

How to Interpret Your Supplemental 2011 QRUR for Groups: Episodes of Care

July 23, 2013



Purpose of Presentation

- Provide background on episodes of care
- Discuss Medicare's approach to developing episodes of care
- Introduce the supplemental reports on episode-based costs related to the 2011 Group Quality and Resource Use Reports (QRURs) provided to GPRO Medical Groups

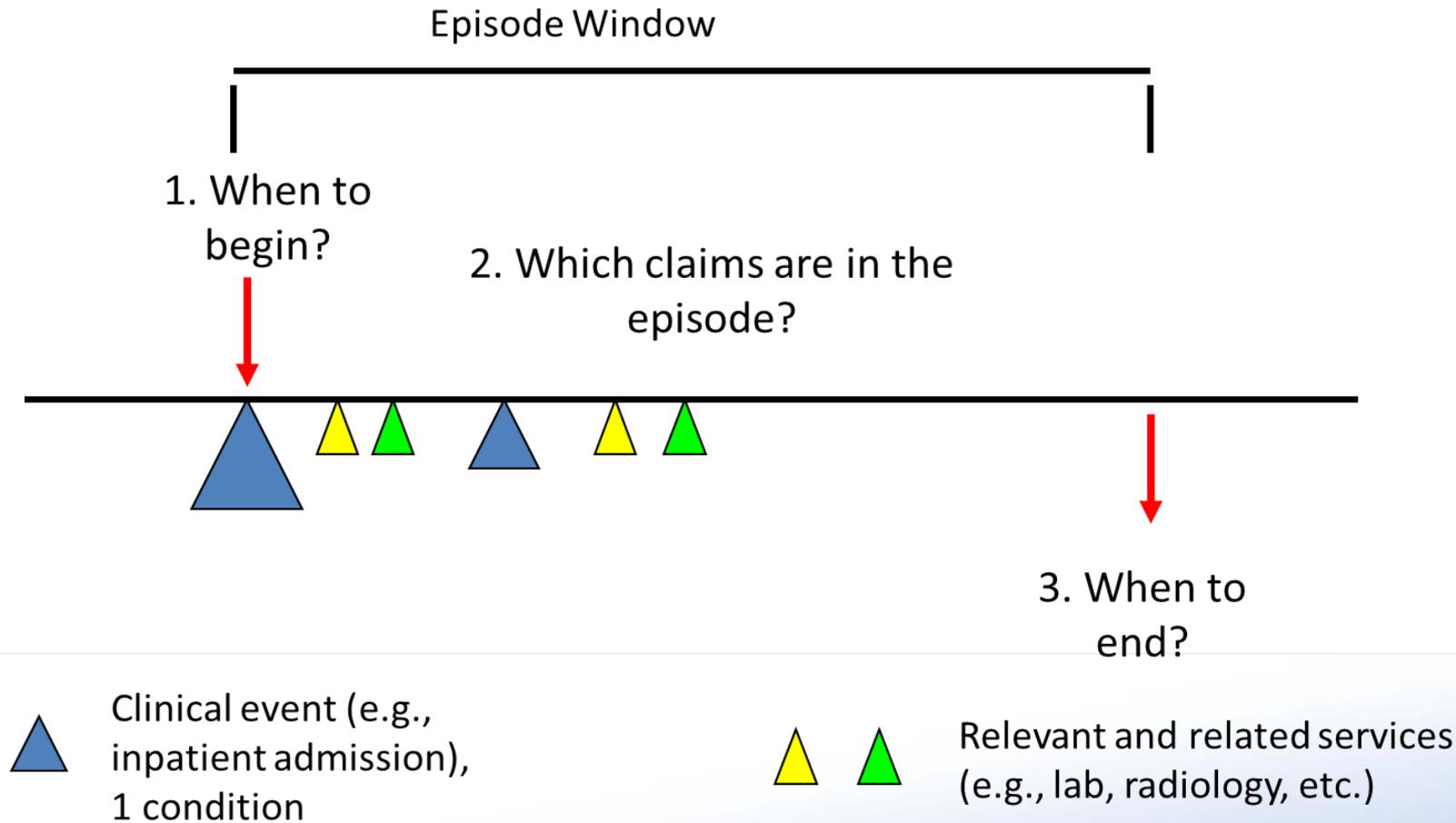
What is an Episode of Care?

- An episode of care consists of medical and/or procedural services addressing a specific medical condition or procedural event that are delivered to a patient within a defined time period
- Information used for grouping is derived from Medicare claims data
- An episode grouper is software that organizes claims data into episodes

Basic Model of an Episode

- Beginning an episode:
 - Episodes are initiated by a clinical trigger event, such as an inpatient hospital admission
- Ending an episode:
 - Rules, such as a break in service or a fixed period after a clinical trigger event, determine the end
- Claims included in the episode:
 - Related claims with qualifying diagnoses between beginning and end

Basic Model of an Episode Illustrated



Why a CMS Episode Grouping

- Affordable Care Act (2010) requires development of a publicly available episode grouper
- CMS is developing its own episode grouper due to:
 - requirements for transparency and public availability
 - complexity of the Medicare population, and
 - flexibility needed for use in Medicare

