



Illinois Medicaid Hospital Reimbursement Reform

Technical Advisory Group
Discussion of Design Considerations

March 29, 2012

Agenda

1. Introductions (5 Minutes)
2. Confirmation of the Purpose of the TAG (10 Minutes)
3. Outpatient Payment Simulation Models – Changes and Results – 2 Models (40 Minutes)
4. Inpatient Payment Simulation Models – Changes and Results (40 Minutes)
5. Strategy for Coding and Documentation Improvement – Discussion of Options (30 Minutes)
6. Wrap-Up (5 Minutes)

Note: Will include 15 minute break as needed

Technical Advisory Group

- Children's Memorial Hospital
 - **Prem Tuteja**, Director, Third Party Reimbursement
- Swedish Covenant Hospital
 - **Gary M. Krugel**, Senior Vice President of Operations and CFO
- Southern Illinois Healthcare
 - **Michael Kasser**, Vice President/CFO/Treasurer
- Memorial Health Systems
 - **Bob Urbance**, Director – Reimbursement
- Carle Foundation Hospital
 - **Theresa O'Banion**, Manager-Budget & Reimbursement
- Franklin Hospital (Illinois Critical Access Hospitals)
 - **Hervey Davis**, CEO
- Mercy Hospital and Medical Center
 - **Thomas J. Garvey**, Chief Financial Officer
- Hospital Sister Health System
 - **Richard A. Walbert**, Vice President of Finance

- Touchette Regional Hospital
 - **Michael McManus**, Chief Operating Officer
- Resurrection Health Care
 - **John Orsini**, Executive VP & CFO
- University of Illinois Hospital
 - **Patrick O'Leary**, Director of Hospital Finance
- Sinai Health System
 - **Chuck Weiss**, Executive VP & CFO
- Cook County Health & Hospital System
 - **Randall Mark**, Director of Intergovernmental Affairs & Policy
- Provena Health System
 - **Gary Gasbarra**, Regional Chief Financial Officer
- Advocate Healthcare System
 - **Steve Pyrcioch**, Director of Reimbursement
- Universal Health Systems
 - **Dan Mullins**, Vice President of Reimbursement, Behavioral Health Division

Technical Advisors to Hospital Systems

Illinois Hospital Association

Steve Perlin, Group Vice President, Finance

Jo Ann Spoor, Director, Finance

Joe Holler, Vice President, Finance

Illinois Academic Hospital Providers & multiple hospital provider systems

Matthew W. Werner - M. Werner Consulting - Designated Technical Consultant

Multiple hospital provider systems

J. Andrew Kane - Kane consulting - Designated Technical Consultant

Objectives and Guidelines for the TAG (From July 15th Kick-off Meeting)

- As the “Medicaid single State agency”, HFS is ultimately responsible for the final system
- The group is gathered to act in a technical advisory capacity to the HFS
- Members should reach out to their peers to gather feedback from others and to share meeting issues and discussion points
- Members are encouraged to provide objective advice to the group as it relates to the complete Medicaid system
- All parties, both HFS and the provider community, must commit to remaining transparent and open during the process, bring all issues to the group for discussion

Outpatient Simulation Results – Model 1

Model Assumptions

Similar to EAPG model presented at March 15th TAG meeting, with the following changes:

- Separate conversion factors based on Category of Service (COS)
- Case mix adjustment to 3M's EAPG national weights to achieve Illinois case mix of 1.0
- Addition of a policy adjustor for Critical Access Hospitals to establish payments at approximately 100% of estimated costs
- No \$311 million increase in outpatient funding shifted from the inpatient system
- Adjustments to the static payments to remove one-time stimulus supplemental payments

Preliminary Outpatient Simulation Results

Preliminary Outpatient Model Assumptions (Cont'd)

Conversion Factors

- Created separate conversion factors based on category of service
 - General Outpatient : COS 024-Outpatient – General and COS 025-Outpatient – ESRD
 - Psychiatric: COS 027-Psychiatric - Type A and 028-Psychiatric - Type B
 - Rehabilitation: COS 029-Clinic - Rehab
- Conversion factors set to achieve consistent estimated pay-to-cost ratios among 3 service groups and to achieve benchmark expenditures
- Preliminary model standardized conversion factors before wage index adjustment are:

