

DRG-Based Inpatient Hospital Payment System

Estimated Fiscal Impact Under New APR-DRG v 31 System

Model Components

Design Component	Description
Claims/encounter data	FFY 2011 (10/1/2010 - 9/30/2011) Arizona Medicaid inpatient FFS claims and MCO encounter data from in-state and selected out-of-state hospitals. Excludes closed providers, licensed short term specialty providers, IHS/638 providers, same-day discharges, zero-paid discharges, DHS Behavioral Health Plan discharges, MED population, freestanding psychiatric, rehabilitation and LTAC provider cases, Medicare dual eligibles, transplant episodes and cases with ungroupable APR-DRG assignments. Also excludes FFY 2011 psychiatric cases from Maricopa Medical Center with transitional days. FFY 2011 non-newborn DRG pediatric cases from St. Joseph Hospital and Medical Center and Chandler Regional Medical Center have been labeled as Phoenix Children's Hospital cases to reflect their affiliation with Phoenix Children's.
DRG classification Version	3M APR-DRG version 31.
Current system claim payments	<p>Based on FFY 2011 reported claim and encounter payments (PYMT_AMT and OTH_CVG_PD_AMT fields), with adjustments applied to reflect the following rate reductions and outlier changes since FFY 2011:</p> <ul style="list-style-type: none"> - Effective 4/1/11: 5% per diem rate reduction and 5% outlier CCR reduction - Effective 10/1/11: 5% per diem rate reduction, 5% outlier CCR reduction, 5% outlier threshold increase, provider-specific outlier CCR changes for charge master increases and 25-day limit (7% payment reduction) <p>Payment reductions were applied as follows:</p> <ul style="list-style-type: none"> - Non-outlier claim admits 10/1/10-3/31/11: $0.95 \times 0.95 \times 0.93 = 0.839325$ adjustment - Outlier claim admits 10/1/10-3/31/11: $0.95 \times 0.95 \times 0.95 \times 0.93 \times$ provider CCR change factor = 0.79735875 adjustment \times provider CCR change factor - Non-outlier claim admits 4/1/11-9/30/11: $0.95 \times 0.93 = 0.8835$ adjustment - Outlier claim admits 4/1/11-9/30/11: $0.95 \times 0.95 \times 0.93 \times$ provider CCR change factor = 0.839325 adjustment \times provider CCR change factor
DRG base rates	Based on statewide standardized amount of \$5,295.40 , with labor portion adjusted by FFY 2014 Medicare IPPS wage index (with reclassifications). Statewide standardized amount set using the FFY 2011 model such that statewide aggregate simulated total claim payments (FFS and MCO combined) are budget neutral to the FFY 2011 model target expenditures.
DRG relative weights	Based on 3M's version 31 APR-DRG national weights.

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Design Component	Description
DRG base payments	Calculated by multiplying the DRG base rate by the DRG relative weight, the applicable policy adjuster factor and the applicable provider adjustment factor. Actual new system payments are expected to be different from simulated payments due to potential model changes and future changes in patient volume, case mix and provider charges.
Outlier payments	Calculated using following: - Claim outlier threshold equal to base DRG payment plus \$65,000 fixed loss threshold (\$5,000 fixed loss threshold for CAHs/small rural hospitals) outlier set to achieve outlier payments of approximately 6% of total inpatient payments. - Claim outlier costs calculated by multiplying claim charges by FFY 2011 Medicare outlier CCRs, inflated from FFY 2011 to FFY 2015 by 9.9% based on changes in CMS input price index levels. - Claim outlier payment calculated based on 90% of outlier costs exceeding outlier threshold for burn DRGs and 80% for all other cases.
Transfer payments	Based on the Medicare IPPS pro-rated standard transfer methodology for discharge status of 02, 05, 66, excluding APR-DRGs 580 and 581 (neonates died or transferred). Transfer payment equal to DRG base payment divided by the DRG average length of stay, multiplied by one plus the claim length of stay (up to the full DRG base payment).
Supplemental payments	Based on FFY 2013 Arizona Medicaid supplemental payments, excluding DSH and Safety Net Pool payments. Model assumes supplemental payments will continue as-is under new DRG system. Each provider's supplemental payments allocated to their own claims based on the ratio of case charges to the provider's total inpatient Medicaid charges in the model.
Policy adjusters	Policy adjusters applied to DRG base payments to achieve estimated aggregate statewide average pay-to-cost ratios (including allocated supplemental payments) separately for: - Normal newborn DRGs (1.55 factor) identified based on APR-DRGs 626 and 640 - Neonate DRGs (1.10 factor) identified based on non-normal newborn DRGs in MDC 15 (Newborns and other neonates with condition originating in perinatal period) - Obstetric DRGs (1.55 factor) identified based on MDC 14 (Pregnancy, childbirth and the puerperium) - Other pediatric cases for age 18 and under (1.25 factor) Policy adjuster applied to DRG base payments for Psychiatric/Rehabilitation DRGs (1.65 factor) to achieve estimated current system spending under new system.

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Design Component	Description
Provider adjustments	<p>Provider-specific High Medicaid Utilization adjustment factor applied to DRG base payments for all services at select providers to keep them held harmless in aggregate under the new system (only if a provider's modeled payments under new system are less than current system payments). High Medicaid Volume provider criteria was FFY 2011 modeled Medicaid days of at least 400% of the statewide provider simple average model days (11,528 days) and FYE 2011 MIUR above 30% (based on ratio of Medicaid days to total days reported in the Medicare cost report). Adjustment factor applied to one high volume provider (that otherwise would have had a projected loss) in addition to the policy adjusters.</p>
Payment transition factor	<p>Model assumes provider-specific payment transition factors will be applied to new claim payments (DRG base payments and outlier payments combined) for 3 years after system implementation to limit payment changes. Under the proposed system transition, modeled payment changes are limited as follows:</p> <ul style="list-style-type: none"> - Year 1: 20% of full estimated payment change - Year 2: 40% of full estimated payment change - Year 3: 60% of full estimated payment change <p>Payment transition factors based on the ratio of estimated payments under transitional limits to estimated payments under full implementation (without payment change limits).</p>
Estimated costs	<p>Based on estimated cost of FFY 2011 cases calculated at a detail line level by applying cost center-specific CCRs to ancillary revenue code charges and cost per diems to routine revenue code days. CCRs and cost per diems calculated from hospital Medicare cost report data extracted from the HCRIS dataset. Estimated costs inflated from FFY 2011 to FFY 2015 by a factor of 9.9%, based on changes in CMS input price index levels. Estimated costs for FFY 2011 pediatric cases from St. Joseph Hospital and Medical Center and Chandler Regional Medical Center labeled as Phoenix Children's are based on the original provider's costs.</p>

