

Medicare Fee-For-Service 2014 Supplemental QRUR: Episodes of Care

Performance Period: 01/01/2014 - 12/31/2014

The 2014 Supplemental Quality and Resource Use Reports (QRURs) provide information to medical group practices and solo practices on their resource utilization for the management of episodes of care (“episodes”) for their Medicare fee-for-service (FFS) patients. The 2014 Supplemental QRURs are for informational purposes only and provide actionable and transparent information on resource use to assist medical group practices and solo practices, as identified by their Medicare-enrolled tax identification number (TIN), in improving their practice efficiency. This report is limited to 26 major episode types and an additional 38 episode subtypes, resulting in 64 total reported episodes. The 64 reported episodes can be classified into condition episodes and procedural episodes and include the following:

Condition Episodes

1. Acute Myocardial Infarction (AMI) (All)
 2. AMI without PCI/CABG
 3. AMI with PCI
 4. AMI with CABG
5. Asthma/Chronic Obstructive Pulmonary Disease (COPD), Acute Exacerbation
6. Atrial Fibrillation (AFib)/Flutter, Acute Exacerbation
7. Cellulitis (All)
 8. Cellulitis in Diabetics
 9. Cellulitis in Patients with Wound, Non-Diabetic
 10. Cellulitis in Obese Patients, Non-Diabetic without Wound
 11. Cellulitis in All Other Patients
12. Gastrointestinal (GI) Hemorrhage (All)
 13. GI Hemorrhage, Upper and Lower
 14. GI Hemorrhage, Upper
 15. GI Hemorrhage, Lower
 16. GI Hemorrhage, Undefined
17. Heart Failure, Acute Exacerbation
18. Ischemic Stroke
19. Kidney and Urinary Tract Infection (UTI)
20. Pneumonia, Inpatient (IP)-Based

Procedural Episodes

21. Aortic Aneurysm Procedure (All)
 22. Abdominal Aortic Aneurysm Procedure
 23. Thoracic Aortic Aneurysm Procedure
24. Aortic/Mitral Valve Surgery (All)
 25. Both Aortic and Mitral Valve Surgery
 26. Aortic or Mitral Valve Surgery
27. Carotid Endarterectomy
28. Cholecystectomy and Common Duct Exploration (All)
 29. Cholecystectomy
 30. Surgical Biliary Tract Procedure
31. Colonoscopy (All)
 32. Colonoscopy with Invasive Procedure
 33. Colonoscopy without Invasive Procedure
34. Coronary Artery Bypass Graft (CABG)
35. Hip/Femur Fracture or Dislocation Treatment, IP-Based
36. Hip Replacement or Repair (All)
 37. Hip Arthroplasty
 38. Hip Arthroscopy and Hip Joint Repair
39. Knee Arthroplasty
40. Knee Joint Repair (All)
 41. Meniscus Repair
 42. Knee Ligament
43. Lens and Cataract Procedures (All)
 44. Cataract Surgery
 45. Discission
 46. Intraocular Lens (IOL) Removal/Repositioning or Secondary IOL Insertion
47. Mastectomy for Breast Cancer (All)
 48. Lumpectomy or Partial Mastectomy without Reconstruction
 49. Lumpectomy or Partial Mastectomy with Reconstruction
 50. Simple or Modified Radical Mastectomy without Reconstruction
 51. Simple or Modified Radical Mastectomy with Reconstruction
52. Pacemaker (All)
 53. Pacemaker Placement, IP-Based
 54. Pacemaker Placement, Outpatient (OP)-Based
 55. Pulse Generator Replacement
56. Percutaneous Coronary Intervention (PCI) (All)
 57. PCI, IP-Based
 58. PCI, OP-Based
59. Prostatectomy for Prostate Cancer
60. Spinal Fusion (All)
 61. Lumbar and/or Thoracic Spinal Fusion
 62. Cervical Spinal Fusion
 63. Long-Segment Spinal Fusion for Deformity
64. Transurethral Resection of the Prostate (TURP) for Benign Prostatic Hyperplasia

The information contained in this report is believed to be accurate at the time of production. The information may be subject to change at CMS' discretion, including but not limited to, circumstances in which an error is discovered.

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Drill Down Table 1	Drill Down Table 1 provides episode-level information for episodes of each episode type that were attributed to your TIN.
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Drill Down Table 3	Drill Down Table 3 provides detailed information on non-physician costs for episodes of this type that were attributed to your TIN.

All results should be interpreted with caution for episode types with fewer than ten episodes attributed to your TIN.

ABOUT THE DATA IN THIS REPORT

The 2014 Supplemental QRURs provide actionable and transparent information on episodes to assist medical group practices and solo practices in improving their practice efficiency and care coordination. These reports are for informational purposes only. The introduction presented here provides a summary of key information needed to understand the reports. The final section describes where to find more information on the episode and report methodology.

An episode is a resource use measure that includes the set of services provided to diagnose, treat, manage, and follow-up on a specified clinical condition. The episode measures in the 2014 Supplemental QRURs allow for comparison between providers because they are created through the following steps: i) begin an episode and include, or “group,” subsequent services during a specified time period only if they are clinically related to treatment of the episode; ii) use payment standardization and risk adjustment to remove differences in Medicare payment policy and patient health status that can affect episode costs that are outside the control of the provider managing the episode; and iii) attribute responsibility and report results to the provider or providers that are most involved in managing the episode. The remainder of this introduction describes each of the three steps in turn.

EPISODE CONSTRUCTION

Episodes are opened when specific billing codes on a claim indicate the presence of the episode condition or procedure. Once an episode is opened, episode grouping methodologies implement clinical logic to parse the services provided to the beneficiary and allocate clinically relevant services to one or more episodes. The clinical logic defines relatedness of a service to an episode based on diagnosis or service codes on the claims. The total episode cost is the sum of the payments for all grouped services that occur during the specified episode time window. (Outpatient prescription drug (Part D) costs are not included in these episodes.) The episode grouping algorithms applied in this report are specially designed for constructing episodes in the Medicare population.

PAYMENT STANDARDIZATION AND RISK ADJUSTMENT

Payments presented in the 2014 Supplemental QRURs reflect Medicare allowed amounts, which include both Medicare trust fund payments and beneficiary deductible and coinsurance. Payments are standardized to eliminate geographic differences and special program payments unrelated to resource use, such as disproportionate share hospital (DSH) payments, except where explicitly noted. Payment standardization assigns a standardized allowed amount for each service to facilitate comparison across providers. Furthermore, each episode’s costs are risk adjusted to account for differences in patient characteristics (such as the presence of certain pre-existing conditions) that may affect costs. The risk adjustment model is prospective, meaning that it predicts episode costs using only information about the patient available at the start of the episode.

ATTRIBUTION

The 2014 Supplemental QRURs attribute responsibility and report each episode to one or more medical groups or solo practices. A medical group or solo practice is represented by the single TIN under which all physicians in the group or solo practice bill for Medicare services. Within the attributed medical group(s) or solo practice(s), the reports further identify one or more lead eligible professionals (EPs) managing the episode, identified by their National Provider Identifier (NPI). The attribution method is different for acute condition and procedural episodes. Acute condition episodes are attributed to the medical group(s) or solo practice(s) that performed at least 30 percent of the inpatient (IP) evaluation and management (E&M) visits during the episode's initial hospitalization. Within each attributed medical group or solo practice, the top three EPs billing the largest number of IP E&M visits during the initial hospitalization are identified in the report. Procedural episodes are attributed to the medical group(s) or solo practice(s) billing for the procedure that opened the episode, and the lead EP is identified in the same way.

MORE INFORMATION

Complete documentation of the 2014 Supplemental QRURs can be found in the Detailed Methods document and associated files at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Episode-Costs-and-Medicare-Episode-Grouper.html>. For questions about your report, please contact the Physician Value (PV) Helpdesk at 888-734-6433 (option 3), between 8AM and 8PM ET, Monday through Friday. To submit written comments and suggestions on the Supplemental QRURs, please send an email to pvhelpdesk@cms.hhs.gov

EXHIBIT 1. Summary of All Episodes

This exhibit summarizes the cost of all episodes attributed to your TIN compared to the national average. All costs are risk-adjusted and payment-standardized.

% Difference between Your TIN's Average Risk-Adjusted Episode Cost and National Average Risk-Adjusted Episode Cost

 Better than National Average

CONDITION EPISODES	-100%	-80%	-60%	-40%	-20%	0%	20%	40%	60%	80%	100%
Asthma/COPD, Acute Exacerbation						0.00%					
GI Hemorrhage (All)						0.00%					
-GI Hemorrhage, Upper and Lower						0.00%					
Ischemic Stroke						0.00%					
Pneumonia, IP-Based						0.00%					
PROCEDURAL EPISODES	-100%	-80%	-60%	-40%	-20%	0%	20%	40%	60%	80%	100%
Cholecystectomy and Common Duct Exploration (All)						0.00%					
-Cholecystectomy						0.00%					
Colonoscopy (All)						0.00%					

-Colonoscopy with Invasive Procedure						0.00%					
Mastectomy (All)						0.00%					
-Lumpectomy or Partial Mastectomy without Reconstruction						0.00%					

EXHIBIT 2. Episode Frequency and Cost

This exhibit summarizes the number, frequency, and cost of all episodes attributed to your TIN compared to the national average. All costs are risk-adjusted and payment-standardized.

	EPISODE FREQUENCY†		AVG. RISK-ADJUSTED EPISODE COST†		
	Your TIN	National	Your TIN	National	% Cost Difference
CONDITION EPISODES					
Asthma/COPD, Acute Exacerbation	0 (0.00%)	0.00%	\$0	\$0	0.00%
GI Hemorrhage (All)	0 (0.00%)	0.00%	\$0	\$0	0.00%
-GI Hemorrhage, Upper and Lower	0 (0.00%)	0.00%	\$0	\$0	0.00%
-GI Hemorrhage, Upper	0 (0.00%)	0.00%	\$0	\$0	0.00%
-GI Hemorrhage, Lower	0 (0.00%)	0.00%	\$0	\$0	0.00%
-GI Hemorrhage, Undefined	0 (0.00%)	0.00%	\$0	\$0	0.00%
Ischemic Stroke	0 (0.00%)	0.00%	\$0	\$0	0.00%
Pneumonia, IP-Based	0 (0.00%)	0.00%	\$0	\$0	0.00%
PROCEDURAL EPISODES					

Cholecystectomy and Common Duct Exploration (All)	0 (0.00%)	0.00%	\$0	\$0	0.00%
-Cholecystectomy	0 (0.00%)	0.00%	\$0	\$0	0.00%
-Surgical Biliary Tract Procedure	0 (0.00%)	0.00%	\$0	\$0	0.00%
Colonoscopy (All)	0 (0.00%)	0.00%	\$0	\$0	0.00%
-Colonoscopy with Invasive Procedure	0 (0.00%)	0.00%	\$0	\$0	0.00%
-Colonoscopy without Invasive Procedure	0 (0.00%)	0.00%	\$0	\$0	0.00%
Mastectomy (All)	0 (0.00%)	0.00%	\$0	\$0	0.00%
-Lumpectomy or Partial Mastectomy without Reconstruction	0 (0.00%)	0.00%	\$0	\$0	0.00%
-Lumpectomy or Partial Mastectomy with Reconstruction	0 (0.00%)	0.00%	\$0	\$0	0.00%
-Simple or Modified Radical Mastectomy without Reconstruction	0 (0.00%)	0.00%	\$0	\$0	0.00%
-Simple or Modified Radical Mastectomy with Reconstruction	0 (0.00%)	0.00%	\$0	\$0	0.00%

Exhibit 3 - Asthma/COPD, Acute Exacerbation Episode Summary

This exhibit summarizes the cost performance of episodes of this type attributed to your TIN. In the episode component and service category breakdowns, all costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level.

Asthma/COPD, Acute Exacerbation episodes include all services clinically-related to the episode that start within the episode window of 90 days.

Exhibit 3.A: Your Episode Summary

This exhibit presents summary information about your episodes. If your average non-risk-adjusted, payment standardized episode cost is lower than your average risk-adjusted episode cost, then your patient population is more complex relative to other patients with the same episode type.

Your TIN's # Episodes	Your TIN's # Beneficiaries	Avg. Beneficiary Risk Score Percentile †	Avg. Non-Risk-Adjusted Episode Cost			Avg. Risk-Adjusted Episode Cost†			Avg. % Physician Fee Schedule Costs Billed by Your TIN
			Your TIN	National	% Cost Difference	Your TIN	National	% Cost Difference	
0	0	0th	\$0	\$0	0.00%	\$0	0	0.00%	0.00%

† Crosses indicate terms defined through the hover-over function.

EXHIBIT 3.B: Average Cost for Episode Components

This exhibit presents the average non-risk-adjusted, payment standardized cost of each episode component for your TIN and for the national average. Treatment is defined as all costs on days in which the managing provider within your TIN cared for the beneficiary. Indirect is defined as all clinically relevant grouped costs on days in which the managing provider within your TIN did not provide care for the beneficiary. Additional details can be found in Exhibit 4.A - 4.C.