General	Psychiatric	Rehabilitation
\$479.80	\$294.00	\$158.10

Outpatient Simulation Results – Model 1

Model Assumptions (Cont'd)

- ***EAPG Relative Weights***

- Used 3M's EAPG version 3.6 national weights with 0.880051 adjustment for Illinois case mix to achieve Illinois case mix of 1.0 (3M weights divided by 0.880051)
- For new v. 3.7 EAPGs not included in v. 3.6 national weights, EAPG weights were calculated based on claim costs for EAPG
- 3M's EAPG national weights are **visit based**, not unit based

- ***Policy Adjuster***

- Included adjuster of 1.33 for CAHs to achieve approximately 100% pay-to-cost ratio

Outpatient Simulation Results – Model 1

Model Assumptions (Cont'd)

- ***Ancillary Packaging***
 - Used EAPG program default list of 29 packaged routine ancillary services to bundle payment
 - Also treated Level 1 and “minor” drug and chemo EAPGs and as packaged per 3M recommendation
- ***Procedure Consolidation*** - Used EAPG program default consolidation list to bundle payment
- ***Discounting*** - Used all 4 discount types
 - 50% factor for Terminated Procedure, Multiple Significant Procedure and Repeat Ancillary discount type
 - 150% factor for Bilateral discount type

Outpatient Simulation Results – Model 1

Preliminary Simulated Payments

Service Type	SFY 2009 Claim Lines	Estimated Current System Payments (\$ Millions)	Estimated Simulation Model Payments (\$ Millions)	Estimated Payment Change
General	10,417,281	\$987.2	\$988.8	0.2%
Psychiatric	168,437	\$21.1	\$21.0	-0.8%
Rehabilitation	61,300	\$6.3	\$5.1	-19.3%
Outpatient Total	10,647,018	\$1,014.6	\$1,014.9	0.0%

Outpatient Simulation Results – Model 1

Preliminary Simulated Payments

Provider Category	Number of Providers	SFY 2009 Claim Lines	Estimated Current System Payments (\$ Millions)	Estimated Simulation Model Payments (\$ Millions)	Estimated Payment Change
General Acute Providers	125	9,269,004	\$882.3	\$869.7	-1.4%
Freestanding Children's Providers	2	279,538	\$40.8	\$27.0	-33.9%
Critical Access Hospitals	51	735,879	\$61.1	\$78.4	28.4%
Freestanding Psychiatric Providers	8	37,961	\$7.1	\$5.4	-24.3%
Freestanding Rehabilitation Providers	4	28,195	\$2.7	\$2.4	-8.2%
LTAC Providers	2	8,077	\$3.8	\$1.2	-68.6%
Out-of-State Providers	32	288,364	\$17.0	\$30.8	81.4%
Grand Total	224	10,647,018	\$1,014.6	\$1,014.9	0.0%

These analyses have been prepared for discussion purposes only. They do not reflect recommendations by Navigant. No final decisions have been made or proposed by DHFS.

Outpatient Simulation Results – Model 1

Preliminary Simulated Payments – General Services

General Services (COS 24 and 25)	SFY 2009 Claim Lines	Estimated Current System Payments (\$ Millions)	Estimated Simulation Model Payments (\$ Millions)	Estimated Payment Change
CAH	735,879	\$61.1	\$78.4	28.4%
MIUR Tier 1	270,440	\$28.0	\$22.9	-18.0%
MIUR Tier 2	858,692	\$86.8	\$74.7	-14.0%
MIUR Tier 3	843,152	\$92.3	\$82.7	-10.3%
Others	7,709,118	\$719.1	\$730.0	1.5%
Total	10,417,281	\$987.2	\$988.8	0.2%

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Outpatient Simulation Results – Model 2

Model Assumptions

Similar to Model 1 with following differences:

