Final Staff Recommendation on QBR and MHAC Scaling Magnitudes and Standard for Expected Values for the FY 2014 and FY 2015 Updates to Hospital Rates

January 9, 2013

This document represents a final staff recommendation to be presented to the Commission on January 9, 2013.

Introduction

The HSCRC quality-based scaling methodologies and magnitudes "at risk" are important policy tools for providing strong incentives for hospitals to improve their quality performance over time. This document presents recommendations for the scaling magnitudes and methodologies to translate scores into rate updates for the Quality-based Reimbursement ("QBR") and Maryland Hospital Acquired Conditions ("MHACs") initiatives to be applied to FY 2015 rates based on Calendar Year 2013 hospital performance periods.

Current HSCRC policy calls for the revenue neutral scaling of hospitals' position and allocation of rewards and penalties related to performance on the HCSRC's QBR and MHAC initiatives. The term "scaling" refers to the differential allocation of a pre-determined portion of base regulated hospital revenue based on a distribution of hospital performance related to relative quality. The rewards (positive scaled amounts) or penalties (negative scaled amounts) are then applied to each hospital's update factor for the rate year. Unlike previous scaling for Reasonableness of Charges ('ROC") results, scaling amounts applied for quality performance are applied on a "one-time" basis (and not considered permanent revenue).

The reward and penalty allocations for the quality programs are computed on a "revenue neutral" basis for the system as a whole. This means that the net increases in rates for better performing hospitals are funded entirely by net decreases in rates for poorer performing hospitals.

Since the inception of the program, clinical work groups have been meeting on on-going bases to discuss the measures, and the MHAC and QBR methodologies. The Payment Work Group meets each year to discuss the size and distribution of the scaling of the update factor. The Payment Work Group met on October 31, November 14, and December 17, 2012 to review issues and modeling for changes to the MHAC and QBR scaling magnitudes and the standard for expected values for FY 2015.

Background

1. QBR and MHAC Measures, Scaling and Magnitude at Risk to Date

The QBR program uses the Centers for Medicare and Medicaid Services ("CMS")/Joint Commission core process measures, —e.g., aspirin is given upon arrival for the patient diagnosed with heart attack--and eight "patient experience of care" or Hospital Consumer Assessment of Healthcare Providers and Systems ("HCAHPS") measure domains. Appendix I lists the measures for the QBR and MHAC programs.

The MHAC program currently uses 51 of the 65 Potentially Preventable Complications developed by 3M Health Information Systems, which computes actual versus expected rates of complications adjusted for each patient by the All Patient Refined Diagnosis Related Group ("APR DRG"), and severity of illness ("SOI") category.

For FY 2013 rates, the HSCRC scaled a maximum penalty of 0.5% of base approved hospital revenue for the QBR (which was the same level as FYs 2010 through 2012), and 2% for the MHAC program (which was 0.5% in FY 2011, and 1% in FY 12) - a total of 2.5% of hospital base revenue

related to quality. Prior to FY 2013, the final scaling magnitudes for the QBR and MHAC programs were determined retrospectively at the end of a particular year because of the hospital industry's preference to see the impact of scaling on individual hospitals in the context of the overall hospital update approved by the Commission.[1] However, last year the Commission agreed, to the extent practicable, to determine the scaling magnitudes and expected rates prospectively. In an effort to expedite HSCRC's issuing of rate orders, HSCRC is transitioning MHAC performance calculations from a fiscal year basis to a calendar year basis during FY 2012 and FY 2013. To accommodate the transition, HSCRC utilized FY 2012 Q1, Q2, and Q3 case mix data for calculating FY 2012 MHAC performance results. For quality scaling applied to FY 2014 rate orders, HSCRC will again utilize three quarters of case mix data (FY 2012 Q4, FY 2013 Q1, and FY 2013 Q2) as the performance period. The performance period for QBR program had always been on a calendar year schedule; therefore, no change has been implemented.

This recommendation for quality performance relates to rate updates applied with FY 2015 rate orders (effective July 1, 2014). Since the performance year for FY 14 is nearly over (CY 2012), staff is not recommending any changes for FY 14 standards and magnitudes. In an effort to determine the parameters of each program prospectively, the staff is recommending changing the base periods for both QBR and MHAC programs to the most recent fiscal year to accommodate the data lag in the production of performance comparison benchmarks in advance of the performance period. Table 1 provides the illustration of new base and performance periods for MHAC program, including the transition in relation to case-mix lag.

Table 1: MHAC Base and Performance Periods

	FY10-Q1	FY10-Q2	FY10-Q3	FY10-Q4	FY11-Q1	FY11-Q2	FY11-Q3	FY11-Q4	FY12-Q1	FY12-Q2	FY12-Q3	FY12-Q4	FY13-Q1	FY13-Q2	FY13-Q3	FY13-Q4	FY14-Q1	FY14-Q2
	CY09-Q3	CY09-Q4	CY10-Q1	CY10-Q2	CY10-Q3	CY10-Q4	CY11-Q1	CY11-Q2	CY11-Q3	CY11-Q4	CY12-Q1	CY12-Q2	CY12-Q3	CY12-Q4	CY13-Q1	CY13-Q2	CY13-Q3	CY13-Q4
FY 2012 Rate Year	Base: FY 2010				Performance : FY 2011													
FY 2013 Rate Year					Base : FY2011				Performance: 3 Quarter									
FY 2014 Rate Year								Base : FY 11 Q4, FY12 Q1,2,3				Performance : 3 Quarter						
FY 2015 Rate Year									Base: FY12						Performance: CY 13			

2. Centers for Medicare & Medicaid Services (CMS) Value Based Purchasing (VBP) Program

Medicare Value Based Purchasing

The Patient Protection and Affordable Care Act of 2010 requires CMS to fund the aggregate Hospital VBP incentive payments by reducing the base operating diagnosis-related group (DRG) payment amounts that determine the Medicare payment for each hospital inpatient discharge. The law sets the reduction at one percent in FY 2013, rising to 2 percent by FY 2017.

For the federal FY 2013 (which began on October 1, 2012) Hospital VBP program, CMS will measure hospital performance using two domains: the clinical process of care domain and the

[1] Note: over time, both the staff and the hospital and payer industries have suggested that the Commission consider gradually increasing the amount of revenue at risk for relative quality performance in future years.

patient experience of care domain, which is comprised of the HCAHPS survey measure. Results were weighted 70% process measures and 30% on 8 of the HCAPS measures. For federal FY 14, CMS has added several mortality outcome measures (for AMI, HF and Pneumonia) as well as additional outpatient process measures. CMS will be apportioning results as follows: 30% process measures, 30% patient experience measures, and 40% outcome measures. CMS has indicated its future emphasis will increasingly lean toward outcomes in the VBP program. The clinical QBR work group will meet this month to discuss the appropriate weighting of the process, patient experience and outcome measures in the QBR for Maryland's methodology for performance year CY 2013.

