The effect of financing hospital health care providers through updated Diagnosis Related Groups. Case studies: the municipal hospitals in Romania

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Abstract. In our scientific approach we tried to develop a model with which to highlight the effect of financing hospital health care providers using the hospital's Diagnosis Related Groups (DRG) and Mean Relative Values (MRV). The econometric model used is simple linear regression model form. Development of the model was performed by using the EViews 7 to the municipal hospitals in Romania during 2010-2012, being considered DRG dependent variable and independent variables: C and MRV. Analyzing in detail the results recorded by providers following simple regression model is observed that there are units which, although recorded low values in the number of patients discharged, they were able to achieve a relatively high VRM or to contract a level of TAC over average of the entire sample.

Keywords: DRG, Mean Relative Value, financing hospitals, municipal hospitals

JEL Code: H51, I11, I12, I18

1. Introduction

The future of hospital financing is one big concern for Romania, other Member States, and in general, for every country all over the world. The evolution of pharmaceutical markets and new developments in medical technology continually expand the range of health issues that can be treated, while ageing populations and increasing expectations create upwards pressure on costs which stretch the limits of countries` ability to find acceptable financing.

It is known that the DRG system, as a policy tool for cost containment and improved hospital efficiency, transfers the financial responsibility from insurers to hospitals and increases providers' cost consciousness (Ellis RP, McGuire TG., 1996).

Since the health care providers bear the financial risk of treating each patient under the DRG payment scheme, hospitals tend to decrease the health care resource used for each patient. (S-H Cheng, et al., 2012:203).

It is known that hospital health care providers in Romania and not only use significant resources within the health system. Because of the importance and role of hospital units for their patients' health, we believe in the business analysis and to identify the appropriate ways of financing which can help increase the financial resources they use. The purpose of this paper is to identify a model that would increase the DRG value contracted by hospital units with the County Health Insurance Houses (CHIH) from Romania.

Given that relative value is a key element in the consumption of resources used by the hospitals, respectively, its updating is quite difficult we are trying to emphasize its importance in the process of contracting and financing of health care providers, without minimizing the role and contribution of Case Mix Index. Also, to ensure a "real minimum" value of financing hospital units, we believe that the Tariff for Average Case (TAC_{inf}) must be updated with the inflation rate every year.

Structure is as follows: a) literature review - which briefly highlights the contribution of various authors on the topic addressed in this paper, b) research methodology - emphasizes the collection and processing of data from hospital units (i.e. 2010-2012), the source data, method used (i.e. Least Squares), the econometric model used (i.e. simple linear regression) with the presentation of its variables, the type of panel data, the application software used within research, research limits, c) results and discussion, d) conclusions and acknowledgements.

2. Research and Methodology. Literature review

In the literature there are several approaches that DRG is influenced by a number of factors, namely, the average of specialization, the services provided the cost of medical services, etc.

Each DRG is associated with a specific cost weight or tariff, which is usually calculated from information about average treatment costs of patients falling within a specific DRG in at least a sample of other hospitals in the past. Depending on the country, hospitals under DRG-based hospital payment systems either receive a DRG-based case payment or a DRG-based budget allocation. In both variants, however, hospitals are exposed to the financial risk of having costs above the payment rate and are rewarded for keeping costs below (Scheller-Kreinsen D., et al, 2011:1166).

The German researcher Matthias Vogl considers that (2012:290): DRGs serve as the basis for budgeting and cost control in hospital management. Thus, the full costs of the complete cycle of care for a medical condition should be addressed through accurate costing systems. Comparative research on DRG costing standards started in 2006 and has been developed recently in Europe and the U.S. Authors like Coulam R.F. & Gaumer G.L. (1991), Culter D.M, Zeckhauser RJ. (2000) and Rosenberg MA, Browne MJ. (2001) have expressed that the DRG payment shortens patients' length of hospital stay significantly. Others researchers found in their articles that medical suppliers reduced the intensity after the operation of DRG payment program (Long MJ, et al., 1987; Palmer RM, 1989).

Another major concern about the DRG payment is its potential adverse outcome of patients due to early discharge. Reduced length of stay or intensity of care might result in worse health care outcomes (S-H Cheng, et al., 2012:203).

In their study Hafsteinsdóttir and Siciliani (2012:541), estimated the degree and the source of cost sharing associated with the NordDRG classification system (i.e. specific to Iceland DRG classification), using data from Landspítali in Iceland for the years 2003–2005. Under the assumption that cost is exogenous, Ordinary Least Squares (OLS) estimation indicates that cost sharing of the NordDRG system at Landspítali remained relatively stable, at around 0.17, over the 3-year period under study... The results also suggest that the majority of cost sharing is associated with procedural DRGs which include surgical procedures or other invasive treatments.

