



# MEDICARE CCLF ANALYTICS: MEDICARE ANALYTICS DATA ENGINE (MADE)

User Guide 1.0.0.3

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**hMetrix**



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# 1 WELCOME TO MEDICARE ANALYTICS DATA ENGINE

Medicare Analytics Data Engine (MADE) is a web-based application that consists of a suite of Population Analytics, Episode Analytics and Pharmacy Analytics reports built based on Claim and Claim Line Feed (CCLF) data for Maryland. hMetrix and CRISP have received the latest 36 months of data for 100% of the Maryland Medicare Fee for Service (FFS) beneficiaries. Using the beneficiary's unique identifier, beneficiary's claim payments, types of service, procedures, diagnoses and eligibility are tracked throughout the 36 months. This allows for analyses to be presented across the entire population, as well as episodes of care to be analyzed at the beneficiary level.

## 1.1 Software Requirements

MADE is a web-based application accessible through a modern browser: Google Chrome 57 or higher, Internet Explorer 11 or higher, Firefox 52 or higher, and Safari 9 or higher.

## 1.2 Launching MADE

A user trying to access MADE must first login to the CRISP Hospital Reporting Portal. Once in the portal, the user shall click the Card named "Medicare CCLF Data." The following screen shots represent the user's workflow.

Step 1: Log into the CRISP Hospital Reporting Portal using the user id and password provided for the portal - <https://reports.crisphealth.org/>

Sign In

idp.crisphealth.org

Type your user name and password.

User name:  \* Example: Domain\username

Password:  \*

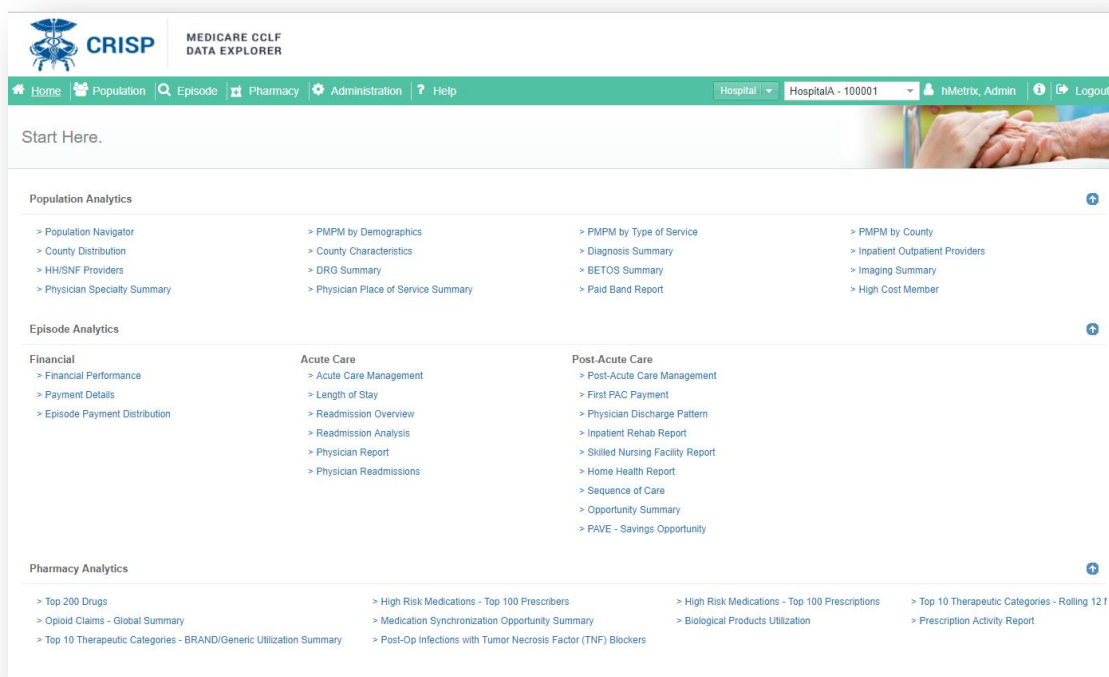
WARNING: CRISP policy prohibits username and password sharing.  
Violation could result in account termination.

Sign In

Step 2: Click the Card named “Medicare CCLF Data” within the Portal

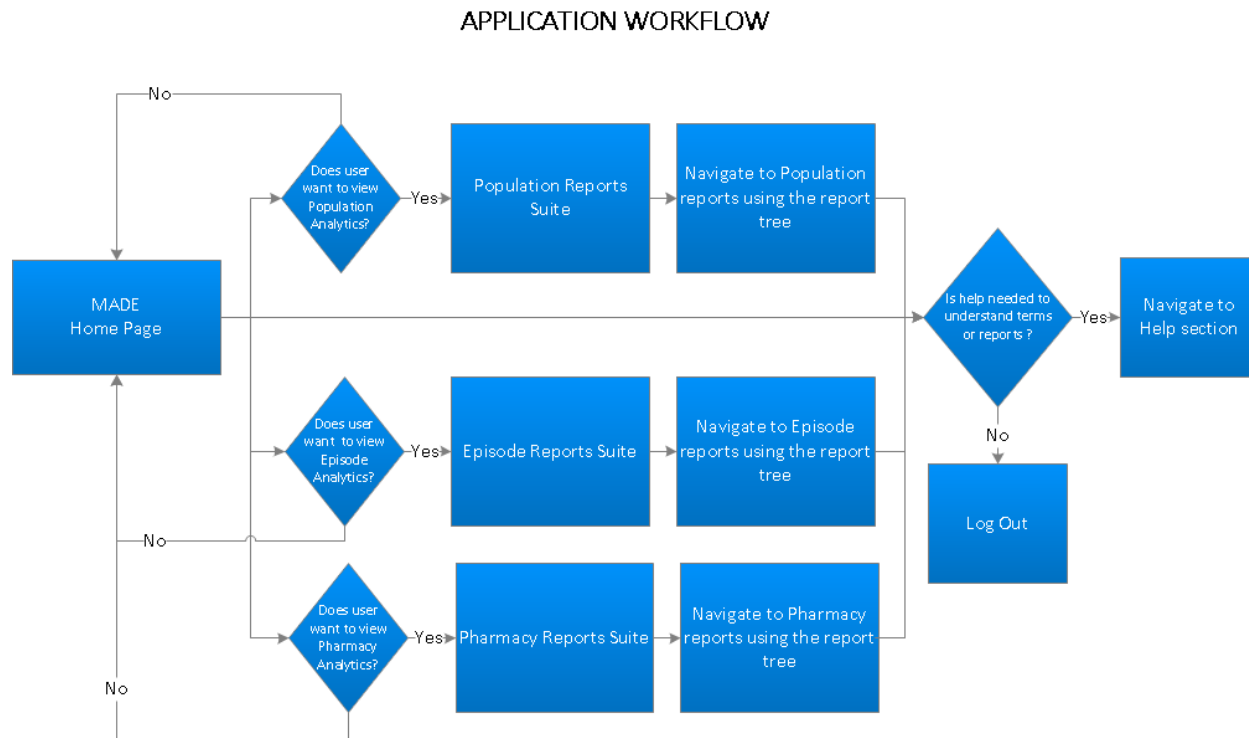


Step 3: Upon clicking on the card, you will be directed to the MADE site in a new tab.



## 1.3 Workflow

The workflow of MADE is shown below.

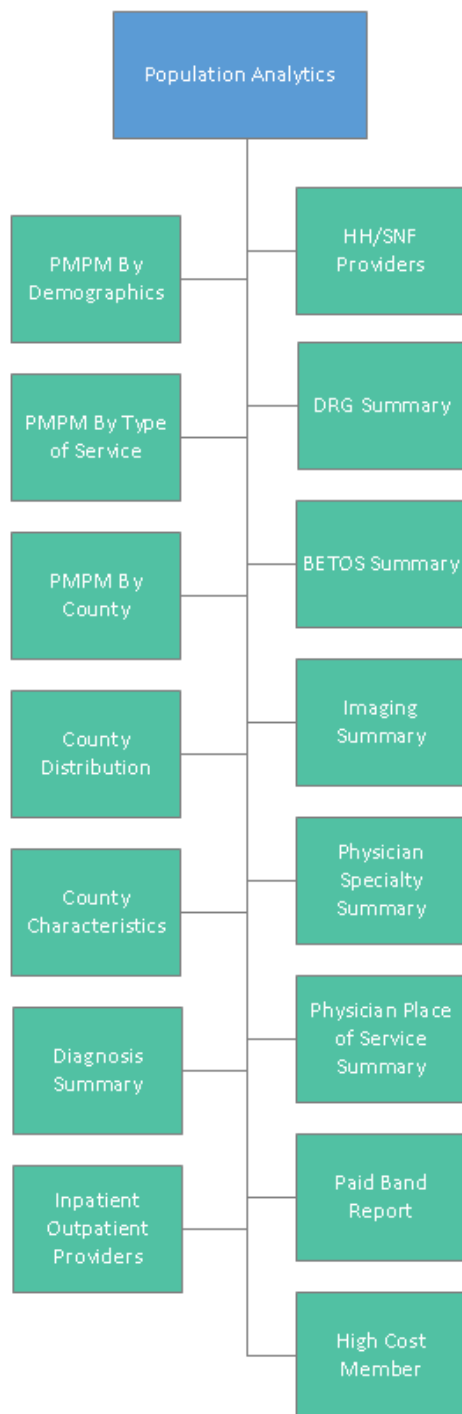


There are three suites of reports in MADE:

- Population Analytics Reports
- Episode Analytics Reports
- Pharmacy Analytics Reports

## 1.3.1 Population Analytics Reports

The **Population Analytics** reports are accessible by clicking on **Population** from the main menu and selecting **Population Analytics** from the side menu options. The breakdown of the **Population Analytics** reports and the navigation paths are shown in the diagram below.



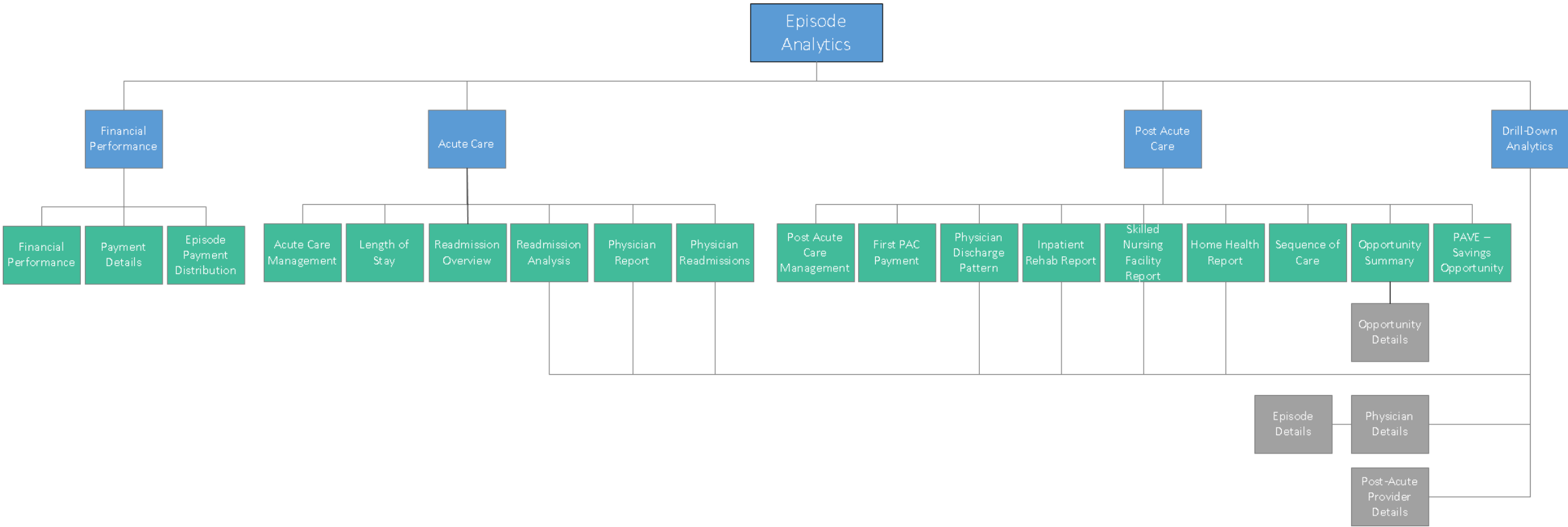
## 1.3.2 Patient Summary Reports

The **Patient Summary** reports are accessible by clicking on the **Patient Name** from the **Population Navigator**. The breakdown of the **Patient Summary** reports and the navigation paths are shown in the diagram below.



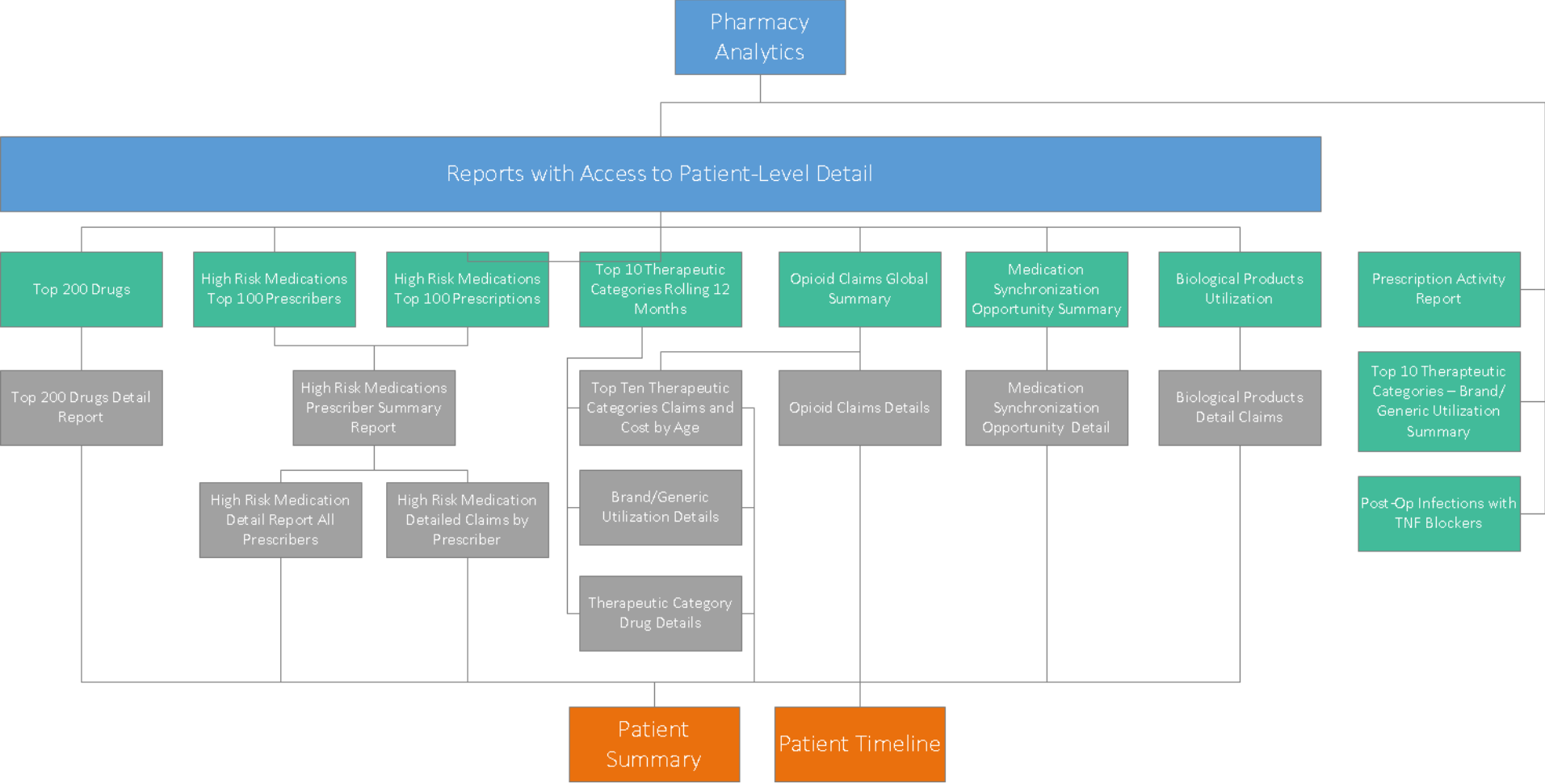
1.3.3 Episode Analytics Report

The **Episode Analytics** reports are accessible by clicking on **Episode** from the main menu. The breakdown of the **Episode Analytics** reports and the navigation paths are shown in the diagram below. The reports accessible from the main menu are represented by green, while the drill-through reports accessible from main reports or through the **Drill-Down Analytics** section are represented by grey. Blue represents the different section of the Episode Analytics module.



1.3.4 Pharmacy Analytics Report

The **Pharmacy Analytics** reports are accessible by clicking on **Pharmacy** from the main menu. The breakdown of the **Pharmacy Analytics** reports and the navigation paths are shown in the diagram below. The reports accessible from the main menu are represented by green, while the drill-through reports accessible from main are represented by grey. All reports under the sub-heading “Reports with Access to Patient-Level Detail” will direct the user to patient-level claims data in the Patient Summary and Patient Timeline.

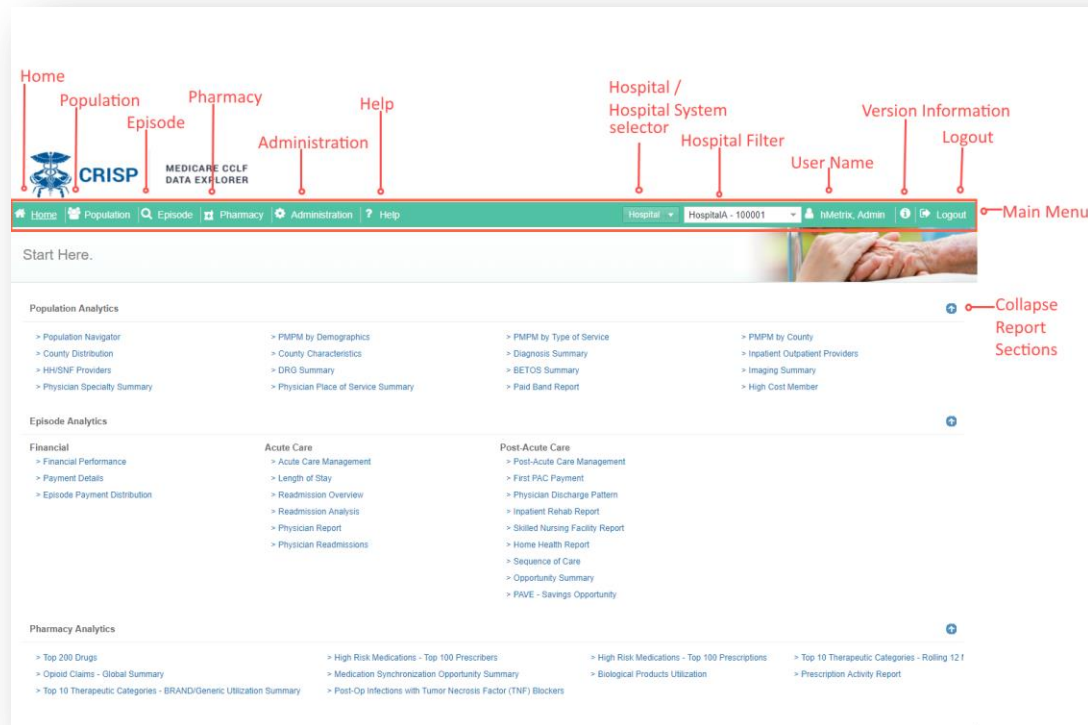




## 2 INTRODUCTION TO MADE

### 2.1 MADE Home Page

The MADE home page provides an overview of all the available reports in the application.



This home page contains a main menu to the application's five modules, which includes:

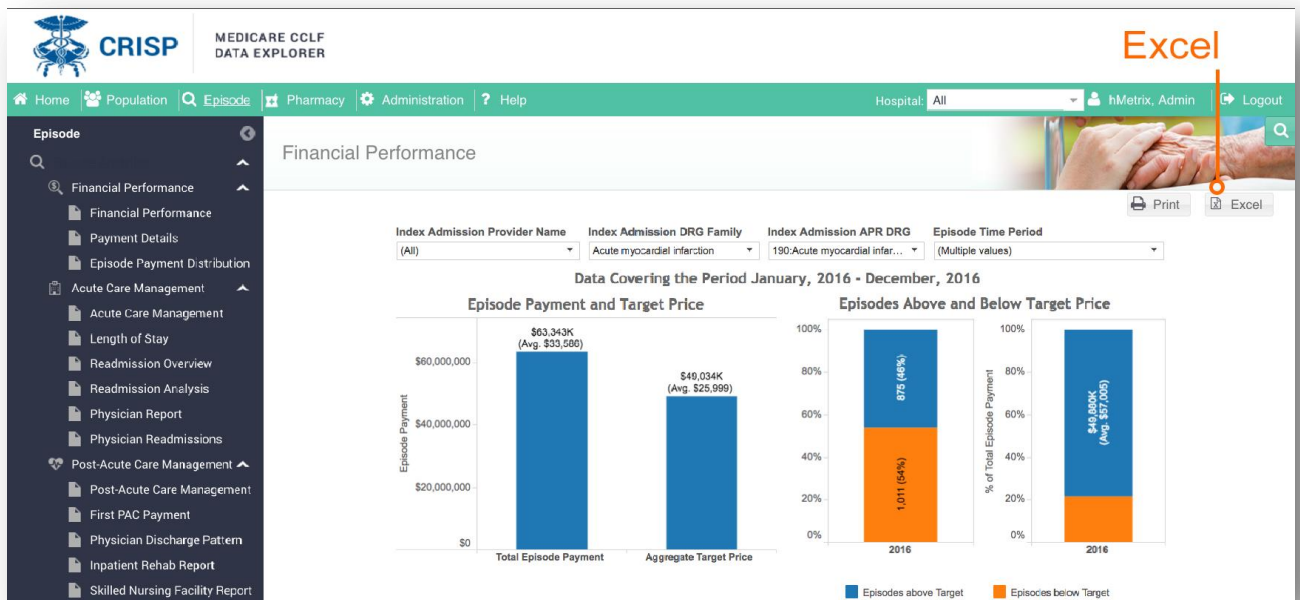
- **Main Dashboard** – displays the Home page
- **Population Analytics** – displays the reports associated with Population Analytics. These reports are described in further detail in section 4- Population Analytics.
- **Episode Analytics** – displays the reports associated with Episode Analytics. These reports are described in further detail in section 5- Episode Analytics.
- **Pharmacy Analytics** – displays the reports associated with Pharmacy Analytics. These reports are described in further detail in section 6 - Pharmacy Analytics.
- **Administration** – displays the reports associated with usage of the application. This section is only available to users who are part of CRISP Reporting Services and have an administrator role. For administration reports, refer to the Admin Guide.
- **Help** – displays the downloadable User Manual

## 2.2 Common Functions

Exporting to PDF and Excel and Roster selection are available for all reports.

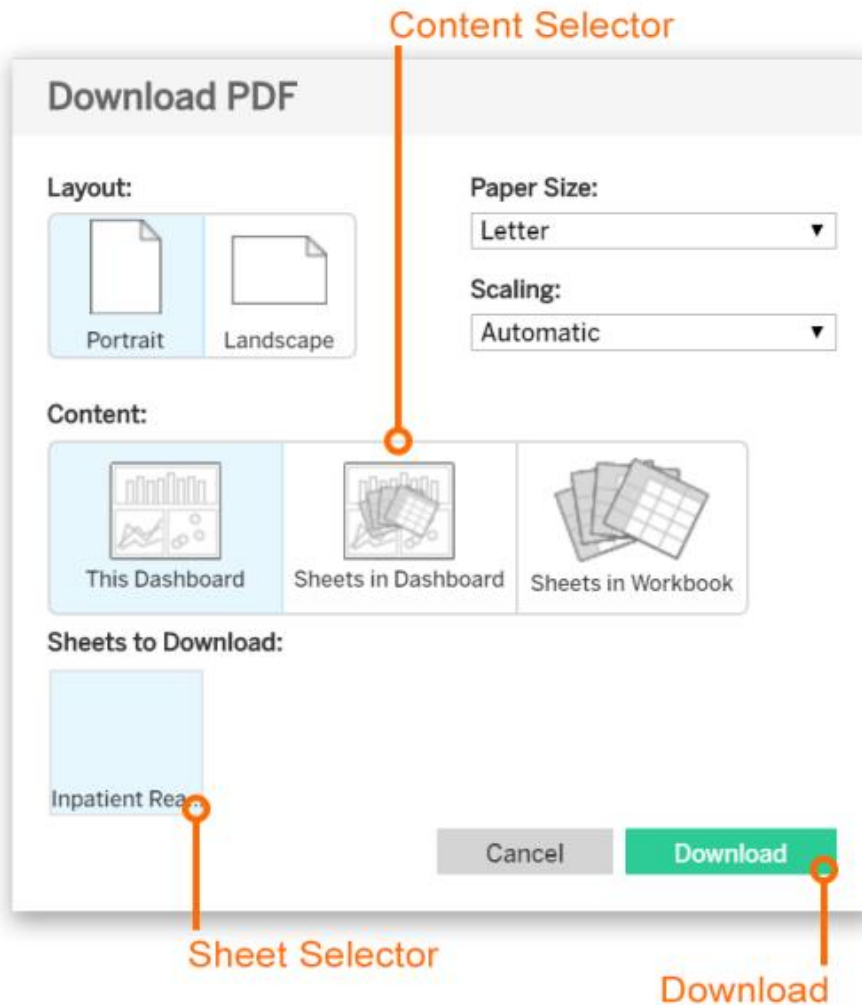
### 2.2.1 Download an Excel Report

To download a report to Excel, click the **Excel** button in the upper right hand corner of the report. Clicking this button will download the Excel workbook to the download folder on your computer.



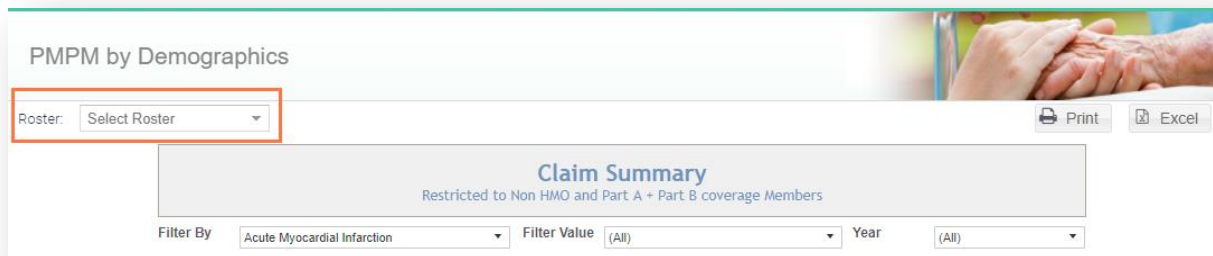
### 2.2.2 Export to PDF

To export a report to PDF, click the Print button in the upper right hand corner of the report. Clicking this button will show the PDF export menu. Click on the download button to download the PDF report to the download folder of your computer.



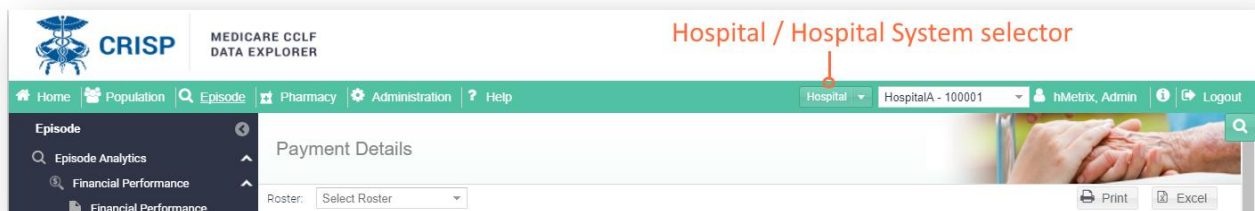
### 2.2.3 Roster Selection

You can filter any report based on any defined Roster.



### 2.2.4 Hospital / Hospital System Selection

For users with access to more than one hospital within a hospital system, you can filter any report based on an individual hospital, or a hospital system. Select “Hospital” or “Hospital System” from the drop down and choose the entity of interest.



## 2.3 Provider Search

The Provider Search is a quick way to view prescriber or pharmacy information while viewing a report. The Provider Search icon is available on the top right-hand corner below the logout menu option. Select the Provider Type from the drop-down and then enter the Provider ID / or NPI into the field and the corresponding Provider information will be displayed in the grid below.



The screenshot shows the 'Provider Search' window. It has a green header bar with the title 'Provider Search' and a close button in the top right corner. Below the header, there are two input fields: 'Provider Type:' with a dropdown menu and 'Provider Id/NPI:' with a search box. The dropdown menu is open, showing options: 'All', 'All', 'Pharmacy', and 'Prescriber'. Below the input fields is a table with columns: 'Name', 'Street Address', 'State', 'City', 'Postal', and 'Phone'. The table is currently empty. At the bottom of the window, there is a pagination bar showing 'Page 0 of 0' and a 'No data to display' message. Three orange circles with lines pointing to them are placed above the interface: one pointing to the 'Provider Type' dropdown, one pointing to the 'Provider Id/NPI' search box, and one pointing to the close button in the top right corner.

Provider Search

Provider Type: All  
All  
Pharmacy  
Prescriber

Provider Id/NPI: search...

Name	Street Address	State	City	Postal	Phone
------	----------------	-------	------	--------	-------

Page 0 of 0 No data to display

## 2.4 Session Timeout

To minimize unauthorized use of MADE, a user's session is set to time out after 30 minutes of inactivity. A warning message will be displayed 5 minutes before the session times out.

A warning dialog box with a white background and a light gray border. It has a title 'Warning!' in bold. Below the title is a message: 'Your session will Expire in 4 minutes, Do you want to continue?'. At the bottom of the dialog are two buttons: 'Yes' and 'No', both in green.

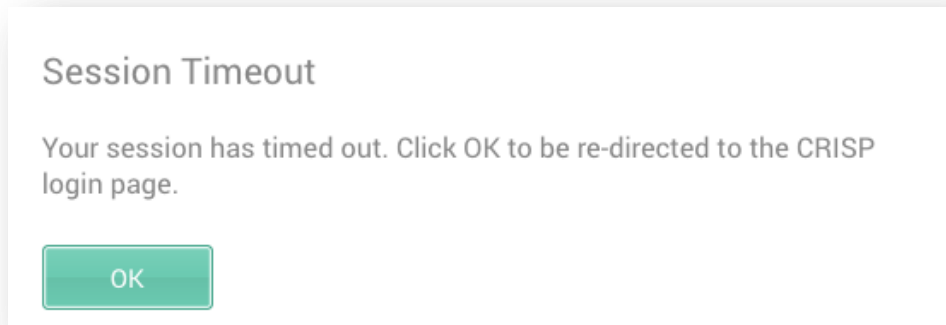
**Warning!**

Your session will Expire in 4 minutes, Do you want to continue?

Yes No

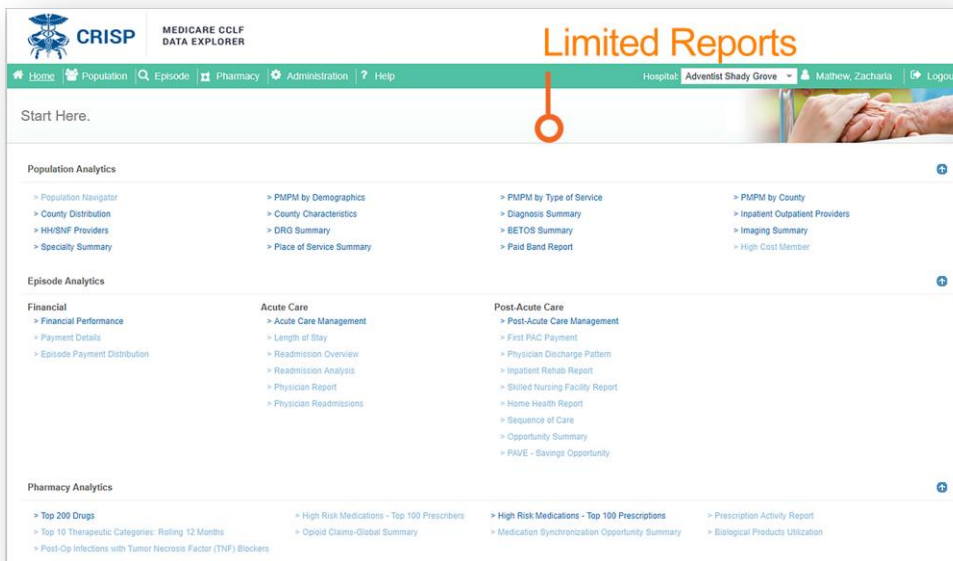
If the user clicks **Yes** to the warning message, then the user's session will be active for another 30 minutes. If the user clicks **No** or does not respond to the warning message, the user's session will time out and the Session

Timeout warning message will be displayed.

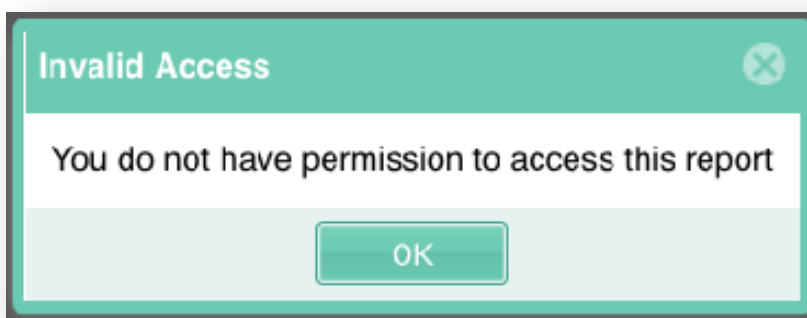


### 3 NON-PARTICIPATING HOSPITALS

Hospitals who have not yet registered for the CCLF reports can access a subset of summary reports. From the MADE home page, click on the report name to view more details. Reports that are in dark blue are accessible to non-participating hospitals and reports in light blue require you to be registered with CRISP.



An Invalid Access message will be displayed if a user attempts to access reports without the appropriate registration. Contact CRISP for instructions on how to register for additional reports.



## 4 POPULATION ANALYTICS

The Population module includes the Population Navigator and Population Analytics reports. The Population Navigator provides a list of Patients enrolled in the program and specific Patient reports. The Population Navigator also includes the Patient Timeline, which graphically represents patient-specific care over time, and Patient Summary, which contains a series of patient-specific reports based on a series of diagnostic and utilization characteristics. The Population Analytics reports provides reports that aggregate the population based on series of variables. The Population module contains all health care utilization and payments for Part A and B Medicare services. Part D prescription drugs are included only in the Patient Navigator. The sections below provide further details on each section. For detailed information about the beneficiary and physician assignment methodology, as well as the data analyzed in MADE, refer to the topics in CCLF Data Basics titled Population Assignment and Physician Assignment.

### 4.1 Population Navigator

The Population Navigator provides a list of patients enrolled in the program and patient-specific reports.

The screenshot shows the Population Navigator interface. Annotations point to various features:

- Population Navigator**: Points to the main title of the section.
- Collapsible Menu**: Points to the left-hand navigation pane.
- Roster Filter**: Points to the 'Roster' dropdown menu.
- Create Roster**: Points to the 'Roster' button.
- Excel**: Points to the 'Excel' button.
- Hospital Filter**: Points to the 'Hospital' dropdown menu.
- Measures**: Points to the 'Measures' section on the right.

The interface displays a table of patient data with columns: Master Patient ID, Patient Name, Gender, DOB, Measure Count, and Curr Med. The table is paginated, showing Page 1 of 1022. The bottom of the page indicates 'Displaying 1 - 25 of 25527'.

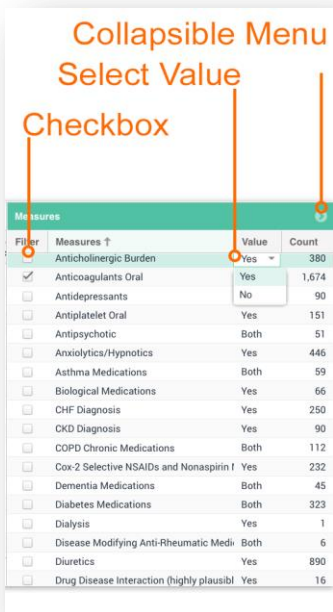
**Click to change page**: Points to the pagination controls at the bottom of the table.





