

National Summary Data Report on Eight Episode-Based Cost Measures:

- Elective Outpatient Percutaneous Coronary Intervention (PCI)
- Knee Arthroplasty
- Revascularization for Lower Extremity Chronic Critical Limb Ischemia
- Routine Cataract Removal with Intraocular Lens (IOL) Implantation
- Screening/Surveillance Colonoscopy
- Intracranial Hemorrhage or Cerebral Infarction
- Simple Pneumonia with Hospitalization
- ST-Elevation Myocardial Infarction (STEMI) with PCI

November 2017



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1.0 Introduction

Episode-based cost measures represent the cost to Medicare for the items and services furnished to patients during an episode of care. These measures are developed to inform clinicians on the cost of care for an episode during which they manage the care for an acute medical condition or perform a procedure. In conjunction with quality of care assessment, cost measures aim to incentivize high-value, patient centered care across a patient's care trajectory.

This National Summary Data Report provides the results of empirical analyses for eight episode-based cost measures under development. The national-level summary statistics presented in this document provide information on the cost measures under development that stakeholders may use to understand the performance of clinicians and clinician groups relative to the performance of others nationally. This document is intended to serve as a supplemental resource to other documents being shared with stakeholders as a part of a field testing period between October 16, 2017 and November 20, 2017, extended from the original deadline of November 15, 2017. Specifically, this document provides summary statistics on beneficiary demographics and episode attribution as well as analyses illustrating variation across providers in cost measure scores and episode costs.

For further background on the draft measure specifications for the eight measures and context on the overall measure development process, please refer to the methodology, fact sheet, and Frequently Asked Questions documents that are publicly posted on this MACRA Page:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html>.

The rest of this section gives an overview of the field testing of the eight cost measures under development. Section 2 presents national summary statistics for the measures.

1.1 Overview of MACRA Episode-Based Cost Measures Field Testing

MACRA Episode-Based Cost Measures Field Testing is taking place from October 16, 2017 to November 20, 2017 at 12 pm ET, extended from the original deadline of November 15, 2017. During this time, clinicians are receiving a confidential MACRA Episode-Based Cost Measure Field Test Report containing their measure performance information. Clinicians who meet a 10 episode case minimum for at least one cost measure during the measurement period of June 1, 2016 to May 31, 2017 are getting a report. Clinicians are identified by their Taxpayer Identification Number/National Provider identifier (TIN-NPI), while clinician groups are identified by their Taxpayer Identification Number (TIN). In total 17,557 clinician groups and 48,263 clinicians are receiving a confidential field test report.

The following eight episode-based cost measures will be reported during the field test:

- Elective Outpatient Percutaneous Coronary Intervention (PCI)
- Knee Arthroplasty
- Revascularization For Lower Extremity Chronic Critical Limb Ischemia
- Routine Cataract Removal with IOL Implantation
- Screening/Surveillance Colonoscopy
- Intracranial Hemorrhage Or Cerebral Infarction
- Simple Pneumonia with Hospitalization

- ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI)

The Centers for Medicare & Medicaid Services (CMS) is now seeking stakeholder feedback on the draft measure specifications for the eight measures in their current stage of development, the field test report template, and all accompanying documentation. While not every clinician will receive a Field Test Report given the clinical scope and attribution method for the eight measures developed to date, CMS encourages all clinicians and other stakeholders to review and comment on the materials posted publicly given their potential relevance to the future development of other measures. The materials include: the Draft Cost Measure Methodology for each measure; the Draft Measure Codes List file for each measure; the Frequently Asked Questions document; and the mock Field Test Report. All materials are available at this link: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html>.

We are collecting stakeholder feedback from October 16, 2017, to November 20, 2017 at 12PM ET (extended from the original deadline of November 15, 2017). To provide feedback on any aspect of the Field Test Reports as described above, including this national summary data report, please click here:
<https://www.surveymonkey.com/r/macra-cost-measures-field-testing>

1.2 Methodology

All empirical analyses presented in this document were conducted based upon data from the following sources:

- Enrollment Database (EDB)
- Common Working File (CWF) Claims Data
 - Durable Medical Equipment (DME) Claims Data
 - Home Health (HH) Claims Data
 - Hospice (HS) Claims Data
 - Inpatient (IP) Claims Data
 - Outpatient (OP) Claims Data
 - Part B Physician/Supplier (PB) Claims Data
 - Skilled Nursing (SN) Claims Data
- Minimum Data Set (MDS)

Cost figures presented in this report are defined by allowed amounts on Medicare claims data which represent the Medicare-allowed charge for a given service and include both Medicare trust fund payments and beneficiary deductible and coinsurance. Additionally, cost figures are standardized to remove any Medicare payment differences due to adjustments for geographic differences in wage levels or policy-driven payment adjustments such as those for teaching hospitals. This standardization is intended to preserve cost differences that result solely from healthcare delivery choices, allowing for accurate resource use comparisons between providers. For more information on calculation of the standardized costs, please refer to Section 3 of the “Draft Cost Measure Methodology” for each episode-based cost measure. This document is available at the link provided above in Section 1.

Episodes were constructed and the cost measure scores were calculated based on the methodology given in the “Draft Cost Measure Methodology” document and the “Draft Measure

Codes List” file corresponding to each episode-based cost measure, available at the link in Section 1, above. All analyses were conducted on episodes ending between June 1, 2016 and May 31, 2017.

2.0 National Summary Statistics

This section provides national summary statistics and high-level trends for the eight cost measures. Section 2.1 presents summary statistics about beneficiary demographics. Next, Section 2.2 shows a breakdown of clinicians with certain episode counts for each cost measure. Section 2.3 presents provider cost measure scores by various provider characteristics. Finally, Section 2.4 shows episode costs by clinical themes, which are clinical categorizations of the services assigned to episode costs during the episode window.

2.1 Summary of Beneficiary Demographics

The table below provides a summary of the demographics (age and sex) of the beneficiaries for each of the eight cost measures. To be counted in the table, a beneficiary must have at least one episode in the eight cost measures during the measurement period and there is no restriction to providers with 10 or more cases.

Table 1. Beneficiary Demographics

Type of Episode Group	Episode Group	# Episodes	# Beneficiaries	Average Age	Sex (% Female)
Procedural	Elective Outpatient Percutaneous Coronary Intervention (PCI)	105,510	98,600	73.22	33.15%
Procedural	Knee Arthroplasty	249,332	239,747	72.52	63.58%
Procedural	Revascularization For Lower Extremity Chronic Critical Limb Ischemia	104,671	82,934	73.67	42.36%
Procedural	Routine Cataract Removal with Intraocular Lens (IOL) Implantation	527,211	477,652	74.07	61.43%
Procedural	Screening/Surveillance Colonoscopy	1,967,588	1,932,749	70.74	53.76%
Acute Inpatient Medical Condition	Intracranial Hemorrhage Or Cerebral Infarction	118,573	113,668	77.27	55.17%
Acute Inpatient Medical Condition	Simple Pneumonia with Hospitalization	147,826	143,734	77.54	56.37%
Acute Inpatient Medical Condition	ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI)	20,268	20,247	72.49	37.14%

2.2 Episode Attribution

Episodes are attributed to a principal (or managing) clinician based on the trigger event. The principal clinician is held responsible for the services that are assigned to the episode based on their clinical relevance to the clinician's role in managing patient care. Information from claims is used to identify the clinician to whom an episode is attributed.

The rules for attributing episode groups vary depending on the type of episode group. For acute inpatient medical condition episode groups, episodes are attributed to the clinician or clinicians who furnish at least 30% of inpatient evaluation and management (E&M) services during the inpatient hospitalization with the medical Diagnosis-Related Groups (DRGs) for the episode group, as identified by a unique TIN-NPI informed by the "provider tax number" and "performing

physician” fields on the Part B Physician/Supplier E&M claims. For procedural episode groups, episodes are attributed to the clinician who renders the trigger services (defined by HCPCS/CPT procedure codes), as also identified by a unique TIN-NPI. Although attribution is always at the TIN-NPI level, measure reporting is done at both the TIN-NPI and TIN level.

Table 2 below presents a breakdown of clinicians and clinician groups with a particular number of episodes, to illustrate the number of different episode groups for which a provider is attributed episodes. Only TINs and TIN-NPIs who meet the 10 episode case minimum are included in this table. There may be episodes included in a TIN’s field test report that are not included in a TIN-NPI report from the same TIN if the TIN-NPI does not independently meet the case minimum for the episode group. Of the 951 TIN-NPIs who have episodes from more than one episode group, 638 had the combination of Revascularization for Lower Extremity Chronic Critical Limb and Elective Outpatient Percutaneous Coronary Intervention episode groups.

Table 2. Number of Different Episode Groups for TINs and TIN-NPIs

Number of Episode Groups with Episodes Attributed	Count of TINs with Number	Count of TIN-NPIs with Number
1	14,621	47,312
2	1,492	936
3	526	15
4	285	0
5	215	0
6	164	0
7	159	0
8	95	0

The following tables provide a summary of the number of clinicians and clinician groups who were attributed a certain number of episodes for each episode group. Only clinicians who meet the 10 episode case minimum are included in these tables.

Table 3. TINs with Certain Episode Counts for Each Episode Group

Type of Episode Group	Episode Group	Count of TINs							
		10-20 Episodes	21-40 Episodes	41-60 Episodes	61-80 Episodes	81-100 Episodes	101-200 Episodes	201-300 Episodes	300+ Episodes
Procedural	Elective Outpatient Percutaneous Coronary Intervention (PCI)	480	424	223	154	111	191	47	28
Procedural	Knee Arthroplasty	810	735	374	230	187	421	138	162
Procedural	Revascularization For Lower Extremity Chronic Critical Limb Ischemia	632	508	272	177	83	180	41	17
Procedural	Routine Cataract Removal with Intraocular Lens (IOL) Implantation	796	916	616	406	307	704	301	388
Procedural	Screening/Surveillance Colonoscopy	817	939	639	515	417	1,299	560	1,553

Type of Episode Group	Episode Group	Count of TINs							
		10-20 Episodes	21-40 Episodes	41-60 Episodes	61-80 Episodes	81-100 Episodes	101-200 Episodes	201-300 Episodes	300+ Episodes
Acute Inpatient Medical Condition	Intracranial Hemorrhage Or Cerebral Infarction	1,050	683	292	151	104	210	46	18
Acute Inpatient Medical Condition	Simple Pneumonia with Hospitalization	1,515	805	366	179	109	208	36	22
Acute Inpatient Medical Condition	ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI)	426	185	40	7	4	1	0	0

Table 4. TIN-NPIs with Certain Episode Counts for Each Episode Group

Type of Episode Group	Episode Group	Count of TIN-NPIs							
		10-20 Episodes	21-40 Episodes	41-60 Episodes	61-80 Episodes	81-100 Episodes	101-200 Episodes	201-300 Episodes	300+ Episodes
Procedural	Elective Outpatient Percutaneous Coronary Intervention (PCI)	2,115	1,108	269	84	29	28	2	1
Procedural	Knee Arthroplasty	4,340	3,445	1,436	652	352	395	38	6
Procedural	Revascularization For Lower Extremity Chronic Critical Limb Ischemia	1,772	957	264	95	35	59	12	1
Procedural	Routine Cataract Removal with Intraocular Lens (IOL) Implantation	1,671	1,981	1,237	812	559	1,033	263	134
Procedural	Screening/Surveillance Colonoscopy	2,869	3,278	2,261	1,789	1,493	4,809	1,752	834
Acute Inpatient Medical Condition	Intracranial Hemorrhage Or Cerebral Infarction	1,802	431	65	15	6	2	0	0
Acute Inpatient Medical Condition	Simple Pneumonia with Hospitalization	2,360	179	9	1	0	0	1	0
Acute Inpatient Medical Condition	ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI)	88	0	0	0	0	0	0	0

2.3 Cost Measure Scores by Provider Characteristics

A clinician or clinician group's cost measure score represents their average risk-adjusted cost to Medicare for that measure. Risk adjustment aims to facilitate a more accurate comparison of cost across clinicians by adjusting for factors outside of the clinician's control that can influence spending. Accounting for these factors is one way to ensure the validity of cost measures and to mitigate against potential unintended consequences. Predictors in the risk adjustment model include variables such as: the beneficiary's age, end stage renal disease (ESRD) status, an indicator of whether a beneficiary is institutionalized in a long term care facility, as well as Hierarchical Condition Categories (HCC) data and other clinical characteristics that were recommended by the Clinical Subcommittee for each measure. For full details of each measure's risk adjustment model, please refer to the "Draft Cost Measure Methodology" and "Draft Measure Codes List" for each measure as linked to in Section 1, above.

Provider characteristics that are explored in this section include geographic variables based on the provider's zipcode as found on Medicare claims. These include the urban-rural classification, census region, and census division for each provider's zipcode. The census region and census division classifications are used in subdividing the United States for the presentation of census data. There are nine census divisions and four census regions, each identified by a single-digit census code.¹ The urban-rural classification was derived from the rural indicator on the Zipcode to Carrier Locality file issued by CMS, where values of "rural" or "super rural" were used to identify zipcodes as rural, and all other zipcodes were classified as "urban".² Any zipcodes that were not found in the Zipcode to Carrier Locality file were categorized as "unknown".

Providers' cost measure scores are also compared by risk score bracket ("risk bracket"), which provide a way of drawing a more informative comparison between providers, as members of the same risk bracket are likely to have a similar patient case-mix. A provider's average risk score indicates how costly their episodes are expected to be, as predicted through risk adjustment.³ The distribution of average risk scores for all providers is divided into deciles, with each decile corresponding to a risk bracket. Several metrics were presented in the field test reports for both the attributed clinician/clinician group as well as their risk bracket to facilitate these types of comparisons. Note that in each table below, all providers with one or more episodes were equally divided into risk brackets, with any providers who did not meet the 10 episode case minimum then removed. As such, the number of providers is not equal across risk brackets.

Each table in this section presents the cost measure scores by provider characteristics described above, allowing a comparison of score distributions between providers with different characteristics. These are presented at the TIN-NPI level and the TIN level for the eight cost

¹ United States Census Bureau, "Geographic Terms and Concepts – Census Divisions and Census Regions," https://www.census.gov/geo/reference/gtc/gtc_census_divreg.html

² CMS, "Zip Code to Carrier Locality File – Revised 08/15/2017," <https://cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ProspMedicareFeeSvcPmtGen/Downloads/Zip-Code-to-Carrier-Locality.zip>

³ Risk-adjusted costs for each episode are calculated using two types of risk adjustors: (i) standard risk adjustors used commonly in risk adjustment for all of the episode-based cost measures, such as factors included in the CMS Hierarchical Condition Category Risk Adjustment Model, and (ii) other risk adjustors as recommended by each of the Clinical Subcommittees to include in each cost measure's risk adjustment model. For more information on the risk adjustment methodology for each measure, please refer to the draft Cost Measure Methodology documents and draft Measure Codes List files.

measures. The national cost measure scores presented in this table are not episode-weighted, unlike the national and provider-specific cost measure scores given in the MACRA Episode-Based Cost Measure Field Test Reports.

The average cost measure score for each sub-group, if applicable for a given measure, is also presented. It is important to note that the measure scores for each sub-group are calculated using the average of the observed costs over expected costs and multiplied by the national average observed costs for the sub-group, rather than the episode group overall.

Only clinicians who meet the 10 episode case minimum are included in these tables.

