1	C D	E				
2	Arizona Medicaid DRG Pricing Calculator					
_						
	Draft Arizona Medicaid inpatient DRG pricing calculator. This version created February 15, 2014.					
	The DRG calculator does NOT estimate AHCCCS quick pay disc	ounts and slow pay penalties. 				
4	Indicates data to be input by the user		Indicates payment policy parameters set by AHCCCS			
5	Information	Data	Comments or Formula			
6 7	INFORMATION FROM THE HOSPITAL Submitted charges	\$84,000.00	UB-04 field locator 47 minus FL 48			
8	Date of admission	12/15/2013	UB-04 form locator 12			
9	From date of service Through date of service	12/15/2013 12/20/2013	UB-04 form locator 6 UB-04 form locator 6			
11	Was patient Medicaid eligible on day of admission?	Yes	Used for covered days adjustment			
	Was patient Medicaid eligible on day of discharge? Is patient an undocumented alien?	Yes No	Used for covered days adjustment Used for covered days adjustment			
14	Medicaid authorized days (i.e. covered days)	5	Used for covered days adjustment			
	Patient discharge status Patient age (in years)	01 55	UB-04 form locator 17 Used for age adjustor			
17	Other health coverage	\$0.00	UB-04 Field Locator 54 for payments by third parties			
	Patient liability Provider Medicaid ID	\$0.00 529985	Includes spend-down and copayment Used for look ups to the provider table - 6 digit number, or "OOS"			
20	APR-DRG	302-2	From separate APR-DRG grouping software			
	Length of stay admit to discharge	5	If E15 = 20 or E15 = 30 Then (E10 - E8 + 1) Else (E10 - E8)			
23	Length of stay From DOS to Through DOS	5	If E15 = 20 or E15 = 30 Then (E10 - E9 + 1) Else (E10 - E9)			
24	Medicaid payable days PRICING METHOD	5	If E13 = "Yes" Then Lessor of E14 And E23 Else E23			
		Price DDC	If E22 <= 0 Then "Price OPFS" Else If E15 = 30 And E12 = "Yes" Then "Price interim claim" Else			
	Pricing Method PAYMENT BOLICY BARAMETERS SET BY AUCCCS	Price DRG	"Price DRG"			
	PAYMENT POLICY PARAMETERS SET BY AHCCCS Age cut-off for age policy adjustor	18	Used for age policy adjustor			
29	Interim claim minimum length of stay	30	Used for pricing interim claims			
	Interim claim per diem APR-DRG INFORMATION	\$500	Used for pricing interim claims			
	APR-DRG description	Knee Joint Replacement	Look up from DRG table			
	Average length of stay for this APR-DRG	3.30	Look up from DRG table			
	DRG relative weight	1.6326	Look up from DRG table			
	Service adjustor	1.00 1.00	Look up from DRG table If recipient age less than or equal to value in E28, then look up from DRG table, Else 1.0			
	Age adjustor Marginal cost percentage	80%	Look up from DRG table; used for cost outlier adjustments			
	HOSPITAL INFORMATION	Pannar Cood Sam Madical Ctr	Look up from Drovider Toble			
	Hospital Name Hospital Category	Banner Good Sam Medical Ctr All Other	Look up from Provider Table Look up from Provider Table			
41	Hospital-specific cost-to-charge ratio	0.237	Look up from Provider Table; used for cost outlier adjustments			
	Wage adjusted hospital base rate High Medicaid volume hold-harmless adjustor	\$5,430.29 1.0000	Look up from Provider Table Look up from Provider Table			
44	Combined DRG transition and DCI adjustor	0.9694	Look up from Provider Table			
	Outlier fixed-loss threshold PRE-TRANSFER DRG BASE PAYMENT	\$65,000	Look up from Provider Table; used for cost outlier adjustments			
47	Maximum of age/service adjustor	1.00	Greater of E35 and E36			
	Pre-Transfer DRG base payment TRANSFER PAYMENT ADJUSTMENT	\$8,865.49	If (E26 = "Price DRG") Then E42 * E34 * E43 * E47 Else "N/A"			