Value Based Purchasing Exemption Provisions

Inpatient acute care hospitals located in the State of Maryland are not paid currently under the IPPS in accordance with a special waiver provided by section 1814(b)(3) of the Social Security Act. Despite this waiver, Maryland hospitals, for the purposes of the VBP program, continue to meet the definition of a ''subsection (d) hospital" under section 1886(d)(1)(B) of the Social Security Act and are, therefore, not exempt from the CMS VBP program.

The Health and Human Services Secretary may exercise discretion pursuant to 1886(o)(1)(C)(iv) of the Social Security Act, which states that, "the Secretary may exempt such hospitals from the application of this subsection if the State which is paid under such section submits an annual report to the Secretary describing how a similar program in the State for a participating hospital or hospitals achieves or surpasses the measured results in terms of patient health outcomes and cost savings established under this subsection."

A VBP exemption request which included a report of Maryland's health outcomes and cost savings for the MHAC and QBR programs and a support letter from Secretary Sharfstein, was submitted to HHS Secretary Sebelius on September 30, 2011. The CMS letter granting the FY 13 exemption anticipated that the HSCRC would add the mortality outcome measures and encouraged Maryland hospitals to improve patient experience of care. On November 15, 2012, HSCRC staff submitted a letter to Secretary Sebelius requesting a VBP exemption for FY 14. **The CMS letter, which is attached to this recommendation, granting the exemption from FY 14 VBP program was received on December 21st, 2012 and noted that state's patient experience of care performance continues to lag behind the national medial performance levels and anticipated that Maryland will address the patient outcome measures adopted in the VBP in a FY 15 exemption request.**

3. Hospital Acquired Conditions

Medicare Hospital Acquired Conditions (HAC) Program

Beginning in FY 2015, hospitals across the country scoring in the top quartile for the rate of Hospital Acquired Conditions as compared to the national average will have their Medicare payments reduced by 1 percent for all DRGs. In calculating the rates, the Secretary of HHS will establish and apply an appropriate risk-adjustment methodology. The conditions included in this

provision would be those already selected for the current Medicare Hospital Acquired Conditions payment policy and any other conditions acquired during a hospital stay that the Secretary deems appropriate. The ACA also requires Maryland to obtain an exemption from the federal HAC program which will be based on whether Maryland's program meets or exceeds the federal program in terms of outcomes and savings.

Maryland Hospital Acquired Conditions

The Commission began applying scaling for MHAC performance in FY 2011. The number of complications included in the MHAC program declined by 20% in two years, resulting in cost savings of $105.4 million, after adjusting for changes in patient characteristics.

Last year (for FY 13 scaling), the Commission approved an increase in the magnitude of scaling from 1% to 2%. Modeling at the time showed an expected amount to be redistributed at 2% scaling to be approximately $25 million. After final results were calculated for FY13 scaling, the actual redistributed amount was $17 million. This amount was the result of the number of hospitals that were low performers (paid penalties) and the size of those hospitals.

Staff conducted modeling using the most recent results to consider altering the magnitude of scaling and/or the standard for expected values for FY 15 (see Tables 2 through 3). Table 2 shows the amount expected to be redistributed (using current MHAC results) relative to options for the magnitude of scaling and the standard for comparison (or expected values). The magnitude of scaling refers to the maximum penalty that would be applied to the worst performing hospital. Standard for comparison refers to the computation of the expected values for each MHAC by APR DRG and SOI (severity of illness) cell. Currently the methodology uses the statewide average value as the benchmark for determining the expected rates. A 20% reduction in the standard, for example, would mean that the expected rate by APR DRG SOI cell would be 20% lower than the statewide average. So, under Table 2, moving the magnitude of scaling to 3% and the expected standard to 20% would yield (given current performance) a redistribution of $80 million under the program. Under this scenario, 28 hospitals would receive reductions, whereas only 6 receive reductions using the current methodology and base year schedule.

Table 2: MHAC Scaling Modeling Results for FY15

	Current Base Year Schedule	6 Month Lagged Base Year	6 Month Lagged and 10 % Reduction	6 Month Lagged and 12.5 % Reduction	6 Month Lagged and 15 % Reduction	6 Month Lagged and 17.5% Reduction	6 Month Lagged and 20% Reduction
Hospitals Receiving Reductions	6	5	14	17	20	22	28
Total Scaling by Maximum Penalty							
2.00%	$13,630,529	$12,599,717	$31,018,649	$37,281,340	$42,750,992	$48,160,023	$53,267,169
2.50%	$17,038,161	$15,749,646	$38,773,312	$46,601,675	$53,438,740	$60,200,029	$66,583,962
3.00%	$20,445,793	$18,899,575	$46,527,974	$55,922,010	$64,126,488	$72,240,035	$79,900,754
3.50%	$23,853,425	$22,049,504	$54,282,637	$65,242,345	$74,814,236	$84,280,041	$93,217,546
4.00%	$27,261,058	$25,199,433	$62,037,299	$74,562,681	$85,501,984	$96,320,046	$106,534,339

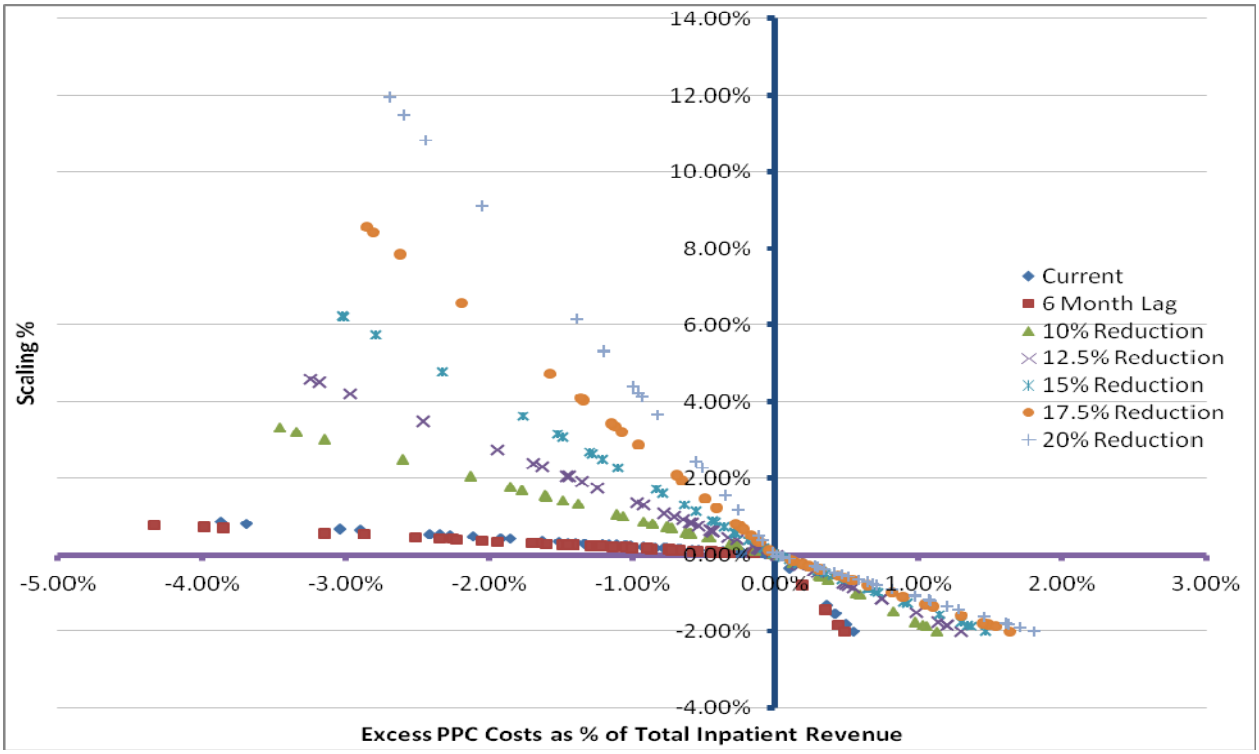
Table 3 shows the distribution of hospitals using a 2% scaling magnitude. Figure 1 provides an illustration of the relationship of performance to scaling under a 2% scenario using seven different expected standard scenarios – statewide average with current base year, state-wide average with 6

