

Final Recommendation for the Maximum Revenue Guardrail for Maryland Hospital Quality Programs

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LIST OF ABBREVIATIONS

CMS	Centers for Medicare & Medicaid Services
CY	Calendar year
FFY	Federal fiscal year
FY/R Y	State fiscal year/Rate year (July-June), which signifies the timeframe in which the rewards and/or penalties would be assessed. State rate year and fiscal year are used interchangeably.
HSCRC	Health Services Cost Review Commission
MHAC	Maryland Hospital-Acquired Conditions Program
PAU	Potentially avoidable utilization
PQI	Prevention quality indicator
QBR	Quality-based reimbursement
RRIP	Readmissions Reduction Incentive Program
VBP	Value-based purchasing

INTRODUCTION

The Maryland Health Services Cost Review Commission's (HSCRC's or Commission's) performance-based payment methodologies are important policy tools that provide strong incentives for hospitals to improve their quality performance over time. These performance-based payment programs hold amounts of hospital revenue at-risk directly related to specified performance benchmarks. Because of its long-standing Medicare waiver for its all-payer hospital rate-setting system, special considerations were given to Maryland, including exemption from the federal Medicare quality-based programs. Instead, the HSCRC implements various Maryland-specific quality-based payment programs, which are discussed in further detail in the background section of this report.

Maryland entered into an All-Payer Model Agreement with the Centers for Medicare & Medicaid Services (CMS) on January 1, 2014 and entered into a Total Cost of Care Model Agreement on January 1, 2019. One of the requirements under both agreements is that the proportion of hospital revenue that is held at-risk under Maryland's quality-based payment programs must be greater than or equal to the proportion that is held at-risk under national Medicare quality programs. Given Maryland's programs are fundamentally different from the nation in how revenue adjustments are determined (e.g., most Maryland programs have prospective incremental revenue adjustment scales with both rewards and penalties), the at-risk is measured both as potential risk (i.e., highest maximum penalty per program) and realized risk (absolute average of adjustments per program).

The purpose of this report is to make a recommendation for the maximum amount one hospital can be penalized during a rate year, otherwise known as the maximum revenue guardrail. The recommendations for the maximum penalties and rewards for each quality program are set forth in the individual policies rather than in an aggregate at-risk policy. In prior iterations of this policy, staff has recommended an overall guardrail amount based on the same calculation, i.e. percent at-risk under Medicare multiplied by the percent of Maryland revenue attributable to inpatient services. Moving forward staff proposes to use this formula unless otherwise directed, thereby eliminating the need for an annual policy recommendation. Staff will continue to provide Commissioners the calculated maximum penalty guardrail each fiscal year in a formal report. This final policy has been updated to provide the RY 2021 maximum guardrail and serves as this year's formal report.

BACKGROUND

1. Federal Quality Programs

In developing the recommendation for the maximum revenue guardrail, the staff first analyzed the aggregate revenue at-risk for Maryland's quality-based payment programs compared to the amount at-risk for the following national Medicare quality programs:

- The Medicare Hospital Readmissions Reduction Program (HRRP), which reduces payments to inpatient prospective payment system hospitals with readmissions in

excess of peer group.¹

- The Medicare Hospital-Acquired Condition Reduction Program (HACRP), which ranks hospitals according to performance on a list of hospital-acquired conditions and reduces Medicare payments to the hospitals in the lowest performing quartile.²
- The Medicare Value Based Purchasing (VBP) Program, which adjusts hospitals' payments based on their performance on the following four hospital quality domains: clinical care, patient experience of care, safety, and efficiency.³

2. Maryland's Quality-Based Programs

As discussed in the introduction section of this report, Maryland is exempt from the federal Medicare hospital quality programs. Instead, Maryland implements the following quality-based payment programs:

- The Quality Based Reimbursement (QBR) program employs measures in several domains, including clinical care, patient experience, and safety. Starting in FY 2019, the QBR program revenue adjustments were linked to a preset scale instead of relatively ranking hospitals, which was designed to provide hospitals with more predictable revenue adjustments. For additional discussion on the QBR program, please refer to the [RY 2021 QBR policy](#) posted to the HSCRC website.
- The Maryland Hospital Acquired Conditions (MHAC) program measures hospital performance using 3M's potentially preventable complications. HSCRC calculates observed-to-expected ratios for each complication and compares them with statewide benchmarks and thresholds. As with the QBR program, the MHAC program uses a pre-set scale to provide hospitals with the ability to prospectively estimate revenue adjustments. For additional discussion on the MHAC program, please refer to the [RY 2021 MHAC Policy](#) posted to the HSCRC website.
- The Readmission Reduction Incentive Program (RRIP) establishes a readmissions reduction target, an attainment target, and a scale for rewards/penalties for hospitals. The statewide minimum improvement target is established to ensure the Medicare readmission rate remains below the national Medicare readmission rate. For additional discussion on the RRIP program, please refer to the [RY 2021 Readmission policy](#) posted to the HSCRC website.
- The Potentially Avoidable Utilization (PAU) Savings Program reduces each hospital's approved revenues prospectively based on performance associated with avoidable

¹ For more information on the Medicare Hospital Readmissions Reduction Program, see <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Readmissions-Reduction-Program.html>.

² For more information on the Medicare Hospital-Acquired Condition Reduction program, see <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/HAC-Reduction-Program.html>.

³ For information on the Medicare VBP program, see <https://www.medicare.gov/hospitalcompare/Data/hospital-vbp.html>.

admissions and readmissions. This adjustment is tied to hospital inpatient revenues prospectively as part of the annual update factor. For additional discussion on PAU Savings, please refer to the [RY 2020 Update Factor](#) posted to the HSCRC website.

ASSESSMENT

In order to develop the maximum revenue at-risk guardrail for quality programs, HSCRC staff considered CMS relevant policies, conducted analyses, and solicited input from the Performance Measurement Workgroup.⁴

Maximum Revenue at-risk Hospital Guardrail

As the HSCRC increases the maximum revenue adjustments statewide, the potential for a particular hospital to receive significant revenue reductions has raised concerns that such penalties may generate unmanageable financial risk. Similar to the risk corridors in other VBP programs, a maximum penalty guardrail may be necessary to mitigate the detrimental financial impact of unforeseen large adjustments in Maryland programs. Given the increases in risk levels in other programs, a hospital-specific guardrail will provide better protection than a statewide limit. Moving forward staff propose using the inpatient Medicare aggregate amount at-risk total as the benchmark to calculate the hospital maximum penalty guardrail (i.e., percent at-risk under Medicare multiplied by the percent of Maryland revenue attributable to inpatient services). This maximum revenue guardrail will apply to QBR, MHAC, RRIP, and net PAU Savings. The maximum guardrail calculation will not include the Medicare Performance Adjustment (MPA), as this is payer specific adjustment and if the MPA adjustment caused a hospital to exceed the quality guardrail that capping of revenue adjustment could reduce adjustments for other payers. Furthermore, to date no hospital penalties have reached the maximum revenue guardrail, and the MPA when expressed as a percent of all-payer revenue is relatively small. For reference, in RY 2020 the quality guardrail was 3.40 percent of total hospital revenue and the highest negative revenue adjustment was a 2.00 percent total revenue reduction or 2.47 percent of inpatient revenue (with the MPA this hospital maintains the highest reduction at 2.03 percent of total revenue). See Appendix B for hospital-specific net revenue adjustments across quality programs included in the maximum guardrail calculation. For RY2021, the maximum guardrail will be set at 3.42 percent of total hospital revenue. This calculation is based on FY 2019 estimates for percent of inpatient services.

⁴ For more information on the Performance Measurement Workgroup, see <https://hscrc.maryland.gov/Pages/hscrc-workgroup-performance-measurement.aspx>

STAKEHOLDER COMMENTS AND RESPONSES

HSCRC staff received comment letters from both the Maryland Hospital Association and CareFirst BlueCross BlueShield expressing support for setting the max guardrail formula using the formula outlined in the recommendation. Further, CareFirst expressed support for the recommendation to not include the MPA in the calculation of the max guardrail.

Staff Response:

Staff appreciates the Maryland Hospital Association and CareFirst BlueCross BlueShield's support of the policy for setting the formula for calculating the max guardrail moving forward. Additionally, we appreciate the understanding surrounding the rationale for why we have not decided to include the MPA within the max guardrail calculation.

