AHCCCS *Preliminary 2011 Model Version 11/15/13*

DRG-Based Inpatient Hospital Payment System

Estimated Fiscal Impact Under New APR-DRG v 30 System

Model Components

Design Component	Description
Claims/encounter data	FFY 2011 (10/1/2010 - 9/30/2011) Arizona Medicaid inpatient FFS claims and MCO encounter data from in-state and selected out-of-state hospitals. Excludes closed providers, providers without AHCCCS MCO contracts, IHS/638 provider cases, same-day discharges, zero-paid discharges, MED population, federally funded FFS cases, freestanding psychiatric, rehabilitation and LTAC provider cases, Medicare dual eligibles, transplant episodes and cases with ungroupable APR-DRG assignments. Also excludes FFY 2011 psychiatric cases from Maricopa Medical Center with transitional days. FFY 2011 non-newborn DRG pediatric cases from St. Joseph Hospital and Medical Center have been labeled as Phoenix Children's Hospital cases to reflect the sale of St. Joseph's pediatric unit.
DRG classification Version	3M APR-DRG version 30.
Current system claim payments	Based on FFY 2011 reported claim and encounter payments (PYMT_AMT and OTH_CVG_PD_AMT fields), with adjustments applied to reflect the following rate reductions and outlier changes since FFY 2011: - Effective 4/1/11: 5% per diem rate reduction and 5% outlier CCR reduction - Effective 10/1/11: 5% per diem rate reduction, 5% outlier CCR reduction, 5% outlier threshold increase, provider-specific outlier CCR changes for charge master increases and 25-day limit (7% payment reduction) Payment reductions were applied as follows: - Non-outlier claim admits 10/1/10-3/31/11: 0.95 X 0.95 X 0.93 = **0.839325** adjustment - Outlier claim admits 10/1/10-3/31/11: 0.95 X 0.95 X 0.95 X 0.93 X provider CCR change factor = **0.79735875** adjustment X provider CCR change factor - Non-outlier claim admits 4/1/11-9/30/11: 0.95 X 0.93 = **0.8835** adjustment - Outlier claim admits 4/1/11-9/30/11: 0.95 X 0.95 X 0.93 X provider CCR change factor = **0.839325** adjustment X provider CCR change factor
DRG base rates	Based on statewide standardized amount of **$4,184.56**, with labor portion adjusted by FFY 2012 Medicare IPPS wage index (with reclassifications). Statewide standardized amount set using the FFY 2010 model such that statewide aggregate simulated total claim payments (FFS and MCO combined) are budget neutral to the FFY 2010 model target expenditures.
DRG relative weights	Based on 3M's version 30 APR-DRG national weights, adjusted by a factor of **0.755190** to achieve an average Arizona case mix index of 1.0000.

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Model Components

Design Component	Description
DRG base payments	Calculated by multiplying the DRG base rate by the DRG relative weight, the applicable policy adjuster factor and the applicable provider adjustment factor.
Outlier payments	Calculated using following: - Claim outlier threshold equal to base DRG payment plus **$65,000** fixed loss threshold (**$5,000** fixed loss threshold for CAHs/small rural hospitals). - Claim outlier costs calculated by multiplying claim charges by FFY 2011 Medicare outlier CCRs, inflated from FFY 2011 to FFY 2015 by **9.9%** based on changes in CMS input price index levels. - Claim outlier payment calculated based on **90%** of outlier costs exceeding outlier threshold for burn DRGs and **80%** for all other cases.
Transfer payments	Based on the Medicare IPPS pro-rated standard transfer methodology for discharge status of 02, 03, 05, 06, 62, 63, 65, excluding APR-DRGs 580 and 581 (neonates died or transferred). Transfer payment equal to DRG base payment divided by the DRG average length of stay, multiplied by one plus the claim length of stay (up to the full DRG base payment).
Supplemental payments	Based on FFY 2013 Arizona Medicaid supplemental payments, excluding DSH and Safety Net Pool payments. Model assumes supplemental payments will continue as-is under new DRG system. Each provider's supplemental payments allocated to their own claims based on the ratio of case charges to the provider's total inpatient Medicaid charges in the model.
Policy adjusters	Policy adjusters applied to DRG base payments to achieve estimated aggregate **statewide average** pay-to-cost ratios (including allocated supplemental payments) separately for: - Normal newborn DRGs (**1.45** factor) identified based on APR-DRGs 626 and 640 - Neonate DRGs (**1.15** factor) identified based on non-normal newborn DRGs in MDC 15 (Newborns and other neonates with condition originating in perinatal period) - Obstetric DRGs (**1.45** factor) identified based on MDC 14 (Pregnancy, childbirth and the puerperium) - Other pediatric cases for age 18 and under (**1.15** factor) Policy adjuster applied to DRG base payments for Psychiatric/Rehabilitation DRGs (**1.50** factor) to achieve estimated **current system spending** under new system.