50	Is discharge in transfer policy list?	No	If (E26 = "Price DRG") Then {IF E15 = 02 or 05 or 66 Then "Yes", Else "No"} Else "N/A"			
	Is a transfer adjustment potentially applicable? Transfer Base Payment	N/A N/A	If E50 = "Yes" Then {If DRG Base Not IN ("580", "581") Then "Yes", Else "No"}, Else "N/A" If E50 = "Yes", Then (E48 / E33) * (E24 + 1), else "N/A"			
53	Is per diem payment amount < full stay base payment?	N/A	If E50 = "Yes" Then {If (E52 < E48), Then "Yes" else "No"} Else "N/A"			
	Full stay DRG base payment COST OUTLIER	\$8,865.49	If E53 = "Yes" Then E52 Else E48			
56	Estimated cost of the stay	\$19,908.00	If (E26 = "Price DRG") Then E7 * E41 Else "N/A"			
	Cost outlier threshold Hospital cost above threshold	\$73,865.49 \$0.00	If (E26 = "Price DRG") Then E45 + E54 Else "N/A" If (E26 = "Price DRG") Then {If E56 > E57 Then E56 - E57, Else 0} Else "N/A"			
59	Does this claim require an outlier payment?	No	If (E26 = "Price DRG") Then {If E58 > 0 Then "Yes" Else "No"} Else "N/A"			
	DRG cost outlier payment increase COVERED DAYS PAYMENT ADJUSTMENT (a.k.a. PARTIAL ELIC	\$0.00 GIBILITY ADJUSTMENT)	If E59 = "Yes" Then E58 * E37, Else 0			
62	Reduction factor for undocumented alien	N/A	If (E26 = "Price DRG") And (E13 = "Yes") Then (E24 + 1) / E22 Else "N/A"			
	Reduction factor for Medicaid eligibility gained after admission	N/A	If (E26 = "Price DRG") And (E62 = "N/A") And (E11 = "No") Then (E24 / E22) Else "N/A" If (E26 = "Price DRG") And (E62 = "N/A") And (E63 = "N/A") And (E12 = "No")			
64	Reduction factor for Medicaid eligibility lost before discharge	N/A	Then ((E24 + 1) / E33) Else "N/A"			
65	Covered day reduction factor - unadjusted	1.0000	If (E26 = "Price DRG") Then {If E62 <> "N/A" Then E62 Else If E63 <> "N/A" Then E63 Else If E64 <> "N/A" Then E64 Else 1.0} Else "N/A"			
	Covered day reduction factor - final	1.0000	"N/A" Then E64 Else 1.0} Else "N/A" If (E26 = "Price DRG") Then {If E65 <= 1.0 Then E65 Else 1.0} Else "N/A"			
67	Covered-day adjusted DRG base payment	\$8,865.49	If (E26 = "Price DRG") Then E54 * E66 Else "N/A"			
	Covered-day adjusted DRG outlier payment EARLY DRG IMPLEMENTATION PAYMENT ADJUSTMENT - DRG	\$0.00 TRANSITION AND DCI ADJUST	If (E26 = "Price DRG") Then E60 * E66 Else "N/A" IMENTS			
70	Final adjusted DRG base payment	\$8,594.21	If (E26 = "Price DRG") Then E67 * E44 Else "N/A"			
	Final adjusted DRG outlier payment Final Adjusted DRG payment	\$0.00 \$8,594.21	If (E26 = "Price DRG") Then E68 * E44 Else "N/A" If (E26 = "Price DRG") Then E70 + E71 Else "N/A"			
73	Skip to E78 for final claim payment amount	,	Skip to E78 for final claim payment amount			
	INTERIM CLAIMS Is length of stay >= interim claim threshold?	N/A	If (E26 = "Price interim claim") Then {If E23 >= E29 Then "Yes" Else "Deny"} Else "N/A"			
76	Interim claim payment	N/A	If (E26 = "Price interim claim") Then {If E75 = "Yes" Then E23 * E30 Else 0} Else "N/A"			
	CALCULATION OF ALLOWED AMOUNT AND REIMBURSEMENT		If E26 = "Price OPFS" Then "Price OPFS" Else If E26 = "Price DRG" Then E72 Else IF E26 = "Price			
78	Allowed amount	\$8,594.21	Interim Claim" Then E76, rounded to 2 digits			
	Other health coverage	\$0.00	E17			
	Patient liability	\$0.00	E18 If E79 - "Drice ODES" Then "Drice ODES" Flee If (E79 E70 E90) > 0. Then E79 E70 E90 Flee O			
σΊ	Payment amount	\$8,594.21	If E78 = "Price OPFS" Then "Price OPFS" Else If (E78 - E79 - E80) > 0, Then E78 - E79 - E80, Else 0			
	CALC	ULATUR VALUES ARE FOR PU	RPOSES OF ILLUSTRATION ONLY.			

