

Supplementary Exhibit 5. Per Capita Costs, by Categories of Service, for the Per Capita Costs for All Attributed Beneficiaries Measure

Service Category	Number of Your TIN's Attributed Beneficiaries Using any Service in this Category	Percentage of Your TIN's Attributed Beneficiaries Using any Service in this Category	Per Capita Costs for Your TIN's Attributed Beneficiaries	Benchmark Percentage of Beneficiaries Using Any Service in This Category	Benchmark Per Capita Costs	Amount by Which Your TIN's Costs Were Higher or (Lower) Compared to the Benchmark
ALL SERVICES	342	100.00%	\$16,843	100.00%	\$11,142	\$5,701
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	342	100.00%	\$2,583	100.00%	\$3,065	(\$482)
Evaluation & Management Services Billed by Eligible Professionals	342	100.00%	\$1,060	100.00%	\$1,159	(\$99)
Billed by Your TIN	342	100.00%	\$388	99.99%	\$484	(\$96)
Primary Care Physicians	342	100.00%	\$377	67.95%	\$365	\$12
Medical Specialists	0	0.00%	\$0	20.70%	\$55	(\$55)
Surgeons	0	0.00%	\$0	9.12%	\$22	(\$22)
Other Eligible Professionals	7	2.05%	\$11	10.44%	\$41	(\$30)
Billed by Other TINs	305	89.18%	\$672	84.18%	\$675	(\$3)
Primary Care Physicians	98	28.65%	\$85	20.91%	\$48	\$37
Medical Specialists, Surgeons, and Other Eligible Professionals	296	86.55%	\$587	82.75%	\$626	(\$40)
Other Facility-Billed Evaluation & Management Expenses*	70	20.47%	\$75	17.90%	\$134	(\$59)
Major Procedures Billed by Eligible Professionals	28	8.19%	\$121	9.59%	\$174	(\$52)
Billed by Your TIN	0	0.00%	\$0	1.63%	\$20	(\$20)
Primary Care Physicians	0	0.00%	\$0	0.25%	\$1	(\$1)
Medical Specialists	0	0.00%	\$0	0.75%	\$7	(\$7)
Surgeons	0	0.00%	\$0	0.48%	\$6	(\$6)
Other Eligible Professionals	0	0.00%	\$0	0.25%	\$6	(\$6)
Billed by Other TINs	28	8.19%	\$121	8.23%	\$154	(\$33)
Primary Care Physicians	0	0.00%	\$0	0.20%	\$2	(\$2)
Medical Specialists, Surgeons, and Other Eligible Professionals	28	8.19%	\$121	8.11%	\$152	(\$30)
Other Facility-Billed Expenses for Major Procedures*	22	6.43%	\$273	6.61%	\$474	(\$201)
Ambulatory/Minor Procedures Billed by Eligible Professionals	219	64.04%	\$352	65.31%	\$437	(\$85)
Billed by Your TIN	60	17.54%	\$19	22.83%	\$61	(\$42)
Primary Care Physicians	60	17.54%	\$19	11.02%	\$17	\$2
Medical Specialists	0	0.00%	\$0	5.68%	\$19	(\$19)
Surgeons	0	0.00%	\$0	4.15%	\$19	(\$19)
Other Eligible Professionals	0	0.00%	\$0	2.87%	\$6	(\$6)
Billed by Other TINs	190	55.56%	\$333	54.61%	\$376	(\$43)
Primary Care Physicians	15	4.39%	\$11	3.36%	\$6	\$4

