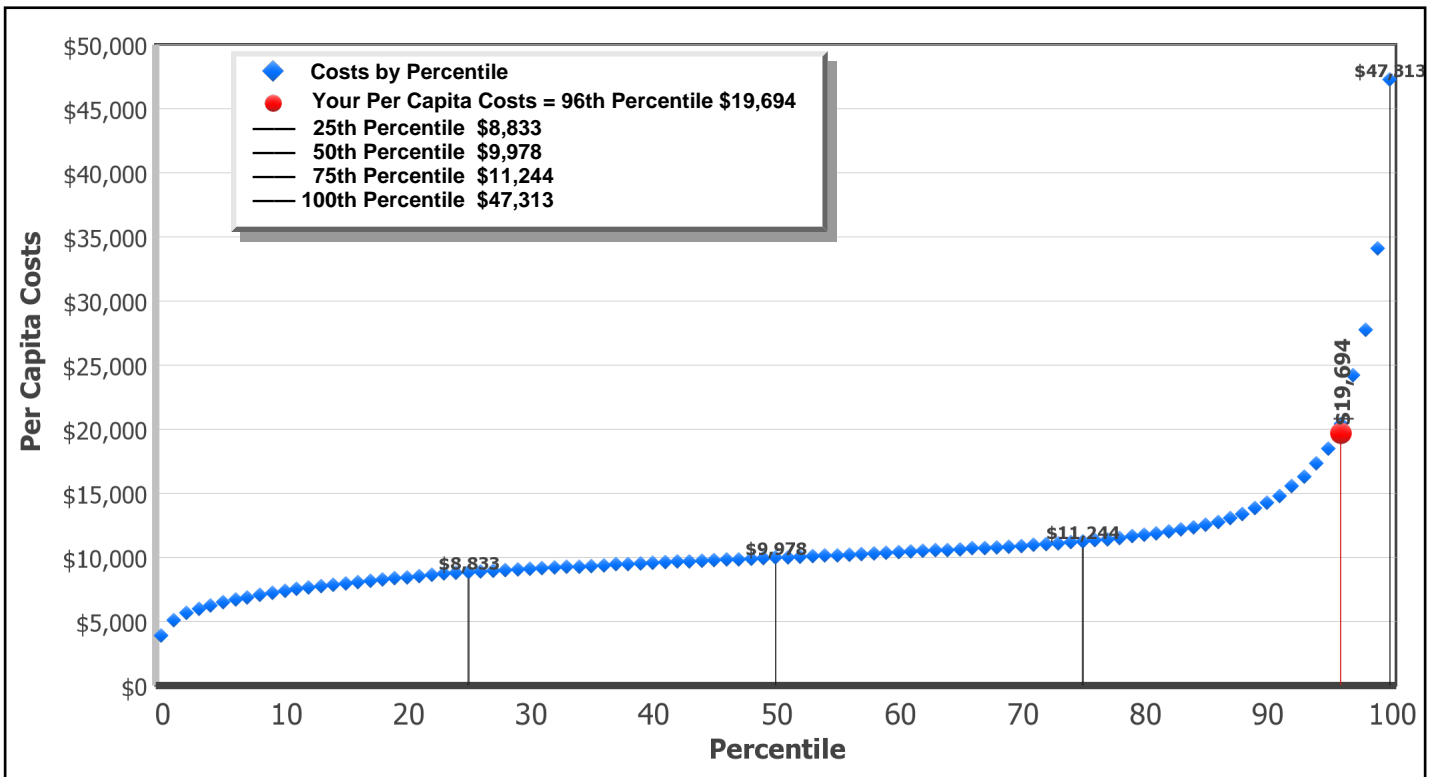


Per Capita Costs for All Attributed Beneficiaries

This section provides more detailed information about the total per capita costs of care provided to all Medicare FFS patients attributed to your medical group practice.

Per capita costs for the medical group practices in your peer group ranged from a low of \$2,207 to a high of \$47,313. Total per capita costs for your group were at the 96th percentile of total per capita costs among all groups with at least 25 eligible professionals (Exhibit 8).