4.1.2 Measures

The Population Navigator roster can be refined using the **Measures** filter. One or more measures can be added to or removed from the roster filter by clicking/unclicking the checkbox. For each measure, select the value to filter by clicking on the **Value** dropdown options. Click on **Create Roster** to save your measure filters to easily access later.

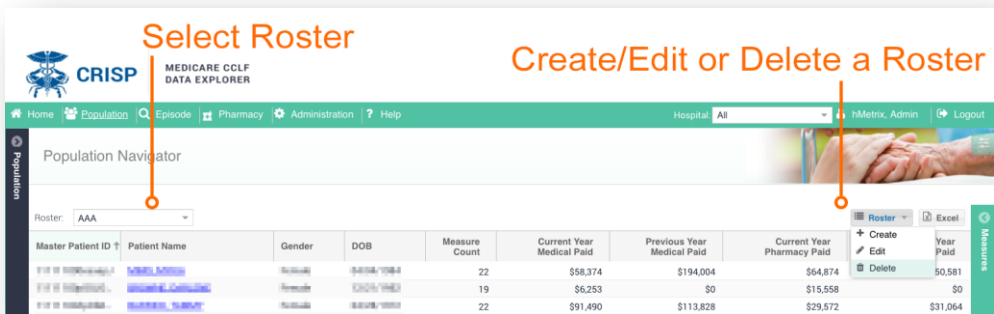


4.1.3 Create/Edit/Delete Roster

You can create, edit and delete a Roster easily from the Population Navigator page.

4.1.3.1 Create a Roster

You can create a new roster by clicking on the **Roster >> Create** button.



There are three options to create and save a Roster:

## 1. Roster based on measures

- Filter the Patient list by selecting your measures
- Click on **Roster>> Create Roster**
- Create a name for your roster
- On the **Type**, select **Current View**
- Click on **Create** button

## 2. Roster for individual patients from the patient list

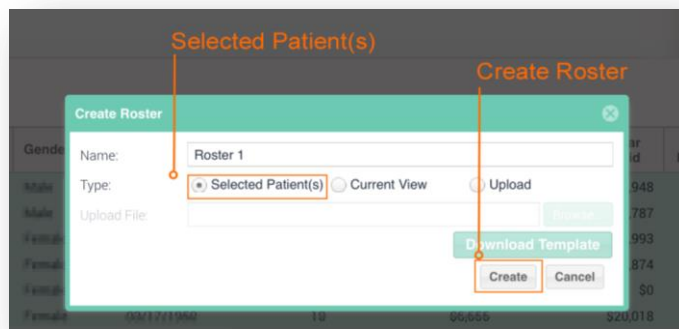
- From the patient list, you can select one or more patients at a time. To select a group of patients, click on patients while holding the SHIFT key on a PC (or CMD on MAC). Patients can be selected individually by clicking on them while holding the CTRL key on a PC (or CMD on MAC). The selected patient names will be highlighted in green.

The screenshot shows the Medicare Analytics CCLF Data Explorer interface. The 'Population Navigator' is on the left, and a table of patient data is on the right. Annotations include:

- Population Navigator**: Points to the left sidebar.
- Highlight Members**: Points to the 'Highlight Members' button in the top right of the table.
- Create Roster**: Points to the 'Create Roster' button in the top right of the table.

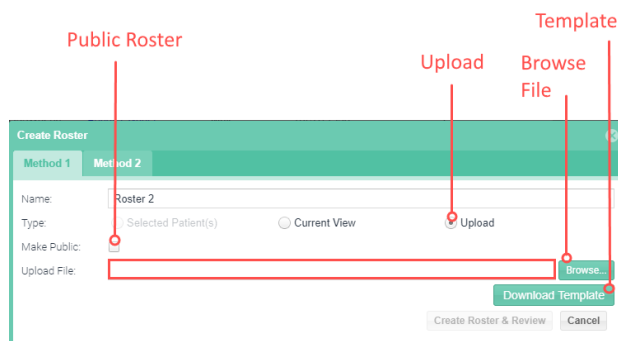
Master Patient ID	Patient Name	Gender	DOB	Measure Count	Current Year Medical Paid	Previous Year Medical Paid	Current Year Pharmacy Paid
10000000000000000000	10000000000000000000	F	10000000000000000000	8	\$32351	\$1351	\$11,909
10000000000000000000	10000000000000000000	F	10000000000000000000	16	\$27689	\$8297	\$9,559
10000000000000000000	10000000000000000000	F	10000000000000000000	11	\$35190	\$4,472	\$6,828
10000000000000000000	10000000000000000000	F	10000000000000000000	13	\$60905	\$1,192	\$847
10000000000000000000	10000000000000000000	F	10000000000000000000	19	\$23,386	\$6,221	\$12,439
10000000000000000000	10000000000000000000	F	10000000000000000000	7	\$13,032	\$25,436	\$2,923
10000000000000000000	10000000000000000000	F	10000000000000000000	8	\$45,651	\$41,139	\$2,178
10000000000000000000	10000000000000000000	F	10000000000000000000	14	\$34,679	\$1,853	\$2,512
10000000000000000000	10000000000000000000	F	10000000000000000000	5	\$32,377	\$1,861	\$2,537
10000000000000000000	10000000000000000000	F	10000000000000000000	20	\$26,745	\$0	\$16,958
10000000000000000000	10000000000000000000	F	10000000000000000000	16	\$412	\$11,719	\$13,004
10000000000000000000	10000000000000000000	F	10000000000000000000	10	\$797	\$2,772	\$7,482
10000000000000000000	10000000000000000000	F	10000000000000000000	7	\$13,373	\$2,304	\$3,771
10000000000000000000	10000000000000000000	F	10000000000000000000	7	\$115,811	\$0	\$567
10000000000000000000	10000000000000000000	F	10000000000000000000	13	\$5,418	\$6,414	\$15,658
10000000000000000000	10000000000000000000	F	10000000000000000000	18	\$161,754	\$11,810	\$11,818
10000000000000000000	10000000000000000000	F	10000000000000000000	17	\$3,901	\$4,101	\$10,280
10000000000000000000	10000000000000000000	F	10000000000000000000	10	\$9,455	\$0	\$2,863
10000000000000000000	10000000000000000000	F	10000000000000000000	23	\$53,468	\$15,485	\$24,855
10000000000000000000	10000000000000000000	F	10000000000000000000	5	\$17,735	\$26,923	\$2,583
10000000000000000000	10000000000000000000	F	10000000000000000000	18	\$101,306	\$45,326	\$9,242
10000000000000000000	10000000000000000000	F	10000000000000000000	7	\$493	\$2,840	\$3,582
10000000000000000000	10000000000000000000	F	10000000000000000000	18	\$38,371	\$12,759	\$12,993
10000000000000000000	10000000000000000000	F	10000000000000000000	9	\$46,178	\$1,164	\$7,821
10000000000000000000	10000000000000000000	F	10000000000000000000	16	\$36,404	\$0	\$2,113

- Click on **Create Roster**
- Enter a name for your roster
- For **Type**, select **Selected Patient(s)**
- Click on **Create** button



### 3. Upload a Roster

- Click on **Create Roster** button from the Population Navigator window and the Create Roster window will be displayed.
- Enter the Roster name
- Select **Upload** from the Type options
- Click on **Download the Roster Template**
- The file will be saved to your desktop tray
- Open the template and enter the values and save the file
- Click on the **Browse** button and select the template file to upload
- Click on **Create** to save the roster
- The new roster will be displayed in the **Population Navigator**



### 4. Create a Roster Based on Other Existing Rosters

- Click on the **Method 2** tab from the Population Navigator window and the Create Roster window will be displayed.
- Enter the Roster name
- Select the Rosters and Set Operations needed from the options. Examples of set operators are:
  - Union – the combination of all patients across both rosters. For example, if Roster A contains patients X & Y and Roster B contains patients Y & Z, then Roster A Union Roster B contains patients X, Y & Z
  - Intersect – the common patients across both rosters. For example, if Roster A contains patients X & Y and Roster B contains patients Y & Z, then Roster A Intersect Roster B contains patients Y

- iii. Complement – the patients in one roster that are not represented in other rosters. For example, if Roster A contains patients X & Y and Roster B contains patients Y & Z, then Roster A Complement Roster B contains patients X. If the algorithm were reversed (Roster B Complement Roster A), the resulting roster would contain patients Z
- iv. Brackets / Paranthesis are used to specify the order of operations
- d. Click on **Create Roster & Review** to view and save the roster
- e. The new roster will be displayed in the **Population Navigator**

## 5. Making the Roster public

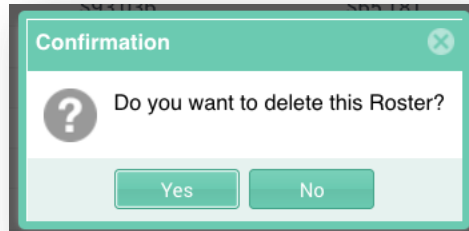
- a. Check the **Make Public** check box when creating a Roster.
- b. The Roster will be available to all other users with access to data for the same hospital.

### 4.1.3.2 Edit a Roster

- On the Population Navigator select the **Roster** name you wish to edit from the dropdown.
- Click on the Roster button and select Edit from the options displayed.
- Edit the name and click **Edit Roster and Review** button to view the patients and save your changes.

### 4.1.3.3 Delete a Roster

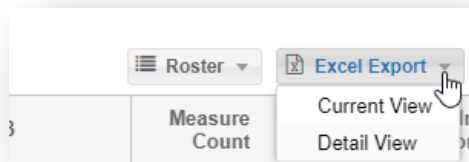
1. On the Population Navigator select the **Roster** name you wish to delete from the dropdown.
2. Click on the Roster button and select **Delete** from the options displayed.
3. **Delete** the name and click Yes button to save your changes.



### 4.1.3.4 Excel Export

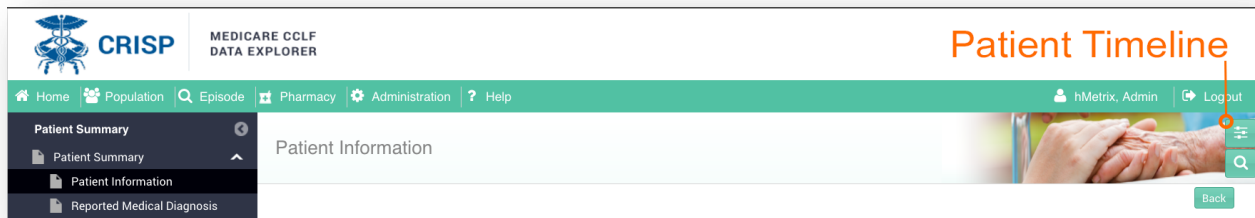
You can create an Excel export of the Population Navigator in two ways:

1. Current View: This view will create an Excel export for all selected patients identical to the columns seen in the User Interface
2. Detail View: This view will create an Excel export for all selected patients with all the available measures included as columns. All data columns available (even those hidden) will be included.



## 4.2 Patient Timeline

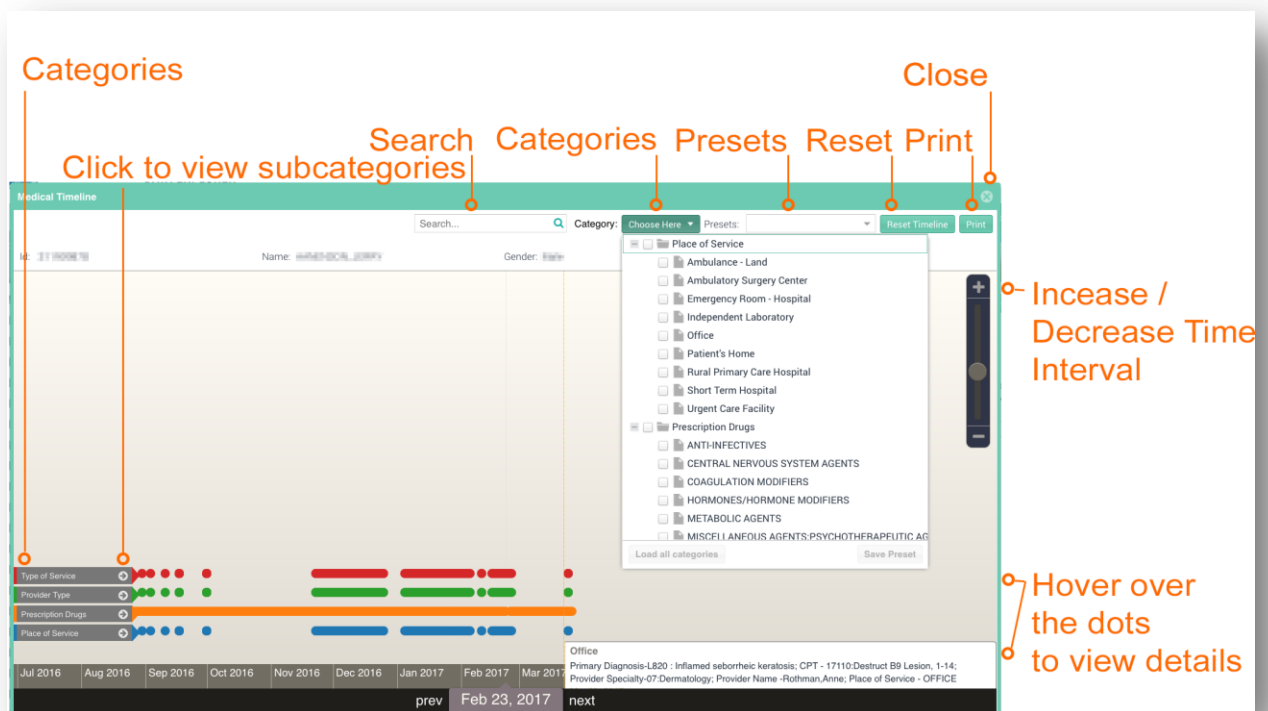
The **Patient Timeline** represents a patient's clinical history chronologically, visually and multi-dimensionally. The patient's clinical history is derived from claims data and other clinical data feeds. The patient timeline is accessible on the top right corner on all **Patient Summary** Reports. Click on the Patient Timeline icon displayed on the top right hand corner of the patient reports.



Below are some basic functions of the Patient timeline:

- **Drag** the window to any section on the screen
- **Resize** the window by dragging the edges of the window.
- **Increase/Reduce** the time Intervals by clicking on the + or –

Drill into more detail view by clicking on the **Data Categories**



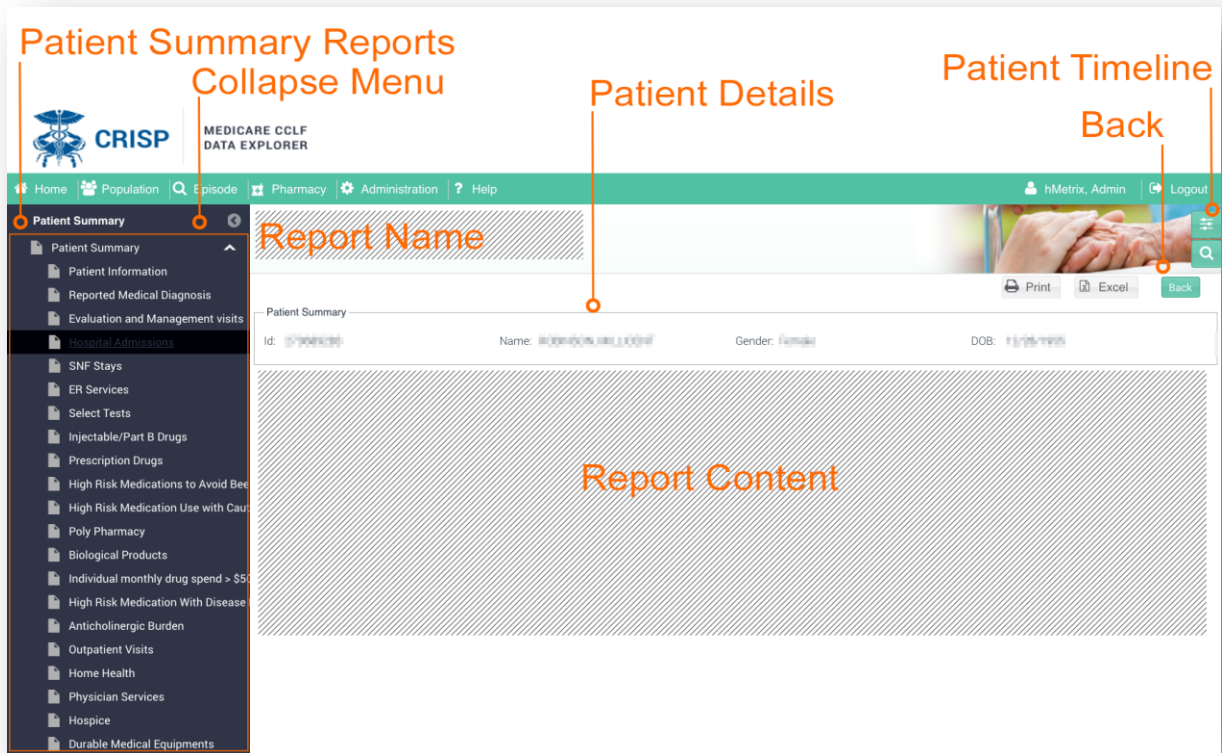
FEATURES	DESCRIPTION
Event	A record from the Claim or Clinical Data for a patient
Category	Each Event has various attributes such as <ul style="list-style-type: none"> <li>• Type of Service</li> </ul>

	<ul style="list-style-type: none"> <li>• Provider Type</li> <li>• Place of Service</li> <li>• Prescription Drugs</li> </ul>
<b>Subcategory</b>	<p>Contains further detail about each category</p> <ul style="list-style-type: none"> <li>• Type of Service: Details by Inpatient, Outpatient, Physician</li> <li>• Provider Type: Provider specialty such as Cardiologist and PCP</li> <li>• Place of Service: Location of care received such as Hospital, SNF, physician office</li> <li>• Prescription Drugs: Categories of common prescription drugs</li> </ul>
<b>Search</b>	Search by entering any value in the search box to display search results on the timeline
<b>Presets</b>	<p>Can view pre-determined pre-set views or create new views for easier access.</p> <p>There are two types of presets:</p> <ul style="list-style-type: none"> <li>• System Defined Presets: views that are predefined and cannot be edited by the user</li> <li>• User Defined Presets: views that can be saved by a User of the System</li> </ul>

### 4.3 Patient Summary Reports

The Patient Summary reports are patient-specific reports that are available once a patient is selected from the Population Navigator.





## 4.3.1 Patient Summary

**Patient Summary** report includes the demographic information and other key details about the selected patient. Click on the values to view additional detail report.

**CRISP MEDICARE CCLF DATA EXPLORER**

Home Population Episode Pharmacy Administration ? Help hMetrix, Admin Logout

**Patient Summary**

- Patient Summary
- Patient Information**
- Reported Medical Diagnosis
- Evaluation and Management visits
- Hospital Admissions
- SNF Stays
- ER Services
- Select Tests
- Injectable/Part B Drugs
- Prescription Drugs
- High Risk Medications to Avoid Bee
- High Risk Medication Use with Caut
- Poly Pharmacy
- Biological Products
- Individual monthly drug spend > \$50
- High Risk Medication With Disease
- Anticholinergic Burden
- Outpatient Visits
- Home Health
- Physician Services
- Hospice
- Durable Medical Equipments

**Patient Information**

**Summary**

ID:	27668003	Name:	ROBERTO, MELCHIOR	Gender:	Female
Date of Birth:	11-04-1950	Age:	63	State:	Massachusetts
County:	Worcester, Massachusetts	ZIP Code:	01605	Enrollment Status:	Enrolled in Medicare Part B
Months Enrolled:	36	Current Year Total Medical Paid:	\$11,880	Previous Year Total Medical Paid:	\$11,880
Current Year Pharmacy Patient Paid:	\$11,880	Previous Year Pharmacy Patient Paid:	\$11,880	Attributed Provider(s):	Worcester County General Hospital, Lowell Regional Medical Center, Pioneer Regional Hospital, Pioneer Regional Hospital

**Details**

Anticholinergic Burden:	Yes (2.5)	Drug Spend > 1K Per Fill (Multum Drug Cost):	Yes	Major Drug Interaction, GENERALLY AVOID:	Yes
Anticoagulants Oral:	Yes	Drugs requiring a Risk Evaluation and Mitigation Strategy (REMS):	No	Major Drug Interaction, MONITOR:	Yes
Antidepressants:	Both	Drugs With Monitoring Recommendations:	No	Major Drug Interaction, MONITOR CLOSELY:	Yes
Antiplatelets Oral:	Yes	Drugs with US Black Box Warning:	No	Opioids:	Yes
Antipsychotic:	Drugs	Generic Dispensing Rate < 80%:	Yes	Osteoporosis Medications:	No
Anxiolytics / Hypnotics (Prescription):	Yes	High Risk Medication with Renal Dysfunction Beers List:	Yes	PDC < 80% Statins:	Yes
Asthma Medications:	Drugs	High Risk Medication Drug-Drug Interaction Beers List:	Yes	PDC < 80% Beta Blockers:	Yes
Biological Products:	No			PDC < 80% Antidepressants:	Yes
CHF Diagnosis:	No				

## 4.3.2 Reported Medical Diagnosis

**Reported Medical Diagnosis** provides a list of medical diagnosis by year, provider name, and specialty for the selected patient.

Hover over the values to view more details

Reported Medical Diagnosis

Click sort icon to filter rows

Print Excel Bulk

Patient Summary

ID: [REDACTED] Name: [REDACTED] Gender: [REDACTED] DOB: [REDACTED]

Year	Primary Diagnosis	Provider Name	Specialty
	E1065 : Type 1 diabetes mellitus with hyperglycemia	Vivar-Aguirre, Jorge	Internal Medicine
	E1165 : Type 2 diabetes mellitus with hyperglycemia	Iman, Kenny	Physician assistant
	E103299 : Type 1 diab with mild nonp rtrop wit..	PENINSULA REGIONAL MEDICAL CENTER	HOSPITAL PROVIDER
	I420 : Dilated cardiomyopathy	CITY OF SALISBURY	
	J42 : Unspecified chronic bronchitis	Bounds, Christian	
	M545 : Low back pain	Hearne, Steven	
		Chung, David	
		Griffin, Ali	
2016		Natesan, Vel	Internal Medicine
		Parambi, Joan	Endocrinology, Diabetes & Metabolism
	E119 : Type 2 diabetes mellitus without compli..	Natesan, Usha	Internal medicine
	E559 : Vitamin D deficiency, unspecified	PENINSULA REGIONAL MEDICAL CENTER	HOSPITAL PROVIDER
	E780 : Pure hypercholesterolemia	ACCU REFERENCE MEDICAL LAB, LLC	Clinical laboratory (billing independen..
	E1039 : Type 1 diabetes w oth diabetic ophthal..	Bescak, Todd	Ophthalmology
	E1065 : Type 1 diabetes mellitus with hyperglycemia	Doyle, Indre	Nurse practitioner
		PENINSULA REGIONAL MEDICAL CENTER	HOSPITAL PROVIDER
		Parambi, Joan	Endocrinology
		Snitzer, Jack	Endocrinology
		Vivar-Aguirre, Jorge	Internal medicine
	E1142 : Type 2 diabetes mellitus with diabetic polyneuropathy	ACCU REFERENCE MEDICAL LAB, LLC	Clinical laboratory (billing independen..
	I429 : Cardiomyopathy, unspecified	Gunther, Melissa	Physician assistant
	I480 : Paroxysmal atrial fibrillation	Hearne, Steven	Cardiology
	I4891 : Unspecified atrial fibrillation	Keim, Stephen	Cardiology
	J00 : Acute nasopharyngitis [common cold]	ACCU REFERENCE MEDICAL LAB, LLC	Clinical laboratory (billing independen..
	J440 : Chronic obstructive pulmon disease w ac..	Gunther, Melissa	Physician assistant
	M5032 : Other cervical disc degeneration, mid-cervical region	Tawiah, Lawrence	Physician assistant
	M5127 : Other intervertebral disc displacemen..	DELMARVA SURGERY CENTER, LLC	Ambulatory surgical center
	M5136 : Other intervertebral disc degeneratio..	Dayton-Jones, Conworth	Anesthesiology
	M7989 : Other specified soft tissue disorders	Marks, Michael	Diagnostic radiology
	M25432 : Pffixion left wrist	Shrestha, Ajit	Pain Management
		Hogan, Gerard	Diagnostic radiology
		Gunther, Melissa	Physician assistant

Primary Diagnosis: E1065 : Type 1 diabetes mellitus with hyperglycemia  
Specialty: HOSPITAL PROVIDER  
Provider Name: PENINSULA REGIONAL MEDICAL CENTER  
Year of Date: 2017

## 4.3.3 Evaluation and Management visits

**Evaluation and Management visits** report displays a list of claims for the Evaluation and Management visits by year, specialty, provider name, and primary and secondary diagnoses for the selected patient.

Evaluation and Management visits

Click sort icon to filter rows

Patient Summary

Id: [REDACTED] Name: [REDACTED] Gender: [REDACTED] DOB: [REDACTED]

Print Excel Back

**Evaluation and Management Visits**

Date	CPT	Specialty	Provider Name	Place of Service	Primary Diagnosis	Secondary Diagnosis
9/21/2012	99212	HOSPITAL PROVIDER	UNIVERSITY OF MD BAL...		E1165 : Type 2 diabetes mellitus with hyper...	E1151
9/21/2012	99214	Internal medicine	Parambil,Nisha	OUTPATIENT HOSPIT..	E1165 : Type 2 diabetes mellitus with hyper...	I10
9/21/2012	99215	Internal medicine	Young-Hyman,Paul	OFFICE	I509 : Heart failure, unspecified	
9/21/2012	99213	Pulmonary disease	Park,Matthew	OFFICE	J4530 : Mild persistent asthma, uncomplica..	R0602
9/21/2012	99213	Family practice	Izzi,Stephan	OFFICE	I4891 : Unspecified atrial fibrillation	
9/21/2012	99213	Podiatry	Cange,Darlyne	OFFICE	E1051 : Type 1 diabetes w diabetic peripher..	L603
9/21/2012	99212	HOSPITAL PROVIDER	UNIVERSITY OF MD BAL...		E1165 : Type 2 diabetes mellitus with hyper...	I10
9/21/2012	99214	Internal medicine	Parambil,Nisha	OUTPATIENT HOSPIT..	E1121 : Type 2 diabetes mellitus with diabe..	I10
9/21/2012	99213	Family practice	Izzi,Stephan	OFFICE	E119 : Type 2 diabetes mellitus without co..	
9/21/2012	99213	Pulmonary disease	Park,Matthew	OFFICE	J4530 : Mild persistent asthma, uncomplica..	J918
9/21/2012	99203	Podiatry	Cange,Darlyne	OFFICE	E1051 : Type 1 diabetes w diabetic peripher..	L603
9/21/2012	99212	HOSPITAL PROVIDER	UNIVERSITY OF MD BAL...		E1165 : Type 2 diabetes mellitus with hyper...	I10
9/21/2012	99214	Internal medicine	Parambil,Nisha	OUTPATIENT HOSPIT..	E1165 : Type 2 diabetes mellitus with hyper...	I10
9/21/2012	99214	Family practice	Izzi,Stephan	OFFICE	I4891 : Unspecified atrial fibrillation	I509
9/21/2012	99213	Family practice	Izzi,Stephan	OFFICE	I10 : Essential (primary) hypertension	
9/21/2012	99204	Nurse practitioner	Hester,Belinda	OFFICE	M47817 : Spondyls w/o myelopathy or radic..	G894
9/21/2012	99213	Family practice	Izzi,Stephan	OFFICE	R5383 : Other fatigue	I481
9/21/2012	99213	Family practice	Izzi,Stephan	OFFICE	J449 : Chronic obstructive pulmonary disea..	
9/21/2012	99212	HOSPITAL PROVIDER	UNIVERSITY OF MD BAL...		E1165 : Type 2 diabetes mellitus with hyper...	Z7901
9/21/2012	99214	Internal medicine	Parambil,Nisha	OUTPATIENT HOSPIT..	E1165 : Type 2 diabetes mellitus with hyper...	I10
9/21/2012	99202	HOSPITAL PROVIDER	UNIVERSITY OF MD BAL...		E119 : Type 2 diabetes mellitus without co..	Z7901
9/21/2012	99204	Internal medicine	Parambil,Nisha	OUTPATIENT HOSPIT..	E1165 : Type 2 diabetes mellitus with hyper...	I10
9/21/2012	99204	Pulmonary disease	Han,William	OFFICE	R0602 : Shortness of breath	J4540
9/21/2012	99215	Internal medicine	Young-Hyman,Paul	OFFICE	42731 : Atrial fibrillation	
9/21/2012	99213	Family practice	Izzi,Stephan	OFFICE	42731 : Atrial fibrillation	25000

## 4.3.4 Hospital Admissions

**Hospital Admissions** report displays a list of claims for hospital admissions by provider name, length of stay (LOS), discharge status and primary and secondary diagnoses for the selected patient.

Hospital Admissions

Click sort to filter the rows below

Patient Summary

Id: [REDACTED] Name: [REDACTED] Gender: [REDACTED] DOB: [REDACTED]

Print Excel Back

**Hospital Admissions**

Date	Provider Name	LOS	Discharge Status	Primary Diagnosis	Secondary Diagnosis
9/21/2012	UNIVERSITY OF MD BALTO WASHINGT..	4	Discharged/transferred to home c..	I5032 : Chronic diastolic (congestive) heart f..	I472
9/21/2012	UNIVERSITY OF MD BALTO WASHINGT..	2	Discharged to home/self care	I130 : Hyp hrt & chr kdny dis w hrt fail and st..	D689
9/21/2012	UNIVERSITY OF MD BALTO WASHINGT..	6	Discharged/transferred to home c..	I5023 : Acute on chronic systolic (congestive..	I472
9/21/2012	UNIVERSITY OF MD BALTO WASHINGT..	4	Discharged/transferred to home c..	J90 : Pleural effusion, not elsewhere classifi..	E46

## 4.3.5 SNF Stays

**SNL Stays** report displays a list of claims for skilled nursing facility (SNF) admissions by provider name, length of stay (LOS) discharge status and primary and secondary diagnoses for the selected patient.

SNF Stays

Print Excel Back

Patient Summary

Id: Name: Gender: DOB:

Click sort icon to filter rows

Date	Provider Name	LOS	Discharge Status	Primary Diagnosis	Secondary Diagnosis
	PATAPSCO VALLEY CENTER	5	Discharged to home/self c..	I25119 : Athscl heart disease of nat..	M6281
	PATAPSCO VALLEY CENTER	25	Still patient	I25119 : Athscl heart disease of nat..	M6281
	COURTLAND, LLC	16	Discharged to home/self c..	I222 : Subsequent non-ST elevation..	I509

## 4.3.6 ER Services

**ER Services** report displays a list of claims for ER visits by CPT codes, provider name, place of service, and primary and secondary diagnoses for the selected patient.

ER Services

Print Excel Back

Patient Summary

Id: Name: Gender: DOB:

Click sort to filter rows

Date	CPT-Description	Provider Name	Place of Service	Primary Diagnosis	Secondary Diagnosis
	71010-Chest X-Ray 1 View Frontal	UNIVERSITY OF MARYLAND MEDICAL CENTER		J90 : Pleural effusion,...	J45909
	80053-Comprehen Metabolic Panel	UNIVERSITY OF MARYLAND MEDICAL CENTER		J90 : Pleural effusion,...	J45909
	83735-Assay Of Magnesium	UNIVERSITY OF MARYLAND MEDICAL CENTER		J90 : Pleural effusion,...	J45909
	83880-Assay Of Natriuretic Peptide	UNIVERSITY OF MARYLAND MEDICAL CENTER		J90 : Pleural effusion,...	J45909
	84100-Assay Of Phosphorus	UNIVERSITY OF MARYLAND MEDICAL CENTER		J90 : Pleural effusion,...	J45909
	84484-Assay Of Troponin, Quant	UNIVERSITY OF MARYLAND MEDICAL CENTER		J90 : Pleural effusion,...	J45909
	85025-Complete Cbc W/Auto Diff Wbc	UNIVERSITY OF MARYLAND MEDICAL CENTER		J90 : Pleural effusion,...	J45909
	85610-Prothrombin Time	UNIVERSITY OF MARYLAND MEDICAL CENTER		J90 : Pleural effusion,...	J45909
	85730-Thromboplastin Time, Partial	UNIVERSITY OF MARYLAND MEDICAL CENTER		J90 : Pleural effusion,...	J45909
	99281-Emergency Dept Visit	UNIVERSITY OF MARYLAND MEDICAL CENTER		J90 : Pleural effusion,...	J45909
	99285-Emergency Dept Visit	UNIVERSITY OF MARYLAND MEDICAL CENTER		J90 : Pleural effusion,...	J45909
	G0378-Hospital Observation Per Hr	UNIVERSITY OF MARYLAND MEDICAL CENTER		J90 : Pleural effusion,...	J45909
	J1940-Furosemide Injection	UNIVERSITY OF MARYLAND MEDICAL CENTER		J90 : Pleural effusion,...	J45909
	Null	UNIVERSITY OF MARYLAND MEDICAL CENTER		J90 : Pleural effusion,...	J45909
	36415-Routine Venipuncture	MEASE COUNTRYSIDE HOSPITAL		25080 : DMII oth nt st..	4019
	80047-Metabolic Panel Ionized Ca	MEASE COUNTRYSIDE HOSPITAL		25080 : DMII oth nt st..	4019
	81001-Urinalysis, Auto W/Scope	MEASE COUNTRYSIDE HOSPITAL		25080 : DMII oth nt st..	4019
	82948-Reagent Strip/Blood Glucose	MEASE COUNTRYSIDE HOSPITAL		25080 : DMII oth nt st..	4019
	85025-Complete Cbc W/Auto Diff Wbc	MEASE COUNTRYSIDE HOSPITAL		25080 : DMII oth nt st..	4019
	85610-Prothrombin Time	MEASE COUNTRYSIDE HOSPITAL		25080 : DMII oth nt st..	4019
	99284-Emergency Dept Visit	MEASE COUNTRYSIDE HOSPITAL		25080 : DMII oth nt st..	4019

## 4.3.7 Select Tests

**Select Tests** report displays a list of claims for select tests by CPT codes, provider name, and place of service for the selected patient.

Select Tests

Click sort icon to filter rows

Print Excel Back

Patient Summary

ID: [REDACTED] Name: [REDACTED] Gender: [REDACTED] DOB: [REDACTED]

Date	CPT-Description	Provider Name	Place of Service
[REDACTED]	71250-Ct Thorax W/O Dye	Novak,Zina	INPATIENT HOSPITAL
[REDACTED]	70450-Ct Head/Brain W/O Dye	Becker,Randy	INPATIENT HOSPITAL
[REDACTED]	71250-Ct Thorax W/O Dye	Jarrell,Kevin	INPATIENT HOSPITAL
[REDACTED]	71250-Ct Thorax W/O Dye	Taj,Sabir	OUTPATIENT HOSPITAL
[REDACTED]	70450-Ct Head/Brain W/O Dye	Halleran,William	OUTPATIENT HOSPITAL
		MEASE COUNTRYSIDE HOSPITAL	

## 4.3.8 Injectable/ Part B Drugs

**Injectable / Part B Drugs** report displays a list of claims for injectable Part B drugs by CPT codes, provider name, primary and secondary diagnoses, place of service, and quantity for the selected patient.

Injectable/Part B Drugs

Click sort icon to filter rows

Print Excel Back

Patient Summary

ID: [REDACTED] Name: [REDACTED] Gender: [REDACTED] DOB: [REDACTED]

Date	CPT-Description	Provider Name	Primary Diagnosis	Secondary Diagnosis	Place of Service	Quantity
[REDACTED]	J1940-Furosemide Injection	UNIVERSITY OF MARYLAND MEDICAL CENTER	J90 : Pleural effusion, not elsewhere cla..	J45909		2
[REDACTED]	J3420-Vitamin B12 Injection	Zeien,Timothy	4011 : Benign hypertension	2720	OFFICE	1
[REDACTED]	J3420-Vitamin B12 Injection	Zeien,Timothy	4011 : Benign hypertension	5859	OFFICE	1



## 4.3.9 Prescription Drugs

**Prescription Drugs** report displays a list of prescription drug claims by medication characteristic (name, strength, dosage, quantity and days supply), as well as the provider name, for the selected patient.