month lag, 10%, 12.5%, 15%, 17.5% and 20% reductions in state-wide average combined with 6 month lag. The 15% scenario shows the most linear relationship between scaling and performance.

Table 3: MHAC Scaling Modeling Results by Hospital for FY2015

	% Scaled Revenue with Maximum Penalty of 2%						
Hospital Name	Current	6 Month Lag & 10% Reduction	6 Month Lag & 12.5% Reduction	6 Month Lag & 15% Reduction	6 Month Lag & 17.5% Reduction	6 Month Lag & 20% Reduction	6MonthlagNorm 20% Reduction
St. Joseph Medical Center	-2.00%	-1.83%	-2.00%	-2.00%	-2.00%	-2.00%	-2.00%
Anne Arundel Medical Center	-1.80%	-2.00%	-1.88%	-1.85%	-1.83%	-1.81%	-1.80%
Harbor Hospital Center	-1.54%	-1.44%	-1.74%	-1.76%	-1.77%	-1.78%	-1.78%
Southern Maryland Hospital Center	-1.52%	-1.44%	-1.83%	-1.85%	-1.86%	-1.88%	-1.89%
Chester River Hospital Center	-1.32%	-0.78%	-1.47%	-1.52%	-1.56%	-1.59%	-1.61%
Greater Baltimore Medical Center	-0.35%	0.00%	-1.05%	-1.15%	-1.22%	-1.28%	-1.33%
Washington Adventist Hospital	0.02%	0.03%	-1.00%	-1.14%	-1.26%	-1.34%	-1.41%
University of Maryland Hospital	0.05%	0.06%	-0.65%	-0.84%	-0.98%	-1.09%	-1.19%
Sinai Hospital	0.06%	0.07%	-0.54%	-0.73%	-0.88%	-0.99%	-1.08%
Union of Cecil	0.07%	0.08%	-0.22%	-0.41%	-0.55%	-0.66%	-0.75%
Suburban Hospital	0.08%	0.08%	-0.56%	-0.78%	-0.95%	-1.09%	-1.19%
Doctors Community Hospital	0.08%	0.10%	-0.22%	-0.46%	-0.64%	-0.78%	-0.90%
Shady Grove Adventist Hospital	0.08%	0.10%	-0.03%	-0.24%	-0.41%	-0.53%	-0.64%
Johns Hopkins Hospital	0.10%	0.06%	-0.58%	-0.75%	-0.89%	-0.99%	-1.07%
Franklin Square Hospital Center	0.12%	0.12%	0.01%	-0.24%	-0.43%	-0.59%	-0.72%
Western Maryland Regional Medical Center	0.13%	0.13%	0.01%	-0.26%	-0.47%	-0.64%	-0.78%
Bon Secours Hospital	0.15%	0.14%	0.13%	-0.02%	-0.22%	-0.39%	-0.52%
Howard County General Hospital	0.15%	0.16%	0.30%	0.23%	0.04%	-0.16%	-0.30%
Garrett County Memorial Hospital	0.17%	0.16%	0.26%	0.16%	-0.05%	-0.23%	-0.37%
Memorial Hospital at Easton	0.17%	0.19%	0.45%	0.47%	0.38%	0.12%	-0.11%
Baltimore Washington Medical Center	0.19%	0.18%	0.28%	0.17%	-0.08%	-0.28%	-0.45%
Peninsula Regional Medical Center	0.21%	0.21%	0.30%	0.15%	-0.14%	-0.37%	-0.57%
Good Samaritan Hospital	0.23%	0.22%	0.44%	0.38%	0.17%	-0.13%	-0.33%
St. Agnes Hospital	0.23%	0.24%	0.60%	0.65%	0.60%	0.37%	-0.05%
Montgomery General Hospital	0.23%	0.26%	0.73%	0.85%	0.90%	0.82%	0.50%
Upper Chesapeake Medical Center	0.24%	0.22%	0.57%	0.62%	0.57%	0.35%	-0.05%
Northwest Hospital Center	0.25%	0.26%	0.69%	0.76%	0.73%	0.52%	-0.01%
Meritus Hospital	0.26%	0.22%	0.57%	0.62%	0.58%	0.36%	-0.04%
Frederick Memorial Hospital	0.27%	0.26%	0.72%	0.83%	0.86%	0.76%	0.38%
Harford Memorial Hospital	0.27%	0.26%	0.82%	1.00%	1.15%	1.23%	1.16%
Holy Cross Hospital	0.30%	0.30%	1.06%	1.37%	1.71%	2.07%	2.44%
Mercy Medical Center	0.31%	0.27%	0.88%	1.10%	1.31%	1.48%	1.55%
Johns Hopkins Bayview Medical Center	0.32%	0.23%	0.57%	0.62%	0.56%	0.33%	-0.06%
Prince Georges Hospital Center	0.34%	0.29%	1.02%	1.31%	1.62%	1.95%	2.28%
Union Memorial Hospital	0.36%	0.31%	0.82%	0.92%	0.90%	0.68%	0.07%
Calvert Memorial Hospital	0.41%	0.35%	1.32%	1.76%	2.27%	2.88%	3.64%
Maryland General Hospital	0.43%	0.41%	1.54%	2.04%	2.64%	3.35%	4.23%
Laurel Regional Hospital	0.43%	0.41%	1.54%	2.06%	2.68%	3.44%	4.40%
St. Mary's Hospital	0.47%	0.37%	1.43%	1.91%	2.49%	3.21%	4.12%
Fort Washington Medical Center	0.51%	0.46%	1.78%	2.39%	3.14%	4.08%	5.30%
Civista Medical Center	0.52%	0.52%	2.04%	2.75%	3.63%	4.72%	6.16%
Carroll Hospital Center	0.54%	0.43%	1.70%	2.31%	3.07%	4.03%	5.33%
McCready Memorial Hospital	0.65%	0.70%	3.01%	4.21%	5.76%	7.86%	10.83%
Dorchester General Hospital	0.68%	0.57%	2.49%	3.49%	4.80%	6.57%	9.10%
James Lawrence Kernan Hospital	0.82%	0.73%	3.20%	4.51%	6.22%	8.57%	11.95%
Atlantic General Hospital	0.87%	0.79%	3.32%	4.60%	6.24%	8.43%	11.49%

