMATORY BOWEL DISEASE	0.5112	2.70	Medical	1.0000	1.1500
245	2	INFLAMMATORY BOWEL DISEASE	0.6346	3.42	Medical	1.0000	1.1500
245	3	INFLAMMATORY BOWEL DISEASE	0.9266	5.13	Medical	1.0000	1.1500
245	4	INFLAMMATORY BOWEL DISEASE	1.7852	9.79	Medical	1.0000	1.1500
246	1	GASTROINTESTINAL VASCULAR INSUFFICIENCY	0.5001	2.59	Medical	1.0000	1.1500
246	2	GASTROINTESTINAL VASCULAR INSUFFICIENCY	0.6104	3.22	Medical	1.0000	1.1500
246	3	GASTROINTESTINAL VASCULAR INSUFFICIENCY	0.8782	4.56	Medical	1.0000	1.1500
246	4	GASTROINTESTINAL VASCULAR INSUFFICIENCY	1.3880	5.75	Medical	1.0000	1.1500
247	1	INTESTINAL OBSTRUCTION	0.3974	2.44	Medical	1.0000	1.1500
247	2	INTESTINAL OBSTRUCTION	0.5148	3.19	Medical	1.0000	1.1500
247	3	INTESTINAL OBSTRUCTION	0.7793	4.74	Medical	1.0000	1.1500
247	4	INTESTINAL OBSTRUCTION	1.3739	7.04	Medical	1.0000	1.1500
248	1	MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	0.4386	2.83	Medical	1.0000	1.1500
248	2	MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	0.5843	3.79	Medical	1.0000	1.1500
248	3	MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	0.8244	5.18	Medical	1.0000	1.1500
248	4	MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	1.5097	8.28	Medical	1.0000	1.1500
249	1	OTHER GASTROENTERITIS, NAUSEA & VOMITING	0.3613	1.96	Medical	1.0000	1.1500
249	2	OTHER GASTROENTERITIS, NAUSEA & VOMITING	0.4492	2.45	Medical	1.0000	1.1500
249	3	OTHER GASTROENTERITIS, NAUSEA & VOMITING	0.6460	3.53	Medical	1.0000	1.1500
249	4	OTHER GASTROENTERITIS, NAUSEA & VOMITING	1.2271	6.21	Medical	1.0000	1.1500
251	1	ABDOMINAL PAIN	0.3951	1.86	Medical	1.0000	1.1500
251	2	ABDOMINAL PAIN	0.5000	2.38	Medical	1.0000	1.1500
251	3	ABDOMINAL PAIN	0.6513	3.16	Medical	1.0000	1.1500
251	4	ABDOMINAL PAIN	1.0520	4.98	Medical	1.0000	1.1500
252	1	MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	0.4567	2.70	Medical	1.0000	1.1500
252	2	MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	0.5516	3.11	Medical	1.0000	1.1500
252	3	MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	0.7941	4.39	Medical	1.0000	1.1500
252	4	MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	1.5341	7.68	Medical	1.0000	1.1500
253	1	OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	0.4592	2.27	Medical	1.0000	1.1500
253	2	OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	0.5837	2.89	Medical	1.0000	1.1500
253	3	OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	0.8400	4.06	Medical	1.0000	1.1500
253	4	OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	1.4022	5.78	Medical	1.0000	1.1500
254	1	OTHER DIGESTIVE SYSTEM DIAGNOSES	0.3984	2.10	Medical	1.0000	1.1500
254	2	OTHER DIGESTIVE SYSTEM DIAGNOSES	0.5479	2.84	Medical	1.0000	1.1500
254	3	OTHER DIGESTIVE SYSTEM DIAGNOSES	0.7928	4.10	Medical	1.0000	1.1500
254	4	OTHER DIGESTIVE SYSTEM DIAGNOSES	1.4157	6.52	Medical	1.0000	1.1500
260	1	MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	1.4648	4.30	Surgical	1.0000	1.1500
260	2	MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	1.8776	5.94	Surgical	1.0000	1.1500
260	3	MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2.6937	9.24	Surgical	1.0000	1.1500
260	4	MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	4.9047	16.17	Surgical	1.0000	1.1500
261	1	MAJOR BILIARY TRACT PROCEDURES	1.1628	3.80	Surgical	1.0000	1.1500
261	2	MAJOR BILIARY TRACT PROCEDURES	1.5778	5.69	Surgical	1.0000	1.1500
261	3	MAJOR BILIARY TRACT PROCEDURES	2.3346	9.37	Surgical	1.0000	1.1500
261	4	MAJOR BILIARY TRACT PROCEDURES	3.9253	15.02	Surgical	1.0000	1.1500
263	1	CHOLECYSTECTOMY	0.9062	2.36	Surgical	1.0000	1.1500
263	2	CHOLECYSTECTOMY	1.1480	3.55	Surgical	1.0000	1.1500
263	3	CHOLECYSTECTOMY	1.4851	5.52	Surgical	1.0000	1.1500
263	4	CHOLECYSTECTOMY	2.6300	9.93	Surgical	1.0000	1.1500
264	1	OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	1.1052	3.35	Surgical	1.0000	1.1500
264	2	OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	1.1772	3.97	Surgical	1.0000	1.1500
264	3	OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	1.7820	7.41	Surgical	1.0000	1.1500
264	4	OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	3.8576	13.81	Surgical	1.0000	1.1500

APR DRG	Severity of Illness (SOI) Level	DRG Description	Relative Weight	Geometric Mean Length of Stay (Trimmed)	Service Line Description	Preliminary Modeled Adult Policy Adjuster	Preliminary Modeled Pediatric Policy Adjuster (Age 20 and Under)
279	1	HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	0.3894	2.27	Medical	1.0000	1.1500
279	2	HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	0.5034	2.88	Medical	1.0000	1.1500
279	3	HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	0.7449	4.12	Medical	1.0000	1.1500
279	4	HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	1.5517	6.81	Medical	1.0000	1.1500
280	1	ALCOHOLIC LIVER DISEASE	0.4281	2.23	Medical	1.0000	1.1500
280	2	ALCOHOLIC LIVER DISEASE	0.5323	2.90	Medical	1.0000	1.1500
280	3	ALCOHOLIC LIVER DISEASE	0.7855	4.30	Medical	1.0000	1.1500
280	4	ALCOHOLIC LIVER DISEASE	1.5954	7.19	Medical	1.0000	1.1500
281	1	MALIGNANCY OF HEPATOBIILIARY SYSTEM & PANCREAS	0.5543	2.28	Medical	1.0000	1.1500
281	2	MALIGNANCY OF HEPATOBIILIARY SYSTEM & PANCREAS	0.6723	3.26	Medical	1.0000	1.1500
281	3	MALIGNANCY OF HEPATOBIILIARY SYSTEM & PANCREAS	0.8725	4.52	Medical	1.0000	1.1500
281	4	MALIGNANCY OF HEPATOBIILIARY SYSTEM & PANCREAS	1.3297	6.70	Medical	1.0000	1.1500
282	1	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	0.4336	2.45	Medical	1.0000	1.1500
282	2	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	0.5572	3.12	Medical	1.0000	1.1500
282	3	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	0.8512	4.69	Medical	1.0000	1.1500
282	4	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	1.8830	8.68	Medical	1.0000	1.1500
283	1	OTHER DISORDERS OF THE LIVER	0.4266	2.11	Medical	1.0000	1.1500
283	2	OTHER DISORDERS OF THE LIVER	0.5326	2.68	Medical	1.0000	1.1500
283	3	OTHER DISORDERS OF THE LIVER	0.7515	3.93	Medical	1.0000	1.1500
283	4	OTHER DISORDERS OF THE LIVER	1.3995	6.61	Medical	1.0000	1.1500
284	1	DISORDERS OF GALLBLADDER & BILIARY TRACT	0.5390	2.19	Medical	1.0000	1.1500
284	2	DISORDERS OF GALLBLADDER & BILIARY TRACT	0.6739	2.96	Medical	1.0000	1.1500
284	3	DISORDERS OF GALLBLADDER & BILIARY TRACT	0.9235	4.42	Medical	1.0000	1.1500
284	4	DISORDERS OF GALLBLADDER & BILIARY TRACT	1.6157	7.47	Medical	1.0000	1.1500
301	1	HIP JOINT REPLACEMENT	1.3478	2.54	Surgical	1.0000	1.1500
301	2	HIP JOINT REPLACEMENT	1.4553	2.57	Surgical	1.0000	1.1500
301	3	HIP JOINT REPLACEMENT	1.8768	4.31	Surgical	1.0000	1.1500
301	4	HIP JOINT REPLACEMENT	2.6756	8.61	Surgical	1.0000	1.1500
302	1	KNEE JOINT REPLACEMENT	1.3090	2.07	Surgical	1.0000	1.1500
302	2	KNEE JOINT REPLACEMENT	1.4121	2.49	Surgical	1.0000	1.1500
302	3	KNEE JOINT REPLACEMENT	1.8678	4.24	Surgical	1.0000	1.1500
302	4	KNEE JOINT REPLACEMENT	2.7682	7.78	Surgical	1.0000	1.1500
303	1	DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3.7279	3.62	Surgical	1.0000	1.1500
303	2	DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	4.3661	4.68	Surgical	1.0000	1.1500
303	3	DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	5.8994	7.03	Surgical	1.0000	1.1500
303	4	DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	7.7040	11.75	Surgical	1.0000	1.1500
304	1	DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	2.2721	2.44	Surgical	1.0000	1.1500
304	2	DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	2.6690	3.34	Surgical	1.0000	1.1500
304	3	DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3.8168	6.07	Surgical	1.0000	1.1500
304	4	DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	5.5231	11.54	Surgical	1.0000	1.1500
305	1	AMPUTATION OF LOWER LIMB EXCEPT TOES	0.8082	3.45	Surgical	1.0000	1.1500
305	2	AMPUTATION OF LOWER LIMB EXCEPT TOES	1.0945	5.45	Surgical	1.0000	1.1500
305	3	AMPUTATION OF LOWER LIMB EXCEPT TOES	1.7051	8.53	Surgical	1.0000	1.1500
305	4	AMPUTATION OF LOWER LIMB EXCEPT TOES	3.3137	14.44	Surgical	1.0000	1.1500
308	1	HIP & FEMUR FRACTURE REPAIR	1.0892	3.48	Surgical	1.0000	1.1500
308	2	HIP & FEMUR FRACTURE REPAIR	1.2966	4.44	Surgical	1.0000	1.1500
308	3	HIP & FEMUR FRACTURE REPAIR	1.6690	5.96	Surgical	1.0000	1.1500
308	4	HIP & FEMUR FRACTURE REPAIR	2.4262	8.60	Surgical	1.0000	1.1500
309	1	OTHER SIGNIFICANT HIP & FEMUR SURGERY	1.1305	2.21	Surgical	1.0000	1.1500
309	2	OTHER SIGNIFICANT HIP & FEMUR SURGERY	1.4811	3.60	Surgical	1.0000	1.1500
309	3	OTHER SIGNIFICANT HIP & FEMUR SURGERY	1.9620	5.95	Surgical	1.0000	1.1500
309	4	OTHER SIGNIFICANT HIP & FEMUR SURGERY	3.2792	11.36	Surgical	1.0000	1.1500
310	1	INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	0.8700	1.80	Surgical	1.0000	1.1500
310	2	INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	1.0823	2.72	Surgical	1.0000	1.1500
310	3	INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	1.4510	5.05	Surgical	1.0000	1.1500
310	4	INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	2.7605	10.20	Surgical	1.0000	1.1500
312	1	SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGN	0.9236	2.81	Surgical	1.0000	1.1500
312	2	SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGN	1.1851	5.25	Surgical	1.0000	1.1500
312	3	SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGN	1.9494	9.40	Surgical	1.0000	1.1500
312	4	SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGN	4.1121	17.75	Surgical	1.0000	1.1500
313	1	KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	1.0103	2.40	Surgical	1.0000	1.1500
313	2	KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	1.3085	3.25	Surgical	1.0000	1.1500
313	3	KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	1.8164	6.04	Surgical	1.0000	1.1500
313	4	KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	2.9583	10.61	Surgical	1.0000	1.1500
314	1	FOOT & TOE PROCEDURES	0.8926	2.10	Surgical	1.0000	1.1500
314	2	FOOT & TOE PROCEDURES	0.9358	4.14	Surgical	1.0000	1.1500
314	3	FOOT & TOE PROCEDURES	1.2706	6.03	Surgical	1.0000	1.1500
314	4	FOOT & TOE PROCEDURES	2.3803	10.47	Surgical	1.0000	1.1500
315	1	SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	0.6870	1.60	Surgical	1.0000	1.1500
315	2	SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	1.1280	2.67	Surgical	1.0000	1.1500
315	3	SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	1.6442	5.20	Surgical	1.0000	1.1500
315	4	SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	2.6747	9.14	Surgical	1.0000	1.1500
316	1	HAND & WRIST PROCEDURES	0.6782	2.03	Surgical	1.0000	1.1500
316	2	HAND & WRIST PROCEDURES	0.8935	3.35	Surgical	1.0000	1.1500
316	3	HAND & WRIST PROCEDURES	1.3162	5.54	Surgical	1.0000	1.1500
316	4	HAND & WRIST PROCEDURES	2.4457	9.73	Surgical	1.0000	1.1500
317	1	TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	0.7907	2.38	Surgical	1.0000	1.1500
317	2	TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	1.0211	4.10	Surgical	1.0000	1.1500
317	3	TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	1.5253	6.99	Surgical	1.0000	1.1500
317	4	TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	2.8588	11.93	Surgical	1.0000	1.1500
320	1	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	0.8477	1.91	Surgical	1.0000	1.1500
320	2	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	1.1577	3.18	Surgical	1.0000	1.1500
320	3	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	1.6670	6.07	Surgical	1.0000	1.1500
320	4	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	2.8403	10.62	Surgical	1.0000	1.1500
321	1	CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	1.3724	1.55	Surgical	1.0000	1.1500
321	2	CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	1.6516	2.69	Surgical	1.0000	1.1500
321	3	CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	2.3420	6.07	Surgical	1.0000	1.1500
321	4	CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3.8247	11.12	Surgical	1.0000	1.1500
322	1	SHOULDER & ELBOW JOINT REPLACEMENT	1.4924	1.42	Surgical	1.0000	1.1500
322	2	SHOULDER & ELBOW JOINT REPLACEMENT	1.6222	1.96	Surgical	1.0000	1.1500