Table 5-A. TIN-NPI Level Cost Measure Scores by Provider Characteristic, Elective Outpatient Percutaneous Coronary Intervention (PCI)

Provider Characteristic	Number of TIN-NPIs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
All TIN-NPIs	3,636	\$10,884	\$7,086	\$9,485	\$10,263	\$10,928	\$11,631	\$12,323	\$13,694
Urban/Rural									
Urban	3,265	\$10,875	\$6,716	\$9,458	\$10,256	\$10,930	\$11,637	\$12,311	\$13,654
Rural	371	\$10,961	\$8,132	\$9,691	\$10,292	\$10,875	\$11,620	\$12,406	\$13,939
Census Region									
Northeast	521	\$10,898	\$7,174	\$9,392	\$10,174	\$10,930	\$11,655	\$12,452	\$13,740
Midwest	930	\$11,014	\$8,182	\$9,721	\$10,329	\$10,982	\$11,731	\$12,450	\$14,077
South	1,677	\$10,753	\$5,618	\$9,347	\$10,180	\$10,850	\$11,512	\$12,174	\$13,532
West	508	\$11,062	\$8,257	\$9,671	\$10,408	\$11,094	\$11,834	\$12,364	\$13,694
Census Division									
New England	127	\$11,083	\$8,366	\$9,559	\$10,401	\$11,108	\$11,791	\$12,335	\$13,365
Middle Atlantic	394	\$10,839	\$7,106	\$9,336	\$10,107	\$10,868	\$11,642	\$12,457	\$13,907
East North Central	611	\$10,974	\$8,182	\$9,578	\$10,317	\$10,947	\$11,691	\$12,448	\$14,131
West North Central	319	\$11,092	\$8,211	\$9,807	\$10,391	\$11,055	\$11,770	\$12,452	\$13,661
South Atlantic	788	\$10,607	\$4,408	\$9,098	\$10,080	\$10,797	\$11,503	\$12,098	\$13,258
East South Central	360	\$10,811	\$8,077	\$9,522	\$10,145	\$10,793	\$11,455	\$12,102	\$13,574
West South Central	529	\$10,931	\$7,422	\$9,498	\$10,346	\$10,973	\$11,553	\$12,325	\$13,743
Mountain	233	\$10,976	\$8,283	\$9,540	\$10,325	\$11,011	\$11,735	\$12,312	\$13,447
Pacific	275	\$11,135	\$8,137	\$9,719	\$10,446	\$11,154	\$11,852	\$12,494	\$13,905
Provider risk bracket									
1st	169	\$10,779	\$4,875	\$8,595	\$10,023	\$10,841	\$12,030	\$12,712	\$13,972
2nd	379	\$11,016	\$7,573	\$9,478	\$10,271	\$10,952	\$11,807	\$12,579	\$14,232
3rd	448	\$10,963	\$7,285	\$9,526	\$10,246	\$11,029	\$11,679	\$12,501	\$13,782
4th	450	\$10,843	\$6,502	\$9,332	\$10,340	\$10,948	\$11,589	\$12,305	\$13,603
5th	494	\$10,903	\$6,180	\$9,718	\$10,345	\$11,047	\$11,592	\$12,256	\$13,325
6th	479	\$10,860	\$6,084	\$9,443	\$10,343	\$10,930	\$11,572	\$12,134	\$13,825
7th	463	\$10,911	\$7,161	\$9,673	\$10,280	\$11,005	\$11,620	\$12,219	\$13,465
8th	397	\$10,817	\$7,129	\$9,509	\$10,215	\$10,820	\$11,511	\$12,306	\$13,254
9th	295	\$10,833	\$8,257	\$9,526	\$10,130	\$10,738	\$11,543	\$12,335	\$13,740
10th	62	\$10,579	\$6,351	\$9,342	\$10,016	\$10,478	\$11,313	\$11,868	\$13,694
Number of episodes									
10-20 Episodes	2,115	\$10,764	\$6,716	\$9,269	\$10,093	\$10,797	\$11,541	\$12,299	\$13,886
21-40 Episodes	1,108	\$11,012	\$7,892	\$9,753	\$10,418	\$11,088	\$11,692	\$12,334	\$13,432

Provider Characteristic	Number of TIN-NPIs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
41-60 Episodes	269	\$11,143	\$8,532	\$9,992	\$10,585	\$11,182	\$11,719	\$12,464	\$13,811
61-80 Episodes	84	\$11,020	\$3,128	\$10,053	\$10,590	\$11,154	\$11,692	\$12,325	\$12,824
81-100 Episodes	29	\$11,225	\$5,040	\$10,345	\$10,723	\$11,266	\$12,026	\$12,710	\$13,157
101-200 Episodes	28	\$11,652	\$9,843	\$10,793	\$11,338	\$11,530	\$12,090	\$12,746	\$13,645
201-300 Episodes	2	\$10,749	\$10,047	\$10,047	\$10,047	\$10,749	\$11,451	\$11,451	\$11,451
300+ Episodes	1	\$11,473	\$11,473	\$11,473	\$11,473	\$11,473	\$11,473	\$11,473	\$11,473

Table 5-B. TIN Level Cost Measure Scores by Provider Characteristic, Elective Outpatient Percutaneous Coronary Intervention (PCI)

Provider Characteristic	Number of TINs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
All TINs	1,658	\$10,688	\$6,338	\$9,445	\$10,222	\$10,809	\$11,350	\$11,874	\$13,050
Urban/Rural									
Urban	1,449	\$10,681	\$6,092	\$9,437	\$10,227	\$10,814	\$11,341	\$11,869	\$13,093
Rural	209	\$10,736	\$7,956	\$9,527	\$10,221	\$10,794	\$11,424	\$11,878	\$12,863
Census Region									
Northeast	252	\$10,739	\$6,338	\$9,442	\$10,097	\$10,786	\$11,465	\$12,133	\$13,238
Midwest	380	\$10,794	\$7,949	\$9,567	\$10,292	\$10,863	\$11,430	\$11,925	\$12,959
South	732	\$10,527	\$5,439	\$9,262	\$10,092	\$10,739	\$11,242	\$11,706	\$12,863
West	294	\$10,906	\$8,131	\$9,617	\$10,417	\$10,894	\$11,482	\$12,171	\$13,652
Census Division									
New England	57	\$10,784	\$3,683	\$9,596	\$10,171	\$11,099	\$11,514	\$12,133	\$12,972
Middle Atlantic	195	\$10,725	\$6,338	\$9,294	\$10,085	\$10,742	\$11,451	\$12,152	\$13,604
East North Central	253	\$10,709	\$7,272	\$9,325	\$10,265	\$10,823	\$11,280	\$11,866	\$12,801
West North Central	127	\$10,964	\$8,354	\$9,728	\$10,324	\$11,090	\$11,543	\$12,071	\$12,959
South Atlantic	358	\$10,375	\$3,827	\$8,824	\$9,969	\$10,675	\$11,205	\$11,668	\$12,691
East South Central	135	\$10,666	\$8,191	\$9,534	\$10,115	\$10,709	\$11,189	\$11,754	\$12,863
West South Central	239	\$10,677	\$7,042	\$9,316	\$10,252	\$10,814	\$11,312	\$11,735	\$12,872
Mountain	121	\$10,959	\$8,801	\$9,968	\$10,417	\$10,879	\$11,422	\$12,212	\$13,470
Pacific	173	\$10,868	\$7,934	\$9,494	\$10,421	\$10,939	\$11,535	\$12,036	\$13,652
Provider risk bracket									
1st	77	\$10,319	\$3,741	\$8,166	\$9,540	\$10,536	\$11,324	\$12,155	\$14,232
2nd	159	\$10,609	\$6,939	\$9,154	\$9,968	\$10,683	\$11,360	\$12,258	\$12,959
3rd	183	\$10,676	\$7,097	\$9,268	\$10,115	\$10,775	\$11,336	\$11,878	\$13,652
4th	198	\$10,837	\$7,949	\$9,356	\$10,315	\$10,960	\$11,444	\$11,977	\$13,539
5th	210	\$10,700	\$5,730	\$9,549	\$10,324	\$10,923	\$11,314	\$11,748	\$12,691
6th	214	\$10,584	\$5,948	\$9,442	\$10,171	\$10,708	\$11,327	\$11,785	\$12,801
7th	206	\$10,812	\$8,396	\$9,739	\$10,350	\$10,897	\$11,368	\$11,712	\$12,863
8th	201	\$10,802	\$6,400	\$9,728	\$10,374	\$10,836	\$11,415	\$11,853	\$12,704
9th	159	\$10,713	\$8,164	\$9,587	\$10,098	\$10,677	\$11,312	\$12,047	\$13,144
10th	51	\$10,302	\$3,683	\$9,287	\$9,806	\$10,592	\$11,164	\$11,824	\$12,985
Number of episodes									
10-20 Episodes	480	\$10,448	\$5,908	\$8,853	\$9,723	\$10,564	\$11,278	\$12,082	\$13,680
21-40 Episodes	424	\$10,579	\$6,756	\$9,249	\$10,035	\$10,661	\$11,311	\$11,824	\$12,972
41-60 Episodes	223	\$10,774	\$6,092	\$9,623	\$10,340	\$10,847	\$11,337	\$11,911	\$13,238
61-80 Episodes	154	\$10,768	\$6,400	\$10,080	\$10,457	\$10,832	\$11,325	\$11,668	\$12,583

Provider Characteristic	Number of TINs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
81-100 Episodes	111	\$10,998	\$9,294	\$10,180	\$10,537	\$10,969	\$11,509	\$11,815	\$12,691
101-200 Episodes	191	\$10,973	\$5,958	\$10,318	\$10,697	\$11,068	\$11,389	\$11,678	\$12,746
201-300 Episodes	47	\$11,189	\$10,213	\$10,430	\$10,893	\$11,083	\$11,451	\$11,878	\$12,796
300+ Episodes	28	\$11,290	\$10,299	\$10,772	\$11,029	\$11,273	\$11,490	\$12,036	\$12,083

Table 6-A. TIN-NPI Level Cost Measure Scores by Provider Characteristic, Knee Arthroplasty

Provider Characteristic	Number of TIN-NPIs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
All TIN-NPIs	10,664	\$19,346	\$15,279	\$16,641	\$17,748	\$19,184	\$20,693	\$22,148	\$25,477
Sub-group									
Partial Knee / Unilateral	3,803	\$14,022	\$6,895	\$11,617	\$12,681	\$13,862	\$15,306	\$16,777	\$21,389
Total Knee / Bilateral	3,830	\$32,201	\$21,825	\$25,279	\$27,907	\$30,973	\$35,587	\$40,329	\$52,937
Total Knee / Unilateral	10,656	\$19,228	\$15,105	\$16,477	\$17,592	\$19,084	\$20,618	\$22,085	\$25,534
Urban/Rural									
Urban	9,148	\$19,361	\$15,249	\$16,640	\$17,760	\$19,212	\$20,700	\$22,197	\$25,499
Rural	1,509	\$19,261	\$15,375	\$16,675	\$17,689	\$19,031	\$20,662	\$21,950	\$25,260
Unknown	7	\$18,933	\$17,361	\$17,361	\$17,483	\$17,888	\$20,903	\$21,616	\$21,616
Census Region									
Northeast	1,785	\$20,019	\$15,921	\$17,517	\$18,744	\$19,977	\$21,211	\$22,419	\$25,442
Midwest	2,810	\$19,106	\$15,373	\$16,623	\$17,576	\$18,906	\$20,348	\$21,835	\$25,063
South	3,999	\$19,476	\$15,202	\$16,672	\$17,837	\$19,298	\$20,908	\$22,373	\$25,645
West	2,057	\$18,843	\$15,125	\$16,231	\$17,227	\$18,612	\$20,091	\$21,728	\$25,453
Unknown	13	\$18,444	\$15,387	\$17,114	\$17,361	\$17,779	\$19,641	\$20,903	\$21,616
Census Division									
New England	618	\$20,604	\$17,176	\$18,664	\$19,574	\$20,575	\$21,605	\$22,571	\$24,829
Middle Atlantic	1,167	\$19,710	\$15,847	\$17,151	\$18,290	\$19,586	\$20,956	\$22,279	\$25,575
East North Central	1,867	\$19,393	\$15,481	\$16,808	\$17,815	\$19,182	\$20,646	\$22,210	\$25,687
West North Central	943	\$18,540	\$15,136	\$16,398	\$17,261	\$18,370	\$19,698	\$20,904	\$23,626
South Atlantic	2,196	\$19,321	\$14,985	\$16,584	\$17,707	\$19,207	\$20,801	\$22,163	\$25,333
East South Central	711	\$19,432	\$15,451	\$16,678	\$17,771	\$19,086	\$20,856	\$22,322	\$25,550
West South Central	1,092	\$19,815	\$15,456	\$16,963	\$18,205	\$19,602	\$21,157	\$22,820	\$26,616
Mountain	844	\$18,965	\$15,545	\$16,399	\$17,311	\$18,663	\$20,255	\$22,068	\$25,082
Pacific	1,213	\$18,759	\$14,969	\$16,075	\$17,162	\$18,586	\$19,976	\$21,534	\$27,213
Unknown	13	\$18,444	\$15,387	\$17,114	\$17,361	\$17,779	\$19,641	\$20,903	\$21,616
Provider risk bracket									
1st	513	\$18,852	\$13,847	\$16,429	\$17,478	\$18,771	\$20,128	\$21,378	\$23,570
2nd	843	\$18,877	\$15,219	\$16,400	\$17,322	\$18,620	\$20,224	\$21,774	\$24,596
3rd	1,058	\$19,149	\$15,254	\$16,400	\$17,438	\$18,931	\$20,447	\$22,033	\$26,616
4th	1,276	\$18,966	\$15,155	\$16,416	\$17,477	\$18,762	\$20,233	\$21,842	\$24,446
5th	1,292	\$19,280	\$15,471	\$16,592	\$17,729	\$19,173	\$20,589	\$21,960	\$25,893
6th	1,359	\$19,248	\$15,128	\$16,563	\$17,702	\$19,179	\$20,583	\$21,966	\$25,249
7th	1,328	\$19,559	\$15,438	\$16,734	\$17,918	\$19,428	\$20,988	\$22,344	\$25,560
8th	1,234	\$19,594	\$15,401	\$16,886	\$18,066	\$19,492	\$20,901	\$22,267	\$25,824

Provider Characteristic	Number of TIN-NPIs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
9th	1,060	\$19,797	\$15,414	\$16,996	\$18,115	\$19,545	\$21,261	\$22,817	\$26,011
10th	701	\$20,056	\$15,921	\$17,147	\$18,634	\$19,953	\$21,420	\$22,880	\$25,594
Number of episodes									
10-20 Episodes	4,340	\$19,654	\$15,051	\$16,676	\$17,937	\$19,438	\$21,136	\$22,803	\$26,384
21-40 Episodes	3,445	\$19,337	\$15,411	\$16,699	\$17,772	\$19,257	\$20,638	\$22,066	\$25,149
41-60 Episodes	1,436	\$19,021	\$15,453	\$16,632	\$17,606	\$18,959	\$20,216	\$21,452	\$23,753
61-80 Episodes	652	\$18,850	\$15,438	\$16,494	\$17,393	\$18,761	\$20,093	\$21,325	\$23,394
81-100 Episodes	352	\$18,629	\$15,451	\$16,400	\$17,363	\$18,423	\$19,733	\$21,050	\$23,655
101-200 Episodes	395	\$18,763	\$15,511	\$16,472	\$17,418	\$18,577	\$19,852	\$21,310	\$23,179
201-300 Episodes	38	\$18,839	\$15,603	\$16,345	\$16,873	\$18,573	\$20,432	\$21,837	\$24,588
300+ Episodes	6	\$17,615	\$15,995	\$15,995	\$16,297	\$17,368	\$18,441	\$20,222	\$20,222