Figure 1: The relationship between MHAC Scaling and Standard for Comparison (Expected Values)



MHAC Improvement Scoring

Last year the Maryland Hospital Association requested that the Commission consider including an element of improvement in the MHAC program. In addition, there have been on- going discussions regarding focusing at least a portion of the MHAC program on a few targeted measures. While QBR has had an improvement factor built into its methodology, the MHAC methodology does not. Therefore, as some hospitals commented, those hospitals who have historically low performance scores find it difficult to be able to compete for MHAC scaling – even if they achieve significant improvement for several years. The rationale is to recognize improvement on a target number of PPCs through the MHAC program. Staff is proposing to accomplish this by adding a 1% scaling mechanism to the existing 2% MHAC performance scale, based on improvement in target PPC rates. The Payment Work Group discussed options during their meetings on November 14 and December 17, 2012 while MHAC/QBR clinical work group have been working on to determine the list of PPCs to be targeted and measurement of improvement.

Both work groups reviewed the existing PPCs in terms of prevalence (total PPC count), the number of hospitals that have reported these PPCs, cost per PPC case, and the total cost of each PPC. The Work Groups also discussed areas of policy focus where particular emphasis should be placed on improvement. Appendix II shows all 65 PPCs with the cost, count, and change between FY 2011 and 2012. Based on the criteria discussed above, staff initially considered a subset of 13 PPCs to apply for the improvement program with the input from the QBR/MHAC clinical work

group. After further discussion, staff limited the number of PPCs to 5. Table 4 provides the cost and count of these 5 PPCs.

Table 4: List of PPCs included in the Improvement Scale

Included PPCs		Total Number of Complications	Total Cost	Total Cost PPC Rank (Highest=1)
PPC24	Renal Failure without Dialysis	4,534	$37,648,834	3
PPC5	Pneumonia & Other Lung Infections	1,607	$31,799,316	4
PPC35	Septicemia & Severe Infections	1,314	$28,600,524	6
PPC6	Aspiration Pneumonia	1,016	$15,911,576	10
PPC16	Venous Thrombosis	916	$15,847,716	11

The Payment Work Group also considered methods of implementing scaling of approved inpatient revenue based on improvement. While staff is proposing to implement an improvement factor for FY 15 rates using CY 13 improvement compared to the FY 12 base period, staff modeled the potential impact if improvement were included for the FY 13 update factor (FY12 improvement in PPC rates compared to FY11). Using the 5 selected PPCs, staff modeled several methods of scaling an additional 1% (over and above the existing 2% scaled for performance/attainment). Appendices III includes three of the scaling models discussed by the Payment Work Group :

1. Scaling in a manner where all hospitals showing improvement would received additional revenue through the 1% improvement scale ; and
2. Scaling in a manner where hospitals that improved more than the statewide median improvement rate in the performance year will receive additional revenue through the 1% improvement scale.
3. Scaling in a manner where hospitals that improved more than the statewide median improvement in the base year will receive additional revenue through the 1% improvement scale.

The amount of revenue redistributed through these mechanisms is dependent on the amount of revenue represented by hospitals on either side of the scale. Based on FY 12 improvement, the first scaling mechanism (shown in Table 5) would redistribute $2.8 million. As the benchmark to receive rewards (current median improvement rate) was lower in FY 12 compared to the benchmark using median improvement rate in the base year of FY 11, Model 2 would distribute $6.9 million compared to $5.2 million with Model 3.

Table 5: Comparison of Improvement Scaling Models

Scaling Options	Benchmark	Number of Hospitals with Rewards	Total Scaling Amount for Improvement	Total Scaling Amount for Attainment	Max. Improve-ment Reward	Maximum Total Reward	Maximum Total Reduction
1. Improvement Scale Similar to MHACs	0%	30	$2,761,867	$42,750,992	0.16%	6.35%	-2.04%
2. Improvement Scale _Current Median	-13.32%	23	$6,948,670	$42,750,992	0.67%	6.63%	-2.17%
3. Improvement Scale Base Period Median	-8.62%	26	$5,288,566	$42,750,992	0.42%	6.50%	-2.13%

Appendix IV shows what the impact of the combined MHAC performance scaling and the proposed 1% improvement scaling, if they were in place for FY13 rates using improvement scaling model 3.

Findings

When the program was initiated, one of the foundations of the program was to ensure that the rewards were significant enough to encourage the desired behavior, which is to reduce potentially preventable readmissions. In general, staff believes that for the purposes of both improving quality and improving the prospect of receiving a VBP exemption, stronger incentives for improved quality are better than weaker incentives.

As noted above, the quality scaling for each program is designed to be revenue neutral for the system as a whole. This means that the amounts allocated to better performing hospitals (rewards) must precisely match the penalties applied to poorer performing hospitals. Maryland has demonstrated improvement during the first few years of the MHAC program. Even though the Maryland program is revenue neutral, the improvement in processes (best practices) and the decline in complications will yield savings to all payers over time as weighting for DRG payments decline accordingly. In order to the meet the standards set under the ACA for a Maryland exemption, the incentives in the MHAC and QBR programs will need to progress over time. Due to the current case mix transition, FY 2014 is a lost opportunity, but Maryland should move aggressively in FY 2015, to ensure continued improvement.

Staff also believes that factoring in improvement to the MHAC scaling will establish a deeper focus on targeted PPCs, and recognize efforts of hospitals that achieve greater improvement than the statewide average.

Staff Recommendations

For QBR and MHAC scaling, staff recommends:

1) Using the FY 13 scaling magnitudes for FY 14 for both MHACs and QBR since the performance year (CY 2012) has passed.

2) Allocating 0.5% of hospital approved inpatient revenue for QBR relative performance in FY 2015;

3) Increasing the magnitude of scaling for MHACs from 2.0% to a total of 3.0% of hospital approved inpatient revenue for MHAC relative performance and improvement for FY2015 rate year, and considering increasing this amount each year.

    a) One percent of the total 3% scaling factor should reflect improvement on a targeted set of measures for FY2015. Staff recommends targeting the following measures for FY15 scaling:

    PPC5 – Pneumonia and Other Lung Infections
    PPC6 – Aspiration Pneumonia
    PPC16 – Venous Thrombosis
    PPC24 – Renal Failure without Dialysis
    PPC35 – Septicemia and Severe Infections

    Each year, staff shall re-evaluate the PPCs used for the improvement scale based on improvement rates, prevalence, cost, and policy considerations.

    b) Staff recommends that improvement should be scaled in a manner where hospitals that achieve improvement better than the median improvement rate in the base year shall receive additional revenue under the 1% improvement scale (as modeled in Appendix III, Model 3.);

4) Increasing the benchmark to establish the expected MHAC values to 85% of the state average for attainment scale which represents a more linear relationship between scaling and performance; and

5) Moving the base year periods for QBR and MHAC to most current fiscal year to accommodate a 6-month lag in the data production to provide performance benchmarks in advance of the performance period.

