

Outlier Adjustment Calculation for Per Diem Priced Claims

For a disproportionate share provider to qualify for an outlier, the patient must be under age six. For a non-disproportionate share provider, the patient must be under age one. For a children's hospital as defined in 89 Illinois Administrative Code Section 149.50(c)(3)(A), the patient must be under the age of 19 with a date of admission on or after January 1, 2008. For a children's hospital as defined in 89 Illinois Administrative Code Section 149.50(c)(3)(B), the patient must be under the age of 19 with a date of admission on or after January 1, 2008. For a children's hospital as defined in 89 Illinois Administrative Code Section 149.50(c)(3)(B), the patient must be under the age of 19 with a date of admission on or after July 1, 2009.

Provider information needed:

*daily per diem rate; *daily disproportionate share rate; *daily MHVA rate; *daily MPA rate; outlier standard deviation amounts (in effect on admission date); outlier cost-to-charge ratio (in effect on admission date)

Claim information needed:

total covered charges; total covered days

*If the date of service crosses a rate period where there is a rate change, you will have to do steps 5 through 11 twice (one calculation for each rate period) and then add them together.

1.	Outlier standard deviation	\$
2.	Total covered charges	\$

Compare total covered charges to the outlier standard deviation. If total covered charges are less than the outlier standard deviation, then **stop**. The claim is not eligible for outlier consideration. If total covered charges are greater than the standard deviation, proceed to step 3.

3.	Outlier cost-to-charge ratio	
4.	Multiply line 2 times line 3	\$
5.	Per diem rate	\$
6.	Disproportionate share rate	\$
7.	MHVA rate	\$
8.	MPA rate	\$
9.	Total of lines 5, 6, 7, and 8	\$
10.	Number of covered days	
11.	Multiply line 9 times line 10	\$
12.	Line 4 total minus line 11 total	\$

13. If step 12 total is zero or less, **stop**. The claim is not eligible for an outlier. If step 12 is greater than zero, then take step 12 total multiplied by the applicable factor below:

 For admissions between December 3, 2001 and June 30, 2005: X .22 (factor .22 is used for all hospitals) 	Outlier Amount Due	\$
 For admissions between July 1, 2005 and June 30, 2006: X .20 (factor .20 is used for all hospitals) 	Outlier Amount Due	\$
 For admissions between July 1, 2006 and December 31, 2007: X .18 (factor .18 is used for all hospitals) 	Outlier Amount Due	\$
 For admissions on and after January 1, 2008: X .17 (factor .17 is used for all hospitals) 	Outlier Amount Due	\$