Table 6-B. TIN Level Cost Measure Scores by Provider Characteristic, Knee Arthroplasty

Provider Characteristic	Number of TINs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
All TINs	3,057	\$20,012	\$15,565	\$17,299	\$18,404	\$19,865	\$21,258	\$22,860	\$27,086
Sub-group									
Partial Knee / Unilateral	1,476	\$14,157	\$8,004	\$11,925	\$12,882	\$14,035	\$15,308	\$16,697	\$21,773
Total Knee / Bilateral	1,441	\$32,998	\$22,869	\$26,379	\$29,025	\$31,844	\$36,287	\$40,736	\$54,224
Total Knee / Unilateral	3,054	\$19,916	\$15,428	\$17,156	\$18,276	\$19,765	\$21,212	\$22,790	\$26,950
Urban/Rural									
Urban	2,465	\$20,098	\$15,565	\$17,371	\$18,507	\$19,960	\$21,371	\$22,960	\$27,094
Rural	590	\$19,658	\$15,467	\$17,121	\$18,075	\$19,458	\$20,918	\$22,371	\$26,781
Unknown	2	\$18,814	\$18,013	\$18,013	\$18,013	\$18,814	\$19,616	\$19,616	\$19,616
Census Region									
Northeast	549	\$20,732	\$16,763	\$18,368	\$19,487	\$20,644	\$21,767	\$23,145	\$26,287
Midwest	691	\$19,615	\$15,761	\$17,195	\$18,111	\$19,434	\$20,776	\$22,128	\$25,859
South	1,140	\$20,223	\$15,748	\$17,626	\$18,644	\$20,031	\$21,533	\$23,150	\$27,086
West	669	\$19,495	\$15,286	\$16,720	\$17,798	\$19,121	\$20,620	\$22,604	\$28,313
Unknown	8	\$18,116	\$15,479	\$15,479	\$17,133	\$17,648	\$19,687	\$20,516	\$20,516
Census Division									
New England	185	\$21,115	\$17,327	\$19,293	\$19,962	\$20,839	\$22,057	\$23,150	\$25,701
Middle Atlantic	364	\$20,537	\$16,268	\$18,003	\$19,118	\$20,398	\$21,611	\$23,136	\$27,068
East North Central	480	\$19,849	\$15,761	\$17,236	\$18,257	\$19,649	\$21,082	\$22,489	\$26,527
West North Central	211	\$19,083	\$16,020	\$17,115	\$17,857	\$18,931	\$20,077	\$21,217	\$23,784
South Atlantic	553	\$20,113	\$15,589	\$17,488	\$18,518	\$19,990	\$21,476	\$23,012	\$26,899
East South Central	194	\$20,273	\$16,374	\$17,688	\$18,620	\$19,956	\$21,612	\$23,247	\$29,032
West South Central	393	\$20,352	\$15,467	\$17,823	\$18,822	\$20,082	\$21,554	\$23,317	\$28,621
Mountain	242	\$19,338	\$15,904	\$16,772	\$17,770	\$19,197	\$20,695	\$21,939	\$24,632
Pacific	427	\$19,584	\$15,146	\$16,696	\$17,798	\$19,068	\$20,620	\$23,034	\$28,857
Unknown	8	\$18,116	\$15,479	\$15,479	\$17,133	\$17,648	\$19,687	\$20,516	\$20,516
Provider risk bracket									
1st	149	\$19,407	\$14,095	\$17,070	\$17,951	\$19,238	\$20,716	\$22,746	\$25,090
2nd	254	\$19,794	\$15,688	\$16,903	\$18,170	\$19,646	\$21,150	\$22,862	\$27,699

Provider Characteristic	Number of TINs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
3rd	329	\$19,583	\$15,454	\$17,154	\$17,891	\$19,172	\$20,983	\$22,446	\$27,021
4th	348	\$19,729	\$15,763	\$17,343	\$18,232	\$19,653	\$20,863	\$22,216	\$25,949
5th	367	\$19,800	\$15,146	\$16,981	\$18,241	\$19,795	\$20,870	\$22,431	\$28,621
6th	379	\$19,943	\$15,811	\$17,372	\$18,669	\$19,851	\$21,039	\$22,201	\$25,787
7th	365	\$20,121	\$15,873	\$17,600	\$18,620	\$19,898	\$21,256	\$22,928	\$27,282
8th	338	\$20,320	\$15,917	\$17,456	\$18,825	\$20,280	\$21,530	\$23,063	\$27,094
9th	321	\$20,688	\$15,507	\$17,896	\$18,961	\$20,414	\$22,219	\$23,956	\$27,141
10th	207	\$20,637	\$16,530	\$17,435	\$18,970	\$20,673	\$22,170	\$23,712	\$26,152
Number of episodes									
10-20 Episodes	810	\$20,730	\$15,257	\$17,358	\$18,810	\$20,540	\$22,332	\$24,255	\$28,857
21-40 Episodes	735	\$20,303	\$15,471	\$17,371	\$18,682	\$20,243	\$21,662	\$23,298	\$27,094
41-60 Episodes	374	\$19,945	\$15,837	\$17,486	\$18,601	\$19,885	\$21,145	\$22,306	\$24,707
61-80 Episodes	230	\$19,606	\$16,131	\$17,311	\$18,189	\$19,650	\$20,776	\$22,021	\$24,208
81-100 Episodes	187	\$19,352	\$15,251	\$17,299	\$18,103	\$19,374	\$20,482	\$21,764	\$23,424
101-200 Episodes	421	\$19,452	\$15,761	\$17,352	\$18,249	\$19,498	\$20,606	\$21,633	\$22,809
201-300 Episodes	138	\$19,049	\$15,732	\$17,045	\$17,922	\$18,986	\$20,214	\$20,916	\$22,457
300+ Episodes	162	\$18,872	\$16,250	\$16,973	\$17,691	\$18,717	\$19,987	\$21,022	\$23,806

Table 7-A. TIN-NPI Level Cost Measure Scores by Provider Characteristic, Revascularization For Lower Extremity Chronic Critical Limb Ischemia

Provider Characteristic	Number of TIN-NPIs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
All TIN-NPIs	3,195	\$22,504	\$13,922	\$17,144	\$19,394	\$22,040	\$25,039	\$28,244	\$36,163
Sub-group									
Bilateral / Endovascular / Above Knee	963	\$28,942	\$7,254	\$15,913	\$22,132	\$28,527	\$35,044	\$41,588	\$60,227
Unilateral / Endovascular / Above Knee	3,098	\$18,447	\$8,164	\$12,399	\$14,727	\$17,891	\$21,348	\$25,178	\$34,994
Bilateral / Endovascular / Below Knee	483	\$34,124	\$12,960	\$20,558	\$26,884	\$32,232	\$39,871	\$47,142	\$77,459
Unilateral / Endovascular / Below Knee	2,885	\$24,509	\$9,818	\$15,224	\$18,800	\$23,500	\$28,405	\$34,245	\$52,428
Open / Above Knee	1,630	\$27,294	\$14,325	\$18,919	\$21,684	\$25,662	\$30,957	\$37,071	\$57,128
Open / Below Knee	1,236	\$37,106	\$17,048	\$22,327	\$27,073	\$34,429	\$43,831	\$54,656	\$81,970
Urban/Rural									
Urban	2,887	\$22,545	\$13,922	\$17,128	\$19,413	\$22,063	\$25,108	\$28,363	\$36,359
Rural	305	\$22,126	\$13,942	\$17,472	\$19,253	\$21,666	\$24,383	\$27,035	\$36,087
Unknown	3	\$21,124	\$16,364	\$16,364	\$16,364	\$23,079	\$23,930	\$23,930	\$23,930
Census Region									
Northeast	547	\$22,394	\$14,427	\$17,428	\$19,330	\$22,071	\$24,856	\$27,674	\$35,316
Midwest	716	\$21,846	\$13,242	\$16,621	\$18,569	\$21,446	\$24,568	\$27,436	\$34,885
South	1,467	\$22,831	\$14,139	\$17,566	\$19,807	\$22,359	\$25,296	\$28,363	\$36,933
West	458	\$22,650	\$14,489	\$16,878	\$19,330	\$21,742	\$25,639	\$29,160	\$39,514
Unknown	7	\$20,079	\$13,942	\$13,942	\$16,364	\$19,372	\$23,930	\$25,567	\$25,567
Census Division									

Provider Characteristic	Number of TIN-NPIs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
New England	150	\$22,024	\$14,886	\$17,327	\$19,080	\$21,917	\$24,464	\$26,556	\$32,110
Middle Atlantic	397	\$22,534	\$13,375	\$17,428	\$19,560	\$22,140	\$25,025	\$28,352	\$35,991
East North Central	501	\$21,782	\$14,223	\$16,621	\$18,592	\$21,421	\$24,536	\$27,187	\$34,719
West North Central	215	\$21,996	\$12,873	\$16,650	\$18,536	\$21,482	\$24,601	\$28,105	\$38,257
South Atlantic	754	\$22,800	\$13,454	\$17,128	\$19,807	\$22,350	\$25,225	\$28,434	\$40,297
East South Central	268	\$22,030	\$15,747	\$17,879	\$19,412	\$21,542	\$24,063	\$26,498	\$32,901
West South Central	445	\$23,366	\$14,809	\$18,127	\$20,066	\$22,745	\$26,350	\$29,281	\$35,886
Mountain	133	\$22,302	\$15,677	\$17,300	\$19,860	\$21,935	\$24,479	\$26,997	\$34,238
Pacific	325	\$22,792	\$14,489	\$16,661	\$19,139	\$21,611	\$26,124	\$29,821	\$40,281
Unknown	7	\$20,079	\$13,942	\$13,942	\$16,364	\$19,372	\$23,930	\$25,567	\$25,567
Provider risk bracket									
1st	18	\$24,397	\$14,281	\$16,316	\$20,077	\$21,728	\$31,497	\$38,349	\$39,549
2nd	177	\$23,996	\$11,143	\$16,608	\$19,712	\$23,119	\$27,554	\$32,051	\$45,814
3rd	388	\$23,026	\$12,467	\$16,439	\$19,339	\$22,277	\$26,149	\$30,565	\$39,514
4th	497	\$22,615	\$13,184	\$16,733	\$19,253	\$21,834	\$25,584	\$28,705	\$40,281
5th	487	\$22,532	\$14,139	\$17,225	\$19,428	\$22,110	\$24,989	\$28,433	\$38,292
6th	485	\$22,179	\$13,485	\$17,247	\$19,362	\$21,907	\$24,495	\$27,436	\$33,738
7th	443	\$21,877	\$14,742	\$17,443	\$19,162	\$21,827	\$24,302	\$26,600	\$30,258
8th	367	\$21,884	\$14,574	\$17,473	\$19,097	\$21,476	\$24,014	\$26,924	\$34,113
9th	252	\$22,670	\$15,614	\$17,754	\$19,671	\$22,324	\$25,146	\$28,474	\$32,110
10th	81	\$23,128	\$15,626	\$19,186	\$20,929	\$22,978	\$25,065	\$26,995	\$34,781
Number of episodes									
10-20 Episodes	1,772	\$21,701	\$13,101	\$16,439	\$18,620	\$21,197	\$24,165	\$27,468	\$34,328
21-40 Episodes	957	\$22,678	\$15,392	\$17,853	\$19,684	\$22,219	\$24,954	\$27,819	\$35,886
41-60 Episodes	264	\$24,266	\$16,194	\$18,980	\$21,206	\$23,770	\$26,648	\$29,798	\$38,349
61-80 Episodes	95	\$25,515	\$15,090	\$19,936	\$21,899	\$24,556	\$27,903	\$33,448	\$45,814
81-100 Episodes	35	\$25,175	\$18,914	\$20,488	\$21,670	\$23,747	\$28,110	\$29,580	\$39,514
101-200 Episodes	59	\$27,279	\$20,584	\$21,903	\$23,632	\$25,888	\$28,306	\$35,760	\$46,000
201-300 Episodes	12	\$32,729	\$23,070	\$25,275	\$27,690	\$32,597	\$35,986	\$40,680	\$45,622
300+ Episodes	1	\$27,984	\$27,984	\$27,984	\$27,984	\$27,984	\$27,984	\$27,984	\$27,984

Table 7-B. TIN Level Cost Measure Scores by Provider Characteristic, Revascularization For Lower Extremity Chronic Critical Limb Ischemia

Provider Characteristic	Number of TINs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
All TINs	1,910	\$22,349	\$13,995	\$17,636	\$19,594	\$21,801	\$24,352	\$27,577	\$35,826
Sub-group									
Bilateral / Endovascular / Above Knee	745	\$28,425	\$7,725	\$15,810	\$22,074	\$28,277	\$34,010	\$40,502	\$57,058
Unilateral / Endovascular / Above Knee	1,881	\$18,554	\$9,189	\$13,200	\$15,407	\$17,828	\$20,978	\$24,342	\$33,539
Bilateral / Endovascular / Below Knee	414	\$34,080	\$13,341	\$21,009	\$27,279	\$32,405	\$39,498	\$46,729	\$74,607