In their study entitled Appendectomy and diagnosis-related groups (DRGs): patient classification and hospital reimbursement in 11 European countries, authors Quentin W., Scheller-Kreinsen D., Geissler A. and Busse R. (2012:317) performs a comprehensive assessment of DRG systems based on three main objectives: (1) to assess classification variables and algorithms used to group patients with appendectomy into DRGs, (2) to compare the composition of these DRGs and variations in relative resource intensity, and (3) to determine DRGs and hospital price levels for six case vignettes of appendectomy patients with different combinations of demographic, diagnostic, and treatment variables. Also the research results of Quentin W., Scheller-Kreinsen D., Geissler A. and Busse R. showed that (2012:317): European DRG systems vary widely: they classify appendectomy patients according to different sets of variables (between two and six classification variables) into diverging numbers of DRGs (between two and 11 DRGs). The most

complex DRG is valued 5.1 times more resource intensive than an index case in France but only 1.1 times more resource intensive than an index case in Finland.

To achieve the objectives of our research we studied the literature, we analyzed data reported by hospital units in Romania, setting rules of the National Health Insurance House (NHIH) and legislation.

The necessary data were collected from the website of the Center for Research and Assessment for Health Services¹ (CRAHS) and refers to the Relative Value for each DRG², respectively, Number of Discharged Cases to acute and chronic patients. CRAHS data indicators were reported by hospital units in Romania, and they were selected for 2010-2012, so subsequently be analyzed and processed in our research.

Out of hospital care providers (i.e. more than 500 public and private providers) were selected only the Municipal Hospital units that have kept administrative status during the period, the number of these suppliers amounted to 48.

During the reviewed period there is a change in the number of hospitals from municipal tows in Romania, as follows: in 2010 - a total of 66 units as follows: 5 municipal clinical units, clinical emergency unit 3 municipal clinical units, one municipal clinical emergency unit and 57 municipalities, namely 2011-2012 - a total of 63 units as follows: 5 municipal clinical units, clinical emergency unit 2 municipal clinical units, one municipal clinical units, one municipal clinical units, one municipal clinical units, clinical emergency unit 2 municipal clinical units, one municipal clinical units, one

Of all hospital providers (i.e. max. 66 units) in the analyzed period have not been changes in terms of reporting structure, respectively, changes in the institutional and organizational point of view only 48 units.

We note that before being placed in the application EViews 7 data had to be processed in order to be recognized by the software application.

Starting from the relationship for determining the DRG contracted (DRG_{co}) for acute patients (the product of the Number of Discharged Cases - NDC, Case Mix Index - CMI and the Tariff per Average Case - TAC), under which hospitals are funded (i.e. between 70 % and 90% of total budget) we tried to establish a new relationship that is the foundation of our scientific .

$$DRG_{co} = NDC \times CMI \times TAC$$
 (1)

The analysis reported data and indicators set out in the applicable framework it was found that in the period 2010-2012, TAC³ was not updated to the inflation rate. Average Case Mix Index⁴ at the level of the 48 suppliers grew 14.3% compared to the base period, respectively from 0.8398 in 2010 to 0.9599 in 2012. According to specialists of CHIH for acute cases are allocated between 70% -90% of the total budget of the contract (DRG_{co}) and for chronic cases between 5% -20% of the total budget. In these circumstances it was desired in each year, changing the relationship of DRG_{co} determination to observe the effects in terms of budget size units surveyed, namely, the elaboration of an econometric model with which to observe and analyze the desired phenomenon.

Therefore, to observe the effect of changing relationship of DRG_{co} calculus for each individual year, were taken into account the following indicators: total Number of Discharged Cases (NDC_t - acute cases and chronic cases), the Case Mix Index (CMI)

¹ Center for Research and Assessment for Health Services is the structure of the National School of Public Health, Management and Professional Development in Health Care (NSPHMPDHC) which aims to collect and manage the minimum set of data on patients under continuous hospitalization and day, from all hospitals in Romania, based on existing rules of the National Health Insurance and the Ministry of Public Health;

² MRV is a number without unit expressing the ratio of the average rate of DRG value and average value of all DRG's, coefficient given by the relative amount of labor, consumables and capital resources necessary to complete treatment of the patient with a condition.

³ TAC represents the reimbursement value of an of an average case at hospital level for a particular year;

⁴ CMI represents is a number without unit expressing hospital resources according to patients treated.

units registered hospitals and the TAC (TAC_{inf}) updated annual inflation rate of the previous year (4.74% update for 2010, 7.96% in 2011, 3.14% for 2012). By multiplying the three indicators resulted of DRG_{co} new value (i.e. [New] DRG_{co}), a value that has been considered for developing the econometric model.

 $[New] DRG_{no} = NDC_{t} \times CMI \times TAC_{inf} (2)$

Statistical model that we wanted to develop aims to highlight the financial resources of municipal units in Romania, given that all cases are considered external (NDC_t - total acute cases and chronic cases), the resources needed to treat all patients, as reflected by the values of MRV, respectively, and a TAC indexed year inflation rate. Consequently, in our opinion it can be a "tool" for analysis and forecasting of resources used, useful for top management of hospital units, respectively, for the decision makers of public funds, or one auditing the activity and how to use these providers public money.

