Improving Clinical & Financial Performance
Agenda

- **Introductions**
  - Michigan Department of Health & Human Services team
  - 3M Health Information Systems team

- **Synopsis of new Inpatient Hospital Reimbursement System**

- **Major Components of new Hospital Reimbursement System**
  - 3M All Patient Refined (APR) DRG classification system
  - Michigan DHHS reimbursement policies

- **Considerations for APR DRG implementation**

- **Additional resources / information**
Synopsis of new Hospital Reimbursement System

Background:
- March 2013: State announced Hospital Reimbursement Reform Initiative (HRRI)
- Created Technical workgroup (includes representatives from State, hospitals, other stakeholders)
- Resulting recommendation was to update the system used to price inpatient hospital claims
- Target implementation date: October 1, 2015

Over-arching principles / goals that guided the project:
- More predictability
- Less volatility
- Efficiency
- Cost Effectiveness
- Simplicity
## Payment Concepts:

<table>
<thead>
<tr>
<th>Facility / service</th>
<th>Key Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPS Hospital Provider</td>
<td>APR-DRG-SOI x Relative Weight x State Rate #1</td>
</tr>
<tr>
<td>Critical Access Hospital</td>
<td>APR-DRG-SOI x Relative Weight x State Rate #2</td>
</tr>
<tr>
<td>Long-Term Care Hospital</td>
<td>Hospital Specific Per Diem Rates</td>
</tr>
<tr>
<td>Rehabilitation (free standing or distinct unit)</td>
<td>Hospital Specific Per Diem Rates</td>
</tr>
<tr>
<td>Transplants</td>
<td>Percent of Charges</td>
</tr>
<tr>
<td>Neonatal services</td>
<td>Two sets of weights; alternate set for NBICUs</td>
</tr>
</tbody>
</table>
Major Components

3M™ APR DRG Classification System
CMS Developed MS-DRGs for the Medicare Populations

- “As we have stated frequently, our primary focus in maintaining the CMS DRGs is to serve the Medicare population. We do not have the data or the expertise to maintain the DRGs in clinical areas that are not relevant to the Medicare population. We continue to encourage users of the CMS DRGs (or MS-DRGs if adopted) to make relevant adaptations if they are being used for a non-Medicare patient population”

  CMS Proposed IPPS Rule April 13, 2007, Pg 91
MS-DRGs are not Applicable to non Medicare Population

- MS-DRGs are fundamentally flawed for non Medicare populations, failing to adequately account for: **newborn birth weight**, many pediatric illnesses (sickle cell anemia, cystic fibrosis, hemophilia, lead poisoning, nutritional disorders, congenital anomalies), **high risk pregnancies**, HIV-related co-morbidities.

- These limitations are so extensive that a fair and equitable payment system for a non Medicare population can not be achieved using the MS-DRGs.

- For example, hospital admissions for a typical Medicaid population are composed of roughly 16% newborns, 20% pediatric and 25% obstetric patients.
Initial Development of All Patient Refined DRGs (APR DRGs)

Medicare DRG Updates

Yale DRG Refinements

NACHRI Pediatric DRG Modifications

New York AP-DRG Expansion
All Patient Refined DRGs (APR DRGs)

- APR DRGs are an extension of DRGs to account for severity of illness and risk of mortality
- Assignment to a “Base” APR-DRG based on:
  - Principal Diagnosis, for Medical patients, or
  - Most Important Surgical Procedure (performed in an O.R.)
- Each Base APR-DRG is divided into 4 subclasses
  - Two types of Subclasses:
    - Severity of Illness (SOI)
    - Risk of Mortality (ROM)
  - SOI and ROM assignment take into account the interaction among principal & secondary diagnoses, age, and, in some cases, procedures
2 types of APR DRG’s

- **Discharge APR DRG** – classification of the reason for admission, severity of illness and risk of mortality of a patient at discharge.
  - Uses all the ICD codes on the record to account for classification
    - Hospital acquired conditions / Complications of care can be excluded for payment
  - Used for prospective payment, risk adjustment for quality reporting