Provider Characteristic	Number of TINs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
Unilateral / Endovascular / Below Knee	1,785	\$24,552	\$10,790	\$16,223	\$19,889	\$23,737	\$27,874	\$33,200	\$51,877
Open / Above Knee	1,044	\$27,514	\$15,060	\$20,151	\$22,850	\$26,438	\$30,656	\$36,127	\$53,854
Open / Below Knee	824	\$38,005	\$18,247	\$23,812	\$29,215	\$36,096	\$44,331	\$53,143	\$81,951
Urban/Rural									
Urban	1,697	\$22,395	\$13,995	\$17,692	\$19,684	\$21,842	\$24,440	\$27,936	\$36,163
Rural	211	\$21,963	\$13,825	\$17,503	\$19,214	\$21,407	\$24,066	\$26,737	\$35,784
Unknown	2	\$24,291	\$21,768	\$21,768	\$21,768	\$24,291	\$26,814	\$26,814	\$26,814
Census Region									
Northeast	305	\$22,164	\$14,640	\$17,829	\$19,613	\$21,828	\$24,044	\$27,265	\$32,886
Midwest	407	\$21,675	\$13,361	\$17,326	\$19,074	\$21,096	\$23,560	\$26,216	\$34,905
South	886	\$22,734	\$13,889	\$17,975	\$19,964	\$22,294	\$24,723	\$28,040	\$36,274
West	306	\$22,348	\$14,383	\$17,222	\$19,318	\$21,397	\$24,661	\$28,769	\$37,819
Unknown	6	\$20,852	\$13,825	\$13,825	\$18,144	\$20,489	\$25,352	\$26,814	\$26,814
Census Division									
New England	68	\$21,608	\$14,432	\$18,854	\$19,782	\$21,779	\$23,542	\$24,769	\$28,823
Middle Atlantic	237	\$22,324	\$14,640	\$17,615	\$19,572	\$21,835	\$24,569	\$28,593	\$34,998
East North Central	282	\$21,662	\$14,830	\$17,692	\$19,381	\$21,215	\$23,298	\$25,877	\$34,593
West North Central	125	\$21,702	\$12,649	\$16,950	\$18,717	\$20,969	\$23,954	\$27,863	\$36,551
South Atlantic	431	\$22,916	\$15,297	\$17,965	\$19,990	\$22,394	\$24,638	\$28,720	\$40,338
East South Central	161	\$21,656	\$14,502	\$17,926	\$19,565	\$21,277	\$23,622	\$25,561	\$32,625
West South Central	294	\$23,056	\$12,053	\$18,217	\$20,169	\$22,660	\$25,633	\$28,102	\$36,274
Mountain	106	\$21,937	\$15,528	\$17,584	\$19,251	\$21,523	\$23,845	\$26,279	\$34,499
Pacific	200	\$22,566	\$13,850	\$16,954	\$19,321	\$21,232	\$25,467	\$29,201	\$41,918
Unknown	6	\$20,852	\$13,825	\$13,825	\$18,144	\$20,489	\$25,352	\$26,814	\$26,814
Provider risk bracket									
1st	24	\$23,591	\$10,843	\$15,301	\$17,856	\$22,657	\$27,602	\$34,592	\$39,230
2nd	148	\$23,037	\$11,050	\$15,571	\$18,623	\$22,528	\$26,344	\$31,557	\$45,429
3rd	219	\$22,853	\$12,460	\$17,000	\$19,217	\$22,225	\$25,682	\$29,662	\$35,826
4th	261	\$22,653	\$15,044	\$17,631	\$19,976	\$21,532	\$24,304	\$28,699	\$39,942
5th	268	\$22,342	\$15,010	\$17,749	\$19,655	\$21,854	\$24,278	\$28,196	\$35,670
6th	258	\$21,800	\$13,361	\$17,585	\$19,349	\$21,627	\$23,823	\$26,391	\$32,752
7th	255	\$21,972	\$15,018	\$18,035	\$19,643	\$21,706	\$23,906	\$26,299	\$32,632
8th	224	\$21,649	\$15,588	\$18,152	\$19,469	\$21,165	\$22,900	\$25,681	\$34,039
9th	185	\$22,488	\$16,385	\$18,345	\$20,214	\$22,093	\$24,263	\$26,738	\$33,826
10th	68	\$23,090	\$15,481	\$19,210	\$20,984	\$22,713	\$24,664	\$27,435	\$34,489
Number of episodes									
10-20 Episodes	632	\$21,671	\$12,053	\$16,001	\$18,464	\$21,114	\$24,305	\$27,749	\$34,592
21-40 Episodes	508	\$22,112	\$15,231	\$17,641	\$19,453	\$21,625	\$24,089	\$26,963	\$32,886
41-60 Episodes	272	\$22,597	\$15,615	\$18,405	\$19,835	\$21,902	\$24,376	\$27,814	\$35,670
61-80 Episodes	177	\$22,784	\$16,158	\$18,395	\$20,089	\$22,200	\$24,253	\$26,944	\$43,894
81-100 Episodes	83	\$22,328	\$16,461	\$18,953	\$20,375	\$21,858	\$24,155	\$26,391	\$32,103
101-200 Episodes	180	\$23,895	\$17,585	\$19,488	\$20,842	\$22,905	\$25,248	\$29,389	\$37,552
201-300 Episodes	41	\$24,208	\$18,604	\$19,532	\$20,910	\$22,240	\$23,822	\$32,539	\$45,239
300+ Episodes	17	\$25,413	\$20,406	\$20,513	\$23,493	\$24,642	\$26,749	\$32,747	\$33,190

Table 8-A. TIN-NPI Level Cost Measure Scores by Provider Characteristic, Routine Cataract Removal with IOL Implantation

Provider Characteristic	Number of TIN-NPIs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
All TIN-NPIs	7,690	\$2,680	\$1,958	\$2,419	\$2,538	\$2,641	\$2,785	\$3,009	\$3,644
Sub-group									
ASC / Bilateral / Co-managed	1,695	\$3,752	\$3,220	\$3,473	\$3,589	\$3,683	\$3,794	\$4,053	\$5,213
ASC / Unilateral / Co-managed	2,325	\$2,062	\$1,543	\$1,815	\$1,900	\$1,994	\$2,143	\$2,472	\$2,942
ASC / Bilateral / Not Co-managed	4,385	\$3,757	\$3,239	\$3,532	\$3,620	\$3,688	\$3,780	\$4,013	\$5,188
ASC / Unilateral / Not Co-managed	5,640	\$2,041	\$1,647	\$1,841	\$1,904	\$1,974	\$2,090	\$2,396	\$2,840
HOPD / Bilateral / Co-managed	650	\$4,915	\$3,177	\$3,718	\$4,805	\$5,114	\$5,276	\$5,427	\$6,086
HOPD / Unilateral / Co-managed	1,096	\$2,655	\$1,598	\$2,081	\$2,515	\$2,706	\$2,843	\$3,018	\$3,622
HOPD / Bilateral / Not Co-managed	2,040	\$4,881	\$3,294	\$3,724	\$4,784	\$5,139	\$5,249	\$5,351	\$5,907
HOPD / Unilateral / Not Co-managed	3,471	\$2,600	\$1,522	\$2,017	\$2,499	\$2,665	\$2,771	\$2,918	\$3,679
Urban/Rural									
Urban	6,682	\$2,671	\$1,957	\$2,411	\$2,532	\$2,633	\$2,775	\$2,989	\$3,626
Rural	1,004	\$2,740	\$1,971	\$2,486	\$2,584	\$2,715	\$2,832	\$3,092	\$3,675
Unknown	4	\$2,705	\$2,262	\$2,262	\$2,481	\$2,762	\$2,928	\$3,032	\$3,032
Census Region									
Northeast	1,512	\$2,687	\$1,944	\$2,412	\$2,523	\$2,647	\$2,798	\$3,051	\$3,653
Midwest	1,588	\$2,691	\$1,986	\$2,412	\$2,557	\$2,659	\$2,795	\$2,981	\$3,687
South	2,870	\$2,671	\$1,966	\$2,436	\$2,541	\$2,635	\$2,769	\$2,972	\$3,649
West	1,671	\$2,679	\$1,923	\$2,415	\$2,526	\$2,629	\$2,783	\$3,072	\$3,610
Unknown	49	\$2,738	\$1,684	\$2,309	\$2,518	\$2,782	\$2,925	\$3,195	\$3,726
Census Division									
New England	461	\$2,634	\$1,952	\$2,431	\$2,512	\$2,631	\$2,752	\$2,850	\$3,505
Middle Atlantic	1,051	\$2,710	\$1,926	\$2,403	\$2,527	\$2,654	\$2,826	\$3,176	\$3,675
East North Central	1,152	\$2,697	\$1,993	\$2,398	\$2,556	\$2,662	\$2,800	\$2,991	\$3,737
West North Central	436	\$2,674	\$1,940	\$2,452	\$2,559	\$2,653	\$2,774	\$2,955	\$3,521
South Atlantic	1,537	\$2,688	\$1,964	\$2,453	\$2,539	\$2,640	\$2,782	\$3,011	\$3,676
East South Central	470	\$2,658	\$1,935	\$2,394	\$2,544	\$2,631	\$2,753	\$2,990	\$3,577
West South Central	863	\$2,647	\$1,990	\$2,410	\$2,543	\$2,627	\$2,757	\$2,907	\$3,547
Mountain	527	\$2,663	\$2,019	\$2,459	\$2,530	\$2,611	\$2,730	\$2,958	\$3,601
Pacific	1,144	\$2,686	\$1,914	\$2,401	\$2,524	\$2,646	\$2,805	\$3,112	\$3,610
Unknown	49	\$2,738	\$1,684	\$2,309	\$2,518	\$2,782	\$2,925	\$3,195	\$3,726
Provider risk bracket									
1st	499	\$2,758	\$2,098	\$2,422	\$2,521	\$2,633	\$2,904	\$3,417	\$3,768
2nd	661	\$2,793	\$2,240	\$2,443	\$2,543	\$2,664	\$2,937	\$3,405	\$3,768
3rd	956	\$2,688	\$2,214	\$2,437	\$2,513	\$2,597	\$2,738	\$3,144	\$3,678
4th	909	\$2,654	\$2,207	\$2,433	\$2,511	\$2,595	\$2,715	\$2,985	\$3,577
5th	601	\$2,655	\$1,964	\$2,410	\$2,525	\$2,624	\$2,768	\$2,927	\$3,687
6th	557	\$2,709	\$1,743	\$2,261	\$2,577	\$2,730	\$2,859	\$3,059	\$3,693
7th	800	\$2,660	\$1,935	\$2,391	\$2,549	\$2,649	\$2,782	\$2,924	\$3,447

Provider Characteristic	Number of TIN-NPIs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
8th	937	\$2,644	\$1,951	\$2,393	\$2,543	\$2,633	\$2,773	\$2,899	\$3,415
9th	930	\$2,652	\$1,940	\$2,450	\$2,566	\$2,644	\$2,757	\$2,862	\$3,428
10th	840	\$2,655	\$1,878	\$2,298	\$2,586	\$2,698	\$2,804	\$2,885	\$3,250
Number of episodes									
10-20 Episodes	1,671	\$2,691	\$1,905	\$2,363	\$2,512	\$2,662	\$2,824	\$3,087	\$3,685
21-40 Episodes	1,981	\$2,670	\$1,923	\$2,380	\$2,526	\$2,645	\$2,793	\$2,978	\$3,664
41-60 Episodes	1,237	\$2,692	\$1,993	\$2,443	\$2,552	\$2,645	\$2,781	\$2,998	\$3,635
61-80 Episodes	812	\$2,679	\$2,011	\$2,442	\$2,545	\$2,638	\$2,770	\$2,975	\$3,580
81-100 Episodes	559	\$2,662	\$1,955	\$2,443	\$2,541	\$2,632	\$2,761	\$2,935	\$3,541
101-200 Episodes	1,033	\$2,683	\$2,005	\$2,483	\$2,549	\$2,627	\$2,754	\$3,007	\$3,547
201-300 Episodes	263	\$2,657	\$1,996	\$2,497	\$2,553	\$2,614	\$2,722	\$2,890	\$3,525
300+ Episodes	134	\$2,691	\$2,031	\$2,460	\$2,554	\$2,630	\$2,759	\$3,052	\$3,676

Table 8-B. TIN Level Cost Measure Scores by Provider Characteristic, Routine Cataract Removal with IOL Implantation

Provider Characteristic	Number of TINs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
All TINs	4,434	\$2,682	\$1,931	\$2,400	\$2,540	\$2,653	\$2,799	\$3,032	\$3,654
Sub-group									
ASC / Bilateral / Co-managed	966	\$3,757	\$3,228	\$3,474	\$3,595	\$3,680	\$3,795	\$4,084	\$5,213
ASC / Unilateral / Co-managed	1,298	\$2,074	\$1,455	\$1,824	\$1,911	\$2,005	\$2,157	\$2,497	\$2,981
ASC / Bilateral / Not Co-managed	2,379	\$3,766	\$3,205	\$3,526	\$3,623	\$3,689	\$3,784	\$4,041	\$5,189
ASC / Unilateral / Not Co-managed	3,107	\$2,051	\$1,660	\$1,847	\$1,911	\$1,980	\$2,104	\$2,425	\$2,840
HOPD / Bilateral / Co-managed	476	\$4,893	\$3,329	\$3,717	\$4,725	\$5,101	\$5,253	\$5,401	\$6,133
HOPD / Unilateral / Co-managed	766	\$2,641	\$1,683	\$2,054	\$2,508	\$2,696	\$2,835	\$3,006	\$3,594
HOPD / Bilateral / Not Co-managed	1,410	\$4,824	\$3,235	\$3,695	\$4,551	\$5,113	\$5,243	\$5,336	\$5,756
HOPD / Unilateral / Not Co-managed	2,348	\$2,591	\$1,641	\$1,999	\$2,478	\$2,665	\$2,769	\$2,917	\$3,649
Urban/Rural									
Urban	3,800	\$2,671	\$1,931	\$2,382	\$2,531	\$2,640	\$2,787	\$3,011	\$3,655
Rural	632	\$2,745	\$1,935	\$2,492	\$2,608	\$2,731	\$2,836	\$3,076	\$3,631
Unknown	2	\$2,552	\$2,262	\$2,262	\$2,262	\$2,552	\$2,842	\$2,842	\$2,842
Census Region									
Northeast	971	\$2,677	\$1,923	\$2,378	\$2,520	\$2,649	\$2,793	\$3,013	\$3,653
Midwest	854	\$2,697	\$1,961	\$2,418	\$2,564	\$2,672	\$2,801	\$3,001	\$3,708
South	1,565	\$2,676	\$1,958	\$2,418	\$2,548	\$2,645	\$2,786	\$2,990	\$3,684
West	1,000	\$2,679	\$1,883	\$2,383	\$2,524	\$2,643	\$2,810	\$3,096	\$3,616
Unknown	44	\$2,747	\$1,684	\$2,309	\$2,539	\$2,785	\$2,948	\$3,195	\$3,726
Census Division									
New England	246	\$2,645	\$1,953	\$2,426	\$2,538	\$2,659	\$2,758	\$2,859	\$3,515
Middle Atlantic	725	\$2,688	\$1,923	\$2,356	\$2,513	\$2,643	\$2,806	\$3,151	\$3,675
East North Central	615	\$2,699	\$1,961	\$2,404	\$2,560	\$2,672	\$2,800	\$3,024	\$3,726

Provider Characteristic	Number of TINs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
West North Central	239	\$2,694	\$2,002	\$2,467	\$2,578	\$2,673	\$2,805	\$2,986	\$3,572
South Atlantic	818	\$2,690	\$1,957	\$2,431	\$2,547	\$2,650	\$2,797	\$3,053	\$3,685
East South Central	261	\$2,674	\$1,935	\$2,432	\$2,564	\$2,648	\$2,753	\$2,985	\$3,768
West South Central	486	\$2,655	\$1,991	\$2,371	\$2,542	\$2,636	\$2,786	\$2,963	\$3,558
Mountain	285	\$2,667	\$1,940	\$2,425	\$2,543	\$2,615	\$2,769	\$3,019	\$3,589
Pacific	715	\$2,684	\$1,849	\$2,335	\$2,514	\$2,661	\$2,831	\$3,120	\$3,626
Unknown	44	\$2,747	\$1,684	\$2,309	\$2,539	\$2,785	\$2,948	\$3,195	\$3,726
Provider risk bracket									
1st	307	\$2,789	\$2,098	\$2,418	\$2,515	\$2,663	\$2,983	\$3,474	\$3,756
2nd	410	\$2,785	\$2,266	\$2,434	\$2,559	\$2,668	\$2,910	\$3,389	\$3,758
3rd	508	\$2,699	\$2,154	\$2,449	\$2,514	\$2,604	\$2,777	\$3,157	\$3,677
4th	486	\$2,662	\$2,193	\$2,457	\$2,529	\$2,607	\$2,714	\$2,977	\$3,616
5th	360	\$2,663	\$1,857	\$2,288	\$2,538	\$2,661	\$2,803	\$2,942	\$3,712
6th	360	\$2,691	\$1,743	\$2,247	\$2,578	\$2,733	\$2,850	\$3,048	\$3,659
7th	493	\$2,669	\$1,917	\$2,354	\$2,540	\$2,671	\$2,793	\$2,972	\$3,520
8th	520	\$2,645	\$1,945	\$2,328	\$2,551	\$2,633	\$2,786	\$2,905	\$3,485
9th	503	\$2,641	\$1,921	\$2,332	\$2,567	\$2,647	\$2,753	\$2,867	\$3,428
10th	487	\$2,632	\$1,863	\$2,085	\$2,570	\$2,693	\$2,804	\$2,872	\$3,256
Number of episodes									
10-20 Episodes	796	\$2,683	\$1,813	\$2,257	\$2,491	\$2,673	\$2,838	\$3,107	\$3,699
21-40 Episodes	916	\$2,667	\$1,863	\$2,273	\$2,496	\$2,657	\$2,818	\$3,061	\$3,669
41-60 Episodes	616	\$2,720	\$1,959	\$2,435	\$2,556	\$2,670	\$2,828	\$3,113	\$3,728
61-80 Episodes	406	\$2,678	\$1,959	\$2,421	\$2,540	\$2,659	\$2,782	\$2,956	\$3,693
81-100 Episodes	307	\$2,666	\$1,945	\$2,396	\$2,541	\$2,646	\$2,781	\$3,005	\$3,520
101-200 Episodes	704	\$2,682	\$2,019	\$2,465	\$2,555	\$2,648	\$2,772	\$2,991	\$3,545
201-300 Episodes	301	\$2,671	\$1,996	\$2,484	\$2,561	\$2,625	\$2,729	\$2,970	\$3,554
300+ Episodes	388	\$2,678	\$2,017	\$2,513	\$2,564	\$2,628	\$2,728	\$2,901	\$3,550

