HEALTH SYSTEMS AND POLICIES RESEARCH CENTER OF ISTANBUL MEDIPOL UNIVERSITY JOURNAL OF HEALTH SYSTEMS AND POLICIES

VOLUME: 1 2019



The Correlation Analysis of Relative Values of DRGs and the National Health Public Health Service Tariffs in Turkey

Beytiye Özge ELMAS¹ İlker KÖSE²

ABSTRACT

This study aims to analyze the correlation between the prices of public health service tariff (SUT) based on fee for service in Turkey with the DRGs which have being disseminated since 2009 in public hospitals in Turkey.

For this analysis, the inpatient patient data of Istanbul Haydarpaşa Numune Training and Research Hospital for 2015 were taken as basis and the 28,493 files that the hospital sent to Social Security Institution (SSI) and provisioned via SUT and the accrued amounts were obtained. Then the DRGs were obtained from the Ministry of Health's DRG application for the same cases. DRGs with fewer than 3 files were excluded from the calculation and 28,365 files were studied.

The correlation between the SUT prices of 28,365 files and the DRG's relative values of each file were calculated as 0.67 (medium related). The correlation between the average SUT prices of the 403 DRG groups corresponding to these files and the relative values were calculated as 0.79 (high correlation). When we investigate this relation based on the major diagnostic classification (MDC) of the DRGs, the relation between the file prices and the DRG relative values

¹ İstanbul Medipol University, Turkey

² Health Systems and Policies Research Center, İstanbul Medipol University, Turkey Corresponding author: B. O. Elmas, boelmas@medipol.edu.tr

are calculated as very weak in 7 MDCs, weak in 9 MDCs, medium in 5 MDCs, high in 1 MDC. The relationship between average SUT prices of each DRG group and their relative values are also calculated as very weak in 1 MDC, weak in 4 MDCs, medium in 4 MDCs, high in 8 MDCs and very high in 5 MDCs. The result of this analysis shows us the public healthcare service prices are medium and/or highly related with the relative values of DRGs applied in Turkey. Moreover, there are some issues to study on particularly DRGs of some MDCs which have weak and very weak relation with SUT prices (or vice versa). **Keywords:** DRG, Diagnosis Related Groups, Correlation, Fee for Service, National Tariffs,

INTRODUCTION

As much as the service itself in the management of healthcare in the world, the payment models of health care are also important. The important stakeholders that make up the healthcare system are health service servers, people receiving services and repaid institutions. In Turkey, the reimbursement model and the person receiving the service are paid to the institution serving the appropriate by source according to the health assurance. Widely used and accepted payment models are as follows (Uzman, 2015):

- 1. Fixed budget-based payment
- 2. Pay per service
- 3. Pay per capita
- 4. Pay per diem
- 5. Pay per case

Among these models, the case-based payment model, which has been increasingly widespread in the last 30 years, is built on Diagnosis related groups-DRG. Originally reformed by Fetter and his friends at Yale University in the 1960s (Robert B. Fetter, n.d.) DRG, has emerged in other countries in this area. The world's leading countries in terms of DRG use are seen as Australia, Canada and Norway (Başara, 2015). The first purpose of the emergence of DRG is to measure the costs of hospitals ' services and to help increase their productivity with a performance-based approach (Robert B. Fetter, n.d.). However, the case-based grouping capacity of the services provided by the DRG, in a very short time with the attention of health repayment institutions, a period of time after the DRG "pay per case" model was born (Narmanli et al., 2012) and is among the performance-based refund models in healthcare institutions (Lilford, Richard J, Brown, Celia A, & Nicholl, 2007). The caseby-case payment model, starting from the hospital patient's discharge, determination of the case group (DRG) based on the diagnosis by a grouper (Narmanli et al., 2012) and mentioned health service. According to the relevant DRG is based on the basis (AKYÜREK, 2012). DRG has a numerical value (relative value) that represents the size of the cost. In principle, the relative value of each DRG is expected to be determined periodically according to the average health service costs calculated throughout the country (Ayanoğlu, Beylik, & Orhan, 2014) (TÜKEL, 2010).

The payment to a case is not only the DRG that the case belongs to, it also depends on the case mix index, which shows how many health services the hospital offers (Turkish Republic Ministry of Health DGS Directory, 2014). As such DRG implementation, it offers a simple, flexible and traceable model according to the methods of pay per service, etc. for reimbursement agencies (Narmanli et al., 2012).

It is seen that countries that do not have DRG use DRG in numbers ranging from 600 to 1387 (K.Aksoy, 2017), they collect these groups under the Major Diagnostic Category (MDC), which varies between 20-40 (Güler, Şencan, Şeker, & Demir, 2013).

DRG APPLICATION IN TURKEY

The largest share of health assurance in Turkey belongs to the state-owned Social Security Institution (SGK). SGK has been actively implementing the pay-per-transaction model through the MEDULA system, which is a central provision system which is a central provision system implemented in 2007. The health process codes and all payment rules are updated annually in the pay-per-transaction model and are stated in the Health Service Tariff (SUT). Although a package-based structure is included in the SUT, especially for surgical procedures, these packages consist of a number of groupings made for easy operation of the pay-per-transaction model, rather than a case-based analysis, such as DRG. The Ministry of Health of the Republic of Turkey from 2009 to the global budget implementation, as well as payments made to state hospitals, both SUT and DRG have begun to be referenced together. However, the SUT is a model that requires a process/package based and preservice provision; DRG is based on the weight of the DRG group (relative value) and Case Mix index (VKI) which is based on the final discharge data set, which is confirmed after the patient is discharged (Hakan İstanbulluoğlu, Mahir Güleç, 2010). In addition, the functioning of the need of SUT and DRG and the different types of wages that they correspond to are a major risk for hospitals to be subjected to significant revenue losses during the transition from the pay per case model. Indeed, in 2009, the fees for the specified SUT have not been changed since then. In addition, these fees are determined and there is no average cost account across the country. On the other hand, the DRG used in Turkey has been transferred from the Australian model and a comprehensive cost study has not been made about how the relative values of 661 DRG correspond. For this purpose, although a project called "Infrastructure development project for strengthening and restructuring of health services financing structure" was conducted in cooperation with the Ministry of Health, SGK and Hacettepe University between the years 2005-2009, due to technical and practical difficulties in measuring the costs of health services, DRG's relative values have not been able to be determined (Yap & Yap, 2007).

As a result, what is used as a pay-per transaction model sin 2007, neither SUTs (SUT's; nor could we say that DRG) nor DRG were charged according to the National Health Service costs. This model became commonly used beginning in 2009.