Due to the fact that data were only for 3 calendar years (because of module data collected and reported by the hospitals, the transmitted data have not been submitted for the entire calendar period - i.e. 2009, respectively, the structure of the data submitted did not allow the use of indicators in the model analyzed in this paper - i.e. 2008), with the help of the model we were able to estimate / simulate DRG value of contract only in the years 2010 to 2012, without being able to forecast its value in a short or medium term.

3. Empirical Results

Developing an econometric model to estimate the new DRG value

The sample considered for the development of the model includes 48 hospital health care providers in Romania. Data sources were the Center for Research and Evaluation of Health Services, National Health Insurance and National Bank of Romania. We conducted an econometric model for the 48 hospitals based on MRV 2010-2012 values.

The Model:

Diagnosis Related Groups = F(Mean Relative Value) (3)

It is known that the specification of an econometric model also requires the choice of a mathematical function (f(x)) can be described by the relationship between variables. The form of the multiple linear regression model is:

$$LOG(DRG) = c(1) + c(2) MRV$$
 (4)

Estimation of the parameter of simple regression model After estimating parameters in EViews 7 we obtained:

Table 1. Testing parameters of simple regression model LOG(DRG)

Estimation Command: LS(?) LOG(DRG) C MRV Estimation Equation: LOG(DRG) = C(1) + C(2)*MRV Substituted Coefficients: LOG(DRG) = 13.606688 + 2.352941*MRV

Source: data processed by the authors in EViews 7, 2014

Using the data from Appendix A and the regression (4), we acquire the following results:

LOG(DÂG)	=	13.60669	2.352941MRV	,
se	=	(0.288429)	(0.251419)	
t	=	(47.17511)	(9.358643)	
		(0.0000)*	(0.0000)*	$R^2 = 0.381491$

Table 2. Testing parameters of simple regression model LOG(DRG)

Source: data processed by the authors in EViews 7, 2014

Where ^{*} indicates the *p* values.

It can be seen from the model that a change of 1% in an independent variable – MRV would associated with a 2.3529 change in the dependent variable – $LOG(D\hat{R}G)$. As can be seen from the last row of the Table 2 the p value is 0.000, which shows that MRV is an important factor influencing the LOG(DRG). Here it may be noted that the term free is also a factor influencing the DRG.

R-squared value is 0.3815 which highlights the fact that the model is not representative. This leads us to use in the future other independent variables, respectively, some variables dummies.

4. Conclusions

The statistical model that we wanted to elaborate aimed to draw up the necessary financial resources for the hospital health care providers, municipal hospital category units in Romania. Given that all the discharged cases are considered, all the resources required to treat patients, as reflected by the values of MRV, respectively, a TAC indexed with the annual rate of inflation, we consider this scientific approach useful for both decision makers local and central (e.g. government, ministry, NHIH, etc.). Also we consider that this model can be a tool of analysis used by hospital unit manager, public internal auditor, external public auditors (i.e. Supreme Audit Court).

Effects of using VRM and TAC indexed (with the inflation rate), indicators that have changed from the computing relationship currently used to determine budgets and contracting hospital health care providers in Romania, have been observed in all the 48 units analyzed. Analyzing in detail the results recorded by providers following simple regression model is observed that there are units which, although recorded low values in the number of patients discharged, they were able to achieve a relatively high VRM or to contract a level of TAC over average of the entire sample. So updating both the relative (resources used to treat patients) and the tariff (inflation) should be considered when decision-makers, establish the contractor value of the DRG, respectively, when determining the amount of resources allocated to the hospital health care providers hospital.

Consequently the value of the DRG could provide an optimal level of financing sources, for most hospital units, above the initially calculated value using the model.

As future research we want to extend the period under review, the number of hospitals and include more independent variables in the model, namely the production of short and medium term forecasts on the value of the DRG contracted.

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References

Barnum H, Kutzin J, Saxenian H. (1995) Incentives and provider payment methods. The International Journal of Health Planning and Management, 10, pp. 23–45;

Chang S.-H., Chen C.-C., Tsai S.-L. (2012) The impacts of DRG-based payments on health care provider behaviors under a universal coverage system: A population-based study, Health Policy, 107, pp. 202–208;

Coulam RF, Gaumer GL. (1991) Medicare's prospective payment system: a critical appraisal. Health Care Financing Review, Supplement pp. 45–77;

Culter DM, Zeckhauser RJ., 2000. Handbook of health economics, North Holland: Elsevier Science;

Ellis RP, McGuire TG. (1996) Hospital response to prospective payment: moral hazard, selection, and practice-style effects, Journal of Health Economics, 15, pp. 257–77;

Hafsteinsdóttir E. J. G. Siciliani L, (2012). Hospital cost sharing incentives: evidence from Iceland, Empirial Economics, 42, pp. 539–561;

