

APR-DRG Per Stay Calculator Instructions

DC Specialty Hospital Project

August 27, 2014



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Document Version: 1.0 (August 2014).

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1 Overview

The purpose of this document is to provide pertinent details to users about the design, content and functionality of the DRG pricing calculator. The DRG pricing calculator is an interactive spreadsheet.

The instructions shown in this document are intended to guide users through the steps necessary to effectively utilize the DRG pricing calculator. The instructions assume you will work through all the examples from beginning to end. Each example assumes that your DRG calculator is set to the settings of the previous example, then user *input* changes are highlighted. A variety of DRG payment types and DRG calculator utilization techniques are illustrated in the sections that follow.

1.1. Structure of the DRG Calculator

The DRG Calculator is comprised of four tabs. The four tabs are as follows:

- Cover Page This tab contains an introduction to the DRG Calculator.
- Calculator

 This tab contains the interactive portion of the DRG calculator. Cells shaded in purple are user input fields. Cells shaded in lavender are policy parameters set by the Department.
- DRG Base Rate Add-ons This tab contains per Stay Specialty Hospital base rate and addons.
- DRG Table This tab contains the DRG values. This table interacts with the calculator tab. It supplies the DRG specific values which are critical in the execution of the pricing functions of the calculator.

2 DRG Calculator Instructions

The examples and instructions throughout this document were developed to provide users with the information necessary to operate the DRG calculator. The user enters data into cells shaded with the purple background. The spreadsheet automatically calculates the payment amount for the particular stay. The calculator does not predict the DRG. The user must have the DRG information prior to using the tool.

Payment policy parameter values are shown in the lavender background. The final payment amount including add-ons is shown in the last active cell in column C of the calculator tab which is shaded in black. Please keep in mind that the DRG calculator is intended to be helpful to users, but it cannot capture all the complexity of the Medicaid claims processing system. In the event of a discrepancy, the claims processing system should be considered correct.

The following pricing scenarios are depicted in this document:

- Straight DRG
- Acute Care Transfer
- High-Side Outlier Adjustment
- Low-Side Outlier Adjustment
- Interim Claim

For simplicity, each example builds on the previous example where possible.

2.1.Straight DRG

This is the simplest case, likely to apply to approximately 95 percent of inpatient stays once the new method is implemented. Follow these steps and use these values unless otherwise directed for other scenarios. Values and parameters are examples only. The table below has been altered to assist with clarity. A full view of the calculator follows.

- Input Total charges (cell E7): \$130,062
- Input Hospital-specific cost-to-charge ratio (cell E8): 33.56%
- Input Length of stay (cell E9): 31
- Input Patient discharge status = 02, 05, 63, 65, 66, 82, 85, 91, 93, or 94? (cell E10): No
- Input Patient age (cell E11): 59
- Input Other health coverage (cell E12): \$0.00
- Input Patient share of cost (cell E13): \$0.00
- Input Is discharge status equal to 30? (cell E14): No
- Input Hospital-specific DRG base rate, including DMZ (cell E15): \$23,878
- Input APR-DRG (cell E18): 890-4
- Output Payment amount (cell E66): \$71,665.28
- Output Reimbursed amount (cell E69): \$71,665.28