RECOMMENDATION

1. For RY 2021 and beyond, the maximum penalty guardrail should be set using the following formula:

Percent of Medicare revenue at-risk for quality multiplied by the percent of Maryland revenue attributable to inpatient services⁵

2. Each fiscal year staff will provide the Commissioners in a formal report the calculated maximum penalty guardrail based on the calculation described above. For RY 2021, the maximum guardrail value will be set at 3.42 percent.

⁵ The percent inpatient is determined based on data from historical time period

Appendix A. Comparison of the Aggregate Revenue At-Risk for Maryland and Medicare Quality Programs

After discussions with CMS, HSCRC staff performed analyses of both “potential” and “realized” revenue at-risk. Potential revenue at-risk refers to the maximum amount of revenue that is at-risk in the measurement year. Realized risk refers to the actual amounts imposed by the programs. The comparison with the national amounts is calculated on a cumulative basis. Exhibit 1 compares the potential amount of revenue at-risk in Maryland with the amount at-risk in the national programs. The difference between the national Medicare and Maryland all-payer annual amounts are summed after each year’s experience to compare the annual difference.

The top half of Exhibit 1 displays the percentage of potential inpatient revenue at-risk in Maryland for all payers for each of Maryland’s quality-based payment programs for RYs 2014 through 2021. The bottom half of the figure displays the percentage of potential national Medicare inpatient revenue at-risk for quality-based payment programs for FFYs 2014 through 2021. These potential at-risk numbers are the absolute values of the maximum penalty or reward.

Exhibit 1. Potential Revenue at-risk for Quality-Based Payment Programs, Maryland Compared with the National Medicare Programs, 2014-2021

Maryland - Potential Inpatient Revenue at Risk absolute values								
% of MD All-Payer Inpatient Revenue	RY 2014	RY 2015	RY 2016	RY 2017	RY 2018	RY 2019	RY 2020	RY 2021
MHAC	2.0%	3.0%	4.0%	3.0%	3.0%	2.00%	2.00%	2.00%
RRIP			0.5%	2.0%	2.0%	2.00%	2.00%	2.00%
QBR	0.5%	0.5%	1.0%	2.0%	2.0%	2.00%	2.00%	2.00%
Subtotal	2.5%	3.5%	5.5%	7.0%	7.0%	6.0%	6.0%	6.0%
PAU Savings	0.41%	0.49%	0.46%	3.69%	1.42%	1.29%	1.13%	1.13%
Medicare Performance Adjustment							0.24%	0.48%
MD Aggregate Maximum At Risk	2.91%	3.99%	6.0%	10.7%	8.4%	7.3%	7.4%	7.6%
PAU Savings and MPA are estimated for RY 2021								
National - Potential Inpatient Revenue at Risk absolute values								
% of National Medicare Inpatient Revenue	FFY 2014	FFY 2015	FFY2016	FFY2017	FFY2018	FFY2019	FFY2020	FFY2021
HAC		1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
Readmissions	2.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
VBP	1.3%	1.5%	1.8%	2.0%	2.0%	2.0%	2.0%	2.0%
Medicare Aggregate Maximum At Risk	3.25%	5.5%	5.8%	6.0%	6.0%	6.0%	6.0%	6.0%
Annual MD-US Difference	-0.34%	-1.51%	0.21%	4.69%	2.42%	1.29%	1.37%	1.61%

Exhibit 2. Realized Revenue at-risk for Quality-Based Payment Programs, Maryland Compared with the National Medicare Programs, 2014-2020

Maryland - Realized Inpatient Revenue at Risk							
% of MD All-Payer Inpatient Revenue	RY 2014	RY 2015	RY 2016	RY 2017	RY 2018	RY 2019	RY 2020
MHAC	0.22%	0.11%	0.18%	0.40%	0.50%	0.25%	0.33%
RRIP			0.15%	0.57%	0.61%	0.58%	0.67%
QBR	0.11%	0.14%	0.30%	0.26%	0.59%	0.64%	0.6034%
Subtotal	0.34%	0.25%	0.63%	1.23%	1.70%	1.47%	1.60%
PAU Savings	0.29%	0.34%	0.30%	1.63%	0.57%	0.61%	0.62%
Medicare Performance Adjustment*							0.18%
MD Aggregate Maximum At Risk	0.62%	0.59%	0.93%	2.86%	2.26%	2.08%	2.40%