1	C D	E I	F G			
2	Arizona Medicaid DRG Pricing Calculator					
	Draft Arizona Medicaid inpatient DRG pricing calculator.					
3	This version created February 15, 2014. The DRG calculator does NOT estimate AHCCCS quick pay discounts and slow pay penalties.					
		ounts and slow pay penalties.				
4	Indicates data to be input by the user Information	Data	Indicates payment policy parameters set by AHCCCS			
5 6	INFORMATION FROM THE HOSPITAL	Data	Comments or Formula			
7	Submitted charges Date of admission	\$350,000.00 12/15/2013	UB-04 field locator 47 minus FL 48 UB-04 form locator 12			
9	From date of service	12/15/2013	UB-04 form locator 6			
10	Through date of service Was patient Medicaid eligible on day of admission?	12/20/2013 Yes	UB-04 form locator 6 Used for covered days adjustment			
	Was patient Medicaid eligible on day of discharge?	Yes	Used for covered days adjustment			
	Is patient an undocumented alien? Medicaid authorized days (i.e. covered days)	No 5	Used for covered days adjustment Used for covered days adjustment			
15	Patient discharge status	01	UB-04 form locator 17			
	Patient age (in years) Other health coverage	55 \$0.00	Used for age adjustor UB-04 Field Locator 54 for payments by third parties			
18	Patient liability	\$0.00	Includes spend-down and copayment			
	Provider Medicaid ID APR-DRG	529985 302-2	Used for look ups to the provider table - 6 digit number, or "OOS" From separate APR-DRG grouping software			
	LENGTH OF STAY CALCULATION	<u> </u>				
	Length of stay admit to discharge Length of stay From DOS to Through DOS	5 5	If E15 = 20 or E15 = 30 Then (E10 - E8 + 1) Else (E10 - E8) If E15 = 20 or E15 = 30 Then (E10 - E9 + 1) Else (E10 - E9)			
24	Medicaid payable days PRICING METHOD	5	If E13 = "Yes" Then Lessor of E14 And E23 Else E23			
	Pricing Method	Price DRG	If E22 <= 0 Then "Price OPFS" Else If E15 = 30 And E12 = "Yes" Then "Price interim claim" Else			
	PAYMENT POLICY PARAMETERS SET BY AHCCCS	1 HOU DING	"Price DRG"			
28	Age cut-off for age policy adjustor	18	Used for age policy adjustor			
	Interim claim minimum length of stay Interim claim per diem	30 \$500	Used for pricing interim claims Used for pricing interim claims			
	APR-DRG INFORMATION	4000				
32	APR-DRG description	Knee Joint Replacement	Look up from DRG table			
	Average length of stay for this APR-DRG	3.30	Look up from DRG table			
	DRG relative weight Service adjustor	1.6326 1.00	Look up from DRG table Look up from DRG table			
36	Age adjustor	1.00	If recipient age less than or equal to value in E28, then look up from DRG table, Else 1.0			
	Marginal cost percentage HOSPITAL INFORMATION	80%	Look up from DRG table; used for cost outlier adjustments			
	Hospital Name	Banner Good Sam Medical Ctr	Look up from Provider Table			
41	Hospital Category Hospital-specific cost-to-charge ratio	All Other 0.237	Look up from Provider Table Look up from Provider Table; used for cost outlier adjustments			
	Wage adjusted hospital base rate High Medicaid volume hold-harmless adjustor	\$5,430.29 1.0000	Look up from Provider Table Look up from Provider Table			
44	Combined DRG transition and DCI adjustor	0.9694	Look up from Provider Table			
	Outlier fixed-loss threshold PRE-TRANSFER DRG BASE PAYMENT	\$65,000	Look up from Provider Table; used for cost outlier adjustments			
47	Maximum of age/service adjustor	1.00	Greater of E35 and E36			
	Pre-Transfer DRG base payment TRANSFER PAYMENT ADJUSTMENT	\$8,865.49	If (E26 = "Price DRG") Then E42 * E34 * E43 * E47 Else "N/A"			
