

DRG payment scale for hospital services within the scope of application of the Hospital Finance Act (KHEntgG) and patient information according to sec. 8 of the Hospital Finance Act (KHEntgG)

The Marien-Krankenhaus gGmbH calculates the following charges valid from 1st January 2010:

1. Flat fees per case (DRGs) according to sec. 7 para. 1 number 1 of the Hospital Finance Act (KHEntgG)

The charge for the hospital's general full and partial inpatient services is set according to the current version of the KHG (Hospital Act) and KHEntgG statutory standards. General hospital services are calculated mainly through diagnosis-oriented flat fees according to the case, also known as Diagnosis Related Groups or DRGs. In accordance with the DRG system, the specific charge depends on the individual circumstances of the clinical case.

Different parameters are used for DRG allocation, the most important ones being the main diagnosis and, if applicable, the procedures that were carried out (operations, complex diagnostic or therapeutic services). Possibly available secondary diagnoses can also influence the classification of severity. To set the diagnoses or procedures, there are catalogues with approx. 13,000 diagnoses (ICD-10-GM, version 2010) and approx. 26,000 procedures (OPS-301 version 2010) available. Apart from the catalogues mentioned above, other factors such as age or type of discharge can have an effect on DRG allocation.

The precise definitions of the individual DRGs have been set in the currently valid DRG classification system (DRG Definition Handbook). The Handbook describes the DRGs in alphanumeric fashion on one hand and via textual definitions on the other hand. This information is supplemented with tables of the pertinent diagnoses and procedures.

The respective DRG is given a relative weight which can vary from year to year as part of the DRG system care. This relative weight is assigned to a reference case value expressed in Euros (the set value of a reference service). The currently valid reference case value amounts to € 2,847.52 and is subject to yearly changes. The price for the treatment case is the result of multiplying the relative weight with the reference case value.

Example:

B79Z Skull fractures
Relative weight: 0.611
Reference case value: € 2,847.52
Result: € 1,739.83

I04Z Examination and replacement of the knee joint
with increasingly complex diagnosis or arthrodesis
Relative weight: 3.399
Reference case value: € 2,847.52
Result: € 9,678.72

What DRG will finally be used for your clinical picture for calculation purposes cannot be predicted. It will depend on the diagnosis or diagnoses given at the end of the hospital stay and on the diagnostic or therapeutic services specifically rendered during the course of treatment. Enclosure 1 of the Flat Fee per Case System for Hospitals Agreement 2010 (FPV 2010) provides the DRGs for the year 2010.

2. Exceeding and falling short of the length of stay limit or of the medium length of stay of the flat fee per case (DRG) in accordance with sec. 1 para. 2 and 3 and with sec. 3 para. 1 and 2 FPV 2010

The price calculated in accordance with the DRG system described above implies that DRG-specific limits for the length of stay in the hospital are not exceeded or fall short. If this happens, legally set surcharges or discounts apply. The FPV 2010 (Flat Fee per Case System for Hospitals Agreement) regulates the details and calculation method on this.

3. Additional charges according to the additional payment catalogues in accordance with sec. 5 of the FPV 2010

In accordance with sec. 17b para. 1 no. 12 of the KHG, the self-administration partners in charge of the development and care of the German DRG system at the federal level (head organisation of the statutory health insurance (GKV), the private health insurance organisation (PKV), and the German Hospital Society) can agree on additional payments for services, service complexes or medications. This also applies to the amount of the charges. For 2010, the additional charges are given in annex 2 in connection with annex 5 of the FPV 2010 **at national level**.

In addition to the additional charges mentioned in annex 4 in connection with annex 6 of the FPV 2010, **individual hospital** additional charges can be agreed upon in accordance with sec. 6 para. 1 KHEntgG. These additional charges can also be billed in addition to the DRG flat fees per case or the charges in accordance with sec. 6 para. 1 of the KHEntgG.

If for the services according to annex 4 or 6 of the FPV 2010 no individual hospital additional charges could be invoiced yet owing to lack of an agreement, €600.00 must be charged for every additional charge.

If no additional charges for individual hospital services were agreed upon in the 2010 budget agreement for services according to annex 4 or 6 of the FPV 2010, the individual case must be billed with €600.00 for every additional charge according to sec. 8 para. 1 page 2 of the KHEntgG.

The hospital charges the following additional charges (see page 6 et seqq. of this DRG Charge)

4. Other charges for services in accordance with sec. 7 of the FPV 2010

For remuneration of services that, according to sec. 7 para. 1 of the FPV 2010 are not yet included in the DRG flat fees per case and additional payments, the hospital has agreed with the corresponding cost payers, in accordance with sec. 6 para. 1 of the KHEntgG, to charge the following case resp. per diem amounts for individual hospital service:

- e.g. services according to annex 3a and 3b of the FPV 2010
see page 6 et seqq. of this DRG-Charge
- e.g. other partially inpatient services according to sec. 6 para. 1 page 1 of the KHEntgG
none
- e.g. services of special medical facilities according to sec. 17 para. 1 page 15 of the KHEntgG
none

If for the services according to **annex 3a** of the FPV 2010 no individual hospital charges could be billed owing to the lack of an agreement, €600.00 must be billed for every day of occupancy. If for the services according to **annex 3b** of the FPV 2010 no individual hospital payments could be billed owing to the lack of an agreement, €300.00 must be billed for every day of occupancy.

