VERMONT HEALTH SYSTEMS
PAYMENT VARIATION REPORT

Phase 1 Draft Report

June, 2013

Prepared for The Green Mountain Care Board by:

Michael Del Trecco, M.B.A., FACHE
Gary Zigmann, M.B.A.
Ted Gates, M.A.
# Table of Contents

1. **Executive Summary**  
   Key Findings  
   Page 1

2. **Introduction**  
   Background  
   Page 4  
   Scope of Report  
   Page 5

3. **Data Sources and Methodology**  
   Data Sources  
   Page 6  
   Methodology  
   Page 6

4. **Results**  
   Hospital Inpatient  
   Page 10  
   Hospital Outpatient  
   Page 23  
   Professional Claims  
   Page 30  
   Post-Acute Care  
   Page 41

5. **Appendix**  
   Page 47-187
1. Executive Summary

The Green Mountain Care Board (GMCB) contracted with the Vermont Association of Hospitals and Health Systems – Network Services Organization (VAHHS-NSO) to provide analysis on health care payment variation in Vermont. The scope of the work includes analyzing payment variation specific to inpatient, outpatient and professional care services, as well as to provide analytics focused on the continuum of payments related to post-acute care services. The goal of the study, within the limitations of the data, is to provide an accurate picture of payer and provider payment variation. It is not the intent to justify whether the variation is appropriate or to provide a review of policy decisions that may also impact this variation. This report will support policy analysis to better understand the reasons for existing payment variation among Vermont providers.

VAHHS-NSO utilized the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES) data for its analysis. In addition, data was also incorporated from the Vermont Uniform Hospital Discharge Data Set (VUHDDS). The data being analyzed is based on claims and discharges from the federal fiscal year 2012, starting on October 1, 2011 through September 30, 2012. The study utilizes only VHCURES payment data and does not incorporate payments or costs that occur outside VHCURES such as Medicare, Medicaid DSH payments or the Medicaid provider tax.

Key Findings

Data Quality

While the VHCURES database is both expansive and detailed, our research has identified issues with the data. For example, we found incomplete DRG and ICD-9 data, lack of data fields to identify provider location within professional claims and a data layout that is complex which could be replaced with a one record per discharge model. To address these issues we recommend that the State undertake a comprehensive data review.

Variation

Significant variation was found not only between payers and hospitals, but noticeably within the same hospital, same payer setting even when viewed at a DRG/procedure level. Variation in Medicaid payments was less than in commercial payments.

- Hospital Inpatient (case-mix adjusted at the aggregate level)
  - On average, variation within payer networks between the lowest paid hospital and the highest paid hospital ranged from 19% below the average to 34% over
the average. In other words, on average, the highest paid hospital received 1.65 times the lowest paid hospital. (See figure 4.1)

- On average, 78% of the hospitals were paid within +/- 25 percent of the average payment within the average payer network. (See figure 4.1)
- Commercial payers paid 55% more than Medicaid, on average.
- Of the major Vermont payers, Blue Cross Blue Shield paid 5% more than the commercial average, MVP 8% more. Cigna paid 12% less than the commercial average and TVHP 9% less.
- Figure 1.1 shows the hospitals, with payer, that received the lowest and highest average payments for the top three DRGs overall (percent shown is relative to state average):

**Figure 1.1 Min and Max Average Payments (Relative to Statewide System Average) by Top 3 Inpatient DRGs** (Minimum 5 discharges)

<table>
<thead>
<tr>
<th>Top 3 DRGs</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>775 - Vaginal Delivery w/o Complicating Diagnoses</td>
<td>Blue Cross N. Country -28%</td>
<td>TVHP Gifford 108%</td>
</tr>
<tr>
<td>470 - Major Joint Replacement or Reattachment of Lower Extremity w/o MCC</td>
<td>TVHP CVMC -39%</td>
<td>TVHP RRMC 70%</td>
</tr>
<tr>
<td>766 - Cesarean Section w/o CC/MCC</td>
<td>TVHP CVMC -29%</td>
<td>Blue Cross RRMC 79%</td>
</tr>
</tbody>
</table>

- **Hospital Outpatient** (not case-mix adjusted)
  - Variation exists between payers and hospitals, as well as within individual payer-hospital combinations (see figures 4.9 through 4.12)
  - Commercial payers paid 194% more than Medicaid, on average.
  - Of the major Vermont payers, Blue Cross Blue Shield paid 1% less than the commercial average, Cigna 11% less and TVHP 2% less. MVP paid 13% more than the commercial average.
  - Figure 1.2 shows the hospitals, with payer, that received the lowest and highest average payments for the top three ICD-9 procedure codes overall:
Figure 1.2 Min and Max Average Payments (Relative to Statewide System Average) by Top 3 Outpatient ICD-9 Procedures  (Minimum 15 discharges)

<table>
<thead>
<tr>
<th>Top 3 ICD-9s</th>
<th>Payer:</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>9925 - Inj/Infus Cancer Chemo Substance</td>
<td>Medicaid Copley</td>
<td>-63%</td>
<td>UHC FAHC 77%</td>
</tr>
<tr>
<td>4542 - Endo Polypectomy Large Intestine</td>
<td>Medicaid Copley</td>
<td>-63%</td>
<td>Aetna FAHC 70%</td>
</tr>
<tr>
<td>4523 - Colonoscopy</td>
<td>Medicaid SVMC</td>
<td>-58%</td>
<td>CBA N. Country 98%</td>
</tr>
</tbody>
</table>

- Professional Claims
  - Results by site of service show variation both between and within payers:
    - Hospital Inpatient: Commercial payers paid 184% more than Medicaid.
    - Hospital Outpatient: Commercial paid 189% more than Medicaid.
    - Office: Commercial paid 37% more than Medicaid.
    - Hospital ER: Commercial paid 128% more than Medicaid.

- Post Acute Care (See Figure 1.3)
  - Payments for post acute care (PAC) received within 30 days after an inpatient stay make up an average of 27% of the total amount spent for an entire episode of care.
  - The impact of any one post acute category is, on average, no more than 4% of total spending. Because the majority of payments come from the inpatient discharge, the impacts of variation arising from post acute care are minimal.

Figure 1.3 Post Acute Summary Shares

<table>
<thead>
<tr>
<th>Hosp</th>
<th>Post-Acute</th>
<th>Home/Amb</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inf</td>
<td>OP</td>
<td>Pro</td>
</tr>
<tr>
<td>All</td>
<td>12,194</td>
<td>73%</td>
<td>14%</td>
</tr>
</tbody>
</table>
2. Introduction

Background

Key features of Vermont’s Health System:

- 14 not-for-profit community hospitals, including 8 critical access hospitals
- 1 in-state academic medical center
- 8 FQHCs serving more than 120,000 Vermonters
- Approximately 2,000 physicians
- 3 major insurance carriers
- 6.8% uninsured

Vermont’s hard work on health care reform has not gone unnoticed. In February 2013 the Center for Medicare & Medicaid Innovation (CMMI) State Innovation Modeling (SIM) awarded a $45 million grant to Vermont aimed at supporting movement towards three innovative provider payment models:¹

- Shared savings accountable care payments, under which a single network of providers takes responsibility for managing the costs and quality of care for a group of Vermonters
- Bundled payments, which provide a single payment to a group of providers for the care of a patient surrounding a hospitalization
- Pay-for-performance models

Health care reform efforts, both nationally and in Vermont, are a response to high rates of health care spending. In 2011, Vermont spent an estimated 19.3 percent of gross domestic product on health care, significantly more than the national average of 16.9 percent² (Figure 2.1). Health care reform and more specifically payment reform requires the State to have a baseline understanding of provider payment patterns and payment variation. This report is part of the State’s effort to meet those requirements.


Scope of Report

The goal of this study is to examine and present the extent of payment variation within Vermont. It is not designed to make observations about payment policy or to draw conclusions on whether payment variation levels are acceptable or not. However, the data contained in this report will hopefully provide:

- a solid grounding upon which to guide those subsequent inquiries.
- a baseline for evaluating payment reform activities.

VAHHS-NSO has collected hospital discharge data for the state for many years and has recently acquired access to the all payer claims data as well (VHCURES). This report will draw on both data sources to provide the most complete picture possible of hospital inpatient and outpatient costs, charges and payments.

VAHHS-NSO engagement with the GMCB:

- Analysis of hospital inpatient and outpatient variation for hospital fiscal year 2012 – payments, charges and cost
  - Case-mix adjusted aggregate inpatient results
  - Inpatient results by top 20 DRGs
  - Outpatient results by top 20 ICD-9 principal procedure codes
- Analysis of professional claims variation by top 20 CPT – charges and payments
- Analysis of post-acute episodic care – charges and payments
- Discuss statistical risk adjustment methodologies with the GMCB
3. Data Sources and Methodology

Data Sources

This study utilizes VHCURES, the Vermont all payer claims database which includes commercial and Medicaid claims and payment data for Vermont residents insured under those plans. The dataset does not include Medicare information. To enhance data accuracy, VAHHS-NSO developed a comprehensive matching and validation tool between VHCURES and VUHDDS. This tool identified and allowed for an additional $38 million of inpatient DRG related payments as well as $130 million of outpatient ICD-9 payments to be incorporated into the study.

Data Limitations

The findings of this report rely primarily on the accuracy of claims and payment data reported within VHCURES. The data provided in this report accurately reflect what is contained in the VHCURES dataset. The analysis went through a strict quality control process to ensure consistency and adherence to the primary data. In addition to this testing we held conversations with key stakeholders to validate our data model. Given the weight and scope of policy decisions that may arise from this analysis, VAHHS-NSO recommends that a more comprehensive testing and validation of the VHCURES data be pursued. Participants should include provider representation, insurers, key data users as well as Onpoint Health Data.

Methodology

Relative Payments:

This report examines provider payments relative to other providers at the aggregate level as well as at the procedure level. Relative payment is a calculated measure that compares individual provider payments to a common average payment, such as the payer network average payment. Actual payments from both commercial and Medicaid records are analyzed, by payer and by hospital, and converted to relative payments which establishes consistency and are more useful when comparing data points. The study does not incorporate any special payments (Medicaid DSH) or costs (provider taxes) outside of the data that is contained in VHCURES or VUHDDS.

---

3 Matching criteria includes admit date, discharge date, birth date, zip code, principle diagnosis, gender and hospital.
4 Refer to Appendix Section 2 for details.
Cost Calculations:

Specific procedure costs are not captured in VHCURES or VUHDDS. To provide cost estimates, VAHHS-NSO has developed and incorporated a methodology based on Centers for Medicare and Medicaid Services (CMS) cost-to-charge ratios (RCCs).

The RCC ratios represent a way to convert charges to estimated costs for specific service area categories (such as MRI, Pharmacy, ICU, diagnostic radiology). For each patient, the estimated service specific cost is equal to the patient’s charge times the hospital’s ratio of cost-to-charges for each service area utilized. These itemized costs are summed up to calculate the total estimated cost of the claim.

Using the RCC approach is a well established methodology to estimate costs when groups of patients are compared (e.g. comparing DRG costs in one hospital versus another hospital, or comparing groups of patients in one hospital with other groups of patients in that hospital).5

Measuring Variation:

The relative payments calculated in this study take the form of the percent over or under the average payment within a given payer network or provider setting. Or put another way, it’s the average payment to a single provider compared to the average payment across all providers. (How does provider X compare to the overall average?) Specifically, the percent over/under is calculated as:

\[
\frac{(\text{Avg Pmt from Payer X to Hospital Y}) - (\text{Avg Pmt from Payer X to all Hospitals})}{(\text{Avg Pmt from Payer X to all Hospitals})}
\]

- **Example:** Blue Cross’s average payment to Hospital A is $12,000. Blue Cross’s average payment to all of its providers in its payer network is $10,000. The % over/under for Hospital A is 20%, within Blue Cross’s payer network. ($12,000 is 20% over $10,000). Or if the average Blue Cross payment to Hospital A is $7,500, then the % over/under becomes -25%. ($7,500 is 25% less than $10,000.)

- **Note:** The % over/under can be measured in different ways – it depends on what the individual provider’s average payment is being measured against. The denominator could be the average payment within a payer network if one is trying to examine variation between providers within a single payer network. Or, if one is interested in comparing all providers at a procedure level to a system-wide average, then the denominator could be the statewide average payment for a given DRG, ICD-9 or CPT.

---

Case Mix Adjusting:

Hospitals offer differing amounts of services at different levels of severity. This ‘case-mix’ accounts for considerable payment variation between hospitals. Any type of meaningful summary analysis of inpatient data must adjust for these case-mix differences. VAHHS-NSO incorporated CMS’s MS-DRG weights into the inpatient data to adjust for differences in aggregate case mix by provider.\(^6\) Case mix adjusting is not necessary at an individual DRG level as the weights are identical no matter where the procedure is performed.

As there are no industry standards to case-mix adjust aggregate outpatient data, this information is reported at an ICD-9 procedure code level, which provides a high degree of specificity between cases.

Professional claims are presented at the CPT level and do not need to be case mix adjusted, for the same reasons as inpatient DRGs and outpatient ICD-9s.

The results in this study indicate that even within the same hospital and under the same payer, there can be widespread variation in payments given the same DRG. This study did not quantify line item resource consumption per case per procedure per hospital per payer, but that could be a topic for further research.

Other Definitions:

- **Payer**: An insurer with more than $1 million in payments in FY2012 (includes private payers as well as Medicaid), otherwise payers are together as ‘Other’.

- **Payer Network**: The set of health care providers (i.e. hospitals and physicians) that were under contract with a payer and that received payments in FY2012.

- **n**: A proxy for the number of discharges. In VHCURES, a single discharge may have multiple claims, and vice versa. It is not always possible to isolate or distinguish a single discharge with 100% confidence.

- **Cost vs. Payment vs. Price**: Payments are the allowed reimbursements paid to providers by insurers. Costs, as defined previously, represent the normal expenses a provider incurs in the business of providing health care services (salaries, overhead, etc.) The term ‘price’ is avoided in this study, though data on charges is presented in the Appendix.

---

\(^6\) CMS uses MS-DRG weights to build case-mix indexes (CMI) for individual Prospective Payment System (PPS) hospitals. NSO used these same weights and methodology to build CMIs for all Vermont hospitals, including Critical Access Hospitals (CAH). NSO validated this CMI against an established methodology using all-payer weights (gross charges) and found no statistical difference between the two.
• **Small Numbers:** Within individual graphs or tables, some data points may show wide variation due to low numbers of observations (discharges) and an undue influence from extreme values. Small numbers were excluded from some summary figures in the body of the report, but more detail is provided in the Appendix materials. Grace Cottage Hospital and Mount Ascutney Hospital were largely excluded from these results due to low numbers (see Figure 4.4b).

**Data Filtering and Exclusions:**

Data was excluded from parts of the report in order to reduce the effects of, and control for, identifiable variation. They include:

• Newborns excluded from the aggregate calculations.
• Claims with payments less than $1 were excluded from the report.
• CPT analysis includes only CPTs where:
  o the code appeared once on the bill
  o the unit value is equal to 1 or blank
  o the CPT modifier field is blank
4. Results

Hospital Inpatient

To examine payment variation in hospital inpatient data, commercial and Medicaid payments were pulled from VHCURES. Each payment was individually case-mix adjusted, which allows payments to be compiled in any manner necessary for a particular report view. The graphs start at a high summary level and subsequently drill down to more detailed views. The goal in drilling down is to isolate and control for the major determinants of variation (i.e. different payers, different procedures). The first major ‘cuts’ on the data are to view results by payer and by hospital. This will be followed by examining individual DRG level data. (Two sample DRGs are shown in the body of the report. The remaining DRGs that meet the criteria for minimum record counts are shown in the Appendix.)

The sequence of the presentation for inpatient variation results is as follows:

1. Summary table of variation between hospitals, within payer networks (Fig. 4.1)
2. Summary chart of variation between payers, in aggregate (Fig. 4.2)
3. Summary chart of variation between hospitals (Fig. 4.3)
4. Bubble chart and table of variation between hospitals within payer networks (Fig. 4.4, 4.4b)
5. Bubble chart, by hospital, of hospital variation (Fig. 4.5)
6. Bubble chart summary of variation by major DRGs (Fig. 4.6)
7. Box-plot charts of variation within top DRGs, by payer, by hospital (Figs. 4.7, 4.8)
**Figure 4.1** Inpatient Payment Variation Summary within Payer Networks

<table>
<thead>
<tr>
<th>Payer</th>
<th># Providers</th>
<th>n</th>
<th>Compared to Payer Average</th>
<th>Max/Min Spread</th>
<th>% of Providers w/in 25% of Avg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>14</td>
<td>6,922</td>
<td>-13%</td>
<td>17%</td>
<td>0.30</td>
</tr>
<tr>
<td>BCBS</td>
<td>14</td>
<td>2,558</td>
<td>-18%</td>
<td>48%</td>
<td>0.66</td>
</tr>
<tr>
<td>Cigna</td>
<td>14</td>
<td>1,620</td>
<td>-23%</td>
<td>36%</td>
<td>0.59</td>
</tr>
<tr>
<td>TVHP</td>
<td>14</td>
<td>999</td>
<td>-35%</td>
<td>91%</td>
<td>1.26</td>
</tr>
<tr>
<td>MVP</td>
<td>14</td>
<td>1,040</td>
<td>-26%</td>
<td>60%</td>
<td>0.86</td>
</tr>
<tr>
<td>CBA Blue</td>
<td>14</td>
<td>398</td>
<td>-37%</td>
<td>36%</td>
<td>0.73</td>
</tr>
<tr>
<td>Apex</td>
<td>6</td>
<td>362</td>
<td>-34%</td>
<td>1%</td>
<td>0.35</td>
</tr>
<tr>
<td>WellPoint</td>
<td>13</td>
<td>324</td>
<td>-30%</td>
<td>48%</td>
<td>0.78</td>
</tr>
<tr>
<td>UHC</td>
<td>10</td>
<td>159</td>
<td>-25%</td>
<td>-4%</td>
<td>0.21</td>
</tr>
<tr>
<td>Aetna</td>
<td>9</td>
<td>147</td>
<td>-32%</td>
<td>57%</td>
<td>0.89</td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
<td>99</td>
<td>-20%</td>
<td>15%</td>
<td>0.35</td>
</tr>
</tbody>
</table>

**Weighted Average Payer:** -19% 34% 53% 78%

**How to Read:**

- Each row represents a payer network.
- Min and Max are the percent over/under the payer network average payment for the lowest and highest paid hospital within the payer network. Min and Max exclude hospitals with 5 or fewer discharges per payer.
- Spread is the range from Min to Max, and is a general measure of variability within the payer network.
- ‘% of Providers w/in 25% of Avg’ reflects the concentration of hospitals within a payer network.
- ‘Average Payer’ data in the bottom row reflect the weighted averages of data in the table.