	Is discharge in transfer policy list?	No N/A	If (E26 = "Price DRG") Then (IF E15 = 02 or 05 or 66 Then "Yes", Else "No") Else "N/A"			
	Is a transfer adjustment potentially applicable? Transfer Base Payment	N/A N/A	If E50 = "Yes" Then {If DRG Base Not IN ("580", "581") Then "Yes", Else "No"}, Else "N/A" If E50 = "Yes", Then (E48 / E33) * (E24 + 1), else "N/A"			
	Is per diem payment amount < full stay base payment?	N/A \$8.865.40	If E50 = "Yes" Then {If (E52 < E48), Then "Yes" else "No"} Else "N/A" If E53 = "Yes" Then E52 Else E48			
55	Full stay DRG base payment COST OUTLIER	\$8,865.49				
	Estimated cost of the stay Cost outlier threshold	\$82,950.00 \$73,865.49	If (E26 = "Price DRG") Then E7 * E41 Else "N/A" If (E26 = "Price DRG") Then E45 + E54 Else "N/A"			
58	Hospital cost above threshold	\$9,084.51	If (E26 = "Price DRG") Then {If E56 > E57 Then E56 - E57, Else 0} Else "N/A"			
	Does this claim require an outlier payment? DRG cost outlier payment increase	Yes \$7,267.61	If (E26 = "Price DRG") Then {If E58 > 0 Then "Yes" Else "No"} Else "N/A" If E59 = "Yes" Then E58 * E37, Else 0			
61	COVERED DAYS PAYMENT ADJUSTMENT (a.k.a. PARTIAL ELIC	BIBILITY ADJUSTMENT)				
	Reduction factor for undocumented alien Reduction factor for Medicaid eligibility gained after admission	N/A N/A	If (E26 = "Price DRG") And (E13 = "Yes") Then (E24 + 1) / E22 Else "N/A" If (E26 = "Price DRG") And (E62 = "N/A") And (E11 = "No") Then (E24 / E22) Else "N/A"			
	Reduction factor for Medicaid eligibility lost before discharge	N/A	If (E26 = "Price DRG") And (E62 = "N/A") And (E63 = "N/A") And (E12 = "No")			
			Then ((E24 + 1) / E33) Else "N/A" If (E26 = "Price DRG") Then {If E62 <> "N/A" Then E62 Else If E63 <> "N/A" Then E63 Else If E64 <>			
	Covered day reduction factor - unadjusted	1.0000	"N/A" Then E64 Else 1.0} Else "N/A"			
	Covered day reduction factor - final Covered-day adjusted DRG base payment	1.0000 \$8,865.49	If (E26 = "Price DRG") Then {If E65 <= 1.0 Then E65 Else 1.0} Else "N/A" If (E26 = "Price DRG") Then E54 * E66 Else "N/A"			
68	Covered-day adjusted DRG outlier payment	\$7,267.61	If (E26 = "Price DRG") Then E60 * E66 Else "N/A"			
	EARLY DRG IMPLEMENTATION PAYMENT ADJUSTMENT - DRG Final adjusted DRG base payment	TRANSITION AND DCI ADJUST \$8,594.21	If (E26 = "Price DRG") Then E67 * E44 Else "N/A"			
71	Final adjusted DRG outlier payment	\$7,045.22	If (E26 = "Price DRG") Then E68 * E44 Else "N/A"			
73	Final Adjusted DRG payment Skip to E78 for final claim payment amount	\$15,639.43	If (E26 = "Price DRG") Then E70 + E71 Else "N/A" Skip to E78 for final claim payment amount			
74	INTERIM CLAIMS Is length of stay >= interim claim threshold?	N/A	If (E26 = "Price interim claim") Then {If E23 >= E29 Then "Yes" Else "Deny"} Else "N/A"			
76	Interim claim payment	N/A	If (E26 = "Price interim claim") Then {If E23 >= E29 Then "Yes" Else "Deny"} Else "N/A" If (E26 = "Price interim claim") Then {If E75 = "Yes" Then E23 * E30 Else 0} Else "N/A"			
77	CALCULATION OF ALLOWED AMOUNT AND REIMBURSEMENT	AMOUNT	If E26 = "Price OPFS" Then "Price OPFS" Else If E26 = "Price DRG" Then E72 Else IF E26 = "Price			
78	Allowed amount	\$15,639.43	Interim Claim" Then E76, rounded to 2 digits			
	Other health coverage	\$0.00 \$0.00	E17 E18			
	Patient liability Payment amount	\$0.00 \$15,639.43	If E78 = "Price OPFS" Then "Price OPFS" Else If (E78 - E79 - E80) > 0, Then E78 - E79 - E80, Else 0			
01			RPOSES OF ILLUSTRATION ONLY.			
	CALC	CLATOR VALUES ARE FOR PUI	NI OOLO OF ILLUOTRATION ONLT.			

