MISSISSIPPI DIVISION OF MEDICAID

Mississippi Division of Medicaid DRG Pricing Calculator

Effective with discharge dates on or after July 1, 2026

Instructions:

1. The hospital or other user inputs data in cells C16-C18, C20-C24, C41, C87, C88.
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.

	A	B	C	D	E
15		**INPUT INFORMATION**			**These values are unique for each claim and are input by the hospital**
16		Covered charges	$100,000.00		UB-04 Field Locator (FL) 47 minus FL 48
17		Select hospital name or state	Alliance Healthcare System		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 on or after 10/1/2026?	No		Determines which CCR to use; update to values will occur October 1 of each year
19		Hospital-specific cost-to-charge ratio	70.85%		Look up from CCR table
20		Length of stay	80		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)	18		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	$5,608		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	$88,000		Cost on a given stay must exceed this amount to be considered for outlier payment
30		Marginal cost percentage	45%		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 policy adjustor	1.50		Applies if the Medicaid Care Category is Obstetric
34		Neonate policy adjustor	1.44		Applies if the Medicaid Care Category is Neonate
35		Normal newborn policy adjustor	1.55		Applies if the Medicaid Care Category is Normal Newborn
36		Rehab policy adjustor	2.10		Applies to DRGs 860-1 to 860-4 only
37		Pediatric mental health policy adjustor	1.90		Applies to mental health DRGs as shown in the attached DRG table
38		Adult mental health policy adjustor	1.50		Applies to mental health DRGs as shown in the attached DRG table
39		Transplant policy adjustor	1.50		Applies to transplant DRGs as shown in the attached DRG table
40		**WHAT APR-DRG CODE DOES MEDICAID ASSIGN?**			**These values are returned by the claims processing system**
41		APR-DRG (Version 43)	001-1		From separate APR-DRG grouping software
42		APR-DRG description	Liver Transplant and/or Intestinal Transplant		Look up from DRG table
43		Base DRG w/o SOI	001		Used to determine the applicable policy adjustor
44		Mental health policy adjustor eligible, Y = 1, N= 0	0		If C43 is between 740 and 776, return a value of 1 (yes), else return a value of 0 (no)
45		Transplant indicator	T		Look up from DRG table, T = Transplant, 0 = Not a Transplant
46		Medicaid Care Category	Pediatric Transplant		Look up from DRG table
47		Casemix relative weight	7.23046		The relative weight with no adjustment for policy adjustors
48		Payment relative weight	10.84569		The relative weight including any applicable policy adjustors
49		National average length of stay (ALOS)	6.88		Used in prorated and transfer payment adjustment
50		Outlier eligible	C		C = Cost and D = Day
51		**IS THIS AN INTERIM CLAIM?**			
52		Is discharge status equal to 30?	No		Look up C24
53		Are MCD covered days > interim claim threshold?	Yes		C21 > C28
54		Interim claim payment, skip to line C89 for final interim payment	0		Interim claim payment is calculated when C24 = Yes and C21 > C28
55		**WHAT IS THE DRG BASE PAYMENT?**			
56		DRG base payment for this claim	**$60,822.63**		C26 * C48
57		**IS A TRANSFER PAYMENT ADJUSTMENT MADE?**			
58		Is a transfer adjustment potentially applicable?	No		Look up C22
59		Calculated transfer payment adjustment	$0.00		If (C58="Yes,"(C56/C49)*(C21 + 1))
60		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
61		Allowed amount at this point	**$60,822.63**		The lower-of between C56 and C59, if the transfer adjustment calculation is performed, else use C56
62		**IS OUTLIER ADJUSTMENT MADE?**			
63		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
64		***Cost Outlier Adjustment***			
65		Estimated cost of this case	$70,850.00		C16 * C19
66		Estimated gain (+) or loss (-)	($10,027.37)		C56 - C65, or C61 - C65 if transfer adjustment applicable
67		Estimated gain (G) or loss (L)	L		G = Gain and L = Loss
68		Estimated loss	$10,027.37		Converts loss to a positive value if applicable
69		Does estimated loss exceed cost outlier threshold? Y = 1, N= 0	0		Is the estimated loss greater than outlier threshold and C63 equal to "Cost Outlier"? 1 = Yes, 0 = No
70		Difference between estimated loss and cost outlier threshold	$0.00		C68 - C29 (True loss)
71		Cost outlier payment amount	**$0.00**		C70 * C30 (True loss times marginal cost percentage)
72		***Day Outlier Adjustment***			
73		Is this stay eligible for a day outlier payment?	0		Eligibility for outlier payment does not guarantee outlier payment
74		Are MCD covered days greater than the MH long stay threshold? Y = 1, N= 0	1		Is C21 > C31? 1 = Yes, 0 = No
75		Day outlier amount	$0.00		(C21-C31)*C32, If negative, the day outlier does not apply
76		***DRG Payment After Outlier Adjustment***			
77		DRG payment at this point	**$60,822.63**		IF(AND(C50="C",C69=1),(C61+C71),IF(AND(C50="D",C74=1),(C61+C75),C61))
78		**IS AN ADJUSTMENT FOR PARTIAL ELIGIBILITY MADE?**			
79		Are MCD covered days less than length of stay (LOS)?	0		1= Prorated adjustment is applied, 0 = Prorated adjustment does not apply
80		Partial eligibility adjustment	NA		IF C79= 1,(C77/C49)*(C21+1),"NA")
81		Is partial eligibility adjustment < DRG payment?	$60,822.63		Lower-of between C77 and C80, if applicable
82		***DRG Payment After Prorated Adjustment***			
83		DRG payment so far	$60,822.63		C81
84		**CALCULATION OF ALLOWED AMOUNT AND REIMBURSEMENT AMOUNT**			
85		Charge cap	**$60,822.63**		Lower-of between C83 and C16 (Charge Cap)
86		Allowed amount	$60,822.63		If (C52="Yes",C54,(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	**$60,822.63**		IF(C86-C87-C88)>0,C86-C87-C88,0); cannot be negative

Updated 4/9/2026

Values for input boxes	
Yes	No