Table 9-A. TIN-NPI Level Cost Measure Scores by Provider Characteristic, Screening/Surveillance Colonoscopy

Provider Characteristic	Number of TIN-NPIs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
All TIN-NPIs	19,085	\$887	\$484	\$695	\$772	\$895	\$1,008	\$1,081	\$1,215
Urban/Rural									
Urban	15,750	\$876	\$481	\$690	\$763	\$871	\$999	\$1,079	\$1,216
Rural	3,326	\$940	\$515	\$738	\$869	\$967	\$1,033	\$1,090	\$1,203
Unknown	9	\$828	\$665	\$665	\$740	\$748	\$823	\$1,315	\$1,315
Census Region									
Northeast	4,092	\$875	\$458	\$656	\$762	\$884	\$1,006	\$1,082	\$1,225
Midwest	4,645	\$932	\$543	\$730	\$828	\$954	\$1,037	\$1,100	\$1,220
South	6,915	\$875	\$499	\$697	\$763	\$874	\$989	\$1,064	\$1,196
West	3,303	\$875	\$502	\$695	\$760	\$862	\$995	\$1,080	\$1,217
Unknown	130	\$658	\$405	\$464	\$528	\$601	\$748	\$969	\$1,315
Census Division									
New England	1,109	\$972	\$586	\$775	\$878	\$992	\$1,068	\$1,134	\$1,249
Middle Atlantic	2,983	\$839	\$446	\$608	\$734	\$839	\$968	\$1,048	\$1,193

Provider Characteristic	Number of TIN-NPIs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
East North Central	3,070	\$934	\$528	\$729	\$830	\$957	\$1,039	\$1,102	\$1,224
West North Central	1,575	\$928	\$570	\$732	\$823	\$947	\$1,032	\$1,097	\$1,215
South Atlantic	3,760	\$862	\$498	\$695	\$754	\$848	\$974	\$1,057	\$1,191
East South Central	1,179	\$904	\$518	\$714	\$791	\$924	\$1,011	\$1,073	\$1,230
West South Central	1,976	\$885	\$503	\$696	\$771	\$893	\$1,000	\$1,069	\$1,210
Mountain	1,213	\$880	\$499	\$707	\$767	\$872	\$997	\$1,072	\$1,185
Pacific	2,090	\$872	\$504	\$688	\$755	\$856	\$993	\$1,085	\$1,232
Unknown	130	\$658	\$405	\$464	\$528	\$601	\$748	\$969	\$1,315
Provider risk bracket									
1st	887	\$871	\$419	\$624	\$734	\$878	\$1,023	\$1,111	\$1,237
2nd	1,987	\$863	\$451	\$665	\$740	\$845	\$1,006	\$1,084	\$1,237
3rd	2,139	\$877	\$492	\$689	\$760	\$864	\$1,005	\$1,090	\$1,222
4th	2,203	\$884	\$487	\$696	\$765	\$873	\$1,012	\$1,085	\$1,227
5th	2,263	\$894	\$498	\$708	\$774	\$899	\$1,016	\$1,087	\$1,220
6th	2,185	\$897	\$515	\$706	\$779	\$905	\$1,013	\$1,082	\$1,220
7th	2,186	\$901	\$533	\$720	\$793	\$914	\$1,009	\$1,082	\$1,195
8th	2,091	\$906	\$534	\$715	\$805	\$928	\$1,010	\$1,078	\$1,190
9th	1,958	\$905	\$543	\$712	\$811	\$921	\$1,004	\$1,069	\$1,210
10th	1,186	\$848	\$427	\$635	\$740	\$865	\$963	\$1,038	\$1,176
Number of episodes									
10-20 Episodes	2,869	\$897	\$414	\$644	\$784	\$929	\$1,021	\$1,102	\$1,241
21-40 Episodes	3,278	\$907	\$461	\$677	\$802	\$942	\$1,022	\$1,088	\$1,203
41-60 Episodes	2,261	\$903	\$506	\$694	\$792	\$928	\$1,015	\$1,080	\$1,210
61-80 Episodes	1,789	\$898	\$508	\$704	\$790	\$916	\$1,011	\$1,081	\$1,190
81-100 Episodes	1,493	\$882	\$504	\$696	\$770	\$877	\$999	\$1,075	\$1,196
101-200 Episodes	4,809	\$872	\$505	\$703	\$761	\$847	\$991	\$1,074	\$1,223
201-300 Episodes	1,752	\$872	\$549	\$713	\$763	\$838	\$983	\$1,071	\$1,221
300+ Episodes	834	\$849	\$558	\$703	\$747	\$814	\$952	\$1,051	\$1,179

Table 9-B. TIN Level Cost Measure Scores by Provider Characteristic, Screening/Surveillance Colonoscopy

Provider Characteristic	Number of TINs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
All TINs	6,739	\$875	\$467	\$673	\$762	\$892	\$997	\$1,062	\$1,179
Urban/Rural									
Urban	4,963	\$854	\$458	\$655	\$743	\$850	\$982	\$1,055	\$1,190
Rural	1,771	\$935	\$494	\$743	\$873	\$962	\$1,023	\$1,075	\$1,172
Unknown	5	\$824	\$700	\$700	\$720	\$749	\$780	\$1,173	\$1,173
Census Region									
Northeast	1,392	\$851	\$440	\$593	\$734	\$858	\$988	\$1,064	\$1,192
Midwest	1,428	\$926	\$514	\$732	\$838	\$954	\$1,023	\$1,074	\$1,191
South	2,494	\$880	\$499	\$697	\$769	\$894	\$992	\$1,056	\$1,173
West	1,308	\$855	\$467	\$673	\$742	\$843	\$982	\$1,058	\$1,170
Unknown	117	\$657	\$405	\$479	\$526	\$597	\$749	\$979	\$1,173
Census Division									
New England	292	\$974	\$563	\$797	\$894	\$998	\$1,059	\$1,109	\$1,305

Provider Characteristic	Number of TINs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
Middle Atlantic	1,100	\$818	\$433	\$560	\$705	\$822	\$954	\$1,034	\$1,170
East North Central	942	\$928	\$514	\$730	\$840	\$957	\$1,028	\$1,081	\$1,204
West North Central	486	\$921	\$507	\$738	\$837	\$945	\$1,016	\$1,063	\$1,159
South Atlantic	1,247	\$859	\$498	\$685	\$749	\$852	\$977	\$1,046	\$1,169
East South Central	458	\$915	\$558	\$726	\$832	\$940	\$1,005	\$1,063	\$1,173
West South Central	789	\$893	\$484	\$702	\$793	\$915	\$998	\$1,062	\$1,189
Mountain	429	\$873	\$457	\$685	\$762	\$880	\$997	\$1,060	\$1,164
Pacific	879	\$846	\$493	\$666	\$732	\$826	\$970	\$1,056	\$1,189
Unknown	117	\$657	\$405	\$479	\$526	\$597	\$749	\$979	\$1,173
Provider risk bracket									
1st	347	\$855	\$402	\$587	\$715	\$879	\$1,006	\$1,079	\$1,208
2nd	701	\$865	\$451	\$641	\$745	\$867	\$1,012	\$1,073	\$1,189
3rd	735	\$867	\$441	\$661	\$748	\$865	\$1,010	\$1,080	\$1,207
4th	751	\$874	\$446	\$690	\$760	\$868	\$1,000	\$1,071	\$1,186
5th	768	\$891	\$517	\$705	\$778	\$906	\$1,010	\$1,063	\$1,177
6th	749	\$884	\$458	\$679	\$782	\$912	\$1,006	\$1,063	\$1,160
7th	747	\$885	\$489	\$688	\$771	\$905	\$998	\$1,063	\$1,182
8th	746	\$890	\$505	\$695	\$793	\$922	\$996	\$1,046	\$1,143
9th	712	\$875	\$500	\$675	\$768	\$899	\$981	\$1,043	\$1,191
10th	483	\$837	\$493	\$641	\$730	\$856	\$946	\$1,012	\$1,125
Number of episodes									
10-20 Episodes	817	\$867	\$397	\$602	\$738	\$900	\$1,000	\$1,079	\$1,223
21-40 Episodes	939	\$860	\$419	\$604	\$742	\$896	\$994	\$1,056	\$1,164
41-60 Episodes	639	\$874	\$498	\$651	\$769	\$899	\$991	\$1,053	\$1,151
61-80 Episodes	515	\$881	\$480	\$677	\$776	\$914	\$987	\$1,049	\$1,143
81-100 Episodes	417	\$873	\$490	\$677	\$755	\$889	\$997	\$1,055	\$1,170
101-200 Episodes	1,299	\$875	\$482	\$680	\$754	\$890	\$997	\$1,056	\$1,207
201-300 Episodes	560	\$892	\$493	\$689	\$760	\$923	\$1,020	\$1,074	\$1,209
300+ Episodes	1,553	\$880	\$568	\$724	\$771	\$857	\$999	\$1,062	\$1,151

Table 10-A. TIN-NPI Level Cost Measure Scores by Provider Characteristic, Intracranial Hemorrhage Or Cerebral Infarction

Provider Characteristic	Number of TIN-NPIs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
All TIN-NPIs	2,321	\$23,354	\$11,851	\$16,307	\$19,352	\$23,072	\$26,829	\$30,646	\$38,689
Sub-group									
Cerebral Infarction	2,321	\$23,050	\$11,476	\$15,928	\$18,817	\$22,662	\$26,552	\$30,563	\$39,661
Intracerebral or Subdural Hemorrhage	1,329	\$27,340	\$6,848	\$9,497	\$14,402	\$25,197	\$35,928	\$48,223	\$80,026
Urban/Rural									
Urban	2,088	\$23,411	\$11,804	\$16,368	\$19,416	\$23,103	\$26,827	\$30,688	\$38,689
Rural	232	\$22,826	\$11,851	\$15,672	\$18,230	\$22,321	\$26,850	\$30,627	\$38,750
Unknown	1	\$25,949	\$25,949	\$25,949	\$25,949	\$25,949	\$25,949	\$25,949	\$25,949
Census Region									
Northeast	351	\$24,817	\$11,087	\$16,888	\$20,883	\$24,551	\$28,258	\$32,922	\$42,871

Provider Characteristic	Number of TIN-NPIs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
Midwest	511	\$23,403	\$11,655	\$16,368	\$19,650	\$23,250	\$27,099	\$30,296	\$37,553
South	1,113	\$23,180	\$12,261	\$16,293	\$19,116	\$22,816	\$26,586	\$30,696	\$38,323
West	343	\$22,368	\$10,962	\$16,097	\$18,383	\$22,149	\$26,062	\$28,939	\$35,789
Unknown	3	\$20,901	\$16,684	\$16,684	\$16,684	\$20,068	\$25,949	\$25,949	\$25,949
Census Division									
New England	108	\$23,798	\$10,884	\$16,303	\$20,019	\$23,257	\$27,627	\$30,895	\$36,301
Middle Atlantic	243	\$25,270	\$11,966	\$17,206	\$21,188	\$24,969	\$28,641	\$33,459	\$43,500
East North Central	343	\$23,312	\$11,494	\$16,434	\$19,589	\$23,250	\$27,106	\$29,901	\$37,553
West North Central	168	\$23,589	\$11,655	\$16,225	\$20,249	\$23,257	\$26,805	\$31,031	\$42,269
South Atlantic	546	\$22,225	\$11,959	\$15,813	\$18,397	\$21,758	\$25,551	\$29,559	\$36,987
East South Central	252	\$23,610	\$12,526	\$16,290	\$19,408	\$23,089	\$27,019	\$31,367	\$42,425
West South Central	315	\$24,493	\$13,010	\$17,355	\$20,441	\$24,775	\$27,751	\$31,709	\$38,102
Mountain	102	\$23,126	\$14,224	\$17,580	\$19,931	\$22,932	\$26,003	\$28,772	\$36,015
Pacific	241	\$22,047	\$10,464	\$15,830	\$17,934	\$21,600	\$26,062	\$28,939	\$35,677
Unknown	3	\$20,901	\$16,684	\$16,684	\$16,684	\$20,068	\$25,949	\$25,949	\$25,949
Provider risk bracket									
1st	1	\$25,507	\$25,507	\$25,507	\$25,507	\$25,507	\$25,507	\$25,507	\$25,507
2nd	69	\$21,198	\$10,013	\$14,604	\$16,970	\$19,804	\$25,544	\$29,415	\$39,018
3rd	348	\$22,565	\$11,494	\$15,123	\$17,916	\$21,758	\$26,300	\$30,849	\$41,639
4th	494	\$22,166	\$11,644	\$15,616	\$18,054	\$21,667	\$25,802	\$29,105	\$38,212
5th	472	\$23,449	\$11,460	\$16,718	\$19,546	\$22,989	\$26,827	\$30,473	\$37,682
6th	393	\$24,140	\$12,526	\$17,659	\$19,959	\$23,995	\$27,302	\$31,367	\$39,121
7th	302	\$24,234	\$12,809	\$17,580	\$20,951	\$24,138	\$27,079	\$31,521	\$36,546
8th	150	\$25,128	\$15,312	\$19,106	\$21,943	\$24,954	\$27,953	\$31,198	\$36,573
9th	80	\$24,218	\$14,392	\$16,859	\$20,428	\$23,290	\$28,283	\$32,140	\$35,754
10th	12	\$27,782	\$15,813	\$17,907	\$25,224	\$27,736	\$30,595	\$35,548	\$41,441
Number of episodes									
10-20 Episodes	1,802	\$23,158	\$11,494	\$16,009	\$18,765	\$22,830	\$26,831	\$30,713	\$39,360
21-40 Episodes	431	\$23,839	\$13,682	\$17,962	\$20,645	\$23,292	\$26,821	\$30,291	\$36,349
41-60 Episodes	65	\$25,040	\$17,906	\$19,183	\$22,228	\$24,820	\$28,649	\$30,895	\$34,007
61-80 Episodes	15	\$25,492	\$19,857	\$20,285	\$23,009	\$25,207	\$26,899	\$31,031	\$35,637
81-100 Episodes	6	\$23,300	\$19,534	\$19,534	\$22,372	\$23,616	\$23,929	\$26,734	\$26,734
101-200 Episodes	2	\$24,587	\$23,172	\$23,172	\$23,172	\$24,587	\$26,003	\$26,003	\$26,003
201-300 Episodes	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
300+ Episodes	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Table 10-B. TIN Level Cost Measure Scores by Provider Characteristic, Intracranial Hemorrhage Or Cerebral Infarction

