State of Illinois
Department of Healthcare and Family Services

Length-Of-Stay Outlier
Admissions 07/01/95 and After

1. DRG code (from claim): _____

   If the DRG code is within the range of 424-432, then STOP. The claim is not subject to reimbursement for length-of-stay outliers.

2. Length-of-stay (covered days) _____

3. DRG outlier cut-off threshold (OCT) (from Table B) _____

4. Outlier days (line 2 - line 3) _____

   If the result in line 4 is less than or equal to zero, then STOP. The claim is not subject to reimbursement for length-of-stay outliers. Go to line 10 and enter zero (0).

5. DRG federal portion (from Table A, item 6) X DRG weight (from HFSWEB 010, line 5) _____

6. Geometric mean length-of-stay (GLOS) (from Table B) _____

7. DRG base price per diem (line 5 divided by line 6) _____

8. Marginal cost factor: _____0.47_____

9. Multiply (line 7 x line 8) _____

10. Day outlier payment (line 4 x line 9) _____

   Carry the final figure from line 10 over to HFSWEB 010 of the DRG Payment Calculation Worksheet.