

	C	D	E	F	G
1	<b>Arizona Medicaid DRG Pricing Calculator</b>				
2	Draft Arizona Medicaid inpatient DRG pricing calculator.				
3	This version created February 15, 2014.				
4	The DRG calculator does NOT estimate AHCCCS quick pay discounts and slow pay penalties.				
5	Indicates data to be input by the user		Indicates payment policy parameters set by AHCCCS		
6	Information		Data	Comments or Formula	
7	<b>INFORMATION FROM THE HOSPITAL</b>				
7	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		12/15/2013		UB-04 form locator 6
10	Through date of service		12/20/2013		UB-04 form locator 6
11	Was patient Medicaid eligible on day of admission?		Yes		Used for covered days adjustment
12	Was patient Medicaid eligible on day of discharge?		Yes		Used for covered days adjustment
13	Is patient an undocumented alien?		No		Used for covered days adjustment
14	Medicaid authorized days (i.e. covered days)		5		Used for covered days adjustment
15	Patient discharge status		01		UB-04 form locator 17
16	Patient age (in years)		55		Used for age adjustor
17	Other health coverage		\$0.00		UB-04 Field Locator 54 for payments by third parties
18	Patient liability		\$0.00		Includes spend-down and copayment
19	Provider Medicaid ID		529985		Used for look ups to the provider table - 6 digit number, or "OOS"
20	APR-DRG		302-2		From separate APR-DRG grouping software
21	<b>LENGTH OF STAY CALCULATION</b>				
22	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		5		If E13 = "Yes" Then Lessor of E14 And E23 Else E23
25	<b>PRICING METHOD</b>				
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"
27	<b>PAYMENT POLICY PARAMETERS SET BY AHCCCS</b>				
28	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
30	Interim claim per diem		\$500		Used for pricing interim claims
31	<b>APR-DRG INFORMATION</b>				
32	APR-DRG description		Knee Joint Replacement		Look up from DRG table
33	Average length of stay for this APR-DRG		3.30		Look up from DRG table
34	DRG relative weight		1.6326		Look up from DRG table
35	Service adjustor		1.00		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
37	Marginal cost percentage		80%		Look up from DRG table; used for cost outlier adjustments
38	<b>HOSPITAL INFORMATION</b>				
39	Hospital Name		Banner Good Sam Medical Ctr		Look up from Provider Table
40	Hospital Category		All Other		Look up from Provider Table
41	Hospital-specific cost-to-charge ratio		0.237		Look up from Provider Table; used for cost outlier adjustments
42	Wage adjusted hospital base rate		\$5,430.29		Look up from Provider Table
43	High Medicaid volume hold-harmless adjustor		1.0000		Look up from Provider Table
44	Combined DRG transition and DCI adjustor		0.9694		Look up from Provider Table
45	Outlier fixed-loss threshold		\$65,000		Look up from Provider Table; used for cost outlier adjustments
46	<b>PRE-TRANSFER DRG BASE PAYMENT</b>				
47	Maximum of age/service adjustor		1.00		Greater of E35 and E36
48	Pre-Transfer DRG base payment		\$8,865.49		If (E26 = "Price DRG") Then E42 * E34 * E43 * E47 Else "N/A"
49	<b>TRANSFER PAYMENT ADJUSTMENT</b>				
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"
51	Is a transfer adjustment potentially applicable?		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"
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"
54	Full stay DRG base payment		\$8,865.49		If E53 = "Yes" Then E52 Else E48
55	<b>COST OUTLIER</b>				
56	Estimated cost of the stay		\$19,908.00		If (E26 = "Price DRG") Then E7 * E41 Else "N/A"
57	Cost outlier threshold		\$73,865.49		If (E26 = "Price DRG") Then E45 + E54 Else "N/A"
58	Hospital cost above threshold		\$0.00		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"
60	DRG cost outlier payment increase		\$0.00		If E59 = "Yes" Then E58 * E37, Else 0
61	<b>COVERED DAYS PAYMENT ADJUSTMENT (a.k.a. PARTIAL ELIGIBILITY ADJUSTMENT)</b>				
62	Reduction factor for undocumented alien		N/A		If (E26 = "Price DRG") And (E13 = "Yes") Then (E24 + 1) / E22 Else "N/A"
63	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"
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"
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"
66	Covered day reduction factor - final		1.0000		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"
68	Covered-day adjusted DRG outlier payment		\$0.00		If (E26 = "Price DRG") Then E60 * E66 Else "N/A"
69	<b>EARLY DRG IMPLEMENTATION PAYMENT ADJUSTMENT - DRG TRANSITION AND DCI ADJUSTMENTS</b>				
70	Final adjusted DRG base payment		\$8,594.21		If (E26 = "Price DRG") Then E67 * E44 Else "N/A"
71	Final adjusted DRG outlier payment		\$0.00		If (E26 = "Price DRG") Then E68 * E44 Else "N/A"
72	Final Adjusted DRG payment		\$8,594.21		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
74	<b>INTERIM CLAIMS</b>				
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"
76	Interim claim payment		N/A		If (E26 = "Price interim claim") Then (If E75 = "Yes" Then E23 * E30 Else 0) Else "N/A"
77	<b>CALCULATION OF ALLOWED AMOUNT AND REIMBURSEMENT AMOUNT</b>				
78	Allowed amount		\$8,594.21		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
79	Other health coverage		\$0.00		E17
80	Patient liability		\$0.00		E18
81	Payment amount		\$8,594.21		If E78 = "Price OPFS" Then "Price OPFS" Else If (E78 - E79 - E80) > 0, Then E78 - E79 - E80, Else 0

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3	This version created February 15, 2014.				