*Laurel's RY 2020 MPA is not included in the Aggregate at Risk calculations due to transition to FMF

National - Realized Inpatient Revenue at Risk absolute values							
% of National Medicare Inpatient Reven	FFY	FFY	FFY2016	FFY2017*	FFY2018*	FFY2019*	FFY2020*
HAC (penalty only)		0.22%	0.23%	0.24%	0.24%	0.25%	0.25%
Readmits (penalty only)	0.28%	0.52%	0.51%	0.61%	0.56%	0.57%	0.57%
VBP	0.20%	0.24%	0.40%	0.51%	0.53%	0.51%	0.51%
Medicare Aggregate Maximum At Risk	0.47%	0.97%	1.14%	1.36%	1.33%	1.34%	1.34%
Annual MD-US Difference	0.15%	-0.38%	-0.20%	1.50%	0.93%	0.74%	1.06%

*HSCRC estimated CMS numbers based on publicly available files and this is subject to change. FFY 2020 uses FFY 2019 estimates.

In summary, staff estimate that Maryland outperformed the national programs in the potential and realized aggregate payment amounts for RY 2020. Maryland hospitals continued to improve their performance in reducing complications and readmissions. However, further reductions in revenue associated with PAU will be important for financial success under the Total Cost of Care model. Staff will continue to discuss the appropriate amounts for performance-based payment programs with the workgroups and other stakeholders.

Final Recommendations for the Maximum Revenue Guardrail for Maryland Hospital Quality Programs

Appendix B. Consolidated Net Revenue Adjustments for All Quality-Based Payment Programs for Rate Year 2020, by Hospital

Hospital ID	Hospital Name	RY2019 Total Permanent Revenue	MHAC % Inpatient	MHAC \$	RRIP % Inpatient	RRIP \$	QBR % Inpatient RY2020	QBR \$ RY2020	PAU Savings % Inpatient	PAU Savings \$ (net)	Net Dollar Impact	Total Impact % Total Revenue
		A									B	C=B/A
210064	LEVINDALE	\$59,867,175	0.29%	\$166,142	1.00%	\$575,107			-0.19%	-\$107,761	\$633,488	1.06%
210058	UMROI	\$120,383,835	0.44%	\$321,557	1.00%	\$723,503			0.00%	\$0	\$1,045,060	0.87%
210030	CHESTERTOWN	\$53,535,766	0.27%	\$47,627	1.00%	\$178,599	0.62%	\$110,732	-0.57%	-\$101,718	\$235,240	0.44%
210061	ATLANTIC	\$107,225,177	0.38%	\$139,521	1.00%	\$369,319	0.54%	\$199,432	-0.78%	-\$289,508	\$418,764	0.39%