2.1.1 Straight DRG Example

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IF E50 = "Loss", then if loss > threshold (E52 > E20), then "Yes", else "No", else "N/A" F E50 = "Loss", then if loss is less than high-cost outlier threshold (E52-E20) F E53 = "Yes", then if loss is less than high-cost outlier threshold (E52-E20), then zero, else loss greater than high-cost threshold is multiply times marginal cost threshold (E52-E20) F E20, else 0 Low Side Outlier Payment When Payment Is Much Greater than Cost E52-E30, then zero, else loss greater than high-cost threshold is multiply times marginal cost threshold (E52-E20) F E20, else 0 Low Side Outlier Payment When Payment Is Much Greater than Cost E52-E30, then zero F E50-"Gain", then (E47-E49), else "N/A" F E50-"Gain", then if gain> threshold (E52-E21), then "Yes", else "No", "N/A" F E50-"Gain", then if gain> threshold (E56-E21), then "Yes", else "No", "N/A" F E50-"Gain", then if gain> threshold (E56-E21), then "Yes", else "No", "N/A" F E50-"Gain", then if gain> threshold (E56-E21), then "Yes", else "No", "N/A" F E50-"Gain", then if gain> threshold (E56-E21), then "Yes", else "No", "N/A" F E50-"Gain", then if gain> threshold (E56-E21), then "Yes", else "No", "N/A" F E50-"Gain", then if gain> threshold (E56-E21), then "Yes", else "No", "N/A" F E50-"Gain", then if gain> threshold (E56-E21), then "Yes", else "No", "N/A" F E50-"Gain", then if gain> threshold (E56-E21), then "Yes", else "No", "N/A" F E50-"Gain", then if gain> threshold (E56-E21), then "Yes", else "No", "N/A" F E50-"Gain", then if gain> threshold (E56-E21), then "Yes", else "No", "N/A" F E50-"Gain", then if gain> threshold (E56-E21), then "Yes", else "No", "N/A" F E50-"Gain" and if E59-"Yes", then pay transfer adjustment (E58), else low-sde outlier payment (E58), else low-sde outlier payment (E60) F E50-"Cain" and if E59-"Yes", then pay transfer adjustment (E58), else low-sde outlier payment (E60) F E50-"Cain" and if E59-"Yes", then pay transfer adjustment (E58), else low-sde outlier payment (E60) F E50-"Cain" and if E59-"Yes",	High-Side Outlier Payment When Payment Is Much Lov	wer than Cost	
"No", else "NA" IF E53 = "Yes", then if loss is less than high-cost outlier threshold (E52-E20), then zero, else loss greater than high-cost threshold is multiply times marginal cost threshold ((E52-E20), else 0 Low Side Outlier Payment When Payment Is Much Greater than Cost Estimated gain on this case \$28,016.47 Is gain > outlier threshold Yes Calculated transfer payment adjustment \$151,472.19 Is transfer payment adjustment < DRG base payment so far? Allowed amount after DRG cost outlier payment decrease ALLOWED AMOUNT AFTER TRANSFER AND OUTLIER ADJUSTMENTS Allowed Amount \$71,665.28 CALCULATION OF PAYMENT AND REIMBURSEMENT AMOUNT Other health coverage Payment amount \$71,665.28 Payment amount \$71,665.28 Capital Add-on amount \$0.00 Payment amount \$0.00 Source \$71,665.28 Source \$71,665.28 Source \$71,665.28 FE50="Csain", then if gain> threshold (E52-E20), then "Yes", else "No", "NA" IF E57="Yes", then base payment(E42)/nat. ALOS (E35) times LOS (E9)+1), else "NA" IF E58="N/A" then ,"N/A", else if (E58-E42), then "Yes" else "No" IF E50="Gain" and if E59="Yes", then pay transfer adjustment (E58), else low-sde outlier payment (E60) CALCULATION OF PAYMENT AND REIMBURSEMENT AMOUNT Other health coverage \$0.00 Payment amount \$71,665.28 DME add-on amount \$0.00 Source \$71,665.28 Source \$71,665.28 FE50="Csain", then if gain> threshold (E52-E20), then "Yes", else "No", "NA" IF E59="Yes", then base payment(E42)/nat. ALOS (E35) times LOS (E9)+1), else "NA" IF E50="Gain" and if E59="Yes", then pay transfer adjustment (E58), else "NA" IF E50="Gain" and if E59="Yes", then pay transfer adjustment (E58), else "NA" IF E50="Csain" and if E59="Yes", then pay transfer adjustment (E58), else "NA" IF E50="Csain" and if E59="Yes", then pay transfer adjustment (E58), else "NA" IF E50="Csain" and if E59="Yes", then pay transfer adjustment (E58), else "NA" IF E50="Csain" and if E59="Yes", then pay transfer adjustment amount (E59) and if E59="Yes", then pay transfer adjustment amount (E60) CALC	Estimated loss on this case	N/A	IF E50 = "Loss", then est. cost minus allowed amount (E49-E47), else "
"No", else "NA" IF E53 = "Yes"; then if loss is less than high-cost outlier threshold (E52-E20), then zero, else loss greater than high-cost threshold is multiply times marginal cost threshold ((E52-E20)*E22), else 0 Low Side Outlier Payment When Payment Is Much Greater than Cost (E52-E20), then zero, else loss greater than high-cost threshold is multiply times marginal cost threshold ((E52-E20)*E22), else 0 Low Side Outlier Payment When Payment Is Much Greater than Cost (E52-E20), then zero, else loss greater than high-cost threshold is multiply times marginal cost threshold ((E52-E20)*E22), else 0 F E50="Gain", then (E47-E49), else "NA" IF E50="Gain", then if gain> threshold (E56>E21), then "Yes", else "No", "NA" IF E57="Yes", then base payment(E42)/nat. ALOS (E35) times LOS (E9)+1), else "NA" IF E58="N/A" then ,"N/A", else if (E58 <e42), "na"="" "no"="" "yes"="" (e47+e="" (e47-e49),="" (e58),="" (e60)="" (e60))="" +="" ,="" add-on="" adjustment="" allowed="" amount="" and="" calculation="" capital="" cost="" coverage="" dme="" e50="CBain" e59="Yes" e<="" else="" f="" health="" high="" if="" low-sde="" of="" other="" outlier="" patient="" pay="" payment="" reimbursement="" s0.00="" s71,665.28="" share="" side="" td="" then="" to="" transfer=""><td>_</td><td></td><td></td></e42),>	_		
IF E53 = "Yes", then if loss is less than high-cost outlier threshold (E52-E20), then zero, else loss greater than high-cost threshold is multiply times marginal cost threshold ((E52-E20), else 0 (E52-E20), els	Is estimated loss > outlier threshold	N/A	
## DRG cost outlier payment increase ## DRG cost outlier payment when Payment is Much Greater than Cost times marginal cost threshold ((E52-E20)*E22), else 0 ## DRG cost outlier payment when Payment is Much Greater than Cost times marginal cost threshold ((E52-E20)*E22), else 0 ## DRG cost outlier payment increase ## DRG cost outlier payment is Much Greater than Cost times marginal cost threshold ((E52-E20)*E22), else 0 ## DRG cost outlier payment is Much Greater than Cost times marginal cost threshold ((E52-E20)*E22), else 0 ## DRG cost outlier payment is Much Greater than Cost important increase in the payment is Much Greater than Cost important increase in the payment is Much Greater than Cost important increase in the payment decrease in the payment adjustment of the payment decrease in the payment adjustment of the payment adjustment of the payment decrease in the payment adjustment of the payment adjustment of the payment decrease in the payment adjustment of the payment adjustment of the payment adjustment of the payment adjustment of the payment of the payment in the payment in the payment of the payment of the payment (E58), else in the payment of the payme	_		
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February	Low Side Outlier Payment When Payment Is Much Gre	ater than Cost	