Prescription Drugs

Click sort icon to filter rows

Print Excel Back

Patient Summary

ID: Name: Gender: DOB:

Date	Medication Dispensed	BRAND/generic	Strength Description	Dosage Form	Prescriber Name	Quantity	Days Supply
	potassium chloride	KLOR-CON M20	20 mEq	tablet, extended release	Izzi,Stephan	90	90
	simvastatin	simvastatin	5 mg	tablet	Izzi,Stephan	30	30
	ramipril	ramipril	5 mg	capsule	Izzi,Stephan	90	90
	furosemide	furosemide	40 mg	tablet	Izzi,Stephan	30	30
	warfarin	warfarin sodium	2 mg	tablet	Izzi,Stephan	90	90
	fluticasone-salmeterol	ADVAIR DISKUS	250 mcg-50 mcg	powder	Park,Matthew	60	30
	rivaroxaban	XARELTO	15 mg	tablet	Jain,Samir	30	30
	simvastatin	simvastatin	5 mg	tablet	Izzi,Stephan	30	30
	furosemide	furosemide	40 mg	tablet	Izzi,Stephan	30	30
	insulin glargine	LANTUS	100 units/mL	solution	Parambil,Nisha	10	90
	simvastatin	simvastatin	5 mg	tablet	Izzi,Stephan	30	30
	metoprolol	metoprolol succi..	50 mg	tablet, extended release	Izzi,Stephan	90	90
	simvastatin	simvastatin	5 mg	tablet	Izzi,Stephan	30	30
	furosemide	furosemide	40 mg	tablet	Izzi,Stephan	30	30
	warfarin	warfarin sodium	2 mg	tablet	Izzi,Stephan	90	90
	ramipril	ramipril	5 mg	capsule	Izzi,Stephan	90	90
	furosemide	furosemide	40 mg	tablet	Park,Matthew	30	30

## 4.3.10 High Risk Medication to Avoid

**High-Risk Medication Avoid** report displays a list of claims for high risk medications (according to Beers criteria) by medication characteristic (name, strength, dosage, quantity and days supply) and provider name for the selected patient.

High Risk Medications to Avoid Beers List

Click sort icon to filter rows

Print Excel Back

Patient Summary

ID: Name: Gender: DOB:

Date	Medication Dispensed	Strength Description	Dosage Form	Prescriber Name	Included Lists	Days Supply	Quantity
	insulin lispro	100 units/mL	solution	Parambil,Nisha	Beers List	30	10
	insulin lispro	100 units/mL	solution	Van Orden,Deborah	Beers List	30	10
	insulin isophane-insulin r...	human recombinant 70 un...	suspension	Parambil,Nisha	Beers List	30	30

## 4.3.11 High Risk Medication - Use with Caution

**High Risk Medication - Use with Caution** report displays a list of high risk medications to use with caution (according to Beers criteria) by medication characteristic (name, strength, dosage, quantity and days supply) and provider name for the selected patient.

High Risk Medication Use with Caution Beers List

Click sort icon to filter rows

Patient Summary

Id: [REDACTED] Name: [REDACTED] Gender: [REDACTED] DOB: [REDACTED]

High Risk Medication Use with Caution Beers List

Date	Medication Dispensed	Strength	Dosage Form	Prescriber Name	Included Lists	Days Supply	Quantity
[REDACTED]	furosemide	40 mg	tablet	Izzi, Stephan		30	30
[REDACTED]	furosemide	40 mg	tablet	Izzi, Stephan		30	30
[REDACTED]	furosemide	40 mg	tablet	Park, Matthew		30	30
[REDACTED]	furosemide	40 mg	tablet	Izzi, Stephan		30	30
[REDACTED]	furosemide	40 mg	tablet	Park, Matthew		30	30
[REDACTED]	furosemide	40 mg	tablet	Cudjoe, Patricia		30	30
[REDACTED]	torsemide	20 mg	tablet	Izzi, Stephan		30	30
[REDACTED]	torsemide	20 mg	tablet	Izzi, Stephan		30	30

## 4.3.12 Poly Pharmacy

**Poly Pharmacy** report displays a list of poly pharmacy claims by medication characteristic (name, strength, dosage, quantity and days supply) and provider name for the selected patient.

Poly Pharmacy

Patient Summary

Id: [REDACTED] Name: [REDACTED] Gender: [REDACTED] DOB: [REDACTED]

Poly Pharmacy

Date	Medication Dispensed	Strength	Dosage Form	Prescriber Name	Quantity	Days Supply
[REDACTED]	metoprolol	25 mg	tablet, extended...	Minkove, Judah	45	90
[REDACTED]	atorvastatin	10 mg	tablet	Minkove, Judah	90	90
[REDACTED]	citalopram	20 mg	tablet	Minkove, Judah	90	90
[REDACTED]	gabapentin	300 mg	capsule	Minkove, Judah	180	90
[REDACTED]	lisinopril	2.5 mg	tablet	Minkove, Judah	90	90
[REDACTED]	midodrine	5 mg	tablet	Minkove, Judah	270	90
[REDACTED]	pantoprazole	40 mg	delayed release ...	Minkove, Judah	90	90
[REDACTED]	ticagrelor	90 mg	tablet	Minkove, Judah	180	90



## 4.3.13 Biological Products

**Biological Products** report displays a list of claims for biological products by drug characteristic (name, strength, dosage, quantity and days supply) and prescriber provider name for a selected patient.

Biological Products

Print

Excel

Back

Patient Summary

## 4.3.14 Individual Monthly Drug Spend >\$500

The **Individual Monthly Drug Spend >\$500** report displays a list of all claims for prescription drugs for selected patients who have an average monthly drug spend for prescription drugs that exceeds \$500. Variables contained in the report include by medication characteristic (name, strength, dosage, quantity and days supply) and provider name.

Individual monthly drug spend > \$500

Click sort to filter rows

Patient Summary

## 4.3.15 High-Risk Medication with Disease Interaction

**High Risk Medication with Disease Interaction** report displays a list of claims for medications with a high risk of interaction with the selected patient's disease. Variables contained in the report include by medication characteristic (name, strength, dosage, quantity and days supply) and provider name.

High Risk Medication With Disease Interaction

Patient Summary

Id: [REDACTED] Name: [REDACTED] Gender: [REDACTED] DOB: [REDACTED]

Click sort icon to filter rows

Date	Medication Dispensed	Strength Description	Dosage Form	Quantity	Days Supply	Prescriber Name	Included Lists
[REDACTED]	Ibuprofen	600 mg	tablet	20	3	Kim, Hyosik	Beers List

## 4.3.16 Anticholinergic Burden

**Anticholinergic Burden** report provides a list of claims for Anticholinergic burden for the selected patient.

Anticholinergic Burden

Patient Summary

Id: [REDACTED] Name: [REDACTED] Gender: Female DOB: [REDACTED]

Date	Drug Name	BRAND/generic	Strength Description	Dosage Form	ACB Score	Prescriber Name
[REDACTED]	meclizine	Meclizine Hydrochloride	25 mg	tablet	3	[REDACTED]
[REDACTED]	meclizine	Meclizine Hydrochloride	25 mg	tablet	3	[REDACTED]
[REDACTED]	meclizine	Meclizine Hydrochloride	25 mg	tablet	3	[REDACTED]
[REDACTED]	traMADol	TraMADol Hydrochloride	50 mg	tablet	1	[REDACTED]
[REDACTED]	meclizine	Meclizine Hydrochloride	25 mg	tablet	3	[REDACTED]
[REDACTED]	traMADol	TraMADol Hydrochloride	50 mg	tablet	1	[REDACTED]
[REDACTED]	LORazepam	Lorazepam	0.5 mg	tablet	1	[REDACTED]
[REDACTED]	predniSONE	PredniSONE	10 mg	tablet	1	[REDACTED]
[REDACTED]	meclizine	Meclizine Hydrochloride	25 mg	tablet	3	[REDACTED]
[REDACTED]	meclizine	Meclizine Hydrochloride	25 mg	tablet	3	[REDACTED]
[REDACTED]	meclizine	Meclizine Hydrochloride	25 mg	tablet	3	[REDACTED]
[REDACTED]	meclizine	Meclizine Hydrochloride	25 mg	tablet	3	[REDACTED]
[REDACTED]	sertraline	Sertraline Hydrochloride	50 mg	tablet	1	[REDACTED]

### 4.3.17 Outpatient Visits

**Outpatient Visits** report displays a list of claims for services received during an outpatient visit by CPT code, provider name and primary and secondary diagnoses for the selected patient.

Outpatient Visits

Click sort icon to filter rows

Print Excel Back

Patient Summary

Id: Name: Gender: DOB:

Outpatient Visits

Date	CPT-Description	Provider Name	Primary Diagnosis	Secondary Diagnosis
	83036-Glycosylated Hemoglobin Test	UNIVERSITY OF MD BALTO WASHI..	E1165 : Type 2 diabetes mellitus with hyperglyce..	E1151
	99212-Office/Outpatient Visit, Est	UNIVERSITY OF MD BALTO WASHI..	E1165 : Type 2 diabetes mellitus with hyperglyce..	E1151
	83036-Glycosylated Hemoglobin Test	UNIVERSITY OF MD BALTO WASHI..	E1165 : Type 2 diabetes mellitus with hyperglyce..	I10
	99212-Office/Outpatient Visit, Est	UNIVERSITY OF MD BALTO WASHI..	E1165 : Type 2 diabetes mellitus with hyperglyce..	I10
	83036-Glycosylated Hemoglobin Test	UNIVERSITY OF MD BALTO WASHI..	E1165 : Type 2 diabetes mellitus with hyperglyce..	I10
	99212-Office/Outpatient Visit, Est	UNIVERSITY OF MD BALTO WASHI..	E1165 : Type 2 diabetes mellitus with hyperglyce..	I10
	83036-Glycosylated Hemoglobin Test	UNIVERSITY OF MD BALTO WASHI..	E1165 : Type 2 diabetes mellitus with hyperglyce..	I10
	71010-Chest X-Ray 1 View Frontal	UNIVERSITY OF MD BALTO WASHINGTON MEDICAL CENTER		J45909
	80053-Comprehens Metabolic Panel	UNIVERSITY OF MARYLAND MEDI..	J90 : Pleural effusion, not elsewhere classified	J45909
	83735-Assay Of Magnesium	UNIVERSITY OF MARYLAND MEDI..	J90 : Pleural effusion, not elsewhere classified	J45909
	83880-Assay Of Natriuretic Peptide	UNIVERSITY OF MARYLAND MEDI..	J90 : Pleural effusion, not elsewhere classified	J45909
	84100-Assay Of Phosphorus	UNIVERSITY OF MARYLAND MEDI..	J90 : Pleural effusion, not elsewhere classified	J45909
	84484-Assay Of Troponin, Quant	UNIVERSITY OF MARYLAND MEDI..	J90 : Pleural effusion, not elsewhere classified	J45909
	85025-Complete Cbc W/Auto Diff Wbc	UNIVERSITY OF MARYLAND MEDI..	J90 : Pleural effusion, not elsewhere classified	J45909
	85610-Prothrombin Time	UNIVERSITY OF MARYLAND MEDI..	J90 : Pleural effusion, not elsewhere classified	J45909
	85730-Thromboplastin Time, Partial	UNIVERSITY OF MARYLAND MEDI..	J90 : Pleural effusion, not elsewhere classified	J45909
	99281-Emergency Dept Visit	UNIVERSITY OF MARYLAND MEDI..	J90 : Pleural effusion, not elsewhere classified	J45909
	99285-Emergency Dept Visit	UNIVERSITY OF MARYLAND MEDI..	J90 : Pleural effusion, not elsewhere classified	J45909
	G0378-Hospital Observation Per Hr	UNIVERSITY OF MARYLAND MEDI..	J90 : Pleural effusion, not elsewhere classified	J45909
	J1940-Furosemide Injection	UNIVERSITY OF MARYLAND MEDI..	J90 : Pleural effusion, not elsewhere classified	J45909
	Null	UNIVERSITY OF MARYLAND MEDI..	J90 : Pleural effusion, not elsewhere classified	J45909
	32555-Aspirate Pleura W/ Imaging	UNIVERSITY OF MD BALTO WASHI..	J90 : Pleural effusion, not elsewhere classified	J8410
	71010-Chest X-Ray 1 View Frontal	UNIVERSITY OF MD BALTO WASHI..	J90 : Pleural effusion, not elsewhere classified	J8410
	71250-Ct Thorax W/O Dye	UNIVERSITY OF MD BALTO WASHI..	J90 : Pleural effusion, not elsewhere classified	J8410
	82945-Glucose Other Fluid	UNIVERSITY OF MD BALTO WASHI..	J90 : Pleural effusion, not elsewhere classified	J8410

### 4.3.18 Home Health

**Home Health** report displays a list of claims for skilled home health episodes of care.

Home Health

Print Excel Back

Patient Summary

Id: Name: Gender: Male DOB:

Home Health

Date	CPT-Description	Provider Name	Primary Diagnosis	Secondary Diagnosis
	Null		E119 : Type 2 diabetes mellitus ..	I10
	1BHK1-BHKT		E119 : Type 2 diabetes mellitus ..	I10
	G0162-Hhc Rn E & M Plan Svs, 15 Min		E119 : Type 2 diabetes mellitus ..	I10
	G0299-Hhc Hospice Of Rn Ea 15 Min		E119 : Type 2 diabetes mellitus ..	I10
	Q5001-Hospice Or Home Hlth In Home		E119 : Type 2 diabetes mellitus ..	I10

## 4.3.19 Physician Services

**Physician Services** report displays a list of physician services by CPT codes, provider name, place of service and primary and secondary diagnoses for the selected patient.

Physician Services

Click sort icon to filter rows

Patient Summary

Id: [REDACTED] Name: [REDACTED] Gender: [REDACTED] DOB: [REDACTED]

Print Excel Back

Date	CPT-Description	Provider Name	Place of Service	Primary Diagnosis	Secondary Diagnosis
	36415-Routine Venipuncture	QUEST DIAGNOSTICS INCORPOR.	INDEPENDENT LABORAT..	D6832 : Hemorrhagic disord ..	Z7901
	85610-Prothrombin Time	QUEST DIAGNOSTICS INCORPOR.	INDEPENDENT LABORAT..	D6832 : Hemorrhagic disord ..	Z7901
	99214-Office/Outpatient Visit, Est	Parambil,Nisha	OUTPATIENT HOSPITAL	E1165 : Type 2 diabetes mell..	I10
	99215-Office/Outpatient Visit, Est	Young-Hyman,Paul	OFFICE	I509 : Heart failure, unspecif..	
	99239-Hospital Discharge Day	Delgado,Margaret	INPATIENT HOSPITAL	J90 : Pleural effusion, not els..	R05
	32555-Aspirate Pleura W/ Imaging	Jarrell,Kevin	INPATIENT HOSPITAL	J90 : Pleural effusion, not els..	
	71010-Chest X-Ray 1 View Frontal	Porter,David	INPATIENT HOSPITAL	J90 : Pleural effusion, not els..	
	88104-Cytopath FI Nongyn, Smears	Hoover,Lola	INPATIENT HOSPITAL	J90 : Pleural effusion, not els..	
	88305-Tissue Exam By Pathologist	Hoover,Lola	INPATIENT HOSPITAL	J90 : Pleural effusion, not els..	
	71020-Chest X-Ray 2vw Frontal & lat	Saini,Charul	INPATIENT HOSPITAL	J90 : Pleural effusion, not els..	
	99223-Initial Hospital Care	Mukherjee,Ratnakar	INPATIENT HOSPITAL	R0602 : Shortness of breath	I10
	99232-Subsequent Hospital Care	Delgado,Margaret	INPATIENT HOSPITAL	E876 : Hypokalemia	R05
	99233-Subsequent Hospital Care	Park,Matthew	INPATIENT HOSPITAL	J918 : Pleural effusion in oth..	I5032
	99233-Subsequent Hospital Care	Park,Matthew	INPATIENT HOSPITAL	J918 : Pleural effusion in oth..	I5032
	99233-Subsequent Hospital Care	Deterding,Laura	INPATIENT HOSPITAL	R05 : Cough	E8770
	71020-Chest X-Ray 2vw Frontal & lat	Keramati,Bijan	INPATIENT HOSPITAL	R0602 : Shortness of breath	
	88104-Cytopath FI Nongyn, Smears	Hoover,Lola	INPATIENT HOSPITAL	J90 : Pleural effusion, not els..	
	88305-Tissue Exam By Pathologist	Hoover,Lola	INPATIENT HOSPITAL	J90 : Pleural effusion, not els..	
	93010-Electrocardiogram Report	Badro,Bassim	INPATIENT HOSPITAL	I509 : Heart failure, unspecif..	J90
	93306-Tte W/Doppler, Complete	Roy,Debajit	INPATIENT HOSPITAL	I509 : Heart failure, unspecif..	J90
	99223-Initial Hospital Care	Davidson,William	INPATIENT HOSPITAL	J918 : Pleural effusion in oth..	I5032
		Teklemichael,Tigist	INPATIENT HOSPITAL	J90 : Pleural effusion, not els..	I110

## 4.3.20 Hospice

**Hospice** report displays a list of claims for Hospice services for the selected patient.

Hospice

Patient Summary

Id: [REDACTED] Name: [REDACTED] Gender: Male DOB: [REDACTED]



Print Excel Back




Date	CPT-Description	Provider Name	Primary Diagnosis	Secondary Diagnosis
	G0299-Hh2/Hospice Of Rn Ea 15 Min		C61 : Malignant neoplasm of prostate	I25709
	Q5001-Hospice Or Home Hlth In Home		C61 : Malignant neoplasm of prostate	I25709

4.3.21 Durable Medical Equipment

**Durable Medical Equipment** report displays a list of claims for Durable Medical Equipment (DME) by CPT code, provider name, place of service, specialty, and primary and secondary diagnoses for the selected patient.

Durable Medical Equipments



 Print  Excel  Back














Patient Summary

Name:

Gender:

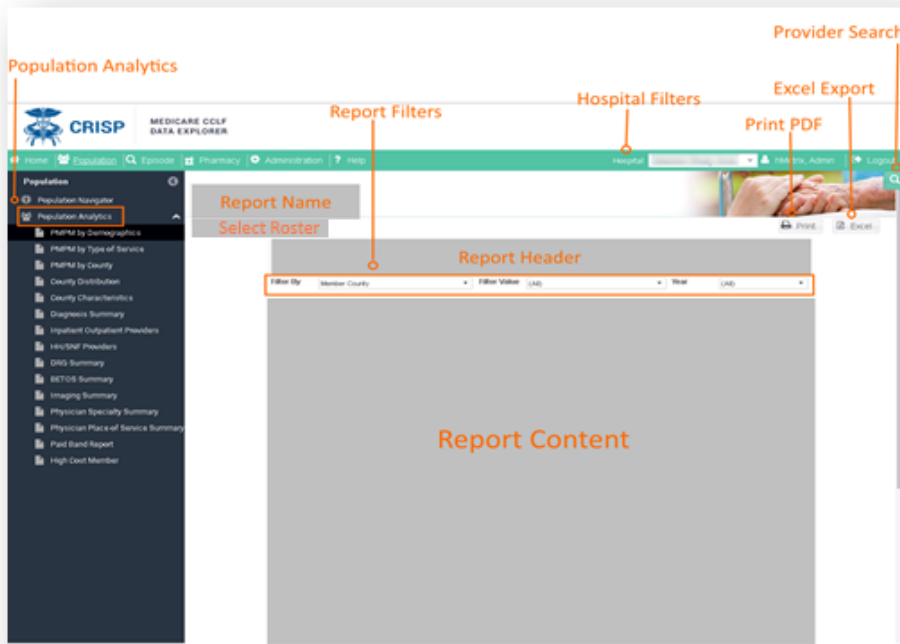
DOB:

Durable Medical Equipments

Date	CPT-Description	Provider Name	Place of Service	Specialty	Primary Diagnosis	Secondary Diagnosis
	A4253-Blood Glucose/Reagent Strips	Parambi,Nisha	PATIENT'S HOME	Endocrinolo..	Endocrinology, Diabetes & Metabolism	
	A4253-Blood Glucose/Reagent Strips	Parambi,Nisha	PATIENT'S HOME	Endocrinolo..		
	A4253-Blood Glucose/Reagent Strips	Parambi,Nisha	PATIENT'S HOME	Endocrinolo..		
	A4253-Blood Glucose/Reagent Strips	Janicka,Ania	PATIENT'S HOME	Endocrinolo..		
	A4253-Blood Glucose/Reagent Strips	Janicka,Ania	PATIENT'S HOME	Endocrinolo..		
	A4253-Blood Glucose/Reagent Strips	Janicka,Ania	PATIENT'S HOME	Endocrinolo..		
	E0607-Blood Glucose Monitor Home	Janicka,Ania	PATIENT'S HOME	Endocrinolo..		
	A4253-Blood Glucose/Reagent Strips	Janicka,Ania	PATIENT'S HOME	Endocrinolo..		
	A4253-Blood Glucose/Reagent Strips	Janicka,Ania	PATIENT'S HOME	Endocrinolo..		
	A4253-Blood Glucose/Reagent Strips	Janicka,Ania	PATIENT'S HOME	Endocrinolo..		
	A4253-Blood Glucose/Reagent Strips	Janicka,Ania	PATIENT'S HOME	Endocrinolo..		
	A4253-Blood Glucose/Reagent Strips	Janicka,Ania	PATIENT'S HOME	Endocrinolo..		
	A4253-Blood Glucose/Reagent Strips	Janicka,Ania	PATIENT'S HOME	Endocrinolo..		

## 4.4 Population Analytics

The Population Analytics reports are described in further detail in this section. For detailed information on how the population assignments are determined in MADE, refer to the section in CCLF Data Basics titled “Population Assignment”

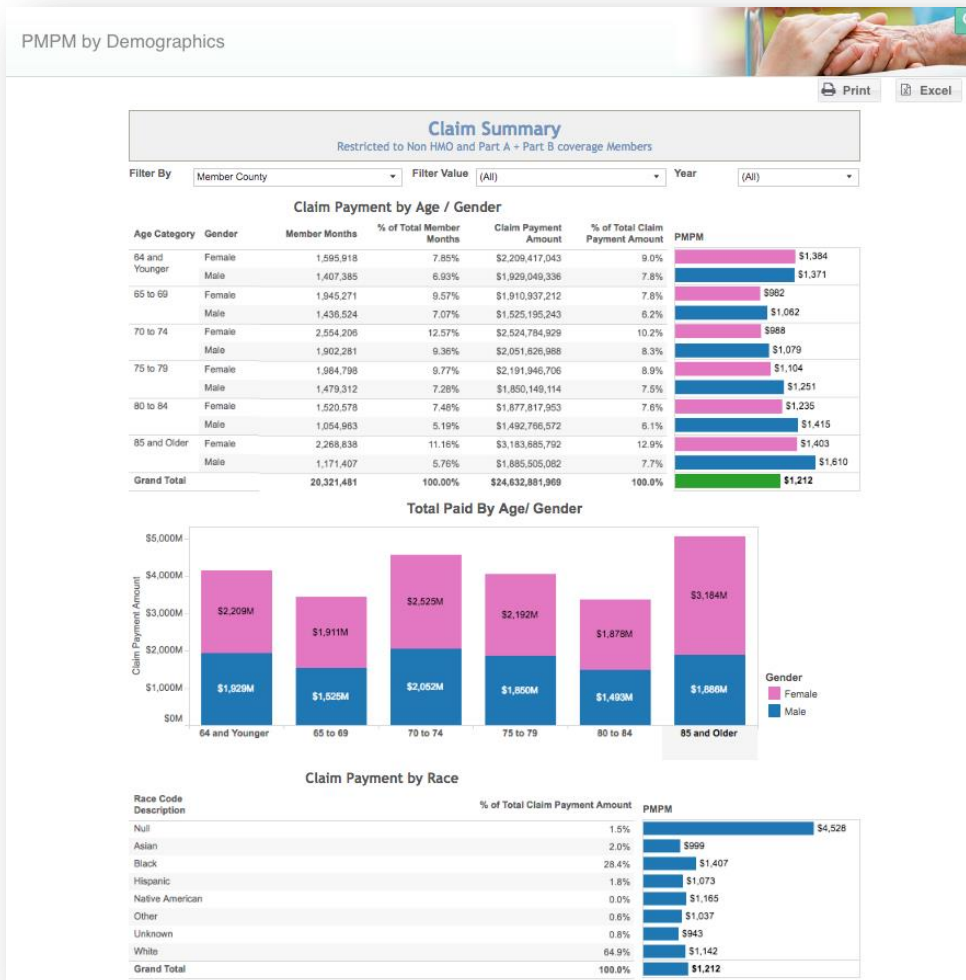


REPORT FUNCTIONS	DESCRIPTION
<b>Report Name</b>	The report name is always displayed on the left-hand corner. On the side menu click the report name to navigate across reports.
<b>Report Header (Chart Name)</b>	Each report may contain subset reports. The header contains the report title and a short description of the report.
<b>Report Content</b>	The report content area displays the results for the specific report header.
<b>Report Filters</b>	All reports can be filtered using several criteria and values. Choose from <b>Filter By</b> to view reports filtered on criteria such as member county, age, gender, disease type, high-cost indicators, etc. Select the <b>Value Filter</b> to further refine the filtered data by specific value (e.g., Male within the Gender filter) Reports can also be filtered by time period (in years)
<b>Hospital Filters</b>	The hospital filter displays a list of hospitals to view the population for all corresponding reports.
<b>Print PDF</b>	Click on the PDF button to export the report into a PDF format.
<b>Excel Export</b>	Click on the Excel button to export the report details into Excel workbook.

### 4.4.1 PMPM by Demographics

**PMPM by Demographics** illustrates the member count and payment information based on demographics such as race, gender, and age. This report shows:

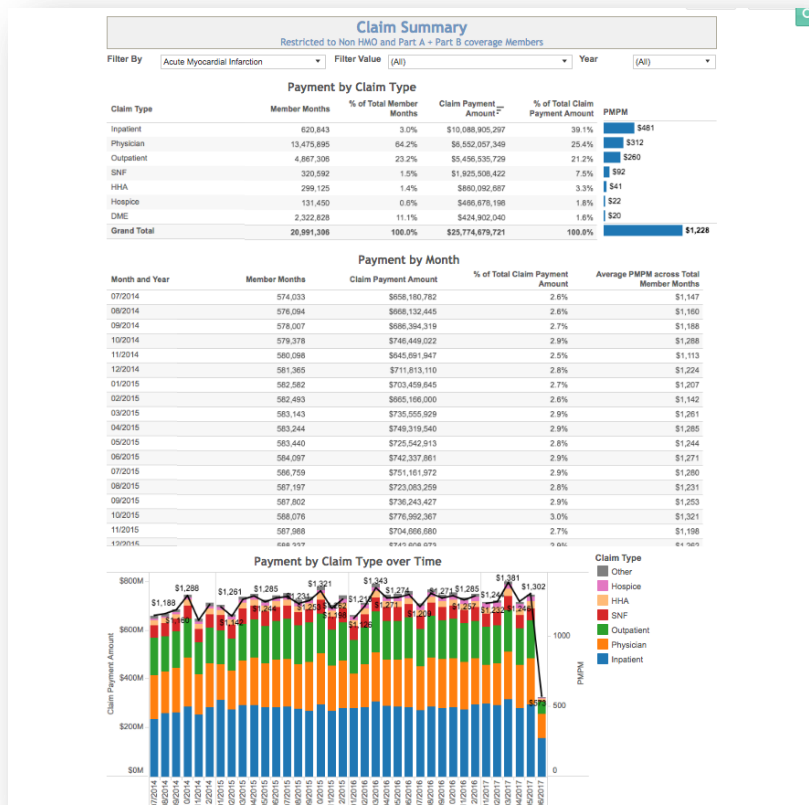
CHART NAME	DESCRIPTION
Claim Payment by Age / Gender	Presents the member month count, total payment amount and average PMPM by age group and gender.
Total Paid by Age / Gender	Stacked bar charts showing the total claim payment amount by age group. Each bar is also split by gender.
Claim Payment by Race	Presents the average per-member-per-month (PMPM) by race.



## 4.4.2 PMPM by Type of Service

**PMPM by Type of Service** contains details about the population by the type of service received. This report shows:

CHART NAME	DESCRIPTION
Payment by Claim Type	Lists the member month count, payment amounts, and average PMPM related to different types of services.
Payment by Month	Member count, payment amount, and average PMPM for each calendar month.
Payment by Claim Type over Time	Stacked bar chart showing the payment amounts for various types of service for each calendar month. The line chart shows the average PMPM for that month.

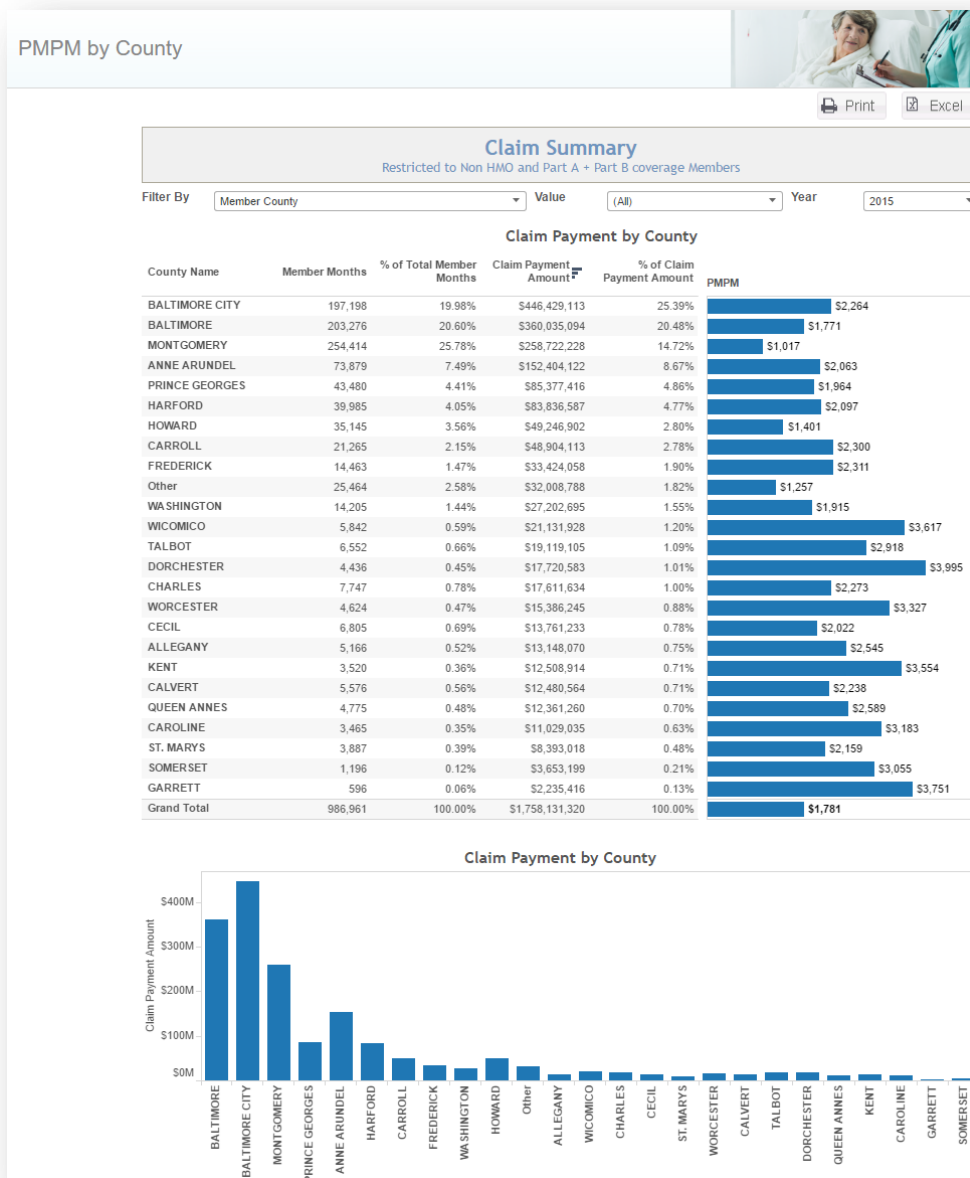




## 4.4.3 PMPM by County

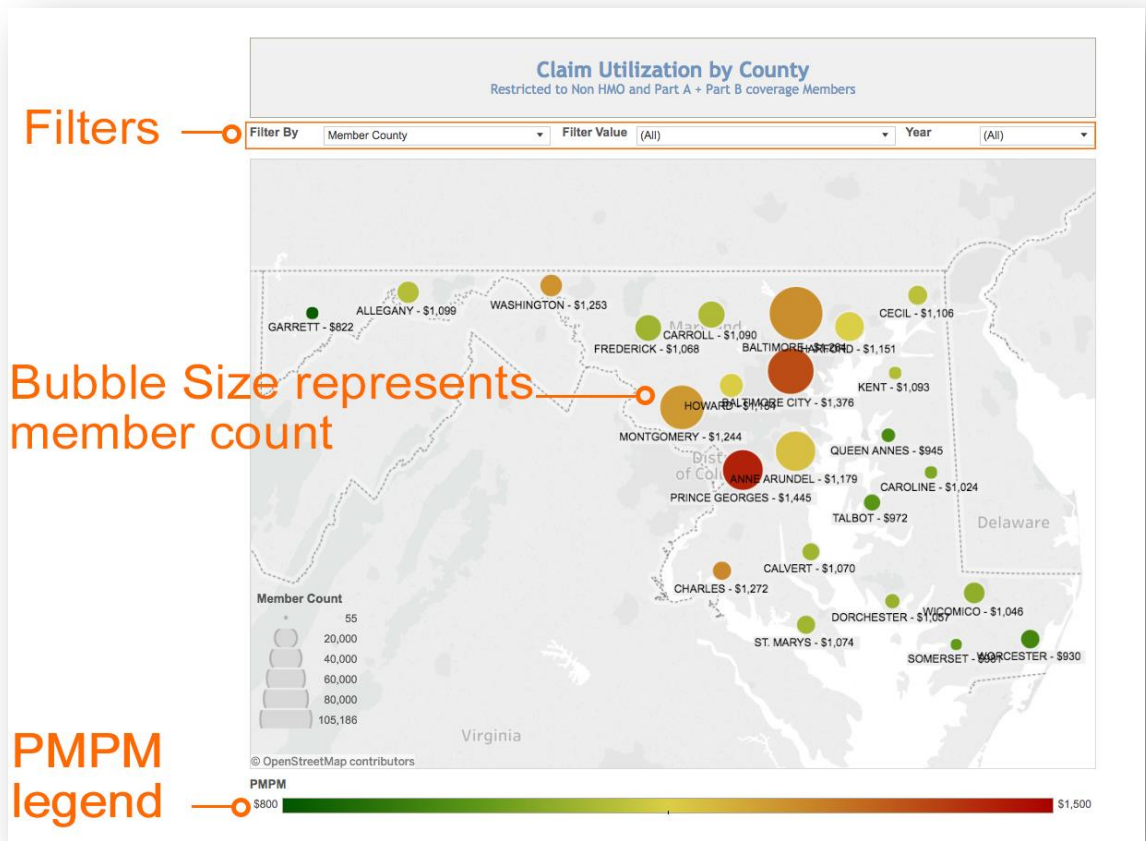
**PMPM by County** illustrates the distribution of member months, payment amount, and PMPM by county of residence. This report shows:

CHART NAME	DESCRIPTION
Claim Payment by County	Member month count, payment amount, and PMPM by county of residence.
Claim Payment by County	Bar chart listing the total claim payment amount by county of residency.