In addition, if the same service is paid with the SUT and DRG the difference in the price varies, as a significant risk to the proliferation of DRG. However, there was no study of the differences between the SUT prices in Turkey and the DRG relative values or how the relationship was related.

It is known that the prices of the SUT and DRG relative values do not represent the exact same thing. SUT prices, not the cost of hospitals, it represents the amount (fee) payable by SGK in exchange for the service (Prof. Dr. M. Raşit TÜKEL, 2010). On the other hand, it is not entirely independent of the costs of the service with the current SUT prices; the amount to be paid to the hospital from the country is taken into consideration as the amounts of SUT. DRG Relative values must be calculated in principle based on local service, consumables and device costs. However, there has been no comprehensive change in the relative values of DRG transferred from Australia, the relative values cannot be claimed to represent the costs in Turkey. In this case, the dispute between the DRG relative values in Turkey and the calculated case rates based on the SUT is a subject worth examining.

The aim of this study is to analyze the relationship between DRG relative values that correspond to the same cases as the service amounts accrued according to the price of the SUT in the pay for service model in Turkey.

The following sections of the article are defined as follows: Part 2 will mention the scope of our research and the methods implemented, and the results obtained are shared in section 3. In the last chapter, the results will be evaluated, and some suggestions are offered for further studies.

METHODS

The methods implemented in the study are given in order. It was evaluated under 4 main headings as data acquisition, pre-processing and data conversion, visualization and analytic, and correlation analysis.

DATA ACQUISITION

In the research, the SUT and DRG data of Haydarpaşa Numune Training and Research Hospital was obtained from the year 2015. The headings contained in the raw data set are respectively; the patient's service, DRG code, DRG description, relative value, SUT invoice price, hospitalization date, release date, diagnosis, type of admission, permission status, number of days of hospitalization, score, age, year of birth, branch, output shape, transaction codes are in the form.

DATA PREPROCESSING AND DATA CONVERSION

Data quality criteria were taken into consideration by examining the headings in the raw data set and data was passed through a pre-processing and data conversion. Data types (nominal, sequential, continuous, interval, etc.) of data obtained by the data quality criteria are considered to be incomplete, noisy or inconsistent. In addition, the number of cases with fewer than 3 DRG is considered to affect the average in the correlation analysis, the relevant

DRG is excluded from the study scope. As a result of these transactions, the number of files in raw data obtained from the hospital in 2015 28,493, the number of DRGs is 670, the total file amount is 41,175,821 TL. After the data cleaning process, the number of files after data cleanup is 28,365, the number of DRGs is 403, and the total file amount is 40,849,813 TL. Analysis studies were handled with data after data cleansing.

VISUALIZATION AND ANALYTICS

After data cleansing, the underlying data is visualized with the Business intelligence tool called Qlikview Personal EditionTM, and a summary table was created by editing the headings in the raw data set.

However, a summary table that creates work has created a good perspective for us to see all the data. The total number of files in the headers on the summary table, relative value, minimum amount of SUT (TL), maximum amount of SUT (TL), average amount of SUT (TL), total amount of SUT (TL), average amount/relative value, minimum hospitalization time (days), maximum hospitalization time (days), The average hospitalization time (days) is detailed and the information on the entire data set has been revealed in detail.

CORRELATION ANALYSIS

Based on the analysis screens developed with Qlikview, the correlation between the amounts in DRG files related to DRG relative values were calculated mainly on the basis of "amount per relative value on MDC and DRG." Correlation analysis for all DRG; both are made separately for each DRG and the correlation values were calculated.

Thus, MDCs that are more dissociated relative to the SUT amounts by their relative values of corresponding DRGs have also been identified. Also, as the correlation between the SUT amounts and the corresponding relative values of all the cases were calculated; the average SUT amount for each DRG was calculated instead of the direct file amounts and the correlation between these average amounts and the corresponding DRG relative values were also calculated. Thus, the effect on the correlation of different SUT amounts to the same DRG could be examined separately. Correlation coefficient strength was determined by referring to the following value range. 0.01 – 0.25 Very Weak Relationship 0.26 – 0.49 Weak Relationship 0.50 – 0.69 Medium relationship 0.70 – 0.89 High Relationship 0.90 – 1.0 Very High Relationship

RESULTS

In this study, the correlation analysis between DRG relative values and the corresponding SUT prices are based on the data of the Haydarpaşa Numune Training and Research Hospital, which is one of the high-end hospitals in Turkey with Case mix Index of 2015 Made. The resulting 28,493 files have been transformed into 28,365 files after the data cleanup phase.

Two different approaches are based on analyzing the relationship/ correlation between the DRG relative value of each file and the fee calculated according to SUT.

In the first analysis, correlation between the amounts of SUT and the relative value were analyzed. The correlation between DRG relative values and the amounts of SUT are found to be 0.67, corresponding to each of the 28,365 files in the data set. This value shows us that the correlation coefficient is "medium relationship" power.

In the second analysis, the 28,365 file corresponds to 403 different DRG, the average amount of SUT calculated and 403 DRG group's average SUT fee related to DRG's relative value of the correlation were investigated. As a result of this analysis, the correlation coefficient was calculated as 0.79. This value also shows us that the correlation is "high-relationship".

In comparison with the amounts of all the files and the average SUT amounts are relative values of the correlation layer of the number forces associated with the middle and the high relationship emergence of the distribution of the number of files in MDC groups, namely the strength of correlation coefficient. This leaves one wondering how it would affect the results. In this context, according to the correlation of MDC groups for each data set, the following table 1 has been compared with the analysis of the correlation analyses on MDC basis for both analyses.

MDC Group	DRG Number	Number of files	1.Analysis Correlation Coefficient value	1.Analysis Correlation Coefficient power	2.Analysis Correlation Coefficient value	2.Analysis Correlation Coefficient power
MDC - 01 Nervous System Diseases	31	1462	0,08	Very Weak Relationship	0,22	Very Weak Relationship
MDC - 02 Eye diseases	19	5713	0,11	Very Weak Relationship	0,35	Weak Relationship
MDC - 03 ENT and Oral Diseases	23	1741	0,43	Weak Relationship	0,90	Çok High Relationship
MDC - 04 Respiratory System Diseases	24	3124	0,50	Medium relationship	0,36	Weak Relationship
MDC - 05 Circulatory System Diseases	22	311	0,21	Very Weak Relationship	0,75	High Relationship
MDC - 06 Digestive System Diseases	38	2326	0,64	Medium relationship	0,81	High Relationship
MDC - 07 Hepatobiliary System and Pancreas Diseases	22	1480	0,61	Medium relationship	0,84	High Relationship
MDC - 08 Musculoskeletal and Connective Tissue Diseases	57	2531	0,88	High Relationship	0,77	High Relationship
MDC - 09 Skin, Subcutaneous (Subcutaneous) Tissue and Breast Diseases	20	1375	0,18	Very Weak Relationship	0,54	Medium relationship
MDC - 10 Endocrine, Nutritional (Nutrition) and Metabolic Diseases	16	676	0,43	Weak Relationship	0,35	Weak Relationship
MDC - 11 Kidney and Urinary Tracts (Urinary Tract) Diseases	26	1966	0,30	Weak Relationship	0,75	High Relationship
MDC - 12 Male Reproductive Organs Diseases	12	490	0,42	Weak Relationship	0,71	High Relationship
MDC - 13 Female Reproductive Organs Diseases	12	1276	0,60	Medium relationship	0,97	Çok High Relationship

