

State of Mississippi
Title XIX Inpatient Hospital Reimbursement Plan

Unless a timely and proper request for a hearing is received by the Division from the provider, the findings of the Division shall be considered a final and binding administrative determination.

The hearing will be conducted in accordance with the Procedures for Administrative and Fair Hearings as adopted by the Mississippi Division of Medicaid.

XI. Payments Assurance

The State will pay each hospital which furnishes the services in accordance with the requirements of the State Plan the amount determined for services furnished by the hospital according to the standards and methods set forth in the Mississippi Title XIX Inpatient Hospital Reimbursement Plan.

In all circumstances where third party payment is involved, Medicaid will be the payer of last resort.

XII. Provider Participation

Payments made in accordance with the standards and methods described in this attachment are designed to enlist participation of a sufficient number of hospitals in the program so that eligible persons can receive the medical care and services included in the State Plan, at least to the extent these services are available to the general public.

XIII. Payment in Full

Participation in the program shall be limited to hospitals who accept, as payment in full for services rendered to Medicaid recipients, the amount paid in accordance with this State Plan.

XIV. Plan Evaluation

Documentation will be maintained to effectively monitor and evaluate experience during administration of the plan.

XV. Payment Adjustment for Provider Preventable Conditions

The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4), 1902(a)(6), and 1903 of the Social Security Act, with respect to non-payment for provider-preventable conditions.

Health Care-Acquired Conditions

The State identifies the following Health Care-Acquired Conditions for non-payment under Section 4.19-A:

X Hospital-Acquired Conditions as identified by Medicare other than Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) following total knee replacement or hip replacement surgery in pediatric and obstetric patients.

Section 2702 of the Patient Protection and Affordable Care Act of 2010 prohibits Federal payments to States under section 1903 of the Social Security Act for any amounts expended for providing medical assistance for certain hospital inpatient provider-preventable conditions (PPC) and health care-acquired conditions (HCAC) for dates of service effective July 1, 2011, for individuals for which Medicaid is primary and those dually eligible for both the Medicare and Medicaid programs. This policy applies to all Mississippi Medicaid enrolled hospitals except for acute psychiatric hospitals and Indian Health Services. Reduced payment to providers is limited to the amounts directly identifiable as related to the PPC and the resulting treatment. The payment reduction will not apply to Deep Vein Thrombosis/Pulmonary Embolism (DVT/PE) as related to a total knee replacement or hip replacement for children under age twenty-one or pregnant women.

The following method will be used to determine the related reduction in payments:

A. Dates of service July 1, 2011 through December 31, 2011:

1. The payment for claims identified with Present on Admission (POA) values through the claims payment system will originally be reduced by 1%.

TN No. 2011-004
Supercedes
TN No. 2005-012

Date Received _____
Date Approved _____
Date Effective 07/01/11

State of Mississippi
Title XIX Inpatient Hospital Reimbursement Plan

2. After the end of the period, the fiscal agent will identify all applicable hospital claims in step one above. These claims will be run through a Medicare DRG grouper in order to determine an overall PPC payment percentage reduction due to PPCs calculated as follows:
 - a. The numerator of the overall PPC payment percentage reduction will be the reduction in payments resulting from the comparison of the payment of the claims using the Medicare DRG grouper without the application of the Medicare list of Hospital-Acquired Conditions; to the payment of the claims using the Medicare DRG grouper with the application of the Medicare list of Hospital-Acquired Conditions.
 - b. The denominator of the overall PPC payment percentage reduction will be the actual expected payment of the claims using the Medicare DRG grouper without the application of the Medicare list of Hospital-Acquired Conditions.
 - c. The claims identified in step one above will be reprocessed by the fiscal agent using the actual overall PPC payment percentage reduction (a. / b.)

B. Dates of service January 1, 2012 through September 30, 2013:

The PPC payment percentage reduction will initially be 1%. The overall PPC payment percentage reduction calculated in step XV.A.2. will be used once calculated. The fiscal agent will identify claims with Present on Admission (POA) values for dates of service on or after January 1, 2012 and perform a mass adjustment to apply the correct overall PPC payment percentage reduction calculated in step XV.A.2.