DRG-Based Inpatient Hospital Payment System

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Model Components

Design Component	Description
Provider adjustments	Provider-specific High Medicaid Volume adjustment factors applied to DRG base payments for all services at select providers to keep them held harmless in aggregate under the new system (only if a provider's modeled payments under new system are less than current system payments). High Medicaid Volume provider criteria was FFY 2010 Medicaid days of at least **400%** of the provider the mean Medicaid days (**10,253** days) **and** FYE 2010 MIUR above **40%** (based on patient days). Adjustment factor applied to two high volume providers. All provider adjustments applied in addition to the policy adjusters.
Payment transition factor	Model assumes provider-specific payment transition factors will be applied to new claim payments (DRG base payments and outlier payments combined) for 3 years after system implementation to limit payment changes. Under the proposed system transition, modeled payment changes are limited as follows: - Year 1: 20% of full estimated payment change - Year 2: 40% of full estimated payment change - Year 3: 60% of full estimated payment change Payment transition factors based on the ratio of estimated payments under transitional limits to estimated payments under full implementation (without payment change limits).
Estimated costs	Based on estimated cost of FFY 2011 cases calculated at a detail line level by applying cost center-specific CCRs to ancillary revenue code charges and cost per diems to routine revenue code days. CCRs and cost per diems calculated from hospital Medicare cost report data extracted from the HCRIS dataset. Estimated costs inflated from FFY 2011 to FFY 2015 by a factor of 9.9%, based on changes in CMS input price index levels. Estimated costs for FFY 2011 pediatric cases from St. Joseph Hospital and Medical Center labeled as Phoenix Children's Hospital cases still reflect St. Joseph's costs.

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Estimated Fiscal Impact Under New APR-DRG v 30 System

Model Claims Data Summary

					Unadjusted Total Claim Payments Under Current System				Unadjusted Outlier Payments Under Current System			Uninflated Estimated Costs	
Model Claims Data Year	Inpatient DRG Model Cases	Inpatient DRG Model Days	Average Length of Stay	APR-DRG Case Mix Index	Current System Total Claim Payments (Unadjusted)	Average Total Payment per Case	Case Mix Adjusted Average Total Payment per Case	Average Total Payment Per Day	Outlier Cases	Outlier Payments	Average Outlier Payment per Case	Estimated Cost - Without Inflation	Average Cost per Case
	A	B	C=B/A	D	E	F=E/A	G=F/D	H=E/B	I	J	K=J/I	L	M=L/A
FFY 2010 Data (With MED and same day discharges)	**199,751**	**728,092**	**3.6**	**1.0000**	**1,181,078,160**	**5,912.75**	**5,912.75**	**1,622.16**	**N/A**	**N/A**	**N/A**	**1,388,876,972**	**6,953.04**
% Change from 2010-2011	-11.6%	-12.3%	-0.9%	-1.6%	-16.6%	-5.7%	-4.2%	-4.9%	N/A	N/A	N/A	-9.3%	2.5%
FFY 2011 Data (Less MED and same day discharges)	**176,643**	**638,310**	**3.6**	**0.9840**	**984,904,410**	**5,575.68**	**5,666.14**	**1,542.99**	**15,682**	**218,227,037**	**13,915.77**	**1,259,340,589**	**7,129.30**
% Change from 2011-2012	-14.3%	-17.5%	-3.7%	-4.0%	-32.6%	-21.3%	-18.1%	-18.3%	-50.0%	-51.5%	-2.9%	-13.8%	0.6%
FFY 2012 Data (Less MED and same day discharges)	**151,362**	**526,520**	**3.5**	**0.9448**	**663,868,221**	**4,385.96**	**4,642.45**	**1,260.86**	**7,836**	**105,845,141**	**13,507.55**	**1,085,768,361**	**7,173.32**
% Change from 2010-2012	-24.2%	-27.7%	-4.6%	-5.5%	-43.8%	-25.8%	-21.5%	-22.3%	N/A	N/A	N/A	-21.8%	3.2%

