### Mississippi Division of Medicaid DRG Pricing Calculator

**Tab 2 - Calculator**

**Updated 04/23/21**

**Instructions:**
1. The hospital or other user inputs data in cells C16-C18, C20-C24, C41, C67, C68.
2. Mississippi Medicaid payment policy parameters have already been entered in cells C26-C39.
3. The calculator will show the predicted allowed amount and paid amounts in cells C86 and C89.

#### Values for input boxes

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Eligible for prorated adjustment and transfer adjustment. The DRG base payment is calculated using the Child policy adjustor.</td>
</tr>
<tr>
<td>No</td>
<td>Not eligible for transfer adjustment. The DRG base payment is calculated using the Neonate policy adjustor.</td>
</tr>
</tbody>
</table>

**1. The hospital or other user inputs data in cells C16-C18, C20-C24, C41, C67, C68.**

**2. Mississippi Medicaid payment policy parameters have already been entered in cells C26-C39.**

**3. The calculator will show the predicted allowed amount and paid amounts in cells C86 and C89.**

### INPUT INFORMATION

<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>DRG base price</td>
</tr>
<tr>
<td>B</td>
<td>Interim claim per diem amount</td>
</tr>
<tr>
<td>C</td>
<td>Cost outlier threshold</td>
</tr>
<tr>
<td>D</td>
<td>Marginal cost percentage</td>
</tr>
<tr>
<td>E</td>
<td>Mental health long stay threshold (in days)</td>
</tr>
<tr>
<td>F</td>
<td>Mental health outlier per diem amount</td>
</tr>
<tr>
<td>G</td>
<td>Obstetric policy adjustor</td>
</tr>
<tr>
<td>H</td>
<td>Neonate policy adjustor</td>
</tr>
<tr>
<td>I</td>
<td>Normal/newborn policy adjustor</td>
</tr>
<tr>
<td>J</td>
<td>Pediatric/newborn policy adjustor</td>
</tr>
<tr>
<td>K</td>
<td>Pediatric mental health policy adjustor</td>
</tr>
<tr>
<td>L</td>
<td>Adult mental health policy adjustor</td>
</tr>
<tr>
<td>M</td>
<td>Transplant policy adjustor</td>
</tr>
</tbody>
</table>

**4. Base DRG w/ SCI:**

- Used to calculate the DRG base payment
- Used to calculate payment for interim stays; bill types 2 or 3 only
- For interim payment, the length of stay must exceed this value
- Used in the cost outlier calculation

**5. Mental health policy adjustor eligible, Y = 1, N= 0:**

- Determines which CCR to use
- Update to values will occur October 1 of each year

**6. Are MCD covered stays > interim claim threshold?**

- Yes
- No

**7. Interim claim payment, skip to line C89 for final interim payment:**

- C21 > C28

**8. What is the DRG base payment?**

- Applies if the Medicaid Care Category is Neonate

**9. APR-DRG Code Does Medicaid Assign?**

- Look up from CCR table

**10. Day Outlier Adjustment:**

- Used in the cost outlier calculation

**11. Day Outlier Adjustment:**

- Used to determine eligibility for a day outlier payment for mental health stays

**12. Is a transfer adjustment potentially applicable?**

- Look up C22

**13. Calculated transfer payment adjustment:**

- NA

**14. Is transfer payment adjustment + base payment?**

- Yes

**15. DRG base payment for this claim:**

- Total loss between C83 and C16 (Charge Cap)

**16. Is an adjustment for partial eligibility made?**

- Look up C27

**17. Partial eligibility adjustment + DRG payment:**

- Lower-of-between C77 and C80, if applicable

**18. DRG Payment After Prorated Adjustment:**

- DRG payment at this point

**19. Calculation of allowed amount and reimbursement amount:**

- Lower-of-between C83 and C16 (Charge Cap)

**20. Allowed amount:**

- IF (C58="Yes,"(C56/C49)*(C21 + 1))

**21. Patient discharge status:**

- Yes

**22. Payment amount:**

- C21 > C28

**23. DRG Payment After Prorated Adjustment:**

- IF (C58="Yes,"(C56/C49)*(C21 + 1))

**24. Length of stay:**

- 25.27%

**25. Medicaid covered stays:**

- C21 > C28

**26. Mental health outlier per diem amount:**

- $450

**27. Patient age (in years):**

- Yes

**28. Patient discharge status:**

- Yes

**29. Hospital-specific cost-to-charge ratio:**

- Out of state facility should select the state where the service was rendered in the drop down window

**30. Additional information:**

- Used to determine eligibility for a day outlier payment for mental health stays

**31. Interim claim payment is calculated when C24 = Yes and C21 > C28**

**32. The transfer payment must be less than the base payment in order for the transfer adjustment to apply**

**33. These values are set by Medicaid and should not be changed**

**34. These values are unique for each claim and are input by the hospital**

**35. Out of state faciities should select the state where the service was rendered in the drop down window**

**36. Determines which CCR to use; update to values will occur October 1 of each year**

**37. Look up from CCR table**

**38. Used for transfer pricing adjustment**

**39. Used for transfer pricing adjustment**

**40. Partial eligibility adjustment + DRG payment:**

- Lower-of-between C77 and C80, if applicable

**41. Allowed amount:**

- IF (C58="Yes,"(C56/C49)*(C21 + 1))

**42. Calculated transfer payment adjustment:**

- NA

**43. Is a transfer adjustment potentially applicable?**

- Look up C22

**44. Calculated transfer payment adjustment:**

- NA

**45. Is transfer payment adjustment + base payment?**

- Yes

**46. Allowed amount at this point:**

- $72,817.57

**47. Is the estimated loss greater than cost outlier threshold and C63 equal to "Cost Outlier"? 1 = Yes, 0 = No**

- Y = 1, N= 0

**48. Patient discharge status:**

- Yes

**49. Payment amount:**

- C21 > C28

**50. Is discharge status equal to 30? (Indicates an interim claim)**

- Yes

**51. Is discharge status equal to 30? (Indicates an interim claim)**

- No

**52. Is an interim claim?**

- Look up C24

**53. Is this an interim claim?**

- Look up C24

**54. Is discharge status equal to 30? (Indicates an interim claim)**

- No

**55. Is THIS AN INTERIM CLAIM?**

- Look up C24

**56. Are MCD covered stays > interim claim threshold?**

- Yes

**57. Interim claim payment is calculated when C24 = Yes and C21 > C28**

**58. WHAT IS THE DRG BASE PAYMENT?**

- Lower-of between C83 and C16 (Charge Cap)

**59. Is an adjustment for partial eligibility made?**

- Look up C27

**60. Partial eligibility adjustment + DRG payment:**

- Lower-of-between C77 and C80, if applicable

**61. DRG payment after adjustment:**

- Lower-of-between C83 and C16 (Charge Cap)

**62. Summary of inputs:**

- Lower-of-between C83 and C16 (Charge Cap)

**63. Summary of inputs:**

- Lower-of-between C83 and C16 (Charge Cap)