C. Dates of service on or after October 1, 2013:

The actual PPC payment percentage reduction will be recalculated annually as indicated in XV.A.2. using claims with dates of service October 1 through September 30 two years prior to the fiscal year in which the actual PPC payment percentage reduction applies. For example, claims identified with Present on Admission (POA) values for dates of service October 1, 2011 through September 30, 2012, will be run through the Medicare DRG grouper using the methodology in step XV.A.2. to determine the actual PPC payment percentage reduction that will be applied to all hospitals for the rate period October 1, 2013 through September 30, 2014.

D. Refer to Appendix J for example.

State of Mississippi
 Title XIX Inpatient Hospital Reimbursement Plan

APPENDIX J

**Calculation of the Overall Provider-Preventable Conditions (PPC)
 Payment Percentage Reduction for Hospital Inpatient Services**

Section XV. of the Plan requires a reduction in hospital inpatient payments for Provider-Preventable Conditions (PPC) including Health Care-Acquired Conditions (HCAC). Following is the example of the calculation and application of the overall PPC payment percentage reduction:

A. PPC Payment Reduction Calculation for Dates of Service July 1, 2011 through December 31, 2011 – The overall PPC payment percentage reduction will initially be set at 1% and subsequently adjusted after the end of the period to the actual PPC payment percentage reduction based on the Medicare DRG grouper for claims with dates of service July 1, 2011 through December 31, 2011, as calculated below.

Claims filed with POA Values – Dates of Service 07/01/11 – 12/31/11									
Col. A	Col. B	Col. C	Col. D	Col. E	Col. F	Col. G	Col. H	Col. I	Col. J
Provider Number	TCN number	Dates of Service	Covered Days	Original XIX Allowed Amount before PPC % reduction per MMIS	Medicare DRG grouper payments w/o HAC*	Medicare DRG grouper payments with HAC*	Original PPC % Reduction - 1% thru MMIS (Col. E X 1%)	Actual PPC % Reduction after Medicare DRG grouper applied through mass adjustment (Col. E X 4.97%)	Difference between original estimated PPC % and actual PPC %
0022XX1	XXXXXXXXXXXXXXXXXX	07/01/11 – 07/14/11	13	\$8,144.63	\$12,800	\$11,500	\$81.45	\$404.79	(\$323.34)
00020X9	XXXXXXXXXXXXXXXXXX	07/10/11 – 07/14/11	4	\$6,374.68	\$5,720	\$5,720	\$63.75	\$316.82	(\$253.07)
00020X5	XXXXXXXXXXXXXXXXXX	09/09/11 – 09/14/11	5	\$5,695.10	\$6,540	\$6,000	\$56.95	\$283.05	(\$226.10)
0022XX4	XXXXXXXXXXXXXXXXXX	09/15/11 – 09/24/11	9	\$13,326.66	\$11,280	\$10,898	\$133.27	\$662.34	(\$529.07)
00020X4	XXXXXXXXXXXXXXXXXX	12/03/11 – 12/08/11	5	\$6,790.60	\$8,350	\$8,350	\$67.91	\$337.49	(\$269.58)
Total			36	\$40,331.67	\$44,690	\$42,468	\$403.33	\$2004.49	(\$1601.16)

*Please note that the Medicare DRG grouper payment amounts are for illustrative purposes only and do not reflect actual grouper amounts.

Overall PPC Payment Percentage Reduction Calculation

Numerator:

Medicare DRG grouper payments of 5 claims filed with POA values without the application of Medicare list of HAC \$44,690

Medicare DRG grouper payments of 5 claims filed with POA values with the application of Medicare list of HAC \$42,468

Difference A \$2,222

Denominator B \$44,690

Overall PPC Payment Percentage Reduction A / B .0497
--

State of Mississippi
 Title XIX Inpatient Hospital Reimbursement Plan

Appendix J - continued

B. PPC Payment Percentage Reduction for Dates of Service January 1, 2012 through September 30, 2013 – The PPC payment percentage reduction will initially be 1%. The overall PPC payment percentage reduction will be recalculated to determine the actual PPC payment percentage reduction by applying the Medicare DRG grouper to claims with dates of service July 1, 2011 through December 31, 2011 in step A. above. The recalculated PPC payment percentage reduction will be used to reduce applicable claims payments through the MMIS.