Appendix 1

QBR Measures Used for FY 2014 Payment Adjustments
Clinical Process of Care Measures
AMI-1 Aspirin at Arrival
AMI-2 Aspirin prescribed at discharge
AMI-3 ACEI or ARB for LVSD
AMI-5 Beta blocker prescribed at discharge
AMI-8a - Primary PCI Received Within 90 Minutes of Hospital Arrival
CAC-1a - Relievers for Inpatient Asthma (age 2 through 17 years) – Overall Rate
CAC-2a - Systemic Corticosteroids for Inpatient Asthma (age 2 through 17 years) – Overall Rate
CAC-3-Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver
HF-1 Discharge instructions
HF-2 Left ventricular systolic function (LVSF) assessment
HF-3 ACEI or ARB for LVSD
PN-3b Blood culture before first antibiotic – Pneumonia
PN-6 Initial Antibiotic Selection for CAP in Immunocompetent Patient
SCIP CARD 2 Surgery Patients on Beta-Blocker Therapy Prior to Admission Who Received a Beta-Blocker During the Perioperative Period
SCIP INF 1- Antibiotic given within 1 hour prior to surgical incision
SCIP INF 2- Antibiotic selection
SCIP INF 3- Antibiotic discontinuance within appropriate time period postoperatively
SCIP INF 4- Cardiac Surgery Patients with Controlled 6 A.M. Postoperative Serum Glucose
SCIP INF 6- Surgery Patients with Appropriate Hair Removal
SCIP VTE 1- Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered
SCIP VTE 2 - Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Given 24 hours prior and after surgery
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
Cleanliness and Quietness of Hospital Environment
Communication About Medicines (Q16-Q17)
Communication With Doctors (Q5-Q7)
Communication With Nurses (Q1-Q3)
Discharge Information (Q19-Q20)
Overall Rating of this Hospital
Pain Management (Q13-Q14)
Responsiveness of Hospital Staff (Q4,Q11)

MHAC Measures used for FY 2014 Payment Adjustments

PPC Number	PPC Description
1	Stroke & Intracranial Hemorrhage
2	Extreme CNS Complications
3	Acute Pulmonary Edema and Respiratory Failure without Ventilation
4	Acute Pulmonary Edema and Respiratory Failure with Ventilation
5	Pneumonia & Other Lung Infections
6	Aspiration Pneumonia
7	Pulmonary Embolism
8	Other Pulmonary Complications
9	Shock
10	Congestive Heart Failure
11	Acute Myocardial Infarction
12	Cardiac Arrythmias & Conduction Disturbances
13	Other Cardiac Complications
14	Ventricular Fibrillation/Cardiac Arrest
15	Peripheral Vascular Complications Except Venous Thrombosis
16	Venous Thrombosis
17	Major Gastrointestinal Complications without Transfusion or Significant Bleeding
18	Major Gastrointestinal Complications with Transfusion or Significant Bleeding
19	Major Liver Complications
20	Other Gastrointestinal Complications without Transfusion or Significant Bleeding
22	Urinary Tract Infection
23	GU Complications Except UTI
24	Renal Failure without Dialysis
25	Renal Failure with Dialysis
26	Diabetic Ketoacidosis & Coma
27	Post-Hemorrhagic & Other Acute Anemia with Transfusion
28	In-Hospital Trauma and Fractures
31	Decubitus Ulcer
33	Cellulitis
34	Moderate Infectious
35	Septicemia & Severe Infections
36	Acute Mental Health Changes
37	Post-Operative Infection & Deep Wound Disruption Without Procedure
38	Post-Operative Wound Infection & Deep Wound Disruption with Procedure
39	Reopening Surgical Site
40	Post-Operative Hemorrhage & Hematoma without Hemorrhage Control Procedure or I&D Proc
41	Post-Operative Hemorrhage & Hematoma with Hemorrhage Control Procedure or I&D Proc
42	Accidental Puncture/Laceration During Invasive Procedure
44	Other Surgical Complication - Mod
47	Encephalopathy
48	Other Complications of Medical Care
49	Iatrogenic Pneumothrax
50	Mechanical Complication of Device, Implant & Graft
51	Gastrointestinal Ostomy Complications
52	Inflammation & Other Complications of Devices, Implants or Grafts Except Vascular Infection
53	Infection, Inflammation & Clotting Complications of Peripheral Vascular Catheters & Infusions

54	Infections due to Central Venous Catheters
56	Obstetrical Hemorrhage wtih Transfusion
59	Medical & Anesthesia Obstetric Complications
65	Urinary Tract Infection without Catheter
66	Catheter-Related Urinary Tract Infection
Excluded PPCs	
21	Clostridium Difficile Colitis
29	Poisonings Except from Anesthesia
30	Poisonings due to Anesthesia
32	Transfusion Incompatibility Reaction
43	Accidental Cut or Hemorrhage During Other Medical Care
45	Post-procedure Foreign Bodies
46	Post-Operative Substance Reaction & Non-O.R. Procedure for Foreign Body
55	Obstetrical Hemorrhage without Transfusion
57	Obstetric Lacerations & Other Trauma Without Instrumentation
58	Obstetric Lacerations & Other Trauma With Instrumentation
60	Major Puerperal Infection and Other Major Obstetric Complications
61	Other Complications of Obstetrical Surgical & Perineal Wounds
62	Delivery with Placental Complications
63	Post-Operative Respiratory Failure with Tracheostomy
64	Other In-Hospital Adverse Events

Appendix II: RY2014 Base Period PPC Counts and Total Cost
(Priority 13 PPCst is highlighted)