Provider Characteristic	Number of TINs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
All TINs	2,554	\$23,635	\$13,122	\$17,817	\$20,489	\$23,348	\$26,354	\$29,691	\$37,850
Sub-group									
Cerebral Infarction	2,550	\$23,298	\$12,625	\$17,519	\$20,028	\$23,007	\$25,956	\$29,424	\$38,584
Intracerebral or Subdural Hemorrhage	1,785	\$27,054	\$7,213	\$10,378	\$17,351	\$25,595	\$33,521	\$43,424	\$74,627

Provider Characteristic	Number of TINs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
Urban/Rural									
Urban	2,157	\$23,651	\$13,324	\$18,105	\$20,518	\$23,348	\$26,327	\$29,610	\$37,506
Rural	397	\$23,549	\$11,356	\$16,731	\$20,190	\$23,378	\$26,459	\$30,177	\$39,541
Census Region									
Northeast	437	\$24,438	\$13,359	\$18,438	\$20,980	\$24,210	\$27,175	\$30,816	\$38,936
Midwest	588	\$23,453	\$13,730	\$18,155	\$20,439	\$23,221	\$25,905	\$29,063	\$39,129
South	1,090	\$23,823	\$12,298	\$17,977	\$20,702	\$23,597	\$26,514	\$29,895	\$37,850
West	433	\$22,682	\$13,334	\$16,894	\$19,897	\$22,381	\$25,366	\$28,796	\$35,056
Unknown	6	\$17,762	\$8,895	\$8,895	\$16,731	\$18,751	\$21,347	\$22,096	\$22,096
Census Division									
New England	122	\$23,586	\$14,189	\$18,422	\$20,789	\$23,831	\$25,522	\$29,018	\$37,093
Middle Atlantic	315	\$24,768	\$12,777	\$18,479	\$21,036	\$24,401	\$27,809	\$31,764	\$39,539
East North Central	413	\$23,536	\$13,835	\$18,401	\$20,537	\$23,153	\$25,799	\$29,434	\$39,129
West North Central	175	\$23,255	\$13,155	\$17,802	\$19,809	\$23,295	\$26,230	\$28,904	\$33,189
South Atlantic	569	\$22,795	\$11,974	\$17,067	\$19,950	\$22,824	\$25,295	\$28,488	\$35,825
East South Central	211	\$24,243	\$14,586	\$18,570	\$20,962	\$23,854	\$27,063	\$30,519	\$39,689
West South Central	310	\$25,424	\$16,040	\$19,613	\$22,019	\$25,308	\$27,977	\$31,907	\$38,691
Mountain	133	\$22,914	\$10,438	\$16,512	\$20,488	\$22,736	\$25,122	\$28,923	\$34,360
Pacific	300	\$22,580	\$13,833	\$16,992	\$19,519	\$22,167	\$25,434	\$28,642	\$35,241
Unknown	6	\$17,762	\$8,895	\$8,895	\$16,731	\$18,751	\$21,347	\$22,096	\$22,096
Provider risk bracket									
1st	1	\$26,028	\$26,028	\$26,028	\$26,028	\$26,028	\$26,028	\$26,028	\$26,028
2nd	125	\$24,004	\$13,548	\$16,756	\$19,841	\$23,099	\$27,933	\$32,273	\$41,069
3rd	417	\$22,963	\$12,511	\$16,761	\$19,183	\$22,398	\$26,108	\$29,754	\$36,933
4th	504	\$23,429	\$12,039	\$18,017	\$20,769	\$23,186	\$26,016	\$29,219	\$35,825
5th	597	\$23,481	\$13,045	\$18,514	\$20,786	\$23,248	\$26,037	\$28,665	\$36,350
6th	438	\$23,604	\$14,250	\$18,190	\$21,086	\$23,580	\$26,361	\$28,492	\$35,930
7th	279	\$24,377	\$13,821	\$18,611	\$20,967	\$24,353	\$26,875	\$31,023	\$38,296
8th	121	\$24,565	\$14,279	\$17,416	\$21,160	\$24,122	\$27,713	\$30,639	\$39,689
9th	64	\$25,051	\$14,414	\$18,962	\$21,090	\$24,555	\$28,623	\$31,118	\$36,483
10th	8	\$27,568	\$16,894	\$16,894	\$19,131	\$29,451	\$34,112	\$38,259	\$38,259
Number of episodes									
10-20 Episodes	1,050	\$23,625	\$10,881	\$16,207	\$19,379	\$23,046	\$27,494	\$31,538	\$40,920
21-40 Episodes	683	\$23,520	\$14,262	\$18,137	\$20,283	\$23,248	\$26,390	\$29,521	\$35,930
41-60 Episodes	292	\$23,804	\$15,481	\$19,066	\$21,486	\$23,759	\$26,101	\$28,698	\$32,528
61-80 Episodes	151	\$23,469	\$17,030	\$19,739	\$21,196	\$23,481	\$25,295	\$27,859	\$31,064
81-100 Episodes	104	\$24,018	\$17,767	\$20,087	\$22,326	\$24,028	\$25,805	\$27,475	\$30,271
101-200 Episodes	210	\$23,617	\$18,585	\$20,257	\$21,860	\$23,641	\$25,110	\$26,348	\$29,877
201-300 Episodes	46	\$24,139	\$20,213	\$20,764	\$21,937	\$23,562	\$25,809	\$27,855	\$30,632
300+ Episodes	18	\$24,011	\$20,002	\$21,010	\$22,454	\$24,019	\$25,624	\$27,110	\$28,283

Table 11-A. TIN-NPI Level Cost Measure Scores by Provider Characteristic, Simple Pneumonia with Hospitalization

Provider Characteristic	Number of TIN-NPIs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
All TIN-NPIs	2,550	\$10,345	\$7,450	\$8,403	\$9,133	\$10,148	\$11,308	\$12,524	\$15,210

Provider Characteristic	Number of TIN-NPIs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
Sub-group									
Simple Pneumonia with Hospitalization with MCC	2,478	\$12,843	\$7,818	\$9,447	\$10,591	\$12,302	\$14,413	\$16,778	\$23,745
Simple Pneumonia with Hospitalization with CC	2,524	\$9,356	\$5,702	\$6,793	\$7,559	\$8,831	\$10,593	\$12,511	\$17,729
Simple Pneumonia with Hospitalization without CC or MCC	2,153	\$6,966	\$3,457	\$4,605	\$5,258	\$6,159	\$7,694	\$10,393	\$18,547
Urban/Rural									
Urban	1,664	\$10,389	\$7,458	\$8,425	\$9,128	\$10,181	\$11,374	\$12,595	\$15,322
Rural	883	\$10,256	\$7,406	\$8,381	\$9,155	\$10,073	\$11,168	\$12,206	\$14,735
Unknown	3	\$12,007	\$10,953	\$10,953	\$10,953	\$11,412	\$13,655	\$13,655	\$13,655
Census Region									
Northeast	394	\$10,480	\$7,202	\$8,482	\$9,200	\$10,292	\$11,533	\$12,712	\$15,214
Midwest	564	\$10,283	\$7,511	\$8,492	\$9,090	\$10,090	\$11,085	\$12,324	\$15,531
South	1,239	\$10,350	\$7,498	\$8,396	\$9,160	\$10,166	\$11,373	\$12,435	\$14,787
West	350	\$10,261	\$7,235	\$8,187	\$9,023	\$9,985	\$11,154	\$12,681	\$16,392
Unknown	3	\$12,007	\$10,953	\$10,953	\$10,953	\$11,412	\$13,655	\$13,655	\$13,655
Census Division									
New England	204	\$10,371	\$7,295	\$8,493	\$9,122	\$10,121	\$11,406	\$12,611	\$15,214
Middle Atlantic	190	\$10,596	\$7,202	\$8,431	\$9,301	\$10,372	\$11,592	\$13,029	\$15,029
East North Central	355	\$10,451	\$7,616	\$8,739	\$9,316	\$10,255	\$11,257	\$12,531	\$15,408
West North Central	209	\$9,998	\$7,511	\$8,140	\$8,763	\$9,790	\$10,787	\$12,207	\$15,531
South Atlantic	505	\$10,413	\$7,525	\$8,365	\$9,136	\$10,201	\$11,456	\$12,671	\$15,262
East South Central	353	\$10,486	\$7,433	\$8,549	\$9,392	\$10,331	\$11,435	\$12,376	\$14,780
West South Central	381	\$10,141	\$7,458	\$8,286	\$9,028	\$9,905	\$11,096	\$12,158	\$14,560
Mountain	133	\$9,911	\$7,352	\$8,059	\$8,960	\$9,768	\$10,808	\$11,694	\$13,618
Pacific	217	\$10,475	\$7,235	\$8,256	\$9,076	\$10,152	\$11,578	\$12,927	\$17,789
Unknown	3	\$12,007	\$10,953	\$10,953	\$10,953	\$11,412	\$13,655	\$13,655	\$13,655
Provider risk bracket									
1st	7	\$9,145	\$7,773	\$7,773	\$8,673	\$8,990	\$10,034	\$10,331	\$10,331
2nd	64	\$10,325	\$7,433	\$8,369	\$8,945	\$9,913	\$11,288	\$13,032	\$16,386
3rd	238	\$10,129	\$7,760	\$8,433	\$9,076	\$9,931	\$10,971	\$12,147	\$14,639
4th	361	\$10,280	\$7,450	\$8,387	\$9,015	\$10,112	\$11,329	\$12,499	\$14,669
5th	488	\$10,265	\$7,235	\$8,337	\$9,026	\$10,067	\$11,218	\$12,356	\$15,531
6th	454	\$10,292	\$7,503	\$8,365	\$9,097	\$10,119	\$11,158	\$12,380	\$15,214
7th	368	\$10,365	\$7,600	\$8,307	\$9,139	\$10,204	\$11,324	\$12,529	\$14,941
8th	356	\$10,491	\$7,447	\$8,513	\$9,300	\$10,199	\$11,468	\$12,552	\$15,262
9th	194	\$10,641	\$7,029	\$8,545	\$9,431	\$10,598	\$11,757	\$12,881	\$14,801
10th	20	\$11,907	\$8,142	\$8,680	\$9,283	\$11,217	\$14,034	\$16,759	\$18,700
Number of episodes									
10-20 Episodes	2,360	\$10,337	\$7,433	\$8,361	\$9,106	\$10,119	\$11,324	\$12,540	\$15,223
21-40 Episodes	179	\$10,458	\$8,046	\$9,039	\$9,435	\$10,289	\$11,168	\$12,177	\$14,340

Provider Characteristic	Number of TIN-NPIs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
41-60 Episodes	9	\$10,160	\$8,772	\$8,772	\$9,420	\$10,126	\$10,902	\$11,602	\$11,602
61-80 Episodes	1	\$10,491	\$10,491	\$10,491	\$10,491	\$10,491	\$10,491	\$10,491	\$10,491
81-100 Episodes	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
101-200 Episodes	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
201-300 Episodes	1	\$10,163	\$10,163	\$10,163	\$10,163	\$10,163	\$10,163	\$10,163	\$10,163
300+ Episodes	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Table 11-B. TIN Level Cost Measure Scores by Provider Characteristic, Simple Pneumonia with Hospitalization

Provider Characteristic	Number of TINs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
All TINs	3,240	\$10,460	\$7,811	\$8,892	\$9,554	\$10,287	\$11,166	\$12,192	\$14,834
Sub-group									
Simple Pneumonia with Hospitalization with MCC	3,197	\$12,923	\$8,427	\$10,175	\$11,361	\$12,554	\$13,907	\$16,090	\$22,321
Simple Pneumonia with Hospitalization with CC	3,223	\$9,447	\$6,043	\$7,366	\$8,149	\$9,132	\$10,249	\$11,890	\$16,184
Simple Pneumonia with Hospitalization without CC or MCC	2,977	\$7,118	\$3,710	\$5,056	\$5,697	\$6,556	\$7,935	\$9,781	\$15,689
Urban/Rural									
Urban	2,368	\$10,464	\$7,920	\$8,953	\$9,597	\$10,291	\$11,134	\$12,129	\$15,109
Rural	872	\$10,452	\$7,732	\$8,730	\$9,436	\$10,256	\$11,209	\$12,331	\$14,792
Census Region									
Northeast	500	\$10,626	\$7,964	\$9,027	\$9,746	\$10,480	\$11,320	\$12,293	\$14,947
Midwest	758	\$10,479	\$7,840	\$8,974	\$9,666	\$10,324	\$11,061	\$12,099	\$15,158
South	1,487	\$10,444	\$7,727	\$8,879	\$9,543	\$10,274	\$11,197	\$12,207	\$14,627
West	491	\$10,324	\$7,543	\$8,729	\$9,335	\$10,091	\$10,984	\$12,362	\$15,761
Unknown	4	\$9,319	\$8,727	\$8,727	\$8,938	\$9,419	\$9,700	\$9,712	\$9,712
Census Division									
New England	123	\$10,655	\$7,923	\$9,459	\$9,904	\$10,565	\$11,156	\$11,904	\$15,287
Middle Atlantic	377	\$10,616	\$7,993	\$8,875	\$9,647	\$10,438	\$11,381	\$12,393	\$14,624
East North Central	519	\$10,572	\$8,047	\$9,074	\$9,756	\$10,400	\$11,149	\$12,202	\$15,158
West North Central	239	\$10,276	\$7,757	\$8,880	\$9,442	\$10,129	\$10,778	\$11,823	\$15,037
South Atlantic	679	\$10,509	\$7,718	\$8,938	\$9,627	\$10,346	\$11,261	\$12,247	\$14,311
East South Central	345	\$10,493	\$8,095	\$8,933	\$9,640	\$10,311	\$11,165	\$12,156	\$14,792
West South Central	463	\$10,312	\$7,534	\$8,813	\$9,369	\$10,082	\$11,062	\$12,072	\$14,585
Mountain	166	\$10,008	\$7,585	\$8,584	\$9,310	\$9,875	\$10,628	\$11,287	\$13,176
Pacific	325	\$10,486	\$7,543	\$8,773	\$9,348	\$10,162	\$11,197	\$12,816	\$16,654
Unknown	4	\$9,319	\$8,727	\$8,727	\$8,938	\$9,419	\$9,700	\$9,712	\$9,712
Provider risk bracket									
1st	17	\$10,260	\$7,898	\$8,267	\$8,812	\$9,698	\$11,718	\$12,422	\$13,158