- The EAPG payment method is applied only to current claims-based funding levels
- Static payments, after adjustments described for Model 1, would remain separate
- General, psychiatric and rehabilitation services (based on category of service) simulated model payments for each group kept same as current payments (in aggregate – not by provider)
- No policy adjustors applied

Outpatient Simulation Results – Model 2

Preliminary Simulated Payments

Service Type	SFY 2009 Claim Lines	Estimated Current System Payments (\$ Millions)	Estimated Simulation Model Payments (\$ Millions)	Estimated Payment Change
General	10,417,281	\$987.2	\$987.2	0.0%
Psychiatric	168,437	\$21.1	\$21.1	0.0%
Rehabilitation	61,300	\$6.3	\$6.3	0.0%
Outpatient Total	10,647,018	\$1,014.6	\$1,014.6	0.0%

Outpatient Simulation Results – Model 2

Preliminary Simulated Payments

Provider Category	Number of Providers	SFY 2009 Claim Lines	Estimated Current System Payments (\$ Millions)	Estimated Simulation Model Payments (\$ Millions)	Estimated Payment Change
General Acute Providers	125	9,269,004	\$882.3	\$880.4	-0.2%
Freestanding Children's Providers	2	279,538	\$40.8	\$41.9	2.7%
Critical Access Hospitals	51	735,879	\$61.1	\$60.9	-0.3%
Freestanding Psychiatric Providers	8	37,961	\$7.1	\$7.2	1.1%
Freestanding Rehabilitation Providers	4	28,195	\$2.7	\$2.7	2.5%
LTAC Providers	2	8,077	\$3.8	\$3.8	0.6%
Out-of-State Providers	32	288,364	\$17.0	\$17.7	4.2%
Grand Total	224	10,647,018	\$1,014.6	\$1,014.6	0.0%

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Outpatient Simulation Results – Model 2

Preliminary Simulated Payments – General Services

General Services (COS 24 and 25)	SFY 2009 Claim Lines	Estimated Current System Payments (\$ Millions)	Estimated Simulation Model Payments (\$ Millions)	Estimated Payment Change
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Others	7,709,118	\$719.1	\$723.4	0.6%
Total	10,417,281	\$987.2	\$987.2	0.0%

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Inpatient Simulation Results – Model 1

Key Assumptions – Acute Services

- HFS' proposed incorporation of all but **\$767** million of static payments into the payment rates – now excludes static payments that have been phased-out after SFY 2011
- Benchmark inpatient expenditures based on SFY 2009 reported claim payments (excluding DSH, without trending) plus SFY 2011 assessment and supplemental payments (adjusted to remove one-time stimulus, SNAP/RHA/DHA sunseting June 2012 and outpatient OAAP)
- No adjustment to move funding from inpatient to outpatient - \$311 million retained in inpatient
- 3M national relative weights adjusted for Illinois case mix
- Statewide standardized base rates and per diem rates
- Medicare outlier policy, with \$22,385 fixed stop loss, and 80% marginal cost percentage
- Medicare transfer-out policy (not post-acute transfer policy) – prorated payment
- Direct and indirect medical education payments to both in-state and out-state providers
- Shifting of funds under new system between acute, psychiatric, rehabilitation and LTACs to achieve consistent aggregate pay-to-cost ratios for each service type – costs include 100% of assessment - potential policy adjusters for specific types of services

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Inpatient Simulation Results – Model 1

Key Assumptions – Specialty Services

- ***Psychiatric Services:***

- Psychiatric-specific standardized per diem payments rates, adjusted for wage index, teaching programs and rural status
- Relative weight adjustments for psychiatric and substance abuse APR-DRGs (72 total classifications)
- Day adjustments that incrementally decrease during the patient stay (119% on first day down to 92% on 22nd day and beyond)

- ***Rehabilitation Services:***

- Rehabilitation-specific standardized per diem payments rates, adjusted for wage index, teaching programs and rural status
- Relative weight adjustments for rehabilitation APR-DRGs (4 total classifications)