CMS Episode Grouper Development Strategy

- CMS evaluated 4 prototype groupers in 2011
- In 2012, Brandeis consortium selected to develop the CMS Episode Grouper over 4 years
 - In addition to Brandeis, consortium includes AMA, ABMS, Health Care Incentives Improvement Institute (HCl3), and Booz-Allen Hamilton
- CMS team managing the project includes clinicians and personnel from CMMI, CM, CCSQ, and AHRQ
- Acumen, LLC providing contractor support

CMS Grouper Episode Types in PY 2011

Supplemental QRURs

- Acute Condition Episodes:
 - Pneumonia
 - Acute Myocardial Infarction (AMI)
- Chronic Condition Episode:
 - Coronary Artery Disease (CAD)
- Procedural Episodes:
 - Percutaneous Coronary Intervention (PCI)
 - Coronary Artery Bypass Graft Surgery (CABG)

Medicare Episodes and Their Sub-Categorizations

- To improve information relevance to clinicians, the supplemental 2011 QRURs provide cost summaries of episodes for the following sub-categorizations of acute and chronic condition episodes:
- Pneumonia
 - Without inpatient hospitalization
 - With inpatient hospitalization
- Acute Myocardial Infarction (AMI)
 - Without PCI or CABG
 - With PCI
 - With CABG
- Coronary Artery Disease (CAD)
 - Without AMI
 - With AMI

Approach to Episode Attribution

Summary of Medical Group Attribution

Episode Type	Medical Group Attribution Method
Pneumonia	Physician Fee Schedule (PFS) costs and Evaluation and Management (E&M) visits
AMI	PFS costs and E&M visits
CAD	Outpatient E&M visits
PCI	Physician performing surgery
CABG	Physician performing surgery

Medicare Fee-For-Service 2011 Supplemental QRUR: Episodes of Care—How to Read Your Report (1 of 2)

Medicare Fee-For-Service 2011 Supplemental QRUR: Episodes of Care

June 2013

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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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.

Read the introduction for more information on the episodes of care and analysis contained in this report.

Medicare Fee-For-Service 2011 Supplemental QRUR: Episodes of Care—How to Read Your Report (2 of 2)

Medicare Fee-For-Service 2011 Supplemental QRUR: Episodes of Care

June 2013

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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Find definitions for the terms in bold in the User's Guide.

Click on an exhibit link to go to the related tab in the report.

Exhibit 1 (1 of 2): Percent Cost Difference from National Mean for Your Group's Attributed Episodes



The number of episodes attributed to a group.

The percent difference from the national average for a group's payment-standardized risk-adjusted average cost.

A group's payment-standardized risk-adjusted average cost for each episode type.

Exhibit 1 (2 of 2): Percent Cost Difference from National Mean for Your Group's Attributed Episodes

	Your Group's Number of Episodes	Your Group's Mean Risk-Adjusted Cost	Percent Difference from National Mean for Your Group's Episodes	
All pneumonia	48	\$8,568	-6%	
Pneumonia without IP hospitalization	25	\$1,106	-31%	
Pneumonia with IP hospitalization	23	\$16,679		
All acute myocardial infarction (AMI)	114	\$22,828		
AMI without PCI or CABG	43	\$14,150* (Low)		
AMI with PCI	61	\$25,457		
AMI with CABG	10	\$44,102* (Low)		
All coronary artery disease (CAD)	2,036	\$4,029* (High)		
CAD without AMI	1,968	\$3,655* (High)		
CAD with AMI	68	\$14,851	-8%	
Percutaneous Coronary Intervention (PCI) without AMI	141	\$15,801		

Asterisk indicates statistically significant. See the User's Guide for more information on statistically significant differences in costs.

Note: Results should be interpreted with caution for episode types for which fewer than ten episodes were attributed to a group.

Exhibit 2 (1 of 5): Summary of Medical Group Episode Costs and Comparison to National Benchmark

	YOUR MEDICAL GROUP PRACTICE								ALL EPISODES NATIONALLY				
	All of Your Episodes				Your Highest-Cost 20% of Episodes				Number of Your Episodes		All Episodes Nationally		Episodes Above 80th Cost Percentile Nationally
	Number	Percentage of Total	Average Non-Risk-Adjusted Cost	Average Risk-Adjusted Cost	Number	Percentage of Total	Average Non-Risk-Adjusted Cost	Average Risk-Adjusted Cost	Number	Percentage of Total	Average Risk-Adjusted Cost	Average Risk-Adjusted Cost	
Pneumonia – All	48	100%	\$8,506	\$8,568									
• <i>Pneumonia without inpatient hospitalization in episode</i>	25	52%	\$885	\$1,106									
• <i>Pneumonia with inpatient hospitalization in episode</i>	23	48%	\$16,790	\$16,679									
Acute Myocardial Infarction (AMI) - All	114	100%	\$22,777	\$22,828									
• <i>AMI without PCI or CABG in episode</i>	43	38%	\$13,325	\$14,150									
• <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
Coronary Artery Disease (CAD) - All	2,036	100%	\$4,171	\$4,029	407		\$15,625	\$14,689	465	346,256	100%	\$3,585	\$12,618
• <i>CAD without AMI in episode</i>	1,968	97%	\$3,752	\$3,655	393		\$13,945	\$13,217	446	335,967	97%	\$3,202	\$10,983
• <i>CAD with AMI in episode</i>	68	3%	\$16,294	\$14,851	13		\$42,850	\$39,975	12	10,289	3%	\$16,084	\$40,335
Percutaneous Coronary Interventions (PCI) without AMI in Episode	141	100%	\$15,773	\$15,801	28		\$28,497	\$29,060	34	10,533	100%	\$14,922	\$27,472
Coronary Artery Bypass Graft Surgery (CABG) without AMI in Episode	21	100%	\$36,417	\$37,184	4		\$62,705	\$69,158	3	2,504	100%	\$42,697	\$77,172

Start by looking at the 5 episode types. Pneumonia, AMI, and CAD are aggregated (All) and are also broken down into subtypes.

