Mississippi Division of Medicaid DRG Pricing Calculator

Effective with Discharge Dates July 1, 2015

Instructions:
1. The hospital or other user inputs data in cells C16-C18, C20-C24, C40, C84-C85
2. Mississippi Medicaid payment policy parameters have already been entered in cells C26-C38
3. The calculator will show the predicted allowed amount and paid amounts in cells C83 and C86 respectively.

	A / B	C	D / E
15	**INPUT INFORMATION**		These values are unique for each claim and are input by the hospital
16	Covered charges	$200,000.00	UB-04 Field Locator (FL) 47 minus FL 48
17	Select hospital name or state	University of MS Medical Center	Used to estimate the hospital's cost of this stay
18	Is the last date of service equal to or greater than 10/1/2015?	No	Determines which CCR to use; updated values effective 10/1/2015
19	Hospital-specific cost-to-charge ratio	36.55%	Look up from CCR table
20	Length of stay	10	Used for transfer pricing adjustment
21	Medicaid covered days	10	Used for prorated pricing adjustment
22	Patient discharge status = 02,05,07,63,65,66,82,85,91,93,94	No	Used for transfer pricing adjustment
23	Patient age (in years)	25	The age of the beneficiary
24	Is discharge status equal to 30 (still a patient)?	No	Indicates an interim claim
25	**PAYMENT POLICY PARAMETERS SET BY MEDICAID**		These values are set by Medicaid and should not be changed.
26	DRG base price	$6,415	Used to calculate the DRG base payment
27	Interim claim per diem amount	$850	Used to calculate payment for interim stays; bill types 2 or 3 only
28	Interim claim day threshold	30	For interim payment, the length of stay must exceed this value
29	Cost outlier threshold	$50,000	Cost on a given stay must exceed this amount to be considered for outlier pmt
30	Marginal cost percentage	0.50	Used in the cost outlier calculation
31	Mental health long stay threshold (in days)	19	Used to determine eligibility for a day outlier payment for mental health stays
32	Mental health outlier per diem amount	$450	Used in the mental health outlier calculation
33	Obstetric/Newborn policy adjustor	1.50	Applies if the Medicaid care category is obstetric or normal newborn
34	Neonate policy adjustor	1.45	Applies if the Medicaid care category is neonate
35	Rehab policy adjustor	2.00	Applies to DRGs 860-1 to 860-4 only
36	Pediatric mental health policy adjustor	2.00	Applies to mental health DRGs as shown in the attached DRG table
37	Adult mental health policy adjustor	1.60	Applies to mental health DRGs as shown in the attached DRG table
38	Transplant policy adjustor	1.50	Applies to transplant DRGs as shown in the attached DRG table
39	**WHAT APR-DRG CODE DOES MEDICAID ASSIGN?**		These values are returned by the claims processing system.
40	APR-DRG (Version 32)	001-3	From separate APR-DRG grouping software
41	APR-DRG description	LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	Look up from DRG table.
42	Base DRG w/o SOI	001	Used to define any applicable policy adjustor
43	Mental health policy adjustor eligible, Y = 1, Blank = N		If E42 is between 740 and 776, return a value of 1, else leave cell blank
44	Transplant indicator	T	Look up from DRG table
45	Medicaid care category	Adult gastroent	Look up from DRG table
46	Casemix relative weight	8.83958	The relative weight with no adjustment for policy adjustors
47	Payment relative weight	13.25937	The relative weight including any applicable policy adjustors
48	National average length of stay (ALOS)	12.51	Used in prorated and transfer payment adjustment
49	**IS THIS AN INTERIM CLAIM?**		
50	Is discharge status equal to 30?	No	Look up C24
51	Are MCD covered days > interim claim threshold?	No	C21>C28
52	Interim claim payment. Skip to line E74 for final interim payment.	$0.00	Interim claim payment is calculated when C24 = Yes and C21 > C28
53	**WHAT IS THE DRG BASE PAYMENT?**		
54	DRG base payment for this claim	**$85,058.86**	C26 * C47
55	**IS A TRANSFER PAYMENT ADJUSTMENT MADE?**		
56	Is a transfer adjustment potentially applicable?	No	Look up C22
57	Calculated transfer payment adjustment	$0.00	(C56="Yes",(C54/C48)*(C21+1))
58	Is transfer payment adjustment > base payment?	NA	The transfer payment must be less than the base payment in order for the transfer adjustment to apply
59	Allowed amount at this point	**$85,058.86**	The lower-of between C54 and C57, if the transfer adjustment calculation is performed. Else use C54.
60	**IS OUTLIER ADJUSTMENT MADE?**		
61	Is this stay eligible for a day outlier payment or a cost outlier pmt?	**Cost Outlier**	Eligibility for outlier payment does not guarantee an outlier payment amount
62	*Cost Outlier Adjustment*		
63	Estimated cost of this case	$73,100.00	C16 * C19
64	Estimated gain (+) or loss (-)	$11,958.86	C54 - C63, or C59 - C63 if transfer adjustment applicable
65	Estimated loss	$0.00	Converts loss to a positive value if applicable
66	Does estimated loss exceed cost outlier threshold?	No	Is estimated loss greater than outlier threshold and E61 equal to cost outlier?
67	Difference between estimated loss and cost outlier threshold	$0.00	C65 - C29 (True loss)
68	Cost outlier payment amount	**$0.00**	C67 * C30 (True loss times Marginal cost percentage)
69	*Day Outlier Adjustment*		
70	Is this stay eligible for a day outlier payment?	No	Eligibility for outlier payment does not guarantee outlier payment
71	Are MCD covered days greater than the MH long stay threshold?	No	Is C21 > C31?
72	Day outlier amount	$0.00	(C21 - C31) * C32
73	*DRG Payment After Outlier Adjustment*		
74	DRG payment at this point	**$85,058.86**	C59+C68+C72
75	**IS AN ADJUSTMENT FOR PARTIAL ELIGIBILITY MADE?**		
76	Are MCD covered days less than length of stay (LOS)?	Bypass Prorated Adjustment	The prorated calculation is not applicable when C21 >=C20
77	Partial eligibility adjustment	NA	((C74/C48)*(C21+1))
78	Is partial eligibility adjustment < DRG payment?	$85,058.86	Lower-of between E74 and E77, if applicable
79	*DRG Payment After Prorated Adjustment*		
80	DRG payment so far	$85,058.86	C78
81	**CALCULATION OF ALLOWED AMOUNT AND REIMBURSEMENT AMOUNT**		
82	Add-on amount for medical education (where applicable)	$0.00	A per stay amount per hospital that qualifies for medical education payment
83	Allowed amount	$85,058.86	C80 + C82 or C50 if interim claim
84	Third party liability	$0.00	Third party liability responsibility (input by hospital)
85	Patient cost-sharing	$0.00	Co-pay or other patient liability (input by hospital)
86	Payment amount	**$85,058.86**	((C83-C84-C85)>0,C83-C84-C85,0); cannot be negative

July 1, 2015