

Medicare Fee-For-Service 2012 Supplemental QRUR: Episodes of Care

June 2, 2014

The Centers for Medicare & Medicaid Services (CMS), through its contractor Acumen, LLC (Acumen), is providing these supplemental reports regarding episode-based payments related to the 2012 Group Quality and Resource Use Reports (QRURs) to HIPAA Covered Entity (CE) providers and providers under a HIPAA Business Associate (BA) agreement.

This report is limited to 17 major episode types and an additional 9 episode subtypes, resulting in 26 total reported episodes. The 26 reported episodes can be classified into condition episodes and procedural episodes and include the following:

Condition Episodes

1. Acute coronary syndrome (ACS) (all)
2. ACS without PCI/CABG
3. ACS with PCI
4. ACS with CABG
5. Cellulitis
6. Chronic atrial fibrillation/flutter
7. Chronic congestive heart failure (CHF)
8. Chronic obstructive pulmonary disease (COPD)/asthma
9. Acute COPD/asthma, inpatient exacerbation
10. Gastrointestinal (GI) hemorrhage
11. Ischemic heart disease (IHD) (all)
12. IHD without ACS
13. IHD with ACS
14. Kidney/urinary tract infection
15. Pneumonia (all)
16. Pneumonia without IP hospitalization
17. Pneumonia with IP hospitalization

Procedural Episodes:

18. Bilateral cataract removal with lens implant
19. Coronary artery bypass graft (CABG) (all)
20. CABG without ACS
21. Hip replacement/revision
22. Knee replacement/revision
23. Lumbar spine fusion/refusion
24. Percutaneous coronary intervention (PCI) (all)
25. PCI without ACS
26. Permanent pacemaker system replacement/insertion

Complete technical documentation for this report, including definitions for terms in bold below, can be found in the [Detailed Methods](#) documentation.


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








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Sheet Name	Description
Exhibit 1	Exhibit 1 displays the frequency and cost difference from the national mean for episodes attributed to your group practice.
Exhibit 2	Exhibit 2 presents utilization and costs of different service categories of those episodes attributed to your group practice.
Exhibit 3	Reserved for future use.
Exhibit 4	Exhibit 4 lists the top five hospitals, SNFs, HHAs, and EPs for episodes attributed to your group practice, for all major episode types.
Drill Down Tables	The Drill Down Tables report identifying information and costs for each episode attributed to your group practice.
Appendix A - Service Categories	Appendix A provides definitions of the service categories used in Exhibit 2 and Drill Down Tables 2 and 3.

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

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

	EPISODE FREQUENCY			EPISODE COST		Percent Cost Difference from National Average for Your Group's Episodes	
	Your Group's Number of Episodes	Your Group's Subtype Frequency	National Subtype Frequency	Your Group's Average Risk-Adjusted Cost	National Average Risk-Adjusted Cost		
	<div> Better than National Average</div>						
CONDITION EPISODES							
Acute coronary syndrome (ACS) (all)	500	100%	100%	\$20,109	\$19,633		2%
-ACS without PCI/CABG	174	35%	57%	\$15,643	\$15,936	-2%	
-ACS with PCI	289	58%	36%	\$19,644	\$19,822	-1%	
-ACS with CABG	37	7%	6%	\$42,445	\$48,748	-13%	<div><div></div></div>
Cellulitis	10	n/a	n/a	\$11,292	\$10,493		8%
Chronic atrial fibrillation/flutter	3,662	n/a	n/a	\$1,746	\$1,964	-11%	<div><div></div></div>
Chronic congestive heart failure (CHF)	1,091	n/a	n/a	\$5,807	\$5,285		10%
Chronic obstructive pulmonary disease (COPD)/asthma	941	n/a	n/a	\$2,334	\$2,887	-19%	<div><div></div></div>
Acute COPD/asthma, inpatient exacerbation	71	n/a	n/a	\$11,169	\$10,591		5%
Gastrointestinal (GI) hemorrhage	27	n/a	n/a	\$10,948	\$11,278	-3%	<div><div></div></div>
Ischemic heart disease (IHD) (all)	9,953	100%	100%	\$3,152	\$2,681		18%
-IHD without ACS	9,730	98%	97%	\$2,447	\$1,931		27%

	EPISODE FREQUENCY			EPISODE COST		Percent Cost Difference from National Average for Your Group's Episodes	
	Your Group's Number of Episodes	Your Group's Subtype Frequency	National Subtype Frequency	Your Group's Average Risk-Adjusted Cost	National Average Risk-Adjusted Cost		
-IHD with ACS	223	2%	3%	\$20,103	\$16,842		 19%
Kidney/urinary tract infection	17	<i>n/a</i>	<i>n/a</i>	\$9,811	\$11,423	-14%	
Pneumonia (all)	116	100%	100%	\$16,990	\$13,292		 28%
-Pneumonia without IP hospitalization	18	16%	30%	\$1,585	\$819		 94%
-Pneumonia with IP hospitalization	98	84%	70%	\$19,671	\$18,039		 9%
PROCEDURAL EPISODES							
Bilateral cataract removal with lens implant	0	<i>n/a</i>	<i>n/a</i>				
Coronary artery bypass graft (CABG) (all)	238	100%	100%	\$39,695	\$43,469	-9%	
-CABG without ACS	210	88%	74%	\$39,484	\$41,975	-6%	
Hip replacement/revision	0	<i>n/a</i>	<i>n/a</i>				
Knee replacement/revision	0	<i>n/a</i>	<i>n/a</i>				
Lumbar spine fusion/refusion	0	<i>n/a</i>	<i>n/a</i>				
Percutaneous coronary intervention (PCI) (all)	769	100%	100%	\$18,303	\$18,766	-2%	
-PCI without ACS	574	75%	60%	\$17,998	\$18,379	-2%	

	EPISODE FREQUENCY			EPISODE COST		Percent Cost Difference from National Average for Your Group's Episodes	
	Your Group's Number of Episodes	Your Group's Subtype Frequency	National Subtype Frequency	Your Group's Average Risk-Adjusted Cost	National Average Risk-Adjusted Cost		
Permanent pacemaker system replacement/insertion	203	n/a	n/a	\$19,777	\$20,049	-1%	

EXHIBIT 2. Service Category Breakdown for Your Group's Attributed Episodes

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

Service Category	EPISODES ATTRIBUTED TO YOUR MEDICAL GROUP PRACTICE					ALL EPISODES NATIONALLY		
	Average Utilization	% Beneficiaries Receiving Service	Average Non-Risk-Adjusted Cost	% Difference in Average Non-Risk-Adjusted Cost from National Average	% Cost Ordered by Other Groups	Average Utilization	% Beneficiaries Receiving Service	Average Non-Risk-Adjusted Cost
CONDITION EPISODE TYPES								
<i>All ACS (n = 500)</i>								
All Services	n/a	n/a	\$20,164	0%	10%	n/a	n/a	\$20,171
Inpatient Hospital Facility Services								
Inpatient Hospital: Trigger	4.8 Days	100%	\$13,690	7%	1%	6.0 Days	100%	\$12,827
Inpatient Hospital: Readmission	0.7 Days	11%	\$1,768	0%	6%	0.8 Days	11%	\$1,773
Physician Services During Hospitalization	11.8 Services	100%	\$1,596	-7%	15%	16.8 Services	100%	\$1,721
Post-Acute Care								
Home Health	3.3 Visits	15%	\$442	-4%	46%	2.7 Visits	17%	\$461
Skilled Nursing	1.8 Days	8%	\$850	-57%	63%	4.1 Days	16%	\$1,993
Inpatient Rehabilitation or Long Term Care Hospital	0.7 Days	4%	\$862	5%	34%	0.6 Days	3%	\$817
Outpatient Hospital and Physician Office Services								
Outpatient PT/OT/SLP	0.0 Visits	0%	\$0	-100%	0%	0.0 Visits	0%	\$0
Dialysis	0.0 Services	0%	\$0	-100%	0%	0.0 Services	0%	\$1
Evaluation & Management Services	1.5 Visits	55%	\$139	-14%	54%	1.7 Visits	52%	\$161
Major Procedures and Anesthesia	0.1 Services	6%	\$199	63%	8%	0.1 Services	3%	\$122
Ambulatory/Minor Procedures	0.2 Services	5%	\$9	40%	78%	0.1 Services	4%	\$6
Emergency Room Services								
Evaluation & Management Services	0.7 Visits	41%	\$140	94%	99%	0.3 Visits	19%	\$72
Procedures	0.2 Services	10%	\$10	222%	100%	0.0 Services	2%	\$3
Lab/ Pathology/ Other Tests	0.0 Tests	1%	\$0	35%	100%	0.0 Tests	0%	\$0
Imaging	0.0 Imaging services	0%	\$0	4647%	100%	0.0 Imaging services	0%	\$0
Ancillary Services in All Non-Inpatient Settings								
Lab/ Pathology/ Other Tests	4.1 Tests	56%	\$79	106%	89%	1.7 Tests	28%	\$38
Imaging	0.6 Imaging services	45%	\$60	111%	69%	0.4 Imaging services	19%	\$28
Durable Medical Equipment/Supplies	0.1 DME/supplies	4%	\$64	136%	14%	0.1 DME/supplies	2%	\$27
Hospice Care								
Hospice	0.0 Claims	0%	\$14	-65%	0%	0.0 Claims	1%	\$40