If no charges for hospital services were agreed upon in the 2010 budget agreement for services according to annex 3a of the FPV 2010, the individual case must be billed with €450.00 for every day of occupancy according to sec. 8 para. 1 page 3 of the KHEntgG.

5. Additional Reimbursement Fees for specialised services according to sec. 7 para. 1 no. 3 of the KHEntgG

The hospital has, according to sec. 6 para. 2a of the KHEntgG, agreed upon the following separate Additional Reimbursement Fees for the following services which can be associated with the flat fee cases and additional charges from the charges index according to sec. 7 page 1 no. 1 and 2 of the KHEntgG but cannot be properly remunerated:

Services: none at the moment

6. Surcharges and deductions in accordance with sec. 7 para. 1 no. 4 of the KHEntgG

In accordance with sec. 17a of the KHG, the hospital calculates a surcharge for each fully or partially inpatient case for the financing of training expenses.

The training surcharge currently amounts to: €73.26 €

In addition, the hospital calculates the following surcharges/deductions in accordance with sec. 17b para. 1 page 4 and 6 of the KHG:

The surcharge for admission of accompanying persons amounts to €45.00 per day

7. Charges for new examination and treatment methods according to sec. 7 para. 6 of the KHEntgG

The hospital will charge, according to sec. 6 para. 2 of the KHEntgG, the following temporarily restricted, case-related fees or extra charges for remuneration of new examination and treatment methods, that cannot be charged properly by the DRG Charges and nationally fixed extra fees and that are not excluded from financing according to sec. 137c of the SGB V:

Service: none at the moment

8. Quality assurance surcharges according to sec. 7 para. 1 no. 7 of the KHEntgG

The quality assurance surcharge, according to sec. 7 para. 1 no. 7 of the KHEntgG in connection with sec. 17b para. 1 no. 5 of the KHG, currently amounts to €0.99.

9. Surcharges for financing self-management tasks

- According to sec. 17b para. 5 of the KHG, the DRG system surcharge for every full- or partial inpatient hospital case to be invoiced amounts to:

€0.99

- Surcharge for financing the Institute for Quality and Profitability in Health Care according to sec. 139a in connection with sec. 139c of Part V of the Social Security Code (SGB V) and for financing the Joint Federal Committee according to sec. 91 in connection with sec. 139c of the SGB V for every hospital case to be invoiced to the amount of:

€0.87

10. Further surcharges and discounts

- Surcharge for implementing a support programme to improve the situation of the nursing staff according to sec. 4 para. 10 of the KHEntgG which amounts to:

0.48%

of the deducted amount of the DRG Charges and additional fees as well as other fees according to sec. 6 para. 1 no. 1 and para. 2a of the KHEntgG.

11. Charges for pre- and post-stationary treatments according to sec. 115a of the SGB V

According to sec. 115a of the SGB V the hospital will charge the fees mentioned in **annex A4** for pre- and post-stationary treatments, insofar as those have not been charged through the flat fee per case. According to sec. 8 para. 2 page 3 no. 4 of the KHEntgG, a **pre-stationary treatment** cannot be invoiced separately from a flat fee per case (DRG). A **post-stationary treatment** can be invoiced in addition to a flat fee per case (DRG), if the sum of stationary days of occupancy and the pre- and post-stationary treatment days exceed the marginal length of stay of the flat fee per case (DRG).

12. Charges for other services

1. The hospital as well as the physicians entitled to bill for services will charge a fee according to efforts for services provided during stationary treatment.
2. For services beyond the range of services of the statutory health insurance (GKV), the hospital will charge a service-oriented fee.
3. The hospital will charge €15.00 for a post-mortem examination and issue of a death certificate.

13. Additional charges for patients covered by state health insurance

The hospital will charge an additional payment as private payment from patients covered by statutory health insurance for full inpatient hospital treatment from first day on – for no more than 28 days of the calendar year (sec. 39 para. 4 of the SGB V). The additional payment charge currently amounts to €10.00/day (sec. 61 para. 2 of the SGB V). This amount will be collected by the hospital on behalf of the statutory health insurance companies according to sec. 43b para. 3 of the SGB V.

14. Re-admission and return transfer

In case of re-admission to the same hospital according to sec. 2 of the FPV 2010 or return transfer according to sec. 3 para. 3 of the FPV 2010, all case data of the hospital stays are summarised and charged according to sec. 2 para. 4 of the FPV 2010.

15. Attending physicians

Medical services of attending physicians in occupancy sections as well services of physicians and medical conducted institutions prompted by attending physicians are not compensated by the charges mentioned under nos. 1 to 11.

Those services will be charged separately by the attending physician.

16. Charges for optional services

The optional services making use of that go beyond normal hospital services are calculated separately. Calculation details can be gathered from the corresponding Additional Services Agreement and the patient information about the fee arrangement of physicians..

Effectiveness

These DRG Charges become effective on 01 January 2010. At the same time, the DRG Charges of 01 November 2009 are hereby revoked.

Dear Patient,

Should you have more questions about the details, the staff of the patient administration will be glad to answer them under the following phone-no. 02202/938-2191.

At the same time, while you are there, you can also see the Diagnosis Related Groups (DRG) classification system used in our hospital with the corresponding cost-weights and the pertinent billing rules.

To sum it up, payment for general hospital services and additional services can mean a significant financial hardship. This applies especially for direct payers.

Please check whether you are fully covered for hospital treatment.