Medical Specialists, Surgeons, and Other Eligible Professionals	185	54.09%	\$322	53.62%	\$370	(\$47)
Other Facility-Billed Expenses for Ambulatory/Minor Procedures*	108	31.58%	\$622	29.62%	\$534	\$88
Outpatient Physical, Occupational, or Speech and Language Pathology Therapy	42	12.28%	\$80	14.39%	\$154	(\$74)
Ancillary Services	327	95.61%	\$1,137	95.45%	\$1,401	(\$264)
Laboratory, Pathology, and Other Tests	309	90.35%	\$324	91.39%	\$479	(\$156)
Imaging Services	235	68.71%	\$429	73.06%	\$623	(\$193)
Durable Medical Equipment and Supplies	121	35.38%	\$384	26.86%	\$299	\$85
Hospital Inpatient Services	98	28.65%	\$5,028	20.87%	\$3,032	\$1,996
Inpatient Hospital Facility Services	89	26.02%	\$4,353	17.16%	\$2,600	\$1,753
Eligible Professional Services During Hospitalization	97	28.36%	\$675	20.64%	\$432	\$243
Billed by Your TIN	21	6.14%	\$27	4.82%	\$67	(\$40)
Primary Care Physicians	21	6.14%	\$27	3.31%	\$32	(\$5)
Medical Specialists	0	0.00%	\$0	1.26%	\$16	(\$16)
Surgeons	0	0.00%	\$0	0.45%	\$15	(\$15)
Other Eligible Professionals	0	0.00%	\$0	0.36%	\$4	(\$4)
Billed by Other TINs	92	26.90%	\$647	20.26%	\$364	\$283
Primary Care Physicians	58	16.96%	\$163	13.03%	\$82	\$81
Medical Specialists, Surgeons, and Other Eligible Professionals	90	26.32%	\$484	19.56%	\$282	\$202
Emergency Services Not Included in a Hospital Admission	136	39.77%	\$472	32.21%	\$309	\$162
Emergency Evaluation & Management Services	135	39.47%	\$363	31.79%	\$264	\$99
Procedures	64	18.71%	\$77	11.24%	\$26	\$51
Laboratory, Pathology, and Other Tests	73	21.35%	\$4	12.04%	\$2	\$2
Imaging Services	101	29.53%	\$28	21.26%	\$18	\$11
Post-Acute Services	91	26.61%	\$5,950	14.71%	\$1,763	\$4,187
Home Health	76	22.22%	\$1,603	10.56%	\$558	\$1,045
Skilled Nursing Facility	52	15.20%	\$3,583	6.70%	\$924	\$2,659
Inpatient Rehabilitation or Long-Term Care Hospital	11	3.22%	\$764	1.29%	\$281	\$483
Hospice	17	4.97%	\$775	0.80%	\$152	\$623
All Other Services	267	78.07%	\$899	75.27%	\$1,420	(\$521)
Ambulance Services	59	17.25%	\$184	13.81%	\$157	\$27
Chemotherapy and Other Part B-Covered Drugs	74	21.64%	\$177	28.63%	\$721	(\$544)
Dialysis	6	1.75%	\$348	1.59%	\$333	\$15
Anesthesia Services	76	22.22%	\$108	23.19%	\$91	\$17
All Other Services Not Otherwise Classified	225	65.79%	\$82	57.48%	\$118	(\$36)

Note: In calculating service-specific per capita costs, the numerator is the total costs for a category of service used by attributed patients; the denominator is the total number of Medicare patients attributed to a TIN and whose costs were risk-adjusted, not only those who used the service. See Exhibit A-1 (available online) for a list of physician specialties assigned to each specialty category.

* Some professional services, such as those performed by staff of Rural Health Clinics, Federally Qualified Health Centers, and Critical Access Hospitals billing under Method II, appear in this category because they are billed by facilities and not eligible professionals.

Supplementary Exhibit 6. Per Episode Costs, by Categories of Service, for the Medicare Spending per Beneficiary Measure

Service Category	Number of Your TIN's Episodes with Costs in This Category	Percentage of Your TIN's Episodes with Costs in This Category	Your TIN's Per Episode Costs	Benchmark Percentage of Episodes with Costs in This Category	Benchmark Per Episode Costs	Amount by Which Your TIN's Episode Costs Were Higher or (Lower) Compared to the Benchmark
ALL SERVICES	67	100.00%	\$22,061	100.00%	\$20,476	\$1,585
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	65	97.01%	\$753	91.78%	\$892	(\$139)
Evaluation & Management Services	65	97.01%	\$613	89.08%	\$510	\$103
Major Procedures and Anesthesia	3	4.48%	\$49	9.54%	\$188	(\$138)
Ambulatory/Minor Procedures	22	32.84%	\$85	31.50%	\$164	(\$79)
Outpatient Physical, Occupational, or Speech and Language Pathology Therapy	2	2.99%	\$6	6.23%	\$31	(\$25)
Ancillary Services	48	71.64%	\$309	84.54%	\$356	(\$47)
Laboratory, Pathology, and Other Tests	38	56.72%	\$87	64.27%	\$97	(\$11)
Imaging Services	34	50.75%	\$137	55.84%	\$144	(\$7)
Durable Medical Equipment and Supplies	22	32.84%	\$85	28.41%	\$115	(\$30)
Hospital Inpatient Services	67	100.00%	\$10,636	100.00%	\$12,784	(\$2,148)
Inpatient Hospital: Trigger	67	100.00%	\$7,415	100.00%	\$9,161	(\$1,746)
Inpatient Hospital: Readmission	10	14.93%	\$2,074	15.62%	\$1,687	\$387
Physician Services During Hospitalization	67	100.00%	\$1,148	100.00%	\$1,936	(\$789)
Emergency Services Not Included in a Hospital Admission	10	14.93%	\$130	15.56%	\$150	(\$20)
Emergency Evaluation & Management Services	10	14.93%	\$111	15.55%	\$128	(\$16)
Procedures	4	5.97%	\$12	6.76%	\$17	(\$5)
Laboratory, Pathology, and Other Tests	6	8.96%	\$1	4.15%	\$1	\$1
Imaging Services	6	8.96%	\$6	8.32%	\$5	\$1
Post-Acute Services	40	59.70%	\$9,638	47.81%	\$5,316	\$4,322
Home Health	15	22.39%	\$942	26.72%	\$808	\$134
Skilled Nursing Facility	32	47.76%	\$7,976	25.21%	\$3,431	\$4,545
Inpatient Rehabilitation or Long-Term Care Hospital	1	1.49%	\$720	5.32%	\$1,077	(\$357)
Hospice	0	0.00%	\$0	2.00%	\$131	(\$131)
All Other Services	49	73.13%	\$595	66.45%	\$842	(\$247)
Ambulance Services	33	49.25%	\$375	47.45%	\$456	(\$80)
Chemotherapy and Other Part B-Covered Drugs	9	13.43%	\$17	13.35%	\$169	(\$153)
Dialysis	2	2.99%	\$174	5.62%	\$191	(\$16)
All Other Services Not Otherwise Classified	23	34.33%	\$28	24.36%	\$26	\$3