APR DRG	Severity of Illness (SOI) Level	DRG Description	Relative Weight	Geometric Mean Length of Stay (Trimmed)	Service Line Description	Preliminary Modeled Adult Policy Adjuster	Preliminary Modeled Pediatric Policy Adjuster (Age 20 and Under)
322	3	SHOULDER & ELBOW JOINT REPLACEMENT	2.0482	3.85	Surgical	1.0000	1.1500
322	4	SHOULDER & ELBOW JOINT REPLACEMENT	2.8780	6.84	Surgical	1.0000	1.1500
340	1	FRACTURE OF FEMUR	0.3418	2.23	Medical	1.0000	1.1500
340	2	FRACTURE OF FEMUR	0.4232	2.64	Medical	1.0000	1.1500
340	3	FRACTURE OF FEMUR	0.6111	3.55	Medical	1.0000	1.1500
340	4	FRACTURE OF FEMUR	0.9917	4.55	Medical	1.0000	1.1500
341	1	FRACTURE OF PELVIS OR DISLOCATION OF HIP	0.3935	2.83	Medical	1.0000	1.1500
341	2	FRACTURE OF PELVIS OR DISLOCATION OF HIP	0.4733	3.16	Medical	1.0000	1.1500
341	3	FRACTURE OF PELVIS OR DISLOCATION OF HIP	0.6025	3.77	Medical	1.0000	1.1500
341	4	FRACTURE OF PELVIS OR DISLOCATION OF HIP	1.2220	6.56	Medical	1.0000	1.1500
342	1	FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	0.4022	2.26	Medical	1.0000	1.1500
342	2	FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	0.5165	3.00	Medical	1.0000	1.1500
342	3	FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	0.7135	4.01	Medical	1.0000	1.1500
342	4	FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	1.2692	6.28	Medical	1.0000	1.1500
343	1	MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	0.6097	2.63	Medical	1.0000	1.1500
343	2	MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	0.7172	3.63	Medical	1.0000	1.1500
343	3	MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	1.0454	5.49	Medical	1.0000	1.1500
343	4	MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	1.7192	8.76	Medical	1.0000	1.1500
344	1	OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	0.5313	3.04	Medical	1.0000	1.1500
344	2	OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	0.6704	4.04	Medical	1.0000	1.1500
344	3	OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	0.9324	5.66	Medical	1.0000	1.1500
344	4	OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	1.6162	8.89	Medical	1.0000	1.1500
346	1	CONNECTIVE TISSUE DISORDERS	0.5162	2.50	Medical	1.0000	1.1500
346	2	CONNECTIVE TISSUE DISORDERS	0.6836	3.33	Medical	1.0000	1.1500
346	3	CONNECTIVE TISSUE DISORDERS	1.0282	5.24	Medical	1.0000	1.1500
346	4	CONNECTIVE TISSUE DISORDERS	2.0992	8.94	Medical	1.0000	1.1500
347	1	OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	0.4818	2.62	Medical	1.0000	1.1500
347	2	OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	0.5837	3.16	Medical	1.0000	1.1500
347	3	OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	0.7702	4.01	Medical	1.0000	1.1500
347	4	OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	1.4545	6.88	Medical	1.0000	1.1500
349	1	MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	0.3833	2.06	Medical	1.0000	1.1500
349	2	MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	0.5374	3.20	Medical	1.0000	1.1500
349	3	MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	0.7844	4.65	Medical	1.0000	1.1500
349	4	MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	1.3555	6.53	Medical	1.0000	1.1500
351	1	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	0.3927	2.18	Medical	1.0000	1.1500
351	2	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	0.5054	2.95	Medical	1.0000	1.1500
351	3	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	0.7665	4.19	Medical	1.0000	1.1500
351	4	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	1.3933	6.86	Medical	1.0000	1.1500
361	1	SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	0.8599	2.77	Surgical	1.0000	1.1500
361	2	SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	0.9950	4.62	Surgical	1.0000	1.1500
361	3	SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	1.4858	7.57	Surgical	1.0000	1.1500
361	4	SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3.2501	14.80	Surgical	1.0000	1.1500
362	1	MASTECTOMY PROCEDURES	0.9170	1.51	Surgical	1.0000	1.1500
362	2	MASTECTOMY PROCEDURES	1.2223	1.85	Surgical	1.0000	1.1500
362	3	MASTECTOMY PROCEDURES	1.4455	3.94	Surgical	1.0000	1.1500
362	4	MASTECTOMY PROCEDURES	2.7810	8.48	Surgical	1.0000	1.1500
363	1	BREAST PROCEDURES EXCEPT MASTECTOMY	0.8851	1.78	Surgical	1.0000	1.1500
363	2	BREAST PROCEDURES EXCEPT MASTECTOMY	1.4193	2.83	Surgical	1.0000	1.1500
363	3	BREAST PROCEDURES EXCEPT MASTECTOMY	1.8184	4.08	Surgical	1.0000	1.1500
363	4	BREAST PROCEDURES EXCEPT MASTECTOMY	2.0668	7.57	Surgical	1.0000	1.1500
364	1	OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	0.6023	2.52	Surgical	1.0000	1.1500
364	2	OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	0.8458	4.09	Surgical	1.0000	1.1500
364	3	OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	1.3218	6.73	Surgical	1.0000	1.1500
364	4	OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	2.3964	11.14	Surgical	1.0000	1.1500
380	1	SKIN ULCERS	0.4393	3.00	Medical	1.0000	1.1500
380	2	SKIN ULCERS	0.5542	3.76	Medical	1.0000	1.1500
380	3	SKIN ULCERS	0.7639	5.05	Medical	1.0000	1.1500
380	4	SKIN ULCERS	1.4301	8.09	Medical	1.0000	1.1500
381	1	MAJOR SKIN DISORDERS	0.3328	2.33	Medical	1.0000	1.1500
381	2	MAJOR SKIN DISORDERS	0.5024	3.52	Medical	1.0000	1.1500
381	3	MAJOR SKIN DISORDERS	0.9304	5.49	Medical	1.0000	1.1500
381	4	MAJOR SKIN DISORDERS	2.0368	9.43	Medical	1.0000	1.1500
382	1	MALIGNANT BREAST DISORDERS	0.4943	2.43	Medical	1.0000	1.1500
382	2	MALIGNANT BREAST DISORDERS	0.5844	3.18	Medical	1.0000	1.1500
382	3	MALIGNANT BREAST DISORDERS	0.8539	4.67	Medical	1.0000	1.1500
382	4	MALIGNANT BREAST DISORDERS	1.2897	6.40	Medical	1.0000	1.1500
383	1	CELLULITIS & OTHER SKIN INFECTIONS	0.3527	2.34	Medical	1.0000	1.1500
383	2	CELLULITIS & OTHER SKIN INFECTIONS	0.4804	3.31	Medical	1.0000	1.1500
383	3	CELLULITIS & OTHER SKIN INFECTIONS	0.7059	4.60	Medical	1.0000	1.1500
383	4	CELLULITIS & OTHER SKIN INFECTIONS	1.3354	7.71	Medical	1.0000	1.1500
384	1	CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	0.4022	1.84	Medical - Trauma	1.1500	1.1500
384	2	CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	0.5257	2.63	Medical - Trauma	1.1500	1.1500
384	3	CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	0.7749	3.87	Medical - Trauma	1.1500	1.1500
384	4	CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	1.4281	6.07	Medical - Trauma	1.1500	1.1500
385	1	OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	0.3339	1.98	Medical	1.0000	1.1500
385	2	OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	0.4599	2.90	Medical	1.0000	1.1500
385	3	OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	0.6976	4.24	Medical	1.0000	1.1500
385	4	OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	1.3011	6.69	Medical	1.0000	1.1500
401	1	ADRENAL PROCEDURES	1.1331	2.33	Surgical	1.0000	1.1500
401	2	ADRENAL PROCEDURES	1.9595	5.45	Surgical	1.0000	1.1500
401	3	ADRENAL PROCEDURES	2.3191	6.64	Surgical	1.0000	1.1500
401	4	ADRENAL PROCEDURES	3.4232	9.11	Surgical	1.0000	1.1500
403	1	PROCEDURES FOR OBESITY	1.0184	1.58	Surgical	1.0000	1.1500
403	2	PROCEDURES FOR OBESITY	1.1555	1.92	Surgical	1.0000	1.1500
403	3	PROCEDURES FOR OBESITY	1.5875	3.44	Surgical	1.0000	1.1500
403	4	PROCEDURES FOR OBESITY	3.9417	11.04	Surgical	1.0000	1.1500
404	1	THYROID, PARATHYROID & THYROIDGLAND PROCEDURES	0.7457	1.33	Surgical	1.0000	1.1500
404	2	THYROID, PARATHYROID & THYROIDGLAND PROCEDURES	1.0949	2.31	Surgical	1.0000	1.1500
404	3	THYROID, PARATHYROID & THYROIDGLAND PROCEDURES	1.7341	5.16	Surgical	1.0000	1.1500
404	4	THYROID, PARATHYROID & THYROIDGLAND PROCEDURES	3.5087	12.14	Surgical	1.0000	1.1500

