

Outlier Factors (11/14/2013)

To qualify as a DRG high outlier claim, the estimated costs (ratio of cost to charges multiplied by allowable charges) for the claim must be greater than \$50,000 and greater than the outlier threshold effective for the date of admission. The outlier threshold amount is depicted in the following table:

Dates of Admission	Pediatric	Nonpediatric
February 1, 2011 - July 31, 2012	Base DRG * 1.50	Base DRG * 1.75
August 1, 2012 - June 30, 2013	Base DRG * 1.429	Base DRG * 1.667
July 1, 2013 - June 30, 2014	Base DRG * 1.563	Base DRG * 1.823

*Base DRG equals Hospital's DRG rate for date of admission on the claim multiplied by the relative weight assigned by the agency for the claim

The agency calculates the high outlier payment by multiplying the hospital's estimated cost above threshold (CAT) by the outlier adjustment factor. The outlier adjustment factors varied by dates of admission

Dates of Admission	Pediatric	Nonpediatric	Burn
February 1, 2011 - July 31, 2012	CAT * 0.95	CAT * 0.85	CAT * 0.90
August 1, 2012 - June 30, 2013	CAT * 0.998	CAT * 0.893	CAT * 0.945
July 1, 2013 - June 30, 2014	CAT * 0.912	CAT * 0.816	CAT * 0.864

Note:

12/9/2013 – Corrected July 1, 2013 factors to 1.563 pediatric 1.823 other.

7/2/2014 – End-dated July 1, 2013 segments. APR-DRG outlier factors effective July 1, 2014.