

Facts about Oregon MMIS Ambulatory Payment Classification methodology

For more information and resources, refer to the Hospital Services provider guidelines at www.dhs.state.or.us/policy/healthplan/guides/hospital/main.html.

Who does this affect?

Oregon in-state DRG general acute care hospitals.

What services will DMAP process according to APC methodology?

Hospital outpatient services billed to DMAP on a fee-for-service basis on or after Jan. 22, 2013.

What services will not process according to APC methodology?

Clinical lab will still be paid on the DMAP fee schedule.

If an outpatient hospital service is not grouped to an APC or clinical lab, DMAP will pay at a percentage of billed using the specific hospital cost to charge ratio for the service.

When will DMAP implement APC methodology?

Jan. 22, 2013.

DMAP will also reprocess claims billed on or after Jan. 1, 2012 through Jan. 21, 2013.

How will Oregon MMIS APC methodology match CMS methodology?

DMAP will:

- Use the most current set of APC weights available from CMS.
- Update its system accordingly when CMS makes an update to APC methodology.

DMAP will not:

- Implement Medicare's APC outlier policy at this time.
- Adopt codes used by Medicare (*e.g.*, G codes) or map to Medicare codes. If codes used by DMAP do not group to an APC, DMAP will pay at a percentage of billed.
- Require hospitals to bill professional charges in the professional claim format. Hospitals may continue billing all charges in the institutional claim format.

How does this affect hospital budget neutrality?

DMAP will make the hospitals budget neutral for outpatient claims billed in 2012 (not 2013).

How does this affect DMAP policy (*e.g.*, coverage or prior authorization)?

No policy changes are being made as part of this project.