AHCCCS
DRG-Based Inpatient Hospital Payment System
Estimated Fiscal Impact Under New APR-DRG v 30 System
Model Policy Adjuster Summary

Preliminary 2011 Model Version 11/15/13
Simulated Payments Without Transition

Sorted by Model Policy Adjuster

						Payments Under Current System				Simulated Payments Under New System - Without Transition							
Model Policy Adjuster (Based on APR-DRG Assignment and Age)	FFY 2011 Cases	FFY 2011 Days	Average Length of Stay	APR-DRG Case Mix Index	FFY 2015 Estimated Inflated Costs	Current System Claim Payments (With Reductions)	SFY 2013 Allocated Supplemental Payments	Total Current System Payments	Estimated Payment-to-Cost Ratio	Policy Adjuster	Simulated Base DRG Payments	Simulated Outlier Payments	Simulated Total Claim Payments	Total New System Payments	Estimated Payment-to-Cost Ratio	Estimated Payment Change	Estimated Payment Change Percentage
	A	B	C=B/A	D	E	F	G	H=F+G	I=H/E	J	K	L	M=K+L	N=G+M	O=N/E	P=N-H	Q=P/H
Neonate	3,785	65,391	17.3	3.480	125,604,652	71,720,220	19,465,924	91,186,144	72.6%	1.15	64,635,944	17,074,976	81,710,920	101,176,844	80.6%	9,990,701	11.0%
Normal newborn	41,163	86,139	2.1	0.167	63,862,741	44,373,073	4,946,421	49,319,493	77.2%	1.45	42,785,784	-	42,785,784	47,732,205	74.7%	(1,587,289)	-3.2%
Obstetrics	37,384	96,444	2.6	0.556	197,802,309	115,251,748	17,442,144	132,693,893	67.1%	1.45	128,865,741	34,614	128,900,355	146,342,499	74.0%	13,648,607	10.3%
Psychiatric/Rehabilitation	3,464	26,065	7.5	0.822	32,047,029	16,223,283	4,758,378	20,981,660	65.5%	1.50	17,091,589	249,642	17,341,231	22,099,609	69.0%	1,117,949	5.3%
Other pediatric services	24,552	91,250	3.7	1.156	248,889,226	132,593,504	33,541,503	166,135,006	66.8%	1.15	137,706,077	19,682,044	157,388,121	190,929,623	76.7%	24,794,617	14.9%
Other adult services	66,295	273,021	4.1	1.535	715,809,350	455,085,434	116,577,007	571,662,441	79.9%	1.00	422,580,435	19,840,306	442,420,742	558,997,749	78.1%	(12,664,692)	-2.2%
Inpatient Total	**176,643**	**638,310**	**3.6**	**0.984**	**1,384,015,308**	**835,247,261**	**196,731,376**	**1,031,978,637**	**74.6%**		**813,665,571**	**56,881,583**	**870,547,153**	**1,067,278,529**	**77.1%**	**35,299,892**	**3.4%**

AHCCCS
DRG-Based Inpatient Hospital Payment System
Estimated Fiscal Impact Under New APR-DRG v 30 System
Provider Type Summary