1	C D	E I				
2	Arizona Medicaid DRG Pricing Calculator					
3	Draft Arizona Medicaid inpatient DRG pricing calculator. This version created February 15, 2014.					
	The DRG calculator does NOT estimate AHCCCS quick pay disc	ounts and slow pay penalties. -				
4	Indicates data to be input by the user		Indicates payment policy parameters set by AHCCCS			
5	Information INFORMATION FROM THE HOSPITAL	Data	Comments or Formula			
7	Submitted charges	\$350,000.00	UB-04 field locator 47 minus FL 48			
8 a	Date of admission From date of service	12/15/2013 12/15/2013	UB-04 form locator 12 UB-04 form locator 6			
10	Through date of service	12/20/2013	UB-04 form locator 6			
11 12	Was patient Medicaid eligible on day of admission? Was patient Medicaid eligible on day of discharge?	Yes Yes	Used for covered days adjustment Used for covered days adjustment			
13	Is patient an undocumented alien?	No	Used for covered days adjustment			
	Medicaid authorized days (i.e. covered days) Patient discharge status	5 01	Used for covered days adjustment UB-04 form locator 17			
16	Patient age (in years)	8	Used for age adjustor			
	Other health coverage Patient liability	\$0.00 \$0.00	UB-04 Field Locator 54 for payments by third parties Includes spend-down and copayment			
19	Provider Medicaid ID	529985	Used for look ups to the provider table - 6 digit number, or "OOS"			
20 21	APR-DRG LENGTH OF STAY CALCULATION	302-2	From separate APR-DRG grouping software			
	Length of stay admit to discharge	5	If E15 = 20 or E15 = 30 Then (E10 - E8 + 1) Else (E10 - E8)			
	Length of stay From DOS to Through DOS Medicaid payable days	5 5	If E15 = 20 or E15 = 30 Then (E10 - E9 + 1) Else (E10 - E9) If E13 = "Yes" Then Lessor of E14 And E23 Else E23			
25	PRICING METHOD		If EQQ at 0 Then "Drice ODES" Floo If E45 100 And E40 19/2-18 Then "Drive to the desired E40"			
26	Pricing Method	Price DRG	If E22 <= 0 Then "Price OPFS" Else If E15 = 30 And E12 = "Yes" Then "Price interim claim" Else "Price DRG"			
	PAYMENT POLICY PARAMETERS SET BY AHCCCS Age cut-off for age policy adjustor	10	Lised for any policy adjustor			
	Age cut-off for age policy adjustor Interim claim minimum length of stay	18 30	Used for age policy adjustor Used for pricing interim claims			
	Interim claim per diem APR-DRG INFORMATION	\$500	Used for pricing interim claims			
		Knoo Joint Donlooment	Look up from DDC toble			
	APR-DRG description	Knee Joint Replacement	Look up from DRG table			
	Average length of stay for this APR-DRG DRG relative weight	3.30 1.6326	Look up from DRG table Look up from DRG table			
	Service adjustor	1.00	Look up from DRG table			
	Age adjustor Marginal cost percentage	1.25 80%	If recipient age less than or equal to value in E28, then look up from DRG table, Else 1.0 Look up from DRG table; used for cost outlier adjustments			
	HOSPITAL INFORMATION Hospital Name	Banner Good Sam Medical Ctr	Look up from Provider Table			
	Hospital Category	All Other	Look up from Provider Table			
	Hospital-specific cost-to-charge ratio Wage adjusted hospital base rate	0.237 \$5,430.29	Look up from Provider Table; used for cost outlier adjustments Look up from Provider Table			
43	High Medicaid volume hold-harmless adjustor	1.0000	Look up from Provider Table			
	Combined DRG transition and DCI adjustor Outlier fixed-loss threshold	0.9694 \$65,000	Look up from Provider Table Look up from Provider Table; used for cost outlier adjustments			
46	PRE-TRANSFER DRG BASE PAYMENT					
	Maximum of age/service adjustor Pre-Transfer DRG base payment	1.25 \$11,081.86	Greater of E35 and E36 If (E26 = "Price DRG") Then E42 * E34 * E43 * E47 Else "N/A"			
49	TRANSFER PAYMENT ADJUSTMENT					