Service Category	EPISODES ATTRIBUTED TO YOUR MEDICAL GROUP PRACTICE					ALL EPISODES NATIONALLY		
	Average Utilization	% Beneficiaries Receiving Service	Average Non-Risk-Adjusted Cost	% Difference in Average Non-Risk-Adjusted Cost from National Average	% Cost Ordered by Other Groups	Average Utilization	% Beneficiaries Receiving Service	Average Non-Risk-Adjusted Cost
Other Services								
Ambulance								
Chemo. And Part B Drugs	0.1 Units	11%	\$220	391%	100%	0.1 Units	5%	\$45
All Other Services	0.9	44%	\$22	-35%	52%	1.1	41%	\$35
<i>Cellulitis (n = 10)</i>								
All Services	n/a	n/a	\$12,087	14%	8%	n/a	n/a	\$10,626
Inpatient Hospital Facility Services								
Inpatient Hospital: Trigger	5.9 Days	100%	\$5,849	12%	0%	5.6 Days	100%	\$5,244
Inpatient Hospital: Readmission	0.7 Days	10%	\$842	55%	0%	0.5 Days	7%	\$543
Physician Services During Hospitalization	9.5 Services	100%	\$759	-25%	32%	12.6 Services	100%	\$1,015
Post-Acute Care								
Home Health	7.0 Visits	30%	\$708	101%	57%	2.2 Visits	13%	\$353
Skilled Nursing	0.0 Days	0%	\$0	-100%	0%	5.0 Days	20%	\$2,402
Inpatient Rehabilitation or Long Term Care Hospital	0.0 Days	0%	\$0	-100%	0%	0.5 Days	2%	\$565
Outpatient Hospital and Physician Office Services								
Outpatient PT/OT/SLP	0.7 Visits	10%	\$26	177%	72%	0.3 Visits	3%	\$9
Dialysis	0.0 Services	0%	\$0	-100%	0%	0.0 Services	1%	\$5
Evaluation & Management Services	1.3 Visits	70%	\$114	-30%	45%	1.8 Visits	69%	\$164
Major Procedures and Anesthesia	0.6 Services	20%	\$3,342	18413%	0%	0.0 Services	1%	\$18
Ambulatory/Minor Procedures	0.4 Services	30%	\$29	-58%	76%	0.7 Services	15%	\$68
Emergency Room Services								
Evaluation & Management Services	0.3 Visits	20%	\$166	551%	57%	0.1 Visits	9%	\$26
Procedures	0.4 Services	20%	\$14	306%	75%	0.1 Services	3%	\$3
Lab/ Pathology/ Other Tests	0.0 Tests	0%	\$0	-100%	0%	0.0 Tests	0%	\$0
Imaging	0.0 Imaging services	0%	\$0	-100%	0%	0.0 Imaging services	0%	\$0
Ancillary Services in All Non-Inpatient Settings								
Lab/ Pathology/ Other Tests	10.4 Tests	100%	\$122	424%	39%	1.9 Tests	29%	\$23
Imaging	0.6 Imaging services	30%	\$42	144%	78%	0.1 Imaging services	8%	\$17
Durable Medical Equipment/Supplies	0.0 DME/supplies	0%	\$0	-100%	0%	0.2 DME/supplies	2%	\$19
Hospice Care								

Service Category	EPISODES ATTRIBUTED TO YOUR MEDICAL GROUP PRACTICE					ALL EPISODES NATIONALLY		
	Average Utilization	% Beneficiaries Receiving Service	Average Non-Risk-Adjusted Cost	% Difference in Average Non-Risk-Adjusted Cost from National Average	% Cost Ordered by Other Groups	Average Utilization	% Beneficiaries Receiving Service	Average Non-Risk-Adjusted Cost
Hospice								
Other Services								
Ambulance	0.0 Services	0%	\$0	-100%	0%	0.4 Services	19%	\$92
Chemo. And Part B Drugs	0.0 Units	0%	\$0	-100%	0%	0.2 Units	3%	\$26
All Other Services	3.8	70%	\$75	123%	98%	1.9	43%	\$34
<i>Chronic atrial fibrillation/flutter (n = 3,662)</i>								
All Services	<i>n/a</i>	<i>n/a</i>	\$2,005	-11%	20%	<i>n/a</i>	<i>n/a</i>	\$2,259
Inpatient Hospital Facility Services								
Inpatient Hospital: Trigger	0.0 Days	0%	\$0		0%	0.0 Days	0%	\$0
Inpatient Hospital: Readmission	0.3 Days	7%	\$580	-16%	9%	0.5 Days	8%	\$691
Physician Services During Hospitalization	1.0 Services	20%	\$96	-43%	24%	2.1 Services	26%	\$167
Post-Acute Care								
Home Health	1.4 Visits	5%	\$194	67%	67%	0.7 Visits	3%	\$116
Skilled Nursing	0.0 Days	0%	\$16	-92%	61%	0.4 Days	1%	\$206
Inpatient Rehabilitation or Long Term Care Hospital	0.0 Days	0%	\$33	-46%	83%	0.0 Days	0%	\$61
Outpatient Hospital and Physician Office Services								
Outpatient PT/OT/SLP	0.0 Visits	0%	\$1	46%	100%	0.0 Visits	0%	\$1
Dialysis	0.0 Services	0%	\$0	-100%	0%	0.0 Services	0%	\$0
Evaluation & Management Services	5.9 Visits	98%	\$425	32%	10%	4.7 Visits	94%	\$322
Major Procedures and Anesthesia	0.2 Services	4%	\$310	-13%	4%	0.4 Services	5%	\$355
Ambulatory/Minor Procedures	0.1 Services	5%	\$20	5%	10%	0.1 Services	5%	\$19
Emergency Room Services								
Evaluation & Management Services	0.2 Visits	11%	\$30	32%	75%	0.2 Visits	8%	\$23
Procedures	0.0 Services	1%	\$1	42%	97%	0.0 Services	0%	\$1
Lab/ Pathology/ Other Tests	0.0 Tests	0%	\$0	-17%	100%	0.0 Tests	0%	\$0
Imaging	0.0 Imaging services	0%	\$0	-100%	0%	0.0 Imaging services	0%	\$0
Ancillary Services in All Non-Inpatient Settings								
Lab/ Pathology/ Other Tests	9.7 Tests	79%	\$107	55%	29%	6.7 Tests	54%	\$69
Imaging	0.3 Imaging services	22%	\$82	153%	7%	0.2 Imaging services	8%	\$32
Durable Medical Equipment/Supplies	1.6 DME/supplies	1%	\$14	10%	59%	1.5 DME/supplies	1%	\$12