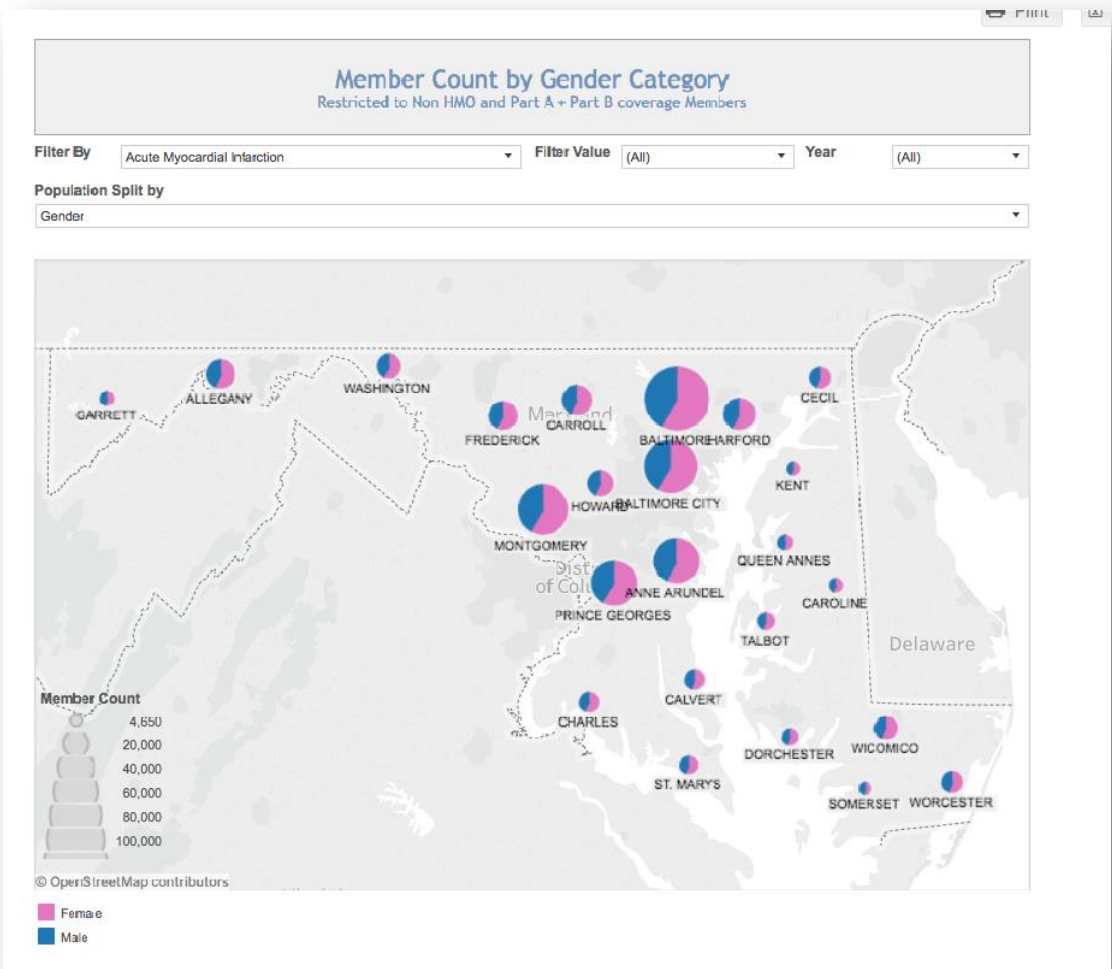
4.4.4 County Distribution

**County Distribution** displays various details for each county. The color of the circle over each county represents the value (green indicates lower PMPM; red indicates higher PMPM) while the size of the circle represents the member count.



4.4.5 County Characteristics

**County Characteristics** provides details about the population in each county. Measures to split the population, represented as pie charts, by can be selected under the **Population Split by** dropdown. The size of the circles represents the member count.



## 4.4.6 Diagnosis Summary

**Diagnosis Summary** presents the distribution of member count and payment amount for each diagnosis category. Categories can be expanded or collapsed to change the level of detail presented.

Diagnosis Summary

Hover over the column headers and click the + to expand categories to view more details

Print Excel

CCS Category Summary Restricted to Non HMO and Part A + Part B coverage Members			
Filter By	Member County	Filter Value	(All)
Year	(All)		
CCS Category 1	CCS Category 2	Member Count	Claim Payment Amount
			PMPM
	7.2 : Diseases of the heart	412,381	\$2,684,768,857
	7.3 : Cerebrovascular disease	156,920	\$804,083,653
	7.4 : Diseases of arteries; arterioles; a...	220,871	\$508,559,089
	7.5 : Diseases of veins and lymphatics	95,984	\$188,471,611
2 : Neoplasms	2.1 : Cancer of lymphatic and hematop..	16,085	\$323,216,770
	2.1 : Colorectal cancer	13,245	\$166,951,630
	2.2 : Other gastrointestinal cancer	10,858	\$175,228,414
	2.3 : Cancer of bronchus; lung [19.]	14,965	\$269,515,872
	2.4 : Cancer of skin	73,090	\$131,475,332
	2.5 : Cancer of breast [24.]	29,779	\$243,824,738
	2.6 : Cancer of uterus and cervix	7,241	\$49,625,515
	2.7 : Cancer of ovary and other female..	4,206	\$55,949,512
	2.8 : Cancer of male genital organs	29,609	\$172,688,227
	2.9 : Cancer of urinary organs	14,139	\$111,178,215
	2.11 : Cancer, other primary	10,260	\$135,364,733

Diagnosis Summary

Hover over the column headers and click the - to collapse categories

Print Excel

CCS Category Summary Restricted to Non HMO and Part A + Part B coverage Members			
Filter By	Member County	Filter Value	(All)
Year	(All)		
CCS Category 1	CCS Category 2	Member Count	Claim Payment Amount
			PMPM
	7.2 : Diseases of the heart	412,381	\$2,684,768,857
	7.3 : Cerebrovascular disease	156,920	\$804,083,653
	7.4 : Diseases of arteries; arterioles; a...	220,871	\$508,559,089
	7.5 : Diseases of veins and lymphatics	95,984	\$188,471,611
2 : Neoplasms	2.1 : Cancer of lymphatic and hematop..	16,085	\$323,216,770
	2.1 : Colorectal cancer	13,245	\$166,951,630
	2.2 : Other gastrointestinal cancer	10,858	\$175,228,414
	2.3 : Cancer of bronchus; lung [19.]	14,965	\$269,515,872
	2.4 : Cancer of skin	73,090	\$131,475,332
	2.5 : Cancer of breast [24.]	29,779	\$243,824,738
	2.6 : Cancer of uterus and cervix	7,241	\$49,625,515
	2.7 : Cancer of ovary and other female..	4,206	\$55,949,512
	2.8 : Cancer of male genital organs	29,609	\$172,688,227
	2.9 : Cancer of urinary organs	14,139	\$111,178,215
	2.11 : Cancer, other primary	10,260	\$135,364,733

## 4.4.7 Inpatient Outpatient Providers

**Inpatient Outpatient Providers** displays the top 20 short term facilities and top 20 outpatient/ED providers from which the population received services (based on volume of services for the population selected) during the designated time period. These lists allow the user to identify the other top providers that are treating patients who are also treated at their facility. Outpatient/ED providers are defined by Part B outpatient claims (claim type 40) The report is sorted by claim payment amount and shows the payment amounts and average inpatient length of stay (LOS) for each provider.

Inpatient Outpatient Providers

Print
 Excel

**Provider Payment Summary**  
 Restricted to Non HMO and Part A + Part B coverage Members

Filter By Member County Filter Value (All) Year (All)

**Top 20 Short Term Facility Providers**


Provider Name	Member Count	Claim Payment Amount	Avg Claim Payment Amount	Avg LOS
UM Medical Center	14,951	\$759,008,336	\$35,276	8.2
Johns Hopkins Hospital	16,370	\$741,942,562	\$27,840	8.1
Sinai Hospital of Baltimore	13,458	\$424,010,876	\$20,865	7.0
Johns Hopkins Bayview Medical Center	11,123	\$316,561,337	\$17,587	7.8
MedStar Franklin Square Medical Center	13,550	\$295,914,709	\$12,584	5.1
MedStar Union Memorial Hospital	10,176	\$288,173,352	\$20,320	5.3
Anne Arundel Medical Center	17,646	\$287,458,526	\$10,256	4.8
UM Baltimore Washington Medical Center	13,013	\$275,750,146	\$11,844	4.9
MEDSTAR WASHINGTON HOSPITAL CENTER	9,235	\$268,760,668	\$20,223	7.7
UM St. Joseph Medical Center	13,467	\$266,460,667	\$13,570	4.4
Peninsula Regional Medical Center	10,804	\$256,086,886	\$13,164	5.1
Saint Agnes Hospital	10,219	\$230,500,633	\$13,805	5.1
MedStar Good Samaritan Hospital	9,025	\$215,899,456	\$14,494	5.8
Frederick Memorial Hospital	10,428	\$208,439,121	\$11,500	5.3
Holy Cross Hospital	10,291	\$205,871,130	\$13,176	5.5
Meritus Medical Center	9,137	\$195,969,929	\$11,246	5.4
Adventist Shady Grove Medical Center	10,085	\$195,022,982	\$12,479	5.3
Western Maryland Regional Medical Center	6,674	\$190,124,459	\$14,759	5.6
Greater Baltimore Medical Center	10,443	\$188,954,202	\$12,353	4.6
Suburban Hospital	11,189	\$187,967,267	\$11,422	5.0
Other	172,706	\$3,426,822,369	\$10,185	6.9



**Top 20 Outpatient & ED Providers**

Provider Name	Member Count	Claim Payment Amount	Avg Claim Payment Amount
Johns Hopkins Hospital	81,458	\$379,337,164	\$702
UM Medical Center	33,025	\$227,478,400	\$1,328
Sinai Hospital of Baltimore	42,058	\$216,290,725	\$1,039
Anne Arundel Medical Center	43,802	\$188,881,332	\$702
Mercy Medical Center	33,381	\$165,740,403	\$759
Greater Baltimore Medical Center	35,822	\$142,178,970	\$891
Johns Hopkins Bayview Medical Center	35,171	\$141,316,501	\$540
UM Upper Chesapeake Medical Center	25,015	\$138,993,609	\$872
UM Shore Medical Center at Easton	30,166	\$131,196,829	\$433
Peninsula Regional Medical Center	29,696	\$130,228,891	\$606

## 4.4.8 HH/SNF Providers

**HH/SNF Providers** displays the top 20 skilled nursing facilities and top 20 home health agencies from which the filtered population received services (based on volume of services for the population selected). The report is sorted by member count and shows the payment amounts and average skilled nursing facility length of stay (LOS).

HH/SNF Providers


 Print
 Excel

**Provider Payment Summary**  
Restricted to Non HMO and Part A + Part B coverage Members

Filter By: Member County  Filter Value: (All)  Year: (All)

**Top 20 Skilled Nursing Facility Providers**

Provider Name	Member Count	Claim Payment Amount	Avg Claim Payment Amount	Avg LOS
HEBREW HOME OF GREATER WASHINGTON	1,852	\$30,844,288	\$6,010	15.7
KESWICK MULTI-CARE CENTER	1,965	\$29,459,685	\$6,167	14.5
RIVERVIEW REHABILITATION & HEALTH CENTER	1,160	\$25,148,640	\$6,503	16.2
ST THOMAS MORE MEDICAL COMPLEX	745	\$22,808,221	\$8,976	17.7
CROFTON CONVALESCENT CENTER	1,420	\$22,708,181	\$6,634	15.2
POWERBACK REHABILITATION	1,832	\$21,889,158	\$5,812	12.8
SPA CREEK CENTER	1,602	\$21,611,019	\$6,112	14.9
FRANKLIN WOODS CENTER	1,394	\$20,980,363	\$6,414	14.0
THE VILLAGE AT ROCKVILLE	1,284	\$20,925,785	\$6,171	15.3
FUTURE CARE CHESAPEAKE	1,197	\$20,576,933	\$4,514	18.2
BROOKE GROVE REHAB. & NSG CTR	1,318	\$20,078,635	\$6,234	14.0
SALISBURY CENTER	1,442	\$18,237,058	\$4,893	14.7
WILSON HEALTH CARE CENTER	1,244	\$17,970,612	\$3,438	20.2
NMS HEALTHCARE OF SILVER SPRING	604	\$17,161,350	\$8,739	18.9
OAKWOOD CARE CENTER	782	\$17,096,106	\$7,247	18.4
ST. ELIZABETH REHAB. & NSG. CE	848	\$16,654,647	\$6,862	16.4
MANORCARE HEALTH SERVICES - POTOMAC	1,221	\$16,372,452	\$5,785	14.7
WAUGH CHAPEL CENTER	1,062	\$15,867,702	\$6,479	14.9
NMS HEALTHCARE OF HAGERSTOWN, LLC	578	\$15,708,473	\$7,982	18.6
DOCTORS COMMUNITY REHABILITATION AND PATIENT C...	974	\$15,691,869	\$6,646	15.7
Other	99,023	\$1,449,078,650	\$5,831	15.0

**Top 20 Home Health Providers**

Provider Name	Member Count	Claim Payment Amount	Avg Claim Payment Amount
BAYADA HOME HEALTH, INC	13,989	\$70,645,967	\$3,015
VISITING NURSE ASSOCIATION OF MD, LLC	15,467	\$68,010,407	\$2,774
AMEDISYS HOME HEALTH	11,472	\$58,014,191	\$2,744
GENTIVA CERTIFIED HEALTHCARE	8,771	\$53,133,927	\$3,432
MEDSTAR HEALTH VNA	12,402	\$46,191,753	\$2,541
ADVENTIST HOME HEALTH SERVICES	9,594	\$37,186,246	\$2,722
JOHNS HOPKINS HOME CARE GROUP	9,370	\$37,143,107	\$2,778
MEDSTAR HEALTH VNA, INC	8,678	\$35,617,481	\$2,711
HOME CALL - FREDERICK	4,755	\$33,149,530	\$3,410
HOME CALL	4,766	\$28,130,778	\$3,004
HEMOCARE MARYLAND, LLC	7,204	\$24,374,284	\$2,439

## 4.4.9 DRG Summary

**DRG Summary** displays the top 40 APR DRGs by total payment amount. The report also provides the member count and average claim payment amount for each APR DRG.

<b>DRG Summary</b> Restricted to Non HMO and Part A + Part B coverage Members				
<b>Filter By</b>	Member County	<b>Filter Value</b>	(All)	<b>Year</b>
			(All)	
Restricted to Top 40 DRG's				
APR DRG	Member Count	Avg. Claim Payment	Claim Payment Amount	% of Total Claim Payment Amount
Septicemia & disseminated infections	2,071	\$15,221	\$39,895,045	11%
Knee joint replacement	710	\$19,501	\$15,737,454	4%
Hip joint replacement	550	\$20,461	\$12,645,088	3%
Heart failure	804	\$9,505	\$11,520,128	3%
Infectious & parasitic diseases including HIV w O.R. procedure	279	\$34,468	\$10,305,802	3%
Pulmonary edema & respiratory failure	540	\$13,216	\$8,537,249	2%
Dorsal & lumbar fusion proc except for curvature of back	183	\$37,824	\$7,375,585	2%
CVA & precerebral occlusion w infarct	589	\$10,297	\$6,600,230	2%
Other pneumonia	686	\$8,792	\$6,540,977	2%
Other vascular procedures	198	\$25,777	\$6,057,644	2%
Major small & large bowel procedures	242	\$23,311	\$5,944,235	2%
Schizophrenia	215	\$8,972	\$5,831,719	2%
Percutaneous cardiovascular procedures w/o AMI	158	\$33,170	\$5,672,082	2%
Renal failure	550	\$8,904	\$5,609,328	2%
Hip & femur procedures for trauma except joint replacement	324	\$16,222	\$5,466,748	1%
Chronic obstructive pulmonary disease	388	\$9,215	\$5,261,671	1%
Kidney & urinary tract infections	570	\$7,345	\$5,075,568	1%
Percutaneous cardiovascular procedures w AMI	200	\$20,374	\$4,278,452	1%
Major respiratory infections & inflammations	275	\$12,886	\$3,994,733	1%
Cardiac arrhythmia & conduction disorders	516	\$6,516	\$3,929,445	1%
Cellulitis & other bacterial skin infections	395	\$7,937	\$3,714,549	1%
Craniotomy except for trauma	96	\$34,874	\$3,487,352	1%
Acute myocardial infarction	345	\$8,658	\$3,446,048	1%
Coronary bypass w/o cardiac cath or percutaneous cardiac procedure	93	\$35,572	\$3,308,191	1%
Cardiac valve procedures w/o cardiac catheterization	65	\$50,242	\$3,265,699	1%
Tracheostomy w MV 96+ hours w extensive procedure or ECMO	24	\$132,122	\$3,170,930	1%
Shoulder, upper arm & forearm procedures	138	\$21,412	\$3,147,495	1%
Nontraumatic stupor & coma	337	\$9,020	\$3,139,052	1%
Bipolar disorders	229	\$7,838	\$3,009,899	1%



## 4.4.10 BETOS Summary

**BETOS Summary** displays the distribution of physician services, durable medical equipment, and outpatient services for the filtered population. These services are categorized using the BETOS classification and contains the claim line count, unit count and total payment amount for each BETOS. For further information on BETOS classification, refer to the Glossary in section 7.

BETOS Summary

BETOS Summary

Restricted to Non HMO and Part A + Part B coverage Members

Filter By

Member County

Filter Value

(All)

Year

(All)

BETOS Summary - Part B Physician Claims

BETOS 1	Claim Lines	Claim Payment Amount	Units
M : Evaluation & Management	39,954,878	\$2,275,896,707	40,481,225
P : Procedures	18,417,225	\$1,740,751,525	28,431,037
O : Other	6,577,699	\$1,045,728,696	67,264,297
I : Imaging	10,566,784	\$601,910,294	23,699,081
T : Tests	31,398,678	\$558,915,180	34,509,326
Z : Exceptions / Unclassified	5,570,358	\$35,420,734	5,721,445
Y : Exceptions / Unclassified	608,634	\$11,137,744	2,247,402
D : Durable Medical Equip.	130,869	\$4,021,284	239,143

BETOS Summary - DME Claims

BETOS 1	Claim Lines	Claim Payment Amount	Units
D : Durable Medical Equip.	5,433,476	\$320,500,810	
O : Other	569,358	\$71,912,781	
Z : Exceptions / Unclassified	48,242	\$12,956,362	
I : Imaging	11	\$0	
M : Evaluation & Management	91	\$0	
P : Procedures	10,889	\$0	
T : Tests	14	\$0	
Y : Exceptions / Unclassified	50	\$0	

BETOS Summary - Outpatient Claims

BETOS 1	Claim Lines	Claim Payment Amount	Units
T : Tests	19,208,389	\$509,191,905	20,563,077
P : Procedures	13,212,194	\$1,941,398,293	19,469,198
D : Durable Medical Equip.	201,804	\$106,889,748	345,738
Y : Exceptions / Unclassified	132,619	\$13,898,984	240,707
M : Evaluation & Management	6,370,877	\$908,544,927	10,926,672
O : Other	8,002,768	\$688,875,831	179,292,739
I : Imaging	2,556,760	\$473,911,571	4,979,398



## 4.4.11 Imaging Summary

**Imaging Summary** displays the top 25 BETOS category and provider specialty combinations for imaging services performed by physicians or ordered within the outpatient or emergency department setting. Claim line count, unit count, and total payment amount for each BETOS category is presented in the report.

Imaging Summary				
Restricted to Non HMO and Part A + Part B coverage Members				
Filter By	Member County	Filter Value	(All)	Year (All)
Imaging Summary - Part B Physician Claims				
Restricted to Top 25 BETOS & Provider Specialty				
BETOS 3	Provider Specialty	Claim Lines	Claim Payment Amount	Units
I2B : Advanced Imaging - CAT/CT/CTA: Other	Diagnostic radiology	960,268	\$78,741,526	960,681
I2D : Advanced Imaging - MRI/MRA: Other	Diagnostic radiology	368,620	\$66,361,616	371,937
I1E : Standard Imaging - Nuclear Medicine	Cardiology	218,533	\$54,771,575	376,644
I1C : Standard Imaging - Breast	Diagnostic radiology	643,628	\$51,253,146	643,682
I3C : Echography/Ultrasonography - Heart	Cardiology	506,364	\$49,123,359	506,490
I2C : Advanced Imaging - MRI/MRA: Brain/Head/Neck	Diagnostic radiology	223,426	\$24,501,584	223,464
I2A : Advanced Imaging - CAT/CT/CTA: Brain/Head/Neck	Diagnostic radiology	510,231	\$20,710,670	510,670
I1A : Standard Imaging - Chest	Diagnostic radiology	1,903,583	\$17,006,275	1,907,922
I1B : Standard Imaging - Musculoskeletal	Diagnostic radiology	1,060,560	\$16,458,744	1,067,290
I3F : Echography/Ultrasonography - Other	Diagnostic radiology	321,140	\$14,447,268	321,574
I1F : Standard Imaging - Other	Portable X-ray supplier	202,688	\$13,758,064	213,594
I3B : Echography/Ultrasonography - Abdomen/Pelvis	Diagnostic radiology	270,457	\$13,305,265	270,543
I3F : Echography/Ultrasonography - Other	Vascular surgery	140,341	\$12,410,721	140,704
I1B : Standard Imaging - Musculoskeletal	Orthopedic surgery	477,291	\$11,468,425	497,263
I1E : Standard Imaging - Nuclear Medicine	Diagnostic radiology	235,285	\$9,015,550	11,305,415
I2D : Advanced Imaging - MRI/MRA: Other	Nuclear medicine	13,412	\$6,998,088	13,416
I2D : Advanced Imaging - MRI/MRA: Other	Independent Diagnostic Testin..	18,808	\$6,643,198	18,858
I2B : Advanced Imaging - CAT/CT/CTA: Other	Radiation oncology	117,124	\$6,479,029	123,419
I3A : Echography/Ultrasonography - Eye	Ophthalmology	112,389	\$6,233,593	114,181
I3D : Echography/Ultrasonography - Carotid Arteries	Cardiology	43,435	\$5,480,998	43,436
I3D : Echography/Ultrasonography - Carotid Arteries	Vascular surgery	52,916	\$5,306,767	52,916
I3F : Echography/Ultrasonography - Other	Cardiology	39,723	\$4,879,538	39,726
I3C : Echography/Ultrasonography - Heart	Internal medicine	41,760	\$4,455,360	41,763
I4B : Imaging/Procedure - Other	Radiation oncology	83,018	\$4,302,679	84,582
I4B : Imaging/Procedure - Other	Diagnostic radiology	97,881	\$4,125,272	98,712
Imaging Summary - Outpatient & ED Claims				
BETOS 3	Claim Lines	Claim Payment Amount	Units	
I2B : Advanced Imaging - CAT/CT/CTA: Other	374,109	\$65,240,012	375,765	
I4B : Imaging/Procedure - Other	113,907	\$51,485,002	130,114	
I1E : Standard Imaging - Nuclear Medicine	181,423	\$55,871,228	2,570,005	
I2D : Advanced Imaging - MRI/MRA: Other	77,681	\$51,855,032	78,768	
I3F : Echography/Ultrasonography - Other	149,107	\$44,098,016	150,316	
I1B : Standard Imaging - Musculoskeletal	424,502	\$37,005,618	431,654	
I1A : Standard Imaging - Chest	545,213	\$34,568,212	549,234	

## 4.4.12 Physician Specialty Summary

**Physician Specialty Summary** displays the physician claims by provider type and top 35 provider specialties by number of claim lines, payment amount and units. Provider type is categorized by a visit from a Primary Care Provider (PCP). A PCP visit is defined by a physician visit with the specialty of family practice or internal medicine.

Physician Service - Specialty Details				
Restricted to Non HMO and Part A + Part B coverage Members				
Filter By	Acute Myocardial Infarction	Filter Value	(All)	Year
			(All)	
Physician Claims by Provider Type				
PCP Visit	Claim Lines	Claim Payment Amount	% of Total Claim Payment Amount	Units
N	99,229,188	\$5,609,868,297	85.6%	188,097,545
Y	18,322,038	\$942,171,052	14.4%	21,426,325
Grand Total	117,551,226	\$6,552,057,349	100.0%	209,523,870
Physician Services by Specialty				
Top 35 Specialty				
Provider Specialty	Claim Lines	Claim Payment Amount	% of Total Claim Payment Amount	Units
Internal medicine	13,332,255	\$716,544,691	10.9%	15,623,791
Ophthalmology	4,979,350	\$466,045,296	7.1%	5,567,353
Diagnostic radiology	8,695,320	\$370,999,218	5.7%	20,564,364
Cardiology	5,779,414	\$354,677,358	5.4%	6,373,375
Clinical laboratory (billing inde..	20,397,363	\$315,457,563	4.8%	23,511,968
Hematology/oncology	2,301,744	\$290,008,675	4.4%	28,969,366
Ambulance service supplier, e..	1,715,779	\$268,790,742	4.1%	8,669,295
Ambulatory surgical center	1,852,542	\$260,700,138	4.0%	2,043,274
Orthopedic surgery	3,045,309	\$208,198,462	3.2%	4,203,127
Family practice	4,585,352	\$201,963,596	3.1%	5,073,423
Physical therapist	9,009,762	\$183,043,750	2.8%	11,455,326
Emergency medicine	2,655,338	\$180,568,259	2.8%	2,701,041
Dermatology	1,940,319	\$146,595,719	2.2%	2,603,356
Nurse practitioner	3,153,449	\$142,431,965	2.2%	3,633,396
Vascular surgery	614,460	\$129,001,837	2.0%	1,033,957
Nephrology	1,174,360	\$127,101,514	1.9%	1,683,735
Rheumatology	889,354	\$124,572,837	1.9%	6,497,084
Medical oncology	843,774	\$124,302,856	1.9%	11,153,344
Urology	1,899,457	\$121,923,629	1.9%	3,199,984
Anesthesiology	1,453,360	\$120,494,144	1.8%	4,403,061
General surgery	951,575	\$119,019,048	1.8%	1,002,517
Physician assistant	2,363,342	\$103,133,587	1.6%	2,701,942
Podiatry	2,785,260	\$99,848,853	1.5%	2,645,545
Neurology	1,041,300	\$97,846,438	1.5%	2,795,924
Gastroenterology	1,107,369	\$97,618,244	1.5%	1,514,946
Radiation oncology	728,401	\$92,474,477	1.4%	887,930
Pulmonary disease	1,234,172	\$77,972,682	1.2%	1,343,357
Psychiatry	1,145,769	\$68,386,891	1.0%	1,152,306

## 4.4.13 Physician Place of Service Summary

**Physician Place of Service Summary** displays the place of service for physician claims by claim line count, payment amount, and unit count.

Physician Place of Service Summary

Print Excel

**Part - B Physician Claims by Place of Service**  
Restricted to Non HMO and Part A + Part B coverage Members

Filter By: Acute Myocardial Infarction Filter Value: (All) Year: (All)

Place of Service	Claim Lines	Claim Payment Amount	Units
OFFICE	61,694,090	\$3,498,470,482	136,801,237
INPATIENT HOSPITAL	12,009,898	\$971,194,910	14,922,660
OUTPATIENT HOSPITAL	6,623,052	\$430,308,974	8,620,293
AMBULATORY SURGERY CENTER	2,874,590	\$428,746,439	3,700,384
INDEPENDENT LABORATORY	19,925,530	\$317,381,917	22,182,607
AMBULANCE - LAND	1,708,075	\$254,633,728	8,494,614
EMERGENCY ROOM - HOSPITAL	4,965,754	\$232,156,463	5,002,458
SKILLED NURSING FACILITY	1,994,394	\$98,970,076	2,028,440
NURSING FACILITY	1,860,682	\$88,016,638	2,594,775
END STAGE RENAL DISEASE TREATMENT FACILITY	242,924	\$47,734,723	308,744
PATIENT'S HOME	566,283	\$41,151,156	1,185,102
Other	539,195	\$41,065,414	760,693
ASSISTED LIVING FACILITY	852,533	\$38,572,880	1,001,661
MASS IMMUNIZATION CENTER	757,078	\$26,330,345	757,105
URGENT CARE FACILITY	599,979	\$21,176,452	649,362
INDEPENDENT CLINIC	336,291	\$16,108,586	512,860
TELEHEALTH	878	\$38,165	878

## 4.4.14 Paid Band Report

**Paid Band Report** displays the filtered population by each member's total payment amount for the year.

Paid Band Report				
Restricted to Non HMO and Part A + Part B coverage Members				
Filter By	Member County	Filter Value	(All)	Year
			(All)	
Paid Band Report				
Paid Band	Member Count	% of Total Member Count	Claim Payment Amount	% of Total Claim Payment Amount
\$0 - \$100	5,146	0.80%	\$97,110	0.00%
\$100 - \$200	2,073	0.32%	\$309,624	0.00%
\$200 - \$300	2,106	0.33%	\$524,824	0.00%
\$300 - \$400	2,217	0.34%	\$774,306	0.00%
\$400 - \$500	2,352	0.36%	\$1,058,528	0.00%
\$500 - \$600	2,330	0.36%	\$1,278,459	0.01%
\$600 - \$700	2,288	0.35%	\$1,484,714	0.01%
\$700 - \$800	2,439	0.38%	\$1,825,015	0.01%
\$800 - \$900	2,544	0.39%	\$2,158,961	0.01%
\$900 - \$1000	2,578	0.40%	\$2,444,780	0.01%
\$1000 - \$2000	25,711	3.98%	\$38,612,095	0.16%
\$2000 - \$3000	26,471	4.10%	\$66,196,248	0.27%
\$3000 - \$4000	26,004	4.02%	\$90,869,880	0.37%
\$4000 - \$5000	25,525	3.95%	\$114,798,003	0.47%
\$5000 - \$6000	24,320	3.76%	\$133,625,706	0.54%
\$6000 - \$7000	22,857	3.54%	\$148,385,005	0.60%
\$7000 - \$8000	21,175	3.28%	\$158,661,369	0.64%
\$8000 - \$9000	19,483	3.01%	\$165,361,660	0.67%
\$9000 - \$10000	18,029	2.79%	\$171,135,201	0.69%
\$10000 - \$20000	119,479	18.49%	\$1,719,030,333	6.98%
\$20000 - \$30000	65,887	10.19%	\$1,623,891,823	6.59%
\$30000 - \$40000	44,980	6.96%	\$1,561,029,291	6.34%
\$40000 - \$50000	33,606	5.20%	\$1,504,996,657	6.11%
\$50000 - \$60000	25,782	3.99%	\$1,412,047,338	5.73%
\$60000 - \$70000	20,123	3.11%	\$1,303,130,979	5.29%
\$70000 - \$80000	15,786	2.44%	\$1,180,711,908	4.79%
\$80000 - \$90000	12,869	1.99%	\$1,091,602,925	4.43%

4.4.15 High Cost Member

**High Cost Member** lists the patients with the highest total claim payment amount. Age category and gender characteristics are provided for each member.

High Cost Member

Print

Excel

High Cost Member List

Restricted to Non HMO and Part A + Part B coverage Members

Filter By

Member County

Filter Value

(All)

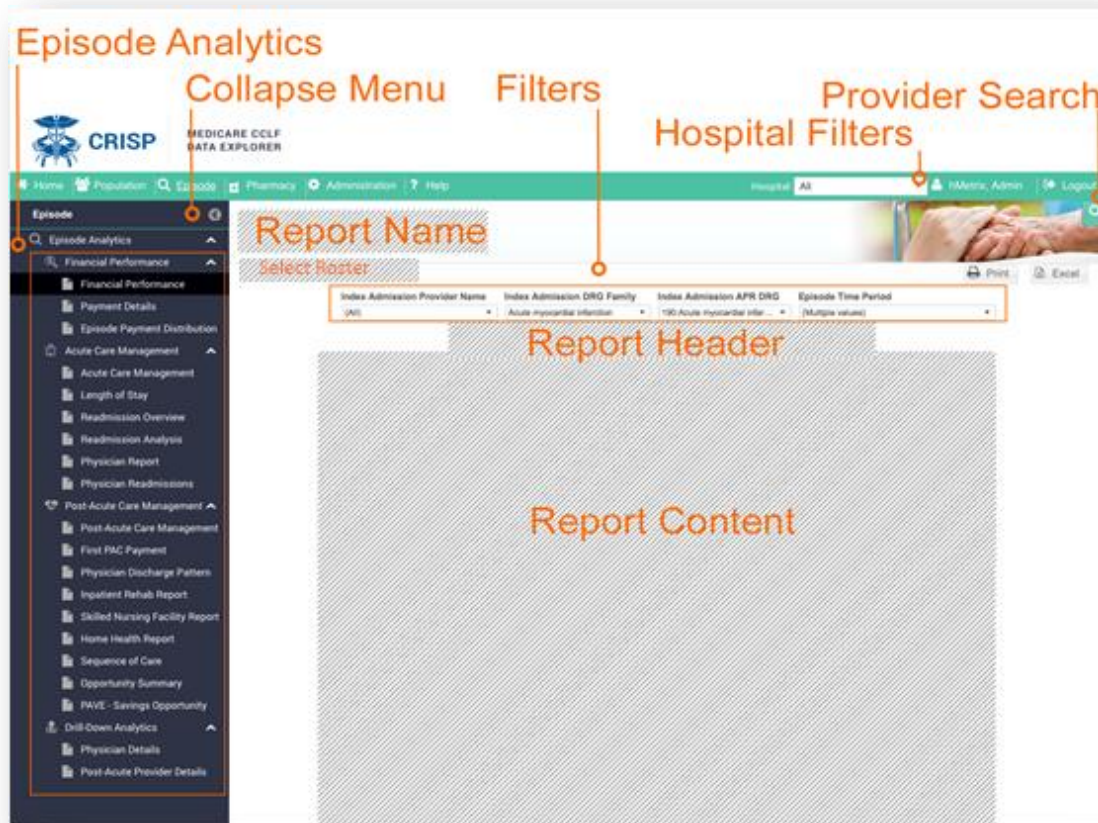
Year

(All)

Member ID	Age Category	Gender	Claim Payment Amount
0000000001	64 and Younger	Male	\$4,657,751
0000000002	64 and Younger	Male	\$4,110,377
0000000003	64 and Younger	Female	\$2,460,143
0000000004	64 and Younger	Female	\$2,420,589
0000000005	70 to 74	Female	\$2,155,877
0000000006	64 and Younger	Male	\$1,731,310
0000000007	65 to 69	Female	\$1,712,763
0000000008	80 to 84	Female	\$1,683,971
0000000009	64 and Younger	Male	\$1,629,177
0000000010	80 to 84	Female	\$1,613,631
0000000011	64 and Younger	Female	\$1,611,617
0000000012	64 and Younger	Male	\$1,582,253
0000000013	70 to 74	Female	\$1,478,478
0000000014	80 to 84	Male	\$1,437,280
0000000015	75 to 79	Male	\$1,410,264
0000000016	64 and Younger	Male	\$1,382,034
0000000017	75 to 79	Male	\$1,379,358
0000000018	80 to 84	Male	\$1,306,093
0000000019	64 and Younger	Female	\$1,293,417
0000000020	80 to 84	Male	\$1,259,306
0000000021	65 to 69	Male	\$1,251,464
0000000022	64 and Younger	Male	\$1,246,530
0000000023	65 to 69	Male	\$1,238,779
0000000024	80 to 84	Male	\$1,216,531
0000000025	64 and Younger	Male	\$1,214,627
0000000026	70 to 74	Male	\$1,214,396
0000000027	64 and Younger	Male	\$1,201,481

## 5 EPISODE ANALYTICS

The Episode Analytics reports are described in further detail in this section. For detailed information on how episodes are constructed in MADE, refer to the topic in CCLF Data Basics titled “Episode.”