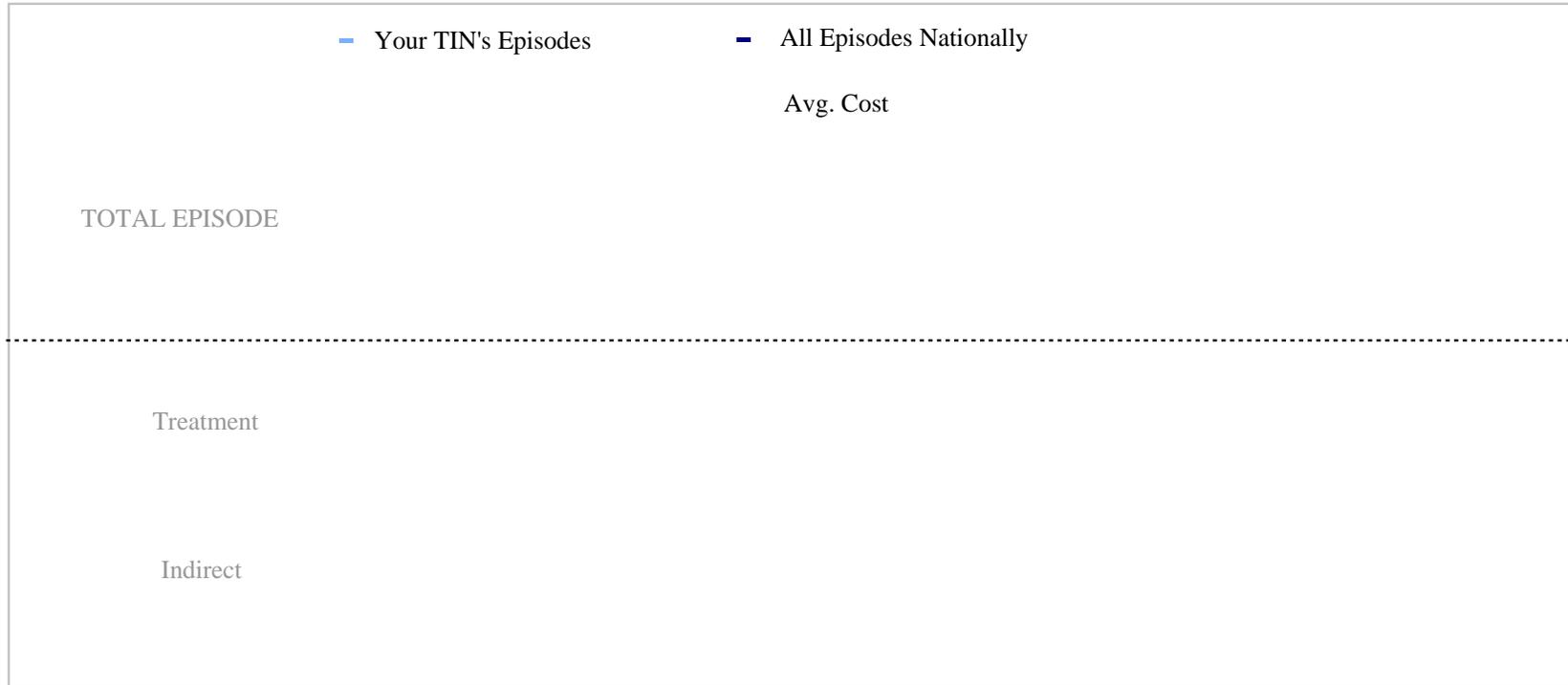
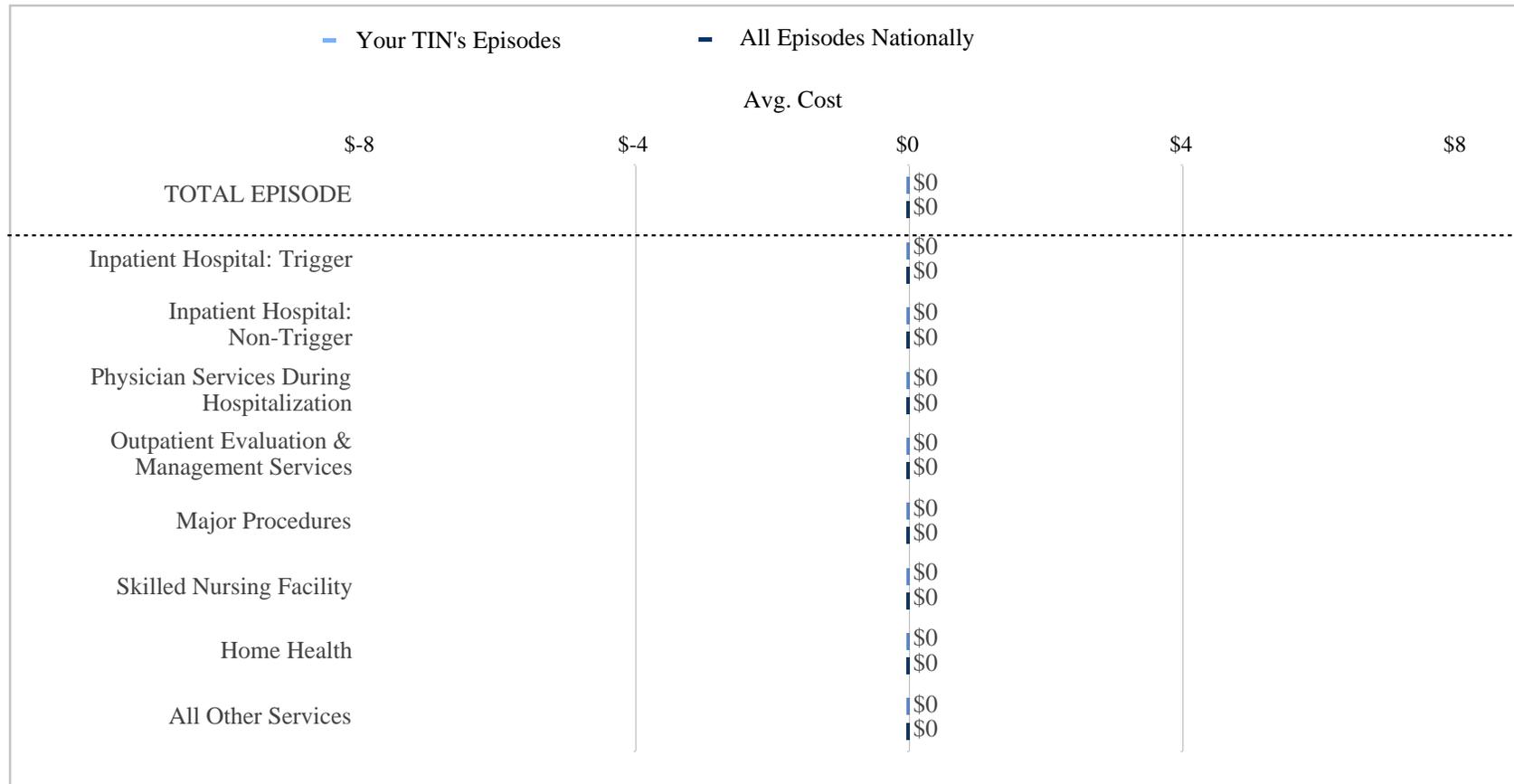


EXHIBIT 3.C: Average Cost for Select Service Categories in Episode

This exhibit presents the average non-risk-adjusted, payment standardized cost of select service categories for your TIN and for the national average. Additional details can be found in Exhibit 4.A.



“All Other Services” is composed of all service costs not accounted for in the above service categories. Accordingly, “All Other Services” is defined differently in this exhibit than in other exhibits.

EXHIBIT 3.D: Top Five Highest Average-Billing Providers Treating Episode

Category	Within Your TIN	Not in Your TIN
Hospitals	HOSPITAL A	
	HOSPITAL B	
	HOSPITAL C	
	HOSPITAL D	
	HOSPITAL E	
SNFs	Skilled Nurse A	
	Skilled Nurse B	
	Skilled Nurse C	
	Skilled Nurse D	
	Skilled Nurse E	
HHAs	Home Health A	
	Home Health B	
	Home Health C	
	Home Health D	
	Home Health E	

Category	Within Your TIN	Not in Your TIN
Top 5 Physician/ Non-Physician Practitioners	Dr. A	
	Dr. B	
	Dr. C	
	Dr. D	
	Dr. E	

Exhibit 3 - GI Hemorrhage, Upper and Lower Episode Summary

This exhibit summarizes the cost performance of episodes of this type attributed to your TIN. In the episode component and service category breakdowns, all costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level.

GI Hemorrhage, Upper and Lower episodes include all services clinically-related to the episode that start within the episode window of 90 days.

Exhibit 3.A: Your Episode Summary

This exhibit presents summary information about your episodes. If your average non-risk-adjusted, payment standardized episode cost is lower than your average risk-adjusted episode cost, then your patient population is more complex relative to other patients with the same episode type.

Your TIN's # Episodes	Your TIN's # Beneficiaries	Avg. Beneficiary Risk Score Percentile †	Avg. Non-Risk-Adjusted Episode Cost			Avg. Risk-Adjusted Episode Cost†			Avg. % Physician Fee Schedule Costs Billed by Your TIN
			Your TIN	National	% Cost Difference	Your TIN	National	% Cost Difference	
0	0	0th	\$0	\$0	0.00%	\$0	0	0.00%	0.00%

† Crosses indicate terms defined through the hover-over function.

EXHIBIT 3.B: Average Cost for Episode Components

This exhibit presents the average non-risk-adjusted, payment standardized cost of each episode component for your TIN and for the national average. Treatment is defined as all costs on days in which the managing provider within your TIN cared for the beneficiary. Indirect is defined as all clinically relevant grouped costs on days in which the managing provider within your TIN did not provide care for the beneficiary. Additional details can be found in Exhibit 4.A - 4.C.

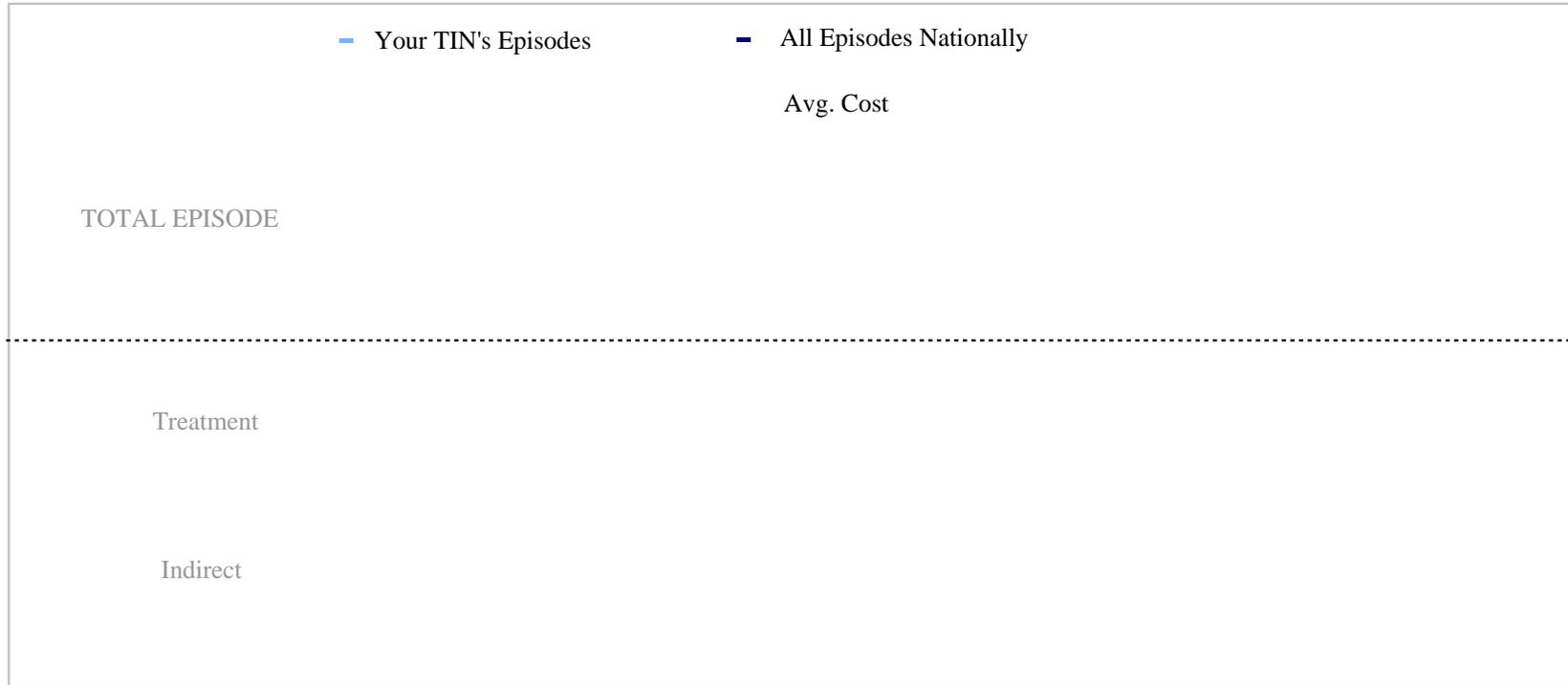
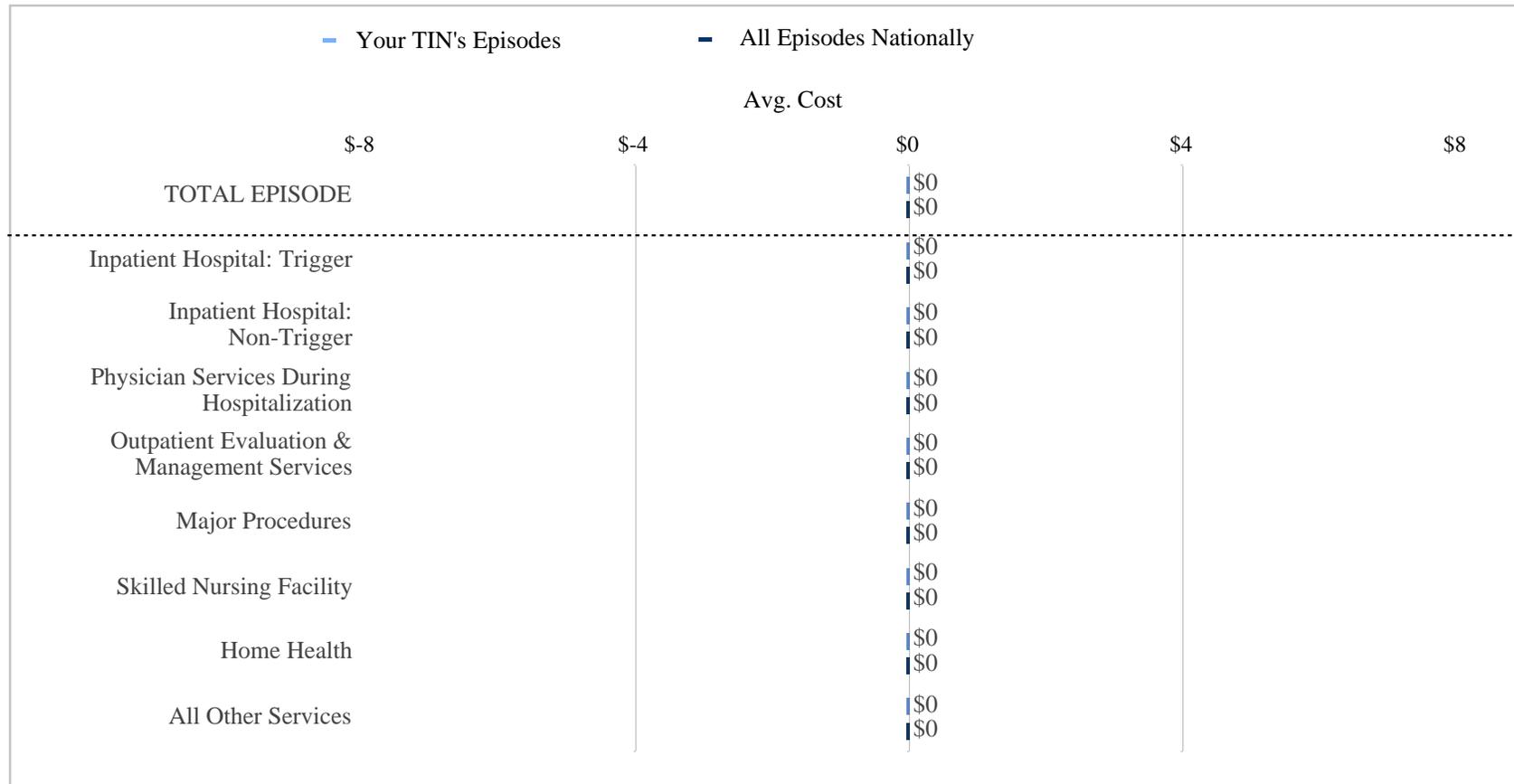


