



The Pennsylvania Rural Health Model (PARHM) First Annual Report Appendix

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Appendix A. Qualitative Methods and Analysis

Data Sources

This report draws on two qualitative data sources: 1) Model documents and 2) virtual site visits and interviews (45-90-minute interviews using videoconference software).

Model Documents. The research team conducted a standardized and systematic review of the Model documentation (e.g., Model agreement, PARHM budgets, contracts, and hospital transformation plans). These documents informed key informant outreach and interview guide development.

Virtual Site Visits and Interviews. The purpose of the virtual site visits was to obtain firsthand information about the implementation of the Model, motivations to participate, Model-associated outcomes, challenges, and suggestions for improvement. The research team used a purposive selection approach to determine Model stakeholders and the team members selected at each hospital. Document review also informed the relevant hospital team member roles at each site. The final list of key informants included individuals from the following categories (number of individuals):

- Commonwealth leadership (e.g., DOH, state offices, and agencies) (2)
- Participating hospital leadership and staff (32)
- Community partners (5)
- Participating commercial payers (5)
- Implementation contractors and technical experts involved with the Model (7)

The team developed semi-structured interview guides for the virtual site visits based on each category of key informants and tailored these interview guides in advance of each interview or virtual site visit.

Exhibit A.1 includes informant types and associated topics.

A two- or three-person team conducted 51 video interviews from June through October 2020. A senior member of the team facilitated each interview using a semi-structured interview guide, and a research analyst took detailed notes during each interview. Each interview was recorded with the participants' consent and professionally transcribed following the interviews.

Appendix Exhibit A.1. Interview Topics by Informant Type

Informant Type	Interview Topics
Commonwealth leadership	<ul style="list-style-type: none"> ■ Perspectives on Model design and development ■ Barriers and facilitators to Model implementation, including participant recruitment, global budgets, development of hospital transformation plans ■ Engagement with hospital and payer participants ■ Use of program data to monitor program ■ Perspective on Model effectiveness ■ Lessons learned and sustainability of program
Hospital leadership	<ul style="list-style-type: none"> ■ Motivation for participating in the Model ■ Process for decision-making and stakeholder engagement ■ Experiences with global budget planning implementation ■ Experiences with hospital transformation plan implementation ■ Perspectives on technical support and assistance ■ Model impact on hospital staffing and hospital leadership ■ Suggestions for the Center for Medicare & Medicaid Innovation and advice to other rural hospitals
Hospital staff	<ul style="list-style-type: none"> ■ Experiences with planning and implementing hospital transformation activities and initiatives ■ Engagement with community partners and technical assistance providers ■ Changes and outcomes since the implementation of transformation activities ■ Barriers and facilitators to Model implementation
Community partners	<ul style="list-style-type: none"> ■ Relationship to the hospital and awareness of the hospital's involvement in the Model ■ Designated roles and activities in the implementation of the Model ■ Experiences with collaborating with other community organizations and technical assistance providers ■ Barriers and facilitators to collaboration efforts ■ Perspectives on Model impact on community
Commercial payers	<ul style="list-style-type: none"> ■ Background and involvement with the Model ■ Motivation for participating in the Model and discussion on the approval process ■ Perspectives on Model implementation and hospital readiness ■ Perspectives on global budget and sustainability ■ Model impact on financial stabilization and quality of care
Implementation contractors and technical experts	<ul style="list-style-type: none"> ■ Approaches to technical assistance ■ Perspectives on the Model effectiveness and hospital readiness ■ Barriers and facilitators to Model implementation and technical assistance ■ Lessons learned and potential areas of improvement

Analytic Methods

Codebook Development. Using the interview guides and research questions, the team developed an initial set of codes and then updated the codebook with emerging themes throughout the analysis. The analysis employed both inductive and deductive methods to examine stakeholder and participant perspectives on the implementation, financial, organizational, and programmatic features of the PARHM. As part of each data collection effort, the team will review and refine the codebook to account for the complexity of the Model and associated changes relevant to the implementation experience of participants and stakeholders.

Quality Assurance. The team reviewed all of the transcribed interviews for accuracy and quality. Once each transcript was reviewed, an analyst uploaded the transcript to the Dedoose software® to facilitate coding and analysis. Multiple team members coded the first set of interviews and met to discuss areas where the code application was unclear or inconsistent. This process served to improve the team's inter-coder reliability and identify any necessary revisions to the codebook.

Data Analysis. The team conducted thematic analysis of the data, identifying relevant themes and areas of convergence or divergence across the participants and stakeholders. The analysis involved a review of findings within and across codes to understand the relationships among hospital characteristics, Model design, context, implementation, and performance.

Appendix B. Quality Measures

This appendix proposes a comprehensive set of measures and targets for population health outcomes, access, and quality in accordance with the framework and principles outlined in Section 15 of the Pennsylvania Rural Health Model State Agreement as amended and restated (thereafter, the “State Agreement”). These population health outcomes, access, and quality measures and targets will be evaluated under the Model and may also be used as the basis for the financial incentives for participant rural hospitals described in Section 15.c.

Appendix Exhibit B.1. PARHM Quality Measures and Targets

Chronic Conditions – Table 1

Model Goal Domain	Category (Quality, Population Health, or Access)	Measure	Steward	Identifier	Type	Data Source	Anticipated Payer Alignment
Chronic Conditions	Population Health	Inpatient and emergency department (ED) visit for ambulatory care-sensitive conditions	Agency for Health Care Research and Quality	Prevention Quality Indicator 92	Outcome	Claims	Medicare and potentially commercial & managed care payers

Target*: Year over year, the mean rate for rural geographic areas must close the gap with the national rural, non-PA mean rate.
 • If the national rural, non-PA rate is decreasing, the rate for rural geographic areas should also decrease (at a rate equal to or greater than the national rural, non-PA rate).

Chronic Conditions – Table 2

Model Goal Domain	Category (Quality, Population Health, or Access)	Measure	Steward	Identifier	Type	Data Source	Anticipated Payer Alignment
Chronic Conditions	Quality	Hospital-Wide All-Cause Readmission	Centers for Medicare & Medicaid Services (CMS)	National Quality Forum 1769	Outcome	Claims	Medicare

Target*: Year over year, the mean rate for rural geographic areas must close the gap with the national rural, non-PA mean rate.
 • If the national rural, non-PA rate is decreasing, the rate for rural geographic areas should also decrease (at a rate equal to or greater than the national rural, non-PA rate).