PPC Number and Name		Cost per Case	Number of Hospitals with PPC	Total PPC Count	Change from FY2011	Total Cost	Total Case Rank	Cost per Case Rank	Total Cost Rank
4	Acute Pulmonary Edema and Respiratory Failure with Ventilation	$32,143	44	1380	-4.4%	$44,357,340.00	8	5	1
65	Urinary Tract Infection without Catheter	$14,549	46	2721	-19.1%	$39,587,829.00	3	26	2
24	Renal Failure without Dialysis	$8,304	46	4534	-10.2%	$37,648,833.80	1	40	3
5	Pneumonia & Other Lung Infections	$19,788	46	1607	-14.7%	$31,799,316.00	5	11	4
14	Ventricular Fibrillation/Cardiac Arrest	$19,093	45	1552	-1.5%	$29,632,336.00	6	12	5
35	Septicemia & Severe Infections	$21,766	45	1314	-21.0%	$28,600,524.00	9	9	6
3	Acute Pulmonary Edema and Respiratory Failure without Ventilation	$9,256	45	2892	-16.3%	$26,766,958.00	2	35	7
9	Shock	$18,126	44	1397	-4.6%	$25,322,022.00	7	16	8
40	Post-Operative Hemorrhage & Hematoma without Hemorrhage Control Procedure or I&D Proc	$8,851	44	1851	-7.1%	$16,382,795.08	4	37	9
6	Aspiration Pneumonia	$15,661	45	1016	-8.3%	$15,911,576.00	11	21	10
16	Venous Thrombosis	$17,301	44	916	-12.0%	$15,847,716.00	13	17	11
1	Stroke & Intracranial Hemorrhage	$14,597	44	748	-10.5%	$10,918,556.00	18	25	12
52	Inflammation & Other Complications of Devices, Implants or Grafts Except Vascular Infection	$12,229	45	784	-1.8%	$9,587,536.00	17	29	13
48	Other Complications of Medical Care	$18,624	40	490	-19.2%	$9,125,760.00	24	14	14
11	Acute Myocardial Infarction	$8,256	46	1105	-14.0%	$9,123,239.80	10	41	15
17	Major Gastrointestinal Complications without Transfusion or Significant Bleeding	$16,044	44	551	-14.5%	$8,840,244.00	22	19	16
8	Other Pulmonary Complications	$10,536	45	830	-4.6%	$8,744,880.00	16	33	17
37	Post-Operative Infection & Deep Wound Disruption Without Procedure	$18,629	39	445	-3.8%	$8,289,905.00	25	13	18
7	Pulmonary Embolism	$15,855	43	520	-9.2%	$8,244,600.00	23	20	19
31	Decubitus Ulcer	$45,528	32	148	-27.9%	$6,738,144.00	45	2	20
50	Mechanical Complication of Device, Implant & Graft	$17,087	42	381	5.3%	$6,510,147.00	27	18	21
19	Major Liver Complications	$22,225	39	287	-1.7%	$6,378,575.00	29	7	22

Appendix II: RY2014 Base Period PPC Counts and Total Cost
(Priority 13 PPCst is highlighted)

PPC Number and Name		Cost per Case	Number of Hospitals with PPC	Total PPC Count	Change from FY2011	Total Cost	Total Case Rank	Cost per Case Rank	Total Cost Rank
42	Accidental Puncture/Laceration During Invasive Procedure	$6,409	42	956	-14.2%	$6,126,564.04	12	44	23
27	Post-Hemorrhagic & Other Acute Anemia with Transfusion	$6,752	44	860	-5.5%	$5,806,754.19	15	42	24
10	Congestive Heart Failure	$6,514	43	890	-30.2%	$5,797,038.44	14	43	25
54	Infections due to Central Venous Catheters	$34,975	36	158	-13.4%	$5,526,050.00	44	3	26
18	Major Gastrointestinal Complications with Transfusion or Significant Bleeding	$19,807	37	236	3.0%	$4,674,452.00	34	10	27
25	Renal Failure with Dialysis	$48,226	29	95	28.0%	$4,581,470.00	47	1	28
51	Gastrointestinal Ostomy Complications	$24,773	38	184	-8.7%	$4,558,232.00	41	6	29
47	Encephalopathy	$11,628	37	373	-19.3%	$4,337,244.00	28	31	30
34	Moderate Infectious	$22,056	37	190	-13.6%	$4,190,640.00	40	8	31
20	Other Gastrointestinal Complications without Transfusion or Significant Bleeding	$15,636	39	236	1.1%	$3,690,096.00	34	22	32
2	Extreme CNS Complications	$14,967	40	245	-7.0%	$3,666,915.00	33	24	33
33	Cellulitis	$8,350	42	420	-14.5%	$3,507,105.07	26	39	34
39	Reopening Surgical Site	$18,176	39	191	5.9%	$3,471,616.00	39	15	35
23	GU Complications Except UTI	$9,184	38	280	5.6%	$2,571,395.97	30	36	36
53	Infection, Inflammation & Clotting Complications of Peripheral Vascular Catheters & Infusions	$13,283	38	193	-10.5%	$2,563,619.00	38	27	37
12	Cardiac Arrythmias & Conduction Disturbances	$3,617	9	708	5.1%	$2,560,699.43	19	48	38
49	Iatrogenic Pneumothrax	$9,652	40	257	-13.9%	$2,480,582.38	32	34	39
44	Other Surgical Complication - Mod	$11,563	36	209	6.2%	$2,416,667.00	36	32	40
15	Peripheral Vascular Complications Except Venous Thrombosis	$12,667	35	168	3.5%	$2,128,056.00	43	28	41
56	Obstetrical Hemorrhage wtih Transfusion	$3,764	33	561	14.6%	$2,111,606.40	21	47	42
41	Post-Operative Hemorrhage & Hematoma with Hemorrhage Control Procedure or I&D Proc	$12,173	32	170	-6.0%	$2,069,410.00	42	30	43
38	Post-Operative Wound Infection & Deep Wound Disruption with Procedure	$33,089	23	55	89.5%	$1,819,895.00	49	4	44

Appendix II: RY2014 Base Period PPC Counts and Total Cost
(Priority 13 PPCst is highlighted)

PPC Number and Name		Cost per Case	Number of Hospitals with PPC	Total PPC Count	Change from FY2011	Total Cost	Total Case Rank	Cost per Case Rank	Total Cost Rank
66	Catheter-Related Urinary Tract Infection	$15,547	26	68	56.0%	$1,057,196.00	48	23	45
36	Acute Mental Health Changes	$3,572	38	269	8.2%	$960,975.10	31	49	46
13	Other Cardiac Complications	$4,525	40	204	19.5%	$923,102.57	37	46	47
59	Medical & Anesthesia Obstetric Complications	$1,209	33	650	-22.2%	$785,956.29	20	50	48
28	In-Hospital Trauma and Fractures	$5,535	37	123	21.3%	$680,828.56	46	45	49
26	Diabetic Ketoacidosis & Coma	$8,811	21	39	37.6%	$343,637.39	50	38	50
21	Clostridium Difficile Colitis	$17,164	44	1224	7.3%	$21,008,736.00	Excluded		
29	Poisonings Except from Anesthesia	-$1,413	31	99	-16.2%	-$139,916.97	Excluded		
30	Poisonings due to Anesthesia	$16,161	1	1	1135.3%	$16,161.00	Excluded		
32	Transfusion Incompatibility Reaction	$21,462	1	1	7718.8%	$21,462.00	Excluded		
43	Accidental Cut or Hemorrhage During Other Medical Care	$3,230	18	38	91.3%	$122,732.75	Excluded		
45	Post-procedure Foreign Bodies	-$1,416	16	25	54.4%	-$35,403.63	Excluded		
46	Post-Operative Substance Reaction & Non-O.R. Procedure for Foreign Body	-$4,104	2	2	1359.7%	-$8,208.75	Excluded		
55	Obstetrical Hemorrhage without Transfusion	$370	34	4313	-20.6%	$1,594,333.14	Excluded		
57	Obstetric Lacerations & Other Trauma Without Instrumentation	$340	34	1149	-2.6%	$390,086.42	Excluded		
58	Obstetric Lacerations & Other Trauma With Instrumentation	$678	32	408	-2.0%	$276,480.47	Excluded		
60	Major Puerperal Infection and Other Major Obstetric Complications	-$591	28	125	17.5%	-$73,840.37	Excluded		
61	Other Complications of Obstetrical Surgical & Perineal Wounds	$1,466	29	183	6.1%	$268,314.23	Excluded		
62	Delivery with Placental Complications	$1,099	33	277	21.9%	$304,317.12	Excluded		
63	Post-Operative Respiratory Failure with Tracheostomy	$124,786	25	85	35.2%	$10,606,810.00	Excluded		
64	Other In-Hospital Adverse Events	$4,285	31	426	13.7%	$1,825,336.50	Excluded		

