R) Value of Excess Benchmark Readmissions (Q x K):

Provider:	Medicaid Hospit	al One									
Medicaid ID:	99999999	Provider Type		АН							
I. Claims Summary											
A) APR DRG Case Mix:			1.450								
B) Total Facility Admissions:			850								
C) Excluded Admissions:		100									
			10	LA - Left ag	gainst medical adivce admission						
		20		MA - Malignancy admission							
		10		MM - Major/metastatic malignancy admission							
		10		NE - Non-event admission							
				NM - Non-event malignancy							
				NT - Neonatal admission							
		(OG - Other globally excluded APR DRG							
		20		TA - Transfer admission							
			20		OD - Only admission, died						
D) Included Admissions (B - C):			750	750							
II. Readmission Summary											
E) Admissions with no Readmissions:		[500								
F) Initial Admissions (PPR Chains):			100		(Numerator)						
G) Associated Readmissions:				150							
H) Qualifying Admissions (D - G):				600	(Denominator)						
I) Readmission Rate (F ÷ H)			16.6								
J) Total Readmission Payments:				\$500,000							
K) Average Readmission Chain Payment (J ÷ F):		ent (J ÷ F):	\$5,000								
III. Readmission Benchmark											
L) Benchmark PPR Chains:				1	A value less than 1.0 is below the						
M) Benchmark Readmission Rate:			17		statewide, risk-adjusted ratio while a value greater than 1.0 is above the						
N) Actual to Benchmark Ratio (I ÷ M):				$0.95 \rightarrow statewide$, risk-adjusted ratio.							
O) Benchmark Improvement Goal, Percent of Average Statewide Readmissions:				1	100% (Preliminary and subject to change)						
P) Benchmark Calculated Readmission Rate (L x C			D):	1	105.0						
Q) Excess Readmission Chains to Benchmark (F - L):			L):		0.0 (Value cannot be negative)						

\$0



Provider:	Medicaid Hospit	al Two								
Medicaid ID:	99999999	Provider Type: AH								
I. Claims Summary										
A) APR DRG Case M	ix:		0.850							
B) Total Facility Admissions:		850								
C) Excluded Admissions:		100								
		10		LA - Left against medical adivce admission						
			20	MA - Malignancy admission						
			10		MM - Major/metastatic malignancy admission					
			10	NE - Non-event admission						
			5	NM - Non-event malignancy						
			5	NT - Neonatal admission						
			0	OG - Other globally excluded APR DRG						
			20	TA - Transfer admission						
			20	OD - Only admission, died						
D) Included Admissions (B - C):		750	750							
II. Readmission Summary										
E) Admissions with no Readmissions:				500						
F) Initial Admissions (PPR Chains):				100 (Numerator)						
G) Associated Readmissions:			150							
H) Qualifying Admissions (D - G):		600		(Der	(Denominator)					
I) Readmission Rate (F ÷ H)			16.67%							
J) Total Readmission Payments:			\$500,000							
K) Average Readmission Chain Payment (J ÷ F):			\$5,000	55,000						
III. Readmission Benchmark										
L) Benchmark PPR Chains:				95.0		A value less than 1.0 is below the				
M) Benchmark Readmission Rate:				15.83%		statewide, risk-adjusted ratio while a value greater than 1.0 is above the				
N) Actual to Benchmark Ratio (I ÷ M):										
O) Benchmark Improvement Goal, Percent of Average Statewide Readmissions:				100%		(Preliminary and subject to change)				
P) Benchmark Calculated Readmission Rate (L x O)			O):	95.0						
Q) Excess Readmission Chains to Benchmark (F - L)			L):	5.0 (Value cannot be negative)						
R) Value of Excess Benchmark Readmissions (Q x K):			K):	\$25,0	00					