DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-13-15
Baltimore, Maryland 21244-1850

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Center for Medicaid and State Operations

cc: Nancy Bishop

6-19-07

JUN 1 1 2007

Mr. Paul Reinhart, Director
Medical Services Administration
Department of Community Health
400 South Pine
Lansing, MI 48933

RE: Michigan State Plan Amendment (SPA) 07-04

Dear Mr. Reinhart:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 07-04. This amendment updates the diagnostic related group grouper. Additionally, this amendment updates weighting and inflation factors used in determining relative weights. The effective date for the SPA is January 1, 2007.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment 07-04 is approved effective January 1, 2007. We are enclosing the HCFA-179 and the amended plan pages.

Under regulations at 42 CFR 430.12(c)(i), States are required to amend State plans whenever necessary to implement changes in Federal law, regulations, policy interpretations, or court decisions. On May 25, 2007, CMS placed a final rule, CMS-2258-FC (Cost Limit for Providers Operated by Units of Government and Provisions to Ensure the Integrity of Federal-State Financial Partnership) on display at the Federal Register and that can be found at 72 Fed. Reg. 29748 (May 29, 2007) that would modify Medicaid reimbursement. Because of this regulation, some or all of the payments under this plan amendment may no longer be allowable expenditures for federal Medicaid matching funds. Public Law 110-28, enacted on May 25, 2007 instructed CMS to take no action to implement this final regulation for one year. CMS will abide by the time frames specified by the statute. Approval of the subject State plan amendment does not relieve the State of its responsibility to comply with changes in federal laws and regulations, and to ensure that claims for federal funding are consistent with all applicable requirements.

If you have any questions, please call Todd McMillion at (608) 441-5344.

Sincerely,

Bill Lessard

Dennis G. Smith
Director

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTHCARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 07 - 04

2. STATE: Michigan

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH FINANCING ADMINISTRATION
DEPARTMENT OF HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2007

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 447 Subpart C

7. FEDERAL BUDGET IMPACT:
a. FFY 07 $ -0-
b. FFY 08 $ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-A, pages 6, 8, 8a, 9, 10, 16 and 17 and Appendix 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attachment 4.19-A, pages 6, 8, 8a, 9, 10, 16 and 17 and attachment 1

10. SUBJECT OF AMENDMENT:
Inpatient hospital reimbursement - DRG Grouper (24.0) update

11. GOVERNOR'S REVIEW *(Check One)*:

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED:
Paul Reinhart, Director
Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:
Paul Reinhart

13. TYPED NAME:
Paul Reinhart

14. TITLE:
Director, Medical Services Administration

15. DATE SUBMITTED:
March 9, 2007

16. RETURN TO:

Medical Services Administration
Program/Eligibility Policy Division - Federal Liaison Unit
Capitol Commons Center - 7th Floor
400 South Pine
Lansing, Michigan 48933

Attn: Nancy Bishop

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:
6-11-07

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
JAN - 1 2007

20. SIGNATURE OF REGIONAL OFFICIAL:
William Lasowski For D.S.

21. TYPED NAME:
William Lasowski

22. TITLE:
Deputy Director, CMSO

23. REMARKS:

FORM HCFA-179(07-92)

Instructions on Back

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

Methods and Standards for Establishing Payment Rates – Inpatient Hospital

15. Recognize area cost differences by dividing the charges for each hospital by an area cost adjustor factor. Hospitals are grouped by U.S. Census Core Based Statistical Areas ((CBSAs) as determined by the Centers for Medicare and Medicaid Services for the Medicare program for wage data. Hospital geographic reclassifications made under Section 508 of the Medicare Prescription Drug Improvement and Modernization Act of 2003 will not be used to calculate the Medicaid area wage index. Each area cost adjustor is calculated as follows:

    a. Cost Adjustor = 0.71066 x Wage Adjustor + 0.28934

        1) the cost formula reflects Medicare estimate of labor-related costs as a portion of total hospital costs as published in the federal register.