Note: In calculating service-specific per episode costs, the numerator is the total costs for a category of service used by attributed patients; the denominator is the total number of Medicare patients attributed to a TIN, not only those who used the service. See Exhibit A-1 (available online) for a list of physician specialties assigned to each specialty category.

Supplementary Exhibit 7. Per Capita Costs, by Categories of Service, for Beneficiaries with Diabetes

Service Category	Number of Your TIN's Attributed Beneficiaries Using any Service in this Category	Percentage of Your TIN's Attributed Beneficiaries Using any Service in this Category	Per Capita Costs for Your TIN's Attributed Beneficiaries	Benchmark Percentage of Beneficiaries Using Any Service in This Category	Benchmark Per Capita Costs	Amount by Which Your TIN's Costs Were Higher or (Lower) Compared to the Benchmark
ALL SERVICES	103	100.00%	\$22,652	100.00%	\$16,150	\$6,503
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	103	100.00%	\$2,811	100.00%	\$3,767	(\$955)
Evaluation & Management Services Billed by Eligible Professionals	103	100.00%	\$1,323	100.00%	\$1,440	(\$117)
Billed by Your TIN	103	100.00%	\$470	100.00%	\$602	(\$132)
Primary Care Physicians	103	100.00%	\$441	89.77%	\$475	(\$34)
Medical Specialists	0	0.00%	\$0	9.67%	\$59	(\$59)
Surgeons	0	0.00%	\$0	2.76%	\$19	(\$19)
Other Eligible Professionals	4	3.88%	\$29	8.25%	\$50	(\$21)
Billed by Other TINs	98	95.15%	\$854	90.84%	\$838	\$15
Primary Care Physicians	36	34.95%	\$110	28.32%	\$69	\$41
Medical Specialists, Surgeons, and Other Eligible Professionals	95	92.23%	\$744	89.49%	\$769	(\$26)
Other Facility-Billed Evaluation & Management Expenses*	26	25.24%	\$118	21.20%	\$172	(\$54)
Major Procedures Billed by Eligible Professionals	9	8.74%	\$163	12.21%	\$229	(\$66)
Billed by Your TIN	0	0.00%	\$0	0.98%	\$18	(\$18)
Primary Care Physicians	0	0.00%	\$0	0.28%	\$1	(\$1)
Medical Specialists	0	0.00%	\$0	0.48%	\$7	(\$7)
Surgeons	0	0.00%	\$0	0.19%	\$5	(\$5)
Other Eligible Professionals	0	0.00%	\$0	0.11%	\$4	(\$4)
Billed by Other TINs	9	8.74%	\$163	11.41%	\$210	(\$47)
Primary Care Physicians	0	0.00%	\$0	0.31%	\$4	(\$4)
Medical Specialists, Surgeons, and Other Eligible Professionals	9	8.74%	\$163	11.24%	\$206	(\$43)
Other Facility-Billed Expenses for Major Procedures	7	6.80%	\$354	8.78%	\$643	(\$289)
Ambulatory/Minor Procedures Billed by Eligible Professionals	66	64.08%	\$322	70.19%	\$497	(\$175)
Billed by Your TIN	16	15.53%	\$12	18.52%	\$55	(\$43)
Primary Care Physicians	16	15.53%	\$12	14.96%	\$21	(\$9)
Medical Specialists	0	0.00%	\$0	1.50%	\$12	(\$12)
Surgeons	0	0.00%	\$0	1.27%	\$16	(\$16)
Other Eligible Professionals	0	0.00%	\$0	1.71%	\$6	(\$6)
Billed by Other TINs	57	55.34%	\$310	63.76%	\$443	(\$132)
Primary Care Physicians	6	5.83%	\$9	4.31%	\$9	\$0
Medical Specialists, Surgeons, and Other Eligible Professionals	55	53.40%	\$301	62.75%	\$434	(\$132)