- ***LTAC Services:***

- DRG-based system using APR-DRGs and acute service weights with LTAC-specific base rates
- Outlier policy, with \$17,931 fixed stop loss, and 80% marginal cost percentage
- No medical education payments (direct or indirect)

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Inpatient Simulation Results – Model 1

Key Assumptions

- Model includes following acute policy adjusters (in hierarchical order):

Acute Policy Adjustment	Adjustment Factor	Target Pay-to-Cost Ratio
CAHs	1.5	100%
In-State Freestanding Childrens'	1.4	100%
In-State MIUR Level 1 (Mean + 2 StDev)	1.1	125%
In-State MIUR Level 2 (Mean + 1 StDev)	1.1	At least 100%
In-State MIUR Level 3 (Mean Plus 1/2 StDev)	1.1	At least 100%
Normal Newborn/OB	1.4	97% (acute avg.)
Other Neonates	1.0	100%
Pediatric	1.0	100%

- Preliminary model standardized payment rates (before wage or teaching adjustments)

DRG Base Rate	Psych Per Diem	Rehab Per Diem	LTAC Base Rate
\$5,283.53	\$832.19	\$581.82	\$6,521.52

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Inpatient Simulation Results – Model 1

Preliminary Simulated Payments

Service Type	SFY 2009 Claims	SFY 2009 Medicaid Days	Estimated Current System Payments (\$ Millions)	Estimated Simulation Model Payments (\$ Millions)	Estimated Payment Change
General Acute Hospitals	338,972	1,277,472	\$3,126.4	\$3,152.3	0.8%
Psychiatric Providers/ Units	41,012	351,690	\$345.8	\$319.1	-7.7%
Rehabilitation Providers/ Units	2,889	48,721	\$71.7	\$83.2	16.0%
LTAC Providers	2,677	65,933	\$111.2	\$100.6	-9.5%
Inpatient Total	385,550	1,743,816	\$3,655.1	\$3,655.2	0.0%

Inpatient Simulation Results – Model 1

Preliminary Simulated Payments – General Acute Only

General Acute Policy Category	Policy Adjuster	SFY 2009 Claims	SFY 2009 Medicaid Days	Estimated Current System Payments (\$ Millions)	Estimated Simulation Model Payments (\$ Millions)	Estimated Payment Change
CAHs	1.5	5,881	14,111	\$26.4	\$34.7	31.3%
In-State Freestanding Childrens'	1.4	6,100	45,553	\$172.8	\$171.1	-1.0%
In-State MIUR Level 1	1.1	16,095	58,541	\$167.7	\$134.3	-19.9%
In-State MIUR Level 2	1.1	47,701	154,362	\$357.6	\$283.2	-20.8%
In-State MIUR Level 3	1.1	34,395	113,405	\$259.2	\$277.5	7.0%
Normal Newborn/OB	1.4	116,228	280,981	\$392.8	\$504.7	28.5%
Other Neonates	1.0	7,494	122,130	\$316.0	\$277.6	-12.1%
Pediatric	1.0	28,495	110,122	\$295.4	\$314.1	6.4%
Other - Adult	N/A	76,583	378,267	\$1,138.6	\$1,155.0	1.4%
General Acute Total		338,972	1,277,472	\$3,126.4	\$3,152.3	0.8%