	Is discharge in transfer policy list? Is a transfer adjustment potentially applicable?	No N/A	If (E26 = "Price DRG") Then {IF E15 = 02 or 05 or 66 Then "Yes", Else "No"} Else "N/A" If E50 = "Yes" Then {If DRG Base Not IN ("580", "581") Then "Yes", Else "No"}, Else "N/A"			
52	Transfer Base Payment	N/A	If E50 = "Yes", Then (E48 / E33) * (E24 + 1), else "N/A"			
	Is per diem payment amount < full stay base payment? Full stay DRG base payment	N/A \$11,081.86	If E50 = "Yes" Then {If (E52 < E48), Then "Yes" else "No"} Else "N/A" If E53 = "Yes" Then E52 Else E48			
55	COST OUTLIER					
	Estimated cost of the stay Cost outlier threshold	\$82,950.00 \$76,081.86	If (E26 = "Price DRG") Then E7 * E41 Else "N/A" If (E26 = "Price DRG") Then E45 + E54 Else "N/A"			
	Hospital cost above threshold Does this claim require an outlier payment?	\$6,868.14 Yes	If (E26 = "Price DRG") Then {If E56 > E57 Then E56 - E57, Else 0} Else "N/A" If (E26 = "Price DRG") Then {If E58 > 0 Then "Yes" Else "No"} Else "N/A"			
	DRG cost outlier payment increase	\$5,494.51	If (E26 = "Price DRG") Then {If E58 > 0 Then "Yes" Else "No"} Else "N/A" If E59 = "Yes" Then E58 * E37, Else 0			
61 62	COVERED DAYS PAYMENT ADJUSTMENT (a.k.a. PARTIAL ELIC Reduction factor for undocumented alien	GIBILITY ADJUSTMENT) N/A	If (E26 = "Price DRG") And (E13 = "Yes") Then (E24 + 1) / E22 Else "N/A"			
	Reduction factor for Medicaid eligibility gained after admission	N/A N/A	If (E26 = "Price DRG") And (E62 = "N/A") And (E11 = "No") Then (E24 / E22) Else "N/A"			
64	Reduction factor for Medicaid eligibility lost before discharge	N/A	If (E26 = "Price DRG") And (E62 = "N/A") And (E63 = "N/A") And (E12 = "No") Then ((E24 + 1) / E33) Else "N/A"			
er.	Covered day reduction factor	4 0000	If (E26 = "Price DRG") Then {If E62 <> "N/A" Then E62 Else If E63 <> "N/A" Then E63 Else If E64 <>			
	Covered day reduction factor - unadjusted	1.0000	"N/A" Then E64 Else 1.0} Else "N/A"			
	Covered day reduction factor - final Covered-day adjusted DRG base payment	1.0000 \$11,081.86	If (E26 = "Price DRG") Then {If E65 <= 1.0 Then E65 Else 1.0} Else "N/A" If (E26 = "Price DRG") Then E54 * E66 Else "N/A"			
68	Covered-day adjusted DRG outlier payment	\$5,494.51	If (E26 = "Price DRG") Then E60 * E66 Else "N/A"			
70	EARLY DRG IMPLEMENTATION PAYMENT ADJUSTMENT - DRG Final adjusted DRG base payment	\$10,742.76	If (E26 = "Price DRG") Then E67 * E44 Else "N/A"			
71	Final adjusted DRG outlier payment Final Adjusted DRG payment	\$5,326.38 \$16,069.14	If (E26 = "Price DRG") Then E68 * E44 Else "N/A" If (E26 = "Price DRG") Then E70 + E71 Else "N/A"			
73	Skip to E78 for final claim payment amount	φ ι υ,υυ ν . 14	Skip to E78 for final claim payment amount			
74	INTERIM CLAIMS Is length of stay >= interim claim threshold?	N/A	If (E26 = "Price interim claim") Then {If E23 >= E29 Then "Yes" Else "Deny"} Else "N/A"			
76	Interim claim payment	N/A	If (E26 = "Price interim claim") Then {If E23 >= E29 Then "Yes" Else "Deny"} Else "N/A" If (E26 = "Price interim claim") Then {If E75 = "Yes" Then E23 * E30 Else 0} Else "N/A"			
77	CALCULATION OF ALLOWED AMOUNT AND REIMBURSEMENT	AMOUNT	If EQC _ "Drice ODEC" They "Drice ODEC" Fire If EQC _ "Drice DDO" They ETC Fire IF EQC _ "Drice			
78	Allowed amount	\$16,069.14	If E26 = "Price OPFS" Then "Price OPFS" Else If E26 = "Price DRG" Then E72 Else IF E26 = "Price Interim Claim" Then E76, rounded to 2 digits			
	Other health coverage	\$0.00	E17			
	Patient liability	\$0.00	E18			
81	Payment amount	\$16,069.14	If E78 = "Price OPFS" Then "Price OPFS" Else If (E78 - E79 - E80) > 0, Then E78 - E79 - E80, Else 0			
	CALC	ULATOR VALUES ARE FOR PU	RPOSES OF ILLUSTRATION ONLY.			