        2) Each area wage factor is area wage per F.T.E. divided by the statewide average hospital wage per F.T.E. Medicare audited wage is collected using the source described in state policy for the rate-setting period in question. Contract labor cost, as defined by Medicare, are included in determining a hospital's wage costs. Physician Medicare Part B labor costs are excluded.

        3) Each hospital's wage costs are adjusted for different fiscal year ends by multiplying the hospital's wage costs by inflation and weighting factors. All wages are brought to a common point in time.

        4) For hospitals with cost reporting periods ending other than the end of a quarter, the inflation update for the quarter in which the fiscal year ends is used.

        5) The wage adjuster is based on a three-year moving average with the most recent year weighted 60%, the second year weighted 24%, and the initial year weighted 16%

        6) If two or more hospitals merged and are now operating as a single hospital, salary and wages are computed using the combined cost report data from all hospitals involved in the merger. Salary data will be inflated to a common point in time.

    b. Indirect medical education (IME) charges are removed by dividing each hospital's adjusted charges by an IME adjustor. Each hospital's IME adjustor is calculated as follows:

$$1+([(1+\frac{\text{Interns \& Residents}}{\text{Beds}})^{.5795}-1]\times 0.5005)$$

        1) The number of beds for each hospital is the average number of available beds for the hospital. Available licensed beds are limited to beds in the medical/surgical

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

Policy and Methods for Establishing Rates
Inpatient Hospital

d. The adjusted cost for each episode is calculated by multiplying the adjusted charges for the episode by the inpatient operating cost to charge ratio.

1) Each hospital's Title XIX operating cost to total charge ration is obtained from the hospital's filed cost reports for the fiscal year ending in the second year of the base period. If the cost to charge ratio is greater than 1.0, then 1.0 is used.
2) If two or more hospitals merge, and are operating as a single hospital, a cost to charge ratio for the period is computed using the combined cost report data from all hospitals involved in the merger. Cost and charge data will be inflated to a common point in time.

e. The average cost for episodes within each DRG is calculated by dividing the sum of the costs for the episodes by the number of episodes within the DRG.
f. The relative weight for each DRG is calculated by dividing the average cost for episodes within each DRG by the average cost per episode for all episodes. A table showing the relative weights, average lengths of stay, and outlier thresholds for each DRG is included in Appendix A.

g. Bring all charges for discharges to the applicable time period through application of inflation and weighting factors.

Data for current wage adjustors are taken from hospital cost reporting periods ending between September 1, 1999 and August 31, 2004. Each hospital's wage costs are adjusted for different fiscal year end dates by multiplying the hospital's wage costs by inflation and weighting factors. All wages are brought to a common point in time. Filed wage data is used for hospitals where audited data is not available. The following adjustment factors derived from the 1st Quarter 2006Data Resources, Inc. PPS-Type Hospital Market Basket Index, employee cost component, are use used:

Fiscal Year Ending	Wage Inflation Factors	Base Weighting Factors	Update Weighting Factors
9/30/99	1.2138	0.16	-
12/31/99	1.237	0.16	-
03/31/00	1.1928	0.16	-
06/30/00	1.1810	0.16	-
09/30/00	1.1684	0.24	-
12/31/00	1.1561	0.24	-
03/31/01	1.1432	0.24	-
06/30/01	1.1306	0.24	-
09/30/01	1.1176	0.60	0.16
12/31/01	1.1049	0.60	0.16
03/31/02	1.0929	0.60	0.16
06/30/02	1.0819	0.60	0.16
09/30/02	1.0723	-	0.24

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

Policy and Methods for Establishing Rates
Inpatient Hospital

Fiscal Year Ending	Wage Inflation Factors	Base Weighting Factors	Update Weighting Factors
12/31/02	1.0636	-	0.24
3/31/03	1.0546	-	0.24
6/30/03	1.0457	-	0.24
9/30/03	1.0362	-	0.60
12/31/03	1.0268	-	0.60
3/31/04	1.0178	-	0.60
6/30/04	1.0088	-	0.60
8/31/04	1.0000	-	0.60

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

Policy and Methods for Establishing Rates
Inpatient Hospital

For hospitals with cost reporting periods ending other than at the end of a quarter, the inflation update for the quarter in which the hospital" fiscal year ends is used.