New APR-DRG System Preliminary Modeled DRG Base Rate ⁽¹⁾				New APR-DRG System Modeled Case Mix				New APR-DRG System Preliminary Modeled Payments ⁽⁴⁾ (Before Transition)			DRG System Funding Pool - Based on Current System Payments (Excluding Supplemental Payments)	
Modeled Statewide Standardized Amount	FFY 2014 Medicare IPPS Wage Index (Post- Reclassified)	FFY 2014 Medicare IPPS Labor Share	Modeled DRG Base Rate	FFY 2011 Model Cases/ Encounters	APR-DRG Case Mix Without Adjustments	Transfer Adjusted Cases ⁽²⁾	APR-DRG Case Mix With Adjustments ⁽³⁾	Simulated Base DRG Payment	Simulated Outlier Payment	Simulated Total Claim Payments	FFY 2011 Reported Claim/ Encounter Payments	Adjusted Claim/ Encounter Payments
A	B	C	D: (A*B*C)+ (A*(1-C))	E	F	G	H	I=D*G*H	J	K=I+J	L	M
5,295.40	1.2357	0.696	6,164.10	4,038	0.8949	4,033.2	0.9724	24,175,523	1,985,511	26,161,034	28,057,833	23,845,233
5,295.40	1.1454	0.696	5,831.29	617	1.5348	616.8	1.6186	5,821,877	513,015	6,334,891	14,709,564	12,665,064
5,295.40	1.1239	0.696	5,752.05	1,370	0.5709	1,368.0	0.6549	5,153,393	16,429	5,169,822	6,639,185	5,523,492
5,295.40	1.1210	0.696	5,741.36	2,221	0.6376	2,214.6	0.7081	9,003,349	535,788	9,539,137	11,418,230	9,491,926
5,295.40	1.0907	0.696	5,629.68	24,933	0.7424	24,902.9	0.8772	122,975,283	3,554,888	126,530,171	155,711,590	130,921,616
5,295.40	1.0366	0.696	5,430.29	121,393	0.7110	121,244.8	0.8156	536,976,539	50,405,257	587,381,796	677,163,048	576,040,229
5,295.40	0.9929	0.620	5,272.09	122	1.1465	121.5	1.1874	760,466	39,082	799,548	1,060,771	913,907
5,295.40	0.9789	0.620	5,226.13	1,953	0.6016	1,947.5	0.6750	6,870,423	142,616	7,013,039	19,933,860	15,939,793
5,295.40	0.9667	0.620	5,186.07	5,688	0.4965	5,679.7	0.6047	17,811,802	193,499	18,005,301	19,369,906	16,527,597
5,295.40	0.9479	0.620	5,124.35	84	0.8225	84.0	0.8349	359,371	18,676	378,047	352,153	301,461
5,295.40	0.9133	0.620	5,010.75	35,395	0.7341	35,337.3	0.8354	147,921,496	13,821,803	161,743,299	184,007,081	156,941,590
5,295.40	0.8832	0.620	4,911.93	77	0.5704	77.0	0.6401	242,086	-	242,086	216,013	186,567
Inpatient Total				197,891	0.7166	197,627.3	0.8230	878,071,608	71,226,564	949,298,171	1,118,639,234	949,298,474

(303)

Notes:

1. Preliminary Modeled DRG Base Rate currently does not reflect potential changes for coding and documentation improvement strategy.
2. Simulated payments are prorated for transfer-out cases with a length of stay plus 1 day less than the APR-DRG average length stay.
3. Case mix adjusted for service policy adjusters, provider adjustments and transfer adjustments.
4. Based on simulated payments under new APR-DRG system in the fiscal impact model using FFY 2011 claim and encounter data. Actual new system payments are expected to be different from simulated payments due to potential model changes and future changes in patient volume and case mix.

AHCCCS
 DRG-Based Inpatient Hospital Payment System
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 Model Policy Adjuster Summary

Preliminary Model Version 12/17/13
 Simulated Payments Without Transition

Sorted by Model Policy Adjuster

Model Policy Adjuster (Based on APR-DRG Assignment and Age)						Payments Under Current System				Simulated Payments Under New System - Without Transition							
	FFY 2011 Cases	FFY 2011 Days	Average Length of Stay	APR-DRG Case Mix Index	FFY 2015 Estimated Inflated Costs	Current System Claim Payments (With Reductions)	SFY 2013 Allocated Supplemental Payments	Total Current System Payments	Estimated Payment- to-Cost Ratio	Policy Adjuster	Simulated Base DRG Payments	Simulated Outlier Payments	Simulated Total Claim Payments	Total New System Payments	Estimated Payment- to-Cost Ratio	Estimated Payment Change	Estimated Payment Change Percentage
	A	B	C=B/A	D	E	F	G	H=F+G	I=H/E	J	K	L	M=K+L	N=G+M	O=N/E	P=N-H	Q=P/H
Neonate	3,988	69,812	17.5	2.509	136,046,002	77,683,396	17,919,760	95,603,156	70.3%	1.10	59,489,079	21,430,301	80,919,380	98,839,140	72.7%	3,235,984	3.4%
Normal newborn	42,394	88,927	2.1	0.123	66,030,595	45,869,303	4,339,374	50,208,677	76.0%	1.55	43,789,258	-	43,789,258	48,128,632	72.9%	(2,080,045)	-4.1%
Obstetrics	49,192	125,512	2.6	0.399	259,040,217	150,569,429	22,922,491	173,491,920	67.0%	1.55	164,885,356	63,563	164,948,920	187,871,411	72.5%	14,379,491	8.3%
Psychiatric/Rehabilitation	890	9,200	10.3	1.046	14,101,738	8,191,648	1,619,523	9,811,171	69.6%	1.65	8,196,091	173,156	8,369,247	9,988,770	70.8%	177,599	1.8%
Other pediatric services	26,474	100,313	3.8	0.826	274,137,718	146,280,819	32,333,548	178,614,367	65.2%	1.25	146,729,714	23,754,639	170,484,353	202,817,901	74.0%	24,203,533	13.6%
Other adult services	74,953	314,222	4.2	1.123	831,041,503	520,703,880	117,626,467	638,330,347	76.8%	1.00	454,982,109	25,804,905	480,787,015	598,413,481	72.0%	(39,916,865)	-6.3%
Inpatient Total	197,891	707,986	3.6	0.717	1,580,397,773	949,298,474	196,761,164	1,146,059,638	72.5%		878,071,608	71,226,564	949,298,171	1,146,059,335	72.5%	(303)	0.0%

General note: New system simulated payments are based on a fiscal impact model using FFY 2011 claim and encounter data. Actual new system payments are expected to be different from simulated payments due to future changes in patient volume, case mix and provider charges.