Service Category	EPISODES ATTRIBUTED TO YOUR MEDICAL GROUP PRACTICE					ALL EPISODES NATIONALLY		
	Average Utilization	% Beneficiaries Receiving Service	Average Non-Risk-Adjusted Cost	% Difference in Average Non-Risk-Adjusted Cost from National Average	% Cost Ordered by Other Groups	Average Utilization	% Beneficiaries Receiving Service	Average Non-Risk-Adjusted Cost
Hospice Care								
Hospice	0.0 Claims	0%	\$11	-51%	100%	0.0 Claims	0%	\$22
Other Services								
Ambulance								
Chemo. And Part B Drugs	0.0 Units	2%	\$4	25%	6%	0.0 Units	2%	\$3
All Other Services	3.6	65%	\$81	-48%	22%	9.5	81%	\$158
Chronic CHF (n = 1,091)								
All Services	n/a	n/a	\$6,437	11%	24%	n/a	n/a	\$5,812
Inpatient Hospital Facility Services								
Inpatient Hospital: Trigger	0.0 Days	0%	\$0		0%	0.0 Days	0%	\$0
Inpatient Hospital: Readmission	1.6 Days	19%	\$2,861	22%	16%	1.7 Days	19%	\$2,338
Physician Services During Hospitalization	4.5 Services	43%	\$351	-30%	33%	6.7 Services	48%	\$503
Post-Acute Care								
Home Health	5.1 Visits	17%	\$734	50%	52%	3.1 Visits	12%	\$488
Skilled Nursing	0.2 Days	1%	\$75	-89%	52%	1.5 Days	5%	\$707
Inpatient Rehabilitation or Long Term Care Hospital	0.1 Days	0%	\$96	-55%	1%	0.1 Days	1%	\$214
Outpatient Hospital and Physician Office Services								
Outpatient PT/OT/SLP	0.1 Visits	0%	\$3	461%	34%	0.0 Visits	0%	\$1
Dialysis	0.0 Services	0%	\$0	-99%	100%	0.0 Services	0%	\$1
Evaluation & Management Services	4.3 Visits	93%	\$362	21%	17%	3.2 Visits	88%	\$298
Major Procedures and Anesthesia	0.1 Services	4%	\$686	186%	0%	0.1 Services	2%	\$239
Ambulatory/Minor Procedures	0.2 Services	6%	\$15	21%	11%	0.2 Services	6%	\$12
Emergency Room Services								
Evaluation & Management Services	0.4 Visits	19%	\$46	22%	77%	0.3 Visits	16%	\$37
Procedures	0.1 Services	7%	\$4	116%	91%	0.0 Services	3%	\$2
Lab/ Pathology/ Other Tests	0.0 Tests	1%	\$0	90%	100%	0.0 Tests	0%	\$0
Imaging	0.0 Imaging services	0%	\$0	332%	100%	0.0 Imaging services	0%	\$0
Ancillary Services in All Non-Inpatient Settings								
Lab/ Pathology/ Other Tests	5.0 Tests	70%	\$78	63%	42%	3.0 Tests	45%	\$48
Imaging	1.5 Imaging services	68%	\$323	196%	9%	0.7 Imaging services	32%	\$109

Service Category	EPISODES ATTRIBUTED TO YOUR MEDICAL GROUP PRACTICE					ALL EPISODES NATIONALLY		
	Average Utilization	% Beneficiaries Receiving Service	Average Non-Risk-Adjusted Cost	% Difference in Average Non-Risk-Adjusted Cost from National Average	% Cost Ordered by Other Groups	Average Utilization	% Beneficiaries Receiving Service	Average Non-Risk-Adjusted Cost
Durable Medical Equipment/Supplies	1.2 DME/supplies	12%	\$216	78%	42%	2.2 DME/supplies	10%	\$122
Hospice Care								
Hospice	0.5 Claims	3%	\$328	-19%	81%	0.4 Claims	4%	\$403
Other Services								
Ambulance								
Chemo. And Part B Drugs	0.1 Units	6%	\$150	50%	0%	0.1 Units	6%	\$100
All Other Services	3.2	80%	\$110	-42%	30%	4.2	75%	\$189
COPD/asthma (n = 941)								
All Services	n/a	n/a	\$2,773	-18%	49%	n/a	n/a	\$3,384
Inpatient Hospital Facility Services								
Inpatient Hospital: Trigger	0.0 Days	0%	\$0		0%	0.0 Days	0%	\$0
Inpatient Hospital: Readmission	0.5 Days	8%	\$744	-35%	44%	0.9 Days	11%	\$1,141
Physician Services During Hospitalization	2.8 Services	34%	\$243	-10%	34%	3.1 Services	27%	\$271
Post-Acute Care								
Home Health	2.1 Visits	7%	\$282	32%	75%	1.3 Visits	5%	\$213
Skilled Nursing	0.3 Days	1%	\$58	-80%	66%	0.6 Days	2%	\$294
Inpatient Rehabilitation or Long Term Care Hospital	0.1 Days	0%	\$71	-57%	71%	0.1 Days	0%	\$164
Outpatient Hospital and Physician Office Services								
Outpatient PT/OT/SLP	0.0 Visits	0%	\$0	-100%	0%	0.0 Visits	0%	\$1
Dialysis	0.0 Services	0%	\$0	-100%	0%	0.0 Services	0%	\$0
Evaluation & Management Services	4.5 Visits	94%	\$363	24%	16%	3.3 Visits	93%	\$292
Major Procedures and Anesthesia	0.0 Services	1%	\$1	-69%	24%	0.0 Services	0%	\$5
Ambulatory/Minor Procedures	0.5 Services	19%	\$20	-28%	47%	1.0 Services	23%	\$28
Emergency Room Services								
Evaluation & Management Services	0.3 Visits	15%	\$33	-23%	92%	0.3 Visits	15%	\$43
Procedures	0.0 Services	3%	\$3	59%	100%	0.0 Services	3%	\$2
Lab/ Pathology/ Other Tests	0.0 Tests	0%	\$0	-100%	0%	0.0 Tests	0%	\$0
Imaging	0.0 Imaging services	0%	\$0	1875%	100%	0.0 Imaging services	0%	\$0
Ancillary Services in All Non-Inpatient Settings								
Lab/ Pathology/ Other Tests	3.3 Tests	69%	\$125	215%	18%	1.8 Tests	36%	\$40

Service Category	EPISODES ATTRIBUTED TO YOUR MEDICAL GROUP PRACTICE					ALL EPISODES NATIONALLY		
	Average Utilization	% Beneficiaries Receiving Service	Average Non-Risk-Adjusted Cost	% Difference in Average Non-Risk-Adjusted Cost from National Average	% Cost Ordered by Other Groups	Average Utilization	% Beneficiaries Receiving Service	Average Non-Risk-Adjusted Cost
Imaging	0.8 Imaging services	49%	\$59	59%	31%	0.6 Imaging services	26%	\$37
Durable Medical Equipment/Supplies	4.4 DME/supplies	37%	\$356	2%	64%	6.0 DME/supplies	35%	\$350
Hospice Care								
Hospice	0.3 Claims	2%	\$185	-4%	100%	0.2 Claims	2%	\$194
Other Services								
Ambulance								
Chemo. And Part B Drugs	2.3 Units	24%	\$185	-17%	47%	2.6 Units	28%	\$222
All Other Services	2.7	72%	\$46	-49%	35%	2.5	63%	\$90
<i>Acute COPD/asthma, inpatient exacerbation (n = 71)</i>								
All Services	<i>n/a</i>	<i>n/a</i>	\$11,009	1%	20%	<i>n/a</i>	<i>n/a</i>	\$10,863
Inpatient Hospital Facility Services								
Inpatient Hospital: Trigger	5.2 Days	100%	\$6,381	8%	0%	5.5 Days	100%	\$5,908
Inpatient Hospital: Readmission	1.3 Days	14%	\$938	23%	41%	0.7 Days	10%	\$765
Physician Services During Hospitalization	8.8 Services	100%	\$759	-3%	21%	9.2 Services	100%	\$779
Post-Acute Care								
Home Health	4.6 Visits	25%	\$714	33%	79%	3.2 Visits	20%	\$537
Skilled Nursing	3.0 Days	11%	\$1,154	-38%	64%	3.8 Days	15%	\$1,856
Inpatient Rehabilitation or Long Term Care Hospital	0.3 Days	1%	\$527	-6%	0%	0.4 Days	2%	\$559
Outpatient Hospital and Physician Office Services								
Outpatient PT/OT/SLP	0.0 Visits	0%	\$0	-100%	0%	0.0 Visits	0%	\$0
Dialysis	0.0 Services	0%	\$0	-100%	0%	0.0 Services	0%	\$0
Evaluation & Management Services	1.5 Visits	58%	\$127	-3%	61%	1.4 Visits	57%	\$130
Major Procedures and Anesthesia	0.0 Services	0%	\$0	-100%	0%	0.0 Services	0%	\$2
Ambulatory/Minor Procedures	0.4 Services	13%	\$12	-15%	87%	0.4 Services	14%	\$14
Emergency Room Services								
Evaluation & Management Services	0.2 Visits	8%	\$26	-19%	100%	0.2 Visits	9%	\$32
Procedures	0.0 Services	3%	\$1	-9%	100%	0.0 Services	2%	\$1
Lab/ Pathology/ Other Tests	0.0 Tests	0%	\$0	-100%	0%	0.0 Tests	0%	\$0
Imaging	0.0 Imaging services	0%	\$0	-100%	0%	0.0 Imaging services	0%	\$0
Ancillary Services in All Non-Inpatient Settings								

