

# Medicare Fee-For-Service 2011 Supplemental QRUR: Episodes of Care *Sample Report*

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The Centers for Medicare & Medicaid Services (CMS), through its contractor Acumen, LLC (Acumen), is providing these supplemental reports regarding episode-based costs related to the 2011 Group Quality and Resource Use Reports (QRURs) to HIPAA Covered Entity (CE) providers and providers under a HIPAA Business Associate (BA) agreement.

The analyses included in this report are limited to five major episode types and a total of twelve episode subtypes. The episode types include: (1) All pneumonia, (2) pneumonia without inpatient hospitalization, (3) pneumonia with inpatient hospitalization, (4) all acute myocardial infarctions (AMI), (5) AMI without percutaneous coronary intervention (PCI) or coronary artery bypass graft (CABG), (6) AMI with PCI, (7) AMI with CABG, (8) all coronary artery disease (CAD), (9) CAD without AMI, (10) CAD with AMI, (11) PCI without AMI, and (12) CABG without AMI.

*Complete technical documentation for this report can be found in the Supplemental QRUR User's Guide.*

All cost data use **payment standardization** to remove differences in episode cost due to geographic variation in Medicare payment rates. All cost data reflect **allowed charges**, which include both Medicare trust fund payments as well as beneficiary deductible and coinsurance. Selected cost data are **risk-adjusted** to account for differences in patient characteristics that may affect costs.

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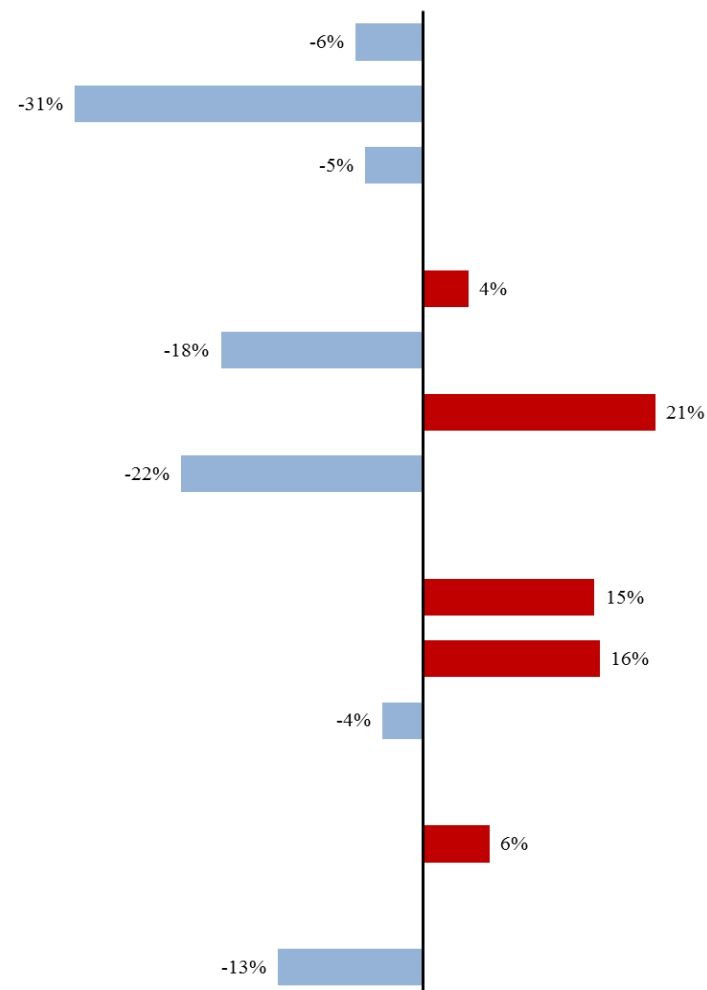
Tab Name	Description
Exhibit 1	Exhibit 1 displays the cost difference from the national mean for episodes attributed to your group practice.
Exhibit 2	Exhibit 2 provides a summary of your group's performance and compares it to national benchmarks.
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Exhibit 4	Exhibit 4 reports identifying information costs for each episode attributed to your medical group.
Exhibit 5	Exhibit 5 provides the definitions of the service categories used in Exhibits 3 and 4.