4	The DRG calculator does NOT estimate AHCCCS quick pay discounts and slow pay penalties.				
5	Indicates data to be input by the user		Indicates payment policy parameters set by AHCCCS		
6	Information		Data	Comments or Formula	
7	<b>INFORMATION FROM THE HOSPITAL</b>				
7	Submitted charges		\$350,000.00		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		12/15/2013		UB-04 form locator 6
10	Through date of service		12/20/2013		UB-04 form locator 6
11	Was patient Medicaid eligible on day of admission?		Yes		Used for covered days adjustment
12	Was patient Medicaid eligible on day of discharge?		Yes		Used for covered days adjustment
13	Is patient an undocumented alien?		No		Used for covered days adjustment
14	Medicaid authorized days (i.e. covered days)		5		Used for covered days adjustment
15	Patient discharge status		01		UB-04 form locator 17
16	Patient age (in years)		55		Used for age adjustor
17	Other health coverage		\$0.00		UB-04 Field Locator 54 for payments by third parties
18	Patient liability		\$0.00		Includes spend-down and copayment
19	Provider Medicaid ID		529985		Used for look ups to the provider table - 6 digit number, or "OOS"
20	APR-DRG		302-2		From separate APR-DRG grouping software
21	<b>LENGTH OF STAY CALCULATION</b>				
22	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		5		If E13 = "Yes" Then Lessor of E14 And E23 Else E23
25	<b>PRICING METHOD</b>				
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"
27	<b>PAYMENT POLICY PARAMETERS SET BY AHCCCS</b>				
28	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
30	Interim claim per diem		\$500		Used for pricing interim claims
31	<b>APR-DRG INFORMATION</b>				
32	APR-DRG description		Knee Joint Replacement		Look up from DRG table
33	Average length of stay for this APR-DRG		3.30		Look up from DRG table
34	DRG relative weight		1.6326		Look up from DRG table
35	Service adjustor		1.00		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
37	Marginal cost percentage		80%		Look up from DRG table; used for cost outlier adjustments
38	<b>HOSPITAL INFORMATION</b>				
39	Hospital Name		Banner Good Sam Medical Ctr		Look up from Provider Table
40	Hospital Category		All Other		Look up from Provider Table
41	Hospital-specific cost-to-charge ratio		0.237		Look up from Provider Table; used for cost outlier adjustments
42	Wage adjusted hospital base rate		\$5,430.29		Look up from Provider Table
43	High Medicaid volume hold-harmless adjustor		1.0000		Look up from Provider Table
44	Combined DRG transition and DCI adjustor		0.9694		Look up from Provider Table
45	Outlier fixed-loss threshold		\$65,000		Look up from Provider Table; used for cost outlier adjustments
46	<b>PRE-TRANSFER DRG BASE PAYMENT</b>				
47	Maximum of age/service adjustor		1.00		Greater of E35 and E36
48	Pre-Transfer DRG base payment		\$8,865.49		If (E26 = "Price DRG") Then E42 * E34 * E43 * E47 Else "N/A"
49	<b>TRANSFER PAYMENT ADJUSTMENT</b>				
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"
51	Is a transfer adjustment potentially applicable?		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"
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"
54	Full stay DRG base payment		\$8,865.49		If E53 = "Yes" Then E52 Else E48
55	<b>COST OUTLIER</b>				
56	Estimated cost of the stay		\$82,950.00		If (E26 = "Price DRG") Then E7 * E41 Else "N/A"
57	Cost outlier threshold		\$73,865.49		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"
59	Does this claim require an outlier payment?		Yes		If (E26 = "Price DRG") Then (If E58 > 0 Then "Yes" Else "No") Else "N/A"
60	DRG cost outlier payment increase		\$7,267.61		If E59 = "Yes" Then E58 * E37, Else 0
61	<b>COVERED DAYS PAYMENT ADJUSTMENT (a.k.a. PARTIAL ELIGIBILITY ADJUSTMENT)</b>				
62	Reduction factor for undocumented alien		N/A		If (E26 = "Price DRG") And (E13 = "Yes") Then (E24 + 1) / E22 Else "N/A"
