

## YH26-0001 EXHIBIT C - Transplant Outlier Payment Calculation

### Transplant Outlier Payment Calculation (all case types)

Date

Facility Name & AHCCCS Provider ID#

Health Plan/Contractor ID #

Member Name & AHCCCS ID #

Gray cells = input necessary

Total Stage Billed Charges for Case	Billed Charges Total (Including Denied/Non-Payable)

#### Outlier Stage Calculation of Billing Components

	<u>Calculation</u>
1. Total Billed Charges <i>(Note the worksheet will autofill this cell)</i>	-
2. Less: Cord Blood Procurement (Includes *NMDP Charges) <i>Note the worksheet will autofill this cell</i>	-
3. Less: Denied Charges (Excluding OPFS non-payable Charges) <i>Enter as a positive number worksheet will subtract</i>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
4. Less: Outlier Threshold Amount (refer to specific rate sheet)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
5. Charges above Outlier Threshold	-
6. Multiply the charges above threshold at 50% or Hospital Specific CCR <i>(Refer to specific rate sheet and adjust the formula)</i>	-
<i>The result is the amount the facility bills AHCCCS or the Contracted Health Plan for the Transplant Outlier Payment</i>	

\* National Marrow Donor Program