**Key Findings:**

- Significant spread exists between the least paid hospitals and the highest paid hospitals within payer networks. Generally, the larger payers have less payment variation, with small numbers causing some of the variation in the smaller payers.
- The weighted average spread across all payers is 53%, which is equivalent to an average maximum 65% higher than the average minimum (a Max of 34% above the average compared to the Min of 19% below the average is equivalent to $134/$81).
**Figure 4.2** Average Payer Payments Relative to Statewide System Average Payment

How to Read:

Data points represent the percent over/under the statewide inpatient system average payment, represented by the vertical line at 0% (system=commercial and Medicaid payments together).

Key Findings:

- Significant variation exists between the highest and lowest payers at the aggregate level, particularly between Medicaid and all other commercial payers. (Every payer listed has over 100 observations, so small numbers do not bias the statistical significance of these results.)
- Most commercial payers fall within five to fifteen points on either side of Blue Cross, which lies in the middle of the range.
Figure 4.3  Average Hospital Payments (commercial with Medicaid) Relative to Statewide System Average Payment

How to Read:

Data points represent the percent over/under the statewide inpatient system average payment, represented by the vertical line at 0% (system=commercial and Medicaid payments together).

Key Findings:

- Fletcher Allen, due to its large volume, drives the statewide average payment.
- A hospital’s ranking here is significantly influenced by its payer mix. Hospitals with a higher share of Medicaid payments will skew to the left, and hospitals with higher shares of commercial payers will skew to the right.
- Grace Cottage and Mount Ascutney hospitals are not shown due to small numbers.
Figure 4.4  Inpatient Payment Variations Between Hospitals within Payer Networks
How to Read Figure 4.4:

Each row represents a payer network. The payers are ranked according to statewide total payments. Each data point represents a hospital’s percent over/under the payer network average payment. Supporting data is shown in Figures 4.4b below.

Key Findings:

- Significant variation exists between hospitals at the aggregate level, within payer networks. The majority of payers have average payments both above and below the 25% level.
- 81% (57/71 data points) of the data falls within 25% of the average.
- Greater variation above 25% than below -25%.
- A hospital 25% above the average compared to a hospital 25% below the average represents a 67% higher average payment. Again, the larger payers show less variation.
- There are 2 hospitals that appear on the WellPoint line. FAHC is at -15% and Brattleboro is at -13%.
- Variation is greatest within commercial payers.
- TVHP is paying two of the largest hospitals (FAHC and CVMC) -23% and -35% below the average, which pulls the average down. TVHP pays -9% below all other commercial payers. CAH are all paid above average.

**Figure 4.4b** Record Counts, for Figure 4.4

<table>
<thead>
<tr>
<th>Payer</th>
<th>FAHC</th>
<th>RRMC</th>
<th>CVMC</th>
<th>NW</th>
<th>SVMC</th>
<th>Spring</th>
<th>Bratt</th>
<th>Port</th>
<th>Cop</th>
<th>Giff</th>
<th>NVRH</th>
<th>NCH</th>
<th>Mt. A.</th>
<th>Grace</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>2,680</td>
<td>1,035</td>
<td>547</td>
<td>419</td>
<td>399</td>
<td>380</td>
<td>278</td>
<td>213</td>
<td>209</td>
<td>214</td>
<td>255</td>
<td>261</td>
<td>22</td>
<td>10</td>
<td>6,922</td>
</tr>
<tr>
<td>BCBS</td>
<td>1,286</td>
<td>301</td>
<td>190</td>
<td>94</td>
<td>140</td>
<td>68</td>
<td>87</td>
<td>114</td>
<td>91</td>
<td>74</td>
<td>59</td>
<td>47</td>
<td>5</td>
<td>2</td>
<td>2,558</td>
</tr>
<tr>
<td>Cigna</td>
<td>745</td>
<td>153</td>
<td>218</td>
<td>63</td>
<td>57</td>
<td>26</td>
<td>56</td>
<td>30</td>
<td>52</td>
<td>83</td>
<td>62</td>
<td>60</td>
<td>13</td>
<td>2</td>
<td>1,620</td>
</tr>
<tr>
<td>MVP</td>
<td>526</td>
<td>83</td>
<td>39</td>
<td>64</td>
<td>63</td>
<td>26</td>
<td>61</td>
<td>40</td>
<td>51</td>
<td>53</td>
<td>10</td>
<td>16</td>
<td>2</td>
<td>6</td>
<td>1,040</td>
</tr>
<tr>
<td>TVHP</td>
<td>504</td>
<td>146</td>
<td>85</td>
<td>50</td>
<td>24</td>
<td>25</td>
<td>23</td>
<td>38</td>
<td>43</td>
<td>30</td>
<td>15</td>
<td>12</td>
<td>2</td>
<td>2</td>
<td>999</td>
</tr>
<tr>
<td>CBA Blue</td>
<td>164</td>
<td>9</td>
<td>15</td>
<td>14</td>
<td>2</td>
<td>35</td>
<td>14</td>
<td>49</td>
<td>9</td>
<td>3</td>
<td>44</td>
<td>32</td>
<td>7</td>
<td>1</td>
<td>398</td>
</tr>
<tr>
<td>Apex</td>
<td>343</td>
<td>1</td>
<td>13</td>
<td>2</td>
<td>2</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td>362</td>
</tr>
<tr>
<td>WellPoint</td>
<td>138</td>
<td>72</td>
<td>10</td>
<td>12</td>
<td>7</td>
<td>10</td>
<td>21</td>
<td>13</td>
<td>9</td>
<td>8</td>
<td>7</td>
<td>12</td>
<td>5</td>
<td></td>
<td>324</td>
</tr>
<tr>
<td>UHC</td>
<td>91</td>
<td>19</td>
<td>5</td>
<td>15</td>
<td>11</td>
<td>3</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td></td>
<td>3</td>
<td>2</td>
<td></td>
<td>159</td>
</tr>
<tr>
<td>Aetna</td>
<td>97</td>
<td>12</td>
<td>6</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>11</td>
<td>4</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>147</td>
</tr>
<tr>
<td>Other</td>
<td>53</td>
<td>5</td>
<td>2</td>
<td>13</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>3</td>
<td></td>
<td></td>
<td>99</td>
</tr>
<tr>
<td>Total</td>
<td>6,627</td>
<td>1,835</td>
<td>1,118</td>
<td>761</td>
<td>709</td>
<td>583</td>
<td>554</td>
<td>511</td>
<td>476</td>
<td>469</td>
<td>460</td>
<td>444</td>
<td>58</td>
<td>23</td>
<td>14,628</td>
</tr>
</tbody>
</table>
Figure 4.5 Inpatient Payment Variations Between Hospitals

FY 2012 % Difference in Payment Distributions By Hospital and Payer Within Payer Network (Minimum Discharges=20)
How to Read:

Each row contains a given hospital’s network of payers. The bubbles for each payer are sized to reflect payer share for the given hospital. The data points represent the payer’s average payment to that hospital, relative to its own payer network average. (Payer X pays Hospital Y percent Z over/under the average of what it pays to all other hospitals).

Key Findings:

- Fletcher Allen makes up roughly 45% of any given payer’s network and thus drives the overall average payment for each payer network, which explains the concentration in Fletcher Allen’s payments.
- 81% of the data falls within +/-25% of the average.
- The majority of the variation stems from Cigna, MVP and TVHP
- Variation is greatest at Rutland and Gifford
- Medicaid is the dominant payer for every hospital.
- Grace Cottage and Mt. Ascutney are not shown due to small numbers.
**Figure 4.6** Inpatient Payment Variations by Payer, by DRG

![Diagram showing inpatient payment variations by payer and DRG](image-url)
How to Read:

Figure 4.6 is a summary presentation of the top ranked DRGs, with variation by payer. Each row shows payment data for a given DRG with at least 20 discharges per bubble. The DRGs are ranked by payments from high to low. The data points represent a given payer’s average payment for that DRG, relative to the system wide average payment for the same DRG (0% on the horizontal axis), effectively showing variation between payers for the same DRG. (System = commercial + Medicaid together). The bubbles for each DRG are sized to reflect payer share for that DRG. This same graph is shown the Appendix Section 3.a in more detail.

Key Findings:

- Medicaid is the largest payer for many of these top ranked DRGs (eg. Delivery and Newborn).
- Variation between Medicaid and commercial payers is less here than in Outpatient or Professional claims.
- The degree of variation between payers appears largely to be a function of the specific DRG. For example, vaginal or cesarean deliveries without complications show less variation than other DRGs.
- Variation within each DRG is shown by payer and by hospital in the Appendix. The top two examples are presented below (joint replacements and vaginal delivery). (In the following examples, data is shown for instances with 5 or more discharges.)
Figure 4.7  Inpatient Payment Variation by Payer, by Hospital, by DRG 470 – Major Joint Replacement
How to Read: Each row represents a unique payer-hospital combination. Rows are grouped by payer. All payer-hospital combinations with 5 or more observations are displayed. The red data point is the average payment relative to the statewide system average, for that payer to that hospital for that DRG. The whiskers show the 10th and 90th percentile payment levels, and 0% over/under represents the average payment, system wide, for the DRG. The average payment levels are also shown for Prospective Payment System (PPS) and Critical Access (CAH) hospitals, as well as the average payment for commercial payers vs. Medicaid (see key at bottom of graph).

Key Findings:

- Significant variation in payments exists between payer-hospital combinations. In addition, significant variation exists within any one payer-hospital. Small numbers explain some of this variability, but this highlights payment variation between individual cases. Analysis of the variability in resource consumption, patient needs and treatments, lengths of stay, etc. would shed more light on the roots of variation within DRGs.

- Additionally, differences in reimbursement rules may play a significant role in payment variation at this level. For example, Medicaid pays a flat rate for the DRG across all hospitals. However, some payers may pay some hospitals a flat rate while others pay a percent of charge, per diem or some other arrangement. For example note the relative absence of variation for TVHP’s payments to CVMC and FAHC, but not for NCH, RRMC or Copley. Also, MVP may pay FAHC a flat rate, but not the other hospitals in its network. Further policy analysis may shed more light on why this variation exists.

---

7 Due to the sparseness of inpatient discharge counts by specific DRGs across hospitals, the limit is set to only 5 here to provide more data points for viewing purposes. Care should be taken in drawing conclusions from small numbers.
Figure 4.8  Inpatient Payment Variation by Payer, by Hospital, by DRG 775 – Vaginal Delivery
Hospital Outpatient

No practical or reasonable methodology currently exists to case-mix adjust aggregate outpatient data. Therefore, to explore variation on outpatient claims, payments must be isolated by ICD-9 procedure code. Outpatient records with principal procedure codes include those cases commonly referred to as Outpatient Ambulatory Surgery.\(^8\)

As with inpatient DRGs, outpatient claims with the same principal procedure will vary in their levels of resource consumption, patient needs, etc. and may therefore still show significant variation between individual cases, even within the same hospital under the same payer.

The sequence of the presentation for outpatient variation results is as follows:

1. Bubble chart summary of variation by top ranked principal procedures (Fig. 4.9)
2. Three examples of specific procedures: Box-plot charts of variation within ICD-9, by payer, by hospital (Figs. 4.10 - 4.12). The remaining procedures that meet the criteria for minimum record counts are shown in the Appendix.

\(^8\) Only about 10% of total outpatient records are coded with ICD-9 procedures. These records account for about 37% of payments in VHCURES.
Figure 4.9  Outpatient Variation by ICD-9 Principal Procedure Codes

FY2012 Hospital Outpatient ICD-9 Procedure Allowed Payment Amount Variation (Min 50 Visits)

- 9925 - Inj/Infus Cancer Chemo Substance
- 4523 - Colonoscopy
- 4542 - Endo Polypectomy Large Intestine
- 9929 - Inj/Infus Oth Tx/Proph Sbstnc
- 4516 - Egd W/Clos Bx
- 4525 - Clos [Endo] Bx Large Intestine
- 8659 - Clos Skin&Subcut Tissue Oth Sites
- 806 - Excision Semilunar Cartilage Knee
- 5123 - Laparoscopic Cholecystectomy
- 8511 - Closed Biopsy Of Breast

- Medicaid
- BCBS
- Cigna
- TVHP
- MVP
- Apex
- WellPoint
- Aetna
How to Read:

This is a summary presentation of the top ranked ICD-9 Principal Procedures, with variation by payer.

Each row shows payment data for a given principal procedure with at least 50 discharges per bubble. The procedures are ranked by payments from high to low. The data points represent a given payer’s average payment for that procedure, relative to the system wide average payment for the same procedure, effectively showing variation between payers for the same procedure. The bubbles for each procedure are sized to reflect payer share.

Key Findings:

- Most of the observed variation is between Medicaid and the commercial payers.
- Significant variation with no discernible pattern by payer.
- Variation is procedure based to some degree. For example there could be larger variation for procedures that include high drug costs where different drugs have extreme price differentials and lower variation for more routine procedures such as a colonoscopy.
Figure 4.10  Outpatient Variation by ICD-9 Principal Procedure Code 4523 – Colonoscopy

FY2012 Hospital Outpatient ICD-9 Procedure 4523 - COLONOSCOPY Allowed Payment Amount Variation
How to Read:

Each row represents a unique payer-hospital combination. Rows are grouped by payer. All payer-hospital combinations with 15 or more observations are displayed. The red data point is the average relative payment (relative to the statewide system average) for that payer to that hospital for that principal procedure. The whiskers show the 10th and 90th percentile payment levels.

Key Findings:

- Different levels of variation exist between different hospitals within payer groups and across same hospitals between payer groups.
- The whiskers show high levels of payment variation within individual hospitals even under single payers, again highlighting the variability of individual cases.
- As with DRGs, some hospitals are paid close to a flat rate for the procedure (Medicaid, MVP-NW, TVHP-FAHC, etc.) where others have much more variability (MVP-Giff or Spring, TVHP-Giff, Cigna-SVMC, etc.) perhaps suggesting a percent of charge contract.

---

9 There are far more outpatient visits than inpatient visits to most hospitals. With this abundance of data, the limit here is set to 15 to provide more robust statistical significance (as well as allowing the data to fit on one page).
**Figure 4.11** Outpatient Variation by ICD-9 Principal Procedure Code 4542 – Endo Polypectomy

**Key Findings:** There are high levels of variation within most payer-hospital combinations, including Medicaid, compared to other procedures.
**Figure 4.12** Outpatient Variation by ICD-9 Principal Procedure Code 9925 – INJ/INFUS Cancer Chemo

**Key Findings:** Much of this variation may come from large differences in the types, quantities and costs of drugs used.
Professional Claims

Due to the large number of providers billing professional claims in VHCURES, variation is presented by site of service and HCPC/CPT rather than by individual provider. VHCURES does not currently identify the specific institution with which a given provider is associated. The data do, however, identify the ‘service site’ for each claim (e.g. hospital inpatient, hospital outpatient, hospital Emergency Room [ER], office, etc). Therefore, data results show the top ranked CPTs for inpatient, outpatient, ER and office service sites.

The sequence of the presentation for professional variation results is as follows:

1. **Hospital Inpatient**
   a. Bubble chart summary of variation by top ranked CPT’s (Fig. 4.13)
   b. Box-plot charts of variation within CPT’s, by payer, by hospital (Fig. 4.14, 4.15)

2. **Hospital Outpatient**
   a. Bubble chart summary of variation by top ranked CPT’s (Fig. 4.16)
   b. Box-plot charts of variation within CPT’s, by payer, by hospital (Fig. 4.17, 4.18)

3. **Hospital ER**
   a. Bubble chart summary of variation by top ranked CPT’s (Fig. 4.19)
   b. Box-plot charts of variation within CPT’s, by payer, by hospital (Fig. 4.20, 4.21)

4. **Office**
   a. Bubble chart summary of variation by top ranked CPT’s (Fig. 4.22)
   b. Box-plot charts of variation within CPT’s, by payer, by hospital (Fig. 4.23, 4.24)

**How to Read Figures:**

The graph formats are identical to those presented for inpatient and outpatient.