Service Category	EPISODES ATTRIBUTED TO YOUR MEDICAL GROUP PRACTICE					ALL EPISODES NATIONALLY		
	Average Utilization	% Beneficiaries Receiving Service	Average Non-Risk-Adjusted Cost	% Difference in Average Non-Risk-Adjusted Cost from National Average	% Cost Ordered by Other Groups	Average Utilization	% Beneficiaries Receiving Service	Average Non-Risk-Adjusted Cost
Lab/ Pathology/ Other Tests	0.7 Tests	18%	\$19	23%	77%	0.6 Tests	17%	\$16
Imaging	0.2 Imaging services	18%	\$12	1%	50%	0.3 Imaging services	11%	\$12
Durable Medical Equipment/Supplies	1.6 DME/supplies	52%	\$94	7%	80%	1.4 DME/supplies	47%	\$88
Hospice Care								
Hospice	0.1 Claims	7%	\$196	96%	86%	0.1 Claims	3%	\$100
Other Services								
Ambulance								
Chemo. And Part B Drugs	0.7 Units	32%	\$36	-13%	55%	0.7 Units	28%	\$41
All Other Services	0.6	31%	\$13	-40%	77%	0.7	30%	\$22
GI hemorrhage (n = 27)								
All Services	n/a	n/a	\$11,547	1%	14%	n/a	n/a	\$11,404
Inpatient Hospital Facility Services								
Inpatient Hospital: Trigger	5.9 Days	100%	\$6,818	7%	0%	5.2 Days	100%	\$6,392
Inpatient Hospital: Readmission	1.2 Days	19%	\$1,627	87%	0%	0.7 Days	9%	\$870
Physician Services During Hospitalization	18.9 Services	100%	\$1,811	21%	49%	7.0 Services	100%	\$1,494
Post-Acute Care								
Home Health	2.0 Visits	11%	\$217	30%	0%	1.0 Visits	6%	\$167
Skilled Nursing	1.5 Days	7%	\$714	-59%	77%	3.7 Days	15%	\$1,730
Inpatient Rehabilitation or Long Term Care Hospital	0.0 Days	0%	\$0	-100%	0%	0.2 Days	1%	\$253
Outpatient Hospital and Physician Office Services								
Outpatient PT/OT/SLP	0.3 Visits	4%	\$11	428%	0%	0.1 Visits	1%	\$2
Dialysis	0.0 Services	0%	\$0	-100%	0%	0.1 Services	1%	\$10
Evaluation & Management Services	0.7 Visits	48%	\$73	-40%	57%	1.2 Visits	60%	\$121
Major Procedures and Anesthesia	0.1 Services	7%	\$17	81%	100%	0.1 Services	3%	\$9
Ambulatory/Minor Procedures	0.1 Services	7%	\$35	-39%	77%	0.3 Services	12%	\$58
Emergency Room Services								
Evaluation & Management Services	0.1 Visits	7%	\$20	-18%	100%	0.1 Visits	7%	\$25
Procedures	0.0 Services	4%	\$1	-55%	100%	0.1 Services	2%	\$3
Lab/ Pathology/ Other Tests	0.0 Tests	0%	\$0	-100%	0%	0.0 Tests	0%	\$0
Imaging	0.0 Imaging services	0%	\$0	-100%	0%	0.0 Imaging services	0%	\$0

Service Category	EPISODES ATTRIBUTED TO YOUR MEDICAL GROUP PRACTICE					ALL EPISODES NATIONALLY		
	Average Utilization	% Beneficiaries Receiving Service	Average Non-Risk-Adjusted Cost	% Difference in Average Non-Risk-Adjusted Cost from National Average	% Cost Ordered by Other Groups	Average Utilization	% Beneficiaries Receiving Service	Average Non-Risk-Adjusted Cost
Ancillary Services in All Non-Inpatient Settings								
Lab/ Pathology/ Other Tests	2.7 Tests	37%	\$35	8%	85%	1.9 Tests	27%	\$33
Imaging	0.1 Imaging services	7%	\$3	-81%	100%	0.1 Imaging services	7%	\$18
Durable Medical Equipment/Supplies	0.0 DME/supplies	0%	\$0	-100%	0%	0.5 DME/supplies	0%	\$2
Hospice Care								
Hospice								
Other Services								
Ambulance	0.2 Services	11%	\$52	-68%	100%	0.7 Services	33%	\$163
Chemo. And Part B Drugs	0.0 Units	0%	\$0	-100%	0%	0.0 Units	2%	\$11
All Other Services	0.7	30%	\$113	161%	37%	1.4	38%	\$43
All IHD (n = 9,953)								
All Services	n/a	n/a	\$3,332	15%	19%	n/a	n/a	\$2,894
Inpatient Hospital Facility Services								
Inpatient Hospital: Trigger	0.0 Days	0%	\$0		0%	0.0 Days	0%	\$0
Inpatient Hospital: Readmission	0.5 Days	7%	\$1,326	12%	22%	0.5 Days	7%	\$1,186
Physician Services During Hospitalization	1.7 Services	17%	\$201	-11%	27%	2.4 Services	22%	\$226
Post-Acute Care								
Home Health	0.6 Visits	3%	\$94	30%	55%	0.4 Visits	2%	\$73
Skilled Nursing	0.1 Days	0%	\$40	-67%	65%	0.3 Days	1%	\$121
Inpatient Rehabilitation or Long Term Care Hospital	0.0 Days	0%	\$71	26%	44%	0.0 Days	0%	\$56
Outpatient Hospital and Physician Office Services								
Outpatient PT/OT/SLP	0.0 Visits	0%	\$0	-100%	0%	0.0 Visits	0%	\$0
Dialysis	0.0 Services	0%	\$0	-79%	50%	0.0 Services	0%	\$0
Evaluation & Management Services	4.0 Visits	99%	\$323	11%	14%	3.2 Visits	96%	\$290
Major Procedures and Anesthesia	0.4 Services	15%	\$683	59%	3%	0.2 Services	8%	\$429
Ambulatory/Minor Procedures	0.1 Services	1%	\$6	-27%	31%	0.1 Services	2%	\$9
Emergency Room Services								
Evaluation & Management Services	0.4 Visits	16%	\$50	2%	56%	0.3 Visits	12%	\$49
Procedures	0.0 Services	0%	\$0	-3%	100%	0.0 Services	0%	\$0
Lab/ Pathology/ Other Tests	0.0 Tests	0%	\$0	29%	100%	0.0 Tests	0%	\$0

