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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – INPATIENT HOSPITAL SERVICES

Effective with dates of admission on or after January 1, 2025, ~~November 1, 2020~~, the Department of Vermont Health Access (DVHA) will reimburse qualified providers for inpatient hospital services under the prospective payment system as set forth in this plan.

I. Participating Hospitals

All in-state and out-of-state hospitals will be included in this payment methodology, regardless of any designation provided by Medicare. Hospitals may be eligible for special payment provisions in addition to payments made under this methodology as discussed in Section IV below.

II. Data Sources and Preparation of Data for Computation of Prospective Rates

A. Introduction

The calculation of prospective rates requires the use of claims data and cost report data. The historical claims data is obtained from a chosen base period and the cost for these claims is derived from Medicare cost report data for the corresponding period. Claim costs are adjusted to the year in which the rates are in effect to account for inflation. Claims are grouped together into a diagnostic related group (DRG) based upon the diagnoses present on the claim.

B. Data Sources- Initial Period

For the rate setting period effective- January 1, 2025~~November 1, 2020~~, hospital cost report data from all in-state Medicaid providers plus Dartmouth-Hitchcock Medical Center and Albany Medical Center for the fiscal years ending 2020 2016 through 2023 2019 were used to assign cost values to claims used in the rate development process. All hospitals included in the analysis have a fiscal year end of September 30. ~~with the exception of one hospital (Retreat Health Care) which has a fiscal year end of December 31.~~ The claims used to assign relative weight values and to develop base rates were from the same hospitals for which cost data was collected and were from the hospital fiscal years ending 2020, 2021, 2022, and 2023. 2016, 2017, 2018 and 2019.

C. Data Sources- Subsequent Periods

More recent cost report and claims data will be used to develop new base rates and relative weights no less than once every four fiscal years.

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