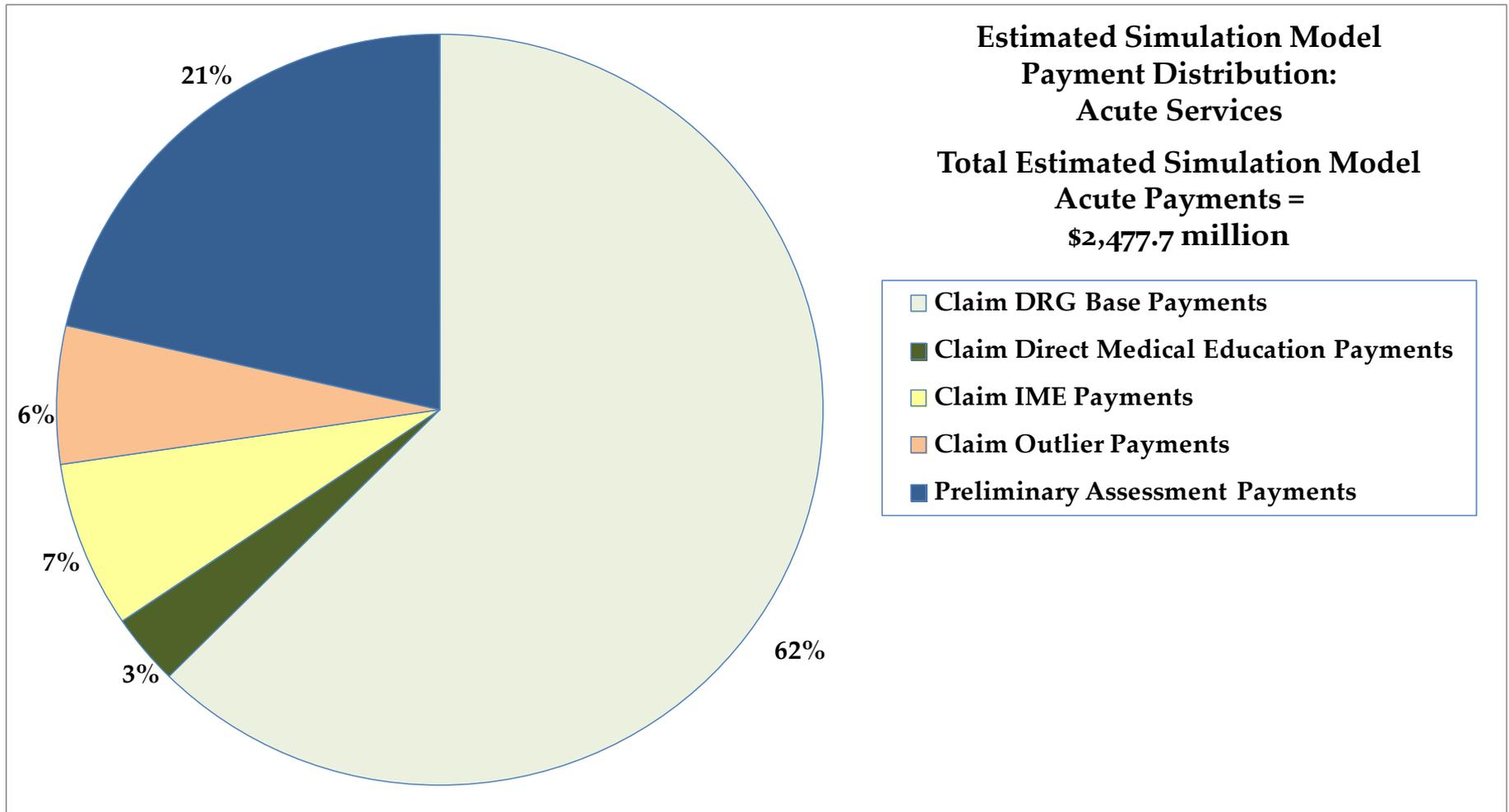
Inpatient Simulation Results – Model 1

Preliminary Simulated Payments

Provider Category	Number of Providers	SFY 2009 Claims	SFY 2009 Medicaid Days	Estimated Current System Payments (\$ Millions)	Estimated Simulation Model Payments (\$ Millions)	Estimated Payment Change
General Acute Providers (w/ DPUs)	125	348,756	1,385,191	\$3,023.0	\$3,047.5	0.8%
Freestanding Children's Providers	2	6,388	49,162	\$181.1	\$175.6	-3.1%
Critical Access Hospitals	51	5,882	14,112	\$26.4	\$34.7	31.3%
Freestanding Psychiatric Providers	8	8,654	126,285	\$130.1	\$97.7	-24.9%
Freestanding Rehabilitation Providers	4	1,236	24,268	\$44.4	\$43.5	-1.9%
LTAC Providers	6	2,677	65,933	\$111.2	\$100.6	-9.5%
Out-of-State Providers	36	11,957	78,865	\$138.9	\$155.4	11.9%
Inpatient Total	232	385,550	1,743,816	\$3,655.1	\$3,655.2	0.0%