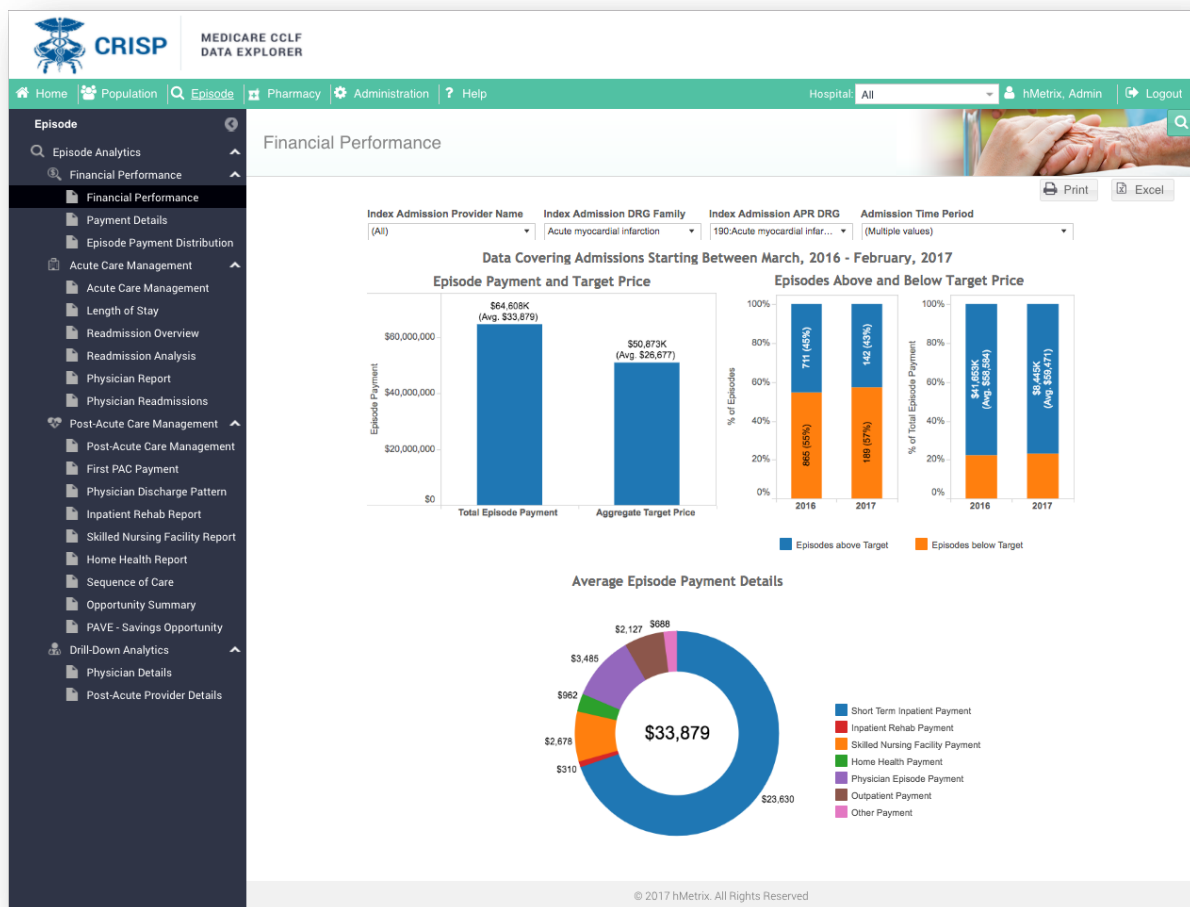


REPORT FUNCTIONS	DESCRIPTION
<b>Report Name</b>	The report name is always displayed on the left-hand corner. On the side menu click the report name to navigate across reports.
<b>Report Header (Chart Name)</b>	Each report may contain subset reports. The header contains the report title and a short description of the report.
<b>Report Content</b>	The report content area displays the results for the specific report header.
<b>Report Filters</b>	All Episode reports can be filtered using several criteria and values. View the Episode reports using the following filters: <ul style="list-style-type: none"> <li>• Index Admission Provider Name,</li> <li>• Index Admission Index DRG family,</li> <li>• Index Admission APR DRG</li> <li>• Admission Time Period</li> </ul>
<b>Print PDF</b>	Click on the PDF button to export the report into a PDF format.
<b>Excel Export</b>	Click on the Excel button to export the report details into Excel workbook.

## 5.1 Financial Performance

**Financial Performance** compares the episode payment to the target price for the chosen APR DRG. These reports show:

CHART NAME	DESCRIPTION
Episode Payment and Target Price	Total average episode payment compared to the target.
Episodes Above and Below Target Price	The percent of episodes with total episode payments below and above the target price and the distribution of total dollars related to these episodes.
Average Episode Payment Details	The distribution of average payments for the entire episode by provider type.

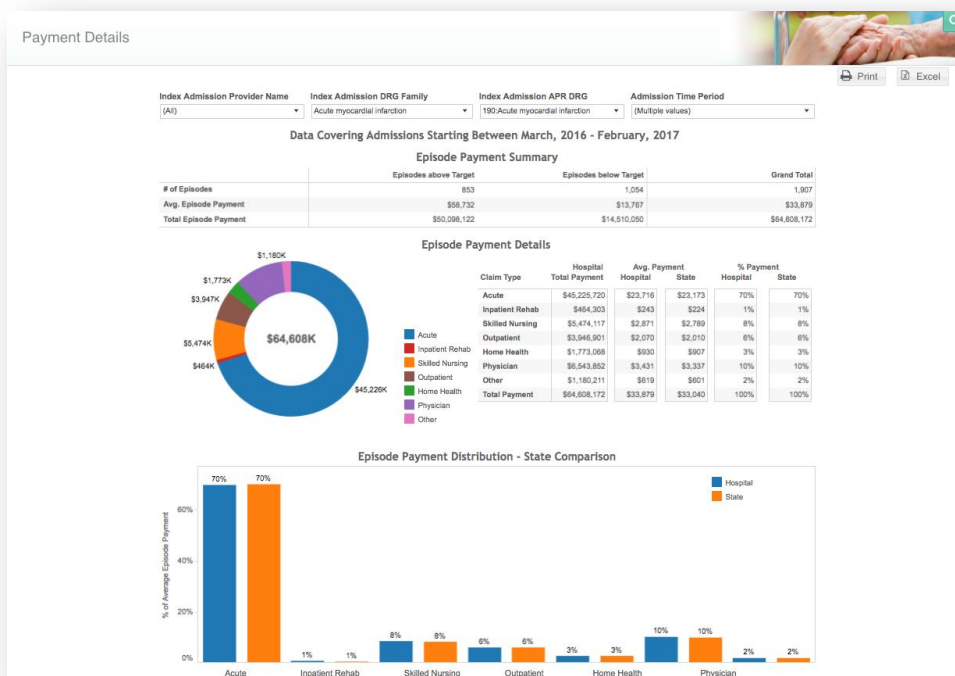




## 5.1.1 Payment Details

**Payment Details** provides greater detail about the episode payment distribution. This report shows:

CHART NAME	DESCRIPTION
Episode Payment Summary	Presents the total number of episodes, average episode payment, and total episode payment for episodes above and below the target price.
Episode Payment Details	Compares the total and average episode payment by care setting for the filtered population to the overall state average.
Episode Payment Distribution – State Comparison	Compares the proportion the average episode payment for each care settings for the filtered population to that of the overall state average.





## 5.1.2 Episode Payment Distribution

**Episode Payment Distribution** displays the distribution of all episodes below and above the target price. This report shows:

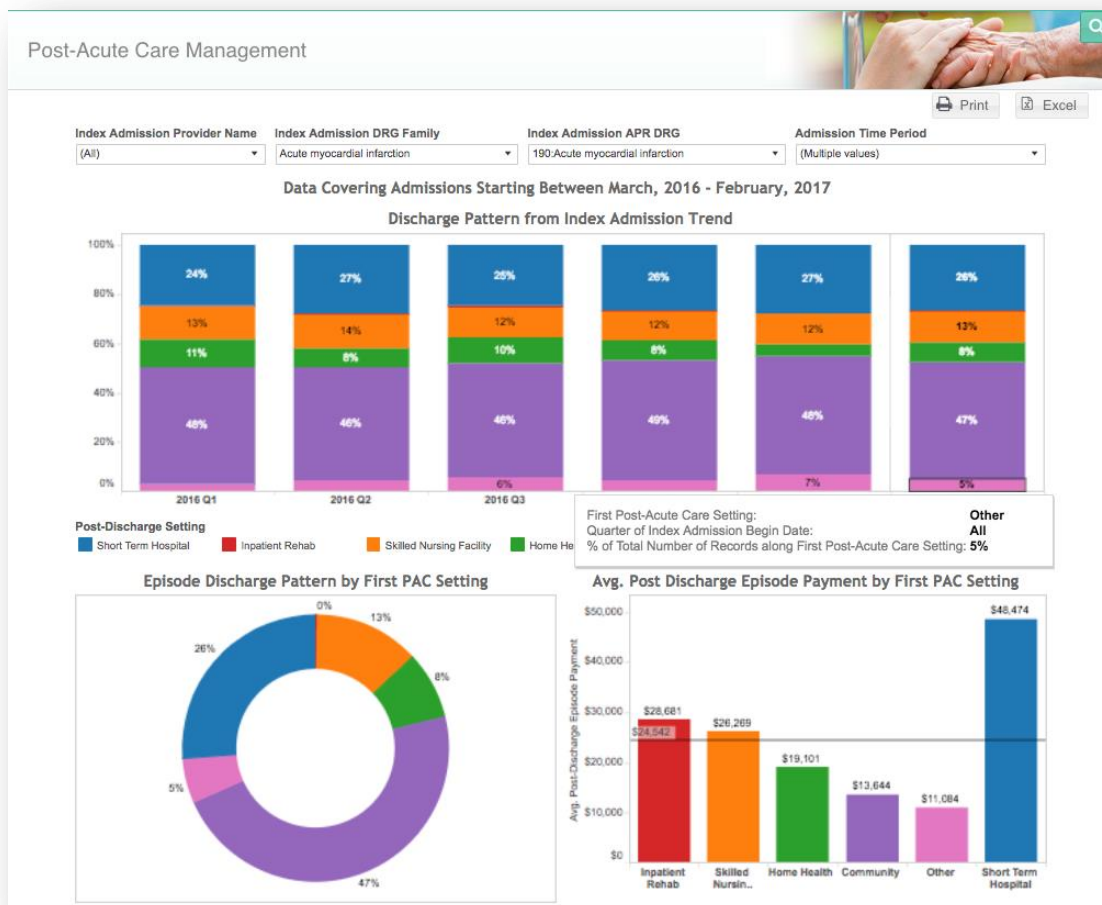
CHART NAME	DESCRIPTION
<b>Episode Payment Distribution and Comparison to Target Price</b>	Shows the distribution of episodes by total episode payment. Benchmark is provided for the Target Price. Each segment within each bar represents an episode.
<b>Episode Summary by First Post-Acute Setting</b>	Provides a summary of total and average episode payments, readmissions rates and the total gain / loss compared to the target price based on the first post-acute care setting following discharge from the acute care hospital.
<b>Episodes Above Target Price by First Post-Acute Setting</b>	For only episodes that exceed the target price, provides a summary of total and average episode payments, readmissions rates and the total gain / loss compared to the target price based on the first post-acute care setting following discharge from the acute care hospital.



## 5.2 Acute Care Management

**Acute Care Management** contains performance measures related to the acute care setting. This report shows:

CHART NAME	DESCRIPTION
DRG Summary	The number of episodes, the average episode payments, number of readmissions, and average readmission payment for each APR DRG of the chosen family.
Index Admission LOS	Quarterly and annual average length of stay of the index admission.
Payment Comparison – Episodes w/ and w/o Readmission	Compares the payments by index admission, post-acute care and readmission components for episodes with and without readmissions.
Readmission Count Comparison	The number of readmissions back to your hospital versus a different hospital.
Readmission Rate Trend	Trends readmissions in total and where the readmission occurred.



## 5.2.1 Length of Stay

**Length of Stay** presents the length of stay for the APR DRG of the index admission. This report shows:

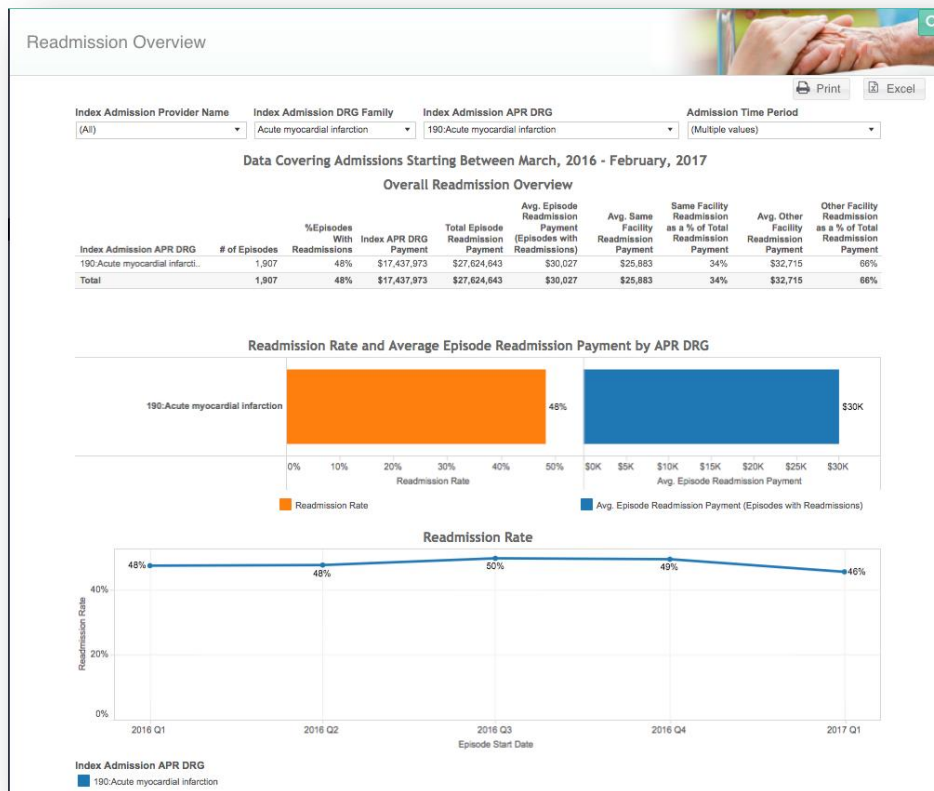
CHART NAME	DESCRIPTION
Distribution of Length of Stay(LOS) by APR DRG	Presents the distribution of the length of stay for the filtered APR DRG. Results are presented as a box and whisker plot.
Index Length of Stay (LOS) Trend	Shows the change in length of stay by quarter for the filtered APR DRG and time period.



## 5.2.2 Readmission Overview

**Readmission Overview** provides the all-cause readmission rate by APR DRG and the associated average payment for episodes that contain an acute care hospital readmission. This report shows:

CHART NAME	DESCRIPTION
<b>Overall Readmission Overview</b>	Presents the proportion of episodes that contain an all-cause readmission and the average episode payment for those episodes. Also shows the average episode payment for episodes that are readmitted back to the index APR DRG acute care hospital versus those readmitted to a different hospital.
<b>Readmission Rate and Average Readmission Payment by APR DRG</b>	Presents the readmission rate and average readmission payment for the filtered APR DRG.
<b>Readmission Rate</b>	Shows the change in readmission rate by quarter for the filtered APR DRG and time period.



## 5.2.3 Readmission Analysis

**Readmission Analysis** provides the details of readmissions by readmission provider and responsible physician. This report shows:

TABLE NAME	DESCRIPTION
<b>Readmission Analysis</b>	Shows average episode payment, index APR DRG payment, readmission payment, and post-discharge episode payment by the episode readmission provider and the first post-acute care provider following discharge from the index hospitalization. Selecting a row in this table filters the Readmission Details table.
<b>Readmission Details</b>	Individual readmission information by responsible physician and readmission APR DRG.

Readmission Analysis

Index Admission Provider Name: (All) | Index Admission DRG Family: Acute myocardial infarction | Index Admission APR DRG: 190.Acute myocardial infarction | Admission Time Period: (Multiple values)

Data Covering Admissions Starting Between March, 2016 - February, 2017

Readmission Analysis

Click on episodes of interest and review episode details in Readmission Details table below

Episode Readmission Provider	First Post-Acute Care	# of Episodes	Avg. Episode Payment	Avg. Index APR DRG Payment	Avg. Episode Readmission LOS	Avg. Episode Readmission Payment	Avg. Post-Discharge Episode Payment	% of Post-Discharge Episode Payment
MedStar Washington Hospital Center	SNF	1	\$34,795	\$11,461	6	\$12,835	\$43,354	79%
	Community	14	\$37,842	\$6,165	5	\$21,328	\$31,776	64%
	Short Term Hospital	89	\$45,141	\$5,842	6	\$31,576	\$43,288	88%
	Total	104	\$47,687	\$5,939	6	\$30,016	\$41,748	88%
MedStar Union Memorial Hospital	SNF	4	\$98,368	\$21,353	6	\$59,787	\$77,607	78%
	Home Health	1	\$28,148	\$10,478	2	\$8,967	\$17,868	63%
	Community	5	\$86,782	\$18,056	4	\$43,537	\$56,736	80%
	Short Term Hospital	81	\$52,822	\$5,715	6	\$35,791	\$47,507	89%
	ER	1	\$67,616	\$1,174	3	\$20,356	\$66,443	98%
	Total	92	\$55,454	\$6,633	6	\$36,796	\$48,621	88%
UM Medical Center	Community	10	\$88,616	\$9,484	12	\$70,298	\$79,132	89%
	Short Term Hospital	76	\$67,738	\$7,659	8	\$47,609	\$60,109	89%
	Total	86	\$78,184	\$7,843	9	\$59,416	\$62,321	89%
Johns Hopkins Hospital	SNF	2	\$81,927	\$22,631	7	\$10,670	\$39,296	63%
	Home Health	3	\$78,173	\$12,739	16	\$48,446	\$65,434	84%
	Community	13	\$86,994	\$15,876	8	\$34,553	\$51,117	78%
	Short Term Hospital	59	\$63,397	\$8,050	9	\$44,578	\$55,347	87%
	etc	4	\$42,842	\$16,141	8	\$17,754	\$36,542	76%

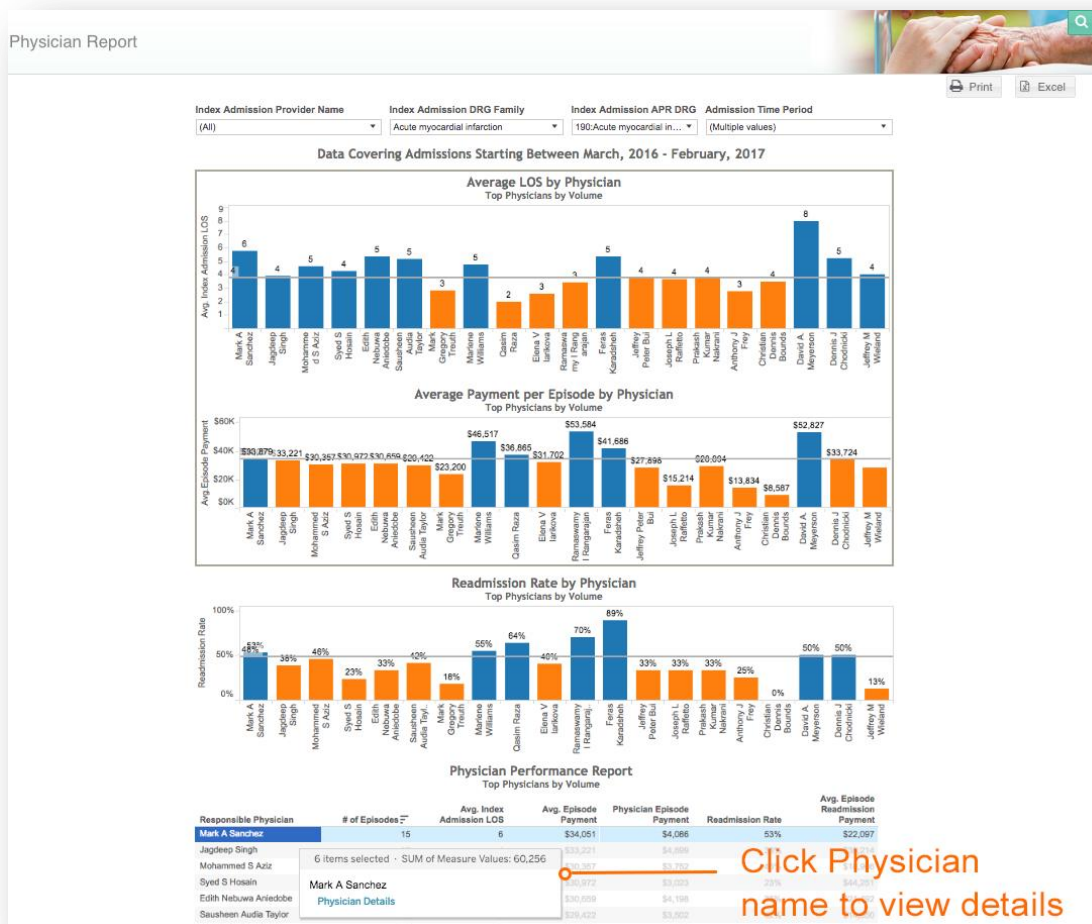
Readmission Details

Responsible Physician	Readmission APR DRG	Index Admission Begin Date	Index Admission Discharge Date	Total Episode Payment	Index APR DRG Payment	Readmission LOS	Total Episode Readmission Payment	Total Post-Discharge Episode Payment	% of Post-Discharge Episode Payment
Abdul Hanan Chenna	185 Coronary bypass w/o cardiac cath or percutaneous cardiac pro.	4/18/2016	4/21/2016	\$54,702	\$12,323	6	\$33,044	\$42,379	77%
	174 Percutaneous cardiovascular procedures w/ AMI	5/6/2016	5/9/2016	\$56,123	\$6,493	8	\$39,441	\$49,639	88%
Abdul Zahed Jahed	174 Percutaneous cardiovascular procedures w/ AMI	12/28/2016	1/9/2017	\$83,802	\$27,829	15	\$41,184	\$56,973	67%
Abdulla Hussein Abdulla	058 Other disorders of nervous system	11/4/2016	11/6/2016	\$58,810	\$2,829	16	\$41,829	\$56,281	96%
Adera Betale Wolleselait	174 Percutaneous cardiovascular procedures w/ AMI	6/28/2016	6/29/2016	\$37,541	\$4,159	1	\$24,072	\$33,382	89%
Ada I Othman	199 Hypertension	8/29/2016	8/22/2016	\$19,103	\$4,749	12	\$11,482	\$14,354	75%
Adebola Oyedola	175 Percutaneous cardiovascular procedures w/o AMI	5/19/2016	5/20/2016	\$18,148	\$3,827	4	\$12,957	\$15,321	88%
Adrian Gerard Murphy	483 Kidney & urinary tract infections	9/2/2016	9/10/2016	\$55,539	\$17,814	9	\$17,333	\$37,726	68%
Adrien Lassand Janier	185 Coronary bypass w cardiac cath or	6/26/2016	6/27/2016	\$39,827	\$2,829	4	\$23,469	\$27,998	93%

## 5.2.4 Physician Report

**Physician Report** compares each of the top volume physicians. The blue bars indicate physicians with average payments/LOS/readmission rates above the overall average (across all physicians) and orange bars indicate physicians with averages below the overall average. This report shows:

CHART NAME	DESCRIPTION
Average LOS by Physician	Compares the average length of stay of the index admission APR DRG across physicians.
Average Payment per Episode by Physician	Compares the average episode payment across physicians.
Readmission Rate by Physician	Compares the episode readmission rate by physicians.
Physician Performance Report	Includes similar data from the above three charts for each physician along with the total number of episodes, the average physician payment, and the average readmission payment for each physician.



## 5.2.5 Physician Readmissions

**Physician Readmissions** identifies each readmission by readmission APR DRG and physician. This report provides the date of index admission discharge and readmission date, as well as the total episode payment, readmission payment and total post-discharge payment for each episode with a readmission.

Physician Readmissions

Print

Excel

Index Admission Provider Name

Index Admission DRG Family

Index Admission APR DRG

Admission Time Period

(All)

Acute myocardial infarction

190:Acute myocardial infarction

(Multiple values)

Data Covering Admissions Starting Between March, 2016 - February, 2017

Sort by

Readmission APR DRG

Readmission Details By Readmission APR DRG

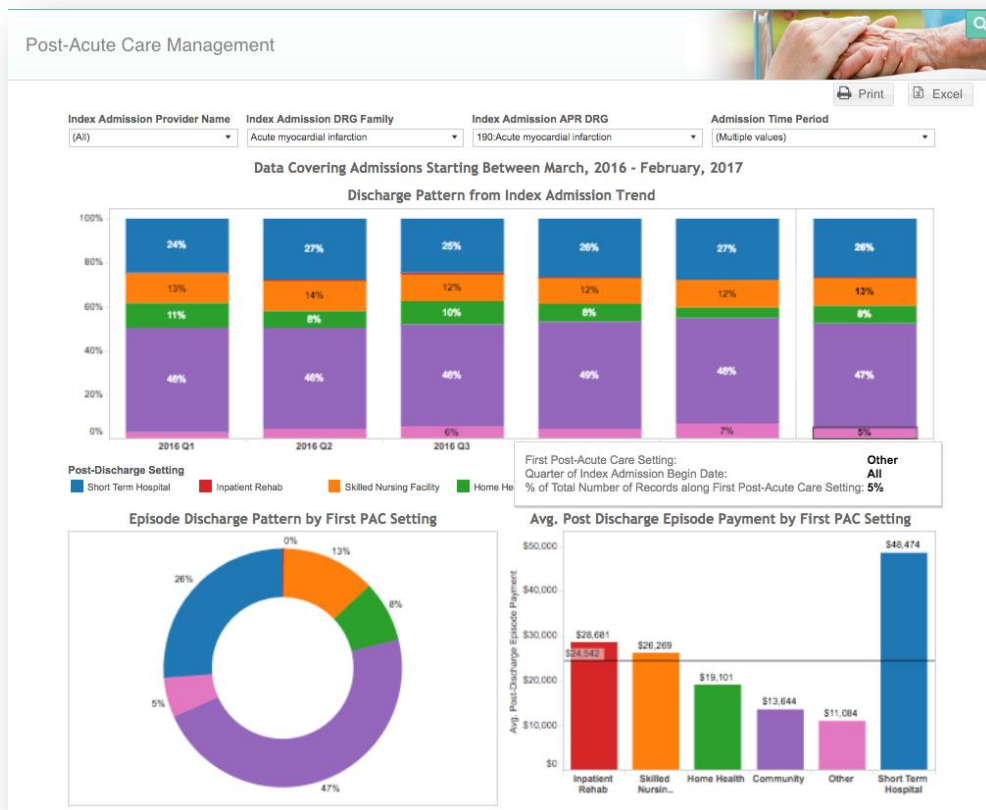
		Index Admission Discharge Date	Readmission Date	Readmission LOS	Total Episode Payment	Total Readmission Payment	Total Post-Discharge Episode Payment
001 Liver transplant &/or intestinal transplant	Nagamallika Jasti	3/9/2016	5/28/2016	11	\$116,182	\$194,020	\$112,335
004 Tracheostomy w MV 96+ hours w extensive procedure or ECMO	Brian Barr	9/21/2016	10/31/2016	51	\$175,415	\$154,480	\$167,414
	Navdeep Singh	2/17/2017	2/18/2017	18	\$132,558	\$129,306	\$131,099
021 Craniotomy except for trauma	Rama Shankar	7/22/2016	7/22/2016	24	\$74,736	\$35,712	\$63,670
040 Spinal disorders & injuries	Hooman Bakhshi	2/13/2017	2/13/2017	17	\$181,658	\$117,474	\$147,230
041 Nervous system malignancy	Haimanot Halle	5/17/2016	7/27/2016	2	\$17,484	\$3,022	\$8,235
042 Degenerative nervous system disorders exc mult	Harry Li	4/6/2016	5/21/2016	4	\$28,549	\$5,107	\$19,865
044 Intracranial hemorrhage	Marcelle Pamela Nkombengondo	4/1/2016	4/12/2016	1	\$11,428	\$2,676	\$5,519
	Salim Rick	4/7/2016	4/18/2016	2	\$31,271	\$6,257	\$18,222
045 CVA & precerebral occlusion w infarct	Mark A Sanchez	2/14/2017	2/14/2017	6	\$26,226	\$16,853	\$23,735
	Korah Mathai Pulimood	3/13/2016	3/16/2016	8	\$45,970	\$13,665	\$31,527
	Francois Jacques Gregoire	1/26/2017	1/26/2017	42	\$178,920	\$152,325	\$174,012
	Kahliiz Alekh	6/22/2016	8/7/2016	2	\$29,683	\$6,411	\$23,112
	Tara Ann Ryan	7/3/2016	7/7/2016	6	\$88,787	\$38,691	\$65,085
	Raginder Gill	8/25/2016	8/28/2016	7	\$25,963	\$9,753	\$13,335
	Matthews Chacko	3/6/2016	5/18/2016	2	\$36,172	\$16,549	\$23,199
	Qiyuan Liu	1/14/2017	1/18/2017	4	\$69,385	\$8,034	\$66,517
047 Transient ischemia	Jagdeep Singh	9/6/2016	10/26/2016	7	\$53,733	\$10,967	\$30,094
	Kim K Wun	4/28/2016	5/25/2016	3	\$53,709	\$24,715	\$42,809
	David M Bill	11/22/2016	11/28/2016	1	\$22,331	\$7,645	\$10,772
048 Peripheral, cranial & autonomic nerve disorders	David A. Meyerson	10/6/2016	10/23/2016	2	\$47,533	\$12,315	\$34,102
	Saushreen Audia Taylor	10/1/2016	10/7/2016	3	\$62,877	\$26,660	\$43,214
052 Nontraumatic stupor & coma	Waseema Abdur Rahman Dalvi	2/4/2017	3/3/2017	4	\$58,507	\$35,068	\$45,563
053 Seizure	Pamela Ouyang	6/29/2016	8/18/2016	20	\$107,935	\$60,521	\$86,447
	George J Pyrgos	9/6/2016	9/6/2016	13	\$61,494	\$43,218	\$50,551
	Peter Smith	10/6/2016	11/2/2016	3	\$67,616	\$20,356	\$66,443
	Anthony J Frey	4/6/2016	5/21/2016	2	\$11,154	\$4,193	\$8,458
054 Migraine & other headaches	Sarah A Schmatzle	10/3/2016	10/21/2016	4	\$24,552	\$10,078	\$17,044
	Wajahath Abbas Moksini	2/14/2017	3/23/2017	1	\$16,747	\$2,900	\$9,458
055 Head trauma w coma >1 hr or hemorrhage	Ledy's Julia Dimarisco	8/9/2016	8/26/2016	3	\$24,153	\$11,240	\$18,204
058 Other disorders of nervous system	Kapil Sharma	9/22/2016	11/8/2016	1	\$48,936	\$5,646	\$32,069
	Abdulla Hussein Abdulla	11/6/2016	11/6/2016	16	\$58,810	\$41,820	\$56,281
	Diagobert Sino	2/22/2017	2/22/2017	9	\$29,974	\$14,696	\$20,215
113 Infections of upper respiratory tract	Feras Karadshah	12/25/2016	1/11/2017	4	\$17,317	\$4,520	\$8,687
115 Other ear, nose, mouth, throat & craniofacial dis.	Srilatha Kanumuru	9/29/2016	12/24/2016	2	\$8,819	\$1,584	\$7,008
130 Respiratory system diagnosis w ventilator suppor.	Faiza Hiaz	6/13/2016	6/30/2016	12	\$48,636	\$37,989	\$41,800
133 Pulmonary edema & respiratory failure	Kahliiz Alekh	12/29/2016	1/30/2017	5	\$38,625	\$15,392	\$22,003
	Jeffrey Peter Bui	12/19/2016	2/24/2017	5	\$39,799	\$8,236	\$22,856
	Chukwueke G Nwosu	1/18/2017	4/6/2017	1	\$18,913	\$2,743	\$9,394



## 5.3 Post-Acute Care Management

**Post-Acute Care Management** shows high-level information based on the discharge pattern from the index admission. This report shows:

CHART NAME	DESCRIPTION
Discharge Pattern from Index Admission Trend	Shows the index admission discharge pattern trends on a quarterly basis for the chosen time period.
Episode Discharge Pattern by First PAC Setting	Illustrates the percentage of episodes discharged by first post-acute care setting.
Avg. Post Discharge Payment by First PAC Setting	Provides the average post-discharge payment by first post-acute care setting.

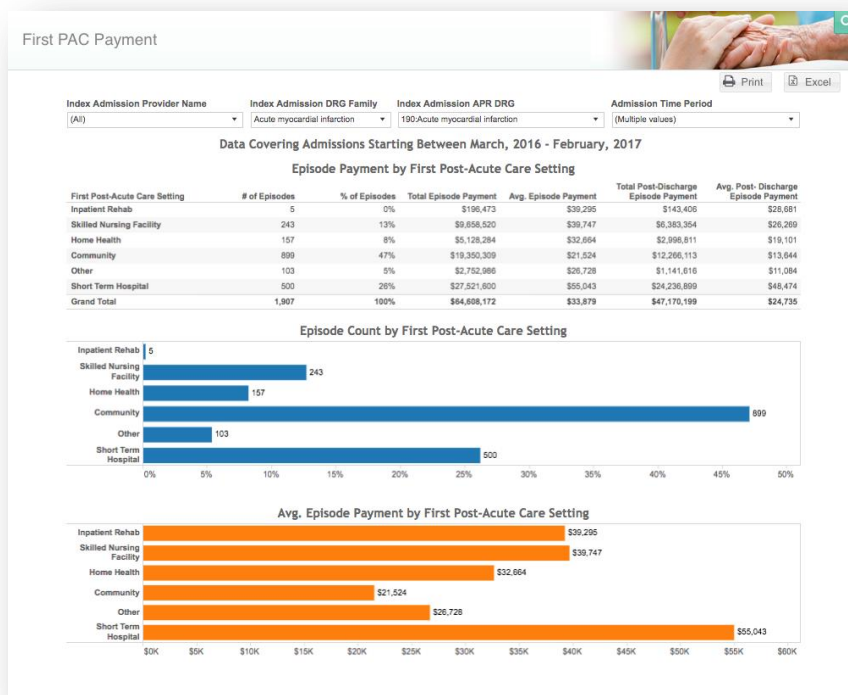




## 5.3.1 First PAC Payment

**First PAC Payment** contains episode count and payment information based on the first discharge setting following discharge from the acute care hospital. This report shows:

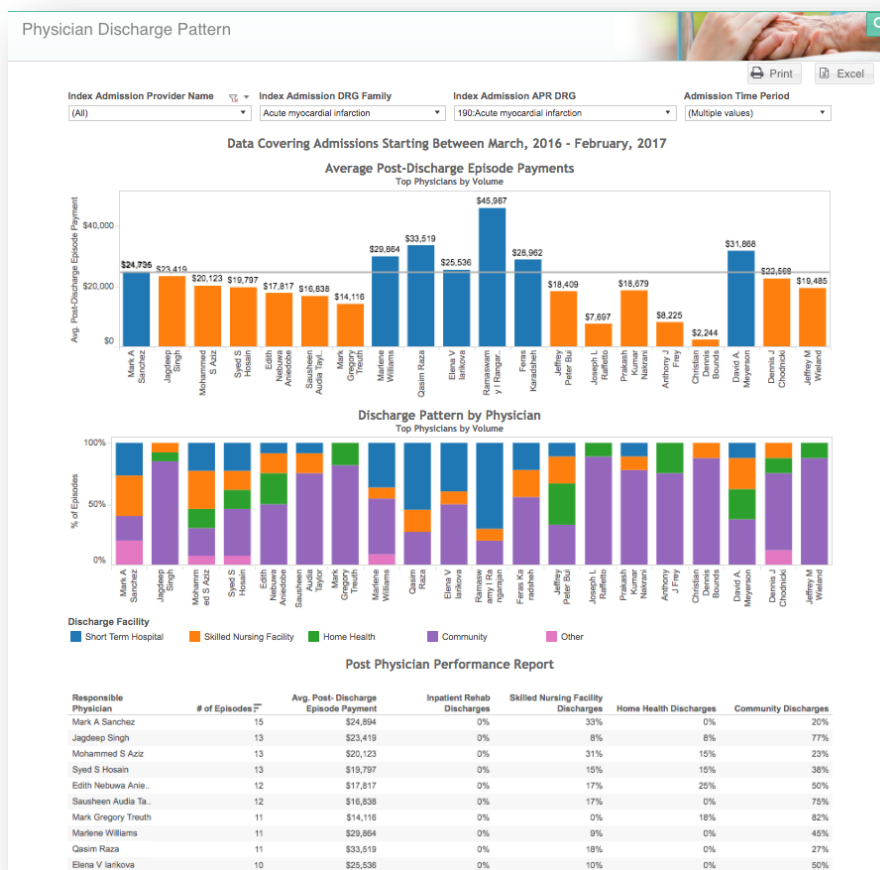
CHART NAME	DESCRIPTION
<b>First Post-Acute Setting Payment Report</b>	Details the episode count, total episode payment, and total post-discharge payment by first post-acute care setting.
<b>Episode Count by First Post-Acute Care Setting</b>	Displays the number of episodes related to the first post-acute care setting.
<b>Avg. Episode Payment by First Post-Acute Care Setting</b>	Provides the average episode payment for each of the first post-acute care settings.