APR DRG	Severity of Illness (SOI) Level	DRG Description	Relative Weight	Geometric Mean Length of Stay (Trimmed)	Service Line Description	Preliminary Modeled Adult Policy Adjuster	Preliminary Modeled Pediatric Policy Adjuster (Age 20 and Under)
405	1	OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	1.0675	2.86	Surgical	1.0000	1.1500
405	2	OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	1.2955	4.30	Surgical	1.0000	1.1500
405	3	OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	1.8169	6.82	Surgical	1.0000	1.1500
405	4	OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	3.6498	14.44	Surgical	1.0000	1.1500
420	1	DIABETES	0.3613	2.13	Medical	1.0000	1.1500
420	2	DIABETES	0.4672	2.26	Medical	1.0000	1.1500
420	3	DIABETES	0.6593	3.45	Medical	1.0000	1.1500
420	4	DIABETES	1.3223	5.85	Medical	1.0000	1.1500
421	1	MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	0.3719	2.73	Medical	1.0000	1.1500
421	2	MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	0.5031	3.65	Medical	1.0000	1.1500
421	3	MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	0.7614	4.86	Medical	1.0000	1.1500
421	4	MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	1.4974	8.57	Medical	1.0000	1.1500
422	1	HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	0.3108	1.78	Medical	1.0000	1.1500
422	2	HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	0.4140	2.38	Medical	1.0000	1.1500
422	3	HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	0.5957	3.48	Medical	1.0000	1.1500
422	4	HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	1.0684	5.60	Medical	1.0000	1.1500
423	1	INBORN ERRORS OF METABOLISM	0.4985	2.14	Medical	1.0000	1.1500
423	2	INBORN ERRORS OF METABOLISM	0.6284	2.80	Medical	1.0000	1.1500
423	3	INBORN ERRORS OF METABOLISM	0.9400	4.20	Medical	1.0000	1.1500
423	4	INBORN ERRORS OF METABOLISM	2.9222	10.13	Medical	1.0000	1.1500
424	1	OTHER ENDOCRINE DISORDERS	0.4099	2.16	Medical	1.0000	1.1500
424	2	OTHER ENDOCRINE DISORDERS	0.5539	2.93	Medical	1.0000	1.1500
424	3	OTHER ENDOCRINE DISORDERS	0.8261	4.22	Medical	1.0000	1.1500
424	4	OTHER ENDOCRINE DISORDERS	1.5310	6.94	Medical	1.0000	1.1500
425	1	OTHER NON-HYPOVOLEMIC ELECTROLYTE DISORDERS	0.3654	1.95	Medical	1.0000	1.1500
425	2	OTHER NON-HYPOVOLEMIC ELECTROLYTE DISORDERS	0.4413	2.25	Medical	1.0000	1.1500
425	3	OTHER NON-HYPOVOLEMIC ELECTROLYTE DISORDERS	0.5965	2.86	Medical	1.0000	1.1500
425	4	OTHER NON-HYPOVOLEMIC ELECTROLYTE DISORDERS	1.1149	4.67	Medical	1.0000	1.1500
426	1	NON-HYPOVOLEMIC SODIUM DISORDERS	0.3791	2.31	Medical	1.0000	1.1500
426	2	NON-HYPOVOLEMIC SODIUM DISORDERS	0.4906	3.04	Medical	1.0000	1.1500
426	3	NON-HYPOVOLEMIC SODIUM DISORDERS	0.7073	4.41	Medical	1.0000	1.1500
426	4	NON-HYPOVOLEMIC SODIUM DISORDERS	1.2957	6.96	Medical	1.0000	1.1500
427	1	THYROID DISORDERS	0.3890	2.01	Medical	1.0000	1.1500
427	2	THYROID DISORDERS	0.5312	2.92	Medical	1.0000	1.1500
427	3	THYROID DISORDERS	0.7900	4.58	Medical	1.0000	1.1500
427	4	THYROID DISORDERS	1.4721	7.49	Medical	1.0000	1.1500
440	1	KIDNEY TRANSPLANT	3.7537	4.44	Surgical	1.0000	1.1500
440	2	KIDNEY TRANSPLANT	4.1698	4.88	Surgical	1.0000	1.1500
440	3	KIDNEY TRANSPLANT	4.9908	6.57	Surgical	1.0000	1.1500
440	4	KIDNEY TRANSPLANT	7.3457	12.52	Surgical	1.0000	1.1500
441	1	MAJOR BLADDER PROCEDURES	1.1940	3.37	Surgical	1.0000	1.1500
441	2	MAJOR BLADDER PROCEDURES	1.9017	5.81	Surgical	1.0000	1.1500
441	3	MAJOR BLADDER PROCEDURES	2.4383	8.05	Surgical	1.0000	1.1500
441	4	MAJOR BLADDER PROCEDURES	4.8114	16.57	Surgical	1.0000	1.1500
442	1	KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	1.1505	2.57	Surgical	1.0000	1.1500
442	2	KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	1.3408	3.35	Surgical	1.0000	1.1500
442	3	KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	1.9949	6.13	Surgical	1.0000	1.1500
442	4	KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	3.3698	10.31	Surgical	1.0000	1.1500
443	1	KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	0.9314	1.83	Surgical	1.0000	1.1500
443	2	KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	1.1221	2.84	Surgical	1.0000	1.1500
443	3	KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	1.6199	5.83	Surgical	1.0000	1.1500
443	4	KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	2.9789	11.20	Surgical	1.0000	1.1500
444	1	RENAL DIALYSIS ACCESS DEVICE PROCEDURES & VESSEL REPAIR	0.7990	2.01	Surgical	1.0000	1.1500
444	2	RENAL DIALYSIS ACCESS DEVICE PROCEDURES & VESSEL REPAIR	1.1173	3.77	Surgical	1.0000	1.1500
444	3	RENAL DIALYSIS ACCESS DEVICE PROCEDURES & VESSEL REPAIR	1.7284	7.48	Surgical	1.0000	1.1500
444	4	RENAL DIALYSIS ACCESS DEVICE PROCEDURES & VESSEL REPAIR	3.2827	13.84	Surgical	1.0000	1.1500
445	1	OTHER BLADDER PROCEDURES	0.7751	2.03	Surgical	1.0000	1.1500
445	2	OTHER BLADDER PROCEDURES	1.0030	3.13	Surgical	1.0000	1.1500
445	3	OTHER BLADDER PROCEDURES	1.3970	6.02	Surgical	1.0000	1.1500
445	4	OTHER BLADDER PROCEDURES	2.4964	10.92	Surgical	1.0000	1.1500
446	1	URETHRAL & TRANSURETHRAL PROCEDURES	0.6648	1.82	Surgical	1.0000	1.1500
446	2	URETHRAL & TRANSURETHRAL PROCEDURES	0.8353	2.83	Surgical	1.0000	1.1500
446	3	URETHRAL & TRANSURETHRAL PROCEDURES	1.3000	5.68	Surgical	1.0000	1.1500
446	4	URETHRAL & TRANSURETHRAL PROCEDURES	2.3007	10.09	Surgical	1.0000	1.1500
447	1	OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	1.0264	2.44	Surgical	1.0000	1.1500
447	2	OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	1.2098	3.77	Surgical	1.0000	1.1500
447	3	OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	1.6415	6.11	Surgical	1.0000	1.1500
447	4	OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	3.5032	13.37	Surgical	1.0000	1.1500
461	1	KIDNEY & URINARY TRACT MALIGNANCY	0.5592	2.06	Medical	1.0000	1.1500
461	2	KIDNEY & URINARY TRACT MALIGNANCY	0.6274	3.10	Medical	1.0000	1.1500
461	3	KIDNEY & URINARY TRACT MALIGNANCY	0.9218	5.07	Medical	1.0000	1.1500
461	4	KIDNEY & URINARY TRACT MALIGNANCY	1.4572	7.34	Medical	1.0000	1.1500
462	1	NEPHRITIS & NEPHROSIS	0.3689	2.08	Medical	1.0000	1.1500
462	2	NEPHRITIS & NEPHROSIS	0.5056	2.97	Medical	1.0000	1.1500
462	3	NEPHRITIS & NEPHROSIS	0.9666	5.47	Medical	1.0000	1.1500
462	4	NEPHRITIS & NEPHROSIS	2.7776	13.78	Medical	1.0000	1.1500
463	1	KIDNEY & URINARY TRACT INFECTIONS	0.3853	2.38	Medical	1.0000	1.1500
463	2	KIDNEY & URINARY TRACT INFECTIONS	0.4774	2.99	Medical	1.0000	1.1500
463	3	KIDNEY & URINARY TRACT INFECTIONS	0.6353	4.03	Medical	1.0000	1.1500
463	4	KIDNEY & URINARY TRACT INFECTIONS	1.0535	6.05	Medical	1.0000	1.1500
465	1	URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	0.4364	1.64	Medical	1.0000	1.1500
465	2	URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	0.5261	1.97	Medical	1.0000	1.1500
465	3	URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	0.8474	3.86	Medical	1.0000	1.1500
465	4	URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	1.4820	6.50	Medical	1.0000	1.1500
466	1	MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	0.3548	2.05	Medical	1.0000	1.1500
466	2	MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	0.4999	3.09	Medical	1.0000	1.1500
466	3	MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	0.7205	4.20	Medical	1.0000	1.1500
466	4	MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	1.1897	6.37	Medical	1.0000	1.1500
468	1	OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	0.3814	2.15	Medical	1.0000	1.1500
468	2	OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	0.5100	2.77	Medical	1.0000	1.1500