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 DRG-Based Inpatient Hospital Payment System
 Estimated Fiscal Impact Under New APR-DRG v 31 System
 Provider Type Summary

Preliminary Model Version 12/17/13
 Simulated Payments Without Transition

Grouped by Provider Type

Provider Type - Types Not Mutually Exclusive	FFY 2011						Payments Under Current System				Simulated Payments Under New System - Without Transition						
	Number of Providers	Cases	Days	Average Length of Stay	APR- DRG Case Mix Index	FFY 2015 Estimated Inflated Costs	Current System Claim Payments (With Reductions)	Current Allocated Supplemental Payments	Total Current System Payments	Estimated Payment- to-Cost Ratio	Simulated Base DRG Payments	Simulated Outlier Payments	Simulated Total Claim Payments	Total New System Payments	Estimated Payment- to-Cost Ratio	Estimated Payment Change	Estimated Payment Change Percentage
	A	B	C	D=C/B	E	F	G	H	I=G+H	J=I/F	K	L	M=K+L	N=H+M	O=N/F	P=N-I	Q=P/I
High Medicaid Utilization Hospitals ⁽¹⁾	4	48,368	208,621	4.3	0.868	518,710,765	292,341,511	67,866,431	360,207,942	69.4%	272,908,446	35,172,609	308,081,055	375,947,485	72.5%	15,739,544	4.4%
Urban Hospitals (excluding High Medicaid Utilization hospitals)	30	115,213	398,656	3.5	0.688	828,784,499	512,319,645	111,837,259	624,156,904	75.3%	476,550,871	30,663,266	507,214,137	619,051,396	74.7%	(5,105,508)	-0.8%
Non-CAH Rural Hospitals (excluding high outlier hospitals) ⁽²⁾	14	28,620	83,873	2.9	0.593	193,585,143	107,307,153	11,022,236	118,329,388	61.1%	107,398,234	3,502,219	110,900,453	121,922,689	63.0%	3,593,301	3.0%
CAH/Small Rural Hospitals (less than 25 beds)	11	3,334	7,220	2.2	0.411	16,984,171	7,132,601	4,737,954	11,870,555	69.9%	8,279,637	1,193,756	9,473,393	14,211,347	83.7%	2,340,792	19.7%
Out-of-State Hospitals	5	816	4,790	5.9	1.386	11,225,072	13,765,538	-	13,765,538	122.6%	6,824,428	552,097	7,376,525	7,376,525	65.7%	(6,389,012)	-46.4%
Children's Hospitals	2	9,422	57,240	6.1	1.154	185,624,626	90,759,887	12,388,377	103,148,264	55.6%	72,315,908	28,193,680	100,509,588	112,897,965	60.8%	9,749,701	9.5%
Trauma Hospitals (Receiving Trauma Supplementals)	8	63,045	275,164	4.4	0.703	720,366,662	401,835,016	164,269,640	566,104,656	78.6%	362,906,104	56,762,886	419,668,991	583,938,631	81.1%	17,833,975	3.2%
Teaching Hospitals (Receiving GME Supplementals)	10	72,422	306,292	4.2	0.721	747,036,215	426,926,947	176,863,081	603,790,028	80.8%	385,255,719	59,266,139	444,521,858	621,384,939	83.2%	17,594,911	2.9%
Other General Acute Hospitals Not Listed Above	28	90,506	296,675	3.3	0.778	590,147,411	378,432,259	2,036,145	380,468,404	64.5%	358,949,155	6,407,579	365,356,734	367,392,879	62.3%	(13,075,525)	-3.4%
Inpatient Total (Not Sum of Above Provider Types)	66	197,891	707,986	3.6	0.717	1,580,397,773	949,298,474	196,761,164	1,146,059,638	72.5%	878,071,608	71,226,564	949,298,171	1,146,059,335	72.5%	(303)	0.0%

General note: New system simulated payments are based on a fiscal impact model using FFY 2011 claim and encounter data. Actual new system payments are expected to be different from simulated payments due to future changes in patient volume, case mix and provider charges.

Provider type notes:

1. High Medicaid Utilization provider criteria was FFY 2011 modeled Medicaid days of at least 400% of the statewide provider simple average model days (11,528 days) and FYE 2011 MIUR above 30% (based on ratio of Medicaid days to total days reported in the Medicare cost report).
2. Excludes 2 providers with outlier claim payments consisting of 40% of total claim payments under the current system.

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 DRG-Based Inpatient Hospital Payment System
 Estimated Fiscal Impact Under New APR-DRG v 31 System
 Provider Ranges Summary - By Provider Size

