

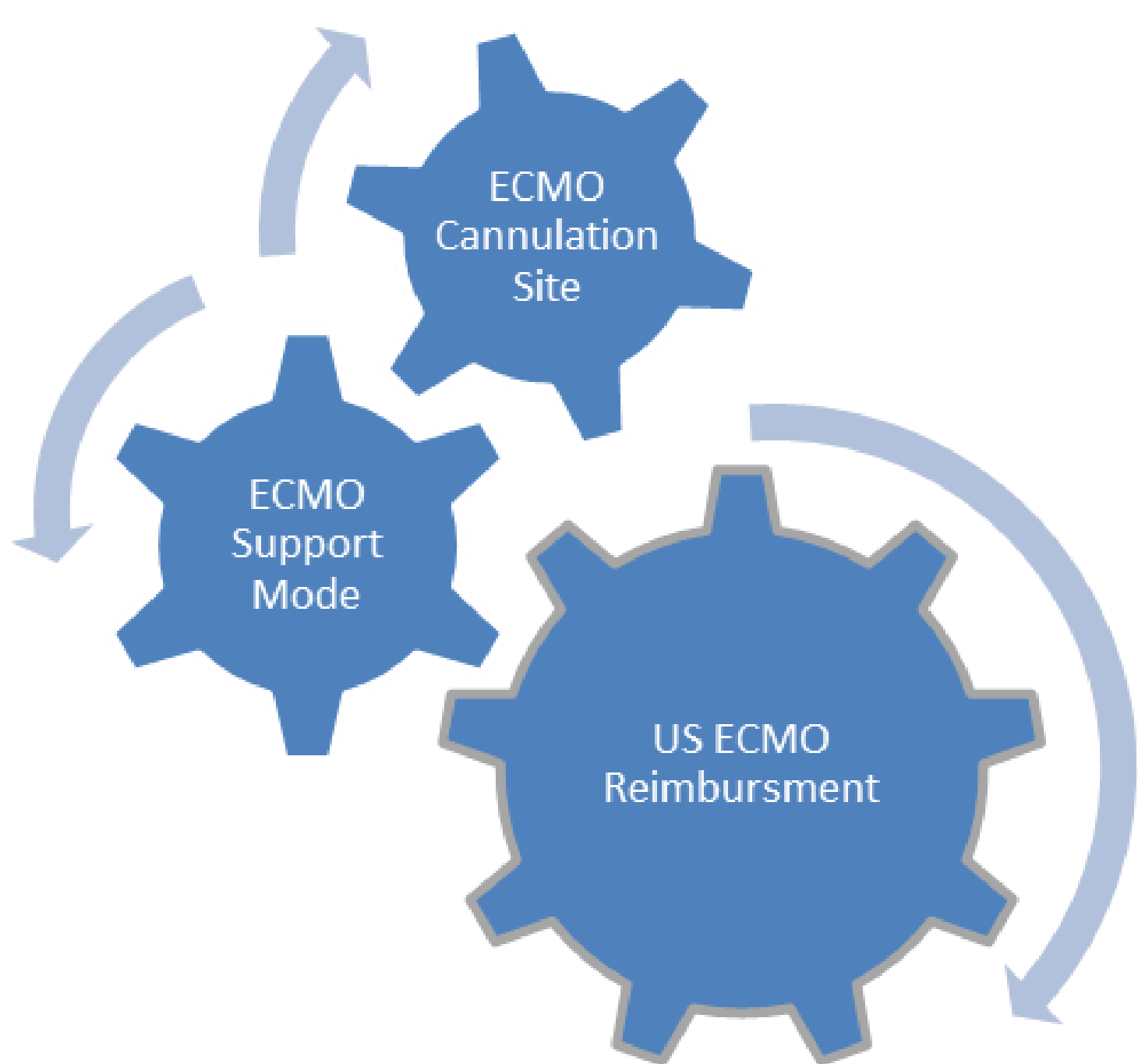


Background

- ◆ Countries who use single payer systems differentiate ECMO reimbursement based on support type and indication.
- ◆ Historically, the US has reimbursed all ECMO cases at the same rate regardless of support type or indication.
- ◆ Effective October 1st, 2018 the Center for Medicare Services (CMS) changed the ECMO associated Diagnostic Related Grouping (DRG) codes, varying reimbursement based almost exclusively on cannulation site and support mode.
- ◆ The changes may result in a decrease in US reimbursement for ECMO cases by 30%- 90%.

Aim

- ◆ The aim of this study was to investigate the financial impact from the recently implemented DRG changes on a US ECMO program.



Methods

- ◆ We reviewed the number of adult cardiac ECMO cases performed at one institution during the years 2016 and 2017.
- ◆ Reimbursement for these cases was calculated by applying the 2017 US national average dollar amount for ECMO support, prior to the updated CMS DRG changes (plan A).
- ◆ Next these cases were categorized by cannulation site, and the presence of a Ventricular Assist Device (VAD).
- ◆ Reimbursement was again calculated, this time using the updated 2018 US CMS DRG and the associated national average dollar amount (plan B).
- ◆ Reimbursement amounts were compared.

Results

- ◆ When comparing both plans of ECMO reimbursement for the years 2016 and 2017, estimated losses of 1.2 and 3.3 million dollars were identified respectively.
- ◆ The losses would be directly attributed to the update 2018 CMS DRG reimbursement rates for ECMO.

	ECMO Type	# of Cases	Total Dollars
2016 Plan A	All ECMO Cases	38	3,871,896
2016 Plan B	Central VA ECMO	14	1,426,488
	Peripheral VA with pVAD	16	1,148,144
	Peripheral VA	8	64,168
			2,638,800
Difference in reimbursment 2016-2017			1,233,096
2017 Plan A	All ECMO Cases	57	5,807,844
2017 Plan B	Central VA ECMO	10	1,018,920
	Peripheral VA with pVAD	16	1,148,144
	Peripheral VA	31	248,651
			2,415,715
Difference in reimbursment 2016-2017			3,392,129

Conclusions

- ◆ The 2018 US CMS changes to DRG codes and payment for ECMO support are largely driven by cannulation site and may result in a significant decrease in revenue for hospitals caring for these patients.
- ◆ There are multiple factors that need to be considered when determining reimbursement for resources used during ECMO support.
- ◆ Further research is needed to fully understand the impact of these decreases in reimbursement, and how they will affect the care of these types of patients and their outcomes.

No disclosures.