Claims filed with POA Values – Dates of Service 01/01/12 – 09/30/13					
Col. A	Col. B	Col. C	Col. D	Col. E	Col. F
Provider Number	TCN number	Dates of Service	Covered Days	Original XIX Allowed Amount before PPC % reduction per MMIS	Actual PPC % Reduction calculated after Medicare DRG grouper* applied to claims with DOS 07/01/11 – 12/31/11 through the MMIS (Col. E X 4.97%)
0022XXX1	XXXXXXXXXXXXXXXXXX	01/07/12 – 01/12/12	5	\$6,687.95	\$332.39
00020XX9	XXXXXXXXXXXXXXXXXX	07/20/12 – 07/23/12	3	\$3,060.96	\$152.13
00020XX5	XXXXXXXXXXXXXXXXXX	09/04/12 – 09/09/12	5	\$8,092.90	\$402.22
0022XXX4	XXXXXXXXXXXXXXXXXX	09/02/12 – 09/05/12	3	\$4,837.14	\$240.41
00020XX4	XXXXXXXXXXXXXXXXXX	04/02/13 – 04/06/13	4	\$4,935.00	\$245.27
	Total		20	\$27,613.95	\$1,372.42

C. PPC Payment Reduction for Dates of Service on or after October 1, 2013 – The overall PPC payment percentage reduction will be recalculated annually using claims with dates of service October 1 through September 30 two years prior to the fiscal year in which the actual PPC payment percentage reduction applies. For example, as noted below claims identified with Present on Admission (POA) values for dates of service October 1, 2011 through September 30, 2012, will be run through the Medicare DRG grouper to determine the Overall PPC payment percentage reduction for dates of service applied through the MMIS for claims with dates of service October 1, 2013 through September 30, 2014.

Col. A	Col. B	Col. C	Col. D	Col. E	Col. F	Col. G
Provider Number	TCN number	Dates of Service	Covered Days	Original XIX Allowed Amount before PPC % reduction per MMIS	Medicare DRG grouper payments w/o HAC*	Medicare DRG grouper payments with HAC*
0022XXX1	XXXXXXXXXXXXXXXXXX	10/05/11 – 10/08/11	3	\$5,039.34	\$4,950	\$4,500
00020XX4	XXXXXXXXXXXXXXXXXX	12/03/11 – 12/08/11	5	\$6,790.60	\$8,350	\$8,350
00020XX7	XXXXXXXXXXXXXXXXXX	03/01/12 – 03/06/12	5	\$8,193.20	\$7,565	\$7,565
00020XX9	XXXXXXXXXXXXXXXXXX	07/10/12 – 07/14/12	4	\$6,374.68	\$5,720	\$5,720
00020XX5	XXXXXXXXXXXXXXXXXX	09/09/12 – 09/14/12	5	\$5,695.10	\$6,540	\$6,000
0022XXX4	XXXXXXXXXXXXXXXXXX	09/15/12 – 09/24/12	9	\$13,326.66	\$15,785	\$14,665
00020XX3	XXXXXXXXXXXXXXXXXX	03/01/12 – 03/03/12	2	\$3,390.94	\$2,500	\$2,500
	Total		33	\$48,810.52	\$51,410	\$49,300

*Please note that the Medicare DRG grouper payment amounts are for illustrative purposes only and do not reflect actual grouper amounts.

TN No. 2011-004
 Supersedes
 TN No. NEW

Date Received _____
 Date Approved _____
 Date Effective 07/01/11

State of Mississippi
 Title XIX Inpatient Hospital Reimbursement Plan

Appendix J - continued

**Overall PPC Payment Percentage Reduction
 Calculation**

Numerator:

Medicare DRG grouper payments of 7 claims filed with POA values without the application of Medicare list of HAC	\$51,410
Medicare DRG grouper payments of 7 claims filed with POA values with the application of Medicare list of HAC	\$49,300
Difference	A <u><u>\$2,110</u></u>

Denominator

B \$51,410

Overall PPC Payment Percentage Reduction A / B	.0410
---	--------------

In this example the overall PPC payment percentage reduction that would be applied to claims with dates of service October 1, 2013 through September 30, 2014 would be 4.1%. This would be entered into the MMIS prior to October 1, 2013.

State of Mississippi
Title XIX Inpatient Hospital Reimbursement Plan

Unless a timely and proper request for a hearing is received by the Division from the provider, the findings of the Division shall be considered a final and binding administrative determination.