Exhibit 2 (2 of 5): Summary of Medical Group Episode Costs and Comparison to National Benchmark

	YOUR MEDICAL GROUP PRACTICE								ALL EPISODES NATIONALLY			
	All of Your Episodes				Your Highest-Cost 20% of Episodes			Number of Your Episodes Above 80th Percentile	All Episodes Nationally			Episodes Above 80th Cost Percentile Nationally
	Number	Percentage of Total	Average Non-Risk-Adjusted Cost	Average Risk-Adjusted Cost	Number	Average	Average		Number	Percentage	Average Risk-Adjusted Cost	
Pneumonia - All	48	100%	\$8,506	\$8,568	9							\$30,644
• <i>Pneumonia without inpatient hospitalization in episode</i>	25	52%	\$885	\$1,106	5							\$5,805
• <i>Pneumonia with inpatient hospitalization in episode</i>	23	48%	\$16,790	\$16,679	4							\$44,936
Acute Myocardial Infarction (AMI) - All	114	100%	\$22,777	\$22,828	22							\$50,369
• <i>AMI without PCI or CABG in episode</i>	43	38%	\$13,325	\$14,150	8							\$37,332
• <i>AMI with PCI in episode</i>	61	54%	\$25,513	\$25,457	12	\$20,307	\$28,244	10	3,062	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
Coronary Artery Disease (CAD) - All	2,036	100%	\$4,171	\$4,029	407	\$15,625	\$14,689	465	346,256	100%	\$3,585	\$12,618
• <i>CAD without AMI in episode</i>	1,968	97%	\$3,752	\$3,655	393	\$13,945	\$13,217	446	335,967	97%	\$3,202	\$10,983
• <i>CAD with AMI in episode</i>	68	3%	\$16,294	\$14,851	13	\$42,850	\$39,975	12	10,289	3%	\$16,084	\$40,335
Percutaneous Coronary Interventions (PCI) without AMI in Episode	141	100%	\$15,773	\$15,801	28	\$28,497	\$29,060	34	10,533	100%	\$14,922	\$27,472
Coronary Artery Bypass Graft Surgery (CABG) without AMI in Episode	21	100%	\$36,417	\$37,184	4	\$62,705	\$69,158	3	2,504	100%	\$42,697	\$77,172

Next, examine the group's average payment-standardized non-risk-adjusted costs. This group's average payment-standardized non-risk-adjusted costs for PCI without AMI episodes is (\$15,773).



Exhibit 2 (3 of 5): Summary of Medical Group Episode Costs and Comparison to National Benchmark

	YOUR MEDICAL GROUP PRACTICE						ALL EPISODES NATIONALLY					
	All of Your Episodes				Your H	Number of				Episodes Above 80th Cost Percentile Nationally		
	Number	Percentage of Total	Average Non-Risk-Adjusted Cost	Average Risk-Adjusted Cost	Number				Average Risk-Adjusted Cost			
Pneumonia - All	48	100%	\$8,506	\$8,568	9					\$30,644		
• <i>Pneumonia without inpatient hospitalization in episode</i>	25	52%	\$885	\$1,106	5					\$5,805		
• <i>Pneumonia with inpatient hospitalization in episode</i>	23	48%	\$16,790	\$16,679	4					\$44,936		
Acute Myocardial Infarction (AMI) - All	114	100%	\$22,777	\$22,828	22					\$50,369		
• <i>AMI without PCI or CABG in episode</i>	43	38%	\$13,325	\$14,150	8					\$37,332		
• <i>AMI with PCI in episode</i>	61	54%	\$25,513	\$25,457	12					\$42,699		
• <i>AMI with CABG in episode</i>	10	9%	\$46,733	\$44,102	2					\$104,736		
Coronary Artery Disease (CAD) - All	2,036	100%	\$4,171	\$4,029	407					\$12,618		
• <i>CAD without AMI in episode</i>	1,968	97%	\$3,752	\$3,655	393					\$10,983		
• <i>CAD with AMI in episode</i>	68	3%	\$10,294	\$14,831	15	\$42,830	\$39,975	12	10,289	3%	\$16,084	\$40,335
Percutaneous Coronary Interventions (PCI) without AMI in Episode	141	100%	\$15,773	\$15,801	28	\$28,497	\$29,060	34	10,533	100%	\$14,922	\$27,472
Coronary Artery Bypass Graft Surgery (CABG) without AMI in Episode	21	100%	\$36,417	\$37,184	4	\$62,705	\$69,158	3	2,504	100%	\$42,697	\$77,172

If a group's average risk-adjusted costs are higher than its non-risk-adjusted costs, its patient population is less complex than average. If a group's average risk-adjusted costs are lower than its non-risk-adjusted costs, its patient population is more complex than average. This group's PCI without AMI patients are slightly healthier than average.