- **Admissions APR DRG** - classification of the reason for admission and the severity of illness and risk of mortality of a patient when they entered the admission.
  - Uses a subset of ICD codes on the record based on Present on admission indicator +
  - APRs include additional clinical consideration to evaluate the codes used in Admissions APR DRG classification.
### 3M APR DRG to MS-DRG Comparison

<table>
<thead>
<tr>
<th>Category</th>
<th>APR DRG</th>
<th>MS-DRG</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Data requirements</strong></td>
<td>Diagnoses, procedures, age, sex, discharge status, birth weight</td>
<td>Diagnoses, procedures, age, sex, discharge status</td>
</tr>
<tr>
<td><strong>MDCs</strong></td>
<td>Pre-MDC and 25 MDCs</td>
<td>Pre-MDC and 25 MDCs</td>
</tr>
<tr>
<td><strong>Number of base DRGs</strong></td>
<td>1,258 (314 base DRGs x 4 subclasses + 2 error DRGs)</td>
<td>751 (749 + 2 error DRGs)</td>
</tr>
<tr>
<td><strong>DRG representation</strong></td>
<td>3 byte base DRG field + 1 byte field for SOI +1 byte field for ROM</td>
<td>3 byte DRG field</td>
</tr>
<tr>
<td><strong>DRG severity</strong></td>
<td>Base DRG + 4 levels each for SOI and ROM subclasses:</td>
<td>3 levels: Major CC, CC, Non-CC</td>
</tr>
<tr>
<td>Diagnoses</td>
<td>1-Minor, 2-Moderate, 3-Major, 4-Extreme</td>
<td></td>
</tr>
<tr>
<td>Newborns – MDC 15</td>
<td>0-7 days at admission + subset of 8-14 days Total APR DRGs = 108 (27 base DRG x 4 subclasses)</td>
<td>PDX assigned to MDC 15 regardless of the age of the patient</td>
</tr>
<tr>
<td>Age splits</td>
<td>Base DRG are not differentiated by age, but SOI and ROM subclasses modified by patient age.</td>
<td>None</td>
</tr>
<tr>
<td>Discharge status</td>
<td>MDC 15 (transferred only) MDC 20 (LAMA)</td>
<td>MDC 5 (died) MDC 15 (transferred, died) MDC 20 (LAMA)</td>
</tr>
<tr>
<td>Present on admission (POA) indicator</td>
<td>Used for admission APR DRG assignment</td>
<td>Used only for evaluation of HACs</td>
</tr>
</tbody>
</table>
Current Use of 3M Patient Classification Systems
Development of APR-DRGs
Fundamental Principle of APR DRG Clinical Logic:

— Severity of illness and risk of mortality are dependent on the patient’s underlying condition (i.e., the base APR DRG).

— High severity of illness and risk of mortality are characterized by multiple serious diseases and the interaction of those diseases.
How were APR DRG developed?

• Formulate Clinical hypotheses to develop separate clinical models for each ‘group’ or base APR-DRG
  • A core panel of physicians (from the National Association of Children’s Hospitals and Research Institutes (NACHRI))
  • Supplemented by specialists and subspecialists by body system
  • Input from medical records specialists, nursing, health services researchers and economics analysts
  • Intensive peer review of all clinical logic processes
• Test hypotheses using historical data
• Iterations of clinical review, revisions and analysis with data to finalize clinical model.
Key Definitions

- **Severity of Illness**: the extent of physiologic decompensation or organ system loss of function

- **Risk of Mortality**: the likelihood of dying

- **Resource Intensity**: the relative volume and types of diagnostic, therapeutic and bed services used in the management of a particular disease
SOI and ROM are Independent

The severity of illness and risk of mortality subclass are calculated separately and may be different from each other.