The hearing will be conducted in accordance with the Procedures for Administrative and Fair Hearings as adopted by the Mississippi Division of Medicaid.

XI. Payments Assurance

The State will pay each hospital which furnishes the services in accordance with the requirements of the State Plan the amount determined for services furnished by the hospital according to the standards and methods set forth in the Mississippi Title XIX Inpatient Hospital Reimbursement Plan.

In all circumstances where third party payment is involved, Medicaid will be the payer of last resort.

XII. Provider Participation

Payments made in accordance with the standards and methods described in this attachment are designed to enlist participation of a sufficient number of hospitals in the program so that eligible persons can receive the medical care and services included in the State Plan, at least to the extent these services are available to the general public.

XIII. Payment in Full

Participation in the program shall be limited to hospitals who accept, as payment in full for services rendered to Medicaid recipients, the amount paid in accordance with this State Plan.

XIV. Plan Evaluation

Documentation will be maintained to effectively monitor and evaluate experience during administration of the plan.

XV. Payment Adjustment for Provider Preventable Conditions

The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4), 1902(a)(6), and 1903 of the Social Security Act, with respect to non-payment for provider-preventable conditions.

Health Care-Acquired Conditions

The State identifies the following Health Care-Acquired Conditions for non-payment under Section 4.19-A:

X Hospital-Acquired Conditions as identified by Medicare other than Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) following total knee replacement or hip replacement surgery in pediatric and obstetric patients.

Section 2702 of the Patient Protection and Affordable Care Act of 2010 prohibits Federal payments to States under section 1903 of the Social Security Act for any amounts expended for providing medical assistance for certain hospital inpatient provider-preventable conditions (PPC) and health care-acquired conditions (HCAC) for dates of service effective July 1, 2011, for individuals for which Medicaid is primary and those dually eligible for both the Medicare and Medicaid programs. This policy applies to all Mississippi Medicaid enrolled hospitals except for acute psychiatric hospitals and Indian Health Services. Reduced payment to providers is limited to the amounts directly identifiable as related to the PPC and the resulting treatment. The payment reduction will not apply to Deep Vein Thrombosis/Pulmonary Embolism (DVT/PE) as related to a total knee replacement or hip replacement for children under age twenty-one or pregnant women.

The following method will be used to determine the related reduction in payments:

A. Dates of service July 1, 2011 through December 31, 2011:

1. The payment for claims identified with Present on Admission (POA) values through the claims payment system will originally be reduced by 1%.

TN No. 2011-004
Supercedes
TN No. 2005-012

Date Received _____
Date Approved _____
Date Effective 07/01/11

State of Mississippi
Title XIX Inpatient Hospital Reimbursement Plan

2. After the end of the period, the fiscal agent will identify all applicable hospital claims in step one above. These claims will be run through a Medicare DRG grouper in order to determine an overall PPC payment percentage reduction due to PPCs calculated as follows:

- a. The numerator of the overall PPC payment percentage reduction will be the reduction in payments resulting from the comparison of the payment of the claims using the Medicare DRG grouper without the application of the Medicare list of Hospital-Acquired Conditions; to the payment of the claims using the Medicare DRG grouper with the application of the Medicare list of Hospital-Acquired Conditions.
- b. The denominator of the overall PPC payment percentage reduction will be the actual expected payment of the claims using the Medicare DRG grouper without the application of the Medicare list of Hospital-Acquired Conditions.
- c. The claims identified in step one above will be reprocessed by the fiscal agent using the actual overall PPC payment percentage reduction (a. / b.)

B. Dates of service January 1, 2012 through September 30, 2013:

The PPC payment percentage reduction will initially be 1%. The overall PPC payment percentage reduction calculated in step XV.A.2. will be used once calculated. The fiscal agent will identify claims with Present on Admission (POA) values for dates of service on or after January 1, 2012 and perform a mass adjustment to apply the correct overall PPC payment percentage reduction calculated in step XV.A.2.

C. Dates of service on or after October 1, 2013:

The actual PPC payment percentage reduction will be recalculated annually as indicated in XV.A.2. using claims with dates of service October 1 through September 30 two years prior to the fiscal year in which the actual PPC payment percentage reduction applies. For example, claims identified with Present on Admission (POA) values for dates of service October 1, 2011 through September 30, 2012, will be run through the Medicare DRG grouper using the methodology in step XV.A.2. to determine the actual PPC payment percentage reduction that will be applied to all hospitals for the rate period October 1, 2013 through September 30, 2014.