B. DRG Price:

The episode file used for DRG price calculations is the same as the file used to set the relative weights with the following exceptions:

1. The episode file is limited to those hospitals enrolled as of a specified date.

2. The case mix is calculated using the sum of all relative weights assigned to each hospital's claims during the base period, divided by the total number of episodes for the hospital during the same period.

3. The adjusted cost for each hospital is summed.

4. The hospital specific base price (cost per discharge for a case mix of 1.00) is computed

   a) Divide total adjusted cost by total number of episodes

   b) Divide average costs by the case mix.

   c) Multiply the result by the applicable inflation and weighting factors. Costs are inflated through the rate period. Inflation factors are obtained from the 1st Quarter 2006 Data Resources, Inc. PPS – Type Hospital Market Basket Index. The following inflation and weighting factors are used:

Fiscal Year Ending	Cost Inflation Factors	Weighting Factors
09/30/00	1.1111	0.16
12/31/00	1.1002	0.16
03/3101	1.0882	0.16
06/30/01	1.0773	0.16
09/30/01	1.0674	0.24
12/31/01	1.0588	0.24
03/31/02	1.0517	0.24
06/30/02	1.0445	0.24
09/30/02	1.0370	0.60
12/31/02	1.0288	0.60
03/31/03	1.0189	0.60
06/30/03	1.0096	0.60
08/31/03	1.000	0.60

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

Policy and Methods for Establishing Rates
Inpatient Hospital

Rates will be adjusted by an inflation factor of 1.1335 for the period from August 31, 2003 to December 31, 2006.

5. Determine the DRG base price by:

   a. Calculate each hospital's limited base price. This is the lesser of the hospital specific base price or the mean of all base prices, plus one standard deviation.

   b. Calculate the statewide operating cost limitation. This is a truncated, weighted mean of all hospitals' limited base prices divided by base period discharges.

   c. The lesser of the truncated mean or the hospital specific base price then becomes the DRG base price (before the cost adjustor and incentives are added) for each hospital.

6. Calculate any incentive. For hospitals with base DRG prices below the operating limit (truncated mean), the hospital's base DRG price is increased by adding 10% of the difference between the hospital specific base price and the limit.

   Adjust each hospital's DRG base price, plus any incentive, by the updated cost adjustor. The updated cost adjustor is calculated, to reflect the most current data available, in the same manner as the base cost adjustor, except that:

   1. Wage data is collected using the source described within State policy for the rate-setting period.

   2. The wage and benefit inflation factors are derived from the employee cost component of the Data Resources, Inc. PPS – Type Hospital Market Basket Index relative to the period.

   3. In the event that changes in federal regulations result in incompatible data between the base and update periods, adjustments are made either to the base or the update period to render the data comparable.

   4. A budget neutrality factor is included in the hospital price calculation. Hospital prices are reduced by the percentage necessary so that total aggregate hospital payments using the new hospital prices and DRG relative weights do not exceed the total aggregate hospital payments made using the prior hospital base period data and DRG Grouper relative weights. The calculated DRG prices are deflated by the percentage necessary for the total payments to equate to the amount currently paid.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

Policy and Methods for Establishing Rates
Inpatient Hospital

1) Multiply the cost per day by the applicable inflation factor. Each hospital's costs are inflated to a common point in time. Inflation factors were obtained from the ~~2nd~~ **1st** Quarter ~~2005~~ **2006Data** Resources, Inc. PPS-Type Hospital Market Basket Index.

FTE	Cost Inflation Factors	Weighting Factors
09/30/01	1.1084	0.16
12/31/01	1.0994	0.16
03/31/02	1.0920	0.16
06/30/02	1.0846	0.16
09/30/02	1.0768	0.24
12/31/02	1.0683	0.24
03/31/03	1.0581	0.24
06/30/03	1.0483	0.24
09/30/03	1.0384	0.60
12/31/03	1.0288	0.60
03/31/04	1.0202	0.60
06/30/04	1.0103	0.60
08/31/04	1.0000	0.60

Rates will be adjusted by an inflation factor of 1.0916 for the period from August 31, 2004 to December 31, 2006.