Long MJ, Chesney JD, Ament RP, DesHarnais SI, Fleming ST, Kobrinski EJ, et al. (1987) The effect of PPS on hospital product and productivity, Medical Care 25, pp. 528–38;

Palmer RM, Saywell Jr RM, Zollinger TW, Erner BK, LaBov AD, Freund DA, et al. (1989) The impact of the prospective payment system on the treatment of hip fractures in the elderly. Archives of Internal Medicine;149, pp. 2237–2241;

Quentin W., Scheller-Kreinsen D., Geissler A.& Busse R. (2012) Appendectomy and diagnosis-related groups (DRGs): patient classification and hospital reimbursement in 11 European countries, Langenbecks Arch Surg 397, pp. 317–326;

Rosenberg MA, Browne MJ. (2001) The impact of the inpatient prospective payment system and diagnosis-related groups: a survey of the literature, North American Actuarial Journal, 5, pp. 84–94;

Scheller-Kreinsen D., Quentin W., Busse R. (2011) DRG-Based Hospital Payment Systems and Technological Innovation in 12 European Countries, Value in Health, 14, pp. 1166-1172;

Vogl M. (2012) Improving patient-level costing in the English and the German 'DRG' system, Health Policy, 109, pp. 290– 300;

Center for Research and Assessment for Health Services site: www.drg.ro (may 2013);

National Health Insurance House site: www.cnas.ro (may, 2013);

National Bank of Romania (NBR) site: www.bnr.ro (may, 2013);

***The Orders of the Ministry of Health and of the President of the National Health Insurance House numbers: 416/428 of 31.03.2009; for the approval of the Methodological Norms for implementing the Framework Agreement regarding conditions for granting medical assistance within the social health insurance system for the years 2009 (published in the Official Gazette of Romania, part I, no. 210 bis of 01.04.2009)

***The Orders of the Ministry of Health and of the President of the National Health Insurance House numbers: 343/417 of 16.04.2009/13.04.2010; for the approval of the Methodological Norms for implementing the Framework Agreement regarding conditions for granting medical assistance within the social health insurance system for the years 2010 (published in the Official Gazette of Romania, part I, no. 271 bis of 27.04.2010);

***The Orders of the Ministry of Health and of the President of the National Health Insurance House numbers: 864/538 of 31.05.20.2011; for the approval of the Methodological Norms for implementing the Framework Agreement regarding conditions for granting medical assistance within the social health insurance system for the years 2011-2012 (published in the Official Gazette of Romania, part I, no. 384 bis of 01.06.2011);

APPENDIX A

Unit/An	LOG(DRG)	VRM	10 - 12	16.3493	1.1811	20 - 12	16.0244	1.0064
1 - 10	16.4300	1.2134	11 - 10	15.7974	0.9475	21 - 10	17.0862	1.3497
1 - 11	16.5427	1.3916	11 - 11	15.8121	0.9307	21 - 11	17.1911	1.3375
1 - 12	16.4381	1.3306	11 - 12	15.8688	1.0542	21 - 12	17.1537	1.2867
2 - 10	16.3756	1.2856	12 - 10	16.6374	1.1948	22 - 10	16.0093	1.2250
2 - 11	16.3320	1.3090	12 - 11	16.6295	1.2566	22 - 11	15.9428	1.1723
2 - 12	16.4376	1.2602	12 - 12	16.6709	1.2252	22 - 12	15.9430	1.1272
3 - 10	16.2067	1.0932	13 - 10	16.7403	1.2646	23 - 10	16.0075	1.1498
3 - 11	16.1643	1.0845	13 - 11	16.8445	1.2237	23 - 11	15.8765	1.1769
3 - 12	16.2309	1.0651	13 - 12	16.7806	1.1547	23 - 12	15.7544	1.1934
4 - 10	16.4459	1.1487	14 - 10	15.6565	0.9935	24 - 10	17.3841	1.3481
4 - 11	16.5123	1.1677	14 - 11	15.5690	0.9309	24 - 11	17.3040	1.3063
4 - 12	16.6206	1.2154	14 - 12	15.4731	0.8722	24 - 12	17.3396	1.4110
5 - 10	17.3391	1.2648	15 - 10	16.7103	1.1409	25 - 10	16.0796	1.2405
5 - 11	17.2777	1.3611	15 - 11	16.6824	1.1209	25 - 11	16.1387	1.2938
5 - 12	17.2703	1.3636	15 - 12	16.7926	1.1553	25 - 12	16.0221	1.1940
6 - 10	16.3350	1.1388	16 - 10	15.9682	1.1579	26 - 10	15.3899	1.0180
6 - 11	16.2176	1.1419	16 - 11	16.2440	1.1266	26 - 11	15.4196	0.9755
6 - 12	16.1543	1.1246	16 - 12	16.1931	1.0684	26 - 12	15.3235	0.9082
7 - 10	16.2831	1.3454	17 - 10	15.9490	0.9219	27 - 10	16.0335	1.1050
7 - 11	16.2452	1.2041	17 - 11	15.8243	0.9967	27 - 11	15.9105	1.0249
7 - 12	16.4361	1.2036	17 - 12	15.7123	0.8014	27 - 12	15.8696	1.0197
8 - 10	15.6176	1.1205	18 - 10	16.2727	0.9556	28 - 10	15.8004	1.0786
8 - 11	15.5895	1.1602	18 - 11	16.1997	0.9926	28 - 11	15.7941	1.1436
8 - 12	15.5657	1.1619	18 - 12	16.4431	0.9138	28 - 12	15.7912	1.0692
9 - 10	16.5004	1.2310	19 - 10	16.5793	1.0117	29 - 10	15.6489	1.1792
9 - 11	16.5271	1.1555	19 - 11	16.6082	1.1300	29 - 11	15.6545	1.1888
9 - 12	16.6584	1.2124	19 - 12	16.6728	1.1562	29 - 12	15.5763	1.1149
10 - 10	16.3469	1.1844	20 - 10	16.0644	0.9581	30 - 10	15.8136	1.1065
10 - 11	16.2203	1.1461	20 - 11	15.9829	0.9865	30 - 11	15.7908	1.1513

