

**Washington State Medicaid
Inpatient Reimbursement System Study
Analysis of LTAC Inpatient Paid Claims Data - SFY02 Through SFY04**

Report 1: Summary Data by State Fiscal Year

Provides summary level comparisons of Net Charges, Payments, Estimated Costs and Number of Discharges for all hospitals combined for State Fiscal Years 2002, 2003 and 2004. Also provides statistics for Average Net Charge Per Discharge, Average Payment Per Discharge and Average Estimated Cost Per Discharge.

Data Sources:

*Paid claims data provided by Washington State Medicaid for SFYs 2002, 2003 and 2004
RCCs provided by Washington State Medicaid for SFYs 2002, 2003 and 2004*

Report 2: Summary Data by Peer Group

Provides summary comparisons at the Washington State Medicaid designated peer group level for State Fiscal Years 2002, 2003 and 2004. Analyzes Net Charges, Payments, Estimated Costs and Number of Discharges (in the aggregate and separated by AP-DRG-based payment and RCC based payment), as well as average per discharge amounts. Also provides Payments as a percentage of Net Charges and Payments as a percentage of Estimated Costs statistics for each year.

Data Sources:

*Paid claims data provided by Washington State Medicaid for SFYs 2002, 2003 and 2004
RCCs provided by Washington State Medicaid for SFYs 2002, 2003 and 2004*

Report 3a: Analysis of Charges, Payments and Estimated Costs, by Hospital, by Peer Group

Provides comparisons of Net Charges, Payments and Estimated Costs, in total and average per discharge amounts, by hospital by peer group for State Fiscal Years 2002, 2003 and 2004. Also provides comparisons of Payments to Estimated Costs and Payments to Net Charges statistics.

Data Sources:

*Paid claims data provided by Washington State Medicaid for SFYs 2002, 2003 and 2004
RCCs provided by Washington State Medicaid for SFYs 2002, 2003 and 2004*

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Report 4: Summary Data by Service Area, by State Fiscal Year

Provides comparisons of total hospital Net Charges, Payments and Number of Discharges for State Fiscal Years 2002, 2003 and 2004 by Service Area designation. Also provides statistics for Average Net Charge Per Discharge and Average Payment Per Discharge by Service Area designation.

Data Sources:

Paid claims data provided by Washington State Medicaid for SFYs 2002, 2003 and 2004

Report 5: Summary Data by AP-DRG, by State Fiscal Year

Provides comparisons of total hospital Net Charges, Payments and Number of Discharges for State Fiscal Years 2002, 2003 and 2004 by AP-DRG classification. Also provides statistics for Average Net Charge Per Discharge and Average Payment Per Discharge.

Note that this report includes data for all discharges, including those discharges that are not paid based on the AP-DRG methodology.

Data Sources:

Paid claims data provided by Washington State Medicaid for SFYs 2002, 2003 and 2004

Report 6a: Analysis of Payments, by Type of Payment – Peer Group and Hospital Detail

Provides an analysis of the number of discharges and payments by type of payment (AP-DRG-based payments including related outlier payments and RCC-based payments) for State Fiscal Years 2002, 2003 and 2004, by hospital and by peer group. Also provides statistics for each year analyzing AP-DRG Payments as a percentage of Total Payments, and RCC-Based Payments as a percentage of Total Payments, and how those percentages have changed over time.

Data Sources:

Paid claims data provided by Washington State Medicaid for SFYs 2002, 2003 and 2004

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Report 6b: Analysis of Average Charge and Average Payment Per Discharge

Provides comparisons of average Net Charges per discharge and average Payments per discharge, by type of payment – AP-DRG discharges, Outlier discharges and RCC discharges, for State Fiscal Years 2002, 2003 and 2004.

Data Sources:

Paid claims data provided by Washington State Medicaid for SFYs 2002, 2003 and 2004

Report 7: Analysis of Payments, by Type of Payment – AP-DRG Detail

Provides an analysis of the number of discharges and payments by type of payment (AP-DRG-based payments including related outlier payments and RCC-based payments) for State Fiscal Years 2002, 2003 and 2004, by AP-DRG classification. Also provides statistics for each year analyzing AP-DRG Payments as a percentage of Total Payments, and RCC-Based Payments as a percentage of Total Payments, and how those percentages have changed over time.

Data Sources:

Paid claims data provided by Washington State Medicaid for SFYs 2002, 2003 and 2004

Report 8: Analysis of Discharge Volume

Provides a comparison of the number of Total Discharges and Transfer Discharges for State Fiscal Years 2002, 2003 and 2004, by hospital and by peer group. Also provides statistics of Transfer Discharges as a percentage of Total Discharges. The Transfer Discharge analysis is shown in Report 8b.

Data Sources:

Paid claims data provided by Washington State Medicaid for SFYs 2002, 2003 and 2004

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Report 1: Summary Data by State Fiscal Year

<u>Description</u>	<u>Net Charges ⁽¹⁾</u>	<u>Payments ⁽²⁾</u>	<u>Estimated Costs ⁽³⁾</u>	<u>Number of Discharges</u>	<u>Average Net Charge Per Discharge</u>	<u>Average Payment Per Discharge</u>	<u>Average Estimated Cost Per Discharge</u>
	A	B	C	D	E=A/D	F=B/D	G=C/D
State Fiscal Year 2002	\$ 1,145,869	\$ 1,071,260	\$ 975,685	51	\$ 22,468	\$ 21,005	\$ 19,131
State Fiscal Year 2003	\$ 3,004,038	\$ 2,519,546	\$ 2,016,406	122	\$ 24,623	\$ 20,652	\$ 16,528
State Fiscal Year 2004	\$ 2,919,448	\$ 2,492,622	\$ 1,924,877	106	\$ 27,542	\$ 23,515	\$ 18,159
Percent Change SFY02-03	162.16%	135.19%	106.67%	139.22%	9.59%	-1.68%	-13.61%
Percent Change SFY03-04	-2.82%	-1.07%	-4.54%	-13.11%	11.85%	13.86%	9.87%
Percent Change SFY02-04	154.78%	132.68%	97.28%	107.84%	22.58%	11.95%	-5.08%

Notes:

- (1) Net Charges are Total Claim Charges less Total Non-Covered Claim Charges. Total Non-Covered Claim Charges were less than .5 percent of Total Claim Charges.
- (2) Payments are the sum of DRG Allowed Charge amounts for DRG-based services, and Allowed Charge amounts for RCC-based services. These amounts represent the total payment amount to be received by the hospitals for these services, including all third-party payment amounts.
- (3) Costs are estimated by multiplying a hospital's RCC by the net charges amount for each claim.

Data Sources:

Paid claims data provided by Washington State Medicaid for SFYs 2002, 2003 and 2004.
RCCs provided by Washington State Medicaid for SFYs 2002, 2003 and 2004.