Percutaneous Coronary Interventions (PCI) without AMI in Episode

Exhibit 2 (4 of 5): Summary of Medical Group Episode Costs and Comparison to National Benchmark

	YOUR MEDICAL GROUP PRACTICE							ALL EPISODES NATIONALLY				
	All of Your Episodes				Your Highest-Cost 20% of Episodes			Number of Your Episodes Above 80th Cost Percentile Nationally	All Episodes Nationally			Episodes Above 80th Cost Percentile Nationally
	Number	Percentage of Total	Average Non-Risk-Adjusted Cost	Average Risk-Adjusted Cost	Number	Average Non-Risk-Adjusted Cost	Average Risk-Adjusted Cost		Number	Percentage of Total	Average Risk-Adjusted Cost	Average Risk-Adjusted Cost
Pneumonia - All	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>	75	57%	\$605	\$1,166	5	\$7,112	\$1,775	3	26,201	52%	\$1,602	\$5,805
• <i>Pneumonia with inpatient hospitalization in episode</i>											\$17,580	\$44,936
Acute Myocardial Infarction (AMI)									\$21,944			\$50,369
• <i>AMI without PCI or CABG in episode</i>									\$17,247			\$37,332
• <i>AMI with PCI in episode</i>									\$21,101			\$42,699
• <i>AMI with CABG in episode</i>									\$56,195			\$104,736
Coronary Artery Disease (CAD) - All	2,036	100%	\$4,171	\$4,029	407	\$15,625	\$14,689	465	346,256	100%	\$3,585	\$12,618
• <i>CAD without AMI in episode</i>	1,968	97%	\$3,752	\$3,822	399	\$15,625	\$14,689	412	322,881	93%	\$3,585	\$10,983
• <i>CAD with AMI in episode</i>	68	3%	\$16,294	\$14,471	13	\$42,850	\$39,975	12	10,289	3%	\$16,294	\$40,335
Percutaneous Coronary Interventions (PCI) without AMI in Episode	141	100%	\$15,773	\$15,801	28	\$28,497	\$29,060	34	10,533	100%	\$14,922	\$27,472
Coronary Artery Bypass Graft Surgery (CABG) without AMI in Episode	21	100%	\$36,417	\$37,184	4	\$62,705	\$69,158	3	2,504	100%	\$42,697	\$77,172

Compare the group's episode average costs to the national average costs for this type/sub-type. This group's average risk-adjusted PCI without AMI costs (\$15,801) are greater than the national average risk-adjusted costs (\$14,922).

Exhibit 2 (5 of 5): Summary of Medical Group Episode Costs and Comparison to National Benchmark

	YOUR MEDICAL GROUP PRACTICE							ALL EPISODES NATIONALLY					
	All of Your Episodes			Your Highest-Cost 20% of Episodes			Number of Your Episodes Above 80th Cost Percentile Nationally	All Episodes Nationally		Episodes Above 80th Cost Percentile Nationally			
	Number	Percentage	Average Non-Risk-Adjusted Cost	Average Risk-Adjusted Cost	Number	Average Non-Risk-Adjusted Cost		Average Risk-Adjusted Cost	Number	Percentage	Average Cost	Number	Percentage
<i>Pneumonia with inpatient hospitalization in episode</i>	23	48%	\$8,506	\$8,561	9	\$30,412	\$29,751	5	68,674				
Acute Myocardial Infarction (AMI) - All	114	100%	\$22,777	\$22,823	22	\$51,867	\$52,791	23	12,747				
• AMI without PCI or CABG in episode	43	38%	\$13,325	\$14,133	8	\$25,061	\$27,634	5	6,646				
• AMI with PCI in episode	61	54%	\$25,513	\$25,455	12	\$56,307	\$58,544	16	5,065	40%	\$21,101		\$42,699
• AMI with CABG in episode	10	9%	\$46,733	\$44,100	2	\$65,880	\$64,838	1	1,036	8%	\$56,195		\$104,736
Coronary Artery Disease (CAD) - All	2,036	100%	\$4,171	\$4,023	407	\$15,625	\$14,689	465	346,256	100%	\$3,585		\$12,618
• CAD without AMI in episode	1,968	97%	\$3,752	\$3,653	393	\$13,945	\$13,217	446	335,967	97%	\$3,202		\$10,983
• CAD with AMI in episode	68	3%	\$16,294	\$14,855	13	\$42,850	\$39,975	12	10,289	3%	\$16,084		\$40,335
Percutaneous Coronary Interventions (PCI) without AMI in Episode	141	100%	\$15,773	\$15,800	28	\$28,497	\$29,060	34	10,533	100%	\$14,922		\$27,472
Coronary Artery Bypass Graft Surgery (CABG) without AMI in Episode	21	100%	\$36,417	\$37,188	4	\$62,705	\$69,158	3	2,504	100%	\$42,697		\$77,172

Examine the most expensive 20% of the group's episodes.

See how many of the group's episodes are above the 80th cost percentile nationally.