Other Facility-Billed Expenses for Ambulatory/Minor Procedures*	32	31.07%	\$424	34.47%	\$622	(\$198)
Outpatient Physical, Occupational, or Speech and Language Pathology Therapy	14	13.59%	\$106	16.06%	\$163	(\$57)
Ancillary Services	102	99.03%	\$1,339	99.19%	\$1,892	(\$553)
Laboratory, Pathology, and Other Tests	99	96.12%	\$430	97.91%	\$629	(\$200)
Imaging Services	71	68.93%	\$393	79.41%	\$737	(\$344)
Durable Medical Equipment and Supplies	54	52.43%	\$516	51.98%	\$526	(\$10)
Hospital Inpatient Services	37	35.92%	\$7,626	29.33%	\$4,767	\$2,859
Inpatient Hospital Facility Services	35	33.98%	\$6,518	24.86%	\$4,067	\$2,452
Eligible Professional Services During Hospitalization	37	35.92%	\$1,108	29.11%	\$701	\$407
Billed by Your TIN	6	5.83%	\$36	7.34%	\$105	(\$70)
Primary Care Physicians	6	5.83%	\$36	6.06%	\$57	(\$21)
Medical Specialists	0	0.00%	\$0	1.42%	\$25	(\$25)
Surgeons	0	0.00%	\$0	0.32%	\$17	(\$17)
Other Eligible Professionals	0	0.00%	\$0	0.45%	\$6	(\$6)
Billed by Other TINs	35	33.98%	\$1,072	28.66%	\$596	\$477
Primary Care Physicians	24	23.30%	\$334	19.66%	\$146	\$188
Medical Specialists, Surgeons, and Other Eligible Professionals	34	33.01%	\$739	27.78%	\$450	\$289
Emergency Services Not Included in a Hospital Admission	42	40.78%	\$478	40.19%	\$418	\$60
Emergency Evaluation & Management Services	42	40.78%	\$381	39.72%	\$358	\$23
Procedures	21	20.39%	\$70	14.00%	\$33	\$37
Laboratory, Pathology, and Other Tests	25	24.27%	\$4	17.30%	\$3	\$1
Imaging Services	31	30.10%	\$23	27.53%	\$23	\$0
Post-Acute Services	31	30.10%	\$8,035	22.30%	\$3,032	\$5,004
Home Health	25	24.27%	\$2,294	16.40%	\$944	\$1,349
Skilled Nursing Facility	20	19.42%	\$4,935	10.29%	\$1,554	\$3,381
Inpatient Rehabilitation or Long-Term Care Hospital	2	1.94%	\$807	2.25%	\$534	\$273
Hospice	5	4.85%	\$591	0.84%	\$161	\$430
All Other Services	90	87.38%	\$1,772	83.38%	\$2,114	(\$342)
Ambulance Services	25	24.27%	\$255	19.78%	\$281	(\$27)
Chemotherapy and Other Part B-Covered Drugs	22	21.36%	\$65	34.35%	\$807	(\$742)
Dialysis	6	5.83%	\$1,224	2.92%	\$781	\$443
Anesthesia Services	26	25.24%	\$117	27.57%	\$111	\$6
All Other Services Not Otherwise Classified	81	78.64%	\$112	66.32%	\$134	(\$22)

Note: In calculating service-specific per capita costs, the numerator is the total costs for a category of service used by attributed patients; the denominator is the total number of Medicare patients attributed to a TIN and whose costs were risk-adjusted, not only those who used the service. See Exhibit A-1 (available online) for a list of physician specialties assigned to each specialty category.

* Some professional services, such as those performed by staff of Rural Health Clinics, Federally Qualified Health Centers, and Critical Access Hospitals billing under Method II, appear in this category because they are billed by facilities and not eligible professionals.

Supplementary Exhibit 8. Per Capita Costs, by Categories of Service, for Beneficiaries with Chronic Obstructive Pulmonary Disease (COPD)