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Report 2: Summary Data by Peer Group

State Fiscal Year 2002							
Description	Net Charges ⁽¹⁾	Payments ⁽²⁾	Estimated Costs ⁽³⁾	Number of Discharges	Average Net Charge Per Discharge	Average Payment Per Discharge	Average Estimated Cost Per Discharge
	A	B	C	D	E=A/D	F=B/D	G=C/D
LTAC Hospitals	\$ 1,145,869	\$ 1,071,260	\$ 975,685	51	\$ 22,468	\$ 21,005	\$ 19,131

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Report 2: Summary Data by Peer Group

State Fiscal Year 2003							
Description	Net Charges ⁽¹⁾	Payments ⁽²⁾	Estimated Costs ⁽³⁾	Number of Discharges	Average Net Charge Per Discharge	Average Payment Per Discharge	Average Estimated Cost Per Discharge
	H	I	J	K	L=H/K	M=I/K	N=J/K
LTAC Hospitals	\$ 3,004,038	\$ 2,519,546	\$ 2,016,406	122	\$ 24,623	\$ 20,652	\$ 16,528

Washington State Medicaid
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Report 2: Summary Data by Peer Group

Description	State Fiscal Year 2004						
	Net Charges ⁽¹⁾	Payments ⁽²⁾	Estimated Costs ⁽³⁾	Number of Discharges	Average Net Charge Per Discharge	Average Payment Per Discharge	Average Estimated Cost Per Discharge
	O	P	Q	R	S=O/R	T=P/R	U=Q/R
LTAC Hospitals	\$ 2,919,448	\$ 2,492,622	\$ 1,924,877	106	\$ 27,542	\$ 23,515	\$ 18,159

Notes:

- (1) Net Charges are Total Claim Charges less Total Non-Covered Claim Charges. Total Non-Covered Claim Charges were less than .5 percent of Total Claim Charges.
- (2) Payments are the sum of DRG Allowed Charge amounts for DRG-based services, and Allowed Charge amounts for RCC-based services. These amounts represent the total payment amount to be received by the hospitals for these services, including all third-party payment amounts.
- (3) Costs are estimated by multiplying a hospital's RCC by the net charges amount for each claim.

Data Sources:

Paid claims data provided by Washington State Medicaid for SFYs 2002, 2003 and 2004.
 RCCs provided by Washington State Medicaid for SFYs 2002, 2003 and 2004.

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Report 3a: Analysis of Charges, Payments and Estimated Costs, by Hospital, by Peer Group - Including All Hospitals

Description	Net Charges ^(d)			Percent Change in Net Charges			Average Net Charge Per Discharge			Percent Change in Average Net Charge Per Discharge		
	SFY 2002 A	SFY 2003 B	SFY 2004 C	SFY 2002-2003 D=(B-A)/A	SFY 2003-2004 E=(C-B)/B	SFY 2002-2004 F=(C-A)/A	SFY 2002 G	SFY 2003 H	SFY 2004 I	SFY 2002-2003 J=(H-G)/G	SFY 2003-2004 K=(I-H)/H	SFY 2002-2004 L=(I-G)/G
LTAC Hospitals:												
Kindred Hosp - Seattle	\$ 88,804	\$ 1,734,768	\$ 1,240,266	1853.47%	-28.51%	1296.63%	\$ 17,761	\$ 18,653	\$ 18,239	5.02%	-2.22%	2.69%
Regional Hospital - Seattle	1,057,065	1,269,271	1,679,182	20.08%	32.30%	58.85%	22,980	43,768	44,189	90.46%	0.96%	92.29%
Total LTAC Hospitals	<u>\$ 1,145,869</u>	<u>\$ 3,004,038</u>	<u>\$ 2,919,448</u>	<u>162.16%</u>	<u>-2.82%</u>	<u>154.78%</u>	<u>\$ 22,468</u>	<u>\$ 24,623</u>	<u>\$ 27,542</u>	<u>9.59%</u>	<u>11.85%</u>	<u>22.58%</u>

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Report 3a: Analysis of Charges, Payments and Estimated Costs, by Hospital, by Peer Group - Including All Hospitals

Description	Payments ⁽²⁾			Percent Change in Payments			Average Payment Per Discharge			Percent Change in Average Payment Per Discharge		
	SFY 2002	SFY 2003	SFY 2004	SFY 2002-2003	SFY 2003-2004	SFY 2002-2004	SFY 2002	SFY 2003	SFY 2004	SFY 2002-2003	SFY 2003-2004	SFY 2002-2004
	M	N	O	P=(N-M)/M	Q=(O-N)/N	R=(O-M)/M	S	T	U	V=(T-S)/S	W=(U-T)/T	X=(U-S)/S
LTAC Hospitals:												
Kindred Hosp - Seattle	\$ 58,358	\$ 1,314,979	\$ 978,758	2153.31%	-25.57%	1577.17%	\$ 11,672	\$ 14,140	\$ 14,393	21.14%	1.79%	23.31%
Regional Hospital - Seattle	1,012,903	1,204,567	1,513,864	18.92%	25.68%	49.46%	22,020	41,537	39,839	88.63%	-4.09%	80.92%
Total LTAC Hospitals	<u>\$ 1,071,260</u>	<u>\$ 2,519,546</u>	<u>\$ 2,492,622</u>	<u>135.19%</u>	<u>-1.07%</u>	<u>132.68%</u>	<u>\$ 21,005</u>	<u>\$ 20,652</u>	<u>\$ 23,515</u>	<u>-1.68%</u>	<u>13.86%</u>	<u>11.95%</u>

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Report 3a: Analysis of Charges, Payments and Estimated Costs, by Hospital, by Peer Group - Including All Hospitals

Description	Estimated Costs ⁽⁹⁾			Percent Change in Estimated Costs			Average Estimated Cost Per Discharge			Percent Change in Average Estimated Cost Per Discharge		
	SFY 2002 Y	SFY 2003 Z	SFY 2004 AA	SFY 2002-2003 AB=(Z-Y)/Y	SFY 2003-2004 AC=(AA-Z)/Z	SFY 2002-2004 AD=(AA-Y)/Y	SFY 2002 AE	SFY 2003 AF	SFY 2004 AG	SFY 2002-2003 AH=(AF-AB)/AE	SFY 2003-2004 AI=(AG-AF)/AF	SFY 2002-2004 AJ=(AG-AB)/AE
LTAC Hospitals:												
Kindred Hosp - Seattle	\$ 50,174	\$ 905,098	\$ 609,473	1703.90%	-32.66%	1114.71%	\$ 10,035	\$ 9,732	\$ 8,963	-3.02%	-7.91%	-10.68%
Regional Hospital - Seattle	925,511	1,111,307	1,315,404	20.08%	18.37%	42.13%	20,120	38,321	34,616	90.46%	-9.67%	72.05%
Total LTAC Hospitals	<u>\$ 975,685</u>	<u>\$ 2,016,406</u>	<u>\$ 1,924,877</u>	<u>106.67%</u>	<u>-4.54%</u>	<u>97.28%</u>	<u>\$ 19,131</u>	<u>\$ 16,528</u>	<u>\$ 18,159</u>	<u>-13.61%</u>	<u>9.87%</u>	<u>-5.08%</u>

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Report 3a: Analysis of Charges, Payments and Estimated Costs, by Hospital, by Peer Group - Including All Hospitals

Description	Payments as a Percent of Estimated Costs			Percent Change in Payments as a Percent of Estimated Costs			Payments as a Percent of Charges			Percent Change in Payments as a Percent of Charges		
	SFY 2002	SFY 2003	SFY 2004	SFY 2002-2003	SFY 2003-2004	SFY 2002-2004	SFY 2002	SFY 2003	SFY 2004	SFY 2002-2003	SFY 2003-2004	SFY 2002-2004
	AK=MY	AL=N/Z	AM=O/AA	AN=AL-AK	AO=AM-AL	AP=AM-AK	AQ=M/A	AR=N/B	AS=O/C	AT=AR-AQ	AU=AS-AR	AV=AS-AQ
LTAC Hospitals:												
Kindred Hosp - Seattle	116.31%	145.29%	160.59%	28.98%	15.31%	44.28%	65.71%	75.80%	78.92%	10.09%	3.11%	13.20%
Regional Hospital - Seattle	109.44%	108.39%	115.09%	-1.05%	6.70%	5.64%	95.82%	94.90%	90.15%	-0.92%	-4.75%	-5.67%
Total LTAC Hospitals	<u>109.80%</u>	<u>124.95%</u>	<u>129.50%</u>	<u>15.16%</u>	<u>4.54%</u>	<u>19.70%</u>	<u>93.49%</u>	<u>83.87%</u>	<u>85.38%</u>	<u>-9.62%</u>	<u>1.51%</u>	<u>-8.11%</u>

Notes:

- (1) Net Charges are Total Claim Charges less Total Non-Covered Claim Charges. Total Non-Covered Claim Charges were less than .5 percent of Total Claim Charges.
- (2) Payments are the sum of DRG Allowed Charge amounts for DRG-based services, and Allowed Charge amounts for RCC-based services. These amounts represent the total payment amount to be received by the hospitals for these services, including all third-party payment amounts.
- (3) Costs are estimated by multiplying a hospital's RCC by the net charges amount for each claim.