Exhibit 3 (1 of 7): Service Categories Breakdown by Episode Type

	YOUR MEDICAL GROUP PRACTICE			ALL EPISODES NATIONALLY		
	Share of Total Non-Risk-Adjusted Costs	Percent of Episodes with Any Service Use in this Category	Average Non-Risk-Adjusted Cost of Service Category with Any Use	Share of Total Non-Risk-Adjusted Costs	Percent of Episodes with Any Service Use in this Category	Average Non-Risk-Adjusted Cost of Service Category with Any Use
Type 4. PCI without AMI (n=141)						
All Services	100.0%					\$14,922
Professional E&M Services in All Non-Emergency Settings	2.1%					\$554
Procedures in All Non-Emergency Settings	6.8%					\$1,151
Inpatient Hospital Facility Services	48.8%					\$13,669
Outpatient Hospital Facility Services	35.3%					\$7,270
<i>Emergency Services: Emergency Visits</i>	1.0%					\$327
<i>Emergency Services: Procedures</i>	0.1%					\$153
<i>Emergency Services: Laboratory and Other Tests</i>	0.0%					\$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>					42.3%	\$659
<i>Other Services: All Other Services</i>					23.1%	\$262

For each of the 12 episode types and subtypes, we display how various service categories contribute to total costs. These service categories are defined in Exhibit 5.

Exhibit 3 shows non-risk-adjusted costs because risk adjustment is done at the episode level rather than at the service category level.

Exhibit 3 (2 of 7): Service Categories Breakdown by Episode Type

This group had 141 PCI without AMI episodes.

This column shows how each service category contributes to the average cost of this episode type. These rows add to 100%.

Type 4. PCI without AMI (n=141)	YOUR MEDICAL						Average Non-Risk-Adjusted Cost of Service Category with Any Use
	Share of Total Non-Risk-Adjusted Costs	Percent of with Any Se in this C					
All Services	100.0%						\$14,922
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
Emergency Services: Emergency Visits	1.0%	39.0%	\$423	0.8%	36.0%		\$327
Emergency Services: Procedures	0.1%	12.1%	\$69	0.1%	6.2%		\$153
Emergency Services: Laboratory and Other Tests	0.0%	22.0%	\$12	0.0%	21.5%		\$12
Emergency Services: Imaging Services	0.0%	18.4%	\$22	0.0%	18.8%		\$19
Ancillary Services: Laboratory and Other Tests	0.3%	91.5%	\$60	0.3%	79.0%		\$51
Ancillary Services: Imaging Services	0.8%	65.2%	\$191	0.9%	65.2%		\$195
Ancillary Services: Durable Medical Equipment	0.0%	1.4%	\$281	0.1%	2.6%		\$409
Post-Acute: Skilled Nursing Facility	1.8%	4.3%	\$6,535	1.8%	2.1%		\$12,390
Post-Acute: Psychiatric, Rehabilitation, or Other Long-Term Facility	0.0%	0.0%	\$0	0.9%	0.6%		\$21,761
Post-Acute: Hospice	0.0%	0.0%	\$0	0.0%	0.0%		\$1,418
Post-Acute: Home Health	0.4%	3.5%	\$1,764	0.5%	4.4%		\$1,700
Other Services: Ambulance Services	0.9%	14.2%	\$972	0.8%	15.8%		\$771
Other Services: Chemo. and Part B Drugs	1.3%	39.7%	\$526	1.9%	42.3%		\$659
Other Services: All Other Services	0.3%	28.4%	\$164	0.4%	23.1%		\$262

Exhibit 3 (3 of 7): Service Categories Breakdown by Episode Type

	YOUR MEDICAL GROUP PRACTICE			ALL EPISODES NATIONALLY		
	Share of Total Non-Risk-Adjusted Costs	Percent of Episodes with Any Service Used in this Category	Average Non-Risk-Adjusted Cost	Share of Total Non-Risk-Adjusted Costs	Percent of Episodes with Any Service Used in this Category	Average Non-Risk-Adjusted Cost
Type 4. PCI without AMI (n=141)						
All Services	100.0%					
Professional E&M Services in All Non-Emergency Settings	2.1%	82.3%				
Procedures in All Non-Emergency Settings	6.8%	98.6%				
Inpatient Hospital Facility Services	48.8%	53.2%				
Outpatient Hospital Facility Services	35.3%	87.2%				
Emergency Services: Emergency Visits	1.0%	39.0%				
Emergency Services: Procedures	0.1%	12.1%				
Emergency Services: Laboratory and Other Tests	0.0%	22.0%	\$12	0.0%	21.5%	\$12
Emergency Services: Imaging Services	0.0%	18.4%	\$22	0.0%	18.8%	\$19
Ancillary Services: Laboratory and Other Tests	0.3%	91.5%	\$60	0.3%	79.0%	\$51
Ancillary Services: Imaging Services	0.8%	65.2%	\$191	0.9%	65.2%	\$195
Ancillary Services: Durable Medical Equipment	0.0%	1.4%	\$281	0.1%	2.6%	\$409
Post-Acute: Skilled Nursing Facility	1.8%	4.3%	\$6,535	1.8%	2.1%	\$12,390
Post-Acute: Psychiatric, Rehabilitation, or Other Long-Term Facility	0.0%	0.0%	\$0	0.9%	0.6%	\$21,761
Post-Acute: Hospice	0.0%	0.0%	\$0	0.0%	0.0%	\$1,418
Post-Acute: Home Health	0.4%	3.5%	\$1,764	0.5%	4.4%	\$1,700
Other Services: Ambulance Services	0.9%	14.2%	\$972	0.8%	15.8%	\$771
Other Services: Chemo. and Part B Drugs	1.3%	39.7%	\$526	1.9%	42.3%	\$659
Other Services: All Other Services	0.3%	28.4%	\$164	0.4%	23.1%	\$262

Next examine the percentage of episodes with any services used within each service category. 53 percent of this group's 141 PCI without AMI episodes used inpatient hospital facility services.