30 - 12	15.9756	1.1351	37 - 10	16.0310	0.8245	43 - 11	15.7479	1.0309
31 - 10	16.4394	1.0806	37 - 11	16.1713	1.0579	43 - 12	15.7930	1.0438
31 - 11	16.4463	1.1531	37 - 12	16.1495	0.9356	44 - 10	16.5431	1.0035
31 - 12	16.4896	1.2009	38 - 10	16.1852	1.1950	44 - 11	16.2778	1.0334
32 - 10	16.6754	1.3232	38 - 11	16.1289	1.1877	44 - 12	16.3990	0.9798
32 - 11	16.7641	1.2473	38 - 12	16.1997	1.2480	45 - 10	16.6233	1.1992
32 - 12	16.6611	1.1645	39 - 10	16.4098	1.3656	45 - 11	16.5524	1.1195
33 - 10	15.3993	1.0656	39 - 11	16.6329	1.1818	45 - 12	16.4604	1.1877
33 - 11	15.4655	1.0376	39 - 12	16.5914	1.1472	46 - 10	16.7373	1.1289
33 - 12	15.5707	1.0401	40 - 10	16.3697	1.1166	46 - 11	16.7608	1.2158
34 - 10	16.3112	1.2488	40 - 11	16.5404	1.2104	46 - 12	16.7454	1.1977
34 - 11	16.5338	1.2637	40 - 12	16.5979	1.1521	47 - 10	16.4116	0.9105
34 - 12	16.4723	1.2402	41 - 10	16.6378	1.2452	47 - 11	16.4368	1.0873
35 - 10	16.2420	1.1979	41 - 11	16.9434	1.2997	47 - 12	16.1873	0.9560
35 - 11	16.2198	1.2357	41 - 12	17.1098	1.2195	48 - 10	16.2890	1.1342
35 - 12	16.3126	1.1774	42 - 10	15.8526	1.0255	48 - 11	16.3865	1.1735
36 - 10	17.0924	1.1799	42 - 11	15.8708	1.0512	48 - 12	16.4113	1.1475
36 - 11	16.9292	1.2400	42 - 12	15.8332	0.9928			
36 - 12	16.9633	1.2134	43 - 10	15.7754	1.0085			

