

Table 1. Medicare FFS Beneficiaries Attributed to the Medical Group Practice, Selected Characteristics, 2012

All Attributed Beneficiaries					Medicare FFS Claims			Percent of Total Costs, by Category of Services Provided, All Providers								Hospital Admission	Chronic Condition Subgroup*			
HIC	Gender	Date of Birth	HCC Risk Score Percentile*		Date of Last Claim for Professional Service Filed by TIN*	Number of Primary Care Services Provided by TIN*	Percent of Primary Care Services Billed by TIN*	Evaluation & Management	Procedures	Inpatient Hospital	Outpatient Hospital	Emergency Services	Ancillary Services	Post-Acute Care	All Other Services	Date of Last Hospital Admission	Diabetes	Coronary Artery Disease	COPD	Heart Failure
0000000000	M	04/03/1938	-	-	12/11/2012	5	71.9%	18.8%	11.1%	0.0%	62.0%	0.0%	6.6%	0.0%	1.4%	-	-	X	-	-
0000000000	M	07/23/1938	-	-	08/02/2012	3	73.9%	40.3%	0.0%	0.0%	24.7%	33.0%	2.0%	0.0%	0.0%	-	-	X	X	-
0000000000	M	11/06/1939	-	X	04/30/2012	4	51.0%	-	-	-	-	-	-	-	-	-	X	-	-	-
0000000000	M	08/31/1938	-	-	12/13/2012	4	100.0%	8.6%	15.8%	0.0%	70.9%	0.0%	3.3%	0.0%	1.4%	-	-	X	-	-

*Terms to be defined through hover-over function.

Table 2. Physicians and Non-Physician Eligible Professionals Billing Under Medical Group Practice TIN, Selected Characteristics, 2012

NPI	Name	Physician*	Non-Physician Eligible Professional*	Specialty Designation*	Date of Last Claim Billed Under TIN
0000000000	Doe, John	X	-	Family Practice	12/20/2012
0000000000	Doe, Jane	-	X	Physician Assistant	06/21/2012
0000000000	Smith, John	X	-	Neurology	12/27/2012
0000000000	Smith, Jane	X	-	Family Practice	12/26/2012

*Terms to be defined through hover-over function.

Table 3. Attributed Beneficiaries' Hospital Admissions for any Cause, 2012.

Attributed Beneficiaries Admitted to the Hospital			Hospital Admissions for Any Cause							Discharge Disposition	
HIC	Gender	Date of Birth	Date of Admission	Admitting Hospital	Principal Diagnosis*	Admission Via the ED	ACSC Admission*	Followed by All-Cause Readmission within 30 Days*	Date of Discharge	Discharge Status*	
0000000000	M	04/14/1938	01/20/2012	TMXZ MTXQNYFQ FSQ HQNSNHX, PORTLAND, OR	99673 Comp-ren dialys dev/grft	X	-	X	01/20/2012	01 Disch Home	
0000000000	F	11/27/1929	02/03/2012	TMXZ MTXQNYFQ FSQ HQNSNHX, PORTLAND, OR	5960 Bladder neck obstruction	X	-	X	02/09/2012	01 Disch Home	
0000000000	F	11/27/1929	04/05/2012	TMXZ MTXQNYFQ FSQ HQNSNHX, PORTLAND, OR	4210 Ac/subac bact endocard	X	-	X	04/20/2012	01 Disch Home	
0000000000	F	11/27/1929	05/29/2012	TMXZ MTXQNYFQ FSQ HQNSNHX, PORTLAND, OR	V554 Atten to enterostomy NEC	-	-	-	06/05/2012	03 Disch to SNF	

*Terms to be defined through hover-over function.

Definitions for **Hover-Over Terms**

Table 1:

- **HCC Risk Scores Percentile** The beneficiary's HCC risk score compared to all other Medicare beneficiaries, with higher percentiles indicating higher risk. Risk scores are based on hierarchical condition categories (HCCs) reflecting differences in patient characteristics that can affect their medical costs or utilization, including medical history, age, gender, disability, and Medicaid eligibility.
- **Number/Percent of Primary Care Services Provided by TIN** The number and percent of all primary care services for this beneficiary provided and billed by this group's physicians and non-physician practitioners (including clinical nurse specialists, nurse practitioners, or physician assistants). A Medicare beneficiary is attributed to the medical group practice, identified by Taxpayer Identification Number (TIN), that billed the plurality of his or her primary care services in 2012.
- **Chronic Condition Subgroup** "X" mark (X) shows whether this beneficiary was included in one of the four chronic condition subgroups used to calculate Per Capita Costs for Patients with Specific Conditions. Chronic health conditions are diseases or illnesses commonly expected to last at least six months, require ongoing monitoring to avoid loss of normal life functioning, and are not expected to improve or resolve without treatment.
- **Professional Service** Services for this beneficiary provided and billed by this group's physicians or non-physician practitioners.

Table 2:

- **Physician** A doctor of medicine, doctor of osteopathy, doctor of dental surgery or dental medicine, doctor of podiatric medicine, doctor of optometry, or chiropractor.
- **Non-Physician Eligible Professional** An anesthesiology assistant, audiologist, clinical nurse specialist, certified nurse midwife, certified registered nurse anesthetist, clinical psychologist, licensed clinical social worker, occupational therapist, physician assistant, registered dietician or nutrition professional, or speech language pathologist.
- **Specialty Designation** The specialty listed in the Provider Enrollment, Chain, and Ownership System (PECOS). Where multiple specialties are listed, the provider is assigned the specialty recorded most often on those 2012 Part B claims for which the professional was the performing provider.

Table 3:

- **ACSC Admission** Shows whether this hospital admission counted in the calculation of this medical group’s Hospitalization Rates for Ambulatory Care Sensitive Conditions (ACSCs), as part of the Care Coordination quality domain. Primary admitting diagnoses counted in the measure include those for bacterial pneumonia (PNEU), urinary tract infection (UTI), dehydration (DHY), diabetes (DIAB) (or related lower-extremity amputations), chronic obstructive pulmonary disease or asthma (COPD), and heart failure (HF).
- **Followed by All-Cause Readmission within 30 Days** “X” mark (X) shows that an unplanned readmission for any cause followed within 30 days from the date of discharge. The measure does not apply to beneficiaries hospitalized for treatment of cancer or psychiatric disease, discharged against medical advice, transferred to another acute care hospital, or who died within 30 days of discharge.
- **Discharge Status** The disposition of this patient on discharge, based on discharge status codes listed on Medicare inpatient hospital claims, as shown below.

Discharge Status Code	Description	Discharge Status Abbreviation
01	Discharged to home/self care	Disch Home
02	Discharged/transferred to other short term general hospital for inpatient care	Txfr to Other Hosp
03	Discharged/transferred to skilled nursing facility	Disch to SNF
04	Discharged/transferred to intermediate care facility	Disch to ICF
06	Discharged/transferred to home care of home health organization	Disch to Home Health
07	Left against medical advice	Left AMA
20	Expired	Expired
50	Hospice –home	Disch to Hospice
51	Hospice – medical facility	.
61	Discharged/transferred within this hospital to swing bed	Txfr to Swing Bed
62	Discharged/transferred to inpatient rehab	Disch to Rehab
63	Discharged/transferred to long-term care hospital	Disch to LTC
65	Discharged/transferred to psychiatric hospital	Disch to Psych
All other codes	-	Other

- **Principal Diagnosis** The principal diagnosis on claims for inpatient care indicates the condition determined, after study, to be chiefly responsible for the patient’s hospital admission. Hospital admissions for conditions associated with alcohol or substance abuse are not shown in Table 3.