Data Sources:

Paid claims data provided by Washington State Medicaid for SFYs 2002, 2003 and 2004.
 RCCs provided by Washington State Medicaid for SFYs 2002, 2003 and 2004.

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Report 4: Summary Data by Service Area, by State Fiscal Year

Description	State Fiscal Year 2002				
	Net Charges ⁽¹⁾	Payments ⁽²⁾	Number of Discharges	Average Net Charge Per Discharge	Average Payment Per Discharge
	A	B	C	D=A/C	E=B/C
DERMATOLOGY	\$ -	\$ -	-	N/A	N/A
GASTROENTEROLOGY	-	-	-	N/A	N/A
GENERAL MEDICINE	7,848	7,848	1	7,848	7,848
GENERAL SURGERY	130,707	126,524	6	21,784	21,087
HIV	-	-	-	N/A	N/A
NEPHROLOGY	-	-	-	N/A	N/A
ORTHOPEDICS	-	-	-	N/A	N/A
PULMONARY	920,254	880,239	40	23,006	22,006
THORACIC SURGERY	-	-	-	N/A	N/A
TRACHEOSTOMY	-	-	-	N/A	N/A
TRAUMA	87,060	56,650	4	21,765	14,162
VASCULAR	-	-	-	N/A	N/A
Total All Service Areas ⁽³⁾	<u>\$ 1,145,869</u>	<u>\$ 1,071,260</u>	<u>51</u>	<u>\$ 22,468</u>	<u>\$ 21,005</u>

Washington State Medicaid
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 Analysis of LTAC Inpatient Paid Claims Data - SFY02 Through SFY04

Report 4: Summary Data by Service Area, by State Fiscal Year

Description	State Fiscal Year 2003				
	Net Charges ⁽¹⁾	Payments ⁽²⁾	Number of Discharges	Average Net Charge Per Discharge	Average Payment Per Discharge
	F	G	H	I=F/H	J=G/H
DERMATOLOGY	\$ 17,687	\$ 16,424	2	\$ 8,843	\$ 8,212
GASTROENTEROLOGY	75,258	46,053	2	37,629	23,027
GENERAL MEDICINE	18,386	15,943	1	18,386	15,943
GENERAL SURGERY	-	-	-	N/A	N/A
HIV	-	-	-	N/A	N/A
NEPHROLOGY	6,883	4,439	1	6,883	4,439
ORTHOPEDICS	34,928	29,065	4	8,732	7,266
PULMONARY	2,720,145	2,289,519	106	25,662	21,599
THORACIC SURGERY	2,578	2,192	1	2,578	2,192
TRACHEOSTOMY	91,922	85,143	2	45,961	42,572
TRAUMA	-	-	-	N/A	N/A
VASCULAR	36,252	30,769	3	12,084	10,256
Total All Service Areas ⁽³⁾	<u>\$ 3,004,038</u>	<u>\$ 2,519,546</u>	<u>122</u>	<u>\$ 24,623</u>	<u>\$ 20,652</u>

Washington State Medicaid
 Inpatient Reimbursement System Study
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Report 4: Summary Data by Service Area, by State Fiscal Year

Description	State Fiscal Year 2004				
	Net Charges ⁽¹⁾	Payments ⁽²⁾	Number of Discharges	Average Net Charge Per Discharge	Average Payment Per Discharge
	K	L	M	N=K/M	O=L/M
DERMATOLOGY	\$ -	\$ -	-	N/A	N/A
GASTROENTEROLOGY	-	-	-	N/A	N/A
GENERAL MEDICINE	16,805	15,384	2	8,402	7,692
GENERAL SURGERY	-	-	-	N/A	N/A
HIV	120,085	104,205	2	60,042	52,102
NEPHROLOGY	-	-	-	N/A	N/A
ORTHOPEDECS	-	-	-	N/A	N/A
PULMONARY	2,545,822	2,155,993	98	25,978	22,000
THORACIC SURGERY	21,484	19,122	1	21,484	19,122
TRACHEOSTOMY	215,253	197,918	3	71,751	65,973
TRAUMA	-	-	-	N/A	N/A
VASCULAR	-	-	-	N/A	N/A
Total All Service Areas ⁽³⁾	\$ 2,919,448	\$ 2,492,622	106	\$ 27,542	\$ 23,515

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Report 4: Summary Data by Service Area, by State Fiscal Year

Description	Percent Change in Average Net Charge Per Discharge			Percent Change in Average Payment Per Discharge		
	SFY 2002-2003	SFY 2003-2004	SFY 2002-2004	SFY 2002-2003	SFY 2003-2004	SFY 2002-2004
	P=(I-D)/D	Q=(N-I)/I	R=(N-D)/D	S=(J-E)/E	T=(O-J)/J	U=(O-E)/E
DERMATOLOGY	N/A	N/A	N/A	N/A	N/A	N/A
GASTROENTEROLOGY	N/A	N/A	N/A	N/A	N/A	N/A
GENERAL MEDICINE	134.27%	-54.30%	7.06%	103.14%	-51.75%	-1.99%
GENERAL SURGERY	N/A	N/A	N/A	N/A	N/A	N/A
HIV	N/A	N/A	N/A	N/A	N/A	N/A
NEPHROLOGY	N/A	N/A	N/A	N/A	N/A	N/A
ORTHOPEDECS	N/A	N/A	N/A	N/A	N/A	N/A
PULMONARY	11.54%	1.23%	12.92%	-1.85%	1.86%	-0.03%
THORACIC SURGERY	N/A	733.47%	N/A	N/A	772.53%	N/A
TRACHEOSTOMY	N/A	56.11%	N/A	N/A	54.97%	N/A
TRAUMA	N/A	N/A	N/A	N/A	N/A	N/A
VASCULAR	N/A	N/A	N/A	N/A	N/A	N/A
Total All Service Areas ⁽³⁾	9.59%	11.85%	22.58%	-1.68%	13.86%	11.95%

Notes:

(1) Net Charges are Total Claim Charges less Total Non-Covered Claim Charges.

Total Non-Covered Claim Charges were less than .5 percent of Total Claim Charges.

(2) Payments are the sum of DRG Allowed Charge amounts for DRG-based services, and Allowed Charge amounts for RCC-based services. These amounts represent the total payment amount to be received by the hospitals for these services, including all third-party payment amounts.

(3) Data include all in-state and out-of-state hospitals.

Data Sources:

Paid claims data provided by Washington State Medicaid for SFYs 2002, 2003 and 2004.