EXHIBIT 3.C: Average Cost for Select Service Categories in Episode

This exhibit presents the average non-risk-adjusted, payment standardized cost of select service categories for your TIN and for the national average. Additional details can be found in Exhibit 4.A.



“All Other Services” is composed of all service costs not accounted for in the above service categories. Accordingly, “All Other Services” is defined differently in this exhibit than in other exhibits.

EXHIBIT 3.D: Top Five Highest Average-Billing Providers Treating Episode

Category	Within Your TIN	Not in Your TIN
Hospitals	HOSPITAL A	HOSPITAL A
	HOSPITAL B	HOSPITAL B
	HOSPITAL C	
	HOSPITAL D	
	HOSPITAL E	
SNFs	Skilled Nurse A	
	Skilled Nurse B	
	Skilled Nurse C	
	Skilled Nurse D	
	Skilled Nurse E	
HHAs	Home Health A	
	Home Health B	
	Home Health C	
	Home Health D	
	Home Health E	

Category	Within Your TIN	Not in Your TIN
Top 5 Physician/ Non-Physician Practitioners	Dr. A	Dr. A
	Dr. B	Dr. B
	Dr. C	Dr. C
	Dr. D	Dr. D
	Dr. E	Dr. E

Exhibit 3 - Ischemic Stroke Episode Summary

This exhibit summarizes the cost performance of episodes of this type attributed to your TIN. In the episode component and service category breakdowns, all costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level.

Ischemic Stroke episodes include all services clinically-related to the episode that start within the episode window of 90 days.

Exhibit 3.A: Your Episode Summary

This exhibit presents summary information about your episodes. If your average non-risk-adjusted, payment standardized episode cost is lower than your average risk-adjusted episode cost, then your patient population is more complex relative to other patients with the same episode type.

Your TIN's # Episodes	Your TIN's # Beneficiaries	Avg. Beneficiary Risk Score Percentile †	Avg. Non-Risk-Adjusted Episode Cost			Avg. Risk-Adjusted Episode Cost†			Avg. % Physician Fee Schedule Costs Billed by Your TIN
			Your TIN	National	% Cost Difference	Your TIN	National	% Cost Difference	
0	0	0th	\$0	\$0	0.00%	\$0	0	0.00%	0.00%

† Crosses indicate terms defined through the hover-over function.

EXHIBIT 3.B: Average Cost for Episode Components

This exhibit presents the average non-risk-adjusted, payment standardized cost of each episode component for your TIN and for the national average. Treatment is defined as all costs on days in which the managing provider within your TIN cared for the beneficiary. Indirect is defined as all clinically relevant grouped costs on days in which the managing provider within your TIN did not provide care for the beneficiary. Additional details can be found in Exhibit 4.A - 4.C.

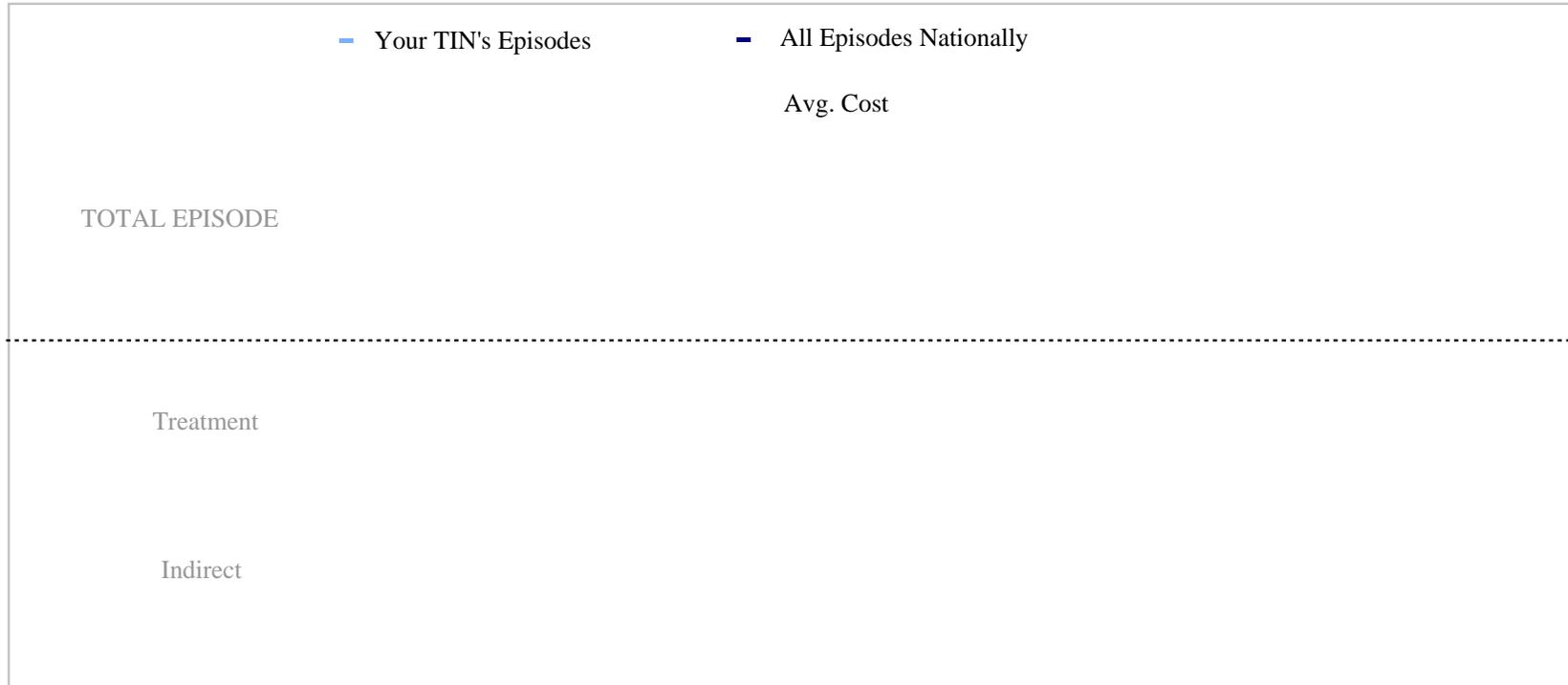
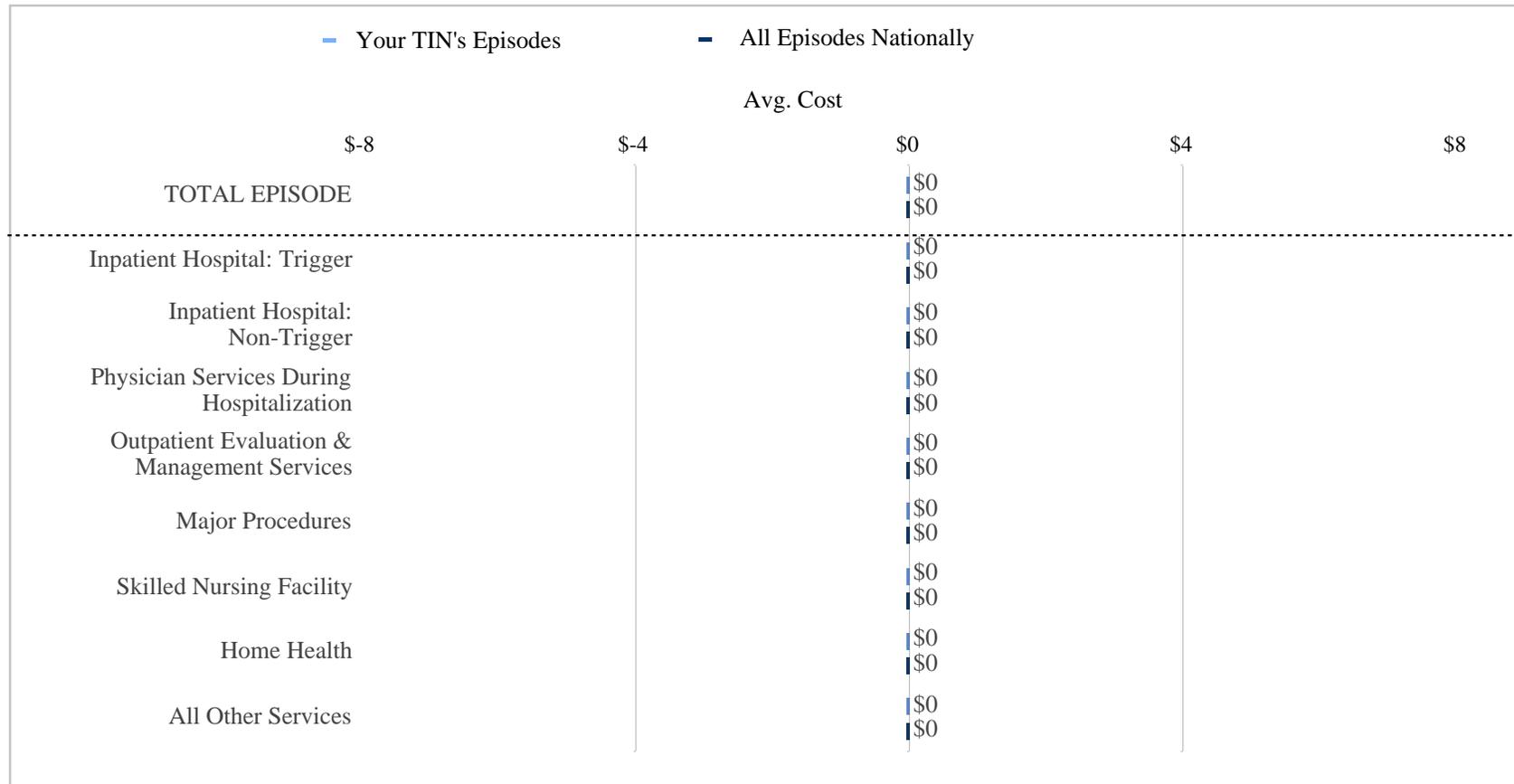


EXHIBIT 3.C: Average Cost for Select Service Categories in Episode

This exhibit presents the average non-risk-adjusted, payment standardized cost of select service categories for your TIN and for the national average. Additional details can be found in Exhibit 4.A.



“All Other Services” is composed of all service costs not accounted for in the above service categories. Accordingly, “All Other Services” is defined differently in this exhibit than in other exhibits.

EXHIBIT 3.D: Top Five Highest Average-Billing Providers Treating Episode

Category	Within Your TIN	Not in Your TIN
Hospitals	HOSPITAL A	
	HOSPITAL B	
	HOSPITAL C	
	HOSPITAL D	
	HOSPITAL E	
SNFs	Skilled Nurse A	
	Skilled Nurse B	
	Skilled Nurse C	
	Skilled Nurse D	
	Skilled Nurse E	
HHAs	Home Health A	
	Home Health B	
	Home Health C	
	Home Health D	
	Home Health E	

Category	Within Your TIN	Not in Your TIN
Top 5 Physician/ Non-Physician Practitioners	Dr. A	
	Dr. B	
	Dr. C	
	Dr. D	
	Dr. E	

Exhibit 3 - Pneumonia, IP-Based Episode Summary

This exhibit summarizes the cost performance of episodes of this type attributed to your TIN. In the episode component and service category breakdowns, all costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level.

Pneumonia, IP-Based episodes include all services clinically-related to the episode that start within the episode window of 90 days.

Exhibit 3.A: Your Episode Summary

This exhibit presents summary information about your episodes. If your average non-risk-adjusted, payment standardized episode cost is lower than your average risk-adjusted episode cost, then your patient population is more complex relative to other patients with the same episode type.

Your TIN's # Episodes	Your TIN's # Beneficiaries	Avg. Beneficiary Risk Score Percentile †	Avg. Non-Risk-Adjusted Episode Cost			Avg. Risk-Adjusted Episode Cost†			Avg. % Physician Fee Schedule Costs Billed by Your TIN
			Your TIN	National	% Cost Difference	Your TIN	National	% Cost Difference	
0	0	0th	\$0	\$0	0.00%	\$0	0	0.00%	0.00%

† Crosses indicate terms defined through the hover-over function.

