

Maryland Health Services Cost Review Commission

Progress Report--Update on Global Budget

July 9, 2014

Overview of Global Budget Implementation

- Under the new All-Payer Model with the Center for Medicare & Medicaid Innovation (CMMI), the Commission approved policies to allow hospitals not already covered by the Total Patient Revenue (TPR) budget model to:
 - Move to global budgets,--i.e., "Global Budget Revenue" (GBR) models, or
 - ▶ To remain on the CPC/CPV model with a new volume governor constraint.
- ▶ The GBR arrangements generally use the framework developed for the TPR arrangements.

GBR Approved Revenue Framework

- Constructed for each hospital/system using common approach and FY13 revenue base
- Developed in accordance with Commission approved policies
- Approved revenue established for FY14
- Updates and adjustments due on July 2014 and thereafter based on HSCRC policies and All Payer Model requirements

Initial Global Budget Development

- Global budget starts with FY13 (July-June) "permanent" revenue
 - Calculated by adjusting FY13 actual revenue to remove Previous Retroactive Adjustments and to adjust for Price Variances through FY13 year end
- Adjustments
 - Demographic adjustment for FY14 (see following slide)
 - Update factor applied of 1.65%
 - Quality adjustments applied
 - □ Shared savings reduction of 0.2%
 - □ Revenue neutral scaling for MHAC & QBR
 - Population health infrastructure adjustment of 0.65%,
 - □ generally ½ in FY14, ½ FY15
- CY13 projected/actual used to calibrate and ensure Model targets met for each hospital/system

Demographic Adjustment for FY14

- Hospitals with reducing volumes and a trend of decline
 - No population adjustment, no allowance
 - Some reductions and future deferment of demographic adjustments when required to balance the model
- Hospitals with stable volumes (including modest decreases or increases)
 - Demographic/population adjustment
- Hospitals with volume increases
 - Volumes recognized through CY 2013
 - Demographic/population adjustment from January 1 forward

Hospital's Base Revenue & Total Approved Regulated Revenue for RY 2014

A. Base Period Gross Revenue	Grand Totals	% Total
Actual Base Period Gross Revenue FY13 Compliance Settlements, Quality and Other Adjustments Remove Non-GBR Revenue in Base Year Approved Base Period FY13 Gross GBR Revenue	\$13,778,464,643 (\$57,291,007) (\$677,204,915) \$13,043,968,720	-0.42% -4.91%
B. FY 2014 Adjustments Increment for GBR Investments FY 14 Inflation Annual Allowance Vol./Pop Adj. through Dec + Population Adjustment through June Net Amount of All Other Adjustments	\$37,490,224 \$190,629,139 \$139,618,295 (\$4,042,721)	0.29% 1.46% 1.07% -0.03%
C. Approved Regulated Revenue for the Rate Year FY 2014 % Change in Approved RY14/RY13 Gross GBR Revenue % Change in RY 14/FY 13 Actual Revenue: D. Approved Regulated Non-GBR Revenue	\$13,407,663,657 2.65% 2.31% \$688,507,921	
E. Total Approved Regulated Revenue For Rate Year 2014 per Order Nisi	\$14,096,171,578	

Note: Non-GBR revenues consist of revenues (i.e., out-of-state revenues) not covered by the GBR. Only Johns Hopkins Health System and University of Maryland Medical Center excluded out-of-state revenues from GBR, due to the referral nature of the revenue..

Global Budgets Review

- All general acute hospitals expected to adopt global budgets.
 - Montgomery General Hospital and St. Mary's not yet complete (estimated figures included in totals)

Estimated GBR Approved Revenue for FY 2014	\$13,407,663,657	86%
Estimated TPR Approved Revenue for FY 2014	\$1,543,256,531	10%
Revenue Excluded from GBR for out-of-state FY 2014	\$688,507,921	4%
	\$15,639,428,109	100%

Note:

Psych hospitals and Mt. Washington Pediatric Hospital not included in above figures



Hospitals/Systems with Completed Budgets

Montgomery and St. Mary's not yet complete (estimated amounts included in total)

Hospital	Affiliation	FY 14 Approved
Shady Grove	Adventist	376,588,970
WAH	Adventist	254,864,218
Germantown ER	Adventist	13,839,618
	Adventist Total	645,292,806
Laurel Regional	Dimensions	122,799,111
Prince George's	Dimensions	261,425,365
Bowie EMG	Dimensions	15,617,219
	Dimensions Total	399,841,695
Hopkins Bayview	Hopkins	554,499,811
Howard County	Hopkins	281,634,848
Johns Hopkins	Hopkins	1,636,470,794
Suburban	Hopkins	257,152,521
	Hopkins Total	2,729,757,974
Levindale	LifeBridge	54,535,652
Northwest	LifeBridge	250,019,982
Sinai	LifeBridge	702,036,456
	LifeBridge Total	1,006,592,090
Franklin Square	MedStar	485,365,423
Good Samaritan	MedStar	299,617,955
Harbor	MedStar	204,950,822
Southern Maryland	MedStar	260,984,437
Union Memorial	MedStar	415,215,132
	MedStar Total	1,995,192,100

Hospital	Affiliation	FY 14 Approved
BWMC	University	393,555,941
Civista	University	144,514,525
Harford	University	103,938,098
Kernan	University	118,349,210
Maryland General	University	221,712,410
University of MD	University	1,192,843,953
University Shock Trauma	University	177,458,623
Upper Chesapeake	University	305,743,020
Queen Anne EMG	University	4,912,838
	University Total	2,663,028,618
St. Joseph's	University	362,064,197
Atlantic General		101,751,882
Anne Arundel		553,115,271
Bon Secours		129,643,967
Doctors Community		221,771,821
Fort Washington		46,796,285
Frederick Memorial		338,085,814
GBMC		427,071,053
Holy Cross		472,185,907
New Germantown Hospital		-
Mercy		487,981,390
Peninsula General		416,052,547
St. Agnes		411,438,239
	Grand Total	13,407,663,657

Hospitals with budgets that Staff has completed for FY 2014 in accordance with Commission approved polices.

Budgets will be updated annually consistent with Commission approved policy beginning July 1, 2014.

TPR Hospitals

Hospital	FY 14 Approved
Calvert Memorial Hospital	142,402,619
Chester River Hospital Center	61,106,999
Dorchester General Hospital	59,041,890
Memorial Hospital at Easton	187,789,175
Carroll Hospital Center	252,621,323
Garrett County	45,163,111
McCready Memorial	14,122,299
Meritus Hospital	304,582,766
Union of Cecil	157,033,246
Western MD Regional	319,393,103
	1,543,256,531

Renewals of 3 year agreements for second term implemented July 2013.

Report on Existing Global Budget Contracts and Changes for Rate Year 2015 and Beyond



Overview

- Two global budget templates in use
 - ▶ TPR
 - ▶ GBR
- The GBR arrangements generally use the framework developed for the TPR arrangements.
 - Updates to tie to the new All-Payer Model
 - Consumer friendly additions
 - Some reorganization
- Review conducted of both agreements with Payment Models Work Group and contract subgroup to identify desired changes to the template and to identify any immediate areas that
- heed to be addressed

Recommendations

- When updating the template, most of the TPR and GBR provisions should be standardized
 - This general process can take place with development of a new template for 2016
- Agreement calls for monthly reporting of progress and annual reporting on infrastructure investments and results
 - Form subgroups to develop templates by the fall
- Adjust corridors for variances from global budgets for FY 2015
 - Ease overall corridors for penalties
 - Limit carryforward of undercharges