Table 1: Comparison of correlation recent analyses on MDC basis

MDC - 14 Pregnancy, birth and puerperium	9	479	0,49	Weak Relationship	0,99	Çok High Relationship
MDC - 15 Newborn (and Other Neonates)	7	133	0,62	Medium relationship	0,89	High Relationship
MDC - 16 Blood and Blood-making Organs and Immune Diseases	9	753	0,22	Very Weak Relationship	0,36	Weak Relationship
MDC - 17 Neoplastic diseases (Hematological and solid neoplasms)	9	127	0,31	Weak Relationship	0,78	High Relationship
MDC - 18 Infectious and Parasitic Diseases	12	222	0,37	Weak Relationship	0,79	High Relationship
MDC - 19 Mental Health Disorders	9	399	0,30	Weak Relationship	0,58	Medium relationship
MDC-20 Alcohol / Drug Use and Alcohol / Drug- induced Organic Mental Health Disorders	1	3	-	Correlation Not analyzed.	-	Correlation Not analyzed.
MDC - 21 Injuries, Poisoning and Toxic Drug Effects	11	313	0,24	Very Weak Relationship	0,56	Medium relationship
MDC - 22 Skin Burn	8	2	It is excluded from the analysis due to the number of files.	-	It is excluded from the analysis due to the number of files.	-
MDC - 23 Factors Affecting Health and Other Types of Contacts Established by Health Services	13	1162	0,12	Very Weak Relationship	0,52	Medium relationship
Leading Major Diagnostic Classes	12	303	0,49	Weak Relationship	0,91	High Relationship

DISCUSSIONS

Based on all these results, the current relative values for the 403 DRG group can be said to be medium-high in relation to the prices of SUT. However, when we do the correlation analysis on MDC basis, the correlation between file amounts and DRG relative values have been found to be very weak in 7 MDC, weak in 9 MDC, and 5 in MDC, and one in MDC. The correlation between average SUT amounts and relative values per DRG group was found to be very weak in 1 MDC, weak in 4 MDC, medium in 4 MDC, high in 8 MDC and 5 in MDC.

All these analyses are related to medium-high DRG relative values applied in Turkey with the prices of SUT; However, some arrangements can be made based on the relative values of DRG in the MDC groups which are particularly weak and very weak related, and/or the prices of the related SUT.

The most valuable information that our dissertation study will reveal for people who are deciding on DRG relative values is that the amount of the SUT in the data set/the relative Value section resulting from the data set average is too high or too low, the DRG's is determined. In this context, the data set we have, the average amount of SUT per DRG Group/relative value is sorted in ascending order. The following tables illustrate the DRG, which enters the lowest and highest level of 15% of the section result. In this way, decision makers can focus directly on these DRG and make appropriate changes in DRG relative values or in the amount of SUT or both, making the result of this section closer to the average of the data set (1,044 TL).

MDC_Name	DRG	DRG_Name	Number of Files	Relative Value	Average SUT Amount	Average Amount / Relative Value
Leading Major Diagnostic Classes (MDC)	A41A	Intubation, under age 16, KK Found	3	21,85	1.043	48
MDC - 15 Newborn (and Other Neonates)	P66C	Newborn, Applied Weight 2000- 2499 g, without a Major Operation Theater Operation, accompanied by a Different Problem	4	2,51	295	118
MDC - 17 Neoplastic diseases (Hematologic & solid neoplasms)	R61C	Lymphoma and Non-Acute Leukemia Within the Same Day	3	0,23	32	140

Table 2: The lowest value DRGs according to the average SUT Amount / Relative Value portion of the data set

MDC - 11 Kidney and Urinary Tracts (Urinary Tract) Diseases	L67A	Kidney and Urinary Tract Diagnosis, Other, Catastrophic CK Found		3,36	588	175
MDC - 08 Musculoskeletal and Connective Tissue Diseases	168C	Spinal Diseases, Non-Surgical, In the Same Day	8	0,36	66	184
MDC - 01 Nervous System Diseases	B02B	Craniotomy, Severe / Moderate Degree KK Found	10	9,03	2.139	237
MDC - 07 Hepatobiliary System and Pancreas Diseases	H41B	ERCP, Complex Therapeutic Procedures, Catastrophic / Severe CR Non-existent	3	3,97	973	245
MDC - 08 Musculoskeletal and Connective Tissue Diseases	175B	Shoulder, Arm, Elbow, Knee, Leg or Foot Ankle Injuries, 64 Years Old or KK Found	10	0,88	218	248
MDC - 19 Mental Health Disorders	U66Z	Eating Disorders and Obsessive- Compulsive Disorders	11	5,22	1.332	255
MDC - 08 Musculoskeletal and Connective Tissue Diseases	167B	Septic Arthritis, Catastrophic / Severe CC Non-existent	5	1,55	411	265
MDC - 03 ENT & Oral Diseases	D62Z	Epistaxis (Nasal Bleeding)	4	0,46	126	273
MDC - 08 Musculoskeletal and Connective Tissue Diseases	108A	Hip and Femur Operations, Other, Catastrophic / Severe CK Found	4	8,13	2.374	292
MDC - 08 Musculoskeletal and Connective Tissue Diseases	177B	Pelvic Fractures, Catastrophic / Severe CC Non-existent	22	1,38	415	301
MDC - 19 Mental Health Disorders	U63A	Affective Disorder, Major, 69 Years Old, or Catastrophic / Severe CK Found	13	4,86	1.477	304
MDC - 16 Blood and Bloodmaking Organs and Immune Diseases	Q02A	Blood and Blood-making Organs, Operating Room Operations, Other, Catastrophic / Severe CK Found	3	6,39	2.056	322
MDC - 09 Skin, Subcutaneous (Subcutaneous) Tissue and Breast Diseases	J60A	Skin Ulcers	4	2,36	762	323

