

Summary of GBR Transfer Adjustment

Payment Models Work Group Meeting Oct 1, 2014



GBR Transfer Adjustments Recap

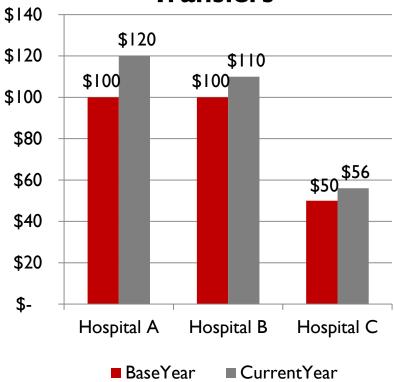
- Payment Models Work Group and Transfer Subgroup meetings in June, July and August
- Focused on ensuring access to care for complex cases and patient protections
- Worked to develop transfer cases payment adjustments to GBR revenues based on variation from the baseline transfer rates to academic medical centers (AMCs)

Transfer Definitions

- Transfers to University of Maryland Medical Center (UMMC) and Johns Hopkins University Hospital (JHH)
- Transfer from Inpatient and Emergency Departments
- Admission to AMCs within one day
- Exclusions
 - Categorical cases (transplants, research, burn etc)
 - Out of state patients
 - MDC-5 (Cardiology and cardiac surgery), psychiatric DRGs, and Rehabilitation DRGs

Transfer Adjustment Example

Total Adjusted Cost of Transfers



Situation:

- ▶ Hospital A: 20% Increase, and at least 10 additional cases
- ▶ Hospital B: 10% increase and at least 10 additional cases
- ► Hospital C: 12% increase, 6 additional cases

Proposed Adjustment:

If State-wide Transfers ≤ 5%

- Hospital A: 20%-10%=10%;-\$10
- ► Hospital B: 10%-10% = No Adjustments
- Hospital C: No Adjustments

If State-wide Transfers > 5%

- **Hospital A**: 20%-5%=15%; -\$15
- **Hospital B:** 10%-5%=5%; -\$5
- Hospital C: No Adjustments



Average Adjusted Transfer Cost

- Average Total Charge of Transfer Cases to UMMC and to JHH combined
 - Separate cost calculations for transfers from ED and inpatient using base year data
 - Price Update
 - ▶ 50% Variable Cost Factor

Measurement and Data Validation

- Case level data has been sent to 22 sending hospitals and 2 AMCs
 - Expanding the window from same day to next day increased the false positives
 - ▶ 2% disagreement from sending hospitals (1% if we exclude Sinai Hospital which has 23%)
 - ▶ UMMC sent 30% additional cases (1,387), without any exclusions
 - ▶ JHH did not send case level results
 - Algorithm is verified, remaining issues with missing CRISP-IDs and hospital records of transfers

Next Steps

- Close look at CRISP-ID
- Update the trends for Jan-June 2014 time period
- Consider this policy in relation to the Market Share Analysis