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Report 5: Summary Data by AP-DRG, by State Fiscal Year

Description	State Fiscal Year 2002				
	Net Charges ⁽¹⁾	Payments ⁽²⁾	Number of Discharges	Average Net Charge Per Discharge	Average Payment Per Discharge
	A	B	C	D=A/C	E=B/C
079-RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC	\$ -	\$ -	-	N/A	N/A
087-PULMONARY EDEMA & RESPIRATORY FAILURE	210,866	199,777	8	26,358	24,972
090-SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC	-	-	-	N/A	N/A
101-OTHER RESPIRATORY SYSTEM DIAGNOSES W CC	-	-	-	N/A	N/A
188-OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC	-	-	-	N/A	N/A
238-OSTEOMYELITIS	-	-	-	N/A	N/A
271-SKIN ULCERS	-	-	-	N/A	N/A
445-INJURIES TO UNSPECIFIED OR MULTIPLE SITES AGE >17 W/O CC	87,060	56,650	4	21,765	14,162
452-COMPLICATIONS OF TREATMENT W CC	-	-	-	N/A	N/A
461-O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES	130,707	126,524	6	21,784	21,087
466-AFTERCARE W/O HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS	7,848	7,848	1	7,848	7,848
475-RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT	234,943	226,282	14	16,782	16,163
483-TRACHEOSTOMY EXCEPT FOR FACE, MOUTH & NECK DIAGNOSES	-	-	-	N/A	N/A
533-OTHER NERVOUS SYSTEM DISORD EXCEPT TIA, SEIZURE & HEADACHE W MAJOR CC	-	-	-	N/A	N/A
538-MAJOR CHEST PROCEDURES W MAJOR CC	-	-	-	N/A	N/A
539-RESPIRATORY PROCEDURES EXCEPT MAJOR CHEST W MAJOR CC	-	-	-	N/A	N/A
540-RESPIRATORY INFECTIONS & INFLAMMATIONS W MAJOR CC	-	-	-	N/A	N/A
541-RESPIRATORY DISORD EXCEPT INFECTIONS, BRONCHITIS, ASTHMA W MAJOR CC	474,445	454,179	18	26,358	25,232
561-OSTEOMYELITIS, SEPTIC ARTHRITIS & CONN TISSUE DISORDER W MAJOR CC	-	-	-	N/A	N/A
562-MAJOR SKIN & BREAST DISORDERS W MAJOR CC	-	-	-	N/A	N/A
568-RENAL FAILURE W MAJOR CC	-	-	-	N/A	N/A
707-HIV W VENTILATOR OR NUTRITIONAL SUPPORT	-	-	-	N/A	N/A
710-HIV W MAJOR RELATED DIAG W MULT MAJOR OR SIGNIF DIAG W/O TB/C	-	-	-	N/A	N/A
Total All Service Areas ⁽³⁾	<u>\$ 1,145,869</u>	<u>\$ 1,071,260</u>	<u>51</u>	<u>\$ 22,468</u>	<u>\$ 21,005</u>

**Washington State Medicaid
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Report 5: Summary Data by AP-DRG, by State Fiscal Year

Description	State Fiscal Year 2003				
	Net Charges ⁽¹⁾	Payments ⁽²⁾	Number of Discharges	Average Net Charge Per Discharge	Average Payment Per Discharge
	F	G	H	I=F/H	J=G/H
079-RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC	\$ 73,456	\$ 61,610	4	\$ 18,364	\$ 15,403
087-PULMONARY EDEMA & RESPIRATORY FAILURE	909,341	700,008	45	20,208	15,556
090-SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC	7,590	6,796	1	7,590	6,796
101-OTHER RESPIRATORY SYSTEM DIAGNOSES W CC	-	-	-	N/A	N/A
188-OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC	75,258	46,053	2	37,629	23,027
238-OSTEOMYELITIS	8,582	6,595	1	8,582	6,595
271-SKIN ULCERS	17,687	16,424	2	8,843	8,212
445-INJURIES TO UNSPECIFIED OR MULTIPLE SITES AGE >17 W/O CC	-	-	-	N/A	N/A
452-COMPLICATIONS OF TREATMENT W CC	-	-	-	N/A	N/A
461-O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES	-	-	-	N/A	N/A
466-AFTERCARE W/O HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS	-	-	-	N/A	N/A
475-RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT	597,796	527,109	18	33,211	29,284
483-TRACHEOSTOMY EXCEPT FOR FACE, MOUTH & NECK DIAGNOSES	91,922	85,143	2	45,961	42,572
533-OTHER NERVOUS SYSTEM DISORD EXCEPT TIA, SEIZURE & HEADACHE W MAJOR CC	36,252	30,769	3	12,084	10,256
538-MAJOR CHEST PROCEDURES W MAJOR CC	2,578	2,192	1	2,578	2,192
539-RESPIRATORY PROCEDURES EXCEPT MAJOR CHEST W MAJOR CC	-	-	-	N/A	N/A
540-RESPIRATORY INFECTIONS & INFLAMMATIONS W MAJOR CC	50,340	42,654	4	12,585	10,663
541-RESPIRATORY DISORD EXCEPT INFECTIONS, BRONCHITIS, ASTHMA W MAJOR CC	1,081,623	951,342	34	31,812	27,981
561-OSTEOMYELITIS, SEPTIC ARTHRITIS & CONN TISSUE DISORDER W MAJOR CC	26,347	22,471	3	8,782	7,490
562-MAJOR SKIN & BREAST DISORDERS W MAJOR CC	18,386	15,943	1	18,386	15,943
568-RENAL FAILURE W MAJOR CC	6,883	4,439	1	6,883	4,439
707-HIV W VENTILATOR OR NUTRITIONAL SUPPORT	-	-	-	N/A	N/A
710-HIV W MAJOR RELATED DIAG W MULT MAJOR OR SIGNIF DIAG W/O TB/C	-	-	-	N/A	N/A
Total All Service Areas ⁽³⁾	\$ 3,004,038	\$ 2,519,546	122	\$ 24,623	\$ 20,652

**Washington State Medicaid
Inpatient Reimbursement System Study
Analysis of LTAC Inpatient Paid Claims Data - SFY02 Through SFY04**

Report 5: Summary Data by AP-DRG, by State Fiscal Year

Description	State Fiscal Year 2004				
	Net Charges ⁽¹⁾	Payments ⁽²⁾	Number of Discharges	Average Net Charge Per Discharge	Average Payment Per Discharge
	K	L	M	N=K/M	O=L/M
079-RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC	\$ -	\$ -	-	N/A	N/A
087-PULMONARY EDEMA & RESPIRATORY FAILURE	78,667	74,458	4	19,667	18,615
090-SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC	-	-	-	N/A	N/A
101-OTHER RESPIRATORY SYSTEM DIAGNOSES W CC	14,160	14,160	1	14,160	14,160
188-OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC	-	-	-	N/A	N/A
238-OSTEOMYELITIS	-	-	-	N/A	N/A
271-SKIN ULCERS	-	-	-	N/A	N/A
445-INJURIES TO UNSPECIFIED OR MULTIPLE SITES AGE >17 W/O CC	-	-	-	N/A	N/A
452-COMPLICATIONS OF TREATMENT W CC	15,035	13,614	1	15,035	13,614
461-O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES	-	-	-	N/A	N/A
466-AFTERCARE W/O HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS	-	-	-	N/A	N/A
475-RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT	400,805	328,110	17	23,577	19,301
483-TRACHEOSTOMY EXCEPT FOR FACE, MOUTH & NECK DIAGNOSES	215,253	197,918	3	71,751	65,973
533-OTHER NERVOUS SYSTEM DISORD EXCEPT TIA, SEIZURE & HEADACHE W MAJOR CC	-	-	-	N/A	N/A
538-MAJOR CHEST PROCEDURES W MAJOR CC	-	-	-	N/A	N/A
539-RESPIRATORY PROCEDURES EXCEPT MAJOR CHEST W MAJOR CC	21,484	19,122	1	21,484	19,122
540-RESPIRATORY INFECTIONS & INFLAMMATIONS W MAJOR CC	-	-	-	N/A	N/A
541-RESPIRATORY DISORD EXCEPT INFECTIONS, BRONCHITIS, ASTHMA W MAJOR CC	2,052,190	1,739,264	76	27,003	22,885
561-OSTEOMYELITIS, SEPTIC ARTHRITIS & CONN TISSUE DISORDER W MAJOR CC	-	-	-	N/A	N/A
562-MAJOR SKIN & BREAST DISORDERS W MAJOR CC	1,770	1,770	1	1,770	1,770
568-RENAL FAILURE W MAJOR CC	-	-	-	N/A	N/A
707-HIV W VENTILATOR OR NUTRITIONAL SUPPORT	55,634	48,362	1	55,634	48,362
710-HIV W MAJOR RELATED DIAG W MULT MAJOR OR SIGNIF DIAG W/O TB/C	64,451	55,842	1	64,451	55,842
Total All Service Areas ⁽³⁾	<u>\$ 2,919,448</u>	<u>\$ 2,492,622</u>	<u>106</u>	<u>\$ 27,542</u>	<u>\$ 23,515</u>