## EXHIBIT 1. Percent Cost Difference from National Mean for Your Group's Attributed Episodes

Exhibit 1 Table Showing Your Group's Mean Risk-Adjusted Episode Costs

Episode Type	Your Group's Number of Episodes	Your Group's Mean Risk-Adjusted Cost
<b>All pneumonia</b>	48	\$8,568
<b>Pneumonia without IP hospitalization</b>	25	\$1,106
<b>Pneumonia with IP hospitalization</b>	23	\$16,679
<b>All acute myocardial infarction (AMI)</b>	114	\$22,828
<b>AMI without PCI or CABG</b>	43	\$14,150* (Low)
<b>AMI with PCI</b>	61	\$25,457
<b>AMI with CABG</b>	10	\$44,102* (Low)
<b>All coronary artery disease (CAD)</b>	2,252	\$4,294* (High)
<b>CAD without AMI</b>	2,159	\$3,799* (High)
<b>CAD with AMI</b>	93	\$15,799
<b>Percutaneous Coronary Intervention (PCI) without AMI</b>	141	\$15,801
<b>Coronary Artery Bypass Graft (CABG) without AMI</b>	21	\$37,184

Exhibit 1 Figure Showing Percent Difference from National Mean for Your Group's Episodes



## EXHIBIT 2. Summary of Medical Group Episode Costs and Comparison to National Benchmark

EPISODE TYPE	YOUR MEDICAL GROUP PRACTICE								ALL EPISODES NATIONALLY			
	All of Your Episodes				Your Highest-Cost 20% of Episodes			Your Episodes Above 80th Cost Percentile Nationally	All Episodes Nationally			Episodes Above 80th Cost Percentile Nationally
	Number	% of Total	Avg. Non-Risk-Adjusted Cost	Avg. Risk-Adjusted Cost	Number	Avg. Non-Risk-Adjusted Cost	Avg. Risk-Adjusted Cost	Number	Number	% of Total	Avg. Risk-Adjusted Cost	Avg. Risk-Adjusted Cost
<b>Pneumonia - All</b>	48	100%	\$8,506	\$8,568	9	\$30,412	\$29,751	5	68,674	100%	\$9,115	\$30,644
<i>Pneumonia without inpatient hospitalization in episode</i>	25	52%	\$885	\$1,106	5	\$2,113	\$4,275	3	36,384	53%	\$1,602	\$5,805
<i>Pneumonia with inpatient hospitalization in episode</i>	23	48%	\$16,790	\$16,679	4	\$51,632	\$51,076	1	32,290	47%	\$17,580	\$44,936
<b>Acute Myocardial Infarction (AMI) - All</b>	114	100%	\$22,777	\$22,828	22	\$51,867	\$52,791	23	12,747	100%	\$21,944	\$50,369
<i>AMI without PCI or CABG in episode</i>	43	38%	\$13,325	\$14,150	8	\$25,061	\$27,634	5	6,646	52%	\$17,247	\$37,332
<i>AMI with PCI in episode</i>	61	54%	\$25,513	\$25,457	12	\$56,307	\$58,544	16	5,065	40%	\$21,101	\$42,699
<i>AMI with CABG in episode</i>	10	9%	\$46,733	\$44,102	2	\$65,880	\$64,838	1	1,036	8%	\$56,195	\$104,736
<b>Coronary Artery Disease (CAD) - All</b>	2,252	100%	\$4,421	\$4,294	450	\$16,694	\$15,723	531	383,779	100%	\$3,727	\$13,344
<i>CAD without AMI in episode</i>	2,159	96%	\$3,881	\$3,799	431	\$14,539	\$13,788	501	370,772	97%	\$3,283	\$11,461
<i>CAD with AMI in episode</i>	93	4%	\$16,973	\$15,799	18	\$41,278	\$38,990	17	13,007	3%	\$16,391	\$40,547
<b>Percutaneous Coronary Interventions (PCI) without AMI in Episode</b>	141	100%	\$15,773	\$15,801	28	\$28,497	\$29,060	34	10,533	100%	\$14,922	\$27,472
<b>Coronary Artery Bypass Graft Surgery (CABG) without AMI in Episode</b>	21	100%	\$36,417	\$37,184	4	\$62,705	\$69,158	3	2,504	100%	\$42,697	\$77,172