63	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"
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"
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"
66	Covered day reduction factor - final		1.0000		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"
68	Covered-day adjusted DRG outlier payment		\$7,267.61		If (E26 = "Price DRG") Then E60 * E66 Else "N/A"
69	<b>EARLY DRG IMPLEMENTATION PAYMENT ADJUSTMENT - DRG TRANSITION AND DCI ADJUSTMENTS</b>				
70	Final adjusted DRG base payment		\$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"
72	Final Adjusted DRG payment		\$15,639.43		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
74	<b>INTERIM CLAIMS</b>				
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"
76	Interim claim payment		N/A		If (E26 = "Price interim claim") Then (If E75 = "Yes" Then E23 * E30 Else 0) Else "N/A"
77	<b>CALCULATION OF ALLOWED AMOUNT AND REIMBURSEMENT AMOUNT</b>				
78	Allowed amount		\$15,639.43		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
79	Other health coverage		\$0.00		E17
80	Patient liability		\$0.00		E18
81	Payment amount		\$15,639.43		If E78 = "Price OPFS" Then "Price OPFS" Else If (E78 - E79 - E80) > 0, Then E78 - E79 - E80, Else 0

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9	From date of service	12/15/2013	UB-04 form locator 6		
10	Through date of service	12/20/2013	UB-04 form locator 6		
11	Was patient Medicaid eligible on day of admission?	Yes	Used for covered days adjustment		
12	Was patient Medicaid eligible on day of discharge?	Yes	Used for covered days adjustment		
13	Is patient an undocumented alien?	No	Used for covered days adjustment		
14	Medicaid authorized days (i.e. covered days)	5	Used for covered days adjustment		
15	Patient discharge status	01	UB-04 form locator 17		
16	Patient age (in years)	8	Used for age adjustor		
17	Other health coverage	\$0.00	UB-04 Field Locator 54 for payments by third parties		
18	Patient liability	\$0.00	Includes spend-down and copayment		
19	Provider Medicaid ID	529985	Used for look ups to the provider table - 6 digit number, or "OOS"		
20	APR-DRG	302-2	From separate APR-DRG grouping software		
21	<b>LENGTH OF STAY CALCULATION</b>				
22	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	5	If E13 = "Yes" Then Lessor of E14 And E23 Else E23		
25	<b>PRICING METHOD</b>				
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"		
27	<b>PAYMENT POLICY PARAMETERS SET BY AHCCCS</b>				
28	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		
30	Interim claim per diem	\$500	Used for pricing interim claims		
31	<b>APR-DRG INFORMATION</b>				
32	APR-DRG description	Knee Joint Replacement	Look up from DRG table		
33	Average length of stay for this APR-DRG	3.30	Look up from DRG table		
34	DRG relative weight	1.6326	Look up from DRG table		
35	Service adjustor	1.00	Look up from DRG table		
36	Age adjustor	1.25	If recipient age less than or equal to value in E28, then look up from DRG table, Else 1.0		
37	Marginal cost percentage	80%	Look up from DRG table; used for cost outlier adjustments		
38	<b>HOSPITAL INFORMATION</b>				
39	Hospital Name	Banner Good Sam Medical Ctr	Look up from Provider Table		
40	Hospital Category	All Other	Look up from Provider Table		
41	Hospital-specific cost-to-charge ratio	0.237	Look up from Provider Table; used for cost outlier adjustments		
42	Wage adjusted hospital base rate	\$5,430.29	Look up from Provider Table		
43	High Medicaid volume hold-harmless adjustor	1.0000	Look up from Provider Table		
44	Combined DRG transition and DCI adjustor	0.9694	Look up from Provider Table		
45	Outlier fixed-loss threshold	\$65,000	Look up from Provider Table; used for cost outlier adjustments		
46	<b>PRE-TRANSFER DRG BASE PAYMENT</b>				
47	Maximum of age/service adjustor	1.25	Greater of E35 and E36		