MDC - 07 Hepatobiliary System and Pancreas Diseases	H42A	ERCP, Other Therapeutic Procedures, Catastrophic / Severe CK Found	3	5,03	1.633	325
MDC - 11 Kidney and Urinary Tracts (Urinary Tract) Diseases	L60A	Kidney Failure, Catastrophic CK Found	4	4,18	1.382	331
MDC - 01 Nervous System Diseases	B02A	Craniotomy, Catastrophic CK Found	5	13,53	4.628	342
MDC - 23 Factors Affecting Health and Other Types of Contacts Established by Health Services	Z60A	Rehabilitation, Catastrophic / Severe CK Found	4	5,48	1.893	345
MDC - 21 Injuries, Poisoning and Toxic Drug Effects	X04B	Injuries, Lower Extremity, Sixty Years Old, KK None	4	1,14	397	348
MDC - 04 Respiratory System Diseases	E02C	Respiratory System, Operating Room Procedures, Other, Catastrophic / Severe CC Non- existent	4	1,47	519	353
MDC - 01 Nervous System Diseases	B66B	Neoplasm, Catastrophic / Severe KK None	11	1,79	638	356
MDC - 20 Alcohol / Drug Use and Alcohol / Drug-induced Organic Mental Health Disorders	V64Z	Dependence and Use Disorders, Other Medicines	3	0,93	355	382
MDC - 08 Musculoskeletal and Connective Tissue Diseases	176B	Musculoskeletal (Musculoskeletal) System, Other Diseases, 69 Years Old or KK Found	4	1,07	414	387
MDC - 08 Musculoskeletal and Connective Tissue Diseases	178A	Femur Neck Fractures, Catastrophic / Severe CK Found	3	1,91	741	388
MDC - 08 Musculoskeletal and Connective Tissue Diseases	165B	Soft Tissue, Malignities, Pathological Fractures Included, Catastrophic / Severe KK	4	1,84	722	392

MDC - 01 Nervous System Diseases	B79Z	Cranial Fractures	44	0,77	321	417
MDC - 19 Mental Health Disorders	U65Z	Anxiety Disorders	77	1,11	468	421
MDC - 09 Skin, Subcutaneous (Subcutaneous) Tissue and Breast Diseases	J14Z	Breast Reconstruction, Major	5	4,59	1.957	426
MDC - 09 Skin, Subcutaneous (Subcutaneous) Tissue and Breast Diseases	J67B	Skin Diseases, Minor, in the Same Day	11	0,21	92	440
MDC - 08 Musculoskeletal and Connective Tissue Diseases	101Z	Joint Operations, Lower Extremity, Major, Bilateral (Bilateral), or Multiple	7	13,57	6.078	448
MDC - 06 Digestive System Diseases	G02A	Thin and Small Bowel Procedures, Major Procedures, Catastrophic CT Findings	7	7,87	3.544	450
MDC - 15 Newborn (and Other Neonates)	P67B	Newborn, Applied Weight 2499 g, Without Major Operation Theater Procedure, Accompanied by One Major Problem	20	1,96	883	451
MDC - 04 Respiratory System Diseases	E70A	Whooping Cough and Acute Bronchiolitis, KK Found	12	0,99	454	459
MDC - 03 ENT & Oral Diseases	D67A	Dental and Oral Disorders, Except Shooting and Repair	67	0,85	396	465
MDC - 19 Mental Health Disorders	U63B	Affective Disorder, Major, Under 70 Years, Catastrophic / Severe KK None	171	3,08	1.439	467
MDC - 05 Circulatory System Diseases	F68Z	Congenital Heart Disease	3	0,96	452	471
MDC - 14 Pregnancy, birth and puerperium	060B	Birth, Vaginal Delivery, Catastrophic / Severe CC Non-existent	11	1,10	526	478
MDC - 03 ENT and Oral Diseases	D66A	Ear, Nose, Throat and Mouth, Other Diagnoses, KK Found	5	0,97	468	483
MDC - 08 Musculoskeletal and Connective Tissue Diseases	105Z	Joint Replacement (Joint Replacement) and Joint Restart Operations	10	6,84	3.320	485
MDC - 05 Circulatory System Diseases	F13Z	Amputation, Circulatory System Caused, Upper Extremity and Thumb	8	2,47	1.202	487

MDC - 01 Nervous System Diseases	B02C	Craniotomy, KK	94	6,50	3.185	490
MDC - 19 Mental Health Disorders	U67Z	Personality Disorders and Acute Reactions	12	1,44	712	495
MDC - 16 Blood and Blood- making Organs and Immune Diseases	Q61A	Erythrocyte (Red Blood Cell) Diseases, Catastrophic CK Found	4	2,50	1.237	495
MDC - 14 Pregnancy, birth and puerperium	066A	Referral, Antenatal and Other Obstetric Causes	115	0,62	308	497
MDC - 21 Injuries, Poisoning and Toxic Drug Effects	X02Z	Skin grafts and microvascular tissue transfer, aimed at hand injuries	15	1,51	755	500
MDC - 07 Hepatobiliary System and Pancreas Diseases	H62A	Pancreatic Diseases, Apart from Malignancy, Catastrophic / Severe CK Found	4	2,53	1.271	502
MDC - 14 Pregnancy, birth and puerperium	001B	Birth, Caesarean section, Severe CK Found	7	2,44	1.274	522
MDC - 11 Kidney and Urinary Tracts (Urinary Tract) Diseases	L41Z	Cystourethroscopy in the same day	24	0,34	182	536
MDC - 14 Pregnancy, birth and puerperium	060C	Birth, Vaginal Delivery, Unilateral, Uncomplicated, Other Discomfort	98	0,91	489	537
MDC - 03 ENT & Oral Diseases	D14Z	Diagnosis and Treatment of Oral and Salivary Glands	67	0,82	447	545
MDC - 03 ENT & Oral Diseases	D10Z	Nasal Diagnosis and Treatment Procedures	102	0,94	512	545
MDC - 08 Musculoskeletal and Connective Tissue Diseases	164B	Osteomyelitis, KK Non-existent	6	2,35	1.298	552
MDC - 02 Eye diseases	C02Z	Diagnosis and Treatment Procedures for Eye, Enucleation and Orbit	59	1,36	754	554
MDC - 11 Kidney and Urinary Tracts (Urinary Tract) Diseases	L09C	Kidney and Urinary Tract Diseases, Other Procedures, Catastrophic / Severe KK None	19	1,42	789	556

