MEDICAID - TRADITIONAL
INLIER PAYMENT
(Out-of-State Hospitals)

Line	Calculation Elements	Traditional Medicaid Fee For Service (Out-of-State)
INLIER PAYMENT:		**Data Source and Formulas**
	CALCULATION OF INLIER PAYMENT:	
1	Discharge Case Payment Rate (Without IME for Medicaid Managed Care)	OOS_MA_FFS_Acute_Rate Code 2953_Col 1
2.	Per Case Service Intensity Weight for DRG Classification	SIW APR-DRG Table (DOH*)
3.	Case Mix Adjusted Discharge Payment	Line 1 x Line 2
4.	Direct Medical Education (DME) Add-On	OOS_MA_FFS_Acute_Rate Code 2589_Col 3
5.	Capital per Discharge Rates (plus non-comparable add-ons where applicable)	OOS_MA_FFS_Acute_Rate Code 2990_Col 6
6.	Inlier DRG Payment	Line 3 + Line 4 + Line 5
ALTERNATE LEVEL OF CARE (ALC) PAYMENT:		
7.	CALCULATION OF ALC PAYMENT:	
(a)	Alternate Level of Care (ALC) Price Per Day	OOS_MA_FFS_Acute_Rate Code 2950, 2951_Col 4, Col 5
(b)	Alternate Level of Care (ALC) Days	Medical Record
(c)	Total ALC Payment	Line 7a x Line 7b
TOTAL PAYMENT AMOUNT:		
8.	Total Inlier with ALC Payment at 100%	Line 6 + Line 7c
MEDICAID SURCHARGE CALCULATION:		
A	Medicaid Surcharge (Indigent Care and Health Care Initiative Surcharge)	4/1/09 Forward ==> 7.04%
B	Medicaid Surcharge Amount	Line 8 x Line A
C	Payment to Hospital if Provider Signed Authorization for Medicaid Direct Payment of Surcharge to the Pool Administrator.	Line 8
D	Payment to Hospital if Provider Did Not Sign Authorization for Medicaid Direct Payments - Hospital Pays Surcharge to the Pool Administrator.	Line 8 + Line B
* The SIW APR-DRG Table is available on the DOH public website at: http://www.nyhealth.gov/facilities/hospital/reimbursement/apr-drg/weights/		

MEDICAID - TRADITIONAL
TRANSFER PAYMENT
(Out-of-State Hospitals)

	Total Transfer Payment cannot exceed the amount that would have been paid if the patient had been discharged (Inlier)	
Line	**Calculation Elements**	**Traditional Medicaid Fee For Service** (Out-of-State)
TRANSFER DATA:		*Data Source and Formulas*
1.	**TRANSFER DAYS DETERMINATION:**	
(a)	Total Number of Days in Stay (inc. ALC)	**Medical Record**
(b)	Alternate Level of Care (ALC) Days	**Medical Record**
(c)	Number of Days excluding ALC	**Line 1a - 1b**
2.	Is this Case a Transfer?	**Your Hospital Data**
	Do not use this methodology for patients assigned to a DRG specifically designated as a DRG for transfer patient only [i.e., neonate transferred < 5 days (DRGs 580 & 581)].	
CALCULATION OF TRANSFER PAYMENT:		
3.	Discharge Case Payment Rate	**OOS_MA_FFS_Acute_Rate Code 2953_Col 1**
4.	Per Case Service Intensity Weight for DRG Classification	**SIW APR-DRG Table (DOH*)**
5.	Case Mix Adjusted Discharge Payment	**Line 3 x Line 4**
6.	Statewide Average Arithmetic Inlier LOS for DRG	**SIW APR-DRG Table (DOH*)**
7.	Average Inlier Cost Per Day	**Line 5 / Line 6**
8.	**TRANSFER ADJUSTMENT FACTOR:**	
(a)	If Statewide Average Arithmetic Inlier LOS for the DRG = 1, then Transfer Adj. Factor is 100% *OR*	**100%** *or*
(b)	If Group Average Arithmetic Inlier LOS for the DRG > 1, then Transfer Adj. Factor is 120%	**120%**
9.	Transfer DRG Cost Per Day	**Line 7 x Line 8a (or 8b)**
10.	Case Payment Capital per Diem	**OOS_MA_FFS_Acute_Rate Code 2991_Col 7**
11.	Total Transfer Cost Per Diem	**Line 9 + Line 10**

MEDICAID - TRADITIONAL
TRANSFER PAYMENT
(Out-of-State Hospitals)