210005	FREDERICK	\$345,157,181	0.33%	\$775,553	1.00%	\$2,326,658	-0.23%	-\$535,131	-0.55%	-\$1,277,082	\$1,289,998	0.37%
210051	DOCTORS	\$247,543,706	0.62%	\$877,920	1.00%	\$1,410,943	-0.16%	-\$225,751	-0.82%	-\$1,163,455	\$899,657	0.36%
210010	DORCHESTER	\$46,645,024	0.62%	\$140,957	1.00%	\$226,538	-0.37%	-\$83,819	-0.74%	-\$167,922	\$115,754	0.25%
210037	EASTON	\$214,261,973	0.29%	\$298,945	1.00%	\$1,034,811	-0.43%	-\$444,969	-0.41%	-\$428,524	\$460,263	0.21%
210035	CHARLES REGIONAL	\$153,867,989	0.38%	\$290,625	0.41%	\$315,413	0.07%	\$53,851	-0.70%	-\$538,538	\$121,351	0.08%
210063	UM ST. JOSEPH	\$375,488,512	0.20%	\$446,800	0.06%	\$134,040	0.27%	\$603,180	-0.40%	-\$901,172	\$282,848	0.08%
210043	BWMC	\$432,711,982	0.11%	\$278,019	0.87%	\$2,176,891	-0.33%	-\$825,717	-0.67%	-\$1,687,577	-\$58,384	-0.01%
210008	MERCY	\$536,545,951	0.16%	\$352,321	0.63%	\$1,426,900	-0.46%	-\$1,041,863	-0.47%	-\$1,073,092	-\$335,734	-0.06%
210040	NORTHWEST	\$262,648,422	0.38%	\$524,053	1.00%	\$1,387,199	-0.71%	-\$984,911	-0.81%	-\$1,129,388	-\$203,047	-0.08%
210057	SHADY GROVE	\$436,099,746	0.00%	\$0	0.90%	\$2,265,734	-0.60%	-\$1,510,489	-0.47%	-\$1,177,469	-\$422,224	-0.10%
210039	CALVERT	\$146,163,780	0.40%	\$268,448	-0.80%	-\$536,896	0.86%	\$577,163	-0.68%	-\$453,108	-\$144,393	-0.10%
210013	BON SECOURS	\$112,784,456	0.22%	\$143,030	1.00%	\$643,633	-0.63%	-\$405,489	-0.84%	-\$541,365	-\$160,191	-0.14%
210028	ST. MARY	\$185,289,624	0.58%	\$457,259	0.29%	\$229,509	-0.41%	-\$324,478	-0.80%	-\$629,985	-\$267,695	-0.14%
210012	SINAI	\$764,180,996	0.13%	\$533,090	1.00%	\$3,998,177	-0.98%	-\$3,918,213	-0.46%	-\$1,834,034	-\$1,220,980	-0.16%
210006	HARFORD	\$104,913,929	0.44%	\$240,805	-0.13%	-\$70,436	0.28%	\$151,707	-0.91%	-\$493,095	-\$171,019	-0.16%
210060	FT. WASH.	\$50,264,400	0.78%	\$154,703	1.00%	\$198,904	-1.16%	-\$230,728	-1.06%	-\$211,110	-\$88,231	-0.18%
210027	W. Maryland	\$325,414,055	0.16%	\$263,608	0.37%	\$627,009	-0.46%	-\$779,525	-0.56%	-\$943,701	-\$832,609	-0.26%
210044	GBMC	\$460,191,024	-0.18%	-\$422,733	0.46%	\$1,093,822	-0.36%	-\$856,034	-0.46%	-\$1,104,458	-\$1,289,403	-0.28%