Preliminary 2011 Model Version 11/15/13
Simulated Payments Without Transition

Grouped by Provider Type

							Payments Under Current System				Simulated Payments Under New System - Without Transition						
Provider Type - Types Not Mutually Exclusive	**Number of Providers**	**FFY 2011 Cases**	**FFY 2011 Days**	**Average Length of Stay**	**APR-DRG Case Mix Index**	**FFY 2015 Estimated Inflated Costs**	**Current System Claim Payments (With Reductions)**	**Current Allocated Supplemental Payments**	**Total Current System Payments**	**Estimated Payment-to-Cost Ratio**	**Simulated Base DRG Payments**	**Simulated Outlier Payments**	**Simulated Total Claim Payments**	**Total New System Payments**	**Estimated Payment-to-Cost Ratio**	**Estimated Payment Change**	**Estimated Payment Change Percentage**
	A	**B**	**C**	**D=C/B**	**E**	**F**	**G**	**H**	**I=G+H**	**J=I/F**	**K**	**L**	**M=K+L**	**N=H+M**	**O=N/F**	**P=N-I**	**Q=P/I**
High Medicaid Utilization Hospitals [1]	4	33,743	160,749	4.8	1.367	428,748,823	238,895,630	131,462,840	370,358,470	86.4%	220,314,795	40,690,732	261,005,527	392,468,367	91.5%	22,109,897	6.0%
Urban Hospitals (excluding High Medicaid Utilization hospitals)	31	113,286	391,940	3.5	0.916	763,737,520	472,629,673	48,211,056	520,840,729	68.2%	477,442,785	13,020,008	490,462,793	538,673,849	70.5%	17,833,120	3.4%
Non-CAH Rural Hospitals (excluding high outlier hospitals) [2]	14	25,267	72,343	2.9	0.790	160,323,346	90,752,256	11,022,238	101,774,493	63.5%	97,023,639	1,971,982	98,995,621	110,017,859	68.6%	8,243,365	8.1%
CAH/Small Rural Hospitals (less than 25 beds)	11	2,223	4,706	2.1	0.569	11,537,119	4,605,092	4,737,959	9,343,051	81.0%	5,616,074	554,304	6,170,379	10,908,338	94.5%	1,565,287	16.8%
Out-of-State Hospitals	5	630	3,848	6.1	2.068	8,871,375	12,188,908	-	12,188,908	137.4%	6,183,860	512,653	6,696,513	6,696,513	75.5%	(5,492,395)	-45.1%
Children's Hospitals	2	8,990	52,125	5.8	1.586	169,220,193	82,479,491	12,388,446	94,867,938	56.1%	69,620,779	23,290,389	92,911,168	105,299,615	62.2%	10,431,677	11.0%
Trauma Hospitals (Receiving Trauma Supplementals)	8	53,053	235,323	4.4	1.291	602,561,688	338,565,185	164,269,542	502,834,726	83.4%	321,200,994	44,711,676	365,912,670	530,182,211	88.0%	27,347,485	5.4%
Teaching Hospitals (Receiving GME Supplementals)	10	63,731	275,961	4.3	1.189	652,485,642	372,481,168	176,862,936	549,344,105	84.2%	356,206,055	48,159,966	404,366,021	581,228,958	89.1%	31,884,853	5.8%
Other General Acute Hospitals Not Listed Above	29	82,667	272,660	3.3	0.876	529,814,585	339,546,007	2,006,492	341,552,499	64.5%	336,979,122	5,471,763	342,450,885	344,457,377	65.0%	2,904,878	0.9%
Inpatient Total (Not Sum of Above Provider Types)	**67**	**176,643**	**638,310**	**3.6**	**0.984**	**1,384,015,308**	**835,247,261**	**196,731,376**	**1,031,978,637**	**74.6%**	**813,665,571**	**56,881,583**	**870,547,153**	**1,067,278,529**	**77.1%**	**35,299,892**	**3.4%**

Notes:
1. High Medicaid Volume providers had FFY 2010 Medicaid days of at least 400% of the provider mean Medicaid days (10,253 days) and FYE 2010 MIUR above 40% (based on patient days).
2. Excludes 2 providers with outlier claim payments consisting of 40% of total claim payments under the current system.

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DRG-Based Inpatient Hospital Payment System
Estimated Fiscal Impact Under New APR-DRG v 30 System
Provider Ranges Summary - By Provider Size