Chronic Conditions – Table 3

Model Goal Domain	Category (Quality, Population Health, or Access)	Measure	Steward	Identifier	Type	Data Source	Anticipated Payer Alignment
Chronic Conditions	Quality	Plan All-Cause Readmission	National Committee for Quality Assurance (NCQA)	HEDIS PCR	Outcome	Claims	Commercial & managed care payers

Target*: Year over year, the mean rate for rural geographic areas must close the gap with the national rural, non-PA mean rate.

- If the national rural, non-PA rate is decreasing, the rate for rural geographic areas should also decrease (at a rate equal to or greater than the national rural, non-PA rate).

Substance Use – Table 1

Model Goal Domain	Category (Quality, Population Health, or Access)	Measure	Steward	Identifier	Type	Data Source	Anticipated Payer Alignment
Substance Use	Quality	Use of Pharmacotherapy for Opioid Use Disorder (OUD) ¹	CMS	National Quality Forum 3400	Process	Claims	Medicare

Target*: Year over year, the mean rate for rural geographic areas must close the gap with the national rural, non-PA mean rate.

- If the national rural, non-PA rate is decreasing, the rate for rural geographic areas should also decrease (at a rate equal to or greater than the national rural, non-PA rate).

Substance Use – Table 2

Model Goal Domain	Category (Quality, Population Health, or Access)	Measure	Steward	Identifier	Type	Data Source	Anticipated Payer Alignment
Substance Use	Quality	Pharmacotherapy for OUD	NCQA	HEDIS POD	Process	Claims	Commercial & managed care payers

Target*: Year over year, the mean rate for rural geographic areas must close the gap with the national rural, non-PA mean rate.

- If the national rural, non-PA rate is decreasing, the rate for rural geographic areas should also decrease (at a rate equal to or greater than the national rural, non-PA rate).

¹ All-payer reporting will use NQF 3400 as the measure, however, given the availability of data for Medicare FFS, pharmacotherapy for OUD will be collected using CMS' Integrated Data Repository data linked to Part D claims. Using this approach, performance for Medicare FFS will report an inverse value relative to NQF 3400 (i.e., percent of beneficiaries with OUD diagnosis with NO evidence of pharmacotherapy for OUD treatment, rather than percent of beneficiaries with OUD diagnosis with pharmacotherapy treatment administered, as stated for NQF 3400).

Substance Use – Table 3

Model Goal Domain	Category (Quality, Population Health, or Access)	Measure	Steward	Identifier	Type	Data Source	Anticipated Payer Alignment
Substance Use	Population Health	Risk of Continued Opioid Use	NCQA	HEDIS COU	Process	Claims	All payer

Target*: Year over year, the mean rate for rural geographic areas must close the gap with the national rural, non-PA mean rate.

- If the national rural, non-PA rate is decreasing, the rate for rural geographic areas should also decrease (at a rate equal to or greater than the national rural, non-PA rate).

Access – Table 1

Model Goal Domain	Category (Quality, Population Health, or Access)	Measure	Steward	Identifier	Type	Data Source	Anticipated Payer Alignment
Access	Quality	Follow-up after ED visit for patients with multiple chronic conditions	NCQA	HEDIS FMC	Process	Claims	All payer

Target*: Year over year, the mean rate for rural geographic areas must close the gap with the national rural, non-PA mean rate.

- If the national rural, non-PA rate is decreasing, the rate for rural geographic areas should also decrease (at a rate equal to or greater than the national rural, non-PA rate).

NOTE: *In the event that the national rural, non-PA rates are trending in a negative direction, a review for exogenous factors would be pursued to understand the cause, and the target would be adjusted appropriately.

Appendix C. Quantitative Methods and Analysis

Appendix Exhibit C.1. Data Sources for Quantitative Analyses

Data	Years	Rationale	Source(s)
Medicare Parts A and B enrollment database and claims files	CY2013-CY2019	Assess Medicare fee-for-service interim payments, reimbursement, and service mix	Centers for Medicare & Medicaid Services (CMS) Chronic Conditions Warehouse Virtual Research Data Center
Medicare cost reports	FY2013-FY2018	Assess hospital profitability, liquidity, cost-based reimbursement, and capital, cost, and revenue structure	CMS
Pennsylvania Health Care Cost Containment Council (PHC4) files	FY2013-FY2018	Assess financial performance	PHC4 online database
Global budgets payments spreadsheets	CY2019	Assess Global Budget payments	CMS
American Hospital Association (AHA) Annual Survey	2014-2018	Identify characteristics of hospital participants	AHA

Specifications for the Descriptive Measures

Appendix Exhibit C.2. Specifications for the Descriptive Measures

Financial Performance

Measure	Specification
Total margins	Excess of revenues over expenses as a percentage of total revenue. Indicates the hospital's overall financial strength and ability to generate profits and resources required to invest in facilities, staff, and infrastructure. Formula: $(\text{Net Income} / \text{Total Revenue})$ Medicare Cost Report Data Elements: Worksheet G-3, Lines 3, 25, and 29
Operating margins	Excess of operating revenues over operating expenses as a percentage of total revenue. Indicates the hospital's operating expenses relative to operating revenues related to patient care. Formula: $(\text{Net Patient Revenue} + \text{Operating Income} - \text{Total Operating Expenses}) / (\text{Net Patient Revenue} + \text{Other Revenue})$ Medicare Cost Report Data Elements: Worksheet G-3, Lines 3, 4, 8-22, and 24
Total costs by service area	Costs reported in the Medicare Cost Report Worksheet A were grouped into the following categories: (1) general services; (2) routine inpatient services; (3) ancillary services; (4) outpatient services; (5) other services; (6) special purpose; and (7) non-reimbursable Medicare Cost Report Data Elements: General services: Worksheet A, Column 7, Lines 1-23 Routine inpatient services: Worksheet A, Column 7, Lines 30-46 Ancillary services: Worksheet A, Column 7, Lines 50-77 Outpatient services: Worksheet A, Column 7, Lines 88-93 Other services: Worksheet A, Column 7, Lines 94-101 Special purpose: Worksheet A, Column 7, Lines 105-118 Non-reimbursable: Worksheet A, Column 7, Lines 190-194
Salaries to net patient revenue	Salary expenses as a percentage of net patient revenue. Indicates the staffing efficiency of the hospital. Formula: $(\text{Salary expense} / \text{Net Patient Revenue})$ Medicare Cost Report Data Elements: Worksheet A, Column 1, Row 200; Worksheet G-3, Line 3
Days cash on hand	Indicates the participating hospitals' cash flow relative to the size of their expenses. Formula: $(\text{Cash} + \text{Temporary Investments} + \text{Investments}) / ((\text{Total Expenses} - \text{Depreciation}) / \text{Days in Period})$ Medicare Cost Report Data Elements: Worksheet A, Column 2, Lines 1-3; Worksheet A Column 3, Line 200; Worksheet G, Column 1-4, Lines 1-2, 31
Debt service coverage ratio	Indicates the hospital's ability to pay obligations related to long-term debt and finance additional debt. Formula: $(\text{Net Income} + \text{Depreciation} + \text{Interest Expense}) / ((\text{Notes and Loans Payable} * (365 * \text{Days in Period}) + \text{Interest Expense})$ Medicare Cost Report Data Elements: Worksheet A, Column 2, Lines 1, 2, 3, and 113; Worksheet G-3, Line 29; Worksheet G, Columns 1-4, Line 40