Exhibit 3 (4 of 7): Service Categories Breakdown by Episode Type

	YOUR MEDICAL GROUP PRACTICE			ALL EPISODES NATIONALLY		
	Share of Total Non-Risk-Adjusted Costs	Percent of Episodes with Any Service Use in this Category	Average Non-Risk-Adjusted Cost of Service Category with Any Use			
Type 4. PCI without AMI (n=141)						
All Services	100.0%		\$15,773			
Professional E&M Services in All Non-Emergency Settings	2.1%	82.3%	\$408			
Procedures in All Non-Emergency Settings	6.8%	98.6%	\$1,082			
Inpatient Hospital Facility Services	48.8%	53.2%	\$14,484			
Outpatient Hospital Facility Services	35.3%	87.2%	\$6,385			
<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

Then examine the average non-risk-adjusted cost of a service category. This group's inpatient hospital facility services cost was **\$14,484.**

Exhibit 3 (5 of 7): Service Categories Breakdown by Episode Type

	YOUR MEDICAL GROUP PRACTICE			ALL EPISODES NATIONALLY		
	Share of Total Non-Risk-Adjusted Costs	Percent of Episodes with Any Service Use in this Category	Average Non-Risk-Adjusted Cost of Service Category with Any Use	Share of Total Non-Risk-Adjusted Costs	Percent of Episodes with Any Service Use in this Category	Average Non-Risk-Adjusted Cost of Service Category with Any Use
Type 4. PCI without AMI (n=141)						
All Services	100.0%		\$15,773	100.0%		\$14,922
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%	\$7,370
Emergency Services: Emergency Visits	1.0%	39.0%	\$423	0.8%	36.0%	\$327
Emergency Services: Procedures					6.2%	\$153
Emergency Services: Laboratory and Diagnostic Services					21.5%	\$12
Emergency Services: Imaging Services					18.8%	\$19
Ancillary Services: Laboratory and Diagnostic Services					79.0%	\$51
Ancillary Services: Imaging Services					65.2%	\$195
Ancillary Services: Durable Medical Equipment					2.6%	\$409
Post-Acute: Skilled Nursing Facility					2.1%	\$12,390
Post-Acute: Psychiatric, Rehabilitation, and Other Services					0.6%	\$21,761
Post-Acute: Hospice					0.0%	\$1,418
Post-Acute: Home Health					4.4%	\$1,700
Other Services: Ambulance Services	0.9%	14.2%	\$972	0.8%	15.8%	\$771
Other Services: Chemo. and Part B Drugs	1.3%	39.7%	\$526	1.9%	42.3%	\$659
Other Services: All Other Services	0.3%	28.4%	\$164	0.4%	23.1%	\$262

Among all of the group's patients with a PCI without AMI episode, the average share of episode costs that were for inpatient hospital facility services was 48.8 percent, compared to the national average of 45.8 percent of all PCI without AMI episode costs.

Exhibit 3 (6 of 7): Service Categories Breakdown by Episode Type

	YOUR MEDICAL GROUP PRACTICE			ALL EPISODES NATIONALLY		
	Share of Total Paid and Adjusted Care	Percent of Episodes with Any Service Use in this Category	Number of Episodes	Share of Total Paid and Adjusted Care	Percent of Episodes with Any Service Use in this Category	Number of Episodes
Type 4. PCI without AMI (n=141)						
All Services	100.0%		\$15,773	100.0%		\$14,922
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%	28.6%	\$1,082	7.6%	28.5%	\$1,151
Inpatient Hospital Facility Services	48.8%	53.2%	\$14,484	45.8%	50.0%	\$13,669
Outpatient Hospital Facility Services	42.0%	14.6%	\$6,462	33.0%	15.0%	\$2,770
Emergency Services: Emergency Visits	1.0%	39.0%	\$423	0.8%	36.0%	\$327
Emergency Services: Procedures	0.0%	0.0%	\$0	0.0%	6.2%	\$153
Emergency Services: Laboratory	0.0%	0.0%	\$0	0.0%	1.5%	\$12
Emergency Services: Imaging Services	0.0%	0.0%	\$0	0.0%	8.8%	\$19
Ancillary Services: Laboratory	0.0%	0.0%	\$0	0.0%	9.0%	\$51
Ancillary Services: Imaging Services	0.0%	0.0%	\$0	0.0%	5.2%	\$195
Ancillary Services: Durable Medical Equipment	0.0%	0.0%	\$0	0.0%	2.6%	\$409
Post-Acute: Skilled Nursing Facility	0.0%	0.0%	\$0	0.0%	2.1%	\$12,390
Post-Acute: Psychiatric, Rehabilitation, Long-Term Facility	0.0%	0.0%	\$0	0.0%	0.6%	\$21,761
Post-Acute: Hospice	0.0%	0.0%	\$0	0.0%	0.0%	\$1,418
Post-Acute: Home Health	0.0%	0.0%	\$0	0.0%	4.4%	\$1,700
Other Services: Ambulance Services	0.0%	0.0%	\$0	0.0%	5.8%	\$771
Other Services: Chemo. and Palliative Care	0.0%	0.0%	\$0	0.0%	2.3%	\$659
Other Services: All Other Services	0.3%	28.4%	\$164	0.4%	23.1%	\$262

Compare the group's percentage of episodes with any service use (by category) to the national percentage of episodes with any service use. Of this group's 141 PCI without AMI episodes, 53.2 percent included any use of inpatient hospital facilities, compared to 50.0 percent for the national benchmark.