Service Category	Number of Your TIN's Attributed Beneficiaries Using any Service in this Category	Percentage of Your TIN's Attributed Beneficiaries Using any Service in this Category	Per Capita Costs for Your TIN's Attributed Beneficiaries	Benchmark Percentage of Beneficiaries Using Any Service in This Category	Benchmark Per Capita Costs	Amount by Which Your TIN's Costs Were Higher or (Lower) Compared to the Benchmark
ALL SERVICES	41	100.00%	\$32,988	100.00%	\$25,263	\$7,726
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	41	100.00%	\$4,294	100.00%	\$4,374	(\$80)
Evaluation & Management Services Billed by Eligible Professionals	41	100.00%	\$1,595	100.00%	\$1,682	(\$87)
Billed by Your TIN	41	100.00%	\$541	99.99%	\$713	(\$172)
Primary Care Physicians	41	100.00%	\$541	94.57%	\$549	(\$8)
Medical Specialists	0	0.00%	\$0	7.88%	\$73	(\$73)
Surgeons	0	0.00%	\$0	2.32%	\$19	(\$19)
Other Eligible Professionals	0	0.00%	\$0	11.32%	\$71	(\$71)
Billed by Other TINs	38	92.68%	\$1,054	92.95%	\$969	\$85
Primary Care Physicians	18	43.90%	\$153	36.56%	\$102	\$51
Medical Specialists, Surgeons, and Other Eligible Professionals	37	90.24%	\$901	91.45%	\$867	\$35
Other Facility-Billed Evaluation & Management Expenses*	9	21.95%	\$141	26.87%	\$219	(\$78)
Major Procedures Billed by Eligible Professionals	6	14.63%	\$119	15.58%	\$270	(\$151)
Billed by Your TIN	0	0.00%	\$0	0.99%	\$23	(\$23)
Primary Care Physicians	0	0.00%	\$0	0.33%	\$2	(\$2)
Medical Specialists	0	0.00%	\$0	0.48%	\$9	(\$9)
Surgeons	0	0.00%	\$0	0.15%	\$6	(\$6)
Other Eligible Professionals	0	0.00%	\$0	0.13%	\$6	(\$6)
Billed by Other TINs	6	14.63%	\$119	14.81%	\$248	(\$128)
Primary Care Physicians	0	0.00%	\$0	0.36%	\$3	(\$3)
Medical Specialists, Surgeons, and Other Eligible Professionals	6	14.63%	\$119	14.60%	\$244	(\$125)
Other Facility-Billed Expenses for Major Procedures	4	9.76%	\$751	11.52%	\$805	(\$54)
Ambulatory/Minor Procedures Billed by Eligible Professionals	29	70.73%	\$391	74.95%	\$491	(\$100)
Billed by Your TIN	8	19.51%	\$25	23.57%	\$60	(\$34)
Primary Care Physicians	8	19.51%	\$25	20.17%	\$24	\$1
Medical Specialists	0	0.00%	\$0	1.61%	\$13	(\$13)
Surgeons	0	0.00%	\$0	1.06%	\$16	(\$16)
Other Eligible Professionals	0	0.00%	\$0	2.19%	\$6	(\$6)
Billed by Other TINs	26	63.41%	\$366	67.16%	\$431	(\$65)
Primary Care Physicians	3	7.32%	\$53	5.78%	\$10	\$43
Medical Specialists, Surgeons, and Other Eligible Professionals	24	58.54%	\$313	65.86%	\$421	(\$108)

Other Facility-Billed Expenses for Ambulatory/Minor Procedures*	16	39.02%	\$1,195	44.81%	\$757	\$439
Outpatient Physical, Occupational, or Speech and Language Pathology Therapy	4	9.76%	\$102	16.90%	\$151	(\$49)
Ancillary Services	41	100.00%	\$1,656	99.26%	\$2,446	(\$790)
Laboratory, Pathology, and Other Tests	41	100.00%	\$389	97.62%	\$707	(\$318)
Imaging Services	32	78.05%	\$585	89.12%	\$983	(\$399)
Durable Medical Equipment and Supplies	29	70.73%	\$682	53.16%	\$756	(\$74)
Hospital Inpatient Services	20	48.78%	\$13,693	50.16%	\$9,141	\$4,553
Inpatient Hospital Facility Services	19	46.34%	\$11,803	45.12%	\$7,812	\$3,991
Eligible Professional Services During Hospitalization	20	48.78%	\$1,890	49.91%	\$1,328	\$562
Billed by Your TIN	5	12.20%	\$87	15.15%	\$217	(\$129)
Primary Care Physicians	5	12.20%	\$87	13.31%	\$125	(\$38)
Medical Specialists	0	0.00%	\$0	2.58%	\$52	(\$52)
Surgeons	0	0.00%	\$0	0.54%	\$28	(\$28)
Other Eligible Professionals	0	0.00%	\$0	1.03%	\$11	(\$11)
Billed by Other TINs	20	48.78%	\$1,803	49.12%	\$1,112	\$691
Primary Care Physicians	14	34.15%	\$492	35.83%	\$296	\$195
Medical Specialists, Surgeons, and Other Eligible Professionals	20	48.78%	\$1,311	47.78%	\$815	\$496
Emergency Services Not Included in a Hospital Admission	26	63.41%	\$807	59.57%	\$713	\$94
Emergency Evaluation & Management Services	26	63.41%	\$641	58.99%	\$614	\$27
Procedures	13	31.71%	\$123	21.92%	\$55	\$67
Laboratory, Pathology, and Other Tests	18	43.90%	\$7	29.64%	\$5	\$1
Imaging Services	20	48.78%	\$37	43.38%	\$39	(\$2)
Post-Acute Services	20	48.78%	\$9,332	36.07%	\$5,682	\$3,649
Home Health	16	39.02%	\$2,332	27.18%	\$1,578	\$754
Skilled Nursing Facility	10	24.39%	\$5,988	17.80%	\$3,088	\$2,900
Inpatient Rehabilitation or Long-Term Care Hospital	2	4.88%	\$1,012	4.05%	\$1,016	(\$4)
Hospice	2	4.88%	\$715	1.78%	\$327	\$388
All Other Services	39	95.12%	\$2,491	91.62%	\$2,579	(\$88)
Ambulance Services	14	34.15%	\$549	34.22%	\$498	\$51
Chemotherapy and Other Part B-Covered Drugs	9	21.95%	\$418	48.31%	\$1,218	(\$800)
Dialysis	2	4.88%	\$1,244	2.21%	\$568	\$676
Anesthesia Services	11	26.83%	\$178	34.26%	\$146	\$32
All Other Services Not Otherwise Classified	35	85.37%	\$102	73.42%	\$148	(\$46)

Note: In calculating service-specific per capita costs, the numerator is the total costs for a category of service used by attributed patients; the denominator is the total number of Medicare patients attributed to a TIN and whose costs were risk-adjusted, not only those who used the service. See Exhibit A-1 (available online) for a list of physician specialties assigned to each specialty category.