Provider Characteristic	Number of TINs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
2nd	121	\$10,424	\$7,811	\$8,738	\$9,244	\$10,105	\$11,262	\$12,566	\$14,627
3rd	335	\$10,320	\$7,946	\$8,727	\$9,349	\$10,217	\$11,128	\$11,835	\$14,417
4th	496	\$10,453	\$7,585	\$8,818	\$9,551	\$10,303	\$11,240	\$12,247	\$14,624
5th	637	\$10,449	\$7,993	\$8,960	\$9,619	\$10,241	\$11,089	\$12,129	\$14,541
6th	610	\$10,272	\$7,747	\$8,861	\$9,522	\$10,177	\$10,894	\$11,653	\$13,964
7th	506	\$10,567	\$8,057	\$9,180	\$9,722	\$10,345	\$11,197	\$12,052	\$15,180
8th	354	\$10,469	\$7,534	\$8,828	\$9,520	\$10,280	\$11,129	\$12,430	\$15,506
9th	143	\$11,050	\$8,333	\$9,009	\$9,627	\$10,803	\$12,147	\$13,631	\$14,834
10th	21	\$12,356	\$8,272	\$8,932	\$10,439	\$12,521	\$14,585	\$15,210	\$18,999
Number of episodes									
10-20 Episodes	1,515	\$10,580	\$7,557	\$8,606	\$9,349	\$10,300	\$11,537	\$12,927	\$15,601
21-40 Episodes	805	\$10,397	\$8,058	\$8,952	\$9,581	\$10,274	\$11,210	\$11,946	\$13,445
41-60 Episodes	366	\$10,336	\$8,286	\$9,094	\$9,633	\$10,271	\$10,950	\$11,651	\$13,139
61-80 Episodes	179	\$10,382	\$8,930	\$9,361	\$9,786	\$10,357	\$10,889	\$11,398	\$12,727
81-100 Episodes	109	\$10,269	\$8,704	\$9,256	\$9,793	\$10,241	\$10,727	\$11,276	\$11,923
101-200 Episodes	208	\$10,245	\$8,975	\$9,478	\$9,880	\$10,240	\$10,600	\$11,031	\$11,575
201-300 Episodes	36	\$10,416	\$9,092	\$9,807	\$10,133	\$10,332	\$10,746	\$11,139	\$11,550
300+ Episodes	22	\$10,349	\$9,834	\$9,987	\$10,077	\$10,203	\$10,572	\$10,945	\$11,225

Table 12-A. TIN-NPI Level Cost Measure Scores by Provider Characteristic, ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI)

Provider Characteristic	Number of TIN-NPIs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
All TIN-NPIs	88	\$19,020	\$15,830	\$17,048	\$17,934	\$18,850	\$20,150	\$21,183	\$22,658
Urban/Rural									
Urban	65	\$19,114	\$15,830	\$17,290	\$18,095	\$19,089	\$20,376	\$20,986	\$22,658
Rural	23	\$18,754	\$16,387	\$17,015	\$17,498	\$18,567	\$19,645	\$21,183	\$21,754
Census Region									
Northeast	14	\$19,287	\$16,495	\$17,315	\$18,307	\$19,393	\$20,412	\$20,797	\$21,754
Midwest	21	\$19,211	\$17,048	\$17,290	\$18,199	\$19,339	\$20,462	\$20,690	\$21,827
South	42	\$18,675	\$15,830	\$17,015	\$17,505	\$18,363	\$19,768	\$20,986	\$22,249
West	11	\$19,633	\$16,318	\$16,943	\$18,372	\$19,511	\$21,185	\$21,885	\$22,658
Census Division									
New England	4	\$20,103	\$18,939	\$18,939	\$19,601	\$20,337	\$20,604	\$20,797	\$20,797
Middle Atlantic	10	\$18,961	\$16,495	\$16,905	\$18,269	\$18,795	\$19,665	\$21,167	\$21,754
East North Central	13	\$18,629	\$17,048	\$17,277	\$18,146	\$18,783	\$19,359	\$19,695	\$19,822
West North Central	8	\$20,157	\$18,039	\$18,039	\$19,331	\$20,634	\$20,731	\$21,827	\$21,827
South Atlantic	27	\$19,078	\$15,830	\$17,396	\$17,924	\$19,089	\$20,376	\$21,501	\$22,249
East South Central	8	\$18,341	\$16,734	\$16,734	\$17,637	\$18,261	\$19,081	\$20,036	\$20,036
West South Central	7	\$17,504	\$16,387	\$16,387	\$16,754	\$17,410	\$18,136	\$18,567	\$18,567
Mountain	5	\$20,682	\$19,511	\$19,511	\$19,645	\$21,183	\$21,185	\$21,885	\$21,885
Pacific	6	\$18,759	\$16,318	\$16,318	\$16,943	\$18,621	\$19,394	\$22,658	\$22,658
Provider risk bracket									
1st	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2nd	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
3rd	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Provider Characteristic	Number of TIN-NPIs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
4th	1	\$19,359	\$19,359	\$19,359	\$19,359	\$19,359	\$19,359	\$19,359	\$19,359
5th	6	\$18,677	\$17,315	\$17,315	\$17,943	\$18,587	\$19,229	\$20,403	\$20,403
6th	25	\$18,837	\$15,830	\$17,277	\$17,776	\$18,567	\$20,263	\$20,690	\$21,183
7th	33	\$18,994	\$16,318	\$17,015	\$17,924	\$18,783	\$19,957	\$21,185	\$21,885
8th	23	\$19,332	\$16,387	\$17,404	\$18,095	\$19,394	\$20,412	\$21,754	\$22,658
9th	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
10th	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Number of episodes									
10-20 Episodes	88	\$19,020	\$15,830	\$17,048	\$17,934	\$18,850	\$20,150	\$21,183	\$22,658
21-40 Episodes	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
41-60 Episodes	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
61-80 Episodes	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
81-100 Episodes	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
101-200 Episodes	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
201-300 Episodes	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
300+ Episodes	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Table 12-B. TIN Level Cost Measure Scores by Provider Characteristic, ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI)

Provider Characteristic	Number of TINs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
All TINs	663	\$19,362	\$16,442	\$17,328	\$18,189	\$19,224	\$20,364	\$21,531	\$23,753
Urban/Rural									
Urban	575	\$19,343	\$16,442	\$17,290	\$18,208	\$19,224	\$20,329	\$21,403	\$23,495
Rural	88	\$19,486	\$16,240	\$17,420	\$18,007	\$19,235	\$20,556	\$22,506	\$24,463
Census Region									
Northeast	105	\$19,204	\$16,684	\$17,431	\$18,002	\$18,950	\$20,008	\$21,388	\$23,115
Midwest	167	\$19,524	\$16,684	\$17,500	\$18,305	\$19,370	\$20,472	\$21,666	\$24,694
South	263	\$19,254	\$16,367	\$17,328	\$18,117	\$19,189	\$20,245	\$21,348	\$23,208
West	128	\$19,500	\$16,169	\$16,933	\$18,310	\$19,417	\$20,938	\$21,880	\$23,219
Census Division									
New England	36	\$19,097	\$16,684	\$17,360	\$17,907	\$18,804	\$19,797	\$20,518	\$25,570
Middle Atlantic	69	\$19,259	\$16,609	\$17,431	\$18,129	\$19,046	\$20,236	\$21,600	\$22,901
East North Central	109	\$19,407	\$16,720	\$17,540	\$18,317	\$19,171	\$20,201	\$21,423	\$23,955
West North Central	58	\$19,743	\$16,684	\$17,364	\$18,305	\$19,563	\$20,842	\$22,553	\$24,694
South Atlantic	139	\$19,073	\$16,486	\$17,109	\$17,826	\$18,974	\$20,063	\$21,358	\$22,763
East South Central	58	\$19,289	\$16,240	\$17,490	\$17,980	\$19,224	\$20,071	\$21,197	\$27,528
West South Central	66	\$19,605	\$16,367	\$17,869	\$18,488	\$19,436	\$20,541	\$21,747	\$23,208
Mountain	58	\$20,108	\$16,700	\$17,517	\$19,029	\$20,044	\$21,319	\$22,228	\$23,753
Pacific	70	\$18,997	\$16,142	\$16,831	\$17,409	\$18,874	\$20,228	\$21,346	\$23,219
Provider risk bracket									
1st	1	\$20,063	\$20,063	\$20,063	\$20,063	\$20,063	\$20,063	\$20,063	\$20,063
2nd	5	\$19,108	\$18,590	\$18,590	\$18,625	\$18,950	\$19,174	\$20,201	\$20,201
3rd	14	\$18,816	\$16,720	\$16,992	\$17,278	\$17,977	\$19,713	\$22,506	\$23,015
4th	40	\$18,731	\$16,442	\$16,808	\$17,564	\$18,304	\$19,590	\$20,928	\$23,753
5th	122	\$19,427	\$16,468	\$17,499	\$18,498	\$19,290	\$20,228	\$21,355	\$23,495

Provider Characteristic	Number of TINs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
6th	188	\$19,396	\$16,240	\$17,265	\$18,060	\$19,212	\$20,418	\$21,801	\$23,325
7th	210	\$19,298	\$16,367	\$17,393	\$18,175	\$19,226	\$20,249	\$21,378	\$23,955
8th	75	\$19,770	\$16,703	\$17,781	\$18,660	\$19,530	\$21,068	\$21,541	\$27,002
9th	8	\$19,557	\$17,518	\$17,518	\$18,201	\$19,638	\$20,670	\$21,921	\$21,921
10th	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Number of episodes									
10-20 Episodes	426	\$19,235	\$16,240	\$17,110	\$17,890	\$19,002	\$20,418	\$21,549	\$23,955
21-40 Episodes	185	\$19,544	\$16,747	\$17,869	\$18,646	\$19,411	\$20,291	\$21,531	\$23,208
41-60 Episodes	40	\$19,616	\$17,307	\$18,009	\$18,823	\$19,430	\$20,120	\$20,832	\$25,570
61-80 Episodes	7	\$20,044	\$18,383	\$18,383	\$19,157	\$19,927	\$20,910	\$22,238	\$22,238
81-100 Episodes	4	\$20,427	\$19,901	\$19,901	\$20,013	\$20,352	\$20,840	\$21,102	\$21,102
101-200 Episodes	1	\$20,401	\$20,401	\$20,401	\$20,401	\$20,401	\$20,401	\$20,401	\$20,401
201-300 Episodes	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
300+ Episodes	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

2.4 Episode Costs by Clinical Theme

The following tables present the summary of episode costs by clinical theme for each cost measure score quintile. Clinical themes are clinical categorizations of the services assigned to episode costs during the episode window that were created for the purpose of illustrating clinically important sources of episode costs in clinician's field test reports. Information on cost and utilization for services represented by a clinical theme may assist clinicians and clinician groups in understanding potential sources of cost variation in their episodes. For specific information on the services assigned to each clinical theme, please refer to the tabs with the prefix "SA_" in their titles within the Draft Measure Codes List file for the relevant measure.

The following tables illustrate the breakdown of episode costs by clinical theme for providers in each quintile of the distribution of cost measure scores. The purpose of these tables is to show how utilization and costs of services within each clinical theme differ across providers with varying levels of performance on the cost measure. Clinicians and clinician groups with the lowest cost measure scores, indicating better cost measure performance, will fall into the lowest quintile (the 1st quintile), while those with the highest cost measure scores will fall into the highest quintile (the 5th quintile). For each quintile, the tables present the share of episodes with any cost from services within a given clinical theme, as well as the average cost of those services. The average cost of services is a conditional mean, in that it is only computed for episodes with any cost in the clinical theme. Episodes that have no cost in the clinical theme do not contribute towards this average.

Only episodes for clinicians who meet the 10 episode case minimum are included in these tables.

Table 13. Costs by Clinical Theme for Each Cost Measure Score Quintile, Elective Outpatient PCI

Attributed TIN or TIN-NPI	Cost Measure Score Quintile*	Complications ⁴		Myocardial Infarction or Coronary Revascularization		Non-Invasive Cardiac Testing		Other Cardiovascular Admissions / ER Visits		Services Related to Bleeding	
		% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services
TIN	1st	2.47%	\$1,138.16	8.26%	\$8,013.78	74.62%	\$44.15	1.34%	\$3,047.80	2.23%	\$1,373.46
TIN	2nd	2.29%	\$799.80	6.34%	\$8,764.42	75.92%	\$42.56	1.54%	\$2,324.85	1.67%	\$1,425.46
TIN	3rd	2.33%	\$900.51	5.90%	\$9,196.89	75.77%	\$40.50	1.60%	\$2,283.99	2.14%	\$1,625.55
TIN	4th	2.21%	\$1,213.42	6.78%	\$9,025.62	73.03%	\$43.01	1.80%	\$2,411.85	2.11%	\$1,821.23
TIN	5th	2.04%	\$1,423.20	8.21%	\$9,715.64	73.76%	\$43.84	1.87%	\$2,582.84	2.20%	\$1,946.10
TIN-NPI	1st	2.41%	\$846.72	7.01%	\$7,865.94	74.92%	\$44.37	1.43%	\$2,624.50	2.18%	\$1,148.95
TIN-NPI	2nd	1.96%	\$790.29	5.22%	\$8,257.19	75.01%	\$40.75	1.39%	\$2,005.16	1.89%	\$1,579.82
TIN-NPI	3rd	2.26%	\$998.58	5.35%	\$8,784.99	75.30%	\$42.21	1.62%	\$2,087.03	1.92%	\$1,558.57
TIN-NPI	4th	2.25%	\$1,206.08	7.08%	\$9,171.42	72.24%	\$42.20	1.85%	\$2,629.53	2.15%	\$1,976.99
TIN-NPI	5th	2.07%	\$1,485.08	9.36%	\$10,099.20	74.45%	\$43.81	1.99%	\$2,632.74	2.26%	\$1,944.11

* The cost measure score quintile is determined by first examining the average cost measure score for each provider. The distribution of average cost measure scores is then divide into quintiles, by which providers are grouped into by episode group. Those with the lowest cost measure score (i.e., better performance) fall into the 1st quintile, while those with the highest cost measure score fall into the 5th quintile.

⁴ The “Complications” clinical theme include neuro, renal, vascular, and infectious complications.

Table 14. Costs by Clinical Theme for Each Cost Measure Score Quintile, Knee Arthroplasty

Attributed TIN or TIN/NPI	Cost Measure Score Quintile*	Post-Procedural Joint Bleeding		Post-Trigger Joint Procedures		Pre-Operative Evaluation		Deep Venous Thrombosis / Pulmonary Embolism		Wound Care and Infections	
		% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services
TIN	1st	0.97%	\$527.53	7.67%	\$2,381.26	91.85%	\$212.95	1.22%	\$479.18	1.98%	\$3,349.23
TIN	2nd	1.32%	\$731.33	9.86%	\$2,068.02	92.09%	\$221.94	1.33%	\$535.85	2.10%	\$3,380.49
TIN	3rd	1.35%	\$521.36	8.65%	\$2,406.56	92.57%	\$235.30	1.58%	\$349.41	2.08%	\$3,139.31
TIN	4th	2.26%	\$478.80	8.35%	\$2,574.51	93.07%	\$247.00	1.56%	\$379.43	2.58%	\$3,383.99
TIN	5th	2.09%	\$454.69	6.47%	\$3,709.87	92.37%	\$274.68	1.76%	\$197.95	3.19%	\$3,819.64
TIN-NPI	1st	0.88%	\$500.00	7.02%	\$1,958.50	91.68%	\$207.35	1.20%	\$429.29	1.78%	\$2,855.70
TIN-NPI	2nd	1.22%	\$608.31	8.98%	\$2,129.34	92.22%	\$221.39	1.21%	\$525.34	1.93%	\$3,371.34
TIN-NPI	3rd	1.35%	\$546.33	8.64%	\$2,121.39	92.74%	\$232.54	1.47%	\$412.31	2.09%	\$3,195.49
TIN-NPI	4th	1.92%	\$530.30	8.57%	\$2,529.93	93.14%	\$240.46	1.56%	\$390.85	2.34%	\$3,281.59
TIN-NPI	5th	1.93%	\$514.89	7.37%	\$3,521.06	92.43%	\$260.55	1.61%	\$380.56	2.96%	\$3,761.18

* The cost measure score quintile is determined by first examining the average cost measure score for each provider. The distribution of average cost measure scores is then divide into quintiles, by which providers are grouped into by episode group. Those with the lowest cost measure score (i.e., better performance) fall into the 1st quintile, while those with the highest cost measure score fall into the 5th quintile.