Source: data processed by the authors in EViews 7, 2014

APPENDIX B

	2010							2011		2012			
Nr.	Spital Municipal	NCE _t	ICM	TCPinf	DRG _{co}	NCE _t	ICM	TCPinf	DRG _{co}	NCEt	ICM	TCPinf	DRG_{co}
1	SM Blaj	11,164	0.8803	1,456	14,309,086	9,462	1.1276	1,572	16,772,220	8,364	1.1490	1,621	15,578,193
2	SM Aiud	10,145	0.9174	1,456	13,551,025	9,428	0.9167	1,572	13,586,242	9,141	1.0508	1,621	15,570,293
3	SM Sebeş SM Curtea de	9,103	0.8635	1,456	11,444,801	8,253	0.8855	1,572	11,488,226	8,103	0.9640	1,621	12,662,104
4	Argeş	12,503	0.7986	1,456	14,538,008	11,103	0.9322	1,572	16,270,540	10,297	1.1201	1,621	18,696,079
5	SM Oneşti SM "Episcop N.	23,041	1.0587	1,456	35,516,946	20,921	1.0636	1,572	34,979,477	20,723	1.0659	1,621	35,805,695
6	Popovici" Beius SM "Dr. Pop Mircea"	10,413	0.8582	1,456	13,011,452	8,514	0.9054	1,572	12,117,881	7,787	0.9292	1,621	11,729,038
7	Marghita	8,844	0.9594	1,456	12,354,063	8,726	0.9081	1,572	12,456,655	8,525	1.1250	1,621	15,546,403
8	SM Salonta	5,659	0.7707	1,456	6,350,186	4,654	0.8838	1,572	6,465,959	4,195	0.9575	1,621	6,511,091
9	SM Dorohoi	16,265	0.6483	1,456	15,352,937	15,419	0.6813	1,572	16,513,805	13,017	0.9202	1,621	19,416,733
10	SM Fagaras	10,001	0.9043	1,456	13,167,925	9,341	0.8275	1,572	12,151,053	9,206	0.9552	1,621	14,254,379
11	SM Oltenita	8,038	0.6495	1,456	7,601,312	7,835	0.6559	1,572	8,078,471	7,055	0.7709	1,621	8,816,132
12	SM Dej	13,863	0.8723	1,456	17,606,964	13,528	0.8602	1,572	18,293,027	12,518	0.9689	1,621	19,660,607
13	SM Turda	15,509	0.8642	1,456	19,514,590	14,819	0.9737	1,572	22,682,797	13,255	1.0212	1,621	21,941,866
14	SM Gherla	5,514	0.8223	1,456	6,601,740	5,258	0.7664	1,572	6,334,737	4,743	0.7719	1,621	5,934,678
15	SM Medgidia	14,686	0.8857	1,456	18,938,760	14,372	0.8537	1,572	19,287,460	13,879	0.9870	1,621	22,205,387
16	SM Mangalia	8,430	0.7346	1,456	9,016,539	8,103	0.9768	1,572	12,442,396	7,406	1.0156	1,621	12,192,406
17	SM Bailesti	6,841	0.8880	1,456	8,844,920	5,787	0.8989	1,572	8,177,441	5,337	0.8714	1,621	7,538,723
18	SM Calafat SM "Anton	11,651	0.7207	1,456	12,225,851	11,075	0.6837	1,572	11,903,149	10,904	0.8858	1,621	15,656,855
19	Cincu" Tecuci	16,811	0.6787	1,456	16,612,415	15,209	0.7490	1,572	17,907,502	14,647	0.8297	1,621	19,699,390
20	SM Motru SM Odorheiul	7,362	0.9261	1,456	9,926,933	6,999	0.8710	1,572	9,583,115	6,979	0.9105	1,621	10,300,449
21	Secuiesc	20,153	0.9399	1,456	27,579,268	19,422	1.0507	1,572	32,079,325	18,567	1.0587	1,621	31,863,807
22	SM Gheorqheni	7,924	0.8143	1,456	9,394,859	7,138	0.8204	1,572	9,205,656	6,543	0.8952	1,621	9,494,673
23	SM Toplita	6,933	0.9290	1,456	9,377,742	6,102	0.8982	1,572	8,615,843	5,321	0.9116	1,621	7,862,861

	SM "Dr. A. Simionescu"												
24	Hunedoara	20,036	1.1976	1,548	37,144,436	19,661	1.1619	1,671	38,172,518	18,451	1.2830	1,724	40,811,619
25	SM Lupeni	8,009	0.8437	1,491	10,074,975	7,101	1.0032	1,610	11,469,194	6,077	1.0432	1,661	10,529,953
26	SM Vulcan	3,636	0.8622	1,613	5,056,689	3,672	0.9258	1,741	5,918,595	3,128	0.9872	1,796	5,545,979
27	SM Brad	6,600	1.0016	1,456	9,624,975	6,714	0.8445	1,572	8,913,198	5,553	0.9802	1,621	8,823,185
28	SM Orastie	6,123	0.8552	1,456	7,624,183	5,567	0.9066	1,572	7,933,950	5,386	0.9344	1,621	8,157,972
29	SM Urziceni	5,724	0.7862	1,456	6,552,304	5,236	0.8383	1,572	6,900,041	4,461	0.9100	1,621	6,580,466
30	SM Feteşti	8,294	0.6397	1,456	7,725,058	7,780	0.6466	1,572	7,908,021	6,974	0.8677	1,621	9,809,222
31	SM Paşcani SM Sighetu	10,635	0.9328	1,456	14,443,998	10,911	0.8880	1,572	15,231,058	10,860	0.9317	1,621	16,401,703
32	Marmatiei	17,626	0.7126	1,456	18,287,779	14,265	0.9333	1,572	20,928,861	13,200	0.9099	1,621	19,469,312
33	SM Orşova	4,920	0.7126	1,456	5,104,724	4,730	0.7682	1,572	5,711,997	4,549	0.8874	1,621	6,543,625
34	SM Sighişoara SM "Dr. E.	9,356	0.9327	1,456	12,705,553	9,161	1.1544	1,572	16,624,621	9,001	1.1048	1,621	16,119,718
35	Nicoara" Reghin	9,533	0.8542	1,456	11,856,337	8,748	0.8831	1,572	12,144,264	9,019	0.9399	1,621	13,741,149
36	SM Caracal	21,391	0.8910	1,456	27,750,459	15,867	0.9897	1,572	24,686,012	14,040	1.1573	1,621	26,338,806
37	SM Ploieşti	7,391	0.8251	1,574	9,598,746	7,361	0.9998	1,700	12,511,197	7,178	1.0032	1,753	12,623,300
38	SM Cărei	7,971	0.9652	1,456	11,201,895	7,793	0.9052	1,572	11,089,239	7,811	0.9694	1,621	12,274,185
39	SM Mediaş	14,062	0.6849	1,456	14,022,829	12,009	0.9724	1,572	18,357,111	11,845	0.9457	1,621	18,158,145
40	SM Fălticeni	13,509	0.6849	1,456	13,471,369	12,327	0.8636	1,572	16,734,879	12,106	0.9314	1,621	18,277,632
41	SM Radauti SM Vatra	17,314	0.6987	1,456	17,613,657	17,182	0.9271	1,572	25,041,067	17,024	1.1050	1,621	30,493,474
42	Dornei SM Turnu	7,896	0.6987	1,456	8,032,658	7,498	0.7268	1,572	8,566,687	7,228	0.7261	1,621	8,507,415
43	Măgurele SM "Caritas"	7,880	0.6481	1,456	7,435,833	7,530	0.6400	1,572	7,575,782	7,191	0.7011	1,621	8,172,450
44	Roşiori de Vede	11,339	0.9705	1,456	16,022,551	10,945	0.7480	1,572	12,869,744	10,607	0.8713	1,621	14,981,086
45	SM Lugoj	11,868	1.0047	1,456	17,361,023	10,670	1.0097	1,572	16,935,940	9,853	0.9973	1,621	15,928,589
46	SM Husi SM "Costache Nicolescu"	13,301	1.0047	1,456	19,457,277	12,912	1.0277	1,572	20,859,909	12,189	1.0721	1,621	21,182,947
47	Dragasani	13,111	0.7359	1,456	14,048,048	11,870	0.8086	1,572	15,088,185	9,498	0.7874	1,621	12,123,014