MDC - 08 Musculoskeletal and Connective Tissue Diseases	169C	Bone Diseases and Specific Arthropathies, Over 75 Years Old, Catastrophic / Severe KK None	32	0,80	451	563
MDC - 14 Pregnancy, birth and puerperium	061Z	Postpartum and Post-Late, Without Operation	3	0,57	322	564
MDC - 23 Factors Affecting Health and Other Types of Contacts Established by Health Services	Z64B	Other Factors Affecting Health Status, Within the Same Day	55	0,32	182	568
MDC - 04 Respiratory System Diseases	E63Z	Sleep apnea	1872	0,35	200	571

Table 3: The highest DRGs according to the average SUT Amount / Relative Value portion of the data set

MDC_Name	DRG	DRG_Name	Number of Files	Relative Value	Average SUT Amount	Average Amount / Relative Value
MDC - 06 Digestive System Diseases	G04B	Adheyolysis, Peritoneum, 49 Years Old or Catastrophic CK Found	27	1,93	3.410	1.767
MDC - 06 Digestive System Diseases	G70B	Digestive System, Other Diagnoses, KK None	155	0,42	743	1.769
MDC - 16 Blood and Blood- making Organs and Immune Diseases	Q62Z	Coagulation Disorders	55	1,48	2.621	1.771
MDC - 09 Skin, Subcutaneous (Subcutaneous) Tissue and Breast Diseases	J12C	Lower Extremity Procedures, Ulcer / Cellulite Findings, Catastrophic KK None, Skin Graft / Flap Repair No	4	2,37	4.205	1.774
MDC - 18 Infectious and Parasitic Diseases	T61B	Infections, Postoperative (After Surgical Procedure) and Posttraumatic (Post Traumatic), 55 Years Old or Catastrophic / Severe CC	14	1,00	1.775	1.775
MDC - 21 Injuries, Poisoning and Toxic Drug Effects	X62A	Poisoning / Toxic Effects, Medicines and Other Substances, 59 Years Old or KK Found	18	0,83	1.546	1.862

MDC - 12 Male Reproductive Organs Diseases	M64Z	Male Reproductive Organs, Other Diagnoses	19	0,31	579	1.868
MDC - 01 Nervous System Diseases	B63Z	Cerebral Function Disorders, Dementia and Other Chronic Disorders	14	2,01	3.795	1.888
MDC - 12 Male Reproductive Organs Diseases	M60A	Male Reproductive Organs, Malignancy, Catastrophic / Severe CK Found	1	2,10	3.969	1.890
MDC - 06 Digestive System Diseases	G64Z	Inflammatory Bowel Disease	38	0,95	1.808	1.903
MDC - 11 Kidney and Urinary Tracts (Urinary Tract) Diseases	L42Z	ESWL For Uriner Stones	3	0,50	977	1.954
MDC - 21 Injuries, Poisoning and Toxic Drug Effects	X63B	Sequelae, Caused Treatment, Catastrophic / Severe CK None	26	0,63	1.232	1.956
MDC - 02 Eye diseases	C61Z	Eye, Neurological and Vascular Diseases	88	0,63	1.245	1.977
MDC - 18 Infectious and Parasitic Diseases	T62A	Unknown Unknown Fire (FUO), KK Found	10	1,10	2.232	2.029
MDC - 07 Hepatobiliary System and Pancreas Diseases	H60B	Cirrhosis and Alcoholic Hepatitis, Severe CK Found	7	1,83	3.717	2.031
MDC - 05 Circulatory System Diseases	F67B	Hypertension, KK None	27	0,51	1.054	2.067
MDC - 23 Factors Affecting Health and Other Types of Contacts Established by Health Services	Z01B	Operational Procedures, For Diagnoses Made With Other Contacts Established With Health Units, Catastrophic / Severe CC Non-existent	179	0,78	1.635	2.096
MDC - 09 Skin, Subcutaneous (Subcutaneous) Tissue and Breast Diseases	J07B	Breast, Non-Malignant Events, Minor Procedures	115	0,67	1.416	2.113

MDC - 16 Blood and Blood- making Organs and Immune Diseases	Q01Z	splenectomy	6	3,14	6.700	2.134
MDC - 04 Respiratory System Diseases	E73C	Pleural effusion, Catastrophic / Severe CC Non-existent	20	0,89	1.981	2.226
MDC - 21 Injuries, Poisoning and Toxic Drug Effects	X07B	Injuries, Skin Grafting Practices, Without Hand, Without Microvascular Tissue Transfer, Catastrophic / Severe KK	12	1,37	3.071	2.241
MDC - 02 Eye diseases	C15B	Eye, Glaucoma and Complex Cataract Diagnosis and Treatment Procedures	184	0,48	1.082	2.254
MDC - 21 Injuries, Poisoning and Toxic Drug Effects	X60C	Injuries, Under 65	26	0,41	926	2.259
MDC - 17 Neoplastic diseases (Hematologic & solid neoplasms)	R04A	Neoplastic Diseases, Other, Accompanied by Other Operating Room Procedures, Catastrophic / Severe CK Found	3	2,48	5.796	2.337
MDC - 10 Endocrine, Nutritional (Nutrition) and Metabolic Diseases	K62C	Metabolic Diseases, Miscellaneous, Over 75 Years Old, Catastrophic / Severe KK None	59	0,56	1.328	2.371
MDC - 05 Circulatory System Diseases	F63B	Venous thrombosis, Catastrophic / Severe CC Non-existent	6	0,70	1.686	2.408
MDC - 01 Nervous System Diseases	B60B	Paraplegia / Quadriplegia, Identified, With or Without Operating Room Procedures, Catastrophic KK None	17	2,76	6.771	2.453
MDC - 11 Kidney and Urinary Tracts (Urinary Tract) Diseases	L65B	Kidney and Urinary Traktus Signs and Findings, Catastrophic / Severe KK None	51	0,57	1.404	2.463
MDC - 03 ENT and Oral Diseases	D61Z	Equilibrium Disorder	21	0,51	1.272	2.494