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Supplementary Exhibit 9. Per Capita Costs, by Categories of Service, for Beneficiaries with Coronary Artery Disease (CAD)

Service Category	Number of Your TIN's Attributed Beneficiaries Using any Service in this Category	Percentage of Your TIN's Attributed Beneficiaries Using any Service in this Category	Per Capita Costs for Your TIN's Attributed Beneficiaries	Benchmark Percentage of Beneficiaries Using Any Service in This Category	Benchmark Per Capita Costs	Amount by Which Your TIN's Costs Were Higher or (Lower) Compared to the
ALL SERVICES	72	100.00%	\$30,448	100.00%	\$18,570	\$11,878
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	72	100.00%	\$3,742	100.00%	\$4,189	(\$447)
Evaluation & Management Services Billed by Eligible Professionals	72	100.00%	\$1,479	100.00%	\$1,478	\$0
Billed by Your TIN	72	100.00%	\$489	100.00%	\$583	(\$94)
Primary Care Physicians	72	100.00%	\$455	87.62%	\$442	\$13
Medical Specialists	0	0.00%	\$0	11.91%	\$74	(\$74)
Surgeons	0	0.00%	\$0	3.11%	\$19	(\$19)
Other Eligible Professionals	1	1.39%	\$34	8.07%	\$48	(\$14)
Billed by Other TINs	67	93.06%	\$990	93.81%	\$895	\$94
Primary Care Physicians	33	45.83%	\$187	31.29%	\$77	\$110
Medical Specialists, Surgeons, and Other Eligible Professionals	64	88.89%	\$803	92.71%	\$818	(\$15)
Other Facility-Billed Evaluation & Management Expenses*	31	43.06%	\$186	23.96%	\$190	(\$4)
Major Procedures Billed by Eligible Professionals	9	12.50%	\$121	15.83%	\$267	(\$146)
Billed by Your TIN	0	0.00%	\$0	1.34%	\$28	(\$28)
Primary Care Physicians	0	0.00%	\$0	0.30%	\$2	(\$2)
Medical Specialists	0	0.00%	\$0	0.77%	\$15	(\$15)
Surgeons	0	0.00%	\$0	0.23%	\$6	(\$6)
Other Eligible Professionals	0	0.00%	\$0	0.13%	\$5	(\$5)
Billed by Other TINs	9	12.50%	\$121	14.75%	\$239	(\$118)
Primary Care Physicians	0	0.00%	\$0	0.38%	\$4	(\$4)
Medical Specialists, Surgeons, and Other Eligible Professionals	9	12.50%	\$121	14.52%	\$235	(\$114)
Other Facility-Billed Expenses for Major Procedures	8	11.11%	\$737	12.13%	\$941	(\$204)
Ambulatory/Minor Procedures Billed by Eligible Professionals	48	66.67%	\$471	72.82%	\$514	(\$43)
Billed by Your TIN	7	9.72%	\$10	19.54%	\$55	(\$46)
Primary Care Physicians	7	9.72%	\$10	15.44%	\$20	(\$11)
Medical Specialists	0	0.00%	\$0	1.88%	\$14	(\$14)
Surgeons	0	0.00%	\$0	1.55%	\$16	(\$16)
Other Eligible Professionals	0	0.00%	\$0	1.64%	\$5	(\$5)
Billed by Other TINs	45	62.50%	\$461	66.50%	\$459	\$2
Primary Care Physicians	3	4.17%	\$5	4.62%	\$9	(\$4)
Medical Specialists, Surgeons, and Other Eligible Professionals	45	62.50%	\$457	65.48%	\$450	\$6