Exhibit 3 (7 of 7): Service Categories Breakdown by Episode Type

	YOUR MEDICAL GROUP PRACTICE			ALL EPISODES NATIONALLY		
			<i>Average Non-Risk-Adjusted Cost of Service Category with Any Use</i>	<i>Share of Total Non-Risk-Adjusted Cost</i>	<i>Percentage of Episodes with Any Service in This Category</i>	<i>Average Non-Risk-Adjusted Cost of Service Category with Any Use</i>
Type 4. PCI without AMI (n=141)						
All Services	100.0%		\$15,773	100.0%		\$14,922
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	5.2%	25.5%	\$1,077	7.2%	25.5%	\$1,151
Inpatient Hospital Facility Services	48.8%	53.2%	\$14,484	45.8%	50.0%	\$13,669
Outpatient Hospital Facility Services	33.3%	87.2%	\$6,363	33.0%	73.0%	\$7,270
Emergency Services: Emergency Visits	1.0%	39.0%	\$423	0.8%	36.0%	\$327
Emergency Services: Procedures	0.1%	12.1%	\$69	0.1%	6.2%	\$153
Emergency Services: Laboratory	0.0%	0.0%	\$12	0.0%	0.1%	\$12
Emergency Services: Imaging	0.0%	0.0%	\$19	0.0%	0.0%	\$19
Ancillary Services: Laboratory	0.0%	0.0%	\$51	0.0%	0.0%	\$51
Ancillary Services: Imaging	0.0%	0.0%	\$195	0.0%	0.0%	\$195
Ancillary Services: Durable Medical Equipment	0.0%	0.0%	\$409	0.0%	0.0%	\$409
Post-Acute: Skilled Nursing Facility	0.0%	0.0%	\$12,390	0.0%	0.0%	\$12,390
Post-Acute: Psychiatric, Residential, or Long-Term Facility	0.0%	0.0%	\$21,761	0.0%	0.0%	\$21,761
Post-Acute: Hospice	0.0%	0.0%	\$1,418	0.0%	0.0%	\$1,418
Post-Acute: Home Health	0.0%	0.0%	\$1,700	0.0%	0.0%	\$1,700
Other Services: Ambulance	0.0%	0.0%	\$771	0.0%	0.0%	\$771
Other Services: Chemotherapy and Radiation Therapy	0.0%	0.0%	\$659	0.0%	0.0%	\$659
Other Services: All Other Services	0.0%	0.0%	\$262	0.0%	0.0%	\$262

Compare the group's average non-risk-adjusted cost of a service category to the national non-risk-adjusted cost. For this group's 141 PCI without AMI episodes in which inpatient hospital care was received, the average costs of this service was \$14,484, compared to an average cost of \$13,669 for PCI without AMI episodes in the national benchmark.

Exhibit 4 (1 of 5): Episodes Attributed to Your Medical Group Practice

This exhibit is an inventory of episodes attributed to a group. For this presentation, 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)
74330889003008	.	PCI without AMI	.	4	.	Cardiology	\$63,463	99	99
99017531002008	.	PCI without AMI	.	79	.	Cardiology	\$54,645	99	99
73520846004008	.	PCI without AMI	.	38	.	Cardiology	\$41,361	98	98
104345189005008	.	PCI without AMI	.	32	.	Cardiology	\$36,927	97	97
74347476003008	.	PCI without AMI	.	18	.	Cardiology	\$35,547	97	97
74895448003008	.	PCI without AMI	.	89	.	Cardiology	\$34,560	96	96
1558636003008	.	PCI without AMI	.		.				96
74869117004008	.	PCI without AMI	.		.				96

Examine how costs for an episode compare to the national average costs for its major episode type and within its subtype. This episode is in the 97th percentile of PCI without AMI episode costs nationally. Because PCI without AMI has no subtypes, the two percentiles shown in the latter two columns are always the same.

Click on the arrow in the Excel version to select filter and sorting options for any column.

Exhibit 4 (2 of 5): Episodes Attributed to Your Medical Group Practice

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)
74330889003008	.	PCI without AMI	.	4	.	Cardiology	\$63,463	99	99
99017531002008	.	PCI without AMI	.	79	.	Cardiology	\$54,645	99	99
73520846004008	.	PCI without AMI	.	38	.	Cardiology	\$41,361	98	98
104345189005008	.	PCI without AMI	.	32	.	Cardiology	\$36,927	97	97
73786222003008	.	PCI without AMI	.	78	.	Cardiology	\$36,565	97	97
74347476003008	.	PCI without AMI	.	18	.	Cardiology	\$35,547	97	97
74057537005008	.	PCI without AMI	.	1	.	Cardiology	\$34,907	98	98
74895448003008	.	PCI without AMI	.	89	.	Cardiology	\$34,560	96	96

Exhibit 4 identifies a suggested lead eligible professional (EP) for each episode. CMS defines EPs to be those paid under the Medicare Physician Fee Schedule. The suggested lead EP in Exhibit 4 was identified to aid in improving care coordination and quality of care. Only EPs with what were classified as clinically appropriate specialties for the episode type were identified as suggested lead EP.