**Key Findings for all Professional Categories:**

- As with the outpatient claims, there is a high degree of variation between Medicaid and other payers.
- There are high levels of variation within any one payer-hospital combination.
- Variation may be a function of provider specialty.
Figure 4.13 Professional Variation Summary by CPT – Hospital Inpatient

FY2012 Inpatient Hospital Professional Allowed Payment Amount Variation (Min 50 Discharges)

- 59400 - Obstetrical Care
- 99232 - Subsequent Hospital Care
- 99233 - Subsequent Hospital Care
- 59510 - Cesarean Delivery
- 99291 - Critical Care-First Hour
- 27447 - Total Knee Arthroplasty
- 99223 - Initial Hospital Care
- 99238 - Hospital Discharge Day
- 27130 - Total Hip Arthroplasty
- 99222 - Initial Hospital Care
- 99472 - Ped Critical Care Subsq
- 99231 - Subsequent Hospital Care
- 99479 - Lc Lbw Inf1500-2500G Subsq
- T1015 - Clinic Vst/Encounter All-Inclusive
- 99239 - Hospital Discharge Day
- 99254 - Inpatient Consultation
- 99469 - Neonate Crit Care Subsq
- 92980 - Insert Intracoronary Stent
- 59410 - Obstetrical Care
- 1967 - Anesth/Analg- Vag Delivery

- Medicaid
- BCBS
- Cigna
- TVHP
- MVP
- CBA
- Apex
- WellPoint
- UHC
- Aetna
**Figure 4.14** Professional Variation by CPT 59510 – Cesarean Delivery, Hospital Inpatient

![Chart showing professional variation by CPT 59510 for Cesarean Delivery across different hospitals and insurance providers.]

**Figure 4.15** Professional Variation by CPT 27447 – Total Knee Arthroplasty, Hospital Inpatient

![Chart showing professional variation by CPT 27447 for Total Knee Arthroplasty across different hospitals and insurance providers.]
**Figure 4.16** Professional Variation Summary by CPT – Hospital Outpatient

**Key Findings:** There is a higher degree of variation here than seen in professional inpatient claims. There appears to be some consistency in payer patterns.
Figure 4.17  Professional Variation by CPT 45378 – Dx Colonoscopy, Hospital Outpatient
Figure 4.18 Professional Variation by CPT G0202 – Screening Mammogram, Hospital Outpatient
Figure 4.19  Professional Variation Summary by CPT – Hospital ER

Key Findings: There is a clearly visible pattern in payer rankings.
Figure 4.20  Professional Variation by CPT 99284 ED Visit Level 4, Hospital ER

Figure 4.21  Professional Variation by CPT 71020 Chest X-Ray, Hospital ER
Figure 4.22  Professional Variation Summary by CPT – Office

Key Findings: One source of variation here may come from differing provider specialties.
Figure 4.23  Professional Variation by CPT 99213 –Office/OP Visit-Est, Office
Figure 4.24 Professional Variation by CPT 90806 – Psychotherapy Office Visit, Office
Post Acute Care

The post-acute care analysis is presented in a similar fashion to the bundled payment analytical approach. The anchoring event is an inpatient stay. The lookback period is defined as a period of time prior to the inpatient admission where there was no observed inpatient utilization. In this summary analysis, the lookback period is 30 days. The post-acute period in which system-wide health care utilization is observed is presented for 30, 60 and 90 days. Post-acute utilization is observed at the following facilities or resource types:

1. Inpatient readmissions (all-cause)
2. Outpatient visits
3. Professional visits
4. Home or Ambulatory Durable Medical Equipment (DME)
5. Pharmacy
6. Other

**Key Findings:**

- Post acute care payments are 27% of total episode payments.
- Due to the majority of post acute care payments resulting from the inpatient discharge, the variation arising from differences in post acute care are minimal compared to variation in inpatient payments.

Figures 4.25 and 4.26 show a 30 day post-acute period.

Figures 4.27 and 4.28 show 30, 60 and 90 day post-acute periods all within the same data table.

Figures 4.29 and 4.30 show Post-Acute data by Payer.
**Figure 4.25** Post-Acute Care Detail ($ are averages) (30 Days Post Acute)

<table>
<thead>
<tr>
<th>Hosp</th>
<th>n</th>
<th>Orig IP</th>
<th>IP Admit</th>
<th>OP</th>
<th>Pro</th>
<th>DME</th>
<th>Pharm/Rx</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bratt</td>
<td>504</td>
<td>$8,878</td>
<td>$1,673</td>
<td>$698</td>
<td>$583</td>
<td>$137</td>
<td>$293</td>
<td>$149</td>
<td>$12,412</td>
</tr>
<tr>
<td>Cop</td>
<td>423</td>
<td>$11,381</td>
<td>$1,691</td>
<td>$519</td>
<td>$450</td>
<td>$259</td>
<td>$239</td>
<td>$219</td>
<td>$14,759</td>
</tr>
<tr>
<td>CVMC</td>
<td>935</td>
<td>$8,988</td>
<td>$1,690</td>
<td>$544</td>
<td>$571</td>
<td>$114</td>
<td>$299</td>
<td>$206</td>
<td>$12,412</td>
</tr>
<tr>
<td>FAHC</td>
<td>5452</td>
<td>$12,874</td>
<td>$2,336</td>
<td>$806</td>
<td>$767</td>
<td>$240</td>
<td>$411</td>
<td>$180</td>
<td>$17,614</td>
</tr>
<tr>
<td>Giff</td>
<td>395</td>
<td>$9,234</td>
<td>$1,140</td>
<td>$524</td>
<td>$418</td>
<td>$189</td>
<td>$199</td>
<td>$179</td>
<td>$11,882</td>
</tr>
<tr>
<td>Grace</td>
<td>14</td>
<td>$7,242</td>
<td>$7,721</td>
<td>$1,021</td>
<td>$2,127</td>
<td>$410</td>
<td>$1,669</td>
<td>$846</td>
<td>$21,035</td>
</tr>
<tr>
<td>Mt. A.</td>
<td>23</td>
<td>$9,603</td>
<td>$10,820</td>
<td>$3,404</td>
<td>$3,569</td>
<td>$2,476</td>
<td>$2,737</td>
<td>$1,823</td>
<td>$34,430</td>
</tr>
<tr>
<td>NCH</td>
<td>376</td>
<td>$8,699</td>
<td>$2,286</td>
<td>$550</td>
<td>$635</td>
<td>$133</td>
<td>$275</td>
<td>$131</td>
<td>$13,709</td>
</tr>
<tr>
<td>NVRH</td>
<td>376</td>
<td>$8,273</td>
<td>$898</td>
<td>$557</td>
<td>$367</td>
<td>$62</td>
<td>$187</td>
<td>$163</td>
<td>$10,507</td>
</tr>
<tr>
<td>NW</td>
<td>694</td>
<td>$9,511</td>
<td>$1,276</td>
<td>$554</td>
<td>$431</td>
<td>$227</td>
<td>$184</td>
<td>$103</td>
<td>$12,287</td>
</tr>
<tr>
<td>Port</td>
<td>463</td>
<td>$9,882</td>
<td>$1,847</td>
<td>$344</td>
<td>$558</td>
<td>$284</td>
<td>$267</td>
<td>$145</td>
<td>$13,327</td>
</tr>
<tr>
<td>RRMC</td>
<td>1454</td>
<td>$13,193</td>
<td>$3,096</td>
<td>$723</td>
<td>$633</td>
<td>$203</td>
<td>$312</td>
<td>$154</td>
<td>$18,313</td>
</tr>
<tr>
<td>SVMC</td>
<td>613</td>
<td>$10,699</td>
<td>$2,050</td>
<td>$717</td>
<td>$437</td>
<td>$97</td>
<td>$303</td>
<td>$179</td>
<td>$14,482</td>
</tr>
<tr>
<td>Spring</td>
<td>472</td>
<td>$7,984</td>
<td>$2,741</td>
<td>$609</td>
<td>$725</td>
<td>$92</td>
<td>$287</td>
<td>$222</td>
<td>$12,659</td>
</tr>
<tr>
<td>Total</td>
<td>12,194</td>
<td>$11,423</td>
<td>$2,187</td>
<td>$698</td>
<td>$651</td>
<td>$204</td>
<td>$339</td>
<td>$177</td>
<td>$15,679</td>
</tr>
</tbody>
</table>

**Figure 4.26** Post-Acute Care Detail – Percent Distribution

<table>
<thead>
<tr>
<th>Hosp</th>
<th>n</th>
<th>Orig IP</th>
<th>IP Admit</th>
<th>OP</th>
<th>Pro</th>
<th>DME</th>
<th>Pharm/Rx</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bratt</td>
<td>504</td>
<td>72%</td>
<td>13%</td>
<td>6%</td>
<td>5%</td>
<td>1%</td>
<td>2%</td>
<td>1%</td>
<td>28%</td>
</tr>
<tr>
<td>Cop</td>
<td>423</td>
<td>77%</td>
<td>11%</td>
<td>4%</td>
<td>3%</td>
<td>2%</td>
<td>2%</td>
<td>1%</td>
<td>23%</td>
</tr>
<tr>
<td>CVMC</td>
<td>935</td>
<td>72%</td>
<td>14%</td>
<td>4%</td>
<td>5%</td>
<td>1%</td>
<td>2%</td>
<td>2%</td>
<td>28%</td>
</tr>
<tr>
<td>FAHC</td>
<td>5452</td>
<td>73%</td>
<td>13%</td>
<td>5%</td>
<td>4%</td>
<td>1%</td>
<td>2%</td>
<td>1%</td>
<td>27%</td>
</tr>
<tr>
<td>Giff</td>
<td>395</td>
<td>78%</td>
<td>10%</td>
<td>4%</td>
<td>4%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>22%</td>
</tr>
<tr>
<td>Grace</td>
<td>14</td>
<td>34%</td>
<td>37%</td>
<td>5%</td>
<td>10%</td>
<td>2%</td>
<td>8%</td>
<td>4%</td>
<td>66%</td>
</tr>
<tr>
<td>Mt. A.</td>
<td>23</td>
<td>28%</td>
<td>31%</td>
<td>10%</td>
<td>10%</td>
<td>7%</td>
<td>8%</td>
<td>5%</td>
<td>72%</td>
</tr>
<tr>
<td>NCH</td>
<td>376</td>
<td>71%</td>
<td>17%</td>
<td>4%</td>
<td>5%</td>
<td>1%</td>
<td>2%</td>
<td>1%</td>
<td>29%</td>
</tr>
<tr>
<td>NVRH</td>
<td>376</td>
<td>79%</td>
<td>9%</td>
<td>5%</td>
<td>3%</td>
<td>1%</td>
<td>2%</td>
<td>2%</td>
<td>21%</td>
</tr>
<tr>
<td>NW</td>
<td>694</td>
<td>77%</td>
<td>10%</td>
<td>5%</td>
<td>4%</td>
<td>2%</td>
<td>1%</td>
<td>1%</td>
<td>23%</td>
</tr>
<tr>
<td>Port</td>
<td>463</td>
<td>74%</td>
<td>14%</td>
<td>3%</td>
<td>4%</td>
<td>2%</td>
<td>2%</td>
<td>1%</td>
<td>26%</td>
</tr>
<tr>
<td>RRMC</td>
<td>1454</td>
<td>72%</td>
<td>17%</td>
<td>4%</td>
<td>3%</td>
<td>1%</td>
<td>2%</td>
<td>1%</td>
<td>28%</td>
</tr>
<tr>
<td>SVMC</td>
<td>613</td>
<td>74%</td>
<td>14%</td>
<td>5%</td>
<td>3%</td>
<td>1%</td>
<td>2%</td>
<td>1%</td>
<td>26%</td>
</tr>
<tr>
<td>Spring</td>
<td>472</td>
<td>63%</td>
<td>22%</td>
<td>5%</td>
<td>6%</td>
<td>1%</td>
<td>2%</td>
<td>2%</td>
<td>37%</td>
</tr>
<tr>
<td>Total</td>
<td>12,194</td>
<td>73%</td>
<td>14%</td>
<td>4%</td>
<td>4%</td>
<td>1%</td>
<td>2%</td>
<td>1%</td>
<td>27%</td>
</tr>
<tr>
<td>Hosp</td>
<td>n</td>
<td>Days</td>
<td>Claim Type</td>
<td>Post-Acute</td>
<td>Home/Amb</td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>---</td>
<td>------</td>
<td>------------</td>
<td>------------</td>
<td>----------</td>
<td>-------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Orig IP</td>
<td>IP Admit</td>
<td>OP</td>
<td>Pro</td>
<td>DME</td>
<td>Pharm/Rx</td>
</tr>
<tr>
<td>Bratt</td>
<td>504</td>
<td>30</td>
<td>$8,878</td>
<td>$1,673</td>
<td>$698</td>
<td>$583</td>
<td>$137</td>
<td>$293</td>
<td>$149</td>
</tr>
<tr>
<td></td>
<td>504</td>
<td>60</td>
<td>$8,878</td>
<td>$2,857</td>
<td>$1,278</td>
<td>$1,009</td>
<td>$232</td>
<td>$549</td>
<td>$211</td>
</tr>
<tr>
<td></td>
<td>504</td>
<td>90</td>
<td>$8,878</td>
<td>$3,216</td>
<td>$1,629</td>
<td>$1,285</td>
<td>$298</td>
<td>$845</td>
<td>$269</td>
</tr>
<tr>
<td>Cop</td>
<td>423</td>
<td>30</td>
<td>$11,381</td>
<td>$1,691</td>
<td>$519</td>
<td>$450</td>
<td>$259</td>
<td>$239</td>
<td>$219</td>
</tr>
<tr>
<td></td>
<td>423</td>
<td>60</td>
<td>$11,381</td>
<td>$2,091</td>
<td>$969</td>
<td>$752</td>
<td>$329</td>
<td>$471</td>
<td>$313</td>
</tr>
<tr>
<td></td>
<td>423</td>
<td>90</td>
<td>$11,381</td>
<td>$2,425</td>
<td>$1,242</td>
<td>$966</td>
<td>$387</td>
<td>$663</td>
<td>$357</td>
</tr>
<tr>
<td>CVMC</td>
<td>935</td>
<td>30</td>
<td>$8,988</td>
<td>$1,690</td>
<td>$544</td>
<td>$571</td>
<td>$114</td>
<td>$299</td>
<td>$206</td>
</tr>
<tr>
<td></td>
<td>935</td>
<td>60</td>
<td>$8,988</td>
<td>$2,111</td>
<td>$995</td>
<td>$872</td>
<td>$153</td>
<td>$557</td>
<td>$306</td>
</tr>
<tr>
<td></td>
<td>935</td>
<td>90</td>
<td>$8,988</td>
<td>$2,620</td>
<td>$1,360</td>
<td>$1,132</td>
<td>$195</td>
<td>$776</td>
<td>$392</td>
</tr>
<tr>
<td>FAHC</td>
<td>5,452</td>
<td>30</td>
<td>$12,874</td>
<td>$2,336</td>
<td>$806</td>
<td>$767</td>
<td>$240</td>
<td>$411</td>
<td>$180</td>
</tr>
<tr>
<td></td>
<td>5,452</td>
<td>60</td>
<td>$12,874</td>
<td>$3,006</td>
<td>$1,436</td>
<td>$1,285</td>
<td>$321</td>
<td>$764</td>
<td>$280</td>
</tr>
<tr>
<td></td>
<td>5,452</td>
<td>90</td>
<td>$12,874</td>
<td>$3,614</td>
<td>$1,887</td>
<td>$1,679</td>
<td>$375</td>
<td>$1,128</td>
<td>$369</td>
</tr>
<tr>
<td>Giff</td>
<td>395</td>
<td>30</td>
<td>$9,234</td>
<td>$1,140</td>
<td>$524</td>
<td>$418</td>
<td>$189</td>
<td>$199</td>
<td>$179</td>
</tr>
<tr>
<td></td>
<td>395</td>
<td>60</td>
<td>$9,234</td>
<td>$2,099</td>
<td>$803</td>
<td>$685</td>
<td>$215</td>
<td>$361</td>
<td>$280</td>
</tr>
<tr>
<td></td>
<td>395</td>
<td>90</td>
<td>$9,234</td>
<td>$2,485</td>
<td>$985</td>
<td>$865</td>
<td>$230</td>
<td>$531</td>
<td>$381</td>
</tr>
<tr>
<td>Grace</td>
<td>14</td>
<td>30</td>
<td>$7,242</td>
<td>$7,721</td>
<td>$1,021</td>
<td>$2,127</td>
<td>$410</td>
<td>$1,669</td>
<td>$846</td>
</tr>
<tr>
<td></td>
<td>14</td>
<td>60</td>
<td>$9,234</td>
<td>$8,843</td>
<td>$1,761</td>
<td>$2,973</td>
<td>$592</td>
<td>$2,822</td>
<td>$955</td>
</tr>
<tr>
<td></td>
<td>14</td>
<td>90</td>
<td>$7,242</td>
<td>$9,985</td>
<td>$2,270</td>
<td>$3,438</td>
<td>$697</td>
<td>$4,080</td>
<td>$1,108</td>
</tr>
<tr>
<td>Mt. A.</td>
<td>23</td>
<td>30</td>
<td>$9,603</td>
<td>$10,820</td>
<td>$3,404</td>
<td>$3,569</td>
<td>$2,476</td>
<td>$7,237</td>
<td>$1,823</td>
</tr>
<tr>
<td></td>
<td>23</td>
<td>60</td>
<td>$9,603</td>
<td>$25,318</td>
<td>$5,976</td>
<td>$6,533</td>
<td>$3,862</td>
<td>$4,830</td>
<td>$2,110</td>
</tr>
<tr>
<td></td>
<td>23</td>
<td>90</td>
<td>$9,603</td>
<td>$32,504</td>
<td>$9,058</td>
<td>$8,790</td>
<td>$4,306</td>
<td>$6,634</td>
<td>$2,205</td>
</tr>
<tr>
<td>NCH</td>
<td>376</td>
<td>30</td>
<td>$9,699</td>
<td>$2,286</td>
<td>$550</td>
<td>$635</td>
<td>$133</td>
<td>$275</td>
<td>$131</td>
</tr>
<tr>
<td></td>
<td>376</td>
<td>60</td>
<td>$9,699</td>
<td>$2,697</td>
<td>$1,100</td>
<td>$967</td>
<td>$171</td>
<td>$655</td>
<td>$208</td>
</tr>
<tr>
<td></td>
<td>376</td>
<td>90</td>
<td>$9,699</td>
<td>$2,921</td>
<td>$1,503</td>
<td>$1,206</td>
<td>$200</td>
<td>$842</td>
<td>$285</td>
</tr>
<tr>
<td>NVRH</td>
<td>376</td>
<td>30</td>
<td>$8,273</td>
<td>$898</td>
<td>$557</td>
<td>$367</td>
<td>$62</td>
<td>$187</td>
<td>$163</td>
</tr>
<tr>
<td></td>
<td>376</td>
<td>60</td>
<td>$8,273</td>
<td>$1,357</td>
<td>$1,076</td>
<td>$662</td>
<td>$101</td>
<td>$345</td>
<td>$259</td>
</tr>
<tr>
<td></td>
<td>376</td>
<td>90</td>
<td>$8,273</td>
<td>$1,773</td>
<td>$1,553</td>
<td>$888</td>
<td>$120</td>
<td>$478</td>
<td>$333</td>
</tr>
<tr>
<td>NW</td>
<td>694</td>
<td>30</td>
<td>$9,511</td>
<td>$1,276</td>
<td>$554</td>
<td>$431</td>
<td>$227</td>
<td>$184</td>
<td>$103</td>
</tr>
<tr>
<td></td>
<td>694</td>
<td>60</td>
<td>$9,511</td>
<td>$1,478</td>
<td>$948</td>
<td>$727</td>
<td>$275</td>
<td>$435</td>
<td>$152</td>
</tr>
<tr>
<td></td>
<td>694</td>
<td>90</td>
<td>$9,511</td>
<td>$1,627</td>
<td>$1,259</td>
<td>$985</td>
<td>$325</td>
<td>$625</td>
<td>$195</td>
</tr>
<tr>
<td>Port</td>
<td>463</td>
<td>30</td>
<td>$9,882</td>
<td>$1,847</td>
<td>$344</td>
<td>$558</td>
<td>$284</td>
<td>$267</td>
<td>$145</td>
</tr>
<tr>
<td></td>
<td>463</td>
<td>60</td>
<td>$9,882</td>
<td>$2,465</td>
<td>$683</td>
<td>$929</td>
<td>$356</td>
<td>$471</td>
<td>$204</td>
</tr>
<tr>
<td></td>
<td>463</td>
<td>90</td>
<td>$9,882</td>
<td>$2,830</td>
<td>$846</td>
<td>$1,233</td>
<td>$371</td>
<td>$645</td>
<td>$253</td>
</tr>
<tr>
<td>RRMC</td>
<td>1,454</td>
<td>30</td>
<td>$13,193</td>
<td>$3,096</td>
<td>$723</td>
<td>$633</td>
<td>$203</td>
<td>$312</td>
<td>$154</td>
</tr>
<tr>
<td></td>
<td>1,454</td>
<td>60</td>
<td>$13,193</td>
<td>$3,890</td>
<td>$1,317</td>
<td>$1,007</td>
<td>$261</td>
<td>$592</td>
<td>$229</td>
</tr>
<tr>
<td></td>
<td>1,454</td>
<td>90</td>
<td>$13,193</td>
<td>$4,524</td>
<td>$1,763</td>
<td>$1,314</td>
<td>$315</td>
<td>$852</td>
<td>$289</td>
</tr>
<tr>
<td>SVMC</td>
<td>613</td>
<td>30</td>
<td>$10,699</td>
<td>$2,050</td>
<td>$717</td>
<td>$437</td>
<td>$97</td>
<td>$303</td>
<td>$179</td>
</tr>
<tr>
<td></td>
<td>613</td>
<td>60</td>
<td>$10,699</td>
<td>$3,068</td>
<td>$1,367</td>
<td>$730</td>
<td>$143</td>
<td>$589</td>
<td>$268</td>
</tr>
<tr>
<td></td>
<td>613</td>
<td>90</td>
<td>$10,699</td>
<td>$3,578</td>
<td>$1,759</td>
<td>$949</td>
<td>$174</td>
<td>$851</td>
<td>$295</td>
</tr>
<tr>
<td>Spring</td>
<td>472</td>
<td>30</td>
<td>$7,984</td>
<td>$2,741</td>
<td>$609</td>
<td>$725</td>
<td>$92</td>
<td>$287</td>
<td>$222</td>
</tr>
<tr>
<td></td>
<td>472</td>
<td>60</td>
<td>$7,984</td>
<td>$3,473</td>
<td>$1,063</td>
<td>$1,111</td>
<td>$313</td>
<td>$612</td>
<td>$339</td>
</tr>
<tr>
<td></td>
<td>472</td>
<td>90</td>
<td>$7,984</td>
<td>$3,914</td>
<td>$1,346</td>
<td>$1,417</td>
<td>$147</td>
<td>$909</td>
<td>$439</td>
</tr>
<tr>
<td>Total</td>
<td>12,194</td>
<td>30</td>
<td>$11,423</td>
<td>$2,187</td>
<td>$698</td>
<td>$651</td>
<td>$204</td>
<td>$339</td>
<td>$177</td>
</tr>
<tr>
<td></td>
<td>12,194</td>
<td>60</td>
<td>$11,423</td>
<td>$2,878</td>
<td>$1,258</td>
<td>$1,074</td>
<td>$272</td>
<td>$645</td>
<td>$267</td>
</tr>
<tr>
<td></td>
<td>12,194</td>
<td>90</td>
<td>$11,423</td>
<td>$3,396</td>
<td>$1,659</td>
<td>$1,399</td>
<td>$319</td>
<td>$936</td>
<td>$342</td>
</tr>
</tbody>
</table>
### Figure 4.28  Average Allowed Payment Percents, By Hospital (30,60,90 Days Post-Acute)