Preliminary Model Version 12/17/13
 Simulated Payments Without Transition

Sorted by Provider Range

Provider Range	FFY 2015						Payments Under Current System				Simulated Payments Under New System - Without Transition						
	Number of Providers	FFY 2011 Cases	FFY 2011 Days	Average Length of Stay	APR-DRG Case Mix Index	Estimated Inflated Costs	Current System Claim Payments (With Reductions)	Current Allocated Supplemental Payments	Total Current System Payments	Estimated Payment-to-Cost Ratio	Simulated Base DRG Payments	Simulated Outlier Payments	Simulated Total Claim Payments	Total New System Payments	Estimated Payment-to-Cost Ratio	Estimated Payment Change	Estimated Payment Change Percentage
	A	B	C	D=C/B	E	F	G	H	I=G+H	J=I/F	K	L	M=K+L	N=H+M	O=N/F	P=N-I	Q=P/I
FYE 2011 Medicaid Utilization Percentage (based on days reported in Medicare cost report)																	
60%+	1	253	2,730	10.8	0.895	3,161,577	1,871,934	-	1,871,934	59.2%	1,509,928	407,315	1,917,243	1,917,243	60.6%	45,309	2.4%
40%-60%	8	39,689	162,374	4.1	0.846	409,214,406	233,039,642	53,079,900	286,119,542	69.9%	211,661,296	32,748,970	244,410,267	297,490,167	72.7%	11,370,625	4.0%
20%-40%	33	134,978	469,961	3.5	0.621	1,008,133,746	604,934,667	139,833,047	744,767,713	73.9%	572,594,193	36,094,645	608,688,838	748,521,885	74.2%	3,754,171	0.5%
0%-20%	19	22,155	68,131	3.1	1.039	148,662,971	95,686,694	3,848,217	99,534,910	67.0%	85,481,763	1,423,536	86,905,298	90,753,515	61.0%	(8,781,395)	-8.8%
Out of State Providers	5	816	4,790	5.9	1.386	11,225,072	13,765,538	-	13,765,538	122.6%	6,824,428	552,097	7,376,525	7,376,525	65.7%	(6,389,012)	-46.4%
Inpatient Total	66	197,891	707,986	3.6	0.717	1,580,397,773	949,298,474	196,761,164	1,146,059,638	72.5%	878,071,608	71,226,564	949,298,171	1,146,059,335	72.5%	(303)	0.0%
Number of FFY 2011 Inpatient Modeled Medicaid Cases Range																	
10,000 + Cases	4	50,388	194,772	3.9	0.761	403,392,125	248,041,508	62,177,094	310,218,601	76.9%	244,109,580	11,336,587	255,446,167	317,623,261	78.7%	7,404,659	2.4%
5,000-10,000 Cases	9	67,075	252,042	3.8	0.454	599,997,103	338,567,716	101,175,498	439,743,214	73.3%	303,101,826	49,099,470	352,201,295	453,376,793	75.6%	13,633,579	3.1%
1,000-5,000 Cases	26	69,788	227,499	3.3	0.830	495,674,790	301,890,557	16,857,235	318,747,792	64.3%	288,150,948	7,566,377	295,717,325	312,574,560	63.1%	(6,173,232)	-1.9%
500-1,000 Cases	11	8,555	25,813	3.0	1.065	62,876,858	51,995,040	14,934,264	66,929,303	106.4%	33,920,045	2,631,030	36,551,075	51,485,338	81.9%	(15,443,965)	-23.1%
Under 500 Cases	16	2,085	7,860	3.8	2.844	18,456,897	8,803,654	1,617,074	10,420,727	56.5%	8,789,209	593,100	9,382,309	10,999,383	59.6%	578,656	5.6%
Inpatient Total	66	197,891	707,986	3.6	0.717	1,580,397,773	949,298,474	196,761,164	1,146,059,638	72.5%	878,071,608	71,226,564	949,298,171	1,146,059,335	72.5%	(303)	0.0%
Number of FFY 2011 Inpatient Modeled Medicaid Days Range																	
50,000 + Days	2	21,806	109,765	5.0	1.018	310,456,577	169,456,633	43,760,529	213,217,163	68.7%	148,446,047	30,717,168	179,163,215	222,923,744	71.8%	9,706,581	4.6%
25,000-50,000 Days	6	65,285	247,380	3.8	0.534	533,324,385	312,846,423	118,587,358	431,433,782	80.9%	295,044,960	28,729,575	323,774,535	442,361,893	82.9%	10,928,111	2.5%
10,000-25,000 Days	16	68,944	224,936	3.3	0.564	457,230,462	286,210,939	10,084,302	296,295,242	64.8%	275,913,382	7,100,614	283,013,996	293,098,299	64.1%	(3,196,943)	-1.1%
5,000-10,000 Days	8	21,164	67,046	3.2	1.209	137,673,280	86,588,668	2,433,768	89,022,436	64.7%	83,099,184	1,292,785	84,391,969	86,825,737	63.1%	(2,196,699)	-2.5%
1,000-5,000 Days	20	19,272	54,765	2.8	0.920	130,078,013	88,549,905	20,307,790	108,857,695	83.7%	69,983,064	3,200,637	73,183,702	93,491,492	71.9%	(15,366,204)	-14.1%
Under 1,000 Days	14	1,420	4,094	2.9	1.811	11,635,056	5,645,905	1,587,416	7,233,320	62.2%	5,584,970	185,785	5,770,755	7,358,170	63.2%	124,850	1.7%
Inpatient Total	66	197,891	707,986	3.6	0.717	1,580,397,773	949,298,474	196,761,164	1,146,059,638	72.5%	878,071,608	71,226,564	949,298,171	1,146,059,335	72.5%	(303)	0.0%

General note: New system simulated payments are based on a fiscal impact model using FFY 2011 claim and encounter data. Actual new system payments are expected to be different from simulated payments due to future changes in patient volume, case mix and provider charges.

AHCCCS
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 Provider Ranges Summary - By Estimated Payment Change