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3	This version created February 15, 2014.					
	The DRG calculator does NOT estimate AHCCCS quick pay disc	ounts and slow pay penaities.				
4	Indicates data to be input by the user		Indicates payment policy parameters set by AHCCCS			
5 6	Information INFORMATION FROM THE HOSPITAL	<u>Data</u>	Comments or Formula			
7	Submitted charges	\$84,000.00	UB-04 field locator 47 minus FL 48			
8	Date of admission From date of service	12/15/2013 12/15/2013	UB-04 form locator 12 UB-04 form locator 6			
10	Through date of service	12/16/2013	UB-04 form locator 6			
11	Was patient Medicaid eligible on day of admission? Was patient Medicaid eligible on day of discharge?	Yes Yes	Used for covered days adjustment Used for covered days adjustment			
13	Is patient an undocumented alien?	No	Used for covered days adjustment			
	Medicaid authorized days (i.e. covered days) Patient discharge status	1 02	Used for covered days adjustment UB-04 form locator 17			
16	Patient age (in years)	55	Used for age adjustor			
	Other health coverage Patient liability	\$0.00 \$0.00	UB-04 Field Locator 54 for payments by third parties Includes spend-down and copayment			
19	Provider Medicaid ID	529985	Used for look ups to the provider table - 6 digit number, or "OOS"			
	APR-DRG LENGTH OF STAY CALCULATION	302-2	From separate APR-DRG grouping software			
22	Length of stay admit to discharge	1	If E15 = 20 or E15 = 30 Then (E10 - E8 + 1) Else (E10 - E8)			
	Length of stay From DOS to Through DOS Medicaid payable days	1 1	If E15 = 20 or E15 = 30 Then (E10 - E9 + 1) Else (E10 - E9) If E13 = "Yes" Then Lessor of E14 And E23 Else E23			
	PRICING METHOD					
26	Pricing Method	Price DRG	If E22 <= 0 Then "Price OPFS" Else If E15 = 30 And E12 = "Yes" Then "Price interim claim" Else "Price DRG"			
	PAYMENT POLICY PARAMETERS SET BY AHCCCS					
	Age cut-off for age policy adjustor Interim claim minimum length of stay	18 30	Used for age policy adjustor Used for pricing interim claims			
30	Interim claim per diem	\$500	Used for pricing interim claims			
	APR-DRG INFORMATION		Leaf and Company DDO (1)			
	APR-DRG description	Knee Joint Replacement	Look up from DRG table			
	Average length of stay for this APR-DRG DRG relative weight	3.30 1.6326	Look up from DRG table Look up from DRG table			
35	Service adjustor	1.00	Look up from DRG table			
	Age adjustor Marginal cost percentage	1.00 80%	If recipient age less than or equal to value in E28, then look up from DRG table, Else 1.0 Look up from DRG table; used for cost outlier adjustments			
38	HOSPITAL INFORMATION					
	Hospital Name Hospital Category	Banner Good Sam Medical Ctr All Other	Look up from Provider Table Look up from Provider Table			
41	Hospital-specific cost-to-charge ratio	0.237	Look up from Provider Table; used for cost outlier adjustments			
	Wage adjusted hospital base rate High Medicaid volume hold-harmless adjustor	\$5,430.29 1.0000	Look up from Provider Table Look up from Provider Table			
44	Combined DRG transition and DCI adjustor	0.9694	Look up from Provider Table			
	Outlier fixed-loss threshold PRE-TRANSFER DRG BASE PAYMENT	\$65,000	Look up from Provider Table; used for cost outlier adjustments			
47	Maximum of age/service adjustor	1.00	Greater of E35 and E36			
	Pre-Transfer DRG base payment TRANSFER PAYMENT ADJUSTMENT	\$8,865.49	If (E26 = "Price DRG") Then E42 * E34 * E43 * E47 Else "N/A"			