SOI = 3
Significant Organ Decompensation

ROM = 1
Low risk of mortality

Acute Cholecystitis
# Example of Severity of Illness Progression of Diagnoses

<table>
<thead>
<tr>
<th>Severity Of Illness</th>
<th>Secondary Diagnosis of Diabetes Mellitus</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Uncomplicated Diabetes (250.0X)</td>
</tr>
<tr>
<td>2</td>
<td>Diabetes with Renal Manifestation (250.4X)</td>
</tr>
<tr>
<td>3</td>
<td>Diabetes with Ketoacidosis (250.1X)</td>
</tr>
<tr>
<td>4</td>
<td>Diabetes with Hyperosmolar Coma (250.2X)</td>
</tr>
</tbody>
</table>
Example of Risk of Mortality Progression of Diagnoses

<table>
<thead>
<tr>
<th>Risk of Mortality</th>
<th>Secondary Diagnosis of Dysrhythmias</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Minor</td>
</tr>
<tr>
<td></td>
<td>Premature Beats</td>
</tr>
<tr>
<td>2</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>Sinoatrial Node Dysfunction</td>
</tr>
<tr>
<td>3</td>
<td>Major</td>
</tr>
<tr>
<td></td>
<td>Paroxysmal Ventricular Tachycardia</td>
</tr>
<tr>
<td>4</td>
<td>Extreme</td>
</tr>
<tr>
<td></td>
<td>Ventricular Fibrillation</td>
</tr>
</tbody>
</table>
How are APR DRG updated?

- Clinical Panels review clinical logic for needed adjustments
  - Hospitals
  - State Agencies input
  - New literature evaluated
  - New code set
- Data is run to validate changes
- 2 tier Peer review of changes are reviewed
- APR DRG are updated Annually in Oct timeframe
APR DRG ICD-10

- APR-DRG v 32 is the current version
  - Official version is ICD-9
  - ICD-10 pre-release version is available (APR ICD-10 v31 & APR v32)
- APR-DRG v 33 official ICD-10 version
- Anticipate major update of APR DRG coming in ~2016
Explanation of APR DRG Methodology

Phase I
Determine level of each secondary diagnosis

Phase II
Determines a base subclass for the patient based on all of the patient’s secondary diagnoses

Phase III
The final subclass for the patient is determined

Assign the base APR DRG

6 steps

3 steps

9 steps

18 steps total
SOI Phase I:

Phase I
Determine level of each secondary diagnosis

Step 1
Eliminate secondary diagnoses (SDX) that are associated with principal diagnosis (PDX)

Step 2
Assign each secondary diagnosis its standard severity of illness (SOI) Level
1-Minor  2-Moderate  3-Major  4-Extreme

Modify the standard severity of illness of each secondary diagnosis based on:

Step 3  Age
Step 4  APR DRG and PDX (DRG 190)
Step 5  APR DRG
Step 6  Non-OR procedures
APR-DRG Definition Transparency

Phase 1: Determine Secondary Diagnosis Level

5715 CIRRHOSIS OF LIVER NOS

STEP 1: PDX / SDX Exclusion
5712-5713, 5715-5719, 5728, 5738-5738

STEP 2: SDX Default SOI
2

STEP 3: SDX / AGE Exception
0 - 28 days 3
29 - 364 days 3
1 - 3 years 3
4 - 17 years 3

STEP 5: SDX / DRG EXCEPTION
001 Liver Trans &/or Intest Tran: 1
279 Hepatic Coma / Oth Maj Liv 1
280 Alcoholic Liver Disease 1
283 Other Disorders of Liver 1
661 Coagulation / Platelet Disorc 1
663 Other anemia / blood disord 1
SOI Phase II:

**Phase II**
Determines a base **subclass** for the patient based on all of the patient’s secondary diagnoses

- **Step 7**
  Eliminate SDXs that are redundant with other SDXs.