48	Pre-Transfer DRG base payment	\$11,081.86	If (E26 = "Price DRG") Then E42 * E34 * E43 * E47 Else "N/A"		
49	<b>TRANSFER PAYMENT ADJUSTMENT</b>				
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"		
51	Is a transfer adjustment potentially applicable?	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"		
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"		
54	Full stay DRG base payment	\$11,081.86	If E53 = "Yes" Then E52 Else E48		
55	<b>COST OUTLIER</b>				
56	Estimated cost of the stay	\$82,950.00	If (E26 = "Price DRG") Then E7 * E41 Else "N/A"		
57	Cost outlier threshold	\$76,081.86	If (E26 = "Price DRG") Then E45 + E54 Else "N/A"		
58	Hospital cost above threshold	\$6,868.14	If (E26 = "Price DRG") Then (If E56 > E57 Then E56 - E57, Else 0) Else "N/A"		
59	Does this claim require an outlier payment?	Yes	If (E26 = "Price DRG") Then (If E58 > 0 Then "Yes" Else "No") Else "N/A"		
60	DRG cost outlier payment increase	\$5,494.51	If E59 = "Yes" Then E58 * E37, Else 0		
61	<b>COVERED DAYS PAYMENT ADJUSTMENT (a.k.a. PARTIAL ELIGIBILITY ADJUSTMENT)</b>				
62	Reduction factor for undocumented alien	N/A	If (E26 = "Price DRG") And (E13 = "Yes") Then (E24 + 1) / E22 Else "N/A"		
63	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"		
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"		
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"		
66	Covered day reduction factor - final	1.0000	If (E26 = "Price DRG") Then (If E65 <= 1.0 Then E65 Else 1.0) Else "N/A"		
67	Covered-day adjusted DRG base payment	\$11,081.86	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"		
69	<b>EARLY DRG IMPLEMENTATION PAYMENT ADJUSTMENT - DRG TRANSITION AND DCI ADJUSTMENTS</b>				
70	Final adjusted DRG base payment	\$10,742.76	If (E26 = "Price DRG") Then E67 * E44 Else "N/A"		
71	Final adjusted DRG outlier payment	\$5,326.38	If (E26 = "Price DRG") Then E68 * E44 Else "N/A"		
72	Final Adjusted DRG payment	\$16,069.14	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		
74	<b>INTERIM CLAIMS</b>				
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"		
76	Interim claim payment	N/A	If (E26 = "Price interim claim") Then (If E75 = "Yes" Then E23 * E30 Else 0) Else "N/A"		
77	<b>CALCULATION OF ALLOWED AMOUNT AND REIMBURSEMENT AMOUNT</b>				
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		
79	Other health coverage	\$0.00	E17		
80	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		

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6	Information		Data	Comments or Formula	
7	<b>INFORMATION FROM THE HOSPITAL</b>				
7	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		12/15/2013		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?		Yes		Used for covered days adjustment
12	Was patient Medicaid eligible on day of discharge?		Yes		Used for covered days adjustment
13	Is patient an undocumented alien?		No		Used for covered days adjustment
14	Medicaid authorized days (i.e. covered days)		1		Used for covered days adjustment
15	Patient discharge status		02		UB-04 form locator 17
16	Patient age (in years)		55		Used for age adjustor
17	Other health coverage		\$0.00		UB-04 Field Locator 54 for payments by third parties
18	Patient liability		\$0.00		Includes spend-down and copayment
19	Provider Medicaid ID		529985		Used for look ups to the provider table - 6 digit number, or "OOS"
20	APR-DRG		302-2		From separate APR-DRG grouping software
21	<b>LENGTH OF STAY CALCULATION</b>				
22	Length of stay admit to discharge		1		If E15 = 20 or E15 = 30 Then (E10 - E8 + 1) Else (E10 - E8)
23	Length of stay From DOS to Through DOS		1		If E15 = 20 or E15 = 30 Then (E10 - E9 + 1) Else (E10 - E9)
24	Medicaid payable days		1		If E13 = "Yes" Then Lessor of E14 And E23 Else E23
25	<b>PRICING METHOD</b>				
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"