EXHIBIT 3.B: Average Cost for Episode Components

This exhibit presents the average non-risk-adjusted, payment standardized cost of each episode component for your TIN and for the national average. Treatment is defined as all costs on days in which the managing provider within your TIN cared for the beneficiary. Indirect is defined as all clinically relevant grouped costs on days in which the managing provider within your TIN did not provide care for the beneficiary. Additional details can be found in Exhibit 4.A - 4.C.

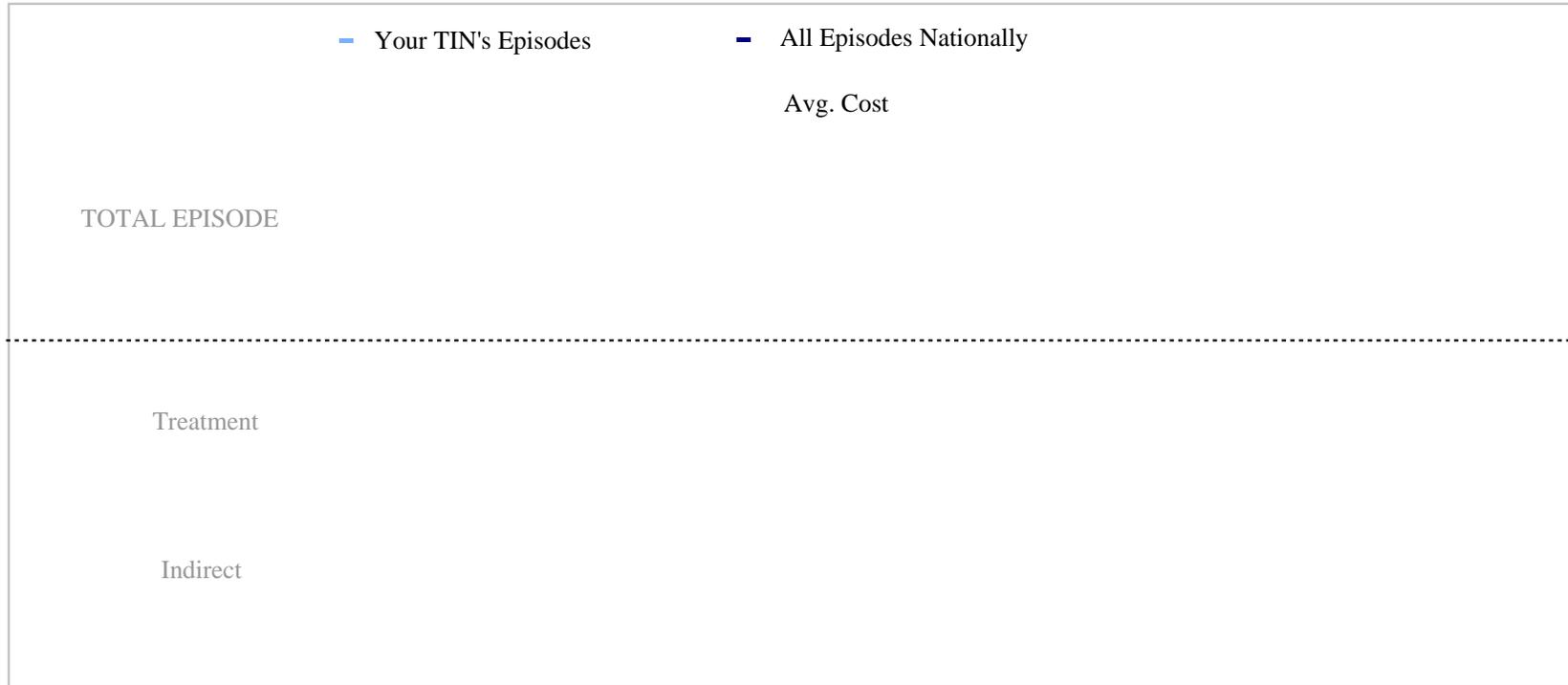
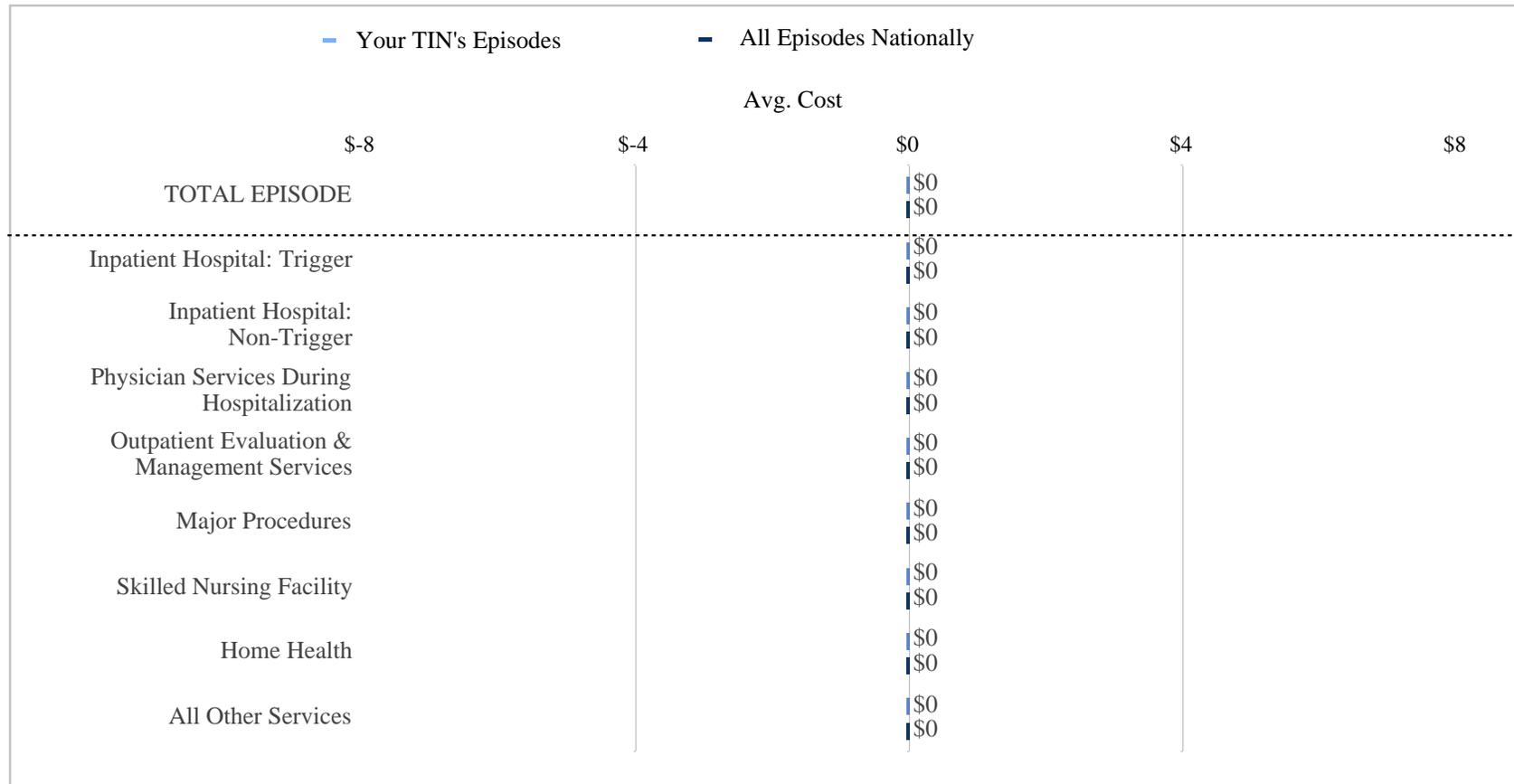


EXHIBIT 3.C: Average Cost for Select Service Categories in Episode

This exhibit presents the average non-risk-adjusted, payment standardized cost of select service categories for your TIN and for the national average. Additional details can be found in Exhibit 4.A.



“All Other Services” is composed of all service costs not accounted for in the above service categories. Accordingly, “All Other Services” is defined differently in this exhibit than in other exhibits.

EXHIBIT 3.D: Top Five Highest Average-Billing Providers Treating Episode

Category	Within Your TIN	Not in Your TIN
Hospitals	HOSPITAL A	HOSPITAL A
	HOSPITAL B	HOSPITAL B
	HOSPITAL C	
	HOSPITAL D	
	HOSPITAL E	
SNFs	Skilled Nurse A	
	Skilled Nurse B	
	Skilled Nurse C	
	Skilled Nurse D	
	Skilled Nurse E	
HHAs	Home Health A	
	Home Health B	
	Home Health C	
	Home Health D	
	Home Health E	

Category	Within Your TIN	Not in Your TIN
Top 5 Physician/ Non-Physician Practitioners	Dr. A	Dr. A
	Dr. B	Dr. B
	Dr. C	Dr. C
	Dr. D	Dr. D
	Dr. E	Dr. E

Exhibit 3 - Cholecystectomy Episode Summary

This exhibit summarizes the cost performance of episodes of this type attributed to your TIN. In the episode component and service category breakdowns, all costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level.

Cholecystectomy episodes include all services clinically-related to the episode that start within the episode window of 90 days.

Exhibit 3.A: Your Episode Summary

This exhibit presents summary information about your episodes. If your average non-risk-adjusted, payment standardized episode cost is lower than your average risk-adjusted episode cost, then your patient population is more complex relative to other patients with the same episode type.

Your TIN's # Episodes	Your TIN's # Beneficiaries	Avg. Beneficiary Risk Score Percentile †	Avg. Non-Risk-Adjusted Episode Cost			Avg. Risk-Adjusted Episode Cost†			Avg. % Physician Fee Schedule Costs Billed by Your TIN
			Your TIN	National	% Cost Difference	Your TIN	National	% Cost Difference	
0	0	0th	\$0	\$0	0.00%	\$0	0	0.00%	0.00%

† Crosses indicate terms defined through the hover-over function.

EXHIBIT 3.B: Average Cost for Episode Components

This exhibit presents the average non-risk-adjusted, payment standardized cost of each episode component for your TIN and for the national average. Treatment is defined as all costs on days in which the managing provider within your TIN cared for the beneficiary. Indirect is defined as all clinically relevant grouped costs on days in which the managing provider within your TIN did not provide care for the beneficiary. Additional details can be found in Exhibit 4.A - 4.C.

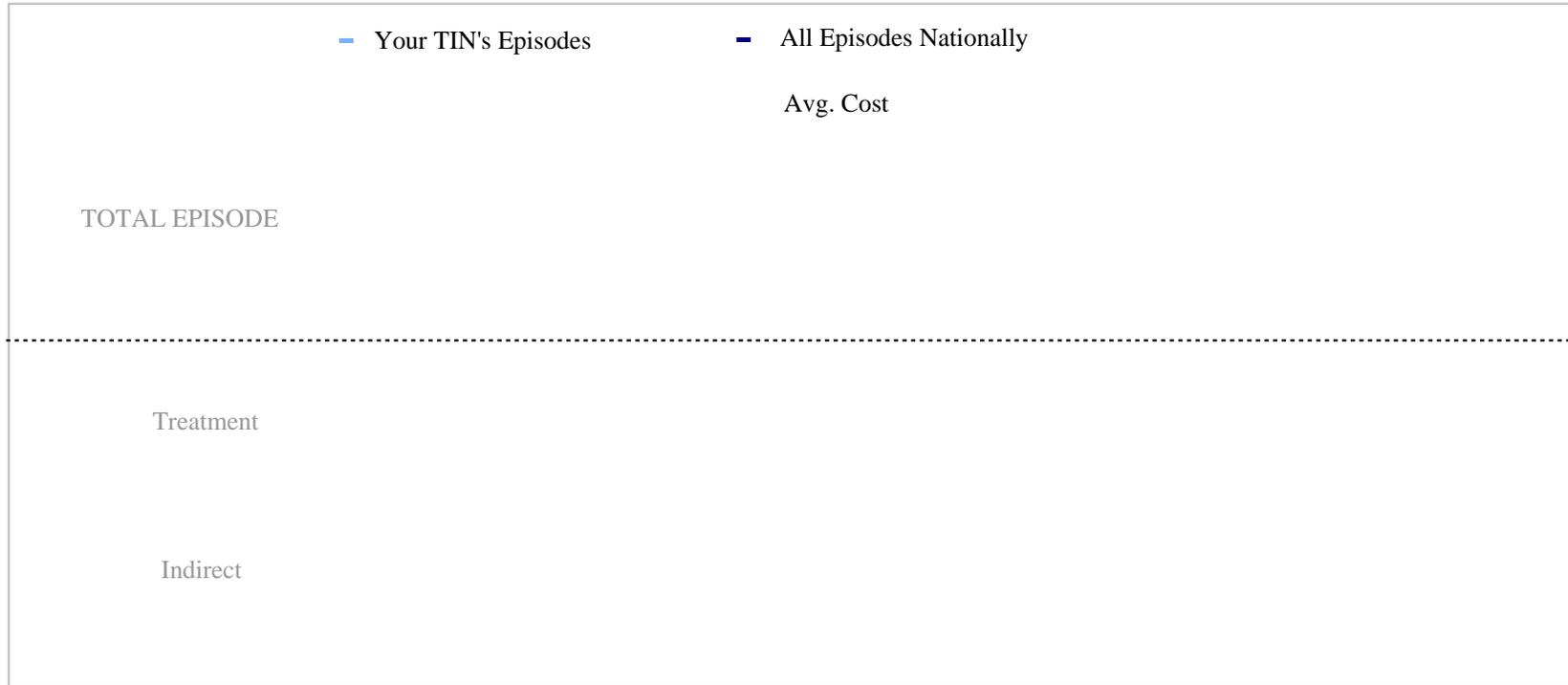
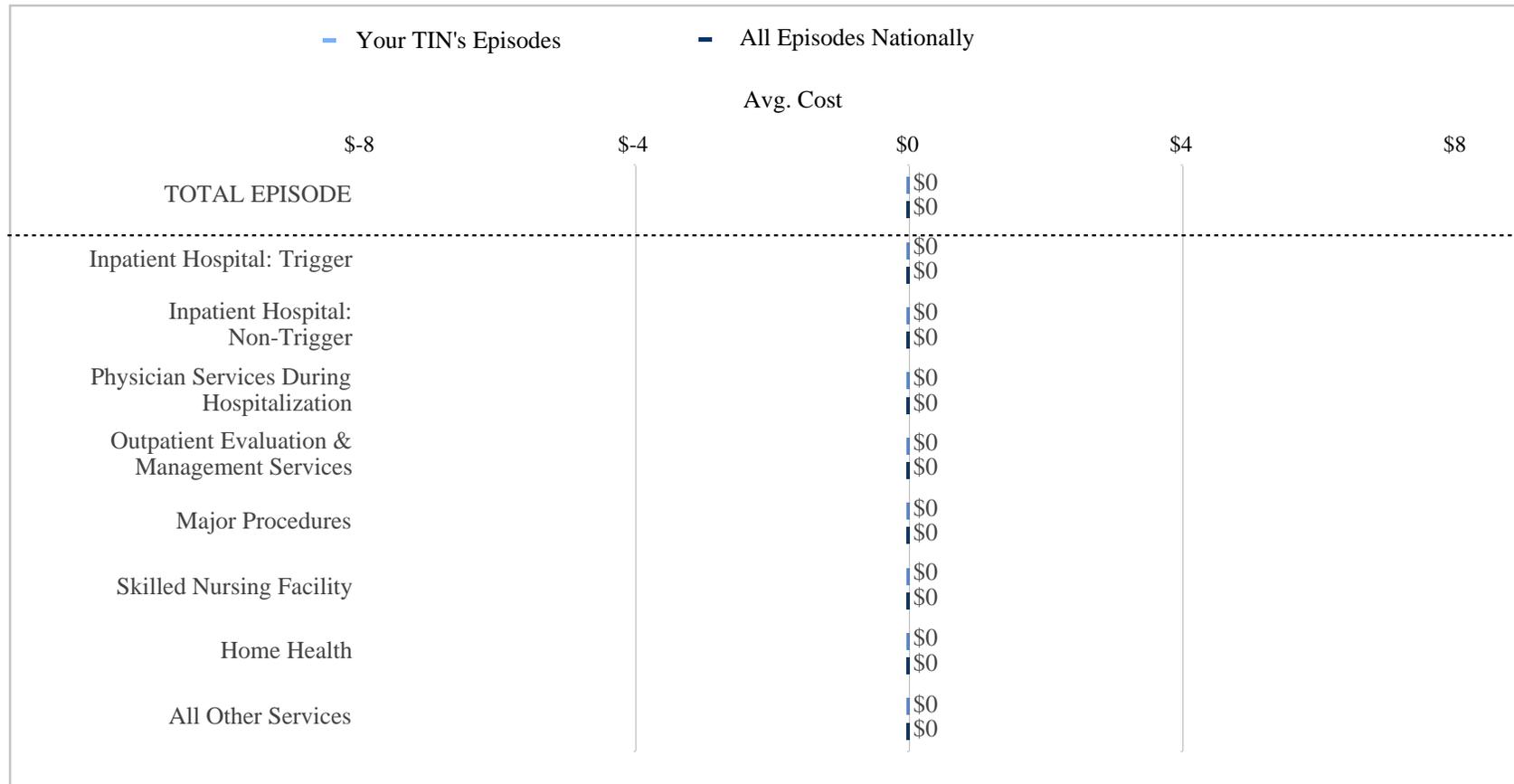