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468	3	OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	0.7337	4.07	Medical	1.0000	1.1500
468	4	OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	1.3108	6.53	Medical	1.0000	1.1500
469	1	ACUTE KIDNEY INJURY	0.3872	2.28	Medical	1.0000	1.1500
469	2	ACUTE KIDNEY INJURY	0.4971	3.04	Medical	1.0000	1.1500
469	3	ACUTE KIDNEY INJURY	0.7558	4.64	Medical	1.0000	1.1500
469	4	ACUTE KIDNEY INJURY	1.3838	7.05	Medical	1.0000	1.1500
470	1	CHRONIC KIDNEY DISEASE	0.3925	1.95	Medical	1.0000	1.1500
470	2	CHRONIC KIDNEY DISEASE	0.4776	2.42	Medical	1.0000	1.1500
470	3	CHRONIC KIDNEY DISEASE	0.6842	3.43	Medical	1.0000	1.1500
470	4	CHRONIC KIDNEY DISEASE	1.1669	5.45	Medical	1.0000	1.1500
480	1	MAJOR MALE PELVIC PROCEDURES	1.0072	1.44	Surgical	1.0000	1.1500
480	2	MAJOR MALE PELVIC PROCEDURES	1.1607	1.76	Surgical	1.0000	1.1500
480	3	MAJOR MALE PELVIC PROCEDURES	1.8072	4.93	Surgical	1.0000	1.1500
480	4	MAJOR MALE PELVIC PROCEDURES	3.2006	10.24	Surgical	1.0000	1.1500
482	1	TRANSURETHRAL PROSTATECTOMY	0.5911	1.70	Surgical	1.0000	1.1500
482	2	TRANSURETHRAL PROSTATECTOMY	0.7140	2.35	Surgical	1.0000	1.1500
482	3	TRANSURETHRAL PROSTATECTOMY	1.2815	5.56	Surgical	1.0000	1.1500
482	4	TRANSURETHRAL PROSTATECTOMY	2.2469	9.40	Surgical	1.0000	1.1500
483	1	PENIS, TESTES & SCROTAL PROCEDURES	0.7756	1.59	Surgical	1.0000	1.1500
483	2	PENIS, TESTES & SCROTAL PROCEDURES	0.9860	2.98	Surgical	1.0000	1.1500
483	3	PENIS, TESTES & SCROTAL PROCEDURES	1.3330	5.21	Surgical	1.0000	1.1500
483	4	PENIS, TESTES & SCROTAL PROCEDURES	2.7238	9.88	Surgical	1.0000	1.1500
484	1	OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	0.8845	1.23	Surgical	1.0000	1.1500
484	2	OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	1.1053	1.37	Surgical	1.0000	1.1500
484	3	OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	1.3026	2.34	Surgical	1.0000	1.1500
484	4	OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	3.0314	10.10	Surgical	1.0000	1.1500
500	1	MALIGNANCY, MALE REPRODUCTIVE SYSTEM	0.4421	1.93	Medical	1.0000	1.1500
500	2	MALIGNANCY, MALE REPRODUCTIVE SYSTEM	0.5562	3.09	Medical	1.0000	1.1500
500	3	MALIGNANCY, MALE REPRODUCTIVE SYSTEM	0.8041	4.59	Medical	1.0000	1.1500
500	4	MALIGNANCY, MALE REPRODUCTIVE SYSTEM	1.2413	6.73	Medical	1.0000	1.1500
501	1	MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	0.3730	2.23	Medical	1.0000	1.1500
501	2	MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	0.4761	2.83	Medical	1.0000	1.1500
501	3	MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	0.7109	4.23	Medical	1.0000	1.1500
501	4	MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	1.4758	7.60	Medical	1.0000	1.1500
510	1	PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	1.0230	1.92	Surgical	1.0000	1.1500
510	2	PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	1.2976	2.91	Surgical	1.0000	1.1500
510	3	PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	2.0338	6.37	Surgical	1.0000	1.1500
510	4	PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	3.3582	11.09	Surgical	1.0000	1.1500
511	1	UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	1.1033	3.11	Surgical	1.0000	1.1500
511	2	UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	1.3376	4.37	Surgical	1.0000	1.1500
511	3	UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	1.9879	7.40	Surgical	1.0000	1.1500
511	4	UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	3.8515	13.79	Surgical	1.0000	1.1500
512	1	UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	0.9647	1.83	Surgical	1.0000	1.1500
512	2	UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	1.1520	2.59	Surgical	1.0000	1.1500
512	3	UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	1.7697	5.46	Surgical	1.0000	1.1500
512	4	UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	3.1321	10.19	Surgical	1.0000	1.1500
513	1	UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	0.7745	1.71	Surgical	1.0000	1.1500
513	2	UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	0.9421	2.32	Surgical	1.0000	1.1500
513	3	UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	1.4365	4.40	Surgical	1.0000	1.1500
513	4	UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	2.6444	8.78	Surgical	1.0000	1.1500
514	1	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	0.6265	1.33	Surgical	1.0000	1.1500
514	2	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	0.9192	1.69	Surgical	1.0000	1.1500
514	3	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	1.6800	4.53	Surgical	1.0000	1.1500
514	4	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	2.9449	10.06	Surgical	1.0000	1.1500
517	1	DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	0.5914	2.02	Surgical	1.0000	1.1500
517	2	DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	0.7542	3.02	Surgical	1.0000	1.1500
517	3	DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	1.1487	5.35	Surgical	1.0000	1.1500
517	4	DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	2.4499	9.99	Surgical	1.0000	1.1500
518	1	OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	0.6116	1.78	Surgical	1.0000	1.1500
518	2	OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	0.9074	3.19	Surgical	1.0000	1.1500
518	3	OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	1.5566	6.36	Surgical	1.0000	1.1500
518	4	OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	3.0177	11.25	Surgical	1.0000	1.1500
519	1	UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	0.7364	1.91	Surgical	1.0000	1.1500
519	2	UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	0.9319	2.50	Surgical	1.0000	1.1500
519	3	UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	1.5439	4.51	Surgical	1.0000	1.1500
519	4	UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	2.9209	9.07	Surgical	1.0000	1.1500
530	1	FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	0.4574	2.24	Medical	1.0000	1.1500
530	2	FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	0.5743	3.06	Medical	1.0000	1.1500
530	3	FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	0.8281	4.59	Medical	1.0000	1.1500
530	4	FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	1.3276	6.85	Medical	1.0000	1.1500
531	1	FEMALE REPRODUCTIVE SYSTEM INFECTIONS	0.3977	2.18	Medical	1.0000	1.1500
531	2	FEMALE REPRODUCTIVE SYSTEM INFECTIONS	0.5107	2.92	Medical	1.0000	1.1500
531	3	FEMALE REPRODUCTIVE SYSTEM INFECTIONS	0.8485	4.80	Medical	1.0000	1.1500
531	4	FEMALE REPRODUCTIVE SYSTEM INFECTIONS	1.4130	7.30	Medical	1.0000	1.1500
532	1	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	0.3693	1.66	Medical	1.0000	1.1500
532	2	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	0.4451	2.10	Medical	1.0000	1.1500
532	3	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	0.6694	3.34	Medical	1.0000	1.1500
532	4	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	1.4363	6.00	Medical	1.0000	1.1500
539	1	CESAREAN SECTION W/ STERILIZATION	0.5784	2.65	Mat Csect Delivery	1.1500	1.1500
539	2	CESAREAN SECTION W/ STERILIZATION	0.6476	3.03	Mat Csect Delivery	1.1500	1.1500
539	3	CESAREAN SECTION W/ STERILIZATION	0.9086	4.34	Mat Csect Delivery	1.1500	1.1500
539	4	CESAREAN SECTION W/ STERILIZATION	1.7406	6.69	Mat Csect Delivery	1.1500	1.1500
540	1	CESAREAN SECTION W/O STERILIZATION	0.5665	2.84	Mat Csect Delivery	1.1500	1.1500
540	2	CESAREAN SECTION W/O STERILIZATION	0.6764	3.35	Mat Csect Delivery	1.1500	1.1500
540	3	CESAREAN SECTION W/O STERILIZATION	0.8547	4.30	Mat Csect Delivery	1.1500	1.1500
540	4	CESAREAN SECTION W/O STERILIZATION	1.3743	6.01	Mat Csect Delivery	1.1500	1.1500
541	1	VAGINAL DELIVERY W/ STERILIZATION &/OR D&C	0.5569	1.94	Mat Norm Delivery	1.1500	1.1500
541	2	VAGINAL DELIVERY W/ STERILIZATION &/OR D&C	0.5684	2.15	Mat Norm Delivery	1.1500	1.1500
541	3	VAGINAL DELIVERY W/ STERILIZATION &/OR D&C	0.6951	2.79	Mat Norm Delivery	1.1500	1.1500
541	4	VAGINAL DELIVERY W/ STERILIZATION &/OR D&C	1.2066	4.77	Mat Norm Delivery	1.1500	1.1500

