

Title 23 Division of Medicaid

Part 202 Hospital Services

Chapter 1 Inpatient Services

Rule 1.13: Out-of-State Facilities

- A. Out-of-state hospitals are reimbursed under the APR-DRG payment methodology. The inpatient cost-to-charge ratios (CCRs) used to pay cost outlier payments for each 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. For transplants not available in Mississippi, payment for transplant services performed outside of Mississippi is made under the MS APR-DRG payment methodology including a policy adjustor. If access to quality services is unavailable under the MS APR-DRG payment methodology, a case rate may be set as described in Part 202, Chapter 4, Rule 4.7.
- C. For specialized services not available in Mississippi, the Division of Medicaid will make payment using the MS APR-DRG payment methodology. If MS APR-DRG payment limits 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.

Source: Miss. Code Ann. § 43-13-121; § 43-13-117(A)(1)(d); 42 CFR 431.52; 42 USC 1395f, also known as, Social Security Act § 1814

History: Revised - 01/01/2013, 10/01/2012

Chapter 4 Organ Transplant

Rule 4.7: Reimbursement

- A. All transplants performed in the state of Mississippi are paid under the APR-DRG payment methodology including a policy adjustor.
- B. For transplant services not available in Mississippi, payment for transplant services performed outside of Mississippi is made under the MS APR-DRG payment methodology including a policy adjustor. If access to quality services is unavailable under the MS 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 immuno-suppressants and other prescriptions are not included in the case rate.
 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 billed charges are not included in the case rate.
 4. 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.
 5. Reimbursement for transplant services cannot exceed one-hundred percent (100%) of the sum of *Milliman's* billed charges for the categories listed in Rule 4.7, B.2 or B.3.
 6. Provisions listed in Part 202, Chapter 4, Rule 4.7 apply to Transplant Services on or after October 1, 2012.
 7. 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 MS APR-DRG payment methodology. If MS APR-DRG payment limits 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 4.7 B.2. with the CCO responsible for payment of transplant services listed in 4.7 B.3 for beneficiaries enrolled in a CCO.

Source: Miss. Code Ann. § 43-13-121; § 43-13-117 (A)(1)(d); § 43-13-117 (A)(2)(c); § 43-13-117 (A)(1)(e)

History: Revised – 01/01/2013, 10/01/2012

Title 23 Division of Medicaid

Part 202 Hospital Services

Chapter 1 Inpatient Services

Rule 1.13: Out-of-State Facilities

- A. Out-of-state hospitals are reimbursed under the APR-DRG payment methodology. The inpatient cost-to-charge ratios (CCRs) used to pay cost outlier payments for each 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. Out of state hospitals providing transplant services not otherwise available in the state of Mississippi to Mississippi beneficiaries may be paid a negotiated amount based on the APR-DRG payment methodology as described in Rule 4.7. Negotiated payment will be applicable in extraordinary circumstances only and as approved by the Division of Medicaid.~~
- B. For transplants not available in Mississippi, payment for transplant services performed outside of Mississippi is made under the MS APR-DRG payment methodology including a policy adjustor. If access to quality services is unavailable under the MS APR-DRG payment methodology, a case rate may be set as described in Part 202, Chapter 4, Rule 4.7.
- C. For specialized services not available in Mississippi, the Division of Medicaid will make payment using the MS APR-DRG payment methodology. If MS APR-DRG payment limits 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.

Source: Miss. Code Ann. § 43-13-121; § 43-13-117(A)(1)(d); 42 CFR 431.52; 42 USC 1395f, also known as, Social Security Act § 1814

History: Revised – 01/01/2013, 10/01/2012

Chapter 4 Organ Transplant

Rule 4.7: Reimbursement

~~A. Payment for transplants is made under the APR-DRG payment methodology.~~

A. All transplants performed in the state of Mississippi are paid under the APR-DRG payment methodology including a policy adjustor.

~~B. For transplant services that are not available in the state of Mississippi, the Division may pay a negotiated amount only in extraordinary circumstances and as approved by the Division of Medicaid. For transplant services not available in Mississippi, payment for transplant services performed outside of Mississippi is made under the MS APR-DRG payment methodology including a policy adjustor. Payment for transplant services not available in the state of Mississippi may be negotiated only if access to quality services is unavailable under the MS APR-DRG payment methodology. The negotiated Proposed Case Payment (PCP) is only applicable in extraordinary circumstances and is outlined below: If access to quality services is unavailable under the MS APR-DRG payment methodology, a case rate may be set.~~

1. A Proposed Case Payment (PCP) is defined A case rate is set as 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*. Reimbursement includes 30 days pre-transplant, procurement, hospital transplant admission, physician during transplant and 180 days post-transplant discharge.

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 immuno-suppressants and other prescriptions are not included in the case rate.

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 billed charges are not included in the case rate.

~~a)4. If the transplant stay exceeds the hospital length of stay published by *Milliman*, the provider may qualify for an outlier per-diem payment will be made for each day that exceeds the hospital length of stay. A daily outlier per-diem payment is calculated by taking the difference between the Proposed Case Payment (PCP) and the sum of *Milliman's* total charges for 30 days pre-transplant, procurement, hospital transplant admission, physician during transplant and 180 days post-transplant discharge divided by the maximum outlier days. The daily outlier per-diem is added to the Proposed Case Payment (PCP) for each day that exceeds the hospital length of stay.~~

~~b)5. Total Reimbursement for transplant services cannot exceed one-hundred percent (100%) of the sum of billed charges for the categories listed in Rule 4.7, B.2 or B.3. 30 days pre-transplant, procurement, hospital transplant admission, physician during transplant and~~

180 days post-transplant discharge as published by *Milliman*.

~~26. Contracts for transplant services negotiated prior to October 1, 2012 are honored through the term of the contract. Provisions listed in Part 202, Chapter 4, Rule 4.7 apply to Transplant Services on or after October 1, 2012.~~

7. 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 MS APR-DRG payment methodology. If MS APR-DRG payment limits 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 4.7 B.2. with the CCO responsible for payment of transplant services listed in 4.7 B.3 for beneficiaries enrolled in a CCO.

~~B. This Rule was moved to Part 202, Chapter 1, Rule 1.13. For specialized services not available in Mississippi and not listed in *Milliman*, the Division of Medicaid will negotiate a payment based on MS APR-DRG payment. If MS 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.~~

Source: Miss. Code Ann. § 43-13-121; § 43-13-117 (A)(1)(d); § 43-13-117 (A)(2)(c); § 43-13-117 (A)(1)(e)

History: Revised – 01/01/2013, 01/01/2013, 10/01/2012