Preliminary Model Version 12/17/13
 Simulated Payments Without Transition

Sorted by Provider Range

Provider Range							Payments Under Current System				Simulated Payments Under New System - Without Transition						
	Number of Providers	FFY 2011 Cases	FFY 2011 Days	Average Length of Stay	APR-DRG Case Mix Index	FFY 2015 Estimated Inflated Costs	Current System Claim Payments (With Reductions)	Current Allocated Supplemental Payments	Total Current System Payments	Estimated Payment-to-Cost Ratio	Simulated Base DRG Payments	Simulated Outlier Payments	Simulated Total Claim Payments	Total New System Payments	Estimated Payment-to-Cost Ratio	Estimated Payment Change	Estimated Payment Change Percentage
	A	B	C	D=C/B	E	F	G	H	I=G+H	J=I/F	K	L	M=K+L	N=H+M	O=N/F	P=N-I	Q=P/I
Estimated Payment Change Range																	
\$5mm-\$10mm Increase	2	22,544	104,441	4.6	0.898	284,489,242	147,910,083	12,487,462	160,397,544	56.4%	132,672,700	30,531,104	163,203,804	175,691,266	61.8%	15,293,722	9.5%
\$1mm-\$5mm Increase	7	48,204	178,090	3.7	0.439	401,930,591	231,686,182	101,471,481	333,157,662	82.9%	216,038,779	27,872,522	243,911,301	345,382,782	85.9%	12,225,119	3.7%
\$500k-\$1mm Increase	5	11,369	29,554	2.6	0.472	59,236,507	35,100,428	3,802,641	38,903,070	65.7%	37,634,110	1,154,566	38,788,675	42,591,317	71.9%	3,688,247	9.5%
\$500k Decrease-\$500k Increase	37	72,045	244,145	3.4	0.987	526,837,514	318,430,083	75,968,743	394,398,826	74.9%	311,416,366	8,620,337	320,036,702	396,005,446	75.2%	1,606,620	0.4%
\$500k-\$1mm Decrease	5	15,654	51,261	3.3	0.508	113,646,593	67,372,204	1,484,543	68,856,747	60.6%	62,881,501	389,048	63,270,549	64,755,092	57.0%	(4,101,655)	-6.0%
\$1mm-\$5mm Decrease	8	26,476	93,121	3.5	0.541	177,944,572	123,931,066	1,524,786	125,455,853	70.5%	107,647,763	2,003,356	109,651,118	111,175,904	62.5%	(14,279,948)	-11.4%
\$5mm-\$10mm Decrease	2	1,599	7,374	4.6	1.040	16,312,754	24,868,429	21,508	24,889,937	152.6%	9,780,390	655,631	10,436,022	10,457,529	64.1%	(14,432,407)	-58.0%
Inpatient Total	66	197,891	707,986	3.6	0.717	1,580,397,773	949,298,474	196,761,164	1,146,059,638	72.5%	878,071,608	71,226,564	949,298,171	1,146,059,335	72.5%	(303)	0.0%
Estimated Payment Change Percentage Range																	
25%+ Increase	3	1,285	3,250	2.5	2.755	8,382,070	3,517,153	1,085,816	4,602,969	54.9%	4,035,281	862,479	4,897,760	5,983,576	71.4%	1,380,607	30.0%
10%-25% Increase	7	4,140	8,474	2.0	0.395	19,904,712	8,897,747	4,684,667	13,582,414	68.2%	10,847,339	335,506	11,182,846	15,867,513	79.7%	2,285,099	16.8%
10% Decrease-10% Increase	44	178,023	645,546	3.6	0.704	1,440,370,244	841,417,740	188,225,284	1,029,643,024	71.5%	796,668,398	68,288,709	864,957,107	1,053,182,391	73.1%	23,539,367	2.3%
10%-25% Decrease	8	12,286	41,984	3.4	0.750	91,736,651	66,368,744	1,468,113	67,836,857	73.9%	54,588,721	1,084,238	55,672,959	57,141,072	62.3%	(10,695,785)	-15.8%
25%+ Decrease	4	2,157	8,732	4.0	0.933	20,004,096	29,097,091	1,297,284	30,394,375	151.9%	11,931,868	655,631	12,587,499	13,884,783	69.4%	(16,509,592)	-54.3%
Inpatient Total	66	197,891	707,986	3.6	0.717	1,580,397,773	949,298,474	196,761,164	1,146,059,638	72.5%	878,071,608	71,226,564	949,298,171	1,146,059,335	72.5%	(303)	0.0%

General note: New system simulated payments are based on a fiscal impact model using FFY 2011 claim and encounter data. Actual new system payments are expected to be different from simulated payments due to future changes in patient volume, case mix and provider charges.

AHCCCS
 DRG-Based Inpatient Hospital Payment System
 Estimated Fiscal Impact Under New APR-DRG v 31 System
 Provider System Summary

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 Simulated Payments Without Transition