EXHIBIT 3.C: Average Cost for Select Service Categories in Episode

This exhibit presents the average non-risk-adjusted, payment standardized cost of select service categories for your TIN and for the national average. Additional details can be found in Exhibit 4.A.



“All Other Services” is composed of all service costs not accounted for in the above service categories. Accordingly, “All Other Services” is defined differently in this exhibit than in other exhibits.

EXHIBIT 3.D: Top Five Highest Average-Billing Providers Treating Episode

Category	Within Your TIN	Not in Your TIN
Hospitals	HOSPITAL A	
	HOSPITAL B	
	HOSPITAL C	
	HOSPITAL D	
	HOSPITAL E	
SNFs	Skilled Nurse A	
	Skilled Nurse B	
	Skilled Nurse C	
	Skilled Nurse D	
	Skilled Nurse E	
HHAs	Home Health A	
	Home Health B	
	Home Health C	
	Home Health D	
	Home Health E	

Category	Within Your TIN	Not in Your TIN
Top 5 Physician/ Non-Physician Practitioners	Dr. A	
	Dr. B	
	Dr. C	
	Dr. D	
	Dr. E	

Exhibit 3 - Colonoscopy with Invasive Procedure Episode Summary

This exhibit summarizes the cost performance of episodes of this type attributed to your TIN. In the episode component and service category breakdowns, all costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level.

Colonoscopy with Invasive Procedure episodes include all services clinically-related to the episode that start within the episode window of 90 days.

Exhibit 3.A: Your Episode Summary

This exhibit presents summary information about your episodes. If your average non-risk-adjusted, payment standardized episode cost is lower than your average risk-adjusted episode cost, then your patient population is more complex relative to other patients with the same episode type.

Your TIN's # Episodes	Your TIN's # Beneficiaries	Avg. Beneficiary Risk Score Percentile †	Avg. Non-Risk-Adjusted Episode Cost			Avg. Risk-Adjusted Episode Cost†			Avg. % Physician Fee Schedule Costs Billed by Your TIN
			Your TIN	National	% Cost Difference	Your TIN	National	% Cost Difference	
0	0	0th	\$0	\$0	0.00%	\$0	0	0.00%	0.00%

† Crosses indicate terms defined through the hover-over function.

EXHIBIT 3.B: Average Cost for Episode Components

This exhibit presents the average non-risk-adjusted, payment standardized cost of each episode component for your TIN and for the national average. Treatment is defined as all costs on days in which the managing provider within your TIN cared for the beneficiary. Indirect is defined as all clinically relevant grouped costs on days in which the managing provider within your TIN did not provide care for the beneficiary. Additional details can be found in Exhibit 4.A - 4.C.

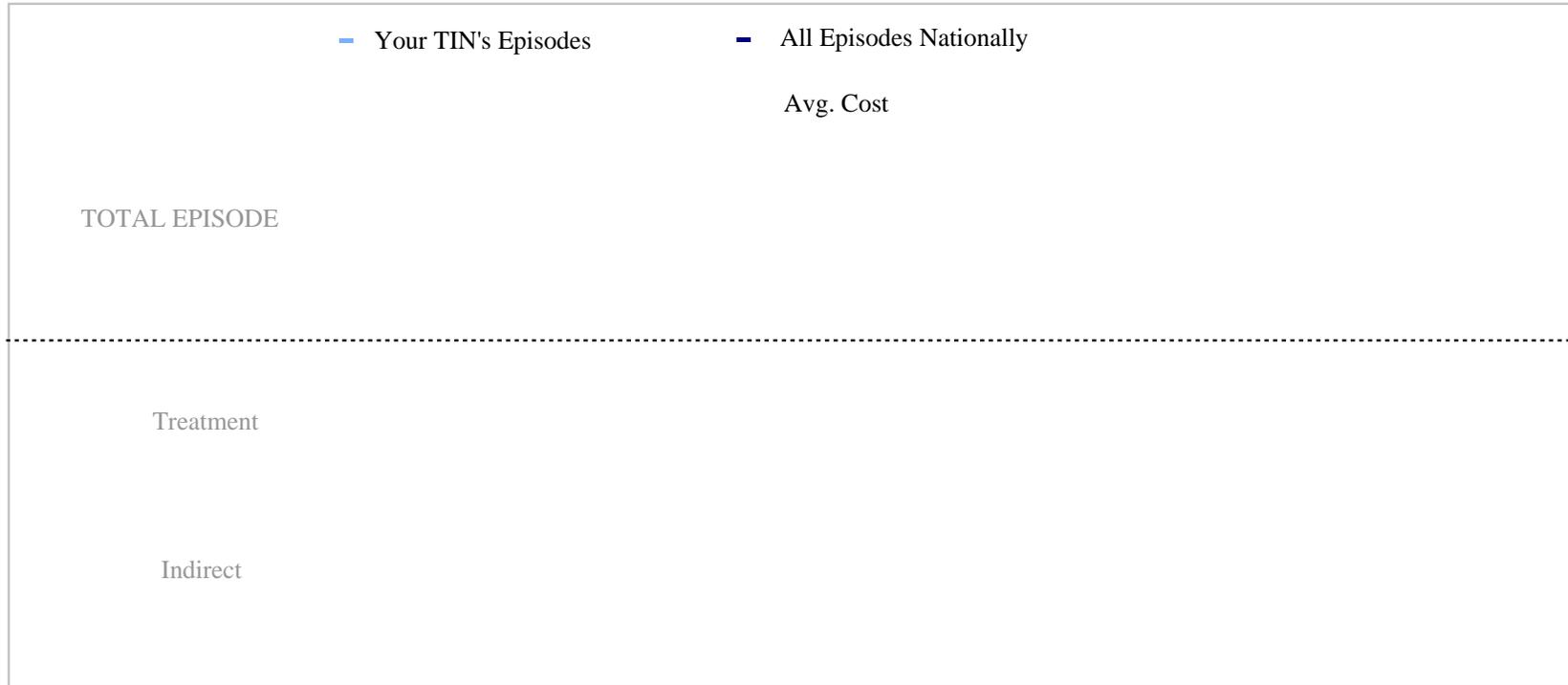
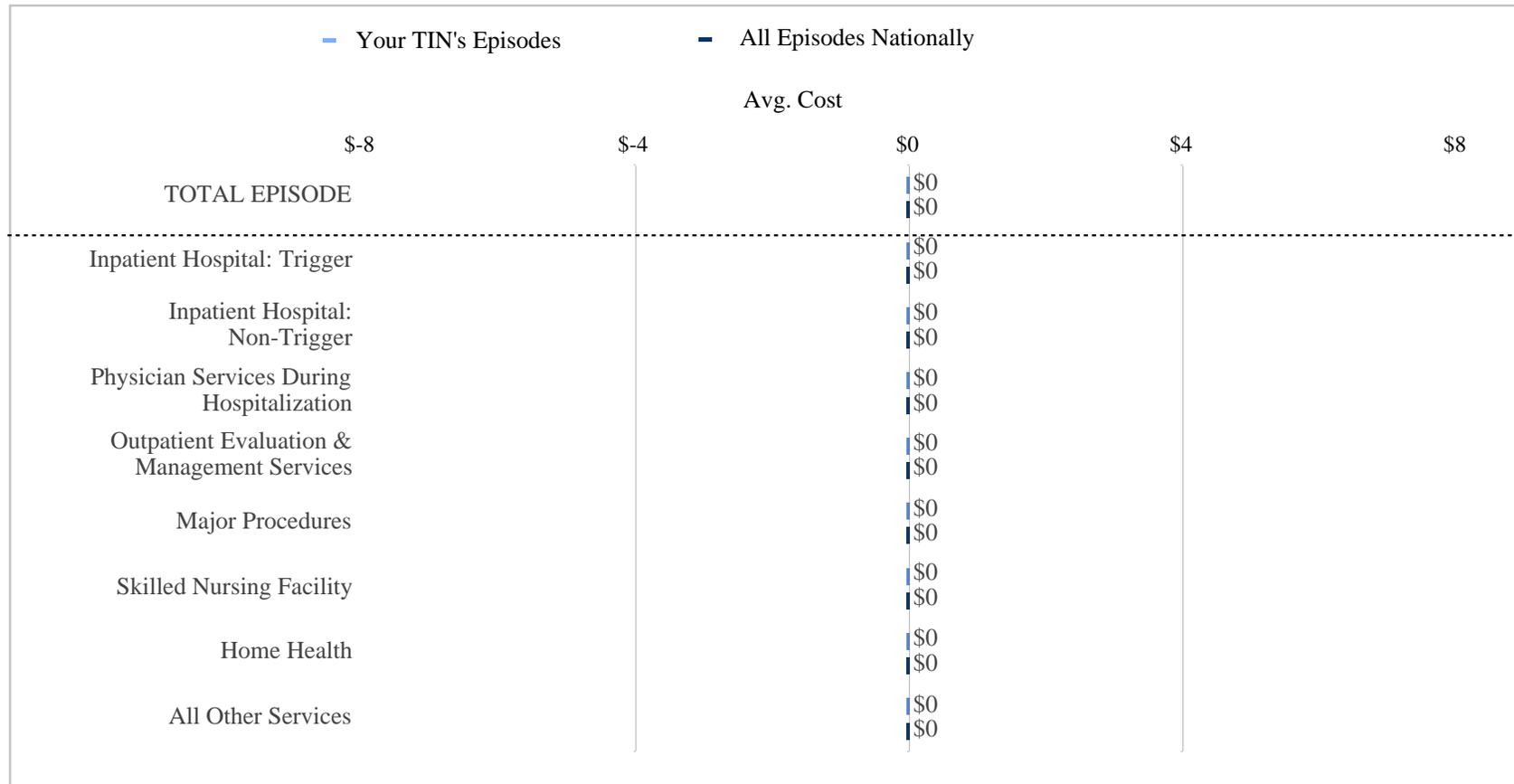


EXHIBIT 3.C: Average Cost for Select Service Categories in Episode

This exhibit presents the average non-risk-adjusted, payment standardized cost of select service categories for your TIN and for the national average. Additional details can be found in Exhibit 4.A.



“All Other Services” is composed of all service costs not accounted for in the above service categories. Accordingly, “All Other Services” is defined differently in this exhibit than in other exhibits.

