

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: CALIFORNIA

Appendix 6

1. APR-DRG Payment Parameters

<u>Parameter</u>	<u>Value</u>	<u>Description</u>
Remote Rural APR-DRG Base Price	\$12,832	Statewide Remote Rural APR-DRG Base Price
Statewide APR-DRG Base Price	\$6,320	Statewide APR-DRG Base Price (non-Remote Rural)
Policy Adjustor - Age	1.25	Policy Adjustor for claims whose patients are less than 21 years old with a DRG in the 'miscellaneous pediatric' or 'respiratory pediatric' care categories.
Policy Adjustor – NICU services	1.25	Policy Adjustor for all NICU DRGs (i.e. DRGs assigned to the 'neonate' care category, except for those receiving the NICU Surgery policy adjuster below).
Policy Adjustor – NICU surgery	1.75	Enhanced Policy Adjustor for all designated NICU facilities and surgery sites recognized by California Children's Services (CCS) Program to perform neonatal surgery. For all DRGs assigned to the neonate care category
Policy Adjustor- Obstetrics	1.06	Policy adjustor value for obstetric care
Policy Adjustor – Each other category of service	1.00	Policy adjustor for each other category of service.
Wage Index Labor Percentage	69.6%	Percentage of DRG Base Price or Rehabilitation per diem rate adjusted by the wage index value.
High Cost Outlier Threshold 1	\$46,800	Used to determine Cost Outlier payments
High Cost Outlier Threshold 2	\$150,800	Used to determine Cost Outlier payments
Low Cost Outlier Threshold 1	\$46,800	Used to determine Cost Outlier payments
Marginal Cost Factor 1	60%	Used to determine Cost Outlier payments
Marginal Cost Factor 2	80%	Used to determine Cost Outlier payments
Outlier Percentage, upper bound	19%	Outlier payments as percentage of total
Outlier Percentage, lower bound	16%	Outlier payments as percentage of total
Casemix Corridor, upper bound	0.6684	Projected upper bound of patient acuity
Casemix Corridor, lower bound	0.6484	Projected lower bound of patient acuity
Discharge Status Value 02	02	Transfer to a short-term general hospital for inpatient care
Discharge Status Value 05	05	Transfer to a designated cancer center

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Discharge Status Value 63	63	Transfer to a long-term care hospital
Discharge Status Value 65	65	Transfer to a psychiatric hospital
Discharge Status Value 66	66	Transfer to a critical access hospital (CAH)
Discharge Status Value 82	82	Transfer to a short-term general hospital for inpatient care with a planned acute care hospital inpatient readmission
Discharge Status Value 85	85	Transfer to a designated cancer center or children's hospital with a planned acute care hospital inpatient readmission
Discharge Status Value 91	91	Transfer to a Medicare certified Long Term Care Hospital with a planned acute care hospital inpatient readmission
Discharge Status Value 93	93	Transfer to a psychiatric distinct part unit of a hospital with a planned acute care hospital inpatient readmission
Discharge Status Value 94	94	Transfer to a Critical Access Hospital with a planned acute care hospital inpatient readmission
Interim Payment	\$600	Per diem amount for Interim Claims
APR-DRG Grouper Version	V.33	3M Software version used to group claims to a DRG
HAC Utility Version	V.33	3M Software version of the Healthcare Acquired Conditions Utility
Pediatric Rehabilitation Rate	\$1,841	Daily rate for rehabilitation services provided to a beneficiary under 21 years of age on admission.
Adult Rehabilitation Rate	\$1,032	Daily rate for rehabilitation services provided to a beneficiary 21 years of age or older on admission.

2. Separately Payable Services, Devices, and Supplies

Code	Description
Bone Marrow	
38204	Management of recipient hematopoietic progenitor cell donor search and acquisition
38204	Unrelated bone marrow donor
Blood Factors	
J7180	Blood factor XIII
J7183/J7184/Q2041	Blood factor Von Willebrand –injection
J7185/J7190/J7192	Blood factor VIII
J7186	Blood factor VIII/ Von Willebrand
J7187	Blood factor Von Willebrand
J7189	Blood factor VIIa

J7193/J7194/J7195	Blood factor IX
J7197	Blood factor Anti-thrombin III
J7198	Blood factor Anti-inhibitor
C9134	Blood Factor XIII Antihemophilic factor
J7199	Alprolix and Factor VIII
Long Acting Reversible Contraception Methods	
J7300	Intrauterine Copper (Paraguard)
J7301	Skyla
J7302	Levonorgestral-releasing intrauterine contraceptive system (Mirena)
J7307	Etonogestrel (Implanon, Nexplanon)

3. List of Hospitals Eligible to receive the “DRG- NICU- Surgery Policy Adjustor”

- 1) California Hosp Medical Center of Los Angeles
- 2) California Pacific Medical Center - Pacific
- 3) Cedars Sinai Medical Center
- 4) Children’s Hospital & Research Center of Oakland (UCSF Benioff Oakland)
- 5) Children’s Hospital of Central California
- 6) Children’s Hospital of Los Angeles
- 7) Children’s Hospital of Orange County
- 8) Citrus Valley Medical Central – Queen of the Valley
- 9) Community Regional Medical Center Fresno
- 10) Good Samaritan – Los Angeles
- 11) Good Samaritan - San Jose
- 12) Huntington Memorial Hospital
- 13) Kaiser Anaheim
- 14) Kaiser Downey
- 15) Kaiser Fontana
- 16) Kaiser Foundation Hospital - Los Angeles
- 17) Kaiser Permanente Medical Center - Oakland
- 18) Kaiser Foundation Hospital – Roseville
- 19) Kaiser Permanente – Santa Clara
- 20) Loma Linda University Medical Center
- 21) Lucille Salter Packard Children’s Hospital – Stanford
- 22) Miller Children’s at Long Beach Memorial Medical Center
- 23) Pomona Valley Hospital Medical Center
- 24) Providence Tarzana
- 25) Rady Children’s Hospital - San Diego
- 26) Santa Barbara Cottage Hospital
- 27) Sutter Memorial Hospital

For purposes of receiving the NICU policy adjustor, the hospital listed above must:

- Be performing services assigned to the neonate care category;
- Have been approved by California Children’s Services (CCS) and continue to meet the standards of either a Regional NICU as defined in the CCS Manual of Procedures Chapter 3.25.1 or a Community NICU with a neonatal surgery as defined in Chapter 3.25.2;
- Have been approved by CCS and continue to meet the neonatal surgery standards set forth in CCS Manual of Procedures Chapter 3.34; and
- Pass periodic CCS review. Hospital review may be conducted annually or as deemed necessary by CCS. These reviews will determine whether the hospital continues to meet all applicable neonatal surgery standards.

If the CCS NICU-surgery approval/status of a hospital on the above list is revoked or otherwise terminated, then that hospital will not receive the DRG NICU-Surgery Policy Adjustor, effective the date approval/status ceases. Removal from the above list for failure to meet CCS NICU-surgery standards is not a prerequisite to no longer qualify to receive the DRG NICU-Surgery Policy Adjustor. Once the CCS NICU-surgery approval/status of a hospital on the above list is revoked or otherwise terminated, the hospital will subsequently be removed from the above list. Being listed in the State Plan does not guarantee payment of the DRG NICU-Surgery Policy Adjustor. In the event that a hospital remains listed, but has otherwise been deemed to have lost its neonatal surgery approval/status, it will not receive the DRG NICU-Surgery Policy Adjustor.

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