

State of Mississippi

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-OTHER
TYPES OF CARE**

out-of-state hospital are set annually using the Federal Register that applies to the federal fiscal year beginning October 1 of each year, issued prior to the reimbursement period. The inpatient CCR is calculated using the sum of the statewide average operating urban CCR plus the statewide average capital CCR for each state.

B. Payment for transplant services is made under the Mississippi APR-DRG payment methodology including a policy adjustor. (Refer to Appendix A.) If access to quality services is unavailable under the Mississippi APR-DRG payment methodology, a case rate may be set.

1. A case rate is set at forty percent (40%) of the sum of billed charges for transplant services as published in the most current *Milliman U.S. Organ and Tissue Transplant Cost Estimates and Discussion*.

2. The *Milliman* categories comprising the sum of billed charges include outpatient services received thirty (30) days pre-transplant, procurement, hospital transplant inpatient admission, physician services during transplant and one-hundred eighty (180) days post (transplant) discharge. Outpatient immune-suppressants and other prescriptions are not included in the case rate. (Refer to Appendix B, ~~Table 1~~)

3. ~~For beneficiaries enrolled in a Coordinated Care Organization (CCO), the CCO is responsible for reimbursement of outpatient services received thirty (30) days pre-transplant and one hundred eighty (180) days post (transplant) discharge. These~~

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~~—billed charges are not included in the case rate. (Refer to Appendix B Table 2.)~~

43. If the transplant stay exceeds the hospital length of stay published by *Milliman*, an outlier per-diem payment will be made for each day that exceeds the hospital length of stay as indicated below:

a. Beneficiaries Not Enrolled in a Coordinated Care Organization (CCO)

The outlier per-diem payment is calculated by taking the difference between the sum of *Milliman's* total average billed charges including thirty (30) days pre-transplant, procurement, hospital transplant inpatient admission, physician services during transplant and one-hundred eighty (180) days post (transplant) discharge and the case rate, divided by the maximum outlier days. The outlier per-diem is added to the case rate for each day that exceeds the hospital length of stay. (Refer to Appendix B ~~Table 1.~~)

b. Beneficiaries Enrolled in a Coordinated Care Organization (CCO)

~~The outlier per diem payment is calculated by taking the difference between the sum of *Milliman's* total average billed charges including procurement, hospital transplant inpatient admission, and physician services during transplant and the case rate, divided by the maximum outlier days. The outlier per diem is added to the case rate for each day that exceeds the hospital length of stay. (Refer to Appendix B Table 2.)~~

54. Total reimbursement of transplant services cannot exceed one-hundred percent (100%) of the sum of average billed charges for the categories listed in B.2. ~~and B.3. above.~~

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65. Contracts for transplant services negotiated prior to October 1, 2012, are honored through the term of the contract.

76. For transplant services not available in Mississippi and not listed in the most current *Milliman U.S. Organ and Tissue Transplant Cost Estimates and Discussion*, the Division of Medicaid will make payment using the Mississippi APR-DRG payment methodology. If Mississippi APR-DRG payment impacts access to care, the Division will reimburse what the domicile state pays for the service. ~~The Division of Medicaid is responsible for payment of transplant services listed in B.2. above, with the CCO responsible for payment of transplant services listed in B.3. above for beneficiaries enrolled in a CCO.~~

C. For specialized services not available in Mississippi, the Division of Medicaid will make payment based on Mississippi APR-DRG payment methodology. If Mississippi APR-DRG payment affects access to care, the Division will reimburse what the domicile state pays for the service or a comparable payment other states reimburse under APR-DRG.

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 Title XIX Inpatient Hospital Reimbursement Plan

Appendix B

Out-of-State Hospital Transplant Services' Case Rates Effective October 1, 2012

Column	A	B	C	D	E	F	G	H	I	J	K
Transplant	30 Days Pre-Transplant Average Billed Charges	Procurement Average Billed Charges	Hospital Transplant Admission Average Billed Charges	Physician During Transplant Average Billed Charges	180 Days Post Transplant Discharge Average Billed Charges	Total Average Billed Charges* Sum of A through E	Case Rate F X 40%	Difference of F - G	Max Outlier Days	Hospital Length of Stay	Outlier Per-Diem H ÷ I
Single Organ/Tissue											
Bone Marrow Allogeneic	\$41,400	\$38,900	\$419,600	\$22,400	\$259,800	\$782,100	\$312,840	\$469,260	60	33	\$7,821
Bone Marrow Autologous	44,600	18,200	198,200	10,800	84,900	356,700	142,680	214,020	60	20	3,567
Cornea	0	0	16,500	7,900	0	24,400	9,760	14,640	60		244
Heart	47,200	80,400	634,300	67,700	137,800	967,400	386,960	580,440	60	40	9,674
Intestine	55,100	78,500	787,900	104,100	146,600	1,172,200	468,880	703,320	120	70	5,861
Kidney	17,000	67,200	91,200	18,500	50,800	244,700	97,880	146,820	30	7	4,894
Liver	25,400	71,000	316,900	46,600	93,900	553,800	221,520	332,280	60	21	5,538
Lung - Single	10,300	73,100	302,900	33,500	117,700	537,500	215,000	322,500	60	19	5,375
Lung - Double	21,400	90,300	458,500	56,300	142,600	769,100	307,640	461,460	60	30	7,691
Multiple Organ											
Heart-Lung	56,800	130,500	777,700	81,000	169,100	1,215,100	486,040	729,060	120	45	6,076
Intestine with other Organs	57,900	172,700	795,900	116,300	160,900	1,303,700	521,480	782,220	120		6,518
Kidney- Heart	48,800	123,600	813,000	93,900	184,800	1,264,100	505,640	758,460	120	47	6,321
Kidney-Pancreas	20,800	102,500	194,900	34,700	100,400	453,300	181,320	271,980	60	12	4,533
Liver-Kidney	46,800	117,500	574,100	83,100	180,100	1,001,600	400,640	600,960	60	28	10,016
Other Multi-Organ	75,400	131,000	1,050,100	139,500	278,600	1,674,600	669,840	1,004,760	120		8,373