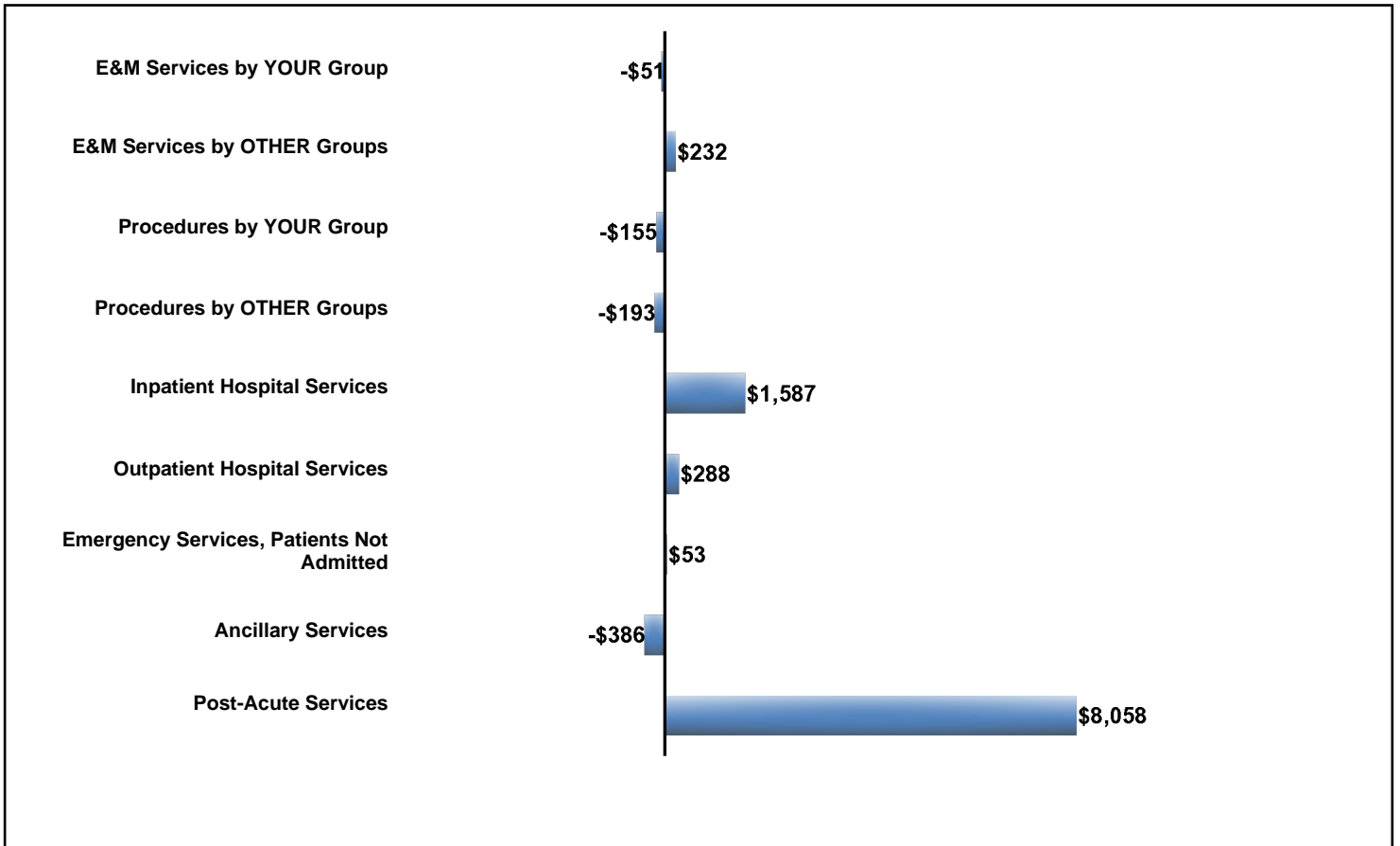
Exhibit 8. Per Capita Costs of Medicare Beneficiaries Attributed to Your Medical Group Practice in 2012, Compared to All 3,876 Medical Group Practices with at Least 25 Eligible Professionals



Note: Per capita costs are risk adjusted and payment standardized and are based on payments for Medicare Part A and Part B claims submitted in 2012 by all providers (including medical professionals, hospitals, and post-acute care facilities) for Medicare beneficiaries attributed to a medical group practice. Outpatient prescription drug (Part D) costs are not included.

Exhibit 9 shows the difference between the per capita costs of specific types of services for all Medicare patients attributed to your medical group practice and the mean among all medical group practices in your peer group.

Exhibit 9. Difference Between Per Capita Costs for Specific Services for Your Group's Attributed Beneficiaries in 2012 and Mean Per Capita Costs Among All 3,876 Groups with at Least 25 Eligible Professionals



Note: Per capita costs are based on payments for Medicare Part A and Part B claims submitted in 2012 by all providers (including medical professionals, hospitals, and post-acute care facilities) for Medicare beneficiaries attributed to your group. Outpatient prescription drug (Part D) costs are not included. All per capita costs are payment standardized and risk adjusted. In calculating service-specific per capita costs, the numerator is the total costs for a category of service used by attributed patients; the denominator is the total number of Medicare patients attributed to a medical group, not just those who used the service.

Exhibit 10 on the following page shows additional detail on per capita costs of services for Medicare patients attributed to your medical group practice, compared to average costs among all medical group practices in your peer group.