EXHIBIT 3.D: Top Five Highest Average-Billing Providers Treating Episode

Category	Within Your TIN	Not in Your TIN
Hospitals	HOSPITAL A	HOSPITAL A
	HOSPITAL B	HOSPITAL B
	HOSPITAL C	
	HOSPITAL D	
	HOSPITAL E	
SNFs	Skilled Nurse A	
	Skilled Nurse B	
	Skilled Nurse C	
	Skilled Nurse D	
	Skilled Nurse E	
HHAs	Home Health A	
	Home Health B	
	Home Health C	
	Home Health D	
	Home Health E	

Category	Within Your TIN	Not in Your TIN
Top 5 Physician/ Non-Physician Practitioners	Dr. A	
	Dr. B	
	Dr. C	
	Dr. D	
	Dr. E	

Exhibit 3 - Lumpectomy or Partial Mastectomy without Reconstruction Episode Summary

This exhibit summarizes the cost performance of episodes of this type attributed to your TIN. In the episode component and service category breakdowns, all costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level.

Lumpectomy or Partial Mastectomy without Reconstruction episodes include all services clinically-related to the episode that start within the episode window of 90 days.

Exhibit 3.A: Your Episode Summary

This exhibit presents summary information about your episodes. If your average non-risk-adjusted, payment standardized episode cost is lower than your average risk-adjusted episode cost, then your patient population is more complex relative to other patients with the same episode type.

Your TIN's # Episodes	Your TIN's # Beneficiaries	Avg. Beneficiary Risk Score Percentile †	Avg. Non-Risk-Adjusted Episode Cost			Avg. Risk-Adjusted Episode Cost†			Avg. % Physician Fee Schedule Costs Billed by Your TIN
			Your TIN	National	% Cost Difference	Your TIN	National	% Cost Difference	
0	0	0th	\$0	\$0	0.00%	\$0	0	0.00%	0.00%

† Crosses indicate terms defined through the hover-over function.

EXHIBIT 3.B: Average Cost for Episode Components

This exhibit presents the average non-risk-adjusted, payment standardized cost of each episode component for your TIN and for the national average. Treatment is defined as all costs on days in which the managing provider within your TIN cared for the beneficiary. Indirect is defined as all clinically relevant grouped costs on days in which the managing provider within your TIN did not provide care for the beneficiary. Additional details can be found in Exhibit 4.A - 4.C.

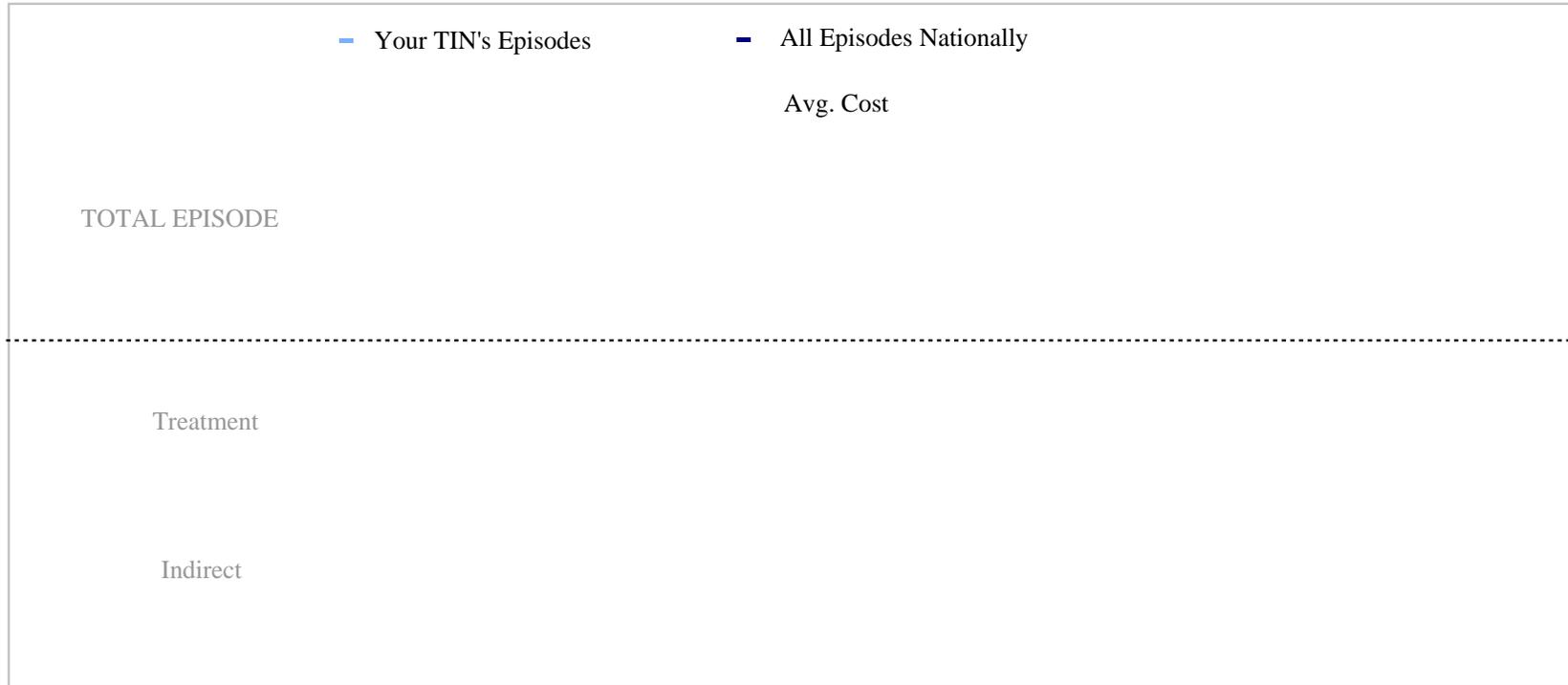
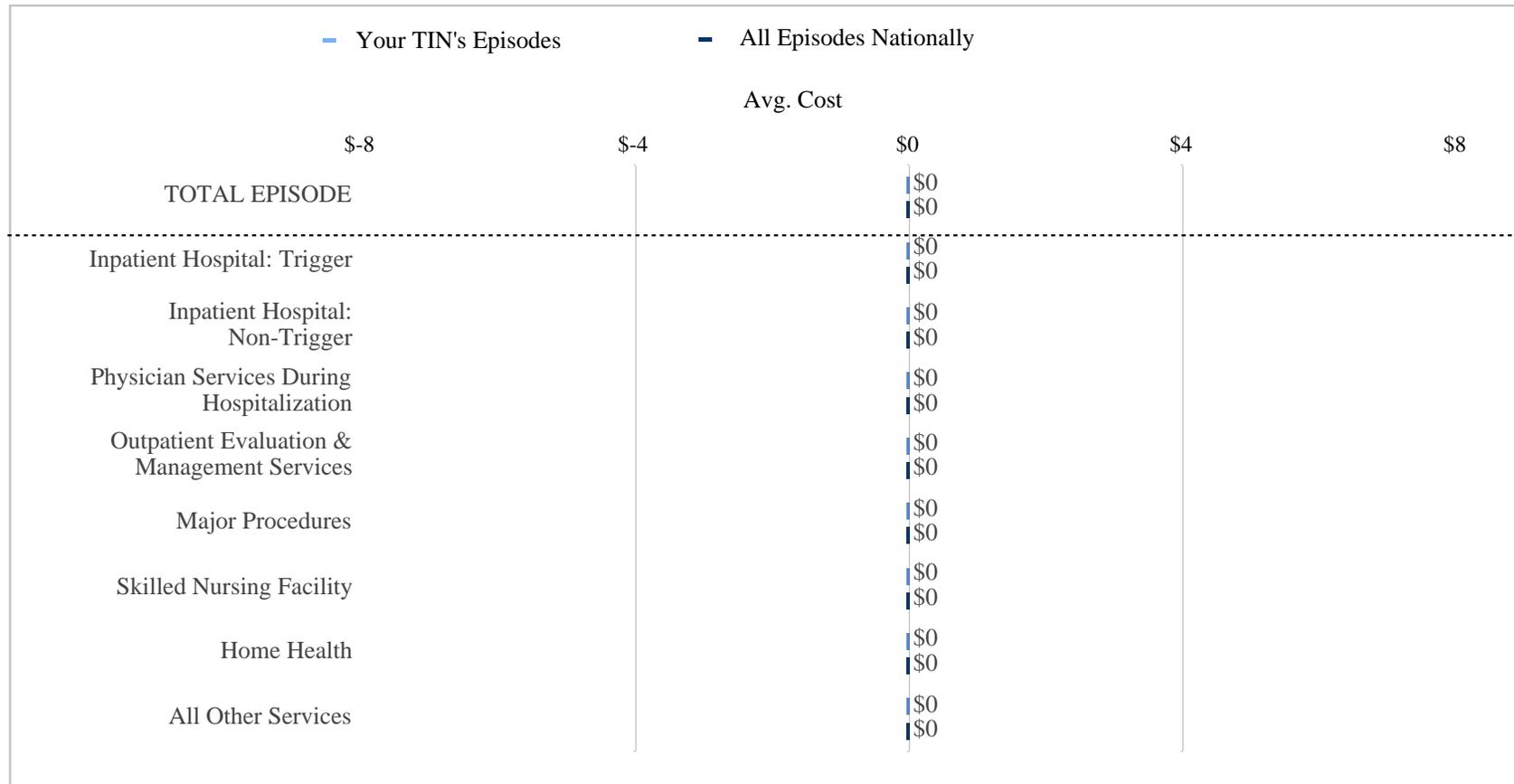


EXHIBIT 3.C: Average Cost for Select Service Categories in Episode

This exhibit presents the average non-risk-adjusted, payment standardized cost of select service categories for your TIN and for the national average. Additional details can be found in Exhibit 4.A.



“All Other Services” is composed of all service costs not accounted for in the above service categories. Accordingly, “All Other Services” is defined differently in this exhibit than in other exhibits.

EXHIBIT 3.D: Top Five Highest Average-Billing Providers Treating Episode

Category	Within Your TIN	Not in Your TIN
Hospitals	HOSPITAL A	
	HOSPITAL B	
	HOSPITAL C	
	HOSPITAL D	
	HOSPITAL E	
SNFs	Skilled Nurse A	
	Skilled Nurse B	
	Skilled Nurse C	
	Skilled Nurse D	
	Skilled Nurse E	
HHAs	Home Health A	
	Home Health B	
	Home Health C	
	Home Health D	
	Home Health E	

Category	Within Your TIN	Not in Your TIN
Top 5 Physician/ Non-Physician Practitioners	Dr. A	Dr. A
	Dr. B	Dr. B
	Dr. C	Dr. C
	Dr. D	Dr. D
	Dr. E	Dr. E

EXHIBIT 4 - Asthma/COPD, Acute Exacerbation Episode Service Category Cost Breakdown

This exhibit summarizes the cost performance, by service category, of episodes of this type attributed to your TIN. All costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level. Exhibit 4.A provides the service category cost breakdown for the entire episode. Exhibit 4.B and 4.C show the cost breakdown for the treatment and indirect component of the episode, respectively.

EXHIBIT 4.A: Total Episode Service Category Cost Breakdown							
Asthma/COPD, Acute Exacerbation (n=1)	AVG. NON-RISK-ADJUSTED COST			AVG. % EPISODES RECEIVING SERVICE		AVG. UTILIZATION	
	Your TIN	National	% Difference	Your TIN	National	Your TIN	National
All Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Outpatient Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Major Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Ambulatory/Minor Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Outpatient Physical, Occupational, or Speech and Language Pathology Therapy	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Ancillary Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests
Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services
Durable Medical Equipment and Supplies	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 DME/Supplies	0.00 DME/Supplies

Hospital Inpatient Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Inpatient Hospital: Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Inpatient Hospital: Non-Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Physician Services During Hospitalization	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Emergency Room Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Emergency Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests
Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services
Post-Acute Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Home Health	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Skilled Nursing Facility	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Inpatient Rehabilitation or Long-Term Care Hospital	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Hospice	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Claims	0.00 Claims
All Other Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>

Ambulance Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Anesthesia Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Chemotherapy and Other Part B-Covered Drugs	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Units	0.00 Units
Dialysis	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
All Other Services Not Otherwise Classified	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00	0.00

EXHIBIT 4 - GI Hemorrhage, Upper and Lower Episode Service Category Cost Breakdown

This exhibit summarizes the cost performance, by service category, of episodes of this type attributed to your TIN. All costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level. Exhibit 4.A provides the service category cost breakdown for the entire episode. Exhibit 4.B and 4.C show the cost breakdown for the treatment and indirect component of the episode, respectively.

EXHIBIT 4.A: Total Episode Service Category Cost Breakdown							
GI Hemorrhage, Upper and Lower (n=1)	AVG. NON-RISK-ADJUSTED COST			AVG. % EPISODES RECEIVING SERVICE		AVG. UTILIZATION	
	Your TIN	National	% Difference	Your TIN	National	Your TIN	National
All Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Outpatient Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Major Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Ambulatory/Minor Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Outpatient Physical, Occupational, or Speech and Language Pathology Therapy	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Ancillary Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests
Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services
Durable Medical Equipment and Supplies	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 DME/Supplies	0.00 DME/Supplies

Hospital Inpatient Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Inpatient Hospital: Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Inpatient Hospital: Non-Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Physician Services During Hospitalization	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Emergency Room Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Emergency Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests
Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services
Post-Acute Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Home Health	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Skilled Nursing Facility	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Inpatient Rehabilitation or Long-Term Care Hospital	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Hospice	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Claims	0.00 Claims
All Other Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>

Ambulance Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Anesthesia Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Chemotherapy and Other Part B-Covered Drugs	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Units	0.00 Units
Dialysis	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
All Other Services Not Otherwise Classified	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00	0.00

EXHIBIT 4 - Ischemic Stroke Episode Service Category Cost Breakdown

This exhibit summarizes the cost performance, by service category, of episodes of this type attributed to your TIN. All costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level. Exhibit 4.A provides the service category cost breakdown for the entire episode. Exhibit 4.B and 4.C show the cost breakdown for the treatment and indirect component of the episode, respectively.