**Washington State Medicaid
Inpatient Reimbursement System Study
Analysis of LTAC Inpatient Paid Claims Data - SFY02 Through SFY04**

Report 5: Summary Data by AP-DRG, by State Fiscal Year

Description	Percent Change in Average Net Charge Per Discharge			Percent Change in Average Payment Per Discharge		
	SFY 2002-2003	SFY 2003-2004	SFY 2002-2004	SFY 2002-2003	SFY 2003-2004	SFY 2002-2004
	P=(I-D)/D	Q=(N-I)/I	R=(N-D)/D	S=(J-E)/E	T=(O-J)/J	U=(O-E)/E
079-RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC	N/A	N/A	N/A	N/A	N/A	N/A
087-PULMONARY EDEMA & RESPIRATORY FAILURE	-23.33%	-2.68%	-25.39%	-37.71%	19.66%	-25.46%
090-SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC	N/A	N/A	N/A	N/A	N/A	N/A
101-OTHER RESPIRATORY SYSTEM DIAGNOSES W CC	N/A	N/A	N/A	N/A	N/A	N/A
188-OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC	N/A	N/A	N/A	N/A	N/A	N/A
238-OSTEOMYELITIS	N/A	N/A	N/A	N/A	N/A	N/A
271-SKIN ULCERS	N/A	N/A	N/A	N/A	N/A	N/A
445-INJURIES TO UNSPECIFIED OR MULTIPLE SITES AGE >17 W/O CC	N/A	N/A	N/A	N/A	N/A	N/A
452-COMPLICATIONS OF TREATMENT W CC	N/A	N/A	N/A	N/A	N/A	N/A
461-O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES	N/A	N/A	N/A	N/A	N/A	N/A
466-AFTERCARE W/O HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS	N/A	N/A	N/A	N/A	N/A	N/A
475-RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT	97.90%	-29.01%	40.49%	81.18%	-34.09%	19.41%
483-TRACHEOSTOMY EXCEPT FOR FACE, MOUTH & NECK DIAGNOSES	N/A	56.11%	N/A	N/A	54.97%	N/A
533-OTHER NERVOUS SYSTEM DISORD EXCEPT TIA, SEIZURE & HEADACHE W MAJOR CC	N/A	N/A	N/A	N/A	N/A	N/A
538-MAJOR CHEST PROCEDURES W MAJOR CC	N/A	N/A	N/A	N/A	N/A	N/A
539-RESPIRATORY PROCEDURES EXCEPT MAJOR CHEST W MAJOR CC	N/A	N/A	N/A	N/A	N/A	N/A
540-RESPIRATORY INFECTIONS & INFLAMMATIONS W MAJOR CC	N/A	N/A	N/A	N/A	N/A	N/A
541-RESPIRATORY DISORD EXCEPT INFECTIONS, BRONCHITIS, ASTHMA W MAJOR CC	20.69%	-15.12%	2.44%	10.89%	-18.21%	-9.30%
561-OSTEOMYELITIS, SEPTIC ARTHRITIS & CONN TISSUE DISORDER W MAJOR CC	N/A	N/A	N/A	N/A	N/A	N/A
562-MAJOR SKIN & BREAST DISORDERS W MAJOR CC	N/A	-90.37%	N/A	N/A	-88.90%	N/A
568-RENAL FAILURE W MAJOR CC	N/A	N/A	N/A	N/A	N/A	N/A
707-HIV W VENTILATOR OR NUTRITIONAL SUPPORT	N/A	N/A	N/A	N/A	N/A	N/A
710-HIV W MAJOR RELATED DIAG W MULT MAJOR OR SIGNIF DIAG W/O TB/C	N/A	N/A	N/A	N/A	N/A	N/A
Total All Service Areas ⁽³⁾	9.59%	11.85%	22.58%	-1.68%	13.86%	11.95%

Notes:

- (1) Net Charges are Total Claim Charges less Total Non-Covered Claim Charges.
Total Non-Covered Claim Charges were less than .5 percent of Total Claim Charges.
- (2) Payments are the sum of DRG Allowed Charge amounts for DRG-based services, and Allowed Charge amounts for RCC-based services. These amounts represent the total payment amount to be received by the hospitals for these services, including all third-party payment amounts.
- (3) Data include all in-state and out-of-state hospitals.

Data Sources:

Paid claims data provided by Washington State Medicaid for SFYs 2002, 2003 and 2004.

Washington State Medicaid
 Inpatient Reimbursement System Study
 Analysis of LTAC Inpatient Paid Claims Data - SFY02 Through SFY04

Report 6a: Analysis of Payments, by Type of Payment - Peer Group and Hospital Detail

State Fiscal Year 2002										
Description	Number of AP-DRG Discharges ⁽¹⁾ A	Number of Outlier Discharges ⁽²⁾ B	AP-DRG Payments ⁽¹⁾ C	Outlier Payments ⁽²⁾ D	Outlier	Number of RCC Discharges ⁽³⁾ F	RCC Payments ⁽³⁾ G	Total Payments ⁽⁴⁾ H=C+G	AP-DRG Payments as a Percentage of Total Payments I=C/H	RCC Payments as a Percentage of Total Payments J=G/H
					Payments as a Percentage of Total AP-DRG Payments E=D/C					
LTAC Hospitals:										
Kindred Hosp - Seattle	*	*	\$ -	\$ -	N/A	5	\$ 58,358	\$ 58,358	0.00%	100.00%
Regional Hospital - Seattle	*	*	*	-	N/A	46	1,012,903	1,012,903	0.00%	100.00%
Total LTAC Hospitals	*	*	\$ *	\$ -	N/A	51	\$ 1,071,260	\$ 1,071,260	0.00%	100.00%

Washington State Medicaid
 Inpatient Reimbursement System Study
 Analysis of LTAC Inpatient Paid Claims Data - SFY02 Through SFY04

Report 6a: Analysis of Payments, by Type of Payment - Peer Group and Hospital Detail

