

Title 23 Division of Medicaid

Part 202 Hospital Services

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. Payment for transplant services 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:
 - 1. A Proposed Case Payment (PCP) is defined as 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.
 - a) If the transplant stay exceeds the hospital length of stay published by *Milliman*, the provider may qualify for an outlier per-diem payment. 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) Total reimbursement of transplant services cannot exceed one-hundred percent (100%) of the sum of billed charges for 30 days pre-transplant, procurement, hospital transplant admission, physician during transplant and 180 days post-transplant discharge as published by *Milliman*.
 - 2. Contracts for transplant services negotiated prior to October 1, 2012 are honored through the term of the contract.

- B. 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

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