3 Calculated transfer payment adjustment \$151,472.19 IF E57="Yes", then base payment(E42)/nat. ALOS (E35) times LOS (E9)+1), else "NA" IF E58="NA" then, "N/A", else if (E58 <e42), "n="" "no"="" "yes"="" (e47+e="" (e58),="" (e58<e42),="" (e60)="" +="" ,="" a",="" adjustment="" allowed="" amount="" and="" e50="Loss" e58="NA" e59="Yes" else="" high="" if="" low-sde="" outlier="" pay="" payment="" side="" td="" then="" then,="" transfer="" ="" <=""><td></td><td></td><td>IF E50="Gain", then if gain> threshold (E56>E21), then "Yes", else "No",</td></e42),>			IF E50="Gain", then if gain> threshold (E56>E21), then "Yes", else "No",
Box Is transfer payment adjustment < DRG base payment so far? No	_ `		IF E57="Yes", then base payment(E42)/nat. ALOS (E35) times LOS
Allowed amount after DRG cost outlier payment decrease ALLOWED AMOUNT AFTER TRANSFER AND OUTLIER ADJUSTMENTS Allowed Amount \$71,665.28 CALCULATION OF PAYMENT AND REIMBURSEMENT AMOUNT Other health coverage Patient share of cost Payment amount \$71,665.28 Capital Add-on amount \$0.00 Solution amount \$0.00 Solution amount \$0.00 Not applicable Payment claim, in which case E69=E40 \$71,665.28 IF E50="Gain" and if E59="Yes", then pay transfer adjustment (E58), else low-sde outlier payment (E47+E69) else low-sde outlier payment (E60) IF E50="Loss", then allowed amount + high side outlier payment (E47+E69) If E50="Loss", then allowed amount + high side outlier payment (E47+E69) If E50="Loss", then pay transfer adjustment (E58), else low-sde outlier payment (E47+E69) If E50="Loss", then pay transfer adjustment (E58), else low-sde outlier payment (E47+E69) If E50="Loss", then pay transfer adjustment (E58), else low-sde outlier payment (E47+E69) If E50="Loss", then pay transfer adjustment (E58), else low-sde outlier payment (E47+E69) If E50="Loss", then pay transfer adjustment (E58), else low-sde outlier payment (E47+E69) If E50="Loss", then pay transfer adjustment (E58), else low-sde outlier payment (E47+E69) If E50="Loss", then pay transfer adjustment (E58), else low-sde outlier payment (E47+E69) If E50="Loss", then pay transfer adjustment (E47+E69) If E50="Loss", then pay transfer adjustment (E47+E69) If E50="Loss", then payment (E60) If E50="Loss", then payment (E40) If E50="Loss", then payment (E40) If E50="Loss", then payment (E47+E69) If E50="Loss", then payment (E47+E	_		
ALLOWED AMOUNT AFTER TRANSFER AND OUTLIER ADJUSTMENTS Allowed Amount \$71,665.28 IF E50="Loss", then allowed amount + high side outlier payment (E47+E else low-sde outlier payment (E60) CALCULATION OF PAYMENT AND REIMBURSEMENT AMOUNT Other health coverage \$0.00 E12 Patient share of cost \$0.00 E13 F13 If terim claim (E40>0), then interim claim (E40) amount as payment amount. Otherwise, subtract other health coverage (E64) and patient share cost (E65) from allowed amount (E62) to obtain payment amount. Capital Add-on amount \$0.00 Not applicable Reimbursed amount including add-ons \$71,665.28 E69=E66+E67+E68, unless interim claim, in which case E69=E40 6/2014	Is transfer payment adjustment < DRG base payment so far?	No	IF E58 ="N/A" then ,"N/A", else if (E58 <e42), "no"<="" "yes"="" else="" td="" then=""></e42),>
2 Allowed Amount \$71,665.28 IF E50="Loss", then allowed amount + high side outlier payment (E47+E else low-sde outlier payment (E40) 4 Other health coverage \$0.00 E12 5 Patient share of cost \$0.00 E13 6 Payment amount \$10.00 Health coverage \$71,665.28 If interim claim (E40>0), then interim claim (E40) amount as payment amount. Otherwise, subtract other health coverage (E64) and patient share ost (E65) from allowed amount (E62) to obtain payment amount. Otherwise amount (E62) to obtain payment amount. Not applicable Policy for amount \$0.00 Solution for amoun			IF E50="Gain" and if E59="Yes", then pay transfer adjustment (E58), else
Solution of Payment And Reimbursement Amount			IF E50="Loss", then allowed amount + high side outlier payment (E47+E
Other health coverage \$0.00 E12 Fatient share of cost \$1.000 E13 If interim claim (E40>0), then interim claim (E40) amount as payment amount. Otherwise, subtract other health coverage (E64) and patient share cost (E65) from allowed amount (E62) to obtain payment amount. Capital Add-on amount \$0.00 Not applicable DME add-on amount \$0.00 Not applicable Reimbursed amount including add-ons S71,665.28 E69=E66+E67+E68, unless interim claim, in which case E69=E40			
So.00 E13 Find the first of cost So.00 F13 Find the first or first			E12
If interim claim (E40>0), then interim claim (E40) amount as payment amount. Otherwise, subtract other health coverage (E64) and patient shar cost (E65) from allowed amount (E62) to obtain payment amount. Capital Add-on amount So.00 Not applicable Reimbursed amount including add-ons Fri,665.28 Solution Fri,665.28 Solution Fri,665.28 If interim claim (E40>0), then interim claim (E40) amount as payment amount. Otherwise, subtract other health coverage (E64) and patient shar cost (E65) from allowed amount (E62) to obtain payment amount. Otherwise, subtract other health coverage (E64) and patient shar cost (E65) from allowed amount (E62) to obtain payment amount. Otherwise, subtract other health coverage (E64) and patient shar cost (E65) from allowed amount (E62) to obtain payment amount. Otherwise, subtract other health coverage (E64) and patient shar cost (E65) from allowed amount (E62) to obtain payment amount. Otherwise, subtract other health coverage (E64) and patient shar cost (E65) from allowed amount (E62) to obtain payment amount. Otherwise, subtract other health coverage (E64) and patient shar cost (E65) from amount (E62) to obtain payment amount. Otherwise, subtract other health coverage (E64) and patient shar cost (E65) from amount (E62) to obtain payment amount. Otherwise, subtract other health coverage (E64) and patient shar cost (E65) from amount (E62) to obtain payment amount (E62) to obtain payment amount. Otherwise, subtract other health coverage (E64) and patient shar cost (E65) from amount (E62) to obtain payment amount. Otherwise, subtract other health coverage (E64) and patient shar cost (E65) from amount (E65) to obtain payment amount (E65) to obta			
cost (E65) from allowed amount (E62) to obtain payment amount. Capital Add-on amount So.00 Not applicable Reimbursed amount including add-ons 71,665.28 S71,665.28 Cost (E65) from allowed amount (E62) to obtain payment amount. Not applicable E69=E6+E67+E68, unless interim claim, in which case E69=E40			
3 DME add-on amount \$0.00 Not applicable 9 Reimbursed amount including add-ons 6/2014 \$0.00 Not applicable E69=E66+E67+E68, unless interim claim, in which case E69=E40			
Reimbursed amount including add-ons \$71,665.28 E69=E66+E67+E68, unless interim claim, in which case E69=E40 6/2014			
6/2014			
		\$71,665.28	Eb9=E66+E67+E68, unless interim claim, in which case E69=E40
			-National Action and Advisor and Action and