**EXHIBIT 3. Service Category Breakdown by Episode Type**  
**Type 4. PCI without AMI (n = 141)**

*Results should be interpreted with caution for episode types with fewer than ten episodes attributed to your group.*

SERVICE CATEGORY	YOUR MEDICAL GROUP PRACTICE			ALL EPISODES NATIONALLY		
	<i>Share of Total Non-Risk-Adjusted Costs</i>	<i>Percent of Episodes with Any Service Use in this Category</i>	<i>Average Non-Risk-Adjusted Cost of Service Category with Any Use</i>	<i>Share of Total Non-Risk-Adjusted Costs</i>	<i>Percent of Episodes with Any Service Use in this Category</i>	<i>Average Non-Risk-Adjusted Cost of Service Category with Any Use</i>
<b>All Services</b>	<b>100.0%</b>	<i>n/a</i>	<b>\$15,773</b>	<b>100.0%</b>	<i>n/a</i>	<b>\$14,922</b>
Professional E&M Services in All Non-Emergency Settings	2.1%	82.3%	\$408	2.7%	73.1%	\$554
Procedures in All Non-Emergency Settings	6.8%	98.6%	\$1,082	7.6%	98.5%	\$1,151
Inpatient Hospital Facility Services	48.8%	53.2%	\$14,484	45.8%	50.0%	\$13,669
Outpatient Hospital Facility Services	35.3%	87.2%	\$6,385	35.6%	73.0%	\$7,270
<i>Emergency Services: Emergency Visits</i>	1.0%	39.0%	\$423	0.8%	36.0%	\$327
<i>Emergency Services: Procedures</i>	0.1%	12.1%	\$69	0.1%	6.2%	\$153
<i>Emergency Services: Laboratory and Other Tests</i>	0.0%	22.0%	\$12	0.0%	21.5%	\$12
<i>Emergency Services: Imaging Services</i>	0.0%	18.4%	\$22	0.0%	18.8%	\$19
<i>Ancillary Services: Laboratory and Other Tests</i>	0.3%	91.5%	\$60	0.3%	79.0%	\$51
<i>Ancillary Services: Imaging Services</i>	0.8%	65.2%	\$191	0.9%	65.2%	\$195
<i>Ancillary Services: Durable Medical Equipment</i>	0.0%	1.4%	\$281	0.1%	2.6%	\$409
<i>Post-Acute: Skilled Nursing Facility</i>	1.8%	4.3%	\$6,535	1.8%	2.1%	\$12,390
<i>Post-Acute: Psychiatric, Rehabilitation, or Other Long-Term Facility</i>	0.0%	0.0%	\$0	0.9%	0.6%	\$21,761
<i>Post-Acute: Hospice</i>	0.0%	0.0%	\$0	0.0%	0.0%	\$1,418
<i>Post-Acute: Home Health</i>	0.4%	3.5%	\$1,764	0.5%	4.4%	\$1,700
<i>Other Services: Ambulance Services</i>	0.9%	14.2%	\$972	0.8%	15.8%	\$771
<i>Other Services: Chemo. and Part B Drugs</i>	1.3%	39.7%	\$526	1.9%	42.3%	\$659
<i>Other Services: All Other Services</i>	0.3%	28.4%	\$164	0.4%	23.1%	\$262