Column	A	B	C	D	E	F	G	H	I
Transplant	Procurement Average Billed Charges	Hospital Transplant Admission Average Billed Charges	Physician During Transplant Average Billed Charges	Total Average Billed Charges* Sum of A through C	Case Rate D X 40%	Difference of D - E	Max. Outlier Days	Hospital Length of Stay	Outlier Per-Diem F ÷ G
Single Organ/Tissue									
Bone Marrow Allogeneic	\$38,900	\$419,600	\$22,400	\$480,900	\$192,360	\$288,540	60	33	\$4,809
Bone Marrow Autologous	18,200	198,200	10,800	227,200	90,880	136,320	60	20	2,272
Cornea	0	16,500	7,900	24,400	9,760	14,640	60		244
Heart	80,400	634,300	67,700	782,400	312,960	469,440	60	40	7,824
Intestine	78,500	787,900	104,100	970,500	388,200	582,300	120	70	4,853
Kidney	67,200	91,200	18,500	176,900	70,760	106,140	30	7	3,538
Liver	71,000	316,900	46,600	434,500	173,800	260,700	60	21	4,345
Lung - Single	73,100	302,900	33,500	409,500	163,800	245,700	60	19	4,095
Lung - Double	90,300	458,500	56,300	605,100	242,040	363,060	60	30	6,051
Multiple Organ									
Heart-Lung	130,500	777,700	81,000	989,200	395,680	593,520	120	45	4,946
Intestine with other Organs	172,700	795,900	116,300	1,084,900	433,960	650,940	120		5,425
Kidney- Heart	123,600	813,000	93,900	1,030,500	412,200	618,300	120	47	5,153
Kidney-Pancreas	102,500	194,900	34,700	332,100	132,840	199,260	60	12	3,321
Liver-Kidney	117,500	574,100	83,100	774,700	309,880	464,820	60	28	7,747
Other Multi-Organ	131,000	1,050,100	139,500	1,320,600	528,240	792,360	120		6,603

* Total reimbursement cannot exceed one-hundred percent (100%) of the sum of billed charges as published by Milliman in columns A-E, in Table 1, for beneficiaries not enrolled in a CCO or columns A - C in Table 2 for beneficiaries enrolled in a CCO.

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 2. The *Milliman* categories comprising the sum of billed charges include outpatient services received thirty (30) days pre-transplant, procurement, hospital transplant inpatient admission, physician services during transplant and one-hundred eighty (180) days post (transplant) discharge. Outpatient immune-suppressants and other prescriptions are not included in the case rate. (Refer to Appendix B.)

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3. If the transplant stay exceeds the hospital length of stay published by *Milliman*, an outlier per-diem payment will be made for each day that exceeds the hospital length of stay. The outlier per-diem payment is calculated by taking the difference between the sum of *Milliman's* total average billed charges including thirty (30) days pre-transplant, procurement, hospital transplant inpatient admission, physician services during transplant and one-hundred eighty (180) days post (transplant) discharge and the case rate, divided by the maximum outlier days. The outlier per-diem is added to the case rate for each day that exceeds the hospital length of stay. (Refer to Appendix B.)
4. Total reimbursement of transplant services cannot exceed one-hundred percent (100%) of the sum of average billed charges for the categories listed in B.2.

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5. Contracts for transplant services negotiated prior to October 1, 2012, are honored through the term of the contract.
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- C. For specialized services not available in Mississippi, the Division of Medicaid will make payment based on Mississippi APR-DRG payment methodology. If Mississippi APR-DRG payment affects access to care, the Division will reimburse what the domicile state pays for the service or a comparable payment other states reimburse under APR-DRG.

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Lung - Single	10,300	73,100	302,900	33,500	117,700	537,500	215,000	322,500	60	19	5,375
Lung - Double	21,400	90,300	458,500	56,300	142,600	769,100	307,640	461,460	60	30	7,691
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Other Multi-Organ	75,400	131,000	1,050,100	139,500	278,600	1,674,600	669,840	1,004,760	120		8,373

* Total reimbursement cannot exceed one-hundred percent (100%) of the sum of billed charges as published by Milliman in columns A-E.