Final Recommendations for the Maximum Revenue Guardrail for Maryland Hospital Quality Programs

Hospital ID	Hospital Name	RY2019 Total Permanent Revenue	MHAC % Inpatient	MHAC \$	RRIP % Inpatient	RRIP \$	QBR % Inpatient RY2020	QBR \$ RY2020	PAU Savings % Inpatient	PAU Savings \$ (net)	Net Dollar Impact	Total Impact % Total Revenue
		A									B	C=B/A
210018	MONTGOMERY GENERAL	\$176,329,979	0.49%	\$414,195	0.12%	\$101,666	-0.51%	-\$432,080	-0.71%	-\$599,522	-\$515,741	-0.29%
210023	ANNE ARUNDEL	\$617,272,369	0.56%	\$1,636,358	-0.42%	-\$1,237,087	-0.25%	-\$736,361	-0.50%	-\$1,481,454	-\$1,818,544	-0.29%
210045	MCCREADY	\$14,249,481			-0.75%	-\$17,024			-1.13%	-\$25,649	-\$42,673	-0.30%
210009	JOHNS HOPKINS	\$2,422,312,771	0.33%	\$4,855,625	0.07%	\$1,019,681	-0.57%	-\$8,303,118	-0.37%	-\$5,329,088	-\$7,756,900	-0.32%
210038	UMMC MIDTOWN	\$223,331,473	0.44%	\$493,960	0.20%	\$222,282	-0.53%	-\$589,047	-0.78%	-\$870,993	-\$743,798	-0.33%
210016	WASHINGTON ADVENTIST	\$275,917,609	0.18%	\$291,906	0.17%	\$279,135	-0.35%	-\$574,690	-0.59%	-\$965,712	-\$969,361	-0.35%
210049	UPPER CHESAPEAKE	\$311,867,570	0.49%	\$629,132	-0.61%	-\$784,985	0.14%	\$180,161	-0.87%	-\$1,122,723	-\$1,098,415	-0.35%
210048	HOWARD	\$299,669,481	0.33%	\$609,570	-0.30%	-\$548,613	-0.20%	-\$365,742	-0.54%	-\$988,909	-\$1,293,694	-0.43%
210017	GARRETT	\$60,636,352	0.80%	\$189,715	-0.91%	-\$215,801	-0.66%	-\$156,515	-0.61%	-\$145,527	-\$328,128	-0.54%
210029	HOPKINS BAYVIEW	\$671,715,144	0.40%	\$1,466,431	-0.10%	-\$366,608	-0.91%	-\$3,336,129	-0.59%	-\$2,149,488	-\$4,385,794	-0.65%
210015	FRANKLIN SQUARE	\$545,849,179	-0.13%	-\$409,198	-0.80%	-\$2,455,188	0.38%	\$1,166,214	-0.73%	-\$2,237,982	-\$3,936,154	-0.72%
210062	S. MARYLAND	\$270,197,319	-0.49%	-\$792,430	0.77%	\$1,248,076	-0.81%	-\$1,312,912	-0.68%	-\$1,107,809	-\$1,965,075	-0.73%
210011	ST. AGNES	\$414,960,504	0.16%	\$371,401	0.08%	\$191,006	-0.84%	-\$2,005,565	-0.73%	-\$1,742,834	-\$3,185,992	-0.77%
210033	CARROLL	\$227,083,963	0.22%	\$311,760	-0.48%	-\$673,401	-0.24%	-\$336,700	-0.76%	-\$1,067,295	-\$1,765,636	-0.78%
210024	UNION MEMORIAL	\$414,187,673	0.00%	\$0	0.66%	\$1,604,834	-1.39%	-\$3,379,878	-0.61%	-\$1,491,076	-\$3,266,120	-0.79%
210002	UMMS	\$1,728,168,161	0.27%	\$3,209,797	-0.03%	-\$361,102	-1.09%	-\$13,120,045	-0.30%	-\$3,629,153	-\$13,900,503	-0.80%
210065	HOLY CROSS GERMANTOWN	\$103,680,716	0.67%	\$393,749	-0.81%	-\$478,405	-0.82%	-\$484,311	-0.58%	-\$342,146	-\$911,113	-0.88%
210019	PENINSULA	\$440,472,737	-0.04%	-\$110,768	-0.86%	-\$2,143,363	-0.24%	-\$598,148	-0.55%	-\$1,365,465	-\$4,217,744	-0.96%

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		A									B	C=B/A
210022	SUBURBAN	\$323,715,549	0.38%	\$789,383	-0.44%	-\$919,399	-1.13%	-\$2,361,183	-0.43%	-\$906,404	-\$3,397,603	-1.05%
210056	GOOD SAM	\$258,484,446	0.00%	\$0	-0.39%	-\$572,916	-0.68%	-\$998,931	-0.83%	-\$1,214,877	-\$2,786,724	-1.08%
210032	UNION OF CECIL	\$160,537,054	0.40%	\$261,708	-1.64%	-\$1,073,001	-0.65%	-\$425,275	-0.76%	-\$497,665	-\$1,734,233	-1.08%
210004	HOLY CROSS	\$500,698,497	0.67%	\$2,370,725	-1.17%	-\$4,160,622	-1.03%	-\$3,662,770	-0.39%	-\$1,401,956	-\$6,854,623	-1.37%
210001	MERITUS	\$362,368,543	-0.27%	-\$585,471	-0.41%	-\$900,162	-1.06%	-\$2,327,249	-0.58%	-\$1,268,290	-\$5,081,172	-1.40%
210034	HARBOR	\$187,602,544	0.00%	\$0	-1.69%	-\$1,865,625	-0.61%	-\$673,391	-0.73%	-\$806,691	-\$3,345,707	-1.78%
210003	PG	\$348,438,485	0.00%	\$0	-0.47%	-\$1,329,767	-1.53%	-\$4,328,817	-0.47%	-\$1,324,066	-\$6,982,650	-2.00%
State	Statewide	\$16,900,932,303	0.23%	\$22,695,798	0.05%	\$5,298,988	-0.61%	-\$59,633,534	-0.52%	-\$50,336,836	-\$81,975,584	-0.49%