EXHIBIT 4.A: Total Episode Service Category Cost Breakdown

Ischemic Stroke (n=1)	AVG. NON-RISK-ADJUSTED COST			AVG. % EPISODES RECEIVING SERVICE		AVG. UTILIZATION	
	Your TIN	National	% Difference	Your TIN	National	Your TIN	National
All Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Outpatient Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Major Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Ambulatory/Minor Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Outpatient Physical, Occupational, or Speech and Language Pathology Therapy	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Ancillary Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests
Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services
Durable Medical Equipment and Supplies	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 DME/Supplies	0.00 DME/Supplies

Hospital Inpatient Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Inpatient Hospital: Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Inpatient Hospital: Non-Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Physician Services During Hospitalization	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Emergency Room Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Emergency Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests
Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services
Post-Acute Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Home Health	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Skilled Nursing Facility	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Inpatient Rehabilitation or Long-Term Care Hospital	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Hospice	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Claims	0.00 Claims
All Other Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>

Ambulance Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Anesthesia Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Chemotherapy and Other Part B-Covered Drugs	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Units	0.00 Units
Dialysis	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
All Other Services Not Otherwise Classified	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00	0.00

EXHIBIT 4 - Pneumonia, IP-Based Episode Service Category Cost Breakdown

This exhibit summarizes the cost performance, by service category, of episodes of this type attributed to your TIN. All costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level. Exhibit 4.A provides the service category cost breakdown for the entire episode. Exhibit 4.B and 4.C show the cost breakdown for the treatment and indirect component of the episode, respectively.

EXHIBIT 4.A: Total Episode Service Category Cost Breakdown

Pneumonia, IP-Based (n=1)	AVG. NON-RISK-ADJUSTED COST			AVG. % EPISODES RECEIVING SERVICE		AVG. UTILIZATION	
	Your TIN	National	% Difference	Your TIN	National	Your TIN	National
All Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Outpatient Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Major Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Ambulatory/Minor Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Outpatient Physical, Occupational, or Speech and Language Pathology Therapy	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Ancillary Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests
Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services
Durable Medical Equipment and Supplies	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 DME/Supplies	0.00 DME/Supplies

Hospital Inpatient Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Inpatient Hospital: Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Inpatient Hospital: Non-Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Physician Services During Hospitalization	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Emergency Room Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Emergency Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests
Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services
Post-Acute Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Home Health	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Skilled Nursing Facility	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Inpatient Rehabilitation or Long-Term Care Hospital	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Hospice	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Claims	0.00 Claims
All Other Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>

Ambulance Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Anesthesia Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Chemotherapy and Other Part B-Covered Drugs	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Units	0.00 Units
Dialysis	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
All Other Services Not Otherwise Classified	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00	0.00

EXHIBIT 4 - Cholecystectomy Episode Service Category Cost Breakdown

This exhibit summarizes the cost performance, by service category, of episodes of this type attributed to your TIN. All costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level. Exhibit 4.A provides the service category cost breakdown for the entire episode. Exhibit 4.B and 4.C show the cost breakdown for the treatment and indirect component of the episode, respectively.

EXHIBIT 4.A: Total Episode Service Category Cost Breakdown

Cholecystectomy (n=1)	AVG. NON-RISK-ADJUSTED COST			AVG. % EPISODES RECEIVING SERVICE		AVG. UTILIZATION	
	Your TIN	National	% Difference	Your TIN	National	Your TIN	National
All Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Outpatient Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Major Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Ambulatory/Minor Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Outpatient Physical, Occupational, or Speech and Language Pathology Therapy	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Ancillary Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests
Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services
Durable Medical Equipment and Supplies	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 DME/Supplies	0.00 DME/Supplies

Hospital Inpatient Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Inpatient Hospital: Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Inpatient Hospital: Non-Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Physician Services During Hospitalization	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Emergency Room Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Emergency Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests
Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services
Post-Acute Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Home Health	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Skilled Nursing Facility	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Inpatient Rehabilitation or Long-Term Care Hospital	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Hospice	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Claims	0.00 Claims
All Other Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>

Ambulance Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Anesthesia Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Chemotherapy and Other Part B-Covered Drugs	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Units	0.00 Units
Dialysis	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
All Other Services Not Otherwise Classified	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00	0.00

EXHIBIT 4 - Colonoscopy with Invasive Procedure Episode Service Category Cost Breakdown

This exhibit summarizes the cost performance, by service category, of episodes of this type attributed to your TIN. All costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level. Exhibit 4.A provides the service category cost breakdown for the entire episode. Exhibit 4.B and 4.C show the cost breakdown for the treatment and indirect component of the episode, respectively.

EXHIBIT 4.A: Total Episode Service Category Cost Breakdown

Colonoscopy with Invasive Procedure (n=10)	AVG. NON-RISK-ADJUSTED COST			AVG. % EPISODES RECEIVING SERVICE		AVG. UTILIZATION	
	Your TIN	National	% Difference	Your TIN	National	Your TIN	National
All Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Outpatient Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Major Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Ambulatory/Minor Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Outpatient Physical, Occupational, or Speech and Language Pathology Therapy	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Ancillary Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests
Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services
Durable Medical Equipment and Supplies	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 DME/Supplies	0.00 DME/Supplies

Hospital Inpatient Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Inpatient Hospital: Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Inpatient Hospital: Non-Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Physician Services During Hospitalization	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Emergency Room Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Emergency Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests
Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services
Post-Acute Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Home Health	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Skilled Nursing Facility	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Inpatient Rehabilitation or Long-Term Care Hospital	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Hospice	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Claims	0.00 Claims
All Other Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>

Ambulance Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Anesthesia Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Chemotherapy and Other Part B-Covered Drugs	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Units	0.00 Units
Dialysis	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
All Other Services Not Otherwise Classified	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00	0.00

EXHIBIT 4 - Lumpectomy or Partial Mastectomy without Reconstruction Episode Service Category Cost Breakdown

This exhibit summarizes the cost performance, by service category, of episodes of this type attributed to your TIN. All costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level. Exhibit 4.A provides the service category cost breakdown for the entire episode. Exhibit 4.B and 4.C show the cost breakdown for the treatment and indirect component of the episode, respectively.

EXHIBIT 4.A: Total Episode Service Category Cost Breakdown							
Lumpectomy or Partial Mastectomy without Reconstruction (n=1)	AVG. NON-RISK-ADJUSTED COST			AVG. % EPISODES RECEIVING SERVICE		AVG. UTILIZATION	
	Your TIN	National	% Difference	Your TIN	National	Your TIN	National
All Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Outpatient Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Major Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Ambulatory/Minor Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Outpatient Physical, Occupational, or Speech and Language Pathology Therapy	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Ancillary Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests
Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services
Durable Medical Equipment and Supplies	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 DME/Supplies	0.00 DME/Supplies

Hospital Inpatient Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Inpatient Hospital: Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Inpatient Hospital: Non-Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Physician Services During Hospitalization	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Emergency Room Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Emergency Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests
Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services
Post-Acute Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Home Health	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Skilled Nursing Facility	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Inpatient Rehabilitation or Long-Term Care Hospital	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Hospice	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Claims	0.00 Claims
All Other Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>

Ambulance Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Anesthesia Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Chemotherapy and Other Part B-Covered Drugs	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Units	0.00 Units
Dialysis	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
All Other Services Not Otherwise Classified	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00	0.00

EXHIBIT 4 - Asthma/COPD, Acute Exacerbation Episode Service Category Cost Breakdown

This exhibit summarizes the cost performance, by service category, of episodes of this type attributed to your TIN. All costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level. Exhibit 4.A provides the service category cost breakdown for the entire episode. Exhibit 4.B and 4.C show the cost breakdown for the treatment and indirect component of the episode, respectively.

EXHIBIT 4.B: Treatment Service Category Cost Breakdown							
Asthma/COPD, Acute Exacerbation (n=0)	AVG. NON-RISK-ADJUSTED COST			AVG. % EPISODES RECEIVING SERVICE		AVG. UTILIZATION	
	Your TIN	National	% Difference	Your TIN	National	Your TIN	National
All Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Outpatient Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Major Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Ambulatory/Minor Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Outpatient Physical, Occupational, or Speech and Language Pathology Therapy	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Ancillary Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests
Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services

Durable Medical Equipment and Supplies	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 DME/Supplies	0.00 DME/Supplies
Hospital Inpatient Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Inpatient Hospital: Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Inpatient Hospital: Non-Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Physician Services During Hospitalization	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Emergency Room Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Emergency Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests
Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services
Post-Acute Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Home Health	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Skilled Nursing Facility	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days

Inpatient Rehabilitation or Long-Term Care Hospital	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Hospice	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Claims	0.00 Claims
All Other Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Ambulance Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Anesthesia Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Chemotherapy and Other Part B-Covered Drugs	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Units	0.00 Units
Dialysis	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
All Other Services Not Otherwise Classified	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00	0.00

EXHIBIT 4 - GI Hemorrhage, Upper and Lower Episode Service Category Cost Breakdown

This exhibit summarizes the cost performance, by service category, of episodes of this type attributed to your TIN. All costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level. Exhibit 4.A provides the service category cost breakdown for the entire episode. Exhibit 4.B and 4.C show the cost breakdown for the treatment and indirect component of the episode, respectively.

EXHIBIT 4.B: Treatment Service Category Cost Breakdown

GI Hemorrhage, Upper and Lower (n=0)	AVG. NON-RISK-ADJUSTED COST			AVG. % EPISODES RECEIVING SERVICE		AVG. UTILIZATION	
	Your TIN	National	% Difference	Your TIN	National	Your TIN	National
All Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Outpatient Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Major Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Ambulatory/Minor Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Outpatient Physical, Occupational, or Speech and Language Pathology Therapy	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Ancillary Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests
Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services

Durable Medical Equipment and Supplies	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 DME/Supplies	0.00 DME/Supplies
Hospital Inpatient Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Inpatient Hospital: Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Inpatient Hospital: Non-Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Physician Services During Hospitalization	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Emergency Room Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Emergency Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests
Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services
Post-Acute Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Home Health	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Skilled Nursing Facility	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days

Inpatient Rehabilitation or Long-Term Care Hospital	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Hospice	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Claims	0.00 Claims
All Other Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Ambulance Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Anesthesia Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Chemotherapy and Other Part B-Covered Drugs	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Units	0.00 Units
Dialysis	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
All Other Services Not Otherwise Classified	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00	0.00

EXHIBIT 4 - Ischemic Stroke Episode Service Category Cost Breakdown

This exhibit summarizes the cost performance, by service category, of episodes of this type attributed to your TIN. All costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level. Exhibit 4.A provides the service category cost breakdown for the entire episode. Exhibit 4.B and 4.C show the cost breakdown for the treatment and indirect component of the episode, respectively.

EXHIBIT 4.B: Treatment Service Category Cost Breakdown

Ischemic Stroke (n=0)	AVG. NON-RISK-ADJUSTED COST			AVG. % EPISODES RECEIVING SERVICE		AVG. UTILIZATION	
	Your TIN	National	% Difference	Your TIN	National	Your TIN	National
All Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Outpatient Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Major Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Ambulatory/Minor Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Outpatient Physical, Occupational, or Speech and Language Pathology Therapy	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Ancillary Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests
Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services

Durable Medical Equipment and Supplies	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 DME/Supplies	0.00 DME/Supplies
Hospital Inpatient Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Inpatient Hospital: Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Inpatient Hospital: Non-Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Physician Services During Hospitalization	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Emergency Room Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Emergency Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests
Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services
Post-Acute Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Home Health	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Skilled Nursing Facility	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days

Inpatient Rehabilitation or Long-Term Care Hospital	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Hospice	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Claims	0.00 Claims
All Other Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Ambulance Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Anesthesia Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Chemotherapy and Other Part B-Covered Drugs	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Units	0.00 Units
Dialysis	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
All Other Services Not Otherwise Classified	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00	0.00

EXHIBIT 4 - Pneumonia, IP-Based Episode Service Category Cost Breakdown

This exhibit summarizes the cost performance, by service category, of episodes of this type attributed to your TIN. All costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level. Exhibit 4.A provides the service category cost breakdown for the entire episode. Exhibit 4.B and 4.C show the cost breakdown for the treatment and indirect component of the episode, respectively.

EXHIBIT 4.B: Treatment Service Category Cost Breakdown

Pneumonia, IP-Based (n=0)	AVG. NON-RISK-ADJUSTED COST			AVG. % EPISODES RECEIVING SERVICE		AVG. UTILIZATION	
	Your TIN	National	% Difference	Your TIN	National	Your TIN	National
All Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Outpatient Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Major Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Ambulatory/Minor Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Outpatient Physical, Occupational, or Speech and Language Pathology Therapy	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Ancillary Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests
Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services

Durable Medical Equipment and Supplies	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 DME/Supplies	0.00 DME/Supplies
Hospital Inpatient Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Inpatient Hospital: Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Inpatient Hospital: Non-Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Physician Services During Hospitalization	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Emergency Room Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Emergency Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests
Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services
Post-Acute Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Home Health	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Skilled Nursing Facility	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days

Inpatient Rehabilitation or Long-Term Care Hospital	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Hospice	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Claims	0.00 Claims
All Other Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Ambulance Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Anesthesia Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Chemotherapy and Other Part B-Covered Drugs	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Units	0.00 Units
Dialysis	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
All Other Services Not Otherwise Classified	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00	0.00

EXHIBIT 4 - Cholecystectomy Episode Service Category Cost Breakdown

This exhibit summarizes the cost performance, by service category, of episodes of this type attributed to your TIN. All costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level. Exhibit 4.A provides the service category cost breakdown for the entire episode. Exhibit 4.B and 4.C show the cost breakdown for the treatment and indirect component of the episode, respectively.

EXHIBIT 4.B: Treatment Service Category Cost Breakdown							
Cholecystectomy (n=0)	AVG. NON-RISK-ADJUSTED COST			AVG. % EPISODES RECEIVING SERVICE		AVG. UTILIZATION	
	Your TIN	National	% Difference	Your TIN	National	Your TIN	National
All Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Outpatient Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Major Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Ambulatory/Minor Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Outpatient Physical, Occupational, or Speech and Language Pathology Therapy	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Ancillary Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests
Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services

Durable Medical Equipment and Supplies	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 DME/Supplies	0.00 DME/Supplies
Hospital Inpatient Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Inpatient Hospital: Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Inpatient Hospital: Non-Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Physician Services During Hospitalization	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Emergency Room Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Emergency Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests
Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services
Post-Acute Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Home Health	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Skilled Nursing Facility	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days

Inpatient Rehabilitation or Long-Term Care Hospital	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Hospice	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Claims	0.00 Claims
All Other Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Ambulance Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Anesthesia Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Chemotherapy and Other Part B-Covered Drugs	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Units	0.00 Units
Dialysis	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
All Other Services Not Otherwise Classified	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00	0.00

EXHIBIT 4 - Colonoscopy with Invasive Procedure Episode Service Category Cost Breakdown

This exhibit summarizes the cost performance, by service category, of episodes of this type attributed to your TIN. All costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level. Exhibit 4.A provides the service category cost breakdown for the entire episode. Exhibit 4.B and 4.C show the cost breakdown for the treatment and indirect component of the episode, respectively.