Measure	Specification
Long-term debt to capitalization ratio	Indicates the hospital's ability to sustain accumulated debt. Formula: (Long-Term Debt / (Long-Term Debt + Net Assets)) Medicare Cost Report Data Elements: Worksheet G, Column 1-4, Lines 40, 50, and 59

Spending and Utilization

Measure	Specification
Percent change in interim Medicare fee-for-service payments	The "Claim Payment Amount" field in the inpatient header file was used to determine the interim Medicare FFS payment. Payments are calculated on a per-episode basis. Using claims files, we anchored episodes to the admission date of an index hospitalization that meets the criteria for inclusion in the denominator.
Percent deviation from biweekly interim fee-for-service Medicare reimbursement	The "Claim Payment Amount" field in the inpatient header file was used to determine the interim Medicare FFS payment. Payments are calculated on a per-episode basis. Using claims files, we stratified the episodes into biweekly payment periods using the admission date of an index hospitalization that meets the criteria for inclusion in the denominator.
Share of total charges by revenue center	We utilized the "Allowed Charges" field in the inpatient and outpatient service line files to calculate total charges. We anchored episodes to the admission date indicated in the inpatient header file. The "Revenue Center" field was used to stratify services by revenue center.

Appendix D. Quantitative Measure Tables

Appendix Exhibit D.1. Financial Performance and Interim Medicare FFS Payments for Cohort 1 (2019) Hospital Participants (2013-2019)

Measure	Hospital Type	2013	2014	2015	2016	2017	2018	2019	Data Source
Average Total Margin (%)	CAH	5.95%	-0.22%	-5.74%	-6.82%	-9.19%	-6.63%		Medicare Cost Reports
	PPS	3.94%	0.65%	-4.87%	-3.07%	-4.92%	-6.80%		Medicare Cost Reports
Average Operating Margin (%)	CAH	-3.38%	-12.20%	-7.55%	-8.13%	-9.06%	-9.52%		Medicare Cost Reports
	PPS	-2.34%	-1.97%	-6.39%	-53.61%	-65.44%	-74.94%		Medicare Cost Reports
Inpatient Volume (Stays)	All	6,566	6,577	6,740	6,238	5,917	5,499		PHC4
Total Costs (\$)	CAH	57,159,307.00	59,676,210.00	59,807,781.00	58,189,608.00	59,403,089.00	62,537,708.00		Medicare Cost Reports
	PPS	79,388,009.00	84,322,991.00	90,848,926.00	96,627,858.00	100,788,010.00	100,145,883.00		Medicare Cost Reports
Total Costs - Inpatient Routine Service Costs (\$)	CAH	5,766,042.00	5,610,847.00	5,865,078.00	5,531,810.00	5,769,036.00	6,144,844.00		Medicare Cost Reports
	PPS	8,748,475.00	9,312,654.00	11,317,767.00	9,261,093.00	9,726,853.00	8,424,260.00		Medicare Cost Reports
Total Costs - Other Costs (\$)	CAH	15,885,591.00	17,014,767.00	15,865,804.00	15,432,184.00	15,110,612.00	16,874,027.00		Medicare Cost Reports
	PPS	23,528,586.00	24,026,438.00	25,265,136.00	26,345,215.00	27,428,428.00	25,219,522.00		Medicare Cost Reports
Total Costs - Outpatient Service Costs (\$)	CAH	4,140,702.00	4,560,065.00	4,869,041.00	4,945,152.00	5,015,495.00	5,542,354.00		Medicare Cost Reports
	PPS	4,990,619.00	5,873,880.00	5,622,350.00	5,441,286.00	6,317,653.00	5,972,370.00		Medicare Cost Reports
Average Salary: Net Patient Revenue Ratio	CAH	0.46	0.48	0.46	0.45	0.47	0.46		Medicare Cost Reports
	PPS	0.48	0.47	0.48	0.68	0.75	0.76		Medicare Cost Reports
Average Days Cash on Hand (Days)	CAH	11.51	11.80	12.05	12.72	6.53	22.83		Medicare Cost Reports
	PPS	248.70	259.65	247.29	224.95	319.92	240.55		Medicare Cost Reports
Average Debt Service Coverage Ratio	CAH	2.18	1.34	0.62	2.15	2.01	0.82		Medicare Cost Reports

Measure	Hospital Type	2013	2014	2015	2016	2017	2018	2019	Data Source
Average Long Term Debt to Capitalization Ratio	CAH	0.75	0.80	0.87	0.89	0.95	1.18	-	Medicare Cost Reports
Interim Global Budget Payment (\$)	CAH	-	-	-	-	-	-	13,924,462.00	Global Budget Documents
	PPS	-	-	-	-	-	-	27,953,740.00	Global Budget Documents
Total Interim Medicare FFS Reimbursement (\$)	CAH	-	14,545,844.69	14,239,351.48	13,377,388.87	12,241,518.33	11,537,407.53	11,751,731.28 [^]	Medicare FFS Claims
	PPS	-	27,142,543.27	27,402,565.85	27,191,038.46	27,864,084.49	28,728,533.18	27,476,553.73 [^]	Medicare FFS Claims
Total Interim Medicare FFS Reimbursement - Inpatient Services (\$)	CAH	-	6,014,240.01	5,790,046.93	4,978,155.46	4,389,493.04	3,852,966.24	3,364,645.29 [^]	Medicare FFS Claims
	PPS	-	15,328,323.10	15,202,134.13	14,409,945.83	13,992,055.55	13,916,521.43	13,405,534.68 [^]	Medicare FFS Claims
Total Interim Medicare FFS Reimbursement - Outpatient Services (\$)	CAH	-	6,201,035.32	6,252,231.77	5,975,779.65	5,550,232.16	5,954,776.31	6,776,766.12	Medicare FFS Claims
	PPS	-	11,814,220.17	12,200,431.72	12,781,092.63	13,872,028.94	14,812,011.75	14,071,019.05	Medicare FFS Claims
Total Interim Medicare FFS Reimbursement – Swing Bed Services (\$) ^{&}	CAH	-	2,330,569.36	2,197,072.78	2,423,453.76	2,301,793.13	1,729,664.98	1,610,319.87 [^]	Medicare FFS Claims

NOTES: [^] These hypothetical interim reimbursement amounts reflect the total payments the hospital participants would have received in CY2019 under traditional Medicare FFS reimbursement. [&] The global budget payments do not cover swing bed services provided by PPS hospital participants.