<table>
<thead>
<tr>
<th>Hosp</th>
<th>n</th>
<th>Days</th>
<th>Orig IP</th>
<th>IP Admit</th>
<th>OP</th>
<th>Pro</th>
<th>DME</th>
<th>Pharm/Rx</th>
<th>Other</th>
<th>PAC</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bratt</td>
<td>504</td>
<td>30</td>
<td>72%</td>
<td>13%</td>
<td>6%</td>
<td>5%</td>
<td>1%</td>
<td>2%</td>
<td>1%</td>
<td>28%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>504</td>
<td>60</td>
<td>59%</td>
<td>19%</td>
<td>9%</td>
<td>7%</td>
<td>2%</td>
<td>4%</td>
<td>1%</td>
<td>41%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>504</td>
<td>90</td>
<td>54%</td>
<td>20%</td>
<td>10%</td>
<td>8%</td>
<td>2%</td>
<td>5%</td>
<td>2%</td>
<td>46%</td>
<td>100%</td>
</tr>
<tr>
<td>Cop</td>
<td>423</td>
<td>30</td>
<td>77%</td>
<td>11%</td>
<td>4%</td>
<td>3%</td>
<td>2%</td>
<td>2%</td>
<td>1%</td>
<td>23%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>423</td>
<td>60</td>
<td>70%</td>
<td>13%</td>
<td>6%</td>
<td>5%</td>
<td>2%</td>
<td>3%</td>
<td>2%</td>
<td>30%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>423</td>
<td>90</td>
<td>66%</td>
<td>13%</td>
<td>7%</td>
<td>6%</td>
<td>2%</td>
<td>4%</td>
<td>2%</td>
<td>34%</td>
<td>100%</td>
</tr>
<tr>
<td>CVMC</td>
<td>935</td>
<td>30</td>
<td>72%</td>
<td>14%</td>
<td>4%</td>
<td>5%</td>
<td>1%</td>
<td>2%</td>
<td>2%</td>
<td>28%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>935</td>
<td>60</td>
<td>64%</td>
<td>15%</td>
<td>7%</td>
<td>6%</td>
<td>1%</td>
<td>4%</td>
<td>2%</td>
<td>36%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>935</td>
<td>90</td>
<td>58%</td>
<td>17%</td>
<td>9%</td>
<td>7%</td>
<td>1%</td>
<td>5%</td>
<td>3%</td>
<td>42%</td>
<td>100%</td>
</tr>
<tr>
<td>FAHC</td>
<td>5,452</td>
<td>30</td>
<td>73%</td>
<td>13%</td>
<td>5%</td>
<td>4%</td>
<td>1%</td>
<td>2%</td>
<td>1%</td>
<td>27%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>5,452</td>
<td>60</td>
<td>64%</td>
<td>15%</td>
<td>7%</td>
<td>6%</td>
<td>2%</td>
<td>4%</td>
<td>1%</td>
<td>36%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>5,452</td>
<td>90</td>
<td>59%</td>
<td>16%</td>
<td>9%</td>
<td>8%</td>
<td>2%</td>
<td>5%</td>
<td>2%</td>
<td>41%</td>
<td>100%</td>
</tr>
<tr>
<td>Giff</td>
<td>395</td>
<td>30</td>
<td>78%</td>
<td>10%</td>
<td>4%</td>
<td>4%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>22%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>395</td>
<td>60</td>
<td>68%</td>
<td>15%</td>
<td>6%</td>
<td>5%</td>
<td>2%</td>
<td>3%</td>
<td>2%</td>
<td>32%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>395</td>
<td>90</td>
<td>63%</td>
<td>17%</td>
<td>7%</td>
<td>6%</td>
<td>2%</td>
<td>4%</td>
<td>3%</td>
<td>37%</td>
<td>100%</td>
</tr>
<tr>
<td>Grace</td>
<td>14</td>
<td>30</td>
<td>34%</td>
<td>37%</td>
<td>5%</td>
<td>10%</td>
<td>2%</td>
<td>8%</td>
<td>4%</td>
<td>66%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>14</td>
<td>60</td>
<td>29%</td>
<td>35%</td>
<td>7%</td>
<td>12%</td>
<td>2%</td>
<td>11%</td>
<td>4%</td>
<td>71%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>14</td>
<td>90</td>
<td>25%</td>
<td>35%</td>
<td>8%</td>
<td>12%</td>
<td>2%</td>
<td>14%</td>
<td>4%</td>
<td>75%</td>
<td>100%</td>
</tr>
<tr>
<td>Mt. A.</td>
<td>23</td>
<td>30</td>
<td>28%</td>
<td>31%</td>
<td>10%</td>
<td>10%</td>
<td>7%</td>
<td>8%</td>
<td>5%</td>
<td>72%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>23</td>
<td>60</td>
<td>16%</td>
<td>43%</td>
<td>10%</td>
<td>11%</td>
<td>7%</td>
<td>8%</td>
<td>4%</td>
<td>84%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>23</td>
<td>90</td>
<td>13%</td>
<td>44%</td>
<td>12%</td>
<td>12%</td>
<td>6%</td>
<td>9%</td>
<td>3%</td>
<td>87%</td>
<td>100%</td>
</tr>
<tr>
<td>NCH</td>
<td>376</td>
<td>30</td>
<td>71%</td>
<td>17%</td>
<td>4%</td>
<td>5%</td>
<td>1%</td>
<td>2%</td>
<td>1%</td>
<td>29%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>376</td>
<td>60</td>
<td>63%</td>
<td>17%</td>
<td>7%</td>
<td>6%</td>
<td>1%</td>
<td>4%</td>
<td>1%</td>
<td>37%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>376</td>
<td>90</td>
<td>58%</td>
<td>18%</td>
<td>9%</td>
<td>7%</td>
<td>1%</td>
<td>5%</td>
<td>2%</td>
<td>42%</td>
<td>100%</td>
</tr>
<tr>
<td>NVRH</td>
<td>376</td>
<td>30</td>
<td>79%</td>
<td>9%</td>
<td>5%</td>
<td>3%</td>
<td>1%</td>
<td>2%</td>
<td>2%</td>
<td>21%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>376</td>
<td>60</td>
<td>69%</td>
<td>11%</td>
<td>9%</td>
<td>5%</td>
<td>1%</td>
<td>3%</td>
<td>2%</td>
<td>31%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>376</td>
<td>90</td>
<td>62%</td>
<td>13%</td>
<td>12%</td>
<td>7%</td>
<td>1%</td>
<td>4%</td>
<td>2%</td>
<td>38%</td>
<td>100%</td>
</tr>
<tr>
<td>NW</td>
<td>694</td>
<td>30</td>
<td>77%</td>
<td>10%</td>
<td>5%</td>
<td>4%</td>
<td>2%</td>
<td>1%</td>
<td>1%</td>
<td>23%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>694</td>
<td>60</td>
<td>70%</td>
<td>11%</td>
<td>7%</td>
<td>5%</td>
<td>2%</td>
<td>3%</td>
<td>1%</td>
<td>30%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>694</td>
<td>90</td>
<td>65%</td>
<td>11%</td>
<td>9%</td>
<td>7%</td>
<td>2%</td>
<td>4%</td>
<td>1%</td>
<td>35%</td>
<td>100%</td>
</tr>
<tr>
<td>Port</td>
<td>463</td>
<td>30</td>
<td>74%</td>
<td>14%</td>
<td>3%</td>
<td>4%</td>
<td>2%</td>
<td>2%</td>
<td>1%</td>
<td>26%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>463</td>
<td>60</td>
<td>66%</td>
<td>16%</td>
<td>5%</td>
<td>6%</td>
<td>2%</td>
<td>3%</td>
<td>1%</td>
<td>34%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>463</td>
<td>90</td>
<td>62%</td>
<td>18%</td>
<td>5%</td>
<td>8%</td>
<td>2%</td>
<td>4%</td>
<td>2%</td>
<td>38%</td>
<td>100%</td>
</tr>
<tr>
<td>RRMC</td>
<td>1,454</td>
<td>30</td>
<td>72%</td>
<td>17%</td>
<td>4%</td>
<td>3%</td>
<td>1%</td>
<td>2%</td>
<td>1%</td>
<td>28%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>1,454</td>
<td>60</td>
<td>64%</td>
<td>19%</td>
<td>6%</td>
<td>5%</td>
<td>1%</td>
<td>3%</td>
<td>1%</td>
<td>36%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>1,454</td>
<td>90</td>
<td>59%</td>
<td>20%</td>
<td>8%</td>
<td>6%</td>
<td>1%</td>
<td>4%</td>
<td>1%</td>
<td>41%</td>
<td>100%</td>
</tr>
<tr>
<td>SVMC</td>
<td>613</td>
<td>30</td>
<td>74%</td>
<td>14%</td>
<td>5%</td>
<td>3%</td>
<td>1%</td>
<td>2%</td>
<td>1%</td>
<td>26%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>613</td>
<td>60</td>
<td>63%</td>
<td>18%</td>
<td>8%</td>
<td>4%</td>
<td>1%</td>
<td>3%</td>
<td>2%</td>
<td>37%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>613</td>
<td>90</td>
<td>58%</td>
<td>20%</td>
<td>10%</td>
<td>5%</td>
<td>1%</td>
<td>5%</td>
<td>2%</td>
<td>42%</td>
<td>100%</td>
</tr>
<tr>
<td>Spring</td>
<td>472</td>
<td>30</td>
<td>63%</td>
<td>22%</td>
<td>5%</td>
<td>6%</td>
<td>1%</td>
<td>2%</td>
<td>2%</td>
<td>37%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>472</td>
<td>60</td>
<td>54%</td>
<td>24%</td>
<td>7%</td>
<td>8%</td>
<td>1%</td>
<td>4%</td>
<td>2%</td>
<td>46%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>472</td>
<td>90</td>
<td>49%</td>
<td>24%</td>
<td>8%</td>
<td>9%</td>
<td>1%</td>
<td>6%</td>
<td>3%</td>
<td>51%</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>12,194</td>
<td>30</td>
<td>73%</td>
<td>14%</td>
<td>4%</td>
<td>4%</td>
<td>1%</td>
<td>2%</td>
<td>1%</td>
<td>27%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>12,194</td>
<td>60</td>
<td>64%</td>
<td>16%</td>
<td>7%</td>
<td>6%</td>
<td>2%</td>
<td>4%</td>
<td>1%</td>
<td>36%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>12,194</td>
<td>90</td>
<td>59%</td>
<td>17%</td>
<td>9%</td>
<td>7%</td>
<td>2%</td>
<td>5%</td>
<td>2%</td>
<td>41%</td>
<td>100%</td>
</tr>
<tr>
<td>Hosp</td>
<td>Claim Type</td>
<td>Post-Acute</td>
<td>Home/Amb</td>
<td>Hosp</td>
<td>Other</td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>------------</td>
<td>------------</td>
<td>----------</td>
<td>------</td>
<td>-------</td>
<td>-------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>Days</td>
<td>Orig IP</td>
<td>HP</td>
<td>IP Admit</td>
<td>OP</td>
<td>Pro</td>
<td>DME</td>
<td>Pharm/Rx</td>
<td>Other</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5,820</td>
<td>30</td>
<td>$8,400</td>
<td>$1,845</td>
<td>$358</td>
<td>$512</td>
<td>$96</td>
<td>$381</td>
<td>$313</td>
<td>$11,905</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5,820</td>
<td>60</td>
<td>$8,400</td>
<td>$2,483</td>
<td>$690</td>
<td>$888</td>
<td>$146</td>
<td>$741</td>
<td>$785</td>
<td>$14,133</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5,820</td>
<td>90</td>
<td>$8,400</td>
<td>$2,971</td>
<td>$912</td>
<td>$1,196</td>
<td>$181</td>
<td>$1,051</td>
<td>$1,390</td>
<td>$16,101</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BCBS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2,119</td>
<td>30</td>
<td>$14,722</td>
<td>$3,039</td>
<td>$1,370</td>
<td>$807</td>
<td>$397</td>
<td>$344</td>
<td>$150</td>
<td>$20,829</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2,119</td>
<td>60</td>
<td>$14,722</td>
<td>$4,142</td>
<td>$2,344</td>
<td>$1,311</td>
<td>$471</td>
<td>$662</td>
<td>$361</td>
<td>$24,013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2,119</td>
<td>90</td>
<td>$14,722</td>
<td>$4,870</td>
<td>$3,083</td>
<td>$1,731</td>
<td>$525</td>
<td>$1,035</td>
<td>$625</td>
<td>$26,592</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cigna</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1,318</td>
<td>30</td>
<td>$13,006</td>
<td>$1,209</td>
<td>$797</td>
<td>$624</td>
<td>$244</td>
<td>$249</td>
<td>$35</td>
<td>$16,164</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1,318</td>
<td>60</td>
<td>$13,006</td>
<td>$1,638</td>
<td>$1,499</td>
<td>$1,035</td>
<td>$358</td>
<td>$413</td>
<td>$76</td>
<td>$18,026</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1,318</td>
<td>90</td>
<td>$13,006</td>
<td>$1,832</td>
<td>$2,014</td>
<td>$1,329</td>
<td>$841</td>
<td>$595</td>
<td>$120</td>
<td>$19,337</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TVHP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>832</td>
<td>30</td>
<td>$12,400</td>
<td>$2,352</td>
<td>$902</td>
<td>$672</td>
<td>$320</td>
<td>$14,996</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>832</td>
<td>60</td>
<td>$12,400</td>
<td>$2,995</td>
<td>$1,588</td>
<td>$1,100</td>
<td>$358</td>
<td>$620</td>
<td>$149</td>
<td>$19,210</td>
<td></td>
<td></td>
</tr>
<tr>
<td>832</td>
<td>90</td>
<td>$12,400</td>
<td>$3,255</td>
<td>$2,131</td>
<td>$1,410</td>
<td>$394</td>
<td>$881</td>
<td>$261</td>
<td>$20,733</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MVP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>862</td>
<td>30</td>
<td>$15,466</td>
<td>$2,507</td>
<td>$1,149</td>
<td>$828</td>
<td>$296</td>
<td>$323</td>
<td>$14</td>
<td>$20,582</td>
<td></td>
<td></td>
</tr>
<tr>
<td>862</td>
<td>60</td>
<td>$15,466</td>
<td>$3,246</td>
<td>$1,938</td>
<td>$1,288</td>
<td>$367</td>
<td>$614</td>
<td>$47</td>
<td>$22,965</td>
<td></td>
<td></td>
</tr>
<tr>
<td>862</td>
<td>90</td>
<td>$15,466</td>
<td>$3,917</td>
<td>$2,575</td>
<td>$1,636</td>
<td>$405</td>
<td>$904</td>
<td>$87</td>
<td>$24,989</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CBA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>312</td>
<td>30</td>
<td>$14,298</td>
<td>$4,698</td>
<td>$1,039</td>
<td>$1,274</td>
<td>$217</td>
<td>$303</td>
<td>$29</td>
<td>$21,857</td>
<td></td>
<td></td>
</tr>
<tr>
<td>312</td>
<td>60</td>
<td>$14,298</td>
<td>$5,369</td>
<td>$1,783</td>
<td>$1,810</td>
<td>$319</td>
<td>$548</td>
<td>$80</td>
<td>$24,207</td>
<td></td>
<td></td>
</tr>
<tr>
<td>312</td>
<td>90</td>
<td>$14,298</td>
<td>$6,655</td>
<td>$2,480</td>
<td>$2,306</td>
<td>$380</td>
<td>$805</td>
<td>$131</td>
<td>$27,056</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apex</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>311</td>
<td>30</td>
<td>$13,935</td>
<td>$3,391</td>
<td>$886</td>
<td>$730</td>
<td>$289</td>
<td>$511</td>
<td>$15</td>
<td>$19,757</td>
<td></td>
<td></td>
</tr>
<tr>
<td>311</td>
<td>60</td>
<td>$13,935</td>
<td>$4,034</td>
<td>$1,651</td>
<td>$1,231</td>
<td>$383</td>
<td>$859</td>
<td>$37</td>
<td>$22,129</td>
<td></td>
<td></td>
</tr>
<tr>
<td>311</td>
<td>90</td>
<td>$13,935</td>
<td>$5,376</td>
<td>$2,120</td>
<td>$1,529</td>
<td>$470</td>
<td>$1,193</td>
<td>$59</td>
<td>$24,681</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well Point</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>277</td>
<td>30</td>
<td>$16,089</td>
<td>$4,595</td>
<td>$1,206</td>
<td>$1,041</td>
<td>$389</td>
<td>$325</td>
<td>$285</td>
<td>$23,930</td>
<td></td>
<td></td>
</tr>
<tr>
<td>277</td>
<td>60</td>
<td>$16,089</td>
<td>$5,348</td>
<td>$2,080</td>
<td>$1,546</td>
<td>$501</td>
<td>$633</td>
<td>$804</td>
<td>$27,001</td>
<td></td>
<td></td>
</tr>
<tr>
<td>277</td>
<td>90</td>
<td>$16,089</td>
<td>$5,798</td>
<td>$2,718</td>
<td>$1,854</td>
<td>$616</td>
<td>$926</td>
<td>$1,407</td>
<td>$29,408</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UHC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>134</td>
<td>30</td>
<td>$16,729</td>
<td>$4,875</td>
<td>$1,338</td>
<td>$1,267</td>
<td>$88</td>
<td>$190</td>
<td>$12</td>
<td>$24,499</td>
<td></td>
<td></td>
</tr>
<tr>
<td>134</td>
<td>60</td>
<td>$16,729</td>
<td>$5,287</td>
<td>$2,684</td>
<td>$1,878</td>
<td>$121</td>
<td>$405</td>
<td>$24</td>
<td>$27,127</td>
<td></td>
<td></td>
</tr>
<tr>
<td>134</td>
<td>90</td>
<td>$16,729</td>
<td>$5,467</td>
<td>$2,955</td>
<td>$2,120</td>
<td>$183</td>
<td>$753</td>
<td>$37</td>
<td>$28,244</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>127</td>
<td>30</td>
<td>$13,899</td>
<td>$3,006</td>
<td>$647</td>
<td>$1,391</td>
<td>$211</td>
<td>$310</td>
<td>$52</td>
<td>$19,516</td>
<td></td>
<td></td>
</tr>
<tr>
<td>127</td>
<td>60</td>
<td>$13,899</td>
<td>$5,648</td>
<td>$1,474</td>
<td>$2,616</td>
<td>$375</td>
<td>$557</td>
<td>$134</td>
<td>$24,703</td>
<td></td>
<td></td>
</tr>
<tr>
<td>127</td>
<td>90</td>
<td>$13,899</td>
<td>$5,936</td>
<td>$2,220</td>
<td>$3,005</td>
<td>$426</td>
<td>$783</td>
<td>$262</td>
<td>$26,532</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>83</td>
<td>30</td>
<td>$14,114</td>
<td>$1,895</td>
<td>$1,438</td>
<td>$2,080</td>
<td>$1,546</td>
<td>$501</td>
<td>$633</td>
<td>$804</td>
<td>$27,001</td>
<td></td>
</tr>
<tr>
<td>83</td>
<td>60</td>
<td>$14,114</td>
<td>$3,025</td>
<td>$2,643</td>
<td>$651</td>
<td>$176</td>
<td>$534</td>
<td>$456</td>
<td>$21,599</td>
<td></td>
<td></td>
</tr>
<tr>
<td>83</td>
<td>90</td>
<td>$14,114</td>
<td>$3,285</td>
<td>$3,301</td>
<td>$845</td>
<td>$262</td>
<td>$837</td>
<td>$875</td>
<td>$23,518</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12,195</td>
<td>30</td>
<td>$11,423</td>
<td>$2,886</td>
<td>$746</td>
<td>$663</td>
<td>$207</td>
<td>$349</td>
<td>$193</td>
<td>$15,866</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12,195</td>
<td>60</td>
<td>$11,423</td>
<td>$3,015</td>
<td>$1,342</td>
<td>$1,094</td>
<td>$276</td>
<td>$663</td>
<td>$485</td>
<td>$18,299</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12,195</td>
<td>90</td>
<td>$11,423</td>
<td>$3,544</td>
<td>$1,773</td>
<td>$1,427</td>
<td>$325</td>
<td>$964</td>
<td>$855</td>
<td>$20,312</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Figure 4.30  Average Allowed Payment Percents, By Payer (30, 60, 90 Days Post-Acute)