27	<b>PAYMENT POLICY PARAMETERS SET BY AHCCCS</b>				
28	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
30	Interim claim per diem		\$500		Used for pricing interim claims
31	<b>APR-DRG INFORMATION</b>				
32	APR-DRG description		Knee Joint Replacement		Look up from DRG table
33	Average length of stay for this APR-DRG		3.30		Look up from DRG table
34	DRG relative weight		1.6326		Look up from DRG table
35	Service adjustor		1.00		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
37	Marginal cost percentage		80%		Look up from DRG table; used for cost outlier adjustments
38	<b>HOSPITAL INFORMATION</b>				
39	Hospital Name		Banner Good Sam Medical Ctr		Look up from Provider Table
40	Hospital Category		All Other		Look up from Provider Table
41	Hospital-specific cost-to-charge ratio		0.237		Look up from Provider Table; used for cost outlier adjustments
42	Wage adjusted hospital base rate		\$5,430.29		Look up from Provider Table
43	High Medicaid volume hold-harmless adjustor		1.0000		Look up from Provider Table
44	Combined DRG transition and DCI adjustor		0.9694		Look up from Provider Table
45	Outlier fixed-loss threshold		\$65,000		Look up from Provider Table; used for cost outlier adjustments
46	<b>PRE-TRANSFER DRG BASE PAYMENT</b>				
47	Maximum of age/service adjustor		1.00		Greater of E35 and E36
48	Pre-Transfer DRG base payment		\$8,865.49		If (E26 = "Price DRG") Then E42 * E34 * E43 * E47 Else "N/A"
49	<b>TRANSFER PAYMENT ADJUSTMENT</b>				
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"
51	Is a transfer adjustment potentially applicable?		Yes		If E50 = "Yes" Then (If DRG Base Not IN ("580", "581") Then "Yes", Else "No"), Else "N/A"
52	Transfer Base Payment		\$5,373.03		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"
54	Full stay DRG base payment		\$5,373.03		If E53 = "Yes" Then E52 Else E48
55	<b>COST OUTLIER</b>				
56	Estimated cost of the stay		\$19,908.00		If (E26 = "Price DRG") Then E7 * E41 Else "N/A"
57	Cost outlier threshold		\$70,373.03		If (E26 = "Price DRG") Then E45 + E54 Else "N/A"
58	Hospital cost above threshold		\$0.00		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"
60	DRG cost outlier payment increase		\$0.00		If E59 = "Yes" Then E58 * E37, Else 0
61	<b>COVERED DAYS PAYMENT ADJUSTMENT (a.k.a. PARTIAL ELIGIBILITY ADJUSTMENT)</b>				
62	Reduction factor for undocumented alien		N/A		If (E26 = "Price DRG") And (E13 = "Yes") Then (E24 + 1) / E22 Else "N/A"
63	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"
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"
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"
66	Covered day reduction factor - final		1.0000		If (E26 = "Price DRG") Then (If E65 <= 1.0 Then E65 Else 1.0) Else "N/A"
67	Covered-day adjusted DRG base payment		\$5,373.03		If (E26 = "Price DRG") Then E54 * E66 Else "N/A"
68	Covered-day adjusted DRG outlier payment		\$0.00		If (E26 = "Price DRG") Then E60 * E66 Else "N/A"
69	<b>EARLY DRG IMPLEMENTATION PAYMENT ADJUSTMENT - DRG TRANSITION AND DCI ADJUSTMENTS</b>				
70	Final adjusted DRG base payment		\$5,208.61		If (E26 = "Price DRG") Then E67 * E44 Else "N/A"
71	Final adjusted DRG outlier payment		\$0.00		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"
73	Skip to E78 for final claim payment amount				Skip to E78 for final claim payment amount
74	<b>INTERIM CLAIMS</b>				
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"
76	Interim claim payment		N/A		If (E26 = "Price interim claim") Then (If E75 = "Yes" Then E23 * E30 Else 0) Else "N/A"
77	<b>CALCULATION OF ALLOWED AMOUNT AND REIMBURSEMENT AMOUNT</b>				
78	Allowed amount		\$5,208.61		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
79	Other health coverage		\$0.00		E17
80	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

CALCULATOR VALUES ARE FOR PURPOSES OF ILLUSTRATION ONLY.