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2.1.2 Acute Care Transfer

When a patient is transferred to another acute care setting (discharge status 02, 05, 63, 65, 66, 82, 85, 91, 93, or 94), the payment to the transferring hospital may, or may not, be reduced. For these stays, the transferring hospital will be paid the lesser of the DRG base payment or the transfer payment.

The transfer calculation is applied to the transferring hospital according to the following calculation using the national average lengths of stay (ALOS) available with the APR-DRG grouper (untrimmed arithmetic averages):

Transfer Payment= (Base DRG Amount/National ALOS) x (LOS +1)

If the transfer payment adjustment results in an amount greater than the DRG base amount without the adjustment, the transfer payment is disregarded. The hospital receiving the patient collects the full DRG payment (unless the referring hospital also transfers the patient).

- Input Patient discharge status = 02, 05, 63, 65, 66, 82, 85, 91, 93, or 94? (cell E10): Yes
- Input Patient age (cell E11): 59
- Input APR-DRG: 890-4
- Input Length of Stay (cell E9): 2 (patient was transferred after 2 days)
- When the user enters "Yes" for discharge status 02, 05, 63, 65, 66, 82, 85, 91, 93, or 94, cells E44-47 are updated with the transfer payment adjustment calculation.
- Output Payment amount (cell E66): \$14,200.52
- Output Reimbursed amount (cell E69): \$14,200.52

2.1.3 Acute Care Transfer Example

DC Medicaid DRG Pricing Calculator		
Note: This calculator does not reflect final decisions on the implemented October 1, 2014.	ne structure of the	ne DC adult LTCH specialty hospital DRG payment method that will be
Indicates information to be input by the user (cells E7-E18) estimate of final payment in Cells E66 and E69.). Look for an	Indicates payment policy parameters set by Medicaid (cells E20-E28). Check Tab 3- DRG Base Rate Addons for hospital-specific base rates at addons to use in calculator.
Information	Data	Comments or Formula
INFORMATION FROM THE HOSPITAL- TO BE INPUT BY T		10005
Total charges	\$130,062.00	UB-04 Form Locator 47
Cost-to-charge (CCR) ratio (Hospital-specific) Length of stav	33.56% 2	Used to estimate the hospital's cost of this stay
Length of stay Discharge status = 02, 05, 63, 65, 66, 82, 85, 91, 93, 94	Yes	Used for transfer pricing adjustment Used for transfer pricing adjustment
Discharge status = 02, 03, 03, 00, 02, 03, 91, 93, 94 1 Patient age (in years)	59	Used for age adjustor
Other health coverage	\$0.00	UB-04 Form Locator 54 for payments by third parties
Patient share of cost	\$0.00	Includes spend-down or copayment
Is discharge status equal to 30?		Indicates an interim claim
DRG base rate (Hospital-specific including EDZ)	\$23,878.00	Used for DRG base paymentsee 3-DRG base Rate Addons
6 Capital add-on payment (Hospital-specific) 7 DME add-on payment (Hospital-specific)	\$0.00 \$0.00	Not applicable for adult LTCH specialty hospitals Not applicable for adult LTCH specialty hospitals
APR-DRG	890-4	Assigned via separate APR-DRG grouping software
PAYMENT POLICY PARAMETERS SET BY MEDICAID-SUB		
High-cost outlier threshold	\$60,000	Used for high-cost outlier adjustments
Low-cost outlier threshold	\$25,000	Used for low-cost outlier adjustments
2 Marginal cost percentage	80%	Used for high-cost outlier adjustments
Interim claim threshold-days	30	Threshold defining interim claims in days
1 Interim claim threshold- dollars 5 Interim per diem amount	\$500,000 \$500	Threshold defining interim claims in dollars Per diem for pricing interim claims
Pediatric mental health adjustor	1.00	Not used
Neonate adjustor	1.00	Not used
Pediatric adjustor (excludes ped MH, neonate, newborns)	1.00	Not used
APR-DRG INFORMATION		
APR-DRG description	HIV W MULTIPLE MAJOR HIV	Look up from DRG table
<u></u>	RELATED	
Casemix relative weightunadjusted	3.00131	Look up from DRG table
Pediatric Medicaid Care Category	n/a	Not applicable
Pediatric or Neonate Policy adjustor used (if applicable)	1.00	Not applicable
Payment relative weight	3.00131	Casemix relative weight (E31) times policy adjustor (E33)
5 National average length of stay for this APR-DRG 5 IS THIS AN INTERIM CLAIM?	15.14	Look up from DRG table
Is discharge status equal to 30?	No	Look up E14
Is length of stay > interim claim threshold?	N/A	IF E37="Yes", then if (E9 > E23), "Yes", else "No", else "N/A"
Are charges > interim claim threshold?	N/A	IF E37="Yes", then if (E7>E24), then "Yes", else "No", else "N/A"
Skip to E69 for final interim claim payment amount	\$0	IF E38 or E39="Yes", (E9*E25), else 0
WHAT IS THE DRG BASE PAYMENT? 2 DRG base payment	\$71,665.28	Payment relative weight (E34) times hospital-specific base price w/lME (E
	ψ/ 1,003.20	r ayment relative weight (L34) times hospital-specific base price white (L
3 IS A TRANSFER PAYMENT ADJUSTMENT MADE?	.,	
ls a transfer adjustment potentially applicable?	Yes	Look up E10
Calculated transfer payment adjustment	\$14,200.52	IF E44="Yes", then base payment(E42)/nat. ALOS (E35) times LOS (E9) else "NA"
Is transfer payment adjustment < DRG base payment so far?	Yes	IF E45 ="N/A" then ,"N/A", else if (E45 <e42), "no"<="" "yes"="" else="" td="" then=""></e42),>
Allowed amount after transfer adjustment	\$14,200.52	IF E46= "Yes", then E45, else E42
IS A COST OUTLIER ADJUSTMENT MADE?		
Estimated cost of this case	\$43,648.81	Est. cost = charges times CCR (E7 * E8)
ls estimated cost > allowed amount	Loss	IF E49 > E47 then "Loss" else "Gain"
High-Side Outlier Payment When Payment Is Much Lo	wer than Cost	
2 Estimated loss on this case	\$29,448.29	IF E50 = "Loss", then est. cost minus allowed amount (E49-E47), else "
T	.,	IF E50 = "Loss", then if loss > threshold (E52 > E20), then "Yes", else
3 Is estimated loss > outlier threshold	No	"No", else "N/A"
		IF E53 = "Yes", then if loss is less than high-cost outlier threshold
DRG cost outlier payment increase	\$0.00	(E52 <e20), else="" greater="" high-cost="" is="" loss="" multiple<="" td="" than="" then="" threshold="" zero,=""></e20),>
Law Olds Outlies December 1997		times marginal cost threshold ((E52-E20)*E22), else 0
Low Side Outlier Payment When Payment Is Much Gre		IE E50_"Coin" than (E47 E40) clos "N/A"
Estimated gain on this case	N/A	IF E50="Gain", then (E47-E49), else"N/A"
s gain > outlier threshold	N/A	IF E50="Gain", then if gain> threshold (E56>E21), then "Yes", else "No", "N/A"
- 1		IF E57="Yes", then base payment(E42)/nat. ALOS (E35) times LOS
3 Calculated transfer payment adjustment	N/A	(E9)+1), else "NA"
Is transfer payment adjustment < DRG base payment so far?	N/A	IF E58 ="N/A" then ,"N/A", else if (E58 <e42), "no"<="" "yes"="" else="" td="" then=""></e42),>
Allowed amount after DRG cost outlier payment decrease	\$14,200.52	IF E50="Gain" and if E59="Yes", then pay transfer adjustment (E58), else
Allowed amount After Transfer and Outlier Ad.		2 23 2 100 , stort pay stational adjustment (LOO), else
2 Allowed Amount	\$14,200.52	IF E50="Loss", then allowed amount + high side outlier payment (E47+E8 else low-sde outlier payment (E60)
CALCULATION OF DAVMENT AND DEMANDED CHIEFT AND	NINT	CIGO IOW-Sub Outlier Payment (EDU)
CALCULATION OF PAYMENT AND REIMBURSEMENT AMO Other health coverage	\$0.00	E12
5 Patient share of cost	\$0.00	E13
		If interim claim (E40>0), then interim claim (E40) amount as payment
Payment amount	\$14,200.52	amount. Otherwise, subtract other health coverage (E64) and patient sha cost (E65) from allowed amount (E62) to obtain payment amount.
7 Capital Add-on amount	\$0.00	Not applicable
	\$0.00	Not applicable Not applicable
DME add-on amount Reimbursed amount including add-ons	\$14,200.52	E69=E66+E67+E68, unless interim claim, in which case E69=E40
DME add-on amount		E69=E66+E67+E68, unless interim claim, in which case E69=E40