APR DRG	Severity of Illness (SOI) Level	DRG Description	Relative Weight	Geometric Mean Length of Stay (Trimmed)	Service Line Description	Preliminary Modeled Adult Policy Adjuster	Preliminary Modeled Pediatric Policy Adjuster (Age 20 and Under)
542	1	VAGINAL DELIVERY W O.R. PROCEDURE EXCEPT STERILIZATION &/OR D&C	0.4006	2.07	Mat Norm Delivery	1.1500	1.1500
542	2	VAGINAL DELIVERY W O.R. PROCEDURE EXCEPT STERILIZATION &/OR D&C	0.4698	2.27	Mat Norm Delivery	1.1500	1.1500
542	3	VAGINAL DELIVERY W O.R. PROCEDURE EXCEPT STERILIZATION &/OR D&C	0.6398	2.83	Mat Norm Delivery	1.1500	1.1500
542	4	VAGINAL DELIVERY W O.R. PROCEDURE EXCEPT STERILIZATION &/OR D&C	1.4916	4.56	Mat Norm Delivery	1.1500	1.1500
543	1	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	0.4235	1.20	Maternity Non-Delivery	1.0000	1.1500
543	2	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	0.5183	1.48	Maternity Non-Delivery	1.0000	1.1500
543	3	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	0.7072	2.29	Maternity Non-Delivery	1.0000	1.1500
543	4	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	1.9940	6.73	Maternity Non-Delivery	1.0000	1.1500
547	1	ANTEPARTUM W O.R. PROCEDURE	0.4832	2.05	Maternity Non-Delivery	1.0000	1.1500
547	2	ANTEPARTUM W O.R. PROCEDURE	0.6284	2.21	Maternity Non-Delivery	1.0000	1.1500
547	3	ANTEPARTUM W O.R. PROCEDURE	0.9119	3.39	Maternity Non-Delivery	1.0000	1.1500
547	4	ANTEPARTUM W O.R. PROCEDURE	2.2274	7.01	Maternity Non-Delivery	1.0000	1.1500
548	1	POSTPARTUM & POST ABORTION DIAGNOSIS W O.R. PROCEDURE	0.3641	1.94	Maternity Non-Delivery	1.0000	1.1500
548	2	POSTPARTUM & POST ABORTION DIAGNOSIS W O.R. PROCEDURE	0.5589	2.32	Maternity Non-Delivery	1.0000	1.1500
548	3	POSTPARTUM & POST ABORTION DIAGNOSIS W O.R. PROCEDURE	1.0356	3.74	Maternity Non-Delivery	1.0000	1.1500
548	4	POSTPARTUM & POST ABORTION DIAGNOSIS W O.R. PROCEDURE	2.3149	7.18	Maternity Non-Delivery	1.0000	1.1500
560	1	VAGINAL DELIVERY	0.3806	1.90	Mat Norm Delivery	1.1500	1.1500
560	2	VAGINAL DELIVERY	0.4324	2.06	Mat Norm Delivery	1.1500	1.1500
560	3	VAGINAL DELIVERY	0.5332	2.51	Mat Norm Delivery	1.1500	1.1500
560	4	VAGINAL DELIVERY	0.6994	3.22	Mat Norm Delivery	1.1500	1.1500
561	1	POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	0.2887	1.83	Maternity Non-Delivery	1.0000	1.1500
561	2	POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	0.3530	2.07	Maternity Non-Delivery	1.0000	1.1500
561	3	POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	0.5056	2.72	Maternity Non-Delivery	1.0000	1.1500
561	4	POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	1.0883	4.39	Maternity Non-Delivery	1.0000	1.1500
564	1	ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	0.3062	1.18	Maternity Non-Delivery	1.0000	1.1500
564	2	ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	0.3650	1.36	Maternity Non-Delivery	1.0000	1.1500
564	3	ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	0.4513	1.74	Maternity Non-Delivery	1.0000	1.1500
564	4	ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	0.8729	3.51	Maternity Non-Delivery	1.0000	1.1500
566	1	ANTEPARTUM W/O O.R. PROCEDURE	0.2738	1.74	Maternity Non-Delivery	1.0000	1.1500
566	2	ANTEPARTUM W/O O.R. PROCEDURE	0.3261	2.05	Maternity Non-Delivery	1.0000	1.1500
566	3	ANTEPARTUM W/O O.R. PROCEDURE	0.4496	3.02	Maternity Non-Delivery	1.0000	1.1500
566	4	ANTEPARTUM W/O O.R. PROCEDURE	0.9564	4.41	Maternity Non-Delivery	1.0000	1.1500
580	1	NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	0.2518	1.31	Other Newborn	N/A	1.5500
580	2	NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	0.3606	1.52	Other Newborn	N/A	1.5500
580	3	NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	0.5688	1.64	Other Newborn	N/A	1.5500
580	4	NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	0.9912	1.70	Other Newborn	N/A	1.5500
581	1	NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	0.1464	1.25	Other Newborn	N/A	1.5500
581	2	NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	0.1750	1.28	Other Newborn	N/A	1.5500
581	3	NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	0.2885	1.30	Other Newborn	N/A	1.5500
581	4	NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	0.4454	1.30	Other Newborn	N/A	1.5500
583	1	NEONATE W ECMO	8.5264	22.30	Other Newborn	N/A	1.5500
583	2	NEONATE W ECMO	13.4638	22.30	Other Newborn	N/A	1.5500
583	3	NEONATE W ECMO	14.1748	40.14	Other Newborn	N/A	1.5500
583	4	NEONATE W ECMO	23.2662	44.15	Other Newborn	N/A	1.5500
588	1	NEONATE BWT <1500G W MAJOR PROCEDURE	5.6840	33.27	Other Newborn	N/A	1.5500
588	2	NEONATE BWT <1500G W MAJOR PROCEDURE	8.2231	36.97	Other Newborn	N/A	1.5500
588	3	NEONATE BWT <1500G W MAJOR PROCEDURE	12.5282	53.39	Other Newborn	N/A	1.5500
588	4	NEONATE BWT <1500G W MAJOR PROCEDURE	19.5312	71.97	Other Newborn	N/A	1.5500
589	1	NEONATE BWT < 500G, OR BWT 500-999G & GESTATIONAL AGE <24 WKS, OR BWT 500-	12.8114	22.94	Other Newborn	N/A	1.5500
589	2	NEONATE BWT < 500G, OR BWT 500-999G & GESTATIONAL AGE <24 WKS, OR BWT 500-	12.2013	15.26	Other Newborn	N/A	1.5500
589	3	NEONATE BWT < 500G, OR BWT 500-999G & GESTATIONAL AGE <24 WKS, OR BWT 500-	11.6203	13.87	Other Newborn	N/A	1.5500
589	4	NEONATE BWT < 500G, OR BWT 500-999G & GESTATIONAL AGE <24 WKS, OR BWT 500-	0.2269	1.61	Other Newborn	N/A	1.5500
591	1	NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	0.1897	1.59	Other Newborn	N/A	1.5500
591	2	NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	13.5740	65.21	Other Newborn	N/A	1.5500
591	3	NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	15.4587	74.14	Other Newborn	N/A	1.5500
591	4	NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	19.6107	82.98	Other Newborn	N/A	1.5500
593	1	NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	0.5467	4.70	Other Newborn	N/A	1.5500
593	2	NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	10.6871	59.52	Other Newborn	N/A	1.5500
593	3	NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	12.3944	66.72	Other Newborn	N/A	1.5500
593	4	NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	16.9042	78.81	Other Newborn	N/A	1.5500
602	1	NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	3.4567	13.88	Other Newborn	N/A	1.5500
602	2	NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	7.6722	45.48	Other Newborn	N/A	1.5500
602	3	NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	9.8214	55.29	Other Newborn	N/A	1.5500
602	4	NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	13.6826	65.94	Other Newborn	N/A	1.5500
603	1	NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	1.8068	13.62	Other Newborn	N/A	1.5500
603	2	NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	5.6640	36.46	Other Newborn	N/A	1.5500
603	3	NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	8.8289	53.02	Other Newborn	N/A	1.5500
603	4	NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	11.3536	58.75	Other Newborn	N/A	1.5500
607	1	NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	4.0488	24.37	Other Newborn	N/A	1.5500
607	2	NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	5.5091	34.64	Other Newborn	N/A	1.5500
607	3	NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	7.1636	42.54	Other Newborn	N/A	1.5500
607	4	NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	10.6518	51.68	Other Newborn	N/A	1.5500
608	1	NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	2.2577	15.72	Other Newborn	N/A	1.5500
608	2	NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	4.0447	27.04	Other Newborn	N/A	1.5500
608	3	NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	5.8233	36.25	Other Newborn	N/A	1.5500
608	4	NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	9.9448	52.44	Other Newborn	N/A	1.5500
609	1	NEONATE BWT 1500-2499G W MAJOR PROCEDURE	1.3610	7.38	Other Newborn	N/A	1.5500
609	2	NEONATE BWT 1500-2499G W MAJOR PROCEDURE	4.3580	17.01	Other Newborn	N/A	1.5500
609	3	NEONATE BWT 1500-2499G W MAJOR PROCEDURE	7.1765	30.00	Other Newborn	N/A	1.5500
609	4	NEONATE BWT 1500-2499G W MAJOR PROCEDURE	15.4683	56.29	Other Newborn	N/A	1.5500
611	1	NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	1.4657	10.52	Other Newborn	N/A	1.5500
611	2	NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	3.0059	18.66	Other Newborn	N/A	1.5500
611	3	NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	5.0754	28.67	Other Newborn	N/A	1.5500
611	4	NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	8.4391	32.43	Other Newborn	N/A	1.5500
612	1	NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	2.5889	16.92	Other Newborn	N/A	1.5500
612	2	NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	3.6486	23.35	Other Newborn	N/A	1.5500
612	3	NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	4.9648	29.78	Other Newborn	N/A	1.5500
612	4	NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	7.1653	35.60	Other Newborn	N/A	1.5500
613	1	NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	1.9183	13.39	Other Newborn	N/A	1.5500
613	2	NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	3.1206	19.98	Other Newborn	N/A	1.5500