**EXHIBIT 4. Episodes Attributed to Eligible Professionals in Your Medical Group Practice**

*For this sample report, identifying information about the beneficiary and the provider has been suppressed to protect privacy.*

Episode ID	Beneficiary HIC	Episode Type	Episode Start Date	Risk Score Percentile in Episode Subtype Nationally (99 is highest)	Suggested Lead Eligible Professional (EP)	Suggested Lead EP's Specialty	Non-Risk-Adjusted Cost	Risk-Adjusted Cost Percentile in Major Episode Type Nationally (99 is highest)	Risk-Adjusted Cost Percentile in Episode Subtype Nationally (99 is highest)
7400484600	.	Pneumonia without IP hospitalization	.	77	.	Cardiology	\$4,086	39	72
10240172200	.	Pneumonia without IP hospitalization	.	47	.	Cardiology	\$3,523	46	84
7394181600	.	Pneumonia without IP hospitalization	.	10	.	Cardiology	\$2,890	56	94
9528026000	.	Pneumonia without IP hospitalization	.	42	.	Cardiology	\$2,219	40	73
7496566400	.	Pneumonia without IP hospitalization	.	9	.	Internal Medicine	\$1,880	52	90
7340074700	.	Pneumonia without IP hospitalization	.	69	.	Cardiology	\$1,394	20	38
7381730800	.	Pneumonia without IP hospitalization	.	91	.	Cardiology	\$948	4	9

**EXHIBIT 4a. Percent of All Service Category Costs from Claims Billed by YOUR MEDICAL GROUP PRACTICE**

<b>Episode ID</b>	<b>Beneficiary HIC</b>	<b>Episode Type</b>	<b>Episode Start Date</b>	<b>Number of Eligible Professionals Within Your Medical Group Practice Treating Episode</b>	<b>All Service Costs (Non-Risk-Adjusted Cost)</b>	<b>Professional E&amp;M Services in All Non-Emergency Settings</b>	<b>Procedures in All Non-Emergency Settings</b>
7400484600	.	Pneumonia without IP hospitalization	.	1	\$69	100%	0%
10240172200	.	Pneumonia without IP hospitalization	.	1	\$51	100%	0%
7394181600	.	Pneumonia without IP hospitalization	.	2	\$171	100%	0%
9528026000	.	Pneumonia without IP hospitalization	.	1	\$102	100%	0%
7496566400	.	Pneumonia without IP hospitalization	.	2	\$135	68%	0%
7340074700	.	Pneumonia without IP hospitalization	.	4	\$347	99%	0%
7381730800	.	Pneumonia without IP hospitalization	.	1	\$937	7%	0%

**EXHIBIT 4a. (continued) Percent of All Service Category Costs from Claims Billed by YOUR MEDICAL GROUP PRACTICE**

Episode ID	Beneficiary HIC	Episode Type	Episode Start Date	Emergency Services				Ancillary Services		Other Services		
				<i>Emergency Visits</i>	<i>Procedures</i>	<i>Laboratory and Other Tests</i>	<i>Imaging Services</i>	<i>Laboratory and Other Tests</i>	<i>Imaging Services</i>	<i>Ambulance</i>	<i>Chemo. and Part B Drugs</i>	<i>All Other Services</i>
7400484600	.	Pneumonia without IP hospitalization	.	0%	0%	0%	0%	0%	0%	0%	0%	0%
10240172200	.	Pneumonia without IP hospitalization	.	0%	0%	0%	0%	0%	0%	0%	0%	0%
7394181600	.	Pneumonia without IP hospitalization	.	0%	0%	0%	0%	0%	0%	0%	0%	0%
9528026000	.	Pneumonia without IP hospitalization	.	0%	0%	0%	0%	0%	0%	0%	0%	0%
7496566400	.	Pneumonia without IP hospitalization	.	0%	0%	0%	0%	7%	25%	0%	0%	0%
7340074700	.	Pneumonia without IP hospitalization	.	0%	0%	0%	0%	1%	0%	0%	0%	0%
7381730800	.	Pneumonia without IP hospitalization	.	0%	0%	0%	0%	10%	61%	0%	22%	0%