2.2. High-Side Outlier Adjustment

This adjustment applies to stays that are exceptionally expensive for a hospital. Each stay is evaluated for whether it qualifies as a cost outlier stay. If so, the cost outlier payment is calculated. For high-side outliers, this increases payment.

- Input Total charges (cell E7): \$450,000.00
- Input Discharge status: No
- Because the estimated loss of this case (cell E52: \$79,354.72) exceeds the cost outlier threshold (cell E20: \$60,000), a cost adjustment is applicable.
- The threshold amount is subtracted from the estimated loss, and then multiplied by marginal cost percentage (cell E22: 80%). That amount is added to the previously allowed amount.
- See cells E52-54 for the high-side outlier adjustment calculation.
- DRG cost outlier payment increase (cell E54): \$15,483.78
- Output Payment amount (cell E66): \$87,149.06
- Output Reimbursed amount (cell E69): \$87,149.06

2.2.1 High-Side Outlier Adjustment Example

DC Medicaid DRG Pricing Calculato	r	
Note: This calculator does not reflect final decisions on t	the structure of th	e DC adult LTCH specialty hospital DRG payment method that will be
implemented October 1, 2014.		
Indicates information to be input by the user (cells E7-E18 estimate of final payment in Cells E66 and E69.	B). Look for an	Indicates payment policy parameters set by Medicaid (cells E20-E28). Check Tab 3- DRG Base Rate Addons for hospital-specific base rates an addons to use in calculator.
Information	Data	Comments or Formula
INFORMATION FROM THE HOSPITAL- TO BE INPUT BY 1		Comments of Formula
Total charges	\$450,000.00	UB-04 Form Locator 47
Cost-to-charge (CCR) ratio (Hospital-specific)	33.56%	Used to estimate the hospital's cost of this stay
_Length of stay		Used for transfer pricing adjustment
Discharge status = 02, 05, 63, 65, 66, 82, 85, 91, 93, 94	No	Used for transfer pricing adjustment
_Patient age (in years) Other health coverage	59 \$0.00	Used for age adjustor UB-04 Form Locator 54 for payments by third parties
Patient share of cost	\$0.00	Includes spend-down or copayment
Is discharge status equal to 30?	No	Indicates an interim claim
DRG base rate (Hospital-specific including EDZ)	\$23,878.00	Used for DRG base paymentsee 3-DRG base Rate Addons
Capital add-on payment (Hospital-specific)	\$0.00	Not applicable for adult LTCH specialty hospitals
_DME add-on payment (Hospital-specific)	\$0.00	Not applicable for adult LTCH specialty hospitals
APR-DRG PAYMENT POLICY PARAMETERS SET BY MEDICAIDSUE	890-4	Assigned via separate APR-DRG grouping software
High-cost outlier threshold	\$60,000	Used for high-cost outlier adjustments
Low-cost outlier threshold	\$25,000	Used for low-cost outlier adjustments
Marginal cost percentage	80%	Used for high-cost outlier adjustments
Interim claim threshold- days	30	Threshold defining interim claims in days
Interim claim threshold- dollars	\$500,000	Threshold defining interim claims in dollars
Interim per diem amount Pediatric mental health adjustor	\$500 1.00	Per diem for pricing interim claims Not used
Neonate adjustor	1.00	Not used Not used
Pediatric adjustor (excludes ped MH, neonate, newborns)	1.00	Not used
APR-DRG INFORMATION		
APR-DRG description	HIV W MULTIPLE MAJOR HIV	Look up from DRG table
Casemix relative weightunadjusted	RELATED 3.00131	Look up from DRG table
Pediatric Medicaid Care Category	n/a	Not applicable
Pediatric or Neonate Policy adjustor used (if applicable)	1.00	Not applicable
Payment relative weight	3.00131	Casemix relative weight (E31) times policy adjustor (E33)
National average length of stay for this APR-DRG	15.14	Look up from DRG table
IS THIS AN INTERIM CLAIM?		
Is discharge status equal to 30?	No	Look up E14
_ls length of stay > interim claim threshold? Are charges > interim claim threshold?	N/A N/A	IF E37="Yes", then if (E9 > E23), "Yes", else "No", else "N/A" IF E37="Yes", then if (E7>E24), then "Yes", else "No", else "N/A"
Skip to E69 for final interim claim payment amount	\$0	IF E38 or E39="Yes", (E9*E25), else 0
WHAT IS THE DRG BASE PAYMENT?		
DRG base payment	\$71,665.28	Payment relative weight (E34) times hospital-specific base price w/IME (E
IS A TRANSFER PAYMENT ADJUSTMENT MADE?	.,	
ls a transfer adjustment potentially applicable?	No	Look up E10 IE E44="Yee" then been payment/E42\/not_ALOS /E25\ times LOS /E0\
Calculated transfer payment adjustment	N/A	IF E44="Yes", then base payment(E42)/nat. ALOS (E35) times LOS (E9)- else "NA"
Is transfer payment adjustment < DRG base payment so far?	N/A	IF E45 ="N/A" then ,"N/A", else if (E45 <e42), "no"<="" "yes"="" else="" td="" then=""></e42),>
Allowed amount after transfer adjustment	\$71,665.28	IF E46= "Yes", then E45, else E42
IS A COST OUTLIER ADJUSTMENT MADE?		
_Estimated cost of this case Is estimated cost > allowed amount	\$151,020.00 Loss	Est. cost = charges times CCR (E7 * E8) IF E49 > E47 then "Loss" else "Gain"
High-Side Outlier Payment When Payment Is Much Lo		IF E49 > E47 (Hell LOSS else Gaill
		IF E50 = "Loss", then est. cost minus allowed amount (E49-E47), else "N
Estimated loss on this case	\$79,354.72	
Is estimated loss > outlier threshold	Yes	IF E50 = "Loss", then if loss > threshold (E52 > E20), then "Yes", else "No", else "N/A" IF E53 = "Yes", then if loss is less than high-cost outlier threshold
DRG cost outlier payment increase	\$15,483.78	(E52 <e20), else="" greater="" high-cost="" is="" loss="" multip<="" td="" than="" then="" threshold="" zero,=""></e20),>
Law Olds Codles D		times marginal cost threshold ((E52-E20)*E22), else 0
Low Side Outlier Payment When Payment Is Much Gr	reater than Cost N/A	IE E50-"Cain" then (E47 E40) also "N/A"
_Estimated gain on this case Is gain > outlier threshold	N/A	IF E50="Gain", then (E47-E49), else"N/A" IF E50="Gain", then if gain> threshold (E56>E21), then "Yes", else "No", "N/A"
Calculated transfer payment adjustment	N/A	IF E57="Yes", then base payment(E42)/nat. ALOS (E35) times LOS (E9)+1), else "NA"
Is transfer payment adjustment < DRG base payment so far?	N/A	IF E58 ="N/A" then ,"N/A", else if (E58 <e42), "no"<="" "yes"="" else="" td="" then=""></e42),>
Allowed amount after DRG cost outlier payment decrease ALLOWED AMOUNT AFTER TRANSFER AND OUTLIER AD	\$71,665.28 DJUSTMENTS	IF E50="Gain" and if E59="Yes", then pay transfer adjustment (E58), else
Allowed Amount	\$87,149.06	IF E50="Loss", then allowed amount + high side outlier payment (E47+E5 else low-sde outlier payment (E60)
CALCULATION OF PAYMENT AND REIMBURSEMENT AMO Other health coverage	OUNT \$0.00	E12
	\$0.00	E12 E13
Patient share of cost		If interim claim (E40>0), then interim claim (E40) amount as payment amount. Otherwise, subtract other health coverage (E64) and patient sha
	\$87,149.06	
Patient share of cost Payment amount		cost (E65) from allowed amount (E62) to obtain payment amount. Not applicable
Patient share of cost	\$87,149.06 \$0.00 \$0.00	cost (E65) from allowed amount (E62) to obtain payment amount. Not applicable Not applicable
Patient share of cost Payment amount Capital Add-on amount	\$0.00	Not applicable