Sorted by Estimated Payment Change Percentage

Provider System	FFY 2015						Payments Under Current System				Simulated Payments Under New System - Without Transition						
	FYE 2011	FFY 2011	FFY 2011	Average	APR-	Estimated	Current System	Current	Total Current	Estimated	Simulated	Simulated	Simulated	Total New	Estimated	Estimated	Estimated
	MIUR	Cases	Days	Length of Stay	DRG Case Mix Index	Inflated Costs	Claim Payments (With Reductions)	Allocated Supplemental Payments	System Payments	Payment-to-Cost Ratio	Base DRG Payments	Outlier Payments	Total Claim Payments	System Payments	Payment-to-Cost Ratio	Payment Change	Payment Percentage
	A	B	C	D=C/B	E	F	G	H	I=G+H	J=I/F	K	L	M=K+L	N=H+M	O=N/F	P=N-I	Q=P/I
Gilbert Hospital	N/A	412	1,036	2.5	7.603	3,660,265	1,285,815	29,658	1,315,472	35.9%	1,694,312	-	1,694,312	1,723,970	47.1%	408,497	31.1%
REHOBOTH MCKINLEY CHRISTIAN HOSPITAL	N/A	77	213	2.8	0.570	437,538	186,567	-	186,567	42.6%	242,086	-	242,086	242,086	55.3%	55,518	29.8%
La Paz Regional Hospital	14.3%	84	255	3.0	0.823	610,682	301,461	123,885	425,346	69.7%	359,371	18,676	378,047	501,932	82.2%	76,586	18.0%
Cobre Valley Regional Medical Center	32.9%	807	1,683	2.1	0.391	3,814,374	1,657,866	1,112,734	2,770,599	72.6%	1,925,169	141,204	2,066,373	3,179,107	83.3%	408,507	14.7%
Southeast Arizona Medical Center	26.1%	57	220	3.9	0.738	606,596	201,499	199,280	400,779	66.1%	202,696	55,320	258,016	457,296	75.4%	56,517	14.1%
Wickenburg Community Hospital	4.6%	13	47	3.6	0.897	110,489	43,107	67,200	110,307	99.8%	57,038	-	57,038	124,238	112.4%	13,931	12.6%
Phoenix Children's Hospital	59.8%	9,169	54,510	5.9	1.161	182,463,049	88,887,953	12,388,377	101,276,330	55.5%	70,805,981	27,786,364	98,592,345	110,980,722	60.8%	9,704,392	9.6%
Yavapai Regional Medical Center West Campus	19.0%	2,361	5,676	2.4	0.555	14,014,243	7,635,063	1,654,653	9,289,716	66.3%	8,411,896	51,459	8,463,355	10,118,008	72.2%	828,293	8.9%
Yuma Regional Medical Center	19.3%	5,688	15,909	2.8	0.497	30,990,299	16,527,597	827,603	17,355,200	56.0%	17,811,802	193,499	18,005,301	18,832,905	60.8%	1,477,705	8.5%
White Mountain Regional Medical Center	18.4%	70	211	3.0	0.614	752,183	213,414	123,001	336,415	44.7%	215,394	26,414	241,808	364,810	48.5%	28,394	8.4%
N. AZ	30.9%	6,086	21,204	3.5	0.757	63,636,341	30,824,838	2,444,610	33,269,448	52.3%	30,443,185	2,855,606	33,298,791	35,743,402	56.2%	2,473,954	7.4%
Summit Healthcare	39.2%	1,910	4,221	2.2	0.409	10,439,432	4,487,724	1,603,678	6,091,403	58.3%	4,893,712	454	4,894,167	6,497,845	62.2%	406,442	6.7%
Scottsdale Healthcare	14.0%	5,520	21,754	3.9	1.171	51,984,217	28,271,935	5,295,077	33,567,012	64.6%	28,104,285	1,911,786	30,016,071	35,311,148	67.9%	1,744,135	5.2%
Mt. Graham Regional Medical Center	31.1%	1,087	2,350	2.2	0.378	5,072,265	2,464,280	803,390	3,267,670	64.4%	2,584,905	33,267	2,618,172	3,421,562	67.5%	153,892	4.7%
Copper Queen Community Hospital	22.2%	36	83	2.3	1.101	191,142	82,151	129,118	211,270	110.5%	92,044	-	92,044	221,163	115.7%	9,893	4.7%
Northern Cochise Community Hospital	7.2%	68	190	2.8	0.268	350,418	183,101	260,565	443,666	126.6%	195,932	3,800	199,732	460,297	131.4%	16,631	3.7%
Arizona Regional Medical Center - Apache Junction	17.6%	579	1,794	3.1	0.985	5,063,577	3,422,913	310,157	3,733,070	73.7%	3,106,227	452,072	3,558,300	3,868,457	76.4%	135,387	3.6%
TMC Healthcare	29.8%	11,189	40,661	3.6	0.627	67,144,408	44,587,950	6,699,040	51,286,990	76.4%	42,007,116	3,950,342	45,957,457	52,656,498	78.4%	1,369,508	2.7%
UA Healthcare	38.1%	9,314	43,761	4.7	0.461	100,459,449	58,831,175	57,474,005	116,305,179	115.8%	53,539,240	8,115,000	61,654,241	119,128,245	118.6%	2,823,066	2.4%
Hacienda Healthcare	66.9%	253	2,730	10.8	0.895	3,161,577	1,871,934	-	1,871,934	59.2%	1,509,928	407,315	1,917,243	1,917,243	60.6%	45,309	2.4%
Abrazo Health Care	39.4%	21,953	63,320	2.9	1.023	107,986,088	73,782,757	129,021	73,911,778	68.4%	74,700,562	377,592	75,078,155	75,207,176	69.6%	1,295,398	1.8%
Sierra Vista Regional Health Center	24.1%	1,453	3,129	2.2	0.414	7,251,845	3,680,280	1,242,438	4,922,718	67.9%	3,703,419	58,487	3,761,906	5,004,344	69.0%	81,625	1.7%
Benson Hospital	9.7%	34	91	2.7	0.516	231,735	86,283	112,797	199,079	85.9%	89,563	-	89,563	202,359	87.3%	3,280	1.6%
MIHS	34.8%	9,315	34,917	3.7	0.252	97,620,617	53,264,034	37,862,445	91,126,479	93.3%	42,401,261	12,352,223	54,753,484	92,615,929	94.9%	1,489,450	1.6%
Banner Health	25.5%	56,376	191,049	3.4	0.721	397,709,833	234,301,344	26,098,535	260,399,879	65.5%	233,388,966	5,115,166	238,504,131	264,602,667	66.5%	4,202,788	1.6%
Kingman Regional Medical Center	25.1%	2,221	6,915	3.1	0.638	14,628,595	9,491,926	1,783,013	11,274,939	77.1%	9,003,349	535,788	9,539,137	11,322,150	77.4%	47,211	0.4%
PRESBYTERIAN HOSPITAL	N/A	14	70	5.0	0.917	113,128	77,570	-	77,570	68.6%	76,495	-	76,495	76,495	67.6%	(1,075)	-1.4%
Dignity	43.2%	20,777	80,855	3.9	0.725	178,573,371	114,272,926	31,462,328	145,735,255	81.6%	108,345,963	3,495,812	111,841,775	143,304,103	80.2%	(2,431,151)	-1.7%
Regional Care Services Corporation	27.2%	2,778	8,452	3.0	0.555	14,623,473	9,847,627	21,265	9,868,892	67.5%	9,539,426	85,813	9,625,239	9,646,504	66.0%	(222,388)	-2.3%
John C. Lincoln Health Network	21.8%	5,883	21,420	3.6	0.504	53,256,433	33,481,785	2,633,465	36,115,250	67.8%	31,294,189	926,175	32,220,364	34,853,829	65.4%	(1,261,421)	-3.5%
Carondelet Health Network	24.2%	7,860	30,050	3.8	0.445	58,817,328	35,976,003	1,108,582	37,084,586	63.1%	33,947,131	559,412	34,506,544	35,615,126	60.6%	(1,469,460)	-4.0%
LifePoint Hospitals, Inc.	18.3%	2,326	6,263	2.7	0.526	12,499,174	9,110,051	1,329,314	10,439,365	83.5%	7,962,471	16,429	7,978,899	9,308,213	74.5%	(1,131,152)	-10.8%
SAN JUAN REGIONAL MEDICAL CENTER	N/A	108	601	5.6	1.176	1,778,433	836,337	-	836,337	47.0%	683,971	39,082	723,054	723,054	40.7%	(113,283)	-13.5%
Iasis Healthcare Corporation	33.0%	5,401	20,819	3.9	0.839	43,485,753	33,918,562	45,531	33,964,094	78.1%	26,352,183	948,430	27,300,612	27,346,144	62.9%	(6,617,950)	-19.5%
CHS	18.2%	5,995	17,621	2.9	0.254	37,963,450	32,537,584	1,386,395	33,923,979	89.4%	22,558,466	200,558	22,759,024	24,145,419	63.6%	(9,778,560)	-28.8%
SOUTHERN HILLS HOSPITAL & MEDICAL CENTER	N/A	15	33	2.2	1.176	123,186	149,868	-	149,868	121.7%	102,831	-	102,831	102,831	83.5%	(47,037)	-31.4%
SUNRISE HOSPITAL	N/A	602	3,873	6.4	1.544	8,772,788	12,515,195	-	12,515,195	142.7%	5,719,045	513,015	6,232,060	6,232,060	71.0%	(6,283,135)	-50.2%
Inpatient Total	29.3%	197,891	707,986	3.6	0.717	1,580,397,773	949,298,474	196,761,164	1,146,059,638	72.5%	878,071,608	71,226,564	949,298,171	1,146,059,335	72.5%	(303)	0.0%

General note: New system simulated payments are based on a fiscal impact model using FFY 2011 claim and encounter data. Actual new system payments are expected to be different from simulated payments due to future changes in patient volume, case mix and provider charges.

