

North Carolina Medicaid Special Bulletin



An Information Service of the
Division of Medical Assistance

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March 13, 2015

Attention:
Hospital Providers

Implementation of October 1, 2014 Rates and DRG Grouper Version 32

***Providers are responsible for informing their billing agency of information in this bulletin.
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The N.C. Division of Medical Assistance (DMA) has updated the October 1, 2014 rates to reflect the changes in the Graduate Medical Education (GME) add-on component for teaching facilities. Additionally, DMA is preparing to implement the Diagnosis-Related Group (DRG) Grouper 32 in NCTracks on March 14, 2015. Once the new Grouper Version has been implemented, NCTracks will be reprocessing those claims that paid under DRG Grouper Version 31 and with the old GME rates with discharge dates of October 1, 2014 through December 31, 2014 of DRG Grouper Version 32. This reprocessing is required for providers to receive their December 2014 PS&Rs for filing cost reports. A copy of the DRG Grouper Version 32 weights and thresholds is available in Excel format on the DMA website.

The Explanation of Benefit (EOB) associated with these reprocessed claims will be 06043 – “DRG Grouper Version 32 Adjustments.”

The 835 transactions will include the reprocessed claims along with other claims submitted for the checkwrite. (There is no separate 835).

Affected providers will see the reprocessed claims in a separate section of the paper Remittance Advice (RA) only for the March 31, 2015 checkwrite. Based on the changes between DRG Grouper Version 31 and Grouper Version 32, the reimbursement for the reprocessed claims may change. No action is required by providers.

Status Update for the DRG Weight Reduction Effective January 1, 2015

State Plan Amendment 14-046 has been filed with the Centers for Medicare & Medicaid Services (CMS) seeking their approval to reduce the Grouper Weights by 2.1% effective January 1, 2015. Once the DMA receives CMS approval of this State Plan, the DRG weights for Grouper Version 32 will be recalculated to reflect the 2.1% reduction. When implemented, claims with discharge dates on or after January 1, 2015 will be reprocessed under the reduced weights. DMA will advise hospital providers of the implementation date and the reprocessing date once they are known and can be published.

Provider Reimbursement
DMA, 919-814-0060

Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next checkwrite. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite following the transmission date.

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