Inpatient Simulation Results – Model 1

Preliminary Simulated Payments



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Inpatient Simulation Results – Model 1

Preliminary Simulated Payments - Transplants

Transplant APR-DRG	SFY 2009 Claims	Estimated Current System Payments (\$ Millions)	Estimated Simulation Model Payments (\$ Millions)	Aggregate CCR Approach Plus Static
001 - LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	34	\$10.1	\$6.4	\$5.6
002 - HEART &/OR LUNG TRANSPLANT	15	\$3.4	\$3.1	\$2.0
003 - BONE MARROW TRANSPLANT	64	\$13.5	\$9.6	\$7.7
006 - PANCREAS TRANSPLANT	1	\$0.1	\$0.1	\$0.1
440 - KIDNEY TRANSPLANT	28	\$1.8	\$2.4	\$2.3
Transplant Total	142	\$28.8	\$21.6	\$17.8

Combined Simulation Results – Model 1

Preliminary Simulated Payments

Provider Category	Inpatient		Outpatient		Combined	
	Estimated Current System Payments (\$Millions)	Estimated Simulation Model Payments (\$Millions)	Estimated Current System Payments (\$Millions)	Estimated Simulation Model Payments (\$Millions)	Estimated Current System Payments (\$Millions)	Estimated Simulation Model Payments (\$Millions)
General Acute Providers (w/ DPUs)	\$3,023.0	\$3,047.5	\$882.3	\$869.7	\$3,905.3	\$3,917.2
Freestanding Children's Providers	\$181.1	\$175.6	\$40.8	\$27.0	\$221.9	\$202.5
Critical Access Hospitals	\$26.4	\$34.7	\$61.1	\$78.4	\$87.5	\$113.1
Freestanding Psychiatric Providers	\$130.1	\$97.7	\$7.1	\$5.4	\$137.2	\$103.1
Freestanding Rehabilitation Providers	\$44.4	\$43.5	\$2.7	\$2.4	\$47.0	\$46.0
LTAC Providers	\$111.2	\$100.6	\$3.8	\$1.2	\$115.0	\$101.8
Out-of-State Providers	\$138.9	\$155.4	\$17.0	\$30.8	\$155.9	\$186.3
Total	\$3,655.1	\$3,655.2	\$1,014.6	\$1,014.9	\$4,669.7	\$4,670.0

Inpatient Simulation Results – Model 2

Key Model Assumptions

- Keeps all current static payments (assessment and supplemental, with adjustments), leaving current claims payments as funding pool for APR-DRGs
- No outpatient set-aside (statewide aggregate simulation model payments equal current aggregate payments)
- Acute, rehabilitation, psychiatric and LTAC services simulation model payments for each group kept same as current payments (in aggregate – not by provider)
- No policy adjustors applied
- No teaching adjustments (IME or direct medical education)
- Alternative baseline model preliminary standardized payment rates (before wage adjustments)

DRG Base Rate	Psych Per Diem	Rehab Per Diem	LTAC Base Rate
\$4,852.16	\$753.42	\$360.14	\$6,107.04

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Inpatient Simulation Results – Model 2

Estimated Payments, Including Static Payments

Service Type	SFY 2009 Claims	SFY 2009 Medicaid Days	Estimated Current System Payments (\$ Millions)	Estimated Simulation Model Payments (\$ Millions)	Estimated Payment Change
General Acute Hospitals	338,972	1,277,472	\$3,126.4	\$3,126.4	0.0%
Psychiatric Providers/ Units	41,012	351,690	\$345.8	\$345.8	0.0%
Rehabilitation Providers/ Units	2,889	48,721	\$71.7	\$71.7	0.0%
LTAC Providers	2,677	65,933	\$111.2	\$111.2	0.0%
Inpatient Total	385,550	1,743,816	\$3,655.1	\$3,655.1	0.0%