## 5.3.2 Physician Discharge Pattern

**Physician Discharge Pattern** compares physicians based on the post-acute care settings to which they discharge. This report shows:

CHART NAME	DESCRIPTION
Average Post-Discharge Payments	Shows the average post-discharge episode payment for each of the top volume physicians and overall. The blue bars indicate physician average post-discharge episode payments above the overall average and orange is below.
Discharge Pattern by Physician	Illustrates the discharge pattern for each of the top volume physicians by the percentage of discharges to each first post-acute care setting.
Post Physician Performance Report	Provides similar detail of the two charts above for each physician, including their episode volume.



## 5.3.3 Inpatient Rehabilitation Report

**Inpatient Rehabilitation Report** compares the top volume Inpatient Rehabilitation Facilities (IRF). The blue bars indicate IRFs with an average LOS, payment per episode and readmission rate, above the overall average and orange represents IRFs with averages below the overall. This report shows:

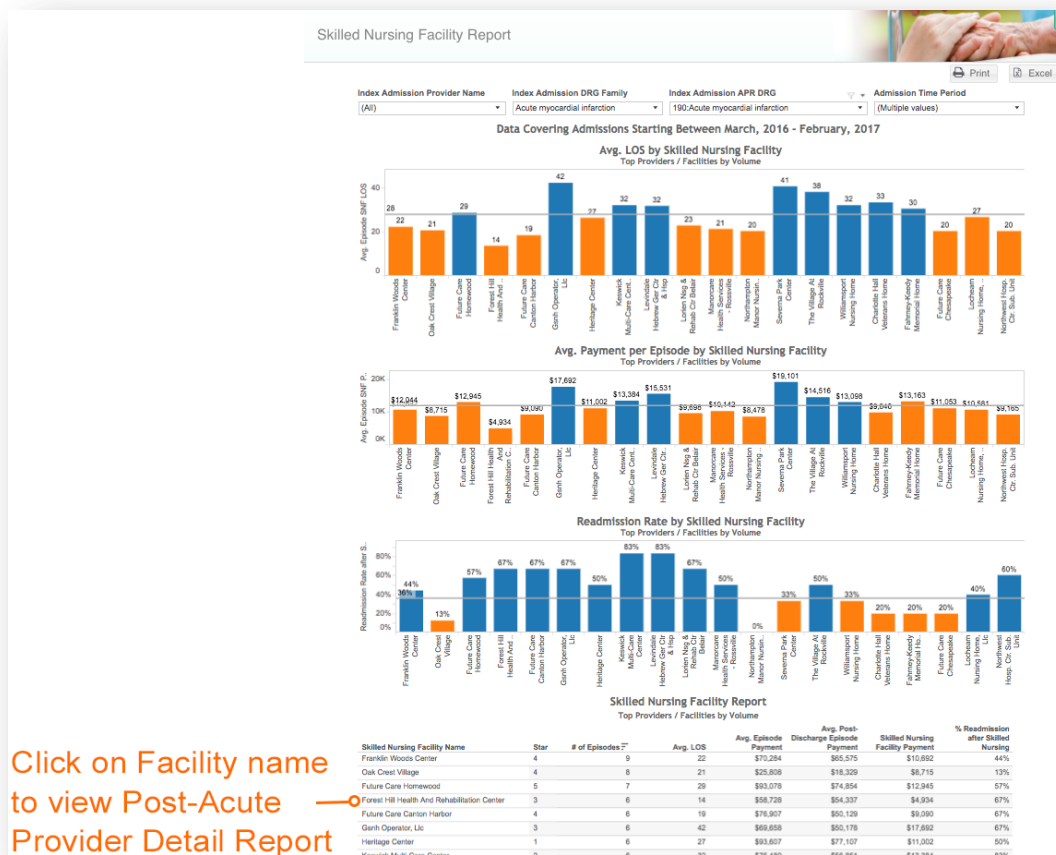
CHART NAME	DESCRIPTION
<b>Avg. LOS by Inpatient Rehab Facility</b>	Shows the average length of stay for the IRF admission for each of the top volume facilities.
<b>Avg. Payment per Episode by Inpatient Rehab Facility</b>	The average episode payment for each of the top volume facilities.
<b>Readmission Rate by Inpatient Rehab Facility</b>	The average readmission rate for each of the top volume facilities. Note that the readmissions are not necessarily from that specified facility; rather, the readmissions are during the 90-day post-discharge episode, but are characterized by the first post-acute care setting facility.
<b>Inpatient Rehab Facility Report</b>	For each of the IRFs shown in the above charts, this table shows the number of episodes, average length of stay, and average episode payment.



## 5.3.4 Skilled Nursing Facility Report

**Skilled Nursing Facility Report** compares the top volume Skilled Nursing Facilities (SNF). The blue bars indicate SNFs with an average LOS, payment per episode and readmission rate, above the overall average and orange represents SNFs with averages below the overall. This report shows:

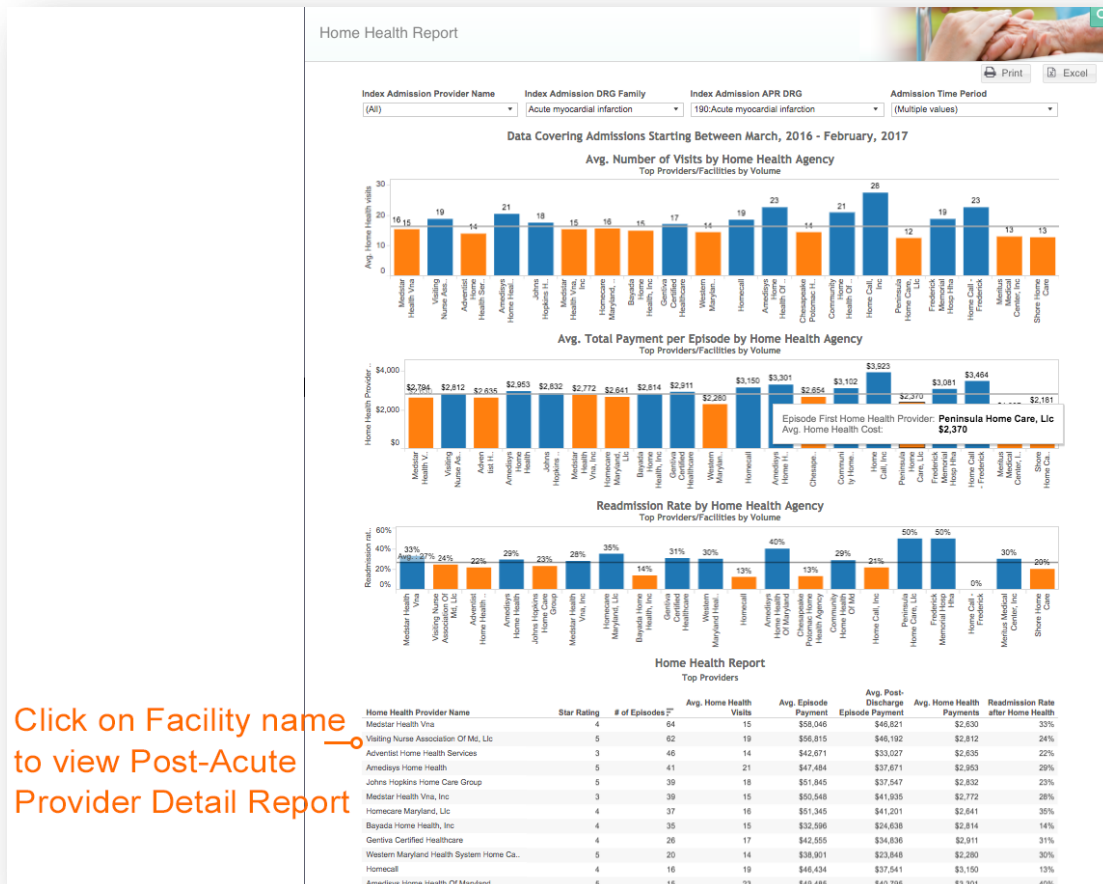
CHART NAME	DESCRIPTION
Avg. LOS by Skilled Nursing Facility	Shows the average length of stay for the IRF admission for each of the top volume facilities.
Avg. Payment per Episode by Skilled Nursing Facility	The average episode payment for each of the top volume facilities.
Readmission Rate by Skilled Nursing Facility	The average readmission rate for each of the top volume facilities. Note that the readmissions are not necessarily from that specified facility; rather, the readmissions are during the 90-day post-discharge episode, but are characterized by the first post-acute care setting facility.
Skilled Nursing Facility Report	For each of the providers shown in the above charts, this table gives the number of episodes, average length of stay, and average episode payment.



## 5.3.5 Home Health Report

**Home Health Report** compares the top volume Home Health Agencies (HHA). The blue bars indicate Home Health agencies with an average number of home health visits, payment per episode and readmission rate, above the overall average and orange represents HHAs with averages below the overall. This report shows:

CHART NAME	DESCRIPTION
<b>Avg. Number of Visits by Home Health Agency</b>	Shows the average number of visits for each of the top volume agencies.
<b>Avg. Total Payment per Episode by Home Health Agency</b>	The average episode payment for each of the top volume agencies.
<b>Readmission Rate by Home Health Agency</b>	The average readmission rate for each of the top volume agencies. Note that the readmissions are not necessarily from that specified agency; rather, the readmissions are during the 90-day post-discharge episode, but are characterized by the first post-acute care setting agency.
<b>Home Health Report</b>	For each of the providers shown in the above charts, this table gives the number of episodes, average Home Health visits, and average episode payment.



## 5.3.6 Sequence of Care

**Sequence of Care** illustrates the top 20 post-acute care sequences by volume. This report provides information regarding episode volume, total and average episode payments, and total and average post-discharge episode payments for each sequence. The provider types mentioned in this report include:

Provider Type	Provider Type Description
A	Short Term Hospital
I	Inpatient Rehabilitation Facility
S	Skilled Nursing Facility
H	Home Health Agency
C	Community
E	Emergency Department Visit
P	Outpatient Therapy
D	DME
L	Acute Long Term Care Hospital
Z	Other Inpatient Hospital
T	Hospice

Sequence of Care

Print Excel

Index Admission Provider Name: (All) Index Admission DRG Family: Acute myocardial infarction Index Admission APR DRG: 190:Acute myocardial infarction Admission Time Period: (Multiple values)

Data Covering Admissions Starting Between March, 2016 - February, 2017

Post-Discharge Care Sequence  
Top 20 Episode Sequences

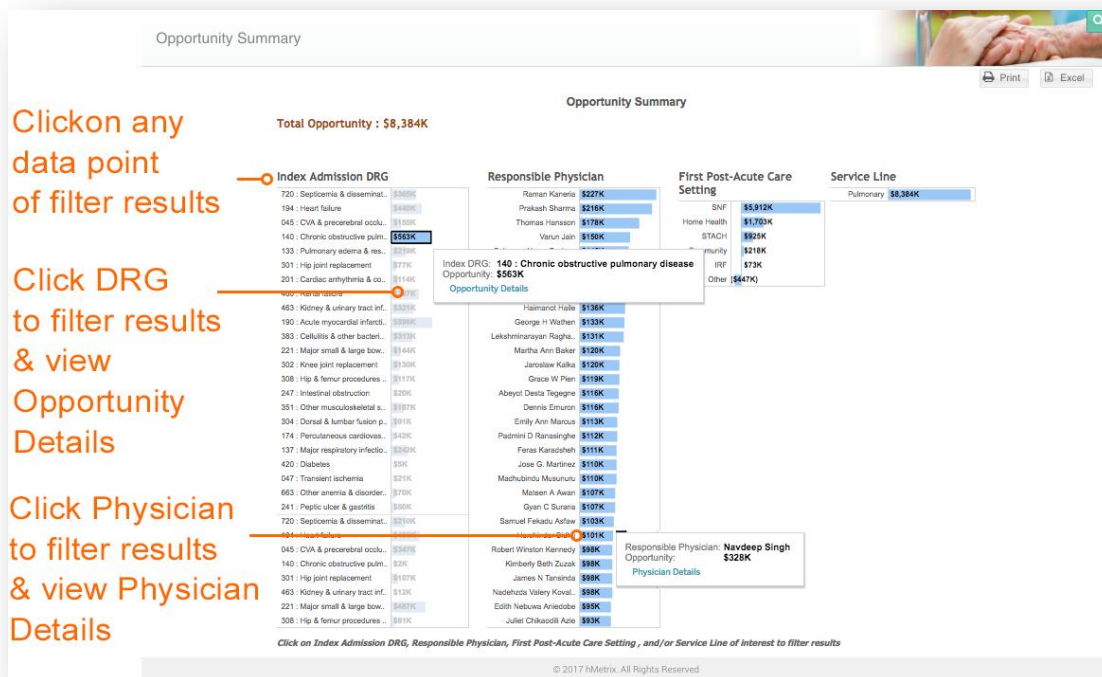
Episode Sequence	# of Episodes	Total Episode Payment	Avg. Episode Payment	Total Post-Discharge Episode Payment	Avg. Post-Discharge Episode Payment
A-C	437	\$5,168,770	\$11,828	\$2,036,996	\$4,661
A-A-C	110	\$2,733,014	\$24,846	\$2,171,697	\$19,743
A-T	77	\$1,811,068	\$23,520	\$524,013	\$6,805
A-C-E-C	55	\$812,507	\$14,773	\$389,907	\$7,069
A-H-C	55	\$894,515	\$16,264	\$311,758	\$5,668
A-C-A-C	47	\$1,422,904	\$30,275	\$1,000,511	\$21,287
A-A-H-C	45	\$2,580,061	\$57,335	\$2,300,385	\$51,120
A	34	\$327,069	\$9,620	\$69,181	\$2,035
A-S-C	31	\$841,703	\$27,152	\$455,344	\$14,689
A-A	27	\$1,741,870	\$64,514	\$1,564,108	\$57,930
A-C-A	24	\$993,132	\$41,381	\$772,024	\$32,168
A-S-H	21	\$740,371	\$35,256	\$465,007	\$22,143
A-S-H-C	21	\$605,499	\$28,833	\$385,507	\$18,357
A-S	20	\$699,561	\$34,978	\$340,191	\$17,010
A-C-H-C	19	\$290,014	\$15,264	\$119,001	\$6,263
A-C-H	18	\$322,281	\$17,904	\$124,934	\$6,941
A-A-C-H-C	17	\$765,838	\$45,049	\$679,205	\$39,953
A-C-A-H-C	15	\$715,424	\$47,695	\$544,746	\$36,316
A-H	14	\$260,785	\$18,628	\$82,686	\$5,906
A-A-C-E-C	13	\$384,338	\$29,564	\$305,422	\$23,494
<b>Total Episodes</b>	<b>1,807</b>	<b>\$64,608,172</b>	<b>\$33,879</b>	<b>\$47,170,199</b>	<b>\$24,735</b>

A = Short Term Hospital  
 I = Inpatient Rehabilitation Facility  
 S = Skilled Nursing Facility  
 H = Home Health  
 C = Community  
 E = ED Visit  
 P = OP Therapy  
 D = DME  
 L = Acute Long-Term Care  
 Z = Other Inpatient  
 T = Hospice

## 5.3.7 Opportunity Summary

**Opportunity Summary** highlights the areas of savings opportunities. Selecting any row will filter the other columns. This report includes:

COLUMN NAME	DESCRIPTION
Index Admission DRG	Savings opportunity for each APR DRG of the index hospital admission.
Responsible Physician	Savings opportunities attributed to each responsible physician.
Discharge Provider Type	Savings opportunity attributed to each first post-acute care setting following discharge from the index hospital.
Service Line	Savings opportunity attributed to each service line associated with the APR DRG of the index hospital admission.



Selecting a DRG in the Opportunity Summary allows for a drill down to a report for the **Opportunity Details**. This report is the same as 5.3.8 Post-Acute Variance Explorer (PAVE) Savings Opportunity, filtered to the selected DRG. See 5.3.8 for information about this report.

## 5.3.7.1 Episode Details

**Episode Details** lists every claim that occurred during the selected episode. Selecting any claim will populate the bottom table with the details of the selected claim.

Return to previous page  
Click on Episode data value to view details in the table

**Episode Details**

Episode Start Date	Episode End Date	Claim From Date	Claim Through Date	Claim Type	Servicing Provider	Primary Diagnosis	DRG	
8/12/2016	8/16/2016	8/12/2016	8/16/2016	Short Term Hospital	MedStar Franklin Square Medical Ce...	I63B : Other cerebral infarction	I45 : CVA & precerebral occlu...	\$7,545
8/12/2016	8/16/2016	8/12/2016	8/16/2016	SNF	Oak Crest Village	I69366 : Other sequelae of cer...		\$5,886
8/12/2016	8/16/2016	8/12/2016	8/16/2016	SNF	Oak Crest Village	I69366 : Other sequelae of cer...		\$4,377
8/12/2016	8/16/2016	8/12/2016	8/16/2016	Outpatient	Oak Crest Village Rehab Agency	I69366 : Other sequelae of cer...		\$733
8/12/2016	8/16/2016	8/12/2016	8/16/2016	Home Health	Johns Hopkins-Home Care Group	I69054 : Hemiplegia following st...		\$4,156
8/12/2016	8/16/2016	8/12/2016	8/16/2016	Outpatient	Oak Crest Village Rehab Agency	I69366 : Other sequelae of cer...		\$1,004
8/12/2016	8/16/2016	8/12/2016	8/16/2016	Physician		Z0673 : Prelim hx of TIA (TIA), ...		\$36
8/12/2016	8/16/2016	8/12/2016	8/16/2016	Physician		I700 : Atherosclerosis of aorta		\$53
8/12/2016	8/16/2016	8/12/2016	8/16/2016	Physician		I630 : Cerebral infarction, uns...		\$237

**Claims Details**

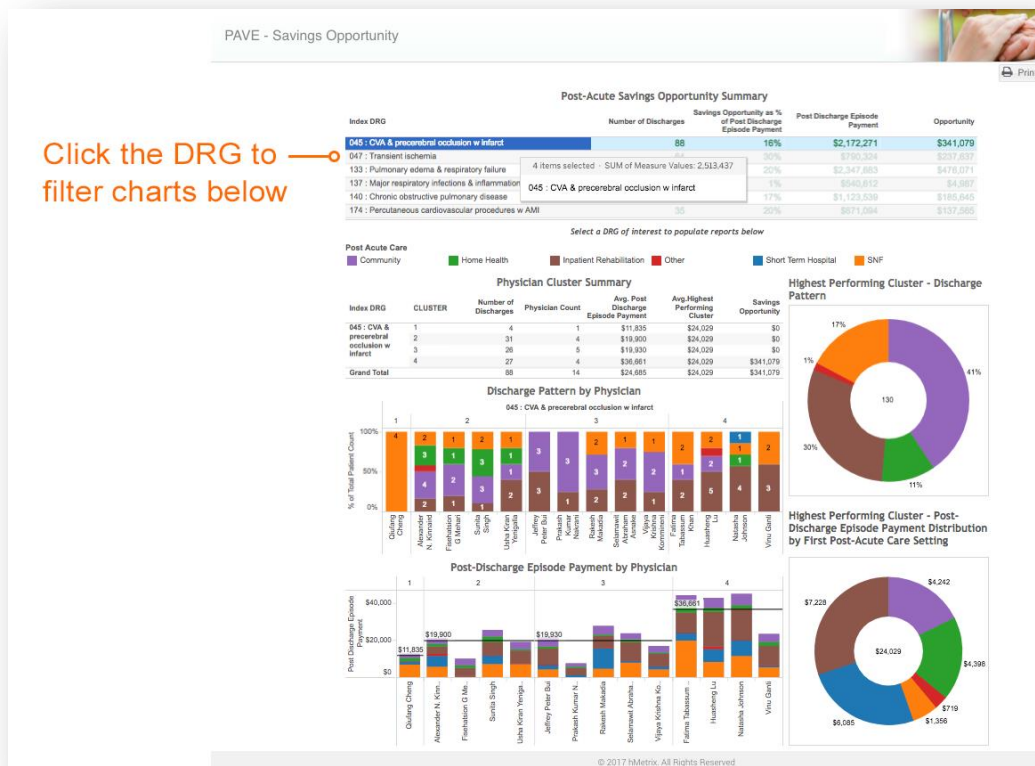
Diagnosis Details	HCPCS/Proc Code Details	Revenue Center Details
I10 : Essential (primary) hypertension	2CFK1 : Early Episode, 14-19 therapies, Clinical Severity Level 3, F...	0C23 : Home Health services paid under PPS submitted as TOB 3
I69021 : Dysphasia following nontraumatic subarachnoid hem	G0151 : Hhqp-Serv Of Plea 15 Min	0421 : Physical Therapy - Visit Charge
I69022 : Dysarthria following nontraumatic subarachnoid hem	G0152 : Hhqp-Serv Of Plea 15 Min	0431 : Occupational Therapy - Visit Charge
I69054 : Hemiplegia following stroke subarachnoid hemorrhage left hem	G0153 : Hhqp-Serv Of S/L Path.es 15min	0441 : Speech-Language Pathology - Visit Charge
M159 : Polycystic arthritis, unspecified	G0156 : Hhqp-Serv Of Ade.es 15 Min	0551 : Skilled Nursing - Visit Charge
	G0183 : Hhqp-Serv Of Ade.es 15	0571 : Home Health Aide - Visit Charge
	G0184 : Hhqp-Serv Of Ade.es 15	
	G0501 : Hospice Or Home Hlth In Home	



## 5.3.8 Post-Acute Variance Explorer (PAVE) Savings Opportunity

PAVE uses hMetrix's proprietary technology to cluster groups of physicians based on similar practice patterns. This report includes:

CHART NAME	DESCRIPTION
Post-Acute Savings Opportunity Summary	Shows the savings opportunity for each APR DRG if the average post-discharge payments related to each physician were replaced with the average in the highest performing cluster.
Physician Cluster Summary	Provides a summary of the number of discharges, physicians and the average post-discharge episode payment in each cluster.
Discharge Pattern by Physician	Discharge patterns for each physician by percent of discharges to the first post-acute care setting.
Post-Discharge Payment by Physician	Illustrates the average post-discharge payment for each physician in a cluster and compares it to the average for the other clusters.
Highest Performing Cluster – Discharge Pattern	Represents the high performing cluster's average discharge pattern by percent of distribution.
Highest Performing Cluster – Payment Split	Represents the high performing cluster's average post-discharge payment and its split between the different post-acute care settings.

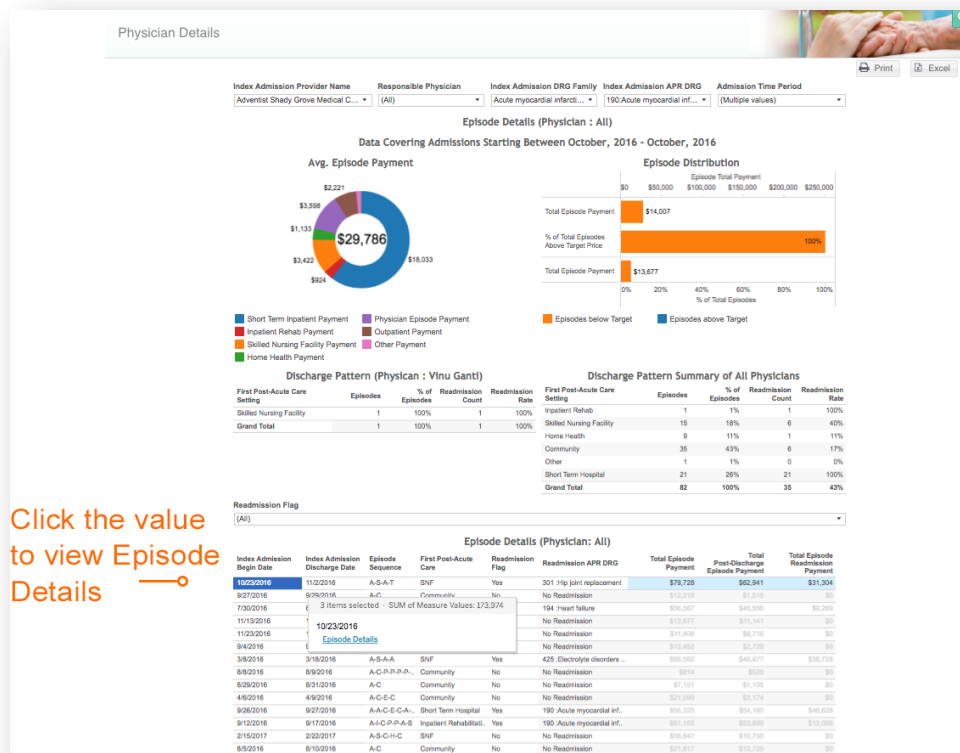


## 5.4 Drill-Down Analytics

### 5.4.1 Physician Details

Physician Details shows the key metrics of a particular physician. This report shows:

CHART NAME	DESCRIPTION
Avg. Episode Payment	Shows the physician's average episode payments by setting.
Episode Distribution	Provides the distribution of episodes, by percent of total episodes and average episode payment, for those above and below the target price for the selected physician.
Discharge Pattern	Provides the distribution of first post-acute care setting and readmission rates for the selected physician. Selecting a row from filters the Episode Details table for that setting.
Discharge Pattern Summary of All Physicians	Provides the distribution of first post-acute care setting and readmission rates for all physicians to allow for comparison.
Episode Details	Provides details on all episodes for the selected physician. Filtering can isolate only those episodes with readmissions.



Click the value to view Episode Details

## 5.4.2 Post-Acute Provider Details

Post-Acute Provider Details shows the key metrics of a particular post-acute care provider. This report shows:

CHART NAME	DESCRIPTION
Post-Acute Provider Details	Details the number of episodes, readmissions, and episode payments related to the selected post-acute provider.
Post-Acute Provider Summary of All Providers	Details the number of episodes and episode payments related to all post-acute providers categorized by presence of a readmission.
Physician Discharge to All PAC	Identifies the physicians who discharged to the selected post-acute provider, along with the volume of episodes and episode payments.
Episode Details	Lists all episodes for the Post-Acute Provider

Post-Acute Provider Details

First Post-Acute Care Provider: (All) Index Admission Provider Name: (All) Index Admission DRG Family: Acute myocardial infarction Index Admission APR DRG: 19C:Acute myocardial... Admission Time Period: (Multiple values)

Data Covering Admissions Starting Between March, 2016 - February, 2017

Post-Acute Care Provider Details (PAC :All)

First Post-Acute Care Provider	Readmission Flag	Episodes	% of Total Episodes	Avg. Episode Payment	Avg. First Post-Acute Care Payment	Avg. Post-Discharge Episode Payment
	No	644	72%	\$12,799	\$3,317	\$5,423
	Yes	255	28%	\$43,787	\$3,736	\$34,407
Medstar Health Vna	No	4	29%	\$25,839	\$3,238	\$7,849
	Yes	10	71%	\$58,990	\$2,116	\$36,046
Western Maryland Health System Home Care	No	7	54%	\$22,038	\$2,320	\$9,592
	Yes	6	46%	\$56,818	\$2,545	\$34,712
Visiting Nurse Association Of Md, Llc	No	6	50%	\$31,433	\$4,651	\$8,719
	Yes	6	50%	\$47,691	\$3,264	\$32,367
Johns Hopkins Home Care Group	No	8	73%	\$17,290	\$2,667	\$5,030
	Yes	3	27%	\$44,000	\$2,000	\$30,000

Post Acute Care Provider Summary of All Providers

Readmission Flag	Episodes	% of Total Episodes	Avg. Episode Payment	Avg. First Post-Acute Care Payment	Avg. Post-Discharge Episode Payment
No	6	50%	\$31,433	\$4,651	\$8,719
Yes	6	50%	\$47,691	\$3,264	\$32,367

Physician Discharge to All PAC

Responsible Physician	Readmission Flag	Episodes	Avg. Episode Payment	Avg. First Post-Acute Care Payment	Avg. Post-Discharge Episode Payment
Abdul Hanan Cheema	No	1	\$8,354		\$1,350
	Yes	1	\$54,702	\$1,782	\$42,379
Abdulla Hussein Abdulla	No	1	\$4,701		\$767
	Yes	1	\$58,810	\$8,251	\$56,281
Aberra Bekete Voldesenbet	Yes	1	\$37,541		\$33,382
Abinet Walu Bezabede	No	1	\$4,234		\$2,157
Abel F Jullukiovia	No	1	\$10,394		\$3,750
Ada I. Offurum	Yes	1	\$19,103		\$14,354
Adaku Clementia Onakpogu	No	1	\$26,527		\$4,403
Adenola Oluwole	Yes	4	\$10,148		\$10,101

Episode Details (PAC :All)

Index Admission Begin Date	Index Admission Discharge Date	Episode Sequence	Responsible Physician	Readmission Flag	Total Episode Payment	Total Post-Discharge Episode Payment
12/23/2016	12/23/2016	A-A-C	Chang B. Choi	Yes	\$27,798	\$23,281
8/6/2016	8/8/2016	A-C	Warren J Smith	No	\$11,889	\$493
10/1/2016	10/6/2016	A-C	Bichuong M Dieth	No	\$37,076	\$28,191
6/26/2016	6/29/2016	A-P-C-E-C-A-A-S	Pamela Ouyang	Yes	\$107,935	\$86,447
1/11/2017	1/13/2017	A-C	Juchih Hsu	No	\$14,639	\$10,736
6/26/2016	6/31/2016	A-C	Geetha Sagar Mankonda	No	\$4,144	\$1,234
7/11/2016	7/8/2016	A-S-A-A-H	Estelander Yacop	Yes	\$184,368	\$168,793
9/27/2016	9/29/2016	A-C	Alexander N. Kinsaid	No	\$12,218	\$1,515
8/7/2016	8/8/2016	A-A-H-A-H-C-E-H-C	Ismael Haj Tura	Yes	\$78,480	\$74,888
6/16/2016	6/16/2016	A-A-A-M-C	Michael Cook	Yes	\$76,084	\$70,874

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## 6 PHARMACY ANALYTICS

The Pharmacy module contains several reports that provide prescription drug utilization by volume, payment, high-risk medications, and top therapeutic category, among others. This module contains both detailed reports that allow for drill-through down to patient-level claims data, as well as summary reports. Pharmacy Analytics includes pharmacy utilization for Part B and D prescription drugs. For detailed information about the data sources used in this module, refer to the topic in CCLF Data Basics titled “CCLF”.

### 6.1 Top 200 Drugs

**Top 200 Drugs** report outlines drugs (by drug name and brand/generic formulation) by claim count, ingredient cost, cost per claim, and average day supply. Click the drug name or BRAND/generic to populate the **BRAND/generic Detail report**. Hover over the Drug Name or Brand/generic to access the **Top 200 Drugs Detail Report**.

Click drug name to populate the BRAND table  
Hover over Drug Name to view Detail Report

Top 200 Drugs										
										Drug Name: (All)
Drug Name	BRAND/generic	Strength Description	Claim Count	Rank by Claim Count	Claim Count %	Cost	Average Cost per Claim	Rank by Cost	Cost %	Avg. Days Supply
furosemide	furosemide	20 mg	138,594	7	1.0%	\$1,218,319	\$8.79	611	0.0%	45.1
tamsulosin			8	1.0%	\$39,523,879	\$285.40	10	0.9%	55.0	
omeprazole			9	0.9%	\$52,003,145	\$389.44	5	1.2%	49.0	
furosemide	furosemide		10	0.9%	\$1,557,971	\$12.32	530	0.0%	49.5	
atorvastatin			11	0.9%	\$58,804,153	\$466.46	4	1.3%	64.1	
metFORMIN			12	0.8%	\$10,777,761	\$90.84	71	0.2%	58.2	
metoprolol	metoprolol tartrate	25 mg	112,923	13	0.8%	\$2,894,443	\$25.63	326	0.1%	51.7
gabapentin	gabapentin	300 mg	108,043	14	0.8%	\$18,323,633	\$169.60	38	0.4%	42.0
atorvastatin	atorvastatin calcium	10 mg	106,099	15	0.7%	\$37,301,377	\$351.57	11	0.9%	63.0
hydroCHLOR.	hydrochlorothiazide	25 mg	105,966	16	0.7%	\$1,332,665	\$12.57	581	0.0%	65.1
fluticasone n.	fluticasone propion.	50 mcg/inh	101,118	17	0.7%	\$11,326,401	\$110.03	68	0.3%	40.0
lisinopril	lisinopril	20 mg	97,479	18	0.7%	\$7,188,656	\$73.75	131	0.2%	61.7
metoprolol	metoprolol succinat.	25 mg	92,503	19	0.6%	\$7,420,532	\$80.22	127	0.2%	60.4
lisinopril	lisinopril	10 mg	91,183	20	0.6%	\$5,666,593	\$62.13	164	0.1%	60.3
pravastatin	pravastatin sodium	40 mg	87,861	21	0.6%	\$26,944,510	\$306.67	21	0.6%	64.8
lisinopril	lisinopril	40 mg	87,392	22	0.6%	\$8,954,450	\$102.46	97	0.2%	61.2
simvastatin	simvastatin	20 mg	85,119	23	0.6%	\$27,937,533	\$328.22	20	0.6%	66.3
losartan	losartan potassium	100 mg	84,127	24	0.6%	\$31,676,250	\$376.53	15	0.7%	66.3
metoprolol	metoprolol succinat.	50 mg	83,994	25	0.6%	\$7,418,863	\$88.33	128	0.2%	63.3
omeprazole	omeprazole	40 mg	80,633	26	0.6%	\$36,581,481	\$453.68	12	0.8%	56.1
metFORMIN	metformin hydrochl.	1000 mg	78,385	27	0.5%	\$13,855,967	\$176.77	52	0.3%	61.8
oxyCODONE	oxycodone hydrochl.	5 mg	78,178	28	0.5%	\$2,985,631	\$38.19	318	0.1%	15.5
latanoprost	latanoprost ophthal.	0.005%	77,534	29	0.5%	\$6,317,645	\$81.48	147	0.1%	45.0
ranitidine	ranitidine hydrochlor.	150 mg	75,449	30	0.5%	\$9,058,553	\$118.49	94	0.2%	43.8
montelukast	montelukast sodium	10 mg	75,269	31	0.5%	\$18,990,154	\$248.99	36	0.4%	54.6

BRAND/generic Details of furosemide								
Drug Name	BRAND/generic	Strength Description	Claim Count	Claim Count %	Cost	Cost %	Average Cost per Claim	Avg. Days Supply
furosemide	furosemide	10 mg/mL	674	0.2%	\$12,342	0.4%	\$18.31	16.1
		20 mg	138,594	49.5%	\$1,218,319	37.6%	\$8.79	45.1
		40 mg	126,504	45.2%	\$1,557,971	48.1%	\$12.32	49.5
		40 mg/5 mL	31	0.0%	\$620	0.0%	\$20.01	32.8
		80 mg	13,944	5.0%	\$426,921	13.2%	\$30.62	51.1
LASIX		20 mg	90	0.0%	\$5,231	0.2%	\$58.12	47.5

## 6.1.1 Top 200 Drugs Detail Report

**Top 200 Drug Detail** report lists all claims for the selected drug. You can filter the report by prescriber name, member name and pharmacy name. Click on Patient Summary or Patient Timeline to see more information on the patient, or click on the back button to return to previous page.