EXHIBIT 4.B: Treatment Service Category Cost Breakdown

Colonoscopy with Invasive Procedure (n=0)	AVG. NON-RISK-ADJUSTED COST			AVG. % EPISODES RECEIVING SERVICE		AVG. UTILIZATION	
	Your TIN	National	% Difference	Your TIN	National	Your TIN	National
All Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Outpatient Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Major Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Ambulatory/Minor Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Outpatient Physical, Occupational, or Speech and Language Pathology Therapy	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Ancillary Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests
Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services

Durable Medical Equipment and Supplies	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 DME/Supplies	0.00 DME/Supplies
Hospital Inpatient Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Inpatient Hospital: Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Inpatient Hospital: Non-Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Physician Services During Hospitalization	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Emergency Room Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Emergency Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests
Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services
Post-Acute Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Home Health	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Skilled Nursing Facility	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days

Inpatient Rehabilitation or Long-Term Care Hospital	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Hospice	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Claims	0.00 Claims
All Other Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Ambulance Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Anesthesia Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Chemotherapy and Other Part B-Covered Drugs	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Units	0.00 Units
Dialysis	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
All Other Services Not Otherwise Classified	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00	0.00

EXHIBIT 4 - Lumpectomy or Partial Mastectomy without Reconstruction Episode Service Category Cost Breakdown

This exhibit summarizes the cost performance, by service category, of episodes of this type attributed to your TIN. All costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level. Exhibit 4.A provides the service category cost breakdown for the entire episode. Exhibit 4.B and 4.C show the cost breakdown for the treatment and indirect component of the episode, respectively.

EXHIBIT 4.B: Treatment Service Category Cost Breakdown							
Lumpectomy or Partial Mastectomy without Reconstruction (n=0)	AVG. NON-RISK-ADJUSTED COST			AVG. % EPISODES RECEIVING SERVICE		AVG. UTILIZATION	
	Your TIN	National	% Difference	Your TIN	National	Your TIN	National
All Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Outpatient Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Major Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Ambulatory/Minor Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Outpatient Physical, Occupational, or Speech and Language Pathology Therapy	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Ancillary Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests
Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services

Durable Medical Equipment and Supplies	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 DME/Supplies	0.00 DME/Supplies
Hospital Inpatient Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Inpatient Hospital: Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Inpatient Hospital: Non-Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Physician Services During Hospitalization	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Emergency Room Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Emergency Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests
Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services
Post-Acute Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Home Health	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Skilled Nursing Facility	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days

Inpatient Rehabilitation or Long-Term Care Hospital	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Hospice	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Claims	0.00 Claims
All Other Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Ambulance Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Anesthesia Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Chemotherapy and Other Part B-Covered Drugs	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Units	0.00 Units
Dialysis	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
All Other Services Not Otherwise Classified	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00	0.00

EXHIBIT 4 - Asthma/COPD, Acute Exacerbation Episode Service Category Cost Breakdown

This exhibit summarizes the cost performance, by service category, of episodes of this type attributed to your TIN. All costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level. Exhibit 4.A provides the service category cost breakdown for the entire episode. Exhibit 4.B and 4.C show the cost breakdown for the treatment and indirect component of the episode, respectively.

EXHIBIT 4.C: Indirect Service Category Cost Breakdown							
Asthma/COPD, Acute Exacerbation (n=0)	AVG. NON-RISK-ADJUSTED COST			AVG. % EPISODES RECEIVING SERVICE		AVG. UTILIZATION	
	Your TIN	National	% Difference	Your TIN	National	Your TIN	National
All Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Outpatient Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Major Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Ambulatory/Minor Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Outpatient Physical, Occupational, or Speech and Language Pathology Therapy	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Ancillary Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests

Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services
Durable Medical Equipment and Supplies	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 DME/Supplies	0.00 DME/Supplies
Hospital Inpatient Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Inpatient Hospital: Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Inpatient Hospital: Non-Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Physician Services During Hospitalization	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Emergency Room Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Emergency Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests
Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services

Post-Acute Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Home Health	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Skilled Nursing Facility	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Inpatient Rehabilitation or Long-Term Care Hospital	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Hospice	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Claims	0.00 Claims
All Other Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Ambulance Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Anesthesia Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Chemotherapy and Other Part B-Covered Drugs	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Units	0.00 Units
Dialysis	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
All Other Services Not Otherwise Classified	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00	0.00

EXHIBIT 4 - GI Hemorrhage, Upper and Lower Episode Service Category Cost Breakdown

This exhibit summarizes the cost performance, by service category, of episodes of this type attributed to your TIN. All costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level. Exhibit 4.A provides the service category cost breakdown for the entire episode. Exhibit 4.B and 4.C show the cost breakdown for the treatment and indirect component of the episode, respectively.

EXHIBIT 4.C: Indirect Service Category Cost Breakdown							
GI Hemorrhage, Upper and Lower (n=0)	AVG. NON-RISK-ADJUSTED COST			AVG. % EPISODES RECEIVING SERVICE		AVG. UTILIZATION	
	Your TIN	National	% Difference	Your TIN	National	Your TIN	National
All Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Outpatient Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Major Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Ambulatory/Minor Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Outpatient Physical, Occupational, or Speech and Language Pathology Therapy	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Ancillary Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests

Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services
Durable Medical Equipment and Supplies	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 DME/Supplies	0.00 DME/Supplies
Hospital Inpatient Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Inpatient Hospital: Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Inpatient Hospital: Non-Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Physician Services During Hospitalization	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Emergency Room Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Emergency Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests
Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services

Post-Acute Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Home Health	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Skilled Nursing Facility	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Inpatient Rehabilitation or Long-Term Care Hospital	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Hospice	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Claims	0.00 Claims
All Other Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Ambulance Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Anesthesia Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Chemotherapy and Other Part B-Covered Drugs	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Units	0.00 Units
Dialysis	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
All Other Services Not Otherwise Classified	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00	0.00

EXHIBIT 4 - Ischemic Stroke Episode Service Category Cost Breakdown

This exhibit summarizes the cost performance, by service category, of episodes of this type attributed to your TIN. All costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level. Exhibit 4.A provides the service category cost breakdown for the entire episode. Exhibit 4.B and 4.C show the cost breakdown for the treatment and indirect component of the episode, respectively.

EXHIBIT 4.C: Indirect Service Category Cost Breakdown							
Ischemic Stroke (n=0)	AVG. NON-RISK-ADJUSTED COST			AVG. % EPISODES RECEIVING SERVICE		AVG. UTILIZATION	
	Your TIN	National	% Difference	Your TIN	National	Your TIN	National
All Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Outpatient Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Major Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Ambulatory/Minor Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Outpatient Physical, Occupational, or Speech and Language Pathology Therapy	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Ancillary Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests

Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services
Durable Medical Equipment and Supplies	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 DME/Supplies	0.00 DME/Supplies
Hospital Inpatient Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Inpatient Hospital: Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Inpatient Hospital: Non-Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Physician Services During Hospitalization	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Emergency Room Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Emergency Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests
Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services

Post-Acute Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Home Health	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Skilled Nursing Facility	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Inpatient Rehabilitation or Long-Term Care Hospital	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Hospice	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Claims	0.00 Claims
All Other Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Ambulance Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Anesthesia Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Chemotherapy and Other Part B-Covered Drugs	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Units	0.00 Units
Dialysis	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
All Other Services Not Otherwise Classified	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00	0.00

EXHIBIT 4 - Pneumonia, IP-Based Episode Service Category Cost Breakdown

This exhibit summarizes the cost performance, by service category, of episodes of this type attributed to your TIN. All costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level. Exhibit 4.A provides the service category cost breakdown for the entire episode. Exhibit 4.B and 4.C show the cost breakdown for the treatment and indirect component of the episode, respectively.

EXHIBIT 4.C: Indirect Service Category Cost Breakdown							
Pneumonia, IP-Based (n=0)	AVG. NON-RISK-ADJUSTED COST			AVG. % EPISODES RECEIVING SERVICE		AVG. UTILIZATION	
	Your TIN	National	% Difference	Your TIN	National	Your TIN	National
All Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Outpatient Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Major Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Ambulatory/Minor Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Outpatient Physical, Occupational, or Speech and Language Pathology Therapy	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Ancillary Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests

Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services
Durable Medical Equipment and Supplies	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 DME/Supplies	0.00 DME/Supplies
Hospital Inpatient Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Inpatient Hospital: Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Inpatient Hospital: Non-Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Physician Services During Hospitalization	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Emergency Room Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Emergency Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests
Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services

Post-Acute Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Home Health	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Skilled Nursing Facility	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Inpatient Rehabilitation or Long-Term Care Hospital	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Hospice	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Claims	0.00 Claims
All Other Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Ambulance Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Anesthesia Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Chemotherapy and Other Part B-Covered Drugs	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Units	0.00 Units
Dialysis	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
All Other Services Not Otherwise Classified	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00	0.00

EXHIBIT 4 - Cholecystectomy Episode Service Category Cost Breakdown

This exhibit summarizes the cost performance, by service category, of episodes of this type attributed to your TIN. All costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level. Exhibit 4.A provides the service category cost breakdown for the entire episode. Exhibit 4.B and 4.C show the cost breakdown for the treatment and indirect component of the episode, respectively.

EXHIBIT 4.C: Indirect Service Category Cost Breakdown							
Cholecystectomy (n=0)	AVG. NON-RISK-ADJUSTED COST			AVG. % EPISODES RECEIVING SERVICE		AVG. UTILIZATION	
	Your TIN	National	% Difference	Your TIN	National	Your TIN	National
All Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Outpatient Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Major Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Ambulatory/Minor Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Outpatient Physical, Occupational, or Speech and Language Pathology Therapy	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Ancillary Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests

Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services
Durable Medical Equipment and Supplies	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 DME/Supplies	0.00 DME/Supplies
Hospital Inpatient Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Inpatient Hospital: Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Inpatient Hospital: Non-Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Physician Services During Hospitalization	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Emergency Room Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Emergency Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests
Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services

Post-Acute Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Home Health	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Skilled Nursing Facility	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Inpatient Rehabilitation or Long-Term Care Hospital	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Hospice	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Claims	0.00 Claims
All Other Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Ambulance Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Anesthesia Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Chemotherapy and Other Part B-Covered Drugs	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Units	0.00 Units
Dialysis	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
All Other Services Not Otherwise Classified	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00	0.00

EXHIBIT 4 - Colonoscopy with Invasive Procedure Episode Service Category Cost Breakdown

This exhibit summarizes the cost performance, by service category, of episodes of this type attributed to your TIN. All costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level. Exhibit 4.A provides the service category cost breakdown for the entire episode. Exhibit 4.B and 4.C show the cost breakdown for the treatment and indirect component of the episode, respectively.

EXHIBIT 4.C: Indirect Service Category Cost Breakdown							
Colonoscopy with Invasive Procedure (n=0)	AVG. NON-RISK-ADJUSTED COST			AVG. % EPISODES RECEIVING SERVICE		AVG. UTILIZATION	
	Your TIN	National	% Difference	Your TIN	National	Your TIN	National
All Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Outpatient Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Major Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Ambulatory/Minor Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Outpatient Physical, Occupational, or Speech and Language Pathology Therapy	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Ancillary Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests

Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services
Durable Medical Equipment and Supplies	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 DME/Supplies	0.00 DME/Supplies
Hospital Inpatient Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Inpatient Hospital: Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Inpatient Hospital: Non-Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Physician Services During Hospitalization	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Emergency Room Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Emergency Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests
Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services

Post-Acute Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Home Health	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Skilled Nursing Facility	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Inpatient Rehabilitation or Long-Term Care Hospital	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Hospice	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Claims	0.00 Claims
All Other Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Ambulance Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Anesthesia Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Chemotherapy and Other Part B-Covered Drugs	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Units	0.00 Units
Dialysis	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
All Other Services Not Otherwise Classified	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00	0.00

EXHIBIT 4 - Lumpectomy or Partial Mastectomy without Reconstruction Episode Service Category Cost Breakdown

This exhibit summarizes the cost performance, by service category, of episodes of this type attributed to your TIN. All costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level. Exhibit 4.A provides the service category cost breakdown for the entire episode. Exhibit 4.B and 4.C show the cost breakdown for the treatment and indirect component of the episode, respectively.

EXHIBIT 4.C: Indirect Service Category Cost Breakdown							
Lumpectomy or Partial Mastectomy without Reconstruction (n=0)	AVG. NON-RISK-ADJUSTED COST			AVG. % EPISODES RECEIVING SERVICE		AVG. UTILIZATION	
	Your TIN	National	% Difference	Your TIN	National	Your TIN	National
All Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Outpatient Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Major Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Ambulatory/Minor Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Outpatient Physical, Occupational, or Speech and Language Pathology Therapy	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Ancillary Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests

Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services
Durable Medical Equipment and Supplies	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 DME/Supplies	0.00 DME/Supplies
Hospital Inpatient Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Inpatient Hospital: Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Inpatient Hospital: Non-Trigger	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Physician Services During Hospitalization	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Emergency Room Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	<i>N/A</i>	<i>N/A</i>
Emergency Evaluation & Management Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Procedures	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Laboratory, Pathology, and Other Tests	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Tests	0.00 Tests
Imaging Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Imaging Services	0.00 Imaging Services

Post-Acute Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Home Health	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Visits	0.00 Visits
Skilled Nursing Facility	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Inpatient Rehabilitation or Long-Term Care Hospital	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Days	0.00 Days
Hospice	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Claims	0.00 Claims
All Other Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	N/A	N/A
Ambulance Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Anesthesia Services	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
Chemotherapy and Other Part B-Covered Drugs	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Units	0.00 Units
Dialysis	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00 Services	0.00 Services
All Other Services Not Otherwise Classified	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.00	0.00