Service Category	EPISODES ATTRIBUTED TO YOUR MEDICAL GROUP PRACTICE					ALL EPISODES NATIONALLY		
	Average Utilization	% Beneficiaries Receiving Service	Average Non-Risk-Adjusted Cost	% Difference in Average Non-Risk-Adjusted Cost from National Average	% Cost Ordered by Other Groups	Average Utilization	% Beneficiaries Receiving Service	Average Non-Risk-Adjusted Cost
Imaging	0.0 Imaging services	0%	\$0	-67%	100%	0.0 Imaging services	0%	\$0
Ancillary Services in All Non-Inpatient Settings								
Lab/ Pathology/ Other Tests	5.1 Tests	73%	\$109	77%	25%	3.2 Tests	44%	\$62
Imaging	0.8 Imaging services	49%	\$284	205%	6%	0.4 Imaging services	20%	\$93
Durable Medical Equipment/Supplies	0.1 DME/supplies	1%	\$12	32%	44%	0.1 DME/supplies	1%	\$9
Hospice Care								
Hospice	0.0 Claims	0%	\$26	-40%	59%	0.0 Claims	0%	\$44
Other Services								
Ambulance								
Chemo. And Part B Drugs	0.2 Units	17%	\$38	30%	9%	0.2 Units	16%	\$30
All Other Services	2.0	61%	\$68	-69%	18%	2.9	71%	\$218
<i>Kidney/urinary tract infection (n = 17)</i>								
All Services	<i>n/a</i>	<i>n/a</i>	\$8,957	-22%	26%	<i>n/a</i>	<i>n/a</i>	\$11,522
Inpatient Hospital Facility Services								
Inpatient Hospital: Trigger	4.5 Days	100%	\$4,470	-10%	0%	5.2 Days	100%	\$4,969
Inpatient Hospital: Readmission	0.6 Days	12%	\$708	24%	100%	0.5 Days	7%	\$569
Physician Services During Hospitalization	10.9 Services	100%	\$875	-2%	29%	11.1 Services	100%	\$888
Post-Acute Care								
Home Health	2.4 Visits	18%	\$407	101%	0%	1.3 Visits	8%	\$203
Skilled Nursing	4.2 Days	12%	\$2,224	-45%	53%	8.7 Days	32%	\$4,047
Inpatient Rehabilitation or Long Term Care Hospital	0.0 Days	0%	\$0	-100%	0%	0.3 Days	2%	\$398
Outpatient Hospital and Physician Office Services								
Outpatient PT/OT/SLP	0.0 Visits	0%	\$0	-100%	0%	0.2 Visits	2%	\$7
Dialysis	0.0 Services	0%	\$0	-100%	0%	0.0 Services	0%	\$2
Evaluation & Management Services	0.6 Visits	53%	\$83	-16%	63%	1.0 Visits	48%	\$99
Major Procedures and Anesthesia	0.0 Services	0%	\$0	-100%	0%	0.1 Services	1%	\$8
Ambulatory/Minor Procedures	0.0 Services	0%	\$0	-100%	0%	0.2 Services	5%	\$35
Emergency Room Services								
Evaluation & Management Services	0.4 Visits	24%	\$60	103%	100%	0.1 Visits	9%	\$30
Procedures	0.6 Services	24%	\$27	584%	100%	0.1 Services	4%	\$4

Service Category	EPISODES ATTRIBUTED TO YOUR MEDICAL GROUP PRACTICE					ALL EPISODES NATIONALLY		
	Average Utilization	% Beneficiaries Receiving Service	Average Non-Risk-Adjusted Cost	% Difference in Average Non-Risk-Adjusted Cost from National Average	% Cost Ordered by Other Groups	Average Utilization	% Beneficiaries Receiving Service	Average Non-Risk-Adjusted Cost
Lab/ Pathology/ Other Tests	0.0 Tests	0%	\$0	-100%	0%	0.0 Tests	0%	\$0
Imaging	0.0 Imaging services	0%	\$0	-100%	0%	0.0 Imaging services	0%	\$0
Ancillary Services in All Non-Inpatient Settings								
Lab/ Pathology/ Other Tests	3.6 Tests	35%	\$44	147%	79%	1.4 Tests	21%	\$18
Imaging	0.4 Imaging services	18%	\$37	86%	100%	0.2 Imaging services	8%	\$20
Durable Medical Equipment/Supplies	0.0 DME/supplies	0%	\$0	-100%	0%	1.1 DME/supplies	1%	\$5
Hospice Care								
Hospice								
Other Services								
Ambulance	0.0 Services	0%	\$0	-100%	0%	0.8 Services	40%	\$198
Chemo. And Part B Drugs	0.0 Units	0%	\$0	-100%	0%	0.0 Units	2%	\$2
All Other Services	0.8	41%	\$22	11%	84%	0.9	30%	\$20
All pneumonia (n = 116)								
All Services	n/a	n/a	\$16,434	18%	14%	n/a	n/a	\$13,878
Inpatient Hospital Facility Services								
Inpatient Hospital: Trigger	6.0 Days	73%	\$8,663	44%	2%	4.5 Days	59%	\$6,012
Inpatient Hospital: Readmission	1.6 Days	22%	\$2,133	0%	26%	1.5 Days	18%	\$2,143
Physician Services During Hospitalization	16.3 Services	96%	\$1,138	19%	25%	11.7 Services	77%	\$956
Post-Acute Care								
Home Health	5.1 Visits	18%	\$618	65%	22%	2.2 Visits	13%	\$374
Skilled Nursing	1.4 Days	10%	\$674	-74%	49%	5.3 Days	18%	\$2,578
Inpatient Rehabilitation or Long Term Care Hospital	2.1 Days	11%	\$2,930	115%	24%	0.9 Days	4%	\$1,360
Outpatient Hospital and Physician Office Services								
Outpatient PT/OT/SLP	0.0 Visits	0%	\$0	-100%	0%	0.0 Visits	0%	\$0
Dialysis	0.0 Services	0%	\$0	-100%	0%	0.0 Services	1%	\$2
Evaluation & Management Services	1.3 Visits	50%	\$132	-41%	48%	2.4 Visits	68%	\$225
Major Procedures and Anesthesia	0.0 Services	2%	\$2	-71%	100%	0.0 Services	1%	\$7
Ambulatory/Minor Procedures	0.2 Services	7%	\$20	-27%	40%	0.3 Services	13%	\$27
Emergency Room Services								
Evaluation & Management Services	0.3 Visits	19%	\$36	-16%	100%	0.3 Visits	16%	\$43

Service Category	EPISODES ATTRIBUTED TO YOUR MEDICAL GROUP PRACTICE					ALL EPISODES NATIONALLY		
	Average Utilization	% Beneficiaries Receiving Service	Average Non-Risk-Adjusted Cost	% Difference in Average Non-Risk-Adjusted Cost from National Average	% Cost Ordered by Other Groups	Average Utilization	% Beneficiaries Receiving Service	Average Non-Risk-Adjusted Cost
Procedures	0.0 Services	1%	\$1	-65%	100%	0.0 Services	3%	\$4
Lab/ Pathology/ Other Tests	0.0 Tests	0%	\$0	-100%	0%	0.0 Tests	0%	\$0
Imaging	0.0 Imaging services	0%	\$0	-100%	0%	0.0 Imaging services	0%	\$0
Ancillary Services in All Non-Inpatient Settings								
Lab/ Pathology/ Other Tests	0.8 Tests	22%	\$20	13%	66%	0.9 Tests	21%	\$17
Imaging	0.7 Imaging services	47%	\$40	8%	41%	0.6 Imaging services	26%	\$37
Durable Medical Equipment/Supplies	0.1 DME/supplies	3%	\$5	-59%	0%	1.0 DME/supplies	3%	\$12
Hospice Care								
Hospice	0.0 Claims	0%	\$0	-100%	0%	0.0 Claims	1%	\$25
Other Services								
Ambulance								
Chemo. And Part B Drugs	0.1 Units	2%	\$0	-94%	100%	0.2 Units	7%	\$4
All Other Services	1.2	47%	\$23	-57%	56%	1.8	55%	\$53
PROCEDURAL EPISODE TYPES								
<i>Bilateral cataract removal with lens implant (n = 0)</i>								
All Services	<i>n/a</i>	<i>n/a</i>				<i>n/a</i>	<i>n/a</i>	
Inpatient Hospital Facility Services								
Inpatient Hospital: Trigger								
Inpatient Hospital: Readmission								
Physician Services During Hospitalization								
Post-Acute Care								
Home Health								
Skilled Nursing								
Inpatient Rehabilitation or Long Term Care Hospital								
Outpatient Hospital and Physician Office Services								
Outpatient PT/OT/SLP								
Dialysis								
Evaluation & Management Services								
Major Procedures and Anesthesia								
Ambulatory/Minor Procedures								

