

High level Overview of Key changes associated with OPFS:

*Decision Tree modification and update to reflect these changes, is in progress.
More detail to follow as requirements and design are completed for PMMIS.*

Dates of service 10/1/2011 and after.

1. Implementation of an Urban and Rural Outpatient Cost to Charge ratio to replace the current Statewide Outpatient Cost to Charge ratio.
 - a. Will be stored as a provider specific rate on PR050 depending up whether the facility is urban or rural.
 - b. Out of state facilities reimbursed under OPFS will default to the urban percentage. This value will continue to be stored in RF618.
2. A new Peer Group Modifier (PGM) will be added for Pediatric Hospitals. All other PGM's will remain.
3. Payment methodologies associated with the payment of services associated with clinic revenue codes (051X) will be revised.
4. Bundling methodologies will be changed to be based upon episode of care (full claim) rather than date of service.
5. A secondary bundling methodology will be added for Observation services not associated with an ER or Surgery.
6. Current PGM's and OPFS schedule amounts will be evaluated and rebased.
 - a. This will be reflected in updates to existing tables.