State Fiscal Year 2003										
Description	Number of AP-DRG Discharges ⁽¹⁾	Number of Outlier Discharges ⁽²⁾	AP-DRG Payments ⁽¹⁾	Outlier Payments ⁽²⁾	Outlier Payments as a Percentage of Total AP-DRG Payments O=N/M	Number of RCC Discharges ⁽³⁾	RCC Payments ⁽³⁾	Total Payments ⁽⁴⁾	AP-DRG Payments as a Percentage of Total Payments S=M/R	RCC Payments as a Percentage of Total Payments T=Q/R
	K	L	M	N		P	Q	R=M+Q		
LTAC Hospitals:										
Kindred Hosp - Seattle	*	*	\$ -	\$ -	N/A	93	\$ 1,314,979	\$ 1,314,979	0.00%	100.00%
Regional Hospital - Seattle	*	*	-	-	N/A	29	1,204,567	1,204,567	0.00%	100.00%
Total LTAC Hospitals	*	*	\$ -	\$ -	N/A	122	\$ 2,519,546	\$ 2,519,546	0.00%	100.00%

Washington State Medicaid
 Inpatient Reimbursement System Study
 Analysis of LTAC Inpatient Paid Claims Data - SFY02 Through SFY04

Report 6a: Analysis of Payments, by Type of Payment - Peer Group and Hospital Detail

State Fiscal Year 2004										
Description	Number of AP-DRG Discharges ⁽¹⁾	Number of Outlier Discharges ⁽²⁾	AP-DRG Payments ⁽¹⁾	Outlier Payments ⁽²⁾	Outlier Payments as a Percentage of Total AP-DRG Payments Y=X/W	Number of RCC Discharges ⁽³⁾	RCC Payments ⁽³⁾	Total Payments ⁽⁴⁾	AP-DRG Payments as a Percentage of Total Payments AC=W/AB	RCC Payments as a Percentage of Total Payments AD=AA/AB
	U	V	W	X	Z	AA	AB=W+AA	AC=W/AB	AD=AA/AB	
LTAC Hospitals:										
Kindred Hosp - Seattle	-	-	\$ -	\$ -	N/A	68	\$ 978,758	\$ 978,758	0.00%	100.00%
Regional Hospital - Seattle	-	-	-	-	N/A	38	1,513,864	1,513,864	0.00%	100.00%
Total LTAC Hospitals	-	-	\$ -	\$ -	N/A	106	\$ 2,492,622	\$ 2,492,622	0.00%	100.00%

**Washington State Medicaid
Inpatient Reimbursement System Study
Analysis of LTAC Inpatient Paid Claims Data - SFY02 Through SFY04**

Report 6a: Analysis of Payments, by Type of Payment - Peer Group and Hospital Detail

Description	Change in Outlier Percent of AP-DRG Payments			Change in AP-DRG Payment Percent of Total Payments			Change in RCC Payment Percent of Total Payments		
	SFY 2002-2003 AE=O-E	SFY 2003-2004 AF=Y-O	SFY 2002-2004 AG=Y-E	SFY 2002-2003 AH=S-I	SFY 2003-2004 AI=AC-S	SFY 2002-2004 AJ=AC-I	SFY 2002-2003 AK=T-J	SFY 2003-2004 AL=AD-T	SFY 2002-2004 AM=AD-J
LTAC Hospitals:									
Kindred Hosp - Seattle	N/A	N/A	N/A	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Regional Hospital - Seattle	N/A	N/A	N/A	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total LTAC Hospitals	N/A	N/A	N/A	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Notes:

- (1) AP-DRG Discharges and Payments include Outlier Discharges and Payments.
- (2) Outlier Discharges and Payments are total discharges and payments for AP-DRG Discharges that meet the payment criteria for outlier payments.
- (3) RCC Discharges and Payments are discharges that are paid based on the RCC payment methodology.
- (4) Total Payments are the sum of AP-DRG Payments (which include Outlier Payments) and RCC Payments.

Data Sources:

Paid claims data provided by Washington State Medicaid for SFYs 2002, 2003 and 2004.

Washington State Medicaid
 Inpatient Reimbursement System Study
 Analysis of LTAC Inpatient Paid Claims Data - SFY02 Through SFY04

Report 6b: Analysis of Average Charge and Average Payment Per Discharge

State Fiscal Year 2002						
Description	Average Net Charge Per AP-DRG Discharge ⁽¹⁾	Average Payment Per AP-DRG Discharge ⁽⁴⁾	Average Net Charge Per AP-DRG Outlier Discharge ⁽²⁾	Average Payment Per AP-DRG Outlier Discharge ⁽⁴⁾	Average Net Charge Per RCC Discharge ⁽³⁾	Average Payment Per RCC Discharge ⁽⁴⁾
	A	B	C	D	E	F
LTAC Hospitals:						
Kindred Hosp - Seattle	N/A	N/A	N/A	N/A	\$ 17,761	\$ 11,672
Regional Hospital - Seattle	N/A	N/A	N/A	N/A	22,980	22,020
Total LTAC Hospitals	N/A	N/A	N/A	N/A	\$ 22,468	\$ 21,005

Washington State Medicaid
 Inpatient Reimbursement System Study
 Analysis of LTAC Inpatient Paid Claims Data - SFY02 Through SFY04

Report 6b: Analysis of Average Charge and Average Payment Per Discharge

State Fiscal Year 2003						
Description	Average Net Charge Per AP-DRG Discharge ⁽¹⁾	Average Payment Per AP-DRG Discharge ⁽⁴⁾	Average Net Charge Per AP-DRG Outlier Discharge ⁽²⁾	Average Payment Per AP-DRG Outlier Discharge ⁽⁴⁾	Average Net Charge Per RCC Discharge ⁽³⁾	Average Payment Per RCC Discharge ⁽⁴⁾
	G	H	I	J	K	L
LTAC Hospitals:						
Kindred Hosp - Seattle	N/A	N/A	N/A	N/A	\$ 18,653	\$ 14,140
Regional Hospital - Seattle	N/A	N/A	N/A	N/A	43,768	41,537
Total LTAC Hospitals	N/A	N/A	N/A	N/A	\$ 24,623	\$ 20,652

**Washington State Medicaid
Inpatient Reimbursement System Study
Analysis of LTAC Inpatient Paid Claims Data - SFY02 Through SFY04**

Report 6b: Analysis of Average Charge and Average Payment Per Discharge

Description	State Fiscal Year 2004					
	Average Net Charge Per AP-DRG Discharge ⁽¹⁾	Average Payment Per AP-DRG Discharge ⁽⁴⁾	Average Net Charge Per AP-DRG Outlier Discharge ⁽²⁾	Average Payment Per AP-DRG Outlier Discharge ⁽⁴⁾	Average Net Charge Per RCC Discharge ⁽³⁾	Average Payment Per RCC Discharge ⁽⁴⁾
	M	N	O	P	Q	R
LTAC Hospitals:						
Kindred Hosp - Seattle	N/A	N/A	N/A	N/A	\$ 18,239	\$ 14,393
Regional Hospital - Seattle	N/A	N/A	N/A	N/A	44,189	39,839
Total LTAC Hospitals	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>\$ 27,542</u>	<u>\$ 23,515</u>

Notes:

- (1) Total Claim Charges less Total Non-Covered Charges for DRG-based services, including outlier claims, divided by the number of DRG-based discharges.
- (2) Total Claim Charges less Total Non-Covered Charges for DRG-based claims that meet the payment criteria for outlier payments, divided by the number of outlier discharges.
- (3) Total Claim Charges less Total Non-Covered Charges for RCC-based claims, divided by the number of RCC-based discharges.
- (4) Payments represent the total payment amount to be received by the hospitals for these services, including all third-party amounts.

Data Sources:

Paid claims data provided by Washington State Medicaid for SFYs 2002, 2003 and 2004.