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Sorted by Location and Estimated Payment Change Percentage

Medicare ID	Provider Name	Provider System	FFY 2011					FFY 2015 Estimated Inflated Costs	Payments Under Current System				Simulated Payments Under New System - Without Transition							
			FYE 2011 MIUR	FFY 2011 Cases	FFY 2011 Days	Average Length of Stay	APR-DRG Case Mix Index		Current System Claim Payments (With Reductions)	Current Allocated Supplemental Payments	Total Current System Payments	Estimated Payment-to-Cost Ratio	Provider Adjustment Factor	Simulated Base DRG Payments	Simulated Outlier Payments	Simulated Total Claim Payments	Total New System Payments	Estimated Payment-to-Cost Ratio	Estimated Payment Change	Estimated Payment Change Percentage
			A	B	C	D=C/B	E		F	G	H	I=G+H	J=I/F	K	L	M=K+L	N=H+M	O=N/F	P=N-I	Q=P/I
In-State Non-CAH Rural Providers (excluding high outlier hospitals)																				
030118	YAVAPAI REGIONAL MEDICAL CENTER - EA	Yavapai Regional Medical Center West C	34.1%	1,810	3,830	2.1	0.413	8,730,285	4,374,866	1,628,353	6,003,218	68.8%	-	5,259,520	34,443	5,293,963	6,922,315	79.3%	919,097	15.3%
030023	FLAGSTAFF MEDICAL CENTER	N. AZ	34.1%	4,038	15,968	4.0	0.895	50,368,899	23,845,233	1,368,557	25,213,790	50.1%	-	24,175,523	1,985,511	26,161,034	27,529,591	54.7%	2,315,802	9.2%
030013	YUMA REGIONAL MEDICAL CENTER	Yuma Regional Medical Center	19.3%	5,688	15,909	2.8	0.497	30,990,299	16,527,597	827,603	17,355,200	56.0%	-	17,811,802	193,499	18,005,301	18,832,905	60.8%	1,477,705	8.5%
030062	SUMMIT HEALTHCARE ASSOC.	Summit Healthcare	39.2%	1,910	4,221	2.2	0.409	10,439,432	4,487,724	1,603,678	6,091,403	58.3%	-	4,893,712	454	4,894,167	6,497,845	62.2%	406,442	6.7%
030068	MT. GRAHAM REGIONAL MEDICAL CENTER	Mt. Graham Regional Medical Center	31.1%	1,087	2,350	2.2	0.378	5,072,265	2,464,280	803,390	3,267,670	64.4%	-	2,584,905	33,267	2,618,172	3,421,562	67.5%	153,892	4.7%
030126	ARIZONA REGIONAL MEDICAL CENTER	Arizona Regional Medical Center - Apache	17.6%	579	1,794	3.1	0.985	5,063,577	3,422,913	310,157	3,733,070	73.7%	-	3,106,227	452,072	3,558,300	3,868,457	76.4%	135,387	3.6%
030088	BANNER BAYWOOD MEDICAL CENTER	Banner Health	13.7%	2,927	9,961	3.4	0.704	19,650,166	11,859,625	58,271	11,917,896	60.7%	-	12,036,726	81,823	12,118,548	12,176,819	62.0%	258,924	2.2%
030043	SIERRA VISTA REGIONAL HEALTH CENTER	Sierra Vista Regional Health Center	24.1%	1,453	3,129	2.2	0.414	7,251,845	3,680,280	1,242,438	4,922,718	67.9%	-	3,703,419	58,487	3,761,906	5,004,344	69.0%	81,625	1.7%
030055	KINGMAN REGIONAL MEDICAL CENTER	Kingman Regional Medical Center	25.1%	2,221	6,915	3.1	0.638	14,628,595	9,491,926	1,783,013	11,274,939	77.1%	-	9,003,349	535,788	9,539,137	11,322,150	77.4%	47,211	0.4%
030016	CASA GRANDE REGIONAL MEDICAL CENTE	Regional Care Services Corporation	27.2%	2,778	8,452	3.0	0.555	14,623,473	9,847,627	21,265	9,868,892	67.5%	-	9,539,426	85,813	9,625,239	9,646,504	66.0%	(222,388)	-2.3%
030012	YAVAPAI REGIONAL MEDICAL CENTER - WI	Yavapai Regional Medical Center West C	11.3%	551	1,846	3.4	1.021	5,283,958	3,260,197	26,300	3,286,497	62.2%	-	3,152,376	17,016	3,169,393	3,195,693	60.5%	(90,804)	-2.8%
030069	HAVASU REGIONAL MEDICAL CENTER	LifePoint Hospitals, Inc.	17.5%	1,370	3,888	2.8	0.571	8,716,213	5,523,492	18,394	5,541,885	63.6%	-	5,153,393	16,429	5,169,822	5,188,215	59.5%	(353,670)	-6.4%
030007	VERDE VALLEY MEDICAL CENTER	N. AZ	16.8%	1,252	3,235	2.6	0.504	8,983,176	4,934,834	19,896	4,954,729	55.2%	-	4,168,778	7,617	4,176,394	4,196,290	46.7%	(758,439)	-15.3%
030117	VALLEY VIEW MEDICAL CENTER	LifePoint Hospitals, Inc.	19.9%	956	2,375	2.5	0.461	3,782,961	3,586,560	1,310,920	4,897,480	129.5%	-	2,809,078	-	2,809,078	4,119,998	108.9%	(777,482)	-15.9%
In-State Non-CAH Rural Providers (excluding high outlier hospitals) Total				28,620	83,873	2.9	0.593	193,585,143	107,307,153	11,022,236	118,329,388	61.1%		107,398,234	3,502,219	110,900,453	121,922,689	63.0%	3,593,301	3.0%
In-State Non-CAH Rural Providers (high outlier hospitals)																				
030033	PAYSON REGIONAL MED CTR	CHS	22.8%	543	1,325	2.4	0.612	3,568,156	4,078,794	1,275,776	5,354,570	150.1%	-	2,048,646	-	2,048,646	3,324,423	93.2%	(2,030,147)	-37.9%