<table>
<thead>
<tr>
<th>Hosp</th>
<th>n</th>
<th>Days</th>
<th>Orig IP</th>
<th>IP Admit</th>
<th>OP</th>
<th>Pro</th>
<th>DME</th>
<th>Pharm/Rx</th>
<th>Other</th>
<th>PAC</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>5,820</td>
<td>30</td>
<td>71%</td>
<td>16%</td>
<td>3%</td>
<td>4%</td>
<td>1%</td>
<td>3%</td>
<td>3%</td>
<td>29%</td>
<td>100%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>5,820</td>
<td>60</td>
<td>59%</td>
<td>18%</td>
<td>5%</td>
<td>6%</td>
<td>1%</td>
<td>5%</td>
<td>6%</td>
<td>41%</td>
<td>100%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>5,820</td>
<td>90</td>
<td>52%</td>
<td>18%</td>
<td>6%</td>
<td>7%</td>
<td>1%</td>
<td>7%</td>
<td>9%</td>
<td>48%</td>
<td>100%</td>
</tr>
<tr>
<td>BCBS</td>
<td>2,119</td>
<td>30</td>
<td>71%</td>
<td>15%</td>
<td>7%</td>
<td>4%</td>
<td>2%</td>
<td>2%</td>
<td>1%</td>
<td>29%</td>
<td>100%</td>
</tr>
<tr>
<td>BCBS</td>
<td>2,119</td>
<td>60</td>
<td>61%</td>
<td>17%</td>
<td>10%</td>
<td>5%</td>
<td>2%</td>
<td>3%</td>
<td>2%</td>
<td>39%</td>
<td>100%</td>
</tr>
<tr>
<td>BCBS</td>
<td>2,119</td>
<td>90</td>
<td>55%</td>
<td>18%</td>
<td>12%</td>
<td>7%</td>
<td>2%</td>
<td>4%</td>
<td>2%</td>
<td>45%</td>
<td>100%</td>
</tr>
<tr>
<td>Cigna</td>
<td>1,318</td>
<td>30</td>
<td>80%</td>
<td>7%</td>
<td>5%</td>
<td>4%</td>
<td>2%</td>
<td>2%</td>
<td>0%</td>
<td>20%</td>
<td>100%</td>
</tr>
<tr>
<td>Cigna</td>
<td>1,318</td>
<td>60</td>
<td>72%</td>
<td>9%</td>
<td>8%</td>
<td>6%</td>
<td>2%</td>
<td>2%</td>
<td>0%</td>
<td>28%</td>
<td>100%</td>
</tr>
<tr>
<td>Cigna</td>
<td>1,318</td>
<td>90</td>
<td>67%</td>
<td>9%</td>
<td>10%</td>
<td>7%</td>
<td>2%</td>
<td>3%</td>
<td>1%</td>
<td>33%</td>
<td>100%</td>
</tr>
<tr>
<td>TVHP</td>
<td>832</td>
<td>30</td>
<td>73%</td>
<td>14%</td>
<td>5%</td>
<td>4%</td>
<td>2%</td>
<td>2%</td>
<td>0%</td>
<td>27%</td>
<td>100%</td>
</tr>
<tr>
<td>TVHP</td>
<td>832</td>
<td>60</td>
<td>65%</td>
<td>16%</td>
<td>8%</td>
<td>6%</td>
<td>2%</td>
<td>3%</td>
<td>1%</td>
<td>35%</td>
<td>100%</td>
</tr>
<tr>
<td>TVHP</td>
<td>832</td>
<td>90</td>
<td>60%</td>
<td>16%</td>
<td>10%</td>
<td>7%</td>
<td>2%</td>
<td>4%</td>
<td>1%</td>
<td>40%</td>
<td>100%</td>
</tr>
<tr>
<td>MVP</td>
<td>862</td>
<td>30</td>
<td>75%</td>
<td>12%</td>
<td>6%</td>
<td>4%</td>
<td>1%</td>
<td>2%</td>
<td>0%</td>
<td>25%</td>
<td>100%</td>
</tr>
<tr>
<td>MVP</td>
<td>862</td>
<td>60</td>
<td>67%</td>
<td>14%</td>
<td>8%</td>
<td>6%</td>
<td>2%</td>
<td>3%</td>
<td>0%</td>
<td>33%</td>
<td>100%</td>
</tr>
<tr>
<td>MVP</td>
<td>862</td>
<td>90</td>
<td>62%</td>
<td>16%</td>
<td>10%</td>
<td>7%</td>
<td>2%</td>
<td>4%</td>
<td>0%</td>
<td>38%</td>
<td>100%</td>
</tr>
<tr>
<td>CBA</td>
<td>312</td>
<td>30</td>
<td>65%</td>
<td>21%</td>
<td>5%</td>
<td>6%</td>
<td>1%</td>
<td>1%</td>
<td>0%</td>
<td>35%</td>
<td>100%</td>
</tr>
<tr>
<td>CBA</td>
<td>312</td>
<td>60</td>
<td>59%</td>
<td>22%</td>
<td>7%</td>
<td>7%</td>
<td>1%</td>
<td>2%</td>
<td>0%</td>
<td>41%</td>
<td>100%</td>
</tr>
<tr>
<td>CBA</td>
<td>312</td>
<td>90</td>
<td>53%</td>
<td>25%</td>
<td>9%</td>
<td>9%</td>
<td>1%</td>
<td>3%</td>
<td>0%</td>
<td>47%</td>
<td>100%</td>
</tr>
<tr>
<td>Apex</td>
<td>311</td>
<td>30</td>
<td>71%</td>
<td>17%</td>
<td>4%</td>
<td>4%</td>
<td>1%</td>
<td>3%</td>
<td>0%</td>
<td>29%</td>
<td>100%</td>
</tr>
<tr>
<td>Apex</td>
<td>311</td>
<td>60</td>
<td>63%</td>
<td>18%</td>
<td>7%</td>
<td>6%</td>
<td>2%</td>
<td>4%</td>
<td>0%</td>
<td>37%</td>
<td>100%</td>
</tr>
<tr>
<td>Apex</td>
<td>311</td>
<td>90</td>
<td>56%</td>
<td>22%</td>
<td>9%</td>
<td>6%</td>
<td>2%</td>
<td>5%</td>
<td>0%</td>
<td>44%</td>
<td>100%</td>
</tr>
<tr>
<td>Well Point</td>
<td>277</td>
<td>30</td>
<td>67%</td>
<td>19%</td>
<td>5%</td>
<td>4%</td>
<td>2%</td>
<td>1%</td>
<td>1%</td>
<td>33%</td>
<td>100%</td>
</tr>
<tr>
<td>Well Point</td>
<td>277</td>
<td>60</td>
<td>60%</td>
<td>20%</td>
<td>8%</td>
<td>6%</td>
<td>2%</td>
<td>2%</td>
<td>3%</td>
<td>40%</td>
<td>100%</td>
</tr>
<tr>
<td>Well Point</td>
<td>277</td>
<td>90</td>
<td>55%</td>
<td>20%</td>
<td>9%</td>
<td>6%</td>
<td>2%</td>
<td>3%</td>
<td>5%</td>
<td>45%</td>
<td>100%</td>
</tr>
<tr>
<td>UHC</td>
<td>134</td>
<td>30</td>
<td>68%</td>
<td>20%</td>
<td>5%</td>
<td>5%</td>
<td>0%</td>
<td>1%</td>
<td>0%</td>
<td>32%</td>
<td>100%</td>
</tr>
<tr>
<td>UHC</td>
<td>134</td>
<td>60</td>
<td>62%</td>
<td>19%</td>
<td>10%</td>
<td>7%</td>
<td>0%</td>
<td>1%</td>
<td>0%</td>
<td>38%</td>
<td>100%</td>
</tr>
<tr>
<td>UHC</td>
<td>134</td>
<td>90</td>
<td>59%</td>
<td>19%</td>
<td>10%</td>
<td>8%</td>
<td>1%</td>
<td>3%</td>
<td>0%</td>
<td>41%</td>
<td>100%</td>
</tr>
<tr>
<td>Aetna</td>
<td>127</td>
<td>30</td>
<td>71%</td>
<td>15%</td>
<td>3%</td>
<td>7%</td>
<td>1%</td>
<td>2%</td>
<td>0%</td>
<td>29%</td>
<td>100%</td>
</tr>
<tr>
<td>Aetna</td>
<td>127</td>
<td>60</td>
<td>56%</td>
<td>23%</td>
<td>6%</td>
<td>11%</td>
<td>2%</td>
<td>2%</td>
<td>1%</td>
<td>44%</td>
<td>100%</td>
</tr>
<tr>
<td>Aetna</td>
<td>127</td>
<td>90</td>
<td>52%</td>
<td>22%</td>
<td>8%</td>
<td>11%</td>
<td>2%</td>
<td>3%</td>
<td>1%</td>
<td>48%</td>
<td>100%</td>
</tr>
<tr>
<td>Other</td>
<td>83</td>
<td>30</td>
<td>77%</td>
<td>10%</td>
<td>6%</td>
<td>2%</td>
<td>1%</td>
<td>2%</td>
<td>1%</td>
<td>23%</td>
<td>100%</td>
</tr>
<tr>
<td>Other</td>
<td>83</td>
<td>60</td>
<td>65%</td>
<td>14%</td>
<td>12%</td>
<td>3%</td>
<td>1%</td>
<td>2%</td>
<td>2%</td>
<td>35%</td>
<td>100%</td>
</tr>
<tr>
<td>Other</td>
<td>83</td>
<td>90</td>
<td>60%</td>
<td>14%</td>
<td>14%</td>
<td>4%</td>
<td>1%</td>
<td>4%</td>
<td>4%</td>
<td>40%</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>12,195</td>
<td>30</td>
<td>72%</td>
<td>14%</td>
<td>5%</td>
<td>4%</td>
<td>1%</td>
<td>2%</td>
<td>1%</td>
<td>28%</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>12,195</td>
<td>60</td>
<td>62%</td>
<td>16%</td>
<td>7%</td>
<td>6%</td>
<td>2%</td>
<td>4%</td>
<td>3%</td>
<td>38%</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>12,195</td>
<td>90</td>
<td>56%</td>
<td>17%</td>
<td>9%</td>
<td>7%</td>
<td>2%</td>
<td>5%</td>
<td>4%</td>
<td>44%</td>
<td>100%</td>
</tr>
</tbody>
</table>
# 5. Appendix