Appendix Exhibit D.2. Charges by Revenue Center

Revenue Center	Hospital Type	2014 (\$)	2015 (\$)	2016 (\$)	2017 (\$)	2018 (\$)	2019 (\$)
Ambulance	CAH	298,631.20	278,408.48	552,795.00	637,375.00	623,540.00	731,185.00
Cardiology	CAH	581,265.84	677,253.60	704,041.46	703,912.00	879,429.36	838,470.84
ER - General Services	CAH	1,990,560.14	2,137,208.65	2,228,499.00	2,220,721.52	2,212,428.97	2,360,876.95
Imaging	CAH	12,668,166.76	12,623,521.58	12,003,461.78	11,627,692.06	11,030,698.66	12,791,787.30
Inpatient Beds	CAH	3,461,861.00	3,392,037.00	3,412,915.00	3,110,071.00	2,619,302.00	2,189,542.00
Labs	CAH	16,755,300.34	16,667,823.58	16,482,877.88	15,033,040.40	13,868,961.69	17,168,718.19
Med/Surg Supplies	CAH	2,596,040.56	2,488,963.78	1,949,072.73	2,074,319.46	1,438,146.74	1,044,910.55
OR - General Services	CAH	1,682,537.33	1,648,063.59	1,520,515.29	1,676,372.43	1,629,096.26	1,522,980.93
Other	CAH	7,934,473.82	7,396,990.76	6,784,805.76	6,155,530.01	5,351,075.07	4,555,546.35
Pharmacy	CAH	3,466,944.88	3,589,112.51	3,759,462.58	3,316,830.42	4,387,554.55	5,036,612.28
Physical Therapy	CAH	1,807,630.51	1,858,819.40	1,919,370.36	1,889,386.25	1,546,149.13	2,008,163.95
Cardiology	PPS	1,491,014.43	1,561,176.30	5,699,423.25	12,648,364.93	10,617,963.59	10,077,038.85
ER - General Services	PPS	4,906,477.32	5,330,086.93	5,468,371.46	6,233,852.58	6,187,119.27	6,075,758.20
Imaging	PPS	39,170,790.39	43,705,927.90	48,889,423.45	54,805,006.76	57,252,932.78	56,657,761.78
Inpatient Beds	PPS	6,647,195.40	6,791,664.00	6,006,366.00	5,299,225.92	5,162,272.08	2,973,924.00
Labs	PPS	38,385,189.28	41,867,485.96	44,933,265.65	49,030,404.33	49,671,108.53	49,402,251.08
Med/Surg Supplies	PPS	7,339,210.43	7,877,271.00	7,541,314.16	7,835,479.17	7,276,153.52	6,749,736.07
OR - General Services	PPS	6,327,659.37	6,524,373.24	5,870,696.37	5,322,506.78	5,403,912.37	5,406,625.35
Other	PPS	19,545,060.45	19,365,039.37	18,692,598.44	19,485,414.51	21,007,847.81	22,704,187.98
Pharmacy	PPS	12,963,554.85	13,850,653.35	15,430,111.33	15,111,475.81	18,142,314.69	15,676,997.04
Physical Therapy	PPS	1,472,001.01	1,514,312.82	1,641,956.29	1,750,279.24	2,184,218.49	2,449,596.10

Appendix Exhibit D.3. Revenue Center Codes and Grouping

Revenue Center Code	Revenue Center Group	Revenue Center Code	Revenue Center Group	Revenue Center Code	Revenue Center Group	Revenue Center Code	Revenue Center Group
1	Other	140	Other	189	Other	241	Other
22	Other	141	Other	190	Other	242	Other
23	Other	142	Other	191	Other	243	Other
24	Other	143	Other	192	Other	249	Other
100	Other	144	Other	193	Other	250	Pharmacy
101	Other	145	Other	194	Other	251	Pharmacy
110	Other	146	Other	199	Other	252	Pharmacy
111	Other	147	Other	200	Other	253	Pharmacy
112	Other	148	Other	201	Other	254	Pharmacy
113	Other	149	Other	202	Other	255	Pharmacy
114	Other	150	Other	203	Other	256	Pharmacy
115	Other	151	Other	204	Other	257	Pharmacy
116	Other	152	Other	206	Other	258	Pharmacy
117	Other	153	Other	207	Other	259	Pharmacy
118	Other	154	Other	208	Other	260	Other
119	Other	155	Other	209	Other	261	Other
120	Inpatient Beds	156	Other	210	Other	262	Pharmacy
121	Inpatient Beds	157	Other	211	Other	263	Other
122	Inpatient Beds	158	Other	212	Other	264	Other
123	Inpatient Beds	159	Other	213	Other	269	Other
124	Inpatient Beds	160	Other	214	Other	270	Med/Surg Supplies
125	Inpatient Beds	164	Other	219	Other	271	Med/Surg Supplies
126	Inpatient Beds	167	Other	220	Other	272	Med/Surg Supplies
127	Inpatient Beds	169	Other	221	Other	273	Med/Surg Supplies
128	Inpatient Beds	170	Other	222	Other	274	Med/Surg Supplies
129	Inpatient Beds	171	Other	223	Other	275	Med/Surg Supplies
130	Inpatient Beds	172	Other	224	Other	276	Med/Surg Supplies
131	Inpatient Beds	173	Other	229	Other	277	Med/Surg Supplies
132	Inpatient Beds	174	Other	230	Other	278	Med/Surg Supplies
133	Inpatient Beds	175	Other	231	Other		
134	Inpatient Beds	179	Other	232	Other		
135	Inpatient Beds	180	Other	233	Other		
136	Inpatient Beds	182	Other	234	Other		
137	Inpatient Beds	183	Other	235	Other		
138	Inpatient Beds	184	Other	239	Other		
139	Inpatient Beds	185	Other	240	Other		