Inpatient Simulation Results – Model 2

Estimated Payments, Including Static – General Acute Only

General Acute Policy Category	Policy Adjuster	SFY 2009 Claims	SFY 2009 Medicaid Days	Estimated Current System Payments (\$ Millions)	Estimated Simulation Model Payments (\$ Millions)	Estimated Payment Change
CAHs	N/A	5,881	14,111	\$26.4	\$31.7	20.0%
In-State Freestanding Childrens'	N/A	6,100	45,553	\$172.8	\$157.0	-9.1%
In-State MIUR Level 1	N/A	16,095	58,541	\$167.7	\$172.5	2.9%
In-State MIUR Level 2	N/A	47,701	154,362	\$357.6	\$371.9	4.0%
In-State MIUR Level 3	N/A	34,395	113,405	\$259.2	\$271.5	4.8%
Normal Newborn/OB	N/A	116,228	280,981	\$392.8	\$387.4	-1.4%
Other Neonates	N/A	7,494	122,130	\$316.0	\$278.0	-12.0%
Pediatric	N/A	28,495	110,122	\$295.4	\$300.1	1.6%
Other	N/A	76,583	378,267	\$1,138.6	\$1,156.2	1.5%
General Acute Total		338,972	1,277,472	\$3,126.4	\$3,126.4	0.0%

Inpatient Simulation Results – Model 2

Estimated Payments, Including Static Payments

Provider Category	Number of Providers	SFY 2009 Claims	SFY 2009 Medicaid Days	Estimated Current System Payments (\$ Millions)	Estimated Simulation Model Payments (\$ Millions)	Estimated Payment Change
General Acute Providers (w/ DPUs)	125	348,756	1,385,191	\$3,023.0	\$3,077.4	1.8%
Freestanding Children's Providers	2	6,388	49,162	\$181.1	\$161.8	-10.7%
Critical Access Hospitals	51	5,882	14,112	\$26.4	\$31.7	20.0%
Freestanding Psychiatric Providers	8	8,654	126,285	\$130.1	\$100.5	-22.7%
Freestanding Rehabilitation Providers	4	1,236	24,268	\$44.4	\$43.3	-2.4%
LTAC Providers	6	2,677	65,933	\$111.2	\$111.2	0.0%
Out-of-State Providers	36	11,957	78,865	\$138.9	\$129.1	-7.0%
Inpatient Total	232	385,550	1,743,816	\$3,655.1	\$3,655.1	0.0%

Summary of Options for Coding and Documentation Improvement Adjustments

Option 1: Preemptive Adjustment	Option 2: 5% Set-Aside with Corridor and Semi-Annual Look-Back	Option 3: Monthly Prospective Adjustment with Corridor
<ul style="list-style-type: none"> • Reduce rates in advance in anticipation of higher CMI from improved coding. • Similar to approach employed by Medicare. • Would require HFS the option of applying retrospective adjustments, downward or upward, if preemptive estimates are off target. 	<ul style="list-style-type: none"> • Discussed at previous TAG meetings. • Establish a 5% set-aside (through a rate reduction) for all inpatient services • Establish expected CMI values for future periods based on historic trends. • After “go-live,” review actual CMI • If actual CMI is less than expected CMI, HFS makes 5% set aside payments back to hospitals. • If actual CMI exceeds expected CMI by less than 5%, then HFS makes proportional set aside payments back to hospitals. • HFS may adjust weights prospectively or retrospectively, depending on the significance of case mix changes. 	<ul style="list-style-type: none"> • Illustrated in following slides. • Establish expected CMI values for future periods based on historic trends. • Establish a corridor (e.g., 2%) above and below the expected CMI value. • On a monthly basis, HFS will review cumulative year-to-date CMI. If actual CMI exceeds or falls below the corridor, HFS will prospectively apply an adjustor to the rates to bring expected payment back to where it would be at the upper or lower bounds. If actual CMI comes back within the corridor, the adjustor is prospectively removed. • After a full 18-month period has passed, analysis will be based on a “rolling” 18-month average.

Wrap-Up

- Inpatient analysis
- Outpatient analysis
- Next Steps