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Title 22@ Social Security

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Division 3@ Health Care Services

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Subdivision 1@ California Medical Assistance Program

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Chapter 3@ Health Care Services

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Article 7.5@ HOSPITAL INPATIENT SERVICES REIMBURSEMENT SECTION

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Section 51554@ Peer Group Administrative Adjustments

51554 Peer Group Administrative Adjustments

(a)

A provider may request an AA of the reimbursement limits specified in this section and their peer group placement at the time of tentative and final PIRL settlement.

(1) The request shall be made within 90 days after notification of the reimbursement limits and shall be made in accordance with the procedures specified in Section 51550. (2) The burden of proof shall be on the provider to prove that the additional reimbursement sought meets all of the requirements under Section 51550 and that except where a specific formula in Section 51555 exists, the provider's cost per discharge of the item being appealed, exceeds the 60th percentile cost per discharge of the item being appealed. (3) In addition to the items listed under Section 51550(b), the following items shall not be subject to an AA of the PGRPDL: (A) The use of hospital peer groups. (B) The use of 60th percentiles and the methods used to compute them. (C) Changes in case mix. (D) Costs associated with strikes, other labor stoppages or slow downs. (E) The addition of new services. (F) Costs due to low occupancy. (G) Difference in the type, nature, or scope of items or services available whether or not provided, between the provider and other providers in its peer group since differences in the actual services needed to be rendered are accounted for in the CMA as specified in Section 51555. (H) Any other issue that is not a difference between the provider and other providers in their peer group. (4) A provider may appeal the

Department's decision on the AA for final PIRL settlements only. The appeal shall be in accordance with Section 51552.

(1)

The request shall be made within 90 days after notification of the reimbursement limits and shall be made in accordance with the procedures specified in Section 51550.

(2)

The burden of proof shall be on the provider to prove that the additional reimbursement sought meets all of the requirements under Section 51550 and that except where a specific formula in Section 51555 exists, the provider's cost per discharge of the item being appealed, exceeds the 60th percentile cost per discharge of the item being appealed.

(3)

In addition to the items listed under Section 51550(b), the following items shall not be subject to an AA of the PGRPDL: (A) The use of hospital peer groups. (B) The use of 60th percentiles and the methods used to compute them. (C) Changes in case mix. (D) Costs associated with strikes, other labor stoppages or slow downs. (E) The addition of new services. (F) Costs due to low occupancy. (G) Difference in the type, nature, or scope of items or services available whether or not provided, between the provider and other providers in its peer group since differences in the actual services needed to be rendered are accounted for in the CMA as specified in Section 51555. (H) Any other issue that is not a difference between the provider and other providers in their peer group.

(A)

The use of hospital peer groups.

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(C)

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(D)

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The addition of new services.

(F)

Costs due to low occupancy.

(G)

Difference in the type, nature, or scope of items or services available whether or not provided, between the provider and other providers in its peer group since differences in the actual services needed to be rendered are accounted for in the CMA as specified in Section 51555.

(H)

Any other issue that is not a difference between the provider and other providers in their peer group.

(4)

A provider may appeal the Department's decision on the AA for final PIRL settlements only. The appeal shall be in accordance with Section 51552.