APR DRG	Severity of Illness (SOI) Level	DRG Description	Relative Weight	Geometric Mean Length of Stay (Trimmed)	Service Line Description	Preliminary Modeled Adult Policy Adjuster	Preliminary Modeled Pediatric Policy Adjuster (Age 20 and Under)
613	3	NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	4.8349	28.80	Other Newborn	N/A	1.5500
613	4	NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	5.6110	28.80	Other Newborn	N/A	1.5500
614	1	NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	1.2437	9.74	Other Newborn	N/A	1.5500
614	2	NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	2.4161	16.72	Other Newborn	N/A	1.5500
614	3	NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	4.1511	26.43	Other Newborn	N/A	1.5500
614	4	NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6.7335	35.73	Other Newborn	N/A	1.5500
621	1	NEONATE BWT 2000-2499G W MAJOR ANOMALY	0.6805	5.30	Other Newborn	N/A	1.5500
621	2	NEONATE BWT 2000-2499G W MAJOR ANOMALY	1.8717	11.14	Other Newborn	N/A	1.5500
621	3	NEONATE BWT 2000-2499G W MAJOR ANOMALY	3.7283	19.23	Other Newborn	N/A	1.5500
621	4	NEONATE BWT 2000-2499G W MAJOR ANOMALY	6.9958	26.17	Other Newborn	N/A	1.5500
622	1	NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	1.6543	10.42	Other Newborn	N/A	1.5500
622	2	NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	2.2316	13.82	Other Newborn	N/A	1.5500
622	3	NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	2.8295	15.76	Other Newborn	N/A	1.5500
622	4	NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	4.8432	18.55	Other Newborn	N/A	1.5500
623	1	NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	1.1380	7.63	Other Newborn	N/A	1.5500
623	2	NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	1.6351	11.17	Other Newborn	N/A	1.5500
623	3	NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	2.8316	16.34	Other Newborn	N/A	1.5500
623	4	NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	3.4019	27.00	Other Newborn	N/A	1.5500
625	1	NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	1.1965	8.95	Other Newborn	N/A	1.5500
625	2	NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	1.8285	12.64	Other Newborn	N/A	1.5500
625	3	NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	2.6727	16.04	Other Newborn	N/A	1.5500
625	4	NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	2.9506	17.64	Other Newborn	N/A	1.5500
626	1	NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	0.1629	2.50	Well Newborn - Normal Delivery	N/A	1.1500
626	2	NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	0.2203	2.90	Well Newborn - Normal Delivery	N/A	1.1500
626	3	NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	0.5917	5.34	Well Newborn - Normal Delivery	N/A	1.1500
626	4	NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	2.8636	18.07	Well Newborn - Normal Delivery	N/A	1.1500
630	1	NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	2.4025	5.89	Other Newborn	N/A	1.5500
630	2	NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	4.3189	11.32	Other Newborn	N/A	1.5500
630	3	NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	7.2915	17.89	Other Newborn	N/A	1.5500
630	4	NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	12.6722	30.93	Other Newborn	N/A	1.5500
631	1	NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	1.3909	4.88	Other Newborn	N/A	1.5500
631	2	NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	3.0487	11.94	Other Newborn	N/A	1.5500
631	3	NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	5.1452	21.51	Other Newborn	N/A	1.5500
631	4	NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	11.0102	41.90	Other Newborn	N/A	1.5500
633	1	NEONATE BIRTHWT >2499G W MAJOR ANOMALY	0.3003	2.73	Other Newborn	N/A	1.5500
633	2	NEONATE BIRTHWT >2499G W MAJOR ANOMALY	0.9595	5.59	Other Newborn	N/A	1.5500
633	3	NEONATE BIRTHWT >2499G W MAJOR ANOMALY	2.4090	11.28	Other Newborn	N/A	1.5500
633	4	NEONATE BIRTHWT >2499G W MAJOR ANOMALY	5.2604	16.57	Other Newborn	N/A	1.5500
634	1	NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	0.6637	4.21	Other Newborn	N/A	1.5500
634	2	NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	1.2484	6.99	Other Newborn	N/A	1.5500
634	3	NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	1.6845	8.15	Other Newborn	N/A	1.5500
634	4	NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	4.2590	14.38	Other Newborn	N/A	1.5500
636	1	NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	0.6257	4.35	Other Newborn	N/A	1.5500
636	2	NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	0.9466	5.81	Other Newborn	N/A	1.5500
636	3	NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	1.9157	10.29	Other Newborn	N/A	1.5500
636	4	NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	2.8662	14.69	Other Newborn	N/A	1.5500
639	1	NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	0.5072	4.11	Other Newborn	N/A	1.5500
639	2	NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	1.0036	6.59	Other Newborn	N/A	1.5500
639	3	NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	1.5943	8.33	Other Newborn	N/A	1.5500
639	4	NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	2.6447	10.51	Other Newborn	N/A	1.5500
640	1	NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	0.1167	1.95	Well Newborn - Normal Delivery	N/A	1.1500
640	2	NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	0.1599	2.21	Well Newborn - Normal Delivery	N/A	1.1500
640	3	NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	0.3095	2.91	Well Newborn - Normal Delivery	N/A	1.1500
640	4	NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	2.6271	13.54	Well Newborn - Normal Delivery	N/A	1.1500
650	1	SPLENECTOMY	1.0748	2.47	Surgical	1.0000	1.1500
650	2	SPLENECTOMY	1.4785	4.00	Surgical	1.0000	1.1500
650	3	SPLENECTOMY	2.2667	7.04	Surgical	1.0000	1.1500
650	4	SPLENECTOMY	3.3369	9.12	Surgical	1.0000	1.1500
651	1	OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	0.8553	2.77	Surgical	1.0000	1.1500
651	2	OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	1.1879	3.50	Surgical	1.0000	1.1500
651	3	OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	1.8187	7.26	Surgical	1.0000	1.1500
651	4	OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	4.2335	15.13	Surgical	1.0000	1.1500
660	1	MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	0.5043	2.44	Medical	1.0000	1.1500
660	2	MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	0.6304	3.21	Medical	1.0000	1.1500
660	3	MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	1.0092	4.93	Medical	1.0000	1.1500
660	4	MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	2.2237	9.21	Medical	1.0000	1.1500
661	1	COAGULATION & PLATELET DISORDERS	0.5352	1.98	Medical	1.0000	1.1500
661	2	COAGULATION & PLATELET DISORDERS	0.7384	2.87	Medical	1.0000	1.1500
661	3	COAGULATION & PLATELET DISORDERS	1.1278	4.00	Medical	1.0000	1.1500
661	4	COAGULATION & PLATELET DISORDERS	2.0159	7.43	Medical	1.0000	1.1500
662	1	SICKLE CELL ANEMIA CRISIS	0.4369	2.80	Medical	1.0000	1.1500
662	2	SICKLE CELL ANEMIA CRISIS	0.5865	3.62	Medical	1.0000	1.1500
662	3	SICKLE CELL ANEMIA CRISIS	0.8371	5.01	Medical	1.0000	1.1500
662	4	SICKLE CELL ANEMIA CRISIS	1.7301	7.93	Medical	1.0000	1.1500
663	1	OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	0.4217	2.03	Medical	1.0000	1.1500
663	2	OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	0.5453	2.61	Medical	1.0000	1.1500
663	3	OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	0.7547	3.66	Medical	1.0000	1.1500
663	4	OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	1.2399	5.67	Medical	1.0000	1.1500
680	1	MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	1.2568	3.16	Surgical	1.0000	1.1500
680	2	MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	1.7255	5.08	Surgical	1.0000	1.1500
680	3	MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	2.6989	9.40	Surgical	1.0000	1.1500
680	4	MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	5.0122	17.64	Surgical	1.0000	1.1500
681	1	OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	0.9416	2.10	Surgical	1.0000	1.1500
681	2	OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	1.2477	3.97	Surgical	1.0000	1.1500
681	3	OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	2.1644	8.65	Surgical	1.0000	1.1500
681	4	OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	4.3539	16.56	Surgical	1.0000	1.1500
690	1	ACUTE LEUKEMIA	0.8531	3.20	Medical	1.0000	1.1500
690	2	ACUTE LEUKEMIA	1.3295	5.01	Medical	1.0000	1.1500
690	3	ACUTE LEUKEMIA	2.3302	9.37	Medical	1.0000	1.1500
690	4	ACUTE LEUKEMIA	3.9977	14.65	Medical	1.0000	1.1500

APR DRG	Severity of Illness (SOI) Level	DRG Description	Relative Weight	Geometric Mean Length of Stay (Trimmed)	Service Line Description	Preliminary Modeled Adult Policy Adjuster	Preliminary Modeled Pediatric Policy Adjuster (Age 20 and Under)
691	1	LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	0.7449	2.93	Medical	1.0000	1.1500
691	2	LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	0.8553	3.91	Medical	1.0000	1.1500
691	3	LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	1.3348	6.36	Medical	1.0000	1.1500
691	4	LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	2.5130	10.53	Medical	1.0000	1.1500
692	1	RADIO THERAPY	0.6085	2.72	Medical	1.0000	1.1500
692	2	RADIO THERAPY	1.0425	4.29	Medical	1.0000	1.1500
692	3	RADIO THERAPY	1.5212	6.08	Medical	1.0000	1.1500
692	4	RADIO THERAPY	3.0000	12.92	Medical	1.0000	1.1500
694	1	LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	0.5055	2.23	Medical	1.0000	1.1500
694	2	LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	0.6114	3.04	Medical	1.0000	1.1500
694	3	LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	0.8994	4.73	Medical	1.0000	1.1500
694	4	LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	1.5500	7.26	Medical	1.0000	1.1500
695	1	CHEMOTHERAPY FOR ACUTE LEUKEMIA	0.5992	2.90	Medical	1.0000	1.1500
695	2	CHEMOTHERAPY FOR ACUTE LEUKEMIA	0.6899	3.22	Medical	1.0000	1.1500
695	3	CHEMOTHERAPY FOR ACUTE LEUKEMIA	1.4499	6.58	Medical	1.0000	1.1500
695	4	CHEMOTHERAPY FOR ACUTE LEUKEMIA	4.2753	18.48	Medical	1.0000	1.1500
696	1	OTHER CHEMOTHERAPY	0.5748	2.35	Medical	1.0000	1.1500
696	2	OTHER CHEMOTHERAPY	0.7574	3.07	Medical	1.0000	1.1500
696	3	OTHER CHEMOTHERAPY	1.1141	4.20	Medical	1.0000	1.1500
696	4	OTHER CHEMOTHERAPY	2.1578	8.09	Medical	1.0000	1.1500
710	1	INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	0.8806	3.52	Surgical	1.0000	1.1500
710	2	INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	1.2997	5.42	Surgical	1.0000	1.1500
710	3	INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	2.0022	8.81	Surgical	1.0000	1.1500
710	4	INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	3.5691	12.54	Surgical	1.0000	1.1500
711	1	POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	0.8425	3.43	Surgical	1.0000	1.1500
711	2	POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	1.0896	4.90	Surgical	1.0000	1.1500
711	3	POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	1.8277	8.30	Surgical	1.0000	1.1500
711	4	POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	3.4241	13.66	Surgical	1.0000	1.1500
720	1	SEPTICEMIA & DISSEMINATED INFECTIONS	0.4707	2.72	Medical	1.0000	1.1500
720	2	SEPTICEMIA & DISSEMINATED INFECTIONS	0.6041	3.47	Medical	1.0000	1.1500
720	3	SEPTICEMIA & DISSEMINATED INFECTIONS	0.8837	4.74	Medical	1.0000	1.1500
720	4	SEPTICEMIA & DISSEMINATED INFECTIONS	1.4799	6.12	Medical	1.0000	1.1500
721	1	POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	0.4425	2.82	Medical	1.0000	1.1500
721	2	POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	0.5974	3.58	Medical	1.0000	1.1500
721	3	POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	0.9507	5.26	Medical	1.0000	1.1500
721	4	POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	1.7406	8.37	Medical	1.0000	1.1500
722	1	FEVER & INFLAMMATORY CONDITIONS	0.3315	1.89	Medical	1.0000	1.1500
722	2	FEVER & INFLAMMATORY CONDITIONS	0.4613	2.40	Medical	1.0000	1.1500
722	3	FEVER & INFLAMMATORY CONDITIONS	0.6260	3.10	Medical	1.0000	1.1500
722	4	FEVER & INFLAMMATORY CONDITIONS	0.9690	4.24	Medical	1.0000	1.1500
723	1	VIRAL ILLNESS	0.3084	1.72	Medical	1.0000	1.1500
723	2	VIRAL ILLNESS	0.4323	2.28	Medical	1.0000	1.1500
723	3	VIRAL ILLNESS	0.6485	3.35	Medical	1.0000	1.1500
723	4	VIRAL ILLNESS	1.3926	6.21	Medical	1.0000	1.1500
724	1	OTHER INFECTIOUS & PARASITIC DISEASES	0.4617	2.72	Medical	1.0000	1.1500
724	2	OTHER INFECTIOUS & PARASITIC DISEASES	0.5633	3.27	Medical	1.0000	1.1500
724	3	OTHER INFECTIOUS & PARASITIC DISEASES	0.9658	5.29	Medical	1.0000	1.1500
724	4	OTHER INFECTIOUS & PARASITIC DISEASES	1.9906	9.27	Medical	1.0000	1.1500
740	1	MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	0.9663	3.13	Psychiatric	1.1500	1.1500
740	2	MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	1.0166	5.75	Psychiatric	1.1500	1.1500
740	3	MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	2.0786	11.51	Psychiatric	1.1500	1.1500
740	4	MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	4.4676	20.71	Psychiatric	1.1500	1.1500
750	1	SCHIZOPHRENIA	0.4146	5.50	Psychiatric	1.1500	1.1500
750	2	SCHIZOPHRENIA	0.5175	6.38	Psychiatric	1.1500	1.1500
750	3	SCHIZOPHRENIA	0.7785	8.09	Psychiatric	1.1500	1.1500
750	4	SCHIZOPHRENIA	1.8298	17.90	Psychiatric	1.1500	1.1500
751	1	MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	0.3893	4.26	Psychiatric	1.1500	1.1500
751	2	MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	0.4561	4.96	Psychiatric	1.1500	1.1500
751	3	MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	0.7356	6.64	Psychiatric	1.1500	1.1500
751	4	MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	1.8802	18.04	Psychiatric	1.1500	1.1500
752	1	DISORDERS OF PERSONALITY & IMPULSE CONTROL	0.3087	3.34	Psychiatric	1.1500	1.1500
752	2	DISORDERS OF PERSONALITY & IMPULSE CONTROL	0.3718	4.03	Psychiatric	1.1500	1.1500
752	3	DISORDERS OF PERSONALITY & IMPULSE CONTROL	0.6613	5.35	Psychiatric	1.1500	1.1500
752	4	DISORDERS OF PERSONALITY & IMPULSE CONTROL	2.7670	25.14	Psychiatric	1.1500	1.1500
753	1	BIPOLAR DISORDERS	0.3794	4.30	Psychiatric	1.1500	1.1500
753	2	BIPOLAR DISORDERS	0.4610	5.14	Psychiatric	1.1500	1.1500
753	3	BIPOLAR DISORDERS	0.6909	6.36	Psychiatric	1.1500	1.1500
753	4	BIPOLAR DISORDERS	1.7867	16.76	Psychiatric	1.1500	1.1500
754	1	DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	0.3374	3.55	Psychiatric	1.1500	1.1500
754	2	DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	0.3918	4.09	Psychiatric	1.1500	1.1500
754	3	DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	0.5455	5.03	Psychiatric	1.1500	1.1500
754	4	DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	1.2447	11.28	Psychiatric	1.1500	1.1500
755	1	ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	0.3144	2.86	Psychiatric	1.1500	1.1500
755	2	ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	0.4251	4.07	Psychiatric	1.1500	1.1500
755	3	ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	0.5634	6.25	Psychiatric	1.1500	1.1500
755	4	ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	0.9791	6.88	Psychiatric	1.1500	1.1500
756	1	ACUTE ANXIETY & DELIRIUM STATES	0.4004	2.40	Psychiatric	1.1500	1.1500
756	2	ACUTE ANXIETY & DELIRIUM STATES	0.4813	2.77	Psychiatric	1.1500	1.1500
756	3	ACUTE ANXIETY & DELIRIUM STATES	0.5011	3.01	Psychiatric	1.1500	1.1500
756	4	ACUTE ANXIETY & DELIRIUM STATES	1.0720	5.06	Psychiatric	1.1500	1.1500
757	1	ORGANIC MENTAL HEALTH DISTURBANCES	0.3757	3.35	Psychiatric	1.1500	1.1500
757	2	ORGANIC MENTAL HEALTH DISTURBANCES	0.4696	4.70	Psychiatric	1.1500	1.1500
757	3	ORGANIC MENTAL HEALTH DISTURBANCES	0.8257	6.18	Psychiatric	1.1500	1.1500
757	4	ORGANIC MENTAL HEALTH DISTURBANCES	1.7591	11.01	Psychiatric	1.1500	1.1500
758	1	BEHAVIORAL DISORDERS	0.3778	4.20	Psychiatric	1.1500	1.1500
758	2	BEHAVIORAL DISORDERS	0.4794	5.26	Psychiatric	1.1500	1.1500
758	3	BEHAVIORAL DISORDERS	0.6054	5.93	Psychiatric	1.1500	1.1500
758	4	BEHAVIORAL DISORDERS	0.7734	6.52	Psychiatric	1.1500	1.1500
759	1	EATING DISORDERS	0.5907	5.88	Psychiatric	1.1500	1.1500
759	2	EATING DISORDERS	0.7739	7.27	Psychiatric	1.1500	1.1500