Revenue Center Code	Revenue Center Group
279	Med/Surg Supplies
280	Other
289	Other
290	Other
291	Other
292	Other
293	Other
294	Other
299	Other
300	Labs
301	Labs
302	Labs
303	Labs
304	Labs
305	Labs
306	Labs
307	Labs
309	Labs
310	Labs
311	Labs
312	Labs
314	Labs
319	Labs
320	Imaging
321	Imaging
322	Imaging
323	Imaging
324	Imaging
329	Imaging
330	Imaging
331	Imaging
332	Imaging
333	Imaging
335	Imaging
339	Imaging
340	Other
341	Other
342	Other

Revenue Center Code	Revenue Center Group
349	Other
350	Imaging
351	Imaging
352	Imaging
359	Imaging
360	OR - General Services
361	Other
362	Other
367	Other
369	Other
370	Other
371	Other
372	Other
374	Other
379	Other
380	Other
381	Other
382	Other
383	Other
384	Other
385	Other
386	Other
387	Other
389	Other
390	Other
391	Other
399	Other
400	Imaging
401	Imaging
402	Imaging
403	Imaging
404	Imaging
409	Imaging
410	Other
412	Other
413	Other
419	Other
420	Physical Therapy

Revenue Center Code	Revenue Center Group
421	Physical Therapy
422	Physical Therapy
423	Physical Therapy
424	Physical Therapy
429	Physical Therapy
430	Other
431	Other
432	Other
433	Other
434	Other
439	Other
440	Other
441	Other
442	Other
443	Other
444	Other
449	Other
450	ER - General Services
451	Other
452	Other
456	Other
459	Other
460	Other
469	Other
470	Other
471	Other
472	Other
479	Other
480	Cardiology
481	Cardiology
482	Cardiology
483	Cardiology
489	Cardiology
490	Other
499	Other

Revenue Center Code	Revenue Center Group
500	Other
509	Other
510	Other
511	Other
512	Other
513	Other
514	Other
515	Other
516	Other
517	Other
519	Other
520	Other
521	Other
522	Other
523	Other
524	Other
525	Other
526	Other
527	Other
528	Other
529	Other
530	Other
531	Other
539	Other
540	Ambulance
541	Ambulance
542	Ambulance
543	Ambulance
544	Ambulance
545	Ambulance
546	Ambulance
547	Ambulance
548	Ambulance
549	Ambulance
550	Other
551	Other
552	Other
559	Other
560	Other

Revenue Center Code	Revenue Center Group
561	Other
562	Other
569	Other
570	Other
571	Other
572	Other
579	Other
580	Other
581	Other
582	Other
589	Other
590	Other
599	Other
600	Other
601	Other
602	Other
603	Other
604	Other
610	Imaging
611	Imaging
612	Imaging
614	Imaging
615	Imaging
616	Imaging
618	Imaging
619	Imaging
621	Med/Surg Supplies
622	Med/Surg Supplies
623	Med/Surg Supplies
624	Med/Surg Supplies
630	Other
631	Other
632	Other
633	Other
634	Other
635	Other

Revenue Center Code	Revenue Center Group
636	Pharmacy
637	Other
640	Other
641	Other
642	Other
643	Other
644	Other
645	Other
646	Other
647	Other
648	Other
649	Other
650	Other
651	Other
652	Other
655	Other
656	Other
657	Other
659	Other
660	Other
661	Other
662	Other
670	Other
671	Other
672	Other
679	Other
700	Other
709	Other
710	Other
719	Other
720	Other
721	Other
722	Other
723	Other
724	Other
729	Other
730	Other
731	Other
732	Other

Revenue Center Code	Revenue Center Group
739	Other
740	Other
749	Other
750	Other
759	Other
760	Other
761	Other
762	Other
769	Other
770	Other
771	Other
779	Other
780	Other
789	Other
790	Other
799	Other
800	Other
801	Other
802	Other
803	Other
804	Other
809	Other
810	Other
811	Other
812	Other
813	Other
814	Other
815	Other
816	Other
817	Other
819	Other
820	Other
821	Other
822	Other
823	Other
824	Other
825	Other
829	Other
830	Other

Revenue Center Code	Revenue Center Group
831	Other
832	Other
833	Other
834	Other
835	Other
839	Other
840	Other
841	Other
842	Other
843	Other
844	Other
845	Other
849	Other
850	Other
851	Other
852	Other
853	Other
854	Other
855	Other
859	Other
880	Other
881	Other
882	Other
889	Other
890	Other
891	Other
892	Other
893	Other
899	Other
900	Other
901	Other
902	Other
903	Other
904	Other
905	Other
906	Other
907	Other
909	Other
910	Other

Revenue Center Code	Revenue Center Group
911	Other
912	Other
913	Other
914	Other
915	Other
916	Other
917	Other
918	Other
919	Other
920	Other
921	Other
922	Other
923	Other
924	Other
925	Other
929	Other
931	Other
932	Other
940	Other
941	Other
942	Other
943	Other
944	Other
945	Other
946	Other
947	Other
949	Other
951	Other
952	Other
960	Other
961	Other
962	Other
963	Other
964	Other

Revenue Center Code	Revenue Center Group
969	Other
971	Other
972	Other
973	Other
974	Other
975	Other
976	Other
977	Physical Therapy
978	Other
979	Other
981	Other
982	Other
983	Other
984	Other
985	Other
986	Other
987	Other
988	Other
989	Other
990	Other
991	Other
992	Other
993	Other
994	Other
995	Other
996	Other
997	Other
998	Other
999	Other
9000	Other
9001	Other
9002	Other
9003	Other

Revenue Center Code	Revenue Center Group
9004	Other
9005	Other
9006	Other
9007	Other
9008	Other
9009	Other
9010	Other
9011	Other
9012	Other
9013	Other
9014	Other
9015	Other
9016	Other
9017	Other
9018	Other
9019	Other
9020	Other
9021	Other
9022	Other
9023	Other
9024	Other
9025	Other
9026	Other
9027	Other
9028	Other
9029	Other
9030	Other
9031	Other
9032	Other
9033	Other
9034	Other
9035	Other
9036	Other
9037	Other

Revenue Center Code	Revenue Center Group
9038	Other
9039	Other
9040	Other
9041	Other
9042	Other
9043	Other
9044	Other
9019	Other
9020	Other
9021	Other
9022	Other
9023	Other
9024	Other
9025	Other
9026	Other
9027	Other
9028	Other
9029	Other
9030	Other
9031	Other
9032	Other
9033	Other
9034	Other
9035	Other
9036	Other
9037	Other
9038	Other
9039	Other
9040	Other
9041	Other
9042	Other
9043	Other
9044	Other