The inflation update for the quarter in which the hospital's fiscal year ends is used.

2) Recognize area cost differences by dividing the cost per day for each hospital by an area cost adjustor factor. Hospitals are grouped by U.S. Census Core Based Statistical Area (CBSAs) as determined by the Centers for Medicare and Medicaid Services for the Medicare program for wage data. Hospital geographic reclassifications made under Section 508 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 will not be used to calculate the Medicaid area wage index. Each area cost adjustor is calculated as follows:

   - COST ADJUSTOR= 0.71066 X WAGE ADJUSTOR + 0.28934

   The cost adjuster formula reflects Medicare estimate of labor-related costs as a portion of total hospital costs as published in the Federal Register.

3) Each area wage factor is area wage per full-time equivalent (F.T.E.) divided by the statewide average hospital wage per F.T.E. Contract labor costs are included in determining a hospital's wage costs.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

Policy and Methods for Establishing Rates – Inpatient Hospital

data is not available. The following adjustment factors, derived from the 1st Quarter 2006 Data Resources, Inc. PPS-Type Hospital Market Basket Index, employee cost component, are used:

Fiscal Year Ending	Wage Inflation Factors	Base Weighting Factors	Update Weighting Factors
09/30/00	1.1684	0.16	-
12/31/00	1.1561	0.16	-
03/31/01	1.1432	0.16	-
06/30/01	1.1306	0.16	-
09/30/01	1.1176	0.24	0.16
12/31/01	1.1049	0.24	0.16
03/31/02	1.0929	0.24	0.16
06/30/02	1.0819	0.24	016
09/30/02	1.0723	0.60	0.24
12/31/02	1.0636	0.60	0.24
03/31/03	1.0546	0.60	0.24
06/30/03	1.0457	0.60	0.24
9/30/03	1.0362	-	0.60
12/31/03	1.0268	-	0.60
3/31/04	1.0178	-	0.60
6/30/04	1.0088	-	0.60
8/31/04	1.0000	-	0.60

For hospitals with cost reporting periods ending other than the end of a quarter, the inflation update for the quarter in which the hospital's fiscal year ends is used.

- The wage data for distinct part rehabilitation units is the same as for the inpatient medical/surgical area of the hospital. The cost reports do not differentiate salaries/hours by unit type.
- If two or more hospitals merge and are now operating as a single hospital, salary and wages are computed using the combined cost report data from all hospitals involved in the merger. Salary data will be inflated to a common point in time.

- Remove indirect medical education (IME) costs by dividing by an adjustor for indirect education. Each hospital's IME adjustor is calculated as follows:

$$1+([(1+\frac{\text{Interns \& Residents}}{\text{Beds}})^{.5795}-1]\times 0.5005)$$

- Distinct part rehabilitation units report this data separately. The IME adjustor is unique to the unit.