**Return to previous page**

**Filters**

**Patient Timeline**

**Patient Summary**

Top 200 Drugs Detail Report

Print Excel Create Rooster View Patient Summary

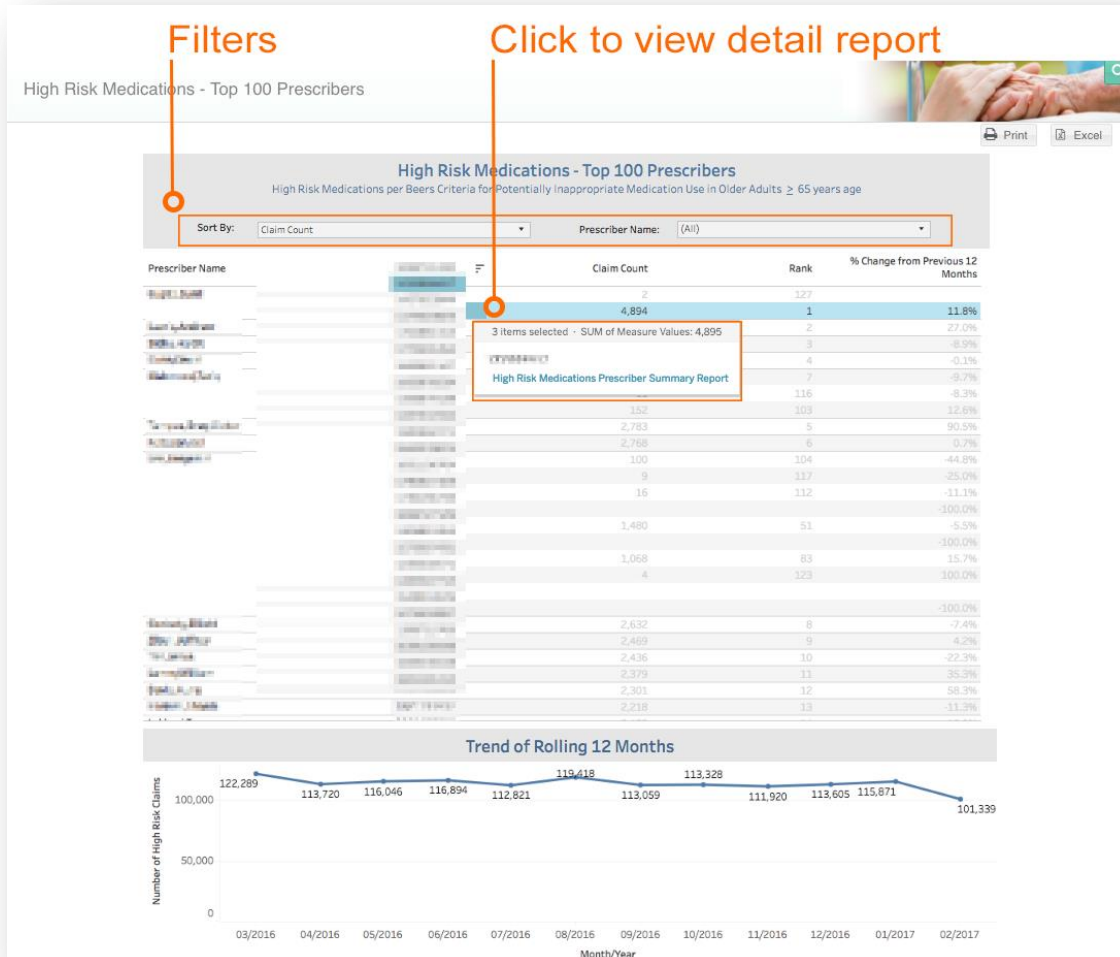
**Top 200 Drugs Detail Report - amlodipine besylate-5 mg**  
Reporting Time Period: 07/01/2016-06/30/2017

Prescriber Name: (All) Member Name: (All) Pharmacy Name: (All)

Prescriber Name	Prescriber NPI	Pharmacy Name	Member Name	Member ID	Date Filled	Quantity	Avg. Days Supply	Copay	Cost
ADVANCERX.COM L.L.C.						90	90.0	\$10.00	\$165.69
						90	90.0	\$10.00	\$165.69
COSTCO WHOLESALE CORPORATION						90	90.0	\$8.75	\$169.75
						90	90.0	\$15.08	\$176.08
						90	90.0	\$15.08	\$176.08
						45	90.0	\$2.61	\$83.11
GIANT OF MARYLAND LLC						90	90.0	\$2.01	\$157.66
						90	90.0	\$2.01	\$157.66
						90	90.0	\$2.02	\$157.67
						90	90.0	\$2.16	\$157.81
						90	90.0	\$12.00	\$167.65
						90	90.0	\$12.00	\$167.65
						14	14.0	\$2.24	\$26.45
						90	90.0	\$1.10	\$156.75
						180	90.0	\$4.32	\$346.74
						180	90.0	\$4.32	\$315.61
						180	90.0	\$23.99	\$335.28
						180	90.0	\$23.99	\$335.28
						90	90.0	\$15.00	\$170.86
HARRIS TEETER, INC						90	90.0	\$15.00	\$170.86
						90	90.0	\$15.00	\$170.86
						90	90.0	\$15.00	\$170.86
						90	90.0	\$15.00	\$170.86
HUMANA PHARMACY INC						90	90.0	\$0.00	\$155.86
						90	90.0	\$8.00	\$163.86
						90	90.0	\$0.00	\$155.86
						90	90.0	\$0.00	\$155.86

## 6.2 High Risk Medications – Top 100 Prescribers

**High Risk Medications Top 100 Prescribers** identifies the top 100 prescribers that are prescribing medications identified as potentially high-risk according to Beers criteria for potentially inappropriate medication use in older adults (> 65 years of age or older). The report displays the number of high risk medication claims by prescriber and the change from the previous 12 months. Click on Prescriber Name or Prescriber NPI to view detailed reports.



### 6.2.1 High Risk Medications Prescriber Summary

**High Risk Medication Prescriber Summary** lists the medications identified as potentially high risk according to Beers criteria for potentially inappropriate medication use in older adults (> 65 years of age or older) by selected Prescriber. The report lists the medication prescribed and corresponding claim count. To access this report, select the **High Risk Medication Top 100 Prescribers** and click on the Provider Name. Click on the Drug Name or BRAND/generic to view the **High Risk Medication Detail Report by Prescriber** and **High Risk Medication Detail Claims Report**. Patient-level claims information is available by clicking on Patient Summary and Patient Timeline.

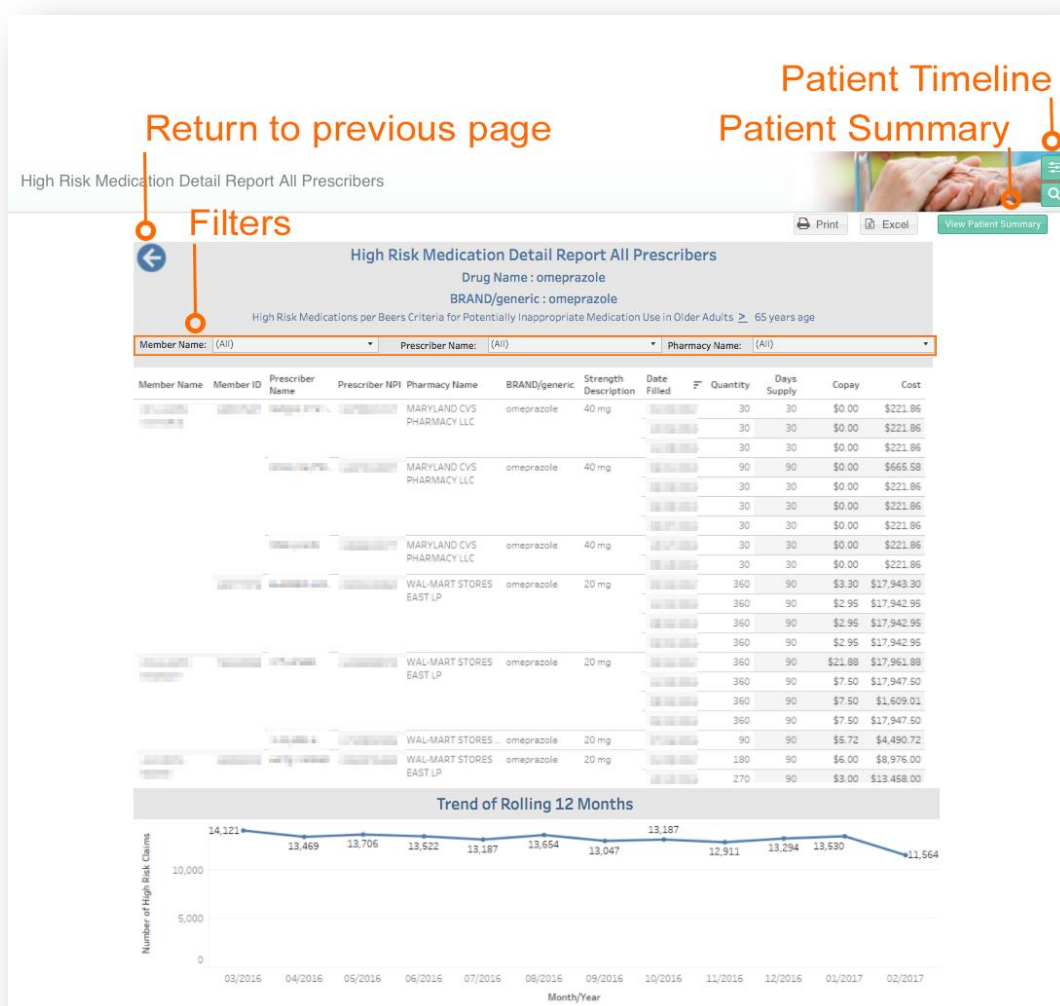




## 6.2.2 High Risk Medication Detail Report All Prescribers

**High Risk Medication Detail Report All Prescribers** report provides detailed claims information for all prescribers for the selected high-risk medication. The report can be sorted by member name, prescriber name, pharmacy name, among other fields. The trend graph illustrates the number of claims for specified drug across all prescribers by month.

To access this report, select a drug name from the **High-Risk Medications Prescriber Summary** report and click on the **High Risk Medication Detail Report All Prescribers**. Patient-level claims information is available by clicking on Patient Summary and Patient Timeline. Click the back button to return the previous report.

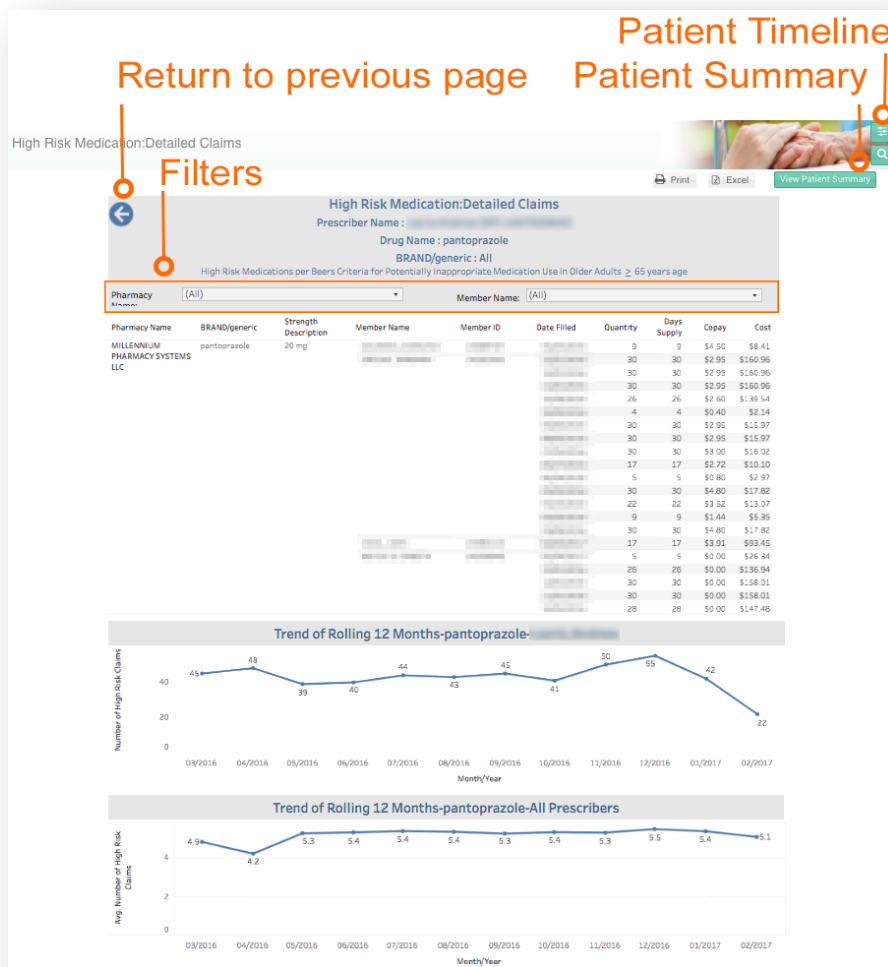




## 6.2.3 High Risk Medication Detailed Claim by Prescriber

**High Risk Medication Detailed Claim by Prescriber** report provides detail claims information for a specific high-risk medication and prescriber including the Pharmacy name, Member Name, date filled, ingredient cost, and patient copayment. The first trend graph illustrates the number of claims for specified drug prescribed by the selected prescriber for the last 12 months. The second trend graph illustrates the average number of claims for the same drug across all prescribers by month.

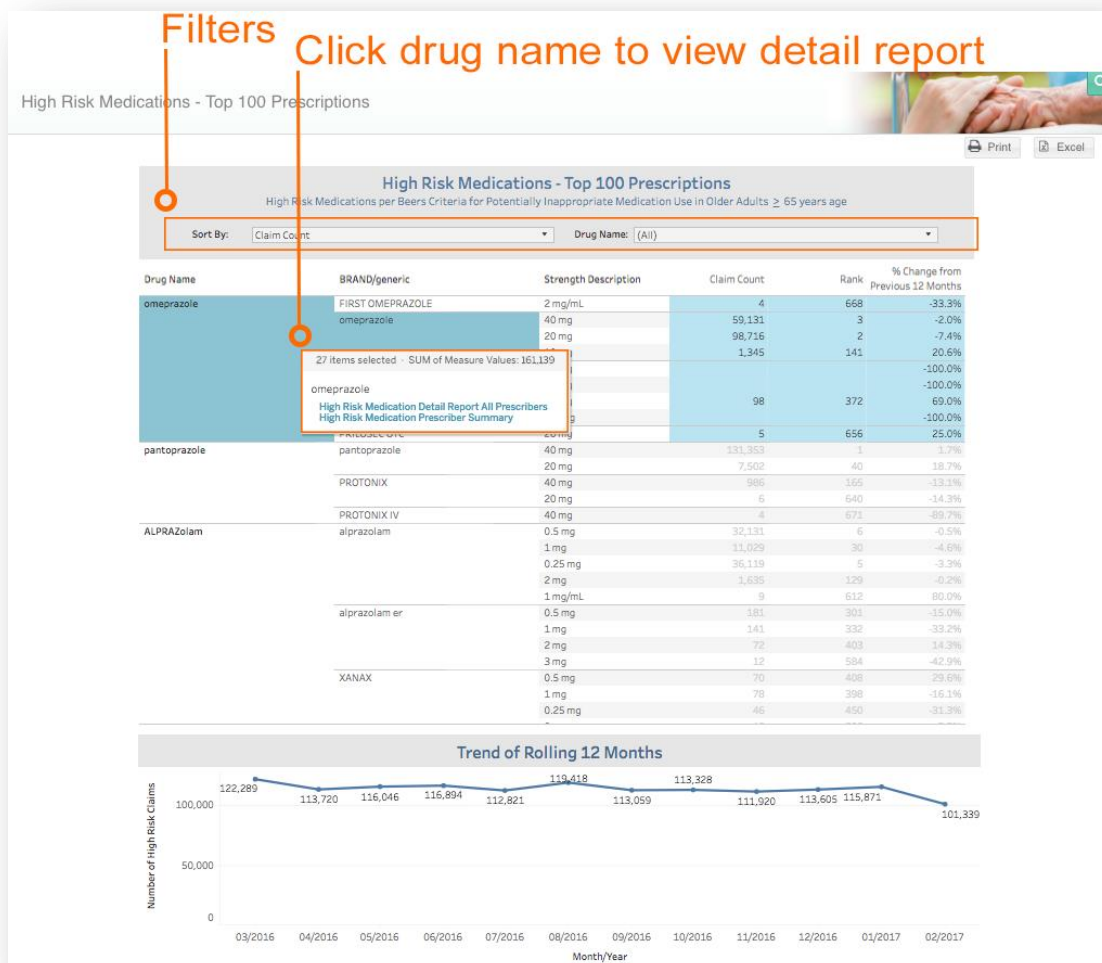
To access this report, select a drug from the **High-Risk Medications Prescriber Summary** report click on the **High Risk Medications Detailed Claim by Prescriber** report. Patient-level claims information is available by clicking on Patient Summary and Patient Timeline. Click on the back button to return to the previous report.



## 6.3 High-Risk Medications – Top 100 Prescriptions

**High-Risk Medications – Top 100 Prescriptions** report displays top 100 high-risk medications identified as potentially high-risk according to Beers criteria for potentially inappropriate medication use in older adults (> 65 years of age or older). This report contains the drug name, brand/generic formulation, strength, claim count and percent change in claim count from previous 12 months. The trend graph illustrates the number of claims across the top 100 high-risk medications by month.

From this report, select a drug to access the **High-Risk Medications Prescriber Summary** report. From this Summary Report, additional information can be access in the **High Risk Medications Detail Report All Prescribers** and **High Risk Medication Detailed Claim by Prescriber** reports. Click on the back button to return to the previous report.



## 6.4 Top 10 Therapeutic Categories: Rolling 12 Months

**Top 10 Therapeutic Categories** report provides a list of therapeutic categories and subcategories with corresponding claim count and cost. Click on the therapeutic category to view more detailed reports.

Click on category or sub category to view detail reports

Top 10 Therapeutic Categories - Rolling 12 Months

Filters

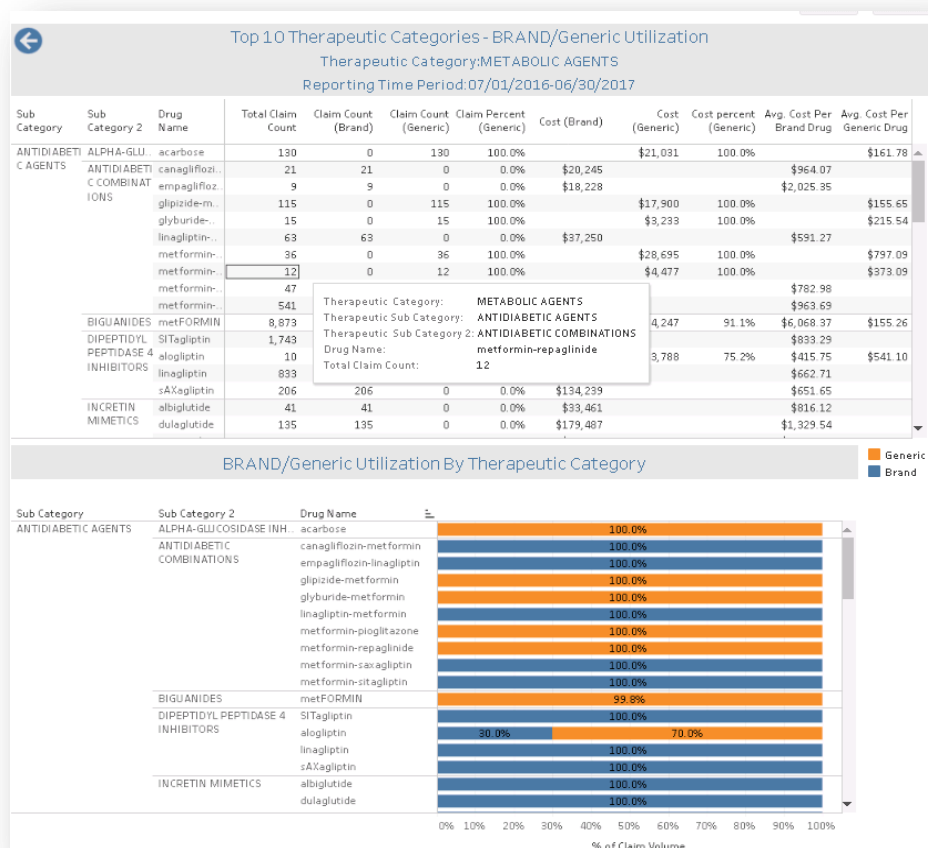
Top 10 Therapeutic Categories - Rolling 12 Months  
Reporting Time Period: 07/01/2016-06/30/2017

Therapeutic Category: (All)

Category	Category Rank	Sub Category	Sub Category Rank	Sub Category 2	Claim Count	Cost
METABOLIC AGENTS	Total				72,634	\$27,442,292
48 items selected - SUM of Measure Values: 55,029,851						
METABOLIC AGENTS						
<a href="#">BRAND/Generic Utilization Details</a>						
<a href="#">Therapeutic Category Details</a>						
<a href="#">Top 10 Therapeutic Categories Claims and Cost by Age</a>						
		ANTIDIABETIC AGENTS	2			
				ANTIHYPERTENSIVE COMBINATIONS	234	\$185,337
				BILE ACID SEQUESTRANTS	441	\$253,273
				CHOLESTEROL ABSORPTION INHIBITORS	1,367	\$1,075,567
				FIBRIC ACID DERIVATIVES	2,177	\$482,517
				HMG-COA REDUCTASE INHIBITORS (STATINS)	31,821	\$11,375,254
				MISCELLANEOUS ANTIHYPERTENSIVE AGENTS	232	\$84,897
				PCSK9 INHIBITORS	41	\$95,390
				ALPHA-GLUCOSIDASE INHIBITORS	130	\$21,031
				ANTIDIABETIC COMBINATIONS	859	\$688,184
				BIGUANIDES	8,873	\$1,507,751
				DIPYRIDYL PEPTIDASE 4 INHIBITORS	2,792	\$2,143,745
				INCRETIN MIMETICS	496	\$674,096
				INSULIN	8,366	\$6,004,129
				MEGLITINIDES	215	\$64,962
				SGLT-2 INHIBITORS	347	\$347,894
				SULFONYLUREAS	4,483	\$262,760
				THIAZOLIDINEDIONES	657	\$399,683
		BONE RESORPTION INHIBITORS	3			
				BIPHOSPHONATES	3,109	\$543,110
				MISCELLANEOUS BONE RESORPTION INHIBITORS	135	\$187,948
		LYSOSOMAL ENZYMES	4			
					13	\$476,414
		ANTIGOUT AGENTS	5			
					3,063	\$293,944
		ANTIHYPERTENSIVE AGENTS	6			
					2,744	\$260,017
		GLUCOSE ELEVATING AGENTS	7			
					39	\$14,389
CENTRAL NERVOUS	Total				106,915	\$21,712,195

### 6.4.1 Top Ten Therapeutic Categories: BRAND/Generic Utilization

**Top Ten Therapeutic Categories: BRAND/Generic Utilization** report presents the claim counts and cost information for each of the top 10 therapeutic categories, divided by brand and generic formulations. The proportion of all drugs prescribed within a therapeutic category by brand and generic formulation is presented in the chart. This report contains sub-reports that provide detail at the drug Category, Sub Category, Sub Category 2, and Drug Name level. To access this report, select the category or subcategory from **Top Ten Categories Rolling 12 Month report**. Additional drill-throughs are available until the Drug Name level. At that point, click on Patient Summary or Timeline to view patient-level information.



## 6.4.2 Top Ten Therapeutic Category: [Drug Name] Details

**Therapeutic Category Details** report presents detailed claim information for the selected therapeutic category including cost, claim count, and copay information. To access this report, select the category or subcategory from **Top Ten Categories Rolling 12 Month** report.

[Return to previous page](#)

Therapeutic Categories Details

[Click on Sub Category to view detail report](#)

Print Excel

Therapeutic Category - METABOLIC AGENTS - Details  
Reporting Time Period: 07/01/2016-06/30/2017  
Therapeutic Sub Category: (All)

Sub Category	Sub Category Rank	Sub Category 2	Category 2 Rank	Drug Name	BRAND/generic	Claim Count	Cost	Average Cost Per Claim	Copay	Avg. Copay
ANTIHYPERTENSIVE AGENTS	1	ANTIHYPERTENSIVE COMBINATIONS	1	amlodipine-a...	amlodipine besylat...	48	\$31,735	\$702.80	\$2,035	\$42.39
				ezetimibe-si...	ezetimibe-simvast...	9	\$8,051	\$894.59	\$311	\$34.54
					VYTORIN	177	\$143,951	\$811.02	\$10,417	\$58.83
		BILE ACID SEQUESTRANTS	2	cholestyrami...	cholestyramine	71	\$12,697	\$178.84	\$1,065	\$15.01
					cholestyramine lig...	8	\$1,378	\$172.20	\$138	\$17.22
					cholestyramine lig...	7	\$699	\$99.88	\$140	\$19.94
					cholestyramine pa...	131	\$27,860	\$212.67	\$2,794	\$21.33
					corvalin	5	\$816	\$163.20	\$131	\$26.17
						35	\$12,978	\$370.80	\$911	\$26.02
						113	\$181,933	\$1,610.03	\$13,392	\$117.98
						71	\$14,911	\$210.02	\$2,617	\$36.86
						273	\$189,634	\$694.63	\$11,376	\$41.67
						1,094	\$885,933	\$809.81	\$77,735	\$71.86
FIBRIC ACID DERIVATIVES	4	CHOLESTEROL ABSORPTION INHIBITORS	4	fenofibrate	ANTARA	3	\$630	\$209.95	\$0	\$0.00
				fenofibrate		1,242	\$261,327	\$210.41	\$17,573	\$14.15
				fenofibrate micron...		249	\$33,499	\$134.53	\$4,089	\$16.44
				TRICOR		4	\$477	\$119.24	\$44	\$11.00
				fenofibric acid	fenofibric acid	203	\$84,559	\$416.54	\$7,770	\$38.28
HMG-COA REDUCTASE INHIBITORS (STATINS)	5		5	gemfibrozil	gemfibrozil	476	\$102,826	\$214.34	\$2,078	\$4.37
				atorvastatin	atorvastatin calciu...	15,605	\$5,874,089	\$376.42	\$103,359	\$6.62
					LIPITOR	22	\$19,156	\$870.74	\$1,086	\$49.34
				fluvastatin	fluvastatin sodium	17	\$8,011	\$471.23	\$692	\$40.68
				lovastatin	lovastatin	1,106	\$190,864	\$172.57	\$4,491	\$4.86
				pitavastatin	LIVALO	58	\$34,159	\$588.94	\$5,378	\$92.73
				rosuvastatin	DDVIA/ROSLIN	11	\$8,192	\$744.64	\$701	\$20.94

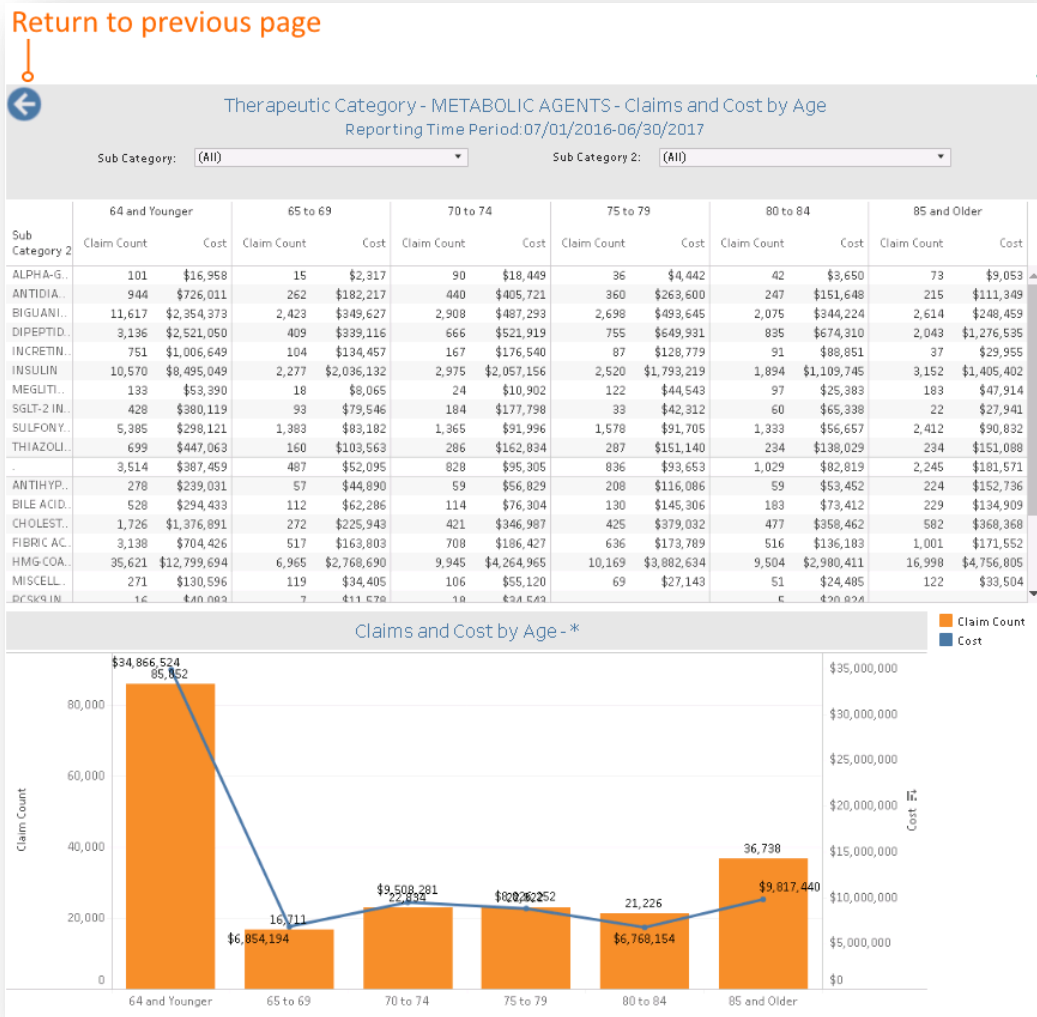
40 items selected - SUM of Measure Values: 278,139

BILE ACID SEQUESTRANTS

Top 10 Therapeutic Categories - Drug Details

## 6.4.3 Top Ten Therapeutic Categories: Claims and Cost by Age

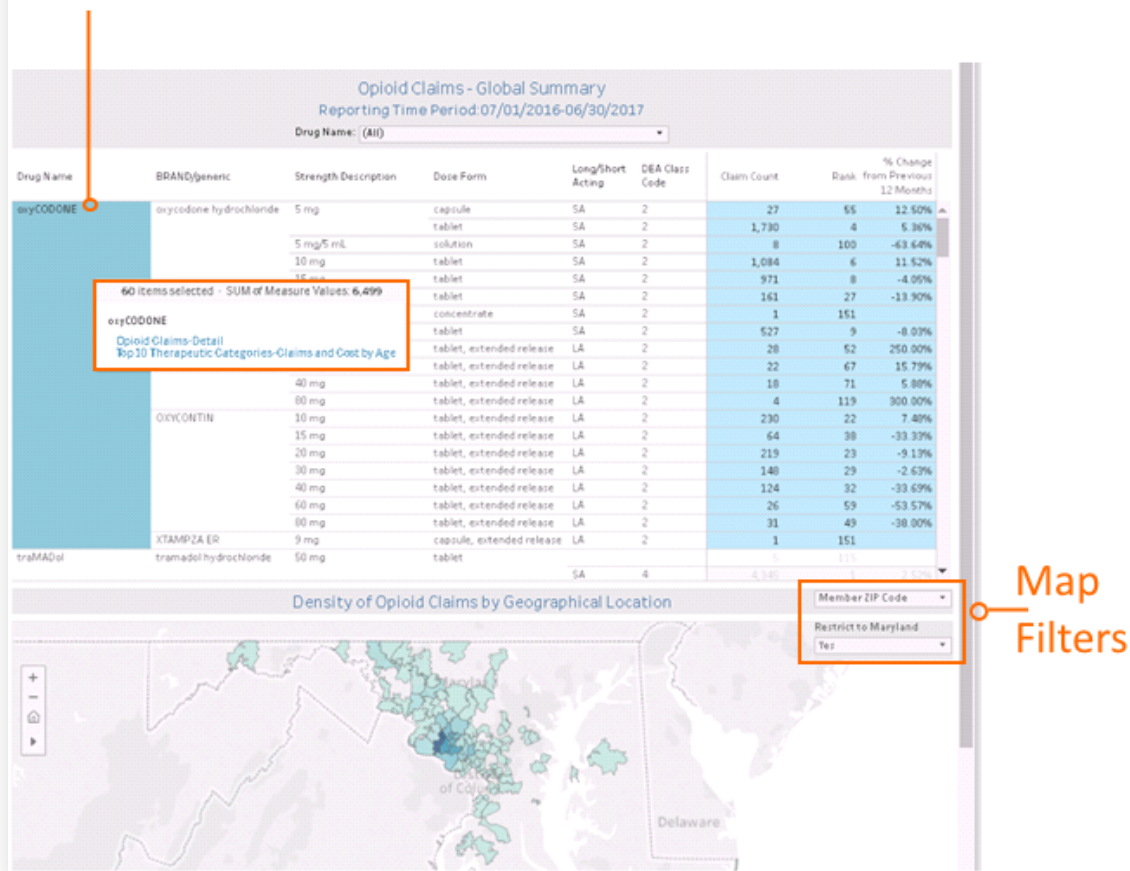
**Top Ten Therapeutic Categories: Claims and Cost by Age** report presents the claim counts and cost for each therapeutic category, divided by patient age category. The claim count and cost of the drug by age category is shown in the chart. To access this report, select the category or subcategory from **Top Ten Categories Rolling 12 Month** report.



## 6.5 Opioid Claims-Global Summary

**Opioid Claims-Global Summary** provides the utilization of opioids by claim count. A map of the density/frequency of opioid claims by geographical location is displayed by member, prescriber and pharmacy zip codes. The density map can be restricted to the State of Maryland or nationally. Click on drug name or BRAND/Generic formulation to view detailed reports.

Click on Drug or BRAND/generic name to view detail reports



## 6.5.1 Opioid Claims Detail

**Opioid Claims Detail** report provides detailed claim information for the selected drug and allows for filtering prescriber, pharmacy and member name. To access this report, click on the drug name or BRAND/generic from **Opioid Claims Global** report.

The screenshot shows the 'Opioid Claims - Detail' report interface. Annotations include:

- Return to previous page**: Points to a back arrow icon in the top left.
- Filters**: Points to the filter section below the header.
- Patient Timeline**: Points to a 'Patient Timeline' link in the top right.
- Patient Summary**: Points to a 'Patient Summary' link in the top right.