Appendix Exhibit D.4. Events and Reimbursement by Major Diagnostic Code

Events

Hospital Type	MDC	2014	2015	2016	2017	2018	2019
CAH	1	48	40	53	48	34	40
CAH	2	0	1	0	0	0	1
CAH	3	17	16	19	14	17	14
CAH	4	296	278	289	235	210	197
CAH	5	187	210	183	150	145	106
CAH	6	150	134	118	142	105	69
CAH	7	19	31	27	20	14	16
CAH	8	137	147	111	125	79	70
CAH	9	58	71	69	60	52	28
CAH	10	47	24	31	25	37	29
CAH	11	88	95	85	78	83	70
CAH	12	1	2	0	4	2	0
CAH	13	6	0	0	1	0	0
CAH	16	19	24	24	11	11	11
CAH	17	0	1	1	0	0	0
CAH	18	19	27	26	24	36	37
CAH	19	10	9	6	3	3	3
CAH	20	4	3	1	2	1	3
CAH	21	3	10	6	5	5	4
CAH	22	1	1	0	0	0	0
CAH	23	26	27	51	38	26	32
CAH	24	0	1	0	0	0	0
CAH	25	0	0	0	0	1	0
CAH	-	1	1	0	0	0	1
PPS	1	125	161	98	111	105	113
PPS	2	1	1	2	1	1	1
PPS	3	8	13	7	3	4	4
PPS	4	413	461	368	394	296	322
PPS	5	366	349	345	334	364	308
PPS	6	270	269	236	208	181	176
PPS	7	73	87	66	44	38	50
PPS	8	208	210	210	179	182	177
PPS	9	75	79	86	58	45	38
PPS	10	60	90	63	64	64	44
PPS	11	155	150	168	129	154	134
PPS	12	9	5	8	3	1	1

Hospital Type	MDC	2014	2015	2016	2017	2018	2019
PPS	13	5	3	8	7	5	4
PPS	14	0	0	0	0	0	7
PPS	16	30	30	46	41	35	22
PPS	17	2	1	5	3	4	1
PPS	18	180	118	140	121	140	101
PPS	19	0	4	2	2	0	0
PPS	20	5	4	2	2	2	2
PPS	21	17	25	22	15	18	20
PPS	22	0	1	0	0	0	0
PPS	23	3	11	7	6	12	5
PPS	24	2	1	1	0	1	3
PPS	25	0	0	0	1	0	2
PPS	-	16	17	9	16	13	4

Total Reimbursement

Hospital Type	MDC	2014	2015	2016	2017	2018	2019
CAH	1	\$ 210,394.82	\$ 171,285.52	\$ 212,286.05	\$ 166,909.79	\$ 145,109.81	\$ 140,972.46
CAH	2	\$ -	\$ 2,012.92	\$ -	\$ -	\$ -	\$ 3,637.76
CAH	3	\$ 81,407.62	\$ 51,085.44	\$ 48,673.92	\$ 45,043.82	\$ 47,648.54	\$ 43,439.42
CAH	4	\$1,776,636.87	\$1,489,716.81	\$1,379,755.81	\$1,163,727.60	\$ 950,974.42	\$ 975,160.02
CAH	5	\$ 814,844.80	\$ 848,003.37	\$ 655,361.85	\$ 552,077.67	\$ 560,049.12	\$ 433,622.49
CAH	6	\$ 669,608.60	\$ 591,493.77	\$ 453,680.49	\$ 559,397.53	\$ 512,794.33	\$ 269,148.97
CAH	7	\$ 94,659.18	\$ 148,674.82	\$ 104,828.48	\$ 67,777.62	\$ 73,255.74	\$ 83,009.62
CAH	8	\$ 939,830.67	\$ 916,515.17	\$ 669,597.74	\$ 665,375.23	\$ 384,493.58	\$ 389,243.63
CAH	9	\$ 315,164.08	\$ 418,011.79	\$ 349,932.52	\$ 310,032.80	\$ 245,527.50	\$ 120,974.19
CAH	10	\$ 212,183.72	\$ 123,032.87	\$ 98,047.04	\$ 116,158.42	\$ 148,986.62	\$ 133,757.46
CAH	11	\$ 478,049.88	\$ 471,524.16	\$ 415,316.16	\$ 340,943.33	\$ 372,992.21	\$ 331,669.62
CAH	12	\$ 3,472.14	\$ 7,094.22	\$ -	\$ 14,650.02	\$ 9,344.30	\$ -
CAH	13	\$ 17,991.82	\$ -	\$ -	\$ 9,000.32	\$ -	\$ -
CAH	16	\$ 82,171.04	\$ 117,037.05	\$ 106,203.58	\$ 31,005.24	\$ 61,556.68	\$ 54,281.42
CAH	17	\$ -	\$ 3,510.36	\$ 5,119.52	\$ -	\$ -	\$ -
CAH	18	\$ 96,584.59	\$ 142,032.38	\$ 136,925.60	\$ 105,755.72	\$ 178,474.78	\$ 168,721.23
CAH	19	\$ 42,516.60	\$ 55,227.90	\$ 32,192.02	\$ 12,226.48	\$ 18,688.60	\$ 18,375.00
CAH	20	\$ 28,313.18	\$ 13,920.90	\$ 3,475.08	\$ 6,457.94	\$ 2,496.57	\$ 8,501.82
CAH	21	\$ 9,190.44	\$ 32,729.62	\$ 19,481.42	\$ 14,180.19	\$ 18,823.00	\$ 14,502.04
CAH	22	\$ 3,437.84	\$ 3,394.72	\$ -	\$ -	\$ -	\$ -
CAH	23	\$ 131,856.06	\$ 175,234.78	\$ 287,278.18	\$ 208,773.32	\$ 118,651.68	\$ 163,191.94
CAH	24	\$ -	\$ 4,871.58	\$ -	\$ -	\$ -	\$ -
CAH	25	\$ -	\$ -	\$ -	\$ -	\$ 3,098.76	\$ -