MDC - 08 Musculoskeletal and Connective Tissue Diseases	173B	Post-Implant / Post protection Maintenance, Musculoskeletal (Musculoskeletal) System, 59 Years Old or Catastrophic / Severe CK Found	8	1,09	2.799	2.568
MDC - 08 Musculoskeletal and Connective Tissue Diseases	l61Z	Femur, Distal Fractures	6	1,12	2.990	2.669
MDC - 05 Circulatory System Diseases	F71B	Major Non-Arrhythmia and Conduction Disorders, Catastrophic / Severe CC Non-existent	7	0,63	1.749	2.776
MDC - 01 Nervous System Diseases	B70B	Stroke, Severe CK Found	14	2,26	6.432	2.846
MDC - 08 Musculoskeletal and Connective Tissue Diseases	I14Z	Stump Revision	5	1,42	4.078	2.872
MDC - 01 Nervous System Diseases	B71A	Cranial and Peripheral Nerve Diseases, KK Found	6	3,33	9.599	2.883
MDC - 05 Circulatory System Diseases	F73B	Syncope and Collapse, Catastrophic / Severe CC Non-existent	31	0,48	1.386	2.888
MDC - 01 Nervous System Diseases	B67B	Degenerative Nervous System Diseases, 59 Years Old, Catastrophic / Severe KK None	44	1,06	3.067	2.894
MDC - 18 Infectious and Parasitic Diseases	T61A	Infections, Postoperative (Post-Surgical) and Post Traumatic (Post Traumatic), 54 Years Old or Catastrophic / Severe CK	15	1,66	4.816	2.901
MDC - 01 Nervous System Diseases	B72B	Nervous System, Infection, Except Viral Meningitis, Catastrophic / Severe KK	28	1,72	4.990	2.901
MDC - 18 Infectious and Parasitic Diseases	T01C	Infectious and Parasitic Diseases, Operating Room, KK	21	1,45	4.315	2.976
MDC - 08 Musculoskeletal and Connective Tissue Diseases	168A	Spinal Diseases, Non- Surgical, CK Found	9	1,20	3.607	3.006

MDC - 06 Digestive System Diseases	G04C	Adheyzolysis, Peritoneal, Under 50 Years, Catastrophic KK None	10	0,77	2.444	3.174
MDC - 08 Musculoskeletal and Connective Tissue Diseases	166B	Inflammatory Musculoskeletal (Musculoskeletal) Diseases, Catastrophic / Severe CC Non-existent	40	0,60	1.964	3.273
MDC - 01 Nervous System Diseases	B70D	Stroke, Dead or Transferred Within 5 Days	7	0,57	1.887	3.310
MDC - 10 Endocrine, Nutritional (Nutrition) and Metabolic Diseases	K63Z	Metabolic Disease	15	0,60	1.993	3.322
MDC - 17 Neoplastic diseases (Hematologic & solid neoplasms)	R63Z	Chemotherapy	4	0,49	1.691	3.452
MDC - 10 Endocrine, Nutritional (Nutrition) and Metabolic Diseases	K04Z	Obesity, Major Operations	42	2,15	7.706	3.584
MDC - 18 Infectious and Parasitic Diseases	S65B	HIV - Associated Diseases, Severe CK Found	3	3,60	13.109	3.641
MDC - 01 Nervous System Diseases	B80Z	Head Injuries, Other	11	0,38	1.390	3.657
MDC - 02 Eye diseases	C03Z	Eye and Retina Diagnosis and Treatment Procedures	760	0,49	1.908	3.895
MDC - 23 Factors Affecting Health and Other Types of Contacts Established by Health Services	Z60C	Rehabilitation in the Same Day	5	0,18	783	4.352
MDC - 12 Male Reproductive Organs Diseases	M60B	Male Reproductive Organs, Malignancy, Catastrophic / Severe CK Found	5	0,64	2.848	4.450

MDC - 09 Skin, Subcutaneous (Subcutaneous) Tissue and Breast Diseases	J63Z	Breast, Non-Malignant Diseases	51	0,41	1.869	4.559
MDC - 01 Nervous System Diseases	B68B	Multiple Sclerosis (MS) and Cerebellar Ataxia, KK None	104	0,44	2.013	4.576
MDC - 02 Eye diseases	C62Z	Eye, Hifema and Medical Intervention Trauma	20	0,11	511	4.644
MDC - 04 Respiratory System Diseases	E71B	Respiratory System, Neoplasm, Severe / Moderate Severe CK Found	5	1,35	8.413	6.232
MDC - 10 Endocrine, Nutritional (Nutrition) and Metabolic Diseases	K09Z	Endocrine, Nutrition (Nutritional) and Metabolic, Operating Room Procedures, Other	4	0,76	5.613	7.385
MDC - 08 Musculoskeletal and Connective Tissue Diseases	172A	Muscle - tendon (Musculotendinous) Diseases, Original, 79 Years Old or Catastrophic / Severe CK Found	3	1,68	13.649	8.125
MDC - 01 Nervous System Diseases	B71B	Cranial and Peripheral Nerve Diseases, KK none	54	0,80	8.174	10.217
MDC - 01 Nervous System Diseases	B67C	Degenerative Nervous System Diseases, 60 Years Old, Catastrophic / Severe KK None	45	0,58	6.551	11.294

ACKNOWLEDGMENTS

This study was supported by Istanbul Medipol University Scientific Research Projects (BAP) board under the project (grant) number 2017/02.

REFERENCES

Akyürek, A. G., (2012). Sağlıkta Bir Geri Ödeme Yöntemi Olarak Global Bütçe ve Türkiye. *Sosyal Güvenlik Dergisi (SGD)* (Vol. 2).

http://dergipark.ulakbim.gov.tr/sgd/article/view/5000036061

Ayanoğlu, Y.; Beylik, U.; Orhan, F., (2014). Tanı İlişkili Grupkara Göre Hasteneler ve Ülker Arası Karşılaştırma: Bir Vaka Örneği. *Elektronik Sosyal Bilimler Dergisi,* 13

https://doi.org/10.17755/esosder.30415 Published Online: February 2017

Başara D. Ü., (2015). Teşhis İlişkili Gruplar-Teşhis İlişkili Gruplar Şube Müdürlüğü

www.tig.gov.tr

Güler, H.; Şencan İ.; Şeker M.; Demir M., (2013). Teşhis İlişkili Gruplar İleri Klinik Kodlama Standartları

Hakan İstanbulluoğlu; Mahir Güleç, R. O., (2010). Sağlık Hizmetlerinin Finansman Yöntemleri

Aksoy, K., (2017). EURODRG Ve Dünyadaki Diğer TİG Uygulamaları Işığında Türkiye'deki TİG Uygulamaları ve TİG Üzerinde Sağlık Yöneticilerin Görüşlerinin İncelenmesi

Lilford.; Richard J.; Brown.; Celia A.; Nicholl, J., (2007). Use of Process Measures to Monitor the Quality of Clinical Practice. *BMJ: British Medical Journal*, 335, 648

Narmanli M.; Ertong, G.; Dikici A.; Soysal, E., Tumay, A.; Gungor, M. K., (2012). Ulusal Teşhis İlişkili Gruplar Sistemine Geçiş İçin Yol Haritası. *9. Ulusal Tıp Bilişimi Kongresi*, 29-38.