The report header displays:

- Opioid Claims - Detail**
- Drug Name: oxyCODONE
- BRAND/generic: (All)
- Strength Description: All
- Reporting Time Period: 07/01/2016-06/30/2017

Filter fields are shown for:

- Prescriber Name: (All)
- Pharmacy Name: (All)
- Member Name: (All)

The table below lists the claims data:

Prescriber Name	Prescriber NPI	Pharmacy Name	Pharmacy ZIP Code	Member Name	Member ID	Date Filled	Quantity	Days Supply	Copay	Cost
		THE VILLAGE PHARMACY ...	208863709			10/20/2016	60	30	\$84.54	\$325.18
		MARYLAND CVS PHARMACY, L.L.C.	028956146			08/13/2016	60	30	\$7.40	\$248.04
		MARYLAND CVS PHARMACY, L.L.C.	028956146			10/02/2016	60	30	\$7.40	\$248.04
		MARYLAND CVS PHARMACY, L.L.C.	028956146			10/29/2016	60	30	\$7.40	\$248.04
		MARYLAND CVS PHARMACY, L.L.C.	028956146			12/28/2016	60	30	\$0.00	\$240.64
		GIANT OF MARYLAND LLC	208742904			10/21/2016	30	30	\$22.20	\$142.52
		THE VILLAGE PHARMACY LLC	208863709			09/22/2016	60	30	\$84.54	\$325.18
		THE VILLAGE PHARMACY LLC	208863709			12/14/2016	60	30	\$84.54	\$325.18
		SHOPPERS FOOD WAREHOUSE CORP	553443643			01/12/2017	30	30	\$8.25	\$128.57
		SHOPPERS FOOD WAREHOUSE CORP	553443643			03/09/2017	30	30	\$8.25	\$128.57
		SHOPPERS FOOD WAREHOUSE CORP	553443643			05/04/2017	60	30	\$8.25	\$248.89
		SHOPPERS FOOD WAREHOUSE CORP	553443643			06/29/2017	60	30	\$8.25	\$248.89
		MARYLAND CVS PHARMA...	028956146			11/30/2016	60	30	\$0.00	\$240.64
		AMBULATORY CARE PHAR...	208506352			12/13/2016	30	15	\$14.12	\$134.44
		GIANT FOOD STORES, LLC	170131607			07/14/2016	60	30	\$35.89	\$276.53
		GIANT FOOD STORES, LLC	170131607			08/11/2016	60	30	\$35.89	\$276.53
		GIANT FOOD STORES, LLC	170131607			09/08/2016	60	30	\$35.89	\$276.53
		GIANT FOOD STORES, LLC	170131607			10/06/2016	60	30	\$35.89	\$276.53
		GIANT FOOD STORES, LLC	170131607			11/04/2016	60	30	\$35.89	\$276.53
		GIANT FOOD STORES, LLC	170131607			05/19/2017	60	30	\$83.25	\$323.89
		GIANT FOOD STORES, LLC	170131607			06/15/2017	60	30	\$83.25	\$323.89
		THE VILLAGE PHARMACY LLC	208863709			07/28/2016	60	30	\$74.46	\$315.10
		THE VILLAGE PHARMACY LLC	208863709			08/25/2016	60	30	\$84.54	\$325.18

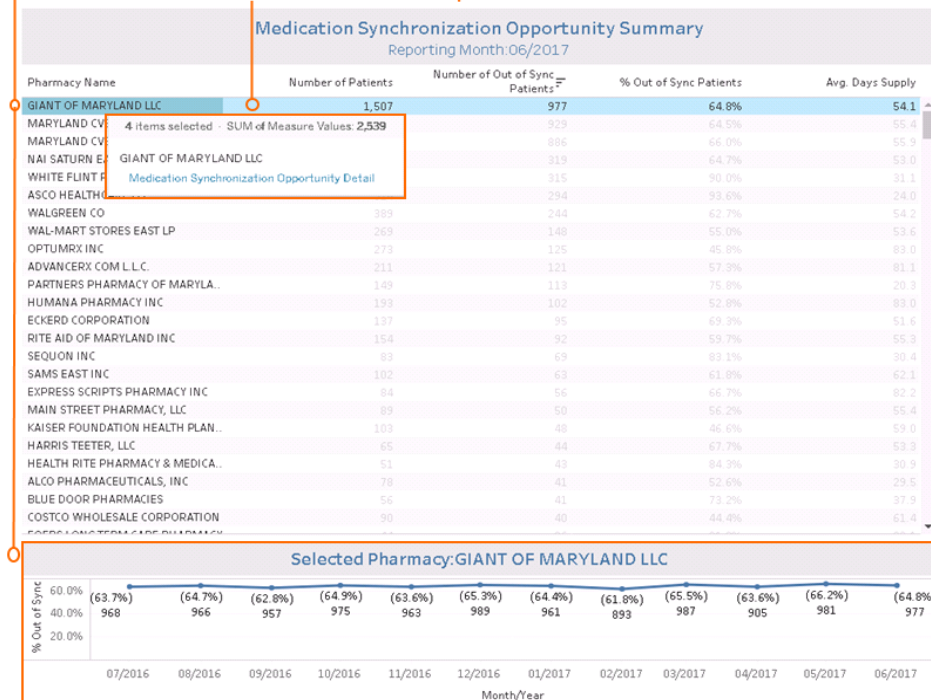


## 6.6 Medication Synchronization Opportunity Summary

**Medication Synchronization Opportunity Summary** ranks the pharmacies by number and proportion of patients who did not receive medication reconciliation. Click on **Medication Synchronization Opportunity Detail** to access patient-level details.

Click on the Pharmacy name to populate the graph below

Click to view detail reports



## 6.6.1 Medication Synchronization Opportunity Detail

**Medication Synchronization Opportunity Detail** report lists patients who have not received medication synchronization, or have their prescriptions filled on multiple dates each month or every three months using multiple pharmacies. To access this report, click on the Pharmacy Name from the **Medication Synchronization Opportunity Summary**. Click on **Patient Summary** and **Patient Timeline** to access patient-level detail.

**Click to return to previous page**

**Patient Timeline**

**Patient Summary**

Medication Synchronization Opportunity Detail

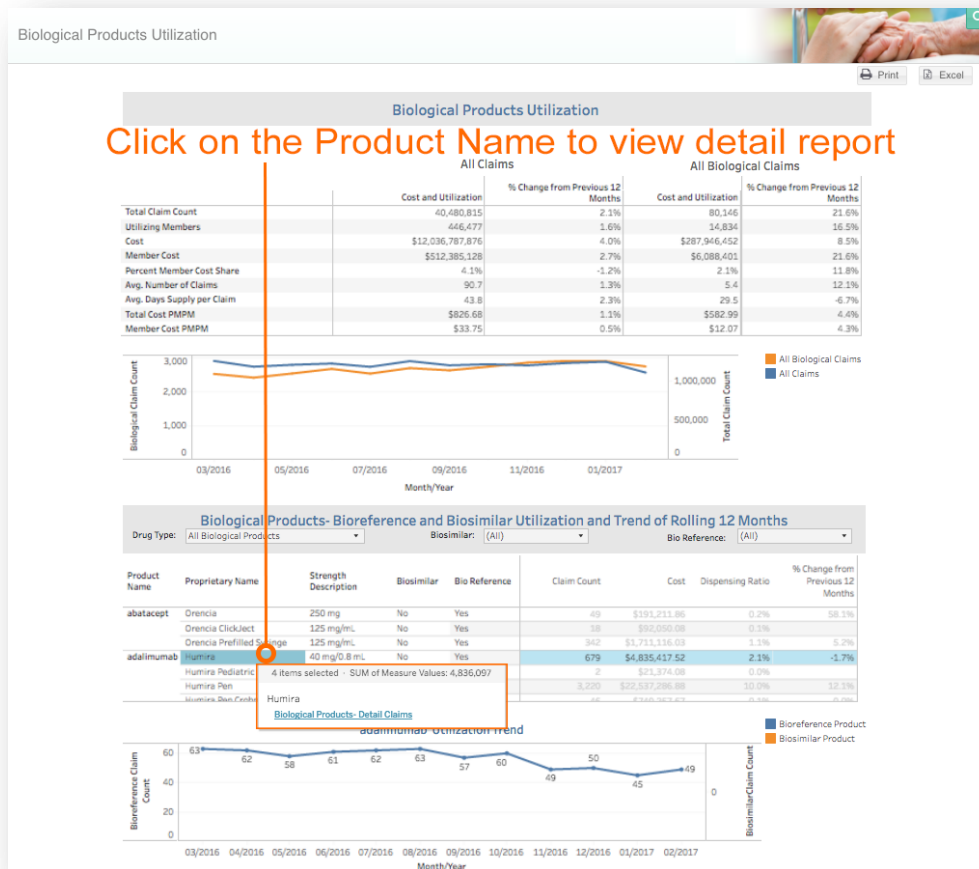
GIANT OF MARYLAND LLC  
Reporting Month: 06/2017  
Member Name: (All)

Print Excel Create Roaster View Patient Summary

Member ID	Member Name	Member ZIP Code	Number of Pharmacies Used	Number of Drugs	Number of Prescribers	Avg. Days Supply	Avg Difference Between Fill Dates
1			1	2	2	90.0	5.0
1			1	2	1	90.0	1.5
1			1	5	2	66.8	14.8
1			1	7	1	31.7	12.0
1			1	2	2	90.0	10.0
1			1	5	3	15.1	6.2
2			2	2	2	46.5	8.0
3			3	4	1	75.0	1.0
1			1	7	2	38.3	0.1
2			2	7	2	42.9	5.9
1			1	9	2	64.4	1.0
1			1	3	2	41.7	11.7
1			1	2	1	90.0	12.0
2			2	4	3	26.0	2.3
1			1	2	2	60.0	3.5
1			1	3	1	60.0	6.3
1			1	2	1	30.0	13.5
1			1	5	2	56.2	8.4
1			1	7	2	69.4	6.1
1			1	10	1	50.9	10.0
1			1	3	1	45.0	0.3
1			1	2	2	60.0	2.5
1			1	2	2	62.5	1.2

## 6.7 Biological Products Utilization

**Biological Products Utilization** provides cost and utilization information for all biological products. In the chart, utilization is compared for all claims (blue) and biological claims. Click on Proprietary Name or Strength Description to access patient-level detailed reports.



## 6.7.1 Biological Products Detail Claims All

**Biological Products Detail Claims All** report lists all claims for the biological products selected from the **Biological Product Utilization** report. The report can be sorted by cost, prescriber name, member name, and pharmacy name.

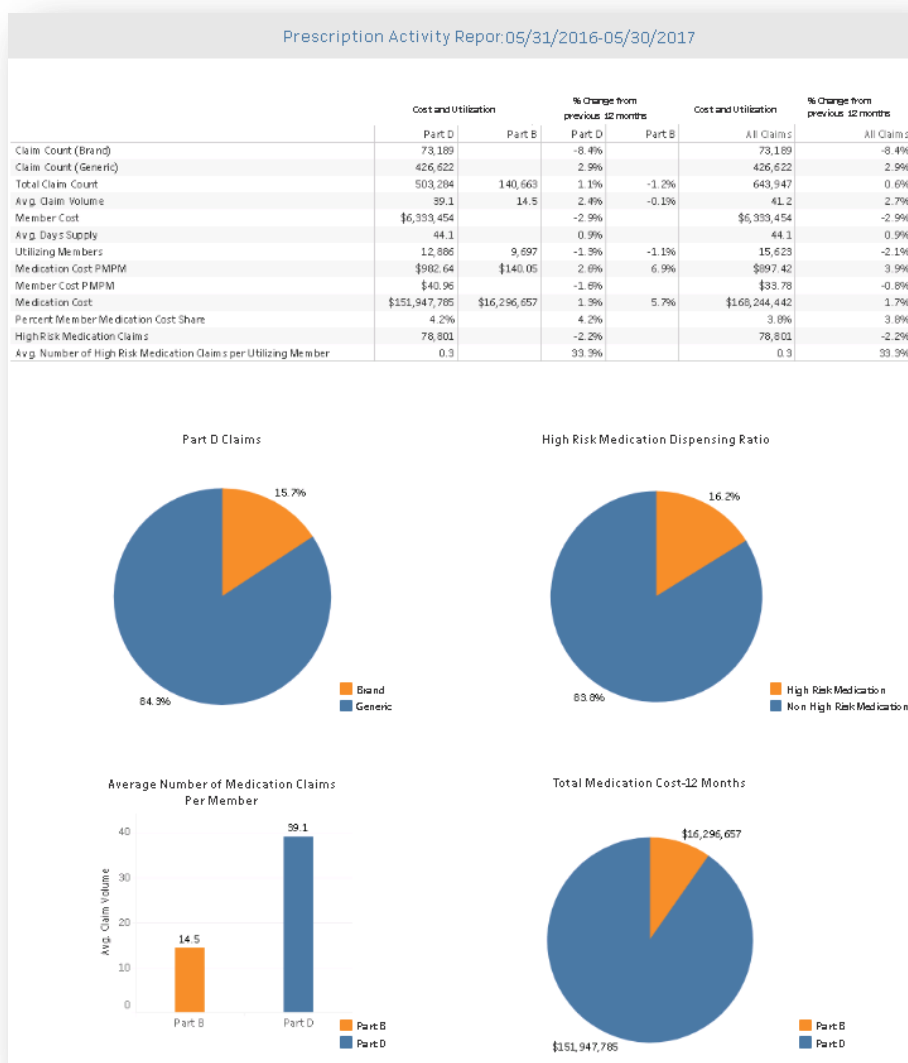
**Biological Products - Detail Claims:**  
 Product Name : certolizumab  
 Proprietary Name:Cimzia  
 Reporting Time Period:07/01/2016-06/30/2017

Prescriber Name: (All) Member Name: (All) Pharmacy Name: (All)

Proprietary Name	Strength Description	Prescriber Name	Prescriber NPI	Member Name	Member ID	Pharmacy Name	Date Filled	Quantity	Days Supply	Copay	Cost
Cimzia	200 mg/mL					ACARIAHEALTH PHARMACY INC		1	28	\$1,589.29	\$5,268
								1	28	\$1,320.15	\$4,999
								1	28	\$182.80	\$3,862
								1	28	\$182.80	\$3,862
								1	28	\$182.80	\$3,862
								1	28	\$182.80	\$3,862
								1	28	\$175.13	\$3,854
								1	28	\$175.13	\$3,854
								1	28	\$175.13	\$3,854
								1	28	\$175.13	\$3,854
								1	28	\$175.13	\$3,854
								1	28	\$175.13	\$3,854
								1	28	\$175.13	\$3,854
						ORCHARD PHARMACEUTICAL		3	84	\$60.00	\$11,097
								3	84	\$60.00	\$11,097

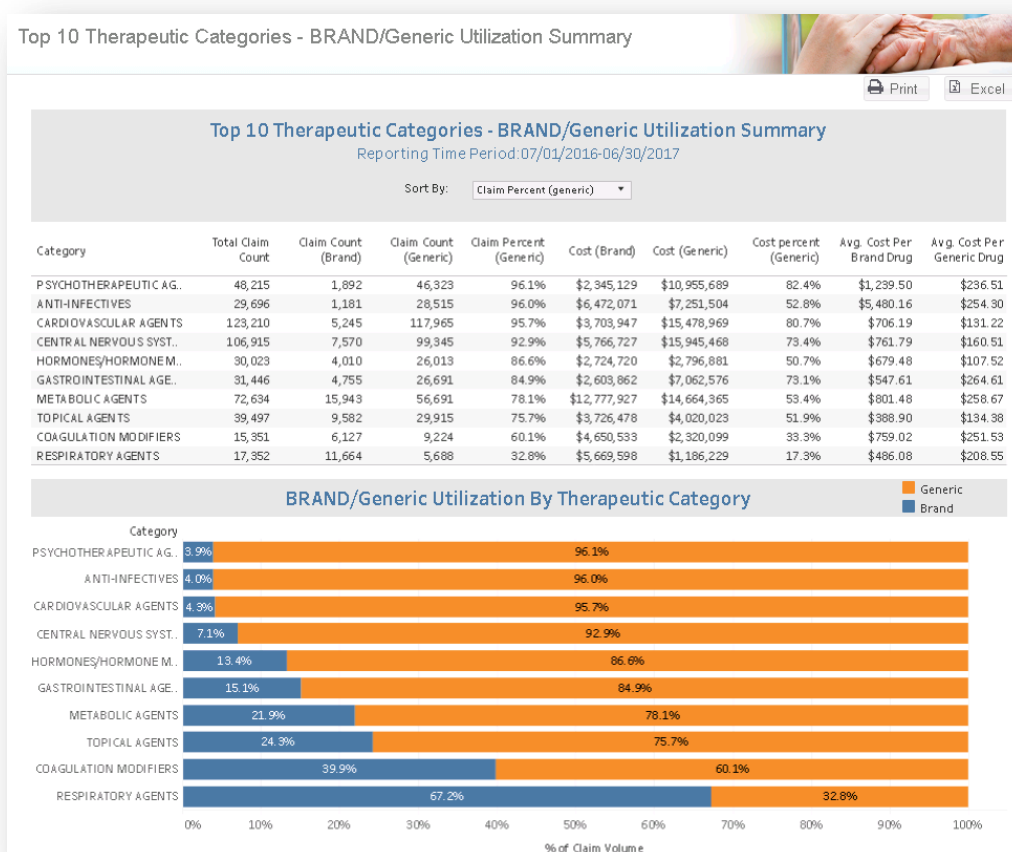
## 6.8 Prescription Activity Report

**Prescription Activity Report** provides a summary of cost and utilization for all claims categorized by Part D and Part B. Variables of interest include the count of brand and generic drugs (for Part D), utilization measures such as average volume and day supply, and cost measures such as average PMPM for ingredient cost and patient copayment. The pie charts show the distribution of claims and medication cost by Part B and Part D drug, as well as number of Part D claims by brand and generic formulation, and proportion of high-risk and non-high-risk drugs dispensed.



## 6.9 Top Ten Therapeutic Categories - BRAND/Generic Utilization Summary

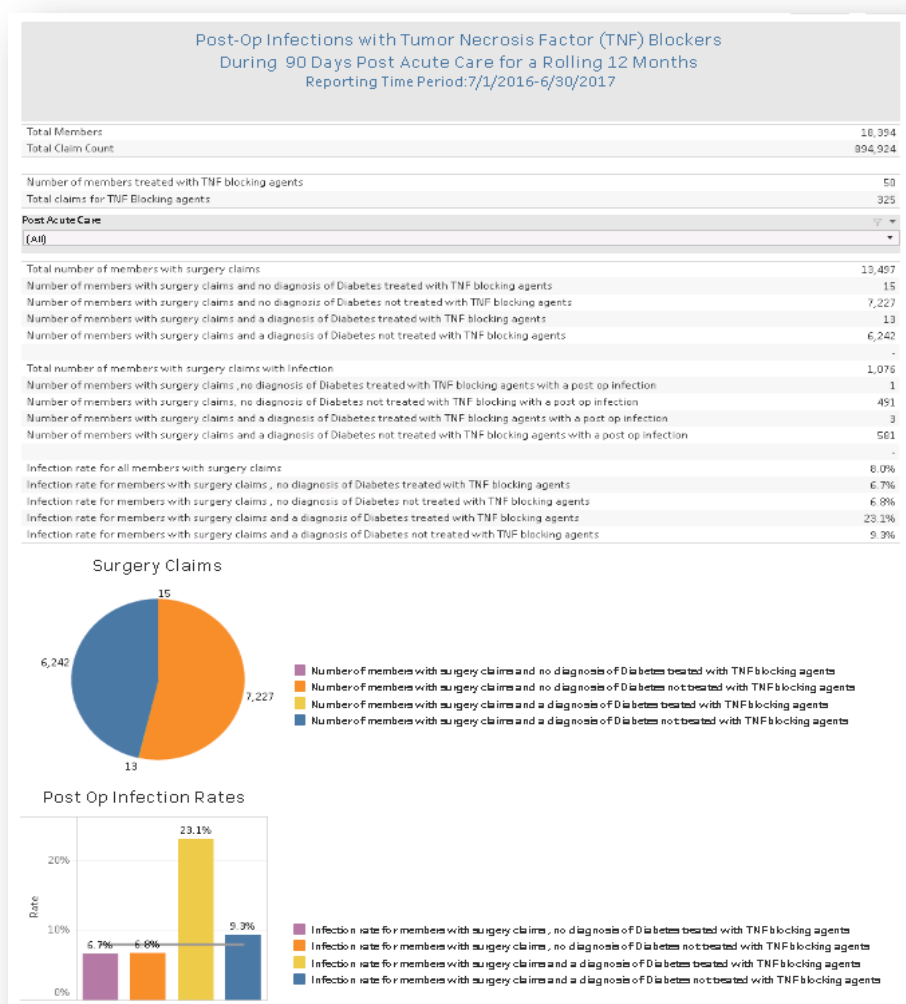
**Top Ten Therapeutic Categories – BRAND/ Generic Utilization Summary** report presents the claim counts and cost information for each of the top 10 therapeutic categories, divided by brand and generic formulations. The proportion of all drugs prescribed within a therapeutic category by brand and generic formulation is presented in the chart.



## 6.10 Post-Op Infections and Surgery Rates with Tumor Necrosis Factor (TNF) Blockers

**Post –Op Infections with TNF Blockers** is a summary report of the post-operative infection rate and surgery claims during the 90-day post-discharge episode period. The report compares patients treated (and not treated) with TNF blockers; patients treated with TNF blocker with also a diagnosis (or no diagnosis) of diabetes; and patients with a diagnosis of diabetes who have not been treated with TNF blockers. For the population groups the following information is reported:

- Total number of Members with surgery claims
- Total number of Members with surgery claims with infection
- Infection rates for all Members with surgery claims



## 7 HELP

### 7.1 Glossary

**Glossary** provides quick reference to the terms used in the CRISP CCLF application:

Term	Definition
<b>BETOS</b>	Berenson-Eggers Type of Service (BETOS) codes are a classification of CPT and HCPCS codes into broad categories of like services that allow for easy review and analysis of data.
<b>CCS Category</b>	The Clinical Classifications Software (CCS) is a diagnosis and procedure categorization system developed by AHRQ' HCUP project to aggregate diagnosis and procedure codes into a smaller number of clinically meaningful categories.
<b>Cluster</b>	Physicians are grouped into discrete groups based on similarity of practice patterns. That is, physicians with similar post-acute discharge patterns will appear in the same cluster, while physicians with dissimilar patterns will appear in different clusters. The comparison of utilization across these clusters allows for the calculation of potential savings opportunity.
<b>Community</b>	First post-acute setting defined by non-facility based physician services.
<b>Copay</b>	The amount the patient pays for the prescription.
<b>DME</b>	Durable medical equipment; type of service
<b>Episode</b>	All health care services that occurred between the admission to the short term acute care hospital (index admission) and 90 days after discharge. Medicare payments for all services within this period are included in episode payments.
<b>ESRD</b>	End-Stage Renal Disease (ESRD). Patients with ESRD are eligible for Medicare coverage regardless of age.
<b>First Setting / First PAC / First Post-Acute Care</b>	The first facility or setting that the patient was discharged to and received care following the index admission. The post-discharge period could include visits/admissions to multiple acute and post-acute settings. The first PAC setting refers to the first setting.
<b>HHA / HH</b>	Home Health Agency; first post-acute care setting and type of service
<b>High-Risk Medication</b>	Prescription drug identified on the American Geriatrics Society (AGS) Beers Criteria for Potentially Inappropriate Medication Use in Older Adults list. This list contains drugs that are best avoided in older adults and those with certain diseases or syndromes. Patients on these medications should be prescribed reduced doses or prescribed with caution and carefully monitored, as these medications have been found to be associated with poor health outcomes, including confusion, falls, and mortality.
<b>Hospice</b>	First post-acute care setting and type of service
<b>Index Admission</b>	The initiating admission at the short term acute care hospital. This is the event that begins the episode, also known as the anchor stay.
<b>Inpatient Hospital</b>	First post-acute care setting and type of service. Includes short term acute care hospital admissions.
<b>IRF</b>	Inpatient Rehabilitation Facility; first post-acute care setting and type of service



<b>LOS</b>	Length of stay, measured in days.
<b>LTCH</b>	Long-Term Care Hospital
<b>Master Patient ID</b>	Unique patient identifier internal to MADE. This ID does not correspond to internal hospital patient identifiers.
<b>Medical Paid (Current and Previous Year)</b>	Total Medicare payment for all Part A and B services, including payments for inpatient hospital, outpatient hospital, skilled nursing facilities, home health agencies, inpatient rehabilitation facilities, long term care hospitals, hospice, physician services, and durable medical equipment. Also includes a proxy for beneficiary cost-sharing for all sites of service. Prescription drug payments covered on Medicare Part D are excluded. Current year indicator refers to the most recent 12 months of completed data. Previous year indicator refers to the prior 12 months of completed data
<b>Medication Synchronization</b>	Process of a pharmacist coordinating the refill of a patient's prescriptions to allow for pick up on a single day each month. This process can increase patient compliance in taking their prescribed medications.
<b>Member Months</b>	The number of beneficiaries enrolled in Medicare Part A and Part B each month.
<b>Non-HMO</b>	Medicare beneficiaries enrolled in Part A and Part B. These are the non-Part C, or non-Medicare Advantage members.
<b>OP Therapy</b>	Therapy services performed in the hospital outpatient setting.
<b>Other (Setting)</b>	As a first post-acute care setting, represents care provided in long-term care hospitals, other inpatient facilities such as psychiatric hospitals, DME, and hospice care.
<b>Other Facility Readmission</b>	A readmission to a short-term acute care hospital that is different from the index admission hospital.
<b>Outpatient</b>	Type of service; includes all Part B services provided in an outpatient hospital setting, including dialysis center.
<b>PAC</b>	Post-Acute Care including Home Health, Skilled Nursing Facilities, Inpatient Rehabilitation Facilities, Long-Term Care Hospital, and Hospice; as well as non-facility physician and hospital outpatient care, as well as DME, during the post-discharge period.
<b>Pharmacy Paid (Current and Previous Year)</b>	Total Medicare payment and proxy for beneficiary cost-sharing for Part D prescription drugs. Current year indicator refers to the most recent 12 months of completed data. Previous year indicator refers to the prior 12 months of completed data
<b>Part A + Part B Members</b>	Traditional/Original Medicare beneficiaries. These beneficiaries are also known as fee-for-service (FFS) beneficiaries. This tool only reports on these Part A and Part B members.
<b>PAVE</b>	Post-Acute Variance Explorer (PAVE) Savings Opportunity. hMetrix's proprietary technology to cluster groups of physicians based on similar practice patterns. PAVE identifies the savings opportunity for each APR DRG if the average post-discharge payments related to each physician were replaced with the average in the highest performing cluster.
<b>Physician</b>	Type of service; includes all physician Part B services regardless of site of service
<b>PMPM</b>	Per Member Per Month (PMPM) is a common measure for analyzing a population. This measure factors in the number of members as well as the time

	each member was enrolled (i.e., member months). The most common usage is for payments, where the PMPM measure is the average payments for a member over one month.
<b>Post-Discharge Episode</b>	The portion of the total episode immediately following the discharge from the index admission. This period lasts 90-days and includes all Medicare Part A and B services related to the episode.
<b>PDC</b>	Proportion of Days Covered
<b>Proration</b>	Episodes are prorated; meaning any stay that spans the end date of the episode is prorated based on how many days of the stay are within the 90-day post-discharge period.
<b>Run Out</b>	Due to the way Home Health episodes are paid (60-day episodes), not all claims will necessarily be adjudicated by the end of the post-discharge period. For this reason, the application includes all episodes, regardless of whether data for all claims have been provided. The application then allows the user to select whether to include these incomplete episodes, or to exclude them from the analysis.
<b>Same Facility Readmission</b>	A readmission to a short-term acute care hospital that is the same as the index admission hospital.
<b>SNF</b>	Skilled Nursing Facility; first post-acute care setting and type of service
<b>STACH</b>	Short-Term Acute Care Hospital; first post-acute care setting. Represents a hospital readmission immediately following discharge from the index admission prior to the patient receiving any other health care services.
<b>Target Price</b>	This is the pre-determined benchmark amount that will be compared to your hospital's episode payment. The target price is calculated by averaging the top 25 <sup>th</sup> percentile of providers.
<b>Total Medication Cost / Cost</b>	The published Average Wholesale Price (AWP), a proxy for the price paid for the prescription by a third party payor.
<b>Winsorization</b>	Winsorization is the statistical process of replacing extreme data values or potential outliers with less extreme values to limit the impact of these values on analysis. For example, winsorization of paid amounts removes the impact of extremely expensive episodes and the potential skew it may introduce on a performance metric. The less extreme values or trim points or upper and lower bounds are set to the mean +/- 3 standard deviations of the normalized paid amount by DRG. Each episodes costs are truncated at the upper and lower bounds.

## 7.2 CCLF Data Basics

### 7.2.1 CCLF

The CCLF (Claim and Claim Line Feed) data files are a set of Medicare claims files incorporating all Medicare Part A and B claims from Inpatient Facility, Outpatient Facility, Skilled Nursing Facility, Home Health Agency, Hospice, Professional, Durable Medical Equipment, and Prescription Drug services. These files contain beneficiary claim level data including Medicare payment amounts, diagnoses, procedures, dates of service, provider identifiers, and beneficiary copayment amounts. Provider cost information is not included in the data. Drugs paid for under Part A or Part B (such as drugs administered in the hospital) are included in MADE. Part D drugs are only available for the Population Navigator and Pharmacy Analytics module.

The CCLF also includes information regarding beneficiary's Medicare eligibility, such as the reason for Medicare eligibility (aged, disabled, ESRD), entitlement status, and months of eligibility for all Medicare beneficiaries enrolled during the year of the data set. These data sets contain a unique identifier for each beneficiary, allowing the linkage of beneficiary claims across the various claims files.

The CCLF data files only contain Medicare fee-for-service (FFS) claims (Part A and Part B), and does not contain any claims for beneficiaries enrolled in Medicare Advantage (Part C) or non-Medicare (private) insurance plans.

MADE is powered by the latest 36 months of data for 100% of the Maryland Medicare beneficiaries.<sup>1</sup> Use of this data is governed by a Data Use Agreement (DUA) from the Centers for Medicare & Medicaid Services (CMS) between CMS and CRISP. Using the beneficiary's unique identifier, all health care information is tracked across the available data. This allows for the analysis of episodes of care at the beneficiary level as well as analysis across the entire population.

### 7.2.2 Population Assignment

Each beneficiary in the Population Analytics module implemented for CRISP is assigned to one or more hospitals. The following is a brief description of the method used to assign beneficiaries:

1. The hospitals to which beneficiaries are assigned are limited to the 47 CRISP hospitals.
2. Beneficiaries must be enrolled in Part A and Part B (no Medicare Advantage beneficiaries).
3. All beneficiaries with a touch (inpatient claim) will be assigned to each and every hospital with a touch.

### 7.2.3 Physician Assignment

Each episode in the Episode Analytics module implemented for CRISP is assigned to a physician. The assigned physician is the physician most responsible for the index hospitalization that initiates the episode. The

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<sup>1</sup> Due to CMS lags in claim processing, the latest two months of the data are incomplete.

assignment is based on two physicians identified on each inpatient hospital claims: the attending physician and the operating physician.

If the index hospitalization is a surgical discharge, the episode is assigned to the **operating physician** or surgeon. If the operating physician is not recorded on the claim, the **attending physician** is assigned.

All remaining episodes (i.e., a medical discharge) are assigned to the attending physician.

#### 7.2.4 Episode

Episodes are defined based on APR DRG “families” according to the CMS’ Center for Medicare and Medicaid Innovation (CMMI) Bundled Payment for Care Improvement (BPCI) initiative’s episode definition. BPCI includes 48 episode types, which were based on the admission MS-DRG. These episode types are converted to APR DRGs (see Table 1). Episodes are initiated by the inpatient admission of an eligible Medicare FFS beneficiary to an acute care hospital for one of the included APR DRGs. The episode includes a Medicare beneficiary’s inpatient stay in the acute care hospital, post-acute care, and all related services during the episode of care, which ends 90 days after hospital discharge. Episodes include all related Parts A and B services provided during the duration of an episode including hospital care, physician care, readmissions, post-acute care and durable medical equipment. Episodes exclude Part B services that CMS has determined are unrelated to the index admission including transplantation, trauma services, acute surgical procedures and cancer care.

The episode consists of two main segments:

- Index admission – The period of time between the admission date and the discharge date of an episode- initiating inpatient hospital stay for a participant
- Post-Discharge Episode Period – The period of time covering 90 days from the discharge date of an index admission, as defined by the participant for a given episode type (beginning the same day as the index admission’s discharge date).

Table 1:

APR DRG Family	APR DRG
Acute myocardial infarction	190
AICD generator or lead & Pacemaker device replacement or revision	176, 177
Amputation	305, 314
Atherosclerosis & Chest pain	198, 203, 203, 198
Back & neck except spinal fusion	310
Cardiac arrhythmia	201
Cardiac defibrillator	161
Cardiac valve	162, 163
Cellulitis	383
Cervical spinal fusion , Combined anterior posterior spinal fusion, Complex non-cervical spinal fusion AND Spinal fusion (non-cervical)	303, 304, 321, 023
Chronic obstructive pulmonary disease, bronchitis, asthma & Other respiratory	130, 133, 138, 140, 141, 143, 144
Congestive heart failure	194
Coronary artery bypass graft	165, 166
Diabetes	420
Esophagitis, gastroenteritis and other digestive disorders, Gastrointestinal hemorrhage	241, 242, 243, 244, 249, 251, 253, 254
Fractures of the femur and hip or pelvis	340, 341
Gastrointestinal obstruction	247
Hip & femur procedures except major joint	308, 309
Lower extremity and humerus procedure except hip, foot, femur, Other knee procedures ,Major joint replacement of the upper extremity, Removal of orthopedic devices	313, 315, 320
Major bowel procedure	221, 223
Medical non-infectious orthopedic	342, 347, 349, 351
Nutritional and metabolic disorders	421, 422, 425
Other vascular surgery, Medical peripheral vascular disorders	173, 197
Pacemaker	170, 171
Percutaneous coronary intervention	174, 175
Red blood cell disorders	662, 663
Renal failure	460, 460
Revision of the hip or knee, Major joint replacement of the lower extremity, Double joint replacement of the lower extremity	301, 302
Sepsis	720, 724
Simple pneumonia and respiratory infections	137, 137, 139
Stroke	044, 045
Syncope & collapse	204
Transient ischemia	047
Urinary tract infection	463, 463

### 7.2.5 Readmission

A readmission is defined as an admission to a short-term acute care facility that occurs shortly after a discharge from the same or a different short-term acute care facility. Most often, it is measured as within 30 days after the initial discharge, but it could be shorter or longer. Such readmissions are often, but not always, related to a problem inadequately resolved in the prior hospitalization.

In the often cited 30-day readmission rate, transfers from one short-term acute care facility directly to another short-term acute care facility are excluded from the rate. Such transfers may occur in order to provide the patient services that the discharging or transferring short-term acute care facility may not offer.

CMS CMMI BPCI episodes alter this all-cause readmission definition and MADE alters them further. All short-term acute care facility admissions within the 90-day episode time period are counted as readmissions of the index admissions. MADE's implementation does not apply CMS BPCI's exclusions for unrelated readmissions. In CRISP's implementation of BPCI episodes, the index admission hospital is responsible for all readmissions within the 90-day episode period, regardless of whether the readmission is related to the APR DRG of the index admission.

It is also important to note that readmissions are being reported throughout the entire 90-day episode, but are presented in the context of the first post-acute care settings. Therefore, a readmission that occurs after discharge from the first post-acute care setting is still attributed to that first setting.

### 7.2.6 Cost Adjustment Factors

Relative costs are used to normalize the data before computing the target price and to convert the target price back for each hospital. The following steps describe the method used to calculate the cost adjustment factors that are used to determine relative costs:

1. Compute the average payment per discharge for each hospital (and in total) based on the CCLF data for each hospital.
2. Calculate the case mix index (CMI) for each hospital (and in total). The case mix index is the average APR DRG weight per discharge. hMetrix is using APR DRG version 32.
3. Divide the average payment per discharge by the case mix index.
4. This CMI adjusted average payment per discharge for each hospital is divided by the CMI adjusted average payment per discharge for all hospitals. This calculation gives the relative cost for each hospital.

To ensure that these relative costs are reasonable estimates, they were compared to the Resumption of Care (ROC) numbers. These costs are based on the Maryland data and, hence, implicitly include variation in cost due to factors other than unit cost at hospitals. It will not reduce variances in index hospitalization costs which is what is required for this adjustment. It highlights the post-acute care variances.

### 7.2.7 Target Price

Each episode in the Episode Analytics module is based on an APR DRG. The episodes are defined using the method developed under the CMS CMMI BPCI program. The following is a brief description of the method used to calculate the benchmark for each APR DRG.

Each APR DRG episode will have a single benchmark for each year. The benchmark will be adjusted using hospital specific cost adjustment factors to come up with hospital specific benchmark.

Steps:

1. Restrict episodes to the ones initiated (index admission) by the 47 CRISP providers.
2. The allowed payment amount from the claims data will be normalized as follows:
  - a. Inpatient and outpatient claims are adjusted using the hospital specific cost adjustment factor.
  - b. For all other claim types, the wage factors for the Index admission provider will be used to normalize the allowed amount from the claims data.
3. The normalized amounts will be summarized by episode to compute the episode amount.
4. Outliers will be winsorized at the 5th and 95th percentile values of the normalized episode amount for each APR DRG.
5. APR DRGs will be grouped into APR DRG Families using the logic used by the CMS CMMI BPCI program.
6. The provider level average normalized episode amount for each APR DRG family is then calculated using the winsorized data.
7. Low volume providers with fewer than five episodes in each APR DRG family will be removed from each APR DRG Family.
8. After removing the low volume providers, the 25<sup>th</sup> percentile of the provider level average, normalized episode amount is then calculated. This is used to identify the top 25% of providers in each APR DRG family.
9. The APR DRG family benchmark is the mean of the top 25% of providers in each APR DRG family.
10. The hospital benchmark will be computed from the state-wide benchmark by adjusting the normalized benchmark using the cost adjustment factor and wage adjustment factor in the proportion of inpatient and outpatient amounts vs all other amounts for each APR DRG family.
11. The annual trend on case mix adjusted overall average normalized dollars will be used to compute the benchmark for each year.