Hospital Type	MDC	2014	2015	2016	2017	2018	2019
CAH	-	\$ 5,926.06	\$ 3,636.78	\$ -	\$ -	\$ -	\$ 12,436.20
PPS	1	\$ 736,048.38	\$ 952,371.89	\$ 612,962.18	\$ 699,924.47	\$ 697,097.77	\$ 777,450.46
PPS	2	\$ 3,297.24	\$ 9,586.53	\$ 11,902.19	\$ 3,110.73	\$ 6,162.45	\$ 5,958.44
PPS	3	\$ 28,927.77	\$ 54,761.15	\$ 32,152.10	\$ 11,533.32	\$ 15,997.10	\$ 19,755.92
PPS	4	\$3,043,281.05	\$3,264,883.94	\$2,592,448.50	\$2,823,456.14	\$2,107,983.03	\$2,457,822.49
PPS	5	\$2,415,166.60	\$2,063,275.20	\$2,504,833.27	\$3,091,573.48	\$3,132,967.59	\$2,865,383.60
PPS	6	\$2,009,411.21	\$2,167,982.02	\$1,698,864.73	\$1,537,532.95	\$1,439,783.26	\$1,421,561.82
PPS	7	\$ 545,467.13	\$ 718,430.38	\$ 478,639.59	\$ 324,221.64	\$ 361,877.23	\$ 423,732.65
PPS	8	\$2,266,688.70	\$2,339,351.77	\$2,414,478.81	\$1,972,549.13	\$2,116,995.12	\$2,111,548.15
PPS	9	\$ 451,804.90	\$ 470,224.75	\$ 480,656.24	\$ 350,832.01	\$ 261,683.30	\$ 245,401.86
PPS	10	\$ 311,078.66	\$ 444,328.25	\$ 363,344.57	\$ 360,673.89	\$ 486,226.90	\$ 301,117.62
PPS	11	\$ 994,992.90	\$ 865,340.15	\$ 975,924.16	\$ 781,694.03	\$ 958,914.29	\$ 889,581.32
PPS	12	\$ 74,950.86	\$ 23,003.86	\$ 59,116.68	\$ 24,465.56	\$ 4,274.18	\$ 5,622.35
PPS	13	\$ 34,268.14	\$ 16,702.91	\$ 66,741.03	\$ 50,032.48	\$ 30,039.81	\$ 34,242.58
PPS	14	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 33,711.71
PPS	16	\$ 189,094.63	\$ 180,854.19	\$ 293,626.45	\$ 291,246.51	\$ 212,204.53	\$ 168,496.35
PPS	17	\$ 27,715.44	\$ 15,422.79	\$ 57,747.08	\$ 48,158.64	\$ 27,197.79	\$ 12,239.26
PPS	18	\$1,781,605.84	\$1,114,296.70	\$1,469,145.13	\$1,126,458.14	\$1,518,127.18	\$1,157,379.76
PPS	19	\$ -	\$ 23,524.81	\$ 12,994.43	\$ 11,351.91	\$ -	\$ -
PPS	20	\$ 23,586.70	\$ 19,395.67	\$ 7,279.51	\$ 8,925.82	\$ 14,485.82	\$ 16,489.44
PPS	21	\$ 121,539.04	\$ 146,845.43	\$ 135,592.50	\$ 91,605.76	\$ 174,488.37	\$ 181,124.79
PPS	22	\$ -	\$ 8,640.96	\$ -	\$ -	\$ -	\$ -
PPS	23	\$ 10,200.00	\$ 47,665.66	\$ 46,682.77	\$ 41,330.84	\$ 58,890.54	\$ 38,873.59
PPS	24	\$ 40,127.33	\$ 23,387.20	\$ 9,272.52	\$ -	\$ 10,657.32	\$ 65,428.18
PPS	25	\$ -	\$ -	\$ -	\$ 16,920.95	\$ -	\$ 30,340.45
PPS	-	\$ 219,070.58	\$ 231,857.92	\$ 85,541.39	\$ 324,457.15	\$ 280,467.85	\$ 142,271.89