Table 15. Costs by Clinical Theme for Each Cost Measure Score Quintile, Revascularization For Lower Extremity Chronic Critical Limb Ischemia

Attributed TIN or TIN-NPI	Cost Measure Score Quintile*	Amputation-Related Services		Complications ⁵		Pre-Operative Testing		Repeat Revascularizations		Wound Care Services	
		% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services
TIN	1st	6.24%	\$6,873.27	7.82%	\$3,246.85	84.39%	\$1,934.79	1.70%	\$15,174.88	20.15%	\$2,009.59
TIN	2nd	9.42%	\$11,021.59	10.06%	\$3,601.67	86.02%	\$1,927.97	2.86%	\$16,239.07	24.10%	\$2,312.24
TIN	3rd	10.30%	\$11,343.02	11.03%	\$3,678.97	87.39%	\$2,250.64	3.37%	\$16,769.97	25.46%	\$2,647.20
TIN	4th	10.36%	\$12,286.13	11.32%	\$3,860.94	88.46%	\$3,074.07	3.17%	\$16,902.96	26.44%	\$3,040.77
TIN	5th	8.56%	\$12,698.28	9.62%	\$3,972.19	90.72%	\$6,386.56	2.21%	\$17,348.94	22.57%	\$3,062.85
TIN-NPI	1st	6.83%	\$7,475.99	7.96%	\$2,529.86	85.80%	\$1,580.58	1.37%	\$14,620.26	20.91%	\$1,835.15
TIN-NPI	2nd	8.66%	\$9,149.90	9.29%	\$3,141.73	86.46%	\$1,777.44	2.22%	\$16,167.32	23.32%	\$1,999.31
TIN-NPI	3rd	9.17%	\$11,205.96	10.62%	\$3,579.37	87.23%	\$2,176.99	3.09%	\$16,069.28	24.60%	\$2,558.93
TIN-NPI	4th	10.92%	\$12,103.78	11.24%	\$3,861.84	88.89%	\$3,119.91	3.24%	\$17,037.26	26.81%	\$2,984.40
TIN-NPI	5th	9.16%	\$13,084.35	10.13%	\$3,906.37	90.82%	\$6,287.96	2.63%	\$17,193.97	23.59%	\$3,132.07

* The cost measure score quintile is determined by first examining the average cost measure score for each provider. The distribution of average cost measure scores is then divide into quintiles, by which providers are grouped into by episode group. Those with the lowest cost measure score (i.e., better performance) fall into the 1st quintile, while those with the highest cost measure score fall into the 5th quintile.

⁵ The “Complications” clinical theme include neuro, renal, vascular, and infectious complications.

Table 16. Costs by Clinical Theme for Each Cost Measure Score Quintile, Routine Cataract Removal with IOL Implantation

Attributed TIN or TIN-NPI	Cost Measure Score Quintile*	Cataract Surgery-Related Office Visits		Complications / Return to Operating Room		Office-Based Diagnostic Testing		Office-Based Procedures		Other Ancillary Care ⁶	
		% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services
TIN	1st	92.79%	\$252.38	0.60%	\$1,267.18	85.65%	\$101.60	1.92%	\$330.55	76.29%	\$184.82
TIN	2nd	98.09%	\$286.24	0.53%	\$1,202.27	90.21%	\$101.99	1.52%	\$353.18	95.09%	\$186.07
TIN	3rd	98.64%	\$314.74	0.63%	\$1,259.53	90.99%	\$107.90	2.21%	\$353.13	95.39%	\$209.13
TIN	4th	99.12%	\$323.53	0.72%	\$1,372.81	91.58%	\$107.59	2.28%	\$363.68	97.17%	\$230.16
TIN	5th	97.76%	\$309.09	0.68%	\$1,178.73	90.31%	\$111.04	2.60%	\$368.90	93.92%	\$318.85
TIN-NPI	1st	92.99%	\$249.45	0.57%	\$1,208.10	84.94%	\$100.35	1.82%	\$325.03	78.16%	\$184.20
TIN-NPI	2nd	98.06%	\$283.71	0.46%	\$1,168.59	90.27%	\$101.50	1.47%	\$343.55	94.75%	\$184.50
TIN-NPI	3rd	98.79%	\$317.29	0.66%	\$1,267.27	91.95%	\$109.05	2.22%	\$361.85	95.50%	\$202.50
TIN-NPI	4th	99.23%	\$320.75	0.68%	\$1,348.69	91.42%	\$107.20	2.20%	\$370.13	97.22%	\$224.76
TIN-NPI	5th	97.92%	\$315.69	0.73%	\$1,227.64	91.01%	\$110.93	2.67%	\$363.99	94.29%	\$321.68

* The cost measure score quintile is determined by first examining the average cost measure score for each provider. The distribution of average cost measure scores is then divide into quintiles, by which providers are grouped into by episode group. Those with the lowest cost measure score (i.e., better performance) fall into the 1st quintile, while those with the highest cost measure score fall into the 5th quintile.

⁶ The “Other Ancillary Care” clinical theme includes anesthesia, medications, and injections.

Table 17. Costs by Clinical Theme for Each Cost Measure Score Quintile, Screening/Surveillance Colonoscopy

Attributed TIN or TIN-NPI	Cost Measure Score Quintile*	Cardiopulmonary Complications		Lower GI Hemorrhage		Pathology		Perforation or Peritonitis		Repeat Colonoscopy or Flexible Sigmoidoscopy	
		% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services
TIN	1st	1.45%	\$176.39	4.03%	\$262.92	44.02%	\$120.22	0.05%	\$438.90	1.06%	\$441.30
TIN	2nd	1.33%	\$171.02	3.69%	\$270.77	53.63%	\$125.32	0.04%	\$407.84	1.01%	\$427.63
TIN	3rd	1.58%	\$159.53	4.43%	\$273.99	55.45%	\$122.47	0.04%	\$431.78	1.22%	\$443.08
TIN	4th	1.61%	\$160.82	4.62%	\$265.36	50.76%	\$88.23	0.05%	\$442.93	1.19%	\$512.56
TIN	5th	1.42%	\$152.76	3.94%	\$271.44	56.85%	\$87.89	0.04%	\$440.09	1.25%	\$500.04
TIN-NPI	1st	1.41%	\$172.99	3.80%	\$263.91	43.27%	\$114.72	0.05%	\$424.81	0.95%	\$425.98
TIN-NPI	2nd	1.35%	\$172.65	3.74%	\$270.46	54.52%	\$124.22	0.04%	\$393.79	1.03%	\$424.89
TIN-NPI	3rd	1.60%	\$161.70	4.61%	\$274.78	55.67%	\$125.58	0.05%	\$456.81	1.22%	\$449.85
TIN-NPI	4th	1.54%	\$157.72	4.39%	\$265.82	50.78%	\$89.62	0.04%	\$445.27	1.21%	\$510.34
TIN-NPI	5th	1.39%	\$151.57	3.77%	\$267.72	60.52%	\$93.13	0.04%	\$427.12	1.26%	\$504.31

* The cost measure score quintile is determined by first examining the average cost measure score for each provider. The distribution of average cost measure scores is then divide into quintiles, by which providers are grouped into by episode group. Those with the lowest cost measure score (i.e., better performance) fall into the 1st quintile, while those with the highest cost measure score fall into the 5th quintile.

Table 18. Costs by Clinical Theme for Each Cost Measure Score Quintile, Intracranial Hemorrhage Or Cerebral Infarction

Attributed TIN or TIN-NPI	Cost Measure Score Quintile*	Services for Dysphagia		Pneumonia		Physical Therapy, Occupational Therapy, Speech-Language Pathology		Subsequent Cerebral Infarction		Subsequent Intracranial Hemorrhage	
		% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services
TIN	1st	2.29%	\$1,239.21	0.76%	\$68.86	26.72%	\$1,770.81	2.29%	\$6,859.10	2.29%	\$6,145.20
TIN	2nd	1.94%	\$336.60	3.94%	\$1,949.62	37.20%	\$2,204.94	8.64%	\$4,340.86	4.14%	\$6,291.85
TIN	3rd	3.04%	\$392.10	4.30%	\$2,267.14	39.70%	\$2,350.31	11.77%	\$3,995.45	5.17%	\$6,233.83
TIN	4th	3.90%	\$416.44	5.01%	\$2,582.13	40.42%	\$2,440.90	13.36%	\$4,072.36	6.21%	\$6,233.88
TIN	5th	4.31%	\$431.20	6.69%	\$3,409.87	41.21%	\$2,464.85	12.84%	\$6,045.35	7.66%	\$7,701.92
TIN-NPI	1st	0.00%	\$0.00	0.00%	\$0.00	50.00%	\$1,261.04	0.00%	\$0.00	0.00%	\$0.00
TIN-NPI	2nd	1.66%	\$417.66	2.53%	\$1,040.91	37.17%	\$2,123.79	9.45%	\$3,100.95	2.98%	\$5,718.47
TIN-NPI	3rd	3.10%	\$400.01	3.80%	\$2,151.32	39.63%	\$2,314.88	13.39%	\$3,350.90	4.67%	\$6,226.57
TIN-NPI	4th	3.43%	\$466.58	4.59%	\$2,757.91	41.97%	\$2,436.56	17.11%	\$3,266.84	6.46%	\$5,741.64
TIN-NPI	5th	5.13%	\$442.30	5.60%	\$3,029.04	42.99%	\$2,493.78	19.40%	\$4,268.65	8.93%	\$5,996.53

* The cost measure score quintile is determined by first examining the average cost measure score for each provider. The distribution of average cost measure scores is then divide into quintiles, by which providers are grouped into by episode group. Those with the lowest cost measure score (i.e., better performance) fall into the 1st quintile, while those with the highest cost measure score fall into the 5th quintile.

Table 19. Costs by Clinical Theme for Each Cost Measure Score Quintile, Simple Pneumonia with Hospitalization

Attributed TIN or TIN/NPI	Cost Measure Score Quintile*	Pneumonia-Specific Complications ⁷		Antibiotic-Related Complications ⁸		Non-Pulmonary Complications ⁹		Comorbidity Complications ¹⁰		Post-Acute Care ¹¹	
		% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services
TIN	1st	37.57%	\$328.81	0.71%	\$231.68	2.12%	\$182.79	0.56%	\$66.64	16.67%	\$938.94
TIN	2nd	38.56%	\$595.53	1.10%	\$1,441.39	3.40%	\$508.35	0.82%	\$1,697.02	20.65%	\$1,091.82
TIN	3rd	41.22%	\$738.33	1.28%	\$1,739.66	3.31%	\$533.64	0.79%	\$1,861.93	23.40%	\$1,119.08
TIN	4th	42.62%	\$872.60	1.44%	\$1,852.42	3.43%	\$680.01	0.87%	\$2,222.32	25.97%	\$1,096.19
TIN	5th	43.35%	\$1,252.85	1.53%	\$2,215.23	3.50%	\$964.34	0.65%	\$2,761.42	27.45%	\$986.76
TIN-NPI	1st	40.71%	\$319.49	0.00%	\$0.00	2.56%	\$36.37	0.64%	\$764.50	19.23%	\$1,104.75
TIN-NPI	2nd	41.10%	\$398.44	1.03%	\$1,084.89	2.70%	\$70.19	0.87%	\$662.96	22.60%	\$1,122.55
TIN-NPI	3rd	42.65%	\$629.29	1.07%	\$1,416.48	3.06%	\$417.83	0.87%	\$1,501.65	24.95%	\$1,114.83
TIN-NPI	4th	43.73%	\$911.90	1.43%	\$1,850.01	3.48%	\$473.65	0.83%	\$2,280.58	27.49%	\$1,111.19
TIN-NPI	5th	44.36%	\$1,222.14	1.75%	\$3,095.33	4.03%	\$1,041.08	0.73%	\$2,466.43	29.78%	\$995.58

* The cost measure score quintile is determined by first examining the average cost measure score for each provider. The distribution of average cost measure scores is then divide into quintiles, by which providers are grouped into by episode group. Those with the lowest cost measure score (i.e., better performance) fall into the 1st quintile, while those with the highest cost measure score fall into the 5th quintile.

⁷ The “Pneumonia-Specific Complications” include repeat pneumonia, empyema, pleural effusion, respiratory failure, etc.

⁸ The “Antibiotic-related Complications” clinical theme include clostridium difficile, AKI, and hematologic complications.

⁹ The “Non-Pulmonary Complications” clinical theme include thrombosis, arrhythmias, and neurologic.

¹⁰ The “Comorbidity Complications” clinical theme include hyper/hypoglycemia, CHF, and hypo/hypervolemia.

¹¹ The “Post-Acute Care” clinical theme include oxygen, rehabilitation, speech/swallow, and supplies/other DME.

Table 20. Costs by Clinical Theme for Each Cost Measure Score Quintile, ST-Elevation Myocardial Infarction (STEMI) with PCI

Attributed TIN or TIN-NPI	Cost Measure Score Quintile*	Complications ¹²		Myocardial Infarction or Coronary Revascularization		Non-Invasive Cardiac Testing		Other Cardiovascular Admissions / ER Visits		Services Related to Bleeding	
		% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services
TIN	1st	0.00%	\$0.00	8.86%	\$1,776.60	46.84%	\$71.38	0.00%	\$0.00	1.27%	\$151.12
TIN	2nd	1.74%	\$1,152.83	10.44%	\$1,881.74	54.08%	\$102.97	1.34%	\$3,109.98	2.14%	\$1,206.26
TIN	3rd	1.74%	\$2,133.25	20.47%	\$2,683.93	52.34%	\$93.10	3.53%	\$2,283.25	1.62%	\$3,518.52
TIN	4th	2.42%	\$2,982.09	31.01%	\$2,881.08	53.83%	\$97.18	4.62%	\$2,433.22	1.64%	\$3,007.72
TIN	5th	2.54%	\$2,550.12	43.53%	\$2,901.47	54.16%	\$103.89	6.85%	\$2,900.12	1.48%	\$3,463.27
TIN-NPI	1st	0.00%	\$0.00	0.00%	\$0.00	10.00%	\$8.48	0.00%	\$0.00	0.00%	\$0.00
TIN-NPI	2nd	0.00%	\$0.00	7.27%	\$944.38	38.18%	\$33.08	5.45%	\$1,984.03	0.00%	\$0.00
TIN-NPI	3rd	2.19%	\$62.24	24.12%	\$1,594.10	45.61%	\$47.95	2.19%	\$2,231.06	1.75%	\$2,875.30
TIN-NPI	4th	3.43%	\$3,385.63	36.21%	\$2,301.08	51.56%	\$111.19	4.32%	\$3,119.09	1.94%	\$5,333.98
TIN-NPI	5th	3.17%	\$2,856.96	49.21%	\$3,143.33	66.67%	\$101.78	7.94%	\$1,732.32	3.17%	\$374.48

* The cost measure score quintile is determined by first examining the average cost measure score for each provider. The distribution of average cost measure scores is then divide into quintiles, by which providers are grouped into by episode group. Those with the lowest cost measure score (i.e., better performance) fall into the 1st quintile, while those with the highest cost measure score fall into the 5th quintile.

¹² The “Complications” clinical theme includes neuro, renal, and infectious complications.