2.3.Low-Side Outlier Adjustment

Just as outlier payments are intended to increase payment when a stay is extraordinarily and unpredictably expensive, the low-side outlier adjustment decreases funding when a stay is extraordinarily and unpredictably inexpensive. This adjustment applies when payment would be much greater than cost and the hospital stands to make a large gain. It reduces the payment amount allowed to providers.

These claims would be priced using the same algorithm as a transfer case (per diem based on claim length of stay compared to average length of stay for the DRG category). For a low-cost outlier, the adjustment calculation is based on the length of stay (LOS) for the hospital stay as compared to the national average length of stay (ALOS). The calculation is the same as the calculation for the transfer policy. This calculation results in the final DRG payment if it is less than the original DRG payment

The base payment is calculated by multiplying the base rate times the relative weight associated with the DRG. The national average length of stay is taken from a system table and used to calculate a transfer payment. Since this is less than the straight base payment, the transfer payment is paid subject to other add-ons and adjustments.

- Input Total charges (cell E7): \$45,000.00
- Input APR-DRG (cell E16): 890-4
- Input Length of Stay (cell E9): 10
- Estimated gain (cell E56: \$56,563.28) exceeds the low-cost outlier threshold (cell E21: \$25,000).
- Allowed amount before outlier adjustment (cell E47): \$71,665.28
- Output Payment amount (cell E66): \$52,068.57
- Output Reimbursed amount (cell E69): \$52,068.57