D. Refer to Appendix J for example

TN No. 2011-004
Supercedes
TN No. 2005-012

Date Received _____
Date Approved _____
Date Effective 07/01/11

State of Mississippi
 Title XIX Inpatient Hospital Reimbursement Plan

APPENDIX J

**Calculation of the Overall Provider-Preventable Conditions (PPC)
 Payment Percentage Reduction for Hospital Inpatient Services**

Section XV. of the Plan requires a reduction in hospital inpatient payments for Provider-Preventable Conditions (PPC) including Health Care-Acquired Conditions (HCAC). Following is the example of the calculation and application of the overall PPC payment percentage reduction:

A. PPC Payment Reduction Calculation for Dates of Service July 1, 2011 through December 31, 2011 – The overall PPC payment percentage reduction will initially be set at 1% and subsequently adjusted after the end of the period to the actual PPC payment percentage reduction based on the Medicare DRG grouper for claims with dates of service July 1, 2011 through December 31, 2011, as calculated below.

Claims filed with POA Values – Dates of Service 07/01/11 – 12/31/11									
Col. A	Col. B	Col. C	Col. D	Col. E	Col. F	Col. G	Col. H	Col. I	Col. J
Provider Number	TCN number	Dates of Service	Covered Days	Original XIX Allowed Amount before PPC % reduction per MMIS	Medicare DRG grouper payments w/o HAC*	Medicare DRG grouper payments with HAC*	Original PPC % Reduction - 1% thru MMIS (Col. E X 1%)	Actual PPC % Reduction after Medicare DRG grouper applied through mass adjustment (Col. E X 4.97%)	Difference between original estimated PPC % and actual PPC %
0022XX1	XXXXXXXXXXXXXXXXXX	07/01/11 – 07/14/11	13	\$8,144.63	\$12,800	\$11,500	\$81.45	\$404.79	(\$323.34)
00020X9	XXXXXXXXXXXXXXXXXX	07/10/11 – 07/14/11	4	\$6,374.68	\$5,720	\$5,720	\$63.75	\$316.82	(\$253.07)
00020X5	XXXXXXXXXXXXXXXXXX	09/09/11 – 09/14/11	5	\$5,695.10	\$6,540	\$6,000	\$56.95	\$283.05	(\$226.10)
0022XX4	XXXXXXXXXXXXXXXXXX	09/15/11 – 09/24/11	9	\$13,326.66	\$11,280	\$10,898	\$133.27	\$662.34	(\$529.07)
00020X4	XXXXXXXXXXXXXXXXXX	12/03/11 – 12/08/11	5	\$6,790.60	\$8,350	\$8,350	\$67.91	\$337.49	(\$269.58)
Total			36	\$40,331.67	\$44,690	\$42,468	\$403.33	\$2004.49	(\$1601.16)

*Please note that the Medicare DRG grouper payment amounts are for illustrative purposes only and do not reflect actual grouper amounts.

**Overall PPC Payment Percentage Reduction
 Calculation**

Numerator:

Medicare DRG grouper payments of 5 claims filed with POA values without the application of Medicare list of HAC \$44,690

Medicare DRG grouper payments of 5 claims filed with POA values with the application of Medicare list of HAC \$42,468

Difference **A** \$2,222

Denominator **B** \$44,690

Overall PPC Payment Percentage Reduction A / B	.0497
---	--------------

TN No. 2011-004
 Supercedes
 TN No. NEW

Date Received _____
 Date Approved _____
 Date Effective 07/01/11

State of Mississippi
 Title XIX Inpatient Hospital Reimbursement Plan

Appendix J - continued

B. PPC Payment Percentage Reduction for Dates of Service January 1, 2012 through September 30, 2013 – The PPC payment percentage reduction will initially be 1%. The overall PPC payment percentage reduction will be recalculated to determine the actual PPC payment percentage reduction by applying the Medicare DRG grouper to claims with dates of service July 1, 2011 through December 31, 2011 in step A. above. The recalculated PPC payment percentage reduction will be used to reduce applicable claims payments through the MMIS.