- **Step 8**
  Combine all SDX to determine the base SOI subclass for the patient.
  (Highest SOI used)

- **Step 9**
  Reduce the subclass of patients in level 3 or 4 to next lower subclass if no multiple secondary diagnoses at a high severity of illness level exist.
SOI Phase III:

**Phase III**
The final subclass for the patient is determined

Modify patient SOI subclass based on the interaction of:

- **Step 10** APR DRG and PDX
- **Step 11** APR DRG and age or APR DRG and PDX and age
- **Step 12** APR and non-OR procedure
- **Step 13** APR DRG and OR procedure

Modify patient SOI subclass based on the interaction of:

- **Step 14** APR DRG and pairs of OR procedures
- **Step 15** APR DRG and ECMO and presence/absence of certain OR procedures (DRG 583)
- **Step 16** APR DRG and PDX and non-OR procedures

**Step 17**
Establish a minimum SOI subclass based on the presence of specific combinations of categories of SDXs.

**Step 18**
Compute the final SOI subclass based on a hierarchy established for steps 9-17
Summary of APR DRGs

**Severity of Illness is used for payment**

- **Four Severity of Illness Subclasses**
  1. Minor
  2. Moderate
  3. Major
  4. Extreme

- **Subdivide each base APR DRG into subclasses**

- **Four Risk of Mortality Subclasses**
  1. Minor
  2. Moderate
  3. Major
  4. Extreme

- **1256 Subclasses**

- **25 MDCs**

- **314 APR DRGs + 2 error DRGs**

- **1256 Subclasses**
Major Components

Reimbursement Policy
Proposed Methodologies for Inpatient Reimbursement

- **DRGs**
  - Grouping structure to be converted from MS-DRG to APR DRG system
  - Payment to be prospectively set for Discharge APR DRG and SOI subclass
  - Additional policies for cost outliers, short stays

- **Per Diem**
  - Statewide per diem rates developed for free standing rehabilitation hospitals, distinct part rehabilitation units and Long-Term Acute Care Hospitals (LTACHs)

- **Percent of Charges**
  - Transplant cases to be reimbursement based upon a percent of charges
DRG Price Calculations

- Basic Formula for payment
  
  \[(\text{Hospital Rate}) \times (\text{Relative Weight}) = \text{Hospital Reimbursement}\]

- Proposed DRG price calculation inputs
  
  - Hospital Rate
    
    - Prospective Payment System (PPS) Hospitals
    
    - Critical Access Hospitals (CAH)
  
  - Relative Weights
    
    - Based on adjusted costs
    
    - Alternate weights for Neonatal services (APR DRG 580x-640x) provided in NICU
  
  - Wage index
    
    - Applied to recognize geographic differences in labor costs

- Payment based on discharge APR DRG v33 and SOI
Per Diem

- Basic calculation:
  
  \((\text{Cost per day by hospital}) = \frac{\text{(Sum of the costs)}}{\text{(number of days for the hospital)}}\)

- Calculated statewide operating rate by provider type.

- Adjusted by area wage index
Percent of Charges

- Transplant Service included under percent of charges:
  - APR DRG 001x Liver Transplant &/or Intestinal Transplant
  - APR DRG 002x Heart &/or Lung Transplant
  - APR DRG 006x Pancreas Transplant
  - APR DRG 440x Kidney Transplant

- Reimbursement Formula:
  - Hospital Charges x Hospital cost-to-charge ratio = Hospital Payment

- Organ Acquisition
  - Reimbursed at 100% of acquisition cost

*Transplant Claims cannot be high-cost outliers*
Policies for special circumstances

- Cost Outliers
- Low day payment
- Transfers
- Transplants
- Organ acquisitions
- Readmission
Payment Examples
Case study of how to calculate a reimbursement from APR DRG and SOI.

