



Mississippi Division of Medicaid DRG Pricing Calculator

Effective with discharge dates on or after July 1, 2018

Instructions:

- The hospital or other user inputs data in cells C16-C18, C20-C24, C40, C92-C93.
- Mississippi Medicaid payment policy parameters have already been entered in cells C26-C38.
- The calculator will show the predicted allowed amount and paid amounts in cells C91 and C94.

A	B	C	D	E
15	INPUT INFORMATION			These values are unique for each claim and are input by the hospital
16	Covered charges	\$0.00		UB-04 Field Locator (FL) 47 minus FL 48
17	Select hospital name or state	Wyoming		Out of state facilities should select the state where the service was rendered in the drop down window
18	Is the last date of service equal to or greater than 10/1/2018?	No		Determines which CCR to use; update to values will occur October 1 of each year
19	Hospital-specific cost-to-charge ratio	34.20%		Look up from CCR table
20	Length of stay	86		Used for transfer pricing adjustment
21	Medicaid covered days	86		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)	0		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	\$6,585		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	\$45,000		Cost on a given stay must exceed this amount to be considered for outlier payment
30	Marginal cost percentage	60%		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	1.40		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 35)	001-1		From separate APR-DRG grouping software
41	APR-DRG description	Liver &/or Intest Transpl		Look up from DRG table
42	Base DRG w/o SOI	001		Used to the applicable policy adjustor
43	Mental health policy adjustor eligible, Y = 1, N = 0	0		If C42 is between 740 and 776, return a value of 1 (yes), else return a value of 0 (no)
44	Transplant indicator	T		Look up from DRG table, T = Transplant, 0 = Not a Transplant
45	Medicaid Care Category	Pediatric Transplant		Look up from DRG table
46	Casemix relative weight	7.06716		The relative weight with no adjustment for policy adjustors
47	Payment relative weight	10.60074		The relative weight including any applicable policy adjustors
48	National average length of stay (ALOS)	9.67		Used in prorated and transfer payment adjustment
49	Outlier eligible	C		C = Cost and D = Day
50	IS THIS AN INTERIM CLAIM?			
51	Is discharge status equal to 30?	No		Look up C24
52	Are MCD covered days > interim claim threshold?	Yes		C21 > C28
53	Interim claim payment, skip to line C94 for final interim payment	0		Interim claim payment is calculated when C24 = Yes and C21 > C28
54	WHAT IS THE DRG BASE PAYMENT?			
55	DRG base payment for this claim	\$69,805.87		C26 * C47
56	IS A TRANSFER PAYMENT ADJUSTMENT MADE?			
57	Is a transfer adjustment potentially applicable?	No		Look up C22
58	Calculated transfer payment adjustment	\$0.00		(C57="Yes,"(C55/C48)*(C21 + 1))
59	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
60	Allowed amount at this point	\$69,805.87		The lower-of between C55 and C58, if the transfer adjustment calculation is performed, else use C55
61	IS OUTLIER ADJUSTMENT MADE?			
62	Is this stay eligible for a day outlier payment or a cost outlier payment?	Cost Outlier		Eligibility for outlier payment does not guarantee an outlier payment amount
63	Cost Outlier Adjustment			
64	Estimated cost of this case	\$0.00		C16 * C19
65	Estimated gain (+) or loss (-)	\$69,805.87		C60 - C64, or C55 - C64 if transfer adjustment applicable
66	Estimated gain (G) or loss (L)	G		G = Gain and L = Loss
67	Estimated loss	\$0.00		Converts loss to a positive value if applicable
68	Does estimated loss exceed cost outlier threshold? Y = 1, N = 0	0		Is the estimated loss greater than outlier threshold and C62 equal to "Cost Outlier"? 1 = Yes, 0 = No
69	Difference between estimated loss and cost outlier threshold	\$0.00		C67 - C29 (True loss)
70	Cost outlier payment amount	\$0.00		C69 * C30 (True loss times marginal cost percentage)
71	Day Outlier Adjustment			
72	Is this stay eligible for a day outlier payment?	0		Eligibility for outlier payment does not guarantee outlier payment
73	Are MCD covered days greater than the MH long stay threshold? Y = 1, N = 0	1		Is C21 > C31? 1 = Yes, 0 = No
74	Day outlier amount	\$0.00		(C21-C31)*C32, If negative, the day outlier does not apply
75	DRG Payment After Outlier Adjustment			
76	DRG payment at this point	\$69,805.87		(IF(AND(C49="C",C68=1),(C60+C70),IF(AND(C49="D",C73=1),(C60+C74),C60)),2)
77	IS AN ADJUSTMENT FOR PARTIAL ELIGIBILITY MADE?			
78	Are MCD covered days less than length of stay (LOS)?	0		1= Prorated adjustment is applied, 0 = Prorated adjustment does not apply
79	Partial eligibility adjustment	NA		IF C78= 1,(C76/C48)*(C21+1),"NA")
80	Is partial eligibility adjustment < DRG payment?	\$69,805.87		Lower-of between C76 and C79, if applicable
81	DRG Payment After Prorated Adjustment			
82	DRG payment so far	\$69,805.87		C80
83	CALCULATION OF ALLOWED AMOUNT AND REIMBURSEMENT AMOUNT			
84	Charge cap	\$0.00		Lower-of between C87 and C16 (Charge Cap)
85	Add-on amount for medical education (where applicable)	\$0.00		A per stay amount per hospital that qualifies for medical education payment. Entered by the hospital.
86	Allowed amount	\$0.00		(C51="Yes",C53,(C84+C85)) (Interim Payment or DRG Payment Determination)
87	Third party liability	\$0.00		Third party liability responsibility (input by hospital)
88	Patient cost-sharing	\$0.00		Co-pay or other patient liability (input by hospital)
89	Payment amount	\$0.00		IF(C86-C87-C88)>0,C86-C87-C88,0); cannot be negative

Values for input boxes
Yes No

Updated 6/12/2018