Washington State Medicaid
 Inpatient Reimbursement System Study
 Analysis of LTAC Inpatient Paid Claims Data - SFY02 Through SFY04

Report 7: Analysis of Payments, by Type of Payment - AP-DRG Detail

State Fiscal Year 2002										
AP-DRG	Number of AP-DRG Discharges ⁽¹⁾	Number of Outlier Discharges ⁽²⁾	AP-DRG Payments ⁽¹⁾	Outlier Payments ⁽²⁾	Outlier Payments as a Percentage of Total AP-DRG Payments	Number of RCC Discharges ⁽³⁾	RCC Payments ⁽³⁾	Total Payments ⁽⁴⁾	AP-DRG Payments as a Percentage of Total Payments	RCC Payments as a Percentage of Total Payments
079-RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC			\$	\$	N/A		\$	\$	N/A	N/A
087-PULMONARY EDEMA & RESPIRATORY FAILURE					N/A	8	199,777	199,777	0.00%	100.00%
090-SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC					N/A				N/A	N/A
101-OTHER RESPIRATORY SYSTEM DIAGNOSES W CC					N/A				N/A	N/A
188-OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC					N/A				N/A	N/A
238-OSTEOMYELITIS					N/A				N/A	N/A
271-SKIN ULCERS					N/A				N/A	N/A
445-INJURIES TO UNSPECIFIED OR MULTIPLE SITES AGE >17 W/O CC					N/A	4	56,650	56,650	0.00%	100.00%
452-COMPLICATIONS OF TREATMENT W CC					N/A				N/A	N/A
461-O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES					N/A	6	126,524	126,524	0.00%	100.00%
466-AFTERCARE W/O HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS					N/A	1	7,848	7,848	0.00%	100.00%
475-RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT					N/A	14	226,282	226,282	0.00%	100.00%
483-TRACHEOSTOMY EXCEPT FOR FACE, MOUTH & NECK DIAGNOSES					N/A				N/A	N/A
533-OTHER NERVOUS SYSTEM DISORD EXCEPT TIA, SEIZURE & HEADACHE W MAJOR CC					N/A				N/A	N/A
538-MAJOR CHEST PROCEDURES W MAJOR CC					N/A				N/A	N/A
539-RESPIRATORY PROCEDURES EXCEPT MAJOR CHEST W MAJOR CC					N/A				N/A	N/A
540-RESPIRATORY INFECTIONS & INFLAMMATIONS W MAJOR CC					N/A				N/A	N/A
541-RESPIRATORY DISORD EXCEPT INFECTIONS, BRONCHITIS, ASTHMA W MAJOR CC					N/A	18	454,179	454,179	0.00%	100.00%
561-OSTEOMYELITIS, SEPTIC ARTHRITIS & CONN TISSUE DISORDER W MAJOR CC					N/A				N/A	N/A
562-MAJOR SKIN & BREAST DISORDERS W MAJOR CC					N/A				N/A	N/A
568-RENAL FAILURE W MAJOR CC					N/A				N/A	N/A
707-HIV W VENTILATOR OR NUTRITIONAL SUPPORT					N/A				N/A	N/A
710-HIV W MAJOR RELATED DIAG W MULT MAJOR OR SIGNIF DIAG W/O TB/C					N/A				N/A	N/A
Total All AP-DRGs⁽⁵⁾			\$	\$	N/A	51	\$ 1,071,260	\$ 1,071,260	0.00%	100.00%

Washington State Medicaid
 Inpatient Reimbursement System Study
 Analysis of LTAC Inpatient Paid Claims Data - SFY02 Through SFY04

Report 7: Analysis of Payments, by Type of Payment - AP-DRG Detail

	State Fiscal Year 2003									
	Number of AP-DRG Discharges ⁽¹⁾	Number of Outlier Discharges ⁽²⁾	AP-DRG Payments ⁽¹⁾	Outlier Payments ⁽²⁾	Outlier	Number of RCC Discharges ⁽³⁾	RCC Payments ⁽³⁾	Total Payments ⁽⁴⁾	AP-DRG	RCC Payments
					Payments as a Percentage of Total AP-DRG Payments				Payments as a Percentage of Total Payments	as a Percentage of Total Payments
K	L	M	N	O=N/M	P	Q	R=M+Q	S=M/R	T=Q/R	
079-RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC			\$	\$	N/A	4	\$ 61,610	\$ 61,610	0.00%	100.00%
087-PULMONARY EDEMA & RESPIRATORY FAILURE					N/A	45	700,008	700,008	0.00%	100.00%
090-SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC					N/A	1	6,796	6,796	0.00%	100.00%
101-OTHER RESPIRATORY SYSTEM DIAGNOSES W CC					N/A				N/A	N/A
188-OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC					N/A	2	46,053	46,053	0.00%	100.00%
238-OSTEOMYELITIS					N/A	1	6,595	6,595	0.00%	100.00%
271-SKIN ULCERS					N/A	2	16,424	16,424	0.00%	100.00%
445-INJURIES TO UNSPECIFIED OR MULTIPLE SITES AGE >17 W/O CC					N/A				N/A	N/A
452-COMPLICATIONS OF TREATMENT W CC					N/A				N/A	N/A
461-O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES					N/A				N/A	N/A
466-AFTERCARE W/O HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS					N/A				N/A	N/A
475-RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT					N/A	18	527,109	527,109	0.00%	100.00%
483-TRACHEOSTOMY EXCEPT FOR FACE, MOUTH & NECK DIAGNOSES					N/A	2	85,143	85,143	0.00%	100.00%
533-OTHER NERVOUS SYSTEM DISORD EXCEPT TIA, SEIZURE & HEADACHE W MAJOR CC					N/A	3	30,769	30,769	0.00%	100.00%
538-MAJOR CHEST PROCEDURES W MAJOR CC					N/A	1	2,192	2,192	0.00%	100.00%
539-RESPIRATORY PROCEDURES EXCEPT MAJOR CHEST W MAJOR CC					N/A				N/A	N/A
540-RESPIRATORY INFECTIONS & INFLAMMATIONS W MAJOR CC					N/A	4	42,654	42,654	0.00%	100.00%
541-RESPIRATORY DISORD EXCEPT INFECTIONS, BRONCHITIS, ASTHMA W MAJOR CC					N/A	34	951,342	951,342	0.00%	100.00%
561-OSTEOMYELITIS, SEPTIC ARTHRITIS & CONN TISSUE DISORDER W MAJOR CC					N/A	3	22,471	22,471	0.00%	100.00%
562-MAJOR SKIN & BREAST DISORDERS W MAJOR CC					N/A	1	15,943	15,943	0.00%	100.00%
568-RENAL FAILURE W MAJOR CC					N/A	1	4,439	4,439	0.00%	100.00%
707-HIV W VENTILATOR OR NUTRITIONAL SUPPORT					N/A				N/A	N/A
710-HIV W MAJOR RELATED DIAG W MULT MAJOR OR SIGNIF DIAG W/O TB/C					N/A				N/A	N/A
Total All AP-DRGs⁽⁵⁾			\$	\$	N/A	122	\$ 2,519,546	\$ 2,519,546	0.00%	100.00%

Washington State Medicaid
 Inpatient Reimbursement System Study
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Report 7: Analysis of Payments, by Type of Payment - AP-DRG Detail