Line	Calculation Elements	Traditional Medicaid Fee For Service (Out-of-State)
TRANSFER PAYMENT:		*Data Source and Formulas*
12.	Transfer Payment Amount excluding DME	Line 11 x Line 1c
13.	Direct Medical Education (DME) Add-On	OOS_MA_FFS_Acute_Rate Code 2589_Col 3
14.	Transfer Payment Amount Before ALC	Line 12 + Line 13
15.	Discharge DRG Test:	
(a)	Inlier DRG Before ALC	Inlier Tab, Line 6
16.	Total Transfer Payment Before ALC	Lesser of Line 14 or Line 15a
17.	Total ALC Payment	Inlier Tab, Line 7c
18.	Total Transfer with ALC Payment at 100%	Line 16 + Line 17
MEDICAID SURCHARGE CALCULATION:		*Data Source and Formulas*
A	Medicaid Surcharge (Indigent Care and Health Care Initiative Surcharge)	4/1/09 Forward ==> 7.04%
B	Medicaid Surcharge Amount	Line 18 x Line A
C	Payment to Hospital if Provider Signed Authorization for Medicaid Direct Payment of Surcharge to the Pool Administrator.	Line 18
D	Payment to Hospital if Provider Did Not Sign Authorization for Medicaid Direct Payments - Hospital Pays Surcharge to Pool Administrator.	Line 18 + Line B
* The SIW APR-DRG Table is available on the DOH public website at: http://www.nyhealth.gov/facilities/hospital/reimbursement/apr-drg/weights/		

Sample Payment
Calculation Worksheet

**MEDICAID - TRADITIONAL
HIGH COST OUTLIER PAYMENT
(Out-of-State Hospitals)**

NYSDOH

HIGH COST OUTLIER PAYMENT IS IN ADDITION TO INLIER PAYMENT CALCULATED ON THE INLIER WORKSHEET TAB.		
Line	**Calculation Elements**	**Traditional Medicaid Fee For Service** (Out-of-State)
HIGH COST OUTLIER PAYMENT:		*Data Source and Formulas*
1.	**Total Inpatient Gross Charges Per Patient UB-92, HCFA 1450**	**Charge Master**
2.	**Adjustment to Total Inpatient Gross Charges:**	
	a. Telephone and Telegraph	**Charge Master**
	b. Television and Radio	**Charge Master**
	c. Private Room Differential	**Charge Master**
	d. Other Non-Covered	**Charge Master**
	e. Gross Charges for all ALC Days	**Charge Master**
	f. Total Adjustments	**Sum of Lines 2a thru 2e**
3.	**Net Inpatient Gross Charges**	**Line 1 - Line 2f**
4.	**High Cost Charge Converter**	**OOS_MA_FFS_Acute_Rate Code 2953_Col 9**
5.	**Net Inpatient Gross Charges Converted to Costs**	**Line 3 x Line 4**
6.	***Threshold Calculation:***	
	a. APR-DRG Cost Outlier Threshold	**Outlier Threshold Table (DOH*)**
	b. Institution-Specific Adjustment Factor (ISAF/WEF)	**OOS_MA_FFS_Acute_Rate Code 2953_Col 8**
	c. Adjusted Cost Outlier Threshold	**Line 6a x Line 6b**
7.	***High Cost Payment Test:***	
	a. Do costs exceed the threshold?	**Is Line 5 > 6c?**
	b. Does the case involve a Transfer?	**Determination per Your Hospital Data**
CONTINUE WITH CALCULATION IF LINE 7a= "Yes" AND THE CASE IS NOT A TRANSFER.		
[High Cost Outlier does not apply to Transfer Cases (other than patients assigned to transfer DRGs) per 86-1.21.]		
HIGH COST OUTLIER PAYMENT:		*Data Source and Formulas*
8.	**High Cost Outlier Payment before Inlier and ALC (100% of costs above adjusted threshold)**	**Line 5 - Line 6c**
9.	**Total Inlier with ALC Payment at 100%**	**Inlier Worksheet Tab, Line 8**
10.	**Total Payment to Provider at 100%**	**Line 8 + Line 9**

MEDICAID - TRADITIONAL
HIGH COST OUTLIER PAYMENT
(Out-of-State Hospitals)

Line	Calculation Elements	Traditional Medicaid Fee For Service (Out-of-State)
MEDICAID SURCHARGE CALCULATION:		*Data Source and Formulas*
A	Medicaid Surcharge (Indigent Care and Health Care Initiative Surcharge)	4/1/09 Forward ==> 7.04%
B	Medicaid Surcharge Amount	Line 10 x Line A
C	Payment to Hospital if Provider Signed Authorization for Medicaid Direct Payment of Surcharge to the Pool Administrator.	Line 10
D	Payment to Hospital if Provider Did Not Sign Authorization for Medicaid Direct Payments - Hospital Pays Surcharge to Pool Administrator.	Line 10 + Line B
* The SIW APR-DRG Table is available on the DOH public website at: http://www.health.ny.gov/facilities/hospital/reimbursement/apr-drg/tresholds/		