Table of Contents

1. Abbreviations Used in Report .......................... Page 48
2. VHCURES-VUHDDS Data Matching Tool ........... Page 49
3. Variation Detail ...........................................
   a. Inpatient Detail ...................................... Page 51
      i. Relative Payment Tables ......................... Page 52
      ii. DRG Detail .........................................
          1. Payments ...................................... Page 53
          2. Costs .......................................... Page 57
          3. Charges ........................................ Page 72
   b. Outpatient Detail ....................................
      i. ICD-9 Procedure Detail ......................... Page 57-101
          1. Payments .................................... Page 52
          2. Costs ......................................... Page 102
          3. Charges ...................................... Page 115
   c. Professional Detail .................................
      i. CPT Detail ....................................... Page 102-142
          1. Inpatient Payments ......................... Page 143
          2. Outpatient Payments ....................... Page 154
          3. Office Payments ............................ Page 165
          4. Hosp ER Payments ......................... Page 177
1. Abbreviations

1. GMCB – Green Mountain Care Board
2. VAHHS-NSO – Vermont Association of Hospitals and Healthcare Systems – Network Services Organization
3. VHCURES – Vermont Healthcare Claims Uniform Reporting and Evaluation System
4. VUHDDS - Vermont Uniform Hospital Discharge Data Set
5. CMS – Centers for Medicare and Medicaid Services
6. DRG – Diagnostic Related Groups
7. MS-DRG – Medicare DRG
8. ICD-9 – International Classification of Diseases
9. CPT – Current Procedure Terminology
10. DSH – Disproportionate Share Hospital
11. PAC – Post Acute Care
12. FQHC – Federally Qualified Health Center
13. CMMI – Center for Medicare and Medicaid Innovation
14. RCC – Ratio of Cost to Charge
15. MRI – Magnetic Resonance Imaging
16. ICU – Intensive Care Unit

17. Hospital Abbreviations:
   - Bratt – Brattleboro Memorial Hospital
   - Cop – Copley Hospital
   - CVMC – Central Vermont Medical Center
   - FAHC – Fletcher Allen Health Care
   - Giff – Gifford Medical Center
   - Grace – Grace Cottage Hospital
   - Mt. A. – Mount Ascutney Hospital
   - NCH – North Country Hospital
   - NVRH – Northeastern Vermont Regional Hospital
   - NW – Northwestern Medical Center
   - Port – Porter Medical Center
   - RRMC – Rutland Regional Medical Center
   - SVMC – Southwestern Vermont Medical Center
   - Spring – Springfield Hospital

18. Payer Abbreviations:
   - BCBS – Blue Cross Blue Shield
   - CIGNA – CIGNA Healthcare
   - TVHP – The Vermont Health Plan
   - MVP – MVP Healthcare
   - CBA – CBA Blue, a subsidiary of BCBS
   - Apex – Apex Benefits Services
   - UHC – United HealthCare
2. VHCURES-VUHDDS Data Matching Tool

Inpatient claims missing DRG:

By matching the VUHDDS dataset to the VHCURES dataset using the criteria listed below, it was found that approximately 20% of the VHCURES inpatient records or 28% of VHCURES inpatient payments were missing DRGs.

- Admit date
- Discharge date
- Birth date
- Zip code
- Principle diagnosis
- Gender
- Hospital

<table>
<thead>
<tr>
<th>Solution Statistics</th>
<th>Still Missing</th>
<th>Corrected</th>
<th>Untouched</th>
</tr>
</thead>
<tbody>
<tr>
<td>VHCures FY2012 VT Hospital IP Claims Missing DRG</td>
<td>6% Still Missing</td>
<td>14% Corrected</td>
<td>80% Untouched</td>
</tr>
<tr>
<td>Total Records</td>
<td>1248 Records</td>
<td>2742 Records</td>
<td>15809 Records</td>
</tr>
<tr>
<td>Total Payments</td>
<td>$18,355,510 Pmts</td>
<td>$37,743,350 Pmts</td>
<td>$147,015,262 Pmts</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VHCures FY2012 VT Hospital IP Claims Missing DRG Solution Statistics</th>
<th>Still Missing</th>
<th>Corrected</th>
<th>Untouched</th>
</tr>
</thead>
<tbody>
<tr>
<td>Still Missing</td>
<td>9% Still Missing</td>
<td>19% Corrected</td>
<td>72% Untouched</td>
</tr>
<tr>
<td>Total Payments</td>
<td>$203,114,121 Pmts</td>
<td>$147,015,262 Pmts</td>
<td>$18,355,510 Pmts</td>
</tr>
</tbody>
</table>
Outpatient claims missing ICD-9:

By matching the VUHDDS dataset to the VHCURES dataset using the same criteria, it was found that approximately 7% of the VHCURES outpatient records or 29% of VHCURES outpatient payments were missing ICD-9 procedure codes.

VHCURES Database Issues/Recommendations:

1) Limited data validation on DRG, ICD-9, Revenue Code and CPT/HCPC Fields
2) Unreliable unique provider identification, NPI and taxonomy
3) Non-existent provider organization identifier
4) Inconsistent Patient Account number field (refining this data element in VHCURES would lead to the least complex, least difficult manner in which to link VHCURES to VUHDDS)
5) VHCURES would be exponentially more user-friendly if Onpoint Health adopted a one record per discharge data layout or provided some means of linking multiple records to a single visit.
6) Better online documentation that could include SQL examples and explanation.
3. Variation Detail

**Purpose:**

The purpose of this appendix is to provide a comprehensive presentation of variation at the procedure level. Data is shown for inpatient data at the DRG level, for outpatient at the ICD-9 procedure code level and at the CPT level for professional claims. The scope of the study called for presenting the top 20 DRGs, ICD-9s and CPTs where statistically valid data exists.

- For inpatient data, DRGs are shown where there exists a minimum of 5 discharges for each payer-hospital combination.
- For outpatient and professional, that filter was set to 15 discharges.
INPATIENT DETAIL

1. Relative Measures tables (Tables 1-6)
   a. By Payer
   b. By Hospital Type (PPS/CAH)

2. DRG Detail
   a. Payments
   b. Costs
   c. Charges
Inpatient Relative Measures:

Table 1 shows inpatient relative measures for each hospital for payments, costs and charges (the three major groupings from left to right) for Commercial claims. For each of the groupings, the table shows 3 relative measures:

1. Relative to the commercial average (payment, cost or charge)
2. Relative to the Medicaid average (payment, cost or charge)
3. Relative to the system average, where system is Commercial plus Medicaid

Table 1 Inpatient Commercial Relative Measures, by Hospital

<table>
<thead>
<tr>
<th>Hosp</th>
<th>n</th>
<th>Commercial Payments Relative to</th>
<th>Commercial Cost Relative to</th>
<th>Commercial Charge Relative to</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Commercial Medicaid System</td>
<td>Commercial Medicaid System</td>
<td>Commercial Medicaid System</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bratt</td>
<td>276</td>
<td>-1% 54% 19%</td>
<td>-4% -1% -2%</td>
<td>-16% -9% -13%</td>
</tr>
<tr>
<td>Cop</td>
<td>267</td>
<td>21% 87% 45%</td>
<td>10% 13% 11%</td>
<td>16% 26% 21%</td>
</tr>
<tr>
<td>CVMC</td>
<td>571</td>
<td>-19% 25% -3%</td>
<td>-24% -22% -23%</td>
<td>-20% -13% -17%</td>
</tr>
<tr>
<td>FAHC</td>
<td>3,947</td>
<td>-9% 40% 9%</td>
<td>2% 5% 4%</td>
<td>-1% 8% 3%</td>
</tr>
<tr>
<td>Giff</td>
<td>255</td>
<td>21% 87% 45%</td>
<td>-3% 0% -1%</td>
<td>12% 23% 17%</td>
</tr>
<tr>
<td>Grace</td>
<td>13</td>
<td>-26% 14% -11%</td>
<td>2% 5% 3%</td>
<td>-41% -35% -38%</td>
</tr>
<tr>
<td>Mt. A.</td>
<td>36</td>
<td>-13% 35% 5%</td>
<td>9% 13% 11%</td>
<td>-26% -19% -23%</td>
</tr>
<tr>
<td>NCH</td>
<td>183</td>
<td>4% 61% 24%</td>
<td>-17% -14% -16%</td>
<td>-15% -8% -12%</td>
</tr>
<tr>
<td>NVRH</td>
<td>205</td>
<td>-1% 54% 19%</td>
<td>-37% -35% -36%</td>
<td>-7% 1% -3%</td>
</tr>
<tr>
<td>NW</td>
<td>342</td>
<td>-9% 41% 10%</td>
<td>-2% 0% -1%</td>
<td>-12% -4% -8%</td>
</tr>
<tr>
<td>Port</td>
<td>298</td>
<td>17% 82% 41%</td>
<td>29% 33% 31%</td>
<td>29% 41% 34%</td>
</tr>
<tr>
<td>RRMC</td>
<td>800</td>
<td>44% 123% 73%</td>
<td>18% 22% 20%</td>
<td>25% 37% 31%</td>
</tr>
<tr>
<td>SVMC</td>
<td>310</td>
<td>14% 77% 37%</td>
<td>-12% -9% -11%</td>
<td>-6% 3% -2%</td>
</tr>
<tr>
<td>Spring</td>
<td>203</td>
<td>-15% 31% 2%</td>
<td>-19% -17% -18%</td>
<td>-19% -11% -15%</td>
</tr>
<tr>
<td></td>
<td>Commercial</td>
<td>7,706</td>
<td>0% 55% 20%</td>
<td>0% 3% 1%</td>
</tr>
<tr>
<td></td>
<td>Medicaid</td>
<td>6,922</td>
<td>-36% 0% -23%</td>
<td>-3% 0% -2%</td>
</tr>
<tr>
<td></td>
<td>System</td>
<td>14,628</td>
<td>-17% 29% 0%</td>
<td>-1% 2% 0%</td>
</tr>
</tbody>
</table>

Table 2 shows inpatient relative measures for each hospital for payments, costs and charges (the three major groupings from left to right) for Medicaid claims. For each of the groupings, the table shows the same 3 relative measures:

1. Relative to the average commercial measure
2. Relative to the average Medicaid measure
3. Relative to the average system measure, where system is Commercial plus Medicaid
### Table 2 Inpatient Medicaid Relative Measures, by Hospital

<table>
<thead>
<tr>
<th>Hosp</th>
<th>n</th>
<th>Commercial Medicaid System</th>
<th>Commercial Medicaid System</th>
<th>Commercial Medicaid System</th>
<th>Cost Relative to Medicaid System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bratt</td>
<td>278</td>
<td>-38% -4% -26%</td>
<td>-10% -7% -8%</td>
<td>-27% -21% -24%</td>
<td></td>
</tr>
<tr>
<td>Cop</td>
<td>209</td>
<td>-40% -7% -28%</td>
<td>-14% -12% -13%</td>
<td>-28% -21% -25%</td>
<td></td>
</tr>
<tr>
<td>CVMC</td>
<td>547</td>
<td>-25% 16% -10%</td>
<td>-3% 0% -1%</td>
<td>-7% 2% -3%</td>
<td></td>
</tr>
<tr>
<td>FAHC</td>
<td>2,680</td>
<td>-36% 0% -23%</td>
<td>6% 9% 8%</td>
<td>-1% 8% 3%</td>
<td></td>
</tr>
<tr>
<td>Giff</td>
<td>214</td>
<td>-37% -2% -24%</td>
<td>-5% -2% -4%</td>
<td>9% 19% 14%</td>
<td></td>
</tr>
<tr>
<td>Grace</td>
<td>10</td>
<td>-37% -2% -24%</td>
<td>12% 15% 13%</td>
<td>-38% -33% -36%</td>
<td></td>
</tr>
<tr>
<td>Mt. A.</td>
<td>22</td>
<td>55% 140% 86%</td>
<td>178% 187% 182%</td>
<td>64% 79% 71%</td>
<td></td>
</tr>
<tr>
<td>NCH</td>
<td>261</td>
<td>-44% -13% -33%</td>
<td>-25% -22% -24%</td>
<td>-25% -18% -22%</td>
<td></td>
</tr>
<tr>
<td>NVRH</td>
<td>255</td>
<td>41% -8% -29%</td>
<td>-31% -29% -30%</td>
<td>2% 12% 6%</td>
<td></td>
</tr>
<tr>
<td>NW</td>
<td>419</td>
<td>-35% 1% -22%</td>
<td>-15% -13% -14%</td>
<td>-25% -18% -22%</td>
<td></td>
</tr>
<tr>
<td>Port</td>
<td>213</td>
<td>-35% 1% -22%</td>
<td>-4% -1% -3%</td>
<td>-15% -7% -11%</td>
<td></td>
</tr>
<tr>
<td>RMMC</td>
<td>1,035</td>
<td>-40% -7% -28%</td>
<td>1% 4% 3%</td>
<td>-7% 2% 3%</td>
<td></td>
</tr>
<tr>
<td>SVMC</td>
<td>399</td>
<td>-40% -7% -28%</td>
<td>-25% -22% -24%</td>
<td>-18% -10% -14%</td>
<td></td>
</tr>
<tr>
<td>Spring</td>
<td>380</td>
<td>-25% 17% -9%</td>
<td>-7% -5% -6%</td>
<td>-21% -14% -18%</td>
<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td>7,706</td>
<td>55% 20% 1%</td>
<td>0% 3% 1%</td>
<td>0% 9% 4%</td>
<td></td>
</tr>
<tr>
<td>System</td>
<td>14,628</td>
<td>29% 0% 0%</td>
<td>-1% 2% 0%</td>
<td>-4% 5% 0%</td>
<td></td>
</tr>
</tbody>
</table>

Table 3 shows inpatient relative measures for each hospital for payments, costs and charges (the three major groupings from left to right) for Commercial + Medicaid (“System”) claims. For each of the groupings, the table shows the same 3 relative measures:

### Table 3 Inpatient System Relative Measures, by Hospital

<table>
<thead>
<tr>
<th>Hosp</th>
<th>n</th>
<th>Commercial Medicaid System</th>
<th>Commercial Medicaid System</th>
<th>Commercial Medicaid System</th>
<th>Commercial Medicaid System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bratt</td>
<td>554</td>
<td>-20% 25% -3%</td>
<td>-7% -4% -5%</td>
<td>-22% -15% -19%</td>
<td></td>
</tr>
<tr>
<td>Cop</td>
<td>476</td>
<td>-6% 46% 13%</td>
<td>-1% 2% 1%</td>
<td>-3% 5% 1%</td>
<td></td>
</tr>
<tr>
<td>CVMC</td>
<td>1,118</td>
<td>-22% 21% -7%</td>
<td>-14% -11% -12%</td>
<td>-14% -6% -10%</td>
<td></td>
</tr>
<tr>
<td>FAHC</td>
<td>6,627</td>
<td>-20% 24% -4%</td>
<td>4% 7% 5%</td>
<td>-1% 8% 3%</td>
<td></td>
</tr>
<tr>
<td>Giff</td>
<td>469</td>
<td>-6% 47% 14%</td>
<td>-4% -1% -2%</td>
<td>11% 21% 16%</td>
<td></td>
</tr>
<tr>
<td>Grace</td>
<td>23</td>
<td>31% 7% -17%</td>
<td>6% 9% 8%</td>
<td>-40% -34% -37%</td>
<td></td>
</tr>
<tr>
<td>Mt. A.</td>
<td>58</td>
<td>13% 75% 36%</td>
<td>73% 79% 76%</td>
<td>8% 18% 12%</td>
<td></td>
</tr>
<tr>
<td>NCH</td>
<td>444</td>
<td>-24% 17% -9%</td>
<td>-21% -19% -20%</td>
<td>-21% -14% -18%</td>
<td></td>
</tr>
<tr>
<td>NVRH</td>
<td>460</td>
<td>-23% 20% -7%</td>
<td>-33% -31% -33%</td>
<td>-2% 7% 2%</td>
<td></td>
</tr>
<tr>
<td>NW</td>
<td>761</td>
<td>-23% 19% -8%</td>
<td>-9% -7% -8%</td>
<td>-19% -12% -16%</td>
<td></td>
</tr>
<tr>
<td>Port</td>
<td>511</td>
<td>-5% 48% 15%</td>
<td>15% 19% 17%</td>
<td>11% 21% 15%</td>
<td></td>
</tr>
<tr>
<td>RMMC</td>
<td>1,835</td>
<td>-3% 50% 16%</td>
<td>9% 12% 10%</td>
<td>7% 17% 12%</td>
<td></td>
</tr>
<tr>
<td>SVMC</td>
<td>709</td>
<td>-16% 30% 1%</td>
<td>-19% -17% -18%</td>
<td>-13% -5% -9%</td>
<td></td>
</tr>
<tr>
<td>Spring</td>
<td>583</td>
<td>-21% 22% -6%</td>
<td>-12% -9% -10%</td>
<td>-21% -13% -17%</td>
<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td>7,706</td>
<td>55% 20% 1%</td>
<td>0% 3% 1%</td>
<td>0% 9% 4%</td>
<td></td>
</tr>
<tr>
<td>System</td>
<td>14,628</td>
<td>29% 0% 0%</td>
<td>-1% 2% 0%</td>
<td>-4% 5% 0%</td>
<td></td>
</tr>
</tbody>
</table>
Table 4 shows inpatient relative measures for each payer for payments, costs and charges (the three major groupings from left to right) for Prospective Payment System (PPS) hospital claims. For each of the groupings, the table shows the same 3 relative measures:

