STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
OFFICE OF THE COMMISSIONER

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RFP NHDOC 10-08-GFMED Inpatient/Outpatient Hospital/Medical Services

Questions and Answers

Scott Colby
Catholic Medical Center

Question #1: Medicare does not apply lesser of charge or DRG rate logic. We assume the DOC would do the same. If billed charges are below the Medicare Case payment, the expectation is the DOC will pay the Medicare Case payment rate.

Answer #1: Yes

Question #2: Regarding the estimation of Medicare, is it acceptable for the hospital to use its effective outpatient Medicare % of charge? For example CMC is paid based on PPS fee schedule which is 25% of charges.

Answer #2: Yes

Question #3: Will the DOC consider a default methodology for inpatient rehab services driven by the DRG #? CMC accepts the calculation of payment for these services from Medicare. They do not calculate the payment themselves or have a way to do so.

Answer #3: Yes, we will consider a default methodology for inpatient rehab services driven by the DRG#.

Question #4: Will the DOC consider deploying Medicare Methodology for critical access hospitals which is based on the Medicare Reasonable Allowable Cost?

Answer #4: The intent is to get to a fixed price that meets the intent of the Legislation at 110% of Medicare or less. Please provide an example on how this may be calculated such as creating a coefficient based on your facilities case mix as it would relate to your Medicare reimbursement.

Question #5: Exhibit A, page 1, Section 1.3.1 indicates a fee schedule for Medicare Level II HCPCS Codes.

The current agreement does not have the pharmacy/infusion codes on a fee schedule.

Could you please confirm that the new agreement will not have pharmacy and infusion on a fee schedule?

Answer #5: We are open and flexible on the pharmacy and infused medication rates but need to see the methodology to establish payments as it relates the recent Legislation and the Medicare rate.