## **Cost Outlier for DRG-Reimbursed Hospitals Admissions on and After 12/03/01**

1.	DRG code (from paid claim):			
2.	Total charges		-	
3.	Non-covered charges		-	
4.	Net charges (line 2 - line 3)		-	
5.	IME factor (from Table A, item 18)		-	
6.	IME adjusted charges (line 4 divided by line 5)		_	
7.	Cost to charge ratio (from Table A, item 3)		-	
8.	Net covered cost (line 6 x line 7)			
9.	Federal rate (from Table A, item 6)		-	
10.	DRG relative weighting factor (from HFSWEB010, line 5)		-	
11.	National DRG rate (line 9 x line 10)		-	
12.	<ul> <li>Specific fixed loss threshold (Table A, item 17)</li> <li>For admissions 12/03/01 through 06/30/05 - x 1.22</li> <li>For admissions 07/01/05 through 06/30/06 - x 1.40</li> <li>For admissions 07/01/06 through 12/31/07 - x 1.47</li> <li>For admissions 01/01/08 through 12/31/10 - x 1.64</li> <li>For admissions 01/01/11 and after - x 1.99</li> </ul>		- - -	
13.	Cost outlier threshold (line 11 plus line 12)		-	
14.	Gross outlier cost (line 8 - line 13)  If the result in 14 is less than or equal to zero, then STOP.  The claim is not subject to reimbursement for cost outliers.  Go to line 16 and enter zero (0).	-		
15.	Marginal cost factor (effective 1/1/95)			
16.	Cost outlier adjustment (line 14 x line 15)			
	Carry the final figure from line 16 over to HFSWEB010 line 10	of the DRG Payment Ca	alculation Worksheet.	