

**Instructions for Completion of
Basic and Final Price Calculation
Admissions 07/01/95 and After**

| Line | Field Explanation |
|-------------|--|
| Line 1 | Obtain the DRG under which the claim was paid from the hospital's remittance advice (voucher). |
| Line 2 | Enter the hospital's "Total Base DRG Rate" from Table A, Item 8. |
| Line 3 | Enter the "Weight" from Table B for the DRG shown on line 1 of the Calculation Sheet. |
| Line 4 | Complete only when the patient is transferred to your facility from another acute care hospital. Adjust the DRG weight. |
| Line 5 | Add line 3 plus line 4. |
| Line 6 | Multiply line 2 times line 5 to obtain the DRG base price. |
| Line 7 | Complete HFSWEB 011 if the patient was transferred from your hospital to another acute care facility. Enter the result on this line. |
| Line 8 | Multiply line 6 times line 7 to calculate the transfer-adjusted DRG price. |
| Line 9 | To determine if this claim qualifies for a length-of-stay outlier adjustment, complete HFSWEB 012. Enter the result on this line. |
| Line 10 | To determine if this claim qualifies for a cost outlier adjustment, complete HFSWEB 013 of the DRG Payment Calculation Worksheet. Enter the result on this line. |
| Line 11 | Enter the larger outlier amount from line 9 or line 10 on line 11. |
| Line 12 | Add line 8 plus line 11 to obtain the DRG price. |
| Line 13 | Enter the Capital Cost from item 9 of Table A covered by that admission date. |
| Line 14 | Enter the Disproportionate Share Rate identified in the annual rate letter from the department (x Covered Days) based on date of service. |
| Line 15 | Enter the Medicaid Percentage Adjustment Rate identified in the annual rate letter from the department (x Covered Days) based on the date of service. |
| Line 16 | Enter the Medicaid High Volume Rate identified in the annual rate letter from the department (x Covered Days). |
| | Admission on or after 10/01/93, MHVA will be paid at the rate in effect on the admission date for the entire stay, even if the discharge occurs after the provider no longer qualifies for MHVA. |
| Line 17 | To obtain the total reimbursement, add lines 12 through 16. |