Other Facility-Billed Expenses for Ambulatory/Minor Procedures*	30	41.67%	\$628	37.34%	\$626	\$2
Outpatient Physical, Occupational, or Speech and Language Pathology Therapy	12	16.67%	\$120	17.57%	\$172	(\$53)
Ancillary Services	71	98.61%	\$1,718	99.19%	\$1,993	(\$275)
Laboratory, Pathology, and Other Tests	68	94.44%	\$456	98.02%	\$639	(\$183)
Imaging Services	61	84.72%	\$630	85.69%	\$909	(\$279)
Durable Medical Equipment and Supplies	34	47.22%	\$632	39.78%	\$445	\$187
Hospital Inpatient Services	38	52.78%	\$10,190	36.87%	\$5,942	\$4,248
Inpatient Hospital Facility Services	35	48.61%	\$8,708	31.10%	\$5,074	\$3,634
Eligible Professional Services During Hospitalization	38	52.78%	\$1,482	36.65%	\$868	\$614
Billed by Your TIN	6	8.33%	\$34	9.22%	\$133	(\$100)
Primary Care Physicians	6	8.33%	\$34	7.46%	\$68	(\$34)
Medical Specialists	0	0.00%	\$0	1.93%	\$36	(\$36)
Surgeons	0	0.00%	\$0	0.39%	\$22	(\$22)
Other Eligible Professionals	0	0.00%	\$0	0.54%	\$7	(\$7)
Billed by Other TINs	36	50.00%	\$1,448	36.08%	\$735	\$714
Primary Care Physicians	25	34.72%	\$319	24.41%	\$172	\$147
Medical Specialists, Surgeons, and Other Eligible Professionals	35	48.61%	\$1,129	35.08%	\$563	\$566
Emergency Services Not Included in a Hospital Admission	40	55.56%	\$742	47.10%	\$494	\$248
Emergency Evaluation & Management Services	40	55.56%	\$535	46.58%	\$426	\$109
Procedures	16	22.22%	\$167	16.19%	\$37	\$130
Laboratory, Pathology, and Other Tests	31	43.06%	\$7	22.54%	\$4	\$3
Imaging Services	31	43.06%	\$33	33.06%	\$27	\$5
Post-Acute Services	34	47.22%	\$11,229	26.10%	\$3,606	\$7,623
Home Health	28	38.89%	\$2,472	19.63%	\$1,084	\$1,388
Skilled Nursing Facility	23	31.94%	\$7,308	12.05%	\$1,916	\$5,392
Inpatient Rehabilitation or Long-Term Care Hospital	5	6.94%	\$1,449	2.65%	\$605	\$844
Hospice	7	9.72%	\$1,044	1.20%	\$231	\$813
All Other Services	60	83.33%	\$1,784	86.54%	\$2,116	(\$332)
Ambulance Services	21	29.17%	\$371	24.55%	\$324	\$47
Chemotherapy and Other Part B-Covered Drugs	14	19.44%	\$51	38.87%	\$865	(\$814)
Dialysis	3	4.17%	\$1,085	2.70%	\$663	\$422
Anesthesia Services	21	29.17%	\$202	30.73%	\$126	\$76
All Other Services Not Otherwise Classified	54	75.00%	\$75	68.18%	\$138	(\$63)

Note: In calculating service-specific per capita costs, the numerator is the total costs for a category of service used by attributed patients; the denominator is the total number of Medicare patients attributed to a
* Some professional services, such as those performed by staff of Rural Health Clinics, Federally Qualified Health Centers, and Critical Access Hospitals billing under Method II, appear in this category because they are billed by facilities and not eligible professionals.

Supplementary Exhibit 10. Per Capita Costs, by Categories of Service, for Beneficiaries with Heart Failure

Service Category	Number of Your TIN's Attributed Beneficiaries Using any Service in this Category	Percentage of Your TIN's Attributed Beneficiaries Using any Service in this Category	Per Capita Costs for Your TIN's Attributed Beneficiaries	Benchmark Percentage of Beneficiaries Using Any Service in This Category	Benchmark Per Capita Costs	Amount by Which Your TIN's Costs Were Higher or (Lower) Compared to the Benchmark
ALL SERVICES	50	100.00%	\$41,147	100.00%	\$28,474	\$12,673
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	50	100.00%	\$5,285	100.00%	\$4,778	\$507
Evaluation & Management Services Billed by Eligible Professionals	50	100.00%	\$1,745	100.00%	\$1,726	\$19
Billed by Your TIN	50	100.00%	\$517	100.00%	\$715	(\$199)
Primary Care Physicians	50	100.00%	\$517	92.39%	\$542	(\$25)
Medical Specialists	0	0.00%	\$0	9.59%	\$82	(\$82)
Surgeons	0	0.00%	\$0	2.15%	\$18	(\$18)
Other Eligible Professionals	0	0.00%	\$0	9.88%	\$74	(\$74)
Billed by Other TINs	46	92.00%	\$1,228	94.05%	\$1,010	\$218
Primary Care Physicians	28	56.00%	\$255	36.00%	\$108	\$147
Medical Specialists, Surgeons, and Other Eligible Professionals	44	88.00%	\$973	92.84%	\$903	\$70
Other Facility-Billed Evaluation & Management Expenses*	22	44.00%	\$224	26.89%	\$235	(\$11)
Major Procedures Billed by Eligible Professionals	6	12.00%	\$112	17.41%	\$294	(\$182)
Billed by Your TIN	0	0.00%	\$0	1.19%	\$27	(\$27)
Primary Care Physicians	0	0.00%	\$0	0.30%	\$2	(\$2)
Medical Specialists	0	0.00%	\$0	0.70%	\$15	(\$15)
Surgeons	0	0.00%	\$0	0.17%	\$6	(\$6)
Other Eligible Professionals	0	0.00%	\$0	0.10%	\$4	(\$4)
Billed by Other TINs	6	12.00%	\$112	16.46%	\$267	(\$155)
Primary Care Physicians	0	0.00%	\$0	0.46%	\$6	(\$6)
Medical Specialists, Surgeons, and Other Eligible Professionals	6	12.00%	\$112	16.20%	\$262	(\$149)
Other Facility-Billed Expenses for Major Procedures	4	8.00%	\$526	13.30%	\$1,193	(\$667)
Ambulatory/Minor Procedures Billed by Eligible Professionals	38	76.00%	\$734	74.40%	\$507	\$227
Billed by Your TIN	8	16.00%	\$15	19.56%	\$55	(\$40)
Primary Care Physicians	8	16.00%	\$15	16.59%	\$22	(\$7)
Medical Specialists	0	0.00%	\$0	1.34%	\$13	(\$13)
Surgeons	0	0.00%	\$0	0.98%	\$14	(\$14)
Other Eligible Professionals	0	0.00%	\$0	1.72%	\$6	(\$6)
Billed by Other TINs	36	72.00%	\$719	68.37%	\$452	\$267
Primary Care Physicians	3	6.00%	\$38	5.15%	\$11	\$27
Medical Specialists, Surgeons, and Other Eligible Professionals	36	72.00%	\$681	67.33%	\$440	\$240