2.3.1 Low-Side Outlier Adjustment Example

	DC Medicaid DRG Pricing Calculator		
	<i>Note:</i> This calculator does not reflect final decisions on th implemented October 1, 2014.	e structure of th	ne DC adult LTCH specialty hospital DRG payment method that will be
	Indicates information to be input by the user (cells E7-E18). estimate of final payment in Cells E66 and E69.	Look for an	Indicates payment policy parameters set by Medicaid (cells E20-E28). Check Tab 3- DRG Base Rate Addons for hospital-specific base rates and addons to use in calculator.
5	Information	Data	Comments or Formula
	NFORMATION FROM THE HOSPITAL TO BE INPUT BY THE		
	Total charges	\$45,000.00	UB-04 Form Locator 47
	Cost-to-charge (CCR) ratio (Hospital-specific) Length of stay	33.56% 10	Used to estimate the hospital's cost of this stay
_	Discharge status = 02, 05, 63, 65, 66, 82, 85, 91, 93, 94	No	Used for transfer pricing adjustment Used for transfer pricing adjustment
	Patient age (in years)	59	Used for age adjustor
	Other health coverage	\$0.00	UB-04 Form Locator 54 for payments by third parties
13	Patient share of cost	\$0.00	Includes spend-down or copayment
	s discharge status equal to 30?	No	Indicates an interim claim
	DRG base rate (Hospital-specific including EDZ)	\$23,878.00	Used for DRG base paymentsee 3-DRG base Rate Addons
	Capital add-on payment (Hospital-specific) DME add-on payment (Hospital-specific)	\$0.00 \$0.00	Not applicable for adult LTCH specialty hospitals Not applicable for adult LTCH specialty hospitals
	APR-DRG	890-4	Assigned via separate APR-DRG grouping software
	PAYMENT POLICY PARAMETERS SET BY MEDICAID-SUB.		
	High-cost outlier threshold	\$60,000	Used for high-cost outlier adjustments
	Low-cost outlier threshold	\$25,000	Used for low-cost outlier adjustments
	Marginal cost percentage	80%	Used for high-cost outlier adjustments
	Interim claim threshold- days Interim claim threshold- dollars	30 \$500,000	Threshold defining interim claims in days Threshold defining interim claims in dollars
	Interim cram theshold dollars	\$500	Per diem for pricing interim claims
	Pediatric mental health adjustor	1.00	Not used
	Neonate adjustor	1.00	Not used
	Pediatric adjustor (excludes ped MH, neonate, newborns)	1.00	Not used
		IIV W MULTIPLE	
	APR-DRG description Casemix relative weight-unadjusted	MAJOR HIV RELATED 3.00131	Look up from DRG table Look up from DRG table
_	Pediatric Medicaid Care Category	n/a	Not applicable
_	Pediatric or Neonate Policy adjustor used (if applicable)	1.00	Not applicable
	Payment relative weight	3.00131	Casemix relative weight (E31) times policy adjustor (E33)
	National average length of stay for this APR-DRG IS THIS AN INTERIM CLAIM?	15.14	Look up from DRG table
	s discharge status equal to 30?	No	Look up E14
	Is length of stay > interim claim threshold?	N/A	IF E37="Yes", then if (E9 > E23), "Yes", else "No", else "N/A"
40	Are charges > interim claim threshold? Skip to E69 for final interim claim payment amount WHAT IS THE DRG BASE PAYMENT?	N/A \$0	IF E37="Yes", then if (E7>E24), then "Yes", else "No", else "N/A" IF E38 or E39="Yes", (E9*E25), else 0
	DRG base payment	\$71,665.28	Payment relative weight (E34) times hospital-specific base price w/IME (E
13	S A TRANSFER PAYMENT ADJUSTMENT MADE?		
_	s a transfer adjustment potentially applicable?	No	Look up E10
	Calculated transfer payment adjustment	N/A	IF E44="Yes", then base payment(E42)/nat. ALOS (E35) times LOS (E9)+
16	s transfer payment adjustment < DRG base payment so far?	N/A	else "NA" IF E45 ="N/A" then ,"N/A", else if (E45 <e42), "no"<="" "yes"="" else="" td="" then=""></e42),>
	Allowed amount after transfer adjustment	\$71,665.28	IF E46= "Yes", then E45, else E42
	S A COST OUTLIER ADJUSTMENT MADE?		
	Estimated cost of this case	\$15,102.00	Est. cost = charges times CCR (E7 * E8)
	is estimated cost > allowed amount High-Side Outlier Payment When Payment Is Much Lov	Gain	IF E49 > E47 then "Loss" else "Gain"
51	, ,		
	Estimated loss on this case	N/A	IF E50 = "Loss", then est. cost minus allowed amount (E49-E47), else "N IF E50 = "Loss", then if loss > threshold (E52 > E20), then "Yes", else
53	s estimated loss > outlier threshold	N/A	"No", else "N/A" IF E53 = "Yes", then if loss is less than high-cost outlier threshold
54 1	DRG cost outlier payment increase	\$0.00	(E52 <e20), else="" greater="" high-cost="" is="" loss="" multipl<br="" than="" then="" threshold="" zero,="">times marginal cost threshold ((E52-E20)*E22), else 0</e20),>
55	Low Side Outlier Payment When Payment Is Much Gree		
	Estimated gain on this case s gain > outlier threshold	\$56,563.28 Yes	IF E50="Gain", then (E47-E49), else"N/A" IF E50="Gain", then if gain> threshold (E56>E21), then "Yes", else "No",
-	Calculated transfer payment adjustment	\$52,068.57	"N/A" IF E57="Yes", then base payment(E42)/nat. ALOS (E35) times LOS
_			(E9)+1), else "NA"
60	s transfer payment adjustment < DRG base payment so far? Allowed amount after DRG cost outlier payment decrease	Yes \$52,068.57	IF E58 ="N/A" then ,"N/A", else if (E58 <e42), "no"<br="" "yes"="" else="" then="">IF E50="Gain" and if E59="Yes", then pay transfer adjustment (E58), else</e42),>
	ALLOWED AMOUNT AFTER TRANSFER AND OUTLIER ADJ Allowed Amount	\$52,068.57	IF E50="Loss", then allowed amount + high side outlier payment (E47+E5
3	CALCULATION OF PAYMENT AND REIMBURSEMENT AMO	UNT	else low-sde outlier payment (E60)
	Other health coverage	\$0.00 \$0.00	E12
	Patient share of cost	\$0.00 \$52.068.57	E13 If interim claim (E40>0), then interim claim (E40) amount as payment
	Payment amount Capital Add-on amount	\$52,068.57 \$0.00	amount. Otherwise, subtract other health coverage (E64) and patient shall cost (E65) from allowed amount (E62) to obtain payment amount. Not applicable.
7			Not applicable
	DME add-on amount	\$0.00	Not applicable

2.4.Interim Claim

When the beneficiary is still a patient and the actual length of stay is greater than 30 days or charges are greater than \$500,000, a hospital may choose to submit an interim claim. Submission of interim claims is always voluntary, never mandatory. In these situations, hospitals will be paid a per diem amount (cell E25: \$500.00). When the patient is discharged, the hospital voids the previous interim claims and submits one claim, admit through discharge showing all charges, diagnoses and procedures for the full admit-thru-discharge period.

- Input Total charges (cell E7): \$75,000.00
- Input Length of Stay (cell E9): 31
- Input Is discharge status equal to 30? (cell E14): "Yes"
- Input APR-DRG (cell E16): 890-4
- The interim per diem amount (cell E25: \$500.00) is multiplied by the actual length of stay (cell E9).
- That amount is the allowed payment to the provider.
- Output Payment amount (cell E66): \$15,500.00
- Output Reimbursement amount (cell E69): \$15,500.00