Service Category	EPISODES ATTRIBUTED TO YOUR MEDICAL GROUP PRACTICE					ALL EPISODES NATIONALLY		
	Average Utilization	% Beneficiaries Receiving Service	Average Non-Risk-Adjusted Cost	% Difference in Average Non-Risk-Adjusted Cost from National Average	% Cost Ordered by Other Groups	Average Utilization	% Beneficiaries Receiving Service	Average Non-Risk-Adjusted Cost
Emergency Room Services								
Evaluation & Management Services								
Procedures								
Lab/ Pathology/ Other Tests								
Imaging								
Ancillary Services in All Non-Inpatient Settings								
Lab/ Pathology/ Other Tests								
Imaging								
Durable Medical Equipment/Supplies								
Hospice Care								
Hospice								
Other Services								
Ambulance								
Chemo. And Part B Drugs								
All Other Services								
All CABG (n = 238)								
All Services	<i>n/a</i>	<i>n/a</i>	\$38,396	-13%	9%	<i>n/a</i>	<i>n/a</i>	\$44,028
Inpatient Hospital Facility Services								
Inpatient Hospital: Trigger	8.4 Days	100%	\$26,244	-12%	0%	10.3 Days	100%	\$29,763
Inpatient Hospital: Readmission	1.0 Days	14%	\$1,480	2%	27%	1.0 Days	11%	\$1,451
Physician Services During Hospitalization	40.9 Services	100%	\$4,330	-20%	4%	60.9 Services	100%	\$5,433
Post-Acute Care								
Home Health	12.5 Visits	56%	\$2,051	46%	29%	7.4 Visits	51%	\$1,406
Skilled Nursing	2.4 Days	13%	\$1,485	-35%	84%	4.6 Days	21%	\$2,302
Inpatient Rehabilitation or Long Term Care Hospital	1.2 Days	7%	\$1,628	-28%	32%	1.7 Days	11%	\$2,269
Outpatient Hospital and Physician Office Services								
Outpatient PT/OT/SLP	0.0 Visits	0%	\$0	-100%	0%	0.0 Visits	0%	\$1
Dialysis	0.0 Services	0%	\$0	-100%	0%	0.0 Services	1%	\$3
Evaluation & Management Services	6.7 Visits	78%	\$522	-34%	40%	9.9 Visits	92%	\$785
Major Procedures and Anesthesia	0.0 Services	0%	\$1	-99%	100%	0.1 Services	3%	\$67

Service Category	EPISODES ATTRIBUTED TO YOUR MEDICAL GROUP PRACTICE					ALL EPISODES NATIONALLY		
	Average Utilization	% Beneficiaries Receiving Service	Average Non-Risk-Adjusted Cost	% Difference in Average Non-Risk-Adjusted Cost from National Average	% Cost Ordered by Other Groups	Average Utilization	% Beneficiaries Receiving Service	Average Non-Risk-Adjusted Cost
Ambulatory/Minor Procedures	0.6 Services	14%	\$67	108%	29%	0.2 Services	9%	\$32
Emergency Room Services								
Evaluation & Management Services	0.7 Visits	32%	\$85	14%	94%	0.5 Visits	23%	\$75
Procedures	0.1 Services	4%	\$2	-26%	100%	0.0 Services	2%	\$3
Lab/ Pathology/ Other Tests	0.0 Tests	1%	\$0	47%	100%	0.0 Tests	0%	\$0
Imaging	0.0 Imaging services	0%	\$0	262%	100%	0.0 Imaging services	0%	\$0
Ancillary Services in All Non-Inpatient Settings								
Lab/ Pathology/ Other Tests	4.3 Tests	64%	\$76	19%	85%	3.6 Tests	57%	\$64
Imaging	2.0 Imaging services	91%	\$158	39%	46%	1.2 Imaging services	51%	\$114
Durable Medical Equipment/Supplies	2.9 DME/supplies	18%	\$159	130%	27%	0.8 DME/supplies	10%	\$69
Hospice Care								
Hospice	0.0 Claims	0%	\$0	-100%	0%	0.0 Claims	0%	\$8
Other Services								
Ambulance								
Chemo. And Part B Drugs	0.0 Units	3%	\$28	30%	100%	0.1 Units	5%	\$22
All Other Services	4.3	95%	\$81	-50%	46%	5.4	92%	\$162
Hip replacement/revision (n = 0)								
All Services	n/a	n/a				n/a	n/a	
Inpatient Hospital Facility Services								
Inpatient Hospital: Trigger								
Inpatient Hospital: Readmission								
Physician Services During Hospitalization								
Post-Acute Care								
Home Health								
Skilled Nursing								
Inpatient Rehabilitation or Long Term Care Hospital								
Outpatient Hospital and Physician Office Services								
Outpatient PT/OT/SLP								
Dialysis								
Evaluation & Management Services								

Service Category	EPISODES ATTRIBUTED TO YOUR MEDICAL GROUP PRACTICE					ALL EPISODES NATIONALLY		
	Average Utilization	% Beneficiaries Receiving Service	Average Non-Risk-Adjusted Cost	% Difference in Average Non-Risk-Adjusted Cost from National Average	% Cost Ordered by Other Groups	Average Utilization	% Beneficiaries Receiving Service	Average Non-Risk-Adjusted Cost
Major Procedures and Anesthesia								
Ambulatory/Minor Procedures								
Emergency Room Services								
Evaluation & Management Services								
Procedures								
Lab/ Pathology/ Other Tests								
Imaging								
Ancillary Services in All Non-Inpatient Settings								
Lab/ Pathology/ Other Tests								
Imaging								
Durable Medical Equipment/Supplies								
Hospice Care								
Hospice								
Other Services								
Ambulance								
Chemo. And Part B Drugs								
All Other Services								
<i>Knee replacement/revision (n = 0)</i>								
All Services	<i>n/a</i>	<i>n/a</i>				<i>n/a</i>	<i>n/a</i>	
Inpatient Hospital Facility Services								
Inpatient Hospital: Trigger								
Inpatient Hospital: Readmission								
Physician Services During Hospitalization								
Post-Acute Care								
Home Health								
Skilled Nursing								
Inpatient Rehabilitation or Long Term Care Hospital								
Outpatient Hospital and Physician Office Services								
Outpatient PT/OT/SLP								
Dialysis								

Service Category	EPISODES ATTRIBUTED TO YOUR MEDICAL GROUP PRACTICE					ALL EPISODES NATIONALLY		
	Average Utilization	% Beneficiaries Receiving Service	Average Non-Risk-Adjusted Cost	% Difference in Average Non-Risk-Adjusted Cost from National Average	% Cost Ordered by Other Groups	Average Utilization	% Beneficiaries Receiving Service	Average Non-Risk-Adjusted Cost
Evaluation & Management Services								
Major Procedures and Anesthesia								
Ambulatory/Minor Procedures								
Emergency Room Services								
Evaluation & Management Services								
Procedures								
Lab/ Pathology/ Other Tests								
Imaging								
Ancillary Services in All Non-Inpatient Settings								
Lab/ Pathology/ Other Tests								
Imaging								
Durable Medical Equipment/Supplies								
Hospice Care								
Hospice								
Other Services								
Ambulance								
Chemo. And Part B Drugs								
All Other Services								
Lumbar spine fusion/refusion (n = 0)								
All Services	n/a	n/a				n/a	n/a	
Inpatient Hospital Facility Services								
Inpatient Hospital: Trigger								
Inpatient Hospital: Readmission								
Physician Services During Hospitalization								
Post-Acute Care								
Home Health								
Skilled Nursing								
Inpatient Rehabilitation or Long Term Care Hospital								
Outpatient Hospital and Physician Office Services								
Outpatient PT/OT/SLP								

Service Category	EPISODES ATTRIBUTED TO YOUR MEDICAL GROUP PRACTICE					ALL EPISODES NATIONALLY		
	Average Utilization	% Beneficiaries Receiving Service	Average Non-Risk-Adjusted Cost	% Difference in Average Non-Risk-Adjusted Cost from National Average	% Cost Ordered by Other Groups	Average Utilization	% Beneficiaries Receiving Service	Average Non-Risk-Adjusted Cost
Dialysis								
Evaluation & Management Services								
Major Procedures and Anesthesia								
Ambulatory/Minor Procedures								
Emergency Room Services								
Evaluation & Management Services								
Procedures								
Lab/ Pathology/ Other Tests								
Imaging								
Ancillary Services in All Non-Inpatient Settings								
Lab/ Pathology/ Other Tests								
Imaging								
Durable Medical Equipment/Supplies								
Hospice Care								
Hospice								
Other Services								
Ambulance								
Chemo. And Part B Drugs								
All Other Services								
All PCI (n = 769)								
All Services	n/a	n/a	\$17,950	-6%	7%	n/a	n/a	\$19,039
Inpatient Hospital Facility Services								
Inpatient Hospital: Trigger	3.3 Days	98%	\$12,786	0%	0%	4.4 Days	98%	\$12,777
Inpatient Hospital: Readmission	0.3 Days	8%	\$880	-23%	14%	0.6 Days	10%	\$1,139
Physician Services During Hospitalization	8.8 Services	98%	\$1,556	-23%	11%	6.0 Services	99%	\$2,023
Post-Acute Care								
Home Health	2.5 Visits	11%	\$331	6%	40%	1.8 Visits	11%	\$312
Skilled Nursing	0.7 Days	4%	\$319	-60%	54%	1.7 Days	6%	\$799
Inpatient Rehabilitation or Long Term Care Hospital	0.3 Days	2%	\$309	1%	31%	0.2 Days	1%	\$305
Outpatient Hospital and Physician Office Services								