50	Is discharge in transfer policy list?	Yes	If (E26 = "Price DRG") Then {IF E15 = 02 or 05 or 66 Then "Yes", Else "No"} Else "N/A"			
	Is a transfer adjustment potentially applicable? Transfer Base Payment	Yes \$5,373.03	If E50 = "Yes" Then {If DRG Base Not IN ("580", "581") Then "Yes", Else "No"}, Else "N/A" If E50 = "Yes", Then (E48 / E33) * (E24 + 1), else "N/A"			
53	Is per diem payment amount < full stay base payment?	Yes	If E50 = "Yes" Then {If (E52 < E48), Then "Yes" else "No"} Else "N/A"			
	Full stay DRG base payment COST OUTLIER	\$5,373.03	If E53 = "Yes" Then E52 Else E48			
56	Estimated cost of the stay	\$19,908.00 \$70,373.03	If (E26 = "Price DRG") Then E7 * E41 Else "N/A"			
	Cost outlier threshold Hospital cost above threshold	\$70,373.03 \$0.00	If (E26 = "Price DRG") Then E45 + E54 Else "N/A" If (E26 = "Price DRG") Then {If E56 > E57 Then E56 - E57, Else 0} Else "N/A"			
59	Does this claim require an outlier payment?	No	If (E26 = "Price DRG") Then {If E58 > 0 Then "Yes" Else "No"} Else "N/A"			
61	DRG cost outlier payment increase COVERED DAYS PAYMENT ADJUSTMENT (a.k.a. PARTIAL ELIC	\$0.00 GIBILITY ADJUSTMENT)	If E59 = "Yes" Then E58 * E37, Else 0			
_	Reduction factor for undocumented alien Reduction factor for Medicaid eligibility gained after admission	N/A N/A	If (E26 = "Price DRG") And (E13 = "Yes") Then (E24 + 1) / E22 Else "N/A" If (E26 = "Price DRG") And (E62 = "N/A") And (E11 = "No") Then (E24 / E22) Else "N/A"			
	Reduction factor for Medicaid eligibility gained after admission		If (E26 = "Price DRG") And (E62 = "N/A") And (E11 = "No") Then (E24 / E22) Else "N/A" If (E26 = "Price DRG") And (E62 = "N/A") And (E63 = "N/A") And (E12 = "No")			
ъ4	Reduction factor for Medicaid eligibility lost before discharge	N/A	Then ((E24 + 1) / E33) Else "N/A"			
65	Covered day reduction factor - unadjusted	1.0000	If (E26 = "Price DRG") Then {If E62 <> "N/A" Then E62 Else If E63 <> "N/A" Then E63 Else If E64 <> "N/A" Then E64 Else 1.0} Else "N/A"			
	Covered day reduction factor - final	1.0000	If (E26 = "Price DRG") Then {If E65 <= 1.0 Then E65 Else 1.0} Else "N/A"			
	Covered-day adjusted DRG base payment Covered-day adjusted DRG outlier payment	\$5,373.03 \$0.00	If (E26 = "Price DRG") Then E54 * E66 Else "N/A" If (E26 = "Price DRG") Then E60 * E66 Else "N/A"			
69	EARLY DRG IMPLEMENTATION PAYMENT ADJUSTMENT - DRG	TRANSITION AND DCI ADJUST	MENTS			
	Final adjusted DRG base payment Final adjusted DRG outlier payment	\$5,208.61 \$0.00	If (E26 = "Price DRG") Then E67 * E44 Else "N/A" If (E26 = "Price DRG") Then E68 * E44 Else "N/A"			
72	Final Adjusted DRG payment	\$5,208.61	If (E26 = "Price DRG") Then E70 + E71 Else "N/A"			
	Skip to E78 for final claim payment amount INTERIM CLAIMS		Skip to E78 for final claim payment amount			
75	Is length of stay >= interim claim threshold?	N/A	If (E26 = "Price interim claim") Then {If E23 >= E29 Then "Yes" Else "Deny"} Else "N/A"			
	Interim claim payment CALCULATION OF ALLOWED AMOUNT AND REIMBURSEMENT	N/A AMOUNT	If (E26 = "Price interim claim") Then {If E75 = "Yes" Then E23 * E30 Else 0} Else "N/A"			
	Allowed amount	\$5,208.61	If E26 = "Price OPFS" Then "Price OPFS" Else If E26 = "Price DRG" Then E72 Else IF E26 = "Price			
	Other health coverage	\$0.00	Interim Claim" Then E76, rounded to 2 digits E17			
	Patient liability	\$0.00	E18			
81	Payment amount	\$5,208.61	If E78 = "Price OPFS" Then "Price OPFS" Else If (E78 - E79 - E80) > 0, Then E78 - E79 - E80, Else 0			