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759	3	EATING DISORDERS	1.1190	9.91	Psychiatric	1.1500	1.1500
759	4	EATING DISORDERS	1.8846	13.85	Psychiatric	1.1500	1.1500
760	1	OTHER MENTAL HEALTH DISORDERS	0.3943	2.73	Psychiatric	1.1500	1.1500
760	2	OTHER MENTAL HEALTH DISORDERS	0.5459	4.02	Psychiatric	1.1500	1.1500
760	3	OTHER MENTAL HEALTH DISORDERS	0.8178	5.45	Psychiatric	1.1500	1.1500
760	4	OTHER MENTAL HEALTH DISORDERS	1.3950	7.08	Psychiatric	1.1500	1.1500
770	1	DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	0.1818	1.70	Alcohol and Drug Abuse	1.1500	1.1500
770	2	DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	0.2856	1.85	Alcohol and Drug Abuse	1.1500	1.1500
770	3	DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	0.4813	2.32	Alcohol and Drug Abuse	1.1500	1.1500
770	4	DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	1.0748	4.17	Alcohol and Drug Abuse	1.1500	1.1500
772	1	ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	0.4024	6.60	Alcohol and Drug Abuse	1.1500	1.1500
772	2	ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	0.5264	7.56	Alcohol and Drug Abuse	1.1500	1.1500
772	3	ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	0.6914	8.32	Alcohol and Drug Abuse	1.1500	1.1500
772	4	ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	1.8899	10.55	Alcohol and Drug Abuse	1.1500	1.1500
773	1	OPIOID ABUSE & DEPENDENCE	0.2177	3.09	Alcohol and Drug Abuse	1.1500	1.1500
773	2	OPIOID ABUSE & DEPENDENCE	0.3304	3.35	Alcohol and Drug Abuse	1.1500	1.1500
773	3	OPIOID ABUSE & DEPENDENCE	0.6139	4.01	Alcohol and Drug Abuse	1.1500	1.1500
773	4	OPIOID ABUSE & DEPENDENCE	1.4537	6.69	Alcohol and Drug Abuse	1.1500	1.1500
774	1	COCAINE ABUSE & DEPENDENCE	0.3147	2.77	Alcohol and Drug Abuse	1.1500	1.1500
774	2	COCAINE ABUSE & DEPENDENCE	0.3323	3.17	Alcohol and Drug Abuse	1.1500	1.1500
774	3	COCAINE ABUSE & DEPENDENCE	0.5900	3.68	Alcohol and Drug Abuse	1.1500	1.1500
774	4	COCAINE ABUSE & DEPENDENCE	1.6893	7.30	Alcohol and Drug Abuse	1.1500	1.1500
775	1	ALCOHOL ABUSE & DEPENDENCE	0.3283	2.62	Alcohol and Drug Abuse	1.1500	1.1500
775	2	ALCOHOL ABUSE & DEPENDENCE	0.4510	3.10	Alcohol and Drug Abuse	1.1500	1.1500
775	3	ALCOHOL ABUSE & DEPENDENCE	0.7275	4.36	Alcohol and Drug Abuse	1.1500	1.1500
775	4	ALCOHOL ABUSE & DEPENDENCE	1.7090	8.13	Alcohol and Drug Abuse	1.1500	1.1500
776	1	OTHER DRUG ABUSE & DEPENDENCE	0.3560	2.84	Alcohol and Drug Abuse	1.1500	1.1500
776	2	OTHER DRUG ABUSE & DEPENDENCE	0.4329	3.02	Alcohol and Drug Abuse	1.1500	1.1500
776	3	OTHER DRUG ABUSE & DEPENDENCE	0.6680	3.63	Alcohol and Drug Abuse	1.1500	1.1500
776	4	OTHER DRUG ABUSE & DEPENDENCE	1.1911	5.35	Alcohol and Drug Abuse	1.1500	1.1500
792	1	EXTENSIVE OR PROCEDURES FOR OTHER COMPLICATIONS OF TREATMENT	1.1910	2.60	Surgical	1.0000	1.1500
792	2	EXTENSIVE OR PROCEDURES FOR OTHER COMPLICATIONS OF TREATMENT	1.3987	3.68	Surgical	1.0000	1.1500
792	3	EXTENSIVE OR PROCEDURES FOR OTHER COMPLICATIONS OF TREATMENT	2.0561	6.57	Surgical	1.0000	1.1500
792	4	EXTENSIVE OR PROCEDURES FOR OTHER COMPLICATIONS OF TREATMENT	3.9955	11.91	Surgical	1.0000	1.1500
793	1	MODERATELY EXTENSIVE OR PROCEDURES FOR OTHER COMPLICATIONS OF TREATMENT	0.7252	2.20	Surgical	1.0000	1.1500
793	2	MODERATELY EXTENSIVE OR PROCEDURES FOR OTHER COMPLICATIONS OF TREATMENT	1.0047	3.56	Surgical	1.0000	1.1500
793	3	MODERATELY EXTENSIVE OR PROCEDURES FOR OTHER COMPLICATIONS OF TREATMENT	1.5204	5.56	Surgical	1.0000	1.1500
793	4	MODERATELY EXTENSIVE OR PROCEDURES FOR OTHER COMPLICATIONS OF TREATMENT	2.9731	9.50	Surgical	1.0000	1.1500
794	1	NON-EXTENSIVE OR PROCEDURES FOR OTHER COMPLICATIONS OF TREATMENT	0.6558	2.10	Surgical	1.0000	1.1500
794	2	NON-EXTENSIVE OR PROCEDURES FOR OTHER COMPLICATIONS OF TREATMENT	0.8658	3.11	Surgical	1.0000	1.1500
794	3	NON-EXTENSIVE OR PROCEDURES FOR OTHER COMPLICATIONS OF TREATMENT	1.3007	4.97	Surgical	1.0000	1.1500
794	4	NON-EXTENSIVE OR PROCEDURES FOR OTHER COMPLICATIONS OF TREATMENT	2.4938	9.36	Surgical	1.0000	1.1500
810	1	HEMORRHAGE OR HEMATOMA DUE TO COMPLICATION	0.3947	1.97	Medical	1.0000	1.1500
810	2	HEMORRHAGE OR HEMATOMA DUE TO COMPLICATION	0.5363	2.59	Medical	1.0000	1.1500
810	3	HEMORRHAGE OR HEMATOMA DUE TO COMPLICATION	0.8419	3.82	Medical	1.0000	1.1500
810	4	HEMORRHAGE OR HEMATOMA DUE TO COMPLICATION	1.5481	5.99	Medical	1.0000	1.1500
811	1	ALLERGIC REACTIONS	0.2637	1.38	Medical	1.0000	1.1500
811	2	ALLERGIC REACTIONS	0.3858	1.83	Medical	1.0000	1.1500
811	3	ALLERGIC REACTIONS	0.7303	3.03	Medical	1.0000	1.1500
811	4	ALLERGIC REACTIONS	1.4639	5.58	Medical	1.0000	1.1500
812	1	POISONING OF MEDICINAL AGENTS	0.2999	1.48	Medical	1.0000	1.1500
812	2	POISONING OF MEDICINAL AGENTS	0.4297	2.15	Medical	1.0000	1.1500
812	3	POISONING OF MEDICINAL AGENTS	0.6192	2.93	Medical	1.0000	1.1500
812	4	POISONING OF MEDICINAL AGENTS	1.0834	4.27	Medical	1.0000	1.1500
813	1	OTHER COMPLICATIONS OF TREATMENT	0.4326	2.23	Medical	1.0000	1.1500
813	2	OTHER COMPLICATIONS OF TREATMENT	0.5412	2.74	Medical	1.0000	1.1500
813	3	OTHER COMPLICATIONS OF TREATMENT	0.7797	3.85	Medical	1.0000	1.1500
813	4	OTHER COMPLICATIONS OF TREATMENT	1.4182	6.26	Medical	1.0000	1.1500
815	1	OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	0.3230	1.63	Medical	1.0000	1.1500
815	2	OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	0.4853	2.46	Medical	1.0000	1.1500
815	3	OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	0.8155	4.10	Medical	1.0000	1.1500
815	4	OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	2.0304	6.03	Medical	1.0000	1.1500
816	1	TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	0.3802	1.41	Medical	1.0000	1.1500
816	2	TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	0.4502	2.00	Medical	1.0000	1.1500
816	3	TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	0.6008	2.68	Medical	1.0000	1.1500
816	4	TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	1.1714	4.00	Medical	1.0000	1.1500
817	1	INTENTIONAL SELF-HARM & ATTEMPTED SUICIDE	0.3215	1.72	Medical	1.0000	1.1500
817	2	INTENTIONAL SELF-HARM & ATTEMPTED SUICIDE	0.4062	2.24	Medical	1.0000	1.1500
817	3	INTENTIONAL SELF-HARM & ATTEMPTED SUICIDE	0.6526	3.16	Medical	1.0000	1.1500
817	4	INTENTIONAL SELF-HARM & ATTEMPTED SUICIDE	1.2530	4.85	Medical	1.0000	1.1500
841	1	EXTENSIVE 3RD DEGREE BURNS W/ SKIN GRAFT	2.6268	15.30	Surgical	1.0000	1.1500
841	2	EXTENSIVE 3RD DEGREE BURNS W/ SKIN GRAFT	2.9900	17.00	Surgical	1.0000	1.1500
841	3	EXTENSIVE 3RD DEGREE BURNS W/ SKIN GRAFT	6.1207	21.12	Surgical	1.0000	1.1500
841	4	EXTENSIVE 3RD DEGREE BURNS W/ SKIN GRAFT	12.6373	29.57	Surgical	1.0000	1.1500
842	1	BURNS W/ SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	1.0488	3.83	Surgical	1.0000	1.1500
842	2	BURNS W/ SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	1.5673	6.55	Surgical	1.0000	1.1500
842	3	BURNS W/ SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	2.8296	11.38	Surgical	1.0000	1.1500
842	4	BURNS W/ SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	6.5216	20.99	Surgical	1.0000	1.1500
843	1	EXTENSIVE 3RD DEGREE BURNS W/O SKIN GRAFT	0.4367	2.53	Medical	1.0000	1.1500
843	2	EXTENSIVE 3RD DEGREE BURNS W/O SKIN GRAFT	0.5407	3.18	Medical	1.0000	1.1500
843	3	EXTENSIVE 3RD DEGREE BURNS W/O SKIN GRAFT	0.7609	3.80	Medical	1.0000	1.1500
843	4	EXTENSIVE 3RD DEGREE BURNS W/O SKIN GRAFT	1.6566	4.56	Medical	1.0000	1.1500
844	1	PARTIAL THICKNESS BURNS W/O SKIN GRAFT	0.2978	1.79	Medical	1.0000	1.1500
844	2	PARTIAL THICKNESS BURNS W/O SKIN GRAFT	0.4632	2.67	Medical	1.0000	1.1500
844	3	PARTIAL THICKNESS BURNS W/O SKIN GRAFT	0.7679	3.94	Medical	1.0000	1.1500
844	4	PARTIAL THICKNESS BURNS W/O SKIN GRAFT	1.7722	7.02	Medical	1.0000	1.1500
850	1	PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	1.3658	2.40	Surgical	1.0000	1.1500
850	2	PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	1.6876	2.95	Surgical	1.0000	1.1500
850	3	PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	2.0920	5.52	Surgical	1.0000	1.1500
850	4	PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	4.4693	13.98	Surgical	1.0000	1.1500