Service Category	EPISODES ATTRIBUTED TO YOUR MEDICAL GROUP PRACTICE					ALL EPISODES NATIONALLY		
	Average Utilization	% Beneficiaries Receiving Service	Average Non-Risk-Adjusted Cost	% Difference in Average Non-Risk-Adjusted Cost from National Average	% Cost Ordered by Other Groups	Average Utilization	% Beneficiaries Receiving Service	Average Non-Risk-Adjusted Cost
Outpatient PT/OT/SLP	0.0 Visits	0%	\$0	-100%	0%	0.0 Visits	0%	\$0
Dialysis	0.0 Services	0%	\$0	-82%	0%	0.0 Services	0%	\$2
Evaluation & Management Services	3.6 Visits	90%	\$340	-32%	38%	5.9 Visits	88%	\$500
Major Procedures and Anesthesia	0.4 Services	17%	\$716	17%	3%	0.3 Services	12%	\$614
Ambulatory/Minor Procedures	0.1 Services	4%	\$14	8%	78%	0.2 Services	5%	\$13
Emergency Room Services								
Evaluation & Management Services	0.9 Visits	41%	\$148	31%	90%	0.6 Visits	28%	\$113
Procedures	0.1 Services	4%	\$6	44%	100%	0.0 Services	2%	\$4
Lab/ Pathology/ Other Tests	0.0 Tests	1%	\$0	4%	100%	0.0 Tests	1%	\$0
Imaging	0.0 Imaging services	0%	\$0	-100%	0%	0.0 Imaging services	0%	\$0
Ancillary Services in All Non-Inpatient Settings								
Lab/ Pathology/ Other Tests	6.1 Tests	75%	\$106	29%	71%	4.4 Tests	57%	\$82
Imaging	0.9 Imaging services	55%	\$125	31%	40%	0.8 Imaging services	35%	\$95
Durable Medical Equipment/Supplies	0.2 DME/supplies	3%	\$112	103%	6%	0.1 DME/supplies	2%	\$55
Hospice Care								
Hospice	0.0 Claims	0%	\$20	1%	90%	0.0 Claims	0%	\$20
Other Services								
Ambulance								
Chemo. And Part B Drugs	0.1 Units	9%	\$115	148%	93%	0.1 Units	8%	\$46
All Other Services	2.6	75%	\$67	-52%	46%	4.1	84%	\$140
<i>Permanent pacemaker system replacement/insertion (n = 203)</i>								
All Services	<i>n/a</i>	<i>n/a</i>	\$19,424	-4%	12%	<i>n/a</i>	<i>n/a</i>	\$20,310
Inpatient Hospital Facility Services								
Inpatient Hospital: Trigger	4.1 Days	94%	\$14,407	11%	0%	4.9 Days	86%	\$12,925
Inpatient Hospital: Readmission	0.4 Days	6%	\$611	-26%	38%	0.6 Days	8%	\$821
Physician Services During Hospitalization	10.3 Services	94%	\$1,060	-24%	15%	17.2 Services	88%	\$1,389
Post-Acute Care								
Home Health	4.6 Visits	22%	\$656	17%	62%	3.3 Visits	20%	\$560
Skilled Nursing	1.8 Days	10%	\$1,011	-56%	79%	4.7 Days	16%	\$2,278
Inpatient Rehabilitation or Long Term Care Hospital	0.3 Days	2%	\$501	-4%	76%	0.4 Days	2%	\$521

Service Category	EPISODES ATTRIBUTED TO YOUR MEDICAL GROUP PRACTICE					ALL EPISODES NATIONALLY		
	Average Utilization	% Beneficiaries Receiving Service	Average Non-Risk-Adjusted Cost	% Difference in Average Non-Risk-Adjusted Cost from National Average	% Cost Ordered by Other Groups	Average Utilization	% Beneficiaries Receiving Service	Average Non-Risk-Adjusted Cost
Outpatient Hospital and Physician Office Services								
Outpatient PT/OT/SLP	0.0 Visits	0%	\$0	-100%	0%	0.0 Visits	0%	\$0
Dialysis	0.0 Services	0%	\$2	43%	0%	0.0 Services	0%	\$1
Evaluation & Management Services	1.7 Visits	60%	\$169	-29%	55%	2.6 Visits	68%	\$236
Major Procedures and Anesthesia	0.3 Services	9%	\$577	-53%	1%	0.9 Services	18%	\$1,233
Ambulatory/Minor Procedures	0.0 Services	3%	\$8	-49%	40%	0.1 Services	6%	\$16
Emergency Room Services								
Evaluation & Management Services	0.6 Visits	30%	\$73	38%	94%	0.4 Visits	19%	\$53
Procedures	0.0 Services	1%	\$17	433%	100%	0.0 Services	1%	\$3
Lab/ Pathology/ Other Tests	0.0 Tests	0%	\$0	-45%	100%	0.0 Tests	0%	\$0
Imaging	0.0 Imaging services	0%	\$0	382%	100%	0.0 Imaging services	0%	\$0
Ancillary Services in All Non-Inpatient Settings								
Lab/ Pathology/ Other Tests	5.1 Tests	77%	\$90	60%	64%	3.2 Tests	56%	\$56
Imaging	1.3 Imaging services	49%	\$85	59%	38%	0.6 Imaging services	31%	\$53
Durable Medical Equipment/Supplies	0.1 DME/supplies	2%	\$6	3%	38%	0.2 DME/supplies	2%	\$6
Hospice Care								
Hospice	0.0 Claims	0%	\$26	508%	100%	0.0 Claims	0%	\$4
Other Services								
Ambulance								
Chemo. And Part B Drugs	0.0 Units	2%	\$5	6%	0%	0.0 Units	2%	\$5
All Other Services	4.0	93%	\$119	-20%	26%	4.7	92%	\$150

EXHIBIT 3. Reserved for future use

EXHIBIT 4. Top Five Billing Hospitals, SNFs, HHAs, and EPs Within and Outside Your Medical Group Practice Treating Episode

(Listed From Highest to Lowest Billing)

Category	Billed, Ordered, or Referred By EPs Within Your Medical Group Practice	Billed, Ordered, or Referred By EPs Not in Your Medical Group Practice
ALL EPISODE TYPES		
Hospitals	HOSPITAL A	HOSPITAL B
	HOSPITAL C	HOSPITAL A
	HOSPITAL D	HOSPITAL E
	HOSPITAL E	HOSPITAL C
	HOSPITAL F	HOSPITAL F
SNFs	SKILLED NURSING A	SKILLED NURSING B
	SKILLED NURSING B	SKILLED NURSING C
	SKILLED NURSING D	
	SKILLED NURSING E	
HHAs	HOME HEALTH A	HOME HEALTH B
	HOME HEALTH C	HOME HEALTH D
	HOME HEALTH B	HOME HEALTH A
	HOME HEALTH D	HOME HEALTH C
	HOME HEALTH E	

Category	Billed, Ordered, or Referred By EPs Within Your Medical Group Practice	Billed, Ordered, or Referred By EPs Not in Your Medical Group Practice
CONDITION EPISODE TYPES		
<i>All ACS (# of EPs =595)</i>		
Top 5 EPs	Dr. A	Dr. B
	Dr. C	Dr. D
	Dr. E	Dr. F
	Dr. G	Dr. H
	Dr. I	Dr. J
<i>Cellulitis (# of EPs =43)</i>		
Top 5 EPs	Dr. A	Dr. B
	Dr. C	Dr. D
	Dr. E	Dr. F
	Dr. G	Dr. H
	Dr. I	Dr. J
<i>Chronic atrial fibrillation/flutter (# of EPs =1,052)</i>		
Top 5 EPs	Dr. A	Dr. B
	Dr. C	Dr. D
	Dr. E	Dr. F
	Dr. G	Dr. H
	Dr. I	Dr. J