2.4.1 Interim Claim Example

	g Calculator	
Note: This calculator does not reflect f implemented October 1, 2014.	nal decisions on the structure of	the DC adult LTCH specialty hospital DRG payment method that will be
Indicates information to be input by the estimate of final payment in Cells E66 a		Indicates payment policy parameters set by Medicaid (cells E20-E28). Check Tab 3- DRG Base Rate Addons for hospital-specific base rates and addons to use in calculator.
5 Information	Data	Comments or Formula
INFORMATION FROM THE HOSPITAL-		Comments of Formula
Total charges	\$75,000.00	UB-04 Form Locator 47
Cost-to-charge (CCR) ratio (Hospital-speci		Used to estimate the hospital's cost of this stay
 Length of stay Discharge status = 02, 05, 63, 65, 66, 82, 	31 85, 91, 93, 94 No	Used for transfer pricing adjustment Used for transfer pricing adjustment
11 Patient age (in years)	59	Used for age adjustor
12 Other health coverage	\$0.00	UB-04 Form Locator 54 for payments by third parties
Patient share of cost	\$0.00	Includes spend-down or copayment
 Is discharge status equal to 30? DRG base rate (Hospital-specific including 	Yes EDZ) \$23,878.00	Indicates an interim claim Used for DRG base paymentsee 3-DRG base Rate Addons
16 Capital add-on payment (Hospital-specific		Not applicable for adult LTCH specialty hospitals
17 DME add-on payment (Hospital-specific)	\$0.00	Not applicable for adult LTCH specialty hospitals
APR-DRG	890-4	Assigned via separate APR-DRG grouping software
PAYMENT POLICY PARAMETERS SET		
20 High-cost outlier threshold 21 Low-cost outlier threshold	\$60,000 \$25,000	Used for high-cost outlier adjustments Used for low-cost outlier adjustments
22 Marginal cost percentage	80%	Used for high-cost outlier adjustments
23 Interim claim threshold- days	30	Threshold defining interim claims in days
24 Interim claim threshold- dollars	\$500,000	Threshold defining interim claims in dollars
25 Interim per diem amount 26 Pediatric mental health adjustor	\$500 1.00	Per diem for pricing interim claims Not used
27 Neonate adjustor	1.00	Not used
Pediatric adjustor (excludes ped MH, neor	ate, newborns) 1.00	Not used
29 APR-DRG INFORMATION		_
30 APR-DRG description	HIV W MULTIPL MAJOR HIV RELATED	E Look up from DRG table
31 Casemix relative weightunadjusted	3.00131	Look up from DRG table
Pediatric Medicaid Care Category	n/a	Not applicable
Pediatric or Neonate Policy adjustor used		Not applicable
Payment relative weight National average length of stay for this AP	3.00131 R-DRG 15.14	Casemix relative weight (E31) times policy adjustor (E33) Look up from DRG table
36 IS THIS AN INTERIM CLAIM?	13.14	Look up ilom bito table
Is discharge status equal to 30?	Yes	Look up E14
38 Is length of stay > interim claim threshold		IF E37="Yes", then if (E9 > E23), "Yes", else "No", else "N/A"
Are charges > interim claim threshold? Skip to E69 for final interim claim paymen	No amount \$15,500	IF E37="Yes", then if (E7>E24), then "Yes", else "No", else "N/A" IF E38 or E39="Yes", (E9*E25), else 0
WHAT IS THE DRG BASE PAYMENT?		
42 DRG base payment	\$71,665.28	Payment relative weight (E34) times hospital-specific base price w/IME (E1
43 IS A TRANSFER PAYMENT ADJUSTME		
44 Is a transfer adjustment potentially applica	ble? No	Look up E10 IF E44="Yes", then base payment(E42)/nat. ALOS (E35) times LOS (E9)+
45 Calculated transfer payment adjustment	N/A	else "NA"
46 Is transfer payment adjustment < DRG ba	se payment so far? N/A	IF E45 ="N/A" then ,"N/A", else if (E45 <e42), "no"<="" "yes"="" else="" td="" then=""></e42),>
47 Allowed amount after transfer adjustment	\$71,665.28	IF E46= "Yes", then E45, else E42
48 IS A COST OUTLIER ADJUSTMENT MA 49 Estimated cost of this case	S25,170.00	Est. cost = charges times CCR (E7 * E8)
50 Is estimated cost of this case	Gain	IF E49 > E47 then "Loss" else "Gain"
1 High-Side Outlier Payment When Pa		
52 Estimated loss on this case	N/A	IF E50 = "Loss", then est. cost minus allowed amount (E49-E47), else "N/
_		
53 Is estimated loss > outlier threshold	N/A	IF E50 = "Loss", then if loss > threshold (E52 > E20), then "Yes", else "No", else "N/A" IF E53 = "Yes", then if loss is less than high-cost outlier threshold
DRG cost outlier payment increase	\$0.00	(E52 <e20), else="" greater="" high-cost="" is="" loss="" multiplic<br="" than="" then="" threshold="" zero,="">times marginal cost threshold ((E52-E20)*E22), else 0</e20),>
Low Side Outlier Payment When Pa		IF FFO Ocio 4b (F47 F40) 1. "*****
Estimated gain on this caseIs gain > outlier threshold	\$46,495.28 Yes	IF E50="Gain", then (E47-E49), else"N/A" IF E50="Gain", then if gain> threshold (E56>E21), then "Yes", else "No", ε "N/A"
58 Calculated transfer payment adjustment	\$151,472.19	IF E57="Yes", then base payment(E42)/nat. ALOS (E35) times LOS (E9)+1), else "NA"
59 Is transfer payment adjustment < DRG ba	se payment so far? No	IF E58 = "N/A" then ,"N/A", else if (E58 <e42), "no"<="" "yes"="" else="" td="" then=""></e42),>
Allowed amount after DRG cost outlier pay		IF E50="Gain" and if E59="Yes", then pay transfer adjustment (E58), else
ALLOWED AMOUNT AFTER TRANSFER	AND OUTLIER ADJUSTMENTS	IE EEO-"I oce" then allowed emount think side will-recovered (E.E. E.E.
Allowed Amount CALCULATION OF PAYMENT AND REIM	\$71,665.28	IF E50="Loss", then allowed amount + high side outlier payment (E47+E54 else low-sde outlier payment (E60)
Other health coverage	\$0.00	E12
Patient share of cost	\$0.00	E13
66 Payment amount	\$15,500.00	If interim claim (E40>0), then interim claim (E40) amount as payment amount. Otherwise, subtract other health coverage (E64) and patient share
67 Capital Add-on amount	\$0.00	cost (E65) from allowed amount (E62) to obtain payment amount.
68 DME add-on amount	\$0.00 \$0.00	Not applicable Not applicable
Reimbursed amount including add-ons	\$15,500.00	E69=E66+E67+E68, unless interim claim, in which case E69=E40
8/6/2014		
		all the editing and pricing complexity of the Medicaid claims processing system
n cases of difference, the claims processing s	vetem is correct	

2.5. Conclusion

This concludes the specific examples for training on use of the DRG calculator. Please feel free to apply to other examples. If you have questions, please contact Jeff Gray at jeff.gray2@xerox.com.