Appendix 1

Michigan Department of Community Health
DRG Grouper
Version 24.0

DRG	MDC	TYPE	DRG TITLE	Relative Weight	Avg LOS	Low Day	High Day
1	1	SURG	CRANIOTOMY AGE W CC	4.9687	11.75	2	50
2	1	SURG	CRANIOTOMY AGE W/O CC	2.8286	4.95	1	50
3	1	SURG	CRANIOTOMY AGE 0-17	3.0130	7.92	1	50
4	1	SURG	NO LONGER VALID				
5	1	SURG	NO LONGER VALID				
6	1	SURG	CARPAL TUNNEL RELEASE	1.3478	3.00	3	50
7	1	SURG	PERIPH CRANIAL NERVE OTHER NERV SYST PROC W CC	3.0992	9.98	1	50
8	1	SURG	PERIPH CRANIAL NERVE OTHER NERV SYST PROC W/O CC	1.7391	2.98	1	50
9	1	MED	SPINAL DISORDERS INJURIES	1.5607	5.89	1	50
10	1	MED	NERVOUS SYSTEM NEOPLASMS W CC	1.6134	6.19	1	50
11	1	MED	NERVOUS SYSTEM NEOPLASMS W/O CC	0.9653	2.92	1	50
12	1	MED	DEGENERATIVE NERVOUS SYSTEM DISORDERS	1.1997	4.99	1	50
13	1	MED	MULTIPLE SCLEROSIS CEREBELLAR ATAXIA	1.4321	6.52	1	50
14	1	MED	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	2.0605	6.82	1	50
15	1	MED	NONSPECIFIC CVA PRECEREBRAL OCCLUSION W/O INFARCT	1.4161	4.95	1	50
16	1	MED	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	1.6906	7.31	1	50
17	1	MED	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC	0.9434	3.10	1	50
18	1	MED	CRANIAL PERIPHERAL NERVE DISORDERS W CC	1.2619	5.76	1	50
19	1	MED	CRANIAL PERIPHERAL NERVE DISORDERS W/O CC	0.8933	3.53	1	50
20	1	MED	NO LONGER VALID				
21	1	MED	VIRAL MENINGITIS	0.7129	3.24	1	50
22	1	MED	HYPERTENSIVE ENCEPHALOPATHY	1.8441	6.33	1	50
23	1	MED	NONTRAUMATIC STUPOR COMA	1.1502	3.56	1	50
24	1	MED	NO LONGER VALID				
25	1	MED	NO LONGER VALID				
26	1	MED	SEIZURE HEADACHE AGE 0-17	0.6089	2.56	1	50
27	1	MED	TRAUMATIC STUPOR COMA, COMA HR	1.7496	4.45	1	50
28	1	MED	TRAUMATIC STUPOR COMA, COMA HR AGE W CC	1.8523	6.31	1	50
29	1	MED	TRAUMATIC STUPOR COMA, COMA HR AGE W/O CC	0.9366	2.87	1	50
30	1	MED	TRAUMATIC STUPOR COMA, COMA HR AGE 0-17	0.7383	2.49	1	50
31	1	MED	CONCUSSION AGE W CC	1.1145	3.09	1	50
32	1	MED	CONCUSSION AGE W/O CC	0.6346	2.00	1	50
33	1	MED	CONCUSSION AGE 0-17	0.5065	1.27	1	50
34	1	MED	OTHER DISORDERS OF NERVOUS SYSTEM W CC	1.4835	5.42	1	50
35	1	MED	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC	0.7592	2.57	1	50
36	2	SURG	RETINAL PROCEDURES	1.1823	2.86	1	50
37	2	SURG	ORBITAL PROCEDURES	1.5771	3.55	1	50
38	2	SURG	PRIMARY IRIS PROCEDURES	0.6185	1.67	1	50
39	2	SURG	LENS PROCEDURES WITH OR WITHOUT VITRECTOMY	1.2390	2.67	2	50
40	2	SURG	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE	1.2474	3.47	1	50
41	2	SURG	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17	2.1822	7.24	1	50
42	2	SURG	INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS LENS	1.4001	3.90	1	50
43	2	MED	HYPHEMA	0.6671	2.13	1	50
44	2	MED	ACUTE MAJOR EYE INFECTIONS	0.6212	3.22	1	50
45	2	MED	NEUROLOGICAL EYE DISORDERS	0.9171	3.44	1	50
46	2	MED	OTHER DISORDERS OF THE EYE AGE W CC	0.9770	4.55	1	50
47	2	MED	OTHER DISORDERS OF THE EYE AGE W/O CC	0.5414	2.64	1	50
48	2	MED	OTHER DISORDERS OF THE EYE AGE 0-17	0.8869	3.94	1	50
49	3	SURG	MAJOR HEAD NECK PROCEDURES	3.5116	3.78	1	50
50	3	SURG	SIALOADENECTOMY	1.0775	1.75	1	50
51	3	SURG	SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY	0.5813	1.60	1	50
52	3	SURG	CLEFT LIP PALATE REPAIR	0.8148	1.56	1	50
53	3	SURG	SINUS MASTOID PROCEDURES AGE	1.3376	3.49	1	50
54	3	SURG	SINUS MASTOID PROCEDURES AGE 0-17	2.0831	4.52	1	50
55	3	SURG	MISCELLANEOUS EAR, NOSE, MOUTH THROAT PROCEDURES	2.3615	6.28	1	50
56	3	SURG	RHINOPLASTY	0.9066	1.64	1	50
57	3	SURG	TPROC, EXCEPT TONSILLECTOMY ADENOIDECTOMY ONLY, AGE	0.8474	2.85	1	50
58	3	SURG	TPROC, EXCEPT TONSILLECTOMY ADENOIDECTOMY ONLY, AGE 0-17	1.0301	3.00	1	50
59	3	SURG	TONSILLECTOMY ADENOIDECTOMY ONLY, AGE	0.8252	2.64	1	50
60	3	SURG	TONSILLECTOMY ADENOIDECTOMY ONLY, AGE 0-17	0.8110	2.20	1	50
61	3	SURG	MYRINGOTOMY W TUBE INSERTION AGE	1.9262	4.67	3	50
62	3	SURG	MYRINGOTOMY W TUBE INSERTION AGE 0-17	1.0845	2.65	1	50