<table>
<thead>
<tr>
<th>APR DRG- SOI</th>
<th>APR-DRG Description</th>
<th>Relative Wt for Payment</th>
<th>DRG Base Payment Using Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>139-1</td>
<td>OTHER PNEUMONIA</td>
<td>0.4022</td>
<td>$3,298.04</td>
</tr>
<tr>
<td>139-2</td>
<td>OTHER PNEUMONIA</td>
<td>0.6128</td>
<td>$5,024.96</td>
</tr>
<tr>
<td>139-3</td>
<td>OTHER PNEUMONIA</td>
<td>0.9459</td>
<td>$7,756.38</td>
</tr>
<tr>
<td>139-4</td>
<td>OTHER PNEUMONIA</td>
<td>1.8787</td>
<td>$15,405.34</td>
</tr>
<tr>
<td>220-1</td>
<td>MAJOR STOMACH, ESOPHAGEAL &amp; DUODENAL PROCEDURES</td>
<td>1.3302</td>
<td>$10,907.64</td>
</tr>
<tr>
<td>220-2</td>
<td>MAJOR STOMACH, ESOPHAGEAL &amp; DUODENAL PROCEDURES</td>
<td>2.0852</td>
<td>$17,098.64</td>
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<tr>
<td>220-3</td>
<td>MAJOR STOMACH, ESOPHAGEAL &amp; DUODENAL PROCEDURES</td>
<td>3.4859</td>
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<tr>
<td>220-4</td>
<td>MAJOR STOMACH, ESOPHAGEAL &amp; DUODENAL PROCEDURES</td>
<td>7.2851</td>
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<tr>
<td>540-1</td>
<td>CESAREAN DELIVERY</td>
<td>0.5400</td>
<td>$4,428.00</td>
</tr>
<tr>
<td>540-2</td>
<td>CESAREAN DELIVERY</td>
<td>0.6424</td>
<td>$5,267.68</td>
</tr>
<tr>
<td>540-3</td>
<td>CESAREAN DELIVERY</td>
<td>0.9728</td>
<td>$7,976.96</td>
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<tr>
<td>540-4</td>
<td>CESAREAN DELIVERY</td>
<td>2.3023</td>
<td>$18,878.86</td>
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<tr>
<td>541-1</td>
<td>VAGINAL DELIVERY W STERILIZATION &amp;/OR D&amp;C</td>
<td>0.4955</td>
<td>$4,063.10</td>
</tr>
<tr>
<td>541-2</td>
<td>VAGINAL DELIVERY W STERILIZATION &amp;/OR D&amp;C</td>
<td>0.5323</td>
<td>$4,364.86</td>
</tr>
<tr>
<td>541-3</td>
<td>VAGINAL DELIVERY W STERILIZATION &amp;/OR D&amp;C</td>
<td>0.8258</td>
<td>$6,771.56</td>
</tr>
<tr>
<td>541-4</td>
<td>VAGINAL DELIVERY W STERILIZATION &amp;/OR D&amp;C</td>
<td>2.5756</td>
<td>$21,119.92</td>
</tr>
<tr>
<td>609-1</td>
<td>NEONATE BWT 1500-2499G W MAJOR PROCEDURE</td>
<td>1.6898</td>
<td>$13,856.36</td>
</tr>
<tr>
<td>609-2</td>
<td>NEONATE BWT 1500-2499G W MAJOR PROCEDURE</td>
<td>4.7480</td>
<td>$38,933.60</td>
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<tr>
<td>609-3</td>
<td>NEONATE BWT 1500-2499G W MAJOR PROCEDURE</td>
<td>7.4462</td>
<td>$61,058.84</td>
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<tr>
<td>609-4</td>
<td>NEONATE BWT 1500-2499G W MAJOR PROCEDURE</td>
<td>14.4454</td>
<td>$118,452.28</td>
</tr>
<tr>
<td>955-0</td>
<td>PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS</td>
<td>-</td>
<td>$-</td>
</tr>
<tr>
<td>956-0</td>
<td>UNGROUPABLE</td>
<td>-</td>
<td>$-</td>
</tr>
</tbody>
</table>
## Comparative example of MS-DRGs vs APR-DRGs