State Fiscal Year 2004

	Number of AP-DRG Discharges ⁽¹⁾	Number of Outlier Discharges ⁽²⁾	AP-DRG Payments ⁽¹⁾	Outlier Payments ⁽²⁾	Outlier	Number of RCC Discharges ⁽³⁾	RCC Payments ⁽³⁾	Total Payments ⁽⁴⁾	AP-DRG	RCC Payments as a Percentage of Total Payments
					Payments as a Percentage of Total AP-DRG Payments				Payments as a Percentage of Total Payments	
	U	V	W	X	Y=X/W	Z	AA	AB=W+AA	AC=W/AB	AD=AA/AB
079-RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC			\$	\$	N/A		\$	\$	N/A	N/A
087-PULMONARY EDEMA & RESPIRATORY FAILURE					N/A	4	74,458	74,458	0.00%	100.00%
090-SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC					N/A				N/A	N/A
101-OTHER RESPIRATORY SYSTEM DIAGNOSES W CC					N/A	1	14,160	14,160	0.00%	100.00%
188-OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC					N/A				N/A	N/A
238-OSTEOMYELITIS					N/A				N/A	N/A
271-SKIN ULCERS					N/A				N/A	N/A
445-INJURIES TO UNSPECIFIED OR MULTIPLE SITES AGE >17 W/O CC					N/A				N/A	N/A
452-COMPLICATIONS OF TREATMENT W CC					N/A	1	13,614	13,614	0.00%	100.00%
461-O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES					N/A				N/A	N/A
466-AFTERCARE W/O HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS					N/A				N/A	N/A
475-RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT					N/A	17	328,110	328,110	0.00%	100.00%
483-TRACHEOSTOMY EXCEPT FOR FACE, MOUTH & NECK DIAGNOSES					N/A	3	197,918	197,918	0.00%	100.00%
533-OTHER NERVOUS SYSTEM DISORD EXCEPT TIA, SEIZURE & HEADACHE W MAJOR CC					N/A				N/A	N/A
538-MAJOR CHEST PROCEDURES W MAJOR CC					N/A				N/A	N/A
539-RESPIRATORY PROCEDURES EXCEPT MAJOR CHEST W MAJOR CC					N/A	1	19,122	19,122	0.00%	100.00%
540-RESPIRATORY INFECTIONS & INFLAMMATIONS W MAJOR CC					N/A				N/A	N/A
541-RESPIRATORY DISORD EXCEPT INFECTIONS, BRONCHITIS, ASTHMA W MAJOR CC					N/A	76	1,739,264	1,739,264	0.00%	100.00%
561-OSTEOMYELITIS, SEPTIC ARTHRITIS & CONN TISSUE DISORDER W MAJOR CC					N/A				N/A	N/A
562-MAJOR SKIN & BREAST DISORDERS W MAJOR CC					N/A	1	1,770	1,770	0.00%	100.00%
568-RENAL FAILURE W MAJOR CC					N/A				N/A	N/A
707-HIV W VENTILATOR OR NUTRITIONAL SUPPORT					N/A	1	48,362	48,362	0.00%	100.00%
710-HIV W MAJOR RELATED DIAG W MULT MAJOR OR SIGNIF DIAG W/O TB/C					N/A	1	55,842	55,842	0.00%	100.00%
Total All AP-DRGs ⁽⁵⁾			\$	\$	N/A	106	\$ 2,492,622	\$ 2,492,622	0.00%	100.00%

Washington State Medicaid
 Inpatient Reimbursement System Study
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Report 7: Analysis of Payments, by Type of Payment - AP-DRG Detail

	Change in Outlier Percent of AP-DRG Payments			Change in AP-DRG Payment Percent of Total Payments			Change in RCC Payment Percent of Total Payments		
	SFY 2002-2003 AE=O-E	SFY 2003-2004 AF=Y-O	SFY 2002-2004 AG=Y-E	SFY 2002-2003 AH=S-I	SFY 2003-2004 AI=AC-S	SFY 2002-2004 AJ=AC-I	SFY 2002-2003 AK=T-J	SFY 2003-2004 AL=AD-T	SFY 2002-2004 AM=AD-J
079-RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
087-PULMONARY EDEMA & RESPIRATORY FAILURE	N/A	N/A	N/A	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
090-SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
101-OTHER RESPIRATORY SYSTEM DIAGNOSES W CC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
188-OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
238-OSTEOMYELITIS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
271-SKIN ULCERS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
445-INJURIES TO UNSPECIFIED OR MULTIPLE SITES AGE >17 W/O CC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
452-COMPLICATIONS OF TREATMENT W CC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
461-O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
466-AFTERCARE W/O HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
475-RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT	N/A	N/A	N/A	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
483-TRACHEOSTOMY EXCEPT FOR FACE, MOUTH & NECK DIAGNOSES	N/A	N/A	N/A	N/A	0.00%	N/A	N/A	0.00%	N/A
533-OTHER NERVOUS SYSTEM DISORD EXCEPT TIA, SEIZURE & HEADACHE W MAJOR CC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
538-MAJOR CHEST PROCEDURES W MAJOR CC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
539-RESPIRATORY PROCEDURES EXCEPT MAJOR CHEST W MAJOR CC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
540-RESPIRATORY INFECTIONS & INFLAMMATIONS W MAJOR CC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
541-RESPIRATORY DISORD EXCEPT INFECTIONS, BRONCHITIS, ASTHMA W MAJOR CC	N/A	N/A	N/A	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
561-OSTEOMYELITIS, SEPTIC ARTHRITIS & CONN TISSUE DISORDER W MAJOR CC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
562-MAJOR SKIN & BREAST DISORDERS W MAJOR CC	N/A	N/A	N/A	N/A	0.00%	N/A	N/A	0.00%	N/A
568-RENAL FAILURE W MAJOR CC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
707-HIV W VENTILATOR OR NUTRITIONAL SUPPORT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
710-HIV W MAJOR RELATED DIAG W MULT MAJOR OR SIGNIF DIAG W/O TB/C	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total All AP-DRGs ⁽³⁾	N/A	N/A	N/A	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Notes:

- (1) AP-DRG Discharges and Payments include Outlier Discharges and Payments.
- (2) Outlier Discharges and Payments are total discharges and payments for AP-DRG Discharges that meet the payment criteria for outlier payments.
- (3) RCC Discharges and Payments are discharges that are paid based on the RCC payment methodology.
- (4) Total Payments are the sum of AP-DRG Payments (which include Outlier Payments) and RCC Payments.

Data Sources:

Paid claims data provided by Washington State Medicaid for SFYs 2002, 2003 and 2004.

Washington State Medicaid
 Inpatient Reimbursement System Study
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Report 8b: Analysis of Discharge Volume - Transfer Discharges

Description	State Fiscal Year 2002			State Fiscal Year 2003			State Fiscal Year 2004			Percent Change in Number of Transfer Discharges		
	Total Number of Discharges	Number of Transfer Discharges ⁽¹⁾	Transfer Discharges Percent of Total Discharges	Total Number of Discharges	Number of Transfer Discharges ⁽¹⁾	Transfer Discharges Percent of Total Discharges	Total Number of Discharges	Number of Transfer Discharges ⁽¹⁾	Transfer Discharges Percent of Total Discharges	SFY 2002-2003	SFY 2003-2004	SFY 2002-2004
	A	B	C=B/A	D	E	F=E/D	G	H	I=H/G	J=(E-B)/B	K=(H-E)/E	L=(H-B)/B
LTAC Hospitals:												
Kindred Hosp - Seattle	5	0	0.00%	93	15	16.13%	68	12	17.65%	N/A	-20.00%	N/A
Regional Hospital - Seattle	46	14	30.43%	29	9	31.03%	38	8	21.05%	-35.71%	-11.11%	-42.86%
Total LTAC Hospitals	<u>51</u>	<u>14</u>	<u>27.45%</u>	<u>122</u>	<u>24</u>	<u>19.67%</u>	<u>106</u>	<u>20</u>	<u>18.87%</u>	<u>71.43%</u>	<u>-16.67%</u>	<u>42.86%</u>

Note:

(1) Transfer discharges are claims for patients who are transferred to another hospital.

Data Sources:

Paid claims data provided by Washington State Medicaid for SFYs 2002, 2003 and 2004.