Appendix III: MHAC Improvement Scaling Models For Rate Year FY2013

HOSPID	HOSPITAL NAME	GROSS INPATIENT CPC/CPE REVENUE	IMPROVEMENT RATE	MODEL 1 SCALING PERCENT	MODEL 2 SCALING PERCENT	MODEL 3 SCALING PERCENT
210017	Garrett County Memorial Hospital	$18,335,488	83.86%	-1.00%	-1.00%	-1.00%
210028	St. Mary's Hospital	$54,639,193	28.77%	-0.34%	-0.43%	-0.40%
210044	Greater Baltimore Medical Center	$208,875,651	23.42%	-0.28%	-0.38%	-0.35%
210022	Suburban Hospital	$146,894,874	18.51%	-0.22%	-0.33%	-0.29%
210039	Calvert Memorial Hospital	$57,014,942	14.90%	-0.18%	-0.29%	-0.25%
210011	St. Agnes Hospital	$223,703,417	14.31%	-0.17%	-0.28%	-0.25%
210019	Peninsula Regional Medical Center	$235,561,632	9.16%	-0.11%	-0.23%	-0.19%
210054	Southern Maryland Hospital Center	$146,082,502	8.75%	-0.10%	-0.23%	-0.19%
210049	Upper Chesapeake Medical Center	$117,444,944	8.69%	-0.10%	-0.23%	-0.19%
210048	Howard County General Hospital	$148,552,102	7.88%	-0.09%	-0.22%	-0.18%
210008	Mercy Medical Center	$188,060,788	4.45%	-0.05%	-0.18%	-0.14%
210013	Bon Secours Hospital	$72,763,474	3.61%	-0.04%	-0.17%	-0.13%
210051	Doctors Community Hospital	$121,919,094	3.61%	-0.04%	-0.17%	-0.13%
210007	St. Joseph Medical Center	$200,080,034	3.49%	-0.04%	-0.17%	-0.13%
210023	Anne Arundel Medical Center	$241,861,191	1.86%	-0.02%	-0.16%	-0.11%
210058	James Lawrence Kernan Hospital	$45,951,360	1.68%	-0.02%	-0.15%	-0.11%
210004	Holy Cross Hospital	$284,622,588	0.00%	0.00%	-0.14%	-0.09%
210038	Maryland General Hospital	$119,697,303	-2.87%	0.01%	-0.11%	-0.06%
210006	Harford Memorial Hospital	$46,419,174	-4.09%	0.01%	-0.10%	-0.05%
210009	Johns Hopkins Hospital	$844,917,135	-4.82%	0.01%	-0.09%	-0.04%
210043	Baltimore Washington Medical Center	$188,870,979	-8.65%	0.02%	-0.05%	0.00%
210029	Johns Hopkins Bayview Medical Center	$254,179,825	-10.44%	0.03%	-0.03%	0.01%
210012	Sinai Hospital	$365,095,082	-12.14%	0.03%	-0.01%	0.03%
210056	Good Samaritan Hospital	$185,067,078	-14.50%	0.04%	0.02%	0.04%
210027	Western Maryland Regional Medical Center	$162,173,440	-14.70%	0.04%	0.02%	0.05%
210030	Chester River Hospital Center	$34,409,502	-15.01%	0.04%	0.02%	0.05%
210034	Harbor Hospital Center	$120,286,962	-15.27%	0.04%	0.03%	0.05%
210040	Northwest Hospital Center	$125,688,476	-19.47%	0.05%	0.08%	0.08%
210001	Meritus Hospital	$170,280,942	-19.52%	0.05%	0.08%	0.08%
210037	Memorial Hospital at Easton	$117,317,772	-20.73%	0.05%	0.10%	0.09%
210024	Union Memorial Hospital	$223,141,625	-21.14%	0.05%	0.10%	0.09%
210002	University of Maryland Hospital	$787,107,460	-21.19%	0.05%	0.10%	0.09%
210033	Carroll Hospital Center	$133,858,715	-23.36%	0.06%	0.13%	0.11%
210005	Frederick Memorial Hospital	$179,085,665	-31.00%	0.08%	0.23%	0.17%
210032	Union of Cecil	$64,046,952	-31.79%	0.08%	0.24%	0.17%
210015	Franklin Square Hospital Center	$244,662,796	-33.53%	0.08%	0.27%	0.19%
210035	Civista Medical Center	$65,004,737	-36.53%	0.09%	0.31%	0.21%
210057	Shady Grove Adventist Hospital	$205,252,257	-41.33%	0.10%	0.37%	0.25%
210055	Laurel Regional Hospital	$55,032,232	-41.49%	0.10%	0.37%	0.25%
210061	Atlantic General Hospital	$35,569,941	-42.51%	0.11%	0.39%	0.26%
210018	Montgomery General Hospital	$86,987,493	-47.30%	0.12%	0.45%	0.29%
210060	Fort Washington Medical Center	$20,591,728	-48.24%	0.12%	0.46%	0.30%
210016	Washington Adventist Hospital	$172,399,246	-49.05%	0.12%	0.47%	0.30%
210045	McCready Memorial Hospital	$5,196,783	-54.17%	0.13%	0.54%	0.34%
210010	Dorchester General Hospital	$37,355,818	-56.48%	0.14%	0.57%	0.36%
210003	Prince Georges Hospital Center	$175,673,564	-63.94%	0.16%	0.67%	0.42%
	Statewide Total	$7,737,733,951		$0	$0	$0

Appendix IV: Combined MHAC Attainment and Improvement Scaling Using Model 3 for Rate Year FY2013