Appendix Exhibit D.5. Biweekly Reimbursement

Hospital Type	Biweek Number	2014	2015	2016	2017	2018	2019
CAH	0	\$ 561,095.79	\$ 636,447.12	\$ 551,122.15	\$ 492,012.00	\$ 489,167.30	\$ 501,954.12
CAH	1	\$ 629,112.46	\$ 674,403.80	\$ 491,398.67	\$ 488,827.57	\$ 460,905.09	\$ 421,544.22
CAH	2	\$ 576,311.25	\$ 538,766.81	\$ 419,857.50	\$ 466,436.06	\$ 591,433.45	\$ 414,242.02
CAH	3	\$ 566,295.54	\$ 587,671.51	\$ 547,001.66	\$ 397,506.25	\$ 463,706.31	\$ 347,363.65
CAH	4	\$ 581,227.53	\$ 591,498.58	\$ 523,348.35	\$ 518,903.35	\$ 445,492.52	\$ 473,034.51
CAH	5	\$ 635,005.39	\$ 617,484.08	\$ 569,874.48	\$ 596,255.08	\$ 403,939.78	\$ 499,067.24
CAH	6	\$ 668,679.20	\$ 624,080.14	\$ 483,006.71	\$ 495,099.73	\$ 519,937.69	\$ 432,178.87
CAH	7	\$ 524,216.34	\$ 701,680.06	\$ 536,256.55	\$ 544,700.19	\$ 445,315.56	\$ 388,065.85
CAH	8	\$ 577,872.18	\$ 677,515.72	\$ 544,026.13	\$ 445,576.43	\$ 439,214.81	\$ 430,349.01
CAH	9	\$ 549,310.57	\$ 477,975.33	\$ 518,506.92	\$ 512,373.49	\$ 459,048.62	\$ 469,686.56
CAH	10	\$ 611,260.03	\$ 564,624.43	\$ 531,279.34	\$ 513,222.65	\$ 424,106.40	\$ 468,154.39
CAH	11	\$ 418,050.72	\$ 637,570.93	\$ 536,996.09	\$ 512,084.29	\$ 396,574.37	\$ 377,319.61
CAH	12	\$ 616,303.09	\$ 552,189.16	\$ 526,490.71	\$ 554,451.47	\$ 352,847.95	\$ 397,117.26
CAH	13	\$ 577,201.67	\$ 491,711.00	\$ 583,142.40	\$ 413,455.74	\$ 429,823.67	\$ 463,973.24
CAH	14	\$ 653,809.21	\$ 389,736.93	\$ 523,219.81	\$ 514,217.36	\$ 404,324.28	\$ 497,273.74
CAH	15	\$ 507,744.12	\$ 494,195.20	\$ 528,348.87	\$ 485,730.58	\$ 527,655.07	\$ 409,264.15
CAH	16	\$ 521,439.31	\$ 509,455.23	\$ 502,532.51	\$ 371,061.02	\$ 461,583.35	\$ 432,325.53
CAH	17	\$ 489,709.86	\$ 387,034.61	\$ 504,407.11	\$ 371,315.35	\$ 382,998.49	\$ 473,681.03
CAH	18	\$ 603,065.78	\$ 589,487.51	\$ 526,739.04	\$ 410,748.58	\$ 455,401.47	\$ 468,462.29
CAH	19	\$ 711,448.02	\$ 524,592.45	\$ 561,394.20	\$ 565,168.81	\$ 339,570.53	\$ 538,086.55
CAH	20	\$ 558,461.49	\$ 548,706.50	\$ 607,336.03	\$ 438,716.14	\$ 399,280.01	\$ 597,488.80
CAH	21	\$ 475,459.69	\$ 524,976.60	\$ 465,639.29	\$ 514,522.26	\$ 477,999.23	\$ 412,799.11
CAH	22	\$ 537,735.98	\$ 512,766.60	\$ 575,479.41	\$ 414,377.90	\$ 434,059.51	\$ 471,560.01
CAH	23	\$ 481,481.65	\$ 512,047.41	\$ 443,347.38	\$ 439,385.54	\$ 423,311.00	\$ 421,750.70
CAH	24	\$ 487,378.29	\$ 524,114.12	\$ 447,711.68	\$ 446,070.59	\$ 468,829.36	\$ 557,527.34
CAH	25	\$ 426,169.53	\$ 348,619.65	\$ 328,925.88	\$ 319,299.90	\$ 440,881.71	\$ 387,461.48
PPS	0	\$ 1,059,153.42	\$ 994,008.90	\$ 1,058,421.48	\$ 1,032,924.02	\$ 1,088,475.32	\$ 1,003,838.38
PPS	1	\$ 786,101.72	\$ 1,025,529.23	\$ 921,867.06	\$ 962,522.18	\$ 977,692.97	\$ 854,460.18
PPS	2	\$ 1,021,236.05	\$ 959,936.49	\$ 923,948.18	\$ 996,130.71	\$ 885,574.64	\$ 997,920.00
PPS	3	\$ 913,594.72	\$ 1,051,172.31	\$ 1,019,423.05	\$ 1,028,081.98	\$ 1,081,410.59	\$ 985,987.65
PPS	4	\$ 972,443.30	\$ 1,070,659.32	\$ 1,020,951.12	\$ 1,044,252.28	\$ 1,032,893.87	\$ 1,010,744.60
PPS	5	\$ 1,013,526.45	\$ 1,171,016.17	\$ 965,647.29	\$ 1,007,198.48	\$ 857,187.43	\$ 1,174,742.48
PPS	6	\$ 1,205,532.08	\$ 1,045,445.41	\$ 965,557.85	\$ 879,684.39	\$ 1,203,161.55	\$ 1,196,733.87
PPS	7	\$ 1,103,738.91	\$ 1,026,738.29	\$ 1,074,929.51	\$ 1,272,016.46	\$ 1,178,020.88	\$ 952,406.88
PPS	8	\$ 1,150,346.02	\$ 1,056,955.23	\$ 1,085,528.51	\$ 1,114,600.62	\$ 1,067,651.14	\$ 1,198,362.81
PPS	9	\$ 1,100,704.13	\$ 926,805.11	\$ 940,414.08	\$ 1,086,408.82	\$ 994,787.50	\$ 1,184,442.94
PPS	10	\$ 869,420.49	\$ 1,250,012.80	\$ 1,138,215.18	\$ 1,201,687.78	\$ 1,063,647.43	\$ 1,081,654.91
PPS	11	\$ 1,008,266.69	\$ 1,134,368.04	\$ 1,231,567.85	\$ 1,279,563.47	\$ 1,078,900.90	\$ 1,198,678.68
PPS	12	\$ 1,074,960.44	\$ 1,076,160.46	\$ 1,116,901.54	\$ 1,081,694.37	\$ 1,096,090.74	\$ 1,107,770.52

Hospital Type	Biweek Number	2014	2015	2016	2017	2018	2019
PPS	13	\$ 1,126,969.14	\$ 1,014,725.38	\$ 1,248,915.79	\$ 1,084,185.95	\$ 1,290,432.40	\$ 965,641.52
PPS	14	\$ 1,117,598.80	\$ 1,138,700.87	\$ 1,055,023.87	\$ 1,116,516.28	\$ 1,136,488.53	\$ 1,071,118.32
PPS	15	\$ 1,003,114.07	\$ 993,593.93	\$ 1,109,096.89	\$ 1,147,511.47	\$ 1,148,474.46	\$ 976,030.14
PPS	16	\$ 1,129,604.45	\$ 1,084,086.63	\$ 1,013,027.12	\$ 1,161,586.57	\$ 1,195,370.51	\$ 1,165,443.80
PPS	17	\$ 1,105,383.19	\$ 988,012.36	\$ 1,030,804.30	\$ 1,104,647.99	\$ 1,157,404.96	\$ 995,544.64
PPS	18	\$ 1,072,538.60	\$ 1,130,858.31	\$ 929,687.49	\$ 1,119,603.33	\$ 1,055,011.52	\$ 1,145,758.49
PPS	19	\$ 1,158,314.19	\$ 1,133,293.59	\$ 971,102.81	\$ 1,145,045.61	\$ 1,326,395.25	\$ 1,168,220.14
PPS	20	\$ 1,042,804.78	\$ 1,121,510.64	\$ 1,142,880.12	\$ 1,159,709.65	\$ 1,189,986.88	\$ 1,079,226.67
PPS	21	\$ 1,165,625.32	\$ 1,150,910.89	\$ 1,177,668.06	\$ 1,072,720.69	\$ 1,314,660.81	\$ 1,010,016.32
PPS	22	\$ 1,094,337.00	\$ 1,134,514.78	\$ 1,101,879.78	\$ 971,137.13	\$ 1,144,882.66	\$ 1,213,856.62
PPS	23	\$ 1,010,852.01	\$ 986,692.47	\$ 1,052,780.34	\$ 975,897.76	\$ 1,004,507.70	\$ 851,486.10
PPS	24	\$ 1,022,826.54	\$ 1,001,681.13	\$ 1,049,734.77	\$ 1,047,848.77	\$ 1,214,334.18	\$ 1,088,457.56
PPS	25	\$ 813,550.76	\$ 735,177.11	\$ 845,064.42	\$ 770,907.73	\$ 945,088.36	\$ 798,009.51