Claims filed with POA Values – Dates of Service 01/01/12 – 09/30/13					
Col. A	Col. B	Col. C	Col. D	Col. E	Col. F
Provider Number	TCN number	Dates of Service	Covered Days	Original XIX Allowed Amount before PPC % reduction per MMIS	Actual PPC % Reduction calculated after Medicare DRG grouper* applied to claims with DOS 07/01/11 – 12/31/11 through the MMIS (Col. E X 4.97%)
0022XX1	XXXXXXXXXXXXXXXXXX	01/07/12 – 01/12/12	5	\$6,687.95	\$332.39
00020X9	XXXXXXXXXXXXXXXXXX	07/20/12 – 07/23/12	3	\$3,060.96	\$152.13
00020X5	XXXXXXXXXXXXXXXXXX	09/04/12 – 09/09/12	5	\$8,092.90	\$402.22
0022XX4	XXXXXXXXXXXXXXXXXX	09/02/12 – 09/05/12	3	\$4,837.14	\$240.41
00020X4	XXXXXXXXXXXXXXXXXX	04/02/13 – 04/06/13	4	\$4,935.00	\$245.27
	Total		20	\$27,613.95	\$1,372.42

C. PPC Payment Reduction for Dates of Service on or after October 1, 2013 – The overall PPC payment percentage reduction will be recalculated annually using claims with dates of service October 1 through September 30 two years prior to the fiscal year in which the actual PPC payment percentage reduction applies. For example, as noted below claims identified with Present on Admission (POA) values for dates of service October 1, 2011 through September 30, 2012, will be run through the Medicare DRG grouper to determine the Overall PPC payment percentage reduction for dates of service applied through the MMIS for claims with dates of service October 1, 2013 through September 30, 2014.

Col. A	Col. B	Col. C	Col. D	Col. E	Col. F	Col. G
Provider Number	TCN number	Dates of Service	Covered Days	Original XIX Allowed Amount before PPC % reduction per MMIS	Medicare DRG grouper payments w/o HAC*	Medicare DRG grouper payments with HAC*
0022XX1	XXXXXXXXXXXXXXXXXX	10/05/11 – 10/08/11	3	\$5,039.34	\$4,950	\$4,500
00020X4	XXXXXXXXXXXXXXXXXX	12/03/11 – 12/08/11	5	\$6,790.60	\$8,350	\$8,350
00020X7	XXXXXXXXXXXXXXXXXX	03/01/12 – 03/06/12	5	\$8,193.20	\$7,565	\$7,565
00020X9	XXXXXXXXXXXXXXXXXX	07/10/12 – 07/14/12	4	\$6,374.68	\$5,720	\$5,720
00020X5	XXXXXXXXXXXXXXXXXX	09/09/12 – 09/14/12	5	\$5,695.10	\$6,540	\$6,000
0022XX4	XXXXXXXXXXXXXXXXXX	09/15/12 – 09/24/12	9	\$13,326.66	\$15,785	\$14,665
00020X3	XXXXXXXXXXXXXXXXXX	03/01/12 – 03/03/12	2	\$3,390.94	\$2,500	\$2,500
	Total		33	\$48,810.52	\$51,410	\$49,300

*Please note that the Medicare DRG grouper payment amounts are for illustrative purposes only and do not reflect actual grouper amounts.

TN No. 2011-004
 Supercedes
 TN No. NEW

Date Received _____
 Date Approved _____
 Date Effective 07/01/11

State of Mississippi
 Title XIX Inpatient Hospital Reimbursement Plan

Appendix J - continued

**Overall PPC Payment Percentage Reduction
 Calculation**

<u>Numerator:</u>		
<u>Medicare DRG grouper payments of 7</u>		<u>\$51,410</u>
<u>claims filed with POA values without the</u>		
<u>application of Medicare list of HAC</u>		
<u>Medicare DRG grouper payments of 7</u>		<u>\$49,300</u>
<u>claims filed with POA values with the</u>		
<u>application of Medicare list of HAC</u>		
Difference	A	<u>\$2,110</u>
		<u><u>\$2,110</u></u>
Denominator	B	<u>\$51,410</u>
		<u><u>\$51,410</u></u>

Overall PPC Payment Percentage Reduction A / B	.0410
---	--------------

In this example the overall PPC payment percentage reduction that would be applied to claims with dates of service October 1, 2013 through September 30, 2014 would be 4.1%. This would be entered into the MMIS prior to October 1, 2013.