**EXHIBIT 4b. Percent of All Service Category Costs from Claims Billed by OTHER MEDICAL GROUP PRACTICES or FACILITIES**

Episode ID	Beneficiary HIC	Episode Type	Episode Start Date	Number of Eligible Professionals Outside Your Medical Group Practice Treating Episode	All Service Costs (Non-Risk-Adjusted Cost)	Professional E&M Services in All Non-Emergency Settings	Procedures in All Non-Emergency Settings	Inpatient Hospital Facility Services	Outpatient Hospital Facility Services	Emergency Services			
										<i>Emergency Visits</i>	<i>Procedures</i>	<i>Lab. and Other Tests</i>	<i>Imaging Services</i>
7400484600	.	Pneumonia without IP hospitalization	.	1	\$4,017	0%	0%	0%	0%	0%	0%	0%	0%
10240172200	.	Pneumonia without IP hospitalization	.	2	\$3,472	2%	0%	0%	11%	9%	6%	0%	0%
7394181600	.	Pneumonia without IP hospitalization	.	3	\$2,718	4%	0%	0%	0%	0%	0%	0%	0%
9528026000	.	Pneumonia without IP hospitalization	.	0	\$2,116	0%	0%	0%	100%	0%	0%	0%	0%
7496566400	.	Pneumonia without IP hospitalization	.	1	\$1,745	4%	0%	0%	12%	0%	0%	0%	0%
7340074700	.	Pneumonia without IP hospitalization	.	6	\$1,047	60%	0%	0%	0%	16%	0%	0%	1%
7381730800	.	Pneumonia without IP hospitalization	.	1	\$11	0%	0%	0%	0%	0%	0%	0%	0%



**EXHIBIT 4b. (continued) Percent of All Service Category Costs from Claims Billed by OTHER MEDICAL GROUP PRACTICES or FACILITIES**

Episode ID	Beneficiary HIC	Episode Type	Episode Start Date	Ancillary Services			Post-Acute				Other Services		
				Laboratory and Other Tests	Imaging Services	Durable Medical Equipment	Skilled Nursing Facility	Psychiatric, Rehabilitation, or Other Long-Term Facility	Hospice	Home Health	Ambulance	Chemo. and Part B Drugs	All Other Services
7400484600	.	Pneumonia without IP hospitalization	.	0%	8%	0%	0%	0%	0%	92%	0%	0%	0%
10240172200	.	Pneumonia without IP hospitalization	.	0%	0%	0%	0%	0%	0%	64%	0%	0%	8%
7394181600	.	Pneumonia without IP hospitalization	.	1%	1%	0%	0%	0%	0%	95%	0%	0%	0%
9528026000	.	Pneumonia without IP hospitalization	.	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
7496566400	.	Pneumonia without IP hospitalization	.	1%	0%	0%	0%	0%	0%	83%	0%	0%	0%
7340074700	.	Pneumonia without IP hospitalization	.	0%	1%	0%	0%	0%	0%	0%	22%	0%	0%
7381730800	.	Pneumonia without IP hospitalization	.	0%	100%	0%	0%	0%	0%	0%	0%	0%	0%