Simulated Payments Without Transition

Sorted by Provider Range

							Payments Under Current System				Simulated Payments Under New System - Without Transition						
Provider Range	Number of Providers	FFY 2011 Cases	FFY 2011 Days	Average Length of Stay	APR-DRG Case Mix Index	FFY 2015 Estimated Inflated Costs	Current System Claim Payments (With Reductions)	Current Allocated Supplemental Payments	Total Current System Payments	Estimated Payment-to-Cost Ratio	Simulated Base DRG Payments	Simulated Outlier Payments	Simulated Total Claim Payments	Total New System Payments	Estimated Payment-to-Cost Ratio	Estimated Payment Change	Estimated Payment Change Percentage
	A	B	C	D=C/B	E	F	G	H	I=G+H	J=I/F	K	L	M=K+L	N=H+M	O=N/F	P=N-I	Q=P/I
Medicaid Utilization Percentage (based on 2010 days)																	
60%+	3	4,048	12,940	3.2	0.726	22,130,966	13,361,865	1,180,692	14,542,557	65.7%	13,652,143	342,051	13,994,194	15,174,886	68.6%	632,329	4.3%
40%-60%	9	42,662	187,715	4.4	1.240	478,142,318	267,590,022	141,736,290	409,326,312	85.6%	251,869,145	41,698,850	293,567,995	435,304,285	91.0%	25,977,973	6.3%
20%-40%	33	115,616	391,317	3.4	0.899	778,313,734	483,137,017	51,805,961	534,942,978	68.7%	483,626,887	13,655,726	497,282,613	549,088,574	70.5%	14,145,595	2.6%
0%-20%	22	14,317	46,338	3.2	0.983	105,428,290	71,158,357	2,008,433	73,166,790	69.4%	64,517,396	1,184,956	65,702,352	67,710,785	64.2%	(5,456,006)	-7.5%
Inpatient Total	**67**	**176,643**	**638,310**	**3.6**	**0.984**	**1,384,015,308**	**835,247,261**	**196,731,376**	**1,031,978,637**	**74.6%**	**813,665,571**	**56,881,583**	**870,547,153**	**1,067,278,529**	**77.1%**	**35,299,892**	**3.4%**
Number of FFY 2011 Inpatient Cases Range																	
10,000 + Cases	4	43,983	173,732	3.9	1.059	351,176,725	216,190,455	62,176,915	278,367,370	79.3%	222,779,221	9,635,567	232,414,788	294,591,703	83.9%	16,224,332	5.8%
5,000-10,000 Cases	8	56,384	215,490	3.8	1.010	504,925,278	283,001,450	101,123,670	384,125,120	76.1%	268,741,183	38,842,634	307,583,817	408,707,487	80.9%	24,582,367	6.4%
1,000-5,000 Cases	27	67,430	222,357	3.3	0.921	464,171,208	284,131,171	23,739,771	307,870,942	66.3%	284,256,065	6,404,896	290,660,961	314,400,732	67.7%	6,529,790	2.1%
500-1,000 Cases	9	6,706	19,632	2.9	0.917	47,406,867	43,988,129	5,934,711	49,922,840	105.3%	29,292,856	1,098,643	30,391,498	36,326,210	76.6%	(13,596,631)	-27.2%
Under 500 Cases	19	2,140	7,099	3.3	0.946	16,335,229	7,936,056	3,756,309	11,692,365	71.6%	8,596,246	899,844	9,496,090	13,252,398	81.1%	1,560,034	13.3%
Inpatient Total	**67**	**176,643**	**638,310**	**3.6**	**0.984**	**1,384,015,308**	**835,247,261**	**196,731,376**	**1,031,978,637**	**74.6%**	**813,665,571**	**56,881,583**	**870,547,153**	**1,067,278,529**	**77.1%**	**35,299,892**	**3.4%**
Number of FFY 2011 Inpatient Days Range																	
25,000-50,000 Days	8	77,158	321,520	4.2	1.127	740,061,270	423,131,942	162,347,768	585,479,710	79.1%	411,417,229	48,059,101	459,476,330	621,824,098	84.0%	36,344,387	6.2%
10,000-25,000 Days	11	47,935	155,074	3.2	0.853	296,132,270	184,124,344	8,621,391	192,745,735	65.1%	188,132,306	3,560,276	191,692,582	200,313,973	67.6%	7,568,238	3.9%
5,000-10,000 Days	14	34,591	114,394	3.3	0.915	234,105,102	147,512,582	11,530,722	159,043,303	67.9%	146,603,804	3,151,747	149,755,551	161,286,273	68.9%	2,242,969	1.4%
1,000-5,000 Days	16	15,050	42,496	2.8	0.839	99,942,291	74,062,830	10,475,187	84,538,016	84.6%	60,324,245	1,552,666	61,876,911	72,352,098	72.4%	(12,185,918)	-14.4%
Under 1,000 Days	18	1,909	4,826	2.5	0.907	13,774,375	6,415,564	3,756,309	10,171,873	73.8%	7,187,987	557,793	7,745,780	11,502,089	83.5%	1,330,216	13.1%
Inpatient Total	**67**	**176,643**	**638,310**	**3.6**	**0.984**	**1,384,015,308**	**835,247,261**	**196,731,376**	**1,031,978,637**	**74.6%**	**813,665,571**	**56,881,583**	**870,547,153**	**1,067,278,529**	**77.1%**	**35,299,892**	**3.4%**

AHCCCS
DRG-Based Inpatient Hospital Payment System
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Provider Ranges Summary - By Estimated Payment Change