APR DRG	Severity of Illness (SOI) Level	DRG Description	Relative Weight	Geometric Mean Length of Stay (Trimmed)	Service Line Description	Preliminary Modeled Adult Policy Adjuster	Preliminary Modeled Pediatric Policy Adjuster (Age 20 and Under)
860	1	REHABILITATION	0.8960	7.36	Medical	1.0000	1.1500
860	2	REHABILITATION	0.9752	8.17	Medical	1.0000	1.1500
860	3	REHABILITATION	1.3287	11.12	Medical	1.0000	1.1500
860	4	REHABILITATION	1.7470	14.48	Medical	1.0000	1.1500
861	1	SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	0.3778	1.98	Medical	1.0000	1.1500
861	2	SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	0.4757	2.59	Medical	1.0000	1.1500
861	3	SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	0.6498	3.58	Medical	1.0000	1.1500
861	4	SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	1.1750	5.78	Medical	1.0000	1.1500
862	1	OTHER AFTERCARE & CONVALESCENCE	0.5375	3.71	Medical	1.0000	1.1500
862	2	OTHER AFTERCARE & CONVALESCENCE	0.6687	4.52	Medical	1.0000	1.1500
862	3	OTHER AFTERCARE & CONVALESCENCE	0.9068	5.42	Medical	1.0000	1.1500
862	4	OTHER AFTERCARE & CONVALESCENCE	1.1752	6.49	Medical	1.0000	1.1500
863	1	NEONATAL AFTERCARE	0.6754	5.89	Medical	1.0000	1.1500
863	2	NEONATAL AFTERCARE	1.4943	11.31	Medical	1.0000	1.1500
863	3	NEONATAL AFTERCARE	3.3473	22.27	Medical	1.0000	1.1500
863	4	NEONATAL AFTERCARE	6.7318	34.01	Medical	1.0000	1.1500
890	1	HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	0.6798	3.60	Medical	1.0000	1.1500
890	2	HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	0.6814	3.60	Medical	1.0000	1.1500
890	3	HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	0.9721	5.19	Medical	1.0000	1.1500
890	4	HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	1.8596	7.92	Medical	1.0000	1.1500
892	1	HIV W MAJOR HIV RELATED CONDITION	0.4582	2.46	Medical	1.0000	1.1500
892	2	HIV W MAJOR HIV RELATED CONDITION	0.5556	2.93	Medical	1.0000	1.1500
892	3	HIV W MAJOR HIV RELATED CONDITION	0.7749	4.10	Medical	1.0000	1.1500
892	4	HIV W MAJOR HIV RELATED CONDITION	1.2598	6.37	Medical	1.0000	1.1500
893	1	HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	0.5047	2.84	Medical	1.0000	1.1500
893	2	HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	0.6197	3.48	Medical	1.0000	1.1500
893	3	HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	0.8397	4.81	Medical	1.0000	1.1500
893	4	HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	1.3954	7.08	Medical	1.0000	1.1500
894	1	HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	0.4563	2.40	Medical	1.0000	1.1500
894	2	HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	0.5269	2.81	Medical	1.0000	1.1500
894	3	HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	0.7223	3.57	Medical	1.0000	1.1500
894	4	HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	0.8847	4.61	Medical	1.0000	1.1500
910	1	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	1.6730	4.00	Surgical - Trauma	1.1500	1.1500
910	2	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	2.1749	5.71	Surgical - Trauma	1.1500	1.1500
910	3	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	3.0373	6.71	Surgical - Trauma	1.1500	1.1500
910	4	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	5.4876	11.05	Surgical - Trauma	1.1500	1.1500
911	1	EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	1.3008	4.45	Surgical - Trauma	1.1500	1.1500
911	2	EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	1.7323	4.94	Surgical - Trauma	1.1500	1.1500
911	3	EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	2.2634	6.50	Surgical - Trauma	1.1500	1.1500
911	4	EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	4.7543	9.51	Surgical - Trauma	1.1500	1.1500
912	1	MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	1.5198	3.66	Surgical - Trauma	1.1500	1.1500
912	2	MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	1.5341	4.49	Surgical - Trauma	1.1500	1.1500
912	3	MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	2.4139	6.78	Surgical - Trauma	1.1500	1.1500
912	4	MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	4.6037	11.76	Surgical - Trauma	1.1500	1.1500
930	1	MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	0.5772	2.34	Medical - Trauma	1.1500	1.1500
930	2	MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	0.6882	2.99	Medical - Trauma	1.1500	1.1500
930	3	MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	1.0935	4.44	Medical - Trauma	1.1500	1.1500
930	4	MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	2.3040	6.25	Medical - Trauma	1.1500	1.1500
950	1	EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	1.1632	2.35	Surgical	1.0000	1.1500
950	2	EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	1.4825	4.00	Surgical	1.0000	1.1500
950	3	EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	1.8904	6.89	Surgical	1.0000	1.1500
950	4	EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	3.8759	13.43	Surgical	1.0000	1.1500
951	1	MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	0.8588	2.13	Surgical	1.0000	1.1500
951	2	MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	1.1921	3.86	Surgical	1.0000	1.1500
951	3	MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	1.7491	6.91	Surgical	1.0000	1.1500
951	4	MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	3.2686	12.46	Surgical	1.0000	1.1500
952	1	NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	0.7383	2.23	Surgical	1.0000	1.1500
952	2	NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	1.0195	3.81	Surgical	1.0000	1.1500
952	3	NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	1.6002	6.94	Surgical	1.0000	1.1500
952	4	NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	3.0327	12.59	Surgical	1.0000	1.1500

Hawai'i Department of Human Services Med-QUEST Division
Proposed Inpatient APR DRG Model
Proposed APR DRG Relative Weights and Modeled Policy Adjusters
Based on 3M APR DRG Version 37.1 National Hospital Specific Relative Values (HSRV)

Represents MQD's Proposed Model
for State Plan Amendment
Subject to CMS Approval

Source:

Based on 3M APR DRG Version 37.1 National Hospital Specific Relative Values (HSRV) published by 3M in its "apr370_wghts_HSRV.xlsx" file downloaded from the 3M website. 3M made no weight or geometric mean length of stay changes from version 37.0 to version 37.1.

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Limitations

This analysis was prepared for the use of Med-QUEST ("MQD") and are subject to the terms of Milliman's contract with MQD signed on July 1, 2020. This analysis supplements the Milliman report "Proposed Inpatient APR DRG Payment Model" dated June 14, 2021, and should not be reviewed without the accompanying report.

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The APR DRG model shown this analysis represents MQD's proposed methodology as reflected in its public notice and in its State Plan Amendment submitted to the Centers for Medicare and Medicaid Services (CMS). MQD's proposed APR DRG model is subject to change based on the CMS approval and formal public comment processes. We have reviewed the model, including its inputs, calculations, and outputs for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOP).

In preparation of our analysis, we relied upon the accuracy of data or information provided to us. We have not audited this information, although we have reviewed it for reasonableness. If the underlying data or information is inaccurate or incomplete, the results of our review may likewise be inaccurate or incomplete.

Results presented here represent best estimates of future experience. Actual payments under APR DRGs will differ from modeled payments. Reasons for differences include but are not limited to future changes in enrollment, inpatient utilization, inpatient service mix, hospital documentation and coding, hospital chargemasters, COVID-19 impacts, and other factors. Also, the APR DRG modeling does not include estimated changes to Medicaid supplemental payments that may be impacted by payment changes under APR DRGs. It is important that actual experience be monitored and adjustments made, as appropriate.



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CONTACT

Ben Mori
ben.mori@milliman.com

Justin Birrell, FSA, MAAA
Justin.Birrell@milliman.com

Victoria Boon, ASA, MAAA
Victoria.Boon@milliman.com