Michigan Department of Community Health
DRG Grouper
Version 24.0

DRG	MDC	TYPE	DRG TITLE	Relative Weight	Avg LOS	Low Day	High Day
63	3	SURG	OTHER EAR, NOSE, MOUTH THROAT O.R. PROCEDURES	1.8913	3.71	1	50
64	3	MED	EAR, NOSE, MOUTH THROAT MALIGNANCY	1.4318	5.68	1	50
65	3	MED	DYSEQUILIBRIUM	0.7226	2.57	1	50
66	3	MED	EPISTAXIS	0.5599	2.59	1	50
67	3	MED	EPIGLOTTITIS	1.0323	3.43	1	50
68	3	MED	OTITIS MEDIA URI AGE W CC	0.7869	3.39	1	50
69	3	MED	OTITIS MEDIA URI AGE W/O CC	0.5708	2.34	1	50
70	3	MED	OTITIS MEDIA URI AGE 0-17	0.4763	2.33	1	50
71	3	MED	LARYNGOTRACHEITIS	0.3838	1.81	1	50
72	3	MED	NASAL TRAUMA DEFORMITY	0.8447	2.14	1	50
73	3	MED	OTHER EAR, NOSE, MOUTH THROAT DIAGNOSES AGE	1.0165	3.63	1	50
74	3	MED	OTHER EAR, NOSE, MOUTH THROAT DIAGNOSES AGE 0-17	0.8324	3.49	1	50
75	4	SURG	MAJOR CHEST PROCEDURES	3.6113	10.81	1	50
76	4	SURG	OTHER RESP SYSTEM O.R. PROCEDURES W CC	3.7190	12.49	1	50
77	4	SURG	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC	1.3894	4.33	1	50
78	4	MED	PULMONARY EMBOLISM	1.6780	6.51	1	50
79	4	MED	RESPIRATORY INFECTIONS INFLAMMATIONS AGE W CC	2.1596	9.04	1	50
80	4	MED	RESPIRATORY INFECTIONS INFLAMMATIONS AGE W/O CC	1.2533	6.48	1	50
81	4	MED	RESPIRATORY INFECTIONS INFLAMMATIONS AGE 0-17	1.7741	6.91	1	50
82	4	MED	RESPIRATORY NEOPLASMS	1.8232	6.87	1	50
83	4	MED	MAJOR CHEST TRAUMA W CC	1.2609	4.31	1	50
84	4	MED	MAJOR CHEST TRAUMA W/O CC	0.8942	3.43	1	50
85	4	MED	PLEURAL EFFUSION W CC	1.3927	4.95	1	50
86	4	MED	PLEURAL EFFUSION W/O CC	0.9712	3.95	1	50
87	4	MED	PULMONARY EDEMA RESPIRATORY FAILURE	2.0528	6.34	1	50
88	4	MED	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1.0584	4.41	1	50
89	4	MED	SIMPLE PNEUMONIA PLEURISY AGE W CC	1.2910	5.26	1	50
90	4	MED	SIMPLE PNEUMONIA PLEURISY AGE W/O CC	0.7333	3.09	1	50
91	4	MED	SIMPLE PNEUMONIA PLEURISY AGE 0-17	0.6756	3.16	1	50
92	4	MED	INTERSTITIAL LUNG DISEASE W CC	1.5635	6.71	1	50
93	4	MED	INTERSTITIAL LUNG DISEASE W/O CC	0.8875	4.14	1	50