**Table 4 Inpatient System Relative Measures, by Payer, for PPS Hospitals**

<table>
<thead>
<tr>
<th>Payer</th>
<th>Payments Relative to</th>
<th>Cost Relative to</th>
<th>Charge Relative to</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PPS</td>
<td>PPS</td>
<td>PPS</td>
</tr>
<tr>
<td></td>
<td>n</td>
<td>Commercial</td>
<td>Medicaid</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Commercial</td>
<td>Medicaid</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Commercial</td>
<td>Medicaid</td>
</tr>
<tr>
<td>BCBS</td>
<td>2,098</td>
<td>6%</td>
<td>62%</td>
</tr>
<tr>
<td>Blue Cross</td>
<td></td>
<td>3%</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7%</td>
<td>14%</td>
</tr>
<tr>
<td>Cigna</td>
<td>1,292</td>
<td>-10%</td>
<td>37%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-19%</td>
<td>-18%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-15%</td>
<td>-10%</td>
</tr>
<tr>
<td>MVP</td>
<td>832</td>
<td>-13%</td>
<td>33%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-4%</td>
<td>-3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0%</td>
<td>6%</td>
</tr>
<tr>
<td>TVHP</td>
<td>836</td>
<td>7%</td>
<td>64%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-1%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6%</td>
<td>13%</td>
</tr>
<tr>
<td>CBA Blue</td>
<td>218</td>
<td>9%</td>
<td>67%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>113%</td>
<td>116%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1%</td>
<td>8%</td>
</tr>
<tr>
<td>Apex</td>
<td>357</td>
<td>-7%</td>
<td>42%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0%</td>
<td>6%</td>
</tr>
<tr>
<td>WellPoint</td>
<td>260</td>
<td>25%</td>
<td>90%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>13%</td>
<td>14%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>21%</td>
<td>29%</td>
</tr>
<tr>
<td>UHC</td>
<td>141</td>
<td>1%</td>
<td>54%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-31%</td>
<td>-31%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-16%</td>
<td>-10%</td>
</tr>
<tr>
<td>Aetna</td>
<td>135</td>
<td>-8%</td>
<td>40%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-19%</td>
<td>-19%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-23%</td>
<td>-18%</td>
</tr>
<tr>
<td>Other</td>
<td>77</td>
<td>3%</td>
<td>57%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-4%</td>
<td>-3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-5%</td>
<td>1%</td>
</tr>
<tr>
<td>Commercial</td>
<td>6,246</td>
<td>0%</td>
<td>53%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0%</td>
<td>7%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>5,358</td>
<td>-35%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-1%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-6%</td>
<td>0%</td>
</tr>
<tr>
<td>System</td>
<td>11,604</td>
<td>-16%</td>
<td>28%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-3%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Table 5 shows inpatient relative measures for each payer for payments, costs and charges (the three major groupings from left to right) for Critical Access Hospital (CAH) claims. For each of the groupings, the table shows the same 3 relative measures:

**Table 5 Inpatient System Relative Measures, by Payer, for CAH Hospitals**

<table>
<thead>
<tr>
<th>Payer</th>
<th>Payments Relative to</th>
<th>Cost Relative to</th>
<th>Charge Relative to</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CAH</td>
<td>CAH</td>
<td>CAH</td>
</tr>
<tr>
<td></td>
<td>n</td>
<td>Commercial</td>
<td>Medicaid</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Commercial</td>
<td>Medicaid</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Commercial</td>
<td>Medicaid</td>
</tr>
<tr>
<td>BCBS</td>
<td>460</td>
<td>-1%</td>
<td>65%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7%</td>
<td>18%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10%</td>
<td>32%</td>
</tr>
<tr>
<td>Cigna</td>
<td>328</td>
<td>-19%</td>
<td>34%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-31%</td>
<td>-24%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-33%</td>
<td>-20%</td>
</tr>
<tr>
<td>MVP</td>
<td>167</td>
<td>11%</td>
<td>83%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>21%</td>
<td>33%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20%</td>
<td>44%</td>
</tr>
<tr>
<td>TVHP</td>
<td>204</td>
<td>12%</td>
<td>87%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>17%</td>
<td>29%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>15%</td>
<td>38%</td>
</tr>
<tr>
<td>CBA Blue</td>
<td>180</td>
<td>-2%</td>
<td>62%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-8%</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-9%</td>
<td>9%</td>
</tr>
<tr>
<td>Apex</td>
<td>5</td>
<td>-11%</td>
<td>48%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-4%</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-11%</td>
<td>7%</td>
</tr>
<tr>
<td>WellPoint</td>
<td>64</td>
<td>25%</td>
<td>108%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20%</td>
<td>32%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>22%</td>
<td>47%</td>
</tr>
<tr>
<td>UHC</td>
<td>18</td>
<td>69%</td>
<td>181%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>34%</td>
<td>47%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>39%</td>
<td>66%</td>
</tr>
<tr>
<td>Aetna</td>
<td>12</td>
<td>58%</td>
<td>163%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>26%</td>
<td>39%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>30%</td>
<td>56%</td>
</tr>
<tr>
<td>Other</td>
<td>22</td>
<td>-37%</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-40%</td>
<td>-34%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-44%</td>
<td>-33%</td>
</tr>
<tr>
<td>Commercial</td>
<td>1,460</td>
<td>0%</td>
<td>66%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0%</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0%</td>
<td>20%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>1,564</td>
<td>-40%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-9%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-17%</td>
<td>0%</td>
</tr>
<tr>
<td>System</td>
<td>3,024</td>
<td>-21%</td>
<td>32%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-5%</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-9%</td>
<td>10%</td>
</tr>
</tbody>
</table>
Table 6 shows inpatient relative measures for each payer for payments, costs and charges (the three major groupings from left to right) for PPS + CAH hospital claims. For each of the groupings, the table shows the same 3 relative measures:

### Table 6  Inpatient System Relative Measures, by Payer, for PPS + CAH Hospitals

<table>
<thead>
<tr>
<th>Payer</th>
<th>n</th>
<th>Payments Relative to PPS + CAH</th>
<th>Cost Relative to PPS + CAH</th>
<th>Charge Relative to PPS + CAH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Commercial</td>
<td>Medicaid</td>
<td>System</td>
</tr>
<tr>
<td>BCBS</td>
<td>2,558</td>
<td>5%</td>
<td>62%</td>
<td>26%</td>
</tr>
<tr>
<td>Cigna</td>
<td>1,620</td>
<td>-12%</td>
<td>36%</td>
<td>6%</td>
</tr>
<tr>
<td>TVHP</td>
<td>999</td>
<td>-9%</td>
<td>42%</td>
<td>10%</td>
</tr>
<tr>
<td>MVP</td>
<td>1,040</td>
<td>8%</td>
<td>68%</td>
<td>30%</td>
</tr>
<tr>
<td>CBA Blue</td>
<td>398</td>
<td>6%</td>
<td>65%</td>
<td>28%</td>
</tr>
<tr>
<td>Apex</td>
<td>362</td>
<td>-9%</td>
<td>42%</td>
<td>10%</td>
</tr>
<tr>
<td>WellPoint</td>
<td>324</td>
<td>25%</td>
<td>94%</td>
<td>50%</td>
</tr>
<tr>
<td>UHC</td>
<td>159</td>
<td>8%</td>
<td>68%</td>
<td>30%</td>
</tr>
<tr>
<td>Aetna</td>
<td>147</td>
<td>-3%</td>
<td>50%</td>
<td>16%</td>
</tr>
<tr>
<td>Other</td>
<td>99</td>
<td>-6%</td>
<td>45%</td>
<td>12%</td>
</tr>
<tr>
<td>Commercial</td>
<td>7,706</td>
<td>0%</td>
<td>55%</td>
<td>20%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>6,922</td>
<td>-36%</td>
<td>0%</td>
<td>-23%</td>
</tr>
<tr>
<td>System</td>
<td>14,628</td>
<td>-17%</td>
<td>29%</td>
<td>0%</td>
</tr>
</tbody>
</table>
FY2012 Hospital Inpatient DRG Allowed Payment Amount Variation
FY2012 Hospital Inpatient DRG 470 - MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY
W/O MCC Allowed Payment Amount Variation

WellPoint RRMC n=6
TVHP FAHC n=22
TVHP Cop n=10
TVHP RRMC n=9
TVHP NCH n=5
TVHP CVMC n=5
MVP FAHC n=21
MVP Cop n=13
MVP RRMC n=9
MVP Port n=6
Medicaid FAHC n=31
Medicaid RRMC n=24
Medicaid Cop n=10
Medicaid NW n=9
Medicaid SVMC n=8
Medicaid NVRH n=7
Medicaid CVMC n=6
Medicaid Bratt n=6
Cigna FAHC n=15
BCBS FAHC n=60
BCBS RRMC n=28
BCBS Cop n=18
BCBS SVMC n=11
BCBS Bratt n=10
BCBS Port n=10
BCBS NW n=9
BCBS SVMC n=7
BCBS Giff n=5
Apex FAHC n=16

CAH  PPS  Commercial  Medicaid
FY2012 Hospital Inpatient DRG 766 - CESAREAN SECTION W/O CC/MCC Allowed Payment Amount Variation
FY2012 Hospital Inpatient DRG 795 - NORMAL NEWBORN Allowed Payment Amount Variation

WellPoint FAHC n=18
WellPoint RRMC n=6
UHC FAHC n=19
UHC SVMC n=5
TVHP FAHC n=105
TVHP CVMC n=22
TVHP RRMC n=20
TVHP Port n=16
TVHP NW n=14
TVHP Giff n=12
TVHP Cop n=8
TVHP Bratt n=7
MVP FAHC n=67
MVP NW n=14
MVP RRMC n=10
MVP CVMC n=9
MVP Cop n=8
MVP SVMC n=7
MVP Port n=7
MVP Spring n=6
Medicaid FAHC n=389
Medicaid RRMC n=145
Medicaid NW n=138
Medicaid Bratt n=108
Medicaid SVMC n=104
Medicaid NVRH n=93
Medicaid CVMC n=91
Medicaid Port n=84
Medicaid Cop n=77
Medicaid Giff n=63
Medicaid Spring n=47
Medicaid NCH n=36
Cigna FAHC n=11
CBA FAHC n=21
BCBS FAHC n=200
BCBS CVMC n=37
BCBS RRMC n=33
BCBS Port n=31
BCBS Bratt n=27
BCBS Giff n=24
BCBS NW n=23
BCBS SVMC n=21
BCBS Cop n=16
BCBS NVRH n=8
BCBS Spring n=6
BCBS NCH n=6
Apex FAHC n=76
Apex NW n=6
Aetna FAHC n=21
FY2012 Hospital Inpatient DRG 794 - NEONATE W OTHER SIGNIFICANT PROBLEMS Allowed Payment Amount Variation

- TVHP FAHC n=28
- TVHP CVMC n=9
- TVHP NW n=8
- TVHP Port n=6
- MVP FAHC n=20
- MVP NW n=7
- MVP NCH n=6
- Medicaid FAHC n=116
- Medicaid NCH n=71
- Medicaid CVMC n=58
- Medicaid NW n=54
- Medicaid SVMC n=30
- Medicaid Port n=26
- Medicaid NVRH n=24
- Medicaid RRMC n=22
- Medicaid Bratt n=15
- Medicaid Giff n=9
- Medicaid Spring n=8
- Medicaid Cop n=7
- Cigna FAHC n=5
- BCBS FAHC n=46
- BCBS Port n=15
- BCBS CVMC n=10
- BCBS NCH n=9
- BCBS NW n=7
- BCBS RRMC n=5
- Apex FAHC n=22
- Aetna FAHC n=7

Variation range: -125% to 275%
FY2012 Hospital Inpatient DRG 792 - PREMATURITY W/O MAJOR PROBLEMS Allowed Payment Amount Variation

Medicaid FAHC n=25
Medicaid Bratt n=18
Medicaid SVMC n=10
Medicaid Spring n=8
Medicaid RRMC n=8
Medicaid NCH n=8
Medicaid NW n=5
Medicaid Cop n=5
CBA FAHC n=7
BCBS FAHC n=12
Apex FAHC n=5

FY2012 Hospital Inpatient DRG 392 - ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC Allowed Payment Amount Variation

WellPoint RRMC n=5
TVHP FAHC n=8
MVP FAHC n=6
Medicaid FAHC n=48
Medicaid RRMC n=37
Medicaid NVRH n=12
Medicaid SVMC n=8
Medicaid NCH n=5
Medicaid Bratt n=5
Medicaid Cop n=5
CBA FAHC n=6
BCBS RRMC n=20
BCBS FAHC n=16
BCBS Cop n=6
BCBS Port n=5
BCBS SVMC n=5

CAH | PPS | Commercial | Medicaid
FY2012 Hospital Inpatient DRG 603 - CELLULITIS W/O MCC Allowed Payment Amount Variation

TVHP FAHC n=5
Medicaid FAHC n=48
Medicaid RRMC n=21
Medicaid SVMC n=12
Medicaid CVMC n=11
Medicaid Cop n=7
Medicaid NW n=7
Medicaid Giff n=7
Medicaid Spring n=6
BCBS FAHC n=13
BCBS SVMC n=5

-100% -75% -50% -25% 0% 25% 50% 75% 100% 125% 150% 175%

CAH  PPS  Commercial  Medicaid

FY2012 Hospital Inpatient DRG 371 - MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC Allowed Payment Amount Variation

Cigna FAHC n=28
Cigna CVMC n=14
Cigna NW n=6
BCBS FAHC n=5

-100% -75% -50% -25% 0% 25% 50% 75% 100% 100% 75% 50% 25% 0% 25% 50% 75%
FY2012 Hospital Inpatient DRG 372 - MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC
Allowed Payment Amount Variation

Medicaid FAHC n=5

Cigna FAHC n=23

Cigna RRMC n=5

-100% -75% -50% -25% 0% 25% 50% 75% 100%

PPS Commercial Medicaid
FY2012 Hospital Inpatient DRG Cost Variation
FY2012 Hospital Inpatient DRG 795 - NORMAL NEWBORN Cost Variation

- WellPoint FAHC n=18
- WellPoint RRMC n=6
- UHC FAHC n=5
- UHC SVMC n=5
- TVHP FAHC n=105
- TVHP CVMC n=23
- TVHP RRMC n=20
- TVHP Port n=16
- TVHP NW n=14
- TVHP Giff n=12
- TVHP Cop n=8
- TVHP Bratt n=7
- MVP FAHC n=67
- MVP NW n=14
- MVP RRMC n=10
- MVP CVMC n=10
- MVP Cop n=8
- MVP SVMC n=8
- MVP Spring n=6
- MVP Port n=6
- Medicaid FAHC n=389
- Medicaid RRMC n=145
- Medicaid NW n=138
- Medicaid Bratt n=108
- Medicaid SVMC n=104
- Medicaid NVRH n=93
- Medicaid CVMC n=91
- Medicaid Port n=84
- Medicaid Cop n=77
- Medicaid Giff n=63
- Medicaid Spring n=47
- Medicaid NCH n=36
- Cigna FAHC n=10
- CBA FAHC n=21
- BCBS FAHC n=200
- BCBS SVMC n=37
- BCBS RRMC n=33
- BCBS Port n=31
- BCBS Bratt n=27
- BCBS Giff n=24
- BCBS NW n=23
- BCBS SVMC n=21
- BCBS Cop n=16
- BCBS NVRH n=8
- BCBS Spring n=6
- BCBS NCH n=6
- Apex FAHC n=76
- Apex NW n=6
- Aetna FAHC n=21
FY2012 Hospital Inpatient DRG 462 - BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC Cost Variation

MVP RRMC n=5
Cigna FAHC n=9
BCBS FAHC n=8
Apex FAHC n=6

FY2012 Hospital Inpatient DRG 194 - SIMPLE PNEUMONIA & PLEURISY W CC Cost Variation

Medicaid FAHC n=19
Medicaid CVMC n=10
Medicaid Spring n=8
Medicaid RRMC n=6
Medicaid NCH n=5
BCBS FAHC n=9
BCBS CVMC n=5
FY2012 Hospital Inpatient DRG 331 - MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC Cost Variation

Medicaid FAHC n=6

BCBS FAHC n=9

-100% -75% -50% -25% 0% 25% 50% 75% 100%

PPS Commercial Medicaid
FY2012 Hospital Inpatient DRG Charge Variation
FY2012 Hospital Inpatient DRG Charge Variation (Min 5 Discharges)