48 SM Adjud 10,882 0.7843 1,456 12,426,600 10,913 0.8363 1,572 14,346,924 10,476 0.8931 1,621 15,166,263 Source: data processed by the authors, with data from www.drg.ro, 2013

											AP	PENDIX C		
		2	010			20)11		2012					
Nr.	NCEt	ICM	TCP	DRG_{co}	NCEt	ICM	TCP	DRG_{co}	NCEt	ICM	TCP	DRG_{co}		
1	11,164	0.8803	1,390	13,660,460	9,462	1.1276	1,433	15,289,180	8,364	1.1490	1,433	13,771,468		
2	10,145	0.9174	1,390	12,936,762	9,428	0.9167	1,433	12,384,914	9,141	1.0508	1,433	13,764,485		
3	9,103	0.8635	1,390	10,926,012	8,253	0.8855	1,433	10,472,409	8,103	0.9640	1,433	11,193,581		
4	12,503	0.7986	1,390	13,879,005	11,103	0.9322	1,433	14,831,860	10,297	1.1201	1,433	16,527,749		
5	23,041	1.0587	1,390	33,906,974	20,921	1.0636	1,433	31,886,508	20,723	1.0659	1,433	31,653,029		
6	10,413	0.8582	1,390	12,421,647	8,514	0.9054	1,433	11,046,389	7,787	0.9292	1,433	10,368,730		
7	8,844	0.9594	1,390	11,794,058	8,726	0.9081	1,433	11,355,207	8,525	1.1250	1,433	13,743,366		
8	5,659	0.7707	1,390	6,062,334	4,654	0.8838	1,433	5,894,223	4,195	0.9575	1,433	5,755,949		
9	16,265	0.6483	1,390	14,656,993	15,419	0.6813	1,433	15,053,614	13,017	0.9202	1,433	17,164,823		
10	10,001	0.9043	1,390	12,571,027	9,341	0.8275	1,433	11,076,628	9,206	0.9552	1,433	12,601,188		
11	8,038	0.6495	1,390	7,256,747	7,835	0.6559	1,433	7,364,153	7,055	0.7709	1,433	7,793,656		
12	13,863	0.8723	1,390	16,808,846	13,528	0.8602	1,433	16,675,514	12,518	0.9689	1,433	17,380,413		
13	15,509	0.8642	1,390	18,630,000	14,819	0.9737	1,433	20,677,130	13,255	1.0212	1,433	19,397,097		
14	5,514	0.8223	1,390	6,302,485	5,258	0.7664	1,433	5,774,605	4,743	0.7719	1,433	5,246,387		
15	14,686	0.8857	1,390	18,080,272	14,372	0.8537	1,433	17,582,016	13,879	0.9870	1,433	19,630,055		
16	8,430	0.7346	1,390	8,607,822	8,103	0.9768	1,433	11,342,210	7,406	1.0156	1,433	10,778,358		
17	6,841	0.8880	1,390	8,443,983	5,787	0.8989	1,433	7,454,372	5,337	0.8714	1,433	6,664,398		
18	11,651	0.7207	1,390	11,671,657	11,075	0.6837	1,433	10,850,644	10,904	0.8858	1,433	13,841,008		
19	16,811	0.6787	1,390	15,859,380	15,209	0.7490	1,433	16,324,078	14,647	0.8297	1,433	17,414,699		
20	7,362	0.9261	1,390	9,476,948	6,999	0.8710	1,433	8,735,753	6,979	0.9105	1,433	9,105,826		
21	20,153	0.9399	1,390	26,329,109	19,422	1.0507	1,433	29,242,795	18,567	1.0587	1,433	28,168,313		
22	7,924	0.8143	1,390	8,968,993	7,138	0.8204	1,433	8,391,670	6,543	0.8952	1,433	8,393,502		
23	6,933	0.9290	1,390	8,952,652	6,102	0.8982	1,433	7,854,010	5,321	0.9116	1,433	6,950,944		
24	20,036	1.1976	1,478	35,464,778	19,661	1.1619	1,433	32,735,618	18,451	1.2830	1,433	33,922,883		
25	8,009	0.8437	1,424	9,622,243	7,101	1.0032	1,433	10,208,295	6,077	1.0432	1,433	9,084,541		