030101	WESTERN ARIZONA REGIONAL MEDICAL CI	CHS	18.6%	997	3,501	3.5	0.736	7,539,967	12,353,234	21,508	12,374,742	164.1%	-	4,061,345	142,616	4,203,962	4,225,469	56.0%	(8,149,272)	-65.9%
In-State Non-CAH Rural Providers (high outlier hospitals) Total				1,540	4,826	3.1	0.692	11,108,122	16,432,027	1,297,284	17,729,312	159.6%		6,109,992	142,616	6,252,608	7,549,892	68.0%	(10,179,419)	-57.4%
In-State CAH/Small Rural Providers																				
031311	WINSLOW MEMORIAL HOSPITAL	N. AZ	50.7%	796	2,001	2.5	0.457	4,284,267	2,044,771	1,056,158	3,100,929	72.4%	-	2,098,884	862,479	2,961,362	4,017,520	93.8%	916,591	29.6%
031313	CARONDELET HOLY CROSS HOSPITAL	Carondelet Health Network	37.6%	944	1,698	1.8	0.339	4,328,025	1,590,664	1,025,253	2,615,917	60.4%	-	2,145,032	72,809	2,217,841	3,243,094	74.9%	627,177	24.0%
030067	LA PAZ REGIONAL HOSPITAL	La Paz Regional Hospital	14.3%	84	255	3.0	0.823	610,682	301,461	123,885	425,346	69.7%	-	359,371	18,676	378,047	501,932	82.2%	76,586	18.0%
031314	COBRE VALLEY REG. MED. CTR.	Cobre Valley Regional Medical Center	32.9%	807	1,683	2.1	0.391	3,814,374	1,657,866	1,112,734	2,770,599	72.6%	-	1,925,169	141,204	2,066,373	3,179,107	83.3%	408,507	14.7%
031304	PAGE HOSPITAL	Banner Health	58.2%	425	741	1.7	0.308	1,704,262	728,286	527,962	1,256,248	73.7%	-	898,515	13,054	911,569	1,439,531	84.5%	183,283	14.6%
031303	S.E. ARIZONA MED. CTR.	Southeast Arizona Medical Center	26.1%	57	220	3.9	0.738	606,596	201,499	199,280	400,779	66.1%	-	202,696	55,320	258,016	457,296	75.4%	56,517	14.1%
031300	WICKENBURG COMMUNITY HOSPITAL	Wickenburg Community Hospital	4.6%	13	47	3.6	0.897	110,489	43,107	67,200	110,307	99.8%	-	57,038	-	57,038	124,238	112.4%	13,931	12.6%
031315	WHITE MOUNAIN REGIONAL MED CTR.	White Mountain Regional Medical Center	18.4%	70	211	3.0	0.614	752,183	213,414	123,001	336,415	44.7%	-	215,394	26,414	241,808	364,810	48.5%	28,394	8.4%
031302	N. COCHISE COMM. HOSPITAL	Northern Cochise Community Hospital	7.2%	68	190	2.8	0.268	350,418	183,101	260,565	443,666	126.6%	-	195,932	3,800	199,732	460,297	131.4%	16,631	3.7%
031312	COPPER QUEEN COMM. HOSP.	Copper Queen Community Hospital	22.2%	36	83	2.3	1.101	191,142	82,151	129,118	211,270	110.5%	-	92,044	-	92,044	221,163	115.7%	9,893	4.7%
031301	BENSON HOSPITAL	Benson Hospital	9.7%	34	91	2.7	0.516	231,735	86,283	112,797	199,079	85.9%	-	89,563	-	89,563	202,359	87.3%	3,280	1.6%
In-State CAH/Small Rural Providers Total				3,334	7,220	2.2	0.411	16,984,171	7,132,601	4,737,954	11,870,555	69.9%		8,279,637	1,193,756	9,473,393	14,211,347	83.7%	2,340,792	19.7%
Out-of-State Providers																				
320038	REHOBOTH MCKINLEY CHRISTIAN HOSPITA	REHOBOTH MCKINLEY CHRISTIAN H	N/A	77	213	2.8	0.570	437,538	186,567	-	186,567	42.6%	-	242,086	-	242,086	242,086	55.3%	55,518	29.8%
320021	PRESBYTERIAN HOSPITAL	PRESBYTERIAN HOSPITAL	N/A	14	70	5.0	0.917	113,128	77,570	-	77,570	68.6%	-	76,495	-	76,495	76,495	67.6%	(1,075)	-1.4%
320005	SAN JUAN REGIONAL MEDICAL CENTER	SAN JUAN REGIONAL MEDICAL CEN	N/A	108	601	5.6	1.176	1,778,433	836,337	-	836,337	47.0%	-	683,971	39,082	723,054	723,054	40.7%	(113,283)	-13.5%
290047	SOUTHERN HILLS HOSPITAL & MEDICAL CT	SOUTHERN HILLS HOSPITAL & MEDIC	N/A	15	33	2.2	1.176	123,186	149,868	-	149,868	121.7%	-	102,831	-	102,831	102,831	83.5%	(47,037)	-31.4%
290003	SUNRISE HOSPITAL	SUNRISE HOSPITAL	N/A	602	3,873	6.4	1.544	8,772,788	12,515,195	-	12,515,195	142.7%	-	5,719,045	513,015	6,232,060	6,232,060	71.0%	(6,283,135)	-50.2%
Out-of-State Providers Total				816	4,790	5.9	1.386	11,225,072	13,765,538	-	13,765,538	122.6%		6,824,428	552,097	7,376,525	7,376,525	65.7%	(6,389,012)	-46.4%
Inpatient Total			29.4%	197,891	707,986	3.6	0.717	1,580,397,773	949,298,474	196,761,164	1,146,059,638	72.5%		878,071,608	71,226,564	949,298,171	1,146,059,335	72.5%	(303)	0.0%

General note: New system simulated payments are based on a fiscal impact model using FFY 2011 claim and encounter data. Actual new system payments are expected to be different from simulated payments due to future changes in patient volume, case mix and provider charges.