470 - Major Joint Replacement or Reattachment of Lower Extremity W/O Mcc
775 - Vaginal Delivery W/O Complicating Diagnoses
766 - Cesarean Section W/O Cc/Mcc
795 - Normal Newborn
765 - Cesarean Section W Cc/Mcc
793 - Full Term Neonate W Major Problems
774 - Vaginal Delivery W Complicating Diagnoses
392 - Esophagitis, Gastroen & Misc Digest Disorders W/O Mcc
794 - Neonate W Other Significant Problems
544 - Pathological Fractures & Musculoskelet & Conn Tiss Malig W/O Cc/Mcc
462 - Bilateral Or Multiple Major Joint Procs Of Lower Extremity W/O Mcc
792 - Prematurity W/O Major Problems
603 - Cellulitis W/O Mcc
373 - Major Gastrointestinal Disorders & Peritoneal Infections W/O Cc/Mcc
194 - Simple Pneumonia & Pleurisy W Cc
330 - Major Small & Large Bowel Procedures W Cc
743 - Uterine & Adnexa Proc For Non-Malignancy W/O Cc/Mcc
371 - Major Gastrointestinal Disorders & Peritoneal Infections W Mcc
331 - Major Small & Large Bowel Procedures W/O Cc/Mcc
372 - Major Gastrointestinal Disorders & Peritoneal Infections W Cc

VAHHS-NSO | VERMONT HOSPITAL AND HEALTH CARE PAYMENT VARIATION REPORT | JUNE, 2013
FY2012 Hospital Inpatient DRG 766 - CESAREAN SECTION W/O CC/MCC Charge Variation

- WellPoint FAHC n=9
- WellPoint Bratt n=5
- UHC NW n=6
- TVHP FAHC n=19
- TVHP CVMC n=10
- TVHP RRMC n=6
- TVHP NW n=5
- MVP FAHC n=11
- MVP NW n=8
- MVP SVMC n=6
- MVP Port n=5
- Medicaid FAHC n=84
- Medicaid NW n=37
- Medicaid CVMC n=35
- Medicaid SVMC n=33
- Medicaid Cop n=23
- Medicaid RRMC n=23
- Medicaid NCH n=21
- Medicaid Bratt n=20
- Medicaid Giff n=14
- Medicaid Spring n=13
- Medicaid Port n=11
- Medicaid NVRH n=5
- CBA FAHC n=7
- BCBS FAHC n=51
- BCBS NW n=14
- BCBS CVMC n=12
- BCBS Port n=9
- BCBS RRMC n=9
- BCBS SVMC n=8
- BCBS Bratt n=6
- Apex FAHC n=18
- Aetna FAHC n=7

Legend:
- CAH
- PPS
- Commercial
- Medicaid
FY2012 Hospital Inpatient DRG 795 - NORMAL NEWBORN Charge Variation

WellPoint FAHC n=18
WellPoint RRMC n=6
UHC FAHC n=19
UHC SVMC n=5
TVHP FAHC n=105
TVHP CVMC n=23
TVHP RRMC n=20
TVHP Port n=16
TVHP NW n=14
TVHP Giff n=12
TVHP Cop n=8
TVHP Bratt n=7
MVP FAHC n=67
MVP NW n=14
MVP RRMC n=10
MVP CVMC n=10
MVP Cop n=8
MVP SVMC n=8
MVP Port n=7
MVP Spring n=6
Medicaid FAHC n=389
Medicaid RRMC n=145
Medicaid NW n=138
Medicaid Bratt n=108
Medicaid SVMC n=104
Medicaid NVRH n=93
Medicaid CVMC n=91
Medicaid Port n=84
Medicaid Cop n=77
Medicaid Giff n=63
Medicaid Spring n=47
Medicaid NCH n=36
Cigna FAHC n=11
CBA FAHC n=21
BCBS FAHC n=200
BCBS CVMC n=37
BCBS RRMC n=33
BCBS Port n=31
BCBS Bratt n=27
BCBS Giff n=24
BCBS NW n=23
BCBS SVMC n=21
BCBS Cop n=16
BCBS NVRH n=8
BCBS Spring n=6
BCBS NCH n=6
Apex FAHC n=76
Apex NW n=6
Aetna FAHC n=21

CAH, PPS, Commercial, Medicaid
FY2012 Hospital Inpatient DRG 330 - MAJOR SMALL & LARGE BOWEL PROCEDURES W CC Charge Variation

MVP FAHC n=5

Medicaid FAHC n=9

BCBS FAHC n=8

FY2012 Hospital Inpatient DRG 743 - UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC Charge Variation

TVHP RRMC n=8

Medicaid FAHC n=13

Medicaid RRMC n=7

BCBS RRMC n=7

BCBS FAHC n=5

VAHHS-NSO | VERMONT HOSPITAL AND HEALTH CARE PAYMENT VARIATION REPORT | JUNE, 2013
FY2012 Hospital Inpatient DRG 371 - MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC Charge Variation

Cigna FAHC n=27
Cigna CVMC n=14
Cigna NW n=6
BCBS FAHC n=5

PPS Commercial

FY2012 Hospital Inpatient DRG 331 - MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC Charge Variation

MVP RRMC n=5
Medicaid FAHC n=6
BCBS FAHC n=9

PPS Commercial Medicaid
FY2012 Hospital Outpatient ICD-9 Procedure Allowed Payment Amount Variation
FY2012 Hospital Outpatient ICD-9 Procedure Allowed Payment Amount Variation (Min 15 Visits)
FY2012 Hospital Outpatient ICD-9 Procedure 5123 - LAPAROSCOPIC CHOLECYSTECTOMY Allowed Payment Amount Variation

FY2012 Hospital Outpatient ICD-9 Procedure 806 - EXCISION SEMILUNAR CARTILAGE KNEE Allowed Payment Amount Variation
FY2012 Hospital Outpatient ICD-9 Procedure Cost Variation
FY2012 Hospital Outpatient ICD-9 Procedure 4516 - EGD W/CLOS BX Cost Variation

TVHP FAHC n=95
TVHP RRMC n=31
TVHP NW n=21
MVP FAHC n=76
MVP NW n=41
MVP SVMC n=16
Medicaid FAHC n=211
Medicaid NW n=80
Medicaid SVMC n=65
Medicaid RRMC n=39
Medicaid NCH n=34
Medicaid NVRH n=30
Medicaid Cop n=24
Medicaid Bratt n=23
Medicaid CVMC n=15
Cigna FAHC n=135
Cigna SVMC n=26
Cigna NW n=24
Cigna CVMC n=23
Cigna NVRH n=19
CBA FAHC n=30
BCBS FAHC n=203
BCBS NW n=54
BCBS SVMC n=45
BCBS RRMC n=35
BCBS NVRH n=25
BCBS Bratt n=21
BCBS NCH n=19
BCBS Port n=15
Apex FAHC n=53

CAH  PPS  Commercial  Medicaid
FY2012 Hospital Outpatient ICD-9 Procedure 8521 - LOCAL EXCISION OF LESION OF BREAST Cost Variation

MVP FAHC n=15

BCBS FAHC n=17

-100% -75% -50% -25% 0% 25% 50% 75% 100%

PPS Commercial
FY2012 Hospital Outpatient ICD-9 Procedure Charge Variation
FY2012 Hospital Outpatient ICD-9 Procedure 9925 - INJ/INFUS CANCER CHEMO SUBSTANCE Charge Variation

- WellPoint FAHC n=71
- UHC FAHC n=43
- TVHP FAHC n=118
- TVHP n=17
- TVHP Mt. A. n=15
- MVP FAHC n=256
- Medicaid FAHC n=378
- Medicaid Cop n=55
- Medicaid NCH n=29
- Cigna FAHC n=211
- CBA FAHC n=36
- CBA NCH n=16
- BCBS FAHC n=507
- BCBS n=90
- BCBS NCH n=47
- BCBS Cop n=36
- BCBS SVMC n=15
- Apex FAHC n=114
- Aetna FAHC n=81

Legend:
- CAH
- PPS
- Commercial
- Medicaid
FY2012 Hospital Outpatient ICD-9 Procedure 4523 - COLONOSCOPY Charge Variation

WellPoint FAHC n=49
WellPoint RRMC n=31
WellPoint NCH n=18
UHC FAHC n=32
UHC RRMC n=15
TVHP FAHC n=220
TVHP RRMC n=93
TVHP CVMC n=86
TVHP NW n=44
TVHP Cop n=27
TVHP Spring n=22
TVHP Port n=22
TVHP NCH n=21
TVHP Giff n=20
UHC FAHC n=220
UHC RRMC n=15
UHC NCH n=15
UHC Cop n=32
UHC SVMC n=22
VAHHS-NSO | VERMONT HOSPITAL AND HEALTH CARE PAYMENT VARIATION REPORT | JUNE, 2013

-100% -75% -50% -25% 0% 25% 50% 75% 100% 125% 150%
CAH PPS Commercial Medicaid

WellPoint FAHC n=49
WellPoint RRMC n=31
WellPoint NCH n=18
UHC FAHC n=32
UHC RRMC n=15
TVHP FAHC n=220
TVHP RRMC n=93
TVHP CVMC n=86
TVHP NW n=44
TVHP Cop n=27
TVHP Spring n=22
TVHP Port n=22
TVHP NCH n=21
TVHP Giff n=20
UHC FAHC n=220
UHC RRMC n=15
UHC NCH n=15
UHC Cop n=32
UHC SVMC n=22
VAHHS-NSO | VERMONT HOSPITAL AND HEALTH CARE PAYMENT VARIATION REPORT | JUNE, 2013

-100% -75% -50% -25% 0% 25% 50% 75% 100% 125% 150%
CAH PPS Commercial Medicaid
FY2012 Hospital Outpatient ICD-9 Procedure 4525 - CLOS [ENDO] BX LARGE INTESTINE Charge Variation

WellPoint FAHC n=20
TVHP FAHC n=40
MVP FAHC n=60
Medicaid FAHC n=70
Medicaid NW n=35
Medicaid RRMC n=26
Medicaid Bratt n=21
Cigna FAHC n=51
Cigna RRMC n=17
Cigna NW n=15
Cigna Bratt n=15
BCBS FAHC n=139
BCBS NW n=21
BCBS Bratt n=51
BCBS RRMC n=37
Apex FAHC n=39

PPS  Commercial  Medicaid
FY2012 Inpatient Hospital Professional Allowed Payment Amount Variation
FY2012 Inpatient Professional 27130 - TOTAL HIP ARTHROPLASTY Allowed Payment Amount Variation

TVHP INPATIENT HOSPITAL n=66

Medicaid INPATIENT HOSPITAL n=111

Cigna INPATIENT HOSPITAL n=51

BCBS INPATIENT HOSPITAL n=111

FY2012 Inpatient Professional 99222 - INITIAL HOSPITAL CARE Allowed Payment Amount Variation

WellPoint INPATIENT HOSPITAL n=123

TVHP INPATIENT HOSPITAL n=223

MVP INPATIENT HOSPITAL n=183

Medicaid INPATIENT HOSPITAL n=1638

Cigna INPATIENT HOSPITAL n=259

CBA INPATIENT HOSPITAL n=73

BCBS INPATIENT HOSPITAL n=570

Commercial

Medicaid
FY2012 Outpatient Hospital Professional Allowed Payment Amount Variation
FY2012 Outpatient Hospital Professional Allowed Payment Amount Variation (Min 50 Visits)

45377 - Diagnostic Colonoscopy
45380 - Colonoscopy And Biopsy
G0202 - Scr Mammo Produc Dir Digit Imag Bil
45385 - Lesion Removal Colonoscopy
88305 - Tissue Exam By Pathologist
43239 - Upper Gi Endoscopy- Biopsy
70553 - MRI Brain W/O & W Dye
77427 - Radiation Tx Management- X5
29881 - Knee Arthroscopy/Surgery
66984 - Cataract Surg W/Iol- 1 Stage
74177 - CT Abd & Pelv W/Contrast
93306 - TTE W/Doppler Complete
47562 - Laparoscopic Cholecystectomy
73721 - MRI Joint Of Lwr Extre W/O Dye
99214 - Office/Outpatient Visit- Est
72148 - MRI Lumbar Spine W/O Dye
36561 - Insert Tunneled Cv Cath
29888 - Knee Arthroscopy/Surgery
58563 - Hysteroscopy- Ablation

-100%  -50%  0%  50%  100%  150%
FY2012 Outpatient Professional 36561 - INSERT TUNNELED CV CATH Allowed Payment Amount Variation

Medicaid OUTPATIENT HOSPITAL n=81

BCBS OUTPATIENT HOSPITAL n=70

FY2012 Outpatient Professional 29888 - KNEE ARTHROSCOPY/SURGERY Allowed Payment Amount Variation

Medicaid OUTPATIENT HOSPITAL n=92

BCBS OUTPATIENT HOSPITAL n=92
FY2012 Office Professional Allowed Payment Amount Variation
FY2012 Office Professional 99204 - OFFICE/OUTPATIENT VISIT, NEW Allowed Payment Amount Variation

WellPoint OFFICE n=826
UHC OFFICE n=282
TVHP OFFICE n=1543
MVP OFFICE n=1444
Medicaid OFFICE n=6241
Cigna OFFICE n=2509
CBA OFFICE n=530
BCBS OFFICE n=4492
Apex OFFICE n=477
Aetna OFFICE n=313

Commercial
Medicaid

FY2012 Office Professional 90847 - FAMILY PSYTX W/PATIENT Allowed Payment Amount Variation

WellPoint OFFICE n=1282
United Behavioral OFFICE n=446
UHC OFFICE n=367
TVHP OFFICE n=2646
MVP OFFICE n=782
Medicaid OFFICE n=26537
Highmark OFFICE n=120
H. Pilgrim OFFICE n=134
Cigna OFFICE n=3199
CBA OFFICE n=1413
BCBS OFFICE n=7983
Aetna OFFICE n=408

Commercial
Medicaid
FY2012 Office Professional 97110 - THERAPEUTIC EXERCISES Allowed Payment Amount Variation

- WellPoint Office
- UHC Office
- TVHP Office
- QCC Office
- MVP Office
- Medicaid Office
- Highmark Office
- Health Plans Office
- H. Pilgrim Office
- Excellus Office
- Cigna Office
- CBA Office
- BCBS Office
- Apex Office
- Aetna Office

FY2012 Office Professional 99392 - PREV VISIT- EST- AGE 1-4 Allowed Payment Amount Variation

- WellPoint Office
- UHC Office
- TVHP Office
- MVP Office
- Medicaid Office
- Highmark Office
- Cigna Office
- BCBS Office
- Apex Office
- Aetna Office
FY2012 Emergency Room - Hospital Professional Allowed Payment Amount Variation
FY2012 ER Professional 99284 - EMERGENCY DEPT VISIT Allowed Payment Amount Variation

WellPoint EMERGENCY ROOM - HOSPITAL n=953
TVHP EMERGENCY ROOM - HOSPITAL n=2359
QCC EMERGENCY ROOM - HOSPITAL n=87
MVP EMERGENCY ROOM - HOSPITAL n=1636
Medicaid EMERGENCY ROOM - HOSPITAL n=26886
H. Pilgrim EMERGENCY ROOM - HOSPITAL n=66
Cigna EMERGENCY ROOM - HOSPITAL n=1759
CBA EMERGENCY ROOM - HOSPITAL n=474
BCBS EMERGENCY ROOM - HOSPITAL n=6349
Apex EMERGENCY ROOM - HOSPITAL n=584
Aetna EMERGENCY ROOM - HOSPITAL n=263

FY2012 ER Professional 99283 - EMERGENCY DEPT VISIT Allowed Payment Amount Variation

WellPoint EMERGENCY ROOM - HOSPITAL n=692
TVHP EMERGENCY ROOM - HOSPITAL n=2316
QCC EMERGENCY ROOM - HOSPITAL n=61
MVP EMERGENCY ROOM - HOSPITAL n=1404
Medicaid EMERGENCY ROOM - HOSPITAL n=35291
Health Plans EMERGENCY ROOM - HOSPITAL n=56
H. Pilgrim EMERGENCY ROOM - HOSPITAL n=76
Cigna EMERGENCY ROOM - HOSPITAL n=1946
CBA EMERGENCY ROOM - HOSPITAL n=584
BCBS EMERGENCY ROOM - HOSPITAL n=6430
Apex EMERGENCY ROOM - HOSPITAL n=557
Aetna EMERGENCY ROOM - HOSPITAL n=283
FY2012 ER Professional 99291 - CRITICAL CARE - FIRST HOUR Allowed Payment Amount Variation

TVHP EMERGENCY ROOM - HOSPITAL n=51
Medicaid EMERGENCY ROOM - HOSPITAL n=432
BCBS EMERGENCY ROOM - HOSPITAL n=125

FY2012 ER Professional 71020 - CHEST X-RAY Allowed Payment Amount Variation

WellPoint EMERGENCY ROOM - HOSPITAL n=194
TVHP EMERGENCY ROOM - HOSPITAL n=537
MVP EMERGENCY ROOM - HOSPITAL n=310
Medicaid EMERGENCY ROOM - HOSPITAL n=6192
Cigna EMERGENCY ROOM - HOSPITAL n=908
CBA EMERGENCY ROOM - HOSPITAL n=202
BCBS EMERGENCY ROOM - HOSPITAL n=1447
Apex EMERGENCY ROOM - HOSPITAL n=97
Aetna EMERGENCY ROOM - HOSPITAL n=110

Commercial  Medicaid
FY2012 ER Professional 93010 - ELECTROCARDIOGRAM REPORT Allowed Payment Amount Variation

WellPoint EMERGENCY ROOM - HOSPITAL n=172
TVHP EMERGENCY ROOM - HOSPITAL n=364
MVP EMERGENCY ROOM - HOSPITAL n=264
Medicaid EMERGENCY ROOM - HOSPITAL n=3000
Cigna EMERGENCY ROOM - HOSPITAL n=488
CBA EMERGENCY ROOM - HOSPITAL n=68
BCBS EMERGENCY ROOM - HOSPITAL n=850
Aetna EMERGENCY ROOM - HOSPITAL n=57

FY2012 ER Professional 10060 - DRAINAGE OF SKIN ABSCESS Allowed Payment Amount Variation

Medicaid EMERGENCY ROOM - HOSPITAL n=481
BCBS EMERGENCY ROOM - HOSPITAL n=87