20	3,030	0.8622	1,540	4,827,837	3,672	0.9258	1,463	4,973,524	3,128	0.9872	1,463	4,517,688
27	6,600	1.0016	1,390	9,188,678	6,714	0.8445	1,433	8,125,071	5,553	0.9802	1,433	7,799,892
28	6,123	0.8552	1,390	7,278,582	5,567	0.9066	1,433	7,232,411	5,386	0.9344	1,433	7,211,828
29	5,724	0.7862	1,390	6,255,290	5,236	0.8383	1,433	6,289,923	4,461	0.9100	1,433	5,817,278
30	8,294	0.6397	1,390	7,374,884	7,780	0.6466	1,433	7,208,775	6,974	0.8677	1,433	8,671,570
31 ´	10,635	0.9328	1,390	13,789,256	10,911	0.8880	1,433	13,884,291	10,860	0.9317	1,433	14,499,469
32 ´	17,626	0.7126	1,390	17,458,800	14,265	0.9333	1,433	19,078,281	13,200	0.9099	1,433	17,211,304
33	4,920	0.7126	1,390	4,873,329	4,730	0.7682	1,433	5,206,929	4,549	0.8874	1,433	5,784,709
34	9,356	0.9327	1,390	12,129,614	9,161	1.1544	1,433	15,154,632	9,001	1.1048	1,433	14,250,189
35	9,533	0.8542	1,390	11,318,893	8,748	0.8831	1,433	11,070,439	9,019	0.9399	1,433	12,147,481
36 2	21,391	0.8910	1,390	26,492,540	15,867	0.9897	1,433	22,503,216	14,040	1.1573	1,433	23,284,089
37	7,391	0.8251	1,503	9,165,766	7,361	0.9998	1,433	10,546,203	7,178	1.0032	1,433	10,318,989
38	7,971	0.9652	1,390	10,694,117	7,793	0.9052	1,433	10,108,702	7,811	0.9694	1,433	10,850,652
39 ´	14,062	0.6849	1,390	13,387,179	12,009	0.9724	1,433	16,733,931	11,845	0.9457	1,433	16,052,203
40 ´	13,509	0.6849	1,390	12,860,717	12,327	0.8636	1,433	15,255,141	12,106	0.9314	1,433	16,157,832
41 ´	17,314	0.6987	1,390	16,815,236	17,182	0.9271	1,433	22,826,876	17,024	1.1050	1,433	26,956,908
42	7,896	0.6987	1,390	7,668,540	7,498	0.7268	1,433	7,809,200	7,228	0.7261	1,433	7,520,743
43	7,880	0.6481	1,390	7,098,769	7,530	0.6400	1,433	6,905,914	7,191	0.7011	1,433	7,224,627
44 ´	11,339	0.9705	1,390	15,296,254	10,945	0.7480	1,433	11,731,770	10,607	0.8713	1,433	13,243,613
45 ´	11,868	1.0047	1,390	16,574,054	10,670	1.0097	1,433	15,438,424	9,853	0.9973	1,433	14,081,227
46 ´	13,301	1.0047	1,390	18,575,285	12,912	1.0277	1,433	19,015,426	12,189	1.0721	1,433	18,726,196
47 ´	13,111	0.7359	1,390	13,411,255	11,870	0.8086	1,433	13,754,052	9,498	0.7874	1,433	10,717,013
48 <i>´</i>	10,882	0.7843	1,390	11,863,306	10,913	0.8363	1,433	13,078,335	10,476	0.8931	1,433	13,407,314

Source: data processed by the authors, with data from www.drg.ro, 2013