94	4	MED	PNEUMOTHORAX W CC	1.4725	5.96	1	50
95	4	MED	PNEUMOTHORAX W/O CC	0.7013	3.53	1	50
96	4	MED	BRONCHITIS ASTHMA AGE W CC	0.9088	3.72	1	50
97	4	MED	BRONCHITIS ASTHMA AGE W/O CC	0.5848	2.53	1	50
98	4	MED	BRONCHITIS ASTHMA AGE 0-17	0.5363	2.62	1	50
99	4	MED	RESPIRATORY SIGNS SYMPTOMS W CC	0.7925	3.17	1	50
100	4	MED	RESPIRATORY SIGNS SYMPTOMS W/O CC	0.5118	2.06	1	50
101	4	MED	OTHER RESPIRATORY SYSTEM DIAGNOSES W CC	1.2086	4.49	1	50
102	4	MED	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O CC	0.6128	2.14	1	50
103	PRE	SURG	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM	Paid Percent of Charge			
104	5	SURG	CARDIAC VALVE OTH MAJOR CARDIOTHORACIC PROC W CARD CATH	10.4208	21.00	5	52
105	5	SURG	CARDIAC VALVE OTH MAJOR CARDIOTHORACIC PROC W/O CARD CATH	6.5400	11.42	3	50
106	5	SURG	CORONARY BYPASS W PTCA	7.9343	12.41	2	50
107	5	SURG	NO LONGER VALID				
108	5	SURG	OTHER CARDIOTHORACIC PROCEDURES	7.1104	12.20	1	50
109	5	SURG	NO LONGER VALID				
110	5	SURG	MAJOR CARDIOVASCULAR PROCEDURES W CC	5.8919	11.83	1	50
111	5	SURG	MAJOR CARDIOVASCULAR PROCEDURES W/O CC	3.4309	5.73	1	50
112	5	SURG	NO LONGER VALID				
113	5	SURG	AMPUTATION FOR CIRC SYSTEM DISORDERS EXCEPT UPPER LIMB TOE	4.3585	15.62	3	50
114	5	SURG	UPPER LIMB TOE AMPUTATION FOR CIRC SYSTEM DISORDERS	2.3263	10.28	1	50
115	5	SURG	NO LONGER VALID				
116	5	SURG	NO LONGER VALID				
117	5	SURG	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT	1.0661	2.27	1	50
118	5	SURG	CARDIAC PACEMAKER DEVICE REPLACEMENT	2.1239	3.42	1	50
119	5	SURG	VEIN LIGATION STRIPPING	1.7791	4.36	1	50
120	5	SURG	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	3.0495	10.78	1	50
121	5	MED	CIRCULATORY DISORDERS W AMI MAJOR COMP, DISCHARGED ALIVE	2.4179	6.21	1	50
122	5	MED	CIRCULATORY DISORDERS W AMI W/O MAJOR COMP, DISCHARGED ALIVE	1.5209	3.02	1	50
123	5	MED	CIRCULATORY DISORDERS W AMI, EXPIRED	2.3773	4.62	1	50
124	5	MED	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH COMPLEX DIAG	1.8317	4.84	1	50