<table>
<thead>
<tr>
<th>Case 1</th>
<th>Case 2</th>
<th>Case 3</th>
<th>Case 4</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Secondary Diagnoses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PDX V3000: Single liveborn, born in hospital, delivered without mention of cesarean section</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admission age in days: 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharge status: Home</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birthweight: 500G</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case 1</th>
<th>Case 2</th>
<th>Case 3</th>
<th>Case 4</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MS DRG</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>391</td>
<td>390</td>
<td>389</td>
<td>389</td>
<td>Normal Newborn / Newborn with other significant problems / Full Term Neonate w/ Maj. Prob.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case 1</th>
<th>Case 2</th>
<th>Case 3</th>
<th>Case 4</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>APR DRG</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>591 Subclass 1</td>
<td>591 Subclass 2</td>
<td>591 Subclass 3</td>
<td>591 Subclass 4</td>
<td>Neonate, birth weight 500-749G, without major procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case 1</th>
<th>Case 2</th>
<th>Case 3</th>
<th>Case 4</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MS DRG APR DRG</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.2560</td>
<td>0.2892</td>
<td>0.6430</td>
<td>0.6430</td>
<td>Payment weights*</td>
</tr>
<tr>
<td>0.1134</td>
<td>2.6320</td>
<td>12.8901</td>
<td>23.1141</td>
<td></td>
</tr>
</tbody>
</table>

---

*Payment weights are budget neutral and computed from a national database*
# Comparative example of MS-DRGs vs APR-DRGs

<table>
<thead>
<tr>
<th>PDX: 562.11</th>
<th>Diverticulitis of colon</th>
<th>Multiple segmental resection of large intestine</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Case 1</td>
<td>Case 2</td>
<td>Case 3</td>
</tr>
<tr>
<td>Secondary Diagnoses</td>
<td>569.41</td>
<td>569.41</td>
<td>569.41</td>
</tr>
<tr>
<td></td>
<td>560.9</td>
<td>560.9</td>
<td>560.9</td>
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<tr>
<td></td>
<td>422.99</td>
<td>422.99</td>
<td>426.0</td>
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<tr>
<td></td>
<td>426.0</td>
<td>426.0</td>
<td>584.9</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MS DRG</td>
<td>149 wo CC</td>
<td>148 w CC</td>
<td>148 w CC</td>
</tr>
<tr>
<td>APR DRG</td>
<td>221 Subclass 1</td>
<td>221 Subclass 2</td>
<td>221 Subclass 3</td>
</tr>
<tr>
<td>MS DRG</td>
<td>2.3164</td>
<td>4.2303</td>
<td>4.2303</td>
</tr>
<tr>
<td>APR DRG</td>
<td>1.3322</td>
<td>1.7681</td>
<td>2.9531</td>
</tr>
</tbody>
</table>

* Payment weights are budget neutral and computed from a national database
Considerations for APR DRG Implementation
Standard of Coding

APR DRGs uses the standard UHDDS coding guidelines. However, you will need to code all the conditions found in the record.

*Complete and Accurate documentation*

*Complete and Accurate coding*
3M Product Inputs & Outputs

- Only standard grouping inputs required (Administrative Data)
  - Diagnoses with POA
  - Procedures
  - Patient age
  - Patient sex
  - Discharge status
  - Birthweight

- No change to grouper outputs

- Changes to reimbursement outputs not yet known, expected to be simplified.
Key APR Outputs:
Core Grouping Software (CGS) & Grouper Plus System (GPS) and Mainframe Groupers

- DRG
- MDC
- **SOI (subclass)**
- **ROM (subclass)**
- Diagnosis SOI (level)
- Diagnosis ROM (level)
- Diagnosis Affect DRG Flag
- Diagnosis Affect ROM Flag
- Diagnosis Affect SOI Flag
- Procedure Affect DRG Flag
- Procedure Affect ROM Flag
- Procedure Affect SOI Flag

*Full set of outputs available for both admission and discharge APR DRGs*
For more information:

- **Provider Specific Information: Inpatient Hospitals**
  
  [http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-151010--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-151010--,00.html)

- **Links to provider bulletins and Medicaid Provider Manual:**
  
  [http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42553-188444--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42553-188444--,00.html)

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