Other Facility-Billed Expenses for Ambulatory/Minor Procedures*	26	52.00%	\$1,856	39.69%	\$650	\$1,205
Outpatient Physical, Occupational, or Speech and Language Pathology Therapy	6	12.00%	\$88	17.04%	\$172	(\$85)
Ancillary Services	49	98.00%	\$2,447	99.40%	\$2,326	\$120
Laboratory, Pathology, and Other Tests	47	94.00%	\$533	98.39%	\$731	(\$199)
Imaging Services	43	86.00%	\$685	87.75%	\$923	(\$238)
Durable Medical Equipment and Supplies	37	74.00%	\$1,229	48.98%	\$672	\$557
Hospital Inpatient Services	30	60.00%	\$12,084	50.39%	\$9,980	\$2,104
Inpatient Hospital Facility Services	28	56.00%	\$10,458	44.73%	\$8,509	\$1,950
Eligible Professional Services During Hospitalization	30	60.00%	\$1,625	50.19%	\$1,471	\$154
Billed by Your TIN	6	12.00%	\$68	15.07%	\$235	(\$167)
Primary Care Physicians	6	12.00%	\$68	12.93%	\$131	(\$63)
Medical Specialists	0	0.00%	\$0	2.89%	\$64	(\$64)
Surgeons	0	0.00%	\$0	0.50%	\$27	(\$27)
Other Eligible Professionals	0	0.00%	\$0	0.94%	\$13	(\$13)
Billed by Other TINs	29	58.00%	\$1,557	49.46%	\$1,236	\$322
Primary Care Physicians	22	44.00%	\$389	36.28%	\$325	\$64
Medical Specialists, Surgeons, and Other Eligible Professionals	28	56.00%	\$1,168	48.32%	\$910	\$258
Emergency Services Not Included in a Hospital Admission	35	70.00%	\$792	59.21%	\$691	\$102
Emergency Evaluation & Management Services	35	70.00%	\$626	58.65%	\$596	\$29
Procedures	14	28.00%	\$115	20.54%	\$51	\$65
Laboratory, Pathology, and Other Tests	25	50.00%	\$9	30.73%	\$6	\$3
Imaging Services	27	54.00%	\$43	42.57%	\$38	\$4
Post-Acute Services	32	64.00%	\$16,144	39.65%	\$6,898	\$9,246
Home Health	27	54.00%	\$5,435	29.22%	\$1,856	\$3,579
Skilled Nursing Facility	21	42.00%	\$9,070	19.87%	\$3,887	\$5,183
Inpatient Rehabilitation or Long-Term Care Hospital	4	8.00%	\$1,640	4.24%	\$1,155	\$484
Hospice	6	12.00%	\$1,459	2.15%	\$483	\$976
All Other Services	46	92.00%	\$2,936	89.83%	\$3,318	(\$382)
Ambulance Services	19	38.00%	\$634	35.94%	\$610	\$24
Chemotherapy and Other Part B-Covered Drugs	16	32.00%	\$391	41.17%	\$1,042	(\$650)
Dialysis	3	6.00%	\$1,656	4.73%	\$1,363	\$293
Anesthesia Services	15	30.00%	\$170	32.33%	\$143	\$27
All Other Services Not Otherwise Classified	44	88.00%	\$84	71.60%	\$161	(\$76)

Note: In calculating service-specific per capita costs, the numerator is the total costs for a category of service used by attributed patients; the denominator is the total number of Medicare patients attributed to a TIN and whose costs were risk-adjusted, not only those who used the service. See Exhibit A-1 (available online) for a list of physician specialties assigned to each specialty category.

* Some professional services, such as those performed by staff of Rural Health Clinics, Federally Qualified Health Centers, and Critical Access Hospitals billing under Method II, appear in this category because they are billed by facilities and not eligible professionals.