Category	Billed, Ordered, or Referred By EPs Within Your Medical Group Practice	Billed, Ordered, or Referred By EPs Not in Your Medical Group Practice
<i>Chronic CHF (# of EPs =846)</i>		
Top 5 EPs	Dr. A	Dr. B
	Dr. C	Dr. D
	Dr. E	Dr. F
	Dr. G	Dr. H
	Dr. I	Dr. J
<i>COPD/asthma (# of EPs =631)</i>		
Top 5 EPs	Dr. A	Dr. B
	Dr. C	Dr. D
	Dr. E	Dr. F
	Dr. G	Dr. H
	Dr. I	Dr. J
<i>Acute COPD/asthma, inpatient exacerbation (# of EPs =124)</i>		
Top 5 EPs	Dr. A	Dr. B
	Dr. C	Dr. D
	Dr. E	Dr. F
	Dr. G	Dr. H
	Dr. I	Dr. J
<i>GI hemorrhage (# of EPs =88)</i>		

Category	Billed, Ordered, or Referred By EPs Within Your Medical Group Practice	Billed, Ordered, or Referred By EPs Not in Your Medical Group Practice
Top 5 EPs	Dr. A	Dr. B
	Dr. C	Dr. D
	Dr. E	Dr. F
	Dr. G	Dr. H
	Dr. I	Dr. J
<i>All IHD (# of EPs =1,705)</i>		
Top 5 EPs	Dr. A	Dr. B
	Dr. C	Dr. D
	Dr. E	Dr. F
	Dr. G	Dr. H
	Dr. I	Dr. J
<i>Kidney/urinary tract infection (# of EPs =57)</i>		
Top 5 EPs	Dr. A	Dr. B
	Dr. C	Dr. D
	Dr. E	Dr. F
	Dr. G	Dr. H
	Dr. I	Dr. J
<i>All pneumonia (# of EPs =219)</i>		
	Dr. A	Dr. B

Category	Billed, Ordered, or Referred By EPs Within Your Medical Group Practice	Billed, Ordered, or Referred By EPs Not in Your Medical Group Practice
Top 5 EPs	Dr. C	Dr. D
	Dr. E	Dr. F
	Dr. G	Dr. H
	Dr. I	Dr. J

PROCEDURAL EPISODE TYPES		
<i>Bilateral cataract removal with lens implant (# of EPs =0)</i>		
Top 5 EPs		
<i>All CABG (# of EPs =418)</i>		
Top 5 EPs	Dr. A	Dr. B
	Dr. C	Dr. D
	Dr. E	Dr. F
	Dr. G	Dr. H
	Dr. I	Dr. J

Category	Billed, Ordered, or Referred By EPs Within Your Medical Group Practice	Billed, Ordered, or Referred By EPs Not in Your Medical Group Practice
<i>Hip replacement/revision (# of EPs =0)</i>		
Top 5 EPs		
<i>Knee replacement/revision (# of EPs =0)</i>		
Top 5 EPs		
<i>Lumbar spine fusion/refusion (# of EPs =0)</i>		
Top 5 EPs		
<i>All PCI (# of EPs =914)</i>		

Category	Billed, Ordered, or Referred By EPs Within Your Medical Group Practice	Billed, Ordered, or Referred By EPs Not in Your Medical Group Practice
Top 5 EPs	Dr. A	Dr. B
	Dr. C	Dr. D
	Dr. E	Dr. F
	Dr. G	Dr. H
	Dr. I	Dr. J
<i>Permanent pacemaker system replacement/insertion (# of EPs =386)</i>		
Top 5 EPs	Dr. A	Dr. B
	Dr. C	Dr. D
	Dr. E	Dr. F
	Dr. G	Dr. H
	Dr. I	Dr. J

APPENDIX A. Definitions for Service Category Breakdowns

Exhibit 2 presents utilization and costs of different service categories for episodes attributed to your group practice.

Drill Down Table 2 displays these categories for costs billed, ordered, or referred by EPs in your medical group practice by limiting to NPIs associated with your TIN.

Drill Down Table 3 displays these categories for costs billed or ordered by EPs NOT in your medical group practice (by limiting to NPIs NOT associated with your TIN) and shows facility costs not ordered or referred by your medical group practice.

Category	Claim Type	Criteria for Including Claim (Line Item) in Category			
		BETOS	Place of Service Criterion	Provider Number Criterion	Additional Criterion
Inpatient Hospital					
Inpatient Hospital: Trigger	IP			Provider number has 0 in third position (Acute hospitals) or has 3rd and 4th digit = "13" (Critical Access Hospitals) or has 3rd and 4th digits in [40 - 44] or has 3rd digit in ("M",S") (psychiatric hospitals and psychiatric distinct part units)	Acute or psychiatric inpatient hospitalization that triggered the episode
Inpatient Hospital: Readmission	IP			Provider number has 0 in third position (Acute hospitals) or has 3rd and 4th digit = "13" (Critical Access Hospitals) or has 3rd and 4th digits in [40 - 44] or has 3rd digit in ("M",S") (psychiatric hospitals and psychiatric distinct part units)	Any acute or psychiatric inpatient hospitalization other than the one that triggered the episode
Physician Services During Hospitalization	PB		If between from_dt and thru_dt (exclusive) of IP claim, no place of service restriction. If on from_dt or thru_dt of IP claim, then place of service must be 21, 22 , 23, 51		

Category	Claim Type	Criteria for Including Claim (Line Item) in Category			
		BETOS	Place of Service Criterion	Provider Number Criterion	Additional Criterion
Post-Acute Care					
Home Health	HH, OP		For OP, Type of Bill must be 34x		
Skilled Nursing	SNF, OP		For OP, Type of Bill must be 22x or 23x		
Inpatient Rehabilitation or Long Term Care Hospital	IP			Provider number ends in {2000-2299, 3025-3099} or its third position is in {R, T}	
Outpatient Hospital and Physician Office Services					
Outpatient PT/OT/SLP	OP, PB				Codes listed in http://www.cms.gov/Medicare/Billing/TherapyServices/
Dialysis	OP, PB	P9	For OP, Type of Bill must be 72x		Must not be counted in any categories above
Evaluation & Management Services	OP, PB	All M Codes			Must not be counted in any categories above
Major Procedures and Anesthesia	OP, PB	P0, P1, P2, P3, P7			Must not be counted in any categories above
Ambulatory/Minor Procedures	OP, PB	P4, P5, P6, P8			Must not be counted in any categories above

Category	Claim Type	Criteria for Including Claim (Line Item) in Category			
		BETOS	Place of Service Criterion	Provider Number Criterion	Additional Criterion
Emergency Room Services					
Evaluation & Management Services	OP, PB		Outpatient revenue center line code in {0450-0459, 0981}, or PB claim occurring during such an OP claim and place of service=23		HCPCS 99281-99285 and G0380-G0384
Procedures	OP, PB		Outpatient revenue center line code in {0450-0459, 0981}, or PB claim occurring during such an OP claim and place of service=23		All remaining emergency room service costs not counted in other categories
Lab/ Pathology/ Other Tests	OP, PB	All T codes	Outpatient revenue center line code in {0450-0459, 0981}, or PB claim occurring during such an OP claim and place of service=23		
Imaging	OP, PB	All I codes	Outpatient revenue center line code in {0450-0459, 0981}, or PB claim occurring during such an OP claim and place of service=23		

Category	Claim Type	Criteria for Including Claim (Line Item) in Category			
		BETOS	Place of Service Criterion	Provider Number Criterion	Additional Criterion
Ancillary Services in All Non-Inpatient Settings					
Lab/ Pathology/ Other Tests	OP, PB	All T codes			Must not be counted in any categories above
Imaging	OP, PB	All I codes			Must not be counted in any categories above
Durable Medical Equipment/ Supplies	DM	All codes except O1D (chemotherapy), O1E and D1G (drugs)			Must not be counted in any categories above
Hospice Care					
Hospice	HS				
Other Services					
Ambulance	OP, PB	O1A			
Chemo. And Part B Drugs	OP, PB, DM	O1D, O1E, D1G			
All Other Services	All remaining costs from all Parts A and B claim types				