Prof. Dr. M. Rașit TÜKEL, (2010). Sağlıkta Dönüşüm

 $\label{eq:http://www.rasittukel.com/index.php/makaleler/315-saglikta-donusumde-son-asamaya-dogru-hastanelerin-yeniden-yapilandirilmasi-ve-yeni-finansman-modeli-.html$

Robert B.; (1991). Fetter, D. A. B. (n.d.). DRGs: *Their Design and Development*. Health Administration Press, 341.

T.C.Sağlık Bakanlığı TİG Rehberi, Teşhis İlişkili Gruplar Bilgilendirme Rehberi- Rehberi-Versiyon 1.0, (2014)

Uzman, A. G., (2015). Türkiye'de Sağlık Hizmetlerinin Finansmanı

Yap, H. F. & Yap, Y., (2007). Hacettepe Üniversitesi Sağlık Hizmetleri Finansman Yapısının Güçlendirilmesi ve Yeniden Yapılandırılması için Altyapı Geliştirme Projesi

Preparing the Manuscript

General Considerations

Manuscripts should be kept to a minimum length. Authors should write in clear, concise English, employing an editing service if necessary. For professional assistance with improving the English, figures, or formatting in the manuscript before submission please contact the editorial office by e-mail for suggestions.

The responsibility for all aspects of manuscript preparation rests with the authors. Extensive changes or rewriting of the manuscript will not be undertaken by the Editors.

It is best to use the fonts "Times" and "Symbol." Other fonts, particularly those that do not come bundled with the system software, may not translate properly. Ensure that all special characters (e.g., Greek characters, math symbols) are present in the body of the text as characters and not as graphic representations. Be sure that all characters are correctly represented throughout the manuscript—e.g., 1 (one) and I (letter I), 0 (zero) and 0 (letter o).

All text (including the title page, abstract, all sections of the body of the paper, figure captions, scheme or chart titles, and footnotes and references) and tables should be in one file. Graphics may be included with the text or uploaded as separate files. Manuscripts that do not adhere to the guidelines may be returned to authors for correction.

Articles of all kind. Use page size A4. Vertically orient all pages. Articles of all kind must be double-spaced including text, references, tables, and legends. This applies to figures, schemes, and tables as well as text. They do not have page limitations but should be kept to a minimum length. The experimental procedures for all of the experimental steps must be clearly and fully included in the experimental section of the manuscripts.

Nomenclature. It is the responsibility of the authors to provide correct nomenclature. It is acceptable to use semisynthetic or generic names for certain specialized classes of compounds, such as steroids, peptides, carbohydrates, etc. In such a case, the name should conform to the generally accepted nomenclature conventions for the compound class. Chemical names for drugs are preferred. If these are not practical, generic names, or names approved by the World Health Organization, may be used.

Compound Code Numbers. Compounds widely employed as research tools and recognized primarily by code numbers may be designated in the manuscript by code numbers. Their chemical name or structure should be provided. Editors have the discretion of determining which code numbers are considered widely employed.

Trademark Names. Trademark names for reagents or drugs must be used only in the experimental section. Do not use trademark or service mark symbols.

Manuscript Organization

Title Page. Title: The title of the manuscript should reflect the purposes and findings of the work in order to provide maximum information in a computerized title search. Minimal use of nonfunctional words is encouraged. Only commonly employed abbreviations (e.g., DNA, RNA, ATP) are acceptable. Code numbers for compounds may be used in a manuscript title when placed in parentheses AFTER the chemical or descriptive name.

Authors' Names and Affiliations: The authors' full first names, middle initials, last names, and affiliations with addresses at the time of work completion should be listed.

Abstract and keywords. Articles of all types must have an abstract. The maximum length of the Abstract should be 400 words, organized in a findings-oriented format in which the most important results and conclusions are summarized. Code numbers may be used once in the abstract.

After the abstract, a section of Keywords has to be given. Be aware that the keywords, chosen according to the general concept, are very significant during searching and indexing of the manuscripts.

Introduction. The rationale and objectives of the research should be discussed in this section. The background material should be brief and relevant to the research described.

Methodology. Materials, synthetic, biological, demographic, statistical or experimental

methods of the research should be given detailed in this section. The authors are free to subdivide this section in the logical flow of the study. For the experimental sections, authors should be as concise as possible in experimental descriptions. General reaction, isolation, preparation conditions should be given only once. The title of an experiment should include the chemical name and a bold Arabic identifier number; subsequently, only the bold Arabic number should be used. Experiments should be listed in numerical order. Molar equivalents of all reactants and percentage yields of products should be included. A general introductory section should include general procedures, standard techniques, and instruments employed (e.g., determination of purity, chromatography, NMR spectra, mass spectra, names of equipment) in the synthesis and characterization of compounds, isolates and preparations described subsequently in this section. Special attention should be called to hazardous reactions or toxic compounds. Provide analysis for known classes of assay interference compounds.

The preferred forms for some of the more commonly used abbreviations are mp, bp, ${}^{\circ}C$, K, min, h, mL, μ L, g, mg, μ g, cm, mm, nm, mol, mmol, μ mol, ppm, TLC, GC, NMR, UV, and IR. Units are abbreviated in table column heads and when used with numbers, not otherwise.

Results and Discussion. This section could include preparation, isolation, synthetic schemes and tables of data. The discussions should be descriptive. Authors should discuss the analysis of the data together with the significance of results and conclusions. An optional conclusions section is not required.

Ancillary Information. Include pertinent information in the order listed immediately before the references.

PDB ID Codes: Include the PDB ID codes with assigned compound Arabic number. Include the statement "Authors will release the atomic coordinates and experimental data upon article publication."

Homology Models: Include the PDB ID codes with assigned compound Arabic number. Include the statement "Authors will release the atomic coordinates upon article publication."

Corresponding Author Information: Provide telephone numbers and email addresses for each of the designated corresponding authors.

Present/Current Author Addresses: Provide information for authors whose affiliations or addresses have changed.

Author Contributions: Include statement such as "These authors contributed equally."

Acknowledgment: Authors may acknowledge people, organizations, and financial supporters in this section.

Abbreviations Used: Provide a list of nonstandard abbreviations and acronyms used in the paper, e.g., YFP, yellow fluorescent protein. Do not include compound code numbers in this list.

