

DRG OUTLIER CALCULATION DATA ENTRY

For discharges 07/01/13 through 09/30/15

Provider #:	
Provider:	
Recipient ID:	
Covered Days:	1
Admission Date	04/01/15
Discharge Date:	04/02/15
Transfer:	N
Total Charges:	\$10,000.00
Non-Covered Charges:	\$0.00
DRG Code:	26
DRG Description:	Craniotomy & Endovascular Intracranial Procedures W CC
DRG Relative Weight:	3.2993
DRG Average Length of Stay	5.4
DRG Length of Stay Threshold - Short:	2
DRG Length of Stay Threshold - Long:	22
Hospital DRG Base Rate:	\$5,891.63
Hospital DRG Capital Rate:	\$383.58
Hospital I/P Cost to Charge Ratio:	0.3004
Hospital Regular DRG Payment:	\$ -
Hospital Cost Outlier Payment:	\$ -
Hospital Long Stay Outlier Payment:	\$ -
Hospital Short Stay Outlier Payment:	\$ 7,668.08
Hospital Transfer Payment:	\$ -
Total Payment	\$ 7,668.08

DAY OUTLIER CALCULATIONS:

Provider: 0
Provider #: 0000000
Recipient ID: 00000000
Discharge Date: 04/02/15
DRG Code: 000

LONG STAY DAY OUTLIER CALCULATION

Hospital's Total DRG Base Rate	\$6,275.21
Multiplied By: DRG's Relative Weight	3.2993
Hospital's DRG Payment	\$ 20,703.80
Divided By: Average Length of Stay for DRG	5.4
Average Daily Rate	\$ 3,834.04
Multiplied By: Approved Covered Days	0
Total Payment At Average Daily Rate	\$ -
Multiplied By: 60%	60.0%
LONG STAY DAY OUTLIER PAYMENT	\$ -

SHORT STAY DAY OUTLIER CALCULATION

Hospital's Total DRG Base Rate	\$6,275.21
Multiplied By: DRG's Relative Weight	3.2993
Hospital's DRG Payment	\$ 20,703.80
Divided By: Average Length of Stay for DRG	5.4
Average Daily Rate	\$ 3,834.04
Multiplied By: Approved Covered Days	1
Total Payment At Average Daily Rate	\$ 3,834.04
Multiplied By: 200%	200.00%
SHORT STAY DAY OUTLIER PAYMENT	\$ 7,668.08

**MINIMUM OF SHORT STAY DAY OUTLIER
PAYMENT OR REGULAR DRG PAYMENT** **\$ 7,668.08**

NOTE: Short Stay payment cannot exceed the regular DRG Payment