HOSPID	HOSPITAL NAME	MHAC Attainment Score	Revenue Adjusted Attainment Scaling %	Revenue Adjusted Attainment Scaling $	MHAC Improvement Score	Revenue Adjusted Improvement Scaling %	Revenue Adjusted Improvement Scaling $	Net % Scaling	Net $ Scaling
210007	St. Joseph Medical Center	1.47%	-2.000%	-$4,001,601	3.49%	-0.131%	-$261,878	**-2.13%**	**-$4,263,479**
210054	Southern Maryland Hospital Center	1.37%	-1.865%	-$2,724,214	8.75%	-0.188%	-$274,324	**-2.05%**	**-$2,998,539**
210023	Anne Arundel Medical Center	1.34%	-1.831%	-$4,427,793	1.86%	-0.113%	-$274,064	**-1.94%**	**-$4,701,857**
210034	Harbor Hospital Center	1.29%	-1.767%	-$2,124,933	-15.27%	0.050%	$60,314	**-1.72%**	**-$2,064,619**
210030	Chester River Hospital Center	1.14%	-1.558%	-$535,990	-15.01%	0.048%	$16,574	**-1.51%**	**-$519,416**
210016	Washington Adventist Hospital	0.92%	-1.255%	-$2,163,640	-49.05%	0.305%	$525,245	**-0.95%**	**-$1,638,395**
210044	Greater Baltimore Medical Center	0.89%	-1.221%	-$2,550,992	23.42%	-0.346%	-$723,454	**-1.57%**	**-$3,274,446**
210002	University of Maryland Hospital	0.72%	-0.980%	-$7,714,190	-21.19%	0.095%	$745,804	**-0.89%**	**-$6,968,387**
210022	Suburban Hospital	0.70%	-0.951%	-$1,396,955	18.51%	-0.293%	-$430,851	**-1.24%**	**-$1,827,806**
210009	Johns Hopkins Hospital	0.65%	-0.885%	-$7,481,410	-4.82%	-0.041%	-$346,548	**-0.93%**	**-$7,827,957**
210012	Sinai Hospital	0.64%	-0.876%	-$3,197,386	-12.14%	0.027%	$97,075	**-0.85%**	**-$3,100,311**
210051	Doctors Community Hospital	0.47%	-0.638%	-$778,118	3.61%	-0.132%	-$161,145	**-0.77%**	**-$939,263**
210032	Union of Cecil	0.40%	-0.551%	-$353,067	-31.79%	0.175%	$111,808	**-0.38%**	**-$241,259**
210027	Western Maryland Regional Medical C	0.35%	-0.475%	-$770,241	-14.70%	0.046%	$74,302	**-0.43%**	**-$695,938**
210015	Franklin Square Hospital Center	0.32%	-0.434%	-$1,062,488	-33.53%	0.188%	$459,279	**-0.25%**	**-$603,209**
210057	Shady Grove Adventist Hospital	0.30%	-0.405%	-$831,377	-41.33%	0.246%	$505,906	**-0.16%**	**-$325,471**
210013	Bon Secours Hospital	0.16%	-0.224%	-$163,209	3.61%	-0.132%	-$96,221	**-0.36%**	**-$259,430**
210019	Peninsula Regional Medical Center	0.10%	-0.137%	-$321,907	9.16%	-0.192%	-$452,646	**-0.33%**	**-$774,553**
210043	Baltimore Washington Medical Center	0.06%	-0.076%	-$142,846	-8.65%	0.000%	$541	**-0.08%**	**-$142,305**
210017	Garrett County Memorial Hospital	0.03%	-0.047%	-$8,636	83.86%	-1.000%	-$183,355	**-1.05%**	**-$191,991**
210048	Howard County General Hospital	-0.02%	0.036%	$53,648	7.88%	-0.178%	-$264,906	**-0.14%**	**-$211,259**
210056	Good Samaritan Hospital	-0.08%	0.170%	$313,931	-14.50%	0.044%	$82,017	**0.21%**	**$395,948**
210037	Memorial Hospital at Easton	-0.18%	0.382%	$447,646	-20.73%	0.091%	$107,069	**0.47%**	**$554,715**
210029	Johns Hopkins Bayview Medical Cente	-0.27%	0.563%	$1,431,457	-10.44%	0.014%	$35,008	**0.58%**	**$1,466,465**
210049	Upper Chesapeake Medical Center	-0.27%	0.566%	$664,804	8.69%	-0.187%	-$219,721	**0.38%**	**$445,083**
210001	Meritus Hospital	-0.28%	0.576%	$980,050	-19.52%	0.082%	$139,843	**0.66%**	**$1,119,893**
210011	St. Agnes Hospital	-0.29%	0.596%	$1,332,302	14.31%	-0.248%	-$554,584	**0.35%**	**$777,718**
210040	Northwest Hospital Center	-0.36%	0.733%	$921,821	-19.47%	0.082%	$102,833	**0.82%**	**$1,024,654**
210005	Frederick Memorial Hospital	-0.42%	0.863%	$1,545,164	-31.00%	0.169%	$302,014	**1.03%**	**$1,847,178**
210024	Union Memorial Hospital	-0.44%	0.899%	$2,005,406	-21.14%	0.094%	$210,524	**0.99%**	**$2,215,931**
210018	Montgomery General Hospital	-0.44%	0.900%	$783,026	-47.30%	0.291%	$253,540	**1.19%**	**$1,036,566**
210006	Harford Memorial Hospital	-0.56%	1.152%	$534,617	-4.09%	-0.049%	-$22,739	**1.10%**	**$511,879**
210008	Mercy Medical Center	-0.63%	1.307%	$2,458,547	4.45%	-0.141%	-$265,771	**1.17%**	**$2,192,776**
210003	Prince Georges Hospital Center	-0.79%	1.622%	$2,849,823	-63.94%	0.417%	$732,264	**2.04%**	**$3,582,087**
210004	Holy Cross Hospital	-0.83%	1.709%	$4,863,326	0.00%	-0.093%	-$265,057	**1.62%**	**$4,598,268**
210039	Calvert Memorial Hospital	-1.10%	2.268%	$1,293,064	14.90%	-0.254%	-$144,959	**2.01%**	**$1,148,105**
210028	St. Mary's Hospital	-1.21%	2.493%	$1,362,087	28.77%	-0.404%	-$220,868	**2.09%**	**$1,141,219**
210038	Maryland General Hospital	-1.28%	2.635%	$3,154,343	-2.87%	-0.062%	-$74,321	**2.57%**	**$3,080,022**
210055	Laurel Regional Hospital	-1.30%	2.683%	$1,476,366	-41.49%	0.248%	$136,290	**2.93%**	**$1,612,657**
210033	Carroll Hospital Center	-1.49%	3.067%	$4,104,867	-23.36%	0.111%	$148,720	**3.18%**	**$4,253,587**
210060	Fort Washington Medical Center	-1.52%	3.143%	$647,182	-48.24%	0.299%	$61,481	**3.44%**	**$708,663**
210035	Civista Medical Center	-1.76%	3.626%	$2,356,950	-36.53%	0.210%	$136,724	**3.84%**	**$2,493,675**
210010	Dorchester General Hospital	-2.32%	4.796%	$1,791,546	-56.48%	0.361%	$134,720	**5.16%**	**$1,926,267**
210045	McCready Memorial Hospital	-2.79%	5.760%	$299,315	-54.17%	0.343%	$17,838	**6.10%**	**$317,153**
210058	James Lawrence Kernan Hospital	-3.02%	6.224%	$2,859,982	1.68%	-0.111%	-$51,155	**6.11%**	**$2,808,827**
210061	Atlantic General Hospital	-3.02%	6.240%	$2,219,722	-42.51%	0.255%	$90,832	**6.50%**	**$2,310,554**
	Total Scaled			**$42,750,992**			**$5,288,566**		**$43,569,889**