Citing in the Text. For citations in the text, use the last name of the author(s) and the year of publication (e.g. for a single author (Aydin, 2018) / for two authors (Aydin and Ozen, 2018) / for three or more authors (Aydin et al., 2018)

References and Notes. The accuracy of the references is the responsibility of the author(s). List all authors; do not use et al. Provide inclusive page numbers. The APA style should be used consistently throughout the references. For more details, please follow the links below.

https://www.apastyle.org/ http://dergipark.gov.tr/uploads/files/4d53/3a73/0e3c/572f7df1cee3c.pdf

List submitted manuscripts as "in press" only if formally accepted for publication. Manuscripts available on the Web with a DOI number are considered published. For manuscripts not accepted, use "unpublished results" after the names of authors. Incorporate notes in the correct numerical sequence with the references. Footnotes are not used.

Tables. Tabulation of experimental results is encouraged when this leads to more effective presentation or to more economical use of space. Tables should be numbered consecutively in order of citation in the text with Arabic numerals. Footnotes in tables should be given italic lowercase letter designations and cited in the tables as superscripts. The sequence of letters should proceed by row rather than by column. If a reference is cited in both table and text, insert a lettered footnote in the table to refer to the numbered reference in the text. Each table must be provided with a descriptive title that, together with column headings, should make the table self-explanatory. Titles

and footnotes should be on the same page as the table. Tables may be created using a word processor's text mode or table format feature. The table format feature is preferred. Ensure each data entry is in its own table cell. If the text mode is used, separate columns with a single tab and use a return at the end of each row. Tables may be inserted in the text where first mentioned or may be grouped after the references.

Figures, Schemes/Structures, and Charts. The use of illustrations to convey or clarify information is encouraged. Remove all color from illustrations, except for those you would like published in color. Illustrations may be inserted into the text where mentioned or may be consolidated at the end of the manuscript. If consolidated, legends should be grouped on a separate page(s). Include as part of the manuscript file.

To facilitate the publication process, please submit manuscript graphics using the following guidelines:

1. The preferred submission procedure is to embed graphic files in a Word document. It may help to print the manuscript on a laser printer to ensure all artwork is clear and legible.

2. Additional acceptable file formats are: TIFF, PDF, EPS (vector artwork) or CDX (ChemDraw file). If submitting individual graphic files in addition to them being embedded in a Word document, ensure the files are named based on graphic function (i.e. Scheme 1, Figure 2, Chart 3), not the scientific name. Labeling of all figure parts should be present and the parts should be assembled into a single graphic.

EPS files: Ensure that all fonts are converted to outlines or embedded in the graphic file. The document settings should be in RGB mode. **NOTE:** While EPS files are accepted, the vector-based graphics will be rasterized for production. Please see below for TIFF file production resolutions.

3. TIFF files (either embedded in a Word doc or submitted as individual files) should have the following resolution requirements:

- Black & White line art: 1200 dpi
- Grayscale art (a monochromatic image containing shades of gray): 600 dpi
- Color art (RGB color mode): 300 dpi

- The RGB and resolution requirements are essential for producing high-quality graphics within the published manuscript.

- Most graphic programs provide an option for changing the resolution when you are saving the image. Best practice is to save the graphic file at the final resolution and size using the program used to create the graphic.

4. Graphics should be sized at the final production size when possible. Single column graphics are preferred and can be sized up to 240 points wide (8.38 cm.). Double column graphics must be sized between 300 and 504 points (10.584 and 17.78 cm's). All graphics have a maximum depth of 660 points (23.28 cm.) including the caption (please allow 12 points for each line of caption text).

Consistently sizing letters and labels in graphics throughout your manuscript will help ensure consistent graphic presentation for publication.

Image Manipulation. Images should be free from misleading manipulation. Images included in an account of research performed or in the data collection as part of the research require an accurate description of how the images were generated and produced. Apply digital processing uniformly to images, with both samples and controls. Cropping must be reported in the figure legend. For gels and blots, use of positive and negative controls is highly recommended. Avoid high contrast settings to avoid overexposure of gels and blots. For microscopy, apply color adjustment to the entire image and note in the legend. When necessary, authors should include a section on equipment and settings to describe all image acquisition tools, techniques, and settings, and software used. All final images must have resolutions of 300 dpi or higher. Authors should retain unprocessed data in the event that the Editors request them.

Specialized Data

Biological Data. Quantitative biological data are required for all tested compounds. Biological test methods must be referenced or described in sufficient detail to permit the experiments to be repeated by others. Detailed descriptions of biological methods should be placed in the experimental section. Standard compounds or established drugs should be tested in the same system for comparison. Data may be presented as numerical expressions or in graphical form; biological data for extensive series of compounds should be presented in tabular form. Active compounds obtained from combinatorial syntheses should be resynthesized and retested to verify that the biology conforms to the initial observation. Statistical limits (statistical significance) for the biological data are usually required. If statistical limits cannot be provided, the number of determinations and some indication of the variability and reliability of the results should be given. References to statistical methods of calculation should be included.

Doses and concentrations should be expressed as molar quantities (e.g., mol/kg, µmol/kg, M, mM). The routes of administration of test compounds and vehicles used should be indicated, and any salt forms used (hydrochlorides, sulfates, etc.) should be noted. The physical state of the compound dosed (crystalline, amorphous; solution, suspension) and the formulation for dosing (micronized, jet-milled, nanoparticles) should be indicated. For those compounds found to be inactive, the highest concentration (in vitro) or dose level (in vivo) tested should be indicated.

If human cell lines are used, authors are strongly encouraged to include the following information in their manuscript:

- the cell line source, including when and from where it was obtained;
- whether the cell line has recently been authenticated and by what method;
- whether the cell line has recently been tested for mycoplasma contamination.

Confirmation of Structure. Adequate evidence to establish structural identity must accompany all new compounds that appear in the experimental section. Sufficient spectral data should be presented in the experimental section to allow for the identification of the same compound by comparison.

List only infrared absorptions that are diagnostic for key functional groups. If a series contains very closely related compounds, it may be appropriate merely to list the spectral data for a single representative member when they share a common major structural component that has identical or very similar spectral features.

Submitting the Manuscript

Communication and log in to Author's Module All submissions to JHESP should be made by using Online Article Acceptance and Evaluation system on the journal web page.

Registration to System It is required to register into the Online Article Acceptance and Evaluation system (Journal Park) for the first time while entering by clicking "Create Account" button on the registration screen and the fill the opening form with real information. Some of the information required in form is absolutely necessary and the registration will not work if these fields are not completely filled.

Authors are expected to return to the entry screen and log on with their username and password for the submission. Please use only English characters while determining your username and password.

If you already registered into the journal park system and forget your password, you should click on "Forgot My Password" button and your username and password will be mailed to your e-mail in a short while.

Adding Article This process consists of several different steps beginning with the loading of the article into the system. **Browse** button is used to reach the article file, under the **Upload** tab. After finding the article you may click to **Choose File** and file will be attached.