Exhibit 10. Medicare Patients' Per Capita Costs for Specific Services in 2012

Service Category	Your Medical Group Practice		Mean for All 3,876 Groups with at Least 25 Eligible Professionals		Amount by Which Your Group's Costs Were Higher or (Lower) than Peer Group Mean	
	Your Medicare Patients Using Any Service in This Category		Risk-Adjusted Per Capita Costs	Medicare Patients Using Any Service in This Category		Risk-Adjusted Per Capita Costs
	Number	Percentage				
All Services	2,476	100.0%	\$19,694	100.0%	\$10,337	\$9,357
Evaluation and Management (E&M) Services in All Non-Emergency Settings						
All E&M Services Provided by YOUR Group	2,476	100.0%	\$459	100.0%	\$510	(\$51)
Primary Care Physicians	2,476	100.0%	\$311	64.4%	\$332	(\$21)
Medical Specialists	614	24.8%	\$35	27.6%	\$93	(\$59)
Surgeons	0	0.0%	\$0	23.1%	\$37	(\$37)
Other Eligible Professionals	1,620	65.4%	\$114	23.3%	\$48	\$65
All E&M Services Provided by OTHER Groups	2,347	94.8%	\$900	82.8%	\$668	\$232
Primary Care Physicians	1,265	51.1%	\$273	25.7%	\$97	\$176
Medical Specialists, Surgeons, and Other Eligible Professionals	2,295	92.7%	\$626	80.9%	\$570	\$56
Procedures in All Non-Emergency Settings						
All Procedures Performed by YOUR Group	27	1.1%	\$1	29.0%	\$156	(\$155)
Primary Care Physicians	24	1.0%	\$1	8.3%	\$15	(\$15)
Medical Specialists	0	0.0%	\$0	7.2%	\$46	(\$46)
Surgeons	0	0.0%	\$0	11.9%	\$70	(\$70)
Other Eligible Professionals	3	0.1%	\$0	7.1%	\$24	(\$24)
All Procedures Performed by OTHER Groups	1,899	76.7%	\$485	56.1%	\$678	(\$193)
Primary Care Physicians	129	5.2%	\$10	3.6%	\$10	\$0
Medical Specialists, Surgeons, and Other Eligible Professionals	1,876	75.8%	\$475	55.2%	\$667	(\$193)
Hospital Services (Excluding Emergency Outpatient)						
Inpatient Hospital Facility Services	1,044	42.2%	\$4,056	20.7%	\$2,468	\$1,587
Outpatient Hospital Facility Services	2,381	96.2%	\$2,581	85.1%	\$2,292	\$288
Emergency Services That Did Not Result in a Hospital Admission						
All Emergency Services	1,408	56.9%	\$295	38.4%	\$242	\$53
Emergency Visits	1,401	56.6%	\$246	37.9%	\$207	\$39
Procedures	540	21.8%	\$20	13.8%	\$19	\$1
Laboratory and Other Tests	759	30.7%	\$3	12.8%	\$2	\$1
Imaging Services	1,190	48.1%	\$27	23.8%	\$15	\$12
Services in Non-Emergency Ambulatory Settings						
All Ancillary Services	2,240	90.5%	\$626	93.1%	\$1,012	(\$386)
Laboratory and Other Tests	1,592	64.3%	\$84	81.6%	\$312	(\$228)
Imaging Services	2,011	81.2%	\$224	75.1%	\$296	(\$72)
Durable Medical Equipment	983	39.7%	\$318	32.9%	\$404	(\$86)
Post-Acute Care						
All Post-Acute Services	1,314	53.1%	\$9,739	14.2%	\$1,681	\$8,058
Skilled Nursing Facility	1,120	45.2%	\$7,062	5.7%	\$735	\$6,327
Home Health	564	22.8%	\$700	9.9%	\$472	\$228
Psychiatric, Rehabilitation, or Other Post-Acute Care	363	14.7%	\$1,976	3.3%	\$473	\$1,503
Other Services Billed by Non-Institutional Providers						
All Other Services	1,583	63.9%	\$554	69.1%	\$631	(\$77)
Ambulance Services	1,257	50.8%	\$399	14.8%	\$131	\$269
Chemotherapy and Other Part B-Covered Drugs	259	10.5%	\$81	20.7%	\$335	(\$254)
All Other Services Not Otherwise Classified	925	37.4%	\$74	58.8%	\$165	(\$91)

Note: In calculating service-specific per capita costs, the numerator is the total costs for a category of service used by attributed patients; the denominator is the total number of Medicare patients attributed to a medical group practice and whose costs were risk adjusted, not just those who used the service. See Appendix A for a list of physician specialties assigned to each specialty category.