Preliminary 2011 Model Version 11/15/13
Simulated Payments Without Transition

Sorted by Provider Range

							Payments Under Current System				Simulated Payments Under New System - Without Transition						
Provider Range	Number of Providers	FFY 2011 Cases	FFY 2011 Days	Average Length of Stay	APR-DRG Case Mix Index	FFY 2015 Estimated Inflated Costs	Current System Claim Payments (With Reductions)	Current Allocated Supplemental Payments	Total Current System Payments	Estimated Payment-to-Cost Ratio	Simulated Base DRG Payments	Simulated Outlier Payments	Simulated Total Claim Payments	Total New System Payments	Estimated Payment-to-Cost Ratio	Estimated Payment Change	Estimated Payment Change Percentage
	A	B	C	D=C/B	E	F	G	H	I=G+H	J=I/F	K	L	M=K+L	N=H+M	O=N/F	P=N-I	Q=P/I
Estimated Payment Change Range																	
$10mm-$15mm Increase	1	8,759	49,852	5.7	1.594	166,659,340	80,958,999	12,388,446	93,347,446	56.0%	68,212,520	22,948,339	91,160,859	103,549,305	62.1%	10,201,860	10.9%
$5mm-$10mm Increase	2	19,909	81,975	4.1	1.180	173,690,525	101,813,598	49,938,985	151,752,584	87.4%	107,163,543	7,833,269	114,996,812	164,935,798	95.0%	13,183,214	8.7%
$1mm-$5mm Increase	12	68,508	248,159	3.6	0.971	517,245,781	312,155,457	116,367,479	428,522,936	82.8%	316,468,142	20,022,860	336,491,003	452,858,481	87.6%	24,335,545	5.7%
$500k-$1mm Increase	7	24,576	82,740	3.4	0.869	167,953,451	95,643,350	3,463,258	99,106,608	59.0%	99,449,413	1,484,697	100,934,111	104,397,369	62.2%	5,290,761	5.3%
$500k Decrease-$500k Increase	36	39,613	122,849	3.1	0.840	249,259,898	150,824,342	11,801,579	162,625,921	65.2%	152,424,211	2,713,396	155,137,607	166,939,186	67.0%	4,313,265	2.7%
$500k-$1mm Decrease	3	6,245	20,313	3.3	0.895	40,764,333	28,196,735	1,390,531	29,587,265	72.6%	25,809,369	425,469	26,234,837	27,625,368	67.8%	(1,961,898)	-6.6%
$1mm-$5mm Decrease	4	7,477	25,290	3.4	0.988	52,596,072	41,478,595	1,359,590	42,838,185	81.4%	33,335,599	843,495	34,179,095	35,538,685	67.6%	(7,299,501)	-17.0%
$5mm-$10mm Decrease	2	1,556	7,132	4.6	1.447	15,845,908	24,176,185	21,508	24,197,693	152.7%	10,802,772	610,057	11,412,830	11,434,338	72.2%	(12,763,355)	-52.7%
Inpatient Total	**67**	**176,643**	**638,310**	**3.6**	**0.984**	**1,384,015,308**	**835,247,261**	**196,731,376**	**1,031,978,637**	**74.6%**	**813,665,571**	**56,881,583**	**870,547,153**	**1,067,278,529**	**77.1%**	**35,299,892**	**3.4%**
Estimated Payment Change Percentage Range																	
25%+ Increase	4	1,839	3,931	2.1	0.641	9,395,057	4,627,155	1,628,346	6,255,502	66.6%	6,447,919	11,939	6,459,858	8,088,205	86.1%	1,832,703	29.3%
10%-25% Increase	15	35,235	137,704	3.9	1.073	351,786,331	184,188,731	18,975,003	203,163,734	57.8%	182,541,918	27,104,314	209,646,231	228,621,234	65.0%	25,457,500	12.5%
10% Decrease-10% Increase	41	132,265	469,563	3.6	0.958	965,860,574	587,939,324	173,474,294	761,413,618	78.8%	587,258,044	28,355,239	615,613,283	789,087,577	81.7%	27,673,959	3.6%
10%-25% Decrease	3	5,228	18,703	3.6	1.048	37,706,590	30,312,096	1,356,450	31,668,546	84.0%	24,344,157	800,034	25,144,190	26,500,640	70.3%	(5,167,906)	-16.3%
25%+ Decrease	4	2,076	8,409	4.1	1.305	19,266,756	28,179,954	1,297,283	29,477,237	153.0%	13,073,533	610,057	13,683,590	14,980,873	77.8%	(14,496,364)	-49.2%
Inpatient Total	**67**	**176,643**	**638,310**	**3.6**	**0.984**	**1,384,015,308**	**835,247,261**	**196,731,376**	**1,031,978,637**	**74.6%**	**813,665,571**	**56,881,583**	**870,547,153**	**1,067,278,529**	**77.1%**	**35,299,892**	**3.4%**