## EXHIBIT 5. Definitions for Service Category Breakdowns

Category	Claim Type	Criteria for Including Claim (Line Item) in Category		
		BETOS Criterion	Place of Service Criterion	Specialty Criterion
Professional E&M Services in All Non-Emergency Settings	Carrier minus ambulatory surgical center (ASC) claims	All M codes	Carrier place of service not equal to 23 (emergency room)	Carrier specialty NOT in {45, 47, 49, 51-54, 58-61, 63, 69, 73-75, 87, 88} AND NOT beginning with A or B
Procedures in All Non-Emergency Settings	Carrier (minus ASC)	All P codes, except for P0	Carrier place of service not equal to 23 (emergency room)	Carrier specialty NOT in {45, 47, 49, 51-54, 58-61, 63, 69, 73-75, 87, 88} AND NOT beginning with A or B
Inpatient Hospital Facility Services	Inpatient	Not applicable	Provider number ends in {0001-0899} or {1300-1399}	Not applicable
Outpatient Hospital Facility Services	Outpatient, carrier (ASC only)	All M, P (except for P0), I, or T codes	Carrier place of service not equal to 23; outpatient revenue center code NOT in {0450-0459, 0981} (emergency room)	Carrier specialty = 49 (ASC)
<i>Emergency Services:</i> Emergency Visits	Outpatient, carrier (minus ASC)	All M codes	Carrier place of service = 23 or outpatient revenue center line code in {0450-0459, 0981}	Carrier specialty NOT in {45, 47, 49, 51-54, 58-61, 63, 69, 73-75, 87, 88} AND NOT beginning with A or B
<i>Emergency Services:</i> Procedures	Outpatient, carrier (minus ASC)	All P codes, except for P0	Carrier place of service = 23 or outpatient revenue center line code in {0450-0459, 0981}	Carrier specialty NOT in {45, 47, 49, 51-54, 58-61, 63, 69, 73-75, 87, 88} AND NOT beginning with A or B
<i>Emergency Services:</i> Laboratory and Other Tests	Outpatient, carrier (minus ASC)	All T codes	Carrier place of service = 23 or outpatient revenue center line code in {0450-0459, 0981}	Carrier specialty NOT in {45, 47, 49, 51-54, 58-61, 63, 69, 73-75, 87, 88} AND NOT beginning with A or B
<i>Emergency Services:</i> Imaging services	Outpatient, carrier (minus ASC)	All I codes	Carrier place of service = 23 or outpatient revenue center line code in {0450-0459, 0981}	Carrier specialty NOT in {45, 47, 49, 51-54, 58-61, 63, 69, 73-75, 87, 88} AND NOT beginning with A or B
<i>Ancillary Services:</i> Laboratory and Other Tests	Carrier (minus ASC)	All T codes	Carrier place of service not equal to 23	Carrier specialty NOT in {45, 47, 49, 51-54, 58-61, 63, 69, 73-75, 87, 88} AND NOT beginning with A or B
<i>Ancillary Services:</i> Imaging Services	Carrier (minus ASC)	All I codes	Carrier place of service not equal to 23	Carrier specialty NOT in {45, 47, 49, 51-54, 58-61, 63, 69, 73-75, 87, 88} AND NOT beginning with A or B
<i>Ancillary Services:</i> Durable Medical Equipment	Durable medical equipment	All codes except for O1D and O1E	Not applicable	Not applicable

Category	Claim Type	Criteria for Including Claim (Line Item) in Category		
		BETOS Criterion	Place of Service Criterion	Specialty Criterion
<i>Post-Acute:</i> Skilled Nursing Facility	Skilled nursing facility	Not applicable	Not applicable	Not applicable
<i>Post-Acute:</i> Psychiatric, Rehabilitation, or Other Long-Term Facility	Inpatient	Not applicable	Provider number ends in {2000-2299, 3025-3099, 4000-4499} or its third position is in {M, R, S, T}	Not applicable
Post-Acute: Hospice	Hospice	Not applicable	Not applicable	Not applicable
<i>Post-Acute:</i> Home Health	Home health	Not applicable	Not applicable	Not applicable
<i>Other Services:</i> Ambulance Services	Outpatient, carrier	O1A	Not applicable	Not applicable
<i>Other Services:</i> Chemo. and Part B Drugs	Outpatient, carrier, durable medical equipment	O1D, O1E	Not applicable	Not applicable
<i>Other Services:</i> All Other Services	Remainder of total costs from claims files (except Part D)	Not applicable	Not applicable	Not applicable