Exhibit 4 (3 of 5): Episodes Attributed to Your Medical Group Practice

Exhibit 4a continues the inventory of episodes attributed to a group. It shows the portion of each patient's total episode costs (that were billed by that medical group) broken down by each service category.

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

Episode ID	Beneficiary HIC	Episode Type	Number of Eligible Professionals Within 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	Outpatient Hospital Services	Emergency Services				Ancillary Services		Other Services		
								Emergency Visits	Procedures	Laboratory and Other Tests	Imaging Services	Laboratory and Other Tests	Imaging Services	Ambulance	Chemo. and Part B Drugs	All Other Services
74330889003008	.	PCI without AMI	5	\$3,868	39%	45%	0%	0%	0%	0%	0%	3%	13%	0%	0%	0%
99017531002008	.	PCI without AMI	3	\$5,533	24%	50%	0%	0%	0%	0%	0%	5%	16%	0%	4%	0%
73520846004008	.	PCI without AMI	5	\$1,781	37%	56%	0%	0%	0%	0%	0%	2%	4%	0%	0%	0%
104345189005008	.	PCI without AMI	12	\$3,598	19%	66%	0%	3%	0%	1%	0%	4%	7%	0%	0%	0%
74347476003008	.	PCI without AMI	5	\$2,539	44%	47%	0%	0%	0%	1%	0%	6%	3%	0%	0%	0%
74895448003008	.	PCI without AMI	5	\$3,043	17%	67%	0%	0%	0%	0%	0%	3%	13%	0%	0%	0%
1558636003008	.	PCI without AMI	3	\$3,224	28%	67%	0%	0%	0%	0%	0%	4%	0%	0%	0%	0%
74869117004008	.	PCI without AMI	5	\$2,898	23%	45%	0%	0%	0%	0%	0%	4%	28%	0%	0%	0%

For this episode, 44% of costs billed by the medical group practice were for professional E&M services in all non-emergency settings.

Exhibit 4 (4 of 5): Episodes Attributed to Your Medical Group Practice

Exhibit 4b continues the inventory of episodes attributed to a group. It shows billing by **other medical group practices and facilities** broken down by service categories. This slide continues onto the next slide.

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

Episode ID	Beneficiary HIC	Episode Type	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			
									Emergency Visits	Procedures	Laboratory and Other Tests	Imaging Services
74330889003008	.	PCI without AMI	7	\$59,595	3%	0%	88%	0%	0%	0%	0%	0%
99017531002008	.	PCI without AMI	7	\$49,112	0%	0%	92%	4%	2%	0%	0%	0%
73520846004008	.	PCI without AMI	5	\$39,580	1%	0%	45%	1%	1%	0%	0%	0%
104345189005008	.	PCI without AMI	11	\$33,329	1%	1%	86%	9%	2%	0%	0%	0%
74347476003008	.	PCI without AMI	9	\$33,009	0%	0%	52%	14%	9%	1%	0%	0%

For each episode, costs that were billed by others outside a medical group are displayed, along with the portion of these costs by service categories. For each row, the percentages in this slide and the following slide combined add to 100% of costs that were billed by entities outside the group for this episode.

Exhibit 4 (5 of 5): Episodes Attributed to Your Medical Group Practice

This slide is a continuation of Exhibit 4b from the preceding slide. It continues the inventory of episodes attributed to a group, showing the billing by **other medical group practices and facilities**, broken down by service categories. In each row, percentages in the previous slide and this slide add to 100% of the costs that were billed by entities outside the group for each patient's episode.

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	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
74330889003008	-	PCI without AMI	0%	0%	0%	9%	0%	0%	0%	0%	0%	0%
99017531002008	-	PCI without AMI	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%
73520846004008	-	PCI without AMI	0%	0%	0%	50%	0%	0%	0%	2%	0%	0%
104345189005008	-	PCI without AMI	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%
73786222003008	-	PCI without AMI	0%	0%	0%	30%	0%	0%	0%	1%	0%	0%
74347476003008	-	PCI without AMI	0%	1%	0%	0%	0%	0%	11%	10%	1%	1%
74347476003008	-	PCI without AMI	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
74895448003008	-	PCI without AMI	0%	0%	0%	6%	0%	0%	8%	1%	0%	0%
1558636003008	-	PCI without AMI	0%	0%	0%	0%	0%	0%	0%	2%	0%	0%
74869117004008	-	PCI without AMI	0%	0%	0%	0%	0%	0%	0%	6%	1%	0%

Next Steps

- CMS looks forward to receiving feedback from the medical groups
- On August 1st, we plan to have a follow-up phone call to present a high-level overview of findings as well as obtain feedback on the supplemental QRURs
- The CMS Episode Grouping will continue to evolve over the next 3 years, and there will be other opportunities to provide clinical feedback in the future